

Disclosure

I have **no financial relationships** with commercial interests that pertain to the content presented in this program

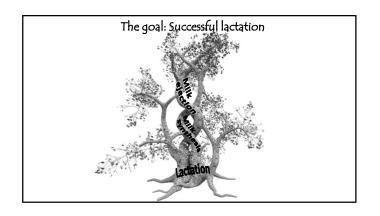
"ORIGIN OF THE MILKY WAY"

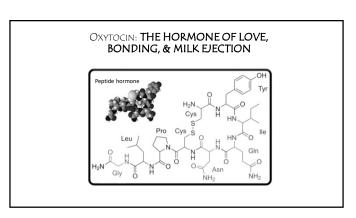
"Successful breastfeeding involves milk production, secretion and ejection controlled by a series of humoral and neural processes. Among them, neuro-chemical events leading to milk letdown or milk ejection are the most fragile processes... studying [the] milk letdown reflex is critical to solving breastfeeding problems" – Yu-Feng Wang

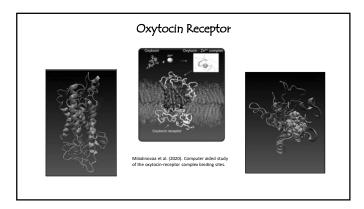
Oxytocin: the key to treating lactation-failure and associated diseas... (slideshare.net)

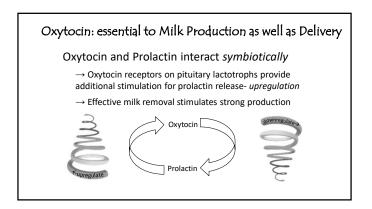
By Peter Paul Ruberg Public Domain Mark 1

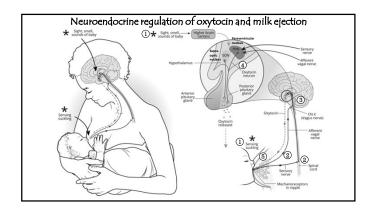
WHAT IS THE DIFFERENCE BETWEEN MILK PRODUCTION AND MILK YIELD? Vield Output Creation vs Delivery → Parent's perception often based on yield ←

