

Oxfordshire Breastfeeding Support – How to increase your milk supply

Information for parents

This plan is for mothers who need to increase their milk supply because their baby is unable to grow well just on their milk.

These are **not** reliable signs of low milk production:

- your baby wants to feed frequently or is sometimes fussy at the breast
- your breasts feel more “empty” than they used to.

Increasing low milk supply is hard work! It takes time, energy and commitment. It is important to be realistic from the start about your goal, and how much time and energy you are able to invest. It works best when you have lots of practical and emotional support. Remember that this won't be forever — it is a short-term investment for long-term gain. Set yourself short-term goals, e.g. 48-72 hours, then review your progress. If you are not able to increase your milk supply as much as you would like, or decide that it is not realistic to try, we can still support you to have a close, happy feeding relationship with your baby.

<p>Plan 1*</p> <p>Make sure your baby is feeding as effectively as possible</p>	<p>Plan 2*</p> <p>Next level - when milk supply has not increased enough on plan 1</p>	<p>While you are using this plan</p>
<ol style="list-style-type: none"> 1. Consider risk factors for low milk supply. 2. Make sure your baby is well positioned and attached at the breast. This may include a professional checking for any reason the baby might not be able to attach and feed well (e.g. tongue tie). 3. Hold your baby skin to skin as much as possible. 4. Offer the breast as soon as your baby shows any signs of interest in feeding, at least 8-12 times in 24 hours, waking baby if necessary. 5. Switch sides and use breast compressions to increase milk flow. 	<ol style="list-style-type: none"> 1. Express milk as many times in 24 hours as you can. For maximum effect, aim for at least 8 times. <i>This may mean limiting your baby's time at the breast for now, to give you enough time to express.</i> 2. Feed your baby as much expressed milk as they will drink, by cup, finger feeding, lactation aid/supplementer or paced bottle-feeding. 3. Aim to keep your baby's time at the breast happy and relaxed and encourage them to use the breast for pleasure, comfort and sleep. 4. Consider using the medication domperidone, which may help increase your milk supply. 5. If necessary, use enough formula milk to make sure your baby grows normally and seems satisfied. 	<ul style="list-style-type: none"> ❖ Find skilled feeding support. OBS is here to help! You can find information about ways we can support you at http://www.oxbreastfeedingsupport.org. We can also help you connect with other parents who have experienced low milk supply. ❖ Track how you are doing. Keep a record of how much milk you express, the amount of formula or donated breastmilk your baby takes (if relevant) and how many wet & dirty nappies your baby does. Tracking changes over time is useful to show how well your plan is working and help you decide what to do next. ❖ Monitor your baby's growth. Your baby needs to be weighed regularly while you are working on your milk supply. Your midwifery or health visiting teams will usually do this. For more complex feeding issues, you may be referred to the Maternity Infant Feeding Team or an Enhanced Infant Feeding Practitioner within the health visiting service.

**You can find further information on all these points below.*

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How milk production works

Milk production starts in the middle trimester of pregnancy. After birth, milk continues to be made in the breasts in response to milk being removed from them. Milk supply usually reaches its peak around 4 weeks after birth, with most of the increase happening in the first 2 weeks. The most common reason for low milk production is a slow start with breastfeeding – not enough milk removed from the breasts in the days after birth. If this happens, the breasts may continue to produce an insufficient amount of milk.

It may be possible to increase milk production, by removing more milk from the breasts. The earlier this process is started, and the more energy put into it, the higher the chances of making more milk. Even if more time has passed, it may still be possible to increase milk production, but unfortunately there is no guarantee of being able to achieve a full milk supply.

Any amount of milk you are able to produce is valuable to your baby. Breastfeeding is about much more than just milk and you can still enjoy nurturing your baby at the breast, whether or not your baby needs extra milk as well.

Increasing milk supply – Plan 1

Underlying risk factors

Some women have underlying risk factors for low milk supply. These include previous breast surgery or radiation, retained placenta, unusually small/thin/unequally sized breasts, a history of infertility with hormonal cause, hormonal conditions like thyroid problems or polycystic ovary syndrome (PCOS).

If you have any risk factors for low milk supply, you may be referred to an infant feeding specialist. Some of these conditions are treatable. Even if you have underlying factors that can't be treated, you may still be able to make more milk than you are currently making.

Effective attachment

A baby who isn't deeply attached at the breast may not be able to get enough milk, and feeding may also be uncomfortable for you. Squashed ("new lipstick") nipples after a feed, skin damage and pain that lasts throughout feeds, are all signs of shallow attachment. Face to face help (including video call) is usually best when working on attachment.

