

Low Milk Supply Concerns

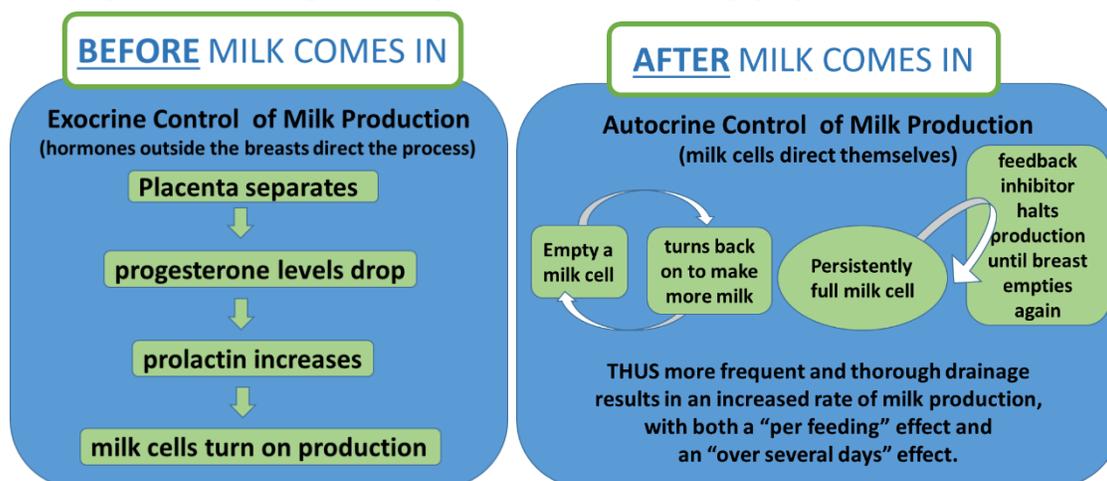
How much milk is enough milk?

- Breastmilk is recommended for the first year of life.
- Give only breastmilk for the first 6 months.
- As milk comes in, the volumes of colostrum and initial milk start at about 1-3oz per day and over the first week or so, increases to about 24 ounces per day.
- Over the first couple weeks, supply increases to around 24-32 ounces per day, which is how much most babies need during the first 6 months of life in order to feel satisfied and to gain enough weight to follow the growth curve. This can't be measured if you are strictly nursing, so these numbers are simply for reference.
- At 6 months of age, start giving solid foods. Milk intake should stay at least 24 ounces per day, with added calories and nutrients coming from the food.
- Between 8-12 months of age, sources of protein other than milk are introduced.
- At 1 year old, milk intake can decrease to 16oz per 24 hours, as long as other sources of calcium and protein are eaten.
- Do not give cow's milk from the grocery while under 1 year old, as it is not fortified with iron and nutrients found in breastmilk. If there isn't enough breastmilk to meet the volumes noted above, formula is given to make up the difference.
- Dairy products such as yogurt and cheese are fine for babies to eat while under 1 year.

How much weight should baby gain?

- Babies are expected to lose weight after birth.
- After day 4 or after milk is in, they should gain about 1 ounce per day and be back to birth weight by day 14.
- Weight gain should continue at about 1 ounce per day for the first 2-3 months.
- After that, they are expected to gain enough to follow the growth curve, which will be less than 1 ounce per day.
- Breastfed babies tend to gain a bit more than formula fed babies in the first 2-3 months, but the rate of gain then slows down so they are more trim than formula fed babies.
- At each well child visit, baby's height, weight and head circumference will be plotted on the growth curve to confirm that all is well.
- If baby is barely gaining enough to follow the curve and is very fussy and "hungry all the time," she might need a bit more to eat to be satisfied. If your breastmilk supply isn't enough, formula will be necessary.
- Sometimes a baby will start to slip down on the weight curve around 3-6 months, especially if they gained a lot early on. If baby is acting content with nursing and does not appear too thin, you simply need to offer the breast more and monitor with weight checks. If weight continues to "fall on the curve," or baby is lazy (weak) or irritable (hungry), more intervention is needed to increase milk intake and closer monitoring is in order.

Understanding milk production will help you bring milk in, keep it coming, and prevent low supply issues over time.



