Emilie Sebesta, MD

February 11, 2017

2017 Women's Health Conference

Breast Feeding Update for Baby Friendly Ongoing Certification

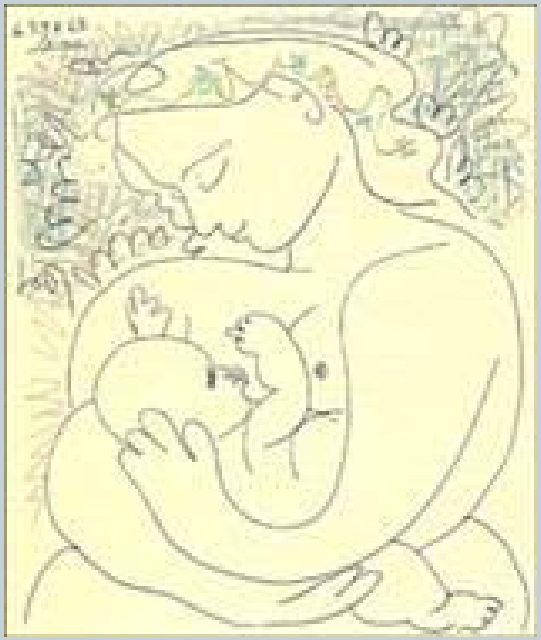
Objectives

1. Review the Ten Steps to Successful Breastfeeding.

2. Review common barriers to successful breastfeeding and strategies to overcome.

1. Become familiar with SUPC (Sudden Unexpected Postnatal Collapse of the Newborn) and discuss ways to prevent.

2. Become familiar with various sources of donor milk mothers may use to help feed their infants and how to counsel mothers regarding the use of donor milk.



First, why breastfeeding?

"Breastmilk makes the world healthier, smarter, and more equal"

"Never before in the history of science has so much been known about the complex importance of breastfeeding for both mothers and children."

Breastfeeding can (amongst other things):

- prevent 72% of admissions for diarrhea & 57% for respiratory infections
- prevent 823,000 children (<5 years) deaths/year
- prevent 20,000 maternal deaths (due to breast cancer)/year
- reduce overweight/obesity by 13%
- save over $300 billion/year

Editorial, "Breastfeeding: The New Normal," *The Lancet*, 2016; 387(10017): 404; Victora, C.J., et al., "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect," *The Lancet*, 2016; 387(10017): 475-490

Baby Friendly™ Refresher

Your friend Monica is considering a career switch from nursing at a rehabilitation center to being an L&D nurse.

One of the hospitals she is applying to has billboards around town advertising that it is “Baby Friendly.™”

She knows you’ve worked in L&D and postpartum care so asks if you can explain what Baby Friendly means and if you think it is better to work in a Baby Friendly hospital or not.

What is Baby Friendly™?

- WHO/UNICEF Program launched in 1991
- Requires
  - implementation of the Ten Steps to Successful Breastfeeding
  - adherence to the International Code of Marketing of Breast-Milk Substitutes

Baby Friendly™ Worldwide

- Over 21,000 hospitals in 150 countries certified Baby Friendly worldwide
- 100% of hospitals in Sweden are Baby Friendly

  - http://www.unicef.org/programme/breastfeeding/baby.htm

BFHI in the U.S. & New Mexico

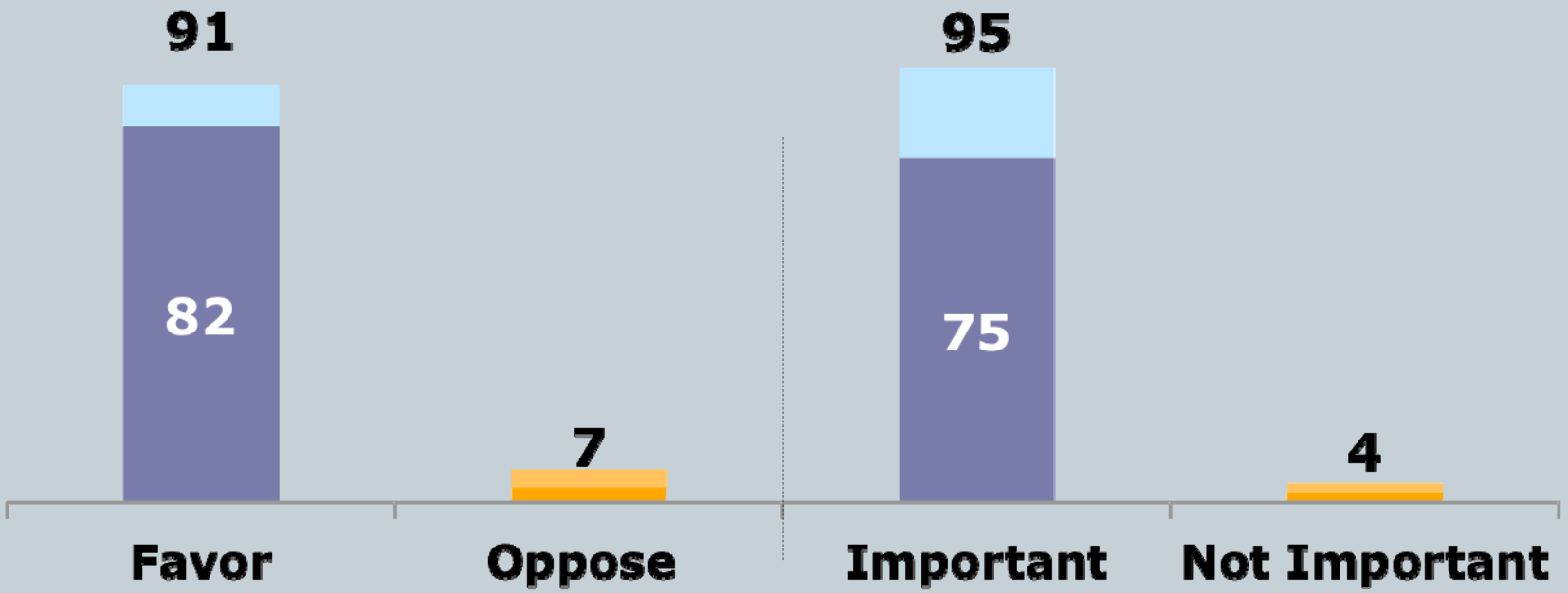
- 407 hospitals designated in U.S. (20.01% of births)
  - CDC Healthy People 2020 Goal is 8.1%

- 7 hospitals designated in New Mexico
  - Zuni Comprehensive Health Center, Zuni, NM (11/13)
  - Mountain View Regional Medical Center, Las Cruces, NM (12/13)
  - University of New Mexico Health Sciences Center, Albuquerque, NM (10/14)
  - Northern Navajo Medical Center, Shiprock, NM (10/14)
  - Gallup Indian Medical Center, Gallup, NM (11/14)
  - Presbyterian Hospital, Albuquerque, NM (4/15)
  - Gila Regional Medical Center, Silver City, NM (7/15)

* Crownpoint HealthCare Facility was designated in 10/14 but lost its designation.

New Mexicans Want Baby-Friendly Hospitals!

Favorability toward and Importance of Baby-Friendly Certified Hospitals

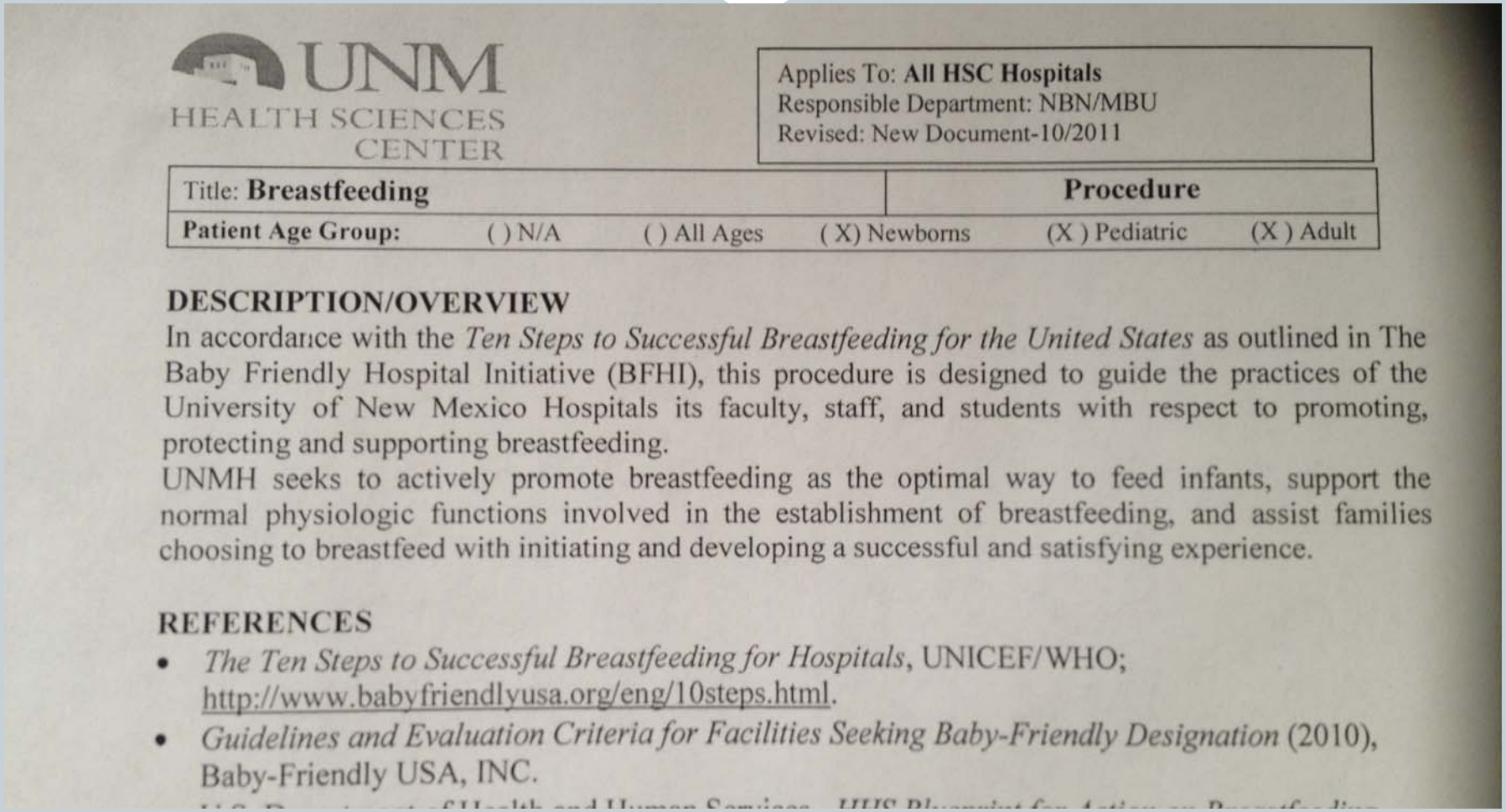


Findings from a 2013 Survey of 500 New Mexicans with an oversample of 100 Latino New Mexicans, performed by Lake Research for the NM Breastfeeding Task Force

The Ten Steps to Successful Breastfeeding


Chocolate

Step 1-Have a written breastfeeding policy that is routinely communicated to all health care staff.



