The Outpatient Breastfeeding Champion Program Session 3

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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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

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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

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BABY-FRIENDLY HOSPITAL INITIATIVE (revised 2018)

World Health Organization

TEN STEPS TO SUCCESSFUL BREASTFEEDING

unicef

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.

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Breastfeeding Early Postpartum

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

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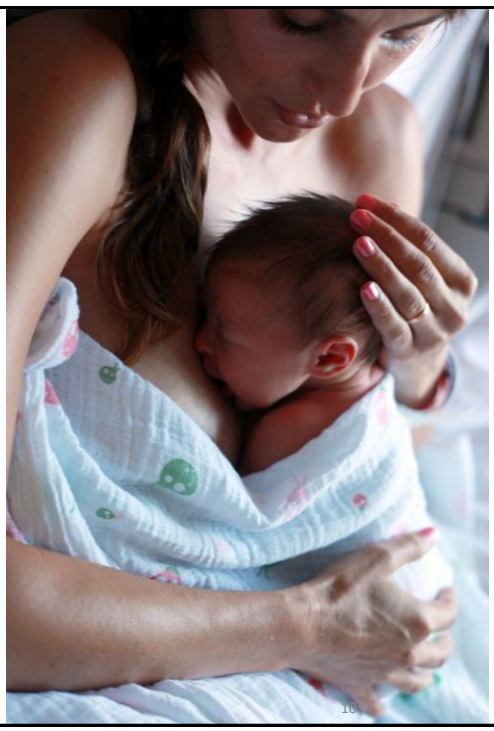
Early Skin-to-Skin Contact

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

AAP Pediatrics 138(3) Sept 2016



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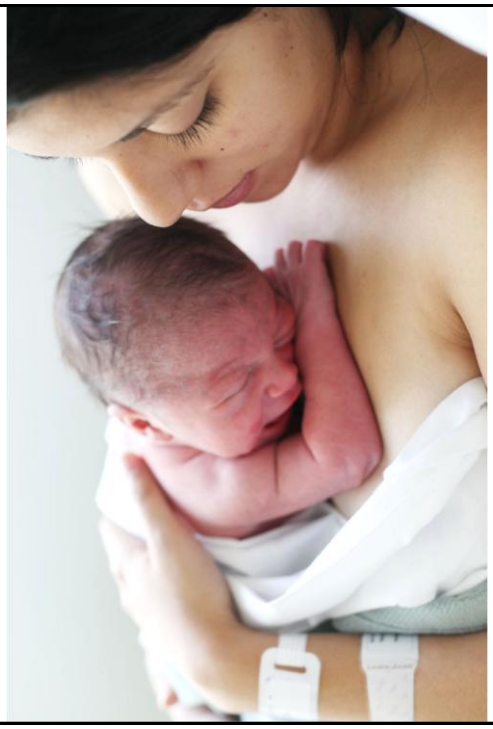

Skin-to-Skin and Self-Led Latch

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

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Delayed Cord Clamping (DCC)

- The newborn is placed skin to skin after vaginal delivery for at least 30 sec-120 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

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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 breastfeeding confidence is higher with early feeding at the breast

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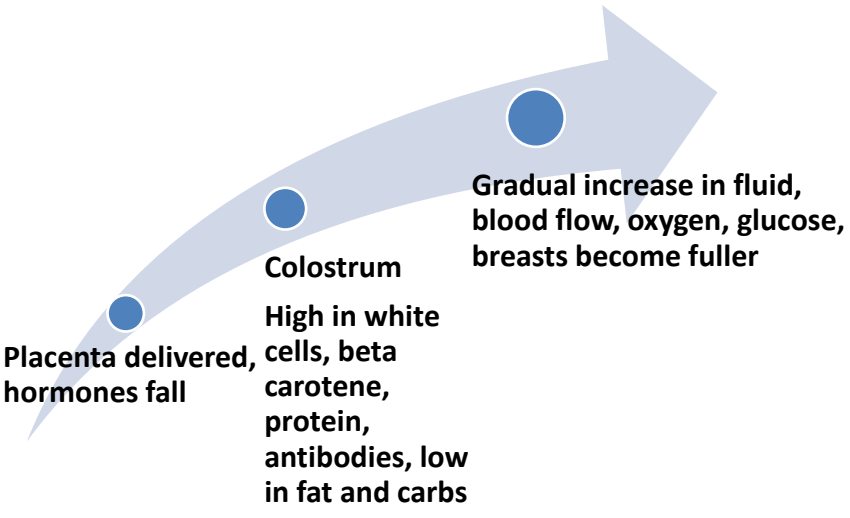
Lactogenesis II (Secretory Activation) After Birth



