Brief Reports

Initiation of Relactation

C.R. Banapurmath
S.C. Banapurmath
N. Kesaree

Importance of breastfeeding in child survival is well known. Risk of diarrhea, respiratory infections and risk of death with artificial feeding is also well established(1). The commonest reason, why a woman stops breastfeeding, is her feeling that she does not have enough milk which leads to supplementary feeding. This, in turn is associated with infrequent suckling which leads to true decreased production of milk and cessation of breastfeeding(2).

We report successful results in relactation of mothers following constant motivation, regular conselling and by growth monitoring of their babies.

Material and Methods

Fifteen mothers, having infants 20 days to 4 months of age who had stopped breastfeeding for more than two weeks were studied in the Department of Pediatrics, J.J.M. Medical College, Davangere. Mothers were encouraged to reinitiate breastfeeding, by repeatedly suckling their babies at breast 10 to 12 times per day. They were encouraged to suckle for atleast 10 to 15 minutes on either breast. For nipple stimulation, repeated suckling by the infant was encouraged. To prevent frustration in infant, milk was put over the areola with a spoon by a nurse or a mother's relative.

Age of the baby when first seen, duration of lactation gap, appearance of milk after attempting relactation, time to partial breastfeeding and time to complete relactation were noted. A mother was considered to have started relactating when milk was noted at breast on manual expression. A baby was considered to be on partial breastfeeding when top milk supplementation was reduced by half. A baby was considered to be exclusively breastfed when he was fed with breastmilk only. This was also considered as complete relactation.

Mothers were encouraged to eat a balanced diet and no nutritional supplements or drugs were prescribed. The cases were followed up at weekly intervals and babies were regularly weighed at each visit for the next 3 months.

Results

Of the 15 babies, 12 were term and 9 were boys. Thirteen babies were breastfed by their biological mothers and 2 by surrogate mothers. Twelve out of 15 mothers had resorted to bottle feeding and the other 3 mothers were feeding by cup and spoon (*Table I*).

The mean age of the 13 babies when first seen was 53.8 days (SC ± 36.9). The mean

From the Department of Pediatrics, J.J.M. Medical College, Davangere.

Reprint requests: Dr. C.R. Banapurmath, 176, 3rd Main, P.J. Extension, Davangere 577 002, Karnataka.

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TABLE I–*Characteristics of Cases Studied and Results of Relactation*

Case No.	Gestational age (weeks)	Age of the baby (days)	Duration of lactational gap (days)	Appearance of milk after attempting (days)	Time to partial breast-feeding (days)	Time to exclusive breast-feeding (days)
1	Term	45	30	5	15	-
2	Term	120	15	2	7	15
3	Term	90	30	3	30	-
4	Term	112	24	7	22	-
5	Term	21	21	3	21	-
6	Term	20	20	3	8	30
7	Term	60	20	2	10	15
8	Term	45	15	2	12	20
9	Term	90	22	3	20	30
10	Preterm	20	15	2	23	35
11	Preterm	30	18	4	12	48
12	Term	26	16	2	22	45
13	Term	20	20	3	30	-
Surrogate mothers						
14	Term	20	16 years	7	30	45
15	Term	18	6 years	8	30	40

lactation gap of the 13 mothers was 20.5 days (SD ± 5.1 days).

Appearance of milk at the breast after attempting breastfeeding for the 13 biological mothers was 3.1 days (SD ± 1.5 days). The mean time to partial breastfeeding, was 17.8 days (SD ± 7.8 days). Eight out of 13 mothers were able to establish exclusive breastfeeding. The mean time taken was 29.7 days (SD ± 12.7 days).

The 2 surrogate mothers had adopted babies who were 20 and 18-days-old. The lactation gap was 16 years and 6 years. Milk appeared at the breast on the 7th and 8th day, respectively. Time needed to establish partial breastfeeding was 30 days in both. Both the surrogate mothers were able to exclusively breastfeed their babies by 45 day and 40 days, respectively.

The reason for not breastfeeding in 8 mothers was a feeling that they were not having sufficient milk. Nipple problems in 2 cases and maternal tuberculosis in 2 cases lead them to stop breastfeeding. Two working mothers wanted their babies to get used to bottle feeding.

