

## 8 NEWBORN FEEDING

### 8.2. BREASTFEEDING CHALLENGES

Date Issued: May 2003  
Date Revised: October 2008  
Review Date: October 2011  
Authorised by: OGCCU  
Review Team: OGCCU / Breastfeeding Centre

8.2.5 Oversupply  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

#### 8.2.5 OVERSUPPLY

##### AIM

- To provide healthcare providers with the appropriate information to manage oversupply effectively.
- To ensure thorough drainage of each breast to prevent blocked ducts
- To nurture a mothers confidence in her ability to breastfeed.

##### KEY POINTS

- At the onset of lactation, supply commonly exceeds demand but usually soon adjusts. Some mothers continue to over produce and are uncomfortable. Their baby may also be unsettled
- The oversupply may occur at some feeds only, especially those in the early morning.

##### MANAGEMENT

1. Introduce variance sheet MR 261.18 and explain the management to the mother.
2. Soften the areola by hand expressing before attaching the baby to the breast.
3. If the letdown is forceful, allow the flow to settle before offering the breast to the baby.
4. Ensure the baby has drained the first breast before offering the second.
5. Palpate the breast after a feed to detect any undrained areas (lumps).
6. If blocked ducts occur, implement variance sheet MR216.18 [Hyperlink to 8.2.4](#)
7. Only offer the second breast to the baby if the first side has been well drained.<sup>1,2</sup>
8. If the second breast remains uncomfortably full, gently express enough milk to ease the discomfort.
9. Begin the next feed on this breast, being careful to alternate the breasts in this way
10. If breasts remain full and lumpy, implement MR 261.14
11. Advise the mother to consult a lactation consultant at the Breastfeeding Centre or community nurse should difficulties arise after discharge.

## DISCHARGE PLANNING

1. Variance sheet MR 261.18 to be continued at home
2. Arrange breast pump hire if the baby is not feeding effectively.
3. Arrange a follow up appointment with the Breastfeeding Centre if the condition is not resolving.

## REFERENCES

1. Daly SE, Owens RA, Hartmann PE. The Short Term Synthesis and infant regulated removal of milk in lactating women. **Experimental Physiology**. 1993(78):209-20.
2. Glover R. The Engorgement enigma. **Breastfeeding Review**. 1998;6(2).