


BREASTFEEDING FRIENDLY PEDIATRIC OFFICE PRACTICE

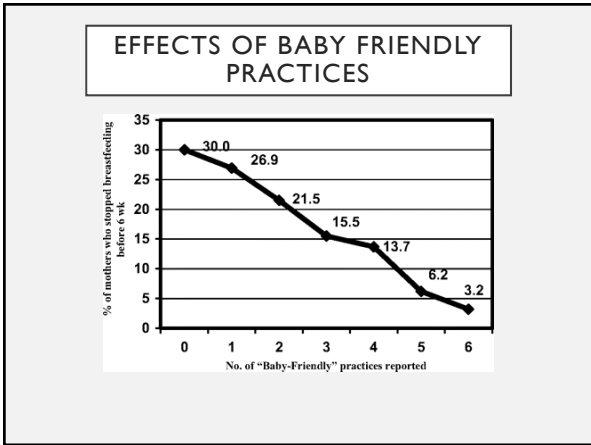
Elizabeth Sahlie, MD, FAAP
General Pediatrician
Certified Lactation Counselor

MY BREASTFEEDING EXPERIENCE



THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff
2. Train all healthcare staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within 1 hour of birth
5. Show mothers how to breastfeed and how to maintain lactation, even in they should be separated from their infants
6. Give newborn infants no food or drink other than breast milk unless medically indicated
7. Practice "rooming in" by allowing mother and infants to remain together 24 hours per day
8. Encourage breastfeeding on demand
9. Give no artificial teats, pacifiers, dummies, or soothers to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic



FOUR MOST PROTECTIVE PRACTICES


- Breastfeeding initiation within 1 hour
- Only breast milk given
- Breastfeeding on demand
- No pacifiers given

EFFECT OF EARLY INITIATION OF BREASTFEEDING ON MILK SUPPLY

- If babies breastfeed within 2 hours after birth, mothers make 54% more milk on day 4
- If breastfeeding is not possible early, important to have mother hand express in the first two hours

WHAT YOU CAN DO RIGHT NOW

- Purge "breast or bottle?" from your vocabulary
- Place babies STS immediately after delivery and give them uninterrupted time with mother
- Review your hospital's hypoglycemia protocol and compare to the ABM protocol
- Remove bottles of formula and pacifiers from the babies' cart
- Encourage rooming in and feeding on demand
- Exhaust every other strategy for dealing with problems prior to using formula supplementation
- If supplementation is essential, use methods of administering supplemental feeding other than the bottle
- Advocate for lactation services for mother having difficulty or who express concern
- Make no assumptions! Educate and encourage every mother



ASSESSING ADEQUACY OF BREASTFEEDING AND ADVISING PARENTS AT HOSPITAL DISCHARGE

- Maximal acceptable weight loss in a full-term baby is 10%
- Weight loss of >7% warrants close observation and breastfeeding evaluation
- Weight loss affected by labor meds and IVF. Look at the whole picture
- Mother should have obtained a comfortable latch, be able to recognize audible swallowing, and be able to identify early hunger cues
- Educate parents about signs of adequate intake: good UOP and regular stools; "Four on four": fewer than four soiled diapers on day 4 should prompt evaluation.
- Schedule follow up within 48-72 hours after discharge

