“Mother’s milk, time tested for millions of years, is the best nutrient for babies because it is nature’s perfect food.”

– Robert S. Mendelsohn, MD
INTRODUCTION

Along with the Breastfeeding Promotion and Support provider pocket card, this tool provides a quick reference for breastfeeding recommendations, guidelines and troubleshooting of breastfeeding concerns. The guiding principles of this tool are to 1) Make breast milk as accessible, and breastfeeding as easy, as possible and to 2) Remove as many barriers as possible. Substantial breastfeeding concerns should be referred to an International Board Certified Lactation Consultant (IBCLC).

“It’s amazing, considering all the things that are in human milk that are good for the baby...it supplies the baby with nutrition, too!”

– Thomas G. Cleary, MD

IMPORTANCE OF BREAST MILK

Good for babies – Babies that are NOT breastfed are at greater risk of:

- SIDS
- necrotizing enterocolitis
- respiratory tract infection
- atopic conditions
- bacteremia
- diarrhea
- otitis media
- urinary tract infection
- late-onset sepsis in preterm infants
- Type 1 and type 2 diabetes
- lymphoma, leukemia, and Hodgkin disease
- childhood obesity
- lower developmental and cognitive scores
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- urinary tract infection
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- Type 1 and type 2 diabetes
- lymphoma, leukemia, and Hodgkin disease
- childhood obesity
- lower developmental and cognitive scores

Good for moms – Moms that DO NOT breastfeed are at increased risk of:

- breast, ovarian, and thyroid cancers
- postpartum bleeding and delayed uterine involution
- osteoporosis and lupus
- Type II diabetes
- children being born too close together
- breast, ovarian, and thyroid cancers
- postpartum bleeding and delayed uterine involution
- osteoporosis and lupus
- Type II diabetes
- children being born too close together

Good for the environment & economy:

- With breastfeeding, there is no manufacturing process or transportation that creates waste and air pollution, as with the formula industry.
- $2 billion per year is spent collectively by families on breast milk substitutes such as formula.
- Families that do not breastfeed are sick more often and miss more work than families where children are breastfed.

FORMULA CONCERNS...

- Formula is much harder for babies to digest than breast milk.
- When introduced very early in life, infant formula has been found to alter metabolic and gut microbiome development in babies, predisposing them to numerous health conditions.
- Formula supplementation is the number one reason for insufficient milk supply in lactating mothers and their subsequent cessation of breastfeeding.
- Giving breastfeeding women formula gift packs at hospital discharge or in clinic settings is associated with a decrease in exclusive breastfeeding and breastfeeding duration.
- Although much of the literature about breastfeeding distributed by formula companies is accurate, omissions of facts and images of unhappy mothers and babies can mislead parents, reinforce misconceptions about breastfeeding, and suggest that breastfeeding mothers also need to use formula.
- Because formula is synthetic and the powdered variety needs to be mixed with water, there is potential for contamination both in manufacturing and re-hydrating.
- Risks of certain cancers and less-than-optimal neurological development is higher in formula-fed babies than with breastfed babies in similar environments.

BREASTFEEDING CRITERIA

Mothers CAN breastfeed if they...

- Have cesarean deliveries – They should be supported by nursing staff to have immediate skin to skin contact with their baby and breastfeed shortly after delivery. Side-lying or football hold positions may be most comfortable for a mother who is recovering from a surgical birth.
- Smoke or drink alcohol – smoking cessation and counseling on second hand smoke (smoking is a risk factor for low milk supply and poor weight gain). As alcohol is quickly metabolized, occasional drinks have not been shown to be harmful.
- Are ill or febrile – unless the cause is a contraindication outlined below, antibodies made by mom during illness are passed through breast milk to protect baby from future exposures.
- Take medications – many medications transfer into breast milk at a permissible level. Refer to Hale’s Medications and Mother’s Milk for the latest recommendations.
- Breast surgery – encourage frequent breastfeeding on cue. A prenatal appointment with an IBCLC is encouraged for these mothers.
- Have Hep-A, Hep-B, or Hep-C – ensure that infants are up to date on immunizations.
» Have pierced nipples – remove piercing accessory prior to putting baby on breast to reduce risk of choking.
» Have an infant with hyperbilirubinemia – breastfeeding should not be interrupted even when additional feedings may be indicated.

