

Primary Care Conference  
NEC Birmingham  
15<sup>th</sup> May 2025

‘Insufficient Milk Supply –  
Improving Breastfeeding Outcomes  
for Women and Children in the  
Primary Care Setting in a Time  
Restricted Service’

Sponsored by



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# Inclusivity & Diversity

## Inclusivity & Diversity

*'I speak on behalf of Munchkin and I through sharing that we respect the diversity and inclusivity of all women, birthing, breastfeeding, and chest feeding people, and the pronouns in which people would like to be referred to as an individual.*

*During today's discussion I will use the terms women and breastfeeding to refer to an individual that has birthed, has an infant or child, and wishes to breastfeed.*

*Munchkin and I also advocate the freedom of choice of infant feeding. We believe that an informed choice is the optimal way to feed any child and respect any person's choice not to breastfeed.'*



# Validation & Recognition

*'Supporting women to breastfeed in our current working conditions is challenging and not a fault of the healthcare provider'*

Kerry Baker, IBCLC



## Validation & Recognition

When we are unable to support women to breastfeed it does not come from a place of not wanting to, but a consequence of insufficient, staffing, resources and therefore, a lack of time.

This discussion is set to empower us to re-discover efficient ways to deliver more breastfeeding support in these less desirable working environments, and to advocate for women & children.

Ultimately, It is about working in a way that acknowledges these barriers and the challenges to provide this care, whilst finding effective ways to provide the best standards of care in these settings whilst they are this way. Calling for change and wanting more for women is vital for better outcomes.

**Lactation education** also needs to move with the current issues women are experiencing and what skills healthcare providers need to support women appropriately.

# Breastfeeding Statistics

‘The World Health organisation recommends exclusively breastfeeding for 6 months followed by a minimum 2 years of breastfeeding thereafter alongside other nutritional intake’  
- WHO (2025)



## ***‘The Infant Feeding Survey’***

The UK Infant feeding survey started in 1975 and was conducted every 5 years aiming to assess prevalence, incidence, and duration of breastfeeding. This survey ceased in 2010. In 2010, breastfeeding rates were 81% at day one, 24 % in England, 17% in Wales, 13% in Northern Ireland at 6 weeks, and 1% at 6 months.

## ***Global Feeding Collective 2023 WHO, UNICEF***

The WHO and UNICEF conducted the Global Breastfeeding Collective to also address breastfeeding incidence and duration. The latest statistics are from 2023 suggesting a global increase in breastfeeding rates to 48%

***The cost of not breastfeeding costs the NHS approximately £40 million per year.***

***The Risks of not breastfeeding for infants and women is highly significant.***

# History of Insufficient Supply

*'Were very good at  
inventing things but  
very bad at dealing  
with the  
consequences' –  
Yuval Noah Harari*



Development of an infant  
artificial supplement

Dr's influence on  
women's choices and  
feelings towards infant feeding

Wealthy women no  
longer wanting wet nurses

Routine  
separation

Improvements in hygiene and sanitation

Immunisations

Improved clinical skills

Increased morbidity and mortality

Cultural shift

# The Grief of Breastfeeding

*'A genuine loss for me that I felt physically through out every part of my body. I mourned it like I mourned somebody dying' - Why Breastfeeding Grief and Trauma Matters (2023)*



## The Grief of Breastfeeding

*'Professor Amy Brown (2023)*

Professor Amy Brown (2024) coined the term 'breastfeeding grief' to highlight how many women experience depression associated with the trauma of a negative breastfeeding experience or early cessation of breastfeeding before they wished to stop.

