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## Management of breast feeding problems at tertiary care hospital

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### Abstract

Breast feedings the best feeding for the infant (3). The problems in Breast feeding is the main obstacle in growing infants (4). It improves their physical and mental health and creates healthy environment. At Chittoor District hospital with deliveries around 3600 in a year and has OPD patients of 150 to 250 cases per day. Among 1000 Lactating mothers in OP 354 had some lactation problems. Inadequate lactation leads to pregnancy within one year.

Out of 354 lactating mothers, 3 had suffered ectopic pregnancy, 7 Abortions in first trimester, 2 Abortions in second trimester, 220 Soreness of nipple, 18 -Mastitis, 22 - Inverted nipple, 40 cases of breast Engorgement, Axillary breast engorgement in 15, Fungal infections of breast- 40, Oral thrush in babies- 18, Inadequate lactation -300, LSCS operated mothers had difficulty in latching and holding the babies 300 (5), Operations on the breast 4, Sinuses from the breast- 2, Pus discharge in 4, Axillary lymphadenitis- 2, Postural problems like backache-7, inadequate maternity leave leading to Breast feeding problems, like in Contract employees with one month leave, 11, private employees with 3 months leave and 6 government employees with 6 months leave -10, Absence of permission once in two hours for breast feeding in 40, Absence of rooming in reported in 25, Absence of milk secretion in one breast in one case and both breasts secretion absent in 3, Taboos like denying the day time sleep, restricted water intake, avoiding food for mothers after sunset, restriction in intake of pulses, vegetables, dairy products and sweets in 300 lactating mothers, Gender bias feeding in 10 cases, Psychosis of mother -7, Baby born to unwed and widowed mothers- 5, Baby problems like Cleft lip 10, Cleft palate 6, Cretinism- 2, Preterm -39, Sepsis-10, Neonatal jaundice -60, Birth asphyxia -70, Metabolic and electrolyte disturbances- 30, twins 20(6). Hbs Ag positive in the mother 60 cases, untreated HIV-7, HIV treated with ARV Therapy 8. Adequate medical care, support from the family and female welfare ministry, health education and avoiding formula feeds definitely promotes the breast feeding.

**Keywords:** Counselling, breastfeeding problems, maternity leave, latching, gender bias

### Introduction

Breast Feeding Protects The Child From Obesity, Infections Like Diarrhoea And Vomiting, Asthma, Eczema. Breast Feeding Can Save The Life of Infant And Money. We Can Prevent Thousands of Deaths of Infants. Lactating Mothers Required Special Diet for the 6 Months of Life [1]. Support Of Breast Feeding From Family, Society And Working Place Is Required [2].

Background: we observed breast feeding problems among the babies and lactating mothers [7, 8]. Low birth weight, preterm, congenital problems like, cleft palate, cleft lip, abdominal colic, oral thrush, metabolic disturbances such as hypoglycaemia, acidosis etc [9]. Vomiting, regurgitation of feeds, oral thrush, neonatal jaundice, seizure disorders [10]. Lactating mothers had problems as an employee, shape of breast alteration due to lactation, latching problems due to nipple size, cultural taboos, and malnutrition, deformities in breast and infections and social problems [11-13].

Breast is made of several parts, like alveolar tissues arranged in cluster of cells which secretes milk. Dark area surrounding the nipple is areola. Milk ducts and alveoli form the collecting system of milk and drains to nipple. Nipple is the protruding part of breast. Let down reflex is ejection of milk due to baby sucking at the nipple due to release of oxytocin from the pituitary.

**Review:** Breast Feeding Problems in lactating mothers [14].

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1. Sore nipple can be managed by changing nipples, air drying, expressing milk and rubbing the milk over the nipple. Help is sought from the doctors and a bra should be avoided. Nursing pads should be checked. Harsh soaps and ointments are avoided. Analgesics may require in some cases.
2. Mastitis is soreness or lump in the breast which can cause fever, nausea, vomiting, yellowish discharge and feeling of warm or hotness on breast. This is managed by feeding every two hours as this keeps the milk moving freely.

Breast massage and apply heat to the affected sore areas. Mothers require extra sleep and relaxation. Breast infection causes fatigue in mothers. Mothers should wear well-fitting and supporting bra which is not too tight to constrict the milk ducts. Consultation required when both breast are involved, red streaks appear near the affected breast, Discharge of pus or blood mixed milk and when symptoms are too severe or too sudden. Inverted flat nipples are caused by shortening of Cooper's ligaments at the nipples. This is managed by pulling the nipples by suction with reversed 5ml syringes and massage of the nipples.