Mothers SHOULD NOT breastfeed if they...
» Are infected with HIV (in the U.S.).
» Are infected with Human T-cell Lymphotropic Virus (HTLV) type I or II.
» Have untreated, active TB.
» Have untreated, active herpetic lesions on the breast.
» Are taking anti-retroviral medications.
» Are using or dependent on an illicit drug.
» Are taking prescribed cancer chemotherapy agents, such as anti-metabolites that interfere with DNA replication and cell division.
» Are undergoing cancer chemotherapy agents, thyrotoxic agents, or radiation therapies; however, nuclear medicine therapies require only a temporary interruption in breastfeeding.
» Have an infant who has galactosemia.

BILLING/ CODING
Common ICD-9 codes:

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<th>Condition</th>
<th>Code</th>
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<td>Breast engorgement, ductal</td>
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Further details: www2.aap.org/breastfeeding/files/pdf/CODING.pdf

“TROUBLESHOOTING”

DIFFICULTY LATCHING ON | CAUSES: poor positioning, infant oral anatomy, maternal breast anatomy

Management » Correct positioning as needed
» Methods to encourage latch:
  – manually express drops of milk
  – non-nutritive sucking before latch-on
» Encourage skin-to-skin contact
» In severe cases, try nipple shield
» Refer as needed (lactation consultant, OT/PT infant feeding specialist)

SORE NIPPLES (throughout the feeding, severe skin breakdown, wounds) | CAUSES: poor positioning, slow milk-flow, infant oral anatomy, maternal breast anatomy, bacterial or yeast infection.

Management » Observe breastfeeding and examine nipples immediately after breastfeeding. Look for compression, a ridge and/or blanching.
» Correct positioning as needed
» Assess for ankyloglossia, refer to IBCLC
» Teach mother to:
  – hand express milk before feedings to encourage proper latch
  – keep milk flowing and baby sucking throughout the feeding, hand compression
  – interpret infant cues; differentiate nutritive from non-nutritive sucking
» Suggest comfort measures
  – rubbing breast milk on nipples
  – moist compresses before or after breastfeeding
  – all purpose nipple ointment, lanolin, olive or coconut oil
  – hydrogel
  – breast shells to keep clothing off sore nipples
» Refer as needed (lactation consultant, OT/PT infant feeding specialist, dermatologist)
» If condition persists, culture for bacteria and yeast

INSUFFICIENT MILK SUPPLY (perceived or actual) | CAUSES: infrequent or ineffective breastfeeding; supplementation with formula; maternal factors include illness, retained placenta, combined estrogen/progesterone oral contraceptives, diuretics, decongestants,
insufficient glandular tissue (IGT), hormonal imbalances (prolactin, thyroid), PCOS, hx of breast surgery/injury to gland, gastric bypass surgery, obesity, and smoking.

Management

» Careful and thorough history taking

» Refer to an IBCLC

» Assess infant weight and typical daily output

» Removal of milk is the major factor in determining milk volume.

» Encourage rest

» Assess hormonal imbalances prior to recommending galactagogues

» Herbal galactagogues (varying efficacies, PubMed 23468043): fenugreek, fennel, goat’s rue, blessed thistle, milk thistle, shatavari.

» Review progress weekly.

FLAT OR INVERTED NIPPLES

– Nipple and areolar massage or manual/electric pump prior to feeding

– Modified syringe technique (or Niplette™, Lact-Aid™) to evert nipple

– Nipple shields with close follow-up of infant weight gain

– Breast shells between feedings

– Refer to an IBCLC. A prenatal appointment can be helpful

ENGORGEMENT | CAUSES: after birth, falling estrogen and progesterone levels signal the onset of lactogenesis stage II; inadequate milk removal (infrequent feedings, ineffective sucking, inhibited milk ejection reflex).

Management

» Apply warmth: shower, apply warm wet compresses, dip breasts in a basin of warm water

» Massage the breast

» Reverse Pressure Softening: Using the mother’s own hands, or the care providers, firmly but gently, press steadily on the areola, right at the base of the nipple. Press inward toward the chest wall for 60 seconds or longer, displacing the edema.

