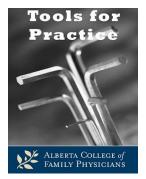
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April 9, 2018



Is that cabbage in your bra? Cabbage leaves for breast engorgement

Clinical Question: Are cabbage leaves effective in managing breast engorgement due to breastfeeding?

Bottom Line: Women report higher levels of satisfaction with cabbage leaves than either routine care or cold gel packs (with an extra 1 in 4 and 1 in 6 reporting satisfaction, respectively). Cabbage leaves reduce pain (by ~ 1 point out of 10) and hardness (by ~ 0.4 points out of 6) associated with breast engorgement compared to usual care. Cabbage leaves likely do not need to be chilled.

Evidence:

- Randomized controlled trial (RCT) of 227 breastfeeding mothers with engorgement, comparing application of cabbage leaves, cold gel packs, and routine care (education by lactation consultant).¹ Interventions were applied for two hours, then 30 minute break, then applied two hours again.
 - Versus routine care:
 - Cabbage decreased pain at 30 minutes, one and two hours by ~0.4-1 (on 10-point scale).
 - Bordering on clinically meaningful.
 - Cabbage decreased breast hardness by 0.2-0.4 (on 6-point scale).
 - Likely not clinically detectable.
 - Versus gel packs:
 - Cabbage decreased pain at two hours after second application by 0.5, other time points no difference.
 - Cabbage decreased hardness at two hours after second application by 0.4, other time points no difference.
 - o No difference in breast feeding rates at three or six months.
 - More women were satisfied or highly satisfied with cabbage (99%) than routine care (70%) or gel packs (81%), Numbers Needed to Treat (NNT)=4-6.
 - Limitations: Unblinded, inconsistent endpoint evaluations, number of women benefitting not reported.
- Systematic review of various interventions found three RCTs of 101 women:²
 - One RCT: No difference in chilled versus room temperature cabbage.³

- One RCT: No difference in chilled gel packs versus chilled cabbage; 2/3 of women preferred cabbage (worked quicker), the other 1/3 preferred gel (lasted longer).⁴
- One RCT: No difference between cabbage extract cream and placebo.⁵
- o Limitations: Unblinded, small sample sizes.

Context:

- Leaves can be chilled in fridge for one hour or freezer for 15 minutes.¹
- Cabbage leaves are inexpensive, widely available, are the appropriate shape, and have no known harms.
- Other treatments including hot/cold packs, acupuncture, and acupressure also poorly studied.² Patient preference should guide therapy.

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Disclosure:

Authors do not have any conflicts of interest to declare.

References:

- 1. Wong BB, Chan YH, Leow MQH, et al. Int J Nurs Stud. 2017; 76:92-9.
- 2. Mangesi L, Zakarija-Grkovic I. Cochrane Database System Rev. 2016; 6:CD006946.
- 3. Roberts KL, Reiter M, Schuster D. J Hum Lact. 1995 Sep; 11(3):191-4.
- 4. Roberts KL. J Hum Lact. 1995 Mar; 11(1):17-20.
- 5. Roberts KL, Reiter M, Schuster D. J Hum Lact. 1998 Sep; 14(3):231-6.

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