

## **Breastfeeding and women with Type One Diabetes**

The importance and the impediments outlined by a woman with Type One Diabetes and two young children..

**The routine separation of mothers with Type One Diabetes in Australia from their babies just after birth, interferes with the initiation and uptake of breastfeeding in a significant number of diabetic women.** Unless the woman is very well supported, prepared and educated about the way lactation is initiated and maintained, there is a significant chance that the separation of mother and baby will lead to difficulties in establishing the mother's milk supply and hence, the diabetic mother is less likely to breastfeed. \*\* see note at end of submission

**However breastfeeding has been observed to lower the rates of children developing Type One Diabetes and Type One Diabetes has been linked, in a number of studies, with early exposure to cow's milk protein. It is a currently an active area of scientific investigation.** Refer to the TRIGR study information page: <http://trigr.epi.usf.edu/about.html> or the Australian Breastfeeding Association's Lactation Resource Centre for information on past and present research.

**With more diabetes and breastfeeding specific education for women before they give birth and extra support for them after the birth there should be an increase in breastfeeding success rates.**

Children of mothers with Type One Diabetes already have a one in thirty chance of developing Type One Diabetes (due to a genetic predisposition which is thought to be triggered by environmental factors).

Therefore women with Type One Diabetes should definitely be educated, encouraged and supported to breastfeed their babies.

The babies are generally cared for in Special Care Nurseries for between one and a half to two days post-birth so that their blood sugar levels can be monitored and treated if found to be low. Generally, if the baby's blood sugar is found to be low, they are fed infant formula containing cow's milk protein (from a bottle) to bring their sugar levels up into a normal range

Mothers are generally encouraged to breastfeed their babies, but often, due to the rapid separation from their babies, or incapacitation due to having had a caesarean, they are unable to do so for some time after the birth.

This means the women with diabetes will probably need help with expressing her own milk. This can be intimidating, especially for women who have not breastfed before, and so assistance with expressing should be suggested by midwives caring for the woman. They may also need assistance in getting the breastmilk to their babies in special care at regular intervals.

Also, if the babies are found to be hypoglycemic, which is common, they are required to be fed a certain amount of formula (much, much larger than the amount of colostrum usually produced by a mother) which most women cannot produce just hours or even in the first couple of days after the birth, so top up feeds with formula are given to their babies.

It is therefore imperative that women be encouraged and supported to express their own breastmilk during this separation phase (and afterwards if the baby is not feeding well from the breast) in order to activate their milk supply and help their milk to come in. If the woman is unable to express breastmilk or feed her baby directly from the breast, she is unlikely to continue to produce milk.

I believe that the separation of mother and baby after the birth due to the baby being cared for in special care is less likely in the United States where babies and mothers are less likely to be separated. With the help of a supportive paediatrician and regular monitoring of the baby's blood sugars in the room, it is definitely possible for babies to be cared for in the room with the mother after the birth rather than being separated. This was my experience with the birth of the second child.

Transitional care wards in which higher-risk mothers can be monitored together with their higher risk babies is another possible solution.

**Women who want to breastfeed should be encouraged to express and store breastmilk two weeks before the birth, if they are comfortable doing so. They should freeze it and bring it to the birth with them. This way their babies can be fed their own milk to bring blood sugars up, rather than infant formula. It is also likely to help the mother's milk to come in.**

**Breastfeeding in the early days can decrease the mother's blood sugar levels quickly, leading to hypoglycemia. I have heard anecdotally that this puts some mothers off continuing to breastfeed.** It is important that mothers are supported during this time (they currently get scant support) and that they are reassured that in time the effect on their blood sugars will be much less dramatic.

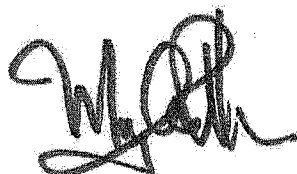
**Personal and psychological benefits.** Aside from the abovementioned diabetes-specific benefits of breastfeeding, women with Type One Diabetes are likely to enjoy emotional and health benefits from breastfeeding as are their children. It seems a shame that a significant number of women miss out because of lack of pre-birth information, hospital policy and lack of adequate support if things get difficult.

On a personal note, I thought my desire to breastfeed my babies might have been stronger than it was for other women with diabetes. When the nurse looking after me at one point saw that I had brought my own expressed breastmilk in to hospital ready for the birth of my second child, the nurse looking after me told me the story of her sister who also has Type One Diabetes. She said she had not been supported to express breastmilk after the

birth of her son, now sixteen, who was cared for in the Special Care Nursery after the birth. "It was her life dream to have another child just so that she could breastfeed the baby, she was so distraught that she was unable to breastfeed her little boy."

For further information on the health benefits of breastfeeding and in particular the impediments that may be faced by women with diabetes who want to breastfeed, and the solutions and strategies that can be used to overcome them, I recommend contacting Dr Bruce Lewis, Paediatrician and Head of Neonatology at the Wesley Hospital, Brisbane, QLD on and Bridget Ingle, Lactation Consultant, Wesley Hospital, Brisbane, QLD. Both can be contacted on (07) 3371 5144.

\*\* Descriptions of women's experiences with breastfeeding as well as the relevant medical information and descriptions of mother and baby separation just after birth, can be found in the excellent book, Diabetes and Pregnancy, Women's Experiences and Medical Guidelines, by Dr Allison Nankervis and Josephine Costa, Miranova Publishers, ISBN 0 9587142 3

A handwritten signature in black ink, appearing to read 'Mary Anne Patton', written in a cursive style.

Mary Anne Patton