



The Maryland Department of Health and Mental Hygiene Hospital Breastfeeding Policy Maternity Staff Training Program

Hospital Practices That Assist With Breastfeeding
Session 7



Larry Hogan, Governor
Boris Rindorff, Lt. Governor
Van Marshall, Secretary, DIMH




UNIVERSITY OF MARYLAND
UPPER CHESAPEAKE MEDICAL CENTER
MEMBER OF UPPER CHESAPEAKE HEALTH

Objectives

- ▶ Discuss policies and procedures that support exclusive breastfeeding in the hospital and during the early postpartum period
- ▶ Identify three strategies for early breastfeeding management of hospitalized patients


Hospital Practices That Assist Breastfeeding

- ▶ Rooming-in
- ▶ Baby-led feeding
 - Skin-to-skin contact
- ▶ Helping with sleepy babies and crying babies
- ▶ Avoiding unnecessary supplements
- ▶ Avoiding bottles, artificial nipples, and pacifiers



Rooming-In

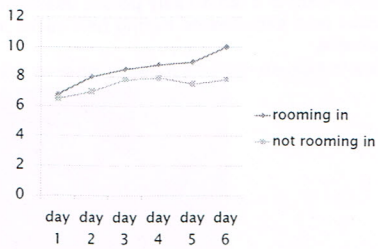
- ▶ Facilitates bonding
- ▶ Helps establish and maintain breastfeeding
 - Mother learns baby's feeding cues
- ▶ Decreases stress
 - Maternal
 - Infant
- ▶ Reduces risk of infections



Source: United States Breastfeeding Committee

Rooming-In


- ▶ Improves breastfeeding outcomes



Day	Rooming in	Not rooming in
1	7	6
2	8	7
3	8.5	7.5
4	9	7.5
5	9	7.5
6	10	7.5

Rooming-In

- ▶ Adapting hospital routines
 - Better time management
 - Nursing assessments and teaching
 - Physician examinations
- Common procedures easily done at bedside
- Patient safety
- Staff and patient misconceptions
- Equipment



Source: University of Maryland Upper Chesapeake Medical Center

Baby-Led Feeding

- › Breastfeeding on demand
 - Breastfeeding whenever the baby indicates a need, with no restrictions on the length or frequency of feeds



Source: United States Breastfeeding Committee

Baby-Led Feeding

- › Self attachment after delivery
 - Baby takes the lead
 - Should begin immediately after delivery
 - Skin-to-skin
 - Maternal odor attracts baby
 - Baby stays warm



Source: United States Breastfeeding Committee

Collaborative Feeding

- › Infants are easier to feed when following their early feeding cues
 - Quiet alert
 - Moving arms and legs
 - Opening mouth (rooting)
 - Sucking fingers or hands
- › Encourage mother to watch for cues



Source: United States Breastfeeding Committee

Baby-Led Feeding Outcomes

- › Earlier passage of meconium
- › Breast milk flow established sooner
- › Larger volume of milk intake on day 3
- › Lower maximum weight loss
- › Lower incidence of jaundice
- › Longer duration of breastfeeding
- › More likely to breastfeed exclusively

Skin-to-Skin: Good for Baby

- › Stimulates hormone release for milk production
- › Increases milk volume
- › Decreases uterine bleeding
- › May lessen maternal depression
- › Helps mother to bond with infant



Source: United States Breastfeeding Committee

Skin-to-Skin: Good for Baby

- › Analgesic effects
 - Skin-to-skin is a remarkably potent intervention against pain experienced during heel sticks in newborns
 - Infant is skin-to-skin 15 minutes prior to stick



Source: United States Breastfeeding Committee

Dealing With Sleepy and Crying Babies

› Six Infant Behavioral States

- Deep sleep
- REM sleep
- Quiet/semi-awake
- Alert awake
- Active alert
- Crying



Source: United States Breastfeeding Committee (both photos)

Teaching Normal Newborn Behaviors

- › Establish realistic expectations
- › Expected sleep and feeding trends
- › Information and techniques to use with a sleepy or crying baby



Source: United States Breastfeeding Committee

Sleepy Baby

› Baby needs to be awake to feed well

- Unwrap
- Skin-to-skin
- Rub back
- Talk to baby
- Change diaper
- Sit baby up



Source: University of Maryland System, Chesapeake Medical Center (both photos)

Crying Baby

› May need

- To eat (yes, again!)
- To be held (it's ok—it won't spoil her!)
- To be changed
- To sleep
- Less noise (or other overwhelming sensations)
- To play
- To be heard
- Medical care



Source: United States Breastfeeding Committee

Avoiding Unnecessary Supplements

› Exclusive breastfeeding means babies should receive only breast milk, unless medically indicated

› Supplementary foods include

- Formula
- Baby food
- Water
- Juice
- Glucose water



› *Exceptions – prescribed vitamins, minerals, medications*

Effects of Early Supplementation on Babies

- › Milk Allergy
- › Increased risk of diabetes
- › Increased risk of diarrhea
- › Increased risk of meningitis
- › Increased risk of sepsis



