



## Triple feeding explained.

‘Triple feeding’ is a term used to describe the strategy we use to increase milk intake in a baby alongside protecting and increasing breastmilk supply. It is a strategy I have been suggesting to parents for 20 years and is a standard part of lactation support in situations where babies are feeding inefficiently and as a result, they are not gaining enough weight and milk supply is low. Suddenly I am finding that parents are confused by what exactly I mean when I suggest this. I can only assume this is down to reading conflicting stuff on social media as it has not been an issue previously, so this information sheet is here to explain it.

Babies may be inefficient with feeding for many reasons which may include:

- Being preterm or late preterm
- Having a tongue-tie
- Being born small
- Having low muscle tone
- Having a cardiac condition
- Being unwell
- Having a neurological condition

If breastfeeding is mis-managed in the early days and top ups of formula are introduced without protecting the milk supply through expressing this can lead to inefficient feeding at the breast due to the reduction in breastmilk supply. Babies feed more efficiently on fuller breasts.

### So, what is triple feeding?

Triple feeding is a temporary strategy and is most effective in the first few weeks of life. It does require intense work but for only a short period of time (2-4 weeks typically).

If a baby isn't able to get enough milk directly from the breast through breastfeeding, then they need additional milk to 'finish the feed'. We can assist babies to get more milk directly from the breast by:

- [Optimising the latch](#)
- Breast compression and switch nursing [Breast Compressions and 'Switch Nursing' | La Leche League Canada - Breastfeeding Support and Information \(lllc.ca\)](#)



**It is important to offer both breasts at each feed** as this gives the baby the best opportunity to get as much milk as possible directly from the breast, will optimise stimulation of the breasts and this will help increase supply.

Babies that are not breastfeeding efficiently often spend long periods on the breast or do very short but frequent periods of breastfeeding. The three strategies above can help reduce the length of feeds and consolidate the short, frequent feeding pattern. But in some cases, I will suggest limiting the time at the breast. I will do this in cases where babies are only actively feeding with regular swallowing for short periods at the start of a feed but are then spending 40 mins plus 'nibbling' at the breast without taking any significant quantity of milk. The reason for suggesting limiting time at the breast in these situations is to allow time for both baby and parents to rest between feeds and break the 'constant feeding cycle', and because baby is expending energy on something which is not productive in terms of increasing milk intake and boosting supply. So, it is often better to limit time at the breasts to around 20 mins in total and then top baby up to 'finish the feed' and then express. This then means the whole triple feeding cycle can be completed within an hour with then an hour or two gap before the next feed begins.

### **Topping up**

**It is important that once baby has been on both breasts, they are topped up immediately.**

So, I suggest preparing your bottle of expressed milk or formula prior to sitting down to breastfeed. This is because the top up is going to finish the breastfeed, fill baby up and allow them to settle and sleep. If they have only taken part of a feed from the breast, they may fall asleep for a short period due to being tired by feeding (common in babies who are not feeding efficiently at the breast). But then they will wake hungry again within the hour. If you then delay the top up until they wake you are going to again be giving them only part of a feed and so the cycle of frequent feeding continues. Where will you then fit in expressing? Expressing should be done as soon as baby has had the top up to then allow maximum time for the breast to refill prior to breastfeeding again. Babies feed better on fuller breasts. If you delay expressing, then you run the risk that baby will be hungry again just after expressing and this will then mean that the next session on the breast will not be a satisfying one for either of you or your baby. Your baby will be frustrated by the lack of flow due to the breast being low on milk.

Top ups are frequently given by bottle but for young babies a cup or finger feeding can be useful alternatives and can avoid issues with sucking confusion and bottle preference developing. Using a lactation aid keeps baby at the breast and helps stimulate milk production to increase supply. More information on these feeding methods can be found [here](#).



## **Expressing**

**Expressing sessions should involve expressing both breasts, preferably with a double electric pump.** The hospital grade pumps you hire are most effective. Wearable pumps alone are not powerful or durable enough for this purpose but can be used for some sessions alongside a double electric pump if this makes the goal of pumping after every feed easier. See my blog post here on choosing breast pumps. [Choosing a breast pump](#)

Pumping sessions do not need to be long. We usually recommend 10-15 minutes and no longer than 20 mins. If the milk is still flowing at 10 mins continue for a few minutes more until it stops but if it has stopped at 10 mins then stop pumping, Hands on pumping and increase breast drainage at each pumping session and is explained [here](#).

if you have missed a pumping session or are struggling to build up milk supply incorporating a power pumping session may be helpful

If you have a helper available, then they can give baby their top up whilst you pump which will make the whole session shorter. they can also prepare the top up whilst you are breastfeeding.

## **Cleaning your pump**

Pump cleaning can be a barrier to frequent expressing. Studies have shown that sterilising after each use has no benefit. The antibodies in breastmilk protect it from bacterial growth. So, washing with hot, soapy water, rinsing, and drying between uses is adequate and reducing sterilising to just once a day. Some parents find it helps to have two pump collection sets to reduce washing up and some store the collection sets in the fridge between some uses to avoid having to wash then up every time. More information here: <https://www.cdc.gov/hygiene/childcare/breast-pump.html>

## **Top up volumes**

**Your lactation specialist will give you specific advice on how to manage triple feeding including the volumes of top ups to give.** it is important that top ups are at the right volume to endure your baby is adequately fed. But not too large, especially if these are being given as formula or partly as formula, as overfeeding will cause discomfort and possibly vomiting for your baby and will lower your milk supply further because larger feeds will result on less frequent breastfeeding, which means less stimulation and lower milk production.

Below is a guide **to full feed volumes:**

Day 3 20-30ml

Day 4 30-40ml



Day 5 40-50ml

Day 6 50-60ml

Day 7-10 60ml

Day 10-21 60-90ml

Day 21-28 90-120ml

6-8 weeks 120mls

By week 12 some babies may be taking up to 150-180ml at some feeds.

**An initial top up volume would be about half these amounts and should then be adjusted according to weight gain.** Babies on triple feeding need weighing weekly to review the top up volumes and assess if milk supply is improving.

### **Milk supply.**

The volumes of milk produced by breastfeeding mothers in 24 hours when feeding is going well are shown below:

Day 1 – around 27ml

Day 2 – around 80ml

Day 3 – around 150ml

Day 7- around 500ml

Day 14 onwards – 700-900ml

From this we can work out roughly how much a baby is getting directly from the breast and estimate milk supply by deducting EBM and formula top up volumes. These volumes provide useful information on how much you need to be expressing.

S Oakley 3/9/23, updated 11/3/24

