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ML MIDDLESEX-LONDON
HEALTH UNIT

Potential Barriers to Breastfeeding

What are they and how can we reduce them?



Presenter Disclosure

- **Shelley Hlymbicky RN PHN IBCLC**
- I have *no* relationship with any commercial interest.

Disclosure of Commercial Support

- I am employed by the Middlesex London Health Unit
- I have received *no* financial support from any commercial source

Mitigating Potential Bias

- There are no mitigating potential biases

Before We Begin, Texting Poll/Case Examples

- To participate, please address your text to:
37607
 - Text Message: **ABLESOCKS274**
- To leave the poll/case samples, text the word:
 - **LEAVE**

Objectives

- Identify 3 potential barriers to breastfeeding.
- Describe 2 ways the barriers can be reduced or eliminated.
- Identify 3 community resources that can assist you with reducing barriers to breastfeeding.

Overview

- Social, cultural, psychological barriers
- Anatomical, surgical barriers
- Infection: mastitis, thrush
- Tongue and lip ties, short term implications, long term implications
- Types of equipment used to overcome the barriers
- Resources

Poll: Tell me

www.polleverywhere.com/multiple_choice_polls/E7VPamP7CJXxHuA

Poll: Tell Me

- Are you:
 - Family Physician
 - OB
 - Pediatrician
 - Midwife/RN
 - Other

Ask the Audience

What are some of the barriers
you have encountered to breastfeeding in
your practice?

Potential Barriers to Breastfeeding (BF)

- Social
 - Partner/family not supportive
 - HCPs with limited knowledge of BF management
 - Early return to work, parental leaves going to dad
 - Lifestyle issues, BF in public



More Potential Barriers

- Cultural
 - Bottle feeding culture, mass media
 - Lack of acceptance by community and society that BF is the normal way to feed baby
 - Newcomers to Canada, 'new' Canadian way
 - Breast is sexual vs breast is for feeding and nurturing baby
 - Lack of workplace support



More Potential Barriers

- Psychological/Language
 - Language: **once its said, you can't take it back**,
 - Ex: mom has overactive let down vs helping baby grow into mom's milk supply
 - Ex: flat nipples
 - Woman's body image, something is wrong with her body
 - Or something is wrong with her baby, 'he doesn't like my breast'
 - Misperceptions re milk supply



Case Example--Susan

https://www.polleverywhere.com/multiple_choice_polls/VLiwMI7Hc2cRlld

Case Example Susan

- First time mom Susan arrives in your office with her 5 day old baby. Susan tells you BF hurts. What would your response to her be?
 - That's normal
 - That's not normal
 - That's not uncommon, let's wait and see if it gets better
 - Can you put the baby to breast for me to observe the feed?
 - Let me refer you to...

Let's Talk About The 'F' Word

- 'Formula'
- Early challenges with breastfeeding can be challenging for moms
- Also challenging for physicians/HCP with busy practices
- Early introduction of formula *does not* support breastfeeding
- Formula is one tool in the tool box if problems are taking time to resolve
- Families and physicians/HCP need to know where help can be found to help resolve *concerns* before they become *problems*



What We Learned From Our Hospital Partners and What We did...

- Hospital partners were under the impression that baby was being seen by doctor within 2-4 days post discharge
- We knew physician offices were not always able to accommodate this
- Early Years Team, Healthy Start, MLHU changed how we do business: 'Well Baby Clinics' saw babies 0-3 yrs → changed to **Drop Ins** now see babies 0-6 months
- Added **Breastfeeding Appointments**
- Early help gives better outcomes for breastfeeding duration rates but also in helping mom to reach HER breastfeeding goal
- You know your office best: if not able to see babies within approx 7 days, consider your office call or have mom call **Health Connection** for a BF appointment

Latch and Positioning??

- In literature, reference will be to 'latch and positioning'
- This is backwards
- If the baby is not in the right position to get the breast, deep latch will not occur
- What will occur: pain/discomfort for mom, unhappy baby, increased sleepiness for baby, lack of weight gain, lack of baby output (voiding, stooling), increased use/need for supplementation
- Pain is not normal
- Pull is normal. Tug is normal. Stretch is normal. *Pain is not normal.*

Positioning and Latch

EFFECTIVE ATTACHMENT



POOR ATTACHMENT



Positioning and Latch

- Many different positions a baby can be fed in
 - Cradle hold, cross cradle, laid back, side lying
- If mom is moving the breast to midline, lifting it significantly above its normal lie, or putting the breast into the baby's mouth, the baby is not in the correct **position** to latch
- Put the baby where the nipple is
- Pulling the butt in too tightly, pivots out the head = baby can't get close enough to get deeply on the nipple

Positioning and Latch

- If you see: baby arching back, shoulders are scrunched to ears, baby's chin is to his/her chest: baby is not well positioned
- Chin led vs 'face plant' (think skateboarder wiping out)
- Larger breasted women, may need extra assistance to position and latch

