

Breastfeeding Works! *Even with Allergies*

- the New Age of allergies
- how to recognise allergies in mothers and babies
- why it is worth persisting with breastfeeding
- the impact of allergies on feeding
- what you can do about it
- short- and long-term aspects of living with allergies



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Robyn Noble DMLT, BAppSc(MedSc), IBCLC is the only lactation consultant in Queensland with a professional background in medical science. She was a Nursing Mothers' Counsellor for fifteen years. (NMAA is now the Australian Breastfeeding Association.)

She is the mother of three children but because of a lack of appropriate information and support, did not experience normal, problem-free breastfeeding until her third baby (when she discovered NMAA!).

Robyn has been in private practice as a lactation consultant since 1990. She was the inaugural president of the Queensland Lactation Consultants' Association in 1990 (which became the Queensland branch of the Australian Lactation Consultants' Association - ALCA Qld - then eventually LCANZ). Robyn has been involved nationally in breastfeeding education work for over 35 years.

Robyn has worked extensively in the development of new diagnostic approaches and techniques for resolution of suck problems in breastfed babies. One of her special research interests is the relationship between artificial teat design and various physiological suck issues in babies. She is the author of a large number of journal papers, articles and other breastfeeding resource materials. Along with paediatric speech pathologist, Anne Bovey, she founded Bayside Breastfeeding Clinic in 1992.

Bayside Breastfeeding Clinic created history as Australia's first ever private breastfeeding clinic. It has now operated since 1992.

The Clinic provides professional information and support to women who want to breastfeed their infants but encounter difficulties including: a range of physical feeding issues including suck problems, 'lactose intolerance', colic, allergies, medical problems in mothers or babies which may affect breastfeeding in babies of all ages .

Consultations aim to streamline and simplify management of breastfeeding so that it rapidly becomes a pleasure for all concerned. There is a great emphasis on comfort and practicality.

Breastfeeding Works!

EVEN WITH ALLERGIES



Understanding and managing allergies
in a breastfeeding context

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DEDICATION

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This book is dedicated to the thousands of mothers and babies who have allowed me to share their journeys and from whom I have learned so much that needs to be shared for the benefit of other families.

FOREWORD

Remember having an itchy nose? It's miserable and distracting. You can't concentrate on anything. You feel jumpy and annoyed. If someone puts demands on you, you might become angry or cry.

Babies with allergies are stressed. The gastrointestinal discomfort, pain, itch, reflux, and other symptoms stress the baby's nervous system, making it difficult to do what they need to do to get their needs met.

Communicating and bonding, feeding and sleeping, learning and growing all cost energy. When the nervous system is running smoothly (organised), these things are achievable. When something stresses the system, it becomes disorganised, and uses more energy for the same tasks. If the disorganisation becomes critical, the baby can no longer function and shuts down.

At the far end of the continuum, the infant has difficulty digesting and absorbing nutrients from food through a damaged gut.

Allergy and intolerances contribute to failure to thrive, gastroesophageal reflux, and general misery for babies and their moms.

In this book, Robyn Noble shares her vast knowledge and experience and a thorough review of the scientific literature to help dyads with these difficulties. The text is interspersed with photos and case studies that illuminate the interventions described. There is much in this lovely volume to help moms and babes have successful happy breastfeeding relationships despite allergy issues.

Catherine Watson Genna BS, IBCLC NYC
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Producing this book has been a long and winding road with many challenges along the way. It would not have happened without the help and support of many people who have done practical things to help it come to be and who have supported and encouraged me to do so.

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Graham Abraham of Graham Abraham Publication & Graphic Design, Kenmore,

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Catherine Watson Genna, prominent American Lactation Consultant, author and educator generously took time from her busy schedule to read the entire document and write its foreword.

And whenever various aspects became overwhelming, my husband Max has been there for me, quietly and patiently unraveling inscrutable computer actions and generally propping me up!

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*Breastfeeding is designed to induce a state of bliss in both mother and child.
When this is not so, the reason needs to be identified and dealt with
as quickly as possible.*

INTRODUCTION



Increasingly, modern lifestyles and commercial pressures threaten human wellbeing. Allergies are an exploding health issue across the world. Breastfeeding helps to prevent allergies and set up the strongest foundations for robust, lifelong health.

If ever there were a more confusing problem for mothers and clinicians alike, it is recognising the role allergies play within a breastfeeding context. Along with the confusion is a tremendous amount of frustration and downright desperation for many of those unfortunate enough to be affected. Despite their common, everyday frequency now, allergies are almost an undiscovered country in modern life.

