



Outpatient Breastfeeding Champion Course Lecture Notes

Feb 2023

Session 3



IABLE

Institute for the Advancement
of Breastfeeding &
Lactation Education

The Outpatient Breastfeeding Champion Program Session 3



IABLE

Institute for the Advancement
of Breastfeeding &
Lactation Education



1

1

- The Instructors have no conflicts of interest to disclose



IABLE

Building
Breastfeeding-Knowledgeable
Medical Systems & Communities



2

OBC Session 3

- Breastfeeding in the Immediate Postpartum Period
 - Skin-to-Skin
 - Self-Led Latch
 - Delivery of the Placenta
 - Colostrum
- Secretory Activation (Lactogenesis II)
- Engorgement
- Supporting Dyads during the First Week Postpartum
- Maternal Infant Separation
- Hospital Discharge & Follow Up



3

3

Objectives for Session 3

- Describe infant-led latch
- Identify the physiologic triggers leading to milk production early postpartum
- Recite 4 crucial steps necessary to establish successful breastfeeding in the first few days after delivery
- Explain to the lactating parent how to manage engorgement



4

4



5



6



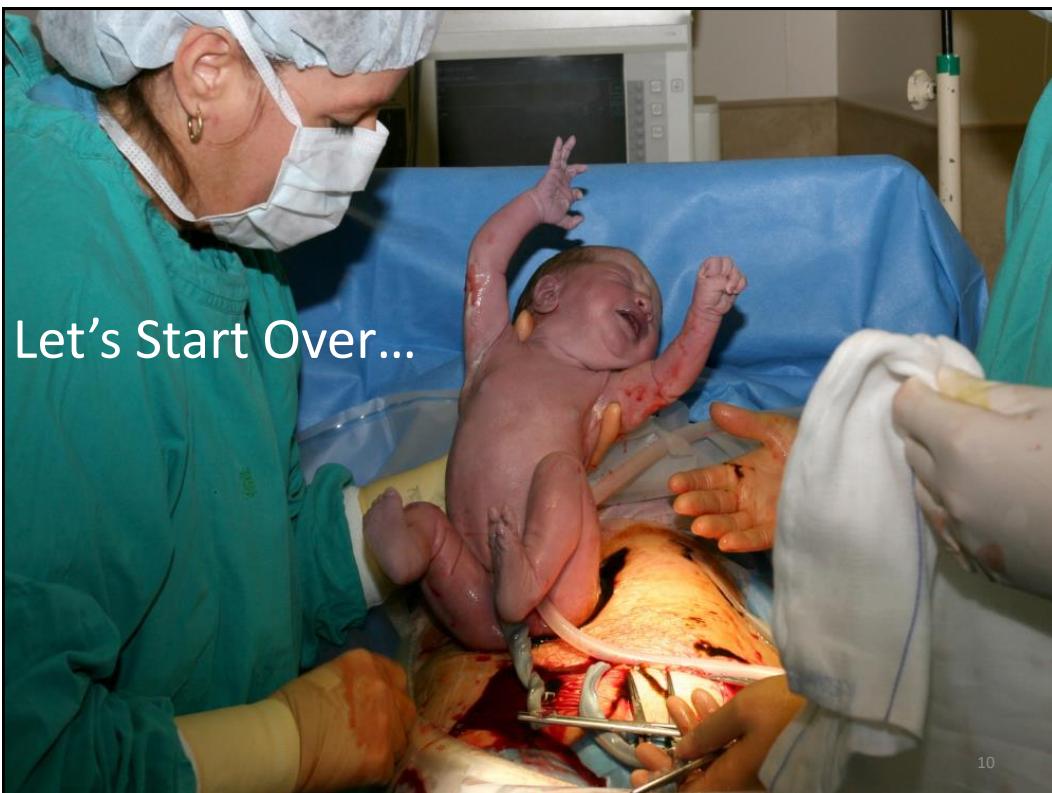
7



8



9



10



11



12



13



14

BABY-FRIENDLY HOSPITAL INITIATIVE (revised 2018)



TEN STEPS TO SUCCESSFUL BREASTFEEDING



Critical management procedures

- 1a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
- 1b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.



