



PATIENT EDUCATION

Increasing Your Breast Milk Supply

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

Mayo Clinic Children's Center

For more than 100 years, teams of physicians have cared for children at Mayo Clinic.

T. DENNY SANFORD PEDIATRIC CENTER

MAYO EUGENIO LITTA CHILDREN'S HOSPITAL

Pediatric Sub-Specialties in the following areas:

Allergy and Immunology	General Pediatric and	Plastic and Reconstructive
Anesthesiology	Adolescent Medicine	Surgery
Cardiology	Gynecology, Adolescent	Psychiatry and Psychology
Cardiovascular Surgery	Hematology and Oncology	Pulmonology
Child and Family	Infectious Diseases	Radiation Oncology
Advocacy Program	Medical Genetics	Radiology
Community Pediatrics and	Neonatal Medicine	Regional (Health System)
Adolescent Medicine	Nephrology	Pediatrics
Critical Care	Neurology	Research
Dermatology	Neurosurgery	Rheumatology
Developmental and	Ophthalmology	Sleep Medicine Center
Behavioral Pediatrics	Oral and Maxillofacial Surgery	Speech Pathology
Emergency Medicine	Orthopedic Surgery	Surgery
Endocrinology and Metabolism	Otorhinolaryngology (ENT)	Urology
Gastroenterology and	Physical Medicine and	
Hepatology	Rehabilitation	

Pediatric Specialty Clinics:

Adrenoleukodystrophy Clinic	Dermatology Genetics Clinic	Neonatal Follow-Up Clinic
Aerodigestive Clinic	Diabetes Clinic	Neuromuscular Clinic
Anxiety Disorders Clinic and	Eating Disorders Clinic	Pain Clinic
Intensive Therapy Program	Eosinophilic Esophagitis Clinic	Pain Rehabilitation Center
Arrhythmia and Device	Epilepsy Clinic	Pediatric Diagnostic Referral
Placement Clinic	Erythromelalgia Clinic	Clinic
Asthma Center	Facial Paralysis and	Pediatric Level 1 Trauma Center
Attention Deficit Hyperactivity	Reanimation Clinic	Plagiocephaly Program
Disorders (ADHD) Clinic	Feeding Program	Pulmonary Hypertension
Bariatric Surgery Clinic	Fertility Preservation	Program
Brain Injury Program	Fetal Surgery Program	Renal Stone Clinic
Brain Tumor Clinic	Friedreich's Ataxia Clinic	Spina Bifida Clinic
Cerebral Palsy Clinic	Functional Movement	Spinal Deformities Clinic
Chemotherapy/Radiation	Disorder Program	Sports Medicine Center
Long-Term Effects Clinic	Heart Failure Clinic	Thyroid Nodule/Cancer Clinic
Child and Adolescent Intensive	Hemophilia/Coagulopathy Clinic	Transgender Clinic
Mood Program (CAIMP)	Hyperlipidemia Program	Transitions Program
Childhood Sarcoma Clinic	Immunodeficiency Disorders	Transplant Center
CompPASS (Palliative Care and	Clinic	Travel Clinic
Integrative Medicine)	Inflammatory Bowel Disease	Vascular Malformations
Congenital Heart Clinic	Clinic	Velo-Pharyngeal
Constraint Induced Movement	Learning Disorders	Insufficiency Clinic
Therapy Program	Assessment Clinic	Voiding Clinic
Craniofacial Clinic	Long QT Syndrome Clinic	Weight Management Clinic
Cystic Fibrosis Center	Marfan Syndrome Clinic	
Dana Child Developmental and	Metabolic Bone Clinic	
Learning Disorders Program	Mood Disorders Clinic	

Congratulations on your decision to give your baby breast milk!

Providing breast milk is an important way you can help improve your baby's health. Breast milk contains antibodies made by your immune system that protect your baby from infections and many kinds of illnesses. It stimulates the development of your baby's immune system and promotes brain growth and development of vision.

According to the Center for Disease Control (CDC), giving your baby breast milk is one of the best ways to protect your baby's health.

