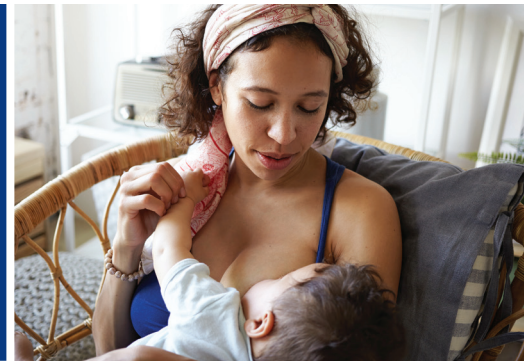


Abundant Milk Supply and Fast Letdown



Abundant Milk Supply

Ideally, exclusive breastfeeding results in your milk supply equaling your baby's demand over the course of a week or two. For unclear reasons, some moms can't produce enough milk no matter what they do, but for other moms, milk production spirals out of control and becomes excessive. Moms who produce too much milk might switch back and forth between breasts based on time, not realizing this may excessively increase their milk supply. In response, a mom tries to relieve the fullness by pumping, which increases supply even more.

At first, a mom may feel lucky to have so much milk, but if the situation is poorly managed, it can become a problem:

- If you produce more milk than your baby needs, baby will consume too much foremilk and not enough hindmilk. Foremilk is low in fat (skim) so it passes through the stomach quickly and dumps into the intestine. It's also high in lactose (milk sugar) which makes it hard to digest. Too much lactose may cause gassiness, fussiness and mucus-like and/or explosive green, watery stools. Baby may also act hungry all the time. This hunger is because the foremilk is like eating lettuce all day – baby eats a lot but never feels full or satisfied.
- It's important for your baby to drink more of the hindmilk. The hindmilk is behind the foremilk and is higher in fat and calories (like cheesecake!). The hindmilk helps your baby feel full longer.

How to Prevent Abundant Milk Supply Issues

- **Before your milk comes in**, for the first one to two days, nurse from both breasts equally, for as long as baby desires. This will stimulate the hormones needed for the milk to "come in."
- **When your milk starts coming in**, your baby may cluster feed (feed very often over a period of hours), which helps the milk supply come in and also helps prevent engorgement.
- **Once your milk is in**, emptying the breasts tells the milk cells to make more milk for the next feeding.

It now becomes important to completely empty the first breast before switching to the second. Foremilk comes out first, then whole milk, and finally, deep in the breast, is the creamy hindmilk.

Watch the Baby, Not the Clock

- **No timed feedings:** With timed feedings, your baby may not get the hindmilk, but instead get more foremilk when you switch to the second breast. It's better for baby to stay on the first breast until you can no longer hear swallowing sounds from your baby. This lets you know the breast is empty.
- Some babies need only one breast per feeding, while other babies empty both. If baby wants to nurse again after only an hour or so, go back to the same breast again to be sure it is empty.
- If baby nurses only one breast per session, don't pump the other breast. Leave the milk for the next feeding. Pumping it will put more demand on the breast than what baby needs and milk production will increase.
- Babies can take anywhere from 5 to 25 minutes to empty a breast. Always offer the second breast, which could take another 5 to 25 minutes. As your baby gets better at breastfeeding, they may spend a shorter time at the breast.
- If you get engorged, or are over producing in the beginning, pump off just enough milk to be comfortable. Do this until your milk production settles down a little.

Fast Let Down

Let down is a natural reaction that happens when your baby begins to suck. Some moms have a fast let down, where milk comes out forcefully and quickly. An overactive milk let down may be part of an abundant supply problem, but may also be a problem for some moms who don't overproduce. If there's a lot of milk under pressure, it flows out faster than baby can swallow. Some problems seen with fast let down are:

- Gulping, coughing and choking at the breast, which can lead to swallowing more air
- Coming off the breast, backs away, gets sprayed with milk
- Re-latching repeatedly
- Impatient with slower flow
- Fussy at the breast and may even start refusing to nurse



To help this problem:

- Lean back while nursing so milk has to flow “uphill” against gravity
- Nurse from a seated position
- Catch the initial “flood” of milk in a cup
- Avoid pumping before nursing, as supply may increase even more

Managing an Abundant Milk Supply and Associated Symptoms

When moms feel overly full of milk, a common mistake is to pump frequently after nursing to relieve fullness. If the breasts are emptied these extra times, milk production increases even more. If an excess milk supply results in problem symptoms, a specific feeding plan can help control the milk supply. With this plan, you’re not limiting or cutting the number of feedings, but rather choosing which breast to offer.

The goals are to:

- Drain a breast completely to increase baby’s intake of fat and calories
- Limit your milk production to meet baby’s demand rather than exceed it
- Avoid plugged milk ducts while lowering the milk supply
- Store milk for return to work or time away from your baby

Feeding Instructions to Control Milk Supply (Block Feeding)

- Before baby’s first morning nursing, pump off the foremilk from both breasts, leaving enough milk behind in both breasts so baby will nurse both breasts until empty, getting all of the hindmilk for breakfast. This helps clean out your milk ducts once a day, which helps prevent plugged ducts as your milk supply is reduced.
- This extra milk can be stored in the freezer to prepare for your return to work or time away from your baby. It’s alright that this milk is mostly the foremilk.

- When baby demands the next feeding, pick a breast and offer only that breast for feedings for the next three hours. During those hours, baby will work through to the creamy milk and may take one, two or even three feedings in those three hours.
- When the three hours are up, wait for baby’s next demand and start on the other breast. For the next three hours, offer only this breast.
- If the “resting” breast gets too full and uncomfortable, pump off just enough to get comfortable (not to empty).
- Over time, the “resting” breast will be conditioned to slow down the amount of milk being produced.
- Don’t skip a breast. If baby sleeps longer at night, offer the other breast and then start the three-hour countdown.
- Once in a while, your symptoms may get worse for a day or two, and then improve.
- If your symptoms don’t get better after a day or two, try a longer time of four hours per breast.
- Hopefully, your milk supply will adjust so just enough milk is available for a feeding. Baby can completely empty at least one breast per feeding and get the rich hindmilk.
- When pumping at work or away from baby, some moms find their milk supply begins to creep up again if they pump too much. Watch out for this and if it happens, don’t pump too often.

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