Too much of a good thing
a story of oversupply by Alison Blenkinsop, LCGB associate member

A year ago, I attended a conference in Telford organised by the Association of Radical Midwives. My stall of *Fit to Bust* books, sock breast instructions and knappy packs was placed next to one displaying information about independent midwives. I got talking to the stallholder, Liz Nightingale, and admired her knickers — the ones on her table. (They were decorated with the outline of pelvic bones, to show how they spread when a mother squats or leans forward in labour — brilliant!) Liz’s practice is called Purple Walnut Midwife (see her website) because of what the head of a nearly born baby looks like!

Liz told me about one of her clients, who had come to England because of her husband’s work. Ute wanted to avoid the feeding problems she’d had with her first three boys (all born at home in Germany), so Liz asked if I could help with a care plan before she gave birth. Before we visited her together, Ute sent me her history. It made fascinating reading, and I was astounded at her commitment to breastfeeding. She’d had good care from her German midwives, one being particularly helpful, but did not see a lactation consultant.

(Ute has given me permission to tell her story. I’ve amended her own words for brevity and clarity. I was unable to give follow-up care in person.)

Ute’s history and concerns
Before I had my children, I took the contraceptive pill, and my breasts grew from a C to E cup within 4 weeks. I got pregnant very quickly when I stopped contraception, and in my first pregnancy, my breasts grew rapidly by several more cup sizes.

**Baby L** (BF excl 4 months)

I had oversupply from the start, and took herbal preparations including peppermint tea with little effect. No sore nipples or mastitis, but I had very painfully filled breasts. L started vomiting a lot, and would then refuse to continue feeding, and I was worried he wasn’t getting enough. By four months, I was in despair, and gave him a bottle. He took it well, but I was so shocked and disappointed by this that I didn’t BF him again. My milk eventually went without treatment, but from that time on my breasts always felt full, and would become hard with every menstruation until my next pregnancy six years later.

**Baby J** (BF excl 6 months, partial 1 yr)

I had a lot of help from my midwife this time, but by day 4 my breasts were rock-hard and blocked. My m/w tried to massage and empty them, and then cool them with fromage frais or cabbage. I was in great pain, then felt ill with mastitis and high fever twice in the first two weeks. Nursing was very painful with bleeding nipples and aching breasts. My nipples took weeks to heal, and the right one never looked normal again. At 13 weeks J became very ill and was admitted to hospital, and with the stress, my milk disappeared! After a few days I was able to relactate, and then BF became easier and enjoyable, but because of J’s illness it was not a relaxed time.
**Baby C**  (BF excl 5 months, partial until weaned at 2 1/2 years, late into 4th pregnancy)

I was very well prepared for this birth, and felt powerful and relaxed afterwards. But C was very hungry and rough when feeding, and I had far too much milk as before. Soon my nipples were cracked and bloody again, and I developed mastitis on day 6. The R nipple remained cracked and very painful, and I had recurrent severe mastitis and fevers 13 times in 12 weeks, with antibiotics for 2 weeks (abscess was ruled out). Sleep was nearly impossible because of leaking breasts and blockages. C fed a lot, sometimes 2-3 hourly, and often appeared hungry. He also had long spells of sleep (up to 8 hours) nearly from birth, and wouldn’t wake for a feed. He gained weight well, but farted so loudly at night that it woke us up - we could not believe that it was him!

**Plans for feeding this time**

I plan to use only the left breast again, because the right nipple seems to be so damaged. I am quite sure that it would become cracked again, and the breast enormous as before. To be honest, I am quite afraid of the time after birth, because it has never been a peaceful time of joy for me.

**My research**

Before I visited Ute, I did some research into oversupply, as I’d had little experience of it in my practice. It took a lot of time to get the information I needed.

I found a fascinating article by a Dutch IBCLC, Gonneke van Veldhuizen, who had used a combination of full drainage by pumping and block nursing to manage over-supply in four cases. She was kind enough to respond to my email asking for more information. You can read the article here: [http://www.internationalbreastfeedingjournal.com/content/2/1/11](http://www.internationalbreastfeedingjournal.com/content/2/1/11) *(International Breastfeeding Journal 2007, 2:11)*

I tried to contact Professor Colin Wilde (the Scottish dairy researcher who’d given a fascinating talk about milk synthesis at an LCGB conference some years ago) to find out why FIL didn’t seem to work in her situation, but was unable to get a reply.

I also contacted Dr Tom Hale to ask about anti-galactogues. He thought that cabergoline could be used with care, if prolactin levels could be checked closely. However, Dr Wendy Jones thought that the side effects would probably be too severe; there is little information on possible risks to the infant.

Having come across manual lymphatic drainage (MLD) some years earlier (it’s used for breast/chest oedema by specialists in breast cancer care) I wondered whether it might help Ute just before birth and in the early days. An internet search found a practitioner in Oxford.

