Breastfeeding Telephone Care

Objective

1. Outline general principles of breastfeeding telephone care
2. Identify references and resources available for primary care clinics to use for telephone triage and advice
3. Discuss breastfeeding telephone care case examples

Disclosure

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

What is Breastfeeding “TeleCare”

Multiple options for communication

- Telephone call to clinic - OB/Peds/FP
- MyChart or similar EMR portal
- Hospital post-discharge call back program
- Warm Line, Calls to LC, WIC peer counseling calls, LLL or other community organization

Learn your scope of practice and clinic protocols

Common Breastfeeding Telephone Concerns

- Do I have enough milk?
- Can I breastfeed with this medication?
- “Is it ok to breastfeed if X?”
- Crying/fussy baby
- Stooling issues, poop color
- Mom back to work and daycare issues
- Pumping questions
- Sore nipples or breast pain
- Sleeping (or not)

Principles of BF Telephone Care

- Listen!! Active and empathic listening
- Restate what you heard
- Clarify with open ended questions, verify the “concern”
- Keep your objectivity, have an open mind for all possibilities
- Gather more info - learn age of baby (and gestational age), what/how is baby eating, fever, sore nipples, breast pain, elimination, be alert for mental health issues...
- Review chart - WCC recently?, missed appts, previous calls
- Assess caller’s level of concern - why are they calling now?
- Decide if visit is needed – when, where, who?
- Give immediate breastfeeding tips – during transition before being seen, esp if not today
- Review plan-including f/u - office visit, phone, MyChart, email
Clinic Reference Books

Hospital Post-Discharge Telephone call back program

Telephone call back program
- Who does call? - skilled lactation staff at hospital
- Call every breastfeeding mother 2-3 days after discharge, sooner if indicated
- Use EMR to generate list of discharged mothers that is shareable with everyone responsible for calling
- Plan to make 2 attempts to call. Document outcome
- Provide Phone guidance and clear recommendations
- Different than pt satisfaction/QI call back-different goals

Telephone call back program - Benefits
- Safety net:
  - catch babies not pooping, not latching, mothers with nipple damage, engorgement, milk delay
- Safety net:
  - Late preterm and early term infants
    - Prevent readmission
- Prevents premature weaning
- Another point of contact after discharge
- Big mPINC score!!

Case 1 - Front desk: “a mom has a question about breastfeeding”
- “My baby is very fussy – she’s crying non-stop and I think she’s constipated. She hasn’t pooped for 2 days and I don’t think I have enough milk”
  - What are the important next steps?
  - What information do you need to gather before making a plan?

Information to Gather
Before speaking to parent
- Review Chart
- Check age of baby
- Check GAB (gestational age at birth)
- Last office visit date and information
  - Growth chart
  - Provider notes regarding medical issues, feeding, jaundice, parental concerns
  - Date and time of next visit - Appointment made or needed?
- Slow down...get ready to speak to parent
Information to Gather

Speaking with parent
• Hear parent’s concerns
• Gather additional information
• Breastfeeding questions:
  • How often is baby nursing?
  • How long does baby nurse?
  • Are you able to see sucking and hear swallowing?
  • Do you have sore nipples or breasts?
• Elimination:
  • How many poops?
  • Special note of color of urine
  • Color and consistency of stool
• How does baby seem?
  • Awake, content, crying, sleeping a lot?
• What have you done so far?
• What made you call me now?

Making a Plan

• Refer to BF triage book or other reference
• Use your nursing judgment
• Speak to provider, if needed
• If baby is newborn needs to be seen in clinic within 24 hours
  — If jaundice concerns in past or in telephone call today or any concerns about difficulty to arouse
  — Speak to provider with information gathered - chart and parent's report
• If late in day or no provider available and baby's behavior is concerning, to go to ED
• If baby has been growing well, elimination is not concerning, baby's behavior is not concerning, bring in for nurse weight check
  — Provider visit may be needed for parent with concerns

Case 1 - Fussy Baby with no stool x 2 days

Does baby need clinic appt today, ER, home care, reassurance?
• Baby needs to be seen today
  — If age less than 2 weeks-very concerning
• When a mom says “I don’t have enough milk”
  — see today (or soon) for weight check
• Baby “fussy”... think ? sick baby and see soon
• If older baby- greater than 1 mo - reassurance IF recent clinic visit with ok growth
• Don’t use constipation guideline for BF ?s 😊

Case 2 - Prenatal Care

➢ A pregnant woman G1P0 at 34 weeks calls the nurse-line with breastfeeding concerns
➢ She had breast implants 4 years ago and is concerned that she won’t be able to breastfeed
➢ She wonders if it is even worth trying to breastfeed

• How would you advise her?

Case 3 – pharmacist said not to breastfeed

• Mother/patient calls because she was just told by pharmacist “not to breastfeed” while taking fluconazole for vaginal yeast infection
• 6 week old baby, G1P1, 6 wk postpartum visit
• Fluconazole prescribed by MD

  — Can I still breastfeed?
  — Should I stop the medication?
  — What would you do next?

Look it up!

Meds & Mom’s Milk

LactMed
Breastfeeding and Medications

- Look it up!
- References
  - Medications and Mother’s Milk & LactMed (NIH)
- Ask MDs...and make sure they look it up too!
- Common medication questions – look it up!
  - Cough, allergy meds
  - Antidepressants
  - Anesthesia/surgical procedures
  - CT/MRI scans

Case 4 – clinic call

- Patient- 34 yo G1P1
- 3 months postpartum - calls in with fever of 101 degrees x 2 days, feels like she has the flu. Has mild runny nose
- She is concerned that she has a virus and that her baby will also get sick. Can she keep breastfeeding? Her mother-in-law thinks she should stop for a few days and stay away from the baby
- Baby just started to sleep 6 hours at time
  - What do you think the problem might be?
  - How would you counsel this mother?

Case 5 – daycare & bottles

- Baby 4 mo. Mom has been back to work for 2 weeks and is concerned that she is losing her milk supply. She used to be able to pump 4-6 oz, now only gets 3-4 oz each time she pumps
- Daycare provider says baby is still hungry after a 4 oz bottle and wants three 6 oz bottles rather than 4 oz bottles/day. Suggested using formula
- Baby sleeping 7 hours at night, and seems satisfied after feeds at home. Feeds 7-8/day
- Mom pumps once at work for 30 minutes over her lunch hour

Breastfeeding Telephone Care: Common issues for age

- NB — latch, sore nipples, jaundice, stools, engorgement
- 1 mo — fussiness, bottle intro, pacifier
- 2 mo — “constipation” normal variation of breast fed stool, preparing for work return, storing milk
- 4 mo — distracted baby, mom back to work, milk supply
- 6 mo — solids intro, biting
- 9 mo — decreased interest in nursing with more solids, biting
- 12 mo — weaning, cow’s milk intro
- 2 yrs — weaning, tantrums, family/public pressure to wean
Summary - “Pearls” of BF TeleCare

- Listen and listen again...
- Keep an open mind
- Slow down
- Don’t hesitate to bring baby and mom in for visit today...or soon
- Help build confidence
- Use resources – BF triage protocols, Meds & Milk
- Arrange for and encourage f/u calls
- Listen for mental health issues, coping skills
- Think beyond the telephone....