Urgent Issues of Breastfeeding Management

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INTEREST IN TONGUE-TIE as a source of nipple pain continues clinically and in manuscripts submitted to the journal. It has completely eclipsed reports of yeast as a cause of nipple pain. The report of the problems recorded to occur as a result of lingual frenulum is documented in a prospective study by Haham et al.¹ entitled “Prevalence of Breastfeeding Difficulties in Newborns with a Lingual Frenulum: A Prospective Cohort Series.” The authors suggest that not all frenula need treatment.

A mother’s perspective of tongue-tie is an entirely new observation documented by Riskin et al.² in their article entitled “Tongue-Tie and Breastfeeding in Newborns—Mother’s Perspective.” There has been a mass of recorded opinions published on this oral variation called ankyloglossia. This perspective from hundreds of mothers is worthy of attention. The outcome of exclusive breastfeeding was similar in both the tongue-tie group and the controls.

Hypergalactia is described and discussed by Eglash³ in an invited review. It was a challenging task to ferret out any mention of hypergalactia in the literature, but rigorous efforts identified two such publications. The review outlines the problems with too much milk for both mother and infant. Eglash also details appropriate management. Preventing concomitant pain and mastitis is essential to effective milk production in those with an excessive supply. Specific herbal preparations that suppress lactation have been used for centuries, confirming that hypergalactia is an ancient condition.

Breastfeeding Medicine appreciates the letter from Darnall et al.,⁴ especially because it provides an opportunity to clarify some confusion regarding some of the events at the meeting convened by the National Institutes of Health (NIH) about sudden infant death on May 19, 2014 that were mentioned in a previous editorial, “Solomon’s Wisdom” in the July/August 2014 issue.⁵

Complete reviews of infant history, associated circumstances, and anatomic examination have always been performed in the case of unexpected infant death. More important is that the comments about cardiovascular disease in association with sudden infant death syndrome (SIDS) made at the NIH meeting were to suggest that the oxygen saturation screening tests being mandated in most states should be evaluated in relation to SIDS deaths. Postmortem evaluation of the heart cannot rule out all cardiac problems, especially arrhythmias. Anatomic evaluations cannot rule out metabolic disorders, over a dozen of which are screened for prior to discharge on all newborns in most states. These data need to be available in all 50 states and evaluated as we continue to search for the real causes of sudden infant death. It was an effort to point out that forbidding co-sleeping will not prevent all SIDS deaths and has frightened many families.

The leadership of the breastfeeding organizations, although present at the meeting, was not invited to speak. Breastfeeding is important. There is a difference between SIDS rates in artificially fed infants and breastfed infants. The alternatives to bedsharing while

breastfeeding are a lounge chair, a couch, or a rocker.⁶ These do present significantly greater risk to the infant. The breastfeeding community looks forward to continued dialogue about the issues and perhaps further meeting at the invitation of the NIH. We thank the Committee for becoming more visible in supporting breastfeeding. We will happily follow the Committee's efforts to support breastfeeding.

"Speaking Out on Safe Infant Sleep: Evidence-Based Infant Sleep Recommendations" is an evidence-based review of the issue of breastfeeding and sleeping arrangements articulated by Bartick and Smith⁷ that also appears in this issue of the journal. This piece explains the concerns of the breastfeeding community on bedsharing as documented in the world literature. There are many cultures that have always slept with their infants and continue to do so when they immigrate to the United States.

SIDS is a serious problem that has plagued mankind since biblical times. Breastfeeding can reduce the incidence. When a breastfed infant dies of SIDS, the reason needs complete evaluation of all possibilities, including environment, as well as previously undiagnosed disease.

References

1. Haham A, Marom R, Mangel L, et al. Prevalence of breastfeeding difficulties in newborns with a lingual frenulum: A prospective cohort series. *Breastfeed Med* 2014;9:438–441.
2. Riskin A, Mansovsky M, Coler-Botzer T, et al. Tongue-tie and breastfeeding in newborns—Mothers' perspective. *Breastfeed Med* 2014;9:430–437.
3. Eglash A. Treatment of maternal hypergalactia. *Breastfeed Med* 2014;9:423–425.
4. Darnall RA, Goodstein MH, Hauck FR, et al. American Academy of Pediatrics' Task Force on SIDS fully supports breastfeeding. *Breastfeed Med* 2014;9:486–487.
5. Lawrence RA. Solomon's wisdom. *Breastfeed Med* 2014;9:279–280.
6. Byard RW, Beal S, Blackbourne B, et al. Specific dangers associated with infants sleeping on sofas. *J Paediatr Child Health* 2001;37:476–478.
7. Bartick M, Smith L. Speaking out on safe infant sleep: Evidence-based infant sleep recommendations. *Breastfeed Med* 2014;9:417–422.

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