



SOUTH CENTRAL  
REGIONAL MEDICAL CENTER

BABY FRIENDLY

**INFORMATION AT  
24-28 WEEK VISIT:**

# Breastfeeding and Low Milk Supply

Breastfeeding can be challenging, especially during the first few weeks after childbirth. It is normal to have some problems when you start to breastfeed your new baby, even if you have breastfed before.

The amount of breast milk you produce is based on a supply-and-demand system. You may have a low milk supply if your baby is not effectively emptying your breast. Work with your health care provider or a breastfeeding specialist (lactation consultant) to help overcome breastfeeding challenges.

## How does this affect me?

You may have other breastfeeding challenges if your baby has problems attaching to your nipple (a poor latch).

## How does this affect my baby?

If you have a low milk supply, your baby may have trouble gaining weight.

## Follow these instructions at home:

### When to breastfeed your baby

- Breastfeed when you feel the need to reduce the fullness of your breasts or when your baby shows signs of hunger. This is called "breastfeeding on demand."
- **Do not** delay feedings. Feed your baby frequently.

### General instructions



- Try to empty your breasts of milk at each feeding. Emptying your breasts signals them to produce more milk.
- If your breast does not empty completely during a feeding, use a pump or squeeze with your hand (hand express) to get any remaining milk out.
- Make sure your baby is latched on to your breast and positioned properly when breastfeeding.
- Try different breastfeeding positions to find one that helps your baby feed more effectively.
- **Do not** give your baby extra formula (supplemental feedings) unless your health care provider or lactation consultant tells you to do that.

### Medicines

- Let your health care provider know what over-the-counter or prescription medicines you are taking. Some medicines may affect your milk supply.

- Talk to your health care provider or lactation consultant before taking any herbal supplements.

### Contact a health care provider if:

- Your baby does not gain weight or loses weight.
- You continue to have a low milk supply after following advice.

### Summary

- You may have a low milk supply if your baby is not effectively emptying your breast. This may cause your baby to not gain enough weight. Contact your health care provider if your baby does not gain weight or if you continue to have a low milk supply after taking steps to address it.
- To help with low milk supply, breastfeed when your baby shows signs of hunger, and pump after feeding to completely empty your breasts. **Do not** give your baby extra formula (supplemental feedings) unless your health care provider or lactation consultant tells you to do that.
- Always make sure your baby is latched and positioned properly when breastfeeding. Try different positions to find one that works best for you and your baby.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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### \*\*La Leche League International – Article on Frequency of Feeding\*\*

This information is for mothers with babies born at full term or close to full term and addresses the normal course of breastfeeding. The guidelines offered here may not be appropriate for a baby born prematurely or who is in NICU, or for parents with other unusual circumstances, such as circumstances faced by adoptive parents. If you and your baby have unusual circumstances, we encourage you to talk with your health care team candidly about the importance feeding your baby your own milk holds for you and engage their support in finding ways to succeed in achieving your goals. Please also see our information on [nursing a premature baby](#), [adoptive nursing](#), or information that fits your circumstances more closely than this one. Finally, please contact a [Leader near you](#) to ask any other questions you may have; Leaders are always happy to share the information they have and find more information when needed to help every person achieve success in nursing their baby to the fullest extent possible.

- How often should I feed my baby in the first 24 hours after birth?

- How often should I breastfeed my baby in the first few days?
- How does nursing frequently prevent my baby from becoming jaundiced or help if he/she does become jaundiced?
- How can I tell whether my baby is getting enough milk from me?
- Should I put my baby on a schedule?
- How will I know when my baby is hungry if I don't use a schedule?
- How often should I breastfeed my baby in the first weeks?
- How often should I breastfeed my baby in the first six months?
- Do I need to breastfeed my baby at night?
- I'm not sure I'm making enough milk—my baby is fussy! How can I increase my milk supply?
- People say I'm spoiling my baby by nursing her/him too often. How often is right?
- Why does my baby suddenly want to breastfeed constantly?

### **HOW OFTEN SHOULD I FEED MY BABY IN THE FIRST 24 HOURS AFTER BIRTH?**

Breastfeeding should be initiated within the first hour after birth whenever possible. Place your baby in skin-to-skin contact with yourself, i.e., your naked baby should be placed on your bare chest in a prone position,<sup>[i]</sup> as this will help get breastfeeding started. Skin-to-skin allows your baby to maintain appropriate body temperature and to begin to seek your breast. Read our skin-to-skin article [here](#).

