

Keys to Successful Breastfeeding: Putting the 10 Steps into Practice

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How can you help a new mother breastfeed?

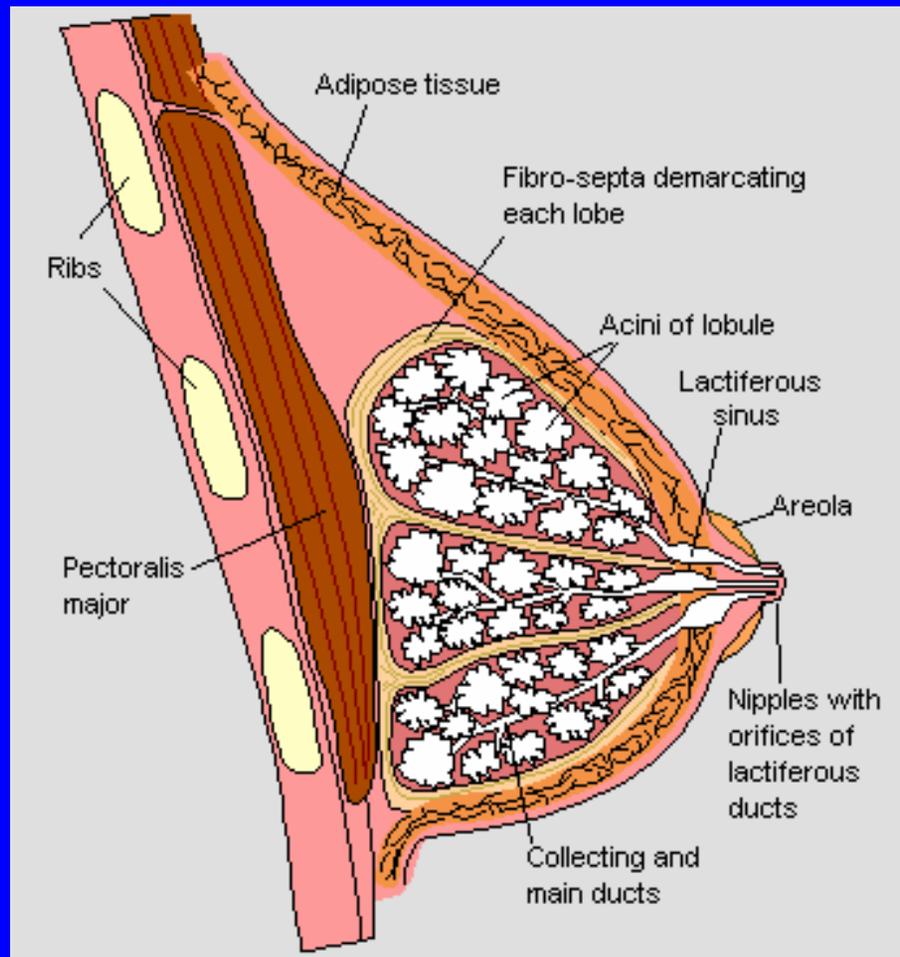
- Build your knowledge base
- Build mother's confidence
- Use “words that work”
- Follow up, follow up, follow up



