Breast feeding – benefits and problems

Breast feeding is universally recognised as the first step in promoting the health and wellbeing of the child. However, women often stop breast-feeding in the early weeks after delivery when they encounter or perceive problems.

Statistics

- In the UK, the prevalence of breast feeding at 12m is <1%.
- More than 80% of neonates receive breast milk in nearly all countries.
- Breast feeding is one of the few positive health behaviours that is more prevalent in poor than rich countries.

Benefits of breast feeding

A Lancet series provides an update of the evidence based benefits of breast feeding and measures that are effective in increasing breast feeding rates (Lancet 2016;387:475 and Lancet 2016;387:491).

Meta-analyses of evidence from mostly high income countries found the following benefits of breastfeeding:

For the child

- Sudden infant deaths reduced by 36% (CI: 19-49%).
- Necrotising enterocolitis reduced by 58% (CI: 4-92%)
- Otitis media reduced in children <2y (pooled OR 0.67, CI: 0.62-0.72).
- Allergic rhinitis reduced in children <5y (pooled OR 0.79, CI: 0.63-0.98).
- Overweight/obesity in adolescence or adulthood reduced with longer duration of breastfeeding (pooled OR 0.74, CI 0.7-0.78).
- Higher IQ in children and adolescents (pooled increase 3.4 IQ points, CI: 2.3-4.6 IQ points).
- Positive association with attained schooling in UK.
- Childhood leukaemia 19% reduction in risk (CI: 11%-27%).

For the mother

- Breast cancer risk reduction. Robust inverse association between breast feeding and breast cancer. For every 12m of breastfeeding over a lifetime, associated 4.3% (CI 2.9-6.8%) reduction in incidence of invasive breast cancer.
- Ovarian cancer risk reduction - 30% (CI: 25-36%) reduction in ovarian cancer risk associated with longer periods of breastfeeding.

For the environment

Breast feeding is more environmentally sustainable than formula feeding.

Conditions breast feeding has no effect on

For the child

- Eczema.
- Food allergies.
- Asthma: no significant effect when analysis restricted to studies with tighter control of confounding factors.
- Type 2 diabetes mellitus (no effect when limiting analysis to high quality studies).
- Blood pressure.
- Total cholesterol.

For the mother

- Bone mineral density.
- Inconclusive effect on post-partum weight change.

Harmful effects of breast feeding

The only evidence of a harmful effect was an increase in tooth decay in children breast fed for >12m based on evidence from low and middle income countries. The authors point out that proper dental hygiene after breast feeding can counter this effect.

How can breast feeding rates be increased?

The decision about whether to breastfeed is affected by a range of historical, socioeconomic, cultural and individual factors. For example, women returning to work is a leading motive for not breastfeeding or early weaning and the experiences of female relatives and reactions to breast feeding in public may influence a woman's decision about how she wants to feed her child. One of the key messages in the Lancet is that success in breastfeeding is not the sole responsibility of the mother because the promotion of
breastfeeding is a collective societal responsibility. There is evidence that interventions through health services including baby-friendly support, counselling or education and special training of health staff to support women breast feeding are effective at increasing breast feeding rates.

Breast feeding problems

This clinical review provides advice on how to recognise and manage the common breast-feeding problems we are likely to encounter in primary care (BMJ 2014;348:g2954).

Mastitis

The term mastitis should be reserved for conditions that involve breast inflammation and systemic symptoms. There is typically a wedge-shaped area of the breast that becomes red, firm and tender. Milk or milk products get into the bloodstream causing systemic symptoms such as fever, rigors, lethargy, myalgia, depression, nausea and headache.

Mastitis may be caused by a bacterial infection or may be non-infectious. Infection is more likely in the early weeks post-partum or where there is obvious nipple damage.

When should you use antibiotics?