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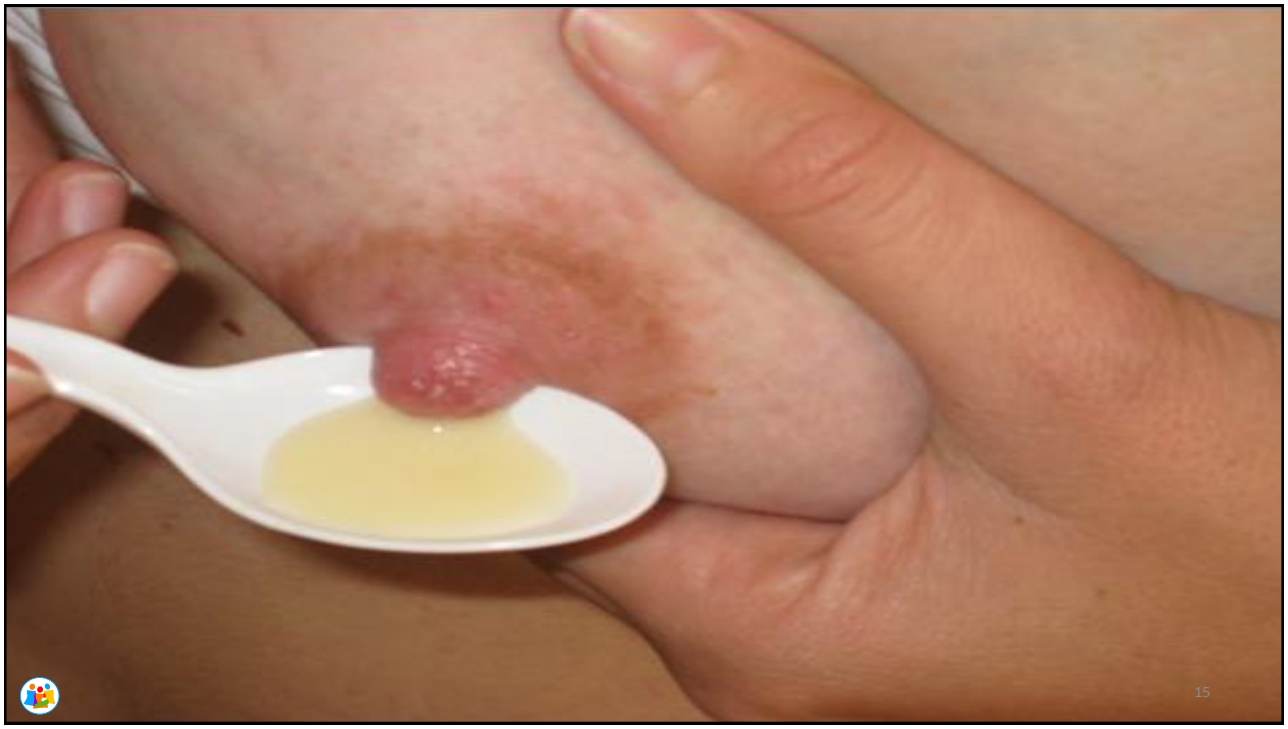

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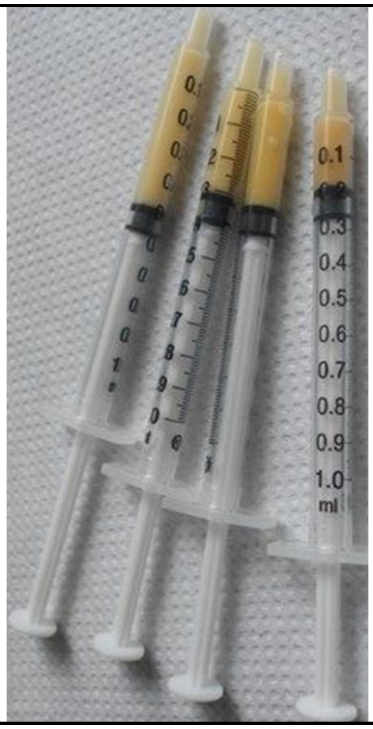

Colostrum

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

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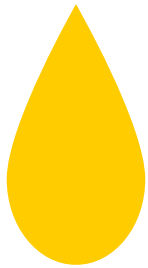
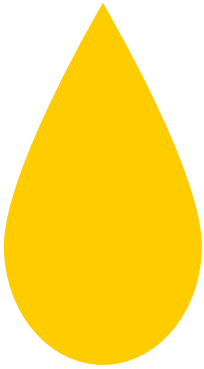
What is the Total Colostrum Produced in the First 24 Hours? 48 hours?



