LEARNING OBJECTIVES

2. Lactating mother – practical guidelines for the lactating woman, identifying and treating problems and complications.
3. Formula feed.
4. Adding fluids and milk to the diet.
5. Adding solids to the diet.
7. Allergies and food intolerance.
8. Identification of toxins and the diagnosis and treatment of poisoning.

1. **BREASTFEEDING**

- Breastfeeding is always the preferred method of feeding an infant (definitely during the first 6 months of life) and even the young child. Breast milk offers many advantages to developing infants i.e. lower rates of gastrointestinal disease, anaemia, respiratory ailments and otitis media. In addition, breastfeeding provides a unique opportunity for bonding between infant and mother.

- The position of the mother is very important in breastfeeding. She needs to sit in a big comfortable chair and must listen to what the baby is doing - he needs to suck and swallow (not suck and suck without actually drinking).

- All the milk is nutritious, although there is less fat and carbohydrates in the first 20 ml of breast milk.

- The baby must drink from both breasts at every feed.

- One feed takes about 20 minutes (5-10 minutes on each breast).

- Hold both hands under the baby’s arms and hold him upright to expel winds.

- It is easy and practical to demand-feed (feeding when asked for).

- Iron deficiency can develop in a breast fed baby - do a blood count at 6-9 months to exclude this, especially if he does get recurrent infections.

**Frequency of feeds:**

- 2.3-2.8 kg: usually 2½ hourly feeds (must wake the baby after 3 hours to feed, because of possible side effects e.g. hypoglycaemia, vomiting, choking).
- >3 kg: 3-4 hourly feeds, but if the baby is awake after 2½ hours, he can be fed. Wake him after 4 hours for a feed until the age of 14 days.

**Problems in breastfeeding:**

2. **Low birth weight:** These babies tire quickly and the sucking reflex is often not well developed. Give breast milk in a bottle until he has gained enough weight to be able to suck better, but always put the baby on the breast before giving the bottle.
3. **High palate:** The nipple does not fit into the mouth (palate) of the baby. Use a bottle with expressed breast milk or formula feed.

4. **Weight gain:** Weigh the baby before and after a feeding session. He needs to gain 100 g per session = 100 ml.

5. **Baby does not want to drink:** Here it is important to look for a secondary cause which may include:
   - Urinary tract infection.
   - Bilateral reflux.
   - Heartburn.
   - Emotional deprivation.
   - Congenital or other acquired disease.

6. **Too much weight gain:**
   - Weighing with clothes on or with a wet nappy.
   - Overfeeding.

### QUESTIONS

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<tr>
<td>Give 1 common complication of breast-feeding exclusively without supplementation.</td>
<td>Iron deficiency.</td>
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</table>

2. **LACTATING MOTHER**

It is possible to enjoy breastfeeding a baby, but a woman needs to be positively influenced and motivated by all medical staff involved in her pregnancy.

Problems may arise during the first week and a poorly motivated mother may not be able to overcome these obstacles on her own.

Wear a good quality brassière with good support.

It is important to check for iron and folic acid deficiency in the lactating mother - she has to use an iron and folic acid combination supplement while lactating.

**Problems during lactation:**

- **After birth pains:** Explain to the new mother that it is caused by the release of oxtocin in the blood and contraction of the uterus. They always accept it if it is stressed that this would lead to a normal sized uterus quicker and a normal figure as well.

- **Not enough milk:** It depends on the medical team – motivate the mother to persevere. After 6 weeks postpartum the milk production stabilizes (the mother relaxes and is used to a new routine). It needs to be stressed that if she can continue for 6-8 weeks, the rest will be very easy and always beneficial to the baby.
Treatment:

- Rest a lot during the day.
- Drink 6-8 glasses of water per day.
- The baby must stimulate the breast to increase milk production.
- Diet (dairy products).
- Eglonyl (Sulpiride) (a last resort). Also helps relieve postpartum depression. Use 1 tablet 1-3x/day.
- Barley Green (a natural product with calcium & magnesium and a high concentration of chlorophyll).
- Milk stout (Vit B) - can cause weight gain.

- **Inverted nipples:** May be difficult to breast-feed, a Woolwich nipple shield worn during pregnancy may help, but it is uncomfortable. Some babies can be breastfed with the shield if his sucking reflex is strong, but it is sometimes necessary to terminate breastfeeding. The mother may give the baby expressed breast milk.

