

Breastfeeding Management

A Guideline for Healthy Term Newborns

BIRTH^{to} 48 hours

Core Knowledge

Incorporate these basics into ROUTINE prenatal classes and/or visits

Inform Parents About:

- the effects of labor medications on breastfeeding.
- drug-free alternatives for labor and delivery, including use of a birth doula, if available.
- effects of breastfeeding on acute and chronic diseases of women and children, so that mother can make an informed feeding choice.

Teach Skills for Breastfeeding Success:*

- Expect to feed within the first hour of life, with skin-to-skin contact.
- Offer frequent feeds, not formula: The more the baby nurses, the more milk the mother will make.
- Say 'no' to pacifiers and bottles.
- Sleep near the baby & nurse lying down.
- Feed early and often, at the first signs of hunger.
- Wide open mouth, flared-out lips.
- Watch the baby, not the clock.
- Recognize swallowing and milk transfer.
- Avoid supplementation without medical indication.
- Breastfeed exclusively for 6 months.

Promote Time for Breastfeeding and Rest:

Suggest that parents don't let visitors interrupt or delay feedings, and be prepared to ask visitors to leave. Suggest they turn ringer off the phone and rest between feedings.

Encourage pregnant women

to visit meetings of community breastfeeding support groups (e.g. La Leche League).

Core Practices

For Baby:

At birth:

- ▲ Place baby skin-to-skin immediately after birth.
- ▲ Dry baby and assess Apgars with baby on mother.
- ▲ Breastfeed within the first hour of life.
- ▲ Show mother correct latch and position: wide open mouth, flared-out lips, "nose-to-breast, chest-to-chest."
- ▲ Delay vitamin K and eye prophylaxis until after first feed, up to 1 hour.
- ▲ Delay bath until after first feed.

First 48 hours:

- ▲ Check glucose only in high-risk babies.
- ▲ Perform baby's weights, vital signs, & examinations in mother's room.
- ▲ Perform all painful procedures with baby at breast or skin-to-skin (includes heelsticks and Vitamin K).
- ▲ Increase breastfeeding frequency & assure swallowing if hypoglycemic, hyperbilirubinemic, or weight loss >7%.
- ▲ Avoid supplements without a medical indication.
- ▲ Follow up 2 days after discharge & again at 2 weeks.

For Mother:

- ▲ Mother sleeps near baby 24 hours a day, and has maximal contact with baby, preferably skin-to-skin.
- ▲ Staff limits visitation time when it's time for feeding and teaching.
- ▲ Mother feels strong tugging which is not persistently painful.
- ▲ Parents are aware of feeding cues & swallowing.
- ▲ Parents are given written & verbal guidance* about Skills for Breastfeeding Success.
- ▲ Mother/baby demonstrate effective breastfeeding prior to discharge.
- ▲ Mother is given contact info for community support services.

Core Support

Provide extra support and/or consider referral to certified lactation consultant in the following circumstances, due to increased risk of breastfeeding problems:

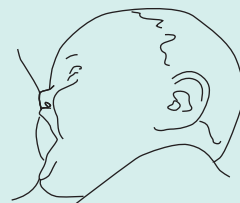
For Baby:

- birth by vacuum extraction
- continued rooting after feeding
- weight loss > 7% associated with poor feeding
- infant irritable, restless or sleepy & refusing to feed
- use of non-breastmilk fluids or pacifiers
- difficulty with latch
- no visible or audible swallowing
- no effective breastfeeding seen prior to discharge
- tongue-tie or other anatomic abnormality
- hyperbilirubinemia
- hypoglycemia (<45 by laboratory confirmation) in at-risk or symptomatic infants

For Mother:

- total labor >14 hours
- caesarean birth
- first-time mother
- flat or inverted nipples
- increased or persistently sore nipple
- prior breastfeeding problems
- use of chronic medications, to ensure safety in breastfeeding
- prior breast surgery
- type 1 diabetes
- obesity
- multiple birth
- smoking

Proper latch on



© 2009 Massachusetts Breastfeeding Coalition

Massachusetts
Breastfeeding
Coalition

www.massbfc.org

Download this tool to your PDA!
Questions about this chart?
See our FAQs at www.massbfc.org

