

Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

PROBLEMS COMMONLY ENCOUNTERED IN BREAST FEEDING

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Breast feeding exclusively for six months is the goal every Paediatrician sets for the mother and her newly born infant . While breast feeding is a natural process , the initial days are difficult for many mothers and adequate knowledge is necessary for the care givers to help the mother overcome any issues that are a barrier to breast feeding.

In this issue common stumbling blocks in breast feeding are addressed.

1. Inadequate Milk Intake

2. One sided breast feeds

3. Forceful let down reflex

4. Poor Let down reflex

5. Nursing Strike

1. INADEQUATE MILK INTAKE

Inadequate milk intake or the perception of inadequate milk production is the most common reason for early termination of breastfeeding. Inadequate milk intake may be due to failure of the infant to extract milk or insufficient milk production, and determining the primary problem can be challenging.

Diagnosis of inadequate intake — The diagnosis of inadequate milk intake is made clinically by demonstrating insufficient feeding based on a nursing history, decreased infant urine and stool output, and excess weight loss of the infant.

•During the first week of life, mothers with term infants generally nurse when the infant exhibits hunger cues, which usually occurs 8 to 12 times in 24 hours. By four weeks after delivery, nursing usually decreases to seven to nine times per day.

•By the fifth day of life, infants with adequate intake urinate six to eight times daily and have three or more pale yellow and seedy stools daily.

•A history of normal breastfeeding frequency, urination, and stools cannot guarantee sufficient weight gain. To determine whether caloric intake is adequate, infants must be weighed at the newborn office visit and during each of their routine health assessment visits.

•Term infants generally lose weight in the first three to five days of life with an average loss of 7 percent of their birth weight. They typically will regain their birth weight by one to two weeks of life.

Once the mother's breasts feel full with milk by day three to five, the infant should not continue to lose weight. If an infant has lost 10 percent of its weight or fails to regain birthweight appropriately, inadequate intake should be considered and direct observation of breastfeeding should be performed.

Management

Optimize breastfeeding technique —



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The primary intervention most often involves guidance to increase the effectiveness and frequency of breastfeeding and building maternal confidence

Breastfeeding history – The clinician should inquire about when breastfeeding was first initiated, the frequency of breastfeeding, and any challenges perceived by the mother and review her breastfeeding technique.

Poor feeding routines in the early postpartum period are the most common cause of insufficient milk intake. They include delayed initiation, infrequent feeding, maternal infant separation, and use of supplemental formula. Very early pacifier use may lead to insufficient nursing or may be a result of it. Insufficient nursing tends to result in inadequate milk production since frequent and adequate breast emptying is necessary for adequate breast milk volume. Many babies are sleepy and difficult to keep awake during the first several days after birth, causing insufficient milk transfer

Observation – Breastfeeding should be directly observed to detect improper breastfeeding technique (eg, position and latch-on).

Examination – If the mother reports nipple or breast pain, the breast should be examined for evidence of nipple injury or dermatitis, engorgement, or plugged ducts, all of which cause pain and may interfere with breastfeeding and/or milk transfer. The combination of nipple pain and oral candidiasis in the infant suggests the possibility of candidal infection of the nipple. Although this is a common clinical diagnosis, there is considerable controversy about how frequently candidal infection is the cause of pain during breastfeeding.

Assess and address contributing factors — Additional factors that contribute to inadequate milk intake can be divided into insufficient milk production and failure of the infant to extract milk.

Inadequate milk production – Inadequate milk

production may be due to: A delay in the usual progression from colostrum production to copious milk production (lactogenesis stage II). Lactogenesis II, which is perceived by mothers as increased breast fullness or leakage, normally occurs within 72 hours postpartum. Delayed lactogenesis is more common in women with pre pregnancy obesity, especially with insulin resistance; endocrine abnormalities; pregnancy-induced hypertension; polycystic ovary syndrome; and other complications associated with high androgen levels during pregnancy. Delayed lactogenesis usually can be managed with breastfeeding support and increased frequency of feeding to stimulate lactogenesis and close monitoring of infant weight. Emptying of the breast is the best method to increase breast milk production. Pumping after a feed is advised to improve lactogenesis

Poor milk extraction – Specific infant factors that may interfere with milk extraction include:

Oral-motor, neurologic abnormalities or anatomic abnormalities such as cleft palate.

Prematurity – Late preterm infants (gestational age between 34 and 37 weeks) often have feeding difficulties compared with term infants. As a result, they often need additional breastfeeding support and monitoring, often including scheduled feedings and after-feeding pumping.

• **Ankyloglossia** – Ankyloglossia (infant tongue-tie) is sometimes a cause of poor milk extraction.

Galactagogues — Galactagogues (or lactagogues) are medications or other substances believed to augment maternal milk production. The most commonly used prescription agents are dopamine receptor antagonists, primarily metoclopramide and domperidone. Experts do not recommend the routine use of galactagogues, because there is limited evidence to support their efficacy and because of potential safety concerns.

Data on the use of herbal galactagogues are even more limited. Fenugreek is the most widely used herbal



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agent, but data are insufficient to determine its efficacy and safety.

2. One sided Breast feeds

Many mothers notice that one breast makes more milk than the other and or that her baby prefers one breast to the other (although will drink from both) Why does this happen?

