

Overactive Letdown Reflex

Does your baby do any of these things?

- Gag, choke, strangle, gulp, gasp, or cough while nursing as though the milk is coming too fast
- Pull off the breast often while nursing
- Clamp down on the nipple at let-down to slow the flow of milk
- Make a clicking sound when nursing
- Spit up very often and/or tend to be very gassy
- Periodically refuse to nurse

If so, you probably have *overactive-letdown* or forceful letdown. This is often associated with too much milk (oversupply). Some mothers notice that the problems with overactive letdown or oversupply don't start until 3-6 weeks of age. Forceful let-down runs the gamut from a minor inconvenience to a major problem, depending upon how severe it is and how it affects the nursing relationship.

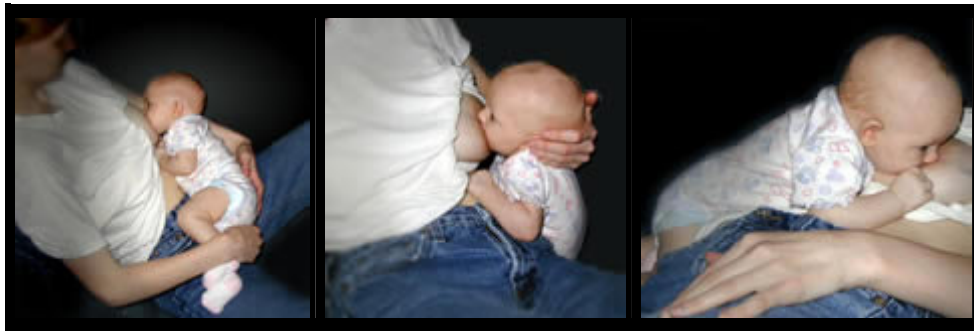
A baby who gets too much milk too quickly may become very fussy, very irritable at the breast and may be considered “colicky.” Typically, the baby is gaining very well, but after a few seconds or minutes of nursing, he starts to cough, choke or struggle at the breast. He may come off, and often, the mother's milk will spray. After this, the baby frequently returns to the breast, but may be fussy and repeat the performance. He may be unhappy with the rapid flow, and impatient when the flow slows. This can be a very trying time for everyone. On rare occasions, a baby may even start refusing to take the breast after several weeks, typically around three months of age.

What can I do about it?

There are essentially two ways you can go about remedying a forceful let-down: help baby deal with the fast flow and take measures to adjust your milk supply down to baby's needs. Since forceful let-down is generally a byproduct of oversupply, most moms will be working on both of these things. It may take a couple of weeks to see results from interventions for oversupply, so try to be patient.

- If baby is gaining weight well, having baby nurse from only one breast per feeding can be helpful.
 - If baby finishes nursing on the first side and wants to continue nursing, just put baby back onto the first side.
 - If the second side becomes uncomfortable, express a little milk until you're more comfortable and then use cool compresses. Aim for expressing less milk each time until you are comfortable without expressing milk.
- If nursing one side per feeding is not working after a week or so, try keeping baby to one side for a certain period of time before switching sides. If the baby wants to nurse again within three hours, put the baby back on to the same side. It may also become helpful to nurse on the same side for two feedings in a row before switching breasts (up to six hours using the same breast).
 - *Do not restrict nursing*, but any time that baby needs to nurse simply keep putting baby back to the same side.

- If the second side becomes uncomfortable, express a little milk until you're more comfortable and then use cool compresses - aim for expressing less milk each time until you are comfortable without expressing milk. Do not try to empty the breast with pumping.
- Positional changes, like lying down to nurse, can work very well. If lying sideways to feed does not help, try lying flat, or almost flat, on your back with the baby lying on top of you to nurse so gravity can help decrease the flow rate. Position baby so that she is nursing "uphill" in relation to mom's breast, where gravity is working *against* the flow of milk. The most effective positions are those where baby's head and throat are above the level of your nipple. Some nursing positions to try:
 - Cradle hold, but with mom leaning back (a recliner or lots of pillows helps)
 - Football hold, but with mom leaning back
 - Elevated football hold - like the football hold, but baby is sitting up and facing mom to nurse instead of lying down (good for nursing in public).
 - Side lying position - this allows baby to dribble the extra milk out of her mouth when it's coming too fast
 - Australian position (mom is "down under", aka posture feeding.) In this position, mom is lying on her back and baby is on top, facing down, tummy to tummy with mom. Avoid using this positioning frequently, as it may lead to plugged ducts.



Cradle Hold

Elevated Football Hold

Australian Position

- Burp baby frequently if she is swallowing a lot of air.
- Avoid extra breast stimulation, for example, unnecessary pumping, running the shower on your breasts for a long time or wearing breast shells.
- Between feedings, try applying cool compresses to the breast (on for 30 minutes, off for at least an hour). This can discourage blood flow and milk production.
- Nurse when baby is sleepy and relaxed. Baby will suck more gently at this time, and the milk flow will be slower.
- If you have time, express some milk (half an ounce or so) before you feed the baby. Use this only if nothing else is working, as it stimulates additional milk production.
- The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If you think baby is fussy because the flow is too slow, it will help to compress the breast to keep up the flow.
- This problem is made worse if the baby is not well latched onto the breast. A good latch is the key to successful breastfeeding.
- A nipple shield may help, but use this only if nothing else has helped and only if you have had no relief. If this step becomes necessary, use the shield with a lactation consultant initially to ensure it is working properly.
- As a last resort, rather than switching to formula, give the baby your expressed milk by bottle.

Even if these measures do not completely solve the problem, many moms find that their abundant supply and fast let-down will subside, at least to some extent, by about 12 weeks. At this point, hormonal changes occur that make milk supply more stable and more in line with the amount of milk that baby needs. Additionally, over time most babies adjust to the fast flow and can handle it better.