Reverse Pressure Softening

Reverse pressure softening is a new way to soften the a-re-o-la (the circle around your nipple). Softening your areola will make latching and removing your milk easier while you and your baby are learning. **Latching should never be painful**. This new method is not the same as removing milk with your fingers, and you shouldn't expect milk to come from your nipple each time.

WHY DOES REVERSE PRESSURE SOFTENING WORK?

Reverse pressure softening briefly moves mild or firmer swelling away from under your areola, slightly backward into your breast for a short period of 5-10 minutes. This allows your areola to change shape very easily, and makes latching easier.

Causes of mild or firmer swelling

- Early swelling, firmness or "fullness" may be only partly due to milk.
- Swelling may be from extra fluid stored in the spongy, protective tissue around your milk ducts.
- **This extra fluid can never go to your baby**.
- Delayed milk removal often leads later to retained tissue fluid. Frequent, regular removal of small amounts of early milk is best.
- Intravenous (IV) fluids, or medicine such as Pitocin may cause early, extra retained tissue fluid, sometimes taking 7-14 days to go away.

How reverse pressure softening works

The softened areola helps your nipple expand more deeply into your baby's mouth. Reverse pressure softening also causes a **"let down"** reflex, which signals your breasts to quickly release more milk forward, so your baby's tongue can reach it.

A soft areola also makes it easier to remove milk with fingertips or short periods of gentle pumping.

If you need to remove milk for your baby with fingertips or pump, use reverse pressure softening whenever needed. You may also gently massage milk forward in the breast.

Avoid long pumping sessions and high vacuum setting on breast pumps to avoid movement of extra retained tissue fluid into the areola and nipple.

WHEN IS REVERSE PRESSURE SOFTENING HELPFUL?

- In the first weeks, for firmness of the areola, latch problems or breast swelling.
- At any time, to get a **"let-down"** reflex, before or while pumping.
- Feel your areola and the tissue deeper inside it. Is it soft and easy to squeeze, like your earlobe or your lip? If not, it's time to try reverse pressure softening each time just before your baby wants your breast.
- Some mothers soften their areola before each feeding, for a week or longer, until swelling goes down, latching is deep and easy, and milk is flowing well.

Reverse pressure softening should never cause discomfort.

HOW TO DO REVERSE PRESSURE SOFTENING

Try this if pain, swelling, or fullness create problems during the early weeks of learning to breastfeed. The key is making the areola very soft right around the base of the nipple for better latching. A softer areola helps baby's tongue remove more milk while being very gentle to your nipple. Mothers say curved fingers work best (Figure One or Two).

Ask someone to show you if needed.

Never use reverse pressure softening if you have mastitis, plugged ducts or abscess.

- Press inward toward the chest wall, counting slowly to 50– count very slowly if very swollen
- Moms with very swollen breasts get more relief lying on their back, using gravity. Doing this delays return of swelling to the areola, giving more time to latch.
- For long fingernails, try another way shown below.
- If mom wishes, someone else may help, using thumbs. (Figure Three)
- Soften the areola right before each feeding (or pumping) until swelling goes away. For some mothers, this takes 2-4 days or more.
- Make any pumping sessions short, with pauses to re-soften the areola if needed.
- Use medium or low vacuum to reduce the return of swelling to the areola.

Figure One
One handed "flower hold". Fingernails short, fingertips curved, place where your baby's tongue will go. (To see your areola better, use a hand mirror.)

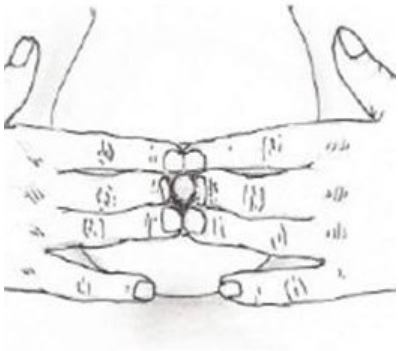

Figure Two
Two handed, one-step method: fingernails short, fingertips curved, each one touching the side of the nipple.

Figure Three
You may ask someone to help press by placing their fingers or thumbs on top of yours.

Figure Four
Two step method, two hands: using 2 or 3 straight fingers each side, first knuckles touching nipple. Move 1/4 turn, repeat above and below nipple

Figure Five
Two step method, two hands: using straight thumbs, base of thumbnail at side of nipple. Move 1/4 turn, repeat, thumbs above and below nipple

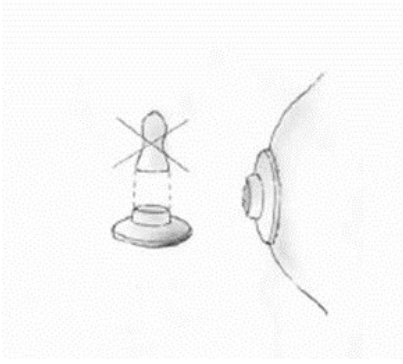

Figure Six
Soft ring method.
Cut off bottom half of an artificial nipple to place on areola to press with fingers.

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