

Building Bridges to Breastfeeding
Duration

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Lactation Education Consultants

- Jan Barger, Carole Peterson, Jo Ann Allen, Dawn Kersula, Rhonda Wudtke, Stephanie Carroll, Mendy Roudebush and Sarah Wall do not have any affiliations with any persons or entities that could be perceived as having a bearing on their presentations

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Objectives for Program

- List 4 ways in which WIC and the federal government are promoting and encouraging breastfeeding
- Describe a new approach to latch
- Discuss the Ten Steps to Baby Friendly Hospital Initiative
- Examine 4 common birth interventions that can interfere with breastfeeding

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Objectives for Program

- Enumerate 3 ways in which helping mothers to breastfeed may be made easier on staff
- Define Baby's Second Night
- Develop strategies to help resolve 4 common breastfeeding problems
- Verbalize 3 ways in which change can be facilitated through WIC, hospitals, and community partners

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Bibliography

- Can be downloaded from our website:
 - www.lactationeducation.com
 - More
 - In-Services
 - Link under Bridges
 - Scroll down below the information on Bridges
 - Click to download bibliography

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The WIC Program Recognized...

- Our mothers need a continuum of support
 - Mothers lose confidence in their ability to breastfeed
 - Need everyone saying the same thing and on the same page!!
- Moms need consistency of information
 - We need to join together with community partners to provide this consistency
 - We ALL need to be saying the same thing
- We need to increase breastfeeding duration
 - Supplementation occurs too early too often

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As a result...

- “Building Bridges” was born in 2004 and was presented over 200 times in IN and IL
- In 2010, we expanded to MI, MN, WI, and OH
- To build a bridge in breastfeeding support between the hospital and community support
- Now presented over 400 times, updated every year!
- Program is funded by a grant from USDA Midwest Region

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Lactation Education Consultants

Jan Barger RN, MA, IBCLC, FILCA

Carole Peterson MS, IBCLC

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So why is this important?

- Breastfeeding is a public health priority
- If 90% of mothers breastfeed, we will save 13 BILLION dollars in health care
 - Regina Benjamin, US Surgeon General
- Breastfeeding has become a public health priority as one of the steps to a healthier population
 - CDC

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NEW AAP Statement on Breastfeeding
July, 2022

- Human milk is the normative standard for infant feeding
- Recommend exclusive breastfeeding for 6 months
- Continue breastfeeding along with appropriate complementary foods as long as mutually desired for 2 years or beyond
- Baby Friendly Hospital Initiative practices increase breastfeeding initiation and duration.
 - Skin to skin care
- The short and long term advantages of breastfeeding make the provision of human milk a public health imperative

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The Surgeon General’s Call to Action

- Emphasizes the need to practice lactation care based on the evidence
- “Currently this is not the practice in most hospitals across the nation”
- We need to make breastfeeding easier for mothers
- Women face many barriers to continuing breastfeeding
- Many times these barriers are due to lack of evidence based care

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The debate is over

- “About the importance of breastfeeding for healthy outcomes for women and children”
 - David Meyers MD, Agency for Healthcare Research and quality
- “The ability to breastfeed is very much shaped by the support and environment in which the parent lives. There is a broader responsibility of governments and society to support women through policies and programs in the community”
 - Nigel Rollins Md, World Health Organization

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Why is this important

- Breastfeeding is healthiest for mothers
- Breastmilk is best for infants
 - AAP, ADA, NWA (WIC)
 - WHO, CDC
 - Healthy People 2020
 - Why? Because human milk is the ideal nutrition for human infants
 - Duration of breastfeeding for at least 4 months makes the dose response effect on long term health

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Reduction of disease for mothers

- Breast cancer
- Ovarian cancer
- Post partum depression
- Diabetes following Gestational Diabetes
 - Increasing lactation duration is associated with 47% reduction in diabetes
 - Gunderson, JAMA, 2018
- Cardiovascular disease
- Less postpartum weight retention
- Need more emphasis on the reduction of disease in mothers!
 - They are the decision makers

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Suboptimal breastfeeding in the US

- Maternal deaths attributable to suboptimal breastfeeding
 - 3340 deaths
 - Mostly due to myocardial infarction, breast cancer, diabetes
- Excessive pediatric deaths 721
 - Mostly due to SIDS
- Costs of premature deaths \$14.2 million
- Medical costs total 3.0 billion
 - Bartick 2016

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Why is human milk so important?

- Breastmilk is the most relevant postnatal element for the metabolic and immunological programming of the infant's health
- Breastmilk contains a high diversity of microbes which drives the infant's microbial colonization
- The baby's gut microbes will impact his health for life
- Anything other than breastmilk will alter those microbes – to his detriment
 - Cabrera-Rubio, 2016

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It is amazing!

- “Human milk harbors extraordinary features which make it a treasured fluid”
- “Human milk encompasses a wealth of biologically active components that contribute to multiple advantages, far beyond nutrition.”
 - Moubareck, 2020

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‘Faithful reproduction’

- Of human milk composition not yet possible
- HMOs are an important component of human milk
- Protect against infection
- Antibacterial, antiviral and anti-inflammatory
- Disease less common in breastfed infants
- Decrease immune disease such as celiac disease, asthma, allergy, diabetes, acute lymphoblastic leukemia

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Human milk

- Is alive!
- Not just milk, it is medicine
- Dynamic
- Location Specific (GALT)
- Powerful proteins
- Fabulous fats
 - Barbara Phillipp MD

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Symbiotic relationship

- Baby saliva reacts with breastmilk to produce reactive oxygen species, while simultaneously promoting growth promoting nucleotide precursors
- Milk plays more than a nutritional role, interacting to produce a potent combination of stimulatory and inhibitory metabolites regulate early gut microbiota
- Consequently, milk saliva mixing appears to represent unique biochemical synergism which boosts early innate immunity

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Major Defense Factors: a short summary

- Alpha -lactalbumin
- Cytokines
- Lysozymes
- Anti-inflammatory factors
- Antibodies, especially SIgA
- Leukocytes
- Macrophages
- Lactoferrin protects infants from infection by preventing attachment in the gut.
- Beneficial effect on intestinal flora
 - Resistant to digestion

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Human Milk for Human Babies, species specific

- Prevention of illness (just a few)
 - Diabetes
 - Childhood cancer
 - Gastrointestinal disorders
 - Hypertension
 - Obesity
 - Otitis media
 - Reduce risk of heart disease
 - Reduce incidence of SIDS, up to 50%
 - Increase IQ
 - Long term neurodevelopmental benefits
 - Pain relief

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Focus on obesity prevention

- Has pushed breastfeeding support to the forefront in public health
- Research over the past 20 years consistently supports breastfeeding in obesity prevention for mothers and children
- CDC recognizes breastfeeding as a first step to prevent obesity in future generations
- WIC has reduced the rate of obesity in children
 - Pan, 2019

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Direct link is unknown

- How do mothers bottle feed?
- How much do mothers think the baby needs?
 - Monitoring of feeding?
 - Finish the bottle
- Fillers in formula?
- Human Milk Oligosaccharides
- Baby controls his feeding
 - Overfeeding?
- Effect of leptin

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CDC Annual MPINC survey

- Information from hospitals on Maternity Care Practices
- Breastfeeding report card for the US
- This report card tells us where we are improving
- And where we can improve
 - Outcome and Process Indicators

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CDC Breastfeeding report Card 2020

- 84.1% of infants ever breastfed
- 58.3% of infants breastfed at 6 months
- 35.3% breastfed at 1 year
- 46.9% breastfed exclusively through 3 months
- 35.6% breastfed exclusively through 6 months
- 19.2% receive formula supplementation with first 2 days
- New report due out August 2022

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By state for Midwest Region

- | | | |
|-------------|---------------|--------------------------------------|
| • Illinois | 84.2% ever BF | 42.1% ex. @ 3 months (formula 26.2%) |
| • Indiana | 78.4% ever BF | 42.6% ex. @ 3 months (formula 10.8%) |
| • Michigan | 85.3% ever BF | 41.3% ex. @ 3 months (formula 15.6%) |
| • Minnesota | 95.3% ever BF | 61.9% ex. @ 3 months (formula 12.1%) |
| • Ohio | 80.1% ever BF | 41.3% ex. @ 3 months (formula 16.3%) |
| • Wisconsin | 80.1% ever BF | 51% ex. @ 3 mos. (formula 13.2%) |
- Formula rate= % of infants receiving formula before 2 days of age

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Why are duration rates low?