15

Breastfeeding Early Postpartum

- Limit pain meds near the end of labor
- Skin-skin right after birth
- Encourage rooming-in of baby
- Breastfeeding education
 - Staff observes feeds each shift
- No anti-lactation drugs for the parent



16

16

Early Skin-to-Skin Contact

- Increased:
 - Breastfeeding duration
 - Temperature regulation
 - Blood sugar control
- ↓ Infant crying
- ↑ Maternal affection



AAP Pediatrics 138(3) Sept 2016



17

17

Skin-to-Skin and Self-Led Latch

- Awakens infant feeding reflex
- Organizes route to feeding
 - Search->feel->root
 - Baby finds the nipple/areola and latches



18

18

Delayed Cord Clamping (DCC)



- The newborn is placed skin to skin after vaginal delivery for at least 30 sec-60 seconds after birth to allow for blood transfusion from the placenta to the baby
- DCC helps to prevent anemia in breastfed infants
- DCC enables the natural process of skin to skin while waiting to clamp and cut the cord



American College of OB/Gyn Opinion 814, 2020

19

19

First Feeding as Soon as Possible After Birth



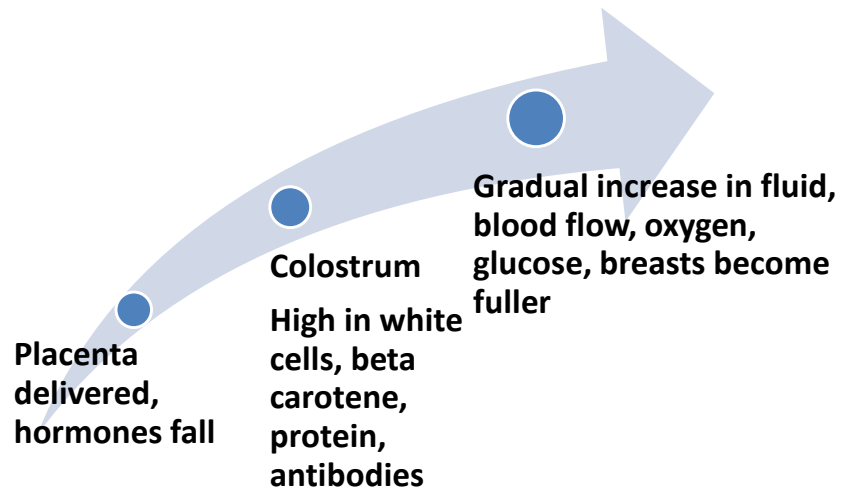
- Baby Friendly Hospital Initiative Step 4
- Newborn awake & alert first 1-2 hours (the Golden Hour)
 - Decreases risk of low blood sugars
 - Low blood sugar leads to early bottle supplementation
 - Parental confidence



20

20

Lactogenesis (Secretory Activation) After Birth




21

21



22

22



Colostrum

Early colostrum feeds are small in the first 48 hours

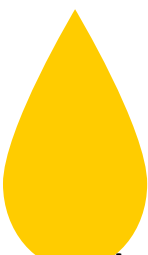
Small, freq feeds are appropriate for newborn size.

Every 1-3 hr feeds are expected 8-12 times/day in the first several days

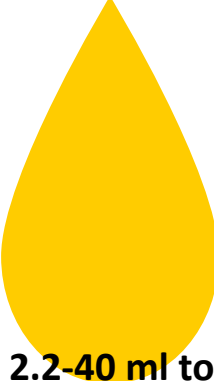
ABM protocol on Supplementation 2017

23

What is the Total Colostrum Produced in the First 24 Hours? 48 hours?



