Gaps & Successes
Breastfeeding Breakout

Debra L. Bogen, MD
Assistant Professor of Pediatrics
Children’s Hospital of Pittsburgh
Breastfeeding Initiation within 1 Hour

**GAPS**
- Maternal education
- Staff buy-in and education
- Hospital policies
  - Cesarean Section
  - Episiotomies
  - Vitamin K
  - Eye ointment
  - Transfer to other units

**SUCCESSES**
- Prenatal education
- Breastfeeding champions – peer mentoring programs
- Modify hospital policies
  - Advocates on key committees
  - Patient feedback drives change
Successes: Buy-in & Education

- Maternal buy-in and education starts delivery
  - Prenatal education classes – empower women to ask
  - Include information in delivery registration package

- Assess staff buy-in – survey
  - What they do and don’t know, their attitudes
  - What they want to learn
  - Perceived barriers to better breastfeeding care

- Use survey results to target education
  - Include all staff (nurses to cleaning staff)
  - Make education requirement for new hires and renewals
  - Give an award for breastfeeding support
Successes: Modify Hospital Policies

- Key players on OB and newborn committees
- Modify delivery room and nursery orders
  - Delay eye ointment and Vitamin K until after first breastfeeding
  - Incorporate ABM hypoglycemia protocol (bfmed.org)
  - Add kangaroo mother care to orders for hypothermia
  - Add breastfeeding assessment to orders and documentation to nursing flow sheet
- Present to medical staff when ready to implement
Formal Breastfeeding Evaluations

GAPS
- Staff education
- Consistent implementation
- Too busy – lack confidence

SUCCESSES
- Use validated instruments
- In-service all staff
- Peer mentoring
- After implementation – track and provide feedback
- Address barriers
Breastfeeding Evaluation Scoring Systems

Lori Feldman-Winter, MD, MPH
# LATCH: Breastfeeding Charting and Documentation System

<table>
<thead>
<tr>
<th>L</th>
<th>Latch</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Latch</td>
<td>Too sleepy or reluctant</td>
<td>Repeated attempts</td>
<td>Grasps breast</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No latch achieved</td>
<td>Hold nipple in mouth</td>
<td>Tongue down</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Stimulate suck</td>
<td>Lips flanged</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rhythmic sucking</td>
</tr>
<tr>
<td>A</td>
<td>Audible swallowing</td>
<td>None</td>
<td>A few with stimulation</td>
<td>Spontaneous and intermittent &lt;24 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spontaneous and frequent &gt;24 hours old</td>
</tr>
<tr>
<td>T</td>
<td>Type of nipple</td>
<td>Inverted</td>
<td>Flat</td>
<td>Everted (after stimulation)</td>
</tr>
<tr>
<td></td>
<td>Comfort (Breast/nipple)</td>
<td>Engorged</td>
<td>Filling</td>
<td>Soft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cracked/bleeding/ large blisters or bruises</td>
<td>Reddened/small blisters or bruises</td>
<td>Nontender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe discomfort</td>
<td>Mild/moderate discomfort</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Hold (positioning)</td>
<td>Full assist (staff holds infant at breast)</td>
<td>Minimal assist</td>
<td>No assist from staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Teach 1 side; mother does other</td>
<td>Mother able to position/hold infant</td>
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<td></td>
<td></td>
<td></td>
<td>Staff holds and then mother takes over</td>
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Infant Breastfeeding Assessment Tool (IBFAT) MK Matthews 1988

1. Infant’s state at beginning of feeding
2. Readiness to feed
   Did the baby need to be awakened or encouraged?
3. Rooting
   Did the baby root at once or need coaxing?
4. Fixing
   How long until baby latched? 0-3 min, 3-10, >10, never
5. Sucking pattern
   No sucking/poor/fairly good/sucked well
6. Was mother pleased with the feed?

Items 2-5 scored 0 to 3 points each - total 0 to 12
# Mother/Baby Assessment Tool

**Chris Mulford, BSN, IBCLC, J Hum Lact 1992:8(2)79-82**

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Baby</th>
<th>Assistance needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signaling Response to Cues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mom Positions/Baby roots</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mom steers/Baby latches</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Signs/Symptoms of milk transfer &amp; hormonal response</strong></td>
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<td></td>
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<tr>
<td><strong>Baby releases breast spontaneously/ Mom’s breasts &amp; nipples are comfortable</strong></td>
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</table>
Evaluation of Reliability Tools

- 23 observed feedings videotaped by 3 raters using 3 instruments, at 2 time intervals separated by 6 months
- Rater agreement for each tool:
  - LATCH-78%
  - IBFAT-77%
  - MBA-84%
- Variability in item ratings ranged high
- Rating over time varied
Delayed or Reduced Lactogenesis

- Delayed lactogenesis associated with:
  - primiparity, cesarean section, stage II labor >1 hour, maternal BMI >27 kg/m², flat or inverted nipples, birth weight >3600 g (in primiparas)

- Assessment: (LATCH; IBFAT)
  - delayed maternal report of breast fullness
  - delayed lactation (>72 hours) in 22% of women

Breastfeeding Counseling

**GAPS**
- Staff buy-in, education
- Overwhelmed nurses (too many patients, little time to document)
- Overwhelmed mothers (visitors, testing, short stays, pain, privacy)
- Inconsistent information

**SUCCESSES**
- Checklist of counseling - nurse and mother sign
- After implementation – track and provide feedback
- Review information for consistent message
Primary Care Office Management Issues

- Office Create phone triage protocol for scheduling newborns
- Use breastfeeding triage book to answer questions (La Leche League BF Answer Book)
- Other resources for office
  - Thomas Hale, PhD, Medications and Mother’s Milk
  - Link on computer to National Library Medicine
Primary Care Office Clinical Management

- Physician training
  - Newborn specific form with reminders
    - Example cues: Pain? Birth weight/current weight, % loss
  - Evaluate latch – takes training and experience
- Use other professionals
  - Hire or collaborate with local LC
  - Send office nurse for LC training
- Referrals
  - Prepare prescription pad with referral information to tear off and hand to families
  - Meet the people/organizations to whom you refer
Take home messages

- Identify like-minded individuals/groups
- Start small and build
- Celebrate every success and invite important people