

Establishing breastfeeding

Part 2: Common pathway variances



45 minutes

Towards CPD Hours

References:

Queensland Clinical Guideline: Establishing breastfeeding is the primary reference for this package.

Recommended citation:

Queensland Clinical Guidelines. Establishing breastfeeding clinical guideline education presentation E21.19-2-V5-R26. Queensland Health. 2021.

Disclaimer:

This presentation is an implementation tool and should be used in conjunction with the published guideline. This information does not supersede or replace the guideline. Consult the guideline for further information and references.

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Abbreviations

BF	Breastfeed/breastfeeding/breastfed
EBM	Expressed breast milk
MER	Milk ejection reflex
PPH	Post partum haemorrhage
RPS	Reverse pressure softening
SIDS	Sudden Infant Death Syndrome
SSC	Skin to skin contact

Learning outcomes

At the end of this presentation and in relation to establishing BF, the participant will be able to outline:

- Recommendations regarding hand expressing, supplementation and alternative feeding methods
- Responsibilities regarding labelling and storage of EBM
- Advice to mothers about dummy/pacifier use
- Common BF concerns and management

Expressing breast milk

- Offer to show all mothers how to hand express
- Useful to:
 - Express on to nipple to encourage sleepy baby to feed
 - Soften breast if overfull
 - Provide supplement if BF ineffective or mother away from baby



Supplemental feeding

- May be indicated due to health concerns
- Maternal EBM is feed of choice
- Volume
 - If baby partially breastfeeding, assess BF first
 - Give sufficient volume to maintain hydration and nutrition
 - For a healthy term baby, offer no more than 10–15 mL per feed in the first 1-2 days

Labelling and storage of EBM

- Develop local protocols for:
 - Labelling (full name, date of birth and hospital record number as minimum standard)
 - Check and sign prior to administration
- Breast milk storage as per Personal Health Record Booklet: *Your guide to the first 12 months*



Infant formula supplementation

- Follow local protocols for supplementation (e.g. consent, access to infant formula demonstration area)
- When mother considers stopping breastfeeding:
 - Explore reasons and offer additional support
 - Inform of difficulties associated with re-establishing BF
 - Respect and document decision

Alternative feeding methods

- Little evidence about safety or efficacy of most methods and effect on BF (e.g. cup, dropper, syringe or spoon, bottle/teat)
- Consider: Preference, cost and availability, ease of use and cleaning, whether adequate milk volume can be fed in 20–30 minutes, if for short or long-term use
- Follow local protocols for:
 - Use and care of equipment
 - Clinical education and training

Dummy (pacifier) use

- Before 4 weeks, use is associated with decreased duration of BF and BF difficulty
- Probable association between dummies during sleep and decreased risk of SIDS
- Inform parents of advantages and disadvantages
- Recommend delay until BF established
- Document informed decision to use

