

# SESSION 9

## MILK SUPPLY

### Breastfeeding Promotion and Support

#### A Training Course for Health Professionals

*Adapted from the Baby Friendly Hospital Initiative:  
Revised, Updated and Expanded for Integrated Care (Section 3)  
WHO/UNICEF 2009*



# Session Objectives:

At the end of this session, participants will be able to:

1. Discuss concerns about “Not enough milk” with mothers
2. Describe normal growth patterns of infants
3. Describe how to improve milk intake/transfer and milk production;
4. Describe relactation / induced lactation

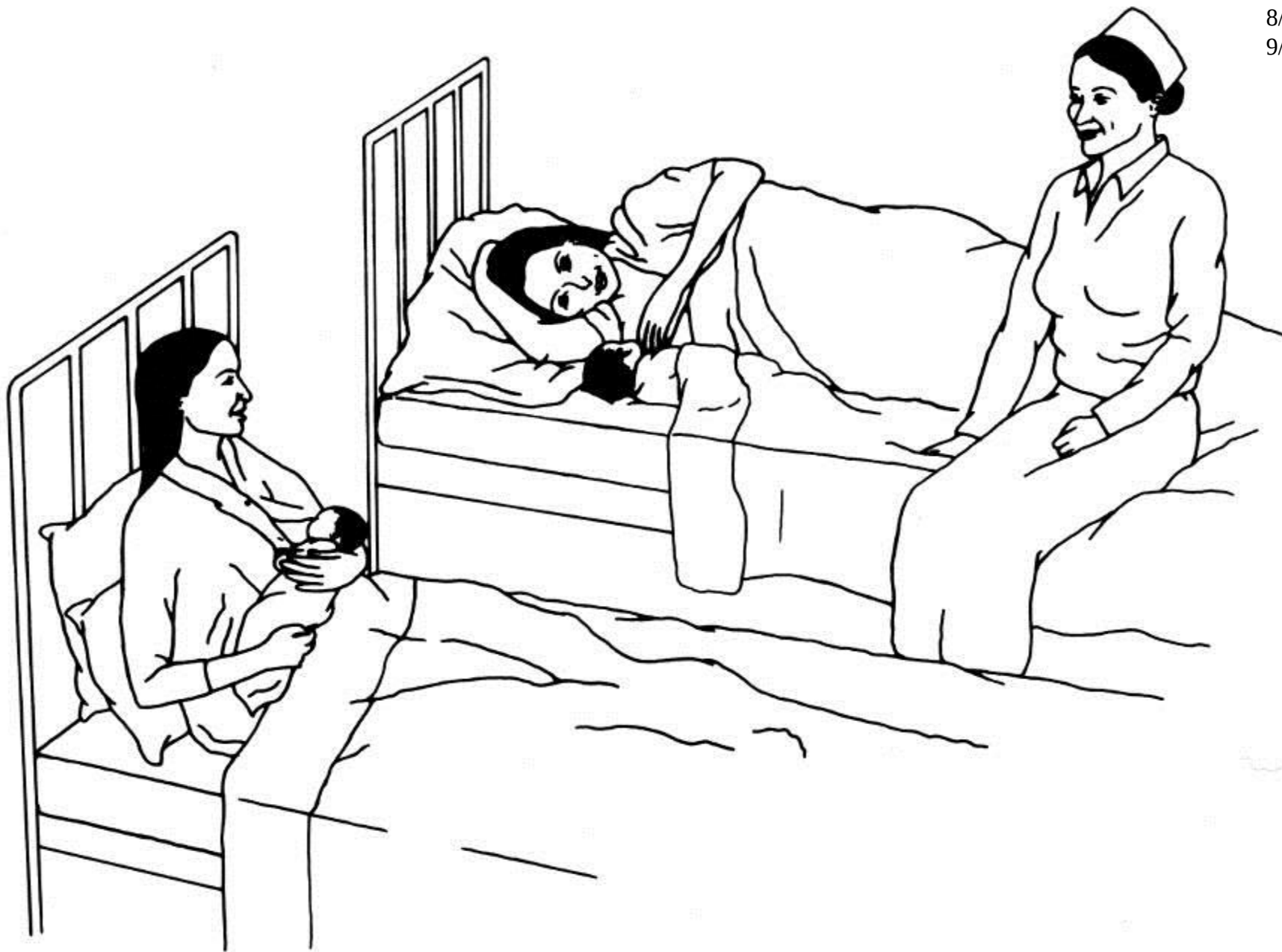
# 1. Not Enough Milk

## ***“Not enough milk”***

- The most common reason for mothers
  - to stop breastfeeding or
  - to add other foods as well as breastmilk,
- Believe that they do not have enough milk.



