Chapter 1

BREASTFEEDING

"Extensive research using improved epidemiologic methods and modern lab techniques documents diverse and compelling advantages for infants, mothers, families and society from breastfeeding and use of human mike for infant feeding"
Policy Statement 2005 Pediatrics

Antenatal

1. During pregnancy health professionals must assist families in making an informed decision with regard to infant feeding. They should explain that breastfeeding and formula feeding are not equivalent choices. Information is given re breastfeeding benefits to:
    - Mother
    - Baby
    - society

2. There is no evidence to support 'nipple preparation' by the pregnant woman.

3. Breast surgery, including reduction mammoplasty, may interfere with glandular or ductal function.

4. The goal is to promote a positive emotional environment around breastfeeding. The support of a woman's partner and family is essential for successful breastfeeding.

Promoting Breastfeeding in Hospital

Hospitals must strive to be "Baby Friendly" by adopting the 10 steps as outlined in the WHO Baby Friendly Hospital Initiative.

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within one half-hour of birth. Mothers who have had caesarean births are given their babies to hold, with skin contact, within one half-hour after they are able to respond to their babies, for at least 30 minutes.

5. Show mothers how to breastfeed and how to maintain lactation if they should be separated from their infants.
    a. nursing staff offers all mothers further assistance with breastfeeding within 6 hours of birth.

6. Give newborns no food or drink other than breastmilk, unless medically indicated – all promotion of infant foods or drinks other than breastmilk is absent from the facility

7. Practice rooming-in with mothers and infants remaining together 24 hours a day
    a. rooming-in starts at normal birth and within an hour when a caesarean mother can respond to her baby

8. Encourage breastfeeding on demand
    a. no restrictions on frequency or length of feeding

9. Give no bottles or pacifiers to breastfeeding infants
    a. gift packs containing formula or information from formula companies are not offered

10. Foster the establishment of breastfeeding support and refer mother on discharge from the hospital or clinic

Proper Positioning

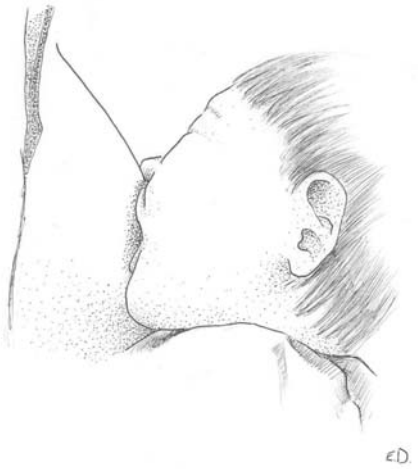
1. Proper positioning and latching are crucial to success.
    - the mother assumes a comfortable position, preferably sitting up with good back support. Use of pillows, rolls, cushions and other props are encouraged to provide support and prevent muscle straining.

    - the baby is placed on his/her side facing the breast, with the mouth to the nipple. This may require extra pillows so that the mother is not leaning over

    - the mother cups the breast with her fingers beneath and thumb gently resting on top creating a 'C' shape

- the baby's mouth is gently stimulated with mother's nipple and the baby pulled onto the breast when the mouth is wide open and tongue down.

latch



- the baby nurses at the first breast until satisfied (sucking slows or ceases, infant lets go of the breast)

2. Weighing babies before and after each feeding is <u>unnecessary for full term healthy newborns</u> but may be useful during the establishment and transition (N/G to breast) in growing premature infants.

3. To teach the mother to assess the infant's fluid balance, a flow chart should be kept at the baby's bedside where she can record the frequency of 'wet' or 'dry' diapers, infant feeding and settling. The nurse will document on the chart indicating that she has assessed it at least once per shift.

4. Alternate positions are taught to mother
   - side-lying
   - cradle hold

Football hold

cross cradle hold

Documentation

Breastfeeding documentation should reflect:

1. State of:
    - breast
    - nipples

2. Mother's most comfortable position, noting any special:
    - measures
    - concerns

3. Baby's latch
    - mouth wide
    - lips flanged outward
    - baby should have a 'big mouthful of breast'
    - tongue over lower gum line
    - no clicking, smacking sounds
    - no dimpling of cheeks
    - mandible moves rhythmically
    - mother can identify swallowing

*mother states she is comfortable

Special Situations

1. Engorgement

- early and frequent feeding reduces the incidence and severity of engorgement
- massaging the breast from the outer aspect toward the nipple prior to a feed
- manual expression of the breast before feeds to soften the nipple and areola
- cold compresses may decrease swelling and provide comfort between feeds

- using over-the-counter anti inflammatory medications such as Ibuprofen
- suggest the mother try other nursing positions

2. Flat/Inverted Nipples

- briefly express the breast with a manual/electric pump before feeding
- place ice on the nipple before feeding (may also soothe sore nipples)
- shape the breast by gently compressing the tissue behind the areola, between thumb and fingers to assist latching
- the need for nipple shields should be assessed by a qualified lactation consultant with close follow up to ensure milk supply is established and maintained. Pumping should accompany nipple shield use.

3. Sore Nipples

- check positioning of the baby at the breast
- feed on less sore side first
- change position of the baby with different feedings
- change bra pads frequently and avoid plastic liners
- after a feeding, express some milk and coat the nipple and areola with it
- check baby for thrush
- ice placed on the nipple before feeding may be soothing

Myths

1. **Breast milk jaundice is a contraindication for breastfeeding**

   The Canadian Pediatric Society has stated that "jaundice" in a breastfed infant is not in itself an indication to interrupt breastfeeding.

2. **Pushing fluids promotes secretion of breastmilk**

   Lawrence, in her book *Breastfeeding* states, "there is no data to support the assumption that increasing fluid intake will increase milk volume. Conversely, restricting fluids has not been shown to decrease milk volume."

3. **A breastfeeding baby needs extra water in hot weather**

   Breastmilk contains all the water a baby needs.

4. **If a mother has surgery, she has to wait before restarting breastfeeding**

   The mother can breastfeed immediately after surgery, as soon a she is up to it. Neither the medication used during anaesthesia, nor the pain medications nor antibiotics used after surgery require the mother to avoid breastfeeding, except under **exceptional** circumstances.

References:

1. Newman J., "Some Breastfeeding Myths," No. 11, March 1993
2. Ibid, "Still More Breastfeeding Myths," No. 13, March 1993

Suggested Readings

1. La Leche League International, "The breastfeeding Answer Book" 3rd revised edition, Jan 2003.
2. RNAO, Breastfeeding Practice Guidelines for Nurses, September 2003.
3. Pediatrics Policy Statement: *Breastfeeding and the Use of Human Milk*, Pediatrics Vol 115 No. 2, February 2005.
4. Hale T., "Medications and Mothers' Milk", 11th edition, Pharmasoft Publishing L. P., Amarillo, TX, 2004.

Breastfeeding Links:

www.infactcanada.ca
www.lalecheleague.org
www.healthunit.com (Middlesex London Health Unit)

*Drawings courtesy of Elsbeth Dodman 2006.