“Not Enough Milk : What are the solutions?

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Overview

• What WHO says on Breastfeeding counselling
• Hormonal control of breastfeeding and its anatomical structures
• What is Not enough milk: A disease of a perception
• How to diagnose it
• What can you do to manage it?
• What can you do to support breastfeeding mothers?
Prolactin Reflex

Secretion continues AFTER feed to produce NEXT feed

- Sensory impulses from nipple
- More prolactin secreted at night
- Suppresses ovulation

To increase milk productions
Oxytocin Reflex

Works BEFORE or DURING feed to make milk FLOW

- Oxytocin in blood
- Sensory impulses from nipple
- Baby suckling

For milk ejection

Makes uterus contract
Helping and Hindering the Oxytocin Reflex

For milk ejection

- Thinks lovingly of baby
- Sound of baby
- Sight of baby

CONFIDENCE

These HELP reflex

Worry
Stress
Pain
Doubt

These HINDER reflex
Differences in an attachment

Picture 1

GOOD ATTACHMENT

Picture 2

POOR ATTACHMENT
“Not Enough Milk”
What you need to learn?

- Decide if a baby is NOT getting enough
- Help a mother who thinks she does not have enough
- Help a mother whose baby is not getting enough
Not Enough Milk

- One of the commonest reasons that mother turn to alternatives
- Usually, when a mother thinks that she does not have enough breastmilk, her baby is in fact getting all that s/he needs.
- Key question is what makes her feel that she does not have enough milk
- Important point is NOT How much milk a mother can produce rather HOW much milk a baby is getting

Sometimes if a baby is not getting enough there is a reason.

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How to decide if a baby is not getting enough?

• Question to you all.

• Please write your responses in the chat box
RELIABLE SIGNS OF BABY NOT GETTING ENOUGH MILK

• Poor weight gain
• Passing small amount of concentrated urine

• Weight loss continued beyond 10th day of birth
• Weight loss > 10% of the birth weight
• Birth weight not REGAINED by 14th day of birth.
Possible Signs

- Baby not satisfied after breastfeeds
- Baby cries often
- Very frequent breastfeeds
- Very long breastfeeds
- Baby refuses to breastfeed
- Baby has hard, dry or green stools
- Baby has infrequent small stools
- No milk comes when mother tries to express
- Breasts did not enlarge (during pregnancy)
  Milk did not ‘come in’ (after delivery)
UNRELIABLE SIGNS: Things that do not affect the breastmilk supply

- Age of the mother
- Sexual intercourse
- Menstruation
- Disapproval of relatives and neighbors
- Returning to a job (if baby continues to often)
- Age of baby
- Caesarian section
- Preterm delivery (if the milk removed frequently)
- Many children
- Simple, ordinary
Common reasons why a baby may not get enough breastmilk

<table>
<thead>
<tr>
<th>Breastfeeding factors</th>
<th>Mother: Psychological factors</th>
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<tbody>
<tr>
<td>Poor positioning</td>
<td>Lack of Confidence</td>
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<tr>
<td>Poor attachment</td>
<td>Worry</td>
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<tr>
<td>Delayed start to BF</td>
<td>Stress</td>
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<tr>
<td>Feeding at fixed times</td>
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<tr>
<td>Infrequent feeds</td>
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<tr>
<td>No night feeds</td>
<td></td>
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<tr>
<td>Short feeds</td>
<td></td>
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<tr>
<td>Bottles, pacifier</td>
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http://www.who.int/maternal_child_adolescent/documents/pdfs/bc_participants_manual.pdf?ua=1
The Cycle of poor confidence and not enough milk
Helping a mother whose baby is not getting enough breastmilk

• **Look for a cause**
  – Listen and learn
  – Take a history
  – Assess a breastfeed
  – Examine the baby
  – Examine the mother and her breasts

• **Build confidence and give support**
  – Accept - Praise
  – Give practical help
  – Give relevant information
  – Use simple language
  – Give suggestion

Follow-up: Examine daily, then weekly until baby starts gaining weight and mother is confident

http://www.who.int/maternal_child_adolescent/documents/pdfs/bc_participants_manual.pdf?ua=1
WHO Recommendations (2018)

• Breastfeeding counselling should be **provided to all** pregnant women and to mothers with young children.

