

Breastfeeding in Practice: Supporting Success in clinical settings

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Breastfeeding in Practice: Supporting Success in clinical settings

Supporting success through:

- Setting Realistic Expectations: Individualising Breastfeeding Support for Families
- Recognising Effective Milk Transfer: Assessment, Troubleshooting & Next Steps
- Expressing: Maximising Milk Production, Storage and Circadian Considerations
- Supplementary Feeding: When, What, How and How Much?

"What is the breastfeeding issue you encounter most often?"

Its rarely
clear cut



A whole-family, whole-picture approach



Infant growth & clinical status

- Growth and weight gain
- Clinical health
- Underlying medical conditions



Maternal wellbeing

- Physical health
- Emotional wellbeing
- Previous feeding experiences
- Anxiety and exhaustion



Feeding effectiveness & milk transfer

- Latch and positioning
- Milk transfer
- Feeding patterns and behaviours



Family circumstances & feeding goals

- Family support and dynamics
- Cultural and personal values
- Practical circumstances
- Realistic and individualised goals

Key message:
Support the breastfeeding dyad,
not just the infant.



Example assessment

- Breastfeeding Assessment Tools - Baby Friendly Initiative

How you and your health visitor can recognise that your baby is feeding well			This assessment tool was developed for use in or around day 10-14	
What to look for/ask about	✓	✓		
Your baby:			Wet nappies:	
has at least 8 -12 feeds in 24 hours			Nappies should feel heavy. To get an idea of how this feels take a nappy and add 2-4 tablespoons of water as this will help you know what to expect.	
is generally calm and relaxed when feeding and content after most feeds				
will take deep rhythmic sucks and you will hear swallowing			Stools/dirty nappies:	
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously			By day 10-14 babies should pass frequent soft runny yellow stools every day with 2 stools being the minimum you would expect.	
has a normal skin colour and is alert and waking for feeds			After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more without stooling. Breastfed babies are never constipated and when they do pass a stool it will still be soft, yellow and abundant.	
has regained birth weight				
Your baby's nappies:			Feed frequency:	
At least 6 heavy, wet nappies in 24 hours			Young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.	
At least 2 dirty nappies in 24 hours, at least E2 coin size, yellow and runny and usually more				
Your breasts:			Care plan commenced: Yes/No	
Breasts and nipples are comfortable				
Nipples are the same shape at the end of the feed as the start				
How using a dummy/nipple shields/infant formula can impact on breastfeeding?				
Date				
Health visitor initials				
Health Visitor: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.				

Example assessment for Dietitians by Jenni Ashcroft IBCLC

Breastfeeding assessment tool	
What support has mum had with breastfeeding?	
Any red flags identified previously? (Tongue tie/Maternal supply/latch)	
At least 6 heavy wet nappies in 24 hours?	
Stools (Appearance/Frequency/Any concerns?)	
Vomits/Possets/Reflux (Timing/frequency/volume)	
Infant behaviour	Calm and relaxed whilst feeding (<6 months) Yes / No Settled between feeds? Yes / No
Feed pattern	Initial rapid sucks changing to slower sucks with pauses and audible soft swallowing Clicking Baby fussing and unlatching
Frequency of feeds	8-12 in 24 hour period (<6 months age) <8-12 in 24 hour period
Length of feeds	5-30 mins <5 mins or >30 mins
Are both breasts offered at each feed?	Yes / No
Any breast or nipple pain?	Yes / No
Are nipples misshapen or pinched after?	Yes / No
Use of a dummy/pacifier?	Yes / No
Nipple shield use?	Yes / No
Pumping? (No/Partial/Exclusive) State frequency and volume	Yes / No
Formula? (No/Partial) State frequency and volume	Yes / No
Reason for pumping or using EBM/Formula	
Mum on any supplementation for supply?	Fenugreek Domperidone Other
Pregnancy factors	
Diabetes	Yes / No
Thyroid	Yes / No
Breast surgery (details)	
Medication during pregnancy	
Spinal	
Birth Factors	
Gestational age at birth	
Instrumental birth	Yes / No
Length of labor	
C-section (reason)	Yes / No
Pain relief and medication during labour	
PPH/Iron	

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Assessment

- Good attachment
- How to tell if milk transfer is effective
- Next steps – know your team



Quick Quiz

When might a parent need to express breast milk?

