

Low Milk Production

Causes, treatment, and prevention

This handout explains the causes of low milk production and offers tips to help increase milk production.

What is low milk production?

Low milk production is when a mother's body makes less than 16 ounces of milk a day at 1 week after birth, or less than 24 ounces a day at 2 weeks after birth. The most common reason for low milk production is not emptying the breasts often enough.

About 5% of all mothers (5 out of 100) are not able to make enough milk for their babies to grow well. For mothers with babies in the Neonatal Intensive Care Unit (NICU), low milk production is more common.



Early skin-to-skin contact with your baby may help you keep your milk production from drying up.

What causes low milk production?

Milk production sometimes stays low even if the mother breastfeeds often or is pumping 8 times or more a day. Sometimes this is due to a physical cause. Other times, we do not know the cause.

Some possible causes of low milk production are listed below and on the next 3 pages. The ones with an asterisk (*) after them have been seen but are not proven.

Maternal Endocrine (Hormonal) Disorders

- *Hypothyroidism* (underactive thyroid gland)
- *Polycystic ovarian syndrome* (disorder that changes how a woman's hormones work)

- Infertility (maternal endocrine cause)*
- Pituitary disorders* (The pituitary gland produces many different hormones, including prolactin, the hormone needed to make breast milk.)

Maternal Physical Conditions

- Anemia (low red blood cell count)
- Postpartum hemorrhage (excessive bleeding), which can lead to anemia or Sheehan's syndrome, a pituitary hormone deficiency
- Retained placenta
- Eating disorder, or too much dieting
- Obesity or high body mass index (BMI)
- Gastric bypass surgery
- Infection*
- Other maternal illness*
- First delivery and over 40 years old*

Maternal Breast Problems (Primary or Secondary)

- Abnormal or *asymmetric* (irregular) appearance, size, or shape; or little or no growth in puberty
- Little or no growth in pregnancy
- Breast surgery, biopsy, or other trauma to the breast
- Radiation to the chest
- No fullness by the 6th day after birth or prolonged, unrelieved engorgement

Medicines or Drugs Taken by the Mother

- Alcohol
- Diuretics such as Lasix
- Decongestants such as Sudafed
- Birth control medicines with hormones, especially estrogen
- Nicotine

Infant Conditions

These conditions in the baby can lead to low milk production if the mother is not pumping 8 times a day:

- Cleft of the hard or soft palate
- Very small chin (*micrognathia*) or other disorders of the bones in the skull and face (*craniofacial abnormalities*)
- Immature or disorganized suck
- Prematurity (less than 37 weeks gestation)
- “Tongue-tie” (*ankyloglossia*), caused by a short *frenulum*, the tissue that connects the bottom of the tongue to the floor of the mouth

Tips to Help Milk Production

Here are some tips to help protect and increase your milk production:

- **Express milk from your breasts 8 or more times a day.** The best way to increase milk production is the way nursing babies do it – they empty the breasts more fully and more often. If your baby isn’t able to breastfeed, try pumping every 2 hours during the day, and at least once during the night. Keep pumping for 1 to 2 minutes after the milk stops flowing. Make sure you are using a hospital-quality, double electric pump. Don’t depend on anything less.
- **Do "kangaroo care"** (skin-to-skin holding of your baby) for at least 1 hour every day. This is very important if you are only pumping. Early skin contact may help keep your milk production from drying up around 4 weeks after birth. See “Expressing Breast Milk for Your Hospitalized Baby” (pages 3 to 10) for more details.
- **Use “hands-on” pumping** and hand-expression every time you pump. When the milk stops flowing, use your hands to express the milk that the pump didn’t remove. See “Expressing Breast Milk for Your Hospitalized Baby.”
- **Eat something while you pump.** Eating releases the hormone *cholecystokinin*, and that releases the hormone *oxytocin*. Oxytocin makes your breasts empty more completely.
- **Listen to relaxing music** while pumping.
- **Try a different pump funnel.** There are different sizes and different kinds of plastic. Some women respond very well to a larger funnel. We have samples you can try. This may or may not make a difference.
- **Try fenugreek.** This is an herbal supplement you can get without a prescription. Ask your nurse for more information.

- **Talk with your health care provider about drugs to increase milk production.** Metoclopramide (Reglan) is prescribed in the United States. Domperidone (Motilium) has fewer side effects but has to be made by a specially trained pharmacist, so it isn't easy to get.
- **Try acupuncture.** Acupuncturists know which points on the body help milk production, and they can teach you how to massage these points yourself. You can also read about it in Michael Reed Gach's book, *Acupressure's Potent Points*, pages 158 to 160. According to another author, Steven Clavey, 1 p.m. is the best time of day for acupuncture. (Acupuncture and acupressure are similar, but acupuncture uses thin needles and acupressure uses massage to get to the points on the body.)
- **Try special foods.** In many cultures, people bring gifts of special foods to new mothers – foods that are high in protein, nutrients, and calories. Here are some foods that “folk wisdom” says increase milk production:
 - Oatmeal (Africa)
 - Red plums, chicken soup with ginger (China)
 - Black pepper or fried ginger (India)
 - Azuki beans, rice gruel, soup and vegetables, lotus roots (Japan)
 - Seaweed soup (Korea)
 - Cotton seeds (Mexico)
 - Anise (The Netherlands and Sweden)
 - Cumin, cotton seeds, goat's stomach (Pakistan)
 - Clams or ginger broth (Philippines)
 - Banana flower soup (Thailand)
 - Brewer's yeast and alfalfa (USA)
 - Pork feet soup with hearty vegetables (Vietnam)

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Lactation Services:
206.598.4628

Weekdays: 9 a.m. to 9 p.m.

Weekends and holidays:
9 a.m. to 3 p.m.