



MemorialCareTM
Miller Children's & Women's
Hospital Long Beach

Empowering Families on the Breastfeeding Journey: A Multidisciplinary Approach to Enhancing Support in Beside Lactation Care



2023-2024



MemorialCareTM
Miller Children's & Women's
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Breastfeeding advocate and mother of 2

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St. Mary Medical Center Long Beach

Cedar Sinai Medical Center

Breastfeed LA



Objectives

This training is designed to equip Welcome Baby Hospital Liaisons and home visitors with essential knowledge support families as they embark on their breastfeeding journey with their newborn, fostering empowerment and providing valuable assistance.

The goal of this training is to enable participants to:

- a) Acquire the content knowledge, terminology and supportive information needed to educate families engaged in breast/chest feeding.
- b) Address prevalent questions and concerns that arise during the hospital stay after delivery.
- c) Investigate the causes and support for common lactation issues.
- d) Identify post discharge resources available to families for ongoing lactation support.

**note: all hospital practices vary based on the site you work at

Agenda

Prenatal Lactation

- What to expect

Breastfeeding in post partum period

- Immediate post partum
- Common questions and issues at bedside

Breastfeeding after hospital discharge

- What to expect
- Resources

Teaching Moment:

“Common questions that clients will ask”

- Educational tips that can help

Research Moment:

Learn your hospital's policies and procedures

Accessibility Check-in

- **Please take a moment to ensure you have everything you need to continue.**
- **Feel free to care for your self during this presentation – no break**
- **Feel free to ask questions throughout the presentation, this is meant to be a conversation that can help you in the work you do.**

Who's here today?

Menti

www.menti.com

Code:1723 5814

What do the Experts say?

World Health Organization (WHO)

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

WHO and UNICEF recommend:

- Initiation of breastfeeding within the first hour of life
- Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water
- Breastfeeding on demand – that is as often as the child wants, day and night
- No use of bottles, teats or pacifiers

The American Academy of Pediatrics (AAP)

- recommends exclusive breastfeeding for the first 6 months-of-life.
- at 6 months, continue to breastfeed while introducing solid foods as complementary foods.
- continue breastfeeding until one year of life or as long as mother and child mutually agree.

Centers for Disease Control (CDC)

- One of the most highly effective preventive measures a mother can take to protect the health of her infant is to breastfeed.

Breastfeeding Benefits

- Breastfeeding is the healthiest and the safest way to feed your baby.
- Breastfeeding promotes bonding & emotional development
- Breastmilk has antibodies that fight off viruses and bacteria
- Breastmilk protects your baby's gut from germs and diseases
- It improves your baby's health and well-being in the present and future!
- It allows mom and baby to bond
- It's free and environmentally friendly – no waste
- It reduces medical bills
 - Formula feeding for 1 year is roughly \$3,000



Breastfeeding Benefits for Mom & Baby

- Lowers risk of osteoporosis later in life
- Shrinks the uterus back down to size and facilitates weight loss
- Prevents excessive bleeding and decreases the risk of anemia
- Helps mom relax when feeding her baby
- Protects against respiratory & diarrheal diseases. Digested easily.
- Decreases obesity later in childhood
- Protects against allergies
- Helps with Jaundice
- Helps w meconium passage, laxative effect.

Skin to Skin

Recommendations from CDC and AAP

Benefits of Skin to Skin

- Skin-to-skin care is encouraged immediately after birth and until the first feeding has finished or as long as the parent wishes.

Benefits:

- Soothes and calms you and your baby
- Your baby cries less
- Helps your baby regulate their temperature and heart rate
- Helps your baby regulate their breathing and blood sugar
- Enhances bonding

Research Moment:

Learn your hospital's policies and procedures on Baby Friendly/
Breastfeeding Model Hospital Policy



Benefits of Skin to Skin

Teaching Moment:

“I didn’t get a chance to do skin to skin at delivery with my baby”

- What if baby doesn’t latch? Still needs STS...don’t worry.
- Baby has time.
- Hand express drops into the mouth
- Other ways to get STS time – Partner?



Rooming-In Benefits

Teaching Moment:

“why can’t my baby go to the nursery?”

