The Maryland Department of Health and Mental Hygiene
Hospital Breastfeeding Policy
Maternity Staff Training Program

Promoting Breastfeeding During Pregnancy
Session 4

Objectives

- Name two reasons why breastfeeding is the normal way to feed infants
- Identify teaching points to share with pregnant women
- State the American Academy of Pediatrics' breastfeeding recommendation

Breastfeeding Promotion

- Preconception care
- Prenatal education
- In hospital
  - Enthusiastic support
  - Consistent information

Breastfeeding Used to Be the Cultural Norm

How did we get from there to here?

Five Barriers to Breastfeeding

- Lack of confidence
- Embarrassment to breastfeed in public or in front of others
- Loss of freedom
- Concerns about dietary practices, health practices, and discomfort
- Influences of family and friends

How to Counsel Women About Breastfeeding

- Ask open-ended questions
- Validate the woman's concerns
- Educate, targeting her specific concerns
Use Open-Ended Questions

› What have you heard about breastfeeding?
› What do you know about breastfeeding?

Validate Feelings

› Establishes rapport
› Tells the mother you are listening to her
› Increases the effectiveness of your teaching

Educate and Provide Support

› Provide accurate, consistent information
› Correct misinformation
› Teach hands-on skills
› Tie messages to what mothers value
› Provide information appropriate for cultural needs and education level

Methods of Education

› Individually
› Group sessions
› Support groups

Breastfeeding is the Normal Way to Feed Babies

› Species specific
  Most complete form of infant nutrition

A parent cannot make a good decision unless it is an informed decision
Breast Milk: Custom Made for Baby

- Human milk is not uniform and changes composition to meet the baby's needs
- Colostrum differs from mature milk
- Foremilk differs from hindmilk
- Breast milk changes over time
  - As the day goes on
  - As the baby gets older

Breastfeeding Benefits for Baby

- Lower incidence of:
  - Otitis media
  - Allergies
  - Gastrointestinal infections
  - Respiratory tract diseases
  - Asthma
  - Obesity
  - Diabetes
  - Childhood leukemia
  - SIDS
- Higher IQ

Breastfeeding Benefits for Mother

- Quicker return to pre-pregnancy size
- Lower incidence of:
  - Obesity
  - Type II diabetes
  - Breast cancer
  - Ovarian cancer
  - Osteoporosis
  - Rheumatoid arthritis

Social and Economic Benefits

- Reduced healthcare costs
- Reduced employee absenteeism
- Reduced direct cost of breastfeeding compared to costs of formula

Exclusive Breastfeeding

- Exclusive breastfeeding recommended for the first 6 months
- Recommended for breastfeeding to continue for at least the first year of life and beyond, as long as mutually desired by mother and child
- Dose-response relationship

Antenatal Breast and Nipple Preparation

- Prenatal clinical assessment and history
  - Exploration of feeding decision and breastfeeding concerns
  - Previous delivery and breastfeeding history
  - Previous breast or chest surgery
  - Previous breast trauma
  - Breast changes during pregnancy
Examination of Breast
- Normal breast changes during pregnancy
  - Leaking of colostrum
  - Darkening of the areola
  - Increased nipple sensation
- Physical characteristics
  - Eversion/inversion of nipples
  - Surgical scars
  - Unusually shaped breasts
  - Marked discrepancy in size of breasts

Pinch Test
- Inverted nipple
- Everted (ideal) nipple

Special Considerations
- Nursing during pregnancy
  - Nipple soreness is often reported
  - Abrupt weaning should be avoided

Conclusion
- During prenatal education, convey a few simple, targeted messages
  - Breastfeeding is desirable and achievable
  - Professional help and community support are available
  - Breastfeeding should be comfortable
  - Exclusive breastfeeding is important
  - Prenatal nipple and breast preparation have not been proven effective

References
References


