

The Outpatient Breastfeeding Champion Program Session 6



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**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



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



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Review of Session 5



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A lactating parent's partner calls concerned that their 7-day old baby is not getting enough. He only feeds for 10 minutes on 1 side, then falls asleep. He is not fussy and feeds every 2.5 hours. Diapers are always wet, & he has 5-6 stools/day. You advise:

- A. It sounds like your baby is fine, keep your 2-week appointment.
- B. It sounds like your baby is doing fine, please come in to see me for a weight check.
- C. Your baby should be nursing for 15 min each side. I will refer you to a lactation consultant.
- D. Pump the other side and offer that in a bottle.



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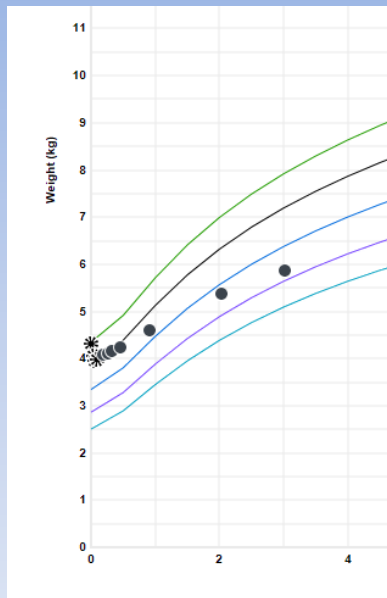
What is the most reliable indication that a newborn infant (<30 days) is gaining well?

- A. Frequent stools and urine
- B. Contentment and relaxation between feedings
- C. Infant weight
- D. Feeding every 2-2.5 hours
- E. Sleeping thru the night



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Mom brings her 3-month-old baby in for a weight check. She is worried that the baby is fussy, and she seems to spit up frequently. You advise:

- A. Your baby's weight % decreased, but not that much. Please come back in a week for another weight check.
- B. Your baby's weight % decreased, the baby needs to see her provider.
- C. Your baby seems to be doing fine, keep your 4-month appt.



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You weigh a 2-month-old and find that her weight % dropped from the 78% to the 54%. The baby has been happy, feeds every 2-3 hours, and seems satisfied. The parent can pump 8 ounces at one time at work. The parent has not been concerned.



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You advise:

- A. Your baby looks healthy. I notice that your baby dropped in her weight %. Let's recheck her weight in 2 weeks.
- B. Your baby dropped in her weight %. I am somewhat concerned. Please supplement with a bottle of expressed breastmilk twice a day.
- C. Your baby dropped in weight %, she needs to see her provider or a lactation consultant.



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You are seeing a 17-day-old baby for a pre/post feed weight because the family is worried how much the baby is drinking. The infant is fussy in the evenings and feeds often. You do a pre-post feed weight, and the baby transfers 110ml. Mom's partner wonders if this is enough. You advise:

- A. The baby transferred about 3.5 ounces, so the baby is doing fine.
- B. The baby transferred a good amount. Let's check her growth curve.
- C. Your baby should be drinking 120ml, or 4oz each feeding. You need to take fenugreek and give some formula in the evening.



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Session 6 Topics

- The non-latching baby
- Infant led latch
- The baby who prefers one side
- Risks of nipple shields
- Infant fussiness at the breast
- Weaning
- Induced Lactation and Re-lactation
- Complementary Feeding



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Session 6 Objectives

- Identify 3 reasons why a newborn baby may refuse to latch onto the breast.
- Describe 3 reasons why a breastfeeding baby may gradually or suddenly refuse to nurse.
- Understand how to counsel a parent to practice infant-led latch.
- Give 2 reasons to avoid nipple shields.
- Identify how to counsel a family on use of pacifiers.



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Session 6 Objectives cont'd

- Demonstrate proficiency triaging the baby who is fussy at the breast.
- Describe how to counsel a parent on weaning.
- Define induced lactation and re-lactation.