❖ **More information:** www.laleche.org.uk/positioning-attachment/

❖ **Videos:**
<https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/>

<http://www.nancymohrbacher.com/breastfeeding-resources-1/2016/12/26/natural-breastfeeding-video>

If feeding doesn't become more comfortable and/or effective even with skilled help, your baby may be referred for an oral assessment (a thorough examination of their mouth) to check for tongue tie, which is a problem for a small number of babies, and can be treated:

www.unicef.org.uk/babyfriendly/support-for-parents/tongue-tie/

Effective attachment (cont.)

Oral assessment can be done:

- ❖ At the **Maternity Breastfeeding Clinics** (for babies under 6 weeks old) : www.ouh.nhs.uk/maternity/feeding/default.aspx. You can refer yourself by phone or email.
- ❖ By some of the **Enhanced Health Visitor Practitioners** (for babies over 6 weeks old) – you can ask your own health visiting team to arrange this.
- ❖ By **private tongue-tie practitioners**: www.tongue-tie.org.uk/find-a-practitioner/

Tongue-tie division is not usually an instant fix for feeding problems and you may still need to express milk for a while after the procedure, until your baby's tongue becomes stronger and they are able to do more of the work of feeding.

Skin to skin

This enables your milk making hormones to work well and encourages interest in feeding. It also keeps your baby calm and happy, and helps you and your baby feel connected: <http://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/>

How often and when to feed

While you are working to increase your milk supply, you will want to encourage your baby to feed as often as possible. Signs of interest in feeding include your baby turning their head and opening their mouth (rooting), licking lips, mouthing hands, restlessness and making small sounds. Try to offer a feed when your baby is first interested, before they become upset. If your breasts are feeling full or you just feel like feeding your baby, you can offer your baby a feed, even if they are not asking. Don't watch the clock — watch your baby!

Feeds don't have to be regular (e.g. every 2-3 hours). Your baby just needs to have enough feeds in 24 hours, whenever they are awake enough and interested. Most young babies need at least 8-12 feeds in 24 hours. If your baby is not waking up this often and asking to feed, you may need to count feeds and encourage your baby to wake and feed more often.

Things that can make your baby less interested in feeding:

- ❖ Using a dummy, a baby swing, or swaddling your baby – these can make it difficult to tell if your baby is interested in feeding.
- ❖ Giving your baby water, tea or any other non-milk drinks. These fill them up without giving them enough calories. Babies should not be given **any** drinks other than breastmilk or infant formula milk before they are ready for complementary foods around the age of six months old.

Active feeding

Your feeding supporter will show you how to tell when your baby is feeding actively at the breast, with deep sucks and swallowing after every 1-2 sucks. While you are working to increase your milk supply, you will want to use the most effective way of removing milk from your breasts.

If you notice that your baby is mostly doing light, fluttery sucks with very little swallowing (3 or more sucks per swallow), this indicates that they are not removing much milk. If your goal is to increase the amount of milk removed from your breasts, it would be more efficient to end the feed and use a breast pump instead.

Breast compressions and switching sides can help to keep your baby actively feeding for longer. Start compressing your breast as soon as your baby stops actively feeding. You can see how to do compressions here: www.laleche.org.uk/my-baby-needs-more-milk/#compression

When your baby is no longer actively feeding even with compressions, repeat on the other side. Offer as many breasts as your baby will take – it can be more than two!

Some babies seem to want to feed all the time and protest when you take them off the breast. If they are not growing well, it is most likely to be because they are not yet breastfeeding effectively. To increase your milk supply, you will need to limit their time at the breast, to give you more time to express your milk.

Increasing milk supply – Plan 2

Expressing your milk

- ❖ Your feeding supporter will agree with you how often you should be expressing within a 24-hour period, to start with. For more impact, increase the number of pumping sessions. For maximum effect you would aim to express 8-12 times in 24 hours (this is the number of times most babies need to feed).
- ❖ A double electric breast pump is usually the best tool for this job. Smaller single electric and manual pumps are designed for occasional expressing, and not for the big task of increasing milk supply.
- ❖ You don't need to pump after set intervals - most babies don't feed after set intervals so just pump as often as you can. The important thing is how many times you express in 24 hours – it's up to you when you do it.
- ❖ Notice the times of day/night when you can express most and aim to pump more often then. First thing in the morning and in the quiet hours of the night can work well - experiment to see what works best for you.
- ❖ Remember that it's fine to take a break for a few hours to go out or to sleep! More, shorter expressions often work better than fewer, longer ones, and it's fine to stop in the middle of pumping if you need to do something. Even if you only have a few minutes, it's worth pumping.
- ❖ Use your hands as well as your pump. Try massaging your breasts before and during pumping. You might want to buy or make a hands-free "pumping bra" to hold your pump in place. Some women find that they can express lots of milk by hand after they have finished pumping. This video shows you how to do "hands on pumping" - using your hands to get the most of each pumping session:
<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

When expressing, try some of these ideas to encourage your hormones to flow so that your body actively "ejects" milk:

- ❖ Visualisation - imagine a flowing fountain, or milk pouring into a bottle.
- ❖ Cover the collection bottle with a sock so you can't see it, to take your mind off expressing.
- ❖ Laughter - try watching your favourite funny movie or comedian!
- ❖ Wrap a scarf or shawl around your shoulders to stimulate hormone receptors on your upper chest.
- ❖ Pump with a piece of your baby's clothing near enough to smell, or while looking at your baby, or holding your baby skin to skin.

