



Chapter 1

BREASTFEEDING

“Extensive research using improved epidemiologic methods and modern lab techniques documents diverse and compelling advantages for infants, mothers, families and society for breastfeeding and use of human milk for infant feeding”
Policy Statement 2005 Pediatrics

Antenatal

1. During pregnancy health professionals must assist families in making an informed decision with regard to infant feeding. They should explain that breastfeeding and formula feeding are not equivalent choices. Information is given re breastfeeding benefits to:
 - Mother
 - Baby
 - society
2. There is no evidence to support ‘nipple preparation’ by the pregnant woman.
3. Breast surgery, including reduction mammoplasty, may interfere with glandular or ductal function.
4. The goal is to promote a positive emotional environment around breastfeeding. The support of a woman’s partner and family is essential for successful breastfeeding.

Promoting Breastfeeding in Hospital

Hospitals should strive to be “Baby Friendly” by adopting the 10 steps as outlined in the WHO Baby Friendly Hospital Initiative.

1. Have a written infant feeding policy that is routinely communicated to all staff, health care providers and volunteers.
2. Ensure all staff, health care providers and volunteers have the knowledge and skills necessary to implement the infant feeding policy.

3. Inform pregnant women and their families about the importance and process of breastfeeding.
4. Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes. Encourage mothers to recognize when their babies are ready to feed, offering help as needed.
5. Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.
6. Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated
7. Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together
8. Encourage responsive cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
9. Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers
10. Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

Proper Positioning

1. Proper positioning and latching are crucial to success.
 - The mother assumes a comfortable position, preferably sitting up with good back support. Use of pillows, rolls, cushions and other props are encouraged to provide support and prevent muscle straining.
 - The baby is placed on his/her side facing the breast, with the mouth to the nipple. This may require extra pillows so that the mother is not leaning over

- The mother cups the breast with her fingers beneath and thumb gently resting on top creating a 'C' shape
- The baby's mouth is gently stimulated with mother's nipple and the baby pulled onto the breast when the mouth is wide open and tongue down.

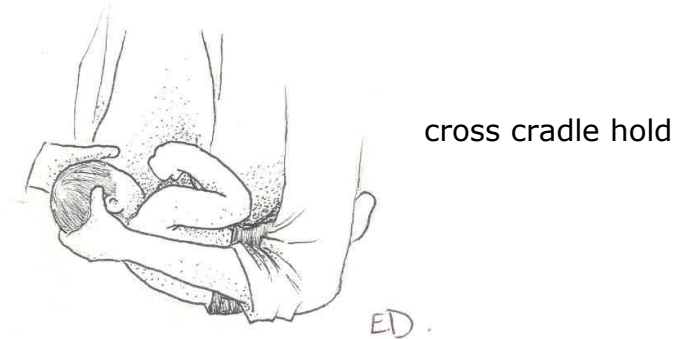
latch



- the baby nurses at the first breast until satisfied (sucking slows or ceases, infant lets go of the breast)
2. Weighing babies before and after each feeding is unnecessary for full term healthy newborns but may be useful during the establishment and transition (N/G to breast) in growing premature infants.
 3. To teach the mother to assess the infant's fluid balance, a flow chart should be kept at the baby's bedside where she can record the frequency of 'wet' or 'dry' diapers, infant feeding and settling. The nurse will document on the chart indicating that she has assessed it at least once per shift.
 4. Alternate positions are taught to mother
 - side-lying
 - cradle hold

Football hold





<http://mypreciousbaby.org/proper-breast-feeding-positions/>

Documentation

Breastfeeding documentation should reflect:

1. State of:

- breast
- nipples

2. Mother's most comfortable position, noting any special:

- measures
- concerns

3. Baby's latch

- mouth wide
- lips flanged outward
- baby should have a 'big mouthful of breast'
- tongue over lower gum line
- no clicking, smacking sounds
- no dimpling of cheeks
- mandible moves rhythmically
- mother can identify swallowing

*mother states she is comfortable

Special Situations

1. Engorgement

- early and frequent feeding reduces the incidence and severity of engorgement
- massaging the breast from the outer aspect toward the nipple prior to a feed
- manual expression of the breast before feeds to soften the nipple and areola
- cold compresses may decrease swelling and provide comfort between feeds
- using over-the-counter anti inflammatory medications such as Ibuprofen
- suggest the mother try other nursing positions

2. Flat/Inverted Nipples

- briefly express the breast with a manual/electric pump before feeding
- place ice on the nipple before feeding (may also soothe sore nipples)
- shape the breast by gently compressing the tissue behind the areola, between thumb and fingers to assist latching
- Reverse Pressure Softening press inward toward the chest wall and count slowly to 50. Pressure should be steady and firm, and gentle enough to avoid pain.



