

## **How can the pediatrician support and promote breastfeeding-also when it becomes challenging?**

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## Overview

- Background
- Pediatricians
- Postnatal setting and common problems
- Preterm or sick infant
- Child health center
- Lactation and drugs
- Vision and “action plan”



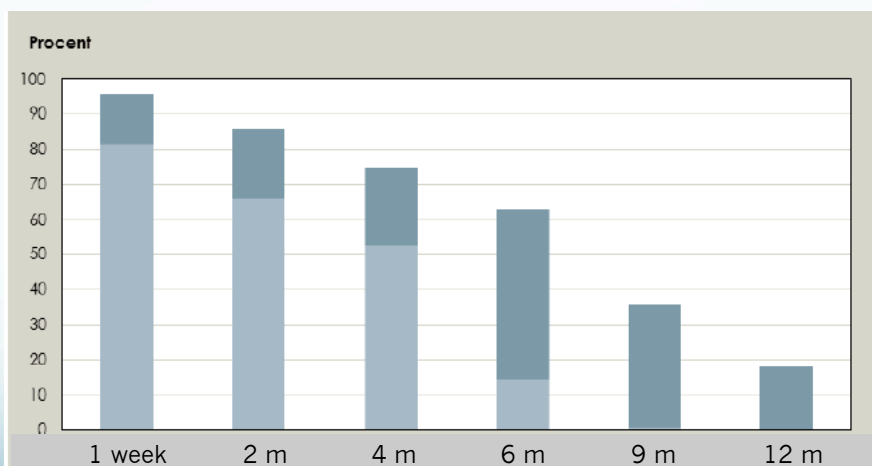
## Background



## **BENEFITS OF BREASTMILK**

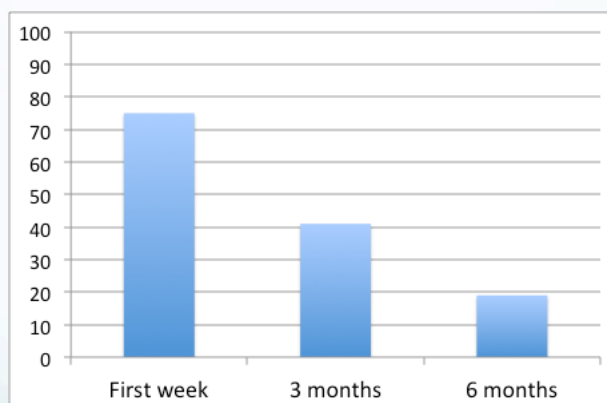
- Easy to digest
- Immunological and anti-infectious properties
- Safe
- Cheap

### Breastfeeding in Sweden in 2012 (light blue=exclusive, dark blue=partial)



Socialstyrelsen.se

### Exclusive breastfeeding in the US in 2014



Source: cdc.gov

## Common reasons women stop breastfeeding

- Low milk supply (25-55%) – perceived or real
- Pain or discomfort
- Return to work/studies
- Nursing strikes/self weaning

Li et al. Pediatrics 2008  
Hauck, Matern Child Health J 2011  
Brown et al. Can J of Public Health 2014

(How) could pediatricians help?



# What is a pediatrician?

## Pediatrician



## Personal experiences important

- Pediatricians with personal experiences of breastfeeding more likely to be supportive
  - OR 2.3 (1.7-3.1)

- Feldman-Winter, Arch Pediatr Adolesc Med 2008

## What do pediatricians learn in medical school and during training?

- A lot about breast anatomy and histology
- The immunology of breastmilk
- A little about infant nutrition
- Not much/nothing about breastfeeding

## AAP Policy Statement 2012

- Pediatricians play a critical role in their practices and communities as advocates of breastfeeding and should be knowledgeable about:
  - the health risks of not breastfeeding
  - the economic benefits to society of breastfeeding
  - the techniques for managing and supporting the breastfeeding dyad

