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Handy guide

Common Infant Feeding Problems

For parents, carers, health visitors, public health nurses
and community nursery nurses

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Advice for parents Symptoms and tips

If you have any questions about infant feeding please speak to your healthcare professional for advice.

Candida Albicans Thrush

Thrush is a fungal yeast infection that usually presents after some days, or weeks of pain-free breastfeeding or course of antibiotic treatment.

Symptoms for mother: Pink/red shiny areola, permanent loss of colour in nipple, cracked nipples that do not heal, white plaques on folds of nipple/areola skin, itchy nipples, sensitive to touch and cold temperatures, burning sensation in nipples, severe pain when infant attaches-worsening with each re-attachment, nipple pain that intensifies during breastfeeding and after feed, shooting pain after feeds. Ductal thrush may present with persistent severe and burning pain-radiating throughout breast, typically after feeds.

Candida Albicans Thrush (continued)

Treatment options

- **Miconazole cream (Daktarin) 2%** applied sparingly to nipple after a feed - excess to be wiped not washed off and/or Hydrocortisone (Dactacort) 1% cream for inflamed nipples
- **Deep breast pain may indicate Ductal Thrush and may require oral systemic treatment** in addition to topical treatment - refer to GP
- **Paracetamol and Ibuprofen** can be taken to relieve inflammation and pain

Symptoms for infant

- **Creamy white patches** inside mouth, tongue, cheeks and lips which do not rub off easily. If rubbed off, the base is raw and may bleed
- **A white sheen** on Infant's tongue/lips
- **Infant restless during feed**, pulls off/away from the breast, presents as unhappy or uncomfortable due to sore mouth
- **Nappy rash, red spots, soreness to nappy area** that does not heal. (Anal thrush presents as red shiny rash radiating outwards from anus - does not heal with nappy ointment)

Candida Albicans Thrush (continued)

Treatment options

- **Nystatin suspension** 100,000units/ml 4 times a day- applied with clean fingertip to affected areas to ensure effective contact with mucosa
- **Miconazole oral gel** 2% pea size amount applied with clean fingertip to all areas in infant's mouth 4 times a day (not licenced for <4months or 5-6 months if born preterm due to risk of choking. Prescribing doctors must ensure carers are aware of the correct method of application. Consent for treatment with a product outside of its license must be obtained from the mother or **carer before treatment is prescribed by the doctor**
- **Miconazole cream** applied to nappy area

Follow-up

- Health visitor to arrange follow up within 1 week to review

Additional Information

- **Always check positioning and attachment if mother complains of nipple/breast pain**. If thrush is suspected, both mother and infant should be treated effectively and concurrently, if not treated promptly, can lead to early cessation of breastfeeding
- **Probiotics** e.g. Acidophilus can help restore 'good bacteria' to manage thrush
- **Thorough hand hygiene recommended** before and after application of treatment
- Clothes in contact with breasts should be machine-washed at 60 degrees. Expressed breast milk can be used while treatment continues but that milk should be discarded when treatment has stopped. More information visit: www.kellymom.com/bf/concerns/child/thrush-expressed-milk

Colic

Cause

The cause of colic is unknown but suggestions include indigestion, allergies or trapped wind.

Signs/symptoms

- Usually identified by an infant crying loudly over a period of more than three hours a day for more than three days a week over a period of more than three weeks
- Crying is usually between 6pm and midnight
- Infant may draw legs up to abdomen
- Infant may pass wind

Treatment

There is no cure for colic but various techniques may offer some comfort:

Assess infant's general health, crying, stools, feeding, any suspected foods or milk that lessen or worsen crying.

Colic (continued)

Feeding

- Colic in breast fed infants has been linked to ineffective attachment at the breast, therefore observe a full breast feed and correct attachment as appropriate
- Observe for changes in sucking in the feeding cycle
- Ensure baby finishes feeding from one breast first, and then offer the other
- Try feeding infant in a semi reclined position as shown in figure 4
- Ensure Mother is aware of responsive feeding as it has been suggested colic is improved by feeding according to infant's needs
- Mother may wish to consider temporarily cutting out foods that she feel may increase colic symptoms, e.g. cow's milk, dairy and diet drinks. Observe for 2 weeks to see any effect
- For formula fed infants, feed as upright as possible keeping the teat full of milk, to reduce air swallowing
- Changing to hypoallergenic milk or low or lactose free formula milk may be an option, but only under the guidance of a GP

Common over the counter treatments: **Infacol or Colief may provide some relief**