UNM
HEALTH SCIENCES CENTER

Applies To: **All HSC Hospitals**
Responsible Department: NBN/MBU
Revised: New Document-10/2011

Title: **Breastfeeding**				**Procedure**	
Patient Age Group:	( ) N/A	( ) All Ages	(X) Newborns	(X) Pediatric	(X) Adult

DESCRIPTION/OVERVIEW

In accordance with the *Ten Steps to Successful Breastfeeding for the United States* as outlined in The Baby Friendly Hospital Initiative (BFHI), this procedure is designed to guide the practices of the University of New Mexico Hospitals its faculty, staff, and students with respect to promoting, protecting and supporting breastfeeding.

UNMH seeks to actively promote breastfeeding as the optimal way to feed infants, support the normal physiologic functions involved in the establishment of breastfeeding, and assist families choosing to breastfeed with initiating and developing a successful and satisfying experience.

REFERENCES

- *The Ten Steps to Successful Breastfeeding for Hospitals*, UNICEF/WHO; http://www.babyfriendlyusa.org/eng/10steps.html.
- *Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation* (2010), Baby-Friendly USA, INC.

Step 2-Train all health care staff in skills necessary to implement this policy.

Step 3-Inform all pregnant women about the benefits and management of breastfeeding.

Example of Step 3 Prenatal Handout

- **Breastfeeding Your Baby in the First 3 Days of Life**

- This guide is to help you understand common ways that newborns act and how to help them learn to breastfeed. Your nurses and health care providers can help you learn what your special baby needs.

- **The First Day**
- Birth to 2 hours: Ready to Learn
- Babies are **awake and eager** to breastfeed
- Short bursts of sucking are normal
- Mother's breasts are soft
- **What to do**: Hold your baby skin to skin even if you have cesarean birth
- Ask for help to put baby to breast

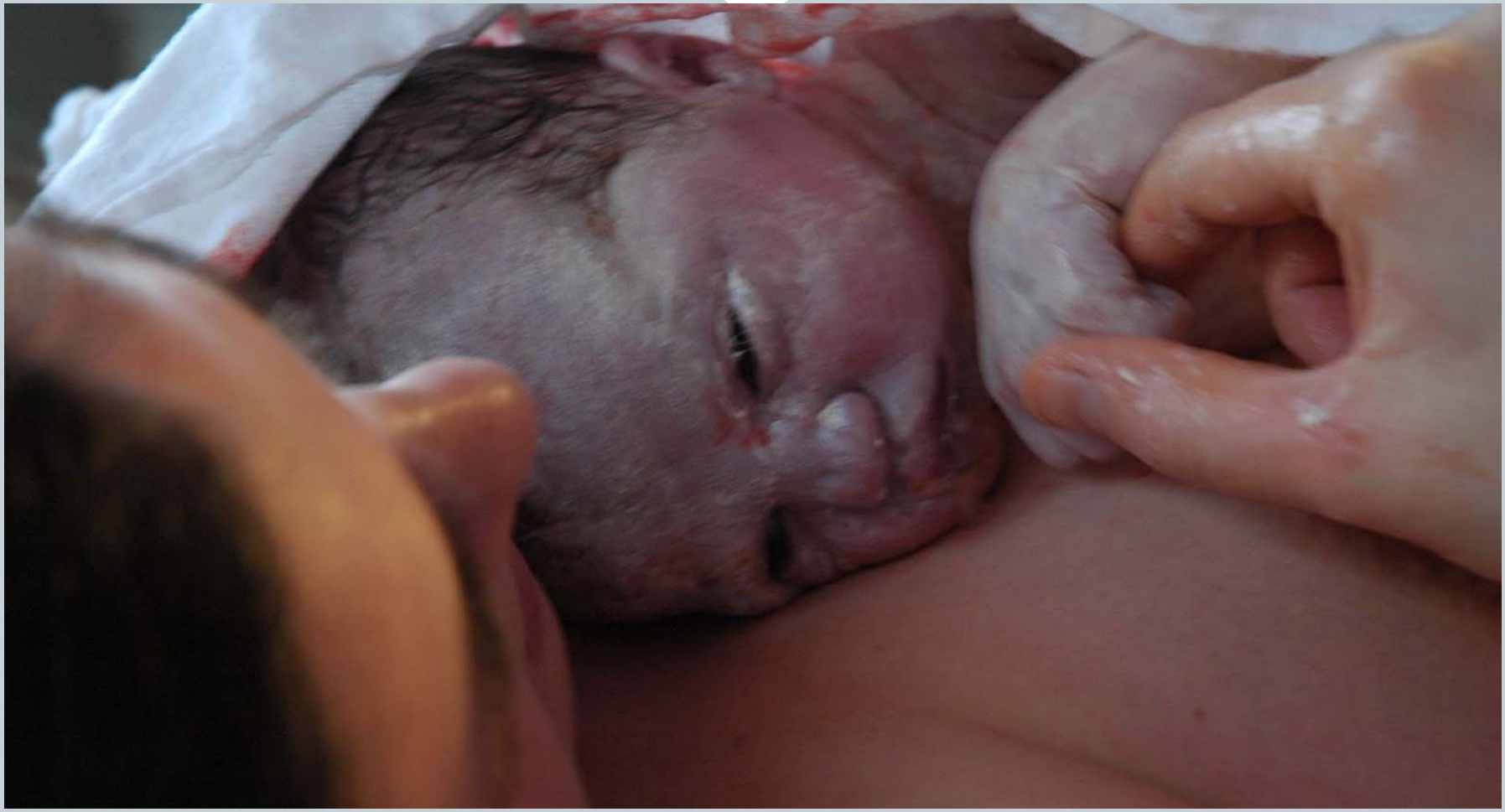
- 2 to 24 Hours: Sleepy Baby
- Babies **sleep** to recover from birth
- Babies may not be interested in feeding and do not need very much
- Babies are learning and may not latch well yet
- Babies may have small feedings with short bursts of sucking
- Your baby may have one or more wet diapers and dark poops
- Your baby's stomach holds 1-2 teaspoons of colostrum each feeding
- Your baby normally loses some weight
- Mother's breasts are soft with small amounts of colostrum
- **What to do:** Hold your baby skin to skin
- Try breastfeeding when your baby is showing feeding cues like sucking hands, opening mouth and turning head, or sticking out tongue
- Ask for help so that you and your baby are comfortable

Interventions to Support Breastfeeding

- A 2016 AHRQ review of studies looking at interventions to support breastfeeding found
  - "consistent evidence that individual-level support and education interventions that take place during the prenatal, peripartum, and/or postpartum periods can increase the prevalence of breastfeeding, including exclusive breastfeeding, for up to 6 months."
- A 2016 Lancet meta-analysis found that
  - "interventions that provided antenatal and postnatal counseling were more effective than were those targeting one period only"

Patnode, CD, et al., "Primary Care Interventions to Support Breastfeeding: Updated Systematic Review for the U.S. Preventive Services Task Force," *Agency for Healthcare Research and Quality (US)*; 2016 Oct; Rollins, N.C., et al., "Why invest, and what it will take to improve breastfeeding practices," *The Lancet*, 2016; 387(10017): 491-504

Step 4 - Help mothers initiate breastfeeding within one hour of birth.



http://www.youtube.com/watch?v=pjDQN9keKQk

Strongest risk factors for early termination of breastfeeding:

- **late breastfeeding initiation**
- formula supplementation

DiGirolamo, AM et al. Maternity care practices: implications for breastfeeding. Birth 2001;28:94-100.

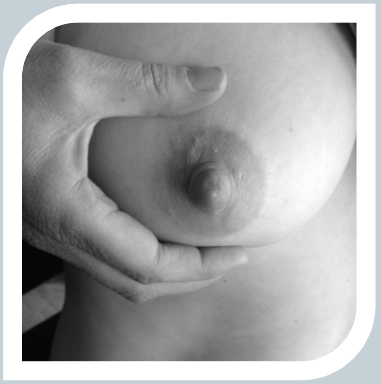
Step 5-Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants

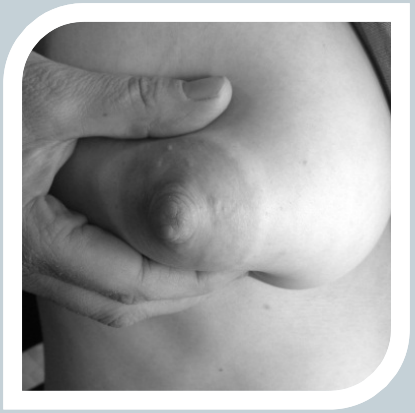
Hand Expression

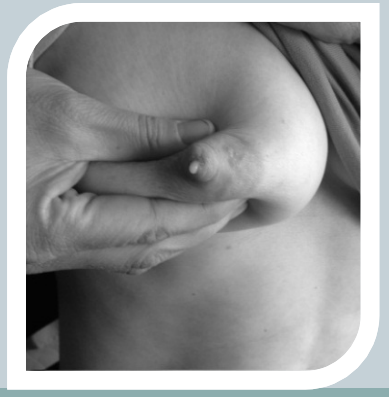
How to Hand Express Your Breast Milk

1. Start by gently massaging your breast. Try using small circular motions over all parts of your breast.
2. Make a "C" with your thumb above and your four fingers below. **Position** your "C" on your breast, with your thumb about ½" above your **areola** (the darker part of your breast around your nipple) and your index finger about ½" below.
3. **Press** your hand back toward your chest. If your breast is large, first lift your breast, then press back toward your chest.
1. **Roll** your thumb and fingers forward at the same time. This will gently compress your breast. You know you're doing this right when you see a drop of milk spurt out from your nipple.