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

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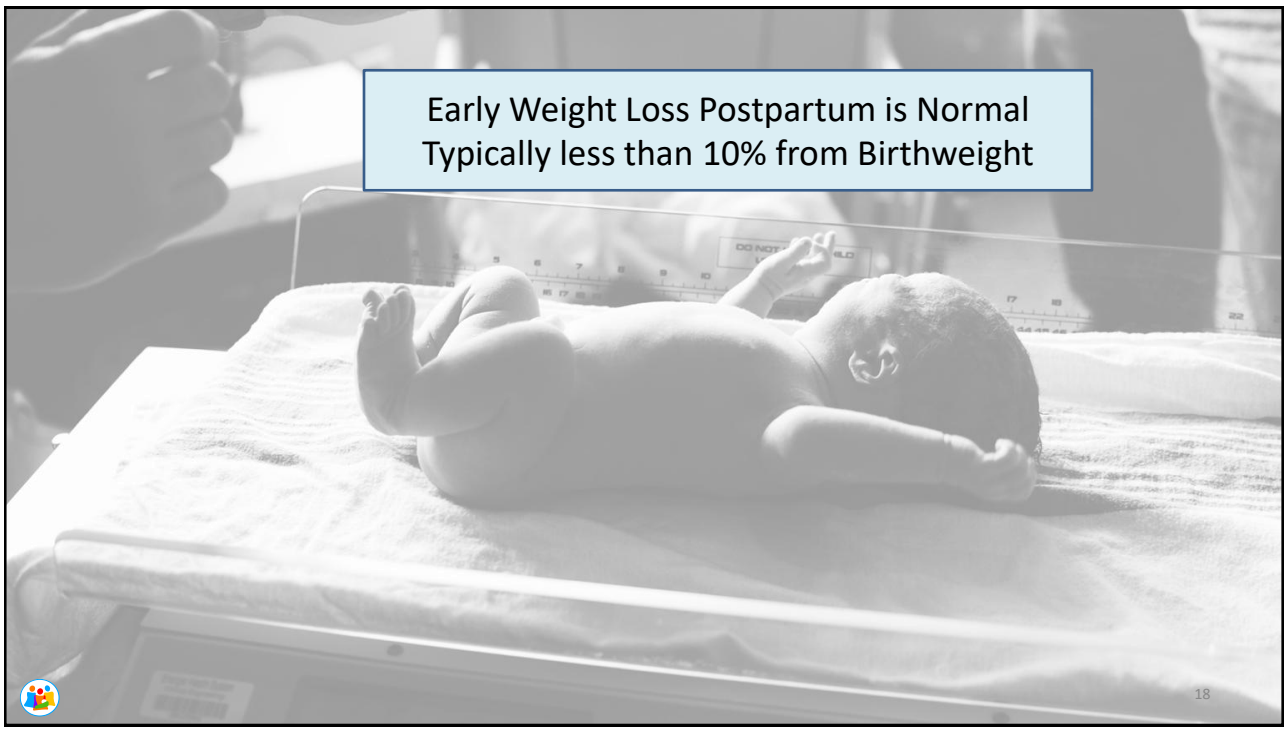

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Latch Is More Manageable Before Infant is Crying!

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Frequent Feeding +

Complete Emptying=

Rise in Milk Production

Infrequent Feeding +

Poor Milk Transfer =

Insufficient Milk Production

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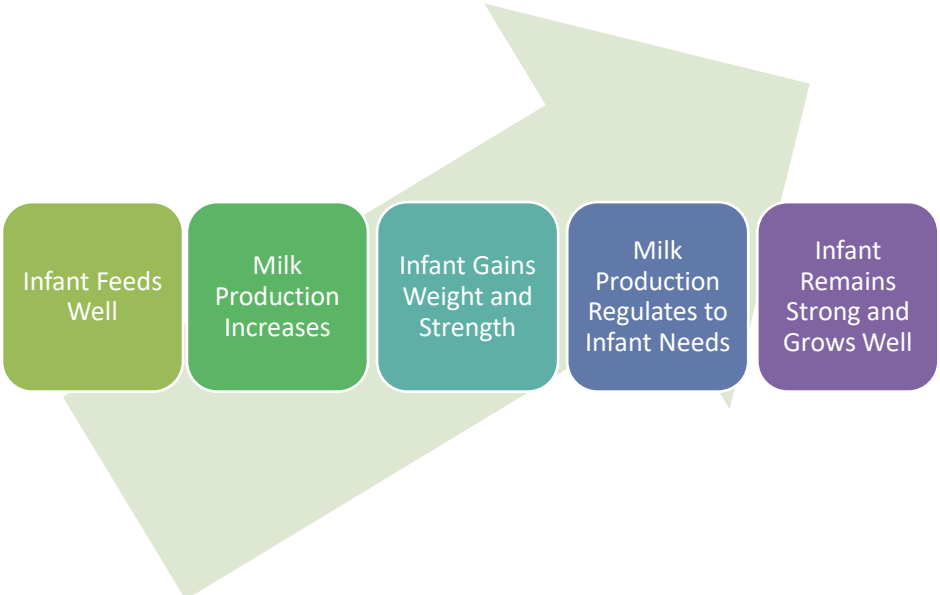
The Positive Trend in Milk Removal with Feeding



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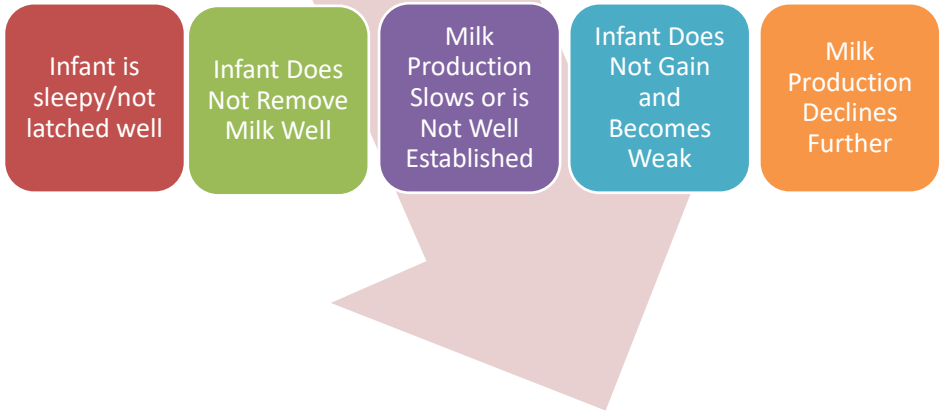
The Negative Trend when Insufficient Milk is Removed During Feeding



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How could a pacifier affect breastfeeding success?