**0.1-11ml total
0-24 hours**



**2.2-40 ml total
24-48 hours**

Kato et al Breastfeeding Med 2022 Jan; 17(1): 52-58

24



25



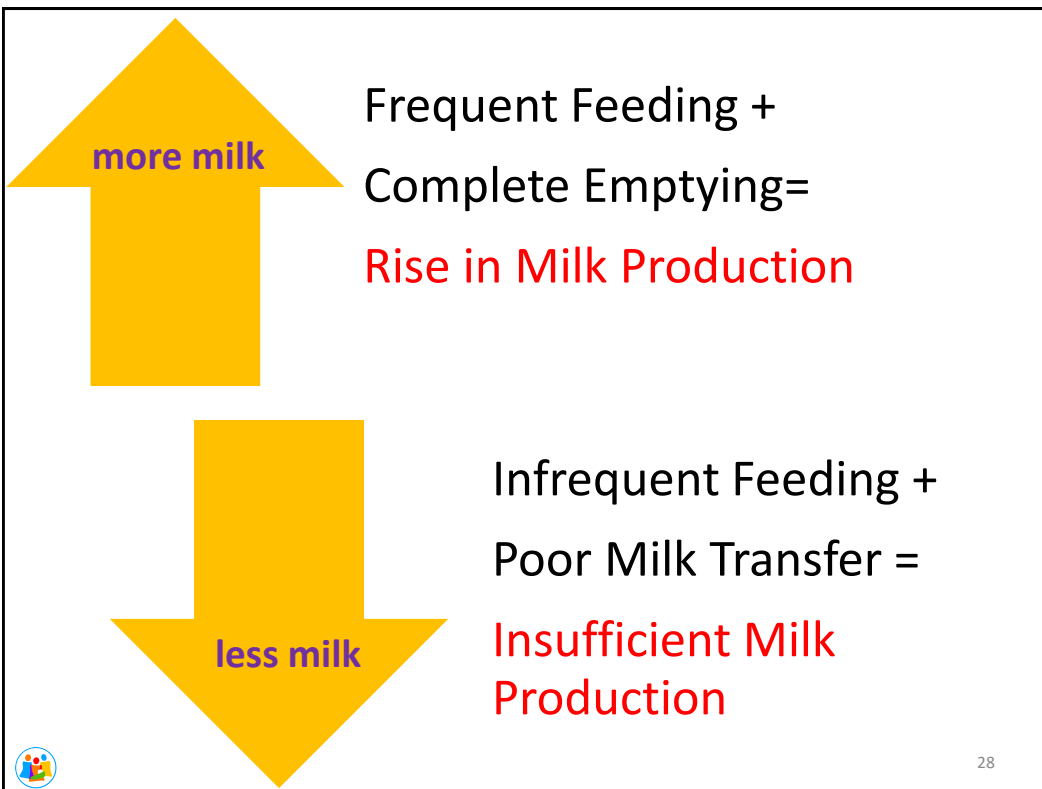
26

Latch Is More Manageable Before Infant is Crying!



