



Kurs

6/20

Anne sütü artırılabilir mi? *

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Anne sütü bu kadar vazgeçilmez ve kıymetli olduğuna göre, eğer besin olarak az gelmesi ile arttırmak ve yeterli boyuta getirmek olası mıdır, sorusunun cevabını bu Bölümde bulacaksınız.

Süt eğer doğal olarak memeden salgılanıyorsa, bunu arttırmak olanaklı gibi görülmemektedir. Basit olarak annenin 2 litreden az olmamak üzere su içmesi ile artması, suyun bile etkin olduğu kavramını getirmektedir.

Buna karşın süt arttırıcı olarak belirtilenlerin çoğunun fazla etkili olmadığı, içilen sıvı olması ile etkili olabileceği ve fazla içimi ile zararları olabileceği kavramı üzerine mutlaka bir sağlık elemanı tarafından izleme verilmesi gerekli olmaktadır.

Mutlaka danışın ve izleme girin denilmelidir.

Özet

Anne sütü artırılabilir mi?

Amaç: Öncelikle sütün bebek için yeterli olup olmadığına anne tek başına karar vermemeli, bebeğin kilo takibi yapılarak emzirme danışmanından destek alınmalıdır. Bu konuda danışmanlar ile faydalı olunabileceği konusu irdelenmektedir.

Giriş: Bebeğin doğumdan itibaren sık sık ve etkin bir şekilde emzirilmesidir. Sütün artması için en temel teknik memeyi boşaltmaktır. Meme boşalmadığı takdirde süt üretimi azalmakta, Laktasyon geribildirim inhibitörleri devreye girmektedir.

Yaklaşım: Doğumdan sonra ilk bir saat içerisinde emzirme, sadece anne sütü ile besleme, bebeğin anne ile aynı odada kalması, biberon ve emzik kullanılmaması ve Anneye taburcu olurken bir telefon numarası verilerek sorun yaşadığında destek sağlanması sütün oluşması ve atmasında önemli etkindir.

Yorum ve Sonuç: Erken ten tene temas kuran bebeklerin, anneleriyle daha çok etkileşim kurduğunu, süt arttırma etkeni galaktagog besinlerdir. 400'den fazla tıbbi bitki olduğu, fakat yan etkileri nedeniyle kullanımları tartışmalıdır.

Anahtar Kelimeler: Anne sütü, anne sütünün arttırıcı yaklaşımlar

Outline

The Increasing the Mother's Milk Production

AIM: Mother must not make a conclusion, her milk is not satisfactory, less amount for the infant growth and development. There must be positive and reliable evidences must be confirmed, objective considerations, be established. Consultants can be give advices to increase the milk.

Introduction: Baby must be feed frequently and efficiently, at proper way. The best technique is to empty the breast, if still not enough discharging, the lactation inhibitors are in action.

General Considerations: Starting from the first hour of the delivery, exclusively mother's milk, rooming in, not used any pacifier and bottler, and even giving phone number for immediate consultation, important factors for increase the milk.

Conclusion: Skin to skin contact after delivery and continuously performed, more effective and efficient relation form mother to infant, later galactagogue may be used, thus more than 400 types, so be sure not to have side and adverse effects, so be used by medical breast-feeding consultant.

Key Words: Mothers Milk, the factors for increasing mothers milk, galactagogues

Anne sütü artırılabilir mi?

Şule Elitaş

Giriş

Anne sütü bebeklerin beslenmesinde en önemli besin kaynağıdır ve bir bebek için en doğru besin anne sütüdür (1). Anne sütü doğumdan itibaren altı ay sonuna kadar olan dönemde, bebeğin tüm besinsel gereksinimlerine tek başına cevap verebilen mükemmel içeriğe sahip, yaşayan, doğal bir gıdadır. Bebek uygun teknik, sıklık ve sürede emzirilmeli ve ilk altı ayda, tıbben gerekli olmadıkça bebeğe anne sütü dışında hiçbir ek gıda verilmemelidir (2).

Anne Sütünde Azalma

Anne sütü bazı durumlarda azalabilir. Öncelikle sütün bebek için yeterli olup olmadığına anne tek başına karar vermemeli, bebeğin kilo takibi yapılarak bir hekim ya da emzirme danışmanından destek alınmalıdır.

Süt Arttırma

Süt arttırmanın en iyi ve etkili yolu bebeğin doğumdan itibaren sık sık ve etkin bir şekilde emzirilmesidir. Sütün artması için temel teknik memeyi boşaltmaktır. Meme boşalmadığı takdirde süt üretimi azalmakta laktasyon geribildirim inhibitörleri devreye girmektedir. Meme emzirme ile boşalabilir fakat bebeğin memeyi tam boşaltmadığı durumlarda süt sağlamak da süt arttırmak için oldukça önemlidir.

İngilizce de halk arasında "nursing vacation" olarak bilinen "emzirme tatili" süt üretiminin artması için en etkili yöntemlerdendir. Bu yöntem annenin uyumadığı her an süre sıklık gözetmeksizin bebeğini emzirmesine dayanır. Emzirme ve dinlenme süreleri dışında ise süt sağmayı önermektedir.

Anne bebeği emzirmek için saat gözetmemeli, bebeğine güvenmelidir. Avustralya Emzirme Derneği, talep ne kadarsa üretim o kadardır cümlesi ile anne sütü arttırmanın en önemli yolunun talebi yani emzirmeyi arttırmak olduğunu belirtmiştir.

Avustralya Emzirme Derneği, ayrıca, anne sütünü arttırmak için yayınladığı yazıda;

- Anne sütünü arttırmak için bebeğinizi normalden daha fazla emzirin,
- Bebeğin memede doğru pozisyonda durduğuna emin olun ve beslenme uzunluğuna bebeğin karar vermesine izin verin maddelerini sıralamıştır (3).
- Annenin yeterli ve dengeli beslenmesi (özellikle protein bakımından),
 - Yeterli sıvı alımı ve su tüketimi,
- Uyku süresi ve kalitesi,
- Stresten uzak durması, dinlenmesi
- Anne sütünün arttırılması ve emzirme ile ilgili verilen eğitimler,
- Bebeklerin erken emzirmeye başlanması ve
- Görsel uyarılar da (annenin bebeği görmesi, kucağına alması...) diğer anne sütünü arttıran genel öneriler arasındadır (4,5).

Colorado'da yapılan bir araştırmada, doğum yapılan hastanede uygulanan 5 değişik uygulama ile anne sütü verme süresinde artış olduğu gözlemlenmiştir. Bu 5 değişik uygulama; doğumdan sonra ilk bir saat içerisinde emzirme, sadece anne sütü ile besleme, bebeğin anne ile aynı odada kalması, biberon ve emzik kullanılmaması ve anneye taburcu olurken bir telefon numarası verilerek sorun yaşadığında destek sağlanmasıdır. Bu uygulamalar anne sütü verme süresini arttırmakta dolayısıyla anne sütünde de artış sağlamaktadır (6).

İngiltere'de yapılan bir araştırmada ise bebek dostu akredite hastanelerin, anne sütü ve emzirme süresinin artması ile ilişkili olduğu saptanmıştır (7). 1925 anne ve bebekleriyle yapılan 30 çalışmanın incelendiği bir derlemede ise; annelerle erken ten tene temas kuran bebeklerin, anneleriyle daha çok etkileşim kurduğunu, daha sıcak kaldığını, daha az ağladığını ve daha fazla ve daha uzun emme eğiliminde olduklarını belirtmişlerdir (8). Bu nedenle bebeklerin doğar doğmaz anne ile ten tene temas gerçekleştirmesi ve mümkün olan en kısa sürede emzirmeleri çok önemlidir.

Bu önerilere ilave olarak günümüzde sıkça karşılaştığımız diğer bir süt arttırma etkeni galaktagog besinlerdir. Yapılan geniş kapsamlı bir derleme çalışmasında etnomedikal olarak kullanılan ve literatüre galaktagog olarak giren 400'den fazla tıbbi bitki olduğunu vurgulamaktadırlar (5). Etkili bitkisel galaktagoglar; çemen-otu, sarımsak, hurma, çemen otu içeren anne sütü arttırıcılar, yabancı kuşkonmaz, devedikeni, zencefil ve kara üzüm çekirdeğidir. Aynı zamanda süt üretiminde arttırıcı etkisi olan sentetik galaktagolarda bulunmaktadır (Domperidone, metoclopyramid). Fakat yan etkileri nedeniyle kullanımları tartışmalıdır (9).

Kaynaklar

- 1) Ken K, Nita F. Communicating the benefits of breastfeeding. Arch Dis Child 2007; 92: 471-2.
- 2) 3. Atıcı A, Polat S, Turhan A. Anne sütü. Türkiye Klinikleri Journal of Sciences 2007; 3: 1-5.
- 3) <https://www.breastfeeding.asn.au/bf-info/common-concerns%E2%80%9393mum/supply>, 02.03.2017
- 4) Tanrıverdi S., Köroğlu Ö.A., Kültürsay N., Egemen A., Annelerin Anne Sütünü Arttıran Faktörlere İlişkin Görüş ve Yaklaşımları, J Pediatr Res 2014; 1: 84-86
- 5) Doğan Merih Y., Alioğulları A., Karatana Ö., Süt Arttırıcı Bitki Çayının Sezaryenle Doğum Yapmış Annelerde Anne Sütünün İçeriği ve Yenidoğanın Fizyolojik Kaybı Üzerine Etkisi, KASHED, 2014, 1(1):80-92
- 6) Murray E., Ricketts S., Hospital Practices that Increase Breastfeeding Duration: Results from a Population-Based Study Birth Issues in Perinatal Care, Vol.34, 2007
- 7) Quigley MA. Increasing exclusive breastfeeding. BMJ 2007; 22: 574-5.

- 8) Güleşen A., Yıldız D., Erken Postpartum Dönemde Anne Bebek Bağlanması Kanıtı Dayalı Uygulamalar ile İncelenmesi, TAF Preventive Medicine Bulletin, 2013;12(2):177-182
- 9) Metinoğlu M., Anne Sütü Üretiminde Etkili Galaktoglar: Literatür İnceleme, Koru Kadın Doğum ve Lohusalık Kongresi, 2016

Relaktasyon, Yeniden süt gelmesi/emzirme

M. Arif Akşit

Giriş

Relaktasyon konusunda bazı İnternette alınmış veriler ve irdelemeler aşağıdadır.

Konu ile ilgili Kaynaklar/Literatür Verileri-Relaktasyon

1) Your Guide to Relactation

<http://theleakyboob.com/2011/12/your-guide-to-relactation/>
by theleakyb@@b, December 13, 2011

Your Guide to Relactation

Stopped breastfeeding and want to start again? Here's our guide to relactation.

What is relactation?

Relactation is re-establishing breastfeeding after stopping breastfeeding, or after a period of very little breastfeeding.

Why would I want to relactate?

Mothers decide to relactate for many reasons, but most want either to resume the breastfeeding relationship, or provide more breastmilk, or both.

What are my odds of successfully relactating?

There is little research on relactation, but the available studies strongly suggest that, with proper support, most mothers can partially or fully relactate. Below are some studies that offer some encouraging findings about the success of relactation. It's important to bear in mind that in most of these studies mothers received help in relactating from trained breastfeeding support people.

One [study of 139 Indian mothers](#) who had stopped breastfeeding for at least ten days found that 84% were capable of either full or partial relactation:

- 61% fully relactated
- 23% partially relactated (formula supplements reduced by half)
- 16% were unable to relactate

A recent [survey](#) of 84 relactating mothers of infants (on average, 2 months old) in Korea found:

- 75% of mothers fully relactated (defined as 90% or more breastmilk feedings)
- 25% of mothers either partially relactated or did not relactate

An older [survey](#) of 366 U.S. mothers, mothers reported that:

- More than 50% established full production within one month
- 25% required more than one month to establish full production
- The remaining mothers breastfed with supplements until their babies weaned

A [study](#) of 50 mothers of hospitalized infants under four months old, found:

- 92% of mothers fully relactated
- 6% partially relactated

What factors will influence my success in relactating?

The research on relactation confirms what you might already suspect. The following factors are associated with more success at relactating:

- A younger baby
- A shorter gap between weaning and relactating (sometimes called a "lactation gap")
- The willingness of the baby to take the breast
- Having assistance from trained breastfeeding support people

These factors may influence your chance at meeting your goals, but each mother/baby pair is different, and relactation may

Based on the research above, Nancy Mohrbacher, IBCLC, in [Breastfeeding Answers Made Simple](#), recommends that mothers plan for relactation to take one month.

How should I measure success? What goals should I set?

You may want to spend some time reflecting on your motivation for relactating. Is it important to you to provide as much breastmilk as you can? To have the feeling of closeness you have with breastfeeding?

