



OKLAHOMA  
BREASTFEEDING  
RESOURCE CENTER

## MAINTAINING LACTATION WHEN SEPARATED: STEP 5

## MEDICAL INDICATION FOR SUPPLEMENTATION: STEP 6

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- ▶ Both speakers are employed by the nonprofit Oklahoma Mothers' Milk Bank



DISCLOSURE

CALL TO ACTION TO SUPPORT  
BREASTFEEDING, JANUARY 2011  
US SURGEON GENERAL

*“One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed.”*



*Action 12: Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.*

The Surgeon General's Call to Action  
to Support Breastfeeding

2011



U.S. Department of Health and Human Services

U.S. SURGEON GENERAL'S CALL TO  
ACTION TO SUPPORT BREASTFEEDING 2011

## MAINTAINING LACTATION WHEN SEPARATED (STEP 5)

- ▶ BFHI Step 5: “Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.”
  - ▶ How soon to start milk expression
  - ▶ Importance of hand expression for colostrum
  - ▶ Hands on pumping
  - ▶ Skin to skin asap



Pumping/hand expression  
needs to be started **within 4-6  
hours of birth or separation,**  
ideally right away



**SOME PEOPLE PUMP IRON**



**I PUMP GOLD**



**HOW DOES MOM  
PUMP/EXPRESS FOR  
BEST RESULTS?**







**START WITH HAND EXPRESSION**



**PRACTICE SKIN TO SKIN / KANGAROO  
CARE TO OBTAIN AND MAINTAIN  
MILK SUPPLY**

# RELAX AND STIMULATE MILK RELEASE

- Look at Babies Picture
- Baby Item
- Listen to Music
- Watch a video
- Power Nap
- Prop Feet Up
- Comfy Chair
- Quiet Area





# USE HANDS ON PUMPING








## **PAINFUL PUMPING NEEDS TO BE EVALUATED**

- Ensure that flanges are fitting properly
- Flanges that are too small may irritate mom's nipple
- Pain during pumping can impair your milk release
- Ensure suction is not set too strong
- Time pumping sessions

## MEDICAL INDICATIONS FOR SUPPLEMENTATION

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

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

# RESOURCES ON MEDICAL INDICATIONS FOR SUPPLEMENTATION OF A BREASTFED BABY

- **American Academy of Family Physicians**
  - **American Academy of Pediatrics**
  - **Baby Friendly Hospital Initiative**
  - **The Joint Commission**
  - **Academy of Breastfeeding Medicine**
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

## AAFP: HOSPITAL USE OF INFANT FORMULA IN BREASTFEEDING INFANTS

*“RESPECT THE DECISION OF THE MOTHER WHO CHOOSES TO BREASTFEED EXCLUSIVELY BY NOT OFFERING FORMULA, WATER OR PACIFIERS TO AN INFANT UNLESS THERE IS A SPECIFIC PHYSICIAN ORDER.”*

Main Breastfeeding Policy: Supplementation may be done with expressed mother’s milk, pasteurized human milk from a donor, or infant formula.



# AAP POLICY STATEMENT: BREASTFEEDING AND THE USE OF HUMAN MILK, 2012

- Ensure 8 to 12 feedings at the breast every 24 h
- Ensure formal evaluation and documentation of breastfeeding by trained caregivers (including position, latch, milk transfer, examination) at least for each nursing shift
- Give no supplements (water, glucose water, commercial infant formula, or other fluids) to breastfeeding newborn infants unless medically indicated using standard evidence-based guidelines for the management of hyperbilirubinemia and hypoglycemia
- Avoid routine pacifier use in the postpartum period

# BABY-FRIENDLY HOSPITAL INITIATIVE



The screenshot shows the homepage of Baby-Friendly USA. The header is purple with the logo 'Baby-Friendly USA' and the tagline 'The gold standard of care'. A navigation menu includes 'ABOUT US', 'FAQS', 'GET STARTED', 'FIND FACILITIES', and 'LOGIN'. A yellow banner at the top right states: 'Baby-Friendly USA, Inc. is the accrediting body for the Baby-Friendly Hospital Initiative in the United States.' The main content area features a photograph of a family (mother, father, and child) with a newborn. Below the photo is a link: 'GUIDELINES AND EVALUATION CRITERIA READ MORE >'. To the right, a 'QUICK FIND' section contains four purple buttons: 'GET STARTED', 'GUIDELINES & CRITERIA', 'TEN STEPS', and 'BABY-FRIENDLY LOCATOR'. Below that is a 'STAY CONNECTED' section with a search bar for 'Find us on Facebook'.

