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BFN Newsletter Editorial



We hope everyone had a great summer break and you're now all back into your familiar autumn routines, back to school, work and volunteering. Thanks to everyone who kept vital BfN services running throughout the holidays. Being able to provide support to mums 365 days a year is so important and so appreciated.

This issue of BfN News covers a wide range of issues – the highly esteemed Kathleen Kendall-Tackett, who recently spoke at a Study Day in Portsmouth, has provided us with an informative article on breastfeeding and mental health; there are also reflections on a successful Mums' Milk Run campaign and an opportunity to see what everyone got up to across the country; there's a fascinating update from Wendy marking 20 years of DIBM information as well as the latest infosheets she's written. As always, we'll also be congratulating our latest volunteers to qualify – well done to all of them, and thanks to their tutors for helping them train.

Looking ahead, the BfN annual conference and AGM are just round the corner, which this year has been an unprecedented sell out and we look forward to seeing lots of you in person as well as welcoming those of you who will be watching the conference streamed live online for the first time.

As always, thank you so much for all your support and all the time you give.

The Newsletter Team

Being a part of BfN

What direct experience do I have of supporting mums to breastfeed?

None! But I'm proud to say I've been a board member of BfN for 2 years now. It's been a steep learning curve – I'd no exposure to breastfeeding peer support before I joined BfN. From a personal perspective, I find that sad given I breastfed my 3 boys, now aged 8, 6 and 3, and it wasn't easy at the start – 3 days in hospital on an IV antibiotics drip for a breast abscess, separated from my first son, was the lowest point. However, it's made me appreciate the value of peer support and I have now learnt a whole new BfN language of supporting, helping, tutoring and supervising.

In my day job, I'm a local government solicitor and I was recruited to the Board because of my particular skill-set and the fact the Board was keen to appoint some directors based in Scotland. I was one of the first directors to join the Board from out with the BfN membership and I've been made very welcome. I'm interested in legal compliance, risk and governance, words which don't, at first sight, sit well with an organisation aimed at supporting families. However, BfN is a charity with obligations to the charity regulator and to those who donate to it; it's a company, with legal and accounting obligations; it's a service provider with a turnover of over a million pounds a year; and it's an employer with over 200 employees.

All of those related roles result in risks, which need to be assessed and managed by ensuring strong governance arrangements are in place.

The Board has set up a Finance, Audit and Risk Committee. It's commonplace in charities, and allows a smaller group to devote more time to consider those particular issues.

I currently chair the committee, which meets on the phone every 8 weeks, and reports back to the Board at each of its quarterly meetings. It may not sound the most exciting part of what BfN does, but I believe it's absolutely essential.

At each meeting, we review any contract wins and losses and consider any implications that might have for BfN. We check whether any policies are due for review and ensure that steps are taken to update those. We have information governance as a standing item – it's so important that we take good care of personal information BfN holds about mums and babies. We review BfN's financial position and recently have been working on a reserves policy, with a view to ensuring that we know when the Board needs to be concerned about any spending which is eating into those reserves to too great an extent.

We've also been working on an updated risk register, which records the various risks faced by BfN and looks at ways to minimise the risk. And finally, we've been updating BfN's articles of association, which forms its constitution, given that companies legislation has changed since BfN was first set up. We'll be asking members to approve the updated articles at the AGM.

I'm joined on the committee by Shereen, Clare and Julie (CEO, technical and financial manager and finance officer). We're usually joined by another board member with an accountancy/finance background, but due to Debbie Lawrence being on sabbatical, Kirsten Burnett has joined us.

Because of my knowledge of data protection law, I also have a formal role on the board as Caldicott Guardian. Every NHS board has to have such a guardian and BfN has adopted the practice given the nature of its service and its close working links with the NHS. I'm there to protect personal information and to make sure it is shared appropriately. Given my legal experience, I also help on with providing legal advice where required, for example on the terms of contracts, on Freedom of Information requests and on data protection matters. I've also had the chance to get out and meet some of you at the past few AGMs and during a visit to Blackpool with Shereen.

It's maybe easy to overlook the fact that board members are as much volunteers as those supporting families practically (and in fact many of the board do, or have done, both roles over the years). I don't always find it easy balancing the demands of BfN with part-time work and young children, but volunteering is important to me.

It's helped me gain new skills and meet lovely, motivated, people who are passionate about the benefits of breastfeeding and the importance of supporting new mums, a support I very much lacked at the start of my life as a new mum.



Wendy Barber

World Breastfeeding Week

1-7 August 2015

Breastfeeding and Work:

Let's make it work!



A Joint Statement from *La Leche League GB, The Breastfeeding Network, Association of Breastfeeding Mothers, the Lactation Consultants of Great Britain and Maternity Action.*

This year the *World Alliance for Breastfeeding Action (WABA)* theme for *World Breastfeeding Week (WBW)* aims to empower and support all women to adequately combine work with child-rearing, and particularly breastfeeding.

Much has been achieved in the 22 years since the 1993 WBW campaign on the Mother-Friendly Workplace initiative, with stronger maternity entitlements, and more countries improving national laws and practices. Read the full statement [here](#)

Food for Thought: Breastfeeding at the House of Commons

Breastfeeding came under the spotlight on 24 June 2015, when Alison Thewliss, SNP MP for Glasgow Central, led a debate on the issue in the House of Commons. Bringing her personal passion to the agenda, she shared her own experiences of breastfeeding, before highlighting what needs to change if we truly want to support and empower our women.

'Breastfeeding is hard' and 'support is vital' were the key messages of the day, with Thewliss and three other female MPs calling for better funding to ensure a strong physical presence of support workers in local communities, in the form of breastfeeding cafés, Sure Start Centres and other voluntary networks.

Portraying breastfeeding as a regular part of everyday life was another key focus. Miss Thewliss, who had posted a picture of herself breastfeeding on Twitter, said: "It is a process of normalising the activity – perhaps making a breastfeeding selfie something that people do, rather than draw back from."

The need for positive role models from all walks of life was also raised. Statistics show that breastfeeding levels are lowest amongst young, working class mothers, who are inclined to see breastfeeding as an option that only older, middle class women can choose.

Amongst other measures to redress this balance, Sharon Hodgson, Labour MP for Washington and Sunderland West, urged TV producers, soap writers, celebrities and 'TOWIE' stars to play their part and to "get breastfeeding on TV and get mums viewing."

Kirsty Blackman, SNP MP for Aberdeen North, was keen to warn about the 'pressure to breastfeed', her message being that there is no point in simply telling women that they must do it, without the appropriate support networks in place. And, since there is currently no law to protect a woman's right to breastfeed or express milk at work, the MPs explained that many women are faced with a stark choice between giving up breastfeeding before they had planned to, or delaying their return to employment.

It is positive to note that the MPs who spoke mentioned the fact that they had been able to breastfeed at work, with Miss Thewliss stating: "I have fed my children while fully participating in meetings of Glasgow City Council, and have been made very welcome in doing so by my colleagues."

This certainly feels like an important achievement, and the hope is that by hearing about women's positive experiences of breastfeeding in the House of Commons and local government offices, other employers are now more likely to follow suit.

Perhaps even more encouraging, though, is the fact that this debate saw four women stand up, in one of the most notoriously male-dominated of environments, and talk about the realities of breastfeeding for new mothers. And if these women can talk publicly about red-raw nipples and babies who couldn't latch on, and demand their rights to breastfeed their children alongside holding down high-powered careers, then maybe everyday mums can feel a little more emboldened to start voicing their rights, too.

Rachel Gregory

The Role of Breastfeeding in Protecting Mothers' Mental Health

About the Author: Kathleen Kendall-Tackett, PhD, IBCLC, FAPA



Dr. Kathleen Kendall-Tackett is a health psychologist and board-certified lactation consultant. She is the owner and editor-in-chief of [Praeclarus Press](#), a small press specializing in women's health, and is the author or editor of 25 books including the [Science of Mother-Infant Sleep](#) and [A Breastfeeding-Friendly Approach to Postpartum Depression](#).

