



## **Breast Feeding and Its Problem: A Review Article**

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### **ABSTRACT**

*One of the best strategies to ensure a child's health and survival is to breastfeed. But despite recommendations, only about 2 out of 3 infants are breastfed exclusively for the advised six months—a rate that has not decreased in 20 years. Children who are breastfed score higher on IQ tests, are less likely to become overweight or obese, and are less likely to develop diabetes in the future. Breast and ovarian cancer risk is lower for women who breastfeed<sup>6</sup>. In this article we focused on all midwives and nurses must be knowledgeable to emphasize the importance of breastfeeding, support new mothers, and protect them from actions that can hinder breastfeeding. When complicated problems arise, midwives and nurses with the proper expertise can also successfully assist mothers with breastfeeding. As the review concluded that the breastfeeding is the best start in life for any child can be achieved through breastfeeding. It can support brain development and serves as a baby's first immunisation and best source of nutrients. However, breastfeeding is not merely a woman's task. It needs support and encouragement from qualified counsellors, family members, medical professionals, employers, lawmakers, and others.*

**Keywords:** feeding, attempts, midwives, immunization, counsellors, lawmakers

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### **INTRODUCTION**

Breastfeeding alternatives were uncommon before the 20th century<sup>1</sup>. European attempts to use cow or goat milk in the 15th century were not very successful<sup>2</sup>. The introduction of flour or grain mixed with broth in the 18th century as an alternative to breastfeeding did not have a positive impact either. True commercial infant formulae were first on the market in the middle of the 19th century, but their use never caught on<sup>3</sup>. Breastfeeding rates have increased as the benefits of breast milk have been more thoroughly documented in medical literature, and nations have passed laws to safeguard mothers' and infants' right to breastfeed<sup>4</sup>.

For an infant, breast milk is the best food. It has the ideal proportions of proteins, carbohydrates, fats, vitamins, and iron to support the baby's growth and is nutritionally balanced. It evolves to meet the changing demands of the infant as they develop and contains antibodies that help shield the baby from infection<sup>3-4</sup>. The World Health Organization's advice that breastfeeding is the best source of nutrition for newborns is backed by the UK government<sup>5</sup>. For the first six months (26 weeks) of an infant's life, exclusive breastfeeding is advised as it delivers all the nutrients required, For the minimum of the first six months, a baby should be breastfed (and given breast milk replacements, if necessary) (and should continue as solid food is introduced), If a mother is pregnant and unable or unwilling to breastfeed, she should talk to her midwife or doctor about her alternatives<sup>6</sup>. Non-breastfeeding mothers must have the encouragement and knowledge they require to make sure their infants receive the nutrition they require. The most natural approach to feeding the baby is by breastfeeding. Both the mother and the child will profit from it in terms of their short- and long-term health. Breastfeeding benefits moms in the following ways: it Strengthens bones, reduces the chance of breast or ovarian cancer, and Prolongs return to pre-pregnancy weight<sup>6-7</sup>.

For babies, breastfeeding: Reduces the incidence of diabetes or dermatitis, prevents diarrhea, gastroenteritis, ear, and chest infections, and makes their diapers less stinky<sup>2</sup>.

### **DEFINITIONS OF BREASTFEEDING**

The sequence of dietary, behavioral, and physiological events that lead to the infant's intake, either at the breast or via<sup>1</sup>. Breastfeeding is the practice of providing milk from a woman's breasts to a newborn or

young kid. Babies can suck and swallow milk due to their sucking reflex. An effective latch, a healthy frenulum, and an appropriate milk supply are also critical to the procedure<sup>2</sup>.

### **Preparation for breastfeeding:**

#### **Nursing Bras:**

Women's breasts tend to be larger and fuller than usual when they are nursing, therefore most find that wearing a supportive bra makes them more comfortable. Simply pull the cup down below your breast to expose the nipple for nursing while keeping the breasts supported if you typically wear soft cup bras. You might also purchase specialized bras with flaps that open outward from the center or downward from the top to reveal the nipple. In the final trimester of pregnancy, the band should have the tightest fit possible on the hook, with room to wiggle if necessary. You can allow for a small amount of breast growth when nursing if you can just fit your palm inside the cup<sup>1-2</sup>.