OUTPATIENT SUPPORT: KEY TO BREASTFEEDING EXCLUSIVITY AND DURATION



THE BREASTFEEDING-FRIENDLY PEDIATRIC OFFICE

TABLE 3 Summary of Breastfeeding Supportive Office Practices

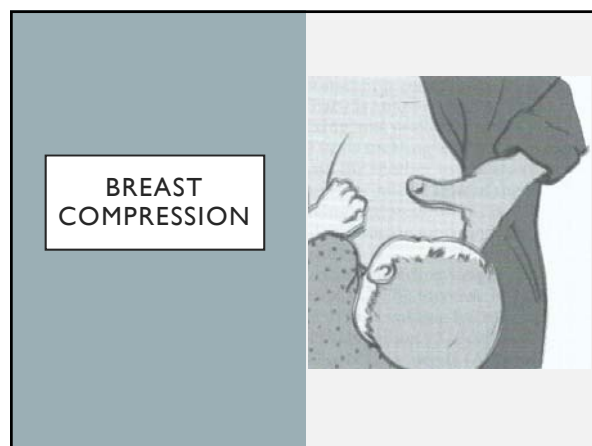
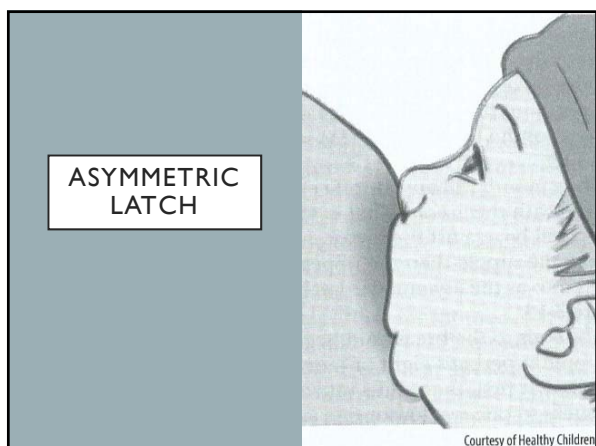
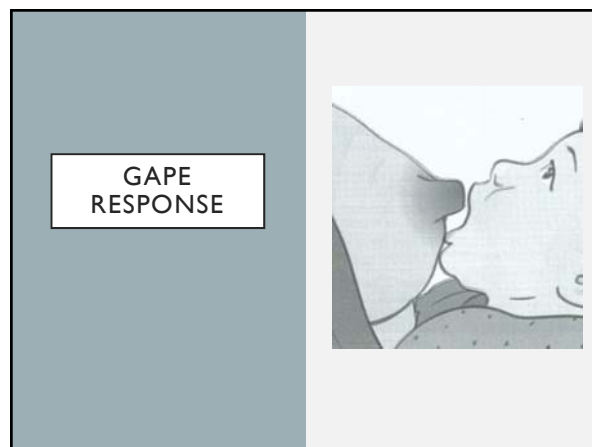
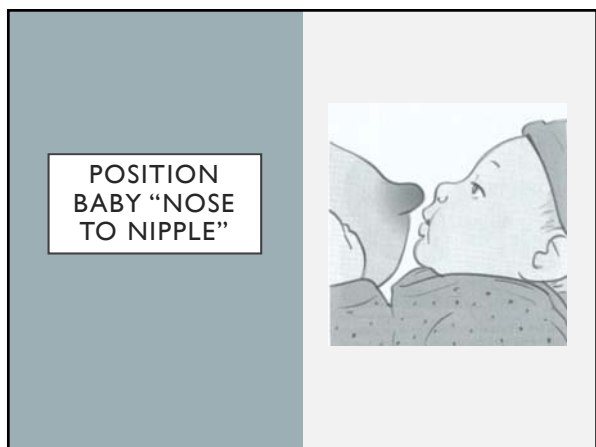
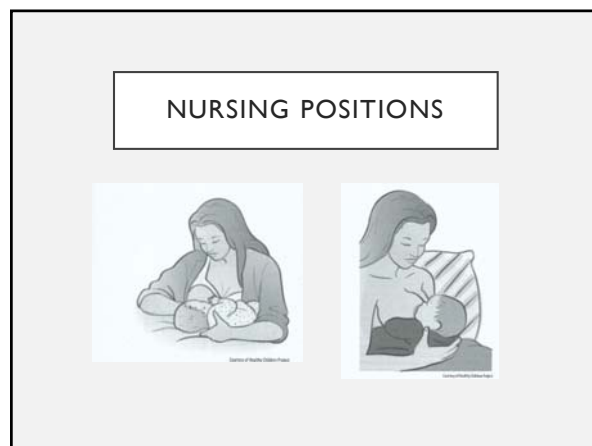
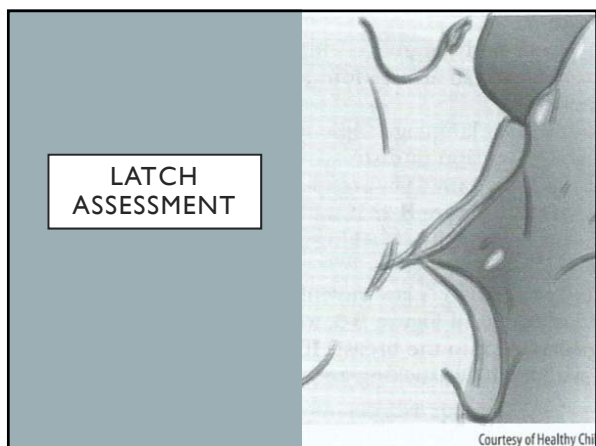
1. Have a written breastfeeding-friendly office policy
2. Train staff in breastfeeding support skills
3. Discuss breastfeeding during prenatal visits and at each well-child visit
4. Encourage exclusive breastfeeding for ~6 months
5. Provide appropriate anticipatory guidance that supports the continuation of breastfeeding as long as desired
6. Incorporate breastfeeding observation into routine care
7. Educate mothers on breast-milk expression and return to work
8. Provide noncommercial breastfeeding educational resources for parents
9. Encourage breastfeeding in the waiting room, but provide private space on request
10. Eliminate the distribution of free formula
11. Train staff to follow telephone triage protocols to address breastfeeding concerns
12. Collaborate with the local hospital or birthing center and obstetric community regarding breastfeeding-friendly care
13. Link with breastfeeding community resources
14. Monitor breastfeeding rates in your practice

