Birth & Beyond: 10 Steps to Empowering Mothers and Nurturing Babies

Welcome to Birth and Beyond, the training component of Vermont’s Breastfeeding Quality Improvement Project, 10 Steps to Empowering Mothers and Nurturing Babies. A collaborative between the Vermont Department of Health WIC Program, the Vermont Child Health Improvement Project, the Vermont Chapter of the AAP, the Vermont Chapter of the Academy of Family Practitioners, Vermont’s hospitals and you.

Training Goals
To provide health care professionals with the tools to:
- Enhance parent-infant attachment
- Engender newborn breastfeeding competence
- Increase patient satisfaction with no increase in staff workload

Objectives
- Contribute to creating an environment for maternal-infant care based on best practice guidelines as defined in Providing Breastfeeding Support: Model Hospital Policy Recommendations
- Demonstrate the skills necessary to design a plan of care that will maximize mother and infant skin-to-skin contact and bonding
- Identify biologic, nutritional and immunologic properties of breastfeeding and the risks of artificial milk
- Recognize and discuss actions that will overcome common barriers to support mothers’ choice to exclusively breastfeed

Key Messages
1. Nurses caring for mothers and babies are very busy and have many competing priorities.
2. Childbirth is one of the most profound events in a family’s life.
3. This course will provide guidance to the nurse to help bridge the gap between the family’s needs and the clinical practice requirements.
4. Protecting the mother, infant, nurse and institution are primary concerns.

Module 1 - The Science of Attachment

Objectives
- Describe how the hospital staff can use therapeutic touch as an intervention modality
- Define attachment
- List 3 physiological effects of skin-to-skin care on the baby and mother
- Identify three ways hospital staff can promote proximity of the mother/baby dyad

Key Messages
1. Mother-baby time together during the first hours is important to long term attachment.
2. Mothers and babies need a safe environment that is quiet, gentle and non-threatening.
3. When the mother recognizes and responds to the newborn’s cues, the infant will cry less and the mother will feel competent.
4. The role of the health care provider is to model attachment behaviors and promote proximity of mother and baby.
5. The role of the health care provider is to care for the mother/baby dyad and empower the mother to value her ability to care for her infant. Strive to help parents feel competent and confident.

Module 2 – From the Breast to the Baby: Anatomy and Physiology

Objectives
- Name the two hormones primarily responsible for lactation
- List 2 factors that can increase or decrease milk supply
- List 2-3 effects of oxytocin on the mother and baby

Key Messages
1. Frequent simulation and milk emptying will lead to development of an ample milk supply
2. The baby must open wide to achieve a deep attachment to the breast. This will avoid nipple pain and allow milk transfer.
3. Estrogen and oxytocin work synergistically during the first hours post-partum to enhance bonding.
4. Milk supply is reduced by the addition of supplements
5. Many different patterns of breastfeeding can support an adequate milk supply, as long as they are in harmony with the mother’s biology
Module 3 – Promoting Breastfeeding & Risks of NOT Breastfeeding

Objectives
- Name two reasons why breastfeeding is considered the normal infant feeding method
- Describe the AAP’s recommendation on exclusive breastfeeding
- Identify two reasons for validating a woman’s feelings about breastfeeding

Key Messages
1. Over the last century our culture has changed from one in which all babies were breastfed into a culture in which bottlefeeding is considered the norm.
2. Breastfeeding education should begin during the first trimester of pregnancy.
3. Open-ended questions elicit discussions about mothers’ knowledge and concerns about breastfeeding.
4. Responding with empathy, i.e. identifying mothers’ feelings, establishes rapport and paves the way for the mothers to accept educational messages.
5. Parents cannot make good decisions unless they are informed decisions. Explaining breastfeeding in terms of reducing health risk factors and identifying the potential increased risks associated with artificial milk feedings reinforces the importance of breastfeeding and use of human milk to optimize health outcomes.
6. Babies who are fed artificial baby milk have higher incidences of childhood obesity, infectious disease, SIDS, diabetes mellitus, cancer, asthma, and allergies than babies who are breastfed.
7. Mothers who do not breastfeed have higher incidences of postpartum hemorrhage, breast and ovarian cancer, osteoporosis, diabetes and close child spacing than mothers who breastfeed.

