Breastfeeding Management in Primary Care - Part 1

May 25, 2017, Duluth, MN
Pamela Heggie MD, BCCLC, FAAP, FABM
Addie Licari, MD, FAAFP
Lorraine Turner, MD, ABIHM

Disclosure
• We have no financial or ethical conflicts to declare related to this educational activity

Topics this morning
• Sore nipples
• Breast pain
• Underweight Baby
• Supplementation
• Increasing Milk Supply
• Ankyloglossia and frenotomy
• Medications and breastfeeding
• Case studies

Objectives
1. Discuss the assessment and management of sore nipples and breast pain
2. Outline the approach to a breastfeeding baby with slow weight gain or weight loss
3. Define ways to increase milk
4. Discuss ankyloglossia and indications for frenotomy
5. Describe how to determine the safety of maternal medications during breastfeeding

Why Breastfeeding?
• Improves health outcomes in children
• Improves health outcomes in mothers
• Saves money

Why Breastfeeding?
• Improves health of children
  • Less infection (OM, diarrhoea, pneumonia)
  • Less obesity
  • Reduced risk of SIDS and NEC
  • Lower rates of allergy and diabetes

• Improves health of mothers
  • Lower cancer rates- breast and ovarian
  • Less long-term obesity, DM, heart disease
  • Faster post-pregnancy weight loss

• Good for families and community
  • Less time off of work for sick kids
  • "Green"- low carbon footprint, less pollution
  • Saves money for family - $2000 formula/year
  • Bartick article in Pediatrics 2010
  • If all babies BF to 6 mos
    • US would save $12 billion/year
    • Prevents 135,000 SIDS deaths

Source: Maternal-Infant Health Care Conference

---

IMPROVES HEALTH OUTCOMES IN CHILDREN
• Less infection (OM, diarrhoea, pneumonia)
• Less obesity
• Reduced risk of SIDS and NEC
• Lower rates of allergy and diabetes

IMPROVES HEALTH OUTCOMES IN MOTHERS
• Lower cancer rates- breast and ovarian
• Less long-term obesity, DM, heart disease
• Faster post-pregnancy weight loss

GOOD FOR FAMILIES AND COMMUNITY
• Less time off of work for sick kids
• "Green"- low carbon footprint, less pollution
• Saves money for family - $2000 formula/year
• Bartick article in Pediatrics 2010
• If all babies BF to 6 mos
  • US would save $12 billion/year
  • Prevents 135,000 SIDS deaths
Risks of Not Breastfeeding

Breastfeeding as a Public Health issue

"Breastfeeding is a public health issue not just a lifestyle choice"

...exclusive breastfeeding for 6 months & continue after baby food introduced for 1 year or longer as mutually desired by mother and infant....

Most common Breastfeeding Concerns

- Do I have enough milk?
- Sore nipples or breast pain
- Can I breastfeed with this medication?
- Slow weight gain in baby
- Low milk supply

What is “normal” weight for babies?

- Gaining weight by 5 days and back to birth weight by 2 weeks
- Normal newborn weight loss ~ 5-7% below birth weight, “less than 10%”
- 1 oz per day and “time off for weekends”

Breastfeeding Rates

Green Lights - Breastfeeding going well

- Mom comfortable
- Baby has normal weight gain/loss
- Baby satisfied and wakes for feedings
- Family feels confident and that choices are being honored
- Urine and stools ok for age
- No urate crystals after 2-3 days
Red flags:
Breastfeeding NOT going well

- ELIMINATION PATTERNS
  stools and wet diapers
- WEIGHT GAIN/LOSS in BABY
- MOM with SORE NIPPLES/PAIN
- SLEEPY BABY/INCONSOLABLE BABY

Red flags:
Weight

- “Excessive weight loss” in baby
  - > “10%” below birth weight
  - Continued weight loss after 5 days
- “Slow weight gain” in baby
  - less than 0.5-1 oz per day
  - baby not back to birth weight by 2 weeks
  - crossing WHO growth chart percentiles

