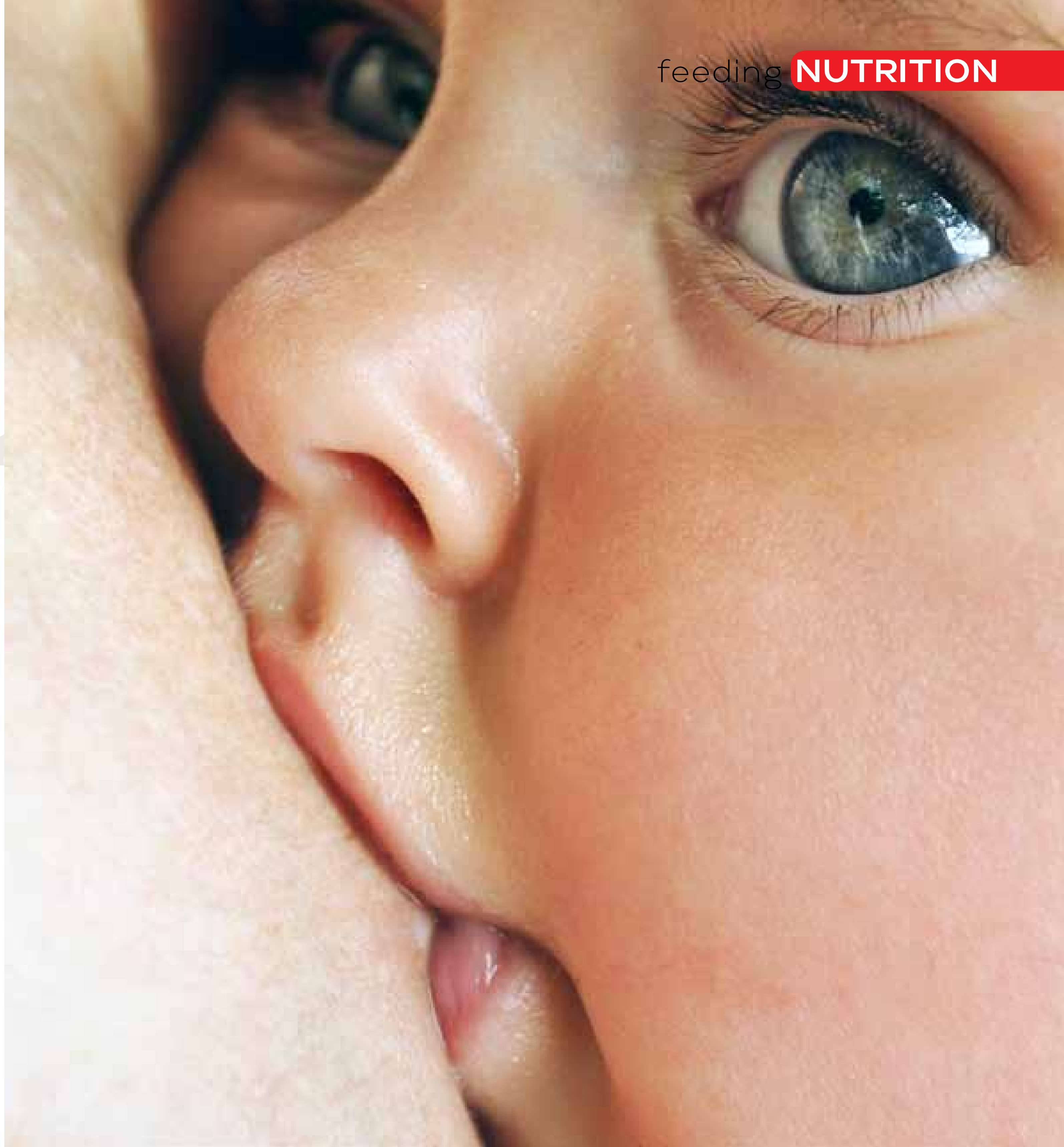
WHERE'S MY milk?



SIMONE CASEY explores the reasons why breastmilk can run low or be slow to come in, and what you can do about it

One of the most common reasons women stop breastfeeding is that they feel they don't have enough milk to feed their bubs. In fact, the 2010 Australian National Infant Feeding Survey uncovered a massive 56.3 per cent of mums with babies from birth to six months, and more than 30 per cent of mums with bubs six to 12 months of age, moved their children on to formula due to "not enough breastmilk".