Module 4 - Predictable Newborn Patterns

Objectives
- Identify three infant states of consciousness
- Identify nursing responses and interventions
  - Infant is sleepy, difficult to awaken
  - Infant is crying, difficult to soothe
- Describe the normal infant feeding pattern
- Identify three infant feeding cues
- Describe practices that maximize infant behaviors in the first hours and days of an infant’s life
- Describe Biological Nurturing in the context of predictable newborn behaviors

Key Messages
1. The information about predictable newborn patterns can be applied to all babies whether or not they are breastfed.
2. Understanding these patterns helps the caregiver to support better attachment. Babies are born to be breastfed – newborn patterns of behavior exist to help the baby establish a breastfeeding relationship.
3. Babies are not unpredictable creatures that randomly cycle through states of sleep, hunger and feeding
   a. these behaviors are predictable
   b. the caregivers role is to assist new parents to observe these states make a gentle transition into their new roles
4. Rooming in / couplet care with shorter hospital stays while ongoing contact with their baby provides an opportunity for parents to familiarize themselves with the newborn’s predictable eating and sleeping patterns

Module 5 – Hospital Practices Influence Breastfeeding Rates: Data

Objectives
- Name the source of in-hospital breastfeeding data for Vermont
- Describe the trends in VT/US for ‘any’ and ‘exclusive’ in-hospital breastfeeding
- Identify three hospital practices that can discourage breastfeeding
- List three hospital practices that increase breastfeeding duration
- Learn why supporting exclusive breastfeeding in the hospital is linked to longer exclusive breastfeeding.

Key Messages
1. International, national and local goals support exclusive and early breastfeeding.
2. Currently the number of women coming into hospitals with the desire to breastfeed their infants is high.
3. Mothers who request breastfeeding have the right to be supported in this decision. Mothers who request formula have the right to be supported in their decision.
4. In this session, there may be information that makes the nurses feel powerless, frustrated, or disappointed on a personal or professional level.
Module 6 - Positions and Latch - Putting the Baby to Breast

Objectives

- Demonstrate three positions mothers may use to breastfeed
- List at least three signs of an effective latch
- Identify two signs of milk transfer from the breast to the infant
- Identify three in-hospital strategies for early breastfeeding management

Key Messages

1. Different mothers will find different breastfeeding positions to be more desirable and comfortable.
2. It is the nurse’s role to educate the mother about breastfeeding positions and to physically help her to achieve competence and independence with these positions.
3. In the delivery / recovery room, the ideal scenario for breastfeeding is self-attachment in the position most effective for mother and infant.
4. Semi-reclined maternal posture and the infant prone release maternal instinctual behaviors and primitive neonatal reflexes stimulating breastfeeding. The infant is an abdominal feeder and displays anti-gravity reflexes aiding latch.
5. Subsequently, if a mother is seated, it is advisable to position the mother and baby comfortably in a football hold or cross-cradle hold position. Self-attachment can also be achieved in these positions.
6. The side-lying position may be used when the mother cannot sit up or when she is tired. It is challenging for the new mother to use this position effectively without assistance.
7. The cradle hold position is not advised for latching a newborn. However, a mother may latch her baby in the cross-cradle hold and change over to a cradle hold when the baby is latched well. The cradle hold position is often used successfully with older babies.
8. Safety is a primary concern.
9. A good latch is essential to avoid breastfeeding problems including sore nipples, engorgement and inadequate milk transfer.
10. The nurse should be able to recognize signs of good attachment and should educate the mother about the importance of a deep, asymmetrical latch.

Module 7 – Assessment and Documentation of Feedings

Objectives

- Identify two signs of comfortable positioning
- List three signs of an effective latch
- Identify two latch problems in need of referral to a lactation consultant

Key Messages

1. A thorough assessment of the infant at breast is critical to providing safe care as well as appropriate interventions and referral for mother and infant.
2. Assessments need to be documented in the patient chart using the LATCH score template and/or in the progress notes.
3. Nurses should observe at least one breastfeeding for each couplet on each shift. Additional assessments can be made from other reporting, using open-ended questions.
4. Low LATCH scores on a one day old baby are not abnormal. A good score on a two day old does not ensure that the dyad is problem free. Ongoing monitoring will shape the plan of care.

Module 8 – Early Breastfeeding Concerns

Objectives

- Identify at least two nursing interventions that support breastfeeding in the following situations:
  - Insufficient milk supply: perceived
  - Insufficient milk supply: actual
  - Sore nipples
  - Engorgement

Key Messages

1. Some of the more common concerns that mothers have about breastfeeding include: adequacy of milk supply, infant’s ability to attach to the breast, sore nipples and engorgement.
2. Appropriate nursing responses and interventions for each of these concerns will help to build the mother’s confidence, prevent or decrease mother’s discomfort, and assure adequate intake for the baby.
3. The nurse needs to be aware of inappropriate as well as appropriate reasons for supplementation of the infant, and utilize language and encourage behaviors that will minimize the use of artificial baby milk.
4. Mothers and babies who are not demonstrating successful breastfeeding skills at discharge will need referral to community support.
5. All breastfed babies should be seen 2-3 days post discharge for assessment.
Module 9 – Special Situations

