

Best Practice Breastfeeding Questions and Answers Information for Health Professionals for Baby-Friendly Assessment

1. Where would you find a copy of the breastfeeding policy?

Intranet, Breastfeeding Resource Book, Policy and Procedure Manual

2. What is the infant feeding policy?

"Children's and Women's Hospital promotes a philosophy of maternal and infant care which advocates breastfeeding and supports the normal physiological functions involved in this maternal-infant process. BC Women's interdisciplinary standing committee addresses issues surrounding breastfeeding and infant nutrition."

3. Name 3 things mentioned in the infant feeding policy.

Basic concepts:

1. Initiate breastfeeding within first hour and mother and baby remain together throughout hospital stay.
2. Develop a culture conducive to breastfeeding (ie: samples of formula not given to families to take home, no formula advertising on walls).
3. Women making informed decision to formula feed are given information and support.

More information is listed in the appendices of the policy (links provided on Baby-Friendly Home page): Breastfeeding Standards of Practice, Breastfeeding Position Statement, Consent for Donor Milk, Supplementation of Breastfeeding Infants Guideline [The Ten steps to Successful Breastfeeding, Infant Feeding: Antenatal Checklist]

4. What do you recommend when babies are not latching?

In the first 24 hours: Keep the baby skin to skin, express a few drops of colostrum, try a different position, try again in an hour.

After the first 24 hours: if all of the above are not working, in addition to skin-to-skin and frequent attempts, encourage mother to express or pump her milk.

[Skin-to-skin is key]

5. How do you assess how well the baby is feeding?

Observe a feeding and assess:

Mother: including whether her breasts are beginning to fill, her nipples are damaged or distorted after feedings.

Baby: feeding behaviours (actively feeding at breast, frequency of feeds), hydration (output), weight.

6. What percentage of mothers do you teach hand expression?

100% of breastfeeding mothers. Hand expression includes expressing a few drops of colostrum to entice baby, to stimulate lactation in the first 24-48 hours when pumping may not be as efficient or to empty breasts instead of using a pump.

7. What are the expert recommendations about exclusive breastfeeding and duration?

Expert recommendations are: **Six months of exclusive** breastfeeding with solids introduced at about 6 months and breastfeeding **continuing for 2 years or beyond.**

8. What do you tell families about how often and how long (at each feeding) they should feed their baby?

In the first 24 hours baby may not be very interested in feeding, but families should keep the baby skin-to-skin as much as possible and watch for opportunities to offer the breast (offer at least 6 times in the first 24 hours).

In the second 24 hours, parents should expect their babies to become more wakeful, feeding at least 8 times in 24 hours. Babies should be seen to be actively feeding at the breast for as long as they wish too. Sleepy babies may need extra encouragement to wake or feed often enough and well enough. Babies typically “cluster feed” and feed more often at night.

9. What are some of the risks of formula?

The literature reports that formula fed infants are at higher risk for a number of infections (middle ear, gastrointestinal, upper respiratory) allergies, diabetes and SIDS. They are denied the benefits of breastfeeding. Breastfed infants supplemented with formula may not feed well enough or often enough to establish breast milk production.

10. What are some medical indications for supplements?

For babies who are well enough to be with their mothers on postpartum, there are very few indications for supplements. The medical indications for supplementation are:

- infants with acute water loss, for example during phototherapy for jaundice, if increased breastfeeding cannot provide adequate hydration.
- infants whose clinical condition (hypoglycemic) indicates a need for additional calories which is not met by additional breastfeeding.
- infants whose mothers are severely ill (for example with psychosis, eclampsia, or shock)
- infants with inborn errors of metabolism (e.g. galactosaemia, phenylketonuria, maple syrup urine disease)
- infants whose mothers are taking medication which is contraindicated when breastfeeding (e.g. cytotoxic drugs, radioactive drugs, anti-thyroid drugs other than propylthiouracil).

- infants who have not regained birth weight at two to three weeks of age or who have insufficient weight gain, when increased effective breastfeeding cannot provide adequate intake.

11. What are some key points about getting breastfeeding off to a good start?

Key points: place baby skin to skin at delivery – when cuing behaviours begin assist with breastfeeding. Leave the mother and baby undisturbed throughout this initial feeding attempt. Encourage lots of skin-to-skin contact and frequent breastfeeding attempts. Support the mother to latch her baby well and to identify early feeding cues. Use positive language to empower mother and her baby.

12. If families ask for some formula to take home what do you do?

Say, “No.” The hospital policy prohibits giving formula samples to families. Giving samples implies brand endorsement (product promotion). It is more appropriate to provide information so parents can be informed consumers. Parents deserve better consumer information. The CRNBC also prohibits nurses from advertising products.