- A.** To increase their milk supply
- B.** When their infant is unable to feed at the breast
- C.** To reduce their milk supply
- D.** When their breasts are engorged
- E.** A, B and D

Quiz Discussion

Correct Answer: E – A, B and D

Parents may express breast milk:

- ✓ **To establish or increase milk supply**
 - Effective milk removal stimulates ongoing milk production through supply-and-demand mechanisms.
 - Removal of milk reduces the levels of Feedback Inhibitor of Lactation (FIL), supporting continued synthesis.
- ✓ **When an infant cannot feed effectively at the breast OR is separated from their parent**
 - For example, preterm, sick or hospitalised infants.
 - Expression helps establish and maintain milk production while enabling provision of human milk via alternative feeding methods.
- ✓ **To relieve engorgement**
 - Small amounts of expressed milk can soften the breast, reduce discomfort and facilitate attachment

Expressing

- Expressing
- Hands-on-pumping



Expressing

Breast milk is more than nutrition; it may also provide biological "time cues"

What is Chrononutrition?

- Study of how timing of food intake interacts with the body's circadian rhythms (24-hour biological clock)
- In infant feeding, it considers how breast milk may help signal day and night to the infant

Breast Milk Changes Across the Day

- Milk composition is not constant over 24 hours
- **Night milk** contains higher levels of:
 - Melatonin
 - Tryptophan
- **Daytime milk** contains higher levels of:
 - Cortisol

Potential Role in Circadian Development

- Newborns are born with immature circadian rhythms
- Time-dependent components in breast milk may help:
 - Regulate infant sleep-wake cycles
 - Support development of the infant biological clock
 - Provide biological cues about day and night

Updated A4 Expressing and Storing Breastmilk Leaflet

Safe storage of breastmilk in the home

MILK	PLACE	MAXIMUM TIME
Fresh breastmilk including colostrum	Normal room temperature	6 hours
	Fridge: 5 to 10°C	5 days
	Fridge: 4°C or lower	5 days*
(*If temperature rises above 4°C after 3 days, use within 6 hours or throw away)		
Frozen breastmilk	Freezer: -18°C or lower	6 months
Defrosting breastmilk	When defrosting in fridge	Usually takes 12 hours to defrost, then use as soon as fully defrosted
	When defrosting milk outside fridge	Use as soon as fully defrosted

Milk can be transported within the safe storage times, provided storage temperatures are maintained. Previously frozen milk must be used immediately when fully defrosted. Fresh milk can be transported within 24 hours, provided fridge temperatures are maintained using an insulated box & deep frozen ice-packs, and total storage & transportation times do not exceed the recommended storage times. If no ice-packs are used when transporting, use within 4 hours.

REMEMBER: The more often the fridge door is opened, the more likely the temperature will rise. Try to check the temperature of every fridge (or cool bag) used for storing your milk each time you use it. If the fridge has no built in thermometer, use a fridge thermometer from kitchenware stores.

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www.breastfeedingnetwork.org.uk/expressing-storing



National Breastfeeding Helpline
0300 100 0212
24-hour, 7 days a week

Safe storage

The lower the temperature, the longer the storage:

- You can store your breastmilk in the fridge for up to 3 days where you don't know the exact temperature, (assume it runs between 5-10°C).
- Breastmilk can be stored for 5 days in a fridge running at 4°C or lower. *One study has shown fresh breastmilk can be used for up to 8 days when the fridge temperature is kept stable at 4°C or below.
- If the fridge temperature goes above 4°C during this time, use your milk within 6 hours or throw away.
- If you don't have a fridge running at 4°C and you want to keep your milk cooler use a cool bag or box with deep frozen ice packs (changed every 24 hours). Protect your milk from direct contact with the ice packs or it may freeze – try wrapping the ice packs in kitchen towel. The bag can also be used to carry milk.
- The storage temperatures given here include a degree of caution so that your milk remains safe for your baby.
- If you wish to store your breastmilk for longer than 5 days, freeze as soon as you can after expressing.
- If taking colostrum or milk into hospital follow their storage and transport times.

Using stored breastmilk

- Ideally, defrost frozen breastmilk in the fridge. If needed quickly, try defrosting under cool, then warm, running water. Dry the outside of the container with kitchen paper before use.
- Consider using stored breastmilk straight from the fridge to avoid the risks of overheating and scalds. Do not heat in a microwave.
- Use defrosted breastmilk immediately and throw away any unused milk.
- If the milk smells sour DO NOT USE.
- When stored, the cream and milk may separate out. This is normal. Shake gently to mix before use.
- Some babies are reluctant to take expressed breastmilk, particularly at first. Try offering milk from a cup or spoon. They may be less reluctant when someone else gives it. If expressed milk is refused try not to worry – your baby will make up any missed feeds by breastfeeding more often or for longer on your return.