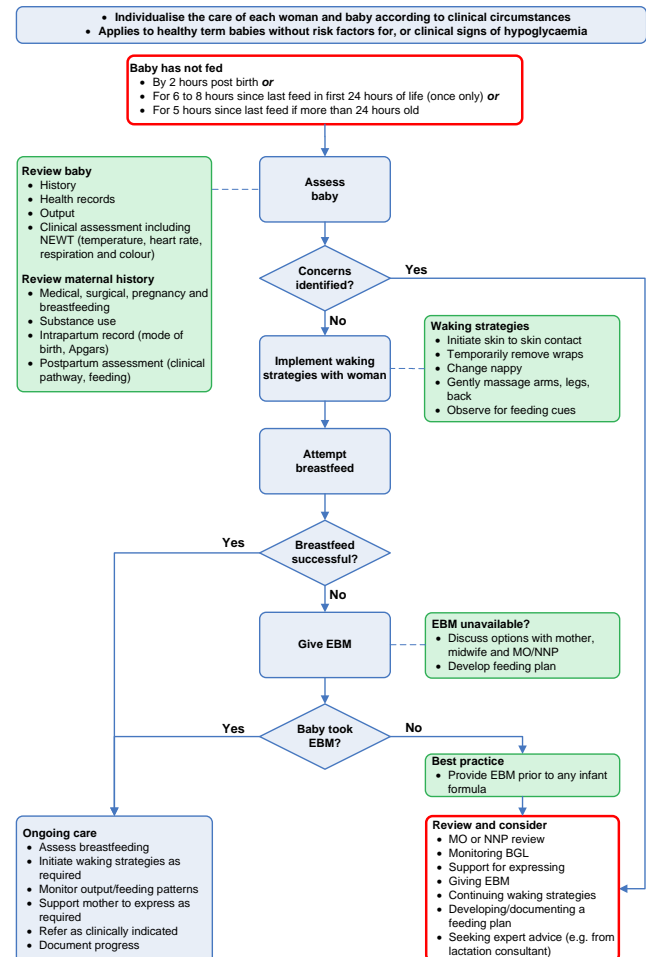
Common concerns

- Review history and assess BF
- Apply supportive care practices such as SSC
- Develop plan
- Feed baby
- Encourage expressing if indicated
- Refer to specialist if concerns persist and/or interventions require monitoring after discharge from service

Common concerns

Sleepy baby – no feeding cues

- Prolonged periods of not breastfeeding require investigation
- Exclude causes e.g. effect of maternal analgesia, birth process and illness
- Offer reassurance as usually temporary



Common concerns

Alert baby unable to attach—baby related

- Reasons include birth trauma and ankyloglossia (tongue-tie)
- BF support may be beneficial and sufficient
- Only offer breast whilst baby calm
- SSC may help baby self-regulate to calm state for BF
- Holding/pushing baby's head or forcing to breast is counterproductive and distressing

Common concerns

Alert baby unable to attach—baby related

- Suspected tongue-tie requires prompt assessment to determine whether interfering with feeding
- If affecting breastfeeding, refer to experienced health professional for thorough functional assessment

Common concerns

Alert baby unable to attach—mother related

- Reasons include inverted or flat nipples, areola engorgement or oedema
- Nipple obliterated – baby has difficulty grasping
- Compress and massage areola to soften and make nipple prominent
- Encourage RPS or hand expressing before BF
- EBM on nipple to encourage baby
- Shape breast/compress areola
- Nipple shields may be indicated once milk is flowing well

Common concerns

Delay in secretory activation and poor milk transfer

- Investigate delay in secretory activation
- Causes include PPH, diabetes and obesity
- Causes of low production include: breast surgery, hypoplastic breasts, chronic disease, medical
- Common cause of poor transfer is sub-optimal attachment
- Assess BF and review history
- Triage for early post discharge surveillance

Common concerns

Nipple pain and trauma

- Causes include sub-optimal positioning, tongue-tie, retracted nipples, poor skin health, vasospasm
- Most report a decrease in pain 7–10 days after birth regardless of treatment
- Beyond 1st week—consider infection or vasospasm
- Limited evidence about effectiveness of treatment
- Review BF
- Soften areola with RPS to enable baby to grasp
- Refer if persists beyond 1st week or infection suspected

Common concerns

Engorgement

- Breast swelling and distension during BF initiation
- Less likely with frequent BF in first 48 hours
- Discomfort/pain occur most commonly days 3–5
- Encourage RPS and hand expressing before BF so baby can BF effectively
- Manage discomfort—cold packs, paracetamol and ibuprofen
- Provide anticipatory guidance of possibility of engorgement after discharge

Common concerns

Blocked duct

- Presents as a tender lump in an otherwise well women
- Improve milk removal—feed more, massage and express, apply heat to facilitate milk ejection
- Supportive care—rest, fluids, nutrition, analgesia

Common concerns

Mastitis

- Tender, hot, swollen, wedge-shaped area of breast
- Temperature of 38.5 °C or greater, chills, flu-like aching
- May involve bacterial infection
- Common during first 6 weeks
- Manage as for blocked duct
- Antibiotics if no improvement within 12–24 hours or if acutely ill