

Many breastfeeding moms have concerns about making enough milk for their baby. The first step to making enough milk is to understand how milk is made. Milk production is a supply and demand system. The mother's body "supplies" milk in response to the baby's "demand" for it. Removing milk from the breasts **thoroughly** and **frequently** is critically important to establishing and maintaining an adequate milk supply.

What can I do to get off to a good start?

- Practice **skin to skin** contact from birth and as much as possible, especially during the first days.
- During your hospital stay, request your nurse or lactation consultant to review positioning and latch techniques to maximize effectiveness.
- Feed your baby whenever they show hunger cues (tongue thrusting, licking lips, bringing hands to the mouth).
- Expect to feed your baby frequently. Breast milk is digested quickly and it is not unusual for breastfed babies to eat as often as every 1-3 hours.
- Avoid pacifiers until your milk supply is well established and your baby is gaining weight appropriately. Early pacifier use can lead to decreased milk supply and infant weight loss if hunger cues are missed.

What can I do to increase my supply when my baby and I are separated (hospitalization, return to work or school)?

If your baby is unable or unavailable to latch at the breast, use a double electric breast pump, combined with hand expression to mimic the baby's feeding frequency.

- Plan to pump every time your baby would normally eat which is a minimum of 8 times every 24 hours, or every 2-3 hours.
- Attempt to keep your longest stretch of sleep to one 5-hour period during your 24 hour day.
- If your milk is in, pump until milk no longer drips and then 1-2 more minutes to ensure the breasts are fully emptied. Stop after a total of 20 minutes.
- If you have an extra hour during the day, consider a **power pumping** session. Pump for 10 minutes then take a break for 10 minutes and repeat, for a total of one hour.
- If your baby is hospitalized, try to do kangaroo care (skin to skin) as much as possible. You can also try pumping at baby's bedside.
- Take care of yourself. Take time to eat, drink, rest and relax.

What are some things that can cause a decreased milk supply?

- **Infrequent feedings or short feedings at the breast.** Your baby should eat at least 8 times every 24 hours, or about every 2-3 hours. Once your milk comes in, your baby should also feed long enough to soften the breast. Until then, encourage your baby to feed for at least 10 minutes but do not stop them if they continue to suck beyond 10 minutes.
- **Sleepy baby.** Babies can be very sleepy, especially during the first few weeks. Until your baby is waking on their own and feeding long enough at the breast, you will need to wake them at least every 3 hours.
- **Scheduled feedings.** Your body needs to respond to your baby's need for food so it is very important to feed your baby according to their individual hunger cues. Avoid a pre-determined schedule unless your baby is too sleepy to show hunger cues.

- **Artificial nipples.** Bottles and pacifiers require a different type of suck technique. This can sometimes interfere with your baby's ability to latch effectively at the breast. An ineffective latch will negatively impact your milk supply.
- **Supplements.** When your baby takes a feeding away from the breast, your body does not receive the necessary signal to produce milk. If your baby is taking supplemental feedings away from the breast, it is important for you to mimic the feeding by using a breast pump combined with hand expression. Be sure to pump long enough to fully empty your breasts every time your baby eats or at least every 3 hours.

Am I at risk for low milk production?

While most moms are able to provide their babies with all the milk they need, there are conditions that can put a mom at risk for low milk production. The following is a list of some of the risk factors that require close monitoring:

- No breast change during pregnancy
- Asymmetry of breasts
- Insufficient breast tissue (hypoplasia)
- Tubular shaped breasts
- Thyroid disease
- Obesity
- Diabetes
- Infertility
- Gastric bypass
- PCOS (polycystic ovarian syndrome)
- Breast surgery (augmentation or reduction)

- Large blood loss
- Retained placenta
- Certain medications (e.g., estrogen-containing birth control, pseudoephedrine)

Are there things I can eat or medications I can take to increase my milk supply?

Foods, herbs, medications or other substances believed to promote the flow of mother's milk during lactation are called **galactogogues**. Before considering a galactogogue, it's important to know that research is inconclusive about their efficacy and there are potential adverse effects.

Pharmaceutical galactogogues:

There are prescription medications being used as galactogogues, including domperidone and metoclopramide. These drugs are not approved by the Food and Drug Administration (FDA) for the indication of increasing milk supply. After carefully reviewing the potential risks versus the potential benefits, your healthcare provider might suggest one of these medications for "off-label" use as a galactogogue.

Herbal galactogogues:

Many herbal remedies have been used throughout history to enhance milk supply. These include fenugreek, goat's rue, milk thistle, oats, dandelion, millet, seaweed, anise, basil, blessed thistle, fennel seeds, marshmallow and others. Herbal preparations are not regulated by the Food and Drug Administration (FDA). Without proper regulation, there is an increased risk for possible contamination, allergic potential and drug interactions. Before considering a galactogogue, it's important to talk to your lactation consultant to review the frequency of your baby's feedings and their ability to

completely remove milk from your breast. These are the primary means of increasing your milk supply.

Additional Resources:

<http://www.lowmilksupply.org>

During your hospital stay, you can view a demonstration of how to hand express. The video is available through the Get Well Network on your television. Search for the title, “Hands-On Pumping.” After discharge, you can view the video at the following link:

<https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

For general breastfeeding questions, please call the Lactation Help Line at (844) 200-8894. You will be asked to leave a message and a lactation consultant will return your call within 24 hours.

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