



Frequency and Latch Issues

PQCNC HM WELL Learning Session

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I'VE READ EVERYTHING THERE IS TO KNOW
ABOUT BREASTFEEDING. NOW IT'S UP TO YOU!

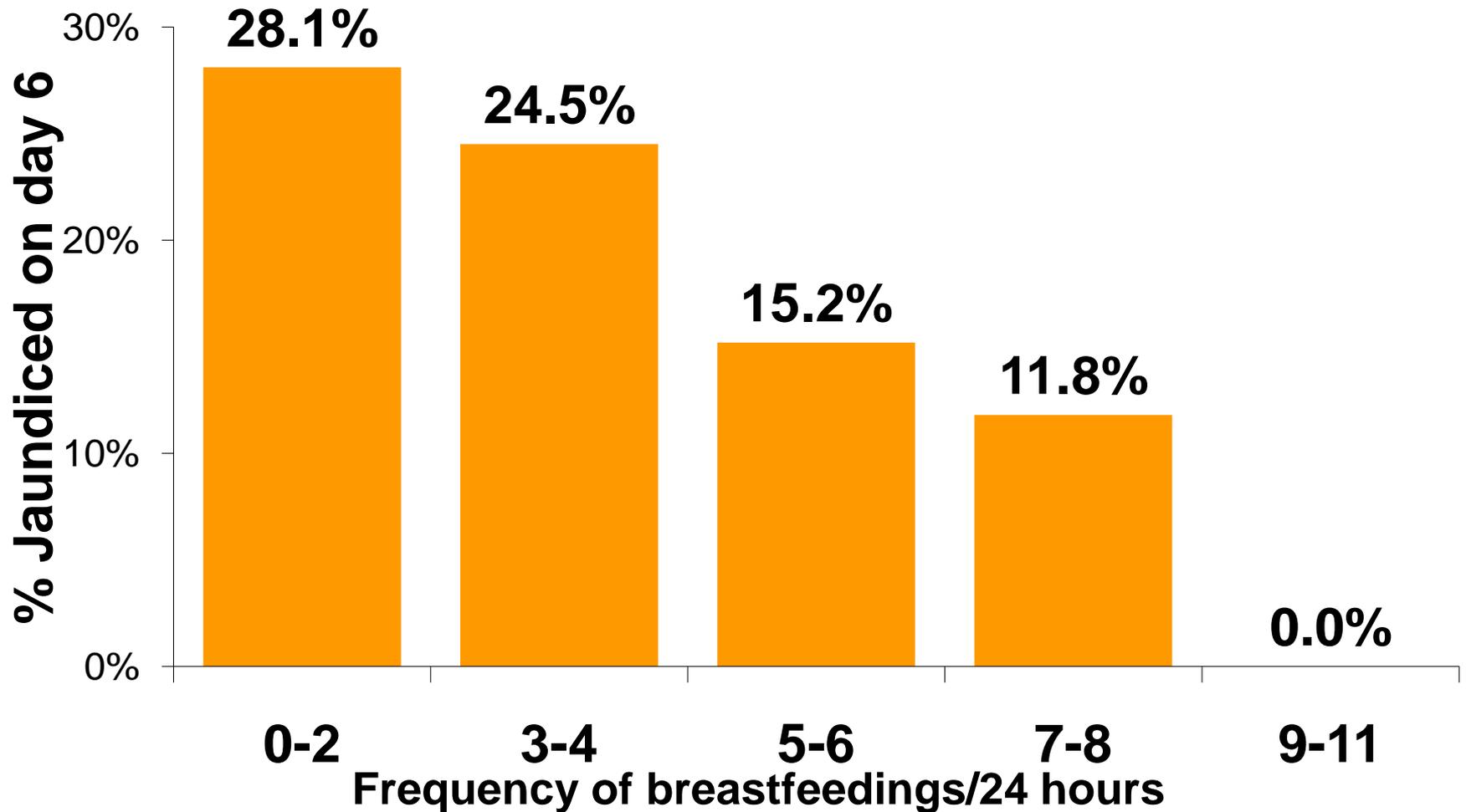
Step 8 of the TEN STEPS.

