

BREASTFEEDING PROBLEMS

There is no doubt that breastfeeding is the most natural way to feed your baby and it can be a rewarding experience for both mother and baby. However, it helps to keep in mind that the early days are a learning period for both mother and baby, and with the right support and information at this time, most women breastfeed successfully.

If you are concerned that your baby may not be getting enough milk, ask yourself the following questions:

- * Does my baby have at least 6-8 pale, thoroughly wet cloth nappies in 24 hours, or at least five heavily wet disposable nappies?
- * Are the bowel movements soft? (The normal pattern for babies varies from one movement after every feed to one movement a week.)
- * Is your baby generally content even if at times unsettled or fussy?
- * Are the eyes bright? Is there good skin tone? (If you gently “pinch” your baby’s skin, does it spring back into place?)
- * Has your baby been gaining weight and growing in length? Keep in mind that weight gains can vary from week to week and are best looked at over a longer period.

If you have answered “yes” to the above questions, you can feel confident that your breastmilk is supplying all your baby’s growing needs. If you are at all concerned, consult your Child Health Nurse, Lactation Consultant or Physician.

POSSIBLE BREASTFEEDING PROBLEMS

There are several possible problems for the breastfeeding mother. They include sore and cracked nipples, engorgement (very full breasts), blocked milk ducts and mastitis.

Sore and Cracked Nipples

Most mothers find that sore nipples respond quickly to treatment after establishing and correcting the cause, the most common (and easily corrected) being incorrect attachment. Careful detachment is also important. If nipple soreness persists, it would be a good idea to consider if soap or detergents are drying and irritating. Avoid plastic-backed nursing pads and consider using washable fabric styles if disposable pads chafe sensitive nipple skin. Diets that contain a lot of sugars and yeasts can often aggravate nipple soreness, so if nipple soreness persists beyond a few weeks it may be advisable to go on a Candida Diet. Good tissue integrity is promoted when the diet contains adequate fatty acids and zinc. Oily fish and a variety of nuts and seeds are good sources of these nutrients.

Engorgement

Engorgement most commonly occurs in the early days after the milk comes in. Following delivery of the baby and placenta, the extra blood that has developed in your system to nourish your baby in the uterus now re-routes itself to the breasts to help build up the hormone levels needed to initiate lactation. Gradually, the body reabsorbs the extra blood and the breasts settle. However, discomfort can be eased by having a warm shower or bath and allowing the milk to flow. Sometimes, just a warm washer placed on the breast will do.

If the breasts are very hard and distended, try soaking the breasts in a solution of a heaped teaspoon of Epsom salts in a dish of warm water. This should help the milk to flow freely from the ducts. It’s a good idea to try and not handle the nipple by expressing, as this will ultimately result in even more milk being made. Cold compresses, such as gel packs or cold cabbage leaves, provide pain relief after feeds and help to reduce the swelling.

Blocked Milk Ducts

Blocked milk ducts may occur when pressure is placed on breast tissue. Unusual causes may include sleeping soundly too long in the one position or taking an extended car trip with the seat belt lying against the breast. However, the most common causes are due to ill-fitting bras or other clothing, or by placing a finger against the breast during feeds to make an airway for baby's nose. A well-attached baby should be able to breathe while feeding. It is important to continue breastfeeding at this time, as the milk is not harmful to the baby. A baby's suck is very strong so frequent feeding (try a variety of positions) is often the best way of clearing a duct, especially if you can massage the area gently during feeds.

Mastitis

Mastitis is an inflammation or infection of the tissue surrounding the milk ducts. It can follow missed or interrupted breastfeeds, which cause the breast to become overfull. It may also occur as the result of not being able to clear a blocked duct. Incorrect attachment, which results in poor drainage of the breast, may also be a cause. Frequent feeds and/or expressing will help; weaning is NOT recommended at this time. Warmth (hot washer, shower, bath or soak of breast in warm water) applied before feeds will encourage milk flow. Cold compresses (gel packs, cold cabbage leaves) following feeds may ease the pain. If inflammation does not ease within 6-12 hours you may begin to show signs of infection. These include: fever, aches and pains and a flu-like feeling. It is important to seek immediate help from your Physician at this time.

BREASTFEEDING and COLIC

Colic is the popular term used to describe unexplained, seemingly inconsolable bouts of fussiness or crying. The baby's abdomen is often hard and may be swollen. The baby has a tendency to draw up the legs or stiffen in pain, and passes a considerable amount of flatus. The bowel movements are often frequent and copious and passed with explosive force.