- Remain together 24hrs per day during hospitalization
- Mothers and infants have close but separate sleep surfaces
- Get to know your baby and learn cues and needs
- Ability to comfort baby quicker
- Increases milk supply



Feeding Your Infant On Demand

- The baby will be settled and content
- Prevents breastfeeding complications
- You'll have a good milk supply
- Your baby gets the right amount to eat
- Prevents engorgement
- Feeding Frequency:
 - "8 or more in 24 hours"

Early cues, Mid cues, Late cues

Baby Feeding Cues (signs)



EARLY CUES - "I'm hungry"



• Stirring



• Mouth opening



• Turning head
• Seeking/rooting

MID CUES - "I'm really hungry"



• Stretching



• Increasing physical movement



• Hand to mouth

LATE CUES - "Calm me, then feed me"



• Crying



• Agitated body movements



• Colour turning red

Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



Teaching Moment:

Making Milk

- Milk production is regulated by demand and supply: the more the baby demands the more the breast supply

Colostrum “liquid gold”

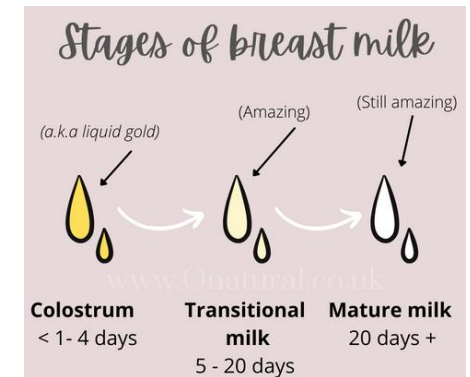
- 1st milk during pregnancy, around 16 week
- Just the right amount for baby’s small stomach
- Easily to digest
- It is a laxative to clean infant bowels to help to pass meconium

Transitional Milk:

- 3-5 days milk will increase in volume transitioning to mature milk
- Frequent feedings will help the milk increase in volume, the more baby demands the more the breast supply.

Mature milk:

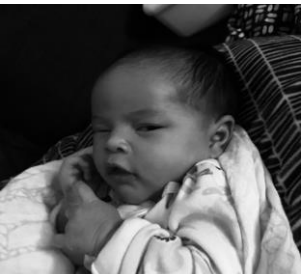
- transitioning to mature milk at 10-14 days (varies in literature)



Teaching Moment:

Normalize what they are seeing and experiencing

Baby Timeline



Right After Birth:

- Awake and alert, recognizes voices, smell
- Instinctively wants to breastfeed
- Breastmilk will coat baby's tummy and is easy for baby to digest

The Baby:

- May sleep for six or more hours.
- Keep skin-to-skin and near the breast and partner can also do skin to skin!
- Keep things calm; dim the lights, limit the noise and limit visitors.
- Feed baby whenever baby wakes up (remember feeding cues!)

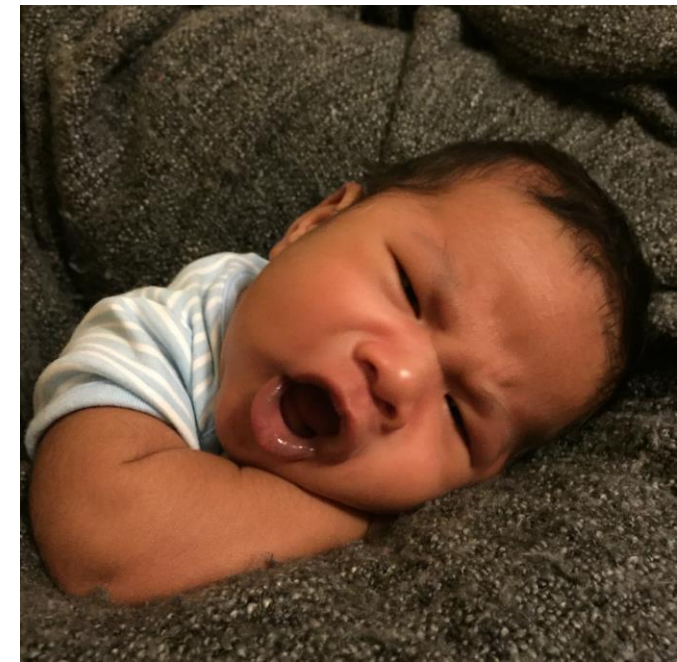
Teaching Moment:
Anticipatory Guidance

What's normal for baby? The 2nd Night!!

Practice Sessions (skin to skin)

What's Normal? The Second Night!

