



Low Milk Production? How to know, and what to do about it

You may think that you are not making enough milk for your baby. This can be scary. As a new parent, it's important to know if your baby is getting enough and when you have a true low milk supply. Anyone who has struggled with milk supply or a slow-gaining baby knows how worrying and frustrating that experience is. Although most women are able to produce a full milk supply for their babies, many new mothers think they don't have enough milk. This is a common reason for stopping breastfeeding.

What's important is a good latch and an effective suck. Babies get plenty to eat if they are latched deeply and drinking your milk. Frequent milk removal in the early days results in reliable milk production for months or years. It's important to seek help if you think you're not producing enough milk.

This information sheet includes:

- Ways to Ensure Reliable Milk Production
- Signs Your Baby Is Getting Enough Milk
- Factors Affecting Milk Production
- False Signs of a Low Milk Supply
- True Signs of a Low Milk Supply
- Ways to Increase Milk Production

Ways to Ensure Reliable Milk Production

- Feed your baby frequently in the early weeks, starting within the first hour after birth.
- Keep your baby skin-to-skin as much as possible. This encourages your baby to feed more frequently and boosts milk production.
- Get a good latch so your baby gets more milk at each feeding. This tells the breasts to produce more milk. If you have very sore, cracked and/or bleeding nipples get some help to fix the problem.
- Consult your healthcare provider if you don't have an increase in milk production by day five. Your baby requires small volumes of colostrum in the first few days. By day five your milk volume should have increased substantially.

Signs Your Baby Is Getting Enough Milk

- Baby is gaining weight.
- Baby has at least 6 heavy, wet diapers in 24 hours.
- Baby has 3-5 stools in 24 hours.
- Stools are at least the size of a \$2 Canadian coin (2.5 cm/1”).
- Baby is alert and active when not sleeping.
- Breasts feel softer after a feeding.
- Milk is leaking from one breast while your baby is feeding on the other.

Factors Affecting Milk Production

Often when young babies are not gaining well, it is not because the mother isn't able to make enough milk. It's more likely because the baby is having difficulty getting the milk. Usually this is because the latch is not as good as it could be. Or it may be because your baby has a weak or ineffective suck.

- **Epidural during labor:** Many people believe that epidurals have no effect on the baby. However, research shows that many babies born after epidurals have difficulty breastfeeding and sucking effectively in the early days. Hold your baby skin to skin. Use breast compressions to help your baby get more milk with less effort. Be patient and keep going. Your baby will get more alert as the medication leaves her body.
- **IV Fluids:** Intravenous (IV) fluids given at the same time as an epidural may cause increased engorgement (swelling in the breast). The swelling around the nipple can make it harder for your baby to latch well. These extra fluids can also increase your baby's birth weight. Your baby's body will get rid of this extra fluid within the first 24 hours or so. It may appear as though your baby has lost a lot of weight when actually your baby has lost some weight but mostly fluids.
- **Ineffective milk removal:** A baby may be having difficulty getting enough milk because of a poor latch, weak suck, tongue tie or other issues.
- **Scheduled, or timed feedings:** Restricting feedings in the early days and weeks may mean reduced milk production later.
- **Supplementing with formula:** Use of formula during the first few weeks may reduce the milk supply. If a baby needs to be supplemented, it's important to express milk to maintain the supply.

There are also maternal factors that can result in a low milk supply. These include:

- **Breast surgery:** Milk ducts and/or nerves are cut with any breast surgery. With breast reduction or top surgery, mammary tissue is removed. This usually results in a reduced milk supply. With a good latch and frequent removal of milk, you may be able to increase your production to meet most of your baby's needs. If supplementation is needed, your baby can be fed at the breast using an at-breast supplementer device.

- **Insufficient breast tissue:** This occurs if not enough breast tissue is produced during puberty and pregnancy. This is uncommon, and requires careful assessment by a healthcare provider. If this is your situation, you can use an at-breast supplementer with donated milk or formula. Your baby will get all the milk you have and get the extra he needs at the same time.
- **Hormonal complications:** This may be because you have polycystic ovarian syndrome or thyroid abnormalities that may affect milk production. Discuss with your healthcare provider a possible diagnosis. If the hormonal imbalance is corrected, you may be able to produce some or all of the milk your baby needs.
- **A retained placenta:** Sometimes parts of the placenta remain in the uterus after the birth. When this happens, the pregnancy hormones are still being produced. They prevent the breast from making lots of milk. As soon as these placental fragments are removed, the breasts start making milk. Contact your healthcare provider or go to the hospital if you have a fever, chills, excessive blood loss and/or a foul-smelling vaginal discharge.

Mothers sometimes believe that if they can't produce a full milk supply, they might as well wean completely. But babies get immune factors and essential nutrients from human milk even if they have to be supplemented. For human babies, nursing is more than a way to get food. It fulfills a baby's need for warmth, love, security, and responsiveness as well as nourishment.

