Laid Back Breastfeeding: Forty Years of "Ah-Ha" Moments Vera Froese, RN, BN, IBCLC

Suzanne Colson's research and the BIG PICTURE

Mom and baby are the experts

Our most important role is to support mom and baby to connect in positive relationship.

WONDERING IS A WAY OF TEACHING It's the little things that count.

- √ Speak in a soothing voice
- ✓ Introduce yourself to mom AND baby
- Ask permission before doing any newborn care
- ✓ Ask permission before touching mom
- √ Hands off as much as possible

Wonder

"Your baby is looking right at you."
"Watch how baby moves to your voice."
"Look how baby calms down when you stroke him like that."
Brim with confidence

Less is better

Pause before you speak
Minimize personal chat
Use positive language: Rather than "Baby is
lazy, stubborn..."
say "Baby is tired, frustrated, just needs to be
with you."

BREASTFEEDING CARE PLANS: Vera Froese, RN, BN IBCLC

Some of the challenges that may require this written plan are:

- 1. Late Pre-Term Baby
- 2. Post-Term Baby
- 3. Non-latching babies
- 4. Babies with blood sugar issues
- 5. Babies with poor weight gain (see Breastfeeding Guidelines Algorithm)
- 6. First time breastfeeding families
- 7. Transitioning from special care nursery to home

The plan is to be discussed and completed in partnership with the family. The plan will change frequently as breastfeeding progresses.

ESSENTIAL PRINCIPLES

1. Strength Based:

Maternal confidence promotes mother-infant attachment and breastfeeding duration.

2. Mom and baby are the experts:

Provide breastfeeding support as information (not advice). Protect mom and baby from threats to their oxytocin

3. Consistent:

Consistent information around breastfeeding supports breastfeeding duration. Use consistent resources from facility to community:

4. Simple to Understand:

Mom is using her intuitive right brain to connect to her baby. Any time we "instruct", we force her to move away from the powerful connections that are happening between her and her baby.

[&]quot;Instructions trigger thinking which can take a mother's focus off her baby and may even cause her to question her instincts. Too much information at the wrong time leaves some mothers feeling overwhelmed...Encouraging each mother to find her own way can enhance both her self-confidence and the mother-baby relationship." <u>BAMS</u> (p.29)

MOM'S COMFORT:		
 Position:		
SKIN TO SKIN:		
 Skin to skin will help your baby grow, stay calm, warm and feel safe. Spend at least 6 hours every day with your baby on your chest skin to skin (Dad can do it too!) 		
FEED THE BABY:		
Babies cannot feed when they are crying. Calm the baby with skin to skin and/or expressed milk. Watch for feeding cues such as hand to mouth, turning head side to side and active sleep. Babies can latch while dozing.		
At the Breast: At least 8 times in 24 hours ☐ Breast compressions give baby more rich milk with each feed. ☐ Ensure baby is getting enough by checking for swallows, voids, BMs		
Not Breastfeeding Yet: Offer breast when baby is calm and alert		
Baby Needs Extra: How: Drops by finger Cup □ How Much How Often Before Breast After Breast		
MOVE THE MILK:		
At least 8 times in 24 hours (at least once at night) • Breast feeding • Hand Expression: At least 8 times in 24 hours minutes per time		
After 24 hours may add: • Double Electric Pump: ☐ At least 8 times in 24 hoursminutes per time ☐ Finish with hand expression for 5 minutes		

BREASTFEEDING PLAN Full Term

FOLLOW-UP:

LATE PRE-TERM BABY FEEDING PLAN

MOM'S COMFORT:

FOLLOW-UP:

 Position:
SKIN TO SKIN:
Skin to skin helps early babies grow, stay calm and feel safe, just like in the womb. Avoid separating baby from mom. Be gentle when handling baby, limit baths and visitors.
Reducing light and noise also saves baby's energy.
Spend at least 6 hours every day with your baby on your chest skin to skin
(Dad can do it too!)
Keep baby's head turned sideways and in "sniffing" position while skin to skin.
FEED THE BABY:
Your baby loves to breastfeed, but may not have energy to get a full feed for a few
weeks. Babies cannot feed when they are crying. Calm baby with skin to skin and
expressed milk. Watch for readiness cues such as hand to mouth, licking or rapid
eye movement when sleeping.
Babies can latch while dozing.
At the Breast:times in 24 hoursminutes per side
Be sure baby is swallowing while at the breast.
Do breast compressions to give baby more milk with each feed.
Not Breastfeeding Yet: Offer breast when baby calm and alert
Needs Extra: How: Drops by finger Cup Bottle Other
How Much How Often Before Breast After Breast
MONTE THE MILLY
MOVE THE MILK:
MOVE THE MILK: First 24 hours:
First 24 hours: Breast feeding
First 24 hours: Breast feeding Hand Expression: 8 times in first 24 hours
First 24 hours: Breast feeding Hand Expression: 8 times in first 24 hours After 24 hours:
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Breastfeeding Plan



Laid-back Breastfeeding

Comfort

Relaxed position Pain free Rest and sleep



Skin to Skin:

0 2010 La Leche League International, The Womanly Art of Breastfeeding, Chapter 20.

Skin to skin will keep your baby warm, calm, save energy and improve growth. Spend at least <u>6 hours/day</u> with the baby skin to skin (Dad can do this too!)

Feed the Baby: Feed at least 8 times in 24 hours	Breastfeeding is a happy time.
Breast compression	
Getting enough?	Count diapers
Requires supplemental feeding?	
How?	☐Before Breast ☐After Breast
How much?	
How often?	
Move your milk Breastfeed Hand express Pump	
Follow-up Plan:	

Breast Compression

Imagine a balloon full of air.

How do you move the air from the back to the front?

..By gently squeezing the other end of the balloon!

Your breast works the same.

There's lots of creamy milk in your breast!

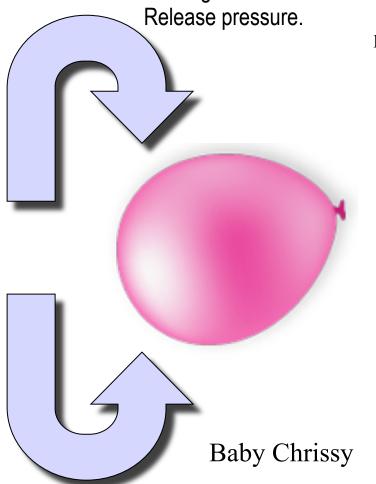
Sometimes babies get sleepy before they finish their dessert.

Notice when your baby's sucks are not moving milk.

Circle your thumb and fingers around your breast close to chest.

Firmly bring thumb and fingers together.

Hold this pressure until baby has a few more swallows and goes back to gentle sucks.



Dr. Jack Newman

Birth Weight: 3380 g. Gestation: 40 weeks Discharged on Day 2 Weight: 3120 g L1A1T2C1H1R2 Weight: 3000g Home visit Day 4: Mom not sure of number of voids but had noted 1 dark green BM in last 24 hours. Mom is in tears. Her perineum is very sore and her nipples are painful. On examination, the nipples are red and abraded at the tips. Chrissy appears jaundiced, calms with a soother but cries when put to the breast, pushing with her hands. Assessment: (What more would you need to know?) CARE PLAN Mom's Comfort: Skin to Skin: Feed the Baby: Support mom's milk supply:

Follow- Up: