



Lactation for Primary Care

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About Presenter

- Pediatric Nurse Practitioner at Reliant Medical Group
- Certified Lactation Counselor
- Passion for breastfeeding and infants
- Mom of 2 little girls-both breastfeed
- Developed Reliant Medical Group Initiative to extend CLC trained NPs and RNs in each Pediatric and Family Practice Clinic

Objectives

- Learn importance of lactation support in primary care
- Learn national and international initiatives
- Learn common terminology associated with breastfeeding
- Learn basics of how to help breastfeeding dyad
- Learn local and regional community resources available to providers and families

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The activity presenter has no financial relationships to disclose.

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The activity planner has no financial relationships to disclose.

Importance of Breastfeeding Education for Infants

- Provides Optimal Nutrition to infants
- Protection against illnesses (Meek & Noble, 2022)
- Reduction in infant mortality
- Reduction in obesity risk



Importance of Breastfeeding Education for Mothers

- Breastfeeding can be hard- especially in the early week post hospital discharge
- Education/Support can extend length of breastfeeding (Jin, 2016)
- Reduction in risk of ovarian and breast cancer (CDC, 2022)
- Reduction in Type 2 Diabetes (CDC, 2022)
- Reduction in High Blood Pressure (CDC, 2022)

Importance of Breastfeeding Education for Society

- Reduction in health care costs (Office of Surgeon General, 2011)
- Baby Friendly Hospital Initiative
 - St. Vincent Hospital
- HealthyPeople 2030 Breastfeeding Objectives
 - 54.1% at 1 yr
 - 42.4 % at 6 month
- 83.2% initiate breastfeeding, 24.9 % breastfeeding at 6 months (CDC Breastfeeding Report Card, 2022)



Figure 1 from google images

Who Supports Breastfeeding?

- **Local**
 - Reliant Medical Group
 - Local Hospitals
 - State Law protecting mothers breastfeeding in public places
 - Bill for improved access to breast pumps currently active in Ma State Committees
 - WIC
 - Mother to Mother Peer Counselors
 - Additional Food while Breastfeeding
- **Nationally**
 - AAP, CDC, ABM, AAFP, NAPNAP
 - Federal Government
 - Affordable Care Act, PUMPS Act
 - Healthy Start Federal Program
 - HealthyPeople2030 Objectives
- **Internationally**
 - WHO
 - UNICEF

