

## Lactation Care for Term Mothers with Risk Factors

Term mothers who are presumed healthy may have lactation risk factors that have been shown to delay or suppress secretory activation (onset of lactogenesis II).

A proactive approach with screening, targeted education and additional lactation interventions as detailed below are required to mitigate the impact of these risk factors on lactation and optimize secretory activation and long-term milk supply.

**Messaging to parents must be consistent from all staff across all departments.**

### INFORMED DECISION

As soon as possible after admission:

- Assess mother's intention to breastfeed and validate any mother's intent to formula feed, if this is what she has initially chosen, in a way that is not judgmental or dismissive. Most mothers decide to breastfeed or pump for their newborns following a meaningful informed conversation about the importance of own mother's milk (OMM) for their babies.
- Lactation assessment (ideally by a lactation consultant): Assess the mother's breast development, check for flat or inverted nipples.
- Screen all mothers for lactation risk factors:

Antepartum risk factors	Post-partum risk factors
<ul style="list-style-type: none"><li><input type="checkbox"/> Age &gt; 30</li><li><input type="checkbox"/> Primipara</li><li><input type="checkbox"/> Overweight/obese</li><li><input type="checkbox"/> Diabetes</li><li><input type="checkbox"/> Breast surgery</li><li><input type="checkbox"/> History of ovarian cyst</li><li><input type="checkbox"/> Polycystic Ovarian Syndrome (PCOS)</li><li><input type="checkbox"/> Breast hypoplasia</li><li><input type="checkbox"/> Untreated hypothyroidism</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Postpartum hemorrhage</li><li><input type="checkbox"/> Mother – infant separation</li><li><input type="checkbox"/> Delivery by C-section</li><li><input type="checkbox"/> Stressful or prolonged labor &amp; delivery</li><li><input type="checkbox"/> Delayed 1<sup>st</sup> breastfeed or pumping &gt; 3h (for example outborn/transferred in)</li><li><input type="checkbox"/> Infant feeding issues (late preterm, etc.)</li><li><input type="checkbox"/> Formula supplementation</li></ul>

*The presence of one or more of the above factors puts the mother's lactation and long-term breastfeeding at risk.*

- Provide education on the science of OMM and emphasize that **it is the 1<sup>st</sup> and most important medical intervention** that only she can provide for her baby. For details, visit the Canadian Premature Babies Foundation's website [www.cpbfbpc.org/breastfeeding](http://www.cpbfbpc.org/breastfeeding) and download/print the e-book "Providing milk of their own mother to infants at risk", developed by Pr. Paula Meier for the Rush Mother's Milk Club.
- Highlight the importance of **early, frequent** and **effective** breastfeeding and pumping for the 1<sup>st</sup> two weeks to mitigate the impact of the lactation risk factors and optimize long-term milk supply.

- Give the list of jobs to the partner/support person (see end of document) and advise the mother to only eat, sleep, breastfeed her baby and pump after each breastfeed, at least for the first 2 weeks or until she is making an adequate supply.

### TIME TO FIRST BREASTFEEDING, PUMPING & FREQUENCY OF BREASTFEEDING/PUMPING

- Provide a hospital grade double electric pump at the bedside, ideally equipped with Initiation technology that mimics the irregular sucking patterns of newborns
- Provide a double pumping kit.
- Ensure the same pump is also available in the L&D room
- Put the baby **skin-to-skin** on his/her mom **immediately** after birth.
- Assist the mother to **breastfeed** her baby within **30 minutes to 1 hour** after delivery.
- Teach the mother how to position her baby for breastfeeding and how to ensure a good latch.
- It is important to inform the mother that she may **not** feel she has any milk at first and that it is **normal**. It is **more about breast stimulation and programming** than milk volume at this time and most babies take in very little volume in the first 24 hours (a few mL a feed).
- If the baby is **unable** to effectively latch or suck at the breast, assist the mother to double pump **immediately** (with the **Initiation** program if available) **to avoid/prevent any initiation delays**. Pump for 15 minutes (or perform the entire 15-minute initiation program, if available) before the baby is presented to the breast again.

#### FOR MOTHERS DELIVERING VIA C-SECTION

- Educate the parents as per this protocol.
  - Ensure a hospital grade double electric pump is available in the OR/recovery room, ideally equipped with Initiation technology.
  - Assist the mother and partner to begin **double pumping** within **1-3 hours** of birth, ideally with the **Initiation** program, if unable to put baby to breast or if baby doesn't latch.
- Observe the mother for an **entire** breastfeeding and pumping sessions.
  - Teach the mother how to recognize her baby's **feeding cues** and breastfeed on demand.
  - Advise the mother to **double pump** for 15 minutes, ideally using the initiation program, **after each breastfeed** to provide additional **stimulation** to the breasts and optimize secretory activation.
  - Instruct the mother to breastfeed and pump at least **once at night** and avoid intervals longer than **4-5h** without breastfeeding and/or pumping. Advise the mother to drink 2 to 4 glasses of water before sleeping at night.

