

## Breastfeeding Information and Support

### Cochrane Systematic Review Confirms Effectiveness of Breastfeeding for Reducing Procedural Pain in Newborns

<http://www2.cochrane.org/reviews/en/ab004950.html>

Source: *The Cochrane Library*, Issue 3.

Shah, P. S., Aliwalas, L. L., & Shah, V. (2006).

#### **Breastfeeding or breastmilk for procedural pain in neonates.**

Summary: This systematic review by the Cochrane Collaboration evaluated the effectiveness of breastfeeding or supplemental breast milk on pain in newborns undergoing painful procedures. The researchers extracted data from 11 studies that met predetermined eligibility criteria for inclusion in the review. All of the studies compared the effect of breastfeeding or supplemental breast milk versus a control intervention on pain in newborns during a single procedure (heel lance or venipuncture). Pain was determined by physiologic (heart rate, respiratory rate, etc.) and/or behavioral (cry, facial actions) indicators. In some cases, validated composite pain scores were used. Both term (≥ 37 weeks) and preterm (< 37 weeks) babies were included in the review.

For all indicators studied, breastfed infants demonstrated less pain or no significant difference compared with infants who were swaddled, provided a pacifier, positioned in the mother's arms, or given glucose. Babies who were provided supplemental breast milk also demonstrated better or equivalent pain tolerance compared with babies who received other interventions, with one exception: Babies given glucose/sucrose had significantly lower increases in heart rate and duration of crying versus babies fed supplemental breast milk.

Significance for Normal Birth: A well-designed systematic review represents the gold standard of evidence. In this case, strong evidence emphasizes the role of breastfeeding in alleviating pain in newborns undergoing venipuncture or heel-stick procedures. Whether the mechanism of pain relief is the comfort of being close to the mother, the sweetness of her milk, the hormonal composition of breast milk, or a combination of these factors remains to be determined. Although many different interventions were compared with breastfeeding in the 11 studies included in this review, breastfeeding was consistently beneficial. The evidence is compelling enough to command a change in the practices of all birth settings where infants are denied breastfeeding during painful procedures. Non-separation of mothers and infants and unlimited opportunities to breastfeed in the newborn period are the culmination of normal birth and optimize mother-infant bonding and the breastfeeding relationship. When painful procedures are necessary, these care practices also optimize pain relief, potentially decreasing trauma to the newborn and reducing anxiety in the mother.

#### **Website Research Articles:**

Lamaze Research Summaries for Normal Birth Volume 3, Issue 4 October 2006

<http://www.infactcanada.ca/Chatelaine.html> (Excellent realistic article about pain in breastfeeding)

#### **Discussion Group**

##### **Topic: Milk Banks**

*There are several in the US and across the world, but the need is much greater than the availability.*

<http://www.bestfedbabies.org/mIndex.htm>

**Topic: Breastfeeding Tips**

*One of the best suggestions I have heard from a midwife, that seems to really help, is for the mother and child to stay in bed together, with the mother topless, for a full day. This gives the baby a chance to bond with the breast.*

*As always, there is no substitute for a qualified lactation consultant to help her. Please have her find an IBCLC to support her. (The other ideas are great in addition, but not alone.)*

**Topic: Breast milk supply**

*I have a client who has a 4mo old, and she has noticed that for the past week her milk supply has decreased from her right breast. She pumps and breastfeeds, and she notices that either way, she is producing less milk.*

*I looked in my books and found that she could do warm compresses before breastfeeding, but other than that, what can she do? If she does any kind of stimulation first, how long afterward can she expect to see a difference in her milk supply?*

- *"Mother's Milk Tea"- 3 strongly brewed cups a day (steeped 10 minutes, wring out bag)*
- *Specific herbs are created for breastfeeding assistance. Check out [http://www.motherlove.com/mm5/merchant.mvc?Screen=CTGY&Store\\_Code=MHC&Category\\_Code=00006](http://www.motherlove.com/mm5/merchant.mvc?Screen=CTGY&Store_Code=MHC&Category_Code=00006)*
- *Try "more milk plus" that also has goat's rue as well as some other herbs- great for increasing supply, and a very reputable company.*
- *Again, though - low milk supply needs to be managed swiftly and carefully by someone who knows what they are doing--- make sure you help her connect with a good lactation consultant as well as her local La Leche League.*
- *Three glasses of chocolate malt ovaltine (have no idea why this increases the milk supply, but worked like a charm for my mother of twins)*
- *Fenugreek-tends to be hit or miss, but when it works, boy it works*
- *Blessed Thistle and Nettle--I suspect her nursing herbal tea has this in it, she can also take this in capsule form, but brewing a pot of this tea in the morning and drinking it all day is better-more fluid, she can drink it over ice as well*
- *Be sure she's drinking, drinking, drinking--it's mom is dehydrated, her milk supply will suffer*
- *Homeopathic Lac Vir 30C or X four times a day*
- *Give her a visualization that everything she eats or drinks is going FIRST to her milk supply and then to the rest of her body, so that all she ingests is ready and waiting for the baby at each nursing*
- *I have a breastfeeding meditation CD. I've had a few moms use that and they thought it was terrific. Here's a link: <http://www.menelli.com/breastfeedingmeditation.htm>*

**Topic: Breast Crawl**

*If you watch the Unicef video 'Breast Crawl' it explains that the amniotic fluid should not be wiped from the hands of the babies. When they are placed on mom, for baby-initiated breastfeeding, they will smell the familiar amniotic fluid and seek it out. Then, they hit the nipple target. This also allows the baby to begin to learn and process immediately.*

*It's worth watching the video for further info <http://breastcrawl.org/video.htm>*

**Topic: Breast pain**

*Stabbing pains can be a sign of thrush, a yeast infection. Is the baby's tongue white? I'd be sure that both mom and baby are checked by a medical or lactation professional.*

**Getting an epidural may hinder breastfeeding**

**Moms who opt for popular narcotic during labor have more trouble nursing**

<http://www.msnbc.msn.com/id/16227311/>

NEW YORK — Some women who get epidural anesthesia during childbirth may have difficulty with breastfeeding in the short- and long-term, a new study suggests.

Specifically, researchers found, women who received an epidural with the narcotic fentanyl seemed to have more problems with breastfeeding than women who went without an epidural. They reported more difficulty with breastfeeding in the first week of their babies' lives, and they were twice as likely to have given up breastfeeding by the time the baby was 6 months old. Though it's not clear that the epidurals were the reason, there is evidence from other research that fentanyl can hinder infants' ability to suckle, Dr. Siranda Torvaldsen, the study's lead author, told Reuters [Health](#).

There's no evidence, however, that other drugs used in epidurals interfere with breastfeeding, according to Torvaldsen, a researcher at the University of Sydney in Australia.

**No need to feel guilty** Moreover, the findings, which are published in the International Breastfeeding Journal, do not mean women should feel guilty about wanting an epidural. "I think the most important message for pregnant women is to get good advice and help with breastfeeding," Torvaldsen said. Lactation consultants, she noted, can help women learn how to best support breastfeeding and overcome any difficulties they may encounter.