"Breastfeeding Education for Community Partners (CWBSCG)"

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Category: Breastfeeding

This poster depicts Larimer County WIC's Breastfeeding Supportive Communities Grant that provided lactation education to three main segments of the community: 1) child care providers, 2) health care providers, and 3) WIC and community providers.

The goal was to provide up-to-date pertinent lactation information to our community partners so that we can all give the same message to our WIC clients breastfeeding techniques and tips.

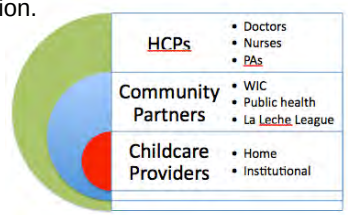
Colorado WIC Breastfeeding Supportive Communities Grant Project

Continuity of Care and Information for WIC Participants

Laurel Wilson/Ingrid Rosoff

Purpose

The goal was to provide continuing education to the key community support members that offered services to the Larimer County WIC participants. This project fell under the CDC's Guide to Strategies to Support Breastfeeding Mothers and Babies in the categories of Professional Education and Support for Breastfeeding in early care and education. The focus was to provide continuity of messaging to WIC clients to allow for greater breastfeeding initiation and duration.



Steps

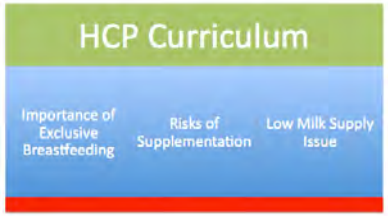
We collaborated with the Early Childhood Council of Laramie County, The Association of Family Childcare Homes, Loveland Family Childcare Providers, Poudre Valley Hospital, La Leche League, Public Health Department, local pediatric, obstetric and midwifery offices in Loveland, Greeley and Fort Collins.

Trainings

HCP Training

This program was offered at Poudre Valley Hospital. The event was designed as a lunch and learn, and we obtained and outside vendor to sponsor the lunch. The program was mainly lecture with the opportunities for Q&A throughout the program, due to the fact that participants would be eating their lunch and not able to participate in activities. 16 HCPs registered and 7 showed up.

Sample Results from HCP Survey

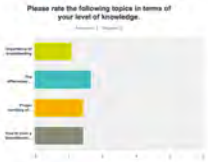


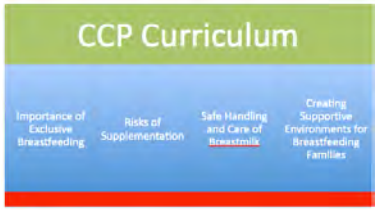
Childcare Provider Training

These programs were designed for childcare providers. We offered one for those at institutional settings and two additional trainings for home day providers. We had the following attendees: 7, 10 and 19 over the course of three workshops. These courses varied from one hour to two hours, depending on how much time each organization could offer us at their meetings.

Trainings

Sample Results from CCP Survey

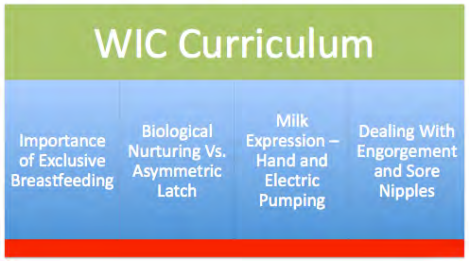




WIC Training

This course was offered at the Larimer County Public Health Building. This group was offered a more comprehensive course that was held over three hours. The curriculum was designed to be both lecture and hands-on practice using baby dolls and receiving blankets. We had 34 attendees at the workshop.

Sample Results from WIC Survey



Results

Tasks Successfully Completed:

- Created a website and social media site to let community know about project.
- Created surveys to query all three main groups identified for grant about what information they needed.
- Created specific breastfeeding curriculums for each main group based on objectives identified in survey.
- Created marketing tools such as electronic brochure, posters and e-mail blasts to let community know about trainings.
- Offered five separate breastfeeding trainings to community, reaching the three main groups identified in the training.
- Educated communities about common breastfeeding issues that were challenging to each main group based on current, evidence based information.
- Educate communities about the concept of breastfeeding coalitions and identify those who may be interested in starting a local coalition in Larimer County.

Sample Responses:

"Wow I learned so much new information in just one hour, and I just took my CLC.
"Thank you so much, this was a great opportunity."
"I can't believe how much I learned, it was fascinating."

Encouragement to Create Local Breastfeeding Coalition

Part of the workshops included information and handouts on starting a local breastfeeding coalition for Larimer County.