#### **Nursing Pads:**

Sometimes breastfeeding women occasionally leak milk. Simply apply a little pressure with the hand or forearm to the breast until the leakage stops if you have leaky breasts. To stop milk from seeping through your shirt if you frequently leak, slip one nursing pad into each side of your bra. When pads become wet, it's crucial to replace them right away because doing so can lead to uncomfortable nipples. Some women put plastic breast shells over their breasts to capture milk leaks, although doing so can make things worse<sup>2-3</sup>.

#### **Breastfeeding Clothing:**

When you are carrying the baby in your arms, you can discreetly breastfeed by lifting the shirt from the waist up over the lower half of your breast, slipping your bra down to reveal the nipple, and latching the baby on. Any exposed flesh will be covered by the baby. If you'd prefer, there are nursing-specific garments with a choice of openings available. These can be helpful for new breastfeeding mothers or for mothers who are particularly concerned about nursing in public. Nursing apparel is available at maternity stores, online, and in consignment stores<sup>3-4</sup>.

#### **Checking for Inverted Nipples:**

You might have heard of "inverted nipples." These nipples do not protrude outward or become flat when pressure is given to the areola; rather, they sink into the breast tissue. Additionally, they do not become erect when stimulated or chilled. At some point throughout their pregnancy, about one-third of women experience inverted nipples, but only 10% of them do so by the ninth month. Holding your breast with your thumb and index finger at the areola's edge, gently press your thumb and forefinger together to check for this<sup>1-3</sup>. It is regarded as inverted if the nipple sinks in or appears to vanish into the breast tissue. In the first few days, babies may have a harder time latching, but normally, the baby's sucking encourages the nipple to protrude over time<sup>5</sup>.

There are two possible treatments for inverted nipples.

The nipple can be gently drawn out by wearing plastic breast shells in the latter weeks of pregnancy. The second is "Hoffman exercises," which include gradually stretching the nipple tissue. Interestingly, a clinical investigation concluded that "no therapy" appeared to be the best choice and that there was no discernible benefit to these treatments. To protect injured nipples and draw nipples out, several sources advise using "nipple shields," soft plastic shields worn while breastfeeding a baby. Be advised that nipple shields can hinder the production of milk and shouldn't be worn without a lactation specialist's approval<sup>5-6</sup>.

#### **Toughening Nipples**

- Various tips on how to "toughen up" your nipples before giving birth may also be given to you. What not to do is as follows:
- Avoid roughing up your nipples with a nail brush or even a washcloth. Nipples may become irritated, and contractions of the uterus may result.
- Avoid using Vaseline, alcohol, witch hazel, benzoin tincture, or witch hazel to prepare or harden the nipples. The nipples could become irritated and more prone to pain and breaking as a result.
- Do not wash your nipples with soap. Since soap can dry out the nipples, which have glands that release a chemical that keeps them clean and moisturized<sup>6,2,7</sup>.

#### **The following items are not necessary but are not harmful and may help toughen nipples:**

- Expose your nipples to fresh air for a few minutes each day, or longer if you'd like.
- You can occasionally go bra-free or wear a nursing bra with the flaps down so your nipples can rub against your clothes may get nipples ready to handle stimulation.
- Making love while gently massaging or orally stimulating the nipples.

You may have heard that expressing colostrum or massaging the breasts before giving birth prevents engorgement. These techniques are generally safe but don't seem to affect engorgement<sup>1,5,8</sup>.

**A general warning:** Nipple stimulation during pregnancy may trigger uterine contractions and lead to childbirth. Although minimal stimulation is unlikely to result in any issues, you should stop and speak with your caregiver if any of your actions are creating contractions. Using nipple stimulation, some women try to start labor or make their contractions stronger. This should only be carried out on the caregiver's recommendation<sup>9</sup>.

### Supportive Caregivers

Get support from those who understand breastfeeding, support it, and think it will be beneficial for both you and your baby before the baby is born. Make sure that everyone who will be around your infant, including your spouse, family members, the doctor, and any babysitters or other childcare providers you may use, is aware of breastfeeding and ready to support it<sup>10</sup>.

