

Lactose overload - or - colic in the breastfed baby.

Although not all abdominal discomfort is due to poor attachment, symptoms of "colic" in a breastfed baby, such as abdominal discomfort, excessive flatus/wind, explosive stools, light green stools, may often be explained in terms of the foremilk/hindmilk mixture that the baby receives during the course of the feed/day.

If the baby is not well attached, he may not be able to access the fat rich milk as the feed volume diminishes. Since it is the fat that provides most of the calories, as well as slowing gastric emptying time, the poorly attached baby will be hungry again sooner than he would be if he had been well attached. Once again, (unless the mother makes changes to the attachment) the baby will receive another "low fat" feed.

Over 24 hours the baby will have consumed a much greater volume of milk than he would have done if he had been better attached. Since the concentration of lactose in milk is fairly constant, he will have also received much more lactose than otherwise. This excess lactose in the gut may temporarily exceed the amount of the enzyme lactase which the baby's intestinal brush border is able to generate. The baby thus exhibits the signs of lactose intolerance/lactase deficiency. The accumulated undigested lactose creates an osmotic gradient that draws water into the bowel. Added to which the bacteria in the baby's gut are provided with more substrate than usual, which they eagerly attack as an energy source, producing large quantities of gas in the process (mostly carbon dioxide and methane). Distension of the gut by both fluid and gas produces pain (cramping) and looser stools. Depending on the extent of the lactase deficiency and the quantity of lactose ingested, symptoms can range from mild abdominal discomfort to severe dehydrating diarrhoea .

(Among the pharmaceutical industry's responses has been the production of "over the counter" simethicone and lactase, which distraught mothers can buy. Not only are there no good quality trials demonstrating their effectiveness in breastfed babies, there is a much simpler solution than trying to fix the symptoms - which is to address the cause - and improve attachment.)

If the baby who is not well attached can consume sufficient milk in each 24-hour period to get the calories he needs, he will grow. But he may have to feed very frequently to achieve this. Frequent feeds may in turn increase his mother's milk supply, giving rise to the frustrating scenario of a mother with an abundant supply, yet a baby who is feeding "round the clock". If the baby simply cannot hold enough milk, the situation above will be compounded by a baby who is also failing to grow well.