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Early Pacifier Use and Breastfeeding

- Studies have shown no impact on breastfeeding rates at 2,3,4, and 6 mo
  - Possibly because parents in these studies are shown how to use pacifiers safely

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Cochrane Database of Systematic Reviews 2016, Issue 8. Europ J Pediatr 2022 Sept; 181(9)

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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

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How could rooming-in affect breastfeeding success?

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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

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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

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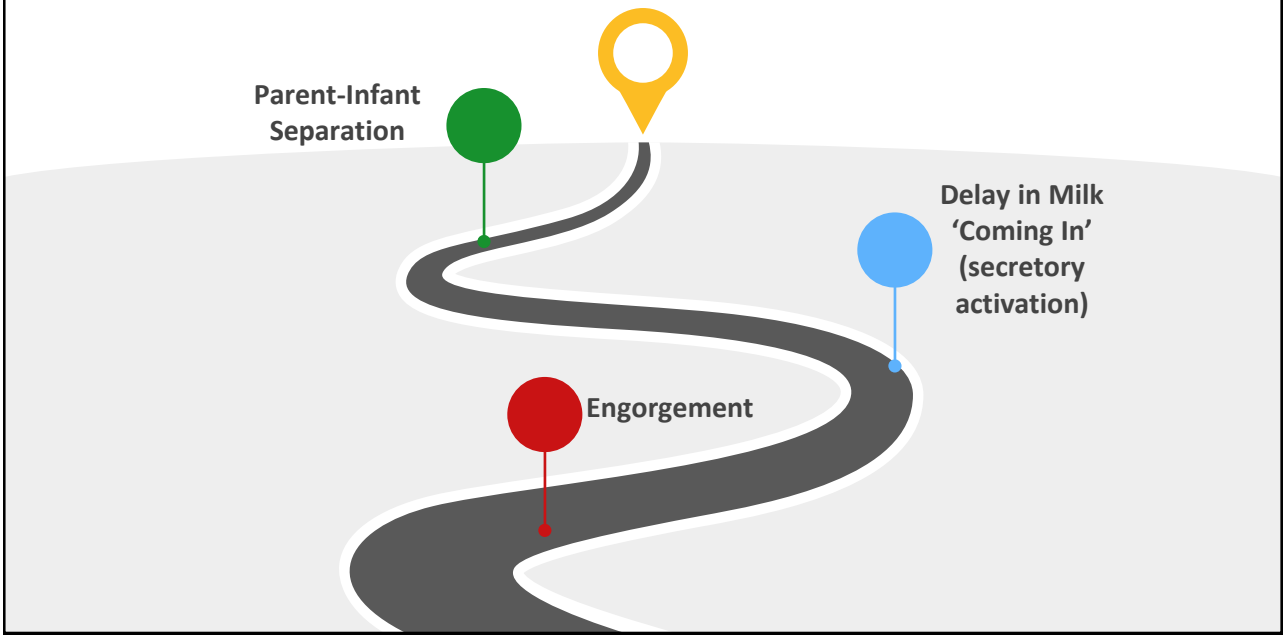
Bumps in the Road Early Postpartum



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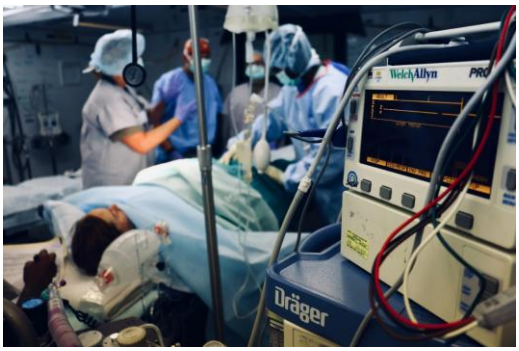
Parent-Infant Separation



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 express colostrum for newborn
- 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

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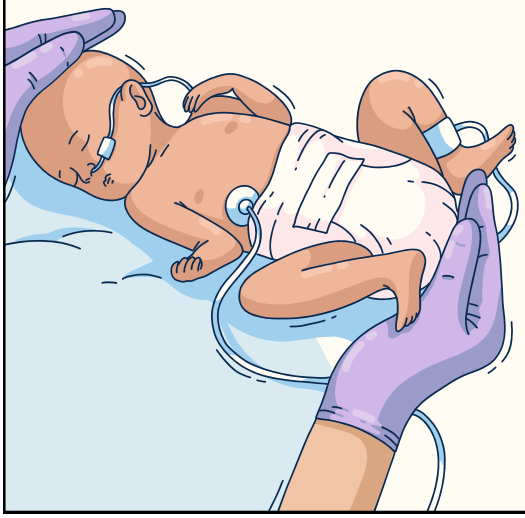
Premature Infants



