



Clinical Case Studies

These clinical cases highlight common breastfeeding issues and concerns that your residents will encounter. You can use them during grand rounds, noon lecture, journal club, or 1-on-1 with residents.

To facilitate discussion, begin by reading the case to the residents. Then either share the mother's concerns or ask the residents what they think the mother's concerns might be.

Once you think the case is well understood by the residents, use the probing questions to get them

to think about the possible solutions and courses of treatment.

If you do not have the opportunity for a live interaction or a resident is not able to participate, consider giving a case to the resident and request a written report, presentation, or poster about how he or she would approach the case.

You (or the residents) can also create your own cases as you become more familiar with what breastfeeding issues you see in your hospital.

Use of Anti-depressants and Breastfeeding

Mrs Walker is a 28-year-old first time mother, now at 28 weeks of gestation who has come in for a pre-natal interview. She has a history of depression and as you discuss how she is going to feed her baby, she expresses concerns about the use of her anti-depressant while breastfeeding. She has been on Fluoxetine for the past 5 years with good results and has continued this medication during her pregnancy.

Mother's concerns:

- Effects of medication on the baby
- The effects of stopping or changing medication on her depression
- Her ability to care for her infant given her history of depression
- Concerns about the risk of PPD given her history of depression

Probing questions:

- How would you advise her on the use of her medication?
- Where could you find information on her medication use during breastfeeding?
- Are there any immediate postpartum problems that the baby might have if the mother decides to discontinue her medication? Long-term complications?
- What are the potential adverse effects of Fluoxetine on the infant should the mother decide to exclusively breastfeed?

Slow Weight Gain and Breastfeeding

Brady is a 7-month-old boy brought in by his mother 1 month late for his 6-month well visit and his pediatrician has concerns about his growth. He receives well child care through a clinic at his mother's workplace. His weight, consistently plotted on the CDC Growth Chart, has decreased from the 75th percentile at 4 months of age to the 10th percentile at this visit. He is being referred for an evaluation of failure to thrive.

Background Information

He is the second child for these parents. He was born at term after a vaginal delivery and uncomplicated pregnancy. He has been exclusively breastfed, with initiation of solid foods at around 6 months of age. His mother feels as if her milk supply is adequate and has experienced no change in the volume of breast milk. She is able to pump while at work. He has started solid food and has no feeding difficulties. He has met all developmental milestones. He has maintained his height and head circumference. He has had no vomiting, diarrhea or irritability. His mother is 54 inches tall. His father is 59 inches tall. His physical exam is normal.

Mother's Concerns:

- She originally didn't have any, but has become concerned due to the attention being paid to her son's weight
- She is curious about the richness of her milk
- She would like to know what supplements either she or her son should be taking

Probing Questions:

- Is this baby's growth pattern abnormal?
- How do the CDC Growth Charts differ from the WHO Child Growth Standards?
- What advice would you give this mother?
- What other questions should you ask, and what physical findings should you look for before making a diagnosis?
- What do you think about the referral for failure to thrive?
- Would you provide any additional nutritional guidance?

Low Milk Supply and Breastfeeding

Mrs Thomas is a 24-year-old first time mother who comes in for evaluation of low milk supply. The 7-week-old baby had gained weight well until the last 2 weeks when the mother noticed less wet diapers and a decrease in the volume she was able to pump.

Prior to this visit with you, she had been evaluated by a lactation consultant. At a visit 1 week ago, pre- and post-feeding weights showed low transfer of milk, but no nipple trauma. Her son now has a coordinated suck and swallow, asymmetric latch with a wide angle of the jaw. The mother holds the infant in a neutral position with the head slightly extended. The mother had been healthy prior to the pregnancy, had no pregnancy complications and had an unremarkable labor and delivery. Her breast exam was normal.

Mother's concerns:

- The baby never seems satisfied unless he is breastfeeding, otherwise, he is crying
- Her in-laws, who recently arrived to help with the baby, have encouraged her to stop breastfeeding because he seems so unhappy
- She doesn't think the baby likes her
- She isn't sleeping well
- She feels as if she has already failed as a mother

Probing questions:

- What factors might contribute to the change in milk supply?
- How might you counsel this mother? Her family?
- What are some ways to help this mother increase her milk supply?

Jaundice and Breastfeeding (Part I)

Kassidy is a 3-day-old exclusively breastfed girl, born at term after an induced vaginal delivery. The baby nursed well in the delivery room within an hour after delivery. She has been feeding every 3 hours since. The baby's last stool, about 18 hours ago, was black and tarry. The baby and mother have the same blood type. A bedside transcutaneous bilirubin measurement at 24 hours of age places the baby in the "high intermediate" range.

Mother's concerns:

- Her nipples are cracked and bleeding
- Her breasts are soft and it doesn't seem as though her milk has "come in" yet
- The baby has lost weight
- The baby does not seem as alert as she was the day before

Probing Questions:

- What factors may be contributing to the baby's hyperbilirubinemia?
- What does it mean to be in the "high intermediate" range?
- What would you do next?
- What do you think about the frequency of feeds?

Jaundice and Breastfeeding (Part II)

The dyad had some problems with correct positioning and latch and once corrected, the baby's stool output increased and the bilirubin subsequently decreased without other intervention. The baby returns to the pediatrician's office at 14 days of age and has scleral icterus, and jaundice visible to the chest. The baby is passing stool 4 times a day, gaining weight and mother is not experiencing any further pain. TCBM is 14.

Probing Questions:

- What factors may be contributing to the baby's hyperbilirubinemia?
- What is the significance of the bilirubin of 14?
- What would you do next?

Oversupply of Milk and Breastfeeding

Amanda is a 27-year-old G₂P₂ mother who comes in with her 3-month-old daughter because of her frequent spitting up. The baby was born at 6 lb 3 oz at 38 weeks of gestation after a vaginal delivery. She spits up nearly every feeding and has frequent watery green frothy stools. She pulls off the breast frequently while nursing, often coughing and sputtering and then will not return to feed. Her feedings are frequent and last about 5 minutes. Her weight is 12 lb at this visit.

Mother's concerns:

- The feeding time seems a lot shorter than with her first child
- The baby seems very gassy no matter what foods mom has tried to eliminate
- Prescription antacids aren't helping
- The baby never seems satisfied
- Mom isn't getting any sleep
- Mom is constantly leaking through breast pads
- When the baby is fed mother's milk from a bottle, she falls asleep and seems happy

Probing questions:

- What might be causing the reflux?
- Why is the baby eating so fast and so frequently?
- How could we help this mother? Describe changes in feeding techniques and positions, and medications.

Food Allergy and Breastfeeding

Neveah is a 3-month-old who comes in with her mother because of blood in her stool. The blood is bright red and is mixed in with yellow, seedy stool. It does not happen every feeding but has happened each day, sometimes 3 times a day for the last 4 days. The baby is afebrile, content, and eager to nurse. The baby's weight gain has been good and mom has had no nipple trauma. The baby's newborn course was uneventful, and she has not received any formula supplementation. The baby's exam is normal, but blood is visible in the diaper.

Mother's Concerns:

- Mother wants to know why the blood is there and why it does not appear with each stool
- She wants to know if she is doing something wrong
- She wonders if she should wean to a hypoallergenic formula

Probing questions:

- What are the possible causes of the blood?
- Is it harmful?
- What advice would you give this mother?