PROBLEM SOLVING: LOW MILK PRODUCTION

Issue	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
Delayed Milk Production	 Birth experience (long labor, C-section delivery). Retained placenta. Medical conditions (e.g., diabetes, obesity, hormonal concerns, breast surgery). 	 Timing of the first breastfeed and frequency of feedings. Medical conditions of the mother. Mother's birth experience. Breastfeeding experience. Postpartum bleeding. Baby's weight patterns in the early days. Jaundice. Baby's behaviors (e.g., lethargy, fussiness). 	 Tell me more about why you believe your milk production has not increased. Tell me about your birth experience. How long did your labor last and how did you deliver your baby? How did things go in the first few days? What breastfeeding concerns do you have? How does your baby act most of the time? Tell me about any continued heavy bleeding you might be experiencing. 	 Give anticipatory guidance on the normal course of lactation and practices to help establish production. Encourage frequent feedings or express milk 8-12 times in 24 hours. Show the mother other positions for breastfeeding. 	 Refer to DBE for further assessment if: Mom reports physiological conditions that could affect long-term production. Baby needs to be supplemented with an alternative feeding device. Mom needs a breast pump. Refer to healthcare provider if: Mom reports heavy bleeding, low milk production. Mom has untreated medical conditions. Baby is at risk of inadequate growth. Refer to peer counselor for ongoing support.

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Low Milk Production	 Ineffective milk removal due to: Baby has weak suck. Baby has congenital issues (e.g., heart problem). Mom is engorged. Ineffective use of breast pump. Supplements. Certain medications (including contraceptives with estrogen) or herbal supplements. Smoking. Prior breast surgery. Subsequent pregnancy. Insufficient glandular tissue. Hormonal conditions (e.g., PCOS, hypothyroidism). 	 Signs of perceived milk insufficiency vs. true low milk production. Medical conditions. Prior surgeries on the breast. Health practices (e.g., smoking, excessive alcohol use). Baby's weight patterns. Breastfeeding frequency. Supplementation. 	 Why do you believe you are not making enough milk? What are others telling you about how much milk you are making? What else does your baby receive besides your milk? How often? How do your breasts feel before and after feedings? What was your baby's birth weight at 2 weeks? What is your healthcare provider telling you about your baby's growth? Are you or your baby facing any medical conditions? What did your healthcare provider say about any medications (including contraceptives) you are taking while breastfeeding? 	 Rule #1: Feed the baby. Rule #2: Protect milk production. Rule #3: Address causes of low milk production. Assign appropriate food package tailored to provide minimal formula to meet baby's nutritional needs. 	 Refer to DBE for further assessment if: Mom does not feel breast changes occurred. Mom reports hormonal conditions or breast issues (e.g., flat/inverted nipple, hypoplastic breasts) Baby is not stooling or gaining weight appropriately. Baby has a suspected tongue tie or other sucking/feeding anomaly. Mom wishes to increase her milk production after experiencing a decline in production. Refer to healthcare provider if: Baby has not regained birth weight by 2 weeks. Baby has medical problems affecting the ability to transfer milk. Baby is at risk for inadequate growth. Mom reports symptoms of mastitis or breast abscess. Mom has a hormonal condition that is compromising production.