<b>Upright</b>	<ul style="list-style-type: none"> <li>The sitting position with the back straight and leaning back comfortably.</li> </ul>
<b>Mobile</b>	<ul style="list-style-type: none"> <li>The mother carries her baby in a sling or other baby carrier while breastfeeding. Doing so permits the mother to incorporate breastfeeding into the varied work of daily life</li> </ul>
<b>Lying down</b>	<ul style="list-style-type: none"> <li>Good for night feeds or for those who have had a cesarean section</li> </ul>
<b>On her back</b>	<ul style="list-style-type: none"> <li>Mother is usually sitting slightly upright; particularly useful for tandem breastfeeding (breastfeed more than one child)</li> </ul>
<b>On her side</b>	<ul style="list-style-type: none"> <li>The mother and baby lie on their sides</li> </ul>
<b>Hands and knees</b>	<ul style="list-style-type: none"> <li>The mother is on all fours with the baby underneath</li> </ul>
<b>Feeding uphill</b>	<ul style="list-style-type: none"> <li>The baby lies stomach to stomach with the mother who is lying on her back; this is helpful for babies finding it difficult to feed.</li> </ul>

Fig 1: Different supportive care during Breast Feeding<sup>1-4</sup>

<b>Cradle hold</b>	<ul style="list-style-type: none"> <li>Put your arm on the breastfeeding side. The Baby's head rests on the antecubital region of the mother. The hand holds the infant's bottom up.</li> </ul>
<b>Cross-cradle holds</b>	<ul style="list-style-type: none"> <li>Use the arm on the breastfeeding side. The Baby's bottom rests on the antecubital region of the mother. The Baby's head is supported by the mother's hand. Infant cradled inside arm like a football. grip like a football (except opposite breast)</li> </ul>
<b>Football hold (Clutch Position)</b>	<ul style="list-style-type: none"> <li>When breastfeeding, use your arm on the side. The infant was cradled like a football inside the arm. The Baby's bottom is supported by the antecubital area of the mother. A baby's head is held steady by the mother.</li> </ul>
<b>Side-lying position</b>	<ul style="list-style-type: none"> <li>Mother breastfeeds while lying on her side. The baby is lying breast-facing. The Baby's head and neck are supported by the mother's hand.</li> </ul>
<b>Australian hold</b>	<ul style="list-style-type: none"> <li>Baby is positioned next to the breastfeeding mother's knee. The Baby's head and neck are supported by the mother's hand.</li> </ul>
<b>Twin Cradle Hold</b>	<ul style="list-style-type: none"> <li>It is possible to breastfeed twins, and in the beginning, I thought this position was my favorite because I could easily observe them both nursing.</li> </ul>
<b>Twin Cross Cradle Hold</b>	<ul style="list-style-type: none"> <li>Twins can also be placed in a cross cradle, but it requires a little more dexterity.</li> </ul>
<b>Twin Saddle Hold</b>	<ul style="list-style-type: none"> <li>For larger twins who are sitting up, this is fantastic. Additionally, feel free to perform one in the cradle and one in the football hold, or however, you feel most comfortable.</li> </ul>
<b>Twin Football Hold</b>	<ul style="list-style-type: none"> <li>This is effective if you have little twins or are recovering from abdominal surgery.</li> </ul>

Fig 2: Breastfeeding position<sup>13,15</sup>

**During the months of breastfeeding, breast milk undergoes the following changes in appearance and composition:**

In the first few days following delivery, a woman's breast secretes colostrum, thick, yellowish milk. Calcium, potassium, proteins, fat-soluble vitamins, minerals, and antibodies are all present in higher concentrations<sup>1</sup>. In 24 hours, the volume is roughly 100 cc (3 oz). Because of its high antibody content, breast milk is very beneficial for newborns in preventing infection. Between four and ten days after delivery, transitional milk begins to secrete. Its composition lies in between that of colostrum and that of mature milk. This is when the volume goes up. From about ten days following delivery until the end of nursing, mature milk is produced<sup>6-8</sup>.

On average, mature milk contains: Alpha-lactalbumin, lactoferrin, lysozyme, albumen, and immunoglobulins are the other components of milk, along with energy (750 kcal/liter), and lipids (38 g/liter), casein (2.5 g/liter), and whey (6.4 g/liter). Nonprotein Nitrogen from substances like urea,

creatine, creatinine, uric acid, and ammonia is used in the production of amino acids. This fraction also contains peptides like insulin, somatomedin-C, and epidermal growth factor<sup>7,8</sup>. The immune system and protein synthesis depend heavily on nucleotides like cytidine monophosphate, which are produced from nucleic acids. Lactose (70 g/liter) is a sugar. The main carbohydrate in breast milk is lactose. Glucose and galactose make up its structure. Throughout breastfeeding, the lactose content of breast milk rises<sup>6</sup>. Supplements for breastfed babies: Human breast milk is the ideal form of nutrition for infants.

