

Breastfeeding and Illness

Introduction

Over the years, far too many women have been *wrongly* told they had to stop breastfeeding. The decision about continuing breastfeeding when the mother takes a drug, for example, is far more involved than whether the baby will get any in the milk. It also involves taking into consideration the *risks of not breastfeeding*, for the mother, the baby and the family, as well as society. And there are plenty of risks in not breastfeeding, so the question essentially boils down to: **Does the addition of a small amount of medication to the mother's milk make breastfeeding more hazardous than formula feeding?** The answer is *almost never*. Breastfeeding with a little drug in the milk is almost always safer. In other words, being careful means *continuing breastfeeding*, not stopping. The same consideration needs to be taken into account when the mother or the baby is sick.

Remember that stopping breastfeeding for a week or even days may result in permanent weaning since the baby may then not take the breast again. On the other hand, it should be taken into consideration that some babies may refuse to take the bottle completely, so that the advice to stop is not only wrong, but often impractical as well. On top of that it is easy to advise the mother to pump her milk while the baby is not breastfeeding, but this is not always easy in practice and the mother may end up painfully engorged.

Illness in the Mother

Very few maternal illnesses require the mother to stop breastfeeding. This is particularly true for infections the mother might have, the most common type of illness for mothers are being told they must stop. Viruses cause most infections, and most infections due to viruses are most infectious before the mother even has an idea she is sick. By the time the mother has fever (or runny nose, or diarrhoea, or cough, or rash, or vomiting etc), she has probably already passed on the infection to the baby. However, breastfeeding protects the baby against infection, and the mother should continue breastfeeding, **in order to protect the baby**. If the baby does get sick, which is possible, he is likely to get less sick than if breastfeeding had stopped. But often mothers are pleasantly surprised that their babies do not get sick at all. The baby was *protected* by the mother's continuing breastfeeding. Bacterial infections (such as "strep throat") are also not of concern for the very same reasons.

See previous handout on Breastfeeding and Medications with regard to continuing breastfeeding while taking medication.

The only exception to the above is HIV infection in the mother. Until we have further information, it is generally felt that the mother who is HIV positive not breastfeed, at least in the situation where the risks of artificial feeding are considered acceptable. There are, however, situations, even in Canada, where the risks of not breastfeeding are elevated enough that breastfeeding should not be automatically ruled out. The final word is not yet in. Indeed, recently information came out that *exclusive* breastfeeding protected the baby from acquiring HIV better than formula feeding and that the highest risk is associated with mixed feeding (breastfeeding + artificial feeding). This work needs to be confirmed.

Antibodies in the Milk

Some mothers have what are called "autoimmune diseases", such as idiopathic thrombocytopenic purpura, autoimmune thyroid disease, autoimmune hemolytic anemia and many others. These illnesses are characterized by antibodies being produced by the mother against her own tissues. Some mothers have been told that because antibodies get into the milk, the mother should not breastfeed, as she will cause illness in her baby. This is incredible nonsense.

The antibodies that make up the vast majority of the antibodies in the milk are of the type called secretory IgA. Autoimmune diseases are *not* caused by secretory IgA. Even if they were, the baby does not absorb secretory IgA. There is no issue. Continue breastfeeding.

Breast Problems

- **Mastitis** (breast infection) is not a reason to stop breastfeeding. In fact, the breast is likely to heal more rapidly if the mother continues breastfeeding on the affected side. (See handout *Blocked Ducts and Mastitis*)
- **Breast abscess** is not a reason to stop breastfeeding, even on the affected side. Although surgery on a lactating breast is more difficult, the surgery and the postpartum course do not necessarily become easier if the mother stops breastfeeding, as milk continues to be formed for weeks after stopping breastfeeding. Indeed, engorgement after surgery only makes things worse. Make sure the surgeon does not do an incision that follows the line of the areola (the line between the dark part of the breast and the lighter part). Such an incision may decrease the milk supply considerably. An incision that resembles the spoke on a bicycle wheel (the nipple being the centre of the wheel) would be less damaging to milk-making tissue. These days breast abscess does not always require surgery. Repeated needle aspiration, or placement of a catheter to drain the abscess plus antibiotics often allows avoidance of surgery.
- **Any surgery** does not require stopping breastfeeding. Is the surgery truly necessary now, while you are breastfeeding? Are you sure that other treatment approaches are not possible? Does that lump have to be taken out now, not a year from now? Could

