



Low Milk Supply



Breastfeeding mothers often come to a point during their breastfeeding journey with a concern about having a low milk supply. Sometimes if feedings are met with a fussy baby, you may wonder if it is because you are not making enough milk. Comments from friends or family could lead to more anxiety about your baby's feeding patterns.

Low milk supply may present itself on occasion and can truly be a valid issue for some nursing mothers. If you are struggling with whether or not your baby is getting what she needs, please read the following information for tips on what to look for and steps you can take to help increase your supply if it becomes challenged.

Contentment after a feeding is a good sign that your baby is getting the nourishment she needs. A baby that has a good feeding will usually be alert and looking at you. As her tummy starts to fill up, your baby's fists will open up, her arms will become relaxed and she may start to close her eyes and display that infamous "drunken milk" expression. Your baby may even reward you with a big smile after a feeding once she's old enough! Your baby should be content and active for a short period of time before becoming sleepy after a feeding.

If your baby is having a difficult time during a feeding, she will sometimes have a puzzled, worried or angry expression on her face. She may be very tense with tightly closed fists kept close to his face. Her arms may flail around during the feeding and she may pull or tug on your breast in order to try to trigger another milk ejection. Some babies will fall asleep quickly into the feeding if they are not getting enough milk and will linger on the nipple. She may become angry if you take her off and then want to immediately get back on to nurse in a cluster-like fashion. Some impatient babies will simply close their mouths tightly so you can't nurse them, because they are fed up and frustrated with the feeding.

To determine whether your baby is getting enough to eat, doctors will look at weight gain. Breastfeeding works on a demand and supply process. If milk is going in then it must come out. Measuring input by keeping track of wet and poopy diapers will give you a good idea as to whether there is an issue with your supply. Try keeping a diary for a few days and record when your baby is eating, for how long and what her behavior was like after the feeding (happy, content, engaged, fussy, irritable or disinterested, etc.). Make sure to log each wet and poopy diaper your baby had for the entire 24 hours.



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In the first 2 weeks of a your baby's life, you should be nursing a **minimum** of 8 times a day and looking for wet & poopy diapers:

A newborn baby should have 1 wet and 1 poopy diaper on Day 1 of life.

Day 2: 2 wet diapers and 2 poopy diapers.

Day 3: 3 wet and 3 poopy diapers.

Day 4: 4 wet and 3-4 poopy diapers.

Day 5 wet diapers and 3-4 poopy diapers.

Day 6: 5-6 wet diapers and 3-4 poopy diapers.

From week one to weeks 4-6, breastfed babies should have 5-6 wet diapers a day and 3-4 poopy diapers. Around 4 to 6 weeks your baby may have more infrequent stools (some may go days, up to 7-10) before having a bowel movement. Your baby should still have at least 4-5 wet diapers a day. If there is any concern regarding your baby's elimination patterns, please contact their doctor or your lactation consultant.

Exclusively breastfed babies who are getting adequate milk will regain their birth weight by 2 weeks of age. Your baby should be gaining 1 ounce a day, or 6 ounces per week in the first three months of her life. Between four and six months her weight gain should be at least 0.6 ounces per day. It is not recommended that you become scale-happy and become obsessed with weighing your baby every time she eats.

If there is concern about your baby's weight, consider going into a breastfeeding clinic to have a lactation consultant do a pre and post weight check. This will help give you a more accurate picture of what is taking place. Breastfeeding scales are calibrated uniquely to measure milk intake and can register in *extremely* small amounts.

Know that pumping milk from your breasts may not give you an accurate reading, as some moms have an easier time expressing milk and milk volume can change throughout the day or course of your breastfeeding duration. If your baby is gaining well at her well check appointments, and as long as you see adequate wet and poopy diapers, then your milk supply is likely fine.

If after observing your baby's weight gain and diaper output, you still have a concern that low milk supply is the issue then there are several steps you can take to remedy the situation:



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Low milk supply can be a result of:

- **Insufficient Milk Removal is the #1 cause for low milk supply** – Make sure that your baby is positioned and latched on correctly to optimize her chance for efficient milk removal from your breast.
- **Breast surgery** – If you have had any nerve or ductal damage, this could be a reason. Breast reductions poses the most difficulties.
- **Hormonal Imbalances** – thyroid conditions, diabetes, PCOS, retained placenta from childbirth can all affect milk supply.
- **Medications** – allergy medications, smoking, birth control pills, topical estrogen creams are just some of the medicines known to cause a reduction in milk supply.

Treatment options for low milk supply include:

- Improved positioning & latch
- Increased nursing and/or pumping sessions
- Galactagogues – Foods, herbs and medications that stimulate milk production. Below are a few known to give a boost to a mother's milk supply.
 - Domperidone
 - Fenugreek
 - Mothers Milk Tea or Herbal Tincture's designed to improve milk supply
 - Oats, barley, papaya, ginger, dill, goats rue, fennel, leafy greens such as lettuce, chickpeas, dandelion

It is recommended that you speak with your OBGYN, Pediatrician and Lactation Consultant before taking any of the above items. Health history must be considered carefully in order to rule out any adverse effects from taking any herb or medication.

Many events in life can have an effect on a mother's supply such as stress, exhaustion, illness, medications, etc. Know that in most cases, there is a way to increase your supply. A visit to a certified lactation consultant can provide you with a thorough assessment and unique plan of action to help you and your baby.



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