Allergic mothers and babies can present to their doctors, lactation consultants, midwives and other practitioners in so many different ways:

- painful breastfeeds
- unsettled babies
- vomiting babies
- babies who struggle to attach and feed
- babies who ‘wrestle’ with their mothers throughout breastfeeds

- breast refusal
- babies with sleep problems
- babies who seem to gain weight poorly despite plenty of nappy output
- skin rashes
- infant colic
- babies with gastric reflux

This book is the first of its kind to explore these issues and to offer ways to recognise and deal with them. Its message is that it is not nearly as difficult to persist with breastfeeding and dietary modifications as it is to live with the consequences of using artificial feeding – in both the short and longer term.

Names of mothers and babies and some identifying details have been changed to protect their privacy.

BREASTFEEDING WORKS!

Even with Allergies



Happy baby, happy mother! Breastfeeding is meant to be a satisfying motherly rite of passage as much as it nourishes and nurtures babies.

A Journey Begins

‘Sophie’ was struggling to understand why her second child ‘Max’ was so hard to live with. His older sister ‘Dawn’ had been an easy introduction to parenthood, breastfeeding happily till she was two years old. But Max cried all the time he was awake unless he was on the breast – and even more disturbingly, by ten weeks old had become a lot more difficult to breastfeed. Now four months old, he wriggled constantly while feeding, often pulling off and screaming. His sleeping pattern was ‘terrible at night and non-existent through the day’. To cope, Sophie was carrying Max around in a baby carrier that held him upright against her body because she couldn’t put him down without his distress escalating into even more intense screaming. Even though his weight gains were good, Sophie was starting to doubt she was making enough milk for him, her doctor also suggesting that he might be happier on formula.

Max was very gassy, passing a lot of flatus from his lower bowel. His bowel motions were frequent – up to four a day - very runny, often explosive, brownish and full of strands of mucus. He ‘grunted’ a lot, and often had hiccups and small vomits. Although his paediatrician had prescribed Losec for gastric reflux when Max was six weeks old, it had not improved the situation. Friends and family had said Max would ‘grow out

of it’ and that it was ‘probably just colic’, but she could see he was worse as he’d grown older.

She felt sorry for Max and sad for Dawn who was getting too little of her mother’s attention. Feeling increasingly desperate to find out what was causing Max’s problem, Sophie was happy to try dairy elimination. Four days into her new diet, she said that he started to improve two days ago, but she’d held her breath to see if the trend continued! She was very pleased that he was vomiting a lot less, feeding better, and had actually slept in his cot that afternoon for two hours! Over the next few weeks, Max continued to improve in every way. Almost in tears, Sophie said, ‘And he’s smiling all the time! You know, I never saw him smile before!’

Not every baby with food allergy is as strident as Max about the problems it causes them. Some don’t cry at all. Many are usually quite happy babies. Some develop skin rashes – others don’t. Some have a pattern of infections rather than obvious allergies. Some ‘grow out of’ one set of symptoms, only to grow into others – or they just keep ‘collecting’ new symptoms! It is not always obvious that problems could be due to food allergy, and some certainly aren’t. On top of these difficulties, many clinicians use terms like allergy

and intolerance as if they are the same thing, although they are not. Other practitioners even advise that there's no such thing as food allergy – or that a breastfed baby's problems couldn't have anything to do with the mother's diet! Working with food-allergic clients, you become aware that there seems to be more confusion over this one topic than almost any other human affliction!

Most people take for granted that they can eat whatever they like without ever having a problem but a growing number are astounded to find this is no longer the case - either on their own account or for a breastfed baby. It is a bit like suddenly discovering you have two heads, and being treated as such by everyone around you. As many of those in this situation have said:

- *I'm sometimes tempted to think I must be imagining it, because that's how other people are treating me – as if it's all in my mind!*
- *I feel as though I'm going nuts!*

What is an allergy?

An allergy is an unwanted immune response. When you have an allergic response, your immune system responds to a protein it should be ignoring, but has learned to recognise and attack as if it were a potential pathogen such as a bacterium or virus. For chronic allergy sufferers, it's as if their immune systems consider them to have a perpetual infection which must be relentlessly fought off. With so much of the body's immune resources misguidedly redirected from normal roles, there may not be adequate defences to fend off the real thing, so there is often a mixed picture of allergies and infections. It is rather like living perpetually in the middle of a war zone – chronically exhausting and debilitating.