Colorado WIC Growing Healthy Families

Larimer County Public Health

LARIMER COUNTY COMMITTED TO EXCELLENCE

CERTIFICATE
of COMPLETION

This certifies that

Attended the

LACTATION UPDATE FOR COMMUNITY PROVIDERS

Offered by Supportive Community Breastfeeding Grant via Larimer County
August 6, 2014

This event was equivalent to 3 Contact Hours

August 6, 2014

DATE

LAUREL WILSON, IBCLC, CLE, CCCE, CLD

1 **LACTATION UPDATE FOR PROFESSIONALS**
With Laurel Wilson, IBCLC, CLE, CCCE, CLD

2 **Main Topics**
•Importance of Breastfeeding
•Biological Nurturing Vs. Asymmetric Latch
•Importance of STS and Baby Led Breastfeeding
•Milk Expression - Hand and Electric Pumping
•Dealing with Engorgement and Sore Nipples

3 **Housekeeping**
•Materials
•Bathroom
•Breaks

4 **Interview Your Neighbor**
•Name
•One Unique Thing About Them

5 **Importance of Breastfeeding**

6

7 **AAP 2012 Breastfeeding Policy**

8 **Reduces Infant Risk (dose-response)**

1 ☐Severe lower resp. tract inf.
☐Otitis Media
☐Gastroenteritis
☐NEC
☐SIDS
☐Asthma, Atopic dermatitis, and Eczema
☐Celiac Disease

2 ☐Type 1 and 2 Diabetes
☐Adolescent and Adult Obesity
☐Inflammatory Bowel Disease
☐Acute Lymphocytic and acute Myeloid Leukemia
☐Improved Neurologic Outcomes

9 **Health Benefits for Mother**
☐List as many health benefits to the mother from breastfeeding as you can think of in one minute.

10 **Health Benefits for Mothers**

1 ☐Reduced Risk of:

- Type 2 Diabetes
- Rheumatoid Arthritis
- Hypertension
- Hyperlipidemia
- Cardiovascular Disease
- Breast Cancer
- Ovarian Cancer

2 Benefits:
- Uterine involution
- Child Spacing
- Reduced risk of postpartum hemorrhage
- Reduced child neglect/abuse
- Increased bonding

11 **Joint Commission**
- PC-05 Exclusive Breastmilk Feeding as of Jan, 2014
- Exclusive breast milk feeding definition: a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines
- Can be comprised of:
  - Breastfeeding
  - Expressed mother's milk
  - Donor Human Milk

12 **Why Exclusivity?**
- Just One Bottle
- (Marsha Walker)

13 **Why Exclusivity**
- First 7-14 Days of Life Critical Period of development for newborn gut (Meier of Rush Medical, Chicago)
- Transference of immune factors
- Sealing of gut lining
- Creation of family specific biome

14 **Why Exclusivity?**

15 **Why Exclusivity?**
- Cow milk-based formula is associated with rectal bleeding; gastrointestinal reflux, crying, and colic.
- Has nutritional deficits.

- Lacks cholesterol and naturally occurring long chain polyunsaturated fats (LCPUFA.)
- 50% of the iron in breast milk is absorbed compared to 7% from iron-fortified formula.

- DHA and fat enhanced formula
  - Different molecular structure
  - Studies don't show improvement in cognition
  - Potential side effects - diarrhea, rectal bleeding, vomiting, bloating, and gastrointestinal distress.

(American Academy of Pediatrics Committee on Nutrition, 1999; Elizur et al., 2012; Koletzko et al., 2004; McNeil, Labbock, Abrahams, 2010; Straarup et al., 2006; Weisstaub & Uauy, 2012; Wright et al., 2006)

16 **Three Step Counseling Activity**

Let's Practice!

17 **Are You A Good Listener?**

Do you listen with your projections, through your projection, through your ambitions, desire, fears, anxieties, through hearing only what you want to hear, only what will be satisfactory, what will gratify, what will give comfort, what will for the moment alleviate your suffering? If you listen through the screen of your desires, then you obviously listen to your own voice. – J. Krishnamurti

18 **Three Step Counseling**

- ☐Ask Open Ended Questions
- ☐Affirm Her Feelings
- ☐Educate

19

20 **Open Ended Questions**

1 Open Ended Questions

2 ☐Wide range of responses
☐Encourages mother to share her concerns
☐Avoids forcing her to commit too soon
☐Does not feel like interrogation

- Often begins with “What” or “How” or “Why”
- Establishes trust

3 Closed Questions

4
- Results in yes or no
- Generally short answers
- Doesn’t encourage heart felt answers
- Begins with “is, are, was, were”

21 **Quiz – Open or Closed**

- Tell me more about how you feel about that?
- Have you gone to breastfeeding classes?
- What do you know about breastfeeding?
- Do you think you have enough milk?
- Do you want to pump?
- What are your goals for breastfeeding?