a needle biopsy be enough? If you *do* need the surgery now, make sure again the incision is not made around the areola. You can continue breastfeeding after the surgery is over, immediately, as soon as you are awake and up to it. If, for some reason, you do have to stop on the affected side, do not stop on the other. Amazingly some surgeons do not know that you can dry up on one side only. You do not have to stop breastfeeding because you are having general anaesthesia. You can breastfeed as soon as you are awake and up to it.

- **Mammograms** are more difficult to read if the mother is breastfeeding, but can still be useful. Once again, how long must a mother wait for her breast no longer to be considered lactating? Evaluation of a lump that requires more than history and physical examination can be done by other means besides a mammogram (for example, ultrasound, needle biopsy). Discuss the options with your doctor. Let him/her know breastfeeding is important to you.

New Pregnancy

There is no reason that you cannot continue breastfeeding if you become pregnant. There is no evidence that breastfeeding while pregnant does any harm to you, or the baby in your womb or to the one who is nursing. If you wish to stop, do so slowly, though; because pregnancy is associated with a decreased milk supply and the baby may stop on his own.

Illness in the Baby

Breastfeeding rarely needs to be discontinued for infant illness. Through breastfeeding, the mother is able to comfort the sick child, and, by breastfeeding, the child is able to comfort the mother.

- *Diarrhoea and vomiting.* Intestinal infections are rare in *exclusively* breastfed babies. (Though loose bowel movements are very common *and normal* in exclusively breastfed babies.) The best treatment for this condition is to continue breastfeeding. The baby will get better more quickly while breastfeeding. The baby will do well with breastfeeding alone in the vast majority of situations and *will not require* additional fluids such as so called oral electrolyte solutions except in extraordinary cases.
- *Respiratory illness.* There is a medical myth that milk should not be given to children with respiratory infections. Whether or not this is true for milk, it is definitely not true for breastmilk.
- *Jaundice.* Exclusively breastfed babies are commonly jaundiced, even to 3 months of age, though usually, the yellow colour of the skin is barely noticeable. Rather than being a problem, this is **normal**. (There are causes of jaundice that are not normal, but these do not, except in very rare cases, require stopping breastfeeding.) If breastfeeding is going well, jaundice does not require the mother to stop breastfeeding. If the breastfeeding is *not* going well, fixing the breastfeeding will fix the problem, whereas stopping breastfeeding even for a short time may completely undo the breastfeeding. Stopping breastfeeding is *not* an answer, not a solution, not a good idea. (See handout *Breastfeeding and Jaundice*.)

A sick baby does not need breastfeeding *less*, he needs it more!!

If the question you have is not discussed above, do not assume that you must stop breastfeeding. Do not stop. Get more information. Mothers have been told they must stop breastfeeding for reasons too silly to discuss.

Questions? Email Jack Newman at drjacknewman@sympatico.ca, or Edith Kernerman at breastfeeding@sympatico.ca or consult: Dr. Jack Newman's Guide to Breastfeeding (called **The Ultimate Breastfeeding Book of Answers** in the USA) or our DVD, **Dr. Jack Newman's Visual Guide to Breastfeeding**; or **The Latch Book and Other Keys to Breastfeeding Success**; or **L-eat Latch & Transfer Tool**, or the **GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond**. See our website at www.drjacknewman.com. To make an appointment email breastfeeding@ccnm.edu and respond to the auto reply or call 416-498-0002.

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