

Achieving Rooming-In, cue based feeding and breastfeeding without supplementation

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Conflict Statement

- I have no conflicts of interest to disclose.
- Any royalties from books or materials written by myself (or any Healthy Children faculty) referred to in this program are donated directly to charity.

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Healthy People 2020 Goal

- *Reduce the percentage of breastfed infants who receive formula before 2 days of age to 15.6% [2006 baseline: 25.6%]*

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According to Listening to Mothers II Survey...it's not a matter of convincing mothers

- 70% of mothers intend to EBF
- But only 50% are doing at 1 week
 - DeClercq et al.

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What can we do to support EBF during the maternity stay?

- Provide labor support

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Effects of psychosocial support (doula) during labor and childbirth on breastfeeding

Langer et al

- Experimental design, randomized control trial
- 724 women, assigned a doula at <6 cm of cervical dilation, or routine care

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Effects of psychosocial support (doula) during labor and childbirth on breastfeeding

Langer et al

- At one month, the frequency of exclusive breastfeeding as well as behaviors that promote breastfeeding was significantly higher in the intervention group

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What can we do to support EBF during the maternity stay?

- Provide labor support
 - Early S2S (BFHI....immediate, continuous, uninterrupted until the completion of the first breastfeed)

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Effect of early skin-to-skin mother--infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay.

Compared with mothers with no early skin-to-skin contact, exclusive breastfeeding was higher in mothers who experienced longer skin-to-skin contact

Bramson L, Lee JW, Moore E, Montgomery S, Neish C, Bahjri K, Melcher CL.
Loma Linda University, School of Public Health, California, USA, thebramsons@netscape.net
J Hum Lact. 2010 May;26(2):130-7. Epub 2010 Jan 28.

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What can we do to support EBF during the maternity stay?

- Provide labor support
- Early S2S (BFHI...immediate, continuous, uninterrupted until the completion of the first breastfeed)
- Minimize the occurrence of breastfeeding problems

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What does the AAP suggest?

“Formal evaluation of breastfeeding, including observation of position, latch, and milk transfer should be undertaken by trained caregivers at least twice daily and fully documented in the record during each day in the hospital after birth.

AAP Policy Statement
“Breastfeeding & the Use of Human Milk” 2005 The Healthy Children Project

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What else can we do to support EBF during the maternity stay?

- Implement the 10 Steps to Successful Breastfeeding (Only 3% of hospitals in the US have been verified to have implemented the 10 steps by Baby-Friendly USA)
- Be more careful about supplementation

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DeClercq found:

- “...almost half (49%) of those first-time mothers who intended to exclusively breastfeed reported that their baby was given water or formula for supplementation...”

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What to feed if supplementation is needed?

- Breast Milk! Mother’s own is best.
- “But, they don’t have enough....”
- Maybe it’s because we are trying to get it by pumping....

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Mothers of preterm infants may avoid insufficient production by combining hand techniques with pumping

- Mothers of infants <31 weeks gestation taught Hand Expression for Colostrum plus Expression after Pumping Mature milk increased Milk Daily Volume (48%) despite pumping less .
- Amount of milk related to hand expression ($P<0.005$), pumping frequency, duration, longest interval between pumpings and hand expression after pumping ($P<0.003$).

Morton et al

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How about Donor Milk?

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Banked Donor Milk is...

- Preventive
 - reduces long-term morbidity
 - reduces mortality: matter of life and death for some infants
- Cost-effective in many cases
- Safe

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Safety in HMBANA Milk Banks is guaranteed by:

- Donor screening
 - by history
 - by serology
- Bacteriology on milk
- Heat treatment/pasteurization

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Heat treatment....

- *does not* destroy all beneficial components
- *does* destroy bacteria, HIV, Herpes, CMV and some other viruses

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Donor Milk Banking is not the same as informal sharing

- Informal milk sharing cannot be condoned in the US. Health Canada has raised concerns (Nov 25, 2010)
 - Wet nursing or cross nursing (except where culturally appropriate)
 - Borrowing or buying milk not from a HMBANA-member or licensed milk bank (from a friend or over the internet for example)

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Does Soy formula count as supplementation?

Yes.

In addition....the AAP has reiterated their strong position on SF recently

Pediatrics 2008;121;1062-1068

Jatinder Bhatia, Frank Greer and the Committee on Nutrition
Use of Soy Protein-Based Formulas in Infant Feeding

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Cochrane database of Systematic Reviews

- “Feeding with soy formula should not be recommended for the prevention of allergy or food intolerance in infants at high risk of allergy or food intolerance.”
- Feeding with cow milk formula may also provoke allergy in those at risk.