She has published in a wide variety of non-fiction genres including journal articles; articles for magazines, newsletters and the Web; academic and general-audience books; and a series of articles for aspiring writers. Topics she writes about covers my wide-ranging interests, but most are related to women's health and health psychology. Her special areas of interest are stress and health, trauma and health, maternal depression, and breastfeeding.

The following article talks about how Breastfeeding Protects Mothers' Mental Health and Helps Them Overcome Past Abuse

Research over the past decade has shown us some surprising things about how breastfeeding protects mothers' mental health. In contrast to what many believe, breastfeeding does not deplete mothers, nor does it cause depression. We now know that breastfeeding actually helps—even when mothers have a history of abuse.

Breastfeeding and Stress

To understand why breastfeeding helps, we need a quick overview of the human stress response. We can describe the human stress response as have three main components: fight-or-flight, cortisol, and inflammation. The stress response helps us survive. But it is not meant to be on all the time. Unfortunately, for many mothers in the 21st century, chronic stress is a way of life. High inflammation is a particular problem as it increases the risk of depression. A key finding was that breastfeeding turns off the hyperactive stress response and lowers inflammation. This is one way that breastfeeding protects women's health throughout their lives. It not only lowers their risk of depression, it also lowers their risk of diseases such as heart disease and diabetes. [To read more about this, [click here](#).]

Breastfeeding and Sleep

One way that breastfeeding lessens stress is by improving sleep. For many years, we assumed that breastfeeding mothers got less sleep. Just the opposite proved to be true: exclusively breastfeeding actually mothers get more and better-quality sleep. This research indicates that there is something physiologically different about exclusive breastfeeding compared with mixed-feeding.

We never want to discourage a mother who is mixed-feeding. Mothers do what they can. And their babies are reaping the benefits. But they may be sleeping less and getting less of the stress-reducing effects of exclusive breastfeeding.

Do Breastfeeding Mothers Get More Sleep?

<https://www.youtube.com/watch?v=ACFbUB8TYpg>

Below are some of the findings from our study of 6,410 new mothers (Kendall-Tackett, Cong, & Hale, 2011). What is interesting in these data is that there were clear differences between exclusive breastfeeding, and mixed- and formula-feeding mothers, but there was no significant difference between mixed- and formula-feeding on any of the variables we looked at. This is of concern because when faced with a tired new mother, often the first thing friends, family, and professionals will advise is to give the baby a bottle. Our data, and data from other studies, indicate that mothers who follow this advice will likely get less sleep, not more (Kendall-Tackett et al., 2011).

On Figure 1, we see that exclusively breastfeeding mothers sleep more overall, even though they wake more often. On this graph, it appears that breastfeeding mothers get only 20 minutes or so more sleep. That may not seem like very much, but it appears to be enough to make a difference in terms of how much energy they have, their sense of well-being, and their rates of depression. (See Figures 2 & 3.) [Click [here](#) to read the full article.]

Figure 1: Total number of hours mothers sleep

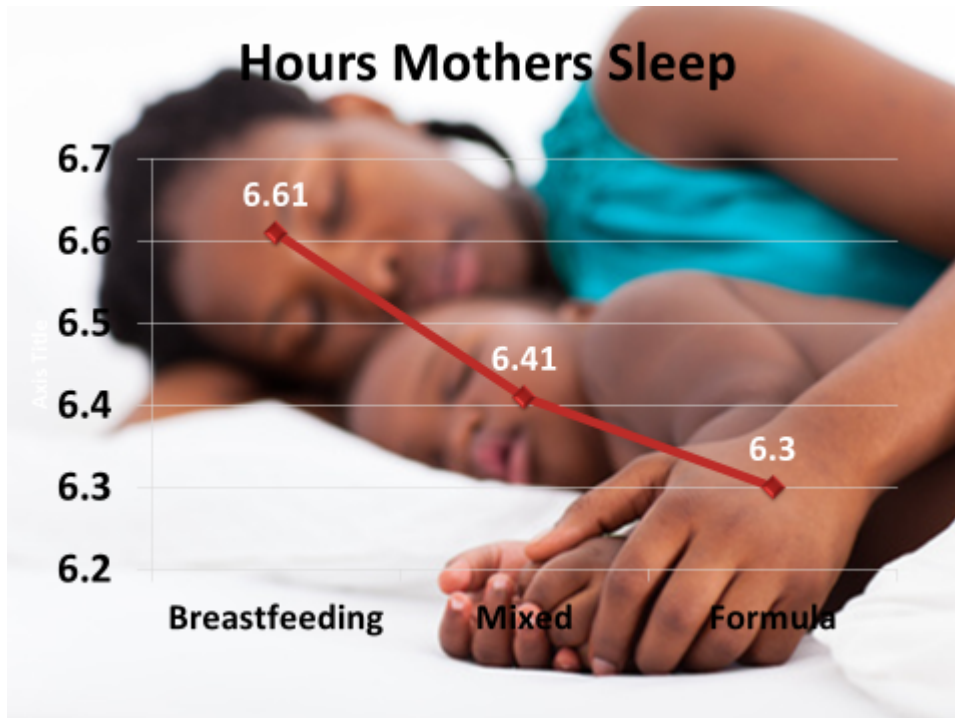


Figure 2: Mothers' report of their daily energy

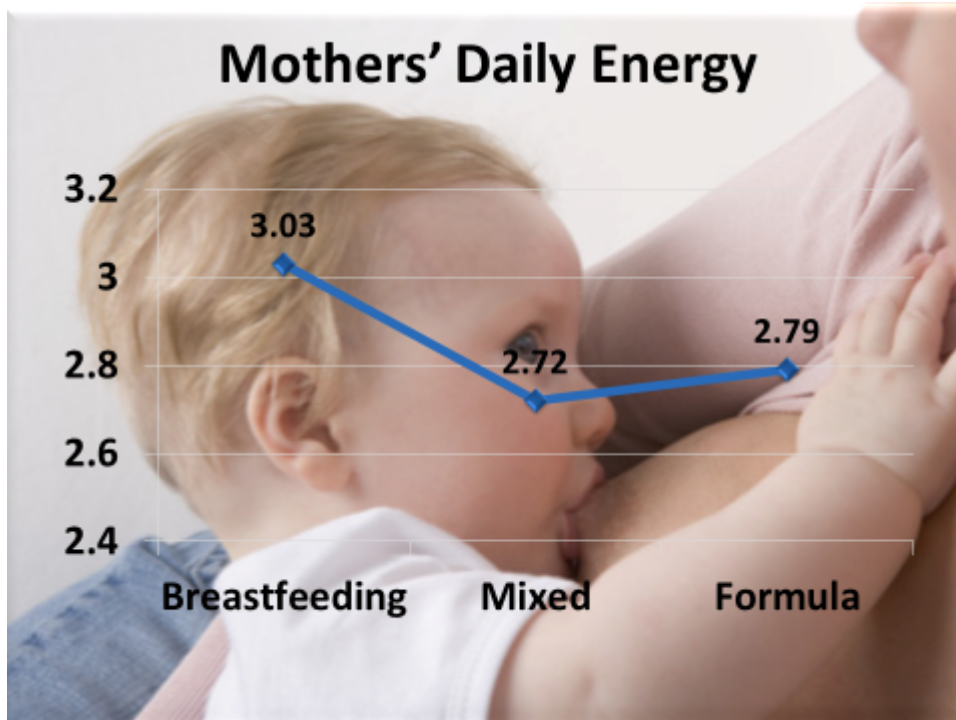


Figure 3: Mothers' depression



Breastfeeding and Overcoming Previous Sexual Assault

To me some of the most exciting data are on breastfeeding's effects for women who have survived sexual assault. Some assume that women who have had these kinds of experiences will not want to breastfeed. However, two smaller previous studies found that women found that women who had histories of child sexual abuse were more likely to say they wanted to breastfeed (Benedict, Paine, & Paine, 1994) and to initiate breastfeeding (Prentice, Lu, Lange, & Halfon, 2002). This is not to say that it is always easy for these women. But there are definite physiological benefits if they do.

