



THE FOCUS AFTER DELIVERY

Key Components of
Breastfeeding

OVERVIEW

- Impact of the Birthing Process
- The Golden Hour
- Skin to Skin
- 9 Stages of Adaptation
- Hand Expression



“The way the birth proceeds powerfully influences the first hours and days of breastfeeding. Normal, natural birth sets the stage for problem-free breastfeeding—what nature intended—while a complicated, intervention-intensive labor and birth set the stage for problems.”

Judith A. Lothian, PhD, RN, LCCE,
FACCE

IMPACT OF THE BIRTHING PROCESS

Risk factors for delayed or impaired breastfeeding initiation:

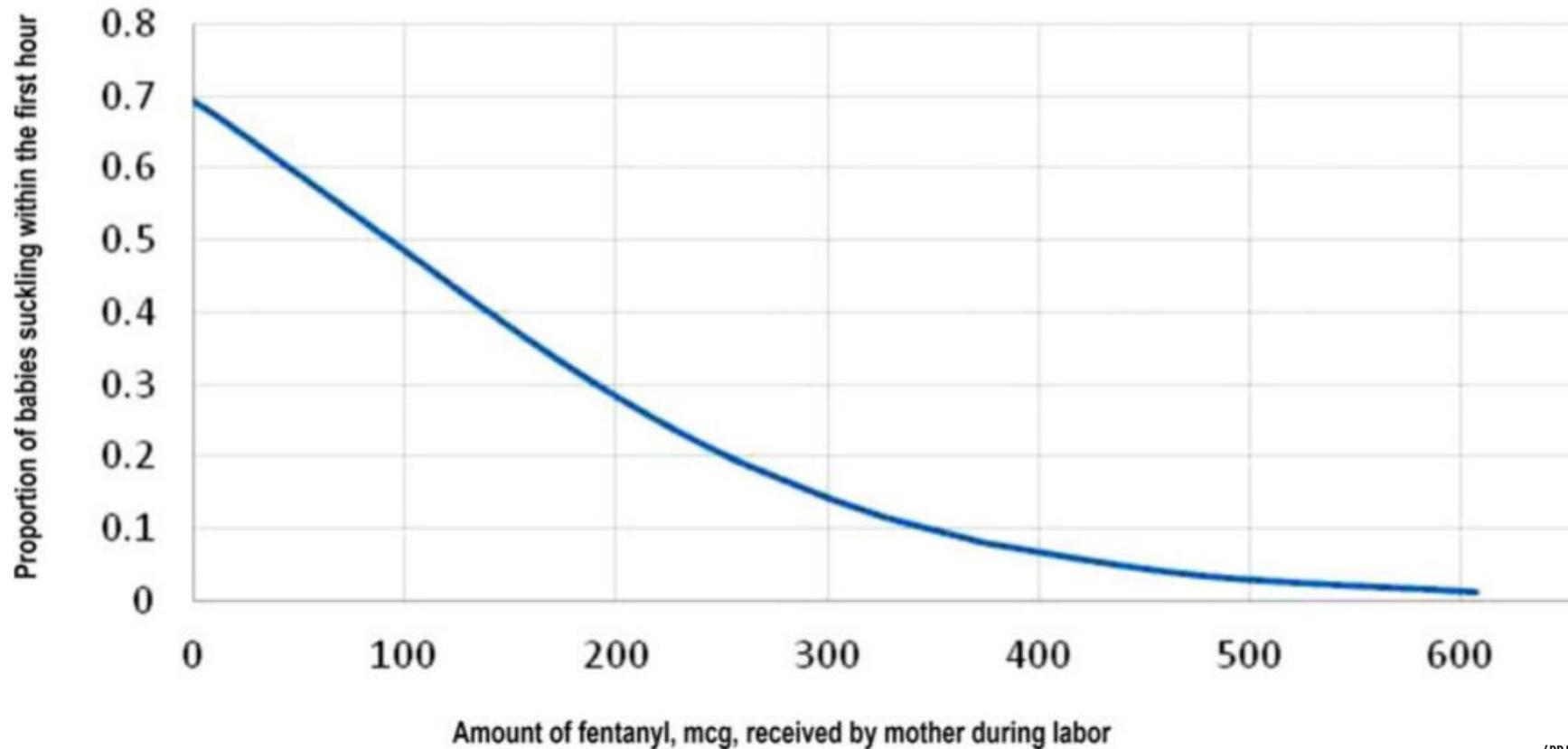
- Medications
- Induction
- Prolonged labor
- Operative vaginal delivery
- C-section
- Infant oral suctioning

