

Commitment to Breastfeeding: Does it matter?

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Importance of Breastfeeding

- Why does it matter—in the short- and the long-term?

Every major healthcare organization

- WIC has probably made the greatest impact of any agency on the increased breastfeeding rates in the US
- American Academy of Pediatrics AAP
 - *Breastfeeding Policy Statement: Breastfeeding and the Use of Human Milk*
 - *Sample Hospital Breastfeeding Policy for Newborns: Tools for Clinicians 2009*

Organizations (cont.)

- American Academy of Family Practice (AAFP)
- American College of Obstetricians and Gynecologists (ACOG)
- CDC
 - *National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) 2007*

mPINC

- To reduce barriers to breastfeeding within health care
- Questions based on Ten Steps to Successful Breastfeeding
- *Breastfeeding Report Card 2009*
www.cdc.gov/breastfeeding/data/report_card/htm

- US Breastfeeding Committee – numerous papers and public statements on breastfeeding support and promotion

Joint Commission

- New perinatal care core measure set
- Exclusive breastmilk feedings at hospital discharge

Department of Health and Human Services (DHHS)

- *HHS Blueprint for Action*
- *Healthy People 2020*

- ***Utah has reached the Healthy People 2010 goals of:***
 - ***Breastfeeding initiation***
 - ***Breastfeeding at 3 months***
 - ***Breastfeeding at 6 and 12 months***

Breastfeeding Report Card Outcome Indicators

	Ever BF	BF at 6 mos	BF at 12 mos	Exclusive 3 mos	Exclusive 6 mos
Utah	92.8	69.5	33.9	50.8	24.0
CA	84.7	53	31.1	42.4	18.6
CO	82.5	59.5	30.5	49.2	22.6
HI	88.2	56.3	35	44.9	22.4
ID	79.8	55.1	25.3	46.7	17.7
MT	82.7	56.8	30.6	40.8	20.5
NH	78.4	55.1	30.5	42.6	20.6
OR	91.4	63	37	36.6	20.8
VT	80.1	59.5	38.4	49.2	23.5
WA	86.4	58	35	48.8	25.3

**The professional, national,
and public health
organizations think
breastfeeding is important.**

- So, does it really matter?

**Human Milk and the Immune
System**

- Every time a baby breastfeeds he is immunized
- Protects against almost all infections
- Enhances development of infant's own immune system
- Importance of breastfeeding exclusivity and duration
- Does not mean breastfed baby never gets sick

**MALT- Mucosal Associated
Lymphoid Tissue**

- BALT & GALT
- Antigen exposure originating in mother's intestinal or bronchial tract epithelium sensitizes lymphocytes
- Sensitized lymphocytes migrate to breast where sIgA is produced by lymphoid cells in mammary gland

Immunoglobulins with this secretory component are taken in by baby through the milk to protect the infant gut or respiratory tract

Increased Acute Infections Without Breastfeeding

Strong evidence per AAP (2004):

<u>Disease</u>	<u>↑ Risk Without Breastfeeding</u>
• Diarrhea	3x
• Otitis Media	2x
• Pneumonia	2-5x
• Bacteremia	2x
• Meningitis	4x
• Necrotizing Enterocolitis	8-10x
• Hospitalization	3x
• Death	20%

Chen & Rogan (2004)

- Babies who are breastfed have a 21% lower risk of death in their first year, compared to babies never breastfed
- This reduction in risk rises to 38% if babies are breastfed for 3 months or more

- Translates to saving ~720 babies in the US each year
- Car seat use put into law when > 400 children died over a three year period because they weren't in a car seat!

**Thomas G. Cleary, MD
Plymouth, MA 1991**

- Quoted at Amarillo conference, Oct. 2004 by Stephen Buescher, MD
- “It’s amazing, considering all the things that are in human milk that are good for the baby.....it supplies the baby with nutrition, too!”

