4.3. Stanya Abhava and Complementary feeding 4.4. Stanyapanayana

Unit 4 · Topic 3 Stanya Abhāva (insufficient breast-milk) & Complementary Feeding (6–23 months)

Learning goals

By the end of this topic you will be able to: (i) define **Stanya Abhāva** and distinguish primary vs. secondary lactation insufficiency; (ii) assess causes on the **mother–infant dyad**; (iii) list step-wise management including **non-pharmacological** measures and the **evidence position on galactagogues**; (iv) write an **exam-ready plan** for complementary feeding—**when to start, what, how much, how often**, with Indian examples; (v) counsel families and document follow-up.

---

1) Stanya Abhāva — definitions & clinical framing

Definition (clinical): Insufficient milk **transfer** to the infant, reflected by poor weight trajectory, low output, or signs of dehydration—**irrespective of maternal volume perception**. Classify:

- **Primary (true) low supply:** breast hypoplasia/insufficient glandular tissue, retained placental fragments, untreated hypothyroidism, Sheehan syndrome, certain medications (e.g., ergot derivatives), prior breast surgery damaging ducts.
- **Secondary (functional) low supply:** suboptimal **latch/positioning**, infrequent or timed feeds, separation, supplement-before-breast patterns, unresolved engorgement/blocked ducts, maternal stress/illness, infant factors (late-preterm, SGA, ankyloglossia, neuromuscular issues).

Gold rule: Milk production obeys **supply–demand**: effective, frequent **drainage** drives synthesis.

---

2) Assessment (dyad-centred, OSCE list)

- **History (mother):** onset of “low milk,” frequency/length of feeds, night feeds, breast fullness/softening, pain/trauma, medications, thyroid symptoms, postpartum haemorrhage, prior surgery.
- **History (infant):** GA/birthweight, jaundice, output (day-wise), lethargy, illnesses; bottle/teat use.
- **Observation:** a **complete feed** (positioning, latch, suck–swallow–breath, audible swallows, milk transfer), maternal comfort.
- **Growth/output:** Day-wise diaper counts (≥6 wets by day 5), weight loss/gain (regain birthweight by 10–14 d; then ~20–30 g/day early months).
- **Breast exam:** symmetry, nipple shape/trauma, signs of mastitis/duct block.
- **Infant oral exam:** palate, tongue mobility, tone.

---

3) Management

3.1 Immediate non-pharmacological measures (first line)

1. **Skin-to-skin** and **on-demand** feeds (8–12/24 h), including **night**; avoid clocks.
2. **Optimize attachment** (deep latch; chin in; more areola below) and **positioning**; treat pain/trauma causes.
3. **Drain to make:** begin on the fuller breast; let infant finish (hind-milk access), then offer the second; **hand-express**/pump after feeds if transfer is poor to stimulate supply.
4. **Avoid or minimise bottles/teats**; if medically needed, use **cup**/spoon with **expressed breast milk (EBM)** while prioritising direct breastfeeding.

---

5. **Manage engorgement/duct block** promptly (warmth before, cold after; frequent emptying).
6. Address **maternal factors** (hydration, caloric/protein adequacy, sleep segments, thyroid screening when indicated).

3.2 Galactagogues — evidence position (use only after 3.1 is optimized)

- **Academy of Breastfeeding Medicine Protocol #9 (2018)**: pharmacologic galactagogues (e.g., **domperidone**, **metoclopramide**) **may** increase volumes in select dyads **after** non-pharmacologic optimization, but require **risk–benefit** review and monitoring (domperidone: **QT** concerns; metoclopramide: CNS effects). Herbal agents (e.g., **Shatavari**, fenugreek) show **variable, low-certainty** evidence; use only with informed consent and monitoring.

3.3 When own mother's milk is unavailable/insufficient

- **First alternative: Donor human milk** from a regulated **human milk bank**, especially for preterm/LBW.
- **Formula** only when medically indicated or donor milk unavailable; ensure **safe preparation** and counselling to avoid displacing breastfeeding.

Documentation tip: Record latch coaching provided, frequency plan, any galactagogue decision (indication, dose, monitoring), and **follow-up weight checks**.

---

4) Complementary feeding (6–23 months) — *what, when, how*

Definition: Introduction of **solid/ semi-solid/ soft** foods **from completed 6 months (180 days)** while **continuing breastfeeding** to 2 years and beyond.

4.1 Core principles (WHO 2023 update)

- **Timely:** start **at 6 months**.
- **Adequate:** meet energy & **iron**/zinc needs; use **fortified foods** or supplements where needed.
- **Safe:** hygiene, safe water, separate utensils; avoid honey <12 months.
- **Responsive:** patient, cue-based, **active feeding**, no force.

