



TEN STEP TUESDAY

Step 5: Support Mothers to Initiate & Maintain breastfeeding

It's Ten Step Tuesday!

This week is the fifth in a series on each of the Ten Steps to Successful Breastfeeding that form the foundation of the Baby-Friendly Hospital Initiative.

STEP 5 – Support mothers to initiate and maintain breastfeeding and manage common difficulties.

Rationale:

- While breastfeeding is a natural human behavior, most mothers need practical help in learning how to breastfeed.
- Even experienced mothers encounter new challenges with breastfeeding a newborn.
- Postnatal breastfeeding counseling and support has been shown to increase rates of breastfeeding up to 6 months of age.
- Early adjustments to positioning and attachment can prevent breastfeeding problems at a future time.
- Frequent coaching and support helps build maternal confidence.

Implementation Guidance:

- Practical support includes providing emotional and motivational support, imparting information and teaching concrete skills to enable mothers to breastfeed successfully. The stay in the facility providing maternity and newborn services is a unique opportunity to discuss and assist the mother with questions or problems related to breastfeeding and to build confidence in her ability to breastfeed.
- All mothers should receive individualized attention, but first-time mothers and mothers who have not breastfed before will require extra support. However, even mothers who have had another child might have had a negative breastfeeding experience and need support to avoid previous problems. Direct observation of a feed is necessary to ensure that the infant is able to attach to and suckle at the breast and that milk transfer is happening. Competent direct care staff will observe at least one feed every shift.
- Mothers should be coached on how to express breast-milk as a means of maintaining lactation in the event of their being separated temporarily from their infants. Practical support for preterm, including late preterm newborns is particularly critical, in order to establish and maintain the production of breast-milk. Many mothers of preterm infants have health problems of their own and need motivation and extra support for milk expression. Robust and older late preterm infants are generally able to exclusively breastfeed at the breast, but are at greater risk of jaundice, hypoglycemia and feeding difficulties than full-term infants, and thus require increased vigilance. Mothers of multiples also need extra support, especially for positioning and attachment.

References: Above text from the 6th Edition of the BFUSA Guidelines & Evaluation Criteria. Baby-Friendly-GEC-Final.pdf (babyfriendlyusa.org)

For more information contact

Cara Gerhardt, BSN RN IBCLC, coordinator @high5kansas.org



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What educational topics should be covered?

POSTPARTUM BREASTFEEDING EDUCATION TOPICS INCLUDE:

- *proper positioning, correct attachment, efficient suckling, and milk transfer*
- *ensuring a good milk supply*
- *criteria to assess if the infant is getting enough breast-milk including adequate intake and output for day of life*
- *preventative management of common problems such as engorgement, sore and cracked nipples⁵*
- *hand expression of breast-milk*
- *the importance of exclusive breastfeeding*
- *how to maintain exclusive breastfeeding for about 6 months*
- *signs/symptoms of infant feeding issues requiring referral to a qualified provider*
- *early feeding cues and a reminder that crying is a late cue*
- *no limits on how often or how long infants should be fed*
- *the effects of pacifiers and artificial nipples on breastfeeding and why to avoid them until lactation is established*
- *normal newborn feeding patterns*
- *collection and storage of breast-milk*
- *creating a safe sleep environment for breastfeeding including:*
 - o *the physiology of lactation and its effects on the mother leading to hormonally driven sleepiness*
 - o *the importance of removing suffocation hazards (e.g., soft bedding/pillows) from the breastfeeding environment*
- *community breastfeeding support services [including how to access support and when to follow-up for formal evaluation]*
- *maternal/infant warning signs/symptoms of breast problems and breastfeeding problems that must receive urgent evaluation [including who they should call for assistance]*

What education should be covered for formula-feeding parents?

POSTPARTUM INFANT FORMULA FEEDING EDUCATION TOPICS INCLUDE:

- *safe preparation, feeding, and storage of infant formula including:*
 - o *appropriate hand hygiene*
 - o *cleaning infant feeding items [bottles, nipples, rings, caps, syringes, cups, spoons, etc.] and workspace surfaces*
 - o *appropriate and safe reconstitution of concentrated and powdered infant formulas*
 - o *accuracy of measurement of ingredients*
 - o *safe handling of formula*
 - o *proper storage of formula*
 - o *appropriate feeding methods which may include feeding on cue, frequent low volume feeds, paced bottle techniques, eye-to-eye contact, and holding the infant closely*
 - o *powdered infant formula is not sterile and may contain pathogens that can cause serious illness in infants younger than 3 months*
- *preventative steps to minimize engorgement [if mother plans to exclusively formula feed]*
- *signs/symptoms of infant feeding issues requiring referral to a qualified provider*
- *normal newborn feeding patterns*
- *creating a safe sleep environment for feeding your baby including:*
 - o *the importance of removing suffocation hazards (e.g., soft bedding/pillows) from the environment*
- *community infant formula feeding services [including how to access support and when to follow-up for formal evaluation]*
- *maternal/infant warning signs/symptoms of breast problems and/or formula feeding concerns that must receive urgent evaluation and who they should call for assistance*

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