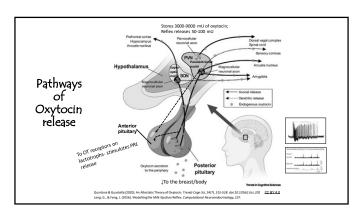


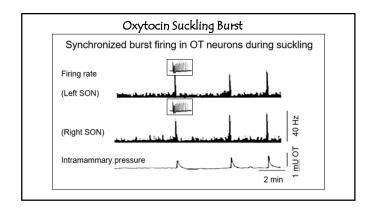


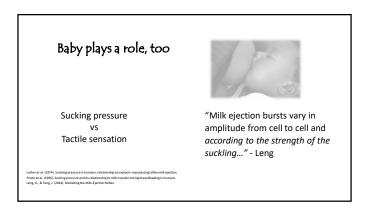


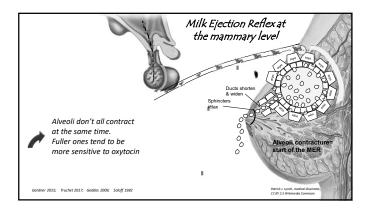


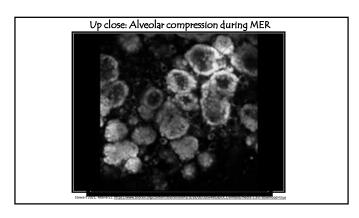


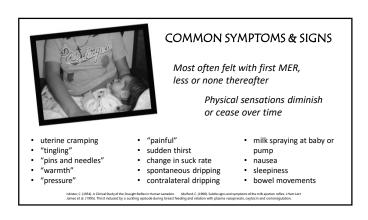


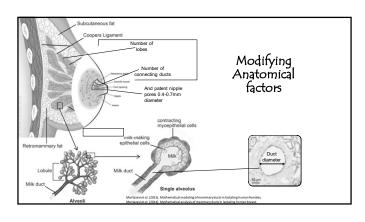


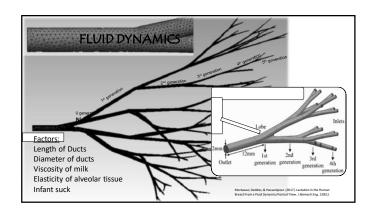


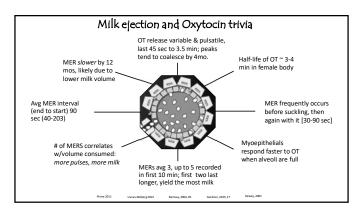


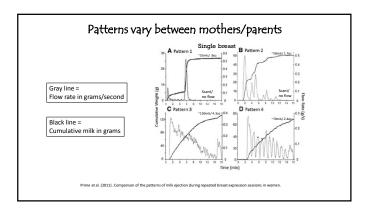


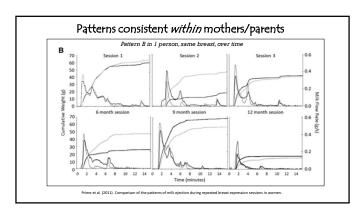


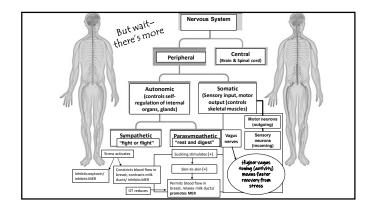


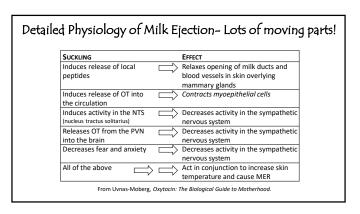


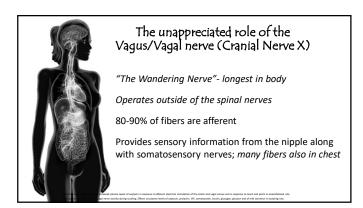


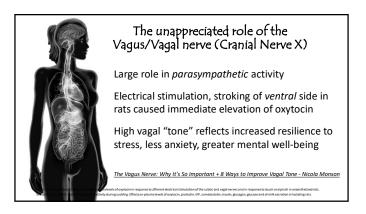














MER Conditioning

**Happens over time

Positive vs Negative experience reinforcers

May be selective of setting: ie, baby vs pump



André Masson 1939)- La chute (Le viol ou l'amour de la vitesse)

THE MILK EJECTION EQUATION

Individual ductal system & nipple anatomy

- + Intact mammary nerves
- + Sufficient complement of myoepithelial cells
- + Quality of suckling or other stimulatory cues
 - → Adequate oxytocin release

+ Fullness of alveoli

+1-conditioning

- + Balance of sympathetic/parasympathetic activity
 - ightarrow ability of blood vessels and ducts relax and dilate
 - = Quality of milk ejection



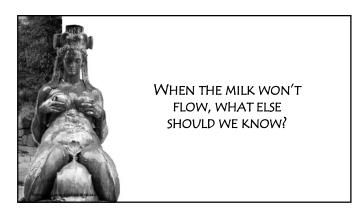
"Overactive Letdown Reflex" What is it exactly?

