BREASTFEEDING

Breasts should be evaluated at prenatal physical. If patient has inverted nipples (do not stick out), she should be referred to a lactation consultant. There is no evidence to support doing anything to the nipples prenatally. When the baby is born, can use some maneuvers (including using an electric breast pump) to help nipple become erect and assist with baby's latch. Women with inverted nipples CAN breastfeed. It may take some extra time and effort by patient and lactation consultant.

There is no right breast size or shape for breastfeeding. Very few women cannot breastfeed (most commonly those with breast reduction surgery). During the physical exam, the provider can tell the patient "your breasts are perfect for breastfeeding".

Benefits of breastfeeding:
For baby:
- Best nutrition available
- Decreased respiratory, gastrointestinal, ear, and urine infections
- Decreased risk of diabetes, obesity and allergies

For mom:
- Decreased postpartum hemorrhage
- Contraception: lactational amenorrhea
- Weight loss
- Bonding/stress reduction
- Cancer prevention: decreased risk of ovarian and breast cancer
- Inexpensive (formula costs money) and convenient

Absolute contraindications to breast feeding:
- HIV infection
- Active TB infection (unless has completed at least 2 weeks of treatment

SUCCESSFUL breastfeeding depends on:
- Adequate milk production
- Baby with good latch, suck and swallow
- Commitment to exclusive breastfeeding
- Encouragement and support for mom

Goal is at least 6 months of exclusive breastfeeding (no formula, no food, and no juice).

However, any amount or duration of breastfeeding is beneficial to baby's health and nutritional status.

MILK PRODUCTION
- Newborn stimulates milk production by emptying the milk from the breast.
- Colostrum (early breast milk) produced on Days 1 & 2.

- Thick, yellow, and nutritionally rich.
- Only a very small amount is needed (a Tablespoon) the first day of life.
- Breast engorgement
    - Mom will feel more breast milk in her breasts about 72 hours after delivery.
    - Breast milk appears thin and bluish.
    - Mom should avoid cigarettes, alcohol, and caffeine (although none are contraindications to breastfeeding).

- The most common reason women give babies formula in the hospital is a perception that they "don't have enough milk" and they think the baby is hungry. Explaining physiology of milk production to mom prenatally will help her understand that more milk is produced every time the breast is emptied. Her body regulates the volume, composition and temperature of the breast milk to meet her baby's needs.

MECHANICS OF BREAST FEEDING

- Areola about 1 inch into baby's mouth.
- Baby's tongue pushes areola up against the palate.
- Jaw moves up and forward to mush/suck the areola (like getting mouth around a sandwich).
- Baby sucks 1,2, or 3 times and then swallows.

- During newborn exam, the baby's tongue should be able to be pulled well out over the inferior alveolar ridge (lower gums). If the frenulum is too short ("tongue tied"), he/she may have difficulty pushing up on the areola. A simple snipping of the frenulum is very possible, but seldom necessary.

SUPPORT for mom includes a quiet relaxed place to nurse, and a comfortable position. She needs extra food, rest, and liquids.

"NORMAL" BREASTFEEDING.

- Breastfeeding should be initiated in the first hour of life and about 6 times on day 1.
- After that, baby eats about 12 times a day. Should breastfeed from each breast. Normally each breast is emptied with about 10 minutes of productive breastfeeding.
- Watch the baby for frequency of feeding, not the clock.
    Feeding cues include:
    - Baby smacking his/her lips (rooting)
    - Hand to mouth activity (baby sucking on hand)
    - Rapid eye movements (REM)
    - Stretching of the arms and legs
    - Crying is a late sign of hunger and may make breastfeeding more challenging

- Adequate breastfeeding yields about 6-8 wet diapers a day, 2-3 yellow poopy diapers, and 3-7 ounces of weight gain per week.

Evaluating mom and baby dyad:

- Babies should nurse vigorously about 7-10 minutes at each side to empty the milk from each breast. After that, they may still suck or fall asleep.
- Check baby's latch on the breast. Watch baby for proper mechanics: full latch, suck-suck-swallow. Often, milk will ooze out of baby's mouth when he/she swallows. Try different positions to promote good mechanics.
- Try naked baby skin-to-skin with mom to soothe baby. Can put blanket on baby's backside.
- If mom is not experiencing milk letdown, think of ways to get her a more relaxed, private, and supportive breast feeding place. May need to ask visitors to leave the room.
- **Avoid bottle-feeding, pacifier use or formula use as this may disrupt the establishment of mom's milk supply**.
- If baby requires supplemental feeds indicated by poor feeding, few wet diapers or poor weight gain; lactation consultant, nurse or doctor should evaluate baby and mom. By observing feedings, the problem can usually be identified and corrected. Baby can be fed with expressed breast milk from a spoon or cup if needed.

"NIPPLE CONFUSION":

- Avoid bottle-feeding, formula and pacifiers until breastfeeding has been established (usually about 3-4 wks).
- Bottle feeding is easier (artificial nipples on bottles allow a large volume of formula to be fed to the baby. The baby uses his tongue to stop the flow of formula and the jaw mechanics are different for bottle feeding.) The baby may become "lazy" and prefer bottle to breast. If the breast is not emptied frequently, the breast milk production/supply will decrease.
- Prenatal education regarding breastfeeding is required. Be sure mom understands the reasons for exclusive breastfeeding and the importance of establishing breastfeeding.
- Can write an order to not give baby a bottle while in hospital. Crib cards are available to identify exclusively breastfeeding babies.