- Barriers
 - Concern about milk supply
 - Latch difficulty
 - Returning to work or school
 - Lack of support/positivity

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What hospital practices are barriers to breastfeeding?

- Per Surgeon General
 - Babies in warmers instead of skin to skin
 - Providing formula or water to newborns without medical indication
 - Moving infants from room at night
 - Lack of follow up lactation support
 - Provision of formula samples
 - Formula samples are a barrier to breastfeeding
 - Why is this a problem?
 - Formula is not an innocuous substance

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The hospital experience can increase duration

- Mothers who
 - Receive a pacifier
 - Receive formula
 - Had staff teach them about breastfeeding (no PN information)
 - Had higher levels of breastfeeding termination at 2 months
- Versus mothers who
 - Exclusively breastfed in hospital
 - Received a phone number for help
 - Were more likely to be breastfeeding at 2 months.
 - Schleip, 2019

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Pro breastfeeding hospital practices

- The association with exclusive breastfeeding at 30 days was most apparent when
- Professional support and guidance with breastfeeding
- Encouragement of breastfeeding on cue
- Also when
 - Skin to skin soon after birth
 - Rooming in
 - No supplementation
 - Bizon, 2019

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Formula giveaways primarily serve the needs of the breastmilk substitute companies, rather than our patients

Morain, 2018

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So what can we do?

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We need to eliminate this question

- Our first very simple step
- But how do you get the information for “the form”?
- How is breastfeeding going?

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Why? Because Breastfeeding is Normal!

- We should be assuming all women are breastfeeding

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However, it is difficult to support breastfeeding when

- We have not received the information or skills during our educational experience
- Yet the success of any breastfeeding campaign depends on the personnel able to support breastfeeding mothers with accurate information and assistance.
- Why should breastfeeding be supported any less than any preventative health program?
 - Car seat, immunizations, no smoking
- Therefore, we tend to fall back on personal experience
- Remember personal experience is not evidence based!!

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How can we make
breastfeeding “easier”?
For mothers and for our facilities

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WIC needs to provide this information

- To parents prenatally
- So they are prepared for hospital experience
- Hospitals need to remind and provide the continuum
- The following practices should be part of this continuum of care

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First hour of power

- Skin to skin
- Critical first step
- 9 instinctive stages as infant moves from womb to the world
- Allow the baby to move to the breast on his own
- See the baby self attach
- Breastfeeding is instinctive
- Builds bonding and attachment
- Empowering!

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Why skin to skin?

- It is magic!
- Promotes bonding
- Helps breastfeeding
- Empowering
- Less crying
- Stabilizes baby sugar level
- Regulates vital signs including heart rate, respiratory rate, temperature

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Encourage skin to skin care

- Fast, Easy and Free!
- Increase in breastfeeding duration when done in first hour
- Decrease in breastfeeding problems
- Why not?
- Don't all babies deserve the transition?

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Skin to skin care

- Statement by AAP
- “Healthy infants should remain in direct skin to skin contact with their mothers immediately after delivery until the first feeding is accomplished”
- Infants with skin to skin care can be identified with breastfeeding difficulties
- Can have an impact on infant health by preventing feeding problems which can lead to morbidity if left unrecognized or unresolved

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Skin to skin safely Prevention of SUPC

- Mother: somewhat upright, not flat
- Infant : nose and mouth not covered, face to side; neck, straight. not bent

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Nine instinctive stages

- Birth cry
- Relaxation (2-3 minutes)
- Awakening (3 minutes)
- Activity (8 minutes)
- Resting
- Crawling (at about 20 minutes)
- Familiarization (45 minutes)
- Suckling (60 minutes)
- Sleeping (90-120 minutes)

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Avoid supplementation

- Most common time for supplementation after the baby is born between 7:00 pm and 9:00 am
- Allow the baby to learn and practice breastfeeding
- Supplementation erodes confidence in supply and latch
- Implies to mothers that her breasts do not work

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“Laid back” breastfeeding

- Perfect example how moms and babies work in synchrony to achieve their goal
 - Baby uses his primitive neonatal responses to feed
 - Babies are born with these reflexes for a reason
 - Babies are born with the skills for survival
 - Babies are born with ability to eat and breathe

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How does “laid back breastfeeding” work?

Biological Nurturing: Laid Back Breastfeeding for Mothers. A
Geddes Productions Video clip

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Primitive neonatal responses

- Hand to mouth
- Mouth gape
- Tongue dart
- Hand/finger flex and grasp
- Arm/leg cycle
- Head lift
- Head bob
- Suck and swallow
- And 2 of these reflexes safeguard breathing
 - Colson, 2014

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Effect of synthetic oxytocin on these reflexes

- Can inhibit sucking reflex
- Observed 24 to 48 hours after birth
- More later
- Rhythmic reflexes decreased when exposed to synthetic oxytocin
 - Intrapartum administration inhibits these reflexes associated with breastfeeding
 - This does not appear to be dose dependent
 - Gabriel et al, Breastfeeding Medicine, 2015

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This technique

- Encouraged breastfeeding
- Empowered mothers
- Latch difficulties is a common reason for stopping BF in the first month
- Here is a way to resolve this problem
- Baby led self attachment!

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Surgeon General and AAP identify

- The Ten Steps to Baby Friendly Hospital as resulting in better breastfeeding outcomes
- Each of the Ten Steps is evidenced based lactation care
- Longer duration of breastfeeding
- These steps provide the correct method of supporting healthy mothers and babies after birth

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WHO/UNICEF Baby Friendly Hospital Initiative, 1989, updated 2018

TEN STEPS to SUCCESSFUL BREASTFEEDING

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BFHI Ten Steps 4/11/18

- Comply fully with the WHO code and relevant WHA resolutions
 - Have a written infant feeding policy that is communicated to staff and parents
 - Establish ongoing monitoring and data management systems
- Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding

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BFHI Ten Steps 4/11/18

- Discuss importance and management of breastfeeding with pregnant women and their families
- Facilitate immediate and uninterrupted skin to skin contact and assist mothers to initiate breastfeeding as soon as possible after birth
- Support mothers initiate and maintain breastfeeding and manage common difficulties

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BFHI Ten steps 4/11//18

- Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated
- Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day
- Support mothers to recognize and respond to their infant cues for feeding

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BFHI Ten Steps 4/11/18

- Counsel mothers on the use and risks of feeding bottles, teats and pacifiers
- Coordinate discharge so that parents and their infants have timely access to ongoing support and care

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Breastfeeding Friendly Hospitals in the US

- Only 592 hospitals in the USA as of July 1, 2022
 - 24.47% of US births at BFHI hospitals
- Why are there so few BFHI hospitals in the United States?
- Too difficult to change
 - We believe what we have always done is evidence based
 - We have always done it this way
 - Moms need to sleep

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When even some of these steps are implemented

- Breastfeeding duration rates increase
- Mothers in this environment, are less likely to supplement in hospital
- Less likely to take supplement when leaving the hospital
- Even when many barriers to breastfeeding exist
 - Nobari, J Human Lactation 2017

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When a hospital is Baby Friendly

- Better infant feeding results
- Mean weight loss decreased on day 0-2 for infants in all feeding types after initiation of Baby Friendly practices
- Exclusive breastfeeding increased in all ethnic groups when BFHI practices put in place
- Decrease in weight loss and increase in exclusive breastfeeding when practices initiated
 - Procaccini, 2018 (on bib)

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Even if your hospital is not yet ready for Baby Friendly

- Implementing some of the policies evaluated in the mPINC survey can increase breastfeeding duration
- Model policy
- Limiting non human milk foods
- Infant rooming in
- Skin to skin
- No pacifier use
- A phone number for post discharge use
 - Nelson, 2019

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Collaboration idea



- More BFHI practices mean better BF outcomes
- WIC can support BFHI in their community
- Hospitals can turn to WIC for support and follow up
- Peer Counselors for follow up
 - Jung S, 2019

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So how do we begin?