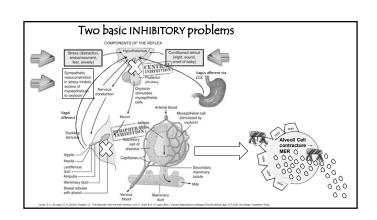
What we know:

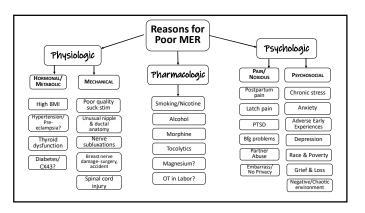
Full alveoli respond faster to oxytocin

Higher ductal pressure results in stronger flow

Larger duct diameter can deliver milk faster

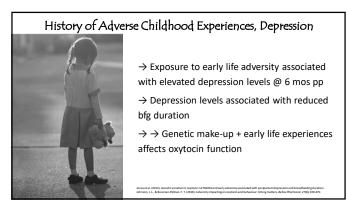




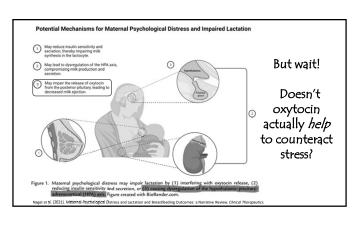




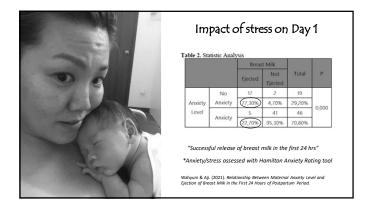






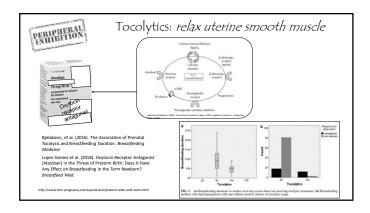


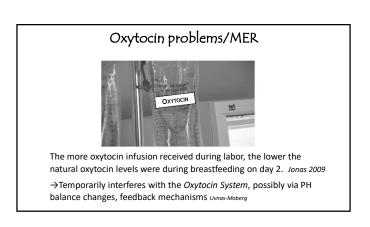


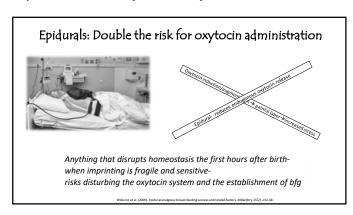












Pitocin injection for stage 3

Shortened duration of breastfeeding, more pain...

"Disrupts the finely balanced physiology of lactation"

~Infusion preferable to injection, which gives 8 hrs worth in one bolus~



Brown, A., & Jordan, S. (2014). Active Management of the Third Stage of Labor May Reduce Breastfeeding Duratic

Emergency c-section | Demonstrate | Demonst

The problem of c-sections

Emergency c-section-

 \checkmark Stress reaction activation

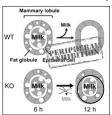
Elective/no prior labor- c-sections

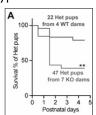
- ✓ No OT bolus → no fortification of the basal level → no priming
- ✓ NO rise in OT with skin-to-skin immediately after birth

Timing matters-

✓ Better regulation after normal onset of labor (wang)

Pre-eclampsia & hypertension?





Comparable oxytocin levels and receptor expression to controls, but *contraction responses significantly lower*, possibly related to **elevated homocysteine levels**

ahoshiet al. (2019). Presclamosia-Like Features and Partial Lactation Failure in Mice Lacking Cystathioning gamma-Lyase-An Animal Model of Cystathioningsis

Magnesium treatment: another layer



CLUE:

MgSO4 leads to increased OT requirements in order to maintain satisfactory uterine toning during c-section (Hasanein 2015)



Hasanein, R., & El-Shal, S. (2015). Does magnesium sulfate affect the oxytocin bolus requirement in pre-eclamptic patients undergoing cesarean section? Ain-Shams Journal of Anaesthesiology, 8(1), 50.