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The Baby Who Won't Latch



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No Latch in the First Several Days of Life



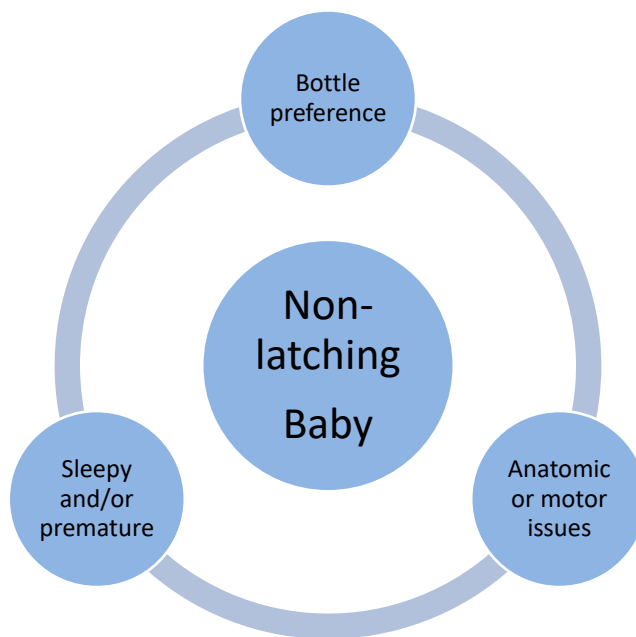
- Variable nursing on day 1 is common
- Breastfeeding skills usually improve by day 2
- If no latch in first hour
 - Manually express and supplement with spoon/syringe every 2-3 hours
 - Keep skin to skin



Spoon Feeding Video

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Sleepy and/or Premature Infant



- Falls asleep at the breast
- Sluggish suck/swallow reflex
- Often needs supplementation until nursing improves



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Bottle Preference

- Babies who receive a bottle early may become imprinted on a bottle
 - Look for firm stimulus on palate
 - Look for immediate and low resistance milk flow



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Anatomic and Motor Problems

- Tongue tie- prevents a deep latch
- Torticollis
 - Often has difficulty latching to one breast
- Nasal obstruction
- Pain
- Flat or inverted nipples
- ENGORGEMENT



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Triage Tool- Refusal of One Breast-

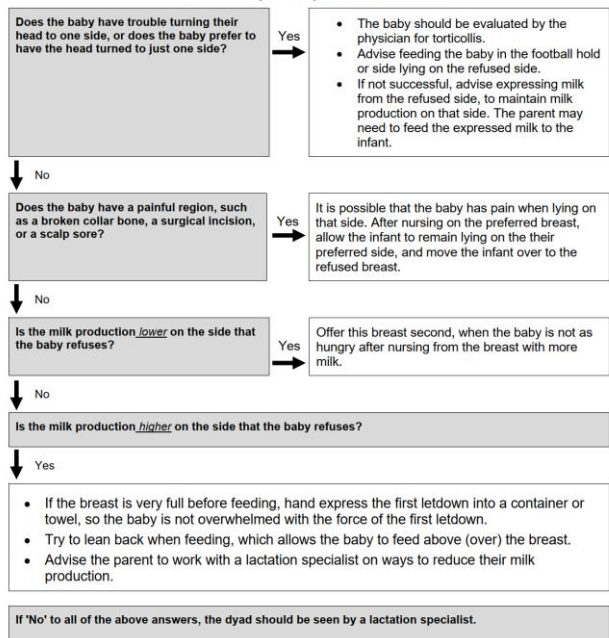


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- This is mom's 3rd baby
- The baby is 9 days old and won't take the R breast.
- This started on day 4.
- Mom is not sure if the baby has a preference of keeping the head to one side or not.
- No known birth injury

Refusal (Infant) of One Breast



For all mothers and other lactating parents, advise the following:

Maintain milk production on the side the baby won't feed from. Pump or hand express every 3 hours in the day with no more than a 5-hour break at night.

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Discussion of Case Refusal of One Breast

- What can we tell mom re some reasons why the baby might not latch on one side?
- What initial steps can the breastfeeding champion advise for mom?



