How obstetric providers can enable women to achieve their breastfeeding goals

Alison Stuebe, MD, MSc, FACOG, FABM
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Disclosure

- Delivered via c-section for breech, 10 day routine post-partum stay
- Formula fed
- Brought home from hospital sitting on my mother’s lap

In 2014, breastfeeding, like infant car seats, should be common sense.
Today’s Agenda

- Review the public health impact of breastfeeding for mother and infant
- Discuss the physiology of lactation
- Describe how the 10 Steps of the BFHI enable mothers to achieve their breastfeeding goals
Breastfeeding is a public health issue
Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

Your care directly affects a woman’s breastfeeding success
Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
Breastfeeding is a public health issue
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Your care directly affects a woman’s breastfeeding success
Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
Excess health risks associated with not breastfeeding

<table>
<thead>
<tr>
<th>INFANT</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otitis media</td>
<td>2.0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>3.6</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2.8</td>
</tr>
<tr>
<td>NEC</td>
<td>2.5</td>
</tr>
<tr>
<td>Obesity</td>
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<tr>
<td>Leukemia</td>
<td>1.2</td>
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<tr>
<td>SIDS</td>
<td>1.6</td>
</tr>
<tr>
<td>Crohn’s Disease</td>
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</tr>
<tr>
<td>Ulcerative Colitis</td>
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</table>

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premenopausal breast cancer</td>
<td>1.4</td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td>1.3</td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
<td>1.2</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.2</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>1.3</td>
</tr>
</tbody>
</table>

AAP Recommendations

• Exclusive breastfeeding for about 6 months … with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.

Photo: Massachusetts Breastfeeding Coalition
Breastfeeding in 2011

Healthy People 2020 Goals

Initiation
6 months
12 months
Excl 3 months
Excl 6 months

Minnesota
US

Goals
NURSE THE BABY
YOUR PROTECTION AGAINST TROUBLE
INFORM YOURSELF THROUGH THE HEALTH BUREAU PUBLICATIONS
AND CONSULT YOUR DOCTOR
How old do you think your baby will be when you completely stop breastfeeding?

How old was your baby when you completely stopped breastfeeding and pumping milk?

Did you breastfeed as long as you wanted to?

Mother's breastfeeding goals

- Baby friendly maternity care
- Supportive family and friends
- Informed health care providers
- Adequate leave, workplace support

Breastfeeding success
‘...the time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.’

Regina M. Benjamin, M.D., M.B.A.
Vice Admiral, U.S. Public Health Service
Surgeon General
The miracle is you and the milk only moms can make. Whether you breastfeed, use donor milk, or neither, finding the right support can make all the difference. Best for Babes will cheer you on and help you navigate the “Booby Traps” — the barriers that keep moms from achieving their personal breastfeeding goals.
Breastfeeding is a public health issue
Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

Your care directly affects a woman’s breastfeeding success
Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
Maternity care affects breastfeeding outcomes

Comparison of Proportion of Infants Still Breastfeeding (to Any Degree) During Year of Follow-up

The Ten Steps

1. Have a written breastfeeding policy.
2. Train all health care staff.
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 maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.*
7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
Step 2: Train all health care staff.

## How is Minnesota Doing?

<table>
<thead>
<tr>
<th>mPINC Care Dimension</th>
<th>MN quality practice Subscore*</th>
<th>Ideal Response to mPINC Survey Question</th>
<th>Percent of MN Facilities with Ideal Response</th>
<th>MN Item Rank†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Training</td>
<td>51</td>
<td>New staff receive appropriate breastfeeding education</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current staff receive appropriate breastfeeding education</td>
<td>12</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff received breastfeeding education in the past year</td>
<td>55</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessment of staff competency in breastfeeding management &amp; support is at least annual</td>
<td>43</td>
<td>47</td>
</tr>
</tbody>
</table>
Step 3: Inform all pregnant women about the benefits and management of breastfeeding.

Are you planning to breastfeed or bottle feed?

