

# Baby Friendly Hospital Training

Provided by Lactation Education Resources

Fifteen hours of online training

## *Course Outline*

- **THE BIG PICTURE**

- Pre-test
  - 25 questions
- Introduction (BFHI Steps 1,2)
  - The Ten Steps to Successful Breastfeeding
    - Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
    - Train all health care staff in skills necessary to implement this policy.
    - Inform all pregnant women about the benefits and management of breastfeeding.
    - Help mothers initiate breastfeeding within one hour of birth.
    - Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
    - Give infants no food or drink other than breastmilk, unless medically indicated.
    - Practice “rooming in”-- keep mothers and infants together 24 hours a day.
    - Encourage unrestricted breastfeeding.
    - Give no pacifiers or artificial nipples to breastfeeding infants.
    - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic
  - Who supports exclusive breastfeeding?
    - WHO
    - DHHS
    - CDC
    - AAP
    - ACOG
    - ABM
    - AAFP
    - Joint Commission
    - Cochrane Review

- US Breastfeeding Committee
    - Healthy People 2010
    - AWHONN
    - Surgeon General
    - AWHONN
    - AAP
    - ACOG
    - AAFP
    - NAPNAP
    - National Association of Pediatric Nurse Practitioners
    - Academy of Breastfeeding Medicine
  - What is your mPINC score?
  - Individual hospital report
  - The mind is like a parachute
- History of BFHI (BFHI Steps 1,2)
    - International Code of Marketing of Breastmilk Substitutes 1981
    - Convention on the Rights of the Child 1989
    - UNICEF launch of BFHI 1990
    - UNICEF launch of BFHI in US 1992
    - Innocenti Declaration 1990
    - UNICEF/WABA Golden Bow Initiative 2004
    - Wellstart International
    - Baby-Friendly USA
    - Goal to have all hospital Baby-Friendly by 1995
    - Process
      - Certificate of Intent
      - Technical support
      - Assessment
      - Designation
      - Re-assessment
    - Worldwide movement
    - Baby-friendly care everywhere (out-patient facilities, offices)

- Benefits of breastfeeding (BFHI Step 3)
  - The Gold Standard
    - Infant benefits
      - Breastmilk is unique
        - Stem cells
        - Constantly changing
        - “Natural Immunization”
      - Less otitis media
      - Less diarrhea
      - Prevents NEC
      - Less hospital admissions
      - Lower risk of RSV
      - Lowers risk of influenza
      - Less respiratory infections
      - Reduction in SIDS
      - Less childhood cancer
      - Less asthma
      - Allergies less severe
      - Less childhood obesity
      - Less Type 1 and Type 2 diabetes
      - Fosters brain growth & IQ
      - Right amount, temperature, convenient
    - Maternal benefits
      - Less diabetes
      - Less cancer
      - Less coronary heart disease
      - Post-partum depression
      - Moms get “Back in shape”
      - Less osteoporosis
      - Saves money
      - Enhances bonding
      - Empowers women
      - Family benefits
      - Lactation Amenorrhea Method
      - Saves time and trouble
      - Less child abuse
      - Modeling for the next generation
    - Community benefits

- Breastfeeding is “green”!
    - Less cost to health care system
  - Official statements
- Biochemistry of breastmilk (BFHI Step 3)
  - Fats
  - Carbohydrates
  - Protein
  - Host defense factors
  - Hormones
  - Enzymes
  - Vitamins
  - Changes in the components
  - Colostrum
  - Alveoli
  - Lactocytes
  - Colors in breastmilk
  - Smells in breastmilk
  - Water in breastmilk
  - Caloric density
  - Breastmilk is the “gold standard”
  - Foremilk and hindmilk
  - Enteromammary Route for immune factors
  - Anti-inflammatory agents
- Counseling skills (BFHI Steps 3,4,5,7,8)
  - Stages of adjustment to parenthood
    - “Taking in”
    - “Taking hold”
    - “Letting go”
    - “New Normal”
  - Shorter hospital stays speed up the process
  - “Just in time” learning
  - Focus on getting started
  - *What would* you do if scenarios
  - How can dads help?
  - Obstacle “proofing”
  - Prepare parents for dealing with problems
    - Second Night Syndrome
    - Nursery at night
    - Circumcision
    - Offering formula

