

# Too much milk

During the early weeks of breastfeeding, it is normal for a mother's breasts to produce more milk than her baby drinks. However, some mothers continue to experience an oversupply of breastmilk beyond the early weeks. It is important for an accurate diagnosis to be made when assisting mothers to manage an oversupply. This is because taking measures to manage an oversupply involves trying to reduce a mother's supply. If a true oversupply is not present, a low milk supply can result.

## Resources

*Breastfeeding: and your supply* booklet.  
Australian Breastfeeding Association.

Brodribb W (ed) 2019, *Breastfeeding Management in Australia*.

5th ed. Australian Breastfeeding Association, Victoria.



**Australian  
Breastfeeding  
Association**

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## Common signs and symptoms of an oversupply

- The baby often has larger than average weight gains.
- The baby often shows signs of lactose overload from drinking large volume but lower fat concentration feeds such as:
  - a copious output (such as one stool or more – often large and loose – with every feed)
  - being unsettled more than considered normal for the baby's age.
- Recurrent blocked ducts or mastitis.
- Chronic breast pain.
- Rapidly filling breasts or breasts which never feel drained.
- A forceful milk ejection reflex causing the baby to:
  - cough and splutter
  - cry, fuss or push away from the breast
  - make a clicking sound.

## Management

Making adjustments to breastfeeding to reduce the amount of lactose and increase the amount of fat in a feed can help manage an oversupply.

Many babies with lactose overload only need to drink from one breast at each feed. Hence, allowing them to feed for as long as they want to on one breast (finish the first breast first) can help them get a greater concentration of higher-fat milk. However, if the baby wants to feed frequently, returning to the more drained breast for a period of time can help. When the other breast gets offered depends on the degree of the oversupply and lactose overload, how the other breast is feeling and the baby's needs. It is important for each mother-baby pair to figure out what works best for them.

Typically, once a mother's breast and the infant's lactose overload symptoms settle, the mother can return to offering the second breast after the baby finishes drinking from the first.

Cold packs can help reduce a mother's breast pain.

Optimising positioning and attachment are often enough to help a baby cope with a forceful milk ejection reflex. Many mothers find the semi-reclined or side-lying breastfeeding positions helpful.

Prescribing a medication (eg pseudoephedrine) that has the side effect of helping to reduce supply would only be appropriate in severe and rare situations.