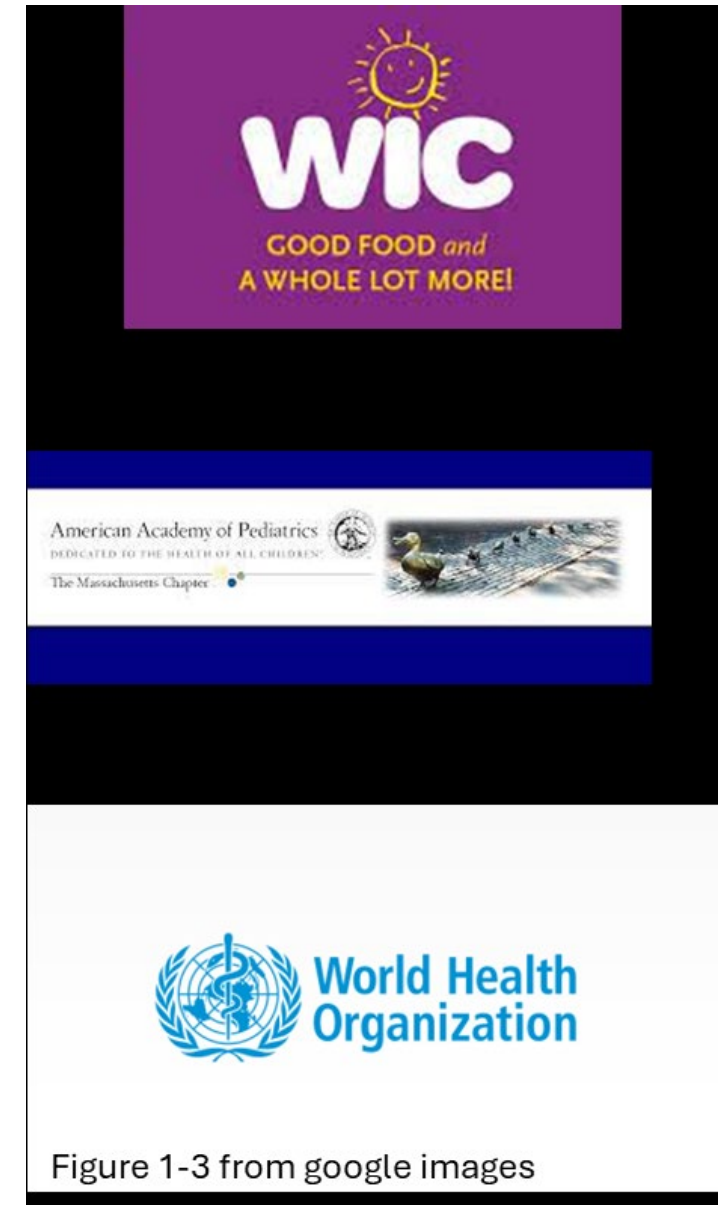


Figure 1-3 from google images

Data Trends in Breastfeeding

- **2022 WIC Breastfeeding Data:**
 - Massachusetts: 15% exclusively breastfeeding
 - Worcester WIC: 12.9%, North Central WIC: 18.3%, South Central WIC: 17.7%, Framingham WIC: 18.3%
 - Massachusetts not in top 15 states (23rd)
 - For Comparison: Vermont: 30.1%, NH 21%, Connecticut 10%, NY 12%
 - National: 13.1% at 6 months
 - Canada: 34.6 % at 6 months (Canada's Breastfeeding dashboard,2022)
- **World Health Organization**
 - 2030 Goal: 70% of infants 0-6 months exclusively breastfed
 - Current State (2022):
 - Worldwide 48% (Global breastfeeding scorecard, 2022)
 - USA 24.9 % 2022 (CDC Breastfeeding Report Card, 2022)

Social Trends in Breastfeeding

- **Social Media**
 - Lingo: “Breast is best”, “Fed is best”, “chest feeding”
 - Breastfeeding Selfies
 - Freezer Stash
 - Lactation supplement commercial business
 - 2022: 569.8 million USD global profit
 - Mom’s groups on FB- Local and National
 - Tongue Ties are the cause for issues...
- **Telehealth Access**
 - Increased since pandemic
- **Traveling**
 - TSA Allowances
 - Nursing Pods
- **Pumping at Work**
 - (Le Leche League International, 2023)

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Figure 4-5 from google images

Breastfeeding Contraindications

- **Illness in mothers:**
 - HIV positive in the US
 - Untreated Brucellosis
 - Suspected/confirmed Ebola
 - Active/Untreated TB
 - Active HSV lesions on breast
- **Substance use in mothers:**
 - Opioids, cocaine, PCP, cannabis
 - Concerns for long term neurobehavioral development
- **Infant Illness:**
 - Classic Galactosemia
- **Alcohol Consumption**
 - Wait for 2 hrs after intake to breastfeed
 - 0.5g/kg body weight
 - Alcohol can decrease milk supply by decreasing prolactin release
- **Smoking**
 - Not contraindicated but strongly discourage
 - Increase risk of respiratory allergy, SIDS



- (CDC,2023)

Common Terms




- Breast milk Jaundice
- Ankyloglossia/ Tongue Ties
- Milk Supply
- Supply and Demand
- Galactagogues
- Clogged Milk duct
- Milk Stones
- Milk Bleb/blister
- Engorgement
- Mastitis
- Milk Storage Recommendations-CDC

Human Milk Storage Guidelines

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder <i>(room temperature)</i>	Refrigerator 40 °F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day <i>(24 hours)</i>	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding <i>(baby did not finish the bottle)</i>	Use within 2 hours after the baby is finished feeding		

These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider.

Find more breastfeeding resources at: WICBreastfeeding.fns.usda.gov
www.cdc.gov/breastfeeding/

CS11055-B

Figure 6: CDC Breastmilk Storage Guidelines

Breast Milk Jaundice

- Jaundice that lasts beyond 3rd week of life
 - Can last up to 3 months
- Infant is likely feeding well, gaining weight, having adequate stool/urine output
- Exact cause is still unknown
 - May be related as to how bilirubin is excreted vs reabsorbed; genetics, high alpha-fetoprotein or cholesterol levels, lower antioxidants capacity in human milk, lower rate of bifidobacterium in human milk/stool
- Check direct/conjugated, indirect/Unconjugated bilirubin level
 - Conjugated bilirubin level > 20% of total bilirubin level is cholestasis
 - Breast milk Jaundice causes elevation in unconjugated bilirubin levels
 - Also consider screening for Congenital hypothyroidism/Gilbert's disease/Galactosemia
- Treatment not needed unless the Total Bilirubin is > phototherapy guidelines
 - If level is >20 mg/dL a brief 24 hr cessation of breastfeeding, phototherapy may be recommended