*'Being Let Down'*

*'Robbed'*

*'Emotionally Destroyed'*

*'Crushed'*

*'Exhausted'*

*'Broken and Traumatized'*

*'Devastated'*

*'Defeated'*

*'Guilt and Shame'*



# Breastmilk Composition



‘For every teaspoon of breastmilk, there are 3 million germ-killing cells’ –  
Institute of Medicine  
(1991)



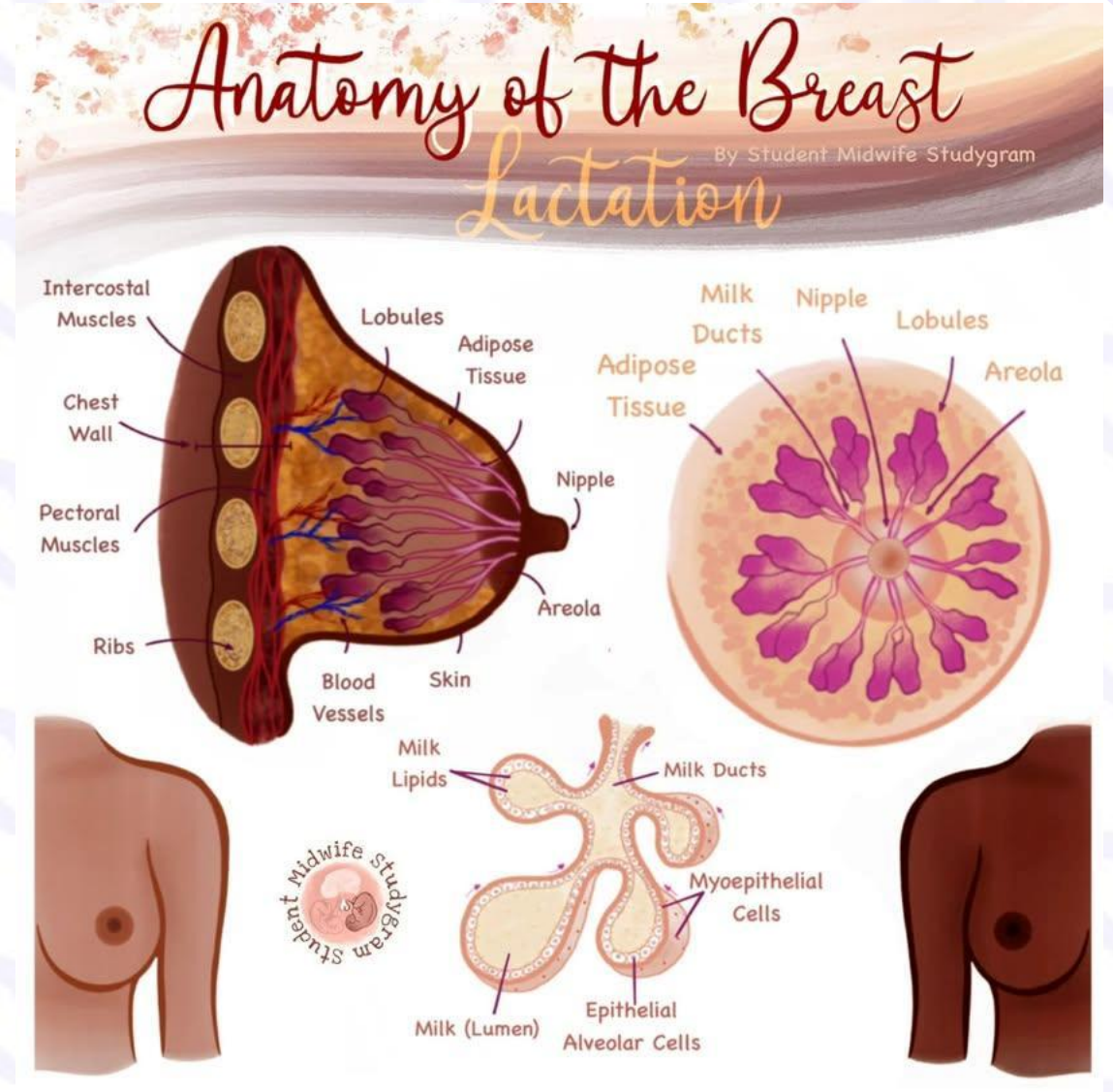
- \* VITAMINS A, C, D, E, K, B12, B6, \*
- \* Pro/Prebiotic bacteria \*
- \* Nonprotein Nitrogen's \*
- \* Nucleotides \*
- \* Lactose \*
- \* Protein \*
- \* Lipids – Polyunsaturated fatty acids \*
- \* DHA – AA For brain and eye health \*
- \* Minerals – Sodium, Zinc, Iron, Calcium, Magnesium \*
- \* Stem Cells \*
- \* Lactoferrin \*
- \* **Oligosaccharides** \*
- \* Glyconjugates \*
- \* enzymes \*
- \* **Melatonin** \*
- \* Hormones \*
- \* Oxytocin\*
- \* Immunoglobins & antibodies e.g. SIgA, IgM, IgG \*
- \* Alpha – Lactalbumin \*



