

# How to overcome the most common breastfeeding barriers for maternal and infant health benefits?



Breastfeeding is beneficial for the mother and the infant.<sup>1</sup>

## Benefits to the infant<sup>1,2,3</sup>



Breast milk supports baby's nutritional needs



Helps in the development of a strong immune system



Lowers the risk of diarrhea and otitis media



Reduces risk of asthma, obesity and type 1 diabetes



Creates a strong connection between mother and baby

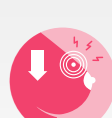


Decreases the risk of respiratory and gastrointestinal infections

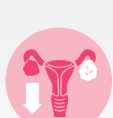


Improves cognitive development

## Benefits to the mother<sup>1,3</sup>



Reduces the risk of breast cancer



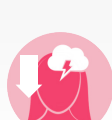
Decreases the risk of ovarian cancer



Minimizes the risk of type 2 diabetes



Lowers the risk of high blood pressure



Helps ease postpartum depression

## The World Health Organization recommends<sup>4</sup>

**“ exclusive breast feeding (EBF) for the first 6 months with the introduction of appropriate complementary foods and continued breastfeeding thereafter. ”**

**Inadequate breastfeeding may lead to substantial morbidity and mortality<sup>5</sup>**

• 600,000 child deaths annually

• 100,000 maternal deaths annually

**Failure to breastfeed is associated with significant health problems for both the infant and mother<sup>6</sup>**

• Increased incidence of infectious morbidity, including otitis media, gastroenteritis, and pneumonia, elevated risks of childhood obesity, diabetes, leukemia, and sudden infant death syndrome (SIDS).

• Increased incidence of premenopausal breast cancer, ovarian cancer, retained gestational weight gain, diabetes, MI, and metabolic syndrome.

**The quantity, quality, and composition of the milk are affected by the frequency and duration of breastfeeding and strength of the infant's sucking.<sup>7</sup>**

**Many mothers are physiologically able and desire to breastfeed, yet they face significant barriers.<sup>5</sup>**

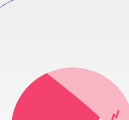
**However, effective interventions may help them in overcoming some of the common breastfeeding woes**

## Latching problems<sup>3</sup>



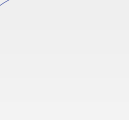
- Make sure the mother is comfortable, and the infant is positioned properly
- The infant's head and body should be facing the mother's body, and the infant's neck should not be hyperextended or flexed to reach the nipple
- Guide the nipple toward the roof of the infant's mouth, filling the mouth with as much of the areola as possible
- If the pain does not improve, evaluate for ankyloglossia

## Nipple damage<sup>3</sup>



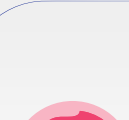
- Adjust latch and infant position or pump flange size to prevent trauma to the nipple
- Apply expressed breast milk to the nipple after feeding
- Lanolin, breast shells, or glycerin pads can be helpful

## Blocked milk ducts<sup>3</sup>



- Check breast pump flange sizes and the latch of the infant
- Massage the breast area or apply vibration
- Improve/increase drainage of breasts
- Apply warm compress or a heating pad to the breast for 20 minutes
- Feed with chin towards the blockage to increase suction
- Use medication to reduce pain and inflammation

## Engorgement<sup>3</sup>



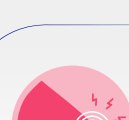
- Apply hot or cold packs and massage to reduce discomfort
- Reverse pressure softening can reduce edema around the nipple and areola
- The infant can be fed in a reclined position to reduce the flow
- Hand express or pump some milk to soften the breast

## Mastitis<sup>3</sup>



- Treat the blocked milk ducts (massage, warm compresses, rest, hydration)
- If there is no improvement, start the medication to treat the infection

## Breast pain after feeding (vasospasm)<sup>3</sup>



- Warm the nipples
- Treat the cause of the trauma
- Avoid vasoconstrictive products, e.g. caffeine

## Milk oversupply<sup>3</sup>



- Take measures that were recommended for engorgement
- Reduce feeding or pumping sessions
- Allow infant to feed off the same breast for all feedings until milk supply is regulated

## Nipple pain<sup>3</sup>



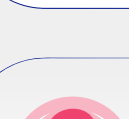
- Assess latch and positioning after ruling out cellulitis, mastitis, and breast abscess
- Also, assess blocked ducts, oversupply, candidiasis, dermatological issues and vasospasms
- Treat the underlying cause

## Thrush<sup>3</sup>



- It can happen when nipples become cracked or damaged
- The candida fungus can get into the nipple or breast and should be treated appropriately

## Not enough breast milk<sup>8</sup>



- Offer both breasts at each feed and change the breast to stimulate milk supply
- Hold the baby close to the mother with skin-to-skin contact

## References

**1.** Breastfeeding Benefits Both Baby and Mom. Available at: <https://www.cdc.gov/nccdphp/dnpao/features/breastfeeding-benefits/index.html#:~:text=Breastfeeding%20can%20help%20protect%20babies,ear%20infections%20and%20stomach%20bugs.> Accessed on 13 Jun 2022. **2.** Jelly P, Sharma SK, Saxena V, et al. Exploraton of Breastfeeding Practices in India: A Systematic Review. JHolist Nurs Midwifery. 2022; 32(1):58-68. <https://doi.org/10.32598/jhnm.32.1.2177> **3.** Westerfield KL, Koenig K, Oh RC. Breastfeeding: common questions and answers. American family physician. 2018 Sep;98(6):368-73. **4.** Suresh S, Sharma KK, Saksena M, et al. Predictors of breastfeeding problems in the first postnatal week and its effect on exclusive breastfeeding rate at six months: experience in a tertiary care center in Northern India. Indian journal of public health. 2014 Oct 1;58(4):270. **5.** Tomori C. Overcoming Barriers to Breastfeeding. Best Practice & Research Clinical Obstetrics & Gynecology. 2022 Feb 3. **6.** Stuebe A. The risks of over breastfeeding for mothers and infants. Rev Obstet Gynecol. 2009;2(4):222-231. **7.** The Quantity and quality of breast milk : report on the WHO Collaborative Study on Breast-feeding. Available at: <https://apps.who.int/iris/handle/10665/39047> **8.** Common breastfeeding problems. Available at <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-problems/common-problems/> Accessed on 31 March 2022.