Under conditions of minimal medical intervention, newborns who nurse eight or more times in the first 24 hours and who do not receive any supplements will urinate (pee) an average of about three times and stool (poop) an average of about three to four times in the first 24 hours.<sup>[ii]</sup> Normal ranges vary from one to several of both pee and poop, so if your baby doesn't fit the averages and all other signs are normal, it's likely not anything to worry about. Typically, you want to see at least one to two wet diapers and stools in the first 24 hours;<sup>[iii]</sup><sup>4</sup> they show nursing is getting off to a good start.

Babies receive small amounts of **colostrum**, a thick, yellowish or orangish liquid also known as the “first milk,” during each feed on the first day—from just drops to about 5 ml[iv] (about a teaspoon)—yet these small amounts are essential to giving the baby’s digestive system a good start. Colostrum provides important antibodies and other immunological components that offer your baby protection against the diseases to which he or she will be exposed now that he/she has been born.<sup>1</sup>

The small amounts your baby gets at first make it easy for your baby learn to safely coordinate swallowing and breathing with suckling.<sup>4</sup> As your baby learns to suckle and extracts more colostrum more efficiently, his or her suckling tells your body to make more colostrum.

In addition, colostrum acts as a laxative to help clean the meconium out of your baby’s digestive tract. Thus, it aids in removing the excess bilirubin (resulting from excess red blood cells) that can contribute to jaundice. Hence, colostrum is an important first step to preventing jaundice.[v] (See “What can I do to prevent my baby from becoming jaundiced?” below for more information.)

Colostrum, which is extremely easy to digest yet nutritionally highly concentrated, also prepares the baby’s digestive tract to start digesting the mature milk to come as well as to metabolize waste products by providing a good inoculation of beneficial bacteria. Colostrum contains more protein but less sugar (glucose) and fat than mature milk.<sup>1</sup> This ratio of sugar to protein and fat helps to stabilize the baby’s glucose levels and prevents the development of hypoglycemia.[vi]

Finally, these early feedings help stimulate your body to begin the second stage of lactogenesis—to begin producing milk. Over the next several days to two weeks, the colostrum will gradually transition to milk. You’ll be able to tell the transition is occurring, because the fluid you can express will change from yellow or orange in color to more white or whitish-blue as your baby eats more and your body begins producing more milk and less colostrum.

### **HOW OFTEN SHOULD I BREASTFEED MY BABY IN THE FIRST FEW DAYS?**

Research has shown that the timing of the first nursing (within an hour after birth) and the frequency of nursing on the second day of your baby’s life after birth are correlated with the amount of milk you will produce by the fifth day after birth,<sup>1</sup> though this isn’t a “hard-and-fast rule” by any means. Milk production is primarily a supply-demand situation in the early

postpartum period: the more milk your baby takes from you, the more milk your body makes shortly afterwards, as the removal of milk tells your body to make more.<sup>7</sup>

Starting with your infant's second day and throughout the next few days, it will be important to aim to nurse 8 to 12 times (or even more) in 24 hours – both day and night – in order to stimulate milk production, help your baby regain weight lost after birth, and protect your baby against or treat jaundice<sup>5</sup>. This recommendation is well supported by a great deal of research evidence[vii] as well as by the American Academy of Family Physicians[viii] (AAFP) and the American Academy of Pediatrics[ix] (AAP) in the US, and the National Institute for Health and Care Excellence (NICE) in the UK.[x] In addition, research shows that successful lactation depends on 8 or more nursings in 24 hours, both day and night, throughout the first month;<sup>1</sup> by establishing this pattern during the first few days, you will get breastfeeding off to a good start. If you aim to nurse every hour and a-half to two hours during the day and no less than every three hours at night, you will easily achieve the frequency that will help you establish your milk supply and ensure your baby gets enough to help stimulate weight gain. In fact, with frequent and effective nursing during the first week, milk production increases ten to nearly twenty times!<sup>3</sup>

### **HOW DOES NURSING FREQUENTLY PREVENT MY BABY FROM BECOMING JAUNDICED OR HELP IF HE/SHE DOES BECOME JAUNDICED?**

There are multiple possible causes of jaundice. However, the most common form is normal, physiological jaundice, which is usually a temporary condition resulting from the breakdown of the extra red blood cells the baby needed in utero to support oxygen transport. After babies are born, they no longer need those extra red blood cells, so the red blood cells begin to break down to be eliminated through the baby's stools (poop). One of the breakdown components is bilirubin, which is what causes a baby's skin or the whites of his eyes to become yellowish in color.