13. What are some advantages of keeping mother and baby together?

Rooming-in, supporting mothers and babies to stay together has numerous advantages. Hospital stays are short - caring for mother and baby together maximizes teaching and learning opportunities. Baby assessments, baths and other procedures provide opportunities for positive learning experiences and opportunities to weave education into care. Parents learn a lot unconsciously by watching how we manage babies. Removing babies from the mother’s room also poses a security risk – parents get the perception that someone who looks like a nurse or physician can take their baby away.

14. If supplements are offered how do you usually suggest they be given?

When the first few drops of colostrums are collected, a syringe or spoon may be the easiest way to take the colostrum to give to the baby. Cup feeding is easily learned by most babies (and their parents). The goal in the first few days is just to ensure babies get enough food to keep their energy up to learn to feed from the breast.

15. How do you help mothers with sore nipples?

Most important first step – check the latch. Most mothers have nipple soreness in the first week. However, nipple damage (blisters, abrasion, scabs, cracks, bruising) indicates a poor latch. When the nipple comes out of the baby’s mouth it should be rounded. If the nipple looks squashed, flattened or pinched it usually means the baby is not latched well. Review position and latch using the **Breastfeeding Your Baby Pamphlet**. Suggest expressing colostrum or

provide lanolin as comfort measures. However, neither of these measures will fix nipple soreness if the cause (poor latch) continues.

16. What do you tell mothers about how to tell that their baby is latched well?

One sign of a good latch is when the nipple comes out of the baby's mouth looking rounded and not squashed. Mothers need to know that nipple damage is a sign of a poor latch. Additionally, babies well latched continue to suckle beyond just a few sucks. A baby who instantly "falls asleep" at the breast, goes on and off the breast or does not begin sucking, probably does not have a good latch. When well latched, the breast goes well to the back of the baby's mouth – as far as the soft palate. This stimulates the baby to suck.

17. What do you tell mothers about storage and handling of milk and formula?

Breast milk: In hospital, breast milk must be clearly labelled. Bottles of milk from the same mother should be bagged together. Take care to check the label to ensure the 'right' milk is given to the 'right' baby. Fresh milk can stay at room temperature for a few hours. It can be refrigerated for 3-5 days or frozen for several months depending on how cold the freezer temperature is.

Formula: Prepared formula should be refrigerated as soon as it is opened. It can stay in the fridge for 24 hours. If opened and left out for more than an hour it should be discarded.

18. What kinds of pumps do you suggest?

Recommendations depend on anticipated use. Most women can learn to hand express for occasional use. Otherwise a good hand pump is effective. If mothers are pumping for every feed or to establish milk production for a premature or sick infant a rental electric pump is recommended. Mothers pumping long term (3 months or more) for a very premature infant may find the purchased electric pump (\$250.00+) may be more cost effective. Small electric pumps (that do not self-cycle) or bicycle hand pumps are not recommended.

19. What do you suggest to mothers when their babies are fussy, especially at night?

Reassure mothers that it is common for babies to feed frequently at night time. When the baby is 'fussy' keep baby skin-to-skin and feed frequently.

20. What are some of the benefits of breastfeeding?

Breast milk is a living tissue that provides numerous immunological benefits as well the appropriate species-specific food. Benefits of breastfeeding are optimal health and nutrition (less risk of many infections including gastro-intestinal, middle ear, upper respiratory, meningitis, NEC; less risk of certain illnesses and chronic conditions such as allergies, diabetes and certain childhood cancers) and optimal cognitive development. Breastfeeding enhances maternal

infant bonding and has numerous benefits to mothers including weight loss, decreased risk of postpartum bleeding and decreased risk of breast cancer. Financial benefits: it's free and breastfed children require less antibiotics and other health care. Their parents also take less time off from work to deal with sick children.

21. If feeding problems have not been resolved before discharge what action do you take?

To help mothers overcome difficulties, it is important to help the mother create a feeding plan that will be safe for the baby and lead to eventual resolution of the feeding difficulties.

The discharge feeding plan should cover "The Three Rules of Breastfeeding:

1. Feed the Baby
2. Empty the Breasts
3. Help Baby Learn to Breastfeed."

Questions to resolve include:

- Is the mother producing enough milk at this time to meet her baby's needs? If not, she should also give either donor milk or formula. The method used to give supplements must also work well enough that feedings can be completed in a reasonable amount of time.
- Can her baby feed well enough, long enough and frequently enough to stimulate/empty her breasts without causing damage to the mother's nipples? If not, she should consider using an effective breast pump.
- Delay of discharge should be considered if a suitable plan cannot be accomplished by the family.

