The Outpatient Breastfeeding Champion Program Session 6

IABLE

Institute for the Advancement of Breastfeeding & Lactation Education

- 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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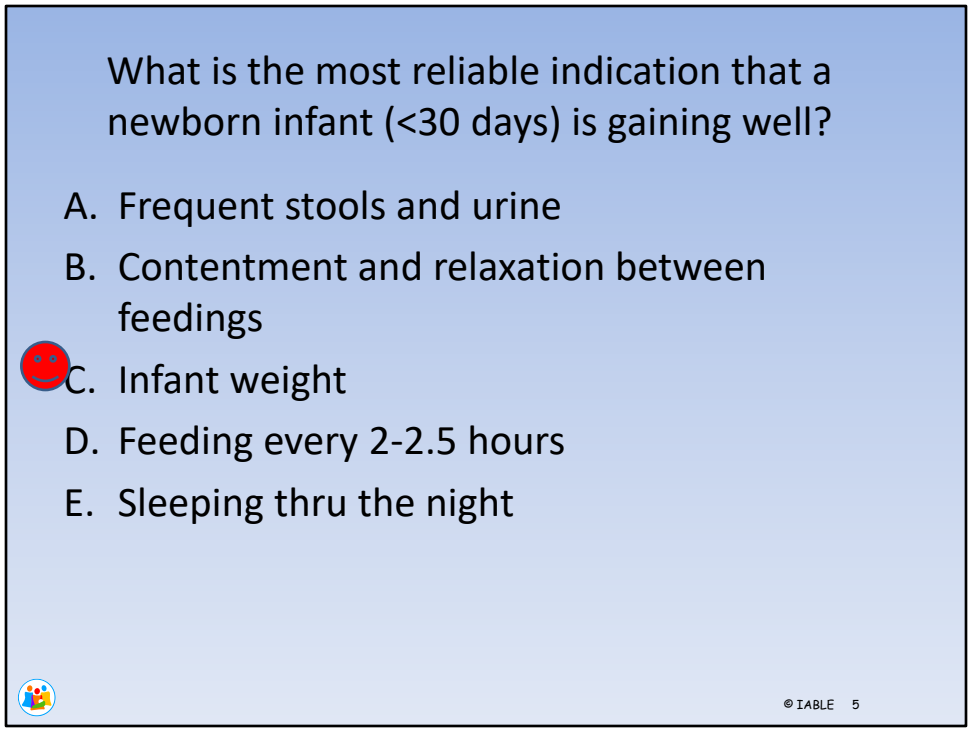
Building
Breastfeeding-Knowledgeable
Medical Systems & Communities

Review of Session 5

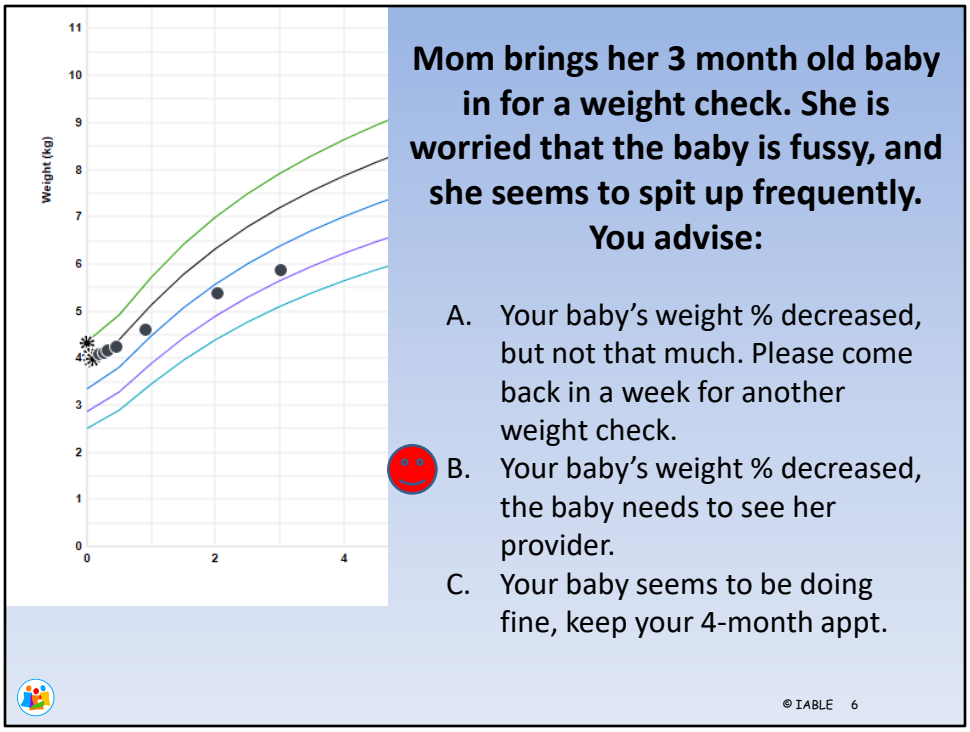
A lactating parent's partner calls concerned that their 7-day old baby is not getting enough. He only feeds for 10 minutes on 1 side, then falls asleep. He is not fussy and feeds every 2.5 hours. Diapers are always wet, & he has 5-6 stools/day. You advise:

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.

The correct answer is B.
A is not correct because the parent called with a concern about the baby's weight, so the baby's weight needs to be checked.
C. Is not correct. We don't want to 'prescribe' a certain time period that the baby should be nursing.
D. Pump the other side and offer that in a bottle- there is no reason to think right now that the baby needs to be supplemented with milk from the other breast. If the baby is gaining well, and the parent has high production, pumping the other side will drive the production up too much, increasing risk for complications of over production.

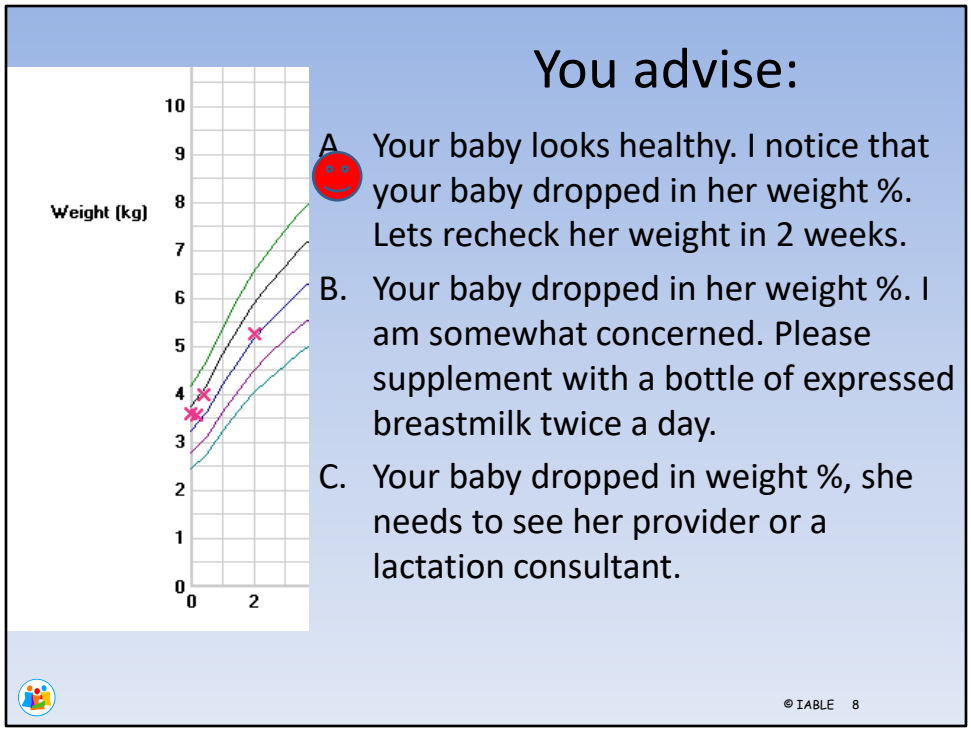


The correct answer is C.
A,B,D, and E may all be present in a baby who is content but not gaining enough weight



The correct answer is B. The baby has nearly crossed 2 line on the growth curve, meaning that the baby has not gained much at all in the last month. The baby needs an evaluation by the provider.

You weigh a 2 mo 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.



The correct answer is A
The baby is acting fine, mom has plenty of milk, and the drop in % is more than 1 curve. It is a good idea to watch the baby's weight over time to make sure the baby is not continuing to drop percentiles.
C- It would be reasonable to have the baby see the baby's physician/provider if the breastfeeding champion feels uncomfortable with the drop in weight %

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.

The correct answer is B. Always check the growth chart to see how the baby's weight is.

A.- not correct. You cannot tell how well the baby is growing with just one nursing episode
C- not correct. It is not true that the baby should be drinking 4 oz each feeding at this age. It is common for babies to nurse often in the evening, due to general fussiness/colic, and because mom's production tends to be lower in the evening.

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

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

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.

The Baby Who Won't Latch

The main focus of this session is dealing with the infant who has trouble latching

No Latch in the First Several Days of Life

- Variable nursing on day 1 is common
- Breast/chest feeding 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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No Latch in the First Several Days of Life

Variable nursing day 1:

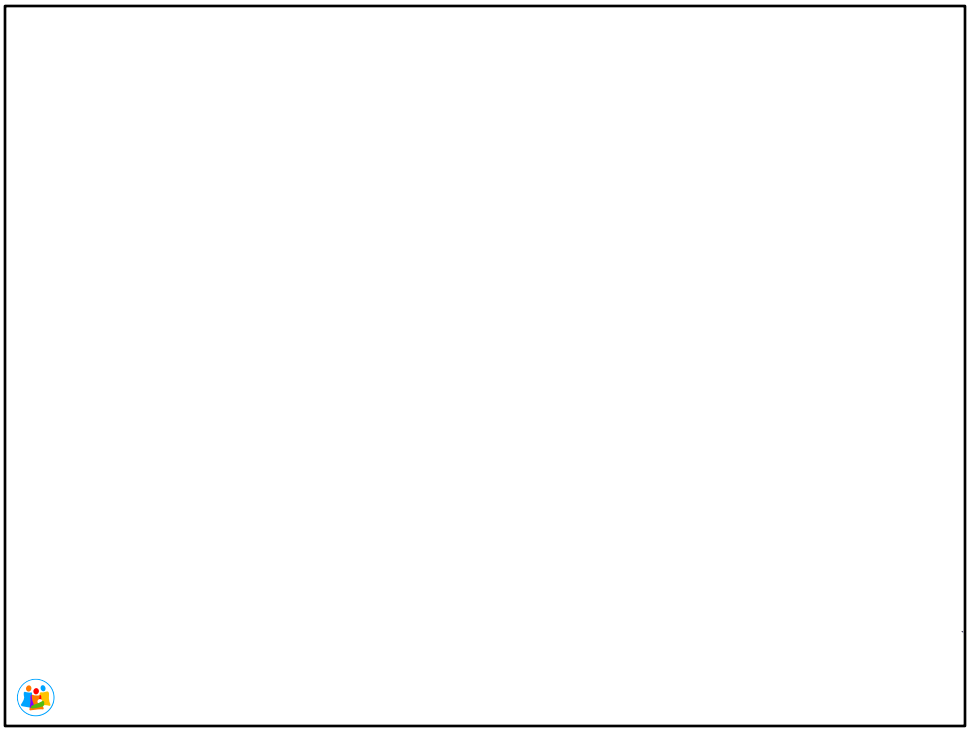
It is normal for babies to not nurse well the first day. The baby might have a stomach full of amniotic fluid, have to pass thick meconium, and may be quite sleepy, or have some discomfort from the birth process.

Latch and breast/chest feeding usually improves by day 2.

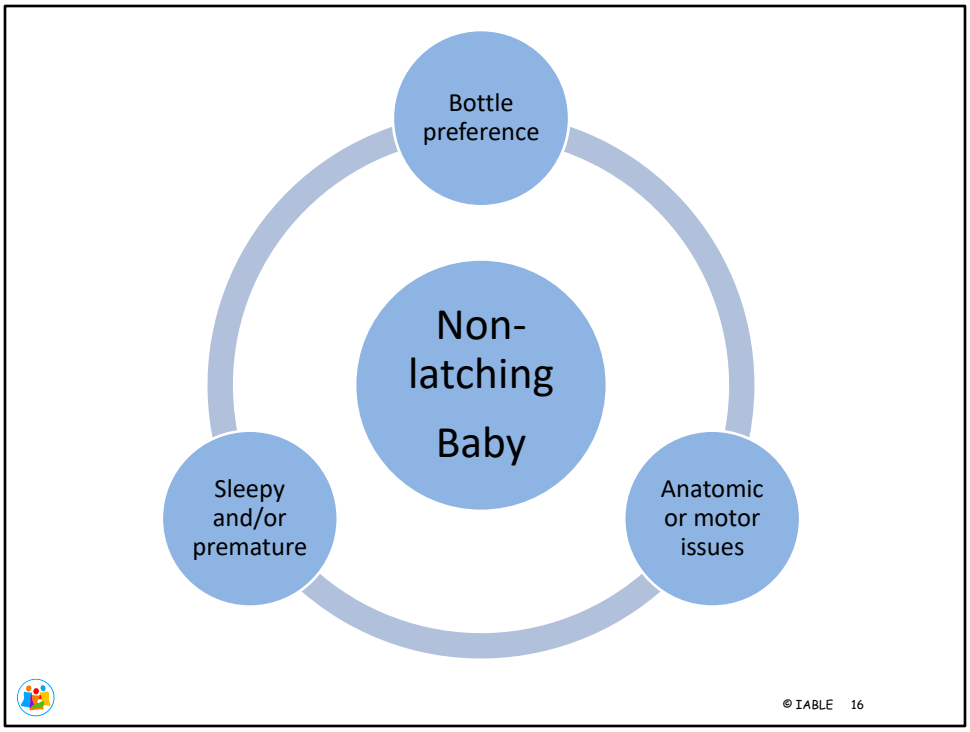
If the baby has not latched in the first hour pp, it is very important to express colostrum, to establish milk production, asap. Have the parent start expressing milk manually every 2-3 hours for as long as the infant is not latching. The parent can add a pump as well if she would like. In the first few days, manual expression will be the most effective.

Encourage the parent to be patient, and supplement the baby with colostrum, using a spoon or finger feeder. In addition, frequent skin to skin is ideal, as this will help to encourage the infant to latch. Try to avoid using a nipple shield in the first few days, in order to give the baby a chance to do this naturally

The spoon feeding video will appear with the next click



This is a slide for the spoon feeding and hand expression video



There are many reasons for a non-latching baby
Common reasons include:
Sleepy or premature infant - this was discussed in the last session
Bottle preference- the baby is not confused, but just prefers the bottle, or expects a bottle nipple when ready to feed
Anatomic or motor issues- the baby have some sort of anatomic problem such as a cleft palate, or a motor issue such as low tone as occurs with Down syndrome. Both of these make it hard to latch or sustain a latch.
We will talk more about these issues in the next few slides

Sleepy and Premature Infant

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

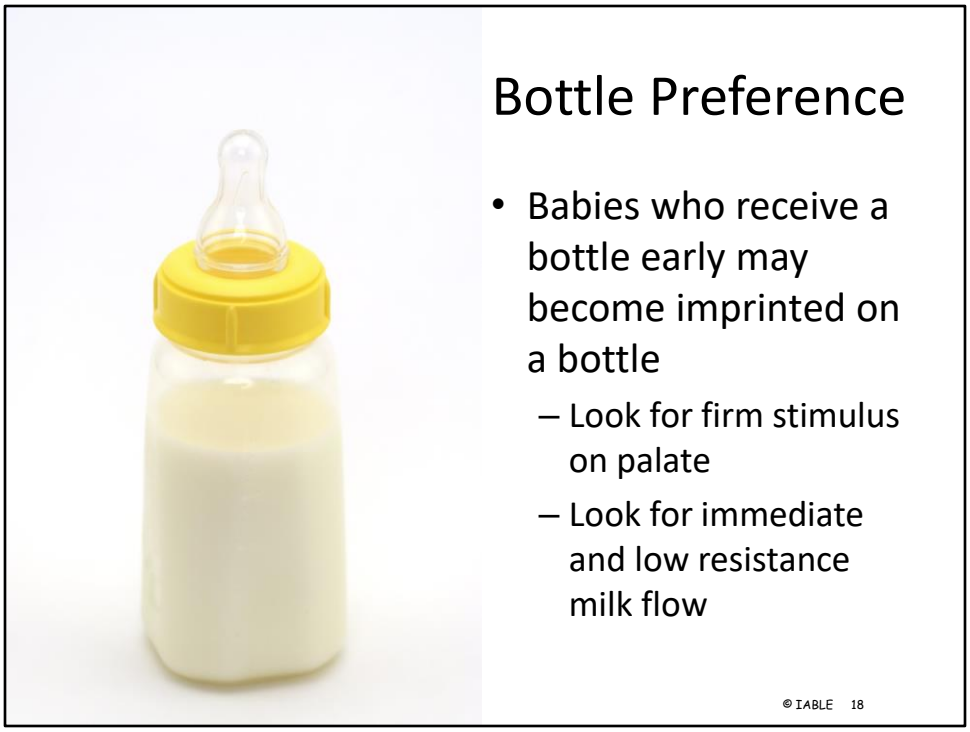
Sleepy and Premature Infant

These babies fall asleep easily at the breast. Premature or babies who are born 35-38 weeks (late premature infants) are at high risk for this behavior.

The soft nipple of the parent may not awaken the baby's suck/swallow reflex, because it is not as firm as a bottle nipple. We reviewed this issue in detail in session 5, our last session.

These babies will often latch, but they don't initiate a suck without milk flowing rapidly

The bottom line is that these babies often need supplementation until they stay awake while nursing.



Bottle Preference
These are typically babies who received a bottle early on, and continue to look for that very firm bottle nipple stimulus against their palate.
They also look for the immediate flow of milk as soon as they start sucking. Often the milk will flow faster with the bottle than the breast, which the babies become accustomed to and prefer.

Anatomic and Motor Problems

- Tongue tie- prevents a deep latch
- Torticollis
  - Won't latch on one breast
- Nasal obstruction
- Pain
- Flat or inverted nipples
- ENGORGEMENT

Anatomic and Motor Problems

Tongue Tie-

These babies have difficulty sustaining a good latch. Some will sustain a latch but it is shallow and painful.

Torticollis

These infants often refuse to latch on one breast because it hurts to turn the head slightly to the side

Nasal congestion

Possibly due to narrow nasal passages or large adenoids, these babies are mouth breathers, so have trouble staying latched onto the breast.

Pain

Newborns can experience pain for several reasons- a broken clavicle, forceps delivery, or vacuum delivery, causing pain when being held in certain positions.

Flat or inverted nipples

Sometimes babies have trouble latching deeply onto a breast with flat or inverted nipples, especially if the surrounding areolar tissue is swollen due to engorgement.

Engorgement

Engorgement is one of the most common reasons why a baby might stop latching on day 3-5. The baby senses that the breast is too hard to compress, the baby cannot latch deeply, so the baby cries when brought to the breast. We already discussed ways to manage engorgement

Triage Tool- Refusal of One Breast- Group 1

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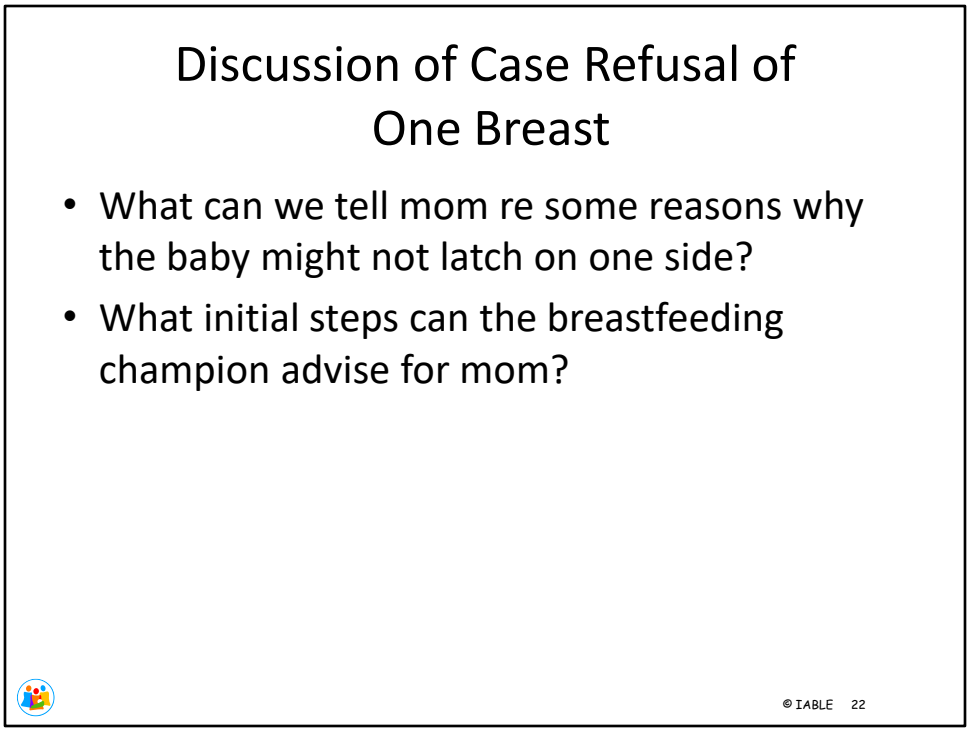
Group 1 takes out Script for Refusal of One Breast- group 2 is the Breastfeeding champion
This is mom's 3rd baby
The baby is 9 days old, and won't take the R breast. This started on day 4.
Mom is not sure if the baby has a preference of keeping the head to one side or not
Mom is not aware of any sort of birth injury

- 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
- Mom is not aware of any sort of birth injury



What can we tell mom re some reasons why the baby might not latch on one side?

- Neck stiffness/soreness
- Mom's positioning
- Difference in nipples
- Fullness

What initial steps can the breastfeeding champion advise for mom?

- Keep the production up on the side that is not nursed on
- Pumping, manual expression- may need to have mom come in to show her these techniques
- Teach mom some different positions
- Teach mom how to decrease fullness of the breast to improve latch
- Refer to lactation consultant

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

The Breastfeeding Champion's Role with a Non-Latching Baby

Help to maintain milk production.

Parents will have questions about how to maintain milk production if the baby is not nursing well. So it is your job to outline how frequently the parent should pump. We will discuss more about pumping in the next section.

Choosing a supplementation method

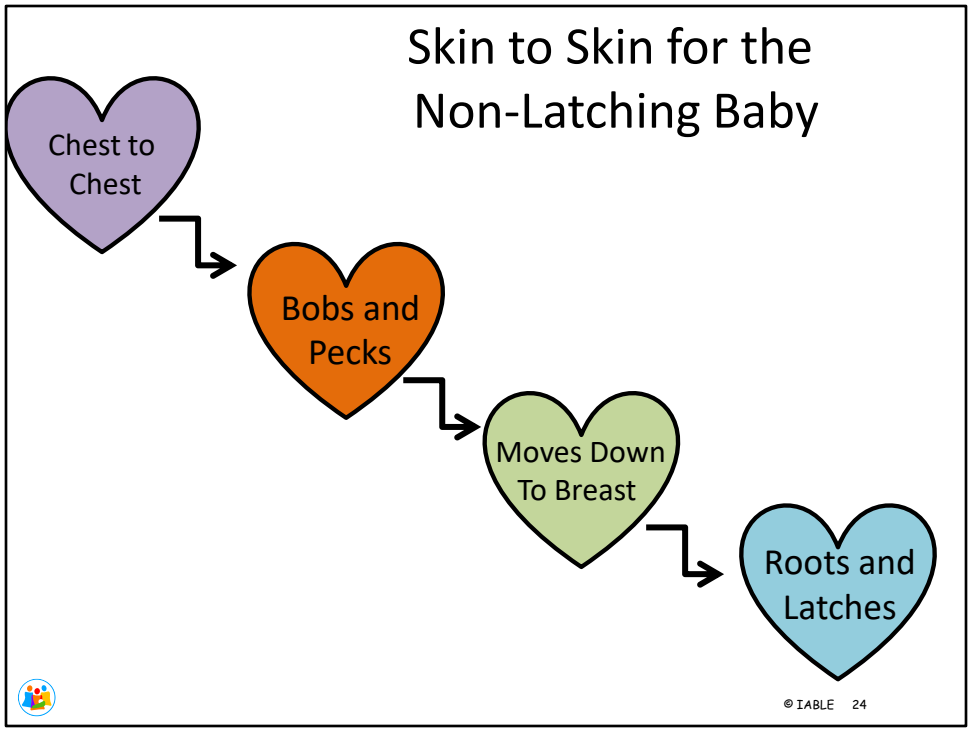
We discussed different ways to supplement in session 5.

For babies who have not latched to the breast, parents often start with finger feeding. But after 5-7 days of finger feeding, it is reasonable to discuss other faster options such as a cup or bottle.

If the milk production is low and the baby may be willing to feed from the breast with a supplementer. The Breastfeeding Champion can show the parent how to use this.

It is best to avoid using a nipple shield until seen by a lactation consultant.

Help the parent establish care with a lactation consultant.



(note- in this slide, each heart comes up with another click)

Skin to skin means holding the baby chest to chest with the lactating parent. The baby is stripped down to the diaper, and the parent is bare chested, no bra or shirt on. The parent should be in a reclining position, not straight upright, and not flat on their back

Chest to chest

The baby lies between the breasts so they are chest to chest.

Bobs and Pecks

The baby will gradually arouse, and initiate a bobbing and pecking behavior at the parent's chest, which is a hunger cue

Moves down to the breast-

The parent will feel the baby flinging towards one breast or the other. The parent should help guide the baby down in the direction the baby wants to go

Roots and Latches-

The baby will use her cheeks and mouth to find the nipple, and will use her vision to find the areola. Once the baby finds the nipple, the baby will attempt to latch.

Infant Led Latch Video

Click to Start

This video is a good example of a newborn placed skin-to-skin right after birth. The baby is allowed to find the breast himself.
Show the Infant Led Latch Video, click to start

This slide has the infant led latch video embedded

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

Why Not a Nipple Shield?

An easy fix

It's true, a nipple shield could be an easy fix.

Nipple shields might decrease prolactin

Nipple shields can reduce nipple stimulation. This means that the nipple does not sense the baby at the breast, decreasing the prolactin level, since the prolactin level relies on nipple stimulation. If the prolactin level drops, the production will drop.

Risk of insufficient milk transfer

Babies nurse differently when they use a nipple shield. Sometimes babies transfer milk better with a shield, but the shield often makes it harder to transfer sufficient milk, since the shield might make it harder to reach the glandular tissue.

