OVERCOMING BREASTFEEDING CONCERNS- PART 2

Key Components of Breastfeeding 2021

1

OVERVIEW

- Pacifiers
- Pumping
- Low Milk Supply
- Feeding Multiples
- Supplementing
- Discharge Guidelines

PICTURE FROM HTTPS://WWW.ETSY.COM/LISTING/464268270/BREAST-ENCOURAGEMENT-CARD-BREASTFEEDING

2

PACIFIERS

What does the AAP say?

- "Mothers of healthy term infants should be instructed to use pacifiers at infant nap or sleep time after breastfeeding is well established, at approximately 3 go 4 weeks of age."
- "Pacifier use should be limited to specific medical situations. These include uses for pain relief, as a calming agent, or as part of a structured program for enhancing oral motor function."

(AAP, 2012)

3

MEDICATION INDICATIONS FOR PACIFIER USE

Infant	Pain	Maternal
• NG • Gavage/Lavage • Hypoglycemia • Prematurity	• Any potentially painful procedure • Lab draws • Circumcision	• Illness/Instability • Medications • Mood/Anxiety Disorders

(AAP, 2012)

4

PACIFIER MANAGEMENT

- What is the reason for use
- Avoid overuse
- Non-nutritive sucking on mother's breast is a great alternative
- All effort should be made to prevent separation of mom & baby

5

BREAST PUMPING

Reasons a mother may need to pump:

- Nipple trauma
- Low milk supply
- Late preterm infants
- Maternal infant separation
- Exclusively bottle feeding
- Infant conditions
- Back to work

(BOOTH ET AL., 2016; LAUWERS & SWISHER, 2016; MANNEL ET AL., 2013; USBC, 2018)

6

GENERAL BREAST PUMPING GUIDELINES

- Pump for 15-20 minutes
- Ensure proper flange size
- Ensure appropriate suction
- Utilize a quality double electric pump to maximize prolactin levels
- Use "hands on pumping"
- Follow each pumping session with 3-5 minutes of hand expression
- Clean appropriately after each use

(LAUWERS & SWISHER, 2016)

7

BREAST PUMPING

Pumping related to infant prematurity, separation, and/or exclusively bottle feeding:

- Supply and demand – early and often milk removal
- Hands on pumping every 3 hours, day and night
- Hand expression and skin to skin

(LAUWERS & SWISHER, 2016; USBC, 2018)

8

PUMP EARLY, PUMP OFTEN

- *Pump Early:*
  - Ideally within the first hour of delivery and after the first feeding
  - Regardless of delivery mode
- *Pump Often:*
  - Recommend 8 pumping sessions in a 24 hour period
  - Not to exceed 4 hours without pumping
- Breast, Bottle, Pump

(MORTON ET AL., 2012; TITUSS & SMITH, 2018)

9

PUMPING GOALS

Establish short-term goals for pumping only NICU mothers:

1. Obtain colostrum
2. Pump for the first 30 days when the risk of NEC is highest
3. Pump until infant is stable
4. Pump until infant ready for discharge
5. Pump and breastfeed after discharge
6. Exclusively breastfeed

10

BACK TO WORK & SCHOOL

Mothers need:

- Pumping recommendations *to prepare for* returning to work/school
- Pumping recommendations *after* returning to work/school
- Education
- SUPPORT
- https://youtu.be/Lb5Z7SDWV7o

(EVANS ET AL., 2014)

11

FLANGE SUCTION & FLANGE SIZE

Appropriate suction:

- Turn the suction up until slightly uncomfortable
- Then turn down one notch/level

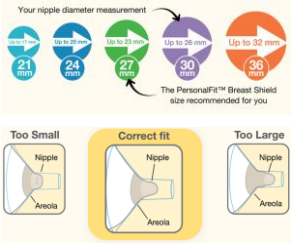
Flange size:

- Nipple centered in the flange tunnel
- Nipple moves freely during pumping
- Start with 24mm and adjust PRN

(MEDELA, 2018)

12

FLANGE SIZE



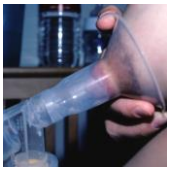
(MEDELA, 2018)

13

FLANGE SIZE TROUBLE SHOOTING

Pumping flange size should be reevaluated if:

- Nipple is rubbing the sides of the breast flange tunnel and causing discomfort
- Excessive areola is being pulled into flange tunnel
- Redness on or at the base of nipple during/after pumping
- Nipples or areola turn white during/after pumping
- Breasts still feel full after pumping



(MEDELA, 2018; WILSON-CLAY & HOOVER, 2005)