- Learn supportive skills
- Honor the mother's choice and support the importance of breastfeeding
 - When we supplement, we erode her confidence
 - "I knew this wouldn't work"
- Be Positive and Realistic in your teaching
 - This is what the mothers want!
 - Best practices needs to be the basis of the changes we make to achieve quality improvement in all areas

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It is difficult to think about what happens later

- In the hospital, we are focused on all of the items we need to check off our list before the mom is discharged.
- Yet everything we do here in the hospital sets the stage for the future
- Vulnerable time for the mother
- She sometimes hears/perceives messages negatively
- She hears conflicting information
- She feels she is not doing anything right
- AND THEN SHE GOES HOME TO NO SUPPORT!
- This is why it is so important.....

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92% of mothers report > 1 concern at day 3

- Most predominant difficulty with infant feeding (52%)
- Milk quantity (40%)
- These concerns were significantly associated with discontinuation of breastfeeding
- They doubt their ability
- No one to ask or reassure
- We can address these concerns with the techniques we have just discussed
 - Wagner, 2013, Pediatrics

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We can set the stage in the hospital

- Build the bridge once home with WIC contact

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Breastfed babies

- Lose on average 7 to 8% of birth weight by day 3
- Some as high as 10%
- But most regained their birth weight by 10 to 14 days
- Formula use can undermine maternal confidence
- Women need reassurance that the newborn is getting enough
- When concern exists about newborn weight, confidence in the ability to breastfeeding is diminished, confidence in breastfeeding can negatively influence outcomes
 - DiTomaso, 2019

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Provide the mother with a tool kit for success

Help her to get started right

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What are the BOTTOM LINE basics the new parent REALLY needs to know?

- Laid back breastfeeding
- How to know breastfeeding is going well
- Infant feeding cues
- Where to go if there is a problem
- If the staff nurse knows these four things, she can teach them to the mother
- Simple, free confidence builders

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Latch is our most common concern

- Moms worry that breastfeeding is not working, baby does not like it
- Nurses think it takes too much time
- We have a solution for comfort and latch!
- And a solution for moms and nurses
- That solution is Laid Back breastfeeding
- Saves time for you
- Builds empowerment in the mother

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Quick and easy BF protocol from Suzanne Colson

- Don't wake the baby
- Pick baby up without arousing
- Cuddle baby in Biological Nurturing position
- Mom's comfort is a priority, then she can focus on baby
- Observe for feeding cues
- Baby will feed on his own
- Confidence building behavior
- Time saving technique

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Confidence is EMPOWERING

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How does she know if breastfeeding is going well?

- Handout to all mothers with reminders
 - LEC has one if you need one
- Baby should breastfeed at least 8 to 10 times in 24 hours
 - This is not about the clock!
 - “8 or more in 24”
- Baby should have at least 3 bowel movements every 24 hours
- Baby should have at least 6 wet diapers every 24 hours after day 4
 - Diaper diary

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How does she know if breastfeeding is going well?

- The mother should hear gulping and swallowing during feedings after the milk has come in
- Her breasts should feel softer after a feeding
- Her nipples should not be painful during the feeding
 - She may feel initial latch discomfort/pressure but it should not continue throughout the feeding
- Baby should gain ½ to 1 ounce per day after milk is in
 - Postpartum weight checks increase confidence
- Breastfeeding should be comfortable

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Infant Feeding Cues

- Essential education for all new mothers
 - Mothers are rarely aware of this
 - Receive inaccurate information at home
- Baby may be in the quiet, alert state
- Mouthing, rooting, sucking on fingers, finger flexion, arm/leg cycling
- Searching for something to suck on
- DON'T WAIT FOR THE CRY!

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How do mothers determine

- They do not have enough milk?
 - CRYING
 - Most common reason for supplementation
- How do they solve the problem?
 - Supplement with formula
 - Need to understand baby behavior
 - Confidence building=success

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Inadequate preparation for newborn care

- Expectations of baby behavior
 - Newborn's waking and crying were indicators that their infants were hungry
- Disinterest in breastfeeding
 - She stopped crying when they gave her formula
- Need for rest
 - Frequent feedings prevented them from getting the rest they needed
 - DaMota, 2012, Newhook, 2017

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Lack of preparation for the process of breastfeeding

- Milk would come in right after birth
- Colostrum was not enough
- Mothers perceived that nurses did not think they had enough milk
 - Vulnerability of new moms
- Infants would latch easily
 - Difficulty in latch perceived as breast refusal
 - “my decision was to formula feed after I saw he did not want to latch on”

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Formula as a solution to breastfeeding problems

- Decided to use formula instead of requesting additional lactation support
- Too sore
- No assistance
- Just did not work

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Primary reasons for formula request

- Trigger events.
- Related to typical and appropriate newborn events
- Unmet expectations for their infants behaviors
- How can we change this frustration in our mothers?
- Confident commitment is our goal

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Best Practices for Easier Breastfeeding

BUILDING BRIDGES – Hospital Practices

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What is the goal??

Make breastfeeding
easier for...

- Babies
- Mothers and families
- Staff

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Exclusive Breastfeeding

- Why is this important?
 - Health of the baby
 - Formula– or anything other than *human milk* changes the normal infant gut microbiome which increases the risk of illness
 - Joint Commission Accreditation
 - The Perinatal Care Core measure set is mandatory for all hospitals with over 300 births (as of 1/1/16) This set includes tracking and improving exclusive breastfeeding
- USBC Toolkit Parts 1 & 2 (USBreastfeeding.org)

3

Why is breastfeeding so hard?

- Babies are hard wired to breastfeed, born with reflexes and the ability to “get to the breast” for survival
- The hard wiring for milk production develops through pregnancy and the birth process

It simply shouldn't be so difficult for so many...

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The Ease of Breastfeeding Begins...

- BEFORE the baby is born!

It begins with...

- Decisions the mother & her HCP make about how her labor and birth will progress
- What happens in labor & birth will impact how easily breastfeeding gets started, impacting the entire birth experience

This will also impact the exclusivity of breastfeeding...

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Labor & Birth...

What does “normal” birth look like?

Babies born in a hospital setting, typically are subjected to numerous labor, birth, & postpartum interventions

Thought for the day: Just because something is common doesn't make it normal

Do we really KNOW what “normal” looks like?

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Attitudes about Childbirth

- What response have they received from family & friends?
- Is the healthcare provider TRULY supportive of the birth preferences?
- How is the parent treated by the nursing staff?

- 65% of medical personnel believe that having a birth plan predicts a worse obstetrical outcome
Afshar, 2018

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Why decrease the use of interventions during the labor process?

- Reclaim birth as empowering
- Support and honor the parent's wishes and desires for the birth experience
 - Birth plan/preferences
- How ?
 - Use doulas!
 - Use alternative pain relief options when possible

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Do We Think About...

- How interventions during birth can impact feeding?

 - How interventions immediately after the birthing process can impact the parent/infant bond?
- We have to begin by asking "What is a birth intervention?"

