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, whiten 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 3-4 days
-Mother–Antifungal ointment for nipples after each feeding until symptom free (1-3weeks) 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

•Educate parents on normal breast anatomy and postpartum physiology in lactation
•Feed infant on demand, and do not aim to "empty" breasts. "Pumping to empty" perpetuates a cycle of hyperlactation and is a major risk factor for worsening tissue edema and inflammation
•Decrease inflammation and pain. Ice and nonsteroidal anti-inflammatory drugs (NSAIDs) can reduce edema and inflammation and provide symptomatic relief
•Avoid deep massage of the lactating breast
•Consider lymphatic drainage to alleviate interstitial edema
•Women using a breast pump should express milk at a frequency and volume that mimics physiological breastfeeding
•An evaluation by a medical professional should be performed if there are persistent systemic symptoms (> 24 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.pa.gov/topics/programs/Breastfeeding/Pages/Breastfeeding.aspx

Healthy Baby Line
1-800-986-2229

PA Chapter, American Academy of Pediatrics
www.paaap.org

Pennsylvania WIC
www.pawic.com/WhyWicPromotesBreastfeeding.aspx

It's Only Natural
www.womenshealth.gov/its-only-natural

International Lactation Consultant Association
www.ilca.org

La Leche League
www.llli.org

Ready, Set, BABY
https://sph.unc.edu/cgbi/ready-set-baby/

Global Health Media
https://globalhealthmedia.org/videos/

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

A GUIDE for HEALTH CARE PROFESSIONALS

Breastfeeding **E**ncourage **S**upport **T**each

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

Colostrum is the baby's first immunization.
(AAP)

Revised February 2024

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 provider's recommendations essential for breastfeeding success)

Delivery Room
•Safe skin-to-skin immediately after birth (stable baby - observation)
•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; safe skin-to-skin
•Practice safety
•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 suckling and hears audible swallowing as milk volume increases
•Mother achieves pain free breastfeeding, although initial discomfort can be normal first few days

First Week
•8 to 12+ feeds each 24 hours is normal
•Baby full and satisfied within 30-40 mins
•Breasts are much softer when baby done feeding
•Change in stools: black → green → brown → loose yellow •By day 5: 4 or more stools/day, voids with stool diapers
•Evaluate latch, milk supply and yellow stools by day 6. If needed, refer to Lactation Consultant
•Mother should rest when baby rests, eat well and get help
•Discourage pacifier until effective breastfeeding and milk supply established (about 1 month)
•Recommend Vitamin D 400 IU/day, starting within first few days (CDC 2019)

First 6 Weeks
•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

BREASTFEEDING CHALLENGES

Jaundice
•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 ≥10% weight loss, compliment breastfeeding with expressed breastmilk (preferred),
donor human milk or formula–refer to Lactation Consultant
•<38weeks gestation–higher risk, so need close monitoring
•Guidelines: Management of Hyperbilirubinemia (ABM 2017)

Engorgement
•Promote "rooming in" to allow physiological breastfeeding and avoidance of pumping.
•Perform reverse pressure softening of the areola and manual pump or hand express to remove small volumes of milk before infant latch
•Ice and nonsteroidal anti-inflammatory drugs (NSAIDs) can reduce edema and inflammation and provide symptomatic relief
•Instruct mothers on hand expression to relieve symptoms

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
-Rochester Drug Helpline: 585-275-0088 (professionals only)
-Infant Risk Center:806-352-2519
-LactMed: https://www.ncbi.nlm.nih.gov/books/NBK501922/

Smoking
•Encourage mothers to quit
•Smoking is not a contraindication to breastfeeding (AAP 2012)
•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