Abundant Milk Supply
Excess Foremilk (Skim) → Lactose Overload → Fussy Baby

Why does this happen?
Some mothers have a hard time producing enough milk to meet their baby’s demand, but others have a tendency to produce excessive volumes. For these hyper-producers, if they unknowingly switch back and forth between breasts based mostly on time (after the milk has come in), their supply will increase excessively. In response, they may try to relieve the fullness by pumping frequently, which increases their supply even more. At first, these mothers may feel lucky to have so much milk, but if the situation is incorrectly managed, it can become a big problem, and this is how.

During a feeding, the amount of fat increases as the baby drains more milk from the breast, i.e., skim milk (foremilk) comes out first and creamy milk (hind milk) comes out last. If you fail to empty the first breast before switching to the second breast, the baby will consume a relatively small amount of high calorie fatty milk (from the first breast) and a large amount of lower calorie skin watery milk (from both breasts). Thus the baby will have a belly full of low calorie milk and still feel hungry, as if she ate lettuce all day. She’ll thus want to nurse more frequently, over-fill and then may spit up. Also, because of the low fat content of the skim milk (foremilk), the stomach empties quickly, and a large load of milk sugar (lactose) arrives in the intestine all at once. This results in lactose overload as previously discussed.

On the contrary, after getting more high fat and calorie hind milk, the baby will feel satisfied for longer periods of time, as if she ate a steak!

What can be done to prevent abundant milk supply issues?
Before the milk comes in, i.e., the first couple days, nurse both breasts equally, for as long as baby desires, trying for at least 10-15 minutes per breast. This will stimulate the hormones needed for the milk to “come in.” Once the milk starts coming in, babies often cluster feed, which further promotes the milk supply to come in and also helps prevent engorgement. Once milk is in, getting the breasts empty is what tells the milk cells to make more milk, and it becomes important to completely empty the first breast before switching to the second. Be aware that some babies need only one breast per feeding. If the baby wants to nurse again after only an hour or so, you can consider going back to the same breast again to be sure it is empty. It is best to strictly breastfeed when possible so that supply and demand will naturally work itself out. Supplement only if the baby is not removing milk well and thus not gaining weight and pump if supplemented or to relieve initial engorgement. Seek lactation advice if this is being done.

A “relative lactose intolerance” or “lactose overload” occurs when there is simply more lactose (milk sugar) consumed than the lactase (digestive enzyme) can keep up with.

Symptoms of lactose intolerance occur, such as
- Gassiness
- Fussiness
- Explosive green watery stools
- Acts hungry and wants to “eat all the time” even though they are clearly getting plenty of milk.

An overactive letdown may become a problem because the abundant milk is under pressure and thus flows out fast, which can overwhelm the baby.

The baby might
- Gulp rapidly
- Cough
- Choke
- Swallow air
- Come off the breast and back away, as milk sprays her in the face.
- Re-latch again and again
- Act frustrated
- Act unhappy with the rapid flow, but become impatient when the flow slows
- Refuse the breast (rare)

Mom’s breasts
- Often leak milk
- Get plugged ducts
What can be done to manage an abundant milk supply and associated symptoms?

If excess milk supply becomes a problem, a specific feeding regimen may be indicated in order to control the milk supply and resolve the baby's symptoms. With this regimen, you are not restricting the number of feedings, but rather picking which breast to offer. This will help to drain a breast completely to increase the intake of fat and calories and will help limit the overall milk production to a more reasonable level, while also avoiding plugged ducts and mastitis.

Instructions for the Abundant Milk Supply Regimen / Block Feeding:

1. **Pump both breasts** before baby's first feeding in the morning. Your goal is to pump off enough milk, ie the foremilk, such that the baby can then nurse BOTH breasts to empty, getting all creamy milk, and be satisfied. Breakfast is all cream! This will also "clean out" your milk ducts completely once per day, which will help prevent plugged ducts. In addition, you can take advantage of this excess supply by stocking the freezer. And don't worry that what goes in the freezer is mostly "skim" milk.

2. When the baby demands the next feeding, offer her the favorite breast, which likely produces more milk. For the **next 3 hours**, offer **only this breast** when she demands a feeding. Over those 3 hours, she'll work her way through to the creamy milk. She'll take 1, 2 or even **3 feedings** in those **3 hours**.

3. When the above 3 hours are up, wait for her to demand a feeding and then start on the other breast. For the **next 3 hours**, offer **only this breast**. Again this will likely amount to 1, 2 or 3 feedings.

4. **Don't ever skip a side.** If the baby sleeps longer at night, always offer the other side and then start the 3 hour countdown.

5. If symptoms fail to improve after a few days, consider extending the time to **4 hours per side**.

6. When pumping at work, some moms find their supply starts creeping up again if they pump too much. Monitor this and cut back frequency or the amount pumped off if this happens.

Interestedly, it is the "resting" breast that is being reconditioned during this process. Since it must tolerate remaining full for longer periods of time, the resting breast is being told to slow down its production. The goal is to limit the overall milk production such that just enough milk is present that the baby CAN completely empty one breast per feeding and thus consume both the foremilk and the hind milk. Each mother's production patterns respond to this regimen uniquely, so close monitoring is necessary in order to avoid decreasing the supply too much. Some mothers need to continue the "block feeding" forever, whereas others may eventually end up emptying both breasts at each feeding. Some notice a change within a day or two, but others may find that symptoms worsen for a few days and then improve.

**NOTE:** When starting this new feeding regimen, the "resting" breast may get quite full. It is **OK** to pump it just enough to be comfortable. Watch for plugged ducts. Over time, as the supply adjusts, this will be less of an issue.

Dealing with an overactive letdown:

1. Position yourself such that the milk has to flow "up-hill" against gravity, ie lean back while nursing.

2. If the milk flow slows too much, lean forward again and compress the breast.

3. Pumping milk before nursing is **not** typically recommended, as this will just increase your supply and make the problem worse.

4. Consider letting the initial "flood" of let-down flow into a cup held under the nipple.