

# Paediatric Guidelines

Issue 4 Nelson-Marlborough

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## Breastfeeding



### Objective:

Increase the rate and duration of successful breastfeeding in our community.

### Rationale:

Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding. There is good evidence that breast-feeding reduces the rate of gastrointestinal, respiratory and ear infections. The bio-availability of nutrients from breast milk is superior to that of infant formula and breast milk contains the optimal ratios of polyunsaturated fatty acids, required for retinal and brain development. Breastfeeding reduces the risk of allergic disease e.g. allergic rhinitis, asthma, eczema and food allergy. Infant formula has a significant cost of approximately 5% of the minimum weekly wage.

WHO guidelines recommend breast milk exclusively until six months and that breast milk remains the main nutritional fluid until 1-2 years.

In the Nelson Marlborough region at 6 weeks 70% and at 6 months 31% of babies were exclusively or fully breastfeed. (Plunket data June 2004- June 2005)

Community support services and primary health care have an important role in improving these figures; the 2002 Cochrane review showed that there was clear evidence of the effectiveness of professional support on the duration of breastfeeding. At each vaccination interval approximately 20% more women have ceased breastfeeding. GPs and their practice nurses have an ideal opportunity at these visits to enquire about breastfeeding and to offer advice, encouragement and if necessary to refer women onto their Plunket nurse or a lactation consultant.

### General Principles:

1. Feed at least 8 - 12 times a day
2. Milk removal stimulates further milk production
3. Correct latching is a prerequisite for successful breastfeeding
4. Breastfeeding should not be painful

### Why do women stop?

During the first week postpartum the most common reasons for women stopping breast feeding are breast problems such as painful nipples and difficulties in latching the baby onto the breast. After successful initiation of breastfeeding, the main reason mothers stop in the first six months is a concern that they do not have enough milk. Breastfeeding is often more difficult than anticipated by the woman and strong support systems are very influential in successful breastfeeding.

### Signs of adequate breastfeeding:

- B** - Baby is awake
- R** - Rooting
- E** - Enough breast tissue in baby's mouth
- A** - Active rhythmical swallowing
- S** - Swallows heard
- T** - Time feeding 10-40 minutes
- S** - Satisfaction; baby settles after a feed

Score 1 for each item. Total of 2 or less need help now, 3-4 needs help if not improving at next feed, >5 doing well.

### Other signs of adequate breastfeeding include:

Good urine output (nappies notably heavy or wet)

Adequate weight gains – check on growth chart

Changing stools then less frequent stools (*after 2-3 months it is common for breast-fed babies to only pass stools every 1-2 weeks, this is physiological due to a low residue diet and in the absence of distress no intervention is needed*)

## Common breastfeeding problems:

### Frequency days:

Babies may have periods lasting 24-48 hours of feeding much more frequently than usual. This often occurs at 2, 4, 6 and 12 weeks of age. The increased feeding frequency boosts the milk supply which the growing baby requires to satisfy its needs. It is important not to supplement with formula during this time.

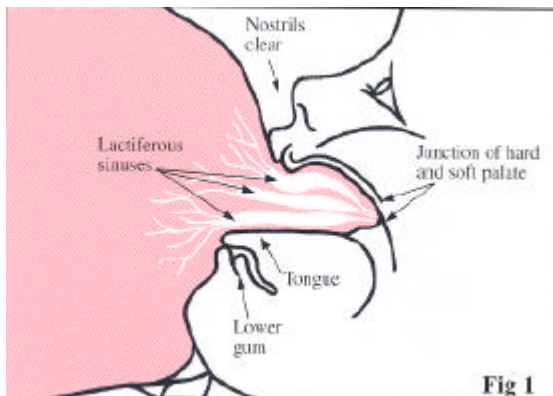


Fig 1

Pain is a common reason for early discontinuation of breastfeeding.

### Nipple trauma

Is caused by poor latching, usually the baby is not taking enough breast tissue into its mouth. It is essential to teach new mums how to correctly position and latch their baby to prevent nipple trauma as it causes pain and predisposes to infection.

