

Breastfeeding and Survivors of Childhood Sexual Abuse

By Kathleen Kendall-Tackett ILCA July 06 Report from Cindy Dibb

Study 1, 360 primip women

A. 12% CSA survivors

1. No significant differences between survivors and non-abused on c-section rates, induction/augmentation, anesthesia, or failure to progress.
2. A higher percent of CSA survivors (53.6%) indicated an intention to breastfeed than did their non-abused counterparts (40.6%)

Study 2, 1220 mothers with children < 3 years of age

B. 7% reported CSA

C. Women that were CSA were 2X as likely to initiate breastfeeding

D. CSA women were more likely to be divorced, separated or never married, have lower incomes, an unwanted pregnancy, and late prenatal care

CSA Survivors:

E. Higher rates of healthcare use

F. More symptoms, chronic pain complaints

G. Less satisfied with their health

H. Demonstrate hostile-negative life view

I. More PPD

J. Mistrust of others increased

Some Noted Reactions to Breastfeeding

K. Lack of confidence in own body

L. Shame over physical sensations

M. Inappropriate sexual remarks

N. Uncomfortable with infant playfulness while breastfeeding

O. Inaccurate perceptions about needs of infant

What we can do

P. Help mothers find coping measures, more covering

Q. May not like skin-to-skin

R. Educate about normal course of breastfeeding, infant development

S. Don't pry, mother may not trust you

ILCA Report from Carol Cox 9-15-06

Donna Ramsey presentation on **Anatomy of the Lactating Breast**

CD ROM in WALC Library along with research findings and Poster

Changes due to ultrasound imaging

- Ducts branch closer to the nipple
- The conventionally described lactiferous sinuses don not exist
- Glandular tissue is found closer to the nipple
- Subcutaneous fat is minimal at the base of the nipple
- The ratio of glandular to fat tissue is 2:1
- 65% of the glandular tissue is located in a 30mm radius from the base of the nipple
- The range of milk ducts exiting the nipple is 4-18
- Complex ductal network, neither arranged symmetrically nor in a radial pattern

Night Time Nursing (Cox)

Advantages

Breastfeeding success
Prolactin levels are elevated
Delays in return of menstruation and fertility
Reduces incidence of engorgement

Formula fed infants have poor vagal tone which makes them sleepier and less alert than breastfed infants.

Causes for night waking can be emotional such as separation anxiety, disturbance in family harmony, and developmental milestones. They can be physical such as hunger, wet, too hot or cold, teething, and diaper rash. Environmental could be inconsistent room temperature, environmental irritants, or noises. Medical could be stuffy nose, allergies, GER, fever, or ear infections.

She said good daytime parenting leads to easier night time parenting. Avoid TV and computer games, conflicts, eating solids, bright lights, caffeine, and include sunshine and exercise. Make bedtime a soothing routine with warmth, touch, sound, and motion.

Things to do for all night nurser. Feed the baby as much as possible during the day. Increase daytime snuggling. Give on good long feed at bedtime. Make the breast less available by increasing the sleep distance between mom and baby. Stop feeding a sleeping baby.

Tips for sleep deprivation: Cut your expectations of yourself by ½. Sleep when your bay sleeps. Rest when you can even if you can't sleep. Turn ringer off phone. Go to bed early. Ask for help. Avoid caffeine. Exercise. Eat well and take a good vitamin.

Communication Techniques (Cox)

Key Principles: Establish trust by expressing genuine interest in others, smile, know and say their name, listen (let them do most of talking), talk in terms of other person's interest, and make the other person feel important. Maintain esteem by not criticizing, condemning, or complaining. Call attention to people's mistakes indirectly. Ask questions instead of giving direct orders. Talk about your own mistakes before criticizing others. Let the other person save face. Use encouragement. The only way to get the best of an argument is to avoid it. Show respect for the other person's opinions. Motivate to change by not projecting fear. Give others a sense of purpose. Praise the slightest improvement. Be creative in your approach. See things from the other person's point of view. Make them want to do it.

Dr. Tieraona Low Dog's presentations at ILCA 2006 on *Evidence for Safety and Benefit of Herbal Therapies for Breastfeeding Mothers and Cultural Aspects of Breastfeeding* – reported by Winnie Mading IBCLC

Fenugreek, Fennel Seed, Goat's Rue, Milk Thistle, Alfalfa, Nettles and Red Clover all have been used historically as lactagogues and many anecdotal reports exist regarding their effectiveness. However, there is little or no human scientific research on their effectiveness. However, there are no known safety concerns for their use in "normal" doses (not defined except for Fenugreek where the normal dose is considered 3-6 g/day). One anecdotal report of adverse effects with Goat's Rue, but may have been due to contaminants. Goat's Rue does have some research in veterinary use as a lactagogue. BORAGE and COMFREY are potentially dangerous and should not be used in pregnancy and lactation. Some studies have been done on cabbage for engorgement, but none showed any effectiveness even though it is considered safe. Tea tree oil can be effective against thrush but can be toxic and should never be used in baby's mouth. St John's Wort is considered safe for use in PPD, but can interact with several other medicines.

