Maximizing Breastfeeding Outcomes in the Outpatient Setting

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Faculty

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Part 4

Foundations of Post-Discharge Care

Objectives

- Formulate strategies to address common breastfeeding issues experienced by the breastfeeding dyad during the first week following hospital discharge
- State the AAP's recommendation for duration of breastfeeding

Objectives

- State the importance of tracking breastfeeding initiation and duration rates in the practice setting and the utilization of that date to help increase breastfeeding rates

The Biggest Job of Their Life

- Seek rules
  - Wants to perform every task the "one best way"
  - Are very frustrated with conflicting information
  - Vulnerable to judgment
  - "Experts" are powerful role - models
- Most persistent feeling is lack of self confidence

Preparing A Mother for Discharge

- Before discharge a mother should be able to:
  - Feed her baby
  - Understand the importance of exclusive breastfeeding
  - Recognize that feeding is going well
  - Know how to access on - going assistance and support

Preparing the Mother for Discharge

- Resources
  - Written instructions
  - Phone numbers
  - Support group

Then what happens?

Hopefully……

Post - Hospital Follow - Up

- AAP recommends early office visit within 3 - 5 days of life / 48 - 72 hours from discharge

Maternal Issues

- Mental
  - Baby blues – 80%
    - Normal
  - Postpartum Depression – 15%
  - Anxiety or Postpartum Panic Disorder – 10%
  - Postpartum Obsessive-Compulsive Disorder (OCD) 3 - 5%

Maternal Issues

- Postpartum Post -Traumatic Stress Disorder – 1 - 6%
- Psychosis .01% - Emergency

Maternal Issues

- Mental
  - Listen for abnormal response
    - Dull disinterested, irritated, flight of ideas, fears, tearfulness, guilt, hopelessness
  - "Can you fall asleep when you get the chance?"
    - If no, refer mom to OB

Maternal Issues

- When mom's responses seem strange, unreasonable, or outside reality, assume the worse case – Psychosis
  - Instruct caregivers to not leave mom alone
  - Make sure OB is aware

Infant Related Day 1 - 4

- "How's the baby doing?"
- Feedings?
  - 8-12 per 24 hours
- Wet diapers?
  - At least one wet diaper for each day of life (one on the 1st, two on the 2nd, three on the 3rd, four on the 4th)
- Stools?
  - Day 1-3: one stool
  - Day 4: two stools

Infant Related by Day 5

- Feedings
  - 8 - 12 per 24 hours
- Wet diapers
  - 6 - 8 per 24 hours
- Dirty diapers
  - More than 4 per 24 hours
  - Size of stool matters
- Does the infant appear satisfied?

Mother Questions

- Milk is in?
  - Are your breast softer after feedings?
  - Are you leaking milk?
- Are feedings comfortable?
- Do you have any other questions?

Common Breastfeeding Problems

Common Issues

- Feeding constantly
- Is my baby getting enough milk?
- Engorgement
- Nipple pain

Feeding Constantly

- Typical causes
  - Hungry baby
    - Poor milk exchange
    - Poor supply
  - Baby with tummy ache
  - Misreading cues
- Management
  - Weight check

Feeding Constantly

- Teach soothing techniques
- Understand normal infant behavior

Is My Baby Getting Enough?

- The most common reason mothers will begin to supplement, add other foods, or stop breastfeeding all together, is a fear that their infant is not getting enough milk
  - Good mother wants her baby to be fed

Why?

- Baby cries often
- Does not sleep for long periods of time
- Is not settled at the breast and is hard to feed
- Sucks on his / her fingers or fists
- Is particularly large or small

Why?

- Want to feed frequently
- Little or no milk comes out when the mother tries to express
- Breast do not feel full / or become softer
- Does not leak / feel sensations of let down
- Baby takes a supplement if it is offered

Are These Signs Reliable?

- They MAY indicate a problem with milk production / exchange, but they are NOT reliable indicators

Reliable Indicators

- Output - urine and stool
  - After four days, six or more wet diapers in 24 hours with pale, diluted urine (unless baby is receiving water supplements)
  - Three to eight stools in 24 hours after day four
  - After one month, stooling may be less frequent

Reliable Indicators

- Alert, good muscle tone, healthy skin
- Consistent weight gain - bottom line

Causes of Low Milk Production

- Limited removal
  - Infrequent feeds
  - Scheduled feeds
  - Short feeds
  - Poor suckling
  - Poor attachment

Causes of Low Milk Production

- Psychological Factors
  - Lack of confidence
  - Fatigue
  - Overwhelmed
  - Worried
  - Stress

