



The Maryland Department of Health and Mental Hygiene Hospital Breastfeeding Policy Maternity Staff Training Program

Milk Supply
Session 8



Lan: K. Hogan, Governor
Boris: Rutherford, Lt. Governor
Van: T. Mitchell, Secretary, DHMH




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Objectives

- › Discuss methods that may increase milk production in a variety of circumstances, including
 - Concerns about not enough milk
 - Normal growth patterns of babies
 - Improving milk intake and milk production

New Mothers, New Babies


- › All babies are different
- › Experience is often helpful
- › Mothers benefit from help, support, and encouragement
- › Breastfeeding is a learned skill for both mothers and babies
- › Learning can
 - Be difficult, painful, and/or frightening
 - Take time and that's okay



Source: United States Breastfeeding Committee

Inadequate Milk Supply


- › Common reasons a mother will supplement or stop breastfeeding
 - Perceived low milk supply
 - Actual low milk supply
 - Insufficient nursing
 - Mismanaged feedings



Source: United States Breastfeeding Committee

Other Less Common Reasons for Low Milk Production

- › Hemorrhage or retained placenta
- › Polycystic Ovary Syndrome (PCOS)
- › Breast surgery
- › Insufficient glandular tissue
- › Medications



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If Baby Is Not Getting Enough

- › Questions to ask
 - How often is baby nursing/feeding in 24 hours?
 - Are supplements being used?
 - Are pacifiers or nipple shields being used?
 - Is the baby gaining weight?
 - Does the mother feel uterine cramping during feedings?
 - Does the mother feel relaxed during feedings?
 - Does the mother feel breast fullness?
 - Does the mother have any health issues, difficulty sleeping, or history of anxiety or depression?

If Baby Is Not Getting Enough

- ▶ Assessment of feedings
 - How is the baby latching on?
 - Is the baby sucking vigorously at the breast?
 - Is the baby sleepy?
 - Is breastfeeding comfortable?
 - Can infant swallowing be heard?
 - What is the baby's output?



Source: United States Breastfeeding Committee

Output For the Breastfed Baby

- ▶ Assessing output
 - Have parents keep a daily feeding and output log
 - Teach parents what the daily expected outcome should be
 - Teach the expected consistency and appearance of urine and bowel movements
- ▶ Short, simple messages
 - What goes in the mouth, must come out in the diaper!



Source: Harlan and Glick Program

Evaluation of Milk Ejection or Let-Down

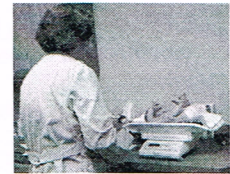
- ▶ Signs of milk ejection
 - Changes in suck pattern once milk lets-down
 - Movement of the muscles in the temple and jaw
 - More swallowing heard
 - Leaking of milk from the breast baby is not nursing on
 - A feeling of relaxation in the mother
 - Tingling sensation in the breast
 - Uterine cramping



Source: United States Department of Agriculture (USDA)

Normal Growth Patterns

- ▶ 1 oz./day first 3 months, or 5-7 oz./week
- ▶ 0.5 oz./day from 3-6 months, or 3-4 oz./week
- ▶ Babies should return to birth weight by 10-14 days of age
- ▶ Doubling of birth weight by 6 months
- ▶ Nearly tripling of birth weight by 1 year
 - Fastest growth occurs in first three months, slows over the rest of the first year



Source: United States Breastfeeding Committee

Normal Growth Patterns During Hospital Stay



Full term infant - 37 to 40+ weeks

- Weight loss up to 7% before discharge
- Weight loss more than 7% before discharge

Late preterm infant - 34 to 36^{6/7} weeks

- Weight loss up to 3% before discharge
- Weight loss more than 3% before discharge

Providing Support

- ▶ Skilled support from nurse
- ▶ Share knowledge
- ▶ Offer encouragement
- ▶ Affirm feelings and efforts
- ▶ Highlight what is going well



Source: United States Breastfeeding Committee

Improving Milk Intake and Production

- › Skin-to-skin
- › Feed early and often
 - within one hour of birth, no time limits, no pacifiers, no unnecessary supplements
- › Rooming-in
- › Hand express colostrum
- › Ensure good latch
- › Teach normal baby behaviors
- › Reduce distractions and interruptions

Interventions

- › Improve or correct breastfeeding issues
- › Intervention should be appropriate
- › Increase milk supply more quickly



Source: University of Maryland System, Chesapeake Medical Center

Normal Milk Production

- › One breast typically produces more than the other
- › Foremilk quenches thirst
- › Hindmilk satisfies
- › More frequent feedings provide more fat
- › Empty breasts fill faster
- › Empty the breast – no leftovers!



Source: United States Breastfeeding Committee

AAP and WHO Recommendations

- › Exclusive breastfeeding for the first 6 months of life
- › Introduce solids at about 6 months
 - AAP recommends continued breastfeeding for at least one year, or longer as mutually desired by mother and child
 - WHO recommends continued breastfeeding for two years



Source: United States Breastfeeding Committee

Obstacles to Milk Production

- › Pacifiers
- › Unnecessary supplementation
- › Hospital practices that separate mother and baby
- › Inadequate breastfeeding knowledge and support



Source: Maryland BIC Program

Expectations for Hospitals

- › The Ten Steps to Successful Breastfeeding form the central core of the Baby Friendly Hospital Initiative and Maryland Hospital Breastfeeding Policies
 - Implement hospital practices that improve the quality of care
 - Improve provision of breastfeeding support
 - Improve breastfeeding outcomes



Source: United States Breastfeeding Committee

Conclusion

You are the key to making this work!



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