

Abundant Milk Supply

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Your milk supply increases over the first 3 to 5 days after giving birth. Sometimes there is too much milk in the first week. This fullness is called engorgement and it should lessen by the end of the second week. This is normal.

It is possible that your breasts could continue to produce too much milk. Milk production is based on supply and demand. Your breasts are designed to respond to stimulation by releasing milk and to replace milk that has been removed.

Increases in stimulation will increase your milk supply. When your baby grows and needs more milk, he or she will breastfeed more often or longer for a few days. This tells your breasts to make more milk. Pumping in addition to feeding at the breast also increases milk supply. Some women simply have more milk-making tissue in the breast.

Signs of Abundant Milk Supply

When you produce more than 2 ounces per hour (48 ounces per day) for one baby, it is called hyperlactation (too much milk).

Having such an abundant milk supply can cause difficulties for both you and your baby.

If you or your baby have any of the following signs, please meet with a lactation consultant.

For you:

- Your breasts feel too full much of the time.
- You have a forceful flow of milk. Your breasts often spray or leak milk.
- You have sore nipples caused by your baby biting down to control the flow.
- You have plugged ducts often or mastitis (infection of the breast).

For your baby:

- Your baby has trouble with the rapid flow of milk. He or she makes clicking, smacking or choking sounds.
- Your baby is fussy after feeding. He or she has gas, or arches or stiffens his or her body from tummy pain.
- Your baby has gained too much or too little weight because feedings are not well-balanced.
- Your baby often has explosive, green frothy stools and very heavy wet diapers.
- Your baby often spits up after a feeding because he or she is too full.

A lactation consultant will measure how much and how quickly your baby takes milk while breastfeeding. Then together, you can make a plan. You will enjoy your breastfeeding experience more when it can be relaxed and comfortable.

(over)

Foremilk and Hindmilk

When your baby feeds at the breast, the thinnest and most watery parts of the milk flow fastest to the nipple. This is called foremilk. It is meant to satisfy your baby's thirst, keep your baby hydrated and provide a quick burst of energy to help your baby complete the feeding.

As the feeding progresses, the milk gradually becomes more thick, white and high in fat and calories. This is called hindmilk. It slows digestion, settles the tummy and provides the calories needed for growth and development.

When offering one breast until well drained, your baby will have a more balanced meal.

How to Cope with Abundant Milk Supply

To help your baby with the rapid flow of milk:

- Briefly massage and hand express until spray lessens and milk appears white.
- Choose breastfeeding positions that keep your baby more upright (head higher than bottom).
- After you have a good latch, recline or lean back to slow the flow of milk.
- Listen for a comfortable suck-swallow-breathe rhythm. A quiet "ka" sound.

If you see or hear signs of distress (gulping or choking) remove your baby from the breast. This may be a good time to burp and gently hand express more milk.

To encourage a more balanced supply and demand:

- Offer one breast until well drained. Your baby's swallowing will slow and the pauses will get longer.
- If your baby can't drain the first breast, offer two feedings in a row on each side in the morning.
- Briefly hand express or pump as needed for comfort on the second side.
- Try not to pump for storage during this time. At work, pump enough for next day only.