Breastmilk protects against some diseases for lifetime

- Formula fed individuals have increased risk of developing :
- type I diabetes mellitus, lymphoma, all childhood cancers
- Crohn’s Disease and ulcerative colitis
- cardiovascular disease (higher BP, cholesterol)
- breast cancer
- Breastfed individuals with renal transplants from their mother have better survival than individuals who were formula fed
- obesity

More obesity in formula fed individuals

- CDC has made BF one of major goals in fight against obesity and inactivity
- Bottle feeding is a parent led behavior
- Greater insulin response to cow milk → increased adipose deposit
- Higher protein in cow milk → increased adipose deposit
- Possible leptin resistance → adult overeating

**Women who do not
breastfeed at higher risk for:**

- Breast and ovarian cancer
- Osteoporosis
- Short pregnancy interval
- Obesity
- Higher BP
- Urinary tract infections

**Oligosaccharides in human
milk**

- Inhibit binding of pathogens and toxins to mucous membranes of gut, respiratory passages and urinary tract, particularly pneumococcus
- Being studied as model for next generation of antibiotics

2 Key Messages:

- Most benefits are dose responsive
- 1. **Exclusivity matters**
- 2. **Duration matters**
- 3. **Outcomes of Breastfeeding versus Formula Feeding –**
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Importance of Breastfeeding

- We know it matters
- How to—get mothers and babies off to a good start, and solve the problems they encounter
- Know that each one of us can and does make a difference

Deterrents to supporting breastfeeding: Why is this so hard?

- Not about us!
- Don't need to be breastfed
- Don't need to have breastfed
- Don't need to have children
- It's about education, evidence, science vs. attitude, belief, opinion

Concerns about creating guilt

- Unable to think of breastfeeding as other healthcare issues
 - Exercise
 - Nutrition
 - Tobacco, alcohol
 - Car seats
 - Immunizations

No control over BF

**Confusion about
significance of “breast”**

- Cultural vs. biological
 - Breasts are for sex
 - BF is indecent
 - Breast exposure sexually alluring
 - Attracting and keeping male attention
 - Product marketing using breasts
 - Modeling industry and breast augmentation

**Breastfeeding should be
done behind closed doors**

Women need help feeling comfortable

BUT,...
Parents need to understand whose problem this is

The Myth of the Perfect Mother

Concerns about healthcare rules

- Diet
- Rest
- Fluids

Deterrents: Worrying about “culture” gets in our way

- “Culture” is not relegated to “others”
- “Culture” belongs to all of us
- All breasts function in the same way
- All babies/women are biologically similar
- At one time, all cultures exclusively breastfed

Considering “culture”

- Cultural sensitivity means respecting an individual, not memorizing cultural “rules”
- Being culturally sensitive to a particular belief does not mean that belief is scientifically valid.
 - Does a belief cause harm?
 - Is it good for babies, for women?

Considering “culture”

- Cultural competence does not mean we don’t share information
- Don’t make assumptions that beliefs within cultures are always identical

US Culture

- “Sexual breasts” comes from Western “culture”
- Formula feeding comes from US “culture”
- Prep for birth
- Sterilizing laboring women and environment
- Episiotomies
- Umbilical care
- Starting solids
- Myth of motherhood

Considering “culture”

- Women want the same things for their children
- We know we can change the culture through education, care and support

Helping women make the best choice

- We have many choices
- Our job is to help women make the healthiest, safest choice based on science, evidence, not opinion
- Talking about BF without a turnoff
Information versus advice
 - “Choice” is not evidence-based feeding information

Prenatal providers

- All interactions contain positive messages about breastfeeding
 - Assumption that woman will BF
 - No question of ?BF or ?Bottle
 - When asked by a professional there is an assumption that these options are equal

Influence of provider encouragement on breastfeeding

- UCLA School of Medicine
- 2017 parents surveyed by phone
- 73% reported having been encouraged to breastfeed by their physician or nurses
- 74.6% of women who were encouraged, initiated BF, compared with 43.2% of those who were not encouraged

•Obstet Gynecol 2001. Feb;97(2):290-5

Clinician Support and Psychosocial Risk Factors Associated with Breastfeeding Discontinuation.

- Women who reported that their health care provider encouraged them to breastfeed were approximately half as likely to stop breastfeeding by 12 weeks post partum as those who did not receive encouragement.

