

GUIDANCE SHEET 5C (CHALLENGES): CONCERNS ABOUT MILK SUPPLY

Delivering Baby Friendly services at this time can be difficult. However, babies, their mothers and families deserve the very best care we can provide. This document on the management of the mother's milk supply is part of a series of guidance sheets designed to help you provide care remotely.

THE MOTHER IS CONCERNED ABOUT HER MILK SUPPLY

Because mothers cannot see what their baby is getting, they often worry that he may not be getting enough milk to grow and develop. Much can be done to support mothers to have the confidence in their bodies and in their baby's ability to breastfeed. It is normal for babies to feed frequently as they go to the breast for much more than food. If supported to feed responsively, most mothers should produce enough milk to meet their baby's needs. The most common cause of a true low milk supply is inadequate milk removal usually due to restricted access of the baby to the breast and/or ineffective attachment and positioning of the baby at the breast. Top priorities are revisiting positioning and attachment to assess effective milk transfer and to stimulate milk production. For mothers who are expressing, infrequent or ineffective expressing are the usual causes.

PREPARING FOR THE CONVERSATION

- Plan a mutually agreed appointment with the mother and consider using video so that you can watch a feed and see the mother and baby
- Refer to [Guidance Sheet 1](#) before you start
- Be aware that parents may be feeling vulnerable and frightened because of Covid-19, so sensitivity and active listening are important
- Take the parent's worries seriously as they can often sense when something is wrong.

USEFUL RESOURCES

- [Breastfeeding assessment tools](#) (midwives, health visitors, neonatal or mothers)
- [Neonatal breastmilk expression tool](#)
- [Unicef UK support for parents overcoming breastfeeding problems](#)
- Knitted breast and doll (if video call)

DURING THE CALL

Introduce yourself and confirm consent for the call

- Ask the mother to describe her feeding journey so far and carry out a [full feeding assessment](#) including urine and stool output of the baby and number of breastfeeds in 24 hours – *see table below*
- Watch a whole feed via video (if possible) to ensure the baby is effectively attached and there is milk transfer – *see right*
- Inadequate urine and particularly **stool** output indicate that the baby is not receiving enough breastmilk. If this is the case, see [Challenges Sheet 5d](#).
- If all appears well, reassure the mother and discuss [normal breastfeeding patterns](#).

Offer strategies to stimulate milk supply

- Encourage the mother to recognise and respond to feeding cues, including mouth opening, turning head, seeking/rooting and sucking fists (*note: dummy use can mask feeding cues*)
- Encourage the mother to feed her baby at least eight times in 24 hours – she may need to wake her baby to feed if he is not showing signs of waking by three hours from the beginning of the last feed
- Encourage the mother to hold her baby in skin contact to stimulate the baby to attach to the breast

EFFECTIVE MILK TRANSFER

At the beginning of a feed, the baby makes quick, shallow sucks to get the milk flowing before settling into deeper, slower jaw action suckles.

The suck/swallow ratio should be 2:1. A suck/swallow ratio of 3 to 4 sucks or more per swallow indicates ineffective milk transfer and a possible low milk supply. Revisit [positioning](#) and [attachment](#) to ensure the baby is effectively attached to the breast.

- Remind the mother to offer both breasts at each feed – **breast compressions** whilst the baby is feeding may also be useful
- Ensure that the mother knows how to **express her breastmilk** so that she can give expressed breastmilk to her baby if required, as this will also help to increase her supply.

Put a plan of care into place until the situation improves and plan a follow up call in 24 hours

- If the situation is improving, encourage the mother to continue to **monitor her breastfeeding** and the contents of her baby’s nappy and to contact you again if she is concerned
- If there is no improvement, supplementation with expressed breastmilk may be required – see **Challenges Sheet 5d**
- Consider referral to the infant feeding specialist/GP.

Wet Nappies	Day 1-2	1-2 or more in 24hrs
	Day 3-5	Should increase by 1 daily, beginning with 3 on the third day and 5 on the fifth day (should also be heavier)
	Day 6+	6 or more heavy, wet nappies in 24hrs
Stools/dirty nappies	Day 1-2	1 or more in 24hrs with meconium
	Day 3-4	At least 2 (preferably more) in 24hrs with changing stool
	Day 5+	At least 2 (preferably more) soft, runny, yellow stools/day. Babies under 4-6 weeks: at least 2 stools per day (<2 stools/day is indicative of low milk transfer/supply).
Suck/swallow pattern	Day 3-4+	Suck/swallow ratio 2:1 (A suck/swallow ratio of 3 or 4 sucks to 1 swallow is indicative of a low milk supply. Swallows may be less audible until milk flows)
Frequency of feeds	Day 1	At least 3-4 feeds
	Day 2+	Pattern and number of feeds will vary from day to day, with a minimum of 8-10 times in 24hrs

Note: check whether the mother has retained products of delivery that might impact milk supply.

CLOSING THE CONVERSATION

- Ensure the mother knows she can carry on breastfeeding and ask the mother if there is anything else she would like to know
- Offer to send her a summary of the conversation (with links to resources) and plan of care by email/text
- Inform her of what happens next
- Record the conversation and make a referral as appropriate in line with trust guidelines.

ADDITIONAL INFORMATION

- Take the parent’s worries seriously
- If the baby appears unwell, refer for a paediatric/GP assessment
- Report and record your findings in line with trust guidelines.

IF THE MOTHER HAS COVID-19

1. Review with parents how to take precautions to limit the spread of **Covid-19** to the baby:
 - Wash hands thoroughly before and after contact with the baby
 - Routinely clean and disinfect any surfaces touched
 - Clean any infant feeding equipment, including breast pumps, in hot, soapy water and sterilise thoroughly before and after use
 - Practice respiratory hygiene, e.g. avoid coughing/sneezing on the baby during feeding and wear a face mask or suitable alternative if available.
2. If a breastfeeding mother is feeling unwell, continuing to breastfeed rather than expressing may be easier and less stressful during this time. Alternatively, she may prefer for someone who is well to feed expressed breastmilk to the baby.
3. If a baby is being bottle fed with infant formula or expressed milk, wash equipment in hot, soapy water and sterilise carefully before each use.
4. If the mother is too unwell to breastfeed/express, she may be supported to when well enough. Consider using donor milk if available or applicable.