

INCORPORATING BREASTFEEDING INTO CLINICAL PRACTICE: A STARTER'S GUIDE

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OBJECTIVES:

- Explain why the breastfeeding is the biological norm
- List at least one benefit of breastfeeding for mothers, infants, and society.
- List 3 breastfeeding friendly practices for your clinical practice setting.

BEFORE WE START, NO JUDGEMENTS HERE!

My personal disclaimer.

Abby – 11 years old, fed pumped breastmilk for 4 months, then fed formula.

Charlie – 8 years old, fed from the breast and pumped milk for 12 months.

Rigley – Schnauzer, 10 years old, not breastfed by me, but probably was by her dog mom!

Cornelius - 5 year old tuxedo cat. Also not breastfed by me, but probably was by his cat mom.



”BUT I DON’T WORK IN OB
OR PEDIATRICS, WHY DO I
NEED TO KNOW ABOUT
BREASTFEEDING?”



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- We all play a role in supporting breastfeeding.
- You may run into a breastfeeding mom anywhere.
- You can be supportive by:
 - Not shaming her if she feeds in public
 - Praising efforts of a client/patient, or a family member with them, for breastfeeding.
 - Advocating in the hospital or clinics for a lactation professional to assist moms who need lactation support.
 - Helping a mom find a place where she is comfortable to nurse.
 - Choosing breastfeeding friendly language when speaking to her.
- Even the smallest act of support can boost a mom who might be struggling, but the smallest act of disregard can add to forces trying to derail her.

ALL PROVIDERS NEED SOME UNDERSTANDING OF BREASTFEEDING

“At minimum, all health care providers must have a true understanding of the benefit of exclusive breastfeeding, physiology of lactation, how their specific field of practice impacts lactation, and how to find out about safe medications for use during lactation. If health care providers do not teach specific skills, it is not expected that they be able to describe or demonstrate them. However, it is expected that they will know to whom to refer a mother for help with matters for which they do not possess the skills.”

(Baby Friendly USA, Inc., 2020)

Our goal for today is to get you the basic information needed to meet this standard!

YOUR QUESTIONS ANSWERED

- "Is breastfeeding the gold standard?"
- "How does breastfeeding work?"
- "How can you determine if the baby is getting enough?"
- "What should moms eat?"
- "Is this safe to use?"
- "What are contraindications to breastfeeding?"
- "How do I talk about breastfeeding?"



**”IS BREASTFEEDING THE GOLD
STANDARD?”**

“IS BREASTFEEDING THE GOLD STANDARD?”

- NO!
- **It is the biological norm** (AAP, 2012).
- Humans are mammals.
 - The word mammal comes from the Latin base *mamma* meaning “breast, udder.”
 - Mammals are characterized by feeding their young with “milk made from a mammary gland.” (Merriam Webster Online, n.d.)
- When we say “breast is best” or “breastfeeding is the gold standard” it makes it seem as if human milk substitutes (HMS or formula) are “good” or “ok”, when in fact, they are substandard.
- This gives moms and society the impression that HMS is normal and breastfeeding is exceptional (only exceptional moms do it instead of ALL moms do it).



COMPONENTS OF HUMAN MILK

Component	Type of factor/function
Immune cells	Macrophages (engulf pathogens), lymphocytes (T and B cells for cell mediated immunity)
Anti-inflammatory factors	Prostaglandins PGE1, PGE2, cytokines and chemokines
Growth factors	Human growth factors (polypeptides that stimulate and strengthen intestinal mucosa), Cortisol, insulin, thyroxine, CCK, prolactin (stimulates T and B lymphocytes)
Enzymes	Amylase, lipase
Lipids	LC-PUFA (DHA and AA – cognitive and visual development), FFA (anit-infective effects), TG
Lactose	Energy, enhances CA, Mg, and MN absorption
Other carbohydrates	Oligosaccharides, glycoconjugates - microbial and viral ligands (binds to a target protein)
Proteins	Whey (lactoferrin, alpha-lactalbumin, lysozyme, and immunoglobulin), Casein (inhibits microbes from adhering to GI mucosa)
Water	87.5% of volume to hydrate infant.

(Adapted from Wambach & Riordan, 2016)

BREASTFEEDING PROMOTES OPTIMAL HEALTH



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Faster recovery from birth
Decreased rates of breast and ovarian cancer
Delayed time to future pregnancies
Decreased rates of HTN, Type II DM
Bonding with baby

Decreased risk for SIDS
Decreased otitis media and GI illnesses
Decreased infant mortality
Decreased risk for children to grow up and develop Type I DM, obesity, and, asthma as adults!