•Pediatrics 2003

Easy ways to talk about breastfeeding

- “You probably noticed your breasts are getting ready to feed your baby.”
- “Your breasts are perfect for feeding your baby.”
 - If breasts aren’t “perfect”
 - Prenatal BF risk assessment

Risk assessment

- Requires caution - Don't want to create problems that don't exist
- Previous breast surgeries, radiation
- Anatomical abnormalities
 - Severely inverted nipples
 - Past injuries
- Endocrine disorders
 - Hypothyroidism
 - PCOS
- Obesity
- Gastric by-pass

Need to find out what's driving decisions

- What are her obstacles to making the decision?
 - Support of family and friends
 - Support of healthcare community
- What does she know about BF?
- Preaching the benefits can backfire
 - She already knows BF is best
 - Not what she bases her decision on

No perceived disadvantage to not breastfeeding

- Cow milk and human milk are not the same
 - This message needs to come from all members of the health team
- Difficult to walk both sides of the fence with industry and “best practice”
- Very little science behind infant formulas
- Marketing based on emotional appeal

Industry capitalizes on the vulnerability of new parents

- “Comfort proteins”
- “Most like breastmilk”
- Formula often arrives when growth spurt would be anticipated
- Intensive and deliberate marketing to individuals who have made an opposing choice - Targeting the breastfeeding mother

Marketing through pseudoscience

- Fortifiers are made from cow milk
- Previously called Fortifier for Human Milk

Requires us to look at work practices

- Consistent evaluation of products
- Evaluate relationship with vendors
- Look at ethics, not profit

Can we still care for mothers who choose to feed breastmilk substitutes?

- Of course!
- Understand their decision-making
- Help her bottle feed like a breastfeeder
- Teach safe ways to bottle feed

Helping women make the best choice

- Pick our words carefully
- Don't be ambivalent
- Advocate for the baby as well as the mother
- We are not going to make everyone happy when we give honest, accurate information

Is exclusive breastfeeding possible?

- ABSOLUTELY!

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**Getting Families Started
Breastfeeding with Evidence-
based Care**

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Holding onto our past culture

- Birthing environment
- Birthing practices

**Effect of labor medications on
infant and early feedings**

- Review of the literature
 - Crowell, BIRTH, 1994
 - Riordan, JHL, 2000
 - Ransjo-Arvidson, BIRTH, 2001
 - Baumgardner et al, Journal of American Board of Family Practice, 2003
 - Beilin et al, Anesthesiology, 2005
 - Torvaldsen et al, International Breastfeeding Journal, 2006

Holding onto our past culture

- Transitional care
 - Suctioning, identification, separation
 - Measurements, weight, temp, Vit K
 - Sponge bathing
 - Swaddling
 - Supplementation

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Transitional Care = ?Helpful

- Priority on assessment and recovery tasks
- Feedings come later, an afterthought

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Re-evaluating our care

- Requires us to look at practices
- Requires us to question practices
- In whose best interest are the things we do?

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Re-evaluating our care

- Breastfeeding becomes part of the actual birth experience
- Assessment can be done with baby at mom's breast
- Weigh baby later
- Bath can be delayed
- Measure baby later – if you really need to do this

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Skin to Skin: Fluff or science

- Early feeding promotes a safe environment for new infant
- Important to colonize the skin, respiratory and intestinal tracts of the baby soon after birth

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Keeps baby warm

- Infants who are kept skin to skin in first 90 minutes have higher axillary and skin temperature.
- Babies have continued protection against hypothermia after skin to skin in first 24 hours.

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Breastfeeding is analgesic in newborns

Pediatrics 2002 April

30 full-term, breastfed infants

Intervention group were held and breastfed during heel lance and blood collection

Control group experienced the same test while swaddled in their bassinets

Crying and grimacing were reduced by 91%. Heart rate was also substantially reduced by breastfeeding

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What about Cesarean birth?

- A delay in Secretory Activation (lactogenesis II- milk coming in) has been documented in research

- Is it the cesarean?
- Or a combination of medication, plus stress, plus surgery, plus IV fluids or..
- Do we contribute with our post-op routines?

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Pilot Study of the Effect of Type of Delivery on Initiation of Breastfeeding

Introduction

Methods

Results

Conclusion

Discussion

References

Appendix

Average amount of time between birth and first breastfeeding:

vaginal births = 40 minutes
cesarean births = 182 minutes

A significant correlation was found between initiation of breastfeeding and the number of times the baby breastfed in the first day. This was an inverse relationship; **the longer the time between birth and first breastfeeding, the fewer the times at the breast the first day**

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Getting the rest of our work done

- Re-organize
 - Assessment can be done with the baby skin to skin
 - Procedures can be done skin to skin or delayed until baby recovers, has first feed