Stopping breastfeeding before you feel you're ready can have a significant impact on your emotional health, and it's important to know that many of the reasons for low milk supply can be avoided or corrected with a little help. Read on for some of the common reasons for low milk supply, and remember, if you feel your supply isn't up to it, seek help from an expert such as a lactation consultant, maternal child health nurse or an Australian Breastfeeding Association counsellor.

SUPPLY STOPPER: POST-PARTUM HAEMORRHAGE

It's normal to have some bleeding immediately after birth, but if you experience a large post-partum hemorrhage, generally more than 1.5L, this can complicate matters. "A large bleed after giving birth may lead to a problem with establishing an adequate breastmilk supply and possibly contribute to ongoing problems of low supply," explains GP and lactation consultant Dr Anita Bearzatto. Mums who experience this may need to mix feed, so it's a good idea to seek help from a lactation consultant to help maximise the milk you can produce.

SUPPLY STOPPER: A RETAINED PLACENTA

The hospital or birth centre staff always take great interest in your placenta after the birth because there can be serious complications if it's not complete. "The removal of the placenta from the mother after birth triggers a drop in her progesterone levels," says Dr Bearzatto. "This is an important step allowing her milk to 'come in' around day three after the birth. If part of the placenta remains in the mother's womb, then this process may not occur and the mother may have problems with low milk supply." Luckily, a return to normal breastmilk supply is possible if the retained parts of the placenta are removed.

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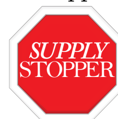
SUPPLY STOPPER: SCHEDULED FEEDING

Ever heard the question, "Is your baby in a routine yet?", even when bub is only a few weeks old? Some mums feel under a lot of pressure to use strict time-based schedules with tiny newborns, but these can be detrimental to breastmilk production, which relies on more natural rhythms of demand feeding. "If a baby is fed to a schedule, he may not be hungry when being fed or may be over-hungry," says Jo Davey, from the Australian Breastfeeding Association. "Both of these situations can result in the breast not being drained efficiently and the supply not being adequately stimulated to meet the baby's needs." Remember, it's normal for young babies to feed eight to 12 times in 24 hours – that's every two to three hours, night and day. If your baby isn't getting enough milk due to over- or under-scheduling, often a 'feeding holiday' can undo the effects on your supply. "Mums can make sure they have no plans for a few days and spend the time watching their baby and feeding according to need," Jo suggests.

SUPPLY STOPPER: POOR ATTACHMENT

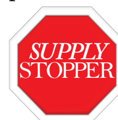
If your baby is 'nipple feeding' instead of breastfeeding, he may not be reaching the milk-making tissue deeper back in the breast. "If your baby isn't attaching to the breast correctly, this can affect how much milk he is getting," Jo says. Seeking help with attachment can put you back on track. "Pay attention to how things look when ›

you're breastfeeding," Jo advises. "This includes watching for bub's chin to be pressed into the breast so that his nose is clear, his lips are flared out and he has a mouthful of areola (the coloured area surrounding the nipple), not just the nipple."



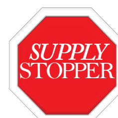
A HORMONAL IMBALANCE

Dr Bearzatto says thyroid issues can be common after birth, so if there are any problems with your supply you may need to have your levels checked. "An underactive thyroid can cause a reduction in breastmilk supply," she says. "Once the thyroid condition is correctly treated, supply is likely to return to normal." Another hormonal condition linked to supply issues is polycystic ovarian syndrome (PCOS). "While the reason for this is not well understood, it's possible the hormonal changes associated with PCOS prevent the breasts from developing adequate milk-making tissue," Dr Bearzatto says. Interestingly, though, many mums with PCOS have no problems with supply and some even experience the opposite problem of oversupply.



TOO MANY COMP FEEDS

While combining both breast and bottle feeds is something many families do, overuse of formula here is a common reason for milk supply dropping, or not building up enough in the first place, as the supply-and-demand rule of breastfeeding is interfered with. If possible, try to avoid formula use in the early days or weeks, or seek a second opinion from a lactation consultant or another breastfeeding professional if formula is offered – there may be other options. If you do end up using formula and want to get back to exclusive breastfeeding, "you might like to try to offer your baby the second breast or even the first breast again during a feed," says Jo. "You don't need to wait a certain amount of time before putting a baby back to your breast, there is always milk there. If your baby seems hungry after a feed, you can put him back to the breast for a 'top-up'."