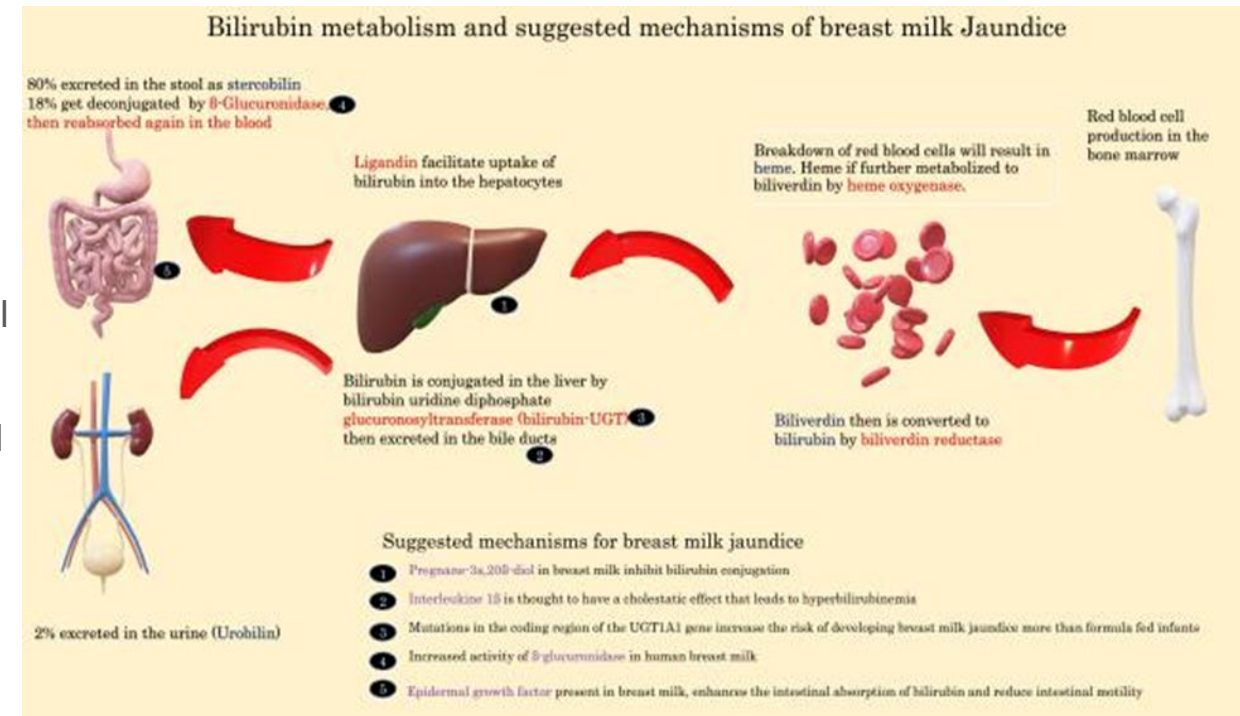


Figure 7: Theoretical mechanism of Bilirubin metabolism of breast milk jaundice, ABM Protocol #22

(Flaherman & Maisels, 2017; Bratton, et al, 2023)

Ankyloglossia

- Strong evidence-based research is lacking on the impacts tongue ties have on breastfeeding
- 2023 research review found some evidence that nipple pain improves with frenotomies (Borowitz, 2023))
 - Not enough evidence in other factors associated with breastfeeding or the longevity of breastfeeding
 - Much of the studies reviewed did not find statistical significance of improvements if a tongue tie was revised or not in the early weeks/month of breastfeeding
- Assessment Tool for Lingual Frenulum Function (ATLFF)
 - Heart shaped tongue is the most severe ties
 - Only validated tool to date
 - Can be inconsistent with impact to breastfeeding success
- 1-20% require Frenotomy (Hazelbaker, et al., 2017)
 - Depending on assessment used to diagnosis
 - More research underway for tongue ties and impact on breastfeeding