Colic (continued)

Suggested Strategies

- Consider a warm bath or tummy massage for the baby
- Take offers of support to have a break
- If necessary, make sure infant is safe, warm, dry and fed and leave the room for ten minutes if parent needs a break
- White noise such as washing machine may help to sooth the infant
- A pram or car journey may help as well as walking with the infant in a sling or cuddling the infant. Stress this is a phase that will pass usually at 3-4 months

Follow up

Seek medical advice if:

- You are concerned about infants' health or if colic symptoms are with fever, diarrhoea, vomiting or constipation
- If crying sounds painful, indicating injury or distress or if infant is not gaining weight and is not hungry
- Assess mood of parent and arrange to review within a week

Further information

Refer to PCHR for breast feeding assessment and for local breastfeeding support groups please refer to BFN or GBSN Local.

Cow's milk allergy (CMA)

Please first consider Reflux and Colic (summary cards in this pack).

Cause

Immune system malfunction – the immune system overreacts to one or more of the proteins found in the milk.

Symptoms

Symptoms start when the infant is introduced to infant formula containing cow's milk in their diet or rarely if the mother is breastfeeding and having dairy foods in her diet.

- Skin rashes
- Bringing knees up
- Crying
- Diarrhoea
- Eczema
- Vomiting
- Stomach cramps
- Difficulty breathing
- Anaphylaxis (rare)

Treatment

- **If breastfed, trial of cow's milk free maternal diet** with Extensively Hydrolysed Formula (eHF) supplements if needed
- **Maternal supplements** of Calcium and Vitamin D
- **If formula fed, try different formula**, if no improvement, then refer to GP for trial of eHF for approximately 2 weeks
- **If signs/symptoms improve then try cow's milk formula again** / re-introduce to maternal diet if baby breastfed
- If signs and symptoms reoccur – refer to dietician and GP as probably CMA
- **If no improvement on eHF, GP to refer to paediatrician**

Follow up

Refer to GP/Dietician/Paediatrician as necessary.

Lactose intolerance

Lactose intolerance is quite rare and it is important to note that babies often grow out of it. It is difficult to differentiate between lactose intolerance and CMA in the first instance

Symptoms:

- Diarrhoea
- Vomiting
- Wind
- Stomach pains
- Bloated stomach

Cause

The body's inability to produce enough of the enzyme lactase in the digestive tract. Without it, lactose (the natural sugar in milk and other dairy products) cannot be digested properly, so sufferers can feel bloated or experience vomiting and stomach pains after consuming milk or milk-based products.

Treatment

With a breast fed infant the milk that baby gets early in a breastfeed is higher in lactose and lower in fat than the milk later in the breastfeed, which is higher in fat and lower in lactose. It is important baby is allowed to drain one breast before offering the other, to help minimize the amount of lactose baby receives. A formula-fed baby should be referred to a GP – can be prescribed a lactose-free formula. Refer to GP/Dietician/Paediatrician as necessary. Extra support visits.

Mastitis

Cause

Milk stasis due to ineffective removal of milk. May be due to ineffective attachment, tongue tie, infrequent feeding or restrictive clothing.

Symptoms localised inflammation, breast pain, temperature and possible flu-like symptoms.

Treatment

- **Check positioning** and attachment- May suspect the infant for tongue tie
- **No sudden cessation** of breast feeding
- **Feeding history** and establish the cause of the problem
- **Observe a full breast feed** and correct positioning and attachment as required
- **Ensure frequent and effective feeding** according to feeding cues
- **Start each feed with affected side** for up to 3 feeds
- **Warm compress** to aid milk flow. Gentle massage
- **Hand express** if necessary, target and frequently drain the affected area to comfort level
- Consider positioning the infant with lower jaw adjacent to inflamed area (possibly rugby ball position)
- **Analgesia and Oral anti-inflammatory** (Paracetamol and/or ibuprofen- check for contra indications)
- **Take adequate fluids** and rest
- **Additional breast feeding support** as required- refer to PCHR for support numbers and for breast feeding assessment

Mastitis (continued)

For severe mastitis If there is no improvement in 12-24 hours following the onset of symptoms, despite improved drainage of the breast, or if symptoms are severe or worsen seek medical advice/GP, as antibiotics will be needed.

Refer to: www.gloshospitals.nhs.uk/gps/gloucestershire-joint-formulary

Follow up: Breast feeding support.

Prevention and management of slow weight gain in infants

Assessment

Complete feeding assessment form in PCHR, monitor urine / stool output.

