

# Building Milk Supply

## Information for Parents

*In order to provide enough milk for your baby, you will need to build your supply up in the early days and maintain it throughout your breastfeeding relationship. If your baby is not latching at all or not transferring milk well then you will need to express milk and this will need to start within 6 hours of the birth at least 8 times a day (preferably 10) including at least once in the night.*

*Do not go longer than 4 hours between expressing sessions and continue for as long as the baby isn't latching or transferring well.*

## Normal infant feeding



Limiting the risk of low milk supply:

Ideally, straight after birth, the baby will...

- latch on to the breast and feed, switching sides as frequently as you wish.
- be kept skin-to-skin with no separation - any weighing and measuring can be done hours later.
- remain undisturbed by bright lights, questions, and prodding so the important parenting hormones of oxytocin and prolactin (responsible for breastmilk production) can flow.

## If everything is going well you will be:

- Responding to your baby's feeding cues. Frequent feeding is normal – a minimum of 12 feeds per 24 hours is recommended to get milk supply off to a good start. Many babies will cluster feed and bunch their feeds together over a few hours (often in the evening).
- Waking your baby for a feed two hours after the end of the last feed during the day and up to 4 hours at night, but responding more frequently if baby cues (every 90 minutes is also normal).
- Keeping your baby close and sleeping near them so that feeding cues are not missed.
- Feeding will be comfortable with no breast pain or cracked nipples.
- You will always offer the baby at least two sides during a single feed.
- You will alternate which breast starts first at each feed regardless of which side you finished on.
- Always offer a breastfeed rather than a dummy.

## And the baby will be:

- Transferring milk well with a suck-swallow-suck-swallow rhythm.
- Producing the expected number of wet and dirty nappies (1 of each for each day of life until day 4 and 5-6 wet and 3-4 dirty thereafter) or more is normal too.
- Having soft or runny mustard stools by day 5. Seedy stools are normal too.
- Putting weight on as expected and will have regained their birth weight by 2 – 3 weeks.

## What is switch feeding?



For babies that are latching onto the breast and breastfeeding, but not producing nappy output as expected, or have not regained their birth weight by 3 weeks, the single most effective thing the mother can do is switch feed. Follow these steps to improve your supply and get more milk into your baby:

- Latch your baby on to the side that didn't go first last time. It's important to alternate which side goes first for a full milk supply.
- Once your baby has had the first let down and the swallow and suck pattern has slowed (around 2 – 4 minutes) unlatch from this 1st side and latch back onto the other side (the 2nd side).
- Feed your baby from the second side for another letdown and then unlatch and go back to the other breast (the 3rd side).
- Repeat the switching of sides until your baby has had enough milk. They should look milk drunk and relaxed when they are finished. You can allow them to stay on the last side for as long as you like.
- Offer at least 3 sides at each feed or more if need be (or you have been advised to do so).
- Use breast compressions whenever the flow slows down to help initiate further letdowns and keep baby feeding: <https://www.youtube.com/watch?v=ex5Var5urPU>.
- Go down to offering two sides once supply has improved (48 hours) and baby content.

## Benefits of Switch Feeding

- Baby is kept awake and alert by the switching and helps elicit a faster flow of milk.
- Breasts are given a lot of stimulation and will be prompted to make more milk.
- Milk supply should be obviously larger after 48 hours with baby more settled at the breast.
- You don't have to find time to express as baby is getting the "top up" on the 3rd and 4th side.
- Baby avoids getting bottle preference as no bottles are needed.

## Why Express Breastmilk?



There may be babies that cannot breastfeed straight after birth, or perhaps struggle to latch. If your baby hasn't latched within 6 hours of birth you will need to start expressing straight away to build your supply. The earlier and more frequently this is done the better to limit the risk of a chronic low supply in the future and maximise your chances of meeting your personal breastmilk feeding goals.

## First Milk



Colostrum is the name given to the milk produced in the last half of pregnancy and in the first few days following the birth. It is full of antibodies and nutrients and is all your baby needs. On average a baby will need from 2 to 10ml per feed in the first 24 hours and up to 30 - 60ml per feed by the end of day 3. As colostrum is so small in volume (just as a baby's stomach is tiny at birth) it can get lost in the tubes of a breastfeeding pump so it's a good idea to hand express and suck up the drops of milk with a syringe. You then feed your baby drop by drop using the syringe. Many mothers do this at the end of pregnancy if they are expecting to give birth to a baby that will likely struggle to feed well. Aim to hand express colostrum at least 8 - 10 times per day including once per night to meet the milk quantity that your baby needs.

## Mature Breastmilk



After your mature milk has arrived (around day 3 - 5) and if your baby still isn't feeding at the breast you will need to switch to using a hospital grade breastfeeding pump for maximum milk removal. They can be hired direct from the pump company. A standard pump is unlikely to be able to give your breasts the stimulation they need to build your supply up to full capacity. Again, you will need to express a minimum of 8 - 10 times per day including once per night. Aim to express 800ml per day by day 7.

## Hands on Expressing



Mothers express up to 48% more when using their hands in combination with their pump and the milk is fattier and more filling too. First massage your breasts, then whilst expressing use breast compressions. Massage again and focus on any lumpy areas, then hand express into the pump flange one breast at a time. Your breasts should now be as emptied as possible for this session. Soon they will begin to fill again, which is what we want!



## Power Pumping

Fitting in an extra couple of “power pumps” to your schedule for 2 – 3 days will improve your supply further. Power pumping replicates the switch nursing above and sends signals to your breasts to make more milk in a short space of time just like a baby does when cluster feeding at the breast. Rough time suggestions are below. Wait for your let down to finish before resting between pumping – if the milk is still flowing don’t stop! And use a double hospital grade pump to save time. This can be hired directly from the pump company.

- Pump for 20 mins, rest for 10 (wait for milk to stop flowing before resting)
- Pump for 10 mins, rest for 10
- Pump for 10 mins
- Hand expressing at the beginning and end of every session will also yield more milk



## Domperidone

Domperidone is a drug prescribed for nausea and vomiting but also works as a galactagogue and therefore has a side effect of increasing the milk producing hormone, prolactin. It has been used by many mothers to increase milk supply. But as with any medication, there are also some associated risks which means it needs to be prescribed by a doctor and should only be used when all other avenues of increasing milk production have been tried. For more information see here: [www.breastfeedingnetwork.org.uk/domperidone/](http://www.breastfeedingnetwork.org.uk/domperidone/). You can speak to a Doctor trained in breastfeeding and the use of domperidone by contacting [www.thebreastfeedingdoctor.co.uk](http://www.thebreastfeedingdoctor.co.uk)



## Feeding your baby your expressed milk

It is now recommended that all babies should be paced fed when feeding from a bottle. This protects from accidental overfeeding which can cause discomfort and also protects the baby from preferring a faster flow when they are ready to breastfeed. Switch sides midway through the bottle feed to ensure your baby gets the normal physiological experience of being held on both sides. Make eye contact with your baby and feed skin to skin where possible. Alternatively consider feeding your baby using an SNS at the breast or via your finger and avoid bottles altogether which will maximise your chances of transitioning to breastfeeding.