OVERACTIVE LET-DOWN REFLEX
Too Much Milk Too Fast/Overfeeding

The ability to produce enough milk is a common concern among breastfeeding mothers. The lack of proper education, no role models, and the loss of breastfeeding as a cultural norm, have contributed to the myth that women might have insufficient milk supplies.

In fact, almost all women are capable of producing adequate volumes of milk for their babies. Some women produce copious amounts of milk which can actually cause problems for both mother and baby. In addition there are women who find their milk lets-down (flows) so rapidly that their babies are overwhelmed. The results of this powerful let-down and overabundant milk supply can be:

1. An excessive amount of air in baby’s tummy from gulping milk.
2. Baby takes too much low-fat, “fore milk” and not enough of the satiating, high-fat “hind milk” at some feeds.

Comments from mothers with an overabundant milk supply/overactive let-down reflex include:
- My baby is colicky
- My baby is so gassy
- I don’t have enough milk
- How can I donate my milk?
- Am I eating something that upsets my baby?
- Can my baby be allergic to my milk?
- My baby is so chubby. Am I over feeding him?
- My baby cries a lot. Could it be I don’t have enough milk?
- My baby only takes one breast at a feed

Some identifying features of the baby whose mother has overactive let-down are:
- The baby is gaining weight rapidly — often more than one ounce a day
- Normal Development
- Frequent wet diapers and frequent, explosive stools — often green
- Gulping, choking, sputtering at the breast
- Arches, pulls off the breast and cries
- Frequent, brief feeds
- Seems to feed more contentedly at night
- Never appears satisfied
- Makes grunting noises during sleep
- May spit up a lot

The goal of the management of an overactive let-down is to reduce the overall production of milk and help the baby balance the intake of fore and hind milk. The first milk a baby receives during most feeds is the low-fat, thirst quenching milk known as fore milk. An abundance of fore milk
can be less satisfying to the infant because it contains a higher percentage of milk sugars, which contribute to intestinal gas, and which empty from the stomach very quickly. Hind milk, on the other hand, contains a high concentration of fat. This milk is more satiating, forms less gas in the intestine and allows the baby to feel full and content. The change in fat content in the milk does not take place abruptly, but is a gradual increase of fat as the milk is removed from the breast. If a baby comes off the breast after nursing only a few minutes and is then switched to the other breast, he may be full before receiving a sufficient amount of hind milk.

In order to reduce the amount of milk production and increase the amount of hind milk the infant ingests, try the following:

- Nurse on only one breast per feeding. If the infant wants to nurse shortly after a feeding, return to the same breast. Don’t switch breasts until two hours have passed from the beginning of the feeding.
- If the second breast is uncomfortably full, pump or hand express just enough to relieve the pressure.
- Experiment with different nursing positions. Gravity effects flow, so some babies like to be in an upright position or lying on top of their mother.
- Burp the baby frequently and continue to return to the same breast until the infant is content.
- Try nursing before the baby is fully awake. The gentler nursing results in less forceful flow and less gulping of air.

It may take several days before a mother will see an improvement in her baby. As an infant grows and the milk supply has calmed, a baby often needs to return to feeding at both breasts. A mother should trust her instincts.

Although an overactive letdown that results in an overfed, colicky baby is a difficult situation, some of these suggestions may be helpful in calming your milk flow and achieving a happier baby and a more satisfying breastfeeding relationship.