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Labor and Birth

- Interventions in L&D are often *encouraged* because many HCPs hold the perspective that birth is inherently fraught with risk and danger
- Safety is assumed/assured thru routine use of EFM, IVs and restrictions on eating, drinking and mobility – none of which are evidence based
(White-Corey, 2013)

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Labor and Birth

- "One out of 4 mothers who received an induction or cesarean said she felt pressure to do so, and 1 in 5 mothers who did not have an epidural stated she felt pressure to have one."
(Lowry, 2013)
- Women are frequently offered induction of labor at 39 weeks for no medical reason
(Breedlove, 2018)

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Preserving Normal Birth

- Lamaze International has 6 healthy birth practices that are the gold standard for maternity care

- Adhering to these 6 practices will go a long way to normalizing birth AND help make breastfeeding EASIER

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Six Healthy Birth Practices

- 1. Let Labor Begin on Its Own
 - What is the “social induction” rate at your facility?
 - The “quasi-medical” rate?
- 2. Walk, Move Around, and Change Positions Throughout Labor
- 3. Bring a Loved One, Friend, or Doula for Continuous Support

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Six Healthy Birth Practices

- 4. Avoid Interventions Unless they are Medically Necessary
- 5. Avoid Giving Birth on Your Back and Follow Your Body’s Urge to Push
- 6. Keep Mother and Baby Together – It’s Best for Mother, Baby, and Breastfeeding
 - Lamaze International, 2014

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One More Labor Care Practice

- Women should be allowed to eat whatever they want during labor
 - NPO/Clear fluids only stems from 1946 publication describing acid pulmonary aspiration (Mendelson, 1946)
 - Anesthesia has changed since 1946...
 - Only one case of aspiration in the US associated with L&D between 2005 & 2013
- American Society of Anesthesiologists
 - “Healthy women would benefit from a light meal during labor.” (Anesthesiology # 2015 annual meeting - November) (Stark, 2016)

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News from ACOG!

- The ACOG Committee on Obstetric Practice in collaboration with the ACNM developed “Approaches to Limit Interventions During Labor & Birth” in order to help women meet their goals for labor and birth “Many common obstetric practices are of limited or uncertain benefit for low-risk women in spontaneous labor” (February 2019 – Committee Opinion #766, Reaffirmed 2021)

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Recommendations to Enhance Physiologic Birth

- Provide prenatal care that reduces stress and anxiety in pregnant women
- Foster the physiologic onset of labor at term
- Encourage admission in active labor
- Foster privacy and reduce anxiety and stress in labor

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Recommendations to Enhance Physiologic Birth

- Make nonpharmacologic comfort measures for pain relief routinely available, and use analgesic medications sparingly
- Make nonpharmacologic methods to foster labor progress routinely available, and use pharmacologic methods sparingly

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Recommendations to Enhance Physiologic Birth

- Promote continuous support during labor
- Foster spontaneous vaginal birth and avoid unneeded cesarean births
- Support early and unrestricted skin-to-skin contact after birth between mother and newborn
- Support early, frequent, and ongoing breastfeeding after birth (Stark, 2016)

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Common Birthing Practices NOT Conducive to Bonding or Breastfeeding

- Infant weight & exam in L&D/immediately after birth
- Routine Suctioning
- “Eyes & Thighs”
 - Eye ointment
 - Vitamin K
 - May be delayed until after first breastfeed, but before 6 hours of age – AAP Policy Statement on Breastfeeding, *Pediatrics*, 2012
- Swaddling
- Maternal-infant separation (Loma Linda University Medical Center, 2010)

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What about Vitamin D?

- Essential for human health, particularly bone, muscle contraction, nerve conduction and general cellular function
- Low concentrations of blood vitamin D in pregnant women have been associated with pregnancy complications
- It is thought that additional vitamin D through supplementation during pregnancy might be needed to protect against pregnancy complications (Palacios, et al. 2019)

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Low Vitamin D Levels

- Associated with immune deficiency, cancer, diabetes, schizophrenia, mood disorders, autism, hypertension, rheumatoid arthritis, multiple sclerosis, childhood asthma, preeclampsia, gestational diabetes, postpartum depression
- May be associated with Maternal Adverse Events- such as Postpartum Hemorrhage
It’s not just about bone health any more!

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Are Pregnant Women Getting Enough Vitamin D?

- Study done 1/1/08-12/31/09, Detroit MI
 - Definitions of circulating 25(OH)D₃ (Vit D)
 - Deficiency -- < 20 ng/mL
 - Insufficiency -- < 30 ng/mL
 - 2839 women studied (all races/ethnic groups included)
 - Deficient -- 71.7%
 - Insufficient -- 20.8%
 - Adequate -- 7.5%
 - Median Vit D level -- 14 ng/mL (Collins-Fulea, 2012)

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Increasing Vitamin D Levels Can Decrease C/Section Rates & Use of Epidural Analgesia

- Women whose vitamin D levels were less than 15 ng/mL were 4 times more likely to have a c-section than women with higher levels
 - Among the few women who had levels above 50 ng/mL... their rate was 5% (same as it was in 1970) (Merewood, 2009)
- Women with lower Vit D levels (mean: 26 ng/ml) showed the need for increased amounts of epidural Bupivacaine during labor than those with higher levels (mean: 43 ng/ml) (Ropers, 2014)

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Recommendations

- Recommended blood level in adults is 50 – 80 ng/mL (Parker, 2013)
- We need to know starting level to know how much supplement is needed. Factor in Vitamin D amounts from foods and sun light
- Maternal Vitamin D supplementation of 6400 IU Vitamin D/day safely supplies breastmilk with adequate Vitamin D to satisfy the baby's requirement of 400 IU/day (Hollis, 2015; Wagner, 2010)

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Budapest – Danube River

Hospital Interventions:
Impact on Breastfeeding

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Effects of Labor and Birth Interventions

- Nutritive sucking is adversely affected by CNS depressant drugs given to mom in labor (Matthews, 1989, Righard, 1990, Crowell, 1994)
- Fentanyl & Duramorph are both CNS depressant drugs (Hale, 2019)
- Can delay & diminish neonatal suckling and be associated with shorter breastfeeding duration (Wambach, 2016)

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Studies on Epidurals

- Several studies documented in your handouts....

28

Epidural Analgesia/Anesthesia

- Women who have epidurals with fentanyl are less likely to fully breastfeed in the first days after birth, have more difficulty in establishing breastfeeding and are more likely to stop breastfeeding in the first 24 weeks (Torvaldsen, 2006)

29

Epidurals

- Epidural anesthesia during labor is negatively associated with early breastfeeding success.
 - 81% non-epidural moms had two successful breastfeeds within 1st 24 hours of compared to 69.6% of moms with epidurals (p=0.04)
 - Babies of epidural moms were significantly more likely to receive a bottle supplement while hospitalized (p<.<.001) (Baumgarder et al. 2003)

30

Epidurals/Fentanyl

- Women who received high doses of fentanyl were twice as likely to experience breastfeeding difficulties, neurobehavioral scores of babies were lower, and mothers stopped breastfeeding sooner than women receiving low doses of fentanyl (Beilin, 2005)

31

Epidurals/Fentanyl

- Some studies on Fentanyl have used multiparous women who have previously breastfed, then concluded that Fentanyl does not affect breastfeeding (Wieczorek, 2010)
- Other studies have looked at initiation rate but not the length of time it took for infants to start effectively breastfeeding (Wilson, 2010)

32

Epidurals

- After adjusting for standard demographics and intrapartum factors, *epidural anesthesia significantly predicted breastfeeding cessation* (Dozier, 2013)
- More women receiving pain medication in labor – *epidural/spinal* – experienced DOL > 3 days (Lind, 2014)

33

Epidurals

- Block maternal beta-endorphins, the body’s own narcotic-like pain relievers which foster a sense of well-being, instinctual behaviors and euphoria after birth”
 - Buckley, S. 2009 (Quoted in Simkin, P, 2012, *Birth*)

34

Epidurals

- Epidural use tripled the rate of prolonged second stage of labor
- Pitocin was associated with longer duration of the second stage for nulliparas, regardless of epidural use (Shmueli, 2018)

35

Epidurals: Bottom Line

- Often leads to a cascade of events which may impact ease of breastfeeding
 - French, 2016
- Found to be associated with...
 - Impaired spontaneous breastfeeding after birth
 - Increase in supplementation in the hospital
 - Wiklund, 2009
- May lead to lower oxytocin levels during and following labor
 - Dozier, 2013

36

Epidural Analgesia/Anesthesia

- Incorrect information has been given to families about the fact that epidural medications DON'T get into the baby... the truth is THEY DO!
 - Epidural fentanyl found in baby's urine 24 hours after birth (Moore, 2016)
- Women need the right information to make an informed decision
- And if they choose unmedicated birth, they need to be fully supported in that decision by medical & nursing staff

37

Nitrous Oxide-A Better Option?

