Breast Feeding Under Special Conditions

This is the tenth issue of the regular feature on infant feeding practices. This article is from the book *Breast-Feeding in Practice : A Manual for Health Workers* by Elisabeth Helsing with F. Savage King. (Published by Oxford University Press).

Breast-Feeding Twins or Triplets

All mothers have milk in two breasts. Many mothers, for one reason or another, only allow an infant to suck from one side, yet we have seen such babies grow fat. Many mothers have milk for more than one child, especially at the outset of lactation. Nature apparently is well prepared for the birth of twins.

Scores of mothers have breast-fed twins, and some have even fed triplets. A professional wet nurse was even reported to feed seven babies at her breast at one time (but that was in the glorious-past !) The situation that can cause problems with feeding twins, is if they are also premature—which they often are. But healthy twins, born on time, need have no difficulty breast-feeding. A mother who feeds two babies produces a very large amount of milk, and needs to eat enough herself. She also Loses a Substantional amount of fluid, so she must drink more than usual, too. In malnourished communities, mothers frequently 'give up' one twin, and concentrate on feeding the other. Those mothers are coping in the only way they can with the lower milk volume which results from severe and prolonged malnutrition. The twin they feed is the one who is most likely to survive.

One unresolved question in the feeding of twins is whether the babies should be fed separately or simultaneously. You can make out a case for either way. "Separatists" hold that a mother must give her full attention to only one child at a time. "Simultanists" maintain that a mother has other things to do and cannot constantly nurse babies. It seems mostly to be a matter of personal preference, and only the mother herself can decide. If she chooses to feed her twins simultaneously, she will have to use her inventiveness (and some cushions) in order to find a comfortable position for the three of them. While the babies are small she may be able to hold them both—one on top of the other—in front of her. As they grow bigger she will have to have one under each arm, with their feet towards her back, or one in front and one under the arm.

Another matter of purely personal preference is whether each twin should have its 'own' breast, or whether they should alternate. If each has its own breast, but their appetites differ, the amount of milk secreted by each side in response to the sucking stimulus will also differ. This does not matter except that the mother may feel a little 'lopsided'. The only suggestion that 'one-sided' feeding might matter, comes from neurologists. They have suggested that the change from side to side could be of importance for the normal neurological development of an infant.

The mother of twins will also have to choose whether to feed her infants on demand, or whether to resort to scheduled feeding in order to preserve her sanity. In general, experience shows that most of these mothers prefer to feed on demand, and that each mother sometimes feeds her infants individually, and sometimes simultaneously.

Feeding twins is mostly a question of practical arrangements, and adequate feeding of the mother.

A New Pregnancy During Lactation

A lactating mother who has become pregnant again always wonders if she should wean her nursing child. Many people all over the world believe very strongly that it is wrong and dangerous to breast-feed while pregnant. In modern societies someone usually advises a pregnant woman to stop breast-feeding, believing that somehow it is wrong. They may claim that it can damage her health if she tries to nourish two infants at the same time. Needless to say a woman who feeds two, must eat sufficiently (as with twins), but provided she does so, nursing during a new pregnancy does no harm to the mother, or to either of the children

Towards the end of pregnancy, a woman needs about an extra 200 kcal/day, which must be added to the energy cost of lacation. The total extra energy needs then are about 800 kcal a day. Many women have breastfed during pregnancy, and some have fed both babies at the breast simultaneously after delivery. Some women find this acceptable, others find it exhausting. Some find that their nipples become more sensitive with the new pregnancy which makes nursing rather uncomfortable.

If a woman herself wishes to continue breastfeeding right through a new pregnancy, there is no reason to discourage her. You only need to advise her strongly to wean if she has difficulties with the pregnancy, or uterine pain or bleeding when she nurses the older child.

Infants with a Family History of Allergy

Stubborn advocates of breastfeeding have for years maintained that 'there must be a connection between the present rise in allergic problems and the simultaneous decline in breast-feeding'. For a long time the difficulties of epidemiological research into this question have made it impossible to either verify or refuse such a hypothesis.