What have you heard about breastfeeding?

It sounds like you’re worried that breastfeeding will be painful.

Discuss concrete strategies for getting a comfortable latch, how to get lactation support.
Patients listen to what their doctors say…

Percent breastfeeding at 6 weeks

Health care provider opinion

- Favors breast
- No preference
- Favors Formula

DiGirolamo et al. Birth 2003;30:94-100
...even when their doctors don’t think they are listening.

Patient opinion of OB advice:

- Very important
- Somewhat / not important

Whether to breastfeeding: 33% Very important, 67% Somewhat / not important

How long to breastfeeding: 39% Very important, 61% Somewhat / not important

Only 8% of obstetricians thought their advice on duration of breastfeeding was very important.

Breastfeeding in Prenatal Care

Initial history

» Past breast surgery
» Changes during pregnancy
» Prior breastfeeding experience
  • Duration / exclusivity, whether or not goals were met
  • Satisfaction with experience
  • problems encountered: pain, infant growth, supply issues, infant medical conditions

Physical Exam

» Breast masses, surgical scars
» Inverted / flat nipples
» Insufficient glandular tissue – tubular, widely-spaced nipples, scant midline tissue
» Document & communicate concerns to infant’s provider
A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.
What Have You Heard About Infant Feeding?
What Have You Heard About Infant Feeding?
Have you ever breastfed or do you know any family members or friends who have breastfed?

MAIN MESSAGE
Each one of us has a unique opinion on infant feeding formed from the stories we hear from others and also from our own experiences. As part of your healthcare team, we want you to know the facts.

POINTS TO COVER
• Learning the facts will help you make informed parenting choices so you can do what is best for you and your baby.

• Refer to Pages 4-7 of the patient booklet, “Find Out the Facts!” Allow time for review and discussion.

• Do any of these facts surprise you? Let’s talk about the ones that caught your attention.

TEACHABLE MOMENT
Thank her for sharing what she’s heard about infant feeding. Be sure to validate her experience, do not judge her comments. Let her know the “facts” listed are based on common misconceptions that many parents have – she is not alone.

TRANSITION TO THE NEXT TOPIC
The rest of the session will focus on topics that you will want to be familiar with before you have your baby. We have learned so much in the last 10 years about the value of breastfeeding. Learning the latest science can help you to make your own feeding decisions.

SKIN-TO-SKIN CONTACT →

FIND OUT THE FACTS
What Have You Heard About Infant Feeding?

Each one of us has a unique opinion about infant feeding that is formed from the stories we hear from others and also from our own experiences. As part of your healthcare team, we want you to know the facts. Learning the facts will help you make informed parenting choices so you can do what is best for your family.

Find Out The Facts!

**FACT**
Most women breastfeed. At least 75% of all women in the United States breastfeed. Even among the groups less likely to breastfeed, about 60% or more start breastfeeding. Breastfeeding is now the norm in the United States.

**FACT**
Breastfeeding should not be painful. There may be discomfort at first but it should be minimal and should go away in the first week. Pain that continues or is severe is not normal and you should get help from a lactation consultant.

**FACT**
Breastfeeding does not cause your breasts to sag. All breasts lose their firmness with age and weight gain/loss.

**FACT**
No breasts are too large or too small to breastfeed. Size does not matter. Small breasts can produce a full milk supply, and babies can breastfeed fine on large breasts. If you have widely spaced or very unusual breasts, a history of breast surgery, or are concerned you don’t have enough breast tissue, please contact your health care provider or a lactation consultant for an evaluation.

**FACT**
There is no perfect nipple shape or size for breastfeeding. Babies can latch onto many types of breast nipples. If you have concerns about your nipples, please contact your health care provider or a lactation consultant for an evaluation.

**FACT**
Breastfeeding is a new skill, and it takes practice and support. Breastfeeding is not easy for every mother and baby. Be patient with yourself as you both learn how to make it work. Get support from friends, family, and your healthcare team. Remember to take it day by day. It gets MUCH easier after the first days and weeks!