References

Visit www.breastfeedingnetwork.org.uk/expressing-storing to view reference sources.

This leaflet was compiled by Anabel Hands, Microbiologist (former Breastfeeding Supporter), Phyll Buchanan BSN Tutor and Dr Wendy Jones MBE, BSN Pharmacist.

Drawing by J.N.Richardson for BIN.

The Breastfeeding Network is an independent voluntary organisation offering support and information to breastfeeding women and those involved in their care.



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National Breastfeeding Helpline
0300 100 0212
24-hour, 7 days a week, 365 days a year

The National Breastfeeding Helpline is run by the Breastfeeding Network and the Association of Breastfeeding Mothers.

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package.

For details of the main UK breast pump hire companies, please visit:
www.breastfeedingnetwork.org.uk/expressing-storing

The Breastfeeding Network

Expressing and Storing Breastmilk

"I was determined my baby would still have my breastmilk when I returned to work but was terrified I wouldn't be able to express enough and struggled to stockpile small quantities. Once I started work, I found I needn't have worried or banked as much milk but was still confused how best to store it."

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When, what, how & how much to supplement....

When

- Growth is faltering

What

Choosing which milk and how to deliver the additional milk feeds:

- Expressed breastmilk (EBM) should always be offered 1st line
- If expressed breastmilk is not available pasteurised human donor milk (PHDM) should be offered
- If neither EBM or PHDM is available, then a suitable infant formula should be offered
- Calculate volumes infant requirements / 8 = suggested starting volume o.d.

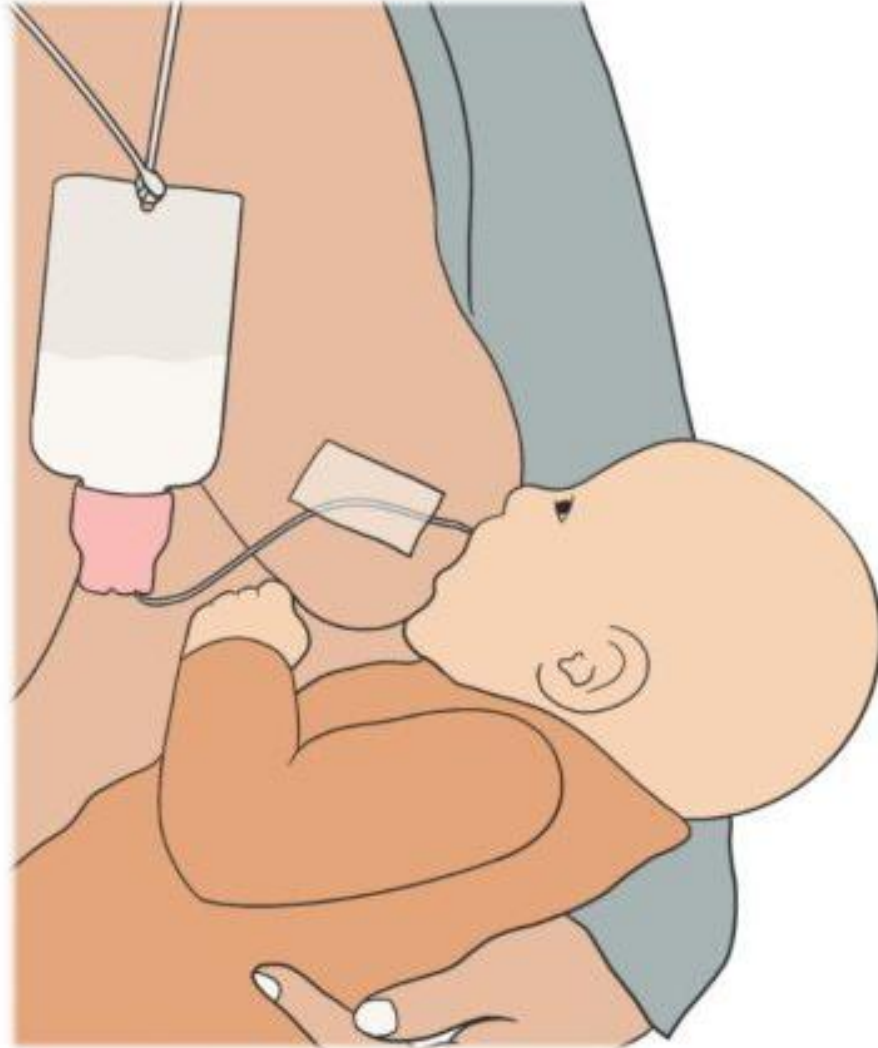
How

- ❖ Cup or syringe feeding in the early days
- ❖ Supplemental nursing system
- ❖ Bottle
- ❖ Feeding tube

E.G Baby weighs 2.62kg x 150 =
393mls/day / 8 = 49mls

Supplemental Nursing System

When, what,
how & how
much to
supplement....



