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## Breast Feeding in Difficult Situations

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Breast feeding is crucial for infant survival in developing countries(1). Therefore,

it forms an integral part of the well-known child survival package, "the GOBIFF"(2). The economic, immunological and emotional considerations make breast feeding superior to artificial feeding especially in the deprived population. A serious illness in a mother may separate the baby from her, resulting in failure to establish and maintain lactation. Sustained efforts to promote breast feeding need to be made in such cases.

### Case Reports

We report 6 cases where lactation and breast feeding were successfully established despite illnesses of serious and prolonged nature in mothers. The *Table* shows the clinical details and outcome in these six cases. Breast feeding was promoted by visits of the doctors and nurses from the neonatal intensive care unit to the ward where the mother was admitted. These visits began as soon as possible after the admission of the baby. During these visits enquiry about mother's health was made and she was apprised of the baby's health. She was also encouraged to express breast milk depending on her health. The milk was taken to the nursery by the grandmother or father of the baby or a student nurse. Depending on the health, either the mother started coming to the nursery or the baby started going to the mother's ward from time to time. All the babies were exclusively breast fed at the time of discharge from the hospital.

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**TABLE—Clinical Profile, Maternal Morbidity and Outcome**

| Gestation (weeks) | Birth wt. (g) | Maternal morbidity                                    | Neonatal morbidity                                 | Union of baby and mother (day) |
|-------------------|---------------|---|--|--------------------------------|
| 32                | 2000          | Burns 28%   | Prematurity, HMD                                   | 17                             |
| 34–35             | 1480          | PIH, hepatic encephalopathy, renal failure            | Prematurity, meconium passage                      | 14                             |
| 32                | 1300          | Falciparum malaria, typhoid.                          | Prematurity HMD                                    | 10                             |
| 33–34             | 1840          | Psychosis   | Prematurity  | 7                              |
| 33                | 1040          | Wallenberg syndrome (ataxia, V, VII, IX & X N Palsy). | Prematurity and SGA                                | 14                             |
| 36                | 2000          | Complete heart block.                                 | Prematurity, Perinatal asphyxia Meconium, passage. | 6                              |

HMD - Hyaline membrane disease;

PIH = Pregnancy induced hypertension;

SGA = Small for gestational age.

## Discussion

Lactation and breast feeding often assume secondary importance in a hospital when the mother is suffering from a serious illness. Breast milk "activists" are often regarded as a nuisance. Different excuses are forwarded by the treating doctors which discourage breast feeding including the contagious nature of illness in the mother, baby coming to a ward full of patients with infective illnesses and drugs administered to the mother, which may be secreted in the milk (usually in insignificant quantities).

Successful breast feeding in the situations mentioned, is not difficult in our hospital now. Doctors and nurses looking after the baby and the mother can facilitate the "emotional union" of the baby and the mother to be followed by "physical reunion" of the two at the earliest.

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