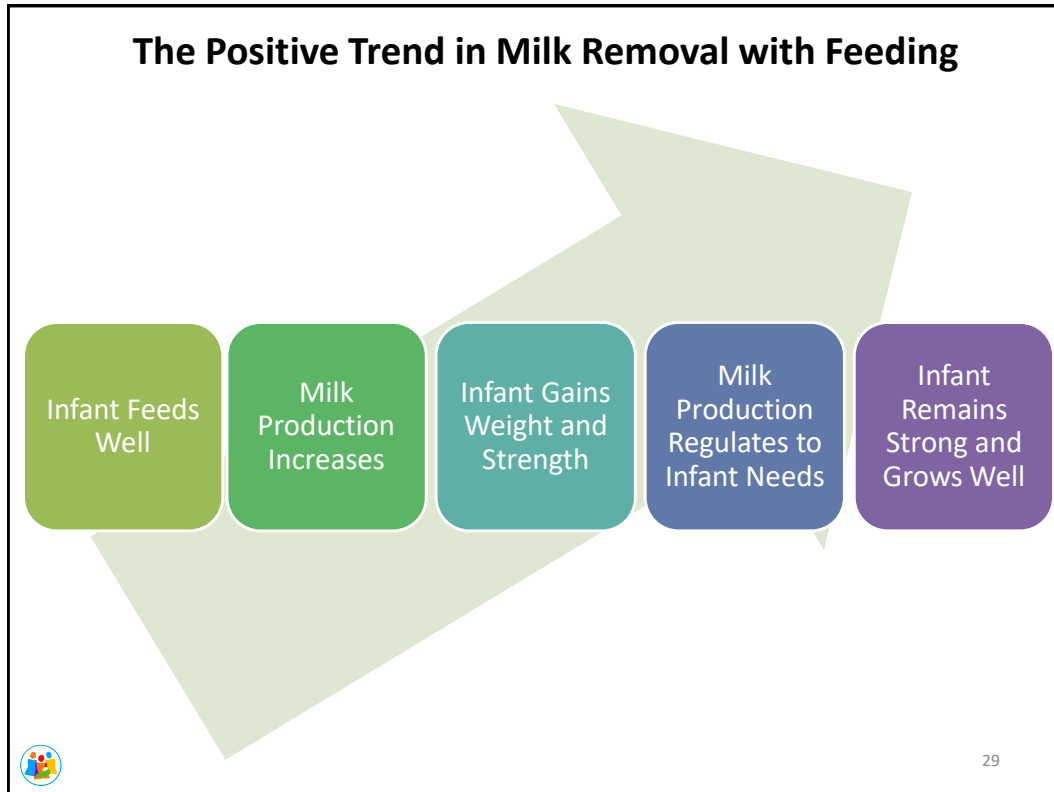
27

27

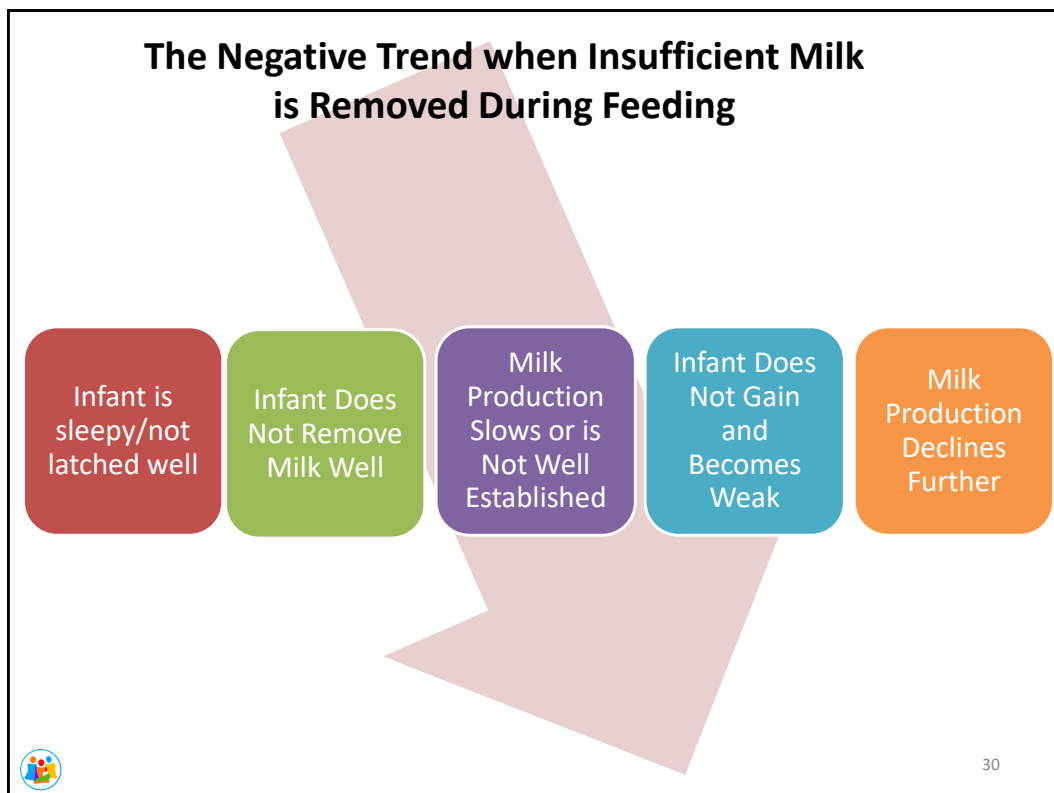


28

28



29



30



31



32

Early Pacifier Use



Pacifier use on days 2-5 postpartum:

- 2.5 times risk of not breastfeeding exclusively if a pacifier is used
- Use of a pacifier might signal that dyad has breastfeeding problems



Matern Child Nutr 2017 July 13(3)

33

33

When Are Pacifiers OK?



- Baby is latching & nursing well
- Back to birth weight
- Good weight gain
- Painful procedures or separations when mom cannot be present



34



35

Evidence for Rooming In

- Improved patient satisfaction
- Decreased risk of abductions/switches
- Decrease infant abandonment
- Empowerment to parents
- Increased frequency of breastfeeding
- Decreased hyperbilirubinemia
- Increased likelihood of nursing up to 6 months



