Supporting the Breastfeeding Mom

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Global and National Recommendations for Infant Feeding

- Initiate breastfeeding within one hour of birth
- Exclusive breastfeeding for first 6 months of life
- Introduce nutritionally adequate and safe complementary foods after the infant reaches 6 months of age
- No Upper limit! Continue to breastfeed for 2 years or beyond (WHO Recommendations)
### Breastfeeding Statistics

<table>
<thead>
<tr>
<th>Breastfed Infants</th>
<th>HP2020</th>
<th>HP2010</th>
<th>Michigan 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever</td>
<td>81.90%</td>
<td>75%</td>
<td>75.3%</td>
</tr>
<tr>
<td>At 6 months</td>
<td>60.60%</td>
<td>50%</td>
<td>46.6%</td>
</tr>
<tr>
<td>At 1 year</td>
<td>34.10%</td>
<td>25%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Exclusively through 3 months</td>
<td>46.20%</td>
<td>40%</td>
<td>40.65%</td>
</tr>
<tr>
<td>Exclusively through 6 months</td>
<td>25.50%</td>
<td>17%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention National Immunization Survey (NIS), 2011 births.
### Home Visiting Program Breastfeeding Snapshot

- Nurse Family Partnership

<table>
<thead>
<tr>
<th>Date</th>
<th>Breastfeeding Initiated</th>
<th>Breastfeeding at 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/1/14-3/31/15</td>
<td>80%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Percentage
<table>
<thead>
<tr>
<th>Thoughts On Breastfeeding</th>
<th>MIHP Pregnant Beneficiaries completing a Maternal Risk Identifier FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of women answering breastfeeding questions</td>
</tr>
<tr>
<td>I know I will breastfeed</td>
<td>10,655</td>
</tr>
<tr>
<td>I think I might breastfeed</td>
<td>4,614</td>
</tr>
<tr>
<td>I don't know what to do about breastfeeding</td>
<td>1564</td>
</tr>
<tr>
<td>I know I will not breastfeed</td>
<td>3051</td>
</tr>
<tr>
<td>Total Risk Identifiers</td>
<td>21,628</td>
</tr>
</tbody>
</table>
Objectives

1. Discuss how to support pregnant clients on infant feeding choice
2. Identify methods to recognize when lactation support is needed
3. Describe how to support moms/families who are breastfeeding immediately after birth
4. Discuss how to help the mother in maintaining breastfeeding beyond the first few weeks
Its Difficult to Support Breastfeeding When?

• We have not received the information or skills.
• Therefore, we tend to fall back on personal experience
• Remember personal experience is not evidence based!!
• But we are so comfortable in “what we have always done”

• 2015 Lactation Education Consultants
How can we make breastfeeding “easier”?  
For mothers and for our facilities
A Home Visitor’s Influence

• It first starts with you!
  – Remove personal or cultural bias
  – This is not about personal feelings
  – This is not about what we did or didn’t do with our children
  – Never Assume
  – Approach each mother and baby as being unique
  – This is about optimal health practices
  – We ALL want to provide the best health care for our patients
A Home Visitor’s Influence

- Support mother’s decisions
- Provide breastfeeding support after discharge
- Seek out opportunities to improve knowledge and skills
- Include breastfeeding support as a standard of care
- Develop skilled lactation care teams

www.surgeongeneral.gov
Influencing Clients on Infant Feeding Choices

• Work with pregnant clients on infant feeding choice- How?
  • Learn the health benefits associated with breastfeeding, particularly exclusive breastfeeding
  • Endorse breastfeeding
  • Know your data!
  • Hospital and Delivery options- Baby-Friendly Hospital Initiative
Influencing Mom’s decision to breastfeed

Learn the BENEFITS!
The Breastfed Baby

Immune system.
- Responds better to vaccinations. Human milk helps to mature immune system.
- Decreased risk of childhood cancer.

Skin.
- Less allergic eczema in breastfed infants.

Ears.
- Breastfed babies get fewer ear infections.

Throat.
- Children who are breastfed are less likely to require tonsillectomies.

Appendix.
- Children with acute appendicitis are less likely to have been breastfed.

Kidneys.
- With less salt and less protein, human milk is easier on a baby’s kidneys.

Endocrine system.
- Reduced risk of getting diabetes.

Mouth.
- Less need for orthodontics in children breastfed more than a year. Improved muscle development of face from sucking at the breast. Subtle changes in the taste of human milk prepare babies to accept a variety of solid foods.

Respiratory system.
- Breastfed babies have fewer and less severe upper respiratory infections, less wheezing, less pneumonia and less influenza.

Heart and circulatory system.
- Breastfed children have lower cholesterol as adults. Heart rates are lower in breastfed infants.

Digestive system.
- Less diarrhea, fewer gastrointestinal infections in babies who are breastfed. One month or more of exclusive breastfeeding reduces risk of food allergies. Also, less risk of Crohn’s disease and ulcerative colitis in adulthood.

Joints and muscles.
- Juvenile rheumatoid arthritis is less common in children who were breastfed.