**FACT**
Night waking and night feeding are NORMAL. Newborns do not know the difference between night and day as adults do. They are growing rapidly, and need the frequent, easily digested feedings that your milk provides. Babies who are breastfed have a decreased chance of death from Sudden Infant Death Syndrome.

**FACT**
Babies do NOT need water when it’s hot outside. Your milk, or correctly prepared formula, provides all the water your baby needs.

**FACT**
Formula is NOT the same as breastmilk. Breastmilk is a living, constantly changing food that provides everything your baby needs to grow and be healthy. The living parts of your milk cannot be man-made, and many are unique to you.
Prenatal Toolkit

The Prenatal Toolkit is a resource for providers interested in improving patient outcomes through enhanced lactation support.

Here are three ways to utilize the information in the toolkits:

1) Use the documents AS IS, leaving text and photos intact. A Hospital/health organization logo may be ADDED to the documents. Please leave the Minnesota Breastfeeding Coalition logo.
Why Breastfeeding is Important

Breastfeeding Is Good For Families

Breastfeeding is convenient. The milk is always ready and warm.

With breastfeeding, there is nothing to buy, mix, or prepare for feeding. Formula costs more than $1700 for a year plus feeding supplies. Breastfeeding is free!

Breastfeeding is comforting for babies.

Formula is harder for your baby to digest because it is made from non-human sources such as cow's milk or soy.

Breastfed babies are rarely constipated, so they are less fussy.

Breastfeeding Is Good For Moms

Women who breastfeed have less breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, and heart disease.

Breastfeeding helps women bond with their babies and lessens the chance of postpartum depression.

Women who breastfeed are more likely to return to their pre-pregnant weight more quickly.

Breastfeeding Is Good For Babies

Breastfeeding helps to keep babies healthy.

Breast milk contains antibodies, growth factors, enzymes, and hormones that:
- fight off infections during infancy
- provide life-long protection against many diseases (less obesity, diabetes)
- promote healthy infant development

Babies who breastfeed have lower rates of pneumonia, ear infections, and SIDS.

At six months, baby foods are started. Breastfeeding continues through at least the first year. Breast milk is beneficial and protective beyond the first year as well.
Anticipatory guidance: Medications in lactation

The placenta and the breast are not the same organ.

Drugs that are safe in pregnancy may not be safe in breastfeeding, and drugs that are safe in breastfeeding may not be safe in pregnancy.
LactMed
National Library of Medicine

iPhone Screenshots

Home

Drug Name Search

Drug Class Search

Looking for information on how drugs or dietary supplements can affect breastfeeding? LactMed has information about maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs or supplements to consider.

Drug Class

Antineoplastic Agents
Abortifacient Agents, ...
Abortifacient Agents, ...
Acupuncture Therapy
Adenosine Deaminase
Adjuvants, Anesthesia
Adrenergic Agents
Adrenergic Agonists

© 2011 National Library of Medicine
The Ten Steps

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How does lactation happen?

Hypothalamus

Dopamine (-)
Paraventricular nucleus (+)

Anterior pituitary

Prolactin
Milk synthesis

Oxytocin
Milk secretion

Placenta

Progestrone (-)

Cortisol
T3, T4
Insulin
Growth hormone

Milk ejection reflex
Breastfeeding Success

Let Down

Moving Milk

Latch

Speroff et al. Reproductive Endocrinology and Infertility.
Stress and Milk Volume

Distraction and Milk Volume (g)

- Control: 167
- Ice water: 69 (saline), 139 (oxytocin)
- Math + shock: 114 (saline), 163 (oxytocin)
- Toe Pull: 114 (saline), 159 (oxytocin)

Breastfeeding Success

Moving Milk

Let Down

Latch

Photos © Jane Morton, MD, FAAP

AAP Breastfeeding Residency Curriculum
The Ten Steps are evidence-based
These practices support normal breastfeeding physiology.