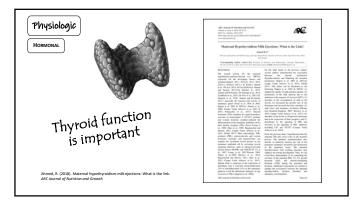




Any interruptions of the mammary nerve reflex arc by impingement, subluxation, surgical cuts or trauma have the potential to disrupt the milk ejection reflex

Lee 2019; Holmgren 21

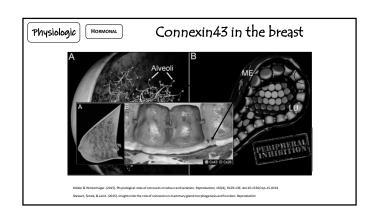


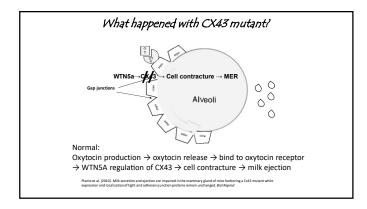


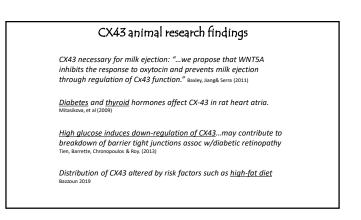
Hypothyroid rats showed had poorer lactation due to reduced circulating oxytocin postpartum and an impaired milk ejection reflex. (Hapon 2003)



Hyperthyroid rats showed good mammary growth & evidence of milk production but partial or complete lactation failure due to poor oxytocin release & milk ejection (Varas 2002)



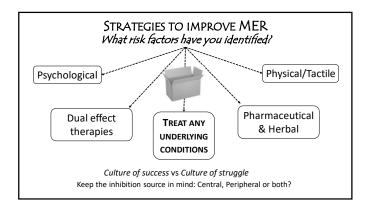


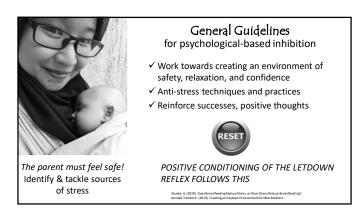


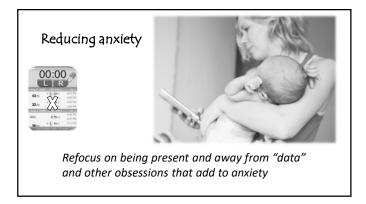
CX43 animal research findings

"CX43 deficiency would be expected to blunt the effect of oxytocin in inducing postnatal milk extrusion; such scenarios are not merely hypothetical, <u>given that numerous human diseases and disabilities have been linked with mutations in connexin genes"</u>. Kidder 2015











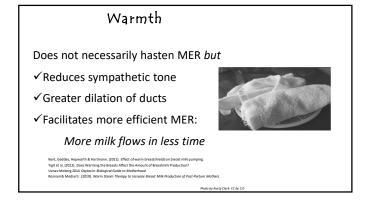
PHYSICAL TECHNIQUES

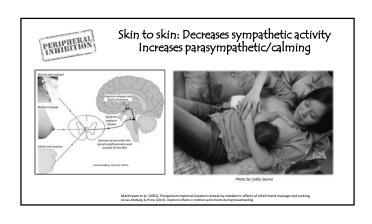
May directly trigger MER

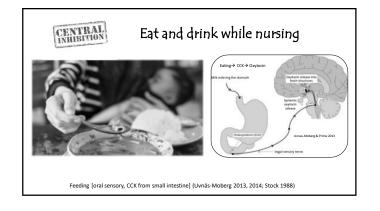
May stimulate higher secretion for baseline

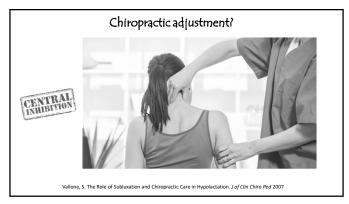




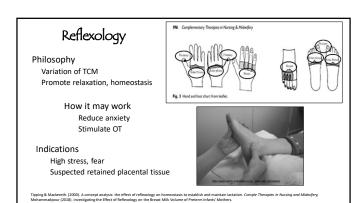


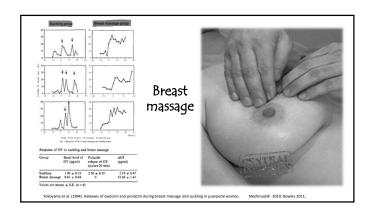
















Any relaxing massage!



