



Too Much of a Good Thing!

By Kelly Bonyata, BS, IBCLC
Updated 3/17/2018

Engorgement

Many new moms will experience engorgement during the first few days to weeks as your body regulates how much milk to produce. This is totally normal. Engorgement is when your breasts swell with milk, blood and other fluids to the point they become hard and painful. If this happens, we recommend you feed your baby more often.

Sometimes your breasts might be so swollen, it's hard for the baby to latch correctly. In this circumstance, you can hand express or briefly use a breast pump to remove a little milk. You can hand express or pump whenever they are uncomfortable if a feeding doesn't relieve the discomfort. Ice packs in between feedings also help.

If you follow these steps and your breasts still feel very swollen and hard, and hot to the touch, call your doctor. If your milk is not being adequately removed from your breasts, it can lead to clogged milk ducts and an infection called mastitis which requires antibiotics to treat.

Oversupply and Overactive Let-Downs

Moms who find themselves continually engorged may also have an oversupply of milk. This can cause overactive let-downs. A let-down is a reflex that usually happens after your baby has been sucking the breast for about two minutes and simply means your milk has started flowing. Some women feel a tingling or a warmth as the let-down occurs; you may not feel anything at all!

Sometimes a surge of milk is more than your baby can keep up with. Your baby's reaction will be to pull away from the breast, cry, cough, sputter or even choke. Let your baby recover and wait until the let-down spray stops before resuming the feed.



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What Can I Do About It?

There are essentially two ways you can go about remedying a forceful let-down: (1) help baby deal with the fast flow and (2) take measures to adjust your milk supply down to baby's needs. Since forceful let-down is generally a byproduct of oversupply, most moms will be working on both of these things. It may take a couple of weeks to see results from interventions for oversupply, so try to be patient and keep working on it.

Help Baby W/Fast Flow

- Position baby so that she is nursing “uphill” in relation to mom’s breast, where gravity is working *against* the flow of milk. The most effective positions are those where baby’s head and throat are above the level of your nipple
- Burp baby frequently
- Nurse more frequently
- Nurse when baby is sleepy and relaxed. Baby will suck more gently at this time, and the milk flow will be slower.
- Wait until let-down occurs, then take baby off the breast while at the same time catching the milk in a towel or cloth diaper. Once the flow slows, you can put your baby back to the breast.
- Pump or hand express until the flow of milk slows down, and then put baby to the breast. Use this only if nothing else is working, as it stimulates additional milk production. If you do this, try to express a little less milk each time until you are no longer expressing before nursing.

Adjust Your Supply

- **Avoid trying to reduce milk supply during the first 4-6 weeks.** This is a time period when your milk supply *should* be increasing rapidly, and it’s not unusual for a small baby to have temporary issues with even a normal supply or letdown in the early weeks.
- If baby is gaining weight more quickly than average, then having baby nurse from only one breast per feeding may be helpful



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- One method for decreasing milk supply without limiting baby's feeds is called **block feeding**:
 - If baby finishes nursing on the first side and wants to continue breastfeeding, just put baby back onto the first side.
 - If the unused side becomes uncomfortable, express a little milk until you're more comfortable and then use cool compresses – aim for expressing less milk each time until you are comfortable without expressing milk.
 - Between feedings, try applying cool compresses to the breast (on for 30 minutes, off for at least an hour). This can discourage blood flow and milk production and soothe discomfort.
 - If block feeding is not working after a week, it may be helpful to get experienced help. There is a real possibility of decreasing milk supply *too much* by using block feeding, so you need to be cautious when using this.
 - ***Do not restrict breastfeeding at all***, but any time that baby needs to nurse simply keep putting baby back to the same side during that time period.
- Another method that has worked for some is **switching sides more frequently** during a feed. See this link:
<http://nurturedchild.ca/index.php/breastfeeding/challenges/oversupply-forceful-letdown/>
- A third method to consider is **full drainage and block feeding (FDBF)**, where the breasts are first drained as much as possible (usually with a double electric breast pump), then block feeding is commenced, starting with around 3 hours per side. See this link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2075483/>
- Any time you are breastfeeding less frequently, keep a close eye out for plugged ducts and mastitis.
- Avoid extra breast stimulation, for example, unnecessary pumping, running the shower on your breasts for a long time or wearing breast shells.

Even if these measures do not completely solve the problem, many moms find that their abundant supply and fast let-down will subside, at least to some extent, by about 12 weeks (give or take a bit). At this point, hormonal changes occur that make milk supply more stable and more in line with the amount of milk that baby needs.



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