Information for Lactation Consultants

Estimating a Mother's Milk Supply

Lactation Consultants often need to estimate a mother's breastmilk supply to determine what recommendations to give the mother. and if supplement is needed, how much. This can be done using test weights or by having the mother use a breast pump for several consecutive hours.

Mothers can have a breastmilk supply that is:

- *inadequate (does not support normal weight gain)*
- *borderline (supports slow weight gain)*
- *adequate (supports normal weight gain)*
- *excessive (more than her baby needs)*

Estimating the mother's breastmilk supply using test weights

✓Using a digital scale that is accurate to 1-2 ml
✓Determine the scale is level by assuring the leveling bubble is centered.
✓Do not allow blankets or clothing to hang over the edge of the scale touching any surface.
✓Weigh the baby before and after feedings.
✓Subtract the before feeding weight from the after feeding weight to determine the quantity the baby took (some scales do this for you automatically).

The baby must be wearing the same clothes and diaper at both weights. A one-time feeding with a test weight can give you an indication of the mother's milk supply.

However a one-time test may be subject to sluggish let-down due or distraction or sleepiness of the infant. If test weights can be done at several feedings, you can get an average of the mother's output. This will give you a clearer picture of her supply. The mother may need to rent a good quality digital scale to do test weights at home.

Estimating the mother's breast milk supply using serial pumping

✓Instruct the mother to use a hospital grade breast pump every hour for three consecutive hours. The milk obtained will diminish each hour.
✓The amount pumped at fourth sessions d will be her milk production per hour.
✓Multiply the amount obtained in the 4th pumping X 24 to obtain her total daily production.

	Time	Right	Left
First Hour			
Second Hour			
Third Hour			
Fourth Hour			

Estimating the infants recommended intake

A good rule of thumb for determining the required intake per day is to multiply the infant's weight by 2.5. Then, divide the total intake by the number of feedings per day to determine the feeding size.

Infant's weight X 2.5 = Total intake per day
Total intake per day / number of feeds per day = Ounces per feeding

Determining the volume of supplement

Baby Timmy weighs 8#. So, Timmy needs 20 ounces per day to maintain normal growth. He feeds an average of 8 times each 24 hours. So his intake per feeding should be about 2.5 ounces. If the weight gain in his AC/PC test breastfeeding is about 2.5 ounces, then his mother's breastmilk supply is adequate. But he actually got about 1.5 ounces in his test weighing. So he will need a supplement of one ounce per feeding until his mother's milk supply increases to meet his needs.

Baby Monica weighs 6 ½#. Her test weight showed she gained 3 ounces during the feeding and the mother states she does not feel her breasts are "emptied". She is able to pump 1.5 ounces after the feeding. Monica needs 16 ¾ oz per day. She feeds an average of 10 times each 24 hours. So, she needs 1.6 oz per feeding. Her mother is over-producing 2.9 oz each feeding. She would undoubtedly also have some other symptoms of over-supply such as uncomfortably full breasts, perhaps plugged ducts. The baby may experience colicky symptoms, loose, frequent, greenish stools and gas from an imbalance of foremilk and hindmilk. Or the infant may experience symptoms of reflux from feedings that are too large.

This method of calculating an infant's intake may not be accurate for premature infants or those who are severely under weight and need extra calories for catch-up growth. Consult with the infant's physician for guidance.

Review related handouts

Increasing a Mother's Milk Supply
Decreasing a Mother's Over-supply

Alternative Feeding Methods

If supplements are temporarily necessary to support normal infant growth, consider using a feeding tube at breast, cup feeding, or paced bottle feeding to avoid difficulty returning the baby to the breast.