Red flags:
Elimination Patterns

STOOLS
- Dark, black stools after 4th day
- Infrequent stools < 3 yellow stools at day 5

URINE OUTPUT
- Few wet diapers < 4-5/day after day 5
- pink/salmon colored urate crystals in diaper after 3rd day

Red flags:
Frequency and Quality of feeds

- < 8 feedings in 24 hrs, (should be 8-12 feedings per 24 hours, swallowing heard)
- Baby not satisfied after feeding, “always hungry”
- Baby feeding “constantly”
- “Good” baby – “too good”, rare cry and sleeps 5-6 hrs, infrequent feeding, sleepy at breast

Case 1 – Sore Nipples and “BFW”

- Mother with sore nipples. G1P1 Vaginal delivery, baby is postdates - 41 wks and 8 lb 7 oz. Day 2 in hospital - mom says her nipples are sore, no cracks or bleeding
- Nurse says “latch looks good”. Mom given lanolin and hydrogels. Baby’s weight 5% below birth weight, Normal output-stools/wets. Nurse reports to MD during rounds - “BFW - “breastfeeding well”
- Home day 2. Seen in clinic on day 5 for newborn exam - mother still has sore nipples – she says “a little bit sore”
Case 1 – 5 day old baby – NB clinic visit
• 11% weight loss, 1 green-black stool since D/C, no stool in last 24 hrs, 3 wets/day “red spot” in diaper today- brought in diaper
• Alert vigorous baby
• MMM, jaundice to abdomen
• Normal tone, normal NB exam
• Bill today 15.1

Plan for this baby and family
What to do?
① Breastfeed
② Finger feed
③ Pump/hand express

• Give all expressed milk to baby – don’t save any
• Feed every 2-3 hrs (8/day)
• Engorgement/latch tips
• Sleep when baby sleeps
• F/u tomorrow

Breastfeeding Physiology
• Making milk requires:
  – Latch
  – Let down
  – Milk removal
  – Milk production

  – Think about supplementation in the context of breastfeeding physiology...PUMP when supplementing

Engorgement Tips
• Reassure that it only lasts 24-48 hrs
• “Good” to have increasing milk supply- say “mature milk” NOT “milk coming in”
• BF often-wake baby q 2-3 hrs day, q 3-4 hrs night to nurse
• Massage breasts and use warm compress before nursing
• Hand massage during breastfeeding to help milk to flow well
• Cold pack over clothing after nursing
• Cabbage leaf compresses – after nursing (directly on breasts)
• Soften areola with fingers if hard for baby to latch
  – “reverse pressure softening” technique
• Hand express or pump- if needed- only express small amount to relieve pressure, not to empty
LATCH:

“Good” (deep)  “Bad” (shallow)

Takes areola into mouth, not just on nipple = more milk and comfort  Nipple only = No milk, Ouch!

“Good” Deep Latch
(but only “good” if feels comfortable to mother)

Nipple “sandwich” U and C holds help with deep latching

Positioning helps with sore nipples

- Football Hold
- Cross Cradle Hold
Laid back Position
Helps with latching

Case 1 – follow up

- Baby and family back to clinic the next day, baby latching better, mom still engorged, but improved
- Weight gain 2 oz, in one day and 2 stools - mom pumped 6 times since yesterday-gets 1-2 oz, dad is finger feeding 1 oz EBM after breastfeeding while mom pumps, baby latching well, more awake
- Plan to gradually reduce pumping and finger feeding over next few days and f/u in 1 week when baby is 2 weeks of age.
- 2 week Follow up weight check - baby above birth weight and doing well.
- Happy family 😊

Case 2
Routine baby weight check – 2 wks old

- Weight gain of 2 oz in 7 days
- Has not regained birth weight (3 oz below)
- History: 37 wks, vaginal delivery, uncomplicated pregnancy, exclusively breastfeeding
- Breastfeeds frequently, q1-2 hrs but goes to sleep at breast after 5 minutes. Soon wakes hungry again. Repeat.
- Yellow stools 1/day and 6 wets/day
- Mom has sore nipples. Was initially engorged but not now, breasts feel less full.
- Baby exam- vigorous, T- 97 R, normal exam, no TT