» Feed more frequently, awakening the baby every 2 hours if necessary. Let the baby finish on one side before offering the other side.

» After feedings: apply cool compresses (gel-packs, a bag of frozen peas, wet wash cloths chilled in the freezer, raw cabbage leaves 6-8), take a pain reliever, wear breast shells

» In severe cases:

  – Use a hospital-quality electric breast pump to remove the milk.

  – Oxytocin nasal spray (10 U/ml) in each nostril prior to breastfeeding or pumping.

BLOCKED DUCTS | CAUSES: constriction from clothing, bras, shoulder straps, slings; feeding patterns with incomplete or erratic milk-emptying; sleep habits; more common when supply is abundant, mom stressed/isn’t resting enough, mothers of multiples.

Management

» Massage and moist heat to the area.

» Nurse more frequently, starting on the affected side each time.

» Try different positions.

» Review signs and symptoms of mastitis and what to do if detected.

» Refer to a breast disease specialist or for ultrasound if chronic, recurrent or unresponsive to above measures.

MASTITIS | CAUSES: stress, may be preceded by nipple trauma; causative organism usually S. aureus (if bilateral, may be Group Beta Strep, GBS)

Management

» Recommended 14-day course of abx for infectious mastitis (initiate within 24 hrs of onset):

  – Dicloxacillin 500 mg Q6H

  – Cephalexin 500 mg Q6H

  – Augmentin 875 mg BID

  – Erythromycin 250-500 mg Q6H

  – Flucloxacillin 250 mg Q6H

  – If risk for MRSA: Clindamycin 300 mg Q6H or TMP-SMX 1-2 tabs BID (avoid in women breastfeeding ill infants or healthy infants <2 months)

» Pain management: ibuprofen (most effective) and acetaminophen, warm/cool packs.

» Encourage more frequent breast emptying, rest, and maintain adequate hydration.

» Breastfeeding and/or milk expression should be encouraged throughout course of disease. This will help maintain supply and aid healing.

» Rest, Treat like a flu: clear calendar of events, rest in bed and drink plenty of fluids.
While breastfeeding may not seem the right choice for every parent, it is the best choice for every baby.”

– Amy Spangler, MN, RN, IBCLC

How has breastfeeding been in the last 24 hours?

Print page & hang in clinic room:
RESOURCES

GENERAL

» AAP: Breastfeeding & the Use of Human Milk
  http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552.full.pdf

» International Lactation Consultant Association-Find an IBCLC
  http://www.ilca.org/i4a/pages/index.cfm?pageid=1

» La Leche League International (LLLI)
  http://www.llli.org/

» Washington State WIC (Women Infant and Children)
  http://www.doh.wa.gov/YouandYourFamily/WIC.aspx

» Breastfeeding Coalition of Washington-Within Reach
  http://www.withinreachwa.org

» Infant Risk Center/Dr. Tom Hale
  http://www.infantrisk.com/

FOR PROVIDERS

» American Academy of Pediatrics
  http://www2.aap.org/breastfeeding/

» Academy of Breastfeeding Medicine
  http://www.bfmed.org/

» LactMed online

» www bfmed com

» Benefits of breastfeeding
  http://www.massbfc.org/pubhealth/

» Risks associated with baby formula:
  - http://jhl.sagepub.com/content/9/2/97.abstract
  - http://www.drjen4kids.com/soap%20box/what%27s%20missing%20in%20formula.htm

» Hand expression
  - http://newborns.stanford.edu/Breastfeeding/MaxProduction.html

FOR FAMILIES

» LLLI – The LLLI operates a toll-free telephone helpline (1-877-452-5324) from 9am - 9pm CST. Callers are required to leave a message, which is answered by a trained volunteer. The LLLI also has an online help form that women can use to get answers to breastfeeding questions (http://www.llli.org/help_form). Local helplines:
  http://www.lllofwa.org/helplines

» La Leche League of Washington
  http://www.lllofwa.org/

» Baby GooRoo
  https://babygooroo.com/

» Kelly Mom
  http://kellymom.com/

» Dr. Jack Newman
  http://www.breastfeedinginc.ca/

» Mothers Overcoming Breastfeeding Issues
  http://www.mobimotherhood.org/MM/default.aspx

» www.breastfeedingmadesimple.com

» Return to Work