

Primary Care Provider Management of Breastfeeding Challenges

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Disclosures

Jennifer Tender, MD, IBCLC has no financial disclosures.

Mudiwah Kadeshe, RNC-OB, IBCLC, is a Children's National Health Systems employee whose position is supported by funding awarded to the D.C. Breastfeeding Coalition from the W.K. Kellogg Foundation and the D.C. Department of Health.



Objectives

- Recognize a “good latch”
- Identify two reasons for poor weight gain in the breastfed infant
- Recognize when to supplement a breastfed infant

Risks of Not Breastfeeding: Infant

1

5

9

2

6

10

3

7

11

4

8

12

Neonatal Death

- 21% reduction in neonatal death in U.S.

Chen A, Rogan WJ. Breastfeeding and the risk of postneonatal death in the United States.
Pediatrics. 2004 May;113(5):e435-9



Risks of Not Breastfeeding: Mother

- Increased risk of
 - Breast Cancer
 - Ovarian Cancer
 - Postpartum hemorrhage
 - Cardiovascular/hypertension

Breastfeeding rates: National, DC and Healthy People 2020 target

Objective: Increase the proportion of infants who are breastfed	2020 Target (%)	Baseline U.S.(%) 2011 Births	Washington, DC rate (%) 2011 Births
Ever	81.9	79.2	77.6
At 6 months	60.6	49.4	53.1
At 1 year	34.1	26.7	30.0
Exclusively through 3 months	46.2	40.7	37.6
Exclusively through 6 months	25.5	18.8	17.3

Healthy People 2020 Objectives on Breastfeeding ; 2014 CDC Breastfeeding Report Card

Racial Disparities for Breastfeeding Rates in Washington, DC

Breastfeeding Rates	Caucasian	Hispanic	African American
Initiation	97%	83.7%	54.8%
6 months	78.9%	54.6%	26.5%
At 12 months	42%	36.5%	11%

Racial and Ethnic Differences in Breastfeeding Initiation and Duration, by State --- National Immunization Survey, United States, 2004--2008
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5911a2.htm>



Ways to Improve Breastfeeding Support

- Prenatal education: ask, acknowledge, advise
- First visit 2-3 days after discharge
- Provide consistent, accurate advice
- Observe breastfeeding
- Close follow up
- Refer when appropriate

Positions

- Important for the mother to be comfortable



- Skin-to-skin



Infant Led Position

- Infant-led with mother in semi-reclined



Mother led Positions: Cross Cradle



Photo © Joan Meek, MD, FAAP

Side Lying



Photo © Roni M. Chastain, RN

Football



Cradle



Latch on

- Some infants will latch on by themselves if placed skin to skin against the mother's chest soon after birth.





Mother-led latch on

- Undress new baby
- Bring up to mother
- Infant held in straight line
- Mother's breast compressed
- Infant reaches up for breast
- Infant opens mouth WIDE
- Bring infant to breast, not breast to infant

Good Latch



CORRECT



INCORRECT

- More of nipple shows on top of areola (asymmetric latch)
- Lips flanged out
- Chin and nose touching breast
- Mouth open wide



Milk Transfer

- Change non-nutritive to nutritive suckling
 - Non-nutritive: short, rapid sucks
 - Nutritive: Slow, rhythmic: suck, swallow, breathe
- Infant satisfied after eating
- Breasts less full
- Milk in infant's mouth

Signs of adequate milk intake

- Milk in by DOL 4 or 5
- Weight loss not more than 8%
- BMs change from meconium to green transitional to yellow/seeding by DOL 4
- 4 yellow/seeding BMs/24 hours
- Gain weight after “milk in”
 - 20 to 30 grams/day



VIDEO



Case 1: Maternal breast pain

- You are seeing Brittany Smith for first visit
 - 5 day old FT AGA infant born via NSVD
 - No problems with the pregnancy or delivery
 - No blood incompatibilities
 - BW 3.2 kg
 - Today's weight 3.1 kg
 - Total/Direct Bili 9.1/0.2
 - Mrs. Smith's main concerns are that it hurts to breastfeed and she's not sure her baby is getting enough milk
- Obtain a focused history and perform any necessary physical examination and/or observations.

Brittany



	DATA GATHERING
	Maternal history
	Asks about prior breasts surgery
	Asks if breasts enlarged during pregnancy
	Asks mother to clarify when the pain occurs during breastfeeding (i.e. latch on or throughout the feeding)
	Assessment of milk supply
	Asks about number of feeds/24 hours
	Asks about length of feeds
	Asks if breasts feel less full after feeds
	Asks about wet diapers
	Asks about bowel movements
	Asks if any formula/water given
	PHYSICAL EXAMINATION/CLINICAL ASSESSMENT
	Asks to observe mother breastfeeding
	Comments about/assists with infant positioning
	Comments about/assists with infant latch-on
	Comments about infant suck/swallow
	BREASTFEEDING INFORMATION GIVING
	Discusses signs of adequate milk intake
	Discusses/demonstrates proper positioning
	Discusses/demonstrates proper latch-on
	Provides follow up visit/plan



Case 2: Infant with poor weight gain

- Ms. Johnson brings JT, her 2 week old infant, for a follow-up exam.
 - JT is exclusively breastfeeding
 - Birth weight was 3.42 kg
 - Today's weight 3.25 kg
 - JT is clinically jaundiced
- How do you evaluate the cause for this baby's weight loss?





