# Common Breastfeeding Questions and some solutions

Dr Sarah Prentice and Jo Naylor (breastfeeding counsellor)
Whipps Cross Hospital, London, UK, August 2011

## Is my baby getting enough milk?

Probably the biggest worry for parents and the hardest question to answer. Generally requires repeated assessments over several weeks. There is no length of time that determines a 'good' feed for a baby. It is highly variable depending on effectiveness of suck, interval time of feeds, size of baby and flow rate of milk.

## Signs of good feeding:

**Baby is gaining weight** – Newborns: <10% weight loss and regained birth weight by 2 weeks and following centiles thereafter. This is 120 to 200g a week until 4 months of age. Do not weigh the baby daily as small variations are common (e.g. pre/post feed, pre/post stooling) and cause much anxiety for parents. Maximum twice weekly if greatly concerned. There is a parent information leaflet on the new growth charts, frequency of weighing etc. produced by RCPCH available at http://www.rcpch.ac.uk/sites/default/files/asset_library/Research/Growth%20Charts/Edu%20and%20Training%20Resources/Fact%20sheets/Fact%20Sheet%20for%20Parents.pdf

**Breasts soften after feed**

**Baby settles post feed** – may sleep or be awake but quiet, not fractious.

**Nipples are not sore –** sore nipples are a sign of poor attachment

**Normal wet and dirty nappies** – a rule of thumb is one wet nappy per day for the first 7 days of life (i.e. one on day 1, two on day 2) and remains 6-7 wet nappies per day thereafter. Stool production varies vastly for different babies but meconium should be changing colour by day 3 and should be a normal yellow stool by day 4/5.

Many parents worry because the baby falls asleep or sucks poorly after only about 5 minutes of a feed. Winding the baby and then trying on the other breast can stimulate them to wake up again.

Expressing breastmilk to assess volume being produced is not particularly accurate and mothers can worry if they find they are not producing the 150mls/kg day that a formula fed baby would be on by day 4 of life. If a baby is becoming significantly dehydrated (generally taken as >10% weight loss) because of insufficient supply then formula top-ups following breastfeeds may be needed for a short time whilst breastfeeding is established.

A simple flow chart for the assessment of breastfeeding in the first few weeks of life is found in Appendix 1.

## How long can expressed breast milk be stored?

Room temperature – **6 hours**
Refrigerated – **3-5 days** AT THE BACK of the fridge to ensure < 4°C. Never store in the door of the fridge
Ice compartment of a refrigerator – **2 weeks**
Freezer – **6 months.** Thaw by placing in the fridge. Can be warmed to body temp in water but never in the microwave.

## Which medicines can I take whilst breastfeeding?

The Breastfeeding Network (http://www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html) has several information leaflets to download and also a Drugs in Breastmilk Helpline staffed by a pharmacist on **0844 412 4665.**
Common medicines asked about are listed in appendix 2

## When should I wean my baby?

Current UK Department of Health guidelines, based on WHO recommendations, are to exclusively milk feed for 6 months (breast or bottle) then wean slowly. However not all countries adopted the WHO recommendations and many UK paediatricians consider that weaning between 4-6 months, led by the infant's appetite and development is appropriate. Care should be taken that early weaning does not lead to a significant reduction in the baby's milk intake; benefits to having breastfeeds as part of the diet have been shown up to 2 years of age.

## Should I take multi-vitamins when breastfeeding?

A varied diet should provide all necessary vitamins and minerals for a healthy mother and baby. However, current department of health recommendations (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111302.pdf) are for UK breastfeeding mothers to take a supplement of **Vitamin D 10 micrograms (400IU)** once a day. This is especially important for darker skinned people and those with fully covered skin. It is also important from October to April in the UK when there is not enough sunlight for even fair skinned women to generate vitamin D. High dose multivitamins, particularly those containing vitamin A, may be harmful in breastfeeding.