- Fatigue
  - Evaluate their current knowledge
  - Teach at every opportunity
  - Provide a variety of learning methods
  - Ask if they have questions
  - Make it fun and easy!
  - BestStart -Counseling Steps
    - Ask - Elicit concerns with an open-ended question
    - Acknowledge - Confirm their concern
    - Advise - Provide targeted education
  - Counseling issues
    - “I don’t want to make the mother feel guilty”
    - “I had a terrible time breastfeeding my own baby”
    - “I want my patient to sleep through the night, she’s exhausted”
    - “My patient is depressed, I don’t want to stress her out by having her breastfeed”
    - “The grandmother wants to give baby a bottle”
    - My patient’s spouse is giving her grief about breastfeeding all the time”
- Prenatal education (BFHI Steps 3,4,5,7)
  - The Decision to breastfeed
  - Barriers to BF
    - Lack of social support
    - Fear of pain
    - Cultural norms
    - Employment
    - Embarrassment
    - Mode of delivery
  - Duration of breastfeeding
    - Family & social support
    - Employment
    - Parity
    - Cultural norms
    - Predictors of Intent to Breastfeed
    - Insurance status
    - Maternal education
    - Maternal age
    - Parity
    - Marital status
    - Timing of prenatal care initiation
    - Prenatal smoking status
  - Which mothers “stick with it” and why?
    - “Confident commitment”
  - Which mothers “stick with it”?
  - Sources of help at home
  - Three modes of learning

- Visual
    - Auditory
    - Tactile/Kinesthetic
  - Right vs left brained learning
  - Repetition & The Rule of 3's
  - New mother = poor information retention
  - Make every contact a teaching opportunity
  - Involve the learner
  - Open ended questions
  - Use all of the learning styles
  - Give tasks to the father or S/O
  - Encourage discussion and questions
  - What are you passing out?
    - Handouts, booklets
    - Freebies
    - Magazines
    - Note the company which is providing the information
- Culture (BFHI Steps 4,7,8,9)
    - Aspects of culture
      - World views
      - Value systems
      - Health or sickness
      - Non-verbal communications
      - Social norms and etiquette
    - Acculturation
      - Preserve the beneficial
      - Accommodate the neutral
      - Restructure the harmful
    - Explain and educate
      - Acknowledge difference and recognize similarities
      - Recommend a plan
      - Negotiate to mutually agreeable plan
    - How does your culture affect your care?
    - How culture can influence breastfeeding
      - Choice of feeding method
      - Pre-lacteal feeding
      - Timing of first feeding and frequency of subsequent feedings
      - Use of colostrum
      - Mother's support
      - Use of complimentary or supplementary feeding
      - Support role of the father

- Galactogogues
- Foods to eat or to avoid
- Duration of breastfeeding
- Sources of expert help
- Use of technology
- Modesty issues

- **INITIATING BREASTFEEDING**

- Anatomy & physiology (BFHI Steps 3,4,5,7)
  - 5 Stages of Mammary Development
    - Embryogenesis (fetal)
    - Puberty
    - Pregnancy
    - Lactation
    - Involution
  - Supernumerary nipples
  - Areola
    - Montgomery glands
    - Nipple
  - Internal Structure
    - Cooper's Ligaments
    - Lobes and Lobules
    - Duct System
  - Lymphatics
  - Nerve Supply to Breast
  - Marked Asymmetry
  - Hypoplasia
    - Large, dark areolas
    - Widely spaced breasts
    - High mammary fold
    - Little or no growth during pregnancy
  - Nipple Assessment
    - Flat/inverted nipple
    - Inverted
  - Growth during pregnancy
  - Stage of lactation
  - Oxytocin release
  - Prolactin
  - Prolactin Receptor Theory
  - Lactogenesis I