Recently, interest in the immunological properties

of human milk has increased and research techniques have improved. As a result, even cautious workers now conclude that there probably is a link between the kind of food eaten in early life, and later development of allergy. Human milk is thought to be less likely to lead to allergic problems than other foods.

Goldman (1975) in a review of cow's milk sensitivity states that : 'It is therefore evident that breast-feeding and avoidance of cow's milk is the most practical method of preventing the occurrence of cow's milk sensitivity in infancy.' However, breast-feeding does not prevent sensitivity only to cow's milk which is anyway rather rare. Other, more common allergies may probably be avoided, because the immunoglobulins and cellular components of human milk seem to be able to prevent sensitization to other foreign proteins as well. How they achieve this no one yet knows for certain, but probably they prevent the absorption of undigested foreign proteins through the infant's immature intestinal wall.

Jelliffe and Jelliffe (1978) draw attention to the fact that when both parents have a family history of allergy, the baby's chances of being affected are 3 : 4 (that is, three out of every seven children in such families will have an allergy problem). Jelliffe recommends, among other things, that :

—the pregnant mother tries as much as possible to avoid well-known, strong allergens in her food; and

—that she prepares mentally to breast-feed her infant for as long as possible.

Mentally Handicapped Infants

Children with brain damage, or mental handicap from any cause, are also often poor breast-feeders. This is mainly because they are slow learners. However, many of them succeed eventually, so the mother of such a child should be encouraged not to give up trying too quickly. Persistence and patience can bring rewards, even under these distressing circumstances.

If a child is known to be handicapped at birth, it may be difficult for a health worker to know whether or not to encourage the mother to start the intimate 'bonding' to the child through breastfeeding. The mother's total situation has to be reviewed : do she and the father wish to take care of the child themselves ? Do they have the resources to do so ? What are the alternatives ? Will the mother reject the child if she does not 'bond' to it ? Nowadays, it is recognised that many handicapped children do better if they live at home, even for a limited period, than in istitutions, provided there is sufficient educational and other support for the parents. And in many parts of the world there is very little professional support, and no alternative to home care. A great deal of understanding and broadmindedness on the part of the advising health worker is demanded—not only with regard to breast feeding, but the situation as a whole. Breast-feeding helps a mother to accept her handicapped baby as her own, and to love the baby in a way that is more difficult without that kind of closeness. For the baby being loved is essential. It may of course make a later separation, should it be necessary, more painful.

A Baby with Cleft Lip or Palate

Most medical textbooks curtly state that it is 'impossible' to breast feed a child with a cleft upper lip or palate. Here again, practice belies the statement.

If only the soft palate is cleft, breastfeeding is usually no problem. All that is necessary is for the baby to be fed in relatively upright position, to help prevent the milk from going into the nose. If only the upper lip is cleft, the mother can often ensure proper sucking merely by putting her finger over the opening.

However, if the upper lip and hard palate are both totally cleaved, sucking may be very difficult. We know of one energetic and handy father who was able to mould a plastic device which covered the cleavage, but this may not always be possible. The mother may in such cases have to hand-express her milk and give it by cup and spoon or by bottle. She may then have to use a rubber teat which is longer than usual. If you cannot obtain one of these, you can try to put two ordinary baby teats, one over the other, which also makes the teat longer. To feed with a cup and spoon, you may find that a soft metal teaspoon with its sides bent in is more efficient than an ordinary spoon.

Feeding children with cleft lips and palates usually takes longer than normal. These babies may swallow more air than usual, and may have to be relieved of this ('burped') several times during feeding. Again, persistence and patience are the most important demands on a mother of such a child. She will be in great need of support and encouragement from the health worker.

For information on better material and infant feeding practices, write to : Infant Nutrition Information Service, C-14 Community Centre, Safdarjung Development Area, New Delhi-110 016.

Women and Environment Education

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Conclusion

Women play a vital role in controlling the environment pollution, promoting and maintaining ecological balance of environment for healthy life by educating themselves, creating clubs and conscious groups to discuss the day-to-day environmental issues and may lead them to timely action for the health and welfare of the community.

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