

WINTER 2010

National Breastfeeding Week Theme



DATES TO DIARISE

- **Breastfeeding week 1-7 August 2010**
- **Gauteng Breastfeeding Forum Full Day Symposium – 27 August 2010 at Unitas Hospital, Centurion.**
- **Year End Meeting – 5 November 2010 (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 help 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.

RESEARCH FROM THE BABY FRIENDLY INITIATIVE

Breastfeeding may have protective effect on child and adolescent mental health

A number of studies have indicated a relationship between breastfeeding and meeting developmental milestones and cognition. Some studies have also indicated that breastfeeding may be associated with psychological and behavioural outcomes but the methodologies have been questioned.

A study was carried out in Australia to determine whether there was an independent effect of breastfeeding on child and adolescent mental health. A total of 2,900 pregnant women were recruited and those having live births were followed up for 14 years. Mental health status was assessed using a validated tool at 2, 6, 8, 10 and 14 years.

The tool allowed for assessment of “internalised” issues such as being withdrawn, anxious/depressed and for “externalised” issues such as delinquent or aggressive behaviour. Maternal confounders such as age, education, smoking, family income, family structure, life stress events and depression were taken into account.

The researchers found that breastfeeding for less than 6 months compared with 6 months or more was an independent predictor of mental health problems, both internalised and externalised through childhood and into adolescence.

The researchers recommend interventions aimed at increasing breastfeeding duration as this could be of long term benefit for child and adolescent mental health.

[Oddy WH, Kendall GE, Li J et al \(2009\) The Long-Term Effects of Breastfeeding on Child and Adolescent Mental Health: A Pregnancy Cohort Study Followed for 14 Years. *Jped.* Vol 156, Issue 4, 568-574](#)

Study confirms the impact of skin-to-skin contact on exclusive breastfeeding

A large prospective study (21,842) was carried out in the USA with the aim of assessing the impact of skin-to-skin contact and the likelihood of exclusive breastfeeding during the maternity hospital stay.

The researchers aimed to exclude the impact of variables such as maternal infant-feeding intention, smoking and type of analgesia.

Compared with mothers with no early skin-to-skin contact, exclusive breastfeeding was higher in mothers who experienced skin-to-skin contact with a dose response relationship demonstrated in that the more prolonged the skin contact the greater the impact with mothers who experienced more than one hour of early skin-to-skin contact during the first three hours following birth being most likely to breastfeed exclusively.

[Bramson L, Lee JW, Moore E et al \(2010\) Effect of Early Skin-to-Skin Mother-Infant Contact During the First 3 Hours Following Birth on Exclusive Breastfeeding During the Maternity Hospital Stay. *J Hum Lact.* published 28 January 2010, 10.1177/089033440935](#)

Breastfeeding support groups – insight into why some work and some don't

Evidence about what makes some interventions to support breastfeeding work and others fail to make an impact is scarce. A cluster randomised controlled trial of a policy to provide community breastfeeding support groups carried out in a deprived area of Scotland previously demonstrated that breastfeeding rates declined in three out of seven intervention localities studied. The researchers have subsequently used both qualitative and quantitative methods to ask why.

Key issues were identified which it is proposed contributed to the lack of success of the groups. Key issues identified include the location; where this was in areas of extreme deprivation, interventions struggled to maintain numbers.

The venue was also of importance with consideration needing to be made to access, proximity to other services and child friendliness. Local working practices were important – emphasising the importance of the midwives role in recruiting women, and the negative impact of staffing shortages, high workload and low morale, which may result in frequent cancelling of groups.

The makeup of the steering group was also important, with more success being attributed to those groups with a multidisciplinary approach. Management and leadership were key to success, successful models included managers who were involved at all levels, providing proactive leadership and problem solving.

The researchers suggest that more attention should be paid to the complex systems in which interventions are implemented in order to create the conditions necessary for a successful intervention.

[Hoddinott P et al \(2009\) Why do interventions work in some places and not others: A breastfeeding support group trial. Social Sciences & Medicine, doi:10.1010/jsocscimed.2009.10.067](#)

D I D Y O U K N O W ?

The human mammary gland is the only organ that is not fully developed at birth. The gland undergoes three major phases of growth and development before pregnancy and lactation: in utero, during the first 2 years of life, and at puberty. The milk streak appears in the fourth week, when the embryo is 2.5mm long. It becomes the milk line, or ridge, during the fifth week. Mammary glands begin to develop in the 6-week-old embryo, continuing their proliferation until milk ducts are developed at the time of birth.

Lawrence RA and Lawrence RM, Breastfeeding, a guide for the medical profession, 6th Edition, 2005. p 39

DEFINITIONS

Switch nursing – Putting the infant to one breast for a short time, usually 5 minutes, moving the infant to the other breast for 5 minutes, and then moving the infant back to the first side in an effort to improve milk production.

Mastitis – Inflammation of the breast, including cellulitis, and occasionally abscess formation

Milk Fever – A syndrome of fever and general malaise associated with early engorgement of the breast or with sudden weaning from the breast.

Witch's milk – product of neonatal galactorrhea or neonatal breast secretion caused by absorption of placental prolactin

Lawrence RA and Lawrence RM, Breastfeeding, a guide for the medical profession, 6th Edition, 2005. p1116-1117

!!! REMINDER !!!

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

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