- **Prosthesis:** The mother will usually have less milk, but it may be possible to breastfeed with extra formula feed. The woman needs to be motivated and determined to succeed.

- **Engorged mammae:** Use demand feeding with 2-4 hours in between feeds. It usually disappears after 6 days. Do not handle the breasts too much.

- **Blocked duct:** Place a warm cloth on the lump, gently massage the lump and offer the affected breast first. Continue breastfeed to empty the breast.

- **Mastitis:** This is a tender red area on the breast with a low grade fever, and is not an abscess per se. The cause is usually *Staphylococcus aureus* from the baby's mouth and will thus not harm the baby. It is very important to keep the breast as empty as possible. Have the baby on the first breast until it is empty and then on the second breast. He will probably not empty the second breast completely and the mother would need to express that breast at the end of a feed.

  **Treatment is thus:**
  - Keep the breasts empty.
  - Use heat or even ice on the affected part.
  - Paracetamol for the pain and inflammation.
  - Reassure the mother that this is just a temporary setback.
  - Inform the mother that the process often repeats itself, but that it is not harmful to her or the baby's health.

- **Abscess:** If mastitis is not treated properly, an abscess may develop. This gives a very tender and possibly fluctuating mass in the breast with severe constitutional symptoms. Treatment consists of antibiotics and surgical drainage. It is necessary to express milk from the affected breast and to discard it. The baby needs to be taken off the affected breast for a few days, but can continue drinking from the other breast. It may be difficult to reinstate breastfeeding, but not impossible. The mother needs to persevere and can take paracetamol for the first few feeds to relieve the pain.

- **Candida on the nipple:** A baby with oral Candidiasis can infect the mother's nipples. It consists of very painful blisters. Treat with an antifungal ointment (e.g. Mycostatin or Canesten) but do not take the baby off the breast. Clean the breast before feeds with breast milk / sterile water / saline and bite on the teeth for a few minutes. Rather change to the second breast sooner or use a painkiller once or twice.
Sore nipples: Usually because of keeping the baby on the breast for too long during the first 1-3 days (not yet enough milk).
  - Day 1: Only 1-3 minute on each breast.
  - Day 2: 3-5 minutes on each breast.
  - Day 3: 5-7 minutes on each breast.
  - Day 4: 7-10 minutes on each breast.
Breast feed more often - it stimulates milk production.
Direct sunlight <10am and >3pm will be effective.
A nipple cream of zinc and Friar's balsam can also be effective.

Because of the high incidence of psychiatric illness during the 3 months after delivery, it raises the possibility that psychotropic medication will be administered. Issues to address during analysis of the risks and benefits of psychotropic use during breast-feeding include documented benefits of breast-feeding, potential adverse impact of untreated maternal mental illness on infant attachment and cognitive and behavioral development, and the effects of untreated mental illness on the mother. Factors affecting medication concentration in breast milk are pH, protein lipid content (these vary throughout the postpartum period and at different times during a single feeding). Other major factors also include lactose, serum albumin, lysozyme, approximately 30 enzymes, prolactin and minerals such as calcium and phosphates.

The extent to which an infant is exposed to medication is affected by
  - the rate of absorption into maternal circulation
  - diffusion from maternal circulation to breast milk
  - absorption of the agent by the infant.
Taking medication immediately after breastfeeding minimizes the amount present in milk and maximizes clearance before the next feeding.
Premature and full-term infants have a diminished capacity to metabolize medications for at least the first 2 weeks of life. The newborn kidney is also functionally immature (the glomerular filtration rate and tubular secretion are 20 to 40% of the adult kidney). For full-term infants, adult glomerular filtration rates are achieved between 2 and 5 months of life. The newborn blood-brain barrier is also immature (thus lipid-soluble agents can be 10-30 times more concentrated in the CSF than in serum).

