

I don't have enough milk

Perception versus reality

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MOST common theme for early
cessation of breastfeeding

Perceived insufficient milk!

- Breast and nipple pain is second

- Morrison, et. al, 2019

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Many parents believe their milk is inadequate

- Too thin
- Not rich enough
- Not satisfying enough
- Inadequate amount
- Causing an allergic reaction
- Causing excessive gas

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This will be your most common lactation concern

- Infant crying is associated with PIM and lactation problems in first 4 weeks
- Most commonly related to soreness, latching problems and inadequate or infrequent milk removal
- Higher crying expectations

Mohebaty, 2020

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Primiparous mothers

- Report feeling unprepared for early postpartum period
- Unrealistic expectations of infant behavior
- “better understanding of normal infant behavior would lead to fewer lactation problems”!
- Surprised by feeding frequency
 - Mohebati, 2020
- Crying is communication

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We have a difficult time trusting

- “the product”
- We can grow our babies during pregnancy but once that baby is born, we can’t trust our body to continue to provide nutrition
- Where is the disconnect?
 - Formula marketing!!!

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Odom, Pediatrics, Feb 2013

- 60% of mothers stopped Bf before they planned
- 57.8% not enough milk
- 52% breast milk alone did not satisfy
- 28.8% Trouble getting milk flow to start
- 26.9% baby lost interest
- 26.8% baby had trouble sucking or latching

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We are not meeting our prenatal goals!

- We ask for supplementation
- Due to lack of information on normal newborn behavior
 - Yet we rarely feel the need to learn
- Pressure to do what is right
- Do not trust the “product”
- Concern with own needs, SLEEP!

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One study of 123 mothers

- Found no relationship between Perceived and Actual Insufficient Milk Supply
- Maternal breastfeeding self efficacy and the number of feeds were related to PIMS
- Interventions should be directed to increase maternal confidence in breastfeeding
- Which in turn influences breastfeeding duration
 - Galipeau 2017

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Long term effect

- PIM wean 5 to 7 weeks earlier for primiparas
- 9 weeks earlier if multipara
- 10 weeks earlier if as a primipara and then for a second child
- Intervention early in reproductive life course
 - Whipps, Demirci, 2021

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So where do we begin?

Breastfeeding is a confidence game: positive feedback can help

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Here is what parents believe will solve the problem

- Supplement with other foods
- Improve maternal diet
- Increase maternal intake of fluid
- The way to keep baby satisfied was to offer supplemental milk, like formula
- **THESE DO NOT WORK!**
- And have the opposite effect
- Self fulfilling prophecy

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92% of parents report > 1 concern at day 3

- Most predominant difficulty with infant feeding (52%)
- Milk quantity (40%)
- These concerns were significantly associated with discontinuation of breastfeeding
- They doubt their ability
- No one to ask or reassure
 - Wagner, 2013, Pediatrics

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Counteract the Perception of Insufficient Milk

- Encourage mothers to begin breastfeeding soon after birth to start acquiring positive experiences
- Give breastfeeding parents good role models
- Involve significant partners and lactating parent's medical personnel
- Guidelines reserve early supplementation to a medical indication
- Perceived milk insufficiency has the highest association with early weaning
- Hospital practices need to be evaluated and changed
 - Karall, 2015

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Intervention to target the cause of PIM

- Build maternal competencies in assessing infant's behavior
- Therefore preventing erroneous attribution of infant behavior to PIM
 - Parents think all crying is about food
- Also bolsters maternal confidence in breastfeeding skills
 - Wood, 2017

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Go back to the basics

- Normal breastfeeding
- How often, how long
- How milk is made
- Infant needs and behaviors

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How can we prevent this perception?

Some strategies for prevention

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First watch your language

- Not about INCREASING milk supply
 - Implies supply is low
- More about preventing low milk supply

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Breastfeeding experience/exposure is limited

- How do I know it is working?
- How do I know the baby is getting enough?
- No one I know has been able to do it or has quit due to lack of milk
- Parents need anticipatory guidance
- What to watch for
- Visible signs of hunger
 - Not about crying

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Why do so many women think there is a problem with their milk?

- Self confidence
 - “nothing else has worked right”
 - “how could my body produce a superior product”
 - How some women see their lives
 - Formula is the “fixer”
- Full milk supply normally reached by the second week
 - Kent 2016
- Formula seems so convenient
 - To mothers and staff
 - All too often we offer/allow formula so we can get on with our work

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What is normal?