By contrast, the body's immune system normally:

- keeps us free from infection by controlling the microbes we come in contact with

- destroys unhealthy body cells
- protects healthy body tissues from harm due to microbes or unhealthy cells
- is able to discriminate between healthy body cells, ingested food, environmental agents and microbes, attacking only potential pathogens

The primary health of the immune system is first of all based on being breastfed, ideally for at least the first 2 years of life, but even 3-4 months is significant. Artificial infant feeding imposes far more than just nutritional mediocrity. How you are fed as a baby sets up the foundations of your health and well-being for life. Not being breastfed increases your later risk of chronic disease by 30 – 200%! Smith and Harvey found that being weaned before 6 months is responsible for up to 24% of chronic diseases. The 2004 Report on Breastfeeding in NSW estimated a conservative figure of \$11.5 million dollars could be saved in Australia annually if the incidence of exclusive breastfeeding was increased from 60% to 80%, basing their figures on hospital cost savings for just 4 illnesses, all of which involve the immune response – Necrotising Enterocolitis, gastrointestinal illness, type-1 Diabetes and eczema – plus educational costs related to neuro-developmental impairment. In just 11 years up until 2005, **5½ times as many Australian children under 5 years old were admitted to hospital with food related anaphylaxis.** But the costs of the allergy epidemic also extend well into adulthood. By 2008, Access Economics figures estimated that Australian allergy disorders cost \$7.8 billion per year in work absenteeism, and that 1 in 5 Australians are affected by allergies. These figures are expected to continue rising! [1-19]

Many levels of intricacy are involved in immune function, allowing for a multitude of possible reasons why it may fail to fulfil its normal role, especially if it is not in peak health to begin with. There is also great variability in sufferers' allergic responses, relating to shifts and changes in tolerance thresholds. There are four

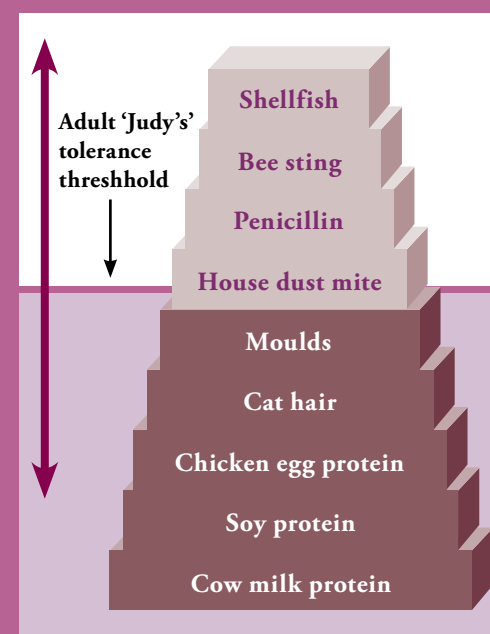
basic types of hypersensitivity (allergic) reactions – IgE, IgG, immune-complex, and cell-mediated. These factors explain in part why: [20-24]

- reactions may occur immediately the offending proteins touch some part of the body, inside or out OR
- you may not react at skin level at all, but you may have consistent reactions (not necessarily immediate) every time you ingest certain provocative proteins, whether they are foods or environmental agents such as moulds, pollens, animal hair OR
- you may have inconsistent reactions to your particular allergenic triggers – sometimes reacting, sometimes not, and not always with the same symptoms OR
- reactions may be subtle and delayed, depending on how sensitive you are, the part of your immune response that is involved, how much you have ingested, how robustly healthy you are at the time and how physiologically stressed you are

Your tolerance threshold dictates how often you might have infections or allergic reactions and how 'trigger happy' your responses might be. The way in which it works can be pictured as a stack of blocks placed one on top of each other – *each block represents something you are allergic to*, in the chronological order you have acquired the allergies through your life. Your tolerance threshold is shown as a horizontal line that constantly moves up and down in response to the balance (or otherwise!) of all the stresses impacting on your physiology. The more of your particular allergens you can remove from your pile (exposure), the better your tolerance threshold is at the time and the less reactive you will be.

In the example given in Figure 1, this adult, 'Judy', may have no awareness at all of being reactive to cow milk, soy or eggs, (though she may tell you that she doesn't like them – or that she loves them!) whereas she may be instantly aware of having a blocked nose and wheezing if

Figure 1: Tolerance threshold



she visits a friend who has a cat. She may know that cleaning out wardrobes and vacuuming her home always makes her sneeze a lot. And she may also have worked out that if moulds build up around her home, she has hayfever and itchy red eyes. She may have developed serious reactions to penicillin, bee stings and shellfish as a young adult, so she carefully avoids them.

But Judy would not have thought that her childhood history – being mostly formula-fed, very 'colicky' as a baby, with ear infections, tonsillitis and croup for years as a young child – had anything to do with her adult allergies, occasional dermatitis outbreaks or her 'irritable bowel syndrome'. So she does not think of herself as having food allergies other than shellfish, even though she does! She knows about her other allergies because they are easy to track between her exposure and obvious, reproducible symptoms. [25-30]