**Only the following supplementation is generally recommended:**

During the first several weeks following delivery, vitamin K supplements should be given to all infants. It is advised that all breastfed infants who consume less than 16 ounces of formula daily take a 200 IU vitamin D supplement. Because prenatal vitamins include vitamin D, calcium, and iron, breastfeeding mothers should keep taking them. Infants should start receiving supplemental nutrients once they are six months old<sup>4</sup>.

**Timing:** According to research, the first six to seven days after delivery and subsequently, around the baby's sixth week, are crucial for nursing success. It's crucial to acquire the support you require during these trying times. If you have any hesitations about continuing to breastfeed, fatigue may be a major factor. Get assistance with baby care and home tasks, if at all possible, to free up time for comfort and rest. Accept help when it is offered without hesitation. As much as you can, make the duties easier by using disposable plates and glasses or a supermarket delivery service<sup>2-3</sup>.



Fig 3: Latching on<sup>2</sup>.

**Bonding**

The maternal attachment and the loving feelings a woman experiences for her child are strengthened by the hormones generated during breastfeeding. Even though the majority of cases of postpartum depression are fairly minor, up to 80% of women experience it. Successful breastfeeding depends on the assistance of the woman's partner and other caregivers, who can help her in a variety of ways. Higher breastfeeding rates are linked to teaching partners how to handle frequent problems<sup>10</sup>. Breastfeeding can affect family relationships. Breastfeeding has been shown to increase family ties, even though some spouses may feel excluded when the mother is nursing the infant. It takes time to care for a newborn child and nurse him or her. The partner must care for the mother in addition to performing duties that she would usually perform, which can put additional strain on the family. However, because partners are frequently eager to provide this assistance, this pressure can aid in strengthening the couple's marital bond as well as the paternal bond to the new family member<sup>11</sup>.



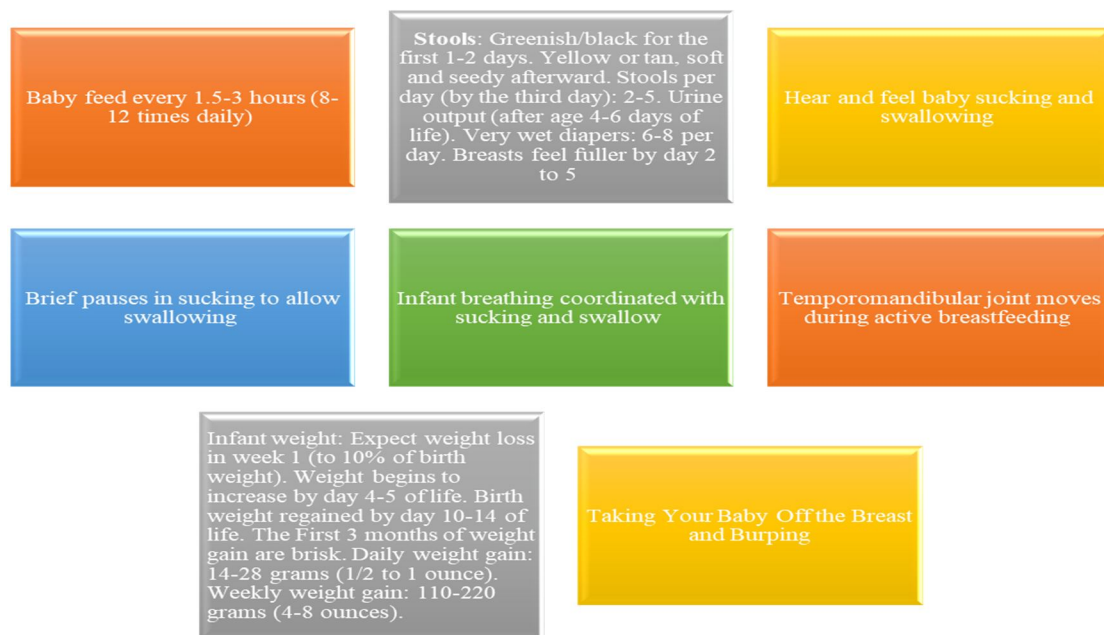


Fig 4: Signs of effective Breast Feeding<sup>4-6</sup>

#### Infant weight gain:

- Infants that are breastfed typically acquire weight following recommendations:
- 0-4 months: 170 grams weekly; 4-6 months: 113-142 grams weekly
- 6 to 12 months Every week, 57-113 gram
- bottle-fed newborns. By the age of two, there are no longer any noticeable variations in the weight gain and growth of breastfed and formula-fed infants<sup>12</sup>.

Fig. 5: Advantages of Breastfeeding<sup>8-10</sup>

#### Advantages to mother

- Lower incidence of ovarian cancer; quicker return to pre-pregnancy weight; less postpartum bleeding; higher bone mineral density; lower incidence of premenopausal breast cancer. A baby can be fed for the least money by using breast milk.
- Breastfeeding mothers and their babies are acknowledged to have a special closeness that is both hormonal and emotional in origin.
- Breastfeeding has several tangible benefits, including Low cost, requires no preparation, and is always immediately accessible<sup>13</sup>.

#### Emotional and psychological benefits:

- The soothing and pleasant experience of mother and child having direct skin-to-skin contact.
- The same hormones that increase milk supply may also foster positive maternal sentiments. Most nursing moms discover that it increases their sense of attachment and protection toward their infants as well as their confidence in their capacity to provide for and nurture their offspring<sup>14</sup>.

#### Storing Breast Milk

Only sterile containers, such as glass, stiff plastic containers, or special plastic bags, should be used to preserve breast milk. Baby bottle insert bags aren't sturdy or thick enough to keep milk from becoming contaminated. If the milk will be consumed by the infant within 48 hours, it must be sealed and cooled right away. This chilled milk should be thrown out if it is not used within 48 hours. After being refrigerated for up to 24 hours, it can be frozen<sup>7, 12</sup>. Immediately freeze the milk if you know ahead of time that it won't be used for at least two days. Breast milk can be stored in your freezer without risk for at least two weeks and possibly even two months. Place it in the freezer's rear. It can be maintained for six months in a separate deep freeze. Each container should have a label with the date on it so that you can start with the oldest milk. Milk should be frozen in portions of 3-4 ounces, or about enough for one feeding. 1-2 oz servings can also be frozen in case the baby requests a bit extra at any feeding<sup>14</sup>. Milk that has been stored should be heated to at least room temperature (68-72 F) before being used for feeding. Rotate the container regularly while submerging it in warm water. Put the container in a pan of water on the stove at low heat to warm it up more quickly. Alternatively, you can thaw milk by letting it sit at room temperature, but this process takes significantly longer and can promote bacterial growth if done repeatedly<sup>12</sup>.

Although milk's fat may separate after thawing, it is still safe to use. To get the milk back to its original consistency, simply give the container a gentle shake. Use chilled milk within four hours of defrosting. Never freeze it again<sup>9</sup>.

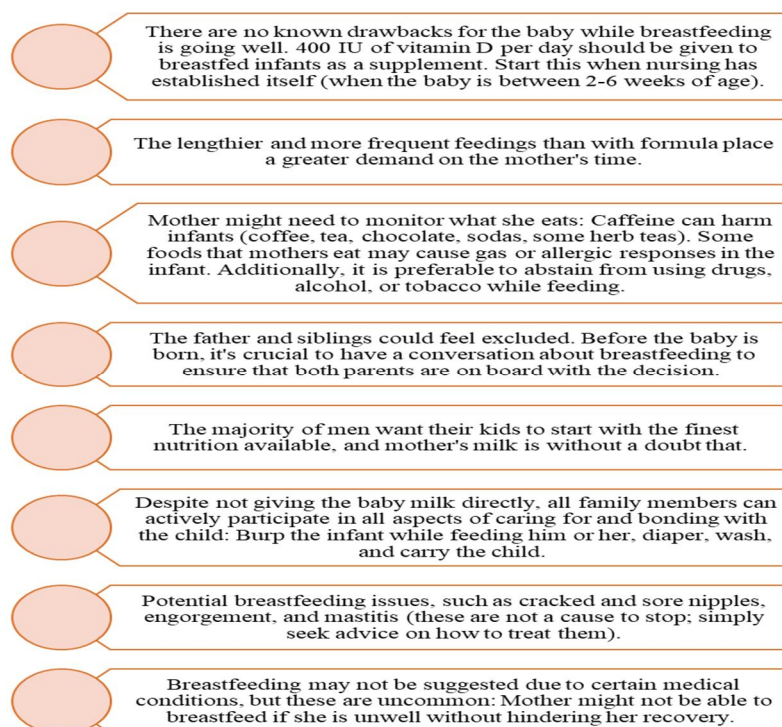


Fig. 6: Disadvantages of Breast Feeding <sup>1,7,8</sup>

### Minor discomforts related to breastfeeding:

#### Clogged milk ducts:

Small, tender, red lumps inside the breast that are caused by clogged milk ducts are possible. With dried milk or other materials, milk ducts may block. The purpose of treatment is to unblock these ducts. This can be helped by increasing the frequency of breastfeeding, giving the affected breast first, and pumping the breast after breastfeeding if the baby isn't emptying the breast<sup>8</sup>. You can speed up recovery by applying moist heat packs to the injured region. A warm shower and some localized massage may help with this issue's resolution. The damaged breast may occasionally be rejected by the infant if the milk starts to taste sour. Empty the breast as much as you can by pumping. Continue to offer that breast to the baby until they accept the affected breast again<sup>9</sup>.

#### Sore nipples:

By exposing the nipples to the air as much as possible, sore nipples can be soothed. After breastfeeding, drying your nipples with a hair dryer on low heat may also help. Nipples should never be cleaned with soap, alcohol, benzoin, or pre-moistened towelettes; only water should be used. The use of cosmetic products containing petroleum-based ingredients is discouraged, yet untreated lanolin may be able to reduce nipple cracking<sup>14</sup>.

#### Treatment:

The baby should be correctly latched on from day one for the best prevention. The baby is either not positioned and latching properly, the baby is not sucking properly, or both are to blame for sore nipples. In any case, when a baby latches on properly, they learn to suck properly by sucking milk from the breast. (They learn by doing.) Sore nipples can potentially be a sign of a fungus infection (caused by *Candida albicans*). The discomfort brought on by a bad latch and a weak suckle hurts the greatest as you latch the baby on and usually gets better as the infant feeds<sup>9</sup>.

The fungal infection's pain lasts the entire feed and could even last after it is ended. Women describe the first two causes of pain as being like a knife. Although the burning sensation associated with the fungal infection is frequently described, it may not. A yeast infection may be to blame for the sudden, inexplicable onset of nipple discomfort when feedings had previously been painless, but the pain may develop gradually or may be added to pain from other sources. A yeast infection may be the cause of cracks<sup>10</sup>.

#### Common breastfeeding problems:

**Anxiety:**

When trying to breastfeed, it might be simple to become dejected. The baby may be crying, for instance, or your family may be concerned that the infant is not eating enough or is hungry. What's going on in the mother's thoughts when breastfeeding is probably the most crucial factor. The brain manages the production of breastmilk. Worry, pain or any kind of stress can prevent breastmilk from flowing because anything that has an impact on the brain also has an impact on how much is produced. Because they believe they are not breastfeeding properly, many moms worry. In actuality, breastfeeding issues may be brought on by anxiety and stress. Therefore, it's crucial to make an effort to relax<sup>13</sup>.

The family has a responsibility in this situation. People who are close to a breastfeeding mother should use caution when speaking. It can be quite difficult to breastfeed when someone says things like, "How can you breastfeed, you have such little breasts." "The amount of milk a breast can produce has absolutely nothing to do with its size. However, what others say and do while they are near a nursing mother matters<sup>11-13</sup>.

**Pain:**

Nipple discomfort can be excruciating, but it typically isn't serious or persistent. Maybe the baby is not sucking on the shadowy area behind, but merely on the nipple.

If you maintain hygiene and continue breastfeeding, nipple issues frequently disappear. However, it is always a good idea to seek the advice of someone you trust and who is knowledgeable about breastfeeding<sup>13,8</sup>.

If you have a sensitive lump that persists for more than a day, especially if you also feel poorly, you should be concerned and seek medical attention right once<sup>9</sup>.

**Engorgement:**

A mother's breasts may enlarge, harden, and become uncomfortable around four days after giving birth. As a result, it could be challenging for a newborn to "latch on" or get his or her mouth around the crucial black area at the nipple. Try to continue breastfeeding if you get engorgement—it should only last two days or so. Breastfeeding requires a great deal of perseverance. Simply provide the breast when the baby wants to suckle, maintain your composure, and let the infant suckle as desired<sup>6</sup>.

**Cabbage leaves for engorgement**

It is usually possible to avoid severe engorgement around the third or fourth day after the baby is born by getting the baby to latch on properly and drinking well right away. Please be aware that even without any therapy, engorgement goes away in 1–2 days if you do become engorged.

Continue nursing the infant while making sure he adjusts well and nurses properly. However, cabbage leaves appear to assist reduce the engorgement more quickly than ice packs or other therapies if you should become so engorged as to experience excruciating discomfort. If you can't get the infant to latch on, cover him or her with cabbage leaves, start expressing your milk and give the baby the expressed milk with a spoon or cup before calling for help right away<sup>11</sup>.

Use green cabbage. If the cabbage leaves do not fit your breast shape, crush them with a rolling pin. Leave the cabbage leaves on the breast for about 20 minutes after wrapping them around it. It's sufficient to do this twice each day. The cabbage leaf therapy is typically applied no more than twice or three times.

Some advice using the cabbage leaves every time you feed your child and keep them there until they wilt. Some people worry that using cabbage leaves so frequently will reduce the milk supply, but I don't have enough experience with them to determine one way or the other. As soon as you feel more at ease and the engorgement starts to fade, stop using.

Ice packs can also be useful. You can apply cabbage leaves there as well if you are one of the mothers who have a noticeable lump in the armpit three to four days following the delivery of the child<sup>12</sup>.

**Low Milk Supply:**

Mothers frequently worry that their infant won't get enough breast milk. If your baby is having 5-6 soaking wet disposable diapers (7-8 cloth diapers), at least 2, but ideally 5, yellow, runny poop per day (at least until he is a month old), and regular weight gain of about 1/2 ounce per day, you can be sure that he is getting enough when breastfeeding. Most babies will accept an ounce or two of formula if offered, even if they aren't hungry, so offering a few ounces to test if your kid is "still hungry" is typically not a fair indicator of whether or not he is getting enough breastmilk<sup>11-13</sup>.

Feed your infant frequently, at least once every 1 1/2 to 3 hours, is one piece of advice to help you improve your milk supply. It is more crucial that you nurse frequently than that you give your baby lengthy feedings. Your body will be encouraged to make more breastmilk as your infant breastfeeds more frequently. A maximum of 4-5 hours should pass between feedings. This includes feedings at night. Once your baby is making good weight growth, you can usually cease waking him for feedings. Remember that 4-5 hours is a little long and may only occur in a day because your newborn should be nursing roughly 8–12 times each day<sup>2</sup>.

After each feeding, think about pumping your breasts for five to ten minutes. This might increase milk output. Make sure your baby is sucking and latching on properly. A poor milk supply may result if he doesn't latch on and empty your breast during a feeding. For certain breastfeeding mothers, birth control drugs are particularly renowned for decreasing milk production. Throughout the day and night, take some time to rest and unwind. If you need it, try to enlist the assistance of family or friends. Avoid smoking. Nicotine can reduce your milk supply and infiltrate breastmilk. However, breastfeeding is still allowed if you smoke<sup>9</sup>.

#### **Leaking:**

Especially if the first child, it is usual for breast milk to leak or spill during the first several weeks. With time, the leak should stop and get better. Utilize breastfeeding pads without plastic liners to avoid uncomfortable nipples, make sure to replace them as soon as they are wet. Use breast shells only if necessary to enhance nipple shape. While leaking can be prevented or stopped by applying pressure to the nipples, doing so can clog the ducts and prevent let-downs. If excessive breastmilk production appears to be the cause of the leaking, breastfeed regularly will help. After a few weeks or months, leaking ought to get better<sup>11</sup>.

#### **Bloody Nipple Discharge:**

Blood in the breast milk usually results from a bleeding nipple, which can sometimes happen in the third trimester right before you start lactating or as a secondary injury from your infant latching on incorrectly. An intraductal papilloma, a benign disorder that often resolves in a few days, may also be the cause of bleeding. A less common cause of bleeding is intraductal cancer, which is a more dangerous condition. Although your kid typically won't be at risk from blood in your breast milk, it occasionally makes them throw up. When the vomit also contains the blood that was eaten, it can be frightening for parents, but it's typically nothing to worry about<sup>14</sup>.

