

# How to Wean: A Case Report of Abrupt Weaning and Acute Dystonia

## Emzirmeyi Sonlandırma Nasıl Olmalı: Ani Sütten Kesme ve Akut Distoni Olgu Sunumu

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### ABSTRACT

World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months, followed by continued breastfeeding with complementary foods until 2 years of age or beyond. Despite these recommendations, there is limited research on the timing and methods of breastfeeding cessation, with abrupt weaning potentially causing unforeseen consequences.

This report describes a case involving a 33-month-old girl who experienced acute dystonic reaction following the abrupt cessation of breastfeeding. It was learned that medication containing chlorpheniramine was given to the child to alleviate the uneasiness that developed due to abrupt cessation of breastfeeding. Patient's symptoms were consistent with an acute dystonic reaction due to medication side effects, which improved with successful medical intervention.

Breastfeeding initiation, continuation, and cessation influence the mental and physical health of the mother-baby pair. Abrupt weaning can pose challenges. While there are no strict guidelines for weaning, gradual weaning is generally considered a more comfortable approach for both mother and baby.

To safeguard the well-being of the mother-baby pair, healthcare professionals should inform mothers about the discontinuation of breastfeeding and support a gradual weaning process. The presented case highlights the importance of careful consideration and professional guidance during the weaning process to prevent adverse outcomes.

**Key Words:** Breastfeeding, Dystonia, Weaning

### ÖZ

Dünya Sağlık Örgütü (DSÖ), ilk 6 ay boyunca yalnızca anne sütüyle beslenmeyi, ardından 2 yaş veya sonrasında kadar tamamlayıcı besinlerle birlikte emzirmeye devam edilmesini önermektedir. Bu önerilere rağmen, emzirmeyi bırakmanın zamanlaması ve yöntemleri konusunda sınırlı araştırma bulunmaktadır ve emzirmeyi aniden kesmenin öngörülemez sonuçlara yol açma potansiyeli vardır.

Bu raporda, akut distonik reaksiyon gelişen 33 aylık bir kız çocuğunu içeren bir olgu anlatılmaktadır. Emzirmenin aniden kesilmesi nedeniyle çocukta gelişen huzursuzluğu hafifletmek için klorfeniramin içeren ilaç verildiği öğrenildi. Hastanın semptomları ilaç yan etkilerine bağlı gelişen akut distonik reaksiyonla uyumluydu ve başarılı tıbbi müdahale ile düzeldi.

Emzirmenin başlatılması, sürdürülmesi ve durdurulması anne-bebek çiftinin ruhsal ve fiziksel sağlığını etkilemektedir. Emzirmenin aniden sonlandırılması hem anne hem bebek için zorluklar yaratabilir. Emzirmenin sonlandırılmasına yönelik kesin kurallar bulunmamakla birlikte, kademeli olarak sütten kesmenin genellikle hem anne hem de bebek için daha iyi bir yaklaşım olduğu düşünülmektedir.

Anne-bebek çiftinin refahını korumak için sağlık profesyonelleri anneleri emzirmenin sonlandırılması konusunda bilgilendirmeli ve kademeli sütten kesme sürecini desteklemelidir. Sunulan vaka, olumsuz sonuçları önlemek için sütten kesme sürecinde dikkatli değerlendirmenin ve profesyonel rehberliğin önemini vurgulamaktadır.

**Anahtar Kelimeler:** Anne sütü, Distoni, Emzirmeyi sonlandırma

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## INTRODUCTION

World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life, and thereafter, breastfeeding should be continued with appropriate complementary foods until 2 years of age or beyond (1). With its unique and bioactive composition, human milk contributes to both maternal and infant health. Breastfeeding is known to decrease the risk of breast and ovarian cancer especially in mothers who breastfeed their infants longer than a year. In terms of child health, in addition to early benefits such as a protection from infections; breastfeeding also decreases risk of chronic conditions including obesity, asthma, childhood leukemias, and inflammatory bowel diseases (2).

It is recommended to initiate breastfeeding as soon as possible after birth, and guidelines under the Baby-Friendly Hospital Initiative provide recommendations for an adequate start and continuation of breastfeeding (3). It is known that humans breastfeed their babies for a very long time, at least until they are two years old. An archaeological study spanning the 2200s BCE investigating duration of breastfeeding revealed that breastfeeding was typically discontinued around the age of two (4). However, research on exactly when and how breastfeeding should be discontinued and short- and long-term effects of such decisions is limited. Mothers may want to discontinue breastfeeding for various reasons, including the thought that breastfeeding period is sufficient, health issues, returning to work or the child waking up frequently at night (5,6). Although current recommendations suggest gradual weaning, studies show that mothers often choose to wean their babies abruptly by altering the taste of breast milk with application of bitter tasting substances to the breasts, or by changing appearance of the breast with items like paint, lipstick, etc. to frighten the infant (5,6).

Acute dystonic reaction is a neurologic condition characterized by involuntary muscle contractions, primarily involving the muscles of the head and neck, often encountered as a side effect of some medications. It can be accompanied by oculogyric crisis. Diagnosis can be made with physical examination and history. Cases of acute dystonic reactions have been reported in children following the use of various medications including chlorpheniramine (7).

In this report, we aimed to assess the possible effects of abrupt discontinuation of breastfeeding on the infant and the coping strategies of the mother. The case describes an acute dystonic reaction due to medication given to the baby to relieve the restlessness and agitation resulting from the sudden cessation of breastfeeding. It is aimed to emphasize the importance of breastfeeding cessation.

