

## Update - 4

## Infant and Young Child Feeding

## Not Enough Milk

*Almost all mothers can successfully breastfeed their babies if they are well informed and adequately supported e.g. community supports breastfeeding and values it, women receive adequate care and support from health care providers and work places have supportive environment. Breastfeeding is the right of every mother and the child. Mothers, even in malnourished states have demonstrated the ability to provide sufficient breastmilk to their babies because it is the "suckling" that controls the whole process of breastmilk production and is the key to success.*

*Mothers say "I don't have enough milk", this is the story in every home in this world, east or west, north or south, rich or poor. Commonest reason given by mothers all over the world for introducing supplementary milk early or even terminating breastfeeding her baby, is the belief that she does not have enough milk for her baby. Mothers often worry about the amount of breastmilk they produce as early as the first day after delivery. This is sometimes represented as being 'socially acceptable' excuse for discontinuing, rather than being a real (i.e. physiological) problem. Sometimes relatives, friends or health workers suggest to the mother that she may not have enough milk. Thus the mother's confidence in her ability to meet the baby's needs is easily undermined when they ask a loaded question, "is your baby getting enough?" this is enough to worry many mothers so much that their milk production falls off and their babies don't get enough! In this issue we, therefore, will be dealing with the problem of "Not Enough Milk" and how can health professionals help mothers to overcome their problem.*

## The Problem

A baby's need for milk and his/her mother's ability to produce it just in the right quantity have been said to be one of the nature's most perfect examples of the law of demand and supply. Until the advent of production of artificial milks, the very survival of the human race depended largely on mother's ability to produce a sufficient quantity of milk to adequately nourish her baby.

Even when a mother perceives her milk to be insufficient, the baby usually gets all the milk s/he needs. The fact is that the amount of milk, which the breasts produce, is determined by the amount that the baby needs. Breastmilk production increases

when the baby suckles more due to increased secretion of 'Prolactin'. This is the key to enough or even abundant breastmilk supply and a contented baby. Sometimes, a baby may not get enough breastmilk. Usually this is because the baby is either not suckling enough, or is not suckling effectively because s/he is not sucking in a correct position. Mothers who think that they do not have enough breastmilk need assistance and support of a skilled person.

*Almost all mothers can produce enough breastmilk for one or even twins, provided the baby suckles effectively and breastfeeds as often as needed.*

### Dear Reader,

*Malnutrition in children is a major problem facing us and to reduce it, a multi-faceted approach is essential. We at BPNI set up an expert group to review the areas which require special focus in the health sector. Its outcome, the **Infant and Young Child Feeding Update** will provide you information on caring practices that can aid in reducing malnutrition in the young child. We welcome your valuable contribution based on your experience.*

**How to tackle the problem:** A practical approach for health professionals would be to:

- 1 First, decide whether the baby is getting enough milk or not.
- 2 If the baby is not getting enough breastmilk, evaluate why.
- 3 Decide how to help the mother and the baby.

## 1. Decide if the baby is getting enough.

*You can be confident that the baby is getting enough milk:*

- ☞ if the baby is **gaining weight** at an average of 500 grams per month or approximately 20g a day. (A weight loss of up to 10% is considered normal during the first week of child's birth. This may be due to the shedding of excess fluids, largely from placental blood and baby's passing of the meconium (the first stool). In order to establish that the weight gain has been appropriate, at least two weights need to be compared. A minimum useful interval is two weeks, in which a baby should gain 250 grams or more.)
- ☞ the baby has passed light colored urine six times or more a day [**6 wet "langots" (napkins) or more**] and is receiving nothing but breastmilk-not even water or formula milk. A baby's urine output is a useful sign for monitoring a child's breastmilk intake daily, while waiting for information about

weight gain.

- ☞ the baby is **breastfeeding frequently** on both breasts. Most newborns usually breastfeed every two to three hours or eight to twelve times in twenty-four hour period. This is an average, and some babies may demand breastfeed less frequently while others more often.
- ☞ the baby **appears healthy**.

## If the Baby is not getting enough breastmilk, evaluate why?

If a baby is not getting the breastmilk it needs and is not gaining weight adequately, try to understand why. Listen to the mother and learn about her situation. Try to understand why she believes her milk is insufficient, and what are her feelings about her baby and about breastfeeding. Take history & observe a breastfeed. Table 1 summarizes the reasons why a baby may not get enough breastmilk. The reasons listed under **Breastfeeding factors** and **Mother's psychological factors** are common and often go together. For example, lack of confidence in herself to provide enough milk leads a mother to give bottle-feeds, and giving bottle-feeds further reduces her confidence as it affects oxytocin reflex which in turn reduces milk flow.

