




*NYS Prevention Agenda Webinar Series*

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

 **SCHOOL OF PUBLIC HEALTH**  
UNIVERSITY AT ALBANY State University of New York

 **NEW YORK**  
STATE OF OPPORTUNITY

 **Department  
of Health**

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**WELCOME!**

- Today you will hear a presentation and have the opportunity to ask questions via the chat feature
- Find resources and materials at:  
[nyspreventschronicdisease.com](http://nyspreventschronicdisease.com)
- Today's session is being recorded

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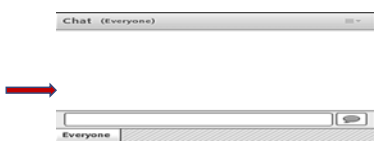
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**WEBINAR GUIDELINES**

- Please designate one person at the computer
- Adobe Features you will use today:
  - Chat Box



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**EVALUATIONS**

Nursing Contact Hours, CME and CHES credits are available

Please visit [nyspreventschronicdisease.com](http://nyspreventschronicdisease.com) to fill out your evaluation and complete the post-test



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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







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**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.

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### 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



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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.

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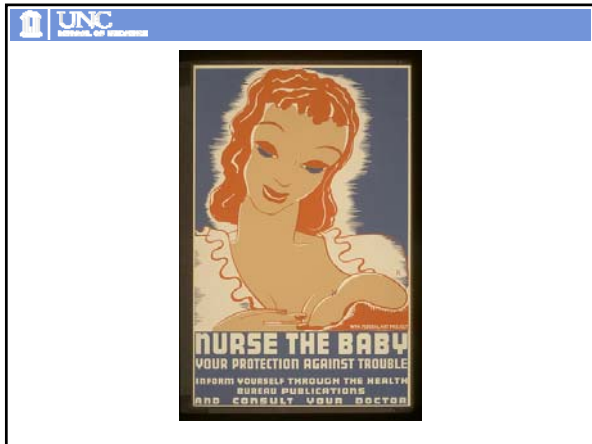
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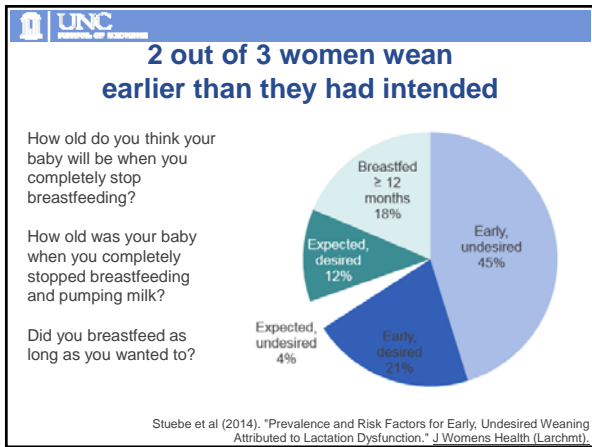
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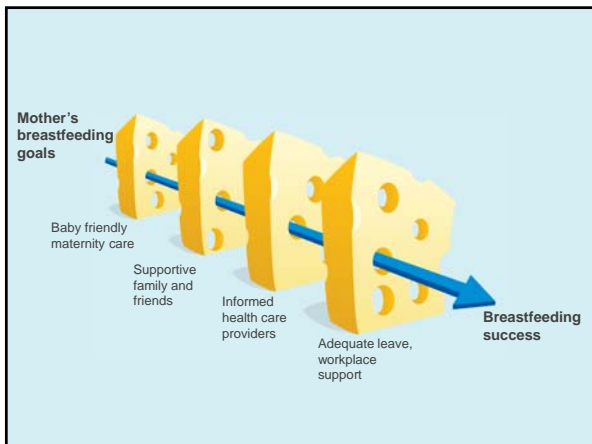
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The Surgeon General's Call to Action  
to Support Breastfeeding  
2011