***What signs might make a mother think she does not have enough milk even if the infant is growing well?***



# *Signs might make a mother think she does not have enough milk*

- Baby
  - cries often
  - does not sleep for long periods
  - not settled at the breast
  - hard to feed
  - sucks own fingers or fists
  - particularly large or small
  - wants to be at the breast frequently or for a long time
  - takes a supplementary feed if given



# *Signs might make a mother think she does not have enough milk*

- Mother
  - thinks her milk looks ‘thin’
  - does not notice milk leaking or other signs of oxytocin reflex
  - Little or no milk comes out when the mother tries to express
  - Breasts do not become overfull or are softer than before
- These signs *may* mean a baby is not getting enough milk but they are not reliable indications

***What are reliable signs that the mother can see for herself that show her young baby is receiving sufficient breastmilk?***

# *Reliable signs of sufficient milk intake*

- Output - milk must be going in, if urine and stools are coming out.
  - Urine
    - 6 or more wet diapers in 24 hours
    - pale, diluted urine.
  - bowel movements
    - 3 - 8 in 24 hours
      - As babies grow older than 1month, stooling may be less frequent

# *Reliable signs of sufficient milk intake*

- Clinical Signs
  - Alert
  - good muscle tone
  - healthy skin
  - A consistent weight gain,
    - growing too big for his or her clothes.
    - with an average of 150 gram per week,

# *Causes of low milk production*

- The common reasons are:
  - Infrequent feeds
  - Scheduled feeds
  - Short feeds
  - Poor suckling/ attachment
  - Not enough milk is removed
  - A delayed start to breastfeeding

# *Causes of low milk production*

- The uncommon reasons are:
  - Medication of the mother –
    - Contraceptives contain estrogen
    - Diuretic therapy.
  - Alcohol and smoking
  - Breast surgery  
*(which cuts milk ducts or nerves to the breast).*
  - If a mother becomes pregnant again

# *Causes of low milk production*

- The very rare reasons are:
  - Retained placenta
  - Inadequate breast development during pregnancy,
    - so that few or no milk producing cells develop.
  - Severe malnutrition –
    - for a long time, to reach this state.
    - Milk is made from what the woman eats plus what is stored in her body.
    - If a woman has used up her body stores, then it may affect her milk supply.
  - A very restricted fluid intake may affect milk supply.

# *Causes of low milk production*

- **Psychological factors:**
  - The mother may lack confidence; feel tired, overwhelmed, worried, or find it difficult to respond to her baby.
  - A mother who is in a stressful situation may
    - feed less frequently or for a short time
    - be more likely to give supplementary feeds or a pacifier,
    - and may spend less time caring for the baby.

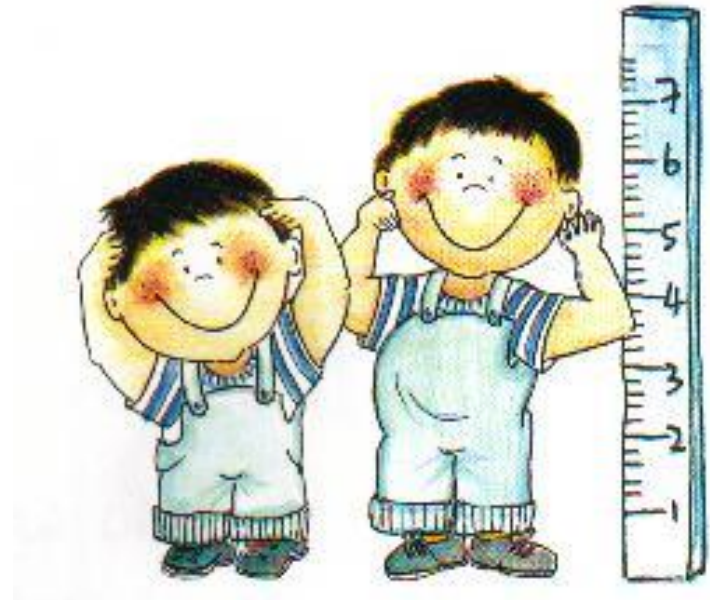
# *Causes of low milk transfer*

- Low milk transfer may result if:
  - The baby is poorly attached
  - Not suckling effectively.
  - Baby restless during a breastfeed
  - Breastfeeds are short and hurried or infrequent.
  - The baby is removed from one breast too soon, and does not receive enough hindmilk.
  - Baby is ill or premature
  - Not able to suck strongly and for long enough
- **Milk transfer and milk production are linked.**
  - If the milk is not being removed from the breast, the milk production will decrease.