Table 1

Reasons why a baby may not get enough breastmilk			
These are COMMON		These are NOT COMMON	
Breastfeeding factors	Mother: psychological factors	Mother: physical condition	Baby's condition
<ul style="list-style-type: none"> <li>• Delayed start</li> <li>• Infrequent feeds</li> <li>• No night feeds</li> <li>• Short or interrupted feeds</li> <li>• Scheduled feeding</li> <li>• Poor attachment</li> <li>• Bottles, pacifiers</li> <li>• Complementary feeds</li> <li>• Top feeds</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of confidence</li> <li>• Worry, stress</li> <li>• Dislike for breastfeeding</li> <li>• Rejection of baby</li> <li>• Tiredness</li> </ul>	<ul style="list-style-type: none"> <li>• Using contraceptive pill, diuretics</li> <li>• Pregnancy</li> <li>• Severe malnutrition</li> <li>• Alcohol</li> <li>• Smoking</li> <li>• Retained piece of placenta (rare)</li> <li>• Poor breast development (very rare)</li> </ul>	<ul style="list-style-type: none"> <li>• Illness</li> <li>• Physical abnormality</li> </ul>

### 1. Breastfeeding factors, how these affect breastmilk production and flow.

☞ If the first breastfeed is delayed past few days, it is more difficult to establish a good milk flow, which may affect the amount of milk the mother produces later (help mothers initiate breastfeeding within half an hour of birth);

☞ Infrequent breastfeeding will produce less prolactin leading to less milk production;

☞ No night-feeding leads to less prolactin production and hence, reduced milk supply;

☞ Less suckling stimulus during shorter feedings again leads to less prolactin release;

- ☞ Scheduled feeding interferes with the supply and demand of milk production:
- ☞ When the baby is incorrectly attached to the breast, breastmilk is not effectively transferred; it may appear that the breastmilk is not enough.
- ☞ Use of bottles and pacifiers may lead to nipple confusion;
- ☞ Addition of any other fluids/foods before six months would actually lead to less suckling stimulus, which in turn, will lead to less prolactin production and hence, reduced milk, supply.

## 2. Psychological factors of the mother

Lack of confidence in the mother about her ability to produce enough amount of milk sets out a cycle of poor confidence, less secretion of oxytocin, apparent poor supply, worried mother, crying baby and introduction of bottle/artificial feeding. Promotion of infant formula and free samples can further undermine mother's confidence in her milk supply. Stress and worries also lead to poor oxytocin reflex.

## 3. Physical factors of the mother and the baby

Mother's physical conditions are uncommonly associated with not enough milk and so are baby's conditions and should only be considered if no other reason is found.

## Decide how to help the mother and the baby

*If the Baby is not getting enough breastmilk, decide how to help the mother and the baby. Understand for situation*

- ☞ Explain to the mother the possible reasons for her baby not getting enough breastmilk after ascertaining the factors mentioned above. Reassure her that her breasts can produce as much milk as her baby needs.
- ☞ Keep the baby close to her and not give the baby to other care givers. She should keep the baby with skin to skin contact and breastfeed at night.
- ☞ Restore the mother's confidence and explain to her how it helps in milk production. Help the mother to improve her baby's attachment at the breast. The baby should be

allowed to suckle uninterrupted more frequently (at least ten times in 24 hours or more if the baby is willing) and for as long as he wishes.

- ☞ Breastmilk intake by infants who are exclusively breastfed normally increases between 3 and 6 months of age, whereas that of infants who begin receiving solids, breastfeeding will decline (Heining et al. 1993)
- ☞ If the baby is less than four months old and the mother gives supplementary milk feeds, help her to reduce them. She should use a cup (not a bottle) and this should be offered after the baby has breastfed for as long as he wants - not instead of a breastfeed. Make sure that the supplementary milk feed is hygienically prepared and not over diluted.
- ☞ Avoid use of bottles, teats and pacifiers. If artificial feeds are needed until an adequate milk production is established feed them by cup.
- ☞ Follow up daily until the baby starts gaining weight, then weekly until the mother has gained confidence and her baby is gaining weight satisfactorily.

## A mother who thinks that she does not have enough milk

- ☞ Understand her situation. Take a history do not ask whether you have enough milk but try to understand why the mother doubts her milk supply and explain how breastfeeding works.

## Did you know?

- ⇒ The mother's dietary intake has no effect on her milk supply. Even if the mother's diet is less than ideal, her milk supply will be adequate for her baby. Only mothers who are chronically or severely malnourished have reduced milk supplies. Ruth A. Lawrence says, "All over the world women produce adequate and even abundant milk on very inadequate diets". (Lawrence R.A. Breastfeeding: A Guide for the Medical Profession, 3rd edn. St. Louis: Mosby; 220-244, 1989).
- ⇒ Mothers can produce enough milk to feed twins and even triplets.