AAP Pediatrics 138(3) Sept 2016

36

36

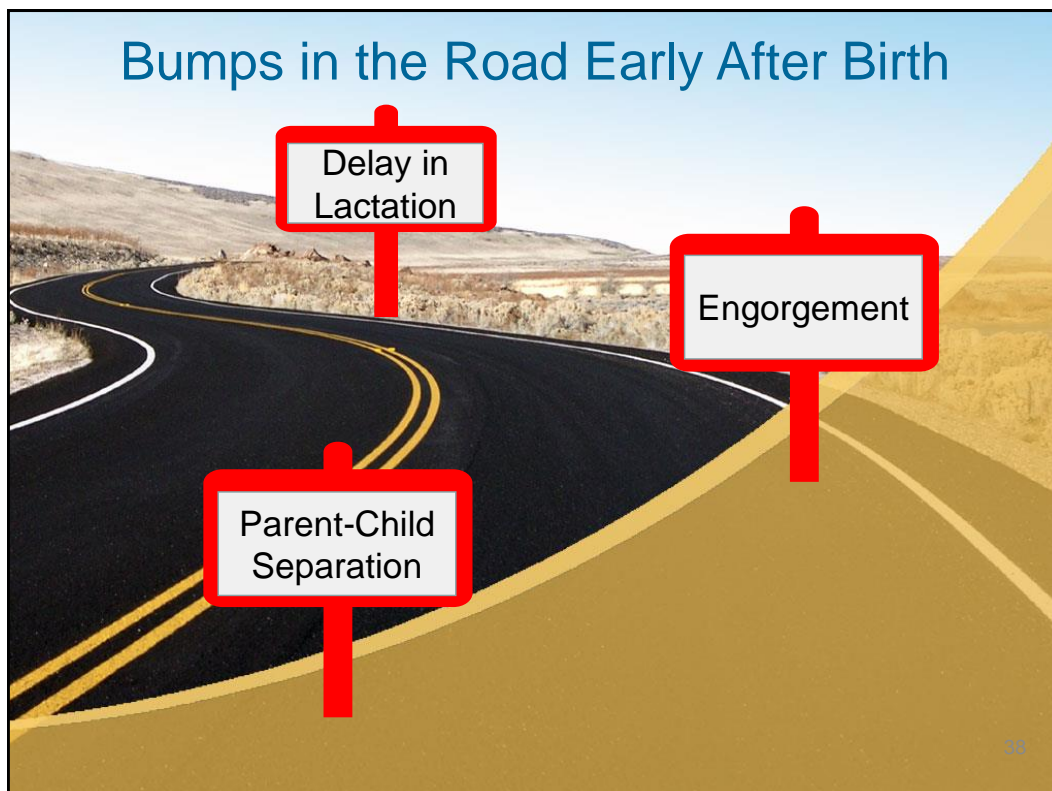
Risks of Early Bathing



- World Health Organization recommends first bath at 24 hours of age
- Bathing in the first 24 hours is associated with decreased exclusive breastfeeding at time of hospital discharge
 - Prevents skin to skin
 - Increased risk of hypothermia, causing fatigue and poor feeding
- AAP advises bathing after first feeding if birthing parent has HIV, a hepatitis virus, or COVID-19

37

Bumps in the Road Early After Birth



38

Parent-Infant Separation



Help parent establish and maintain lactation

- Initiate milk expression within the first hour pp
 - Initiation between 1-6 hours OK for production, but within 1 hour is best, to give colostrum to the baby in the first few hours*
- Pumping + manual expression
 - Frequency is key to sufficient production
- Maintain and promote bonding
- Skin-to-skin



*Parker et al J Perinatology (2020) 40:1236-1245

39

39

Premature Infants

- Initial milk expression within the first 1-2 hours
 - Critical to have colostrum for oral immune care
 - Frequency of pumping more important than pumping in the first hour
- Frequent expression, at least every 3 hours with no more than a 5 hr break at night
- Coach the parent on optimal pump use + hand expression
- Nuzzle, skin to skin when possible
- Encourage full milk production by 14 days (600ml-1000ml/day)



40

40

Dx of Delayed Lactation

- Milk is not 'in' by:
 - Day 2-3 for those who've previously lactated
 - Day 2-5 for first baby
- No breast fullness
- Excessive infant weight loss



41

41



Delayed Lactogenesis- (Milk Comes in Late) What to do?

- Breast/chestfeed the baby first
 - Pump + manual expression after feeding
 - Supplement with expressed BM, + any other supplementation needed
- Supplement by ~10% weight loss if production is not sufficient yet
- Firm feeding plan, and follow dyad closely

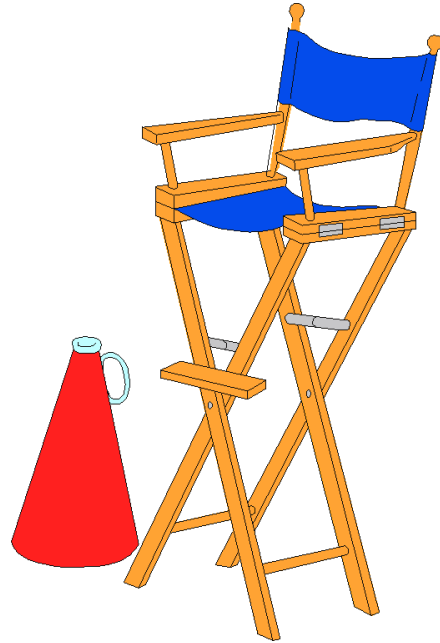


42

42

What are Options for Supplementation?