'...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*

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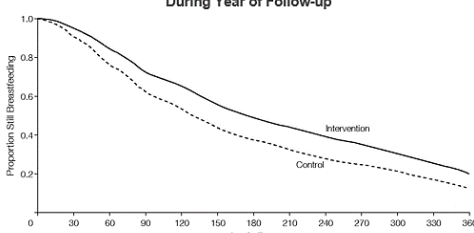
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**Maternity care affects breastfeeding outcomes**

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



Age in Days	Intervention (Proportion)	Control (Proportion)
0	1.0	1.0
30	0.95	0.9
60	0.85	0.75
90	0.75	0.65
120	0.65	0.55
150	0.55	0.45
180	0.45	0.35
210	0.35	0.25
240	0.25	0.18
270	0.2	0.15
300	0.18	0.13
330	0.15	0.11
360	0.12	0.09

Kramer, M. S., B. Chalmers, et al. (2001). "Promotion of Breastfeeding Intervention Trial (PROBIT): A Randomized Trial in the Republic of Belarus." *JAMA* 285(4): 413-420.

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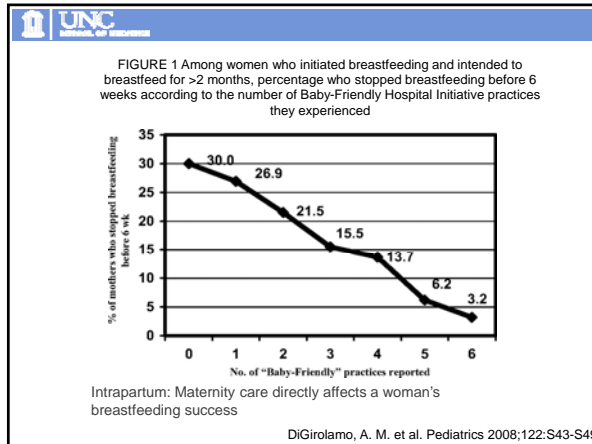
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The World Health Organization's "Ten Steps to Successful Breastfeeding" should be integrated into maternity care to increase the likelihood that a woman achieves her personal breastfeeding goals.



Committee Opinion No. 658

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- ### 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.

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Ready... Set...

**BABY**

What Have You Heard About Infant Feeding?

???



[http://j.mp/CGBI\\_RSB](http://j.mp/CGBI_RSB)

FIND OUT THE FACTS

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- 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.



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

Outcome	Hazard ratio (95% CI)	p
Overall Duration	1.75 (1.16-2.64)	0.005
Full duration	1.70 (1.18-2.48)	0.005
Exclusive duration	1.53 (1.06-2.21)	0.01

Howard et al. *Obstet Gynecol* 2000;95:296-303.

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### The Ten Steps

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### How does lactation happen?

The diagram illustrates the hormonal regulation of lactation. The hypothalamus contains the paraventricular nucleus, which is stimulated by dopamine (-) and produces prolactin-releasing factor (+). The anterior pituitary gland secretes prolactin, which acts on the mammary glands to stimulate milk synthesis. The posterior pituitary gland secretes oxytocin, which triggers the milk ejection reflex. The placenta produces progesterone (-) and cortisol, T3, T4, insulin, and growth hormone, which also influence milk synthesis and secretion. A woman is shown breastfeeding her infant, with a blue arrow indicating the milk ejection reflex.

*Stuebe. Enabling Women to Achieve Their Breastfeeding Goals. Obstet Gynecol 2014.*

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The diagram shows a cycle of breastfeeding success: **Moving Milk** leads to **Let Down**, which leads to **Breastfeeding Success**, which leads to **Latch**, which then leads back to **Moving Milk**. An anatomical diagram below shows the mammary gland and the infant's mouth during latching.