- Teach and assist the mother (and partner/support person) to:
  - Assemble and properly use the breast pump
  - Select the Initiation pumping pattern, if available
  - Adjust the vacuum to the maximum comfortable level
  - Use hands-on pumping, hand expression and breast massage before and after pumping
  - Safely collect colostrum
  - Clean (and sterilize) the pump parts per local/hospital protocols
- Ensure the breast shields (flanges) for each breast are the right size and **assess daily**. Use the measuring tool and follow the instructions.
- Provide the parents with appropriate size containers and labels and instruct them to write the name and the time of expression.

### TIME TO MILK COMING IN AND COMING TO VOLUME

- Instruct the mother to continue to **double pump after each breastfeed** ( $\geq 8$  times a day), using Initiation technology for the full 15 minutes of the program if available, including at night.
- Teach the mother how to recognize when **milk has come in** (lactogenesis II): sensation of breast fullness, or if pumping, when she has expressed 20 mL total from both breasts at each of 3 consecutive pumping sessions.
  - If  $\leq 72$ h post-partum, continue to next steps.
  - If  $> 72$ h, advise to **urgently** contact a lactation consultant for increased lactation care.
- If applicable, instruct the mother to stop using the Initiation program as soon as milk comes in and switch to the Maintain program, demonstrating how to adjust to the **maximum comfortable vacuum** level.
- Instruct the mother to pump **2 minutes after last droplets** of milk to ensure optimal breast drainage **after each** breastfeed.
- Advise the mother to continue pumping after each breastfeed until the infant is breastfeeding well and she is making an adequate supply.

### SKIN-TO-SKIN

- Encourage frequent and prolonged skin-to-skin holding at the hospital and at home.
- If mother is unable to hold her baby skin-to-skin, encourage the partner/support person to do so.


### FOLLOW-UP AND BREASTFEEDING DURATION

- Prior to discharge, share available community lactation support services.
- Designate a person responsible for follow-up calls with the mother or coordinate with a community health worker to perform post-discharge follow-up call with the mother to check on breastfeeding status and document in the patient health record.

- At 1 month: Date \_\_\_/\_\_\_/\_\_\_\_\_
- Exclusive breastfeeding/Own Mother's Milk (OMM)
  - Partial breastfeeding/OMM
  - No breastfeeding/OMM
  - If non-exclusive breastfeeding/OMM, why: \_\_\_\_\_
- At 3 months: Date \_\_\_/\_\_\_/\_\_\_\_\_
- Exclusive breastfeeding/OMM
  - Partial breastfeeding/OMM
  - No breastfeeding/OMM
  - If non-exclusive breastfeeding/OMM, why: \_\_\_\_\_
- At 6 months: Date \_\_\_/\_\_\_/\_\_\_\_\_
- Exclusive breastfeeding/OMM
  - Partial breastfeeding/OMM
  - No breastfeeding/OMM
  - If non-exclusive breastfeeding/OMM, why: \_\_\_\_\_

- At discharge, if still requiring a pump, refer the family to a breast pump rental location and remind them to (ideally on a printed handout):
- Always apply rigorous hygiene when expressing and handling breast milk
  - Continue feeding on cue, double pump after each breastfeed and never allow more than 4-5 hours without breastfeeding and/or pumping
  - Adjust the vacuum to the maximum comfortable level
  - Assess and make sure the breast shields are still the correct size before and during pumping
  - Ensure maximum emptying of the breasts by pumping 2 minutes after last droplets of milk
  - Massage the breasts before and after pumping

## Top ten jobs for partner or support person to help start pumping!

1. Assemble the breast pump parts.
2. Turn the pump on and, if available, press the [drop]  button for INITIATE pattern.
3. Assist mom to adjust the vacuum: Mom should pump at the maximum pressure that is comfortable but that does not hurt.
4. Save every drop: When mom is finished pumping, don't waste any colostrum.
5. Label bottle with human milk label (usually given by the hospital). Include the infant's first and last name and date & time that mom finished pumping.
6. Put the bottle caps on tightly. If not feeding the baby right away, store the milk as per hospital protocols.
7. Dishwashing: the parts that touch her breast and breast milk should be taken apart and washed with hot soapy water and rinsed well and then put on towel to air dry.
8. Sanitization: sanitize the pump parts one time per day or as per hospital protocol.
9. Pumping log: keep the log up to date with the most important information being the date, time and amount of pumped milk.
10. Infant oral care with colostrum as soon as mom has drops (if applicable)

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