Engorged breast feels hard and painful with inflammatory signs and fever [15]. Sometimes flattening the nipples due to engorgement of breast is seen in first 3 to 5 days. This is caused due to plugged milk ducts or breast infections. Engorgement of breast is relieved by frequent feeding at the affected side. Avoiding pacifiers, pump expression, hand expression, by massage of the breasts and cold compressions. Breast feeding mothers require adequate fluids, nutrition and rest. Mothers should wear a well-fitting bra which is not too tight. Try reverse pressure to soften the areola.

Fungal infections on the breast are due to imbalance of the inhabitant bacteria resulting in candida albicans over growth on under the breast. Soreness of nipple which lasts for few days will have pink, flaky, shining, itching and cracked nipples. A clean bra, frequent hand washings, boiling pacifiers, bottles, nipples and toys which babies use in their mouth. Breast pumps or nipple shields should be sterilized. Other problems in Breast feeding seen are inadequate lactation, large nipples, latching problems, absence of breast milk secretion one or both breast temporarily or permanently [16]. Here many mothers are using Galactogagues such as Sataverex, Lactare or Leptadine, Metaclopramide, non-vegetarian foods or forced to use substitutes of breast milk. Ex: cows, buffalos or donkeys or formula feeds [17].

### Methodology

All the lactating mothers who ever is attending outpatient Department at Obstetrics and Paediatric departments at The Apollo institute of Medical Sciences and research centre, Chittoor were counselled and examined and information collected and charted. The research proposal on breast feeding and problems presented to scientific & Ethical committees and approval taken and all the participants written consent taken for this study. We took 1000 lactating mothers for counselling and among them 354 had problems, after examination, therapy given to them. Some had multiple problems.

### Observation

At Chittoor District hospital total number of deliveries were 3600 in a year, OPD patients were 150 to 250. Among 1000

lactating mothers after counselling and thorough examination, 354 Lactating mothers had the problems [18]. Spacing between pregnancies was reduced to 10 to 14months and breast feeding to the first sibling was abruptly stopped. The problems in Breast feeding is the main obstacle in growing infants. Breast feeding improves the physical and mental health of the baby and creates healthy environment for the growth [7, 19]. Pregnancy within one year is reported whenever lactation was stopped abruptly.

Out of 354 Lactating mothers 3 had suffered ectopic pregnancy, 7 Abortions in first trimester, 2 in second trimester, 220 Soreness of nipple, 18-Mastitis, 22-Inverted nipple, 40 cases of breast Engorgement, Axillary breast engorgement in 15, Fungal infections at the folds and at nipples of breast-40, Oral thrush in babies-18, Inadequate lactation-300, Post LSCS Breast feeding problems-300 cases [6], Operations on the breast 4, Sinuses from the breast-2, Pus discharge 4, Auxiliary lymphadenitis-2, Postural problems like backache-7 [20], inadequate maternity leave leading to breast feeding problems like in Contract employers with one month leave-11, private companies with-3 months leave-6, government employees with 6 months leave 7 [21]-10, Absence of permission once in two hours for breast feeding in 40, Absence of rooming in reported 25, Absence of milk secretion in one breast in one case or both breasts secretion absent 3, Taboos like denying the day time sleep, restricted water intake, avoiding food for mothers after sunset, restriction in intake of pulses, vegetables, dairy products and sweets in 300 women, Gender bias feeding in 10 cases, Psychosis of mother-7, Baby born to unwed and widowed mothers-5, Baby problems like Cleft lip 10, Cleft palate 6, Cretinism-2, Preterm-39, Sepsis-10, Neonatal jaundice-60, Birth asphyxia-70, Metabolic and electrolyte disturbance-30, twins-20, Hbs Ag in the mother 60 cases, untreated HIV-7, HIV treated with ARV Therapy 8 [22]. Adequate medical care, support from the family and female welfare ministry, health education and avoiding formula feeds definitely promotes the breast feeding.

### Discussion

If Breast feeding is given inadequately this results in crying of the baby, weight loss and reduced growth [12]. Mothers are affected with engorgement and mastitis. This is resolved by regular and adequate nursing. In our study also we observed the engorgement mastitis in mothers and failure to gain weight among the babies.

Adequate nutrition which supports adequate calories and water is essential. In our study we observed the taboos causing in inadequate nutrition and baby growth retardation. Lack of food and micronutrients along with suboptimal feeding practices will lead to morbidity in future. Good acceptable patterns of living with balanced nutrition along with good physical activity, spacing of pregnancy, life style changes and positive health behaviour is the need of the day. In our study mothers delivered by normal delivery or LSCS became pregnant within a year and stopped feeding to the first baby [23]. Inadequate feeding causes inadequate emptying of the breast, which can cause breast engorgement and milk ducts blockage and Infection. Inadequate and infrequent Breast feeding in unscheduled timings leads to lactation problems. R.J. Glugliani *et al* in their article observed this findings in early weaning.