## Should I give my baby multi-vitamins/iron?

The UK department of health guidelines (referenced above) are that full term infants under 6 months of age do not need multivitamins and iron. They do recommend that all infants older than 6 months who are receiving less than 500ml a day of infant formula milk should have multi-vitamin supplementation containing Vitamins A, C and D (eg. abidec/dalivit). These continue until 5 years of age. If a child has a good varied diet then multivitamins are not required. 'Healthy Start' vouchers and free

vitamins (http://www.healthystart.nhs.uk/) are available for families on income support or mothers who are less than 18 years old. Breastfeeding babies of vitamin D deficient mothers should have vitamin supplements from the age of 1 month rather than leaving it till 6 months. Premature infants are given multivitamins until age 5 and iron (if less than 35 weeks gestation) until one year of age.

## Should I stop breastfeeding if I am unwell?

There are very few illnesses which are absolute contraindications to breastfeeding. These are:

- HIV
- Active, untreated TB
- Maternal lead poisoning
- Syphilis **ONLY IF THERE IS A BREAST LESION**
- Herpes Simplex Virus **ONLY IF THERE IS A BREAST LESION**
- Impetigo/breast abscess **STOP ON AFFECTED BREAST** if pus draining
- Maternal use of drugs of abuse (Methadone ONLY probably OK)
- An infant with galactosaemia
- Any illness where the medicine required is an absolute contraindication to breast feeding including chemotherapy and radioisotopes

NB: diarrhoea, vomiting, coughs, colds and 'flu are not reasons to stop breastfeeding.

## Should I stop breastfeeding if the baby has diarrhoea and vomiting?

No. Breastfeeding should continue alongside rehydration therapy. Warn parents that milk has the potential to prolong the diarrhoeal stage a little, but that this does not matter as long as the child is receiving sufficient fluids.

## Should tongue-tie be divided?

A controversial subject for which there is an inadequate evidence base. Some babies for whom tongue-tie is seen feed perfectly well. Similarly tongue-tie is often diagnosed as the problem with failure to establish breastfeeding when a good review of attachment and positioning with an infant feeding advisor may be all that is needed. However, NICE recommends that for babies who are failing to thrive with severe tongue-tie, frenulotomy is a safe and effective procedure (www.nice.org.uk/guidance/CG37).

## How do I treat mastitis/breast abscess/thrush?

**Mastitis** (redness, inflammation +/- fever but no collection or pus draining): DO NOT STOP BREASTFEEDING! If there is no pus draining from the nipple then milk need not be discarded. Breastfeeding can continue but if too sore ensure expressing milk from the affected side as this aids resolution. Advise an anti-inflammatory for

pain and massage area/use warm compresses. If no better in 24 hours will need to go to GP for flucloxacillin and erythromycin.

**Breast Abscess:** Express and discard any milk that is contaminated with pus. Can still breast feed if abscess not draining into milk ducts and from opposite breast. Abscess will require surgical incision and drainage and antibiotics. Mothers can resume breastfeeding immediately following an incision and drainage.

**Nipple Thrush** (painful nipples, itchy, shooting pains in breast, non-healing cracked nipples, oral thrush in infant): DO NOT STOP BREASTFEEDING! Treat mother and baby. Topical miconazole 2% cream to breast after each feed (wipe off gently before next feed). May need oral fluconazole (unlicensed indication) if deep breast pain. Miconazole oral gel or nystatin oral suspension for baby.

The Breastfeeding Network produces 2 useful leaflets on mastitis and nipple thrush. They are aimed at mothers but the thrush one has a section for health professionals. Download them from

http://www.breastfeedingnetwork.org.uk/pdfs/BFN_Mastitis.pdf

http://www.breastfeedingnetwork.org.uk/pdfs/BfN_Thrush_leaflet_Feb_2009.pdf

**Appendix 1**

# *"Is my baby getting enough milk?"*

| **Adequate Feeding** | **Inadequate Feeding** |
|---|---|

- **How frequently is the baby feeding and for how long?**

| | |
|---|---|
| Regular frequent feeds lasting between 20 – 40 minutes. Every 2 – 5 hours including during the night | Infrequent or no feeds |

- **Is the baby having wet and dirty nappies? How many?**

| | |
|---|---|
| **Day 2** – 2-3 wet + meconium<br>**Day 3** – 3-4 wet + changing stool<br>**Day 4** – 4-5 wet + changing / yellow stool<br>**Day 5** at least 5 good wet nappies and 2 proper yellow dirty nappies | Minimal urine output<br>Continued urates or meconium after day 3<br>BNO |