Decreased burden on the health care system from acute and chronic illness.
Workforce benefits – more moms return to work after delivery, are absent less often, and cost employers less for healthcare.

(AAP, 2012; USDHHS, HRSA, 2008)

BREASTFEEDING EFFECTS LAST FOR YEARS

Health Problem	Minimum length of breast feeding	Length of protection	Source
Diarrhea	13 weeks	7 years	Howie 1990
Otitis Media	4 months	3 years	Duncan et al 1993
Respiratory Infections	15 weeks	7 years	Wilson et al 1998

(Adapted from Wambach & Riordan, 2016)

PRACTICE TIPS



- Start feeding conversations with questions about breastfeeding instead of asking "breast or bottle?" (we will discuss open – ended questions later)
- If you are working with a mom who needs to breastfeed her baby and she is comfortable feeding around you, then be comfortable being around her while she does it.
- Use breastfeeding positive language, even if you have personally had a bad experience with it.
 - Research shows that providers that have negative experiences with breastfeeding are more likely to speak negatively about it.
- Don't give out formula gift packs or promotional items, avoid using "free gifts" like pens, pads, tissues from formula companies.
 - Try to use growth charts that are not labeled with formula manufacturer names.

**“HOW DOES BREASTFEEDING
WORK?”**

“HOW DOES BREASTFEEDING WORK?”

- Stages of lactation
 - Lactogenesis I (secretory differentiation) – colostrum production at week 16 during pregnancy (even if mom doesn't leak, colostrum is still there)
 - Lactogenesis II (secretory activation) – When milk starts to “come” in around 3 – 5 days after birth (this is called transitional milk)
 - Lactogenesis III (galactopoiesis) – Full milk production occurring from day 10 postpartum to weaning (mature milk)
 - Lactogenesis IV (involution) – when weaning begins, cessation of milk production resulting from apoptosis of milk producing cells

KEY HORMONES

- TSH
 - Promotes mammary growth
- Progesterone – high levels keep lactation at bay during pregnancy
 - Delivery of placenta initiates lactation
- Prolactin – suppressed while progesterone is present during pregnancy
 - Once placenta delivered – prolactin spikes and lactation begins
 - Works synergistically with cortisol and insulin
- Oxytocin – "The love hormone" – released to cause contraction of milk epithelial cells
 - Helps eject milk out of ducts and toward the nipple.
 - Also helps uterus contract and causes feelings of love and bonding for mom and baby.
- Prolactin – Inhibiting Factor (PIF) and dopamine
 - Inhibit prolactin and suppress lactation

SUPPLY AND DEMAND

- Body makes more if baby takes more
 - Autocrine control
- Assure this by
 - Feeding on demand
 - Recognizing early feeding cues
 - Feeding 8-12 times in 24 hours
 - Allowing no more than 3 hours between feedings
 - Allowing baby to empty breast (15 – 20 min)
 - Offering both breasts
 - Using breast massage during feedings
 - Expressing/pumping milk while away from baby and missing feedings
 - Having a good latch



Increased
milk removal



Increased
milk production

PRACTICE TIPS

A yellow starburst graphic with a black outline, containing the word "TIP!" in bold black text.

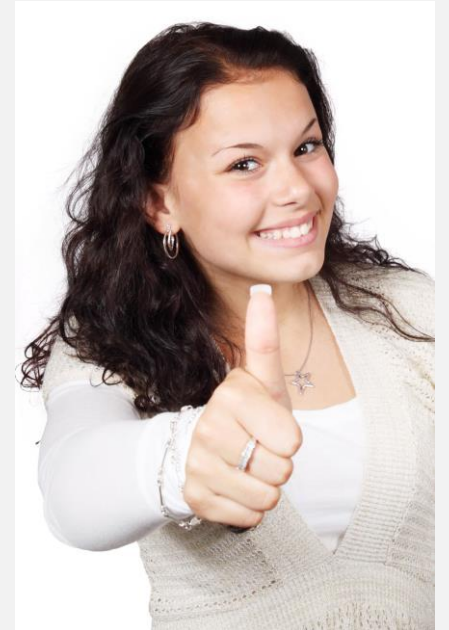
TIP!

- Allow moms options for where they prefer to comfortably breastfeed.
 - Some might want a private space
 - Some might prefer to feed in place
- Avoid having mom delay feedings for procedures or counseling unless absolutely necessary.
- The early phases of breastfeeding can be challenging for some moms, provide praise and reassurance for her efforts.
- Identify ways that others around her can provide support and assistance so that she has the time and energy to feed the baby.
 - Help her learn how to let go!