Supplementation: Baby needs Calories

What?
- Mother’s milk - expressed breastmilk
- Pasteurized human donor milk – milk bank
- Hydrolyzed, hypoallergenic formula
- Cow’s milk formula

How?
- Best practice is to delay bottles for 3-4 weeks
- Use method that least interferes with breastfeeding
- Feed the baby, protect or increase the milk supply
- Mom to pump or hand express – any time baby gets supplement

Guidelines for Supplementation

- Supplementation only when medically indicated
- Mom’s milk is best...try to use or increase
- Protect breastmilk supply and encourage pumping - same number of times baby gets supplement
  - “Milk out = Milk made” (supply and demand)
- If supplements given - mom needs to pump/hand express the same volume or number of times in 24 hrs
- If supplements given without milk expression, milk supply goes down
- Mom may not reach her breastfeeding goals if low supply
- Use feeding method that minimizes impact on breastfeeding (usually not bottle)

Supplementation Options:
fingerfeeding, SNS, spoon, cup, bottle
**Supplementing without bottles**

**Why**
- Alternative feeding method allows baby to learn to breastfeed
- Avoids fast milk flow & nipple biting or firm nipple preference
- Lactation aid / SNS allows “practice” feeding at breast
- Finger feeding
  - Uses sucking and tongue motion similar to breastfeeding
  - Easy to use in clinic setting, teach family
- Cup, spoon, dropper - used more in hospital (small volumes)
- Wait for bottle intro until breastfeeding well established (3-4 wks)

**What**
- Mother’s milk – expressed breastmilk
- Pasteurized donor milk – milk bank
- Formula-hydrolyzed formula
- Cow’s milk formula

---

**Finger Feeding**

- Bottle, nipple and tube taped to finger
- Feeding tube on finger with soft side up, just past 1st knuckle, stroking hard palate while baby sucks

---

**Finger feeding**

- Bottle, nipple and tube taped to finger
- Feeding tube on finger with soft side up, just past 1st knuckle, stroking hard palate while baby sucks

---

**Supplement with feeding tube at breast (lactation aid, SNS)**

- Feeding tube taped to breast and baby latches over it
- Supplement at breast when low milk supply and slow flow

---

**Lactation Aid or Supplemental Nursing System (SNS)**

- Feeding tube taped to breast and baby latches over it
- Supplement at breast when low milk supply and slow flow

---

**Increasing Milk Supply #1**

- Remember supply and demand...
  - more milk is made if more milk is removed

**PUMPING**
- If supplements (EBM, donor milk, formula) are given to baby, mom needs to pump
- Rental hospital grade pump is best – higher efficiency
- Mother pumps after nursing 6-8 times/24 hrs (once during night)
- “Hands-on pumping” – helps express more milk
  - see video on Stanford Medicine website - Maximizing Milk Production
- “Mini-pumps” in between feeds for 3-5 min
- Ok to not wash pump parts for 5-6 hrs - makes things easier and more efficient, or pump parts in fridge for 24 hrs before needing to wash
Increasing Milk Supply #2

OTHER THINGS to do to “Help the pump work better”

- Frequent breastfeeding, then pumping x 10-15 min
- Lots of skin-to-skin cuddling – increases oxytocin and prolactin
- Fenugreek herb: 3 capsules (about 1500mg) TID - variable dosage per manufacturer
- Consider metoclopramide to help increase prolactin (domperidone off the market now)-don’t use with depression or anxiety
- Some moms have alveolar hypoplasia, breast reduction, hypothyroidism... or other medical reason for low milk supply, sometimes do labs (hgb, TSH, testosterone, HCG, prolactin)

Go to Part 2 – 2\textsuperscript{nd} half of PPT