



BREASTFEEDING: COMMON CHALLENGES AND SOLUTIONS

It's an accepted fact that breast milk is best for babies, offering health benefits for both mother and baby that cannot be replicated synthetically. As Healthcare Professionals seeing mothers and babies every day, it is important to understand the overall importance of breastfeeding and possess practical knowledge of how to help mothers solve some common breastfeeding challenges.

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LEARNING OUTCOMES

From this module you will:

- Learn about the benefits of breastfeeding for both mother and baby
- Understand common challenges and achievable solutions
- Understand the mechanics of pumping and milk yields
- Be knowledgeable about the safe storage of expressed milk
- Be able to complete a learning module which you can keep for future reference
- Keep a copy in your PREP Folder

ABSTRACT

Breastfeeding has accepted benefits for both mother and baby. Breastfeeding rates continue to rise in the UK, but remain the lowest in Europe. This module discusses the common perceived challenges to initiating and sustaining breastfeeding and practical and achievable solutions.

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KEYWORDS

Breastfeeding, attachment and positioning, moist wound healing, engorgement, mastitis, hand expression, pumping, breast milk storage.

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**NOTHING BUT THE
BREAST**

Safe for mum,
Safe for baby



Breast milk is a “perfect food.” It’s easy to digest and, because it’s made of live cells, babies can easily absorb it. Breast milk provides just the right proportion of essential nutrients, vitamins, proteins, fats and antibodies to help babies’ bodies and brains develop.

What’s amazing is that it can also adapt its composition to meet babies’ needs as they get older or if they become ill. Just as importantly, babies thrive emotionally because skin-to-skin contact with their mother creates a strong bond and sense of security. Let’s not overlook the other critical part of the breastfeeding equation – the mother! There are significant medical, emotional and financial benefits for nursing mothers too.

Breastfed babies

- Get ill less and have a lower risk of allergies¹
- May have a lower risk of obesity and Type 1 and 2 diabetes as they grow older²
- Have a lower incidence of SIDS (Sudden Infant Death Syndrome)³
- Have a reduced risk for ear infections (otitis media) and gastroenteritis⁴
- Are on a path to optimal brain development⁵
- Are protected against respiratory infections including those caused by rotaviruses. Babies are less likely to be hospitalized with pneumonia or bronchiolitis, and have a decreased risk of lower respiratory tract infections⁶



- Have been associated with a slightly enhanced performance on cognitive development tests⁷

Breastfeeding

- Decreases breast cancer risk and may decrease the risk of ovarian and uterine cancer⁸
- Reduces the risk of developing Type 2 diabetes⁹
- Mothers show less postpartum depression as breastfeeding triggers the release of oxytocin (the “love hormone”) and prolactin – substances that aid relaxation and reduce stress¹⁰
- Burns extra calories, making it easier to lose weight after pregnancy¹¹
- Saves valuable time! No need to purchase, measure or mix formula, and no bottles to warm in the middle of the night. Breast milk is always perfectly mixed and the right temperature. Plus, you never forget to bring it with you!

- Is free – at least the milk is! Even if you are pumping, a good pump and accessories are far less expensive than formula.

Disconnect between knowledge of benefits and breastfeeding rates

When asked by Healthcare Professionals about breastfeeding, mothers know it is the best thing to do for their baby but there is a disconnect between what they know is best and the practical realities of initiating and staying with breastfeeding past the first few days and weeks postnatally.

The latest Infant Feeding Survey¹² results published in 2012 demonstrated significant improvements from the 2005 survey with the proportion of babies in the UK breastfed at birth rising by 5% from 76% to 81%, with further positive results at three months of age with a 4% rise from 13% to 17% in babies being exclusively breastfed with no other supplementation. This increase in breastfeeding rates across the UK could be attributed to such programmes as The Baby Friendly Initiative, supported by Department of Health policy through The Healthy Child Programme¹³, National Service Framework for Children, Young People and Maternity Services¹⁴ and NICE Postnatal Care Guidelines¹⁵. However, despite these encouraging results, breastfeeding rates in the UK remain the lowest in Europe and the proportion of babies exclusively breastfed at six months remains at 1%, indicating an increased and sustained need for Healthcare Professionals to provide ongoing support and information to breastfeeding mothers.

