

The Ultimate Low Supply *Checklist*

Have concerns about low supply? Use this checklist to help identify factors that may be contributing to your low supply. Just mark any statements that are true for you and your baby.

- My baby has difficulties with latching or with breastfeeding
- Nursing is painful and/or I have nipple damage from breastfeeding
- My baby has a confirmed or suspected tongue tie
- My baby receives supplementation (formula/donor milk) to replace feedings
- I commonly offer my baby pacifiers to meet their sucking needs
- My baby nurses less than 8 times a day/I pump less than 8 times a day
- I schedule when my baby nurses OR I try to wait at least 3 hours (or more) before feeding them
- My baby doesn't breastfeed during the night
- I frequently go longer than 6 hours without breastfeeding/pumping
- I regularly consume large amounts of sage, parsley, or peppermint
- I am on hormonal medications to include hormonal birth control (estrogen only, progesterone only, or combination)
- I limit how long my baby feeds on each breast
- I am pregnant
- I regularly consume alcohol (incl. beer & wine)
- I frequently pump with incorrectly sized flanges

- I recently (or anytime since starting breastfeeding) stopped milk expression/breastfeeding for a period of time
- I give my baby formula at night so they can sleep longer
- I consume less than 1500-1800 calories a day
- I suffer from anorexia/bulimia
- I follow a strict vegetarian/vegan diet and do not take B12 supplements
- I have undergone gastric bypass surgery
- I smoke cigarettes, use nicotine patches, or vape using nicotine products
- I recently had a bout of mastitis
- I recently suffered from a severe illness or infection
- I have nerve damage or suffered from a spinal cord injury
- I have had a breast procedure (to include implants, reduction, biopsies, etc)
- I have had a chest injury, surgery, or procedure
- I had little to no breast changes during pregnancy or in week following birth
- One breast is significantly smaller than the other
- I have a flat space between my breast that measures greater than 1.5 inches
- I have Diabetes (type 1 or 2), thyroid issues, hypertension and/or anemia

- I was diagnosed with placental insufficiency or had a placental abruption during pregnancy
- I suffered significant blood loss during/after delivery
- I have PCOS

How to use this *Checklist*

Now that you have filled out the checklist, you may be wondering what it all means. Here's how you can best use the results of this checklist to determine your next steps.

The statements in black are "secondary" factors that may contribute to low milk supply. Resolving supply issues that fall under "secondary factors" may be as simple as doing the opposite of the statement (for example, reduce supplementation, stop limiting feeds, reduce pacifier use, increase nursing frequency etc) or you may need additional guidance for certain issues (such as latching difficulties). The more boxes you checked as true, the more likely these factors are contributing to your suspected low supply. Generally speaking, the less boxes you checked, the more straightforward the resolution.

Statements in orange are "primary" factors and account for underlying health issues that may be at the root cause of your low supply. Overcoming these issues are possible with the close help and management of an Lactation Consultant (IBCLC). If one or more statement is true, please contact your Local LC to get support as soon as possible.

If pregnancy is the cause of your low milk supply, things should improve after delivery.

Please note that true low supply can be a result of a group of black statements, one or more orange statements or a combination of black and orange statements. It may be hard to navigate the best way to resolve, so please contact a Lactation Professional for more information. If you'd like to speak to me, I can be reached at (210)763-0548.