- **Avoid sliding your fingers over your breast or pulling on your nipple. Those actions could cause pain or bruising.**



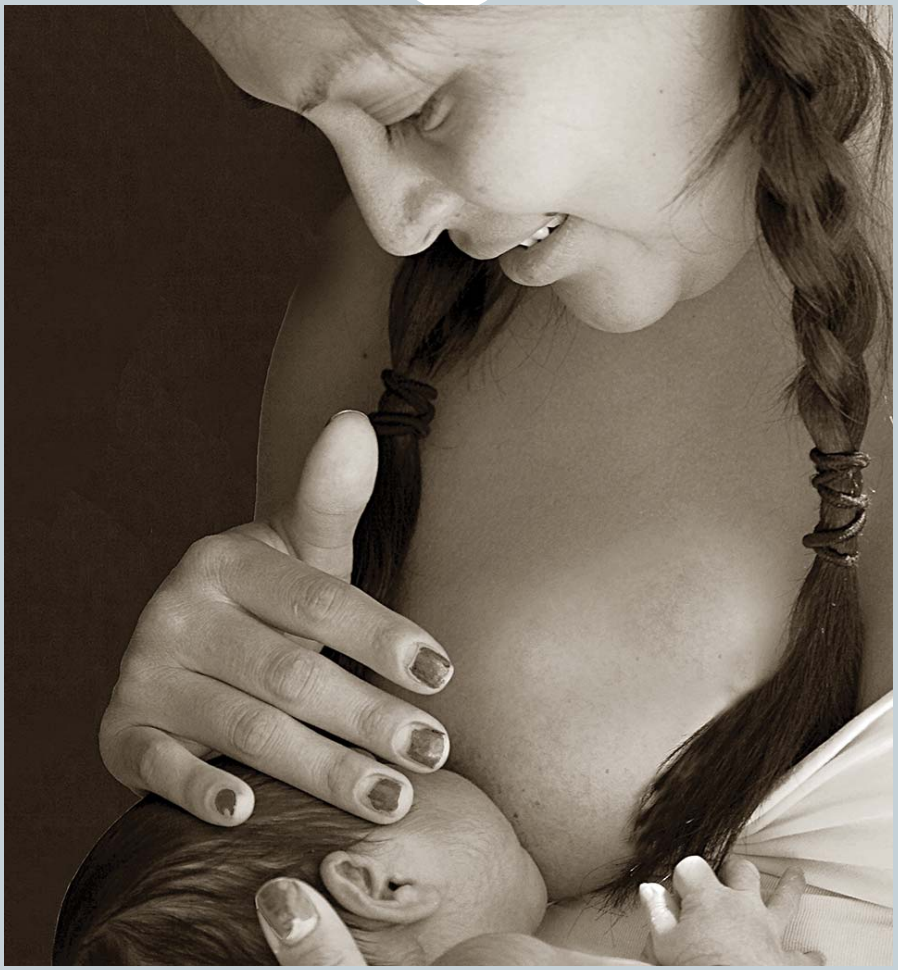




Work

- Women with <6 weeks maternity leave have 4x risk of
  - not breastfeeding or
  - stopping breastfeeding early
- Lactation rooms and breaks to express breast milk increase breastfeeding at 6 months by 25%

Step 6-Give newborn infants no food or drink other than breast milk, unless *medically* indicated.

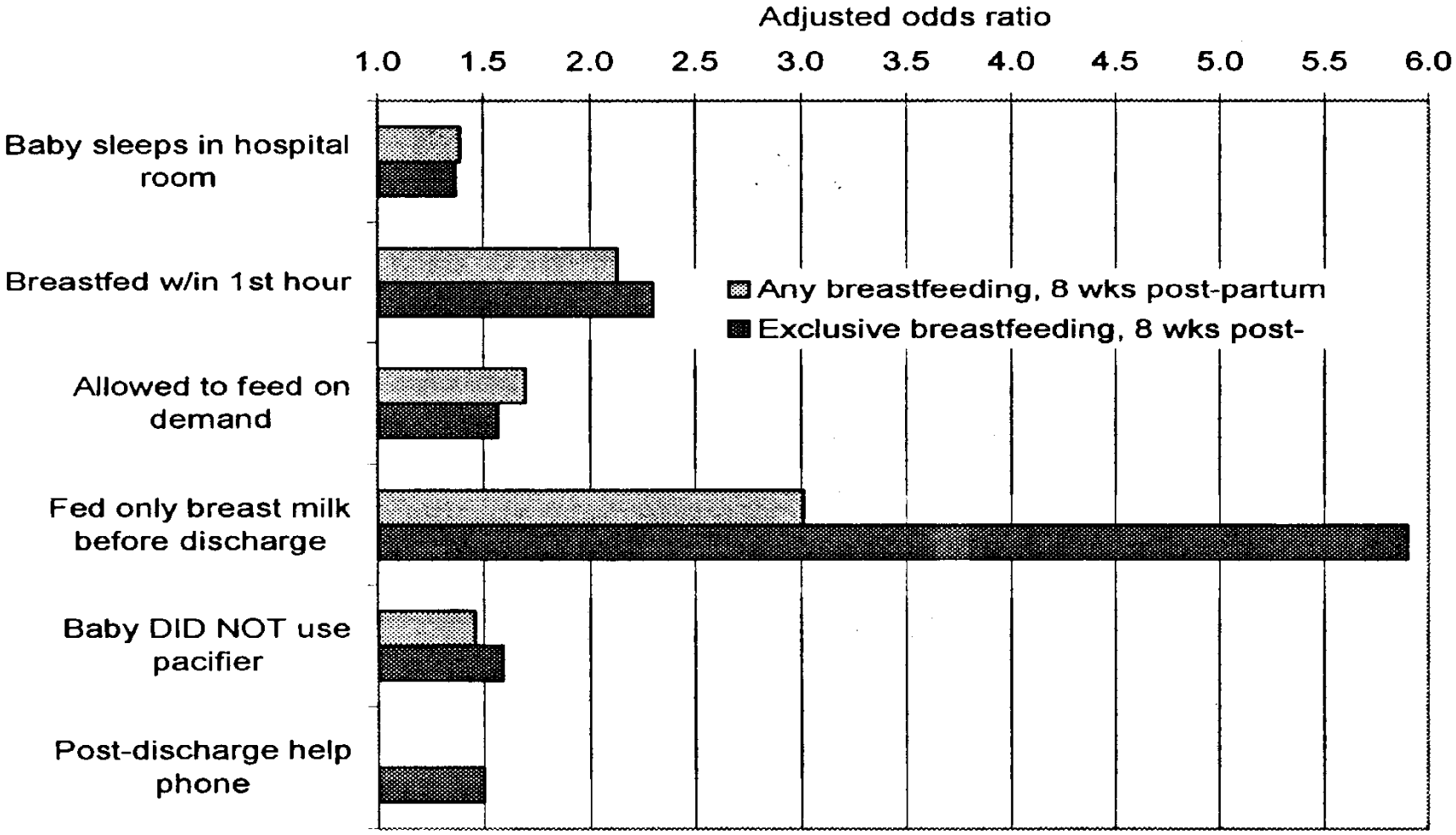


Strongest risk factors for early termination of breastfeeding:

- late breastfeeding initiation
- **formula supplementation**

DiGirolamo, AM et al. Maternity care practices: implications for breastfeeding. Birth 2001;28:94-100.

The Impact of Traditional Hospital Practices on Breastfeeding Support is Significant



NJ-PRAMS Surveys: 11,284 mothers from 2002-07

"Los Dos"

- Definition of what is "successful breastfeeding" varies by culture.

- Many Latina mothers offer "los dos" --- breast and formula --- because they believe
  - Their babies need formula in addition to breast milk to get the best nutrition
  - They cannot make enough milk to satisfy their babies
  - They need to supplement with formula if they are returning to work
  - Any breast milk will give the same benefit to their infant as exclusive breast milk feeding

Waldrop, JJ, Exploration of reasons for feeding choices in Hispanic mothers.
Amer J Mat Child Nurs Sep-Oct 2013 38(5). Bartick, M & Reyes, C, Las dos cosas: an analysis of attitudes of Latina women on non-exclusive breastfeeding. *Breastfeed Med.* 2012 Feb;7(1):19-24.

"Los Dos"

- This has been our experience with many Latina mothers in New Mexico (and New Jersey).
- The NMBTF 2013 survey found that 39% of New Mexicans do not believe giving supplemental formula interferes with breastfeeding.
- Provider's role includes providing culturally sensitive information to make an informed decision, including harm of supplementation and increased benefits of exclusive breastfeeding.

Findings from a 2013 Survey of 500 New Mexicans with an oversample of 100 Latino New Mexicans, performed by Lake Research for the NM Breastfeeding Task Force

Step 7-Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.

Step 8-Encourage breastfeeding on demand.

Step 9-Give no pacifiers or artificial nipples to breastfeeding infants.

- But okay for babies
  - Undergoing painful procedures
  - Who are premature
  - With neonatal abstinence syndrome
  - Under phototherapy

Step 10-Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

...And comply with the International Code of Marketing of Breast-milk Substitutes

- **No promotion of formula, bottles, nipples, and breast-milk substitutes**
- **No free samples of breast milk substitutes or bottles/nipples**
- 84 countries have enacted
- The United States is one of 16 countries which have taken "**No action**" or for which there is "**No information**" along with
  - Central African Rep.
  - Somalia
  - Kazakhstan
  - Equatorial Guinea
  - North Korea (DPR)

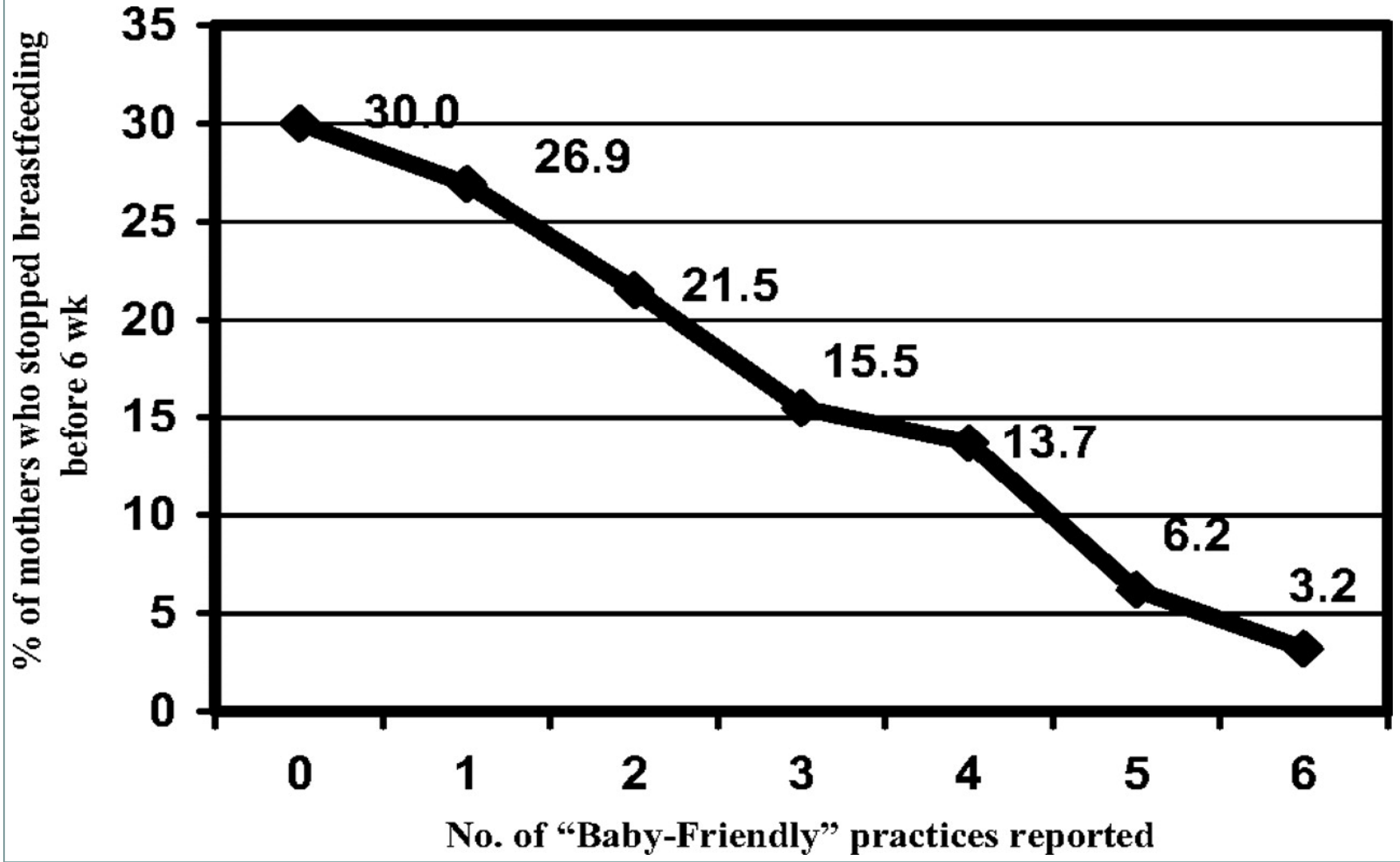
Does BFHI Increase Breastfeeding?