DID YOU KNOW

Breastfed babies can pick their mothers out of a line up based on smell alone.



Common challenges, achievable solutions

The biggest fear of most mothers relates to positioning and attachment of the baby at the breast and latching the baby on correctly, how it actually works to ensure a good milk supply as well as fears about pain associated with nursing. And, whilst many of these are legitimate concerns, there are ways to address these situations in a way that prevents them from turning from a small addressable issue that can keep breastfeeding on track into a complex problem that can derail breastfeeding.

Breastfeeding, although one of the most natural things a mother can do, is often challenging for both mother and baby. Beyond achieving the proper timing of meals and sufficient milk flow, there’s the matter of ensuring a good latch and a comfortable, workable angle. Difficulties in breastfeeding can be frustrating. To help new and expectant mothers with the newborn feeding process, here are some common challenges that can arise and some suggestions for quick and easy fixes.

DID YOU KNOW

An average breastfeed lasts 16 minutes.

Principles of positioning and attachment

Whilst breastfeeding is not supposed to hurt, it is common to experience some soreness as mother and baby adjust. Newborns (and older infants) can have trouble latching on to the breast, which can make feeding painful and uncomfortable for the mother. The most effective way to prevent breastfeeding problems is to follow the principles of effective positioning and attachment.



Positioning considerations

- What position is the mother going to use, i.e. cradle, cross cradle, football, side lying?
- Is the mother comfortable?
- Is the baby’s head and body in a straight line?
- Is the mother holding the baby close to her?
- Is the baby’s nose opposite the nipple?

The perfect latch

To ensure a good latch, the mother needs to hold the baby close so his nose is level with her nipple, the baby needs to take a big mouthful of breast coming in from underneath the nipple, the mother should allow the baby’s head to tilt back a little, allowing his top lip to brush gently against the nipple, stimulating him to make a wide mouth. With the baby’s mouth wide open the mother can bring the baby to the breast, allowing his chin to rest on the breast and keeping his nose clear. More of the darker skin of the nipple should be visible above the



top lip and his cheeks should appear full and rounded. If the mother does experience soreness or chafing, using ultra-purified, hypoallergenic lanolin will offer her symptomatic relief. However, it is important to understand and address the underlying cause of the soreness, so if the mother has continuing pain she should discuss it with her Midwife or Health Visitor.

Moist wound healing

Moist wound healing involves retaining the moisture already present in the skin of the areola; this can be achieved through applying a moisture barrier cream created through the use of lanolin to the cracked and sore nipple. Internal moisture retained within the skin will enable the nipple to return to its normal healthy state, supple and soft, rather than brittle and dry. When cracked tissue is rehydrated from within, it heals without the formation of a scab or crust, enabling the mother to continue to successfully breastfeed her baby.

Engorgement

Engorgement is a temporary condition that can begin around the third day postpartum and is caused by a mother’s body making milk without yet realizing how much her baby needs. Nursing frequently is the best way to alleviate engorgement. Breastfeeding while engorged can be difficult since baby can have a hard time properly latching on. A Nipple Everter can be used to gently evert a flattened nipple to help baby latch on. To release some of the built up milk and soften the breast, it can also be helpful to advise a mother to take a hot shower or express a small amount of milk (by hand or with a pump) before feeding but only enough to evert the nipple. Pumping will trigger the same hormones and actions as nursing so it will signal to the body to make more milk as milk is released and expressed. In this situation, the pump should only be used to evert the nipple just enough so baby can latch on successfully. Mothers can also be advised to use a frozen or chilled compress to help soothe and ease discomfort related to engorgement.

