

Common feeding issues 0 – 12 months

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GP SYNERGY
advancing medical training



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Feeding 0-12 months: Tips & Tricks for GPs

At the end of this session, registrars will be able to:

1. Manage common breast and formula feeding issues, and understand when to refer for additional assessment
2. Understand the current recommendations for feeding children 0 - 12 months of age.
3. Address patient concerns related to the prevention and development of food allergies in 0 - 12 months of age.

'Normal' food progression 0-12 months

- **Birth – 4 months: Exclusive breastfeeding or formula**
- **Around 6 months: Introduction of solids (but not before 4 months)**
 - Smooth foods first: Puree then progress to mashed
 - Encourage iron fortified foods early i.e. rice cereal
 - Continue to offer breast or formula feeds
- **6 – 12 months: Introduce allergen containing foods**
 - Start with well cooked egg and smooth peanut butter
 - Continue to give them twice weekly once they are introduced
 - Continue to offer breast or formula feeds between meals

Normal food progression 0-12 months

- **8 – 9 months: Lumpy foods & drinking from a cup**
 - Progressively making foods more coarsely mashed or 'lumpy'
 - Offer water, breast milk, cow's milk or formula from a cup after or between meals
- **12 months: Modified family foods**
 - Cut up healthy family meals by 12 months
 - Limit formula feeds or cows' milk to max 600mls/ day
 - Breast feeding usually between or after meals and for comfort

Baby feeding cues (signs)

Early cues – “I’m hungry”



Stirring



Mouth opening



Turning head
Seeking/rooting

Mid cues – “I’m really hungry”



Stretching



Increasing
physical movement



Hand to mouth

Late cues – “Calm me, then feed me”



Crying



Agitated body
movements



Colour turning red

Time to calm crying baby

- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking



The poster was developed at the Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service (previously Metro North District of Queensland Health) in 2010.

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Case 1

- Patient presents with bub for 6 week check
- You notice the baby is not making normal weight gains and looks a bit “scrawny”
- Normal birth and otherwise alert and meeting development milestones
- Mum has been exclusively breastfeeding
- Mum suddenly bursts into tears and says she finds breastfeeding hard and thinks her supply is poor.

Common breast feeding concerns

1. Engorgement
2. Poor supply
3. Mastitis
4. Nipple problems – sore, damaged or tender
5. Tongue tie

Assessment of breastfeeding concerns

Consider:

1. **Technique**
2. Supply – organic causes
3. Nipple/ breast issues
4. Medical, behavioural, or developmental concerns related to bub
5. Family stress and environment issues

Technique & support

- **Don't assume your patient has had good support or ANY help so far**
- Lots of resources & support exist –
 - Private & public lactation specialists
 - Health pathways – excellent resources and referral info
 - <https://hne.communityhealthpathways.org/24381.htm>
 - Australian Breastfeeding Association – Hotline available Ph: 1800 686 268
 - Raising Children website:
 - <https://raisingchildren.net.au/newborns/parenting-in-pictures/breastfeeding-positions-pictures>
 - Medela website – excellent pictures on positions
 - <https://www.medela.com.au/breastfeeding/blog/breastfeeding-tips/breastfeeding-positions-that-work-for-mum-and-baby>
 - Stanford Medicine website – excellent videos
 - <http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>
- Using a breast pump can also be a useful alternative for some

Normal breastfeeding video

www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/best-beginnings-videos/

♥
BREASTFEEDING
POSITIONS

#1 CRADLE



♥
BREASTFEEDING
POSITIONS

#2 CROSS CRADLE



♥
BREASTFEEDING
POSITIONS

#3 BACK LYING



♥
BREASTFEEDING
POSITIONS

#4 FOOTBALL



♥
BREASTFEEDING
POSITIONS

#5 AUSTRALIAN HOLD



♥
BREASTFEEDING
POSITIONS

#6 INVERTED SIDE-LYING



♥
BREASTFEEDING
POSITIONS

#7 SIDE-LYING CRADLE



♥
BREASTFEEDING
POSITIONS

#8 SIDE-LYING



Assessment in practice

1. Watch breast feeding if possible
 - The issue might be poor technique
 - Refer for assessment and advice if you don't feel confident
2. Examine bub
 - Check for possible medical causes of poor weight gain
3. Examine mum
 - Any breast or nutritional issues which may be impacting?
4. What supports does mum have?
 - Any concerns about environment or mental health?
 - Is persisting with breastfeeding likely to worsen these issues?

Breast & nipple pain

- Normal tenderness:
 - Common in the first days after breastfeeding starts & lasts 15 to 30 seconds at the beginning of the feed.
 - Normal at the beginning of a breastfeed up until about day 7 to 10 post-birth, with peak tenderness between days 3 and 6
- Abnormal: Pain lasting >30secs into a feed or beyond 14 days after beginning breastfeeding.
- Consider causes:
 - Poor attachment
 - Engorgement
 - Baby has tongue tie
 - Vasospasm of the nipple
 - Infection
 - Milk blisters (blocked nipple pore)

Concerns about breast milk supply

1. Consider differentiating between perceived & actual low milk supply
2. Examine the baby
 - Signs of dehydration, poor growth or an organic cause for potential problems with feeding
3. Assess mum:
 - An organic cause: medical concerns, breast scarring or hypoplasia, diet etc
 - Signs post natal depression or anxiety
4. Functional causes related to feeding

Management of breast milk supply

More frequent feeding or expressing post feeds is the mainstay of increasing supply!!