You might set a goal of full breastfeeding, or you might set a goal of partial or any breastfeeding. Some moms, who don't think that their babies will return to the breast, set a goal of pumping and providing as much breastmilk as they can by bottle (exclusive pumping). Some mothers want the breastfeeding relationship back, and aren't concerned with how much milk they provide.

Interestingly, one [survey of relactating mothers](#) found that "Milk production was less often a goal and, when so specified, it was likely to influence the mother to evaluate her experience negatively and to result in difficulty in achieving a total milk supply."

There is no right or wrong way to set goals for relactation. And you may not want to set any goals at all.

How do I relactate?

There are two, related parts to relactation: bringing back a milk supply, and bringing the baby back to the breast. These are interrelated projects, as the best thing for your milk supply is to have a baby nursing frequently, and a baby is more likely to return to the breast if there is plenty of milk there.

But the first, and probably the most important thing, is to seek some support.

Get support.

We strongly recommend seeking out sources of support for this process. As we note above, the mothers in the studies cited above were typically receiving skilled help with relactation, and this may have influenced their success rates.

You may want to consult with a lactation consultant (IBCLC), La Leche League leader, a breastfeeding-friendly pediatrician, or other trained breastfeeding support person (see links at the end of this guide for sources of support). A well-trained support person can help you uncover reasons why breastfeeding stopped, troubleshoot as you work on relactating, and connect you with good resources to help you meet your goals.

Trained help is important, but don't underestimate the power of support from other moms, family, and friends. Having more people on your team can make a big difference in breastfeeding success. You may find attending a La Leche League or other support group meeting helpful. WIC breastfeeding peer counselors are another good source of mom-to-mom support. You may also want to discuss your goals and motivation with some friends or family members (especially your partner), and ask for their support and encouragement. Relactation requires time and effort, and having support is key.

Explore what happened.

It helps to explore why breastfeeding stopped. If it was a problem with basic breastfeeding management (poor advice, infrequent feeding, etc.), relactation may be a simple project of restarting what you were doing before. If breastfeeding ended because, in spite of "doing everything right," you didn't produce enough milk, and your baby became unwilling to breastfeed, there are more issues to explore. If you stopped because of pain, learning more about latch, and exploring the possibility of issues like tongue tie, are worthwhile topics to consider.

You may find it helpful, particularly in cases of unexplained milk supply problems or behavior in your baby, to explore these issues with a lactation consultant (IBCLC). You'll find a link to find one at the bottom of this guide.

Bring back your milk supply.

Empty your breasts frequently. If your baby is willing to nurse, feeding frequently is the single most effective thing you can do. Aim for at least 10-12 feedings every 24 hours. Feed on both sides, and feed long enough to drain each breast well.

If your baby isn't taking the breast, or is doing so infrequently, use a pump to stimulate your milk supply. Ideally you should pump at least every three hours (though many mother find it more manageable to take a break at night). Double pumping provides more stimulation than pumping one side at a time.

Ensure effective feedings. If your baby is nursing, make sure that he or she is taking the breast deeply into the mouth, and that you feel comfortable when nursing. A shallow latch and/or pain can mean that your baby isn't feeding as effectively as possible. Get help correcting this from a trained breastfeeding support person.

Pump after feedings. If your baby is nursing, try pumping after feedings with a hospital grade breastpump. Since milk supply seems to be calibrated based on how empty your breasts get, pumping after feedings can be an effective way to increase milk supply.

Use breast compression. When nursing and/or pumping, use breast compression to fully empty your breasts and keep your baby engaged while nursing. This is a particularly effective way to get good feedings with a baby who is sleepy at the breast.

Consider a supplemental nursing system (SNS). Using an SNS allows a baby to receive formula supplements at the breast while stimulating your milk production by nursing. There is also some evidence that substituting feeding methods other than bottles – such as cup, spoon, SNS – increases the chances of relactation success.

Use the power of skin. Holding your baby skin-to-skin (your baby in just a diaper on your bare chest) boosts your milk making hormones. And it feels great!

Take a galactagogue. There are both herbal supplements and prescription medications which increase milk supply. Some herbs are particularly helpful with glandular and hormonal causes of low milk supply. Consult with a lactation consultant and/or your health care provider about which may best suit your needs.

Bring your baby back to the breast.

Get skin-to-skin. Skin-to-skin contact is immensely powerful in establishing breastfeeding, and it can significantly aid the process of relactation. Hold your baby (wearing only a diaper) on your bare chest as often as you can. You may find that he or she begins to self attach (see next point).

Use Baby-led Breastfeeding, Laid Back Breastfeeding positions, and co-bathing. Research is increasingly pointing toward the importance of baby's innate feeding instincts in the establishment and re-establishment of breastfeeding. Babies are able to crawl, scoot, and wiggle their way to the breast all on their own from birth, and new research is showing that babies retain this instinct long after the newborn period. Baby-Led Breastfeeding involves positioning babies in a way that allows them to crawl to the breast. Biological Nurturing, or Laid-Back Breastfeeding, involves reclining to breastfeed. See more about the Laid Back Breastfeeding position and its ability to take advantage of babies feeding reflexes. Some lactation consultants have also found that taking baths with your baby (called remedial co-bathing) can help in re-establishing breastfeeding.

Ensure a good latch. As mentioned above, a deep latch will allow your baby to receive the most milk, and will keep you comfortable. Seek help from a trained support person if getting a good latch poses a challenge.

Breast compression. Keep your baby engaged at the breast by squeezing your breast when your baby is nursing. This is particularly effective if your baby is sleepy at the breast.

Consider a nipple shield. Some babies who have had many bottle feedings will nurse if the mother uses a nipple shield, as it makes the breast feel more like a bottle. For some babies, it can be hard to wean from nipple shields. Seek help from breastfeeding support person for assistance in using and weaning from a nipple shield.

Use a supplemental nursing system. SNS can persuade babies to return to the breast because they get a greater flow when they nurse. And as noted above, they can help increase milk supply by keeping all sucking at the breast. Seek help from breastfeeding support person for assistance in using one.

Focus nursing around strategic times. Try nursing when supply is higher, such as nighttime and morning. Offer the breast for comfort when you know that your baby is already full, or when your baby is sleepy.

Consider pre-feedings. Some babies will nurse if the "edge" has been taken off their hunger. Try giving your baby an ounce of formula just before attempting a feeding at the breast.

Ensure that your baby continues to thrive.

If you are reducing formula supplements while relactating, we'd suggest:

- Reducing formula supplements gradually. Kelly Bonyata, IBCLC, of kellymom.com recommends initially reducing formula supplements by one ounce per day (not per feeding).
- Doing frequent weight checks to ensure that your baby continues to grow normally. Checking for swallowing and monitoring diaper output can also provide some information about your baby's intake.

Comment/Yorum

Eng

Some effort for relactation, by experiences, it is 50-90 percent success, mostly according the age and the halting duration of breast-feeding. But energy performed have a meaning of breast-feeding, mother's milk.

TR

Sütün tekrar gelmesini sağlamak Relaktasyon.

- Tekrar süt gelmesi konusunda veriler azdır. Bir çalışmada; %61 tam süt gelmiş, %23 kısmen gelmiş (yüzde 50 mama azalmış), %16 başarısız olmuştur. Başka çalışmalarda; %92, 75, 50, tam süt gelmiş, %6, 25, 25 kısmen gelmiş (yüzde 50 mama azalmış), %2, 25, 25 oranında da başarısız olmuştur.
- Başarılı olunması özellikleri: ufak bebek, ara verme süresi kısa, bebeğin meme tutma arzu ve becerisi, annenin toplumda destek bulması.
- Bebek almasa bile pompa ile meme 3 saatte bir boşaltılmasına çalışılmalıdır.
- Süt arttırıcıları kullanılabilir, danışman gözetiminde olmalıdır.
- Formula ile beslenmelerde miktar azaltılmalıdır.

2) Relactation

<https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Relactation.aspx>

Adapted from New Mother's Guide to Breastfeeding, 2nd Edition (Copyright © 2011 American Academy of Pediatrics), Last Updated; 11/21/2015

Relactation

Mothers stop breastfeeding for a variety of reasons. Some may have decided against breastfeeding initially or experienced breastfeeding problems that led to unplanned early weaning. A separation from a baby due to hospitalization or other causes may have led to a decreasing milk supply despite pumping. An unaddressed imbalance in the breastfeeding rhythm or stress may have affected your milk let-down. Whatever the reason, it is sometimes possible to begin again, or *relactate*—

if not always to completely nourish your child, at least enough to maintain the breastfeeding relationship. This may be especially important if you stopped breastfeeding only to find that your baby did not tolerate infant formulas.

Relactation works best if you either gave birth fairly recently (particularly if your child is less than three months old) or if your milk supply has been low or nonexistent for only a short period of time. While doctors may prescribe such drugs as metoclopramide to adoptive mothers who have not previously breastfed or to women attempting to relactate, the baby's frequent suckling and other forms of nipple stimulation, such as an electric breast pump, are critical to establishing or reestablishing milk supply.

If you are attempting to relactate, nurse your baby frequently, whenever he shows such hunger cues as a pursed mouth, sucking motions, or increased activity or alertness. You may need to nurse eight to ten or even more times per day, with two or more night feedings, for about fifteen to twenty minutes per session. If your baby is not eager to nurse as you are building your milk supply, provide him with positive reinforcement by using a nursing supplementer to provide formula or expressed or donor human milk. You should also stimulate your breasts with breast massage and a good-quality breast pump.

Don't expect this process to lead to instant results. Your baby may resist nursing for a week to two before he settles back down to breastfeeding, and it may take weeks for your milk supply to increase. To improve your chances of relactating, try to keep your nursing sessions relaxed and pleasurable for both you and your child. Drink enough fluids, and try to maintain an adequate diet. This is a process that will be much easier with the assistance of a lactation consultant. In addition, you might ask for help from your obstetrician or pediatric care provider, La Leche League volunteer, or family members and friends who may have experienced a similar situation.

Relactation does not always mean a return to exclusive breastfeeding. Since your milk production may well be lower than it was originally, you may need to supplement your baby's nutritional intake with formula, with breast milk from a donor milk bank, or with solid foods if he is older than six months. Meanwhile, it is crucial to monitor his weight gain and other signs that he is getting adequate calories and nutrition. Be sure that your pediatrician or family physician is aware of your breastfeeding situation and bring your child in for checkups as requested.

Comment/Yorum

Eng

Some.

TR

Yeniden emzirme ve süt verme çabası:

Sık, sık emzirin, haftalar süren bir çaba olacaktır.

3) Relactation and Adoptive Nursing

<https://www.breastfeedingbasics.com/articles/relactation-and-adoptive-nursing>

Anne Smith, IBCLC

Relactation and Adoptive Nursing

Relactation is the process of rebuilding your milk supply once you have started nursing and then stopped for a period of weeks or months. *Induced lactation* is the process of building a milk supply in a mother who has either never nursed a baby, or who has nursed years before.

Relactation and induced lactation both take time, patience, dedication, and a lot of work. If you are considering either option, I strongly recommend that you contact an IBCLC to help you during the process.

Many mothers start out nursing their baby and end up weaning earlier than they had planned for a variety of reasons – nipple soreness, stress, returning to work, taking a medication that is incompatible with breastfeeding, etc. Often when time has passed and their circumstances have changed, they regret their decision to wean and want to return to breastfeeding. One of the most common reasons for relactating is the baby's allergic reaction to formula.

The younger the baby, the easier it is to get him to return to nursing and to re-establish your milk supply. After giving birth, estrogen levels drop rapidly, and by three weeks postpartum, prolactin levels have dropped back down to normal levels. It is easiest to relactate if the process is initiated during the first three weeks after birth, but it is certainly possible to do it after that time as well. The most important elements to successful relactation are a mother who is highly motivated and has a good support system, has realistic expectations, and a baby with a good sucking reflex.

Most babies younger than three months can be coaxed back to the breast, especially if their attempts to suckle are promptly rewarded. Babies between three and six months may or may not be willing to nurse, depending on their individual temperaments. Babies older than six months are pretty set in their ways and often can't be convinced to nurse.

I would start out by seeing if your baby will latch on and suck. You can offer the breast as a pacifier if he is willing to accept it, even before your milk comes in. Using breast massage and switch nursing (alternating between both breasts several times during a feeding) can help increase your milk production.

