The Maryland Department of Health and Mental Hygiene
Hospital Breastfeeding Policy
Maternity Staff Training Program
Birth Practices and Breastfeeding
Session 5

Objectives
- Identify labor and birth practices that support breastfeeding
- Recognize birth practices that can interfere with breastfeeding
- Discuss the importance of early skin-to-skin contact
- Discuss ways to foster early initiation of breastfeeding
- Identify ways to support breastfeeding after a Cesarean birth

Birth Practices That Support Breastfeeding
- Support person or doula during labor
- Encourage comfortable birthing positions and ambulation
- Food or drink during labor
- Encourage non–medicated births
- Keep mother and baby together

Birth Practices That Interfere With Breastfeeding Success
- Pitocin use
  - Lower Apgar scores
  - Increased anxiety and pain
  - Inhibits oxytocin release
  - Fluid retention
- Overhydration with IV fluids
  - Breast edema
  - Difficulty latching
  - Increased newborn weight loss

Labor Pain Management
- All pain relief medications cross the placenta
  - Peripheral IV
  - Epidurals
- Timing of analgesia is important
- Complications
- Non–medicated pain relief

Other Procedures That Can Interfere With Breastfeeding
- Forceps and vacuum extraction
- Episiotomy
- Gastric and vigorous suctioning
- Eye prophylaxis before the first hour
- Separating mother and baby
  - Bathing newborn at delivery
  - Swaddling and wrapping newborn
  - Taking newborn to nursery for assessments or procedures
Skin-to-Skin
- Place babies skin-to-skin
  - Immediately following birth
  - Uninterrupted for first hour
  - No clothing between mother and baby
  - Dry infant while on mother's chest
  - Until first breastfeeding completed
  - All infants, regardless of feeding plan

Immediate Post-Delivery

Initiating Breastfeeding
- Assisting with the first feeding
  - Pre-feeding behaviors
    - Short rest periods
    - Feeding cues
    - Hands to mouth
    - Licking
    - Sucking motions
    - Touching nipple
    - Moving towards the breast
    - Finding the nipple

Skin-to-Skin Video

Benefits of Skin-to-Skin
- Increases duration of breastfeeding
- Warms and colonizes baby
- More quickly stabilizes vital signs
- Provides antibody protection through colostrum
- Babies learn to suckle more effectively
- Improves developmental outcomes
Barriers and Solutions to Skin-to-Skin

- Concerns of cold stress
- Baby needs
  - Exam
  - Bath
- Insufficient staff
- Mother needs
  - Tired
  - Perineum repair

Cesarean Delivery

- Maternal disappointment in birthing process
- Unexpected or unplanned separation from newborn
- Impact on breastfeeding
  - Delay in Lactogenesis II
  - Newborn lethargic
  - Suctioning of infant
  - Delay in early contact
  - Separation

Supporting Breastfeeding After Cesarean Birth

- Assist mother with skin-to-skin as soon after delivery as possible
- Assist mother to find positions that are comfortable
  - Laid-back (biological nurturing)
  - Side lying
  - Clutch/football

Infants Who Do Not Self-Attach

- Observe infants closely for feeding cues
- Routine interval
- Assessment of infant by physician
- Limit visitors

Conclusion

- Baby-friendly practices support women whether or not they are breastfeeding
- Support during labor
- Skin-to-skin
- Respect a mother wishes
- Replacement feedings, if applicable

References

References


