The advantages of breast feeding to both the baby and the mother are well known. The value of breast milk in developing countries like India cannot be neglected. However, increasing numbers of Indian mothers are now top feeding their infants. Mothers often feel that they have insufficient milk, and failing to receive the crucial breastfeeding support eventually develops lactation failure. The Western countries have realized the immense value of breast milk and widespread support has resulted in a rising trend of breast-feeding.

Several studies from this country have provided information regarding the causes of lactation failure. However, studies on the management of lactation failure are scarce.

Material and Methods

A total of 75 mothers whose less than 4-month-old babies were admitted to our hospital with illness of varying severity with lactation failure were studied. Complete lactation failure was defined as total absence of milk flow or secretion of only a few drops of milk following regular suckling for a period of at least 7 days(1). Partial lactation failure was considered to be present when mothers spontaneously complained of inadequate milk flow and the infants required artificial milk feeding(1). Relactation was defined as resumption of breastfeeding following cessation or significant decrease in milk production(2,3). Relactation was considered successful in complete lactation failure if the following criteria were fulfilled: 
(a) tingling sensation in the breast while breastfeeding; (b) contralateral ejection of milk flow during feeding; (c) total elimination or significant decrease in quantity of artificial milk fed to the child per day; (d) weight gain in the infant. In partial lactation failure,
relactation was termed successful based on
the mother’s observation of increase in
milk flow resulting in total breastfeeding
with sustenance of normal growth of the
infant(1).

A detailed history and clinical examina-
tion of the mother and the baby (including
neurological examination and examination
for congenital abnormalities) were done
and the findings noted in a working
proforma.

Relactation was attempted in all cases
by first treating the baby and the mother, if
required. Mothers have been motivated to
breastfeed and were provided adequate
rest, nutrition and psychological support.
Frequent and prolonged sucking by the
baby in the proper position was ensured,
with immediate cessation of the use of
bottle or pacifiers. If top feeding was
required, it was allowed only after first
attempting breastfeeding. If lactation was
still not established, then metoclopramide
was given orally in the dosage of 10 mg 8
hourly for 10 days. If this also failed, nurs-
ing supplemen ter was tried(4,5). A nursing
supplemen ter is a fine type (Infant feeding
tube F-66) which acts like a drinking straw.
The tube passes from a cup or bottle of
milk to the baby’s mouth. Put the end of
the tube along the mother’s nipple, so that
the baby sucks both nipple and tube at the
same time. He gets the milk from the cup
through the tube. His sucking stimulates
the nipple which starts production of milk.
If all attempts at relactation failed in spite
of a trial of 3 weeks (failed relactation), the
baby was either breastfed by a surrogate
mother, if available, or given top feed. Sus-
tenance of the baby’s growth was ensured.

Results

The age of the 75 mothers with lacta-
tion failure varied from 16 years to 40
years, the mean (SD) age was 23.7 (4.4)
years. Maximum number of mothers, 40
(53.3%), were in the age group of 21-25
years followed by 16 (21.3%), 12 (16.0%),
6 (8.0%), 1 (1.4%) in the age groups of
16-20 years, 26-30 years, 31-35 years, and
36-40 years, respectively. A significant
number of mothers fifty (66.7%) were
from the urban areas. Most of the mothers
were primipara, 43 (57.3%) and Hindus, 61
(81.3%). Ten (13.3%) mothers had nuclear
families.

Of the 65 (86.6%) mothers who had
received antenatal care, only 3 (4.6%) had
their breasts examined antenatally. Forty
two (56%) mothers had delivered at hospi-
tal and 33 (44%) at home. All the mothers
had given prelacteal feeds comprising
water, water with sugar or glucose, milk
(goat, cow or milk powder) to their
babies.

Initiation of breastfeeding was delayed
for 2 to 5 days usually for traditional rea-
sons (77.3%) and because the mothers felt
that the milk output was inadequate
(92%). Fixed scheduled feeding was done
more often by urban mothers (8 out of
50–16%) than by rural mothers (1 out of
2–4%).