Objectives
- List three benefits of skin-to-skin care for preterm infants
- Identify three benefits of human milk for preterm infants
- Describe three nursing strategies to prevent hypoglycemia while supporting breastfeeding
- List three breastfeeding-friendly jaundice treatments
- List at least three contraindications to breastfeeding
- Identify a reliable source of information regarding the compatibility of medications with breastfeeding

Key Messages
1. Skin-to-skin care provides a natural habitat for at-risk infants and improves their state of health.
2. Babies who are at risk for breastfeeding problems include: premature babies, babies with hypoglycemia, babies with hyperbilirubinemia, babies who are SGA, LGA, low birth weight, multiples, babies with congenital problems and defects, babies with infections, and babies with womb position and birth trauma. Breastfeeding is contraindicated for a baby diagnosed with galactosemia.
3. Human milk has many special benefits for preterm babies and should be described as “medicine” and “liquid gold” when discussing the importance of pumping to mothers of preterm babies.
4. Late preterm babies are at risk for breastfeeding problems. Management in the early postpartum period should include observation of feedings to insure adequate milk transfer and evaluation of maternal milk supply. Skin-to-skin contact should be encouraged and supported by staff. Initiation and protection of the maternal milk supply starts in the hospital. Follow up should continue post discharge until breastfeeding is well established.
5. Routine monitoring of asymptomatic, not-at-risk, term neonates for hypoglycemia is unnecessary.
6. A baby who is noted to be hypoglycemic should be placed skin-to-skin with his mother and should be breastfed, instead of automatically bottle-feeding with artificial baby milk. Safety precautions include ongoing observation and assessment at bedside without maternal-infant separation as long as mother and baby are medically stable.
7. Most normal physiologic jaundice in breastfed babies is not due to the consumption of breast milk, but by the lack of adequate feeding of breast milk.
8. Maternal contraindications to breastfeeding include: HIV (in the US), HTLV-I & II, untreated tuberculosis, herpes simplex lesion on a breast, use of street drugs, and the use of a very small number of medications such as radioactive isotopes and anti-metabolites.
9. Maternal fever is NOT a contraindication to breastfeeding and neither are hepatitis, tobacco use, and occasional alcohol consumption.
10. Most medications have few side effects in breastfeeding babies because the dose transferred via milk is almost always too low to be clinically relevant, or it has poor bioavailability to the infant.

Module 10 – Expressing and Feeding Breast Milk

Objectives
- Identify three reasons for hand expression
- List two indications for milk expression in the hospital
- List at least two alternative feeding methods which can be used to support breastfeeding

Key Messages
1. Every mother should know how to hand express her milk. This is a quick, low cost, effective, and easy way to express milk.
2. When the baby or mother is unable to breastfeed and the baby needs to be supplemented, the mother should be taught to express her milk so that the baby can consume human milk and so the mother can create a good milk supply.
3. Cups, spoons, syringes, and bottles are alternate feeding devices.
4. Cue-based bottle feeding means honoring the infant’s need for time to suck, swallow and breathe, and take to take breaks from feeding as desired.

Module 11 – Continuity of Care for Breastfeeding Families

Objectives
- Identify three pre-discharge infant breastfeeding issues requiring follow up care
- Identify three pre-discharge maternal breastfeeding issues requiring follow up care
- Identify two follow-up resources available for breastfeeding families

Key Messages
1. All breastfed babies and breastfeeding mothers should be assessed prior to discharge for any breastfeeding problems.
2. All breastfed babies should be seen for follow-up by a qualified health care provider at 3-5 days of age.
3. There are different types of follow-up support. Follow up support is available and mothers need to be referred to the follow up centers upon discharge.
Module 12 – Sustainability

Objectives
- Contribute to creating an environment for maternal-infant care based on best practice guidelines as defined in Providing Breastfeeding Support: Model Hospital Policy Recommendations
- Demonstrate the skills necessary to design a plan of care that will maximize mother and infant skin-to-skin contact and bonding
- Recognize and discuss actions that will overcome common barriers to support mothers’ choice to exclusively breastfeeding

Key Messages
1. Staff and management working together can create an environment for maternal infant care based on best practice guidelines.
2. The goal is to create and maintain an environment that supports the newborn’s natural capabilities.
3. There are biological advantages of breastfeeding and the risks to the mother and infant of early introduction of artificial milk.
4. It is important to recognize and discuss approaches to eliminate common barriers to exclusive breastfeeding in the hospital setting.
5. The participants’ objectives and concerns voiced at the beginning of this course were addressed