

What Every Physician Needs to Know About Breastfeeding

Manitoba Baby Friendly Committee Education
Session

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Objectives

- To learn the normal breastfeeding behaviors in the first days/weeks
- To discuss some common barriers to breastfeeding initiation and exclusivity
- To learn how to manage some of the challenges that can arise

The First Breastfeeding

- Within 30-90 minutes of birth
- Most wakeful time
- Specific behaviours occur if left uninterrupted on Mom's chest:
 - Look at breast
 - Hand-to-mouth movements
 - Touching areola/nipple with hands
 - Rooting movements
 - Licking movements
 - Sucking movements
 - Crawling movements to breast

Latch



- Wide mouth open
- Lips flanged
- Tongue down beyond gum-line
- Asymmetrical, more areola from bottom
- Chin against breast
- Comfortable for mom



Signs of Success



- Unrestricted, frequent, at lib breastfeeding
- At least 8 feedings per day
- Early feeding cues
- Adequate output
- Wakes for feed
- Settles well after feed
- Birth weight by 10-14 days
- Breast and nipples are comfortable
- Increased fullness 2-5 days
- Abundant supply in 2 weeks
- Breasts softer pc

How Do We Help in Those First Hours?

Skin to skin and Hand Expression



Skin To Skin

Helps the newborn baby adjust to life outside of mom's body



Skin To Skin

- STS right after birth gives baby the chance to crawl to the breast and breastfeed
- Improves breastfeeding initiation, frequency, duration & exclusivity



What Does STS Do For Baby?

- Baby will be warm
- Baby will cry less
- Baby will sleep better
- Baby will wake better
- Baby will be less stressed
- Baby will have better brain development
- Baby will breastfeed better



Hand Expression

- Increases milk transfer, drop by drop
- Increases milk supply
- Provides nutrition for infant
- Relieves full breasts
- Increases Mom's confidence
- Increases BF exclusivity
- EBM for nipple care

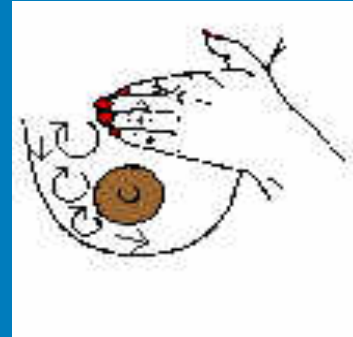
Hand expression

Steps for Hand expression:

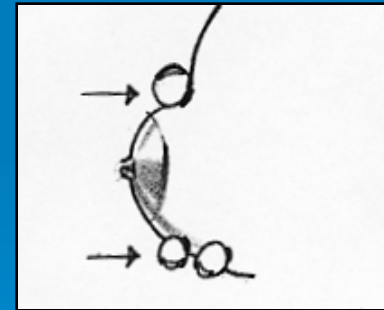
1. Massage breasts
2. Make a “C” with your hand
 - Push back, press, relax
 - Repeat on both sides
3. Collect your milk and feed to baby

Google: “Stanford hand expression” for a short video clip

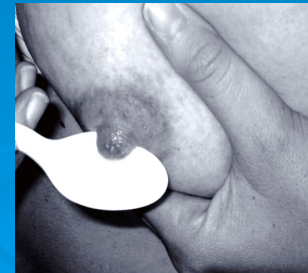
1.



2.



3.



Barriers to Breastfeeding

- **Nipple pain**
- **Perceived low milk supply**
- **Early supplementation**
- **Early separation**
- **Lack of consistent information**
- **Lack of support**
- **Hospital routines**

Breastfeeding Challenges



Mother Issues That May Affect Early BF

➤ Maternal diabetes

- Hypoglycemia, separation, supplementation, delayed Lactogenesis 2

➤ Obesity

- ^ C/S births, lower prolactin response Day 2, poor positioning/latch

➤ Advanced age

- Infertility, health issues

Mother Issues That May Affect Early BF

- Inverted nipples,
- Breast reduction/augmentation surgery,
- Asymmetry



Infant Issues That May Affect BF

➤ Labour

- Forceps
- Vacuum
- Caput
- Shoulder dystocia
- Precipitous delivery
- Prolonged labour



Infant Issues That May Affect BF

➤ Oral anatomy

- Pierre Robin Syndrome
- Cleft palate, cleft lip
- Short/tight frenulum



Infant Issues That May Affect BF

- Reduced energy
 - Prematurity
 - Congenital Heart Defect
 - Labour analgesia/anaesthesia



Issues That May Affect BF

➤ Care

- STS as much as possible
- Positive breastfeeding practice
- Feed the baby
- Support milk supply

- Transitioning to breast varies with each mother/baby pair

Painful Nipples

- Prevention is key!!
- Optimize position and ensure deep latch with every BF to prevent injury
- Break suction with finger inside Baby's mouth to interrupt the BF
- BF often and on cue