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Visitors and interruptions

- Prenatal education about visitors
 - Who is welcome?
 - Talk to your family
 - Talk to nurse, physician
 - Nurse and mother devise a signal
- Hospitals can analyze activities

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Influence of early care on the hormones of milk production

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Prolactin

- Prolactin helps women respond to stress of perinatal period
- Receptor sites probably laid down in pregnancy, influenced by pregnancy hormones
- After hormones of pregnancy, suckling is the most effective stimulus for prolactin release

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Prolactin

- Prolactin enters alveolar sacs when they are tall and columnar (early, not too full of milk)
- Early, frequent breast stimulation probably increases sensitivity of receptors to prolactin

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Oxytocin

- If it feels good, it is probably oxytocin
- Affects every body system, resulting in effects opposite to “fight or flight” response - with lifetime effects
- Has long-lasting effects on pain tolerance
 - Don’t know what happens when we give epidurals
 - Don’t know what happens when we give pitocin

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UCLA Study: Female Responses to Stress

- *Tend & Befriend, Not Fight or Flight*
- Oxytocin helps us cope with stress
- Women cope with stress differently than men

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Women with high levels of oxytocin

- Produce more milk
- Are more tolerant of repetitious, boring tasks
- Women become more social and retain those traits if they continue breastfeeding

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Oxytocin and gastrointestinal hormones

- “Eating and bonding are linked”
 - Oxytocin stimulates the release of gastrointestinal hormones in both mother and baby
 - GI hormones stimulate intestinal villi, increasing surface area for absorption of nutrients
 - Induces satiety, post-feeding sedation and sleep

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Menopausal symptoms

- Likely related to drop in oxytocin receptors due to lowered estrogen
 - Sleep deprivation
 - GI disturbances
 - Cardiac disturbances
 - Loss of feelings of well-being

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Oxytocin and milk “let down”

- Understanding internal anatomy
 - Contraction of myoepithelial bands
 - Uterine contractions
 - Contractions of alveoli/ducts of breast

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The importance of the first hours

- Figure out a way to make feeding a priority
- Immediately skin to skin
- A hard look at the recovery period
 - Where is the baby?
 - Is it recovery or rescue?

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What can we do with all the information?

- What happens in the first hours/days makes a difference
- Need to be working as a team to help families be confident, successful as parents

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STATEMENT ON FORMULA MARKETING FROM HENNEPIN COUNTY HOSPITAL

To: Departments of Pediatrics, Obstetrics, Family Medicine; Certified Nurse Midwife Service, Newborn Intensive Care Unit, Labor & Delivery, Postpartum, Newborn Nursery, Inpatient Pediatrics, Department of Social Services, and Hennepin Clinics

From: Hennepin County Medical Center Breastfeeding Collaborative

RE: New Institutional Policy Regarding Formula Company Sponsored “Gift Bags”

Date: December 19, 2007

The Hennepin County Medical Center Breastfeeding Collaborative is a multispecialty, interdisciplinary committee that was formed in August 2006 to improve breastfeeding rates and duration of exclusive breastfeeding in our patient population. We have developed a proposal which focuses on breastfeeding promotion and support throughout pregnancy, inpatient peripartum and postpartum care.

The Healthy People 2010 goal is to have 75% of moms exclusively breastfeeding in the first months of the newborn’s life, 50% at 6 months and 25% at 1 year. The committee has been working on implementing the “Ten Steps to Successful Breastfeeding”, and eliminating formula company “gift bags” and free discharge formula is part of this process.

To achieve this goal, Hennepin County Medical Center will no longer distribute formula company sponsored gift bags or free formula to new moms when they are discharged from the hospital beginning JANUARY 1, 2008.

This policy is supported by evidence-based medicine and is being made to follow Best Practice infant feeding guidelines. Several major organizations including the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics have urged hospitals to stop distributing the bags and free samples. The World Health Organization developed the International Code for the Marketing of Breast Milk Substitutes that is followed around the world.

As health care professionals, we are responsible for providing patients with the best available information regarding mom and baby’s health. Studies show that hospital distribution of formula company sponsored products appear to the patient as an endorsement by health care professionals of formula feeding and a recommendation for a particular brand of formula. These brand name formulas are much more expensive. Formula is a cow’s milk protein based product which does not have the same immunologic and nutritional advantages as human breastmilk. It is important to note that studies show that the distribution of formula bags does impact the duration of breastfeeding. In order to improve our promotion of breastfeeding and meet or exceed the community standard of care, we have decided to discontinue distributing formula company sponsored “gift bags.” Please refer to the Massachusetts Breastfeeding Coalition Website (<http://massbfc.org/factsDiaperBagBan.pdf>) for further information about formula marketing and breastfeeding promotion.

