



# **Outpatient Breastfeeding Champion Course Lecture Notes**

**Feb 2023**

**Session 1**



***IABLE***

Institute for the Advancement  
of Breastfeeding &  
Lactation Education

# The Outpatient Breastfeeding Champion Program Session 1



## ***IABLE***

**Institute for the Advancement  
of Breastfeeding &  
Lactation Education**



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- The Instructor has no conflicts of interest to disclose
- Continuing medical education credits (CMEs) and continuing education recognition points (CERPs) for IBCLE are awarded commensurate with participation and complete/submission of the evaluation form
- CMEs can be used for nursing credits



## ***IABLE***

**Building  
Breastfeeding-Knowledgeable  
Medical Systems & Communities**



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## What is the IABLE?

- Non-profit, membership organization
- Establish Outpatient Breastfeeding-Knowledgeable Health Systems and Communities
- Provide free lactation education for supporters
  - Case discussion series 2<sup>nd</sup> Sunday of each month
  - Clinical Question every 2 weeks
  - Free videos on Youtube and at lacted.org
  - Breastfeeding education handouts
  - Free Breastfeeding Medicine Podcast Series
- Memberships support our free projects

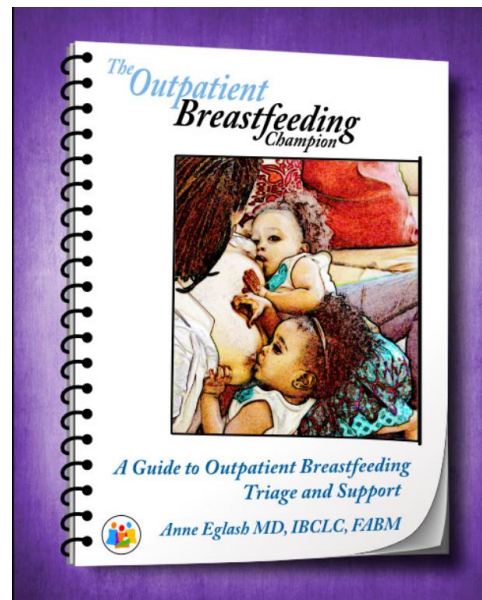


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## Your Learning Materials

- Powerpoint Slides
  - All lectures in the course are based on the slides
- Activity PDF
  - Class exercises
- Curriculum Book
  - Excellent reference guide as a Breastfeeding Champion
  - Has the same information as the slides, but structured organized differently
- All references for the course are in the curriculum book



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## Your Triage Tools and Breastfeeding Education Handouts

- All triage tools are printed in your curriculum book
  - In the back, after the green divider page
- There are many more triage tools than the ones we cover in class
- Triage tools can be shared with colleagues at your institution



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## Objectives for the Outpatient Breastfeeding Champion (OBC)

- **Lactation resource person at work**
  - Colleagues, other staff
- **Education, counseling, and support for clients/patients**
- **Breastfeeding promotion**



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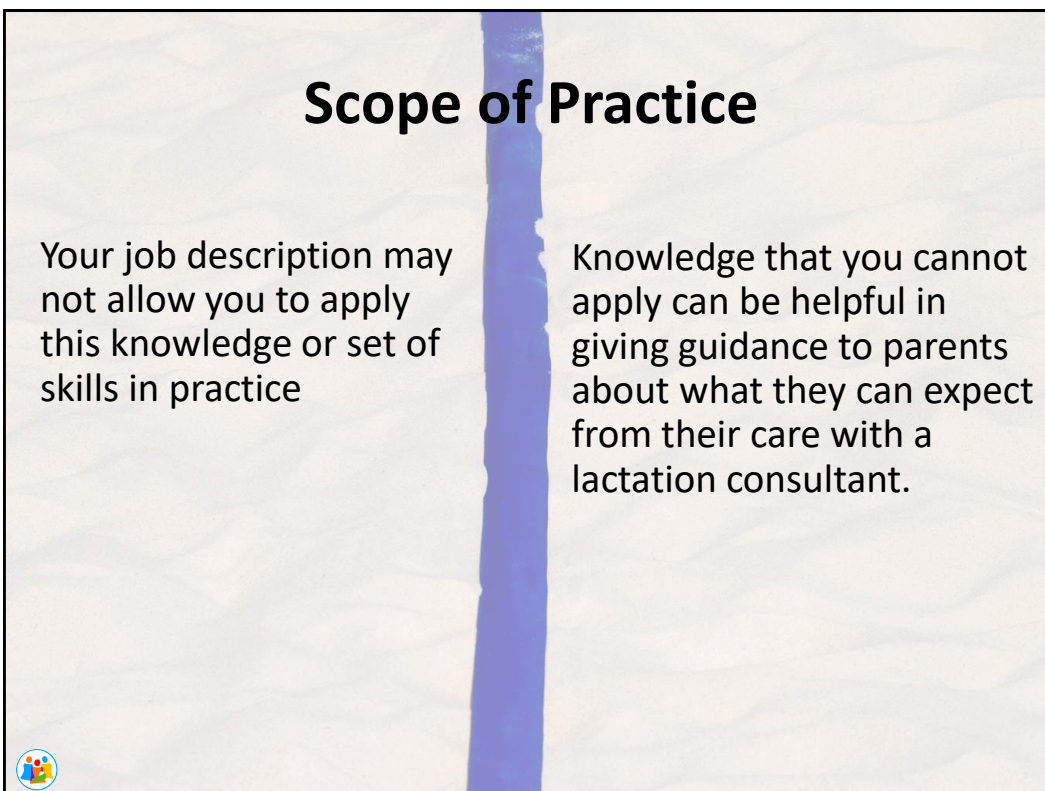
## Ideas for OBC Roles

- Phone triage
- Weight checks the first week
- Hospital visits
- Nurse visits
- Phone check-ins
- Congratulation program
- Office support groups
- Touch base at well child checks
- Educate coworkers




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## Scope of Practice

<p>Your job description may not allow you to apply this knowledge or set of skills in practice</p>	<p>Knowledge that you cannot apply can be helpful in giving guidance to parents about what they can expect from their care with a lactation consultant.</p>
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## Every Participant Here Today:

- Understands that people in this course may never have breastfed and/or may have had trauma related to breastfeeding
- Brings valuable knowledge and experiences to share
- Is encouraged to respect each other's identities and stories
- Is doing the best to listen with their heart



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## Session 1 Breastfeeding Basics

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## OBC Session 1 Topics

- Special Properties of Human Milk
- The Entero-mammary Pathway
- Risks of not breastfeeding
- Special considerations regarding breastfeeding
- Breastfeeding Demographics
- Healthy People 2030 goals
- Barriers to Breastfeeding/Lactation
- Prenatal Counseling
- Counseling the Breastfeeding/Lactating Parent



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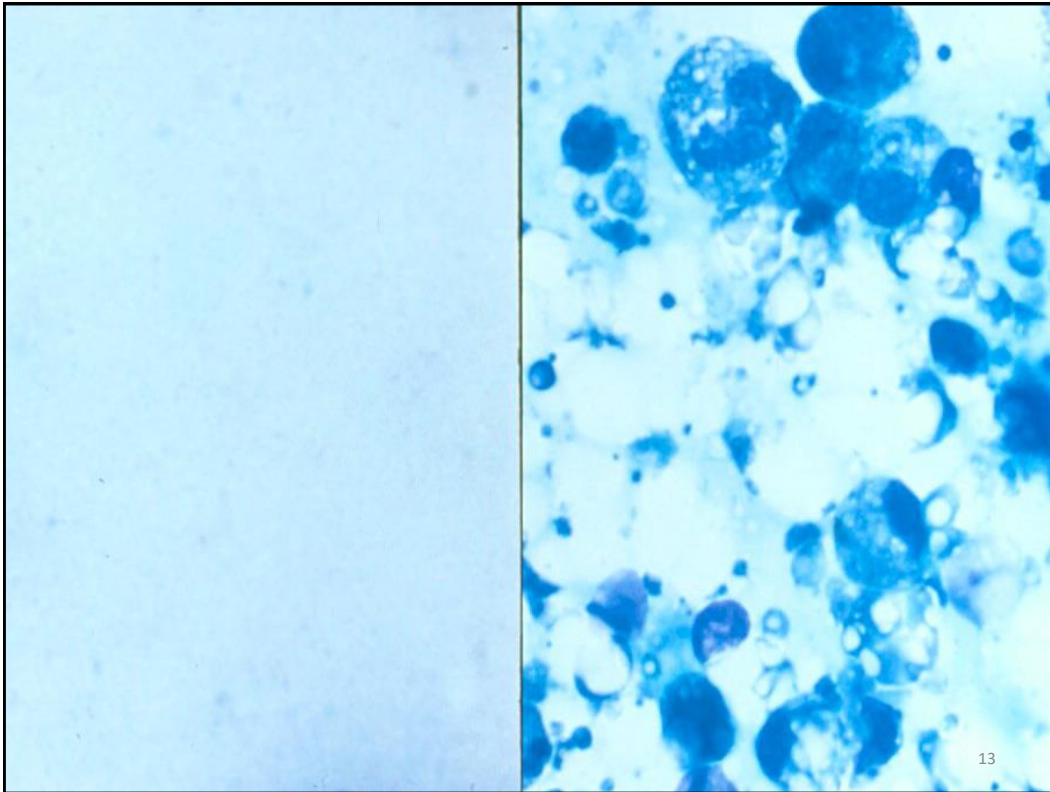
## Objectives for Session 1