1. Normal anatomical differences

All women have one breast that has more working ducts and alveoli than the other

2. Baby's preference for one side

3. Mother's preference for one side

In the above mentioned causes the mother can be reassured.

However a large difference in breast size between breasts may indicate insufficient glandular tissue

4. The baby may temporarily refuse one breast for a period of time because of a blocked nose, or ear infection. Some mothers find feeding in a different position helpful in this occurs.

5. If baby is satisfied with milk from one breast and the mother continues to offer this breast each time then other breast may stop producing milk.

4. Mastitis or blocked ducts on one side

5. Difference between the two areola / nipples (inverted / flat, different shape size) which makes it easier for baby to latch on to one side than the other

6. Babies will refuse or fuss at a breast if

a) Supply is lower

b) Has a slow let down reflex

c) Has a fast let down reflex

They will prefer a side which lets down more / less quickly and in which supply is more bountiful. Some suggestions that can help to even things up.

1. Start baby on the smaller side for each feeding for a few days (baby usually nurses more vigorously on the first breast offered)

2. Nurse on the smaller side twice as often. For instance, if the mother nurse on one side per feeding she might

nurse on the small side twice as often. Two feeds on smaller side followed by larger side for one.

3. If larger side becomes over full express just enough milk to relieve the pressure

4. Try different nursing positions

5. Offer the breast when the baby is just waking up

6. Pump the side the baby is refusing to keep up milk supply.

What are the features of a forceful let down?

If the baby gags or chokes, gasp, cough while nursing then there are signs the milk is coming too fast or forceful let down.

Other features of forceful let down are pulling of the breast while nursing periodically refusing to nurse perioe. Forceful letdown does not start until 3-6 weeks of age.

Remedial steps for forceful let down

Helping the baby Position baby so that it is nursing in uphill in relation to mom's breast where gravity is working against force of milk.

1. Mothers should nurse with the infant in a more upright position and the mother leaning back or side lying position this allows the infant to better control flow of milk.

2. Stop pumping, stop Galactagogues

3. Manual reduction of flow

Using a scissors hold on the areola or pressing on the breast with the heel of the hand may restrict flow.

4. Feeding Strategies Infants should be allowed to interrupt feeding as needed and often need frequent burping

5. Block feeding. Block feeding restricting baby to one breast for 3 hours or longer blocks of time before giving other breast. The resulting stasis of milk in the other breast should decrease milk production

Block feeding / Advantages For a mother, the drawback of making too much milk include regularly full and uncomfortable breasts and recurring plugged ducts. For the baby, over supply can come a very fast milk flow that can be hard to manage. In which case block feeding used for no longer than 1 week can be a boon for both mother and baby.

Block feeding don'ts Do not assure that all struggles with milk flow is due to OALD or over supply In the early weeks most new born cough and sputter during breast feeding. It takes practice and maturity for babies to learn to co-ordinate sucking swallowing and breathing during breast feeds. Some episodes of milk flow struggles and pulling away are completely normal aid are not necessity sign of OALD or oversupply

How to know if Block feeding will help?

If baby's weight gain is double the normal ie 60gm or more /day in the first 3months then block feeding will help, otherwise it is likely that block feeding will produce more problem than it solves.

Alternating breasts , when baby struggles with milk flow changes the position that give baby more control overflow

4.Poor Let Down Reflex

Causes

Stress
Anxiety
Pain
Drugs
Surgery on breast

Methods to improve let down reflex

Use of Let down cues
Use Immediately before nursing
Use all your senses

Before Nursing

1. Warm bath
2. Calm setting for nursing
3. Turn on some music
4. Increase skin to skin contact
5. Have warm beverage
6. Massage breasts

During Nursing

1. Take deep breaths
 2. Singing or Humming
 3. Tell mother to visualise how the let down feels for her
- Some women imagine then milk flowing or use images of waterfalls

Some women use visualizations such as being on the beach or any relaxing place

4. The opposite can also be helpful watch TV, talk on the phone, read a book etc

5. Massage and use breast compression as you nurse

5.What is a nursing strike

A baby who has breast fed well for months suddenly loses interest

What causes a nursing strike?

1. The first and fore most is to rule out major infection (sepsis) and minor a cold, or ear infection
2. Reflux disease which causes painful feeding
3. Over supply or over active let down reflex
4. Mouth pain from teething, thrush or a mouth injury
5. Reaction to a product such as deodorant, lotion or laundry detergent

Environmental causes

Stress, the baby is upset or left to cry for long periods
Yelling during breast feeding

A Strong negative reaction when baby bites

Strategies to overcome a nursing strike

Keep time at breast pleasant

When not feeding, hold your baby with bare torso against your strike and spend as much time that way as possible

Offer breast when baby is waking up .

Try breast feeds while walking or rocking the baby
Shaping the breast so that it is easier to latch may help the baby take the breast deeper and trigger active sucking

Other ideas

Get the milk flowing right way, hand express a little milk on to the baby's lips

Or

If baby takes the breast but does not stay there, ask a helper to drip expressed milk on the breast with a spoon or eye dropper swallowing milk triggers sucking

Using a nipple shield, if needed