Frequent and Efficient Milk Removal

A nursing mother’s breasts are producing milk all at times, with the speed of production depending on the “emptiness” of each breast. (Note that milk production works independently for each breast).

Milk collects in the breasts in between feedings, so the greater the amount of time between feedings, the greater the amount of milk in the breasts. When there is a lot of milk in the breast, a special protein in breast milk called Feedback Inhibitor of Lactation (FIL) prevents the alveoli from making more milk. When milk is removed from the breast—and FIL is not there to stop milk production—the alveoli get busy and manufacture more milk. This is why it is important to nurse often and to encourage the baby to empty the breast as much as possible for optimal milk supply.

However, don’t think of your breasts as containers that are completely emptied after each nursing and then need time to refill. Breasts are never “empty,” since milk is being produced at all times. Research has shown that babies remove, on average, 75-80% of their mother’s available milk per feed. Waiting a set amount of time to nurse your baby can be counterproductive to your milk supply. Consistently delaying nursing over time will lead to a decreased milk supply because you are allowing milk to accumulate in your breasts, and a full breast signals your body to produce less milk. Rather than thinking of nursing or pumping as “pouring milk out of a container” think of it as flipping on the “high speed production” switch.

Whether nursing or pumping, stimulating the let-down reflex is the key to effective removal of milk from the breasts, because the let-down makes the milk in all parts of the breast available. Some milk accumulates near the nipple, but without the let-down reflex, most of your milk will remain in the breast. While many mothers feel a tingling or achy, sensation in their breasts during let-down, and/or experience a feeling of relaxation, some mothers do not feel anything at all. Other signs of let-down include: milk leaking from the other (non-nursing) breast; a change in the baby’s suck-swallow-rhythm, from quick sucks to slow, slow sucks with regular swallowing after every couple sucks; baby gulping; or milk appearing at the corners of baby’s mouth. A mother who is pumping will notice a significant increase in milk being removed from her breasts.

When a baby is nursing, his mouth must be opened wide enough to take in as much breast tissue as possible, so that his gums grasp the area behind the nipple. If baby sucks only on your nipple, only a little milk will be drawn out, and your nipple will be irritated unnecessarily. Remember one of the golden rules of effective latch-on: Babies suck on areolas, not nipples. Baby must have enough of your areola in his mouth to efficiently get the milk out.

Foremilk and Hindmilk

The milk your baby receives at the beginning of a feed is called “foremilk” and is thin like skim milk because of its relatively low fat content. If you continue to suck, the milk later in the feed is called “hindmilk” and is much higher in fat and slightly higher in protein. The creamier, more calorific hindmilk is very important for a baby’s weight gain and helps his tummy feel full.

There is actually no sharp distinction between the production of foremilk and hindmilk. As milk is produced in the breast, the fat globules in the milk tend to stick to each other and to the walls of the alveoli. As the breast starts to empty, the fat globules begin to dislodge and move down the ducts (let-down facilitates this process). So the further into the feed, the higher the fat content of the milk, as more and more fat globules are forced out. The end result is that the milk gradually increases in fat as the feeding progresses.

The fat content of milk is primarily determined by the emptiness of the breast: the less milk remaining in the breast, the higher the fat content. Because every baby varies in the amount of time it takes him to receive his fill of the higher-fat milk at the end of the feeding, it is important not to switch breasts while baby is actively nursing. Wait until baby pulls off the breast himself, goes to sleep, or stops actively sucking and swallowing. Then you can offer the other breast, although he may not be interested. It is much more important that he get the right balance of milk during the feeding than that he nurse both sides.

Low Milk Supply “False Alarms”

Concerns about milk supply are very common for new mothers. If baby is gaining weight well on breastmilk alone and having adequate wet and dirty diapers, you do not need to worry about your supply. Sometimes mothers mistakenly think their milk supply is low if:

