

What about next time? Helping a mother with low milk production plan for next baby - session from last summer's ILCA Conference.

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This session was presented by Lisa Ann Marasco, IBCLC, FILCA and LLL leader. This was a highly informative session since I had just started reading *Breastfeeding takes two: successful breastfeeding the second time around* by Stephanie Casemore. Over the years, I have come across many mothers who are anxious about breastfeeding second or more times after they have "failed."

The first thing Lisa Ann pointed out is that there are two strategies one can adopt: proactive or reactive. A proactive strategy is when someone knows about a challenge that may lie ahead and makes informed decisions and actions to tackle the problem before it is there. A reactive strategy refers to taking actions to tackle the problem when you are facing it. The proactive was presented in depth starting with a complete "post-mortem autopsy" -her own words-. You can see below this example that was handed to all participants to help as a diagnostic tool to screen and help plan future lactation. **Contact Linda for a PDF of the assessment sheet (sorry I couldn't manage to insert it here!)** Linda.midwife@btinternet.com

Many of the red lights are well known to us LCs, for example all the hormonal issues that can impact supply such as: PCOS, Hi/low/PP thyroid, Diabetes T1 T2 GD, breast surgeries, hypoplastic breast, etc. Apart from playing detectives with all these diagnostic signs and symptoms, lots of empathy is also needed to help the mother connect to her experience, open up, chat and share some of the emotions she went through.

When looking at the risk factors, some less obvious were also identified: exposure to

environmental contaminants, prior pregnancy issues and family lactation history. In order to get a broader picture of what went wrong last time, some questions need to be asked: Was lactogenesis 2 delayed? How was the supply problem managed? What medications were given? Were there any feeding frequency issues? Were sleep training techniques introduced and when?

With as much information as one can collect from the past, one can now focus on the planning strategy. The planning strategy includes all these very important phases: prior to the next pregnancy, during the next pregnancy, optimizing for the best start possible, and long term strategies.

The mother's perception of what happened, how it happened is also very important in putting the puzzle together, as it gives very valuable clues to the whole puzzle. Needless to say that one must not omit looking at issues that may arise in the infant. And in the planning strategies some factors are modifiable whereas others are non-modifiable.

Prior to conception, a woman can focus on strategies that aim at mammary development or bust enhancing. Lisa Ann mentioned in this category these herbs: saw palmetto, black cohosh, hops, red clover, blessed thistle, shatavari (which is an Ayurvedic herb), goats rue, black seed, fennel and fenugreek.

During pregnancy, the aim is to optimise mammary development and balance hormones. Lisa mentioned: Traditional Chinese Medicine/Acupuncture, homeopathy, bovine therapy between babies (which I had never heard of before), herbs/foods all can be used safely in pregnancy.

Antenatal collection of colostrum in the last few weeks of a pregnancy, when a pregnancy is not considered high risk, has also been used by many women to start stimulating the breasts before the birth of the baby.

She mentioned a lactogenic diet which may include: barley, oats, dandelion, hops and malunggay. Malunggay (*Moringa Oleifera*), a herb I never came across before, is a native Philippian herb. I had to Google it to find out that it has been used in folk medicine, including Ayurveda and traditional medicine in the Philippines. In Africa and Indonesia the leaves are given to nursing mothers in the belief that they increase lactation. They were selling it at the conference and I even got a copy of two interesting articles: one was a double-blind, randomized controlled clinical trial on *the Efficacy of Malunggay given near term pregnant women in inducing early post partum breast milk production*. The other is titled: *A Double-blind randomized controlled trial on the use of malunggay for augmentation of the volume of breastmilk among non-nursing mothers of*

preterm infants.

Herbs that are considered useful in pregnancy, prescribed by a qualified Herbalist, include: nettle, alfalfa, goat rue, malunggay, and red clover. The last 3 herbs would be given in last 8 weeks of pregnancy and not in very high doses. Acupuncture has shown to be able to boost prolactin and oxytocin levels, so this is why Lisa mentioned it as top of her alternative options.

Part of the post delivery strategies, Lisa mentioned pumping, the use of galactagogues and the other therapies listed. She did remind us all of the importance of emptying the breast to boost supply, that is through pumping and using hand expression after feeds.

She touched on the debate of when to start the use galactagogues, by referring to two scenarios: a conservative management or a more aggressive one. In a conservative management, galactagogues are introduced after one week of baby's birth that is because prolactin levels are high. With an informed consent you would start with lower doses of Domperidone, 30 ml up to 120 ml in Canada (Motilium in USA) and try to calibrate the dose to get the desired levels. In an aggressive management plan you would assume that the mother's prolactin levels are not optimum and start immediately. The most important thing is to target the plan to the mothers needs, or personalize the plan. And the key questions that the LC must ask the mother to figure out this plan are:

- How far does the mother want to go?
- What is a reasonable goal?
- What are the risks versus the benefits?
- Is the mother making an informed decision?

Even with this personalized plan ready, Lisa did remind us that as LCs we must proceed with caution without raising too high unattainable expectations. That is getting across a "cautiously optimistic message but also being prepared for the worse".

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