## ***2. What is a normal growth pattern for a baby?***

# Normal growth pattern of babies

- Most babies start to gain weight soon if
  - they are exclusively breastfed from soon after birth and
  - well attached and
  - feed frequently.



# Normal growth pattern of babies

- Some babies
  - lose weight in the first 6-7 days after birth.
    - This weight loss is extra fluid stored during uterine life.
    - The total loss should not exceed 7-10% of birth weight.
- A baby should regain birth weight by 10 days, latest 14 days.



# Normal growth pattern of babies

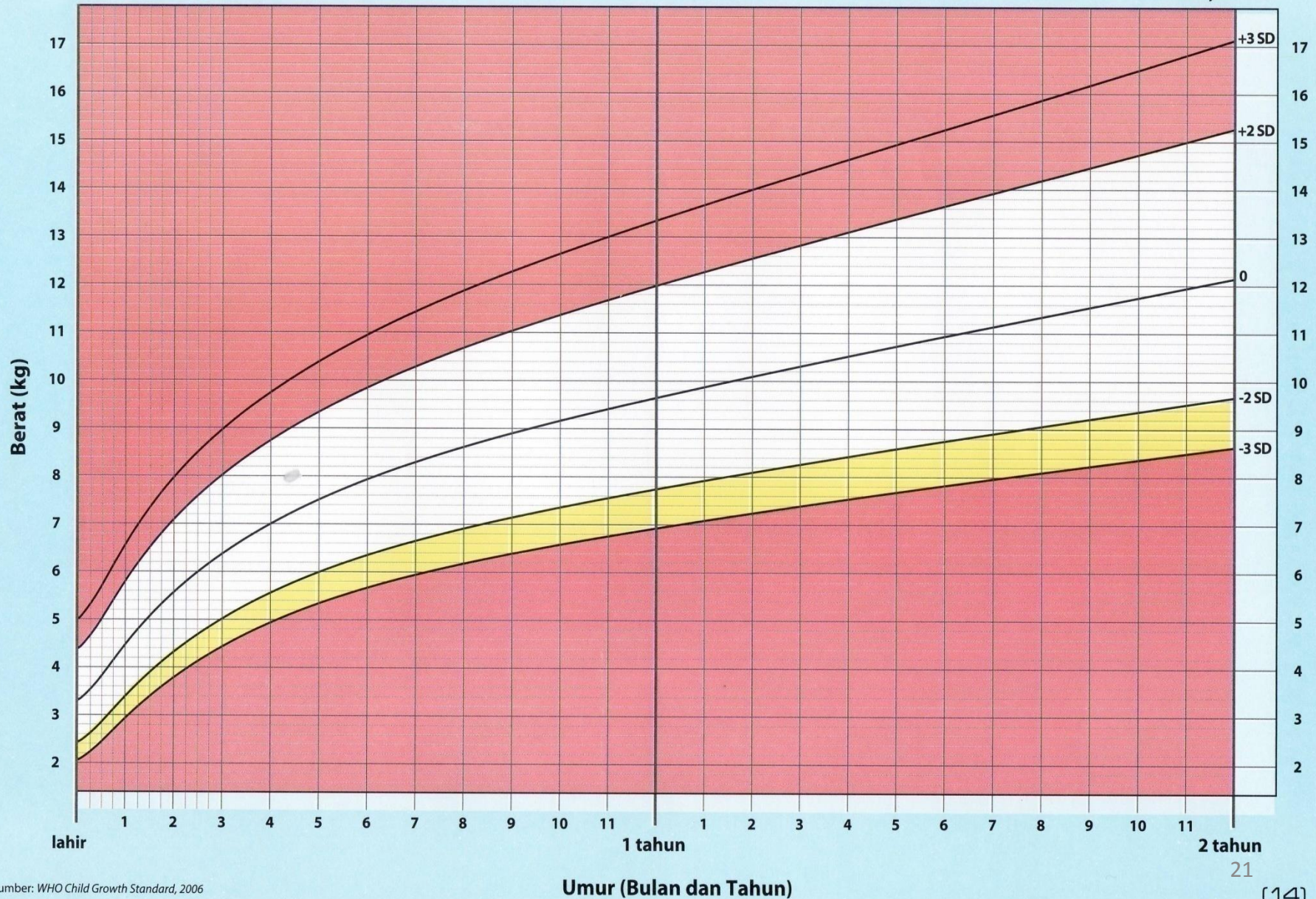
- Babies usually gain
  - 100-200 grams (3.5 – 7 ounces) per week during the first 6 months,
  - and about 85-140 (3-5 ounces) grams per week in the second half of the first year.
- usually double their birth weight by five to six months
  - triple it by one year.
- Babies also grow in length and head circumference.
- properly and regularly completed growth chart
  - show the baby's growth pattern
  - There is a range of normal growth
  - There is no **ONE** correct line all babies should follow