- **Breastfed infants will only be supplemented with a physicians order and only for clinical evidence of a medically justifiable reason.**
- **Developing a list of current, evidence-based medical indications that is communicated to all staff and care providers is recommended.**

# THE JOINT COMMISSION PERINATAL CARE CORE MEASURE: EXCLUSIVE BREAST MILK FEEDING

- **Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.**



- **Use of donor breast milk is allowable**

ACADEMY OF BREASTFEEDING MEDICINE CLINICAL  
PROTOCOL #3:  
***HOSPITAL GUIDELINES FOR THE USE OF SUPPLEMENTARY  
FEEDINGS IN THE HEALTHY, TERM BREASTFED NEONATE***  
REVISED 2009

**NOTE: ABM Clinical Protocols are now readily  
available through the National Guideline Clearinghouse  
website.**

**Visit [www.guideline.gov](http://www.guideline.gov)**





# Academy of Breastfeeding Medicine

A worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation

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## Clinical Protocols

These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

**If you would like to use an *ABM* protocol, please fill out our request [form](#).**

*Translated protocols that appear here [on the ABM website] have undergone a rigorous two-way translation to provide complete accuracy. Please be aware that translations that appear elsewhere, such as on other websites, are not 'official' ABM translations and ABM cannot assure their accuracy.*

**For information on how *ABM* Protocols are created click below:**

**SUPPLEMENTARY FEEDINGS: FEEDINGS PROVIDED IN PLACE OF BREASTFEEDING. THIS MAY INCLUDE EXPRESSED OR BANKED BREASTMILK AND/OR BREASTMILK SUBSTITUTES/FORMULA.**

“ANY FOODS GIVEN PRIOR TO 6 MONTHS”

**Complementary feedings:** Feedings provided in addition to breastfeeding when breastmilk alone is no longer sufficient.

“foods or liquids given in addition to breastfeeding AFTER 6 months”

# ABM: SUPPLEMENTATION IS NOT INDICATED

(EVALUATION AND BREASTFEEDING MANAGEMENT MAY BE NEEDED)

- Sleepy infant, <8 feedings in 1<sup>st</sup> 24-48 hrs, <7% weight loss, no s/s illness
- Healthy, term, AGA infant, bilirubin <18 mg/dl after 72 hrs, feeding/stooling/weight loss WNL
- Infant fussy at night
- Infant constantly feeding for several hours
- Tired/sleeping mother



# ABM: INDICATIONS FOR SUPPLEMENTAL FEEDINGS IN TERM, HEALTHY INFANTS

- Separation
- Unable to feed at breast (congenital malformation, illness)
- Inborn error of metabolism (eg, galactosemia)
- Contraindicated maternal medications





# ABM: POSSIBLE INDICATIONS FOR SUPPLEMENTATION IN TERM, HEALTHY INFANTS

- **INFANT:**
  - **Asymptomatic hypoglycemia, unresolved by frequent breastfeeding**
  - **Hyperbilirubinemia**
  - **Poor milk transfer**
  - **Significant dehydration**
  - **Meconium stools on day 5**
  - **Weight loss of 8-10% AND delayed lactogenesis II day 5 or later**



# ABM: POSSIBLE INDICATIONS FOR SUPPLEMENTATION IN TERM, HEALTHY INFANTS

- **MOTHER:**

- **Delayed lactogenesis II (day 3-5 or later) AND inadequate intake**
  - **Sheehan's syndrome**
  - **Retained placenta**
  - **Primary glandular insufficiency**
- **Poor milk production r/t breast pathology/surgery**
- **Intolerable pain during feedings unrelieved by interventions**

# AVERAGE REPORTED INTAKES OF COLOSTRUM BY HEALTHY BREASTFED INFANTS

Infants fed artificial milk ad lib typically have higher intakes than breastfed infants.

