Breastfeeding Support for Mothers and Providers

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Disclosures:

No financial support was provided by the makers of breastmilk

I am a board member and trainer for The Milk Mob a 501c3 dedicated to providing high quality breastfeeding education to outpatient medical staff and Physicians.
Objectives

After this presentation, listeners should be able to:

1 Effectively communicate with mothers about breastfeeding

2 Identify ways to help mothers meet their own breastfeeding goals
   - Help mothers to establish effective breastfeeding
   - Recognize factors that interfere with breastfeeding

3 Envision ways to support a mother-baby dyad within a practice and know when to refer to community partners

4 Discuss ways to get reimbursed for supporting breastfeeding

Become part of the safety net for breastfeeding couplets!
This talk is not going to:

- make you a Lactation Consultant
- teach you everything about latch
- cover every aspect of poor weight gain
- be slow....lets go!
BREASTFEEDING

It Rocks!
**The Breastfed Baby**

**Otitis Media**
- Any vs. never BF: 23% decrease
- Exclusive vs. never BF: 50% decrease
  (AHRQ 2007, AAP 2012)
- Longer BF: OR 0.67 (95%CI 0.62-0.72)
- No protection after 2 years of age
  (Lancet 2016)

**Eyes.**
Visual acuity is higher in babies fed human milk.

**Higher IQ.**
Cholesterol and other types of fat in human milk support the growth of nerve tissue.

**Endocrine system.**
Reduced risk of getting diabetes.

**Mouth.**
Less need for orthodontics in children breastfed more than a year. Improved muscle development of face from sucking at the breast. Subtle changes in the taste of human milk prepare babies to accept a variety of solid foods.

**NEC in Premies**
- Meta-Analysis RCT’s: Human milk
- **58% reduction** in NEC
- Exclusive human milk important?
  77% reduction in NEC

**Leukemia**
- Review of 18 studies
- **19% reduction** (95%CI 11-27) in risk of childhood leukemia
  (Lancet 2016)
Dose Response

Relative Risk of Early Infant Mortality by Breastfeeding Pattern

Victoria, 1987

- Exclusive
- Nearly Fully
- Partial
- None

- PNA
- Diarrhea
### Healthy People 2020 Objectives

**MICH**-21: Increase the proportion of infants who are breastfed

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target</th>
<th>Current Rates*</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICH-21.1: Ever</td>
<td>81.9%</td>
<td>81.1%</td>
</tr>
<tr>
<td>MICH-21.2: At 6 months</td>
<td>60.6%</td>
<td>51.8%</td>
</tr>
<tr>
<td>MICH-21.3: At 1 year</td>
<td>34.1%</td>
<td>30.7%</td>
</tr>
<tr>
<td>MICH-21.4: Exclusively through 3 months</td>
<td>46.2%</td>
<td>44.4%</td>
</tr>
<tr>
<td>MICH-21.5: Exclusively through 6 months</td>
<td>25.5%</td>
<td>22.3%</td>
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*Slide used with permission from Lori Feldman-Winter, MD, MPH*
## Breastfeeding Report Card
### Progressing Toward National Breastfeeding Goals
#### United States, 2016

<table>
<thead>
<tr>
<th>State</th>
<th>Ever Breastfed</th>
<th>Breastfeeding at 6 months</th>
<th>Breastfeeding at 12 months</th>
<th>Exclusive breastfeeding at 3 months</th>
<th>Exclusive breastfeeding at 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. National*</td>
<td>81.1</td>
<td>51.8</td>
<td>30.7</td>
<td>44.4</td>
<td>22.3</td>
</tr>
<tr>
<td>Virginia</td>
<td>82.0</td>
<td>55.2</td>
<td>35.5</td>
<td>49.5</td>
<td>22.0</td>
</tr>
<tr>
<td>Dist of Columbia</td>
<td>82.8</td>
<td>57.4</td>
<td>33.1</td>
<td>43.5</td>
<td>23.2</td>
</tr>
<tr>
<td>Maryland</td>
<td>84.8</td>
<td>66.5</td>
<td>40.6</td>
<td>45.8</td>
<td>23.2</td>
</tr>
</tbody>
</table>

States that met the HP2020 goal for initiation rate of 81.9%*:

States that met the HP2020 goal for 6 months duration of 60.6%*:

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*Among infants born in 2013
The bad news....

2013 “Any and Exclusive”

[Graph showing the percentage of Any Breastfeeding and Exclusive Breastfeeding over age of child (months)]
SOMETIMES

BREASTFEEDING SUCKS.
Reasons for Early Weaning

- Concerns about low supply
- Pain
- Maternal reasons (meds, illness, work)
- Infant behavior

(These can occur at any time)
Most pregnant women in the US plan to breastfeed

But, many fail to meet their goals postpartum

Pediatricians see them at least 5 times in the first 6 months
How you can help...