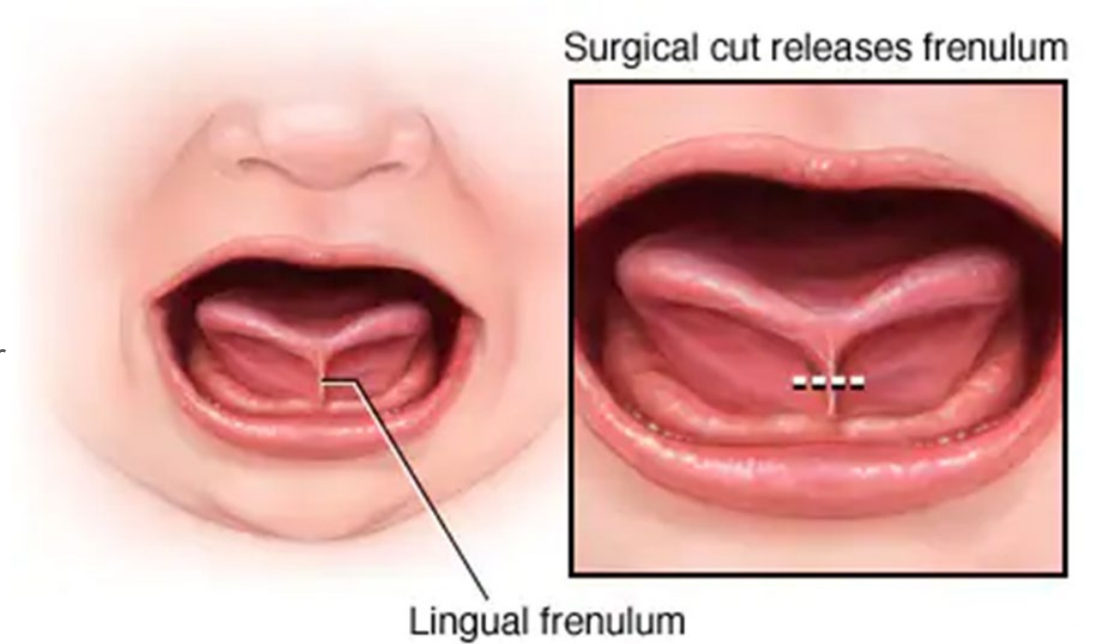


Figure 8: Example of Ankyloglossia requiring surgical correction, google images

Frenotomy Procedure

- Scalpel, scissors, laser
- No anesthesia/pain meds
- Office procedure
 - Dentist or ENT
- Costly for families
 - Dental insurance often does not pay for procedure
- Requires lactation follow up s/p procedure
- Laser Frenotomies is becoming a billion-dollar business in dentistry