# Berat-untuk-umur (Lelaki)

Lahir hingga 2 tahun (z-skor)



Kementerian Kesihatan  
Malaysia

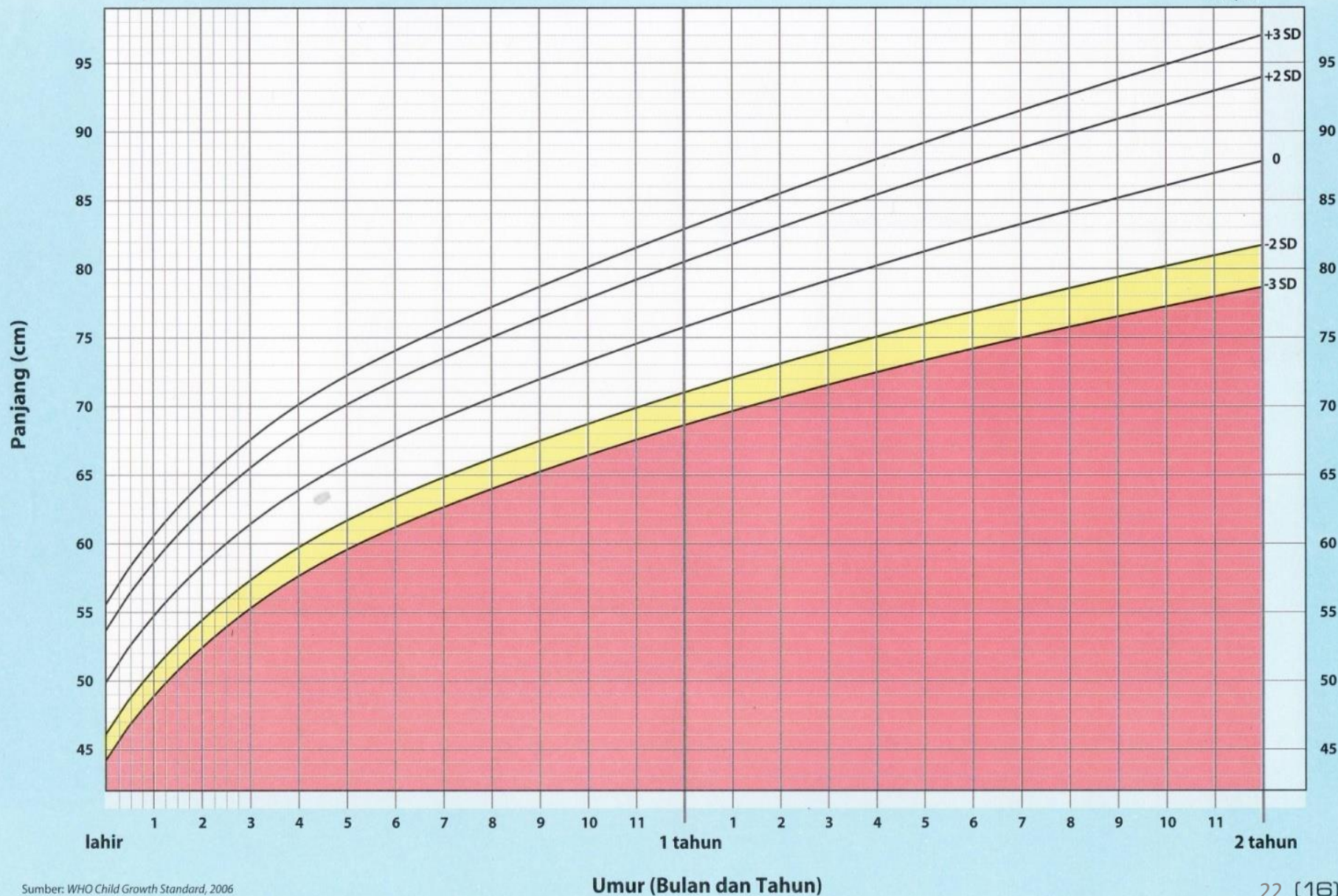


# Panjang-untuk-umur (Lelaki)

Lahir hingga 2 tahun (z-skor)