Assigning specific beliefs to various cultural groups should be done with caution as there is great variety of beliefs within groups. Important things for LCs to keep in mind is the need to show respect even if we feel the beliefs are "weird" or even potentially disrupting for breastfeeding. Be sure what you say is understood by keeping explanations simple, without jargon and using professional interpreters when needed rather than family members. Ask what the client has heard about breastfeeding to see if there are cultural factors that may have an impact. Ask about foods that may be recommended or avoided by their culture. Learn about other cultures by talking with local leaders and spokespeople. Take advantage of local cultural events to learn more about cultures with whom you may be working. Be aware of the artwork, magazines and handouts in your office to be sure they are culturally inclusive.

ILCA Report Summary for WALC Minutes by Anne Altshuler, RN, MS, IBCLC

Title: Celiac Disease: Importance of Exclusive Breastfeeding for At-Risk

Infants (Session #F8A, pages 85-88 of conference syllabus).

Speaker: Ilana Chertok, PhD, RN, IBCLC. Chertoki@uic.edu

Celiac Disease is a chronic, autoimmune disease characterized by gluten intolerance. The affected person will not be able to eat wheat, rye or barley for life. There is both a genetic component as well as an environmental trigger (exposure to gluten) that causes inflammation and damage to the villi in the small intestine. About 1 in 100 individuals is thought to be affected in cultures where grains are a staple food.

In the 1980's Sweden experienced a fourfold increase in the number of children under age two suffering from celiac disease. This increase corresponded to the introduction and use of new "follow-up" baby formulas that contained flour. When use of these formulas was discontinued, the incidence of celiac disease dropped. New recommendations are to breastfeed exclusively for 6 months, introduce gluten into the diet gradually, in small amounts, and continue breastfeeding during the introduction of gluten.

For a list of references, contact Anne Altshuler at dsulman@wisc.edu

ILCA 2007 – Becky Krumwiede

Useful tidbits from the Poster Sessions:

Refrigerator shelf life of human donor milk, Jean Rhodes (rhodesje@muscc.edu) Currently there is little data on the refrigerator shelf life of pasteurized human donor milk; HMBANA recommends discarding 24 hrs. after refrigeration. 50 samples of milk were cultured once a day for 7 days. Results: refrigerated human donor milk, when handled carefully in the clinical setting, does not grow bacteria over the course of a week.

Birth Kangaroo Care: An Exploratory study, Kim Boggs (kboggs@ohiohealth.com) When attempting to implement KC in the LDR, L&D nurses were concerned over poss. temp. loss and hypoglycemia, so small study measured these outcomes. Babies were placed in KC within one minute of birth. All temps increased. Blood glucose varied but there was no hypoglycemia. 8/9 babies independently latched successfully at a mean of 53 minutes postbirth. Mothers all reported the experience as positive, "physicians were pleased that KC distracted mothers during episiotomy repairs," nurses were surprised that it did not increase their workload.

Retrospective Analysis of Infants Admitted with Early BF Difficulties, Diane Spatz (spatz@nursing.upenn.edu)

Chart review of admissions to a children's hospital over 18 months, 68 were admitted with early BF difficulties (hyperbilirubinemia, FTT, dehydration). 30% of mothers had previously BF, 70%

were born via NSVD, 66% were exclusively BF prior to admission, only 16% had known lactation risk factors. Interesting conclusion: “Many mother/infant dyads admitted did not fall into groups that are traditionally labeled as high-risk for lactation difficulty. Therefore, no mother should be seen as low-risk for early BF difficulties and education/early intervention should target all mother/infant dyads.”