### Breast engorgement

Breast engorgement is best prevented by unrestricted feeding. Cochrane review 2005 found cabbage leaves, cabbage extract, massage and placebo treatments to be equally effective in managing established engorgement.

## Adequacy of breast milk and infant weight gain:

Although mothers often worry that their milk is too thin the content of milk is remarkably consistent and remains so despite maternal illness or poor nutrition. The milk supply can be affected by these factors and the main cause of inadequate growth is when the baby receives an inadequate volume of milk. Milk supply can be increased by feeding the baby two hourly during the day for three days and also expressing milk at the end of the feeds.

If this is unsuccessful a two week course of **domperidone** 10-20mg tds-qid in conjunction with frequent feeding and ensuring the baby is well latched may increase milk production. The medication may need to be continued for up to eight weeks. **Reduce dose if there are maternal renal or hepatic conditions. Don't use with antacids or antiseptics. Domperidone is not fully funded and there would be an extra charge to the patient. (Although this medication is widely used in NZ this is "off-license" prescribing and Medsafe recommends against its use in lactation, as effects on infant are unknown. The side effect profile of domperidone is better for the mother than metoclopramide)**

## Breast infections:

**Bacterial:** The most common pathogen is Staph. Aureus, hence the first line antibiotic choice is **flucloxacillin** 500mg tds for 5-7 days. If infection fails to clear, consider sending a bacterial swab +/- a few mls of expressed breast milk for culture. It is **important to continue breastfeeding despite the presence of infection**, as good drainage of the milk from the affected breast will aid recovery. Sudden cessation of breastfeeding during an infection will cause engorgement, increase pain and delay healing. Consider concurrent antifungal treatment as candidal breast infections frequently follow antibiotic treatment.

**Candida:** Nipples may have the classical 'cheesy' exudate, and be generally inflamed or there may be weeping macules. Frequently there is severe pain during and immediately after feeding with shooting pains for up to 10 minutes to 2 hours. It is vital to treat both mother and baby; otherwise the baby will re-infect the mother. Continue treatment for a fortnight after symptoms have resolved.

MOTHER - Apply **miconazole 2% antifungal gel** to nipples and breast after each feed.

BABY - Apply **miconazole 2% gel** to tongue, gums after each feed.

**Medications:** Maternal medications rarely require a cessation of breastfeeding. Prior to advising women to cease breastfeeding, seek up to date advice from the hospital pharmacist as recommendations change, e.g. lithium is no longer a contraindication.

**Tobacco, marijuana, and alcohol:** Tobacco and marijuana reduce milk production, hence support women in reducing or becoming smoke free. Toxin transfer to the baby can be reduced if smoking activity occurs **after** feeds. Marijuana passes in moderate amounts into the milk, though there is usually not enough for the infant to show behavioural changes at the time it is stored in the baby's fat for some weeks. Because of the possibility of long term effects on the developing brain it is strongly recommended that breastfeeding mothers do not smoke marijuana. Alcohol use should be minimised. Women on the methadone programme are encouraged to breastfeed but need to avoid sudden weaning as this may precipitate a withdrawal reaction in their infant.

## Introduction of solids:

Breast milk supplies all of a baby's nutritional needs until six months when iron rich complementary food needs to be introduced. Encourage mothers to defer solids until six months, awaiting maturity of the infant's swallow and gut.

**Resources:** Lactation consultant clinic referral required 11am -12md, Thurs in Maternity, Phone 546 1834

Drugs and breastfeeding - Nelson hospital pharmacy 546 1989 Clinical Pharmacology Information Service 0800 378 446

Plunketline: 0800 933 922 Local Plunket 03 547 5388

Websites: [http://www.moh.govt.nz/moh.nsf/wpg\\_Index/About-Breastfeeding](http://www.moh.govt.nz/moh.nsf/wpg_Index/About-Breastfeeding)

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496> <http://www.medsafe.govt.nz/DatasheetPage.htm>