LACTATION MANAGEMENT CLINIC-POSITIVE REINFORCEMENT TO HOSPITAL BREASTFEEDING PRACTICES

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ABSTRACT

Supportive breastfeeding policies in the hospital constitute the foundation for initiation of successful breastfeeding by mothers, constant reinforcement and support to all lactating mothers is however essential to maintain lactation. The objective, methodology and outcome of the Lactation Management Clinic which constitutes a hospital-based mother support group is described. The study was carried out over a period of 2Vz years and 519 mothers had attended this clinic. Analysis of the data revealed that at the time of the 1st visit to the clinic, 65.9% mothers had already started supplementary top feeds and the commonest reason encountered was mother's own assessment of inadequate milk seen in 73.6% mothers. Two-thirds (66.9%) of babies in our study were roomed in right from the first day of life, 75.3% of babies had received colostrum and 67.1% babies had not received any prelacteal feeds and yet faced problems at lactation. Mother and infant evaluation revealed no complications with 86.5% mothers and with 54.5% babies. Local breast problems were detected in 19.3% mothers. Faulty positioning was observed in 47.2% patients. Psychological support to mothers was the most important form of therapy given. Seventy eight per cent mothers practiced exclusive breastfeeding subsequently while 21.2% of mothers were partially successful in lactation. Only 3 mothers had lactation failure.

Key words: *Lactation Management Clinic, Rooming in, Prelacteal feeds, Supplementary feeds, Galactogauges.*

In India, the practice of breastfeeding is still widely prevalent. Unfortunately, in urban areas, this trend is gradually decreasing. Though most of our mothers start breastfeeding quite naturally, at the slightest problem they encounter, they promptly switch over to top feeds. Breastfeeding is natural, yet some mothers, especially primiparas, may require assistance to develop the correct technique to successfully breastfeed. The superiority of feeding breastmilk to all babies specially to low birth weight, preterm and sick babies because of its immunological and nutritive properties is well established. Mothers of these babies are at a higher risk of lactational problems because of inadequate sucking stimulus and anxiety associated with separation from the baby. These can be prevented with the help, support and advice of knowledgeable health personnel.

It is with this in mind that a Lactation Management Clinic was started at L.T.M.G. Hospital, Bombay on 1st July 1990. The aims and objectives of this clinic were: *(i)* To carry out a detailed evaluation of the mother-infant couple with lactation

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problems; *(ii)* To identify the cause leading to the lactation problems; *(iii)* To suggest corrective measures to improve lactation performance; *(iv)* To study the efficacy of these corrective measures; and (v) To form a mother-support group.

Material and Methods

The Lactation Management Clinic is located in the Postnatal OPD where infants upto 3 months of age are followed up at regular intervals. Mothers found to have any difficulty in breastfeeding their babies during this period, mothers from the wards and OPDs with lactational problems, and mothers who have initiated 'top feeds' before 4 months are referred to the Lactation Management Clinic. Additional referrals include mothers with breast problems like retracted nipple which constitutes an 'at risk' group detected in the antenatal clinic. Mothers with problems like lack of motivation for breastfeeding, painful breast or faulty positioning of baby or mother detected by our lactation management nurses on their routine daily lactation management rounds in PNC wards are also referred to the clinic. All these mothers are examined, advised and followed up regularly by doctors trained in lactation management.

In this OPD, a systematic history was taken including particulars of the delivery and baby record, the timing and the nature of the first feed, whether prelacteal and supplementary feeds were given, the reason, nature and method of top feeds if any and finally detailed of any problems related to the mother or baby. The weight gain and frequency of passing urine in a baby when on exclusive breastfeeding was noted down. The infant was then examined to rule out any illness which may have led to the lactational problems. A local examination of the mother's breast was carried out to rule out (detect) any local breast problems like fissure, retracted nipple, breast abscess, *etc.* The mother was then asked to feed the baby and was closely observed while the baby was being breastfed. The position of the mother and baby, the position of the infant's mouth on the breast (latching) and the suckling movement were observed. All mothers were advised regarding the correct technique of breastfeeding, *i.e.,* the importance of correct position of mother and baby while feeding, proper latching on by the baby, importance of complete emptying of the breast, *etc.* Those mothers with babies having satisfactory weight gain while on exclusive breast milk and mothers with obvious cause for inadequate lactation such as faulty position were reassured regarding adequacy of lactation. This group was not given any medications. On the other hand, mothers with babies showing unsatisfactory weight gain and anxious mothers were given galactogauges in addition. All mothers received hematinics and calcium supplementation; Every mother was called for regular follow up and records were maintained.

