

# **Outpatient Breastfeeding Champion Course Lecture Notes**

**Feb 2023**

**Session 2**



***IABLE***

Institute for the Advancement  
of Breastfeeding &  
Lactation Education

# The Outpatient Breastfeeding Champion Program Session 2



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The Instructor has no conflicts of interest to disclose



## ***IABLE***

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



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## OBC Session 2

- Anatomy and Physiology
- Positioning for breastfeeding
- Infant Latch
- Defining a feeding
- Feeding Frequency and Duration
- Infant and parental signs of Adequate Milk Intake



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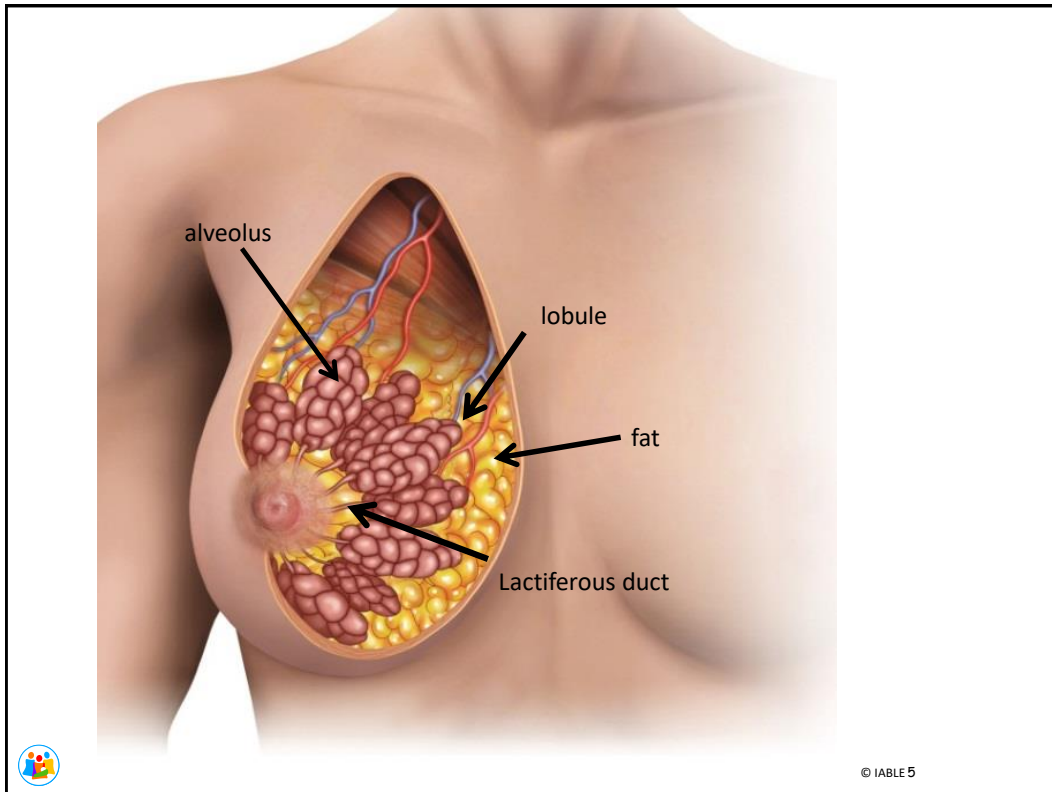
## Session 2 Objectives

- Describe breast anatomy and hormones of milk production and release.
- Describe and demonstrate typical positions used when breastfeeding.
- Identify signs that indicate adequate breastmilk intake in the baby and effective feeding in the parent.

