

## Scripting Related to Breastfeeding

(Thanks to Stanford University, Kim Novak-Jones, Google, and the Carolina Global Breastfeeding Institute)

### **C/S Mothers**

“Even though you have exactly the amount of colostrum your baby needs now, for these first couple of days, we have learned that babies born by C-section may require a little more help to learn how to latch on and nurse effectively. By offering your baby frequent tastes of your colostrum, and stimulating your breasts by manual expression to “phone in your order for Day 3”, we can make sure that by the time you go home, your production will be higher. This will make it easier for your baby to learn just how to breastfeed and get a full feeding.”

“I know you are recovering from surgery right now, but it is important for your breasts to get the message to make lots of milk for your baby. Be sure to keep your baby with you all the time, and have your (husband, mother, partner) and the nurses help you with feedings both day and night.”

### **Multiples**

“The most important thing you can do these first few days is to signal your breasts to make enough milk for triplets instead of twins. The more milk you have, the easier your life will be at home with twins. So, ask for lots of help with positioning the babies and expressing milk.”

“Your babies’ different nursing styles can be used to your advantage. The more vigorous, wakeful baby should set the pace. Then you can wake up the sleepier baby after her (his) sib has finished or once the first baby is started nursing well. Alternate breasts between twins, so both breasts get the loud and clear order for the “double latte”.

“You can nurse both babies at the same time after each has learned how to latch on, and stay on, by him(her)self. Or, once you get one baby started, (Dad, Grandma, etc.) can help the second baby get started. We want you eventually to be able to nurse them at the same time to save yourself a lot of time.”

”Figure out all the things you do not absolutely have to do, and let your partner do them, like diapering or keeping the feeding record, or protecting you from unnecessary interruptions or phone calls. Tuck your babies in on each side of you and learn how to say, “later, but not now...I’m in the middle of things.” Your job right now is just to feed the babies and take care of yourself.”

### **No latch for 12 hours**

“Even the smartest babies in the world take a bit of time to figure out how to breastfeed. Lucky for us, there’s no urgency to get calories in, for the first couple of days. The “baby steps” of learning will come more naturally if we keep him (her) skin-to-skin with you and just practice breastfeeding. There are lots of things we can do to help him (her) learn. In the mean time, we also need to ‘phone in your order’ for lots of milk, because s(he’ll) need it after 3 days.”

“This is a learning time for both of you.”

”This is hard now, but it will get easier.”

### **NICU or sick infant**

“Hand express your milk as often as a term baby would nurse, at least 8 times/day, beginning right from birth. Add pumping within 6 hours, 8 times per day, with no more than a 5 hour interval at night. This frequent breast stimulation is like ‘phoning in your order’, so by the end of the first week, you’ll reach your goal of 20 ounces per day. Today we will help you learn to express your milk for your baby. We expect just drops today. We’ll catch those and take them to your baby.”

### **Supplementation**

#### **Script for the mothers who have decided to combination feed:**

“We have learned that the very best thing for your baby (and for you, too!) is if you can give your baby nothing but your own milk as long as possible.”

“Good for you for providing your baby with your wonderful breastmilk. If you really think it will be necessary to give him other foods, it would be best if you wait as long as possible before you do that.”

“The doctors who care for your baby suggest you try to provide only breastmilk until your baby is about six months old. All the benefits of your milk are less if you add cow milk to his diet too soon.”

“Many mothers choose to both breast and bottle feed, and this is very doable, once your breasts produce lots of milk and your baby has become an “A” student at the breast. To reach your goal, first “turn on” your breasts by breastfeeding, hand expression or pumping. Teach your baby that the BEST nipples in town are yours, not a bottle; the BEST food in town is at “Mom’s, not from cow milk”. Once this is accomplished, back-up bottles are an easy next step. This way, you keep your plans to breast and bottle feed AND keep your options open.”

#### **Script for the mothers who are supplementing for medical reasons:**

“It is so important that you have decided to breastfeed. I know we talk about exclusive breastfeeding, and that is also important, but sometimes it is necessary to give breastfeeding babies formula. Think of this additional milk as “medicine” for your baby.”

“Even though we need to give your baby some additional food right now, the most important thing is to stimulate your breasts to produce much MORE than your baby needs. Just like riding a 2-wheeler, it’s easier to balance when you go fast. It’s easier for your baby to learn to breastfeed when milk flow is fast, so we need to help you make a great milk supply. By feeding often, expressing/pumping your milk frequently, you are “phoning in a double order (double latte)” by following these steps.”

#### **Infants Born <38 Weeks Gestation or < 6 lbs**

“Even though you have exactly the amount of colostrum your baby needs now, for these first couple of days, we have learned that babies born a little early are, in some ways, “too good”. They don’t cry as much, fall asleep quickly, are not as vigorous at the breast, and may not stimulate your breasts to produce as much milk as your baby will need by the 3rd. day. For this reason, we’ve learned that this little “boost” is a very important way of “phoning in your order for Day 3.”

