

What's New in Breastfeeding Medicine?

...and what do I need to know?

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McGill Family Medicine Refresher Course

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Herzl-Goldfarb breastfeeding clinic

- Hospital-based clinic founded in 2002
- Complex breastfeeding issues referred by physicians, nurses, lactation consultants, midwives, peer support workers
- Family physicians and IBCLC-Lactation Consultants work together
- Main issues seen:
 - Breastmilk supply/infant weight gain issues
 - Pain with breastfeeding
 - Latch difficulties/non-latching babies

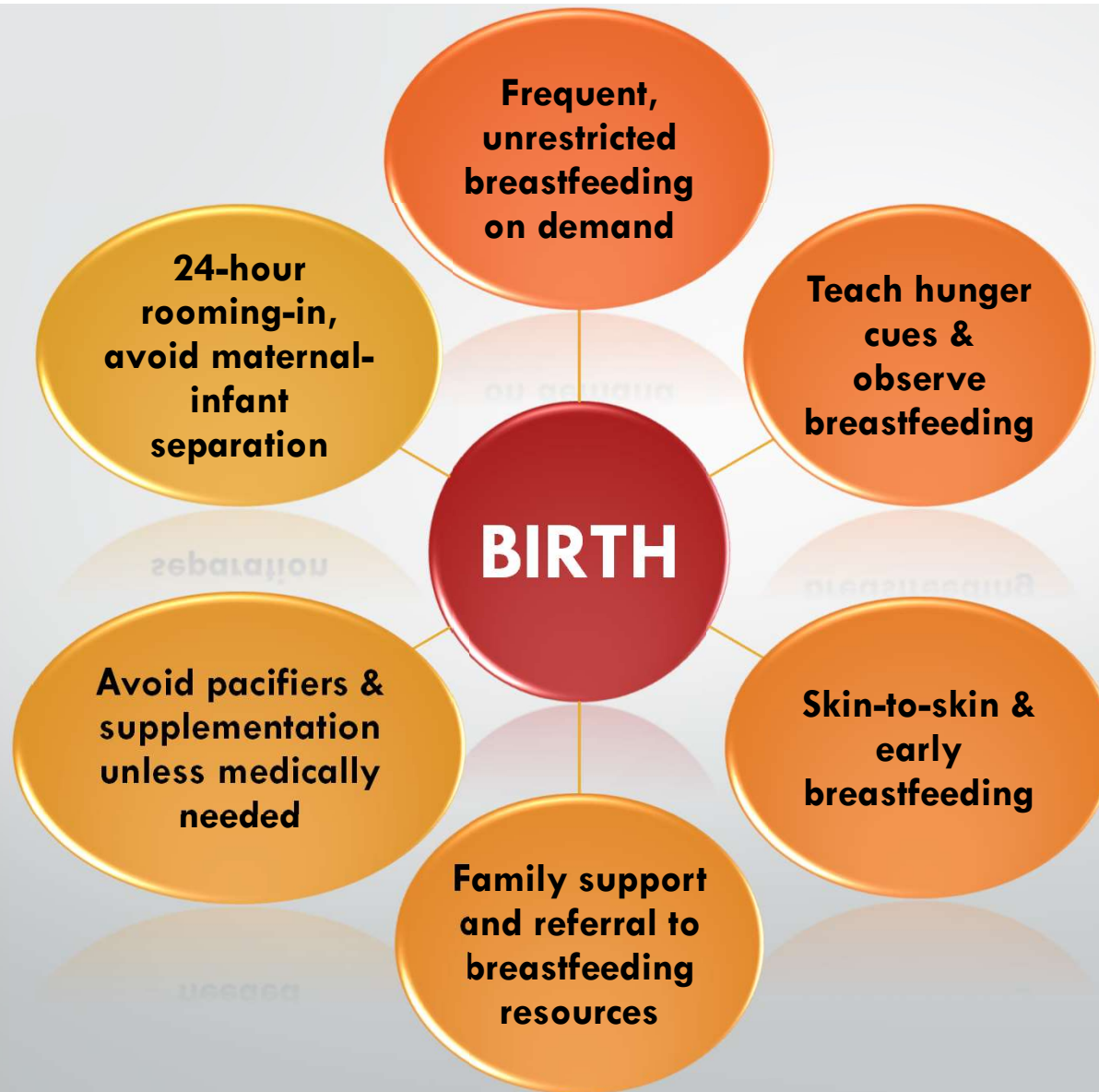
Learning objectives

- *As a result of attending this session, participants will be able to:*

- 1) **Support** breastfeeding mothers and babies in an effective manner by understanding the different factors that can help or hinder successful breastfeeding.
- 2) Understand the intricacies of the **latch** and help mothers and babies achieve a comfortable and painless breastfeeding experience.
- 3) Manage **nipple and breast pain** in breastfeeding mothers by understanding the multiple contributing factors.
- 4) Help mothers with **decreased breastmilk supply**, including understanding the use and indications for galactogues.
- 5) Counsel mothers on the **safety of medications and drugs** during breastfeeding.