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Breastfeeding Champion's Role with a Non-Latching Baby

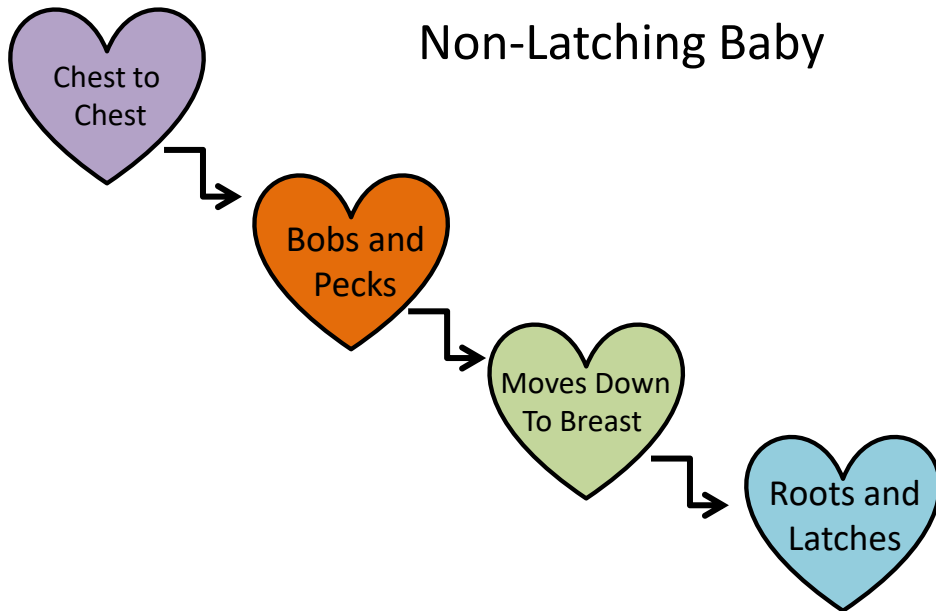
- Help to maintain milk production
- Guide on choosing supplementation method
- Demonstrate use of a supplementer if needed
- Help to establish care with a lactation consultant



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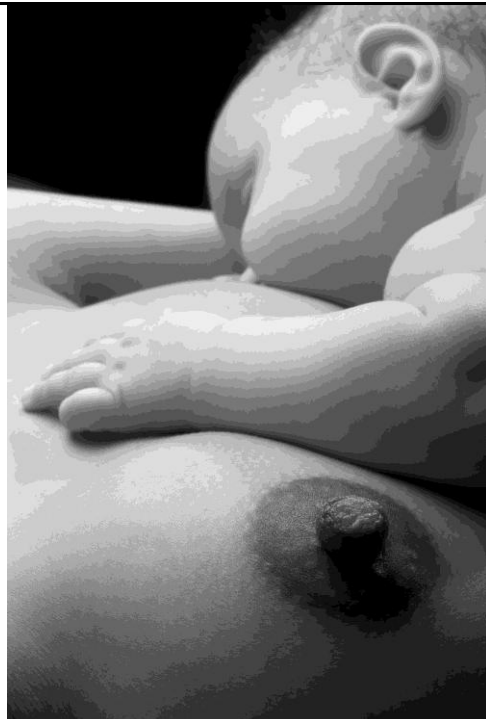
Skin to Skin for the Non-Latching Baby



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Infant Led
Latch Video
Click to Start



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Why Not a Nipple Shield?

- An easy fix
- Nipple shields might decrease prolactin
 - Risk of decrease in milk production
- Risk of insufficient milk transfer
- Need to pump after nursing
- Does not teach nursing
 - ? Increase nursing challenges



[Click to Play Video](#)



