

Breastfeeding:

Supporting a New Mother

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*Most influential and
trusted source*



Breast feeding education among health care providers



Criteria for Baby Friendly Accreditation

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.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, not even sips of water, unless medically indicated.
7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Benefits of feeding at-breast as opposed to bottle feeding expressed breast milk (EBM)

Benefits to Infant

Improved oxygenation and temperature regulation during feedings

- *Higher oxygen saturation*
 - *Better coordinated sucking, swallowing, breathing pattern*
 - *Increase body temperature*
 - *Fewer episodes of apnea and bradycardia*
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Advantages of skin-to-skin contact

- *Increased breast milk volume*
 - *Greater production of maternal milk antibodies to pathogens in infant's environment*
-

Enhanced nutritional and immunological properties of breast milk

- *Superior nutritional content lost by freezing, thawing and reheating EBM*
 - *Lower risk of bacterial contamination and growth due to handling*
-

Better oral development

- *Optimal mandibular development*
 - *Strengthening of the jaw muscles*
 - *Increased nasal cavity space*
 - *Increased future teeth alignment and decrease in malocclusions*
 - *Greater breathing efficiency*
-

More efficient emptying of the breast

- *Greater milk volume in same amount of time as breast pump*
- *Increase in milk volume over time*





Watch and Listen

Visual messages

*Factors that can lead
to breastfeeding
failure*



Placing the Order

The hormone prolactin must be present for milk synthesis to occur. On the walls of the lactocytes (milk-producing cells of the alveoli) are prolactin receptor sites that allow the prolactin in the blood stream to move into the lactocytes and stimulate the synthesis of breastmilk components. Studies suggest that as the alveoli become distended, there is less prolactin found at the lactocyte membrane. Scientists hypothesize that the feedback system may work like this: When the alveolus is full of milk (1), the walls stretch and alter the shape of prolactin receptors so that prolactin cannot activate those receptor sites (2). This causes the rate of milk synthesis to slow. As milk empties from the alveolus (3), on the other hand, prolactin receptors return to their normal shape and allow prolactin to bind to the receptors (4), which then triggers milk production to increase.

FULL BREAST = SLOWER MILK PRODUCTION

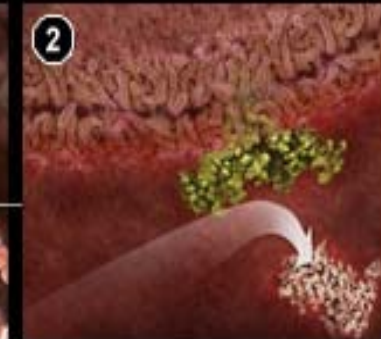
Milk synthesis stops when the breast is full



FULL BREAST



ALVEOLI SECRETING LIPID DROPLETS



PROLACTIN CANNOT FIT STRETCHED RECEPTOR

EMPTY BREAST = FASTER MILK PRODUCTION

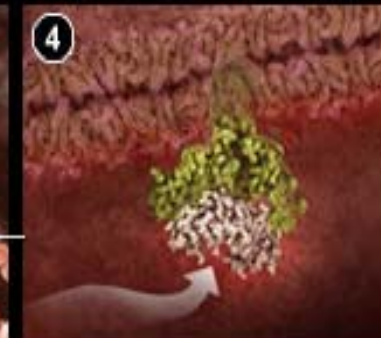
Milk synthesis begins when the breast is empty



EMPTY BREAST



ALVEOLI OF DUCTS



PROLACTIN ATTACHES TO RECEPTOR



Breast Stimulation



Positions



Cross Cradle



- ▶ Place baby lying across your body
- ▶ Bring baby to breast level
- ▶ Use a pillow or blanket underneath your arm for support



- Thumb & fingers below baby's ears & around the back of the neck
- Gentle support, do not push head into breast

- Hold baby with opposite arm as breast offering
- Support baby with your forearm



Comfort





Football or Clutch Hold



Breast and Mouth Alignment



1



2



Hands near head (Instinctive)