What does this mean to me.....?

STATEMENT ON FORMULA MARKETING FROM HENNEPIN COUNTY HOSPITAL
Patients who chose to formula feed will need to purchase formula prenatally to last about 2-3 weeks until their WIC appointment. It is best to recommend a store brand (Target, Sam's Club, Walmart, etc) rather than a brand name (i.e. Similac, Enfamil). The store brand formula is made by the major formula companies and is much less expensive. You should educate your patients who plan to formula feed about this so they can plan ahead. The Hennepin County WIC program has begun informing their clients about this change.

Of course, please remember to continue to educate patients about the benefits of breastfeeding, milk production, and feeding patterns of newborns.

What are the details...?

Infants discharged on 20kcal formula (“normal” formula):

- No diaper bag
- No free formula samples

Infants discharged on specialty (medically indicated) formulas (i.e. higher calorie like Neosure)

- No diaper bag
- Will continue to distribute a can of powdered formula (makes ~78 fluid oz) at discharge
- Health professional (i.e. nursing, provider, social services, or dietitian) should assist the mother in registering her baby(s) for WIC. Health care professionals can call a special “professionals only” phone line at _____ to help facilitate the registration and eligibility process. Do not give this phone number to families.
- Nursing or social services should remind the mother to call WIC 1-2 days prior to her baby’s discharge to arrange an appointment to pick up formula vouchers. WIC will need the following information: Baby’s current height and weight, name of specialty formula with prescription, and medical indication for specialty formula. This information must be signed by an ordering provider. This information should be given to the mother to bring to her WIC appointment.

Special Circumstances and Frequently Asked Questions:

1. What if the family wants a diaper bag or brings a coupon in for a free bag?
Give the family the 1-800 number of the formula company. They can ask for a bag to be mailed to their home. (Number for Ross Laboratories, the distributors of the Similac products, is 1-800-515—7677)
2. What if a mother says she can’t afford the formula?
 - a. *Recommend that she purchase a store brand formula (i.e. Target, Walmart, Sam’s Club, etc). They are much less expensive than the name brand, are made by many of the same companies, and are the same formula just “last years recipe.”*
 - b. *Obtain a consult to social services*
3. What is the role of social services in this process?
 - a. *If a provider, nursing, or other health care professional feels that a particular mother may not be able to afford formula until her WIC appointment or a mother states that she can’t afford the formula the following steps should occur:*
 1. A social services consult will be initiated
 2. Social services will assess the patient and determine whether the patient is “high risk” at needs formula upon discharge. “High risk” means that the patient has no

STATEMENT ON FORMULA MARKETING FROM HENNEPIN COUNTY HOSPITAL

way of attaining the formula (self purchase, family assistance, friend, borrow, etc).

3. If the patient is unable to provide their own formula then the social worker can provide the patient with 1 pack of pre-mixed formula and nipples at discharge
 4. Social services or nursing should call WIC using the “professionals only” line at 612-348-8787 to help get the baby enrolled in the WIC program. Remember-this phone number is NOT to be given to patients or families. This phone call will facilitate a WIC appointment in 1-2 days.
 5. Social services, nursing, and providers should encourage the family to purchase store brand formula (i.e. Target, Walmart, Sam’s Club, Walgreens, etc) instead of brand name (Similac, Enfamil, Carnation).
 6. Social services will keep track of the number of patients that they consider to be “high risk” and in need of the discharge formula sample. It is important for the committee to track of the frequency and quantity of the occurrence so it can effectively evaluate the plan and implementation of the initiative to stop distributing the discharge formula samples.
-
4. Do the ED and other covering social workers know the plan and process?
Yes, the plan and step by step process has been communicated to the ED SW team and other intermittent SW staff that often cover on weekends and holidays.
 5. Is it okay to just give a mom a bunch of the pre-mixed formula bottles from the hospital?
No. These bottles are stocked for in-hospital use only and should not be used as a substitute for the diaper bag sample. If you feel a mother can not afford formula then contact social services.
 6. When can a mother call and make an appointment for WIC?
Mothers should call and make their WIC appointment as soon after birth as possible. Unfortunately, the appointment can not be made until after the baby is born.
 7. What if WIC cannot fit in a family who social services determines to be “high risk?”
Contact _____ and they will follow up with WIC.