- Breastfeeds well every few hours, lots of STS
- Fussy and cries easily, lots of STS
- May want to feed a lot! "Cluster feeds."
- Sucking is soothing and your baby gets colostrum. Wants to be close. Lots of STS
- Baby is overly stimulated, new noises, poked, prodded, procedures.....
- Takes a few weeks for the baby to understand. Don't stress. Sleep whenever baby sleeps.
- "This is when you will question yourself if you have enough milk for your baby"
- "Count the poo and pee using the breastfeeding logs"



Mom's experience

- Tired and excited
- Breasts may feel “normal” or may feel tender.
- They may or may not leak colostrum.
- Hand express milk
- Swelling/edema - lengthy labors
- May feel awkward when breastfeeding.
- Be patient! Learn together.
- Uterus may cramp when your baby breastfeeds. Normal!
- Pain medication as needed
- NICU: if mom and baby are separated knowing how to hand express is important as well

Step-by-Step Hand Expression



1. Apply heat, massage and stroke the breasts



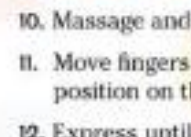
2. Position fingers behind areola



3. Press back towards chest



4. Compress fingers together



5. Express (press and compress) until milk flow stops

6. Massage and stroke the breasts
7. Move fingers to a different position on the breast

8. Press back towards chest

9. Express until milk flow stops

10. Massage and stroke the breasts

11. Move fingers to a different position on the breast

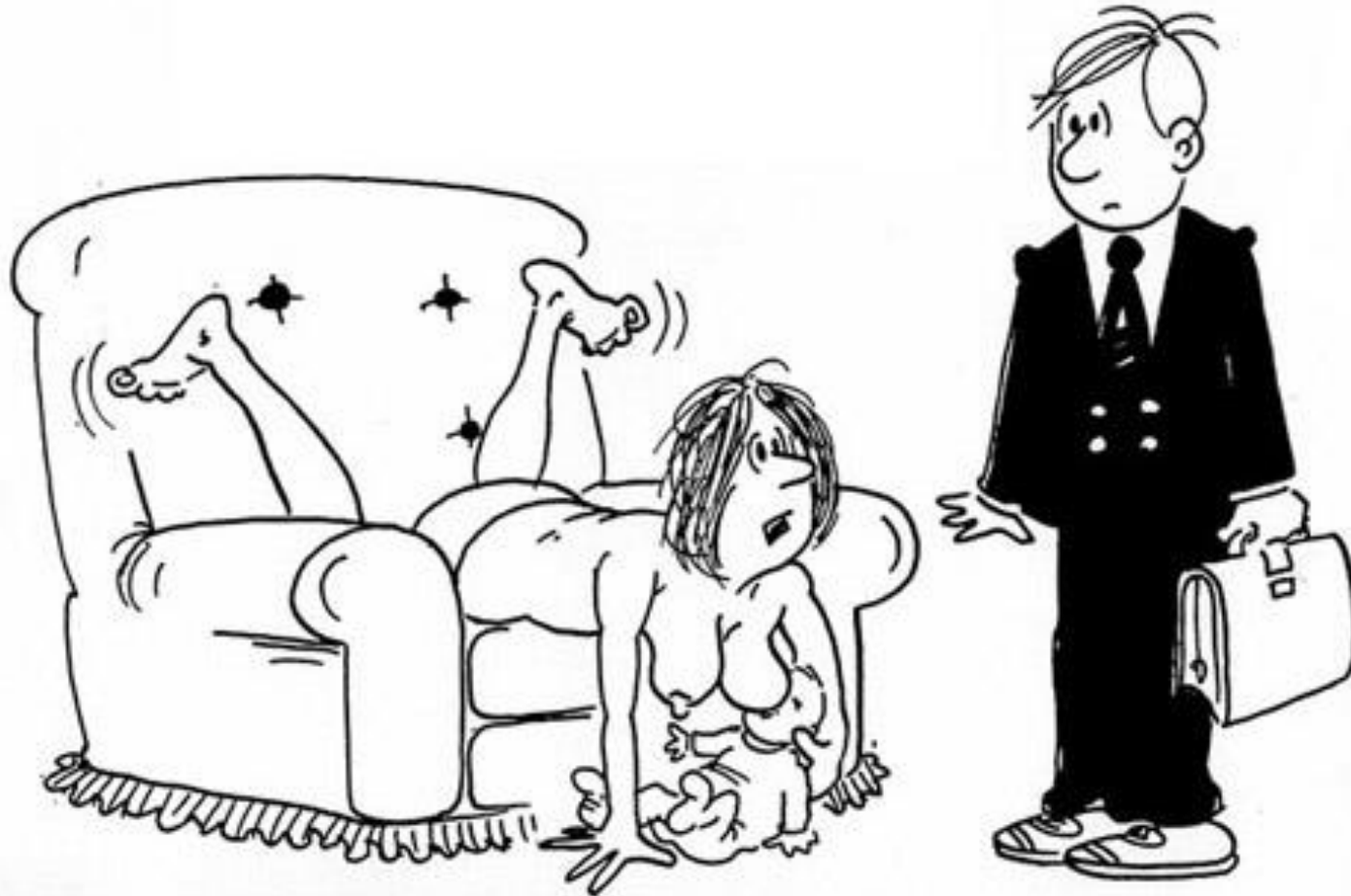
12. Express until milk flow stops

Complete cycle takes 20-30 minutes

See this technique in action!
Go to <http://stanford.io/handexpression>

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[Hand Expressing Milk](#) | [Newborn Nursery](#) | [Stanford Medicine](#)



IT'S THE ONLY POSITION SHE'S BEEN HAPPY TO FEED.