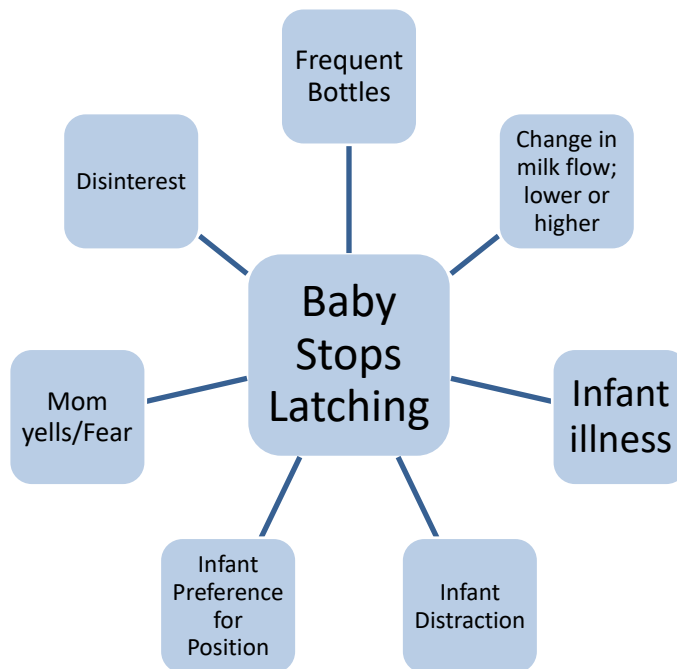
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The Baby Who Stops Latching or is Fussy at the Breast



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Change in Milk Flow

- Decrease in milk production
 - Slower flow
- High production
 - Heavier letdown, baby chokes



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Low Milk Production



- Baby stops latching due to frustration and hunger
- Often has been given bottles or a finger feeder
- Supplementer at the breast helps



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Solution to Milk Flow Problems

- Low production - use the low milk production triage tool
- If production is high and let-down is heavy:
 - Decrease excessive pumping
 - Stop galactagogues
 - Express the first let-down, then nurse
 - Recline slightly when breastfeeding
 - Refer to a lactation specialist

Laid back Positioning with Self Attachment



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Frequent Bottles

- Firmer stimulus
- The bottle is either a faster or slower flow, and is preferred by the baby



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Solution for Bottle Preference

- Pace the bottle feeding
- Only bottle feed with baby facing parent/caregiver
- Reduce distractions when nursing
- Consider supplementing via a tube at the breast
- Infant-led latch



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Infant Illness

- Nasal congestion
- Thrush or mouth sores
- Ear pain with sucking
- Nausea or abdominal pain
- Pain from recent surgery



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Infant Distraction



Often by 4 months
More likely to nurse at night
Solution is to decrease distractions
Consider referring to lactation support groups



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Disinterest

- Commonly occurs at 6-10 months
- Often infant is self-weaning
- Very hard to get these babies to nurse
- May breastfeed best at night



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Weaning



Source: US Breastfeeding Committee

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Weaning Has Several Meanings

- Addition of complementary foods
- Substituting formula for expressed milk or breastfeeding
- Decrease frequency of breastfeeding, but not pumping at other times of infant feeding
- Actively and continually decreasing the number of breastfeeds or pumping sessions each day, until done



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The Decision to Wean

- Sometimes weaning is a health recommendation
- Most of the time, the lactating parent makes the decision to wean
 - Parents should not be told by family, friends to wean



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Reasons Why Weaning Happens Early

- Breastfeeding Problems
 - Low production
 - Breast pain
- Lack of knowledge
- Lack of support
 - Pressure from family and spouse
 - Poor medical advice
- Lack of confidence
 - Uncomfortable nursing in public
- Going back to work



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Parent-led Weaning



- Wean by dropping feedings
- Wean by stopping nursing and just pump



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Dropping Feedings

- The lactating parent drops one feeding, and gives formula or stored milk
- Pump minimally, just for comfort as needed
- Once comfortable and not needing to remove milk between feeds, drop another feeding at another time of day
- When down to last feeding, may need to pump a day or two later



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Weaning by Just Pumping

- Stop breastfeeding- switch to exclusive pumping
- Gradually increase interval of time between pump sessions, and only pump to comfort
- After dropping last pump session, may need to pump several days later



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Which Weaning Method to Choose?