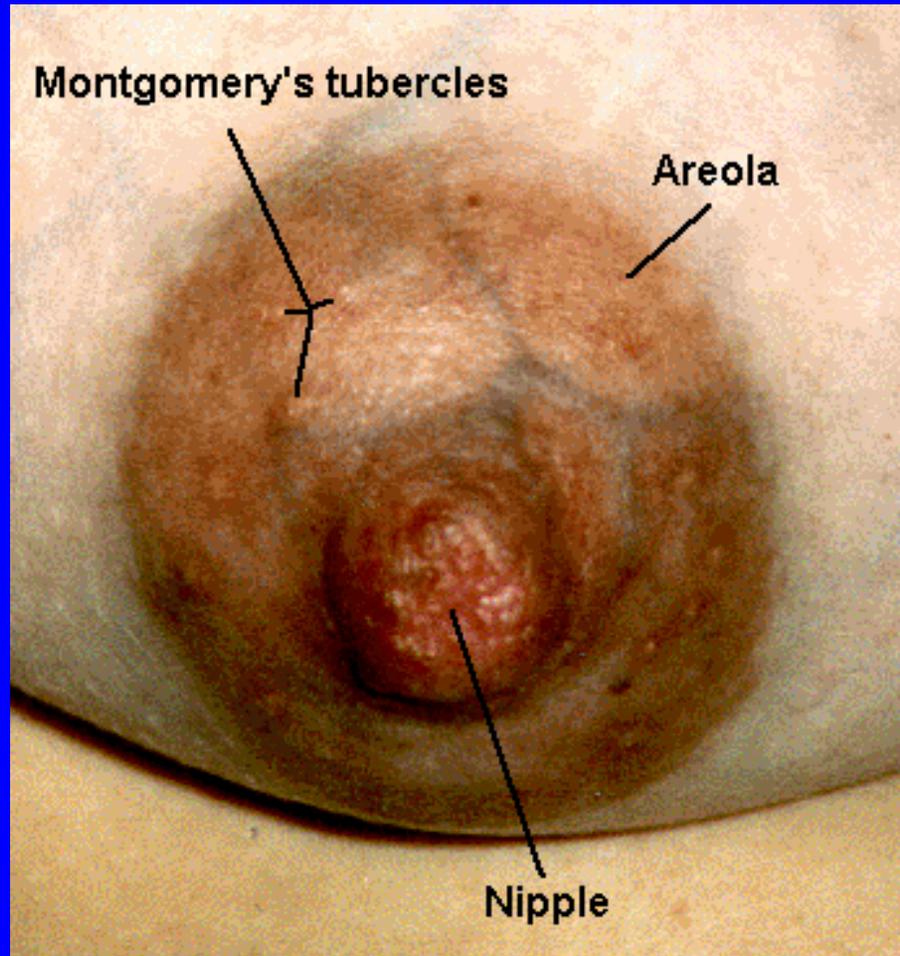
Mother's Milk

- Ideal for feeding and nurturing infants
- Most complete and balanced form of nutrition for human infants
- Uniquely immunoprotective
- Improves maternal health
- Limited number of contraindications