Results

Of the total 519 mothers attending OPD, 347 (66.9%) and 172 (33.1%) belonged to low and middle socio-economic groups, respectively. Four hundred and eighty two (92.9%) mothers were housewives while 37 (7.1%) were working mothers. Educationwise, 349 (67.2%) mothers were , illiterate while 144 (27.8%) and 26 (5%) mothers had primary and secondary education, respectively.

Analysis of our data showed that 237 (45.7%) mothers were primiparas. Of the 282 (54.3%) mothers who were multiparas,

221 (78.4%) mothers had breastfed their previous babies while 61 (21.6%) mothers had lactation failure. One hundred and seventy four (61.7%) of these mothers had practiced exclusive breastfeeding for more than 4 months in previous deliveries.

Analysis also revealed that at the time of the first visit to Lactation Management Clinic, 342 (65.9%) mothers had already started supplementary top feeds while 165 (31.8%) mothers had continued to breastfeed with problems and had come for advice regarding feeding while only 12 (2.3%) mothers had stopped breastfeeding completely.

On enquiry, the commonest reason encountered for starting supplementation of top feeds was mother's own assessment of inadequate milk as seen in 382 (73.6%) mothers, while problems in baby and local breast problems in mother accounted for 59 (11.4%) and 61 (11.8%), respectively. Only 11 (2.1%) mothers resorted to top feeds because they had to resume work.

Predisposing factors for lactation problems that are documented in literature include rate rooming in, delayed first feeding, administration of prelacteal or supplementary feeds and sickness of mother or baby at birth. Three hundred and forty seven (66.9%) babies were roomed in on 1st day of life while 103 (19.8%) and 69 (13.3%) babies were roomed in between day 1 and day 3 and after day 3 of life, respectively. One hundred and thirty five (26%) babies were breastfed within the first two hours of life while 105 (20.2%) were breastfed after first 24 hours of life. Two hundred and seventy nine (53.8%) babies were breastfed on day one after 1st 2 hours of life. One hundred and seventy one (32.9%) babies had received some prelacteal feeds.

In 234 (66.1%) babies, top feeds were started in the first month of life. Top feeding was advised by family doctor in 42 (11.9%) while 78 (22%) mothers started it on advice of mother in law. Two hundred and thirty four (66.1%) mothers resorted to top feeds on their own. Two hundred and thirty three (65.8%) mothers adopted bottle feeds and 80 (22.6%) mothers fed their babies formula milk.

Detailed evaluation of mother-infant couple revealed that 449 (86.5%) mothers had no complications during antenatal and postnatal period and 283 (54.5%) babies were normal at birth. Two hundred and thirty six babies who had problems at birth are as shown in *Table I.* Local examination of mother's breast revealed the findings shown* in *Table II,* Faulty positioning was observed in 245 (47.2%) patients.

Four hundred and fifteen (80%) mothers came for follow up. Of these, 324 (78.1%) mothers practiced exclusive breastfeeding subsequently and babies showed adequate weight gain. Eighty eight (21.2%) mothers

TABLE I–*Problems Seen in Baby at Birth*

Problem	No.	%
Nil	283	54.5
Preterm	71	13.7
SGA	19	3.7
Twins	39	7.5
Asphyxia	23	4.4
Septicemia	16	3.1
Cleft palate	26	5.0
Hyperbilirubinemia	13	2.5
Miscellaneous	29	5.6

SGA–Small for gestational age.

