Building Bridges to Breastfeeding Duration

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
- 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

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

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

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 need to increase breastfeeding duration
  - Supplementation occurs too early too often

As a result…

- "Building Bridges" was born in 2004 and was been 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

Lactation Education Consultants

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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

The AAP Statement on Breastfeeding

- Human milk is the normative standard for infant feeding
- Recommend exclusive breastfeeding for 6 months
- Continue breastfeeding to one year as complementary foods are introduced
- Then breastfeeding should continue as long as mutually desired by the mother and baby
- Hospital routines should support the sustaining of exclusive breastfeeding
- Breastfeeding is about public health and not just a lifestyle choice

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

Why is this important

- Breastfeeding is healthiest for mothers
- Breastmilk is best for infants
  - AAP, ADA, NWA (WIC)
  - WHO, CDC
  - Healthy People 2020 priority
  - 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

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

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

Breastfeeding Savings Calculator

- http://www.usbreastfeeding.org/p/cm/ld/fid=438
- How much money is being saved by breastfeeding

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

Breastfeeding 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

The human microbiome plays a role in maintaining health

- Begins in utero
- Labor and birth environment influence the colonization process
- Transfer of microbes from the mother to newborn may serve as an early inoculation process
- Differences in microbiomes between infants born vaginally and by C-section
- Conserving the microbiome is achieved by immediate skin to skin and initiation of breastfeeding

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

Major Defense Factors, review

- Alpha -lactalbumin
- Cytokines
- Lyzozymes
- 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

Did you know??
Pain relief meta-analysis

- 10 studies/1066 infants
- Reduced pain response
- Reduction in cry time
- More effective than dextrose or anesthetic cream
  - Harrison Cochrane Review 2016

Reduced rate of SIDS; Meta-analysis

- Breastfeeding is protective against SIDS
- Effect stronger when breastfeeding is exclusive
- Duration of at least 2 months was associated with half the risk of SIDS
  - Thompson et al. Pediatrics, 2017
- Include information with SIDS risk reduction messages
  - Hauck et al, Pediatrics, 2011

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

Focus on obesity prevention

- Has pushed breastfeeding support to the forefront in public health
- Obesity is seen as an epidemic in the US per the CDC
- 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

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 Oligosacchrides
- Baby controls his feeding?
  - Overfeeding?
- Effect of leptin?

Comparison of fully formula fed with exclusively breastfed

- Infants receiving a combination of formula and breastmilk did not appear to receive protection against obesity
- Higher proportion of children who were introduced to formula earlier in life were overweight or obese
  - most noticeable in age of formula introduction at 3 months or less
- Likelihood of obesity increased in children who were only formula fed when compared to children who only received breastmilk
  - Rossiter, 2015

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
- What is the effect of these factors on the health of the US population?

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

Why are duration rates low?

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

Higher MPINC scores were associated with

- Higher rates of in hospital exclusive breastfeeding
- 39% for hospitals with lowest MPINC scores
- 60.4% for hospitals in the highest MPINC total score quartile
  - Barrera 2019

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

The hospital experience can increase duration

- Mothers who
  - Receive a pacifier
  - Receive formula
  - Had staff teach them about breastfeeding
  - 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

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

Just think about this if you doubt you are marketing for a formula company

- From a Ross training manual
- "Never underestimate the importance of nurses. If they are sold and serviced properly, they can be strong allies. A nurse who supports Ross is like an extra salesperson."
- Formula marketing decreases mothers' confidence in their ability to breastfeed especially when provided by HCP and institutions
  - Parry, 2013
- Receipt of formula samples adversely affects breastfeeding duration and places the nurse at risk
  - Walker, 2015

Why do we feel it is important

- To give mothers formula samples?
  - Worried that human milk not enough?
  - Giving a gift?
  - We have always done this?
  - Mothers ask/expect this?
    - WHY?
    - Do we give out any other samples/gifts?
    - Do we track these gifts?
    - What about recalls?

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

Morain, 2018

This is About the Healthiest Choice for Our Families

- This is not about personal feelings
- This is not about what we did or didn't do with our children
  - It is the choice of THIS mother
  - We need to honor HER choice
- This is about optimal health practices
- We ALL want to provide the best health care for our patients

We need to eliminate this question

- Our first very simple step
- But how do you get the information for "the form"

Why? Because Breastfeeding is Normal!

- We should be assuming all women are breastfeeding

What do women really want?

- Engagement during pregnancy is important
- Mothers who are prepared, knowledgeable and confident have better outcomes
- Every feed counts
  - Do not focus on exclusivity/rules
- Breast not best: IT IS NORMAL
  - Cuddles, closeness
  - Saves time, costs nothing, always available

What do women really want?

