



A breastfeeding initiative by the
OHIO HOSPITAL ASSOCIATION and
the **OHIO DEPARTMENT OF HEALTH**

OHIO FIRST STEPS

Monthly Educational Calls

March

3/10/2017

FIRST STEPS TEAM

Facilitator

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University Hospitals
MacDonald Women's Hospital

Ohio First Steps - Staff



**Ryan Everett,
MPH**



**Bre Haviland, MS,
RD, LD, CLC**



OBJECTIVES

First Steps – Educational Calls

- Establish a forum for coaching & networking to assist with meeting “The 10 Steps”



HOUSEKEEPING

- This call is being recorded
 - Slides sent out as attachment to save-the-date this morning
 - Slides and recording will be posted to website
- All lines are muted throughout the call
 - Please use the Q&A or chat box for questions
 - These will be open for the duration of the call
 - You can ‘raise your hand’ as well

QUICK REMINDERS!

- Next First Steps Application Deadline is coming up!
 - **April 1st**
- Next Webinar:
 - April 14th at noon
 - Topic: Data Collection
- Bag Free – Deadline closed
 - Email Ryan ASAP if you forgot to apply
- Vanderbilt – BFHI Survey (voluntary)
- Heads up: Flip Charts

PRESENTER



Mary McLaughlin BSN, RN, IBCLC

Lactation Consultant

University Hospitals MacDonal Women's Hospital

<http://progressive.powerstream.net/008/00153/BreastfeedingSkillsLab/BreastfeedingSkillsLab.html>

UPCOMING EVENTS IN OHIO

2017 Breastfest Conference – OLCA 25th Annual Meeting

March 12-18 – Dublin, Ohio

www.ohio-olca.org

2nd Annual Conference to Eliminate Disparities in Breastfeeding and Infant Mortality

May 3rd - Cincinnati, Ohio

www.cincinnatichildrens.org/breastfeeding-conference

Save the Date!!

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OHA collaborates with member hospitals
and health systems to ensure a healthy Ohio

QUESTIONS?

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HelpingOhioHospitals



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www.youtube.com/user/OHA1915

Breastfeeding Skills Lab

Mary McLaughlin BSN, RN, IBCLC



University Hospitals
MacDonald Women's Hospital

Cleveland | Ohio

10 Steps to Successful Breastfeeding

- 1 - Have a written breastfeeding policy that is routinely communicated to all health care staff.**
- 2 - Train all health care staff in the skills necessary to implement this policy.**



University Hospitals
MacDonald Women's Hospital

Cleveland | Ohio

Why supplemental feeding devices

- To avoid the use of bottles and artificial nipples when supplementation is medically indicated.
- Preference of the parents.
- Informed decision.
- Well documented.
- Involve the team.
- Lactation follow up after discharge.

Describe when and how to use finger feeding

- Use Medela SNS- same device used to feed baby at the breast.
- Short term use.
- When to use: Baby not latching, Baby too sleepy, Teaching baby to suckle, Baby separated from mother, Baby not transferring milk.
- Sore nipples **only as a last resort!**

How to finger feed– Best learned by doing and watching.

- Wash Hands
- Assemble supplies
- Non latex glove if staff is doing the feeding.
- Teach Parents to do-No glove needed for parents.
- Assemble the SNS, fill with fluid, tape to pad on finger, Gently slide into baby's mouth and wait for baby to suckle. Clean with warm water.



Bottle

Finger
Feed

Feeding
Tube

Spoon

Cup
Feeding

Video:
Non-
Latching



Describe when and how to use SNS

- Short or Long term use.
- When?
- Latching but insufficient nourishment. Suckle training.
- Long term use—Long term SNS.
- After Breast Reduction surgery or Adoptive nursing.
- How to use. Wash hands, assemble, fill and prime tubing.
- Latch baby first and then slip in corner of baby's mouth
- **OR Baby latches to tube and breast at the same time.**
- Clean with warm water.
- Refer to Out Patient Lactation after discharge.



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Cup Feeding, Spoon Feeding, Syringe feeding— When and How

- Use approved cup, clean plastic spoon or 1 ml food syringe.
- When to consider:
 - Baby not latching to the breast
 - Nipple confusion.
 - Short term or small amount of fluid as in expressed colostrum.
 - Older baby—refusing the bottle.

Initiating the Cup feeding

- Use approved cup.
- Tuck cloth diaper under baby's chin.
- Sit baby upright on your lap with baby's head supported with your hand behind baby's shoulders and neck.
- Allow baby to lap milk from the cup. **Do not pour liquid into baby's mouth.**
- Go slow and be patient letting baby set the pace and when she is finished.

(Teaching tip--Lots of good videos on YouTube that show cup feeding).