Research evidence on the use of antibiotics for mastitis is lacking. Current recommendations from WHO and expert opinion are:

- If acutely unwell or nipple damage, start antibiotics immediately.
- If not, consider the following for 24h (if these fail, after 24h, then consider antibiotics):
  - Increase breastfeeding frequency
  - Improve infant attachment
  - Position the infant with their chin pointed towards the affected area
  - Apply heat (shower, warm facecloth, heat pack) before the feed
  - If the infant is not feeding well then express milk by hand or pump focusing on the affected area.
- *Staph. aureus* is the commonest pathogen. Usual treatment is with fluclouxsilin but consult local guidelines. Small amounts of fluclouxsilin are present in breast milk but this is not known to be harmful to infants.
- If symptoms do not resolve within 48h or the mastitis is particularly severe or unusual, WHO advise sending a clean-catch milk sample for culture.
- If the affected area of the breast remains firm after feeds then a deep abscess may be present and the woman needs an ultrasound scan.

Nipple pain

Poor infant attachment is the commonest cause of nipple pain and damage. Health professionals can help mothers optimise attachment to the breast; the input of health visitors and community breast-feeding clinics are invaluable. NICE support treatment for infant tongue tie where this is present in the context of breast-feeding difficulties.

Nipple damage

- When the skin of the nipple is damaged, it is rapidly colonised with *Staph. aureus*.
- To aid healing, nipples should be washed daily and the application of purified lanolin may help.
- In severe or resistant cases, application of a topical antibiotic can be used, e.g. mupirocin ointment applied sparingly three times daily after breast-feeding for up to 10d. Systemic absorption of topical preparations is expected to be minimal so unlikely to cause adverse effects in breast-fed infants.

Herpes simplex

- Herpes simplex is a rare cause of painful, discrete sores around the areolar or nipple.
- In suspected cases, newborn infants should not be allowed to breast-feed and breast milk should be expressed and discarded (to maintain milk supply) until lesions have healed.

Dermatitis

- Skin conditions including eczema, dermatitis and psoriasis may affect the nipple and areolar. Eczema may be atopic or secondary to creams and devices such as breast pumps.
- Treatment involves application of a moderate potency topical steroid such as mometasone once daily after a feed (no need to wash off) for up to 10d. Any excess should be wiped from the nipple area before feeding.
- Don’t forget about the possibility of Paget’s disease in women with a unilateral nipple/areolar rash that does not respond quickly to topical steroids and refer appropriately.

Fungal infection

- Candidal infection of the nipple and breast presents as a persistent burning in the nipple with pain during and after feeds. Pain may radiate into the breast, particularly after feeds.
- Infants may have signs of oral thrush (white lesions on buccal mucosa), but signs of thrush in infants are often not present.
- Management includes topical antifungals applied after feeding for the mother’s nipples (miconazole gel or cream) and infant’s
mouth (miconazole gel or nystatin oral drops) with oral antifungal treatment (fluconazole) for the mother. The most commonly used dose of fluconazole is 400mg once followed by 200mg daily for at least 2w (It is unclear if this is based on consensus or evidence and seems slightly excessive to us!) (LactMed – the breastfeeding section of the US TOXNET database).

Nipple vasospasm

- Blood flow to the nipple is reduced leading to blanching or purple/ blue colouration and pain.
- The condition tends to occur in thin women with poor circulation who may have a personal or family history of Raynaud’s phenomenon.
- Primary vasospasm may present before breast-feeding.
- Secondary vasospasm is more common and usually develops after nipple pain, damage or infection.
- The first step in management is avoidance of cold temperatures, e.g. cover nipples immediately after feeds, apply heat and wear warm clothes.
- If conservative management fails then nifedipine, starting at 20mg slow release once daily, can be used.

Low milk supply

The most common reason women give for stopping breast-feeding is not producing enough milk. However, this is often the woman’s perception rather than the supply actually being inadequate. Feeds may become shorter as breast-feeding is established but breast-fed babies may continue to feed up to 10 times a day. Monitoring infant weight gain is the best way to assess milk supply. An adequate milk supply requires regular removal of milk, normal hormone levels and enough mammary tissue. Causes of inadequate supply include:

- Hypoplastic breasts: in this condition, which affects a small number of women, there is a lack of glandular breast tissue. Breasts are usually widely space with apparently prominent areolas.
- Breast surgery that interferes with nipple sensation can compromise the local (autocrine) control of ongoing milk supply as the breast milk is removed.
- Breast reduction surgery.
- Retained placental fragments may reduce milk production due to persistently raised level of progesterone.
- Abnormal thyroid function.
- Large post-partum haemorrhage, possibly due to a transient lack of blood supply to pituitary gland affecting early post-partum prolactin production.