- YES!

- BFHI implementation increases
  - exclusive breastfeeding by 49% and
  - any breastfeeding by 66%

Rollins, N.C., et al., "Why invest, and what it will take to improve breastfeeding practices," *The Lancet*, 2016; 387(10017): 491-504

Among women who initiated breastfeeding and intended to breastfeed for >2 months, percentage who stopped breastfeeding before 6 weeks according to the number of Baby-Friendly Hospital Initiative practices they experienced.



DiGirolamo A M et al. Pediatrics 2008;122:S43-S49

TABLE 5 Odds of Achieving Exclusive Breastfeeding Intention by Number of Baby-Friendly Hospital Practices Experienced, IFPS II, 2005–2007 (n = 1457)

No. Steps Experienced	% Met Goal[a]	aOR[b]	95% CI
0–1	23.4	1.0	—
2	26.0	0.9	0.5, 1.6
3	26.6	1.1	0.7, 1.8
4	32.7	1.5	0.9, 2.5
5	40.6	2.1	1.3, 3.5
6	46.9	2.7	1.5, 4.8

[a] Cochrane-Armitage trend test $P < .0001$ for percentage who met goal.

[b] aOR adjusted for maternal age, race/ethnicity, poverty-to-income ratio, education, prepregnancy weight status, parity, smoking status, WIC participation, Cesarean delivery, marital status, and intended duration of exclusive breastfeeding.

Perrine, C et al. Baby-Friendly Hospital Practices and Meeting Exclusive Breastfeeding Intention. Pediatrics 2012 July;130(1):54-60.

Prenatal Case

Christina is a 23 y.o. G1P1 presenting for prenatal care. She says she would like to breastfeed but doesn't think she will make enough milk because neither of her sisters did.

- How might you respond?
- What might have led to her sisters' difficulties?
- What should you be looking out for now and throughout her pregnancy?
- What might help Christina to succeed when her sisters did not?

Postpartum 1.5 hour case

You are an L&D nurse busy taking care of a 25 year old G1P1 mother who delivered a beautiful 39 week boy weighing 3300 grams. The baby was placed skin-to-skin immediately after birth and breastfed within the first hour. Mom and Dad are thrilled. The baby has been latched on for about 15 minutes when you get called to your other patient's room briefly. When you return you see that Mom has fallen asleep, and Dad is busy texting photos and the good news to friends and family. As you approach the bed, you realize baby's color does not look good and his legs are not flexed.

Sudden Unexpected Postnatal Collapse (SUPC)

- Sudden Unexpected Postnatal Collapse (SUPC) includes any 36+ week gestation infant who
  - is well at birth,
  - collapses unexpectedly and requires resuscitation,
  - within the 1st 7 days of life, and
  - dies, goes on to require intensive care, or develops encephalopathy.
- Incidence 2.6-133 cases/100,000 newborns (depending on definition, inclusion/exclusion criteria, & lack of standardized reporting)

Sudden Unexpected Postnatal Collapse (SUPC)

- Infant risk factors include:
  - late preterm
  - low 5 minute APGAR (<7)
  - required PPV (resuscitation)
  - fatigue
- Maternal risk factors include:
  - primiparous
  - obesity
  - fatigue
  - opiate or regional/general anesthesia
  - magnesium sulfate
- Environmental risk factors include:
  - baby in prone position, especially on abdomen or breast
  - lack of health care supervision
  - parental distraction
  - mom in supine position during skin to skin
  - baby's head covered
  - baby's mouth or nose occluded
  - baby's neck bent

Should we stop recommending skin-to-skin?

- What are some of benefits?
- Can you think of things we might do to protect babies while preserving skin-to-skin?

Some Responses

- AAP Clinical Report issued in September, 2016: Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns
  - continuous monitoring in L&D
  - place infant in bassinet or w/other person if Mom to sleep
- Monitoring tools
  - RAPP (Respiratory, Activity, Perfusion, and Position) proposed by Ludington-Hoe
    - continuous observation/assessment especially in 1st 2 hrs
  - Checklist for Newborns in the First 2 Hours of Life proposed by Davanzo, et al.
    - simple parameters
    - 10 min, 30 min, q 30 min up to 2 hour

Don't throw the baby out with the bath water

"Infant safety and the prevention of sudden unexpected postnatal collapse are of paramount importance, but so are implementation of the Ten Steps to Successful Breastfeeding and designation of Baby-Friendly maternity facilities. These are not mutually exclusive goals and both can save infant lives. . . Neither skin-to-skin care nor rooming in negates the requirement for trained mother-baby staff to continue to monitor newborns throughout the postpartum stay. . . Instead of abandoning the demonstrated benefits of the BFHI, promoting safe and effective assessment of babies should complement the implementation of the Ten Steps to Successful Breastfeeding."

Meek JY, Noble L. Implementation of the Ten Steps to Successful Breastfeeding Saves Lives. *JAMA Pediatr.* 2016;170(10):925-926. doi:10.1001/jamapediatrics.2016.2015

And, remember:

Breastfeeding reduces the risk of SIDS. A meta-analysis of six high-quality studies showed that ever breastfeeding was associated with a 36% (95% CI 19–49) reduction in sudden infant deaths.

Victora, C.J., et al., "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect," *The Lancet*, 2016; 387(10017): 475-490

Postpartum 20 hours

- Rosa is a G1P1 mom with 20 hr term infant asks for formula. What do you do?
- She says the baby keeps falling asleep at her breast and doesn't want to wake up to feed. She's worried he isn't getting enough milk.
- Now what?

Normal Infant Transition

- Best if explained prior to birth
- Baby alert and active for 1-2 hours immediately following birth
- Sleepy for remaining first 24 hours
- Stomach size about 20 ml
- Normal quantity of colostrum 1st 24 hours about 40-50 cc (compare to 60 cc bottle of formula)
- Recommend skin to skin

Postpartum 36 hours

- Now Rosa says the baby is crying and wanting to be on the breast all the time.
- She feels sure she must not be making enough milk and he is crying because he is hungry
- What do you tell her?
- She then says she's exhausted and asks if her baby can go to the Nursery so she can sleep.
- What do you tell her?
- Why is rooming in important?

Normal Infant Transition

- Most babies “wake up” after about 24 hours and have what is called a “feeding frenzy”
- Baby is not starving
- Recommend mom respond to initial cues when able and avoid waiting for baby to cry
- Advise mom to sleep when she is able
- Remind her THIS IS TEMPORARY

Rooming In and Sleep

- Comparison of Swedish mothers before (104) and after (111) implementation of nighttime rooming- in found mothers slept the same number of hours and felt equally alert.

Waldenstrom, U & Swenson, A, Rooming-in at night in the postpartum ward. *Midwifery* 1991Jun;7(2):82-9.

- An earlier study also found that mothers did not sleep longer or better when their infants were returned to the nursery at night.

Keefe, M.R., The Impact of Infant Rooming-In on Maternal Sleep at Night. *J Obstet, Gyn, & Neonatal Nursing* 1988 Mar;17(2):122-126.

Breastfeeding and Sleep

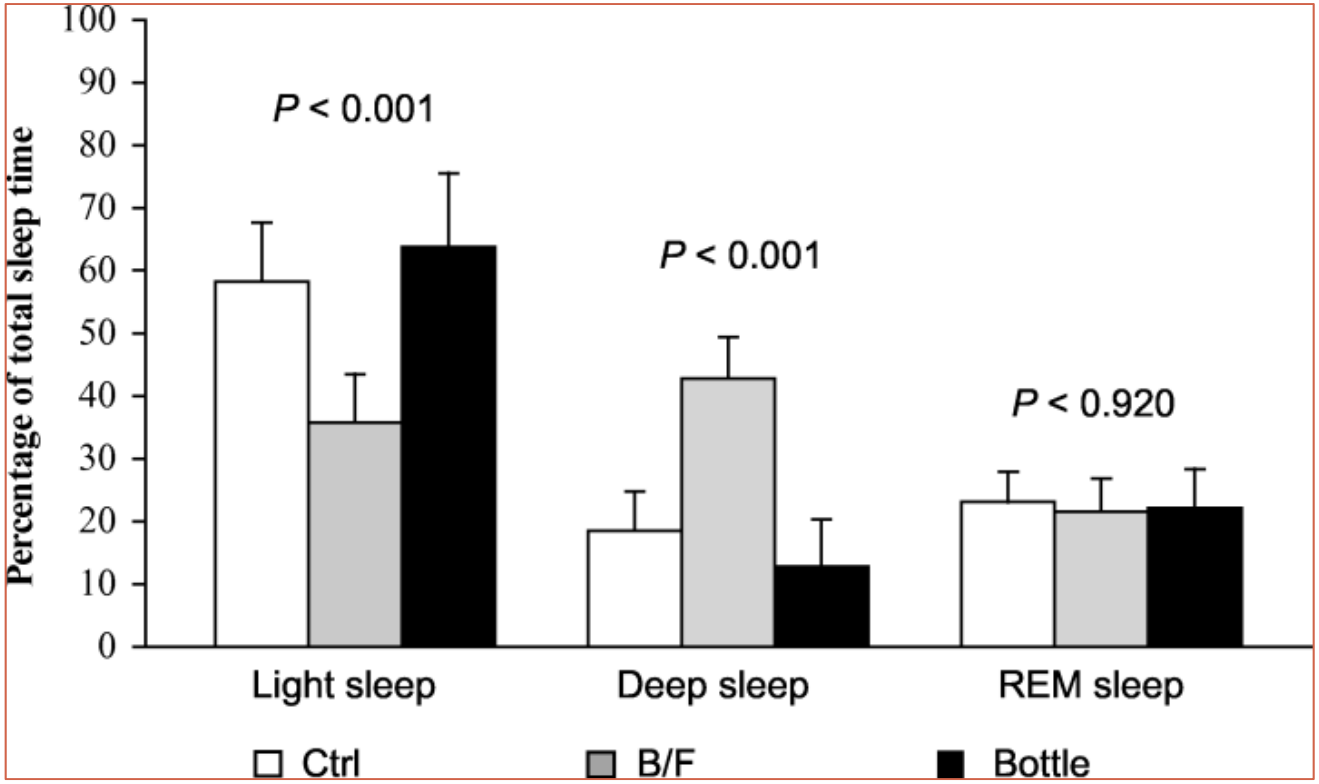
- Prospective, longitudinal study of 120 low-income & ethnically diverse 1st-time mothers found that at 1 month postpartum mothers who breastfed exclusively averaged 30 minutes more nocturnal sleep than women who used formula at night

Doan, T, et al., Nighttime breastfeeding behavior is associated with more nocturnal sleep among first-time mothers at one month postpartum. *J Clin Sleep Med* 2014 Mar 15;10(3):31 3-9. doi: 10.5664/jcsm.3538.