BREASTFEEDING SUPPORT



Breastfeeding resources

- Initial breastfeeding assessment by CLSC nurse at home visit within a few days postpartum
- Support groups →
 - La Leche League (www.la lecheleague.org, www.allaitement.ca)
 - Nourri-source (<http://www.nourri-source.org/>): CLSC-based group
- Private lactation consultants:
 - www.clca-accl.ca (Canadian Lactation Consultants Association)
 - www.ibclc.qc.ca (Association québécoise des consultantes en lactation).
- Specialized lactation clinics (hospital or clinic-based)



LATCH

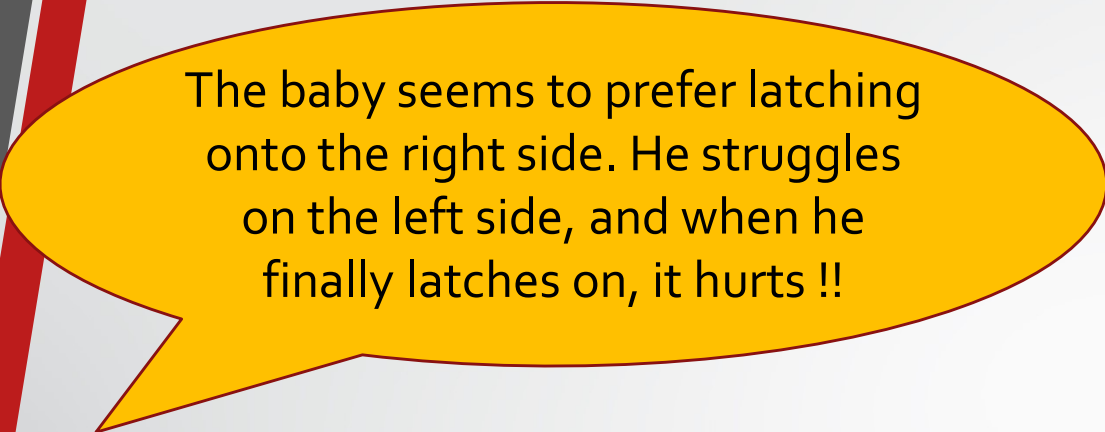
Biological nurturing/self-latching technique

A first-time mom has severe nipple pain with latch since she gave birth 3 weeks ago. She notes that baby is now pushing back when she tries to latch him on in the classic cradle position.

Video of biological nurturing/self-latch

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The baby seems to prefer latching onto the right side. He struggles on the left side, and when he finally latches on, it hurts !!

- Infants can be born with various muscular tensions, ie. torticollis, especially if they have had difficult or long births.
- Role of bodywork
 - Hazelbaker, Alison. The Impact of Craniosacral Therapy/Cranial Osteopathy on Breastfeeding. *Clinical Lactation*, 2020, 11(1)
- Changes in breastfeeding positions can also help.

