

LACTATION

- **What are the nutritional requirements of a lactating mother?**

During lactation there are high demands on maternal stores of energy, protein and other nutrients. The energy, protein, and other nutrients in breast milk come from a mother's diet or her own body stores.

Thus, these stores need to be established conserved, and replenished. Women who do not get enough energy and nutrients in their diets risk maternal depletion. To prevent this, extra food must be made available to the mother. The nutritional requirements during lactation are:

| | Calories(Kcal/day) | Protein(g/day) | Fat(g/day) | Calcium(mg/day) | Iron(mg/day) |
|--------------------|---------------------------|-----------------------|-------------------|------------------------|---------------------|
| 0-6 months | + 600 | 77.9 | 30 | 1200 | 25 |
| 6-12 months | +520 | 70.2 | 30 | 1200 | 25 |

- **How can a lactating woman meet the nutritional demands?**

A lactating woman should eat a wide variety of foods to make sure that her own nutritional needs as well as those of her growing foetus are met. The usual dietary pattern need not be modified, however, the quantity and the frequency of usage of the different foods should be increased.

- **What are the major food sources for the required nutrients by a lactating woman?**

A lactating woman needs to take a variety of foods every day to maintain good health of both her and the baby. The various food sources to ensure proper nutrition are:

- **Energy** : Cereals (Wheat, Rice, Millets, Bread, Oats etc.)
: Oils/Fats
- **Proteins** : Milk, Milk Products, Fish, Meat, Poultry
: Pulses, Nuts
- **Vitamins/Minerals**: Seasonal fruits and vegetables

- **What are the benefits of breastfeeding to a nursing mother?**

Breastfeeding has many advantages to the mother, which include the following:

- It reduces post-delivery bleeding and chances of anaemia.
- Obesity is less common among breastfeeding mother's as it helps the mother to regain her normal figure.
- It has contraceptive effect.
- It has a protective effect against breast and ovarian cancers.
- Exclusive breastfeeding helps in better adjustment of mother and the baby.

- **Calcium is an important nutrient for lactating mothers. What foods should be included in the diet?**

Lactating women need to take special care on their calcium intake to maintain enough calcium in the breast milk expressed without depleting own body reserves. Hence a diet rich in calcium should be given to both the pregnant women and lactating mothers.

Sources of food rich in calcium are:

- Milk and milk products
- Green leafy vegetables like collard, mustard greens, broccoli, and water cress.
- Til seeds (gingelly seeds)

- **How to ensure appropriate calcium in lactating women with lactose intolerance?**

Calcium is needed in good amount in a lactating mother. Milk and milk products prove to be the best source of calcium in the diet. But if a lactating mother has lactose intolerance, resolve to alternate sources of calcium:

- Green leafy vegetables like collard, mustard greens, broccoli, and water cress.
- Til seeds (gingelly seeds)
- Cereals
- Nuts and oil seeds
- Fish

- **What should be the additional fluid intake during lactation?**

Plenty of fluids should be consumed to prevent dehydration. In fact, a glass of liquid (milk, water, juice) should be consumed each time the baby is breastfed. Intake of fluids will not necessarily increase the milk production.

- **What should be the intake of caffeinated beverages?**

Caffeinated beverages like tea, coffee and cola should be consumed in moderation during lactation. Intake should not be more than 2 cups per day.

- **How does excess intake of caffeine by lactating mother affect the baby?**

Excessive caffeine intake can make the baby restless and irritable.

- **Can alcohol be consumed during lactation?**

Alcohol should not be consumed during lactation as it reaches the baby via the mother's milk. It is harmful in following manner:

- It affects the let-down and ejection reflex, thus decreasing the amount of milk the baby gets.
- It can affect baby's motor skill development and can impair baby's growth.

- **What causes sore nipples and cracked nipples? How can it be treated?**

The most common cause of sore nipples in the first few days of feeding is the incorrect position/attachment of the baby at the breast, meaning that the baby sucks only at the "nipple". If feeding continues in the poor position, it may lead to cracked nipple and later to mastitis and breast abscesses.

To relieve the symptoms:

- Breast feed in correct position.

- Washing the nipple once daily only with water.
- Expose nipple to air and sun as much as possible.
- Application of a drop of hind milk on the nipple after each feed.
- Breastfeeding should continue on the affected breast as sore nipples usually heal after correcting the suckling position.

- **What is fullness or engorgement of breasts? What are its common causes?**

Fullness of breast is a frequent problem. Milk production is continuous and, if enough milk is not removed, engorgement of breasts may result. The engorged breast is tight, shiny and very painful.