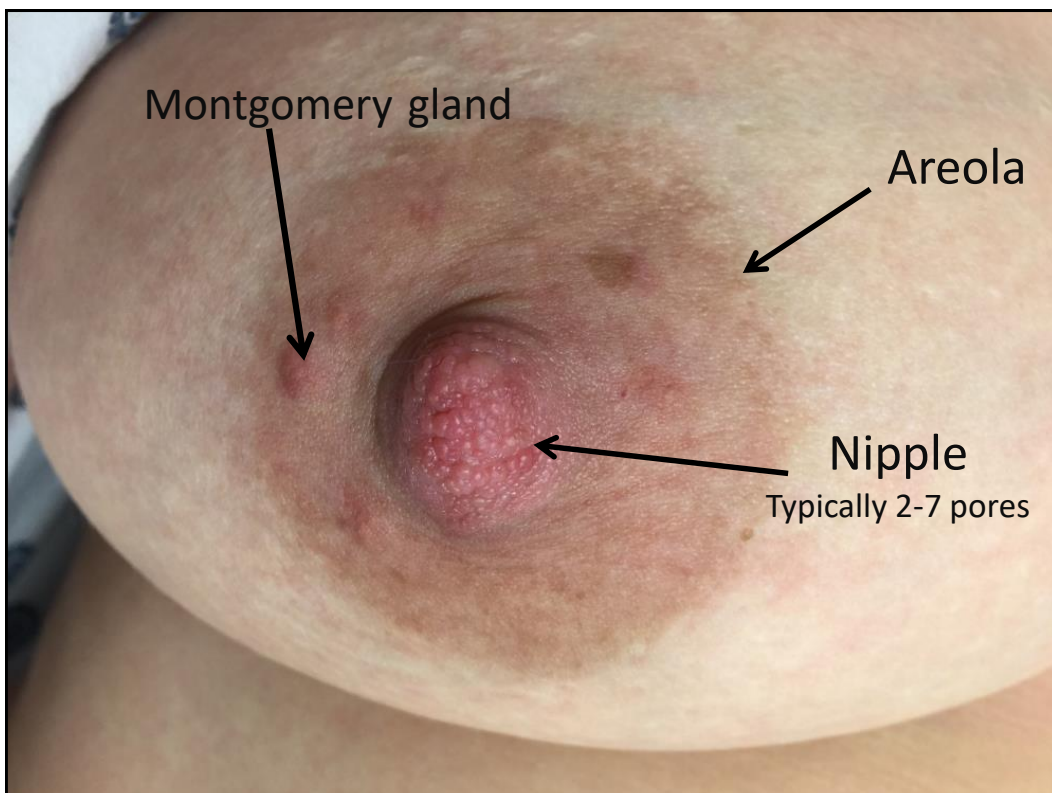


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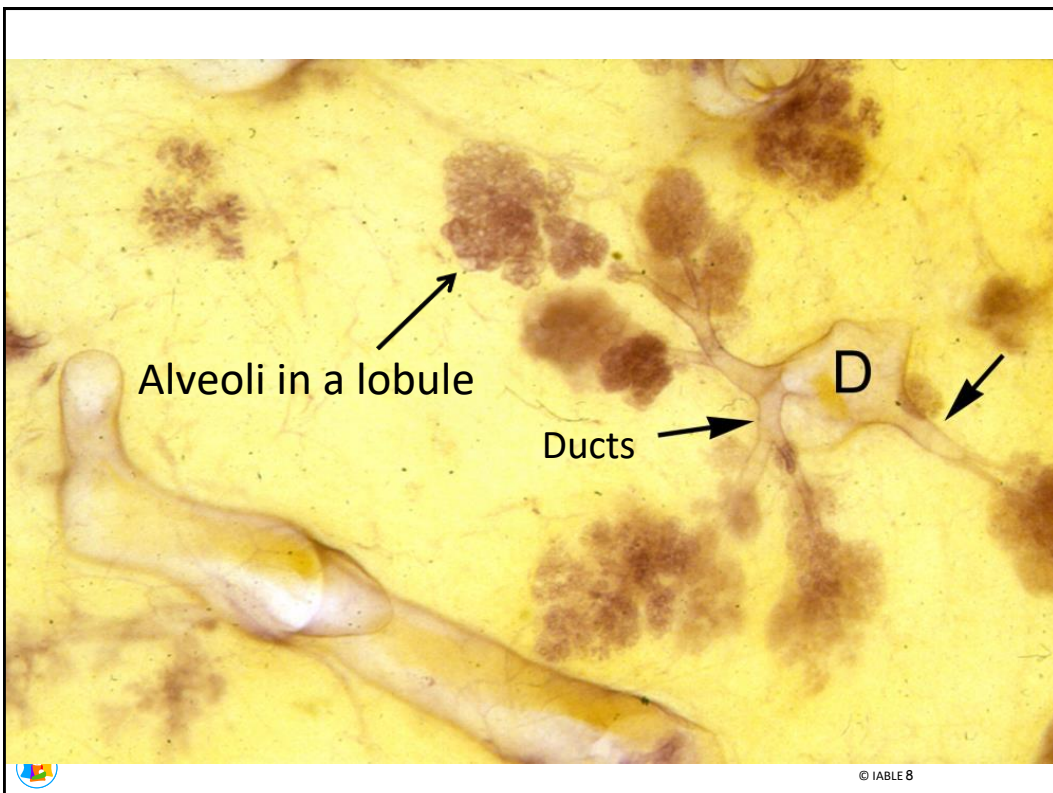


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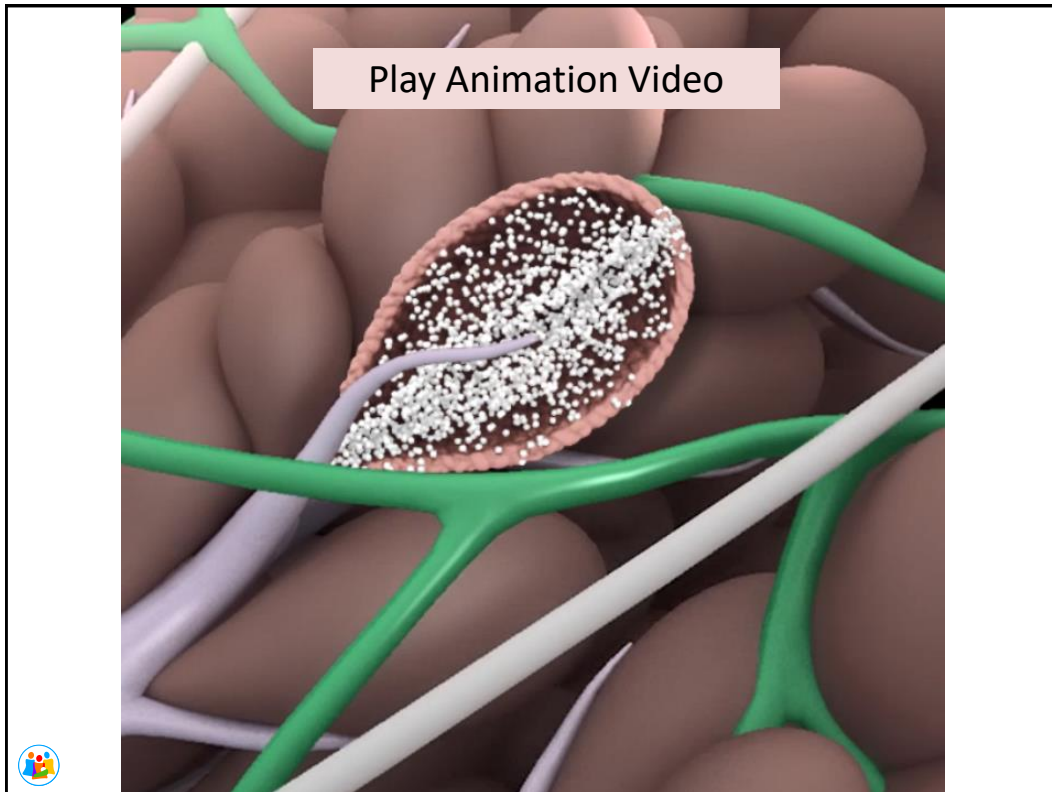




