

When *do you do breast compressions?*

- Babies with slow or poor weight gain.
- Babies who may be fussy or colicky.
- Babies who require frequent and/or long feedings.
- Sore nipples.
- Moms who experience blocked ducts and/or mastitis.
- To encourage sleepy babies to continue drinking not just sucking. (ie: premature or jaundiced baby)
- To ensure the baby receives a maximum supply of colostrum before mother's milk comes in.

References:

Retrieved from:

Newman, J. & Pitman, T. (2000). Guide to Breastfeeding. (1st ed.) .Toronto, Canada: HarperCollins .

For Additional Information on Breast Feeding...

www.la lecheleague.org
www.infactcanada.ca
www.babyfriendly.org.uk

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Breast Compression



A Quick Reference



Interior Health

Why do you do breast compressions?

- To encourage complete emptying of the breast
- To encourage a sleepy baby to continue nursing when the baby no longer drinks on his own (open-pause-close type of suck)
- To stimulate a let down reflex
- To increase the amount of hindmilk the baby gets



How do you do breast compressions?

1. With babe well latched, cup breast in “C” position with fingers well back from areola
2. When babe no longer drinking and starts to nibble or fall asleep, apply pressure compressing the ducts. This will force milk from ducts into babe’s mouth. Babe will begin drinking again
3. Hold compression until babe no longer drinks
4. Release pressure and wait to see if babe initiates drinking as breast refills. If not, reapply pressure in a slightly different area of the breast
5. Continue nursing on the first side until baby does not drink even with breast compressions
6. After feeding on the first breast, if babe indicates hunger cues, offer the second breast and do compressions as necessary.

Breast Compression

Remember:

*As Long As It Does Not Hurt Your Breast To Compress, And As Long As The Baby Is “Drinking” (Open-pause-close Type Of Suck), Breast Compression Is Working!”
Jack Newman.*

