High Milk Production

Social media may have you thinking that you need a freezer full of milk. The reality is, **you only need to produce the amount of milk your baby eats**, assuming they are growing well. If you are going back to work, you only need to have enough expressed milk to feed your baby on your first day back at work. In fact, **high milk production can cause breastfeeding difficulties** for lactating people and their babies.

Infant symptoms of excessive milk production:	Maternal symptoms of excessive milk production:
• Fussiness at the breast, popping off the breast • Extreme gassiness • Excessive spit-up • Mucousy, frothy, or sometimes bloody stools	• Recurrent clogged ducts • Recurrent mastitis • Chronic breast or nipple pain • Needing to express milk overnight while infant is sleeping

The infant and maternal symptoms can also occur for reasons other than excessive milk production, and a lactation specialist can help you sort this out.

Here are some tips to alleviate problems from excessive milk production:

Decrease Pumping

Pumping in addition to breastfeeding is usually not necessary if the infant is exclusively breastfeeding and gaining well. Some people remove extra milk by pumping to ease breast fullness or pain, but this practice increases production and perpetuates the problem.

“Pumping to empty” is a signal to the breast to increase milk production. If you are exclusively feeding your baby at the breast and not actively trying to increase your milk production, avoid pumping. Stopping all pumping can cause clogged ducts or mastitis, so you would need to gradually decrease pumping over time. For instance, pump 30ml less per pump session each day. If you find that you are uncomfortable before you are due to feed your baby, you can hand express or pump just enough to relieve discomfort. Over time, milk production will decrease, allowing you to stop pumping to comfort.

Reduce Herbal Supplements

Avoid supplements that contain herbs known to increase milk production, such as fenugreek, blessed thistle, moringa leaf, shatavari, fennel, goat’s rue, black seed, and other herbal products.

Change Positions

You can **try different positions** to make it easier for your baby to manage your fast milk flow. These include:

- Sitting the baby in your lap, with the baby straddling your thigh. This allows the baby to sit up to feed.
- Side-lying.
- Lying back in a chair, sofa, or recliner so that the baby is over the breast rather than under it.

Block Feeding

Block feeding involves **nursing from only one side in a 3-hour block of time**. For example, all nursing occurs from the R breast from noon to 3 pm, and from the left breast between 3 and 6 pm. If one breast feels uncomfortably full while waiting to be nursed from, a small amount of milk can be expressed for comfort.

This strategy should **help decrease production** rapidly, over a few days. Once milk production is down, the baby will signal if they want to stay block feeding, or if they would like the second breast within that 3-hour period.

Mix the Fat and Foremilk in the Breast Before Feeding

When the breast is very full, the watery, high lactose portion of the milk (foremilk) will separate from the fattier portion of the milk (hindmilk). This separation of milk only tends to occur among people with excessive milk production. Babies can experience fussiness and gassiness when the milk is separated because of the high lactose content and low fat in the foremilk. If your baby is experiencing fussiness or gassiness and you have a high milk production, **try gently jiggling and tapping the breast 30 seconds before nursing**. This can help mix the foremilk and hindmilk so that the baby receives more fat at the beginning of the feeding. This can reduce infant gassiness, crying, and decrease stooling during feeding. If your baby is not experiencing symptoms, you do not need to worry about the balance of hindmilk and foremilk.

High Milk Production for Parents who are Exclusively Pumping

Exclusive pumping is a very common reason for excessive milk production, because the pump never gets "full." The pump does not receive feedback to know when to stop and can continue to remove milk beyond a baby's needs. This can lead to **expressing more milk than necessary**. You can reduce your production by turning off the pump when sufficient milk is expressed to match how much your baby eats. It may be tempting to keep pumping because milk is flowing, but this will drive the production higher. Most babies need 24-32 ounces (720-960 mL) of milk each day.

Reducing the frequency and duration of pumping can also help drive down milk production. For example, if pumping every 3 hours, try to pump every 4 hours or for fewer minutes each session. If your milk flows very quickly, you may need to reduce your volume pumped during a session rather than the number of minutes.

Substances that Decrease Milk Production

Some herbs and medications can reduce milk production, including the following below. Please speak with your doctor prior to starting any medications or herbs to ensure they are safe for you.

- **Peppermint tea**, 1 cup twice a day.
- The **herb sage**, purchased as an extract or taken as a tea twice a day.
- **Decongestants** such as pseudoephedrine
- The birth control pill with **estrogen**
- Prescription medications, mainly **cabergoline**.

See a Lactation Specialist

If the tips above are not sufficient to help bring down milk production or if problems develop along the way, such as clogged ducts or recurrent mastitis, please seek advice from a lactation consultant or breastfeeding medicine specialist.