Anatomy and Physiology



Nipple Structure



Breast Massage for Expression



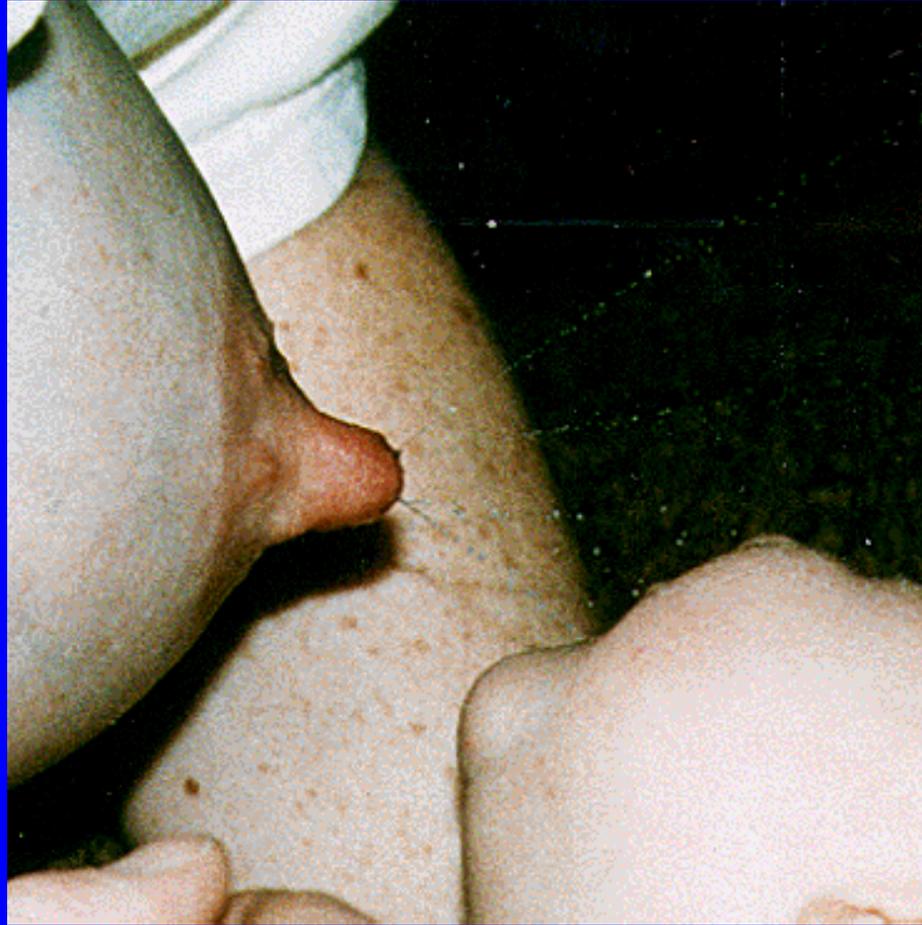
Breast Compression



Hand Expression



Milk Ejection Reflex



Key Steps

- Early initiation of baby to breast
- Points for good position and latch
- Evidence of milk transfer
- Assess and document a breastfeeding session.

Early and Often

Newly-born Rooting



Early breastfeeding

- Uterine involution
- Accelerate milk production
- Minimize engorgement
- Enhances attachment and bonding

Early and Often

- Intense suck reflex
- Initiates gut peristalsis
- Increased immunological properties (IgA)
- Practice makes perfect

Hunger Cues

- Rooting
- Sucking motions
- Motor activity/ hands to mouth
- Tense, clenched fist
- Crying-LAST SIGN of HUNGER

On Your Mark (Mother)

- Comfort with pillows or towels
- Support for heavy breasts
- Hand position based on breast size and location

Side-lying



Get Set (Baby)

- Cradle
- Cross Cradle
- Football or clutch
- Side-lying
- Australian or prone (floating prone)

Side-lying



Go!

- Nose to nipple
- Tickle lips
- Be patient....
- Wait for baby to “Open WIDE”

Cradle Position



Cradle or Madonna Position



Reverse Clutch or Cross Cradle



Clutch or Football Hold



Football Position



The Gape



The Approach



Contact for Latch



Good Latch



You're a Winner!

- Assess for:
 - Wide open jaws, lips flanged out
 - Audible swallowing
 - Long sustained burst suck pattern
 - Comes off breast satisfied

Assessing over the first weeks

- Watching for urine output
- Watching stool patterns
- Watch weight loss/gain
 - WHAT IS NORMAL???
- When is it necessary to supplement?

Common Problems

- Sore Nipples
- Engorgement
- Mastitis
- Yeast infections
- Medications
- Baby with a problem nursing
- Methods of supplementation

Tandem Nursing Preemies



Tandem Nursing (on the run)



Preemie at the Breast



What's wrong with this?

