

# Perceived insufficient milk supply in early postpartum: clinical differentiation, counselling challenges, and implications for maternal health practice

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## Case Report

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# **Abstract**

## **Background:**

Perceived insufficient milk supply (PIMS) is a common concern in the early postnatal period and is one of the leading reasons for early breastfeeding supplementation and discontinuation. In many instances, this perception arises even when milk production is adequate and is often linked to misunderstanding of normal newborn behaviour.

## **Objective:**

To describe how perceived and actual insufficient milk supply can be differentiated clinically in the early postpartum period and to explore the implications for maternal health practice.

## **Methods:**

A clinical case from the early postnatal period was examined. Maternal concerns, infant clinical indicators, breastfeeding assessment findings, and the response to counselling were reviewed alongside existing evidence.

## **Results:**

Maternal concern was primarily triggered by frequent feeding and infant crying. However, clinical assessment showed reassuring findings, including effective latch, audible swallowing, normal urine output, and weight loss within expected physiological limits. Following counselling and reassurance, maternal confidence improved, and exclusive breastfeeding was maintained. Subsequent weight gain confirmed adequate milk intake.

## **Conclusion:**

In early postpartum care, perceived insufficient milk supply often reflects misinterpretation rather than true lactation failure. Careful clinical assessment combined with timely counselling can prevent unnecessary supplementation and support continued breastfeeding.

## **WHAT IS ALREADY KNOWN**

- Perceived insufficient milk supply is a leading reason for early breastfeeding discontinuation [3]
- Maternal perception often does not correlate with actual milk production [5]
- Early formula supplementation negatively affects exclusive breastfeeding rates [6]

## WHAT IS NEW

- Demonstrates how simple clinical indicators can help distinguish perceived from actual low milk supply
- Highlights the importance of incorporating structured breastfeeding assessment into routine care
- Emphasises counselling as a key intervention in early postpartum management

## INTRODUCTION

Breastfeeding is widely recognised as the optimal method of infant feeding, offering important nutritional, immunological, and developmental benefits [1]. Although many mothers initiate breastfeeding, continuation during the early postnatal period remains a challenge. One of the most commonly reported reasons for early supplementation or discontinuation is perceived insufficient milk supply (PIMS) [3].

PIMS refers to a situation in which a mother believes that her breast milk is not adequate for her infant, despite normal physiological milk production [5]. This perception is often influenced by misunderstanding of normal newborn behaviour. Frequent feeding, cluster feeding, and crying are typical in the early days after birth and play an important role in establishing lactation. However, when mothers are not adequately prepared for these behaviours, they may interpret them as signs of inadequate milk supply [6].

From a clinical standpoint, differentiating perceived insufficiency from true lactation failure is essential. Objective indicators such as urine output, weight patterns, and feeding effectiveness provide reliable evidence of adequate intake in most cases [4]. Nevertheless, maternal anxiety, lack of confidence, and external influences—particularly from family members—can strongly shape perception and decision-making.

While these clinical indicators are well established in the literature, their consistent use in routine bedside assessment is not always observed. This case illustrates how a structured clinical approach, combined with appropriate counselling, can help distinguish perceived from actual insufficiency and support positive breastfeeding outcomes.

## CASE PRESENTATION

A 24-year-old primiparous woman delivered a healthy term infant at 39 weeks of gestation by normal vaginal delivery. On postnatal day 2, she expressed concern that her baby was not receiving sufficient breast milk. The infant's birth weight was 2.9 kg, and the weight on day 2 was 2.7 kg, corresponding to a 6.8% weight loss, which is within expected physiological limits [4].

The mother reported that the baby was feeding frequently, approximately every 1–2 hours, and crying often. She interpreted these behaviours as indications of inadequate milk supply. On clinical

examination, the infant appeared active, alert, and well hydrated. Urine output was 6–8 times per day, and the stool pattern was appropriate for age.

Direct observation of breastfeeding showed effective latch, coordinated suckling, and audible swallowing. The mother had no medical conditions known to affect lactation. However, she expressed low confidence in breastfeeding, and concerns from family members appeared to reinforce her doubts.

Taken together, the clinical findings were reassuring. Normal weight loss, adequate urine output, and effective milk transfer suggested that milk intake was sufficient. Based on these findings, the situation was identified as perceived insufficient milk supply rather than true lactation failure.

