



Breastfeeding Encourage Support Teach

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

Adapted AAP Policy Statement 2012

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 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:

Department of Health

www.health.state.pa.us/breastfeeding

Healthy Baby Line

1-800-986-2229

PA Chapter, American Academy of Pediatrics

www.paaap.org

Pennsylvania WIC

www.pawic.com/70/Healthcare+Providers.html

www.womenshealth.gov/breastfeeding

1-800-994-9662

International Lactation Consultant Association

www.ilca.org

La Leche League

www.llli.org 1-800-525-3243

iPhone, iPad, & Android Software for Physicians

<http://massbreastfeeding.org/index.php/2009/breastfeeding-management/>

Provided by

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

- BREASTFEEDING CHALLENGES**
- Continue breastfeeding: effective frequent breastfeeding with milk transfer helps to prevent jaundice
 - If milk transfer is NOT effective, baby too sleepy to feed or has $\geq 10\%$ weight loss, complimentary breastfeeding with expressed breastmilk (preferred), donor human milk or formula – refer to Lactation Consultant
 - > 38 weeks gestation – higher risk, so need close monitoring
 - Guidelines: Management of Hyperbilirubinemia (AAP 2004)
 - Engorgement
 - Breastfeed frequently
 - Hand express for comfort or latch-on help
 - Video: Stanford.edu Search for “Hand Expression”
 - Warm compresses before, cold compresses after feedings
 - Anti-inflammatory medications for 24 hours
 - **Milk Supply**
 - Perception of low milk supply more common than reality
 - Adequate stool diapers and weight gain pattern = adequate milk supply
 - Refer to Lactation Consultant: milk supply and weight gain issues
 - **Medications**
 - Most medications compatible with breastfeeding
 - Use breastfeeding specific resources regarding medicines such as:
 - Medications and Mothers Milk by Thomas Hale
 - LactMed (Free Online Drug Database and App)
 - toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
 - Rochester Drug Helpline: 585-275-0088 (professionals only)
 - Infant Risk Center: 806-352-2519
 - **Smoking**
 - Encourage mothers to quit
 - Smoking is not a contraindication to breastfeeding (AAP 2005)
 - Breastfeeding reduces risk of infant respiratory illness if still smoking
 - Recommend smoke-free home, car, child care
 - Refer to free Quit Line: 1-800-QUIT-NOW (784-8669)
 - Consider prescribing nicotine replacement therapy

- **First Week**
 - 8 to 12+ feeds each 24 hours is normal
 - Night feedings are normal
 - “Growth spurts” normal at about 10 days, 3 and 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
- **Why recommend exclusive (breastmilk only) breastfeeding?**
 - Formula supplementation increases illness and health risks
 - Formula changes gut flora
 - Formula supplementation can interfere with latch and/or milk supply
 - Breastmilk is only food needed for the first 6 months
- **First 6 Weeks**
 - Recommend Vitamin D 400 IU/day, starting within first few days (AAP 2008)
 - Discourage pacifier until effective breastfeeding and milk supply established (about 1 month)
 - Mother should rest when baby rests, eat well and get help if needed, refer to Lactation Consultant
 - Evaluate latch, milk supply and yellow stools by day 6.
 - Change in stools: black → green → brown → loose yellow
 - By day 5: 4 or more stools/day, voids with stool diapers
 - Breasts are much softer when baby done feeding
 - Baby full and satisfied within 30-40 mins
 - 8 to 12+ feeds each 24 hours is normal

- **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)
- **Delivery Room**
 - Put baby skin-to-skin immediately after birth and then frequently
 - Encourage breastfeeding within the first hour
 - Recommend delaying Vitamin K and eye ointment until after first breastfeeding
- **First 48 Hours (in hospital)**
 - Support and encourage rooming-in; skin-to-skin
 - Encourage frequent breastfeeding without time restriction
 - Wake baby if needed (6 to 8 times 1st day, < 8 times 2nd day)
 - 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
 - Baby achieves wide open mouth, tongue down, all of nipple and some areola in mouth
 - Mother observes baby with rhythmic sucking and hears audible swallowing as milk volume increases
 - Mother achieves pain free breastfeeding, although initial discomfort can be normal first few days

Pocket Card: A Guide for Health Care Professionals

Printing Instructions

In most cases, you should be able to print and fold without any special set-up. A color printer is preferred but not required.

If some text is getting cut off:

1. Click on **Print*** icon
2. Under the heading **Page Scaling**
3. Select **Shrink to printable area** or **Shrink to fit page**
4. Click **OK**

*You can also access **Print** under the **File** tab and selecting print under the pull down menu.

Note: Checking the Shrink option will reduce the point size of the font making it smaller. Try printing the page first and leave the shrink box unchecked.

To create pocket card:

1. Print on 8 1/2 X 11 inch paper.
2. Fold paper in half horizontally.
3. Fold in thirds with breastfeeding symbol and title as front panel and resources on back panel.

Pocket card may be copied and distributed as desired.