**Visit and care plan**
When I visited Ute with Liz at around 31 weeks, I saw that she had very large nipples, though her breasts weren’t excessively big. (When she took her bra off, her toddler became very interested and gave them a good patting!) I explained that her breasts must be hypersensitive to oestrogen and progesterone, and her prolactin levels were probably raised. Her severe oversupply had been compounded by poor attachment from oedema and engorgement, and that this would certainly be a risk again. I thought there were elements of gigantomastia, but believed that with care and patience, Ute would be able to manage her oversupply until it began to wane naturally.

I wrote to Ute’s GP to explain the need for close support, and voiced my concern that the cause of her over-supply, probably hyperprolactinaemia (though without the usual effect on fertility), could affect other physiology. I recommended a referral to an endocrinologist, to rule out pituitary pathology. (I had no reply!) The GP queried diabetes, but Ute’s fasting blood glucose came back within normal limits. However, her prolactin level was 3746 mU/L – far more than the stated norm of 60-620 mU/L. She was referred to an endocrinologist, but was still waiting for the appointment before she gave birth.

I also put out a call on lact-helpers for someone with personal experience to give Ute some moral support, and had a reply from someone with a very similar history. Part of her email said:

> It was one day in the sixth week that I realised that my breasts were simply uncomfortable rather than hurting. Donating my milk definitely helped me mentally to cope with producing such copious amounts. It wasn't until nine months that I felt my milk supply had reduced to simply meet the needs of my baby. And around the same time let-down ceased to hurt. I needed breastpads to stop the leaking for two years.

Ute found this contact very helpful.

I then drew up this list of suggestions for Ute and Liz, giving them more details, of course!

- RPS (reverse pressure softening) at least daily until birth; after that, before every feed or pumping session as required
- MLD just before birth, and in the first few weeks
- Inform GP that urgent help may be needed – eg, he could prescribe analgesics beforehand
- Close contact with baby from birth onwards, biological nurturing (BN) as much as possible, encourage very frequent feeding
- Check nipple shape after feeds, and limit any damage
- Regular analgesia as soon as breasts become painful
- Consult a herbalist before using eg sage and agnus castus (Ute had used sage and peppermint teas before, but peppermint didn’t work)
- Plenty of rest, fluids and good food, lots of help with other children
- If using a breast pump, use a large funnel and ensure all lobes are drained. (I explained that the ‘full drainage’ protocol would probably not make matters worse, as with that level of prolactin she would make masses anyway, and she might as well be comfy!)
- Silicone breast pads to minimise leaks
- Cranial therapy for baby and ?osteopathy or similar for mum.
- Consider saving and freezing milk for donation.
• Consider encouraging toddler to help

The outcome

A few weeks later at the end of March, Liz emailed to say that Ute had given birth to her first daughter at home. She decided to use only her left breast. Her baby, M, fed well even before the placenta was born, and continued enthusiastically all day. (M was able to open her mouth very wide to accommodate the very large nipple!) Just over 24 hours later, M was audibly accessing milk and had some yellow staining in the stools. A few days later, Liz reported that the right breast had been very full but never got stiff. On that side, Ute was using herbal compresses, cool packs and enough pumping to prevent blocked ducts. There was a little nipple trauma, but it quickly healed.

Two weeks later, Liz told me that Ute was continuing to feed comfortably. She had started to use Gonneke’s ‘full drainage’ protocol, and was emptying the left breast at increasing intervals, but it remained soft and reasonably comfortable. The oversupply continued for several weeks, but was manageable; baby M grew and grew! Ute had one short bout of mastitis, which resolved when she managed to locate the blocked duct causing it, and hand-expressed “what looked like marmalade” from that side!

By two months, Ute was at last able to enjoy breastfeeding, and invited Liz and me for a tea-party on her patio at the end of May. Baby M, born at 3.8Kg and now 6Kg, was sleeping peacefully nearby. Over delicious pastries in hot sunshine, we heard more details of the previous weeks.

• Ute used RPS for several weeks before the birth, and bought a breast pump with a wider funnel to accommodate her large nipples.

• She found an MLD practitioner nearby and had one session before the birth, which she found very comfortable and soothing. However, when she booked a postnatal appointment, she was told she couldn’t have treatment during lactation!

• She pumped the right breast for weeks, and had a freezer-full of milk to give to the local milk bank. She obtained 320ml at one session!

• A recent prolactin test showed that the level was now normal.

I did not find out whether Ute ever saw an endocrinologist. When I was last in touch with her, she was still feeding comfortably; she has now returned to Germany.

This turned out to be my last complex breastfeeding problem – and what a lot I learned about oversupply from Ute! Liz was pleased to learn more too. I am still seeing a few mothers locally, but as my LC status ended last year, I’m referring them to others if they are likely to need close support. Now, back to my book update!

Alison Blenkinsop October 2010
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