TABLE II - *Examination of the Breast.*

Problem	No.	%
No local problems	419	80.7
Cracked nipple	39	7.5
Retracted nipple	27	5.2
Congested breast	18	3.5
Breast abscess	14	2.7
Burns scarring	2	0.4

were partially successful in lactation and continued top feeding with wati and spoon. Only 3 mothers had lactation failure out of which one had required prolonged ventilatory support following delivery; one mother had eclampsia with postpartum hemorrhage and one mother was an elderly primi (>40 years).

Discussion

Inadequate support of mothers wanting to breastfeed their babies has contributed to an unacceptably high rate of premature cessation of breastfeeding and consequently problems in the baby.

Antenatal and perinatal motivation for breastfeeding is the first step towards successful lactation(l). The obstetrician and health workers concerned with maternity care play key roles in promoting breastfeeding. Information given during obstetric care has much greater acceptance.

Reports state that babies fed within the first 30 minutes of birth are likely to remain breastfed for a longer duration(2). This positive practice of early feeding preferably in the 1st hour after birth was recorded only in 26% babies in our study in contrast to 58% by Anand *et al*.(3).

Studies have shown that mothers who have their babies with them are twice as likely to succeed at breastfeeding with longer duration at breastfeeding than if their babies are separated and kept in the nursery(4). Two-thirds (66.9%) of babies in our study were roomed-in right from the first day of life and yet faced problems at lactation. The administration of prelacteal feeds interfere with sucking and prolactin production and ultimately in the mother's confidence in her ability to breastfeed(5). It is important to note that 67.1% babies had not received any prelacteal feeds and 75.3% of babies in our study had received colostrum. This emphasizes the fact that positive hospital practices need to be backed by constant reinforcement and emotional support to the mothers for successful lactation.

Significant relationship has been observed between the use of supplementary feeds in the hospital and early discontinuation of breastfeeding(6). In 66.1% babies, supplementary top feeds were started in the first month of life.

The most common reason cited for early discontinuation of breastfeeds or the supplementation by top feeds was mother's own assessment of inadequate supply of breast milk as seen in 73.6% of mothers in our study and also 76.8% and 81.1% in earlier studies(7,8). Moreover, 65.8% mothers used bottles to feed their babies and 22.6% mothers fed their babies formula milk. The obvious role of the medical profession in encouraging the use of supplementary feeds is a disturbing fact as seen in 11.9% of our mothers. This highlights the existing lacunae in the knowledge of health personnel towards techniques conducive to successful breastfeeding and towards the management of lactational problems.

Research carried out in the physiology

of lactation have demonstrated that position of the mother and the baby during feeding and the importance of latching by the baby not only onto the nipple but also onto the areola plays a pivotal role in successful breastfeeding(9). This has helped in solving lactational problems like congested breast, cracked nipple and inadequate milk. The most common problems listed in our study were inadequate milk in 73.6% and cracked nipple in 7.5% which were treated by correcting the position. Faulty position was listed in 47.2% patients.

Our study also demonstrated that psychological support to the mother in the form of instilling confidence and reassuring her that she is capable of producing the best milk for her baby is an extremely important form of therapy as seen in 69.7% of mothers.

Thus in conclusion, it can be said that though supportive breastfeeding policies in the hospital constitute the foundation for initiation of successful breastfeeding by mothers, constant reinforcement and support to all lactating mothers is essential to maintain lactation. Ideally, this function can be taken over by mother support groups in the community. However, in view of the fact that this general hospital looks after a population from the lower socio-economic strata, residing in slums and who by and large are uneducated, the formation of a mother-support group in such a situation is beset by a variety of problems. It may be difficult to contact mothers with adequate knowledge to deal with lactation problems. Mothers often have their own preconceived notions, traditional and often irrational ideas about the do's and don'ts of breastfeeding. Thus, the better alternative is to have a hospital-based mother-support group that provides technical and emotional support to breastfeeding mothers both in the PNC wards and on follow up through the medium of a Lactation Management Clinic.

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