Assessing the Problem Feeder: Are we missing something? -- Susan Boekel

Babies that have problems BF often don't feed well on the bottle, either; often have underlying medical problems. Assess: oral anatomy & function, body, observe a feeding, growth. At rest, mouth should be closed, should not be able to hear baby breathing. Sucking bursts should be 10 or more; if less, baby is stopping to breathe or fatiguing. Should not see milk leaking out. Appropriate weight gain 0-3 months is 25-30 gm/day, 4-6 months 15-20 gm/day, 7-12 months 10 gm/day. Baby should be at 90% or better of ideal body weight (weight for height). [New growth charts]

Mandibular Asymmetry and Breastfeeding Problems – Ginna Wall

Collected data for two years on babies with crooked jaws and their BF outcomes. 11 babies out of ~ 3700 births, all had difficulty latching, 8 moms had nipple pain, 7 eventually achieved effective BF. Side the jaw is pushed up is the affected side, baby may prefer to look toward this side. Probable cause is pressure from a chin-to-shoulder position. Literature is unclear whether a crooked jaw is independent or part of torticollis. Use whatever BF position works—often nurse better with the affected side down. Follow closely -- anticipate the possibility of poor milk transfer, begin expressing at the earliest sign of poor intake. [Becky's editorial comment: no mention of chiropractic or craniosacral treatment (!), just referral to PT if torticollis doesn't improve with neck stretching exercises.]

Feeding and Swallowing Problems: Assessing oral motor patterns – Joan Comrie

Risk factors for feeding/swallowing disorders: prematurity, neurologic sequelae, cardiac complications, craniofacial anomalies, respiratory problems, GI problems. Typical pattern of inhale-swallow-exhale pushes out anything that got under the epiglottis and protects airway. Observe for nasal flaring, color changes (can indicate silent aspiration), grunting on exhalation, stridor, wheezing, retractions. Reflux is common in preterms; cow's milk allergy is associated with or caused reflux in roughly half of the cases. Spits that smell like vomit mean the breastmilk coming up is acidic, can cause esophagitis. Other indicators of GE reflux are irritability/sleeping difficulties, desire to eat then refusal, arching, congestion/coughing/sneezing, hoarse or wet vocal quality. Can check spit-up with pH paper to tell how acidic it is. Indicators of aspiration are wet, raspy or hoarse vocal quality; stridor with feeding; coughing, congestion; cyanosis or color changes; increased respirations with feeding. Swallow study can r/o aspiration and obstruction. Standard bottle nipple had suck characteristics similar to BF, Nuk did not, Avent nipples stimulate biting pattern—not the bottle to use if baby is having difficulty.

Report from ILCA Clinical Day July 12, 2006 The Slow to Gain Baby: Practical, clinical and ethical challenges
Marina Greet, Frances Jones and Molly Pessi

The baby needs to BELONG to the mother. Skin to skin facilitates this. **Any** separation can cause problems. Feeding is not optional, help baby get to breast no matter what is happening with mom

EVERYONE who cares for babies needs to know how to assess a latch and a feeding and how to help mom and baby. This is not the LC's job!

Every mother needs to know how to hand express. Use this to get some milk to supplement and feed the milk with a spoon. There does not need to be a policy for spoon feeding

Breast Reduction: Initially it may be best to not have mom pumping because it intensifies the concern that she "has a problem." Better to start with optimizing the "typical" experience of BFing.

When BFing just doesn't work: Intense pain and grief that continues for years. Women who intend to formula feed do not feel guilty. Those unable to breast feed often add guilt to the other pain. We must give them respect and non judgemental support.

If you act like God, don't be surprised if you are blamed for Natural Disasters.

We need to LISTEN.

"It is only by offering families our respect and nonjudgemental support for their situation that we can be truly valuable in our breastfeeding work."

Human Milk Anti-Infecture Properties by Steven Buescher, MD
Reported by Alyce Tylicki on September 15, 2006

Dr. Buescher stated that human milk is an infant support system that provides protection, information and nutrition. Each piece interlocks and one piece enhances the other. Results are unexpected. Sites of protection include: respiratory, gastrointestinal, urinary, cutaneous and middle ear. This protection is against bacteria, viruses and parasites.

In human milk IGA binds things together without inflammation because it is minus neutrophil participation. Live pathogens may be found in the stool but there are no symptoms in the infant and no infection. This facilitates immunity. Oligosaccharides have receptor ends that resemble the receptor ends of the surface cell so the organisms attach to the oligosaccharide and cannot cause infection. Milk fat globules have large surface membranes that bind to microorganisms. Lactoferrin acts by binding iron needed for growth of microorganisms. Lactoferrin also inactivates the IGA protease and adhesion on microorganisms which could destroy IGA. Human

milk fatty acids are triglycerides, glycerol with three fatty acids. Lingual lipase cleaves the fatty acids off and makes the soap that will cleanse the intestine. Lactose anti-infective factor is as follows. The bifido lactobacillus is the flora of the exclusively breastfed infant. One half to two thirds of the lactose becomes glucose and galactose as food for the infant. One third to one half feeds the colon flora. Lactose ferments and produces propionic acid, butyrate and acetate which are growth factors for bowel epithelium. Breastmilk is antiinflammatory without losing protection because it is not carried out with a single event. We do not know everything present in human milk but it is not just nutrition but a support system.