

INCREASING MILK SUPPLY

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Most mothers, at some point during their breastfeeding journey, will have concerns about their milk production for one reason or another

A common concern that mothers have is ‘Will I have enough milk for my baby?’

Corporate Lactation Services



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UNDERSTANDING MILK PRODUCTION

This perception of low milk supply is the most common reason mothers give for early weaning or supplementation. Understanding milk production, baby's needs for nourishment, typical newborn behavior and effective milk removal from the breasts can really boost a mother's confidence with breastfeeding and dispel quite a bit of the misconceptions that may lead to earlier than necessary weaning. Learning breastfeeding and baby basics will not only boost your confidence, it will also help you to know the difference behind true low milk supply and a misperception about low milk supply that is rooted in lack of confidence and worry.

Basic Facts About Milk Production

♥ Your breasts start to make colostrum about halfway through the pregnancy and continue through the few first days of breastfeeding. This production is driven by hormones associated with pregnancy. Colostrum is the first milk that your baby will receive when breastfeeding and is high in carbohydrates, protein and antibodies. It is easily digestible and is the perfect first food for your baby. It comes out of the breasts in smaller amounts than most people think. It is measurable by teaspoons

rather than ounces. It is straw colored, perhaps with a tint of orange.

♥ When your baby is put to breast and allowed to feed frequently, on cue, and at least every 2-3 hours (or 8-12 times a day, including the middle of the night.) the milk will start to transition from colostrum to mature milk around the third or fourth day. The milk will appear thinner and whiter than the colostrum.

♥ **Milk removal** is the primary factor in building and maintaining a milk supply. Bringing baby to breast 8-12 times a day, and effectively removing milk, in each 24-hour period, stimulates the production of a plentiful supply of milk. But your milk must be *removed* in order to signal your body to make *more* milk.

♥ When your baby breastfeeds less, or you get less stimulation and milk removal from your breasts, the body responds by cutting back on milk production. Milk production is a supply and demand situation.



IS MY BABY GETTING ENOUGH MILK?

Below is a list of markers that can help you to determine whether or not your baby is 'getting enough.' Along with learning these signs that can let you know whether or not you are on the right track for milk production, it is recommended that you schedule 'well-baby checks' with your baby's pediatrician. These visits commonly occur 48 hours after discharge from the hospital, at 2 weeks postpartum, 1 month, 2 months and every 2-3 months until your baby's second birthday. The weight-checks and reporting on what you are seeing in your baby for output and behavior will be a big piece in the knowing whether or not your baby is 'getting enough milk.'

Anytime that you are concerned about your baby's well-being is a good time to check in with the pediatrician. If you are concerned about your milk supply, reach out to your lactation consultant for help and guidance.

♥ By day 4 your baby has at least six wet diapers in each 24-hour period.

♥ By day 4 has three or more ample (quarter size or larger) stools that are yellow or turning lighter in color, towards yellow. A stool at every feeding is not unusual. Stools can be loose and runny.

♥ Your baby has pale, diluted urine.

♥ Your baby continues to have at least three stools in each 24-hour period until he or she is about 5 or 6 weeks old. Once babies cross that 6 week threshold, bowel movement patterns may change and baby may go less often, but the bowel movements and the tummy are still soft. Some babies have one big 'mudslide' every few days. If bowel movements are hard, like pellets or gravel, this means that your baby has constipation and your baby's doctor should be consulted.

♥ Your baby routinely breastfeeds at least 8-12 times in each 24-hour period. Baby's feedings may not be spaced exactly at regular intervals, but you can expect to be breastfeeding your baby every 1-3 hours or so.

♥ Your baby regains birthweight by 10 to 14 days after birth.

♥ Your baby gains 4-8 ounces a week, or on average, about 1 oz per day in the early weeks and months.

♥ Your baby has active and alert periods throughout the day.

♥ Your baby is content between feeding, usually rests for 1-2 hours, wakes on his or her own and signals to breastfeed again.

SIGNS THAT BABY MAY NOT BE GETTING ENOUGH

Above was a list of markers that tells you if your baby IS getting enough, but it might be helpful to have a few ideas of what it might look like if your baby is NOT getting enough. You may need help to identify whether your baby is getting enough or not. Your baby's pediatrician or a lactation consultant are professionals who can help you determine this, so if you have a question or concern, reach out!

Contact your baby's doctor if you see the following signs:

- ♥ your baby cries constantly and is difficult to console even with feedings.
- ♥ if your baby has dark, concentrated urine with an orange or red tint to it.
- ♥ jaundice: a yellow or orange coloring of the skin.
- ♥ if your baby is not having any bowel movements.
- ♥ if your baby is still having dark meconium stools by day 4/5.
- ♥ if your breasts don't feel full.
- ♥ if your baby seems to be 'using you as a pacifier' and is constantly at the breast without seeming satisfied after a feed. When baby is at the breast you will want to learn the difference

between active swallowing vs. fluttery sucking that is non-nutritive. Just because a baby is 'constantly' at the breast does not always mean that your baby is removing milk.