**“HOW CAN YOU DETERMINE IF
THE BABY IS GETTING ENOUGH?”**

SIGNS THAT BREASTFEEDING IS GOING WELL

- Baby has not lost more than 7% of birth weight within the first week of life
- Baby has regained birth weight by 10 – 14 days post partum
- Baby is gaining 4 – 7 ounces per week during the first 4 months of life
- Baby is feeding 8- 12 times in 24 hours
- Baby seems satisfied after feedings
- Baby has 6-8 wet diapers and 3-5 poopy diapers per day starting at 1 week post partum
- Baby has no signs of jaundice or jaundice is resolving
- Mom is not reporting any nipple soreness, pain, skin breakdown, or breast infections



WHAT IF BREASTFEEDING IS NOT GOING WELL?

- Refer to local lactation consultant and pediatrician
- Fargo resources
 - Sanford outpatient lactation and Baby Café
 - Accessible through MyChart and by phone (701) 417-3838
 - Baby Café meets on Mondays from 9:30 – 11:30 am and Wednesdays from 1 – 3 pm
 - South University Dr. at Sanford Outpatient Dialysis building – second floor
 - Essentia Health outpatient lactation and Tender Transitions
 - Accessible by phone (701) 364 – 8066
 - Tender Transitions meets on Tuesdays and Fridays from 1- 3 pm and
 - Essential Health South University Clinic – 6th floor
 - Cass County WIC and Clay County WIC
 - Cass County WIC Breastfeeding Coordinator (Tera Orr) - 701-277-1455 (main #) or 701-476-6711 (direct line)
 - Clay County WIC Breastfeeding Coordinator (Kara Belgarde) - 218-299-7065
 - La Leche League (for social support from other moms and LLL leaders)
 - <http://www.llofmdas.org/fargo-moorhead.html>
 - Additional contact information on webpage



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WAIT! WHAT IS A LACTATION CONSULTANT?

- Good question!
- There are several different certifications that a lactation consultant can have
- The most common in the FM Area are:
 - IBCLC – Healthcare provider specializing in clinical management of lactation. Has earned the IBCLC credential from the IBLCE (an accredited body).
 - CLC – A credentialed lactation counselor who can help with breastfeeding management.
 - CBC – A lactation certification for RN's only. Similar to CLC.
 - Peer Counselor – a mom with personal breastfeeding experience who is trained to provide support to other mothers.
 - La Leche League Leader – a person who has completed the the LLL leader accreditation process, meets requirements for leadership, and subscribes to LLLI policy and purpose.

What does this mean? They know a lot about breastfeeding and how to help moms do it!

PRACTICE TIPS



- If you aren't sure of the answer, don't give one! Refer!
- Keep a list of referral sources handy for easy access.

“WHAT SHOULD MOMS EAT?”

EAT WHAT YOU LIKE!



- There is insufficient evidence to suggest that certain foods cause problems for infants.
- Mom should drink to thirst and eat to appetite, choosing a balanced diet.
- Moms should continue to take Vit D.
- Exclusively breastfed infants should take 400IU Vit D
- If mom has concerns about certain foods irritating baby, have her keep a symptom diary.
- Mom should not go below 1800 calories per day if she is trying to lose weight

PRACTICE TIPS



- Avoid encouraging restrictive diets unless medically indicated
 - Many women attempt to cut out dairy and other foods because of infant “fussiness”
 - There are other reasons a baby might be fussy
 - If mom is concerned about food intolerances, a food diary can help her identify foods
- Encourage moms to choose a variety of healthy foods, same as during pregnancy.
- Mom might want to keep a water bottle with her and healthy snacks as she will find she is often hungry and thirsty.

“IS THIS SAFE TO USE?”

Alcohol, drugs, medications, caffeine, smoking

GUIDELINES

Alcohol	Recreational Drugs	Medications	Caffeine	Smoking
1 standard drink is acceptable – wait 2- 3 hours after consumption to feed baby	CONTRAINDICATED (this includes marijuana)	Need to check before use. Some are fine, others are not.	Mild caffeine intake probably ok. Use early in the day. If baby seems fussy, cut back.	Encourage mom to quit. However, if she continues to smoke, continue to encourage breastfeeding

EXAMPLES OF ACCEPTABLE MEDICATIONS

Category	Medication	Notes
Analgesics	Ibuprofen	None found in milk
	Ketorolac	Milk levels low
	Fentanyl	Milk levels low
Antibiotics	Penicillins, Erythromycins, Cephalosporins	Long history of use with little report of adverse events – observe for changes in gut flora
Radiocontrast agents	Iopanoic acid, Metrizoate, Iohexal, Metrizamide, Gadopentetate	Concentrations are low in milk, no need to pump and dump
Vaccines	MMR, dPT, Hep A & B, Flu, Varicella, HPV	Generally safe to use

Wambach & Riordan, 2016

PRACTICE TIPS

TIP!