- Lactogenesis II
  - Lactogenesis III
  - Involution
    - apoptosis of secretory cells
- Breast Assessment (BFHI Step 3)
- General medical history
  - Polycystic ovarian syndrome
  - History of breast surgery
  - Appearance of breasts
    - Size
    - Shape
    - Symmetry
    - Surgical scars
  - Prenatal breast changes
  - Hypoplasia
  - Nipple Assessment
    - Erect nipple
    - Small areola
    - Montgomery glands
  - Prenatal nipple preparation
- Initiating breastfeeding (BFHI Step 4)
- Initiate Breastfeeding within 1 Hour
  - “Boot up Computer”
  - Instinctive behavior
    - Mother’s Job
    - Baby’s Job
  - Why all the attention in the first ½ hour?
  - Stages of Readiness to Feed
  - Babies INITIATE Breastfeeding
  - Seven Natural Laws
    - Babies are hard-wired to breastfeed
    - Mothers’ body is baby’s “natural habitat”
    - Better Feel and Flow happen in the Comfort Zone
    - More milk at first means more milk later
    - Every breastfeeding couple has it’s own rhythm
    - More milk out = more milk made
    - Children wean naturally
  - 3 stages of readiness for feeds



- Temperature regulation
  - Respiratory regulation
  - Heart Rate
  - Swaddling
  - Cascade of infant reflexes
  - Breast crawl
  - Establishment of breastfeeding
    - The mother's role
    - Special considerations
    - IV tubes and pain
    - Impact on breastfeeding?
    - Beginning Labor
    - Hard labor
    - Final product
  - Evaluate the nipples again
  - Effect on breastmilk intake
  - Vaginal Delivery
  - Cesarean Delivery
  - Epidural
- Positioning and latch-on (BFHI Steps 4,8)
- Establish Breastfeeding — Colostrum
  - Establish Breastfeeding - Milk “Comes In”
  - Two “styles’ of breastfeeding
    - Mother-led Latch
    - Mother/nurse led latching
  - Mom’s positioning
  - Holding the baby
  - Positional stability
  - Offering the breast
    - Football fold
    - Cross-cradle hold
    - Cradle hold
    - Side-lying position
    - Laid-Back Breastfeeding
  - Offering the breast
    - “Sandwich” the breast
    - Asymmetric latch
    - Good latch
    - Poor latch

- Feeding Cues
    - The “latchable” state
    - Breastfeed “on cue”
  - Feeding frequency
  - “Second Night” syndrome
  - Length of feedings
  - Do not let the baby doze during feedings
  - Suckling sequence
    - Assess milk transfer
    - Breast massage & compression
  - Counting diapers
    - Normal output
  - Breast refusal causes
  - Breast refusal remedy
  - Laid back breastfeeding
- Bonding (BFHI Steps 2,4,5,8,9)
    - Continuous skin to skin contact until the first breastfeed is established
    - Practice rooming-in
    - Unrestricted Feedings
    - Counseling breastfeeding mothers
      - Ask
      - Acknowledge
      - Advise
    - Support during nighttime hours
    - Anticipatory guidance
      - “Second Night Syndrome”
      - “Low tech, high touch!”
      - Remember the Power of Praise
      - Maternal concerns about milk supply
    - Babies are competent
    - Breastfeeding works
    - Mothers are competent and confident
    - Mothers and babies affect each other
    - Mothers and babies learn by association
  - Breastfeeding multiples (BFHI Steps 5,6,7,8,9)
    - Why breastfeed multiples?
      - Faster recovery
      - Lower cost

