NEWBORN FEEDING

BREASTFEEDING CHALLENGES

OVERSUPPLY

AIMS

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

KEY POINTS

1. At the onset of lactation, supply commonly exceeds demand but usually soon adjusts. **Once lactation is established**, some mothers continue to produce milk far in excess of their baby's needs and are uncomfortable. Their baby may also be unsettled.
2. If a baby is unable to drain the breast the mother is at increased risk of engorgement and mastitis.
3. The oversupply may occur at some feeds only, especially those in the early morning.
4. Oversupply may lead to pathology in the mother and/or her infant:
    - The mothers breasts may feel overfull or engorged, and also may leak milk between feeds
    - The infant often struggles to cope with the fast flow of milk, and may choke or splutter at the breast. The baby may also have 'explosive' liquid stools, and experience either low or high weight gain, despite drinking large volumes of milk. This is due to the infant receiving high volume/low fat milk from a full breast, leading to an increased lactose intake. These symptoms in the infant can mimic lactose intolerance. However, this lactose overload may be managed by reducing the oversupply.

MANAGEMENT

1. Commence the variance sheet 'MR 261.18 Breastmilk Oversupply' and explain the management to the mother.
2. Soften the areola by hand expressing before attaching the baby to the breast.
3. Show the woman how to manually express her breasts using the "Hands Off technique' with the breast model.
4. If the baby is not coping with the forceful letdown, remove from the breast and allow the flow to settle before re-offering the breast to the baby.
5. Ensure the baby has drained the first breast before offering the second. The baby may need to be offered the same breast for a 3 hour period to ensure it is thoroughly drained.

6. Offer the second breast to the baby when the first side has been significantly softened.[1]
7. If the second breast remains uncomfortably full, offer an anti-inflammatory e.g. Ibuprofen, and a simple analgesia e.g. Paracetamol.
8. Begin the next feed on this breast, after feeds; thoroughly drain the breast after it has been fed from, **once in 24 hours.**
9. Contact the Lactation Consultant for ongoing management.

DISCHARGE PLANNING

1. Arrange a follow up appointment with the Breastfeeding Centre if the condition is not resolving.
2. Arrange breast pump loan if the baby is not feeding effectively.

REFERENCES (STANDARDS)	
- Clay, B and Hoover, K. The Breastfeeding Atlas 5th Edition 2013	
National Standards – 1 Clinical Care is Guided by Current Best Practice Legislation - NIL Related Policies - Nil Other related documents – KEMH Newborn Feeding Guidelines	
RESPONSIBILITY	
Policy Sponsor	Nursing and Midwifery Director- OGCCU
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Access the current version from the WNHS website.