

The Basics of Breastfeeding

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Breastfeeding has become a national priority. The American College of Obstetrics and Gynecology, the American Academy of Pediatrics, and the United States Public Health Service have issued strong support for the practice and have outlined the advantages to both infant and mother.

For the mother, breastfeeding provides the following benefits:

1. Increases uterine contractions – an increase in the hormone oxytocin helps decrease post partum bleeding and returns the uterus to normal size.
2. Enhances maternal relaxation by increasing the levels of the hormone prolactin.
3. Long term benefits include a reduction in breast cancer and a reduced incidence of osteoporosis with its associated risk of hip fractures.

For the infant, breast-feeding provides the following advantages:

1. Improved immunity to infection:
 - Colostrum, the fluid immediately secreted after birth, provides the infant with maternal antibodies and thus protection from infections.
 - Anti-bacterial effects of human milk also protect the infant from bacterial infections. The American Academy of Pediatrics mentions a decreased risk of meningitis, bacterial infections in the blood stream, diarrhea, respiratory tract infections, colitis, ear infections, and urinary tract infections in breastfed infants.
2. Protection from other diseases including sudden infant death syndrome, diabetes, obesity, hypercholesterolemia, and asthma have been reported in breastfed children.

Many women attempt breastfeeding but stop due to breast and nipple pain. Once interrupted, few women resume nursing thus losing the advantages of this age-old practice.

Breast pain: The causes of post partum breast pain are varied.

- **B r e a s t** engorgement occurs in up to 25% of breastfeeding women. This results from excessive milk accumulating in the breast. The breast becomes hard and tender. If left unattended milk can seep into surrounding tissue and cause inflammation and mastitis. Inflammatory mastitis occurs within 12 to 24 hours after milk blockage. This incidence of inflammatory mastitis can be greatly reduced by proper lactation training encouraging infant latch-on, and increasing the frequency of feedings.
- Sore nipples are commonly experienced by 80% of mothers within the first few days of feeding. This can lead to maternal anxiety, and interruption of breastfeeding followed by engorgement and infection. Proper technique can help avoid this problem.
- Clogged milk ducts – treatment includes warm compresses and continuing to feed or use a breast pump to relieve the congestion.
- Broken skin and the use of irritating products can also cause breast discomfort. Management of this problem includes restoring the moisture barrier and avoiding excessive drying, which allows for healing of the ulcerations of the nipple. When a cracked nipple occurs, skin bacteria can enter the deeper layers of the skin causing an infection called mastitis.
- Bacterial and fungal infections can occur when a milk duct with poor drainage becomes stagnant and skin bacteria from the nasopharynx of the infant enter the skin. This condition, infectious mastitis, presents with a unilateral local skin



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redness and inflammation of the surrounding connective tissue, and is accompanied by fever, chills, and muscle aches. It occurs in 3 to 5 % of breastfeeding women in the United States.

Aggressive antibiotic therapy for 10-14 days can prevent the development of an abscess. Antibiotics used to treat mastitis include dicloxacillin, erythromycin, cephalosporins, clindamycin, and vancomycin. Bacteria are emerging that are resistant to the traditional penicillin-like antibiotics, making prevention even more important. Continuation of breastfeeding or manually emptying the breast between feeds is considered safe, and promotes drainage of milk from the involved area, helping to prevent an abscess. Abscesses require surgical drainage or aspiration.

Treatment of mastitis includes pain medication in the form of Tylenol or ibuprofen along with warm compresses to help breast drainage. Cool packs may be used initially to decrease swelling. Breast shells and tight fitting bras should be avoided. If symptoms persist, despite the use of antibiotics, a physician must be notified to rule out the rare possibility of an inflammatory carcinoma. Chronic mastitis can occur when infections relapse due to poor drainage of the ducts, strictures, or residual milk remains infected. Rarely does mastitis enter the bloodstream and cause a severe blood-borne infection.



The role of an obstetrician/ gynecologist is to not only be aware of the problems that their patients encounter, but also to be supportive and knowledgeable in helping women understand the importance and benefits of breastfeeding. Beaute de Maman's goal is to provide high quality products to enable more women to breastfeed successfully thus improving the health of their infants as well as their own wellbeing.

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