Causes of Low Milk Transfer

- Poor attachment
- Short, hurried feeds
- Baby is stopped too soon and does not receive hind milk
- Ill or premature baby / lacks strength

Normal Growth Patterns of Babies

- Appropriate initial weight loss
  - Some infants lose very little weight and start gaining quickly
  - 5-7% loss is considered normal
- Appropriate weight gain
  - Average 6 ounces per week first 3 - 4 months

Normal Growth Patterns of Babies

- Average 4 - 5 ounces per week 4 - 6 months
- Average 2 - 4 ounces per week 6 - 12 months

Weight Gain

- In general
  - Doubles birth weight by 6 months
  - Gains to 3 times birth weight by 12 months
  - Most growth charts do not reflect regional, or ethnic difference
    - Based on formula fed growth

Prevention is Best

- BFHI practices
  - Discuss the importance of BF and basics of management
  - STS after birth
  - Offer feeding soon after birth
  - Assist as needed
  - Exclusively BF

Prevention is Best

- Room-in
- Feed frequently
- Avoid artificial nipples
- Provide on-going support

But What If They Occur

- First and foremost: Failure to thrive must be medically managed by the MD
- Address causes of low milk intake
  - Exchange
  - Production
- Best done with a lactation consult with a reliable, known referral source

Out-Patient Lactation Consult

- History
- Undressed weight
- Pre - feed weight
- Assistance / assessment
- Post-feed weight
- Pump if feeding is inadequate
- Physician report / referral
- Follow-up

General Management

- Establish weight gain/loss pattern
- Discuss breastfeeding history
  - How often
    - Feeding in response to clock or hunger?
  - How long
    - Who stops the feeding mom or baby?
    - Is the infant feeding for prolonged periods of time without being satisfied?
  - Is there nipple pain?

Evaluation / Options

- Evaluate feeding
  - Latch-on, suck, swallowing
  - Pre and Post feed weight
- Evaluate milk supply by pumping after feeding
  - Infant intake + pumped amount = estimated supply
- Offer options for improving feedings
  - Triple feedings
  - Supplementing options
  - Galactogogues as indicated
  - Follow-up weight check

Nipple Damage / Pain

- Initial Latch-On Tenderness (ILOT)
  - Pain decreases after latch
    - Improving latch can help
    - Hand expressing milk prior to latch may help
    - Lanolin
    - Goes away after a few days

Nipple Damage / Pain

- Pain throughout feeding / skin breakdown
  - Usually position and latch problem
  - Best managed with hands on assistance
  - Treatment
    - Correct position and latch
    - Lanolin or hydrogel

Nipple Damage / Pain

- All purpose nipple cream (OTC)
  - Polysporin, Monostat 7, 1% hydrocortizone cream
- Nipple Shield
- Pumping when too painful to latch

Engorgement

- Prevention
  - Do not skip feedings at night
  - Avoid unnecessary supplementation
  - Encourage frequent effective feedings
- Cause - infrequent or poor feedings
- Usual course

Engorgement

- Breast fills to capacity
- Pressure of milk pushes it out of ducts
- Breast respond by swelling
- Will last 2 - 3 days

Engorgement Management

- Treating
  - Improving nipple shape
  - Good emptying
  - Pumping during engorgement
    - Pump speed (fast) and strength (low)
  - Limited heat

Engorgement Management

- Ice treatment
- NSAIDs

Severe Engorgement

- May indicate inadequate milk exchange
  - Ask questions about the baby
    - Output
    - Frequency of feedings
    - Satiety
  - Nipple pain and engorgement in combination can be a red flag
  - Can sometimes lead to a decrease in milk supply

Less Common Breastfeeding Issues

80/20 Rule

- When given the appropriate promotion, protection, and support of breastfeeding 80% of moms and babies will do well with breastfeeding
- The other 20% will have significant problems that will require skilled assistance…and still may not result in the perfect outcome

80/20 Rule

- We do not have all the answers
  - We are learning more all the time
- There are no guarantees

Premature Infant

- The potent benefits of human milk are such that all preterm infants should receive human milk (Table 3)
- Mother's own milk, fresh or frozen, should be the primary diet, and it should be fortified appropriately for the infant born weighing less than 1.5 kg

Premature Infant

- If mother's own milk is unavailable despite significant lactation support, pasteurized donor milk should be used
  - AAP Section on Breastfeeding. Breastfeeding and the Use of Human Milk Pediatrics 2012;129(3):827-841

Prematurity

- Skin-to-skin and human milk feeding are preventive medicine for premature babies

