

Helping women meet their Breastfeeding goals



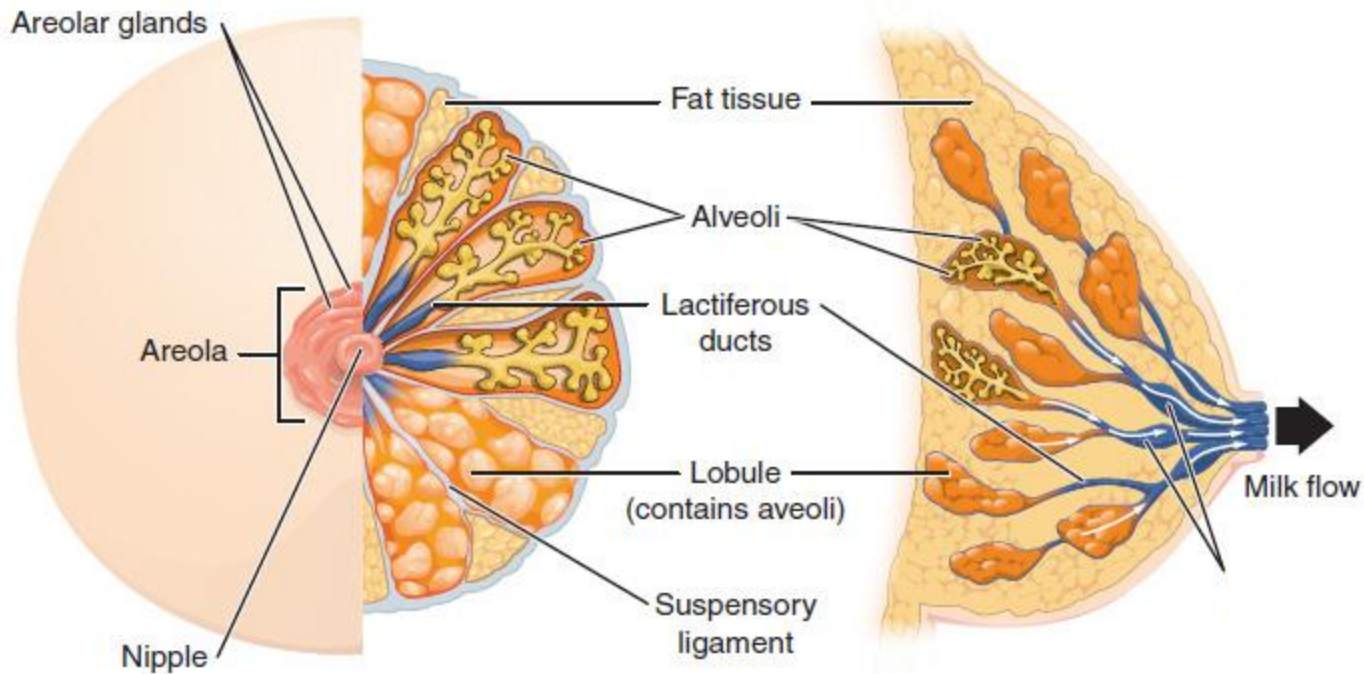
YOU MEAN TO TELL ME



**IF I CRY, I GET
BOOBIES?**

Discuss the relationship between the nursing pattern and the milk supply

- Making milk- messages from the breast travel through the nervous system to the brain. Then , hormones travel to the breast through the blood stream.
- The breast consists of: milk making cells, ductal tissue, extensive vascular tissues, lymph nodes , nerves and montgomery glands.



Anatomy of the human breast

Modern Ultra sound study of the structure of the breast reveals:

Fat mixed in throughout the breast , uneven spacing of the ducts, 5-9 nipples pores , no lactiferous sinus. Montgomery glands is a sebaceous gland.

- There are two separate hormone pathways that control lactation : prolactin and oxytocin. The pituitary gland is important to both.
- Prolactin – causes the milk making cells to make the milk
- Oxytocin – is in charge of moving the milk (releasing milk)
- Placenta – contains progesterone- once placenta is out triggers the mature milk to start.