I would also recommend taking either Reglan (10 mg, 3 times a day) or Domperidone (10 mg 3 times a day, increasing to 20 mg 4 times a day after you have been taking it for a few weeks). Both of these medications increase prolactin production and have minimal side effects, but Domperidone is the safer of the two drugs, and unfortunately, is available in Canada but not the United States. Both medications must be prescribed by a doctor. In most studies of Reglan, major increases of prolactin and significant increases in milk production were observed, but when it was discontinued abruptly, the supply also

decreased abruptly. Tapering the dose is recommended, usually by decreasing it by 10 mg per week. Use of Reglan for more than 4 weeks has been associated with depression, but some mothers have taken it for many months with no noticeable side effects. The average amount of time to take the Reglan is 7-14 days, and by that time, hopefully your supply will have built up and your baby will be providing lots of stimulation so that you don't need it anymore. If you prefer, you can relactate without the use of medications, but in most cases, I have found that it speeds up the process and the side effects are minimal. (See article [Increasing Milk Supply](#) for more information about Reglan and Domperidone)

Breastmilk is produced by sucking stimulation and supply and demand. The more often you nurse or [pump](#), the more milk you will have. Start expressing milk with a hospital grade electric double pump, like Avent's Hygia and Medela's Symphony. These pumps are too expensive to buy, so most moms will rent them. When you need maximum stimulation, the cost of the rental is really worth it – here are differences between even the expensive double pumps that you buy and hospital grade pumps. For more information about pumps and pumping, see [Pumping and Storing Breastmilk](#).

To find out about breast pump rental options in your area, ask your hospital, your childbirth instructor, or a local [La Leche League](#) Leader.

Try to double pump 8 times a day for 10-15 minutes. Any stimulation at all is beneficial, so don't worry if you can't pump that often. Don't get discouraged by the amount of milk you pump. You are going for stimulation, and it may take a while to see any significant amounts of milk.

Many babies will get frustrated when you put them to the breast initially and little or no milk is coming out, so they won't stay on for long. Using a supplemental feeding system can solve this problem by ensuring that the baby's sucking efforts are rewarded. (SNS by Medela, or Lact-Aid by Ameda). These tube-feeding devices allow you to deliver formula while the baby is nursing at the breast, and your breasts receive stimulation at the same time. Most babies will accept the supplemental feeding systems because they are receiving a steady flow of milk with each suck, much as they would with a [bottle](#). As your milk supply increases, the amount of supplement will level off while your baby continues to gain weight. This means that your supply is filling the gap, and you can gradually reduce the amount of supplement offered. In the meantime, your baby is feeding at the breast and you can enjoy the physical closeness of the nursing relationship, regardless of the amount of breastmilk that he is receiving.

Inducing lactation, which is the process involved in nursing an adopted baby, is more challenging than relactating. You will find that there is a lot of contradictory information out there about inducing lactation. I think that's because there are no exact answers about a 'right' or 'wrong' way to do it. Relatively few mothers have tried adoptive nursing (many people are surprised to know it's even possible) although the numbers are increasing as the many nutritional and emotional benefits of breastfeeding become more well known. What works for one adoptive mother may not work for another, so a lot of the research has been on a trial and error basis.

Breastmilk production is a function of the pituitary gland. When your breasts receive stimulation, either from the baby or a pump, signals are sent to the pituitary gland to start producing *prolactin* (the hormone that makes the milk) and *oxytocin* (the hormone that releases the milk). During pregnancy, [breast changes occur](#) over a period of 4-5 months. These changes are, of course, not present in the adoptive mother. Sucking stimulation can cause these changes to occur over a much shorter period of time, but the supply builds very slowly. Because your body doesn't have the benefit of these hormonal changes during pregnancy, much more sucking stimulation is needed to induce lactation than it takes to establish lactation after giving birth. *Previous breastfeeding experience (or lack of it) is not a major factor in inducing lactation.*

It is important to have realistic expectations. An adoptive mother may or may not ever produce a full milk supply. Most women will produce some milk, some produce a full supply relatively quickly, and some never produce milk at all. The majority of adoptive mothers will not produce enough breast milk to adequately nourish their baby without supplements.

How much you produce depends on many factors, such as the baby (his age, sucking needs, previous feeding experience, and temperament; how frequently and effectively you stimulate your breasts; type of pump used, baby's willingness to suckle, how often you are able to find time to pump/nurse, etc.); your individual response to stimulation, since each mother's body chemistry is unique; and how long you have been nursing or pumping (some mother's supplies build slowly, then level off; some keep increasing for many months or years).

Since nursing involves so much more than just transferring milk from breast to baby, many adoptive mothers find that the act of nursing, with the physical and emotional closeness it brings, is just as important as the amount of milk the baby actually receives. Even if you produce only small amounts of breast milk, your baby will get significant benefits from both the milk itself and the security and warmth of nursing at the breast.

The following is what I recommend for the mother who has 6 months or more to prepare for her baby's arrival (this plan can be modified for mothers who have less time to prepare):

- Start taking [birth control pills](#) that contain both estrogen and progesterone continuously, without the usual one week break each month. This simulates the high levels of these hormones that are produced during pregnancy, and stimulates breast development.
- *Two weeks before the baby's arrival (or immediately afterward if you don't have advance notice), begin taking either Reglan (10 mg, 3 times a day – call your OB for a prescription) or Domperidone (10 mg 3 times a day, increasing to 20 mg 4 times a day after you have been taking it for a few weeks) See the previous section for more information on these medications.*
- *Two weeks before the anticipated birth of the baby, stop taking the birth control pills and continue taking the Reglan or Domperidone. Start expressing milk with a hospital grade electric double pump, like the Symphony or the Hygia. These pumps are too expensive to buy, so most moms will rent them. Try to double pump for at least*

8 times a day, and remember, you're going for stimulation. Don't get discouraged by the amount of milk you're producing, because it may take weeks for you to see results.

- *Once the baby is born, put him to the breast using a supplemental feeding system (SNS by Medela, or Ameda's Lact-Aid).* These tube-feeding devices allow you to deliver formula while the baby is nursing at the breast, and your breasts receive stimulation at the same time. Most babies will accept the supplemental feeding systems because they are receiving a steady flow of milk with each suck, much as they would with a bottle. Babies older than 3-6 months are often resistant to any feeding method other than a cup or bottle, while younger babies tend to accept the breast more readily. As your milk supply increases, the amount of supplement will level off while your baby continues to gain weight. This means that your supply is filling the gap, and you can gradually reduce the amount of supplement offered. In the meantime, your baby is feeding at the breast and you can enjoy the physical closeness of the nursing relationship, regardless of the amount of breast milk the baby is receiving.

It is important to monitor the baby's weight gain to ensure that he is receiving enough milk. Since he will most likely need to be supplemented in order to ensure adequate nourishment, using a tube feeding device at most nursing sessions will ensure that he receives the milk he needs and also reduce the time you spend supplementing. Preparing a whole day's supply of formula and feeding equipment can save time and energy. As you replace the formula supplement with your own milk, you need to proceed slowly, decreasing the amount by no more than 25 ml per feeding (a little less than an ounce). Monitor urine and stool output and weight gain for about a week before decreasing the supplement again.

These are general guidelines for inducing lactation. Individual responses will vary. The most important thing to keep in mind is that it is possible to establish a very close and rewarding nursing relationship with your baby, regardless of the amount of milk you produce.

Comment/Yorum

Eng

Relactation is a process of hoping to be, so, be patient and taking advices from the coaches/mentors.

TR

Haftalar ve aylar sonra tekrar süt gelme için çaba gösterilmesidir.



Şekil: Anne bebeğini emzirirken, yanındaki şişeden/biberondan mama/formula gelmektedir. Bu şişe aşağıya indirmek ile basın artacak ve bebek memeyi daha fazla çekecektir. Negatif basın artacaktır. Bu sayede memeyi boşaltma gücü artmış olacaktır.

Bebek ne kadar küçük ve ara verme kısa ise çaba daha başarılı olacaktır. Masaj faydalıdır.

Ayrıca Reglan (10 mg, günde 3 defa), veya Domperidon (10 mg, günde 3 defa, artarak 20 mg, günde 4 defa olmak üzere) birkaç hafta kullanılması önerilmektedir.

Meme 10-15 dakika günde 8 defa çift taraflı emen pompa ile çekilmelidir.

Bebeği sahiplenen, koruyucu anneler, başarılı veya başarısız olabilmektedirler. Bir miktar süt gelebilir, yetersiz olsa bile, meme vermiş olmaktadır.

Öneriler:

- Doğum kontrol hapları ile östrojen ve progesteron alınmış olacaktır.
- Bebek gelmeden 2 hafta önce, Reglan veya Domperidon almaya başlayın. Doğum kontrol ilaçlarını kesin.
- Beslerken şişeye tüp takılmış şekilde verin ve emzirerek uygulayın, Şekil:
- Danışmanlık alın.

4) Tips for Relactation

<http://breastfeeding.support/tips-for-relactation/>
Philippa Pearson-Glaze IBCLC, 26 Apr, 2017

Breastfeeding is much more than just a feeding method, it is a special relationship between mother and child. If breastfeeding finishes earlier than expected, some mothers can feel a great sense of loss and may long to go back to breastfeeding as time passes. Returning to breastfeeding is possible and has two parts: bringing back a mother's milk supply, known as relactation, and getting a baby to breastfeed again. This article explains the steps involved in bringing back a breast milk supply after breastfeeding has ended and is a sister article to [How to Get Baby Back to Breast](#).

Relactation basics

Hand expressing or pumping an empty breast can bring back a milk supply by stimulating prolactin—one of the hormones involved in milk production. If your baby will latch on and breastfeed, this will be even more effective. Nipple stimulation and skin-to-skin contact help release oxytocin, another hormone needed for breastfeeding.

Excerpt from: [Dr. Jack Newman's Guide to Breastfeeding \(updated edition\)](#) by Jack Newman and Teresa Pitman, 2014

A woman with a functioning pituitary gland and breasts can produce milk.

Relactation tips

#1 Pump or hand express

Pump or hand express at least eight to twelve times per day for 20-30 minutes so that you're pumping every two to three hours during the day and once or twice at night¹.

- The more often you can express, the quicker your milk supply will respond
- Consider hiring a hospital grade pump for more efficient breast drainage and see [How to Increase Milk Supply When Pumping](#)
- See [Hand Expressing Breast Milk](#) and [How to Make More Breast Milk](#) for further reading on building a milk supply.

#2 Skin-to-skin

Skin-to-skin contact with your baby stimulates his natural feeding reflexes, gives him an opportunity to latch on and helps stimulate your milk supply too. See [Why Skin-to-Skin?](#) for more reading.

#3 Find a breastfeeding specialist

A [breastfeeding specialist](#) can be invaluable to identify the reasons why breastfeeding didn't get off to a good start the first time round or to find the [reasons why you had a low milk supply](#) so that you can avoid running into the same problems again. With specialist breastfeeding help most difficulties can be overcome and you can be fully prepared for a successful breastfeeding journey.

#4 Consider galactagogues

Galactagogues are specific foods, herbs or prescription medicines that are thought to help a milk supply when coupled with efficient breast drainage. Galactagogues are not always needed for relactation—many mothers have brought back a milk supply by expressing or breastfeeding alone, particularly in places with a strong breastfeeding culture^{2,3}. See [What is a Galactagogue?](#) for further reading.

Check medications with your doctor

Discuss taking any herb or medication with your doctor so you are aware of any side effects or incompatibility with existing medication. Also check with your doctor that any existing [medications](#) you take are compatible with breastfeeding and discuss possible alternatives where appropriate.

#5 Keep baby well fed

Keep your baby well fed while you build your breast milk supply and introduce him back to the breast. A hungry baby will feel frustrated at an empty breast and a baby can't be starved into latching on, they will only become weaker and less able to breastfeed. When your breast milk supply increases over a few days or weeks, your baby will naturally need less and less supplement. Keeping an eye on your baby's [dirty nappies](#) and [weight gain](#) will ensure they are getting [enough milk](#) as your milk supply increases.

#6 Find a support circle

Finding a support circle of family, friends and other mothers who are relactating can motivate, inspire and help you to succeed with relactation.

Helping your baby to breastfeed

Physically latching and breastfeeding your baby is a very important part of relactation. A well latched baby can bring in a milk supply all on his own and having him breastfeed will be very encouraging for his mother. There are lots of ideas to encourage a baby back to the breast in [How to Get Baby Back to Breast](#) and see below for a summary:

#1 Skin-to-skin and constant close contact

Lots of skin-to-skin contact next to your breasts, without pressure to latch, helps your baby to associate the breast as a safe, and happy place.

- A sling can help keep baby close during the day and bathing together can create a rebirthing experience
- Some babies latch when they are relaxed and sleepy or latch in their sleep. Sleeping close to your baby can give more opportunities to latch⁴. See [Bed-Sharing With Baby](#) for safe sleep guidelines.

