

## Breastfeeding Resources

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**Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report / Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality, April 2007. Available from: <http://www.ahrq.gov/clinic/tp/brfouttp.htm>**

The authors of this review screened over 9,000 abstracts about breastfeeding and infant and maternal health outcomes. They summarize the findings of the studies so that readers have one place to go to learn about the many risks of NOT breastfeeding, including: [for breastfed children] acute otitis media, non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, asthma (young children), obesity, type 1 and 2 diabetes, childhood leukemia, sudden infant death syndrome (SIDS), necrotizing enterocolitis, and [for mothers who breastfed] type 2 diabetes, breast, and ovarian cancer, and postpartum depression.

**World Health Organization. Evidence on the Long-Term Effects of Breastfeeding: Systematic Reviews and Meta-Analyses.**

**Available from: [http://whqlibdoc.who.int/publications/2007/9789241595230\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595230_eng.pdf)**

This booklet provides information about the benefits of breastfeeding that last a lifetime (lower blood pressure, diabetes, etc.), based on the best available evidence.

**DeClerq E, Lobbok MH, Sakala C, O'Hara M. Hospital practices and women's likelihood of fulfilling their intention to exclusively breastfeed. Am J Public Health. 2009**

**May;99(5):929-35. Epub 2009 Mar 19.**

**PubMed Link:**

**[http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=19299680\[uid\]&cmd=DetailsSearch](http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=19299680[uid]&cmd=DetailsSearch)**

This article demonstrates that primiparas giving birth at health facilities practicing six or more of the Ten Steps were six times as likely to achieve their intention to breastfeed exclusively at one week postpartum, compared to mothers delivering at facilities practicing one or no Steps

**World Health Organization. Evidence for the Ten Steps to Successful Breastfeeding.**

**Available from: [http://whqlibdoc.who.int/publications/2004/9241591544\\_eng.pdf](http://whqlibdoc.who.int/publications/2004/9241591544_eng.pdf)**

This booklet is a very user-friendly guide to the evidence for the Ten Steps to Successful Breastfeeding. The evidence for each step is laid out separately, and the authors offer more general recommendations at the end.

**Academy of Breastfeeding Medicine. ABM Protocol #3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2009.**

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**Breastfeeding Medicine 4.3: 175-182. Available from:**

<http://www.bfmed.org/Resources/Protocols.aspx>

This document clarifies the evidence-based guidelines for supplementing breastfed newborns.

**International Lactation Consultant Association. Clinical Guidelines for the Establishment of Exclusive Breastfeeding. Available from:**

<http://www.ilca.org/files/resources/ClinicalGuidelines2005.pdf>

These clinical guidelines give “health care professionals an operational framework for providing care to mothers and babies. “They reflect a continuum of care approach based on the understanding that the health and interests of the mother/child dyad should not be separated. Maternal health is the most important determinant of neonatal outcome and a healthy newborn is the best promise for the future.” The document provides specific clinical care practices that should be used, and why.

**Moore ER, Anderson GC, Berman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2007, issues 3, Art. No.: CD003519. DOI: 10.1002/14651859.CD003519.pub2.**

**PubMed link:**

[http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=17636727\[uid\]&cmd=DetailsSearch](http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=17636727[uid]&cmd=DetailsSearch)

This article explores the “impact of early skin-to-skin contact between the mother and her newborn baby on infant health, behavior and breastfeeding. The review included 30 studies involving 1925 mothers and their babies. It showed that babies interacted more with their mothers, stayed warmer, and cried less. Babies were more likely to be breastfed, and to breastfeed for longer, if they had early skin-to-skin contact.”

**Howard C, Howard F, Lanphear B, et al. Randomized clinical trial of pacifier use and bottle-feeding or cupfeeding and their effect on breastfeeding. *Pediatrics*. 2003;111:511–518**

**PubMed link:**

[http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=12612229\[uid\]&cmd=DetailsSearch](http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=12612229[uid]&cmd=DetailsSearch)

This study found that **cupfeeding** “benefits mother–infant dyads who require multiple supplements **or** were delivered by cesarean. **Pacifier use** in the neonatal period was detrimental to exclusive **and** overall **breastfeeding**. [The authors call for health professionals] to avoid exposing breastfed infants to artificial nipples in the neonatal period.

**Morton JA. Is use of breast pumps out of hand? Mothers who use ‘hands-on’ technique see increase in milk production. *AAP News* 2009; 20;14.**

**Available from:** <http://aapnews.aappublications.org/cgi/reprint/30/6/14>

This article describes the clinical evidence for hand expression and mixed-method expression, and the problems associated with becoming too dependent on breast pumps in our clinical practices.