UNICEF stressed good nourishment for the first 1000 days, otherwise child brain and body will be ill nourished. 16% of

employers offered facilities to the breast feeding mothers, but only 8% are able to breast feed. Workplaces need to support these mothers to breastfeed for longer periods, including in the Government's own departments, where a recent series of Questions in parliament revealed lack of facilities for breastfeeding mothers at their workplace<sup>[11]</sup> Infected HIV mothers are forced not to give breast milk in United states by some social and cultural groups. HIV mothers while lactating without any open dialogue, may choose to breastfeed exclusively or intermittently and not to disclose this to their employer. ART taking HIV-infected mothers are advised to give breast feeding without any predejuce.

### Conclusion

For the last 1 year we counselled for the Post-partum intra uterine contraceptive devices in all LSCS and normal deliveries, so that they can give Breast feeding for more than 2 years. Whatever may be the problem, which is causative and increasing the perinatal morbidity and infant mortality should be responded, for the safe motherhood and healthy baby. Exclusive breast feeding for the first 6 months is good for the baby. Counselling and health education will definitely improve breast feeding. In our rural areas *dairy* farm is the main source of income. The milking cows are fed with special diets, dry and green fodder, jaggery, plenty of vegetables, oil extracted cakes and related products and water to improve the milk quantity and quality. When they are looking well at the milking cows, why can't they look after their breast feeding mother at their home. To get rid of social and cultural taboos, compare the welfare of milking cows and the welfare of lactating mothers, as this improves the economy. We have to counsel and educate the women in the society for the longevity of the children<sup>[24]</sup>

### Recommendation

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy, 12.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants, 25.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming in, which will allow mothers and infants to remain together 24 hours in a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants, 26.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

### References

1. Birth spacing advised.
2. Breastfeeding, 2018, 1–2.
3. Mackean G, Spragins W. The Challenges of Breastfeeding in a Complex World A critical review of the qualitative literature on women and their

- partners'/supporters perceptions about breastfeeding. 10 facts on breastfeeding, 2018.
4. Forster DA, Nurs D, Nurs B, Consultant M. Women's views and experiences of breast feeding: positive, negative or just good for the baby? Midwifery [Internet]. Elsevier. Available from: <http://dx.doi.org/10.1016/j.midw.2008.04.009>, 2010; 26(1):116–25.
5. Boparai MK. Social Marketing and Breastfeeding. 2013; 3(3):303–8.
6. Learning B. Infant-Related Challenges to Breastfeeding.
7. Breastfeeding W. Breastfeeding.
8. Programs C. Protecting, Promoting and Supporting Breastfeeding Community-Based Programs.
9. In Log. Top 10 Breastfeeding Problems Solved Problem 1 : Latching Pain Problem 2 : Cracked Nipples Problem 3: Clogged/Plugged Ducts Problem 4:Engorgement/High Milk Supply Problem 5:Mastitis. 2018; 1–10.
10. Engorgement P. Breastfeeding Problems.
11. Doshier M. Effects of Breastfeeding and Breastfeeding in Public. 2015.
12. Removing HOW, Can B, Babies G, The A The UK, Start B *et al.* removing the barriers to breastfeeding: a call to action how removing barriers can give babies across the uk the. 1–6.
13. National Breastfeeding Policy and Action Plan, 2015.
14. Service N, Promotion B. Women Infants and Children (WIC) Breastfeeding Is a Priority in the WIC Program Loving Support Award of Excellence. 2018, 1–2.
15. Health Q. Breastfeeding problems. 2018, 1–6.
16. Ejue FU, D RBIP. Awareness of Exclusive Breastfeeding Practice among Mothers In The Formal Sector: Evidence From Gwagwalada-Abuja. 2017; 3(8):5–10.
17. States U, Ii WW. History and culture of breastfeeding early history. 2018; 1–10.
18. Lawan H. Breast feeding problem as it affects mother and infant's health. (A study of kano metropolis, kano state, nigeria). 2015; (5):256–66.
19. Mental M, Health P, Breastfeeding. Maternal Mental and Physical Health. 2012; (5):414–39.
20. Carolina AN. Promoting, Protecting and Supporting Breastfeeding Promoting, Protecting and Supporting Breastfeeding A North Carolina Blueprint for Action. 2006,
21. Committee NB, National T, Committee B, Assessment R, BFR T, Ministry FF *et al.* Positive messages for undisturbed breastfeeding in public Subject matter of the report. 2017, 1–12.
22. Levison J, Weber S, Cohan D. Breastfeeding and HIV-Infected Women in the United States: Harm Reduction Counseling Strategies. 2018; 59
23. Giugliani ERJ. Common problems during lactation and their management. 2004; 80:147–54.
24. MV S, Ik S, KM S. Original article Breast feeding practices in infants of rural Western Uttar Pradesh region of India. 2015, 624–31.
25. Bloomberg JH. Questions Answered: 2006, (5).
26. Green CP. Ph D. Media Promotion of Breastfeeding: A Decade's Experience.