

Not Enough Milk

Helping Mothers who Complain of "Not Enough Breastmilk"

WHO and UNICEF recommend that infants should be exclusively breastfed for at least the first four months of life, and, if possible, for six months. Worldwide, however, only a small proportion of infants are breastfed exclusively for more than a few weeks. Even in societies where breastfeeding is still the norm, mothers often introduce complementary foods or drinks at an early age. One of the commonest reasons given by mothers all over the world for stopping breastfeeding or introducing complementary foods early is that they think they do not have enough breast milk or the quality of their milk is poor(1-6). Some mothers worry about the amount of breast milk they produce as early as the first days after delivery. Sometimes relatives, friends or health workers suggest to a mother that she may not have enough milk. It seems that in all societies, mothers' confidence in their ability to meet their babies' needs is easily undermined.

Almost all mothers can produce enough breast milk for one or even two babies, provided the baby suckles effectively and breastfeeds as often as he or she wants. Even when a mother perceives her

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** As the mother is referred to as 'she' in the text, for reasons of clarity the baby is referred to as 'he'. This does not imply any gender bias.*

milk to be insufficient, her baby is usually getting all the milk he* needs(3). The amount of milk the breasts produce is determined by the amount that the baby takes; it increases when the baby takes more. Even in societies where women's diets are poor, most are able to produce breast milk in amounts that are adequate for good infant growth(7).

Sometimes, however, a baby does not get enough breast milk. Usually this is because the baby is not suckling enough, or is not suckling effectively. In the few cases when mothers are unable to produce enough breastmilk, this is due to poor mammary gland development or hormone disturbance(8).

Mothers who think that they do not have enough breastmilk need the help and support of a skilled person. A practical approach for health workers to help these mothers is summarized in the following three steps:

- * First, decide whether the baby is getting enough milk or not.
- * Second, if the baby is not getting enough breastmilk, decide why.
- * Third, decide how to help the mother and baby.

Decide Whether the Baby is Getting Enough Breastmilk, or Not

Mothers mention a variety of signs that make them think they are not producing enough breastmilk. There are, however, only two signs which show reliably that a baby is not getting enough milk. These two *reliable* signs are: (i) poor weight gain, and (ii) passing small amounts of concentrated urine.

A useful rule of thumb is: *if the baby is below his birth weight after two weeks or gains less than 500 grams a month during the first six months of life*, he is not gaining enough weight and is not getting enough milk. In order to establish that weight gain has been poor, 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.

If a baby urinates less than 6 times a day, and the urine is yellow and strong smelling, the baby is not getting enough breastmilk. This sign is useful for monitoring a child's breastmilk intake daily, while waiting for information about weight gain. It is not helpful if the baby is dehydrated from diarrhea, is having other fluids besides breastmilk, or if very absorbent nappies are used since these make estimates of urine output difficult.

There are other signs that *may* mean that a baby is not getting enough milk. These are *possible signs*. Possible signs related to the baby are: (i) not satisfied after a breastfeed, (ii) cries often, (iii) wants frequent breastfeeds, (iv) takes very long breastfeeds, (v) refuses to breastfeed, (vi) has hard, dry or green stools, (vii) has infrequent small stools.

Possible signs related to the mother are: (i) her breasts did not enlarge during pregnancy, (ii) breastmilk did not "come in" after delivery, (iii) no milk comes out when she expresses.

A baby who seems not to be satisfied after breastfeeds, or who wants to feed very often or for a long time at each feed, may be suckling ineffectively so that he does not get the breastmilk easily (see below under *Breastfeeding Factors*). Sometimes a baby may refuse to breastfeed out of frustration because the milk does not flow well. If a baby cries a lot, his mother

may think that she does not have enough breastmilk(3,6). However, there are other reasons why a baby may cry. Sometimes for instance, babies seem more hungry than usual for a few days, possibly because they are growing faster than before. This is called a "growth spurt". Sometimes a baby is upset by certain foods that his mother takes. Some babies cry a lot because they need to be held and carried more than others. Another common reason for crying is "colic". A colicky baby usually cries continuously at a certain time of the day, often in the evening. The baby may pull up his legs as if he has abdominal pain. Colicky babies grow well and their crying usually becomes less after three months.

The frequency with which healthy, adequately breastfed infants pass stools is variable. Some babies do not pass a stool for several days, while others have eight or more stools a day. However, a breastfed baby's stool is semi-liquid and, if passed infrequently, is usually large. If a baby passes stools infrequently and they are small, hard, dry or green, the baby may not be getting all the breastmilk that he needs.