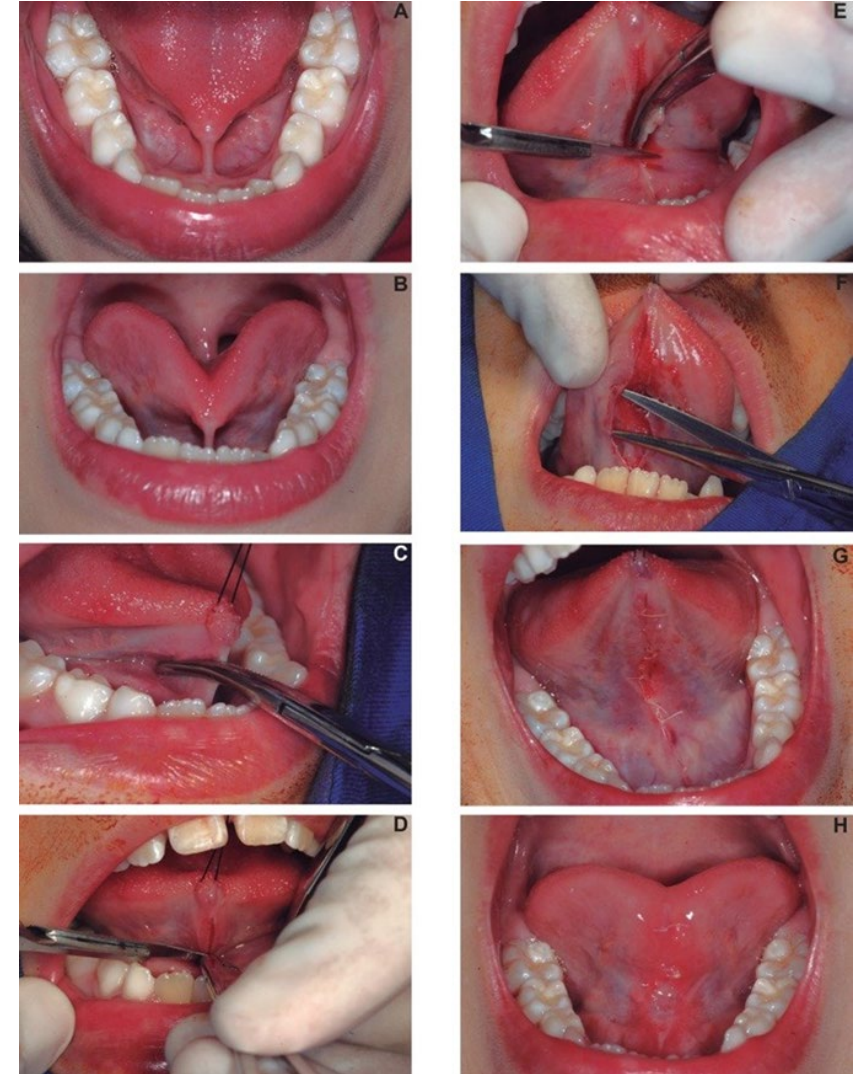


Figure 9: Step by Step of Frenotomy Procedure, google images

Ankyloglossia

- If mother reports nipple pain or difficult with latching
 - Refer to lactation support before referral to dentist/ENT for tongue ties revision
 - American Society of Pediatric Otolaryngology and ABM recommend conservative measures prior to frenotomy
 - Craniosacral therapy- SCT/Chiropractor/osteopathy
 - May help with biomechanical sucking issues
 - Need more research for complimentary therapies
 - Assess for Torticollis when breastfeeding pain/difficulties occur
 - Can have weaker suck
 - Can lead to poor weight gain
 - Tight Jaw/neck muscles needed for proper suck
- (Genna, 2015)

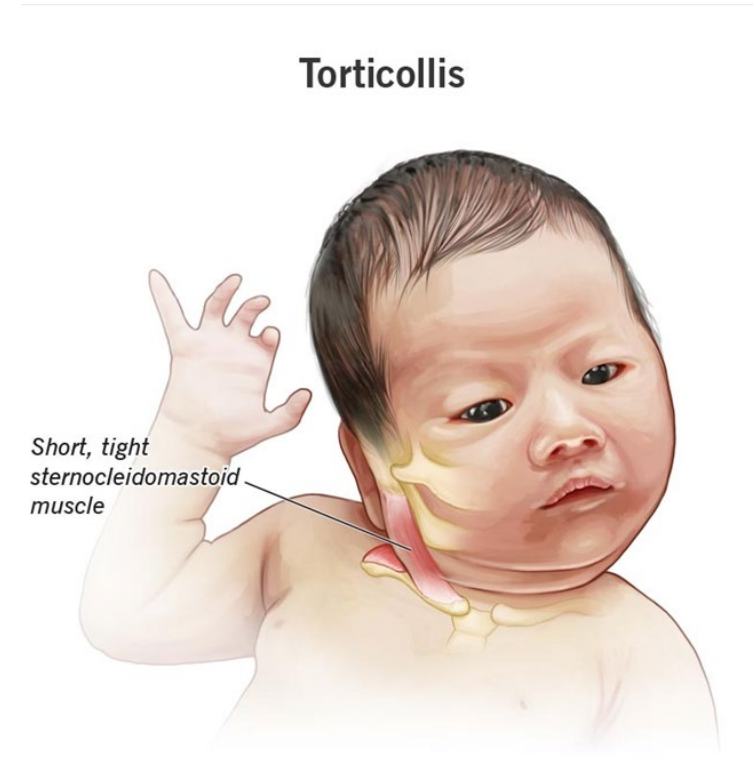


Figure 10: Example of Torticollis, google images

Galactagogues

- Supplements that MAY assist in increasing milk supply
- Perceived/actual low milk supply is most common cause for stopping breastfeeding
- Most important hormone that impacts breastfeeding is prolactin
- Once milk is established supply is largely controlled by mammary glands- not prolactin (Brobridd & ABM, 2018)
- If breasts are not drained well or frequently the rate of milk secretion will decrease

Galactagogues

- Common Rx:
 - Domperidone 30-60 mg/day
 - Cardiac SE, contraindications for elevated BMI
 - Can increase milk supply while taking med
 - Domperidone not approved as Rx in USA except in rare circumstances- those do not include increasing milk production
 - Off label use
 - Information from Lactmed:
<https://www.ncbi.nlm.nih.gov/books/NBK501371/>
 - Metoclopramide 10mg TID
 - Brand Name: Reglan
 - Randomized trials showed no improvement in milk supply
 - Dopamine agonists- increase baseline prolactin levels
 - Off label use



Figure 11: Milk Thistle Plant, Google Images

- Herbal Supplements:
 - Fenugreek-
 - **NOT** recommend due to inherent risk to mom/baby
 - Evidence shows most likely significant placebo effect
 - Milk Thistle (Silymarin)
 - Oral or as tea
 - Possible increase in milk for short term
 - Little to no research for most herbal supplements associated with breastfeeding available
 - Goat's Rue, dandelion, millet, seaweed, anise, basil, blessed thistle, fennel seeds, moringa leaf, brewer's yeast, ginger, alfalfa, stinging nettle
 - Oatmeal, dark/leafy greens, garlic, chickpeas, almonds, papaya

(Brobridd & ABM, 2018)

Accessories

- Breast pumps
 - corded, cordless, hands free, wearable
- Flange Fitting
 - Measure at tip
- Nipple Shields
- Nipple cream/balm
- Breastfeeding Pillows