- Tell us the truth: it can be challenging
- Breastfeeding promotion has to encompass partners, family
  - Make it more normal and acceptable, visual
  - Teach this as normal early on
  - Media campaigns
  - Strong role models
    - Brown, 2016

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!!

How can we make breastfeeding "easier"?

For mothers and for our facilities

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

First hour of power

- Skin to skin
- 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!

We need to move away from regulation as the priority

- Breastfeeding "management" should not be the priority
- We need to allow the mother and baby to work together to learn their own dynamic
- We are not teaching, we are allowing the dyad to learn together
- Breastfeeding is a learned skill
- How do humans learn? Practice!
- Begin with skin to skin and rooming in

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
- Supplementation erodes confidence in supply and latch
- Implies to mothers that her breasts do not work

Time management

- Timing does not determine milk supply
- Number of feeds determines milk supply
- Least knowledge among mothers is how milk is made
- We need spend more time helping moms make milk and less time about the clock
- Initiation of milk within first hour, number of feeds on day 2 increased supply
  - Parker, 2010 J Perinatology

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?

Skin to skin care

- Statement by AAP
- "Healthy infants should be 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 un recognized or unresolved

"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

How does "laid back breastfeeding" work?

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

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

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

Stable baby

- Baby held as the mother leans back, not flat
  - Gravity blunts reflexes
  - Baby can then carry out his reflexive behaviors
  - Follow baby's cues, helping him only when necessary
  - Instinctive feeding position
  - Babies are Born to Breastfeed
  - Eliminates the "I can't or he won't breastfeed" perception of mothers
  - Baby led self attachment

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!

Surgeon General 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
- These steps provide the correct method of supporting healthy mothers and babies after birth

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

TEN STEPS to SUCCESSFUL BREASTFEEDING

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

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

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

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

Breastfeeding Friendly Hospitals in the US

- Only 590 hospitals in the USA as of June 15, 2021
- 27.96% of US births

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

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

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)

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

Collaboration idea

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

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

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……

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

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
  - DiTomasso, 2019

Provide the mother with a tool kit for success

Help her to get started right

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

What do moms WANT to hear?

- Moms desired information and guidance in the following areas:
- Milk supply management
- Frequency and duration of feeds
- Latch, positions and getting started
- Realistic information regarding common breastfeeding concerns
- "I wish the nursing staff would use a hands-on approach when showing you how to latch your baby. I had a lot of nurses latch the baby in the beginning. I wish they would have let me do it with their advice so I did not feel so unsure when I left the hospital"
- They need to believe they can do it themselves when they go home!
  - Leurer, Missky 2015

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

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

Confidence is EMPOWERING

How does she know if breastfeeding is going well?

- Handout to all mothers with reminders
- 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

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

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!

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

Why do mothers request supplementation?

- Lack of confidence
- How do I know breastfeeding works?
- Lack of role models
- Lack of support
- You can change this with evidence based information!

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

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"

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

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

Best Practices for Easier Breastfeeding

BUILDING BRIDGES – Hospital Practices

- GOAL:
  - Make breastfeeding easier for…
    - Babies
    - Mothers
    - Staff

What Is the Goal?

- Why is breastfeeding so hard?
  - Babies are hard wired to breastfeed
  - Moms are hard wired to produce milk
  - It simply shouldn't be so difficult for so many

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 which will impact mom's overall experience
- This will also impact the exclusivity of breastfeeding…

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
  - Perception of the mother
    - "My breastmilk/feeding isn't good enough; I'm failing my baby"
  - 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)

Attitudes to Childbirth

- If mom has chosen non-medicated childbirth…
  - What response has she received from her friends?
  - Is her physician TRULY supportive of her goals?
  - How is she treated by the nursing staff?

Attitudes to Childbirth


I went to a childbirth class given by the hospital I was giving birth in. Nurse talked about and passed out a simple birth plan form to fill out. When I got into the labor room, I gave my nurse the paper. She said mockingly "A BIRTH PLAN? HA HA HA!". I was so humiliated, and things got worse from there. Later, I saw my birth plan on the floor covered in dirty footprints. And that sums up how my birth went...
Like · Reply · Message · 14 · November 12 at 10:27pm

Do We Think…

- About...
  - How interventions in childbirth can impact breastfeeding?
  - How interventions during and immediately after the birthing process can impact the mother/infant bond?
  - What an intervention really is?

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)

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 frequently offered induction of labor at 39 weeks for no medical reason
  (Breedlove, 2018)

Common Birthing Practices NOT Conducive to Bonding or Breastfeeding

- Infant weight & exam in L&D
- 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)

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

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

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

One More 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)

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)

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

104

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

105

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)

106

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)

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!

Are Pregnant Women Getting Enough Vitamin D?

