Feed the Baby, Preserve the Supply: Caring for the breastfeeding dyad when baby may not be able to feed from the breast.

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Objectives

1. The learner will be able to demonstrate a proper assessment of the breastfeeding dyad.
2. The learner will be able to list 3 ways to help a breastfeeding mother preserve her milk supply.
3. The learner will be able to discuss methods, besides a bottle, to feed a baby who is not able to breastfeed.

Epidemiological Data

<table>
<thead>
<tr>
<th>Outcome Indicators</th>
<th>HP 2020 Target</th>
<th>National*</th>
<th>Arizona*</th>
<th>Maricopa County **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Initiation</td>
<td>81.9</td>
<td>81.1</td>
<td>85.0</td>
<td>82</td>
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<tr>
<td>Breastfed at 6 months</td>
<td>60.6</td>
<td>51.8</td>
<td>54.8</td>
<td>30.8</td>
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<tr>
<td>Breastfed at 12 months</td>
<td>34.1</td>
<td>30.7</td>
<td>30.0</td>
<td>not measured</td>
</tr>
<tr>
<td>Exclusively Breastfed at 3 months</td>
<td>46.2</td>
<td>44.4</td>
<td>46.3</td>
<td>not measured</td>
</tr>
<tr>
<td>Exclusively Breastfed at 6 months</td>
<td>25.5</td>
<td>22.3</td>
<td>23.8</td>
<td>8.6</td>
</tr>
</tbody>
</table>

*Breastfeeding Report Card (CDC, 2016) & **WIC Breastfeeding Data (USDA, 2015)
Dyad Assessment

Breast Anatomy
1. Chest wall
2. Pectoralis muscles
3. Lobules
4. Nipple Surface
5. Areola
6. Lactiferous duct
7. Fatty Tissue
8. Skin

Breast Assessment
- Pre and post natal changes
- Nipple presentation
- Milk Production
- Clogged ducts/mastitis
- Damage to nipples
Postpartum Assessment

- Questions:
  - How was the birth? Any difficulties?
  - How is breastfeeding going?
  - Has your milk supply come in?
  - How often baby feeding? On demand?
  - Are you experiencing supply problems?
  - How is baby at the breast? Good latch? Fussy?
  - Are you experiencing nipple pain?
  - How are you feeling?
  - Do you have any concerns?

Infant Oral Anatomy

- Tongue Shape
- Extension
- Lateralization
- Elevation
- Palate
- Lip Flange

Latch

- Lips need to be flanged to make a good seal.
- Nipple should be deep enough in the mouth so that it is touching the soft palate.
- Tongue should be unrestricted and able to peristalsis to transfer milk from the breast.
Signs of Incorrect Latch

- Observable signs
  - Infant's cheeks indenting during suckling, clicking noises, or lips curled inwards
  - Frequent movement of the infant's hand and lack of swallowing sounds
  - Pain and discomfort by mother

- Late signs
  - Trauma to mother’s nipples
  - Poor infant weight gain
  - Low milk supply

Milk Transfer

- Watch the baby as she sucks and swallows.
  - Audible swallowing
  - Sticking the tongue with rapid bursts to stimulate milk let-down
  - A rhythm of suck, swallowing, and pauses following the establishment of milk flow
  - Undulating action of the tongue: no stroking, friction, or in-and-out motion of the tongue

Importance of Dyad Care

- Breastfeeding requires efforts by both mom and baby.
- Each dyad presents with its own distinct set of circumstances.
- Only examining one or the other can lead to misdiagnosis.
Evidence-Based Reasons for Providing Formula Supplementation

Conditions that Contraindicate Breastfeeding

- Infant Conditions:
  - Inborn error of Metabolism
  - Celiac disease
  - Maple syrup Urine Disease
  - Phenylketonuria*

- Maternal Conditions:
  - HIV infection*
  - Cancer Chemotherapy
  - Medications that are contraindicated for Breastfeeding

*Breastfeeding MAY be possible in these conditions

Maternal Illness Contraindicating Breastfeeding

- Diphtheria – Only if skin lesion involves the breast
- Ebola
- Rabies
- Marburg virus
- Human T-cell leukemia viruses (Both I and II)
- Lassa fever
- Small Pox
- Trypanosomiasis (“Sleeping Sickness”)
Maternal Conditions that May Require Supplementation

- Maternal Conditions
- Delayed lactogenesis II
- Retained placenta
- Shock’s syndrome
- Primary glandular insufficiency
- Breast pathology
- Insurmountable pain during feeding, unaffected by interventions

Assessing Low Milk Supply

Variables that Affect Lactogenesis
**Delayed Onset of Lactogenesis II**

- Causes
  - Type 1 and Type 2 diabetes
  - Gestational diabetes
  - Obesity
  - Polycystic Ovarian Syndrome (PCOS)
  - Retained placenta
  - Stressful/long delivery

- Statistics
  - ~25% of women experienced delayed onset of lactation
  - Defined by delayed onset at greater than 72 hours postpartum
  - Results in decreased likelihood of any OR exclusive breastfeeding

**Supply and Demand**

- Sensory Input
  - Hypothalamus
  - Posterior Pituitary
  - Anterior Pituitary

- Milk Production
  - Oxytocin
  - Prolactin
  - Milk Ejection

- Milk Ejection Reflex
  - Suckling
  - Stimulation

**Troubleshooting Low Milk Supply**

- Draining milk from the breast
  - Latch
  - Position
  - Feeding on demand
  - Stress
  - Milk Ejection Reflex

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Flange Fit

Nipple Shields

Supplementing at the Breast
- Supplemental Nursing System (SNS)
  - Starter SNS
  - Feeding tube and syringe
Delivery Methods of Supplementation

- Cup feeding
  - Baby has not learned to latch
  - Or mom is unable to breastfeed
  - Or baby needs or a need for supplementation
  - Avoid nipple confusion
  - Short period of time

Other Supplementation Options

- Finger feeding
- Paced bottle feeding

Types of Supplementation

- Mother’s Pumped Milk
- Milk Bank
- Donor Milk
- Ready-to-feed Formula
- Formula Concentrate
- Powdered Formula
International Code of Marketing of Breastmilk Substitutes

World Health Organization

Summary of WHO Code

**Aim**: To protect and promote breastfeeding by ensuring appropriate marketing and distribution of breastmilk substitutes (formula).

**Scope**: Applies to breastmilk substitutes, when marketed or otherwise represented as a partial or total replacement for breastmilk. Also applies to feeding bottles and teats.

Why the WHO Code is Important

- Breastfeeding saves lives
- Health benefits to mom
- Health benefits to baby
International Board Certified Lactation Consultant (IBCLC)

What is an IBCLC?

- Governed by the International Board of Lactation Consultant Examiners
  - Iblce.org
- International Board Certification
  - 90 hours in lactation management, additional college classes, 1000 clinical hours
  - Recertify every 5 years
- Professional Organization
  - International Lactation Consultant Association (ILCA)
  - www.ilca.org
- Work to protect, promote, and support breastfeeding

Additional Resources

- La Leche League
  - Llli.org
- Breastfeeding USA
  - Breastfeedingusa.org
Thank you!!

References

Questions?

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