DID YOU KNOW

Almost three quarters of mothers produce more milk from their right breast (no correlation between being left or right handed).

Mastitis

Mastitis is a condition which causes the mothers breast to become inflamed. This inflammation can quickly become an infection. Mothers may notice their breasts are:

- Red
- Hard
- Hot
- Swollen

Mothers may also feel a lump in their breast; this is caused by milk escaping into the breast tissue and, although not caused by a blockage, is referred to as a blocked duct. Mothers with mastitis may also experience flu-like symptoms. Mastitis is most commonly caused by milk stasis, which occurs when milk builds up in the breast and is being made faster than it is removed. Milk stasis can occur for a number of reasons including not being latched on properly and engorgement. On occasions milk stasis can worsen and become infective mastitis, which requires treatment with antibiotics.

It is important that mothers with mastitis continue to feed, as stopping can make it worse. Help and advice should be sought from a Healthcare Professional to ensure the baby is latched on to the breast well. It is important to keep the affected breast as empty as possible, so frequent feeding is advisable. Expressing breast milk by hand or pump following a feed is also beneficial. Some mothers also find hot or cold compresses help to relieve some of the discomfort.

Hand expression

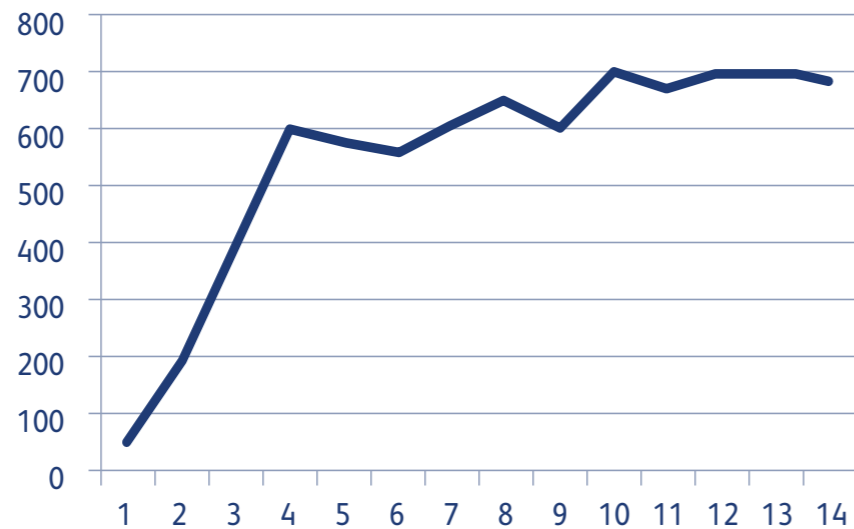
If the breasts feel uncomfortable and full, mothers may use a hand expression technique; this technique is preferable in the first few days following birth. The mother needs to simply cup her breast and feel back from the nipple to where the texture of the breast feels different. Using her thumb and fingers in a C shape the mother needs to gently squeeze inwards (not downwards). At first only drops will appear but eventually more milk will flow. When the milk flow in one area starts to slow, the mother needs to move her fingers around to express a different part of the breast.

DID YOU KNOW

The average time it takes for breast milk to let down and start flowing is 56 seconds.

Figure 1: Breastfeeding Milk Yields

Neville, M et al. (1988) Studies in Human Lactation: Milk Volumes in Lactating Women During the Onset of Lactation and Full Lactation. *American Journal of Clinical Nutrition*. 48, pp. 1375-1386.



Pumping vs. breastfeeding

Feeding at the breast is the ideal because of the natural and physiological triggers that must happen in order for breast milk to be produced, let-down and elicited by a baby. It is because of this process that a baby will be able to elicit more milk from the mother's breast because of the natural triggers involved. However, if mother and baby have to be apart or, if the mother is having trouble latching baby on, an alternative is needed to be able to offer expressed breast milk and that is by using hand expression or a breast pump.