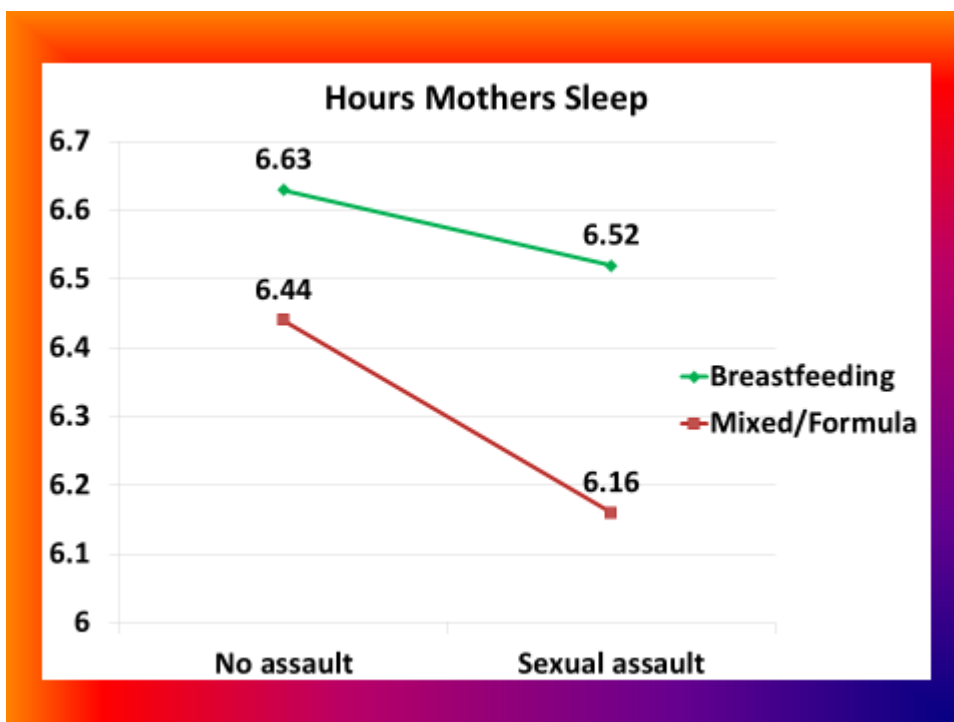
Breastfeeding's Healing Impact on Sexual Assault Trauma

<https://www.youtube.com/watch?v=4rfDXa24avs>

In our data, we looked at the impact of rape, the most serious kind of contact sexual abuse. Thirteen percent of the women in our sample reported that they had been raped (994 women). Some assume that women who have been raped will not want to breastfeed. We found just the opposite to be true. Women with a history of sexual assault had a rate of exclusive breastfeeding that was identical to the non-assaulted women: 78% for both groups (Kendall-Tackett, Cong, & Hale, 2013).

Not surprisingly, sexual assault had a pervasive negative effect across all the sleep and depression variables we looked at. But here's the exciting part; when we added feeding method into the analyses, we found that exclusive *breastfeeding actually lessened the effect of previous sexual assault!* I almost couldn't believe it when I first saw the data. Take a look at Figure 4.

Figure 4: Hours mothers sleep: Sexual assault status by feeding method



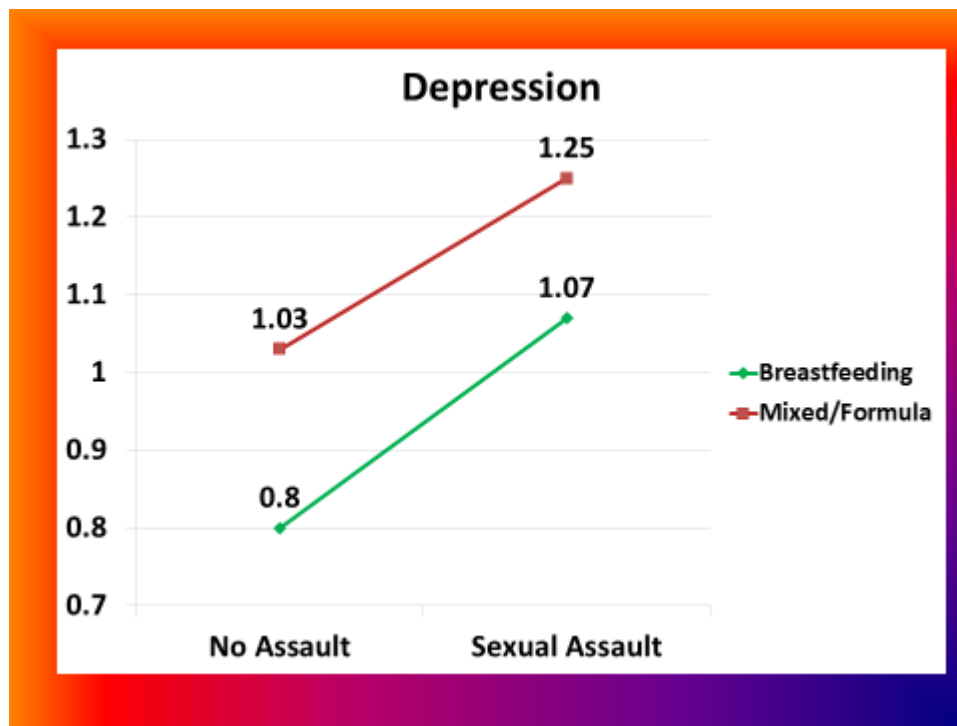
The bottom line is the combination of mixed- and formula-feeding mothers. [We combined these because we found no significant difference in a previous set of analyses.]

The top line represents the exclusively breastfeeding mothers.

Clearly, the exclusively breastfeeding mothers with a history of sexual assault did sleep somewhat less than the non-assaulted mothers. But see how much less it would be if they weren't exclusively breastfeeding.

We found a similar pattern with depression (see Figure 5): mothers were still at increased risk, but so much less than if they were mixed- or formula-feeding.

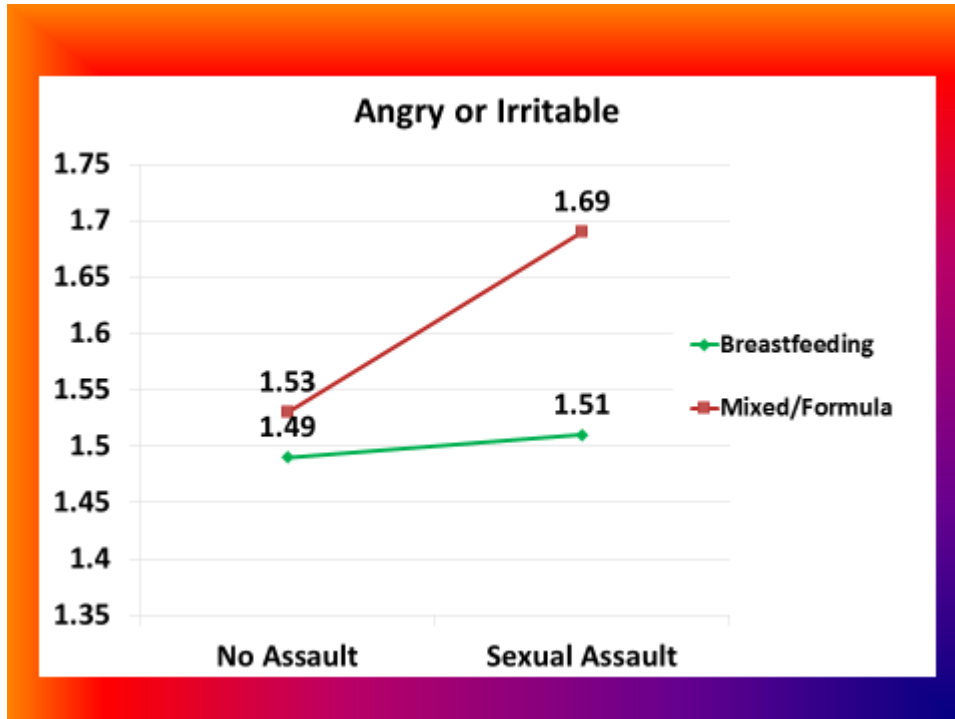
Figure 5: Depression: Sexual assault status by feeding method



I also thought this finding on anger and irritability was interesting (see Figure 6). The exclusively breastfeeding mothers were pretty much "chill" (i.e., low levels of anger/irritability).