30 second stretch Break Time!

Next up is positioning and information regarding resources



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Positioning and Latch

Proper position and latch are important:

- This will help your baby latch on properly.
- Scale of 1-10?
- Your baby get enough breast milk
- You have enough milk for your baby
- Prevent nipple pain and damage
- Good latch is a learned response
- Be patient with yourself and your baby
- Reach out for support if needed

Teaching Moment:

“Boppy vs. Breast friend vs. new pillows”

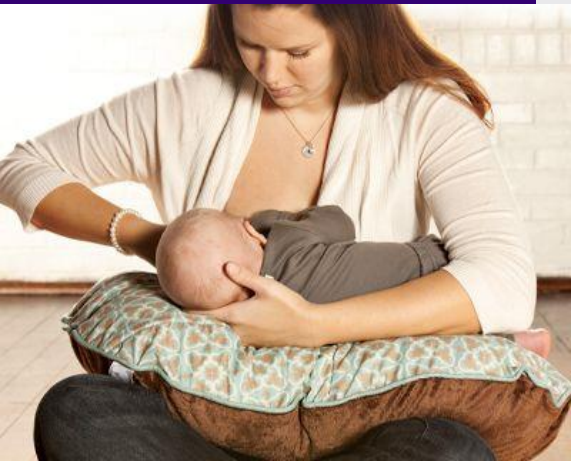
- Use pillows to help support you and your baby. Any pillow will work to help bring baby to Mom vs. Mom to baby



Let's watch these mom's from all over the world latch their babies in the same positions you will be using soon!

- [Positions for Breastfeeding - Global Health Media Project](#)

Breastfeeding positions



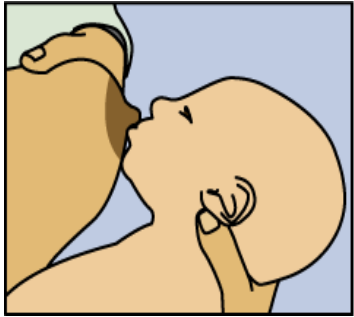
Quiz time:

Indicate each position

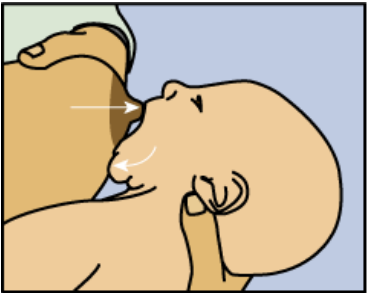
- Laid Back Hold
- Cradle Hold
- Cross Cradle Hold
- Football Hold



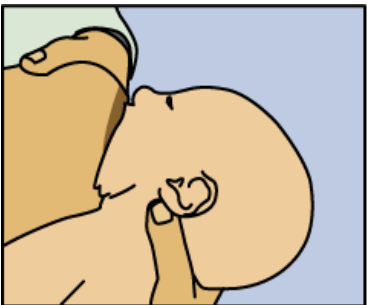
Positioning and Latch



Support your breast using a C-hold (your thumb on top of your breast and the rest of your fingers below the breast). Support baby's head with the other hand.



Stroke your baby's upper lip with your nipple.



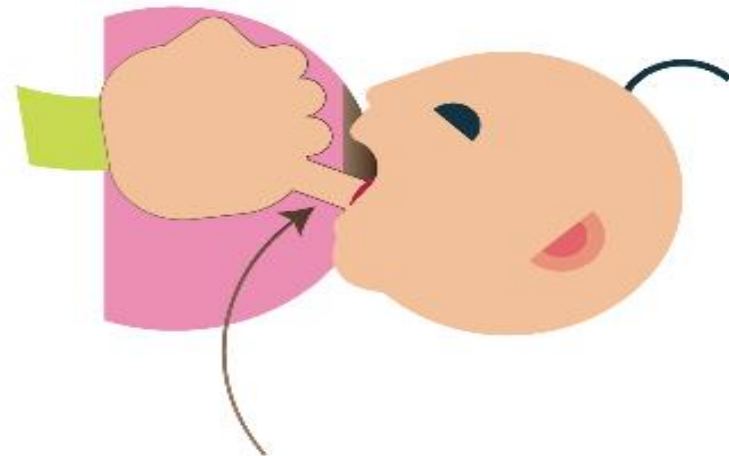
When your baby's mouth opens wide (like a yawn) gently bring your baby in toward you, *not* your breast to the baby.