4.2 Frequency & texture

Age	Meals/day (breastfed)	Snacks	Texture
6–8 mo	**2–3**	1–2 as needed	Thick purées/mashed; soft finger foods
9–23 mo	**3–4**	1–2 as needed	Mashed → minced → family foods (soft)
Non-breastfed 6–23 mo	**4** meals	1–2 snacks	Include milk feeds or alternatives

Consistency rule: "**Thick enough to stay on the spoon**." Thin gruels lower energy density.

4.3 Portion guidance

- **6–8 mo:** ~½ katori / bowl (~90–120 ml) per feed.
- **9–11 mo:** ~¾ katori (~120–150 ml).
- **12–23 mo:** ~1 katori (~180–200 ml).
  Increase as appetite signals; offer **variety**.

4.4 What to feed (dietary diversity)

Aim for **≥5 of 8** food groups daily (grains/ tubers; legumes/ nuts; dairy; flesh foods; eggs; vitamin-A rich fruit/ veg; other

fruit/ veg; breastmilk/not counted for MDD). Use **iron-rich** foods from the start (meats/ eggs/ legumes/ fortified cereals).

Vegetarian options (examples):

- **Iron/Zinc:** sprouted moong chilla with ghee; rajma/dal + poha upma; roasted chana powder in khichri; fortified infant cereal.
- **Protein/energy:** mashed dal-khichri with ground peanuts/til; paneer bhurji; curd + banana.
- **Fats:** add **ghee/oil** to raise density (½–1 tsp per katori).
- **HMOs & immunity** continue via breastfeeding.

4.5 Sample feeder plans

6–8 months (breastfed)

- Morning: mashed banana + curd.
- Midday: thick dal-khichri with ghee (½ katori).
- Evening: suji halwa with ground nuts (as paste) or fortified cereal.
  (Breastfeeds on demand between meals.)

9–11 months

- Idli pieces with sambar (mashed veg), curd.
- Rice–dal–veg khichri (¾ katori) + ½ tsp ghee.
- Seasonal fruit (ripe papaya/mango).

12–23 months

- Family foods (soft): chapati soaked in dal + sabji; egg/veg omelette strips or paneer cubes; fruit; milk/curd.

Allergens: Early introduction of **well-cooked egg/peanut** (as thin paste/powder mixed in foods) can be safe after 6 months where culturally acceptable; watch for reactions and discuss local guidance.

4.6 Micronutrient support

- **Iron**: emphasize iron-rich foods/fortified cereals from day one of CF; where diets are low in bioavailable iron, **supplementation** may be needed per national policy.
- **Vitamin D**: supplement as per local recommendations; ensure sunlight exposure prudently.
- **During illness:** continue breastfeeding; give **extra fluids** and **one additional meal** during recovery.

4.7 Hygiene (“Five cleans”)

Clean hands, utensils, surfaces, safe water, and safe storage/reheat. Discard leftovers kept at room temperature >2 hours.

---

5) Documentation & counselling

- **Plan noted:** start CF at **completed 6 months**; stated **meal frequency** and **portion sizes**; iron-rich options listed.
- **Breastfeeding support:** latch corrected; target **8–12 feeds**; post-feed hand expression schedule; review in **48–72 h** with weight.
- **Red flags:** <6 wets/day after day 5, weight loss >10%, lethargy, fever, refusal to feed, persistent vomiting/diarrhoea.

Self-assessment

MCQs

1. The **first-line** correction in Stanya Abhāva is:
   A. Start domperidone immediately
   B. **Increase effective milk removal (latch, frequency, drain) and skin-to-skin**
   C. Give top-up formula after every feed
   D. Delay night feeds
   Answer: B.
2. According to WHO, a breastfed infant **9–23 months** should receive:
   A. 1 meal/day only
   B. 2 meals + 3 snacks
   C. **3–4 meals/day with 1–2 snacks**
   D. Only family foods without breastfeeding
   Answer: C.
3. Which statement about galactagogues is **true**?
   A. They replace the need to optimize latch
   B. **They may help selected dyads after non-pharmacologic steps; monitor risks (e.g., QT with domperidone)**
   C. All herbal agents are proven effective
   D. Metoclopramide has no adverse effects
   Answer: B.
4. Minimum meal frequency for a **non-breastfed** 10-month-old is:
   A. 2 times/day
   B. **4 times/day (plus 1–2 snacks)**
   C. 3 times/day only
   D. 1 time/day
   Answer: B.
5. The **consistency** of complementary foods at 6–8 months should be:
   A. Very thin liquid
   B. **Thick purée/mashed that stays on the spoon**
   C. Large chunks
   D. Dry finger foods only
   Answer: B.