Specific drugs:
- Tricyclic antidepressants: Safe when lactating.
- Selective serotonin reuptake inhibitors: Safe in lactation, except for unconfirmed reports of Fluoxetine causing colic and transient seizure-like activity at 3 weeks of age and unresponsiveness at 4 months (all events only reported by the mother and not witnessed by any medical personnel).
- Antibiotics: Only 2 is safe in lactation, e.g. Penicillin and Erythromycin.
- Painkillers: Only Paracetamol can be taken while lactating.
- It is impossible to know every drug, but if in doubt, use a good reputable handbook for information on the use of the specific drug in lactation.
- Generally speaking, it is safer to avoid all medications if possible while lactating.
QUESTIONS | ANSWERS
--- | ---
Give a differential diagnosis of a tender lump(s) in the breast(s) during lactation. | Blocked duct Mastitis Abscess
What advice can be given to a mother who says: 'I have not got enough milk to feed my baby, but I want to breastfeed'? | Rest a lot. Drink 6-8 glasses of water per day. The baby must stimulate the breast to increase the milk production. Diet (dairy products). Eglonyl (Sulpiride) Barley Green Milk stout (Vit B)
Is it possible for a woman with breast prostheses to breastfeed? Motivate your answer. | Yes. Less milk Possible to breastfeed with extra formula feed. Motivated Determined to succeed.
The extent to which an infant is exposed to medication is affected by: | The rate of absorption into maternal circulation Diffusion from maternal circulation to breast milk Absorption of the agent by the infant.

3. **BOTTLE-FEEDING**

Breast milk is the best for babies, but if mothers cannot or do not want to breastfeed, it is important that they use an infant formula that closely resembles breast milk. However, not every baby has exactly the same needs. A range of infant formulas are available which satisfies 99% of the nutritional requirements of babies at different stages of development.

Available infant formulae:
- S26, NAN, SMA, Similac PM 60/40, Similac with iron (for the normal non-allergic infant).
- Infasoy or Lactogen 1 or 2 for the infant with cow's milk intolerance symptoms.
- Infasoy 2 for milk-free nutrition for infants 6 months and older.
- Infagro – a follow-on formula for the weaning child of 6 months and older.
- Progress – milk for children from 1 year onwards.
- Cow's milk - for the infant from 1 year onwards.
QUESTIONS  ANSWERS
Which 1 of the following is true of infant formula in comparison to breast milk?  It has less calcium.
It has less phosphorus.
It has more iron.
It has less protein.
It has taurine.
Which 1 of the following is unlikely to decrease the rate of transmission of the human deficiency virus?  Banking of human milk.
Use of antiretrovirals.
Early weaning.
Use of vitamin E supplements.
Exclusive formula feeding.

4. FLUIDS & MILK:
Infants 0-4 months:
- Only give breast milk or formula milk.
- These babies do not need extra water if breastfed, but need to be breastfed on demand.
- If they are bottle-fed, bottle feeds should be given at least every 4 hours - they can be given extra cooled boiled water on very hot days.
- Formula feed: 1 scoop of milk per 25 ml of boiled cooled water.
- The average intake from 1 week of age until the infant is weaned is about 150 ml/kg/day.
- No cow’s milk should be given before the age of 1 year (the renal load is too high and it leads to iron-deficiency anaemia).
4-6 months:
- Milk is still the most important source of food.
- Continue breastfeeding.
- Continue bottle-feeding every 4 hours.
- If the baby does not take in enough solid food and is still on formula feed, the follow-up formula must be given, such as Infagro, Lactogen 2 or Similac with iron.
- Extra cooled boiled water can be given twice a day.

6-9 months:
- Breastfeed on demand.
- Formula feeds can still be used.
- Give cooled boiled water twice a day.
- Fruit juice is discussed in 5 (adding solids).

9-12 months:
- Breastfeed on demand.
- Formula feeds can still be used.
- Give cooled boiled water twice a day.

1 year & older:
- Cow's milk can be given now.
- Only full cream milk must be used.
- Fresh or real dairy powder milk e.g. Nespray can be used.
- Children that are not breastfed anymore must drink 2 cups of milk per day (500ml).
- Tap water must be given twice or three times a day.

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<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
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<tbody>
<tr>
<td>No cow's milk should be given before the age of 1 year. Why not?</td>
<td>Renal load is too high\Iron-deficiency anaemia.</td>
</tr>
<tr>
<td>True or False</td>
<td>1. False 2. False 3. True</td>
</tr>
<tr>
<td>1. Breastfed infants 0-4 months need extra water.</td>
<td></td>
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<tr>
<td>2. Infants on formula feed of 4-6 months old need extra tap water.</td>
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<tr>
<td>3. Infants 6-9 months of age must have cooled boiled water on hot days.</td>
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</table>

5. ADDING SOLIDS

Solids are usually added when the birth weight has been doubled.