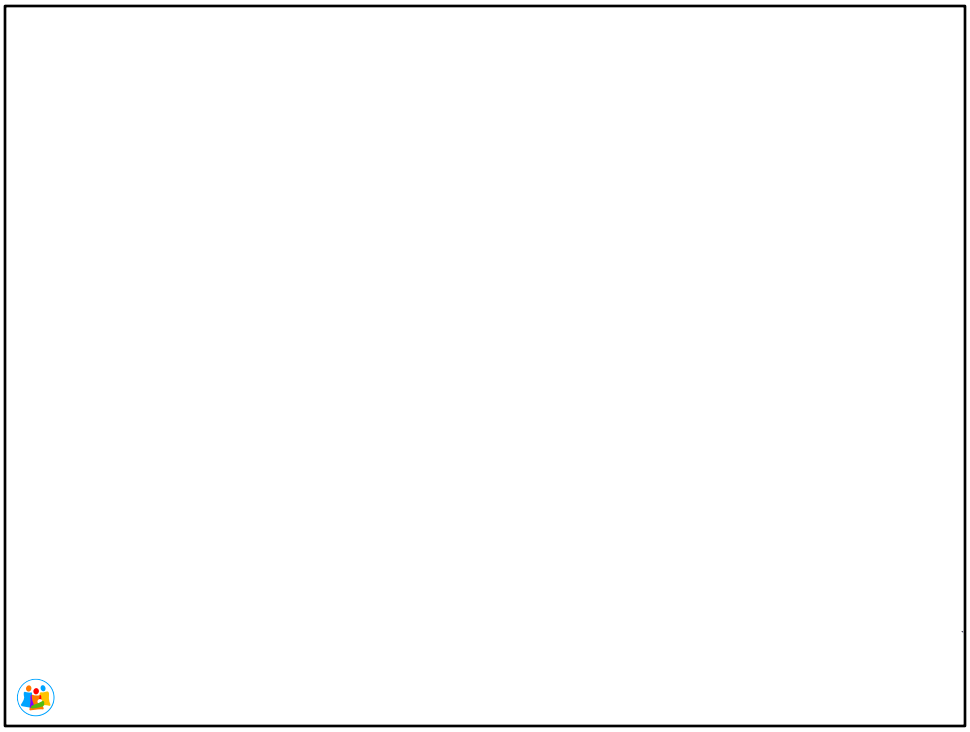
The parents needs to pump after nursing with the nipple shield.

The safest suggestion when using a shield is to advise the parent to pump after using the nipple shield, to help support milk production. Some parents do not need to do this because they are high milk producers. So, if a parent is using a nipple shield, they should start out pumping after nursing, but if the production is driven up too much, then it would be best to pump less often after feeding. This situation needs to be monitored closely.

A shield does not teach babies to nurse.

There is no evidence that a baby will learn how to nurse by using a nipple shield. In fact, a shield might make it harder for the baby to eventually latch, because the baby keeps looking for the rigidity of the nipple shield when he goes to the breast.

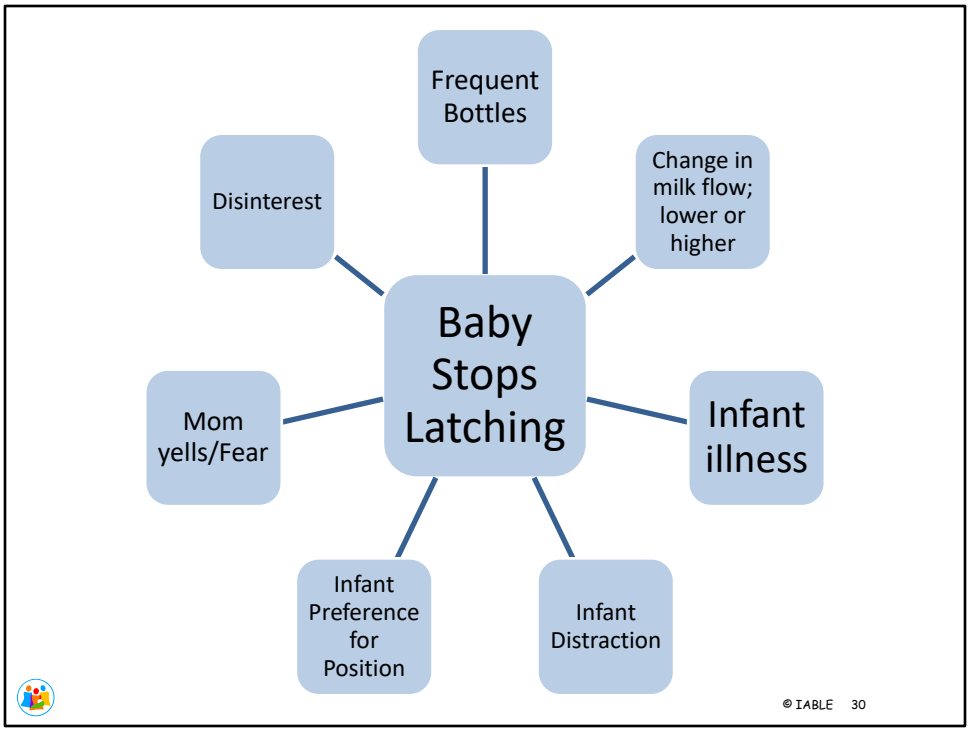
The nipple shield video will play on the next click



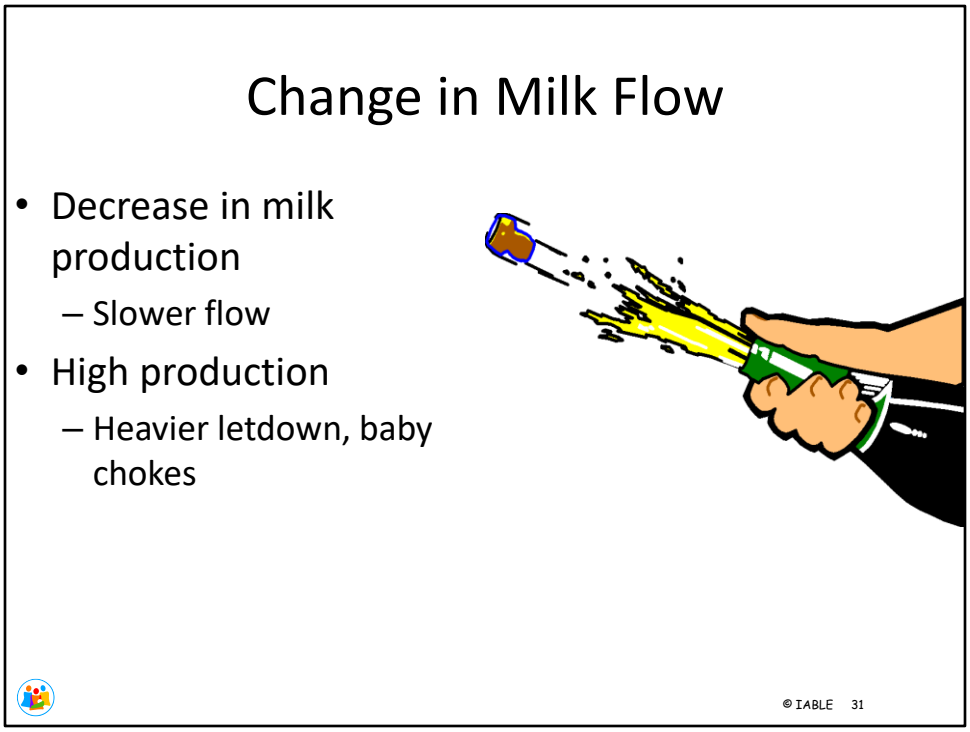
This slide has the nipple shield video embedded

The Baby Who Stops Latching or is Fussy at the Breast

Now we will talk about the baby who was latching well, and who stops latching or becomes fussy at the breast.



These are common reasons why babies stop latching at the breast. **This is a summary slide!**
We will discuss most of these in more detail in the next slides (all except Infant preference for position, and Mom yelling causing fear)



Change in Milk Flow

Decrease in Milk Production

Often this happens when the parent has gone back to work, and the baby has been receiving bottles at daycare. The parent's milk production drops because of pumping at work instead of nursing at home. Sometimes the baby will prefer the rapid flow from the bottle, and refuse to nurse.

High Production

Sometimes babies decide that they like one breast more than the other because one side might have a faster flow due to higher volume. The faster flow might be hard for the baby to handle, because the baby chokes on that side.

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

Low Milk Production

Low milk production can be a cause of the baby not longer latching.

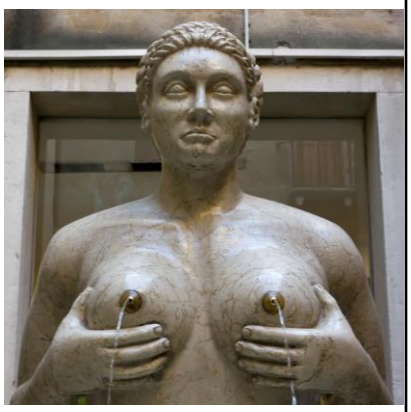
These babies often have a history of nursing well the first few days, but then becomes frustrated when they are hungry and the breastmilk production is too low. It can be like asking the baby to continue to suck on a pacifier when they are hungry. They won't, and will just cry.

Sometimes these babies have received bottles or supplementation with a finger feeder, so they decide that they no longer want to go to the breast where the production/flow is too low.

A supplementer at the breast works well for these babies, because the supplementer will provide more milk flow at the breast.

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
  - Lay back to nurse
  - Refer to a lactation specialist



Solution to Milk flow Problems

If milk production seems low:

Use the low milk production triage tool to trouble shoot reasons why the production might be low.

We discussed how to increase milk production in session 5

If production is too high and the let-down is too heavy:

Decrease excessive pumping- some parents pump after nursing to store extra milk, or because they feel insecure about their milk production. This only drives up the production and causes a more foreful letdown.

Stop galactogogues- if the production is too high, advise stopping substances that increase production

The parent can express the first let-down, then nurse. This is a short term solution until the parent sees a lactation specialist

Lay back to nurse- the baby will be at the same level or above the breast, so the milk flow does not pour into the baby's mouth (like being over a water fountain rather than lying under a garden hose)

Refer to a lactation specialist if these simple measures don't help.