Any extensive and unexplained discomfort suffered by the baby needs to be investigated by a medical practitioner. If any serious illness is ruled out, it may be that your baby is suffering from colic. This condition is self-limiting. Usually the baby has a pattern of discomfort from day to day (often in the evening) and "outgrows" the condition by 10-12 weeks.

Colic has little to do with a disinclination to "bring up wind or burp". The breast contains no air. So, unless the baby has been crying vigorously before going to the breast, there is little chance of the problem being due to swallowed air.

Rather, colic is primarily due to a temporary inability of the intestines to deal with large amounts of lactose (the sugar of milk), due to gut immaturity or overloading.

In about 30% of cases, symptoms of colic in the fully breastfed infant may be attributed to cow's milk consumption by the mother. In this situation there is usually a family history of cow's milk intolerance (sometimes associated with asthma or eczema), and these babies are reacting to the presence of cow's milk protein fragments in the mother's milk. If you think that your baby's discomfort may be explained by this, you need to avoid all dairy products for a time. After the baby's symptoms have been settled for several months, dairy products may again be consumed in moderation, thereby allowing the baby gradual exposure through your breastmilk so that a level of tolerance can be reached. Calcium intake, then, needs to be achieved through foods other than dairy products, or through appropriate supplementation. Green barley grass powder is an excellent source.

The majority of cases of colic, however, can be attributed to a temporary bout of lactose intolerance. All management techniques, therefore, need to attempt to reduce the lactose load in the baby's gut. This can be done several ways.

1) It helps to try and slow down the speed of the milk flow. The baby who is at the mercy of a vigorous flow has to suckle very quickly, which increases peristaltic action (ie the pulsatile movements that begin in the gullet and end at the anus whenever food is consumed). Milk that is consumed quickly travels to the intestines quickly where it tends to ferment in the very young baby whose gut is still trying to build up enzymes and bacteria needed for the final stage of digestion.

If your milk flow is fast and you have a very strong let-down reflex, your baby may be more comfortable and relaxed if you adopt a more upright posture for the feeds. With several pillows for comfort and support, "sit" your baby at your hip, and turn both your body and the baby's so that you are chest to chest. With your hand in between your baby's shoulder blades, the head can rest on the edge of your open palm. Your baby then can come to your breast in an upright position and can control the milk intake by coming on and off the breast or pausing whenever needed. This is difficult to do in the more traditional "Madonna position" where the baby lies down and often has to contend with milk shooting up the eustachian tube and sinuses if the swallowing action slows down as the baby tries to pause.

If you are having trouble adopting this feeding position, have your Physician watch you feed.

2a) An adequate intake of fat also helps to settle the symptoms of colic, as breastmilk, which is high in fat, tends to travel more slowly through the digestive system. This is largely due to the fact that babies digest fat in the stomach rather than the duodenum. The fat in breastmilk is found in larger amounts in the “hindmilk”, which is delivered in greater quantities as the breastfeed progresses. In order to maximise fat intake, it helps if you adopt a “one breast at a time” schedule. Throughout any three-hour period, allow your baby to go back to the same breast for “top-ups”. The other breast is rested and offered to the baby during the next feeding session. By the time your baby is three months old, however, one-sided feeding is often not sufficient and both breasts are usually offered.

2b) The fat levels in breastmilk reflect dietary intake. During pregnancy, women lay down some fat stores on the hips. These are then used up during lactation. However, these fats are short-chain fatty acids and may contain body toxins; so the baby benefits most if you can make sure that you obtain good-quality fats in your diet each day. The best fats come from oily fish (herrings, sardines, tuna, salmon, mackerel). These particular fatty acids aid the development of your baby’s central nervous system and brain. The fats from grains, nuts, seeds, avocados and olives balance out the fats from fish and are important for keeping your baby’s skin in good condition.

3) Finally, colic is also helped by ensuring that your diet contains plenty of protein and complex carbohydrate and a minimum of simple carbohydrate. Research has shown that this results in a lower lactose level in your milk, and it is this fact that best helps your young baby. The lower lactose levels are most easily achieved by having some protein foods at each meal and at least one of the snack-times.

Some menu choices:

Breakfast: Cooked cereals or grains, eggs, meats (low-fat mince, chops, devilled kidneys or liver), beans or legumes, herrings, kippers, sardines, complemented with dairy products and toast.

Am/snack: Yoghurt, cheese and crackers and milk (if well tolerated), home-made dips including beans, tinned seafood, eggs, avocado, homemade mayonnaise using a good quality cold-pressed oil (preferably olive), pâté, hommus, nut butters, nut and seed mixes, (care needs to be taken with peanuts) crackers, corn chips or vegetable pieces for dipping.