Infant nutrition should be  
considered a  
public health issue,  
not only a lifestyle choice

*American Academy of Pediatrics Policy  
Statement 2012*

## Common problems in the postnatal setting

### Common problems- Term infants

- Not asking about the parents' feeding choices and breastfeeding motivation and knowledge
- Supplementation without clear medical indication
- Supplementation to infants with a medical indication, although supply of MOM is sufficient
- Supplementation without expression of MOM
- Discharging infants home with weight loss 7-9 % and insufficient or no breastfeeding assessment

## Common problems- Term infants

- Not asking about the parents' feeding choices and breastfeeding motivation and knowledge

## During the routine check up at the maternity

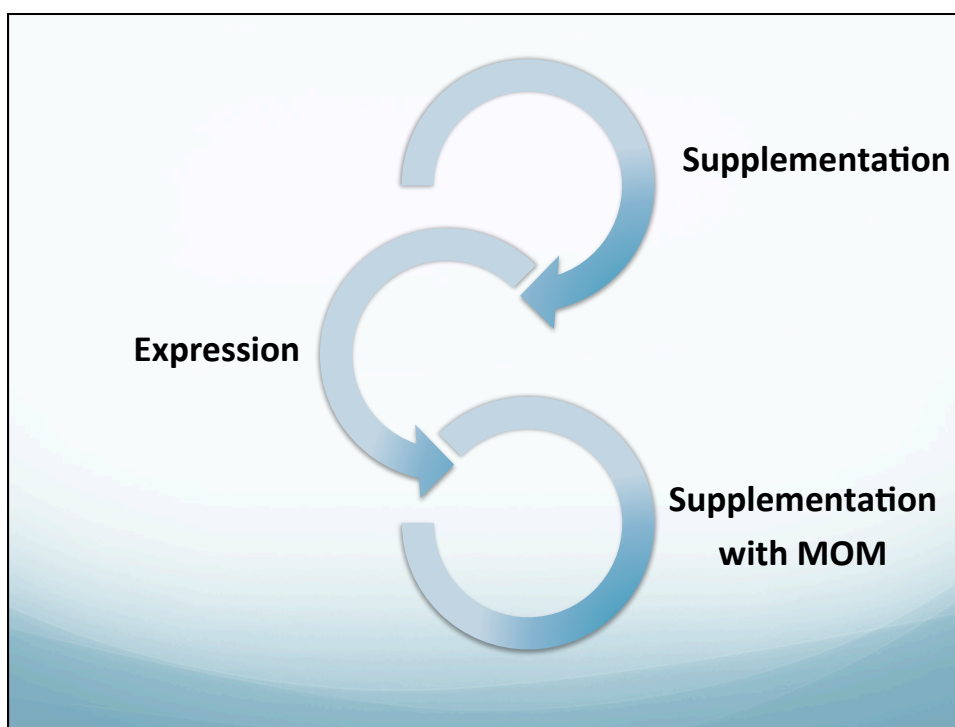
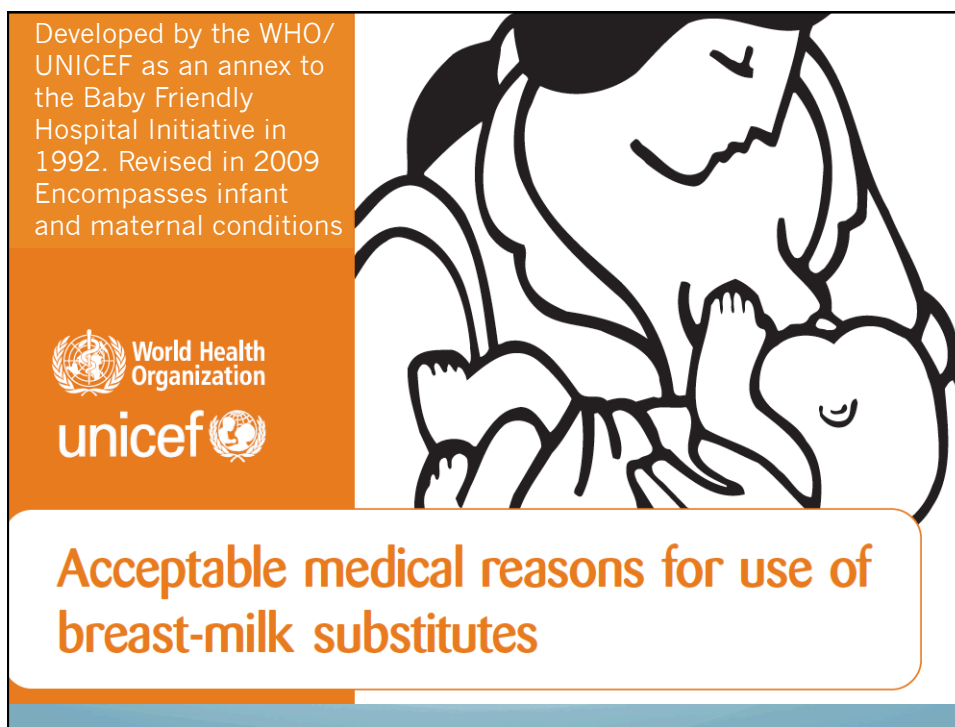
- Explore the parents' choice of feeding method:
  - How do you feed your child?
  - Do you have any questions or have encountered any problems that we could help you resolve?