The common causes of engorged breasts are:

- Other feeds given before start breastfeeding.
- Delayed starting of breastfeeds.
- Long intervals between feeds.
- Early removal of the baby from the breast while feeding.
- Bottle-feeding and any other restrictions on breastfeeding.

- **What should be done if there is fullness or engorgement of breasts?**

In case of fullness or engorgement of breasts:

- Expression of breast milk should be done to reduce breast engorgement, reduce pain and make the mother comfortable.
- A warm shower and a gentle massage or warm compresses should be taken to allow the outflow of some milk to relieve the pressure.
- Nursing the baby is the best remedy.

- **What leads to blocked duct in the breasts? How should it be relieved?**

If the baby does not suckle well on a particular segment of the breast, the thick milk blocks the milk duct leading to a painful hard swelling.

It can be relieved by:

- Improving suckling/position – the baby should be fed frequently on the affected breast and in different suckling positions so as to improve the emptying.
- Massaging the lump towards the nipple to promote emptying of the breast.
- Rest and wearing loose clothes.

- **What could cause the swelling of breasts during lactation? How should it be relieved?**

If the blockage of the duct or engorgement continues, infection may supervene. The breast becomes red, hot, tender and swollen. This is known as *mastitis*. An abscess may form or swelling may occur, associated with fever.

To relieve swelling:

- Express the milk frequently and continue breastfeeding.
- Warm water fomentation may also help alleviate pain.
- Consult a doctor for pain. Incision to drain the abscess may be necessary sometimes.
- Restart breastfeeding from the affected breast as soon as possible.

- **Is leakage of milk from the breast normal?**

Milk leaking is usually the result of an active ejection reflex during first few weeks of lactation. It commonly occurs when:

- It is time for a feed **Or**
- When intervals between feeds are increased **Or**
- The mother has thoughts about her baby.

This is due to normal oxytocin reflex, hence be reassured that leaking of breast is very normal.

- **Does one need to drink a lot of milk to produce more milk?**

This is not true. Any type of food and fluid taken in adequate quantity is sufficient to produce enough milk. The production and quality of breast milk is not dependent on the milk intake of the mother. The baby's suckling on the breast is the key factor – "MORE SUCKLING MAKES MORE MILK".

- **How to increase the production of breast milk?**

Special preparations having ajwain, methi seeds, saunth, til seeds, etc., are included in the diet of the nursing mother to help produce more milk. These foods are known as 'Galactogogues' and these are rich in protein, iron, calcium and B-group vitamins. The most important effect of galactogogues could be that they give the much needed confidence to the lactating mother and as a result milk secretion is improved. Feeding at night specially helps in production of more milk.

- **What foods should be avoided during breastfeeding?**

One can continue eating most of the foods during breastfeeding. Evaluate diet if the baby gets symptoms (fussy, gassy, cries more, appears uncomfortable or colicky) every time a certain food is consumed. Eliminate that particular item from the diet.

- **Can the baby be breast fed after a caesarean- section?**

The C-sec operation does not affect the ability of a mother to breastfeed the baby. Breastfeeding can be started after 4hrs of the operation or when you are out of the effect of anaesthesia.

- **When can expressed breast milk be useful?**

Expressing milk is useful to:

- Feed a low birth weight or sick baby.
- Relieve engorgement.
- Maintain the milk supply when the mother is ill.
- Relieve leaking breasts.
- Leave milk for the baby when the mother is working.
- Feed a baby while he/she learns to suckle from inverted nipples.

- **Can expressed breast milk be stored?**

Expressed breast milk can be stored in a refrigerator for 24 hours and at room temperature for 8 hours. Refrigerated breast milk should not be heated, as it will destroy protective substances. It should be brought to room temperature before being fed by a cup.

- **Should HIV positive women breast feed their babies?**

HIV may be transmitted from mother to infant through breast milk. However, if there is no access to safe, hygienic and affordable replacement feeding options, breast milk is the best option available.

Every effort should be made to ensure exclusive breast-feeding for up to four months in the case of HIV positive mothers followed by weaning, and complete stoppage of breast feeding at six months in order to restrict transmission through breast feeding.

In any case, mixed feeding i.e. breast feeding along with other feeds should be strictly discouraged as it increases the risk of HIV transmission.

Source:

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- Dietitian's pocket guide to nutrition, *Herbold et al.2010*
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- Textbook of Nutrition And Dietetics by Kumud Khanna 2005.