14

PUMP ASSEMBLY AND INSTRUCTION

Spectra: https://www.spectrababyusa.com/about-us/videos/

Medela: https://www.medela.us/mbus/videos?prodsearch=573

New Medela Pump in Style with Max Flow: https://youtu.be/6LaRnhqTpJ8

15

HANDLING BREASTMILK

Maximize nutritional consistency between feeds and transfers:

- Milk should be swirled gently to redistribute the components before each handling step
- To preserve both quantity and quality, transferring milk between containers should be kept to a minimum

16

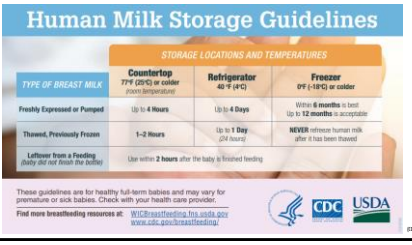
HANDLING BREASTMILK

Label breastmilk in the order it was pumped:

- Colostrum as early as possible after birth
- Fresh milk prioritized over frozen milk
- Frozen milk pumped in the first weeks prior to frozen milk from a later lactation stage

17

BREASTMILK STORAGE GUIDELINES FOR THE HEALTHY TERM INFANT



(CDC, 2020)

18

LOW MILK SUPPLY

Perceived:

- Frequent feedings or cluster feeding
- Growth spurts result in temporary increase in feedings
- Misinterpret crying as a symptom of low supply
- Breasts not feeling full
- Pumping lower milk volume (than another mother)

19

LOW MILK SUPPLY - MANAGEMENT

- Frequent, on demand feedings 8-12x daily
- Importance of appropriate latch and positioning
- Breast compression and massage during feeding/pumping
- Performing hand expression after feeding/pumping to ensure breast emptiness

20

LOW MILK SUPPLY - MANAGEMENT

- Promote relaxation and decreased stress
- Utilize IBCLC resources and community support groups
- Don't compare to others

21

INFANT STOMACH CAPACITY

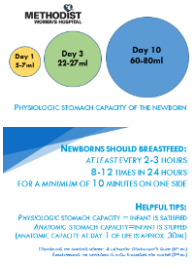
3 Factors influence breastfeeding frequency:

1. Breast storage capacity
2. Infant stomach capacity
3. Infant's gastric emptying time

22

INFANT STOMACH CAPACITY

- Physiologic stomach capacity is different from anatomic capacity
  - Physiologic capacity = infant is satisfied
  - Anatomic capacity = infant is stuffed
- Anatomical capacity at day 1 of life is approximately 30ml



23

ACTUAL LOW MILK SUPPLY

Red Flags:

- Previous history of low milk supply
- Multiples
- Inadequate breast tissue growth in puberty/pregnancy
- History of breast surgery
- Radiation to chest
- Endocrine disorders (hypothyroid, PCOS)
- Obesity
- Diabetes
- Medications

24

ACTUAL LOW MILK SUPPLY

Management:
- Frequent removal of milk and emptying of the breast
- Ensure adequate milk transfer
- Pump after all daytime feedings to boost supply
- Galactagogues
- Support!

Referral Suggestions:
- OBGYN for metabolic lab work
- Pediatrician to monitor adequate growth and development
- IBCLC for additional resources, such as a SNS (supplemental nursing system)

(LAUWERS & SWISHER, 2016)

25

FEEDING MULTIPLES

Common Concerns:
- Prematurity of the infants
- Maternal-Infant/Infant-Infant Separation
- Feeding 2, 3, or more babies
- Maternal Exhaustion, Lack of Time
- Bonding

(LAUWERS & SWISHER, 2016; MANNEL ET AL., 2013; USBC, 2018)

26

FEEDING MULTIPLES - CONCERNS

Maternal exhaustion/lack of time:
- Set the expectation that, in the beginning, mom should plan to do nothing else besides feed the babies and sleep
- Utilize a *flexible* feeding schedule

Bonding:
- Breastfeed separately at least one time each day
- Remember each baby is an individual & has separate needs

(LAUWERS & SWISHER, 2016; MANNEL ET AL., 2013)

27

FEEDING MULTIPLES MANAGEMENT – 2 BABIES

- Feed individually until at least 1 baby is assessed for *consistent & effective* feedings.
- Feeding schedule options
  - Both babies may eat when the *first* gets hungry – do not wait for the second to cue!
  - Both babies may be allowed to follow their own patterns and feed them individually
  - Use a combination of both methods
- Rotate breasts/babies with every feeding or every day

(LAUWERS & SWISHER, 2016; MANNEL ET AL., 2013)

28

FEEDING MULTIPLES MANAGEMENT – 3 OR MORE BABIES

- Breastfeed 2 at a time and the other(s) on both breasts afterward
  - Alternate babies so each take turns breastfeeding first
- Breastfeed 2 at a time while another person feeds the other baby(ies)
  - Alternate babies so a different one is fed with alternate means each feeding

(LAUWERS & SWISHER, 2016; MANNEL ET AL., 2013)

29

SUPPLEMENTING

What does the AAP say?