Lunch: Quiche (or other egg dishes), chicken, beef, lamb or pork, fish (especially oily tinned fish), a generous serving of salad or steamed vegetables complemented by home-made mayonnaise or salad dressing or butter mixed with oil, home-made pies, soups, casseroles or “fresh leftovers”, pasta or vegetarian dishes that incorporate protein and vegetables, protein and salad sandwiches or rolls.

Pm/snack: Same as am/snack; or: home-made biscuits, cakes and slices such as Anzacs, fruitless muffins;, carrot or zucchini cake, pumpkin scones or pikelets.

Dinner: Same as lunch, excluding the sandwiches.

Try to keep your food intake wholesome and simple; and preferably home-made and fresh. Until colic symptoms settle avoid simple carbohydrates including fruit (in all its forms) and alcohol. You will know that your baby is coping better with lactose when the dirty nappy count drops to one or two a day, and the consistency resembles thick gravy or whipped cream.

BREASTFEEDING DIET...general guidelines

Breastfeeding is the natural way to feed a baby using the mother's milk. Because the human baby is born with still quite a lot of development to undergo, it is dependent on breastmilk for its total nutrient intake until six months of age when it is ready to try some solid foods. Even then, breastmilk still remains the most important source of nutrition for the baby until weaning occurs at a mutually convenient time.

Because breastfeeding puts more of a metabolic strain on the mother than pregnancy, it is very important to keep focusing on good nutrition. If, for any reason, your diet is not optimal, you can be assured that your body will make sure that your breastmilk still contains all the nutrients necessary for your baby's growth and development, but it will be at the expense of your wellbeing. In some instances the milk may be lower in certain vitamins and minerals, and the fat profile will be different.

DIET SHOULD BE HIGH IN

(1) **PROTEIN** to provide the essential building blocks for the manufacture of milk and the maintenance of your wellbeing. Your protein intake should now be higher than it was in pregnancy. To calculate what you need, take your ideal body weight in grams and add 20. For example, if your weight is 60kg, your protein intake (until your baby goes on to solids at six months), should be 80gms daily. The ideal is to have five small snacks each day with some protein on each occasion (enough to cover the palm of your hand).

Protein foods include: flesh foods (meat, poultry, fish)

dairy foods (milk, cheese, yoghurt)

eggs

legumes (beans: navy, kidney, soy, [tofu] pinto), lentils, chick peas,

nuts and seeds (this includes nut butters such as tahini, macadamia. etc)

If you are vegetarian, it is important to combine your foods in such a way to ensure that you get the full complement of proteins. Good vegetarian combinations include: rice & legumes, wheat and legumes, wheat, nuts and milk, wheat, sesame and soybeans.

(2) **COMPLEX CARBOHYDRATE**, which, along with protein, helps to maintain an even blood-sugar level. This helps to keep the sugar (lactose) level in your milk at levels that your baby can best tolerate, and therefore minimises the chance of colic or reflux developing. (See the topic: Breastfeeding and Colic)

Examples include: (preferably wholemeal or wholegrain) breads, muffins, scones,

pikelets, crumpets and crackers

cereals (those higher in complex carbohydrate often need to be cooked)

rice (brown or wild are best because they contain more B vitamins)

pasta that is made from wheat, rice, buckwheat, millet or vegetables

vegetables (raw or lightly cooked)

FATS (MONO AND POLYUNSATURATED) to slow down transit time of the milk, thereby allowing your baby to feel satisfied for longer, and to help with maximising weight gain in your baby. About 150 gms a week is considered to be an acceptable minimum gain. However, keep in mind that babies gain at different rates and often it is best to take a monthly average.

During your pregnancy, you will have laid down some extra fat stores around your hips.

These will now be used up to provide extra energy for the breastfeeding. However, as these are largely short-chain (or saturated) fats, it is important to make sure each day that some fats from nuts, seeds, grains and some from seafood are in the diet. The former are good for the skin (ie they help to minimise any tendency to nappy rash or cracked nipples) and the latter are important for central nervous system and brain development in your baby.

DIET SHOULD BE LOW IN

(1) SIMPLE CARBOHYDRATE, which tends to break down quickly to glucose (the body's essential fuel) and tends to produce a milk higher in lactose. In the first 10-12 weeks, most babies are still adjusting to processing their entire nutrient intake via the digestive system. Certain enzymes and colonies of friendly bacteria need to be established and this takes time. If the baby has large levels of lactose to cope with it can easily lead to digestive upset (ie a tendency to vomit after feeds and/or to produce several dirty nappies a day of a very thin, runny consistency passed with lots of wind).

