

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

- Lactoogenesis 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

- 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 1st 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