Now that you've made this important decision, you may have questions about whether your breast milk supply is the right amount for your baby's needs. Rest assured that most women are able to produce enough breast milk for their baby.

However, some women do have problems at times producing enough breast milk. This resource is meant to help you understand how you can increase your milk supply.

This resource can be helpful to you if you are:

- Only feeding from the breast OR are only pumping (not feeding at the breast).
- BOTH breastfeeding AND pumping.

If you have questions about providing your baby breast milk, ask your child's health care provider about speaking with someone who can help you with your breastfeeding concerns.

Note: You may hear your health care provider refer to the production of breast milk as "lactation."

The most important thing for you to understand about breast milk is the concept of “supply and demand.”

Breast milk supply works on a “supply and demand” basis. This means, the more breast milk that is removed from your breast and the more frequently your breast is stimulated — either by the baby nursing or you pumping — the more breast milk your body will produce. Just about everything that affects your supply and everything that will increase your supply are related to this concept.

How often to breastfeed or pump

Your milk supply is best established and maintained when you feed your baby from your breast early and often. If you only pump breast milk, it may be hard to establish or maintain your supply.

Feed your baby frequently, that is, 8 to 12 times in a 24-hour period, depending on your baby’s age and feeding patterns. Typically, feedings will range from 20 to 40 minutes.

Expect your baby to wake one or more times a night, for up to six months or longer, for a feeding. However, this may vary depending on your baby’s needs.

If you only pump:

- Pump at least 8 to 12 times in a 24-hour period. Pump for a minimum of 15 minutes, pumping both breasts at the same time for a total of at least 120 to 180 minutes in 24 hours. Once your milk supply is established, you should pump at least 900 mL (30 ounces) a day.
- During the day and evening, pump about every 2 to 2½ hours. During the night, you should pump about every 3 to 4 hours as long as you have maintained the 2-hour intervals during the day.
- Try to stay on a consistent pumping schedule to maintain a good milk supply. Avoid extended lengths of time between pumping that can result in painful swelling called engorgement. Engorgement can lead to decreased milk supply if it continues. Once a breast is full, that is, engorged, it shuts down milk production. If your breast is not completely empty, it won't work hard to fill it back up. This can lead to decreased milk supply if this continues.

How to know your baby is getting enough breast milk

Ways to tell that your baby is getting enough breast milk:

By the number of times your baby is nursing or feeding.
Your baby should nurse 8 to 12 times every 24 hours.

By how many wet diapers and bowel movements your baby has. Newborn babies will have an increasing number of wet diapers in their first week until they have about 6 to 8 or more wet diapers a day by the time they are one week old. They usually have at least three bowel movements or more in 24 hours for first three weeks. Babies drinking breast milk may go from having one bowel movement after every feeding to a few bowel movements every few days.

Your baby is gaining weight. If your baby is getting enough breast milk, your baby will likely gain weight — about 4 to 7 ounces a week.

You can see and hear your baby swallowing and your baby seems content at the end of the feeding.

Factors that can make you produce less milk

Your baby does not get a good latch on the breast. Make sure your baby has a correct and comfortable latch. If your baby doesn't have a good latch, then he or she may not effectively remove milk from the breast which can make you produce less breast milk over time.

Breastfeeding shouldn't hurt. If it hurts to nurse and your nipples are sore, your baby probably isn't getting a good latch.

The latch should be comfortable. After nursing your baby, your nipple should look round and symmetrical, not distorted or oddly shaped. While your baby is breastfeeding, your baby's mouth should be wide open, c-shaped, with his or her cheeks next to the breast. See Figure 1.

