

LACTATION FAILURE

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ABSTRACT

Seventy five mothers with lactation failure were studied, whose less than 4-month-old babies were admitted to the hospital. Partial lactational failure (94.7%) was noted more often than complete lactational failure (5.3%). Initiation of breastfeeding was delayed for 2 to 5 days usually for traditional reasons (77.3%) and because the mothers felt that the milk output was inadequate (92%). The various causes of lactation failure were determined and the relationship to various factors was analyzed. The commonest cause of lactation failure was insufficient milk or no milk (80%). The age, parity, education, socio-economic status, religion, family structure and urban vs rural status of mother—all had a bearing on the occurrence of lactation failure.

An attempt was made to relactate all these mothers. The outcome was successful in 69.3 cases and failed in only 4% cases. In 26.7% cases, we cannot predict the outcome as the mothers hospital stay was very brief with no follow up.

Key words: Lactation failure, Relactation.

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The advantages of breast feeding to both the baby and the mother are well known. The value of breast milk in developing countries like India cannot be neglected. However, increasing numbers of Indian mothers are now top feeding their infants. Mothers often feel that they have insufficient milk, and failing to receive the crucial breastfeeding support eventually develops lactation failure. The Western countries have realized the immense value of breast milk and widespread support has resulted in a rising trend of breast-feeding.

Several studies from this country have provided information regarding the causes of lactation failure. However, studies on the management of lactation failure are scarce.

Material and Methods

A total of 75 mothers whose less than 4-month-old babies were admitted to our hospital with illness of varying severity with lactation failure were studied. Complete lactation failure was defined as total absence of milk flow or secretion of only a few drops of milk following regular suckling for a period of at least 7 days(1). Partial lactation failure was considered to be present when mothers spontaneously complained of inadequate milk flow and the infants required artificial milk feeding(1). Relactation was defined as resumption of breastfeeding following cessation or significant decrease in milk production(2,3). Relactation was considered successful in complete lactation failure if the following criteria were fulfilled: (a) tingling sensation in the breast while breastfeeding; (b) contralateral ejection of milk flow during feeding; (c) total elimination or significant decrease in quantity of artificial milk fed to the child per day; (d) weight gain in the infant. In partial lactation failure,

relactation was termed successful based on the mother's observation of increase in milk flow resulting in total breastfeeding with sustenance of normal growth of the infant(1).

A detailed history and clinical examination of the mother and the baby (including neurological examination and examination for congenital abnormalities) were done and the findings noted in a working proforma.

Relactation was attempted in all cases by first treating the baby and the mother, if required. Mothers have been motivated to breastfeed and were provided adequate rest, nutrition and psychological support. Frequent and prolonged sucking by the baby in the proper position was ensured, with immediate cessation of the use of bottle or pacifiers. If top feeding was required, it was allowed only after first attempting breastfeeding. If lactation was still not established, then metoclopramide was given orally in the dosage of 10 mg 8 hourly for 10 days. If this also failed, nursing supplementer was tried(4,5). A nursing supplementer is a fine type (Infant feeding tube F-66) which acts like a drinking straw. The tube passes from a cup or bottle of milk to the baby's mouth. Put the end of the tube along the mother's nipple, so that the baby sucks both nipple and tube at the same time. He gets the milk from the cup through the tube. His sucking stimulates the nipple which starts production of milk. If all attempts at relactation failed in spite of a trial of 3 weeks (failed relactation), the baby was either breastfed by a surrogate mother, if available, or given top feed. Sustenance of the baby's growth was ensured.

Results

The age of the 75 mothers with lactation failure varied from 16 years to 40

years, the mean (SD) age was 23.7 (4.4) years. Maximum number of mothers, 40 (53.3%), were in the age group of 21-25 years followed by 16 (21.3%), 12 (16.0%), 6 (8.0%), 1 (1.4%) in the age groups of 16-20 years, 26-30 years, 31-35 years, and 36-40 years, respectively. A significant number of mothers fifty (66.7%) were from the urban areas. Most of the mothers were primipara, 43 (57.3%) and Hindus, 61 (81.3%). Ten (13.3%) mothers had nuclear families.

