GOT MILK? HOW TO ADDRESS PATIENT CONCERNS AROUND BREAST MILK SUPPLY

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Objectives

• Explore common causes women give for early cessation of breastfeeding and not meeting their desired breastfeeding goals
• Discuss the risk and outcomes of perceived insufficient breast milk supply
• Tips for helping your patients attain their desired breastfeeding goals and overall exclusive breastfeeding
• Resources for patients and providers
Disclosures

• None financial

• This talk will focus on maternal PERCEPTION of low milk supply and how this in turn can impact actual milk supply.
Although 90% of Vermont mothers initiate breastfeeding, only 29.6% are exclusively breastfeeding at 6 months.

(CDC Data, 2014)
2012 Prospective Study, N=1177

- 60% of mothers did NOT meet their desired breastfeeding duration
- Most common reasons cited:
  - 1. Difficulties with lactation
  - 2. Infant nutrition and weight
  - 3. Illness or need to take medication
  - 4. Effort associated with pumping

(Odom 2013)
2013, UC Davis – Prospective Study, N=532

- 92% of moms reported at least one breastfeeding concern three days after birth
- Top three concerns:
  1. Infant not feeding well at the breast (52%)
  2. Breastfeeding pain (44%)
  3. Lack of sufficient milk (40%)

- The Women who worried from the start were more likely to switch to formula sooner than those who didn’t have these concerns.

(Wagner 2013)
Perceived insufficient milk supply occurs in up to 50% of all breastfeeding mothers and is a significant cause of early weaning.

(Cooke 2003)
Maternal Diagnoses

- Lactation delayed: 14%
- Lactation suppressed: 25%
- Nipple or breast pain: 18%
- Retracted nipple: 4%
- Nipple, sore/cracked: 12%
- Breast engorgement/blocked duct: 8%
- Mastitis: 2%
- Other: 17%

Breast, sore/cracked, 12%
Breast engorgement/blocked duct, 8%
Infant Diagnoses

- Feeding problem <28 days: 29%
- Feeding problem >28 days: 8%
- Neonatal jaundice: 8%
- Weight loss: 8%
- Underweight: 4%
- Slow weight gain, FTT: 26%
- Fussy baby/excessive crying: 3%
- Ankyloglossia: 2%
- Other: 12%
- Feeding problem >28 days: 8%
- Neonatal jaundice: 8%
- Underweight: 4%
- Slow weight gain, FTT: 26%
- Fussy baby/excessive crying: 3%
- Ankyloglossia: 2%
- Other: 12%
- Feeding problem <28 days: 29%
Perceived insufficient milk supply:

- Perception is real but much less commonly valid—less than 5% of the time is there a biological cause for insufficient milk production.

- Butte 1984
Important Considerations for “Insufficient Milk”

• Maternal medications
• Pituitary Disease
• Thyroid Disease
• Retained Placenta
• Severe blood loss (Sheehan’s)
• Mammary gland hypoplasia
• Insulin resistance
Why the (mis)perception?

- Information versus misinformation
- Normal milk supply and breast changes
- Growth spurts
- Changes in infant stooling
- Maternal nutrition, weight, medications and conditions
- Infant conditions
- Interference of unnecessary formula supplementation
- There are OTHER reasons babies are fussy
(reasons for perception of insufficient milk continued)

- Lack of Role models
  - Family history
  - Peers
  - Society
- Support Systems
  - Family/household
  - Work/pumping
- Confidence
  - Providers can help here!
Self Efficacy and Breastfeeding – not a new issue
(Works Progress Administration, 1938)
What can providers do?

• Start early with patient education
• AVOID unnecessary formula
• Hospital lactation consultant
• Early follow up (< 48hr) after discharge
• Breastfeeding assessments
• Frequent follow up with referral to lactation consultant and ongoing follow up with lactation consultant
• Review infant stool with parents (the golden rule of 4s)
• Review OTC and Rx meds
• If considering a galactagogue, needs a lactation consultant
• Encouraging statements
A Brief Word on Galactagogues

- Medical Provider
- Lactation Consultant (IBCLC)
- Short term use
- ABM Protocol on Galactagogues
  - Domperidone – NO longer recommended
  - Metoclopramide – some evidence
  - Fenugreek – most common
  - Goats Rue, Milk Thistle
  - Placenta
- Close follow up
Advice for giving encouragement to patients:

- Start with a breastfeeding friendly office and supportive staff – teamwork is key
- Take the time to ask questions; include partner/family when possible
- Assess how breastfeeding is going
  - Use the cheat sheets from this project
- Ask about return to work
- Ask about personal goals
- When the patient is not meeting their own goals or reporting an unexpected decrease in breastfeeding ask them why they think that is. For example:
  - “I think it is great how you have been breastfeeding. It sounds like you think you may not be making enough milk. Tell me more about that.”
  - And then, “I’d like to help you with this. I think it is possible for you to still exclusively breastfeed. How do you feel about that?”
Related and Important Topics

• STOOLS
• CRYING
• SLEEP
• WORK
• REST
And when they say... you say...

Mother
• “How do I know he’s getting enough milk?”

• “I don’t think she’s satisfied. She cries all day long”.

• “My breasts aren’t as full now at 2 months and he feeds for shorter periods. And how come he isn’t stooling as much?”

Provider
• “You’ll know by his stools... and his sleepy, satisfied look after nursing.”

• “You are a great mom. Let’s talk a little more about when she cries.”

• “You are so awesome and so is your breast milk. Your baby has become more efficient with feeding and his body has, too.”
Mother

• “I’m so worried about going back to work. I’m scared I won’t pump enough milk for her!”

Provider

• “You are an amazing mom. It is normal for you to have this concern. And “mama worry” happens for multiple reasons when moms return to work. Many women feel better when they are able to continue breastfeeding when working. Have you started to pump and how is that going? What resources are you using? Who do you turn to for support? I think it is great that you are thinking about this now.”
Resources for Patients

Best for Babes Foundation (NPO)
www.bestforbabes.org/
www.facebook.com/BestForBabes

Kellymom
Online support group; topics make great handouts
www.kellymom.com
Recommended handout:
Increasing Low Milk: Is Your Milk Supply Really Low?

La Leche League of MA/RI/VT
Dates and times of local groups
www.lllmarivt.org

Work and Pump
(By our own Kirsten Berggren)
www.workandpump.com

Vermont Department of Health
Breastfeeding section
Great resources with local phone numbers, videos, prenatal information
healthvermont.gov/wic/food-feeding/breastfeeding/
healthvermont.gov/youcandoit
Resources for Providers

Academy of Breastfeeding Medicine
- Free protocols and guidelines; annotated bibliography; extras with membership
- www.bfmed.org
- Protocols:

Dr. Jack Newman – International Breastfeeding Center
- For providers and patients
- https://www.nbci.ca/

Kellymom
- For providers and patients; reference links
- www.kellymom.com

LactMed (free)
- App for iPhone / Android:

Thomas Hale’s “Medications and Mother’s Milk” (2014 edition)
- Print edition revised every 2 years (available from ibreastfeeding.org – click on “Books”). Note: website is updated more frequently than print edition.
- http://www.medsamilk.com/users/login
- App for iPhone / Android:
Resources for Providers

ILCA (International Lactation Consultant Association)
Search tool to find a local International Board Certified Lactation Consultant (IBCLC)
http://www.ilca.org/i4a/pages/index.cfm?pag eid=3337

Surgeon General’s Call to Action to Support Breastfeeding
Action guides for health care settings:
http://www.cdc.gov/breastfeeding/promotion/calltoaction.htm

Wellstart International
Online modules for self-study
http://www.wellstart.org

UC Davis Human Lactation Center
Information and resources for the California Baby Behavior project with a focus on infant behavior and cues
http://lactation.ucdavis.edu/

WIC Works Resource System
Fit WIC Baby Behavior Study from California
http://www.nal.usda.gov/wicworks/Sharing _Center/gallery/FitWICBaby.htm
References

Hyperlinks to abstracts and full articles:

- Wagner E, Chantry C, Dewey K, Nommsen-Rivers LA; Breastfeeding Concerns at 3 and 7 Days Postpartum and Feeding Status at 2 months. *Pediatrics* 2013 Sept; 132(4):e865-875 (full text)
- Cooke M, Sheehan A, Schmied V. A Description of the Relationship between Breastfeeding Experiences, Breastfeeding Satisfaction, and Weaning in the First 3 months after Birth; *J Hum Lact* May 2003 19: 145-156 (full text)
Questions?  (anya.koutras@uvm.edu)