From birth to three months, the baby whose mother has an oversupply/forceful let-down reflex may swallow a lot of air due to gulping during feeding, may spit up regularly, pass a lot of gas, and soon after falling asleep may wake and behave as if he is very hungry even if he has just nursed. He may have a regular period of fussiness and/or restlessness, may be fussy at the breast, have regular or occasional green stools, and have difficulty settling down to nurse. He may arch away from the breast when the let-down occurs. Similar symptoms may also occur in the baby with colic, reflux disease, and allergies.

Typically the baby gains weight very rapidly, has frequent very wet diapers, and some green stools. He may have a strong suck, strong muscle tone, and want to nurse frequently. As the mother feels her milk let down, she may notice the baby gulping, choking, and sputtering. Some mothers also report hearing a noise that sounds like milk hitting the bottom of the baby’s stomach.

The mother may notice several let-downs during a feeding. She may leak between feedings and from the other breast during feedings, and her let-down may feel painful.

Some mothers just naturally produce an overabundance of milk. If the baby who is having trouble coping with his mother’s milk flow is gaining significantly more than two pounds (900 grams) per month, it is likely that the mother has an oversupply. Other possible symptoms in the baby include colic and watery, explosive stools.

If oversupply is a problem, suggest the mother manage feedings in a way that the baby will get more hindmilk and gradually decrease her supply. A good beginning is to limit the baby to one breast per feeding, allowing baby to nurse as long as he likes on one side and keeping him on that first breast whenever he wants to nurse again within the next two hours. After two hours, she should switch to the second breast for the next two-hour period. In The Breastfeeding Atlas (p. 88), authors Barbara Wilson-Clay and Kay Hoover note that many babies of mothers with oversupply gulp down a lot of foremilk in just a few minutes. They encourage mothers to see this as their babies’ first course. Keeping the baby at the same breast over a period of time allows him to get the full meal, which in a mother with oversupply is best served in courses. It may take several nursings at that breast for the baby to get to the “dessert,” or the hindmilk.

When a mother changes her feedings in this way, there may be times when the unused breast begins to feel full. In this case, she should express her milk to comfort, expressing just enough milk to relieve the tension in her breast, but not so much milk that she drains that breast. Expressing milk to comfort will allow her supply to adjust downward without risk of mastitis.

After four to seven days of this change, if the baby continues to have trouble coping with milk flow at feedings and/or continues to have other symptoms, suggest the mother limit the baby to one breast for a longer time to give the baby more hindmilk and further decrease the supply. Depending on the mother’s supply, she may start by keeping the baby on one breast for three hours and see if that helps. If the baby still seems overwhelmed at feedings and is having other symptoms, she can go to four hours or even longer, switching to the other breast after this period of time and limiting baby to that breast for the same period. Women with extreme oversupply have gone as long as six hours before changing breasts in order to better adjust their milk production (Wilson-Clay and Hoover, p. 88).

Note: These strategies would not be appropriate if a baby is not gaining weight adequately. In this case, look for other possible reasons for baby’s inability to cope with the mother’s milk flow in the earlier section and suggest other feeding strategies.