

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 2nd Sunday of each month
 - LactFact podcast once a month
 - Free videos on Youtube and at lacted.org
 - Breastfeeding education handouts
 - Breastfeeding Medicine podcast series
- Premium memberships support our free projects

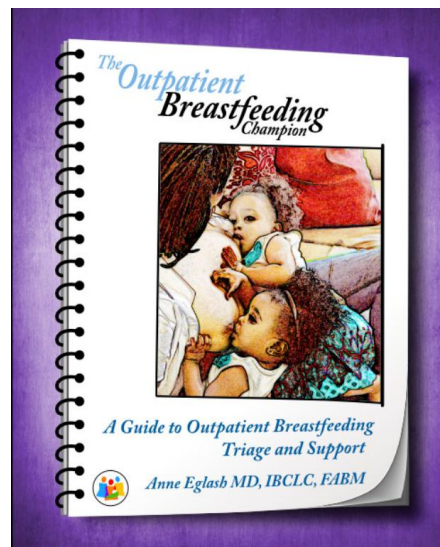


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Your Learning Materials

- 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

Your job description may not allow you to apply this knowledge or set of skills in practice

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.



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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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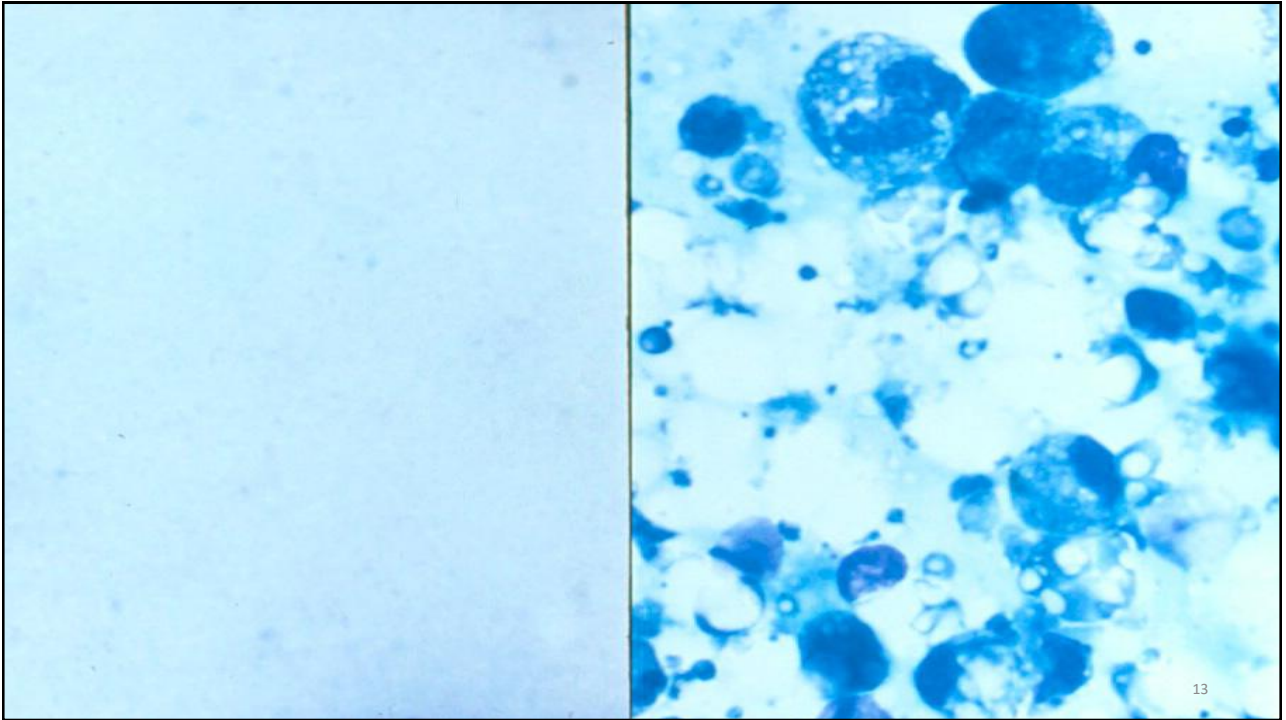
Objectives for Session 1

- 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
- Describe how to demonstrate empathy, respect and support for lactating parents



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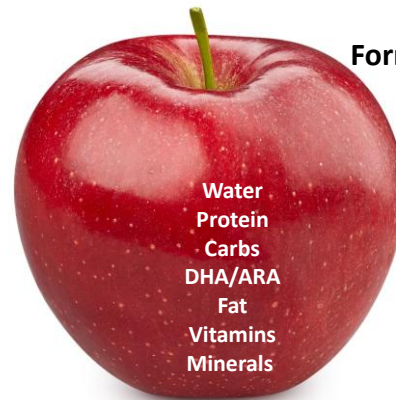
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Comparing Breastmilk and Formula = Comparing Apples and Oranges