- Describe components of human milk that provide immunologic protection from illness.
- Recite how antibodies directed against pathogens enter human milk.
- Identify infant risks of not breastfeeding/receiving human milk and maternal risks of not lactating.
- Explain current recommendations on duration of lactation.
- Recite relative contraindications to breastfeeding.
- Identify ways that pregnant individuals can be supported to breastfeed or chestfeed.
- Describe how to demonstrate empathy, respect and support for lactating parents



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**Comparing Breastmilk and Formula = Comparing Apples and Oranges**

**Human Milk**

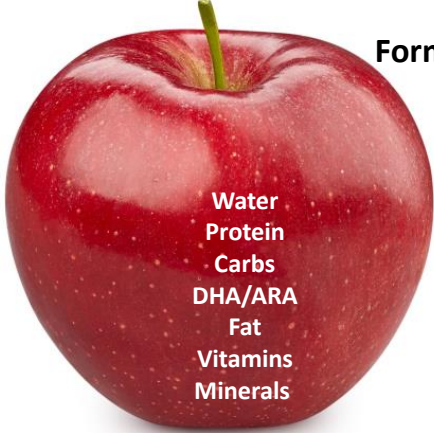


Water  
Protein  
Carbs  
DHA/ARA  
Fat  
Vitamins  
Minerals

**PLUS:**


- Hormones
- Antibodies
- Active white cells
- Enzymes
- Anti-viral proteins
- Antibacterial agents

**Formula**



Water  
Protein  
Carbs  
DHA/ARA  
Fat  
Vitamins  
Minerals

++Oligosaccharides  
Anti-allergy factors  
Carotenoids  
Protaglandins  
Cytokines  
Peptides  
Etc!!!



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**Formula is not evil**  
**There are times that formula is essential**



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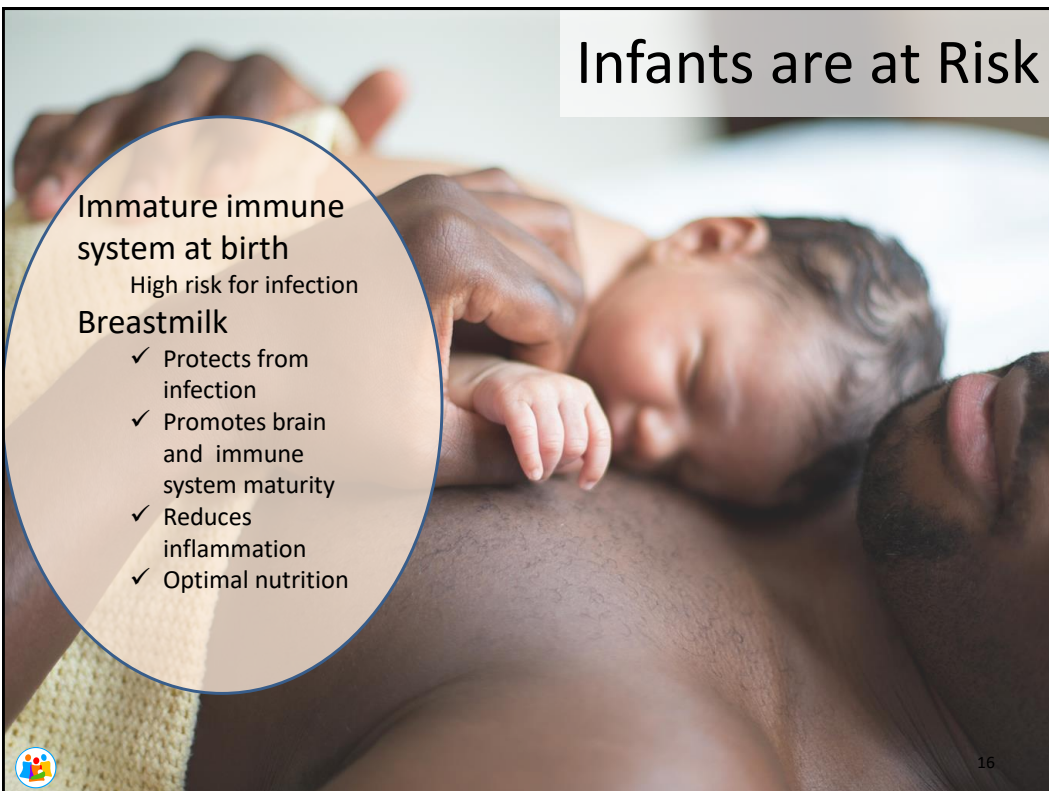
**Infants are at Risk**

**Immature immune system at birth**

High risk for infection

**Breastmilk**

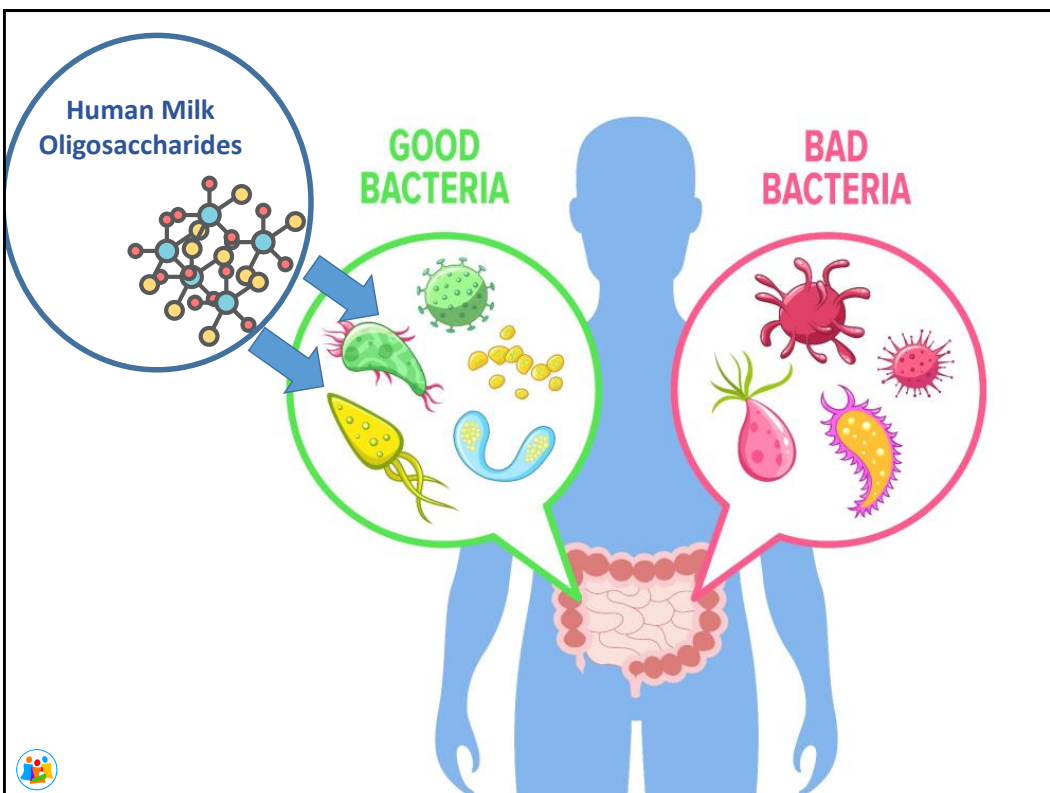
- ✓ Protects from infection
- ✓ Promotes brain and immune system maturity
- ✓ Reduces inflammation
- ✓ Optimal nutrition



