

Low Milk Supply and Tongue Tie – Closely Connected

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One of the first things moms hear when learning about breastfeeding is that it is based on supply and demand. As long as you have demand from baby, mom's body will provide the supply. However, if you talk to newly breastfeeding moms, anxious questions about supply will likely come up.

How can I make sure I have enough milk?
How do I make it last as long as we're breastfeeding?
How do I know I have enough?

Stories about milk supply drying up almost overnight when baby is a couple of months old are prevalent. For lactation professionals, constantly reassuring mothers about their milk supply can be frustrating. Why do so many moms perceive that they aren't making enough breastmilk? Of course they're making enough milk, right? Aren't mothers with low supply really rare?

Maybe they aren't.

Decreased breastmilk supply can be multifactorial, but when tongue tie is present, the very foundation of the supply and demand system does not function optimally. We hear a lot about latch and what the ideal latch looks like, but something that often isn't mentioned is how important baby's ability to transfer milk at the breast is.

When a baby is feeding at the breast, in addition to the mom's letdown reflex that can happen multiple times during a feeding, baby should also be able to draw milk out. When a baby is approximately a few months old, their mom's milk supply becomes dependent on baby's ability to effectively transfer from the breast. Baby plays an important role in a mother's milk supply! If a tongue tied baby has been paired with a mother who has a plentiful supply and a strong letdown in the beginning, their seeming ability to breastfeed well can be sort of an illusion. Baby may seem to latch on, but is not able to do the work, and so mom's body tries to compensate for baby's lack of function by basically injecting milk into them. As mom's supply begins to regulate, baby's difficulty with transfer leaves a lot of milk still in the breast, the brain starts to receive messages that the breastmilk is not needed and supply begins to decline. Sometimes we see the supply decrease almost as quickly as it comes in and some moms can continue to compensate for baby for some time, it varies from woman to woman. Babies at the breast constantly just snacking on the letdown, never getting satisfied, not enjoying being at the breast, slow gaining despite what seems like adequate supply at the time, and chronic mastitis, amongst many others, are big red flags that transfer at the breast is not going well.

Here's an example of a severely restricted baby who had been passively nursing for quite some time, but because mom's supply was plentiful and letdown was strong, baby seemed to do ok for a while and then slowly started to decline:

<http://www.youtube.com/watch?v=rKEwa6QGaRU>

<http://www.youtube.com/watch?v=NcZCxa31wMs>

Notice that despite “tricks” to try and phlange her upper lip and assist her with a wider gape, baby quickly returns to her original latch, leaks milk out of the corner of her mouth and has irregular and snapping motions while feeding. Baby hangs out, chewing at breast, waiting for another letdown to happen. Though her mouth is on the breast and she is moving her jaw, what is going on *inside* of her mouth is ineffective transfer. Also notice her furrowed brow, upper lip clamping down, lower lip tucked in, tension around her mouth, easily latching off and air pockets in the corners – more signs of a baby who is struggling at breast and passively feeding.

While the baby is only 1 part of the breastfeeding dyad and there may be other factors involved in low supply, recognizing the baby’s role and evaluating their ability to feed, treating restrictions such as tongue tie and normalizing baby’s function at breast are all imperative towards maximizing supply and maintaining it long term.