#2 Avoid artificial teats

Try to cut down using a dummy (pacifier) so that the breast can be the comforter instead. Consider avoiding using bottles for feeds too. Alternative feeding methods such as [cup feeding](#), finger feeding with a supplemental tube and eventually a

nursing supplementer at the breast can help encourage breastfeeding and break the artificial teat habit. Babies have a great need to suck and without a bottle or dummy they are more likely to be open to sucking something else. Once baby will latch, breastfeeding with a nursing supplementer until your supply builds means the breast will be stimulated to make milk during feeds and baby will learn to associate the breast with food.

#3 Make bottle feeds more like breastfeeds

If you do use bottles, try to make bottle feeding more like breastfeeding by using a slow flow teat, keeping baby upright, taking pauses in the feed, holding baby skin-to-skin and more. See [How to Bottle Feed a Breastfed Baby](#) for more tips.

#4 Make breastfeeding more like bottle feeding

Nipple shields can be helpful if baby won't latch to a naked breast as the silicone shield will feel more like a familiar bottle teat. Make sure your baby is not desperately hungry while he practices otherwise he might associate the breast with frustration and hunger.

#5 Be patient

Never force your baby to the breast. Babies may touch, lick or nuzzle the nipple before they latch. Be patient. Dropping breast milk or formula on the areola towards the nipple can encourage a baby to lick the breast and latch (drop and drip).

Try to make breastfeeding a fun thing to do

Once baby starts to latch

More breastfeeds, more breast milk

Once your baby will latch to the breast give them every opportunity to do so both as a comforter between feeds and for nutrition e.g. at least every two hours during the day and every four hours at night.

- Night feeds are important for a milk supply as that is when prolactin levels are higher
- Offering both breasts per feed helps build supply
- Use breast compressions to increase the flow of milk and keep baby sucking as long as possible (being careful not to disturb your baby's latch).

A good latch

Your baby needs to latch deeply and comfortably to help your breast milk production. An [IBCLC lactation consultant](#) or breastfeeding specialist can help you with positioning and breastfeeding management. See [Breastfeeding Positions for Newborns](#), [Latching Tips](#), [Breastfeeding Videos](#) and [Breastfeeding Tips for Newborns](#).

Pump or don't pump...

Continuing to pump after breastfeeds once baby is latching and swallowing milk can really help to boost your breast milk supply further. However if a mother finds pumping really stressful—using breast compressions, switching sides, and supplementing at the breast with a nursing supplementer may be sufficient to give the extra stimulation without pumping (Newman, 2015).

Continue to keep baby well fed

Ensure your baby is getting enough to eat by offering them unlimited supplement after a breastfeed or via a nursing supplementer and check weight gain regularly.

Is relactation really possible?

Yes. There are many successful stories of relactation particularly in communities where the breastfeeding culture is strong e.g. in purpose built relactation centres in developing countries women relactate very successfully for their ill or severely malnourished babies who had been weaned too early⁵.

Excerpt from: [Relactation: A review of experience and recommendations for practice](#), WHO 1998

Relactation is possible and practical for almost any woman if she is adequately motivated and supported. Age, parity, previous breastfeeding experience, and lactation gap, are less important factors.

Breastmilk can be produced when a woman is not specifically motivated, if the infant's desire to suckle is strong. Grandmothers in Africa produced milk when they put infants to their breasts to soothe them in the absence of their mothers, without any intention to relactate.

The younger the baby the higher the chance of getting baby to latch on and establish a full milk supply especially in the first three months or if the baby has breastfed before. Babies younger than one month will often root and latch when placed skin-to-skin. After six months of age it can be more difficult to persuade a baby to latch (Wambach and Riordan, 2015) particularly if they have become used to feeding from a bottle.

How long does relactation take?

Milk production can return after a few days or a few weeks and varies mother to mother.

Excerpt from: [Relactation: A review of experience and recommendations for practice](#), WHO 1998

the majority of mothers produce breastmilk, usually starting within about one week. Roughly half of all mothers who relactate are able to breastfeed their infants exclusively within one month.

What are the signs of milk production?

You may notice your breasts start to feel fuller, hotter or tingle or you might leak milk or be able to express drops of milk once your milk starts to return. As your supply increases you will notice your baby wants less and less supplement but continues to gain weight. Your baby's poops will start to become more like breastfed baby poop as they drink more and more breast milk. You may also notice changes in your mood such as feeling tearful or overwhelmed as hormonal changes take effect, there may be changes to your menstrual cycle too⁶.

How much milk will I make?

This is difficult to predict. Some mothers can make a full milk supply and others only a partial supply, however any amount of breast milk will be beneficial.

What is the composition of relactation milk?

Breast milk is still breast milk whether it is produced after the birth or produced later following relactation or induced lactation (see below)⁷. Kleinman et al⁸ found mothers who had not been pregnant did not produce colostrum and instead their milk was similar to transitional or mature breast milk.

What is induced lactation?

Induced lactation or adoptive lactation is the process of bringing in a milk supply without having had a pregnancy, or recent pregnancy. Breastfeeding an adopted baby brings nutritional benefits of any breast milk produced and can strengthen the mother-baby relationship. Induced lactation is very similar to relactation—it is possible to produce milk without giving birth by using nipple stimulation and pumping. There are also medical protocols for induced lactation that may help yield more milk. However some of the causes of infertility that led to adoption may influence breast development and milk production (Mohrbacher, 2010).

Medical protocol to induce lactation

During pregnancy the breasts prepare for breastfeeding under the influence of many hormones. For a mother who plans to induce lactation, medication taken over a sufficient time interval before the baby arrives can mimic the pregnant state and promote breast growth and milk production.

The protocol involves the mother taking a combination birth control pill containing progesterone and oestrogen for six months or longer, and a prescription medication such as domperidone to raise prolactin levels and enhance milk production (Wambach and Riordan, 2015; Newman, 2014). Six to eight weeks before the baby is due, the birth control pill is stopped and the mother can begin pumping regularly to gradually build her milk supply before her baby arrives.

Excerpt from: Dr. Jack Newman's Guide to Breastfeeding (updated edition) by Jack Newman and Teresa Pitman, 2014

I prefer that the adopting mother be on the hormones, if she decides to take them, for at least three months. But what if the baby is due in a much shorter period of time? In this case, I usually suggest the mother not take the hormones at all, but proceed with taking steps to build her milk supply.

It is very important to discuss the health risks of taking any medication with your health care providers as all drugs have side effects, and could be incompatible with a particular health condition, a mother's age, or existing medication. Further information to discuss with your doctors includes:

1. *Dr Jack Newman's Guide to Breastfeeding* (2014) has a chapter on induced lactation and relactation.
2. The Newman-Goldfarb Regular, Accelerated and Menopause protocols produced by Jack Newman and Leonore Goldfarb. Adapted versions of these protocols are also in *Breastfeeding and Human Lactation*, Wambach and Riordan, 2015 and include a discussion of prescription and herbal galactagogues.
3. Domperidone on Medsmilk [paywall] and Domperidone, Getting Started (Jack Newman)

Summary

It is possible to bring back a milk supply after breastfeeding has ended and even to induce lactation without having given birth. For some mothers relactation will bring a partial supply of milk and for others a full supply but any amount of breast milk will be valuable. Support and good information are essential.

Comment/Yorum

Eng

Some tips for relactation: a) pump must be used, b) skin to skin contact is important, c) consultation is required, d) galactagogue may be used, e) nutrition of the infant is important.

TR

Yeniden süt gelmesi için bazı ipuçları:

- 1) Meme el veya pompa ile boşaltılmalıdır. Ne kadar sık yapılırsa gelme zamanı ve oranı artar, özel çift taraflı olmalıdır, özel eğitim alınmalıdır.
- 2) Ten tene temas olmalıdır.
- 3) Meme danışmanına gereksinim vardır.
- 4) Süt arttırıcılar önerilerine göre kullanılabilir.
- 5) Bebeğin iyi beslenmesine dikkat edilmelidir. Anne sütünün geleceğini beklememelidir.

Bebeğin memeye alıştırılması:

- 1) Devamlı ten tene temas olmalıdır, yakın temas önemlidir.
- 2) Emzik ve buna benzer cihazlardan kaçınılmalıdır.
- 3) Biberon beslenme ile emzirme bütünleşmeli, doğrudan Biberondan alma kısıtlanmalıdır.
- 4) Memeden emzirme biberondan alma gibi olmalıdır.
- 5) Sabırlı olunmalıdır.
- 6) Tıbbi protokol uygulanmalıdır.

Özet:

Doğum yapmadan memeden süt gelmesini sağlamak olanaklıdır. Bazı anneler için emzirme beslenme ötesi olduğu için, yeniden emzirme önemli boyutları olabilmektedir.

Anne Sütünü Arttırma ile ilgili Kaynaklar/Literatür Verileri

1) 10-foods-to-increase-lactation

<http://www.mom365.com/baby/breastfeeding/10-foods-to-increase-lactation/>

Burada

OK, so water is not technically a food, but it is the most essential aspect of ensuring you will have an adequate milk supply. According to studies, 75% of Americans are chronically dehydrated. You do not need to drink gallons a day, but you do need to be adequately hydrated. 8 glasses (64 ounces) of fluid a day is an absolute must. In the early stages of your breastfeeding journey it's a necessity to have a bottle of water next to where you are going to nurse. You might not be thirsty when you sit down, but it is not uncommon to be overwhelmed by thirst after a few minutes.

Oatmeal is fantastic for building and maintaining your milk supply. Whether you enjoy a hearty bowl of hot oats in the morning or you sprinkle granola on your yogurt, make sure you are eating some oats. You already know that oatmeal helps to lower cholesterol and can aid blood pressure regulation, but increasing your supply is another awesome benefit of chowing down on oats.

Not just any cookie, but special *lactation cookies*. This recipe has been making the rounds for decades, and we are sharing it with you.

You don't need to go overboard, but adding garlic to your foods not only adds another layer of deliciousness, it also boosts your milk supply. Garlic has been used by nursing mothers for centuries to help boost their milk. A modern bonus for moms who don't like garlic: garlic pills are commercially available and are said to have no aftertaste.

Get your Bugs Bunny on, mama! Carrots are full of beta-carotene, which just happens to be in extra demand when you're lactating. Carrots are a healthy source of carbohydrates and will boost your potassium, too. Snacking on carrots is also a great way to help you lose some of that stubborn baby weight. Peel and slice a bag of carrots at a time and store them in your fridge for easy snacking.

Whether you sauté it, stew it, or toss it raw into a salad, fennel is an herb that is widely believed to be an excellent galactagogue. If you particularly dislike anise or black licorice, this herb is not for you. For those with an adventurous palate, fennel is full of healthy phytoestrogens. Bonus for those with queasy stomachs—fennel is also known to be fantastic for aiding digestion and settling an upset belly.

Sometimes being a new mom can make you feel a little nuts. Take a breather, grab a handful of nuts, and enjoy a snack that will help your supply. Cashews, almonds, and macadamia nuts are the most popular choices for giving your milk a boost—they're also high in good fats and antioxidants. Read labels and go for raw nuts when possible. Many commercially available nuts are heavily oiled and salted—opt for low sodium, or salt-free versions when possible.

Yes, we're talking about eating unripe papaya... In Asia, green papaya is a traditional galactagogue. If you have a favorite Thai restaurant, order Som Tam, which is a green papaya salad. If you're not a fan of Thai food, try steaming or stir frying on high heat until tender. Green papaya is also available in tablet form.

Sesame seed bagels are delicious, and we've all had a burger on a sesame seed bun, but you need to get more than just a dash of seeds to help boost your milk. Tahini is a delicious buttery paste made of sesame seeds that you can add into recipes and sauces for a Middle Eastern flair. For those with a sweet tooth, halvah is a delicious sesame seed snack—just don't eat too much of it because it's also loaded with sugar. Sesame seeds are not only tasty, but high in calcium to boot.

Do you still have ginger ale, candied ginger, and ginger pops left over from your days of morning sickness? They won't be going to waste after all—ginger is another widely used milk-boosting food. Many Asian and Indian recipes call for ginger, so expand your menu and try cooking some international cuisine. If you're tired and have no time, enjoy a few ginger snaps instead.

Comment/Yorum

Eng

Some advices for increase the breast-milk, thus, water is the best for them, others are estimating.

TR

Süt arttırıcı olduğu belirtilen 10 gıda:

1) Su: %75 insan dehidrate durumdadır.

