Breastfeeding Webinar Series (1 of 3) Breastfeeding Basics

July 13, 2020









By the end of this presentation, you should have a basic understanding of the following:

- Building parents' self-efficacy and self-advocacy skills
- Knowing the difference between what's normal and what's not
- Breastfeeding tools and resources







Breastfeeding has many perks

For breastfed babies

- Reduced risk of developing asthma, obesity, ear and GI infection
- Life-long protection against many diseases

For women who breastfeed

- Decreased likelihood of postpartum depression
- Reduced risk of high blood pressure, breast and ovarian cancer
- Less time is involved, when compared with making formula
- Easier to digest than formula



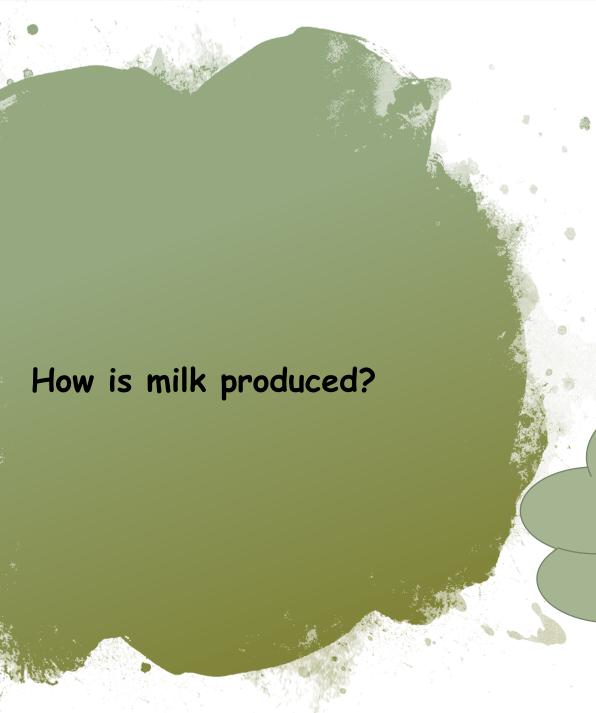
Breastfeed anywhere and anytime, it's your right!

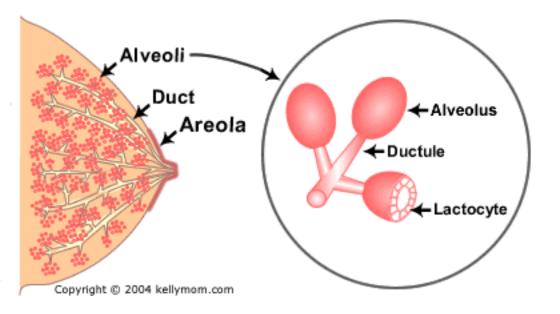
Breastfeeding is supported by National and State Legislation

- Break Time for Nursing Mothers provision of the Patient Protection and Affordable Care Act
- Fairness of breastfeeding mothers act of 2019

- Exemption from public indecency laws
- Breastfeed in public or private
- Breastfeed in the workplace
- Breastfeeding awareness education campaign







- Milk production begins in early pregnancy, breasts grow ducts and glands needed to make milk
- Colostrum (first milk) is present by midpregnancy
- Birthing process triggers mature milk production, turns hormonal switch from "pregnant" to "feeding"
- 2-5 days after birth, mature milk begins to flow

- Early skin-to-skin contact, with baby on your chest
- Hold baby close, with head facing breast; head, neck & body in line. Place nose opposite nipple to trigger baby's mouth to open wide; this prevents painful sucking
- Baby should take a big mouthful of breast, with mouth at least covering bottom part of the areola

Breastfeeding should not hurt

Challenges and helpful tips

- Painful sucking: break a suction by inserting your finger in corner of baby's mouth
- Nipple pain is common but abnormal: prevent it by early deep attachment of mouth to breast in first few hours after birth
- Reduce pain from sore nipples by hand expressing before bringing baby close to breast
- Practice makes perfect!



Helping Baby Latch



Helping baby latch to breast

- Hold your baby close, with baby's tummy touching your tummy. Hold baby at the level of your breast. Use pillows under baby if needed.
- Have one hand support baby at the neck and shoulders. Use the other hand to support the breast well behind the areola (the darker skin at the base of the nipple). Let baby's head tilt back so that the chin is pointed to the breast.
- Bring baby toward the breast so baby's mouth touches the nipple and breast. Wait for baby to open wide. When baby opens wide, bring baby onto the breast, leading with baby's chin. Keep hugging baby to you.



- Baby should take a big mouthful of breast, not just the nipple.
 This helps baby get more milk and the suckling should feel comfortable.
- If it feels painful for more than a few seconds, insert your finger into baby's mouth to break the suction, remove baby and re-latch.