Feed on demand (8), avoid supplements (6), pacifiers (9), teach milk expression (5)

Early initiation, skin-to-skin (4), rooming in (7), outpatient support (10)
Step 4: Help mothers initiate breastfeeding within 1 hour of birth

Skin-to-skin supports normal physiology of breastfeeding

Contact in first hour of life, when infant is awake and alert, is a “critical period” for nursing success
6. Opening the eyes

11. Massage-like hand movement on mother’s breast

12. Hand-to-mouth movement

21. Rooting movement

25. Hand to nipple movement

27. Licking

Median minutes after birth

80. Sucking

Fig. 3. Newborn infant preparing the breast for first sucking by licking the areola and nipple. (Photograph courtesy of Vivianne Lindbergh.)

Step 4: Help mothers initiate breastfeeding within one hour of birth.

**Skin to skin**
- Successful first feed: 92%
- At discharge: 95%
- At 1-4 months: 58%
- At 12 months: 20%

**Routine**
- Successful first feed: 80%
- At discharge: 72%
- At 1-4 months: 46%
- At 12 months: 0%

Bottom line: Mothers who held their infants skin-to-skin breastfed **43 days longer** than mothers who did not.

Babies need Mothers

- Randomized trial of 50 healthy term infants
- Skin to skin at delivery, then cot vs. skin to skin for 90 minutes

<table>
<thead>
<tr>
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<th>STS</th>
<th>Cot</th>
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</thead>
<tbody>
<tr>
<td>HR</td>
<td>136.6 ± 6.9</td>
<td>140.7 ± 9.0</td>
</tr>
<tr>
<td>RR*</td>
<td>44.3 ± 7.9</td>
<td>49.8 ± 10.2</td>
</tr>
<tr>
<td>Glucose*</td>
<td>57.1 ± 12.6</td>
<td>46.1 ± 12.8</td>
</tr>
<tr>
<td>Change in base excess*</td>
<td>3.4 ± 2.7</td>
<td>1.8 ± 2.6</td>
</tr>
</tbody>
</table>

Cumulative proportions of neonates that reached 36.5-50°C

How is Minnesota doing?

<table>
<thead>
<tr>
<th>mPINC Care Dimension</th>
<th>MN quality practice Subscore*</th>
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<th>Percent of MN Facilities with Ideal Response</th>
<th>MN Item Rank†</th>
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<tbody>
<tr>
<td>Labor and Delivery Care</td>
<td>83</td>
<td>Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)</td>
<td>68</td>
<td>34</td>
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<tr>
<td></td>
<td></td>
<td>Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)</td>
<td>70</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial breastfeeding opportunity is w/in 1 hour (vaginal births)</td>
<td>68</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial breastfeeding opportunity is w/in 2 hours (cesarean births)</td>
<td>69</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routine procedures are performed skin-to-skin</td>
<td>46</td>
<td>19</td>
</tr>
</tbody>
</table>
Step 7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.

Step 8. Encourage breastfeeding on demand.
‘Your baby has a fuel guage’

- Rooting
- Mouthing
- Flexed arms and legs
- Clenched fingers and fists over chest and tummy
- Fast breathing
- Sucking noises /motions
Feeding on Cue

What is Feeding on Cue?

Feeding on cue simply means feeding whenever your baby shows feeding signs.

Feeding signs are signs of hunger.

Crying is a late hunger sign. Plan to start feedings before baby is crying with hunger whenever possible.

Feed baby whenever baby wants for as long as baby wants.

Feeding Signs:

- Mouthing movements
- Sticking the tongue out
- Rooting
- Hand-to-mouth movements

Feeding on Cue & Milk Supply

Milk Supply is determined by how often the baby nurses and empties the breasts.

Frequent breastfeeding in the few weeks after birth assures a good milk supply for months to come.

Your baby prefers you. Wait until 3-4 weeks of age before giving a bottle or pacifier. This will help your baby breastfeed better and sooner.

