



Consequences of the Ignored Insufficient Milk Syndrome

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Commentary

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Abstract

The Ignored Insufficient Milk Syndrome is the sum of mothers with low colostrum production and babies with birth weight loss, which is a sign of neonatal dehydration due to low intake (small volume) of colostrum in infants from mothers with Delayed Lactogenesis II. If neonatal dehydration is severe, and is not detected early, it can cause neurological damage to the newborn in the short, medium, and long term. Accepting weight loss as normal, means exposing them, unnecessarily, to a progressive risk of dehydration and brain damage of varying degrees, in the first 10 days of puerperium and exclusive breastfeeding. When the volume of colostrum ingested is insufficient, instead of conditioning growth and development, in terms of weight gain and adequate neurological functions, it conditions the opposite, weight loss and manifestations of neurological malfunction. In the other hand, it is been proven that all stressful factors in mothers, further inhibit and delay the onset of lactogenesis II. We do not doubt the unquestionable benefits of breastfeeding and that it is the best "Quality" food for neonates, but we insist that it is not enough in "Quantity" to satisfy neonatal nutritional needs during the first ten days of life. There is evidence that some of the "ten steps to successful breastfeeding", like prohibiting supplementing babies with formula, and omitting step 6, while milk coming in occurs, do not provide the benefits highlighted and expected, they even have more risks than benefits for most infants and mothers.

Keywords: Insufficient Milk Syndrome; Birth Weight Loss; Delay Lactogenesis II; Neonatal Dehydration by Low Milk Intake

Introduction

First of all, insufficient milk syndrome is the sum of mothers with low colostrum production and babies with birth weight loss (BGL) [1]. According to our Neonatal Dehydration Criteria [2], BGL is a sign of neonatal dehydration due to low intake (small volume) of colostrum in infants from mothers with Delayed Lactogenesis II [1,2]. If neonatal dehydration is severe, and hypernatremic [3], and is not detected early, it can cause neurological damage

in the short, medium, and long term. The percentage of neonatal weight loss is directly proportional to the degree of underlying dehydration. Therefore, also the risk of brain damage is directly proportional to the degree of dehydration.

Consequences in the Newborn

1. Cerebral edema, which is secondary to cerebral dehydration. Manifested like irritability, or lethargy.
2. Hypovolemia leading to hypotension, ischemia, and

cerebral hypoxia, manifested like metabolic acidosis, and even venous thrombosis, manifested like stupor, or coma.

3. Hyponatremia, secondary to hypovolemia by low hyponatremic colostrum intake. If severe, leads to dilatation and capillary rupture with cerebral hemorrhage, without counting the cerebral edema secondary to the very rapid correction of hyponatremia. Manifested like seizures and coma.
4. Severe neurotoxic hyperbilirubinemia or bilirubin encephalopathy, secondary to hypovolemia and to the increased enterohepatic circulation of indirect bilirubin, secondary to low colostrum intake in the first ten days of life. Manifested like jaundice if it's mild or moderate. If it's severe, like seizures, coma, and Child's Cerebral Palsy [4].
5. Damage to other organs caused by hypovolemia, especially hypovolemic shock, such as renal, coronary, and adrenal ischemic damage.

The percentage of neonatal weight loss is directly proportional to the degree of underlying dehydration. Therefore, also the risk of brain damage is directly proportional to the degree of dehydration and hyponatremia.

When the weight loss is excessive, which is a sign of hypovolemic shock, the clinical picture is so similar, that it can easily be confused or interpreted as septic shock, and it can be fatal in the short term, maximum if accompanied by severe hyponatremia [5].

Therefore, accepting that weight loss is normal and allowing neonates to lose weight from birth means exposing them, unnecessarily, to a progressive risk of dehydration and brain damage of varying degrees.

Therefore, again we want to highlight this issue, since apparently healthy neonates, full term and with insufficient breastfeeding, from the second day of life start with weight loss and subtle signs of dehydration that are not recognized as such, but rather they are considered normal when in reality, they are "minor signs of dehydration", which indicate that a neonate is "sub hydrated". These signs are becoming more evident, and weight loss is more accentuated in the subsequent days, indicating that they are progressing to dehydration. Even the manifestations of greater dehydration are not recognized as such when they are also "major signs of dehydration" indicators that a neonate is frankly dehydrated and at risk of progressing to hyponatremia [2]. A neonate with hyponatremic dehydration is at risk of progressing to permanent brain damage or dying in the short term.

We want to emphasize that "bad breastfeeding technique" is not the real cause of neonatal weight loss or

hyponatremic dehydration since all efforts to improve it have not yielded favorable results for three decades.

We insist that the real cause of neonatal weight loss, mild or excessive, as well as hyponatremic dehydration, is the production of a low volume of colostrum in most women in the first 10 days of puerperium and lactation [5]. The increase in milk production occurs just between the first and second weeks of lactation, not before. This explains why the recommended measures for the improvement of the breastfeeding technique since the implementation of the ten steps for successful breastfeeding are not and have not been effective [2].

What we have observed for two decades, and reported in the last decade, in the majority of lactating women, primipara or multipara, is the production of a low volume of colostrum similar to the volumes mentioned in the literature [5]. And as we have also commented and communicated, this volume of colostrum is insufficient to satisfy the needs of liquids that a healthy neonate requires, at term and without risk factors, to maintain an adequate hydro electrolytic balance [1,2,5].

When the volume of colostrum ingested is insufficient, instead of conditioning growth and development, in terms of weight gain and adequate neurological functions, it conditions the opposite, weight loss and manifestations of neurological malfunction ranging from irritability and lethargy, even neurological depression, which, is not a good start in life, in terms of quality of life, both for the newborn and his mother.

Consequences in the Mother

1. Stress, by birth recently.
2. Stress, for low volume of colostrum produced.
3. Stress, by the irritability, crying, and general discomfort of her baby.
4. Doubt, of her ability to care for and feed him properly.
5. Guilt, because she feels like a bad mother and because instead of feeling "Comprehension", she feels "Pressure" from breastfeeding support groups [2].

It is been proven that all of the above, are stressful factors that further inhibit and delay the onset of lactogenesis II.

Several authors who, like us, have detected that, many of the recommendations of the Baby Friendly Hospitals Initiative since 1991, are not based on evidence or reproducible clinical studies that demonstrate more benefits than risks, but in the consensus of experts and in the daily practices of the maternity wards. There is even evidence that some of the ten steps to successful breastfeeding do not provide the benefits that are highlighted and expected [6,7],

they even have more risks than benefits for most infants and mothers [2,8].

We do not doubt the unquestionable benefits of breastfeeding and that it is the best “Quality” food for neonates, but we insist that it is not enough in “Quantity” to satisfy neonatal nutritional needs during the first ten days of life [8], what justifies to implement “transient mixed breastfeeding” until the volume of colostrum produced by the mothers is sufficient to meet the neonatal hydro caloric requirements [2,8] and thus, avoid weight loss due to dehydration at this critical stage.

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Contributors’ Statement Page

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