Lauren Maggi and June 25, 2023

Evaluation and management of Oversupply in Breastfeeding/Chestfeeding

Definition or Key Clinical Information*:* Oversupply may be self-induced, iatrogenic, or idiopathic (Johnson et al., 2020). Assessment may be done by weighted feeds, observation of nursing, charted baby weight gain over a course of time, and a detailed feeding/pump journal. Oversupply may be seen as a "good problem," which can make parents feel invalidated (Trimeloni and Spencer, 2016).

Assessment

Risk Factors

- History of use of the infertility drug Clomiphene (Powers and Tapia, 2015)
- Breast growth greater than 2 cup sizes in pregnancy (Johnson et al., 2020)
- History of oversupply with previous children

Subjective Symptoms

- Fussy or gassy baby (Trimeloni and Spencer, 2016)
- Leaking breasts or engorgement (Trimeloni and Spencer, 2016)
- Chronic clogged ducts or mastitis (Trimeloni and Spencer, 2016)
- Nipple pain, nipple blebs, or vasospasms (Johnson et al., 2020)
- Shallow latch or baby clamping on the nipple (Johnson et al., 2020)
- Forceful letdown and/or deep shooting pain (UK Healthcare)

Objective Signs

- Rapid infant weight gain greater than 1 ounce per day (Trimeloni and Spencer, 2016)
- Green and frothy stools large in quantity and frequency (UK Healthcare)
- Infant arching back while feeding, frequent coughing or choking while feeding (UK Healthcare)
- Infant consumption greater than 450-1200 mL per day (Johnson, 2020)

Clinical Impressions If patient is complaining of chronic clogged ducts or mastitis, engorgement that has not resolved, or if they are worried about oversupply, symptoms should be looked at and treatment considered.

Clinical Test Considerations Weekly weighted feeds with midwife, IBCLC, CLC, or at home would be recomended. If oversupply seems to be idiopathic, referal for thyroid testing for the parent (Trimeloni and Spencer, 2016).

Differential Diagnosis

- Pituitary adenomas and prolactinomas (Trimeloni and Spencer, 2016)
- Hyperthyroidism (Trimeloni and Spencer, 2016)
- Baby has a food or medication sensitivity being passed through the breastmilk (Mohrbacher, 2020)

Management plan

Therapeutic measures to consider within the CPM scope

- Block feeding combined with positional changes (Trimeloni and Spencer, 2016)
- Supportive and non-restrictive bra (UK Health Care)
- Peppermint-orally or topically, such as essential oils or teas (Johnson et al., 2020)
- Sage-1-3g dried leaves in 1 cup hot water, or one dose of sage extract (Johnson et al., 2020)
- Jasmine- flowers placed on breast and replaced every 24 hours for 5 days (Johnson et al., 2020)
- "Milk Shake" Technique-Massaging breast before feeding (Mohrbacher, 2020)
- Lac Canium 30C, Pulsatilla 30C, or Ricinus Communis 30C-5 pellets subcutaneously 2-3x/day until decrease in supply (Mohrbacher, 2020)
- Altoids-1-2 altoids Per nursing session (Mohrbacher, 2020)

Therapeutic measures commonly used by other practitioners

Refer to an OB, CNM, FNP, or their PCP

- Pseudophedrine (Trimeloni and Spencer, 2016)
- Oral contraceptive containing estrogen and progesterone (Trimeloni and Spencer, 2016)
- Dopamine agonist such as Carbergoline or Bromocriptine (Trimelone and Spencer, 2016; Johnson et al., 2020)

Ongoing care Refer to IBCLC care. Do daily check-ins until there is a decrease in supply and then weekly check ins. Subsequent breastfeeding/chestfeeding relationships may also have oversupply issues.

Indications for Consult, Collaboration, or Referral If supply is not decreasing, if patient has continual chronic clogged ducts and/or mastitis, or if despite a decrease in supply the baby is still having issues, there should be communication or referal to an IBCLC, CNM, or OB

Client and family education

- Handout on positions as well as breastfeeding/chestfeeding handout with information that includes typical intake of baby

References

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