Human Milk



Formula

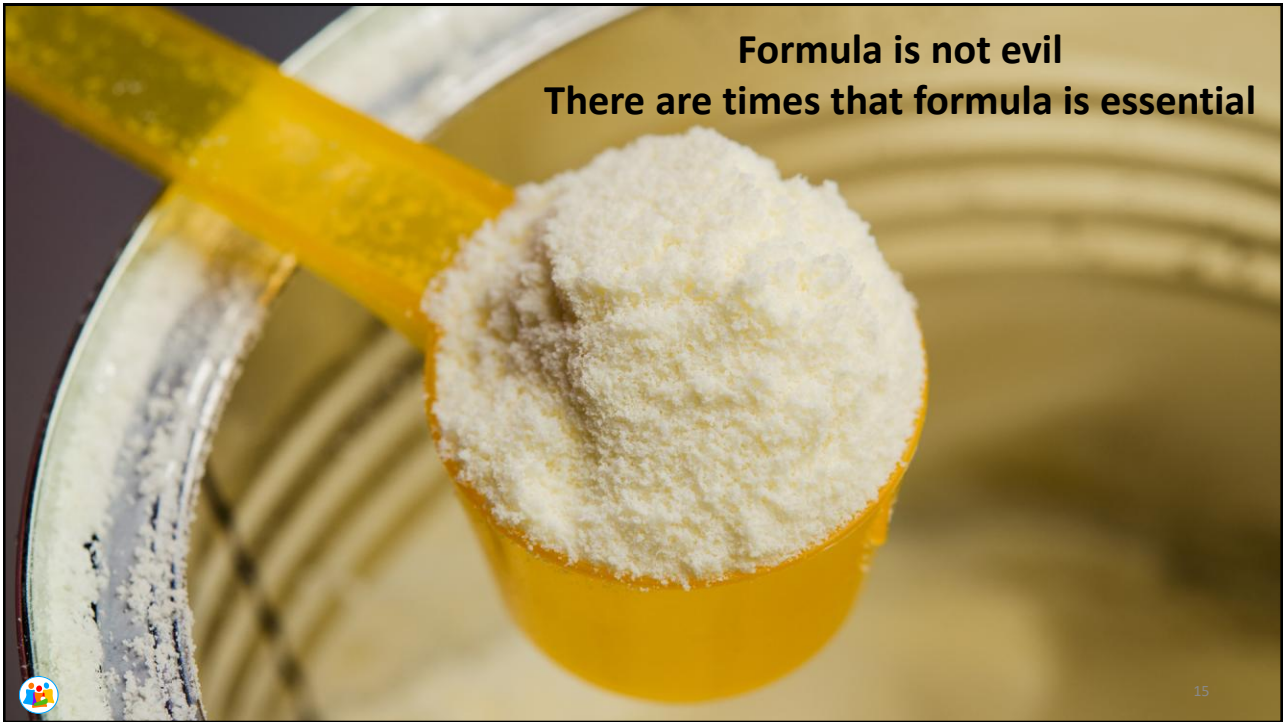


PLUS:

Hormones	++Oligosaccharides
Antibodies	Anti-allergy factors
Active white cells	Carotenoids
Enzymes	Protaglandins
Anti-viral proteins	Cytokines
Antibacterial agents	Peptides
	Etc!!!



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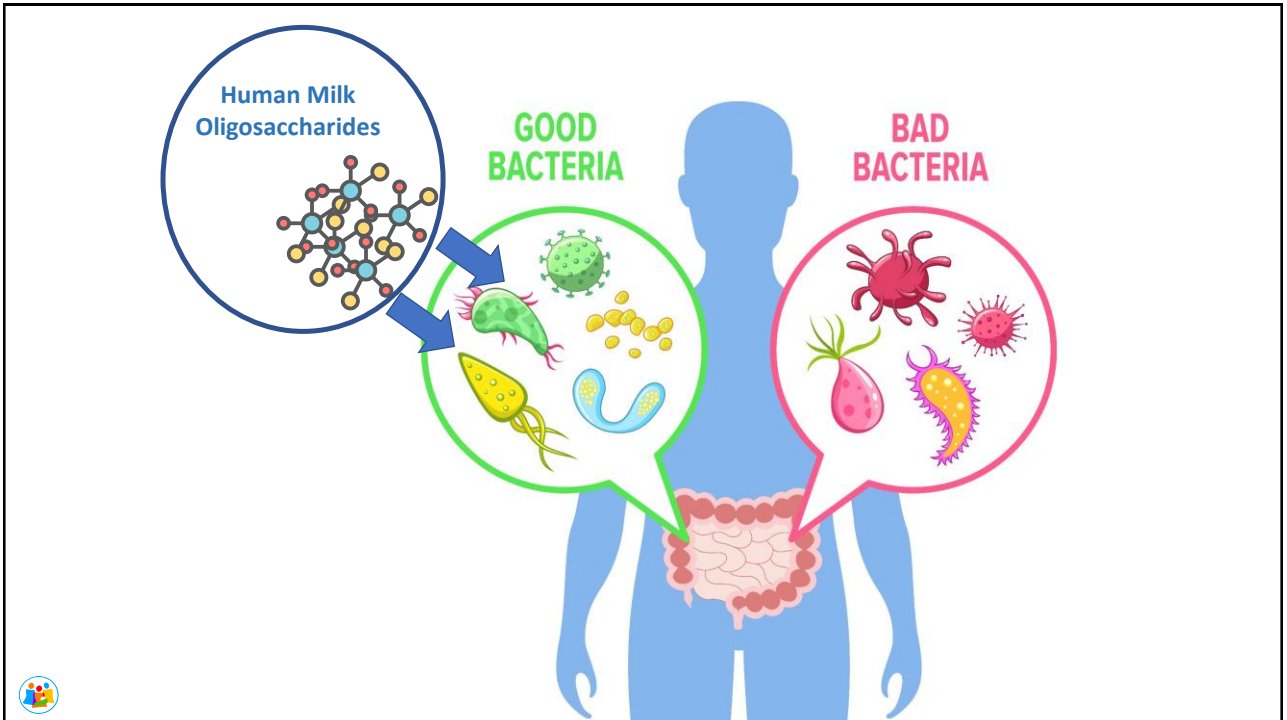
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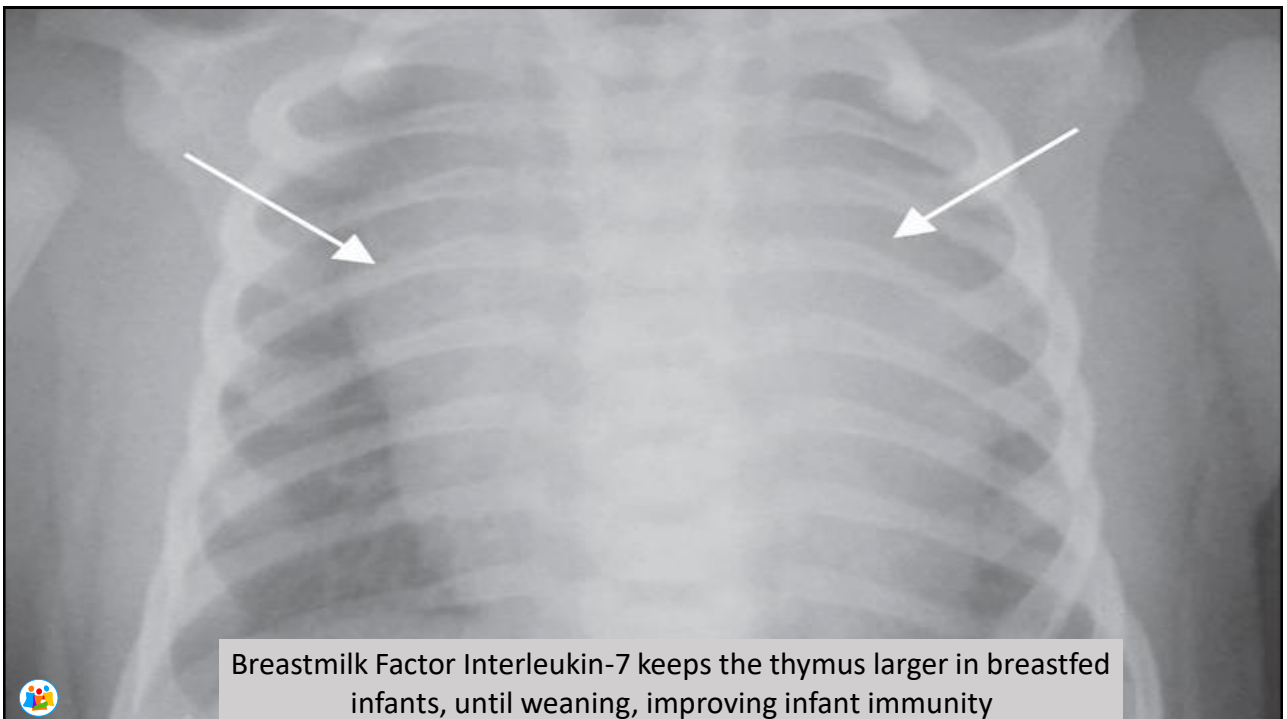
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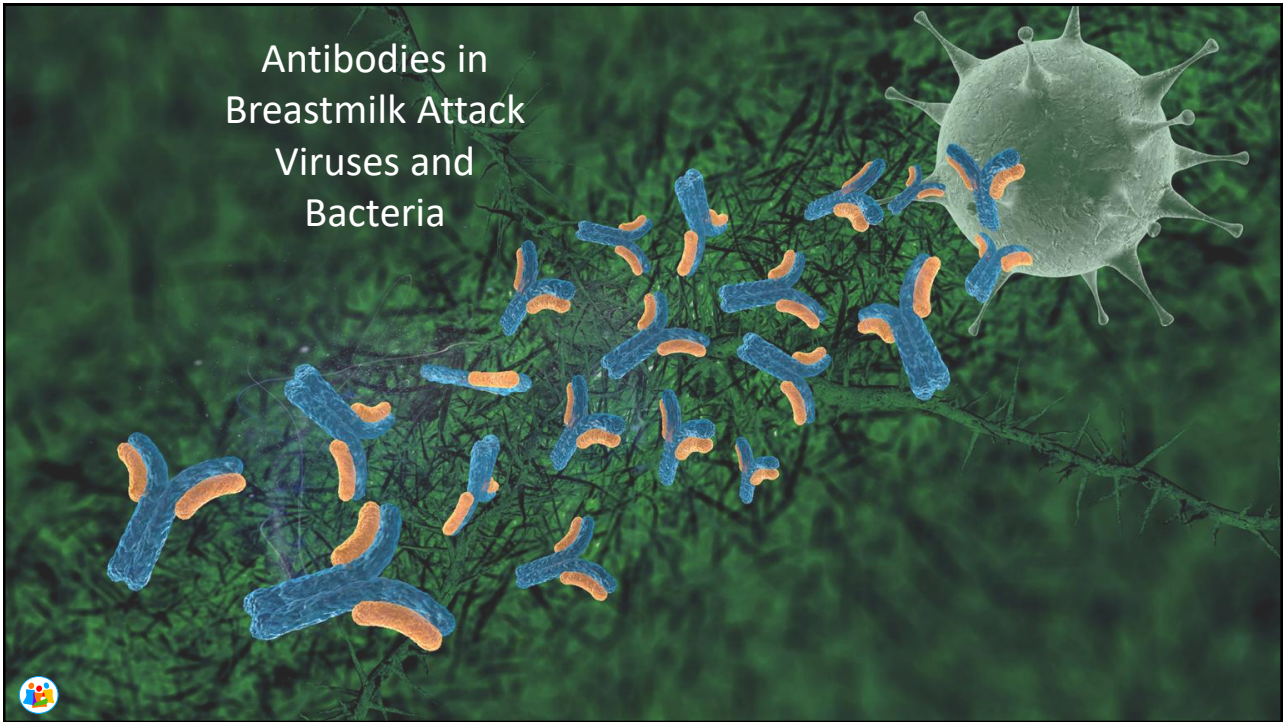


