

It is stressful to feel that you may not be producing enough milk to meet your baby's needs and perception of low supply is a common reason for mums to decide to stop breastfeeding. We understand it is very difficult to know exactly how much milk your baby is receiving and how worrying this can be!

HOW DO I KNOW THAT I AM MAKING ENOUGH MILK FOR MY BABY?

Signs that supply is adequate include: frequent wet nappies (at least 5 reasonably heavy disposable nappies per 24 hours, with clear, odourless urine); baby is alert enough to demand feeds 2-3 hourly, and is easily able to be settled after a feed; and baby is gaining weight (>20g per day). Very young babies are expected to have at least 3 palm-sized bowel motions a day, and many small ones. Babies over 6-8 weeks may go into an infrequent stooling pattern of 1 stool every 10 days, but the stool should still be soft and weight gain should be normal.

A "heavy wet nappy" can be hard to tell when you are changing nappies so often. Essentially - it needs to feel heavier than a dry nappy. The blue indicator line is very sensitive and will change colour with even a drop of urine. The nappy should have some thickness to it as the absorbent material expands with urine.

WHAT CAUSES LOW MILK SUPPLY?

- Suboptimal fit and hold (see below)
- Baby is not being fed often enough (see below)
- Previous breast surgery, especially breast reduction surgery
- Recent mastitis
- Some medications, for example the oral contraceptive pill and over the counter cold and flu medications (pseudoephedrine)
- Smoking or alcohol
- Insufficient glandular tissue, a rare condition where a mother is lacking the "milk making" tissue in the breast.

HOW CAN I OPTIMISE MY SUPPLY?

Breastmilk is produced on a "supply and demand" basis and the more a baby is able to empty the breast during a feed, the more milk is produced. Good fit and hold via the Gestalt technique is important to ensure that your baby is draining the breast adequately. Most women find that they need to feed their baby 12 times in 24 hours until supply is established. Breastfed babies require feeding more regularly than formula fed babies as breastmilk tends to be digested much quicker (in as little as 90 mins). It is important not to schedule or time feeds, although this may have been proposed to you when in hospital after the baby was born. The baby dictates the feeding pattern: both time at the breast, and time between feeds.

Use the breast as a tool to soothe or dial down your baby to increase the number of feeds. Offer a “top up” breastfeed if a baby seems unsettled after a feed (this is common with “cluster feeding” in the evening hours). If you have offered the breast many times over a 2+ hour period, and your baby is still unsettled, we would recommend offering a top up of expressed breast milk (EBM) or formula via paced bottle feeding.

You may find it helpful to switch breasts frequently during a feed to encourage further “let down” or ejection of milk. When your baby is no longer swallowing at the breast, take them off and put them on the other breast. Aim to offer 4–6 breasts in a “feed”. This will transfer more milk than if you had kept them on the one breast for, say, 20 mins, before switching sides.

The baby is your best pump, and the amount you express does not necessarily give a true indication of your supply. We would encourage you to use your baby as a pump and bring him or her to the breast as often as practical to drive supply.

Some mothers like to offer additional milk at the breast by using a supply line, or supplemental nursing system. This is instead of offering a top up via a bottle. The baby receives milk (or formula) at the breast, delivered by a thin tube that finishes at the end of the nipple. The reservoir of milk is usually held in a container that hangs around mum’s neck, or a syringe attached to the tubing. This set up needs practice and can be facilitated by one of our Doctors.

In some situations it is worth considering medication to improve your milk supply. Domperidone can be used to increase production of prolactin, the milk making hormone, in order to increase your supply. It is usually well tolerated and has few side effects; however the doctors at Adelaide Mums and Babies Clinic will discuss this with you further if they feel you would benefit.