Is it Possible to be Allergic to Breastfeeding?
by Marie L. Bosco, BSN, RNC, IBCLC

The health benefits of breastfeeding for both mothers and their infants have been well identified in research and fully supported by multiple health organizations including the World Health Organization, Baby Friendly Hospitals USA, The American Academy of Pediatrics, The US Centers for Disease Control and Prevention, and Healthy People 2020. At the same time, there are occasional reports of a woman being allergic to breastfeeding, a normal physiologic activity. How is this possible?

The groundwork for milk production begins long before the delivery of a baby. Beginning around the 24th week of pregnancy, hormones are produced that stimulate the growth of milk ducts in the breasts. Estrogen, prolactin and progesterone support the growth of milk ducts and alveoli within the breasts. Late in pregnancy, the breasts begin to produce colostrum; full lactation remains inhibited secondary to high progesterone levels. Following delivery of the infant and the placenta, the progesterone levels drop dramatically while prolactin levels remain high. Prolactin supports lactation along with other hormones such as insulin, thyroxin and cortisol. Oxytocin contracts the uterus following birth and also causes the alveoli in the breasts to contract causing milk let-down also known as the milk ejection reflex.

There is some controversy over whether or not a woman can be allergic to breastfeeding. There are women who have allergy-like symptoms associated with the milk ejection reflex during breastfeeding. These symptoms can include itching, redness, rash, or hives on the trunk, arms or legs. These symptoms can also represent adverse reactions to the synthetic forms of oxytocin such as oxytocin (Pitocin, Syntocinon). Injectable oxytocin is used to induce labor and prevent bleeding following delivery; in its nasal spray form
(Syntocinon), oxytocin is used by women who have an inhibited let-down reflex thought to be from lack of natural oxytocin release during pregnancy. While counterintuitive that a woman could be allergic to herself, many immune responses and inflammatory responses in the human body remain unclear. Although a reaction to lactation let-down has been seen in breastfeeding women, this is quite rare. Women who appear to have a reaction during let-down can treat the symptoms with a topical corticosteroid and an oral antihistamine. The direct cause of this reaction, whether it be the oxytocin itself or a side effect of this hormone or another hormone present during lactation, has not been researched thoroughly. If a woman is experiencing any new symptoms during breastfeeding it is important that she seek attention from her healthcare provider where a complete history along with a differential diagnosis and treatment plan can be made.

References: