

An Abundant Milk Supply

If you have a naturally high milk supply and a large storage capacity in your breasts, it can be a blessing. However, if your supply is very high and you remove milk frequently, you and your baby may both be uncomfortable. Your baby may get a high amount of “**foremilk**,” which is the lower-fat milk at the beginning of a feeding.

Foremilk can move through a baby quickly, resulting in gas and frequent hunger. Other signs of a high milk supply may include constantly leaking breasts, plugged ducts or mastitis, an uncomfortable fullness of your breasts, a baby who chokes, sputters or pulls off the breast with let-down, and/or a baby who has frequent loose, and often green, stools.

If you have an abundant milk supply that is causing you or your baby issues, the following may help:

- Before feeding your baby, **massage your breast**. Gently knead your breast for at least a minute, using your fingers, knuckles, or the palm of your hand. Once suckling and swallowing stops, if you feel your baby has **really** drained the first side and wants more to eat, massage your other breast and switch sides.
- **Try to emphasize one breast at each feeding**. Keeping milk IN the breast sends a powerful message to your milk-making cells to slow down milk production. **HOWEVER**, if you feel uncomfortably full on the other breast, massage it well and offer it to baby. **OR**, pump the other breast briefly to relieve the pressure. Alternate the breast you start on at each feeding.

As your baby gets higher fat feedings, your baby should feel full longer and eat less often. This will help to decrease your production also. After a few days, IF your baby is still asking to eat more often than every 3 hours, you may benefit from offering the same side for a 3 hour “block” of time. **It is very important to be SURE you have too much milk before you limit your baby to feeding on one breast for a set time period**. Please see your IBCLC frequently during this period to weigh your baby and assess your milk supply.

Initially, you may need to “pump for comfort” right after, or between, feedings. Massage your breast(s) and pump just enough to soften your breast(s) slightly. Removing milk stimulates more production, so you want to pump only as needed and try to gradually decrease the amount you remove each time you pump. **It is a balancing act**; you are trying to avoid plugged ducts AND trying to leave milk in the breast so that the “feedback inhibitor of lactation” can tell your milk-making cells to slow down. If you are pumping on a regular basis, pump a slightly smaller amount every day. **It can take a week or two to get your production to match your baby’s needs**.

If the above suggestions do not help enough, some mothers find it helpful to pump to drain both their breasts first thing in the morning, nurse baby on both breasts, and then proceed as above with draining one side well at a feed. If you do this, gradually decrease the amount of milk you pump each morning until you no longer need to pump.



Community Breastfeeding Center

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For additional
information:
www.milkworks.org

If you continue to produce too much milk, herbal remedies are also an option:

Sage: MilkWorks carries **Sage Extract** by Herbpharm. Start with 25 drops in one ounce of water or juice at bedtime after emptying both breasts. It seems to work better if taken when breasts are empty. You should notice less fullness the next morning. If not, try 40 drops that evening and watch supply the next day. Maximum dose is 60 drops. Once you notice a definite decrease in production do NOT take any more Sage. Wait a few days and if supply comes back up, take another dose and talk to your lactation consultant about your frequency of removal. Some moms find it helpful to take one dose every week or two to keep production at a comfortable level.

Peppermint or Spearmint: Mint tea is available at most grocery stores. *Be sure to get an herbal mint tea – not a flavored black tea.*

To make 2-4 cups of mint tea:

- Pour 2-4 cups of boiling water over 2-4 teabags and steep for 10 minutes until nice and strong. To increase strength, use more tea bags than cups of water.
- You may keep it in the fridge, reheat in the microwave, or put all four cups in a sports bottle to sip at room temperature all day long. You may sweeten the tea if desired.
- Some women will add sage for a stronger effect.

You may also combine mint tea with sage tea (available at most health food stores). To make 4 cups of mint/sage tea:

- Pour 4 cups of boiling water over 3-4 mint teabags and 3 sage teabags and steep for 10 minutes. Drink hot or cold, sweetened or unsweetened.
- As your milk production slows, you can gradually back off to one or two cups a day.
- Do not stop it suddenly. You may need to continue a cup or two a day until you feel your supply has stabilized. Even then, keep a box of tea on hand.

Most women who make a lot of milk work hard to slow it down. If you slow it too much, you can usually speed it back up again in a matter of hours. Once your milk supply has decreased, and you are not drinking the tea for a while, you may suddenly need the tea again. For example, if your baby gets a cold, and wants to nurse more often, your milk may speed back up. When your baby gets better, and doesn't need so much milk, you may find yourself making too much milk again. Keep some tea around so you can start drinking it before things get out of hand!

Will mint candies work? It is the oil of the mint that slows production, so "Altoid" mints may help. Dosing is unknown, but it may take quite a few mints over the course of the day (like one an hour). You may want to combine the mint candies with some tea - and brush your teeth often!

Raw Parsley: Big bunches of raw parsley work best eaten 3-4 times a day, spread out over the day. If you love parsley, you can eat it raw all-day long. It can also be made into a gazpacho type drink. Put it in a blender with tomatoes, garlic, onions, and anything else you like!

Note: If you are still not comfortable with your milk supply after adding herbal remedies, please consider seeing our Breastfeeding Medicine Specialist for prescription options.

Reviewed: copyright March 2019