This was not true for mixed- or formula-feeding mothers. The response we see for the mixed- and formula-feeding mothers is very consistent with previous findings on posttraumatic stress disorder. A hyperactive anger response is common.

Figure 6: Anger and irritability: Sexual assault status by feeding method



Why would breastfeeding do this? I think the answer can be found in understanding breastfeeding's role in turning down the stress response. Researcher Maureen Groer is the one who has documented this effect (Groer & Kendall-Tackett, 2011). Trauma survivors often have a stress response that is overly reactive and responsive to stress. The slightest stressor can set it off. Breastfeeding seems to counter that effect.

Why Breastfeeding is Important for Trauma Survivors

<https://www.youtube.com/watch?v=uh9SuYgfRoE>

I love the message of these research findings. Our bodies know that we don't have our babies in a perfect world; that bad things happen to mothers. But breastfeeding allows mothers to essentially have a "do-over," allowing women to parent differently than maybe they've were parented. That's an incredibly hopeful finding. [Click [here](#) to read the full article.]

Does this mean that there is not benefit for a mixed-feeding mother? No, not at all. Clearly, breastfeeding is good no matter how much she is able to do. She benefits and her baby does too. We just need to recognize that she may not be getting all the stress-reduction benefits she would if she was exclusively breastfeeding. If mothers with a history of sexual assault want to breastfeed, we need to support them and help them overcome any challenges they encounter. Professionals are often quick to give mothers with a history of abuse or sexual assault "permission" to wean, even when that is not what they want. As providers, it's always important that we find out what the mother wants to do and work from there.

Conclusions

What can we conclude from all of these recent findings? I think it's this: breastfeeding makes a difference, and it's not all about the milk! Even when mothers have experienced serious trauma, breastfeeding can help them overcome it and be the kind of mother they want to be. And that may be the best news of all.

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Drugs in Breastmilk Helpline: How it all began?



Wendy with her two grandsons Stirling (aged 2 years) and Isaac (4 and a half months)

Twenty years ago this month I spent most of a fortnight locum booking sitting with nothing to do! I was in a largely homeopathic pharmacy and apart from a few dispensed items, no-one wanted to speak to me as I know little about homeopathy. I had recently been asked to update two A4 pages of information on the use of medicines by breastfeeding mothers so decided to take the opportunity to work on this. I ended up with 40 plus pages – to which I added my home telephone number in case anyone wanted to ask questions! I had far more questions than I ever anticipated and I wonder my husband didn't divorce me and my daughters leave home! They all became accustomed to listening to queries and trying to stop the often tearful mothers before they got too far into their stories.

For many years I answered calls in my spare time as a full time community pharmacist – my lunch hours, evenings and (shhhhh) even work time was given over to talking to breastfeeding mothers and healthcare professionals.

When BfN began a stand-alone telephone and answer machine was set up in my house and thus “drugline” was born.

In 2006 I was joined on the line by Ruth Rhodes, my ever patient colleague, who answers calls when she can (she works as a microbiology manager in the NHS and has a young daughter).

In 2012 I decided to leave my job as a then practice support pharmacist working in GP surgeries to develop drugline, finish a book which became “Breastfeeding and Medication” and develop my own website and Facebook page.

The earliest leaflet I worked on with Magda Sachs was the thrush leaflet which I think was first published in 1998, followed rapidly by the Mastitis leaflet (which is about to be revised). Magda and I ran many study days together on thrush and mastitis looking at self-help and non-medical as well as medical management of these conditions.

The fact sheets have grown in number over time in an attempt to ease the number of phone calls and make the information more readily accessible to mothers and healthcare

Many of the queries (around 10% but increasing) relate to mental health issues depression and anxiety in particular. Valuing breastfeeding in these mums is vitally important as it can seem the only part of motherhood which they feel positive about.

professionals. There are now well over 50 and more are added as often I can manage to fit in the research.

The access to the drugs in breastmilk information has gradually changed with technology – from purely phone calls to phone calls and emails and now social media being added, with many questions now appearing on the Facebook page Save Drugs in Breastmilk, as well as on Twitter. I am often invited to join Facebook groups where medication questions are frequently asked. The volume is growing day by day, month by month until I can no longer keep track of how many queries I get in a day – it now easily exceeds 20 a day every day, 365 days a year.

What does drugline mean to me? It is my passion, from a few pages to update it has totally taken over my life. Because of drugline I undertook the research to complete a PhD with the grand title “Community Pharmacy Support for Breastfeeding Mothers requiring Medication”



This took me 5 years part time work and much of it was written up between midnight and 4am before I grabbed some sleep before work and the responsibilities of motherhood! It has meant the culmination of 6 years of writing my book and finally seeing it sold on Amazon must count as a highlight in my life. I'm currently in the process of writing 2 others too.

Drugline means trying to help mothers who have been told they can't breastfeed whilst taking medication – correcting that information sometimes (maybe even often), trying to find an alternative.

I have, over the past 20 years, answered many thousands of questions on the safety of drugs in breastmilk. Every situation is different. As my own daughters have had babies over the last few years some of these queries have become personal. It has reinforced for me the vulnerability of new mothers trying to keep their breastmilk pure and their babies safe whilst looking after their own health.

Being a breastfeeding advocate doesn't mean you can't support a mum who has a question

Drugline involves counselling the mother if she has to stop or is angry with her healthcare professionals for giving the wrong information or dismissing the importance of breastfeeding, making recommendations to healthcare professionals, sometimes repeating the same information umpteen times a day (eg in the hayfever season), trying to support healthcare professionals to prescribe using an evidence base.

about the safety of drugs in breastmilk. There are many aspects of counselling which go alongside it. How does the mum feel, how will she cope with not breastfeeding (if that is necessary), how will she discuss the information with her doctor and pharmacist. It is about empowering her and that is what BfN do so well. I'm so proud to be part of this organisation.

Many of you will be aware of the campaigns to fundraise to maintain the drugs in breastmilk helpline. We are applying for grants but finances are tough in many parts of the economy and this is a very specialised field. The tea break challenge is planned again for October where we hope you can invite friends and colleagues round to enjoy tea and cakes.

This is an opportunity not just to raise money but also to raise awareness that there is information on the safety of drugs in breastmilk which parents and healthcare professionals can use.