## During the routine check up at the maternity

- Explain the normal breastfeeding pattern day 2-3 as a positive behaviour
  - Your baby eats very often now, because the stomach is still small. In that way your baby helps you get more milk faster and will then breastfeed less often.
- Explain why they should refrain from pacifier use during this period.

## Common problems- Term infants

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## Infant conditions

- **Infants who should not receive breast milk or any other milk except specialized formula**
  - Galactosemia, maple syrup disease, PKU
- **Infants for whom breast milk remains the best feeding option, but who may need other food in addition to breast milk for a limited period**
  - Infants weighing less than 1500 g, or born at <32 weeks
  - High risk of hypoglycemia (diabetic mother, preterm, small for gestational age, ill, etc)

## Maternal conditions

- **May justify permanent avoidance**
  - HIV
- **May justify temporary avoidance**
  - Severe illness, eg. Sepsis
  - Herpes simplex infection on breast
  - Some medications
- **Breastfeeding can continue, although health problems may be a concern**
  - E.g. hepatitis B and C, tuberculosis, substance abuse



## Common problems- Term infants

- Not asking about the parents' feeding choices and breastfeeding motivation and knowledge
- Supplementation without clear medical indication
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- Supplementation without expression of MOM
- Discharging infants home with weight loss 7-9 % and insufficient or no **breastfeeding assessment**

## Breastfeeding assessment

- Tell the mother that you observe the infant at the breast
- “Hands off”!
- Assess **position**
- Assess **latch**
- Assess **milk transfer**

## Position



## Position

- Comfort and ergonomics- mother and child
- Infant to the breast- not the breast to the infant
- Straight line between infant ear, shoulder, and hip
- Good support for the infant body- especially if newborn

## Cradle Hold



## Cross-cradle Hold



Photo © Joan Meek, MD, FAAP

## Side-lying hold



Photo © Roni M. Chastain, RN

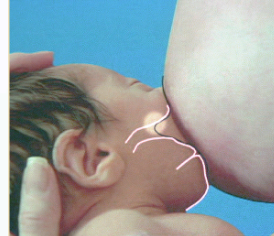
## Football Hold



Photo © Lori Feldman-Winter, MD, MPH, FAAP

## Correct latch

CORRECT



INCORRECT



- Nipple protected by positioning far back in infant's mouth
- Breast tissue inferior to nipple exposed to massaging action of tongue and lower jaw.