BABY VITAMIN SUPPLEMENTATION:

- All breastfed infants should receive Vitamin D drops, 200 IU per day until intake of Vitamin D fortified formula use or until age 1 (start whole milk).
- Can use Polyvisol drops 1 cc per day. This is to prevent Vitamin D rickets, especially important in darker skinned babies and Minnesota winters (little sunlight).

BREAST CARE:

- After breastfeeding, mom should dry breasts with a soft cloth. A breastfeeding bra that is supportive is best. Breast pads can be worn inside the bra to keep the breast dry.

SORE NIPPLES:

- Usually related to poor latch; the areola is not far enough into the mouth so that the baby is biting/gumming on the nipple and not tongue pushing on the areola.
- Try a new breastfeeding position that might allow baby better latch-on.
- Check for yeast on the nipples. Sometimes there can be a nipple-yeast infection, especially if the baby has oral thrush. The nipples may be red and itchy. Wash with mild soap, dry with towel or air dry, and apply yeast cream (Nystatin). Check and treat baby for thrush with Nystain solution put on affected areas with a Q-Tip. Continue breastfeeding.

BLOCKED DUCT:

- Non-red lump on the breast, maybe tender
- Treat with massage, local heat, extra breastfeeding (continue to nurse from affected breast), and change of breastfeeding position.

BREAST INFECTION (Mastitis):

- Infection of the breast glands
- May present with systemic symptoms of fever, chills, fatigue, and achiness. The breast may be red, warm, with a swollen, tender wedge-shaped segment.
- Treat for 10 days with dicloxacillin or cephalexin (for staph, strep, and e. coli).

- Frequent emptying of the breast, either with frequent breastfeeding (infection is not spread to baby through milk) or by warm compresses (or sitting in the tub) aids resolution.

BREAST ABSCESS:

- Often starts with untreated mastitis and proceeds to a red, tender firm abscess.
- Needs incision and drainage followed by analgesia and a 10-14 day course of antibiotics.
- The affected breast should be emptied frequently (by hand expression or pump) and breastfeeding should continue from the other breast.
- May resume breastfeeding from affected breast after 3 days of antibiotics.

BREAST ENGORGEMENT:

- Breasts fill up full and tight with milk, and breastfeeding is not emptying them.
- Can happen at any time, but especially during the first postpartum days when the milk first comes in. Can be uncomfortable for mom.
- When the breast is full, the baby may have a difficult time latching on.
- Treat by manual (or pump) expression of milk to release tension and then breastfeed. It may help to express in shower or tub bathed in warm water.
- Frequent breastfeeding helps to prevent engorgement.

JAUNDICE:
- Breastfeeding can increase the bilirubin and cause mild jaundice in baby.
- Rule out other causes of jaundice.
- Frequent breastfeeding promotes good hydration and resolution of jaundice.
- Baby may be intermittently slightly yellow for up to 2 - 4 weeks.

BACK TO WORK:
- Mom can breastfeed before and after work, and then pump during work (and save milk). Mom may get engorged at work; pumping relieves this.
- Baby can have bottle (of breast or formula) while mom is at work.
- Store pumped breast milk in plastic bags (bring home from work in cooler).
- Bagged breast milk is good for one week in refrigerator and one month in the freezer.
- Electric breast pumps can be ordered for return to work at clinic. Write "needed for maintenance of breast milk supply" on prescription form.

RESOURCES FOR BREASTFEEDING:
- Prenatal classes or individualized education with clinic perinatal educator/lactation consultant.
- Reinforce benefits of breastfeeding, breast milk production and maintaining a milk supply.
- Videos and handouts available in clinic and at the hospital.
- Nursing and providers support in the hospital.
- Lactation consultant at HCMC if needed.
- PHN visit day after discharge from hospital.
- Follow up in clinic at 3-5 days of life, can see lactation consultant at clinic
- LaLeche League: a community support group of breastfeeding moms (number in phone book). Ask about getting help from grandma or relatives.

Baby-Friendly Hospital Initiative (BFHI) - The World Health Organization and the United Nations Children's Fund launched the Baby-Friendly Hospital Initiative in 1991 to improve breastfeeding rates. Continuous efforts from all of us will help us achieve a goal of increasing the number of exclusively breastfed infants in our patient population. ***Patient and provider education and consistent information are the keys to success!!***

The Ten Steps to successful breastfeeding as outlined in BFHI:

1. Have a written policy on breastfeeding that is communicated routinely to all health care staff.

2. Train all health care staff in the skills necessary to implement the policy.

3. Inform all pregnant women of the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within one hour after birth.

5. Show mothers how to breastfeed and maintain lactation, even if they are separated from their infants (i.e. NICU).

6. Give newborns only breast milk, unless other feedings are medically indicated.

7. Encourage rooming in: allow mothers and infants to remain together at all times.

8. Encourage breastfeeding on demand.

9. Provide no pacifiers or artificial teats to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them.

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