- **Domperidone (Motilium):**
 - Check contraindications and precautions prior to prescribing (HealthPathways & eTG)
 - Dosage recommendations
 - Initial: 10 mg three times a day. Do not exceed 30 mg/ day.
 - Dose-reducing regimen – 1-week 10mg BD, then 1-week 10mg daily
 - Abrupt withdrawal may cause cessation of milk production and adverse effects.
- Fenugreek – poor evidence but frequently promoted
- Brewer's yeast – used in most lactation cookies

Case 2

- At the 6 month immunisations mum is worried about offering foods containing egg because she had an allergy herself as a child and is worried that bub might inherit the same allergy.
- What advice do you give her?

Worries about allergies

- Egg is the most common food allergy
- Peanut, tree nut, fish, sesame and shellfish allergies usually persist
- Milk, egg, soy and wheat allergy commonly resolve
 - Up to 85% of young children outgrow their allergy to milk or egg by age 3-5 years.

Advice

- Giving peanuts in the first year of life reduces the risk of developing peanut allergy by 80% in a high-risk infant
 - High risk = infants with severe eczema and/or egg allergy
- Discuss how to introduce allergen containing foods, and how to recognise an allergic reaction at the 6-month immunisations.

**Appropriate treatment of eczema early is the
best way to prevent food allergies.**

Patient Name: _____ Date of birth: _____

Prepared by Doctor or Nurse Practitioner: _____ Date: _____

1. MAINTAIN SKIN EVERY DAY regardless of whether eczema is present	2. TREAT ACTIVE ECZEMA (FLARE) and continue to maintain skin every day	3. TREAT SEVERE ECZEMA and continue to maintain skin every day
<ul style="list-style-type: none"> • A short bath or shower every day with a non-soap body wash or oil - lightly pat skin dry after with a towel • Moisturiser - apply twice each day to face and body straight after bath or shower - you can moisturise as many times as you need <p>Avoid moisturisers containing foods (such as nut oils or goat milk)</p> <ul style="list-style-type: none"> • Names of moisturiser/s for the face: _____ • Names of moisturiser/s for the body: _____ • Bleach baths _____ times per week - use as directed to reduce the risk of infected eczema 	<ul style="list-style-type: none"> • Cortisone and non-steroid creams or ointments - apply as soon as there is an eczema flare (redness, increased itch, dry rough areas) • Names of cream or ointment for the face: _____ Use _____ times each day • Names of cream or ointment for the body: _____ Use _____ times each day • Continue to apply cream or ointment until skin feels smooth and the eczema has completely gone • Wet dressings - use as directed, on arms, legs, feet, chest, back, neck or scalp • A cool compress can be used on the face <p>See your doctor or nurse practitioner if the eczema does not improve within a week</p>	<ul style="list-style-type: none"> • Cortisone and non-steroid creams or ointments - apply as soon as there is an eczema flare (redness, increased itch, dry rough areas) • Names of cream or ointment for the face: _____ Use _____ times each day • Names of cream or ointment for the body: _____ Use _____ times each day • Continue to apply cream or ointment until skin feels smooth and the eczema has completely gone • Wet dressings - use as directed, on arms, legs, feet, chest, back, neck or scalp • A cool compress can be used on the face <p>See your doctor or nurse practitioner if the eczema does not improve within a week</p>

References

- ASCIA website:
 - <https://etraininghp.ascia.org.au/> - Management of dermatitis, Prevention of food allergies & Management of anaphylaxis modules
 - Action plans for allergies & eczema: www.allergy.org.au/hp/ascia-plans-action-and-treatment
 - ASCIA Guidelines – Infant feeding & Allergy Prevention <https://www.allergy.org.au/hp/papers/infant-feeding-and-allergy-prevention>
 - Cow's milk allergy: <https://allergy.org.au/patients/food-allergy/cows-milk-dairy-allergy>
 - ASCIA Allergy Testing: https://www.allergy.org.au/images/pcc/ASCIA_PCC_Allergy_testing_2020.pdf
- UNICEF Breastfeeding Video:
 - https://www.youtube.com/watch?time_continue=109&v=3nbTEG1fOrE
- HNE Fact Sheets: Search Allergy, & Food
 - <http://www.hnekidshealth.nsw.gov.au/site/index.cfm?display=505367&selector=A>

- Feeding Cues Poster:
 - <https://metronorth.health.qld.gov.au/rbwh/wp-content/uploads/sites/2/2017/07/feeding-cues-term.pdf>
- How speech pathology can treat feeding and swallowing problems in children article – useful for assessment of potential feeding problems
 - www.talkshop.com.au/how-we-help/how-speech-pathology-treats-feeding-and-swallowing-problems-in-children/
- First Foods Booklet: Women's & Children's Hospital SA
 - www.wch.sa.gov.au/services/az/other/nutrition/documents/First_Foods_2013.pdf
- Dissolvable Finger Foods Ideas: Women's & Children's Hospital SA
 - www.wch.sa.gov.au/services/az/other/nutrition/documents/Dissolvable_Finger_Food_Ideas.pdf



Questions