#### **Plugged Ducts:**

The breast contains rounded glands that make milk. These glands discharge into ducts, which are tubes. The sinuses that gather mucus from the ducts then empty into your baby's nipple. A clogged duct is blocked by a thicker mass of milk or leftover cells. This can happen if pressure is constantly applied to one area of your breast or if milk does not empty in one location (using one nursing position, such that milk is emptied in one place but not another) (i.e. from a tight bra, sleeping in a particular position, bunching up your shirt under your arm while nursing).

You immediately feel a soft and hard lump in one location of your breast when a plug duct forms. Only swelling may be experienced by some women. There are no feverish or flu-like symptoms associated with it. At any time, if you feel feverish or have flu-like symptoms, a breast infection needs to be treated with antibiotics<sup>15</sup>.

#### **Mastitis:**

Infection of the breast known as mastitis can result in flu-like symptoms such as fatigue, headache, fever, chills, nausea, and vomiting. Additionally, it makes the affected breast puffy, painful, and red. Mastitis can develop as a result of engorgement, clogged ducts, or cracked nipples. The major mastitis treatments are rest, more fluids, frequent feedings (you may typically continue breastfeeding while you have mastitis), moist heat applied to the breast with the plugged duct for fifteen minutes before feedings and avoiding wearing a tight-fitting bra. Antibiotics are frequently administered for 10–14 days to treat this infection. Usually, if you have mastitis and have a fever, you should call your doctor for treatment<sup>11,15</sup>. Recurrent mastitis It can happen if you don't finish the full course of antibiotics prescribed as mastitis treatment, if you don't address the issues that cause you to develop mastitis, such as cracked nipples, plugged ducts, or engorgement, a fungal infection, or a different breast condition<sup>11</sup>.

#### **Breast Abscesses:**

Mastitis can occasionally develop a breast abscess, an infection of the breast that can result in the accumulation of pus inside the breast. The flu-like symptoms of fatigue, headache, fever, chills, nausea, and vomiting can also be brought on by it. Additionally, it makes the affected breast puffy, painful, and red. Women receiving treatment for mastitis who do not improve after a few days should be suspected. The doctor may drain the abscess as part of the primary treatment, along with antibiotics. Rest, more fluids for the mother, and continuing feedings on the unaffected breast solely are the major therapies for breast abscesses (it is usually best to discontinue breastfeeding from the affected breast until it is properly treated and drained, although you should continue pumping and discarding the milk to maintain your supply) Antibiotics are frequently used for 10–14 days to treat this infection<sup>11,16</sup>.

#### **Breast Masses:**

While breastfeeding, breast masses or lumps are frequent, especially in the first several weeks. It frequently indicates breast abscess, a clogged duct, or engorgement. Small cysts that generally form



immediately before feeding and vanish after the feeding can occasionally fill with milk. You should visit your doctor for a thorough evaluation if you have a breast mass or lump that doesn't reduce in size after a week or so. Although breast lumps during pregnancy are typically not cancerous, a mammogram or ultrasound may be performed to assess the mass. Surgical excision or tiny needle aspiration are examples of additional tests. Usually, you can keep breastfeeding throughout these examinations<sup>11,15</sup>.

### **Breast Surgery:**

Although previous breast surgery can occasionally make it difficult to breastfeed, many women who have undergone breast surgery are still able to do so. There may be more issues following a breast reduction procedure than a breast augmentation because the procedure can damage the milk ducts, reposition the nipples, and cause other complications. Other forms of surgery, such as a biopsy or lumpectomy (the removal of a lump), typically go smoothly<sup>17</sup>.

### **CONCLUSION**

Breastfeeding is the best form of health care and should be promoted in all societies. Billions of dollars in health care costs could be saved if everyone was educated on the importance of breastfeeding. Breastmilk is specifically designed for each mammal species. Breastfeeding also helps satisfy an infant's natural desire to suckle/suck. When this desire is satisfied by breastfeeding, there is less need for the infant to suck on objects like digits, blankets, etc.

### **CONFLICT OF INTEREST**

The authors declare that there are no conflicts of interest. The research received no specific grant from any funding agency in the public, community, or non-for profit sectors

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