- Study done 1/1/08-12/31/09, Detroit MI
  - Definitions of circulating 25(OH)D_3 (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)

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 Bopivacaine during labor than those with higher levels (mean: 43 ng/ml)

(Ropers, 2014)

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)

Hospital Interventions: Impact on Breastfeeding

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)

Studies on Epidurals

- Several studies documented in your handouts….

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)

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)

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)

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)

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)

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*)

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)

Epidural Analgesia/Anesthesia

- Incorrect information has been given to women 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

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)

Quasi-medical Reasons for Inductions

- Low amniotic fluid (olighydramnios)
  - "The significance of oligohydramniois 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

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?

Effects of Pitocin

- Antidiuretic effect – increased water reabsorption – possibility of water intoxication & edema in mom
- Neonatal jaundice
  (JHP package insert, 2007)
- Use of intrapartum oxytocin is a predictor of impaired/inhibited first hour breastfeeding
  (Gomes, 2018)

Effects of Pitocin

- Inhibits expression of several primitive neonatal reflexes associated with breastfeeding
  (Gabriel, 2015)
- 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-Fortea, 2014)

Effects of Pitocin

- Women with a history of pre-pregnancy depressive or anxiety disorders exposed to peripartum oxytocin increased the risk of postpartum depression/anxiety by 36%.
- Women with NO history of depression – increases risk by 32%
  (Kroll-Desrosiers, 2017)

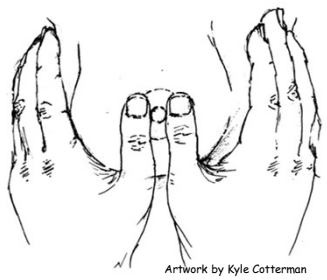
Effects of IV Hydration

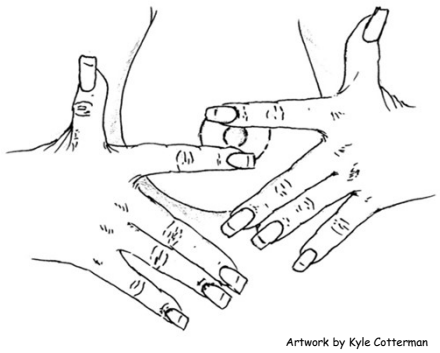
- Women receiving >1200 ml fluid during labor
  - Average weight loss in babies at 60 hours 6.93%
  - Diuresis takes place first 24 hours to normalize body fluids in infant
  - Recommends a baseline weight at 24 hours rather than at birth
    (Noel-Weiss, 2011)

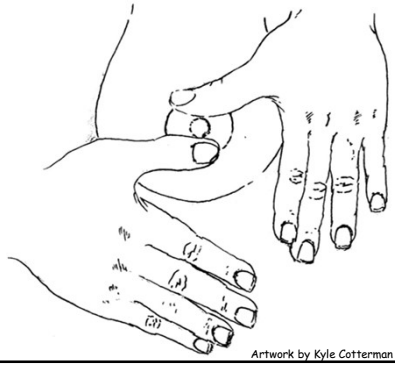
Baseline Weight at 24 Hours

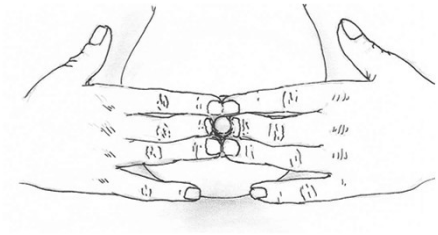
- C/Section babies
  - Reduced supplementation from 43.6% to 27.4% thus increasing exclusive breastfeeding
  - No significant difference in mean peak TcB or length of stay for infants who lost ≥8% or ≥10%
  - No clinical dehydration requiring transfer to the NICU
    (Deng, 2018)

Reverse Pressure Softening

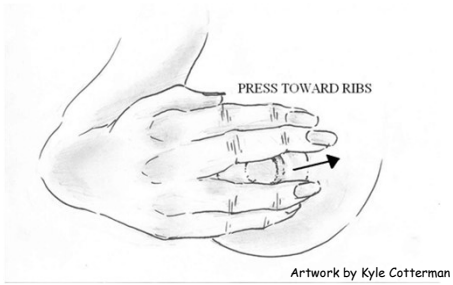





Artwork by Kyle Cotterman


Artwork by Kyle Cotterman

"Vulcan" Hold



Artwork by Kyle Cotterman

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

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)

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 – immediate stem cell transplant at birth to help with repair of damaged tissue

Credit SemanticScholar.org

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

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)

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)

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)

First Feed

- 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

First Feed

- If mom can't breastfeed immediately (VLBW, baby in distress, transfer to NICU, etc)…
  - Imperative to have mom start pumping within that first hour to take advantage of bolus of colostrum and continue to pump REGULARLY

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

First Feeding

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

How Often & How Long?