- Self administered so can't get too much
- Considered to be safe and effective when used in labor and helpful for mild to moderate labor pain
 - Collins, 2018 (AWHONN Practice Brief), Houser, 2019
- Effect on baby is minimal
- Crosses placenta but eliminated quickly once baby starts to breathe on own
 - Pinyan, 2017, Collins, 2018
- No data on transfer into milk
 - Ingestion orally via milk is unlikely
 - Hale, 2017

38

Quasi-medical Reasons for Inductions

- "Your baby is getting too big"
 - 31% women told their babies were getting "quite large"
 - SLB – suspected large baby
 - Only 10% delivered a baby weighing ≥ 4000 g (> 8# 13 oz)
 - Women with SLBs had increased odds of having interventions such as medical induction regardless of actual fetal size (Cheng, 2015)

39

Quasi-medical Reasons for Inductions

- Low amniotic fluid (oligohydramnios)
 - "The significance of oligohydramnios is unclear in high-risk and especially low-risk populations, and may lead to interventions that increase morbidity and mortality, especially in the mother" (Munn, 2011)

Credit HealthReflect

40

Go the Full 40

- AWHONN's Public Health Campaign Promotes Spontaneous Labor and Normal Birth to Reduce Overuse of Inductions and Cesareans
- Physiologic benefits of full-term pregnancy for women and their babies.

41

Pitocin

- Given in labor
- Impaired first hour breastfeeding
 - Gomes, 2018, Brimdyr, 2019

42

Pitocin

- May inhibit the expression of several primitive neonatal reflexes associated with breastfeeding
 - Gabriel, 2015
- Use of Pitocin in women with a history of pre-pregnancy depressive or anxiety disorder...
 - Increased risk of PMAD by 36%
- Use of Pitocin in women with no previous history of depression/anxiety
 - Increased risk of PMAD by 32%
 - Kroll-Desrosiers, 2017

43

Effects of Pitocin

- Antidiuretic effect – increased water reabsorption – possibility of water intoxication & edema in mom
- Neonatal jaundice
(JHP package insert, 2007)

44

Effects of Pitocin

- The longer the induction with Pitocin, the lower the mother’s own endogenous oxytocin levels during a breastfeed on day 2
(Jonas, 2009; Bell, 2014)
- Increases the risk of bottle-feeding and weaning from the breast by 3 months
(Garcia-Forte, 2014)

45

Labor & Birth

- Vast Amounts of IV fluids
 - Leads to edema in the extremities – is greatly compounded when Pitocin is used.
 - Edema in nipples causing firmness
 - Baby can’t latch
- Mom very uncomfortable
- Are we getting an accurate birth weight?

46

Effects of IV Hydration on baby

- Women receiving >1200 ml fluid during labor
 - Average weight loss in babies at 60 hours 6.93%
 - Diuresis takes place first 24 hours to normalize body fluids in infant
 - Recommends a baseline weight at 24 hours rather than at birth
(Noel-Weiss, 2011)

47

Baseline Weight at 24 Hours

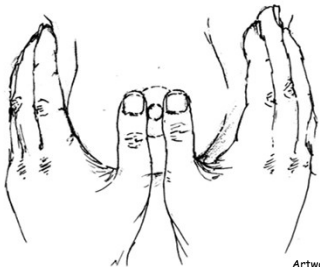
- C/Section babies
 - Reduced supplementation from 43.6% to 27.4% thus increasing exclusive breastfeeding
 - No significant difference in mean peak TcB or length of stay for infants who lost ≥8% or ≥10%
 - No clinical dehydration requiring transfer to the NICU
(Deng, 2018)

48

Correcting Overhydration Affects
in Mothers

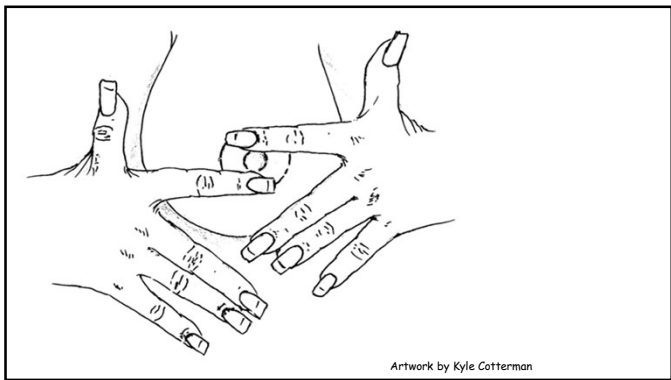
49

Reverse Pressure Softening



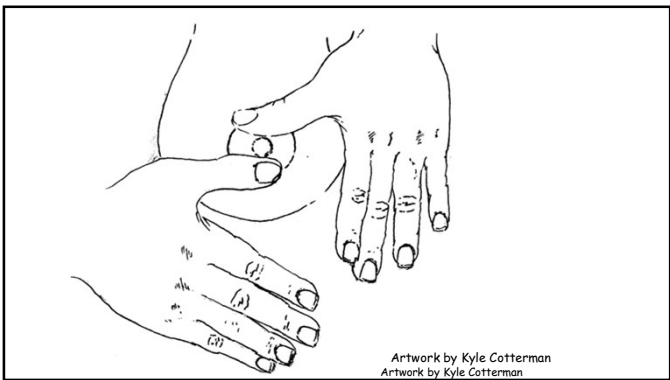
Artwork by Kyle Cotterman

50



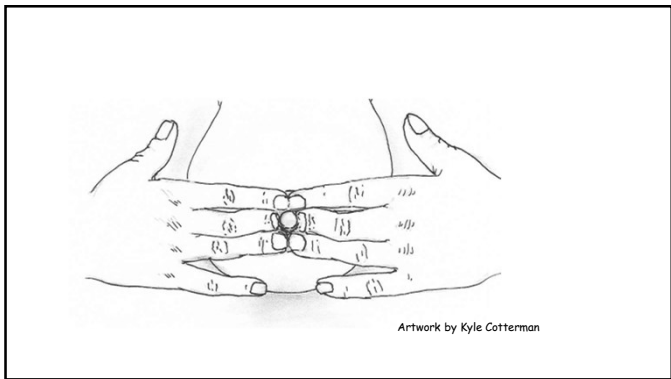
Artwork by Kyle Cotterman

51



Artwork by Kyle Cotterman
Artwork by Kyle Cotterman

52



Artwork by Kyle Cotterman

53

“Vulcan” Hold



Artwork by Kyle Cotterman

54

**IV OVERHYDRATION
during labor also
leads to engorgement**

55

Electronic Fetal Monitoring

- Routine EFM is associated in many studies with an unnecessary increase in C/Section rates (Paterno, 2016)
 - High in Louisiana of 39.7% to low of 21.5% in Alaska
 - Often delayed onset of lactogenesis 2 with C/Section

56

Premature Clamping of Cord
(Another Intervention)

- Babies born full term have good iron reserves, particularly if cord clamping is delayed until it has stopped pulsing
 - Delayed cord clamping (DCC) can benefit the baby by a placental transfusion of 60 percent increase in RBCs
 - Higher hgb levels at 24-48 hours
 - Significantly higher serum ferritin concentration at 4-6months (Leslie, 2015)

57

Premature Cord Clamping

- 1/3 of baby's blood still in placenta
 - Rich in oxygen
 - Rich in red blood cells
 - Rich in white blood cells to fight infection
 - Rich in stem cells

With Delayed clamping, there is an immediate stem cell transplant at birth to help with repair of damaged tissue