- The hormone oxytocin remains involved throughout breastfeeding.
- It is responsible for the "let-down," and thus causes muscle cells around the milk producing cells to push the milk out for a feeding.
- Prolactin hormone remains involved throughout breastfeeding, but once milk is in, prolactin levels interestingly do not affect milk supply.

Perceived low milk supply:

So you think your supply is dropping off? Maybe you are misunderstanding the situation!!

- Ask for a weight check to reassure yourself that baby is gaining adequately.
- This may avoid the temptation to give formula unnecessarily, which will pacify baby's hunger so she won't empty the breasts and milk supply may spiral downward (remember to pump if you DO give formula).
- How much should you be producing?
 - At about 2 weeks of age, babies need 24 ounces per day, or 1 ounce per hour.
 - Thus if breasts were last emptied 3 hours ago, you would ideally have about 3 ounces in the breasts.

Scenarios which might make you think your milk supply is low, but it probably isn't:

- After 2-3 weeks, initial persistent breast swelling resolves. You feel deflated after nursing and smaller overall, which can be misinterpreted as "less milk."
- Older babies may nurse less frequently, so you might think she's not getting enough.
- Some babies nurse so quickly that you think they aren't getting enough.
- Pumping to "see how much milk is in there" can be misunderstood. The pump may not remove milk as well as the baby, so you might think you're not producing enough.
- One breast might always produce less milk than the other. This is OK if the other breast makes up for it.
- If you pump right after nursing, baby may have emptied that breast, so you won't pump much out.
- You will likely pump more milk in the mornings compared to the evening, because you are fuller in the morning after sleeping.
- If baby truly isn't gaining enough, read on, and seek help from a lactation expert to get back on track.

Tips to maintain milk supply over time:

- Whenever baby is given a supplement, pump to empty. If supply is great, then pump just enough to replace what baby drank.
- Accept help from others! Stress and fatigue steals energy away from milk production.
- Supply may decrease if you lose more weight than 1 pound per week. Exercise is fine, as long as you eat enough extra calories.
- Drink enough fluid that you never feel thirsty.
- Pump after 5 hours if baby sleeps through the night. For some, if the breasts remain full for long stretches night after night, they misinterpret this as not needing to produce as much milk.
- If baby gets sick and nurses less for a few days, pump a few times per day to keep supply stimulated.
- Avoid medications that can affect supply (antihistamines, birth control pills, etc)
- Pregnancy can decrease your milk supply.
- Regular alcohol and cigarettes inhibit the let-down and thus decrease milk supply.
- Plugged ducts and mastitis limit milk removal and thus supply. Address these issues promptly.
- Wean from a shield if possible, as it may limit how much milk is removed and thus supply.
- Back to work stress may decrease supply. Nurse as much as possible when you are with baby.
- Avoid over-feeding expressed breastmilk at daycare so baby doesn't eat more calories there than when home with mom.
- Solid foods should not replace milk intake. Nurse before offering food so the hunger drive will maintain good milk removal. At day care, offer food before expressed breast milk.

Strategies to increase milk supply:

- Optimize the frequency and completeness of milk removal – at least 8 times per day is ideal.
- Nurse on demand as frequently as possible, for as long as baby effectively removes milk.
- Enhance oxytocin release to stimulate milk let-down:
 - Relax
 - Skin-to-skin
 - Resolve nipple pain by correcting the latch and manage other causes of nipple pain.
 - Use a supplemental nursing system if extra milk is needed.
- Use breast compressions during nursing to prompt baby to continue swallowing.
- Reduce or stop unnecessary supplementing, as it can decrease baby's hunger drive to nurse vigorously.
- Medications to increase milk supply are recommended by some providers. Due to safety concerns and lack of evidence that they work, this author does not recommend their use.
- Pumping: (this is described in more detail elsewhere)
 - Pump to empty if baby won't nurse or can't empty breasts well.
 - Pump to empty after nursing when possible, to stimulate milk cells.
 - Pump both breasts to empty if baby is supplemented with formula, donor milk or pumped breastmilk.
 - Power pump: Several times per week, try a series of the following to try to increase supply:
Pump 12 min – break 12 min – pump 12 min – break 12 min – pump 12 min