- Babies were meant to receive small amounts frequently
- NOT large amounts infrequently
 - Like adults, 3 meals a day
 - But we snack and drink frequently throughout the day

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Back to the basics

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Skin to skin works!!

- Skin to skin created higher levels of self efficacy
- Perception of milk supply
- Exclusive breastfeeding
- Importance of prompt assessment
 - Sandhi, 2020

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Get rid of the timing schedule!

- Timing does not determine milk supply
- Number of feeds determines milk supply
- Least knowledge among mothers is how milk is made
- We need spend more time helping moms make milk and less time about the clock
- Initiation of milk within first hour, number of feeds on day 2 increased supply
 - Parker, 2010 J Perinatology

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Not feeding the baby often enough has a profound effect on supply

- Infants who were breastfed 7 or more times a day in the first 24 hours after birth received significantly more breastmilk
- And had a maximum weight loss that was 1% lower
- And regained their birth weight sooner
- When compared with infants who were breastfed less than 7 times
 - Kent 2016
 - It is about the number of feeds not the time on the clock

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Normal Newborn Behaviors

- Baby cries when not held
- Baby wants to be held
 - Not about spoiling
 - This is a need of the newborn
 - He does not understand manipulation
 - He just knows what he NEEDS

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Moms report that the baby

- Wants to nurse “a lot” or all the time
- Nurses more in the evening
- These are all normal and parents need to know that

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First hour/day strategies

- Skin to skin
- Breastfeed in first hour
 - Breastfeed in first hour, double the amount at one week
 - Parker 2015
- Frequent nursing, the more the better
- Hold baby
- Frequent observation of the baby
- Express milk

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Expression of first food

- Milk/food is there
- Eliminate the word colostrum
- Beginning milk, first food, whatever works
- Need to SEE it
- Hand expression is a very effective tool to use here

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Baby needs to take milk

- For you to make milk
- Effective milk removal
- Suck/swallow/ pause cycle
 - Starts out with non-nutritive, frequent sucks
 - Then long slow sucks, 1-2 per swallow
 - Calm pauses between sucks, several bursts
- Output indicates input
- Build those prolactin receptors?

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Why YOU are important

- Can be difficult to identify and address milk supply issues in a timely manner
- Support and positive feedback can make all the difference
- Volume of expressed milk is not accurate
- Newborn behavior is often misinterpreted
- The attention of the lactation specialist on good positioning and attachment
- Investigation of other possible reasons for poor milk transfer
 - “One participant measured low at 1.4 weeks, added one extra feed per day and doubled milk production by 5 weeks”

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Early intervention

- Make that first contact
- Sooner the better
- Support and positivity make a difference

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Text message program

- To prevent Perceived Insufficient Milk
- High rate of message receipt
- Interaction with system
- Participants reported that it increased their confidence
- Solidified their decision to initiate breastfeeding
- Helped them to breastfeed longer
 - Demirci, 2020

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Misconceptions of normal newborn behavior

- Baby seems not to like breastfeeding
 - Newborn innate behaviors
 - One mother said “baby was grossed out”
- Reluctant nurser, won’t latch on, fussy baby
- Parents frequently misinterpret behavior
 - Wood 2016
- Skin to skin is the answer
- Babies don’t read baby books
- Babies take bottles SO easily

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Give her tools to help in the days to come

- How do I know breastfeeding is going well?
 - Give her the LEC handout in COLOR
 - Simple mechanism to chart feeding behavior
- Diaper diary
- Laid back breastfeeding
 - Allow 3 days to make transition from womb to world
- Not formula, not samples, not just in case bags
 - All destroy confidence
- Feed frequently NOT by the clock
- Teach Baby Behavior

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Essential question

- Why do you think you do not have enough milk?
 - Educate the parent
 - Give anticipatory guidance regarding periods of rapid growth and the future
 - Confidence is the key
 - Trust her body to nurture her baby
 - Formula is NOT the solution

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But what about reality?

How can we tell the difference? And then what do we do?

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Very complex issue: tip of the iceberg!

So many variables

So much to consider, investigate

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ILCA's Expected Outcomes for Healthy, Full Term Infants

- Lose no more than 7% of birth weight
- Gain about 20-30 grams or 2/3-1oz a day by day 5
- Back to birth weight by day 10
- 3 or more bowel movements by day 3
 - First BM within 8 hours of birth
 - Color is age appropriate
- 3 or more wet diapers a day by day 3
 - First urine within 8 hours of birth
 - Clear or pale yellow

ILCA's Clinical Guidelines for the Establishment of Exclusive Breastfeeding

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AAP Nutritional Guidelines and Expectations

- Normalcy of weight loss
 - Average of 7%, not to exceed 10% in term newborns
- Normal timing to regain birth weight
 - By day 10
- Expected feeding volumes in first 2 days
 - 1–2 tsp or 5–10 mL/feed
 - 1–2 oz/day for term newborn
- Indicators of adequate hydration and nutrition
 - Bright yellow bowel movements by day 4–5
 - Sample Hospital Breastfeeding Policy for Newborns American Academy of Pediatrics Section on Breastfeeding 2009



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What if baby has not regained birthweight by 2 weeks of age?

