Caring for Your Child
Low Milk Supply in Breastfeeding Mothers

This information sheet will help you increase your milk supply. If you are breastfeeding your baby you may wonder if you are making enough milk. You will know that you have enough milk if your baby is having plenty of wet diapers and bowel movements and is gaining weight. If your baby seems more hungry than usual you can breastfeed more often and this will increase your supply. However, in certain situations such as maternal employment, mother/baby separation or maternal or infant illness, milk supply may decrease. Some mothers struggle with a low milk supply from the very beginning.

Possible Causes of Low Milk Supply Include:

- Not breastfeeding often enough
- Poor latch
- Preterm baby less than 37 weeks. (Please ask your nurse for the Patient Family Education Sheet on Breastfeeding Your Late Preterm/Near Term Baby.)
- Not emptying breasts completely
- History of significant postpartum bleeding or hemorrhaging
- History of significant engorgement
- Treatment with magnesium sulfate at birth
- Pieces of the placenta remaining after the birth (often associated with heavy vaginal bleeding)
- Lack of breast development during pregnancy and after delivery
- History of breast reduction or augmentation surgery
- Hypothyroidism
- Polycystic ovarian syndrome (PCOS)
- Obesity
- Anemia
- Diabetes
- Smoking
- High blood pressure
- Medications, particularly oral contraceptives containing estrogen and cold medications containing pseudoephedrine. In addition, if you received steroids during your pregnancy for your baby’s lungs, it may take longer than usual for your milk to fully come in.

Treatment Suggestions for Low Milk Supply:

Stimulating and emptying the breast more often and more completely helps to increase your milk supply. Massaging your breasts before and during breastfeeding and using hand expression or a breast pump after breastfeeding helps remove milk and stimulate milk production.

To see a 10 minute video that explains how to do breast massage, go to: www.newborns.stanford.edu, select “breastfeeding” then “maximizing milk production.” For this information in Spanish, go to: http://www.youtube.com/watch?v=8HgDzx1B3Q8&NR=1&feature=fvwp.
If more frequent breastfeeding or pumping does not increase milk production within 5 days, you should call your obstetrician or primary care provider to discuss treatment options. Your doctor may want to check your hormone levels or examine you for signs of remaining placenta.

There are two medications available to help increase your hormone levels which usually will increase your milk production:

**Domperidone (Motilium)** increases milk production with no reported side effects in mother or baby. This medication is not FDA approved but is approved by the American Academy of Pediatrics as safe for use by breastfeeding mothers. It is available in the US from a compounding pharmacist with a prescription from your doctor. You can find a compounding pharmacist near you by calling 1-800-927-4227 or on the internet at [www.iacprx.org](http://www.iacprx.org). The recommended dosage for Domperidone is 10-20 mg taken 3 to 4 times per day. Insurance companies may not reimburse for the cost of Domperidone, which is about $50-$100 per month.

If you receive a prescription for Domperidone, a local alternative is to have your care provider call in or fax the prescription to:

Philadelphia Professional Compounding Pharmacy  
3138 Willits Road, 2nd Floor, Philadelphia, PA 19136  
Phone: 215 464 4370 and Fax: 215 464 4372  
If you provide your credit card information, they will deliver the medication to you.

**Metoclopramide (Reglan)** has been found to significantly increase milk production in mothers with a low milk supply when taken at a dose of 10 mg three times per day. While no side effects have been noted in infants of mothers taking the medication, reported side effects in mothers include nausea, low energy levels and depression.

After starting either Domperidone or Metoclopramide you should see an increase in milk production within 4 days. While medication does not work for everyone, it usually works best when started before the end of the first month. After taking the full dose for eight days, it is best to gradually decrease the medication from 3-4 times daily, to twice daily for a week, then once daily for a week. If you stop suddenly this may cause your milk supply to drop. Occasionally mothers need a repeat course of the medication, or need to continue the medication for the duration of breastfeeding to maintain an adequate milk supply.

If you or your doctor would like detailed information about these medications, go to the Academy of Breastfeeding Medicine’s website, [www.bfmed.org](http://www.bfmed.org). It is protocol #9 “Galactogogues”.

Herbs such as fenugreek, blessed thistle and goat’s rue have been used by many mothers to improve milk production with good results and few side effects. However, there is very little scientific proof that herbs increase milk supply. Herbs are not regulated in the United States and there is no way to guarantee purity and dosage of herbal products; therefore they should be used with caution by lactating mothers.

It is important to treat a low milk supply with improved breast stimulation and more frequent and complete emptying of the breasts and possibly with medication as soon as possible. The longer you wait, the harder it may be to increase your milk supply.