### **10 % Weight Loss**

“Some babies jump the gun and temporarily need a bit more fluid until your milk comes in. The best way to make sure everything eventually goes well is have three messengers (your baby, your hands and your pump) send signals to your breast to bring in your milk. At the same time, we will give your baby the advantage of a little extra fluid and calories, so she/he will be vigorous at the breast. Once your production is up, we won’t need to supplement.”

### **Breast Surgery**

#### **Mother with breast reduction:** “

Some of the newer techniques for breast surgery enable some mothers to exclusively breastfeed, but this is not the rule. How we handle these first three days can make all the difference in how much milk your breast can ultimately produce. The best strategy is to increase the number of times we express small volumes of milk from the breast in the first 3 to 5 days, beginning on the first day. For example, every waking hour, hand express small volumes of milk from each breast for about 5 minutes. In addition to this, breastfeed frequently, 10-12 times per day, instead of the usual 8 times. You need to see your baby’s doctor if your baby is not having several liquidy, bright yellow bowel movements a day by the 4-5th day. In fact, it might be best to have your baby checked out when he’s about 3 days old. Have your doctor keep a close eye on your baby’s weight for the first two weeks.”

#### **Mother with breast augmentation:**

“When your milk comes in, in larger volumes, around the 3rd or 4th day, you may experience more pressure. During this time, the implants can make it a little more difficult for the milk to flow freely. We need to practice hand expression now, so that when you start feeling full, you’ll be an expert at getting the milk to flow. The plan is to keep milk moving through the breast every few hours – day and night. Any time you start to feel fullness, hand express a bit of milk, waken the baby to feed and then hand express again. This will make it much easier for your baby to nurse and more comfortable for you.”

### **History of Breastfeeding Failure**

“Most mothers believe that breastfeeding comes easily for everyone else. The problems you had last time are quite common. Breastfeeding is natural, but it does not come naturally for most babies...anymore so than walking. Usually, however, the earlier any problems are taken care of, the more likely you are to overcome them. Let’s see what we can do to give you and your baby extra help and extra practice. The more frequently you breastfeed in the first 3 days, the less likely problems will develop.”

### **Pregnant Mothers with Risk Factors for Premature Delivery on the Antenatal Unit**

“We encourage all of our mothers who have even a small chance of delivering prematurely to learn about the life-saving importance of breastmilk for small and sick babies. Because there is so much to learn, would you be willing to watch an award winning educational video, which was filmed at Stanford? Many of our staff and families participated in this video. If you do deliver prematurely, we would like to help you collect your babies “first immunization” (your colostrum) in the delivery room, just after your baby is born. Just as a healthy baby nurses right after birth, your colostrum can then be taken straight to the NICU for your baby. Once you’re back to your room, we’ll help you start pumping and recording each session in a diary.”

### **Rooming-in**

“Keeping your baby at your bedside is a great way for you to learn your baby’s cues and what it will be like when you go home. I’ll be rounding on you and the baby and will provide you and your baby with any care and assistance you may need.”

“Keeping your baby with you is a great opportunity for me to teach you and answer any questions you may have about caring for your baby.”

“Research show you are likely to get just as much sleep with your baby in your room as you would if your baby was in the Newborn Observation Area. Babies who room in with their mothers cry less and are less likely to have trouble breastfeeding their babies.”

### **Ask me about hand expression**

Facilitate skin-to-skin contact between mom and baby.

Skin-to-skin is when a dry, naked newborn is placed against his mother’s bare abdomen, and the two are covered with a blanket.

### **Immediate and continuous skin-to-skin care leads to:**

Higher axillary temperatures for newborns

Lower, more stable respiratory rates for newborns

Higher levels of oxytocin, which supports bonding and breastfeeding

Decreased crying for newborns and mothers

Decreased anxiety for mothers

### **Teach all mothers how to hand express their milk. Hand expression:**

Supports an effective latch

Relieves blocked ducts and engorgement

Provides an easy way to express colostrum and milk

Increases mothers’ confidence in her ability to make milk.

Hand expression increases quality and quantity of milk supply.

### **Ask me about feeding cues/rooming in**

Rooming-in means mothers and infants remain together 24 hrs/day

Mothers’ build confidence with opportunities to learn about their babies.

Mother-baby couplets are exposed to fewer germs.

Babies who room-in cry less and soothe more quickly.

Babies who room-in are less likely to develop jaundice, as they are fed more frequently and in response to their cues.

Couplets get greater quantity and quality of sleep when rooming-in.

Rooming-in makes breastfeeding easier; Moms make more milk, and faster.

### **Encourage feeding according to baby’s cues.**

Babies communicate their hunger and satiety using cues.

Feeding by cue ensures frequent feedings and appropriate weight gain.

Sore nipples are NOT caused by breastfeeding too frequently or for too long. Rather, sore nipples usually come from a poor latch.

Frequent breast-emptying is essential for establishing milk supply.