Establishing breastfeeding Part 1: Normal pathway

45 minutes

Towards CPD Hours

References:

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

Recommended citation:

Queensland Clinical Guidelines. ***Establishing breastfeeding*****:** Clinical guideline education presentation E16.19-1-V3-R21**.** Queensland Health. 2016.

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.

Feedback and contact details:

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Abbreviations

BFHI	Baby Friendly Health Initiative
BF	Breastfeed/breastfeeding/breastfed
BMI	Body Mass Index
CS	Caesarean section
HCP	Health care provider
HIV	Human immunodeficiency virus
HSV	Herpes simplex virus
MER	Milk ejection reflex
NHRMC	National Health and Medical Research Council
PKU	Phenylketonuria
SIDS	Sudden Infant Death Syndrome
SSC	Skin to skin contact
The Code	International Code of Marketing of Breast-milk Substitutes
WHO	World Health Organisation
<	Less than
≥	Greater than or equal to

Learning outcomes

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

- The importance of BF
- Situations that require BF to be avoided
- Care to support BF
- How to assess and facilitate BF
- Care post discharge to support continued BF

Introduction

- BF is the normal way of providing babies with nutrients required for growth and development
- BF has both health and economic importance in both developed and developing countries

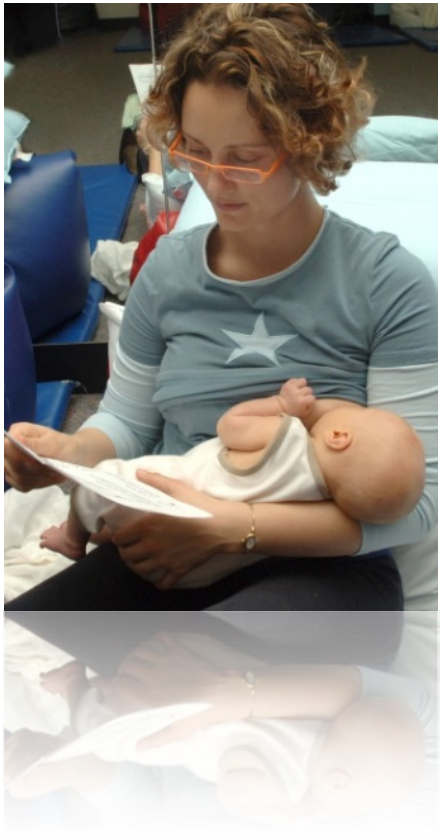
- BF has a positive impact on mother-baby relationships supporting mutual responsiveness and attachment

Importance for babies

- Increased intelligence
- Reduced risk of:
  - Infection and infection related hospital admissions morbidity and mortality
  - Overweight/obesity
  - Type 2 diabetes
  - Malocclusion and dental caries
  - Childhood leukaemia
  - SIDS

Importance for women

- Decreased risk of:
  - Breast cancer
  - Ovarian cancer
  - Type 2 diabetes
- Lower postmenopausal BMI



Recommendations and incidence

- NHRMC:
  - Exclusive BF until around 6 months
  - Continue BF with addition of appropriate complementary foods until 12 months of age and beyond

- WHO
  - Exclusive first six months
  - Continue BF for up to two years of age or beyond
- While most women initiate BF, Australian rates decline to ~ 50–60% at six months

BF cautions

- Not recommended with/if:
  - Galactosaemia, Maple syrup urine disease, PKU (some BF may be possible with careful monitoring), HIV positive, some medications
- Temporary avoidance
  - Severe maternal illness, Hepatitis C if nipples bleeding, HSV type 1on breast, concerns about baby's health, some medications
- Consider:
  - Reference to breast milk pharmacopeia
  - Specialist support if woman decides to BF despite risk
  - Support to express

Clinical standards

- Develop protocols & systems to support BFHI principles - Support BFHI *Ten steps to successful BF* and *"The Code"*
- Include BF in antenatal and parent education
- Respect and support a woman's feeding decision
- Offer extra support when required
- Support HCP to:
  - Access education and training
  - BF during employment

