Optimizing Support for Breastfeeding as Part of Obstetric Practice
May 16, 2016, 12:00 – 1:00 p.m.

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- Find resources and materials at: nyspreventschronicdisease.com
- Today's session is being recorded

WEBINAR GUIDELINES

- Please designate one person at the computer
- Adobe Features you will use today:
  - Chat Box
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Nursing Contact Hours, CME and CHES credits are available

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NYS Prevention Agenda Webinar Series

Optimizing Support for Breastfeeding as Part of Obstetric Practice

Alison M. Stuebe, MD, MSc, FACOG, FABM
• Associate Professor, Department of Obstetrics & Gynecology, Maternal-Fetal Medicine, University of North Carolina School of Medicine
• Distinguished Professor of Infant & Young Child Feeding at the Department of Maternal & Child Health, Gillings School of Global Public Health, UNC Chapel Hill

Personal 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 2016, breastfeeding, like infant car seats, should be common sense.
Today's Objectives

- Understand why obstetrician-gynecologists and other obstetric providers are important in the support and management of breastfeeding;
- Name at least three actions in support of breastfeeding as recommended in the ACOG Opinion for Obstetric Practice
- State key components in the clinical management of the breastfeeding dyad

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.
Excess health risks associated with not breastfeeding

<table>
<thead>
<tr>
<th>INFANT</th>
<th>MOTHER</th>
</tr>
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<tbody>
<tr>
<td>Illness</td>
<td>OR</td>
</tr>
<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>2.6</td>
</tr>
<tr>
<td>Obesity</td>
<td>1.3</td>
</tr>
<tr>
<td>Leukemia</td>
<td>1.2</td>
</tr>
<tr>
<td>SIDS</td>
<td>1.6</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>2.0</td>
</tr>
<tr>
<td>Ulcerative Colitis</td>
<td>1.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Illness</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>

ACOG Recommendations

- The American College of Obstetricians and Gynecologists strongly encourages women to breastfeed and supports each woman’s right to breastfeed.
- The College recommends exclusive breastfeeding for the first 6 months of life, with continued breastfeeding as complementary foods are introduced through the infant’s first year of life, or longer as mutually desired by the woman and her infant.

Breastfeeding in New York

Healthy People 2020 Goals

NY’s Birth Certificate, 2014 Births, Any Breastfeeding (BF) and Exclusive BF (EBF)
CDC National Immunization Survey, 2012 Births, US all data, NY’s BF, 6, 12 mo, EBF 3, 6 mo
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?

2 out of 3 women wean earlier than they had intended

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

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

The World Health Organization’s “Ten Steps to Successful Breastfeeding” should be integrated into maternity care to increase the likelihood that a woman achieves her personal breastfeeding goals.

Committee Opinion No. 658

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.

* Unless medically indicated.
Are you planning to breastfeed or bottle feed?

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

Discuss concrete strategies for getting a comfortable latch, how to get lactation support.

Step 3: Inform all pregnant women about the benefits and management of breastfeeding.

Patients listen to what their doctors say...

Percent breastfeeding at 6 weeks

- Favors breast: 70% (Physicians: 92%, Hospital Staff: 68%)
- No preference: 54% (Physicians: 72%, Hospital Staff: 38%)
- Favors formula: 9% (Physicians: 6%, Hospital Staff: 12%)

...even when their doctors don’t think they are listening.

- Whether to breastfeed: 33% (Very Important: 77%, Somewhat / not important: 23%)
- Only 6% of obstetricians thought their advice on duration of breastfeeding was very important.

- How long to breastfeed: 39% (Very Important: 61%, Somewhat / not important: 39%)

Taveras et al. Pediatrics 2004;113:e405-11
Families should receive noncommercial, accurate, and unbiased information so that they can make informed decisions about their health care.

Obstetric care providers should be aware that personal experiences with infant feeding may affect their counseling.

In addition, pervasive direct-to-consumer marketing of infant formula adversely affects patient and health care provider perception of the risks and benefits of breastfeeding.

Committee Opinion No. 658

Among women who were uncertain about plans to breastfeed, commercial material during prenatal care significantly shortened duration of breastfeeding.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Hazard ratio (95% CI)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Duration</td>
<td>1.75 (1.16-2.64)</td>
<td>0.005</td>
</tr>
<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>

“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.
The Ten Steps

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How does lactation happen?