- Convenient
    - Better bonding
  - Reasons for not starting
  - Pregnancy with multiples
  - Baby issues
  - Twin to twin transfusion
  - Making enough milk
  - Getting started one at a time
  - Positions for twins
  - Separate milk regulation
  - Early problems
  - Duration of breastfeeding
  - Tips on breastfeeding twins
    - Instill confidence
  - Prescribe household/practical help
  - Encourage self care of mother
  - Family support
- Pacifiers and Artificial Nipples (BFHI Step 9)
- Give no pacifiers or artificial nipples to breastfeeding infants.
  - American Academy of Pediatrics
    - Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established.
  - WHO & UNICEF
  - To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:
    - Initiation of breastfeeding within the first hour of life
    - Exclusive breastfeeding – that is the infant only receives breastmilk without any additional food or drink, not even water
    - Breastfeeding on demand – that is as often as the child wants, day and night
    - No use of bottles, teats or pacifiers
  - Academy of Breastfeeding Medicine Protocol #5
  - Nipple confusion/preference?
  - What’s wrong with bottles
    - Different
    - Shape
    - Texture
    - Taste
    - Flow rate

- Oral experiences
- Model breastfeeding policy

- **MANAGING LACTATION**

- Sore nipples (BFHI Steps 4,5,7,8)
  - Primary cause is incorrect positioning and latch-on
  - Sore nipples: Other causes
    - High palate
    - Short tongue
    - Receding chin
    - High negative pressure
    - Improper sucking technique
    - Short frenulum
    - Ill fitting breast pump flange
    - Ill fitting bra
    - Allergic dermatitis
    - Yeast (later)
  - Most common reasons mothers give for stopping breastfeeding in the early weeks
    - Perceived low milk supply
    - Sore nipples
  - Sore nipple treatment
    - Check positioning and latch-on!
    - Start on least sore side
    - Short frequent feedings
    - Rotate the position of the baby
    - Cross-cradle hold, football hold
    - Laid-back breastfeeding
    - Break suction before ending the feeding
    - Hydrogel dressings
    - Breast rest
    - Obtain larger flanges if necessary
- Flat nipples (BFHI Steps 5,6,7,8,9)
  - Flat/short Nipples
  - Inverted nipple
  - Inverted Nipples
  - Products for flat/inverted nipples
    - Shells
  - Nipple shields

- Nipple shield application
- Latching on with flat/inverted nipples
  - RPS
  - Positioning
  - T-cup hold
  - Pumping
  - Nipple everters
  - Nipple shield
- Maintaining lactation during separation (BFHI Step 5)
  - Sub-optimal breastfeeding behavior
  - Hand expression
  - Infant Concerns
    - Premature infant, low-birth weight infant
    - Late preterm infant
    - Excessive weight loss
    - Any baby who medically requires supplementation
    - Ill infant
  - Breast refusal
  - Maternal Concerns
    - Excessive soreness
    - Flat & inverted nipples
    - Severe unresolved engorgement
    - Breast reduction
    - Breast surgery
    - Bariatric surgery
    - Insufficient glandular tissue
    - Any interruption of breastfeeding
  - Mother chooses to pump only
  - Establishing a supply
    - First few weeks crucial
    - Sample target goals
    - Breast stimulation matters!
  - Risk of low supply
  - Physiology of pump action
    - Negative pressure
    - Mechanical pressure
  - Massage while pumping
  - Early and often
  - Problems with pumps

- Fit of the flange
    - Nipple damage from pumping
  - Correct flange size
  - Washing pump kit
    - Cleaning and sterilizing the pump kit
    - Preventing contamination
  - Breastmilk storage
  - Thawed breastmilk
  - Support makes a difference
- Hypoglycemia (BFHI Steps 4,5,6,7,8,9)
  - What's normal?
    - Initial fall in glucose over first 2 hours after birth
    - Same pattern in breastfed and formula fed infants
    - Gradual rise over next 96 hours whether fed or not
  - Recommended Low Thresholds
  - Infants most at-risk
    - Infant of the Diabetic Mother (IDM)
      - ↑ risk of persistent, profound hypoglycemia
  - Clinical symptoms
  - Begin breastfeeding promptly
  - Supplementing by bottle nipple **may** impede further successful nursing.
  - Asymptomatic low risk infants
  - Academy of Breastfeeding Medicine Protocol #1
  - To treat or not to treat?
  - Symptoms of hypoglycemia
    - Jitteriness
    - Cyanosis
    - Apnea
    - Hypothermia
    - Poor body tone
    - Poor feeding
    - Lethargy
    - Seizures
    - Symptomatic infant (20-25 mg/dL)
  - Indications for Supplementation
  - Documented hypoglycemia
  - Mother unavailable/unable to nurse
  - Infant unable/unwilling to latch and/or suckle

- Excessive weight loss (BFHI Steps 4,5,7,8,9)
  - Associated with
    - Primiparity
    - Long duration of labor,
    - Use of labor medications
    - Infant status at birth
    - Factors correlated to weight loss
    - Higher birth weight
    - Female sex
    - Epidural use
    - Longer hospital stay
  - ABM Protocol #2 Going Home
  - Suboptimal breastfeeding risks
  - On average weight loss -- 5% to 7% of birth weight
  - Of concern when it exceeds 10% of birth weight
  - 26% - attributable to inadequate maternal milk volume
  - 74% - attributable to poor breastfeeding technique by either the mother or infant
  - Influences on early lactation
  - Assist with breastfeeding problems
  - Ask for help
  
- Supplementing (BFHI Step 6)
  - When do mothers supplement?
    - Reassurance
    - Assistance
    - Education
  - Maternal indications
  - Infant indications
  - Babies do not *usually* require additional feeds in the first 24 hours of life.
  - Appropriate amounts
    - Prevent childhood obesity
  - Provide colostrum for the first several feedings!
  - Fluid for Supplementation
  - Undermine mother's self confidence
  - Shortened duration of breastfeeding
  - Exposure to potential allergens
  - Donor milk
  - Alternative feeding methods

- Supplementing at the breast
    - Cups, spoons
    - Finger feeding
    - Bottles used correctly
  - Comparison of bottle & breast
  - Types of bottle nipples
  - Paced bottle feeding
- Formula feeding (BFHI Step 9)
- What is infant formula?
  - Not recommended “formulas” or other baby nutrition
  - Solid foods
    - 12 months of formula or breastmilk
    - Add solid foods at 6 months
  - Mixing Powdered formula
    - Read package instructions for proper ratio of powder and water
    - Cap the bottle and shake
  - Mixing concentrated liquid
    - Read package instructions for proper ratio of liquid and water
    - Mix and shake
  - Preparing ready to feed
    - Open the bottle and attach nipple
  - Water for mixing
  - How to bottle feed
    - Hold the baby close
    - Hold the baby upright with with good alignment
    - Look into the baby’s eyes and talk to the baby
    - Paced bottle feeding
  - Watch for distress
    - Dribbling or leaking milk
    - Anxious expression
    - Hands pushing away
    - Gulping
  - Propping a bottle
  - Sleeping with bottle
    - Baby bottle mouth
    - Ear infections
  - Cleaning bottles
  - Preventing obesity
    - Don’t over feed



- Infant feeding in disaster situations
  - Benefits of initiating or continuing to breastfeed in a disaster
  - Preparedness
    - Planning should include facilities for breastfeeding mothers and pumps
    - Training should include basic lactation management
  - Interfacing with governmental agencies during a disaster
    - Providing support and education in shelters
    - Linking to other agencies
  - Disaster recovery
    - Encourage breastfeeding
    - Do not offer formula
    - Problems with formula
      - Contaminated water
      - Limited supplies
      - Errors in preparation
      - No safe storage facilities
    - Use ready-to-feed formula if absolutely necessary
    - Reunite families
      - Keep mothers and babies together
      - Provide a clean place and privacy
      - Provide guidance on re-lactation as needed
  
- **MATERNAL ISSUES**
  - Engorgement (BFHI Steps 3,4,5,7,8,9)
    - Physiologic engorgement
    - Pathologic engorgement
    - Prevention
    - Mastitis
    - Plugged duct
    - Treatment
      - Antibiotics
      - Warm soaks
      - Gentle massage
      - BREASTFEED!
    - Engorgement of accessory breast tissue
    - Intrapartum IV fluids
    - Check for postpartum edema
    - Subareolar tissue resistance
    - Reverse pressure softening

- Nutrition (BFHI Steps 3,5)
  - Healthy choices
  - Limit processed foods and artificial sweeteners
  - “Brown” foods are better than “white” foods
  - High protein snacks
  - Drink to thirst
  - Vegetarians, vegans
    - Eat complete proteins
    - Vitamin B12
  - Weight loss surgery
  - Guidelines for weight loss
  - No more than 1 pound per week wt loss
  - Combine diet and exercise
  - Exercise
  - Personalized diet plan at [www.myplate.gov](http://www.myplate.gov)
  
- Previous breast surgery (BFHI Steps 3,4,5,7)
  - Reasons for augmentation
  - Types of implants
  - Complications
  - Positions
    - Transaxillary
    - Periareolar
    - Inframammary
    - Umbilical
  - Augmentation – placement
    - Subglandular
    - Submuscular
  - Reasons for breast reduction
  - Types of procedures
    - Inferior pedicle
    - Periareolar
    - Free nipple graft
  - Reduction
    - Milk producing tissue removed
    - Milk ducts severed
    - Nerve damage/ Loss of innervation
  - Encourage breastfeeding
    - First feed within first hour

- Feed frequently
  - Encourage skin to skin
  - Pump for extra stimulation
  - Observe for excessive weight loss
  - Refer to lactation consultant
  - Discharge teaching
- Maternal disease (BFHI Steps 1,2,3,5)
    - Preserving milk supply while mother is ill
      - Breastfeeding vs using a breast pump
    - Mode of transmission
      - Cytomegalovirus
      - West Nile Virus
      - Hepatitis B or C
      - Herpes Simplex Virus
      - Varicella
      - Rubella
      - Infectious diseases
      - HIV/AIDS
      - HTLV-I or II
      - Cytomegalovirus
      - Hepatitis B and C
      - Herpes Simplex virus-1, 2
      - Methicillin-resistant Staphylococcus aureus (MRSA)
    - Environmental contaminants
    - Xrays
    - MRIs
    - CAT scans
    - Intravenous Pyelogram
    - Ultrasound
    - Mammogram
    - Barium
    - Radioactive agents
    - Diseases which impact breastfeeding/milk production
      - PCOS
      - Theca lutein cysts
      - Sheehan's syndrome
      - Iron deficiency
      - Morbid obesity and bariatric surgery
      - Uncontrolled diabetes

- Hypothyroidism
- Medications (BFHI Steps 3,5)
  - Keep medication use to a minimum
  - If necessary:
    - Take medications immediately after nursing
    - Take medications right before infant's longest sleep
    - Take lowest recommended dose
    - Avoid extra-strength or long-acting products
    - Avoid combination products
    - Know possible side-effects
    - Monitor for side-effects or unusual changes in infant's behavior
  - Caution with premature babies
  - Maternal plasma levels
  - Contraindicated Drugs (According to the AAP)
    - Radio isotopes
    - Cytotoxic drugs
    - Drugs of Abuse
  - Hale's categories of safety
    - L1: Safest
    - L2: Safer
    - L3: Moderately safe
    - L4: Possibly hazardous
    - L5: Contraindicated
  - Other handy references
    - LactMed – National Library of Medicine
    - American Academy Of Pediatrics (AAP)
    - University of Rochester Lactation Study Center
  - OTC medications
    - Infant Risk Center
    - Nonprescription Drugs for the Breastfeeding Mother
  - Drugs that inhibit milk production
    - Estrogens
    - Ergot alkaloids (bromocriptine, ergotamine)
    - Pseudoephedrine (Why could a decongestant be a problem?)
    - Testosterone
    - Progestins (early)
  - Herbal remedies
    - Be sure to know the source is reliable
    - Read package labeling