Ask about breastfeeding (at every visit)

Examine breasts

Help moms when problems arise

And you can get paid to do it!!!
Supporting Breastfeeding and Lactation: The Primary Care Pediatrician’s Guide to Getting Paid

• Options for billing the three-to-five day visit

• Billing for extra time spent at well baby visits

• Use of time-based coding

• Billing for care provided for the mother

• Billing for allied health professional services

• Commonly reported ICD-10-CM codes & codes for breast pumps
Billing Challenges

- Who will provide care? MD, IBCLC, RN, MA
- Capitated care (HMOs)
- Billing for mothers
  - Referral
  - Registration (copay/preventative care?)
- Malpractice (Rx vs. pump fitting)
Equipment

Scale (digital to 1 gm), Pump and Pump Kits
Key Points for Success in the First Few Days Postpartum

- Feedings 10-12 times a day
  - All sucking at the breast
- Frequent, effective feeding crucial to securing the milk supply
- Focus on baby, not visitors
- No pacifiers or supplements unless medically indicated
- Cracked, bleeding nipples not normal
See Babies Within 24-72 Hours after Discharge

- 24 hours:
  - If jaundice, poor nursing, sore nipples
  - Primip, feeding OK, milk not in yet
- 48 hours:
  - If nursing fine, milk increasing, no jaundice, no soreness
- 72 hours:
  - If C-Section, nursing fine, milk in at discharge, baby’s weight loss has stabilized
Case of Early Excessive Weight Loss

• You are seeing a dyad, G1P1 day 4 pp
• Male born at 38 weeks, bw 7 lb 1 oz, healthy
• Today baby’s weight is 6 lb 2 oz, down 13%
• He is nursing every 2.5 hours, both sides, day and night
• The baby is acting hungry
• Mom’s breasts ...
She has no redness, fever, or flu-like symptoms...

Engorgement
Edema Occurs in the Surrounding Tissues Outside of the Glands

- Days 3-5 pp
- Increased blood flow
Fitting Breast Shields

Nipple should Not become stuck in shaft

Most are standard 24mm size

Good Seal

Center the Nipple in the Shield

Comfort and No nipple trauma are KEY
Expressing Breastmilk
“REMOVE IT OR LOSE IT!”

• Effective, frequent emptying of the breasts is essential

• ALVEOLAR TISSUE INVOLUTION AT ANY STAGE IF MILK IS NOT REMOVED (=Weaning)

Feedback Inhibitor of Lactation
When to supplement?

Clinical appearance
- less moist mucus membranes
- chapped lips
- baby not content after feeding

Inadequate Output
- my rule for stool (1,2,3,4)

Weight loss or poor gain
- 7%, 10%, 12%?
Nomograms for early neonate weight loss

A. Estimated percentile curves of percentage weight loss according to time after birth for vaginal deliveries.
B. Estimated percentile curves of percentage weight loss according to time after birth for cesarean deliveries.
Delayed Lactogenesis—What to do?

• Nurse the baby first
  – Hands-on pumping after nursing
  – Supplement with expressed BM, donor milk or formula
• Firm feeding plan, and follow closely
Follow up
Lactogenesis After Birth

- Placenta delivered, hormones fall
- Colostrum
- Gradual increase in volume
Removal is important!

- Baby is sleepy or not latching well
- Baby does not transfer milk well
- Baby loses weight and is weaker
- Mom's milk supply goes down

- Baby feeds well
- Milk supply increases
- Baby continues to gain
- Baby gains weight and strength
- Milk continues to rise
Sleepy/Premature Infant

- Falls asleep at the breast
- Sluggish suck/swallow reflex
- Often needs supplementation until nursing improves
If a baby is not feeding well on day 1, don't wait!
Combining hand techniques with electric pumping increases milk production in mothers of preterm infants. J Perinatol 2009

Grp 1= 2 x/day n=15
Grp 2= 2-5 x/day n=18
Grp 3= >5 x/day n=16

*Mean daily pumping for Day 1-14 = 6x in all groups

Mean daily volumes (MDV) of expressed milk over the course of the 8-week study of three groups as defined by frequency of hand expression during the first three postpartum days. Statistical comparisons using analysis of variance were performed only between Groups I, II and III. P<0.05 vs Group I, vs Groups I and II. (Morton J, et al)
Importance Of Positioning

- Deep Latch
- Maternal Comfort
- Effective Milk Transfer
expression video
Please, please, please, ask...

Are you having breast pain?