Fig. 1
One-handed "flower hold"
Fingernails short,
Fingertips curved placed where
baby's tongue will go

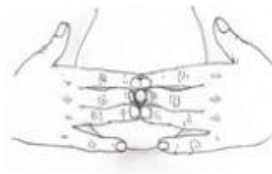


Fig. 2
Two-handed, one-step method
Fingernails short,
Fingertips curved each one
touching the side of the nipple



Fig. 3
You may ask someone to help
press by placing fingers or
thumbs on top of yours

- the need for nipple shields should be assessed by a qualified lactation consultant with close follow up to ensure milk supply is established and maintained. Pumping should accompany nipple shield use.

3. Sore Nipples

- check positioning of the baby at the breast
- feed on less sore side first
- change position of the baby with different feedings
- change bra pads frequently and avoid plastic liners
- after a feeding, express some milk and coat the nipple and areola with it
- check baby for thrush
- ice placed on the nipple before feeding may be soothing

Myths

1. Breast milk jaundice is a contraindication for breastfeeding

The Canadian Pediatric Society has stated that “jaundice” in a breastfed infant is not in itself an indication to interrupt breastfeeding.

2. Pushing fluids promotes secretion of breastmilk

Lawrence, in her book *Breastfeeding* states, “there is no data to support the assumption that increasing fluid intake will increase milk volume. Conversely, restricting fluids has not been shown to decrease milk volume.”

3. A breastfeeding baby needs extra water in hot weather

Breastmilk contains all the water a baby needs.

4. If a mother has surgery, she has to wait before restarting breastfeeding

The mother can breastfeed immediately after surgery, as soon as she is up to it. Under most circumstances, neither the medication used during anaesthesia, nor the pain medications nor antibiotics used after surgery require the mother to avoid breastfeeding.

Appendix "A"

Volume of Supplemental Feeding: For the Healthy Breastfed Infant

Age of Newborn infant	Intake (mL/feed)
1 st 24 hours	2-10 mL per feed
24-48 hours	5-15 mL per feed
48-72 hours	15-30 mL per feed
72-96 hours	30-60 mL per feed

Infant Satiation may also be taken into consideration

References:

1. Newman J., "Some Breastfeeding Myths," No. 11, March 1993, Revised January 2003
2. Ibid, "Still More Breastfeeding Myths," No. 13, March 1993, Revised January 2003
3. Integrated 10 Steps and WHO Code Practice Outcome Indicators for Hospitals and Community health Services, 2017
4. Jeffrey N Critch; Canadian Paediatric Society , [Nutrition and Gastroenterology Committee](#) Nutrition for healthy term infants, birth to six months: An overview: Paediatr Child Health 2013;18(4):206-7
5. Riordan, J., Wambach, K., "Breastfeeding and Human Lactation" 2010, p 196

Suggested Readings

1. La Leche League International, "The breastfeeding Answer Book" 3rd revised edition, Jan 2003. Updated April 2012
2. RNAO, Breastfeeding Practice Guidelines for Nurses, September 2003.
3. Pediatrics Policy Statement: *Breastfeeding and the Use of Human Milk*, Pediatrics Vol 115 No. 2, February 2005.
4. Hale T., "Medications and Mothers' Milk", 11th edition, Pharmasoft Publishing L. P., Amarillo, TX, 2004.

Breastfeeding Links:

<http://www.bfmed.org>
www.breastfeedingcanada.ca
www.infactcanada.ca
www.lalecheleague.org
www.healthunit.com (Middlesex London Health Unit)

*Drawings courtesy of Elsbeth Dodman 2006.