Ten Steps to Successful BF

Step 1	Have a written BF policy routinely communicated to health care staff
Step 2	Train all health care staff in skills necessary to implement policy
Step 3	Inform all pregnant women about the benefits and management of BF
Step 4	Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to BF, offering help if needed
Step 5	Show mothers how to BF, and how to maintain lactation even if they are separated from their infants
Step 6	Give newborn infants no food or drink other than breast milk, unless medically indicated
Step 7	Practise rooming-in (allow mothers and infants to remain together), 24 hours a day
Step 8	Encourage BF in response to cues
Step 9	Give no artificial teats or pacifiers (also called dummies or soothers) to BF infants
Step 10	Foster establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic

Summary of the WHO Code

Advertising	No advertising or promotion of breastmilk substitutes, including infant formula and complementary foods, beverages, bottles, teat
Samples	No free samples to mothers, families or health care workers
Health care facilities	No promotion of products to the public No company nurses to have access to and/or advise women No gifts or personal samples to health workers No free or low-cost supplies to be given
Information	No words or pictures idealising artificial feeding, including pictures of infants on product labels Information to health workers should be scientific and factual
Labels	Information on artificial infant feeding, including labels, should explain benefits of bf, and costs and hazards associated with artificial feeding
Products	Unsuitable products should not be promoted for babies. All products should be of high quality and take account of climatic and storage conditions of the country in which they are to be used

Antenatal care

- Share information
- Recommend Iodine 150 micrograms daily
- Ask about previous BF experience
- When appropriate:
  - Offer breast examination and referral
  - Develop and communicate a feeding plan
- When women decide not to BF:
  - Respect, support and document

Skin to skin contact (SSC)

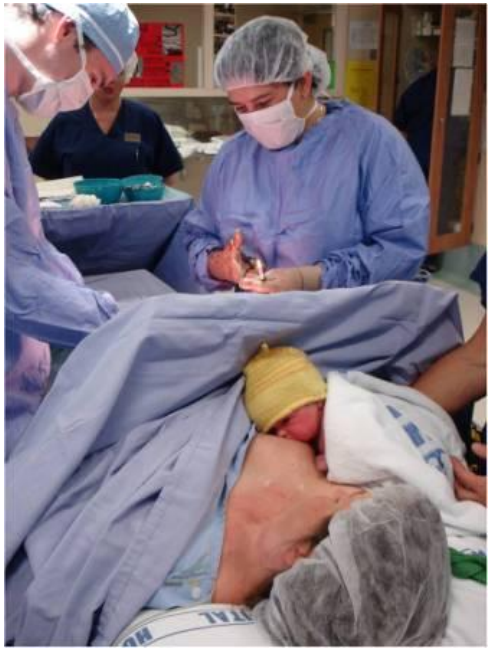
- Encourages:
  - Breast-seeking, early BF, mother/baby interaction
- Supports:
  - Physiological stability, increased BF duration and effectiveness, resolution of BF concerns
- Babies in SSC:
  - Cry less, have an increased pain threshold and decreased cortisol levels
- Mothers in SSC:
  - Release oxytocin resulting in less blood loss, increased breast temperature and decreased anxiety

Follow local protocols to assess risk and supervision requirements

SSC after an operative birth

- Initiation and duration of SSC in operating theatre after elective CS is associated with continued BF at 48 hours

- **Regional anaesthesia**, offer in theatre, or within 10 minutes of arriving in recovery
- **General anaesthesia**, offer within 10 minutes of woman being able to respond to her baby



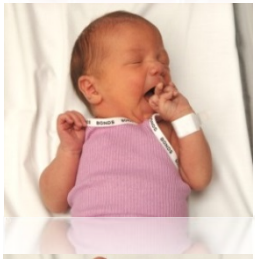
Behaviour states and BF patterns

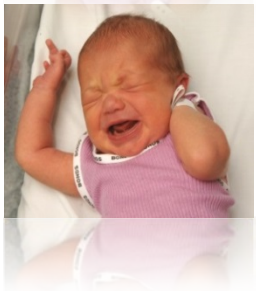
- 2 hour quiet alert state after birth—ideal time to BF
- More frequent BF cues in second 24 hours
- Pattern of 8–12 BF in 24 hours established during first week
- Settled after most BF
- Feed length varies

Assist mother to identify cues for feeding and comfort
Offer calming strategies and reassure if behaviour is normal

Feeding cues

- Early cues:
  - seeking/rooting, fingers to mouth
- Mid cues:
  - Fussing, intermittent crying, hand to mouth
- Late cue:
  - Crying—may require calming before BF
- Encourage response to:
  - Early/mid feeding cues
  - Cues to determine if one or both breasts required at a feed