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How to Feed Expressed Milk, Donor Milk & Formula to the Breastfed Baby

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ABM Clinical Protocol #3 Asks us to consider:

- Cost and availability
- Ease of use and cleaning
- Stress to the infant
- Whether milk volume can be fed in 20-30 minutes
- Whether anticipated use is short or long term
- Maternal preference
- Whether the method enhances development of breastfeeding skills

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I would add:

- Safety and efficacy of device used
- Consideration of parents' ability to use device safely

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Specific Issues to Consider with Bottle Feeding

- There is no bottle nipple that is most like the breast.
- Babies who are bottle fed (with either formula or expressed milk):
 - Are 2X more likely to empty the cup or bottle in late infancy than those who are fed only directly at the breast (Li et al.)
- Bottle feeding may alter self-regulation of intake, contributing to later obesity. (Li et al.)

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Step 5: Teaching BF Management - Barriers

- Inconsistent advice and teaching among staff
- Limited staff competence in assessing and educating mothers
- Limited staff time

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Step 5 - Strategies

- Start with S2S
- Establish a working group to standardize methods of BF assessment and teaching
- Create a team of staff who are competent and comfortable with BF assessment and teaching -- have less confident staff shadow and eventually be mentored by team members
- Consider creating a “feeding room” in a solarium or other open room where mothers can come together for feeding help
- Train peer counselors to make BF rounds

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Step 6 - Formula - Barriers

- Routine, non-indicated supplementation of BF infants
- Misconception regarding contraindications to breastfeeding
- Concern that parents will choose another facility if they don't receive a discharge gift
- Budgetary constraints regarding purchase of formula

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Step 6: Strategies

- Establish a medical review team to examine recent policy statements on supplementation of BF babies
- Educate staff regarding limited medical contraindications to BF as well as importance of unrestricted mom/baby contact
- Work with marketing to develop facility's own discharge gift

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**This “free” bag comes with a \$700 price tag.
So why does Gov. Romney want your hospital to hand it out?**




This “free bag” comes courtesy of big drug companies. They want to start your baby on their expensive brand of baby formula.

- \$\$\$ If you choose to formula-feed, that “gift” starts your baby on a brand that costs \$700 more a year than store brands.*
- \$\$\$ If you choose to breastfeed, research shows that you are more likely to start using formula if you take home a bag.**
- \$\$\$ Health advocates want hospitals to stop marketing formula to new mothers. Gov. Romney tried to scuttle their regulations in February. A final decision is due May 23.

Visit our web site, www.massbfc.org. Learn more about formula marketing, sign our petition and email Gov. Romney, or call him at 617-725-4005. Tell him you don't want drug companies protected at your expense. Rest assured, formula will always be available in hospitals for mothers who choose it.

Hospitals should market health, and nothing else.



* Comparison of UPC and the Retail Price of Infant Formula. Food Architecture and Nutrition Research Report No. (FAN)0339-11, June 2004. ** Consumer Data For Systemic Review 2000, 2: CD002075

Step 6: Strategies cont.

- Determine actual amount of formula needed
 - lock up formula supplies, require staff to sign out
 - this will help determine both amount actually being used and indications in use, as well as education needed by staff
 - put out a bid to vendors, including large pharmacy chain or wholesale houses, to determine fair market price of volume needed
 - join the ban-the-bag campaign:
see massbfc.org

Step 7: Rooming-In - Barriers

- Perception of staff and/or mothers that sleep quality is improved when mothers and babies are separated
- Perception that routine separation is necessary for bathing, examinations, observation and other medical procedures
- Physical plant issues

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Step 7: Strategies

- review evidence re: sleep and mother/baby contact
- examine the routine procedures that “require” infant to be taken to the nursery
- determine which procedures could be done in mothers room
- offer staff opportunities to role play how to discuss these issues with parents

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Step 8: Feeding on Cue - Barriers

- Expectations on the part of mothers and staff that feeding should occur on a regular, predictable schedule
- Lack of knowledge of common feeding cues
- Lack of adequate mother/baby contact to practice feeding cues and response

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Step 8 - Strategies

- Educate mothers during both the prenatal and postpartum re feeding cues
- Educate staff about typical infant feeding cues
- Offer role play opportunities about how to respond to questions such as “How often should I feed my baby?”
- Encourage unrestricted skin contact to optimize learning opportunities

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Step 9 - Pacifiers/Nipples - Barriers

- Cultural expectation that pacifiers are needed to calm babies
- Staff familiarity with bottles and discomfort with alternative supplemental feeding devices
- Concern about the safety of cup feeding

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Step 9 - Strategies

- examine recent research regarding the impact of bottle, cup, and other alternative feeding methods on BF success
- examine recent research about the association of pacifiers and BF success
- implement Steps 4 and 7
- teach staff and help staff teach parents soothing techniques (skin contact, walking, rocking, singing, etc.)
- offer hands-on training regarding supplementation methods

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