Milk supply

- Oxytocin is released in spurts – Increase while baby sucks, Decrease while infant swallows. Up and down pattern during the feed.
- Prolactin levels go down in between feeds and rise during a nursing session. Nipple stimulation if baby won't nurse.
- Milk production- infants who suckled in the first 2 hours ingested significantly more milk on day 4 than those who did not.

- Oxytocin released with nipple stretching- happens with a proper latch.
- Baby massaging the breasts with hands- each movement releases oxytocin

Encouragement is key

- The fastest drop-off from breastfeeding is in the first 10 days after discharge.
- We are so important to helping the nursing get off on the right foot.
- **Confidence is Key! Breastfeeding discontinuation at 2 weeks is associated with lack of confidence on day 1 or 2.**
- Lets make breastfeeding the Norm.

Support the dad too

- Tell the dads: breastfeeding is normal, achievable and desirable.
- Breastfeeding protects from specific diseases and give a list
- Breasts were made for feeding babies
- Economics on breastfeeding is FREE
- Support from the father can make a significant difference in the success of breastfeeding.



The importance of Skin-to Skin

- “Breastaurant” aka Skin- to –skin
- Separation in the first 1-2 hours after birth has a more profound negative effect on breastfeeding than meds .
- When breastfeeding isn’t going well skin- to- skin can facilitate a latch. Skin-to-skin is like a re-do.
- Mom’s when studied prefer a hands off approach

- When babies are close to their mothers
 - they can observe feeding cues
 - can hold skin-to-skin
 - babies can smell their babies
 - babies can feed at their best times
 - mom and babies can learn together

Mother's whose babies roomed-in slept slightly longer and reported a higher quality of sleep than mother's whose babies were in the nursery.



The First hour after birth- stages

- 1) Birth cry- immediate after they are out
- 2) Relaxation
- 3) Awakening- after about 3 minutes
- 4) Activity-8 minutes
- 5) Rest- interspaced throughout the hour
- 6) Crawling/sliding- 35 minutes after birth
- 7) Familiarization-40minutes licking,massage
- 8) Suckling
- 9) Sleeping- both mom and baby

- <http://www.youtube.com/watch?v=pfNUkcxJyhl>

Infants have different states after
the first hour

- Deep sleep-(not a good time to attempt a feeding) sound sleep
- *Light sleep (REM) – good state to start a feed- this occurs every 27 minutes
- *quiet alert- (still body, fixed eye focus) is also a good time to start a feed.
- Active alert (growing restlessness with hand to mouth, open eyes and rooting more)-difficult to start a feed
- Crying (change in state is needed before attempting a feed) – Start with skin-to-skin
- **Babies show more cues when they are close to their mothers**

Hallmark signs of a good latch

Before latch:

- Nose to nipple
- Nice wide open mouth
- Tilt head back
- Baby's bottom lip and tongue reach for breast

Bring baby in to the breast to latch. Once on - position tummy to tummy or chest to breast, hips flexed, shoulders and hips should align. Infants Arms and hands around breast

During latch:

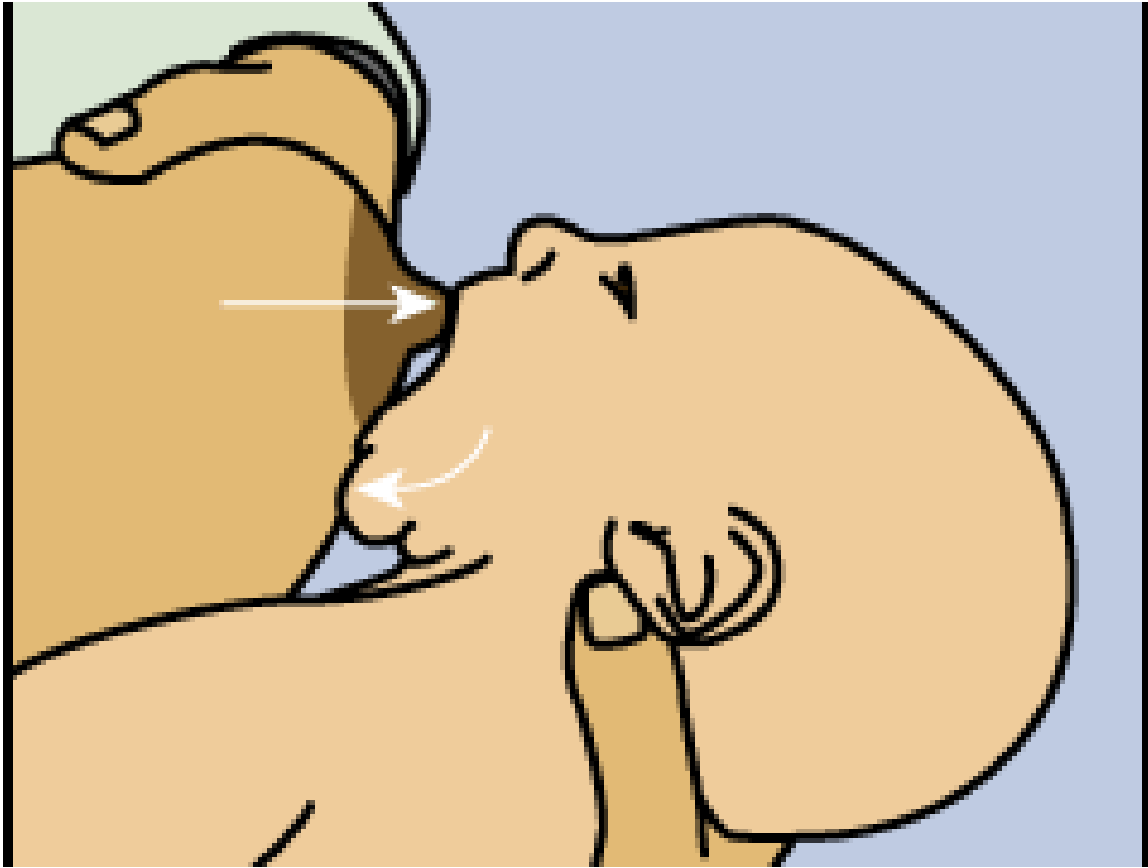
Nose and chin are close to breast / touching during feed.

Angle of mouth open 140 degrees

Rounded cheek line

Rocker jaw motion.

Comfortable for mother.



Signs of a satisfying feeding

- Baby releases nipple
- Baby has soft, relaxed body tone, relaxed hands
- Mothers nipple looks similar to pre-feeding shape – (not misshapen)



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Correct latch-on technique



Optimal latch

Once we have a good latch: how
do we support a milk supply
once she is home?

Drugs that decrease milk supply

- Sudafed
- Betamethasone
- Birth control- if taken before 6 weeks
- Depo- if given before 6 weeks
- Retained placenta fragments

Every mom should be taught how to
hand express before discharge

- <http://video.about.com/breastfeeding/Hand-Expression-Technique.htm>

- Normal newborn expectations 10-12 nursing sessions in a 24 hour period. Babies are not on a schedule.
- According to UNICEF exclusive breast feeding is recommended for 6 months
- LAM- Lactational amenorrhea method

Effectiveness depends on: baby exclusively breastfeeding and less than 6 months. No extra circular sucking (pacifier, bottles) or solids, no return of menstruation

- Other forms of birth control options that are safe to use: barrier methods

- IUDS- copper
- Progestin only bcps,implants,depo,mirena
- Make sure to wait 6 weeks before introduction of progestin only methods

If patients ask nursing is safe during future pregnancies as long as shes no risk or hx of miscarriages.

Also it is possible to bring back a milk supply if a woman weaned to early or decided late to start to breastfeed. Also induced lactation is possible to even to women who have never been pregnant. – advise them to talk with lactation consultant.

The following is the ten steps to
successful breastfeeding

UNICEF/WHO

The Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice “rooming in”—allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

—Baby-Friendly USA²²¹



BREASTFEEDING

It Rocks!