• **WHEN:** Breastfeeding counselling should be provided in both the **antenatal period** and **postnatally**, and up to 24 **months** or longer.

• **HOW OFTEN:** Breastfeeding counselling should be provided **at least 6 times**, and additionally as needed.
  - antenatal period
  - perinatal period
  - 1–2 weeks after birth
  - 3–4 months
  - 6 months
  - after 6 months

Guideline: counselling of women to improve breastfeeding practices

Authors
World Health Organization

Overview
This guideline examines the evidence and makes recommendations and remarks on the implementation of some of the details of breastfeeding counseling, such as frequency, timing, mode and provider of breastfeeding counseling to improve breastfeeding practices.

The objective of this guideline is to provide guidance for breastfeeding counseling, as a public health intervention, to improve breastfeeding practices among pregnant women and mothers who intend to breastfeed, or are currently breastfeeding, and their infants and children.
Role of Lactation counsellors

- Adequately trained person provides skilled counselling
- Information vs Counselling
- Confidence building
- Listening and learning skills
- All of you can do provided you get the training and skills required
- BPNI’s training course 7 days duration
- A Graduate woman can do it, your hospitals can employ them and you should recommend

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Evidence on Counselling – Aligarh 2019

- 300 Women were recruited from ANC and randomised to Intervention (150) and control (150) groups
- 2 nutritionists were appointed & trained as CS using BPNI’s ‘4 in 1’ 7 days training programme
- Mothers in the intervention groups received 2 ante-natal and 8 post-natal counselling visits
- 2 research assistants collected data periodically

Findings


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BPNI Training Courses

2020
2019
2018
2017
2016
2015

Training/Capacity Building

BPNI works towards the training of health professionals and community workers to protect promote and support breastfeeding. BPNI coordinates and facilitates the education and training of grassroots personnel in the health and nutrition sector, both public and private hospitals as well. BPNI works to enhance the quality of BFHI through improved training.

BPNi's Training Courses

<table>
<thead>
<tr>
<th>Name of the course</th>
<th>Eligibility</th>
<th>Duration</th>
<th>Capacity for Participation</th>
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<td>Senior Faculty members in medical</td>
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bpni
putting child nutrition at the forefront of social change

NAPi
Launch of
STANPAN SURAKSHA
A Mobile Application
By BPNI
To enhance access to skilled lactation counselling support and protecting mothers from commercial baby food marketing, named “Stanpan Suraksha”.
Features of the Stanpan Suraksha App

• Report Promotion of Baby Foods/Feeding Bottles
• Find a Counsellor
• Engage (Become a Counsellor)
• Success Stories
  • Donate
• What’s New (Petition and Events)
  • Volunteer
  • Campaign
• Settings (About BPNI, Terms and Conditions)
Find a Counsellor

Feedback and rating about the counsellor
Engage (Become a Counsellor and Sign a Petition)
Vibharka Chandola, Delhi
When I got to know that I am expecting a baby, I was overjoyed. Planning for her needs, I was advised by my family to buy formula and bottle for ‘just in case’. I instinctively told everyone my child is going to be an exclusively breastfed baby. Now I am a certified IYCF counselor myself so know the importance of breastfeeding. I had set in my mind that I will follow the golden hour period and EBF my baby. However things were far from what I had imagined. After the delivery.
You can use this APP

• Refer breastfeeding mothers to this APP
• If you wanted to share what baby food companies are doing
• Mothers can share there stories
Available on Android and iOS:


Thank you for listening!