



Supporting Maternal Confidence

I have no conflict of interest to disclose.

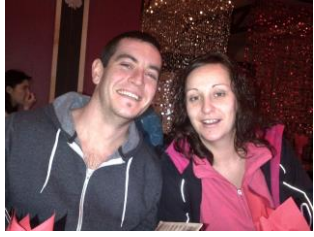



Kathy O'Grady Venter. RN.IBCLC. ©2015



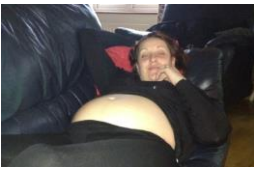

Intent to breastfeed

- Childhood imprinting
- Family norms
- Societal norms
- Prenatal education

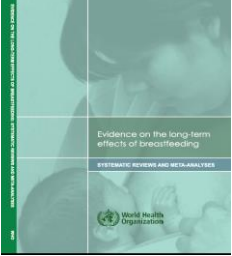

Informed decision making

- Timely accurate information
- Trust relationships with HCPs
- Story telling – family and friends
- Feeling out the support base

The Value of Breastfeeding for the Child

- > Provides perfect nutrition
- > Reduces the impact of infections
- > Promotes optimal brain development.
- > Provides special protection for premature or ill infants

The Value of Breastfeeding for the Mother


- Mother benefits from improved food security - she can sustain her infant independently
- Reduced risk of breast and ovarian cancer
- Decreased risk of osteoporosis
- Increased maternal - infant bonding & post partum adaptation.
- Reduce risk of type 2 diabetes in young and middle aged women



Most Common Reasons For Supplementation?


- Not enough milk
- Fussy baby
- Sore nipples

Knowledge
Confidence
Skills
Back-up support



Critical beginnings


- Skin-to-skin is the key for both parents
- Position & latch & hand expression - critical skills before discharge
- Early follow up
- Breastfeeding Peer Support




Critical beginnings

- Bonding & Attachment
- Postpartum adaptations
- Infant cues
- Establishing breastfeeding







Influencing factors


Social and cultural norms - infant behaviour, breast or bottle feeding culture,

- Health care system
- Age, education, parity, overall health and coping skills, support system, economics, human rights protections, food security issues
- Commercial influences

So for this family....

- Secondary school education
- Early thirties
- Unplanned pregnancy
- Both parents have part time employment
- Midwifery care
- Early decision to breastfeed and pump (early return to work)
- Very close extended family



Prenatal Care

- Midwifery care and a series of prenatal classes + a breastfeeding class
- Hospital resource package included pacifier and mixed messages about breast and formula feeding as well as coupons for freebies
- Dr.Google



Labour & delivery

- Spontaneous rupture of membranes
- Late epidural & uneventful vag delivery
- Briefly skin-to-skin with mom (5mins.) then baby given to dad while mom cleaned up
- 3 day hospital stay. Feeds 3-4 hourly "suggested" by staff
- Supplements given on second night "to settle baby" (offered 30ml per feed)



And then home to the bosom of the family

- Is she a good baby?
- How much milk does she take? I'll drop off some of that 'good stuff' my kids used...
- Can she go 4 hours between feeds yet?
- Does she sleep in her own room?
- You'll spoil her if you pick her up all the time
- That's disgusting – why would you want her sucking off you like that!



Breastfeeding was easy for the dyad and yet...

By one week post partum:

- Not enough milk due to 4 hourly feeds
- Supplementing with formula and pumping erratically – not enough time

By 4 weeks post partum:

- Using nipple shield as baby no longer recognizing breast – infrequent breastfeeding/pumping
- Stressed parents – too much interference and family pressure to bottle feed to get her to sleep



A learning curve?

"only for u, I would have given up in the early days :-) firstly you helped me get into a comfortable position when breast feeding & also the position of baby to breast. The most amazing thing I experienced in the first few weeks was the dizzy feeling I got in my head when Ella was due a feed, I thought that was amazing."

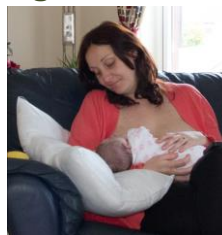


Is she feeling empowered?

