

Breastfeeding – A Guide for GPs

Health care professionals should recommend human milk for all infants in whom breastfeeding is not specifically contraindicated and provide parents with complete, current information on the benefits and techniques of breastfeeding to ensure that their feeding decision is an informed one.

Exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6-months of life and provides continuing protection against diarrhoea and respiratory tract infection. Breastfeeding should be continued for the first year of life and beyond as long as mutually desired by mother and child.

During the first 6 months of age, even in hot climates, water and juice are unnecessary for breastfed infants and may introduce contaminants or allergens. Complementary iron rich food should be introduced from 6 months of age.

There is no upper limit to the duration of breastfeeding and no evidence of psychologic or developmental harm from breastfeeding into the third year of life or longer. Infants weaned before the age of 12 months should not receive cow's milk but should receive iron-fortified infant formula.

Benefits

- Breastfeeding provides infants with optimal nutrition; human milk is specific for human babies. Research studies have demonstrated that when infants are not fed on human milk they may be more likely to experience gastrointestinal and respiratory infections, asthma, otitis media, urinary tract infections, necrotising enterocolitis, insulin dependent diabetes, inflammatory bowel disease, lymphoma and atopy. Continued research is required to determine the full health benefits of human milk for infants.
- Breastfeeding is also beneficial for women's health. Breastfeeding women have less postpartum bleeding, delayed resumption of ovulation, improved bone remineralisation postpartum and less ovarian and premenopausal breast cancer.
- Breastfeeding may facilitate mother-infant bonding, saves the family money, reduces health care costs and protects the environment.

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Contraindications – (from NH&MRC Infant Feeding Guidelines 2003)

There are very few situations for which breastfeeding is contraindicated.

Contraindications	
Active Tuberculosis	
Brucellosis	
Maternal Syphilis (recently acquired with unaffected infant)	
Breast Cancer detected during pregnancy	
HIV infection	
Rare metabolic disorders of infants such as galactosaemia, maple syrup urine disease	
Hepatitis B infection	
Relative Contra-indications (some conditions may need to be considered on their merits before use of infant formula is advised)	
Maternal medications	Most drugs are excreted into the breastmilk but usually less than 1-2% of the maternal dose. Some drugs are contra-indicated. <u>Refer MotherSafe 9382-6539</u>
Hepatitis C	As yet no evidence that hep C is transmitted through breastmilk
Specific illnesses in the infant	Breastfeeding can continue in almost all circumstances
Maternal illness and malignancy	Depending on the mother's health and medications used
Maternal psychiatric illness	If there is a definite danger to the infant. A psychiatrist's advice should be sought
Nicotine	Cigarette smoking can affect the mother's milk supply and may cause GIT upsets in the infant, so mothers are advised to give up smoking. No one should smoke in the same room as an infant because of the harmful dangers of passive smoking
Alcohol	Ingestion of alcohol by breastfeeding mothers can lead to impaired neurological development in their infants. The average woman takes about 2 hours to metabolise one standard drink. The level of alcohol in the breastmilk is the same as the level in the mother's blood. Larger amounts of alcohol inhibit the let-down reflex
Other drugs	Marijuana should not be smoked by breastfeeding mothers. Use of other mood-altering substances is also contra-indicated as these may be excreted in the breastmilk. In addition a mother who is not fully alert can be a hazard to herself, and her infant while breastfeeding or preparing formula.

Tips – taken from “**Best Practice Guide to Common Breastfeeding Problems**” – **ABA** – Refer to this for more detail