Frequent Bottles
Some babies like a firmer stimulus to the palate when they nurse. This is especially true for sleepy babies.
They also might like the flow of the bottle, whether the bottle flow is heavier or slower than the breast.

Ask this question of the attendees. The next slide discusses this issue

Solution for Bottle Preference

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

Solution for Bottle Preference

Paced bottle feeding

We talked about this in the last session when we discussed bottle feeding.

Only bottle feed with baby facing parent/caregiver

Avoid having the baby 'watch the action' while taking a bottle. Some babies become accustomed to drinking a bottle while watching what is going on in the environment, such as other children at daycare, or even the TV that is on in the home. They might not want to breastfeed, because turning in towards the parent is not as stimulating/entertaining.

Reduce distractions when nursing

Suggest that the parent nurse the baby in a quiet room. Rocking, singing, and having a large necklace of beads or other objects for the baby to play with while breastfeeding may help.

Consider a supplementer at the breast

This may be needed if the milk production is low.

Infant led latch

For the baby who has gotten used to bottles. Good examples would be a lactating parent who has been away for a few days, and the baby has just been receiving bottles; or the parent who was pumping quite a bit due to sore nipples, and now is ready to nurse again. A helpful solution in encouraging breastfeeding is to start skin-to-skin when the baby is awake, alert, calm and not super hungry. Doing this in a bathtub helps to relax the baby. Relaxation helps to promote the infant's willingness

to suckle at the breast.

Infant Illness

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

Infant Illness

Several types of infant illness may keep the baby from latching for a few days. These include:

Nasal congestion

IF the nose is stuffy, the baby cannot breathe thru the nose, so it is hard for the baby to form enough of a seal while nursing in order to draw milk. Bottles can be easier when the nose is very stuffy. Advise the parent to use saline nose drops and suction out the nose before feeding. Use a humidifier to help manage nasal congestion.

Thrush or Mouth Sores

There are several different types of illnesses that can lead to mouth soreness, such as a sore throat, thrush, hand-foot-mouth disease, or herpes cold sores. The baby would also likely have trouble with a bottle. The baby should see a physician/provider, and may need pain medication.

Ear Pain

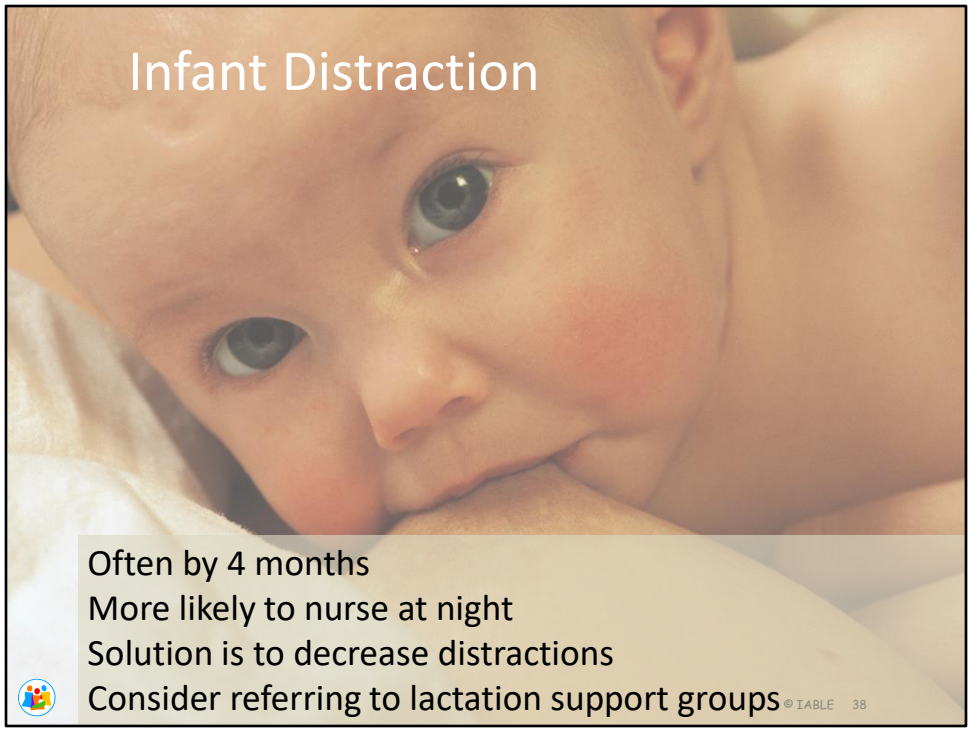
A baby might refuse to nurse if he/she has ear pain, since sucking and swallowing might cause more ear pain.

Nausea or Abdominal Pain

The most common condition in this situation would be gastro-esophageal reflux. Reflux often causes esophageal discomfort and nausea. These babies will squirm and cry during feeding, or just refuse to nurse as often. Weight loss or failure to gain is common, and the baby needs to see the provider for this problem.

Pain from Recent Surgery

A baby who has had recent head or neck surgery might need pain medication or special positioning to make sure that nursing is comfortable.



Infant Distraction

Often by 4 months

The infant may only nurse when relaxed, or half asleep. Often these babies will nurse better at night than during the day. This often leads to 'reverse cycle nursing'.

The solution is to decrease distractions, by nursing in a quiet room as we have discussed. The parent should try to avoid being on the phone or computer and stay focused on the baby.

Consider referring to lactation support groups – the parent might find that peer support is helpful, such as hospital or other community postpartum support groups, La Leche League or Baby Cafe

Disinterest

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

Disinterest

Commonly occurs at 6-10 months.

Some babies at this age are determined to work on their motor skills, and don't want to relax in the parent's arms.

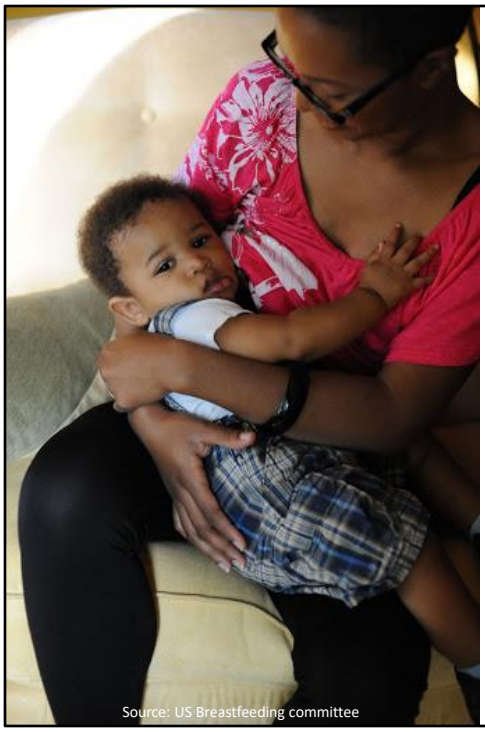
Starting solids can sometimes lead babies to having less interest in nursing. They might prefer eating solids, and even taking a bottle can be difficult. Receiving bottles during the day also can lead to disinterest, especially as the baby is older.

Often infant is self-weaning

The baby is often indicating a desire to take nutrition in other ways, e.g. with solids, a bottle or cup.

Very hard to get these babies to nurse

It can be very difficult to encourage these babies back to the breast. The best way is to try to nurse when they are very relaxed, such as in the middle of the night, or in a bathtub, or when just emerging from a nap.



Triage Tool Fussy at the Breast Group 2

Group 2 takes out the script Fussy at the Breast, Group 1 is are the Breastfeeding Champions
This is mom's 4th baby
The baby is now 7 weeks old
The baby is very fussy at the breast. He squirms, pops on and off, and cries after feeding, but not for every feeding
She feels that her milk production is normal, not too high, not too low
The baby is somewhat spitty between feedings
The baby does not have mucous or blood in the stool
The baby is fussy all the time, but more at night

- This is mom's 4th baby
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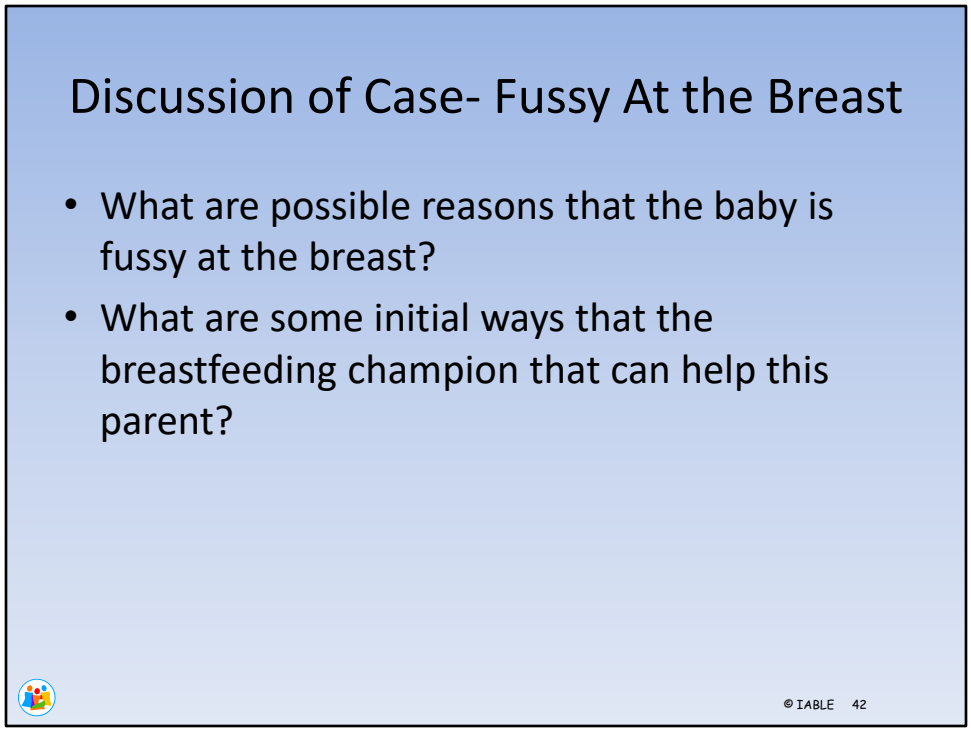


