

Supporting Your Milk Supply

Most mothers make enough milk for their baby if they remove milk frequently and do not take medications that lower their milk supply. **If your milk supply is not meeting the needs of your baby**, we recommend working with an IBCLC to explore the following suggestions:

Especially for a Young Baby (less than 6 weeks old)

If possible, **hold your baby skin to skin after birth**. This allows your baby to learn to latch well and encourages your milk supply. Repeat in the hospital and when home.

Nurse frequently during the day, especially in the morning hours when your supply is the highest. If your baby is sleepy, wake your baby at least every 3 hours during the day and 4 hours at night. A sleepy baby is not always a well-fed baby. If your baby is jaundiced or losing weight, you may need to wake your baby.

Keep your baby close to you for easy nursing at night. Avoid putting your baby in bed with anyone who has been drinking alcohol, taking sedatives or narcotics, or smoking cigarettes. Do not take your baby into a water bed, or a bed with loose pillows or blankets. Never fall asleep on a couch or in a recliner with your baby. If you are nursing in bed, try to put your baby in their own sleep area, next to your bed, after nursing.

When your baby is nursing and starts to swallow less often, **gently compress your breast** with your fingers and listen/watch for swallows. When swallowing stops, rotate your hand on your breast and compress again. Do this until you do not hear any more swallows.

If you have trouble with let-down, establish a routine. Turn off your phone, listen to your favorite music, breathe deeply, relax your shoulders and picture milk flowing from your breasts.

Drink to thirst and eat a balanced diet with protein, fruits, vegetables, and whole grains. This will support your overall energy and well-being.

Do not hesitate to take pain medicine if you are in pain from a Cesarean or an episiotomy.

If you smoke, stop, or at least decrease the number of cigarettes you smoke.

Avoid antihistamines, decongestants (Sudafed) and alcohol. They can decrease your milk supply. Avoid hormonal birth control in the first six weeks. Watch your milk supply and your baby's weight gain if you start birth control pills after six weeks. Avoid injectable or implanted birth control. If you are taking any over the counter, or prescription medications, discuss their use with your physician or lactation consultant.

A low hemoglobin or thyroid level may impact milk supply. If you have bright red bleeding one week past your baby's birth and are passing clots, with or without cramping, and your milk has not come in at all, consult with your health care provider. Retained placental fragments can interfere with milk production.

If your baby appears hungry, feed your baby rather than offering a pacifier. Try to use a pacifier for extended suckling and comfort, rather than when your baby is hungry.

MilkWorks
LINCOLN & OMAHA



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For additional
information:

www.milkworks.org

Additional Suggestions as Your Baby Gets Older

If you are back at work outside the home and your baby is sleeping longer at night, you may want to **add a middle of the night, or an early morning feed**, to increase your supply and baby's intake. Quietly wake baby in a dark room . Most babies will nurse well and immediately return to sleep. Many "older" babies actually nurse better when they are drowsy and less distracted.

Older babies can get impatient with a slow milk flow. You may find that using a pump after your baby nurses, **along with breast compressions** will help to "drain" your breasts better and build your supply. <https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

If your baby is over 4 months old and you have started solids, **offer the breast before solids when at home**. At day care, offer solids before milk, especially if day care is offering your milk in a bottle. A sippy cup may help your baby be satisfied with less milk at day care.

Try to decrease the amount of time your baby is away from the breast if your baby goes to day care. Sit down and **nurse your baby when you drop your baby off at day care and again when you pick baby up from day care**. This also exposes you to the latest viruses at day care and may help to protect your baby with increased antibodies.

Try to **decrease the amount of time between milk removals at work**. How often you pump may be more important than how long you pump. Even one extra 5 minute pumping may help.

Consider **using a different pump**. The Medela Symphony and the Spectra may be more effective than the Pump In Style or Freestyle. Switch out the membranes on your pump every 3 months.

You may try to **power pump** daily, or several times a week. Pump for 10-12 minutes, break for 10-12 minutes, pump for 10-12 minutes, break for 10-12 minutes and pump for 10-12 minutes. You may also try a shortened power pump version for a half hour. Pump for 5 minutes, break for 5 minutes, pump for 5 minutes, break for 5 minutes, and pump for 5 minutes.

If your supply decreases with the return of your period, you may find that a calcium/magnesium supplement (1000mg/500mg) taken daily is helpful.

A **galactagogue** is something that increases milk production. Herbs (plants) have been used around the world for centuries to increase milk supply, however, there is little to no research on their effectiveness and safety. There are two prescription medications that may be used for milk supply: Reglan and Domperidone. We do not recommend Reglan because of its potential side effects. Domperidone is not readily available in the U.S. and is closely monitored by the FDA for potential side effects. Frequent milk removal is still the most important factor in an adequate milk supply. (See our information on **Galactagogues** for dosages, potential side effects, etc.)