One of the reasons bilirubin may become a problem is that your new baby wasn't born with the digestive bacteria his gastrointestinal system needs to break down wastes; those will come from your colostrum and milk.<sup>5</sup> Breastfeeding more frequently will help your baby break down the red blood cells in a way that will help prevent her immature system from reabsorbing the bilirubin. Then, because the milk will stimulate your baby to stool, many red blood cells and much of the bilirubin will be eliminated when your baby passes the meconium[xi] and, after the meconium is out of her system, when she poops. As she continues to pass the red blood cell wastes and

bilirubin out of her body, your baby's bilirubin levels and the accompanying jaundice will improve.

Here's something important to keep in mind: even though you may hear of something called "breastfeeding jaundice," **breastfeeding does not cause jaundice**. *Inadequate* breastfeeding can[xii], and the best first treatment is increasing the frequency of nursing. The two factors most commonly associated with jaundice levels requiring treatment are not nursing frequently enough and ineffective milk transfer.[xiii] If you are told that your baby has "breastfeeding jaundice", the first treatment is more breastfeeding,[xiv] not less.

As the second factor in the development of jaundice beyond what is normal may be ineffective milk transfer, it can also be important to assess the baby's latch and milk transfer to ensure that the baby is nursing effectively. If the baby isn't nursing effectively, it can contribute to the development of jaundice requiring treatment. If increasing the frequency of breastfeeding and improving your baby's ability to nurse do not help with the jaundice, your baby's doctor may recommend additional treatments, such as phototherapy. It is not necessary to stop breastfeeding to do phototherapy. By continuing to nurse your baby, you will ensure that he is getting plenty of the unique food designed for his optimal growth and development as well as for helping him eliminate the excess bilirubin.

There may also be other causes of jaundice, though these are not common.<sup>1</sup> However, if your baby is diagnosed with a form of jaundice other than physiologic jaundice (which appears on the 2<sup>nd</sup> or 3<sup>rd</sup> day after your baby's birth<sup>5</sup>), breastfeeding is still the best first treatment. Giving your baby bottles of water or IV fluids will not have much effect on the bilirubin level,<sup>5</sup> as bilirubin is not passed through urine but through stools. If your baby's doctor suggests breastfeeding alone is not adequate, the next step in treatment is phototherapy while continuing to breastfeed.<sup>5,9</sup>

## HOW CAN I TELL WHETHER MY BABY IS GETTING ENOUGH MILK FROM ME?

Diaper output, especially urination but also "stooling" (pooping), will increase over the first week. One way to estimate your baby's milk intake is:

- Over the second and third days, a minimum of 2 to 3 wet diapers and 2 stools<sup>4</sup> indicate that your baby is nursing effectively and getting the milk she or he needs.

- Five or more wet diapers, with the color becoming a pale yellow, and at least two stools are considered indicative of good intake on the fourth and fifth days.
- For the rest of the baby's first month, the baby should have at least two yellowish (mustard color is common), loose stools the size of a U.S. quarter or larger and six or more wet diapers each day.<sup>3,4</sup>
- After six weeks of age, many babies begin to stool (poop) less often, so that is no longer a good indicator of intake.<sup>3</sup> However, if your baby is producing enough wet diapers, gaining weight as she should, and meeting developmental milestones, your doctor will likely confirm that she's doing fine.

### **SHOULD I PUT MY BABY ON A SCHEDULE?**

Scheduling feedings for a baby who is exclusively nursing frequently throughout the day and night, especially during the first six weeks has been correlated with slow weight gain.<sup>3,4</sup> Feeding according to a schedule is also associated with early weaning,<sup>1</sup> because scheduling nursing sessions often contributes to decreases in milk production. When someone postpones nursing to follow a feeding schedule, they may then experience engorgement, which tells their body to stop producing milk. These decreases in turn may lead to supplementation and then weaning. Rather than scheduling feedings during the early weeks, watch your baby's cues, as only the baby knows when his stomach is empty.

Many babies are very sleepy in the first 24 to 48 hours after birth. While some medical personnel believe that it is important to wake babies often to feed during their first two days of life, more recent research suggests that awakening them to feed more often may actually result in greater weight loss.<sup>[xv]</sup> There are physiological factors involved, particularly if you had IV fluids and other interventions during your birth. Babies tend to become more alert over the first few days after birth, especially after the first 24 to 48 hours. On the other hand, if your baby is a very sleepy baby *past* the first 48 hours post-birth, it may be important to wake him to nurse or to seek a consultation to assess your baby's effectiveness in transferring milk.