INSUFFICIENT MILK		One of the reasons most commonly given for cessation on breastfeeding is “not enough” milk. A mother may perceive that her supply is inadequate. Whether this assessment is reliable or not, low supply is readily treatable.
Signs and Symptoms	Causes	Practical treatments
<ul style="list-style-type: none"> ▶ Weight gain less than 500g per month ▶ Baby passing small amount of concentrated, yellow, strong smelling urine, less than 6 times a day ▶ Infrequent small amount hard, dry green stools ▶ Baby lethargic, sleepy together with weak cry 	<ul style="list-style-type: none"> ▶ Poor attachment leading to ineffective suckling & inadequate milk removal ▶ Short feeds, not enough hindmilk ▶ Infrequent feeding, less than 8 times in 24 hours ▶ Absence of night feeds ▶ Complementary feeding ▶ Use of bottles, dummies, nipple shield ▶ Alcohol, caffeine, tobacco ▶ Baby illness ▶ Prematurity ▶ Growth spurt (common around 6 weeks, 3 & 6 months when appetite increases) ▶ Abnormalities - cleft lip/palate, tongue-tie ▶ Poor muscle tone. ▶ Mother 's lack of confidence ▶ Dislike of breastfeeding ▶ Extreme tiredness ▶ Depression ▶ Oral contraceptives, diuretics ▶ Pregnancy ▶ Previous breast surgery ▶ Retained placenta ▶ Thyroid dysfunction 	<ul style="list-style-type: none"> ▶ Improve positioning & attachment ▶ Adjust maternal medication which may interfere with milk supply ▶ Refer mother to lactation consultant if specialist help needed ▶ Breastfeed more often - at least 10 times in 24 hours ▶ Sleep close to baby & breastfeed at night when prolactin levels are higher ▶ Cease/reduce complementary feed or complement with expressed breastmilk ▶ Manually express breastmilk after each feed for a short period until supply increases ▶ Avoid the use of dummies, bottles – use cup for feeding expressed breastmilk ▶ Rest and relax while breastfeeding ▶ Ensure mother understands that supply=demand. The more the mother feeds the more milk is made.
ENGORGEMENT		Untreated engorgement could lead to breastfeeding problems, suppression of lactation and further complications such as blocked ducts, mastitis and breast abscess.
Signs and Symptoms	Causes	Practical treatments
<ul style="list-style-type: none"> ▶ Breasts - look shiny, are painful, feel firm to hard and warm to touch 	<ul style="list-style-type: none"> ▶ Infrequent feeding ▶ Limited or short feeds ▶ Absence of night feeds ▶ Poor attachment ▶ Ineffective suckling ▶ Too rapid weaning ▶ Use of other fluids in early days 	<ul style="list-style-type: none"> ▶ Consider short-term use of analgesics if mother is in severe pain ▶ Suggest relaxation by technique mother finds effective ▶ Express sufficient milk before feed to soften areola and allow baby to attach well ▶ Start from fullest breast ▶ Allow baby to finish first breast before offering the second breast ▶ Cold packs after feeds for comfort, to decrease vascular dilation and swelling ▶ Express small amounts of milk between feeds for comfort ▶ If engorgement persists, mother needs more help to improve attachment and breast drainage

BLOCKED MILK DUCTS		Many of the predisposing factors for blocked milk ducts are preventable.
Signs and Symptoms	Causes	Practical treatments
<ul style="list-style-type: none"> ▶ Tender lump/area in an otherwise healthy breast ▶ Localised redness 	<ul style="list-style-type: none"> ▶ Same as for engorgement as well as – ▶ Trauma/external pressure – tight bra, prone sleeping, finger pressure on breasts during feeding ▶ Oversupply ▶ White spot on nipple/milk under the skin 	<ul style="list-style-type: none"> ▶ Same as for engorgement as well as - ▶ Massage gently along the affected area towards the nipple before and during feeding or expressing ▶ Vary positioning during feeding to allow gravity to assist drainage
MASTITIS		Mastitis should always be considered in a breastfeeding woman with flu-like symptoms
Signs and Symptoms	Causes	Practical treatments
<ul style="list-style-type: none"> ▶ Inflamed area, red with hard swelling ▶ Severe pain ▶ Feeling ill ▶ Fever 	<ul style="list-style-type: none"> ▶ Untreated engorgement and/or blocked ducts ▶ Incomplete drainage of breast ▶ Nipple and breast trauma allowing entry of bacteria ▶ Stress and depressed immune system 	<ul style="list-style-type: none"> ▶ Do not stop breastfeeding ▶ Improve breast drainage – correct positioning and attachment, feed frequently – every 2 – 2.5 hours at least ▶ Treat any infection ▶ Antiinflammatory medication or analgesics if necessary ▶ Bed rest for at least 24 hours ▶ If symptoms are severe, treat with antibiotics ▶ Treatment should begin early and continue for 10 days. May be penicillinase-resistant ▶ The organism most commonly involved is <i>Staphylococcus aureus</i> ▶ Advise mother of potential side effects for her (candida) and her baby (diarrhoea)
SORE AND DAMAGED NIPPLES		Breastfeeding should not hurt. The nipples should not look pinched, squashed or distorted.
Signs and Symptoms	Causes	Practical treatments
	<ul style="list-style-type: none"> ▶ Incorrect positioning and attachment ▶ Engorgement ▶ Candida ▶ Incorrect suckling action ▶ Baby confused by different suckling action needed for bottle feeding and breastfeeding, if complementary feeds given ▶ Incorrect use of breast pumps, incorrect hand expression technique ▶ Trauma when removing the baby from the breast incorrectly ▶ Nipple shields, wet breast pads/clothing, synthetic bras ▶ Dermatitis ▶ Vasospasm ▶ Tongue-tie 	<ul style="list-style-type: none"> ▶ Improve baby's attachment ▶ Reduce engorgement ▶ Consider treatment for candida in both mother and child ▶ If severe pain, mild analgesics could be recommended (paracetamol) ▶ Refer to lactation consultant if suckling problem suspected ▶ Treat nipples if dermatitis involved ▶ Suggestions ▶ Begin each feed from less sore breast ▶ If mother needs to interrupt feed, gently release nipple by putting little finger between baby's gums ▶ After feeds, apply expressed hindmilk to the nipple, air dry ▶ Avoid using soaps & alcohol on nipples ▶ Change breast pads frequently, don't use plastic backed pads ▶ Wear cotton bras