Positioning and Latch

If the baby is not latched on well, begin again. Break the suction by gently inserting a clean finger in the corner of your baby's mouth.

Signs of a good latch

- Lips are flanged
- Tongue is over gumline
- Baby stays on breast
- No biting or pinching pain
- Nipple comes out round
- Visible signs of swallowing (long jaw motions)



Use your pinky finger
to break the seal between
baby's mouth and breast

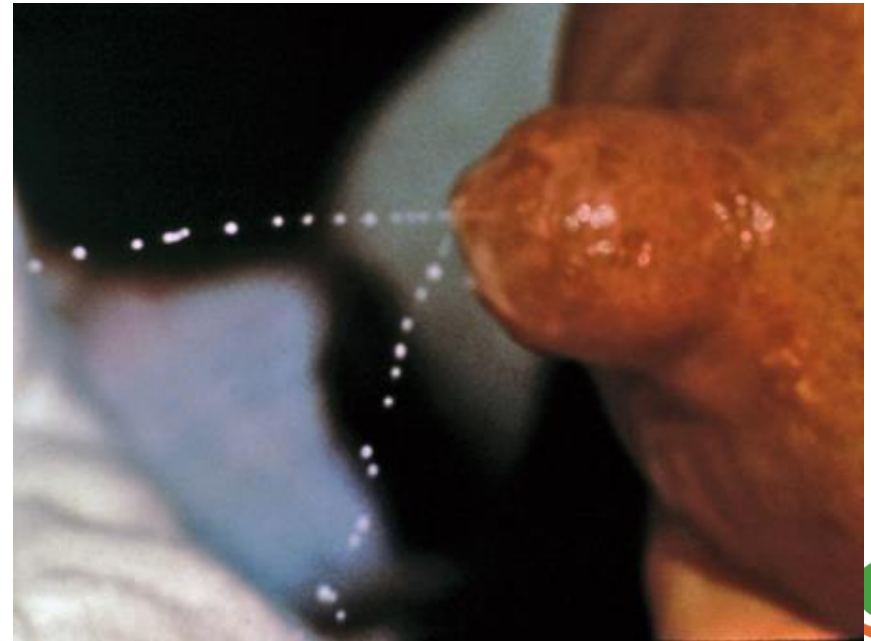
Making Enough Milk

Teaching Moment:

“I don’t have enough...”

How Often is Milk made?

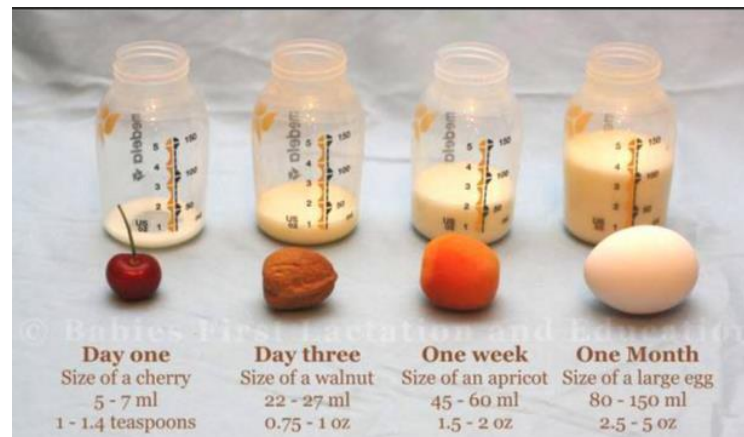
- Baby’s suckling sends a signal to your brain to release the hormones that make milk.
- These hormones also tell your body to release the milk you made.
- The more your baby breastfeeds, the more milk you will make.



Making Enough Milk

Days 2-5

- Your baby will breastfeed 8 or more times in 24 hours.
- Your baby's tummy is little, so frequent feedings are normal (this helps your breasts make enough milk).
- Breastfed babies do not eat on a schedule. It's okay if your baby eats frequently.
- When your milk volume increases, you may hear your baby gulping.



Making Enough Milk

Days 5-14

- Well Check with Pediatrician within 2-3 post discharge, and again at 2 weeks.
- Infant should be back to birthweight by 2 weeks of age
- Normal newborn patterns

Teaching Moment:

“My baby is eating all day...”