### **HOW WILL I KNOW WHEN MY BABY IS HUNGRY IF I DON'T USE A SCHEDULE?**

Clocks can't tell you when your baby is hungry, but your baby will tell you. The first few days are an important time to watch your baby and learn to read his or her feeding cues: the signals your baby will give to let you know they are getting hungry before they become deeply

distressed. Crying is a late feeding cue and indicates your baby is too hungry. By responding to the early feeding cues, you will find it easier to nurse your baby, as the more upset they become, the harder it can be to get them to calm down enough to latch on.

During this time, your baby's stomach capacity is increasing along with your milk supply. During the first week, your baby's stomach capacity will increase to 1 to 2 ounces per feeding, and after the fourth day, he or she will need to take in between 10 and 20 ounces per day.<sup>3</sup>

Feeding cues begin subtly and become increasingly obvious as the baby grows hungrier and more distressed.[\[xvi\]](#) While it may seem that you "just nursed," your baby's stomach is still small, and your unique milk, which is perfectly designed for your baby, is easy for your baby to digest. Also, we measure the time "between" nursing sessions from the beginning of one nursing session to the beginning of the next. So some babies may nurse for 45 minutes and then want to nurse again only 45 minutes after you put them down. This won't last, though! Here are the signals of becoming hungry that babies give:

- Subtle cues (quiet requests): Eyes moving beneath eyelids, eyelids fluttering before they even open, mouth movements, restlessness, hands coming toward mouth, and other signs of increasing alertness
- Less subtle (stronger requests): Increasing physical activity, such as turning the head from side when cheeks are touched, whimpering, squeaking
- Obvious (Demands): body and mouth tense, breathing becomes faster, baby starts to cry

If you respond to your baby's quiet requests, she or he is more likely to take the breast gently and easily. If you wait until the baby's hunger has led to distress (crying), the baby will have a hard time latching, and you may have to calm the baby down before you can get her or him to eat. Nursing will be easier if you answer the baby's subtle requests instead of waiting for the demands.

## **HOW OFTEN SHOULD I BREASTFEED MY BABY IN THE FIRST WEEKS?**

After the first week, babies continue to need to nurse when they show signs of hunger. Their caloric needs will continue to increase. Over the next month to six weeks and under normal circumstances, full milk production is being established. Research shows that the amount of milk babies can take in rises most during the first three weeks of their lives.<sup>3</sup> By nursing your baby

every time he or she signals his or her hunger, your body will increase production to meet your baby's needs. (Please see "How will I know when my baby is hungry?" for information about the feeding cues your baby will give.)

There will be times when your baby seems to want to nurse more often; this is very normal. Many people call these times "growth spurts," while others identify them as "wonder weeks." No matter what you call them, your baby's increase in feeding frequency will stimulate your body to build your milk supply, and your nursing will generally soothe your baby.

By the time your baby is two-to-three weeks old, she or he will be taking 2 to 3 ounces of milk per feeding and eating about 15 to 25 ounces of milk daily.<sup>3</sup> After the first three weeks, your baby will slow down a little, though his milk intake will still increase some over the next couple of weeks.<sup>3</sup>

By the end of the first month, your baby will be taking in an average of 25 to 35 ounces of milk per day, though some babies take less and some babies take more, and both can be within the normal range. Note that this includes night nursings—recent research has shown that in the early weeks and months, many babies nurse most frequently between 9 p.m. and 3 a.m., and they may take in about 20% of their total daily caloric needs at night. In a 24-hour period, a baby between one and six months of age takes in about 3-5 ounces per feeding; the amount will vary by the time of day.

## **HOW OFTEN SHOULD I BREASTFEED MY BABY IN THE FIRST SIX MONTHS?**

Every baby is different, and every mother is different. Some mothers have larger storage capacities than others, so one baby may get more milk in one nursing session than another; that may mean a longer time between nursing sessions. Exclusively breastfed infants—which means your baby is receiving nothing but your milk, not even water—tend to nurse about 8 times a day, with a range from 4 to 13 sessions per day.<sup>7</sup> Some babies nurse quickly and efficiently, while others may enjoy a leisurely feeding. Every baby is different, and every baby changes as they grow. Many babies who start out nursing quite often in the first month nurse less often as they become more efficient and as the mother's milk supply increases to meet their needs.