The friends of drugline scheme provides an opportunity to be part of sustaining and developing our resources www.breastfeedingnetwork.org.uk/friends-drugs-breastmilk/



Save Drugs in Breastmilk Helpline

Help Us Protect this Vital and Unique Service

#savedrugsinbreastmilkhelpline

Sometimes it isn't until we, or someone we know very well, is devastated at being told they have to stop

breastfeeding to take medication that the value of drugline becomes apparent. But for at least 20 people every day it becomes a trusted friend. These 20 years have seen massive changes in the number of drugs available. The years have flown by – for me I had young children (and I was young!), now I have grandchildren but the passion continues to grow. #saveDIBM

Ways to access the drugs in breastmilk information:

- Telephone: 0844 412 4665
- Fact sheets on many conditions: www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/drugs-factsheets/
- Save Drugs in Breastmilk Facebook Page (where questions are asked and answered but not a place for discussion): www.facebook.com/groups/SaveDrugsinBreastmilkHelpline
- My twitter account: @BfWendy

Please click [here](#) to view our DIBM page where you will find links to our Drugline poster and the Thank you Healthcare Professional certificate

A typical question answered by Wendy:

"I took a sachet of an over the counter cystitis remedy last night then read the instructions that they shouldn't be taken by breastfeeding mothers. What should I do? Do I need to take her to see the GP? She is 5 months old?"

The amount of the active ingredient sodium citrate getting through to milk is small - it just alters the pH of the bladder and urine to stop the inflammation. It is also an ingredient added to formula milk. You can carry on breastfeeding as normal and take the rest of the course. If your symptoms don't improve or get worse you need to seek medical attention. Take a mid stream urine specimen with you so that the doctor can look for protein in the urine (which indicates an infection) and send it off to see which antibiotic would be most effective. Drink as much water as you can in the meantime.

Mums' Milk Run - Support and Stories

We invited mums to share their breastfeeding stories as part of our Mums' Milk Run campaign this year. We were lucky enough to have two well know personalities share their stories with us – Gold medallist Dame Sarah Storey; and best-selling author, Mairi Hedderwick. Read their stories here:

Dame Sarah Storey

The Breastfeeding Network had a chat with Dame Sarah Storey, the UK's most decorated female Paralympian, and asked her to share her story of being a professional athlete and breastfeeding mum to her daughter, Louisa.

What is your experience of breastfeeding, being a Mum and professional athlete?

In the early days it was about training and competing around Louisa and setting my schedule according to her needs. I exclusively breastfed for six months and I fed on demand too. As an athlete this fitted in fine and I just adjusted my training rides so that in the early days I did two short rides a day or stayed on the home trainer so that I could be on hand if I was needed. I did a lot of expressing so there was always milk for when I was out, but Louisa was never really interested in taking the bottle and would go back to sleep until I arrived home!



We introduced solid foods via baby led weaning and I just continued to feed Louisa so she could optimise her nutrition. In the early weeks and months of solids, milk is still a huge portion of the nutrition and I always preferred the idea of Louisa deciding to stop breastfeeding when she was ready. Feeding around training became easier once she moved to solids and gradually over the past year or so we have moved to a point where breastmilk and the comfort of

feeding is really only needed at night and when Louisa is upset or needs additional reassurance.

I think being an athlete didn't make it any more difficult to fit in feeding than any other job and the fact Louisa travels with me everywhere has probably ensured that breastfeeding bond remains strong. Sleep and feeding at night is always a hot topic and sleep is so important for athletes too. We have managed this by always co-sleeping with Louisa and although I was very aware of her feeding in the night, especially when she was tiny, I soon didn't stir to being completely awake and so was able to get more rest through feeding on my side in bed and drifting back to sleep after winding/burping her. This also helped Louisa stay asleep too.

We still co-sleep and will do for as long as is needed for us all to get enough sleep and Louisa to feel independent enough to sleep on her own. My experience is that Louisa will settle for me anywhere in the world because she has me as a constant and that bond means she will not get anxious at night.

What influenced your choices to breastfeed?

I never thought of not breastfeeding. My mum and sister both breastfed exclusively and I have always paid attention to my own diet being natural and unprocessed. Breastfeeding was something Louisa had sorted as soon as she was born and it was truly amazing to see Mother Nature at work. Whilst I didn't have a natural birth and Louisa given to me for my husband to cut the cord [it was an Emergency C Section after Louisa got stuck] once Louisa did get given to me she found my breast and fed for 3 hours straight. I couldn't have been happier!

How was your experience of breastfeeding?

I have loved it. I think there is something amazing about watching your baby grow and knowing you have been able to do that from your own body. I have always been relaxed about feeding and in the early days gave Louisa all the time she needed to feed. I never watched the clock or timed her between feeds or wrote anything down to see if there was a pattern. I had her weighed on a regular basis and because she was always gaining weight just allowed everything to happen. Those first six months flew by and I couldn't believe we were on to solids and thinking up what to give Louisa for dinner too.

What support did you have to help you when you first became a Mum?

My husband and family and friends. I didn't need any more but the Health Visiting and Midwifery team were all there too and that was useful for the odd time when we wondered if Louisa was poorly and could phone the ward to check. I had a lot of comments from the NHS staff that I was making it look easy and I wasn't like a first time mum, but I think that was because I was 35 and had been around babies in the family my whole life. I had a little checklist if Louisa was upset and that was Milk, Wind, Nappy, Sleep and Cuddles. Both my husband and I used a baby sling with Louisa and this was a brilliant way to keep her calm and peaceful right the way through to beyond her first birthday.

When you got back into training did you need particular support? What did this look like?

I obviously needed my husband or parents to look after Louisa when I was training and in the first six months that meant Barney [husband] coming to the track with Louisa so I could feed her in the stands between training efforts if required. I couldn't have got back to training without full time support at home so we decided early on that although Barney wasn't competing internationally anymore he would remain self-employed so that he could work around the needs of Louisa and my training. Losing a full-time income was hard at first but we are used to it now and find it better that we don't have to worry about paying for a nursery and that Louisa can travel with us everywhere. Apart from Louisa, my competition is reliant on Barney being there to help me out so I am fortunate that he is happy and able to be a full-time Dad.

Did you always plan to breastfeed once you restarted training and competing?

I didn't make any plans, I always said I would let nature take its course and that Louisa would stop feeding when she was ready. I could never refuse her breastfeeding because she can't use the words to explain to me why she needs it and if she is flexible enough to allow me to travel the world and compete it is the least I can do to help her develop. I get the sense of her relaxing and rejuvenating when she feeds and I think if it helps to lower her stress levels during such big developmental leaps then it can only be a good thing. I have also read a lot about "natural term breastfeeding" and don't think it really is all that strange to be feeding a toddler. A health visitor once tried to tell me there is no point because we have safe drinking water and breastfed toddlers are only fed in countries with poor sanitary conditions. Then I see how calm and happy it makes her and I think well it can't be all about nutrition, even though there are still plenty of nutritional and health benefits to breastmilk however long you have been feeding.

Were there any challenges you faced and how did you overcome them?

I guess the challenges are when something in racing clashes with something Louisa needs. There are certain races I can't pick and choose doing, like the World Championships or my Hour Record Attempt, but then the smaller races that don't matter as much are ones where I can make decisions for Louisa's benefit. So when she was 5 months old I pulled out of a race because when the schedule came out I was due to be racing at 10pm. I didn't see the point of racing for the sake of it and causing undue stress to Louisa would be usually cuddling and feeding at that time. In fact I wouldn't be afraid to make the same decision now. If I thought a less important race required too much travelling between stages or was going to be an upheaval for Louisa then I wouldn't ride. My mum put her career on hold while she stayed at home with my brother and sister and me, so I have always grown up knowing that the children are the most important thing.

In terms of breastfeeding the challenges were pretty tame in comparison to what some women go through. I was a bit sore from overuse at times and had a supply that could have fed triplets so my clothes were often drenched! I was very fortunate that nothing was major.

Are there any benefits that you can share about continuing to breastfeed as a professional athlete?

My team nutritionist told me that I will be producing more immunoglobulins while I am breastfeeding and so that will protect me as much as Louisa. You also release the hormone oxytocin when you breastfeed so I think that definitely helps you relax after a hard day training. Some people try and say that the lactic acid will get in the milk, or the exertion will make the milk taste funny but I think these are just rumours to put people off.

