CONTINUITY OF BREASTFEEDING AND LACTATION CARE FOR THE PRIMARY CARE STAFF

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PERSONAL FEELINGS

As a care giver how do you feel about breastfeeding?

PERSONAL EXPERIENCES

What has been your personal experience with breastfeeding?

CULTURE

Personal belief and culture should not be use over clinical evidence based guidelines for breastfeeding

SURGEON GENERAL CALL TO ACTION

- "Health care Systems should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more "baby friendly" by taking steps like those recommended by UNICEF/WHO's Baby Friendly Hospital Initiative."

- Regina A Benjamin MD, MBA
- US Surgeon General

WORLD HEALTH ORGANIZATION (WHO) AND UNITED NATIONS CHILDREN'S FUND (UNICEF)

In the 1970's UNICEF/WHO established a co-administered program in conjunction with New Joint Commission (JCHO), this campaign was to protect and improve child survival:

- Breastfeeding Health Initiative
- This initiative consist of implementing the 10 Steps requirements for all hospitals seeking 'Baby Friendly' delegation.

- American Academy of Pediatrics (AAP), and Breastfeeding Medicine (ABM), Department of Health (DHS), CPSP, and State and Local Organizations support the recommendations for Breastfeeding
BABY FRIENDLY RECOMMENDATIONS

- Skin to Skin of Dyad until first feeding occurs
- Educate pregnant women, all mothers, partners, family members about the benefits and risks of breastfeeding; and the importance in supporting the breastfeeding process.
- All healthcare staff knowledgeable on breastfeeding basics
- All pregnant women must be supported, educated, and assisted to the breastfeeding process
- Show MOMS to breastfeed and how to maintain breastfeeding even when separated from their newborns (sickness-baby or mom, going back to work)
- Newborns must receive breast milk only unless medically indicated
- Encourage breastfeeding on demand 8 times or more during 24hrs
- Allow mothers and infants (Dyad) to remain together
- Give no ‘artificial nipples’ or pacifiers to breastfeeding infant
- Foster the establishment of breastfeeding in the work place including support groups

WORLD HEALTH ORGANIZATION AND BREASTFEEDING

- **Exclusive breastfeeding**
  - is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

WORLD HEALTH ORGANIZATION AND BREASTFEEDING INITIATION

- **Colostrum.**
  - the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

WHO RECOMMENDATIONS

- **Breastfeeding**
  - is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.

THE NATURE OF BREASTFEEDING

- “Infants are “programmed” to initiate feeding within the first hour after birth; and a mother whose hormones have primed her to respond to her newborn in ways that ease the transition life outside the uterus.”
- “Mother is now part of a particular culture, which has views about the ‘proper’ way to feed infants and is having her first experience in a place that is not her home”

Richard and Alade, 1980, JOGNN
**Breastfeeding Tools for the Infant**
- Instinctive Newborn Reflexes: Breathing, Crying, Rooting, Moro, Walking/Stepping, Plantar, Babinski, suck/swallow, palmar grasp, Fencing, Yawning
- Stomach Sizes (Day One/5-7cc’s, Day Three/22-27cc’s, Day Ten/60-81cc’s) (see handout)
- Infant’s Output (Day one/1diaper, Day two/2diapers, Day three/3diapers, Day four/4 diapers, and 4 or more diapers for days of life. (see handout)
- Feeding Cues (Hand-to-mouth, Lip Smacking, sucking movement during sleep, state of alertness and interested on feeding. Crying is a disorganized late response
- Infant feeding behavior/Cluster feedings
- Sucking patterns (see handout)

**Importance of Follow-Up Visit 3-5 Day of Life Assessment**
- Skin-to-Skin Mother and Infant? (DYAD)
- Weight loss first days after birth usually up to 7-10% (voiding and stools/meconium)
- Gestational Age, Birth Weight and tracking for gain, type of delivery and complications
- Rooting, Sucking, Pausing and self-start, infant state, infant feeding behaviors
- Anomalies: cleft lip/palate, torticollis, blindness, ankyloglossia (tongue tie) and other
- Maternal Hx: breast surgery, DM, HTN, Thyroid Dx, Depression, maternal types of nipples, tubular type of breasts and others.

**Assessing Mom and Newborn at the Breast**
- L- Latch
- A- Audible swallows? Suck/Swallow ratios
- T- Type of maternal nipple
- C- Maternal comfort
- H- Does mom need help holding infant in position?

**Jaundice**
- Familiarize yourself with these terms:
  - Jaundice
  - Meconium
  - Phototherapy
  - Physiologic jaundice

**Not Enough Milk???
Babies suckle:
- As a reflex
- For comfort
- When hungry
- During growth spurts ...what are growth spurts??
- Crying does not always mean that baby is hungry!
BREASTFEEDING CONTRAINDICATIONS

- Maternal Active Tuberculosis
- HIV Positive
- Drug Use/Chemicaldependency
- Active Herpes (HSV) Lesion on the Breast near the Nipple area
- GALACTORRHEA

“CONNECT”

- Create your “Breastfeeding Resource Connection”
  - WIC
  - HOSPITALS
  - COMMUNITY BREASTFEEDING RESOURCES
    - Greater Los Angeles Lactation Center
    - La Leche League
    - Private Lactation Consultants in your area

BELIEVE AND GIVE PRAISE

- Patients (No matter how small the accomplishment)
- Family (for supporting, participating and assisting)
- Follow-up closely (clinic, phone call, hospital)

AND CHEER-ON!!!

STEPS TO REMEMBER:

Assess
Engage
Educate
Motivate
Refer as appropriate
Reassess

Promote:
  clinic, school, church, community center, family, Friends

BREASTFEEDING LAWS

Six Key Laws for Parents

BREASTFEEDING SELF ACCOUNTABILITY

- Self accountability as part of the breastfeeding community.
- Promotion with breastfeeding posters
- Providing WIC hand-outs to clients in need
- Integration of Breastfeeding tools (CPSP)
- Providing some breastfeeding gifts to newborns and their mother (bibs, pillow, breast pads)
- Keeping basic breastfeeding access area for patients.

Thank you!!!
MEETING REQUIREMENTS FOR SUCCESS

- Set the culture in the office, conduct lunch and learn meetings at least once a month
- Basic training is important for all staff
- Assign Coordinator for the service (CPSP lead person)
- Documentation assure that all documentation is proper and in place for audits and billing purposes.
- Assign a responsible person for follow-ups and phone calls.

BECOME FAMILIAR WITH SUPPLIES

- Breast shields- Inverted nipples
- Breast Shells: May help with inverted nipples, and cracked nipples
- Gel Pads: Sore nipples, cracked nipples
- Breastfeeding BIBs
- Breastfeeding Pillow
- Special nipple for breast milk feeding
- Breast pumps

‘CLOSING THE CYCLE’ ON BREASTFEEDING PROCESS

- Documentation- Developing a knowledgeable and staff friendly form (assure proper agencies have approval of this tool)
- Follow-up: Know guidelines for lactation services
- Billing: How can this services be reimbursed?

REFERENCES

- Educational Objectives and Skills for the Physician with Respect to Breastfeeding, BREASTFEEDING MEDICINE, Vol 6, Number 2, 2011
- The importance of Skin-to-Skin Contact, Jack Newman, MD FRCP, 2009
- World Health Organization (WHO) http://www.who.int/nutrition/topics/infantfeeding_recomm tion/en/

QUESTIONS?