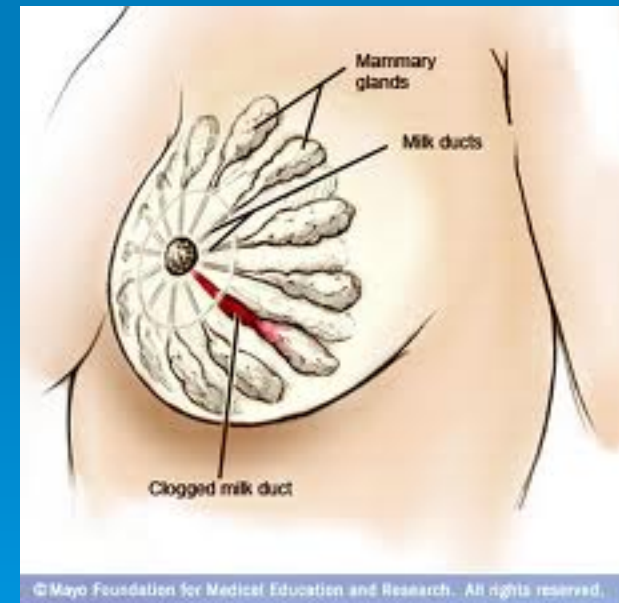
Painful Nipples

➤ Care:

- Breastfeeding should be encouraged
- Improve latch and position
- Gtts of EBM on nipples
- Lanolin cream
- Change breast pads as soon as they are wet
- Wash OD with soap and warm water if breakdown
- Rx for nipple cream: Viaderm, Kenacomb, APNO

Plugged Ducts

- Tenderness to touch
- Presence of firm area
- Redness and warmth
- Unilateral



Plugged Ducts

➤ Care:

- Change position for better milk transfer from affected area: nose or chin towards plugged duct
- Massage breast gently towards baby during BF
- Warm compresses ac
- **BF should be encouraged**

Engorgement

- Pathological state caused by ineffective BF
- Increased pressure of milk inside the ducts
- Congestion of lymph and blood within the breasts
- Painful, firm, warm to touch
- May have a slight ↑ in temp
- Bilateral



Engorgement

➤ Care

- **Breastfeeding should continue**
- Assist with improving milk transfer at breast
- Hand's on Pumping if necessary
- Proper fitting bra,
- Cold compresses after BF/pump
- Warm compresses before BF/pump
- Cabbage leaves
- Analgesia as required

➤ 24-48 hours

Mastitis

- Infective process from plugged ducts/nipple trauma
- Inflammatory response to injury
- Very warm to touch
- Painful
- Red
- Unilateral
- Fever
- Malaise
- Fatigue



Source: J Midwifery Womens Health © 2007 Elsevier Science, Inc.

Mastitis

➤ Care:

- **Breastfeeding/pumping should continue**
- Same care as with plugged ducts
- Antibiotics if no improvement after 24 hours.
 - 10-14 days
- Rest
- Fluids
- Antipyretics/anti-inflammatory as necessary

Abscess

- Progression from mastitis if treatment is ineffective/delayed
- Mass in breast
- U/S imaging may be useful for diagnosis
- **Care**
 - Antibiotics
 - **Breastfeeding/pumping**
 - Needle aspiration under U/S visualization
 - Surgical drainage, with/without drain

Weight Loss

- Weight loss occurs in the first 3 days following birth
- Up to 8% at 48 hours
- Higher wt loss
 - More output than usual
 - IV/oxytocin in labor
 - Ineffective/Poor breastfeeding
 - Early supplementation

Weight Loss

- **Care**
- Review labour and delivery history
- Review output
- Assess and maximize breastfeeding
- Hand express and collect and give any drops of EBM to baby using teaspoon
- If necessary, more aggressive supplementation can be used (minimal output, wt loss 10%, poor breastfeeding)
 - SNS, cup, finger feed, bottle
 - Pump using hand on pumping

Leaking/Milk Ejection Reflex

- Involuntary hormone response to Baby's touch, smell, cry, memory & BF
- Oxytocin release
- Within days of delivery and for several weeks to months PP
- Leak for one side while Baby is BF on other side
- Hormone response to Baby's touch, smell, cry,
- Breasts will adapt to Baby's needs and demands
- Change breast pads often
- Let milk leak in first few weeks PP
- Gently put pressure or pinch nipples after 6 wks PP

Over-Abundant Milk Supply/

↑MER

- Abundance of milk & fast flow
- Drowning Baby, sputters, gulps, chokes
- **Care:**
 - Block feed
 - BF often
 - Adapt position at breast; gravity, head higher
 - Initiate MER first or hand express a little first
 - Burp Baby frequently
 - Will resolve over time as breasts adjust to infants needs

Inadequate Milk Supply

- Actual or perceived
- Ineffective milk transfer
- Infrequent breastfeeding/emptying of breast
- Early or regular supplementation
- Hormonal issues
- Infant:
 - Poor weight gain or weight loss
 - Low output
 - Minimal swallows
 - Sleepy or frantic at the breast
 - Long feeds
 - Frequent feeds

Inadequate Milk Supply

➤ Care:

- Improve breastfeeding/latch
- Increase frequency of breastfeeding
- Pumping with Hands on Pumping
- STS
- Galactagogues: herbs, Maxeran, Domperidone

Candidiasis/Thrush

- Painful not related to latch
- Pins and needles, burning pain towards the end of BF
- Pink, shiny nipple and areola
- Bilateral
- White plaques inside baby's mouth that do not wipe off
- Difficult to treat



Candidiasis/Thrush

➤ Care:

- Treat Mother and Baby simultaneously and after every BF
- 0.5 ml Nystatin suspension painted in baby's mouth
- Gentian violet
- Antifungal cream to nipple and areola
- Oral antifungal
- Consider anything that touches mouth and breasts as contaminated

Breastfed Babies

