# BREASTFEEDING: The First Weeks Can Make or Break an Experience! *How best to support your patients in the early days*

<u>Class Handouts</u> Outline Components of Breastmilk 10 Steps to Successful Breastfeeding: BFHI Kangaroo Mothercare or Skin to Skin Biological Nurturing – Laid Back Breastfeeding Common Concerns Powerpoint slides available electronically only



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#### **BREASTFEEDING:**

#### The First Weeks Can Make or Break an Experience! How best to support your patients in the early days

- I. History of breastfeeding advice "But we've always done it this way!"
- II. How it all works
  - a. Composition of Breastmilk
  - b. Breast Anatomy
  - c. Benefits of Breastfeeding
  - d. The Problem with Breastfeeding
- III. The First Few Days
  - a. 10 Step to Successful Breastfeeding BFHI
  - b. Skin-to-skin Contact
  - c. Rooming In
  - d. Avoiding Separation
  - e. Laid Back Breastfeeding
  - f. Instilling Confidence
- IV. Common Concerns in the Early Days/Weeks
  - a. Engorgement
  - b. Jaundice
  - c. Weight loss
  - d. The Baby Who Won't Latch
  - e. The Late Preemie
  - f. Sore Nipples
  - Tools of the Trade

V.

- a. Necessary, Useful, or Downright Pointless!
  - i. Pillows
  - ii. Nipple Shields
  - iii. Breast Shells
  - iv. Alternative Feeding Methods
  - v. Breastpumps
  - vi. Baby Weigh Scale
  - vii. Nursing Bras and Pads
  - viii. Pumping Bras
    - ix. Storage Containers
    - x. Cleaning
- VI. It Takes a Village What Can You Do?
  - a. BFHI
  - b. Ban formula marketing in healthcare settings
  - c. Medications What resource do you use?
    - i. Infant Risk Center 806-352-2519
  - d. Maternity Leave / Return to Work
    - i. Business Case for Breastfeeding
  - e. Cultural Changes

#### **COMPONENTS OF BREASTMILK**

- Major Components of Human Milk
  - Cells:
    - <u>Phagocytes (macrophages):</u> engulf and absorb pathogens; release IgA
    - <u>Lymphosytes</u>: T cells and B cells; essential for cell-mediated immunity; antiviral activity; memory T cells give long-term protection
- Growth Factors and Hormones
  - <u>Human Growth Factors</u>: polypeptides that stimulate proliferation of intestinal mucosa and epithelium strength; strengthen mucosal barrier to antigens
  - <u>Cortisol, insulin, thyroxine cholecystokinin (CCK</u>): Promotes maturation of the neonates intestine and intestinal host-defense process. Thyroxin protects against hypothyroidism; CCK enhances digestion
  - <u>Prolactin</u>: Enhances development of B and T lymphocytes, again promoting the immune system
- Lipids (Fat) Major source of calories
  - <u>Long Chain Polyunsaturated fatty acids</u>: DHA and AA associated with **higher visual acuity and cognitive ability**. Content based on maternal diet.
  - <u>Free Fatty Acids</u>: **Anti-infective** effects
  - <u>Triglycerides</u>: Largest source of calories for infant; broken down to free fatty acids and glycerol by lipase; also dependent on maternal diet.
- <u>Lactose:</u> Carbohydrate, major energy source; breaks down into galactose and glucose; enhances absorption of Ca and Mg.
  - Oligosaccharides and Glycoconjugates: Microbial and viral ligands
- <u>Minerals</u>: Regulate normal body functions; minimal influence by maternal diet.
- <u>Whey</u>: contains lactoferrin, lysozyme, and immunoglobulins, alph-lactalbumin
- <u>Immuniglobulins (SigA, IgM, IgG)</u>: Immunity response to specific antigens in the environment.
- SIgA pathways to mammary gland called GALT and BALT.
- Lactoferrin: Antibacterial especially against E. coli: iron barrier
- <u>Lysoszyme</u>: Bacteriocidal and anti-inflammatory
- <u>Taurine</u>: Early brain maturation and retinal development<u>Casein</u>: Inhibits microbial adhesion to mucosal membranes
- <u>Vitamins A, C, E</u>: Anti-inflammatory action; scavenges oxygen radicals
- <u>Water:</u> Constitutes almost 90% of human milk volume; provides adequate hydration to infant

### What is the Baby-Friendly Hospital Initiative and why do we need it?

More than one million infants worldwide die every year because they are not breastfed or are given other foods too early. Millions more live in poor health, contract preventable diseases, and battle malnutrition. Although the magnitude of this death and disease is far greater in the developing world, thousands of infants in the United States suffer the ill effects suboptimal feeding practices. A decreased risk of diarrhea, respiratory and ear infections, and allergic skin disorders are among the many benefits of breastfeeding to infants in the industrialized world.

