


The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. They are positioned in the top-left, top-center, and bottom-right areas of the page.

LOW MILK SUPPLY: A PROVIDER'S GUIDE

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OBJECTIVES

1. BASIC UNDERSTANDING OF LACTOGENESIS 2
 2. MATERNAL RISK FACTORS FOR LOW SUPPLY
 3. INFANT RISK FACTORS OR LOW SUPPLY
 4. WHAT IS LOW SUPPLY
 5. STRATEGIES TO IMPROVE MILK SUPPLY
 6. GALACTOGUES
- 

SCOPE OF PRACTICE

- WE ALL MUST PRACTICE WITHIN OUR SCOPE.
- IBCLE HAS RELEASED GUIDELINES IN 2017.
 - THE IBCLC NEITHER PRACTICES MEDICINE NOR DIAGNOSES A DISEASE OR DISEASE PROCESS UNLESS THE CERTIFICANT IS SEPARATELY LICENSED OR AUTHORIZED TO PERFORM SUCH PROCEDURES.
 - AN IBCLC DOES CAREFULLY ASSESS, DOCUMENT FINDINGS, AND REFER APPROPRIATELY AS NEEDED TO OBTAIN MEDICAL DIAGNOSIS AND POSSIBLE TREATMENT
- CLCS ARE COUNSELORS
- NURSES MUST FOLLOW THEIR SCOPE
- DIETICIANS
- LAY IBCLCS

LACTOGENESIS 2

- THIS IS THE ONSET OF COPIOUS MILK PRODUCTION
- DEPENDENT ON DELIVERY OF THE PLACENTA AND FREQUENT MILK REMOVAL
- SOME MILK WILL COME IN EVEN WITHOUT STIMULATION AND REMOVAL BUT FOR GOOD MILK SUPPLY NEED FREQUENT AND IMMEDIATE MILK REMOVAL AFTER BIRTH



THE IMPORTANCE OF THE EVALUATION

- IT IS TIME CONSUMING
- HAVE TO HAVE OUR DETECTIVE HAT ON
- IS IT MOM?
- IS IT BABY?
- IS IT A ZEBRA??
- NEED A QUALIFIED LACTATION PROFESSIONAL TO PERFORM EVALUATION
- CANNOT JUST SAY.....
- LETS TRY THIS WITHOUT AN EVALUATION

MATERNAL ASSESSMENT

- NO BREAST GROWTH DURING PREGNANCY
- HORMONAL INSUFFICIENCY
- PREVIOUS FAILURE
- AGE
- SURGERIES
 - BREAST
 - WEIGHT LOSS
 - OTHERS
- MEDICATIONS
 - EARLY BIRTH CONTROL
 - HYPERTENSION
 - ILLICIT DRUGS

MATERNAL WARNING SIGNS

- DELAYED LACTOGENESIS II
- SLOW PRODUCTION
- SORE NIPPLES
- FLACCID BREASTS
- SEPARATION FROM INFANT
- DELAYED PUMPING (IF SEPARATED)
- WIDE SPACED BREASTS
- HAVE TO EVALUATE THE BREASTS

INFANT ASSESSMENT

- OBVIOUS ONES
 - CLEFT PALATE
 - HEART DEFECTS
 - GENETIC DISEASES
 - ADMISSION TO NICU
- PREMATUREITY
- GREAT PRETENDERS
- BIRTH EXPERIENCE
- ANATOMY
 - HIGH PALATE
 - TONGUE TIE
 - TORTICOLLIS
 - LOW TONE
- SUCK FUNCTION
- PRE AND POST WEIGHT AFTER DAY 5

INFANT WARNING SIGNS

- FAILURE TO START GAINING WEIGHT BY DAY 5
- NOT REGAINING BIRTHWEIGHT BY DAY 10
- SLEEPING TOO MUCH
- GOOD GAIN INITIALLY THEN CURVE DECELERATES
- NOT VOIDING AND STOOLING APPROPRIATELY
- SLOW GROWING BABY
- FUSSY INFANT
- INFANT THAT WAKES TO NURSE BUT FALLS ASLEEP QUICKLY AT BREAST AND IS SATISFIED

EVIDENCE BASED GROWTH

- OLD
 - LOSE UP TO 10%
 - REGAIN BIRTHWEIGHT BY DAY 14
 - GAIN 20GRAMS A DAY AFTER DAY 5
- NEW (WHO GUIDELINES)
 - LOSE UP TO 7%
 - REGAIN BIRTHWEIGHT BY 2-7 DAYS AFTER BIRTH
 - GAIN 30-45GRAMS A DAY AFTER DAY 5

