

A Physiologic Approach to Low Milk Supply

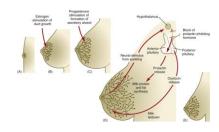
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Hormones Involved in Breast Development

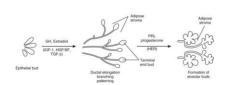
DID YOU EXPERIENCE BREAST GROWTH DURING PREGNANCY?

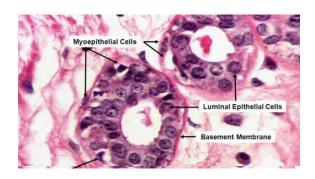


Breast Development

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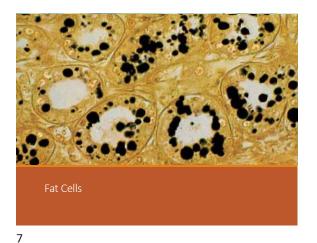
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Hitchock, Breast Histopathology slideplayer.com

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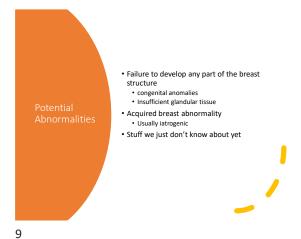
Lactogenic Hormone Complex

Estrogen in pregnancy helps increase prolactin.

The creation of milk also needs insulin, to help increase the number of supporting structures.

Cortisol needs to be around to help with the formation of alveoli.

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What to do if no breast growth has occurred

If the answer to our breast growth question is "no" then we might need to set some realistic expectations for milk supply. If we didn't create the structures, we very well might have milk production issues.

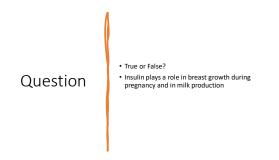
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Do you have any ongoing medical problems?



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Normal
Milk
Production

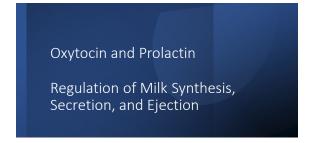
Lactogenesis Stage II: Secretory activation

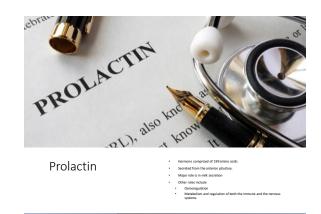
Initiation of copious milk secretion associated with major change in many milk constituents

Triggered by withdrawal of progesterone

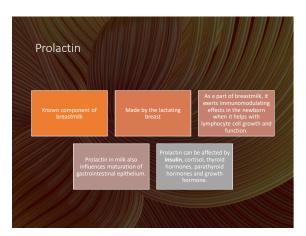
Requires prolactin, insulin and cortisol

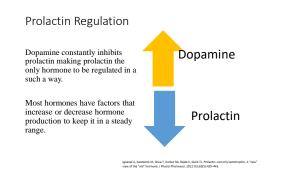
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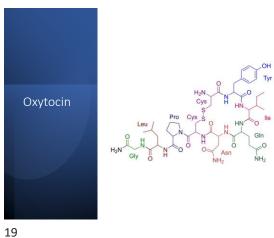


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Oxytocin: Myoepithelial cells



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Oxytocin: the love hormone

• Inhibited by adrenaline



Suckling triggers the release of prolactin and oxytocin but only prolactin can be released by other mechanisms.

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Poll Question

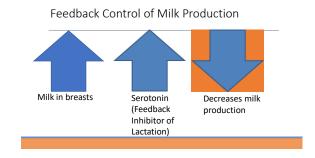
First Several days

Milk production after delivery

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- Lactogenesis Stage II: Secretory activation
- Initiation of copious milk secretion associated with major change in many milk constituents
- Triggered by withdrawal of progesterone
- Requires prolactin, insulin and cortisol

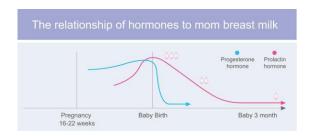


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Because the process for milk production in the first days after birth is due to endocrine causes, milk supply at that time is not dependent on milk removal.

Retained Placental Fragments
Suspect this if mom truly has "no milk"



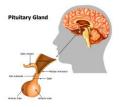
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Medroxyprogesterone

- No link found between early use of progesterone only contraceptives and low milk supply
- Current evidence is methodologically weak
- Need informed consent

Stressful Delivery

- C-Section
- Post-partum Hemorrhage
- Sheehan Syndrome



Brownell, Breastfeeding Medicine, 2012

Supporting Mothers after Birth



Get Ready and Anticipate Problems

- Breast growth during pregnancy
- · History of medical issues
- · History of fertility issues
- Plan ahead with a plan that works for both the team and the family
- Priorities are the latch and skin-to-skin

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Researching the Latch

- Semi-prone positioning
- · Feet anchored
- Hips abducted
- Allow to self-attach



Skin to Skin

The transition to extrauterine life is a tricky one with amazing transitions which need to occur, quickly and efficiently

May be one of the most dynamic and potentially dangerous times in the life cycle

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- One established way to help with the transition
- Facilitates breastfeeding
- Maintains newborn temperature
- May be a method to promote the neurobehavioral self-regulatory responses of the infant after delivery.

Polycystic Ovarian Syndrome

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Risk to Baby



Antenatal Milk Expression DAME study: There is no harm in advising women with diabetes in pregnancy at low risk of complications to express breastmilk from 36 weeks' gestation. (Forster, Lancet, 2017)

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Breastfeeding issues

A woman's ability to act on her intentions to breastfeed may be affected by the medical consequences of her obesity.

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Breastfeeding Problems

- Lack of social support
- Difficulty positioning baby at breast
 - Due to obesity
 - Due to large breasts

 - Due to C-section, birth trauma

Obesity

women (BMI>26) had a lower prolactin response to suckling during this critical time for milk production.

After day 7, the response to prolactin is the same as non-obese

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Management: skin-to-skin



Management Avoid or minimize separation of the mother and infant Target these moms for lactation consultant visit Know that you know the problems, watch for them

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Perceived Insufficient Milk Supply

- Do, or do not. There is no
- · Misperception of actual milk
- Mothers are supplementing

weaning because they feel as if

they have "no milk" or "I can't satisfy him"

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It's marketed, and grosses lots

And the story is passed down from generation to generation.

Perceived Insufficient Milk Supply

- · Lack of social support
- Marketing practices of infant formula companies
- · Non-evidence-based maternity care practices
- Maybe "I don't have enough milk" is a socially acceptable way to stop breastfeeding.

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After Breastfeeding is Going Well

- Work, pumping
- Contraception
- Depression
- Baby sleeping longer
- Pregnancy
- Oversupply- lost the latch
- New medications

Summary



Take a great history



Anticipate problems and make a plan



Fix problems that can be fixed: fixing the latch and pumping might not help

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Summary

- Did you have breast growth during pregnancy?
- · If no, we may need to set realistic expectations



Summary

- Do you have any medical problems?
- · If thyroid disease, advocate to fix them
- If insulin-related issues,
- emphasize importance of glucose control
- Pumping at 36 weeks

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Summary



- Importance of positioning, skin-to-skin
- Prolactin sensitivity increases after day 7
- If a stressful delivery

 - Latch
 Skin-to-skin
 Supplement as necessary

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