Encourage breastfeeding ‘on demand’

What is “on demand”?

- On cue
- Baby-led
- Recognizing subtle cues
- Respecting that the baby will wish to be at the breast just about whenever awake
- May be a 90 minute or so cycle, with a ton of variation
- The result:
 - 8, 10, 12, 14 or more “demands” per 24 hours

Why “on demand”? Rationale for increased frequency: Breastfeeding frequency in 1st 24 hours and incidence of hyperbilirubinemia on day 6



From: Yamauchi Y and Yamanouchi I. Breast-feeding frequency during the first 24 hours after birth in full-term neonates.

Pediatrics, 1990, 86(2):171-175.

Misunderstandings concerning what is needed to produce milk



THE MORE HE CRIES
THE LESS MILK HE
DRINKS, SO THE
LESS MILK IS
PRODUCED SO
THERE'S LESS FOR
HIM TO DRINK, SO
HE CRIES BECAUSE
HE DIDN'T GET A
DRINK. DO YOU
UNDERSTAND
THAT ?

*30
reel*

LATCH

- A baby will latch properly – all else being equal – if they are allowed to be in charge. Our job?
- Many tools available – e.g., LATCH scoring system : 0, 1, or 2

"L" : how well the infant latches onto the breast

- what do you see: baby's cheeks, nose, chin; mom's areola?

"A" : amount of audible swallowing noted

- is there a pattern?

"T" : mother's nipple type

- if normal, what do you see? Is there blanching? If inverted, does the baby get it to protrude?

"C" : mother's level of comfort

- pain is NOT necessary and should be addressed

"H" : amount of help the mother needs to hold her infant to the breast

- solid suction, with only support of back+ needed

What can we do to overcome obstacles to frequent, effective breastfeeding experience in-hospital?

Reality

What can we do?

- | | |
|--|---|
| 1. Lack of understanding of baby's abilities | 1. LATCH, and support |
| 2. Poor Latch | 2. Encourage; Communication; Watch mom for evidence |
| 3. "Wait for the LC..." | 3. Counseling; Prenatal education |
| 4. Fear of Pain | 4. It is everyone's responsibility |
| 5. Tired mom | 5. Side-lying; shifts for dad/others to hold baby; Ensure moms have access to food and drink during and after labor: Improve ready access |
| 6. Epidurals | 6. Discuss with dept of anesthesiology; pt controlled? doula may help; alternative pain relief – non-narcotic, massage |
| 7. Family visits | 7. Prenatal ed; limiting; 'quiet time'; prescription of skin to skin time; visitor education; nurse checks; |
| 8. C/S | 8. Reduce c/s, facilitate skin to skin during wound closure/recovery |
| 9. Circs | 9. No need for NPO (ensure not in protocol if possible) reduce glucose use; mom be there to feed; timing |

What can we do to overcome obstacles to frequent, effective breastfeeding experience in-hospital?

Reality

What can we do?

- | | |
|----------------------------|---|
| 10. Sleep location | 10. Encourage close sleeping, ease of access |
| 11. Nursery | 11. Reduce time in the nursery, e.g. screens, baths, px, no reason; nursery only for observation, or labeled for treatment |
| 12. Hospital Interruptions | 12. Signs on the doors to avoid entry for trash and food; have reps from environmental/food meet with BF team; train of volunteers/ companions; naptime |
| 13. IVs | 13. Reduce use where possible, heplock? |
| 14. 'Sleepy baby' | 14. Prevent over-swaddling, isolation of baby; try skin-to-skin |
| 15. Perception no milk | 15. Eliminate use of pacifiers; educate |
| 16. No skin to skin | 16. Encourage same |
| 17. Lack of Confidence | 17. Hand Expression; Encouragement |