Perceived Insufficient Milk Supply & Galactagogues
We have no conflicts of interest to disclose.
Objective

• After the presentation participants will be able to:
  1) Define Insufficient Milk Supply-"actual vs. perceived"
  2) Identify effective counseling strategies for assessment of insufficient milk supply.
  3) Apply current evidence for pharmacological and herbal galactagogues.
  4) Identify common practices and cultural traditions used to "treat" milk supply issues.
Perceived Milk Insufficiency: A Global Problem
Normal Weight Gain Parameters

- **All newborns lose weight and it varies by mode of delivery**
- No more weight loss after 5\(^{th}\) day of life
- Regaining birth weight by 10-14 days
  - Transition to yellow seedy stools and wet diapers
- Weight gain 5-7 oz per week
- Double BW by 6 months and Triple BW by 12 months.
  - [The WHO Growth Charts](http://www.who.int)
Insufficient Milk Supply- Who is at risk?

- Breast surgery or injury
- Retained placenta
- Hypothyroidism
- Theca lutein ovarian cysts
- Mammary hypoplasia (congenital)
- Polycystic ovarian syndrome
- Sheehan’s syndrome secondary to postpartum hemorrhage
- Maternal Obesity
- Maternal Diabetes
- Premature Delivery

Insufficient Milk Supply- Who is at risk?

• Potential Causes of Decreased Milk Supply:
  • Anything that limits the infant’s ability to extract milk *effectively* and *frequently*, such as:
    • Separation of mother and infant
    • Scheduled intervals between feedings
    • Poor latch
    • Early use of pacifiers
    • Prematurity
  • Supplementation with formula
  • Delayed milk ejection secondary to Stress & Pain
  • Maternal medications (e.g., combination oral contraceptive)
Sensitive Time Periods

- Breastfeed infants have increased variation in feeding frequency compared to bottle fed infants.
- During the 1\textsuperscript{st}-3\textsuperscript{rd} month the number of breastfeeding sessions decreases yet the median and max breastfeeding intake during breastfeeding sessions increased........
- This was also found to remain pretty stable from three –six months of age.
- \textit{So Less Time but More Milk............Babies become more efficient}
- \textit{We need to tell our moms it will get better!}

Most common reason of IMS

• Iatrogenic causes and mismanagement of breastfeeding/milk supply
Metoclopramide (Reglan)

• Most commonly used in the US
• Studied in preterm mothers
• Off label use to treat IMS, approved for gastric motility in US.
• Most studies have used metoclopramide in a dosage of 10 mg 2 or 3 times daily for 7 to 14 days.
  • Tapering dose may be needed
Metoclopramide: Need to Know

• Increases risk of depression, avoid use in women with a history of major depression.

• Recommended to use for 10-14 days and not for prolonged periods.

• Long-term uses of metoclopramide also increases the risk of tardive dyskinesia.

• Side effects reported: tiredness, nausea, headache, diarrhea, dry mouth, breast discomfort, vertigo, restless legs, intestinal gas, hair loss and anxiety
Domperidone

• Not approved in USA. Similar to metoclopramide but less side effects as little crosses blood brain barrier

• Maternal use for IMS is not a significant risk factor for the infant.

• Dosage usually 10 mg 3 times daily for 4 to 10 days.


Domperidone: Need to Know

• Not FDA approved to treat IMS

• Contraindicated in Mothers with prolonged QT interval
  • Dosages greater than 30 mg daily may increase risk

• Stop and seek medical advice if experiencing abnormal heart rate or rhythm, dizziness, palpitations, syncope or seizures

• Side effects include: dry mouth, headache, dizziness, nausea, abdominal cramping, and diarrhea
Fenugreek

• Used as an herb, spice or vegetable and **generally regarded as safe**.
• India is the largest producer
• Fenugreek has not been proven to increase milk supply

Fenugreek: Need to Know

• Remember that herbal supplements are not FDA regulated.

• **It is not recommended** for people who have **allergies to peanuts or other legume plants** (ie, peanuts, soy beans, green peas, lentils, chick peas ..over 730 types exist) and **ragweed allergies**.

• Common side effects in moms are diarrhea, gassiness and a maple syrup odor in a mom’s sweat, urine, feces and breastmilk.

• Rarely, potential side effects include low blood sugar, easy bleeding and wheezing

• **If you have asthma, diabetes or a bleeding problem, it is better not to take fenugreek.**
Galactagogues: When *should they be used?*

1. Ensure proper breastfeeding or pumping technique prior to use

2. *Refer for further evaluation*.................

3. Need to attempt to determine the etiology of low milk supply prior to starting galactagogues

4. Consider need to evaluate for medical co morbidities e.g., hypothroidism, retained placental fragments, theca lutein ovarian cysts

5. Only use galactogogues with adequate milk removal by effective nursing or electrical pumping *if not milk stasis will occur.*
   - *Potentially increasing risk of engorgement, plugged ducts/mastitis.*
Galactagogues: Summary

• Current challenge of prescribing or recommending galactagogues without the benefit of robust evidence.
• There exists suboptimal rates of exclusive breastfeeding worldwide
• We need high quality clinical trials!

• Nearly 80% of the excess deaths and medical costs attributable to suboptimal breastfeeding are maternal.

Prevention is Key!
Move It Or Lose It
Resources: Medications and Breastfeeding

• LactMed

• Infant Risk Center
  • Monday – Friday, 8am – 5pm CT  (806) 352-2519
  • http://www.infantrisk.com/

• MotherToBaby  Organization of Teratology Information Specialists (OTIS)
  • https://mothertobaby.org/

• Medications & Mother’s Milk $ (Text & Online)
  • http://www.medsmilk.com/
Educational Resources

• **Breastfeeding**
  

  Women’shealth.gov It’s Only Natural Campaign

  Academy of Breastfeeding Medicine Protocols:
  [http://www.bfmed.org/Resources/Protocols.aspx](http://www.bfmed.org/Resources/Protocols.aspx)

• **NICU families**

  • Power of pumping trailer: [https://www.youtube.com/watch?v=6nmNQ_0jqkk](https://www.youtube.com/watch?v=6nmNQ_0jqkk)

  • FPQC MOM Initiative: [http://health.usf.edu/publichealth/chiles/fpqc/mom](http://health.usf.edu/publichealth/chiles/fpqc/mom)

• **Mom’s Mental Health Matters** [https://www.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/moms/Pages/default.aspx](https://www.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/moms/Pages/default.aspx)
References


• Flaherman VJ, Schaefer EW, Kuzniewicz MW, Li SX, Walsh EM, Paul IM, Early weight loss nomograms for exclusively breastfed newborns. Pediatrics. 2015;135(1). Available at: www.pediatrics.org/cgi/content/full/135/1/e16


References