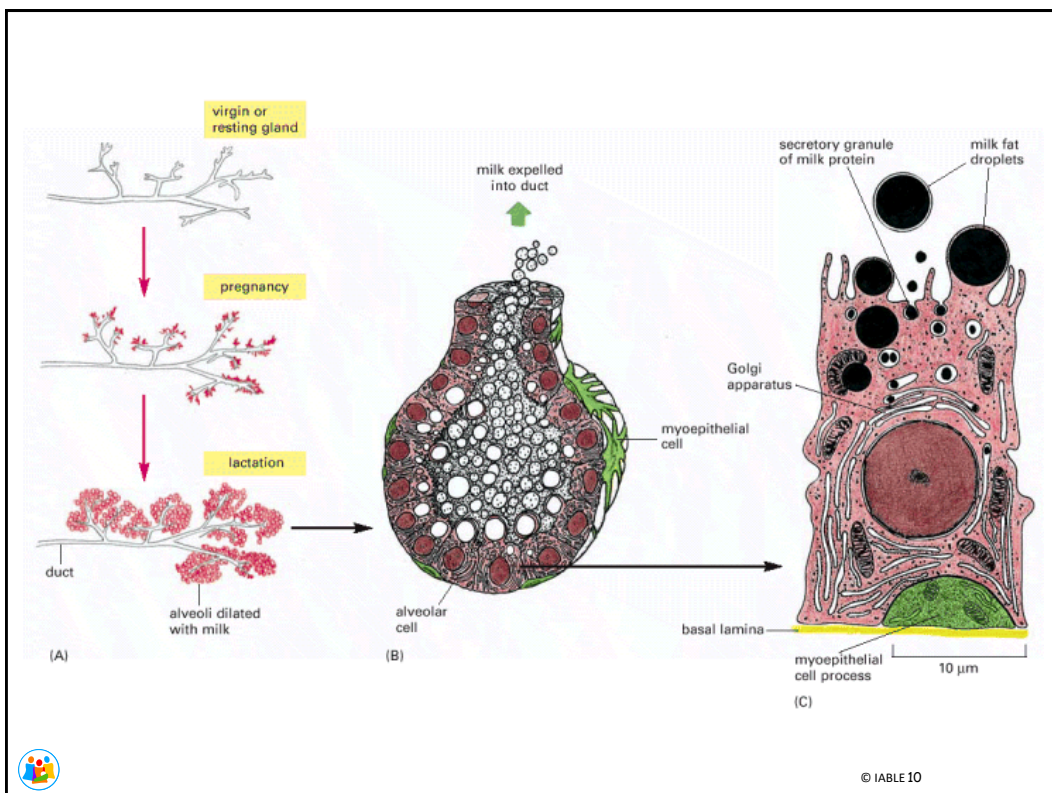
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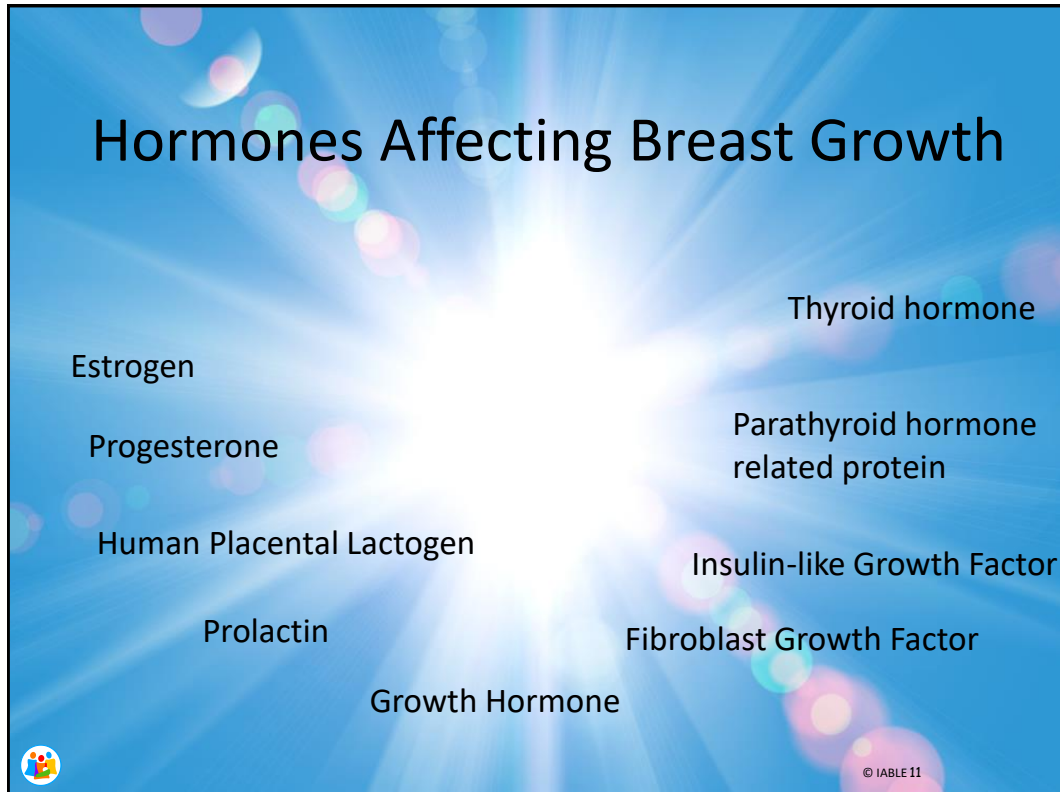