After you've gotten through any early sleepy period after birth and your baby is nursing well, let your baby be your guide. The clock doesn't know when your baby is hungry; only your baby

knows. Remember, nursing your baby offers your baby food, water, and you—all three are very important to your baby. Sometimes he may be hungry, other times she may be thirsty, and all of the time he or she will need closeness with you. Nursing a baby is as much about fulfilling that need for closeness as it is about feeding. As one medical researcher put it, “An infant suckling at his or her mother’s breast is not simply receiving a meal, but is intensely engaged in a dynamic, bidirectional, biological dialogue. It is a process in which physical, biochemical, hormonal, and psychosocial exchange takes place.”<sup>[xvii]</sup> You are building your bond with your infant, teaching your infant how to be in a relationship, receiving biochemical signals that help your body become more resistant to a variety of diseases, sending your baby immunological components that will help your baby resist many diseases, helping your baby’s brain develop both through the components in your milk and through your interactions, feeding your baby, and much more—all by engaging in this one special relationship!

### **DO I NEED TO BREASTFEED MY BABY AT NIGHT?**

**Yes, night-nursing can be very important to help build your milk supply, establish the breastfeeding relationship, and help your baby begin to gain properly.** It is normal for all new babies to awaken and/or feed at night, whether they are breastfed or formula-fed, whether they start solids early or whether solids are started around six months as recommended by WHO, the American Academy of Pediatrics, and other public health organizations around the world. One study of over 700 babies between six and 12 months of age showed that nearly 80% of them awoke at least once at night even if they didn’t wake to feed, and there was no difference between babies who were formula-fed and breastfed babies in the number of times they awoke.<sup>[xviii]</sup>

Feeding is only one reason young babies awaken at night. Digestion of human milk takes only about 1.5 hours, as it is uniquely designed to be easy to digest and easy on your baby’s kidneys. As noted in another portion of this FAQ, research has shown that in the early weeks and months, many babies nurse most frequently between 9 p.m. and 3 a.m., and they may take in about 20% of their total daily caloric needs at night.<sup>7</sup> This stage doesn’t last forever, though!

The research shows that feeding formula makes no difference to night-waking; similarly, starting a baby on solids such as cereals makes no difference in their night-waking patterns. It isn’t *what* they are being fed that makes a difference between babies and adults in their sleep patterns: it’s the fact that they are babies in a certain stage of development.

The research shows that as babies get older, they tend to wake less often and tend to need feeding at night less often. We hope it will be reassuring to know that breastfeeding mothers and their partners actually get more (about 45 minutes more per night) and better sleep (more deep sleep) than mothers who formula-feed their babies.

Clearly, while many parents may want their babies to sleep through the night, it is very unusual. It may also be risky until a baby is older. Some research on Sudden Infant Death Syndrome (SIDS) suggests that infants who are more arousable may have increased protection from SIDS.<sup>[xix]</sup><sup>[xx]</sup><sup>[xxi]</sup> More research is needed to determine all the factors in this devastating occurrence. However, we do know that breastfeeding is an important means of helping protect your infant against SIDS. A careful review of 288 studies on SIDS and breastfeeding and meta-analysis of 18 of those studies showed that breastfeeding protects babies against SIDS, and exclusive breastfeeding increases the protective effect.<sup>[xxii]</sup>

You are giving your baby the best start in life by breastfeeding him or her. Nursing at night is part of that gift, yet we well know how hard it can be! If you are struggling with fatigue, La Leche League Leaders have information and ideas for maximizing your sleep that may be helpful. Please check [our map](#) to find a Leader near you!

### **I'M NOT SURE I'M MAKING ENOUGH MILK—MY BABY IS FUSSY, OR MY BREASTS AREN'T GETTING FULL ANYMORE! HOW CAN I INCREASE MY MILK SUPPLY?**

First, it is very common for your breasts to stop becoming engorged after the first few weeks (or sometimes even sooner). If you have been nursing your baby 8 to 12 times a day, she's producing plenty of wet and poopy diapers, she's gaining weight as she should, and she's meeting her developmental milestones, be happy with not becoming engorged—it means that your body has figured out how much milk is the right amount to make for now! Simply continue nursing your baby when she signals hunger cues, and your body will know how much milk is needed.

