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Now that overactive letdown has entered the lexicography it is time to record my recollections of the development of this concept.

I had my first baby at age 25 in 1970. Having no siblings and a much older mother (she was 36 when I was born in 1943), I had no role models as to how to feed or mother a child.

For some reason I am not aware, I wanted to breastfeed my baby. Perhaps it was the image created in my mind while visiting a distant cousin's wife. I saw her in the next room, through the doorway, her baby at her breast. I was under age 6, perhaps younger. I had no idea what she was doing, but that I can still conjure up the image in my mind.

I do not recall wondering how babies were fed, what breasts were for, not even in my 20s when I thought of having babies. I had married at age 19.

But I started out blissfully breastfeeding my baby, thinking to myself, this is the best thing ever. You know the story from there, advice to introduce solids, no concept in my mind that breastfeeding had to be worked at or could be compromised by bottles and schedules. He was a fussy, colicky baby. I recall receiving a tender note from a friend when my baby was 6 weeks old. The note read, "he looks like such a peaceful baby", alluding to the baby picture on the announcement we sent out. That day, I was literally ready to throw that child against the wall. My baby and I limped along and he did breastfeed for the most part of 7 or 8 months.

When I was pregnant with my second child who was born 22 months later, I decided to look for information on breastfeeding. I looked in libraries for "nursing", "breastfeeding" and all the other synonyms I could think of for infant feeding. There was not much there. Then I saw a newspaper notice about a group for breastfeeding women and I met Nancy Gajdosik who was the first La Leche League Leader in Manitoba. I hung around Nancy's doorstep like a suitor, hanging on every tidbit of information.

I became a La Leche League Leader in June of 1973 proudly receiving my card signed by Marian Tompson, one of the seven founding mothers.

My second child was born in 1972 and with my new found knowledge and support breastfeed exclusively for around 6 months and nursed until he was four and a half.

As a La Leche League Leader at that time, the women in the groups who became my friends, had similar experiences. They wanted to breastfeed their babies, often had not breastfed their first or second baby, or had breastfed for a short period of time. They had then come to La Leche

League seeking support, information and encouragement. I was able to give them the good news that they could do this and I was a role model. After all, all it took for me to nurse my second baby was knowledge and support, or so I thought.

I watched though, as one by one, my friends who started off nursing their babies well, ran into problems, babies who seemed to wean themselves. My first reaction was a little judgmental. Perhaps I had misjudged these women's desire to nurse their babies. Perhaps they didn't really care as much about breastfeeding as I did.

It took sitting with a mother in tears of mourning that her baby had weaned to point me in the right direction. This woman and other women I met did not want to wean their babies. They were doing everything "right" for the time, nursing often, waiting for the appropriate time to introduce solids, nursing when baby wanted to nurse, but their babies were quitting. As a natural people-watcher, I watched these women. Could it be the fact that these women were giving their babies' soothers very often?

That was my theory at that point and I had no reason to believe this wasn't a logical explanation, until the day I was standing having a conversation with a mother and I watched her baby, who looked like he wanted to nurse, push away the breast and stick his thumb in his mouth.

It was that day I thought I heard a little voice in my head, God perhaps, say, "Lady, you haven't watched hard enough. I put this woman in front of you. Listen to her." I heard that voice many more times, every time I thought I had a hypothesis, God would put another woman in front of me and say, "you still don't have it right, watch some more."

I watched. Hundreds of women were put in front of me, many who were happily nursing their babies, some of whom had serious issues, but the possibility that a woman who wanted to nurse her baby and the baby who obviously wanted to nurse who stop nursing, concerned me. It is a little harder for me to recall exactly how or when I noticed that some babies were exhibiting similar behaviour - looking eager to nurse and then pushing away from the breast. Sometimes the behaviour was an occasional event, sometimes it escalated into a serious problem between mother and baby. I don't recall, either, when I observed a baby gulping and sputtering at the breast or when the link became apparent between the babies who were weaning or refusing to nurse and the rapid flow of milk.

Sheila Kippley

In about ??? our area had a conference at Regent's Park United Church at which I had been asked to talk. I started, referring to a fast flow of milk which made a baby choke and cough at the breast, by saying, "leaders know how to deal with this problem". I believe it was Michelle Larose-Kuzenko who came to me and said, "Frances, we don't know what you are talking about, we don't know what to do to help these mothers."

As leaders know, we talked and talked, we helped mothers, we supported mothers, we had more of our own babies and our own experiences. By early 1980 I had two more babies of my own. Although I experienced breasts which shot milk several feet even and had exceedingly leaky breasts until at least 9 months, even when nursing two babies, I did not experience the struggle between mother and baby that I continued to watch in other mothers.