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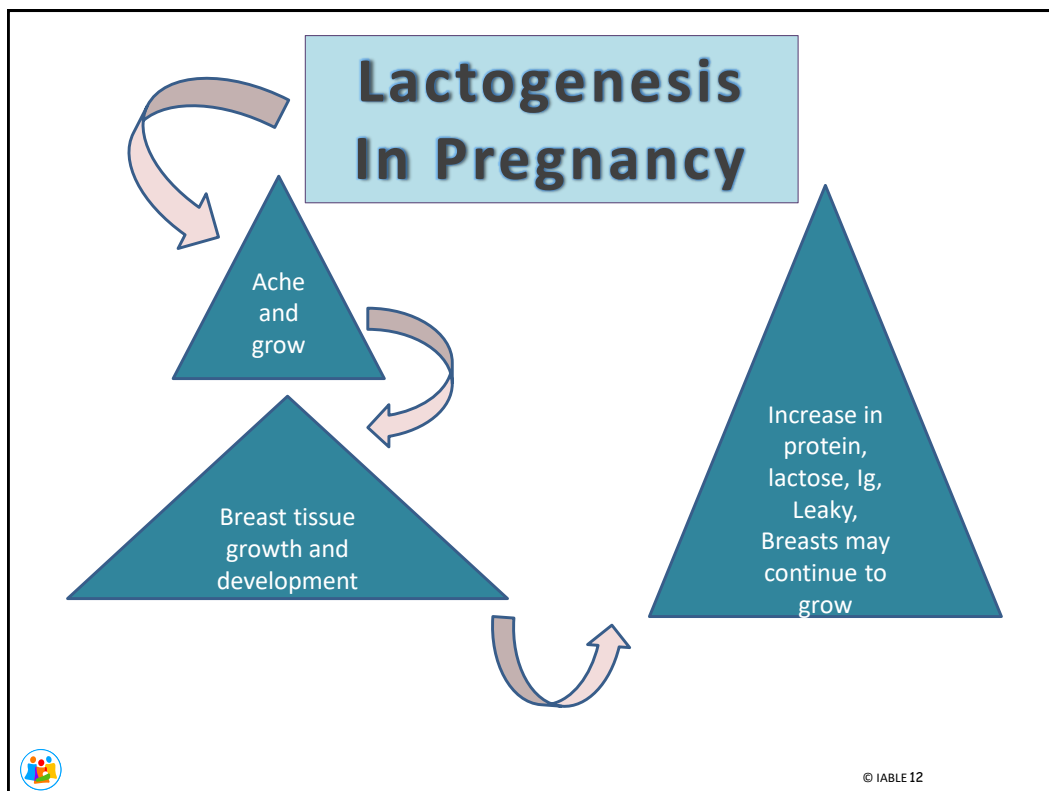


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# Hormones Affecting Breast Growth



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Placenta is delivered

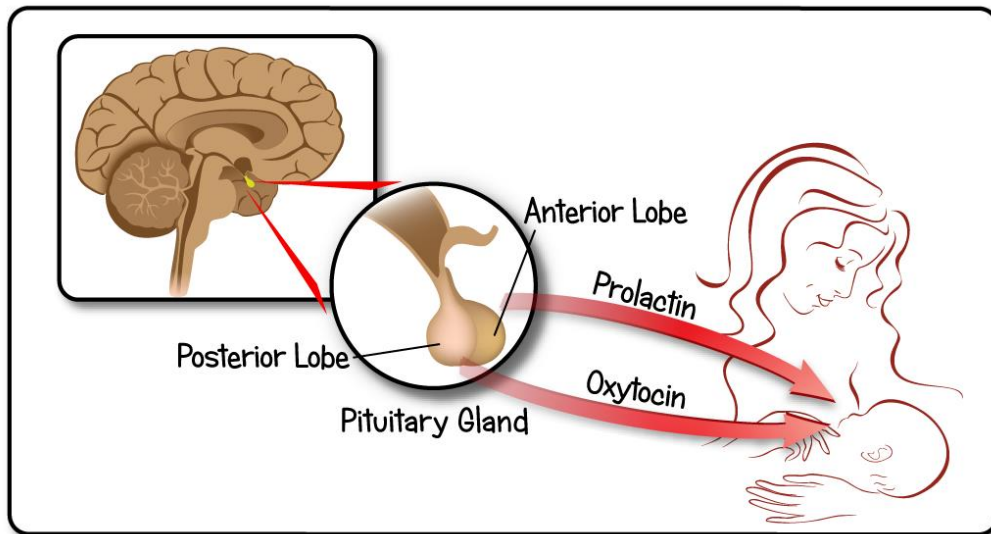
Placental hormones diminish

Pituitary & Breast tissue seize control



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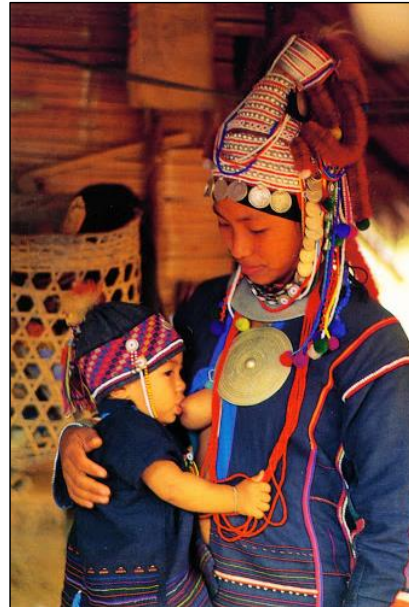
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# Prolactin

- Released from anterior pituitary
- Stimulates breasts to produce milk
- Requires **nipple stimulation**
- Prolactin level  $\neq$  Amount of milk



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What do you think raises the prolactin level higher- breastfeeding or pumping?