Figure 12: Example Nipple Shield, Google Images



Figure 13: Examples of different breast pumps, google images

Breastfeeding Positions

- Tummy to Mummy
- Hips/shoulders need to be aligned
- “C” Hold
- New Research: Position Instability
 - Gestalt Positioning
 - If back arching, fussing at breast, pulling off breast
 - Corroborated by MRI/US technology studies in 2020 (Douglas, Perrella, & Geddes, 2022)

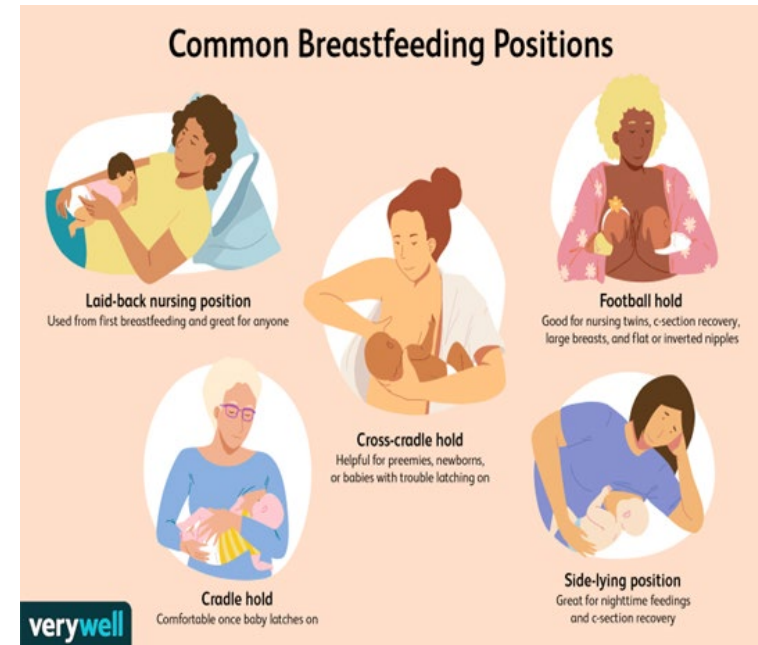


Figure 14-15: Examples of breastfeeding holding positions, google images

Bedsharing

- Benefits include Promoting breastfeeding Initiation, continuation, and exclusivity
- Remember to ask open ended questions, screen for risks and discuss safe bedsharing skills, provide handouts
- Factors that Increase risk of SIDS
 - Sofa/Chair sharing with sleeping adult
 - Infant sleeping next to an adult under the influence of drugs/alcohol
 - Infant sleeping next to an adult who smokes
 - Sleeping on a soft bed
 - Sleeping prone position
 - Being born preterm or low birth weight
 - Never initiating breastfeeding
- Current Evidence does not showcase that bedsharing when breastfeeding leads to SIDS when risk factors are removed

• (Blair, et al., 2019)



Figure 16:
Example of cuddle
curl position,
google images

Bedsharing and Breastfeeding

Bedsharing is very common and often unplanned. Parents may bedshare because babies feed frequently at night.

The information in this handout is intended for breastfeeding mothers. Bedsharing may be risky if your baby has never been fed at the breast.

Feed your baby at night in a safe bed rather than on a sofa, chair, or recliner.



Safest position for baby, sometimes called the "protective position" or "cuddle curl"

Make your bed safe:

- Use a firm, flat mattress.
- Move your bed away from any wall.
- Make sure there are no small spaces around the edge of your bed where your baby could become trapped.
- Do not attach a guardrail to an adult bed.
- Place your baby on their back at the level of your breast. Do not put your baby next to your face or on a pillow.
- Remove heavy blankets, extra pillows, and cords dangling near the bed.
- Do not allow sheets or blankets to cover your baby's face or head.
- Consider putting your mattress on the floor.

These safety guidelines are very important:

- No one should sleep with your baby on a sofa, recliner, or chair.
- No one who has recently used alcohol or drugs should sleep with your baby.
- No one who has recently taken medication that makes them sleepy should sleep with your baby.
- No one who smokes should sleep with your baby.
- No one should sleep with a baby who was born premature or with a low birthweight.
- No one should leave a baby alone on an adult bed.

Be safe when not bedsharing:

- Place your baby on their back to sleep.
- Keep your baby in your room near your bed.
- Consider using a bassinet or infant bed that attaches to your bed ("co-sleeper" or "sidecar").
- Put your baby in a clear flat space after feeding.
- Do not put your baby in a baby bed with cushioned sides.



This information is a general guide to discuss with your health care professional. It may not apply to your family or situation.

