



# It's Gonna be a Long, Long, Night: Supporting Breastfeeding on the Night Shift

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# Introductions

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We have no conflicts of interest to disclose.

# Objectives

Objectives:

- 1) Name 3 reasons breastfeeding exclusivity at night is important.
- 2) Identify 3 challenges that night shift faces with maternity patient care and breastfeeding support.
- 3) Name 3 strategies to improve breastfeeding success at night.



Does it feel like  
breastfeeding  
initiatives fall  
apart on night  
shift?

Is there a blame  
game going on on  
your unit?

“Mom said she was scared that baby was losing too much weight and the night shift nurse said she needed to supplement so the pediatrician would let them go home today!”

“Baby was breastfeeding so well yesterday, I spent so much time with that mom and I come in and she just bottle fed all night!”

“I hope night shift doesn't come in and just give them a bottle all night.”

“The mom of the baby in the NICU pumped didn't pump at all last night!”

# Formula Supplementation Increases at Night



- Infants born at night have double the odds of in-hospital formula supplementation compared to infants born during the day.
- Non-medical formula supplementation increases during the night hours and during the first 24 hours after birth.
- Who is most at risk for non medical formula supplementation?
  - First-time mothers
  - Cesarean birth
  - No previous breastfeeding experience
  - Female newborns
  - Large-for-gestational-age newborns

(Garrison & Maisano , 2019; Grassley, et al. 2014)

# Formula Supplementation: Why Does It Matter?



- In women who intended to breastfeed, in hospital formula supplementation is associated with:
  - Nearly 2-fold greater risk of not fully breastfeeding days 30–60.
  - 3-fold risk of breastfeeding cessation by day 60.
  - Breastfeeding cessation risk was significant even after adjusting for strength of mother's breastfeeding intentions.  
(Chantry et al., 2014)
- Decreased breast stimulation and emptying due to supplementation in the early postpartum may lead to decreased milk supply.
- In a 2019 study, introduction of cow's milk formula in the first three days significantly increased the risk of Cow's Milk Protein Allergy at 2 years of age. (Urashima et al., 2019).

# Why the Night Shift Breakdown?

In one study, data analysis yielded three themes that described nurses' support of breastfeeding on the night shift.

(Grassley, Clark & Schleis, 2015)



## Competing Priorities

Maternal needs  
for visitors, rest,  
and healthcare

Nursing  
Priorities



## Incongruent Expectations

Parental  
expectations for  
newborn  
behavior, sleep  
and feeding are  
incongruent with  
reality



## Institutional Factors

Hospital  
Policies,  
Staffing, &  
Breastfeeding  
Practices

# Why the Night Shift Breakdown?

## Barriers: Staff Related



## Night Shift Skeleton Crew

Night shift staffing is often less robust than day time staffing.

- Support staff available on day shift may not be present.
- Dedicated hospital lactation consultants often work day shifts and few hospitals have adequate or 24 hour lactation care.
- Less management presence and less “flex” staffing that can be extra hands during busy times or emergencies.

Night Shift staffing is often comprised of less experienced nurses who may lack education regarding breastfeeding.

Lactation education learned in nursing school is often brief and not robust enough to fill the needs for a maternity center nurse.



# Why the Night Shift Breakdown?

## Barriers: Staff Related



Competing Priorities for Staff:

Staff struggle with balancing care for patients, patient needs and providing breastfeeding support which may take extended amounts of time.

There have also been reported differences in night staff attitudes compared to day staff attitudes regarding breastfeeding.

Night staff are reported to be less committed to providing breastfeeding support because of the perception that the benefits of providing rest for the mother outweigh the benefits of providing breastfeeding support.

(Nickel et al., [2013](#); Schmied et al., [2011](#)).

# Why the Night Shift Breakdown?

## Negative Effects of Night Shift:

Night shift work has physical detrimental effects on the worker's physical and psychological health, increasing problems related to sleep, the cardiovascular system, the metabolic system, the female reproductive system, oncological problems, or anxious and depressive symptoms.

Night shift also increases difficulties in relationships, decreases time spent in leisure activities and increases marital and parental levels and, in organizational terms may compromise levels of safety and performance.

