QUICK REFERENCE GUIDE

Helping mums breastfeed longer

Lansinoh

Worrying about weight?

Using a 'red flag' or 'swim lane process'[1] when weight loss is an issue may help you in your practise, or within some of the environments in which you work, to instigate easy-to-follow measures to ensure that you may guide the women and babies within your care to safety.

Ideally you will be able to pre-empt these issues and avoid them altogether. Below is an example of a flag-system that may help alert practitioners to a problem and instigate appropriate measures.

GREEN FLAGS						RESPONSES
Mother and baby both content.	Baby feeding well and settled between feeds.	Mother has no pain in nipples or breasts either during or between feeds.	Baby is alert, pink, waking for feeds and plenty of wet and dirty nappies.	Baby feeding at least once during the night and generally 2-4 hourly during the day.	Weight gain good.	Reassurance. On-going clinical support as required. Peer/family support.
AMBER FLAGS						**RESPONSES**
Mum has a concern.	Baby often unsettled.	Mother may have some pain or discomfort.	Baby feeds frequently, or is sometimes difficult to feed. Parents unsure as to whether urine/stooling is adequate.	Baby sleeping through the night.	Weight gain faltering or within normal range.	Assess level of concern. Watch a full feed and assess. Consider whether needs 'red flag', peer support, or extra midwifery/ maternity assistant input.
RED FLAGS						**RESPONSES**
Mum has a concern.	Baby unsettled, or difficult to rouse. May be 'sleeping through'. Baby may be 'flutter-sucking', or not swallowing with every suck.	Chafed, compressed, cracked or otherwise damaged nipples.	Engorgement, mastitis, blocked ducts, or breasts which are feeling 'empty'.	Mum may be giving some cup or bottle feeds, may be considering stopping breastfeeding, or may have started giving some formula.	Baby has lost weight, or weight is static. (weight loss of up to 10% of birth weight over the first week of life is generally considered as acceptable. However with OCC[2] weight loss may be less. If problems are suspected before then, then action should be considered sooner.	Immediate assessment and consider referral to lactation consultant and/or paediatrician. Review position and attachment. Offer reassurance and support for the continuation of breastfeeding. Implementation of a 'feeding plan'/plan of care to ensure adequate milk transfer and protection of or increase in supply. Ensure peer/family support available.

Women and their families should always be made aware of how to access extra support when they need it, and encouraged to do so, as support has been shown to improve breastfeeding outcomes[3]. Women who are confident in their ability to breastfeed are much more likely to succeed in doing so[4].

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FEEDING PLAN

If a feeding problem is diagnosed, key points of action are

- Referral if required, for full breastfeeding assessment and advice.
- Consider Paediatric review.
- Protect mother's milk supply.
- Ensure milk transfer from Mother to Baby either by ensuring full effective feeds, or by pumping to protect supply and feeding baby EBM.
- Arrange follow-up and further support.

Advice needs to be *tailored* to the individuals and *adapted as the situation evolves*. It is of crucial importance to protect the woman's breasts and her milk supply and to feed the baby adequate amounts of milk, ideally at the breast, or alternatively by cup, syringe, finger feeder, supplemental nursing system or bottle. The method used will depend on the mother's preferences, and on your experience and time, as well as your assessment of the situation (*link to weight loss) and the age of the baby. Using a bottle may be likely to undermine breastfeeding[5], but it is not necessarily the sole factor in a problem that we label as nipple confusion[6]. Some parents may prefer to use one and the decision ultimately must be theirs[7]. The Lansinoh® NaturalWave™ Teat with mOmma® bottle has been shown to minimise nipple-teat confusion by supporting a baby's normal peristaltic sucking motions[8].

Support

Mum should be given support to optimally position and attach the baby at the breast. If baby is sleepy, undress him, or change his nappy and have him in skin to skin, covered by a blanket. Encourage Mum to express a few drops of expressed breast milk (EBM) onto his lips and that the aim is to encourage "full, effective feeds". Once on the breast, breast compressions may help to encourage baby to suck-swallow. If adequate milk transfer is not attainable then it will be necessary to express milk for baby. In the early days, hand expression will be gentler and as effective[9], but if greater volumes are needed, then a pump is generally a more sustainable option. For babies who need a full supply to be stimulated quickly, Mum will need to double pump 8-12 times in 24 hours, including at least once during the night. If enough EBM cannot be obtained, then it will be necessary to give baby some formula milk. Mum can be reassured that this should be a short term measure. She should be offered plenty of support as well as clinical care. Biological nurturing techniques may help baby's return to the breast, as well as on-going clinical input and support. Use the '**Breast refusal**' checklist to help you support mothers who are struggling to encourage baby to the breast.

Notes Section *(use this section to make notes or reflect on your practise)*

References

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