MATERNAL MEDICATIONS

- Transfer from epidural space to the placenta and breastmilk
- May diminish and/or impair early sucking
- May increase supplementation, bottle feeding, and breastfeeding cessation rates
- May increase risk of excessive newborn weight loss

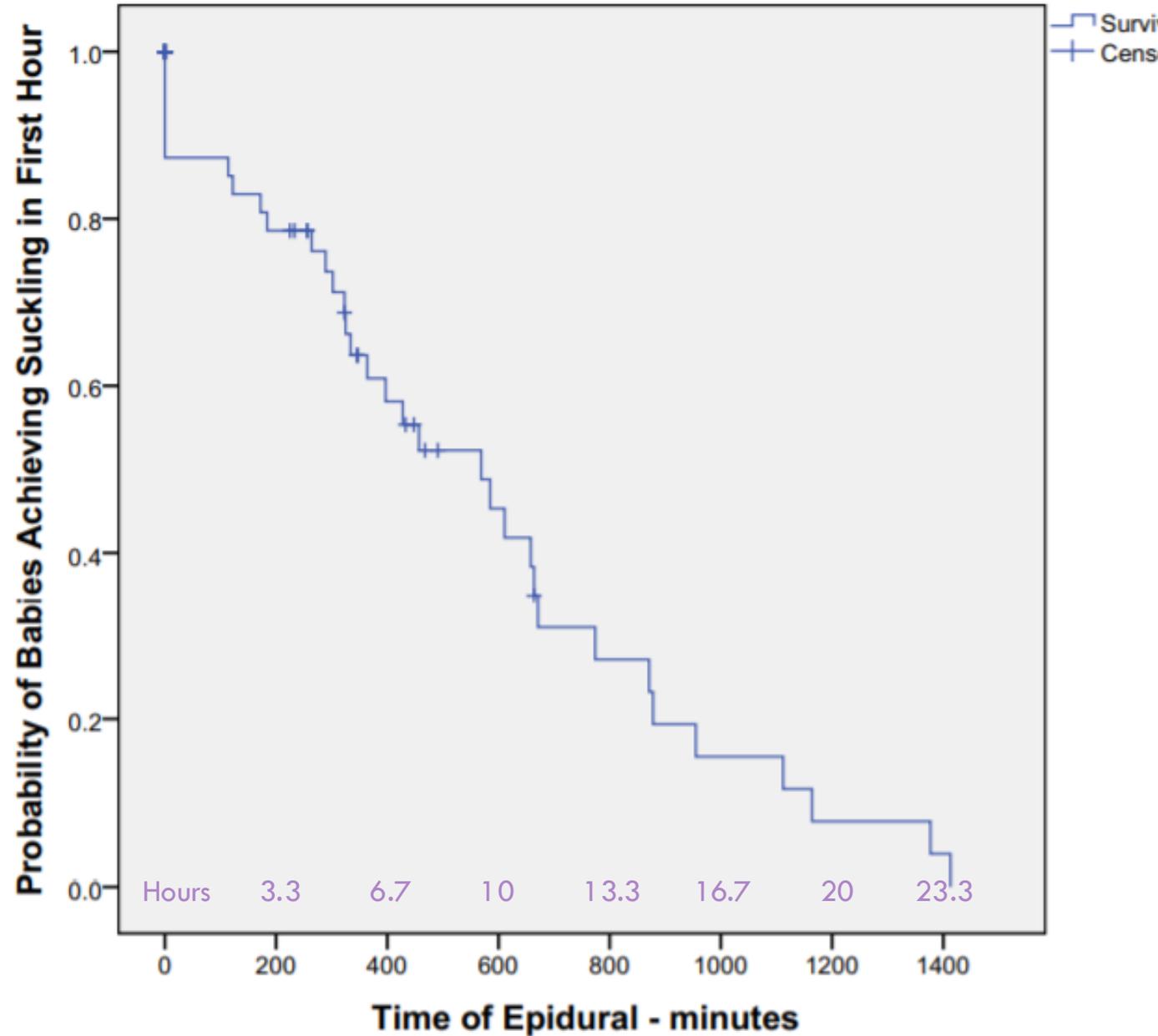
MATERNAL MEDICATIONS

Fentanyl Effect



LABOR INDUCTION

The probability of babies sucking in the first hour of life related to maternal epidural:



LABOR INDUCTION

Two types of oxytocin:

- Endogenous
- Exogenous



LABOR INDUCTION

Maternal effects of Pitocin administration during labor:

- Increased cortisol levels
- Increased edema in breast and nipple tissues, delaying lactogenesis II
- Decreased endogenous oxytocin levels measured during breastfeeding at 2 days postpartum

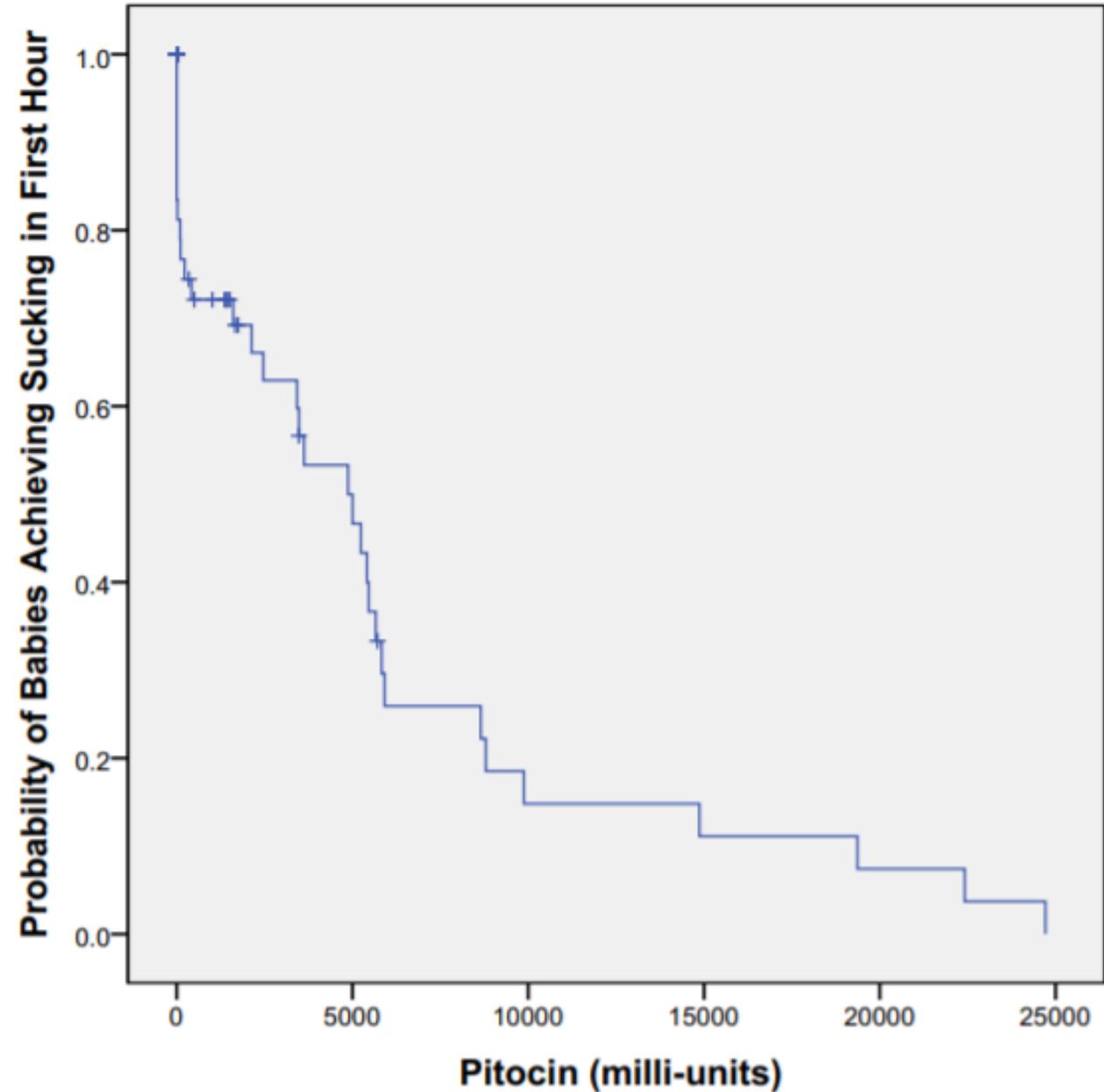
LABOR INDUCTION

Neonatal effects of Pitocin administration during labor:

- Increased lactate levels in amniotic fluid during labor
- Delayed onset and reduced duration of breastfeeding
- Low levels of infant pre-feeding cues and organization
- Less optimal infant sucking
- Increased odds of breastfeeding cessation at 3 months postpartum

LABOR INDUCTION

The probability of babies sucking in the first hour of life related to maternal administration of Pitocin:



IMPACT OF LABOR AND DELIVERY

Prolonged labor:

- Disrupts bony configuration and alignment
- Compresses brain and CNS structures
- Both necessary for effective breastfeeding

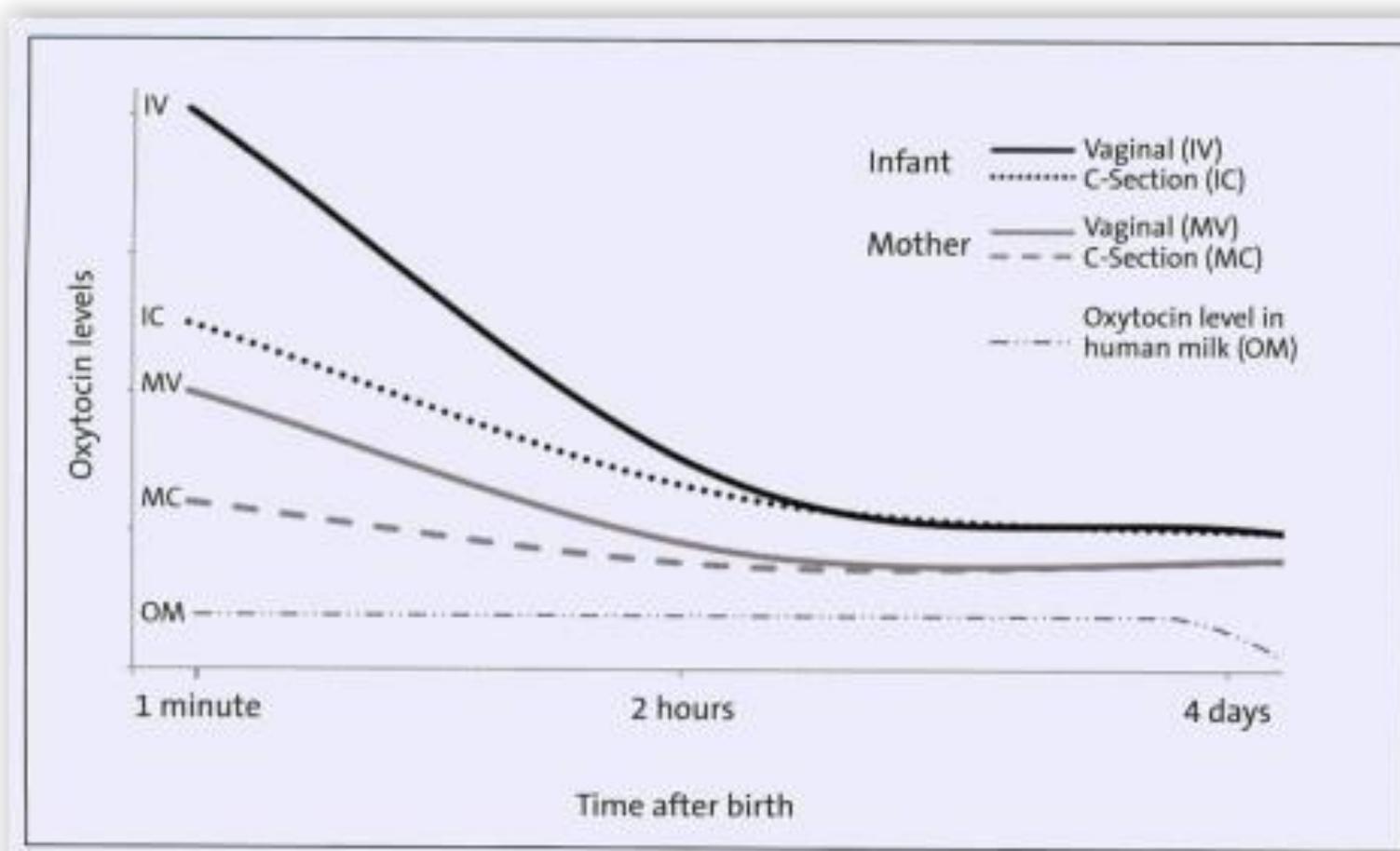
Operative vaginal delivery:

- Disrupted bones & compressed nerves
- Injury
- Bruising

C-SECTION

- Decreases milk transfer for the first 5 days postpartum
- Decreases maternal self-efficacy
- Require significantly more lactation support and monitoring

EFFECT OF DELIVERY MODE ON OXYTOCIN LEVELS OF MOTHER AND INFANT



INFANT ORAL SUCTIONING

Causes:

- Physical injury to oropharynx
- Nasal edema & nasal stuffiness
- Negative physiologic changes

Results in:

- Disrupted pre-feeding behavior and cues
- Decreased desire to latch on for several days
- Oral defensiveness and aversion



THE GOLDEN HOUR

- Begins immediately after delivery
- Infant is placed prone on the mother's chest
- Delay routine medical and nursing procedures until after the first feeding is completed
- NICU: facilitated during mother's first visit whenever possible



THE GOLDEN HOUR

Honoring this sacred hour provides a great opportunity for educating parents on:

- Benefits of skin to skin
- Feeding cues
- Breastfeeding recommendations and expectations

BENEFITS OF GOLDEN HOUR

- “Touch is healing” (skin to skin)
- Provides comfort and familiarity to infant
- Mother’s normal bodily bacteria colonizes her infant
- Facilitates recognition of the mother’s scent, both axilla and milk

BENEFITS OF GOLDEN HOUR

- Both mother and baby are at a heightened state of readiness
- Facilitates first breastfeeding experience
- Maternal newborn bonding is the strongest in the first 1-2 hours after birth
- Sets the stages for a positive parent-child relationship in the future
- NICU: If skin to skin is not possible, the mother may provide hand containment

9 STAGES OF NEWBORN ADAPTATION

- Occurs during the golden hour for a healthy infant born to an un-medicated mother
- If there are no interruptions this process occurs within approximately 60 minutes
- If the mother receives medication during labor, achievement of the stages may be delayed

9 STAGES OF NEWBORN ADAPTATION



BENEFITS OF SKIN TO SKIN

Maternal	Maternal-Infant	Infant
<ul style="list-style-type: none">• Enhanced milk volume• Decreased engorgement• Increased maternal levels of oxytocin & prolactin• Boosts maternal confidence	<ul style="list-style-type: none">• Increases exclusive breastfeeding rates and duration• Enhanced maternal-infant bonding• Emotional support (calms & relaxes) for both mother and infant	<ul style="list-style-type: none">• Stability of blood glucose• Improved thermoregulation• Increased weight gain• Decreased weight loss in hospital• Decreased crying• Cardiorespiratory stability• Analgesia for painful procedures

BARRIERS TO SKIN TO SKIN

- Maternal medications during labor
- Maternal illness
- 5-minute Apgar score < 6
- Infant separation
- NICU admission
- Visitors
- Knowledge gap of parents and/or staff



SKIN TO SKIN WITH PRETERM INFANTS

- Increases success of breastfeeding
- Familiarizes the infant with scent, sight, and sensations associated with breastfeeding
- Gradually develops into rooting, licking, and tasting
- Facilitates latch and eventually suckling



ROOMING IN

24 hour rooming in:

- Facilitates optimal breastfeeding initiation
- Results in longer breastfeeding duration
- Enhances parental infant bonding
- Provides a realistic perspective of newborn behaviors and feeding schedules
- Babies like it!

ROOMING IN

“Whenever possible, mothers and infants are to remain together during the hospital stay.”

AAP, 2012



DELAYED BATHING

- Promotes physiologic stability of the newborn
- Vernix:
 - Maternal scent
 - Natural physiologic bonding



Delaying the initial bath for
12-24 hours after birth
promotes successful
breastfeeding!

HAND EXPRESSION

- Perform in the first hours after delivery
- Continue hand express at least 5x daily, for approx. 5 minutes, after breastfeeding or pumping
- Teach in the antenatal period
- Helpful when latch difficulties present and/or infant at risk of hypoglycemia and supplementation
- Collect in institution approved vessel for future use
- Can replace electric pumping if desired

HAND EXPRESSION

Studies demonstrated:

- Milk production in pump-dependent mothers of preterm babies depended on the frequency they used hand expression in the first 3 days after delivery
- Mothers who used hand expression more than 5 times a day in the first 3 days, in addition to pumping, expressed an average of 955 mls, about a quart a day by 8 weeks. *This is more than a term 4 month old would need!*
- At 2 months, mothers assigned to hand expression were more likely to be breastfeeding (96.1%) than mothers assigned to breast pumping (72.7%)

HAND EXPRESSION - TIPS

- There is no right way
- Find the sweet spot
- Should not be painful
- 50/50 massage and compression
- Alternate breasts
- Adding “2 more fingers” from a 2nd hand can increase milk flow significantly
- Practice, practice, practice!

HAND EXPRESSION TECHNIQUES

- Press, Compress, Release
- Open & Close
- Rolling Your Thumb
- Press & Hold

LET'S PRACTICE...

Find a partner to practice performing and teaching hand expression.

Utilize the breast models.

Take turns each being the nurse and mother.

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