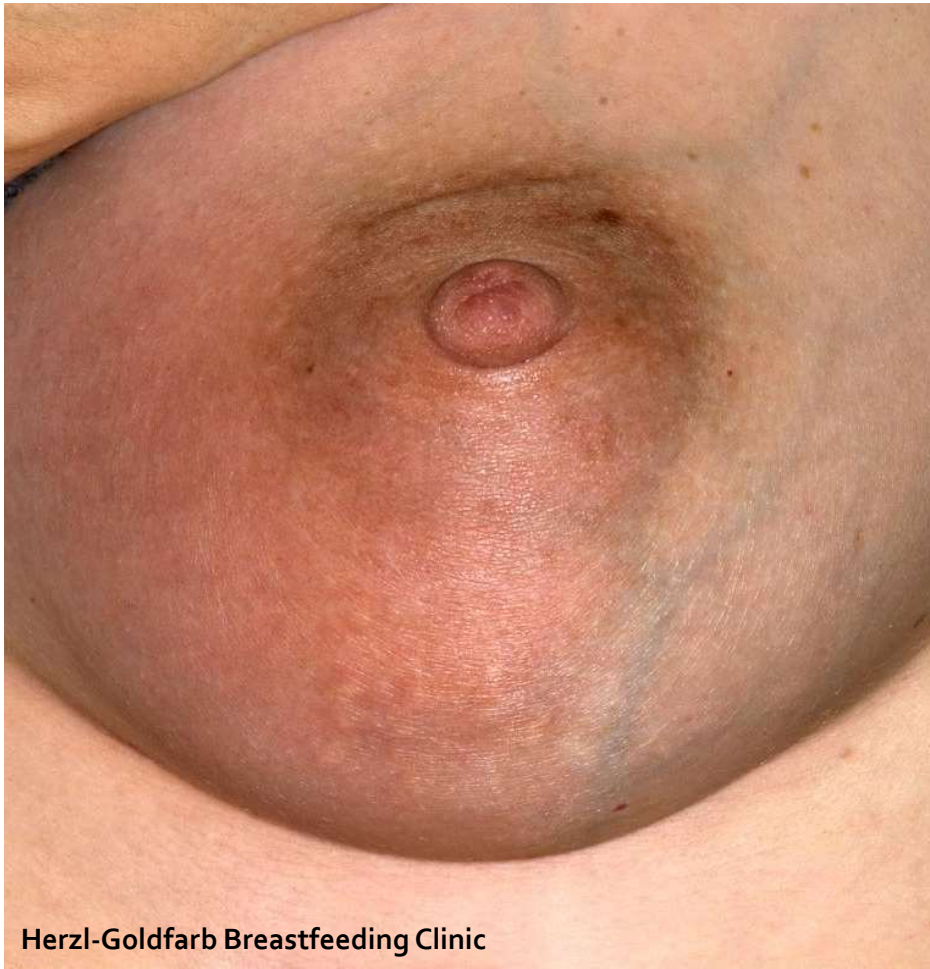
Nipple shields

- Indications for nipple shields include:
 - Prematurity
 - Flat/inverted nipples (occasionally)
 - Severe nipple pain or trauma
 - Non-latching/breast refusal
 - Transition from bottle to breast





NIPPLE and BREAST PAIN



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Carole Dobrich

Mastitis and Abscess

Blocked duct

Tender lumps
Afebrile
Massage, heat, cold
Drain breast, feed/pump



Mastitis

Tender lumps
Febrile, systemic sx occ
Redness
Antibx
Drain breast, feed/pump



Abscess

Untreated mastitis
Ultrasound
Drainage
Drain breast, feed/pump



- **Milk/nipple bleb**

Pain during feeds

Optimize latch

Warm compresses before feeds

Massage behind nipple

Piercing with sterile needle



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Nipple wound treatment

- Optimize latch
- Breastmilk on wound
- APNO? Useful as temporary measure but no actual evidence
- Foam dressing with a silicone base
- Alginate dressing that absorbs exudate and turns into a gel
- Medi-honey
- Frenotomy if tongue-tie is present



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Nipple vasospasm

- Pain during/after feeds; pain when exposed to cold
- Optimize latch
- Protect nipple from cold
- Pectoral massage, avoid caffeine, omega fatty acids
- Vitamin B6, calcium, magnesium → useful but no evidence
- Nifedipine XL 20-30 mg



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Candida of the breast

- Not very common
- Burning pain at the end and after feeds
- Could present with infant oral thrush as well
- Treatments →
 - Fluconazole 100 mg bid x 2 wks; 3-6 mg/kg for infant prn
 - Oral nystatin liquid 1 - 2 ml qid for infant
 - Canesten cream
 - Probiotics



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Tongue-ties/Ankyloglossia



- 1-10% infants
- Anterior vs posterior
- Some may lead to breastfeeding difficulties
- FIRST optimize latch/treat other bfing issues
- Frenotomy if problems persist despite intervention
 - scissors vs laser, by trained family physicians or dentists
- Role of post-frenotomy exercises
- Adequate follow-up and breastfeeding support

Evaluation of tongue-tie

Anatomy and function

Clinical picture

“Speed bump”

