

Building Bridges to Breastfeeding Duration

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Lactation Education Consultants

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Objectives for Program

- List 4 ways in which WIC and the federal government are promoting and encouraging breastfeeding/chestfeeding
- 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 parents to breastfeed/chestfeed may be made easier on staff
- Define Baby's Second Night
- Develop strategies to help resolve 4 common breastfeeding/chestfeeding 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
 - 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 parents need a continuum of support
 - Lactating parents lose confidence in their ability to breastfeed/chestfeed
 - Need everyone saying the same thing and on the same page!!
- Need consistency of information
 - We need to join together with community partners to provide this consistency
- We need to increase breastfeeding/chestfeeding 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 was originally funded by a grant from USDA Midwest Region
 - Knowing that incorporating all areas of health care in breastfeeding support would benefit us all.

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So why is this important?

- Breastfeeding/chestfeeding 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/chestfeeding easier for parents
- Women face many barriers to continuing breastfeeding/chestfeeding
- 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

- 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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How breastfeeding is healthier for parents

- 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/chestfeeding 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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Breastfeeding/chestfeeding reduces childhood obesity

- The lowest prevalence of obesity was found in children who were breastfed for 6 months compared to those who were breastfed less than 6 months or never breastfed
 - Study of 1234 children
- Interventions to combat childhood obesity need to include the promotion of breastfeeding
 - Wang et al, 2017

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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/chestfeeding 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/chestfeeding 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 we bottle feed?
- How much do feeders 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 have improved
- And where we need to improve
 - Outcome and Process Indicators

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CDC reports and toolkits

- On breastfeeding
- <https://www.cdc.gov/breastfeeding/php/resources/reports-and-toolkits.html>

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CDC Breastfeeding report Card 2022

- 83.2% of infants ever breastfed
- 55.8% of infants breastfed at 6 months
- 35.9% breastfed at 1 year
- 45.3% breastfed exclusively through 3 months
- 24.9% breastfed exclusively through 6 months
- 19.2% receive formula supplementation with first 2 days
- New report due out August 2024??

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By state for Midwest Region

- Illinois 84.9% ever Bf 47.8% ex. @ 3 months (formula 18.4%)
- Indiana 85.9% ever BF 46.2% ex. @ 3 months (formula 14.3%)
- Michigan 83.1% ever BF 42.6% ex. @ 3 months (formula 18.7%)
- Minnesota 91.9% ever BF 57.5% ex. @ 3 months (formula 18.1%)
- Ohio 79.5% ever BF 42.7% ex. @ 3 months (formula 23.9%)
- Wisconsin 87.5% ever BF 59.3% ex. @ 3 mos. (formula 12.0%)
 - 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/chestfeeding?

- 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/chestfeeding
 - 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/chestfeeding termination at 2 months
- Versus mothers who
 - Exclusively breastfed/chestfed 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/chestfeeding hospital practices

- The association with exclusive breastfeeding at 30 days was most apparent when
- Professional support and guidance with breastfeeding/chestfeeding provided
- Encouragement of breastfeeding/chestfeeding 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?

Where do we start?
Here are a few simple ideas

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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”
- What could you ask instead?

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Why? Because Breastfeeding is Normal!

- We should be assuming all birthing parents are breastfeeding/chestfeeding
- The majority ARE

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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/chestfeeding campaign depends on the personnel able to support breastfeeding/chestfeeding parents with accurate information and assistance.
- Why should breastfeeding/chestfeeding 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/chestfeeding “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
- 9 instinctive stages as he moves from womb to the world (coming)
- 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/chestfeeding
- 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/chestfeeding duration when done in first hour
- Decrease in breastfeeding/chestfeeding problems
- Why not?
- Don't all babies deserve the transition?
- And it is the "reset button"

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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 without 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 un- recognized or unresolved

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Skin to skin safely: From AAP Prevention of SUPC

- Standardize S2S procedure
- Mother: somewhat upright, not flat: Ensure staff competency
- Infant : nose and mouth not covered, face to side; neck, straight. not bent
- Frequent assessments
- Appropriate lighting so infant's skin color can be assessed
- Look out for SUPC risk factors
- Educate parents and support persons

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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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Encourage skin to skin care

- Allows the baby to use his 9 instinctive reflexes/responses to get the breast/chest
- Parents SEE that it works!
- Empowering moment
- More likely to feel confident it will work once they are home

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Avoid supplementation

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

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“Laid back” feeding

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

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Surgeon General and AAP identified

- 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/chestfeeding
- 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/chestfeeding

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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 565 hospitals in the USA as of May 20, 2024
 - Only 25.37% 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
- Parents in breastfeeding/chestfeeding supportive 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/chestfeeding duration
- Model policy
- Limiting nonhuman 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 parent's choice and support the importance of breastfeeding/chestfeeding
 - When we supplement, we erode confidence
 - "I knew this wouldn't work"
- Be Positive and Realistic in your teaching
 - This is what the parents 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 the items we need to check off our list
- Yet everything we do sets the stage for the future
- Very vulnerable time for parents
- They sometimes hears/perceives messages negatively
- Or hear conflicting information
- THEN THEY GO 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/chestfeeding
- 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 confidence
- Parents need reassurance that the newborn is getting enough
- When concern exists about newborn weight, confidence in the ability to breastfeed is diminished, confidence in breastfeeding can negatively influence outcomes
 - DiTomasso, 2019

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Provide the parents with a tool kit for success

Help them to get started right

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

- Laid back feeding at the breast/chest
- How to know breastfeeding/chestfeeding 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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How does they know if breastfeeding/chestfeeding is going well?

- Handout to all parents 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 they know if breastfeeding/chestfeeding is going well?

- They should hear gulping and swallowing during feedings after the milk has come in
- Breasts should feel softer after a feeding
- Nipples should not be painful during the feeding
 - 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/chestfeeding should be comfortable

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Infant Feeding Cues

- Essential education for all new parents
 - They 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 parents 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/chestfeeding
 - She stopped crying when I 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/chestfeeding

- 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 parents
- Infants would latch easily
 - Difficulty in latch perceived as breast/chest 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/chestfeeding 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 parents?
- Confident commitment is our goal

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