The pumping "Why"

Most mothers plan to exclusively feed their baby from their breast. But there are times, either planned or unexpected, when breastfeeding mothers need to be away from their baby – for example when the baby is admitted to a neonatal intensive care unit.

To enable a mother to successfully breastfeed long term it is important she has full milk production by day 7-10¹⁶. On this occasion the use of a breast pump is particularly useful. A mother's milk supply increases rapidly over the first 10 days as evidenced in figure 1 above and actually overtakes the suggested borderline milk volume of 500ml/24hr to enable successful breastfeeding¹⁷ within the first 3-4 days.

Pumping generally falls into two "whys": extra breast milk for occasional use (such as when the mother has an appointment), or building up a supply for when she needs to be away for longer stretches of time (such as going back to work).

The pumping "When"

Many mothers find they have the most success when they pump first thing in the morning. Resting has allowed their milk supply to replenish and is likely to be abundant. For easy and safe



storage mothers can use breast milk storage bags and containers.

Going back to work or being away for several pumpings on a sustained basis takes a little more planning because she'll want to have an ample amount saved in advance. It is in these situations that a manual or an electric (single or double) pump is used to maximize the experience. To build up a supply, it is recommended a mother pumps daily after her baby has nursed. This ensures she has drained all the milk from her breast and signals to her body to make more milk. She can store the excess in her freezer for use at a later time.

When the mother is back at work or away from her baby, she would need to pump at the times when her baby would be feeding, then safely store the milk and bring it home to add to her freezer supply.

The pumping "How"

Here are some tips to get a mother started, but remember it might take her some time to get used to pumping:

- "Wake up" her breasts by massaging or leaning over and gently shaking them and using a warm compress to encourage milk let down

- Wash her hands and take a few deep breaths to relax. This is key to getting her milk to flow freely (let-down reflex). Some mothers find looking at a photo of their baby and listening to soothing music helps
- Close her eyes, shut out the world, think of her sweet baby – this has been shown to help with let-down and milk flow
- To pump, the mother should centre the nipple in the cushion (the cone-like part that goes on the breast). Her breast needs to completely fill it to form a vacuum. She should tilt the tunnel slightly downward so the milk flows naturally into the container
- She should plan on a 20 minute pumping session, but this could vary – some mothers take more or less time. Encourage her to continue and not to worry if her output initially seems low. By pumping, she's telling her body to keep producing milk and she'll begin to see an increased amount if she is pumping on a regular schedule
- To build up her freezer supply, she can try pumping after nursing and add in extra sessions when baby is sleeping.



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FULL RANGE TO SUPPORT BREASTFEEDING MUMS

Types of Pumps

There are many kinds of breast pumps and there are some that are better than others for drawing out the milk effectively. There are manual pumps, single electric pumps and double electric pumps (that can also be used as single pumps in some cases, such as Lansinoh 2-in-1 Electric Pump). Double electric pumps are often the best choice for a mother who is going to be apart from her baby for sustained periods of times and is going to miss multiple feeding sessions because she is able to pump from both breasts simultaneously which saves time.

Mothers sometimes feel more comfortable pumping on one side as they feed their baby on the other, they can accomplish this with a single electric pump or with a double pump that can be made into a single pump. These are often less expensive than double pumps but most still have varying degrees of adjustable suction levels that a double pump would also have.



DID YOU KNOW

It's not true that double breast pumps are only for twins.

HPA Lanolin

To relieve symptoms of dried or cracked nipples, Lansinoh's ultra-purified hypoallergenic lanolin can offer symptomatic relief. This provides the perfect moist wound healing environment and doesn't interfere with breastfeeding or need to be washed off prior to a feed.