22 **Hint, hint!**

- Use client’s name
- Repeat her name
- Pause before responding

23 **Affirm**

- Most important step!!!!
- Reassures her that her feelings are normal
- Shows respect and builds confidence
- Helps mother feel safe

24 **Team Up!**

Open Ended Question – Affirm - Educate

- My boyfriend wasn’t breastfed and he is healthy.
- I did not breastfeed my last baby and there is nothing wrong with her.
- What if I need to do both, breastfeed and bottle feed?
- My milk is dirty at first so I won’t breastfeed until my milk comes in.

25 **Biological Nurturing and Asymmetric Latch**

26 **Skin to Skin**

- Placing the baby naked on the mother’s abdomen for prolonged contact to facilitate breastfeeding and promote newborn stability.
- Dr. Nils Bergman says this meets all three needs of the

newborn
- Warmth
- Nourishment
- Love

27 **Animal Studies**
- Harry Harlow

28 **Why is it even a question?**

29 **STS and Baby Led Breastfeeding**
- Why Consider It In Hospital?
- Supports Breastfeeding Exclusivity, Part of Perinatal Core Measures for Joint Commission, PC-05
- Recommended by WHO, UNICEF, BabyFriendly USA and Breastfeeding professionals

30 **Human Biology Suggests It Is Necessary**
- Human babies are born one at a time
- Babies born furless
- Babies born without ability to thermoregulate
- Babies poop randomly

31 **Human Biology Suggests It Is Necessary**
- Human breasts change up to 2 centigrade according to Temperature of Baby
- Montgomery glands release oils that smell like amniotic fluid
- Bacteria from mothers direct skin contact colonizes the baby's Body (promotes immune stability)

32 **Benefits for Baby**
- Baby warmer
- Stabilizes Blood Sugar
- Passage of meconium
- Encourages breastfeeding initiation
- Stabilizes Heart Rate and Breathing Rate (Bergman, 2004) 8% unstable with mother, 86% unstable in incubator
- Development of neurologic system
- Promotes quiet sleep and normal HRV (Morgan, 2011)

(Separation dramatic increase in HRV power, 86% decrease in Quiet Sleep, 176% increase in autonomic activity)

- ☐Reduces crying in the Infant
- ☐Supportive for cardiac health

33 **20 Primitive Reflexes**

- ☐Maternal Position Influences the effectiveness
- ☐Optimal positions for the release of primitive neonatal reflexes stimulating breastfeeding

34 **20 Primitive Reflexes**

- ☐Hand to Mouth
- ☐Finger Flex/Extend
- ☐Mouth Gape
- ☐Tongue dart/Lick
- ☐Arm Cycle
- ☐Leg Cycle
- ☐Foot/Hand Flex
- ☐Head Lift
- ☐Head Right
- ☐Head Bob and Nod

35 **20 Primitive Reflexes**

- ☐Crawling to the breast or using their primitive reflexes is designed to get them to the breast
- ☐Laid back breastfeeding is the biological norm

36 **The Magical Hour**

- ☐Stage 1: The Birth Cry
  The first stage is the birth cry. This distinctive cry occurs immediately after birth as the baby's lungs expand.
- ☐Stage 2: Relaxation
  The second stage is the relaxation stage. During the relaxation stage, the newborn exhibits no mouth movements and the hands are relaxed. This stage usually begins when the birth cry has stopped. The baby is skin to skin with the mother and covered with a warm, dry towel or blanket.
- ☐Stage 3: Awakening The third stage is the awakening stage. During this stage the newborn exhibits small thrusts of movement in the head and shoulders. This stage usually begins about 3 minutes after birth. The newborn in the

awakening stage may exhibit head movements, open his eyes, show some mouth activity and might move his shoulders.

- Stage 4: Activity

  The fourth stage is the activity stage. During this stage, the newborn begins to make increased mouthing and sucking movements as the rooting reflex becomes more obvious. This stage usually begins about 8 minutes after birth.

37 **The Magical Hour**

- Stage 5: Rest

  At any point, the baby may rest. The baby may have periods of resting between periods of activity throughout the first hour or so after birth.

