



# Breastfeeding Encourage Support Teach

Exclusive breastfeeding ensures the best possible health, developmental and psychosocial outcomes for mother and child.

Adapted AAP Policy Statement 2005

**Colostrum is the baby's first immunization.**

(AAP)

## Breastfeeding Supportive Advice for Fussy Baby

- Frequent skin-to-skin time
- Hold (cloth carrier), walk, rock, or dance with baby
- Swaddling, motion such as swinging, white noise, sucking (finger or pacifier after one month)

## Sore Nipples

- Most commonly caused by incorrect positioning or latch – evaluate latch or refer to Lactation Consultant
- Other causes – bacterial or fungal infection (prescribe appropriate medicine)
- Fungal infection: treat both mother and infant at the same time until both symptom free for at least 3 to 4 days
  - Mother – Antifungal ointment for nipples after each feeding until symptom free (1-3 weeks) or 0.5% Gentian Violet once daily to nipple/areola for 3 days; if no improvement or recurrent prescribe oral Fluconazole
  - Infant – Nystatin oral suspension for mouth until symptom free (1-2 weeks) or 0.5% Gentian Violet once daily for 3 days; if no improvement or recurrent prescribe oral Fluconazole; antifungal ointment for perineal fungal infection
- Note: With Gentian Violet, higher % and/or longer treatment may cause burning/soreness/blisters
- Remind parents to clean all artificial teats at least daily until fungal infection cleared

## Mastitis

- Milk NOT infected; weaning NOT recommended
- Recommend frequent breastfeeding to keep breast “empty”
- Pump if too painful to breastfeed
- Continuous warm compresses; massage prior to feedings
- Anti-inflammatory pain medicine
- Prescribe antibiotics if fever and pain greater than 12 hours

## Return to Work

- Mothers can work and breastfeed with adequate support and planning
- Recommend beginning to pump and store milk at least a couple of weeks before returning to work
- Wait until 2 - 4 weeks old to introduce bottles
- Milk storage: 5 days in refrigerator or 5 months in freezer

### Resources:

[www.4women.gov/breastfeeding](http://www.4women.gov/breastfeeding)  
1-800-994-9662

**Department of Health**  
[www.health.state.pa.us/breastfeeding](http://www.health.state.pa.us/breastfeeding)

**Healthy Baby Line**  
1-800-986-2229 TTY 1-877-232-7640

**Pennsylvania WIC**  
[www.pawic.com/breastfeeding.html](http://www.pawic.com/breastfeeding.html)

**PA Chapter, American Academy of Pediatrics**  
[www.paaap.org](http://www.paaap.org)

**International Lactation Consultant Association**  
[www.ilca.org](http://www.ilca.org)

**La Leche League**  
[www.llli.org](http://www.llli.org) 1-800-525-3243

**Palm and iPhone Software for Physicians**  
<http://Massbfc.org>

Provided by  
PA Chapter, American Academy of Pediatrics and  
Pennsylvania Department of Health

- Consider prescribing nicotine replacement therapy
- Refer to free Quit Line: 1-800-QUIT-NOW (784-8669)
- Recommend smoke-free home, car, child care
- Breastfeeding reduces risk of infant respiratory illness if still smoking (AAP 2005)
- Smoking is not a contraindication to breastfeeding
- Encourage mothers to quit
- **Smoking**
- Rochester Drug Helpline: 1-585-275-0088 (professionals only)
- Search internet LactMed (Drugs and Lactation Database maintained by the National Library of Medicine)
- Medications and Mothers' Milk by Thomas Hale
- Use breastfeeding specific resources regarding medicines such as:
  - Most medications compatible with breastfeeding
  - Medications compatible with breastfeeding
- Refer to Lactation Consultant: milk supply and weight gain issues
- Adequate stool diapers and weight gain pattern = adequate milk supply
- Perception of low milk supply more common than reality
- **Milk Supply**
- Ant-inflammatory medications for 24 hours
- Warm compresses before, cold compresses after feedings
- Video: Stanford.edu Search for "Hand Expression"
- Hand express for comfort or latch-on help
- Breastfeed frequently
- **Engorgement**
- Guidelines: Management of Hypertensive Intrauterine Hemorrhage (AAP 2004)
- > 38 weeks gestation - higher risk so need close monitoring formula - refer to Lactation Consultant
- Expressed breastmilk (preferred), donor human milk or formula
- If milk transfer is NOT effective, baby too sleepy to feed or has >10% weight loss, complement breastfeeding with milk transfer helps to prevent jaundice
- Continue breastfeeding: effective frequent breastfeeding with
- **Jaundice**

