Caring for Your Child
Low Milk Supply in Pumping Mothers

This information sheet will help you increase your milk supply. With regular breast pumping, milk production gradually increases after delivery. On the first few days of pumping you will only probably make less than 15 mls or a ½ ounce during the day, but by the end of the first week, you should be producing 500-750 ml (17-25 ounces) per day. If you are pumping for your baby and you are producing less than 500 ml per day (17 ounces), you have a low milk supply.

Possible causes of a low milk supply include:
- Not pumping often enough (such as when you take long breaks between pumping sessions, especially at night)
- Not emptying breasts completely
- Use of a poor quality pump (non-hospital grade pump) or pumping only one breast at a time
- Improper fit of pump flange or shield (either too small or too large)
- 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
- History of PCOS or hormone imbalances
- Mastitis or milk duct infection (may cause a temporary decrease)
- Untreated or out of control chronic diseases such as diabetes, lupus, etc.
- Anemia
- Smoking
- High blood pressure
- Obesity
- Medications, particularly oral contraceptives containing estrogen and cold medications containing pseudoephedrine. In addition, if you received steroids for your baby’s lungs while you were pregnant, it may take longer than usual for your milk supply to come in.

Delivering a preterm infant does not cause a low milk supply. Not getting enough to eat or drink, or not getting enough sleep does NOT cause low milk supply.

If you are not producing 500-750 ml of milk per day, you should first make sure that:
- You are double pumping at least eight times a day with a hospital-grade electric breast pump
- During each pumping session, you pump until your breasts are empty and milk is no longer flowing
- You are pumping at least once between 10 pm and 3 am because this is when your milk-producing hormone levels are highest
You are holding your baby skin-to-skin for an hour at least once daily (if allowed). Ask your nurse to show you the DVD on how to do this. This will help you to produce more milk. Your milk hormones are stimulated when you are so close to the baby. Pump before and immediately after holding your baby skin to skin.

- You are not smoking or taking any medications that might interfere with lactation
- You are using the correct flange size (the part that touches your breast). Ask your nurse or lactation consultant to watch you pump.

Treatment suggestions for Low Milk Supply:

If more frequent pumping with a hospital grade double electric pump 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 (especially Prolactin) or examine you for signs of remaining placenta if you are having heavy bleeding.

There are two medications available by prescription to help increase your milk hormone levels which usually will increase 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 only 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 by visiting [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 generally do not reimburse for the cost of Domperidone. The approximate cost per month is $50-100.

If you receive a prescription for Domperidone, your care provider can phone or fax the prescription to a local pharmacy known to have excellent service, who offers delivery to your home or to the hospital:

Philadelphia Professional Compounding Pharmacy
3138 Willits Road, 2nd Floor
Philadelphia, PA 19136
Phone: 215 464 4370
Fax: 215 464 4372

**Metoclopramide (Reglan)** has been found to significantly increase milk production in mothers with a low milk supply when taken at a dose of 30 mg/day. It is usually taken as 10 mg three times a 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. The medication is usually taken for 4 weeks, and then weaned gradually to 2 times a day for a week, then once a day 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. Both medications are considered safe for breastfeeding.
If you or your doctor would like detailed information about these medications, go to the Academy of Breastfeeding Medicine’s website, www.bfmed.org. It is protocol #9 “Galactogogues”.

Breast massage before and during pumping can increase milk supply. 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

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. Because herbs are not regulated in the United States, there is no way to guarantee purity and dosage of herbal products and so they should be used with caution by lactating mothers.

You may have heard of certain foods or drinks may increase your milk supply. There is no scientific proof than any food or drink will increase milk supply. Eating and drinking healthy foods and beverages will, in fact, keep you as healthy and energetic as possible. In addition, it is recommended that all breastfeeding women take a prenatal vitamin containing folic acid the entire time you are nursing.

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.