Source: United States Breastfeeding Committee

Avoiding Unnecessary Supplements

- › Acceptable Medical Reasons for supplements
 - Infants who should not receive breast milk and must have specialized infant formula
 - Infants who can breastfeed but have a medical indication that prevents them from doing so exclusively
 - Maternal conditions

Contraindications to Breastfeeding

According to the CDC, there are very few contraindications to breastfeeding

Baby Reasons

- Galactosemia
- Inborn errors of metabolism
 - May be able to partially breastfeed

Mother Reasons

- HIV/AIDS
- Antiviral medication
- Severe illness
 - preventing ability to care for baby
- Active, untreated TB
- Anticancer medications
 - Prescribed drugs interfering with cell replication
- Illicit/illegal drugs
- Radiation therapy
 - Diagnostic radiology okay

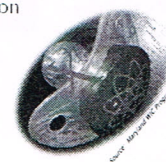
Avoiding Bottles and Artificial Nipples

- › Alternative methods to bottle feeding when supplements are needed
 - Supplemental Nursing System
 - Cup
 - Spoon
 - Dropper
 - Syringe



Pacifier Use

- › Avoid the use of pacifiers for breastfed babies until breastfeeding is well established
- › Early use of pacifiers is associated with
 - Poor latch
 - Decreased milk production
 - Decreased weight gain
 - Earlier weaning



No Free Formula

- › Infant formula will not be marketed to parents
 - Hospital should purchase formula
 - Formula should not be provided upon discharge
 - Not display any advertising for formula companies
- › For Hospitals Seeking Baby Friendly Status
 - Follow the World Health Organization's International Code of Marketing of Breast Milk Substitutes
 - No acceptance of financial incentives from formula companies
 - Including free education, food, bottles, pacifiers, nipples

Conclusion

- › Hospital practices are critical to the support of breastfeeding
- › Evidence-based changes in hospital practices improve breastfeeding rates, reduce costs, and increase quality of care



References

- American Academy of Pediatrics Policy Statement. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129, e827-e841.
- Akman, I., Kuscü, M. K., et al. (2008). Breastfeeding duration and postpartum psychological adjustment: role of maternal attachment styles. *J Paediatr Child Health*, 44(6), 369-373.
- Carbajal, R., Veerapen, S., Couderc, S., Jugie, M., & Ville, Y. (2003). Analgesic effect of breast feeding in term neonates: randomised controlled trial. *BMJ*, 326, 13.
- Castral, T. C., Warnock, F., Leite, A. M., Haas, V. J., & Scochi, C. G. (2008). The effects of skin-to-skin contact during acute pain in preterm newborns. *Eur J Pain*, 12(4), 464-471.
- DiGirolamo, A., Grummer-Strawn, L., et al. (2008). Effect of maternity-care practices on breastfeeding. *Pediatrics*, 122(10), 543-549.
- Dombrowski, M.A. (2001) Kangaroo (skin-to-skin) care with a postpartum woman who felt depressed. *MCN*, 26(4), 214-216.

References

- Gray, L., Miller, L.W., Philipp, B.L., & Blass, E.M. (2002). Breastfeeding is analgesic in healthy newborns. *Pediatrics*, 109, 590-593.
- Gray, L., Watt, L., & Blass, E. M. (2000). Skin-to-skin contact is analgesic in healthy newborns. *Pediatrics*, 105(1), e14.
- Edmond, K.M., Zandoh, C., Quigley, M.A., Amenga-Etego, S., Owusu-Agyei, S., & Kirkwood, B.R. (2006) Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics*, 117(3), e380.
- Matthiesen, A. S., Ransjo-Arvidson, A. B., Nissen, E., & Uvnas-Moberg, K. (2001). Postpartum maternal oxytocin release by newborns: effects of infant hand massage and sucking. *Birth*, 28(1), 13-19.
- Neifert, M.R. (1999). Clinical aspects of lactation. *Clin in Perinatology*, 26(2), 281-306.

References

- Sobhy, S. I., & Mohame, N. A. (2004). The effect of early initiation of breast feeding on the amount of vaginal blood loss during the fourth stage of labor. *J Egypt Public Health Assoc*, 79(1-2), 1-12.
- Victora, C. G., Behague, D. P., Barros, F. C., Ollinto, M. T., & Weiderpass, E. (1997). Pacifier use and short breastfeeding duration: cause, consequence, or coincidence? *Pediatrics*, 99(3), 445-453.
- Yamauchi, Y., & Yamanouchi, I. (1990). Breast-feeding frequency during the first 24 hours after birth in full-term neonates. *Pediatrics*, 86(2), 171-175.
- Yamauchi, Y., & Yamanouchi, I. (1990). The relationship between rooming-in/not rooming-in and breastfeeding variables. *Acta Paediatr Scand*, 79(11), 1017-22.