- Initial milk expression within the first 1-2hrs
  - Critical to have colostrum for oral immune care
  - Frequency of pumping more important that pumping in the first hour
- Frequent expression, at least every 3hr with no more than a 5hr 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-750ml)

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Diagnosis 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

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

- Breastfeed 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

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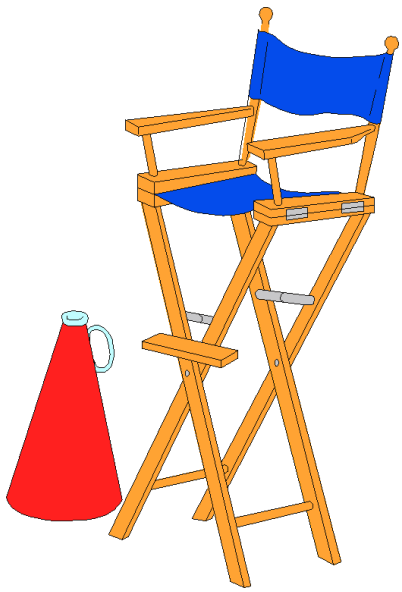
What are Options for Supplementation?

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



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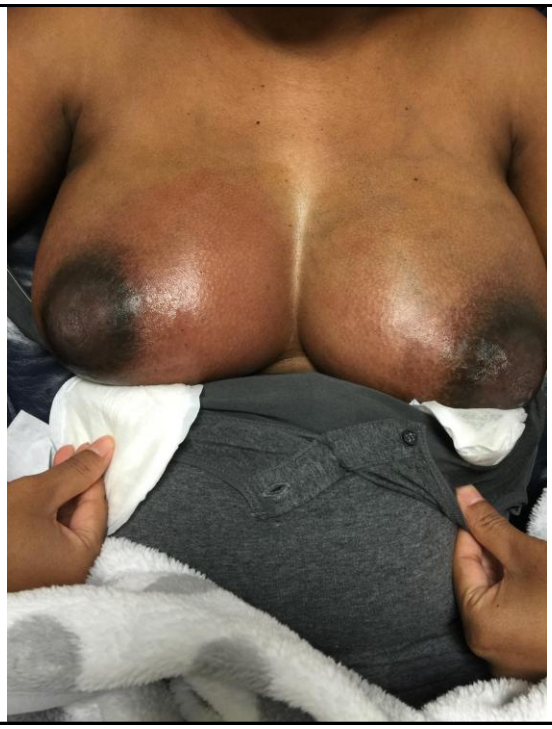

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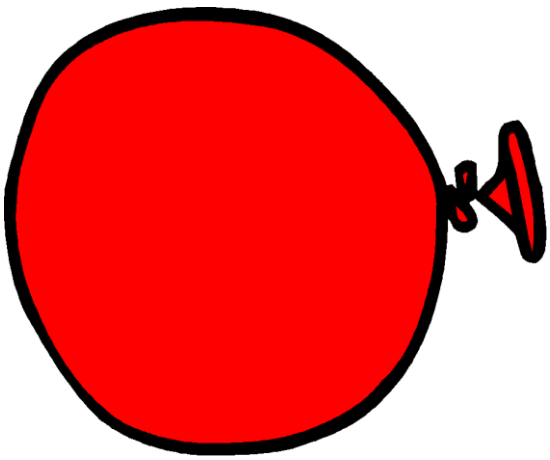
Engorgement

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



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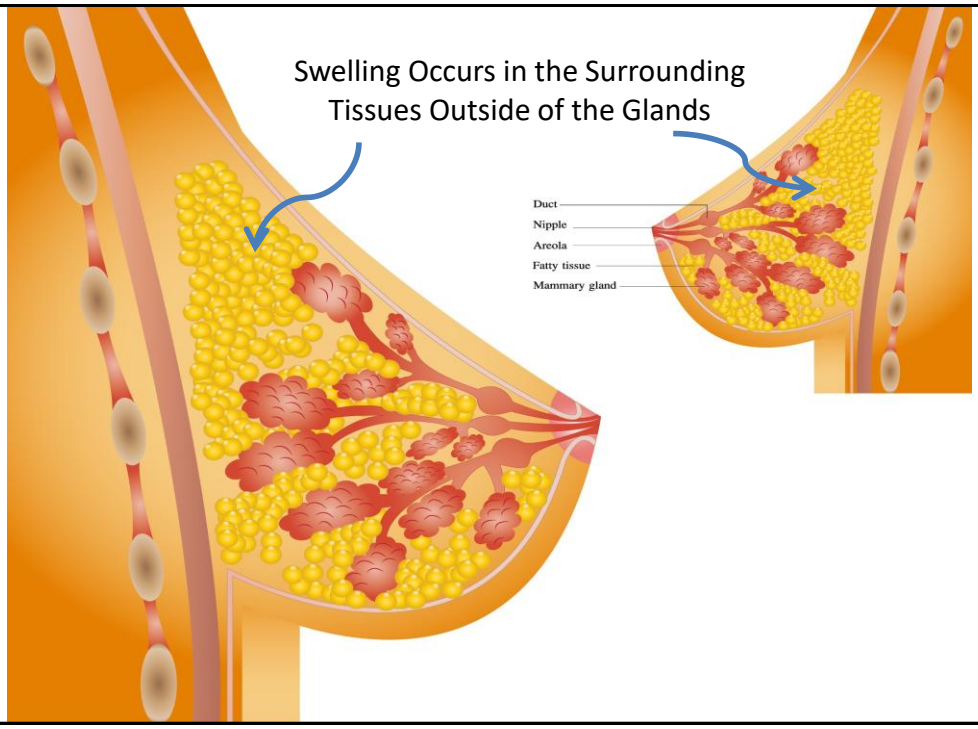