Kementerian Kesihatan  
Malaysia

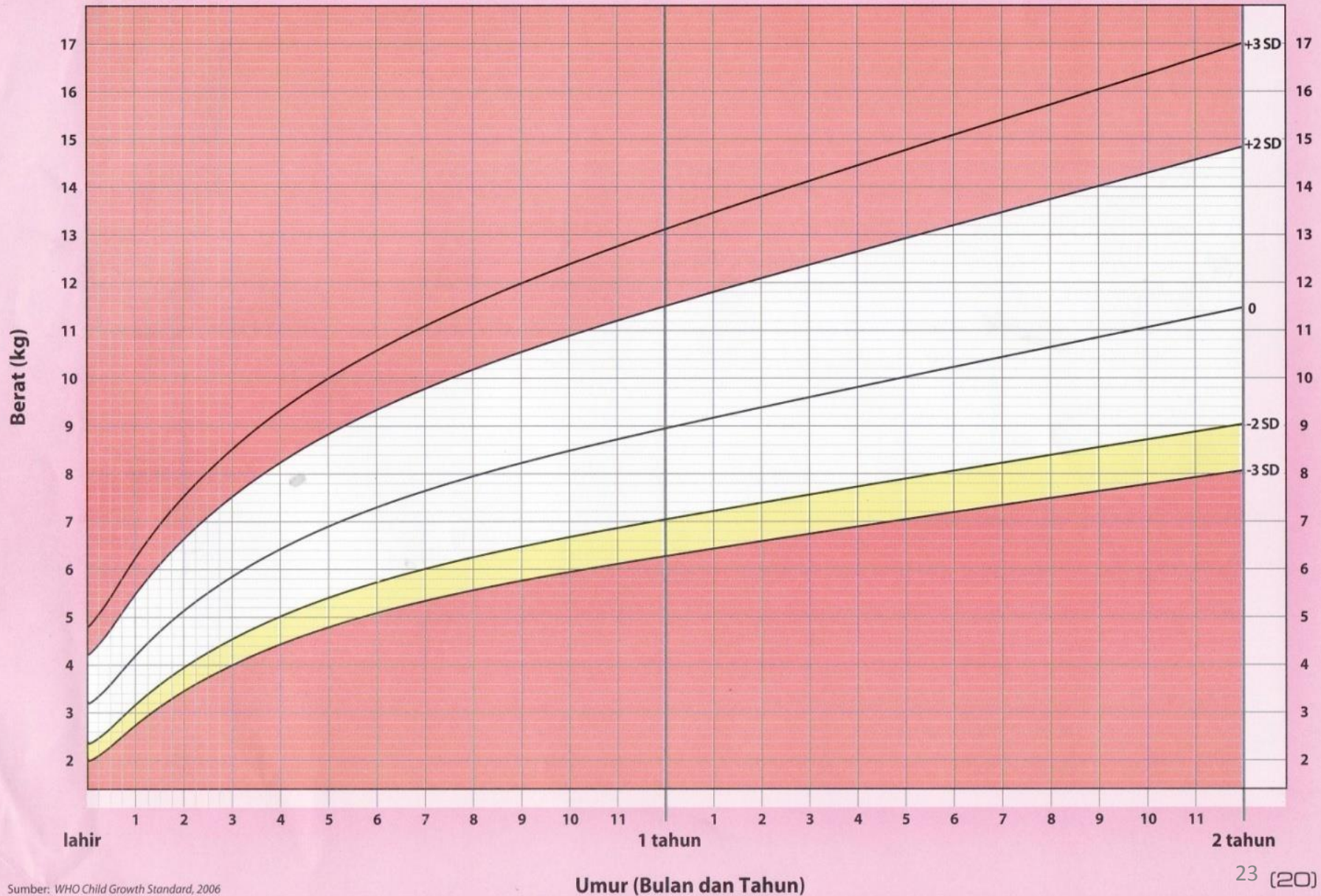


# Berat-untuk-umur (Perempuan)

## Lahir hingga 2 tahun (z-skor)



Kementerian Kesihatan  
Malaysia

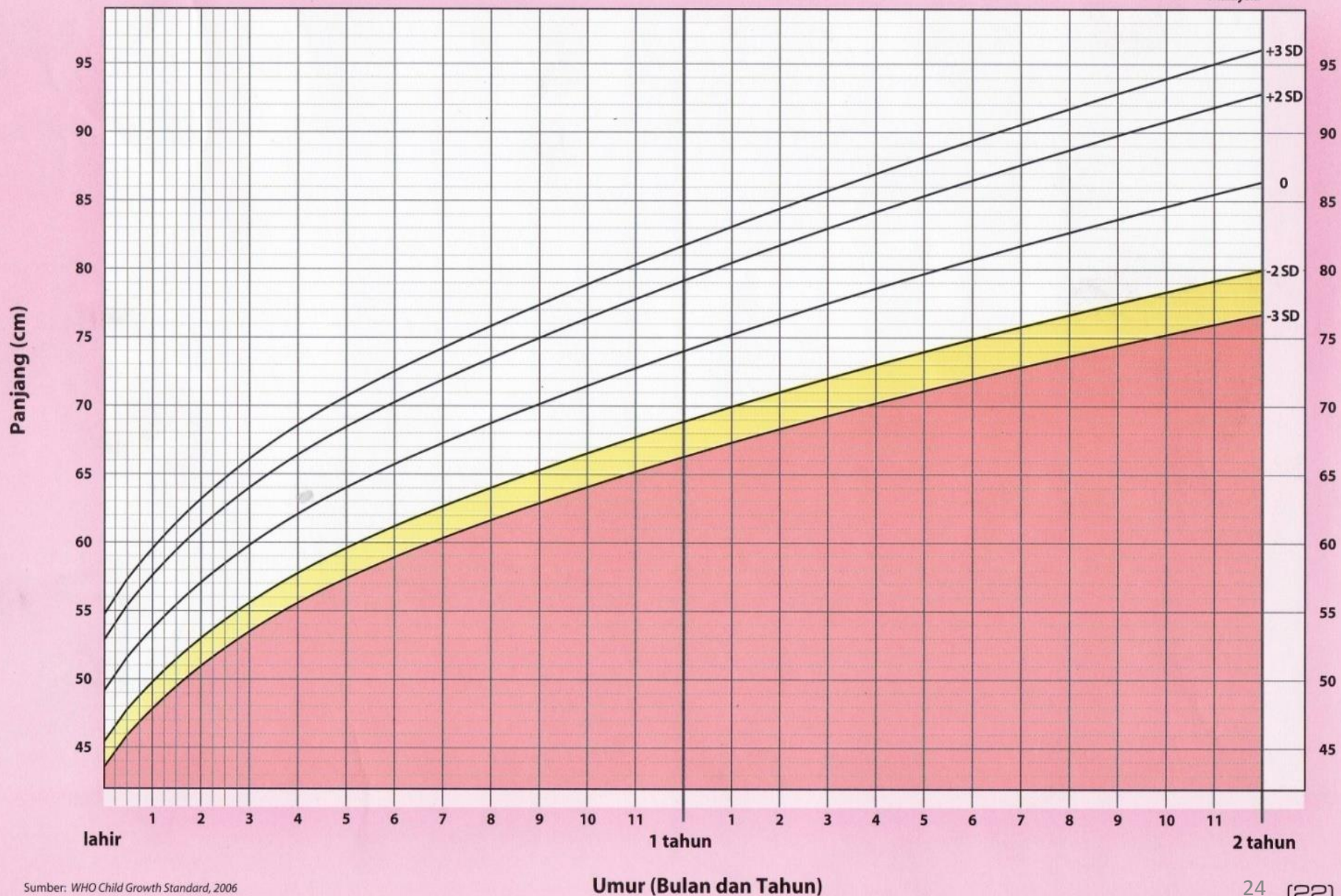


# Panjang-untuk-umur (Perempuan)

Lahir hingga 2 tahun (z-skor)



Kementerian Kesihatan  
Malaysia



# Normal growth pattern of babies

- Do not wait until the weight gain is poor
  - do a careful breastfeeding assessment.
  - Start and continue with good breastfeeding practices.



## *Issues to consider:-*

- Breastfeeding ensures
  - Healthy Babies, normal weight gain
  - breastfed babies are leaner (less fat) than artificially fed babies.
- Poor weight gain can be the result of
  - not getting enough milk,
  - poor feeding technique.
- Baby not gaining weight with good breastfeeding and good milk transfer may have an illness. If not, check feeding technique
- Babies with Heart disease or a neurological difficulty may be slow to gain weight