In the United States, these benefits could translate into millions of dollars of savings to our health care system through decreased hospitalizations and pediatric clinic visits. For diarrhea alone, approximately 200,000 US children, most of whom are young infants, are hospitalized each year at a cost of more than half a billion dollars. Many of these cases of diarrhea could have been prevented with breastfeeding. In a study of the morbidity in an affluent US population, Dewey and colleagues found that the reduction in morbidity in breastfed babies was of sufficient magnitude to be of public significance. For example, the incidence of prolonged episodes of otitis media (ear infections) was 80% lower in breastfed as compared to non-breastfed infants. The cost savings to the health care system could be enormous if breastfeeding duration increased, given that ear infections alone cost billions of dollars a year.

It is a rare exception when a woman cannot breastfeed her baby for physical or medical reasons. Yet, a woman's ability to feel self-confident and secure with her decision to breastfeed is challenged by her family and friends, the media, and health care providers. Much has been done in the past few years to strengthen the sources of support for women to breastfeed. Although the hospital is not and should not be the only place a mother receives support for breastfeeding, hospitals provide a unique and critical link between the breastfeeding support provided prior to and after delivery.

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. The BFHI assists hospitals in giving mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so.

### The Ten Steps To Successful Breastfeeding

The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

- 1 -Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 -Train all health care 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 one hour of birth.
- 5 -Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 6 -Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
- 7 -Practice "rooming in" -- allow mothers and infants to remain together 24 hours a day.
- 8 -Encourage breastfeeding on demand.
- 9 -Give no pacifiers or artificial nipples to breastfeeding infants.
- 10Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the -hospital or clinic

## Kangaroo Mothercare (KMC)

### 1. Why is KMC helpful?

<u>Regulation</u>: The baby at birth is wide awake for the first 60-90 minutes and expecting certain sensations. He hears mum's familiar voice, heartbeat, the smell of mum and breastmilk is familiar too. The baby feels SAFE and so his body calms down, heart rate, breathing and oxygen saturation, blood pressure and temperature all stabilize far faster on mum than when they are separated. Baby has his basic needs for warmth, food and protection met.

Bonding and attachment: Baby's brain is also calm and all of the expected sensations are collected and fire pathways in the brain. The baby



will feel safe and open his eyes to make contact with his mother. This is the start of early bonding, and emotional and social intelligence. This is the first and most essential bond, the basis of all other bonds in life.

<u>Breastfeeding</u>: The baby behaves by crawling to the breast and starting to suckle on his own, with a proper latch so breastmilk production is being stimulated early on. The baby in the right place is very competent! All of the hormones in mother and baby work together as they were designed while practicing KMC. The baby will drink so does not get hypoglycemic, the mum's chest will warm automatically if her baby is cold, and vice versa.

<u>Sleep:</u> The baby will then settle to sleep and during quiet sleep all of these sensations collected will fire and wire circuits to the emotional brain(amygdala), be organized and sent back to the cortex when he wakes again, thus completing the brain circuits for health.

#### 2. What does early separation lead to?

If the baby is separated we create stress by disturbing all of the above in mom and baby. Baby cries, HR and BP goes up, oxygen sats go down. The baby crying uses up more calories so gets "hypoglycemic" so is given sugar so gut is compromised. Baby needs only colostrum to coat the stomach with antibodies to protect from germs.

The baby is able to respond in a healthy way to short periods of stress. His mother's presence makes it possible for him to quickly find his balance again. The brain actually needs mild and short stress, so this is called "positive stress". The stress can be quite severe, but if mother is there all the time to comfort and soothe, then there is no harm to the baby's brain. This is called "tolerable stress".