"I definitely feel more experienced for our next baby :-) Breast feeding is so amazing, it's the most natural & best feeling ever a mother can experience, I would advise anyone to try it as it does get easier after a few days, the first few days might be frustrating but trust me, it's so worth it, don't knock it till you try it. "



Positive outcomes... Parents feel right about their decisions






Health Care System


Remove the barriers... individual strategies

- Prenatal** education
- Skin-to-skin** is the key for both parents
- Teach critical **skills** before discharge
- Early **follow up**
- Ensure **Peer** Support base

Work Up-Stream


Skin-to-skin and hand expression of colostrum keeps mothers and babies safe.



Hand Expression

“Frequent hand expression in the first 3 days also has a significant effect on milk volumes, lasting up to 8 weeks postpartum”

Morton et al., 2009; Flaherman et al., 2012; Ohyama Watabe, & Hayasaka, 2010



Spoon Feeding Colostrum

“hand expression of colostrum and spoon-feeding can be used to augment the infant’s intake while preserving the mother’s milk production potential”. Morton et al., 2009



BOX 1
Five Steps to Improve Bedside Breastfeeding Care

Step 1. Revise or replace a generic breastfeeding hospital policy with one based on the *Ten Steps to Successful Breastfeeding*.

Step 2. Adopt a focused, streamlined curriculum with information and core competencies critical during the first postpartum week.

Step 3. Reprioritize goals and change the simple mnemonic for mother/infant dyads with risk factors to CBA (calories/breast milk production/attachment) instead of ABC.

Step 4. Require every maternity nurse and physician to develop and demonstrate the core competencies essential to teach this simplified curriculum.

Step 5. Conduct daily, brief bedside rounds with the mother, her nurse and the lactation consultant.




Additional Articles

- Grassley, J.S. and Eschiti, V. The Value of listening to grandmothers’ infant-feeding stories. *J Perinat Educ.* 2011 Summer; 20(3); 134-141.
- Jane Morton, MD. Judith Y Hall, RNC-NIC. Molly Pessl, BSN, IBCLC. ‘Five Steps To Improve Bedside Breastfeeding Care’ *Nursing for Women’s Health*, 2014.



1. Bramson L, Lee JW, Moore E, Montgomery S, Netch C, Bahji K, Melcher CL. *J Hum Lact.* 2010 May;26(2):130-7. Epub 2010 Jan 28. Effect of early skin-to-skin mother–infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay.
 2. Moore E, Anderson G, Bergman N. (2007) Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database Syst Rev*, January 1, 2007; (3): CD003519.
 3. Moore, E.R., Cranston, Anderson, G. (2007). Randomized controlled trial of very early mother-infant skin-to-skin contact and breastfeeding status. *Journal of Midwifery & Women's Health*, 52 (2), 116-125.
 4. Mahmood J, Jamal M, Khan N. (2011). *J Coll Physicians Surg Pak*. 21(10):601-5. Effect of mother-infant early skin-to-skin contact on breastfeeding status: a randomized controlled trial.
 5. Hung KJ, Berg O. (2011). *MCN Am J Matern Child Nurs*. 36(5):318-24; quiz 325-6. Early skin-to-skin after cesarean to improve breastfeeding.
 6. Academy of Breastfeeding Medicine Protocol Committee. (2009). ABM clinical protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2009. *Breastfeeding Medicine*, 4, 175–182. doi:10.1089/bfm.2009.9991
 7. Declercq, E., Labbok, M., Sakala, C., & O'Hara, M. (2009). Hospital practices and women's likelihood of fulfilling their intention to exclusively breastfeed. *American Journal of Public Health*, 99, 929–935
 8. Skouteris Helen, Nagle Cate, Fowler Michelle, Kent Bridie, Sahota Pinki, and Morris Heather. Interventions Designed to Promote Exclusive Breastfeeding in High-Income Countries: A Systematic Review. *Breastfeeding Medicine*. April 2014, Vol. 9, No. 3: 113-127
 9. Breastfeeding Trends in Canada . *Linda Gionet. Statistics Canada*, November 2013
- Morton J, Hall JY, Pessl M. Five steps to improve bedside breastfeeding care. *Nurs Womens Health*. 2013 Dec;17(6):478-88. doi:10.1111/1751-486X.12076.