Fruit in all its forms (including juice and alcohol) is best avoided in the early weeks and introduced when your baby is settled and is producing dirty nappies with the contents looking more like the consistency of whipped cream. There are 22 different forms of sugar. Check labels thoroughly for hidden sugars.

(2) ALCOHOL goes through the breastmilk and can affect the baby and interfere with a good supply of milk.

(3) GMO INGREDIENTS, PRESERVATIVES AND ARTIFICIAL FLAVOURS AND COLOURS may go through the milk and little is known of their long-term effects on the baby. Check labels and try to stick to fresh, home-made meals. If you can afford it, think of buying organic foods.

BREASTFEEDING....Sample Menu Plan

Breastfeeding is the natural way to feed the baby using the mother's milk. And, until your baby goes on to solid food at six months (when he doubles his birthweight) he is totally dependent on your breastmilk for all calories. The nutritional demands on the lactating mother are, therefore, greater than when pregnant. Emphasis should be on protein, complex carbohydrate and unsaturated fats at the expense of simple carbohydrate, to ensure good weight gain in the baby and minimise any tendency to colic in the early weeks.

SAMPLE MENU PLAN

BREAKFAST OPTIONS

- * A cup of rolled oats porridge or 2-3 wheatflake biscuits. If dairy is well-tolerated, add yoghurt or milk. Rice, oat or soy (preferably organic) milks are other options.
- * Toast with:
 - baked beans
 - egg
 - savoury mince
 - sardines
 - avocado and cold roast meat or hard-boiled egg
 - cold roast meat and melted cheese
- * Steak and kidney
- * Lambs fry, bacon and sausages
- * Grilled chops with tomato
- * Kippers
- * Rice or tofu protein patties
- * Beverage: water, tea or coffee, or coffee substitute (dandelion is an excellent choice)

MORNING TEA OPTIONS

- * A handful of nuts and seeds, choose from: (almonds, cashews, pecans, walnuts, peanuts, macadamias, pepitas, sunflower or sesame seeds); check for sensitivities
- * Nut butter on toast, crackers, rice cake or wholemeal crumpet or wedged into a piece of celery
- * Tub of plain yoghurt or cheese and crackers
- * Plain (wholemeal) or savoury (pumpkin, cheese) scone with butter
- * Hommus on toast or crackers or corn chips
- * Dips containing any of the following: egg, tuna, salmon, with avocado and/or home-made mayonnaise using a cold-pressed oil, to be eaten with crackers, corn chips or vegetables
- * Beverage

LUNCH OPTIONS

- * 2-4 slices wholemeal or grained bread or 1-2 bread rolls or pocket bread or 1-1 1/2 cups rice or noodles
- * 1-2 slices cold meat (preferably roast), chicken, cheese, tinned fish or fish cakes
- * 1-2 eggs (omelette or quiche)
- * Home-made minestrone soup or "leftovers"
- * PLENTY of fresh salad or lightly steamed vegetables
- * Beverage

AFTERNOON TEA OPTIONS

Choose from the morning tea options, but don't have the same choice; or, consider:

- * Home-made: anzac biscuits, carrot cake, zucchini slice or muesli slice containing extra nuts and seeds
(these to be made with no sugar [use golden syrup instead] and had with no icing; try a scrape of butter)
- * Beverage

DINNER OPTIONS

- * 90-150 g lean red meat, diet mince, poultry or vegetarian meat substitute; or 180-300 g grilled fish, or 2-3 eggs (omelette or quiche)
- * one medium steamed or mashed potato or 1/2-1 cup rice, noodles or pasta or 1-2 slices of wholemeal or grained bread
- * PLENTY of vegetables, either raw or lightly cooked
- * Cheese platter after dinner with crackers and raw vegetables
- * Yoghurt, custard or rice pudding
- * Beverage

REMEMBER

- * Water is the best beverage, drink to satisfy thirst. It helps to have a jug handy when sitting down to breastfeed
- * Try to maximise protein, complex carbohydrate and fat intake. The fats from grains and nuts and seeds are good for the baby's skin; those from oily fish are good for the baby's brain and central nervous system development
- * Consume 1000mg to 1300mg of calcium-rich foods daily
- * Try to eat five small meals a day to keep blood-sugar level steady
- * Until your baby reaches three months, keep simple carbohydrate (that includes fruit in all its forms [especially alcohol] and anything from a tin or packet containing sugars) to a minimum.
- * Reintroduce fruit into your diet after 10-12 weeks; but alcohol is not recommended.