- 2) Yulaf ezmesi: geleneksel yulaf ezmesi önerilmektedir.
- 3) Kekeler: özellikle emziren anneler için olan bisküviler, vitamin ve mineral katkıları, bebek bisküvileri de yerine yenilebilir.
- 4) Sarımsak: asırlardır kullanıldığı belirtilmektedir ama kokusu nedeniyle sınırlıdır.
- 5) Havuç: beta Karoten açısından zengindir.
- 6) Rezene/fennel: bebek çayları içinde sıklıkla bulunmaktadır.
- 7) Fıstık, fındık gibi kabuklular: yağ ve antioksidandan zengindir.
- 8) Susam: kekler ile de yenilebilir.
- 9) Zencefil: içeceklerde de bulunabilmektedir.
- 10) Yeşil Papaya: tablet forumda bulunmaktadır, yeşil yenilmesi önerilir.

2) Mother's Milk, How to Increase Your Supply

<http://drjaygordon.com/breastfeeding/increasing-milk-supply.html>

Posted by Cheryl Taylor, CBE, February 24, 2010

Mother's Milk, How to Increase Your Supply

When in the course of a happy breastfeeding relationship you notice a supply change, it can cause momentary panic. The first course of action should be to assess a few basic things. Are you resting enough? Getting a good night's sleep? Taking a nap if necessary? Are you drinking at least 64 ounces of water a day? Are you eating a good, healthy diet? These are some of the basics of a nursing relationship that have to be maintained to the very best of your ability. Our bodies aren't necessarily so forgiving of being pushed to the limit when we're nursing. They tend to give us a clear signal. One of those ways is with a dip in supply. Listen to your body and take some action.

Make sure you are:

- Resting adequately
- Drinking at least 64 ounces of water a day
- Eating a nutritious diet
- Choosing a night time sleeping arrangement that allows for the best sleep for all involved
- Nursing frequently

Make sure you are not doing things that can inhibit supply:

- Smoking
- Allergy medications
- Sleeping on your stomach – compressing the breasts at night
- Wearing a bra that is too tight
- Wearing a sling with the rings pressing back against the breast instead up near the shoulder

The first and simplest way to increase milk supply is to nurse your baby more often. The extra stimulation will signal your body to increase milk supply to meet the demand. If you are wanting to boost your supply try nursing your baby every 60-90 minutes from beginning of nursing to beginning of next nursing. Most mothers' supply will respond to this increased nursing stimulation with a supply boost within 24-48 hrs. It can also help for mom to have a "nurse in" and snuggle down on the couch or in bed with the baby with water, snacks and diapers at hand and nurse as often as baby will nurse. This provides not only more nursing, but extra rest for Mom, which also helps to increase milk supply.

Even with all the above steps as it should be for optimal milk supply, you may still find your supply is not what you feel it should be. The next step is to see how often your baby is wetting. Often what is perceived as a supply problem really isn't a supply problem at all. Observing how much your baby is wetting will tell you whether it is reality or merely a perception. After the first week of life an infant should have 6-8 wettings per day.

Another area to analyze has to do with pumping. There are times when you see a drop in what you are able to get at the pump. This may not be so much a drop in supply as it is a change in your reaction at the pump. The baby may have no trouble at all getting letdown, but the pump just isn't fooling your body into one as well as it once did. Making some changes at the pump in the way of heat, massage prior to pumping, massaging in long sweeping motions down toward the nipple while pumping or altering positioning may be the trick that works for you.

If you are supplementing, even a single bottle a day, and are struggling with your milk supply, you need to consider ceasing all supplementing. For some women, supplementing even one bottle a day will have a drastic effect on their milk supply due to the reduction of stimulation by suckling with a nursing that is replaced by a pumping.

If all the above has been tried with little success, it may be time to consider using a galactagogue. Galactagogues are a wonderful tool, but should NOT be considered until the above measures have been taken first. It is always prudent to remember that, on the whole, your body knows what it is doing in responding to your baby and providing adequate milk. Galactagogues are a wonderful thing when they are truly necessary but they should be a last resort. There is often an assumption that since herbs are natural, they are safe. That isn't always the case, and in fact, some herbs can be quite dangerous. Please use caution when using herbs and observe your body's reaction to them carefully.

Some of the more common galactagogues (and there are many used over the centuries) are:

Fenugreek

Fenugreek is one of the most commonly used galactagogues. It works very quickly in most cases. It can be taken in capsule form with the recommended dose being up to three capsules three times a day. It can be used in conjunction with Blessed Thistle, again working up to three capsules three times a day. The dosage needed varies according to the mother, so experimentation with lesser doses and increasing them if needed is a good idea. One capsule three times a day may be enough to boost one mom's supply when another may need three capsules three times a day.

It is important to be aware that fenugreek can affect blood sugar levels, so much so that it is effectively used to treat diabetes. Knowing this, a nursing mom with hypoglycemia or diabetes needs to watch blood sugar levels if fenugreek is her galactagogue of choice.

The only side effect to make note of is mild gastrointestinal distress when fenugreek is taken in high doses. Typically that would be seen in the mother, but in rare cases it is seen in the infant with an exhibition of some gastrointestinal difficulty which can be as mild as gassiness in the bowels. Animal studies have found fenugreek essentially non-toxic.

Fennel

Fennel isn't actually a galactagogue, but rather it assists with triggering the letdown reflex. It is particularly useful for working Moms who have found that they've stopped responding well to the pump. Fennel is best as a tincture, 2-4 ml up to three times a day, but can be taken in capsule form. Caution should be used with fennel because it can act as an appetite suppressant. Keep a careful eye on your caloric intake. Also, fennel contains phytoestrogens which if taken in excess can have a negative effect on your supply.

Rescue Remedy

This is a homeopathic remedy that is useful for triggering the letdown reflex. You take four drops under the tongue up to five minutes before pumping or nursing. Rescue Remedy can have a slight sedative effect, so use with caution.

Ignatia 6x

This is a homeopathic remedy that can work well in combination with a mild galactagogue. Dosage would be two tablets three times a day.

Mother's Milk Tea

This tea is a very mild galactagogue containing fenugreek. Some women find that drinking several cups a day is all that is needed of fenugreek to boost their supply. An easy way to drink it is to brew a few cups very strong and cool it. It can be drunk either iced straight or mixed half and half with apple juice.

Continued Use

As with commercial medications, when taking herbs you should always start with the mildest and work your way up, always starting with the lowest dosage possible. Also, keep in mind that galactagogues should be used for boosting supply, not maintaining. Once your supply has established itself at an adequate level, you should try weaning back off the herbs and see if your supply will maintain where needed. They can always be resumed if necessary, but excessive use can lead to unwanted side effects. If you find that you're in a situation where you need to take a galactagogue on an extended basis you should do a program of six weeks on and three weeks off. If you do not give your body a break it will become resistant to the herbs and they will become ineffective.

Milder Galactagogues

If you are looking into trying a galactagogue, start with things like:

- alfalfa, work up to four capsules three times a day
- marshmallow, work up to four capsules three times a day
- nettle, work up to two capsules three times a day
- dill, use two teaspoons of raw dill seed on your lunch and dinner or use it to brew a tea
- blessed thistle, work up to three capsules three times a day.

These are much safer herbs. Most galactagogues are more effective when used in combination. Combining two or three is much more effective than just using one.

Pregnancy

Sometimes a mom finds herself needing to maintain a supply in order to nurse through a pregnancy. In some cases mom finds that the supply and demand system works out nicely and they have no problems nursing right through pregnancy. In other cases mom finds she needs a little help. There are mild galactagogues that are safe to take in pregnancy. These herbs can also be used in combination of two or three.

Nettle up to 2 capsules 3 times a day

Dill up to 2 ml tincture 3 times a day

Marshmallow up to 4 capsules 3 times a day

DO NOT take fenugreek, fennel, or blessed thistle while pregnant.

There are a couple of prescription medications that have been used with success in situations of serious supply problems. (Reglan and Domperidone are two of these meds) They should be used with prudence and never considered until other basic measures of rest, water, nutrition and nursing frequency have been examined and remedied if necessary. We owe it to ourselves and our children to take care of our overall health, which in most cases, allows our bodies to provide breastmilk to our children. These medications are available in those situations in which the mother has adequate rest, good nutrition, frequent nursing and still finds that supply is a problem.

Genotoxicity testing of a fenugreek extract. Food Chem Toxicol. 2004 Nov;42(11):1769-75.

Fenugreek seeds have been used in traditional medicines as a remedy for diabetes. Rich in protein, fenugreek seeds contain the unique major free amino acid 4-hydroxyisoleucine (4-OH-Ile), which has been characterized as one of the active

ingredients in fenugreek for blood glucose control. Current use of fenugreek in foodstuff has been limited to its role as a flavoring agent, and not as an ingredient to help mitigate the blood glucose response for people with diabetes. As part of a safety evaluation of novel ingredients for use in blood glucose control, the potential genotoxicity of a fenugreek seed extract (THL), containing a minimum of 40% 4-OH-ILE, was evaluated using the standard battery of tests (reverse mutation assay; mouse lymphoma forward mutation assay; mouse micronucleus assay) recommended by US Food and Drug Administration (FDA) for food ingredients. THL was determined not to be genotoxic under the conditions of the tested genetic toxicity battery. The negative assay results provide support that addition of THL from fenugreek to foodstuffs formulated for people with diabetes is expected to be safe. A wide safety margin is established, as anticipated doses are small compared to the doses administered in the assays.

Diosgenin, a steroid saponin of *Trigonella foenum graecum* (Fenugreek), inhibits azoxymethane-induced aberrant crypt foci formation in F344 rats and induces apoptosis in HT-29 human colon cancer cells. Cancer Epidemiol Biomarkers Prev. 2004 Aug;13(8):1392-8.

Trigonella foenum graecum (fenugreek) is traditionally used to treat disorders such as diabetes, high cholesterol, wounds, inflammation, and gastrointestinal ailments. Recent studies suggest that fenugreek and its active constituents may possess anticarcinogenic potential. We evaluated the preventive efficacy of dietary fenugreek seed and its major steroidal saponin constituent, diosgenin, on azoxymethane-induced rat colon carcinogenesis during initiation and promotion stages. On the basis of these findings, the fenugreek constituent diosgenin seems to have potential as a novel colon cancer preventive agent.

Protective effect of fenugreek (*Trigonella foenum graecum*) seeds in experimental ethanol toxicity. Phytother Res. 2003 Aug;17(7):737-43.

The study investigates the effect of aqueous extract of fenugreek seeds (*Trigonella foenum graecum*) on lipid peroxidation and antioxidant status in experimental ethanol toxicity in rats. The ability of the seed extract to prevent iron-induced lipid peroxidation in vitro was also investigated. Ethanol feeding for 60 days resulted in significant increases in the activities of serum aspartate transaminase, alanine transaminase and alkaline phosphatase. The levels of serum lipid hydroperoxides and thiobarbituric acid reactive substances in liver and brain were also significantly elevated. Significantly lower activities of superoxide dismutase, catalase, glutathione peroxidase, glutathione S-transferase and glutathione reductase were observed in liver and brain accompanied by depletion in glutathione, ascorbic acid and alpha-tocopherol concentrations. Activity of Ca (2+) ATPase in brain was significantly lowered. Simultaneous administration of aqueous extract of fenugreek seeds with ethanol prevented the enzymatic leakage and the rise in lipid peroxidation and enhanced the antioxidant potential. The seeds exhibited appreciable antioxidant property in vitro which was comparable with that of reduced glutathione and alpha-tocopherol. Further, histopathological examination of liver and brain revealed that, aqueous extract of fenugreek seeds could offer a significant protection against ethanol toxicity.

Supplementation of fenugreek leaves lower lipid profile in streptozotocin-induced diabetic rats. J Med Food. 2004 Summer;7(2):153-6.

The present study was undertaken to evaluate the lipid-lowering effect of fenugreek leaves in diabetes mellitus. Albino Wistar rats were randomly divided into six groups: normal untreated rats; streptozotocin (STZ)-induced diabetic rats; STZ-induced rats + fenugreek leaves (0.5 g/kg of body weight); STZ-induced rats + fenugreek leaves (1 g/kg of body weight); STZ-induced rats + glibenclamide (600 microg/kg of body weight); and STZ-induced rats + insulin (6 units/kg of body weight). Rats were made diabetic by STZ (40 mg/kg) injected intraperitoneally. Fenugreek leaves were supplemented in the diet daily to diabetic rats for 45 days, and food intake was recorded daily. Blood glucose, total cholesterol, triglycerides, and free fatty acids were determined in serum, liver, heart, and kidney. Our results show that blood glucose and serum and tissue lipids were elevated in STZ-induced diabetic rats. Supplementation of fenugreek leaves lowered the lipid profile in STZ-induced diabetic rats.

Therapeutic applications of fenugreek. Altern Med Rev. 2003 Feb;8(1):20-7. Basch E, Ulbricht C, Kuo G, Szapary P, Smith M. Fenugreek has a long history of medical uses in Ayurvedic and Chinese medicine, and has been used for numerous indications, including labor induction, aiding digestion, and as a general tonic to improve metabolism and health. Preliminary animal and human trials suggest possible hypoglycemic and antihyperlipidemic properties of oral fenugreek seed powder.