Thank you for your support of this important change. Please feel free to contact _____ with any questions or concerns.

Day 3 to Second Week

Attend available mother support groups as soon as possible. Otherwise, curl up and feed your baby. Let others help with household chores.

Comments: As your milk comes in around the 3rd – 4th day, feeding patterns sometimes change. A baby that was latching easily may have trouble now that the breast is fuller. Before your breasts get hard and inflamed, use warm, moist heat and frequent hand expression of milk before and after feedings. Encourage your baby to feed very frequently. Your baby's bowel movements should be turning mustard yellow color. There should be 3 or more large stools a day. Many babies have a bowel movement at each feeding. Wet diapers should increase to 6-8 or more daily. If all is going well at 3-day check, your baby should be weighed again at 10-14 days. The baby should be back to birth weight at that time. Feed as often as your baby wishes. Anywhere from 7-12 feedings in 24 hours is normal and babies routinely feed from 10-30 minutes per breast, although this varies greatly. The important thing is for your baby to gain weight. Let your baby finish one breast before offering the second breast. If your baby only wants one breast at a feeding, that is fine if your baby is gaining weight. Just offer the other breast at the next feeding. You should be able to hear the baby swallowing the milk. Do not offer formula or water. The benefits of breastfeeding to both you and your baby are significantly increased with exclusive breastmilk feeds. Don't offer your baby a pacifier until baby is back to birth weight and breastfeeding is going well. Most breastfed babies never need a pacifier.

Second to Fourth Week

Comments: Many babies begin to exhibit "evening fussiness" by now and may cluster many small feedings close together during this time. This is a very normal pattern. Fussiness is common and not a problem for most babies. Babies at this age like to be held closely, rocked, and carried in front packs. Most continue to eat at frequent intervals throughout the day and night. Your baby should be gaining 1-2 ounces per day. Frequent bowel movements and 6-8 wet diapers a day continue to be normal. Some babies sleep uninterrupted for one 4-5 hour stretch. Do not try to make your baby sleep more by allowing him to cry or postponing feeding. Your baby needs to feed whenever he wants to for good weight gain and for you to build an abundant milk supply.

Sixth to Twelfth Week

Comments: By this time, many babies are starting to settle into a more predictable routine. They still require frequent feeding, constant care and contact. Your breasts may not leak as much and may feel soft most of the time as they adjust to feedings. Your baby's wet diapers will increase and number of bowel movements may decrease, often to once a day or even once a week or longer. (As long as your baby is growing and thriving, you don't need to worry any more about wet and dirty diapers.) Most will not be sleeping through the night (5 hours). Do not try to make your baby sleep more by allowing him to cry or postponing feeding. Do not use formula or other artificial foods. The benefits of breastfeeding to both you and your baby are significantly increased with exclusive breastmilk feeds.

Please call _____ or your baby's physician if your infant is not following these patterns.

The LATCH Breastfeeding Assessment Tool

	0	1	2	
L Latch	Too sleepy or reluctant No latch achieved	Repeated attempts Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips flanged Rhythmic sucking	Feeding not observed "How easily did your infant grasp your breast? Did it take several attempts?"
A Audible swallowing	None	A few with stimulation	Spontaneous and intermittent <24 hours old Spontaneous and frequent >24 hours old	"Did you hear your infant swallow? How frequently did you hear it?"
T Type of nipple	Inverted	Flat	Everted (after stimulation)	"Do your nipples stand out or do they flatten easily?"
C Comfort (Breast/Nipple)	Engorged Cracked, bleeding, large blisters, or bruises Severe discomfort	Filling Reddened/small blisters or bruises Mild/moderate discomfort	Soft Non-tender	"Are your nipples tender? Are your breasts becoming full and heavy?"
H Hold (Positioning)	Full assist (staff holds infant at breast)	Minimal assist (i.e., elevate head of bed; place pillows for support) Teach one side; mother does other Staff holds and then mother takes over	No assist from staff Mother able to position/hold infant	"Did someone help you put the infant to breast? Would you like help with the next feeding?"

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