

Breastfeeding Management

A Guideline for Healthy Term Newborns

BIRTH to 48 hours

Core Knowledge

Incorporate these basics into ROUTINE prenatal classes and/or visits

Inform Parents About:

- the effects of labor medications on breastfeeding.
- drug-free alternatives for labor and delivery, including use of a birth doula, if available.
- effects of breastfeeding on acute and chronic diseases of women and children, so that mother can make an informed feeding choice.

Teach Skills for Breastfeeding Success:

- Skin-to-skin contact after birth, regardless of feeding method
- Expect to feed within the first hour of life.
- Offer frequent feeds, not formula: The more the baby nurses, the more milk the mother will make.
- Say 'no' to pacifiers and bottles.
- Sleep near the baby & nurse lying down.
- Feed early and often, at the first signs of hunger.
- Sleep near the baby.
- Consider "laid-back breastfeeding:" mother is semi-reclining.
- Learn to nurse lying down as baby gets older
- Wide open mouth, flared-out lips.
- Watch the baby, not the clock.
- Recognize swallowing and milk transfer.
- Avoid supplementation without medical indication.
- Breastfeed exclusively for 6 months.

Core Knowledge continued on next page

Core Practices

For Baby:

At birth:

- ▲ Place baby skin-to-skin immediately after birth.
- ▲ Dry baby and assess Apgars with baby on mother.
- ▲ Breastfeed within the first hour of life.
- ▲ Encourage and assist with baby-led latch: baby's head between breasts and mother is semi-reclining
- ▲ During latch, baby's head is extended and chin is pushed deeply into breast
- ▲ Delay vitamin K and eye prophylaxis until after first feed, up to 1 hour.
- ▲ Delay bath until after first feed or longer.

First 48 hours:

- ▲ Check glucose only in high-risk babies.
- ▲ Perform baby's weights, vital signs, & examinations in mother's room.
- ▲ Perform all painful procedures with baby at breast *or* skin-to-skin (includes heelsticks and Vitamin K).
- ▲ Increase breastfeeding frequency & assure swallowing if hypoglycemic, hyperbilirubinemic, or weight loss >7%.
- ▲ Avoid supplements without a medical indication.
- ▲ Follow up 2 days after discharge & again at 2 weeks.

Core Practices continued on next page

Core Support

For dyads at risk:

Provide extra support and/or consider referral to International Board Certified Lactation Consultant (IBCLC) in the following circumstances, due to increased risk of breastfeeding problems:

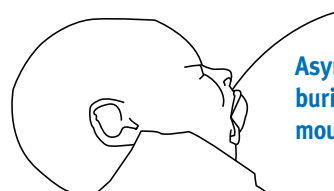
For Baby:

- birth by vacuum extraction
- continued rooting after feeding
- weight loss > 7% associated with poor feeding
- infant irritable, restless or sleepy & refusing to feed
- use of non-breastmilk fluids or pacifiers
- difficulty with latch
- no visible or audible swallowing, or can't tell
- no effective breastfeeding seen prior to planned discharge
- tongue-tie or other anatomic abnormality
- Bilirubin >10mg/dL at 48 hours
- hypoglycemia (<40mg/dL by laboratory confirmation) in at-risk or symptomatic infants
- small or large for gestational age or IUGR, weight >3600 g in primiparas
- receipt of non-breastmilk fluids

Core Support continued on next page

Download this tool to your smartphone! Questions about this chart?
See our FAQs at www.massbreastfeeding.org

Proper latch on



Extended neck allows jaw to fall open widely.



Asymmetric latch: chin is buried in breast, nose is free, mouth open widely.



Massachusetts
Breastfeeding
Coalition

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Core Knowledge continued

Promote Time for Breastfeeding and Rest:

Suggest that parents don't let visitors interrupt or delay feedings, and be prepared to ask visitors to leave. Suggest they turn ringer off the phone and rest between feedings.

Encourage pregnant women

to visit meetings of community breastfeeding support groups (La Leche League, Nursing Mothers' Council, Breastfeeding USA, hospital-based or similar).

Core Practices continued

For Mother:

- ▲ Mother sleeps near baby 24 hours a day, and has maximal contact with baby, preferably skin-to-skin.
- ▲ Staff limits visitation time when it's time for feeding and teaching.
- ▲ Mother feels strong tugging which is not persistently painful.
- ▲ Parents are aware of feeding cues & swallowing.
- ▲ Parents are given written & verbal guidance* about Skills for Breastfeeding Success.
- ▲ Mother/baby demonstrate effective breastfeeding prior to discharge.
- ▲ Mother is given contact info for community support services.

Core Support Continued

For Mother:

- Stage II labor >1 hour
- prior breast surgery
- caesarean birth
- type 1 diabetes
- first-time mother
- obesity
- flat or inverted nipple
- multiple birth
- increased or persistently sore nipples
- smoking
- Polycystic ovary syndrome
- prior breastfeeding problems
- use of chronic medications, to ensure safety in breastfeeding
- widely spaced or tubular breasts

NOTES

* Avoid giving breastfeeding materials from formula companies.

* Making Milk is Easy, our one-page patient handout, is available in multiple languages from our homepage, www.massbreastfeeding.org.

REFERENCES

Academy of Breastfeeding Medicine. ABM Clinical Protocol Number 3: Hospital guidelines for the use of supplementary feeds in the healthy term breastfed neonate, revised 2009. Available at www.bfmed.org.

