



Milk Production: What's the Problem?

This document lists the various reasons why milk may not come in, comes in late, doesn't come in enough, or decreases over time.

Milk may simply fail to come in, comes in late but enough, and sometimes it comes in great but decreases over time.

Some moms produce plenty for one baby, but too little for another baby.

Refer to the document "Low Milk Supply Concerns" for tips on maximizing supply.

REDEFINE SUCCESS:

If milk supply does not meet baby's demand, or if baby does not latch or remove milk well, you can "redefine success."

Your breastfeeding experience may not end up being exactly what you dreamed, but your feeding plan does NOT have to be "all or nothing."

Based on your situation and desires, your long term feeding plan options include:

1. If baby removes milk well but supply is low:

Nurse frequently and then offer formula until full.
Pump as desired to promote more milk supply.

2. If baby removes milk poorly but supply is good:

Exclusively pump. Feed expressed breastmilk to baby.
You can still nurse as desired.

3. If baby removes milk poorly and supply is low:

Nurse as desired. Pump as desired.
Feed expressed breastmilk and then offer formula until full.

- Feed baby available expressed breastmilk before formula.
- Babies who remove milk poorly can still improve greatly, so continued effort is still worthwhile.
- Skin-to-skin time remains very beneficial for milk let-down, even if baby does not latch.

DELAYED / LATE MILK PRODUCTION (which means after day 5)

- Milk may suddenly come in on day 2, or it may gradually come in over 3 weeks.
- The end result may be a full supply or only a partial supply of milk.

Maternal conditions when hormones may not adequately prepare the breasts to produce milk, but milk production eventually occurs.
Prematurity First baby Previous low supply Hypothyroidism Diabetes Obesity Over 40 years old Retained placenta Infection/Acute Illness/Stress/Fatigue Theca lutein (ovary) cysts

Labor and delivery situations which delay initiation of breastfeeding and breast stimulation, but milk production eventually occurs.
Prematurity C-section Stressful Delivery Prolonged stage II labor Few/no latches in first 24hrs *ineffective latches *incomplete emptying of milk/colostrum Not pumping if not latching Non-breast milk fluids given in first 48 hours of life Not pumping if supplemented

- If supply comes in after day 5, the newborn has more time to lose more than the acceptable 10% of birth weight.
- If not addressed early, this delayed milk production can result in excess weight loss and a weak baby who doesn't remove milk well.
- The impending result is incomplete breast emptying and ultimately failed production.

FAILED MILK PRODUCTION (2 categories of failed milk production)

1. Primary failed milk production means there are factors which limit the breasts' ability to produce enough milk from the start.

<u>ABNORMAL BREAST ANATOMY</u> limits their capacity to produce milk	<u>ABNORMAL HORMONE CONDITIONS</u> limit the breasts' ability to produce milk
Hypoplastic breasts with too few milk producing cells / glands. Surgery which interrupted milk ducts/nerves/cells (implants, breast reduction) Chest radiation therapy	Post-partum hemorrhage Theca-lutein (ovary) cysts Polycystic Ovarian Syndrome

2. Secondary failed milk production means that the breasts are capable of producing enough milk but factors interfere with the process so full milk production does not occur, or supply is lost.

<u>INFANT CONDITIONS</u> due to ineffective latch and/or weak suck which fails to transfer adequate milk and fails to stimulate milk supply	<u>MATERNAL CONDITIONS</u> which result in incomplete regular emptying and thus less milk production
<p>Anatomy issues</p> <ul style="list-style-type: none"> Tongue tie Cleft Lip and/or Palate High Palate Small Lower jaw Small mouth <p>Sleepy baby</p> <ul style="list-style-type: none"> Jaundice Maternal narcotics Temperament <p>Low energy /stamina</p> <ul style="list-style-type: none"> Poor gain /weak Small for dates Slow Intrauterine growth Chronic medical issues (congenital heart) Acute illness Prematurity <p>Disorganized /weak suckle</p> <ul style="list-style-type: none"> Various birth defects Low tone /Down's Syndrome High tone /Cerebral Palsy Delivery medications 	<p>Anatomy based latch issues with poor milk removal</p> <ul style="list-style-type: none"> Flat or inverted nipples fail to adequately stimulate baby's suck reflex Shield interferes with areolar compression during suckling Large nipples fill baby's mouth resulting in poor tongue placement Engorgement makes it difficult for baby to pull breast tissue into mouth Obesity or large breasts make proper positioning at the breast difficult <p>Factors that impact mother's ongoing ability to produce adequate milk</p> <ul style="list-style-type: none"> Acute illness in mom Meds which decrease supply Maternal alcohol intake Cigarette smoking Excess dieting/Weight loss Pregnancy Previous mastitis <p>Poor milk "let down"</p> <ul style="list-style-type: none"> Maternal pain, cold or emotional stress Engorgement/milk stasis/plugged ducts Poor milk supply with slow let down which frustrates baby Maternal alcohol intake <p>Breastfeeding mismanagement (irregular and/or incomplete emptying)</p> <ul style="list-style-type: none"> Supplementing Scheduled feeds Pacifier use <p>Mom won't allow latch</p> <ul style="list-style-type: none"> Nipple pain (trauma/blebs/vasospasm) Modesty