

BREASTFEEDING GUIDE FOR HEALTH PRACTITIONERS

IMPORTANCE OF SKIN-TO-SKIN CONTACT

Skin-to-skin contact between mother and baby promotes early breastfeeding behaviour and helps establish and continue breastfeeding.

- Maintains thermoregulation
- Regulates respiration
- Regulates HR
- Assists in maintaining BSL
- Regulates O₂ saturation
- Calming and bonding for mother and baby
- Reduces incidence of crying
- Drug therapy on the compromised infant is more effective
- Babies are discharged from SCN units earlier
- Can reduce ADD, Colic, and Sleep disorders.
- Increases mothers milk supply
- Helps babies to form the right brain pathways



Skin-to-skin contact should be initiated after

instrumental and caesarean section deliveries as well as after resuscitation when safe to do so. Skin contact should be maintained for as long as possible, ideally until the end of the first breastfeed. Please refer to QLD Health Nambour General Hospital 'Breastfeeding in the Birth Suite' policy.

ENGORGEMENT

Engorgement: This should not be confused with normal physiological breast fullness when the mother's milk comes in (Lactogenesis 2) on day 3-4, causing breasts to feel full and heavy but with good milk flow.

Signs of Engorgement:

- Breasts may feel extremely hard, hot and painful
- The release of milk is suppressed
- Pyrexia that should subside within 24hours

Treatments:

- **Frequent feeding** is most important at least between 8-12 times in 24 hours
- If the breast is too engorged for baby to latch on, express some milk off first to soften the areola
- Warm compress or warm bath or shower to encourage milk flow
- Express excess milk after breastfeeds
- Paracetamol and/or Ibuprofen are safe with breastfeeding
- *For more information contact a Lactation Consultant at Nambour General Hospital 5470 5070*

MASTITIS

Mastitis: Inflammation or infection of breast tissue caused by milk stasis or blocked duct.

Can also be caused by trauma, rough handling and/or poor attachment.

Mastitis starts with poor milk drainage. If the baby is not attached effectively when feeding, it is hard for the baby to drain the breast of milk completely during a feed. Unless this is improved mastitis may recur.

Signs of Mastitis:

- Flu-like symptoms - aching, rigors, feeling tearful and tired - this feeling can sometimes start very suddenly and become worse very quickly . A temperature above 38degC indicates infective mastitis.
- A red, hot area on part of the breast, which may be painful to touch
- A lumpy breast which feels hot to touch
- The whole breast aches and may become red

NB a woman with mastitis may not have all of the above signs. Referral to a Midwife/Child Health Nurse or Lactation Consultant is advised.

Medical Treatment:

NB: IT IS ESSENTIAL THAT BREASTFEEDING IS NOT STOPPED WHILE TREATING MASTITIS. THERE IS NO MEDICAL REASON TO CEASE BREASTFEEDING.

- Breastfeed frequently at least 8-12 times in 24 hours
- Encourage rest and fluids
- Warm compresses before feeding/expressing, cold packs afterwards.
- Paracetamol and Ibuprofen are safe to take whilst breastfeeding.
- Antibiotics may be needed if mastitis does not respond to the above conservative management. Most antibiotics can be safely taken whilst breastfeeding: please refer to Hale.T, 2006 or 2008, Medications and Mothers' Milk.
- Standard antibiotics for mastitis are flucloxacillin or dicloxacillin (500mg QDS for 10-14 days)

- For chronic Mastitis, erythromycin at low doses (regular 250-500mg doses every 6 hours) or trimethoprim-sulfamethoxazole (Bactrim, Septra) over a longer period of time have been recommended.

If symptoms worsen, do not improve after a course of antibiotics or a red/raised/lump forms refer the woman for an ultrasound to rule out abscess ASAP.