ASSESSING WEIGHT GAIN

- Early growth: maximum weight loss of 10%, no further weight loss after day 5, and subsequently 1/2-1 oz weight gain/day in the newborn period
- Some of the older growth charts were normed without regard to how infants were fed. The 2006 WHO study on infant growth used exclusively breastfed infants as the standard. The 2012 AAP statement on breastfeeding recommends using WHO growth standards for all children <24 months.
- Exclusively breastfed infants gain faster at first and then slower compared to formula fed babies. They have lower incidence of obesity over the lifetime

INTERVENTION FOR POOR WEIGHT GAIN

- **Take a history.** How many feedings? How long does the baby feed? Do you hear swallowing? How does (s)he act after feedings?
- **Observe a feeding.** Assess the latch. Do a weighted feed. Make an assessment of the problem. Inadequate milk supply? Inadequate milk transfer?
- **Make a plan.** Triple feeding. Supplementation. Follow up.



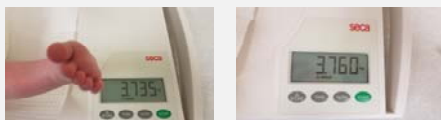
"LATCHING FOR DUMMIES"

- Tummy to tummy
- Nose to nipple

WEIGHTED FEED



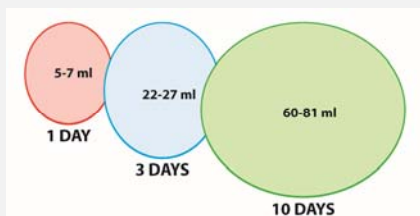
WEIGHTED FEED



SATIATED INFANT



NEWBORN STOMACH



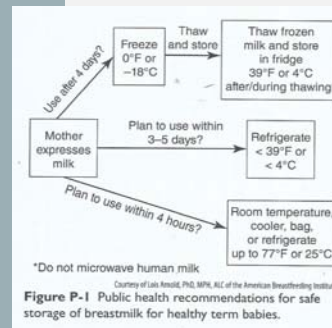
CUP FEEDING



ANTICIPATORY GUIDANCE

- AAP recommends exclusive breastfeeding for six months, followed by continued breastfeeding for 1 year or longer, as mutually desired by infant and mother
- 2 Weeks - Discuss feeding on demand, no longer necessary to track input and output if baby is thriving. Add vitamin D.
- 4 Months - Babies may be more distractible. May need to move to quieter location to feed.
- 6 Months - Introduction of complementary feedings. Discuss biting.