- ♥ if your baby is not gaining weight, losing weight, or not back to birth-weight around two weeks postpartum.

WHY MIGHT MY MILK SUPPLY BE LOW?

Ineffective milk removal from the breast is the leading cause of a low milk supply. Some of the reasons for ineffective milk removal are below.

- ♥ Not putting your baby to breast (or pumping often enough if you are exclusively pumping). When milk is allowed to remain in the breast for long periods of time (more than 4-6 hours) it signals to the body to slow down milk production.
- ♥ Not allowing your baby to get the most possible drainage on a breast during a feed. This can happen when mothers do 'timed feedings.' For example, 10 minutes on one side and 10 minutes on the other breast. This technique may result in leaving milk still in a breast. It might take some time to learn 'when to switch breasts' but getting the most possible drainage on a breast before switching to the next is the goal. The more milk that is removed = more milk produced! This

WHY MIGHT MY MILK SUPPLY BE LOW? (CONT)

is also true if you are exclusively pumping your breast. Pumping your breasts for 15-20 minutes and using massage of your breast can ensure that you are removing enough milk to tell your body to make more milk. Please also see our “Exclusive Pumping” handout for details.

- ♥ Scheduled feeding: When babies are fed on a schedule, this can interfere with the supply and demand cycle of milk production. Your baby will be having many growth spurts and it is hard to predict when they will occur. Keep up with your baby’s growth demands by nursing on cue.
- ♥ Offering only one breast per feed at most breastfeeding sessions can result in a decreased milk production over time. Offering one breast per feed may be ok if your milk supply is well-established or abundant and your baby is gaining well.
- ♥ Poor latch: If a baby is poorly latched and not able to effectively remove milk this may result in low milk supply.
- ♥ Supplementing with formula: sometimes it is necessary to supplement a baby. But unnecessary supplementing can lead to a decreased milk supply. Formula is very filling and more difficult to digest than breastmilk. Occasionally, parents who are ‘not sure if their baby is getting enough’ will top-off a breastfeed with an ounce or two of formula. This may result in your baby asking for less breastmilk because they are full on formula.
- ♥ Bottle feeding: Whether you plan to feed breastmilk by bottle or formula, you will want to pump/express milk from your breasts during the time that your baby is receiving a bottle, to keep your milk supply up. Some parents give baby a bottle ‘to give mom a break’ but if you are hoping to keep your supply going, you will want to remove milk from your breasts whenever your baby is taking a bottle. As well, some babies will develop a preference for bottles because they don’t have to work at milk removal as hard or in the same way as breast-feeding. This preference may lead to problems with latch and sucking properly when at the breast.
- ♥ Pacifier use: much like bottles, use of pacifiers can also affect baby’s latch. As well, over-use of a pacifier can greatly reduce the amount of time that your baby spends at breast, which may cause a drop in your milk supply. Feeding cues may be missed when your baby is using a pacifier.
- ♥ Occasionally, maternal health concerns will be a factor in decreased milk supply. Please see the section below on ‘When to contact a health professional’ for a more complete list

SOME REASONS FOR INEFFECTIVE MILK REMOVAL (CONT)

of what these health concerns could be.

- ♥ If your baby was born preterm (before 32 weeks) or even late preterm (between 32-36 weeks) it may take some time for your baby to fully develop the skills for breastfeeding, while the brain is still developing 'on the outside of the womb'. It may appear as if some of these babies have a good latch, but their 'suck, swallow, breathe' pattern may yet be effective enough for milk removal. Many mothers who have babies who are born early will use a breast pump in conjunction with breastfeeding until proper breastfeeding skills are developed.
- ♥ Hormonal birth control: Most methods of contraception that women use is not considered to be harmful to their breastfed children, but some forms, namely those containing estrogen, can be very harmful to milk supply. Be sure to let your primary care provider know that you are breastfeeding when choosing a form of contraception.
- ♥ Are you perhaps pregnant again or getting your menstrual cycle back? This can impact your milk supply.

TIPS FOR INCREASING YOUR SUPPLY

- ♥ Breastfeed on cue: at least 8-12 times a day (or more!). If you are exclusively pumping, then removing milk with your pump at least 8-12 times a day is recommended to help with increasing and maintaining milk supply.
- ♥ Be sure that your baby is properly latched. Speak with or have a visit with a lactation consultant to go over your latch and breastfeeding rhythms to see if there are any areas that can be improved.
- ♥ Drain each breast thoroughly before switching and offering the next breast.
- ♥ Don't allow long periods (greater than 5 hours) without milk removal.
- ♥ Gently massage your breast before a feed/pump. This helps to 'wake up' the milk producing glands. You can also massage or compress your breast during a feed or pump to help with greater milk removal. If you are using a pump to express milk or increase your supply, [here is a great video that shows how to use your hands when you pump.](#)
- ♥ Rest and relaxation: reducing tension during the times that you are breastfeeding can help the milk flow. Prepare a cup of tea for yourself, put on soothing music or take a few deep breaths. What relaxes you?

