



CLINICAL PRACTICE GUIDELINE

Breastfeeding challenges: Oversupply / hyperlactation

This document should be read in conjunction with this [Disclaimer](#)

Aims

- To provide healthcare providers with the appropriate information to manage breast milk oversupply effectively by reducing milk synthesis
- To ensure thorough drainage of each breast to prevent blocked ducts, engorgement and mastitis
- To nurture a mothers confidence in her ability to breastfeed

Definition

Milk supply persistently in excess of the baby's needs which may lead to pathology in the baby and/ or mother.

Background

During the onset of secretory activation, the mother often produces milk in excess of her baby's needs. As the breastmilk matures over the first 10-14 days postnatally, a local feedback mechanism within the breasts gradually calibrates the supply to better match the needs of the baby. This process may take up to 3 months.

However, following this period, some mothers continue to produce milk far in excess of their baby's needs, the mother's breasts are uncomfortably full and their baby may also be unsettled.

Key points

1. If a baby is unable to drain the breast the mother is at increased risk of engorgement and mastitis.
2. Oversupply may lead to the following challenges for the mother and/or her baby:
 - The mothers breasts may feel overfull or engorged, and also may leak milk between feeds
 - The baby may have attachment difficulty
 - The baby often struggles to cope with the fast flow of milk, and may choke or splutter at the breast. The baby may also have 'explosive'

liquid stools, and experience either low or high weight gain, despite drinking large volumes of milk. This is due to the infant receiving high volume/low fat milk from a full breast, leading to an increased lactose intake.

- These symptoms in the infant can mimic lactose intolerance. However, this lactose overload may be managed by reducing the oversupply.
3. Oversupply or hyperlactation can be caused by breastfeeding mismanagement, hyperprolactinemia or congenital predisposition.

Managing oversupply / hyperlactation

- Contact the Breastfeeding Centre for advice before assuming oversupply and commencing measures to reduce a mother's milk supply
- Oversupply often requires an individual dyad assessment and management plan
- If the baby does not manage the initial milk ejection reflex remove from the breast and allow the flow to settle then reoffer the breast
- To reset the amount of milk the breast produces, express to drain both breasts as completely as possible. Following this drainage offer a breast feed.
 - For less complex cases this one-time full drainage may be all that is required to reduce the milk supply. For others, further drainage or other measures may be required (see below)
- In addition, a short term change from demand breast feeding to a breastfeeding routine may be required to reduce milk synthesis
- Offer the initial breast, the aim is to offer one breast at a feed, reoffering this breast for a 3 hour period initially (timing is adjusted depending on the severity of the oversupply), i.e. every time the baby wants to feed this same breast is reoffered until the end of the 3 hours
 - If the second breast is or becomes uncomfortably full before the time period is over it can be softened by expressing just enough to be comfortable
 - The second breast is then offered at the next feed for this same 3 hour period
 - Remember that breastfeeds are without restriction but the baby is kept to one breast for 3 hours before switching to the other side for 3 hours
- As soon as the supply settles, and the mother's and baby's symptoms resolve, return to normal demand feeding, ensuring the first breast is drained before offering the second side
- At all times the mother is encouraged to assess breasts carefully to avoid blocked ducts, engorgement and mastitis

Discharge planning

1. Advise the mother to make an appointment with the Breastfeeding Centre if the condition is not resolving
2. Arrange breast pump loan



References

Bibliography

- Campbell, S., Lauwers, J., Mannel, R., & Spencer, B. (Eds.). (2019). Core curriculum for interdisciplinary lactation care. Lactation Education Accreditation and Approval Review Committee.
- Walker, M. (2017). Breastfeeding management for the clinician: using the evidence. 4th ed. Boston: Jones and Bartlett.

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines, Obstetrics & Gynaecology: Newborn Feeding: Breastfeeding
 WNHS Policy: Breastfeeding

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