

Triple Feeding: Common scenarios when you may need to intervene

LEAVING THE HOSPITAL

Upon hospital discharge, you might be given a “back up plan” to triple feed only as needed until the weight check in 1-2 days. If your milk doesn’t clearly come in as expected or latch is a problem (pain or refusal), triple feeding gets your baby fed to avoid excess weight loss and keeps your breasts stimulated via pumping.

DAY 3 to 6^{ish}

Cluster feeding (nursing every hour or so) is expected as your milk comes in. As milk volumes increase as expected, feedings space out. If hourly feedings persist for more than a day or so, the milk may be late or your baby isn’t removing it well. A weight check should already be scheduled, but until then, consider triple feeding.

THE 2nd WEEK

Even if all is well, I typically recommend a weight check around 7-10 days to make sure milk is coming in adequately. If weight gain is poor and milk is late, triple feeding can “buy some time” as milk supply catches up, and/or “buy time” while your baby practices latching and gets stronger to remove milk better. In this case, you will need to offer the supplement even if your baby comes off the breast sound asleep, as some babies may not actually ask for more milk. If he allows the feeding device into his mouth and then swallows, he has room for more, so keep going. The sooner his weight catches up, he’ll do better over-all.

OVER THE LONG HAUL

If your baby isn’t gaining enough weight to follow the growth curve, the situation needs sorted out. Sometimes parents don’t realize their baby isn’t gaining as expected. Well baby check-ups are done at 1,2,4,6,9 and 12 months to make sure your baby’s growth and development are appropriate. You may be shocked at what the scale says and didn’t notice your baby looks “skinny” because you see him every day. Looking back, you may realize your baby has either been acting quite lazy or low energy, or perhaps he’s been wanting to nurse more frequently, especially at night. (This can happen during growth spurts, but feeding frequency should return to typical within a day or two. If not, just get a weight check to be sure.)

A healthcare provider should interpret the growth curve together with your baby’s overall health status. If there are concerns, triple feeding will assess your milk supply and assess your baby’s ability to remove milk. This plan should prove that your baby can gain weight simply by consuming more calories. This is an easy way to rule out concerning medical issues. In the process, your milk supply will hopefully recover, if supply was part of the problem.

While breastfeeding, you cannot measure how much your baby drinks, unless you are also pumping at least some of the time. Even so, it helps to know that from about 1-6 months, most babies need about 2-5oz every 2-3 hours during the day and sleep longer stretches at night. This will total about 24-32oz per day. After 6 months, milk intake can decrease to about 24oz per day, because solid foods will provide additional calcium, protein, iron and vitamin A.

Sometimes breastfeeding doesn't work out the way you dreamed it would. But it doesn't have to be all or nothing.

Redefine Success!

Triple feeding can help sort out why your baby doesn't gain weight. Is your milk supply too low to meet your baby's needs? Is there a problem with milk removal, such as the latch is too painful or your baby isn't skilled enough or have the stamina to suckle out enough milk. Perhaps it's a bit of both.

Triple feeding helps improve milk supply and at the same time, it promotes weight gain and the strength to nurse better. It can be discouraging when you must come to terms with the fact that triple feeding did not solve all the breastfeeding problems. Understand that breastfeeding does not have to be "all or nothing." A long-term feeding plan can be established, in which you focus on doing the things that work well, and limit the time spent struggling with things that don't work well.

If there is

Good supply

Good milk removal

- **Nurse regularly when you're with your baby.**
- **When you're apart, you pump and someone else feeds pumped breastmilk to your baby.**

In this best-case scenario, your baby removes milk well to stimulate an ongoing good milk supply.

If there is

Good supply

Poor milk removal

- **Nurse for fun or spend time skin to skin with your baby.** Don't stress about milk removal.
- **Feed regular bottles of pumped breast milk.**
- **Pump regularly.**

In this case, the pump removes milk and stimulates the milk supply better than your baby. You'll need to figure out how many times you'll need to pump each day to maintain your milk supply (usually 7-8).

If there is

Poor supply

Good milk removal

- **Nurse regularly when you're with your baby.** In this case, your baby will suckle milk from the breast until it's empty to stimulate your ongoing milk supply.
- **Feed regular bottles of formula, plus any available pumped milk.**
This fills in the gap since there's not enough breastmilk.
- **Pump occasionally as desired.** When you're able to pump, feed the breastmilk to your baby, but don't stress about pumping all the time! In this case, your baby can still get some breastmilk and you can experience breastfeeding for as long as desired. Understand that if your baby leaves milk behind that you don't then pump out, your supply will decrease over time.

If there is

Poor supply

Poor milk removal

- **Nurse for fun as desired.**
In this case, you can experience nursing, even if your baby doesn't get much.
- **Feed regular bottles of formula.**
This fills in the gap since there's not enough breastmilk.
- **Pump occasionally as desired.** When you're able to pump, feed the breastmilk to your baby, but don't stress about pumping all the time!

Interpreting Triple Feeding Numbers:

What percentage of your baby's total intake is breastmilk?

How much of your baby's daily intake is removed directly from the breast?

Using triple feeding data, there are ways to calculate general answers to these questions, if you're interested in knowing the answers! This information can be encouraging when improvements are made, but this sometimes tells the hard truth when things aren't going well. It is up to you whether you learn this information or would rather not know!

So you like story problems, right?

First assume that a term baby who gains 1 ounce per day consumes these volumes of milk

<u>Day 5-7 ~12-20oz/day</u>	} These volumes vary and are based on milk which is 20 calories per ounce.
<u>Day 8-14 ~20-24oz/day</u>	
<u>2wks - 6 months ~24-32oz per day</u>	

Assume a 10 day old gained 1oz/day so must have consumed 24oz/day of milk.

1. To estimate your breastmilk supply:

Add up the ounces of formula consumed in 24 hours.

Subtract this from the 24 ounces of daily total milk intake.

Your answer to this is the ounces of breastmilk your baby consumed in 24 hours.

For this calculation, it doesn't matter if the breastmilk was removed by your baby or a pump.

2. To estimate your baby's milk removal ability:

Add up the ounces of pumped breastmilk bottle fed to your baby.

Subtract this number from the answer to #1, ie. 24 hour total of breastmilk consumed.

The answer to this is the ounces that your baby removed directly from the breast.

Other considerations:

- If you are storing pumped breastmilk and your baby is gaining well, supply is good.
- If very little breastmilk is pumped out after a nursing session, this could mean:
 - 1) baby removed all the available milk (good milk removal ability)
 - 2) there wasn't much milk there to begin with (low supply)
 - 3) the pump didn't remove the milk well (even though your baby left some behind)
- If lots of breastmilk is pumped out after a nursing session, this could mean:
 - 1) your baby removes milk poorly
 - 2) your baby wasn't hungry
 - 3) you have more milk than your baby needs

Interpreting this data is often not as simple as described above,
as there are many other factors to consider and some assumptions are being made.