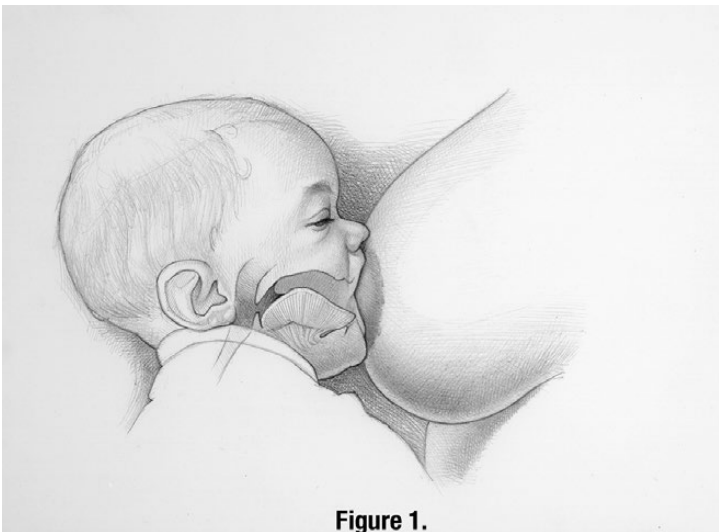


Figure 1.

If you are not sure your baby is getting a good latch, ask a health care provider to help you.

Not feeding or pumping frequently enough. Follow the guidelines given to you by your health care provider about how often to pump breast milk or nurse your baby.

Giving your baby formula in addition to breast milk. If your baby is drinking formula too, he or she will be full and will not need as much breast milk. The result is that your body will produce less.

If you choose to supplement breastfeeding with formula, you need to pump each time so that you replace the missed feedings.

Bottle use. Using an artificial nipple from a bottle interferes with how babies learn how to get milk from the breast. How the baby attaches to the artificial nipples is different than how he or she attaches to a real nipple.

Any time your baby drinks from a bottle, you need to pump your breasts to replace the time your baby would have taken milk from your breast.

Pacifier use. Early use of pacifiers can interfere with milk supply. One reason babies feed frequently is for comfort and to be close to their mothers. This not only benefits the baby but enhances your milk supply. If the baby is using a pacifier, he or she may not seek comfort from the breast as often. If the baby isn't seeking comfort from the breast, he or she isn't feeding and then you aren't producing more and then you eventually produce less.

When your baby is ready to feed, he or she is going to show some early signs. If you give your baby a pacifier when he or she shows these signs, you may miss knowing your baby is ready to feed. Then the amount of time between feedings gets longer and you feed your baby less often. The result is that you make less breast milk.

Giving your baby water, juice or solid foods. These can decrease the intake of what your baby really needs: breast milk. Breast milk is the only food your baby needs for about the first six months of life. Do not give your baby water, juice or solid foods before then unless your baby's provider tells you otherwise.

Certain forms of birth control methods. Birth control methods that work by affecting your hormones can affect your breast milk supply. You should not start using any birth control method that works by affecting your hormones until after your milk supply is well-established. Talk to your health care provider about other methods of birth control.

Be aware that it is a myth that you cannot get pregnant while you are nursing. If you are going to be sexually active and do not want to get pregnant, use birth control.

Some medications such as antihistamines, decongestants and diuretics. Talk to your provider about what other remedies you can use that are most likely to not affect your milk supply.

Previous breast surgery such as a breast reduction or surgery to place implants (augmentation). Be sure to tell your health care provider if you've had surgery so your provider can give you the best support and follow-up.

Daycare issues. Sometimes, your baby can get overfed at daycare. If your baby is overeating at daycare, then your baby is going to eat less in the evening. Supply and demand will catch up. Eventually, you will produce less breast milk.

To help prevent your baby from being overfed at daycare:

- Leave with the daycare the amount you have pumped during that same timeframe and only a little bit extra. For example, if your baby is going to be at daycare from 7:30 a.m. until 4:30 p.m., that is 9 hours. Leave at the daycare the amount you would pump in a daytime 9-hour time interval, plus a little extra.
- Try to nurse or feed your baby just before you take him or her to daycare so your baby doesn't arrive hungry.
- Ask your daycare to not feed your baby just before you pick him or her up so that your baby is hungry and will want to be fed soon.
- Talk to your daycare provider about how much and how often your baby is eating at daycare. Consider sending a variety of amounts of breast milk such as 4-ounce containers and 2-ounce containers so extra is not wasted.