*Speroff et al. Reproductive Endocrinology and Infertility.*

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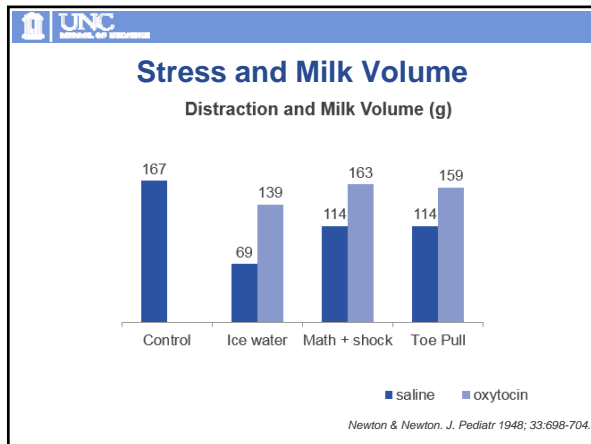
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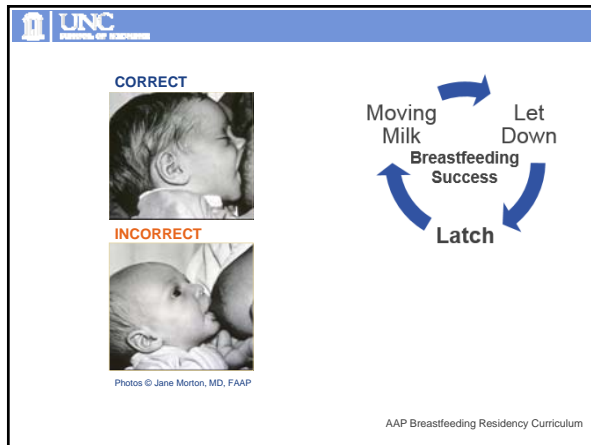
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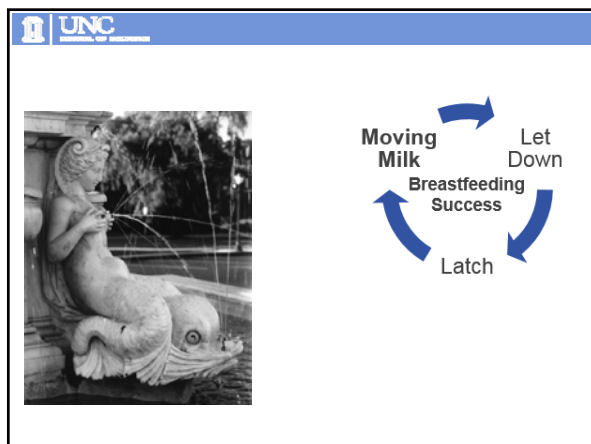
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**The Ten Steps are evidence-based**  
These practices support normal breastfeeding physiology.

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 Breastfeeding Success

Let Down

Latch

Avoid supplements (6), pacifiers (9)

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**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



Ready... Set...  
**BABY**

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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.)*

Matthiesen A-S, et al. Postpartum Maternal Oxytocin Release by Newborns: Effects of Infant Hand Massage and Sucking. *Birth*. 2001;28(1):13-19.

