

BREAST FEEDING SUPPORT FOR THOSE WITH OBESITY

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The mother with a Raised BMI:

- is less likely to initiate breastfeeding
- is more likely to have difficulty initiating breastfeeding
- has delayed onset of lactogenesis II (copious milk production)
- is more likely to wean early

Insulin & Leptin

- Insulin is needed for milk production. Insulin resistance may decrease production.
- Leptin levels measured during lactation significantly higher in women with obesity at 48 hours and 7 days (Rasmussen 2004)
- Leptin inhibits oxytocin-induced contractions of the myometrium *in vitro* (Moynihan A, Hehir M, Glavey S, Smith T, Morrison J. Inhibitory effect of leptin on human uterine contractility *in vitro*. Am J Obstet Gynecol 2006; 195:504-9.)
- Milk ejection reflex triggered by oxytocin – *Does hyperleptinemia reduce milk ejection?*

Delayed perception of fullness

- May inhibit confidence in ability to lactate
- May influence mothers to bottle feed or supplement
- Macrosomic babies need more calories and demand more feedings
- Hydration and energy of newborns may be decreased
- Each 1 unit increase over a BMI of 20, yields a 0.5 hour delay in the perceived onset of lactogenesis II:
 - ≥ 30 this would be a 5 hour delay
 - ≥ 35 this would be a 7.5 hour delay
 - ≥ 40 this would be a 10 hour delay

Postpartum Lactation Support

- Maternal positioning
 - Bariatric bed
 - Room to move arms if seated
 - Towel roll to support breast
 - Extra pillows to support arms & newborn
- To improve latch on large nipple
 - Express colostrum
 - Reverse pressure softening
 - Sandwich presentation
 - Pumping
 - Breast shield (may assist with flatter nipples)



Not all with
obesity have
large breasts.

Excess adipose
may flatten
nipple frustrating
infant latch.

Weight of large breasts may pull on Cooper's ligaments and shoulder muscles.

Providing support reduces pain.



Postpartum Lactation Support

- If infant can't latch
 - Pump milk
 - Sip from cup or spoon
 - 0.5ml easily swallowed by infant
 - Avoid water or formula
- Colostrum snack may boost energy to increase suckling at next feed
- Teach mother
 - Signs of satisfied infant
 - Normal feeding intervals
 - "breast fullness"
 - Appropriate wetting and stooling

TEACH:

- Double pumping
- Correct pump shield size
- Collection and storage of milk
- Community resources



Galactagogues

Fenugreek

- Available over the counter
- Anti-inflammatory
- Increased sweat gland activity
- Indian cuisine herb
- One capsule three times a day
- Actual potency of seed variable
- Effect evident in about 24 hours
- Maple-syrup like odor to urine

Metoclopramide (Reglan)

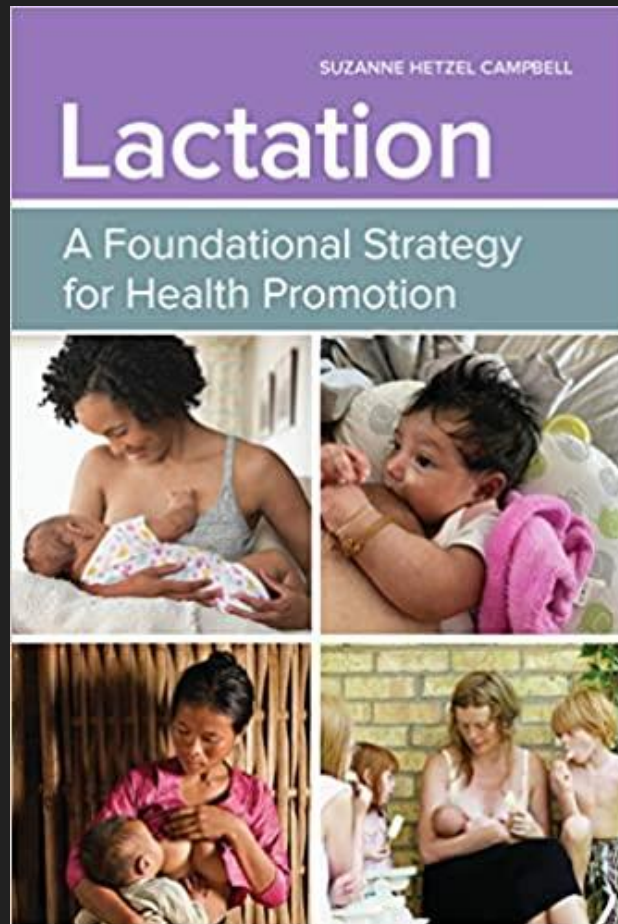
- Dopamine antagonist
- Antiemetic, increases GI tract motility
- Induces release of prolactin from anterior pituitary (by blocking dopamine's inhibition of prolactin)
- 10 mg orally 2 to 4 times a day, taper off over a week
- Secreted in breastmilk
- 10% of women sleepy, fatigued or anxious

Domperidone

- *The Dom Perignon of galactagogues*
- must be imported from outside US (business not safety decision)
- Available in Canada
- No CNS effects, little in breastmilk
- 10-20mg orally three to four times a day
- Effect evident on day 3-4 of treatment

Patience, support and follow-up are key to assisting those with obesity to breastfeed.

For more detailed information, see



Chapter 11: Breastfeeding, An Essential Link In Healthy Weight Promotion and Obesity Prevention

This chapter is found in the new text *Lactation, a Foundational Strategy for Health Promotion*, by Suzanne Campbell, PhD, RN, IBCLC. Order from

<https://www.jblearning.com/catalog/productdetails/9781284197167#productInfo>

Overview

This chapter reviews obesity as a chronic disease caused by and provoked by multiple socio-economic disparities and environmental disadvantages. The metabolic and mechanical changes that obesity imposes on the body can negatively affect breastfeeding; however, breastfeeding can be a powerful tool in ameliorating the metabolic impacts of obesity and reducing future risk for obesity in both the mother and infant.

Objectives

1. Apply new definitions of obesity as a disease and people-first language to breastfeeding support.
2. Identify socio-economic disparities that exacerbate obesity.
3. Develop techniques to support breastfeeding based on the physiology of obesity.
4. Promote the health benefits and obesity preventing effects of breastfeeding during lactation counseling.