Breastfeeding management
FACT SHEET
for health professionals

Low milk supply

Low milk supply is a common reason mothers give for stopping breastfeeding. However, most mothers can produce an adequate milk supply for their babies. Often, what is thought to be a low milk supply is actually a perceived low milk supply.

Low milk supply can be categorised as follows:

1. **Perceived low milk supply** refers to when a mother is worried her supply is low regardless of whether a primary or secondary low milk supply (a 'true' low milk supply) actually exists or not.
2. **Secondary low milk supply** results from suboptimal breastfeeding management (eg inappropriate feeding routines that limit the duration or frequency of breastfeeds) or infant causes (eg anatomical facial variations such as tongue-tie or cleft palate), or congenital or neurological disorders affecting tone and sucking such as Down syndrome).
3. **Primary low milk supply** which refers to a mother's physical inability to make a full milk supply to allow her to breastfeed exclusively. This could be due to retained placental fragments, Sheehan's syndrome, previous breast surgery or insufficient glandular tissue. All other reasons for inadequate intake should be considered before determining a mother has primary low supply. It is also important to note that if a mother has had been diagnosed with low supply with a previous baby it does not mean that this will occur with a subsequent baby.

Reliable signs of adequate breastmilk intake

Assessing reliable signs of whether a baby is getting enough milk can help determine if a true low milk supply exists or not. The National Health and Medical research Council suggests:

Output. A baby should have at least 5 very wet disposable nappies in 24 hours (after day 5 of life). The urine should be odourless and pale in colour. A young baby usually has 3 or more soft or runny stools each day for several weeks. The stooling pattern of older babies (after 6–8 weeks) is very variable, ranging from a stool at each feed to every 1–10 days or more.

Behaviour. Infants are generally content after feeds and will sleep for some periods of time. Periods of wanting to feed 'all the time' are not uncommon and do not indicate low supply in isolation.

Feeding patterns. Babies do not generally feed to a routine. Each feed and each day are different. However, if a baby is breastfeeding very frequently, feeds are long and the baby is constantly seeming unsatisfied after a feed, then a full breastfeed needs to be observed and assessed for effectiveness.

Weight. As the newborn adapts to extrauterine life they will lose up to 10% of their birth weight with the majority regaining this by 2 weeks of age. A very small percentage will take up to 3 weeks. The weight of a baby should never be looked at in isolation. It is subject to fluctuations due to feed timing and bowel motions, plus variations in calibration of varying scales. It is therefore important to look at the overall picture and weight changes over a 4-week period and look at how the baby is tracking on an appropriate growth chart.

Australian Breastfeeding Association

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Management of low milk supply

Managing low milk supply relies on the accurate assessment and management of the contributing factors. For a mother with a **perceived low milk supply** whose baby is showing reliable signs of adequate intake, reassurance and information may be enough. Please refer the mother to www.breastfeeding.asn.au for information and support, or the National Breastfeeding Helpline 1800 686 268.

The following are typically important aspects of managing a **true low milk supply**:

- Support with optimising positioning and attachment.
- Encouraging the milk ejection reflex (eg with relaxation techniques, use of warmth, gentle breast massage).
- Feeding more frequently – newborn (up to 12 weeks of age) babies will need to feed approximately 8–12 times/day on average.
- Offering both breasts at least once at each feed, switching between breasts when the baby is no longer swallowing. Each breast may be accessed more than once in a feed session. Breast compressions could be helpful to optimise intake as baby sucks and swallows.
- Returning the baby to the breast for a 'top-up' feed if the baby does not settle.
- Expressing as needed (eg to ensure frequent and effective milk removal if an infant is not consistently doing so by feeding at the breast). Support with **hand expressing** may be needed, ensuring any supplementary feeds are given in the most appropriate amounts and manner eg cup/supply line.
- If supplements are given via a bottle it is important that they are paced when given.
- Considering a galactagogue if milk supply does not increase with non-pharmacological methods.

Resources

Breastfeeding: and your supply booklet. Australian Breastfeeding Association.

Brodribb W (ed) 2019, **Breastfeeding Management in Australia**. 5th ed. Australian Breastfeeding Association, Victoria.

National Health and Medical Research Council. (2012). ***Infant Feeding Guidelines: information for health workers***. Canberra: National Health and Medical Research Council.

Breastfeeding basics video

Assessing intake video

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