"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 or hypoglycemia."

Supplementation may:
- Inhibit or delay establishment maternal milk supply
- Decrease breastfeeding initiation rates and duration
- Interfere with maternal infant bonding
- Alter infant gut flora
- Sensitive infant to allergens

(AAP, 2012)

30

SUPPLEMENTING

Medical reasons for supplementation include:

- weight loss >10%
- signs of dehydration
- lethargy
- hyperbilirubinemia
- hypoglycemia
- actual low milk supply
- multiples
- prematurity
- NICU admission

What supplement should be used?

1. Mother's fresh expressed milk
2. Mother's frozen milk
3. Donor breast milk
4. Formula

(HOLMES ET AL., 2013)

31

SUPPLEMENTING

How much should be given?

- Follow the pediatrician recommendation/guidelines as this is variable for each baby
- In general:
  - Start with 15ml per feeding, if infant is still going to breast.
  - Supplement by cue and to infant satiety.
  - Remember infant stomach size/capacity
- NICU: per MD order

(BOOS ET AL., 2016; LAUVERE & SMITHER, 2016)

32

SUPPLEMENTING

Methods:

- Bottle → preterm choice
- Spoon
- Cup
- Syringe
- Supplemental Nursing System (SNS)

When supplementing, it is important to perform paced feeding to:

- Help coordinate suck/swallow/breathe
- Facilitate smooth transition back to breast

33

FORMULA FEEDING

Mothers who formula feed need:

- Education on all feeding options to make a fully informed decision
  - Goal is not to change her mind
  - Provide accurate information on risk & benefits of r/t various feeding options
  - Done at an appropriate time
  - Document education provided
- Opportunity to talk about her desires and reasons for feeding choice
- Support for her decision
- How to safely prepare, store, handle and feed formula
  - Volume, frequency, positioning

(WOOD, 2018)

34

EDUCATING MOTHERS WHO CHOOSE FORMULA

- Effective nonverbal communication
- Establish trust
- Conversation tools:
  - Use open ended questions
  - Motivational interviewing
- Remember, the goal is:
  - Supported mother
  - Thriving, content baby

(WOOD, 2018)

35

EDUCATING MOTHERS WHO CHOOSE FORMULA

Supportive Statements	Unsupportive Statements
• What motivated you to decide to breast/formula/combination feed? • Are there any questions that I can answer for you about breastfeeding/formula? • It sounds like you have put a lot of thought into this decision.	• You're not making the best choice. • Formula feedings is going to cost you a lot of money. • I think if you thought more about this, you would change your mind. • Don't you want to do what's best for your baby? • If using formula is your final decision, I'll write that in your baby's medical record.

(WOOD, 2018)

36

EDUCATING MOTHERS WHO CHOOSE FORMULA

Table 3. Sample Conversation for the Mother Who Chooses Formula Feeding

Nurse: Hi (patient's name), my name is (name). I'm the registered nurse caring for you and/or your baby (today/tonight). I was reviewing your medical record and noticed that we have not documented your preferred feeding choice. I like to have a conversation with every mother about her feeding goals and motivation. Can you tell me a little bit about your goals for feeding (baby's name)?	
Patient: I am planning on formula feeding.	
Nurse: Can you tell me more about why you decided to formula feed?	
Patient: *Provides personal reason*	
Nurse: Thank you for sharing that. Has someone talked to you about the risks and benefits of different feeding methods?	
Patient: No.	
	Nurse: We have a policy that requires me to inform you about the risks and benefits of different feeding options. Do you mind if we talk about the benefits and risks of formula, combination, and breastfeeding right now? (Continue discussion). We are happy to support you in whichever feeding plan you choose. Do you have any questions that I can answer for you? (Continue discussion).
	Nurse (If formula is desired): While you are in the hospital, we have prepackaged prepared formula. Based on your baby's needs, we have provided you information about how often and how much to feed your baby for the first several days. It is very important to use the instructions provided on the formula packaging for safe preparation, handling, and storage.
	Patient: Thank you.
	Nurse: I am happy to answer any questions or talk about any of your concerns while you are here. You can also contact your pediatrician or (family medicine physician, nurse practitioner) (additional outside resource) if you have questions after you go home.