Credit SemanticScholar.org

58

Benefits of Delayed Cord Clamping

- Improved neonatal hemoglobin levels
- Lower risk for iron-deficiency anemia
- In preterm infants, lower risk for intraventricular hemorrhage
 - Bryant, 2014
- Oxygen still flowing to baby as long as cord pulsing
- Increase in antioxidant capacity & moderation of inflammatory-mediated effects induced during delivery
 - Diaz-Castro, 2014
- Improved scores in fine-motor & social domains at 4 years of age, especially in boys
 - Andersson, 2015

59

Delayed Cord Clamping

- WHO recommends DCC for 1-3 minutes after birth
- ACOG recommends DCC for "at least 30-60 seconds after birth"
 - ACOG Committee Opinion #684, January, 2017
- AAP endorsed ACOG's Committee opinion, June, 2017

60

Skin to Skin in the First 3 Hours After Birth

- As duration of skin to skin increased in the first 3 hours post birth, so did the rate of exclusive breastfeeding in the HOSPITAL
 - 1-15 minutes 4.2%
 - 16-30 minutes 6.4%
 - 31-59 minutes 6.2%
 - 1-3 hours 72.1%

(Bramson 2010)

61

Skin to Skin

- 20 minutes of STS will reduce cortisol levels (stress hormone) in
 - Infants by 67%
 - Mothers by 48%
- High levels of cortisol interfere with infant’s ability to organize and breastfeed

(Morelius 2005)
(Engler 2005)

62

Skin to Skin

- Term infants placed STS within one minute of birth
 - Skin temperatures remained stable or increased in all infants
 - Blood glucose levels remained between 43 and 85 for infants who had not nursed
 - Blood glucose levels remained between 43 and 118 for infants who nursed

(Walter 2007)

63

First Feeding

- Allow infant to remain on mother’s chest until feeding cues are observed
 - Average time to first feeding is 55 - 74 minutes
 - Widstrom, 1992
 - Average time to first feeding with Laid Back Breastfeeding is 8-15 minutes
 - Colson
 - We have to work on “BABY TIME” not hospital/physician/nurse/grandma time
- Oxytocin that helped birth the infant also moved colostrum down the ducts so a bolus of colostrum is waiting for the infant
 - Bolus will help stabilize infant’s blood sugar and temperature

64

First Feeding

- If mom can’t breastfeed immediately (VLBW, baby in distress, transfer to NICU, etc)...
- It is imperative to start pumping within that first hour to take advantage of bolus of colostrum and continue to pump REGULARLY

Photo credit Medela

65

Pumping Within First Hour

- 20 women with VLBW babies
 - 10 started pumping at 6 hours (hospital standard)
 - 10 started pumping within 1 hour after birth
 - Significant differences in amount of milk obtained up thru 6 weeks
 - Parker, 2012
 - Parker, 2012 & 2015

66

	1 st Hour	6 Hours
Initial	4.19 ml	0.1 ml
Day 1	19.2 ml	0.7 ml
Day 2	76.7 ml	2.2 ml
Day 3	142.3 ml	45.4 ml
Day 7	355.0 ml	188.8 ml
Total 1 wk	1374.7 ml	608.1 ml
24 hr at 3 wks	613.0 ml	267.2 ml
24 hr at 6 wks	451.0 ml	210 ml

67

First Feeding

- Most infants are very alert for about 2 hours post birth then are very sleepy for the rest of the first day.
 - First feeding is good
 - Rest of the feedings for the first day are often only fair to poor
 - Day 2 the feedings improve in quality and duration

68

How Often & How Long?

- Average 8-10 feedings/24 hours when baby shows interest/cues
- “Eight or more in 24”
 - NOT every three hours
 - Look at total feedings/24 hours
 - Blood sugars not affected by long between feeding intervals
- Length of time at breast means nothing in terms of amount consumed – watch for breast-FEEDING, not just hanging out
- Teach parents how to recognize feeding cues, signs of active feeding, and signs of satiation

69

What is a Good Feed – Infant

- Sustained latch
- Long, active, drawing sucks
- Eyes OPEN during first portion of feed
 - Especially important after milk volume has increased
- Signs of satiation at end of feed
 - Arms loose, hands unclenched

70

What is a Good Feed - Mom

- No pain for mom – or discomfort only on initial latch (collagen fibers are stretching!)
- Mom reports any/all:
 - Uterine cramping
 - Sleepiness
 - Thirstiness

71

Feeding Goal

Mom PAIN FREE + Baby WEIGHT GAIN

72

Nursery/Postpartum Routines

Melbourne, Australia

73

Wait to Bathe

- Vernix
 - Forms in 3rd trimester
 - Makes the baby water resistant
 - Fights infection
- Delay bath 8-24 hours – leave vernix on
 - Helps regulate temperature
 - Helps regulate blood sugar

74

Wait to Bathe

- Trial at Advocate Sherman Hosp – IL (2016-2017)
- Delay bath 14 hours if healthy, full term
 - Hypothermia rates decreased
 - 21% to 7%
 - Hypoglycemia rates decreased
 - 21% to 4%
 - Breastfeeding rates increased
 - 51% to 78%
- Trial at a hospital in OH – delayed bath 12 hours
 - In hospital exclusive breastfeeding rates increased from 59.8% to 68.2% (DiCioccio, 2019)

75

Nursery/Postpartum Routines

- Gratuitous supplementation
 - “Topping up” feeds with formula because WE think the baby isn’t getting enough
- Or “Early Limited Formula” (ELF)
 - Given “just in case” – based on a 5% weight loss at 24 hours (Flaherman, 2013 & 2018)
- If supplementation necessary
 - use Mom’s Own Milk (MOM)

76

Nursery/PP Routines

- Radiant warmers
- Taking babies back to nursery to do “stuff”
- Bundled babies left in cribs

77

Hospital Policies & Procedures

- Are they breastfeeding friendly?
 - Do they follow the 10 Steps to Successful Breastfeeding?
- Are your policies based on what is good for...
 - The parents/baby?
 - Or what is convenient for the staff?

78

Summary – Making Breastfeeding Easier

• Minimize interventions

• Encourage ambulation, eating in labor, non-supine positions for birth

• No inductions unless absolutely medically necessary

• Decrease use of CNS depressant drugs/epidurals

• Clamp cord after pulsing ceases

• Skin to skin until first breastfeed

• Delay “eyes & thighs” until after first feed

• Keep mothers & babies together

• Get rid of breastfeeding “rules”

• Supplement only if medically indicated – use donor breast milk

79

Nicholson, Pennsylvania

Baby’s Second Night

80

Second Night

• Common reaction to life outside the uterus usually on the second night

• Infant may nurse a bit and fall asleep, then wake up crying

• Seems fretful, always rooting

• Seems to only be comfortable at the breast

Parents (and staff) are convinced it is due to lack of milk

81

Second Night

• This is not about food

• Baby’s overwhelmed CNS
+ a very immature CNS =
SECOND NIGHT OF LIFE

82

Second Night

• Wakes up on the second night and discovers he is born

• Needs the comfort of the breast to cope

• Mom is exhausted – adrenalin depleted

83

Second Night Strategies

• When baby falls asleep after a good feed, break the suction gently

• Don’t move him. Don’t burp him (Don’t BURP him?!)

• Just snuggle him

• Allow him to return to the breast if he needs to

• Keep him there until he moves from light sleep (rapid eye movement, irregular breathing) to deep sleep (No REM, regular, very quiet breathing)

84

Second Night

- Happens at home for first couple of months when environment changes
 - Doctor visit, mall, library, church
- Baby's neurological development will mature as he grows – this doesn't last forever
- Give parents a handout on Second Night to prepare them
 - Available from LEC

85

Second Night

- Need to assess that breastfeeding is going well
- Is baby feeding or hanging out?
- How does the baby act after coming off the breast?
- Is baby's output normal for age?
- Is weight loss WNL for age?
- How can we help parents through second night?