What are the Advantages of Feeding on Cue?

- Babies settle into a relaxing feed faster when feeding starts soon after baby shows the first signs of hunger. Babies enjoy feedings more when they don’t have to cry to be fed.
- Feeding is comfort as well as nutrition. Newborns love constant closeness and feeding and cannot be held “too much” or “spoiled”.
- Newly born infants need small frequent feedings in the first days of life. One to three teaspoons fills a newborn’s stomach.
- Breastfed babies need frequent breastfeeding to build their mother’s milk supply.
- Babies feed around the clock, sometimes every hour. This is known as cluster feeding.
- Babies have less jaundice when fed frequently.
# Postpartum Care – Breastfeeding Assistance

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Assistance</td>
<td>88</td>
<td>Infant feeding decision is documented in the patient chart</td>
<td>98</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff provide breastfeeding advice &amp; instructions to patients</td>
<td>90</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff teach breastfeeding cues to patients</td>
<td>79</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff teach patients not to limit suckling time</td>
<td>59</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff directly observe &amp; assess breastfeeding</td>
<td>84</td>
<td>35</td>
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<tr>
<td></td>
<td></td>
<td>Staff use a standard feeding assessment tool</td>
<td>83</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff rarely provide pacifiers to breastfeeding infants</td>
<td>51</td>
<td>21</td>
</tr>
</tbody>
</table>
Step 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated*

http://www.noodlesoup.com/mymommycribcard.aspx
Percentage of infants receiving formula by day 2 of life, among infants born in 2011 who were breastfeeding on day 2 of life.

<table>
<thead>
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<tbody>
<tr>
<td>Feeding of Breastfed Infants</td>
<td>86</td>
<td>Initial feeding is breast milk (vaginal births)</td>
<td>82</td>
<td>25</td>
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<tr>
<td></td>
<td></td>
<td>Initial feeding is breast milk (cesarean births)</td>
<td>82</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplemental feedings to breastfeeding infants are rare</td>
<td>44</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Water and glucose water are not used</td>
<td>80</td>
<td>41</td>
</tr>
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</table>
Among women who were uncertain about plans to breastfeed, commercial packs *during prenatal care* significantly shortened duration of breastfeeding.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Hazard ratio (95% CI)</th>
<th>p</th>
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<tbody>
<tr>
<td>Overall Duration</td>
<td>1.75 (1.16-2.64)</td>
<td>0.005</td>
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<tr>
<td>Full duration</td>
<td>1.70 (1.18-2.48)</td>
<td>0.005</td>
</tr>
<tr>
<td>Exclusive duration</td>
<td>1.53 (1.06-2.21)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

How industry-sponsored “breastfeeding support” markets formula feeding

<table>
<thead>
<tr>
<th>DAY</th>
<th>BREASTFEEDINGS TO BOTTLES OF BRAND NAME FORMULA</th>
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<tbody>
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<td>1-2-3</td>
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<td>14</td>
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</tr>
</tbody>
</table>
“Never underestimate the importance of nurses. If they are sold and serviced properly, they can be strong allies. A nurse who supports Ross is like an extra salesperson.”

Abbott Labs v. Segura, 1995

Send a clear message: Keep formula companies, and their materials, out of your practice.
Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Photo: Denise Both & Kerri Frischknecht, Breastfeeding: An Illustrated Guide to Diagnosis and Treatment © Elsevier 2008
Integrating care

Photo: Denise Both & Kerri Frischknecht, Breastfeeding: An Illustrated Guide to Diagnosis and Treatment © Elsevier 2008
Baby Café
Supporting mothers who choose to breastfeed

Jessie Schwartz and Heather Maki cradled their babies and breastfed as they talked about being new mothers. Kim Kretschmer, a certified lactation consultant from United Hospital, asked them, “Tell me something new your baby is doing this week.”

