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MATRIC NO.: 18/MHS01/343

DEPARTMENT: ANATOMY

COURSE: PHS 204

**ASSIGNMENT:** I expect more on the physiology of lactation and details on the physiology of pregnancy in a normal woman.

**ANSWER;**

**Lactation** describes the secretion of milk from the mammary glands and the period of time that a mother lactates to feed her young. The process naturally occurs with all post-pregnancy female mammals, although it predates mammals. In humans the process of feeding milk is also called breastfeeding or nursing

The physiology of human lactation is described with secretions on mammary gland anatomy and development, the mechanisms of milk secretion and ejection, and the temporal sequence of events during the transition from pregnancy to lactation (lactogenesis). Finally, interactions between lactation and maternal metabolism are briefly described and the interaction of lactation with fertility discussed.

The pituitary hormone **prolactin** is instrumental in the establishment and maintenance of breast milk supply. It also is important for the mobilization of maternal micronutrients for breast milk.

Near the fifth week of pregnancy, the level of circulating prolactin begins to increase, eventually rising to approximately 10–20 times the pre-pregnancy concentration. We noted earlier that, during pregnancy, prolactin and other hormones prepare the breasts anatomically for the secretion of milk. The level of prolactin plateaus in late pregnancy, at a level high enough to initiate milk production. However, estrogen, progesterone, and other placental hormones inhibit prolactin-mediated milk synthesis during pregnancy. It is not until the placenta is expelled that this inhibition is lifted and milk production commences.

After childbirth, the baseline prolactin level drops sharply, but it is restored for a 1-hour spike during each feeding to stimulate the production of milk for the next feeding. With each prolactin spike, estrogen and progesterone also increase slightly.

When the infant suckles, sensory nerve fibers in the areola trigger a neuroendocrine reflex that results in milk secretion from lactocytes into the alveoli. The posterior pituitary releases oxytocin, which stimulates myoepithelial cells to squeeze milk from the alveoli so it can drain into the lactiferous ducts, collect in the lactiferous sinuses, and discharge through the nipple pores. It takes less than 1 minute from the time when an infant begins suckling (the latent period) until milk is secreted (the let-down) summarizes the positive feedback loop of the **let-down reflex**.

The prolactin-mediated synthesis of milk changes with time. Frequent milk removal by breastfeeding (or pumping) will maintain high circulating prolactin levels for several months. However, even with continued breastfeeding, baseline prolactin will decrease over time to its pre-pregnancy level. In addition to prolactin and oxytocin, growth hormone, cortisol, parathyroid hormone, and insulin contribute to lactation, in part by facilitating the transport of maternal amino acids, fatty acids, glucose, and calcium to breast milk.

**Changes in the Composition of Breast Milk**

In the final weeks of pregnancy, the alveoli swell with **colostrum**, a thick, yellowish substance that is high in protein but contains less fat and glucose than mature breast milk. Before childbirth, some women experience leakage of colostrum from the nipples. In contrast, mature breast milk does not leak during pregnancy and is not secreted until several days after childbirth.

| **\*Cow’s milk should never be given to an infant. Its composition is not suitable and its proteins are difficult for the infant to digest.** | | | |
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| **Compositions of Human Colostrum, Mature Breast Milk, and Cow’s Milk (g/L) (Table 28.3)** | | | |
|  | **Human colostrum** | **Human breast milk** | **Cow’s milk\*** |
| **Total protein** | 23 | 11 | 31 |
| **Immunoglobulins** | 19 | 0.1 | 1 |
| **Fat** | 30 | 45 | 38 |
| **Lactose** | 57 | 71 | 47 |
| **Calcium** | 0.5 | 0.3 | 1.4 |
| **Phosphorus** | 0.16 | 0.14 | 0.90 |
| **Sodium** | 0.50 | 0.15 | 0.41 |

Colostrum is secreted during the first 48–72 hours postpartum. Only a small volume of colostrum is produced—approximately 3 ounces in a 24-hour period—but it is sufficient for the newborn in the first few days of life. Colostrum is rich with immunoglobulins, which confer gastrointestinal, and also likely systemic, immunity as the newborn adjusts to a nonsterile environment.

After about the third postpartum day, the mother secretes transitional milk that represents an intermediate between mature milk and colostrum. This is followed by mature milk from approximately postpartum day10. As you can see in the accompanying table, cow’s milk is not a substitute for breast milk. It contains less lactose, less fat, and more protein and minerals. Moreover, the proteins in cow’s milk are difficult for an infant’s immature digestive system to metabolize and absorb.

The first few weeks of breastfeeding may involve leakage, soreness, and periods of milk engorgement as the relationship between milk supply and infant demand becomes established. Once this period is complete, the mother will produce approximately 1.5 liters of milk per day for a single infant, and more if she has twins or triplets. As the infant goes through growth spurts, the milk supply constantly adjusts to accommodate changes in demand. A woman can continue to lactate for years, but once breastfeeding is stopped for approximately 1 week, any remaining milk will be reabsorbed; in most cases, no more will be produced, even if suckling or pumping is resumed.

Mature milk changes from the beginning to the end of a feeding. The early milk, called **foremilk**, is watery, translucent, and rich in lactose and protein. Its purpose is to quench the infant’s thirst. **Hindmilk** is delivered toward the end of a feeding. It is opaque, creamy, and rich in fat, and serves to satisfy the infant’s appetite.

During the first days of a newborn’s life, it is important for meconium to be cleared from the intestines and for bilirubin to be kept low in the circulation. Recall that bilirubin, a product of erythrocyte breakdown, is processed by the liver and secreted in bile. It enters the gastrointestinal tract and exits the body in the stool. Breast milk has laxative properties that help expel meconium from the intestines and clear bilirubin through the excretion of bile. A high concentration of bilirubin in the blood causes jaundice. Some degree of jaundice is normal in newborns, but a high level of bilirubin—which is neurotoxic—can cause brain damage. Newborns, who do not yet have a fully functional blood–brain barrier, are highly vulnerable to the bilirubin circulating in the blood. Indeed, hyperbilirubinemia, a high level of circulating bilirubin, is the most common condition requiring medical attention in newborns. Newborns with hyperbilirubinemia are treated with phototherapy because UV light helps to break down the bilirubin quickly.

**PHYSIOLOGY OF PREGNANCY**

Pregnancy in the human female is an unusual state in which virtually all maternal systems are dramatically altered to permit the sustenance and growth of the intrauterine conceptus. In very real ways, the maternal organism is life-adapted.

Physiological changes occur in pregnancy to nurture the developing foetus and prepare the mother for labour and delivery. Some of these changes influence normal biochemical values while others may mimic symptoms of medical disease. It is important to differentiate between normal physiological changes and disease pathology