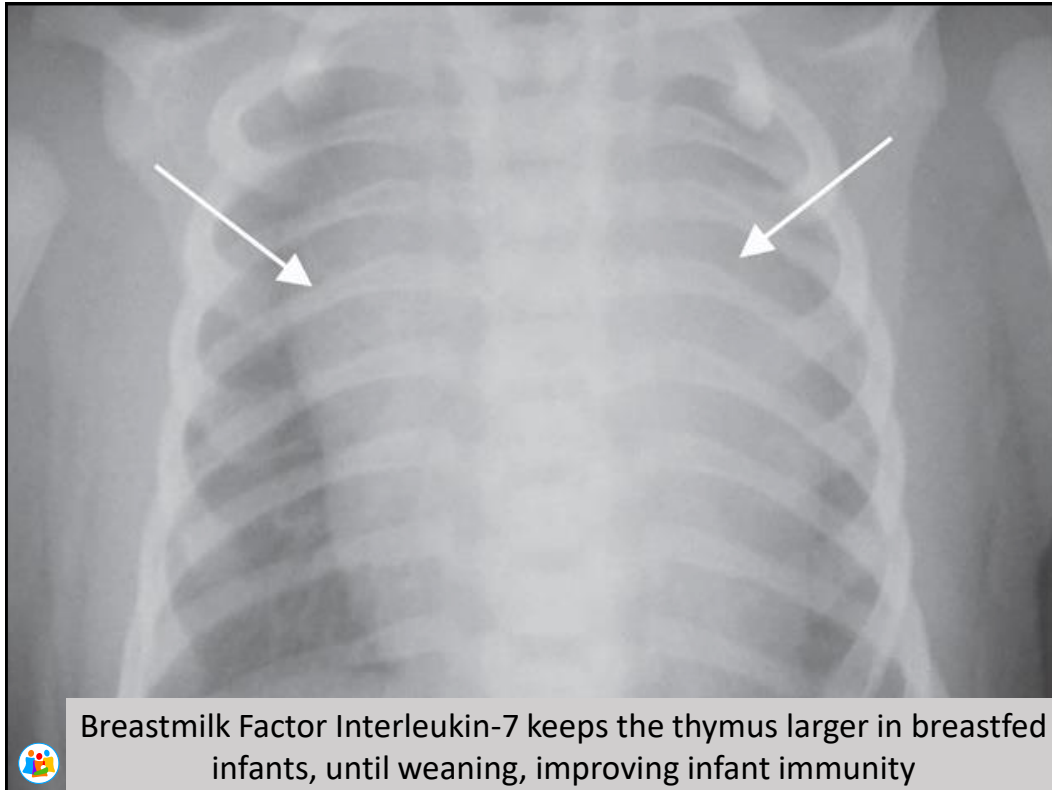
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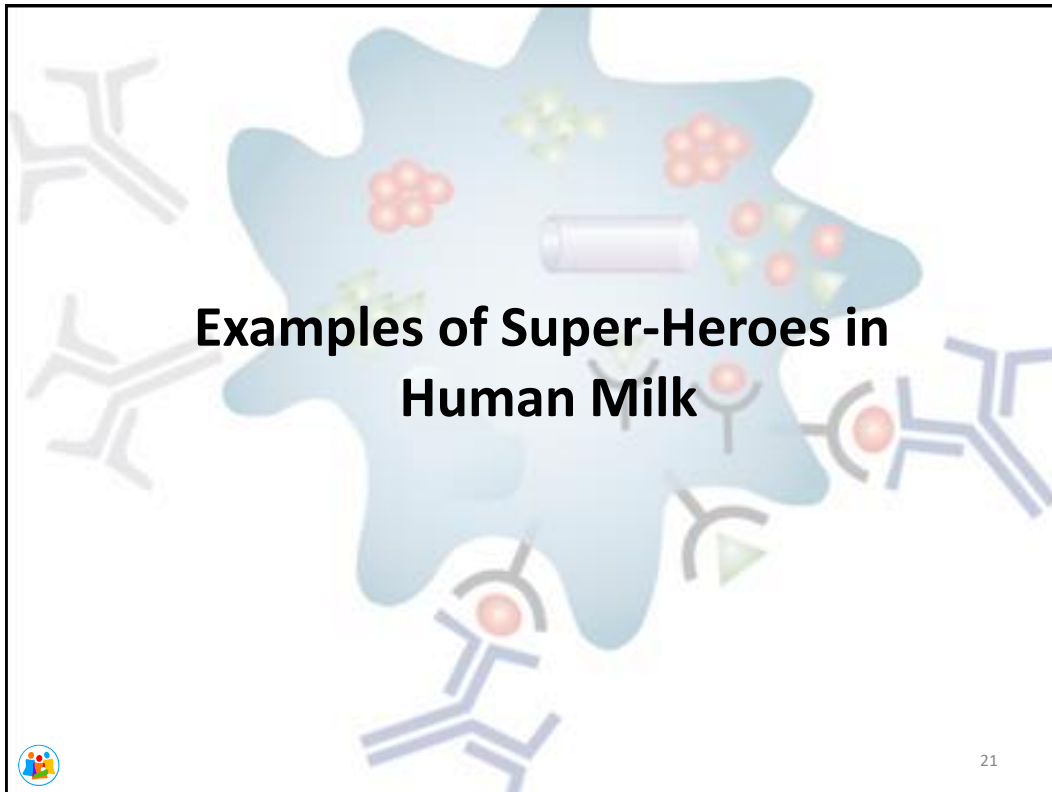
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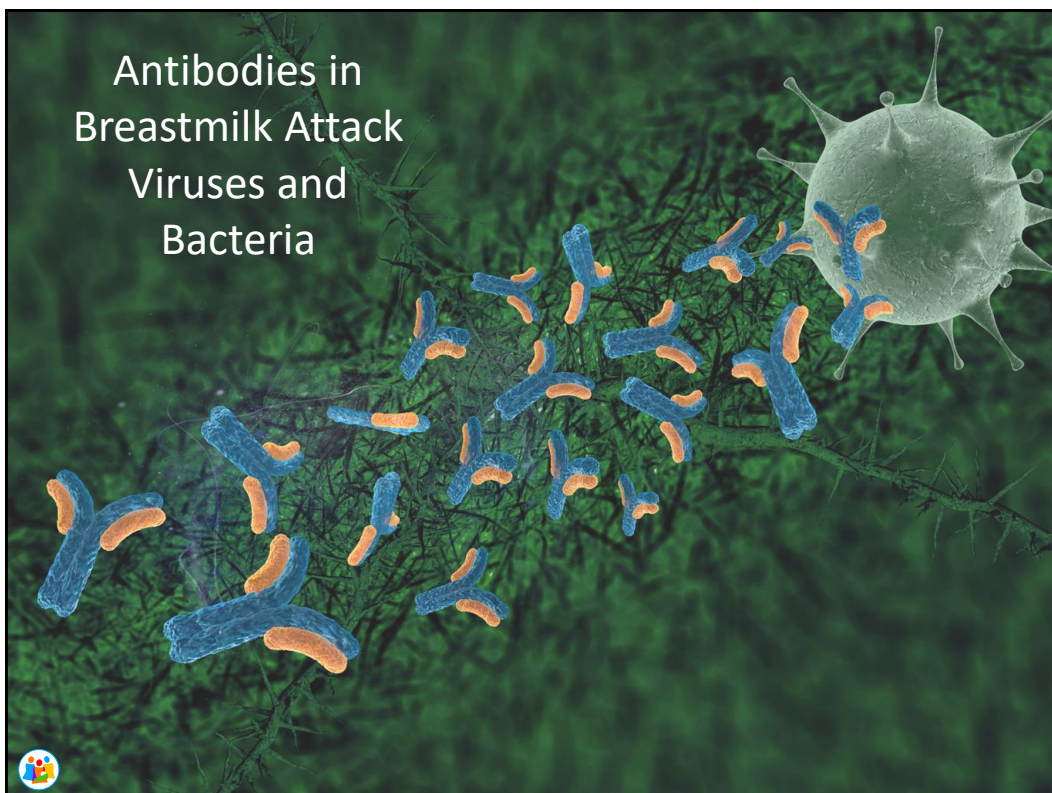
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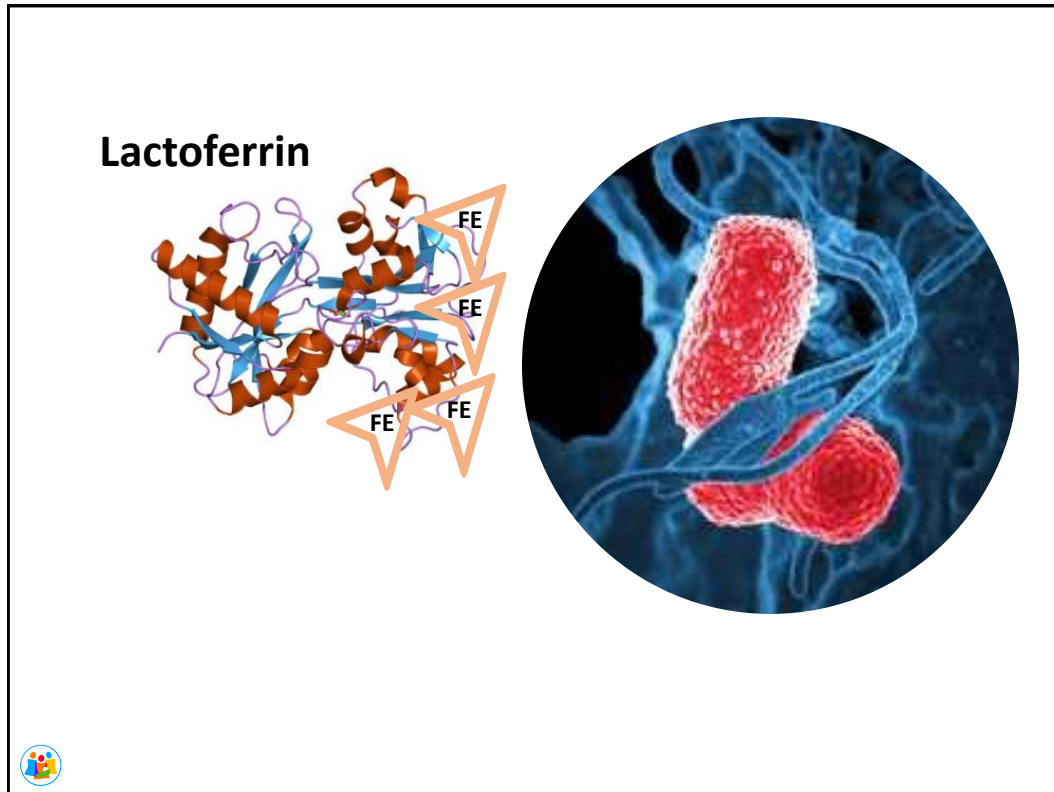
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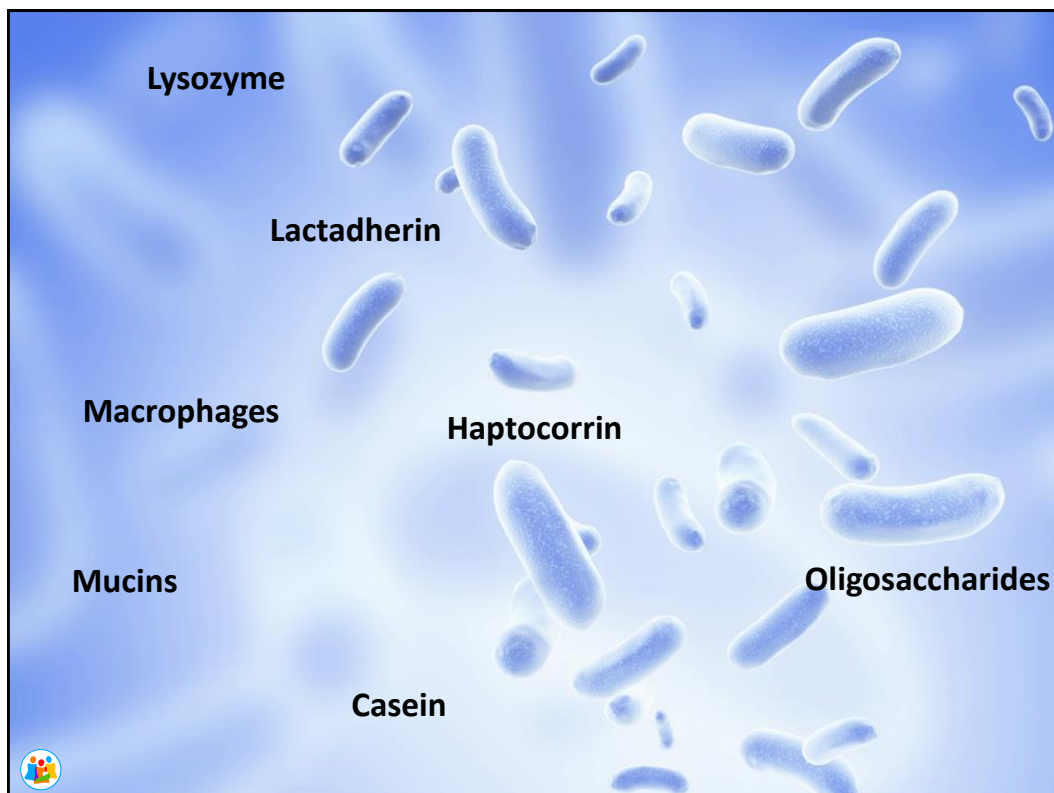
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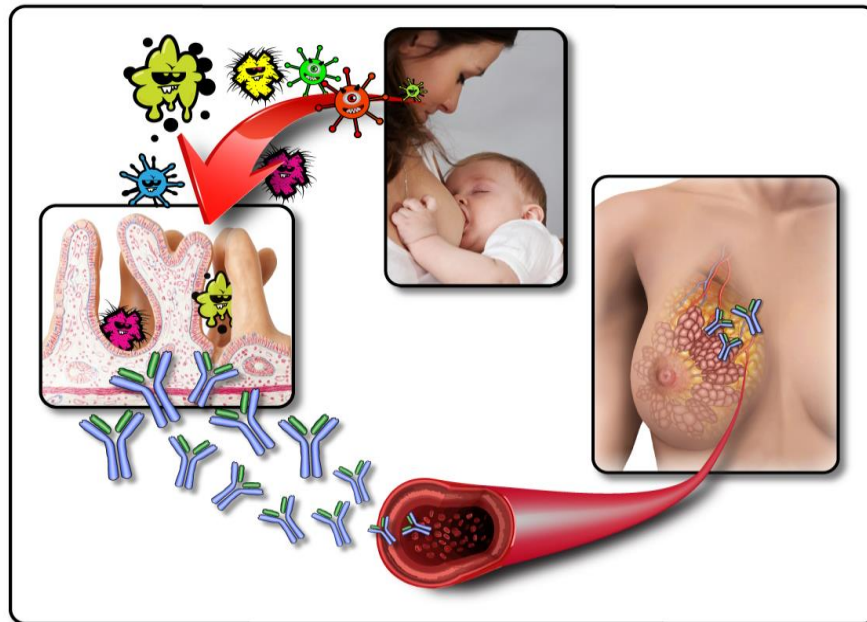


