

# **DOES ELASTIC THERAPEUTIC TAPING DECREASE BREAST ENGORGEMENT IN POSTPARTUM WOMEN?**

Donna Brown, RN, IBCLC; Claire Langdon, RN, MS, IBCLC  
El Camino Hospital  
donna\_brown@elcaminohospital.org

## **Purpose**

The purpose of this study was to determine if healthy postpartum mothers desiring to breast feed their babies would experience decreased breast engorgement with the use of elastic therapeutic taping (ETT).

## **Background & Evidence Review**

Postpartum breast engorgement, defined as congestion and/or distention of the breast with fluid, can be a significant source of pain and breastfeeding difficulty. Frequent effective breastfeeding, softening at least one breast well per feeding, and breast massage after feeds are generally recognized as best practice for the prevention and treatment of engorgement. However, even with these measures up to two-thirds of postpartum mothers may experience at least moderate symptoms of engorgement. ETT has been used with good results to reduce edema and pain, increase range of motion, and increase lymphatic flow in athletes, post injury and post surgical patients. However, what still remains unknown is the effect of ETT on postpartum breast engorgement.

## **Methods**

In this descriptive, longitudinal, quantitative study all healthy mothers, ages 18-45 years, with healthy babies, planning to breastfeed, and understanding English were given the opportunity to participate in this study. Mothers were contacted in the first 24 hours after delivery. After informed consent was obtained, a small piece of tape was applied to one breast to identify any skin reactions. On day 2, baseline measurements were taken on both breasts and one breast was taped (mother's choice). Measurements of breast pain, breast engorgement, breast size, and breast firmness were obtained daily for 3-5 days by mother and/or researcher. Either mother or researcher removed the tape on day 6 or 7.

## **Results**

Out of 318 total deliveries during a four week period, 214 mothers (67%) fit the study criteria. Of the eligible mothers, 64 (30%) mothers consented and had a tape sample applied and 49 (23%) had one breast taped. Of the 49 who had one breast taped, 33 (67%) had sufficient data for measurement. Of the mothers who had completed data, 17 (52%) became engorged and 6(35%) showed less engorgement in the taped breast.

**Conclusion**

Results strongly suggest reduced engorgement in the breast taped with ETT and the researchers propose continued taping of mothers who are experiencing breast engorgement. Further studies should include measures of breast firmness and pain as well as satisfaction with and duration of breastfeeding. In order to offer this treatment, lactation consultants and interested staff nurses would need to be trained in ETT. If ETT treatment proves helpful then this information should be disseminated to the lactation community.

**Selected References**

Academy of Breastfeeding Medicine Clinical Protocol #20 (2009), "Engorgement" Breastfeeding Medicine Vol. 4 #2 pp 111- 113

Hill, P.D. & Humenick, S.S. (1994) "The Occurrence of Breast Engorgement" JHL Vol 10(2) pp 79 – 86

Stockheimer, KR, and Kase, K (2006) Kinesio Taping® for Lymphoedema and Chronic Swelling, Kinesio Taping Association

**Key words**

Engorgement, Lymphedema, Elastic therapeutic taping, Kinesio taping