

Lactose overload

Lactose overload can mimic lactose intolerance, and is frequently mistaken for it. An overload is commonly seen in babies consuming large amounts of breastmilk, ie in mothers with an oversupply. This may result in symptoms such as an unsettled baby with adequate to large weight gains, more than ten wet and many dirty nappies in 24 hours. Baby is usually less than three months old. *Ironically, a mother may perceive that she has a low supply because her baby always seems to be hungry.* The nappy count can be the biggest clue to what's happening. What comes out the bottom must have gone in the top!

There is a vicious cycle here - a large-volume, low-fat feed goes through the baby so quickly that not all the lactose is digested. (More fat would help slow it down.) The lactose reaching the lower bowel draws extra water into the bowel, and is fermented by the bacteria there producing gas and acid stools. The latter often causes a nappy rash. Gas and fluid build-up causes tummy pain and the baby 'acts hungry' (wants to suck, is unsettled, draws up his legs, screams). Sucking is the best comfort he knows, and helps move the gas along the bowel. This tends to ease the pain temporarily, and may result in the wind and stool being passed. Since the baby indicates that he wants to suck at the breast, his mother, logically, feeds him again. Sometimes it is the only way to comfort him. Unfortunately this provides another large feed on top of the other one, which hurries the system further, and results in more gas and fluid accumulation. The milk seems to almost literally 'go in one end and out the other'.

Many mothers whose babies have had this problem have found it helpful to temporarily change from an on-demand breastfeeding routine. They aim to slow the rate at which milk goes through baby, so they feed one breast per feed, or set aside say a three-hour period (adjust this according to the severity of the oversupply) and every time baby wants to feed during this period, they use the same breast. Then they use the other breast for the next three hours, etc. This way, each time baby returns to the already used breast, he gets a lower-volume, higher-fat feed that helps slow the system down. When the baby's symptoms are relieved, the mother is able to go back to a normal according-to-need breastfeeding routine.