Elevation

Lateralization

Extension

Succion

Nipple pain

Poor latch/milk transfer

Poor weight gain

Decreased milk supply

BREAST/NIPPLE PAIN DDX

Nipple damage

**Blocked duct,
milk bleb**

Infection

Vasospasm

**Dermatoses
(eczema, psoriasis,
Paget's, allergies)**

Allodynia

Latch issues

Improper pump use

**Mastitis,
abscess**

Candida

Bacterial nipple inf

Herpes

**Ankyloglossia,
Prematurity,
Infant MSK tensions
Positioning**

MILK SUPPLY ISSUES



Credit: Neil Matterson

Indicators of true low milk supply

- Poor weight gain → < 25 g/d between 0-3 months of age or falling off growth curve
- Insufficient output → less than 5-6 heavy wet diapers/24 hrs.
- Stools → change from yellow soft consistency to darker green/brown, if exclusively breastfed.
- Baby consistently hungry after feeds.
- **Needing to supplement in order to maintain adequate weight gain.**

Increasing milk supply

- Skin-to-skin
- Adequate breast stimulation = optimize latch, encourage feeding at breast for as many feeds as possible
- Pump/manual expression x 5 min after feeds
- Breast compressions
- Switch nursing
- Herbal galactagogues

Prescribing domperidone

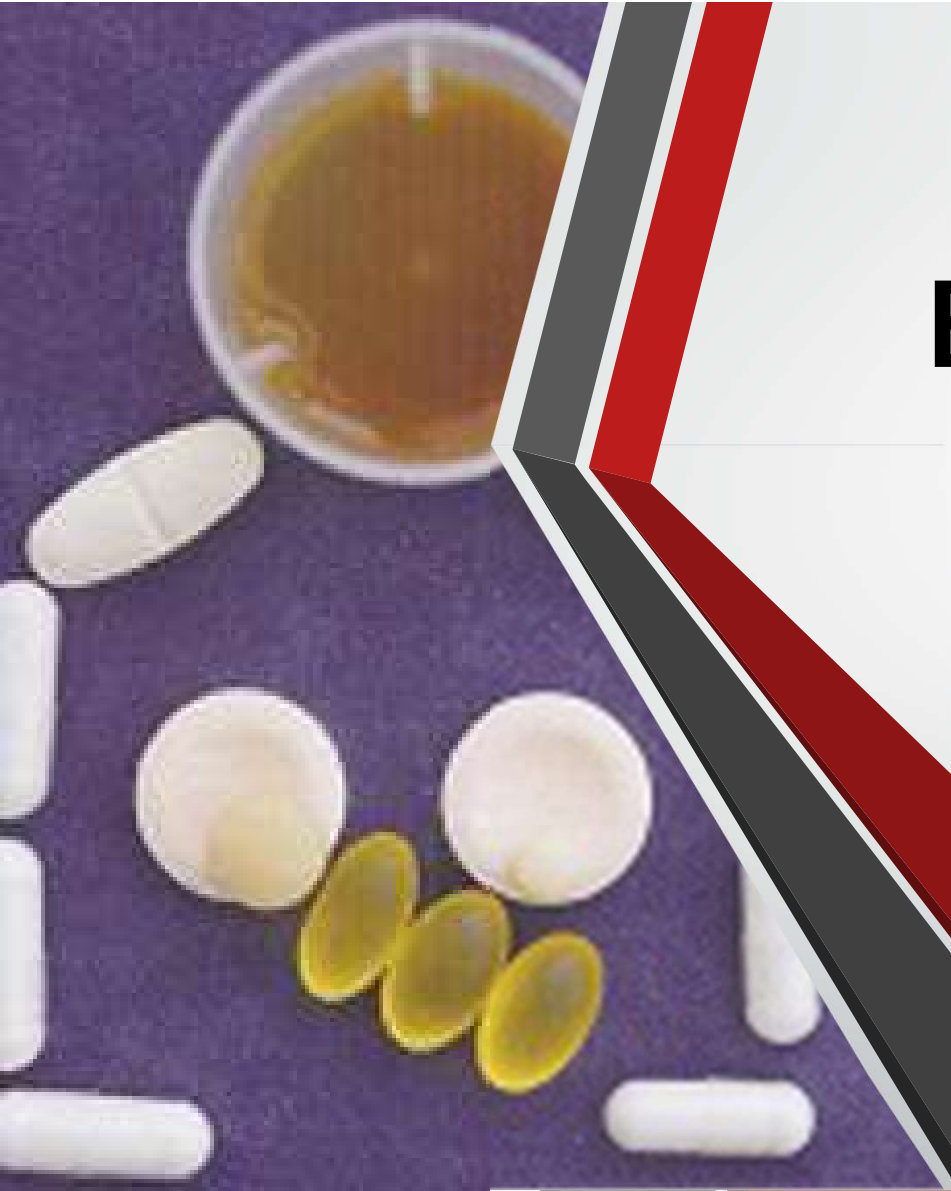
- 10 mg po tid → 30 mg po tid x 3-8 wks +
- Ask about GI and Cardiac disease, esp long QT syndrome
- May do EKG to check QT interval based on the case
- Interactions with other medications: grapefruit, fluconazole, antibiotics (cipro, zithro), SSRIs, stimulations, anti-psychotics, anti-arrhythmics, any med that increases QT interval...
- Side effects → h/a, GI sx, dry mouth, weight gain, dizziness, fatigue