Speroff et al. Reproductive Endocrinology and Infertility.
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)
- Moving Milk
  - Let Down
  - Breastfeeding Success
- Latch
  - Avoid supplements (6), pacifiers (9)

Avoid supplements (6), pacifiers (9), teach milk expression (5)

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

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

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

How is New York doing?

<table>
<thead>
<tr>
<th>mPINC Care Dimension</th>
<th>NY quality practices</th>
<th>Ideal response to mPINC survey question</th>
<th>Percent of NY facilities with ideal response</th>
<th>NY rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Delivery Care</td>
<td>80</td>
<td>inside skin to skin contact is at least 20 minutes/2 hours (urgent babies)</td>
<td>73  27</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>inside skin to skin contact is at least 10 minutes/2 hours (routine babies)</td>
<td>62  24</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>inside breastfeeding opportunity in the 1st hour (urgent babies)</td>
<td>65  20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>inside breastfeeding opportunity in the 2nd hour (urgent babies)</td>
<td>55  32</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>routine procedures are performed skin to skin</td>
<td>45  20</td>
<td></td>
</tr>
</tbody>
</table>

mPINC data 2013  http://j.mp/mPINC2013

Step 7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
Step 8. Encourage breastfeeding on demand.

What do you want?
How do I explain this?

‘Your baby has a fuel gauge’

- Rooting
- Mouthing
- Flexed arms and legs
- Clenched fingers and fists over chest and tummy
- Fast breathing
- Sucking noises /motions
Step 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated

http://www.noodlesoup.com/mymommymiraclecard.aspx

Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Brooklyn BP Eric L. Adams and Deputy Brooklyn BP Diana Reyna hosted a ribbon-cutting ceremony, in advance of Mother’s Day, to open New York City’s largest Breastfeeding Empowerment Zone at Borough Hall

http://j.mp/BrooklynBF
A FREE gift…

<table>
<thead>
<tr>
<th></th>
<th>Premium Formula</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaper bag</td>
<td>Free</td>
<td>$39.99</td>
</tr>
<tr>
<td>Sample can of formula</td>
<td>Free</td>
<td>$14.29</td>
</tr>
<tr>
<td>One year’s supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(first brand-name can of formula is free)</td>
<td>$2,587.31</td>
<td>$897.86</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,587.31</strong></td>
<td><strong>$952.14</strong></td>
</tr>
</tbody>
</table>

Net cost to your patient: $1,635.17


- Distribution of formula marketing packs reduces breastfeeding initiation and duration and implies that formula is a recommended feeding method.
- Moreover, provision of samples implies the health care provider’s endorsement of a specific brand, which encourages families to purchase more expensive brand-name products, rather than generic equivalents.
- Such marketing should not occur in inpatient or outpatient health care settings.

Committee Opinion No. 658

How is New York doing?

mPINC data 2013 http://j.mp/mPINC2013
• The offices of obstetrician–gynecologists and other obstetric care providers should be a resource for breastfeeding assistance.
  - Lactation is a two-person activity, and evaluation of breastfeeding problems requires assessment of the woman and her infant, as well as the active engagement and support of her partner, extended family, or other identified support.
  - Office staff should be prepared to triage common breastfeeding concerns and to refer women, as needed, to certified lactation professionals in the community, such as an International Board Certified Lactation Consultant or Certified Lactation Counselor.

Committee Opinion No. 658
Common concerns: 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.

How long does a woman need to pump and dump after anesthesia?

As soon as she is awake and alert, she can breastfeed.

ACOG Committee Opinion No. 658
ABM Clinical Protocol #15: Analgesia & Anesthesia for the Breastfeeding Mother
How long does she have to pump and dump after IV contrast?

Breastfeeding can be continued without interruption.

ACOG Committee Opinion No. 656 and 658
AAP Clinical Report: The Transfer of Drugs and Therapeutics Into Human Breast Milk

Does hormonal contraception affect lactation?

It's complicated…

• Obstetric care providers should discuss limitations and concerns within the context of each woman's desire to breastfeed and her risk of unplanned pregnancy, so that she can make an autonomous and informed decision.