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## Entero-Mammary Circulation of Antibodies

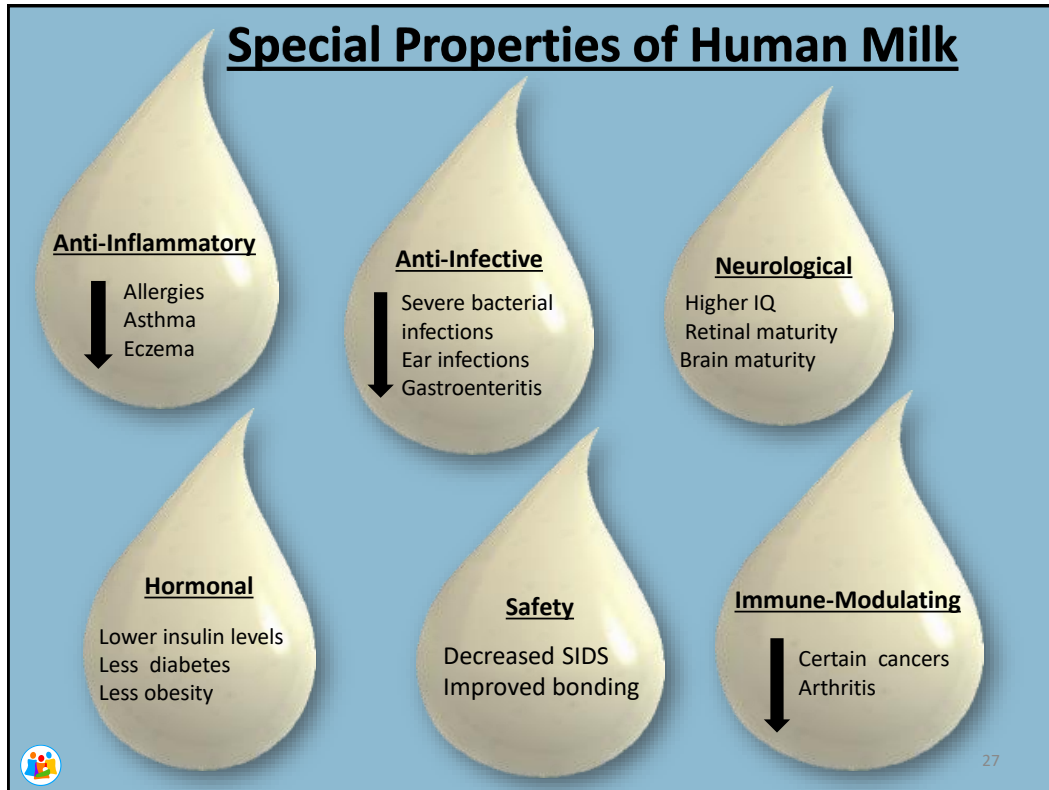


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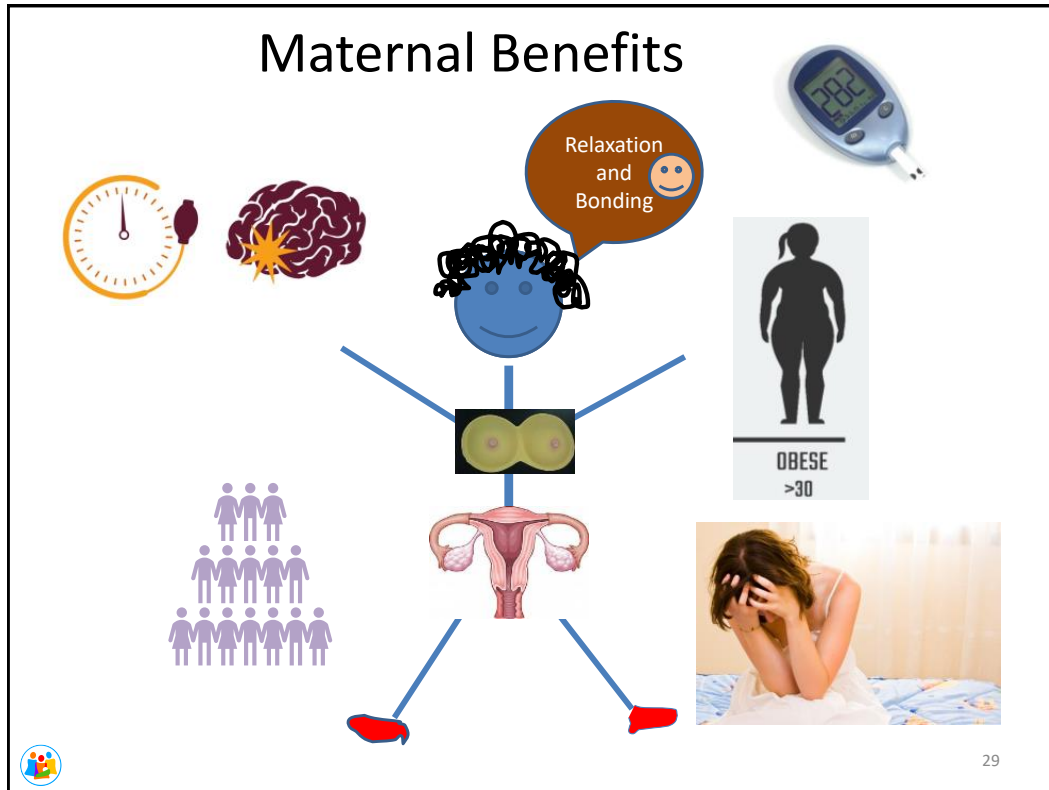
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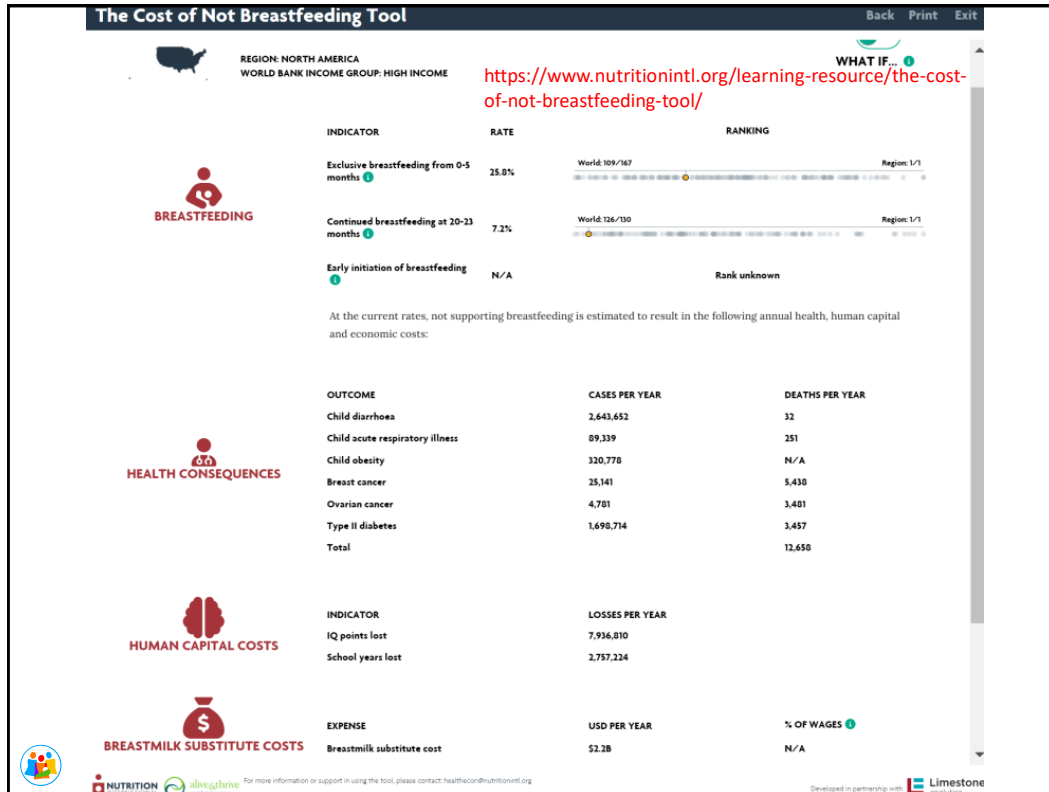
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## Not Breastfeeding?