Health Canada Warning (2012,2014)

- Domperidone is being used **off-label** for milk production
- Based on 2 studies (avg age of patients were 72.5 and 79.4 yrs)
- Many patient had pre-existing health conditions (htn, CAD, CHF)
- Breastfeeding mothers using domperidone don't fall into the same demographics as the patients involved in the studies from which the Health Canada warning was generated
- **<http://www.jgh.ca/en/pfrcbreastfeeding>** --> consensus statement on domperidone safety available on this website

Metformin for milk supply?

- May be helpful with breastmilk supply in mothers with:
 - Polycystic ovarian syndrome
 - Insulin resistance
 - Diabetes or hx of gestational diabetes
- GDM/Diabetes can be associated with low breastmilk supply according to literature
- Clinical trial in the US underway using metformin in mothers with low milk supply and Diabetes/pre-diabetes



BREASTFEEDING, DRUGS AND MEDICATION

Anesthesia & Breastfeeding: More Often Than Not, They Are Compatible

In this issue, Lee *et al.*² randomized laboring patients to different concentrations of epidural fentanyl. There was no difference in successful breastfeeding outcomes at 6 weeks.

Breastfeeding is important to infant health. Receiving anesthesia should not affect mom's ability to breastfeed, or the safety of her breastmilk.¹⁻⁴



“A general principal is that a mother can resume breastfeeding once she is awake, stable, and alert after anesthesia has been given.”²

Infographic created by Jonathan P. Wanderer, Vanderbilt University Medical Center, and James P. Rathmell, Brigham and Women's Health Care/Harvard Medical School. Illustration by Annemarie Johnson, Vivo Visuals.

Medications and breastfeeding

- Most medications are safe in breastfeeding
- Contraindicated:
 - Oral retinoids
 - Antineoplastic agents
 - Amiodarone
 - Chloramphenicol
 - Radiopharmaceuticals → temp interruption in bfing
- To use with caution:
 - Lithium
 - Certain antipsychotics, certain antidepressants (ie. Fluoxetine)
 - Meperidine (demerol)
 - Estrogens, pseudoephedrine, ergots and bromocriptine → may decrease breastmilk production

Imaging

- X-rays, ultrasounds, non-contrast CT → safe
- MRI, CT with contrast → According to American College of Radiology, < 1% excreted into breastmilk, and < 1% absorbed by infant.
- Radioactive iodine treatment → unsafe, may have to halt breastfeeding for several weeks

Drugs and breastfeeding

- Cigarette smoking:
 - Safer to smoke and breastfeed than to smoke and not breastfeed
- Alcohol:
 - Based on amt of alcohol and mother's weight (table available from Motherisk website)
- Stimulants (cocaine, crack, amphetamines):
 - Enters breastmilk; may have to discard milk for 24 hrs or more after cocaine use;
- Opiates (heroin, opium, narcotics, methadone):
 - Short courses of prescription narc or methadone may be safe, but chronic use unsafe

Effect of cannabis on breastfeeding mother-infant dyad

- Mother:
 - Decreased prolactin and oxytocin levels
 - Lethargy, fatigue, anxiety, compromised maternal-infant bonding
- Infant:
 - Possible psychomotor, neurobehavioral, and developmental sequelae (sedation, lethargy, poor feeding habits, motor development, cognitive impact) but conflicting data
 - Possible effect on infant's immune system (may suppress immune system in adults)

Resources on medications and lactation

- Lactmed: app on smart phones/ipads or online:
 - <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- “Medications and Mother’s Milk” book by Dr. T. Hale, regularly updated
- Dr. T. Hale’s website about ongoing research and safety information and forums about medications and lactation:
 - www.infantrisk.com
- Image Quebec (Hopital Ste Justine, Montreal)

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Thank you !!!

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<https://www.jgh.ca/care-services/goldman-herzl-family-practice-centre/herzl-goldfarb-breastfeeding-clinic/>

<https://www.hgj.ca/soins-et-services/centre-de-medecine-familiale-goldman-herzl/clinique-dallaitement-herzl-goldfarb/>