Every week, similar scenes unfold at a church social hall in St. Paul. For two hours, the hall becomes Baby Café, a free, drop-in center where women get expert help in breastfeeding.

Jessie Schwartz breastfeeds her son at Baby Café, a new service of United Hospital.

On a recent Wednesday, women gathered as they would at a coffee shop, sipping beverages and nibbling on snacks. Sharing the bond of motherhood, they chatted about everything from breastfeeding schedules and baby clothes to the challenges of parenting 24/7.

Kretschmer worked individually with each mother-baby duo on any questions or concerns about breastfeeding, often observing a feeding. She’s an expert in helping mothers succeed at breastfeeding — whatever their goals might be.

“We want Baby Café to be the place in the community where breastfeeding is normal,” Kretschmer said. “Baby Café is for anyone throughout the entire breastfeeding experience, including pregnant women, regardless of whether you gave birth at United.”

United Hospital’s Birth Center sponsors Baby Café as a community service. It adds another layer to the Birth Center’s broad services that promote breastfeeding, which provides additional benefits for mothers and babies. Baby Café started in England, and United’s is the first in the Midwest.

“Here I am, a mom, not a patient,” first-time mother Schwartz explained as she held 1-week-old Jeffrey. “I came to Baby Café because I like to have resources. At home, sometimes you wonder if something with the baby is normal. Kim is so comfortable and reassuring, and she’s given me some tips on breastfeeding. She’s helped me feel confident, that I can be in control of making things better.”

Baby Café also provides a safety net when things don’t go right for mothers and babies, connecting them with medical resources.

Maki and her baby needed that extra help. “Victoria was born three to four weeks premature, so she needed to be in the special care nursery. We didn’t get off to a good start with breastfeeding in the hospital,” Maki said.

During her first visit to Baby Café, Maki told Kretschmer that Victoria lacked the energy to breastfeed and wasn’t gaining weight. Kretschmer urged her to take Victoria to the doctor and to get additional help with breastfeeding at an outpatient clinic. She also suggested that Victoria needed extra milk at each feeding.

Maki followed through with all of the suggestions and returned with happy news at the next Baby Café. Victoria was breastfeeding well and had gained significant weight. Maki said she was so pleased. “Breastfeeding is a way to give your child the best start you can.”

Making Breastfeeding a Success

The Breastfeeding Resource Center at United Hospital offers a wealth of resources to make breastfeeding successful.

“We want to reinforce loving parenting, and breastfeeding is a part of parenting,” explained Melanie Ahslander, RN, lead lactation consultant at United’s Birth Center. The Breastfeeding Resource Center’s lactation specialists are true experts, with international board certification and decades of experience.

The staff throughout the Birth Center helps women to breastfeed, from prenatal class instructors to registered nurses who help mothers learn the basics in the first feedings after birth. Lactation specialists concentrate on women and babies who have complex problems, such as premature birth or problems with milk supply.

**ALL ABOUT BABY CAFÉ**

Meets every Wednesday, noon to 2 p.m., at St. Luke Lutheran Church, 1807 Field Ave., St. Paul, Minn., 55114. Staffed by a certified lactation consultant from United Hospital. Questions? Call Baby Café at 651-241-5088.

**LOOKING FOR A DOCTOR?** Go to allina.com/doctors or call 1-800-877-7171 to speak with someone who can help.

**MAKING BREASTFEEDING A SUCCESS**

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**BREASTFEEDING RESOURCE CENTER OUTPATIENT SERVICES**

These are available to everyone, regardless of whether a woman gave birth at United Hospital. Call 651-241-5250 for any of the services.

Free telephone counseling and support — Call and leave a message. Lactation consultants return calls six days a week.

Breastfeeding clinic — A one-hour appointment with a lactation consultant, including a feeding. For anyone with a breastfeeding problem; especially helpful for complex issues. Fee charged; insurance billed.

Retail sales of specialty products for pregnancy and parenting, such as nursing bras and breast pumps.
## How is Minnesota doing?