It must have been about 1980 when Michelle said, your observations and suggestions need to be written down and I will help you. We spent the next three years in exhausted, exhilarating contact, babies in tow, fathers doing double duty while we tried to get this information organized in some coherent whole. We had no more intention than to pass the paper we were writing around to other Leaders. In the meantime, Michelle and I were receiving requests for information and support from all over the world, as well as our own groups.

Then we were contacted by Kathy Auerbach who was working on the Lactation Consultants Handbook (?). She wanted to include our article as one of the chapters. And so, the article was published as Chapter 13, ???.

By the late 1980s, the word “overactive letdown” had entered common language for mothers. It had always been my hope that the observations Michelle and I had done would be continued and that some scientific observation would follow. We were certain that we were observing a phenomenon common to some breastfeeding mothers and I originally thought of it as a syndrome ie. a constellation of symptoms not necessarily explained. I was reminded that syndrome was considered to be medical terminology and so “syndrome” was dropped and the phrase overactive letdown came into being. It is unfortunate if the phrase “overactive letdown” gives mothers and others the impression that a letdown that is overactive is temporary and is easily managed in a week or two or that the overactive part of the letdown is something the mother inflicts on her baby.

To deal with the idea that the letdown which is overactive is a mother-created problem for whatever reason, one needs to look back at the 1970s as to its time and place in history to understand what a shift in thinking it took to consider that there was some interplay between the mother and her baby that resulted in the observable pattern of symptoms and behaviours.

I came to the experience of having babies in the 1970s. As far as I was concerned I was the first woman to have ever done that. I had no history of what was the right or wrong way to do any of this - give birth, feed a baby, mother a baby. Perhaps I was fortunately. I was a blank slate and didn't even have my mother telling me to do this or that.

I grew up in the equally restrictive but liberating 1950s. Women still wore gloves and skirts and aimed at being prim and proper, but the underlying revolution of the 1960s had already begun. There was the burn the bra time, wearing anything or nothing, trying to be more natural, trying to grow and preserve our own food. Women began to resist the expectations of a medicalized childbirth and looked backwards and forwards to something different.

I was trained in social work in the early 1960s. Sociology and psychology of the time told me that we could mold our children in better ways, specifically that we could raise our children in a nonviolent, nonsexist manner and they would be eternally loving and peaceful. The message was that we could do this, the child was ours to make. Of course, we then wondered why our little girls liked dolls and our little boys played guns with their shoes.

For me, it was a eureka of no small magnitude when I realized that it was not the mother who was causing the baby she wanted to breastfeed to push away from the breast and refuse to nurse, possibly even stop nursing altogether. I came to the realization that the baby had some part in this and was capable of guiding the progress of the breastfeeding experience, even if it meant refusing to take something which he needed for survival.

Again, at some point, there was my realization that babies responded at different ages with different sets of behaviour and these constellations of behaviours were related to the babies developmental stages.

I can't tell you exactly, either, when I realized that these varied behaviours at various ages all seemed to be related to the baby's early experience at the breast. I did realize that the experience must be very powerful to cause a baby, either wilfully or because it is programmed into the baby-organism, to react this way by developing behaviours which control the letdown reflex and that the behaviours could be adaptive as in pulling away from the breast at the point of highest milk ejection or maladaptive as in refusing to nurse to the point of refusing needed nutrition and comfort. Michelle and I came to realize that overactive letdown issues were a matter of both mother and baby but we had no idea what physiology in the mother or baby contributed to this.

We did know that improving breastfeeding practices and expectations seemed to contribute to an increase in the number of women experiencing strong letdowns, particularly when women began to apply better breastfeeding practices such as breastfeeding early and often, baby-led feeding, avoiding supplemental feeding of formula or solids, planning for less interference in normal healthy births, etc. The women of the 1970s didn't have mothers to tell them that a strong letdown could be a problem because they either bottle-fed or breastfed in a bottlefeeding pattern which rarely allowed their letdowns to become overactive.

However, there was evidence from earlier sources such as the Canadian Mother and Child, a booklet given to all Canadian women from the 1930s to the 1980s (check this with Pat) that mothers were encouraged to use many of the techniques we came to apply to managing a strong letdown reflex, in particular nursing more often on one side without switching sides too often.

Mothers and leaders again showed the way as to how to cope with these issues. The strategies which seemed to help had already been developed by 1980 but they continued to be refined with additions and clarification of language.

