



Figure 27-1 The 2010 and 2020 Healthy People Targets and the current 2012 rates of breastfeeding initiation, 6 months of any breastfeeding, and 6 months of exclusive breastfeeding in the United States.

After the first week of life in a breastfed infant, prolonged elevated serum bilirubin may be due to presence of an unknown factor in milk that enhances intestinal absorption of bilirubin. This is termed **breast milk jaundice**, which is a diagnosis of exclusion and should be made only if an infant is otherwise thriving, with normal growth and no evidence of hemolysis, infection, biliary atresia, or metabolic disease (Chapter 62). Breast milk jaundice usually lasts no more than 1 to 2 weeks. The American Academy of Pediatrics recommends vitamin D supplementation (400 IU/day starting soon after birth), and, when needed, fluoride after 6 months for breastfed infants.

Common Breastfeeding Problems

Breast tenderness, engorgement, and cracked nipples are the most common problems encountered by breastfeeding mothers. Engorgement, one of the most common causes of lactation failure, should receive prompt attention because milk supply can decrease quickly if the breasts are not adequately emptied. Applying warm or cold compresses to the breasts before nursing and hand expression or pumping of some milk can provide relief to the mother and make the areola easier to grasp by the infant. Nipple tenderness requires attention to proper latch-on and positioning of the infant. Supportive measures include nursing for shorter periods, beginning feedings on the less sore side, air drying the nipples well after nursing, and applying lanolin cream after each nursing session. Severe nipple pain and cracking usually indicate improper latch-on. Temporary pumping, which is well tolerated, may be needed. Meeting with a lactation consultant may help minimize these problems and allow the successful continuation of breastfeeding.

If a lactating woman reports fever, chills, and malaise, **mastitis** should be considered. Treatment includes frequent and complete emptying of the breast and antibiotics. Breastfeeding usually should not be stopped because the mother's mastitis commonly has no adverse effects on the breastfed infant.

MATERNAL CONTRAINDICATIONS	RECOMMENDATIONS FOR MOTHER
Tuberculosis (active)	Should not breastfeed; expressed milk may be provided to child.
Varicella	Should not breastfeed; expressed milk may be provided to child.
H1N1 influenza	Should not breastfeed; expressed milk may be provided to child.
Herpes simplex infection of the breast	Should not breastfeed; expressed milk may be provided to child.
Human immunodeficiency virus (HIV)	In industrialized countries mothers are not recommended to breastfeed. In developing countries women are recommended to combine breastfeeding with antiretroviral therapy (ART) for 6 months.
Use of phencyclidine (PCP), cocaine, or amphetamines	Recommended to stop use of drugs as it can affect infant neurobehavioral development. Mothers enrolled in supervised methadone programs are encouraged to breastfeed.
Alcohol	Limit ingestion to less than 0.5 mg of alcohol per kg of body weight due to association with motor development.
Radiopharmaceutical agents	Express milk before exposure to feed infant. Express milk and discard during therapies. Radioactivity may be present in milk from 2 to 14 days, depending on agent. Consult with nuclear medicine expert.
Antineoplastic and immunosuppressive agents	Substitute formula.

Modified from Eidelman AI, Schanler RJ: American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk, Pediatrics 129(3):827-841, 2012.

Untreated mastitis may also progress to a **breast abscess**. If an abscess is diagnosed, treatment includes incision and drainage, antibiotics, and regular emptying of the breast. Nursing from the contralateral breast can be continued with a healthy infant. If maternal comfort allows, nursing can continue on the affected side.

Maternal infection with human immunodeficiency virus (HIV) is considered a contraindication for breastfeeding in developed countries. When the mother has active tuberculosis, syphilis, or varicella, restarting breastfeeding may be considered after therapy is initiated. If a woman has herpetic lesions on her breast, nursing and contact with the infant on that breast should be avoided. Women with genital herpes can breastfeed. Proper hand-washing procedures should be stressed.

There are limited numbers of medical contraindications for breastfeeding, including pediatric metabolic disorders such as galactosemia, and infants with phenylketonuria, although infants with the latter may alternate breastfeeding with special protein-free or modified formulas. Maternal contraindications are shown in [Table 27-1](#).