

WINTER 2008



DATES TO DIARISE

- Breastfeeding week 1-7 August 2008
- Gauteng Breastfeeding Forum Full Day Symposium – 22 August 2008 at Unitas Hospital, Centurion.
- Year End Meeting – 7 November 2008 (venue to be confirmed)
- Lactation Management Course: study group for health care professionals wanting to write the IBCLC exam. Contact Jennifer Naude at 083 2166 893 or jennifer@mweb.co.za

Breastfeeding Basics

Breastfeeding and alcohol intake by mom

- Alcohol blocks the release of oxytocin. This effect is dose dependant, therefore the more alcohol taken, the less oxytocin is released.
- Alcohol changes the flavour of milk and babies drink less well when fed immediately after mom ingested alcohol.
- Maximum blood levels are achieved in 15minutes.
- Maximum levels in milk are achieved 30-60 minutes after intake or 60-90 minutes if taken with food.
- Levels in milk will drop parallel to levels in blood.
- Infants spend less time sleeping after drinking alcohol-flavoured breastmilk, compared with plain breastmilk.
- The belief that wine or beer may enhance a mother's release of milk is not true. Although a mother may feel that she did experience a let-down reflex and the baby nursed well, research shows that infants drink less breastmilk after a mom's alcohol ingestion.
- When a mom takes a little wine socially and it helps her relax, it may improve her ejection reflex. Alternatives to help her relax would be more beneficial to both mom and baby.
- Thus, when a breastfeeding mom does have an occasional drink, she should avoid breastfeeding for at least 2 hrs.

Lawrence RA and Lawrence RM, Breastfeeding, a guide for the medical profession, 6th Edition, 2005, p 396-397.

!!! REMINDER !!!

Please remember to collect your **Black Cat Peanut Butter** 410g glass jars for the Kangaroo Mother Care Units.

Chemicals in feeding bottles a CONCERN

More information should be given to parents about a controversial chemical found in most plastic baby bottles, the National Childbirth Trust has said.

American scientists last month raised concerns about Bisphenol A, or BPA, which they say could cause behavioural changes and the early onset of puberty.

Some US retailers are to stop selling the bottles, while Canada wants a ban.

The National Childbirth Trust wants all UK bottles clearly labeled, but the government says they are safe to use.

In April, the National Toxicology Program, part of the US National Institutes of Health, found that, based on animal experiments, exposure to low-levels of BPA "can cause changes in behaviour and the brain, prostate gland, mammary gland and the age at which females attain puberty".

In the US, major chain stores, including Wal-Mart - the world's largest retailer - say they are now going to stop selling bottles made with the chemical.

In the UK, Wal-Mart subsidiary Asda is producing its own BPA-free range. BPA is widely used in reusable plastic products to prevent them from shattering.

The National Childbirth Trust wants bottles containing BPA to be clearly labeled.

Belinda Phipps, the charity's chief executive, said the lack of awareness was "concerning".

"As a first step, it is important that bottles and other items that might reach a baby's mouth are labeled in a standard and easy-to-understand way. This will help to remove the risk of Bisphenol A contamination."

The charity advised parents not to pour boiling water directly into a bottle, as this could cause more of the chemical to be released. It also said scratched and damaged bottles should be discarded.

The Food Standards Agency and the manufacturers say the amount of the chemical in such products is well below levels considered harmful and the bottles are completely safe to use.

www.news.bbc.co.uk (06/05/2008)

D I D Y O U K N O W ?

- The yellow colour of colostrum results from B-carotene, the water soluble form of Vit A.
- Iron absorption from breastmilk is 49% of iron available, whereas only 10% of cow milk iron and 4% of iron in iron-fortified formulas are absorbed.
- More than 20 active enzymes exist in breastmilk. Their functions include: helping with digestion in the neonate, stimulating neonatal development and causing physiologic changes in the mammary gland itself.

Lawrence RA and Lawrence RM, Breastfeeding, a guide for the medical profession, 6th Edition, 2005. p112, 143, 156

BREASTFEEDING AND OSTEOPOROSIS

Breastfeeding causes a decreased risk of osteoporosis later in life.

The risk for osteoporosis is greatest in women who never have babies, somewhat less for those who do have babies but never breastfeed, and the smallest for those who have babies whom they breastfeed.

Lactating women contribute 210mg calcium per day in breastmilk. There is bone mobilization in the mother during pregnancy and lactation but it is only temporary. Recovery of bone mass occurs after pregnancy and bone mineral density will return to normal. Recovery of bone mass during and after weaning may even exceed the pre-pregnancy density after long periods of breastfeeding.

