

BREASTFEEDING Fact Sheet

An information update for WIC staff

■ OVERSUPPLY SYNDROME AND OVERACTIVE LET-DOWN REFLEX

Nursing mothers who are confronted with problems in the first few weeks of breastfeeding often give up on breastfeeding because of inconsistent information they receive from family, friends and health professionals. Oversupply syndrome and overactive let-down reflex are two of these breastfeeding problems. Breastfeeding experts agree that oversupply syndrome and overactive let-down reflex are vastly underreported and can be easily misdiagnosed by health professionals. If either one of these problems is left untreated, the baby may begin to refuse the breast, which may lead to failure to thrive. Frequent follow-up and the ability to recognize symptoms of oversupply syndrome and overactive let-down reflex are crucial to helping a woman successfully breastfeed her child.

OVERSUPPLY SYNDROME AND OVERACTIVE LET-DOWN REFLEX

When a breastfed baby comes into your clinic with a diagnosis of lactose intolerance, allergy to mother's milk or colic, the culprit could be breastmilk oversupply syndrome (also known as hyperlactation syndrome). Some breastfeeding moms simply make more milk than their babies need.

Symptoms of oversupply syndrome in baby:

- noisy nursing — gulping, choking, coughing
- milk leaking out of the corners of his mouth
- spitting up
- thrashing while nursing
- breast refusal, won't stay latched on, won't suckle strongly
- severe gas
- green, frothy, explosive stools
- irritated diaper area, often severe
- poor weight gain

Symptoms of oversupply syndrome in mom:

- chronic mastitis
- chronic plugged ducts
- breasts never feel comfortable or refill very quickly
- forceful let-down
- may have intense pain with the first let-down reflex
- sore nipples

Oversupply syndrome can occur when a baby is receiving too much of the watery, lactose-rich foremilk and not enough of the fatty hindmilk. It is thought that the excess lactose ferments in the baby's gut and causes the watery, green stools and severe gas. These green stools can be very irritating and usually cause diaper rash that often can be severe.

A baby who is receiving too much foremilk and not enough of the fatty hindmilk may not consume enough calories to gain weight adequately. An untreated case of oversupply

syndrome in mom can lead to failure to thrive in her baby.

Mothers with oversupply syndrome often have an **overactive let-down reflex** as well. A mother's overactive or forceful let-down can compound the oversupply problem because babies swallow extra air when they're gulping and choking and struggling with a fast, abundant milk flow.

A mother with oversupply syndrome may have recurring cases of mastitis and plugged ducts because her breasts rarely soften or refill too quickly. She may have brief but intense pain with a let-down because of an overactive let-down reflex. She may also have sore nipples because the baby is clenching in an attempt to slow the milk flow.

If the baby clenches, there will often be a white, purple or blue stripe on the end of the mother's nipple when the baby comes off the breast. This is because the baby's bite is cutting off the blood flow to the nipple. Sometimes the entire end of the nipple may be discolored. The mother will report intense pain during most of the feeding that may increase after the baby comes off the breast and the blood flows back to the nipple.

WAYS TO TREAT OVERSUPPLY SYNDROME AND OVERACTIVE LET-DOWN REFLEX

- Reassure the mother that symptoms usually subside about a week after starting treatment.
- Encourage the mother to offer only one breast at each feeding. This will slow milk production to match the baby's needs.
- If the baby stops nursing and wants to return to the breast in less than an hour, encourage the mother to offer the same breast used at the previous feeding.
- If the second breast becomes uncomfortably full, the mother should express just enough milk to soften the breast.
- Have the mother position the baby so that he is straddling her leg, directly facing her breast. The mother should lean back slightly or use a reclining chair and support the baby at the breast. Because the mother is leaning back, excess milk is more likely to drip out of the baby's mouth rather than make him choke. The mother can also try the side-lying position or lie on her back with the baby on top of her.
- The mother with painful let-downs should be told to breathe deeply, count to 10, and make a conscious effort to relax during the first let-down reflex. This pain should decrease as the mother's milk supply decreases. Sore nipples and painful let-downs can also be symptoms of thrush. If the pain with let-down does not decrease within a week after starting treatment, the mother and baby may have thrush and should be referred to their doctor.
- The mother may want to express until after her first let-down before latching the baby onto the breast. The baby won't have to deal with the forceful let-down, and it may help reduce the



baby's symptoms.

- Counsel the mother to burp the baby frequently, particularly if she hears continuing loud gulping throughout the feeding.
- In severe cases, cabbage leaves held against the breasts or placed inside the mother's bra between feedings may help decrease the milk supply. Tell the mother to discontinue use of cabbage once symptoms of oversupply or overactive let-down begin to go away because excessive use of cabbage may completely dry up a mother's milk.

Within a week, the mother's milk supply will generally diminish sufficiently so that the mother and baby can breastfeed more comfortably.

References

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