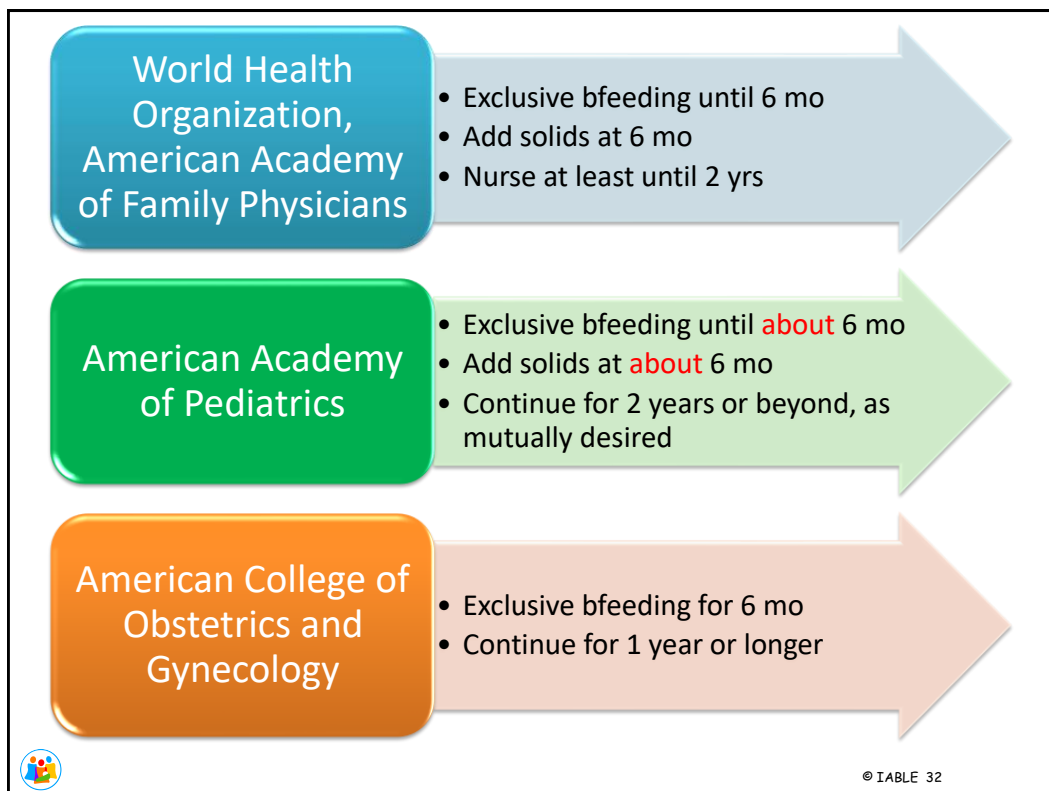
- **Risks of infant formula**
  - Bacterial contamination
    - Cronobacter sakazakii
  - Other contaminants
    - Bug parts
    - Metals
  - Absence of nutrients
- **Environmental risks**
  - Waste
    - Packaging

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## Infant Illnesses Requiring More Evaluation Before Breastfeeding/Providing One's Milk

- Galactosemia type 1- cannot breastfeed
- Other metabolic illnesses infants can partially breastfeed, e.g.
  - PKU
  - Maple syrup urine disease



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## Parental Relative Contraindications to Breastfeeding

- HIV
- Herpes on nipple/breast
- Shingles on nipple/breast
- A few meds, mainly chemotherapy
- Active substance use disorder



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## 2018 Center for Disease Control National Breastfeeding Report Card

Healthy People 2020 Objectives		Target	Current Rates*	
MICH**-21.1	Increase the proportion of infants who are breastfed: <b>Ever</b>	81.9%	83.2%	✓
MICH-21.2	Increase the proportion of infants who are breastfed: <b>At 6 months</b>	60.6%	57.6%	
MICH-21.3	Increase the proportion of infants who are breastfed: <b>At 1 year</b>	34.1%	35.9%	✓
MICH-21.4	Increase the proportion of infants who are breastfed: <b>Exclusively through 3 months</b>	46.2%	46.9%	✓
MICH-21.5	Increase the proportion of infants who are breastfed: <b>Exclusively through 6 months</b>	25.5%	24.9%	
MICH-22	Increase the proportion of employers that have worksite lactation support programs.	38.0%	49.0%	✓
MICH-23	Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.	14.2%	17.2%	
MICH-24	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.	8.1%	26.1%	✓



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## Healthy People 2030 National Breastfeeding Goals

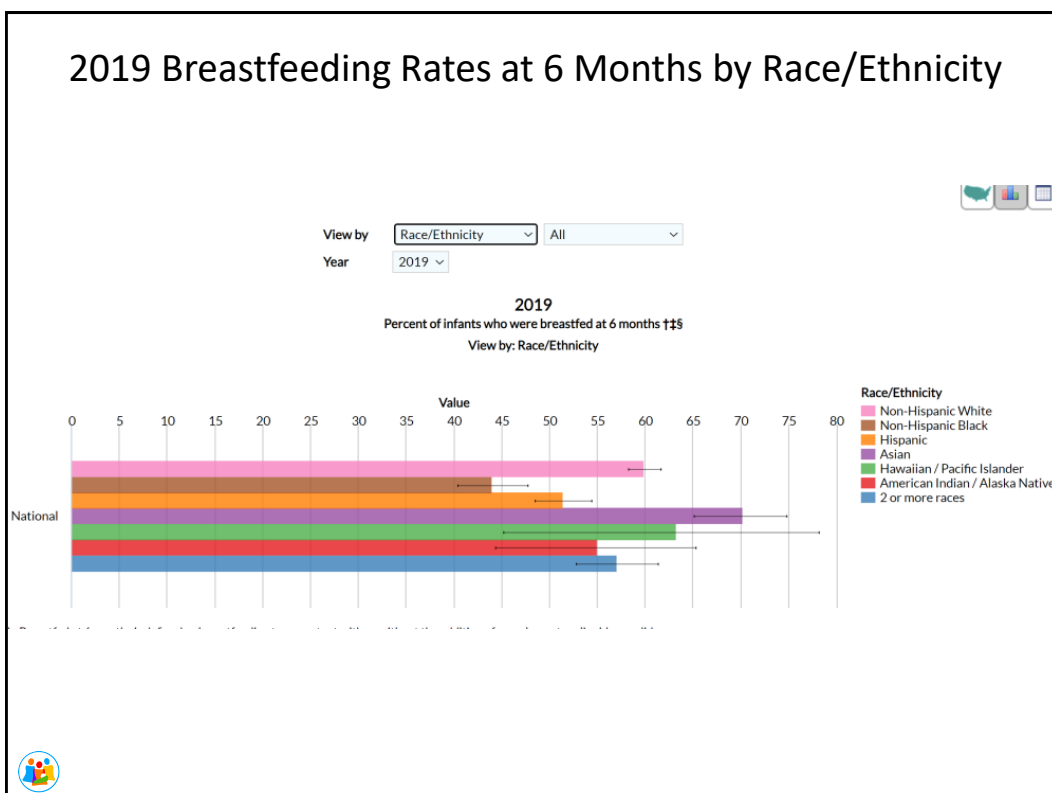
- Increase the proportion of infants who are breastfed exclusively through 6 months of age to 42.4%
  - Was 24.9 % in 2018
- Increase the proportion of infants who are breastfed at 1 year to 54.1%
  - Was 35.9% in 2018