NOTES

* Avoid breastfeeding materials from formula companies

REFERENCES

- Academy of Breastfeeding Medicine.** ABM Clinical Protocol Number 1: Guidelines for glucose monitoring and treatment of hypoglycemia in term breastfed neonates, 1999. Accessed at bfmed.org on 12 April 2004.
- Academy of Breastfeeding Medicine.** ABM Clinical Protocol Number 3: Hospital guidelines for the use of supplementary feeds in the healthy term breastfed neonate, 2002. Accessed at bfmed.org on 28 Sept 2003.
- Academy of Breastfeeding Medicine.** ABM Clinical Protocol Number 5: Peripartum breastfeeding management for the health mother and infant at term. Accessed at bfmed.org on 20 April 2004.
- Academy of Breastfeeding Medicine.** ABM Clinical Protocol Number 6: Guideline on co-sleeping and breastfeeding. Accessed at bfmed.org on 22 April 2004.
- American Academy of Pediatrics, Provisional Committee for Quality Improvement and Subcommittee on Hyperbilirubinemia.** Practice parameter: management of hyperbilirubinemia in the healthy term newborn. *Pediatrics* 1994; 94 (4 Pt 1):558-65.
- American Academy of Pediatrics, Work Group on Breastfeeding.** Breastfeeding and the use of human milk. *Pediatrics* 1997;100(6):1035-39.
- Ballard JL, Auer CE, Khoury JC.** Ankyloglossia: assessment, incidence, and effect of frenuloplasty on the breastfeeding dyad. *Pediatrics* 2002;110(5):e63.
- Barros FC, Victoria CG, Semer TC et al.** Use of pacifiers is associated with decreased breastfeeding duration. *Pediatrics* 1995; 95:497-99.
- Blair A, Cadwell K, Turner-Maffei C, Brimdyr K.** The relationship between positioning, the breastfeeding dynamic, the latching process and pain in breastfeeding mothers with sore nipples. *Breastfeeding Rev* 2003;11(2):5-10.
- Cooper WO, Atherton HD, Kahan M, Kotagal UR.** Increased incidence of severe breastfeeding malnutrition and hypernatremia in a metropolitan area. *Pediatrics* 1995;96(5 Pt1):957-60.
- Cornblath M, Ichord R.** Hypoglycemia in the neonate. *Semin Perinatol* 2000;24:136-149.
- deCarvalho M, Roberson S, Friedman A, et al.** Effect of frequent breastfeeding on early milk production and infant weight gain. *Pediatrics* 1983;72:307-311.

Dewey KG. Maternal and fetal stress are associated with impaired lactogenesis in humans. *J Nutr* 2001;131(11):3012S-5S Review.

Dewey KG, Nommsen-Rivers LA, Heinig MJ, Cohen RJ. Risk factors for sub-optimal infant breastfeeding behavior, delayed onset of lactation and excess neonatal weight loss. *Pediatrics* 2003;112(3 Pt 1):607-19.

DiGirolamo A, Grummer-Strawn L, Fein S. Maternity care practices: implications for breastfeeding. *Birth* 2001;28(2):94-100.

Evans KC, Evans RG, Royal R, Esterman AJ, James SL. Effect of caesarean section on breast milk transfer to the normal term newborn over the first week of life. *Arch Dis Child Fetal Neonatal Ed.* 2003;88(5):F380-02.

Gray L, Miller LW, Philipp BL, Blass EM. Breastfeeding is analgesic in healthy newborns. *Pediatrics* 2002 Apr;109(4):590-03.

Hale, T. Medications and Mothers Milk, 11th edition. Amarillo, TX: Pharmasoftware, 2004.

Hall RT, Mercer AM, Teasley SL et al. A breastfeeding assessment score to evaluate the risk cessation of breastfeeding by 7 to 10 days of age. *J Pediatrics* 2002;141:659-664.

Hartmann P, Cregan M. Lactogenesis and the effects of insulin-dependent diabetes mellitus and prematurity. *J Nutr* 2001;131(11):3016S-20S.

Hildebrandt HM. Maternal perception of lactogenesis time: a clinical report. *J Hum Lact* 1999;15(4):317-23.

Hill PD, Humenick SS, Brennan ML, et al. Does early supplementation affect long-term breastfeeding? *Clin Pediatrics* 1997;36:345-350.