Calcium uptake in the maternal duodenum is enhanced during lactation. It also stimulates the greatest increases in calcium absorption and serum calcitriol after weaning. After weaning parathyroid hormone levels will also be significantly higher than at any other time and therefore urinary calcium losses will be significantly lower.

Serum calcium and phosphorus levels are greater in lactation compared with non-lactating women, but levels are the same after weaning. Calcitriol levels however are higher after weaning in lactating than non-lactating women. Lactation thus stimulates increases in fractional calcium absorption and serum calcitriol after the onset of menses or after weaning.

Lactating women loses significantly more bone throughout body and lumber spine than non-lactating postpartum women in the first 6 months. After weaning, the lactators regained

significantly more bone in the lumber spine than non-lactating women. Early resumption of menses was associated with a smaller loss and greater increase after weaning.

Calcium supplementation does not prevent bone loss during lactation and only slightly enhances the gain in bone density after weaning. Supplementation does not affect levels in the milk.

Excess protein has a negative effect on calcium absorption in lactating women. The calcium/protein ratio appears to be critical to efficient utilization. It is therefore important to guard against very high protein intakes during and after lactation.

Lawrence RA and Lawrence RM, Breastfeeding, a guide for the medical profession, 6th Edition, 2005, p141-142, 240

DEFINITIONS

Cross nursing

The breastfeeding of a baby that is not her own by a lactating woman, often temporarily, in the role of a child care arrangement.

Galactagogue

A material or action that stimulates the production of milk.

Galactorrhea

Abnormal or inappropriate lactation.

Gigantomastia

The excessive enlargement of the breast beyond physiologic needs during pregnancy and lactation; usually of unknown cause. When it occurs in association with medications that cause galactorrhea, it can be reversed by stopping the drug.

HYPERGALACTIA

“Hypergalactia means excessive milk production. It is often heralded by the initiation of milk production beginning in pregnancy, often as early as 25 weeks gestation, and is characterized by persistent leaking that soaks the clothing and is independent of breast stimulation. Some women will note a drop or two on stimulation or while showering during pregnancy. This is considered to be within normal limits. Hypergalactia persists after delivery with constant leaking between feedings. Mothers can pump or express several ounces after each feeding with no effort. This does not appear to minimize the leaking. Many women find early in lactation that they have a strong let-down reflex with a soaking spray of milk initially. This is not hypergalactia and usually diminishes over 1 or 2 weeks.

If this phenomenon persists for more than 1 or 2 weeks, an evaluation for prolactinoma is in order. A baseline level and stimulus associated levels of prolactin after 10 minutes of suckling or pumping with a breast pump should be obtained. If the patient has associated symptoms of headache or visual disturbances, further workup for pituitary adenoma would be appropriate. The phenomenon, however, may not be associated with any identifiable pathology. Idiopathic hypergalactia may diminish over months of breastfeeding. It occurs more often with first pregnancies and may not recur with subsequent pregnancies. Treatment is palliative, including a tight, well fitting brassier that is well padded between feedings. A trial of low-dose estrogen, as available in oral-contraceptives, may be effective. A careful history to identify any medications or herbs that are galactogogues or any form of stimulus other than breastfeeding is essential to management.

Excessive milk production has also been associated with hyperthyroidism and postpartum thyroiditis.”

Lawrence RA and Lawrence RM, Breastfeeding, a guide for the medical profession, 6th Edition, 2005, p 574-575

PROLONGED BREASTFEEDING MAY PROTECT AGAINST

Previous research has shown a link between breastfeeding and decreased risk of childhood leukemia, however, a new study reveals that long-term breastfeeding may decrease the risk of leukemia and lymphoma even more than breastfeeding for just a few months.

The study showed that breastfeeding for less than six months was associated with an odds ratio of 2.79 for contracting a lymphoid malignancy compared with children breastfed longer than six months. Researchers from the United Arab Emirates University compared 117 children with various forms of lymphoma and leukemia who were treated at the same hospital between 1983 and 1997 to a 117-member control group of healthy children matched by age and sex. All children in the study were Bedouin Arabs.

A report on the researchers' findings appears in the January 2001 edition of the European Journal of Cancer. The researchers say that with this study and others, the protective effect of longer breastfeeding against childhood leukemia and lymphomas is now more firmly established.

European Journal of Cancer; 37:234-238.

The opinions expressed in this newsletter do not necessarily reflect the views of the Gauteng Breastfeeding Forum.