- Stage 6: Crawling

  The sixth stage is the crawling stage. The baby approaches the breast during this stage with short periods of action that result in reaching the breast and nipple. This stage usually begins about 35 minutes after birth.

- Stage 7: Familiarization

  The seventh stage is called familiarization. During this stage, the newborn becomes acquainted with the mother by licking the nipple and touching and massaging her breast. This stage usually begins around 45 minutes after birth and could last for 20 minutes or more.

- Stage 8: Suckling

  The eighth stage is suckling. During this stage, the newborn takes the nipple, self attaches and suckles. This early experience of learning to breastfeed usually begins about an hour after birth. If the mother has had analgesia/anesthesia during labor, it may take more time with skin to skin for the baby to complete the stages and begin suckling.

- Stage 9: Sleep

  The final stage is sleep. The baby and sometimes the mother fall into a restful sleep. Babies usually fall asleep about 1½ to 2 hours after birth.

38 **Movie Clip**

- Breastfeeding – A Baby's Choice

39 **Benefits for Mom**
- ☐Encourages uterine contractions
- ☐Faster placental delivery
- ☐Reduced maternal blood Loss
- ☐Increased release of oxytocin and prolactin

40 **Skin to Skin and Laid Back Breastfeeding Encourages Milk Supply**
- ☐First 72 Hours
- ☐Key for long-term supply
- ☐Receptor sites -Progesterone to Prolactin

41 **Laid Back Breastfeeding**
- ☐Mother needs to be in a reclined position

42 **Laid Back Breastfeeding**
- ☐Allows baby's reflexes to work
- ☐Hand presses against mom to move
- ☐Feet help move baby toward breast
- ☐Baby has control of head

43 **Laid Back Breastfeeding**
- ☐Mother's Comfort Is Key
- ☐Mother's Body serves as support for Baby
- ☐Baby's thighs, top and soles of feet should be in contact with body
- ☐What you need: Mother, Baby, Receiving Blanket

44 **Movie Clip**
- ☐Biological Nurturing For Mother's

45 **Let's Practice**
- ☐Get a baby and a receiving blanket
- ☐Baby between breasts
- ☐Kissable
- ☐Sniff position
- ☐Hands up
- ☐Thighs wrapped
- ☐Blanket tucked

46 **Asymmetric Latch**

Have many tools in your toolbox.

47

48 **Movie Clip**

☐Watch A Visual Guide to Breastfeeding

49 **Asymmetric Latch**

50 **Let's Practice**

☐Mom has just had baby and is in bed wanting to breastfeed. Assist mom into a comfortable position and talk her through baby led latch. Now try to talk her through asymmetrical latch.

☐Mom has had a cesarean section. Her entire body is extremely sore and she wants to avoid pressure on her incision. Show her a good position for breastfeeding while recovering from a cesarean birth.

☐Mom is exhausted. Baby and mom have been awakened by medical staff throughout the night and she keeps falling asleep sitting up. How might she breastfeed her baby and rest? Model this position for her and with her.

51 **What Could Improve These Latches**

52 **Milk Expression**

Hand Expression and Hands On Pumping

53 **Hand Expression**

- Step One: Wash hands and container for milk. Hold breast in the C-position or at 3 and 9 o'clock using the same hand as breast you are expressing.

- Step Two: Have thumb and forefinger about an inch and a half from nipple. Press back towards chest and then squeeze fingers together. Release. Repeat. http://newborns.stanford.edu/Breastfeeding/HandExpression.html

54 **Movie Clip**

☐Watch Hand Expression –Jane Morton

55 **Practice**

☐Teach hand expression to your neighbor

56 **Pumps Should Replicate Baby**

- Stimulation phase and Expression phase
- Breastpumps designed to follow this pattern result in more milk

- Time to MER with infant is approximately 90 sec
- Average volume/MER = 30-35 mls of milk

57 **Vacuum**
- Adjustable settings
- Automatic release to avoid tissue damage
- Maximum comfort, 80% of expressed milk removed in first 7 minutes
- Variety of vacuum levels should be available

58 **Breastshields**
☐Nipple should move freely and be comfortable
☐Minimal or no areolar tissue in tunnel
☐Rhythmic motion of breast during pumping

59 **Movie Clip**
☐Watch Maximizing Milk Production – Jane Morton

60 **Dealing with Engorgement and Sore Nipples**
Evidence Based Practice

61 **Sore Nipples**
☐Causes
- Incorrect Latch #1 Cause
- Tongue Tie
- Thrush
- Bacterial Infections or eczema
- Raynaud's Phenomenon