Mechanism of action of a hypoglycemic principle isolated from fenugreek seeds. Indian J Physiol Pharmacol. 2002 Oct;46(4):457-62.

Mechanism of action of an orally active hypoglycemic principle isolated from water extract of seeds of *Trigonella foenum graecum* (fenugreek) was investigated in alloxan induced subdiabetic and overtly diabetic rabbits of different severities. The active principle was orally administered to the subdiabetic and mild diabetic rabbits (five in each group) at a dose of 50 mg/kg body weight for 15 days. The fenugreek treatment produced significant attenuation of the glucose tolerance curve and improvement in the glucose induced insulin response, suggesting that the fenugreek hypoglycemic effect may be mediated through stimulating insulin synthesis and/or secretion from the beta pancreatic cells of Langerhans. Prolonged administration of the same fenugreek dose of the active principle for 30 days to the severely diabetic rabbits (n = 5) lowered fasting blood glucose significantly, but could elevate the fasting serum insulin level to a much lower extent, which suggests an extra-pancreatic mode of action for the active principle. The fenugreek effect may also be by increasing the sensitivity of tissues to available insulin. The fenugreek hypoglycemic effect was observed to be slow but sustained, without any risk of developing severe hypoglycemia.

Effect of *Trigonella foenum-graecum* (fenugreek) seeds on glycaemic control and insulin resistance in type 2 diabetes mellitus: a double blind placebo controlled study. J Assoc Physicians India 2001 Nov;49:1057-61.

To evaluate the effects of *Trigonella foenum-graecum* (fenugreek) seeds on glycemic control and insulin resistance in mild to moderate type 2 diabetes mellitus we performed a double blind placebo controlled study. **METHODS:** Twenty five newly diagnosed patients with type 2 diabetes (fasting glucose < 200 mg/dl) were randomly divided into two groups. Group I (n=12) received 1 gm/day hydroalcoholic extract of fenugreek seeds and Group II (n=13) received usual care (dietary control, exercise) and placebo capsules for two months. **CONCLUSIONS:** Adjunct use of fenugreek seeds improves glycemic control and decreases insulin resistance in mild type-2 diabetic patients. Fenugreek also has a favorable effect on hypertriglyceridemia.

Enhancement of circulatory antioxidants by fenugreek during 1,2-dimethylhydrazine-induced rat colon carcinogenesis. J Biochem Mol Biol Biophys. 2002 Aug;6(4):289-92. Annamalai University, Annamalai Nagar, Tamil Nadu, India.

We have investigated the modulatory effect of fenugreek seeds (a spice) on circulatory lipid peroxidation (LPO) and antioxidant status during 1,2-dimethylhydrazine (DMH)-induced colon carcinogenesis in male Wistar rats. Enhanced LPO in the circulation of tumor bearing animals was accompanied by a significant decrease in the levels of ascorbic acid, vitamin E, reduced glutathione, glutathione peroxidase, glutathione S-transferase, superoxide dismutase and catalase. Inclusion of fenugreek in the diet significantly decreased LPO with simultaneous enhancement of circulating antioxidants. We report that fenugreek exert its chemopreventive effect by decreasing circulatory LPO and enhancing antioxidant levels.

Effect of fenugreek seeds on blood glucose and serum lipids in type I diabetes. Sharma RD, Raghuram TC, Rao NS. National Institute of Nutrition, Indian Council of Medical Research, Hyderabad. Eur J Clin Nutr. 1990 Apr;44(4):301-6.

The effect of fenugreek seeds (*Trigonella foenum graecum*) on blood glucose and the serum lipid profile was evaluated in insulin-dependent (Type I) diabetic patients. Isocaloric diets with and without fenugreek were each given randomly for 10 d. Defatted fenugreek seed powder (100 g), divided into two equal doses, was incorporated into the diet and served during lunch and dinner. The fenugreek diet significantly reduced fasting blood sugar and improved the glucose tolerance test. There was a 54 per cent reduction in 24-h urinary glucose excretion. Serum total cholesterol, LDL and VLDL cholesterol and triglycerides were also significantly reduced. The HDL cholesterol fraction, however, remained unchanged. These results indicate the usefulness of fenugreek seeds in the management of diabetes.

Fenugreek Animal Studies

Effect of fenugreek seeds on the fasting blood glucose level in the streptozotocin induced diabetic rats. Mymensingh Med J. 2004 Jul;13(2):161-4.

In this experiment defatted *Trigonella foenumgraecum* (fenugreek seeds/methi seeds) has used as the antidiabetogenic herbal medicine. The experiment was carried out in Bangabandhu Sheikh Mujib Medical University and BIRDEM from 1996 to 1998 on a total of 58 Long Evans rats of either sex. They were 50-60 days young rats with average body weight 72-174 gm. Among the total, 10 rats were treated with only vehicle called as non-diabetic control rats, 48 rats were treated with Streptozotocin (STZ) at a dose of 90mg in 1ml of citrate buffer solution per kg body weight, among which 20 were diabetics. Ten (1 died, 1 escaped) diabetic rats were again treated with fenugreek called as Fenugreek-treated diabetic rats and the rest 10 diabetic rats were called as diabetic control rats. The change in the mean fasting blood glucose (FBG) level in different groups of rat from day 5 from streptozotocin injection were higher in diabetic control group and in fenugreek-treated diabetic group than in non diabetic control group. The FBG level on day 13 the mean in non-diabetic control group was 5.21 mmol/L. In diabetic control group and in fenugreek-treated diabetic group the mean FBG level were 24.33 mmol/L and 9.89 mmol/L respectively. So, from this experiment it may be concluded that fenugreek decreases the FBG level considerably by improving diabetes mellitus.

Supplementation of fenugreek leaves to diabetic rats. Effect on carbohydrate metabolic enzymes in diabetic liver and kidney. Phytother Res. 2003 Dec;17(10):1231-3.

The present study was designed to evaluate the effect of supplementation of fenugreek leaves, an indigenous plant widely used in Indian Ayurvedic medicine for the treatment of diabetes mellitus, in streptozotocin induced diabetic rats. Supplementation of the diet with fenugreek leaves showed a significant effect on hyperglycaemia, hypoinsulinaemia and glycosylated haemoglobin in streptozotocin diabetic rats. Fenugreek leaves improved the body weight and liver glycogen. Fenugreek leaves also showed a significant effect on key carbohydrate metabolic enzymes in diabetic rats. The effect of fenugreek leaves was found to be similar to that of glibenclamide. Thus, fenugreek leaves exhibited antidiabetic action in streptozotocin-induced diabetic rats. Insulin restored all the parameters to near normal levels in diabetic rats.

Comment/Yorum

Eng

Some are used for increasing the breast-milk, thus, best is drinking water.

TR

Anne sütü nasıl arttırılabilir?

- Günde en az 2 litre kadar su içilmelidir.
- Yeterli istirahat yapılmalıdır
- Gece uyumaya göre besleme ayarlaması yapılmalıdır.
- Sık besleme yapılmalıdır, 6-8 defa günde besleme
- Besleyici, emziren anneye uygun besin alınmalıdır.

Aşağıdakiler yapılmamalıdır.

- Sigara içmek
- Alerji tedavisi
- Mide üstüne yatarak uyumak
- Omuz aşkılı yerine göğse baskılı giyecek giymek
- Çok sıkı meme sutylene giymek

Bitkisel süt arttırıcılar (galaktagog) temel yaklaşım yapılması öncelikli olarak uygulamalıdır. Şekerli şeyler kullanılması kısıtlı olmalıdır. Hafif olarak başlanmalıdır.

- Çemen otu: günde 3 defa tableti alınabilir. Düşük toksisitesi olup, bu bitki ile ilgili çalışmalar sunulmuştur.
- Rezene: 2-4 mL günde 3 defa içirilebilir.
- Homeopatik çare olarak kullanımda salgı refleksini uyarması beklenir.
- İgnatia fasulyesi: 2 tablet günde 3 defa kullanılır ve hafif etkilidir.
- Çay: yarı yarıya elma suyu ile karıştırılabilir.

Hafif etkili olanlar:

- Kaba yonca: günde 3 defa 4 kapsül alınabilir.
- Marshmallow şekeri: 3 defa 4 kapsül
- Isırgan otu: günde 3 defa 2 kapsül
- Dereotu: çay gibi veya yemek ile yiyiniz.
- Deve diken: 3 kapsül 3 defa günde alınması
- Gebelik

3) 25 Best Foods To Increase Breast Milk

http://www.momjunction.com/articles/best-foods-to-increase-breast-milk_0076100/LAKSHMEEZ on February 13, 201

As a nursing mother, you probably have tons of questions running through your mind. You are concerned about your little one's health and growth, and want to do nothing less than the best. One of the most important questions that nursing moms have is what to eat during the feeding months that will ensure a good supply of milk.

The nursing phase is one when a mother requires a lot of attention with regards to her food and health. Whatever you eat during this period is crucial to your post-delivery recovery. It will also directly affect the amount of milk that is produced.

How To Increase Breast Milk Supply?

One of the best ways to increase milk supply is to keep on nursing your little one. Making milk from your baby is better than any other method to make milk in your body. The stimulations of the nerves during breastfeeding helps produce more milk in the breasts. The emptying of the milk signals your body to increase the milk production. If you feel your milk supply stills needs an improvement, then you should consider adding foods that promote milk production. Milk stimulating foods are called galactagogues.

You will start feeding your baby right from birth (unless there are some medical complications.) This means that you need to have all the health and strength to be able to feed baby, as well as help your body recover.

Sponsored

Top 25 Foods To Increase Breast Milk:

There are certain foods that increase breast milk and enhance lactation. Breast milk contains all the prime nutrients required for an overall growth and brain development of a newborn baby. Here is a list of the top 25 foods that you must include in your diet to increase breast milk. These are best foods to increase breast milk production & are great in terms of bringing you back to health, as well as aid in milk production.

1. Oatmeal:

Oats are easy to prepare as a meal.

- They are considered to control the occurrence of diabetes during post pregnancy.
- Oatmeal is loaded with energy.
- It contains fiber and is good for your digestion.
- Have a bowl of oat meal for breakfast. If the thought of having oatmeal is not appetizing, you can try having oat cookies instead.

2. Salmon:

Salmon is a great source of EFA (Essential Fatty acids) and Omega-3.

- Both EFA and Omega-3 are highly nutritious and essential for lactating mothers.
- Including salmon in your menu boosts lactation hormones and make your milk more nutritious.

- Opt for steamed, boiled or even grilled salmon.

3. Spinach And Beet Leaves:

Spinach and beet leaves contain iron, calcium and folic acid.

- These are essential for recouping anemic mothers.
- These will help in making your baby strong.
- Spinach and beet leaves contain detoxifying agents.
- Spinach contains certain plant chemicals which could help prevent breast cancer.
- Include these leaves in a midday soup.
- Mix them with dough and make paratha (Indian flat bread) or chapattis for a meal.
- Remember to eat spinach in moderation as too much could cause diarrhea in your baby.

[Read: [How To Store Breast Milk](#)]

4. Carrots:

A glass of carrot juice with breakfast or lunch will work wonders in lactation.

- Like spinach, carrots too have lactation promoting qualities.
- It contains Vitamin A which complements lactation and boosts the quality of your milk.
- You can have carrots as raw, steamed or even pureed to a soup.
- In winters, try having pureed carrots stirred with warm milk and sugar.

5. Fennel Seeds:

Fennel seeds boost the quantity of your breast milk.

- They are digestives and help control baby-colic.
- Fennel seeds can be added along with seasonings to vegetable fillings. Add them to your tea or boil a few seeds with milk and drink up.
- Pop in a few seeds after a meal as a mouth refresher.

6. Fenugreek Seeds:

Fenugreek seeds are known for boosting breast milk supply.

- Chew on the sprouted seeds along with a glass of milk to prevent post-delivery constipation.
- It enhances your milk quantity.
- Toss in the seeds with seasoning and flavoring.
- Have them for breakfast as a pancake by mixing fenugreek seeds and rice.

7. Bottle Gourd:

Bottle gourd is generally not a preferred vegetable, but is high on nutrition.

- It is a summer vegetable which has high water content. This keeps a nursing mother hydrated.
- It also helps increase milk quantity.
- It is easy to digest and aids in lactation.
- If not as a vegetable filling, you can use it to make a sweet pudding.
- Drink freshly-made bottle gourd juice to help normalize raised blood sugar levels post-delivery. Make sure it is fresh and not stored.

8. Basil Leaves:

Basil leaves are a great source of anti-oxidants.