Hydration is important when you breastfeed, however infrequently and since my body fat mass has gone down, I think it is also true to say that it helps keep you lean. I gained 4 stone in pregnancy so was grateful for breastfeeding helping me lose the weight!

How do you balance the physical and mental investment you make as a professional athlete with being a mother and continuing breastfeeding?

I don't really know, I just take each situation as it comes and accept there will be times when I may be a bit more tired than I would have been previously. Being an athlete is generally a very selfish existence so I guess being able to combine it with breastfeeding makes little sense, but I guess that is my ying and yang, I can be single-minded and ruthless on a bike and hopefully a good mum off!

If you could sum up in one or two sentences what breastfeeding means for you and your little one what would it be?

Breastfeeding has helped us bond, stay bonded and know each other inside out. Louisa is easy to settle, flexible to travel and a happy, contented child makes for a happy contented Mum. In the sports world we say a happy athlete is a fast one, so it all links well!

Mairi Hedderwick

Mairi Hedderwick is the author of the popular Katie Morag series of books which we have always loved for their positive depictions of breastfeeding as a part of family life, we spoke to Mairi about those lovely illustrations and breastfeeding...

"When I created Katie Morag in the early '80s my indulgence was to celebrate our early family years on the Hebridean island of Coll, with all the highs and lows of family life in a small remote community sans electricity and mains water, daily activities so conditioned by the weather. Oil lights and water from the well no longer feature in the books as Katie Morag's island has rightly come into the 20th century. But her relationships, especially in her family, are timeless.

I had been an illustrator for many years, learning how to enhance others' text. With limited text for my first picture storybook I created visual subplots full of detail for the reader to explore and question. In the third book Katie Morag and the Tiresome Ted, all about sibling rivalry on the arrival of the new baby, it was a delight to milk the opportunity to have the mother breastfeeding. I loved drawing the delicate pointillism surrounding her nipple.

My editor at that time was nervous at such exposure but I insisted. She was proved right as several libraries banned the book from their shelves. But 27 seven years on, Mrs McColl's breast is still there to be shared by all babies, toddlers, children, mums and dads. Even teenagers.

Over the years I have been delighted that several breastfeeding organisations have used the image, and others, for publicity. Several surgeries in Highland region in Scotland display posters with Katie Morag, the new baby and 'the breast'. Katie Morag is very proud."

MUMS MILK RUN STORYBOARD

Here are just a few of the stories mums shared with us during our Mums' Milk Run campaign. The effort these mums put in to continue breastfeeding or start breastfeeding despite numerous hurdles is amazing and inspiring. We are proud that BfN was able to share their breastfeeding journeys.

We thank every one of you who took the time to share a story.

It was such an achievement for me, being able to breastfeed my children after months of initial struggle. It is definitely one of the most emotional experiences I've ever been through, as well as being something I am proud of and grateful for.

Charlotte

Once we learned of David's health problems breastfeeding became crucial to me. It was the one thing I could do to help my baby, and it was such an important part of his care.

Please remember though that I have been on both sides of the infant feeding experience, and I don't see anyone's choices as "failures" or poor parenting. The early days with a baby are bloody hard. And mums have needs as much as babies do.

Helen

My time holding her was fleeting in between the therapy and at night I would return to the ward empty handed listening to the cries of the other babies and I would cry myself to sleep. So much of her care that saved her life and kept her safe those first few days was a blank for me.

We continued our breastfeeding journey for a wonderful 15 months. We battled over supply, colic, tongue-tie and pressure to wean early. I feel so proud of all we overcome on our journey. It was this journey that led me to train with the BFN and then volunteer as a helper.

Emma

Almost 12 weeks in and we are still breastfeeding, something which seemed almost impossible to me all those weeks ago when I had my face buried in my pillow. It still isn't perfect but it isn't painful anymore and I am enjoying the closeness and bond with my gorgeous little girl.

I have learnt that there are a lot of obstacles to overcome with breastfeeding, some women experience more than others.

Samantha

I knew his latch wasn't right as I was in too much pain too soon, so I went to my nearest BfN session as I was determined to breastfeed this little one till he decided otherwise.

I met Becky at the session and felt better just knowing there was help available.

I was so pleased to see her today, and thank her, because of her, and the good work you do, my 2yr old is still being breast fed on demand, and I know without a shadow of doubt that had the Breastfeeding Network not been around, we would not have lasted 5 days. My little one and I have so much to thank you for, and it was lovely to spend a little bit of his special day with Becky. Thank you, so much.

Jemma

I was suffering heavily from other impacts of the tongue tie (and poor latch as I now know). My breasts were engorged all the time, leaking everywhere, lumpy and sore.

I cannot imagine being a mother without breastfeeding (although I am currently experiencing it as my little boy is on nursing strike which we are working through). It is quite honestly the most rewarding thing I have done and so soothing for all parties involved. It is not about breast being best, it is breast being normal, what we do. And any sacrifice, worth it for the love that you get back.

I loved everything about breastfeeding, the closeness, the peace, the look of utter contentment when feeding, the cute milk drunk face when finished!

Sam

5.30am and I asked my partner to get formula from the shop, he barely registered me and went back to sleep. I'm glad he did! I started going to a local breastfeeding support group when Connor was around a month old, that was a great place for help, support, guidance and a cuppa. I also met other breastfeeding mums which was great. I look back now and I'm so glad I chose to breastfeed, we both eventually took to it easily (after a bit of help).

Jenna

I found my breastfeeding journey has been up and down as there are times when you wonder if it would just be easier to go onto formula but the satisfaction that I have felt seeing my baby grow and the bond that we have has outweighed the difficult times.

Nicola

Mums' Milk Run – Bra bunting, pram pushes, sponsored runs, 'hunt the boob' and lots more!

June was very busy with all the Mums' Milk run events across the country and we would like to say a very big thank you to everyone who organised, took part in or supported local events and also to everyone who signed up to be a part of the 2015 Mums' Milk Run team. It is great to have a focus for our fundraising efforts and to see everyone come together from across the UK to make the event a success.

We were also busy behind the scenes talking about Mums' Milk Run on social media and collecting and sharing stories via the website, thank you to everyone who contributed! During the week we received a request for information from Alison Thewliss MP, who was leading a debate at Westminster about breastfeeding. We were able to provide her with a briefing and she mentioned "The Breastfeeding Network" in her speech.

We're always looking to improve Mums' Milk Run and make it an activity that everyone looks forward to and wants to be involved with.

So to help with this we're looking for feedback on the event this year and ideas for how we can make it even better next time. We'd like to hear from you even if you didn't manage to hold an event or take part this year, so please take a couple of minutes to complete this survey: <https://www.surveymonkey.com/r/MGJYWLL>



Burntisland prom pram push- A walk along the Prom at Burntisland Beach followed by a picnic.



Islington

Having recently completed my BfN helper training courtesy of the Islington peer support and weaning project, I have been volunteering regularly in breastfeeding drop-in centres. I am enjoying my sessions a lot and so I jumped at the chance to be involved in Mums' Milk Run 2015 and to raise money for the BfN. A plan was hatched which resulted in Lisa Laycock (Islington Breastfeeding Peer Support Coordinator) and I running between all of the Islington drop-ins on Saturday 27th June (12.6km). Admittedly a daunting prospect but it was made easier with the thought of having breaks at each drop-in for a quick selfie and to post on the BfN Islington Facebook page and Twitter feed.

In addition to the run, a market stall was set up at Islington's Chapel Market. It was "manned" by a fantastic bunch of local BfN supporters and helpers. There were breastfeeding posters, BfN leaflets and a variety of scrumptious homemade cakes on offer! Not forgetting the eye-catching bra bunting! Thankfully, the sun shone and there was a wonderful atmosphere with music from the stall opposite ours, belting out Shirley Bassey songs! The stall was between a cheesemonger, a fishmonger and McDonalds, so we got a lot of people stopping by for a chat and to sample our cakes! As you can see from the photos, everyone had an enjoyable time!