Excess weight loss

- **Loss of > 10% birth weight**
- **Occurs in 12% of infants**
- 2.6 times increased risk
 - suboptimal breastfeeding on day 0
- 7.1 times increased risk
 - mother has delayed lactogenesis

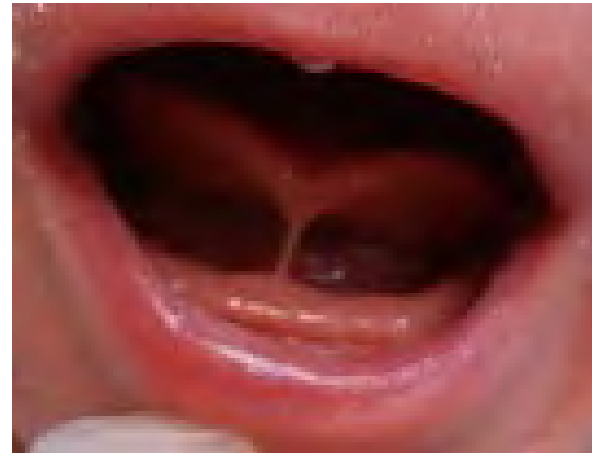


Suboptimal breastfeeding risks

- Primiparity
- Cesarean section
- Flat or inverted nipples
- Supplementation in first 48 hrs
- Pacifier use
- Stage II of labor > 1 hour
- Maternal body mass index >27 Kg/mg²
- Birth weight >3600 grams

Infant with poor weight gain: Infant Causes

- Ineffective suckling
 - Poor latch
 - Sleepy, ill, or hypotonic infant
- Infrequent feeds
- Ankyloglossia



Hypotonic Infant

- Skin to skin
- Dancer's hand position
- Breast compression



Management of weight loss



<7% by day 5 - Monitor closely



>7% by day 5 - Careful follow-up



Evaluate for breastfeeding problems



Infant with Poor weight gain: Maternal Causes

- Insufficient glandular tissue
- Breast surgery
- PCOS
- Obesity
- Hypothyroidism
- Retained placenta
- Flat/inverted nipples
- Few medications

Hypoplastic / Tubular Breasts



Used with permission by the co-author E. Potek.

Breast Surgery

- Augmentation
 - Intramammary pressure
 - Compromised ductal integrity
 - Nerve damage
- Reduction
 - Milk producing tissue removed
 - Milk ducts severed
 - Nerve damage/ Loss of innervation



Flat/Inverted Nipples

- May need extra attention
 - Latch assist
 - Pump
 - Nipple shield
 - Follow up



Nipple Shield Use

- Avoid use in the first 24 hours
- Pre-fill with expressed breast milk
- Observe for milk transfer
- Temporary, transitional tool
- Hospital grade breast pump for stimulation
- Arrange for follow-up with an LC





Treatment of Poor Weight Gain

- Assess Cause: Infant vs Maternal
- Observe Breastfeeding
 - Correct latch and positioning
 - Milk transfer
- Skin to Skin
- Close follow up



Indications for supplementation

- Separation
 - Maternal illness
 - Mother not at the same hospital
- Infant with inborn error of metabolism
- Infant who is unable to feed at the breast
 - congenital malformation, illness
- Maternal medications
 - contraindicated in breastfeeding



Possible indications for supplementation (Infant)

- Asymptomatic hypoglycemia
 - unresponsive to appropriate frequent breastfeeding
- Significant dehydration
 - not improved after breastfeeding management
- Weight loss of 8–10%
 - With delayed lactogenesis II
- Meconium stools on day 5



Possible reasons for supplementation (Infant)

- Poor milk transfer
- Hyperbilirubinemia
 - Breastfeeding jaundice: associated with poor intake (starvation)
 - Breastmilk jaundice
 - Bili 20–25 mg/dL
 - Diagnostic and/or therapeutic interruption of breastfeeding may be helpful



Possible Indications for supplementation (Mother)

- Retained placenta
- Sheehan's syndrome
- Primary glandular insufficiency
- Breast pathology or prior breast surgery
 - poor milk production
- Intolerable pain during feedings
 - Not relieved by interventions



Reasons for referral to LC

- Breast surgery
- Glandular insufficiency
- Unalleviated pain
- Poor weight gain
- Persistent difficulty latching
- Infants with special needs



Community Resources

- East of the River Lactation Support Center
- WIC breastfeeding peer counselors
- DC Breastfeeding Coalition Resource Guide www.dcbfc.org

Conclusion

- Not breastfeeding has risks
- Racial and economic disparities exist
- Provide accurate, consistent advice
- Observe breastfeeding
- Follow up is crucial
- Refer if needed



Breastfeeding Rocks Doc!



Babies were Born to Be Breastfed!