*There is no definitive research available on supplemental feedings thus supplements should reflect the normal amounts of colostrum, the size of the infant's stomach, and the age and size of the infant.*

**Feeding volumes should be by infant satiation cues.**

1 <sup>st</sup> 24hrs	2-10mL/feed	
24-48hrs	5-15mL/feed	(~25mL/Kg)
48-72hrs	15-30mL/feed	(~45mL/kg)
72-96hrs	30-60mL/feed	(~100mL/Kg)

There is little evidence about the safety or efficacy of most alternative feeding methods and their effect on breastfeeding

Cup feeding has been shown safe for both term and preterm infants and may help preserve breastfeeding duration among those who require multiple supplemental feedings

HOW TO GIVE A  
SUPPLEMENTAL FEED BEFORE  
BREASTFEEDING IS ESTABLISHED



## Appendix

### Inappropriate Reasons for Supplementation, Responses, and Risks

<i>Concerns</i>	<i>Responses</i>	<i>Risks of supplementation</i>
There is no milk, or colostrum is insufficient, until the milk “comes in”	<ul style="list-style-type: none"><li>• Mother and family should be educated about the benefits of colostrum (e.g., liquid gold) including dispelling myths about the yellow substance. Small amounts of colostrum are normal, physiologic, and appropriate for the term healthy newborn (refer to Table 3).</li></ul>	<ul style="list-style-type: none"><li>• Can alter infant bowel flora<sup>60,61</sup></li><li>• Potentially sensitizes the infant to foreign proteins<sup>62–65</sup></li><li>• Increases the risk of diarrhea and other infections,<sup>66–69</sup> especially where hygiene is poor<sup>31,72</sup></li><li>• Potentially disrupts the “supply-demand” cycle, leading to inadequate milk supply and long-term supplementation</li></ul>
Concern about weight loss and dehydration in the postpartum period	<ul style="list-style-type: none"><li>• A certain amount of weight loss is normal in the first week of life and is due to both a diuresis of extracellular fluid received from the placenta and passage of meconium.</li><li>• There is now evidence that too <i>little</i> weight loss in the newborn period is associated with an increased risk of obesity later in life.<sup>72</sup></li></ul>	<ul style="list-style-type: none"><li>• Supplementation in the first few days interferes with the normal frequency of breast feedings.<sup>31,71</sup></li><li>• If the supplement is water or glucose water, the infant is at risk for increased bilirubin,<sup>73–77</sup> excess weight loss,<sup>78</sup> longer hospital stay,<sup>22</sup> and potential water intoxication.<sup>20</sup></li></ul>

- ▶ Skin to skin contact immediately after birth
- ▶ Early initiation of breastfeeding
- ▶ Rooming in
- ▶ Help with position and latch
- ▶ Early, regular assessment of feedings
- ▶ Teach to feed on cue

REDUCING THE NEED FOR  
SUPPLEMENTATION







OKLAHOMA  
mothers' milk bank

ACCREDITED BY  
AND MEMBER OF  
THE HUMAN MILK  
BANKING  
ASSOCIATION OF  
NORTH AMERICA.





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**HMBANA MILK BANKS FOLLOW STRICT SAFETY GUIDELINES BASED ON SCIENCE. DONOR HUMAN MILK IS DISPENSED BY PRIORITY, SERVING THE SICKEST BABIES FIRST.**

- ▶ Store in a freezer separated from medications/foods
- ▶ Monitor temperature daily
- ▶ Can use a countertop refrigerator/freezer