- Parent's preference and situation
 - Traveling, working long hours, etc
- Just pumping may be faster
- Parents with over-production and/or recurrent plugs may choose pumping
- Older babies may become upset with the pumping method



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Breast Comfort During Weaning

- Always pump to comfort, avoid removing all milk
- Medications to reduce production:
 - Sage, peppermint
 - Pseudoephedrine
 - Contraception with estrogen



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Child- Led Weaning

- Typically older babies and children
- The parent continues to nurse whenever the baby or child desires.
- The parent may not have a plan or date in mind for weaning



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Toddler Nursing



- Variety of nursing styles
 - Toddlers drive feeding pattern
 - Frequency varies
 - The lactating parent determine feeding pattern
 - The parent decides when nursing can happen
- Educating parents about options often helps the parent breastfeed longer
 - Parents learn that they can have some control



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Weaning Toddlers

- Start with having a feeding routine
- Start by dropping the easiest breastfeeding times
 - Distract with playing, toys, treats
 - Separation from toddler
 - Change routines at home
 - Anticipatory guidance for children over 2



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Breastfeeding Champion Role in Weaning



- Support the lactating parent in finding a solution for weaning
- Offer community resources for support



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Tandem Nursing

- The lactating parent continues to breastfeed the infant/ toddler through pregnancy
 - Nutritional counseling is recommended
- The parent feeds both infant and toddler for as long as desired
 - Toddler often nurses after the baby
 - Toddler can help maintain production
 - Toddler stays healthier
 - Typically no concerns about infant growth after birth



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Induced Lactation



- Hormones to stimulate breast growth
- Meds to increase prolactin

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- Begin pumping regularly after stopping hormones
- Add galactagogues

Initiating lactation without pregnancy

- Most common with adoptions or surrogacy

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- Directly feed when infant is present
- Continue galactagogues



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Re-Lactation

- Initiate breastfeeding after weaning
 - Adoption
 - Parental illness
 - Infant intolerance to formula
 - Change of heart
 - Provide donor milk to relative/friend
- For people with a h/o healthy production, expect ~6-8 weeks to re-establish milk production



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Nutrition During Lactation

- Drink water to thirst
 - Urine should appear clear or pale yellow
 - Dark urine can indicate insufficient fluid intake (unless colored by supplements)
- Foods with essential fatty acids (DHA), particularly fish, 2-3 servings/week
- If dietary restriction or malabsorption, discuss with health care provider
 - Vegan
 - Stomach bypass surgery
- Rapid significant weight loss may decrease milk production
- Lactation requires ~ 500 calories/day (singleton)



Photo by Louis Hansel on Unsplash



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Lactating Parent's Diet and Infant Fussiness

- Most foods do not cause infant fussiness or GI issues
- Dairy can increase GI distress
GERD symptoms
- Coffee, tea, chocolate -watch for infant irritability



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Complementary Food and Supplements



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Supplements for the Breastfed Baby



- Vitamin D- needed by all infants
 - 400 units for all infants, from birth
 - Formula contains vit D
 - Breastmilk is low in vit D unless the parent's level is high
- Iron
 - Small for gestation age
 - Premature or 35-37 weeks
 - Ill/blood loss

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Risks of Starting Complementary Foods Before 6 months of Age

- Earlier return of menses for the parent
- Increased risk of colds, diarrhea, wheezing
- Decreased protection from breastfeeding because of lower volumes of breastmilk



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Reasons Why Parents May Start Solids Too Early (Before 6 mo)

- Parents often advised to start solids at 4 months
- The baby seems hungry
- The baby shows interest in solids
- The baby might sleep better at night



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Complementary Foods High in Iron

- Prioritize foods high in iron
 - Meat
 - Stewed dried fruits
 - Lentils, peas, beans
 - Dark leafy veggies
 - Fortified cereals
- Iron needs increase as baby grows
 - Volume of breastmilk/iron has not increased



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Conclusions Session 6

- We can identify and offer advice for many babies who are fussy or refuse to latch.
- Infants do not lose the ability to latch onto the breast.
- Infant-led latch is the natural way to encourage a baby back to the breast.



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Conclusions Session 6

- Parents appreciate learning several options for weaning.
- Breastfed infants should wait until 6 months to introduce complementary foods.
- Breastfed infants need complementary foods that are high in iron.



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