Establishing breastfeeding Part 1: Normal pathway

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 E21.19-1-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

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

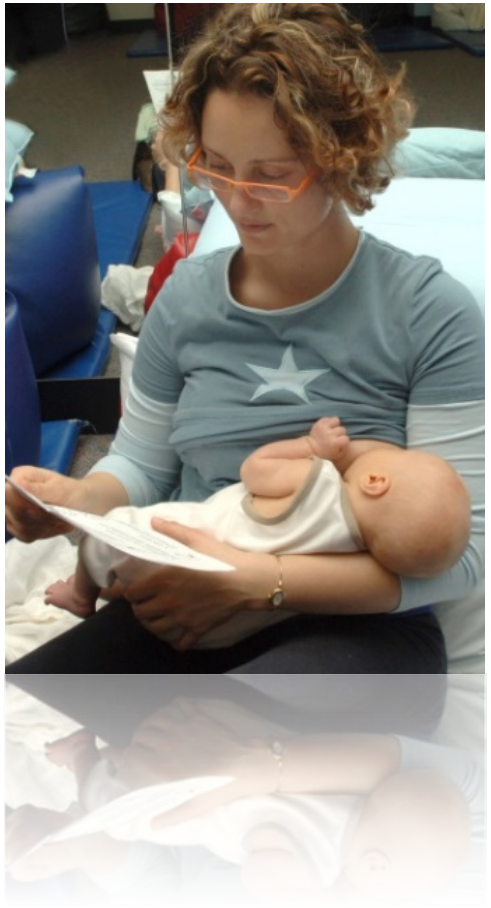
- BF is the normal way of providing babies with nutrients required for growth and development
- BF has health, environmental and economic importance in both developed and developing countries
- BF has a positive impact on mother-baby relationships supporting mutual responsiveness and attachment

Importance for babies

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

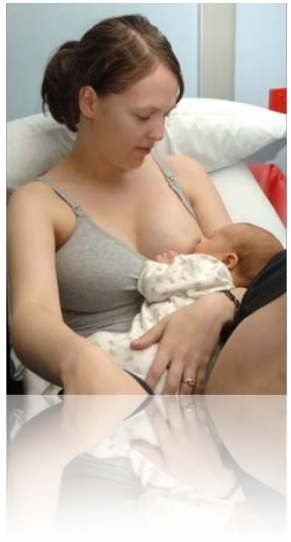
Importance for women

- 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

Clinical standards

- Develop protocols and 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 clinicians to:
  - Access education and training
  - BF during employment

BFHI Ten steps to successful BF

Critical management procedures	
Step 1a	Have a written infant feeding policy that is routinely communicated to staff and parents
Step 1b	Comply fully with the *International Code of marketing of breast-milk substitutes* and relevant World Health Assembly resolutions
Step 1c	Establish ongoing monitoring and data-management systems
Step 2	Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding

BFHI Ten steps to successful BF

Key clinical procedures	
Step 3	Discuss the importance and management of breastfeeding with pregnant women and their families
Step 4	Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to recognise when their babies are ready to breastfeed, offering help if needed
Step 5	Support mothers to initiate and maintain breastfeeding and manage common difficulties
Step 6	Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated
Step 7	Enable mothers and their infants to remain together and practise rooming-in 24 hours a day
Step 8	Support mothers to recognise and respond to their infants' cues for feeding
Step 9	Counsel mothers on the use and risks of feeding bottles, teats and pacifiers
Step 10	Coordinate discharge so that parents and their infants have timely access to ongoing support and care

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
Products	• No promotion of products to the public
Labels	• Information on artificial infant feeding, including labels, should explain benefits of BF, and costs and hazards associated with artificial feeding
Information	• No words or pictures idealising artificial feeding, including pictures of infants on product labels • Information to health workers should be scientific and factual
Health care facilities	• 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

Antenatal care

- Share information
- Recommend iodine 150 micrograms daily (seek advice if known thyroid condition)
- 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)

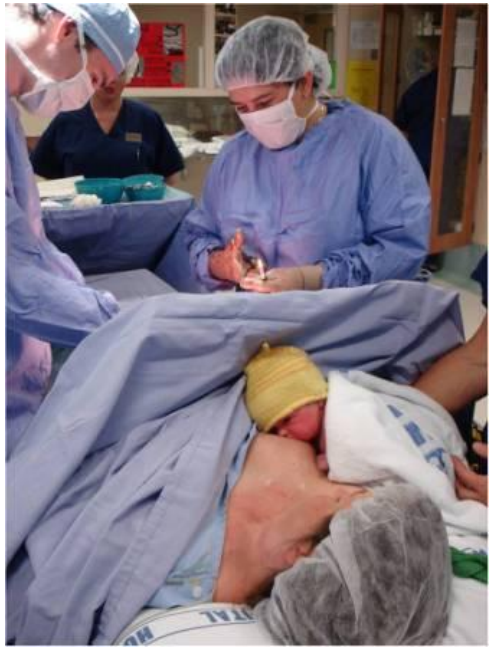
- Encourages:
  - Breast-seeking, early BF, mother/baby interaction
- Supports:
  - Physiological stability, increased BF duration and effectiveness, resolution of BF concerns
- Babies in SSC:
  - Cry less, have an increased pain threshold and decreased cortisol levels
- Mothers in SSC:
  - Release oxytocin 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 woman to identify cues for feeding and comfort
Offer calming strategies and reassure if behaviour is normal

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 at least every shift (8 hours) and as required

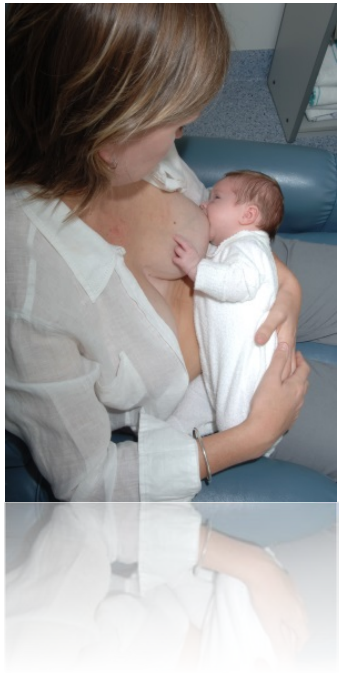
BF assessment

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

When baby is chest to chest with woman, 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

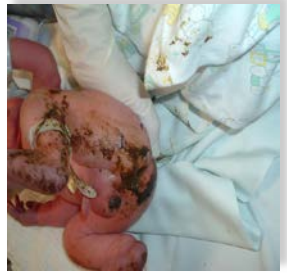


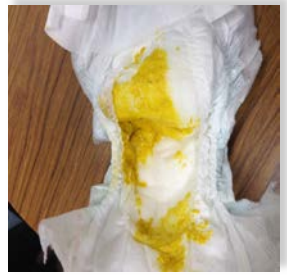
Milk production and transfer

- 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 milk ejection reflex (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

BF cautions

- Breastfeeding not recommended with/if:
  - Galactosaemia, Maple syrup urine disease, PKU (some BF may be possible with careful monitoring), HIV positive, some medications
- Temporary avoidance if:
  - Severe maternal illness, hepatitis C (if nipples bleeding), HSV type 1 on 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

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