Occasionally a mother may observe no changes in her breasts during pregnancy or in the week after delivery and may be unable to express milk in the first 4-5 days. She may be one of those few mothers who are not able to produce enough breastmilk.

When a mother reports one of the *possible signs*, there is a need to check of *reliable signs* to be certain whether or not her baby is getting enough breastmilk.

If the Baby is Not Getting Enough Breastmilk, Decide Why

If a baby is not getting all the breastmilk that he needs, try to decide why. Listen to the mother and learn about her situation. Try to understand why she believes that her milk is insufficient, and what her feelings are about her baby and about breastfeeding. Take a history and

observe a breastfed.

Table I summarizes the reasons why a baby may not get enough breastmilk. Look first for the common reasons in the columns *Breastfeeding factors* and *Mother: psychological factors*.

Psychological factors and breastfeeding factors often go together; for example, lack of confidence causes a mother to give bottle-feeds, and giving bottle-feeds further reduces her confidence.

Breastfeeding Factors

If the first breastfeed is delayed, it is more difficult to establish a good flow of milk. This may affect the amount of

breastmilk that the mother produces later.

If a baby breastfeeds infrequently, or does not breastfeed at night, the mother may produce less milk. Most babies feed 10-15 times or more, especially in the first few weeks. If a baby breastfeeds fewer than eight times in 24 hours, he may not get enough milk.

A common reason why a baby does not get enough milk is that his mother gives him very short feeds. Most babies feed for 5-15 minutes or more at each feed. When they have taken all the milk they want, they release the breast themselves. If a mother stops the feed within four minutes, her baby may not get enough and may want to feed again very soon.

A baby who is poorly attached does not

TABLE I—Reasons Why a Baby May Not Get Enough Breastmilk

Breastfeeding factors	Mother: psychological factors	Mother: physical condition	Baby's condition
Delayed start	Lack of confidence	Contraceptive pill, diuretics	Illness
Infrequent feeds	Worry, stress	Pregnancy	Abnormality
No night feeds	Disklike of breastfeeding	Severe malnutrition	
Short feeds	Rejection of baby	Alcohol	
Poor attachment	Tiredness	Smoking	
Bottles, pacifiers		Retained piece placenta (rare)	
Complementary feeds		Poor breast development (very rare)	
These are Common		These are Not Common	

get the breastmilk easily - he suckles *ineffectively*. The baby may not get enough milk, and may fail to gain weight; or he may want to breastfeed very frequently and for a very long time at each feed to get enough milk. To check that a baby is well attached, look for the following signs (*Fig-1*)-

(i) The baby's chin is touching the breast; (ii) his mouth is wide open; (iii) his lower lip is turned outwards; (iv) more areola is visible above the baby's mouth than below it.

You may also be able to see that the baby takes slow deep sucks, sometimes pausing, and that he swallows. These are signs of *effective suckling*. Effective suckling stimulates the production of breastmilk, so that more suckling makes more milk.

Giving complementary foods before 4-6 months, even drinks of water, or using a pacifier, make a baby suckle less at the breast. Bottles and pacifiers can also interfere with attachment. In response, the mother produces less breastmilk.

Psychological Factors in the Mother

Any mother may lack confidence that

she is producing enough milk; but mothers who are young, or who lack supportive family or friends, or who had bad experiences with previous babies are at greatest risk. Promotion of infant formula and free samples can also make mothers doubt the adequacy of their breastmilk.

Mothers who are worried or under stress may have difficulty responding to and satisfying their babies. Acute stress can temporarily reduce the flow of breastmilk, so that it can seem to dry up. However, there is no evidence that chronic stress reduces breastmilk production long term, and with support a mother can continue breastfeeding.

A mother who dislikes breastfeeding, who did not want her pregnancy, or who is very tired, may have difficulty in responding to her baby. She may not hold the baby close enough to attach well, or she may breastfeed infrequently or for too short a time at each feed.