# *To assure an abundant milk supply:*

## *Practice the **10 steps** to successful Breastfeeding*

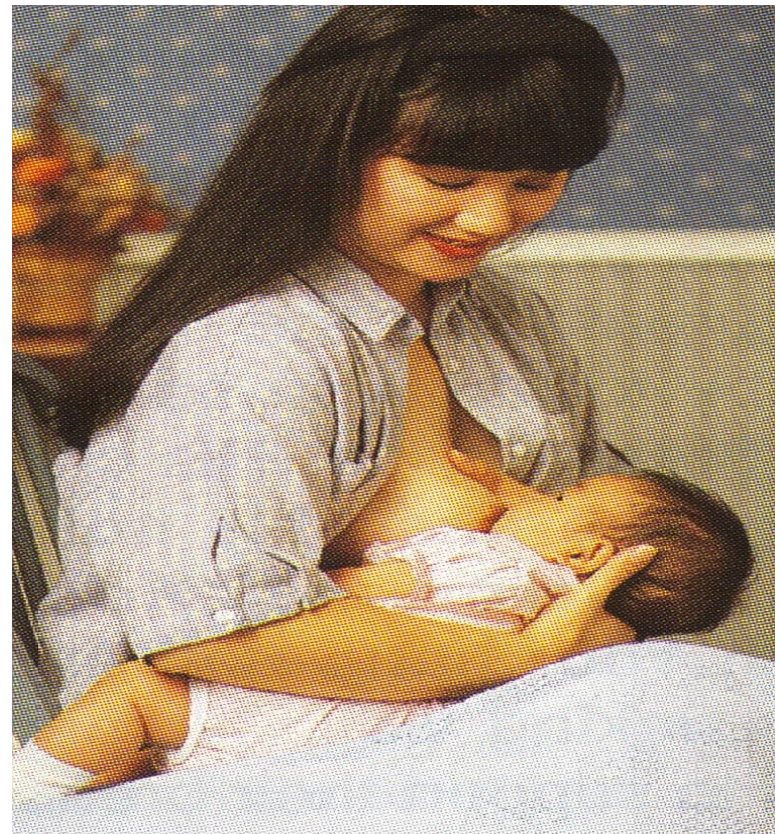
- Discuss the importance of b'feeding and basics of b'feeding management (Step 4)
- Facilitate skin-to-skin contact after birth (Step 4)
- Offer breast to baby soon after birth (Step 4)
- Exclusive b'feeding with no other food or drinks (Step 6)
- Keep baby near to notice feeding cues (Step 7)
- Feed frequently and as long as baby wants (Step 8)
- Avoid use of artificial teats and pacifiers (Step 9)
- provide on-going support and ensure mother knows how to find support (Step 10)

### **3. How to improve milk intake/transfer and milk production**

# *Improving milk intake/transfer*

## *Use your communication skills*

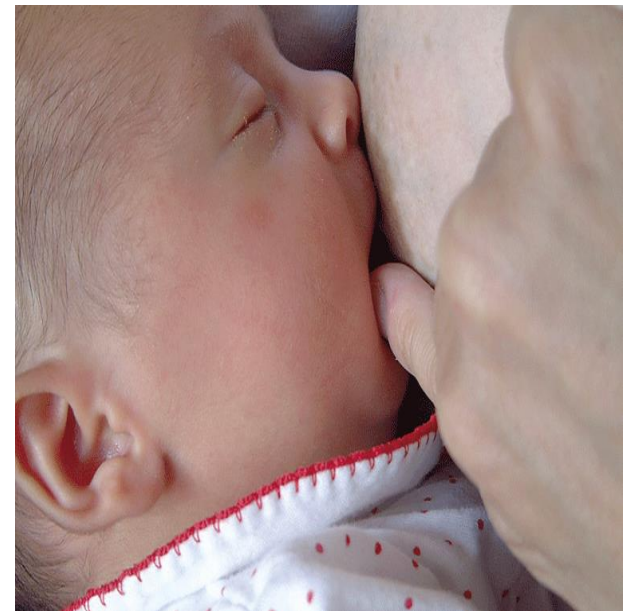
- Listen to mother
- Ask relevant questions,
- Look at the baby
  - alertness,
  - appearance,
  - behavior,
  - weight chart
- Observe breastfeed



# *Improving milk intake/transfer*

## *Address the cause of low milk intake:*

- Help baby to attach well
- Discuss how mother can feed more frequently
- Encourage skin contact, offer breast for comfort
- Avoid pacifiers/artificial teats
- Avoiding/reducing supplements



***\*\* May need supplements for few days if supply very low***

# *Increasing Milk Production*

- To increase production
  - Stimulate breasts
  - Remove milk frequently
- In addition, suggest mother to:
  - Gently massage breasts while feeding
  - Express milk in between feeds
  - Feed with cup/supplementer
  - Talk with family re: help with baby care
  - May use food/drinks /local herbs believed to increase milk production



# *Monitoring and follow-up*

- Follow-up the mother and baby
  - to check that the milk production/milk transfer is improving
  - the frequency of follow-up depends on the severity of the situation.
- Look for signs of improvement that you can point out to the mother –
  - increased alertness,
  - less crying,
  - stronger suck,
  - more urine and stooling
  - changes in her breasts such as fullness and leaking.
- Build her confidence and encourage that she is doing well.