- Breastfeeding mothers averaged between 2-3 times as much Stage 4 or "deep restorative" sleep as formula feeding mothers and controls

Blyton, D. M., Sullivan, C. E. and Edwards, N. (2002), Lactation is associated with an increase in slow-wave sleep in women. Journal of Sleep Research, 11: 297–303. doi: 10.1046/j.1365-2869.2002.00315.x

Lactation is associated with an increase in slow-wave sleep in women



Journal of Sleep Research
Volume 11, Issue 4, pages 297-303, 11 DEC 2002 DOI: 10.1046/j.1365-2869.2002.00315.x
http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2869.2002.00315.x/full#f1

Pain

- Theresa is a 32 y.o. G1P1 mom c/o pain with breastfeeding and wants to give her 30 hour infant, Rose, a bottle
- What do you want to do?

Observation

Latch Matters

- Proper “latch” or “attachment” is the most important factor for preventing problems leading to premature weaning
- Maternal breast pain is almost always caused by poor latch

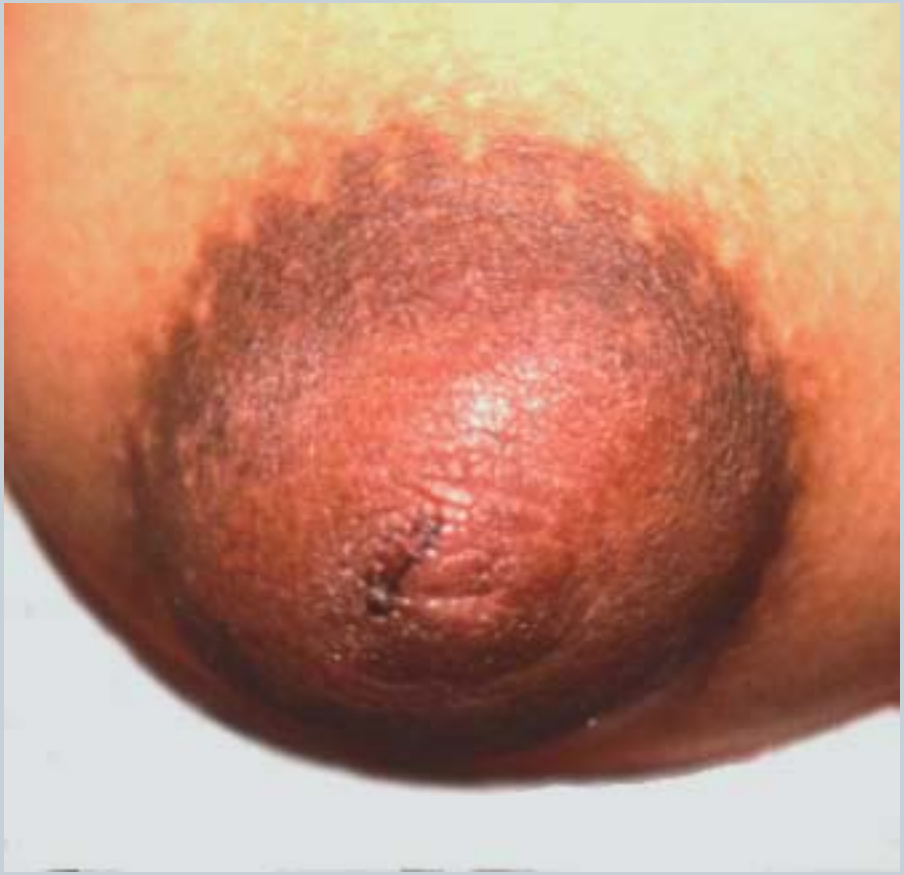
How to assess latch

- Look at baby
  - Lips flanged out
  - Nose touches breast
  - Chin against the breast
  - “asymmetrical latch” is norm (more areola visible above upper lip)
- Listen
  - Audible swallow
  - Suck-swallow or suck-suck-swallow pattern
  - No clicks
- Look at mother’s breast
  - Not damaged
  - Not shaped like lipstick

Like this

Not like this

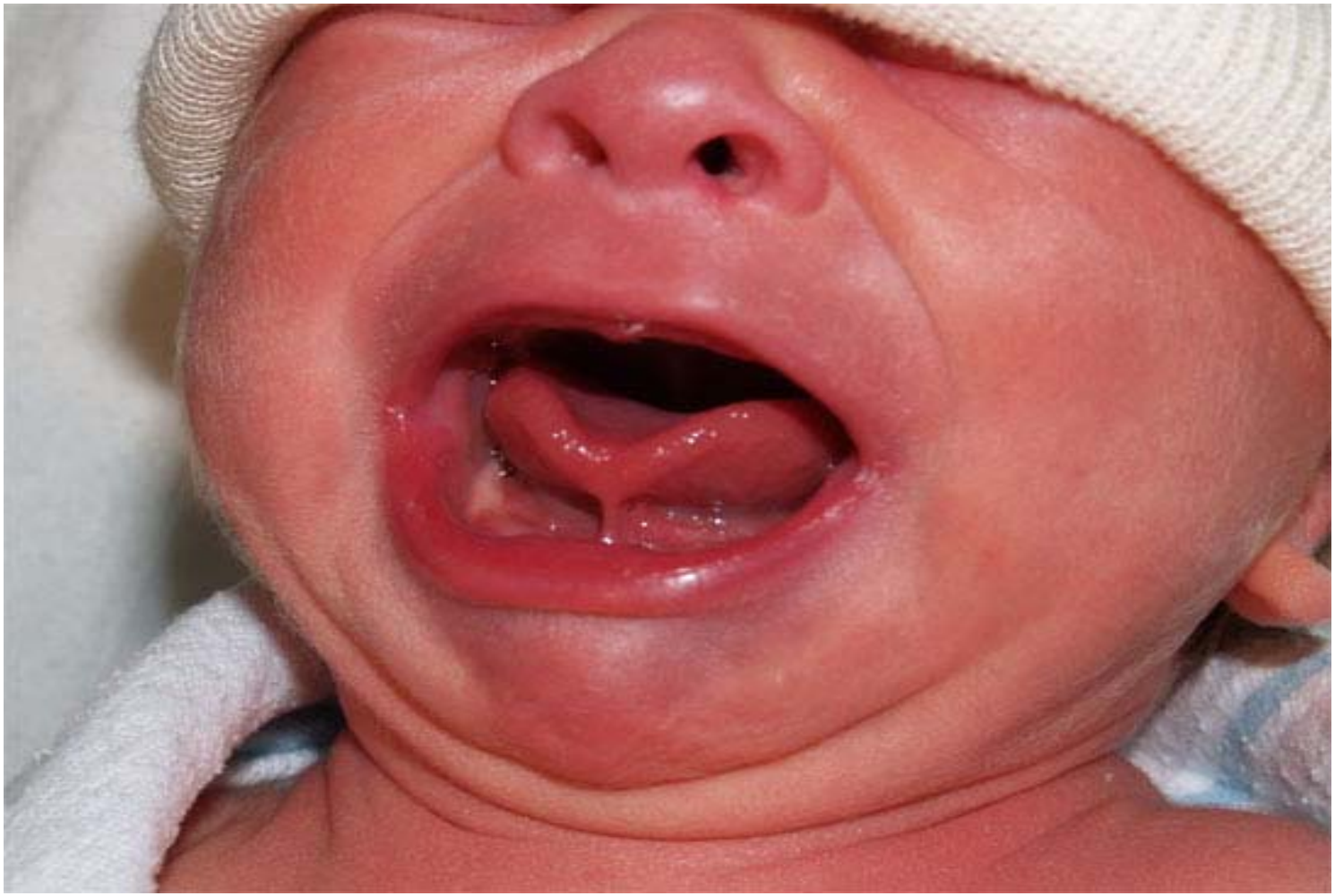
Or like this



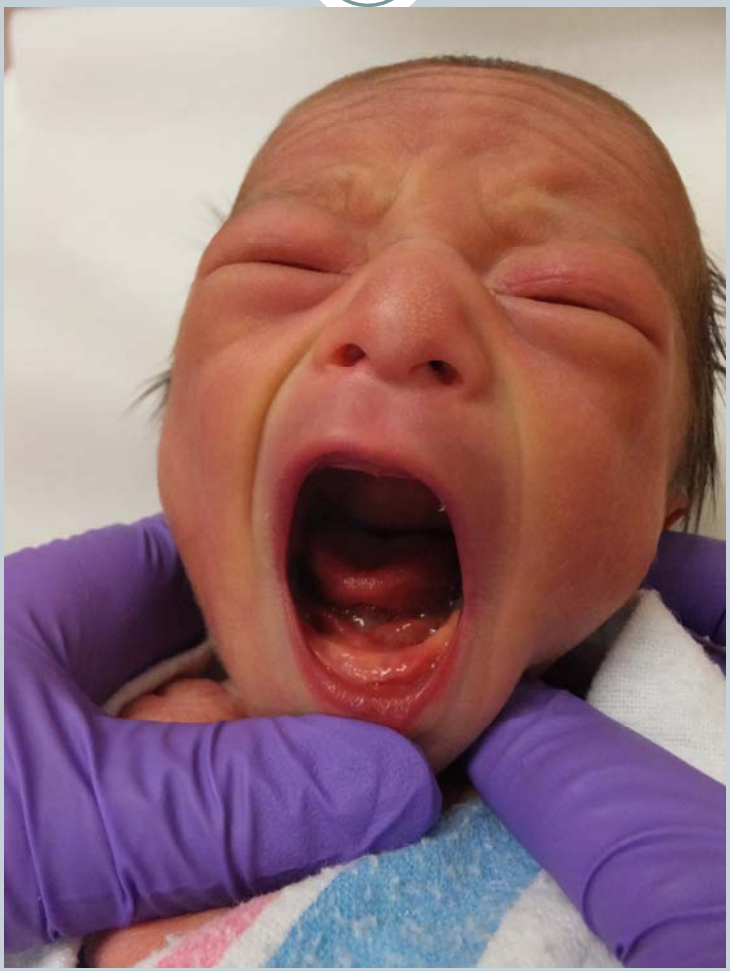
More information

- Mom says when baby eats she seems to be chomping on her breast and tends to slip off onto her nipple after a few sucks or just gives up and falls asleep

