Overactive Milk Ejection Reflex and Oversupply

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Potential conflicts of interest: I sell Medela and Mamivac nipple shields and Medela manual breast pumps in my private practice.

I rent Medela and Ameda hospital-grade pumps in my private practice.
Objectives

- Participants will be able to:
  - explain the difference between oversupply and overactive milk ejection reflex.
  - describe at least two methods of controlling oversupply.
  - describe at least three techniques that help baby deal with overactive milk ejection.

Definitions

- Overactive Milk Ejection Reflex
  - Milk ejection so forceful that baby has difficulty handling the milk flow
  - Mother does not have more milk than baby needs
Definitions

- Oversupply
  - Mother’s breasts are not fully emptied when baby has had enough to eat
  - Not due to poor positioning or baby’s physical restriction

Overactive Milk Ejection Reflex—Symptoms in Mother

- Very strong sensation with milk ejection
  - Pins-and-needles
  - Tingling
  - Break out in a sweat
  - Warm “whoosh” all over
  - True pain
  - Nausea
Overactive Milk Ejection Reflex—
Symptoms in Mother

- Copious leaking from breast that hasn’t been fed from yet

Overactive Milk Ejection Reflex—
Symptoms in Baby

- Baby may come off breast
  - Milk may shoot out
  - Milk may run down mother’s ribs

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Overactive Milk Ejection Reflex—
Symptoms in Baby

- Baby may cough, choke
- Baby may hang on
  - Eyes “bug out”
  - Can hear milk hitting stomach

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Overactive Milk Ejection Reflex—
Symptoms in Baby

- Clicking (leads to sore nipples)
- Gulping
- Clamping
- Lots of burps; spitting up

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Overactive Milk Ejection Reflex—
Symptoms in Baby

- May stretch out time between feedings
- Weight may drop
  - In an older baby, rule out OMER if weight gain has slowed
- May suck fingers to pacify or put himself to sleep
- Chew on breast to trigger slower milk ejection
- Breast refusal

Overactive Milk Ejection Reflex—
Techniques for Coping

- Cradle or side-lying position
Overactive Milk Ejection Reflex—Techniques for Coping

- Modified (upright) football position
- Straddle or koala position

Overactive Milk Ejection Reflex—Techniques for Coping

- Laid-back positioning, almost flat

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Overactive Milk Ejection Reflex—Techniques for Coping

- Off-center latch
- Frequent feedings
- Burp baby after 3-4 minutes; return to same breast

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Overactive Milk Ejection Reflex—Techniques for Coping

- If baby comes off with milk ejection, but will return to breast:
  - Press nipple back toward chest wall to turn off strong flow
  - Observe for repeated plugged ducts
    - May need to let milk run into towel

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Overactive Milk Ejection Reflex—
Techniques for Coping

- If baby comes off with milk ejection and will NOT re-latch
  - Press against outside of breast to slow milk flow

- Manually stimulate milk ejection; allow milk to flow into towel

- Magnesium supplement (such as Natural Calm) may calm the muscles around the alveoli so flow is not so harsh
Overactive Milk Ejection Reflex—Techniques for Coping

- If no oversupply, usually best to avoid pacifiers
  - Nipple shield may help

"Let’s talk about what nursing was like back when you felt baby was still nursing well."

- If baby is sleeping through the night, how old when he started that?
Oversupply——
Symptoms in Mother

- Milk in breast when baby is done
- Breasts often uncomfortable
- Pain may be worse during feedings
- Tendency for repeated plugged ducts/mastitis
- Milk leaks constantly
- More risk of nipple thrush

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Oversupply——
Symptoms in Baby

- Often very gassy and uncomfortable
- Stools tend to be watery and explosive
- Stools may be green or normal color

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### Oversupply—Symptoms in Baby

- Often gain weight quickly in early weeks (lots of milk volume)
- May not gain well as they get older (not getting hindmilk)
- Doesn’t like to comfort nurse
- Tongue tie

### Oversupply—Techniques for Coping

- Mothers with oversupply may have a lot of inflammation in their body
- Going dairy-free or gluten-free or both will often tamp down an oversupply
  - Anecdotal evidence reported by Jennifer Tow, IBCLC

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Oversupply—
Techniques for Coping

- Use only one breast/feeding
  - If baby is fussy between feedings, put baby back on same breast

- Use same breast 2 (or more) feedings in a row
  - Hand express to relieve *a little* pressure, if necessary

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Oversupply—
Techniques for Coping

- Pump to empty both breasts before first morning feeding (van Veldhuizen-Staas, 2007)
- Immediately put baby to breast
- Baby is put to same breast for next 3 hrs, whenever hungry; then use other breast for 3 hrs; continue to alternate

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Oversupply—
Techniques for Coping

- Pump to completely empty breasts after first morning feeding/breast (Kassing method)
  - Since using only one breast/feeding, pump one breast after first morning feeding; pump second breast after second morning feeding
  - If too tight later in day, try hand expression

Anti-galactogogues

- Sage
  - Never use sage essential oil internally
  - ¼ teaspoon ground or powdered sage on corner of sandwich
  - 1 tablespoon sage to a cup of tea
    - 3-6 cups/day
    - Start with 2 and monitor effect
  - Tincture: never use more than 1 week; follow label directions very carefully

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Anti-galactogogues

- **Sage caution:**
  - Dizziness, rapid heart rate and hot flashes can occur if sage is used too long or mother takes too much

Anti-galactogogues

- **Peppermint**
  - Suck on Altoids throughout the day
  - Add ¼ teaspoon peppermint essential oil to cup of peppermint tea
  - Avoid tea if prone to heartburn or GERD; use enteric-coated capsules

- **Peppermint caution:**
  - Avoid peppermint with gallbladder or liver disease

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Anti-galactogogues

- Parsley
  - Parsley essential oil is toxic; do not use
  - Generally only works in large amounts
  - Can add to cooking while trying other methods to tamp down supply

- Parsley caution:
  - Don’t use in large amounts if mother has inflammatory kidney disease

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Anti-galactogogues

- Drink carrot juice in the morning

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Check to see if mother is consuming a galactogogue for another condition!

Anti-galactogogues

- Cold medicine containing pseudoephedrine
  - One dose first day, perhaps at bedtime
  - Two doses, 12 hrs apart
  - Monitor effect
Anti-galactogogues

- Estrogen
  - Mother MUST be at least 6 weeks postpartum
  - Can cause blood clots shortly after childbirth
  - Talk to doctor about low-dose estrogen-containing birth control pills
  - Use for 4-7 days
  - Warn mother re: possible return of fertility

Case Report

- Retained placenta caused oversupply
  - Some mothers respond to increase in progesterone with increase in milk