Committee Opinion No. 658
Common Maternal Concerns: Pain

- Most pain begins with traumatic injury to the nipple – a problem at the “oroboobular interface”
  » For mothers who are pumping, pain may result from pump overuse or misuse
  » Fixing pain requires fixing this problem – generally with the expertise of a lactation consultant
- Trauma can cause a secondary problems:
  » Dermatitis, superinfection, vasospasm, mastitis
- The prevalence of postpartum depression symptoms among mothers with breastfeeding-associated pain is high

Clinical Pearl: Vasospasm

- Signs/symptoms
  » Shooting pain, blanching / deep purple color changes after feeding
  » Pain when cold air hits after shower, or when opening the freezer
  » Prior nipple trauma w/ pain despite intact skin
  » History of Raynaud’s symptoms
- Treatment
  » Heat to breast after feeding
  » Nifedipine 30 XL
  http://j.mp/ABM_pain

Common Maternal Concern: Low supply

- ‘My breasts feel empty’
  » Initial engorgement association with lymphatics, not actual milk
  » As milk supply comes in, mothers will feel less full, but will still have plenty of milk
- ‘The baby isn’t growing’
  » Normal weight loss of up to 7 percent
  » Growth curves used by many pediatric providers standardized to formula-fed babies
- ‘The baby is always hungry’
  » It’s physiologic to feed on demand
  » Babies may “cluster feed” to increase milk supply
  » Typical spurts: 2-3 weeks, 6 weeks, 3 months
Do you feel tingling sensation when baby is nursing? Do your breasts feel softer after a feed? Are you away from your baby? (Supplementing)? Pacifiers?

Is it comfortable when the baby nurses? Are his lips flanged out? Can you hear the baby swallow?

Are you feeding 8-12 times a day, until the baby is satisfied? Do your breasts feel more full? If you pump, does production increase after the first few minutes?

Are you feeding 8-12 times a day, until the baby is satisfied? Do your breasts feel softer after a feed? Are you away from your baby? (Supplementing)? Pacifiers?

First step: restore normal physiology

Insufficient milk supply differential diagnosis

<table>
<thead>
<tr>
<th>Pre-glandular</th>
<th>Glandular</th>
<th>Post-glandular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal</td>
<td>Primary Hypoplasia</td>
<td>Maternal-Infant Separation</td>
</tr>
<tr>
<td>retained placenta</td>
<td>insufficient mammary glandular tissue</td>
<td>delayed initiation</td>
</tr>
<tr>
<td>pregnancy</td>
<td>nulliparous state (adoptive infant)</td>
<td>insufficient frequency</td>
</tr>
<tr>
<td>Sheehan’s syndrome</td>
<td>unilateral or bilateral breast anomalies</td>
<td>ineffective pumping</td>
</tr>
<tr>
<td>Drugs</td>
<td>Secondary Dysplasia</td>
<td>Obstructive ouflow</td>
</tr>
<tr>
<td>Hormonal birth control</td>
<td>lp radiation treatment</td>
<td>engorgement/diema</td>
</tr>
<tr>
<td>Bronchopulmonary</td>
<td>lp breast surgery</td>
<td>impaired transfer</td>
</tr>
<tr>
<td>alcohol, opioids</td>
<td>lp severe mastitis/lactosis</td>
<td>poor latch</td>
</tr>
<tr>
<td>Oxytocin</td>
<td>Other</td>
<td>dysfunctional suck</td>
</tr>
<tr>
<td>distraction, stress, fatigue</td>
<td>-</td>
<td>underpowered or ineffective pump</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Thyroid disease</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Diabetes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nutritional</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Profound maternal malnutrition/dehydration</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Systemic illness</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shock</td>
<td>-</td>
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</tbody>
</table>

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.
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.

http://j.mp/beyond_health
Obstetrician–gynecologists and other obstetric care providers should be in the forefront of policy efforts to enable women to breastfeed, whether through individual patient education, change in hospital practices, community efforts, or supportive legislation.

Policies that protect the right of a woman and her child to breastfeed and that accommodate milk expression, such as paid maternity leave, onsite childcare, break time for expressing milk, and a location other than a bathroom for expressing milk, are essential to sustaining breastfeeding.

### Resources

- **Carolina Global Breastfeeding Institute**
  [http://breastfeeding.sph.unc.edu](http://breastfeeding.sph.unc.edu)
- **National Women’s Health Information Center**
  Business case for breastfeeding, free patient materials
- **InfantRisk Center**
  [http://www.infantrisk.com](http://www.infantrisk.com)
- **LactMed**
- **UNC’s MomBaby.org**
  Clinical protocols and patient handouts
  [http://www.mombaby.org/breastfeeding](http://www.mombaby.org/breastfeeding)
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A single hand cannot nurse a child.
- Swahili Proverb

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

QUESTIONS?

Please visit nyspreventschronicdisease.com to fill out your evaluation

Thank You