



CLINICAL PRACTICE GUIDELINE

Breastfeeding: Increasing Breast Milk Supply

This document should be read in conjunction with the [Disclaimer](#)

Aims

To assist the newborn baby to regain his/her birth weight by two weeks of age.

To nurture a mothers confidence in her ability to breastfeed.

Background

Secretory activation, when the colostrum phase ends and milk supply increases, occurs 2-5 days following birth. It is therefore important to consider the number of days postpartum prior to determining if the woman has a low supply. ¹

Management

1. Low supply is usually avoided by early initiation of breastfeeding on demand with effective milk removal²
2. Commence variance sheet 'MR 261.19 Increasing Breastmilk Supply'.
3. A lactation consultant or experienced midwife to assess that baby is:
 - positioned correctly at the breast.
 - attached well at the breast.
 - sucking with a nutritive pattern.
 - having at least 8-12 good breast feeds in 24 hours.
 - being offered both breasts each feed.
4. No dummies or complementary feeds should be given.
5. Encourage the mother to have adequate rest.
6. Avoid long periods between feeds.
7. Offer each breast twice, using breast compression and light stroking to encourage let down. Once milk supply has increased, return to ensuring the first breast is drained before offering the second side.
8. For the baby who is able to attach well to the breast, use of a supply line should be considered to feed extra expressed breast milk or formula to the baby (formula to be medically ordered or at the mothers request only).

9. After feeding express the breasts using an electric pump. Double pump until the milk flow slows or stops, then single pump with breast compression.
10. Feed all the EBM obtained to the baby by cup or finger feeding. Babies with a weight loss at or beyond 10% as well as those who have not regained their birth weight by two weeks are to be referred for medical assessment. For at or beyond 10% weight loss commence 'MR 425.06 Infant weight loss beyond 10% of birthweight'. See Clinical Guideline [Weight loss beyond 10% of birthweight](#).
11. Avoid the use of **teats** for supplements. See Clinical Guidelines, for use of cup feeding, finger feeding or supply line as appropriate.
12. If supply remains insufficient after 48 hours of expressing after feeds, consider prescribing Domperidone. See Clinical Guideline [Domperidone](#)

DISCHARGE PLANNING

1. Ensure breast pump loan arranged
2. Complete the variance sheet MR 261.19 and give to the mother.
3. Ensure a follow up appointment with either VMS or the Breastfeeding Centre is given to the mother as appropriate

References

1. Lauwers, J. Swisher, Counselling the Nursing Mother **A Lactation Consultant's Guide** 6th edition 2016
2. Walker, M. **Breastfeeding Management for the Clinician, Using the Evidence** Third edition 2014.

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