

Not Enough Milk?

Almost all women are able to make enough milk to feed their babies. However, milk supply is dependent upon frequent milk removal, especially in the early days after your baby is born.

If your baby is less than 8 weeks old and your supply is low, you would probably benefit from a consultation with one of our board certified lactation consultants. Supply problems in the early weeks are usually due to inadequate milk removal by baby.

The most powerful stimulator of milk supply is frequent milk removal. If your baby is less than 6 months old, and you are concerned about your milk supply, you should be removing milk from your breasts (via baby or a double-electric pump) at least 8 times in 24 hours. If you routinely go longer than 4-5 hours without removing milk...even at night...your milk supply may decrease.

Is your supply truly “low”? Or is baby just taking a lot of milk at day care? If you are pumping at work for bottles at daycare, you may find that your daycare provider is asking for more ounces than you are pumping. Your baby should only need 2-4 ounces every 2-3 hours, but babies tend to eat more from a bottle than they do at your breast. Milk comes out of the bottle much faster than your breast. So your baby may not have enough time for his stomach to tell his brain he is full. It can be helpful to use a “slow-flow” bottle nipple (even if the label says it is for babies younger than yours). Also, ask your sitter to take a break every 5 minutes or so to burp baby and stretch out the time it takes to finish a 3-4 ounce bottle. If you are not able to pump at least 3 ounces at a time at work, **be sure that your pump breast shields fit well.** Does it feel as if your nipple gets “strangled” in the tunnel of the shield? If so, you may benefit from a wider shield. Not only will it be more comfortable, but it may remove milk better. At the same time, increase the pressure on your pump, but only as high as you are comfortable. **Pumping should not hurt.**

At the same time, it is important to make sure that you are not taking any **herbs or medications** that may actually **limit or lower** your milk supply. Peppermint, sage, parsley, birth control hormones, antihistamines and pseudoephedrine (Sudafed) **all have the potential to decrease milk supply.**

Can certain foods or extra fluids help a milk supply? Traditionally nursing mothers have been

encouraged to eat certain foods to increase their milk supply, among them oatmeal, brown rice, barley and dark green vegetables. However, we have no scientific proof of their usefulness. As for drinking extra fluids, it is **not necessary** to drink excessive water. Drink to quench your thirst.

“Do I Need Fenugreek?”

Many herbs have been used world wide to increase milk supply. Unfortunately, there is no scientific research on how the herbs actually work. Many practitioners recommend that the herbs be taken in combination, as each herb works a bit differently and it is hard to know which mother will respond to which herb. Tinctures or extracts or capsules are preferred to teas. **All herbs and medications have the potential for interactions** with other herbs and medications, and may have side effects. Do not exceed recommended doses.

Some women will use a galactagogue for a short time period, while others find they must continue taking the herb the entire time they are nursing. If you are taking the herb long term, you may find that **taking a break** periodically will help maintain the effectiveness of the herb.

When you are ready to try and discontinue the herb, do it gradually. Drop one dose every few days and see if your milk supply holds up. If it looks like your supply is decreasing, re-start the herb. Once you are comfortable with your supply, try and wean the dosage again.

Fenugreek

Milk volume usually increases within 24-72 hours. Best taken with fluids at mealtime or with a snack. Member of the legume family. It is thought that fenugreek affects smooth muscle contractions, which may stimulate milk ejection, but its exact mechanism of action is not known.

Side effects: Mild diarrhea in mother and maple syrup-like odor to urine or sweat. Should be used with caution by anyone with asthma as it may aggravate symptoms. May lower blood sugar, interfere with hormone therapy or increase anticoagulant effect of other drugs or herbs. Use with caution if allergic to peanuts or soy. **Do not take during pregnancy** (may initiate contractions).

Dose is 3-4 capsules (580-610 mg) 3-4 times a day for **a total of 9-16 capsules per day**. A lactation consultant is able to give you guidance on the appropriate dose for your needs.

Cost is ~\$8 for a week's supply.

Blessed Thistle

Thought to promote lactation by stimulating blood flow to the mammary glands.

Side effects: Potential for diarrhea. Related to ragweed. **Do not take during pregnancy.**

Dose is 4 capsules taken 4x a day.

Cost is ~\$8 for a week's supply.

Goat's Rue

An herbal treatment widely used in Europe. Also a member of the legume family.

Side Effects: None commonly noted, although has the potential to lower high blood sugar, like fenugreek.

Dose is to teaspoon 4 times a day or 1-2 capsules 3-4 times a day.

Cost is ~\$16 for a 2 week's supply.

This preparation contains **all three of the above herbs**. It also contains nettle and fennel to help decrease any stomach upset or loose stools that may result from the other herbs. Cost is ~\$20 for a 2 week's supply.

Metoclopramide (Reglan)

Originally developed to treat reflux, Reglan is a prescription medication known to stimulate prolactin release, a main hormone of lactation. Although this drug is often effective, it very commonly causes unpleasant side effects in post-partum women, including sedation, irritability and depression.

Adapted from Milkworks