Howard CR, Howard FM, Lanphear B, Eberly S, deBlicke EA, Oakes D, Lawrence RA. Randomized clinical trial of pacifier use and bottle-feeding or cupfeeding and their effect on breastfeeding. *Pediatrics* 2003;111(3):511-18.

Howard CR, Howard FM, Lanphear B, deBlicke EA, Eberly S, Lawrence RA. The effects of early pacifier use on breastfeeding duration. *Pediatrics* 1999;103(3):E33.

International Lactation Consultant Association. Evidence-based guidelines for breastfeeding management during the first fourteen days. 1999. Accessed at ilca.org on 15 February 2004.

Kurinij N, Shiono PH. Early formula supplementation of breastfeeding. *Pediatrics* 1991;88:745-750.

Lang S, Lawrence CH, Orme RLE. Cup feeding: An alternative method of infant feeding. *Arch Dis Child* 1994;7:365-69.

Lieberman E, O'Donoghue C. Unintended effects of epidural analgesia during labor: a systematic review. *Am J Obstet Gynecol.* 2002;186(5 Suppl Nature): S31-68.

Lu MC, Prentice J, Yu SM, Inkelas M, Lange LO, Halfon N. Childbirth education classes: sociodemographic disparities in attendance and the association of attendance with breastfeeding initiation. *Matern Child Health J.* 2003;7(2):87-93.

Macdonald PD, Ross SR, Grant L, Young D. Neonatal weight loss in breast and formula fed infants. *Arch Dis Child Fetal Neonatal Ed* 2003;88(6):F472-76.

Malhotra N, Vishwambaran L, Sundaram KR, Narayanan I. A controlled trial of alternative methods of oral feeding in neonates. *Early Hum Dev* 1999;54(1): 29-38.

McKenna JJ, Mosco SS, Richard CA. Bedsharing promotes breastfeeding. *Pediatrics* 1997;100:214-219.

Mikiel-Kostyra K, Mazu J, Boltrusko I. Effect of early skin-to-skin contact after delivery on duration of breastfeeding: a prospective cohort study. *Acta Paediatr* 2002;91(12):1301-06.

Noer B. State of the science: neonatal hypoglycemia. *Adv Neonatal Care* 2001;1:4-21.

Powers NB, Slusser W. Breastfeeding update 2: clinical lactation management. *Pediatrics in Review* 1997;18(5):147-161.

Philipp BL, Merewood A, Miller LW, Chawla et al. Baby-friendly hospital initiative improves breastfeeding initiation rates in a US hospital setting. *Pediatrics* 2001;108(3):677-81.

Ransjo-Arvidson AB, Matthiesen AS, Lilja G, Nissen E, Widstrom AM, Uvnas-Moberg K. Maternal analgesia during labor disturbs newborn behavior: effects on breastfeeding, temperature, and crying. *Birth.* 2001 Mar;28(1):5-12.

Renfrew MJ, Lang S, Martin L, Woolridge MW. Feeding schedules in hospitals for newborn infants. *Cochrane Database Syst Rev* 2000;(2):CD000090.

Sievers E, Haase S, Oldigs HD, Schaub J. The impact of peripartum factors on the onset and duration of lactation. *Biol Neonate* 2003;83(4):246-52.

Souto GC, Giugliani ER, Giugliani C, Schneider MA. The impact of breast reduction surgery on breastfeeding performance. *J Hum Lact.* 2003;19(1):43-9.

Truitt ST, Fraser AB, Grimes DA, Gallo ME, Schulz KF. Combined hormonal versus nonhormonal versus progestin-only contraception in lactation. *Cochrane Database Syst Rev* 2003;(2):CD003988.

World Health Organization, Division of Child Health and Development. Evidence for the ten steps to successful breastfeeding (revised). Geneva: World Health Organization, 1998.

ON LINE RESOURCES:

- Academy of Breastfeeding Medicine:** www.bfmed.org
International Lactation Consultant Association: www.ilca.org
US. Dept. of Health and Human Services: www.4woman.gov
Centers for Disease Control and Prevention: www.cdc.gov/breastfeeding
Massachusetts Breastfeeding Coalition: www.massbfc.org
La Leche League: www.lalecheleague.org