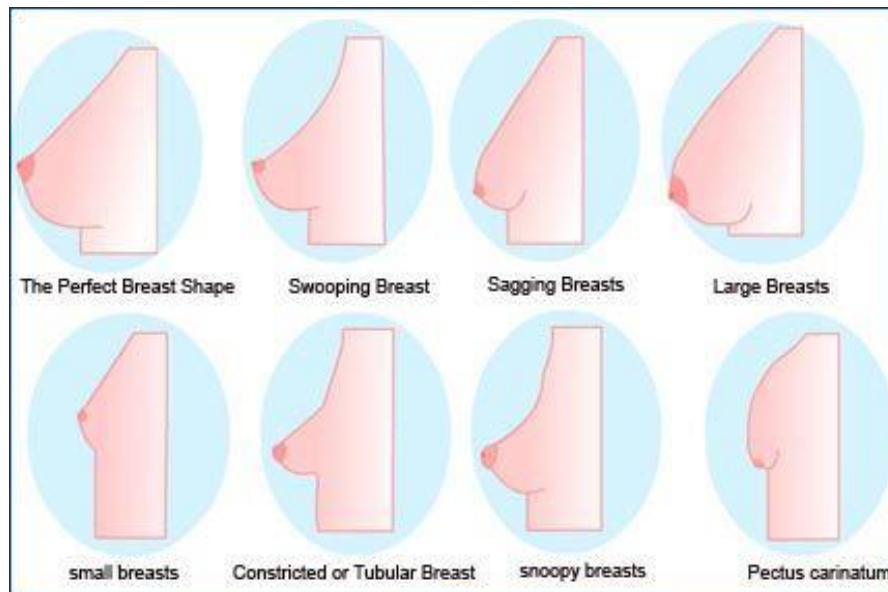
Deep Latch and Milk Transfer

- Hand visual: 'chewing gum' OR deep jaw movements with pauses
- Hanging out grazing OR eating at the restaurant
- Hear swallowing, 'nah' sound
- Another visual: 'face plant' or 'chin led' latch



Still More Potential Barriers

- Anatomical/Physical



Case Example: New Mom

[https://www.polleverywhere.com/multiple_choice_polls/
LxJD0NZuXjEIKw0](https://www.polleverywhere.com/multiple_choice_polls/LxJD0NZuXjEIKw0)

Case Example: New Mom

- In her younger days, mom had breast enhancement surgery (implants) for cosmetic reasons. Can she develop a full milk supply?
 - Yes, if breast development was normal
 - No, the implants will prevent this

Case Example--Jan

- Jan had a breast reduction. She was reassured by the surgeon that she would be able to breast feed. She has been reading blogs that paint the opposite picture. Can she BF?
 - Yes
 - No
 - Wait and see
 - I don't know. Let's call the Health Unit and ask.

Case Example: Jan

https://www.polleverywhere.com/multiple_choice_polls/vcUo7JmeMjvNZuH

History

- History is so important!
 - Breast development—puberty
 - Breast changes through pregnancy
 - Surgeries
 - Other medical conditions: thyroid, diabetes (both types)*, obesity



*further history may be needed or questions asked: Latest A1C; Sugars in target? “Are you checking your blood sugars?” How often is she rescuing her blood sugars? Follow-up bloodwork at 6 weeks for an A1C.

(Canadian Diabetes Association, Best Practice Guidelines, 2013)

Infection--Mastitis

- Infection of the tissue of the breast that occurs most frequently during breastfeeding
- Source often is bacteria in the baby's mouth
- Enters into crack in nipple
- Fever, chills, redness, tenderness, swelling, body aches, fatigue
- Can lead to abscess
- Poor latch and poor drainage from the breast contribute to the problem

Mastitis

- Work with mom to fix positioning and latch
- No need to pull baby off breast or stop breastfeeding (mom has a say in this)
- Rest for mom is important
- Feed baby every 2 hrs
- Warm compresses before the feed
- Gentle massage with feeds

Candidiasis

- Thrush: yeast infection of the nipples
- Infection can affect breast beyond the nipples
- Often sudden pain at breast after mom has had pain free breastfeeding
- Often associated with recent course of antibiotics in mom or baby
- Can be resistant to treatment

Candidiasis

- Symptoms include:
 - Bright red inflamed nipples and areola
 - Shiny appearance
 - Itching or burning pain at nipple with feeds
 - Burning or shooting pain in breast between feeds
 - Cracked nipples
 - Does not improve with positioning and latch
- Common treatments:
 - fluconazole, nystatin, gentian violet (aqueous)
 - All Purpose Nipple Ointment (APNO) Dr. Jack Newman
 - Rinsing nipples with vinegar and water post feed (1 tablespoon vinegar to 1 cup of water) La Leche League Jan 2016

Ankyloglossia (Tongue Tie)

- Present at birth
- Restricts tongue movement, frenulum holds tongue back
- Different degrees of tie, posterior ties also
- Baby cannot feed well from breast or bottle
- Mom c/o severe pain with feeds, has cracked nipples
- Short term concerns:
 - Baby cannot feed well
 - High probability mom will quit BF
 - Cracked, often bleeding nipples
 - Risk of infection for mom (nipples, breast)
- Long Term Concerns:
 - Inadequate weight gain