- Average 8-10 feedings/24 hours when baby shows interest
- "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 moms how to recognize feeding cues, signs of active feeding, and signs of satiation

What is a Good Feed – Infant

- Appropriate latch
- Long, drawing sucks
- Nursing with 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

What is a Good Feed - Mom

- No pain for mom – or discomfort only on initial latch
- Mom reports any/all:
  - Uterine cramping
  - Sleepiness
  - Thirstiness

Feeding Goal

Mom PAIN FREE + Baby WEIGHT GAIN

Nursery/Postpartum Routines

Wait to Bathe

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

152

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)

153

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)

Nursery/PP Routines

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

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?

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

Baby's Second Night

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

Second Night

- This is not about food
- Baby's overwhelmed CNS + a very immature CNS = SECOND NIGHT OF LIFE

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

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)

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

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?

Common Problems Seen in the Hospital

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 because the baby is non-compliant with what WE think they should be doing?
- Are we more concerned than we need to be?

Sleepy Infant

- When do we intervene?
- What do we do?
- Skin to skin!
  - Do not TRY to wake the sleepy baby
  - Strip 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

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

Infants Who Are Not Latching

- Has he ever nursed?
  - How well did he do?
- Has "laid back breastfeeding" been tried?
- How long has he 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

Infants Who Are Not Latching

- Rule #1 – You CANNOT MAKE a baby breastfeed just because…
  - "It's time"
  - "He 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

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

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

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

- Rule #6 – Don't stress mom & baby
  - Be alert for signs of shutdown

- Rule #7 – Express colostrum, feed with spoon

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

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

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

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

Other Common Hospital Concerns

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?

Sore Nipples

- Common causes
  - Poor or shallow latch
  - "Hanging out" for long periods of time because baby is "still sucking"
  - Tight frenulum

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
  - Breast shells
  - Lanolin
  - Hydrogel dressings
  - Nipple shield (maybe)
  - Stop nursing and pump while nipples heal

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

Maternal Concerns

"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"

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

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.

Recommended: Sweet Sleep

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

The Late Preterm Infant

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

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)

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)

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.

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

What About Guilt?

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"

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

Guilt

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

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

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

Guilt

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

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

Do We Hesitate….

- …to tell people the truth (or our opinions) about…
  - Car seats
  - Home births
  - Smoking
  - Obesity
  - Exercise
  - -Vaccinations
  - -Saturated fats
  - -Bedsharing
  - -Flossing

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.

Guilt

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

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."

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

So…Our Responsibility is:

- … to tell mothers the facts and the truth about why breastfeeding is important for her and her baby

  GIVE HER THE EVIDENCE!
- …to give her correct information on "how to" breastfeed and where to go to get help
- …to help the mother to make the best decision she can for herself and her baby based on the facts
- …to help her know she has the right to expect support and acceptance from her HCPs to meet her goals

Building consistency for mothers

Bridge the gap to success

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 meet their goals

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?

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

Odom, Pediatrics, Feb 2013

- 60% of mothers stopped Bf before they planned
- 57.8% not enough milk
- 52% breast milk alone did not satisfy
- 28.8% Trouble getting milk flow to start
- 26.9% baby lost interest
- 26.8% baby had trouble sucking or latching

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

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

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

Collaboration idea

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

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

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?

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

Where can you begin?

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

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?

Community support, Step 10

- The key for long term sustainability of breastfeeding goals
- Needed for long term impacts on breastfeeding during the first 6 months
- 92% of mothers doubt their milk supply on Day 3
  - Day 3 is crucial for support
- We need increased investment in WIC Peer counselors
  - Perez-Escamilla et al, 2016

WIC is there for you

- 53% of babies in the US are eligible for the WIC 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
- Build their confidence

How WIC can help you

- We are no longer the formula give away program
- Our job has always been to provide information on optimal nutrition
  - Human milk is the optimal nutrition
  - Breastfeeding is a priority
  - We WANT to work with hospitals to provide the best for our mothers
  - Reach out to us
  - Meet with us to provide a continuum for mothers

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
- Mothers need this community to help to continue breastfeeding
- We can HELP YOU

How can we connect?

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

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, found effective
  - Gleason, 2020

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

WIC resources

- Reference books, resource materials
- Breastfeeding equipment and advice
- Breastfeeding classes for mothers and community partners
- Peer Counselors
  - Mothers want and need one on one support
- IBCLCs at many agencies
- Moms need follow up support when confidence lags

How many of you have referred

- New mothers to WIC for formula?
- Change that TODAY!
- Refer them to WIC for breastfeeding support and information
- Mothers need a support system when they go home
  - They do not receive it from family or society
- When their problems seem overwhelming, they turn to formula to solve them

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

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