

Oversupply and Forceful Letdown (Milk Ejection Reflex)

Oversupply is when you make a lot more milk than your baby needs. If you have an oversupply, it can be helpful to slowly reduce your milk production.

Forceful letdown or milk ejection reflex happens when your milk comes out quickly with a lot of force.

Too much milk can be as challenging as not enough. You may or may not also have a forceful letdown. Not all nursing parents who have an oversupply also have a fast milk flow. Distinguishing between the two is important. Some signs may be the same for both

What to look for in your baby

Signs of oversupply

- Feedings may be short, either frequently or infrequently.
- Your baby may feed from only one breast at a time.
- Your baby may rarely breastfeed for comfort.
- Your baby may have green, loose, or explosive stools. This occurs when your baby fills up quickly on mostly lower fat/higher lactose (sugar) milk. This low fat milk moves through the gut too quickly to be fully digested.
- Your baby may be very gassy and have frequent, large spit ups.
- Your baby may have a diaper rash from frequent bowel movements.
- Your baby may gain weight very rapidly, but after several months may stop gaining weight.

Signs of forceful letdown

- Your baby is restless during the feeding. He may arch away or stiffen. He may cry or pull off and on the breast. Feedings feel like a struggle.
- Your baby may cough, choke, splutter, or gulp quickly at the breast, especially with each letdown.
- Baby may clamp down at the nipple to try to stop or slow the rapid flow of milk. This may cause sore, creased nipples.

What to look for in your body

Signs of oversupply

- Your breasts may never feel completely empty and seem to refill very quickly after a feeding.
- You may notice hard areas of the breast.
- You may have frequent bouts of mastitis. (see *Mastitis - a Matter of Inflammation*).
- You may feel something you are eating does not agree with her child.

Signs of forceful letdown

- You may notice a strong, forceful letdown, also known as rapid or overactive milk ejection reflex (MER). Some women feel milk ejection as tingling, pressure, pins-and-needles. Some do not feel anything. With a forceful letdown the tingling sensation may be painful.
- You may notice excessive leaking from the side where your baby is not feeding.
- Your baby may pull off the breast and the milk squirts out.
- You may have blanching (whitening) of the nipple with burning nipple pain after nursing. This happens when your baby compresses the nipple to slow milk flow. When your baby releases your nipple, the blood flows back into the nipple. This “vasospasm” often causes burning nipple pain. For comfort you can apply dry heat or a warm hand to your nipple after your baby releases the nipple. You can also gently massage blood back into the nipple and hold your baby skin to skin.

Strategies to improve your baby's comfort during feedings

- Place your baby tummy to tummy with you in a laid-back feeding position (see *Positioning and Latching*). Keep your baby's head higher than her bottom when feeding.
- Feed your baby when he is sleepy and relaxed rather than waiting for your baby to be wide awake and crying.
- Hand express a small amount of milk before feeding.
- Gently massage your breasts before feeding. This can help release more fat into the milk ducts prior to beginning the feeding.
- Take your baby off the breast for your first letdown. Let your baby relatch when the milk flow slows down.
- Gently compress the breast in order to block some milk ducts during letdown.
- Burp your baby frequently during a feeding in an upright position. Avoid bringing your baby's legs up to the stomach when burping.
- Hold your baby upright for 10-20 minutes after feeding. A baby carrier can be helpful.
- In some cases, it may be useful to use a nipple shield to slow down the sprays of milk.
- Avoid dressing your baby in clothes that are tight on your baby's middle, such as elastic waistbands.

How to help slow down milk production

- Establish a feeding pattern that allows your baby to control the volume.
 - Treat the first breast as the "meal" and allow your baby to nurse untimed.
 - Offer the second breast as "dessert." Don't expect or encourage your baby to feed the same amount of time on both sides. Let your baby choose when to end the feeding.
 - Express the second side only if needed for comfort. Express the minimum amount required for you to feel comfortable until the next feeding.
- Try "block feeding" for **only 48 hours**. When milk is left in the breast for longer periods of time, a protein called "feedback inhibitor of lactation" (FIL) is released. This sends a message to the body to slow down milk production.
 - Pick a feeding that will mark the beginning of the block feeding.

- About an hour before the usual feeding begins, express both breasts until they are soft and little is being pumped out. (Remember that your breasts are never fully empty. A well-latched baby can usually drain a breast better than a mechanical pump or hand expression.)
- When your baby asks to feed, nurse from one breast only for as long as your baby is interested.
- Any time your baby wakes within a four to six-hour time frame, offer the same side again.
- When the first four or six-hour block is finished, switch to the opposite breast for the next four or six-hour block of feeding.
- If the unused breast is feeling uncomfortable, hand express or pump a small amount of milk; just the minimum amount required for comfort.
- If the breasts become uncomfortably full at any point, fully express your breasts and start the process again.
- Watch for early signs of mastitis (see *Mastitis - a Matter of Inflammation*).
- Some mothers may benefit from having their thyroid levels checked. Overactive thyroids can contribute to increased production of milk.
- Apply cold compresses for comfort for a maximum of 20 minutes at a time.
- If you are experiencing significant leaking, it can help to apply pressure to the nipple temporarily. Breast shells or other milk collectors can make leaking worse and can lead to mastitis in some women. Some mothers find them helpful to remove small amounts of milk if they are overly full.

If these strategies have been used for a number of weeks without improvement, you may want to speak to your healthcare provider about possible medications to reduce milk production. Some providers may suggest pseudoephedrine (a decongestant with a side effect of reducing milk supply) or even low-dose birth control pills for a few days. It may also be helpful to rule out medical causes that could contribute to an oversupply, such as a pituitary tumor, prolactinoma, postpartum thyroiditis or Celiac disease.

Oversupply and forceful letdown can be challenging issues. [La Leche League Leaders](#) can help you distinguish between the two conditions and share strategies to help resolve them.

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