Tongue Ties

- Reasons to release:
 - Baby not able to feed
 - Mom's pain and risk of infection
- Who does the releases?
 - Family Physicians (Dr Hamilton (male), others?) With referral, covered by OHIP
 - Pediatricians (Dr Gloor, Dr Stare, others?) With referral, covered by OHIP
 - Some dentists, (\$\$\$), maybe extended health care coverage

Tongue Tie

- Releases can be done by clipping or laser
- There may be exercises recommended after release
- Questions are being raised regarding whether these exercises are causing enough scar tissue to create another problem
- More research may be needed
- There is the ‘thought’ that the release should be done to a baby to ‘prevent issues with speech and language’
- Children who have mild degrees of tongue tie develop their speech and language normally
- Should only be released if/when it interferes

“Equipment” To Help Overcome Barriers

Hand Expression

- No cost, no hydro needed
- Easier and faster than pumping
- Requires less teaching than pumping
- Newest evidence indicates hand expression yields more milk than pumping—hands are able to get into areas of the breast to express that pump cannot (references upon request)
- One tiny drop of expressed milk is **VERY** empowering for mom



press (back towards your chest)



compress



relax

Pumps

- Reasons to use:
 - Premature baby
 - Baby not latching
 - Increase milk supply
 - Mom, illness
 - Types: manual and electric, single or double
- Single “5-5-3-3-2-2” (L R, L R, L R)
- Double 10-20 min, or, “10 on 10 off 10 on” (10-10-10)



Nipple Shields



Reasons To Use Nipple Shield

- Premature baby
- Baby won't latch
- Milk flow is flooding baby
- Baby has had too many bottles and now refuses breast
- Mom has flat or inverted nipples

Nipple Shield

- Silicone, looks like a bottle nipple
- Comes in different sizes—24mm, 20mm, 16mm
- Assess for fit--if it falls off the breast, it is not the correct size
- Reassess for fit when needed
- Stretch to apply, nipple in the center
- Don't worry about the nose cut out, it's what works for mom
- Have mom express some milk before baby comes to breast
- Watch for milk transfer from breast to mouth, deep sucks and swallows, long pauses

Cups, Supplemental Nutrition Systems, Tubes, Syringes, Bottles...

Multiple other ways to get breast milk into baby



Who Can You Refer To?

- International Board Certified Lactation Consultants (IBCLC):
 - Public health
 - private (\$)
- Public Health Nurses, extensively trained
- Lactation Supporters (\$), Lactation Counsellors (\$)
- Peer Support Groups

Peer Support Groups

- MLHU—professionally led peer model: weekly:
 - Thursdays 12-1 pm, Argyle Family Centre (London, east end), topics prompted by group;
 - 2nd group to start Monday Sept 26 11am-12pm, Argyle Family Centre

<https://www.healthunit.com/breastfeeding-peer-support>

Peer Support Groups

- La Leche League London—'true' peer led model: once a month; 3 groups in the city once a month, 2 west locations, one central; 1-2 groups in the county (Strathroy) once a month; 4 topic areas that repeat

<http://www.lllc.ca/about>

MLHU's Health Promotion Model

- Service area review to ensure we are where we are needed most:
 - One To One Support in Breastfeeding Appointments
 - Telephone Support at Health Connection
 - Group Support at breastfeeding peer support group
 - Social media: we are on Facebook, Twitter, Website
- Normalizing BF
- Want our community to know we have something to offer them

Professional Resources for HCPs

- Canadian Paediatric Society www.cps.ca
- Health Canada
<http://www.hc-sc.gc.ca/fn-an/index-eng.php>
- WHO
http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/
- Academy of Breastfeeding Medicine <http://www.bfmed.org/Default.aspx>
- Baby Friendly Initiative Ontario <http://www.bfiontario.ca/>
- Dr Jack Newman, Toronto,
<http://www.breastfeedinginc.ca/content.php?pagename=drjack>
- MLHU <http://www.healthunit.com/search?q=breastfeeding>
- Telehealth Ontario: Bilingual Online BF Services
www.ontariobreastfeeds.ca

Academy of Breastfeeding Medicine

- A worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation

<http://www.bfmed.org/Resources/Protocols.aspx>

Twitter Resources

- [Dr. Daniel Flanders](#), Paed., Toronto @drflanders
- [Dr. Kathy Kendall-Tackett](#), PhD, USA @UptySciChick
- [Dr. Larry Noble](#), Neonatologist, IBCLC, USA @galactoDoc

Just to name a few...



Book Resources

- 'The Womanly Art of Breastfeeding' Diane Wiessinger, Diane West, Teresa Pitman (HCP or parent)
- 'Breast Reduction: defining BF in your own terms' Diane West (HCP or parent)
- 'Making More Milk' Diane West, Lisa Marasco (HCP or parent)
- 'Tongue-Tie: Morphogenesis, Impact, Assessment and Treatment' Alison Hazelbaker (HCP)

Questions?



THE END



Thank You!!