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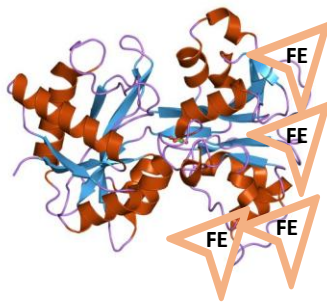
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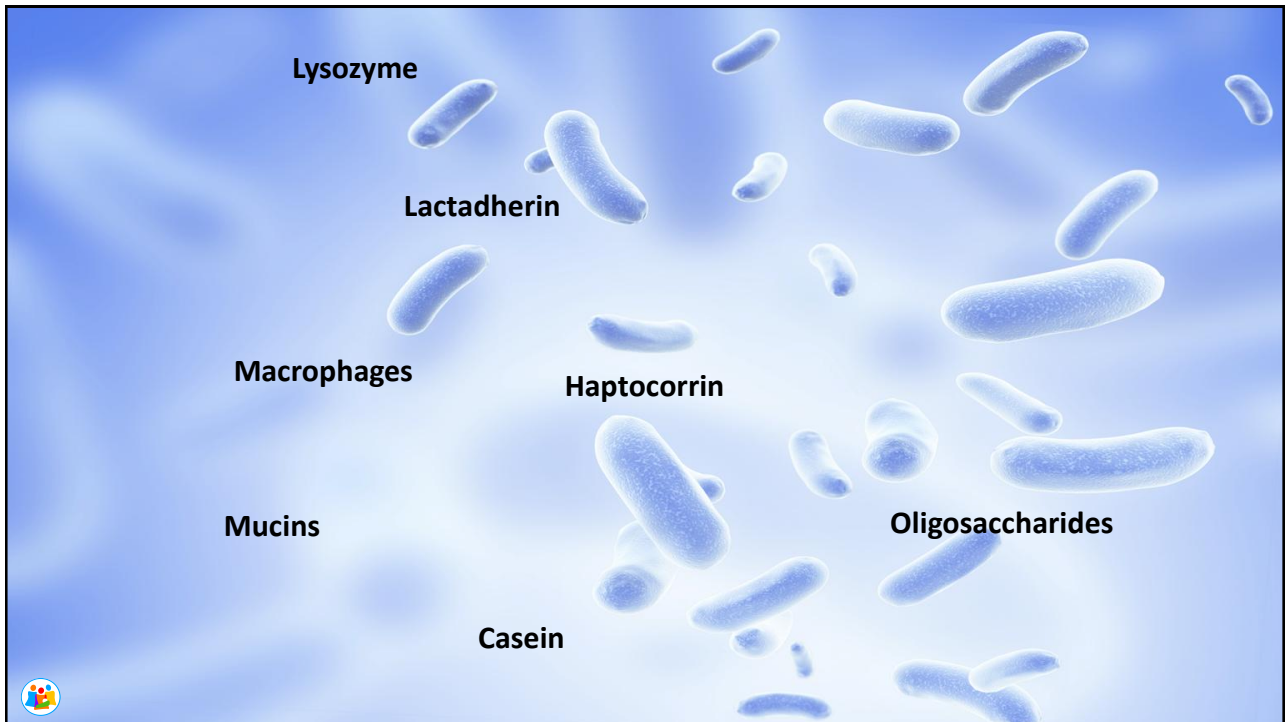