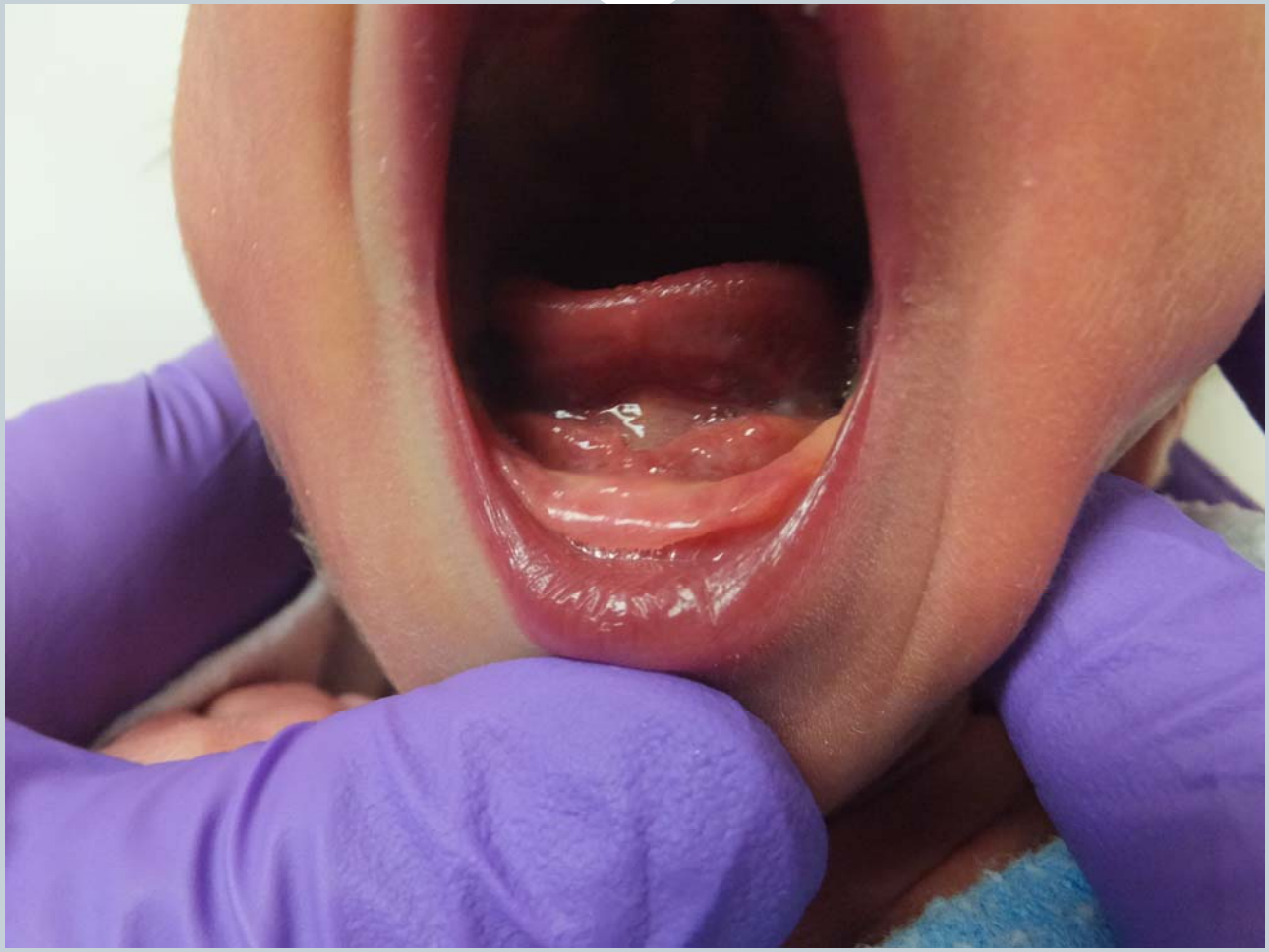
Observation



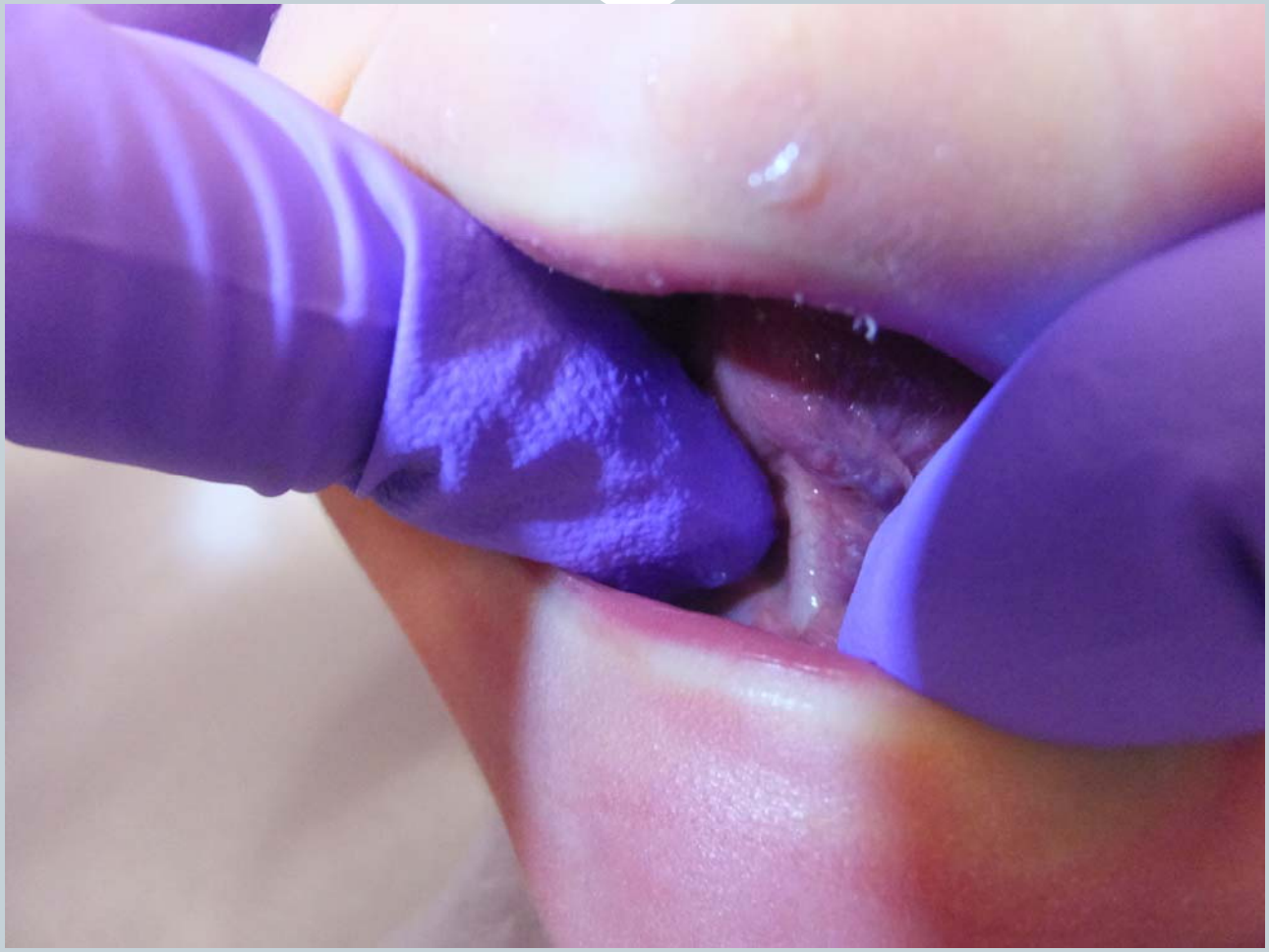
Or maybe like this. . .



Baby Rose



Posterior Tongue-Tie



What is “tongue-tie?”

Most accepted definition of tongue-tie or ankyloglossia is “an abnormally **short**, **thickened**, or **tight** lingual frenulum that **restricts mobility** of the tongue.”

Francis, D.O., et al., *Pediatrics* 2015 (doi: 10.1542/peds.2015-0658).

Prevalence

- 1.8-16%
- Difficult to know exact numbers because of absence of “clinically practical diagnostic criteria.”

Sharma, S.D. & Jayaraj, S., *J Laryngol & Otol* 2015; Francis, D.O., et al., *Pediatrics* 2015.

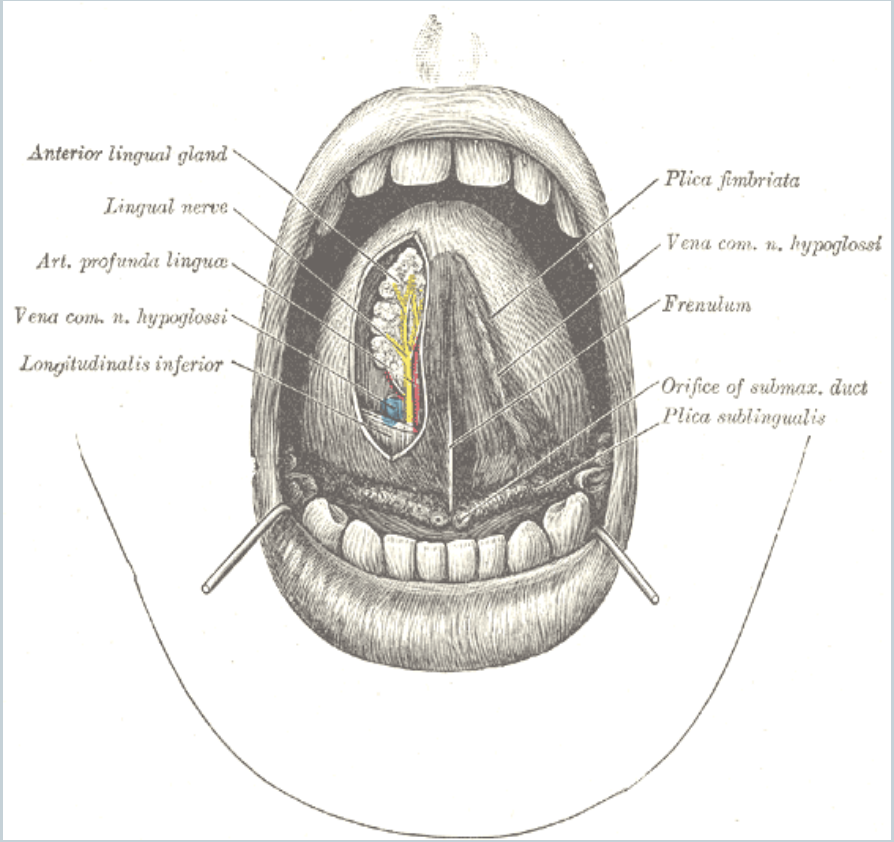
Do all babies with a short or tight lingual frenulum need surgical intervention?