☐Continuing Breastfeeding
- Hand express first to stimulate let down
- Breastfeed on least sore side first
- Severe soreness nipple shield

62 **Sore Nipples**
☐Must treat the problem
☐NOT SYMPTOM
☐Get to an IBCLC

63 **Sore Nipples**

- ☐Topical Treatments
  - ONLY Grade A treatment is education
  - Grade B treatment – warm water compresses
  - Grade C
    - Modified Purified lanolin
    - Hydrogel Disks
    - Breastmilk, air dry
    - Breast Shells

64 **Sore Nipples**

- ☐Inappropriate Treatments
  - Non-modified, herbal lanolins
  - Tea bags
  - Vitamin E, A
  - Products containing alcohol

65 **Engorgement**

- ☐Not a normal lactation process!!!!
- ☐Breast Fullness is normal, NOT engorgement
- ☐Symptoms
  - Generalized heat and swelling
  - Pain
  - Hardness of breast with flattened nipple
  - Generalized breast tenderness
  - Slight fever

66 **Engorgement**

- ☐Causes
  - Incorrect latch
  - Inadequate transfer
  - Nursing strike
  - Baby missing a feeding
- ☐Quick treatment necessary to avoid feeding problems
  - Sore nipples
  - Increased risk of mastitis
  - Damage to milk producing cells

67 **Engorgement**

☐Treatment

- Brief use of heat and massage
- Gentle massage (in water)
- Frequent feeds
- Fully drain breast with breast pump
- Cold compress
- NO Cabbage leaves
- Lymphatic drainage massage

68 **Edema**

☐Symptoms

- Swelling in breast tissue or areolar space with pitting edema
- Causes
- Excess iv fluids
- Inability to process postpartum fluids for variety of medical reasons

69 **Edema**

☐Treatment

- Avoid pumping
- Reverse pressure softening
- Flower hold
- Feed baby often to avoid engorgement
- Hand massage

70 **Movie Clip**

☐You Tube - Teach Me How to Breastfeed!

71 **Final Questions**

Please fill out evaluations.

72 **Thank you**

•Larimer County Public Health

•Larimer County WIC

•Colorado WIC Breastfeeding Supportive Communities Grant

73 **Future Questions**

1 ☐Laurel Wilson

- info@motherjourney.com
- Connect for research updates and trainings
  - Twitter.com/linfinitee
  - https://www.facebook.com/pages/MotherJourney/189297510360
  - www.motherjourney.com
  - www.theattachmentpregnancy.com

2 Connect!

Starting a Local Breastfeeding Coalition

A coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve the overall quality of life for most people in the community.

Why Start A Coalition?

- To improve breastfeeding rates and access to breastfeeding services
- To launch community initiatives on a variety of breastfeeding related issues
- To empower community to seek and support legislation that is breastfeeding friendly
- To establish and nurture community relationships that promote, support, and protect breastfeeding.

Taking it Step by Step

Put Together a Core Group - Include people interested in breastfeeding, representatives of agencies who have a stake in breastfeeding (WIC, public health, Nurse Family Partnership, local hospitals and pediatric groups, doula groups), and influential people.

Identify Potential Coalition Members - Invite members to join your coalition from public and private health community, educational community, business community, ecumenical community, city and volunteer groups.

Plan and Hold Your First Meeting - Have networking and social time, discuss the main issues in your community, discuss structure of coalition, define your values and mission, create an action plan, and schedule your next meeting.

Move Your Feet! - Get started on the action plan that was agreed upon, create a website and facebook page. Generate the vision and mission statements, work on the action plan, create bylaws, and finding funding. See http://ctb.ku.edu/

Resources

- Community Action Toolkit: PDF from Texas WIC - Community Action Kit for Protection, Promoting and Supporting Breastfeeding. Detailed information starting a breastfeeding coalition.
- United States Breastfeeding Committee - www.usbf.org
- Directory of State, Territorial/Tribal Breastfeeding Coalitions http://www.usbreastfeeding.org/Coalitions/CoalitionsDirectory/tabid/74/Default.aspx
- Colorado Breastfeeding Coalition - http://www.cobfc.org/
- CDC-USBC Monthly Webinars - http://www.usbreastfeeding.org/Coalitions/CDCUSBCBiMonthlyTeleconferences/tabid/76/Default.aspx
- Breastfeeding Report Card - http://www.cdc.gov/breastfeeding/data/reportcard.htm
- Breastfeeding Data and Statistics - http://www.cdc.gov/breastfeeding/data/index.htm
- Hospital Support for Breastfeeding http://www.cdc.gov/VitalSigns/BreastFeeding/
- Colorado WIC - http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251618272629