Growth Spurts

- As babies grow and need more milk, they will drink more at each feeding.
- They may want to feed more often. These “hungry days,” are called growth spurts.
- More sucking and emptying causes your body to make more milk to meet the demands of the baby.

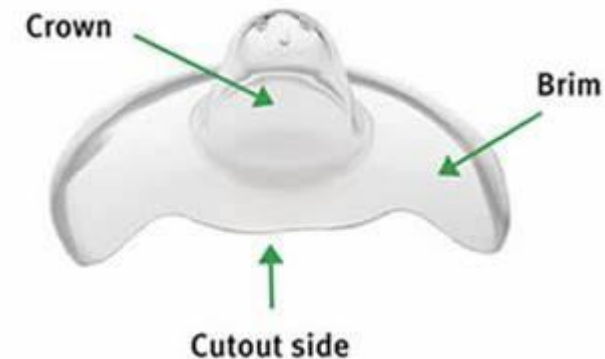
When to get help by a Lactation Consultant

Common follow up issues that occur during hospitalization and need follow up:

- **Jaundice**—extra red blood cells, pass stool. Some amount of jaundice is normal.
- **Latch issues** - some nipple pain is normal but pain levels 5/10 and higher need support by an LC
- **Nipple shield use**
- **Late preterm infant (34 -36 week old) – learn hospital protocol for LPI babies**

Additional issues post discharge needing follow up:

- Poor weight gain
- Painful Latch
- Sore/Damaged Nipples after milk volume has increased



Research Moment:

Learn your hospital's policies and procedures
What they support with

Alternative feeding methods

If baby is having a difficult time latching there are alternative supports...

- Spoon feeding
- Periodontal syringe and finger feeding
- Cup feeding
- Supplemental Nursing System (SNS)



Teaching Moment: “pumping hurts...”

Pumping

Some reasons why moms are pumping*

- Any separation from baby
- Hx of Infertility
- Diabetes
- Breast augmentation
- Small baby, early baby (LPI)
- Supplementing with formula
- Nipple shield use
- Lengthy labor
- Jaundice
- Hx of low milk supply
- Baby’s weight loss of 7% or more
- Possible tongue tie – nipple pain



Research Moment:

- Learn your hospital’s policies and procedures and what they support with
- rentals
- LC support in post partum period
- advocate for patient if she is having difficulty

*not all reasons listed above are clinical indicators – evaluation needs to be done first

**note: early pumping can also lead to oversupply and early engorgement



Teaching Moment:

Obtaining a breast pump

The Affordable Care Act (ACA) made it a requirement for insurance plans to cover the cost of a breast pump

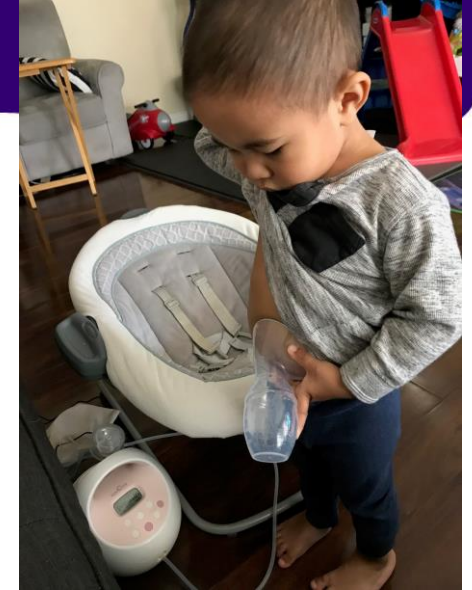
- Free breast pump!

Different insurance plans can have very different guidelines and coverage and each pump company has a form

- Usually easiest to obtain during prenatal period.
- Most insurance companies:
 - Call or go online to have pump sent home
 - Some require Dr. Signature.

WIC

- Babies admitted into NICU

A prescription form for a breast pump and supplies. The form is titled "Moms Get More Prescription for Breast Pump & Supplies" and features the Hygeia logo. It includes fields for patient information (First Name, Last Name, Address, City, State, ZIP, Phone Number, Email, Mother's Date of Birth, Baby's Due Date or DOB) and insurance information (Insurance Plan Name, Member ID). The "ITEMS ORDERED" section lists various breast pump components with checkboxes for selection. The "ICM/AN OFFICE USE ONLY" section includes checkboxes for breastfeeding/lactating status, mother returning to work, and infant feeding status. The form also includes a signature line for the provider and a date field.