- **Is the weight loss in first two weeks within a normal range?**

| | |
|---|---|
| Weight loss < 10% | Weight loss > 10% |

- **How is the baby behaving between feeds? Is s/he settled when close to mum and unsettled when moved or is s/he apparently hungry?**

| | |
|---|---|
| Settled between feeds<br>Relaxed contented baby | Unsettled or showing signs of hunger<br>Fretful 'fussy' baby |

- **How does mum feel that baby is feeding?**

| | |
|---|---|
| Pain free breastfeeding with good effective sucking | Ineffective sucking<br>Painful feeds |

# Observe the baby breastfeeding

**Signs of good attachment**

- The baby has a large mouthful of breast
- Chin touching the breast
- More areola visible above the top lip than below the bottom lip
- Nose not squashed into the breast
- Cheeks full and rounded during sucking
- Baby rhythmically sucking and swallowing with pauses
- No pain for mum when feeding

**Note**: if a baby is not well attached it will not be able to remove the milk from the breast effectively and will damage the mother's nipples.

Sore nipples are a sign of poor attachment

**If not breastfeeding effectively**:

- Encourage skin to skin contact for mother and baby
- Correct positioning and attachment.
- If baby is then able to latch on & breastfeed, ask mother to continue trying breastfeeding first *at every feed*, on both breasts for around 30 minutes in total. Formula top ups may be needed
- Refer to infant feeding advisor
- Give mother details of Breastfeeding Support groups (information kept up to date on www.paediatricpearls.co.uk) in area.

**Supplementation will be needed if effective breastfeeding cannot be established. Aim to use expressed milk (EBM) as much as possible:**

- Ask mum to express milk after every feed to have some ready for the next feed (not longer than 30 minutes expressing from both breasts)
- Top up the EBM with formula to required amount –
  60ml/kg total for day 1, 90ml/kg total for day 2, 120ml/kg total for day 3
- Give supplementary feeds via finger/syringe, finger/tube, cup, tube or bottle depending on individual case and skilled help available.
- As breastfeeding becomes established start to reduce supplements.

**Appendix 2 – Common medicines and breastfeeding**.

| Medicine type | Medicines you can take whilst breastfeeding | Medicines you should not take whilst breastfeeding |
|---|---|---|
| **Painkillers** | Paracetamol and Ibuprofen | Aspirin, Codeine - unless under special advice |
| **Antibiotics** | Penicillins, cephalosporins, macrolides, trimethoprim, metronidazole (avoid large single doses), ciprofloxacin, Standard Anti-TB medications | Tetracyclines, chloramphenicol (unless topical), nitrofurantoin |
| **Anti-fungals** | Fluconazole, nystatin | Flucytosine, Griseofulvin |
| **Cold remedies** | Cough medicines – non-drowsy Hayfever medicine e.g. Clarityn, Zirtek | Cold remedies e.g. Sudafed |
| **Respiratory** | Asthma Inhalers | |
| **Vitamins** | Normal dose vitamin tablets | High dose vitamin tablets |
| **Psychiatric medicines** | Tricyclic antidepressants, | Sleeping tablets, Lithium, SSRI's unless on specialist advice, anti-psychotics unless on specialist advice |
| **Contraception** | Condoms, POP, Depo Provera injection, morning after pill | Combined Oral Contraceptive Pill |

## Resources

**Support groups** – breastfeeding support group locator can be found at www.breastfeedingnetwork.org.uk

**Phone lines**
National Breastfeeding Helpline – 03001000212 (9.30am-9.30pm breastfeeding support helpline).
In Bengali/Sylheti – 03004562421

**Recommended Websites**
www.breastfeedingnetwork.org.uk
www.nct.org.uk – National Childbirth Trust. Charity providing support for parents about all aspects of parenting.
www.babyfriendly.org.uk
www.breastfeedinginc.ca – Dr Jack Newman. Canadian Paediatrician. Includes leaflets in French, Spanish, Italian and Portuguese

**Leaflets** available for download at www.breastfeedingnetwork.org.uk, www.nhs.uk/start4life and the department of health guide to feeding your baby:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_107706.pdf

**DVD** with breastfeeding advice available at www.bestbeginnings.org.uk