



Brisk Let-Down

What is a brisk let-down?

Many mothers have a brisk let-down. This is normal and is most common in the first months after birth. Such mothers just have a very effective let-down. This can result in painful let-downs and in a very large milk flow for their babies. Some mothers' milk flows out of the breast so quickly during the let-down that their babies have difficulty swallowing fast enough. The babies may gulp, choke, or splutter with the first let-down or even with every let-down. They can also pull back while still latched on or clamp down onto the breast. Some babies come off the breast during a let-down and the milk may spray or drip quickly out of the breast.

Do I have to worry about this?

No. The choking is rarely a problem and happily as the baby grows, (s)he will learn to deal with the fast flow. There is more good news: your baby will grow well and you will tend to have an easier time pumping than other mothers.

Is there anything I can do to help my baby nurse more comfortably?

If you do feel that your baby could use a little help, try some of the following suggestions:

Try having your baby's face tipped downwards to keep milk from flowing to the throat area.

You can also modify your baby's position so that his/her head is raised above the rest of his/her body while nursing. This too might keep the milk from rushing to the back of his/her mouth causing choking.

- 1) Cradle hold changes:
When nursing in a cradle hold, drop baby's bottom so (s)he is diagonal rather than horizontal.
- 2) Football hold changes: In a football hold, sit baby up slightly beside you rather than having him lie on his back or side.
- 3) Australian hold: Some mothers will nurse baby in a semi-sitting semi-lying position. The baby is draped face down diagonally across your front with its tummy on your tummy.

Is there anything else I can try?

- 1) Pumping off the first let-down: This is rather time consuming but some mothers will resort to this for the first few weeks until the problem settles. You can save any milk that you pump.
- 2) Massaging the breast before nursing: This elicits the first let-down. Wait a few minutes until the let-down passes and then start nursing. The milk that leaks during the let-down can drip into a towel or can be collected in a container for later use.
- 3) Nurse the baby for a few seconds to get the first let-down and then take the baby off while the let-down passes. Again, you can let any leaking milk run into a collection container or a towel.

Are there are other drawbacks to having a brisk let-down?

Such mothers also tend to have a very large milk supply. This is associated with severe initial engorgement, frequent leaking, and feeling full most of the time. This is also associated with mastitis.

Mastitis is an infection of the breast. Mothers note a sudden tenderness and redness in one part of one breast. There is also often a fever with this and such mothers feel terrible. They are hot and cold, dizzy, and weak. If there is just redness and tenderness, continue to nurse, massage the area toward the nipple after each feed using a little oil on the finger pads. Contact our office if this is not better after 24 hours. If there is a fever or if there is any nipple damage or cracking, you need antibiotics right away. Continue to nurse and contact our office as soon as possible. If you have any antibiotics for mastitis from us, start them.

It is very important to continue nursing with mastitis. This will help prevent abscess formation. Happily, abscesses are very rare.