Research Moment:

- Learn your hospital's inventory – store on site
- Do you own research at stores
- Learn from your clients

Breastfeeding Supplies

- Supportive Nursing Bra (no wire)
- Comfort gels
- Silver cups
- Breast shells
- Nipple butter
- Nail file
- Haakaa



Nutrition and Exercise

- There are NO dietary restrictions when breastfeeding, however, follow FDA guidelines for consuming fish.
- Breastfeeding women burn 500-1000 calories a day!
- Drink to thirst and then some.
- Follow your OBGYN's guidelines for exercise- normally beginning 6 to 8 weeks postpartum
- Lose weight gradually; drastic weight loss can affect milk supply.

Lactation Accommodation in the Workplace

Know your rights:

https://www.dir.ca.gov/dlse/Lactation_Accommodation.htm

- Provide break time for employees to express breastmilk
- Provide the employee with the use of a room to express breastmilk

ca_breastfeeding

PUMP AT WORK

Under the PUMP for Nursing Mothers Act, most employees have the right to break time and a private space to express breast milk for their nursing child.

AGRICULTURE WORKERS NURSES TEACHERS

TRUCK AND TAXI DRIVERS HOME CARE WORKERS MANAGERS

#PUMPAct dol.gov/pump-at-work @WHD_DOL

ca_breastfeeding The U.S. Department of Labor is ensuring employees who breastfeed are equipped with the #PowerToPu...

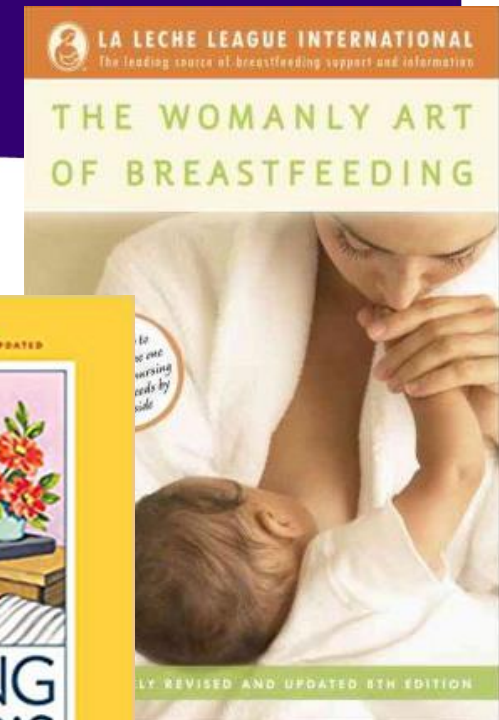
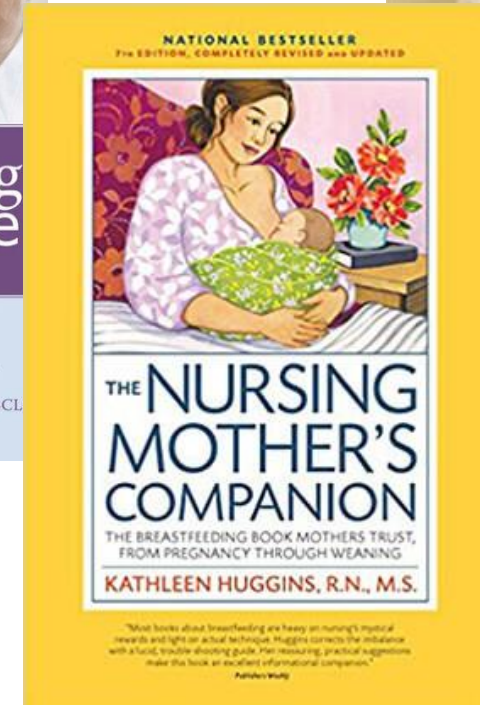
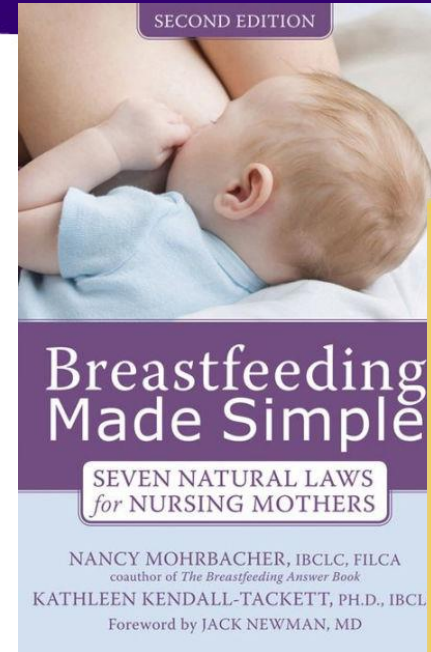
Lifestyle Management: Pumps, Bottles, Work

