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## What is an overabundant milk supply?

Some women produce more milk than their baby needs. This is called an “overabundant milk supply” or “hyperlactation syndrome.” Sometimes, this can cause problems for both mother and baby.

## What symptoms could my baby have?

Babies whose mothers have extra milk can have any of these:

- Choking or gagging with feedings
- Turning blue with feedings
- Milk dribbles from the mouth
- Weak suck, clamp the nipple, or push it out of their mouth
- Vomiting (throwing up), gulping, or swallowing air while feeding
- Lots of gas or colic (stomach cramps)
- Frequent stools, which can be green and frothy
- Gain weight fast and weigh much more than their birth weight at 2 weeks of age
- Feel overwhelmed, refuse the breast, and then lose weight
- Want to feed often because they only receive the low fat, low calorie foremilk (milk in the first few minutes of the feeding)

## What symptoms could I have?

If you have an overabundant milk supply, you may:

- Feel like you could feed an extra child or 2.
- Have a very large supply of milk in the freezer from pumping.
- Notice that your milk “sprays” or “pours out” with let-down (milk begins to leak).
- Have an increased risk for:
  - Engorgement
  - Sore nipples
  - Plugged milk ducts
  - Leaking
  - Yeast infections
  - Mastitis (breast infection)

## What is the treatment?

Treatment goals are to:

- Decrease the amount of milk produced to the amount that your baby needs.
- Decrease any symptoms your baby has.
- Help to improve your comfort while having a normal nursing routine.

**In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.**

# Overabundant milk supply, continued

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To improve your baby's symptoms, you need to slow the flow of milk and protect the airway while feeding. Your baby needs hindmilk in addition to the foremilk. Hindmilk is the higher fat milk released after several minutes of nursing. Try to:

- Nurse on only 1 breast at a feeding.
- Have your baby sit upright while feeding to protect their airway.
- Lean back or lie flat while nursing to let gravity keep the milk from flowing too fast into your baby's mouth.
- Take your baby off the breast when let-down happens. Put them back on the breast when the flow of milk slows.
- In some extreme cases, you may be asked to pump off some foremilk before putting your baby to the breast.
  - Pumping stimulates more milk.
  - This is most often done for just a short time for babies who have gas and problems with their stools (bowel movements).
- Burp your baby often to get rid of swallowed air.
- Offer your baby your clean finger or a pacifier to suck on to meet their sucking needs between feedings.

To decrease the amount of milk you produce and improve comfort, decrease any extra breast stimulation little by little. To do this:

- Pump on low suction.
- Pump only enough to relieve discomfort when engorged or full.
- Pump out less volume or pump for less time.
- Nurse on only 1 breast at a feeding. In some cases, you may need to nurse on the same breast for more than 1 feeding.
- Apply **cold** compresses to breasts between feedings if needed. This can help decrease milk production.

## When should I call the doctor?

Call your doctor or lactation consultant if you keep having problems after following the advice listed above.

**This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.**

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