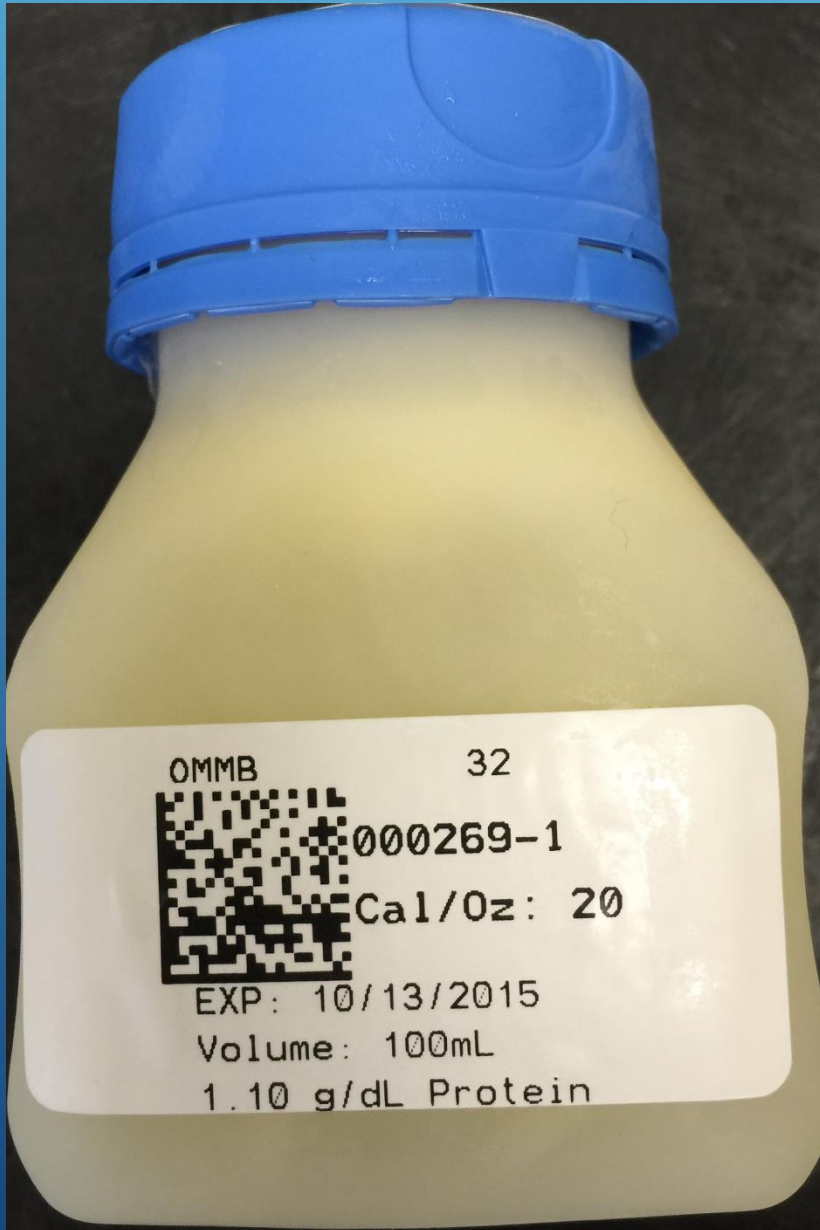
PASTEURIZED DONOR MILK  
ON A MOTHER/BABY UNIT



- ▶ Stock several bottles to have immediately available
- ▶ Milk bank can provide long expiration dates
- ▶ Document PDM in medical record
- ▶ Document “batch #” in medical record

## PASTEURIZED DONOR MILK ON A MOTHER/BABY UNIT





EACH BOTTLE OF PDM IS LABELED:

BATCH NUMBER

CALORIES/OUNCE

EXPIRATION DATE

PROTEIN CONTENT



- ▶ Can thaw just enough to draw off a small feeding (10 ml)
- ▶ Can use same bottle for more than one baby
- ▶ Can refreeze if still has ice crystals
- ▶ Thawed PDM can be refrigerated for at least 48 hours
  - ▶ *Pasteurized Donor Human Milk Maintains Microbiological Purity for 4 Days at 4°C, JHL 2014*

## HANDLING PDM ON A MOTHER/BABY UNIT



- ▶ Increase production capacity
- ▶ *Provide milk to level II NICUs and mother/baby units*
- ▶ Provide milk for outpatients
- ▶ Financial stability

## CURRENT GOALS

Thank you  
to Sarkeys  
Foundation!!



O K L A H O M A

mothers' milk bank



OKLAHOMA  
mothers' milk bank

[www.okmilkbank.org](http://www.okmilkbank.org)

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### Welcome to Oklahoma Mothers' Milk Bank

Nothing is more agonizing than being a parent with a critically ill baby and thinking there is nothing you can do to help. Mothers can give a gift to help their sick baby that no one else can give and that is their milk. Many mothers work very hard to express milk for their own baby and sometimes cannot make enough due to their own illness or preterm delivery. The Oklahoma Mothers' Milk Bank (OMMB) provides safe, pasteurized milk donated by healthy, screened breastfeeding mothers to ensure that our most vulnerable babies will receive full human milk feedings.

Watch Oklahoma Mothers' Milk Bank promotional video