4-6 months:
1. Energy food (starch):
   a. Iron enriched grains, for example rice porridge, Nestum, Cerelac, Nestle Infant cereal with soya or mealie-, oats (sifted) or maltabella porridge, and mashed potatoes should be given as first food introduced for 2-3 weeks.
   b. Start with 1 teaspoon 3 times per day.
   c. Increase it to 2 teaspoons 3 times per day.
   d. Continue increasing intake to 3 teaspoons 3 times per day.
   e. Increase intake further as the baby's needs increase.
2. Protective food (vitamins & minerals):

   **After 3 weeks:**
   1. Continue giving porridge.
   2. Start with the introduction of vegetables and fruit. The order is not important, however some babies may not want to eat veggies once they have become used to the sweet taste of fruit. Therefore it is recommended that one starts with the introduction of veggies first.
   3. Give 1-2 teaspoons at a time for at least 3 days before introducing the next type of food.
   4. Watch out for any allergic reaction such as a rash, itchy eyes, runny nose, scratching of ears or skin or lung problems before introducing the next type of food.
   5. Give a ¼ cup of juice or 1-2 teaspoons of a fruit at a time.
   6. Pure fruit juice may not replace milk in the diet.
   7. Give one type of fruit for at least 3 days and watch for any allergic reaction.

6-9 months:

   - **Energy and Protective foods:**
     1. Continue to give grains and a variety of veggies and fruit as the baby is used to.
   - **Body building food (protein):**
     1. This is food that provides mainly protein, i.e. egg yolk, meat or chicken.
     2. Initially give only egg yolk. It can be added to hot porridge slightly cooked. Egg white should only be added to the diet from age 9 months to 1 year.
     3. Cook meat or chicken until soft. It can be cut finely, minced or pulverized in a food processor.
     4. Peanut butter, dry beans or soya can also be given if no other source of protein is available. Otherwise it should only be given from the age of 9 months to 1 year.
     5. The sauce from the meat or chicken is not sufficient for the baby.

9-12 months:

   - **Energy and Protective foods:**
     Continue to give grains and a variety of vegetables and fruit as the baby is accustomed to. Give it in a coarse form e.g. pieces instead of puree.
   - **Body building food:**
     1. If the baby already has teeth, meat can also be cut into small pieces.
     2. The whole egg (white & yolk) can be given now.
     3. Fish can be included in the diet.
     4. Peanut butter, dry beans & soya mince such as Toppers, Imana & Oxo can also be given if it has not been introduced yet.

1 year & older:

   - **Protective foods:**
     1. Try to give a variety of fruit & veggies.
     2. Must eat at least 4-6 portions of fruit & veggies per day (1 portion = ½ cup of veggies / 1 fruit).
     3. The child must eat at least 1 yellow, 1 green & 1 raw fruit or vegetable per day.
   - **Energy food:**
     1. Don’t give maize porridge only.
     2. Also give oats, maltabella, rice, sweet potato, mealierice, samp & brown bread.
     3. Small amounts of oil or margarine can be added to food or margarine can be spread thinly on bread.
4. The child must eat 4-6 portions of starch per day (1 portion = 1 slice of bread / ½ cup of another starch).
5. 6 Teaspoonfuls of fat can be used per day.

Body building food:
1. Any protein food can be given now, e.g. meat, fish, chicken, dry beans, lentils, soya, eggs, peanut butter & other nuts.
2. If meat is too expensive, choose cheaper sources of protein e.g. eggs, peanut butter, soya & dry beans.
3. Give 2 portions per day (1 portion = 1 tablespoon per year of age).

GENERAL GUIDELINES:
1. Don't force the baby to eat something if he refuses it. Try specific foods again at a later stage. The first food must have a smooth texture.
2. Do not give infants coffee or tea. Rooibos tea can be given.
3. Cooldrinks, sweets & chips must be avoided, especially if it is used at the expense of healthy food.
4. Test the temperature of the food; it must not burn your wrist.
5. Feed solid foods in the upright position with a spoon.
6. Prepared products (e.g. Purity) can be bought, but it is expensive.
7. It is not necessary to add salt to baby food.
8. Butter can be added in small quantities.
9. Honey may not be given before the age of 1 year.