RETURN TO WORK: PUMPING AND MILK STORAGE



WORKPLACE RIGHTS

- 2010 Health Care Reform Created a Workplace Breastfeeding Law:
- Amendment to Sec 7 of Fair Labor Standards Act (FLSA) requires employers of >50 employees to provide "Reasonable break time for an (hourly) employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has the need to express the milk"
- Private place other than a bathroom
- Insurance coverage for breast pump

MEDICATIONS AND BREASTFEEDING

Look it up!
 Drugs and Lactation Database (LactMed):
<https://www.ncbi.nlm.nih.gov/books/NBK501922/>



CLC TRAINING



THE BREASTFEEDING FRIENDLY OFFICE

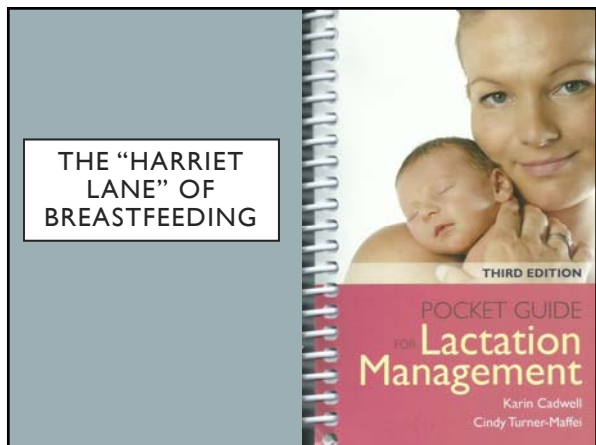
1. Meet a lactation-friendly policy in full compliance with the requirements of the Fair Labor Standards Act.
 2. Have all health care staff in the facility necessary to implement the policy.
 3. Inform all pregnant women about the facility and management of breastfeeding.
 4. Help workers initiate breastfeeding within one hour of birth.
 5. Show workers how to breastfeed and how to maintain lactation if they are separated from their infants.
 6. Offer advice to help all staff, other than breast milk, workers readily available.
 7. Provide ongoing on-site education and advice to women together 24 hours a day.
 8. Encourage breastfeeding on demand.
 9. Give no payoffs or verbal threats to breastfeeding workers.
 10. Foster the establishment of breastfeeding support groups and other measures to help on-site change from the hospital to the workplace.
 11. Have a plan to increase breastfeeding rates.
 12. Provide lactation support, including lactation consultants, lactation coaches, and lactation support groups.
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 23. Provide lactation support, including lactation consultants, lactation coaches, and lactation support groups.
 24. Have a lactation-friendly policy in full compliance with the requirements of the Fair Labor Standards Act.



THE BREASTFEEDING FRIENDLY OFFICE



SUPPORT GROUPS



THE "HARRIET LANE" OF BREASTFEEDING

REFERENCES

DiGirolamo, A. M., Grummer-Strawn, L. M. & Fein, S. B. (2008). Effect of maternity-care practices on breastfeeding. *Pediatrics*, 122(2), 43-49. doi:10.1542/peds.2008-1315e

Meek, J.Y. & Hatcher, A.J. (2017). The breastfeeding-friendly pediatric office practice. *Pediatrics*, 139(5), 1-9. doi:10.1542/peds.2017-0647

<https://abm.memberclicks.net/assets/DOCUMENTS/P/ROTOCOLS/5-peripartum-bf-management-protocol-english.pdf>

RESOURCES FOR PROVIDERS

- The Newman Breastfeeding Clinic- educational videos, patient handouts, and online education for providers by Dr. Jack Newman <https://ibconline.ca/>
- Academy of Breastfeeding Medicine- great resource for evidence-based information. Protocols available to the public on the website, under the Resources tab. Access to the journal, *Breastfeeding Medicine*, requires membership. <https://www.bfmed.org/>
- CDC Guide to Breastfeeding Interventions- https://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf
- Certified Lactation Counselor Training <https://centerforbreastfeeding.org/>
- Drugs and Lactation Database <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

ONLINE VIDEOS

- Teaching hand expression: https://www.youtube.com/watch?v=kpNYyBSFhw&as_verified=1
- Newborn baby self-attaching to the breast: <https://www.breastfeeding-babies.com/breast-crawl.html>

RESOURCES FOR MOTHERS

- Returning to work: <http://workandpump.com/>
- The Womanly Art of Breastfeeding: Completely Revised and Updated 8th Edition (La Leche League International)
- The Nursing Mother's Companion, 7th Edition (Kathleen Huggins, RN, MS)