- The parent's expressed human milk
- Donor human milk
- Infant formula



43

43

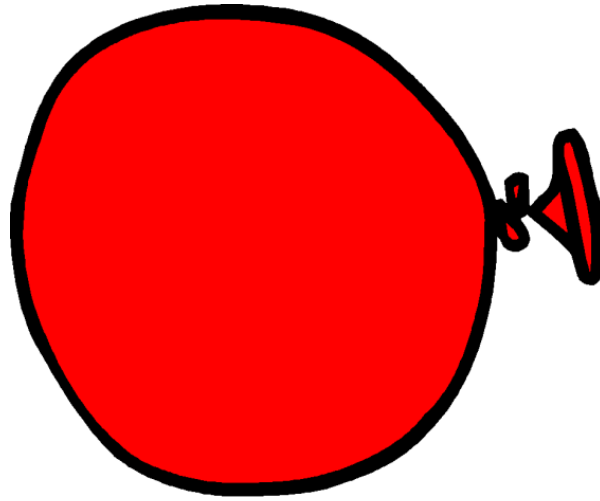


44

44

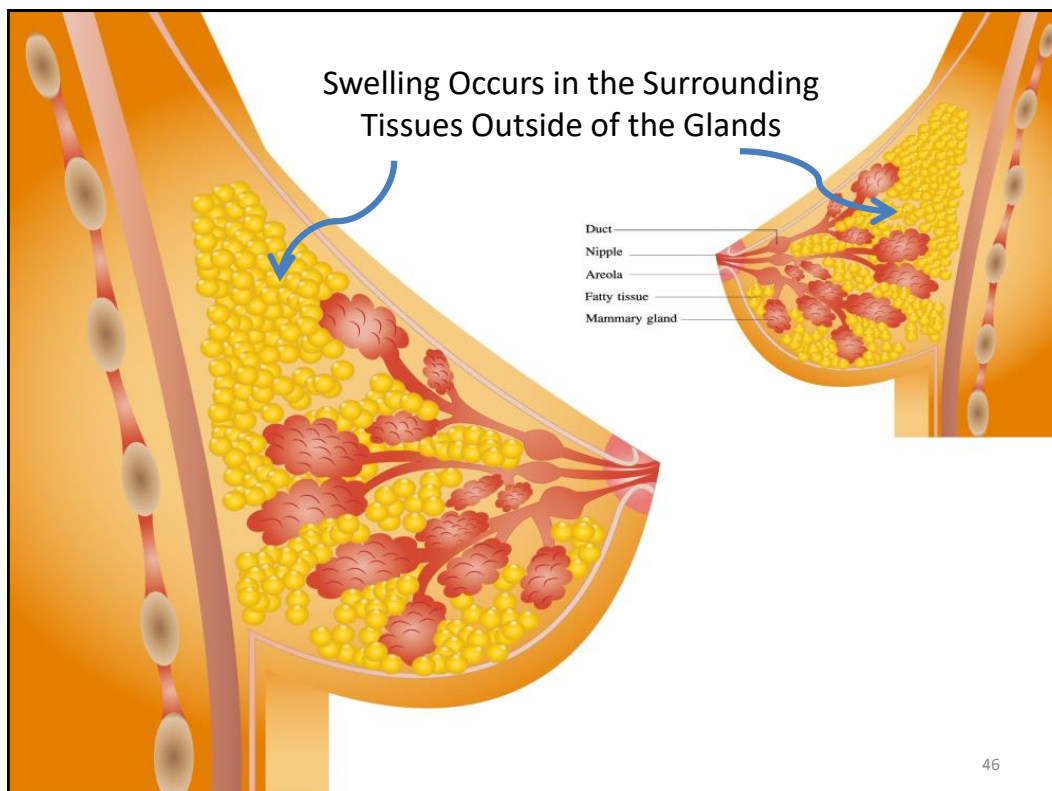
Engorgement

- Days 3-5 pp
- Increased blood flow
- Edema (swelling)
- Not the same as 'too much milk'