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Lactoferrin

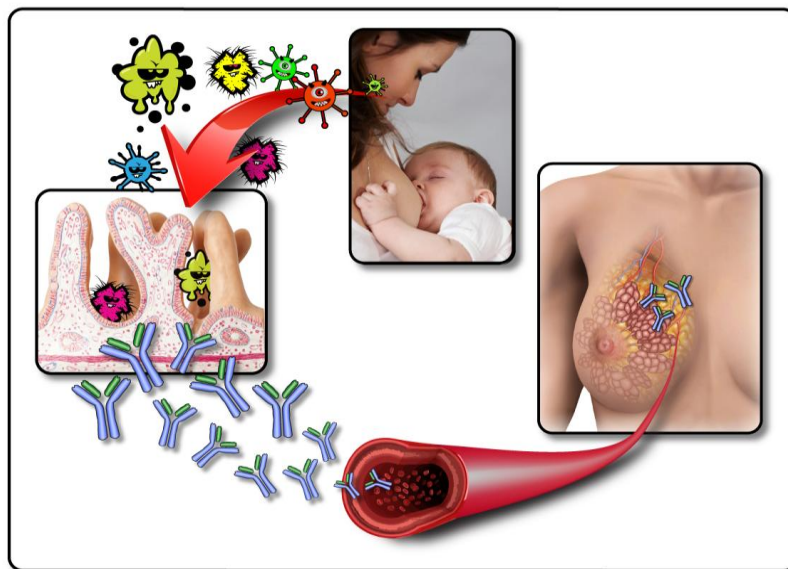


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Entero-Mammary Circulation of Antibodies