- Basil leaves have a calming effect which is important while lactating.
- It boosts your little one's immunity levels.
- Add a few basil sprigs in your tea.
- Leave the sprigs for a while in hot water. Have this water first thing in the morning and experience the effect.

9. Garlic:

Garlic is considered the best food to increase breast milk, as it is well-known for boosting lactation in nursing mothers.

- It has chemical compounds which help in lactation.
- Garlic consumption prevents all types of cancer.
- Toss in a few stir-fried garlic cloves in your soup.
- Add it in a vegetable of your choice.
- Another option is to stir fry a handful of garlic cloves in ghee and have it with steamed rice, every alternate day.

10. Barley:

Barley not only boosts lactation, it also keeps you hydrated.

- You can boil barley and have the water through the day.
- Toss in whole barley with other vegetables with your favorite flavouring.

11. Chickpea:

Chickpea is a protein snack and lactation booster for nursing mummies.

- It is a rich source of calcium, B-complex vitamins and fibre.
- Soak chickpeas overnight and boil in the morning. Mash a handful or two into any vegetable salad.

- Snack on a chickpea mash simply garnished with garlic and lemon juice.

12. Asparagus:

Asparagus is considered a must-have food for nursing mothers.

- It is a high fibre food.
- It is also high in Vitamin A and K.
- It helps stimulate the hormones in nursing mothers that are essential for lactation.
- Wash and chop asparagus. Boil with milk. Strain and drink for better milk production.

13. Brown Rice:

According to the research paper Increase Breast Milk Supply With Herbal Galactagogues published in the World Journal of Pharmaceutical and Life Sciences, brown rice enhances breast milk production. It has hormone stimulants which boost lactation. It also gives nursing moms the extra energy that is required post delivery. Also, it helps increase the appetite so as to enable the mother to eat nutritious food.

- Soak brown rice for half an hour and pressure cook it. Eat it with vegetables.

14. Cumin Seeds:

Cumin seeds boost milk supply. Make sure you have them in moderation though.

- These are appetizers and fat-burners.
- They help avoid digestive irritants like acidity.
- Add a pinch of cumin powder to milk or to butter milk and drink.

15. Black Sesame Seeds:

Black Sesame seeds are a rich source of calcium and believed to increase milk supply.

- Blend sesame seeds with milk, sugar and almonds.
- Use in limited quantity, though.

16. Oils And Fats:

It is recommended to keep fats and oils in your diet to a minimum, post pregnancy.

- Do not avoid fat and oil in your post-delivery diet.
- These are an essential part of lactation. They assist in absorption of vitamins and minerals present in other foods you eat.
- They also aid in easy bowel movement.
- Opt for olive oil, rice bran oil or any heart healthy oil.
- These help in balancing the supply of healthy fat to your baby.

17. Apricots:

During and post pregnancy, there are hormonal imbalance that takes place in your body. Dried apricots have certain chemicals which balance out the hormone levels in your body.

- Apricots are rich in calcium and fibre and help boost lactation.
- Include apricots and walnuts in your oatmeal diet.

18. Cow Milk:

Cow milk has calcium and EFA. It promotes lactation. In fact, by consuming cow milk during lactation, you will help your child avoid developing an allergy to cow milk.

- Add at least two to three glasses of cow milk in your diet.

19. Dill Leaves:

Dill leaves look like a bunch of fine, dark green, silky hair. They have a distinct odor.

- Dill leaves are believed to boost milk supply.
- They have a high fibre content and Vitamin K. These helps to replenish the blood loss that happens during delivery.
- Add these to pancakes or to seasoned yoghurt.

20. Drumstick:

Drumstick has high iron and calcium content.

- It is good for lactation.
- It boosts immunity and enhances your nervous system.
- Have it steamed with flavouring if you want.
- Drumstick leaves also can be used along with vegetable fillings.

21. Poppy Seeds (Khuskhus):

It is very important for nursing mothers to relax completely during lactation. Poppy seeds have sedative properties that help you relax and calm down.

- Take caution to include it in a minimum quantity in your diet.
- Poppy seeds help relax your mind and body while nursing.
- Roast poppy seeds and add to puddings and porridges.

22. Water And Juices:

Drinking water and juices is supposed to boost lactation. It increases the total milk volume per feed.

- It prevents you from dehydration and replaces fluid lost during lactation.
- Have a glass of water when you are thirsty or even before you begin to nurse your baby.

23. Almonds:

Almonds are rich in Omega-3 and Vitamin E.

- Vitamin E helps heal itching caused by [post pregnancy stretch marks](#).
- Omega-3 helps lactation boosting hormones to help produce more milk.
- Have crushed almonds with milk for greater effect.
- Add almonds to your bowl of oat meal.

24. Sweet Potato:

Sweet potato is a major source of potassium. It has energy producing carbohydrate which is needed to fight the fatigue.

- It also contains Vitamin C and B-complex and a muscle relaxant mineral that is magnesium.
- Have it with a low fibre diet.
- Make a smoothie of an apple and baked sweet potato.
- Make it as a pudding for dessert.

25. Unripe Papayas:

Unripe Papayas are part of the South Asian cuisine.

- Papaya has been used as a natural sedative, which may help you to relax and feed baby better.
- Try it as a South Asian salad or toss it with flat noodles.

All the above foods have been traditionally used to improve milk flow in new moms. However, while some have scientific backing the others don't. Consume the foods in limited quantities, and note the side-effects, if any. Also, go for organic products as the pesticide residue in the foods and herbs can increase the lead content in your milk.

Now you know what to eat during lactation, but there are also foods that you should not eat around this time.

Things To Avoid:

Avoid gas-generating foods such as potato, pulses, raw mango and raw banana.

Other foods such as thyme, parsley, peppermint and cabbage leaves are also said to affect your milk production adversely.

If you are a vegan, take nutrient supplements to make sure that you and your baby are not falling short of the essential vitamins and minerals.

Tips To Increase Breast Milk Supply

Many times, mothers assume that the milk supply is low, when it is not. The best way to confirm that the baby is nursing well and you are producing enough milk is by keeping a constant check on the baby's weight. If you suspect decrease in milk supply and want to increase it, follow these tips.

1. **Nurse frequently and efficiently:** Milk production is a demand and supply process. The more the baby drinks, the higher is the production. Nurse once every two hours. Position the baby properly while nursing so that he latches on well.
2. **Express milk:** If the baby is unable to empty your breasts, express the milk after nursing to maintain the milk supply.
3. **Nursing vacation:** Spend time just nursing your baby for two to three days and do nothing else. Of course, you have to feed yourself and be relaxed.
4. **Switch sides:** Make your baby drink from both the breasts. Switch sides twice or thrice every time you feed. But let the little one finish one breast and then switch to the other. This technique gives fatty 'hindmilk' to the baby. Using breast compression helps the baby feed longer.
5. **Avoid pacifiers and nipple shields:** Avoid using pacifiers and nipple shields. Avoid supplements, unless it is medically needed.
6. **Avoid solids:** If the baby is younger than six months, avoid feeding her solids, water, and formula.
7. **Rest well:** Besides eating well, rest well. Consume well-balanced diet and more liquids.
8. **Stay away from alcohol and nicotine:** No surprises here, right? Alcohol and nicotine consumption are harmful not only during but also after pregnancy when you are nursing your little one. Nicotine and alcohol restrict the breast milk supply. These substances can pass into your baby's body through breast milk and trigger developmental problems.
9. **Check your medication:** If you are taking medicines, find out from your doctor if they are interfering with your milk production. Avoid using hormonal contraceptives right after your delivery.
10. **Stay calm and relaxed:** Believe it or not, stress does play a major role in reducing the milk production. Well, handling a baby can be a tough job, and you may not get enough rest. Seek help from your family so that they babysit while you relax. The key is to stay relaxed by practicing healthy, stress reduction techniques like breathing exercises. These would help ensure a good supply of milk.
11. **Use the right bra:** Wearing a tight bra that compresses your chest region or one that is rigid around the band can affect milk flow. The wrong bra can lead to clogged ducts, blocking milk production.
12. **Breast massage:** Massaging your breast will help open blocked ducts, besides loosening hardened areas or lumps. It does not increase milk production but allows easy flow of milk. It may even lessen the risk of mastitis. Massage gently on the breasts and do it yourself as you can judge the pressure applied:
 - When both you and your baby are comfortable and relaxed, give a gentle massage on the chest region, ending towards the nipple.

- Now let your baby suckle. Then massage another breast. Be gentle as vigorous strokes could damage the ducts.
13. **Nurse skin-to-skin:** Go skin-to-skin while nursing . Take off your clothes from the upper part of the body and leave your baby in a diaper, while nursing. Wrap a blanket covering both of you together and begin breastfeeding. The technique promotes bonding and helps in releasing more milk-producing hormones.
 14. **Add pumping sessions:** Add pumping sessions in between or after nursing sessions to maintain the milk supply. Pump for at least two to five minutes every time.

The key to speed up milk production is to remove more milk from the breasts, frequently, so that lesser milk accumulates in between the feeds. Here are some tips to increase milk production through pumping.

- Use an automated hospital grade electric pump and pump both the breasts simultaneously.
 - Shorten the intervals between pumping, rather than increasing the pumping duration. For instance, pump thrice every 15 to 20 minutes than thrice every half an hour, in case you are away for 8 to 10 hours.
 - Follow the 'massage-stroke-shake' (M-S-S) pumping technique developed by Chele Marmet, co-director of the Lactation Institute in Encino, California:
1. Double pump the breasts for five to seven minutes and stop.
 2. Simultaneously massage both the breasts in a circular motion (as if self-examining).
 3. Use your fingertips to apply gentle strokes in a line from the chest wall till the nipple.
 4. Using your hand, cup each breast and lean forward. Now shake your breasts gently.
 5. Repeat pumping for another five to seven minutes.

The M-S-S technique stimulates prolactin levels, thereby increasing the milk production in a short time.

All About Lactation:

Understanding lactation would help you boost milk supply. We have categorized lactation into three main phases:

a. Steps Leading To A Healthy Lactation:

Your body reacts to your baby's milk demands and produces in the following way:

- Your baby's sucking is a strong pull for the milk to come.
- Your brain receives the message.
- Your brain releases the milk ejecting hormone called oxytocin.
- Oxytocin flows through your blood to your breast muscles.
- The milk induced due to prolactin hormone flows out through the breasts.
- You begin feeding the baby.

b. Symptoms To Show That It Is Lactation Time:

It is surprising how your body will get ready to feed just at the time your baby starts to get hungry.

- It usually takes two weeks for your body to settle into a proper feeding routine.
- You will start experiencing a kind of tingling under your breasts.
- Sometimes you hear your hungry baby crying and you will experience a sensation in your breasts
- You may most likely experience a fullness and discomfort in the breasts if you have passed the feeding time and not fed yet.
- Many women may automatically start to leak milk when it is time for feeding.

c. Tips For A Smooth Lactation:

The following will help make lactation time better and easier for both you and your baby:

- Nurse your baby in a quiet room.
- Stay calm.
- Follow the lactation diet listed above.
- Wrap warm towels around your breasts.
- Burp your baby after every feed.
- Consult your doctor in case of any discomfort to you or your baby.
- Breast feed your little one regularly.
- Avoid worrying about your post-delivery weight-gain. This is the time to eat right. You can always get on a diet later.

Make sure you eat the right foods, sleep well and take adequate rest. Keeping calm and staying rested will help you pass through these initial months with ease. Make use of the nursing time to bond with your baby. Very soon she will grow up, and you will suddenly come to miss your breastfeeding sessions!

Have some more foods to increase breast milk? Do share them with us.

Comment/Yorum

Eng

Breast-feeding.