Only 4 (5.3%) mothers had complete
lactation failure and practised exclusive top
feeding. Of the 71 (94.7%) mothers with
partial lactation failure, 41 (54.7%) were
giving frequent breast feeds while 30
(40%) were breastfeeding occasionally.

The causes of lactation failure as stated
by mothers are described in Table. The
parameters used by the mothers in gauging
the inadequacy of their milk secretion in-
cluded: (a) baby keeps on crying 55
(73.3%) mothers; (b) baby does not sleep
well 47 (62.7%); (c) baby does not pass
urine frequently 1 (1.3%); (d) baby does
not increase in weight or is loosing weight
TABLE—Causes of Lactation Failure as Perceived by the Mother

<table>
<thead>
<tr>
<th>Causes</th>
<th>Partial failure (%)</th>
<th>Complete failure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 71)</td>
<td>(n = 4)</td>
</tr>
<tr>
<td>Insufficient milk or no milk</td>
<td>57 (80.2)</td>
<td>3 (75.0)</td>
</tr>
<tr>
<td>Infant ill</td>
<td>31 (43.6)</td>
<td>1 (25.0)</td>
</tr>
<tr>
<td>Unsuitable milk</td>
<td>27 (38.0)</td>
<td>2 (50.0)</td>
</tr>
<tr>
<td>Refusal by baby</td>
<td>4 (5.6)</td>
<td></td>
</tr>
<tr>
<td>Mother ill</td>
<td>4 (5.6)</td>
<td>2 (50.0)</td>
</tr>
<tr>
<td>Maternal employment</td>
<td>8 (11.2)</td>
<td></td>
</tr>
<tr>
<td>Advice by relative/friend</td>
<td>12 (16.9)</td>
<td>(25.0)</td>
</tr>
<tr>
<td>Advice by doctors/nurses</td>
<td>7 (9.8)</td>
<td>(25.0)</td>
</tr>
<tr>
<td>Dislike of breastfeeding</td>
<td>–</td>
<td>(25.0)</td>
</tr>
</tbody>
</table>

Figures in parentheses indicate percentages.

7 (9.3%). Eighteen (24%) mothers did not mention the name of the parameter used for gauging inadequacy of breast milk.

The outcome of our relactation attempt was successful in both partial, 49 (69.3%) and complete, 3 (75%) lactation failure. Relactation failed in 22 (30.7%) mothers with partial lactation failure and 1 (25%) mother with complete lactation failure. Nineteen (26.7%) mothers with partial lactation failure were lost to followup.

Out of 4 cases of complete lactation failure in the mother one had severe anemia with hypoprotienemia, second developed intense dislike of her baby at birth and had no milk let down, third was an open case of tuberculosis and had been wrongly advised not to breastfeed followed by drying up of breast milk, and in the fourth case, the mother stopped breastfeeding completely as she felt that her milk was unsuitable.

Discussion

In this study, the mean age of mothers with lactation failure was similar to that reported previously(6-10). Only 3 out of the 65 mothers who had received antenatal care, had got antenatal breast examination done revealing the scant importance that is attached by, the health personnel to this vital aspect of antenatal care.

Prelactated feed was given by all mothers and is common practice as reported by other workers(11,12). Delayed initiation of breastfeeding was usually done because it was considered traditional(12) or there was no milk secretion, Kalra et al.(13) found that delay was more in rural than in urban mothers. Our finding that fixed scheduled feeding is practised by more urban than rural mothers is similar to that observed by Kalra et al.(13). Fixed schedule feeding predisposes to lactation failure. Majority of the-mothers suffered from partial lactation failure and the commonest reason for this was insufficient milk, as attributed by them. This is also reported by other workers(13-15). This clearly indicates that most of the mothers did not receive appropriate support for breastfeeding, which is possible if doctors adopt “doctor’s declaration for breastfeeding”(16).

The outcome of relactation attempt was successful in 69.3% cases of partial lactation failure. The success would have been greater had the mothers who left early (26.7%) stayed for a longer duration with
us. Relactation can also be successfully attempted in cases of complete lactation failure. However, as the number of such cases was very small in our study we can not claim 75% success in all such cases. We hope our study will inspire more projects in this direction in the near future which would throw more light on this interesting and vital problem.

REFERENCES