Then there is "toxic stress". High levels of stress hormones for long periods of time are toxic to the neurons that make the brain work. The stress hormone <u>cortisol</u> makes more neurons die off at a faster rate. This disrupts and disturbs developing pathways and circuits. With prolonged stress after birth, the brain is measurably smaller one year later. Prolonged stress is toxic to the brain.

The only difference between toxic and tolerable stress is the absence or presence of mother or father.

# **Biological Nurturing – Laid Back Breastfeeding**

Biological Nurturing (BN) is a way to get started with breastfeeding. First mom leans back in bed, on a sofa, on a chair or anywhere that feels comfortable, then you place your baby on top of mom's body. Because the breast is round, like the hands of a clock, there are a potential 360 baby positions. Realistically most mothers lay their babies up and down with their feet between their legs or to one side. Some mothers prefer to lay the baby across their body or shoulders.

## Doing BN

- Mother sits or lies back
- Mother's body supports the baby
- Pillows support mother's body (neck, back, arms and legs)
- Mother and baby are often lightly dressed and sometimes skin to skin
- Baby lies on top of mother
- Baby's body can be at any angle on top or across the mother's body
- Baby's legs and feet touch and push against the mother's abdomen/legs or part of the environment, like a blanket
- Mothers often make a protective nest with their arms encircling the baby
- Mothers do not need to apply pressure along the baby's back or neck to keep the baby in place
- Gravity helps to keep the baby in place
- Mother has one or both hands free



BN can be done when the baby is asleep or awake.

BN can start at birth. Feeding is all about releasing reflexes to help babies to latch. Reflexes are simple movements that are often called feeding cues. These cues are present even when the baby is asleep.

Information extracted from www.biologicalnurturing.com

### **Common Concerns in the Early Days/Weeks**

- 1. Engorgement
  - a. Ice/cool compresses between feedings to reduce the swelling.
  - b. Reverse pressure softening
  - c. Frequent feedings
  - d. Massage while feeding
  - e. Pain reliever recommended by MD
  - f. Pumping Yes or no?
- 2. Jaundice
  - a. Evaluate a feeding
  - b. Pre and Post feed weight checks
  - c. Weight Loss
  - d. Milk In?
  - e. Is supplementation necessary?
  - f. Plan and follow-up
- 3. Weight Loss
  - a. Mom problems
    - i. Physical
      - 1. Breast anatomy
      - 2. Hormonal concerns
    - ii. Management
      - 1. Scheduling
      - 2. Too much pacifier use
  - b. Baby problems
    - i. Physical
      - 1. Unusual oral anatomy
    - ii. Management
      - 1. Sleepy baby or the "good" baby
  - c. Plan
    - i. Almost gets it
      - 1. More frequent feeds
    - ii. Gets some
      - 1. Some supplementation and pumping
    - iii. Doesn't get it at all
      - 1. MORE supplementation and pumping
- 4. Baby Who Won't Latch
  - a. Reasons
    - i. Concerns during labor
    - ii. Maternal / Child Separation
    - iii. Early Supplementation

- iv. Anatomical variations
- v. Baby
- vi. Mom
- vii. Gestational Age
- viii. Milk Flow Too Slow
- ix. Milk Flow Too Fast
- x. Medical concerns
- b. What to do?
  - i. Feed the baby
  - ii. Protect the milk supply
  - iii. Skin to skin!
- 5. Sore Nipples
  - a. It's all about the latch in the early weeks
  - b. Assess pain and damage
  - c. Review latch and positioning techniques
    - i. Try laid back breastfeeding
  - d. Does cream fix the problem?
- 6. Late Preemies
  - a. Why is this a problem
    - i. 340/7 366/7 weeks gestation
    - ii. At risk for numerous complications
    - iii. 35% more premature births in the US from 1981 2005
    - iv. In 2005 12.7% of all births are premature
    - v. 75% of those are late preemies
  - b. What to do
    - i. Assess latch
    - ii. Mom should be pumping
    - iii. Skin to skin
    - iv. When supplementation is necessary
    - v. Frequent follow-up

Have you run into a breastfeeding couple with a problem you can't resolve? Don't forget about the IBCLCs of the Breastfeeding Resource Center

We are a nonprofit and provide the services on a sliding scale of payment! Don't wait, have mom call today!