Breastfeeding Support in Primary Care

Basics for Visits 2-5
How many visits?

<table>
<thead>
<tr>
<th>Health Supervision</th>
<th>VCHIP project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (hospital)</td>
<td></td>
</tr>
<tr>
<td>1st week</td>
<td>0-6 days</td>
</tr>
<tr>
<td>1 month</td>
<td>1-4 weeks</td>
</tr>
<tr>
<td>2 month</td>
<td>1-2 months</td>
</tr>
<tr>
<td>4 month</td>
<td>4 months</td>
</tr>
<tr>
<td>6 month</td>
<td>6 months</td>
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</tbody>
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- Fits Bright Futures guidance
- Allows for inclusion of newborn and 1-month visit if both are routinely done
- Use as you see fit.
How are things going?

- Baby’s personality
- Support for parents

- Plans for separation, return to work
  - “Practice bottles”
  - No more than once daily
  - Pump for any missed feeding
  - Don’t feed more than you pump
How often is your baby feeding?

- FEED ON DEMAND
- At age 2 weeks every 1.5 hours can still be normal
- By 4 weeks every 2 hours
- At least one longer sleep per day
- By 2 months every 3 hours is likely

- One side or two depending on storage capacity
- Frequency varies depending on storage capacity
Feeding frequency

- Interruptions to the schedule
  - Cluster feeds
  - Growth spurts
    - Typically 2-3 weeks, 6 weeks, 3 months, 6 months
    - Often when mother returns to work – unrelated!
  - Learning new skills

- Babies grow and change. This too shall pass.
Engorgement – don’t get used to it!

- Waiting till “feeling full” or “leaking milk” to feed
- Around 8-12 weeks, engorgement decreases dramatically
  - “My milk dried up”
  - EDUCATE!
  - Weights for reassurance, other signs of satiety
  - Alertness, engagement, sleep, not cueing
Sleeping = not eating

- Babies that sleep more at night will feed more frequently during the day

- Number of feeds per day doesn’t change, but timing might
  - Magic number handout
Night nursing

- “Reverse cycling”
- Common when mother is back to work
- Emphasize benefits
  - Needing to pump less
  - Bonding with baby
  - “Baby misses you”
- Keep feeding restful!
Feeding too often?

- Interpretation is “not enough milk”
- Reframe as “making more milk”

- Milk in breast slows production
  - Spreading out feeds reduces milk supply
- “Empty” breasts produce milk at a faster rate

- “Placing the order” may take 2-3 days
How do you know your baby wants to eat?

- Feeding cues well recognized
- Pacifiers?
  - Not in first 8-10 weeks
  - Can be very helpful if baby is overfed while mother is gone
  - Feeding cues vs. non-nutritive sucking
- Readiness for solid foods
  - Sitting up
  - Reaching for food
  - Attention to others eating
What does it feel like when your baby nurses?

- Later onset of pain
  - Tongue-tie may become more problematic as milk supply regulates
  - Thrush
    - Often in infant mouth as well
    - Concurrent treatment
    - Nystatin, miconazole, gentian violet
  - Raynaud’s
    - Vitamin B6, magnesium, nifedipine
Teething

- Bottom teeth normally covered by tongue during feeding
- Top teeth may scrape
- Press baby’s head IN to release latch
- Biting common at lingering end of feed
How do you know your baby is finished eating?

- Signs of contentment should be clear to parents
- Common concerns
  - Shorter feeds as baby matures
  - Cueing after first side
    - Smaller storage capacity will continue with 2 (or 3!) sided feeds
What is diaper output?

2 weeks – throw away diaper diary!!

- Stool frequency becomes more erratic after 4-6 weeks
- Be sure parents know that several days between stools is normal
- Educate in other ways to assess sufficient nutrition
How much is your baby sleeping?

- Highly variable – 3-6 hours at a time
- Feeding more is not the way to get more sleep
- Educate on normal night waking
- Baby in parents’ room until 6 months
- Sleep disruption with any new skill
- Sleep disruption with growth spurts
- This is all temporary!!
Longest Stretch of Sleep Increases with Age

- **2-6 wks.**
  - Able to sleep **2-4 hours** at one time

- **6-8 wks.**
  - Sleep becomes more concentrated during the nighttime as baby is more awake during the day

- **3 mos.**
  - Able to sleep **up to 4 hours** at one time, typically the longest stretch will be during the nighttime

- **6 mos.**
  - Able to sleep **up to 6 hours** at one time, 90% sleep 6 hours regularly

Coons and Guilleminault 1984; Goodlin-Jones et al. 2001; Jenni and LeBourgeois 2006; Peirano et al. 2003; Adams 2004
What questions? Concerns?

- **Goal of mixed feeding**
  - Delay formula as long as possible
  - Building a strong milk supply keeps options open

- **Return to work**
  - 2-3 ounces per bottle
  - Newborn nipples
  - ~1 oz. per hour (adjust for night sleep)
  - Pump on schedule (don’t wait to be full)
  - Add pumping sessions for more milk
What questions? Concerns?

• Crying
  ◦ Not always about the milk!
  ◦ Fussy babies
    • Repetition to soothe
    • Variation to waken

• Parental support
  ◦ Play groups for parents
  ◦ Help working mothers meet others
What questions? Concerns?

- **Illness**
  - Other liquids not needed
  - Maternal antibodies help fight disease

- **Breast refusal**
  - Common around 4 months
  - Frequent cause of weaning
  - Reduce distraction, sleepy feeds
  - Skin-to-skin
  - Efficiency of feeding
Anticipatory Guidance

- Stool frequency changes
- Breast changes
- Growth spurts
- Breast refusal
- Teething

- Breast whisperer
  - Production is faster when empty, slower when full
  - 2-3 days to increase supply
Other presentations

- Addressing Your Patients’ Concerns around Milk Supply
- Supporting Breastfeeding and Lactation: The Primary Practitioner’s Guide to Getting Paid
- Breastfeeding and the Working Mother
- Substance Abuse and Breastfeeding
- Breastfeeding and Medical Conditions
- Quality Improvement Strategies and Tools: Improving Breastfeeding Supports in Primary Care Settings