Bowel.
- Less constipation.

Urinary tract.
- Fewer infections in breastfed infants.
Why is Breastfeeding Important

- Every woman's journey to motherhood is different, but one of the first decisions a new mom makes is how to feed her child.

- When you choose to breastfeed, you make an investment in your baby's future. Breastfeeding allows you to make the food that is perfect for your baby. Your milk gives your baby the healthy start that will last a lifetime.

- Breastfeeding also:
  - Protects your baby
  - Benefits your health
  - May make your life easier
  - Benefits society

www.womenshealth.gov/breastfeeding
Why is Breastfeeding Important

- **Health Advantages for Babies:**
  - Optimal nutrition
  - Enhanced immune system:
    - Less risk of:
      - ear infections
      - diarrhea
      - pneumonia
      - SIDS
      - asthma
      - allergies
      - childhood cancers
      - obesity
      - diabetes

- **Health Advantages for Mothers:**
  - Less risk of:
    - breast cancer
    - ovarian cancer
    - metabolic syndrome
    - type 2 diabetes
    - postpartum depression
Mother’s milk vs. formula milk

- Formula milk for 3 days old babies is no different than formula milk for 3 month old infants.
- Breast milk is ingeniously different every single day; adapted to the changing needs of the baby.
Breastmilk has more of the good things babies need.

**Breastmilk**
- Antibodies
- Hormones
- Anti-Viruses
- Anti-Allergies
- Anti-Parasites
- Growth Factors
- Enzymes
- Minerals
- Vitamins
- Fat
- DHA/ARA
- Carbohydrates
- Protein
- Water

**Formula**
- Minerals
- Vitamins
- Fat
- DHA/ARA
- Carbohydrates
- Protein
- Water
Benefits of Breastfeeding

- Customized and unique
- Promotes appropriate growth pattern
- Provides multiple hormones and growth factors
- Promotes mother-infant attachment
- Minimizes exposure to foreign protein
- Optimal development outcomes
Immune Benefits

- Secretory IgA and other immunoglobulins
- Antiviral and antibacterial factors
- Cellular immune components
- Cytokines, including interleukins
- Enzymes
- Nucleotides
Maternal Health Outcomes from Breastfeeding

- Decreased postpartum bleeding
- More rapid uterine involution
- Increased child spacing
- Breastfeeding associated with decreased risk of
  - rheumatoid arthritis
  - obesity
  - cardiovascular disease

BENEFITS OF BREASTFEEDING

Ecological:
- **Saves resources**
- Less waste
- No refrigeration
- No manufacturing
- No bottles, cans
- No trucking
- No handling
Community Benefits

- Breastfeeding is convenient, saves money, and is “green”
  - Reduced health care costs
  - Lower employee absenteeism
  - Convenient and cost effective
  - Environmentally friendly
  - Decreased energy demands for production and transport of infant formula
Summary of Breastfeeding Benefits

• Promotes optimal health outcomes for mothers and children
• Prevents infectious diseases for children
• Assures that children meet their full developmental potential
• Reduces health care costs
• Is environmentally conscious
Influencing Mom’s decision to breastfeed

• Making the message memorable and persuasive begins by arousing interest in it and giving the other person a reason to listen.

• The use of humor often increases the message’s of acceptance and persuasiveness. It attracts a person’s attention, increases comprehension, and enhances appreciation of the message.

• Breastfeeding Rap

• Open ended question.docx

• It’s important to ask mom open ended questions such as the ones provided. These encourage our mothers to respond with information that is more descriptive. These questions are also helpful in gathering the information necessary to assess a woman’s need for more breastfeeding education and support.
Influencing Mom’s decision to breastfeed

• Help mom to uncover those misconceptions of breastfeeding **uncovering breastfeeding misconceptions**

• The final step in influencing other’s decisions making is to involve them in forming a conclusion. Encourage mom to seek supportive services with like minded people (other pregnant mom’s).
Other Options If Breastfeeding is Not Possible

Mom can still use her milk, even if she decides not to breastfeed:

• Use a breast pump (electric/manual)
• Cup or bowl feeding
• Spoon feeding
• Eyedropper or feeding syringe
• Nursing supplementer
• Get milk from donation bank (Bronson Milk Bank)
Supporting moms/ families who are breastfeeding immediately after birth

- Basics the new mom should know/ recognize ahead of time:
  - Skin to Skin
  - Not sending infant to nursery
  - Laid back breastfeeding, how to know if breastfeeding is going well, infant feeding cues, where to go if there is a problem
Critical Periods for Breastfeeding

• Prenatally (intention)
• At birth (initiation)
• 24-48 hours after birth
• Transition home
• 2-6 weeks (duration)
What should the Home Visitor do during Critical Periods

• Know who to can connect mom to during those critical periods.
• Be attentive to critical windows.
• Flag women who need help beyond what the Home Visitor can provide.

Be the CONNECTOR to the VILLAGE
Supporting moms/ families who are breastfeeding immediately after birth

Quick tips

✓ Immediately try to set those visits up with mom right after birth occurs. Don’t wait that long, because we can lose our moms that way, especially if they are having trouble returning home from the hospital.

