

Breastfeeding Challenges

Presented to the Family Physician

Marlene Lidkea, MD, CCFP, FCFP

Presented at the University of Alberta's Video Conference Program
on April 18, 2012 in Edmonton, Alberta

I overheard a new grandmother tell her daughter, "I never had enough milk to breastfeed you. You should just give the baby a bottle and try breastfeeding tomorrow when you feel more rested."

Many women in western culture have never seen a woman breastfeed prior to feeding their own infant. Their friends and family may have no experience with breastfeeding, and, as a result, they may not be able to assist. Breastfeeding problems can often, (but not always) be prevented by following the WHO "Baby Friendly Hospital" principles.¹

Some newborn procedures in hospitals interfere with the baby's natural instinct to feed. These include oral and nasal suctioning, lack of immediate skin-to-skin contact, separation from mom, forcing the baby onto the breast, soothers, and formula.

The newborn is most alert for the first couple of hours after birth and is often quite interested in suckling during this time. After the first feed, the baby may be sleepy for 12 to 24 hours and may not feed at all during this period. The baby should not be force-fed. Skin-to-skin

contact will increase the baby's alertness and willingness to feed. The baby should be offered the breast frequently.

It is normal for a newborn to take in only 15 ml of breast milk in the first day, followed by about 5 ml per feeding for the next two days. It is the recurrent suckling at the breast that stimulates milk production. It is not uncommon for a normal, healthy, breastfed baby to lose about 7% of its birth weight in the first three to four days of life.

Is there anything I can do to prevent my patients from having low milk supply?

Analgesics used in labour are metabolized slowly by the newborn and may interfere with the natural drive and coordination to feed well at the breast. Soothers and supplements interfere with the amount of suckling at the breast, resulting in a decrease in milk production. Infrequent feeds (less than every three hours or less than eight times in 24 hours) have the same result. An improper latch will not only result in pain for the mother, but it will result in less deep stimulation of breast milk production.



Ten Steps to Successful Breastfeeding*

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in — that is, allow mothers and infants to remain together — 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

* Source: *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint WHO/UNICEF statement published by the World Health Organization

If a baby has lost more than 7% of its birth weight and mom does not appear to have much milk, what can I suggest as treatment?

The baby may need to be supplemented, otherwise, the most important step is to have a good latch and feed at least eight times in 24 hours. Rest is mandatory. Domperidone has been used off-label, to stimulate milk supply. Recently, there was a Health Canada² warning stating that domperidone can cause prolonged QT interval,

Videos for You and Your Patients for the Prevention of Low Milk Supply

For everyone on YouTube:

1. “A Tale of Two Births: The Baby-friendly Rap”
2. “Breastfeeding Good Latch (Some Compression) with Dr. Jack Newman.”
3. “A Parents’ Guide for Skin-to-Skin Contact with Their Infants”

Website:

International Breast Feeding Clinic Website — under video clips — 15 short (less than three minutes each) educational clips

usually when taking doses higher than 30 mg daily. Traditionally, 10 mg q.i.d. to 20 mg q.i.d. of domperidone have been used for milk stimulation. Patients commonly use two herbal medications: fenugreek 610 mg t.i.d. (you will smell like maple syrup), and Blessed Thistle, 390 mg capsule t.i.d. is also used (or 20 drops t.i.d. of the tincture which contains small amounts of alcohol). There are no high level studies supporting the use of any of these medications.³ Follow the baby’s weight frequently.

How do you treat sore, cracked nipples?

Cracked nipples are caused by a poor latch, which results in tugging on the nipple or abrading of the nipple on the baby’s hard palate. Fix the latch and reposition the baby. There is no consensus about whether creams are helpful. Topical treatments include; Dr. Jack Newman’s All-purpose Nipple Cream (see his website at www.nbc.ca), lansinoh or purelan cream (lanolin products), and 1% hydrocortisone mixed 50/50 with either bacitracin/polymyxin or clindamycin HCL drug. Any topical treatment should be applied after every feeding and not washed off. It is important to prevent the nipple from sticking to the bra or pads by

using nonadherent island dressings or plastic kitchen wrap.

What is the treatment of mastitis?

Mastitis is caused by milk stasis infected most commonly by *Staphylococcus aureus*.⁴ Cloxacillin, cephalixin, and clindamycin are all appropriate antibiotics to use. It is also very important to have the mother rest, fix any latch or position problems, and offer each breast at every feed at least eight times in 24 hours. Mothers on antibiotics need to be watched closely for yeast. The mother is encouraged to apply warm compresses, massage the infected area to help the milk escape, and take ibuprofen for pain. Do not stop breastfeeding!

Conclusion

Breast milk is the only food babies should be fed for the first six months of life. Often mothers find this a challenging task. A knowledgeable, encouraging physician can help her be successful.⁵

Must Have Resources for Doctors

Video — “Amazing Talents of the Newborn” by Dr. Michael Klaus

Book — “Medications and Mother’s Milk” by Thomas W. Hale

Website — newborns.stanford.edu

References

1. Baby-Friendly Hospital Initiative Revised Updated and Expanded for Integrated Care: World Health Organization and UNISEF 2009 www.who.int/nutrition/topics/bfhi/en; Accessed: March 7, 2012.
2. Health Canada, Public Communication; Domperidone Maleate — Association with Serious Abnormal Heart Rhythms and Sudden Death (Cardiac Arrest) — For the Public http://hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/_2012/domperidone_pc-cp-eng.php; Accessed on March 7, 2012.
3. National Library of Medicine. Drugs and Lactation Database <http://www.nlm.nih.gov/pubs/factsheets/lactmedfs.html>; Accessed: June 20, 2012.
4. Jahanfar S, Ng C, Teng CL: Antibiotics for Mastitis in Breastfeeding Women. Cochrane Database of Systematic Reviews 2009; Issue 1. Art. .
5. Renfrew MJ, McCormick FM, Wade A, *et al*: Support for Healthy Breastfeeding Mothers with Healthy Term Babies. Cochrane Database of Systematic Reviews 2012; Issue 5. Art.



Dr. Marlene Lidkea, is an Associate Clinical Professor in the Department of Family Medicine at the University of Alberta in Edmonton, Alberta.