Anderson, *Cochrane Database*, 2003

In Out-patient Setting

- ABM Protocol #12: Transitioning the breastfeeding / breast milk – fed premature infant from the neonatal intensive care unit to home
  - Currently under revision
  - 2005 protocol

Discharge Planning

- Average gestational age at discharge from NICU
  - 35 - 36 weeks
- Average weight at discharge
  - 1750 - 2000 grams (approximately 4 - 6 lbs)

Discharge Planning

- Key Principles
  - Urine and stool output as an indicator for the term infant are not accurate for the preterm infant
  - Preterm infants may not consistently "demand"
  - Preterm infants should not be awakened more frequently than every 3 hours

Discharge Planning

- Mothers of preterm infants are not reassured by non specific comments

Discharge Planning

- Continue feeding strategies that worked in the hospital
  - Milk transfer must be monitored regularly
    - Test weights
    - Frequent weight checks
- Any change in strategy must be monitored and evaluated

Discharge Planning

- Continue pumping at least 3 times a day for 1- 2 months after discharge
- Triple feed
- As infant's need for supplement decreases alternate between
  - Feeding / supplementing
  - Feeding / pumping

Discharge Planning

- Triple Feeding
  - Time limited feedings
  - Supplement after feeding
    - Should have done some test weights before discharge
  - Continue pumping to support milk supply

Discharge Planning

- Part - time to full - time breastfeeding
  - 1 week
    - 1 / 3 breast
    - 2 / 3 bottle
  - 4 weeks
    - 2 / 3 breast
    - 1 / 3 bottle
  - Ultimately full direct breastfeeding

Discharge Planning

- Follow-up
  - Weekly weight checks
    - More often if decreases supplement
      - Not appropriate to just use output as indicator of adequate intake

Discharge Planning

- Test weights
  - Rental scales are available
  - Mom's discretion
  - To evaluate appropriate decrease in supplementation

Late Preterm Infant

- Feeding / assisting mother to make adequate amounts of milk
- Warmth
- Monitoring output

Feedings

- Breastfeed me every 2 - 3 hours
- Feed me at 2 hours if I am awake and exhibiting hunger cues, wake me at 3 hours to feed if I have not awakened by then
- My mom expresses breast milk after I eat

Feedings

- Express milk (pump and / or hand expression)
- Feed me any milk mom expresses after each feeding based on how well I am feeding

By: _____Spoon

_____ Softcup feeder

Warmth

- Holding skin to skin several times a day
- Dress warmly with at least one more layer of clothing / blankets than mom is wearing
- Keeping our room temperature between 72 and 74 degrees

Output

- Day one: at least 1 wet and 1 stool
- Day two: at least 2 wets and 1 stool
- Day three: at least 3 wets and 1 stool
- Day four: at least 4 wets and 2 stool
- Day five: at least 6 wets and 4 stools

Anatomical Variations

- Warrant a second look
  - May indicate need for a referral to a qualified speech pathologist or OT
    - Early intervention may benefit in more ways than feeding
  - Subtle differences may be the cause of more latch / exchange issues than we are aware

Weaning and Answering the Question

"How long should I breastfeed?"

How Long Should I Breastfeed?

- AAP recommendation of exclusive breastfeeding for about 6 months with the addition of foods for a year and as long thereafter as mutually desired by the mother or the infant
- There is no specific age when breastfeeding is no longer important
  - Good nutrition

How Long Should I Breastfeed?

- Protection from illness
- Moms may need help in overcoming pressure to stop
  - Workplace
  - Friends
  - Family
  - Culture

Support Group

- Continue Education
  - Appropriate for adult learners
    - Provides information on as needed basis
    - Recognizes experience
- Change Culture
  - The group changes a mothers culture

Support Group

- The group changes our culture
- Increase Duration Rates

Developmental Issues

- Mothers spend more time facing these issues than all the other ones combined
- Health care providers are not as effective in addressing these issues as a group of other new mothers

Developmental Issues

- Sleeping issues
- Public breastfeeding
- Vitamins
- Teething, biting
- Starting solids
- Nursing older babies
- Nursing while pregnant
- Tandem nursing
- Weaning
- Nursing strike
- Birth Control
- Sex, or lack of
- Working

I am Ready: How Do I Wean?

- Baby - led weaning
  - 18 to 36 months
- Mother - led weaning
  - Do not ask, do not refuse
  - Be absent at time infant most likely to want to nurse
  - Substitute activities and snacks for those feeding times
  - Wean lovingly

What's Next?

- Tracking the data on initiation and duration in office settings