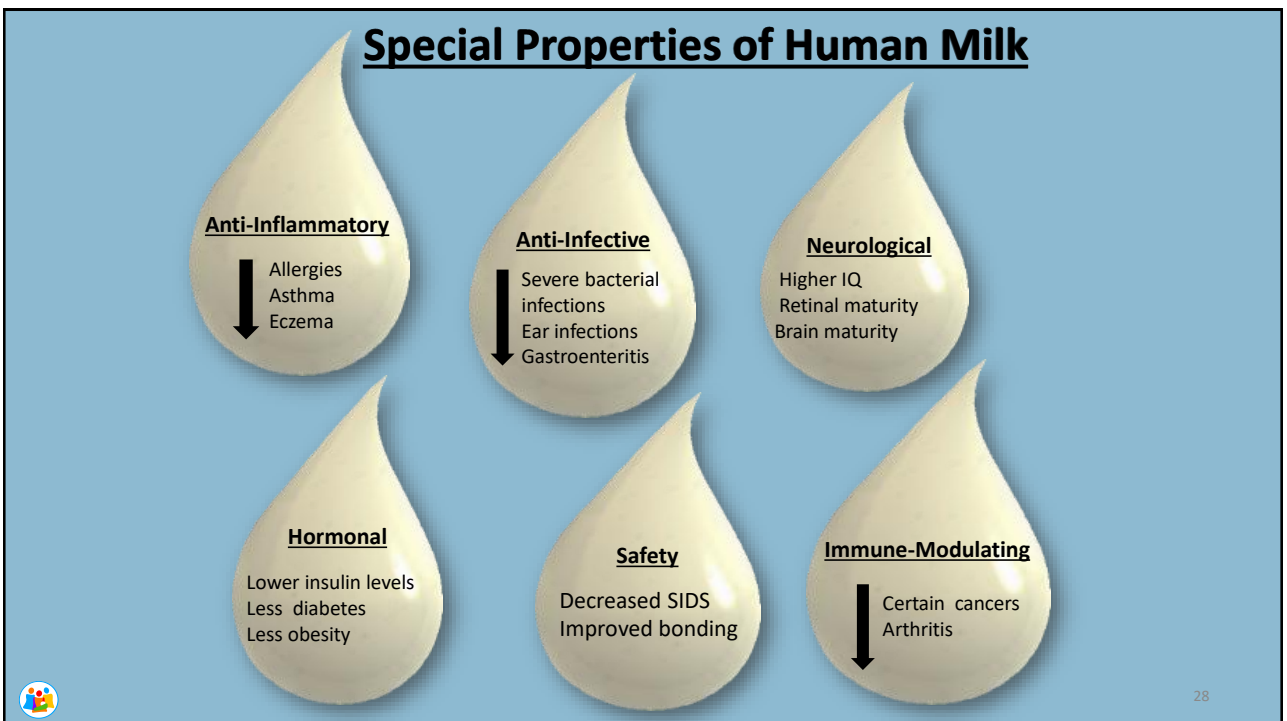


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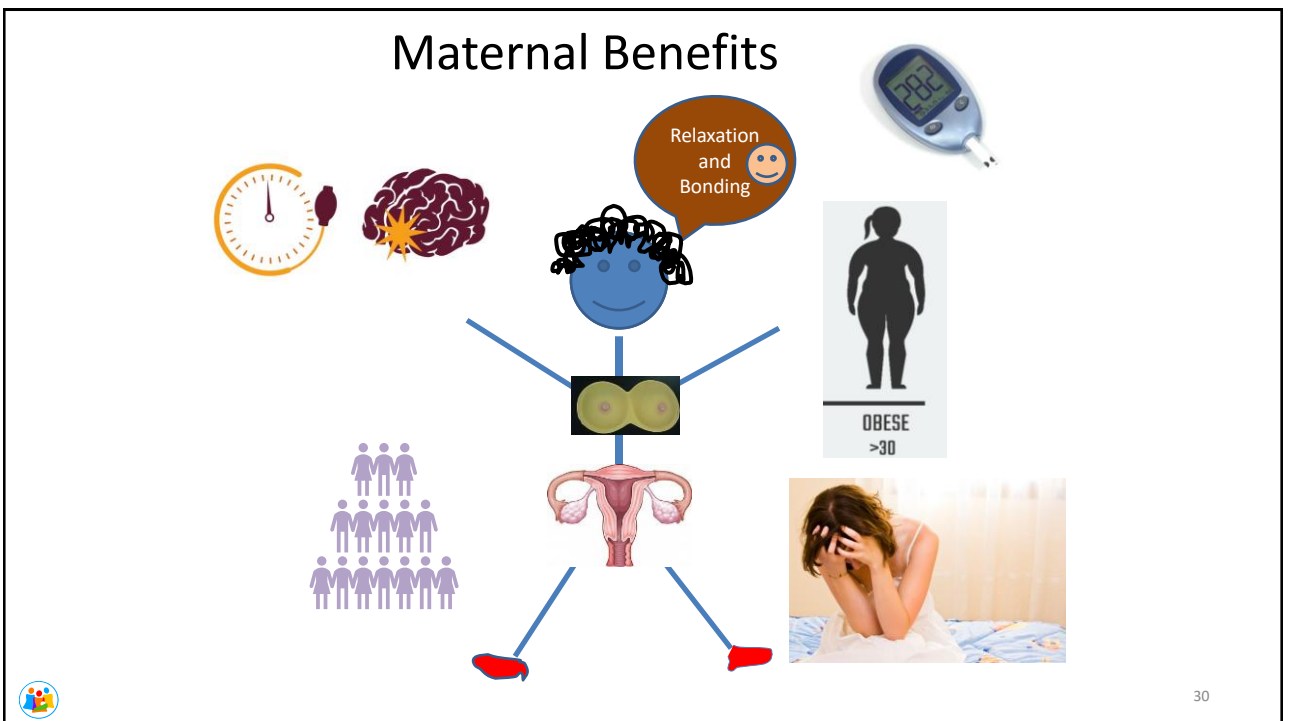
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Not Breastfeeding?

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



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The Cost of Not Breastfeeding Tool

Back Print Exit



REGION: NORTH AMERICA
WORLD BANK INCOME GROUP: HIGH INCOME

<https://www.nutritionintl.org/learning-resource/the-cost-of-not-breastfeeding-tool/>

WHAT IF...



BREASTFEEDING

INDICATOR

RATE

RANKING

Exclusive breastfeeding from 0-5 months

25.0%

World: 109/187

Region: 1/1

Continued breastfeeding at 20-23 months

7.2%

World: 126/190

Region: 1/1

Early initiation of breastfeeding

N/A

Rank unknown

At the current rates, not supporting breastfeeding is estimated to result in the following annual health, human capital and economic costs:



HEALTH CONSEQUENCES

OUTCOME

CASES PER YEAR

DEATHS PER YEAR

Child diarrhoea

2,643,652

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Child acute respiratory illness

89,339

251

Child obesity

320,778

N/A

Breast cancer

25,141

5,438

Ovarian cancer

4,781

3,481

Type II diabetes

1,698,714

3,457

Total

12,658



HUMAN CAPITAL COSTS

INDICATOR

LOSSES PER YEAR

IQ points lost

7,936,810

School years lost

2,757,224



BREASTMILK SUBSTITUTE COSTS

EXPENSE

USD PER YEAR

% OF WAGES

Breastmilk substitute cost

\$2.28

N/A



NUTRITION

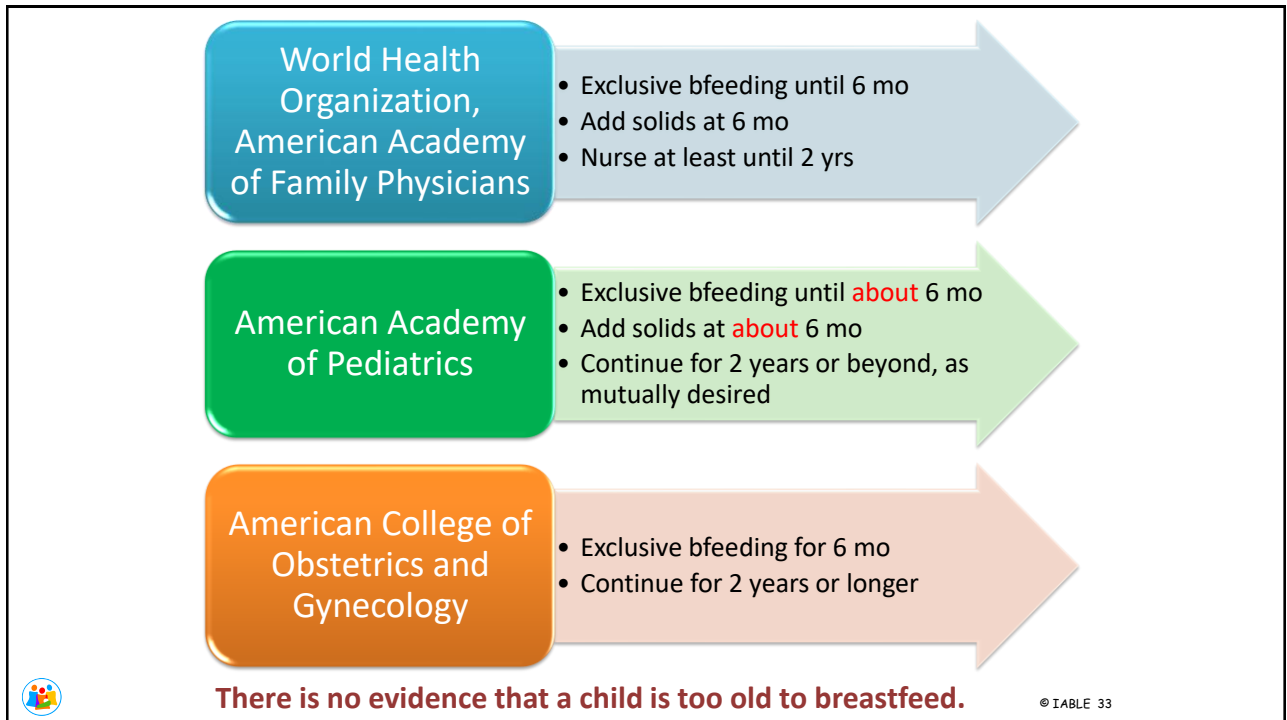
Limestone

For more information or support in using the tool, please contact: health@nutritionintl.org