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A co-sleeper (sidecar) is an alternative to bedsharing

Figure 17: Patient Handout from ABM

Supplementation

- **When to supplement:**
 - Weight loss of >9% and >4 days old
 - <4 stools per day by DOL 5
 - Hyperbilirubinemia DOL >2 and routine intervention not adequate
 - Breast milk Jaundice of levels >20 mg/dL
 - Metabolism concerns of infant (rare)
 - Delayed breastmilk activation > DOL 5 and inadequate intake of infants
 - Maternal glandular insufficiency
 - Prior breast surgery leading to poor milk production
 - Intolerable pain during feeds and routine interventions not helpful
- **When supplement is needed:**
 - ABM recommends offering expressed breast milk from baby's mom first
 - Hand express may be better than pumping
 - 2nd Donor human milk if available
 - 3rd Protein hydrolysate formulas
 - Avoids exposure to cow's milk protein
 - Reduces bilirubin levels more quickly
 - Examples: Nutramigen, Alimentum, Gerber HA, Preggio (store brand) Hypoallergenic

• (Kellams, et al, 2017)



Figures 18-20: Examples of PH formulas, from google images

Home Advice: General Latching Information

- Follow same dietary guidelines as recommended during pregnancy
- Stay Hydrated
 - 100 oz of water per day
- Limit caffeine intake to 2 cups/day
- Continue daily prenatal vitamin while breastfeeding/pumping
- Do not smoke cigarettes, THC, vape, or other illicit drug use
- Get plenty of sleep
 - Try to sleep when baby sleeps is very true statement but takes practice
- Check with Ob/Gyn or Pediatric provider before taking any medications while breastfeeding
- Herbal Teas are known to be safe to drink during lactation: Chicory, orange spice, peppermint, raspberry, red bush, rose hips, black, English breakfast
- Fenugreek is not recommended to use or drink while breastfeeding
- Avoid store purchased lactation cookies and products
 - Most of marketing ploys and not rooted in evidence-based research

Home Advice: Low Milk Supply

- Minimize length between feedings/pumping
 - 2 hours from start of feeding session to start of next feeding session
- Wear appropriate fitting bras
 - Use breast pads/gel pads to help with any nipple discomfort
- Minimize stress
 - Easier said than done for newborn moms
- Stay hydrated
 - 100 oz of water per day
- Maintain a healthy diet, rich with protein, dairy, grains, fruits, vegetables,
 - Common recommendations for foods include: Oatmeal, fennel seeds, spinach, brewer's yeast (add to cookies/bread recipes)
- Scheduled Self-expressed/pumping (either same time every day or after each feeding)
- Power Pump 1 time per day when possible