Nipple Everter

Lansinoh's Latch Assist Nipple Everter is specially designed for mums with flat or inverted nipples. In these circumstances it is important to be able to gently draw out your nipple so that the baby can properly grasp the nipple and areola in order to establish a good latch – the first step to successful breastfeeding.



Lansinoh THERA PEARL 3-in-1 Breast Therapy Gel Packs

These are useful in the treatment of engorgement and mastitis. THERA PEARL can be used hot or cold and has also been specially designed to fit around the breast pump to encourage let-down and promote faster milk flow. Reusable and non-toxic, these unique packs are doctor designed and lactation consultant approved. THERA PEARL can also be used to encourage let-down reflex in those mothers breastfeeding and using hand expression.



Breast milk storage

The key point to remember is the colder the fridge the longer the storage. If left at room temperature breast milk needs to be used within 6 hours of expression. Breast milk can be stored in a fridge with a temperature of 5 to 10°C for up to 3 days and between 4 and 8 days in a fridge running between 0 and 4°C. Expressed breast milk can be stored in a freezer with a temperature of -18°C or below for up to 6 months¹⁸. Frozen breast milk should be defrosted in the fridge.

However, if required immediately it can be defrosted by placing under cool and then warm running water. Once defrosted in the fridge, expressed breast milk should be used within 12 hours.

Guidance for supporting breastfeeding mothers

Breastfeeding is a unique, special and individual experience for each mother and baby and should be treated as such. While there are conditions and situations that can be assessed in a general way, each mother and baby should be assessed according to their specific need. There are guidelines provided by such organisations as the Department of Health, NICE and UNICEF Baby Friendly. However, no one guideline fits every family and Health Professionals need to take into account the individual need of each family and their personal circumstances to ensure they are enabled to continue to breastfeed for as long as possible. There are varying levels of expertise and experience within the field of breastfeeding and it is important for Healthcare Professionals to understand the services offered and where and how to correctly signpost mothers to access further support and information. It is also vitally important that all Health Professionals working with breastfeeding mothers maintain and develop their skills and experience to ensure they are offering evidence, based on safe and effective care.

Further support and advice

- La Leche League
- Baby Cafe
- MIDIRS
- National Childbirth Trust (NCT)
- Breastfeeding Network
- NHS Breastfeeding Support Teams
- Sure Start Children's Centres
- Association of Breastfeeding Mothers
- National Breastfeeding Helpline

Let Lansinoh help

Lansinoh offer a range of downloadable factsheets which can be utilised for both professional and personal use. Our factsheets include such topics as getting started with breastfeeding, avoiding sore nipples, expressing and storing breast milk and working when breastfeeding. We also understand how important it is to help new mothers successfully establish and continue to breastfeed and to give their new baby the best start in life. Please contact us or visit our website at www.lansinoh.co.uk for more information.

SELF ASSESSMENT

This module can be used as part of your continued professional development and the following questions are designed to help you get the most out of studying this training material.

On completion, hand this to your supervisor for approval as this counts towards one hour of CPD learning.

What did I learn that was new?

How have I put this into practice?

What have I done differently as a result?

Do I need to learn anything in this area?

After completing this module and questions, you should ask yourself questions such as: 'has this highlighted other development areas'? And 'have I met my personal learning needs'?



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REVISION QUESTIONS

01 Name 3 benefits of breastfeeding for babies

1

2

3

02 What is the current percentage of babies' breastfeeding at birth?

- 79%
- 81%
- 85%

03 What percentage of babies are exclusively breastfed at 6 months?

- 1%
- 3%
- 5%

04 Name the 2 contributory factors in a successful feed

1

2

05 The baby's head and body need to be aligned for a successful breastfeed

- True
- False

06 What causes engorgement?

07 What is moist wound healing?

08 It is important for a mother with mastitis to stop breastfeeding

- True
- False

09 When is the most successful time to pump?

- Morning
- Evening
- During the night

10 Name 3 types of breast pumps

1

2

3



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