- Consult herbal reference book
- Substance abuse (BFHI Steps 3,5)
  - AAP Drugs of Abuse for Which Adverse Effects on the Infant During Breastfeeding Have Been Reported
    - Amphetamines: Irritability, poor sleeping pattern, drug concentrated in breastmilk
    - Cocaine: Cocaine intoxication: irritability, vomiting, diarrhea, tremulousness, seizures
    - Heroin: Tremors, restlessness, vomiting, poor feeding
    - Marijuana: Only 1 report in literature; no effect mentioned; very long half-life for some components
    - Phencyclidine (PCP): Potent hallucinogen
  - Substance abuse and breastfeeding
  - Academy of Breastfeeding Medicine Clinical Protocol 18
  - ABM Recommendations
  - Breastfeeding is recommended
    - Are engaged in substance abuse treatment
    - Have a counselors endorsement
    - Plan to continue treatment PP
    - Have a negative maternal urine toxicology test at delivery
  - Methadone
  - Neonatal Abstinence Syndrome (NAS)
  - Effect of smoking on breastfeeding
    - Decreased milk production
    - Interferes with let-down
    - Lower levels of prolactin
    - Earlier weaning
    - Caution with Nicotine patch
  - Alcohol
    - No safe levels
    - Risks while breastfeeding are not as well defined
    - Alcohol is secreted in breastmilk
- **INFANT ISSUES**
  - Late preterm infant (BFHI Steps 5,6,7,8,9)
    - Maternity staff may not be aware of differences
    - ABM Protocol #10 Breastfeeding the near-term infant
    - CA Perinatal Quality Care Collaborative
    - AAP

- Breastfeeding issues for the late preterm
    - Increase in supplementation
    - Early &/or prolonged separation from Mom
    - Delay in initiation of breastfeeding
    - Poor breastfeeding
    - Risk of breastfeeding failure
  - Initiate breastfeeding
    - Initiate lactation
    - Skin to skin/Kangaroo care
    - Express colostrum
    - Manual expression
    - Hospital grade breast-pump
    - Supplement if medically indicated and per hospital policy
    - Continue skin to skin/kangaroo care
  - Breastfeedings
    - After 1<sup>st</sup> 24 hours of Life
    - Observe feeding
    - Skin to Skin
    - Poor or no latch-on after 10 minutes – *STOP!*
    - Breast pump
    - Supplementation if medically indicated
  - Discharge Teaching
    - Frequency and duration
    - Supplementation if necessary
    - Pumping instructions
    - Pump rental if necessary
    - Collection and storage
    - Monitor output
    - Late preterm behaviors
    - Community Resources
    - F/U doctor's appointment within 48 hours
    - Lactation Consultants, LL
- Congenital anomalies (BFHI Steps 5,6,7,8)
  - Inborn Errors of Metabolism
  - Down Syndrome
  - GI reflux
  - Ankyloglossia -- Tongue tie
  - Pump to initiate milk supply
  - Refer to MD for evaluation

- Cleft lip and palate
  - Slow weight gain
  - Breastfeeding techniques
    - Dancer hold
    - Short frequent feeds
    - Stimulate let down
    - Nipple shield
  - Alternative feeding methods
    - Specialty feeders
    - Pierre Robin Sequence
  - Hypotonic Infant
  - Congenital Heart Defects
  - Assuring weight gain
    - Adding Calories
    - Reducing effort
    - SNS and Haberman or soft feeder
  - 5 stages of grief
    - Denial
    - Anger
    - Bargaining
    - Depression
    - Acceptance
- Jaundice (BFHI Steps 5,6,7,8,9)
- Occurs in most newborns
  - Monitored and assess for risk of severe hyperbilirubinemia
  - AAP 4 Recommendations
    - Promote and support successful breastfeeding
    - Assessment before discharge for the risk of severe hyperbilirubinemia
    - Provide early and focused follow-up based on the risk assessment
    - When indicated, treat newborns with phototherapy or exchange transfusion
  - Acute bilirubin encephalopathy
  - Prevention!
    - Early initiation and frequent breastfeeding from birth at least 8 to 12 times per day for the first several days.
    - Correct breastfeeding problems
    - Assess intake and treat inadequate intake.
    - Should not be supplemented with water, glucose water, or formula
    - At risk mothers and babies