Follow up was done at weekly intervals and babies were weighed at each visit for three months. Initially, babies were mainly fed with top milk by cup and spoon and later with breastmilk and top milk. Ten babies achieved exclusive breastfeeding and 5 babies

achieved partial breastfeeding.

Table II shows weight gain of the babies at 2 weekly intervals. The mean weight at the time of entry into the study was 3.08 kg (SD ± 0.89). These babies steadily gained weight to reach mean weight of 5.29 kg (SD ± 0.81) after 12 weeks of follow up.

Among the two surrogate mothers mean weight of the babies at the time of entry into the study was 3.09 kg (SD ± 0.82). Both the babies gained weight to reach mean weight of 5.34 (SD ± 0.75) after 12 weeks of follow up.

Discussion

Relactation is the resumption of breastfeeding following cessation or significant decrease in breast milk(2). Anthropologists have made observations in pre-industrialized societies of women who have not borne children, that, after a few weeks placing the suckling infant to the breast, they were able to produce milk adequate to nourish the infant(3).

It was interesting to note that babies refused to suck at the breast once they were used to bottle feeding. This is because of

TABLE II—*Weight Gain on Follow Up*

Sl. No.	Age of the baby (days)	Weight on entry into study	2 weeks	4 weeks	6 weeks	8 weeks	12 weeks
1	20	2.7	3.2	3.8	4.1	4.6	5.1
2	20	2.7	3.0	3.3	3.7	4.1	5.0
3	20	2.3	2.8	3.1	3.4	3.9	4.4
4	21	1.6	2.0	2.6	3.1	3.4	4.1
5	26	3.2	3.6	4.2	4.6	5.1	5.9
6	30	3.3	3.7	3.9	4.1	4.7	5.1
7	45	3.0	3.6	4.2	4.5	4.7	5.2
8	45	2.6	3.1	3.4	3.8	4.3	4.9
9	60	2.5	2.9	3.3	3.9	4.2	4.5
10	90	4.0	4.2	4.6	4.9	5.3	5.8
11	90	2.9	3.3	3.9	4.2	4.6	5.4
12	112	4.6	4.6	4.9	5.3	5.8	6.6
13	120	4.6	4.9	5.7	6.0	6.3	6.8
Mean	53.8	3.08	3.45	3.91	4.28	4.69	5.29
SD	36.9	0.89	0.78	0.82	0.79	0.78	0.81
Babies of surrogate mothers							
14	18	2.9	3.4	3.9	4.3	4.9	5.6
15	20	3.4	3.8	4.2	4.6	4.9	5.5
Mean		3.09	3.47	3.93	4.3	4.72	5.32
SD		0.82	0.73	0.77	0.34	0.73	0.75

nipple confusion as we know the mechanism of milk transfer is different for breastfeeding and bottle feeding, and many babies cannot adopt to two ways(4). In all these mothers, relactation was successful when bottle feeding was stoped, suggesting that cause for less milk in mother was ineffective suckling due to nipple confusion(5). If a mother bottle feeds a baby, the baby sucks less frequently at the breast.

We could achieve relactation in all the cases by ensuring frequent suckling at the breast by the infant. Bottle fed babies were feeding with closed mouth position resulting in nipple suckling, nipple pain and inadequate milk transfer. Bottle feeding was stopped and babies were helped by proper positioning so that large amount of areola was slipped into the infant's mouth by training the mother. The mothers were constantly encouraged and their confidence was built up at each visit.

Relactation requires patience and perseverance in the mother, her relatives and also in her treating doctor. There are many reports of nulliparous women successfully breastfeeding adopted infants(7,8) and even there are instances of grandmothers breastfeeding, the grand child(9). In 1974, there were 100,000 orphan children in the city of Saigon many of these were newborn infants. In orphanages surrogate mothers were given three meals daily along with low doses of chlorpromazine for approximately one week. Many women could lactate and even nourish two orphans(6). In the present study application of milk over the breast by using cup and spoon helped the baby in the initial stages to properly suckle at the breast.

Potential for relactation in our country is enormous. Doctors and other health personnel should encourage exclusive breastfeeding during first 4-6 months. Supplementary foods should not be advised below 4 months of age. Feeding history should be recorded at every immunization visit. If a mother has stopped breastfeeding, relactation must be initiated. It is much easier to establish relactation if the lactation gap is short and if the baby is young(8).

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