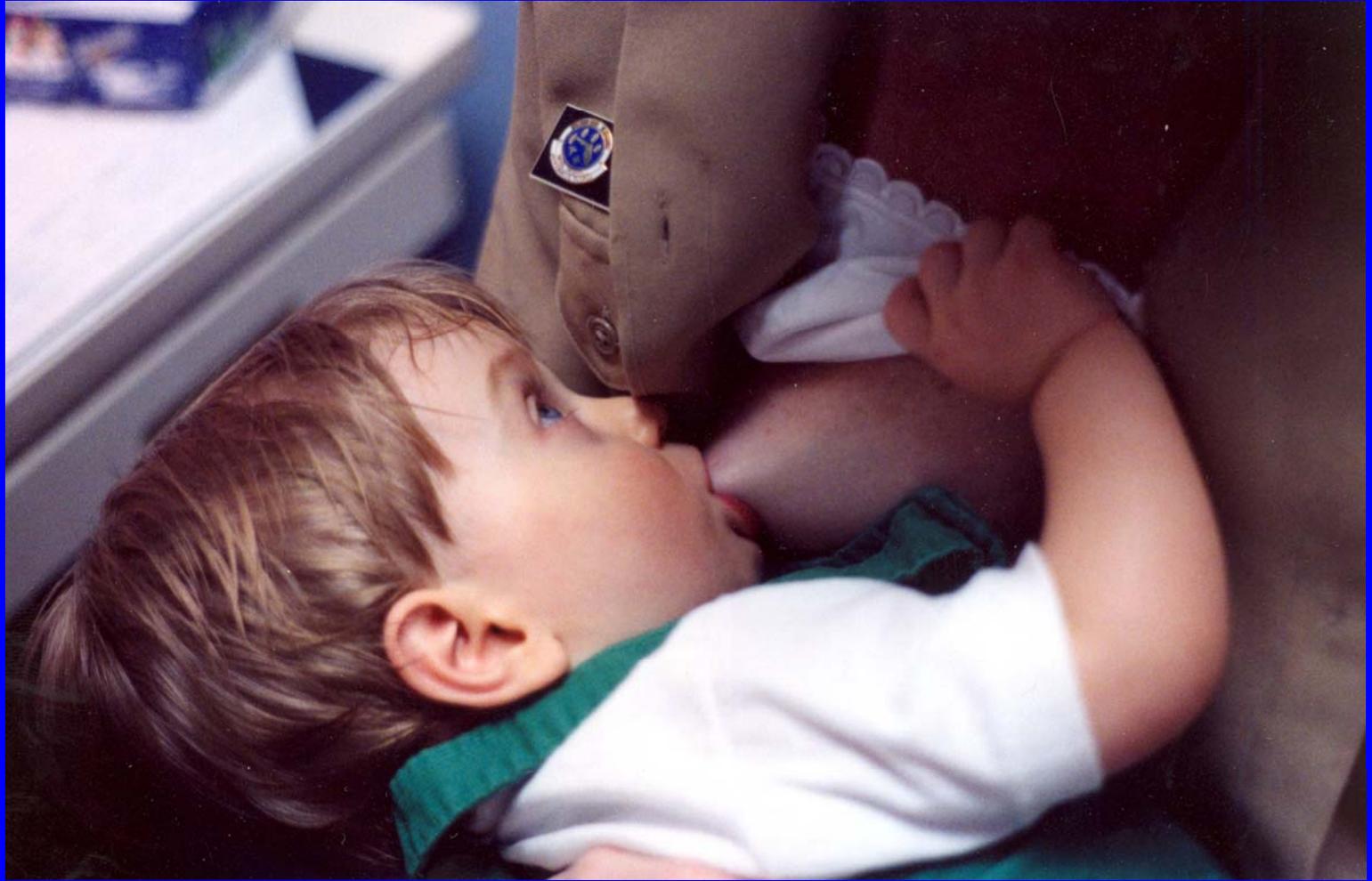


What's wrong with this?



What's wrong with these?





Can we change the Military Medical Model?

- SG/BUMED Instructions
- Deckplate support for AD mothers
- Training in Residency Programs
- Staff ed & training focused on FCC
- Build strong patient ed program

Use Evidence Based Guidelines

- Data driven
- UNICEF “Ten Steps”
- ILCA “First 14 Days”
- Social Marketing

Provide Education and Training for ALL Staff who interact with Families

- Minimum 4-8 hours per year of Annual Required Training
- Support Certification for Active Duty
 - RNC or IBCLC
- Standardize training and “Guidelines for Practice” throughout the MTFs

Provide opportunity for training

- Require IBCLC with EXPERIENCE
- Internship Program
- Computer Based Training/ Distributive Ed
- Allow AD Nurses to function as LCs
- Allow AD Nurses to teach Family- Centered Childbirth Classes

Train our NMCRS Nurses



Build Volunteer Programs

- Train experienced mothers in counseling skills for peer support
- Provide annual training programs
- Coordinate with Red Cross?
- Coordinate with WIC or HMHB?

Update the BUMED Instructions

- WHO Guidelines & Baby Friendly
 - No freebies
- Enforce language in the Instruction for Formula Reps
- Look at purchasing formula for the units
 - Dietary purchases from “general schedule”



Yes, we can....



And we have just begun...

Questions?

Optimum vs Adequate?

Guilt vs Regret?