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Effects of Engorgement

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

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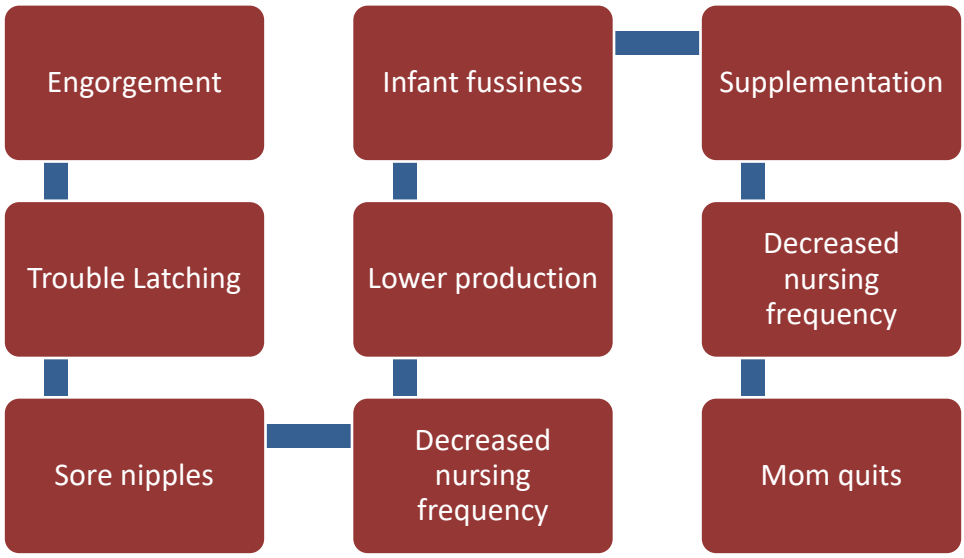

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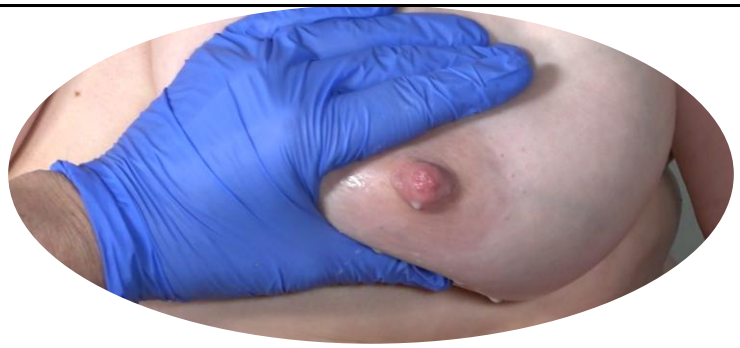
Treatment for Engorgement



- Heat before breastfeeding to improve milk flow
- Hand express milk to soften areolae
- Apply cool compresses after feeding to decrease swelling
- Reverse Pressure Softening
- Lymphatic drainage
- Best Treatment is prevention with frequent feeding!!

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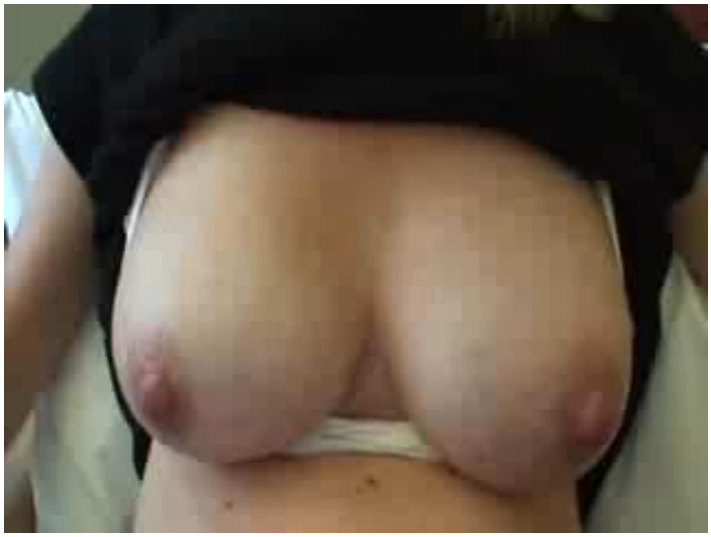

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See Babies Within 24-72 Hours after Discharge

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

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Early Postpartum Concerns
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Photo by Tim Mossholder on Unsplash

