

We try to publish authors' responses in the same edition with readers' comments. Time constraints might prevent this in some cases. The problem is compounded in a bimonthly journal where continuity of comment and redress are difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Breast-Feeding Education

To the Editor: I believe that more should have been said regarding the breast-feeding history in the Rand and Kolberg article on a case of hypernatremic dehydration in a breast-fed infant.¹ After reading the article, I had the impression the mother had a physiologic abnormality that resulted in the abnormally high sodium concentration in her milk and her child's illness. On closer reading, I note the absence of a full breast-feeding history. The article states that "her parents believed that the infant was doing well until the day of admission." Unfortunately, no mention is made regarding the frequency of feedings, the presence of audible swallowing, the date the mother's milk came in (if any), and the frequency and quality of stools and urination. It seems quite possible that this infant's illness was the result of inadequate breast-feeding, which, in turn, resulted in an elevated concentration of sodium in the breast milk. Breast-feeding is universally recognized as the ideal method of infant

nutrition. Yet many medical providers receive little to no training in breast-feeding. Studies have shown that medical providers learn most about breast-feeding from their personal experience.² Because many mothers require advice from medical providers to facilitate breast-feeding success, lactation consultants can be invaluable resources. Before leaving the hospital, all new mothers should be taught the signs of inadequate feeding. These signs include fewer than six urinations or three stools per day at age 5 days. It has also been recommended that newborns released from the hospital before age 48 hours should be evaluated by a health care provider at age 2 to 4 days. This assessment should include evaluation of weight, jaundice, and general health.³ With proper education, many episodes such as this unfortunate case can be avoided.

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References

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2. Freed GL, Clark SJ, Curtis P, Sorenson JR. Breast-feeding education and practice in family medicine. *J Fam Pract* 1995;40:263–9.
3. Breastfeeding and the use of human milk. American Academy of Pediatrics Work Group on Breastfeeding. *Pediatrics* 1997;100:1035–9.