To increase milk supply better breast drainage is required:

- Ensure effective infant attachment.
- Offer both breasts at each feed or switch feeding (switch sides frequently for sleepy babies).
- Express milk after feeds.
- If the above measures fail, a galactogogue, such as domperidone 10 or 20mg three times a day, can be considered but the evidence is not strong and further research is needed. Do also note that since this paper was written the MHRA have issued a warning about domperidone.

Domperidone (MHRA Drug Safety Update May 2014)

Concerns have been expressed about the risk of cardiac arrhythmias (QTc prolongation, torsades de pointes and ventricular tachycardia) with domperidone. This has been found to be particularly the case at high doses (>30mg daily) and use for prolonged durations.

- The MHRA have made no specific recommendations about domperidone in respect of use to increase breast milk supply.
- Remember, domperidone is contraindicated in individuals where cardiac conduction is or could be impaired or in those with heart failure or those taking other QTc prolonging drugs/potent CYP3A4 inhibitors, e.g. fluconazole, itraconazole (your computer prescribing system should warn of these interactions).

Given the limited evidence, perhaps the role for domperidone to promote breast milk supply is limited.
### Breast feeding benefits

- Breast feeding is associated with a reduction in sudden infant death, necrotising enterocolitis, otitis media in children <2y, allergic rhinitis in children <5y, overweight/obesity in adolescence and adulthood, childhood leukaemia.
- Breast feeding is associated with higher IQ and attained schooling.
- Breast feeding reduces the risk of breast and ovarian cancer in the mother.
- Breast feeding has no effect on eczema, food allergies asthma, type 2 diabetes, BP or total cholesterol in the child. There is no effect on maternal bone mineral density and inconclusive effect on post-partum weight change.
- There is evidence that interventions through health services increase breast feeding rates.
- Be mindful of the wider socioeconomic, cultural, family and individual factors that can influence a woman’s decision about breast feeding.

### Breast-feeding problems

- Breast-feeding problems, including mastitis, nipple pain or poor milk supply, may result in cessation of breast-feeding.
- Mastitis may be infectious or non-infectious. Antibiotic prescribing can be delayed for 24h unless the women is acutely unwell or has signs of nipple damage.
- Nipple dermatitis can be managed with mometasone once a day for 10d.
- Fungal infection of the nipple or breast can be managed with topical antifungals for the infant’s mouth and mother’s breast along with oral fluconazole for the mother.
- Nipple vasospasm may mimic the pain felt in fungal infections of the breast and nipple, consider this diagnosis in women with a personal or family history of Raynaud’s phenomenon.
- The adequacy of milk supply is best assessed by infant weight gain. In cases of poor milk supply, try measures to improve breast drainage.

Do you know what breast-feeding support services are available in your area? Could you make a list for your own use and share it with your colleagues? (Don’t start from scratch – talk to the health visitors!!)
Our comprehensive one-day update courses for GPs, GP STs, and General Practice Nurses. We do all the legwork to bring you up to speed on the latest issues and guidance.

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Our courses contain NO theorists, NO gurus, NO sponsors, NO reps on the day!

Just real-life GPs who will be back at the coal face as soon as the course has finished.

www.gp-update.co.uk
The GP Update Course – our flagship course!

With the amount of evidence and literature inundating us, it can be hard to know which bits should change our practice, and how. The GP Update Course is designed to be very relevant to clinical practice and help you meet the requirements for revalidation. We collate and synthesise the evidence for you so you don’t have to! Using a lecture based format, with plenty of time for interaction, the GP presenters discuss the results of the most important evidence and guidance, placing them in the context of what is already known about this topic. The presenters also concentrate on what it means to you and your patients in the consulting room tomorrow.