May I examine you?
Nipple Trauma
Nipple shape after baby latching

After good baby latch: Rounded Normal nipple

After bad baby latch: Slanted Lipstick nipple
What to do when it goes wrong…

- Feed the baby
- Protect the supply
- Get more help

KEEP CALM AND CALL AN IBCLC
Shallow Latch Can Damage Nipples QUICKLY
Nipple Dermatitis

- Eczema
- Psoriasis
- Irritant dermatitis
- Allergic dermatitis
- Contact dermatitis
Characteristics of Yeast

- Bilateral
- PAIN (burning)
- Hot Pink
- +/- Depigmentation
- +/- Baby thrush
- Often antibiotics

Often treated by phone

Little evidence to treat
The many "looks" of yeast overgrowth...
Vasospasm
Pump Trauma
TONGUE TIE

Surgical cut is made

Lingual frenulum

[Images of tongue tie and surgical procedure]
Can Have Several Insertions

Heart-shaped tongue

Photo courtesy of James Murphy, MD
Pediatric Grooved Director ~ 4 inches

Frenotomy Scissors
Frenotomy
Gauze ~ 1 minute
Same baby:

Before clipping  After
Frenulotomy for Breastfeeding Infants With Ankyloglossia: Effect on Milk Removal and Sucking Mechanism as Imaged by Ultrasound

Donna T. Geddes, Pediatrics, 2008
A, Ultrasound image of an infant with ankyloglossia prefrenulotomoy. The base of the nipple is compressed. B, Postfrenulotomy, the base of the nipple is compressed to a lesser degree compared with prefrenulotomy.
A, Ultrasound image of an infant with ankyloglossia prefrenulotomy. The tip of the nipple is compressed. B, Postfrenulotomy the tip of the nipple is compressed to a lesser degree compared with prefrenulotomy.
4 month WCC

- When asked, my patient’s mother reports a recent case of mastitis
- She called her OB who phoned in dicloxacillin
- Fever resolved, area of redness smaller
iodinated or gadolinium-based contrast

American College of Radiology
Committee on Drug & Contrast Media

Administration of Contrast Medium to Nursing Mothers

1) less than 1% of the administered maternal dose of contrast agent is excreted into breast milk; and

2) less than 1% of the contrast medium in breast milk ingested by an infant is absorbed from the GI tract.

http://www.acr.org/MainMenuCategories/about_us/committees/gpr-srp/AdministrationofContrastMediumtoNursingMothersDoc1.aspx
“Mothers with normal term or older infants generally can resume breastfeeding as soon as they are awake, stable and alert.”

Apps for Medications

• InfantRisk Center Health Care Professional Mobile Resource
  By Texas Tech University Health Sciences Center

• Lactmed
  By National Library of Medicine
Briefly, the most common drugs in nursing moms, Antidepressants (SSRIs) & Antibiotics are SAFE!

Breastfeeding Supportive Office Practices

• 1. Have a written breastfeeding-friendly office policy

• 2. Train staff in breastfeeding support skills

• 3. Discuss breastfeeding during prenatal visits and at each well-child visit

• 4. Encourage exclusive breastfeeding for ~6 months

• 5. Provide appropriate anticipatory guidance that supports the continuation of breastfeeding as long as desired

• 6. Incorporate breastfeeding observation into routine care

Pediatrics, 2017, Joan Younger Meek,
Breastfeeding Supportive Office Practices (cont.)

- 7. Educate mothers on breast-milk expression and return to work

- 8. Provide noncommercial educational resources

- 9. Encourage breastfeeding in the waiting room, but provide private space on request
Step 10
Do not distribute of free formula

- Moms who know their doctor supports breastfeeding are HALF as likely to stop before 12 weeks

- Free formula = endorsement
• 11. Train staff to follow telephone triage protocols to address breastfeeding concerns

• 12. Collaborate with the local hospital and obstetric community regarding breastfeeding-friendly care

• 13. Link with breastfeeding community resources

• 14. Monitor breastfeeding rates in your practice
Dr. MILK® peer network

- Mothers interested in Lactation Knowledge
- For pregnant, breastfeeding, or those who have breastmilk fed their children
  - Medical students, residents, and doctors in practice
- Website and Facebook group since 2010
  - 7000+ mentors and members
- drmilk.org to join
- Local DC chapter
  - karen.bodnar@inova.org
https://www2.aap.org/breastfeeding/curriculum/

http://www.bfmed.org

http://www.virginiaepedia.org
-resources tab

https://themilkmob.org/podcasts/
Case of Insufficient Growth at 2 Months

- You are seeing female for a 2 month exam
- G3P3, Born term NSVD, 40 weeks gest
- Baby’s nursing pattern
  - 4 times from am to supper time
  - Cluster feeds in evening
  - Sleeps 11 hours over night
- Baby is content
- Mom never worried re feeding issues
  - Baby is happy
  - She doesn’t feel ‘empty’
- You measure a pre/post feed weight
  - Baby transfers 95 ml