We raised £80 from the sale of cakes and kind donations. In addition, a further £240 was raised courtesy of online donations via the justgiving website set up for the run. A huge thank you to everyone who donated. Also, a massive thank you to all the supporters and helpers who set up, ran the market stall and packed up at the end. You are all fantastic!

Erica Harris



Portsmouth

In Portsmouth we asked for mothers stories to add to our Human Library that commenced last year. The book is a collection of mothers breastfeeding stories shared in their own words. For the Milk Run we arranged for the library, display of information & photos and colouring sheets depicting breastfeeding to travel around libraries in the city. This received interest and praise from a range of people across the community.



Midweek we held a play group at one of our local children centres. Activities included 'hunt the knitted boob' with each one giving the answer to a question on our breastfeeding quiz. We read children's stories that

incorporated breastfeeding, sang nursery rhymes, took hand prints and 'popped the baby to the breast' in a unique version of pin the tail on the donkey borrowed from our neighbours in Havant & Gosport. A wonderful time was had by all.



Thank you to all the families who took part and much gratitude to Lee-Ann Doyle, Debbie Pickering, Michelle Silver, Lia Whitford-Brown, Katie Jones and Laura Legg for organising and helping with the events.

Gosport and Havant

Breastfeeding Awareness Week was a busy week for the Gosport and Havant BfN project. We attended three events raising awareness of what peer support is and what we can offer to local mums.

In Havant and Waterlooville the event was run jointly with the local Health Visiting team and Action for Children centres. Children (and adults!) were entertained by games such as pin the baby on the boob and throw the knitted boob in the bucket. Michelle entertained the children reading Milky Moments by Ellie Stoneley and Debbie provided an educational angle demonstrating the constituents of breastmilk. They, along with Emma, were also on hand to provide support to local mums and information about breastfeeding. 20+ mums and dads attended and we had great feedback. Many thanks to Emma, Michelle and Debbie for their help on the day.



In Gosport and Fareham the event was held at the local park in partnership with Health Visiting, Midwifery and local centres.

The sun shone on the BfN tent and we provided information, support and a shady place for mums to breastfeed. It was great to see a sea of purple shirts when I arrived in the park and a great display promoting breastfeeding designed by the local volunteers. 72 mums attended the event and children got to enjoy parachute games which the BfN ladies got stuck into!

Many thanks to Hayley, Michelle, Miriam, Roxy, Hana, Rachael, Gemma, Gillian and Emma for all their help leading up to the event and on the day.



In Bordon Ginny provided support and information at the local children's centre alongside Health Visiting and Action for Children. 15+ mums and dads attended and enjoyed games and a myths and truths quiz outside in the sunshine.





Congratulations to the Wolverhampton Rainbows Helpers group who finished their training in June this year, tutored by Diana West.



Those pictured are Zara, Taj, Sarah, Karen, Tina, Carla, Jenny, Cheryl, Lisa, Shamim and Diana. The trainee group included both mothers and health professionals, who are all now very keen to go out into the community to provide breastfeeding information and support in Wolverhampton. Well done everyone for a wonderful achievement!

Congrats to helpers in Havant & Waterlooville: Holly Pick, Lee-Ann Doyle, Emma Lewis, Stephanie Wilson, Katy Finlay, Jo Jarrett, Jade Dowden, Ruth Tanner. Congrats to helpers in Gosport & Fareham: Michelle Silver, Michelle Francis, Hayley McLaren, Gillian Boorn, Emma Chinner, Rachael Payne, Gemma Davis, Emma Smith and Miriam Hoffmann

Thanks to their tutor Eleanor Johnson.

Congrats to helpers Bano Nazir, Emma Pearce and Shah-Bano Razvi.

Thanks to their tutor Marcelle.

Congrats to new helpers Sally Hurrell, Helen Allum, Toni Roberts, Emily de Franca, Gina Cornish, Julie Simpson, Sian Ganly, Theresa Taylor-Brookes, Charlotte Fairbrother, Lucy Cunningham.

Thanks to tutor Jane Neesam.





Congrats to new helpers Kirsty Huddleston, Rose Woolnough, Michele Smith, Anne Small, Katie Kennedy, Molly Trusdale and Louise Gorham.

Thanks to tutor Kate Bovill.

Belated congrats to helpers Kim Vermeulen, Katy Farquhar, Karen Haydon, Alyce Coleman, Vicky Shirt.

Thanks to tutor Linda Bloor.

Belated congrats to helpers Kirsty Page, Nikki Pearson, Lisa Longden, Alison Gorrod, Sophie Brewster, Leigh Emma, Karen Davies, Rufaaro Lord, Jo Taylor, Debbie Cunliffe, Kirstie Gibson-Shaw, Maxine Ashforth, Nadia Ejaz and Lee-Ann Doyle.

Thanks to tutor Shruti Arora

Congrats to:

Heidi Burgess - Full Supporter, Supervisor Helen Palmer
Rupeah Khan - Probationary Supporter, tutor Sukie Woodhouse
Jennifer Hodgson - Probationary Supporter, tutor Zoe Chadderton
Caroline Shackelford and Julia Wedgwood - probationary supporters, tutor Phyll Buchanan.

Congrats to Marion McDonald, Debi Hedderwick, Leanne Campbell, Jessie Spittle and Donna Robertson who qualified as Helpline Supporters

Thanks to their tutors: Phyll Buchanan, Lesley Backhouse, Mandy Barlow, Jane Neesam, Carolanne Lamont, Sarah Edwards, Shruti Arora and Diana West

Congrats to helpers Bronte Taylor, Hyeran Kin, Lindsey Rafferty, Lucy Swain, Tracey Hulse, Zoe Cranshaw, Yvette Derbyshire, Rebecca Jones, Libby Morris, Pauline Roberts, Hazel Browne, Rebecca Biddscombe, Andrea Hodgson and Samantha Quinn.

Thanks to their tutor Sarah Atherton.



Protest at Kings College Hospital

On Wednesday 8th July, nearly 100 parents, children and babies congregated outside King's College Hospital in South London to protest against the hospital's decision to withdraw their specialist breastfeeding midwives from the community breastfeeding "Milkspot" groups at the end of September. There is currently a historical service level agreement between KCH and Southwark council, who jointly facilitate this service with Lambeth council and Guy's and St Thomas's hospital, to second the Midwives out to the community. KCH have announced that, due to a shortfall in funding and restructuring of their antenatal care, they can no longer continue with this arrangement, and the specialist midwives will return to the acute setting in KCH.

Outraged, parents in the local community immediately started a campaign against this decision, which has included a petition of around 4,000 signatories, features in The Guardian, South London Press, the Evening Standard and on The Victoria Derbyshire Programme. Michaela Lawrence, a mother of two from West Dulwich and founder of the petition, says, "With my first baby, Romilly, I spent 3 days in hospital after giving birth. I received very little help feeding. On coming home she fed all night. It was excruciatingly painful. My community midwife told me that Romilly had "a bit of a tongue tie" but no referral was made. We fed her with little cups, which was really difficult. On the fourth day, Romilly went on total nursing strike. I found my way to a Milkspot run by a specialist breastfeeding midwife, who also referred us straight away to the tongue tie clinic, and so began my 3 month journey to be able to breastfeed, with daily visits to the Milkspot groups.

I started the petition because I know that many thousands of mums rely on the expertise of these clinics as an essential post-natal service.

The response I've had has been enormous. I've spoken to mums in tears at the thought of no longer having access. These specialist midwives are the right professionals in the right places with an established service."