TR

Anne sütünü arttırmak için:

- 1) Yulaf çorbası
- 2) Somon balığı

- 3) Ispanak, pancar yaprağı
- 4) Havuç
- 5) Çörek otu
- 6) Rezene
- 7) Su kabağı
- 8) Fesleğen
- 9) Sarımsak
- 10) Arpa
- 11) Nohut
- 12) Kuşkonmaz
- 13) Kahverengi pirinç
- 14) Kimyon
- 15) Siyah susam tohumu
- 16) Yağlar ve tereyağı
- 17) Kayısı
- 18) İnek sütü
- 19) Dereotu yaprakları
- 20) Hint hıyarı
- 21) Kuskus, gelincik tohumu
- 22) Su ve meyve suları
- 23) Badem
- 24) Tatlı patates
- 25) Papaya çiğ olarak

Kaçınılacak gıdalar:

Kekik, maydanoz, nane, lahana yaprağı ters etkileşim yaparlar

Gaz oluşturan patates, çiğ mango ve muz ile bakliyat

Süt ihtiyacını destekleyen ipuçları

- Sık emzirin ve alt değiştirin
- Mama tüm memeler boşaltıldıktan sonra gerekli ise verilebilir
- Emzirme için vakit ayırın
- Her iki memeden de verin. Değiştirerek verin, birini verince, diğeri ile başlamalıdır.
- Katı gıda yerine sulu gıda alın
- İyi istirahat edin
- Alkol ve nikotinden uzak durun
- Kullandığınız ilaçları kontrol ettirin, süte geçmesi ve etkileri konusunda
- Uygun sutyen kullanın
- Memeye masaj yapın
- Ten tene temas ile besleyin
- Boşaltmak için pompa desteği alın

Sağlıklı süt gelme ipuçları

- A) süt sağılması için bir süreç vardır. Sabırlı olun
- B) Emzirme zamanını gözleyin
- C) Emzirme ortamını hazırlayın

4) Galactagogue

From Wikipedia

A **galactagogue**, or **galactagogue**, (from [Greek](#): γάλα [γαλακτ-], milk, + ἀγωγός, leading) is a substance that promotes [lactation](#) in humans and other animals.^{[1][2]} It may be synthetic, plant-derived, or [endogenous](#). They may be used to treat [lactation failure](#).

Pharmaceutical[.]

Synthetic galactagogues such as [domperidone](#) and [metoclopramide](#) interact with the [dopamine](#) system in such a way to increase the production of [prolactin](#); specifically, by blocking the [D₂ receptor](#).^[3] There is some evidence to suggest that mothers who are unable to meet their infants' breastfeeding needs may benefit from galactagogues.^{[4][5]} Galactagogues may be considered when non-pharmacologic interventions are found to be insufficient.^{[6][7]} For example, domperidone may be an option for mothers of [preterm babies](#) who at over 14 days from delivery and after full lactation support still have difficulty [expressing breast milk](#) in sufficient quantity for their child's needs.^[8]

Domperidone (like metoclopramide, a D₂ receptor antagonist) is not approved for enhanced lactation in the USA.^{[9][10]} By contrast, [Australian guidelines](#) consider domperidone to be the preferred galactagogue when non-pharmacological approaches have proved insufficient.^[6] Unlike metoclopramide, domperidone does not cross the [blood-brain barrier](#) and does not tend to have adverse effects such as drowsiness or depression.^[6]

Other drugs which may increase lactation include:

- [Antipsychotics](#) such as [risperidone](#), [chlorpromazine](#) and [sulpiride](#), due to their ability to block the D₂ receptor^[11]
- Certain [hormones](#) such as [oxytocin](#), [growth hormone](#) (GH), [thyrotropin-releasing hormone](#) (TRH), and [thyroid-stimulating hormone](#) (TSH)^[11]

Herbal

[Herbals](#) and foods used as galactagogues have little or no scientific evidence of efficacy and the identity and purity of herbals are concerns because of inadequate testing requirements.^{[12][13]} The herbals most commonly cited as galactagogues are:^[13]

- 1) shatavari ([Asparagus racemosus](#))^[13]
- 2) fenugreek ([Trigonella foenumgraecum](#))^{[13][14]}
- 3) torbangun ([Coleus amboinicus](#)), which has been used by the [Batakese](#) people of [Indonesia](#) as a galactagogue for hundreds of years.^{[13][15]}
- 4) fennel ([Foeniculum vulgare](#))^[13]
- 5) milk thistle ([Silybum marianum](#))^[13]
- 6) chasteberry ([Vitex agnus castus](#))^[13]
- 7) goat's rue ([Galega officinalis](#))^[13]

Other herbals that have been claimed to be galactagogues include:

- [blessed thistle](#)^{[16][17]}
- [alfalfa](#)^[17]
- [anise](#)^[17]
- [nettle](#)^[17]
- [oatmeal](#)^[17]
- [vervain](#)^[17]
- [red raspberry leaf](#)^[17]
- [marshmallow](#) (althaea) root^[17]
- [Moringa](#)^[18]

Herbal galactagogues are divided into those believed to also have a sedating action on the nursing infant due to their volatile constituents, which can be carried through the breast milk itself, and those seen as promoting milk production without directly affecting the content. This often seems to be linked to [anethol](#) content.^[19]

5) Galactorrhea

From Wikipedia

Galactorrhea (also spelled **galactorrhoea**) ([galacto-](#) + [-rrhea](#)) or **lactorrhea** ([lacto-](#) + [-rrhea](#)) is the spontaneous flow of [milk](#) from the [breast](#), unassociated with [childbirth](#) or nursing.

Galactorrhea is reported to occur in 5–32% of women. Much of the difference in reported incidence can be attributed to different definitions of galactorrhea.^[1] Although frequently benign, it may be caused by serious underlying conditions and should be properly investigated.^[2] Galactorrhea also occurs in males, newborn infants and adolescents of both sexes.^[3]

Causes

Galactorrhea can take place as a result of dysregulation of certain [hormones](#) or local causes such as excessive nipple stimulation. Hormonal causes most frequently associated with galactorrhea are [hyperprolactinemia](#) and [thyroid](#) conditions with elevated levels of [thyroid-stimulating hormone](#) (TSH) or [thyrotropin-releasing hormone](#) (TRH). No obvious cause is found in about 50% of cases.^[1]

[Lactation](#) requires the presence of [prolactin](#), and the evaluation of galactorrhea includes eliciting a history for various medications or foods ([methyldopa](#), [opioids](#), [antipsychotics](#), [serotonin reuptake inhibitors](#), as well as [licorice](#)^[4]) and for behavioral causes (stress, and breast and chest wall stimulation), as well as evaluation for pregnancy, [pituitary adenomas](#) (with overproduction of [prolactin](#) or compression of the [pituitary](#) stalk), and [hypothyroidism](#). Adenomas of the anterior pituitary are most often prolactinomas. Overproduction of prolactin leads to cessation of menstrual periods and [infertility](#), which may be a diagnostic clue. Galactorrhea may also be caused by hormonal imbalances owing to birth control pills.

Galactorrhea is also a side effect associated with the use of the second-generation [H₂ receptor antagonist cimetidine](#) (Tagamet). Galactorrhea can also be caused by antipsychotics that cause hyperprolactinemia by blocking dopamine receptors responsible for control of prolactin release. Of these, [risperidone](#) is the most notorious for causing this complication.^[citation needed] Case reports suggest [proton-pump inhibitors](#) have been shown to cause galactorrhea.

Neonatal milk

Neonatal milk or **witch's milk** is [milk](#) secreted from the [breasts](#) of approximately 5% of [newborn infants](#). It is considered a normal variation and no treatment or testing is necessary. In folklore, witch's milk was believed to be a source of nourishment for witches' [familiar spirits](#).^[5]

Comment/Yorum

Eng

For milk production, normal and physiological methods must be used, by the advice of physician, other milk aided factors can be tested, if positive can be used, thus, not leaving the breast-feeding procedures.

TR

Emzirmeyi kolaylaştıran (galaktagog); a) senttik, b) bitkisel ve c) endojen olabilir.

- ilaç olarak: Domperidon, metoklopramid, dopamin sistem ile etkileşerek prolaktin salınımını, D2 reseptör blokajı ile sağlar arttır, ancak ABD’de onay almamıştır. Domperidon prematür bebeği olan ve 14 gün sonra tam emzirme ile halen sütü gelmemesinde denenebilir. Diğer galaktagoglar ilaçlar fayda etmediğinde veya tam tersi ilaçlar bitkisel ürünler etki etmediğinde deneme amacı ile kullanılabilir. (Hekime danışılarak zararsız olma koşulu ile denenebilir, fayda durumuna göre karar verilmelidir MAA)
- Diğer ilaç olarak: a) Antipsikotik; risperidone, chlorpromazine ve sulpiride, D2 reseptör blokajı için, b) hormonlar; oksitosin, büyüme hormonu (GH), tirotropin salınım hormonu (TRH), ve tiroid stimüle edici hormon
- Bitkisel olanlar: shatavari ([Asparagus racemosus](#)), çemen out/fenugreek ([Trigonella foenumgraecum](#)), torbangun ([Coleus amboinicus](#)), rezene/fennel ([Foeniculum vulgare](#)), süt dikenini/milk thistle ([Silybum marianum](#)), chasteberry ([Vitex agnus castus](#)), keçi geçmiş/goat’s rue ([Galega officinalis](#)).

6) Memeden emzirme dışında süt gelmesi

Galactorrhea

From Wikipedia

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Neonatal milk [.]

Main article: [Witch's milk](#)

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Comment/Yorum**Eng**

At the unusual conditions, milk can be noticed not considering at the Breast-feeding. This is some exceptional conditions can be noticed, up to 5-32% at Human being, also babies at 5%.

TR

Memeden süt gelmesi, emzirme veya doğum ile alakalı olmadan da oluşabilmektedir, galaktorea. Kadınlarda %5-32 oranında görüldüğü belirtilmektedir. Erkekler, bebekler ve adölesan, kız ve erkeklerde oluşabilir.

- Hiperprolektinemi, tiroid uyaran hormon yüksekliği, tirotropin salgılayan hormon, bazı ilaçlara bağlı olarak (H2 reseptör antagonistleri, metildopa, opioidler, antipsikotikler/risperidon, seratonin alım inhibitörleri/licorice, stress, pituiter adenomlar, doğum kontrol hapları gibi) ve %50 kadarında da nedeni bilinmeden olmaktadır.
- Yenidoğan bebeğin memesinden %5 oranında olguda, süt gelmektedir ve fantezi dünyasında bunun cadıların içtiği süt olarak tanımlandığı belirtilmektedir.

Sunum/Slide: Anne Sütü Artırımı

Emzir-me/Anne Sütü Kursu

19 Mart 2017, 1000 Gün

Ankara

Anne sütü artırılabilir mi?

Anne sütü bazı durumlarda azalabilir.

- Öncelikle sütün bebek için yeterli olup olmadığına anne tek başına karar vermemeli,
- Bebeğin kilo takibi yapılarak emzirme danışmanından destek alınmalıdır.

Süt arttırmanın en iyi ve etkili yolu

- Bebeğin doğumdan itibaren sık sık ve etkin bir şekilde emzirilmesidir.
- Sütün artması için en temel teknik memeyi boşaltmaktır.
- Meme boşalmadığı takdirde süt üretimi azalmakta
- Laktasyon geribildirim inhibitörleri devreye girmektedir.

Yapılacaklar

- Meme emzirme ile boşalabilir
- Bebeğin memeyi tam boşaltmadığı durumlarda
- Süt sağlamak da süt arttırmak için oldukça önemlidir.
- Emzirme ve dinlenme süreleri dışında ise süt sağlamayı önerilmektedir
- Anne bebeği emzirmek için saat gözetmemeli, bebeğine güvenmelidir.
- Avustralya Emzirme Derneği, talep ne kadarsa üretim o kadardır
- Anne sütünü arttırmak için bebeğinizi normalden daha fazla emzirin,
- Bebeğin memede doğru pozisyonda durduğuna emin olun ve

- Beslenme uzunluğuna bebeğin karar vermesine izin verin maddelerini sıralamıştır
- Nursing vacation” “emzirme tatili” süt üretiminin artması için en etkili yöntemlerdendir.
- Bu yöntem annenin uyumadığı her an süre sıklık gözetmeksizin bebeğini emzirmesine dayanır

Anneden Beklenen Davranışlar

- Annenin yeterli ve dengeli beslenmesi
- Özellikle protein bakımından ve yeterli sıvı alımı ve su tüketimi,
- Uyku süresi ve kalitesi,
- Stresten uzak durması, dinlenmesi
- Anne sütünün arttırılması ve emzirme ile ilgili verilen eğitimler,
- Bebeklerin erken emzirmeye başlanması ve görsel uyarılar
- Annenin bebeği görmesi, kucağına alması...

5 değişik uygulama ile anne sütü verme süresinde artış olduğu

- 4) Doğumdan sonra ilk bir saat içerisinde emzirme,
- 5) Sadece anne sütü ile besleme,
- 6) Bebeğin anne ile aynı odada kalması,
- 7) Biberon ve emzik kullanılmaması ve
- 8) Anneye taburcu olurken bir telefon numarası verilerek sorun yaşadığında destek sağlanması

Diğer Faktörler

- Bebek dostu akredite hastanelerin, anne sütü ve emzirme süresinin artması ile ilişkili olduğu
- Erken ten tene temas kuran bebeklerin, anneleriyle daha çok etkileşim kurduğunu,
- Süt arttırma etkeni galaktagog besinlerdir. 400’den fazla tıbbi bitki olduğu
- Fakat yan etkileri nedeniyle kullanımları tartışmalıdır



Prof. Dr. Aksit / From Prof. MD. M. A. Aksit's collection