



Increasing your breastmilk supply

Patient information

Many mothers worry about their milk supply at some stage in their breastfeeding journey.

If your baby is breastfeeding effectively and receiving sufficient breastmilk to meet their needs, by day 5-6 you can expect:

- Five or more wet nappies every 24 hours with clear or pale urine
- Soft yellow bowel actions – at least 2 to 3 per day for the first 6 to 8 weeks
- Baby to be settled after most feeds
- Baby to be back to birthweight by 2 weeks of age
- Baby to be gaining 150g to 200g per week in their first 3 months.

Breastfeeding works on a supply and demand basis. Frequent, effective removal of milk is necessary to stimulate the breasts and support your breastmilk supply. This is achieved by:

- Early initiation of breastfeeding through uninterrupted skin to skin contact and a breastfeed immediately following the birth of your baby
- Breastfeeding your baby at least 8 to 12 times in 24 hours
- Correct positioning and attachment of your baby at the breast.

If you are having difficulty breastfeeding your baby or are separated from your baby, early expressing with a hospital-grade electric breast pump is important. Aim to express every 3 hours and overnight.

Why do I have low breastmilk supply?

Supply is defined as low if you are not producing enough breastmilk to meet your baby's needs. Reasons may include:

- Baby not attaching well to the breast, causing nipple pain and damage
- Baby is premature, vulnerable, jaundice or sleepy and does not feed regularly or effectively at the breast
- Oral anatomy variations in your baby could result in a poor oral vacuum or milk transfer
- Timed or scheduled feeds interfering with breast stimulation and milk removal
- Using a dummy or pacifier in the early weeks may mask feeding cues, which can impact the frequency of breastfeeds
- Using formula reduces breast stimulation and may lead to a decrease in milk supply.

If formula use is medically indicated, please ensure your breastmilk supply is supported by expressing post breastfeeds.

Health issues may also interfere with milk production, including:

- Hormonal disorders such as diabetes or thyroid disorders
- Medical conditions, such as high blood pressure, postpartum haemorrhage, retained placental products, recent mastitis
- History of breast surgery and nipple piercing
- Insufficient milk producing tissue in the breast (breast hypoplasia)
- Smoking and caffeine products
- Some birth control medication.



How can I increase my milk supply?

- Breastfeed frequently, 8 or more times in 24 hours. You may need to wake your baby.
- Offer both breasts per feed.
- Seek assistance from your midwife or lactation consultant to ensure your baby's latch at the breast is correct.
- Gentle stroking and compression of the breast during the feed can support your baby's sucking effort and milk flow.
- Express both breasts following a breastfeed until they are soft, comfortable and lump free. You can feed this breastmilk to your baby prior to formula (if required/medically indicated)
- Use a double hospital-grade electric breast pump with the correct flange size.
- Talk to your lactation consultant or healthcare provider about domperidone, a prescription medication that may help increase your milk supply (also known as motilium).
- Ensure you eat well, hydrate and rest where possible.

If you are concerned about your supply seek advice from your midwife, lactation consultant or healthcare provider.

The process of increasing your supply and transitioning to exclusive breastfeeding can take several weeks so a follow-up appointment with a lactation consultant is recommended.

Support and follow-up

For individual lactation support contact the Breastfeeding Centre of WA on (08) 6458 1844, Monday to Friday, 8am to 4pm, or visit the website.



Scan the QR code for more resources on breastfeeding, including expressing advice.

For more information, contact the Australian Breastfeeding Association Breastfeeding Helpline on 1800 686 268 or visit their website www.breastfeeding.asn.au



**CONSUMER
REVIEWED**

The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.



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