Of the 65 (86.6%) mothers who had received antenatal care, only 3 (4.6%) had their breasts examined antenatally. Forty two (56%) mothers had delivered at hospital and 33 (44%) at home. All the mothers had given prelacteal feeds comprising water, water with sugar or glucose, milk (goat, cow or milk powder) to their babies.

Initiation of breastfeeding was delayed for 2 to 5 days usually for traditional reasons (77.3%) and because the mothers felt that the milk output was inadequate (92%). Fixed scheduled feeding was done more often by urban mothers (8 out of 50-16%) than by rural mothers (1 out of 2-4%).

Only 4 (5.3%) mothers had complete lactation failure and practised exclusive top feeding. Of the 71 (94.7%) mothers with partial lactation failure, 41 (54.7%) were giving frequent breast feeds while 30 (40%) were breastfeeding occasionally.

The causes of lactation failure as stated by mothers are described in *Table*. The parameters used by the mothers in gauging the inadequacy of their milk secretion included: (a) baby keeps on crying 55 (73.3%) mothers; (b) baby does not sleep well 47 (62.7%); (c) baby does not pass urine frequently 1 (1.3%); (d) baby does not increase in weight or is losing weight

TABLE— Causes of Lactation Failure as Perceived by the Mother

Causes	Partial failure (%)		Complete failure (%)	
	(n = 71)		(n = 4)	
Insufficient milk or no milk	57	(80.2)	3	(75.0)
Infant ill	31	(43.6)	1	(25.0)
Unsuitable milk	27	(38.0)	2	(50.0)
Refusal by baby	4	(5.6)	—	
Mother ill	4	(5.6)	2	(50.0)
Maternal employment	8	(11.2)	—	
Advice by relative/friend	12	(16.9)		(25.0)
Advice by doctors/nurses	7	(9.8)		(25.0)
Dislike of breastfeeding	—			(25.0)

Figures in parentheses indicate percentages.

7 (9.3%). Eighteen (24%) mothers did not mention the name of the parameter used for gauging inadequacy of breast milk.

The outcome of our relactation attempt was successful in both partial, 49 (69.3%) and complete, 3 (75%) lactation failure. Relactation failed in 22 (30.7%) mothers with partial lactation failure and 1 (25%) mother with complete lactation failure. Nineteen (26.7%) mothers with partial lactation failure were lost to followup.

Out of 4 cases of complete lactation failure in the mother one had severe anemia with hypoproteinemia, second developed intense dislike of her baby at birth and had no milk let down, third was an open case of tuberculosis and had been wrongly advised not to breastfeed followed by drying up of breast milk, and in the fourth case, the mother stopped breastfeeding completely as she felt that her milk was unsuitable.

Discussion

In this study, the mean age of mothers with lactation failure was similar to that reported previously(6-10). Only 3 out of the 65 mothers who had received antenatal care, had got antenatal breast examination

done revealing the scant importance that is attached by, the health personnel to this vital aspect of antenatal care.

Prelacted feed was given by all mothers and is common practice as reported by other workers(11,12). Delayed initiation of breastfeeding was usually done because it was considered traditional(12) or there was no milk secretion, Kalra *et al.*(13) found that delay was more in rural than in urban mothers. Our finding that fixed scheduled feeding is practised by more urban than rural mothers is similar to that observed by Kalra *et al.*(13). Fixed schedule feeding predisposes to lactation failure. Majority of the mothers suffered from partial lactation failure and the commonest reason for this was insufficient milk, as attributed by them. This is also reported by other workers(13-15). This clearly indicates that most of the mothers did not receive appropriate support for breastfeeding, which is possible if doctors adopt "doctor's declaration for breastfeeding"(16).

The outcome of relactation attempt was successful in 69.3% cases of partial lactation failure. The success would have been greater had the mothers who left early (26.7%) stayed for a longer duration with

us. Relactation can also be successfully attempted in cases of complete lactation failure. However, as the number of such cases was very small in our study we can not claim 75% success in all such cases. We hope our study will inspire more projects in this direction in the near future which would throw more light on this interesting and vital problem.

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