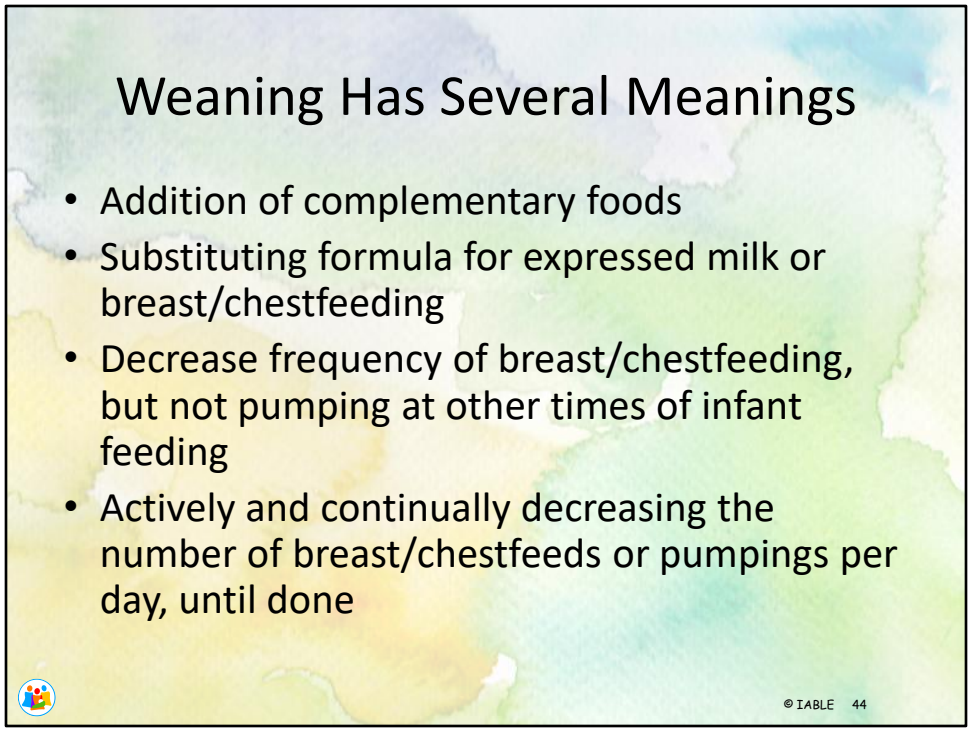
What are possible reasons that the baby is fussy at the breast?

- GERD
- High production at times
- Low production at times
- Stuffy nose
- Colic

What are some initial ways that the breastfeeding champion that can help this parent?

- Help her figure out exactly when the baby is fussy, ie at the beginning or end of a feeding, or more at night than in the am. By figuring out the pattern, it will be easier for everyone to understand what is happening
- Make sure that medications or stimulants in mom's diet don't play a role.
- Have her come in for a weight check to be sure that the baby is not fussy due to insufficient calories
- Refer to a lactation consultant

Our next topic is weaning



Weaning has Several Meanings

Addition of complementary foods, which means adding solids at 6 months of age

Substituting formula for human milk or breast/chestfeeds

If the baby is weaning under a year of age, formula replaces expressed milk or breastfeeding. If weaning after a year of age, other foods such as milk or water might fill in for a nursing episode.

Decrease frequency of breast/chestfeeding, but not pumping at other times of infant feeding.

This means that the baby is nursing less often, but not receiving bottles of expressed milk. Instead, the nursing episodes are replaced by other foods or drinks.

Actively and continually decreasing the number of breastfeeds or pumpings per day, until done.

This tends to be the most common interpretation of weaning.

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

The Decision to Wean

The lactating parent makes the decision to wean for many reasons.

Sometimes weaning is a health recommendation.

Perhaps the parent has to be treated for cancer or another serious illness.

Most of the time, lactating parents make their own decision to wean.

Parents often hear from other people that they should wean. This might happen when the parent complains about nursing difficulties, such as the baby being up at night, the stress of pumping at work, the baby biting, sore nipples, or a drop in milk production. The response from many people tends to be 'why not just wean?' Lactating parents need more support than that.

They should decide for themselves when to wean, and should not be told by families and friends when it is time to do so.

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

Reasons Why Weaning Happens Early

These are taken from the United States Surgeon General's Call to Action for Breastfeeding Support published in 2011

Breastfeeding Problems

Low production, Breast pain

Lack of knowledge

Many lactating parents are not aware that help is available, or who to call. That is why you are here, being trained as breastfeeding champions!

Lack of support

Pressure from family and spouse

Poor medical advice- in other words, receiving inappropriate advice from the doctor's office such as being told to pump and dump for 10-14 days while on an antibiotic.

Lack of confidence

Uncomfortable nursing in public

Some lactating parents are worried that their poor diets might affect the quality of their breastmilk or they are worried re infant weight gain

Going back to work

Some lactating parents don't feel comfortable advocating for themselves at work. Some parents are in nearly impossible work situations where maintaining lactation is just not an option, such as surgeons who have to be in a surgery for 10 hours and cannot leave.

Parent-led Weaning

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

Parent-Led Weaning
Weaning can be lead by the lactating parent or by the baby. We will first talk about Parent-led weaning

The lactating parent can wean in a few ways.
The parent can drop feedings over time.
Parents can also stop nursing abruptly and just pump
We will talk about these 2 strategies in the next few slides

Dropping Feedings

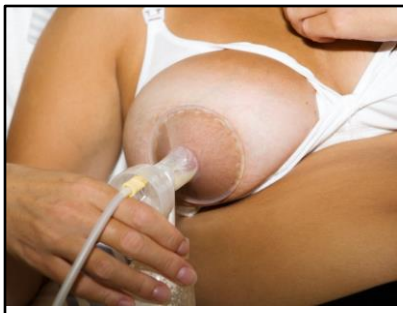
- The lactating parent drops one feeding, and gives formula or stored milk
- The pumps slightly to comfort as needed
- Once comfortable, drop another feeding at another time of day
- When down to last feeding, may need to pump a day or two later

Dropping Feedings

The lactating parent drops one feeding, and gives formula or stored milk. They do not pump, or pumps slightly to comfort if feeling too full until the next feeding.

Once comfortable, they will drop another feeding at another time of day. So, for example if they first drop a nursing at 5 pm, once the body adjusts to dropping this feeding, drop a morning feeding. The parent may want to wait about 2-3 days before dropping another feeding.

When down to last feeding, the parent may need to pump a day or two later. Sometimes parents are surprised that they feel full and have milk present 3-5 days after the feeding at the breast. They should be advised that even though they feels 'done' after the last nursing, milk might accumulate over several days, and they might need to pump a few more times over the next few weeks. They should only pump to comfort, and not fully drain the breasts.



Weaning by Just Pumping

- Take the baby off the breast, and just pump
- Gradually increase interval of time between pumping sessions, and only pump to comfort
- After dropping last pumping, may need to pump several days later

Weaning by just Pumping

Take the baby off the breast, and just pump.

In this situation, the parent takes the baby off the breast completely, and no longer nurses the baby. Instead, they put themselves on a pumping schedule.

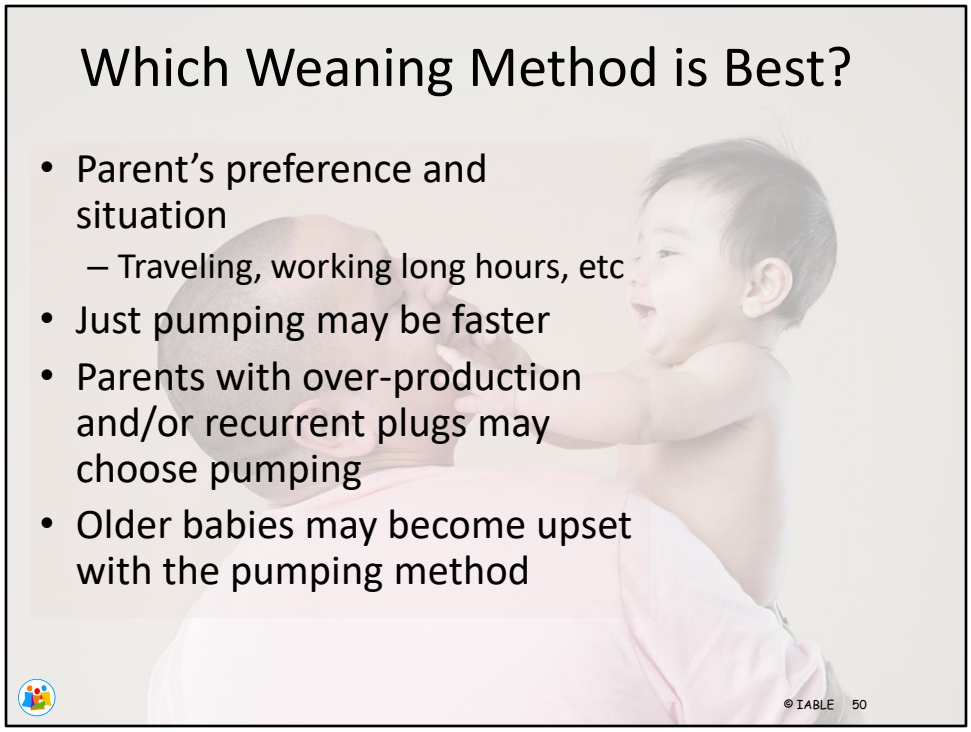
Gradually increase interval of time between pumpings, and only pump to comfort.