- your baby nurses frequently. Breastmilk is digested quickly, so breastfed babies need to nurse frequently (minimum every 2-3 hours).
- Babies have a strong need to suck and are close in contact with mom. These needs are normal, and a baby cannot be spoiled by meeting these needs.
- Your baby suddenly increases frequency and/or length of nursing. This can indicate a growth spurt, lasting a few days to a week. Let baby nurse as he wishes; this will increase your milk supply to meet his growth needs.
- Your baby doesn’t nurse as long as he used to. As babies get older, they may become more efficient at extracting milk.
- Your breasts seem softer or don’t leak anymore. This can happen after your milk supply has adjusted to your baby’s needs.
- You never feel a let-down, or it doesn’t feel as strong as before. Some mothers never feel a let-down; this has nothing to do with milk supply.
- You get very little or no milk from a breast pump. The amount of milk pumped is not an accurate measure of your supply. A healthy, satisfied, healthy suck, and latched-on / positioned properly at the breast, will always remove more milk than a pump.
- Your baby is fussy. Babies fuss for many reasons; sometimes the cause is not identified. It is normal for baby to have a fussy time during the day which may coincide with cluster feeding (frequent nursing sessions). If your baby is generally happy most other times of the day, and baby does not seem to be in real pain during the fussy period, continue to soothe him by holding him close and let him nurse as frequently and long as he will.

Don’t be tempted to offer a bottle (containing expressed milk or formula) when your baby is fussy, as supplementation will tell your body that less of your milk is needed and your milk production may decline. Fussy periods are normal, and common for all infants, no matter how they are fed. If you have ever offered a bottle to a fussy baby, he may have seemed to gurgle it down. Does it really mean you had no milk and/or your baby was truly hungry? Actually, no. Sometimes babies will seem to willing swallow a bottle during a fussy period or even after a full nursing session. When the bottle goes in the baby’s mouth, his mouth fills with milk, and he is obligated to swallow and the action of swallowing initiates another suck. The suck again fills the mouth and the cycle repeats, giving an appearance of your baby “gulping the bottle down hungrily”. Baby may also fall asleep afterwards. This, of course, can contribute to your fear that baby wasn’t getting enough at the breast, and you may be understandably tempted to offer more and more bottles.

What may have really happened is the baby has by coincidence come to the natural conclusion of the fussy spell (most parents give the bottle as a last resort which means the fussiness has been going on for awhile) and/or the baby has withdrawn because “gulping” the bottle was actually stressful and NOT what the baby wanted but he could not stop the flow, so he falls asleep from exhaustion.

Potential Causes of Low Milk Supply

If you are concerned about your milk supply, please contact your local La Leche League Group.

If supplementing is medically necessary, the best thing to supplement with is your own expressed milk.

The following are potential causes or contributors to a low or decreasing milk supply:

- **Supplementing.** Breastfeeding is a supply and demand process. Milk is produced as your baby nurses, and the amount that she nurses lets your body know how much milk is required. Every bottle (of formula, juice or water) that your baby gets means that your body gets the signal to produce that much less milk.
- **Nipple confusion.** Breast and bottle feeding require different oral-motor skills. Giving a bottle can either cause baby to apply inappropriate sucking techniques to the breast, or can result in baby preferring the constant faster flow of a bottle. It is best to avoid introducing a bottle until breastfeeding is well established, or introducing a bottle until breastfeeding is well established, or
- **Pacifiers.** Pacifiers can cause nipple confusion. They can also significantly reduce the amount of time your baby spends at the breast, which may cause your milk supply to drop.
- **Nipple shields.** Nipple shields, while sometimes helpful in specific situations, can also lead to nipple confusion. They can also reduce the stimulation to your nipple or interfere with milk transfer, which can interfere with the supply-demand cycle.
- **Scheduled feedings.** Waiting a specified period of time between feedings can interfere with the supply-demand cycle.

If you are not gaining weight well, or is losing weight, you will need to stay in close contact with your baby’s physician, as it’s possible a medical condition could be the cause. Supplementing may be medically necessary for babies who are losing weight until your milk supply increases.
Consider pumping. Adding pumping sessions after or between nursing sessions can be very helpful - pumping is very important when baby is not nursing efficiently or frequently enough, and can speed things up in all situations. Your aim in pumping is to remove more milk from the breasts and/or to increase frequency of breast emptying. When pumping to increase milk supply, that the pump removes an optimum amount of milk from the breast, keep pumping for 2-5 minutes after the last drops of milk. However, adding even a short pumping session (increasing frequency but perhaps not removing milk thoroughly) is helpful.

- Consider a galactogogue. Various substances, including certain herbs and prescription medications, can increase milk supply. Discuss these options with your healthcare provider.

Breast milk is the normal and healthiest food for human babies, and breastfeeding creates a nurturing relationship between mother and child.

Resources:
www.lli.org
www.askdrsears.com
www.drjacknewman.com

La Leche League of Florida & Caribbean Islands
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