WHAT IS LOW SUPPLY

- ANY CONDITION WHERE THE MOTHER'S MILK SUPPLY IS NOT SUFFICIENT ENOUGH FOR THE INFANT TO GAIN 30GRAMS A DAY
- DO NOT CONFUSE WITH POOR TRANSFER
- IT IS A VICIOUS CYCLE
- GOT TO FIND THE CAUSE AND FIX TO CONTINUE POSITIVE SUCCESSFUL BREASTFEEDING

STRATEGIES TO IMPROVE MILK SUPPLY

- FLUIDS (1/2 MATERNAL BODY WEIGHT IN OZS) A DAY
- CALORIES, A MINIMUM OF 1800 A DAY
- PROTEIN
- FIBER
- MAGNESIUM
- ZINC
- FREQUENT MILK REMOVAL
- SLEEP

GALACTOGUES

- ANY SUBSTANCE THAT TAKEN CAN INCREASE MILK SUPPLY
- REMEMBER TEAS AND TINCTURES REQUIRE A LOT OF VOLUME
- CAN BE MEDICATIONS
 - KNOW THE CONTRAINDICATIONS
 - KNOW THE SIDE EFFECTS
 - UNDERSTAND WHY IT WOULD WORK
- CAN BE HERBS
 - KNOW THE CONTRAINDICATIONS
 - KNOW THE SIDE EFFECTS
 - UNDERSTAND WHY IT WOULD WORK

GALACTOGUES

- FENUGREEK
 - IT IS AN HERB USED IN COOKING
 - CONTAINS PROTEIN, IRON, VIT C, NIACIN, AND POTASSIUM
 - ONE OF THE OLDEST DOCUMENTED MEDICINAL HERB
 - HAS SMALL BODY OF RESEARCH PROVING INCREASE IN SUPPLY
 - IN ANIMAL STUDIES, IT HAS BEEN SHOWN TO INCREASE PROLACTIN OR GROWTH HORMONE
 - SIDE EFFECTS: MAPLE SYRUP SMELL, DECREASES T3, DIARRHEA
 - AVOID IN PT WITH ALLERGIES TO PEANUTS, LEGUMES, OR ASTHMA

GALACTOGUES

- GOATS RUE
 - FIRST MENTIONED IN 1873
 - IT CONTAINS PRECURSOR TO METFORMIN
 - MAY HELP WITH PATIENTS WITH PCOS
 - MILD DIURETIC,
 - MAY INCREASE BREAST TISSUE

GALACTOGUES

- SHATAVARI
 - USED IN INDIA AND CHINA
 - TRADITIONALLY USED FOR INFERTILITY
 - NO CLEAR DATA ABOUT EFFECTIVENESS
 - MAY INCREASE PROLACTIN
 - MAY BLOCK OXYTOCIN
 - DO NOT USE DURING PREGNANCY
 - MAY INCREASE VAGINAL LUBRICATION AND SEX DRIVE

GALACTOGUES

- MORINGA
 - GO-LACTA AND OTHER BRANDS
 - COMES FROM A TREE GROWN IN INDIA AND PHILLIPINES
 - DO NOT EAT FLOWERS, OR ROOTS
 - HAS 9 AMINO ACIDS
 - FIBER
 - VITAMIN A, E
 - POTASSIUM, CALCIUM, MAGNESIUM
 - SUPPORTS NUTRITION
 - SMALL STUDY DOES DEMONSTRATE INCREASE IN MILK SUPPLY
 - MECHANISM OF ACTION NOT KNOWN

GALACTOGUES

- BLESSED THISTLE
 - BEEN USED SINCE THE 1600S
 - POSSIBLE HORMONE BALANCE
 - USUALLY USED IN PILL FORM
 - TEAS AND TINCTURES VERY BITTER
 - USUALLY USED IN CONJUNCTION WITH FENUGREEK

GALACTOGUES

- LACTATION COOKIES
- SO MANY DIFFERENT RECIPES
- PREDOMINANT IN MOST ARE OATMEAL (FIBER), BREWERS YEAST (B VITAMINS) AND FLAXSEED (FIBER, DIGESTION, AND OMEGA 3S)
- CALORIES
- ESSENTIAL OILS
- MY PERSONAL BIAS
- DO NOT USE ON BREAST TISSUE (REMEMBER INFANT WILL BE LAYING OR EATING AT THE BREAST)
- MANY ARE CONTRAINDICATED IN INFANTS
- CLARY SAGE AND PEPPERMINT CAN DECREASE SUPPLY
- MOMS ARE USING, FENNEL, LAVENDER, GERANIUM, HELICHRYSUM, JASMINE, MELALEUCA, ROMAN CHAMOMILE

