

# Tips from the Trenches – #5

## Increasing Milk Supply–

Rebecca B. Saenz, MD, IBCLC, FABM

How your breasts make milk— or not (They aren't just faucets):

1. *Prolactin* is a hormone secreted by the pituitary gland at the base of your brain. It travels through your bloodstream to the prolactin receptors in your breasts.
2. When prolactin attaches to a prolactin receptor, it tells that section of milk gland to begin making milk.
3. In the first few weeks after birth, prolactin receptors are facilitated by frequent (every 2-3 hours) emptying of breast glands. If frequent emptying does not occur, some of the prolactin receptors may not become responsive to prolactin. This is why the first few weeks are critical to establishing a good milk supply.
4. Prolactin rises during pregnancy, but is inhibited by progesterone. This is why you have colostrum in the first few days, and it changes to milk after the progesterone levels that were high during pregnancy have fallen, which takes a few days. This is why even progesterone-only birth control can affect milk supply.
5. Prolactin receptors are turned “off” temporarily by another hormone, present in the milk itself, called Feedback Inhibitor of Lactation, or sometimes called Prolactin Inhibitory Factor. When breasts get full of milk, this hormone attaches to prolactin receptors to tell the glands to quit making milk. This is why going too long between feedings or pumping sessions can decrease milk supply. Feeding or pumping pulls the FIL off of the prolactin receptors so you'll start making milk again.
6. SO, to establish a good milk supply, you have to get your breast glands emptied out early and often. And, to keep it up, you have to keep emptying out well and often. Empty breasts make milk faster than full breasts.

INCREASING milk supply:

7. Any change in routine that increases how often or how completely your breasts are emptied out will increase your milk supply, BUT, it can take a few days for your breasts to get that message from your pituitary gland, where prolactin is made.
  - a. *Baby latching better and suckling more vigorously.*
  - b. Breastfeeding or pumping more often.

- c. Using breast compression to get emptied out better
- d. Getting properly-fitted pump flanges
- e. Upgrading your pump. Better pumps get you emptied out better, because they're faster and have a better suction/relaxation ratio. Double pumping will also help.
- f. Baby's growth spurt, which causes more frequent feeding AND better emptying.

DECREASING milk supply:

8. Any change in routine that causes some milk to stay in your breasts will send the message that too much milk was made, and cause a decrease in supply.
  - a. Baby not latching well, so not getting as much milk as he could/should. Be sure baby is getting the best latch possible!
  - b. Scheduled feedings, instead of feeding when baby is hungry. Baby won't feed as well at some feedings, which will leave some milk in the breasts for too long. Babies can't be expected to tell time anyway.
  - c. Sleepy baby, whether from labor medications, jaundice, or illness. If baby is sleepy, you should wake him to feed about every 2 hours, to make sure he's getting enough to eat, because he'll likely not be feeding as vigorously as if he weren't sleepy.
  - d. Engorgement *between* the glands, from a lot of IV fluids during labor, can keep the milk from being able to get out, even when you are feeding or pumping often enough. (If your ankles are swollen, ask your doctor for 1-2 doses of a mild fluid pill.)
  - e. Pump flanges that don't fit correctly. Ask a lactation consultant to check and make sure you're using the right size. Flange size can change over time.
  - f. Going longer than 3 hours since the beginning of the last feeding/pumping session. If FIL stays attached to prolactin receptors longer than 3 hours, that section of the gland may get turned off until the next baby.
  
9. How well you get emptied out can also be affected by how strong your milk ejection reflex (also called "let-down") is. If your let-down is inhibited or blunted for some reason, like pain or stress, you may not get emptied out well. See #5 and #8. One homeopathic remedy that works well for encouraging the let-down is Bach's Rescue Remedy combined flower essences. Follow label directions.

10. Some other factors can enter into the equation: anemia, stress, getting your period back, dehydration, thyroid problems (too high or too low), getting pregnant again, various medications, and even some herbs. There are other rare problems that a Breastfeeding Medicine specialist (doctor who specializes in Breastfeeding Medicine) can check for.
11. Baby starting solids can decrease milk supply, if solids are given before breastfeeding, because baby won't be as hungry, and won't take as much milk. Since baby is supposed to get most nourishment from breast milk until his birthday anyway, don't be in a hurry. Wait until about 6 months. Always breastfeed BEFORE giving solids. Use them to add to baby's perfect diet, not replace part of it!
12. Other things to avoid, to keep supply from dropping:
  - a. Delaying or skipping feedings or pumping sessions. This is by far the most frequent cause of decreasing or low milk supply. And if baby won't or can't breastfeed for some reason, pump until you're empty, at least every 3 hours!
  - b. Hormonal types of birth control, including pills, IUD's, and Depo-Provera shots, especially in the first six weeks after delivery.
  - c. Other Medications to avoid—cold remedies with the ingredient pseudoephedrine, some antihistamines, medications for Parkinson's Disease, and most medications for Restless Legs Syndrome.
  - d. Herbs to avoid, whether in cooking or as ingredients in herbal medicines— sage (all types), parsley, rosemary, thyme, strong mint (all types).
  - e. Smoking – tobacco is one of the “herbs” that can cause a drop.

There are things that can be done to increase your milk supply, including some herbal remedies and some medications, but those are best discussed with a Breastfeeding Medicine specialist.

He or she will:

- a. Take a complete medical history, to assess other possible reasons for a low milk supply, as well as possible contraindications to pharmaceutical or herbal galactogogues and/or medical interactions.
- b. Perform a breast exam, to check the state of your glandular tissue.
- c. Check your baby's oral anatomy, to look for reasons why baby may not be latching or suckling properly.
- d. Observe a breastfeeding session, and possibly perform a test weight to measure how much milk baby is getting.

- e. Observe pumping to check for let-down and flange fit, and to measure residual milk that the baby didn't get.
- f. Make recommendations for your specific needs and situation.

Resources:

[www.breastfeedingmadesimple.com](http://www.breastfeedingmadesimple.com)

[www.medela.com](http://www.medela.com)