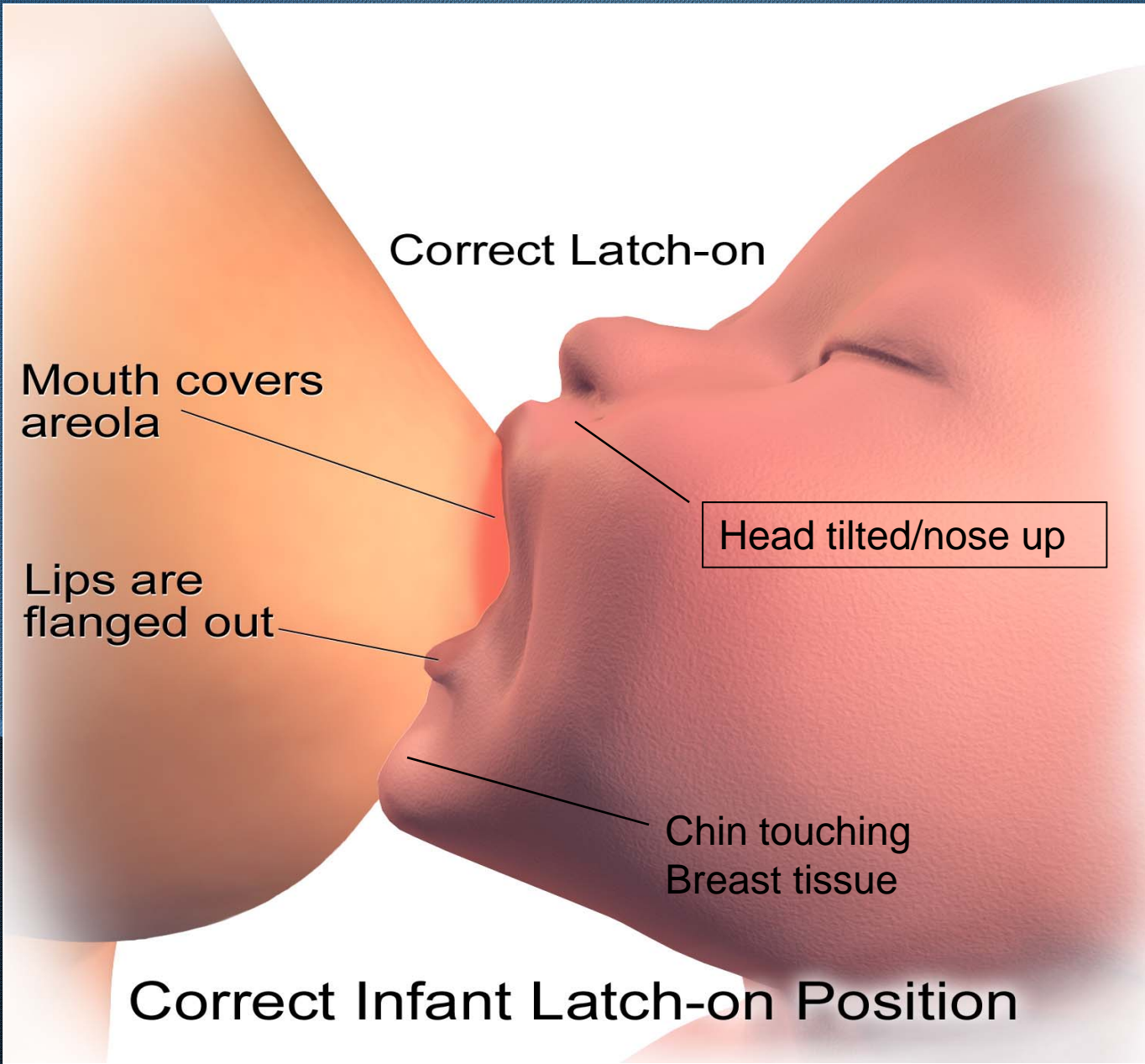


3

<http://youtu.be/eETqbr4chjs>

What makes a good latch?

- Mother should be in a comfortable chair to feed her baby. One that has great back support is really helpful. Using a stool to rest her feet on will also help with good posture and prevent back strain.
- Using a breastfeeding support pillow if available.
- Make sure the baby is tummy-to-tummy with the mother.
- Make sure mother brings baby to her and not try to lean into the baby. This can cause back strain and affect infants position.
- Remember to keep baby's ear, shoulder, and hip in alignment which will make swallowing easier.
- The baby's nose should be opposite the nipple.
- Have the mother hold her breast to help guide the nipple to her baby's mouth. This is done by using either a "C" hold or "U" hold depending on oral alignment with the nipple.
- Aim the nipple toward the baby's upper lip/nose, not the middle of the mouth. She may need to rub the nipple across the top lip to get your baby to open his mouth.
- The baby's head should be tilted slightly back.
- Be sure chin is not tilted down to his chest.
- When he opens his mouth wide with the chin dropped and tongue down, he should latch on to the nipple. If he does not open wide, do not try to shove the nipple in and wiggle the mouth open. It is best to move back, tickle the lip again with the nipple and wait for a wide open mouth.
- Try to get as much of the lower portion of the areola (the area around the nipple) in the baby's mouth.
- The baby's chin should indent the lower portion of the mothers' breast.
- Look to see if the baby's bottom and top lip are flanged out like fish lips. If they are not, she may use her finger to pull the bottom one down and open up the top one more.



