

Not Enough Milk?

Almost all women are able to make enough milk for their baby. Milk supply is dependent upon frequent milk removal, especially in the early days after your baby is born.

Milk supply problems in the early weeks are often due to inadequate milk removal. Once a mother establishes her milk supply, a decrease in supply may be the result of infrequent milk removal, returning to work, or taking certain medications.

If you experience low milk supply at any time, **you may benefit from a consultation with a board certified lactation consultant (IBCLC).**

The most powerful stimulator of milk supply is frequent and thorough milk removal. If your baby is less than six months old, and you are concerned about your milk supply, you should be removing milk from your breasts (via baby or a quality double electric breast pump) at least eight times in 24 hours. If you routinely go longer than 4-5 hours without removing milk (even at night) your milk supply may decrease.

Some women store a large amount of milk in their breasts and some women store smaller amounts of milk. If you are a mother who stores smaller amounts in her breast, you may find that you have to feed your baby (or pump) more frequently. This does not mean you do not have enough milk, it just means you need to remove it more frequently for your baby to be satisfied and gain weight well.

Is your supply truly “low” or is baby just taking a lot of milk at day care? If you are pumping while at work, you may find that your day care provider is feeding your baby more milk than you are pumping. Your baby should only need 3-4 ounces every 2-3 hours, but many babies tend to eat more from a bottle than they do at the breast. Milk tends to come out of the bottle much faster than your breasts and your baby may not have enough time to know that he or she is full.

It can be helpful to use a bottle with a “slow flow” nipple, although not all slow flow nipples are truly slow. Feel free to ask your care provider to take a break every 5 minutes or so to burp baby and stretch out the time it takes to finish a 3-4 ounce bottle of pumped milk.

If you are **not** able to pump at least 3 ounces at a time at work, **be sure that your pump breast shields fit well.** If your nipple gets “strangled” or rubs on the side of the tunnel of the shield, you may benefit from a larger breast shield. It may be more comfortable and it may remove milk better. It can also be helpful to increase the pressure on your pump, but only if it is comfortable.

Pumping should not hurt. You may be able to remove more milk pumping if you compress your breasts while pumping. A video demonstrating this can be found at: <http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

When your milk stops flowing, use your hand to compress your breast to remove more milk. Continue until your milk flow stops again and switch to the other breast. A “hands free” pumping bra or bustier will allow you to compress both breasts at the same time.

MilkWorks



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The video also demonstrates **hand expression without a pump**. Place your fingers and thumb an inch away from the base of your nipple and push in toward your chest wall and then gently squeeze your fingers toward your thumb to compress milk ducts. **Do NOT pull outward on your nipple.**

It is important to make sure that you are **not ingesting anything that may actually limit or lower your milk supply**. Peppermint/menthol, sage, parsley, birth control hormones, antihistamines, decongestants such as pseudoephedrine (Sudafed) and cigarettes all have potential to decrease your milk supply.

Can certain foods or extra fluids help a milk supply? Traditionally, nursing mothers have been encouraged to eat certain foods, like oatmeal, to increase their milk supply. However, there is not research proving any food increases milk supply. It is not necessary to drink excessive amounts of water, but try not to let yourself get thirsty.

A **galactagogue** is a substance that increases milk production. **Herbs** have been used around the world for centuries to increase milk supply, however, there is **no scientific research** proving their effectiveness or safety. **Stop any galactagogue immediately** if you develop any sign of an allergic reaction such as hives and/or wheezing.

Milk volume usually increases within 24-72 hours. Some women will use a galactagogue for a short time, while others find they must continue taking the herb(s) for months. When you are ready to try and discontinue a galactagogue, **do it gradually**. Drop one dose every few days and see if your milk supply holds up. If it looks like your supply is decreasing, resume the galactagogue. Once you are comfortable with your supply, try and drop doses again. **Do not exceed the recommended dose of any galactagogue.**

Fenugreek is thought to stimulate milk ejection, but the exact mechanism of its action is unknown.

Side effects: You may smell like maple syrup and have loose stools or gas. Large amounts may lower your blood sugar. **Do not take if you are on any type of blood thinner* and use with caution if you have a thyroid condition* as fenugreek may lower T3 levels.** It is a member of the legume family, so use with caution if you are allergic to peanuts or soybeans. Do not take during pregnancy.*

Dose: 3-4 capsules (580-610 mg each) 3-4 times a day for a total of 9-16 capsules a day.

Blessed Thistle is thought to promote lactation by stimulating blood flow to the mammary glands.

Side effects: None commonly noted. It is related to ragweed. Do not take during pregnancy.*

(Blessed Thistle is an ingredient in More Milk Special Blend - see below.)

Goat's Rue is an herb widely used in Europe. Like fenugreek, it is a member of the legume family.

Side effects: None commonly noted, although large amounts may lower blood sugar.*

(Goat's Rue is an ingredient in More Milk Special Blend - see below.)

More Milk Special Blend contains **fenugreek, blessed thistle and goat's rue** to assist with milk production, plus nettle and fennel to decrease possible stomach upset. Nettle should not be taken if you are taking blood thinner* because it has a high vitamin K content.

Dose: follow directions on the bottle; varies with a mother's weight.

Go-Lacta (Malunggay or moringa oleifera) is a plant supplement that supports breast milk production.

In developing countries, it is used as a food supplement because of its nutritional components. Research has shown that it can increase milk production in breastfeeding mothers. No side effects are known.

Dose: follow directions on bottle or 3 capsules 3 times a day for a total of 9 capsules a day.

*Go to <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm> or

<http://www.motherlove.com/category/resourcesplants.html> for additional information.