

Relactation

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Breastmilk is the only perfect food for babies. It helps in bringing down the morbidity and mortality during infancy(1,2). Failure of lactation is often seen when mothers do not receive adequate breastfeeding support, leading to early introduction of top feeds. This depresses lactation further terminating in true lactational failure. Relactation means re-establishment of milk supply after a mother has stopped nursing for a few days to a few months. It also includes increasing insufficient milk supply(3,4). Relactation is possible if the mother wishes to relactate and gets positive support from health personnel(5). In this communication I share my experiences on relactation.

Material and Methods

Eight mothers and their babies presenting to the Pediatric OPD of MGIMS, Sevagram formed the study material. Mothers of these babies either had no breast

secretions (complete lactational failure) or had very few breast secretions and their babies were mostly on top feeds (partial lactational failure). All these mothers with their babies were admitted to the Pediatric Ward of MGIMS, Sevagram for relactation. Mothers were counselled daily regarding advantages of breast feeding and were motivated to breastfeed. Attempts were made to instill confidence for successful relactation. They were given adequate nutrition and rest. Babies were made to suckle at the breast in the proper position every 2-3 hours under direct supervision of the Nursing staff. Babies who refused the breast initially accepted to suck at the nipple after introduction of an indigenously made lact-aid supplementator(5).

Relactation was termed completely successful when the baby showed sustained growth on breast milk alone and partially successful when breast milk secretions increased, top feed amount decreased, but the baby still required top feed for adequate growth. When the breast milk secretions did not increase and the baby required more top feeds than before, it was termed failure of relactation. All babies were followed up for 3 months after discharge. Babies were weighed every week for the first 4 weeks and subsequently every fortnight. If the baby gained 125 g or more each week or 250 g or more every fortnight, it was taken as adequate growth(6).

Results

Table I summarizes the pertinent details of these cases, six mothers were primigravidas whereas 2 were multigravidas. Their age varied from 18-30 years with a mean of 23.5. The age of babies on entry ranged from 26-90 days with a mean of 50.7 days. Six (75%) mothers had complete lactational failure (CLF) whereas 2 (25%) had partial

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TABLE I-Relactation Case Studies

S1. No.	Mother		Baby age (days)	Age (day) BF stopped	Reason for stopping BF	Gap. (3-4)	Time taken for relac- tation (days)	Complete or partial
	Parity	Age (yrs)						
1	Primi	24	50	15	Not enough milk	35	28	Complete
2	Multi	26	90	Cont	Not enough milk	-	Never	Failed
3	Primi	20	26	Never BF	Maternal TB	26	-	LAMA on day 15
4	Primi	22	76	Cont	Not enough milk	-	22	Partial
5	Primi	23	31	15	Sick mother	16	30	Complete
6	Multi	30	28	Never BF	Maternal TB	28	32	Complete
7	Primi	18	45	15	Not enough milk	30	35	Complete
8	Primi	25	60	28	Not enough milk	32	28	Partial

BF = Breastfeeding; Cont. = Continued.

* Gap between stopping of breastfeeding and onset of relactation.

lactational failure (PLF) on admission. The gap between stopping breast feeding and attempt at relactation varied from 16-35 days with a mean of 27.8 days. Top feeds were being given to all babies for a period ranging from birth to 30 days of age. In 5 mothers the reason given for lactational failure was insufficient breastmilk whereas in 3 it was due to maternal illness. In all mothers with CLF, lact-aid supplements were used for a period of 10-14 days. The time of appearance of first breast secretions varied from 7-10 days with a mean of 9.3 days. The time taken for relactation varied from 22-35 days with a mean of 29.3 days. Com-

plete relactation could be achieved in 4 cases (50%), whereas in 2 (25%) only partial relactation was possible. The mean age of mother and babies in cases of complete relactation and partial relactation varied from 23.8 ± 4.9 years and 38.5 ± 10.7 days in the former and 23.5 ± 2.1 years and 68.0 ± 11.3 days in the latter. Although an obvious difference was seen between the ages of babies of the 2 groups, statistically this was not significant due to the number being small. The mother of the oldest baby (90 days) in the study group was a relactation failure. One case left against medical advice.

Discussion

Induced lactation(7) and relactation have been subjects of interest for over 100 years(5). Generally, women believe that if their breasts have become "empty", they have lost their ability to breastfeed. So, the first important step towards relactation is to instill confidence in the mother and make her believe that she can succeed. A mother who is anxious and doubtful, can inhibit her let down reflex(5,6). However, the most important aid to relactation is the infant sucking frequently at the breast in a proper position. This stimulates the hypothalmo-pituitary axis for the production of prolactin, required for initiation and maintenance of milk supply, and oxytocin needed for milk ejection. Sometimes babies are unwilling to suck at an empty breast from which it gets nothing. In these cases, special lact-aid nursing devices can be helpful(5). Lactogouges such as metoclopramide have been tried to re-establish lactation(5). Relactation could be achieved in 6 (75%) cases, being complete in 4 (50%) and partial in 2 (25%). Recently Mathur *et al.* (8) reported successful relactation in 70-75% cases. Although our data is small, complete relactation was possible in younger babies. This indicates that if sincere attempts are made at relactation in younger babies, especially less than 4-6 weeks of age chances of complete relactation are likely to increase. This could probably be due to the fact that as babies grow older, nearing the age of weaning, mothers may not be psychologically prepared to give much importance to breastfeeding. In such cases even if partial relactation is achieved, the duration of breast-

feeding is likely to increase, thus being advantageous for infant health.

Relactation attempts need persistent prolonged management. With this limited experience, a plea is made to all health personnel not to underestimate the role of relactation as it can be successful even in complete lactational failure especially in younger babies. More studies of bigger nature will help to throw light on this important problem.

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