Photo of cup feeding from Jack Newman's Visual Guide to Breastfeeding



Spoon or syringe feeding

- Use approved plastic spoon.
- Support baby in upright position on your lap as in cup feeding placing tip of spoon on her lower lip.
- May work better sideways as more closely matches baby's mouth
- Allow baby to take the milk and swallow at her pace.
- Best learned by doing.



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Pumping Breast milk

- Demonstrate competence in assisting a mother to initiate and maintain a milk supply with milk expression and breast pump use.
- Types of pumps.
- Sizing of flanges.
- Guidelines for pumping.
- Breast milk storage.

Paced Bottle feeding

- What is paced bottle-feeding?
- Why do paced bottle-feeding?
- Formula Preparation--Educate in the risks of formula feeding:
 - Full term infants have excess risk of the following
 - Hospitalization for lower respiratory infections in the first year
 - Diarrhea and vomiting
 - Acute ear infections
 - Asthma
 - Type 2 DM
 - SIDS
 - Eczema
 - Childhood obesity
 - Preterm infants have a higher incidence of NEC
 - Mothers who have not breastfed have a higher incidence of ovarian & breast cancer.
- Educate and Document as part of the Baby Friendly Hospital Initiative.



What is LATCH?

- A tool for charting breastfeeding assessment based on a five category system (like APGAR)
 - L- Infant's ability to latch.
 - A- Audible swallowing.
 - T- Type of nipple.
 - C- Comfort.
 - H- Hold
- **LATCH** observed breastfeeding assessment, scoring, & documentation on newborn assessment flow sheet **at least once per shift**).

Competence in assisting a mother in nipple shield application:

- When to consider?
- Begin by washing your hands
- Turn shield partially inside out to draw nipple into the shield.
- Mother should feel a tug but no pain and see milk in the shield.
- Sizing– Mom or baby?
- Refer mother to out patient lactation for follow up.

Breast Massage and Hand Expression

When to use?

- Hard swollen breasts.
- Premature or fussy baby.
- Baby having trouble latching to the breasts.
- To increase milk supply.

How to do Hand expression

- Wash hands, quiet location.
- Gently shake the breast.
- Can use a warm wash cloth or olive oil (optional).
- Top and bottom, back and forth.

(teaching tip—use cloth breast model)

How to do Hand Expression

- Thumb and index finger to areolar outer edge, not nipple.
- Gently; Press, Compress, Release.



(2010 La Leche League International, *The Womanly Art of Breastfeeding*, Chapter 20)

Role Play Scenarios—First Ask Why?

Ask Open ended Question.

Affirm the mother's feelings (most important step).

Educate (provide targeted information on the issue covered).

Addresses the needs of the birthing family.

Builds rapport and increases client self confidence.

Encourage staff to develop their own scripting.

Provides staff to share what has worked for them.

Increases staff comfort level and buy in.

Provide Role-play opportunities increases staff confidence and problem solving skills by providing an opportunity to practice.

Scripting for Mothers who want to “Do Both”

First Ask Why?

Affirm: “ Many women are in the same situation or feel the same way you do.”

Scripting:

“This is the time for you and your baby to learn how to breastfeed.”

“It can be confusing for the baby to learn how to do two things at the very beginning.”

“It is really important that you feed your baby on demand. This establishes your milk supply and comforts your baby.”

“This is your window of opportunity to create your baby’s milk supply.”

Encourage Staff to share their examples.

Scripting for Rooming In

- Affirming Statements
 - “I understand that you’re tired.”
 - “I understand that you need to get some sleep. And I want you to get the rest that you need.”
- Scripting Statements
 - “In fact, new research has shown that mothers actually get better sleep when their babies stay in the room.”
 - “It might seem like you’ll never get enough sleep again, but you will. One of the great things about breastfeeding is that you won’t need to get up and fix bottles during the night.”
 - “Would you like me to ask your visitors to leave when it’s time to feed the baby? That way you don’t have to ask them.”
 - “Rooming in with your baby will help you get to know him better.”

Scripting for Avoiding Supplementation

First Ask Why?

Affirm: “I understand that you are concerned that your baby gets enough to eat. That shows how much you love your baby.”

“Many moms find these first few days difficult- scary. I am here to help you.”

Scripting:

“Do you know how tiny your baby’s stomach is the first couple days of life.”

(Teaching tip: Use belly balls or show size with your hand).

“Your baby’s tummy can only hold about a teaspoon of milk at a time in the beginning. So you have the perfect amount of milk to meet your baby’s needs.”

“Have you heard the expression, ‘supply and demand’? The more often you nurse your baby, the more milk you will have.”

- Help mom to understand the relationship between breastfeeding, skin to skin, and milk supply.

Documentation

- Breastfeeding Decision Tree
- Breastfeeding Skills Lab Competency

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