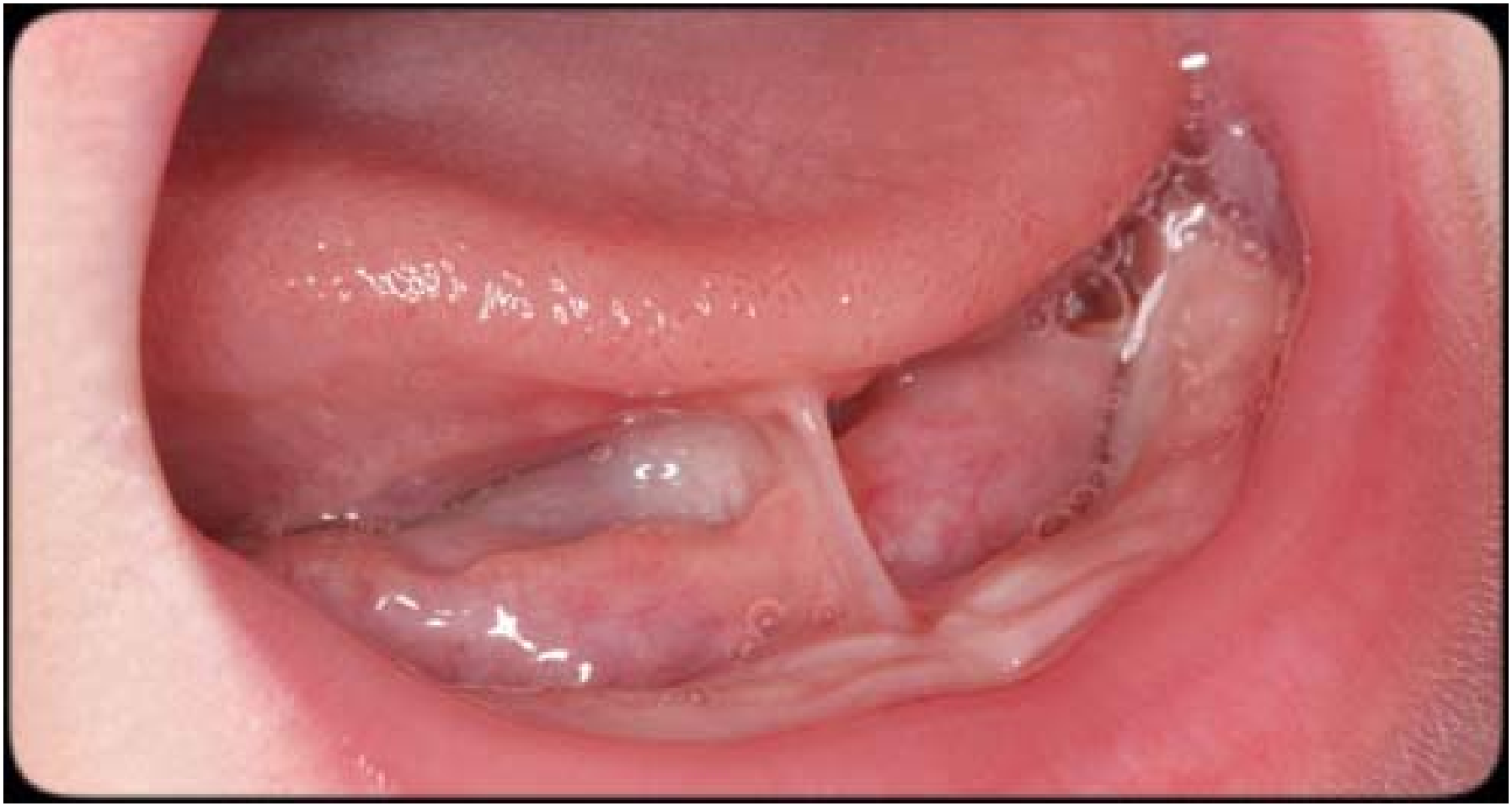
- No.
- 25% to 44% of babies with “tongue-tie” have feeding difficulties, usually breast but also with bottle

Ingram, et al., *BMJ* 2015.

Anatomy of the Tongue & Frenulum

- The lingual frenulum guides growth of the tongue in utero.
- Most of the frenulum goes away via apoptosis.
- At the base of the frenulum v-shaped hump of tissue contains salivary gland ducts





Tongue-Tie (Ankyloglossia)

- A lactation specialist should work with mother and baby to assess if causing problems with feeding
- Lingual frenotomy can be done in clinic or hospital
- Risks: pain, bleeding, damage to tongue or salivary glands, failure to help with breastfeeding

Another consideration re: pain

- Advise mom to get comfortable before breastfeeding
  - Lots of pillows
  - Good back support
- Advise mom to always bring baby to breast, not breast to baby
- Pain & Stress can inhibit letdown too!

Excessive Weight Loss

- Max is a 14 d.o. infant in for his first well newborn visit.
  - Term, SVD
  - latched in 1st hour & no problems breastfeeding in the hospital
  - Discharged at 28 hours of life with weight loss 4%
  - Mom is a G2P2 who breastfed other child 2 years
- Today's weight is 8% down from birth weight
- Resident working with you says mom is feeding baby every 2-3 hours and feels it is going well

Excessive Weight Loss cont'd

- What do you do now?
- What important piece of information might your resident have missed?

Nighttime Feeds

- Critical in 1st weeks to
  - Stimulate milk production
  - Ensure sufficient calories
- Higher levels of prolactin
  - Increase milk production
  - Increase maternal slow wave (deep) sleep
- Unusual to sleep through night before 6 weeks

Excessive Weight Loss

- Henry is a 4 d.o. infant here for NBN check
  - born at 36 5/7 weeks via SVD
  - latched well in the first hour of life
  - Discharged at 48 hours of life with weight loss 8%
  - Mom is a G2P2 who breastfed other child 2 years
- Today's weight is 13% down from birth

Excessive Weight Loss cont'd

- What went wrong?
- What went right?
- What would you have done differently?
- What do you do now?

How much is too much or enough?

- Weight loss
  - >7% concerning
  - >10% abnormal
  - Typical nadir day 3-5
  - Maternal IV fluid can increase
- Weight gain
  - 20-30 grams/day
  - Back to BW by 14 days

- Feeds in 1st week of life
  - 8-12/24 hours
  - May cluster feed
- Output by Day 3-4
  - 3-4 stools
  - 6+ voids

Excessive Weight Loss cont'd

- Mom tells you
  - She feeds Henry every 2 hours during the day and 3 hours at night
  - Henry usually falls asleep on and off during his 30 minute feeds so she has been giving him EBM afterwards as well.
  - When pushed, she tells you she usually breastfeeds him but then offers the pumped milk about 1 ½ - 2 hours later in lieu of breastfeeding.
  - Stools 3 times/day. Still brownish-green.
  - 4-5 wet diapers/day.
- What's wrong with this?

Excessive Weight Loss cont'd

- On exam, Henry is jaundiced to his thighs.
- You check his bilirubin and it is 1 point above light level.
- Now what?

Jaundice in the Breastfeeding Infant

- Formula supplementation not automatic
- Consider supplementation with EBM if needed
- “Breastfeeding” Jaundice
  - Insufficient intake
  - May result In hyperbilirubinemia requiring phototherapy
- “Breast milk” Jaundice
  - Thought to be secondary to something in breast milk
  - Prolonged (weeks)
  - Rarely requires medical intervention
  - Don’t do a “trial of formula” to see if it resolves

Late Preterm Infants

- 34 – 36 6/7 weeks
- Developmentally immature
  - Dysfunctional suck
  - Decreased suction pressure Impairs ability to
    - draw nipple into mouth
    - Prevent slipping off nipple between sucks
- Less energy stores
- Delayed lactogenesis common for mother
- 2.2 times more likely to be readmitted than term infants

Late Preterm Infant

- Early intervention critical
- Interventions should focus on:
  - Establishing mother's milk supply
  - Ensuring baby is adequately fed
- Encourage mom to pump after feeds and offer EBM if baby cannot effectively suck with consistent swallowing for minimum of 10 minutes q 3 hours
- Infant may do better with
  - Football hold
  - Nipple shield
- Must have very close follow up post discharge

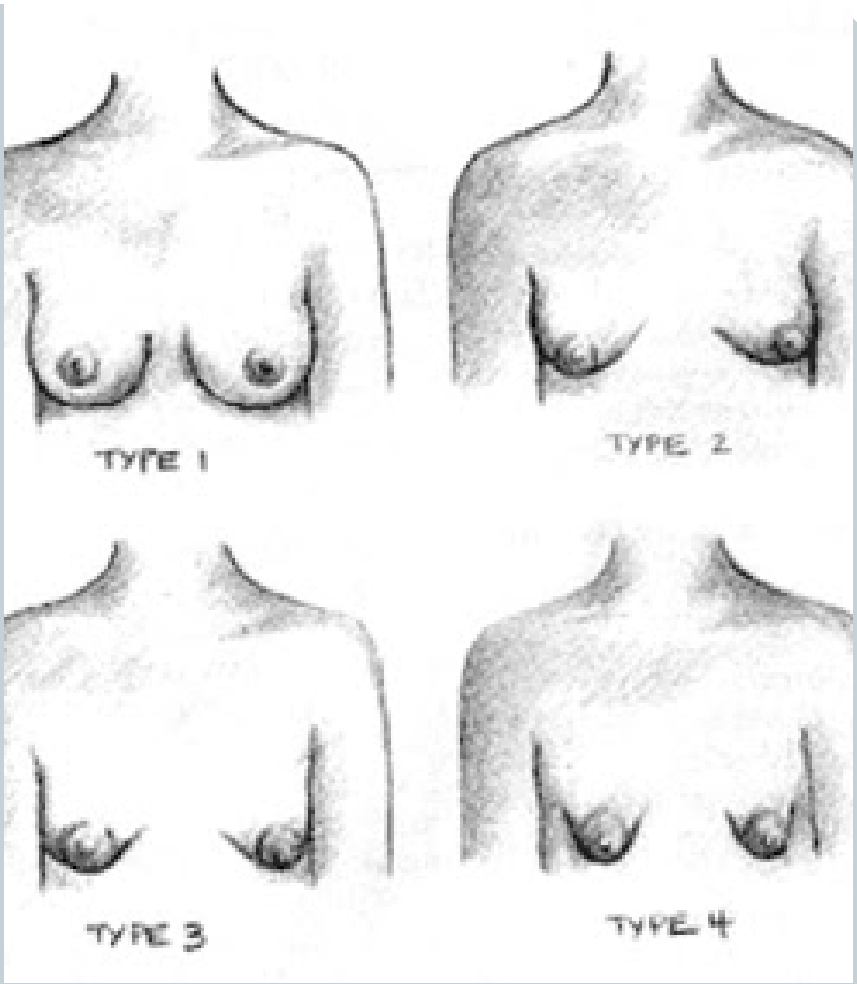
“Insufficient” Milk Supply

- Kim is here with her son Felipe for his 2 mo. WCC
- She is still breastfeeding but “had to” start giving some formula b/c she just wasn’t making enough milk
- Beginning 2 weeks ago, he became very fussy and didn’t seem satisfied with her milk
- Now he seems “prefer” the bottle, and she doesn’t think she’ll be able to keep up the breastfeeding when she returns to work next month
- What went wrong?

Insufficient Milk Supply

- More than half of breastfeeding women believe their milk supply is insufficient
- In fact, less than 5% of women can't make enough milk to exclusively feed their infants for 6 months
- Causes of insufficient milk supply:
  - Lack of sufficient stimulation
    - Infrequent feeds
    - Formula supplementation
  - Not emptying breast fully (FIL)
  - Less commonly, insufficient glandular tissue, medications, illness, stress, etc.