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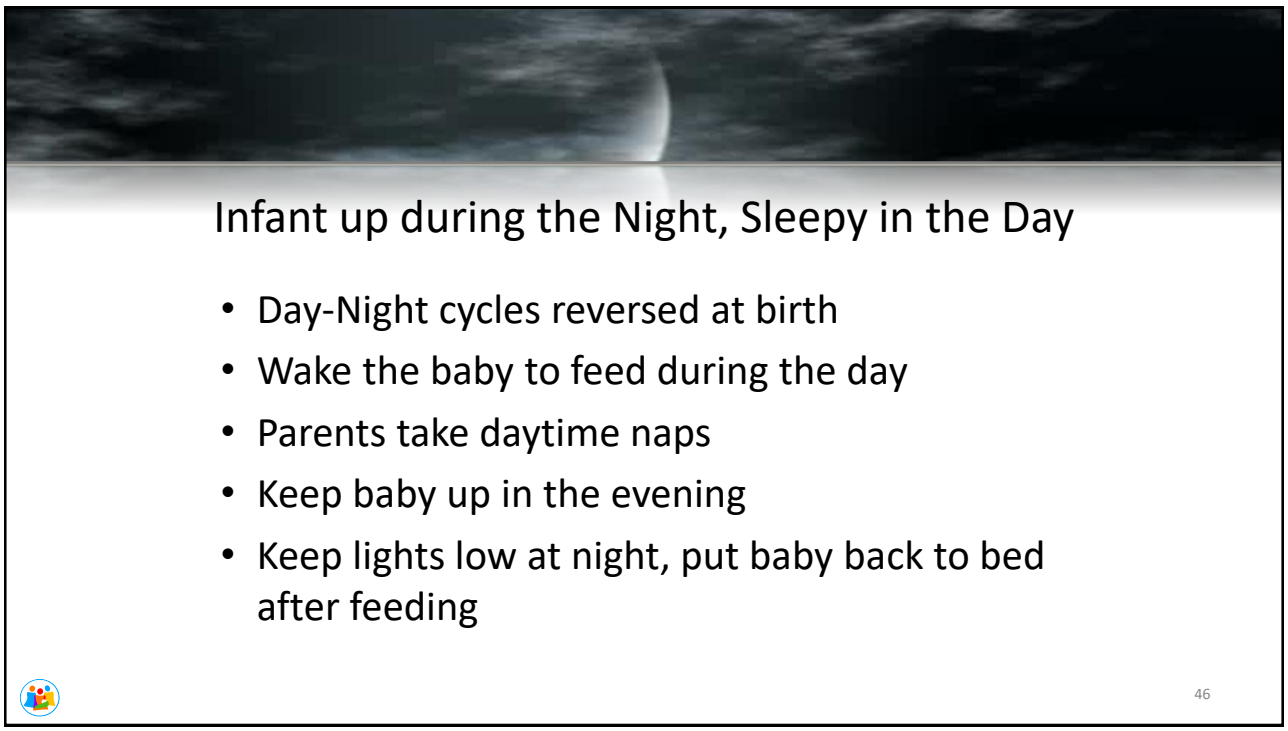
Infant up during the Night, Sleepy in the Day
• Day-Night cycles reversed at birth
• Wake the baby to feed during the day
• Parents take daytime naps
• Keep baby up in the evening
• Keep lights low at night, put baby back to bed after feeding
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Parents are exhausted, can they give a bottle at night?

- Encourage all feeds at the breast
- 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

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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

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Optimal Latch?

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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.

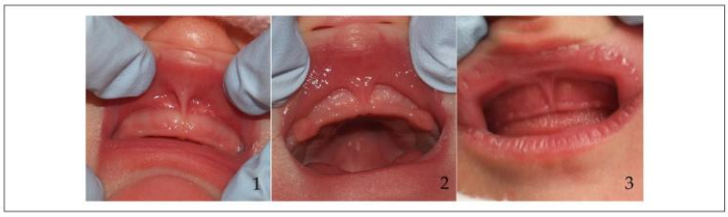

Figure 1. Stanford superior labial frenulum classification. Type 1: Insertion of the frenulum is near the mucogingival junction. Type 2: Insertion is along the mid attached gingiva. Type 3: Insertion is along inferior margin at the alveolar papilla, and can continue to the posterior surface.

Santa Maria et al Global Pediatric Health vol 4 2017

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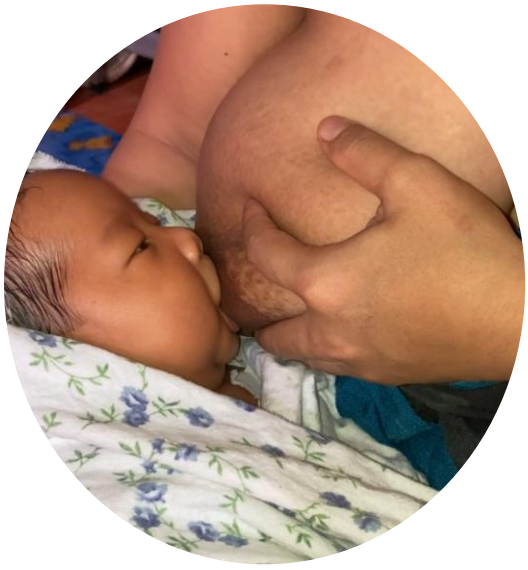

Optimal Latch?

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Optimal Latch?

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Optimal Latch?