- This is another good time to refer!
- Discourage recreational drug use.
- Encourage limited alcohol consumption.
- Encourage caffeine in moderation.
- Good references
 - Hale's Medications & Mother's Milk: available in book and app <https://www.halesmeds.com>
 - Lactmed Database: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>



**“WHAT ARE CONTRAINDICATIONS
TO BREASTFEEDING?”**

THERE ARE VERY FEW ABSOLUTE CONTRAINDICATIONS TO BREASTFEEDING

- Medical Conditions
 - HIV and HTLV
 - In developing countries, HIV is NOT a contraindication
- Recreational drug use
- Many other conditions require modifications to the breastfeeding routine but can still be compatible with breastfeeding.

PRACTICE TIPS



- Another good time to refer!
- The bottom line is that there are only a handful of times when breastfeeding is absolutely contraindicated. Avoid jumping to conclusions that a mom will need to discontinue breastfeeding.

**“HOW DO I TALK ABOUT
BREASTFEEDING?”**

BREASTFEEDING CONVERSATIONS

- Step 1: Use open ended questions
 - How are you planning to feed your baby?
 - How are you currently feeding your baby?
 - What do you know about breastfeeding?
 - What experiences have you had with breastfeeding?
 - How is breastfeeding going?
 - What are your feeding/breastfeeding goals?
- Open-ended questions allow you to gauge what your client's attitudes are toward breastfeeding and what they are currently doing
 - It also prevents you from making a comment that might sound judgmental

BREASTFEEDING CONVERSATIONS

- Step 2: Validate moms concerns (make her feel heard)
 - “I understand that you are concerned about whether your baby is taking enough milk. That is common concern among mothers of young infants.”
 - “Sounds like you would like to have someone double check your latch. A good latch is really important, so that’s a great idea.”
 - “Going back to work can be overwhelming for moms. Let’s talk about your concerns.”
- Step 2: Praise successes (build self-efficacy)
 - “Wow, your latch looks great.”
 - “You are doing a great job comforting your baby.”
 - “That positioning seems to be working well for you and your baby.”

BREASTFEEDING CONVERSATIONS

- Step 3: Provide basic education or refer if there are any concerns
 - “We could discuss some options to help you incorporate pumping into your work day. Would you like some information about that?”
 - “Some moms really enjoy having time to socialize and learn about breastfeeding with other moms. Would you like to get some information on local lactation support groups?”
 - “It sounds like you have a lot of questions about breastfeeding. Let’s find a lactation consultant to speak with you.”
 - “Some medications are compatible with breastfeeding but some are not, let’s check with your pediatrician and the lactation consultant to see what they think.”

PRACTICE TIPS



- Use the open-ended question.
- Avoid language that might sound judgmental.
- Provide praise and encouragement for her efforts.

SUMMARY

- Avoid displaying or distributing ANY type of formula advertising.
- You don't need to be an expert.
- Know when to refer.
- Being supportive and encouraging is enough.
- Avoid asking mom to delay feedings.
- Use positive language when discussing breastfeeding, but still acknowledge the mother's feelings.
- Don't jump to conclusions about what is or is not compatible with breastfeeding. Refer her to an expert!
- Practice being comfortable around a woman who is comfortable breastfeeding around you!

REFERENCES

- American Academy of Pediatrics. (2012). Breastfeeding and use of human milk. *Pediatrics*, 129(3), e827 – e841.
- Baby Friendly USA, Inc. (2020). The Baby Friendly Hospital Initiative: interim guidelines and evaluation criteria for facilities seeking and sustaining Baby - Friendly Designation. Retrieved Feb. 12, 2020 from <https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/>
- Merriam-Webster Online. (n.d.). *Mammal*: noun. Retrieved on Feb. 10, 2020 from <https://www.merriam-webster.com/dictionary/mammal#other-words>
- United States Department of Health and Human Services, Health Resources and Services Administration. (2008). *Business case for breastfeeding – for business managers*. Retrieved February 11, 2020 from <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>
- Wambach, K., Riordan, J. (2016). *Breastfeeding and Human Lactation*, 5th Ed. Burlington, MA: Jones & Bartlett.