Short answers (3–5 lines)

- List **six** reversible causes of secondary low supply and your immediate corrections.
- Write a **one-day CF menu** for a 7-month-old vegetarian infant that meets iron and energy needs.
- Explain the **responsive feeding** approach and two benefits.
- State three situations where **donor human milk** is preferred to formula.

References

Classical (orientation; no verse quoted here)

- **Kāśyapa Saṃhitā (Vṛddhajīvakīya Tantra)** — sections on *Stanya*, *Dhatri-lakṣaṇa*, *Bālopacāra*, and *Lehyas* for infant nourishment.
- **Caraka Saṃhitā** — *Cikitsāsthāna 15* (Upadhātu—*stanya* from *rasa*), *Sūtrasthāna 27* (*Annapanavidhi*).
- **Aṣṭāṅga Hṛdayam** — *Sūtrasthāna* (Kṣīra-varga) and *Uttaratantra—Bālopacaraṇīya*.
- **Suśruta Saṃhitā** — *Śārīrasthāna* (post-natal care; wet nurse context).

PDF generated on 19 Nov 2025, 08:02 pm IST

Modern & guideline sources

- **WHO**. *Guideline for complementary feeding of infants and young children 6–23 months* (2023); **summary & recommendations**.
- **WHO**. *Infant and young child feeding* (Fact sheet, 2023) — meal frequency, fortified foods, feeding during/after illness.
- **UNICEF**. *Complementary Feeding Guidance* (2020) — indicators (MDD/MMF/MAD).
- **IAP** (2016). *Infant and Young Child Feeding Guidelines* — India-adapted CF details.
- **ABM Protocol #9** (2018). *Use of Galactagogues in Initiating or Augmenting Maternal Milk Production*.

Unit 4 · Topic 4. Stanyapānayāna (Weaning / Planned cessation & transition)

Learning goals

You will be able to: (i) define **Stanyapānayāna** and distinguish **partial** vs **complete** weaning; (ii) decide **when** and **how** to wean; (iii) plan **gentle, graded** weaning with nutrition, sleep, and psychosocial safeguards; (iv) counsel in **special situations** (maternal illness, new pregnancy, toddler behaviours).

> **Classical note:** While the term “Stanyapānayāna” (withdrawal from the breast) is used in paediatric Ayurveda texts in context of *bāla-poshana*, the procedural details mirror today’s *gradual weaning* principles: maintain *bala* and *ojas* by **not** withdrawing milk abruptly; ensure digestible, wholesome substitutes (*annapāna*) and emotional reassurance. (Classical sources listed below.)

---

1) Definitions & timing

- **Partial weaning:** reducing the number of breastfeeds while continuing some (e.g., night/ morning).
- **Complete weaning:** stopping all breastfeeds when the child is developmentally ready **and** a nutritionally adequate diet is ensured.

When: Continue breastfeeding **to 2 years and beyond** while providing age-appropriate complementary foods; wean when **dyad-ready**, or earlier only for **medical** reasons with safety nets.

---

2) Readiness cues (child-centred)

- Accepts family foods (soft → chopped), drinks from a **cup**, can be settled without every feed, shows curiosity/independence, stable growth. Avoid during **major transitions** (illness, moving home).

---

3) Gentle weaning algorithm

1. **Decide the order:** drop **one feed at a time** every **3–7 days** (start with the least-preferred feed; **keep bedtime feed** for last if needed).
2. **Offer–shift–replace:** at the usual time, **offer connection first** (play, cuddle, book), then **shift** with water/cup milk (as per age) and **replace** with a **nutritious snack/meal**.
3. **Routines:** strengthen **sleep cues** that are **not milk-dependent** (song, dim light, back rub).
4. **Manage breasts:** expect **fullness** initially; use **hand expression** just to comfort (avoid full drainage); cold packs/NSAIDs for discomfort.
5. **Emotions:** acknowledge toddler protest without force; keep **responsive feeding** with foods.

---

6. **If relapse/illness: pause** the wean; resume when well (illness needs more fluids & comfort).

Night-weaning (12+ months, if chosen):

- Increase daytime calories; cluster evening feeds with solids; use partner support at night; lengthen intervals gradually; offer sips of water, cuddle back to sleep.

