Primary Care Provider Management of Breastfeeding Challenges

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  - Children’s National Health Systems
Disclosures

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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

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Neonatal Death

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

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

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<thead>
<tr>
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<tbody>
<tr>
<td>Ever</td>
<td>81.9</td>
<td>79.2</td>
<td>77.6</td>
</tr>
<tr>
<td>At 6 months</td>
<td>60.6</td>
<td>49.4</td>
<td>53.1</td>
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<tr>
<td>At 1 year</td>
<td>34.1</td>
<td>26.7</td>
<td>30.0</td>
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<tr>
<td>Exclusively through 3 months</td>
<td>46.2</td>
<td>40.7</td>
<td>37.6</td>
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<tr>
<td>Exclusively through 6 months</td>
<td>25.5</td>
<td>18.8</td>
<td>17.3</td>
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Healthy People 2020 Objectives on Breastfeeding; 2014 CDC Breastfeeding Report Card
Racial Disparities for Breastfeeding Rates in Washington, DC

<table>
<thead>
<tr>
<th>Breastfeeding Rates</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>African American</th>
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</thead>
<tbody>
<tr>
<td>Initiation</td>
<td>97%</td>
<td>83.7%</td>
<td>54.8%</td>
</tr>
<tr>
<td>6 months</td>
<td>78.9%</td>
<td>54.6%</td>
<td>26.5%</td>
</tr>
<tr>
<td>At 12 months</td>
<td>42%</td>
<td>36.5%</td>
<td>11%</td>
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</table>

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
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**

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

**INCORRECT**

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

Dewey
2003
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
Breast Surgery

- **Augmentation**
  - Intramammary pressure
  - Compromised ductal integrity
  - Nerve damage

- **Reduction**
  - Milk producing tissue removed
  - Milk ducts severed
  - Nerve damage/ Loss of innervation

Neifert 1990
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!