

Breast Compressions

Help Your Baby Receive More Milk

The purpose of breast compression is to continue the milk flow to the baby when the baby is only sucking without drinking. Drinking (defined as an open mouth wide, pause, then close mouth type suck while hearing baby make swallow sound) means baby got a mouthful of milk. If baby is no longer drinking on their own, mom may use compressions to “turn sucks or nibbling into drinks,” and keep baby receiving milk. Compressions simulate a letdown or milk ejection reflex.

The technique may be useful for

- poor weight gain.
- fussiness (colic).
- frequent or long feedings.
- sore nipples.
- recurrent blocked ducts or mastitis.
- encouraging the baby who falls asleep quickly to continue drinking and not just sucking.
- a baby who seems to just want to pacify.

Compression is not necessary if everything is going well. When all is going well, the mother should allow the baby to finish feeding on the first side and offer the other side. Breast compression works very well in the first few days to help the baby get more colostrum. Colostrum is the first milk, low in volume but high in nutritional value.

How do you know the baby is finished with the first side?

When he/she is sucking (rapid sucks without pause) and no longer drinking at the breast.

Helpful Information

- A baby who is well latched gets milk more easily than one who is not. If baby latched poorly to the breast, this can lead to sore nipples, fussy baby, or a baby who is consistently on the breast.
- In the first 3-6 weeks of life, many babies tend to fall asleep at the breast when the flow of milk is slow, not necessarily when they have had enough to eat and not because they are lazy or want to pacify.

Doing Breast Compressions

- Hold the baby with one arm.
- Support your breast with the other hand, encircle it by placing your thumb on one side of the breast and your other fingers on the other side, close to the chest wall (away from areola).
- Watch for the baby's drinking.
- When baby is nibbling at the breast and no longer drinking, compress the breast to increase the pressure of the whole breast. Do not roll your fingers along the breast toward the baby, just squeeze and hold. Do not squeeze so hard it hurts, and try not to change the shape of the areola. With the compression, the baby should start drinking again.
- Keep the pressure up until the baby is just sucking without drinking even with the compression, and then release the pressure. Often the baby will stop sucking when the pressure is released, but will start again shortly as milk starts to flow. If the baby does not stop sucking with the release of pressure, wait a short time before compressing again.
- Releasing the pressure allows your hand to rest, and allows your milk to flow again. If your baby stops sucking when you release the pressure, he/she should start sucking again when he/she tastes milk.
- When the baby starts sucking again, he/she may drink. If not, compress again as above.
- Continue on the first side until the baby stops drinking even with the compression. Allow the baby to stay on the side for a short time, as you may occasionally get another letdown reflex and the baby will start drinking again on its own. If the baby no longer drinks, remove baby from the breast.
- If the baby wants more, offer the other side and repeat the process.
- You may wish to switch sides back and forth several times (known as switch nursing).
- Work on a deep latch. The deeper the latch, the more milk baby gets and more comfortable you are.

This information is from the International Breastfeeding Centre. If you find a way that works better and keeps the baby drinking with the proper suck, use whatever works best for you and your baby. As long as it does not hurt your breast to compress and as long as the baby is drinking, your breast compressions are working. Learn more at ibconline.ca.