The mother was counselled regarding normal newborn feeding behaviour and reassured using objective clinical indicators. Guidance on positioning and attachment was reinforced. At follow-up on postnatal day 5, the infant’s weight had increased to 2.81 kg. The mother reported improved confidence and continued exclusive breastfeeding.

Table 1  
Clinical Summary of the Case

| Characteristic   | Finding                           |
|------------------|-----------------------------------|
| Maternal age     | 24 years                          |
| Gestational age  | 39 weeks                          |
| Mode of delivery | Normal vaginal delivery           |
| Postnatal day    | Day 2                             |
| Birth weight     | 2.9 kg                            |
| Day 2 weight     | 2.7 kg                            |
| Day 5 weight     | 2.81 kg                           |
| Urine output     | 6–8/day                           |
| Feeding pattern  | Frequent (1–2 hourly)             |
| Key concern      | Perceived low milk supply         |
| Outcome          | Exclusive breastfeeding continued |

## DISCUSSION

Perceived insufficient milk supply is a frequent concern in early postpartum care and continues to be a major contributor to unnecessary supplementation [3, 5]. This case highlights how maternal perception, in the absence of supporting clinical evidence, can lead to misinterpretation of otherwise normal feeding patterns.

In the early neonatal period, behaviours such as frequent feeding and crying are expected and play an important role in establishing and maintaining lactation. However, without adequate preparation or explanation, these behaviours are often perceived as indicators of inadequate milk intake [6]. This disconnect between normal physiology and maternal understanding remains a key challenge in clinical practice.

In contrast, the clinical findings in this case were clearly reassuring. Effective latch, audible swallowing, appropriate urine output, and expected weight changes provided consistent evidence of adequate milk transfer [4]. These objective indicators should form the basis of clinical assessment and decision-making.

Psychosocial influences were also evident. The mother's low confidence, along with concerns expressed by family members, contributed to her perception of insufficient milk supply. In many settings, such external influences can significantly affect maternal beliefs and feeding practices. Addressing these concerns requires a supportive and empathetic approach, rather than simple reassurance.

The positive outcome in this case following counselling reflects the importance of timely and targeted support. Counselling not only provided information but also helped build maternal confidence and trust in the breastfeeding process. This is consistent with evidence demonstrating that structured support can improve breastfeeding outcomes and reduce unnecessary interventions [9].

From a clinical perspective, this case underscores the need for a structured approach to breastfeeding assessment in routine postnatal care. Incorporating direct observation and using simple clinical indicators can help healthcare providers differentiate between perceived and actual problems more effectively. Equally important is the provision of anticipatory guidance, which can prepare mothers for normal newborn behaviour and reduce anxiety.

## Clinical Relevance

This case represents a common situation encountered in early postpartum care. A structured assessment approach, combined with appropriate counselling, can improve clinical decision-making, prevent unnecessary supplementation, and support successful breastfeeding.

## IMPLICATIONS FOR CLINICAL PRACTICE

- Prioritise objective clinical indicators when assessing breastfeeding adequacy
- Include routine observation of breastfeeding in postnatal care
- Provide anticipatory guidance on normal newborn feeding patterns
- Use counselling strategies that enhance maternal confidence
- Recognise and address psychosocial and family influences
- Avoid unnecessary supplementation unless clinically indicated

## LIMITATIONS

This report is based on a single clinical case and may not be generalisable to all populations. Follow-up was limited to the early postnatal period, and long-term breastfeeding outcomes were not assessed. However, the clinical principles described are relevant to routine practice.

## CONCLUSION

Perceived insufficient milk supply is a common concern in the early postpartum period but is often not associated with true lactation failure. This case demonstrates that maternal perception alone should not guide clinical management. Instead, assessment should rely on objective indicators such as feeding effectiveness, urine output, and weight patterns.

When these findings are reassuring, counselling plays a central role in management. Providing clear explanations and supporting maternal confidence can help prevent unnecessary supplementation and promote continued breastfeeding. Early recognition and appropriate management of PIMS are therefore essential in improving postnatal care outcomes.

## Declarations

Ethical approval and consent to participate:

Not applicable.

Consent for publication:

Informed consent was obtained from the patient for publication of this case.

Conflict of interest:

The author declares no conflict of interest.

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