1 **LACTATION UPDATE FOR HEALTHCARE PROFESSIONALS**
With Laurel Wilson, IBCLC, CLE, CCCE, CLD

2 **Thank You**
- Breastfeeding Supportive Communities Grant
  - Larimer County Public Health
  - Larimer County WIC

3 **Main Topics**
- Importance of Exclusive Breastfeeding
- Risks of Supplementation
- Understanding Low Milk Supply and Options for Improving Milk Supply

4 **AAP 2012 Breastfeeding Policy**

5 **Reduces Infant Risk (dose-response)**

1
- Severe lower resp. tract inf.
- Otitis Media
- Gastroenteritis
- NEC
- SIDS
- Asthma, Atopic dermatitis, and Eczema
- Celiac Disease

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- Type 1 and 2 Diabetes
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- Inflammatory Bowel Disease
- Acute Lymphocytic and acute Myeloid Leukemia
- Improved Neurologic Outcomes

6 **Health Benefits for Mothers**

1
- Reduced Risk of:
  - Type 2 Diabetes
  - Rheumatoid Arthritis
  - Hypertension
  - Hyperlipidemia
  - Cardiovascular Disease
  - Breast Cancer
  - Ovarian Cancer

2
- Benefits:
  - Uterine involution

- Child Spacing
- Reduced risk of postpartum hemorrhage
- Reduced child neglect/abuse
- Increased bonding

7 **Joint Commission**

- PC-05 Exclusive Breastmilk Feeding as of Jan, 2014
- Exclusive breast milk feeding definition: a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines
- Can be comprised of:
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8 **Why Exclusivity?**

- Just One Bottle
- (Marsha Walker)

9 **Why Exclusivity**

- First 7-14 Days of Life Critical Period of development for newborn gut (Meier of Rush Medical, Chicago)
- Transference of immune factors
- Sealing of gut lining
- Creation of family specific biome

10 **Promotes Gut Associated Lymphoid Tissue**

- Requires bacterial colonization post birth for optimal function
- Distinguishes innocuous antigens from pathogens
- Role in induction of t-cell activation
- Development of immune tolerance

11 **Immune System Priming**

- Establishes probiotic environment
  - Regulates cytokine production
  - Enhances IgA secretion
  - Forms tight junctions of intestinal barrier
  - Permits host defense without need for inflammatory response
  - Cross talk with toll-like receptors, activates genes meditating immune and inflammatory responses

12 **Why Exclusivity?**

13 **Why Exclusivity?**

- Cow milk-based formula is associated with rectal bleeding; gastrointestinal reflux, crying, and colic.
- Has nutritional deficits.
  - Lacks cholesterol and naturally occurring long chain polyunsaturated fats (LCPUFA.)
  - 50% of the iron in breast milk is absorbed compared to 7% from iron-fortified formula.
- DHA and fat enhanced formula
  - Different molecular structure
  - Studies don't show improvement in cognition
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14 **Artificial Milk**

- Formula is not a pure substance.
- Formula can be contaminated. Particularly powdered formula. Recommendation to add boiling water to powdered formula is about killing bacteria in powder NOT clean water.
- Formula is associated with an increased risk in the infant of
  - Diabetes
  - Obesity
  - Otitis media
  - Allergy

15 **Is A Baby Getting Enough Milk?**

16 **Low Milk Supply**

17 **Low Milk Supply**

18 **Low Milk Supply**

- Hypoplasia

19 **Low Milk Supply**

20 **Low Milk Supply**

21 **Breast Compression Video**

☐Jack Newman

22 **Low Milk Supply**

23 **If Supplementation if Necessary**

Supplement Options

- Expressed Breast Milk
- Donor Breast Milk
- Hypoallergenic Infant Formula
- Regular Infant Formula
- Soy Formula

24 **If Supplementation is Necessary**

Expressed Breast Milk

- Pump or hand expressed
- Even if tiny amounts can be scooped up with syringe

Donor Breast Milk

- Maternal preference
- Prescribed by infant's HCP
- When immunological and nutritional benefits are desired
- When an infant does not tolerate infant formulas

25 **Mother's Milk Bank**

☐Denver, CO

☐303-869-1888

26 **If Supplementation is Necessary**

Hypoallergenic Infant Formula

- When an infant has a family history of allergy to cow's milk protein
- When an infant's parents or healthcare provider elect to use hypoallergenic formula to prevent the risk of subsequent cow's milk protein allergy

Regular Infant Formula

- When there is no family history of allergies to cow's milk

Soy Formula

- When there is a family history of allergy to cow's milk
- When mother requests

27 **Final Questions**

Please fill out evaluations.