Photos © Jane Morton, MD, FAAP

## Incorrect latch

- Immediate signs
  - Click sounds
  - No swallowing
  - Maternal pain throughout the breastfeeding
- Later signs
  - Sore nipples
  - Poor weight gain
  - Poor milk production

## Milk transfer

1. Rapid suckling
2. Milk ejection
3. Rhythmic swallowing and breathing

## TEST

- What three main components are included in a breastfeeding assessment?



## Preterm infants <35 w or sick infants

### **Interactive session about prenatal counseling**

- Parents to be
- Week 28
- Preterm labour
- In antenatal care at your hospital

Picture: [www.frokenfokus.se](http://www.frokenfokus.se)



## Breastfeeding intent

- Do you ask about their breastfeeding intent?
  - ...if you meet them for antenatal counseling?
  - ...if they visit the neonatal ward?

## Breastfeeding intent

- How many ask about the parents' breastfeeding intent during the hours following the delivery?
- Regardless of the infant prognosis?

## Information

- How many inform the parents about benefits with breastmilk, especially for preterm infants?
- Do you inform them that exclusive breastfeeding is a realistic goal, also after extremely preterm birth?

## Best start

- Do you show all mothers to preterm or sick infants breast milk expression within **12 hours** after delivery?

## Best start

- Do you show all mothers to preterm or sick infants breast milk expression within **6 hours** after delivery?
- Earlier?

## Before preterm birth- what could the pediatrician do?

- Explore parents' breastfeeding knowledge and motivation
- Inform them about the benefits of breastfeeding, and lactation and breastfeeding management  
NeoBFHI 2015
- Inform about early start of expression and its benefits, start at < 2 h after birth if possible  
Parker et al. J Perinatol 2012  
Maastrup R et al. PLoS One 2014

## Why?

- It is all about:
  - Showing **respect** and **interest** for individual wishes and choices
  - **Motivation** to keep (or change) these choices after preterm delivery or delivery of a sick infant



- How many of you give expressing mothers the possibility to do simultaneous pumping?

## Save time and effort!

- How many of you would like to increase your commuting time to work by 1 ½ hours per day?



## Preterm infants <35 w or sick infants

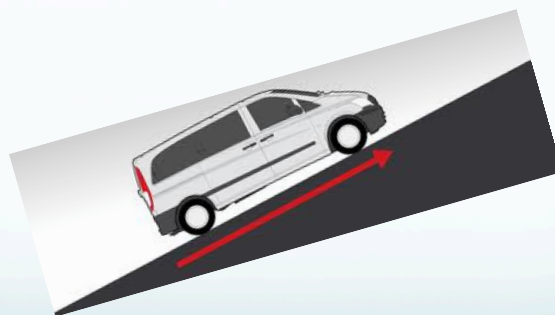
- Summary of problems encountered:
  - No or insufficient information about breastfeeding given at the prenatal counseling
  - Late start of breastmilk expression after delivery
  - Maternal-infant separation
  - Sequential breast pumping instead of simultaneous

## After preterm birth:

- Minimize mother-infant separation
- Help mother start early expression
- When introducing pump- recommend simultaneous pumping and provide equipment for that
- Make sure that the mother and staff aim at adequate amounts of breastmilk expression at 10-14 days after delivery (approx. 750 ml)...even if the infant eats much less

Jones et al. 2007 Arch Dis Child Fetal Neonatal Ed.

Are we kind when we wait until the next day to give BF info to the new mother with a sick or preterm infant?