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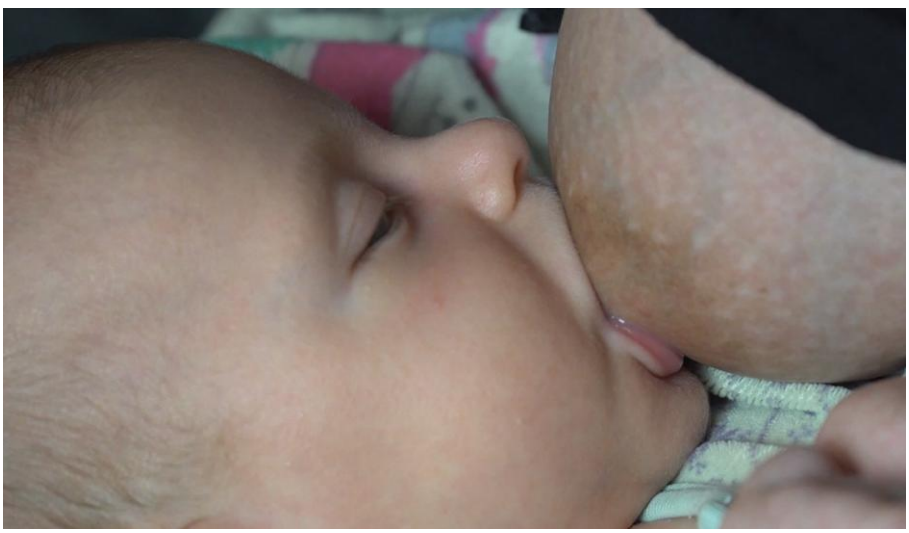
Optimal Latch?



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Ideal Latch?
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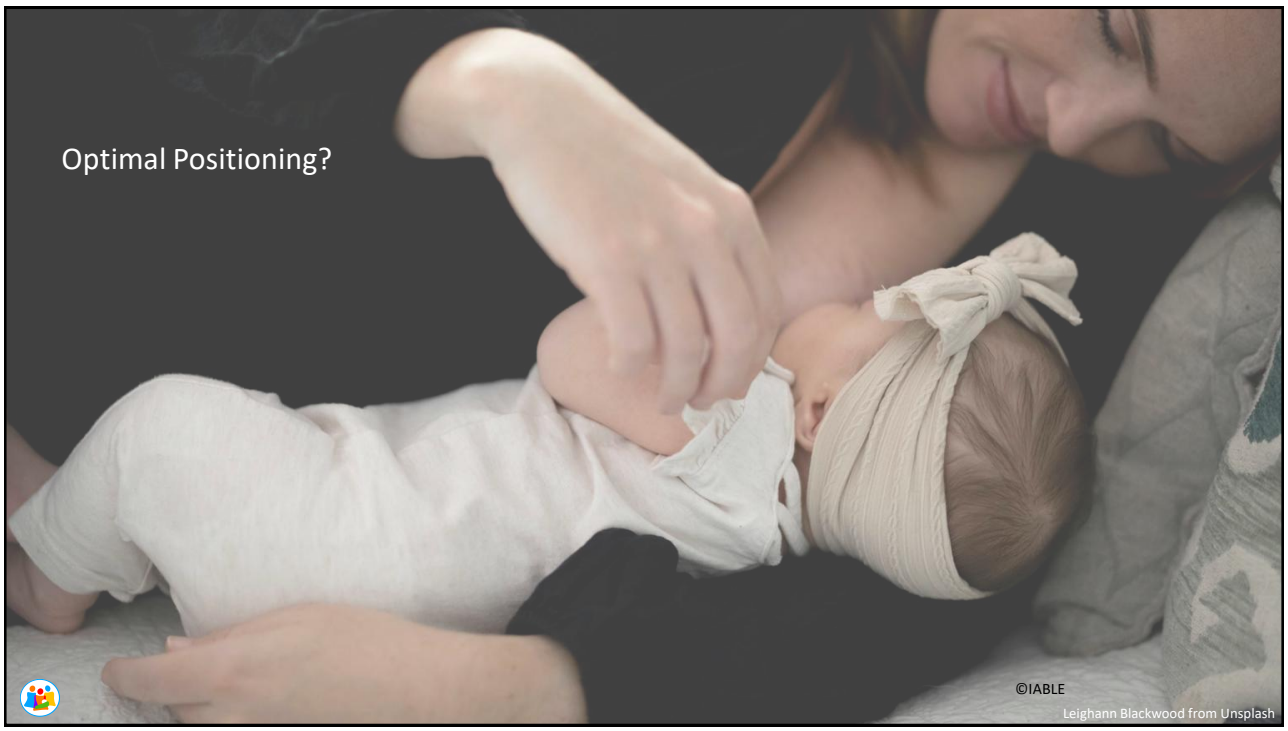
Optimal Positioning?
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Leighann Blackwood from Unsplash

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Optimal Positioning?

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Conclusions Session 3

- Routines in the first several hours after birth play a huge role in breastfeeding success.
- Early skin-to-skin contact is essential for newborn health and facilitates the first feeding.
- A delay in milk ‘coming-in’ (secretory activation) 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.

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