45

45



46

46

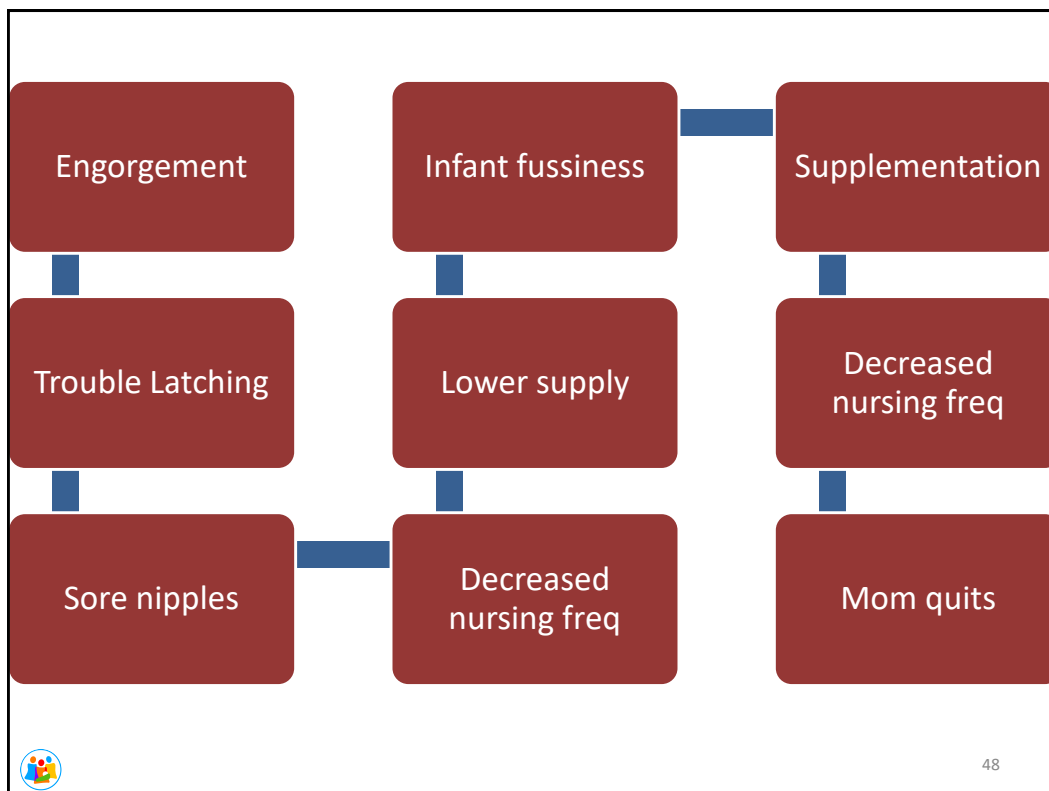
Effects of Engorgement

- Harder to latch
- Sore nipples
- Breast discomfort
- Reduction in milk production



47

47



48

48

Treatment for Engorgement

- Heat before breast/chest feeding to improve milk flow
- Express some milk to soften areolae
- Apply cool compresses after feeding to decrease swelling
- Reverse Pressure Softening
- Lymphatic massage
- **Best Treatment is prevention with frequent feeding!!**



49

49



50

50

See Babies Within 24-72 Hours after Discharge

- 24 hours:
 - If jaundice, poor nursing, sore nipples
 - First breastfed infant, feeding OK, milk not in yet
- 48 hours:
 - If breast/chestfeeding fine, milk increasing, no jaundice, no pain
- 72 hours
 - If cesarean birth, feeding well, milk in at discharge, baby's weight loss has stabilized




51

Early Postpartum Concerns




52

52



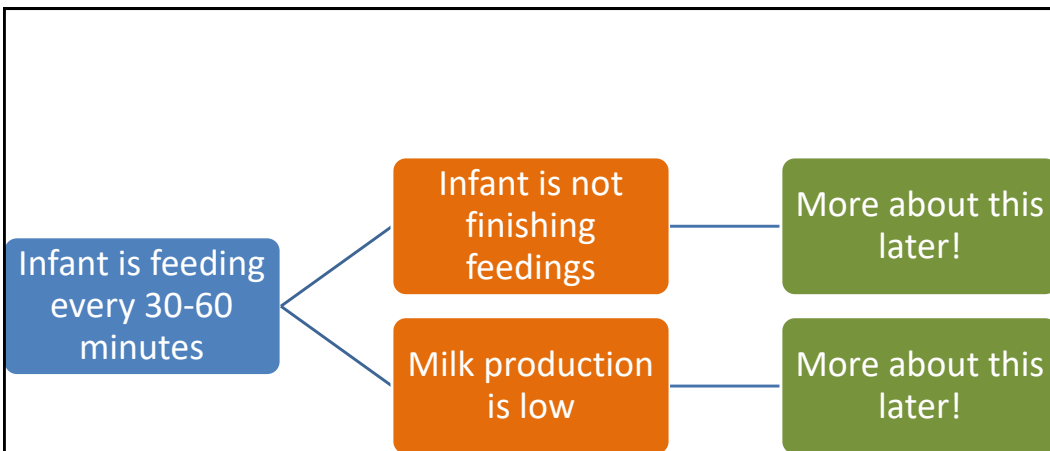
Infant up during the Night, Sleepy in the Day

- Day-Night cycles reversed at birth
- Wake the baby to feed during the day
- Parents take daytime naps
- Keep baby up in the evening
- Keep lights low at night, put baby back to bed after feeding





53

53



```
graph LR; A[Infant is feeding every 30-60 minutes] --> B[Infant is not finishing feedings]; A --> C[Milk production is low]; B --> D[More about this later!]; C --> E[More about this later!];
```



54

54



Parents are exhausted, can they give a bottle at night?