**She may never reach the summit**

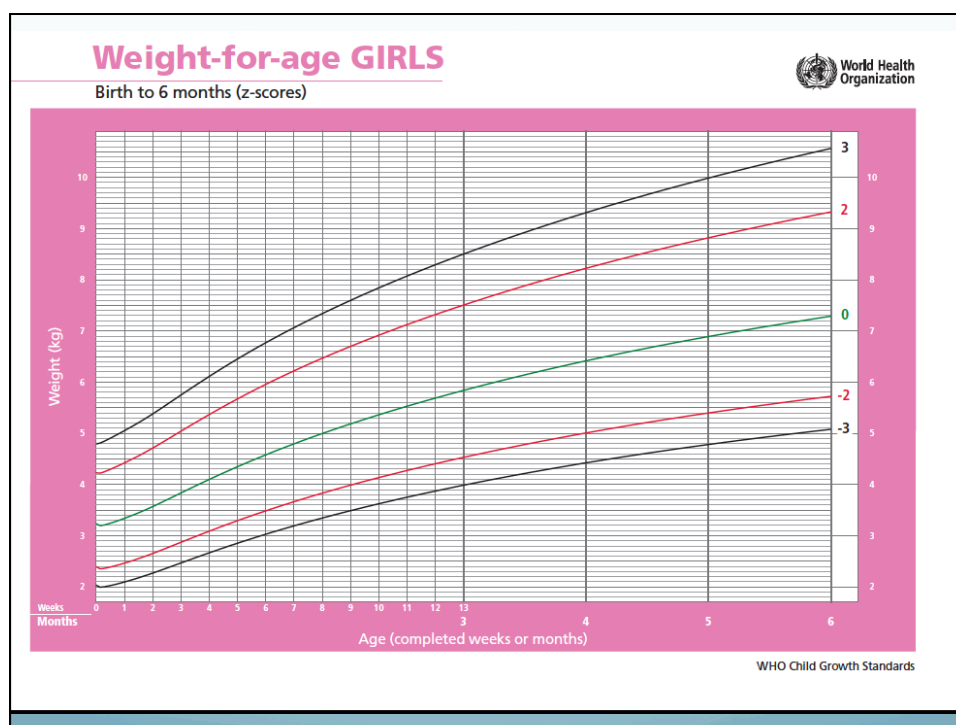
## At the child health center

### Are there pediatricians?

- In many countries- YES
- In Sweden- SOMETIMES, but short (15-20 minutes) and infrequent visits
- Main pediatric problem related to breastfeeding:
  - Is the infant growing normally?

# Growth

- Choice of growth curves important for breastfeeding support
- WHO-curves universal and based on infants breastfed  $\geq 12$  months





## Growth

- Growth curves important for breastfeeding support
- When comparing WHO to Swedish growth curves:
  - Almost identical first 3 months
  - Slower weight gain acceptable in WHO-curves from 3 to 6 months
  - For example, infant growing at 0 standard deviations from 3 to 6 months:
    - 5.6-7.5 kg in Swedish Curves (Albertsson Wikland 2002)=1.9 kg
    - 5.8-7.3 kg in the WHO-curves= 1.5 kg

## Lactational pharmacology



- Incorrect advice about drug use during breastfeeding common and may lead to unnecessary weaning
- Use specialized resources for drug information during lactation
  - NIH Lactmed
  - [www.janusinfo.se](http://www.janusinfo.se)
- Non-pharmacological treatments?

## Vision

- One IBCLC- pediatrician in each pediatric hospital and each neonatal clinic
- Basic breastfeeding education given to all pediatric residents and specialists every 5 years

## Suggested minimum requirements for a pediatrician

- Explore the couple's/mother's breastfeeding motivation
- Describe the benefits of breastfeeding
- Know the normal variations in the frequency and duration of breastfeeding
- Basic knowledge about breastfeeding preterm and sick infants
- Discuss any absolute or relative contraindications to breastfeeding.
- Identify correct position, latch, milk transfer
- Knowledge about normal growth patterns in breastfed infants

## Action plan for pediatricians

- Advocate for baby-friendly hospital policies and practices where you practice.
- Become aware of and refer to breastfeeding resources in your community.
- Increase knowledge and skills related to common breastfeeding problems.

## Breastfeeding is teamwork!