## BREASTFEEDING CHALLENGES

- 8 -12 feeds each 24 hours is normal; Night feeds are normal
- "Growth spurts" normal at about 10 days, 3 & 6 weeks: more frequent feedings for 24-48 hours
- Milk supply determined by amount of milk removed from breasts
- Milk supply increases and decreases according to child growth needs
- Specific food restrictions for mother not necessary but alcohol and caffeine use in moderation only
- **Why recommend exclusive (breastmilk only) breastfeeding?**
  - Formula supplementation increases illness and health risks
  - Formula changes gut flora
  - Mother observes baby with rhythmic sucking and hears audible swallowing as milk volume increases
  - Breastmilk is only food needed for the first 6 months

- **First Week**
  - 8 -12 feeds each 24 hours is normal and
  - Baby full and satisfied within 30-40 mins
  - Breast are much softer when baby done feeding
  - Change in stools: black → green → brown → loose yellow
  - By day 5: 4 or more stools/day, voids with stool diapers
  - Evaluate latch and milk supply if no yellow stools by day 6 and refer to Lactation Consultant if needed
  - Mother should rest when baby rests, eat well and get help
  - Discourage pacifier until effective breastfeeding and milk supply established (~1 month)
  - Recommend Vitamin D 400 IU/day, starting within first few days (AAP 2008)
- **First 6 Weeks**
  - 8 -12 feeds each 24 hours is normal; Night feeds are normal
  - "Growth spurts" normal at about 10 days, 3 & 6 weeks: more frequent feedings for 24-48 hours
  - Milk supply determined by amount of milk removed from breasts
  - Milk supply increases and decreases according to child growth needs
  - Specific food restrictions for mother not necessary but alcohol and caffeine use in moderation only
  - **Why recommend exclusive (breastmilk only) breastfeeding?**
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    - Breastmilk is only food needed for the first 6 months
- **First 48 Hours (in hospital)**
  - Support and encourage rooming-in: skin-to-skin
  - Encourage frequent breastfeeding without time restriction.
  - Evaluate latch problems and refer to Lactation Consultant if needed
  - Discourage use of formula, water, glucose water, bottles and pacifiers
  - Monitor weight loss and elimination patterns
- **Signs of effective latch and positioning (educate mothers prior to discharge)**
  - Baby cues to feed (sucking hands, rooting, smacking lips)
  - Mother is comfortable, baby is chest to chest, well supported and some areola in mouth
  - Baby achieves wide open mouth, tongue down, all of nipple
  - Mother observes baby with rhythmic sucking and hears audible swallowing as milk volume increases
  - Breastmilk is only food needed for the first 6 months
- **Delivery Room**
  - Put baby skin-to-skin immediately after birth and then frequently
  - Encourage breastfeeding within the first hour
  - Recommended delaying Vitamin K and eye ointment until after first breastfeeding
- **Pregnancy**
  - Recommend exclusive breastfeeding for 6 months and continuation for at least 1 year (adding complementary solid food starting at about 6 months) and thereafter as beneficial for mother and child
  - Discuss normal increase in breast size
  - Encourage parents to attend a class or group meeting and read about breastfeeding
  - Encourage breastfeeding as infant feeding choice as women make decision early in pregnancy (Health care providers recommendations essential for breastfeeding success)