When, what, how & how much to supplement....

Bottle feeding:

- Choose the most appropriate teat.
- Advise the parent on responsive bottle feeding
- Advise parent on paced bottle feeding – this allows babies to control the speed and amount of milk they consume, closely mimicking the natural rhythm of breastfeeding

Paced feeding

RESPONSIVE BOTTLE FEEDING

The early days with your baby are a great time to get to know and love each other by keeping them close, enjoying skin contact and feeding according to these tips. Babies will feel more secure if most feeds are given by the parents/primary caregivers, especially in the early weeks and months. This will also help you to bond.

- 1 Feed your baby when they show signs of being hungry. Cues can include your baby moving their head, opening their mouth and sucking on their fingers. Crying is the last sign of wanting to feed, so try and feed your baby before they cry. For information on preparing infant formula and sterilising bottles visit: unicef.uk/bfguide
- 2 Hold your baby close in a semi-upright position so you can see their face and look into their eyes. Talk to your baby during feeds to help reassure them. It can be useful to alternate the side you hold your baby during feeds.
- 3 Invite your baby to open their mouth by gently rubbing the teat against their upper lip. When offering the teat, allow your baby to draw it further back into their mouth. Hold the bottle in a horizontal position (slightly tipped) to prevent milk from flowing too fast.
- 4 Watch your baby and follow the cues for when they need a break. Signs will differ from one baby to the next. For example, they may play their fingers and toes, spill milk out of their mouth, stop sucking, turn their head or push the bottle away. Gently remove the teat or bring the bottle downwards to cut off the flow of milk.
- 5 Your baby will know how much milk they need at each feed. Forcing your baby to finish a feed can be a stressful experience and can mean your baby takes more than they need.

FIRST STEPS NUTRITION TRUST  

WHAT INFANT FORMULA TO CHOOSE

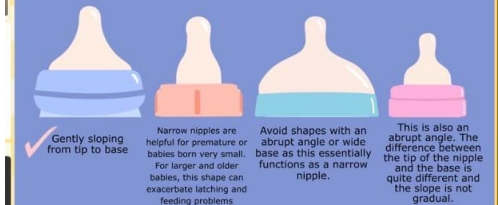
If you are giving your baby infant formula, **FIRST INFANT FORMULA** is the only formula they will need in the first year of life.

- 6 What infant formula should I use?
It doesn't matter which brand you use as they are all very similar. It doesn't matter if you choose cows' or goats' milk-based formula, but talk to your midwife/health visitor before choosing soya-based.
- 7 What about infant formula milks that claim to help with hunger, colic, constipation, reflux, lactose intolerance or allergies?
Some of these infant formula milks are not evidence based and might not be safe for your baby. Ask your midwife or health visitor if you think your baby might need a different infant formula.
- 8 Should I move on to follow-on formula when my baby is six months old?
There is no need for follow-on formula. Stick to a first infant formula throughout the first year.
- 9 How long do I need to use infant formula for?
When your baby is one year old, they will be getting more of their energy, vitamins and minerals from food, and full-fat and semi-skimmed cows' milk can be their main milk drink. Ask your health visitor if you have concerns or want to know about other milks.
- 10 Want to know more?
Learn more about responsive bottle feeding and infant formula at firststepsnutrition.org and babyfriendly.org.uk

Breastfeeding is the healthiest way to feed your baby. If you decide not to breastfeed or to stop breastfeeding, it is possible to make sure your baby is healthy. Giving infant formula to a breastfed baby will reduce your milk supply. You do not need to eat any special foods while breastfeeding, but it is a good idea for you, just like everyone else, to eat a healthy diet.

FIRST STEPS NUTRITION TRUST  

Shape and Flow



In Summary

Success in clinical settings includes:

- A Good holistic assessment
- Agreeing realistic expectations with the family
- Teaching expression skills or referring to someone who can if needed
- Supplementing only when needed and choosing EBM/PHDM wherever possible
- Knowing your team - Referring to specialist infant-feeding or lactation services when additional support is needed.
- Reviewing & Evaluating frequently



Thanks for listening,
any questions?