[WOOD, 2018]

37

DISCHARGE GUIDELINES

Initial follow up appointment should be scheduled prior to discharge

- Term Infants: Within 48–72 hrs
  - Infants discharged before 48 hours of age should be seen within 24–48 hours after discharge
- Late Preterm & Early Term: Within 24-48 hrs
- NICU: Within 72 hrs
  - F/U "with a trained, skilled lactation professional within 2-3 days after discharge"

[ACOG ET AL., 2016; EVANS ET AL., 2014; NOBLE ET AL., 2018]

38

QUESTIONS?

39

REFERENCES

American Academy of Pediatrics (2012). Policy statement: Breastfeeding and the use of human milk. *Pediatrics, 129*(3), 827-841. Doi 10.1542/peds.2011-3552

Academy of Breastfeeding Medicine (n.d.). Protocol #11: guidelines for the evaluation and management of neonatal ankyloglossia and its complications in the breastfeeding dyad. Retrieved from https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/11-neonatal-ankyloglossia-protocol-english.pdf

Boies, E. G., Vaucher, Y. E., & the Academy of Breastfeeding Medicine (2016). ABM clinical protocol #10: breastfeeding the late preterm (34-36 6/7 weeks gestation) and early term infants (37-38 6/7 weeks gestation), second revision 2016. *Breastfeeding Medicine, 11*(10), 494-500. Doi: 10.1089/bfm.2016.29031.egb

Centers for Disease Control and Prevention (2017). How to keep your breast pump kit clean: the essentials. Retrieved from https://www.cdc.gov/healthywater/pdf/hygiene/breast-pump-fact-sheet.pdf

Lauwers, J. & Swisher, A. (2016). *Counseling the nursing mother: A lactation consultant's guide* (6th ed.). Burlington, MA: Jones & Bartlett Learning.

Boies, E. G., Vaucher, Y. E., & the Academy of Breastfeeding Medicine (2016). ABM clinical protocol #10: breastfeeding the late preterm (34-36 6/7 weeks gestation) and early term infants (37-38 6/7 weeks gestation), second revision 2016. *Breastfeeding Medicine, 11*(10), 494-500. Doi: 10.1089/bfm.2016.29031.egb

Evans, A., Marinelli, K. A., Taylor, J. S., & The Academy of Breastfeeding Medicine. (2014). ABM clinical protocol #2: Guidelines for hospital discharge of the breastfeeding term newborn and mother: "The going home protocol," revised 2014. *Breastfeeding Medicine, 9*(1), 3-8. Doi 10.1089/bfm.2014.9996

Lawrence, R. A. & Lawrence, R. M. (2016). *Breastfeeding: A guide for the medical profession* (8th ed.). Philadelphia, PA: Elsevier.

40

REFERENCES

Mannel, R., Martens, P. J., & Walker, M. (2013). *Core curriculum for lactation consultant practice* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Medela (2018). NICU human milk logistics portfolio. Retrieved from https://www.medela.ca/breastfeeding-professionals/nicu/logistics/portfolio

Morton, J., Wong, R.J., Hall, J.Y., Pang, W. W., Lai, C. T., Lui, J., Harmann, P. E., & Rhine, W. D. (2012). Combining hand techniques with electric pumping increases the caloric content of milk in mothers of preterm infants. *Journal of Perinatology*, 32, 791-796. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22222549

Noble, L. M., Okogbule-Wonodi, A. C., Young, M. A., & the Academy of Breastfeeding Medicine (2018). ABM clinical protocol #12: Transitioning the breastfeeding preterm infant from the neonatal intensive care unit to home, revised 2018. *Breastfeeding Medicine, 13*(4), 230-236. Doi: 10.1089/bfm.2018.29090.lpn

Steurer, L. M. & Smith, J. R. (2018). Manual expression of breast milk: A strategy to aid in breastfeeding success. *The Journal of Perinatal & Neonatal Nursing*, 102-103. doi: 10.1097/JPN.0000000000000328

Stuebe, A. (2014). Enabling women to achieve their breastfeeding goals. *Obstetrics & Gynecology*, 123(3. doi: 10.1097/AOG.0000000000000142.

United States Breastfeeding Committee (2013). Implementing the joint commission perinatal core measure on exclusive breastfeeding (2nd ed). Retrieved from file:///C:/Users/adenke1/Downloads/TJC-Measure-EBMF-2013-rev-USBC.pdf

Wilson-Clay, B. & Hoover, K. (2005). *Breastfeeding atlas (3rd ed.) images*. Manchaca, TX: Lactnews Press.

Wood, R. B. (2018). Effective communication strategies for nurses to discuss infant feeding with new mothers during postpartum hospitalization. *The American Journal of Maternal Child Nursing, 43*(4), 218-224. doi: 10.1097/NMC.0000000000000043

41