Feher 1989 RCT

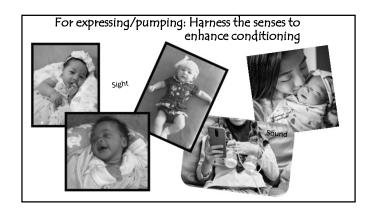
Guided imagery, Hypnotherapy

CENTRAL

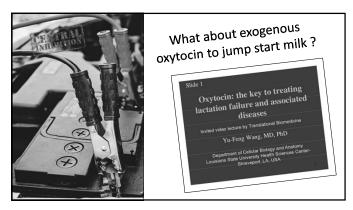
- Mothers of preterm infants 5d pp
- 20 min relaxation & imagery audio before pumping for 1 wk
- Avg use once a day; Tx group 63% higher than controls
- Dose-response increase: mean 57ml <5x vs 112ml for ≥10x

Mohd Shukri 2019 RCT- Malaysia

- First time mothers listened to audio-guided imagery while nursing or expressing x 2-12 weeks
- Relaxation therapy: audio guided imagery protocol for bfg
- Listen while nursing or expressing for 2-12 weeks







| History of oxytocin therapy for lactation | | | |
|---|---|--|---|
| STUDY | SUBJECTS | FORM/DOSAGE | RESULTS |
| Newton 1948, 1992 | N=1 N=2 | IM Pitocin .3cc vs saline, blinded | Pumped 10 min, injection, pump. (1) Pitocin yielded 8x more than saline. |
| Nickerson 1954 | N=? | .5 units IV or 2 units IM | "milk ejection occurs consistently" |
| Newton 1958 | 19 bfg | 0.5ml OT in cotton, in nose | "produced a milk ejection reflex" |
| Stewart 1961 | N=165 bfg 228 no | Spray each nostril (2) prior As desired for engorge. | "successful assist" 72% |
| Huntingford 1961 RCT | N=50 bfg | Syntocinon spray, 1 nostril= 4-5 IU per dose; avg use 70 hours | No significant reduction in engorgement OT group infants less wt loss, better transfer day 7 |
| Thornton 1961 | N= 7 bfg 78 no bfg | OT nasal spray, 1 whiff each nostril (2) | "effect obtained excellent Increased milk flow that relieved pain" (engorgement) |
| Gonzalez 1958 36 cases, Mexico | N=36, various situations | 10 units IM x 3 10 units IM q6-8hrs, 6-8 doses | 92% positive results, 8% doubtful |
| Luhman 1963 Dbl blind RCT | N=226 bfg, in hosp | 5cc/5 IU, 1 spray each nostril (2) prior = 10 IU? | 1 st bfd @ 20 hrs. Avg infant intake OT: 51g, Placebo 40g, significant; |
| Ruis 1981 RCT | N=12 1 st 5d | 3 units nasal spray before pumping 1 st side, then 3 units before 2 nd (pumped 4x/day) x 5days= 6 IU | 8 primips- 3.5 fold increase 4 multips- 2-fold increase |
| Fewtrell 2006 RCT | N=51 premie, 1 st 5 days pp | 100ul (4 units) per dose before pumping | "did not significantly improve" milk volume |
| Xu 2006 RCT, China | N=150 | "Nasal dropping" of OT "within 1-4 days after delivery" | Improved secretion |

Maybe there's more to the story

Reasons for variable responses:

- ✓ Variations in anatomy → resultant airflow dynamic
- √ Vascularization
- ✓ Status of blood vessels
- ✓ Mode of spray application
- ✓ Galenic formulation (including presence of uptake enhancers, control release formulation)
- ✓ Amount (dosage!) and method of administration

Guastella et al. (2013). Recommendations for the standardisation of oxytocin nasal administration and guidelines for its reporting in human research. *Psychoneuroendocrinology*, 38(5), 612-625.

