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### Management of inadequate milk supply during lactation

**To the Editor:** A common difficulty encountered during lactation is inadequate milk supply.

Some doctors prescribe sulphiride<sup>1</sup> or metoclopramide to increase the milk supply. It should be noted that these drugs are not approved for this indication, that they are probably not innocuous to mother and baby, and that they usually do more harm than good to the lactation process in the long term.

Successful lactation depends on the mother knowing how to succeed and believing that she can and will succeed. Mothers given drugs to augment lactation easily come to believe that they cannot breast-feed without them, especially since their abrupt withdrawal often seems to decrease the milk supply. Mothers who have been given these drugs should very gradually reduce the dosage over a period of weeks, meanwhile building and maintaining their milk supply by physiological means, viz. ad lib suckling, rest and good diet. (A regimen that works well for a low milk supply is 48 hours in bed with the baby suckling ad lib. Support from spouse and friend is essential.) It is enormously valuable if the clinician believes that a mother's body can and will function normally if allowed to, without the use of unnecessary drugs.

Sometimes the milk supply is erroneously perceived to be inadequate by the mother or the clinician when a healthy baby who is gaining weight well needs to suckle more than an artificially fed baby (5 - 6 feeds per 24 hours). The mother needs congratulations on meeting the needs of her baby, reassurance that normal babies breast-feed about 10 or 12 times in 24 hours, and supportive encouragement to continue.

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### Wasting time in waiting rooms

**To the Editor:** I write on behalf of the Women's Bureau, an organisation representative of many women in South Africa. At least 33% of South African women are now employed and so it is natural that time is an important factor in their lives.

Many complaints have been received about the amount of time wasted in doctors' waiting rooms.

I am aware of research done at large hospitals on waiting time — and that a major reason is that doctors are not available on time.

It is clearly understood that 'illness' cannot be arranged, but it is respectfully submitted that improved planning with some respect for 'other' people's time would help.

Health is a most precious commodity; I think that after that, is TIME!

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### Women in medicine

**To the Editor:** The medical fraternity in South Africa will face a great challenge in maintaining its high standard of medical practice in the coming years, especially in the teaching and provincial hospitals. In part this problem is due to the continued movement of highly trained doctors into the private sector.

At the same time, many woman doctors who have specialised or wish to practise general medicine find it very difficult or impossible to obtain part-time employment that would allow them to continue their careers while attending to the at least equally important task of childrearing.

As a consequence many women in medicine have only two choices:<sup>1</sup>

1. To 'abandon' medicine for the sake of their families — it is hoped that they will return to medical practice at a later stage, but by then it may be difficult to find career fulfilment after having lost valuable knowledge and experience. Having had reduced opportunity to keep up with the rapid advances in medicine, these doctors may then practise medicine at a technical level far below their original qualifications and potential.

2. To 'do it all' — i.e. pursue a full-time career in medicine while attending to a young family at home. These women are placing themselves and their families at great risk for emotional and physical stress. A minority of woman doctors may choose to abandon all family concerns for the sake of medicine.

While efforts have been made in some hospital departments to employ a workforce that has much to contribute but cannot do so in a full-time capacity while looking after small children at home, there is still a great need for improvement in this regard.<sup>2</sup>

Until a sufficient number of part-time posts are made available, full-time posts may be compromised in an effort to accommodate women on a part-time basis. This places an unnecessary burden on the department so affected and for obvious reasons makes the decision in favour of the part-time employee an unlikely one.

While society and the medical fraternity still regard parenting as a predominantly female role, the reality is that women in medicine wish to continue their careers while bringing up their children successfully. If allowance is not made for part-time or flexible employment coupled with availability of good childcare, for these women the stress in the home may lead to suboptimal marriages and childrearing or cause the woman doctor to withdraw from work at the peak of her career. Is either option desirable for a healthy and economically secure society?

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