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# Oxytocin



- Released by posterior pituitary gland
- Stimulates milk ejection
- Several let-downs occur during a nursing session
- Tingly/tight sensation



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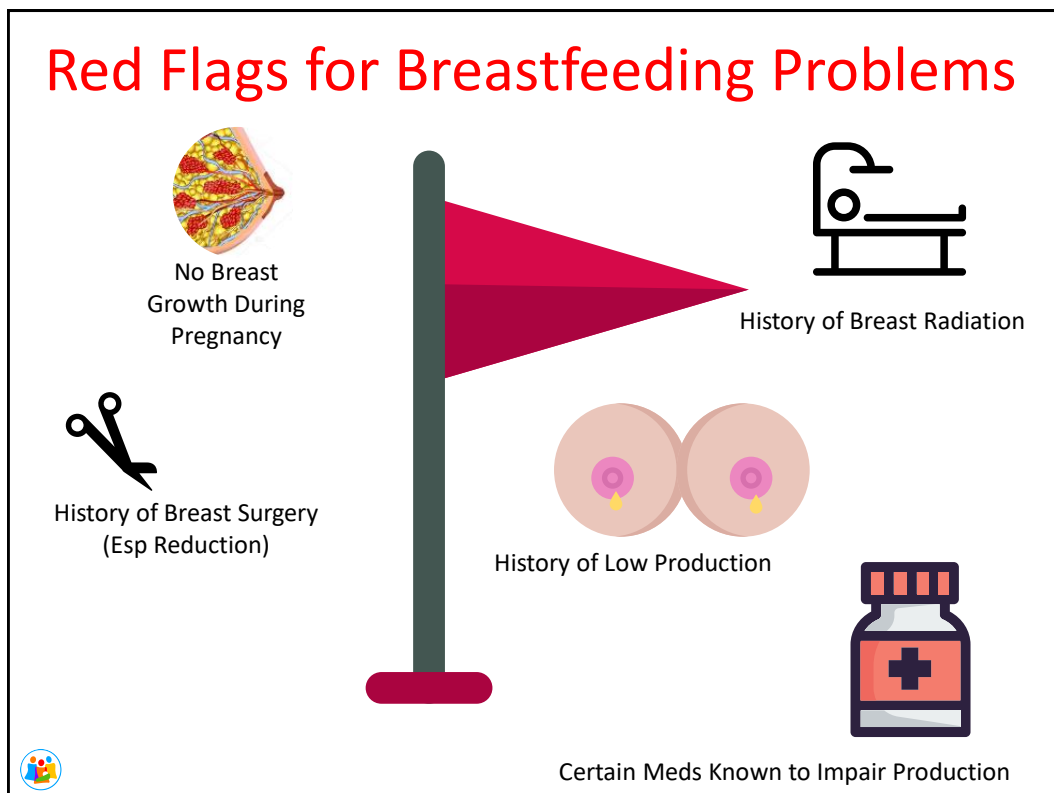
## What Behaviors or Stimuli Trigger the Milk Ejection (Letdown)?

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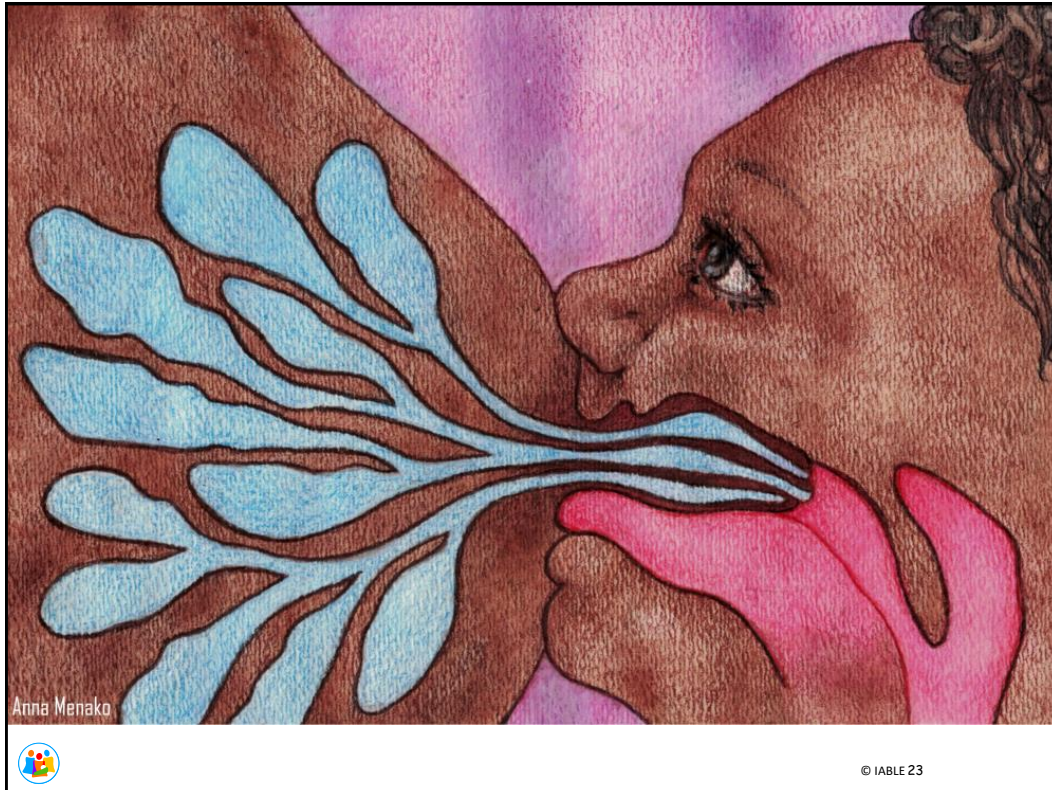
## Positioning at the Breast is KEY for:

- Deep Latch
- Maternal Comfort
- Effective Milk Transfer



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## Positioning Tips for Optimal Latch

Firm,  
Secure  
Hold

Proper  
Alignment

Maternal  
Comfort  
and  
Support

Mouth  
Wide  
Open

Nose to  
Breast



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## Firm Secure Hold



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## Proper Alignment



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## Maternal Comfort and Support



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## Mouth Open Wide



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## Nose to Breast



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## Positioning Video

Click to Start



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Sitting in Lap  
Facing Mom;  
Mom is using a  
C-Hold



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Semi-Reclined (laid back)  
Positioning



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## Let's Practice Positioning

- Cradle
- Cross Cradle
- Football
- Laid-back
- Side lying
- Sitting Upright



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### Latch Video

Click to Start



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## Asymmetric Latch

[Click for Video](#)



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## What is a Feeding?

- The baby latches on and nurses
  - Transfer of milk
- Easy to fool everyone
  - Some infants sleep at the breast
- Proof is in the weight gain



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## Teach Parents to Understand a Feeding Nutritive vs Non-nutritive Feeding

- Nutritive feeding transfers milk
  - Swallows are seen/heard
  - Slower (~1 suck per second), rhythmic
  - Wider jaw excursions
- Non-nutritive
  - Faster
  - Smaller jaw excursions
  - NO swallowing



**Best Feedings Include Swallows!!**



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## Awake and Effective Infant at the Breast



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## Sleepy Infant at the Breast



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## Young Infant at the Breast



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## Step 4- Watch for Signs of Satiation



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## Sit with Parents to Teach Nutritive and Non-Nutritive Sucking

- Watch the infant feed on the first breast, and point out swallows
- As the infant relaxes, and there have been NO swallows for 3-4 minutes, switch infant to the other breast. No need to wait for the infant to unlatch on their own
- Point out swallows on the second side
- Once swallows are done for 3-4 minutes on the second side, OK to take infant off the breast
- If infant is still hungry, start the process over on the first, then the second breast
- Nursing on both sides twice is called Switch Nursing



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**What do you think determines the length of the feeding at the breast?**


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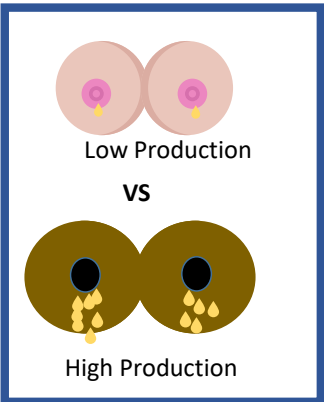
**Duration of Feeding at the Breast, in the Early Weeks, is Determined by:**



Infant wakefulness



Infant maturity/strength



Low Production  
VS  
High Production

**Slower Feeding When:**

- ✓ Sleepy
- ✓ Premature
- ✓ Weak
- ✓ Low/slow flow such as with low production

**Faster Feeding When:**

- ✓ Awake
- ✓ Alert
- ✓ Strong
- ✓ Fast flow, such as with high production

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## Infants Feed Very Frequently in the First Several Weeks

- Every 2-3 hours until at birth wt
  - Wake to feed
- OK to feed ad lib when:
  - Back to birth wt
  - Gaining well
  - Wakes up to eat on their own