Individual weighing plan for infants with slow or static weight gain	
Babies not yet back up to birth weight	Plan 1, moving to plan 2 if necessary
Moderately slow weight gain	Plan 1, moving to plan 2 if necessary
Very slow weight gain	Plan 1, and then plan 2 if necessary
Static or falling weight	Plan 1 and plan 2 if necessary

Plan 1

- Observe full infant feed, check for effective attachment, and for changes in sucking in the feeding cycle and that baby ends the feed
- Observe for effective sucking pattern
- Ensure minimum 8 feeds in 24-hours (including at night)
- Ensure formula milk feeds are made safely
- Advise discontinuation of dummy use
- Ensure mother is aware of feeding cues / need to wake baby for feeds if not waking to feed
- Recommend skin-to-skin contact to encourage feeding
- Refer to breastfeeding support group / breastfeeding counsellor
- Consider Switch feeding for Breastfed Infants for 24 - 48 hours if baby is weak or sleepy

Prevention and management of slow weight gain in infants

Plan 1 (continued)

- Mother to monitor output over 24-48 hours. HV to phone after 48 hours to follow-up and review
- If no increase in wet / dirty nappies in 24-48 hours move to Plan 2
- Repeat weighing in 1 week

Plan 2

- Carry out plan 1, also:
- Consider switch feeding again
- Consider Breast Compressions
- Express breast milk and offer to infant by cup
- For formula-fed babies, consider increasing frequency or volume of feeds.
- Consider referral to GP
- Consider supplementation if weight gain remains inadequate (Refer to full guidelines).
- If urgent hospital referral is needed contact Neonatologist (switchboard **0300 422 2222**)

If an infant has not re-gained birth weight by 3 weeks of age, or if at any time the baby develops any concerning symptoms, they should be referred to the GP for assessment.

Prevention and management of slow weight gain (continued)

Consider the thresholds of Centile Chart Drops for concern about faltering growth in infants and children (NICE 2017).

Babies who cross down these channel widths should be assessed by a GP to exclude illness as a cause of the slow weight gain.

May go straight to Plan 1 and 2 simultaneously.

Centile drop	Birth weight centile
Drop of 1 or more weight centile spaces	Below 9th centile
Drop of 2 or more weight centile spaces	Between 9th & 91st centiles
Drop of 3 or more weight centile spaces	Above 91st centile
Current weight below 2nd centile	For any centile regarding birth weight

Reflux

Causes

Short, narrow oesophagus, delayed gastric emptying, immature sphincter, liquid diet.

Risk Factors

Low birth weight, Cow's milk allergy, Hiatus hernia, Prematurity, Cerebral palsy.

Treatment Breastfeeding

- **Consider 2 week trial of eliminating cow's milk** from maternal diet, if this helps refer to dietician
- **Gaviscon can be prescribed by GP** and can be given before a breast feed. If this is successful Gaviscon should continue until weaning is established
- **Observe a full breast feed** and check for effective positioning and attachment
- **Try breastfeeding infant in a semi reclined position** as shown in figure 4. Positioning baby on left side after a feed can help with reflux – but should always sleep on their back

Treatment Formula Feeding

Infants may require more frequent but shorter feeds, to stop their stomach becoming too full, refer to GP to try Gaviscon.

Treatment for all infants

- **Make sure weight and urine output are monitored regularly**
- **Try and keep baby as upright as possible** during and after feeds
- **Infants with reflux often nurse well when sleepy** or asleep as they are relaxed
- **Elevating the head of the cot safely** (putting something underneath legs of cot) can help

Reflux (continued)

Follow up

Extra support visits may be required and mother's should be advised that in most cases symptoms reduce by 6 months. If symptoms do not improve with Medication if that is prescribed return to GP.

Using Basic Principles of Positioning and Attachment: Close, Head free to tilt back, Body hips shoulders In Line, Nose in line with the nipple.

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References and other resources

Colic (p7)

www.nhs.uk/conditions/colic/

www.breastfeedingnetwork.org.uk/gloucestershire

www.gbsn.org.uk/groups

Cow's Milk Allergy (p10)

www.nhs.uk guidance

Lactose intolerance (p8-9)

www.nhs.uk guidance

Mastitis (p11-12)

Breastfeeding Network

www.nhs.uk/conditions/mastitis

www.breastfeedingnetwork.org.uk/

Professionals links

Health Visiting

www.ghc.nhs.uk/our-teams-and-services/health-visiting