Educating Practices In Their Communities (EPIC)

BEST for New Jersey: Breastfeeding Education Support, & Training
OBJECTIVES

At the end of this training, staff will be able to:

• Follow the AAP recommendations on breastfeeding and human milk
• Describe the link between breastfeeding and obesity prevention
• Coordinate care and support in a family to support exclusive breastfeeding
• Describe the role of the medical home in breastfeeding support and care
• Create an office breastfeeding team
AAP Breastfeeding Policy Recommendations

Clinicians and staff should:

- Support exclusive breastfeeding for 6 months
- Recommend human milk for ALL infants, unless medically contraindicated
- Provide continued support for 1 year and beyond
- Provide parents with complete and current information on the benefits and techniques of breastfeeding
Importance of Breastfeeding  

“Dose Dependent”

- Obesity  
  any Breastfeeding vs. None

- Type 1 Diabetes Mellitus  
  BF > 3 months

- Type 2 Diabetes Mellitus  
  any BF vs. None

- Cancer:
  1. ALL  
  BF > 6 months
  2. AML  
  BF > 6 months

- Sudden Infant Death Syndrome  
  any BF vs. None

S. Ip, et al.  
AHRQ Review
Obesity Trends* Among U.S. Adults

BRFSS, 1989

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 1999

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2009
When Does Obesity Begin?

Obesity begins in infancy!
The Problem in New Jersey For Children < 5 Years

<table>
<thead>
<tr>
<th>Source</th>
<th>Overweight BMI 85-&lt;95 %</th>
<th>Obese BMI 95 %&gt;</th>
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<tbody>
<tr>
<td>1996 PedNSS Data</td>
<td>14.9%</td>
<td>13.8%</td>
</tr>
<tr>
<td>2006 PedNSS Data</td>
<td>17.5%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Pre School Study in Monmouth County in 2006</td>
<td>25.9 %</td>
<td>41.2%</td>
</tr>
</tbody>
</table>
Breastfeeding Leads to Self-Regulation

Exclusive breastfeeding at breast → 27%

Expressed breast milk in bottle → 47%

Combination breastfeeding
Formula feeding, Breast/bottle → 56%

All formula in a bottle → 68%

How often does your infant empty the bottle/cup after 7 months of age?

Breastfeeding Protective Factors for Mothers

1. **Type 2 Diabetes Mellitus** for each year of breastfeeding for women

2. **Pre-menopausal Breast Cancer** for each year of breastfeeding

3. **Ovarian Cancer** for any vs. no breastfeeding and evidence for dose response

4. **Post-partum Depression** for short breastfeeding vs. no breastfeeding

Who can Breastfeed?

Almost All!
Encourage and Support Breastfeeding!
Influences on Breastfeeding Choice

- Father’s Opinions
- Grand-Mother’s Practices
- Role Modeled Behaviors
- Advice from Health Professionals
- Friend’s Viewpoints
- Co-Worker’s Viewpoints

To Breastfeed or Not to Breastfeed
The Medical Home
Community Resource Model

- Early Intervention
- Home-visiting network
- Developmental Services
- Preventive Care
- Developmental Services
- Parenting Support
- Lactation Support
- Acute Care
- Chronic Care
- Early Child Mental Health Services
- Early Care and Education
- Child Care Resource and Referral Agency

*Primary Care Medical Home*
Caring for the Dyad

How does the Medical Home care for the mother-infant dyad?
Office Environment/Support

• Pictures of breastfeeding
• “Breastfeeding Welcome Here” decals
• Knowledgeable and supportive reception and office staff
• Acceptance of public breastfeeding
• Private space for breastfeeding
“Never underestimate the role of nurses. If they are sold and serviced properly they can be strong allies. A nurse who supports Ross is like another salesman.”
Breastfeeding in the Community
Know the Laws!

• Forty-four states, including New Jersey, have laws that specifically allow women to breastfeed in any public or private location.

• States without breastfeeding legislation have lower breastfeeding rates.

National Conference of State Legislatures- January 2011, Picture courtesy of USBC
Breastfeeding and Health Care Reform

- 2010 Patient Protection and Affordable Care Act
- Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision
  - Reasonable break time to express breast milk after the birth of her child.
  - The amendment also requires that employers provide a place for an employee to express breast milk.
Everyone Has A Role In Supporting Breastfeeding

- Front Desk
- Office Staff
- Nursing Staff
- PCP
  - Clinical Management
  - Identify appropriate referrals

What is your role?
Providing Anticipatory Guidance
Family Centered Care
Start the Conversation … the Sooner, the Better!

- What are your plans for feeding your baby?
- What have you heard about breastfeeding?
- How can I help you breastfeed?
- How does your family/partner feel about your breastfeeding?

- What are your concerns about breastfeeding?
- What are your expectations for breastfeeding including work, social and family?

Reasons for Discontinuing Breastfeeding

- **Partner**
- **Someone Else to Feed**
- **Soreness/cracked**
- **Baby w/ difficulty**
- **Work/School**
- **Not enough milk**
Maternal Sleep and Breastfeeding

Women who breastfeed sleep just as well if not better than formula feeding mothers

Montgomery-Downs, H. E. et al. Pediatrics 2010;126:e1562-e1568
Signs of Breastfeeding Success

• **Frequent:**
  – Feed on cue - 10 -12 times in 24 hrs

• **Effective:**
  – Visual or audible swallowing during most of active feeding
  – Adequate wet and dirty diapers
  – Breastfeeding does not hurt!

• **Exclusive:**
  – Baby regulates milk supply and learns to suckle effectively
Visual or Audible Swallowing
Anatomy of Breast, Baby's Mouth, Latch and Suckling
First Pediatric Visit

• Ask open-ended questions
  – How is breastfeeding going?
  – Tell me about your baby’s latch.
  – What are your expectations?
  – Who is your support system?