<table>
<thead>
<tr>
<th>mPINC Care Dimension</th>
<th>MN quality practice Subscore*</th>
<th>Ideal Response to mPINC Survey Question</th>
<th>Percent of MN Facilities with Ideal Response</th>
<th>MN Item Rank†</th>
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<tbody>
<tr>
<td>Facility Discharge Care</td>
<td>79</td>
<td>Staff provide appropriate discharge planning (referrals &amp; other multi-modal support)</td>
<td>54</td>
<td>9</td>
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<tr>
<td></td>
<td></td>
<td>Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients</td>
<td>78</td>
<td>20</td>
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Breastfeeding is a public health issue
Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

Your care directly affects a woman’s breastfeeding success
Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
FIGURE 1 Among women who initiated breastfeeding and intended to breastfeed for >2 months, percentage who stopped breastfeeding before 6 weeks according to the number of Baby-Friendly Hospital Initiative practices they experienced

Intrapartum: Maternity care directly affects a woman’s breastfeeding success

Minnesota’s 2013 Survey Results

**Minnesota’s State mPINeC Score** (out of 100)*

**Minnesota’s State mPINeC Rank** (out of 53)†

77

21

Strengths

1. **Availability of Prenatal Breastfeeding Instruction**
   Most facilities (94%) in Minnesota include breastfeeding education as a routine element of their prenatal classes.

2. **Documentation of Mothers’ Feeding Decisions**
   Staff at 98% of facilities in Minnesota consistently ask about and record mothers’ infant feeding decisions.

Opportunities for Improvement

1. **Appropriate Use of Breastfeeding Supplements**
   Only 44% of facilities in Minnesota adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

2. **Inclusion of Model Breastfeeding Policy Elements**
   Only 20% of facilities in Minnesota have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

3. **Adequate Assessment of Staff Competency**
   Only 43% of facilities in Minnesota annually assess staff competency for basic breastfeeding management and support.

4. **Initiation of Mother and Infant Skin-to-Skin Care**
   Only 68% of facilities in Minnesota initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.
Mother’s breastfeeding goals

- Baby Friendly maternity care
- Supportive family and friends
- Informed health care providers
- Adequate leave, workplace support

Breastfeeding success
Current public health promotion of breastfeeding relies heavily on health messaging and individual behavior change. Women are told that “breast is best” but too little serious attention is given to addressing the many social, economic, and political factors that combine to limit women’s real choice to breastfeed beyond a few days or weeks. The result: women’s, infants’, and public health interests are undermined.
Resources

• Minnesota Breastfeeding Coalition
  http://mnbreastfeedingcoalition.org

• Carolina Global Breastfeeding Institute
  http://breastfeeding.sph.unc.edu

• National Women’s Health Information Center
  Business case for breastfeeding, free patient materials
  http://www.womenshealth.gov/breastfeeding/

• InfantRisk Center
  http://www.infantrisk.com

• LactMed

• UNC’s MomBaby.org
  Clinical protocols and patient handouts
  http://www.mombaby.org/breastfeeding
Going home/ discharge
Supplementation
Mastitis
Peripartum BF management
Cosleeping and breastfeeding
Model hospital policy
Human milk storage
Galactogogues
Breastfeeding the near-term infant
Neonatal ankyloglossia
NICU graduate going home
Contraception and breastfeeding
The breastfeeding-friendly physician’s office part 1: Optimizing care for infants and children
Analgesia and anesthesia for the breastfeeding mother

Breastfeeding the hypotonic infant
Guidelines for breastfeeding infants with cleft lip, cleft palate or cleft lip and palate
Use of antidepressants in nursing mothers
Breastfeeding promotion in the prenatal setting
Engorgement
Breastfeeding and the drug-dependant woman
Jaundice
Hypoglycemia
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A single hand cannot nurse a child.
- Swahili Proverb

Photo: Quintessence Foundation / http://www.babyfriendly.ca