Facing this outcry from the community, KCH agreed to meet with some representatives of the campaign the week after the protest, and Maxine Spencer, the Director of Midwifery at KCH, conceded that the groups would continue to be staffed with unspecified midwives on rotation after September. The level of additional breastfeeding training that midwives will have will be the minimum suggested by Unicef's Baby Friendly Initiative, which is a two-day course followed by a yearly review. This training focuses on positioning and attachment and is therefore vastly inadequate for the level of complicated problems that we see at the Milkspots every week. As a peer supporter I frequently see at least 50% of the mothers at our groups there for assessment and referral of tongue tie, which can only be handled by our specialist.

Others are there for complicated advice regarding alternative methods of feeding, medication, milk supply, faltering growth and post-natal recovery. Positioning and attachment, whilst often part of the picture, are rarely the only issue bringing mothers to the Milkspots.

Losing the specialist midwives from these groups means losing a wealth of knowledge and experience being available to vulnerable new mothers, as well as confusing referral pathways and escalating pressure on other areas of the NHS, for example A&E.

Further, the reassurance that mothers get from seeing the same midwife at the group each week, building a relationship of trust, is invaluable, particularly in the immediate post-natal period when they are most at risk of PND.

We will be attending the Maternity Services Liaison Committee at KCH on 6th August 2015 to discuss these issues further and to hear the detailed reconfiguration plan for the antenatal services. In the meantime, I urge readers to sign and share the petition: click [here](#)

The story was also featured in the media, please find them using the below links

[The Guardian](#)

[South London Press](#)

[Evening Standard](#)

[Victoria Derbyshire Programme](#)

A word from a volunteer:

My name is Jane Chance - I'm a helper who's been volunteering at New Cross Hospital since 2012. I'm also a paid worker on the Sandwell Project.

While volunteering recently I supported a mother who was naturally tired, tearful and very stressed and had convinced herself that she had got no milk. I listened to this mother as she wept and squeezed her breasts desperately trying to see milk. I suggested that her partner held her baby as he was now uncontrollably crying and that dad do some skin to skin.

I talked to mom about her pregnancy and birth and was baby weeing and pooing and how we produce little drops of colostrum and baby's tumny size to reassure this mother she was doing great. When mom was more relaxed I suggested we could try a little bit of hand expressing and told her we'd just have a go as it's "a real skill to trick the brain to think it's a baby doing the work" and if it doesn't happen we can always try later.

Well it did happen and yes the milk came.

Mom got up cried with joy and said in her broken English "Can I hug you please. Besides having my baby this is the best day of my life and I thank you so much you have made me so happy". You could see the physical/mental change in this lady and that's why we do the job we do because every now and again you support that one person who really tells you it's all worthwhile.

DIBM INFOSHEETS

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.

Cystitis

- Sodium citrate sachets and tablets can be taken by breastfeeding mothers, as can cranberry juice.
- If symptoms persist antibiotics may need to be prescribed – please take a mid-stream urine specimen with you to your GP.

Cystitis is an inflammation of the bladder which may or may not be accompanied by bacterial infection. NHS Clinical Knowledge Summaries indicates that without antibiotics most cases resolve between four and nine days and antibiotics speed the process by around 24 hours.

Symptoms include pain on urination (dysuria), frequency and urgency as well as a feeling of being unable to empty the bladder completely. Any woman who has had symptoms for more than five days, or who has fever or loin pain should see a doctor because the symptoms could indicate a bacterial infection needing prompt treatment with antibiotics.

Patient information leaflets and packaging of over-the-counter remedies for cystitis generally advise that they should not be used during breastfeeding. The manufacturers are not required to conduct any safety tests in terms of breastmilk when first licensing a product and therefore do not take responsibility. It does not indicate risk.

Over the counter products contain sodium citrate in tablets or sachets to be dissolved in water. Sodium citrate is metabolised to bicarbonate after absorption. There appears to be no data on the pharmacokinetics controlling absorption and passage into breastmilk but it is likely to be limited, particularly with a 48-hour course, and is unlikely to adversely affect a breastfed infant. Sodium citrate is also an ingredient of formula milk. It is important to drink additional watery fluids to speed resolution of symptoms. Cranberry juice and cranberry capsules can also be taken during breastfeeding.

Most antibiotics for urinary tract infections are safe to use during breastfeeding. See fact sheet on antibiotics and breastfeeding. All antibiotics can produce loose bowel motions and colic in breastfed babies but these are an inconvenience rather than being harmful.

Brand names: Effercitrate ®, Cystopurin ®, Cystemme ®, Canesten Oasis, Own brand cystitis relief

References

- NHS Clinical Knowledge Summaries
- Rutter P. Community Pharmacy; symptoms, diagnosis and treatment. Churchill Livingstone 2004. British National Formulary
- Hale T. Medications in Mothers Milk 2014 (16th Ed) Hale Publishing

- Jones W Breastfeeding and Medication 2013 Routledge
- Lactmed website
<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
- Martindale, the Extra Pharmacopia 2007

Endoscopy

- You can breastfeed as soon as you are wide awake after an endoscopy performed under conscious sedation using midazolam, fentanyl, pethidine and propofol

An endoscopy is an examination where the inside of your gut (stomach/intestines) are examined using a long flexible tube with a light source and camera at the end. It is passed through your mouth, down the throat into the stomach and intestines. It allows the healthcare professional to look for any abnormalities.

An endoscopy is usually carried out with the patient conscious but sedated.

It is not usually painful, but can be uncomfortable. A local anaesthetic may be sprayed to the back of the throat to make the tube easier to swallow or you may be given a lozenge to suck. The sedative helps relaxation during the procedure. It is normally carried out on an outpatient basis.

The sedatives normally used during endoscopy are fentanyl, midazolam, pethidine and propofol. These have a rapid onset of action but short half-life so that you will be wide awake shortly after the procedure.

Due to the short half-life of the sedative drugs, you can breastfeed as soon as you are awake and conscious of the need to feed. The local anaesthetic will not be absorbed into your breastmilk.

If the procedure is carried out under general anaesthetic please refer to anaesthetic factsheet.

References

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- Lactmed website
- Martindale, the Extra Pharmacopia 2007

Vaginal Thrush

- Creams and pessaries containing Clotrimazole and oral single dose treatments of fluconazole can be used during breastfeeding as small amounts pass into breastmilk.

Vaginal thrush is experienced by most women on occasions – some more frequently than others. Symptoms are vaginal itching, irritation, soreness and sometimes a cream-cheesy discharge. It can make passing urine painful and sex uncomfortable. Symptoms can occur after a course of antibiotics when all the friendly bacteria as well as the infecting ones are killed off allowing the thrush (Candida) to flourish. It can also occur if your partner has candida on his penis or after enthusiastic sex (often called honeymoon disease!). If you have never had thrush before it is advisable to consult a Doctor to confirm the diagnosis. However, many women self-treat by purchasing products from a community pharmacy.

Many people apply live, plain yoghurt vaginally (often on a tampon) as well as eating it or taking acidophyllis capsules. Careful hand hygiene prevents spread to other members of the family. Towels should be kept separate.

Avoiding tight jeans and not wearing tights may be necessary with repeated infections. Cotton pants can also help to relieve symptoms

Over the counter products

- Vaginal creams – Clotrimazole. Trade name : Canesten®
- Pessaries – Clotrimazole. Trade name : Canesten®
- Oral treatment – single dose fluconazole 150mg.
- Trade names: Difflucan®, Canesten Once®, Own Brands

Prescribe products

- Vaginal creams – Clotrimazole (Canesten®), Miconazole,(Gyno-Daktarin®), Econazole (Gyno-Pevaryl®)
- Pessaries Clotrimazole (Canesten®), Miconazole,(Gyno-Daktarin®),Econazole (Gyno-Pevaryl®)
- Oral treatment – single dose fluconazole 150mg. Trade names: Difflucan®, Canesten Once®

All can be used during breastfeeding

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