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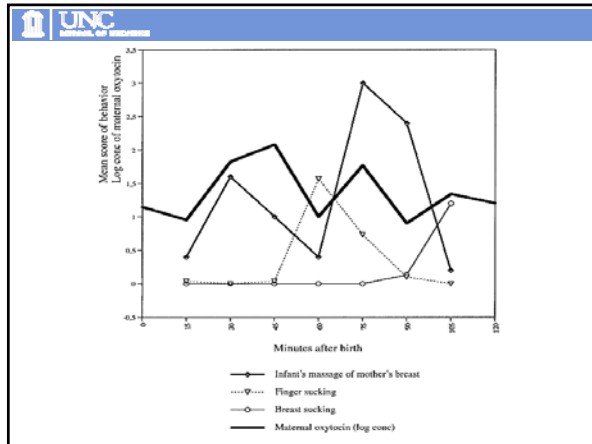
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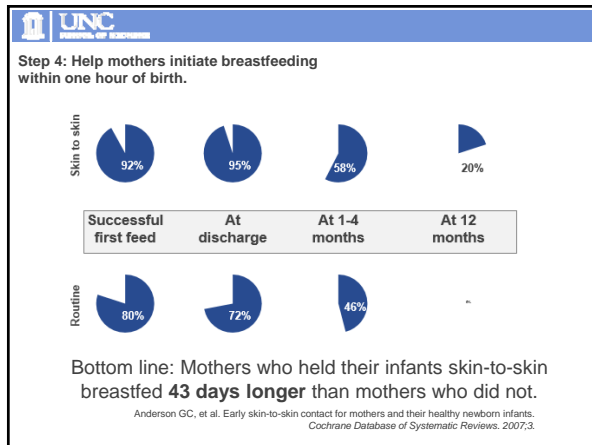
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**Babies need Mothers**

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

	STS	Cot
HR	136.6 ± 6.9	140.7 ± 9.0
RR*	44.3 ± 7.9	49.8 ± 10.2
Glucose*	57.1 ± 12.6	46.1 ± 12.8
Change in base excess*	3.4 ± 2.7	1.8 ± 2.6

\* p < .05

Christensseon et al. Temperature, metabolic adaptation and crying in healthy full-term newborns cared for skin-to-skin or in a cot. Acta Paediatr 81: 488-93, 1992.

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**Step 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated**

<http://www.noodlesoup.com/mymommycribcard.aspx>

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**2012: Percent of breastfed infants who were supplemented with infant formula within 2 days of life ††5**

NIS data 2012 births

mPINC Care Dimension	NY quality practice Subscore	Ideal Response to mPINC Survey Question	Percent of NY Facilities with Ideal Response	NY Item Rank†
Feeding of Breastfed Infants	84	Initial feeding is breast milk (vaginal births)	78	30
		Initial feeding is breast milk (cesarean births)	65	40
		Supplemental feedings to breastfeeding infants are rare	27	19
		Water and glucose water are not used	93	---

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

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**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>

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## A FREE gift...

	Premium Formula	Generic
Diaper bag	Free	\$39.99
Sample can of formula	Free	\$14.29
One year's supply (first brand-name can of formula is free)	\$2,587.31	\$897.86
<b>Total</b>	<b>\$2,587.31</b>	<b>\$952.14</b>

Net cost to your patient: \$1,635.17

Source: Target.com, accessed 5/5/2016

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- 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.



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## How is New York doing?

mPINC Care Dimension	NY quality practice Subscore*	Ideal Response to mPINC Survey Question	Percent of NY facilities with Ideal Response	NY Item Rank†
Facility Discharge Care	77	Staff provide appropriate discharge planning (referrals & other multi-modal support)	42	15
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	91	---