28 **Thank you**

•Larimer County Public Health
•Larimer County WIC
•Colorado WIC Breastfeeding Supportive Communities Grant

29 **Future Questions**

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2 Connect!

1 **LACTATION UPDATE FOR CHILDCARE PROVIDERS**
With Laurel Wilson, IBCLC, CLE, CCCE, CLD

2 **Main Topics**
•Importance of Breastmilk Exclusivity
•The Impact of Non Species Specific Milk on the Human Newborn
•Safe Handling and Care of Breastmilk in a Child Care Environment
•Creating Supportive Environments for Breastfeeding Families at Your Facility
•Creating Suggestion Sheets for Families New to Daycare

3 **Importance of Breastmilk Exclusivity**
The Impact of Non-Species Specific Milk

4 **AAP 2012 Breastfeeding Policy**

5 **Reduces Infant Risk (dose-response)**
☐List as many things as you can think of that breastmilk offers specific protection against in 120 seconds.

6 **Reduces Infant Risk (dose-response)**
1 ☐Severe lower resp. tract inf.
☐Otitis Media
☐Gastroenteritis
☐NEC
☐SIDS
☐Asthma, Atopic dermatitis, and Eczema
☐Celiac Disease

2 ☐Type 1 and 2 Diabetes
☐Adolescent and Adult Obesity
☐Inflammatory Bowel Disease
☐Acute Lymphocytic and acute Myeloid Leukemia
☐Improved Neurologic Outcomes

7 **Why Exclusivity?**
• Just One Bottle
• (Marsha Walker)

8 **Why Exclusivity**
☐Period of development for newborn gut (Meier of Rush

Medical, Chicago)

- ☐Transference of immune factors
- ☐Sealing of gut lining
- ☐Creation of family specific biome

9 **Why Exclusivity?**

10 **Why Exclusivity?**

- ■Cow milk-based formula is associated with rectal bleeding; gastrointestinal reflux, crying, and colic.
- ■Has nutritional deficits.
  - ■Lacks cholesterol and naturally occurring long chain polyunsaturated fats (LCPUFA.)
  - ■50% of the iron in breast milk is absorbed compared to 7% from iron-fortified formula.
- ■DHA and fat enhanced formula
  - ■Different molecular structure
  - ■Studies don't show improvement in cognition
  - ■Potential side effects - diarrhea, rectal bleeding, vomiting, bloating, and gastrointestinal distress.

(American Academy of Pediatrics Committee on Nutrition, 1999; Elizur et al., 2012; Koletzko et al., 2004; McNeil, Labbock, Abrahams, 2010; Straarup et al., 2006; Weisstaub & Uauy, 2012; Wright et al., 2006)

11

12

13 **Safe Handling and Care of Breastmilk in a Child Care Environment**

14 **True or False**

- ☐You can thaw breastmilk in a microwave
- ☐You can leave breastmilk at room temperature for 7 hours
- ☐You can thaw breastmilk is hot water in a bowl on the counter

15 **Basics**

- ☐Start with clean hands, wash before preparing bottles and

again before feeding (CO 8-301)
- ☐Store breastmilk at 41° or below (CO 8-302)
- ☐At end of day, return any unused liquid breastmilk to family. If frozen you can keep stored. (CO 8-302)
- ☐Any breastmilk left unconsumed within one hour during a feeding shall be discarded. (CO 8-303)

16 **Warming Milk**
- ☐Frozen breastmilk can be thawed under cold running water, in a crock pot, or in a refrigerator (CO 8-303)
- ☐Never warm in a microwave (CO 8-303)
- ☐The use of a crock-pot or other warming device to thaw and/or warm formula or breast milk can be utilized if:
  - ☐The breast milk or formula is thawed and warmed for immediate consumption and not returned to the refrigerator, and
  - ☐The warming container is emptied, cleaned, sanitized and refilled daily with fresh water. (CO 8-303)

17 **Separation of breastmilk**
- ☐Expressed milk will separate when stored in refrigerator, not homogenized
- ☐Swirl never shake
- ☐Damages the amino acids

18 **Bottle Feeding the Breastfed Baby**

19 **True of False**
- ☐One bottle is most like breastfeeding
- ☐Wide neck nipples are most like a breast
- ☐Mothers themselves should never introduce a bottle
- ☐Don’t introduce bottles until one week before work
- ☐Bottle use leads to low milk supply

20 **Best Nipple**
- ☐Gradual transition from nipple to base

21 **Look at your bottles**
- ☐Which might be better for latch?

