Breastfeeding Refresher: what every pediatrician should know

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Upon completion of this educational activity will be able to:

- Describe neurosensory and behavioral systems that function to support breastfeeding
- Recognize characteristics of successful breastfeeding
- Identify common breastfeeding challenges
- Access professional lactation resources for patients and providers
Outline

I. Competence of the human infant
   • Mammals—we’re all in this together
   • Right brain communication

II. The Breastfeeding Dance
   • Steps and Rhythm
   • How to tell if it’s working

III. Couples At Risk

IV. Resources

• “What Would Mammals Do”
  • Cache
  • Nest
  • Follow
  • Carry

  Diane Wiessinger, 2011
Hardwired to Breastfeed

- Neurosensory Cues and Reflexes
- Natural Habitat
- Somatosensory Stimulation

Infant State Regulation

- Nutrition VS Protest-Despair
- Right-Brain Conversation
- Two “Become” One
The Breastfeeding Dance

- K.I.S.S
- Non-Separation of Mother and Infant
- The “Key” to Latching
  - Stability
  - Mouth Mechanics
  - Position

Infant Stability

- State regulation
- Postural
- Positional
Maternal Stability

- State regulation
- Positional
- Postural

Mouth Mechanics

- “Think Outside the Bun”
Feeding Positions

- Instinctive
- Variety Is the Spice of Life
- When Rhythm Is Hard To Find

Practice Makes Perfect

- Early and Often
  - Immediately after delivery or as soon as medically stable
  - 7-11 times within first 24 hours=
    - 86% more milk on Day 2
    - 54% more milk on Day 3
    - 86% more milk on Day 4
Practice Makes Perfect

- Skin to Skin
- 24 hour Rooming-In
- Physician Examinations at Mom’s Bedside
  - Teaching/modeling opportunity

Practice Makes Perfect

- Enough IS Enough
  - No artificial supplementation unless medically indicated
  - No pacifiers until breastfeeding well established
But How Much Is Enough??

- Audible Swallowing
- Infant feeding 8-12 times per day in first week of life
- Diaper counts—need to have
  - Day 1 – 1 wet 1 stool
  - Day 2 – 2 wet 2 stools
  - Day 3 – 3 wet 3 stools (black/green)
  - Day 4 -- 4 wet 4 stools (green/yellow)

Why Do Moms Worry?

- Lack of accurate information
  - Realistic expectations
- Lack of support/confidence
  - Role models
- Lack of access to resources
  - How to find help/equipment
At-Risk Couples

- Maternal Factors
  - Anatomy
  - Anxiety
  - Anticipated Difficulties

At-Risk Couples

- Infant Issues
  - Multiples
  - Preterm
  - Late Preterm
  - Congenital Anomalies/Defects/Medical Conditions
Late Preterm Infants

- The Great Imposter
- Academy of Breastfeeding Medicine Protocol
- At risk for:
  - Poor feeding
  - Poor weight gain
  - Hypoglycemia
  - Jaundice

Late Preterm Infants

- Triple Feedings:
  1. Feed at Breast
  2. Feed with Cup/Nipple/NG
  3. Mom Pumps after Breastfeeding

- Early and Frequent Follow-Up
Congenital Issues

- Consultation with Lactation Services
  - Positioning
  - Nipple Shield
  - Protect Milk Supply

What Does a “Baby-Friendly” Office Look Like?

- ABM Protocol #14 – 2013
  - Establish written BF office policy
  - Offer culturally and ethnically competent care
  - Early support/info on BF with expectant mothers
  - Hospital orders state NO Supplementation in post-partial period unless medically indicated
  - Encourage moms to provide only human milk, no artificial supplements, no pacifiers until 4-6 weeks
  - Early follow-up, <48=72 hours post D/C
  - Ensure non-commercial parent education resources/teaching handout
BF Office (continued)

- Encourage BF in waiting area with display signs and appropriate privacy in BF area
- Display non-commercial pamphlets
- Develop telephone follow-up/triage protocols to assist BF couples
- Commend moms on visits for choosing and continuing to BF
- Encourage exclusive BR until 6 months, complementary feeding until 24 months

BF Office (continued)

- Set an example for patients/community by supporting employee BF with rooms/breaks
- Maintain lists and handouts of community resources and referrals ie, where to purchase/rent pumps, local lactation specialists, etc.
- Support/advocate health policy for BF care into “routine health services” (lactation services, pumps)
- Enforce workplace laws to protect/promote BF
Resources

- National
  - AAP Breastfeeding Initiatives
  - ABM Protocols
  - WHO-BFHI
  - IBCLC/ILCA

Resources

- Local
  - KY WIC Program
  - KY Breastfeeding – website
  - Kentuckiana Lactation Improvement Coalition
  - Lactation Improvement Network of Kentucky
  - La Leche League

- “Resources for Clinicians” handout, Doraine Bailey, Lexington-Fayette Co. Health Dept., 2013
References

- Academy of Breastfeeding Medicine Protocols, 2013. ABM.

References, cont.

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References, cont.