## **4. Relactation/Induced Lactation**

# Relactation/Induced Lactation

- ***Relactation:***

Re-establishing milk production in a mother who has a greatly reduced milk production or has stopped breastfeeding

- ***Induced Lactation :***

a nonpuerperal woman is stimulated to lactate, in other word, breastfeeding without 'pregnancy'

## *Relactation may be needed because:*

- The baby has been ill and not able to suck,
- The mother did not express her milk when her baby was unable to suck,
- The baby was not breastfed initially and now the mother wants to breastfeed,
- The baby becomes ill on artificial feeds,
- The mother was ill and stopped breastfeeding,
- A woman has adopted a baby, having previously breastfed her own children.



## *A woman who wishes to induce lactation/ relactate **should be encouraged to:***

- Let her baby suckle at the breast as often as possible, day and night for as long as the baby is willing.
- Massage and express her breasts in-between feeds, especially if the baby is not willing to suckle frequently.
- Continue to give adequate artificial feeds through breastfeeding supplementer until the milk supply is sufficient to her infant's growth.

***\*\*babies should receive 150 mls/kg/day until breastmilk start to flow, then reduce by 30-60mls every few days***



# *Induced lactation*

- Drug therapy sometimes used
  - Only effective if there is also increased breast stimulation
- It is easier to induce lactation if:
  - the baby is very young (less than 2 months of age)
  - And as not become accustomed to using an artificial teat
  - the mother gave birth recently or stopped breastfeeding recently.



## *Induced lactation*

- Induced lactation is possible at any age of baby or time
- If the child is still breastfeeding sometimes, breastmilk supply should increase in a few days
- If the child has stopped breastfeeding completely,
  - induced lactation/Relactation may take 1-2 weeks or more



# *Advice for mother*

- Encourage the baby
  - to suckle as often as possible
  - should suckle every 1-2 hours,
  - at least 8-12 times within a 24 hour period.
  - should suckle from both breasts.
  - to breastfeed at night.



## *Advice for mother*

- Check the child's weight gain
  - 125g per week or 500 g per month in babies less than 9 months
  - urine output more than 6 times per day



# **Discuss a Case Study (optional)**

# CASE STUDY

- Anna gave birth to a healthy boy in the hospital two weeks ago. Today she, the baby, and her mother-in-law are returning to the hospital because the baby is "sleeping all the time" and has passed only three stools this week. When the outpatient clinic midwife weighs the baby, she finds him 12% under birth weight.

- The midwife asks about the events of the last week, using good communication skills and learns that:
  - ✓ Anna and the baby were discharged on the second postpartum day.
  - ✓ Anna received very little instruction on breastfeeding while she was in the postpartum ward.
  - ✓ Anna feels that her baby is refusing her breasts.
  - ✓ Yesterday, the mother-in-law began offering tea with honey in a bottle twice a day.

- Questions that the midwife might ask include:
  - *Can you tell me a little about the first day or two after the birth?*
  - *How did the baby feed in the first few days?*
  - *How do you feel the baby is feeding now?*
  - *Does the baby get anything other than breastmilk?*
- The midwife also observes a breastfeed and sees that the baby is held loosely and that he must bend his neck to reach the breast. The baby has very little of the breast in his mouth and falls off the breast easily. When he falls off the breast he gets upset, moves his head around, crying and has difficulty getting attached again.

## Case study



Breastfeeding Counseling: a training course,  
WHO/CHD/93.4, UNICEF/NUT/93.2

- 2 weeks old
- Healthy at birth
- Discharged Day 2
  
- “Sleeping all the time”
- “Refusing” the breast
- 3 stools in week
- 12% under birth weight
- Bottle with honey and water twice yesterday

## *Discussion questions:*

- What are the good elements in this situation that you can build upon?
- What are three main things this family needs to know now?
- What follow-up will you offer?

# Summary

## 1. Concerns about “Not Enough Milk”

Build mother's confidence

Most common reason for low production is inadequate removal

Common causes of low milk transfer are:

Poor attachment, poor suckling, short infrequent feed

## 2. Normal growth pattern of infants

Infants may lose 7-10% of birth weight in 1<sup>st</sup> few days

Double their birth weight by 6 months, triple by 1 year

# Summary

## 3. Improving milk intake and production

Use communication skills to listen, observe, respond and build confidence

Address cause of low milk transfer

To increase production: Breastfeed more often and longer

Monitor and follow-up until weight gain adequate

## 4. Relactation/Induced Lactation

Possible at any age of baby or time since breastfeeding stopped



# THANK YOU