22 **Latch**
- ☐Poor latch
  - ☐Mouth closed

- ◘V shape instead of u shape
- ◘Wide eyes
- ◘Furrowed brows

23 **Latch**

- ☐Poor latch
  - ◘Tight lips
  - ◘Milk leaking from mouth

24 **Latch**

- ☐Good latch
  - ◘Mouth open
  - ◘Flanged lips
  - ◘Soft eyes
  - ◘Looking at mother
  - ◘Organized body (fists by face)

25 **When to feed a baby**

- HUNGER CUES
  - Searching and rooting
  - Head moves toward voice, mouth opens
  - Lips smack, tongue reaches
  - Feet and legs crawl, arms push against mother to get to breast
  - Fists clench and move to mouth
  - Exaggerated motions
  - Fussing behavior
  - Brow furrows
  - Crying is a LATE sign of hunger

26 **Switch Sides**

- ☐Midway through feeding
  - ◘Eye stimulation
  - ◘Brain development
  - ◘Reduces side preference which challenges breastfeeding

27 **Use Satiety Based Feeding**

- ☐Never force a nipple into baby's mouth
  - ◘Stroke baby's lips illiciting rooting response
  - ◘Take frequent pauses to mimic let downs
    - ■Tip bottle so nipple is pointed up towards roof of mouth

- When starts sucking angle bottle so even with floor
- Don’t force baby to finish the bottle
  - Examples: massaging jaw, rattling bottle in mouth

28 **Avoid stress feeding**

- Don’t hold bottle bottom side up
- Negative pressure during a swallow causes more milk to enter mouth
- Watch for signs of stress
  - Splayed fingers or toes
  - Milk pouring out mouth
  - Baby tuning head away
  - Pushing bottle away
- Never feed while swaddled
  - Can’t see signs of stress
- Never prop a bottle

29 **I am stressed**

30 **Gas tank analogy**

- I am empty
- I am full

31 **FLOW**

- Which image shows a good bottle feeding situation?

32 **FLOW**

- Left bottle is dripping, baby has to tongue thrust to block flow, stressful.
- Right side baby offered the same bottle when it was not dripping. Latch on easier.

33 **FLOW**

- Dripping is not an indication of flow speed
- .3mL too slow for most babies
- .8mL to fast for many babies
- To reduce dripping invert nipple for 5 seconds

34 **FLOW**

- Signs of Stress (Flow too fast)

- Gulping
- Furrowed brow
- Milk leaking from corners of mouth

35 **Paced Feeding**

- Hold Baby Upright
- Tickle lips with nipple
- Allow baby to bring nipple into mouth
- Keep bottle at neutral level
- About every 30 seconds, tip bottle down
- Wait for baby to suck
- Then bring bottle up
- If no longer sucking, stop feeding

36 **Paced Feeding**

- Paced bottle feeding
- https://www.youtube.com/watch?v=YoBVtE6S1dk#t=149

37 **Paced Bottle Feeding**

- Why do this?
  - Baby takes appropriate amount of milk for its age and need
  - Helps develop satiation cues
  - Reduces colic like symptoms
  - Closer to feeding style of breastfeeding

38 **Good technique or bad?**

39 **Good technique or bad?**

40 **Good technique or bad?**

41 **Good technique or bad?**

42 **Good technique or bad?**

43 **Let's Practice**

44 **Creating a Supportive Environment for Breastfeeding Mothers**

45 **Suggestion Sheets**

1 Before You Return to Work

2 - Make sure your baby has plenty of time to adjust to bottles before coming to daycare.

3 While Your Baby is in Daycare

4 ☐Provide us with labeled (baby's full name), dated bags/bottles of milk.

☐Breastfeed here before you leave for work.

☐Breastfeed here before you head home.

46 **Did you know?**

FRESHEST MILK FIRST!!!!!

47 **Final Questions???**

Please fill out evaluations.

48 **Thank you**

•Larimer County Public Health

•Larimer County WIC

•Colorado WIC Breastfeeding Supportive Communities Grant

49 **Future Questions**

1 ☐Laurel Wilson

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☐Connect for research updates and trainings

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- https://www.facebook.com/pages/MotherJourney/189297510360
- www.motherjourney.com
- www.theattachmentpregnancy.com

2 Connect!