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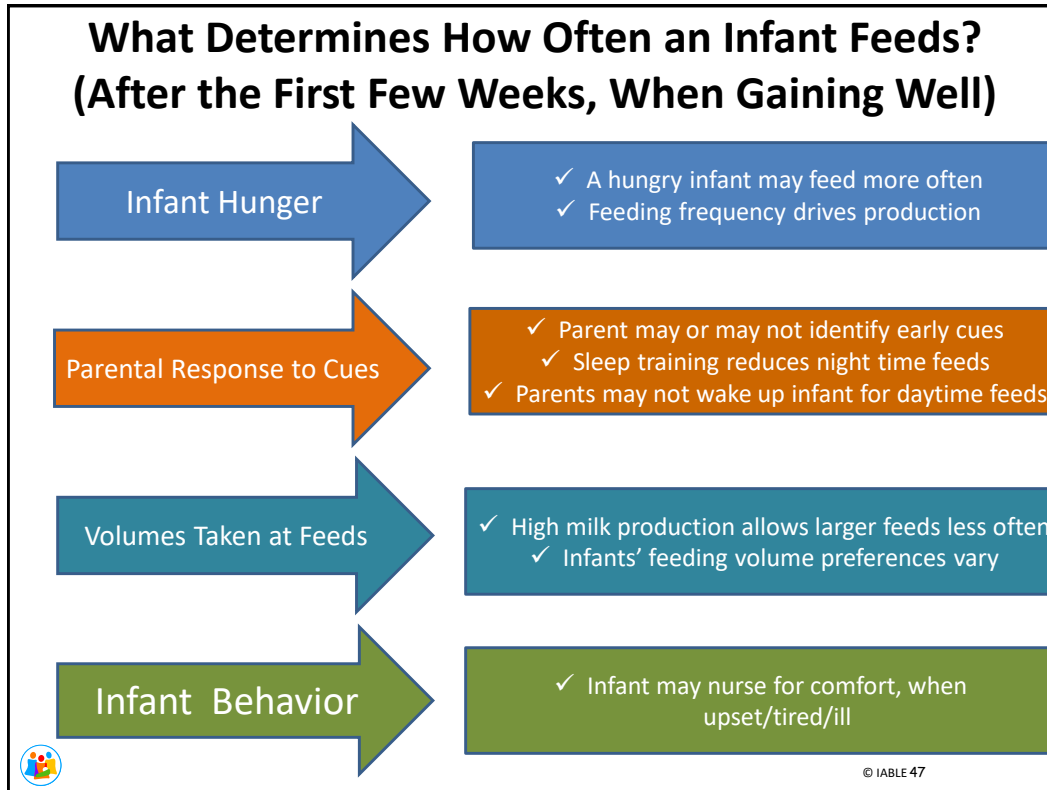


What factors do you think determine how often an infant feeds (once feeding is well established)?

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### Cluster Feeding Happens for Many Reasons

- Normal behavior in first 3-4 mo
  - Very often in evening
  - When babies are most awake
- Infant illness
  - Seeking comfort
  - Taking less volume/feeding
- Low production
  - Cluster feeding will increase production

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## Typical Feeding Frequency and Duration

Age (mo)	Frequency (~)	Duration
1-3 mo	1.5-3 hours	20-30+ minutes
4-6 months	2-5 hours	5-15+ minutes
6-9 months	3-5 hours	5-15+ minutes
9-12 months	4+ times a day	5-10+ minutes
Toddlers	Anyone's guess	Less than 10+ min



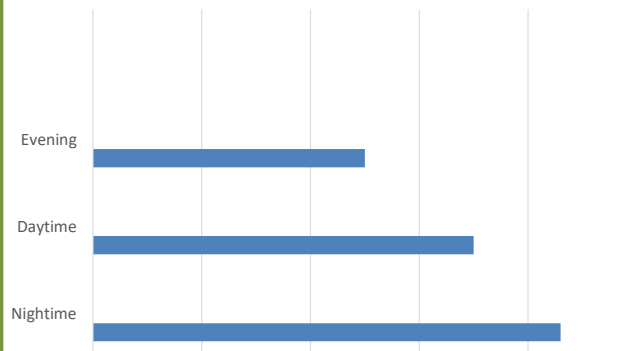
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## Daytime Variation in Milk Production

- Highest production overnight
  - prolactin rises overnight
- Lowest in the evening
  - May lead to evening supplementation

Prolactin Levels over 24 hours



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# Growth Spurts



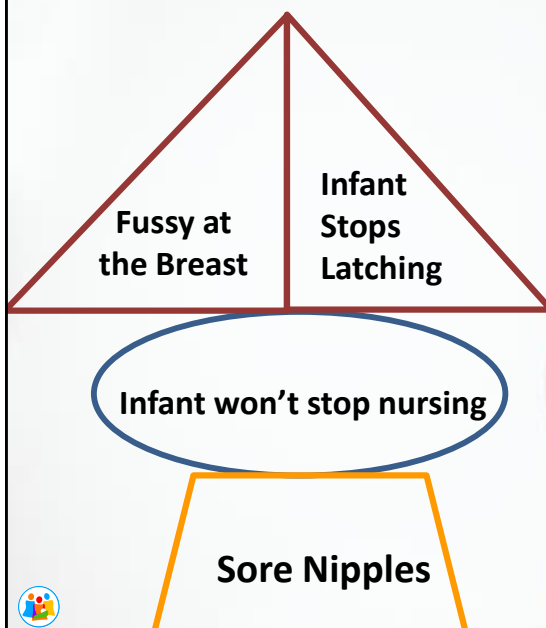
- Classic at 3,6,12 wks
- Characterized by:
  - Demanding for attention and food
  - Not sleeping as well
  - Very frequent feeding
  - Little to no stool for the preceding few days



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## Signs That Feedings are Problematic



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## Triage Tool – Infrequent Stools Group 1



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- You are a first time parent
- Your baby is 3 weeks old, and has not stoolled for 3 days
- The baby seems hungry and wants to nurse all the time
- You are worried about the infrequent stools. You have read that a drop in the number of stools can be a sign of not having enough milk.



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## Counseling the Parent Who Calls about Infrequent Stools

- Does the parent have concerns that could lead to weaning?
- What are ways to reassure this parent that the infrequent stools is not a problem?