Correct Latch-on

Mouth covers areola

Lips are flanged out

Head tilted/nose up

Chin touching Breast tissue

Correct Infant Latch-on Position



Signs that confirm a good latch:

1. Tongue is seen when the bottom lip is pulled down
2. Ears wiggle
3. There is circular movement of the jaw rather than rapid chin movement
4. Cheeks are rounded and not sunken in
5. Clicking or smacking noises are not heard during feeding.
6. Audible swallowing can be heard.
7. Chin is touching the breast
8. When baby comes off the breast, the nipple is not flattened or misshaped
9. Any discomfort ends quickly after getting the baby latched on
10. Baby ends the feeding with signs of satiety/satisfaction. These signs include: the baby looks relaxed, “falls” off the breast, has open hands, and/or falls asleep.





Bad Latch



Feeding Cues



Early



Rooting

Late



Characteristics of a Bad Latch



Pain during feeding

Lipstick appearance upon nipple release

Compression stripe on nipple

Bruises on nipple or areola

Blisters on the tips of nipples

Poor infant intake

Infant Issues Causing BF Difficulties

Medication during Labor

Infant/Maternal Separation

Tongue or Lip Tie

Prematurity

Cleft Lip and Palate

Other Anatomical and Structural Issues

Neurological Involvement

Respiratory Issues

Poor Position

Thrush

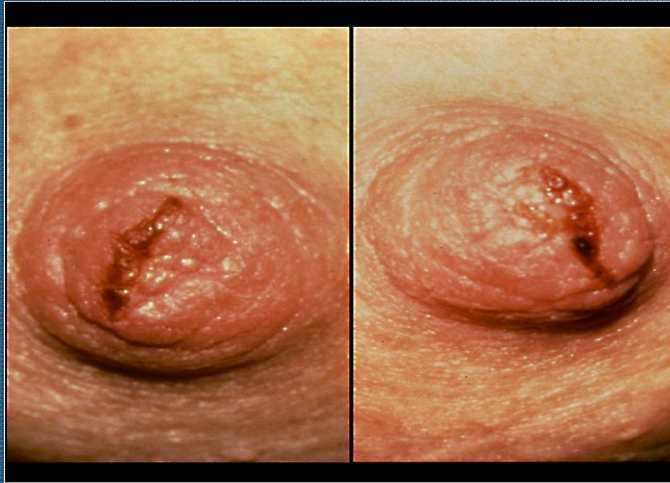
Maternal Issues Causing BF Difficulties

Yeast and Mastitis
Engorgement and Plugged Ducts
Presence of an actual physical barrier between mother and infant
Flat or Inverted Nipples
Hypoplastic Breasts/Insufficient Glandular Tissue
Agalactia (absence of lactation)
Polycystic Ovarian Syndrome
Diabetes
Hypothyroidism
Severe maternal stressors
Insufficient rest/support of the mother during the first 6 weeks post-partum
Early return to work due to lack of financial support/maternity leave of mother
Overactive let-down
Oversupply of breast milk with or without an overactive let-down.

Dysphoric Milk Ejection Reflex (D-MER) is a newly condition affecting lactating women that is characterized by an abrupt dysphoria, or negative emotions that can occur just before milk release and continues not more than a few minutes. Research has shown that D-MER is treatable and that inappropriate dopamine activity at the time of the milk ejection reflex is the cause.



Breast Pain and Nipple Damage



Damage from a Tongue Tie





Mastitis



**Nipple
Candida**

SUPPORT



Mother Peer Support



Professional Assistance



Pre-delivery Education



Family Support

Success!!!!



Breastfeeding - my best role ever.

RESOURCES

Bestfeeding: How to Breastfeed Your Baby. Renfrew, Mary et al, 2004.
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