London Health Sciences Centre

Children's Hospital
London Health Sciences Centre

Patient Information

Reverse Pressure Softening

What is reverse pressure softening?

- It's a way to soften the **areola** (the dark circle around your nipple)**.**
- It helps make latching and removing your milk easier while your baby and you are learning
- **LATCHING SHOULD NOT BE PAINFUL.**
  - This method is not the same as removing milk with your fingers.
  - Don't expect milk to come from your nipple each time.
  - But it's OK if some milk does come out.

When is reverse pressure softening helpful?

- In the first weeks, for firmness of the areola, latch problems, or breast swelling.
- Early swelling, firmness or "fullness" may be due to milk or extra fluid.
- Reverse pressure softening briefly moves swelling away from behind the areola for a short period of 5-10 minutes. This can make latching easier.
- At any time, to get a **"let-down" reflex**, before or while expressing milk.
- 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.

NEVER TO BE USED FOR MASTITIS, PLUGGED DUCTS OR BREAST ABSCESS

How to do REVERSE PRESSURE SOFTENING (RPS)
-developed by K. Jean Cotterman RNC-E, IBCLC

Try this if pain, swelling, or fullness create problems during the early weeks of learning to breastfeed.

The key is making the areola (the darker part around the nipple) very soft right around the base of the nipple, right before every feeding, for better latching.

- Your baby needs the areola soft to get a "good mouthful" of breast, beyond the nipple to remove more milk, and be very gentle to your nipple.
- Wash your hands with warm water and soap, it is easier to do RPS if your fingernails are short.
- You may find it helpful if you lie most of the way down on your back when you soften the areola.
- Pressure should be steady and firm, and gentle enough to avoid pain.
- Press inward firmly and steadily towards the chest wall, counting slowly to 50; ***count very slowly if very swollen.***
- If you wish, ask someone to help using one of these methods. (see below)

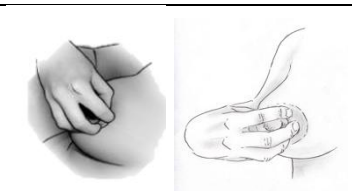
If you need to pump milk for your baby:

- Always soften the areola first before you pump.
- Use medium or low vacuum so swelling won't move back into the areola.
- Pause to re-soften the areola once or twice, to get more total milk out.
- Make pumping sessions short, but often (2-3 hours) while awake.

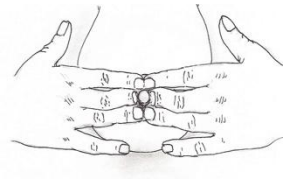
REVERSE PRESSURE SOFTENING SHOULD CAUSE NO DISCOMFORT.

METHODS:

It is fine to try any of these methods and combine them if that works well for you.



Method 1
One handed “flower hold”:
Fingernails short,
Fingertips curved, placed where baby’s tongue will go
count to 50. If very swollen, count very slowly.



Method 2
Two handed, one-step method:
Fingernails short,
Fingertips curved, each fingertip touching the side of the nipple

Method 3
You may ask someone to help press by placing fingers or thumbs on top of yours

Method 4
Two step method, two hands: using 2 or 3 straight fingers each side, first knuckles touching nipple.
Move ¼ turn, repeat above & below nipple

Method 5
Two step method, two hands: using straight thumbs, base of thumbnail at side of nipple.
Move ¼ turn, repeat, thumbs above & below nipple

Illustrations by Kyle Cotterman, Reverse Pressure Softening by K. Jean Cotterman © 2010

Originally created by K. Jean Cotterman RNC-E, IBCLC (2010). Currently revised by the Breastfeeding Coalition of Southwestern Ontario with representation from London Health Sciences Centre, Middlesex London Health Unit, Southwestern Public Health, Chatham-Kent Health Alliances and Woodstock Hospital. Most recently revised June 2025.