# LACTOGENESIS

*'The Issue it not at the source – the biology of the woman. It's society interfering with the process'*

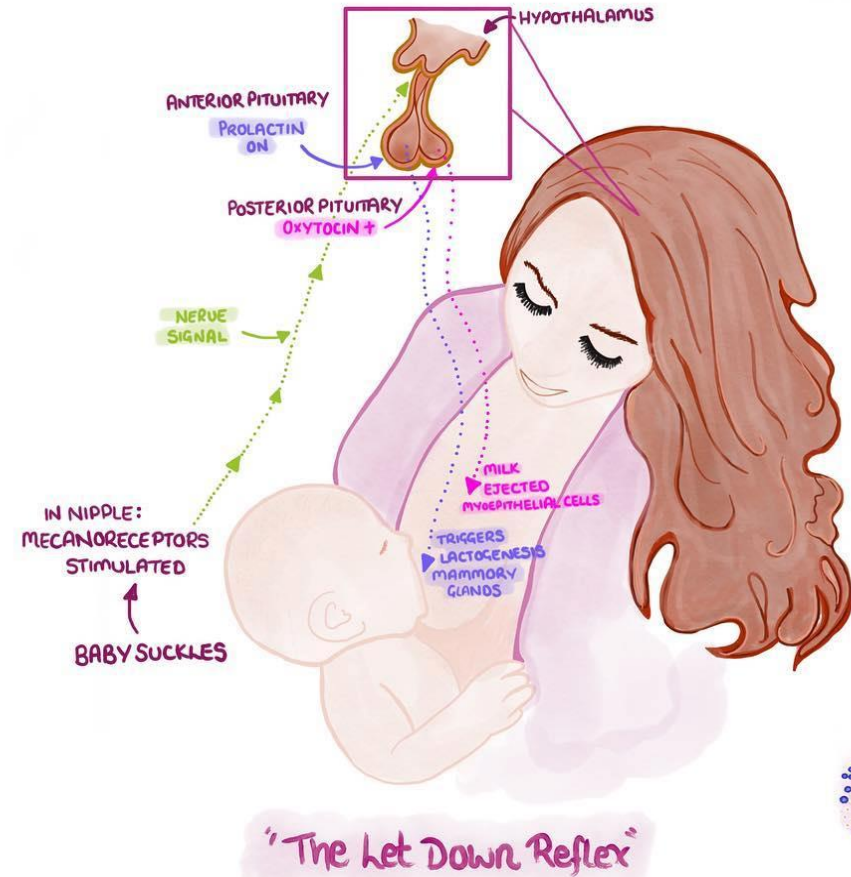
*Kerry Baker IBCLC*



# Positive Feedback Loop



## Breastfeeding Hormones

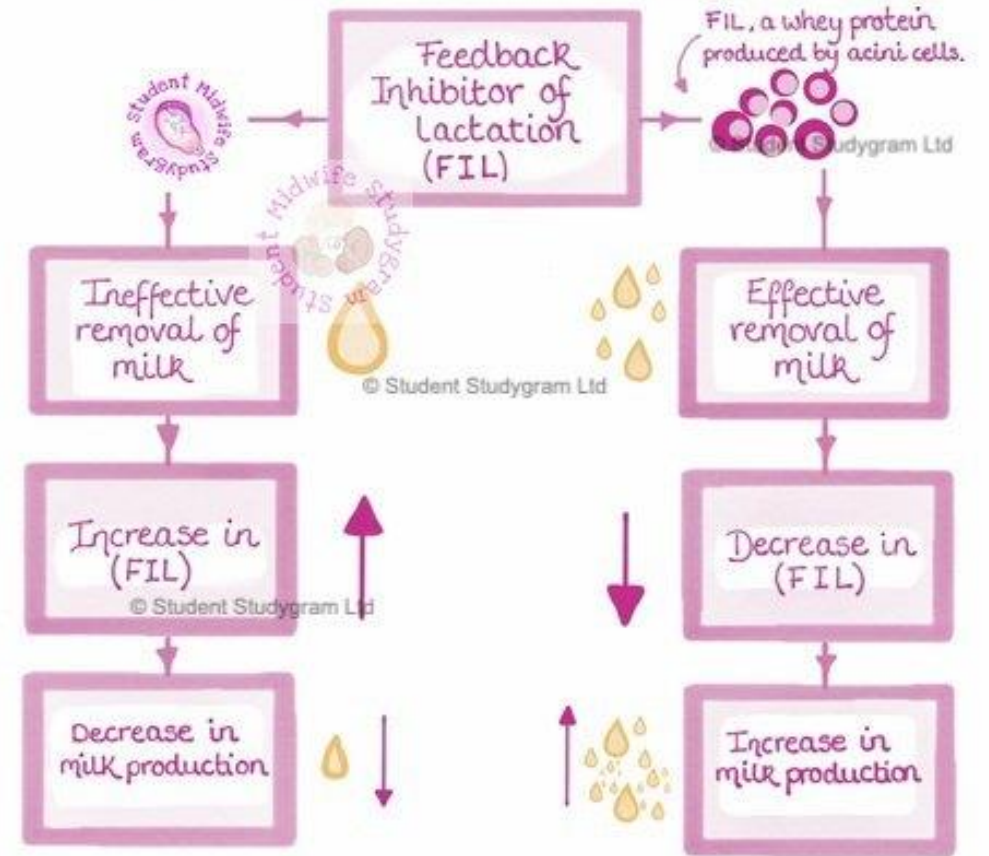




# Negative Feedback Loop



## Feedback Inhibitor of Lactation





# Biological Baby Behaviour



- \* Skin to Skin \*
- \* Expected Weight Development \*
- \* Feeding Frequency \*
- \* Feeding Cues \*
- \* Feeding on Demand \*
- \* Cluster Feeding Patterns \*
- \* Babymoon \*
- \* Nappy output \*
- \* Behaviour between Feeds \*

# Factors Affecting Supply



- \* Diabetes \**
- \* Hypothyroidism\**
- \* Prolonged Second Stage of Labour \**
- \* Caesarean Section \**
- \* Breast Augmentation \**
- \* Severe Blood Loss at Delivery > 500mls \**
- \* Raised BMI \**
- \* IV Fluids in Labour \**
- \* Analgesia in Labour \**
- \* Premature Delivery < 37 weeks \**
- \* Smoking \**
- \* Insufficient Glandular Tissue - Hypoplasia \**
- \* Poor Psychological Health \**
- \* Retained Placental Products \**
- \* Any Incisions Throughout Life Involving 4<sup>th</sup> Intercostal Nerve \**
- \*PCOS\**

# Lactation Challenges in Babies



- \* Atonic oral muscles \*
- \* Sub-optimal latch and attachment \*
- \* Instrumental delivery \*
- \* Analgesia in Labour \*
- \* Hypoglycaemia\*
- \* Hypothermia \*
- \* Jaundice \*
- \* Tongue tie \*
- \* Metabolic conditions \*
- \* Premature delivery < 37 weeks \*
- \* Enzyme deficiency \*
- \* Cardiac conditions \*
- \* Oral thrush\*
- \* Maternal/Infant medications\*
- \*Breast substitutes, dummies, bottle \*
- \* Responsive feeding techniques\*