Developed in partnership with

Limestone

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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- can breastfeed with guidance and shared decision making
 - <1% risk of HIV transmission via breastfeeding if viral RNA load is undetectable and they remain on anti-viral medication
- Herpes on nipple/breast
- Shingles on nipple/breast
- A few meds, mainly chemotherapy
- Active substance use disorder



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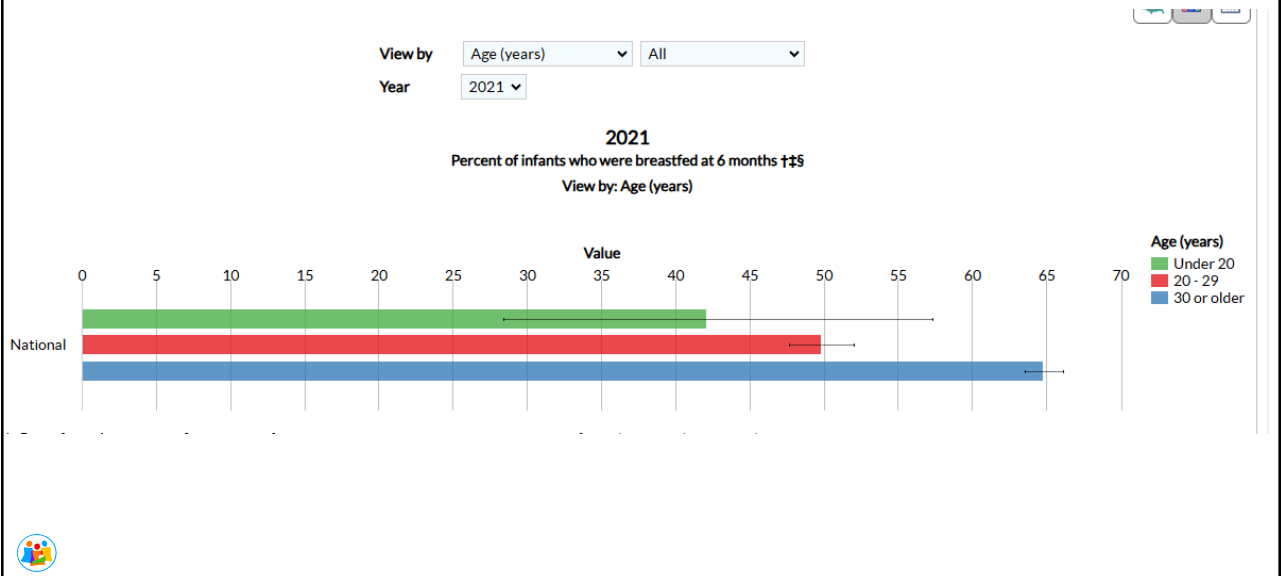


Which individuals are more likely to breastfeed? Least likely?



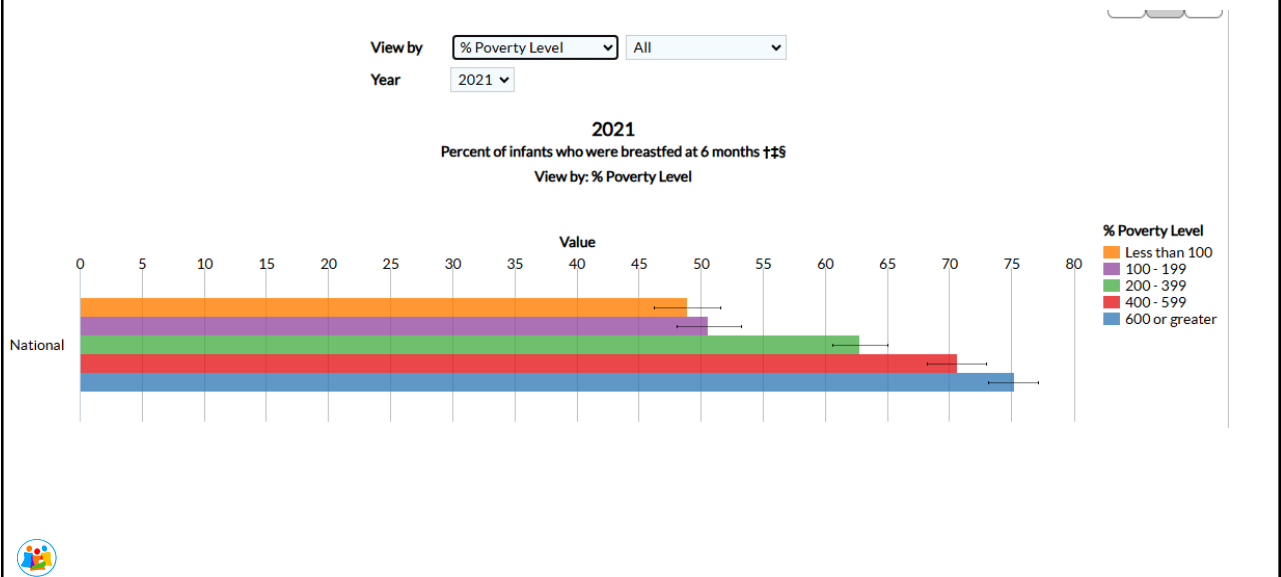
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2021 US Breastfeeding Rates at 6 Months by Age



