Aims

- To assist the newborn baby to initiate effective breastfeeding, to gain weight daily from day 5 and to regain his/her birth weight by two weeks of age.
- To nurture a mother’s confidence in her ability to breastfeed.

Background

Secretory activation, when the colostral phase ends and milk supply increases, occurs 2-5 days following birth. It is therefore important to consider the number of days postpartum prior to determining if the woman has a low supply.

Low supply/insufficient milk production is the most common reason for parents to offer supplements or reduce the duration of breastfeeding.

It is vitally important to determine the factors/causative issues of low supply/suboptimal weight gains as the causes are often multi factorial involving maternal and baby factors.

Management

1. Adequate breast milk supply is achieved by early initiation of breastfeeding, optimal positioning and effective milk removal.
3. Improving milk supply commences with corrective position and attachment to achieve optimal positioning and effective milk removal.
4. An experienced midwife to assess that baby is:
   - positioned correctly at the breast
   - attached well at the breast
   - sucking with a nutritive pattern
- having unrestricted breast feeds 8-12 times in 24 hours
- being offered both breasts each feed

5. Unrestricted breastfeeding. Avoid long periods between feeds. The sleepy newborn may need to be woken for some feeds.

6. Offer both breasts, using gentle breast stroking/compression to encourage let down.

7. After offering the breast express the breasts using hand expressing or an electric pump. Double pump until the milk flow slows or stops, then single pump each breast with gentle compression.

8. Feed all the EBM obtained to the baby by cup or finger feeding. If there is a medical indication for formula milk, feed all the EBM first.

9. Monitor baby’s weight and output ensuring appropriate for the age of baby—see MR 425.10 Care of the Newborn Clinical Pathway

10. Babies with a weight loss at or beyond 10% as well as those who have not regained their birth weight by two weeks are to be referred for medical assessment. For at or beyond 10% weight loss, commence ‘MR 425.06 Infant weight loss beyond 10% of birthweight’. See Clinical Guideline Weight loss beyond 10% of birthweight.

11. Avoid the use of *teats* for supplements, unless medically indicated. See Clinical Guidelines, for use of cup feeding, finger feeding or supply line as appropriate.

12. If supply remains insufficient after 48 hours of expressing after feeds, consider prescribing Domperidone. See Pharmacy Medication Monograph- Domperidone.

13. Avoid the use of dummies, while the baby is learning to breastfeed.

**Discharge planning**

1. Ensure breast pump loan arranged

2. Complete the variance sheet MR 261.19 and give to the mother

3. Ensure a follow up appointment with MGP midwife, VMS or the Breastfeeding Centre

**References**

**Bibliography**


Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines:

- Obstetrics & Gynaecology: Newborn Feeding- Breastfeeding and Breastfeeding Challenges
- Pharmacy Medication Monograph- Domperidone

Useful resources (including related forms)

Forms:

- MR 261.19 Increasing Breastmilk Supply- Breastfeeding Minor Variance
- MR 425.06 Infant Weight Loss Beyond 10% of Birth Weight
- MR 425.10 Care of the Newborn- Clinical pathway

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