

Nursing and illness (Self-limiting illnesses)

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A common question or concern a nursing mom has is whether or not she can still breastfeed her infant when either she or her baby is sick. Looking at breastfeeding from both the mom's and baby's perspective, allow me to share some basic thoughts regarding both of these issues.

Nursing plays a unique role in encouraging wellness when a breastfeeding mother or infant is ill. Although the nursing patterns of the baby may temporarily change, in most cases, nursing does not need to stop.

In self-limiting illness such as colds or flu, the anti-bodies that the mother is producing will be given to the baby through the breast milk, resulting in protection for the baby or the baby may only experience a mild course of the disease.

MOM

Mom should rest, drink plenty of fluids, and even with a diminished appetite, try and take nourishment. Should there be a need for medication, such as an analgesic or antibiotic, check with your pediatrician about its compatibility with nursing (even with over-the-counter medications.) If it isn't compatible, there is probably a suitable alternative. During an illness you may notice a temporary decrease in your milk supply as a result of the illness. The supply usually returns to its prior level with some additional nursing time (possibly adding an extra feeding, or some extra time at each feeding.) (Huggins, pg. 112-113)

INFANT

Nursing infants are less likely to be hospitalized if they become ill. The balance of fluids and low solute load (the conversion of solids) in the milk will help him to remain adequately hydrated. (Lawrence, pg 342-

343). The protect factors in the breast milk will also aid him in recovering.

Some moms have been concerned that nursing a sick baby would increase the infant's fatigue levels, especially in an infant with respiratory symptoms. Studies have indicated that an infant with significant respiratory symptoms uses less energy at the breast than at the bottle. This is due to the synchronicity of respiration during breastfeeding. (Johnson and Sailsbury) (Lawrence, pg. 342-343)

With colds and stuffy noses along with an accompanying cough or sore throat, the infant may be less interested in nursing than previously. This may be due, in part, to blocked nasal passages. Try feed him in a more upright position. Saline drops will help clear the nasal passages, but check with your doctor on the number and frequency. You can prepare saline drops at home by dissolving one teaspoon of salt in one pint of warm water. (Riordan & Auerbach, pg. 488) Using a cool mist humidifier will also help.

An elevated temperature indicates the infant has an infection. Unfortunately, there is not always a corresponding relationship between the severity of the fever and the severity of the illness. You infant may have a high temperature with a minor infection and a low temperature with an infection that is more serious. (Huggins, pg. 113) As a rule, during the first four months of your baby's life, his temperature should not exceed 99° F (if taken in the arm pit) or 101°F (if taken rectally). If it exceeds these temperatures, report it to your pediatrician.

Fevers can result in dehydration, so you need to maintain his fluid intake and monitor his number of wet diapers. Other

signs of dehydration are dry mucous membranes (dry mouth), listlessness, depressed anterior fontanel (“soft spot” on the top of the infant’s head), cool clammy extremities—especially the fingers and toes, and the infant looks ill. (Riordan and Auerbach, pg. 486-487) If you suspect this in your infant, call your pediatrician immediately.

SIGNS OF ILLNESS

Sometime the first indication of illness is that your baby is not acting like himself, such as refusing to nurse or nursing poorly, listlessness, etc. Don’t hesitate to contact your pediatrician with your concerns. Diarrhea is uncommon in infants who are breastfeeding. (Huggins, pg. 113) (Jolley, pg 52) In fact, the stools of a healthy breastfed infant can appear as diarrhea in that they are similar in appearance—watery, and yellowish with small curds. (Jolly, pg. 52) Diarrhea would be defined as having frequent (12 or more per day), extremely loose, watery stools. Sometimes they can be foul-smelling, and exhibit blood or mucous. (Huggins, pg. 113) Fluid loss can be high and the baby may become dehydrated very quickly. Your health care provider should be contacted regarding treatment. Occasionally, they will recommend fluid replacement with a solution containing electrolytes such as Pedialyte. Nursing is usually continued.

MEDICATIONS

Any medications prescribed for the baby should be given to the baby, and not taken by the mother—rationalizing that it will come through the breast milk. This is especially true for antibiotics. There is no way to control the dosage amount that reaches the infant, as it will depend on the strength, time taken, and how much milk was consumed. (Lawrence, pg. 343)

ROUTINE

In regard to the routine, observe his nursing patterns. Is he maintaining his routine, or is he nursing less and unable to last until the

next feeding? You may need to make some temporary changes in your routine, such as decreasing the time between feedings or adding an extra one. You would not want to eliminate any feedings during this time. Your baby may require longer nap periods, so you may find his wake times are less.

The above are simple guidelines to help you in assessing your infant and making decisions for his care. Illness is a part of life, and even in the best of circumstances, cannot always be avoided. Don’t be hesitant to contact your pediatrician with questions; that is a part of providing health care. A call may bring needed care or simple confirmation that everything is fine.

Sources:

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