References

Fetherston C. 2002, Mastitis in breastfeeding women: physiology or pathology? MIDIRS 12(2) 235-40
 Foxman B, et al. 2002, New insights with regard to risk factors for lactation mastitis, Am J Epidemiol 155: 103-114
 Hale T. 2008, Medications and Mothers' Milk (13th Ed), Pharmsoft Medical Publishing
 Mohrbacher N, Stock J. 2003, The Breastfeeding Answer Book (3rd Ed), La Leche League International
 Riordan J. 2009, Breastfeeding and Human Lactation (4th Ed), Jones and Bartlett
 West. D. 2007 ILCA Clinician's Breastfeeding Triage Tool. www.ilca.org
 World Health Organisation. 2000, Mastitis: causes and management, WHO: Geneva

MEDICATIONS AND BREASTFEEDING IMPLICATIONS

- Avoid using medications that are not necessary.
- If the **relative infant dose** is less than 10% most medications are quite safe to use. The RID of the vast majority of drugs is <1%.
- Choose drugs for which we have published data, rather than those recently introduced.
- Evaluate the infant for risks. Be slightly more cautious with **premature infants or neonates**.
- Medications used in the **first three to four days** generally produce subclinical levels in the infant due to the limited volume of milk.
- **Aspirin** should not be taken by breastfeeding mothers
- Recommend that mothers with symptoms of **depression or other mental disorders** seek treatment. Most of the medications used are safe.
- When an **anaesthetic** agent is given on a single dose basis, there is no evidence that it is excreted in breast-milk in clinically significant amounts. It should be possible to allow suckling as soon as practically possible after surgery.
- Most drugs are quite safe in breastfeeding mothers. The hazards of formula are well known and documented.
- Discontinuing breastfeeding for some hours/days may be required, particularly with **radioactive compounds**. Discuss with Pharmacy prior to administration of drugs.
- **Choose drugs with short half lives, high protein binding or low oral bioavailability.**

Medications in Mothers' Milk (T Hale) 2008 is the recommended resource

References:

Hale, T. 2008, Medications and Mothers' Milk, Hale Publishing
 Hale, T & Hartmann, P. 2007, Textbook of Human Lactation, Hale publishing

CRACKS AND TRAUMA ON NIPPLES

Nearly all trauma on the nipples is caused by babies not being positioned and attached correctly at the breast. Midwives, Neonatal Nurses and Lactation Consultants have all been trained to assist mothers with these issues. Please refer to a qualified health professional to help improve these issues with the mother. NGH runs two Lactation Clinics per week (phone 5470 6701) and Lactation Consultants are available for phone consultation on 5470 5070.

Please do not advise the mother to stop breastfeeding or to use formula milk instead.

DIABETES IN PREGNANCY

Research has shown that babies born from mothers with diabetes are more at risk of developing diabetes in childhood if given any amount of formula milk.

Nambour General Hospital Lactation Consultants run a weekly antenatal clinic for all diabetic women.

The clinic teaches diabetic women to start hand expressing and collecting their colostrum from 36/40. The women then bring the frozen colostrum with them to the birth suite. Colostrum is then available in case the baby presents with hypoglycaemia and will not feed at any time after birth. Colostrum is very high in sugar and protein, and even a small quantity (0.5-1ml) is often effective enough to increase a BSL to 2.6mmols/L or above = Normal Neonatal BSL (WHO guidelines). We then hope to avoid the need to use formula milk, reducing the risks associated with this.

If you see a mother with diabetes antenatally please contact Nambour Hospital antenatal clinic (5470 6701) for her to book into our Diabetes Lactation Clinic.

References:

Paronen J, et al. 2000 Effect of cow's milk exposure and maternal type 1 diabetes on cellular and humoral immunization to dietary insulin in infants at genetic risk for type 1 diabetes. Diabetes, vol 49, 1657-1665.
 Stuebe, A, et al. 2005, duration of lactation and incidence of type 2 diabetes. JAMA, vol. 294, 20.

WEIGHT LOSS

If greater than 10% weight loss in first week please refer mother and baby to public/private Lactation Consultant.
 If baby's weight is not at or above birth weight by 2 weeks of age refer to Lactation Consultant for breastfeeding support and Paediatrician where necessary.