

WHEN BABE IS NOT GAINING

First we need to understand how milk production works

Endocrine (Hormonal) Control of Milk Synthesis — Lactogenesis I & II

Supply and demand is one of the key principles of milk production, however milk production doesn't start out this way initially. During pregnancy and the first few days postpartum, milk supply is controlled by our hormones. Essentially, as long as the proper hormones are in place, mom will start making colostrum (the first milk which is packed with nutrients and antibodies) about halfway through pregnancy, this is called lactogenesis I. The milk will then increase in volume around 30-40 hours after birth, this is called lactogenesis II.

During pregnancy, the breasts are making colostrum, but high levels of progesterone, a pregnancy hormone, block milk secretion and keep the volume "turned down". At birth, the delivery of the placenta results in a sudden drop in pregnancy hormones, which signals the body to transition to Lactogenesis II (copious milk production). The sensation of breast fullness, milk coming in happens approx. (2-3 days after birth).

These first two stages of lactation are *hormonally driven* – they occur whether or not a mother is breastfeeding her baby.

Established (ongoing) Lactation... Autocrine (Local) Control of Milk Synthesis — Lactogenesis III

After Lactogenesis II, there is a switch in the way milk supply is regulated. This maintenance stage of milk production is called Lactogenesis III. In the maintenance stage, milk production is controlled by signals sent by the breast — milk removal is the primary control mechanism for supply. Milk removal is driven by baby's appetite. Although hormonal problems can still interfere with milk supply, hormones play a smaller role in established lactation. Under normal circumstances, the breasts will continue to make milk indefinitely as long as milk removal continues.

When baby is not gaining.... with breastfeeding we look at 2 things. Is it a milk supply issue or is it a milk transfer issue?

MILK TRANSFER ISSUE

TO ENSURE THE BABY DRINKS AS WELL AS POSSIBLE:

1. Get the best latch possible. A baby latched on well is on the breast asymmetrically, covering more of the areola with his lower lip than his upper lip, with his chin in the breast but not his nose, and his head is slightly tipped backwards compared to the rest of his body. When the baby is latched on well, the mother has no pain, and the baby gets milk well from the breast. See this [video clip](#) showing a good latch and good drinking.

2. How to know a baby is getting milk. When a baby is getting milk, he will have an open mouth wide – pause – close mouth type of suck. They are not necessarily getting milk just because they have the breast in their mouth and are making sucking movements. When they are sucking and not getting milk their chin moves down and up rapidly with no pausing of the chin when the mouth is wide open—this means "I am *not* getting milk flow into my mouth".

The longer the pause, the more milk the baby got, so it is obvious that the frequently advised "feed the baby 20 minutes on each side" makes no sense. A baby who drinks very well (as opposed to sucking without drinking) for say, 20 minutes straight, will likely not take the other side. A baby who nibbles (doesn't drink) for 20 minutes will come off the breast hungry.

3. Breast compressions. Once the baby is sucking without drinking, use the technique of breast compression to increase the flow of milk to the baby. One reason babies may not be active at the breast is due to a slow flow of milk. Babies react in two ways to slow flow; They either fall asleep at the breast or they pull at the breast. Some babies do one thing at one feeding and another at another feeding. Some will both fall asleep and pull at different times during a single feeding. When the baby is sucking without drinking, start doing a breast compression, but be sure to do them while the baby is *sucking but not drinking*. Keep the baby on the first breast until he doesn't drink even with compressions. See the blog [Breast Compression](#).

4. Stimulate Babe at the breast. Some babies are sleepier than others and require stimulation to keep them drinking at the breast, especially if they have some jaundice. Get them undressed. Tickle their feet. Pull up (chicken wing) and rotate gently on their arm, if they are still hungry they will pull back on their arm. If they are full or too tired to drink their arm will be limp and hand will be open.

MILK SUPPLY ISSUE

TO ENSURE YOU MAKE ENOUGH MILK:

As discussed above in Lactogenesis III milk out equals new milk made.

One reason a baby may not gain weight and milk supply can drop is because babe is not removing the amount of milk from the breast that they need to gain and thrive. So if all the above steps of Milk Transfer have been taken and babe is still not gaining we suggest the following.

- In daytime hours (hours you are awake) ***feed your baby every 2 hours*** (from the beginning of one feed to the next so likely from the time you finished a feed you have 1.5 hrs until the next feed).
- In nighttime hours (hours you are sleeping) ***feed your babe every 3 hours***.
- Ideally a feed and pump session does not take more than 30 - 40 min maximum.

What a feed can look like when trying to increase weight gain:

- Babe should feed actively at the breast for a maximum of 10 – 15 min per breast - During the feed you are ensuring that babe is actively drinking the whole time. If babe is not actively drinking then stop breastfeeding before the 30 min. If babe is actively drinking then stop after 30 min are up.
- Give babe to support person and have them top up babe with expressed breastmilk via finger feeding tube or bottle (whichever you prefer). Top up may consist of previously expressed breast milk from last pumping session, or formula if needed.
- While support person is topping up babe, you empty your breast with a pump. Max 10 min per breast, ideally you have a double electric pump and just have to do 10 min. Milk flow may stop before the time is up, this is okay.
 - Babe is put down for a sleep. You get some rest, food, shower, etc.
 - Start all over again 2-3 hours from when you last started (depending on time of day).

Start taking herbs to Increase Milk Supply: Fenugreek and Blessed Thistle – 3 capsules of each every 8 hours. Mother's Milk tea can be added, drinking 2-3 strong cups per day. Oatmeal, molasses, avocado and salmon are good diet options to nourish yourself while working to increase milk supply.

Moringa is also a great way to increase supply. Capsules: take multiple times a day (e.g. 3 or 4 times per day), up to a total of 4.5 gram a day. Powder: follow manufacturer's directions; can be mixed into a beverage, such as a smoothie.