---

4) Special situations

- **Maternal pregnancy:** breastfeeding is usually **safe** in an uncomplicated pregnancy; many choose **partial wean** due to nipple tenderness/fatigue. If **preterm-labour risk** or **placenta previa**, seek obstetric advice.
- **Maternal medications/illness:** see **contraindications** from Topic 4.2; temporary **pump-and-discard** may be needed (e.g., radioisotopes).
- **Return to work/study:** shift to **mixed feeding** with expressed milk; maintain supply by **pumping at work**, morning/evening breastfeeds, and weekend on-demand feeds; consider **gradual wean** when desired.
- **Toddler biting/aversion:** troubleshoot latch/position, teething comfort measures; set calm, consistent limits.

---

5) Nutrition & sleep guardrails during weaning

- Maintain **CF frequency** (Section 4.2 table) and **dietary diversity**; include **iron-rich** foods at least **once daily** and **fat** in each meal for energy density.
- Ensure **1–2 healthy snacks**, offer water in an open cup; avoid juice/sugar drinks.
- **Sleep:** preserve naps/bedtime routine; milk is **not** the only sleep cue.
- **Micronutrients:** adhere to national guidance for **iron/vitamin D** where diets are limited.

---

6) What not to do

- Abrupt cessation without substitutes (risk: **engorgement**, mastitis, child distress, caloric deficit).
- Bitter pastes/irritants on nipples ("aversion methods")—**unsafe** and undermines trust.
- Withholding fluids during illness.
- Replacing breastfeeds with **thin gruels** of low energy density.

---

7) Counselling script (OSCE-ready)

"Let's drop **one feed this week**, the mid-afternoon one. At that time, offer a **snack** (khichri/paneer/banana) and **water in a cup**. If breasts feel full, express **just enough** for comfort and use a **cold compress**. Keep bedtime feed for now; we'll reassess in a week. If your child falls ill, we'll **pause** weaning till recovery."

Self-assessment

MCQs

1. The **safest first step** in planned weaning is to:
   A. Stop all feeds on one day
   B. **Drop one feed every few days and replace with routine + snack**
   C. Apply bitter agents on nipples

PDF generated on 19 Nov 2025, 08:02 pm IST

D. Offer only water at feed times
Answer: B.

2. During weaning, minimum meal frequency for a **breastfed 12–23 mo** child is:
   A. 1 meal/day
   B. **3–4 meals/day + 1–2 snacks**
   C. 2 meals/day only
   D. 5 meals without snacks
   Answer: B.
3. Which is **true** about pregnancy and breastfeeding?
   A. Always contraindicated
   B. **Usually safe in uncomplicated pregnancy; individualize**
   C. Requires abrupt weaning in first trimester
   D. Only allowed if child is <6 months
   Answer: B.

Short answers

- Outline a **7-day plan** to wean a healthy 20-month-old from 3 day feeds to 1 bedtime feed.
- List four **comfort measures** for the mother's breasts during weaning.
- Write three **red flags** during weaning that require clinical review.

References

Classical (orientation)

- **Kāśyapa Saṃhitā** — guidance on *bāla-poshana*, *annapāna*, and suitability of **dhatri** when maternal milk is inadequate.
- **Caraka Saṃhitā** — *Cikitsāsthāna 15* (upadhātu—*stanya*), *Sūtrasthāna 27* (*Annapanavidhi*).
- **Aṣṭāṅga Hṛdayam** — *Uttaratantra—Bālopacaraṇīya* (infant nourishment and transitions).

Modern & guideline sources

- **WHO/UNICEF** breastfeeding policy (initiation within 1 h; EBF 6 mo; continued BF to 2 y+).
- **WHO** (2023). *Guideline for Complementary Feeding (6–23 mo)* — frequency, diversity, iron/fortified foods, feeding during illness.
- **WHO Fact Sheet (2023)** — meal frequency & snacks.
- **UNICEF** (2020). *Complementary Feeding Guidance* — **MDD/MMF/MAD** indicators.
- **IAP** (2016). *IYCF Guidelines* — India-adapted practice.
- **ABM Protocol #9** (2018). *Galactagogues*: indications, cautions.

60-second recap

- **Stanya Abhāva** = insufficient **transfer**, most often from **fixable technique/frequency** issues. Start with **skin-to-skin**, **deep latch**, **8–12 feeds/day**, **drain-to-make**; consider **galactagogues** only **after** optimization.
- **Complementary feeding**: **start at 6 months**; **2–3** meals (6–8 mo) → **3–4** meals (9–23 mo) **+ 1–2 snacks**; focus on **iron-rich** foods and **thick** consistency; keep breastfeeding to **2 years+**.
- **Stanyapānayāna (weaning)**: **gradual**, child-centred, with nutrition/sleep guardrails and emotional reassurance—**never abrupt** unless medically necessary.