- Plan ahead!
- Stimulation is key. Pump at any missed feeds.
- Pumping and bottle-feeding can be introduced around week 4 if breastfeeding is going well!
- There is no bottle that can mimic the breast exactly- variety can be helpful in the beginning.
- Review paced bottle feeding



Reliable sources of information on breastfeeding

- Breastfeeding Made Simple by Nancy Mohrbacher
- Nursing Mother's Companion, 7 edition by Kathleen Huggins
- Womanly Art of Breastfeeding by La Leche League International
- www.kellymom.com
- Medication and Breastfeeding
- LactMed or MommyMeds



Postpartum Support for Breastfeeding

Research Moment:

Learn what post partum support your hospital provides

Local resources

Example:

Lactation Outpatient Clinic

MemorialCare Miller Children's & Women's Hospital Long Beach
(562) 933-2744 or (562) 933-2779 for appts.

Lactation warmline (*calls returned within 24 hours*)

(562) 933-2779

Nurturing the New You Support Group

Free Support Group
Every Tues. 10-12
Lactation support at the end of group
Currently on zoom

Community Support for Breastfeeding

[Welcome Baby Program](#)

If enrolled, lactation support can be provided.

[Hospital Based Postpartum Support:](#)

Millers, MLK, others... (outside of WB sites: Cedars Sinai)

[WIC](#)

Peer Counselors and Lactation Consultant on site

[La Leche League](#)

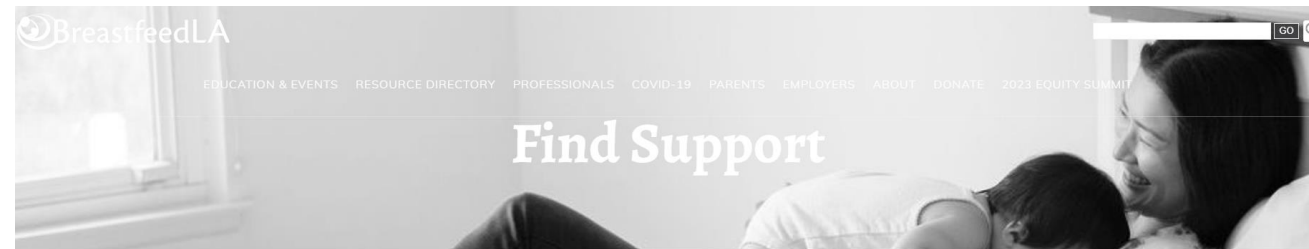
<http://www.llli.org/>

[Black Infant Health Program \(BIH\)](#)

[Black Infant Health Program \(ca.gov\)](#)

[Breastfeed LA](#)

[BreastfeedLA](#) | » [Find Support](#)



[Resources Map](#)

[Providers list your services here](#)

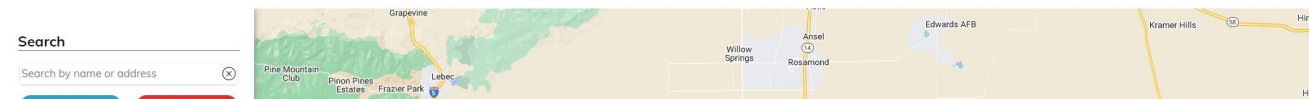
Providers listed in this directory, unless otherwise indicated, charge a fee for their services. Although, some providers have a sliding scale.

OTE: The providers in this directory have **not been vetted** by BreastfeedLA. The **credentials** listed after their names, and their listed services, are presented as the individual requested. The information provided by the individual has not been verified by BreastfeedLA. It is imperative that you review and research any vendor you wish to contact. BreastfeedLA offers no warranty express or implied regarding the aforementioned vendors. BreastfeedLA is committed to supporting only WHO code compliant businesses and providers. Please contact us if you see a conflict with a posted resource.

When calling a provider from this list, please indicate that you received their name from this breastfeeding resource directory.

The resource directory is sponsored by PAC/LAC, LA Best Babies Network, and First 5 LA.

Depression and anxiety are the leading **complications** in childbirth, yet few birthing people get the care and support they truly need. Having access to trusted, well-trained and culturally responsive mental health providers will help to support the mental health of both parents and baby. To find mental health resources near you, go to Maternal Mental Health Now's [resource directory](#).



Community Support for Breastfeeding

In person support

Baby Café Chi Chi Lounge, Titties 'N tea, Dede Diner

The Lactation Network

CinnaMoms: Los Angeles

Pump Station - Santa Monica

Social Media

Facebook , Instagram

Who am I missing?



Thank you!

Lynnette Bello

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