

Barriers to Breastfeeding: A Case Study

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Abstract. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months. This study examined barriers to a new mother's decision to breastfeed. TS completed prenatal classes and intended to breastfeed until her baby was at least 12-18 months of age. She began breastfeeding her healthy infant shortly after birth. At two weeks, breastfeeding was going "pretty well." At four weeks, the baby experienced "tummy troubles," was diagnosed with lactose intolerance and placed exclusively on formula. This diagnosis may have been un-necessary. An examination of events showed the need for health care providers to partner with the mother, listen to her concerns, and consider other diagnostic options to support her decision to breastfeed as fully as possible.

1. Introduction

Breastfeeding, when possible, is the optimal way for infants to obtain adequate nutrition in the first year of life [1-2]. In infancy, breastfeeding reduces the risk for non-specific gastrointestinal infections, acute otitis media, and hospitalizations secondary to lower respiratory tract infections. In older children, early breastfeeding reduces the risk for asthma, obesity, and type two diabetes [2-3]. The American Academy of Pediatrics (AAP) recommends that infants are breastfed for their first year of life [2]. In a recent survey, 75% of women reported they had breastfed their infants, but only 33% of these women were breastfeeding exclusively at three months. Six months following delivery, only 13.3% of these women were breastfeeding exclusively [4]. None of these percentages reach the Healthy People 2020 goals for breastfeeding, specifically that 81.9% of mothers breastfeed, 44.3% breastfeed exclusively for three months, and 23.7% breastfeed exclusively for six months [5]. Predominant factors associated with successful breastfeeding are participation in prenatal classes, the intent to breastfeed, and sustained skin-to-skin contact between mother and infant immediately following birth [6-7]. This paper presents the experiences of a first-time mother (primigravida) who met these criteria but who decided to discontinue breastfeeding.

2. Case Presentation: TS (not her true initials)

Prior to her delivery, TS, aged 32-years, attended a series of prenatal classes, completed a breastfeeding course, and indicated she intended to breastfeed for 12-18 months. Her spouse, family and friends were supportive and encouraging. Her healthy, full-term daughter was born vaginally following a spontaneous and uncomplicated labor. TS began breastfeeding and sustained skin-to-skin contact with her newborn 17 minutes after birth. During a follow-up telephone conversation, TS described breastfeeding two weeks later as going "pretty well." She had experienced one complication, a "split nipple." She rated the pain as six on a scale of 10, but stated the nipple had healed quickly. She felt this brief event had no effect on her breastfeeding. When her infant was four weeks old, TS reported the infant was "gassy and uncomfortable," difficult to feed, and "had a sore bottom with blisters from stool." That week, following a visit to her pediatrician, the infant was diagnosed with lactose intolerance and immediately placed exclusively on soy formula. TS stated she was "bummed about not being able to breastfeed" but relieved that her daughter's symptoms improved within a week of her being transferred to formula.

3. Lactose intolerance

This condition is caused by an absence or deficiency of the lactase enzyme or damage to the small intestine. As a result, lactose is not hydrolyzed or broken down into monosaccharides and cannot be absorbed by the microvilli in the gastrointestinal (GI) tract. The undigested lactose creates hydrogen gas and fatty acids, with subsequent abdominal distention and flatulence. Additional symptoms include diarrhea, abdominal pain, nausea and/or vomiting. There are four different categories of lactose intolerance. Developmental lactose deficiency is seen in neonates born at less than 34 weeks of gestation [8]. Congenital lactose intolerance is rare but seen in newborns as soon as a lactose-containing product such as human milk or formula is introduced. Due to the newborns' inability to digest lactose, severe diarrhea, and feeding problems are recognized at the time of the first feeding [8]. Primary

lactose intolerance is an autosomal recessive condition where lactase activity and production decreases as the child reaches adulthood. It is uncommon before two or three years of age. Secondary lactose intolerance results from an underlying pathologic disease that damages the intestinal wall, such as gastroenteritis, irritable bowel syndrome, malnutrition, celiac disease, or Crohn's disease. It usually takes weeks to months for the intestinal wall to heal and symptoms of lactose intolerance to disappear [8]. Diagnosis of lactose intolerance is made following a thorough history and physical examination and tests such as fecal pH and blood glucose levels. A lactose-free diet also can be tried.

Lactose intolerance can be confused with an allergy to cow's milk protein. A breastfeeding mother can stop consuming cow's milk or soy, and if the newborn's symptoms improve, breastfeeding can continue [9]. A further variable to consider occurs when breastfed infants cannot effectively "drain" the breast. This can be caused by an oversupply of breastmilk. The resulting low-fat intake causes fast gastric clearance and the infant can be misdiagnosed as lactose intolerant. Infants also may have difficulty with a mother's overactive-milk ejection reflex. The resultant stinging sensation may cause the infant to withdraw, vomit, or have difficulty with GI function [10].

4. Conclusion

This case reveals how quickly a diagnosis can become a barrier to breastfeeding. Based on the current research in lactose intolerance, and the timeline of this infant's complications with breastfeeding, it is possible that lactose intolerance was not a primary cause of this infant's difficulties. TS and her infant had several positive factors that are attributed to successful long-term breastfeeding. TS understood the benefits of breastfeeding and was eager to do this. Her full-term, healthy infant had breastfed without difficulty for four weeks and gained weight appropriately. While it was positive that symptoms resolved when the infant was placed on soy formula, the symptoms could have been the result of conditions other than lactose intolerance. These conditions could have been identified and breastfeeding may have been able to be continued. This case demonstrates the importance of all health care providers to work in partnership with the mother, listen to her detailed narrative and concerns, take time to evaluate all possible reasons for any presenting symptoms that may be barriers to breastfeeding, and identify ways in which her decision to breastfeed can be supported as fully as possible.

5. References

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