



Breastfeeding in the ICU

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Biography

Head physician at the University Hospital in Zurich, Obstetrics; IBCLC recertified 2008.
Specialization in “the ill mother”
Research focus: Participation in clinical research projects.

Abstract

For clarification: This is about situations in which the MOTHER has an illness that requires intensive medical care. Refresh your knowledge and together we'll match symptoms to the clinical pictures. We'll also take a look at the literature. As a special challenge for you: the diagnoses are missing.

Patient 1:

Cesarean Section; 2 days later, massively distended abdomen:
Diagnosis ileus (= obstruction of the bowel)

There are 2 primary forms of ileus:

- a. mechanical – closure of the intestinal lumen from outside/inside
 - b. paralytic – paralysis of the musculature which propels the contents of the intestine forward
- With this patient Ogilvie Syndrome was considered, but it was _____; Endoscopic therapy did not succeed; laparoscopic clarification, laparotomy with partial resection of the intestine.

Problems:

- Breastfeeding positions with a massively distended abdomen
- Pain
- Diagnostic procedures (magnetic resonance tomography, computer tomogram, endoscopy)
- Substances given (Prostigmin®, analgesics)

Take home: prevention, early diagnosis, separation of mother and baby, possibly discarding the milk

Patient 2:

Midwife's report as she arrived for the birth: “Patient appears exhausted”. Normal, spontaneous birth. 2 days later edema, very little ability to function, trouble breathing, abdominal pain
Diagnosis:...

Primary symptoms: Weak cardiac performance, consequently, also at risk of thrombosis
Therapy:

- Improvement of cardiac output
- Flushing out (edema)
- Anticoagulants
- Bromocriptin® (advantages/risks of the medication)?



- Heart transplantation (immunosuppressive drugs)

Take home: think about it, serious, risk of recurrence

Patient 3:

Waters broke in the 29th week of pregnancy, a great deal of amniotic fluid flowed out. 4 days later a rapid spontaneous birth of a 1420 g baby. Mother had chills, rapid pulse (150/'), BD 70 / 45 mmHg. Blood count showed elevated leucocytes 32 000 (103 / μ l) with a shift to the left, blood platelets (= thrombocytes) reduced 70 000 / μ l. Patient has no energy, little urination.

Diagnosis:...

Process:

- Delivery with great loss of blood
- Therapy with support of circulatory system, compensation for blood loss – antibiotics
- Stabilizing of diabetes mellitus

Take home: significant loss of blood, lack of tone. What medications are compatible with breastfeeding? Antibiotics can promote a fungal infection; strategy with the mother in ICU and prematurity of the baby.

Keywords:

„first rate medical care” & breastfeeding; adult ICU, pre-eclampsia, blood loss, emboli

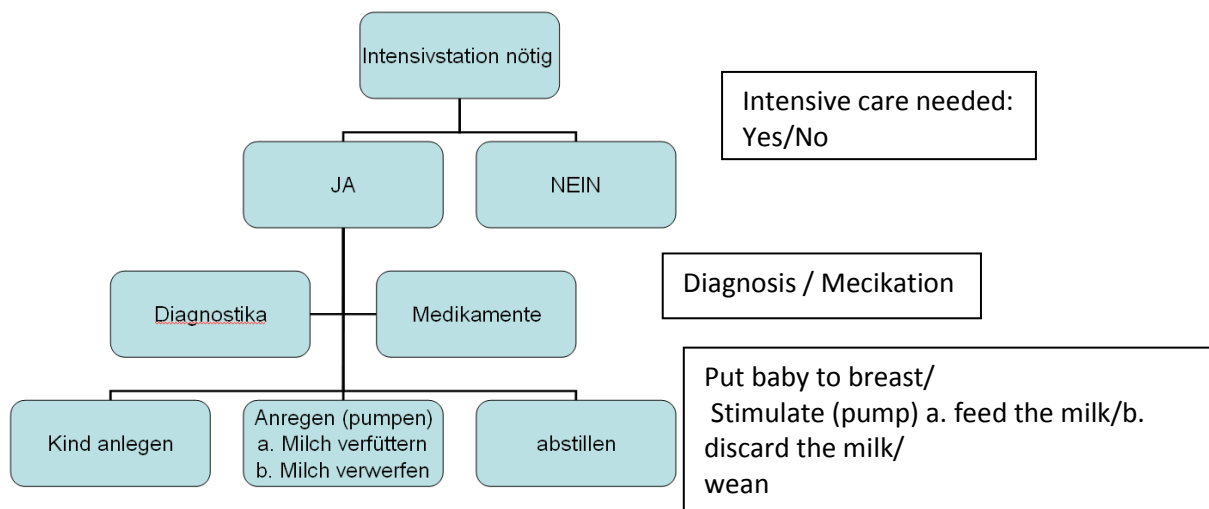


Conclusions:

Women who need intensive medical care have such various clinical pictures that they are mostly on a very specialized unit, separated from their baby. The most common clinical pictures are:

- Hypertensive pregnancy illnesses of the pre-eclampsia type
- Significant blood loss during birth (atony)
- ES
- Cardiovascular illnesses
- Multiple trauma

As a result of the physiological pregnancy changes such as edema (also in the mucous membranes) an increased risk of aspiration from poor closing of the esophageal closing muscle, reduced functional residual capacity of the lungs, increased burden on the heart (due to increased blood volume), pregnant and peripartal women are more at risk than non-pregnant women. A type of diagnostic imaging compatible with breastfeeding must be selected. Medications must be selected with an eye to breastfeeding. Frequently complicating factors are status after a Cesarean Section or shock with delayed milk production and the baby's prematurity. The following diagram is intended to help with management:



Ventilated women are often sedated and don't yet know about their blessed event. Women who are sedated after a seizure (i.e. following eclampsia) also experience the same thing. Many nurses are unaccustomed to using a milk pump on a sedated woman or putting her baby to the breast. Delayed milk production can be expected after an emergency Cesarean, among diabetics and, in some cases, after premature births as well as reduced intravasal volume (this occurs with pre-eclampsia and with significant blood loss), with insufficient stimulation or when dopamine has been given. In assessing medication the three most important aspects of safety are, first the substance, second, the amount and third the ability of the baby to metabolize it (since this often affects premature infants). We take special note of the possibilities and the risks of weaning and of milk suppressing medications. Due to the demography with women becoming mothers when they are older, with an increasing number of mothers who have had infertility treatment and with egg donations, a trend towards high risk pregnancies can be expected.