Wait for baby to open wide to get a more comfortable, effective latch.

If it still hurts, please ask for assistance. Painful breastfeeding is not normal.



You can breastfeed with baby held across your chest, tucked under your arm, lying beside you or lying on you in the laid-back nursing position.



Breastfeeding Positions.

Demonstration of multiple positions (10 mins)

https://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/

- An upright position with good posture
- Recline position/Laid-back (not flat) nursing

https://www.youtube.com/watch?v=ZJan8xCNgY4

- Cradle hold
- Cross-cradle hold
- Under arm hold
- Side-lying position
- If mother is still having pain, have her see a lactation specialist





- The body knows how much milk to make
- Mother's milk supply grows to meet the baby's needs if baby is well attached and fed as often as they need to
- All babies lose weight in the first few days;
 this is completely normal and not a sign of low milk supply



Maintaining Milk Supply

- Feed on cue, in response to hunger signs such as rooting (turning face to something touching the cheek), putting hands up to mouth
- Crying is a late hunger sign
- Best way to encourage good milk supply is to feed the baby often
- Giving formula bottles in between breast feedings can interrupt the system and decrease milk supply
- Keeping baby close to mother's body helps regulate both mother and baby, keep baby content, and increase milk supply





- Cluster feeding, feeding every hour for a few hours in a row, is normal
- Monitor weight gain after first 10 days to 2weeks
- Monitor baby's diapers in the first week; you can use a poop chart (graduation from sticky black stools/meconium to loose yellow stools within first week and increased frequency of daily urination corresponding to each day of life in the first week)
- Feed baby whenever they want and for as long as they want to be fed
- Sleep frequency and duration, length and frequency of breastfeeding and a fussy baby, give no information about baby's satiety or hunger.



A word on Supplements

- The best supplement, if needed, is breastmilk!
- If baby has medical need for extra milk in the hospital, parent can pump breasts, or pasteurized human donor milk can be given instead of formula if pumping is not an option
- After going home, if baby needs extra, pumped milk is the best; it gives baby best kind of milk, and breastmilk supply is supported
- Formula is least-preferred option, as nutrition is inferior, and it can decrease mother's milk supply





CHWs help breastfeeding moms build selfassessment skills by teaching the following:

- What's normal to expect and things to look out for during breastfeeding
- Keeping diaper diaries
- Responsive feeding through understanding baby cues
- Knowing what questions to ask
- Empowering moms to breastfeed without any help





CHWs help breastfeeding moms build self-advocacy skills and self-efficacy through:

- Communicating rights of moms to breastfeed anywhere
- Sharing breastfeeding resources and support, as well as when and where to seek them
- Teaching breastfeeding moms how to communicate referrals
- Link families with health services, and teach them to use resources already available to them (Primary care provider, Lactation consultants



- Building parents' self-efficacy and self-advocacy skills
- Knowing the difference between what's normal and what's not and communicating them
- Helping parents access
 breastfeeding tools and resources

Additional Resources

- MBC Prenatal Toolkit https://mnbreastfeedingcoalition.org/prenatal-toolkit-2/
- Global Health Media Project Videos for health workers https://www.youtube.com/watch?v=hs7ai466toE&list=PLxVdpaMfvxLD35AIGQDPro8I7-ZGOsLnK
- Global Health Media Project Videos for mothers
 https://www.youtube.com/watch?v=uMcgJR8ESRc&list=PLxVdpaMfvxLCDSNEgM2QcN5pAc-LraJgL
- Videos on preparing for breastfeeding, positioning, good latch, preparing for good milk supply and minimizing pain: (English and Spanish) https://firstdroplets.com/
- Natural breastfeeding positions https://mail.google.com/mail/u/1/#inbox/FMfcgxwHNqJFPRqsDpzjbLRBcMbgZJvb?projector=1
- La Leche League https://www.llli.org
- Diaper Diary
- Triage tool
- Kelly Mom https://kellymom.com
- WIC breastfeeding support https://wicbreastfeeding.fns.usda.gov/about
- Primary care provider
- Hospital Lactation consultants

Sample Diaper Diary and Poop Chart

Babies Breast Feeding and Diaper Record

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	Number of wet diapers	Number of soiled diapers	Color of Stool		
DAY 1	1	1	Black		
DAY 2	2	2	Black		
DAY 3	3	3	Green-Black		
DAY 4	4	3	Green-Yellow		
DAY 5	5	3 or more	Yellow		
DAY 6	6	3 or more	Yellow		
DAY 7	6-8	3 or more	Yellow		

THANK YOU!

