

## **X Breastfeeding in Special Situations**

### **D. Illness, Medications, Hospitalizations--How They Affect Breastfeeding**

#### **Abstract:**

This section presents how breastfeeding can be maintained despite illness or hospitalization of the mother or baby, and how medications can affect breastfeeding. Discussion includes strategies for the Peer Counselor in supporting mothers and in providing them with information which will enable breastfeeding to continue. The role of the Peer Counselor as a lay-helper will be emphasized.

#### **Resources:**

WOMANLY ART OF BREASTFEEDING, chapter 16 & 17;  
THE BREASTFEEDING ANSWER BOOK, chapters 13, 14, 23, 24 and supplement A,  
#298-1 "The Hospitalized Nursing Baby," #91 LLLI Medical Questionnaire Form,"  
"Transfer of Drugs and Other Chemicals into Human Milk";

#### **Complimentary Reading:**

**Handouts:** LLLI Medical Questionnaire Form #91

**Instruction Aids/Visuals;** drug lists

**Approximate instruction time:** 30 minutes

#### **Discussion suggestions:**

What were some of your major concerns when you or your baby became ill?

Did any of you or your babies become seriously ill while breastfeeding? How did you maintain breastfeeding?

Sometimes health care physicians recommend weaning during an illness when it isn't logical or necessary. Did any of you ever have this happen to you? What were some of the things you talked about with your doctor about weaning and continued breastfeeding?

**Outline: Module X - Illness, Medications, Hospitalizations--How They Affect Breastfeeding**

1. When the mother has difficulties with her health
  - a. For minor illnesses breastfeeding can and should continue; breastfeeding will provide baby with needed antibodies to prevent or lessen the illness in the baby; mother needs to keep well hydrated and rest when necessary to help her recovery; asking friends or family to help with household duties or care for the baby while mother takes a nap can be very helpful; baby can also be tucked into bed with mother and both can get some much needed rest
  - b. If the mother experiences a drop in her milk supply, the Peer Counselor can reassure her that her milk supply will increase when she is feeling better; allow the baby to nurse as often as he is willing, drink plenty of fluids, and get adequate nutrition; baby will nurse more often to stimulate more milk
  - c. If mother is hospitalized and able to breastfeed, sometimes the baby can be with her, especially if someone can stay and care for the baby; if that is not possible and nursing can continue, the mother can pump her milk and send it home with visitors or the baby can be brought to the mother regularly for nursing; many hospitals have electric breast pumps which the mother can use; mother or her advocate need to make sure that pumping is not neglected, as overly full breasts can lead to infections and a reduced milk supply
  - d. If mother has received recommendation to discontinue breastfeeding because of illness, drug treatments, or diagnostic procedures, she has several options
    - (1) Delay treatment or procedures for as long as possible
    - (2) Search for alternate treatments or medications compatible with breastfeeding
    - (3) Get the opinion of another physician
    - (4) Wean temporarily and continue breastfeeding once it is safe again to do so; resuming breastfeeding after temporary weaning depends on the willingness and age of the baby and the willingness of the mother to endure extra frustration and her commitment to continuing
    - (5) If she has time and her baby is of an age that weaning would be okay, she can work at weaning her baby gradually
    - (6) If there is no time and there is no alternative to weaning, the mother will need to wean abruptly; she will need considerable support from family, friends, and her Peer Counselor who may be the only person who will understand her devastation and loss from the weaning; it is essential that the mother continue pumping her milk enough to relieve fullness, otherwise she risks an infection; mother needs to continue to drink to thirst
2. When the baby has health difficulties
  - a. Breastfeeding is best in health and in sickness; mother's breast will produce

needed  
during  
the baby

antibodies to disease organisms which the baby passes to the mother  
nursing; antibodies are freshly produced and passed immediately back to

- this
- b. A sick infant or toddler will generally want to nurse more frequently than usual;  
keeps a steady flow of antibodies coming into his system to fight infection and  
keeps baby well hydrated

- c. Breast milk digests so quickly and easily that the baby can conserve his energy for getting well again; even if a baby vomits after feeding, enough milk will have been absorbed to help prevent dehydration; short frequent feedings are best to replenish fluids lost to vomiting or diarrhea
- d. As long as baby has two or three wet diapers per twenty four hour period, he is not in danger of dehydration
- e. Babies who have already started solid food generally will not want them when ill; it is best to not give solid food to the baby who is vomiting or diarrhea
- f. If a sick baby/toddler can take anything by mouth, the best food for him is his mother's milk
- g. For the baby who is very sick and cannot take anything by mouth, the mother will need to pump her milk to keep up her supply until her baby can nurse again
- h. In contrast to the baby who is weaned temporarily for the mother's health condition and may be reluctant to resume nursing, if the baby has weaned temporarily because of his own sickness, he will nearly always want to resume nursing again when he is well
- i. Hospitalized babies who are allowed to continue nursing often recover more quickly, are emotionally comforted by the presence of their mothers and continued access to the breast, and are easier for the hospital personnel to care for
- j. Many babies who have had surgery are allowed to nurse as soon as they wake up in recovery; this continued breastfeeding speeds their physical recovery as well as keeps them emotionally secure
- k. Mother needs to advocate for her baby's well-being and insist on her right to be nearer baby

### 3. Medications and the breastfeeding couple

(Suggestion: Most Peer Counselor Program Administrators prefer that Peer Counselors not handle questions on medications on their own. Thus, it is usually best to mention the drug list as a resource but not review how to use it.

After the Peer Counselors have had active experience helping mothers, the Program Administrator may want to give guidelines on how to use the list during a separate enrichment/continuing education session.)

- a. Many medications have been found to be compatible with breastfeeding; however, a Peer Counselor cannot tell a mother that it is okay for her to take a particular drug; the Peer Counselor is not trained as a health care

she professional and does not know the baby's or mother's health history;  
**cannot** make a diagnosis

b. The affect of a medication on the breastfeeding baby depends on many things including the age and size of the baby, the frequency of nursing, the dose of the medication, the timing of the dose--when the mother takes  
the

is medicine, the medication's half life and how it is metabolized, and how the drug administered

c. There are lists and books about many different drugs and their effects on the breastfeeding baby. Peer Counselors need to consult with their Program Administrators, and when appropriate, might obtain written information from them that could be shared with the physician; Peer Counselors might also recommend that the mother get a second opinion if she is not satisfied with the information and recommendations of her physician; **THE PEER COUNSELOR MUST WORK VERY CLOSELY WITH HER PROGRAM ADMINISTRATOR IN EVERY SITUATION OF THIS TYPE**

4. The Peer Counselor's role in helping the ill or hospitalized mother and baby  
a. The Peer Counselor is a lay-helper and is **not** qualified to diagnose or recommend treatment for either a mother or baby

b. The Peer Counselor can listen to the mother's concerns and support her in her decision to wean or continue breastfeeding and give her information and ideas which will enable the mother to do either

c. The Peer Counselor can give the mother information which the mother can then take back to her physician and work together to come up with a course of action which will best meet everyone's needs

d. The Peer Counselor can give the mother some communication tools to use with her doctor so that she feels like an active partner in her or her baby's health care