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

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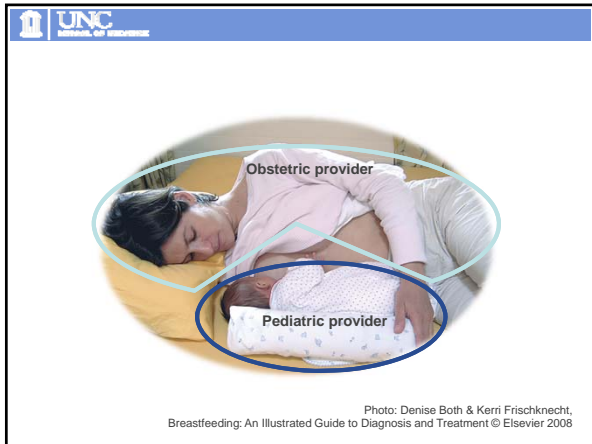
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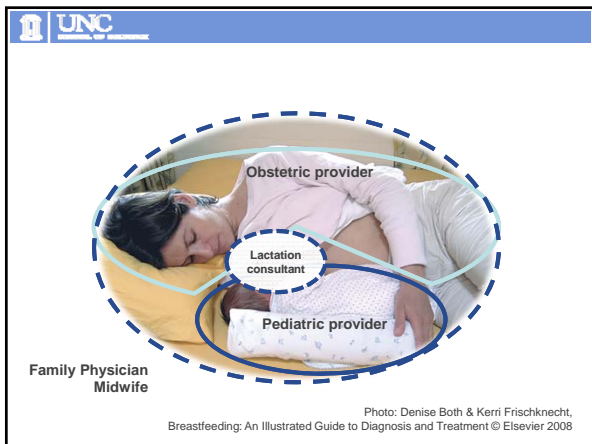
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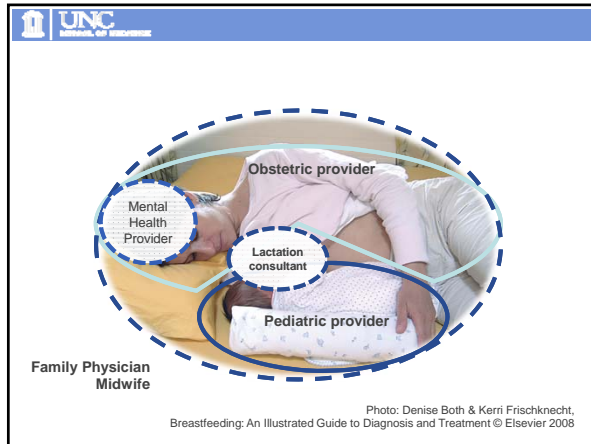
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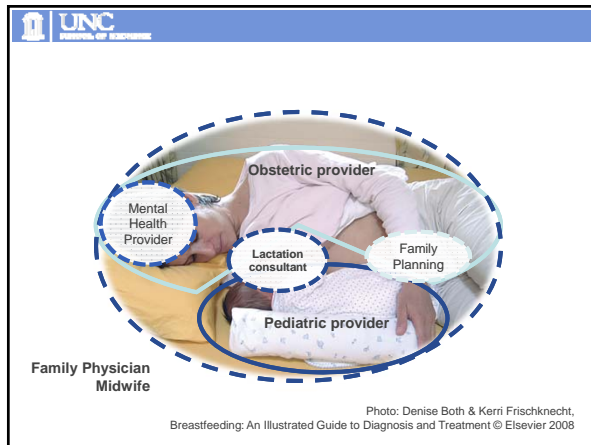
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- The offices of obstetrician–gynecologists and other obstetric care providers should be a resource for breastfeeding assistance
- Lactation is a two-person activity, and evaluation of breastfeeding problems requires assessment of the woman and her 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

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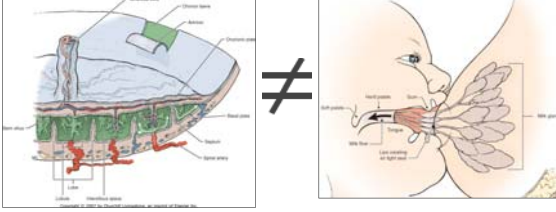
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### Common concerns: Medications in lactation

*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.

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### LactMed

National Library of Medicine

Details Ratings and Reviews Related

iPhone Screenshots



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 Name Search  
Drug Class Search

Drug Class

- Antineoplastic Agents
- Abortifacient Agents
- Abortifacient Agents
- Acupuncture Therapy
- Adenosine Deaminase
- Adjuvants, Anesthesia
- Adrenergic Agents
- Adrenergic Agents

Abacavir  
Abacavir Sulfate/Sulfamethoxazole  
Abatacept  
Abiraterone  
Abiraterone Hydrochloride  
ABG Pulverizer  
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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,

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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

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Does hormonal contraception affect lactation?

It's complicated...

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- 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.

