

# 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:

- Skin-to-skin contact after birth, regardless of feeding method
- Expect to feed within the first hour of life.
- 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.
- Sleep near the baby.
- Consider "laid-back breastfeeding:" mother is semi-reclining.
- Learn to nurse lying down as baby gets older
- 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.

Core Knowledge continued on next page

## 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.
- ▲ Encourage and assist with baby-led latch: baby's head between breasts and mother is semi-reclining
- ▲ During latch, baby's head is extended and chin is pushed deeply into breast
- ▲ Delay vitamin K and eye prophylaxis until after first feed, up to 1 hour.
- ▲ Delay bath until after first feed or longer.

#### 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.

Core Practices continued on next page

## Core Support

For dyads at risk:

Provide extra support and/or consider referral to **International Board Certified Lactation Consultant (IBCLC)** in the following circumstances, due to increased risk of breastfeeding problems:

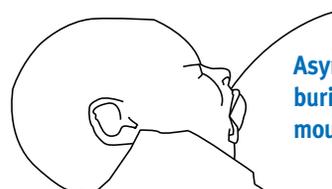
### For Baby:

- 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, or can't tell
- no effective breastfeeding seen prior to planned discharge
- tongue-tie or other anatomic abnormality
- Bilirubin >10mg/dL at 48 hours
- hypoglycemia (<40mg/dL by laboratory confirmation) in at-risk or symptomatic infants
- small or large for gestational age or IUGR, weight >3600 g in primiparas
- receipt of non-breastmilk fluids

Core Support continued on next page

Download this tool to your smartphone! Questions about this chart?  
See our FAQs at [www.massbreastfeeding.org](http://www.massbreastfeeding.org)

Proper latch on



Asymmetric latch: chin is buried in breast, nose is free, mouth open widely.

Extended neck allows jaw to fall open widely.



Massachusetts  
Breastfeeding  
Coalition

[www.massbreastfeeding.org](http://www.massbreastfeeding.org)

© 2011 Massachusetts  
Breastfeeding Coalition

## Core Knowledge continued

### 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 (La Leche League, Nursing Mothers' Council, Breastfeeding USA, hospital-based or similar).

## Core Practices continued

### 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 Continued

### For Mother:

- Stage II labor >1 hour
- prior breast surgery
- caesarean birth
- type 1 diabetes
- first-time mother
- obesity
- flat or inverted nipple
- multiple birth
- increased or persistently sore nipples
- smoking
- Polycystic ovary syndrome
- prior breastfeeding problems
- use of chronic medications, to ensure safety in breastfeeding
- widely spaced or tubular breasts

## NOTES

\* Avoid giving breastfeeding materials from formula companies.

\* Making Milk is Easy, our one-page patient handout, is available in multiple languages from our homepage, [www.massbreastfeeding.org](http://www.massbreastfeeding.org).

## REFERENCES

**Academy of Breastfeeding Medicine.** ABM Clinical Protocol Number 3: Hospital guidelines for the use of supplementary feeds in the healthy term breastfed neonate, revised 2009. Available at [www.bfmed.org](http://www.bfmed.org).

**Academy of Breastfeeding Medicine.** ABM Clinical Protocol Number 6: Guideline on co-sleeping and breastfeeding, Revision, March 2008. Available at [www.bfmed.org](http://www.bfmed.org)

**Academy of Breastfeeding Medicine.** ABM Clinical Protocol #22: Guidelines for the management of jaundice in the breastfeeding infant equal or greater than 35 weeks' gestation. 2010. Available at [www.bfmed.org](http://www.bfmed.org)

**American Academy of Pediatrics, Task Force on Infant Sleep Position and Sudden Infant Death Syndrome.** Changing concepts of sudden infant death syndrome: implications for infant sleeping environment and sleep position. *Pediatrics* 2000;105(3):650-56.

**Adamkin D, American Academy of Pediatrics, Committee on Fetus and Newborn.** Post-natal glucose homeostasis in late pre-term and term infants. *Pediatrics* 2011;127(3):575-79.

**American Academy of Family Physicians.** Family physicians support breastfeeding (position paper) 2008.

**Ballard JL, Auer CE, Khoury JC.** Ankyloglossia: assessment, incidence, and effect of frenuloplasty on the breastfeeding dyad. *Pediatrics* 2002;110(5):e63.

**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.

**Bramson L, Lee JW, Moore E et al.** Effect of early skin-to-skin mother-infant contact during the first 3 Hours following birth on exclusive breastfeeding during the maternity hospital stay. *J Hum Lact* 2010;26(2):130-37.

**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 suboptimal 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.

**DiGirolamo AM, Grummer-Strawn LM, Fein, SB.** Effect of maternity-care practices on breastfeeding. *Pediatrics* 2008;122 Supp 2:S43-9

**Gartner L, Morton J, Lawrence RA et al.** Breastfeeding and the use of human milk. *Pediatrics* 2005; 115(2):496-506.

**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.ink

**International Lactation Consultant Association.** Clinical guidelines for the establishment of exclusive breastfeeding, June 2005, Revised 2010. Available at [www.ilca.org](http://www.ilca.org)

**Kramer MS, Aboud F, Mironova E.** Breastfeeding and child cognitive development: new evidence from a large randomized trial. *Arch Gen Psychiatry* 2008;65(5):578-84.

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

**Lawrence RA, Lawrence RM.** Breastfeeding: A Guide for the Medical Profession, Seventh edition, Maryland Heights, MO: Elsevier Science Health, 2011.

**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.

**Mikiel-Kostyra K, Mazu J, Boltruszko 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.

**Morgan BE, Horn AR, Bergman NJ.** Should Neonates Sleep Alone? *Biol Psychiatry* 2011; 70(9): 817-25.

**Noel-Weiss J, Woodend AK, Peterson WE, et al.** An observational study of associations among maternal fluids during parturition, neonatal output, and breastfed newborn weight loss. *Int Breastfeed J* 2011; 6(1).

**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.

**Rosenberg KD, Stuff JD, Adler, MR, et al.** Impact of hospital policies on breastfeeding outcomes. *Breastfeeding Medicine* 2008; 3(2):110-116

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

**World Health Organization, UNICEF.** The Baby-friendly Hospital Initiative (Revised, updated and expanded for integrated care), 2006.

## ON LINE RESOURCES:

**Academy of Breastfeeding Medicine:** [www.bfmed.org](http://www.bfmed.org)

**US Lactation Consultant Association:** [www.USCLA.org](http://www.USCLA.org)

**US Dept. of Health and Human Services:** [www.4woman.gov](http://www.4woman.gov)

**Centers for Disease Control and Prevention:**

[www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)

**Massachusetts Breastfeeding Coalition:** [www.massbreastfeeding.org](http://www.massbreastfeeding.org)

**La Leche League:** [www.lalecheleague.org](http://www.lalecheleague.org)