Sleeping through the night. It can be exciting when your baby starts sleeping through the night. However, be aware that this can affect your breast milk supply. Usually, your baby will make up for not eating during the night by eating more during waking hours. Follow your baby's lead on feeding patterns.

Early in the morning, you will likely have more milk because it will have built up over night. The time after you feed the baby can be a good time to pump breast milk so you have extra.

What is a “galactagogue”?

A galactagogue is a food, drink, medication, or supplement that you ingest with the intention of increasing your milk supply.

There is some research to suggest that certain foods may help increase your milk supply. These include:

- Oats and grains such as barley, rice, flax and chia.
- Dark green, leafy vegetables such as spinach.
- Almonds, pineapple and berries.

However, you may have heard or read that some herbs, if you ingest them, can act as a galactagogue, that is, they can increase your breastmilk supply. The herbs you may have heard about include fenugreek, goat’s rue, milk thistle, dandelion, millet, seaweed, anise, basil, blessed thistle, fennel seeds and many others.

There is no scientific evidence that any of these herbs are effective in increasing breast milk supply. In addition, some herbs have potential side effects and possible drug interactions. For this reason, be sure to talk to your health care provider about whether a particular herbal supplement is safe for you.

How to increase your milk supply

Ensure your baby is getting a good latch. See the section on factors that affect milk supply, to know whether your baby is getting a good latch.

Allow your baby to nurse more often and more frequently in short periods of time. This is called “cluster” or “bunch” feeding. Your baby also may naturally have “frequency days” when he or she wants to feed more often during a growth spurt.

Establish and maintain a consistent pumping schedule. Follow the guidelines listed in the section about factors that can affect breast milk supply. Feed your baby and then pump right after you feed the baby.

Use the appropriate breast pump (multiple or single user) for your situation. Consider renting a multiple-user pump; this type is better quality than the ones you can buy in most retail stores. Ask your provider for more information about how you can use a pump to increase your supply.

In addition, make sure you use the correct size breast shield. Many women use ones that are too small which can affect milk supply.

Use breast massage and stimulation. As you pump and breastfeed, gently massage your breast to stimulate milk flow. Your health care provider can show you how to do this and give you more information including brochures and videos. If you find breast massage affects your baby’s latch, do breast massage before feedings and when changing sides.

Use “skin-to-skin” holding. Skin-to-skin holding is holding your baby in an upright position on your bare chest. Your baby wears only a diaper and possibly a hat. Your clothing, a wrap specifically for skin-to-skin holding, or a soft blanket covers your baby’s back. Your body heat helps keep your baby warm. The touch and comfort is better and less stressful for your baby than holding your baby dressed or swaddled.

Skin-to-skin holding supports and prepares your baby for breastfeeding. Research shows the more skin-to-skin holding a mother does, the more her breast milk changes to give specific antibodies that strengthen the baby's immune system.

Eat a healthy diet. As a breastfeeding mother, you do not need to eat a special diet. You just need to eat a variety of healthy foods. Ask your health care provider if you need suggestions for how to do this.

Eat regular meals and snacks throughout the day. Most women need 500 calories more a day while breastfeeding. Try to drink about six to eight 8-ounce glasses of water a day. Every time you get ready to nurse or pump, fill a glass with water and drink it. You may notice you are more thirsty than usual while breastfeeding. Drink to satisfy your thirst.

Use the “power pumping” technique. To do power pumping, pump for 10 minutes then rest for 10 minutes, then pump again for 10 minutes. Do this on both breasts several times in a row. Try this one to two times a day. Power pumping mimics when the baby is “cluster” or “bunch” feeding.

Place a warm pack on your breast just before breastfeeding or pumping. This encourages milk flow.

Pre-warm your breast shields. Run them under warm water. This helps encourage milk flow.

You can do this!

Be patient with yourself and your baby. Increasing your milk supply may take time. There are many resources to help you including health care providers, nurses, lactation consultants and lactation counselors, public health nurses and nursing mothers networking groups. Your provider can help you get in touch with these resources.

If you have questions about increasing your milk supply, talk with your health care provider.

Notes

Notes



BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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