

Evaluation and management of oversupply

1. Definition or Key Clinical Information: “Overactive production by the milk producing glands during lactation. This is also referred to as overproduction or overproduction syndrome” (van Veldhuizen-Staas 2007). This overproduction is in excess of what is needed by the infant (Johnson et al., 2020).

2. Assessment

i. Risk Factors Poor feeding technique (Livingstone, 1996), frequently switching sides (Johnson et al., 2020), excessive pumping (Johnson et al., 2020), large breast growth in pregnancy (Johnson et al., 2020), abundant glandular tissue (Mohrbacher 2020)

ii. Subjective Symptoms Parent: Nipple pain, shooting pain in breast, recurring clogged ducts and/or mastitis, painful, full breasts, milk leakage. Baby: clenching his jaw (Lee, 2006), choking or coughing, short nursing sessions, coming on and off the breast, diarrhea or other gastrointestinal symptoms (Johnson et al., 2020), colicky (Mohrbacher, 2020)

iii. Objective Signs Full, red, or swollen breasts, nipple bleb (Johnson et al., 2020), creased or misshapen nipple (Lee, 2006), fast weight gain in baby (Mohrbacher, 2020), milk leakage (Mohrbacher 2020)

iv. Clinical Impressions Baby unhappy with the breast and either requiring frequent feedings, has poor latch, and/or gastrointestinal issues. Breast tissue appears or feels full or leaks. Baby is gaining well. This is consistent with oversupply.

v. Clinical Test Considerations Laboratory testing or pituitary imaging not recommended (Johnson et al., 2020). Ultrasonography or needle aspiration under local anesthesia can be helpful if breast abscess is suspected (Livingstone, 1996).

vi. Differential Diagnosis undersupply, weaning, latch issues, tongue, lip, or cheek ties

3. Management plan

i. Therapeutic measures to consider within the CPM scope Block feeding - draining breasts and only switching sides every 3 hours (or other length). (van Veldhuizen-Staas 2007).

- Breast massage to move hindmilk (Mohrbacher, 2020, p. 460)
- Nurse when baby is drowsy or lightly sleeping
- Nurse in side-lying or starter positions
- Frequent burping and breaks for baby to pace self (Mohrbacher, 2020, p. 460)
- cabbage leaf poultice
- sage - 1 TB infused in water, drink 3-6 cups per day (Mohrbacher, 2020, p. 463)
- jasmine flowers and/or peppermint tea applied topically (Mohrbacher, 2020, p. 463)
- increase parsley consumption (Mohrbacher, 2020, p. 463)
- Pulsatilla, 30C (Mohrbacher, 2020, p. 464)
- Pseudoephedrine, 30-60 mg once to twice daily (Johnson et al., 2020)

ii. Therapeutic measures commonly used by other practitioners

- Oral contraceptives containing estrogen (Johnson et al., 2020)
- Cabergoline (Johnson et al., 2020)

iii. Ongoing care daily check-ins to see until supply regulates, in the case of future pregnancies, prepare in advance for the possibility of oversupply

iv. Indications for Consult, Collaboration, or Referral

- IBCLC
- Pediatrician
- Therapeutic measures are not helping (ie. blockfeeding does not resolve the issue even with increasing the time blocks)

v. Client and family education

- Education on FIL and how milk production works
- Education on how to tell if there is oversupply vs. undersupply
- Client Handout: Lactation Resources

4. References

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