• Reinforce that frequent feeding is not an indicator of insufficient milk supply.

• Remember Vitamin D!

Give Encouragement, Support and Praise!
2-Week Pediatric Visit

1. Assess current feeding regimen and plans
2. Explain normal “cluster feedings” which occur in early evening
3. Reassess weight and concerns for low milk supply
4. Inquire about mother’s medications, birth control plans, and plans to return to work
5. Ask about other caregivers and whether they help to feed the baby
6. Discuss bottle use and expressing breast milk
7. Reinforce use of Vitamin D.

Give Encouragement, Support and Praise!
Common Concerns

• Sore Nipples
• Jaundice
• Fussy Baby
• Milk Supply/Weight Gain
• Medications
Late Preterm Infant

Late Preterm Infant during a feeding:
- Disorganized suck-swallow-breathe
- Tires easily
- Weak suck, low tone, inability to sustain sucking
- At risk for apnea; inadequate lung volume
- Tolerates cross cradle, clutch of prone positioning

Mother during a feeding:
- Potential delay in lactogenesis due to preterm birth and some maternal diseases
Jaundice

- In most cases, exclusive breastfeeding can be preserved
- Assess etiology and manage per AAP Clinical Practice Guideline
- Utilize resources available in Safe & Healthy Beginnings toolkit
- Coordinate with delivery hospital to receive discharge parameters
- Identify if bilirubin levels need to be obtained
Fussy/ Colicky Baby

• Common reason for formula introduction and premature weaning

• Interpreted by parents as “mother does not have enough milk,” which in most cases is **not** reason for baby’s fussiness
Concerns for Low Milk Supply / Weight Gain

- Many times it is a perception and not a reality
- Prevention through self-confidence and relaxation
- Increases risk of formula introduction and premature weaning

- Assessment is required – best assessment is weight trajectory
- Consider referral to lactation consultant if low milk supply or slow weight gain is established
Check It Out Before Saying No!
Medications and Breastfeeding

• Most medications compatible with breastfeeding

• Evidence-based resources
  – LactMED
  – AAP Policy Statements
  – Medications and Mother’s Milk, by Thomas Hale, PhD
Tongue Tie

Photo Courtesy of Jane Morton, MD

Courtesy of Kay Hoover, MEd, IBCLC
One Month Pediatric Visit

- Continue to ask open-ended questions
  - Review safe breastfeeding/sleeping environment
  - Assess back-to-work or school issues
- Assess current feeding regimen and plans
- Discuss change in stooling pattern
- Provide positive messages!!

Give Encouragement, Support and Praise!
Returning to Work or School

**Influencing Factors**

- Type of work
- Worksite accommodations: Support, Time, Education, Private space
- Baby’s age upon return
- Family, health provider and/or community support
- Child care arrangements that support continued breastfeeding
6 Week Maternal Care Visit

- Assess the breast
- Contraceptive Visit
- Look out for
  - Mastitis
  - Nipple infections
  - Milk production

*Continue to Give Encouragement, Support and Praise!*
2 - 4 Month Pediatric Visit

- Delay introduction of complementary foods until 6 months
- Assess iron needs, consider adding iron drops
- Continue to support exclusive breastfeeding!
Older Child

Discuss and review:

• Return to work or school
• Nursing strikes
• Biting
• Return of ovulation and menstrual cycle for mother
• Continued breastfeeding benefits for one year and older
Don't Miss Opportunity to Support Breastfeeding at Sick Visits

Continue breastfeeding through:

• Gastroenteritis
• Viral infections – mother’s milk helps decrease severity and duration
• Ear infection - less frequent
• Urinary Tract Infection (UTI)
• Vaginitis

“Use every patient encounter to promote and support continued breastfeeding.”
Working Together Within the Medical Home

- Coordinate care with all healthcare practitioners who are supporting the breastfeeding mother
- All office staff should be familiar with community resources
What is an International Board Certified Lactation Consultant (IBCLC)?

- Provides specialized lactation care
- Evaluates and helps resolve breastfeeding challenges
- Collaborates with health care providers
Breastfeeding Support Providers

- Doulas
- Lactation Consultants
- WIC Staff
- Childbirth Educators
- Nurses
- Midwives
- Physicians
- Dieticians
- Breastfeeding Mother
Community and Peer Support

• La Leche League Leaders
  – Provide basic information and encouragement through:
    • Support groups
    • Telephone warm lines

• WIC peer counselors

• Local hospital support groups
Breastfeeding is Good Business!

- Breastfeeding support is a billable visit
- If LC in practice, physician can share visit with LC (similar to CRNP or PA)
- If history and physical on mother and baby, consider billing insurance for both visits
- Contact insurance plan to learn what is covered and appropriate diagnostic and billing codes
10. Expand the network of support for breastfeeding.

9. Communicate support for breastfeeding in the office environment.

8. Support breastfeeding by providing accurate information about maternal issues.

7. Use appropriate anticipatory guidance that supports exclusive breastfeeding until infants are about 6 months old.

6. Show mothers how to breastfeed and how to maintain lactation when they will be away from their babies.

5. Encourage mothers to breastfeed on demand.

4. Assess infants during early follow-up visits.

3. Inform women and families about the benefits and management of breastfeeding.

2. Train all staff in skills necessary to support breastfeeding.

1. Make a commitment to the importance of breastfeeding.
“I urge all Americans to be supportive of breastfeeding mothers and families in their communities and to extend their support so that these mothers get the health care, the help, and the encouragement they deserve”.

Kathleen Sebelius, Secretary
U.S. Department of Health and Human Services
Surgeon General Call to Action 2011
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