## CASE REPORT

A 33-month-old girl, who began experiencing weakness, blank stares, muscle contractions, and restlessness the day before, was brought to pediatric emergency department.

Her medical history included birth at 38 weeks of gestation, with a weight of 2800 grams through normal spontaneous vaginal delivery. She did not require hospitalization after birth and attended routine check-ups. All screenings were conducted timely, and her immunizations were up to date. Additionally, she adequately received vitamin D and iron prophylaxis. She had no history of chronic illnesses or hospitalization. Her 43 year-old mother and 45 year-old father were healthy with the education level of elementary school graduation.

Physical examination revealed an oriented and cooperative infant in moderate general condition with normal body temperature. Respiratory, cardiovascular and gastrointestinal system examinations were normal. Dystonia in the upper and lower extremities, neck, and oculogyric crisis in the eyes were observed. There were no signs of meningeal irritation. As the physical examination findings were consistent with acute dystonia, a detailed medication history was obtained. It was revealed that the mother abruptly discontinued breastfeeding the patient yesterday by applying tomato paste to the breasts. To relieve the child's excessive restlessness, she reported giving a total 560 mg of paracetamol and 2 mg of chlorpheniramine maleate in two different suspension forms she already had at home in the last 24 hours. Laboratory findings including complete blood count with differential, urea, creatinine, liver function tests, and electrolytes were within normal limits.

With the diagnosis of drug-induced acute dystonic reaction, the patient was administered 2 mg of biperiden intramuscularly. Gradual decrease in symptoms was observed in half an hour.

After dystonic reaction was treated successfully, mother was educated extensively about weaning. Gradual natural weaning was recommended and practical personalized suggestions were provided. Patient was discharged without any further complications. At the outpatient clinic follow-up one week later, mother reported continuing breastfeeding and she planned gradual discontinuation.

## DISCUSSION

Initiation, continuation, and cessation of breastfeeding may impact both mental and physical health of the mother-baby dyad. Support from healthcare professionals in these areas will help mother-baby dyads overcome these challenging periods easily and resolve any encountered issues.

Cessation of breastfeeding can take place abruptly or gradually through natural weaning. Breastfeeding may need to be abruptly discontinued due to acute health issues affecting either mother

or baby. Additionally, studies show that that breastfeeding can be abruptly stopped with mother's decision even in planned or parent-led weaning (8). In a study conducted in our country, participants, the majority of whom were elementary school graduates, were found to commonly stop breastfeeding by applying substances such as tomato paste, pepper, lemon, etc., to the breast (5). In another study involving physician mothers, it was observed that more than half of the mothers terminated breastfeeding gradually by talking to and persuading their children. However, even among physician mothers, almost one-third of participants weaned abruptly by placing or applying something to the breasts with the aim of changing the taste of milk or altering the appearance of the breasts (6).

There are no strict guidelines on how breastfeeding should be discontinued. However, it is generally stated that a gradual weaning would be more comfortable for both the mother and the baby. In gradual weaning, likelihood of encountering issues like blocked ducts or mastitis is lower. The recommended approach for gradual weaning is to drop one feeding at a time by skipping the most acceptable breastfeeding session for the mother-baby dyad and introducing a food alternative if needed. There is no definitive recommendation on which breastfeeding session to start with. It is recommended to choose the breastfeeding session that is most convenient for mother to skip when initiating the weaning process. By gradually reducing one breastfeeding session at a time, weaning from breastfeeding should be achieved over time (9).

Australian Breastfeeding Association provides more practical recommendations to facilitate the process of weaning, especially in toddlers. Those recommendations include waking up before the toddler and preparing breakfast for toddlers who prefer to nurse as the first thing in the morning, to be able to skip that session. Limiting nursing such as nursing only at home or nursing after meals are thought to be effective. For toddlers who are nursed until they fall asleep or self-disengage from the breast, breastfeeding sessions can be shortened by distraction. Proposing a shorter breastfeeding session and suggesting distractions such as going to playground can help to gradually wean these toddlers. Avoiding clothing that facilitates the toddler's access to breastfeeding and not undressing in front of toddler during weaning period are also among these recommendations. Seeking support from close circles such as relatives or friends and allowing them to take care of the baby at times should be encouraged. Refusing the child when they want to breastfeed can be challenging for some mothers. In such cases, it is advised not to refuse breastfeeding when the child asks for, but to avoid offering breastfeeding when child is not interested (10).

In countries like ours, where breastfeeding is more common and relatively longer, most mothers should have the choice to make the decision to stop breastfeeding, and they need more practical recommendations on when and how to wean (11). In order to provide adequate support to these mothers and prevent adverse outcomes, which may even include dystonia

as described in our case, more definitive and universal as well as local guidelines are needed.

## CONCLUSION

Breastfeeding is not only a means of nourishment but also is a process that affects the mental well-being of the mother-baby dyad. Abrupt cessation of breastfeeding can be challenging for both mother and baby. In our case, the coping strategy of uncontrolled drug use during this process led to intoxication in the child and resulted in an acute dystonic reaction. To prevent harm to the mother-baby pair, mothers should be well educated about discontinuation of breastfeeding, and gradual weaning should be supported by all health care professionals. In addition, more studies are needed on weaning practices and their short- and long-term results which might help generation of more universal and practical guidelines on the subject.

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