

## INCREASING YOUR SUPPLY OF BREASTMILK

Many mothers worry about producing enough breastmilk for their babies and many stop breastfeeding because they feel like they don't have enough milk.

If you are concerned that your breastmilk supply is low it is important to seek advice from a breast feeding specialist like your midwife, lactation consultant, Australian Breastfeeding Association counsellor or GP.

### You will know your baby is getting enough milk if:

- They have at least eight to twelve breastfeeds within 24 hours.
- They have six to eight pale coloured, wet cloth nappies or five to six pale, odourless heavily wet, disposable nappies over a 24 hour period after the first few days.
- They are contented after most feeds.
- They have good skin and muscle tone.
- They show signs of growth or weight gain (after losing 5-10% of birth weight in the first week) and are back to birth weight by 2-3 weeks

Bowel movements vary greatly in breastfed babies but should be at least two soft yellow stools every 24 hours for the first 6 weeks. Infrequent bowel patterns in older babies (after 6 weeks) is not a sign of constipation. Breastmilk is so good there is nothing to waste.

### Things to try:

- Check that your baby is positioned and attached correctly. Any nipple damage or distortion means baby is not attached properly and will be receiving less milk
- Increase breast stimulation by increasing how often you feed or the number of times you express, including night time
- Ask for a breastfeeding specialist to observe a whole feed. They may be able to make some suggestions on how you can feed your baby more effectively
- Feed from one breast then offer the second breast. Offer both breasts a second time
- Squeeze your breast for ten seconds while baby is feeding
- Offer a 'top-up' breastfeed if your baby is unsettled
- Offer another breastfeed for comfort, rather than using a dummy



- Encourage skin-to-skin contact
- Avoid giving your baby other fluids or food unless it is necessary for their health
- Try to rest, drink adequate fluids and have a well-balanced diet
- Limit caffeine (tea, coffee, cola and chocolate), nicotine and alcohol. Too much can decrease your milk supply
- Accept practical help at home
- Surround yourself with supportive people

Use of medication to increase supply would only be suggested if other means have been unsuccessful. Medication will have the best chance of working if you also continue increased breast stimulation and removal of milk.

## DOMPERIDONE (MOTILIUM) TO INCREASE BREASTMILK SUPPLY

### How Domperidone works

Domperidone is normally used to treat nausea and vomiting, but it can also increase production of the milk producing hormone prolactin. It may take a week before you notice an increase in your breast milk supply.

It is important to continue frequent breastfeeds (minimum of 8 every 24 hours) and/or expressing to help your breasts make more milk whilst taking domperidone.

### Dosing

Take 1 tablet (10 mg), three times a day, e.g. 6 am, 2 pm, 10 pm.

You should see a response within 7 days but the full effect may take 2-4 weeks.

If supply remains low your doctor may suggest increasing the dose to 20mg (two tablets) three times daily until a good milk supply is established.

Once a good milk supply is achieved, begin decreasing the dose over 1-2 weeks before stopping the medicine all together. There is little evidence to support treatment with domperidone for more than one month but seek advice from a Lactation Consultant or your breastfeeding specialist.

### Possible effects on mother

Tell your doctor if you have any underlying medical conditions or if you are on other medications.

A small number of mothers may complain of a dry mouth, skin rash, headache, thirst or drowsiness. If side effects are severe stop the medication and seek medical advice.

### Possible effects on baby

There is no record of harmful side effects for babies. However, a small amount of the domperidone will pass through to the breastmilk.

Sometimes herbal/naturopathic preparations may be suggested. There is little researched information available on dosage, effectiveness and safety for either mother or baby.

## CONTACTS

### Your local Maternity Units

### Your Child and Family Health Nurse

### Australian Breastfeeding Association Helpline

Ph: 1800 686 268, 7 days a week or visit [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

### Mother Safe

Medications in Pregnancy & Lactation Service)

Ph: 02 9382 6539 or 1800 647 848 if outside the Sydney Metropolitan area or visit [www.mothersafe.org.au](http://www.mothersafe.org.au)

### Private Lactation Consultant (IBCLC)

[www.lcanz.org/find-a-consultant.htm](http://www.lcanz.org/find-a-consultant.htm)

After hours telephone advice lines are listed in your baby's Personal Health Record (Blue Book)

## References

1. Australian Breastfeeding Association. Increasing Supply Reviewed April 2018
2. Australian Government National Health and Medical Research Council Department of Health and ageing. Eat for Health. Infant Feeding Guidelines 2012. Infant Feeding Guidelines Summary. NHMRC: Commonwealth of Australia 2013, viewed 5 October 2018, [http://www.eatforhealth.gov.au/sites/default/files/files/the\\_guidelines/n56\\_infant\\_feeding\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56_infant_feeding_guidelines.pdf)
3. Hale TW. Rowe HE, *Medications and Mothers' Milk: a manual of Lactational pharmacology*. 17<sup>th</sup>ed. New York; Springer Publishing Company; 2017
4. The Academy of Breastfeeding Medicine Protocol 9. Use of Galactogogues in Initiating or Augmenting the Rate of Maternal Milk Secretion. 2<sup>nd</sup> Edition 2018. Wendy Brodribb and The Academy of Breastfeeding Medicine. Volume:13 Issue 5: June 1
5. The Royal Women's Hospital Victoria Australia Fact Sheet. Domperidone for increasing breast milk supply. Accessed 16 January 2019, <https://www.thewomens.org.au/health-information/breastfeeding>
6. The Academy of Breastfeeding Medicine Protocol 9. Use of Galactogogues in Initiating or Augmenting the Rate of Maternal Milk Secretion. 2<sup>nd</sup> Edition 2018. Wendy Brodribb and THE Academy of Breastfeeding Medicine. Volume:13 Issue 5: June 1