If you find something that works, keep doing it - the "milk ejection reflex" can be conditioned by repetition. More tips on how to express milk can be found here: www.laleche.org.uk/expressing-your-milk/

Useful free relaxation track, which may help you get more milk when you express:

<https://www.dropbox.com/s/weyg6uw68u7plnm/Breastfeeding%20for%20Premie%20Infants.m4a?dl=0>

How to feed expressed milk

There are lots of options – your feeding supporter can help you choose some to try:

Paced bottle feeding: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf>

Side-lying bottle-feeding (for babies up to about 6 weeks old)
<https://babylink.scot.nhs.uk/FamilyCentredCare/CaringForYourBaby/BottleFeeding/Pages/HowToBottleFeedYourBaby.aspx>

Finger feeding: www.ouh.nhs.uk/patient-guide/leaflets/files/11016Pfingerfeeding.pdf

Cup feeding: www.globalhealthmedia.org/portfolio-items/cup-feeding/

At-breast supplementer (lactation aid): www.laleche.org.uk/nursing-supplementers/

Keep the breast a happy place for your baby

If your baby associates the breast with feeling full, happy and relaxed, rather than hungry and frustrated, they are more likely to enjoy and continue breastfeeding, even if milk supply remains low. Some ways to do this include:

- ❖ Offering some extra milk, before offering the breast, if your baby is upset.
- ❖ Offering expressed or formula milk after the first breast, allowing your baby to finish with the second breast. Babies enjoy ending a feed by falling asleep at the breast.
- ❖ Giving milk by bottle or cup with your baby's cheek against your breast.
- ❖ If a nursing supplementer (also known as a lactation aid) is used, your baby can drink expressed milk or formula milk while breastfeeding. Your feeding supporter can help you work out whether this might be useful in your situation. You can read more about this option here: <https://www.laleche.org.uk/breastfeeding-with-a-nursing-supplementer/>

Domperidone

This is a prescription medication that can help to increase milk supply in some women, whilst they are taking the tablets. It is not suitable for everyone, e.g. it is not safe for those with certain heart conditions. Because of this, doctors are currently discouraged from prescribing domperidone to anyone. However, there is NHS advice that domperidone may be appropriate, so it's worth discussing with your GP, and taking along some information for them to read: <https://gpifn.org.uk/galactagogues/>

The most important thing to do to increase milk supply is to remove more milk from your breasts, so don't worry if you can't or prefer not to take domperidone.

Formula milk

Some babies need extra milk for a short time, or longer term if their mother is not able to make a full milk supply. If donated human milk is not available, **the only safe alternative** is infant formula milk. You can find OBS' Milk Sharing Policy here: http://www.oxbreastfeedingsupport.org/images/OBS_MilkSharingPolicy0619.pdf

You can read about how to use formula milk to support breastfeeding here: <https://www.laleche.org.uk/formula-supplements/>

It is never safe to suddenly stop or reduce formula or donor breastmilk supplements. It needs to be done gradually, to allow your own milk supply time to increase. While doing this, it is very important that your baby is weighed regularly, to make sure that they continue to get enough milk. It would usually be appropriate to weigh your baby every 1-2 weeks while working on reducing supplements.

More support from OBS

Find our private Facebook breastfeeding support group at: <https://www.facebook.com/groups/OxBreastfeedingSupport>

You can find more information about all the other ways we can support you at: <http://www.oxbreastfeedingsupport.org>

Double electric breast pumps

If you need to borrow a double electric breast pump, OBS has some to loan: www.oxbreastfeedingsupport.org/index.php/services/pumps

Further reading

[Getting breastfeeding back on track after a difficult start \(La Leche League\)](#)

[My baby needs more milk \(La Leche League\)](#)

[Relactation and induced lactation](#) (La Leche League) – bringing back milk supply after a break, or bringing in a milk supply when you haven't been pregnant.

Books

[Making More Milk, by Diana West & Lisa Marasco](#) (2019)

[Defining your Own Success: Breastfeeding After Breast Reduction Surgery by Diana West](#) (2001)

[Breastfeeding Without Birthing by Alyssa Schnell](#) (2013) – for non-gestational parents who are inducing lactation.