

Breastfeeding With A Heart Condition

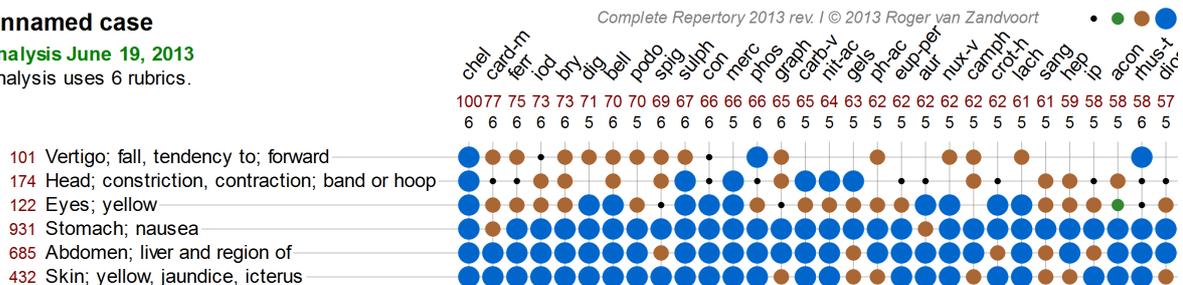
A 32 year old lady, who was born with aortic stenosis and a ventral septal defect, sought my support for her lactation. She had open heart surgery at 10 months of age and again at age 11 and, depending on how the pregnancy and lactation affect her, will have another operation in the near future.

I saw her a month after the birth which was a vaginal delivery with the assistance of an epidural for pain relief. She'd recently come off Labetalol as the high BP which was a feature of the pregnancy had settled. She was anaemic due to significant blood loss during the birth and constipated. Her liver enzymes were elevated after the birth and she was jaundiced with yellow sclera. She reported that she'd been getting sudden attacks of nausea with a feeling of falling forward and had been getting headaches with the predominant symptom of having a band around the scalp.

Unnamed case

Analysis June 19, 2013

Analysis uses 6 rubrics.



Rx: 9/2/12 *Chelidonium* 30C; pm, for 3 days, with 3 succussions; alternating with *Morgan Gaertner* 30C; am; 3 doses
 Floradix to increase iron levels; protein to cover the palm of the hand 5 x day with an emphasis on iodine-rich foods. (*Iodium* was the 4th remedy in the matrix and the thyroid has an important role to play in keeping the supply plentiful.)

The symptoms settled and the lactation progressed with no real difficulty apart from a worry that her supply would not suffice. She phoned for reassurance from time to time and her baby gained well. However, she found the lactation tiring and reported back at the clinic a little more than 3 months later.

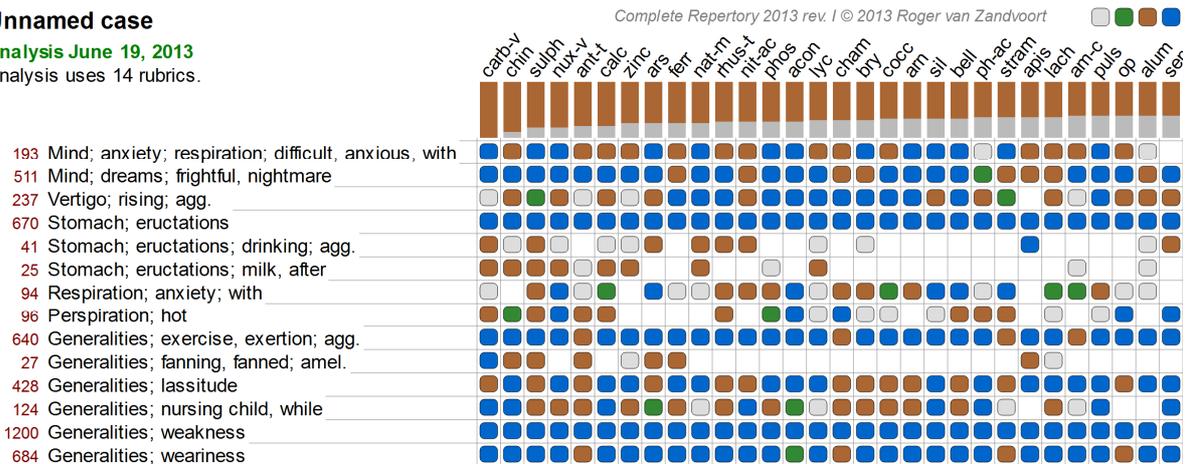
On this occasion she was very tired and looked it. She reported feeling breathless. The baby had become dissatisfied at the breast and she was really worried about her supply. She was finding breastfeeding aggravating, with symptoms of hot sweats which were ameliorated by fanning. She'd not been getting good sleep due to a variety of disturbing dreams; some of "blood, gore, dismembered bodies".

Her bowels had settled although there was some flatus. Belching was, however, more of a problem with it being particularly noticeable after drinking, especially milk.

Unnamed case

Analysis June 19, 2013

Analysis uses 14 rubrics.