Rooming-in

- Facilitates:
  - Emotional attachment
  - Timely response to cues
  - Familiarisation with baby
- Perform baby examinations and routine tests in mother's room
- Recommend baby sleep in same room as parents for first 6–12 months of life

BF assessment

- Partner with mother to:
  - Determine needs
  - Provide guidance
  - Identify effective BF and concerns
  - Facilitate early intervention
- Offer help within 2 hours of birth and with next feed (within ~ 6 hours of birth or earlier)
- ‘Hands off’ approach
- Assess and document every 8–12 hours

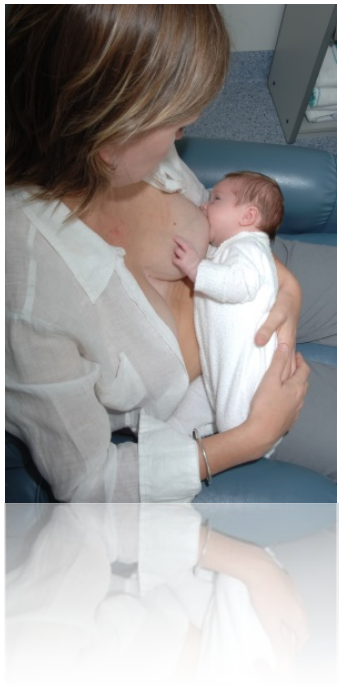
BF assessment

- Review health records
- Discuss health concerns
- Ask about BF
- Assess breast and nipple comfort
- Assist with positioning
- Allow time for baby to search and lead the feeding

When baby ventral to ventral with mother, primitive neonatal reflexes support baby to attach with minimal or no assistance

Positioning and attachment

- Mother comfortable with back supported
- Baby close and supported with head, neck and back aligned
- Mouth open wide against breast
- Deep jaw movements; full cheeks
- Milk transfer evident
- Post feed—nipples not flattened, blanched or ridged

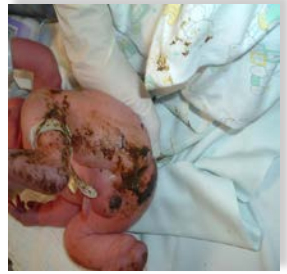


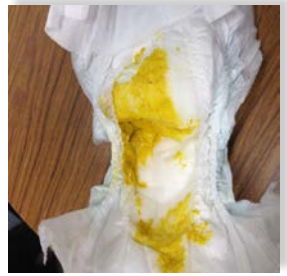
Milk production and transfer

- Birth–72 hours baby takes increasing amounts of colostrum
- During first 2 weeks production gradually increases to ~ 600 mL per day
- Baby receives most milk during MER
- Mother may notice changes during MER such as ‘after birth pains’ or sudden thirst
- Swallowing is the most reliable sign of milk transfer

Monitoring BF effectiveness

- Behaviour and BF patterns
- Stool changes
  - Meconium to transitional 24 to 48 hours
  - Yellow and ≥ 3 times a day by day 5 to 7
- Urine output
  - ≥ 3 wet nappies by third day
- Weight
  - Most babies lose < 7% of birth weight
  - Regain birth weight by day 10





Large volumes of peripartum IV fluids may cause greater urine output and weight loss in first 3 days

Investigate/review

- Abnormal output
- Appearance/observation concerns
- Hypoglycaemia related to ineffective BF
- Physiological jaundice
- Frequent crying
- Signs of dehydration
- Other concerns

Discharge criteria

- Mother is able to:
  - ✓ BF comfortably
  - ✓ Identify when baby is swallowing milk
  - ✓ Identify normal feeding patterns
  - ✓ Identify normal elimination patterns
  - ✓ Hand express breast milk
  - ✓ Know when and where to access advice and information

Prior to discharge from hospital

- Identify concerns and develop a plan
- Offer post discharge support
- Discuss local services
- Encourage baby review and BF assessment between Day 5 to 7

Prior to discharge from service

- Offer information about:
  - Nutrition, physical activity, contraception, BF away from home, smoking and alcohol
  - Maximising milk supply if infant formula introduced
  - Work and BF
  - Normal changes over time
  - Introducing solid foods