Physical Condition of the Mother and the Baby

If you cannot find a common reason for low milk intake or if the baby's weight gain does not improve after you help the mother with breastfeeding, check for less common reasons in the columns *Mother: physical condition* and *Baby's condition* of the

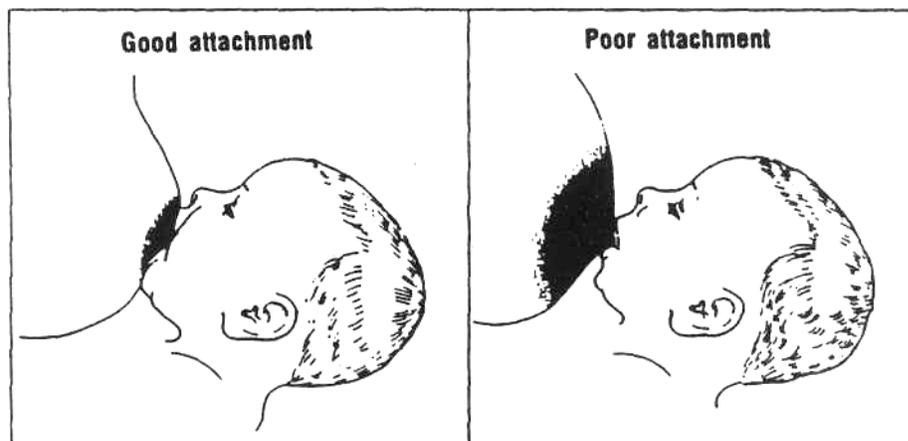


Fig. 1. Diagram showing examples of good and poor attachment.

table.

Decide How to Help the Mother and Baby

If the baby is not getting enough breastmilk, follow these steps:

- Build the mother's confidence. Explain why her baby is not getting enough breastmilk and reassure her that she can produce enough. Her breasts will make milk according to how much the baby takes.

- If necessary, help the mother to improve her baby's attachment at the breast. Explain that this will help the baby to get milk more easily, so that he is more satisfied.

- Explain that she should let her baby suckle frequently, at least eight times in 24 hours and more if he is willing.

- Explain that she should let her baby suckle as long as he will at each feed and offer both breasts.

- If the baby is less than four months old and the mother gives complementary feeds, help her to reduce them. She should use a cup, not a bottle, and she should offer the cup after the baby has breastfed for as long as he wants - not instead of a breastfeed. On the first day she should give the usual amount of the complementary food. Then she should reduce the daily amount by 30-60 ml (about one-quarter of a cup) each day. She can reduce more if the baby is satisfied with breastmilk and is gaining weight adequately, or less if weight gain is slow. Make sure that the complementary food is hygienically prepared and not over diluted.

- Follow up daily until the baby starts

gaining weight, then weekly until the mother has gained confidence and her baby is gaining weight satisfactorily.

If the baby is getting enough breastmilk, follow these steps:

- If necessary, help the mother to improve her baby's attachment. If he gets the breastmilk more effectively, he should be more satisfied.

- Build her confidence. Show her that her baby is gaining weight and reassure her that he is getting enough breastmilk.

- Explain the reason for the signs that made her doubt her milk supply. Explain how breastfeeding works.

- Suggest some ways to comfort a baby who cries a lot - she can hold him with firm pressure on the abdomen and with gentle rhythmic movement.

- Explain the advantages of exclusive breastfeeding, and the dangers of unnecessary supplements.

- Follow up each week until she has gained confidence.

The approach outlined is based on the principles of breastfeeding counseling. The WHO/UNICEF *package Breastfeeding counseling: A training course* is an appropriate tool to enable health workers to acquire the necessary knowledge and skills to help mothers who complain of "not enough breastmilk" and other common difficulties with breastfeeding(9). WHO and UNICEF strive for this kind of training to be introduced in all countries as part of an overall plan for breastfeeding training of health workers.

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NOTES AND NEWS

TENTH NATIONAL SEMINAR ON MENTAL RETARDATION

This event will be organized by the Indian Academy of Pediatrics, Nagpur Branch and Sweekar (Parents Association of Mentally Handicapped Children), Nagpur, in joint collaboration with NIMH, Secunderabad, WHO, UNICEF and Ministry of Health and Family Welfare. This will be held at Nagpur on 31st January and 1st and 2nd February 1997 along with Continuing Medical Education (CME). For further details please contact: Dr. Yashwant Patil, Chairman, Organizing Committee, G-12, F.F., Anjuman Complex, Sadar, Nagpur 440 001. Phone: (0172) 539760 (C), 520053 (R), (H) 520052. Fax: (0172) 532294; Dr. Nilofer Mujawar, Secretary General, Museum Road, Civil Lines, Nagpur 440 001. Phone: (0172) 525666 (R), 530347, 535924 (H); Fax: (0172) 532294; and Shri S.W. Zadgaonkar, Jt. Secretary General, 78, R.M.S. Colony, Behind PLT, Nagpur 440 013, Phone (0171) 540350.