TONGUE-TIE

Tongue-tie occurs when the little bit of membrane under bub's tongue is too short, restricting movement of the tongue. "If a baby cannot breastfeed effectively due to tongue-tie, he will not be able to take enough breastmilk at any given feed," says lactation consultant Shona Cassels. "A baby in this situation may feed very frequently, be fussy at the breast, may not have enough wet and pooey nappies, have insufficient weight gains and be generally unsettled." If your baby has tongue-tie, he may take enough milk in the first five to six weeks when your milk supply is high, but around the six-week mark the supply will start to dwindle due to lack of stimulation from bub, and he might suddenly become more fussy, feed more frequently and stop growing as well as before. If the tongue-tie is serious and needs to be released to allow your littlie to breastfeed, this can be done surgically or by laser by a trained medical professional.

> *"All breast surgery has the potential to affect milk supply"*

IS SUPPLY AN ISSUE?

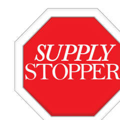
Mums are sometimes quick to blame themselves – and their milk supply – if bub is unhappy, but low supply isn't always the cause. "Mums often feel unsettledness in babies is a sign that they're not getting enough milk," says Shona, "yet many mums don't know how to tell if a baby is breastfeeding well." To check to see if your littlie is getting what he needs, look to see that he…

- Actively sucks and swallows on the breast.
- Produces four to five heavily wet nappies in 24 hours (after week one).
- Has sufficient weight gains and growth in head circumference and height (check the charts from the World Health Organization).
- Eventually settles after most feeds, with one to two periods of unsettled behaviour per 24 hours.
- Has good skin colour and tone.

Shona also says it's a good idea to spend a bit more time settling after feeds, rather than assuming hunger if your little one is not immediately drowsy. "If you feed then do a nappy change, don't expect bub to self-settle in his cot without any cuddle-time to get him into the deep sleep stage."

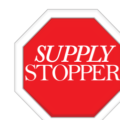
TISSUE ISSUES

In rare cases, some women haven't developed a normal amount of glandular, milk-making breast tissue. "These women typically have wider-spaced and often tubular-shaped breasts, asymmetrical breast size and may have areolae that appear puffy," says Dr Bearzatto, who adds one tell-tale sign of insufficient glandular tissue is when women don't experience the normal increase of breast size during pregnancy. Mums with insufficient glandular tissue can breastfeed, but many have issues with low supply and may require extra milk for their bubs. The good news is that some women with this condition find they make more milk with each baby. "Sometimes more glandular tissue is produced each pregnancy and breastfeeding experience," Dr Bearzatto explains.



BREAST SURGERY

Whether it's a breast reduction, breast enlargement, a lumpectomy or another breast-related operation, all breast surgery has the potential to affect milk supply. "The more extensive the incisions, the more likely that breastfeeding can be affected," says Dr Bearzatto, explaining that incisions around the areola, as used for breast reductions, are the most likely to adversely affect supply. "Most surgeons try to use techniques to reduce the effects on future breastfeeding," she says, although it's difficult to predict which women will have problems after surgery. Some go on to breastfeed without any dramas.



EXCESSIVE DUMMY USE

The National Health and Medical Research Council infant feeding guidelines advise avoiding dummies for your newborn's first four weeks or until breastfeeding is established. "If a mum uses a dummy a lot instead of offering a breastfeed, she might miss some hunger cues," says Shona. "This might mean her baby doesn't get enough milk and her breasts do not get the stimulation to continue making enough milk." It's okay to use the breast for comfort or to help your baby go to sleep instead of a dummy.

The National Health and Medical Research Council recommends babies be exclusively breastfed until around six months of age and that breastfeeding is continued until 12 months of age and beyond, for as long as mum and child desire. While breastfeeding is the ideal way to nourish your baby, we recognise not all mums are able to do so. If you have any concerns about your breastfed or bottle-fed baby, make an appointment with your child health nurse or GP.