- ♥ You may need to slow down the extra-curricular tasks/outings in your life to place some focus on spending some uninterrupted time with your baby to concentrate on increasing your feedings or getting extra stimulation on your breasts. Get help with your tasks or housework while you do this.
- ♥ Hold your baby skin-to-skin: this will help to elicit feeding instincts in your baby and help you to latch at first cue.
- ♥ Pump your breasts for 5-10 minutes directly after a breastfeeding session for extra milk removal. If you still feel fullness in your breast after a feed, or if you have a sleepy baby or a baby with a poor latch, you will want to consider doing this a few times a day (or more) until your supply and breastfeeding get on track.
- ♥ Adding an extra pumping session to your regular breastfeeding sessions may help with milk production. You will want to discuss the timing of these extra pumping sessions with your lactation consultant.
- ♥ If you are using a pump for milk removal, be sure to have **the correct sized breast flange**. Using one that is too large or too small can affect milk removal.
- ♥ Galactagogues: A galactagogue is a substance that can increase breastmilk production in nursing mothers. An herbal galactagogue is a remedy or supplement that can be found in various forms; capsules, teas, tinctures or powders that can be added to smoothies. These herbal supplements may be just one herb or a combination of herbs depending on your need or which product you purchase. It is a good idea to consult with a knowledgeable herbalist and/or your health care provider to see if galactagogues are a good choice for you. For a complete list of herbs and their specific uses please [click here](#).
- ♥ Replace pump parts: if you are using a pump for your milk removal than you will want to be replacing your pump parts from time to time. Worn-out pump parts decrease the performance of the pump. If you exclusively pump or express more than 4 times a day with a pump, you will want to consider replacing the tiny rubber membranes or duck valve (depending on what type of pump you have) once a month (or replace every 2-3 months if only using pump once or twice a day). It's important to check periodically for a decrease in the elasticity or warping of this part. If you have a pump that has a 'backflow protector' you will want to replace this part every 3-6 months depending on use.

♥ Power-pumping is a technique using the pump to get extra stimulation/ milk removal between regular breastfeeding or pumping sessions. There are a variety of ways to power-pump: Pick a one- or two-hour window of time for on-and-off pumping. It doesn't have to be perfect, but you will want to pump for 15 minutes, take a 15 min break, then pump again for 15 minutes and so on. You may not see much milk being expressed towards the end of your time-frame, but please know that this extra stimulation does boost your milk producing hormones.

♥ Are you properly hydrated and getting enough calories to support the hard work of producing milk? It is recommended that breastfeeding mom's drink at least eight to twelve 8-ounces glasses of water a day. Drink to thirst and eat to hunger! Producing milk takes a lot of energy and a good source of energy can be had from high quality foods, eaten in their most natural state. (Whole foods. Less processed, sugary foods). Also consider continuing taking your prenatal vitamins as long as you are still breastfeeding.

♥ Speak with your lactation consultant to see if a hospital grade breast pump might be a good option for you. These pumps have a stronger motor and are often more effective and efficient at milk removal.

♥ Acupuncture: this age-old healing modality, whereby very small needles are placed in the skin (very shallow) on certain 'points' along the body and have been shown to help with increasing milk supply and flow. Acupressure: Very similar to the acupuncture, however, instead of a needle, the application of pressure from thumbs or fingertips to points on the body for therapeutic effects.

♥ Speak with your doctor about your options for testing certain hormones in your body that could be affecting your ability to produce enough milk. An imbalance in any of the following hormones could be a contributor to your challenges: thyroid, prolactin, insulin, testosterone, hemoglobin and hematocrit.

♥ If you have tried many of these options to see if your body will respond naturally and have not seen the results you are looking for, you may consider some lactation-enhancing pharmaceutical drugs that may increase your milk supply. There are a handful of prescription drugs that are used to increase milk supply: Metoclopramide (Reglan), Domperidone (Motilium) and Sulpride (Eglonyl, Dolmatil, Sulpitol, Sulparex, Equemote). How do they work? Your body requires an appropriate level of the hormone prolactin in order produce milk. A low level of prolactin can be

associated with low milk production. There is another hormone, called dopamine, which inhibits the presence of prolactin. These pharmaceutical drugs act to block or reduce dopamine levels in your body, with the hopeful effect of raising the prolactin levels and thus increasing milk supply. These drugs are not effective for all women, especially if prolactin levels are already normal or high. You can speak with your primary care provider about your options



Please note, that even with the greatest of efforts and a perfect latch, there are a handful of mothers who may struggle with milk production. Certain maternal medical issues may interfere with milk production. Please speak to your healthcare provider about this if you struggle to produce milk and have any of the following medical conditions: hormonal imbalances such as polycystic ovarian syndrome or infertility, thyroid complications, blood-sugar dysregulation, anemia/iron issues, breast surgery, mammary glandular insufficiency, retained placenta, theca lutein cyst, experienced a postpartum hemorrhage, hormonal birth control use, heavy smoking or alcohol use.

If you have concerns that your baby is not getting enough milk, please contact your lactation consultant or your baby's pediatrician to help you with this concern.

CONTACT US!

Call 1-888-818-5653

My Lactation Consultants Name and telephone extension is:



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REFERENCES

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