Academy of Breastfeeding Medicine. ABM Clinical Protocol Number 6: Guideline on co-sleeping and breastfeeding, Revision, March 2008. Available at www.bfmed.org

Academy of Breastfeeding Medicine. ABM Clinical Protocol #22: Guidelines for the management of jaundice in the breastfeeding infant equal or greater than 35 weeks' gestation. 2010. Available at www.bfmed.org

American Academy of Pediatrics, Task Force on Infant Sleep Position and Sudden Infant Death Syndrome. Changing concepts of sudden infant death syndrome: implications for infant sleeping environment and sleep position. *Pediatrics* 2000;105(3):650-56.

Adamkin D, American Academy of Pediatrics, Committee on Fetus and Newborn. Post-natal glucose homeostasis in late pre-term and term infants. *Pediatrics* 2011;127(3):575-79.

American Academy of Family Physicians. Family physicians support breastfeeding (position paper) 2008.

Ballard JL, Auer CE, Khoury JC. Ankyloglossia: assessment, incidence, and effect of frenuloplasty on the breastfeeding dyad. *Pediatrics* 2002;110(5):e63.

Blair A, Cadwell K, Turner-Maffei C, Brimdyr K. The relationship between positioning, the breastfeeding dynamic, the latching process and pain in breastfeeding mothers with sore nipples. *Breastfeeding Rev* 2003;11(2):5-10.

Bramson L, Lee JW, Moore E et al. Effect of early skin-to-skin mother-infant contact during the first 3 Hours following birth on exclusive breastfeeding during the maternity hospital stay. *J Hum Lact* 2010;26(2):130-37.

Dewey KG. Maternal and fetal stress are associated with impaired lactogenesis in humans. *J Nutr* 2001;131(11):3012S-5S Review.

Dewey KG, Nommsen-Rivers LA, Heinig MJ, Cohen RJ. Risk factors for suboptimal infant breastfeeding behavior, delayed onset of lactation and excess neonatal weight loss. *Pediatrics* 2003;112(3 Pt 1):607-19.

DiGirolamo A, Grummer-Strawn L, Fein S. Maternity care practices: implications for breastfeeding. *Birth* 2001;28(2):94-100.

DiGirolamo AM, Grummer-Strawn LM, Fein, SB. Effect of maternity-care practices on breastfeeding. *Pediatrics* 2008;122 Supp 2:S43-9

Gartner L, Morton J, Lawrence RA et al. Breastfeeding and the use of human milk. *Pediatrics* 2005; 115(2):496-506.

Hill PD, Humenick SS, Brennan ML, et al. Does early supplementation affect long-term breastfeeding? *Clin Pediatrics* 1997;36:345-350.

Howard CR, Howard FM, Lanphear B, Eberly S, deBlicke EA, Oakes D, Lawrence RA. Randomized clinical trial of pacifier use and bottle-feeding or cupfeeding and their effect on breastfeeding. *Pediatrics* 2003;111(3):511-18.

Howard CR, Howard FM, Lanphear B, deBlicke EA, Eberly S, Lawrence RA. The effects of early pacifier use on breastfeeding duration. *Pediatrics* 1999;103(3):E33.ink

International Lactation Consultant Association. Clinical guidelines for the establishment of exclusive breastfeeding, June 2005, Revised 2010. Available at www.ilca.org

Kramer MS, Aboud F, Mironova E. Breastfeeding and child cognitive development: new evidence from a large randomized trial. *Arch Gen Psychiatry* 2008;65(5):578-84.

Lang S, Lawrence CH, Orme RLE. Cup feeding: An alternative method of infant feeding. *Arch Dis Child* 1994;7:365-69.

Lawrence RA, Lawrence RM. Breastfeeding: A Guide for the Medical Profession, Seventh edition, Maryland Heights, MO: Elsevier Science Health, 2011.

Macdonald PD, Ross SR, Grant L, Young D. Neonatal weight loss in breast and formula fed infants. *Arch Dis Child Fetal Neonatal Ed* 2003;88(6):F472-76.

Malhotra N, Vishwambaran L, Sundaram KR, Narayanan I. A controlled trial of alternative methods of oral feeding in neonates. *Early Hum Dev* 1999;54(1):29-38.

Mikiel-Kostyra K, Mazu J, Boltrusko I. Effect of early skin-to-skin contact after delivery on duration of breastfeeding: a prospective cohort study. *Acta Paediatr* 2002;91(12):1301-06.

Morgan BE, Horn AR, Bergman NJ. Should Neonates Sleep Alone? *Biol Psychiatry* 2011; 70(9): 817-25.

Noel-Weiss J, Woodend AK, Peterson WE, et al. An observational study of associations among maternal fluids during parturition, neonatal output, and breastfed newborn weight loss. *Int Breastfeed J* 2011; 6(1).

Philipp BL, Merewood A, Miller LW, Chawla et al. Baby-friendly hospital initiative improves breastfeeding initiation rates in a US hospital setting. *Pediatrics* 2001;108(3):677-81.

Rosenberg KD, Stuff JD, Adler, MR, et al. Impact of hospital policies on breastfeeding outcomes. *Breastfeeding Medicine* 2008; 3(2):110-116

World Health Organization, Division of Child Health and Development. Evidence for the ten steps to successful breastfeeding (revised). Geneva: World Health Organization, 1998.

World Health Organization, UNICEF. The Baby-friendly Hospital Initiative (Revised, updated and expanded for integrated care), 2006.

ON LINE RESOURCES:

Academy of Breastfeeding Medicine: www.bfmed.org

US Lactation Consultant Association: www.USCLA.org

US Dept. of Health and Human Services: www.4woman.gov

Centers for Disease Control and Prevention:

www.cdc.gov/breastfeeding

Massachusetts Breastfeeding Coalition: www.massbreastfeeding.org

La Leche League: www.lalecheleague.org