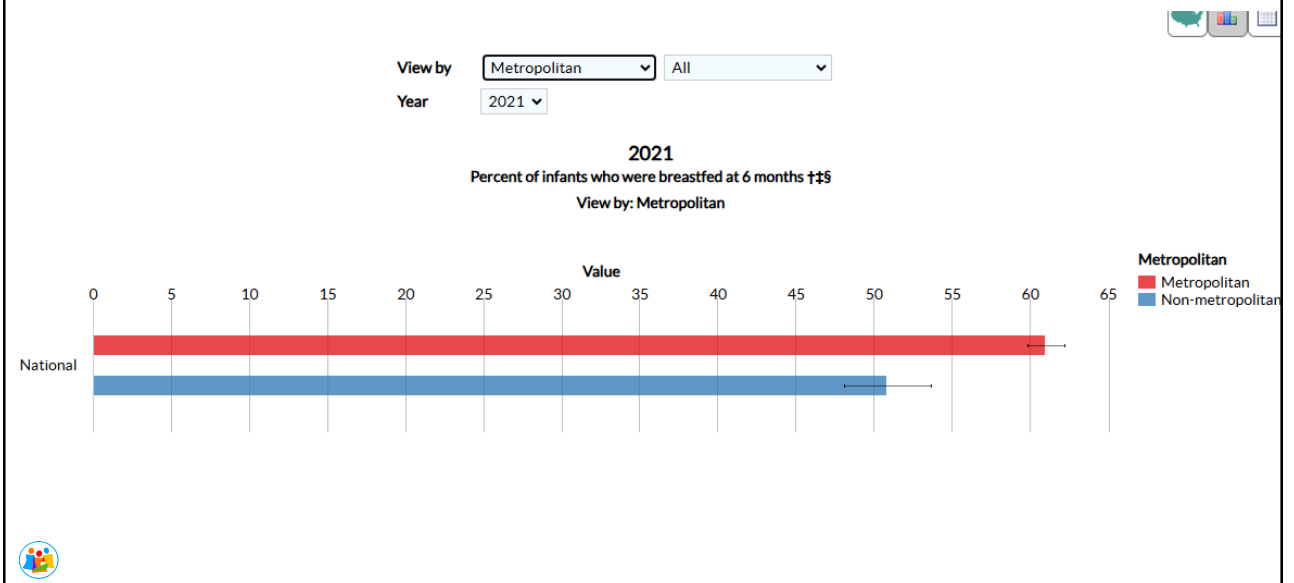
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2021 US Breastfeeding Rates at 6 Months by Poverty Level



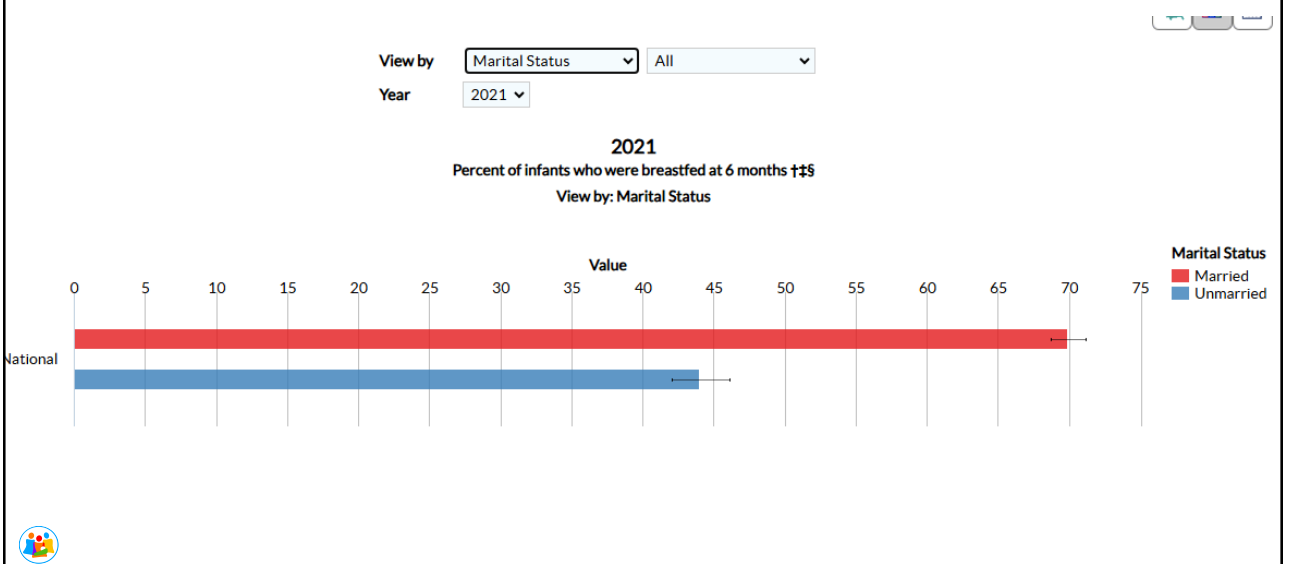
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2021 US Breastfeeding Rates at 6 Months by Urban/Rural Living



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2021 US Breastfeeding Rates at 6 Months by Marital Status

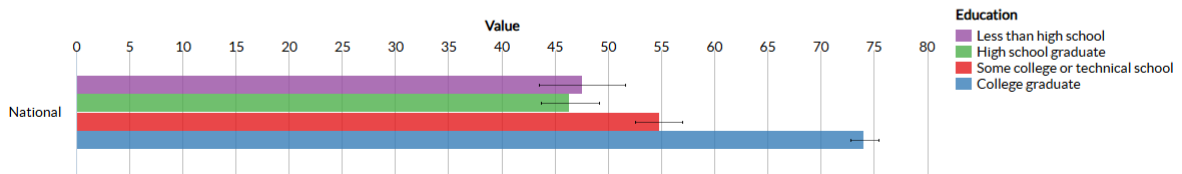


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2021 US Breastfeeding Rates at 6 Months by Education Level

View by:
 Year:

2021
 Percent of infants who were breastfed at 6 months †‡§
 View by: Education

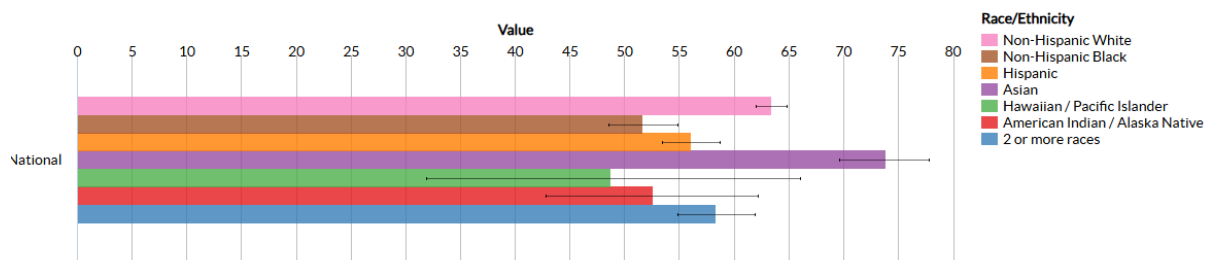


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2021 Breastfeeding Rates at 6 Months by Race/Ethnicity

View by:
 Year:

2021
 Percent of infants who were breastfed at 6 months †‡§
 View by: Race/Ethnicity



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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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An illustration showing a variety of hands in different colors (yellow, green, blue, purple, pink, red, orange) raised against a black background. The hands are positioned above a white wavy line that separates them from a blue area containing text.

What do you think are barriers to initiating breastfeeding or lactation, that can be addressed prenatally?



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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
- Lack of availability of classes, and/or cost of classes.



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Socio-Cultural Barriers to Breastfeeding

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



- 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

History of:

- Nipple/breast pain
- Low milk production
- Excessive milk production
- Breast surgery



- Parental depression, anxiety, or other mental illness
- 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
Option 1658, 2016

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Address Barriers

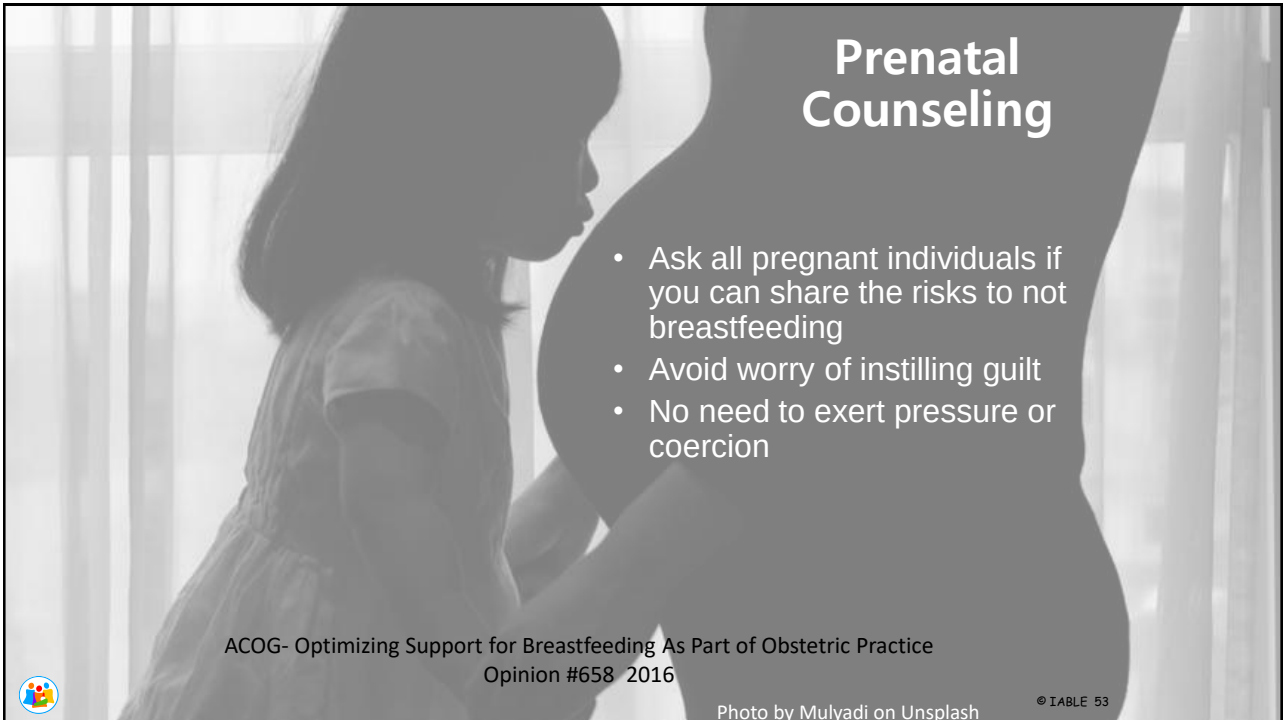


- Identify the parent's perceived barriers
- Consider a prenatal counseling session
 - Getting off to a great start
 - Develop a feeding plan to address the parent's concerns



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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 clogged ducts
 - 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>
- 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 individuals with employment barriers



TABLE

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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
- Use understandable language
 - 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 Discussion



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Parent-Centered Approach to Counseling

- You are seeing a parent who is 2 weeks postpartum with their 4th child. The 3 older children are ages 4, 7 and 10.
- The baby was born at 37 weeks via vaginal delivery, no complications.
- The baby has been sleepy since birth and has not been gaining enough weight at the breast, according to the baby's physician.
- Mom notices that the baby falls asleep at the breast. She figured out that if she pumps and bottle feeds, the baby gains sufficient weight.
- She is seeing you because she really would rather breastfeed her baby than pump. She is very busy with her 3 older children, and cannot find time to pump and bottle-feed the baby.

What are her concerns and goals?



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Parent-Centered Approach to Counseling

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- She is seeing you because she really would rather breastfeed her baby than pump. She is very busy with her 3 older children and cannot find time to pump and bottle-feed the baby.

How can you demonstrate to her that you are listening?

Verbal cues

Nonverbal cues



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Parent-Centered Approach to Counseling

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- She is seeing you because she really would rather breastfeed her baby than pump. She is very busy with her 3 older children and cannot find time to pump and bottle-feed the baby.

What can you say to demonstrate empathy (respect, support, demonstrate understanding)?



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Shared Decision Making

This mother does not want to pump and bottle feed, even though you know that this is the best way to make sure the baby gains well and only receives breastmilk.

– What does it mean to do shared decision making in this situation?



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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 breastfeed 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 and postpartum.



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Conclusions Session 1 Cont'd

- Identifying parents' concerns and goals is important to ensure that counseling is parent-focused.
- 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:

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