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### Common Maternal Concerns: Pain

- Most pain begins with traumatic injury to the nipple – a problem at the “oroobobular 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

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### 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



Denise Both & Kerri Frischknecht, Breastfeeding: An Illustrated Guide to Diagnosis and Treatment © Elsevier 2009

[http://j.mp/ABM\\_pain](http://j.mp/ABM_pain)

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### 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

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### First step: restore normal physiology

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?

Do you feel tingling sensation when baby is nursing? Do your breasts feel more full? If you pump, does production increase after the first few minutes?

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

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### Insufficient milk supply differential diagnosis

Pre-glandular	Glandular	Post-glandular
<b>Hormonal</b> <ul style="list-style-type: none"> <li>retained placenta</li> <li>pregnancy</li> <li>Sheehan's syndrome</li> </ul> <b>Drugs</b> <ul style="list-style-type: none"> <li>Hormonal birth control</li> <li>Bromocriptine</li> <li>alcohol, opiates</li> </ul> <b>Oxytocin</b> <ul style="list-style-type: none"> <li>distraction, stress, fatigue</li> </ul> <b>Other</b> <ul style="list-style-type: none"> <li>thyroid disease</li> <li>diabetes</li> </ul> <b>Nutritional</b> <ul style="list-style-type: none"> <li>Profound maternal malnutrition/dehydration</li> </ul> <b>Systemic Illness</b> <ul style="list-style-type: none"> <li>Shock</li> </ul>	<b>Primary Hypoplasia</b> <ul style="list-style-type: none"> <li>insufficient mammary glandular tissue</li> <li>nulliparous state (adopted infant)</li> <li>unilateral or bilateral breast anomalies</li> </ul> <b>Secondary Dysplasia</b> <ul style="list-style-type: none"> <li>s/p radiation treatment</li> <li>s/p breast surgery</li> <li>s/p severe mastitis/abscess</li> </ul>	<b>Maternal-Infant Separation</b> <ul style="list-style-type: none"> <li>delayed initiation</li> <li>insufficient frequency</li> </ul> <b>Ineffective Emptying</b> <ul style="list-style-type: none"> <li>Obstructive outflow</li> <li>engorgement/edema</li> </ul> <b>Impaired transfer</b> <ul style="list-style-type: none"> <li>poor latch</li> <li>dysfunctional suck</li> <li>underpowered or ineffective pump</li> </ul>

Morton, J. A. (2003). "Pre-glandular, Glandular and Post-glandular Causes for Insufficient Milk Production." *ABM News and Views* 9(2): 13.

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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.

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- 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.



Committee Opinion No. 658

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### Resources

- **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**  
<http://lactmed.nlm.nih.gov>
- **UNC’s MomBaby.org**  
*Clinical protocols and patient handouts*  
<http://www.mombaby.org/breastfeeding>

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 **Academy of Breastfeeding Medicine**  
*Evidence-Based Protocols*  
[www.bfmed.org](http://www.bfmed.org)

- Hypoglycemia
- Going Home / Discharge
- Supplementation
- Mastitis
- Peripartum BF Management
- Cosleeping and Breastfeeding
- Model Hospital Policy
- Human Milk Storage
- Galactogogues
- Breastfeeding the late Pre-term Infant
- Neonatal Ankyloglossia
- NICU Graduate Going Home
- Contraception and Breastfeeding
- The Breastfeeding-Friendly Physicians’ 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 Dependent Women
- Jaundice
- Non-Pharmacologic Management of Procedure-Related Pain in the Breastfeeding Infant
- Allergic Proctocolitis in the Exclusively Breastfed Infant
- Preprocedural Fasting for the Breastfed Infant
- Persistent Pain

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 **A single hand cannot nurse a child.**  
- Swahili Proverb



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

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**QUESTIONS?**

Please visit  
[nyspreventschronicdisease.com](http://nyspreventschronicdisease.com)  
to fill out your evaluation

**Thank You**

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