- Babies who get off to a slower start with feedings
 - What happened at birth?
 - First few days after birth?
 - Perhaps closer to 2 weeks to get back to birthweight
- Babies who have an excessive weight loss
 - May take 2 weeks
 - If baby gaining at least 1 oz per day...
 - Monitor weight gain
 - If baby not gaining at least 1 oz per day...
 - Supplementation is necessary

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Poor Gain/Loss in First Week: Signs of Trouble

- Sleepy infant or long sleep periods
 - “Good Baby”
- Always nursing
 - At least 1 -2.5 hours between feedings
 - Continues to show feeding cues and does not seem satisfied
- Poor suck/flutter suck followed by falling asleep at breast
- Weight loss > 10% of birth weight, after taking fluid loss into account

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The major culprit for poor weight gain in the first weeks is....

Poor Advice & Bad Management

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Causes of Low Supply: Poor Advice- “Quick Fix”

- “Your baby isn’t gaining weight - we want you to supplement.”
 - “Give a bottle after each feed” is not a feeding plan!
 - Baby may need supplementation but...
 - Plan needs to protect baby and milk supply
 - Dyad needs evaluated for possible causes for poor gain

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Teach back method

- Tell me how you can make prevent low supply
- Share what you learned
- Explain take milk to make milk
- Then ask again
- Most frequently forgotten knowledge!

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Observe the baby at the breast

- Suck-swallow-breath
- Pauses to swallow
- Clicking or dimpling
- Latch
- Position
- Muscle tone
- Pre and post weight

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Beyond the basics: History of dyad

- Medications
- Birth experience
- Illnesses
- Advice given
- Maternal and or infant conditions

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Medications

- Birth control
- Nicotine
- Antihistamines
- Antidepressants
- Use resources
- Medications and Mothers Milk
- Lact Med

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Maternal illnesses

- Pregnancy
- Difficult pregnancy
- Endocrine disorders
- Insulin resistance
- PCOS
- Autoimmune disorders
- Breast development

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Breast surgery or injury

- Any disruption can cause a problem

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So you find a problem

- Solution will depend on problem
- Always remember to feed the baby!!!
- Maintain the milk supply
- What can achieve this depending on what you have discovered?

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Medications

- Is there an alternative?
- How does the parent feel about it?
- Willing to talk with HCP?
- Willing to make a change?

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Illness

- Has this been treated?
- Need to see HCP
- Temporary condition

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Surgery or unalterable condition

- Discuss parent goals
- Supplement at the breast
- Cup feeding
- Bottle feeding with breast stimulation

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Supplement with?

- Mothers Own Milk
- Formula
- Can she also use “Hands on Pumping” to increase supply?

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Supplement before

- Or after the feeding at the breast?
- Sometimes need to “take the edge off” a frantic baby

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If milk supply increases

- How to know
 - Breastmilk stool
- How to decrease the supplement
- Gradual reduction
- Time of day
 - Less in morning
 - More in afternoon/evening

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Management: The Care Plan- Supplement Amounts

- ABM Clinical Protocol #3; Supplementary Feedings in the Healthy Breastfed Neonate in 2017
- Recommend various volumes depending on age of the infant
 - First 24 hours 2-10 ml
 - 24-48 hours 5-15 ml
 - 48-72 hours 15-30 ml
 - 72-96 hours 30-60 ml
- <https://www.bfmed.org/assets/DOCUMENTS/PROTOCOLS/3-supplementation-protocol-english.pdf>

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Working with the HCP

- Work as a member of the team
- Support the parent's goals
- How can we work to support the goals of this family?

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The most difficult question

- When is enough, enough
- Followed all of your suggestions, with no improvement
- Compliance?
- Emotional discussion
- Praise the parent for all they have accomplished!

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Celebrate what you have accomplished

- Might not have been what you envisioned
- But look how far you have come
- Healthy baby is your goal

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Great resource

- Making More Milk: The Breastfeeding Guide to Increasing Your Milk Production
- Second edition, 2020
- Lisa Marasco
- Diana West

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