



BREASTFEEDING: BESTFEEDING

PREPARED BY THE NENY REGIONAL ADVISORY FORUM
BREASTFEEDING SUBCOMMITTEE APRIL 2000
REVISED 2005

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Revised 2005: Mary Nettles, Nanette LaFronz



SPECIAL THANKS:

Patricia Murphy, Mary Nettles, Joan Waldow

LOW COST

HIGH IQ



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HEALTH CARE COSTS R/T
USE OF ARTIFICIAL FEEDS

- ^COST TO HMO: \$331-\$475 PER NEVER BREASTFED INFANT IN 1ST YEAR
- ^2033 OFFICE VISITS
- ^212 EXCESS HOSPITAL DAYS
- ^609 EXCESS Rx
- ^ 1991 WIC COST for FORMULA = \$404 MILLION SUPPORT FOR BF MOM=55% LESS
- \$855 FOR POWDERED FORMULA FOR 6 MONTHS (OTHERS MORE COSTLY)

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BREASTMILK BENEFITS

- NUTRITIONALLY SUPERIOR
- LIVING FLUID DESIGNED TO PRESERVE OUR SPECIES
- CONTAINS PROTECTIVE FACTORS AND DEVELOPMENTAL COMPONENTS
- INCREASED BRAIN DEVELOPMENT
- COMPOSITION CHANGES WITH FEEDS AND AGE OF INFANT



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PERKS FOR BABY

- READILY AVAILABLE
- **DECREASED** NEC/ ULCERATIVE COLITIS/ CROHNS= DECREASED MORTALITY & MORBIDITY
- DECREASED SIDS
- DECREASED HOSPITALIZATIONS
- DECREASED PEDIATRIC OFFICE VISITS
- REDUCTION IN CHILDHOOD CANCERS
- REDUCED RISK OF IDDM
- REDUCED RISK FOR ALLERGIES, HYPERTENSION, OBESITY AND MULTIPLE SCLEROSIS



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PERKS FOR MOM



- DECREASED PP HEMORRHAGE
- INCREASED WEIGHT LOSS PP
- DECREASED RISK OF BREAST CANCERS
- DECREASED RISK OF OVARIAN CANCERS
- DECREASED RISK OF OSTEOPOROSIS
- LAM=LATER RETURN TO FERTILITY
- WITH GDM = DECREASED RISK OF LATER DEVELOPMENT OF TYPE II DIABETES
- DECREASE RISK FOR CARDIOVASCULAR DISEASE

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PERKS FOR THE ENVIRONMENT



- READILY AVAILABLE= NO PACKAGING=NO TRANSPORTATION= NO POLLUTION= NO WASTE
- CONTRIBUTES TO ENVIRONMENTAL STABILITY
- NO UTILIZATION OF LAND RESOURCES OR CHEMICALS THAT ADD TO POLLUTION

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PERKS TO SOCIETY

- DECREASED HEALTH CARE COSTS
- INCREASED PRODUCTIVITY IN WORKPLACE
- DECREASED ABSENTEEISM
- SIGNIFICANTLY REDUCES INFANT MORBIDITY AND MORTALITY



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BREASTFEEDING SUCCESS: MATERNAL CONSIDERATIONS

- ANATOMY: Breast and Nipple Structure
- HISTORY OF BREAST SURGERY
- PREVIOUS BREASTFEEDING HISTORY
- MATERNAL HEALTH/ CONDITION
- MEDICATIONS: AP, LABOR, PP
- MATERNAL COMMITMENT
- SUPPORT SYSTEMS
- ADVERTISING IN OB OFFICE

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BREASTFEEDING

SUCCESS:

Neonatal Considerations

- Gestational age
- Oral anatomy/function : palate, tongue, frenulum, chin
- Maternal meds during labor
- Neurological, physical condition
- Feeding readiness
- Supplementation
- Proper Latch



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IS THE BABY ON RIGHT??

Assessment of Proper Latch

- Positioning of infant “tummy to tummy”, “nipple to nose”
- Mom supports breast in “C” hold
- Wide open mouth prior to latch
- Tongue down prior to latch
- Open mouth placed well onto breast
- Rhythmic, sustained suck, swallow, breathe
- Full cheeks, long extension of chin

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HOW ARE WE DOING????

Assessment of adequate intake

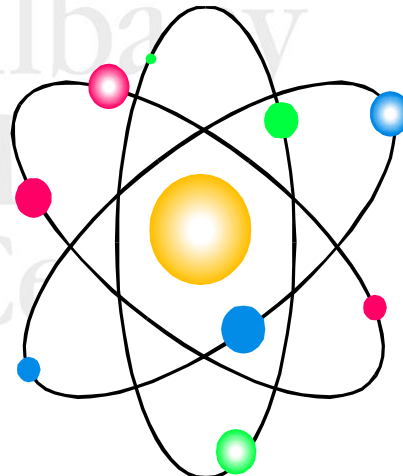
- How often is the baby nursing?
- How long does the baby suck at breast?
- Does baby nurse one breast/ both breasts?
- Is there audible swallowing heard?
- How many wets?
- How many stools? Color? Consistency?
- Does baby seem satisfied?
- Is the baby's weight increasing????