# Perceived Insufficient Milk Supply



- \* Breasts feeling 'less full' \**
- \* Cluster feeding \**
- \* Unhelpful comments \**
- \* Marketing regarding breastmilk substitutes \**
- Misleading information/Myths \**
- \* Expressing/supplementing outside of healthcare recommendations \**
- \* Mistrusting her body \**
- \* Unconfident in the knowledge of breastfeeding \**

# Insufficient Supply – What Next?



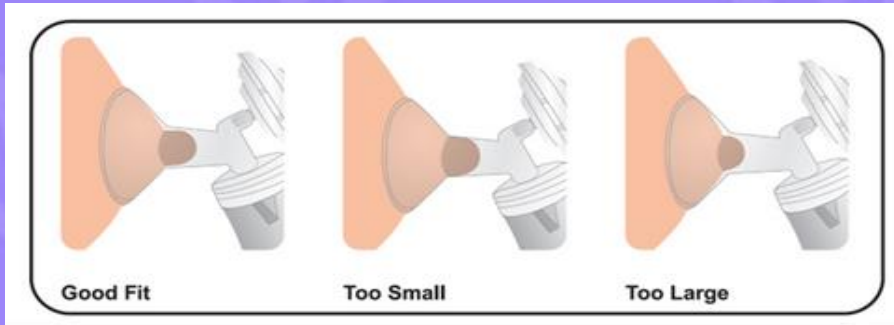
## ***The Three Keeps***

Keep Baby Close

Keep Milk Flowing

Keep Baby's Intake met

# Expressing Breastmilk to Increase Supply



## Hand Expressing

Early Days first 48 – 72 hours

‘Milk Ejection Reflex’

‘Chest, Compress, Relax’

## Expressing using a breast pump

Every 2-3 hours across 24 hours

Double electric, hospital grade pump

‘cluster pumping’

Pumping after feeding

Triad of feeding

Correct shield size

A blend of hand expression and  
electric pumping around the clock



# Pharmacology and Galactogens



## Natural Galactogens

Fenugreek – Dosage varies and there are multiple contraindicators such as, those on anticoagulants or insulin, history of vaginal bleeding, those taking NSAIDs. There are multiple unpleasant side effects with fenugreek and there is no sound evidence of its effectiveness but has been used for centuries and women who use it have found improved milk supply in 24-72 hours. (The Breastfeeding Network, 2019).

## Pharmacological Galactogens

Metoclopramide – dopamine antagonist = increases serum prolactin. The doses and duration vary and longer use has shown better effects and abrupt cessation causing milk supply issues once more. It hasn't been proven as more effective for those with premature infants.

Domperidone – Dopamine antagonist. Should be avoided if the infant or mother has cardiac conditions or arrhythmia. On other contraindicative medicines (See BNF) hepatic impairment, mother and baby have high potassium or low magnesium levels.

# Fast Access



\* Your Local NHS Trust \*

\* The Breastfeeding Network \*

\* Lactation Consultants of Great Britain \*

\* Breastfeeding Helpline \*

\* National Childcare Trust \*

\* Association of Breastfeeding Mothers \*

\* La Leche League England \*

\* Community Health Trust \*

# Counselling and Language



## Maternal Mental Health

- \* Bounce back culture \*
- Social media \*
- \* Realistic expectations \*

## Validation

- \* Achievements \*

## Encouragement

- \* Belief \*



# Latch & Attachment



Photo - Le Leche League GB



# Our Role in a Time Restricted Healthcare Setting



## **Antenatal education**

Equipping women from the outset  
With resources and skills

## **Postnatal setting**

Are the signs of good milk intake identifiable and assuring?

Yes! – Validate and encourage

Perceived Supply issue?

Any medical risk factors for mum and baby  
that could be affecting supply?

Any absences of good milk intake picture?

Diagnosed insufficiency?

## **The 3 Keeps**

**Ensuring appropriate  
and timely specialized support**

# Questions





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