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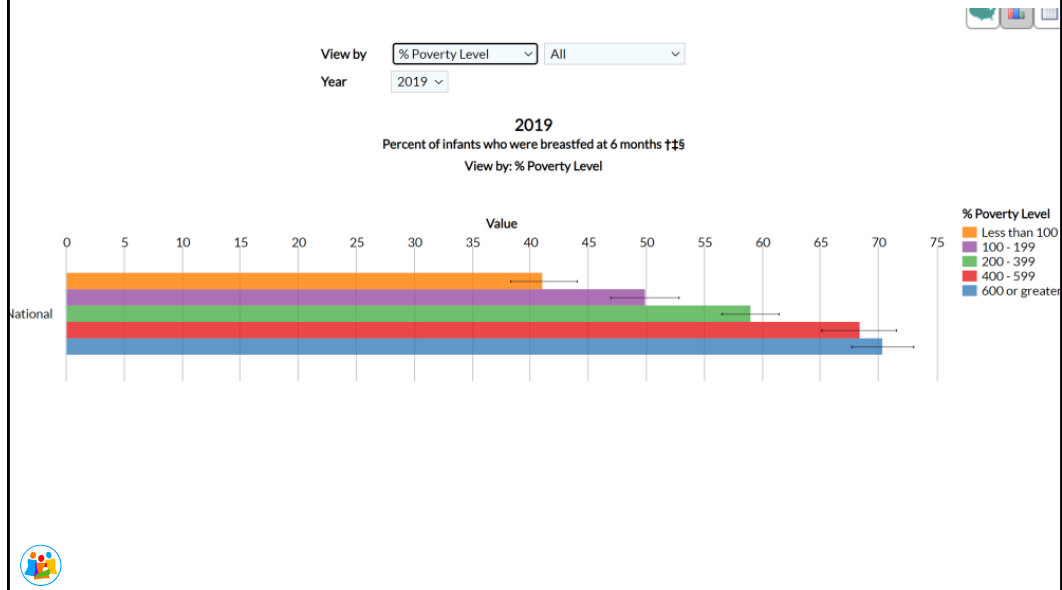


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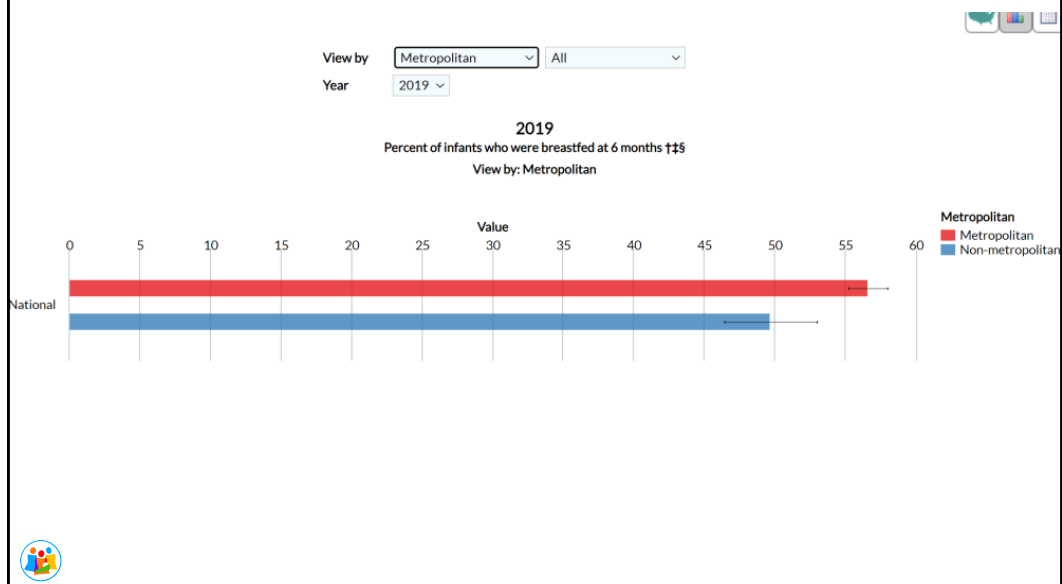
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## 2019 Breastfeeding Rates at 6 Months by Poverty Level



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## 2019 Breastfeeding Rates at 6 Months by Urban/Rural Living



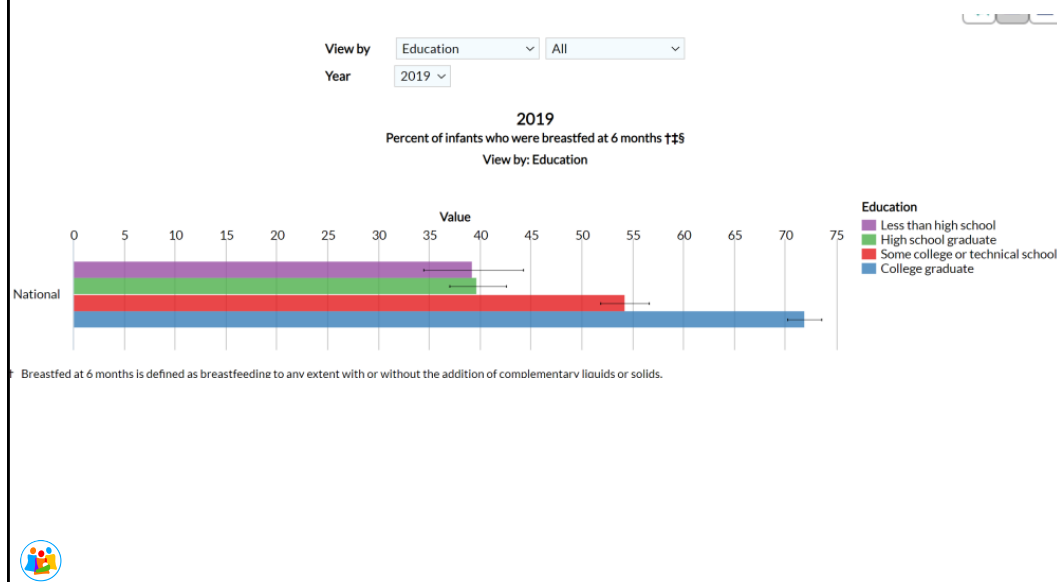
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## 2019 Breastfeeding Rates at 6 Months by Marital Status

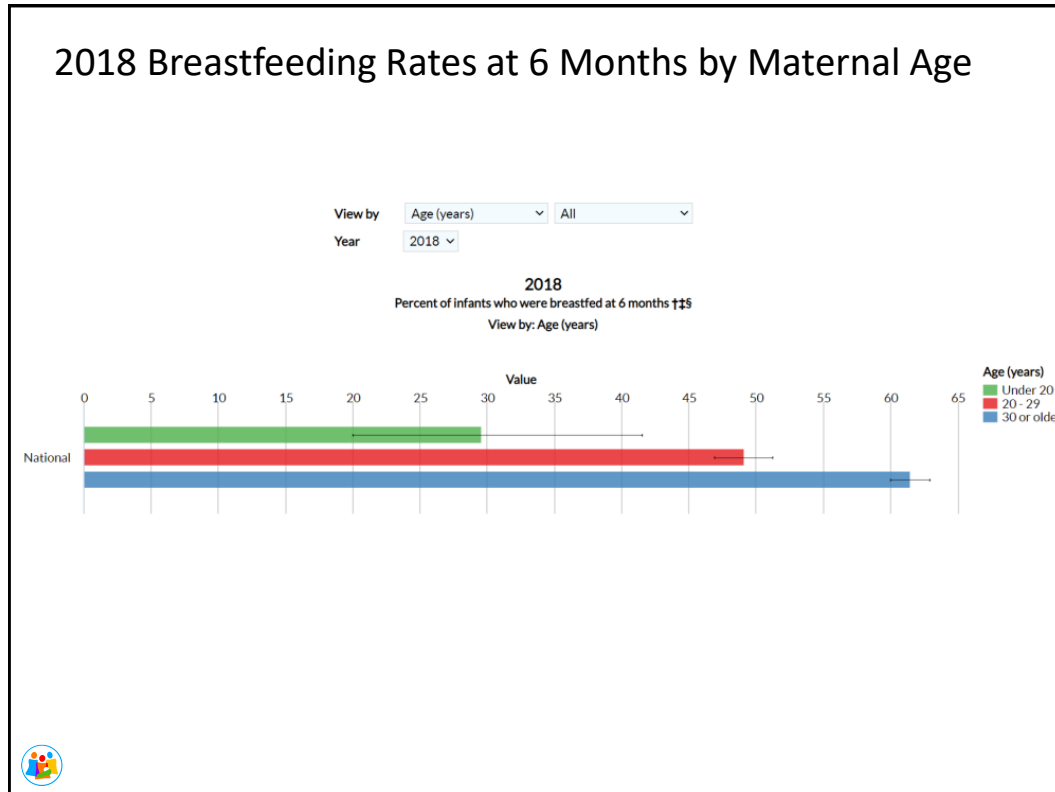


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## 2019 Breastfeeding Rates at 6 Months by Education Level



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## Educational Barriers to Breastfeeding

Failure of Counseling by Medical Offices:

- risks of not breastfeeding
- lack of educational materials
- no encouragement to take a class

A photograph showing a healthcare provider in purple scrubs examining a pregnant woman's belly. A young child with blonde hair, wearing a green sweater and blue jeans, is sitting on the woman's lap. The woman is smiling and looking at the child. The background is a plain, light-colored wall.