GALACTOGUES

- REGLAN-
 - INCREASES PROLACTIN
 - IT DOES CROSS BLOOD BRAIN BARRIER
 - CAN CAUSE POSTPARTUM DEPRESSION
 - IN SAME CLASS AS DOMPERIDONE AND RISK OF LONG Q-T SYNDROME
 - SHOULD NOT BE USED MORE THAN 3 WEEKS
- DOMPERIDONE- ORPHAN DRUG STATUS, 2015 FDA MADE IT IMPOSSIBLE TO COMPOUND WITHOUT FACING PUNISHMENT
 - GREAT FOR MILK INCREASE
 - DOES NOT CROSS BRAIN BARRIER
 - INCREASES PROLACTIN
 - BLACK BOX WARNING OF LONG Q-T SYNDROME (SAME AS REGLAN)
- CISPRIDE
 - SHOULD NOT BE USED
 - CAN CAUSE SEVERE HEART CONDITIONS
- OXYTOCIN NASAL SPRAY –HAS TO BE COMPOUNDED
 - ONLY BENEFIT IS IF THERE IS A SLOW MER

RESOURCES

- DR. JANE MORTON AT STANFORD
 - HANDS ON PUMPING VIDEO
 - 15 MINUTES OF BREASTFEEDING HELP
- ASKLENORE.COM
- BFAR.ORG
- LOWMILKSUPPLY.ORG
- DR. FRANK NICE
 - WWW.NICEBREASTFEEDING.COM
- DR. THOMAS HALE
 - INFANT RISK CENTER

CASE STUDY

- MALE INFANT BORN VAGINALLY AT 41 WEEKS
- PRIMIP
- NO COMPLICATIONS AT BIRTH
- MOM WANTS TO BREASTFEED
- FIRST VISIT AT DAY 5 DUE TO HOLIDAY
- BIRTHWEIGHT 9-2 BORN AT NEIGHBORING FACILITY, IN CLINIC WITHOUT RECORDS
- FIRST APPT. LENGTH 94%, WEIGHT 8-2 (3680 GRAMS) HC NOT COLLECTED?

CASE STUDY

- PT BROUGHT BACK 72 HOURS LATER
- WT 3700 GRAMS, 61%, HC 78%
- INFANT WAS STARTED ON SUPPLEMENTATION AND OUNCE A FEEDING AFTER BREASTFEEDING
- LACTATION APT AT ONE WEEK OF LIFE (REALLY DAY 9)
 - 3650 GRAMS, 53%
 - ON EXAM, POSTERIOR TONGUE TIE
 - ON EXAM, MOTHER HAS HAD BREAST SURGERY, WITH QUESTIONING REDUCTION SURGERY 7 YRS AGO
 - POOR ORAL FUNCTION IN INFANT WITH POOR ORAL TONE
 - PT TRANSFERRED ABOUT AN OUNCE
 - POSITIONING, LATCHING, ORAL STIMULATION, AND FEEDING PLAN DEVELOPED

CASE STUDY

- FU WITH LACTATION
 - WT 3960 GRAMS, 52%, LENGTH 87% HC 80%
 - FEEDING PLAN REINFORCED
 - REVIEWED HOW TO INCREASE SUPPLY

CASE STUDY

- PT MISSED APPTS
- NEXT HEALTH CHECK AFTER ONE MONTH OF AGE (6 WEEKS)
- PT KEPT 2 MONTH WELL CHECK
 - WT 4530 GRAMS, 1%, LENGTH 36% HC48%

CASE STUDY

- LACTATION VISIT AFTER 2ND MONTH
- WEIGHT 4620GRAMS 3%, HC 17% LEGNTH 35%
- WEIGHT CHECK AT 3MONTHS WEIGHT 5520 GRAMS 8%

THE BIG PICTURE

- INFANT BORN AT 9-2
- LOST MORE THAN A POUND IN FIRST WEEK
- SLOW GROWTH AT 3 WEEKS
- MISSED APPTS
- FAILURE TO THRIVE AT 2 MONTH WELL CHECK
- MOM UNAWARE, FELT INFANT WAS A “GOOD BABY”

THE CURVE

- LENGTH 94%- 35% (AT LAST VISIT)
- WEIGHT 99% TO 1% BY 2MONTHS OF AGE WEIGHT COMING UP AND AT 3 MONTHS 8% WITH HEAVY SUPPLEMENTATION
- HC: 78% TO 39%

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