(Silva & Costa, 2023)



# Why the Night Shift Breakdown? Paternal Barriers

- Maternal Medical Needs
- Maternal Exhaustion
- Limited Support System
- Lack of prenatal education regarding breastfeeding initiation, milk supply and feeding
- Unmet parental expectations for infant behavior regarding feeding and night time sleep:
  - Western culture expects long stretches sleep at an early age and parents may interpret infant's need for close contact and frequent feeds at night to be a problem rather than normal behavior.
  - The mismatch between Western cultural family sleep expectations and the biological realities of human infants undermines parental resilience and compromises family well-being

## Breastfeeding a newborn

Expectation



Reality



# Scenario 1:



Sara, G1P1, vaginal delivery after long labor and difficult delivery. Being the first grandchild on both sides, the new family had a lot of visitors in and out throughout the day. Baby was often swaddled and passed between family members. Mom attempted breastfeeding a few times but Sara was uncomfortable feeding in front of visitors and baby was sleepy. When night shift came in, it had been over 6 hours since the last breastfeeding and Sara was exhausted and stressed that the baby had not eaten. On the admission, mom had stated she planned to do “Both”, so the nurse offered to take the baby to the nursery and give a bottle so they could rest. Dad was very concerned about Sara’s exhaustion and readily agreed.

# Solution #1:

## Implementing Rest Time During the Day



### **What Happens on Day Shift Effects Night Shift!**

Frequent visitors and interruptions by staff for care decrease the post-partum family's ability to rest and bond with infant.

Leads to exhaustion at night.

*Implementing daily, intervention and visitor free rest time into the care schedule can help families rest and breastfeed during the day time and prevent exhaustion at night.*

In one hospital, the intervention of a rest time from 2-4pm at a one hospital increased exclusive breastfeeding rates and increased maternal satisfaction of hospital stay.

# Solution # 2

## Encouraging Rooming In

Infants kept in a separate newborn nursery have been noted to receive significantly more breastmilk substitutes and significantly less breastmilk than babies who room-in with their mothers (Bystrova et al., 2007).

Keeping mother and baby together can also increase confidence and be protective against stress related to change in parenting role for some mothers (Jones, Jones, & Feary, 2016).

Studies show that maternal sleep is not negatively affected by rooming in as many parents and nurses perceive.

Breastfeeding increased maternal sleep duration in first 48 hours. (Patel & Patel, 2016).

Perceived nursing attitudes towards rooming in plays a role in maternal desire to room in.

# Solution # 2

## Encouraging Rooming In

### Strategies to Improve the Rooming-In Experience of Postpartum Mothers

#### Nursing Care

Orient the mothers to their rooms and the hospital routine.

Suggested scripts<sup>a</sup>:

“No one will take your baby out of your room, it’s your baby.”

“We will make sure the care happens in the room so we don’t separate you or your baby.”

“We’re here to help.”

Assess their overall knowledge of infant care and rooming-in.

Provide appropriate patient teaching.

Offer flexible choices.

Provide adequate pain control.

Provide extra support for cesarean birth and first-time mothers during the night.

Demonstrate a positive attitude toward rooming-in.

#### Sleep

Assess patients’ total hours of sleep each shift.

Maximize comfort and promote good sleep hygiene—comfortable bed, dim light, quiet.

Minimize unnecessary interruptions.

Cluster care activities.

Assist during nighttime awakenings of the infant.

#### Infant Safety

Role model safe sleep for infants.

Good lighting to monitor and examine infant

“Nursery on Wheels” cart with supplies

# Scenario # 2

Mary just had her second baby, she wants to breastfeed her new baby because last time her infant went to the NICU and she was never able to successfully breastfeed. The baby is now 30 hours old, it is the second night and the infant is very fussy. Mary calls her nurse to the room, because when she breastfeeds her baby will only stay latched for a couple of minutes, but when she puts her baby back in the crib she starts to cry. She attempts to put baby back to the breast, but the baby falls asleep. Mary is really worried that her baby is hungry and is not getting enough to eat. Mary tells her nurse that she doesn't mind supplementing, because she had to give her last baby formula and she doesn't want her baby to be hungry.





# Solution # 3

## Supplementation Policy and Guidance

Hospitals should formulate and institute policies to require a medical provider's order for medically necessary supplementing and informed consent of the mother when supplements are not medically indicated.

Educate parents on the risks and benefits of supplementation, document parental decisions and support parents after they have made the decision.

When possible mother's own expressed breastmilk should be used, next choice is donor milk if available, and then formula.

Supplementary feedings should be offered in age appropriate amounts.

Average Reported Intakes of Colostrum by Healthy, Term Breastfed Infants: 0-24 hours: 2-10ml, 24-48 hours: 5-15 ml  
48-72 hours: 15-30 ml; 72-96 hours: 30-60 ml

Feedings should be offered in alternate methods (cup, spoon, syringe finger feed/SNS) when possible or paced bottlefeeding should be taught.

