

Strategies to Increase Breastmilk Transfer

A resource for health care providers

Improve latch	<ul style="list-style-type: none"> Educate parent on innate infant feeding behaviours and how they can be used for effective feeding. Ensure both parent and infant are comfortably positioned (e.g., tummy-to-tummy, nipple to nose, chin to skin). Consider different positioning to allow for a deeper latch and encourage innate feeding behaviours. Encourage skin-to-skin between the breastfeeding dyad before and during feeds. Educate parent on management strategies for engorgement as applicable (e.g., reverse pressure softening, lymphatic drainage, cold compress). Identify and address issues that may be impacting the infant's ability to latch well (e.g., disorganized suck, possible or suspected ankyloglossia, torticollis, preterm, small for gestational age).
Increase breastmilk flow	<ul style="list-style-type: none"> Educate parent on breast compressions, used throughout the feed or at the end when the infant gets sleepy. To help stimulate multiple letdowns and keep the infant sucking, trial 'switch nursing': Move the infant to the other breast as soon as active feeding stops and continue switching between breasts until the end of the feed. Switch nursing may not be advisable for infants with low endurance or poor suck.
Increase feeding frequency & duration	<ul style="list-style-type: none"> Educate on feeding cues: <ul style="list-style-type: none"> Recommend feeding at least 8 times in 24 hours and cluster feed on demand. Encourage frequent skin-to-skin care and bringing infant to the breast when showing early feeding cues. Avoid feeding or sleeping routines/schedules that may delay feeds. If an infant does not feed at least 8 times in 24 hours, encourage them to wake by: <ul style="list-style-type: none"> Expressing breastmilk onto their lips, undressing or changing their diaper, gently stroking or massaging their body, unswaddling, limiting use of pacifiers, etc. Educate on satiation cues: <ul style="list-style-type: none"> Avoid restricting the length of feed and allow the infant to feed until they show signs of being full. If the infant falls asleep quickly at the breast, trial strategies to maintain active feeding such as: breast compressions, switch nursing, feeding while skin-to-skin, stroking the infant's skin when sucking slows, gently rotating the infant's arm, etc.
Adjust environment	<ul style="list-style-type: none"> Encourage room-sharing to support cue-based feeding. Provide suggestions to create a calm environment for breastfeeding.
Increase or maintain breastmilk supply	<ul style="list-style-type: none"> Teach hand expression. Identify and address parent or infant medical factors that may affect breastmilk supply. Support breastmilk expression if regular and direct feeding at the breast is interrupted.

Assessment and recommendations should always consider the [socio-ecological context](#) of the breastfeeding dyad.

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