



Abundant Milk Supply

Excess Foremilk (Skim) → Lactose Overload → Fussy Baby

Some mothers have a hard time producing enough milk to meet their baby's demand, but others have a tendency to produce excessive volumes. Hyper-producers might unknowingly switch back and forth between breasts based mostly on time and supply may increase excessively. In response, a mom tries to relieve the fullness by pumping, which increases supply even more. At first, you may feel lucky to have so much milk, but if the situation is poorly managed, it can become a problem, and this is how.

- If you produce more milk than baby needs and she doesn't empty a breast during a nursing session, she will consume too much foremilk and not enough hind milk.
- This foremilk is low in fat (skim milk) so passes through the stomach quickly and dumps into the intestine.
- This foremilk is also high in lactose (milk sugar) which is too much for the lactase digestive enzyme to handle.
- A "**relative lactose intolerance**" or "**lactose overload**" results in
 - Gassiness
 - Fussiness
 - Mucousy and/or explosive green watery stools
 - Baby acts hungry all the time
- This hunger is because the low calorie milk is like eating lettuce all day – she eats a lot but never feels full.
- If she would consume more hind milk, which is higher in fat and calories, she'd feel full longer, as if she ate cheese cake!

How to prevent abundant milk supply issues

- Ideally, if you follow the breastfeeding guidelines discussed elsewhere, the ideal breastfeeding scenario will fall into place, wherein exclusive breastfeeding results in milk supply equaling baby's demand over the course of a week or two.
- For unclear reasons, some mothers cannot produce enough milk for their baby no matter what they do, but for other mothers, milk production spirals out of control if breastfeeding is not managed well.
- **Before milk comes in**, ie 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."
- **When 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**, emptying the breasts tells the milk cells to make more milk for each successive feeding.

At this time, it becomes important to completely empty the first breast before switching to the second.

- Foremilk (skim) comes out first, then whole milk, and finally, deep in the breast, is the creamy hind milk.
- If you time feedings, ie switch breasts automatically after, say 10 minutes, the baby may not get the hind milk, but rather get more foremilk when you switch to the second breast. It's better to stay on the first breast until breast compressions no longer result in swallowing sounds, indicating the breast is empty (described elsewhere in detail).
- Realize that some babies need only one breast per feeding, some empty both, but most nurse 1½ breasts per session. 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, do not pump the other breast, but leave the milk for the next feeding. Pumping it will place more demand on the breast than what baby needs and production will increase.
- Most babies take 15-20 minutes to empty the first breast and take the second breast for 5-10 minutes. Some empty a breast in 5 minutes, but others take 30-40 minutes.
- If you get engorged, or are over producing in the beginning, pump off enough milk just to be comfortable, until production settles down a bit.

An overactive milk let-down may be part of the abundant supply problem, but can also be a problem for some moms who don't over-produce. If there is lots of milk under pressure, it flows out faster than baby can swallow, causing symptoms:

- gulps rapidly, coughs, chokes, swallows air
- comes off the breast, backs away, gets sprayed with milk
- re-latches repeatedly
- later, she may get impatient when the flow slows
- is very fussy at the breast and may even start refusing to nurse
- Mom's breasts often leak milk and get plugged ducts

To manage this issue

- Lean back while nursing so milk has to flow "up-hill" against gravity.
- Consider catching the initial "flood" of milk in a cup
- Avoid pumping before nursing, as supply may increase even more.

Abundant Milk Supply...continued

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 will increase even more in the long run.
- If excess milk supply results in problem symptoms, a specific feeding regimen can control the milk supply.
- With this regimen, you are not restricting the number of feedings, but rather picking which breast to offer.
- The goals are to
 - drain a breast completely to increase baby's intake of fat and calories
 - limit the overall milk production to meet baby's demand rather than exceed it
 - avoid plugged ducts while backing off the milk supply
 - store milk for return to work

Feeding instructions to control the milk supply (sometimes called "block feeding")

1. 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 to empty, thus consuming all cream for breakfast.
 - This completely cleans out your milk ducts once per day, which will help prevent plugged ducts as the process reduces your supply.
 - In addition, this extra milk can stock the freezer to prepare for return to work. And don't worry that what goes in the freezer is mostly skim milk.
2. When the baby demands the next feeding, pick a breast and offer only that breast when she demands a feeding for the next 3 hours.
 - During the 3 hours, she'll work her way through to the creamy milk.
 - She may take 1,2 or even 3 feedings in those 3 hours.
3. When the 3 hours are up, wait for her next demand and start on the other breast.
For the next 3 hours, offer only this breast.
4. 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 production.
5. Don't skip a side. If baby sleeps longer at night, offer the other side and then start the 3 hour count down.
6. Occasionally symptoms worsen for a day or two, and then improve.
 - If symptoms fail to improve after a few days, consider extending the time to 4 hours per side.
7. Ideally supply will adjust such that just enough milk is present for a feeding so baby CAN completely empty at least one breast per feeding, and thus consume hind milk.
 - Some mothers need to do this feeding regimen forever, whereas others get the supply under control such that both breasts need to be emptied per feeding session.
8. Weight checks are indicated during this time to make sure supply doesn't drop too much.
9. 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.