(Kellams et al, 2017)

# Solution # 4

## Family Education about Newborn Behavior

1. Education regarding normal newborn behaviors and expectations for night time feeding and infant care should be given throughout the stay.
2. Scripting and aligned patient materials help messages stay consistent. Parent perception of mixed messages regarding feeding leads to frustration.
3. Role playing common scenarios and teaching nurses LOVE counseling can help build confidence in addressing parent concerns about infant behavior.

# Solution # 4

## Family Education About Newborn Behavior

### Examples of Patient Education

#### Day 1: First 24 hours

Babies are usually awake and alert for 1-2 hours after birth. Then, they usually sleep for many hours.

Babies are resting from birth, so they eat less often in the first 24 hours.

Watch for hunger cues, and offer the chance to breastfeed 8-12 times per 24 hours.

Skin-to-skin is great today!



BIRTHDAY  
NAP

#### Day 2: 24-48 Hours

Babies usually start to show more hunger cues on day 2. Early hunger cues include hands-to-mouth, tongue thrusting, lip smacking, and rooting.

Babies may start to "cluster feed." Cluster feeding is when the baby wants to eat frequently – this is normal and also happens later during growth spurts. This helps mom and baby learn how to breastfeed. Keep baby with you in your room and allow baby to feed as often as desired.



LEARNING  
DAY

#### Day 3: 48-72 Hours

Babies usually want to "cluster feed" on day 3. This is a great day to relax skin-to-skin so that baby can access the breast easily.

Watch for feeding cues. Feeding babies by cue means baby removes milk more frequently and mom makes more milk.



ALL DAY  
BUFFET



## Solution # 4

# Family Education about Newborn Behavior

L: Listen to the patient's concerns

O: Ask open-ended questions

V: Validate the patient's concerns

E: Educate, targeting her specific concerns



# Scenario # 3

Lindsay delivered a baby boy at 2120 via C-Section after a failed induction of labor. Baby went skin to skin and was rooting in the recovery room but unable to latch. When new nurse Molly receives the couplet on the Mother Baby Unit, she attempts to help baby to latch. She notices that Lindsay's nipples are flat and breasts appear swollen. She has trouble helping baby latch and baby is getting very frustrated. The other nurses are also newer and lack experience or are too busy to help.

Molly tries a nipple shield but Molly is unsure how to help mom use the shield. Molly is also receiving a new admission and can't spend more time helping to latch. She tells Lindsay to keep trying and that lactation will come see her in the morning. When the pediatrician comes in the morning, he is upset that this baby has gone all night without feeding.



## Solution # 5

# Increasing lactation expertise through Breastfeeding Champions and multitargeted education.

1) Multitargeted education efforts including orientation programs, role modeling, mentorship, and role playing with practical scenarios, may improve RNs' abilities and confidence to support breastfeeding women.

2) Providing opportunities to shadow lactation consultants helps RNs develop confidence in lactation skills.

3) Breastfeeding Champions on night shift provide role models that support the development of breastfeeding knowledge and skills for other nurses.

(Prokop, Meedy, & Sim, 2021)



## Solution # 5

Increasing lactation expertise through Breastfeeding Champions and multitargeted education.



Nurses who possess evidence-based breastfeeding education and skills are well suited to provide evidence-based information and encouragement to help mothers reach their breastfeeding goals. (Casser et al., 2020).

In one hospital study, these nurses over a 3 month period and the rate of exclusive breastfeeding at that facility rose from 38.55% before the education was provided, to 53.5% after the education was provided. (Siggia & Rosenberg, 2014)

*GAPQC Optimizing Newborn Nutrition Initiative is an excellent way to give nurses targeted lactation education.*

Nursing leaders, especially perinatal educators, are integral to fostering work environments that support the ability of nurses to create a clinical climate to promote breastfeeding through implementation of breastfeeding policy. (Hallowell, 2022)

## Solution # 6:

# Improve nursing staff ratios

# Add Lactation Consultants to Night Shift

Nurse-reported compliance with AWHONN staffing guidelines was a significant predictor of hospital EBMF rate in this sample of 184 birth hospitals that participated in the LaborRNs study and reported their 2018 EBMF rate to The Joint Commission. (Lyndon et al, 2022)

Lactation specific staff in hospital setting increase breastfeeding initiation and exclusivity.

(Patel & Patel, 2016)



# Wrap Up



# Questions?

# Resources

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