22. Name some community resources for breastfeeding mothers.

Resources in the community include La Leche League, mothers groups, and community health units that provide community health nurse visits and mothers groups. BCW also has out-patient breastfeeding clinics.

23. What do you suggest to mothers to prevent and treat engorgement?

The best way to prevent engorgement is by frequent, effective breastfeeding (or frequent expression/pumping if the baby is unavailable or unable to latch and feed). To treat engorgement the first step is to assess how well the baby is breastfeeding. The cause of engorgement may be a baby not feeding well. When mothers are engorged there are two problems: milk stasis and swelling. Heat and gentle massage (hot compresses, warm baths and showers) helps the milk to flow. Ice packs after the feeding help to decrease swelling. If the breasts are too firm for the baby to latch the nurse will need to help the mother to soften

the breasts using heat, gentle massage and hand expression before latching the baby or using a breast pump.

24. What opportunities can you find to talk to mothers about infant feeding issues?

With such short stay in hospital it is important to include discussion of feeding issues and assessment in all contacts with mothers. Throughout pregnancy breastfeeding information and support should be mentioned many times. Mothers should be given opportunities to address any concerns that they have.

During postpartum breastfeeding issues can be part of admission procedures, mother and baby checks and any other interactions. When admitting mother and baby to their postpartum room, open the pamphlet, "**Breastfeeding your Baby**" to the middle pages and use this to guide the discussion about latching and typical baby feeding behaviours.

25. What do you tell mothers about feeding whose babies are in NCN or SCN?

Mothers whose babies are in The Special Care Nurseries will need to begin pumping or expressing milk as soon as possible if their babies are not able to go to the breast or do not feed effectively. Ideally, this should begin within 6 hours of birth and should occur at least 8 times in 24 hours. These mothers also need information about how to collect and deliver the early few drops of colostrums for gut priming, especially for the very premature infant. Storage information is available from the information sheet, **Equipment, Preparation and Storage of Breast Milk**. Never throw away breast milk without careful consideration.

Reassure mothers that it is normal to see very little colostrum – with frequent pumping the supply will increase. Encourage the mother to visit her baby as much as she wishes and to try skin-to-skin care as soon as her baby is stable. Inform her of the benefits of skin-to-skin care to her milk supply and to her baby. Remind her how important her presence is to her baby.

26. If a baby's temperature is low what would you recommend?

The most effective method of enhancing thermoregulation is skin-to-skin care. Help the family to support the mother by bringing warm blankets to put over the baby while s/he is skin-to-skin. If the mother is not available encourage the father or grandparent to put the baby skin-to-skin.

27. What supplements are medically indicated, what choices do you suggest?

If there are medical indications for supplements check first to see if the mother can express some milk. The next choices in order of preference are donor human milk or formula.

28. What do you suggest to families to help their babies when they have painful procedures such as heel pricks?

Evidence indicates that babies cope best with painful procedures (and use up less energy) if they are comforted throughout the procedure. Breastfeeding during these procedures significantly helps the baby. Other possibilities include offering the parents finger to suck on.

29. What do you tell parents about typical feeding patterns and how they change over the first few days?

Babies will often feed soon after birth if left undisturbed, skin-to-skin on the mother's chest. During the first 24 hours they are often quite sleepy. In the second 24 hours, we expect that babies will become much more wakeful and interested in feeding – at least 8 times in 24 hours. They may have clusters of feeds when they feed very frequently over a short period of time and then sleep for a longer period. Their output increases from a minimum of 1 wet diaper during the first 24 hours, 2 during the second and increases markedly over the next couple of days as the milk supply increases. Stooling also increases and the stool colour changes.

30. What breastfeeding resources do you give to families?

Numerous patient information handouts are available for families according to their specific needs. Available are: Breastfeeding Your Baby, Equipment, Preparation and Storage of Breast Milk. Increasing Your Milk Supply, Signs That Your Baby is Breastfeeding Well and pump rental information.

31. Why is skin-to-skin care important?

Benefits of skin-to-skin care include: thermoregulation, decreased newborn stress, enhanced homeostasis, decreased infant crying, stimulation of hormonal regulation of lactation and increased maternal milk production.

32. When should skin-to-skin care begin?

Immediately after birth!

33. What are some advantages of keeping mother and baby together?

Rooming-in, supporting mothers and babies to stay together, benefits the nursing staff by potentially decreasing workload. Assessments and care can be simultaneously. Hospital stays are short. Caring for mothers and babies together maximizes teaching and learning opportunities. Baby assessments, baths and other procedures provide opportunities for positive learning experiences and opportunities to weave education into care. Parents learn a lot unconsciously by watching how we manage babies. Removing babies from the mothers' rooms also poses a security risk – parents get the perception that someone who looks or acts like a nurse or physician can take their baby away.