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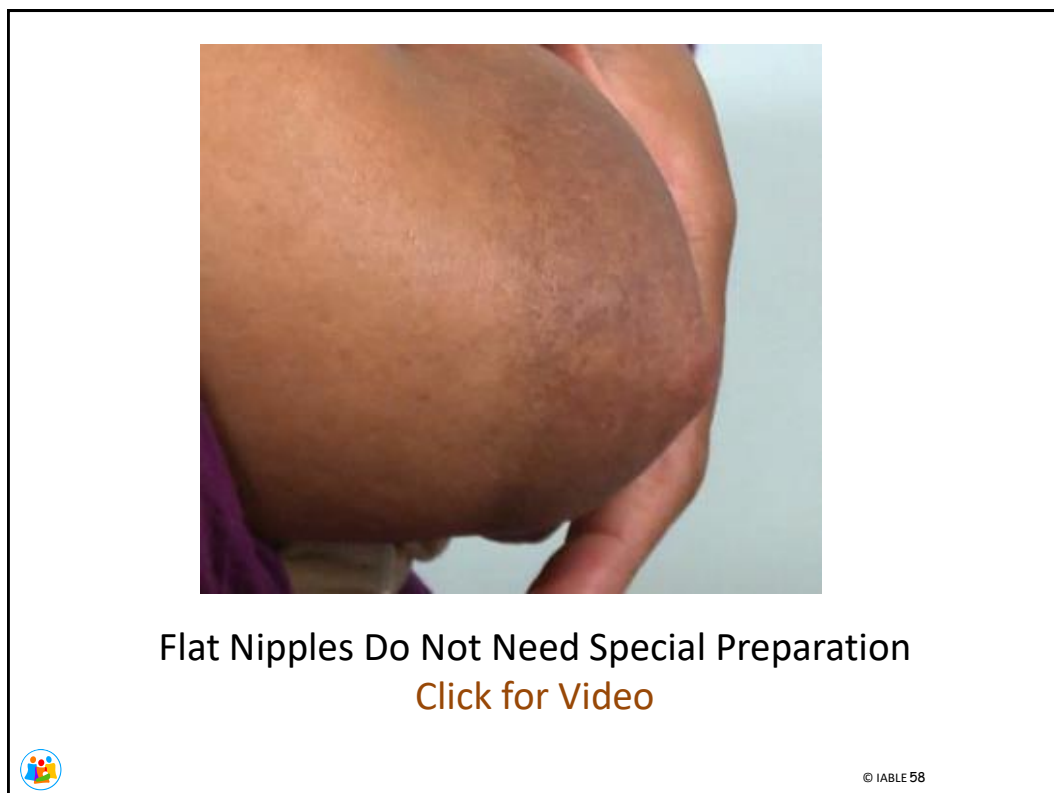
## Nipple Concerns



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## Conclusions- Session 2

- Understanding basic anatomy and physiology of breastfeeding and lactation aids with problem solving.
- There are several nursing positions, and all have in common an appropriate alignment for an ideal latch.
- Babies are individuals with different feeding patterns. Parents need help identifying feeding patterns that are successful.



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An overweight pregnant woman reports that her breasts didn't grow during pregnancy. You advise:

- A. She should be followed carefully postpartum to make sure that her milk production becomes established.
- B. She has a high likelihood of not making enough milk. She may want to consider not nursing.
- C. Her breasts probably didn't grow because she has not gained much weight in pregnancy. She should be fine.
- D. B&C



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A pregnant person expresses concern about chestfeeding because 1 nipple is inverted. You advise:

- A. The individual should start rolling out their nipple on a regular basis.
- B. Usually babies latch on fine despite an inverted nipple.
- C. It might be hard for the baby to latch, so they should bring a nipple shield to the hospital.
- D. A&C



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You are counseling a first-time pregnant mom at 24 weeks, and ask about her breast changes thus far. She has not noticed much. You advise:

- A. Let's wait and see how things go. Please make sure that your baby is followed closely for weights during the first week.
- B. There is a very likely chance that you won't make enough milk. It is best to assume that you will need to give formula.
- C. Maybe your breasts are not done growing yet.
- D. A&C



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A pregnant person is leaking colostrum during the 8<sup>th</sup> month of pregnancy. You advise:

- A. Good for you, it means that you will have plenty of milk.
- B. I hope you don't leak too much and lose all of your colostrum before the baby is born.
- C. This is normal, use pads as needed.
- D. A&C



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Mom calls concerned about her 4 week old baby. He is popping on and off the breast and will only feed for only a short time. You advise:

- A. The baby might be uncomfortable. Try to switch positions. Call us back if this does not help.
- B. Please bring the baby in for a weight check, and to be seen by a knowledgeable professional for a feeding assessment.
- C. It sounds like your production is low, give a bottle of formula after nursing.



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Mom calls at 3 weeks to say that her 100% human milk-fed baby is 'constipated', no stool for 3 days. The baby has been feeding often, a little fussy, no other illness symptoms.

Possible reasons include:

- A. Insufficient milk intake
- B. Bowel obstruction
- C. Growth spurt
- D. It is common, the baby needs karo syrup.
- E. A&C



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A pregnant mom has a history of breast cancer and radiation to the R breast. She can safely be told that she should not expect much milk from the R breast.

- A. True
- B. False



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You are seeing a 5 week old infant who is nursing well, and gaining weight well. Mom is concerned that the infant constantly feeds in the evening, and she wonders if she should supplement because her breasts feel empty in the evening. You advise:

- A. Start with a cows- milk based formula, and supplement after the baby is done nursing.
- B. It is common for the milk production to be lower in the evening than am. Try pumping after the first 1 or 2 morning feeds, and refrigerate the milk for evening.
- C. Your baby is just fussy, give the baby a pacifier or try other means to calm the baby.



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Mom calls and is worried because their 10 day old baby won't nurse for more than about 8 minutes on each side. She is worried that the baby is not getting enough calories. You advise:

- A. Come in to be seen for a weight check, so that we can watch the baby nurse.
- B. She should pump after feeding and supplement the baby with expressed breastmilk.
- C. As long as the baby is happy with at least 5 stools a day and wet diapers, nothing to worry about.
- D. The baby sounds weak, and should be seen ASAP.



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