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<tr>
<th>QUESTIONS</th>
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<tr>
<td>Which food provides energy to the body?</td>
<td>Starch</td>
</tr>
<tr>
<td>Which food builds the body?</td>
<td>Protein</td>
</tr>
<tr>
<td>Discuss the introduction of solids to a mother with her first baby.</td>
<td>Energy foods, cereals, rice porridge, mashed potatoes – 2-3 weeks. Vegetables, fruit – 1 at a time.</td>
</tr>
<tr>
<td>What is the cheapest and best alternative to meat that can be given from 6 months?</td>
<td>Egg yolk.</td>
</tr>
</tbody>
</table>

6. WEANING
- Do not stop breastfeeding suddenly, but breastfeed every second feed for 24 hours, then every third feed for 24 hours, then every fourth feed for 24 hours.
- Even if a mother has to go back to work, she can still continue breastfeeding for 1 to 2 years. Supply the daycare centre with expressed breast milk or give formula feed during the day, but breastfeed early in the morning and during the night.
- Bromocriptine (Parlodel) can also be used if the lactation needs to be stopped for a specific medical reason. Dosage: ½ tablet (1.25 mg) bd x 14 days.
- It is important that the baby must be able to eat solids before he is weaned.
- The baby must also be given extra water at least twice a day to avoid dehydration.
QUESTIONS | ANSWERS
--- | ---
Is it possible for a working mother to continue breastfeeding her baby? Please motivate your answer. | Yes. Expressed milk to the daycare center or formula feed during the day. Breastfeed during the night.

A young mother needs to wean her 6 month old baby. Discuss 2 ways to stop lactation. | Decrease breastfeeding over 3-4 days. Parlodel (Bromocriptine) 1.25 mg bd x14 days.

7. **ALLERGIES AND FOOD INTOLERANCE**

Allergy is the name given to a wide spectrum of diseases of clinical conditions, but the common feature is that they all are caused by the over-production in the patient's immune system of an antibody called IgE. The clinical conditions are most commonly:
- Asthma.
- Eczema.
- Urticaria.
- Rhinitis.
- Hay fever.
- Adverse reactions to food.
- Conjunctivitis.

There are over 400 environmental agents that have been proven to cause allergies. Allergens which commonly cause allergic symptoms include house dust mites, cats' and dogs' dander, tree pollens, weed pollens, mould spores, bee venoms, antibiotics (e.g. penicillins, sulphonamides) and many others.

When a new type of food is introduced onto the infant's diet, allergic reactions can develop. Thus it is important to introduce 1 new foodstuff at a time.

**Symptoms of allergic reactions:**
- Rash.
- Stuffy nose.
- Recurrent otitis media.
- Recurrent lung infections.
- Inadequate weight gain.
- Crying incessantly.
- Sleeping problems.
- Infantile colic.
- Cramps.
- Nausea and vomiting.
- Diarrhoea.
- Larynx oedema.
- Urticaria.
- Atopic dermatitis.

As house dust (and thus the house dust mite) is a major cause of allergic reactions, it is important to know how to avoid it. *Here are some hints:*
- Wash bedding at 60°C to destroy mites.
- Vacuum the whole house twice a week, vacuum early in the morning and open all the windows.
- Avoid vacuuming, cleaning or dusting with an asthma sufferer in the room.
- Purchase a vacuum cleaner with an efficient filter, otherwise the allergens may be dispersed in the house.
- Turn the mattress and vacuum monthly. Expose to fresh air and sunlight whenever possible.
- Keep soft toys to a minimum and store in a cupboard. Place them in the freezer for 6 hours a week. After freezing, vacuum them to remove the dead mites. Wash them monthly (60°C).
- Keep window doors open whenever possible.
- Furry pets should stay outside and off the furniture. Keep them and their sleeping areas clean.
- Avoid padded headboards and cot bumpers for babies.
- When cooking, use a ventilated extractor hood or an extractor fan or keep the doors open.
- Always damp dust.

The term **food intolerance** is used when the history and/or the provocation tests clearly prove a food is the cause of the symptoms, but there is no evidence that the defense (immune) system is involved. It can be caused by various chemicals present in the food that themselves directly cause an effect on the body.