Rx: 30/5/12 *Carbo veg* 200C; bd for 1 week with succussions
Put baby, who is 19 weeks, on solids

She managed with this change of routine and I saw her again 4 months later, two weeks before she was to undergo open heart surgery.

She was, understandably, anxious regarding the procedure and the ability of both herself and her baby to cope. She'd been pumping milk and freezing it so that her mother could give bottles while she was in hospital and she'd arranged for one of the nurses to attend to pumping her in the ICU.

The breathlessness was persisting with any exertion and she reported occasional palpitations.

Her bowels had become sluggish again ("pellets"), and she was craving eggs.

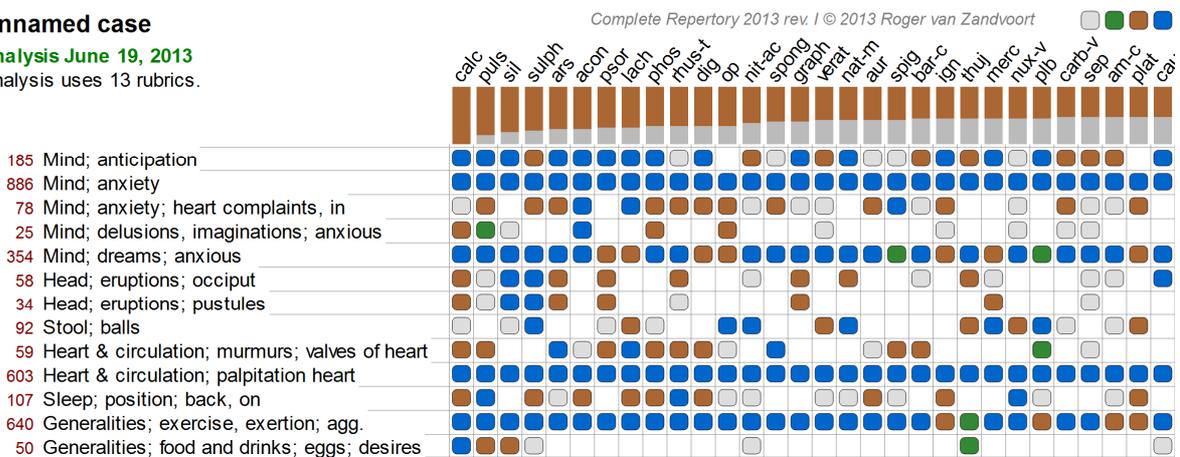
She'd developed a mass of pussy pimples on the back of her head which were sore to touch.

She reported that she could only sleep on her back and that her dreams were anxious "all about trying to get ready or get done and not achieving that."

Unnamed case

Analysis June 19, 2013

Analysis uses 13 rubrics.



Rx: 26/9/12 *Calc carb* 200C stat dose

On the day of the surgery [Thursday, 11/10/12] she breastfed her baby at 8am just before the pre-meds were administered. The surgeons opened her rib cage and replaced her aortic valve and she was taken to ICU at 2pm, where a nurse pumped her breasts and removed 120 mls of milk. Intubation was concluded at 7pm and her breasts were pumped three times over the next two hours and 30 mls was removed from each breast on each occasion.

IV medication included Fentanyl for pain relief, and dopamine and heparin. The post-operative nausea from the anaesthetic was treated with Maxalon and sips of water containing ice chips helped.

- Drains were removed on Saturday 13th
- IV drips removed on Sunday 14th. Subsequent oral medications included: antibiotics; Vit K; heparin and aspirin [100 mg daily]. Panadol and Tramadol were taken, as needed, for pain relief on her discharge.
- Pacing wires were removed on Monday 15th
- Wound dressing taken off on Tuesday 16th
- She returned home on Thursday 18th

Over the next few days she pumped and continued to discard her milk four hourly in the day time and six hourly at night. Supply was negligible. However, by Monday 15th (at which time she began to feel like eating and drinking as per usual), the supply began to increase to 60 mls from each breast.

She returned to see me the following week with her baby (now 9 months old) back on the breast three times a day. So long as she used pillows for support she was able to use the cross cradle hold. Although she reported “feeling a little more alive as each day passes”, the wounds, where the drains were removed, were still weeping; and she was breathless on exertion. She was not allowed to lift her baby nor drive for 6 weeks and was more than happy to take it easy.

She was constipated and reported a threatened herpes outbreak on her upper lip.

Rx: (24/10/12) *Calendula* 12C am; until the wounds have healed; follow with vitamin E oil along the scar which extended the length of her ribcage...see photo of healed scar below.
Syc-co 30C each pm until bowel function is restored.
Multivitamin and extra vitamin C, E and zinc; Silymarin capsules and Coenzyme Q10.
We also discussed a liver-friendly dietary regime.

I checked in with her by phone 3 weeks later. All was going well and baby was feeding well. Her biggest concern was paraesthesia of the right hand and backache which resolved after a referral to an osteopath.

Calc carb 200C was repeated the following February for “not coping; uncharacteristic irritability” and she continued to breastfeed her baby until she self-weaned following an URTI when she was 14 months old.