- ☛ Help mother to improve baby's attachment at the breast.
- ☛ Build her confidence. Show her that the baby is gaining weight and reassure her that he is getting enough breastmilk.
- ☛ Babies cry a lot when hungry, there may be some other reasons of crying. Suggest some ways to comfort the baby who cries a lot - commonly used methods are: hold the baby, stroke him, put light pressure against the abdomen; change his clothes; burp the baby several times during a feed and sometimes just a change of place helps.
- ☛ Explain the advantages of exclusive breastfeeding and the dangers of unnecessary supplements.
- ☛ Inform the mother about how breastfeeding works and role of oxytocin reflex in breastmilk flow and how confidence can help her to come out of the problem.
- ☛ Talk to close relatives.
- ☛ Follow up each week until she has gained confidence.
- ☛ The main way to increase the supply of breast milk is for the baby to suckle to stimulate milk production.

## Resources

Following publications are available at BPNI Resource Center, in case you need to order, please send your payments through DD in favour of "BPNI Delhi".

- **The Law to protect and promote breastfeeding.** A book that explains the provisions of the IMS Act in a simple manner. Rs. 40 each
- **Under Attack - An Indian Law to Protect Breastfeeding.** A report on the monitoring of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (The IMS Act) Rs. 100 each
- **Commercial Infant Foods - Analysis of Promotion.** A report on the ways and means of promotion use by the manufacturers Rs. 100 each
- **Breastfeeding and Infant Feeding (स्तनपान और शिशु आहार) - A Guide for the parents** (in Hindi and English) Rs. 10 each
- **Human Lactation Management Training (HLMT) Course Module.** A course for Doctors, Nurses & Breastfeeding Counsellors (In English). A set with slides and transparencies. Rs. 3500 each set
- **Helping Mothers to Breastfeed** an ACASH (Mumbai) publication. Rs. 100 each
- **Maternity Home Practices & Breastfeeding** an ACASH (Mumbai) publication. Rs. 75 each
- **Poster "Closeness and Warmth"** 15" x 20" Rs. 10 each
- **Breastfeeding Posters** 12" x 18" (in English & Hindi) Rs. 5 each
- **Video: Maa Ka Pyar - Sishu Ahhaar (माँ का प्यार शिशु आहार)** Language: Hindi. Duration: 13 minutes this video covers early, exclusive breastfeeding, how to breastfeed and complementary feeding Rs. 250 per cassette

## Commonly asked questions

There are certain questions, which mothers normally ask you; we provide suitable responses here to facilitate your answers.

**Q1. Is there any drug that may increase the milk supply?**

**Response:** Some drugs have been reported to increase supply, but frequent suckling at the breast and avoiding bottle feeds is enough to ensure adequate supply of milk than medicines to increase your milk. Metoclopramide is known to enhance prolactin secretion but does not replace counselling to build confidence of mothers.

**Q2. To increase her milk supply, should the mother drink large amounts of extra fluid?**

**Response:** This fallacy is most often expressed in the admonition to the newly lactating mother to "drink as much fluid as possible." or to drink a specific number of glasses of water or milk throughout the day. In a recent examination of this question, researchers observed that a 25 percent increase (range 26%-140%) in water above normal fluid intake resulted in *no* significant change in milk production. They concluded that no benefit was realized with a marked increase in supplemental fluid intake. Drinking to quench thirst is sufficient.

**Q 3. When does the lactating mother's milk come in?**

**Response:** Although normal breast fullness usually occurs one to three days after the infant begins suckling, this is not to say that no milk exists prior to that time or that the baby does not obtain nourishment. Milk truly starts "flowing" on day 3 onwards. Colostrum, a highly concentrated source of protein and antibodies, is produced as early as the third month of the pregnancy. It continues to be produced through the second week of the infant's life, gradually declining in both volume and proportion by around the beginning of the third postpartum week. When the placenta is delivered, prolactin-inhibiting factor, the primary barrier of full milk production during pregnancy, is removed, thereby allowing production of mature milk. The proportion of colostrum declines as the proportion of mature milk increases.

In our next issue we will cover **Breastfeeding Problems and Breast Conditions**



**Infant and Young Child Feeding: Update -4**, is a publication of the Breastfeeding Promotion Network of India (BPNI), under the project "Information for Action", supported by UNICEF, India and the Department of Women & Child Development, Government of India.

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