

Breastfeeding with Ulcerative Colitis

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Ulcerative Colitis (UC) is one of two main inflammatory bowel disorders (IBDs), the other being Crohn's Disease. UC is a condition which causes inflammation of the lining of the colon and rectum (the large intestine). Tiny ulcers develop on the surface of the lining which can cause blood and pus in the stools. Symptoms can include bloody diarrhoea, abdominal pain, and a frequent and urgent need to go to the toilet. Secondary symptoms can include fatigue, weight loss, anaemia, and dehydration.

I was diagnosed with UC in 2007, aged 26, after working in an extremely stressful job with a 'Devil Wears Prada' type boss. My maternal grandmother also suffered from it and it is suggested that a mixture of genetic and environmental (stress) factors can cause the condition.

I don't remember when I became so passionate about breastfeeding, but at some point during my first pregnancy I must have read something about how breastfeeding can potentially protect the immature intestines of an infant against future IBDs. As I wasn't breastfed, I became a woman on a mission, absolutely determined to breastfeed and give my baby the best possible chance of living a life without this awful condition.

Many mums with IBDs do not breastfeed (in my personal and admittedly limited experience) due to medication, bad advice from healthcare professionals, or dangerously low body weight at time of birth. But what about us mums that do? There are many challenges involved in breastfeeding with an IBD, especially during a flare-up.

When pregnant with my first child three years ago, I was taking only the standard medication for IBDs, Mesalazine. This is considered safe whilst pregnant and breastfeeding, but it was still difficult to come to terms with the fact that I was passing medication through my placenta and breast milk (however minimal) to my child. I had a normal delivery without any drugs that may make the baby sleepy - I had read that that could increase my chances of getting off to a good breastfeeding relationship early on. Unfortunately everything that could have gone wrong when I started to breastfeed did: attachment problems, cracked and bleeding nipples, mastitis, thrush, blebs. Everyone questioned how and why I was carrying on. Apart from my supportive husband and family, I really do believe my determination came from my belief that by breastfeeding I was protecting my child from a potential IBD, or at least decreasing her chances. I think that kept me going.

During a flare-up of my UC when our daughter was a few months old (not uncommon – they say it can be due to hormones returning to normal, lack of sleep, stress, etc.) I started needing to go to the toilet whilst feeding our baby in the night. Cutting off a hungry or tired baby mid-feed is never a good idea so I tried to take her with me to the toilet sometimes to continue feeding. Apart from the twinge of guilt at exposing my beautiful newborn baby to the germs of a toilet, major guilt came when I bumped her head into the door frame in my rush to the toilet. She was fine, but I was anxious and the more I worried about needing to go whilst feeding, of course the more I 'needed' to go. Luckily the flare-up calmed down and I continued to breastfeed happily until our daughter was 14 months.

With my second pregnancy last summer, although I was healthy at the time of conception, I quickly experienced the worst flare-up of my life. It



caused the development of a condition called erythema nodosum, which is basically an inflammation causing large bruise-like red marks on the skin, usually on the shins, which manifested itself so badly that I could not walk or drive. A trip to my gastroenterologist and some heavy duty steroids later (along with a healthy dose of more guilt over what I was doing to my unborn baby taking so much medication), I finally felt better but the anxiety about our son being a 'steroid baby' remains.

Again, I had an easy and natural birth but my UC stayed pretty active the entire time post-birth and I frequently needed to break off feeds in the night to run to the toilet. This made breastfeeding pretty difficult to establish especially as our little boy was jaundiced. I tried to feed him constantly to flush it through. It also meant I was beyond exhausted, with the breastfeeding and the constant toilet-going. I could feel I was becoming more anaemic as I lost more blood.

Lack of sleep is always exhausting to a new mum. Constant waking in the night to go to the toilet (the most annoying times were when baby was sleeping peacefully with a full tummy and I was awake on the toilet!) further added to that exhaustion. The second time around of course, I had the added worry that if I broke off mid-feed in the middle of the night to go to the toilet, the baby would wake our toddler with his crying.

I finally got the strength up to see my Gastroenterologist who upped my steroids back to the high dose immediately. Our son is almost

six months old now and I am gradually being weaned off the steroids. I am pleased with my progress but the worries seem to never end – my gastroenterologist wants to do a routine colonoscopy so I worry about how that will affect my breastfeeding relationship with my son. These worries include whether I can breastfeed after sedatives are administered, where the baby will be during the colonoscopy, whether I should wait until he is feeding less, and if I can cope without the sedation (!) so I can feed him afterwards straightaway if needed.

Breastfeeding with a bowel disorder can be exhausting, both physically and mentally. For me, the worst part was the worry of what the steroids would do to my unborn baby and then to my breastfeeding baby. I was so relieved when a healthy baby was born and, to my relief and delight, he continues to thrive. Although it is thought that taking steroids (under a certain dosage) is perfectly safe whilst pregnant and breastfeeding, for someone who doesn't even like to give her kids Calpol, I was very concerned. I tell myself I had/have no choice, and that I am doing the best I can by breastfeeding as this is the best protection against future UC and other IBDs.

Although I have breastfed both my babies mainly in order to protect them against developing this condition in the future, I am very much an advocate of ALL the benefits of breastfeeding and I love the relationship it gives me with my children. There is nothing better than a milky smile, mid-feed, and looking at my babies knowing I have given them the best start in life. I feel proud to have overcome all the problems I had with breastfeeding and my UC. One day my children will know that my love for them overcame everything.

Drugs in Breastmilk helpline 0844 412 4665

www.breastfeeding-and-medication.co.uk - provides information and support for mothers and healthcare professionals struggling to balance the benefits of breastfeeding with the perceived risk of exposing the baby to medication through his/her mother's breastmilk.