Oversupply by La Leche League

from website: https://www.llli.org/breastfeeding-info/oversupply/

Sometimes a mother may make more milk than her baby needs. Although this may sound like a good problem to have, too much of any good thing can cause challenges – for baby and mother.

- WHAT ARE SOME SIGNS OF OVERSUPPLY?
    - Baby is restless during the feeding, may cry or pull off and on the breast.
    - Baby may cough, choke, splutter, or gulp quickly at the breast, especially with each let-down. See positioning: (https://www.llli.org/breastfeeding-info/positioning/)
    - Baby may clamp down at the nipple to try to stop or slow the rapid flow of milk. This may cause sore, creased nipples. See Biting at **https://www.llli.org/breastfeeding-info/biting/**
    - Baby may arch or stiffen, often with painful cries.
    - Each feeding feels like a struggle or battle.
    - Feedings may be short but frequent because baby fills up quickly on air and the lower fat milk from the early part of a feeding and not get to the higher fat that comes further into the feeding.
    - Baby may have green, loose, or explosive stools. Some may have signs of blood.*(See section on digestion concerns, below)*
    - Baby may be very gassy and have frequent, large spit ups. See **Breastfeeding and Reflux** (https://www.llli.org/breastfeeding-info/reflux/) and **Breastfeeding and GERD** (https://www.llli.org/breastfeeding-info/gerd/) .
    - Mother may notice a strong, forceful milk release, also known as Overactive Milk Ejection Reflex (OMER). This can cause coughing or

choking. This may also result in excessive leaking from the side where baby is not feeding.

- Mother's breasts may never feel fully empty and seem to refill very quickly after a feeding.
- Mother may have frequent bouts of plugged ducts or **mastitis** (https://www.llli.org/?s=mastitis).
  - *NOTE: Some mothers may benefit from having their thyroid levels checked as overactive thyroids can contribute to oversupply.*

- WHAT CAUSES AN OVERSUPPLY?
  - Some mothers have bodies that just naturally produce large volumes of milk from the beginning.
    - This may result in baby having short, frequent feedings
    - Because baby is never completing the first side before feeling full, the mother is pumping for comfort, stimulating increasing volumes.
  - Some mothers may believe that they should start pumping from the beginning
    - To get their volume to increase quickly.
    - To "empty" their breasts after each feeding.
    - To have extra milk for a family member to feed or for an emergency.
    - To start saving milk for their return to work.
  - Some mothers have heard from family, friends or may have read that they should always offer both breasts at a feeding
    - They may stop baby short at the first side to be sure she goes to the second breast.
    - This may result in consuming mostly the lower fat foremilk and less higher fat hindmilk, causing baby to become hungry sooner. *(See section on digestion, below)*

        - Some mothers with premature babies start pumping early and often to get milk for their baby in the NICU so that his first food is her milk. She may become so accustomed to pumping after every feeding, often because the NICU policy may be to offer a bottle feed after breastfeeding, that she may continue this practice even when baby is fully satisfied at breast, “just in case.”
- HOW DOES OVERSUPPLY AFFECT BABY’S DIGESTION?
    - Baby takes in more low fat foremilk (high in lactose) than high fat hindmilk, (high in fat). See our post on the **Fat Content of Milk** (https://www.llli.org/breastfeeding-info/foremilk-and-hindmilk/).
    - Lactase digests lactose.
        - When lactase is overwhelmed, the milk sugar in lactose begins to ferment, causing gas and frothy green stools.
        - This can result in diaper rash and, if the intestines are irritated, bloody stools.
    - Decreasing the milk supply will allow baby to consume more high fat milk with lactase and promote healing of the intestine.
    - Some mothers may need to adjust their diets to help baby’s intestines heal.
        - Begin with eliminating dairy and soy products.
        - If problem persist, eliminate foods with artificial colors and preservatives.
        - If there was a food you binged on in pregnancy, avoid that for awhile.
    - May commonly be misdiagnosed as colic, lactose intolerance, or milk protein allergy.
- HOW CAN I MANAGE OMER?
    - Adjust positioning (See “**Positioning FAQ**”- (https://www.llli.org/breastfeeding-info/positioning/)

    - Express 1-2 minutes before bringing baby to breast to release that first strong rush of milk.
    - Break suction as soon as baby starts to cough or struggle. Have a towel, washcloth or bib handy to catch the milk spray.
    - Apply pressure behind areola to restrict force by using a “scissor” position, using the first and second fingers of your free hand. Ease up on the pressure as baby settles into the feeding. Vary the position of the fingers to avoid creating a blockage or plug.
    - Apply pressure to the side where baby is not feeding using a towel, the heel of your hand, the side of your arm nearest that nipple, or a commercial product designed to reduce leaking. Pressure can stop the milk release.
- HOW CAN A I SLOW DOWN MY MILK PRODUCTION?
    - Establish a feeding pattern that allows the baby to control the volume.
        - Treat the first breast as the “meal” and allow baby to nurse untimed.
        - Treat the second breast as “dessert” and offer, but don’t expect or encourage him to feed the same amount of time at that side as he did the first side. Let him stop when he chooses.
        - Baby may choose to nurse only one breast per feeding, which is fine. Pump the second side only if needed for comfort and then only until comfortable enough to get to the next feeding.
    - “Block feeding”
        - Pick a feeding that will mark the beginning of this process.
        - About an hour before the usual feeding begins, pump both breasts until they are soft and little is being pumped out. (Remember that your breasts are never fully empty and that baby can always do a better job than a mechanical pump.)

        - When baby cues the feeding, nurse from one breast only for as long as she is interested.
        - Any time she wakens within a six-hour time frame, offer the same side again.
        - For the next six hours always go to the opposite breast for feedings.
        - If the un-nursed breast is feeling uncomfortable, hand express or pump *just to relieve pressure* then stop.
        - If the breasts become uncomfortably full at any point, fully pump and start the process again. Some mothers may need to go longer stretches of 8-12 hours until things are brought under control.
        - Staying at the same breast for two or more feedings will allow milk volume to slow because there is less overall stimulation.
        - Staying at the same breast helps ensure the baby is getting the higher calorie hindmilk.
        - This process allows the body to trigger the “Feedback Inhibitor of Lactation” (FIL).
            - There is a whey protein that builds up in the milk and become more concentrated if milk is not removed.
            - This will send the message to slow down milk production.
- WILL MY STRONG MILK EJECTION/LETDOWN EASE AS MY OVERSUPPLY REDUCES?
    - Very likely! The less volume behind the ejection, the less force there is in the milk release.
    - Adjust positioning as needed as things become more manageable to allow baby continue to transfer milk easily. See **Positioning** - link above.
- WHAT ELSE CAN I TRY?

    ***NOTE: Consult with a La Leche League Leader and/or your healthcare***

***provider and tyourbaby's pediatrician about any herbal or medical approaches.***

- Herbs shown to help decrease milk supply safely, e.g. sage.
- Foods helpful with reducing milk supply e.g. peppermints or foods high in peppermint oil.
- Medical approaches, such as over-the-counter products e.g. cold remedies with pseudoephedrine or prescription medications e.g monitored short use of birth control pills.