- Encourage all feeds at the breast/chest
 - Ideal for the lactating parent to not skip feedings
 - Pump if parent needs a feeding break
- Nap while infant is napping
- Make sure the baby finishes feeding
 - Typically feeding every 1.5-3 hours, occasional clusters
 - Move feeding clusters to evening



55

55

Parents worry that they cannot tell how much the baby is taking

- Check infant weight with current eating pattern
 - Encourage parents to trust the baby
- Weigh the baby often to instill confidence
- Explain risks and challenges of pumping/bottle feeding



56

56



57

Lets Talk About the Upper Lip

- 100% of infants have an upper lip frenulum
- Rarely if ever cause a problem with breastfeeding
 - The upper lip seals the mouth to the breast to allow for vacuum
- The upper lip does not flip out like the lower lip
 - Early clipping does not prevent dental problems later.

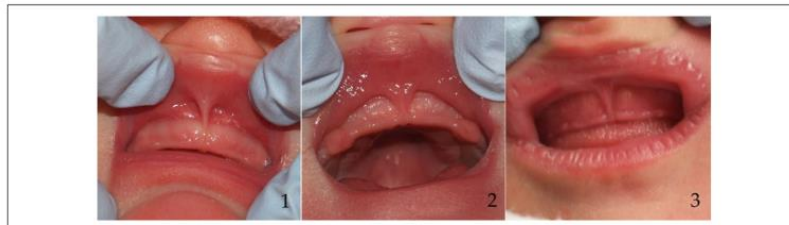


Figure 1. Stanford superior labial frenulum classification. Type 1: Insertion of the frenulum is near the mucogingival junction. Type 2: Insertion is along the mid attached gingiva. Type 3: Insertion is along inferior margin at the alveolar papilla, and can continue to the posterior surface.



Santa Maria et al Global Pediatric Health vol 4 2017

58

58



59

60



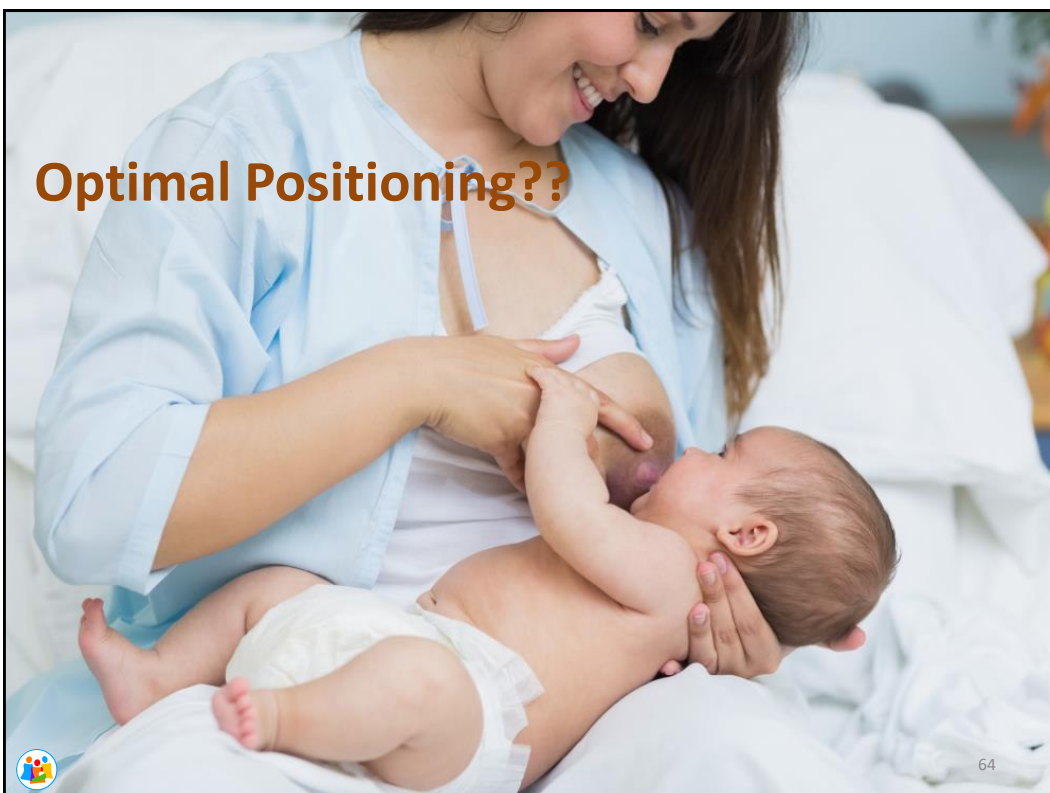
61



62



63



64

Conclusions Session 3

- Routines in the first several hours after birth play a huge role in breastfeeding or chestfeeding success.
- Early skin-to-skin contact is essential for newborn health, and facilitates the first feeding.
- A delay in milk 'coming-in' (increasing) is common, and can lead to lactation failure.
- Teaching families about engorgement before leaving the hospital is important.
- Follow-up in the office within 24-72 hours after hospital discharge is imperative.



65