Second, if your baby is becoming fussy, there can be many reasons besides an inadequate milk supply. Is your baby producing enough wet and poopy diapers? (See “How can I tell whether my baby is getting enough milk from me?” for more information.) If she is producing the right number of wet or poopy diapers for the age, there may be other reasons for fussiness. Babies can

be fussy due to teething, muscles that are aching because the baby has been trying to learn to pick up objects, creep, or crawl, or due to other things going on in the household. Talking with a La Leche League Leader may be useful, as they can help you explore what's going on, figure out possible reasons for your baby's fussiness, and offer information that may help you solve the problem.

### **PEOPLE SAY I'M SPOILING MY BABY BY NURSING HER/HIM TOO OFTEN. HOW OFTEN IS RIGHT?**

At this age, babies really can't be spoiled, as they haven't learned to *want* things yet—they simply have needs. They have only one way of communicating their needs—through their feeding cues or their crying—and those needs are all about hunger or discomfort of one type or another. Even their need for you is a need, not a want.

Remember, as we said in response to another question, nursing your baby offers your baby food, water, and you—and all three are very important to your baby. Sometimes he may be hungry, other times she may be thirsty, and all of the time he or she will need closeness with you. Breastfeeding a baby is as much about fulfilling that need for closeness as it is about feeding.

As quoted previously, “An infant suckling at his or her mother's breast is not simply receiving a meal, but is intensely engaged in a dynamic, bidirectional, biological dialogue. It is a process in which physical, biochemical, hormonal, and psychosocial exchange takes place”.<sup>16</sup> You are building your bond with your infant, teaching your infant how to be in relationship, receiving biochemical signals that help your body become more resistant to a variety of diseases, sending your baby immunological components that will help your baby resist many diseases, helping your baby's brain develop both through the components in your milk and through your interactions, feeding your baby, and much more—all at the same time! Feel free to meet your baby's needs, whether physical or emotional; sooner than you think, he or she will be seeking independence and going off into the world without you.

### **WHY DOES MY BABY SUDDENLY WANT TO BREASTFEED CONSTANTLY?**

Babies' growth and development in the first year of life does not occur in a straight line; rather, it occurs in leaps and bounds and spurts with pauses in between. The first two months after birth are a time of the most rapid growth your baby will experience in her first year. Up until about five weeks of age, your baby is working on building your milk supply and her capacity for taking

in milk, then she's working on growing fast for the next several weeks. There will be days when she seems to do nothing but eat! Fortunately, every time you nurse her, you will be telling your body to make more milk.

After that first two months, there may be a few other times when your baby seems to increase her nursing frequency and maybe her fussiness as well. Throughout the first year (as well as during other periods of development), needs for more food or fussiness may occur. Some people call these "growth spurts," while others call them "wonder weeks." In general, these seem to be times when your baby is going through another stage of development, either focusing on mental skills or motor skills. You may find that she wants to nurse constantly on days she's been working hard at learning to push up on her knees, or crawl, or walk. You may also see this extra need for nursing come on days when she's been very active mentally, babbling or trying to "talk" to you.

Another developmental event that may increase your baby's nursing frequency is teething. This is because teething can make your baby's jaws and gums ache. Your milk has components that act as pain relievers, and the act of nursing releases endorphins that can help decrease your baby's pain. (This works for pain relief when your baby is being given vaccinations, too!)

If your baby is right around six months of age, increased nursing can indicate he is about ready to start solids. Can he sit up on his own? Can he pick up small objects between his thumb and forefinger? If you try to put something in his mouth, does he push it right back out with his tongue? If the answers to the first two questions are "yes," and the answer to the third question is "no," then your baby is likely to be ready to start solids (and begin the weaning journey). Please see our information on starting solids.

### **AM I MAKING TOO MUCH MILK? MY BABY SEEMS TO BE CHOKING! DO I NEED TO NURSE LESS OFTEN?**

While some people do make a lot of milk, there may be other factors leading to choking when your baby tries to nurse, and those need to be ruled out first. Sometimes choking is caused by uncoordinated sucking and swallowing; other times it may be due to tongue-tie, positioning issues, respiratory problems or congestion.<sup>3</sup> It is important to rule out all other possible causes before trying to reduce your milk supply, because if oversupply is *not* the issue, your baby will continue to have problems and will start to lose weight.

One of the first things to try in this case is changes in your positioning. Certain positions seem to be more problematic for some babies, so trying a different position can make a big difference. For example, many people have found that laid-back breastfeeding is very helpful, as it offers your baby more control over the milk flow and makes it easier for him or her to coordinate suckling, swallowing, and breathing.

It can also be important to have your baby checked for a short frenulum due to tongue-tie or for a lip-tie, as these can make it difficult for your baby.

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