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Exeter  Wed 16 May 2018
Bristol  Thur 17 May 2018
London  Fri 18 May 2018
London  Sat 19 May 2018
Newcastle  Wed 6 Jun 2018
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Manchester  Fri 8 Jun 2018
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Norwich  Wed 13 Jun 2018
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Reading  NEW LOCATION  Fri 15 Jun 2018
Oxford  Fri 28 Sep 2018
Southampton  Sat 29 Sep 2018
Cardiff  Wed 3 Oct 2018
Exeter  Thur 4 Oct 2018
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London  Sat 6 Oct 2018
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London  Wed 17 Oct 2018
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Edinburgh  Thur 8 Nov 2018
Glasgow  Fri 9 Nov 2018
Brighton  SEE BACK PAGE  Fri 23 Nov 2018

The MSK and Chronic Pain Update Course - New

MSK problems are the most common reason for seeing a GP and represent 30% of repeat GP visits. We want to help build your confidence. On the course we will tackle:

- The evidence-base for common MSK conditions including osteoarthritis, spondyloarthritis, polymyalgia, fibromyalgia and much more.
- Diagnosis: why waddling like a duck might help; and what to do when there is no diagnosis!
- Why chronic pain is ‘in the brain’ – and more importantly, what we and our patients can do about it.

We will provide you with a new narrative and a tool box of strategies you can take back to the surgery and start using the next day.

London  Thur 17 May 2018
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Leeds  Thur 11 Oct 2018
Birmingham  Fri 12 Oct 2018
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Brighton  SEE BACK PAGE  Wed 21 Nov 2018

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If you’ve been waiting for a job as a leader to develop your leadership and management skills then you’re missing out! Leadership starts with identifying and taking control over what is in your hands right now! Lead. Manage. Thrive! will give you the confidence to skilfully negotiate, deal with difficult conversations, influence colleagues and bosses, delegate and be proactive about managing your workload.

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London  Fri 18 May 2018
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London  Fri 5 Oct 2018
Nottingham  Wed 17 Oct 2018
Edinburgh  Wed 7 Nov 2018
Brighton  SEE BACK PAGE  Sat 24 Nov 2018
The Women’s Health Update Course

Our Women’s Health Update has ALL NEW CONTENT for 2018! This completely refreshed one day update will arm you with the skills to manage this area of general practice with confidence! Expect the latest on perimenopausal contraception, low libido, fertility, post-coital bleeding and the ‘abnormal’ cervix as well as benign breast disease and lots more! We promise it’ll be interactive, fun and relevant for ALL GPs and GP STs!

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The Cancer Update Course

Within the next 15 years the need for cancer care will double and you will look after as many cancer survivors as diabetics. Shared care follow up will become the norm, and secondary care will pass responsibility to us. A key 2015 Lancet Oncology commission paper warned that: “GPs are inadequately trained and resourced to manage the growing demand for cancer care in high income countries”.

Education for GPs was one of their five key recommendations – we can help you get ahead of the curve! Established GPs and GP STs can use this course to bridge the gap in traditional GP cancer education which has focussed heavily on referral and end of life care missing out the whole journey in between.

This course is able to look in much more detail at the big picture behind the disease perhaps most feared by our patients and, let’s face it, that 1 in 2 of us will be diagnosed with over our lifetime.

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Our Consultation Skills Courses

These small group courses have a different feel and flavour to our topic based Updates and are packed with interactive activities designed to review and refine your consultation skills! But don’t worry – we won’t ask you to role-play in front of the group!

Perfect for GPs, GP STs and Practice Nurses. For more information, please visit www.gp-update.co.uk/courses

The Telephone Consultation Course

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The Effective Consultation Course

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The Medically Unexplained Symptoms Course

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Prices

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Plan ahead! Save £60 when you attend three courses in 2018. Use discount code 3BUNDLE2018 when booking via www.gp-update.co.uk. Even if you’ve already booked one or two courses this year, simply call us with your existing booking details on 03330 093 090 and upgrade.* (Charged at the same rate as standard landline numbers that start with 01 or 02).

* All courses to be taken by the same delegate in the 2018 calendar year. Only one promotion code to be used per booking.
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☐ The MSK and Chronic Pain Update Course ............................................................... (date)................................
☐ Lead. Manage. Thrive! Course ............................................................... (date)................................
☐ The Cancer Update Course ............................................................... (date)................................
☐ The Women’s Health Update Course ............................................................... (date)................................
☐ The Telephone Consultation Course ............................................................... (date)................................
☐ The Effective Consultation Course ............................................................... (date)................................
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