

OVERABUNDANT MILK SUPPLY/OVERACTIVE LETDOWN

PART A: Managing Rapid Milk Flow

- The let-down reflex is the release of milk from the glands (alveoli) in the breast, into the milk ducts. It is caused by stimulation of the nerves in the nipples by the baby sucking, by hearing the baby cry, or by simply thinking about the baby.
- In the first few weeks of life, a baby may have difficulty dealing with rapid milk flow. As mother's milk supply adjusts to baby's needs, most babies are able to handle milk flow.
- For some mothers and babies, the challenge does not go away.

Some common symptoms may include:

Baby:	Mother:
<ul style="list-style-type: none"> • Pulls off breast as the milk lets-down (chokes, coughs, arches back) • Attempts to slow milk flow by having a loose or shallow latch or clamping down on the breast • Swallows rapidly and loudly • Feeds briefly and often seems hungry • Spits up frequently • Gassy and fussy for several hours • Several heavy, wet diapers per day • Many bowel movements per day, sometimes green and frothy • Rapid weight gain in the first few weeks/months 	<ul style="list-style-type: none"> • Fast, painful letdown reflex, felt several times during a feeding • Uncomfortable breast fullness or engorgement • A lot of milk leakage • "Spraying" of breastmilk from the nipple when the baby comes off • Easy to express large amounts of milk • Possible sore nipples, plugged ducts, mastitis

Suggestions That May Help:

Respond to early feeding cues:

- Feed baby as soon as you notice early feeding cues
- Baby is more likely to suck gently and gulp less air before fully awake
- Delay diaper change to end of feeding

Different breastfeeding positions:

Try positions that may slow the flow of milk or help baby have better control, such as:

- Leaning back – baby on top of mother’s upper body – front to front (also called Laid-back Breastfeeding)
- Side lying position (mother & baby on sides, facing each other)
- Football hold with baby’s head higher than body
- Baby sitting in upright position and straddling mother’s leg, directly facing breast

One breast per feeding:

- Feed from the same breast if baby wants to feed in less than 2 hours, as baby will receive more fat-rich milk
- This may reduce milk supply in the unused breast
- If this breast becomes overfull, hand express just enough milk to relieve pressure in the breast

Burp Frequently:



Across the lap



Sitting on Lap
(Front View)



Sitting on Lap B
(Side View)



Over the shoulder

- When baby is restless at the breast, take baby off the breast and try to burp
- Use positions that put gentle pressure on baby’s stomach
 - Baby is sitting sideways on your lap with back straight OR baby face down with legs on either side of your forearm or thigh
 - Gently rub or pat baby’s back while securely supporting head and neck with your hand

Remove baby from the breast as needed:

- If baby is struggling with the letdown, remove baby from the breast right away
- Once the spray has slowed, re-latch the baby at breast
- Talk to your baby’s health care provider if you are thinking about giving your baby anything other than breastmilk

As baby gets older, some mothers and babies continue to experience problems with overabundant milk supply.

Ongoing concerns that you may experience:

What you may see in:

Baby:	Mother:
<ul style="list-style-type: none"> • Refuses some feeding even though appears hungry • Sucks intensely on objects such as thumb or fist • Breastfeeds briefly and quickly then pulls off, arches back and cries • Refuses to breastfeed (“nursing strike”) • Bites at the breast • Slow weight gain 	<ul style="list-style-type: none"> • May still have overabundant milk supply • Breasts may be less full • May not feel the let-down as before • May feel rejected by baby • May have sore nipples, plugged ducts and/or mastitis • May have begun her menstrual periods

Baby's frustration at the breast may be due to difficulty in managing milk flow and volume. This may result in a reduced milk volume and flow.

Ask your physician/midwife for a thorough physical assessment of both you and baby. If a medical cause is not present, consult with a health care provider who is knowledgeable about breastfeeding. Provide them with as much information as you can to help them understand the situation.

Suggestions That May Help:

For breast refusal:

- Provide the baby with frequent skin to skin care, without expecting the baby to breastfeed
- Use pillows to support your body while leaning back into a comfortable position
- Your baby may self-latch and breastfeed
- Try offering your breast before baby is fully awake
- If baby continues to refuse the breast, talk to someone skilled in helping mothers breastfeed about using a nipple shield
- Walking, singing or rocking while feeding can help distract/soothe your baby

For slow weight gain:

- Offer 30-60ml (1-2 ounces) of your expressed breastmilk before breastfeeding to reduce the baby's hunger, calm the baby and increase his/her willingness to accept the breast
- Gradually reduce supplements as breastfeeding and weight gain patterns improve

For low milk supply:

- Breastfeed from both breasts at least every 3 hours using breast massage and breast compression to encourage baby to breastfeed longer
- After breastfeeding, hand express and pump with a hospital grade electric breast pump, using a double pumping kit, to ensure frequent and thorough milk removal
- Talk to your health care provider about other ways to increase your milk supply
- Please see handout *Building Your Milk Supply*

Be sure your baby is feeding at least 8 times in 24 hours. Continue to monitor baby's weight and your milk supply. Seek ongoing support from a health care provider knowledgeable about breastfeeding.

References:

- 1) Colson, S., (2010). *An Introduction to Biological Nurturing: New Angles on Breastfeeding*. Amarillo, TX: Hale Publishing, L.P. <http://www.biologicalnurturing.com>
- 2) Smith, L. (2016). Postpartum Care. In K. Wambach & J. Riordan (Eds.) *Breastfeeding and Human Lactation*, 5th ed. (pp. 273-317). Burlington, MA: Jones & Bartlett Learning.
- 3) Walker, M. (2017). *Breastfeeding Management for the Clinician: Using the Evidence*, 4th ed. Burlington, MA: Jones & Bartlett Learning, pp. 650-653.
- 4) Wolf, L., & Glass, R. (2017). The Goldilocks Problem: Milk Flow That is Not Too Fast, Not Too Slow, but *Just Right* (Or, Why Milk Flow Matters and What to do About it). In C. Watson Genna *Supporting Sucking Skills in Breastfeeding Infants*, 3rd ed. (pp. 157-179). Woodhaven, NY: Jones & Bartlett Learning.

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Baby Friendly Initiative