

BREAST ENGORGEMENT IN THE NURSING AND NON-NURSING MOTHERS

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Studies were carried out to note whether intranasal spraying of oxytocin was effective to increase the flow of milk in mothers who wished to breast-feed their babies, but the results were not up to expectations. The nasal spray provided in plastic squeeze bottles in concentrations of 40 I.U./C.C. was found to be highly effective in relieving the breast engorgement in both the nursing and the non-nursing mothers. Oxytocin was also successfully used by the nasal spray method for inhibition of lactation in non-nursing mothers. The drying up hormones previously employed for stopping lactation are no more necessary and oxytocin replaces these hormones. The paradoxical action of oxytocin, namely increasing the flow of milk in the nursing mothers to inhibition of lactation, is explained by the presence of continued suckling reflex of the babies in the former group and its absence in the latter.

A study was carried out in forty-one nursing and non-nursing mothers

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Syntocinon 2 units I.M. supplied by Sandoz Co.

Received for publication on 24-8-64.

to see the effect of intramuscular oxytocin, two units at a time, on breast engorgement and inhibition of lactation, as nasal spray is not yet available in India. The total number of injections varied with the severity of the breast engorgement and the pain associated with it. In cases with severe engorgement, 6 hourly injections of two units were given, and in other cases two injections per day had quite gratifying relief of engorgement and pain.

The following observations were made during the course of the study.

Parity: Half the number of cases of engorgement occurred in primiparas and the second para was next in frequency.

Engorgement day: The engorgement starts on the 3rd day in the majority of cases and on the 2nd or the 4th day, in a minority of the cases.

Type of the nipple: Protracted type of nipple was present in thirty-two cases, retracted nipple in three cases, cracked nipples in four, flat nipple in one and unilateral retracted nipple in another.

Engorgement occurs after live-born, mature or premature, or even after still-births on the 3rd day after delivery.

The relief of pain and engorgement

were excellent and no breast pump, analgesic, antibiotics or massage of breasts were required in any of the cases studied. No breast abscess developed during the period of study. Even the severe pain associated with the engorgement of the axillary tail of Spens was relieved by the oxytocin injections.

In seven out of the ten cases of still-births stilboesterol, 5 mg. three times a day for three days, was given, as the secretion of milk continued in spite of the oxytocin injections.

It has become a routine in this hospital to recognise breast engorgement early and administer syntocinon

2 units intramuscularly twice a day or more frequently depending on the severity of the engorgement and pain. Whether synthetic oxytocin increases the yield of milk if given subsequently could not be studied in this investigation, as the nasal spray is not yet available to supply to the patients.

References

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