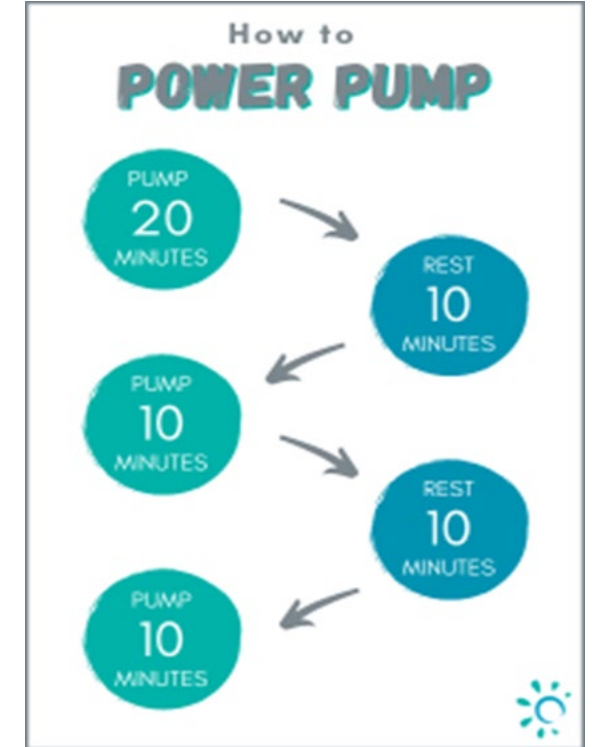


Figure 21: Illustration of power pumping recommendations, google images

Home Advice: Mastitis Spectrum

- Nurse baby on demand, on unaffected first, do not feed to empty breast
 - Avoid use of breast pump during times of inflammation when possible
 - Wear well fitting/supportive bra
 - Avoid deep massage of breasts- Lymphatic Drainage massage can be helpful
 - Decrease Inflammation/Pain: Ice application every hour as needed, ibuprofen/Tylenol
 - Sunflower/Soy Lecithin 5-10 mg daily can help emulsify milk
 - Probiotics may be helpful: *Limosilactobacillus fermentum* (also known as *Lactobacillus fermentum*) or *Lactobacillus salivaris* (also known as *Ligilactobacillus salivarius*)
 - Watch for signs and symptoms of infection related to breast: increased redness, streaking, odor, achy, fever >101, or warmth
 - Instructed to call back with increased pain, fever, or worsening symptoms.
 - If milk bleb present:
 - Do not try to “pop” it, can apply topical moderate potency steroid cream such as 0.1% triamcinolone may be used to reduce inflammation on the surface of the nipple- wipe clean before next feeding
 - Engorged/sore/cracked nipples:
 - Use cool gel pad compresses or frozen vegetable bag wrapped in thin towel- after feeding apply compress, place breast and wear under bra until the next feeding or until compress is no longer cool. Repeat after next feeding. Use breastmilk on nipple and allow to air dry, Support your breast from below so that it doesn't "pull out" of baby's mouth., Start feedings on the side that is least sore first as baby will suck the hardest on the first side.
- (Mitchell, et al, 2022)

Home Advice: Nipple Confusion

- Can occur with newborns when a bottle has been introduced within the first 2-3 weeks of life
- Can often be corrected with time and consistent routine
 - If must introduce bottle/formula
 - 1st make sure that it is absolute appropriate to introduce formula (especially if mom is against it)
 - 2nd Continue to offer breast first then bottle
 - Try to latch for 2-5 minutes, if mom or baby is beginning to get stress/anxious- stop latch feed and offer supplemental option via syringe or SMS system
 - Pace feed with bottles (can search on youtube for infant bottle pace feed for great video demonstrations)
 - <https://www.youtube.com/watch?v=TuZXD1hIW8Q>
 - Offer syringe feeds instead of bottle (if appropriate)
 - 3rd Consult Lactation specialist to help with latching issues

Home Advice: Nurse Strike

- Nurse strikes are sudden, weaning is typically gradual
- Can be upsetting to mom
- Most nursing strikes last under 7 days
- Remember to protect breastmilk supply during strikes
- Common triggers:
 - change in smell of mom, under new/more stress, illness/injury to baby or mom, sore gums with teething, change to nursing pattern, strong reaction to baby biting, newly pregnant, pumping frequency changes
- Try to spend extra time with infant, relax, have patience and persistence- keep offering breast at feeding times, try to nurse as baby is asleep or just starting to awaken, change positions, nurse in motion, skin to skin, take warm bath together
 - (La Leche League International, 2023)



Figure 22: Nursing Strike Infant at breast, google images

Home Advice: Teething

- Babies typically clamp down when teeth are moving under the gums
 - Pressure from clamping on something firm can be soothing
- Before nursing:
 - Offer frozen wash cloth or teether to help numb gums
 - Gum massage with a clean finger
 - Hand express before latching to get feeding going more quickly
- During nursing:
 - Try different positions
 - Watch for baby to fidget as this can be a sign of wanting to clamp down
 - Break suction and play a bit or offer teething options then resume if baby cues
 - Can use “no bite” or “we do not bite” as suction is broken to help baby understand
- After nursing:
 - If actual bite occurs, break suction and offer teething options, if cues again- ok to offer but do not persist if biting occurs again
 - Do not allow baby to chew on bottles or pacifiers so they do not associate feeding with biting
 - OK to continue breastfeeding if skin is broken- need to keep area clean and apply antibiotic ointment after feedings



Figure 23: Teething infant, google images

• (La Leche League International, 2023)

How can Primary Care Providers help?

- Know what the mom's breastfeeding goals/wishes are
- Be Supportive
 - Check your own biases
- Troubleshoot the basics
- Use your own experiences with breastfeeding
- Refer to Lactation Support

Community Resources

- UMASS and St. Vincent Hospital has outpatient warm lines
 - Not always monitored, mixed feedback from moms that have tried to outreach
- Community IBCLC (In home and Virtual visits)
 - Shelly Taft, LPN, IBCLC, Website: www.shellytaftIBCLC.com, Phone number: 508-245-5301, Email: shelly@shellytaftibclc.com
 - Babies on Common, Northboro, loads of classes, support groups, IBCLCs for consults
- Community Breastfeeding Resources
 - CWI Lactation Office Warmline:508-363-7499
 - Kellymom Breastfeeding and Parenting
 - Medications and Mother's Milk by Thomas Hale
 - Massachusetts WIC Program- Peer to Peer Counselors
 - La Leche League International
 - Massachusetts Breastfeeding Coalition, www.massbreastfeeding.org
 - [Http://www.LCHomeVisits.com](http://www.LCHomeVisits.com)
 - Nursing Mother's Council/BACE: 617-244-5102
 - [Www.Zipmilk.org](http://www.Zipmilk.org) (enter zip code for local resources
 - Many insurances promote this website as well
 - www.womenshealth.org
 - www.infantrisk.com/
 - LactMed

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