

Breast is best, but not always possible

Breastfeeding has considerable benefits for both mother and baby, and should always be encouraged. Only under exceptional circumstances should mothers be advised not to breastfeed.

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Dr Kiran Kalian, a Johannesburg obstetrician and gynaecologist, elaborates further. “Breast milk is freely available soon after birth and once the baby begins suckling, the mother's milk production is fully established within five days. Some mothers are concerned that in the first few days, the milk appears watery. But this fear is groundless. Right from the start, breast milk is rich in vitamins, fats, carbohydrates and various antibodies all geared to promote the health of the newborn child.”

Breast milk has been shown to have additional benefits relative to commercial formulas. “Preterm babies on ventilators are at risk of a potentially serious gastric condition called necrotising enterocolitis,” continues Dr Kalian. “Early breast milk has been shown to play an important role in preventing this. Also, a 2001 observational study showed that babies who were breastfed subsequently experienced lower rates of gastrointestinal infections, atopic eczema (an allergic skin condition) and other allergies than those who were not. This is attributable to the natural immunity conferred by breast milk. In fact, breastfed babies tend to grow up generally healthier than their formula-fed counterparts.”

Pfizer Product Physician, Dr Khanyi Mzolo concurs adding that breastfeeding has positive implications for the mother too. “Women who breastfeed have lower rates of breast cancer, and the high levels of prolactin in breastfeeding women, act as a natural contraceptive by discouraging ovulation. Breastfeeding though should never be used solely for contraception. In addition, both mother and baby experience tremendous bonding through breastfeeding”, Dr Mzolo said.

Problems with breastfeeding

Some women complain of having insufficient milk, and are concerned about whether to introduce supplementary bottle-feeding or switch altogether. Dr Kalian points out, that insufficient milk is very unusual and that more often than not, the problem is associated with the mother's breastfeeding technique and can be resolved with some guidance and counselling. “While there are drugs that can be used to stimulate milk production, these should only be used as a last resort. A good diet and an adequate fluid intake are usually sufficient to ensure an adequate supply of milk.”

“Where there is a genuine insufficiency or lack of milk production and the mother is well motivated to continue breastfeeding, the South African Breast Milk Reserve is ready to assist. This is an organisation that banks breast milk and promotes breastfeeding through collection and distribution to needy mothers and infants”, Dr Kalian said.

Inverted nipples can be a problem when it comes to breastfeeding. Dr Kalian underscores the importance of recognising this early, counselling the mother and, instead of waiting until after the baby is born, addressing the problem via nipple manipulation in the final weeks of pregnancy.

Sometimes breastfeeding can lead to a painful, cracked nipple. As a consequence, the mother might use the unaffected breast exclusively. “But prolactin stimulates milk production in both breasts,” says Dr Kalian.

“The unused breast then becomes engorged, which can lead to inflammation and a condition called mastitis. If not treated, an abscess may develop that requires surgical drainage. Early attention to cracked nipples is therefore imperative. They can easily be treated and even prevented by good hygiene and the application of a combination of anti-inflammatory and analgesic creams in the intervals between feeding.”

Breastfeeding and HIV

In cases where the mother is HIV-positive, breastfeeding is usually not recommended, given the high risk of transmitting the virus to the baby via breast milk. “Although, that said, it has been shown that if the milk is expressed and pasteurised before being given to the baby, the virus is deactivated. This is a very complex issue, especially in Africa where HIV is common, and many infants die as a result of diarrhoeal causes associated with artificial feeding. Clinicians therefore need to assess patients individually and weigh up the respective risks before advising for or against breastfeeding,” says Dr Kalian.

“HIV infection is the most high profile of the relatively few instances where breastfeeding is not automatically the best choice for mother and child. Others include severe prematurity and congenital defects of the lip and/or palate, where the baby's poor sucking reflex may make it unable to breastfeed”.

Disincentives to breastfeeding

Dr Kalian also notes that a significant proportion of modern women are career-orientated and that continuing breastfeeding becomes problematic when they return to work after their maternity leave. “South Africa doesn't have adequate facilities to encourage breastfeeding in the workplace, and the commercial sector tends not to recognise the importance of breastfeeding and the fact that more and more women are now part of the workforce. Many mothers therefore look to stop breastfeeding when they go back to work because of the lack of facilities at work”.

Dr Mzolo agrees and points out that it's important for women to also know that upon returning to work they can still express the breast milk before leaving for work. “The milk can then be refrigerated and given by a third party after heating. There are excellent drug therapies available these days to suppress lactation for women who choose to stop breastfeeding. These are generally recommended because they work efficiently and quickly - within 1-2 days”, said Dr Kailan.

Oral contraception and breast milk

A myth persists that use of an oral contraceptive dries up breast milk, and this is something Dr Kalian wishes to dispel. “This was true long ago for the first generation of oral contraceptives but now, if breastfeeding is established, modern pills won't affect either the quantity or the quality of the milk. In fact, a progestogen-only pill improves them, while still providing adequate contraception. New mothers also need to be reassured that during this period it is normal not to menstruate every month,” he concludes.

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