86

Vienna, Austria

**Common Problems
Seen in the Hospital**

87

Sleepy Infant

- Is it the effect of labor & birth?
 - Medications?
- Is it because of missed feeding cues which can be subtle?
- Is it the normal part of first 24 hours?
- Is it related to the gestational age of the baby?
- Is it because the baby is non-compliant with what WE think they should be doing?
- Are we more concerned than we need to be?

Photo credit Le Leche League

88

Sleepy Infant

- When do we intervene?
- What do we do?
- Skin to skin!
 - Do not TRY to wake the sleepy baby
 - Strip them down & put skin to skin by the breast
 - Some sleepy babies will latch on their own even without being woken up if you leave them alone
 - Allow to wake on his own
 - Gentle stimulation for a few minutes if at all

89

Infants Who Are Not Latching

- Review the birth history
- Review what has happened to the infant since the birth
 - Separation
 - Stress
 - Hospital routines
 - Prolonged efforts at trying to get him to nurse
 - Waking to MAKE him nurse
- Is baby trying to latch?
 - Check mouth and frenulum

90

Infants Who Are Not Latching

- Has Baby ever nursed?
 - How well did they do?
- Has “laid back breastfeeding” been tried?
- How long has baby been skin to skin?
- Are we waiting for baby readiness?
- Has the mother hand-expressed colostrum?
 - Buys some time
 - Gets some food in the baby

91

Infants Who Are Not Latching

- Rule #1 – You CANNOT MAKE a baby breastfeed just because...
 - “It’s time”
 - “They should”
 - “It’s been three hours”
- You CAN make a baby bottle feed – even if sound asleep
- Bottle feeding and breastfeeding are NOT the same thing
- Bottle feeding is an adult driven behavior
- A healthy breastfeeding baby can go longer between feeds than the formula fed infant as the nutrients in breastmilk are fully bioavailable

92

Infants Who Are Not Latching

- Rule # 2 – Keep mothers and babies together, SKIN TO SKIN
 - Want baby to nurse? S2S with mom
 - Want baby to sleep? S2S with support person
- Usually 30 minutes of S2S will trigger baby’s nursing instincts
 - Keeping babies in the nursery and expecting them to wake for feeds is not productive

93

Infants Who Are Not Latching

- Rule # 3 – ROOTING
 - Baby MUST be rooting before he will latch effectively
 - Don’t ever try to force baby to breast just because his eyes are open, or just hands to mouth
 - He must be ROOTING

94

Infants Who Are Not Latching

- Rule # 4 – Laid Back Breastfeeding
 - Get mom & baby in comfortable laid back position
- Rule # 5 – Dominant Hand Position
 - Teach mom how to use her dominant hand to get baby latched on to the breast
 - Use if “laid back” breastfeeding isn’t working

95

- Rule #6 – Don’t stress mom & baby
 - Be alert for signs of shutdown
- Rule #7 – Express colostrum, feed with spoon

96

Important Point

- Because babies are hard-wired to breastfeed, if a baby CAN'T latch – there is a problem and you need to figure out what it is

97

Infants Who Are Not Latching

- Outcome
 - Bottle feeding seems easier so moms will quit and either pump or go to formula
 - He likes me better when I bottle feed him
 - It's such a relief just to have him eat and not fight with him

98

Non-Latching Babies

- If baby not latching & breastfeeding effectively at discharge
 - Mom needs to be taught hands on pumping
 - Should be using a good, hospital-grade pump if possible
 - Many "insurance" pumps inadequate to initiate and maintain supply
 - Needs to have an appointment to be seen w/in two days after d/c by lactation specialist

99

Make Breastfeeding Easier & Save Time!!

- SKIN to SKIN
- WAIT until baby is AWAKE, ROOTING and READY to nurse
- Start with Laid Back Breastfeeding before you try a specific technique or position

100

Budapest, Hungary

Other Common Hospital Concerns

101

Sore Nipples

- Is it initial latch pain?
 - Should only last for a few seconds
- Is it pain all the way thru the feeding?
- Does the nipple look flattish after the feed?
- Is there trauma to the nipple?

102

Sore Nipples

- Common causes
 - Poor or shallow latch
 - “Hanging out” for long periods of time because baby is “still sucking”
 - Tight frenulum, tight jaw

Photo credit Jane Morton MD, FAAP

103

Sore Nipples

- What to do about sore nipples
 - Identify the problem
 - Why are nipples sore?
 - Address the problem
 - Fix the cause
- Helpful healing modalities
 - Coconut oil/Olive oil
 - Breast shells
 - Lanolin
 - Hydrogel dressings
 - Nipple shield (maybe)
 - Stop bringing baby to the breast and pump while nipples heal

104

Tongue Tie

- Can cause:
 - Sore nipples
 - Inability to latch
 - Poor/no weight gain
 - Low milk supply
- EVERY baby MUST be evaluated for tongue tie before discharge
- Keep in mind it is the FUNCTION of the tongue, not the appearance that determines treatment

Images cwgenna.com

105

Maternal Concerns

Mackinac Bridge, Mackinac City MI

106

“I Need to Sleep”

- Primary concern through first months
- “When will baby sleep through the night?”
- “Please take him to the nursery so I can sleep”

107

How Can We Help?

- Decrease interruptions on PP unit
 - Average 54 interruptions each averaging 17 minutes in length
 - Half the 24 episodes of time alone per dyad were less than or equal to 9 minutes, commonly only 1 minute long
 - Morrison, 2006, 2011

108

Purposeful Hourly Rounding

- Group care activities so interruptions occur only every hour
- All concerns addressed and service offered:
 - Is there anything I can help you with?
 - Do you need anything for pain? More water? Help up to the bathroom?
 - Call me if you need me. Otherwise I'll be back in an hour to check on you.

109

Recommended

- Fully referenced
- By Diane Wiessinger, Diana West, Linda J Smith and Teresa Pitman
- Nighttime and Naptime Strategies for the Breastfeeding Family
- 2014 – Available on Amazon

110

The Late Preterm Infant

Senegal, West Africa

111

Brain Development

- At 35 weeks the brain is only 60% the weight of a full term infant's. There is dramatic growth of the brain in the last 4 weeks of gestation
 - Tonse 2006

112

The Late Preterm Infant

- Unable to initiate and maintain milk supply.
 - May be AT the breast, but not transferring milk due to ineffectual suckling- The Great Pretenders!
- Even with moms that have a robust supply, babies may not be able to transfer what they need
 - Infants transfer only 30% daily intake from the breast during the first week at home, gradually increasing to 52% of daily intake by week 4
 - Final transition to full breastfeeding at about 42 weeks post conceptual age (Meier, 2007)

113

Late Preterm Infant Feeding Guidelines

- “Insurance” pumping
 - Go to breast 4-5X/day
 - PUMP 4-5 times/day for 10 minutes with a double electric breast pump (PUMP 8X/day to establish milk supply)
- Supplement baby with milk obtained or donor milk if available
- Use of nipple shield may help infant transfer milk more effectively (Meier, 2007)

114

Nipple Shields

- Appropriate size
- Make sure you know HOW to apply the shield and teach the mom how to do it
 - Turn partially inside out
 - Nipple should be pulled into shield
- Insurance pumping until you are certain baby is taking enough with the shield and mom is making adequate milk supply.

115

Late Preterm at Home

- Lots of skin to skin
- Teach mom how to do it so she doesn't feel confined to couch/bed/chair

116

What About Guilt?

Columbus, Indiana

117

Guilt?

- Much backlash at people who support breastfeeding when new articles come out – such as the Lancet articles on breastfeeding that were published on January 29, 2016
 - Comments such as –
 - “Forcing mothers to breastfeed”
 - “Studies are skewed”
 - “Doesn't make that much difference in an individual”

118

Guilt

- Articles/blogs/commentaries
 - Baby-Friendly Hospitals May Not Be So Baby-Friendly After All
 - Slate, Feb 25, 2016
 - Unintended Consequences of Invoking the “Natural” in Breastfeeding Promotion
 - Pediatrics, April 2016
 - “Fed is Best” diatribe against lactation consultants
 - Ongoing since 2016

119

Guilt

- How do you feel when reading this type of misinformation?
 - Angry?
 - Bewildered?
 - Guilty?
 - Frustrated?