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## Socio-Cultural Barriers to Breastfeeding

We know  
what's best  
for our baby.  
Breastfeeding.



© 2012 Ontario  
Health Services  
Ontario

- Social conventions
  - Not nursing in public
  - Bottle as the norm
- Lack of family/social support
- Racial/ethnic barriers
  - Few resources from one's culture/race



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## Employment Barriers

- Lack of support in the workplace
  - US Fair Labor Standards Act on Break time for Nursing Mothers
- Job stress



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## Breastfeeding Challenges for the Lactating Parent Who is Back to Work

- Childcare
- Changes in the infant's feeding behavior
  - Increased night feeding
- Effect on lactation



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## Medical Deterrents to Breastfeeding

- Painful feeding/pumping
- Low milk production
- Excessive milk production



- Parental depression
- Breast reduction
- Parental illnesses and medication



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## Strategies for Prenatal Support



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## Verbalizing Support

- Verbalize support
- Start with an open-ended conversation
  - How do you plan to feed your baby?



ACOG- Optimizing Support for Breastfeeding As Part of Obstetric Practice  
Opinion #658, 2016

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## Address Barriers



- Identify the parent's perceived barriers
- Consider a prenatal counseling session
  - Getting off to a great start
  - Breastfeeding, chestfeeding, lactation plan



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## Prenatal Counseling

- Ask all pregnant individuals if you can share the risks to not breastfeeding
- Avoid worry of instilling guilt
- No need to exert pressure or coercion

ACOG- Optimizing Support for  
Breastfeeding As Part of  
Obstetric Practice  
Opinion #658 2016



Photo by Mulyadi on Unsplash

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## Prenatal Lactation Consultation

- History of lactation problems
  - Recurrent mastitis
  - Low milk production
  - Recurrent plugged regions
  - Sudden drop in milk production
  - Pump problems
- Anticipated possible breastfeeding or lactation challenges
  - Medications
  - H/o breast cancer, breast surgery
  - Medical illnesses, ie rheumatoid
  - Upcoming medical procedures postpartum

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## Need for Prenatal Education

- Prenatal breastfeeding class
- Give educational resources
  - IABLE resource handout
- Discuss employment concerns



Source: US Breastfeeding Committee

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# Prenatal Toolkits- Free!

- ACOG
  - <https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit>
- Wisconsin Dept of Public Health/WIC- 15 Cards
  - <https://www.dhs.wisconsin.gov/nutrition/breastfeeding/education.htm>
- Minnesota Bfeeding Coalition Prenatal Toolkit
  - <https://mnbreastfeedingcoalition.org/prenatal-toolkit-2/>
- Read-Set- Baby Carolina Global Health Institute
  - <https://sph.unc.edu/cgbi/resources-ready-set-baby/>



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## Socioeconomic Barriers



- Encourage partner/family members to join the pregnant parent for prenatal education, or for a prenatal visit
- Refer to WIC if financial concerns re infant feeding
- Advocate for pts with employment barriers



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## Create a Breastfeeding-Competent Environment Where You Work



- NO gift packs of formula
- Provide tips for success during prenatal visits
- Close follow-up after hospital discharge



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## Creating a Breastfeeding-Competent Environment



Source: US Breastfeeding Committee

- Comfortable place for individuals to feed or pump
- Visual messages that normalize breast/chestfeeding
- Address lactation concerns
- Provide community resources/support groups
- Support lactating employees



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## Counseling Lactating Parents and Families



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## Parent-Centered Approach to Counseling

- Begin with introductions in the room
- Start with an upbeat comment
- Make sure language is understandable
  - Avoid technical terms
  - Interpreter as needed
  - Speak clearly, not fast
  - Avoid over-explaining



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## Identifying Concerns

- Make a list of breastfeeding concerns
- If long, ask the parent(s) to identify most important concerns
- Allow the parents to use their own words to explain concerns

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Source: United States Breastfeeding Committee

## Counseling Worksheet In Small Groups

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## Parent-Centered Approach to Counseling Worksheet

- What are her concerns?
- What are her goals?
- How can you demonstrate to her that you are listening?
  - Verbal cues
  - Nonverbal cues
- What can you say to demonstrate empathy?
  - Show respect
  - Comment on her strengths
  - Express support



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## Shared Decision Making

- Outline options for managing the breastfeeding concern. Include risks and benefits to each:
  - She can continue to pump and bottle feed
  - She can nurse, then give a bottle of formula and not pump at all
  - Only pump after nursing when someone is with her
- Provide realistic encouragement
  - Will this improve?
  - When will it improve?



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## Ending the Visit and Follow-up



- Recap
  - Ask the parent to recite what the plan is
  - Provide written instructions, or a video conversation from her phone
- Plan a follow-up
  - Phone, text, office, home visit? When?



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## Conclusions Session 1

- There are many immune factors in human milk other than antibodies that provide optimal health for the baby.
- There are very few contraindications to breastfeeding.
- Individuals are encouraged to breast/chestfeed or lactate to provide milk for at least 2 years.
- Medical offices and other systems that work with lactating dyads need to provide lactation encouragement, education and support prenatally.



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## Conclusions Session 1 Cont'd

- Identifying parents' concerns and goals will help with shared decision making.
- Demonstrating listening skills can be done in verbal and nonverbal ways.
- Empathy can be expressed as respect, support, and demonstrating understanding.



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A new mom calls at 3 mo postpartum, stating that she will be going back to work next week, and she does not think she would be able to swing working and breastfeeding. She wonders if there are still advantages to nursing past 3 months. **You advise:**

- Once you start solid food at 6 months, breastfeeding really does not matter anymore.
- Your baby will benefit from breastfeeding for at least the first 2 years and beyond.
- Continuing to nurse, even if you need to supplement, is preferred over weaning.
- It would be better to wean now, since working and breastfeeding will be too hard.
- B & C



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Mom calls with symptoms of the stomach flu and asks if she should stop nursing. You advise:

- A. Keep nursing, but if the baby becomes sick with vomiting and diarrhea, stop nursing.
- B. Keep nursing, and if the baby becomes ill, continue to breastfeed and call your doctor's office to discuss further management.
- C. Stop nursing to prevent spreading your illness, and give your baby either stored breastmilk or formula until you feel fine.



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A pregnant individual calls and wonders if they should not nurse because they have diabetes, asthma and allergies. You advise:

- A. Since you might need various medications for your illnesses, it would be less complicated if you formula feed.
- B. Your baby would have lower risks of these illnesses if you nurse your baby.
- C. If you nurse for just 4 months, your baby will get all of the protection he needs from breastfeeding.
- D. You should not nurse because your blood sugars will become too out-of-control.



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Breastfeeding helps to prevent all of the following except:

- A. Severe pneumonia in the infant.
- B. Childhood obesity in the infant.
- C. Ear infections in the infant.
- D. Breast cancer in lactating women.
- E. Certain pediatric cancers.
- F. Gastro-esophageal reflux in the infant.



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Breastfeeding is considered appropriate in which situation?

- A. Parental hepatitis B and C
- B. Infant galactosemia type 1
- C. Chemotherapy treatment by the lactating parent
- D. Use of heroin by the lactating parent



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Mom calls, concerned that her baby just turned 1 year old. The baby still likes to nurse, but she thought she had to wean at 1 year. She wonders what to do. You advise:

- A. Babies should really wean to cows milk because it is healthier. Breast milk is less nutritious after 1 year.
- B. It is natural to keep nursing for at least the first 2 years, and your toddler will be healthier if you continue to nurse.
- C. It is OK to keep nursing but you should never nurse your toddler at night.
- D. It is best to wean because nursing toddlers tend to reject solids, so they don't get all of their nutrients.



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