Here we would classify the intolerance to food additives, such as:
- Tartrazine and other azo dyes (food colourants).
- Aspartame (food flavourings).
- Benzoates and sulphates (food preservatives).
- Food anti-oxidants.
- Intolerance to gluten (Coeliac disease). Symptoms include: weight loss, failure to thrive, anaemia.

Food substances (e.g. egg, milk, peanuts, certain fruits, etc) can also cause allergic reactions.

Treatment in all of the above would be to avoid the allergen as far as possible. It is important though not to stop the intake of essential foodstuffs without supplementing the diet with vitamins and minerals, e.g. if dairy products are the offending allergens, the diet must be supplemented with calcium and iron.
<table>
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<th>ANSWERS</th>
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</table>
| Discuss ways to avoid the effects of the house dust mite in allergic children. | - Wash bedding at 60°C to destroy mites.  
- Vacuum the whole house twice a week, vacuum early in the morning and open all the windows.  
- Avoid vacuuming, cleaning or dusting with an asthma sufferer in the room.  
- Purchase a vacuum cleaner with an efficient filter, otherwise the allergens may be dispersed in the house.  
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- When cooking, use a ventilated extractor hood or an extractor fan or keep the doors open.  
- Always damp dust. |

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| Acute attacks of asthma in children: (True / False) | The administration of IV aminophylline or theophylline suppositories is potentially lethal.  
(True)  
Children are very anxious in acute asthma and a sedative or tranquilliser will improve the asthma. (False)  
In acute attacks active physiotherapy is contra-indicated. (True)  
Antibiotics should be routinely prescribed. (False) |

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</table>
| What is the difference between allergy and food intolerance. | Allergy – overproduction of IgE.  
Food intolerance – No production of IgE, but history and/or provocation tests prove a food is the cause of the allergic symptoms. |

8. **TOXINS AND POISONING**

**Lead poisoning** is fairly common in the 18-36 month age group, but can easily be overlooked or misdiagnosed. The risk is greatest in poor, urban and disadvantaged communities and the most common sources are paint, dust and soil.

**Clinical presentation:**
- Microcytic hypochromic anaemia.
- Papilloedema.
- Abdominal pain.
- Cerebral oedema.
- Alopecia.

It is a notifiable disease.
**Paracetamol** intoxication is fairly common and can cause irreversible liver damage if not treated timeously and correct. The diagnosis is usually easy, because of the history of digestion of either tablets or syrup.

**Salicylates** are very dangerous. Signs include hyperpyrexia, sweating, tachypnoea, acetone odour, haematemesis, melaena, metabolic acidosis and hypokalaemia.

**Organophosphate poisoning** is on the increase especially in the age group 3-8 years. Symptoms include blurred vision, garlic odour, sweating, excessive salivation, lacrimation, miosis, diarrhoea and vomiting, hypotension, bradycardia, convulsions, muscle weakness, depressed respiration.

**Ethanol poisoning** is often overlooked, but is also common, because of the availability of the substance.

**Cleaning materials e.g. Jik, Milton, Steri-nappi, Handy Andy** can also cause intoxication.

**Petrochemical products** can cause a life-threatening aspiration pneumonia if aspirated.

Treatment of intoxication consists of:
- Remove the substance.
- Gastric lavage (not for petrochemical substances).
- Treat respiratory inadequacy.
- Treat circulatory failure.
- Treat shock / hypotension.
- Treat convulsions.
- Treat hypoglycaemia.
- Treat hypothermia.
- Give antidote if available.

<table>
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<tr>
<th>QUESTIONS</th>
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<tbody>
<tr>
<td>Which 1 of the following</td>
<td>They are more concentrated in the serum of the mother than in human milk.</td>
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<tr>
<td>is true of pollutants?</td>
<td>Their concentration is higher in cow's milk than in human milk.</td>
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<tr>
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<td><em>They may cause mass poisoning.</em></td>
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<tr>
<td></td>
<td>They are rarely present in human milk.</td>
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<td></td>
<td>They clearly increase the risk of cancer.</td>
</tr>
</tbody>
</table>
| Discuss the general treatment of intoxification. | Remove the substance.  
Gastric lavage (not for petrochemical substances).  
Treat respiratory inadequacy.  
Treat circulatory failure.  
Treat shock / hypotension.  
Treat convulsions.  
Treat hypoglycaemia.  
Treat hypothermia.  
Give antidote if available. |
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