120

Guilt

- Most often people are writing out of their own sadness and anger that things didn't go better for them when breastfeeding
- They want to place blame – and the easiest target are the people who are working to make breastfeeding more acceptable and easier

121

Guilt

- Thoughtfully consider common backlash statements:
 - Typically written from position of emotions not facts
 - They are avoiding/ignoring high quality research conclusions
 - They assume that the problem is breastfeeding although it is usually inadequate patient/family education that's the issue

122

Guilt

- Breastfeeding advocates have been accused of “making” mothers feel guilty for wanting/needing/having to formula feed or supplement their babies

123

Guilt

- There is no room for guilt in feeding choices
- As health care providers, our responsibility is to provide correct information, support and help in ALL aspects of health care that impact our families

124

Do We Hesitate....

- ...to tell people the truth (or our opinions) about...

• Car seats	-Vaccinations
• Home births	-Saturated fats
• Smoking	-Bedsharing
• Obesity	-Flossing
• Exercise	

125

Guilt

- Yes – some mothers may feel guilty for not breastfeeding – often because they KNOW breastfeeding is best for the baby, but they simply DON'T. WANT. TO.

126

Guilt

- And sometimes, what feels like guilt is actually grief -- grieving a lost breastfeeding experience when things don't go as expected

127

The Real Question Is...

- Are mothers just given a list of “rules” and then simply told to “try harder?”
 - Just breastfeed more often
 - Just pump more frequently
 - “If you really wanted this to work, you would make it happen.”

128

The Worst Kind of Parental Guilt?

- Regret – “I wish I had known”
- Giving factual, evidence based information and appropriate help and support does not place blame or cause feelings of guilt

129

So...Our Responsibility is:

- ... to tell families the facts and the truth about why breastfeeding is important – for mom and baby!

SHARE THE EVIDENCE

- ...to give correct information on “how to” breastfeed and where to go to get help
- ...to help families to make the best decision they can for themselves and the baby based on the facts
- ...to help them know they have the right to expect support and acceptance from HCPs to meet their goals

130

Building consistency for mothers

Bridge the gap to success

1

Parent has the right to expect support and acceptance from her HCPs to meet her goals

The goal for all of us as we work together to help each parent their goals

2

Women reported they were least supported

- By their health care team
- However, positive health care team attitudes were related to increased breastfeeding intentions and behaviors
- Mothers report conflicting information from HCP
- What information received today would change this?

3

Moms appreciate hospital changes to support breastfeeding

- Hospital implementing evidence based maternity care like skin to skin
 - increase patient satisfaction
- Minimizing the role of nursery
 - Rooming in, easier to breastfeed, and know when baby is hungry
- Others can stay with mom and baby when you have rooming in
- Validate the mom's feelings
- Drop-in group offers support from an IBCLC, essential for continuing success
 - Voices of mothers, 2016, nichq.org

4

Simple free and best practices in the hospital

- Laid back breastfeeding
- Skin to skin
- Mom rest time
- Teach feeding cues
- All will have a positive result for the mom and her baby
- Simple free changes, evidence based
- Your take home message for today

5

Evidence based changes which require a bit more effort

- Reduce supplementation and discharge bag distribution
- Utilize model breastfeeding policies
- Encourage mothers and babies to stay together and skin to skin care
- Assess staff breastfeeding competency
 - www.usbreastfeeding.org
 - Prepared competencies for all health care providers
- Increase staff breastfeeding education based on evidence base practice
- Increase breastfeeding assistance and access to IBCLCs

6

Build community connections

- Moms with LC and PC support more likely to continue
 - Schreck, 2017
- Are you giving moms a community referral information?
 - Where do I go for help?
- Do you contact the WIC clinic when moms are discharged?
 - Community support available
 - Great connection for support on day 3 and beyond
 - Weight checks available in many places

7

Collaboration idea



- WIC Peer counselor support can increase the odds of a positive BF outcomes for 355 to 164%
 - Assibey-Mensah, 2019

8

Collaboration idea



- Integrating and coordinating care with WIC
- Information sharing
- Coordinating care to reduce conflicting educational messages
- Benefits and barriers to integrated barriers
- Strategy to improve consistent care
 - Bailey-Davis 2018

9

2019 research of hospital practices indicates

- Model breastfeeding hospital policies
- Reducing supplementation
- Reducing formula “give aways”
- Reducing pacifier use
- Providing support and follow up
- Skin to skin care in the first hour
- All increased breastfeeding confidence and duration
- Where can you make change?

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Collaboration idea



- Lactation skills workshop
- City of Dallas WIC and hospitals
- Training of practical techniques
- Information for staff when working with BF patients
- Increased BF rates by 10%
 - Ballou, 2017

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Where can you begin?

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Staff Needs to Know

- This is part of everyone’s job
- Breastfeeding competency is part of YOUR job
- Patient satisfaction is part of your job
- Breastfeeding support is important for patient satisfaction
- Those satisfaction surveys are important

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Let’s think about this quote

- Another factor I have observed in supporting hospitals on their journey, BFHI is REALLY a quality improvement initiative. The traditional culture of OB departments is one where the only numbers counted are budget and patient satisfaction. The nurse managers have, in general, not been using the QI techniques that are common in stroke, slip and fall, cardiac and other initiatives. Learning to audit skin to skin, rooming in, breastfeeding, bottle/pacifier, etc. and then implement PDSA cycles is HUGE.
 - Karen Peters
- What do you think?
- How could you use this to make change in your hospital?

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Community support, Step 10

- The key for long term sustainability of breastfeeding goals
- 92% of mothers doubt their milk supply on Day 3
 - Day 3 is crucial for support

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WIC is there for you

- 53% of babies in the US are eligible for the WIC program
- We are no longer the “formula give away” program
- We are in most counties across your state
- We can be that follow up that so many mothers need
- We are there to partner with you to provide prenatal care and post partum follow up
- Get them started with breastfeeding
- Breastfeeding is a confidence game

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WIC’s goal for mothers is

- Exclusive breastfeeding
- The “go to place” for breastfeeding
- Reach out to the WIC staff here today to learn the services they offer
- MEET SOMEONE FROM WIC TODAY
- We are all part of the same community
- We can HELP YOU
- Let’s discuss what we CAN do

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How can we connect?

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New program coming from USDA for WIC

- Agencies will have a Designated Breastfeeding Expert
- Peer Counselors to support
- DBE to handle more difficult problems right then and there in the clinic
- WIC clinics with the most lactation services available increased initiation and duration of breastfeeding
 - Gleason, 2020

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WIC Clinic breastfeeding support

- Most effective if
- Peer counselors
- IBCLCs
- Postnatal visits
- Allowing any staff to do pump education
- Policy to not provide formula in first 30 days
- Were studied, all were found effective
 - Gleason, 2020

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WIC has adjusted the food packages

- More closely follow the Institute of Medicine Guidelines
- They are about optimal nutrition
- Provide more food for breastfeeding mothers
 - Breastfeeding mothers stay on the program longer
 - Higher priority in program
- Research shows this change is helping our breastfeeding rates

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How many of you have referred

- New mothers to WIC for formula?
- Change that TODAY!
- Refer them to WIC for breastfeeding support and information
- When their problems seem overwhelming, they turn to formula to solve them

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Working together we can

- Support prenatally with appropriate education
- Support with reinforcement of information in the hospital
- Build self confidence in breastfeeding
- Refer to WIC for post partum support
- Provide support with questions and concerns once parents are home and on their own
- Build that community bridge!

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New moms

- Need all of us to maneuver the first few days of learning breastfeeding
- They lack support from family or society
- We need to work together
- Mothers need to hear the same messages from hospitals and community partners
 - They will breastfeed longer
 - This is goal for all of us and our communities
 - And we CAN achieve it when we work together

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