For example, if the baby was nursing 4 times a day before the plan to wean, the parent pumps every 4-6 hours, just to comfort. Once comfortable with this schedule, they extend pumping to every 8 hours. Once comfortable with every 8 hours, extend to every 10-12 hours.

The rate of weaning by pumping varies, depending whether the parent is a big milk producer or not, or she is prone to plugs.

After dropping the last pumping, the parent may need to pump several days later.

This is the same issue we discussed on the last slide, where milk may accumulate over the course of several days.



Which Weaning Method is Best?

The parent's preference and situation.

If the parent is traveling or working long hours, it may be easier for to just pump.

Just pumping may be faster.

For parents in a hurry to wean, just pumping may be a faster option.

Parents with overproduction and/or recurrent plugs may choose pumping.

Babies can be erratic with feeding, and if the parent is prone to plugs if feeding or pumping is not right on time, then weaning by pumping can be more exact. Some parents need to wean very, very slowly, such as increase the interval of pumping by an hour every 2 days. This is harder to do while nursing.

Older babies may become upset with the pumping method.

It can be very traumatic for the parent and child if the parent abruptly weans the toddler who loves to nurse. Weaning usually is slow in these situations, and the parent needs to work with the toddler on gradually dropping nursing sessions.

Breast Comfort During Weaning

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

Breast Comfort During Weaning

Always pump to comfort, avoid removing all milk
When the parent fully empties the breasts, the breasts are stimulated to increase production. By leaving milk in the breast at the end of pumping, the production will decrease.
Medications to reduce milk production:
Sometimes lactation consultants will suggest substances to reduce milk production. These include: sage, peppermint, pseudoephedrine
The birth control pill with estrogen will also reduce the production, so this is an option when the parent is trying to wean and they were planning on using the combined birth control pill for contraception.

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

Child- Led Weaning

This means that the child will decide when he/she is done nursing.

Typically older babies and children

Young babies tend not to wean themselves off the breast, unless they are given lots of bottles and for some reason don't like to nurse. This can happen if the milk production is too low, or the flow is too fast. In those situations, we try to help parents encourage the baby back to the breast.

In child-lead weaning, older babies will decide that they don't want to nurse anymore. This usually does not start until 8 months or older, when they are more active and eager to explore their environments. They may enjoy solid foods, watching the world when taking a bottle, or using a sippy cup instead of nursing.

The parent continues to nurse whenever the baby or child desires.

If the baby does this rather suddenly, the parent might need to pump to comfort, to help the body adjust.

The parent may not have a plan or date in mind for weaning.

Parents who plan to let the child lead the way for weaning often don't have a date in mind for weaning, they are 'going with the flow'.

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 breast/chestfeed longer
  - Parents learn that they can have some control

Toddler Nursing

Variety of nursing styles- Toddlers nurse for lots of different reasons. They may come to their parent to nurse when hungry, tired, bored, mad, shy, frightened, etc. Therefore toddlers differ in their nursing patterns.

Toddlers drive feeding pattern- sometimes parents allow the toddler to determine when nursing happens, so the frequency will vary

Parents determine feeding pattern- the lactating parent determines when the child will nurse. Many parents are not comfortable having the toddler determine when nursing will happen. Sometimes toddlers will demand to nurse in public where the parent is not comfortable, or they don't like having the toddler lift up their shirts. This behavior can lead to mother's desire to wean. Parents can be taught that they can control this behavior by setting routines, such as just nursing before sleep and naps, or just after meals. Teaching parents how to develop a breastfeeding routine for a toddler often helps parents breast/chestfeed longer, because they have more control over when nursing happens.

The parents learn that they can be in charge. Sometimes this is the first form of rule-setting that a mother/family does.

Weaning Toddlers

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

Weaning Toddlers

Start with having a feeding routine- Once the toddler has a breast/chestfeeding routine, it is easier to drop each structured feeding session, one at a time.

Start by dropping the easiest nursing times

Distract with playing, toys, treats

Separation from toddler – for example, if trying to stop feeding after nap time, try to have someone else at home when the child wakes up from a nap, so he becomes used to not automatically nursing after a nap.

Change routines at home- For example, have someone else put the child to bed at night to break a ritual of feeding before bed. Or, plan on taking the child outside after lunch rather than nursing on the couch.

Anticipatory guidance for children over 2- children over 2 want to be reasoned with. So, encourage the parent to talk to the child about the strategy for weaning. Choose a date in the future, such as Christmas or someone's birthday, and explain that this will be the last time that breast/chestfeeding will happen. Talk to the child about substitute strategies that will help the child fall asleep at night, or how to feel loved and close to the parent when waking up in the am.

Breastfeeding Champion Role in Weaning

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

Breastfeeding Champion Role in Weaning

Support the lactating parent in finding their solution for weaning
Review their options that we've just discussed about parent led and child led weaning. Parents sometimes feel conflicted about why they are deciding to wean, so they often appreciate a discussion and counseling about this.

Offer community resources for support
For many communities, the main support is La Leche League, but some communities also have mother-baby groups at stores or hospitals. Some communities have Baby Café groups.

Tandem Nursing

- The lactating parent continues to breast/chestfeed 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

Tandem Nursing

The lactating parent continues to nurse the infant or toddler through pregnancy

It is reasonable to advise nutritional counseling during pregnancy

A few studies have shown that the fetus may be smaller when the parent is nursing during pregnancy, due to a need for more calories.

The parent nurses both infant and toddler for as long as desired.

Toddler often nurses after the baby

Some parents prefer having the toddler nurse from one side, and the newborn from the other side

Toddler can help maintain production

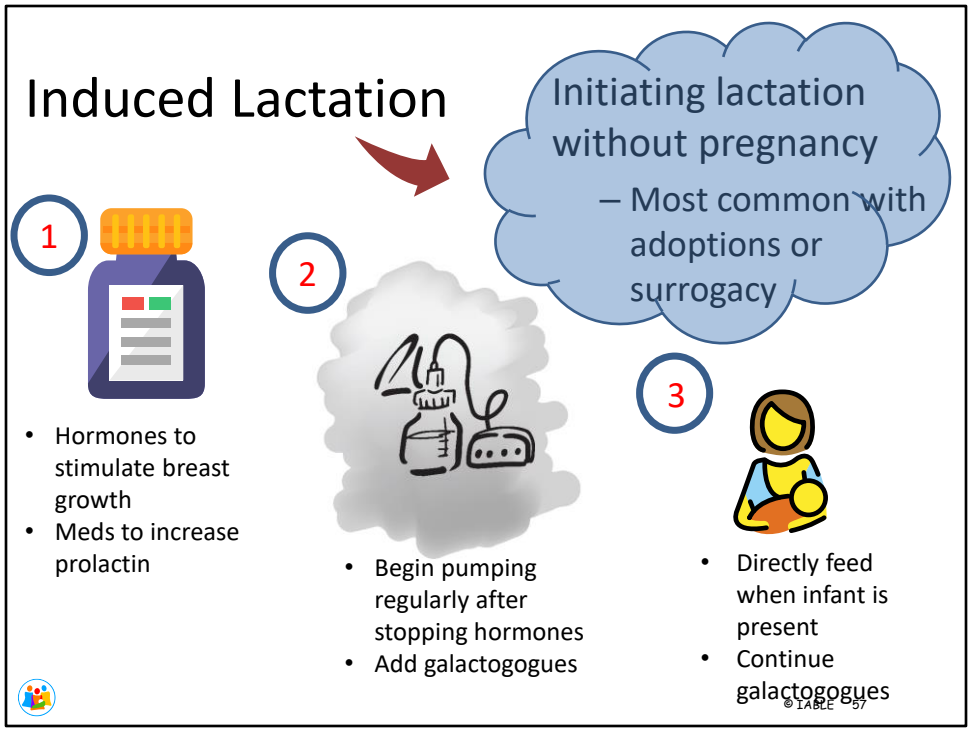
The toddler can help to boost or sustain the milk production if the newborn is not doing so.

Toddler stays healthier

Studies show that nursing toddlers have a lower risk of ear infections and diarrhea.

Typically no concerns about infant growth

Tandem nursing is not usually a nutritional for the newborn. The parent will make more milk if she is nursing both.



Induced Lactation

Initiating lactation without pregnancy.

Induced lactation is the process of bringing on lactation without having a pregnancy

Most common with adoptions or surrogacy, and sometimes a pregnant person's partner will choose to induce lactation.