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MANAGEMENT OF COMMON PROBLEMS

- Engorgement
- Sore Nipples
- Clogged Ducts
- Mastitis
- Thrush
- Medications
- Jaundice
- Low/slow weight gain



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SORE NIPPLES

- **ASSESS POSITIONING AND LATCH**
- **OBSERVE INFANT AT BREAST**
- **CHANGE POSITION EACH FEED**
- **WARM SOAKS AND MASSAGE PRIOR TO LATCH**
- **EXPRESS COLOSTRUM/MILK PRIOR TO LATCH**
- **BEGIN WITH LEAST SORE SIDE FIRST**
- **USE EBP TO MAINTAIN SUPPLY IF MOM RELUCTANT TO BREASTFEED**
- **EBM TO NIPPLE AFTER/ LANSINOH**

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CLOGGED DUCTS

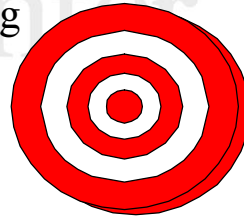
- Heat/massage to area prior to latch
- Frequent & adequate emptying of breast
- Change infant position at breast
- Ibuprofen for discomfort
- Avoid underwire bras
- Massage area during feeds to unclog duct
- Lecithin



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ENGORGEMENT

- Warm soaks, massage prior to feeding
- Express breastmilk prior to latch on
- Breastfeed frequently
- Breast support for adequate emptying
- Cool compresses after feeding
- Cabbage leaves



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MASTITIS

- Antibiotics 10-14 (some say 14-21 days)
Anti staph.
- Treatment for possible yeast infection
- Warm soaks, massage, and frequent emptying of breast
- Increase fluids, increase rest, reduce stress
- “EAT, SLEEP, FEED BABY, TAKE MEDS until finished”

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THRUSH

- Treat mother and baby
- Careful handwashing. Use of paper towels.
- Cleanse breast after feed w/white vinegar and water solution. Dry and apply antifungal to nipple area.
- Antifungal orally to baby's mouth after feeds.
- Diflucan for ductal or persistent thrush. 400 mg. Stat and 100 bid x 14 days
- Consider treating infant with Gentian Violet (.25-.5% to 1% solution in H₂O) if oral thrush continues. Apply to affected area once a day for three days.

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JAUNDICE

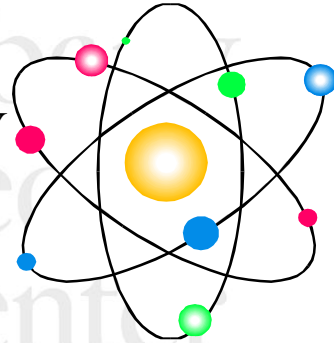
- **Physiologic? Pathologic? Breastfeeding? Breastmilk????**
- Have mom feed/pump q 2-3 hours
- Give all EBM to infant via alternative feeding methods
- Assist mom in awakening infant to feed
- Use double pump to increase milk supply



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MEDICATIONS

- PROTEIN BINDING
- ORAL BIOAVAILABILITY
- PEAK
- 1/2 LIFE
- MOLECULAR WEIGHT
- ALTERNATIVE CHOICES TO SUPPORT BREASTFEEDING CONTINUATION
- HERBAL REMEDIES



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ALTERNATIVE FEEDING METHODS

- FINGERFEEDING: SYRINGE, CATHETER
- CUPFEEDING
- SNS
- CATHETER AT BREAST
- DROPPER/ SPOON
- AVENT NIPPLE
- EVENFLO COMFY



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LOW/SLOW WEIGHT GAIN

- ASSESS INFANT BREASTFEEDING
- Maternal/neonatal history: r/o pathology
- Is it a milk supply or transfer problem?
- If low milk supply: fix latch, increase pumping and feeds at breast
- If transfer problem: fix latch , alternative feedings to increase intake at breast
- Follow closely with frequent weights and update feeding plan
- Referral to Lactation Consultant

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PEDS PERSPECTIVE?

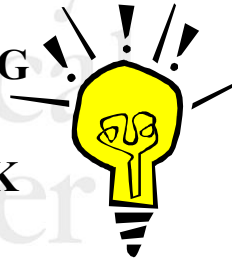
- WHAT IS SAID IN OFFICE AND DURING PHONE TRIAGE?
- ARE YOU ADVOCATING BREASTFEEDING?
- SUPPLEMENTATION: **WHY? WHEN? HOW?**
- LC INFORMATION/ SUPPORTS READILY AVAILABLE?
- PUMPING INFORMATION?



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WHY BOTHER????

- **HEALTHY PEOPLE 2010**
- **AAP POLICY STATEMENT Feb. '05**
- **WHO/UNICEF: 10 STEPS TO SUCCESSFUL BREASTFEEDING**
- **INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES**
- **RESEARCH FINDINGS**
- **LEGISLATION**



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INTERNATIONAL CODE

- Seeks to encourage and protect breastfeeding and to control incorrect marketing practices used to sell products for artificial feeding.
- Applies to: artificial milk for babies; other products used to feed babies, especially marketed for use in a bottle; feeding bottles and teats

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HEALTHY PEOPLE 2010

- TO ^ THE %OF MOMS BF IN EARLY PP FROM 64% ('98) TO 75%
- TO ^ THE % OF MOMS BF AT 6 MONTHS FROM 29% ('98) TO 50%
- TO ^ THE % OF MOMS BF AT 1 YEAR FROM 16% ('98) TO 25%

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SUMMARY OF CODE

- No advertising of products to the public
- No free samples to mothers
- No promotion of products in health care facilities, including no free supplies
- No company mothercraft nurses to advise mothers
- No gifts or personal samples to health workers
- No words/pictures idealizing artificial feeding, including pictures of infants, on labels of products

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SUMMARY OF CODE (cont)

- Information to health workers should be scientific and factual
- All information on artificial infant feeding, including labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies
- All products should be of a high quality and take into account the climate and storage conditions of the country where they are used.

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