**Morton JA. Hand Expression of Breastmilk.**

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Until recently hand expression of milk has been an under-utilized skill. But there are many benefits of knowing how to express milk from the breast without the use of expensive or cumbersome pumps. In this 7 minute video, Dr. Jane Morton demonstrates how easily hand expression can be taught to mothers.

**Smillie C. Baby-Led breastfeeding: The Mother-Baby Dance, Geddes Productions, 2008**

In this 16 minute film, we see mothers learning to breastfeed naturally—by letting their babies show them how. Like kittens and puppies, human babies are already hardwired to seek out and find the breast. In this video we see just how babies can do it—when we get out of the babies' way. We also see Kittie Frantz, RN, CPNP-PC, who now uses this same approach in her own practice.

\*\*\*This product is not available for free on the internet. Many hospitals and clinical leads have copies you may borrow. It is also available for purchase from:

<http://www.geddesproduction.com/breast-feeding-baby-led.php>

**Smillie T. Baby-Led Breastfeeding: A neurobehavioral model for understanding how infants learn to feed.**

<http://www.healthsystem.virginia.edu/internet/cme/breastfeeding/beby-led-breastfeeding.pdf>

This powerpoint by Tina Smillie is a nice complement to the DVD.

**Victoria C, Behague D, Barros F, Olinto M, Weiderpass E. Pacifier use and short breastfeeding duration: cause, consequence, or coincidence? *Pediatrics*. 1997;99:445–453**

**PubMed link:** [http://www.ncbi.nlm.nih.gov.libproxy.lib.unc.edu/pubmed?term=9041303\[uid\]&cmd=DetailsSearch](http://www.ncbi.nlm.nih.gov.libproxy.lib.unc.edu/pubmed?term=9041303[uid]&cmd=DetailsSearch)

**This study explores the “complex relations between pacifier use and breastfeeding.”** The main idea is that “**breastfeeding** promotion campaigns aimed specifically at reducing **pacifier use** will fail unless they also help women face the challenges of nursing **and** address their anxieties.”

**Howard C, Howard F, Lanphear B, deBlicke E, Eberly S, Lawrence R. The effects of early pacifier use on breastfeeding duration. *Pediatrics*. 1999;103(3).**

**PubMed link:**

[http://www.ncbi.nlm.nih.gov.libproxy.lib.unc.edu/pubmed?term=10049989\[uid\]&cmd=DetailsSearch](http://www.ncbi.nlm.nih.gov.libproxy.lib.unc.edu/pubmed?term=10049989[uid]&cmd=DetailsSearch)

**In this study, “pacifier use was independently associated with significant declines in the duration of full and overall breastfeeding. Breastfeeding duration in the first 3 months' postpartum, however, was unaffected by pacifier use.** Women who introduced **pacifiers** tended to breastfeed **their** infants less frequently and experienced **breastfeeding** problems consistent with infrequent feeding. Findings from this study suggest that **the** decreases in **breastfeeding** duration associated with **pacifier use** may be a **consequence of** less frequent **breastfeeding** among women who introduce **pacifiers** to **their** infants.”

**Rabe H, Reynolds GJ, Diaz-Rosello JL. Early versus delayed umbilical cord clamping in preterm infants. *Cochrane Database of Systematic Reviews* 2004, Issue 4. Art. No.: CD003248. DOI: 10.1002/14651858.CD003248.pub2.**

**PubMed link:**

[http://www.ncbi.nlm.nih.gov.libproxy.lib.unc.edu/pubmed?term=15495045\[uid\]&cmd=DetailsSearch](http://www.ncbi.nlm.nih.gov.libproxy.lib.unc.edu/pubmed?term=15495045[uid]&cmd=DetailsSearch)

“In the womb, blood flows to and from the baby and the placenta bringing oxygen to the baby from the mother's blood. If the cord is left unclamped for a short time after the birth, some of the baby's blood from the placenta passes to the baby to help the flow of blood to the baby's lungs. In the review of studies on babies born prematurely, delaying cord clamping for just a very short

time helped the babies to adjust to their new surroundings better. Further studies are needed on longer delays to see whether this brings even more benefits.”

**Vennemann, M.M., Bajanowski, T., Brinkmann, B., Jorch, G., Yucesan, K., Sauerland, C., Mitchell, E.A., and the GeSID Study Group. Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? Pediatrics 2009 123: e406-e410**

**PubMed link:**

[http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=19254976\[uid\]&cmd=DetailsSearch](http://www.ncbi.nlm.nih.gov/libproxy.lib.unc.edu/pubmed?term=19254976[uid]&cmd=DetailsSearch)

This study examines the relationship between breastfeeding and SIDS. The authors found that “**breastfeeding reduced the risk of sudden infant death syndrome** by ~50% at all ages throughout infancy. [They] recommend including **the** advice to breastfeed through 6 months of age in **sudden infant death syndrome risk-reduction** messages.”