Insufficient Glandular Tissue



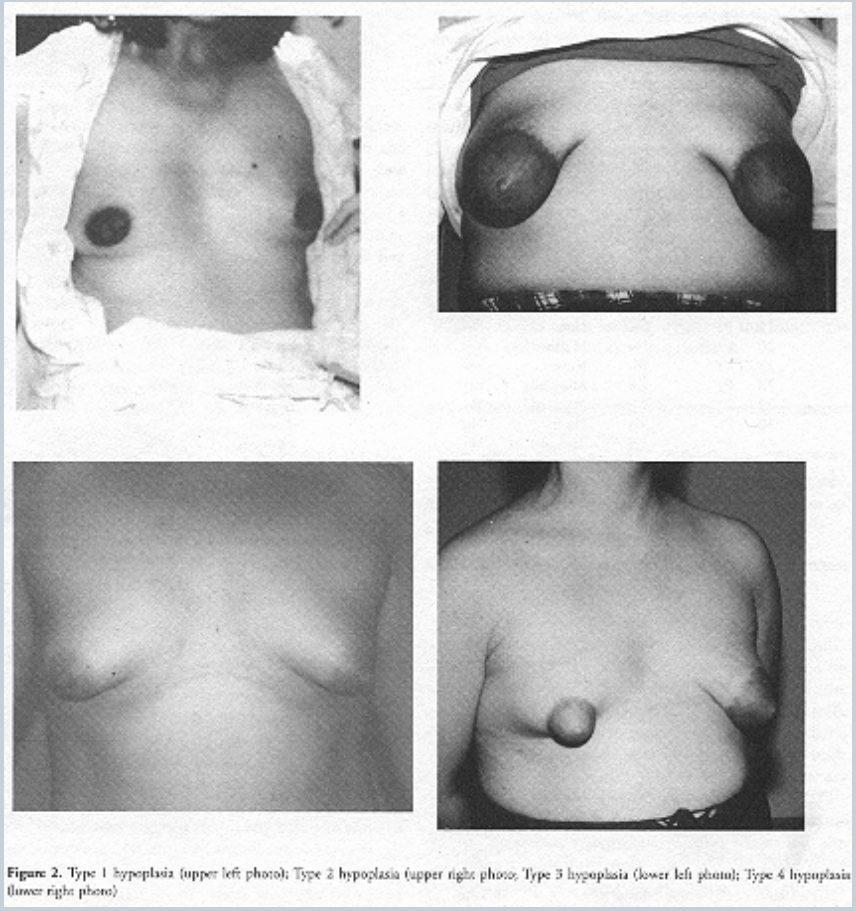


Figure 2. Type 1 hypoplasia (upper left photo); Type 2 hypoplasia (upper right photo; Type 3 hypoplasia (lower left photo); Type 4 hypoplasia (lower right photo)

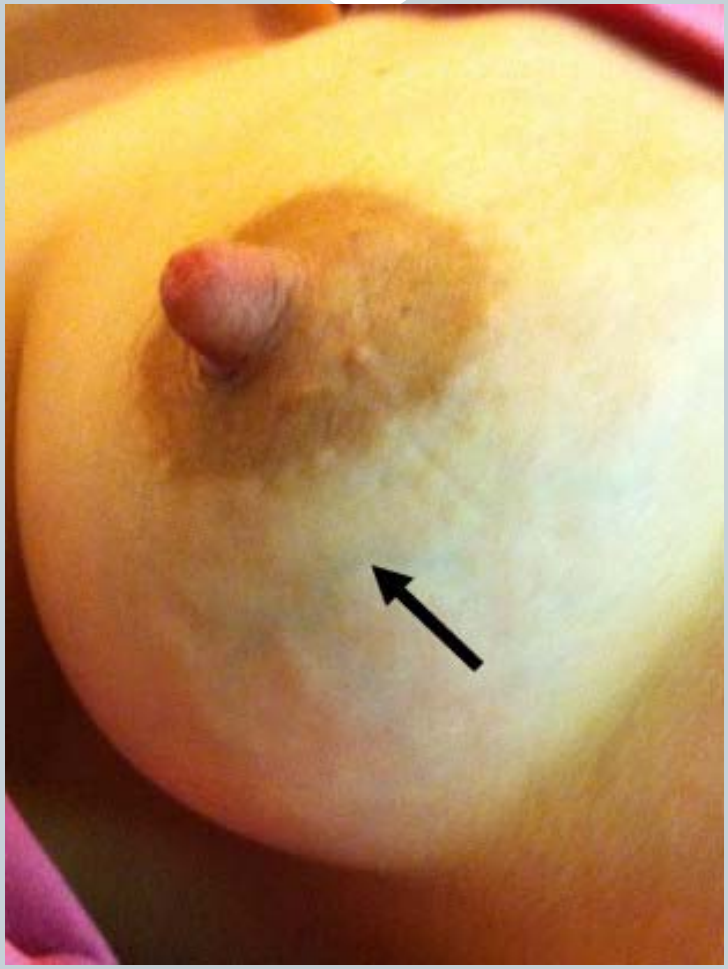
Donor Milk

- What would you tell a mom who wishes to use donor milk for her term newborn?
- Would your opinion change if her newborn was premature and weighed <1500 grams?
- What are the risks of unpasteurized donor milk?

One breast isn't working

- Jean is here with her 5 d.o. son Jeremy for his Newborn Check
- She is worried there is something wrong with her right breast

Observation (Left breast)



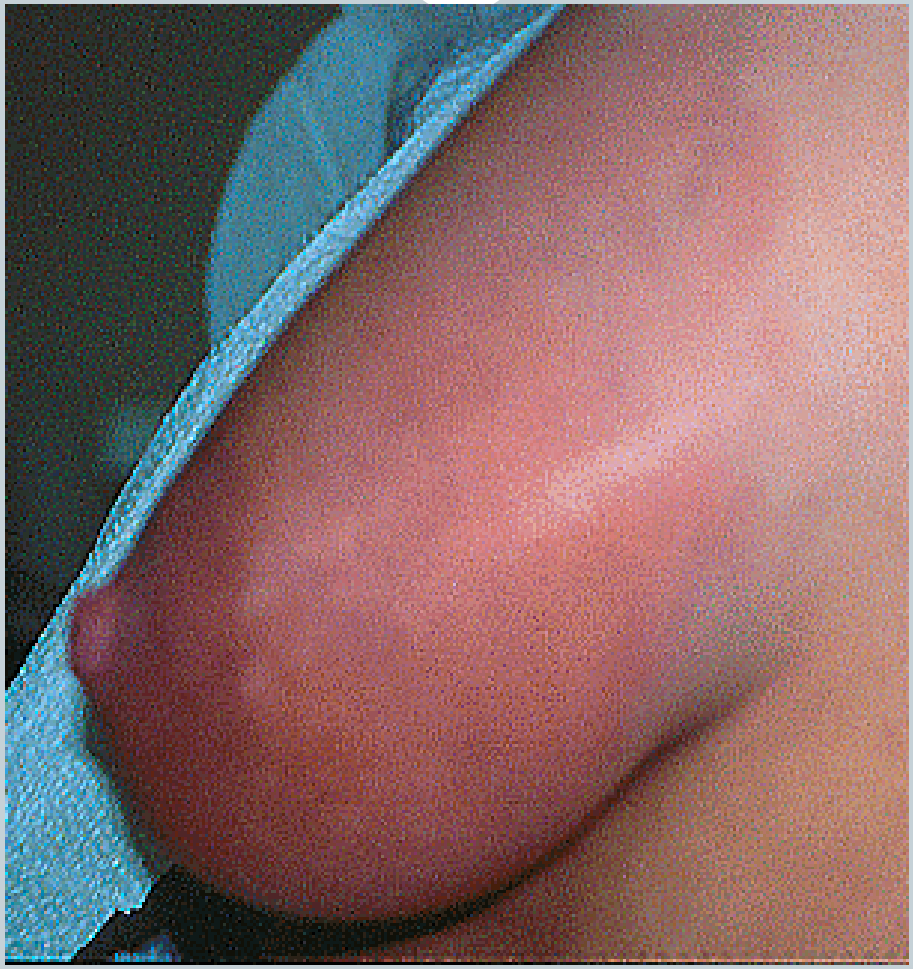
Plugged Milk Duct

- Painful
- Causes
  - Infrequent nursing
  - Ineffective milk removal
  - Local pressure (e.g., underwire)
  - Rarely tumor
- Treatment
  - Feed, feed, feed
  - Change baby's feeding position
  - Pump
  - Warm, moist compresses or showers

Plugged Duct and Fever

- Jean is back with her son Jeremy for his 1 y.o. WCC
- When you ask how things are going, she mentions that she has another plugged duct and just isn't feeling well today
- You feel her forehead, and she is very hot

Observation



Mastitis

- Symptoms
  - Flu-like symptoms
  - Breast pain
  - Usually red, wedge-shaped area on affected breast
- Causes
  - Staph aureus, E. coli, rarely Strep
- Treatment
  - Antibiotics 10-14 days (dicloxacillin, may consider MRSA tx)
  - Continued breastfeeding
  - Warm, moist compresses

Substance Use

- You are attending on the Mother Baby Unit of your hospital and one of the nurses informs you she told the mom in Room 12 she couldn't breastfeed her baby because she had a history of using heroin and is now on methadone.
- Do you agree with this decision?
- What might you want to know to decide if this mom can or cannot breastfeed?
- What if she had a UDM done for preterm labor and it was positive for THC but no other substances?

Substance Use

- UNM has a guideline regarding breastfeeding and substance abuse based on AAP policies, ABM protocols, and research regarding the transfer of substances into human milk.
- We generally encourage breastfeeding if a mom has has negative drug screens in the 90 days preceding delivery and plans to abstain while breastfeeding.
- Mothers using buprenorphine or methadone as part of a substance abuse program or who use marijuana occasionally may generally breastfeed.

Substance Use

- We discourage breastfeeding if a mom has had a positive drug screen (except as above) in the 30 days prior to or at delivery.
- Providers are given discretion to support or discourage breastfeeding in gray areas such as a one-time positive drug screen in the 90 days preceding delivery or when a mother's abstinence has been while incarcerated or hospitalized.
- Communication with the mother's providers is encouraged.
- Documentation of counseling is critical.

SUID

- It's Monday morning, and in your inbox is an e-mail from OMI
  - A patient you cared for last month died on DOL 7 when mom fell asleep on a couch with baby
  - Baby appears to have suffocated
  - Mom was taking narcotic pain reliever
- You review your notes from baby's stay in hospital
  - On DOL 2 you came into room to examine baby and found baby asleep in bed with mom with face down between mom's body and bed. It was very difficult to wake mom up.
  - You documented a long conversation with mom about the dangers of bed-sharing especially when taking pain-killers or using other substances that could result in mental impairment.

AAP 2016 SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations

- Recognizes that parents do bring babies into their beds and sometimes fall asleep with baby in bed
- **Does not condone bed sharing**
- Does list additional circumstances that substantially increase the risk of SIDS or unintentional injury or death while bed sharing
  - Can you name some?
- HCPs, staff, and child care providers "should endorse and model the SIDS-reduction recommendations from birth."

AAP Task Force on Sudden Infant Death Syndrome, "SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment," *Pediatrics* 138:5 (November 2016)

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