Typical preparation:

Hormones, usually oral contraceptive pills

The birth control pill is often given for 1-6 months to mimic pregnancy. Once the pill is stopped, the woman will start to pump.

Galactogogues

Once the parent starts to pump, they will add a medication to increase lactation, such as domperidone, moringa, shatavari.

Frequent pumping

Pumping frequently is the most important aspect of preparing for lactation. The paremt can manually express instead of pumping. However, some parents don't want to put the time or effort into bringing on lactation before they are with the baby. This is the case for families who have no idea when they will receive an adoption.

If a person does not prepare ahead of time, they can put the baby to the breast with a feeding tube providing a supplement. Over time, if the baby nurses regularly, the milk will gradually increase. They would benefit from taking galactogogues in this situation.

Re-Lactation

- Initiate breast/chestfeeding 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

Re-Lactation

Initiate breast/chestfeeding after weaning

The difference between induced lactation and re-lactation is that the those re-lactating recently lactated and are bringing the milk back. They can do this much faster and easier than a person who is inducing lactation, who has not ever lactated. Common re-lactation situations that you might encounter:

Adoption

Adopting a baby within several months or a year of weaning

Parental illness

The parent was very ill, and had to wean. Once healed, the parent decides to bring milk production back

Infant intolerance to formula

The parent decides to wean, the baby cannot tolerate formula, so the parent decides to bring milk production back

Change of heart

The parent weans and decides that they would rather be nursing

Provide donor milk to relative/friend

A person who recently lactated may feel compelled to supply human milk for a friend or relative's baby.

For person with a history of healthy production, expect about 6-8 weeks to re-establish milk production.

Lactating Parents' Diet and Breastfeeding

- 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, should be eaten 2-3 times a 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)

Lactating Parents' Diet and Breastfeeding

Drink water to thirst- There is no evidence for a prescribed amount of water, such as 8 or 12 glasses of water a day. Every one has different needs, depending on exercise, weather. A diet that is rich in soups and fruit/veggies may need less fluid. The best guidelines on water intake:

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, should be eaten 2-3 times a week

DHA is very important for the infant brain, especially for premature infants. Fish is a safe food, particularly fish that are low in contaminants. The FDA has a website that categorizes safe and unsafe fish. A serving of fish is approximately the size of the adult palm of the hand

If dietary restriction or malabsorption, have vitamin levels tested by provider

Vegan- consider having the parent checked for vitamin B12
Stomach bypass surgery- typically the vitamin levels are checked by the bariatric provider

Rapid significant weight loss may decrease milk production Best to avoid losing more than 2-4 pounds a month

Lactation requires ~500 calories per day, assuming the parent is feeding 1 child

Lactating Parent's Diet and Infant Fussiness

- Most foods do not cause GI symptoms in the infant
  - Occasional gas with cruciferous veggies
- Dairy can increase GERD symptoms
  - No need to stop all dairy- reduce # of servings
- Coffee, tea, chocolate -watch for infant irritability

Lactating Parent's Diet and Infant Fussiness

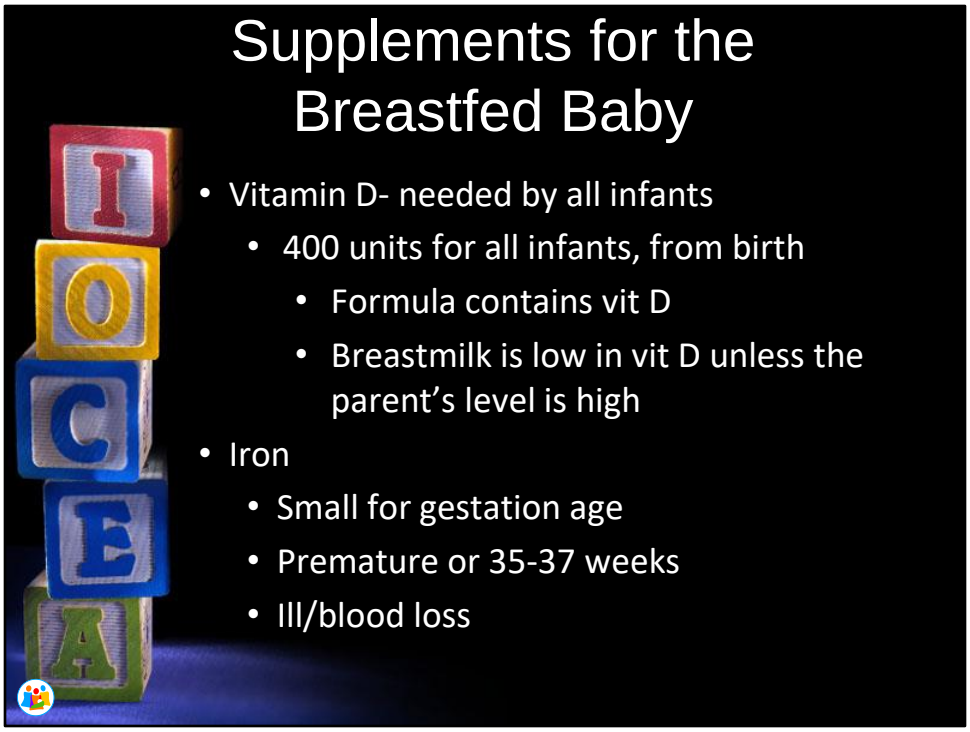
Most foods do not cause GI symptoms in the infant

Occasional gas with cruciferous veggies

Dairy can increase GERD in the infant. Some infants seem to have general stomach upset and fussiness, improved with a decrease in dairy in the parent's diet

Coffee, tea, chocolate OK- watch for infant irritability

Next we are going to talk about complementary foods



Supplements for the Breastfed Baby

- Vitamin D- all babies need vitamin D.
  - 400 units is needed for all infants, from birth.
    - Formula contains vit D. Babies need to drink at least 17 ounces of formula a day to get enough vitamin D from the formula. So nursing babies who are supplemented with less than 17 ounces of formula a day should continue 400 units of vitamin D supplement daily. There is no harm in continuing the 400 units of vitamin D even if the infant is taking 17 oz or more of formula.
    - Breastmilk is low in vit D unless the lactating parent's level is high. Some families have been interested in having the parent take extra vitamin D to boost vitamin D in breastmilk. Vitamin D does go into breastmilk. The parents have to take somewhere around 6000-7000 units a day to raise the breastmilk vitamin D level high enough for the baby's needs. The most reliable method is to measure mom's vitamin D level. If ~50, she should have adequate amount in their breastmilk. The amount of vitamin D needed does depend on the parent's BMI. The higher the BMI, the more vitamin D that is needed in the diet.
- Iron- Some babies are born with low iron stores. Waiting for the cord to stop pulsing at birth helps to give babies an extra iron transfusion at the time of birth.
  - •Small for gestation age- babies who are SGA tend to have lower iron stores
  - •Premature or 35-37 weeks- premature or late preterm babies (35-37 weeks) often don't have enough iron stores to wait until they start eating iron rich foods.
  - •Ill/blood loss- some babies have had blood loss, and have been instructed by their

doctors to take extra iron

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

Risks of Early Introduction to Complementary Foods

Start solids at 6 months of age-
As we've discussed already, lactating parents are advised to breastfeed exclusively until 6 months.
Increased risk of colds, diarrhea, and asthma
We know from studies that babies are at higher risk for colds and diarrhea if they start solids before 6 months of age
Decreased protection from breastfeeding because of lower volumes of breastmilk.

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

- Parents think that under 6 months is fine
  - Often instructed by provider
- The baby seems hungry
- The baby shows interest in solids
- The baby might sleep better at night

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

Parents think that under 6 months is fine- Often parents are told by their baby's health provider that babies can start solids by 4 months. This is no longer the recommendation by AAP, World Health Organization, or American Academy of Family Physicians

The baby seems hungry- If the baby seems hungry, the baby should be breastfed more. If the lactating parent knows that they don't not have enough breastmilk, it is healthier for the infant to receive formula rather than solids before 6 mo of age.

The baby shows interest in solids- It is not uncommon for a baby under 6 months to watch family members eat and show interest. This does not mean they are ready for solids. They would also try to grab telephones but they cannot dial or talk on the phone yet.

The baby might sleep better at night- Studies show that giving solids in the evening does not promote better or longer sleep

Complementary Foods High in Iron

- Human milk fed infants need high iron foods
  - Iron needs increase as baby grows
    - Volume of breastmilk/iron has not increased
  - Infants are low on fetal iron stores
  - Foods High in Iron
    - Meat
    - Stewed dried fruits
    - Lentils, peas, beans
    - Dark leafy veggies
    - Fortified cereals

Human milk fed infants need high iron foods

Iron needs increase as the baby grows

A 6 month old baby takes the same volume of breastmilk as a 2 month old, but the 6 month old has higher requirements of iron. Complementary food should have plenty of iron to help provide this to the baby

Infants are using up fetal iron stores

Fetuses store up large amounts of iron before birth, and use that iron during growth after birth. Much of this iron is used up by 6-9 months of age, so the infant needs to find more sources of iron.

A baby born small-for-gestational-age or premature has lower iron stores than a full-term baby, so will often need iron supplementation in the first 6 months of life.

Foods High in Iron

Meat, Stewed dried fruits, Lentils, peas, beans, Dark leafy veggies, Fortified cereals

Conclusions Session 6

- Many reasons why a baby fusses or refuses to latch onto the breast are treatable.
- 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.

Conclusions Session 6

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