- Begin pumping/expressing to stimulation breasts
  - ABM protocol #22
  - Bilirubin metabolism
  - Lack of breastmilk jaundice
  - Results in sleepy, poor feeder
  - More separation of mother and baby
  - Often occurs 4 to 5 days PP
  - Treatment
  - AAP Guidelines
  - Late preterm infants
  - Breastmilk Jaundice
  - Good gestational age assessment
  - Review of physiologic risk factors
  - Early breastfeeding initiation
    - Keep mother and baby together
    - Monitoring of latching on; feed every 2–3 hours
  - Screen every baby for jaundice
- Marketing of breastmilk substitutes (BFHI Step 6)
- Message in a bottle
    - Increases dual feeding
    - Shortens duration of breastfeeding
  - Ban the bags
  - Fiduciary relationship
  - Gifts
    - Influence behavior
    - Create obligation
    - Conflict of interest
    - Create sense of entitlement
    - Erode professional values; demean profession
  - World Health Organization
  - CDC and Countermarketing
  - AAP
  - Breastfeeding and the Use of Human Milk
  - ABM
  - Academy of Breastfeeding Medicine
  - ACOG
  - Marketing in your workplace
  - Marketing to professionals
  - Marketing to your patients



- Outpatient follow up services (BFHI Step 10)
  - The dream vs the reality
  - Exclusive breastfeeding
  - How long to breastfeed?
    - AAP guidelines: The first year of life and beyond
    - WHO: Continue breastfeeding up to 2 years of age or beyond
  - Normal growth and development
    - WHO growth charts
    - CDC growth charts
  - Nutrients in mother's milk lactating for >1 year
  - Solids around 6 months
  - Social/cultural expectations
    - Pressures to wean at a certain age
    - Barriers for continued nursing
    - Returning to paid employment
    - Social and psychological barriers
    - Societal pressures
    - Knowledge of health professionals
  - Birth control while breastfeeding
    - Lactational Amenorrhea Method (LAM)
  - Self breast exams
  - Separation and custody proceedings
  - Adoption and induced lactation
  - Breastfeeding while pregnant
  - Tandem nursing
  - Sources of support
    - Hot lines, online chats, forums
    - National telephone help-lines
    - La Leche League's toll-free telephone line
    - Lists of local peer support groups and services
    - Women's social networks are highly influential
    - Peer support
    - Importance of Dads
  
- Employed mothers (BFHI Step 10)
  - Why bother to continue to breastfeed?
    - Infants are healthier
    - Maternal benefits
      - Reduced breast, uterine cancer

- Less osteoporosis
    - Weight loss is easier
    - Special time with baby
  - Breastfeeding exclusively to start
    - Get help with problems early
    - Enlist partner support
  - Gather information
  - Talk to women about their experiences
  - Select a breast pump
  - Use breast massage
  - Make sure the breast pump flange fits
  - Dealing with let-down problems
  - Collecting milk
    - Storage containers
    - Pump and store
    - Label with date
  - What does the law say?
  - “Milk Busters”
    - Oral contraceptives
    - Smoking
    - Caffeine
    - Decongestants antihistamines
    - Stress
    - Severe weight loss diets
    - Sage, jasmine tea, parsley, peppermint candies
  - Planning
  - Accept help
  - Consistent pumping
  - Breastfeeding at home
  - Supportive family
  - Supportive workplace
- **CONCLUSION** (BFHI Steps 1,2)
    - The problem was me, not them
    - Change is difficult
      - Take ownership
    - Paradigm
      - Overall concept, generally accepted
      - Paradigm shift
    - How change happens

- Diffusion theory
    - Innovators
    - Laggards
    - The chaos of change
    - Pick the low hanging fruit
    - Domino effect
  - “Bright Spots”
    - Who’s got it?
    - Learn from them
  - Gravida, para, lacta
  - Lives and costs saved by breastfeeding
  - Encouragement vs support
- **POST-TEST**
    - 25 questions