

# Simplified Supply Decreased?

It can be alarming to feel that you are not producing enough milk! This is a very common concern. Don't fret yet - follow our checklist to keep your production on track!

# Is It Really Low Supply?

It can be easy to start doubting yourself when you see output drop or have a baby wanting to nurse more often or refusing to nurse all together. This does not always mean low supply! Your output can change throughout the day and as your baby gets older. As long as the baby is showing signs of a good feed. Baby's nurse for many other reasons than just hunger or thirst. They use it as a comfort when they are over stimulated, hot or cold, tired, not feeling good, etc. They may also refuse to nurse for a variety of reasons; ear ache, cold, or teething. Continue to watch for hunger cues and respond to them.

When pumping - it can be easy to get wrapped up in the expectation you must be able to produce and freeze a plethora of milk. Focus on expressing enough to feed the baby and not the freezer. When pumping for feeds, expected output amounts stabilize over time. Changing in composition to match babies needs versus increasing in volume. Check the chart below to get a general idea of your output over time.

		# of Feeds	Amount/Feed	Avg. Amount/Day
Colostrum	Oay 1	8-12+	2 - 10ml or 1/2 - 2 tsp	30 ml/1 oz
	Oay 2	8-12+	5 - 15ml or 1 tsp - 1 oz	30 ml/1 oz
Transitional Milk	Oay 3	8-12+	15 - 30ml or 1/2 - 1 oz	30 ml/1 oz
	Oay 4-6	8-12+	Milk Continues to Increase!	
	Oay 7	8-12+	1 - 2 oz	10 - 20 oz
Mature Milk	○ Week 2-3	8-12+	2 - 3 oz	15 - 25 oz
	1-6 Months	8-12+	3 - 4 oz	25 - 30 oz

# Check Your Rhythm

A change in your routine (pumping or baby nursing) can have an effect on your supply if it means that you are emptying your breast less. Ensure that you are removing milk at least 8x/day. Remember, everyone needs different amounts of milk expression sessions to meet their baby's or their own body's demands.

If you realize that you are not nursing or pumping as often, add sessions where possible. When you feed or remove milk frequently, your body receives signals to make more milk faster. Ideally, you want to be removing milk every 2-3 hours. Going no longer than 4 hours between! Doing this mimics the way your baby would be feeding at the breast. Typically equalling out a minimum of 8x/day.

Skin to skin is a great way to help drive lactation hormones. As well as put you and baby in a position to increase demand. Skin to skin is beneficial even if not nursing directly at the breast. It supports your lactation hormones and baby's! Aim to do skin to skin prior to pump sessions - if possible and easy!



## Check Pump Parts

A breast pump can be a very important part of your baby feeding journey. It is important that it is operating smoothly - all parts included. Your pump pieces work together to form a seal that aids the suction that stimulates the nipple through the speed and suction of your pump motor. If these pieces are loose, damaged, or missing-your pump will not provide as much (if any suction)!



## **Tubing**

Sends air from the motor to the backflow protectors in order to create suction. Tubing does not need to be washed after use. It should not contain moisture, milk, or mildew.



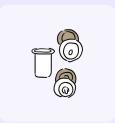
### **Flanges**

The piece of the pump that sits against your breast. Also referred to as breast shields. This piece goes over your nipple and helps to create the seal during pumping to create negative pressure. Correct sizing for this piece is really important when it comes to comfort and output!



#### Valve/Membrane

These pieces, though small, are very important! They are a key element when it comes to maintaining suction throughout pumping. As the pump suctions and releases, the valve stretches and releases. Milk then passes through this piece into the storage bottle or bag. If this piece is worn, torn, or not sealed properly when attached to the flange, your pump will likely produce low or no suction. Always check that it is securely attached and not worn out or broken.



## **Backflow Protectors**

Acts as a barrier between the flange and tubing to ensure that milk does not flow into the pump motor. As with the duckbill valves, these pieces need to be sealed well when put together.

Many of these pieces have to be replaced every so often, depending on how often you are pumping. Refer to the chart below for replacement guidelines. If you notice that any pieces are damaged go ahead and replace regardless of time lapsed since the last replacement.

## **Dont Stress!**

Stressing over your production can actually negatively affect your production! Stress hormones work against the lactation hormones decreasing supply. Take a deep breath, relax, do some **skin to skin** and if pumping, cover up the bottles to stop worrying about output!



## Take Care of You

Nutrition is an important factor for both you and baby when you are their main source of nutrition! The good news is, your nutrition needs are in line with a typical human's nutrition. Lactating can require about 500 additional calories to your daily intake. However, that does not mean that you need to count calories. Just eat when you begin to feel hungry. If you are concerned about the amount of calories you are taking in, consider that the minimum amount should not fall below 1800 calories/day while nursing.

Contrary to popular belief, drinking more water does not help you to create more milk! As long as you are staying hydrated and drinking when thirsty, you will receive the hydration you need. Many foods you eat during the day help to add to the hydration you need as well! A reliable way to tell you are hydrated is to observe the color of your urine. If your urine is a pale yellow, you can see that you are sufficiently hydrated. However, if you are noticing that your urine has a strong smell and/or a dark color accompanying it, time to drink some more water.



# Menstrual Cycle?

A shift in hormones can make you feel that your production has changed. With the return of menstruation, there is a chance that it can affect your production for a few days. This "dip" is temporary and no cause for alarm. Continue to nurse or express as normal.

An additional reason for hormone shift is pregnancy. This shift can be responsible for changes in milk production and nipple pain.





Last of all, trust in your body and your ability to provide for your child.

Continue with the plan created with your provider and do not hesitate to reach out with any questions **888-458-1364**