✓ Be encouraging to our moms! Call mom right after her birth, remember that you are a person that she trusts.

✓ Set those appointments! Ask how breastfeeding is going and offer your assistance. Is there anything that I can do?

✓ It goes back to actively listening, validating emotions, feeling, and any concerns. If mom sounds worried, be that encouraging voice.

✓ If mom is already noticing issues before you have even arrived, immediately refer or contact a lactation specialist.

✓ Most WIC’S have a peer counselor, certain county’s allow walk-ins for our bf moms, ask mom if she has already spoken to the WIC peer counselor. Encourage her to go into WIC!

✓ Once again know what resources are within your community. Know how your local WIC offices are ran.

✓ Suggestions build a partnership with WIC and other breastfeeding organization’s within your community. These will be your resources for knowing how to effectively get mom connected to the right person!
Recognizing when lactation support is needed

• Assess infants during early follow-up visits
  – Have Trained Staff
  – Schedule for visit early; ideally with 48 hrs of discharge or at least 3 to 5 days of life for all newborns
  – Gather/Evaluate
  – Educate
  – Encourage
  – Discourage
  – REFER, REFER, REFER!
Maintaining breastfeeding beyond the first few weeks, first few months, up to a year...

Tips for Mom’s the First Few Days:

✓ Hold your baby **skin-to-skin**.
✓ Keep your baby in the room with you.
✓ Watch your baby for **feeding cues**.
✓ Feed your baby often (at least 8-12 times per 24 hours).
✓ Watch your baby, **not the clock**!
✓ Don't forget night time feedings (they help stimulate milk production).
✓ Don't feed your baby anything but breast milk – leave the formula samples at the hospital.
✓ Avoid pacifiers and bottles.
✓ Delay visitors, but say yes to help (e.g., making dinner, laundry, taking your other kids out to play).
✓ Get comfortable – breastfeeding should not hurt!
✓ **Try different positions**.
✓ Let your baby guide the process! Try baby-led breastfeeding (aka. **laid back** breastfeeding.
✓ **Help mom learn feeding cues**!
Maintaining breastfeeding beyond the first few weeks, first few months, up to a year...

- Boosting a mother’s confidence empowers her to continue breastfeeding.
- Point out her abilities as well.
- Help her to recognize and respond to her baby’s language and cues.
- Emphasize that she knows her baby better than anyone else.
- Validate her concerns and her wide range of emotions as a normal part of mothering.

- [Breastfeeding in daily life: At home and in public](http://fppt.com)
FIRST-TIME MOTHERS AT WORK

Now and Then: How first-time mothers have changed their employment and leave patterns

Percentage of First-Time Mothers Who Worked During Pregnancy

- 1961-1965: 44.4%
  - 39.7% full time
  - 4.7% part time
- 2006-2008: 65.6%
  - 56.1% full time
  - 9.5% part time

When Did First-Time Mothers* Stop Working During Pregnancy?

*excludes women who did not work during pregnancy

- 1961-1965 vs. 2006-2008
  - 1 month or less: 81.6%
  - 2 months: 17.1%
  - 3–5 months: 5.6%
  - 6 months or more: 12.9%

Leaves Arrangements*

- 1961-1965
  - Let go: 3.5
  - Disability leave: 6.3
  - Unpaid leave: 33.7
  - Paid leave: 35.7
  - Quit: 21.9

- 2006-2008
  - Let go: 4.7
  - Disability leave: 9.5
  - Unpaid leave: 42.4
  - Paid leave: 50.8

More Women Are Working Sooner After First Birth

- 1961-1965
  - Within 3 months: 9.9%
  - Within a year: 16.8%

- 2005-2007
  - Within 3 months: 44.2%
  - Within a year: 63.8%

80% of mothers who returned to work within 12 months of giving birth returned to their same employer (2005 - 2007)

Source: U.S. Census Bureau, Income and Program Participation Survey
Resources

- WIC
- Your communities' Breastfeeding Coalition
- La Leche League
- Baby’s Café
- Professional Lactation consultants
- Mom-baby groups at birth centers and midwife groups
- Facebook and other social media
- Coffective
- Milk Bank
- Hospitals
- Doula Services

- First Food Movement
References


Centers for Disease Control and Prevention National Immunization Survey (NIS), 2011 births.

AAP *Pediatrics* 2012;129:e827-841

http://www.who.int/nutrition/publications/infantfeeding/WHO_NHD_01.08/en/

www.womenshealth.gov/breastfeeding

Margaret E. Bentley et al. *J. Nutr.* 2003;133:305S-309S

Source: U.S. Census Bureau, Income and Program Participation Survey

Policy Statement: Breastfeeding and the Use of Human Milk

*SECTION ON BREASTFEEDING*


Coparenting Breastfeeding Support and Exclusive Breastfeeding: A Randomized Controlled Trial


Videos:

https://www.youtube.com/watch?v=ax85hE3_2uE&feature=youtu.be

https://www.youtube.com/watch?v=Zhx-R6p1xAQ