Extra fluids for breastfeeding mothers for increasing milk production

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Findings of the review: This review aimed to assess whether extra fluid intake by breast-feeding mothers would increase milk production/supply and improve infant growth. One quasi-randomised study (involving 210 women) from the 1950s, that had evaluated the effect on breastfeeding outcomes of extra fluid intake by breast-feeding mothers, was included. The study was judged to be at a high risk of bias. It had reported on only one (breast milk production as defined by trial authors) of three primary outcomes sought by the review authors. No data were available for any of the secondary outcomes sought by the review authors. The study concluded that advising women to drink extra fluids did not improve breast milk production. The method used in the study to assess change in milk production was weighing the baby pre- and post-feeding, which is no longer used.

Implementation: There are no reliable data to support extra fluid intake beyond physiological needs for breast-feeding mothers. In the absence of any physiological grounds for believing that milk production might improve with higher fluid intake, trials in this field may not be a priority.

Cochrane review

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Abstract

Breastfeeding is known to be the biological norm. Despite this, many women wean their babies because of perceived insufficient breast milk production. Mothers are sometimes advised to increase their fluid intake in the hope that this could improve breast milk production. The effect of extra fluid on human breast milk production is not well established, however.

To assess the effect of extra fluid for breastfeeding mothers on milk production/supply and infant growth.

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (27 April 2014), MEDLINE (1966 to 27 April 2014), African Journals Online (27 April 2014) and reference lists of retrieved studies.

Randomised controlled trials and quasi-randomised controlled trials on extra fluids for breastfeeding mothers.
Two review authors independently assessed the potential studies for inclusion and assessed trial quality.

Five trial reports were retrieved using the search strategies. Four trials were excluded. We did not identify any randomised controlled trials for inclusion but we included one quasi-randomised study (involving 210 women) that evaluated the effect of extra fluid for breastfeeding mothers on breastfeeding outcomes. The study was considered to be at a high risk of bias. Only one of this review's primary outcomes was reported (breast milk production (as defined by the trialist)) but data were not in a suitable format for analysis (no standard deviations or standard errors were reported). The trialist reported that advising women to drink extra fluids did not improve breast milk production. No data were reported for the review's other primary outcomes: satisfactory weight gain in the infant (as defined by the trialists) and duration of exclusive breastfeeding (months). Similarly, no data were reported for any of this review's secondary outcomes: duration of any breastfeeding; mother's satisfaction with breastfeeding; hydration in mother; dehydration in the infant; or episodes of gastrointestinal illness.

This review only identified one small quasi-randomised controlled trial of low quality and high risk of bias. The study provided limited data on only one of this review's primary outcomes, breast milk production, but the data were not reported in a format that permitted further analysis. The trialist reported that extra fluids did not improve breast milk production. However, this outcome was measured by using test feeds (also known as test weighing). In the 1950s, when the study was conducted, it was common for babies in developed countries to be weighed before and after a feed, known as test weighing or test feeding. However, this practice is not now routinely practiced for term infants due to concerns about lack of precision as a measure of breast milk production. The included study did not report on this review's other primary outcomes (satisfactory weight gain in the infant or duration of exclusive breastfeeding) nor any of the review's secondary outcomes.

The effect of additional fluids for breastfeeding mothers remains unknown, due to a lack of well-conducted trials. However, because the physiological basis for any such improvement remains unclear, the conduct of further clinical trials may not be a priority. There is not enough evidence to support an increased fluid intake beyond what breastfeeding mothers are likely to require to meet their physiological needs.

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