False Signs of a Low Milk Supply

- **Irregular, frequent feedings:** You may be worried if your baby doesn't go X number of hours between feedings. Full term babies feed about every 2 hours. Sometimes they may want to feed again after 20 minutes or 45 minutes or an hour and a half. If your baby is having a growth spurt, she may want to feed every hour for a day or two. She may cluster feed and then sleep for a longer stretch. (This often happens in the evening/night.) All of these feeding patterns are normal. Your baby might do all of them in one day or over the course of a week.
- **Breast is soft and no longer leaking:** Around six to eight weeks after giving birth your breasts will no longer have the excess of lymph and blood flow that they had in the early days. This makes them feel softer or less "full". Some nursing parents never experience leaking and for those who did have leaking, most find the leaking happens less often as their bodies get used to breastfeeding.
- **Small breasts:** The size of your breasts has very little to do with the amount of milk making glandular tissue. Your breasts grow during your teen years and

again during pregnancy. This normal growth produces sufficient glandular tissue to support breastfeeding.

- **Baby wakes when put down:** Your baby won't stay asleep when you put him down after a feeding. Babies often drift off to sleep at the breast and then wake up the minute you put them down. This happens because babies are happiest in their favourite spot (your chest). When you want to put your baby down in a safe place, it can be helpful to warm the bed first. It is also helpful to make sure your baby has taken as much milk as she wants. You may want to tuck a blanket firmly around your baby's body. Many babies also like to take a short break, have a little nap, and then come back for the second breast. This is normal.
- **Baby takes a bottle after nursing:** The sucking reflex is so strong that a baby will often take milk if a bottle nipple is put in his mouth. This may happen even if his tummy is full. This is because it is difficult for a baby to refuse a hard, artificial nipple. Milk flows easily from a bottle nipple. A baby is often forced to swallow because he cannot stop the flow of milk. If your baby takes a bottle of milk after nursing this does not necessarily mean you have low milk production.

If you are worried that you might have a low milk supply, consider talking with a La Leche League Leader. Discuss all your observations. You may also want to consider getting a weight check at your baby's healthcare provider's office. If your baby is gaining weight, you have enough milk.

True Signs of a Low Milk Supply:

- **Slow or poor weight gain:** Babies almost always go down from their birth weight. Most babies are back to their birth weight by two weeks. They continue to gain 150-200 grams (5-7 oz) per week. There can be some variation in weight gain. If you are concerned, get support from someone who has a thorough understanding of breastfed baby growth rates and breastfeeding management.
- **Inadequate output:** After the first week we expect to see 6-8 heavy wet diapers per 24 hours and 3-5 poops (or more) that are at least big enough to cover a \$2 Canadian coin (2.5cm/1"). If this is not what you are seeing when you change your baby's diapers, then it is time to follow up with your healthcare provider.

Ways to Increase Your Milk Production

The primary way to increase milk production is to remove milk frequently from the breast. Milk removal tells your body to make more milk.

- **Breastfeed early and often:** This means putting your baby skin to skin as soon after birth as possible. It also means feeding 8-12 times a day including several night feedings.

- **Hold your baby skin to skin often:** Skin-to-skin care can calm a fussy baby and get them interested in feeding. It will also calm you. When your baby is placed in a [“laid-back” feeding position](#) on your body, your baby’s natural feeding reflexes are stimulated. These reflexes help your baby get a comfortable, effective latch.
- **Ensure latch and sucking are effective:** This may be your first time breastfeeding a baby. You may not be sure your baby is latching deeply enough. You may not be sure if your baby is getting enough milk. An effective latch is comfortable for your nipples and allows your baby to swallow frequently with good, deep chin drops that signal good milk transfer while feeding. The number of pees and poops your baby has each day is a good sign that your baby is getting enough milk. If your baby is gaining weight as expected for her age, you definitely have enough milk. Consider talking with a La Leche League Canada (LLL) Leader, attending an LLLC meeting, arranging a consultation with an IBCLC (International Board Certified Lactation Consultant) or getting a weight check at your baby’s healthcare provider.
- **Feed when your baby shows signs of hunger:** If your baby is showing signs of hunger, put her to breast. Don’t worry if she just fed 30 minutes ago.
- **Switch nursing:** When your baby stops sucking actively on one side, switch to the other breast. You can switch back and forth several times.
- **Breast compressions:** When you notice that your baby is sucking, but not swallowing, you can help the milk flow by gently squeezing your breast. Place your fingers under your breast with your thumb on top, behind the areola (darker skin). Press gently until you notice your baby begin to swallow. Release when your baby stops drinking.
- **Express your milk:** If your baby is not latching or is latching poorly, you will need to express your milk. You can use a breast pump or hand express. Express soon after nursing. Pump for 10 minutes or until milk no longer flows. Express your milk after as many feedings as possible throughout the day, ideally a minimum of eight times in 24 hours. To increase milk production, pumping frequency is more important than the total number of minutes spent pumping in a day. More often is better than more minutes. If you are supplementing, use your expressed milk first. See *How to Protect Breastfeeding While Supplementing*.
- **Consider using a galactagogue:** Galactagogues are substances that promote milk production. They may be foods, herbs, or medications. See *Galactagogues* for more information.

See [Establishing Your Milk Supply](#) for more ideas. If you have questions about your milk production, or other breastfeeding challenges, please [contact your local La Leche League Canada Leader](#).