



What We Can Learn from Fed Is Best

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

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What is Fed Is Best?

- Vocal online community
- Specifically targets BFHI
- Rhetoric is often inflammatory and divisive
- But they highlight some real issues



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IF I HAD GIVEN HIM JUST ONE BOTTLE, HE WOULD BE ALIVE.

Fed Is Best site

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25,047 views | Oct 19, 2017, 10:25am

Fed Is Best Foundation Says WHO Breastfeeding Guidelines Fail To Meet Human Rights Standards



Kevin Senapathy Contributor

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"I want to teach mothers how to recognize the signs of poor milk production and transfer

TO PREVENT UNINTENDED STARVATION IN THE FIRST DAYS OF LIFE."

—Jody Segrave-Daly, RN, IBCLC
Newborn and NICU Nurse,
Lactation and Infant Feeding Consultant
Co-Founder of the Fed is Best Foundation



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"As a mother and doctor whose child was seriously harmed by misinformation widely taught about breastfeeding,

I WANT TO MAKE SURE THAT NO BABY IS HARMED BY BREASTFEEDING COMPLICATIONS

by dispelling its myths with science and reason."

— Christie del Castillo-Hegyi, M.D.,
Co-Founder of the Fed is Best Foundation



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Christie's Story

- Left the hospital after a few days
- LC told her to keep him on the breast with hope of encouraging her milk to come in
- Next day, pediatrician told her to keep breastfeeding despite significant weight loss

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- A day later, her son seemed to "mellow out," which she thought meant that things were going better
- Instead, he had extreme dehydration and starvation
- Took him to the ER when he became non-responsive
- He developed brain damage after 4 days with no food

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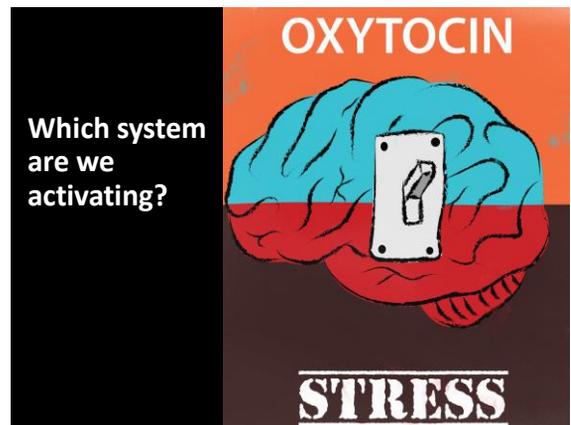
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- Hospital-caused delays in LG II
- Organizational issues
- Not listening to mothers
- Lack of postpartum follow-up
- Implicit bias

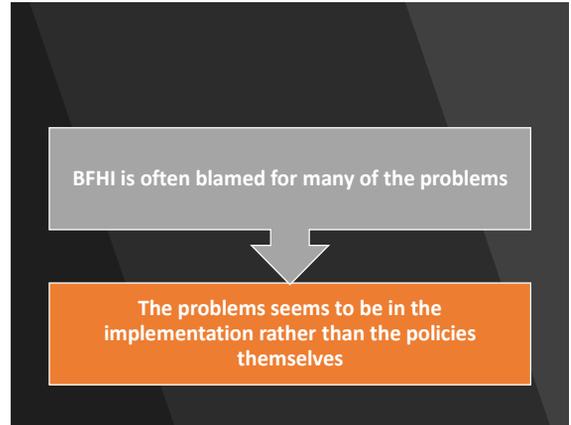
Problems I have identified



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BFHI is often blamed for many of the problems

The problems seems to be in the implementation rather than the policies themselves



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“Serious complications associated with strict adherence to the Baby Friendly Hospital Initiative and the WHO Ten Steps to Successful Breastfeeding have lead to preventable hospitalizations for jaundice, dehydrations, and hypoglycemia: known causes of impaired brain development”.

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“Unfortunately, there is now emerging evidence that full compliance with the 10 steps of the initiative may inadvertently be promoting potentially hazardous practices and/or having counterproductive outcomes”

Bass et al. 2016 JAMA Ped, 170(10), 923-924

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Alleged complications of the BFHI

- Failure to recognize insufficient feeding
- Delays in LG II
- Insufficient milk
- The risk of hospitalization, brain injury and disability from excessive jaundice, dehydration, and hypoglycemia



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AHRQ review confirmed that BFHI is associated with increased rates of breastfeeding initiation and duration



Feltner et al. 2018, AHRQ report, Rockville MD

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Most difficult steps of BFHI to implement:

- Step 3, prenatal education
- Step 10, postnatal breastfeeding support



Munn et al. 2016, *Breastfeed Med*, 11(5), 223-230

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“Instead of abandoning the BFHI, all of the stated objections to the BFHI can be addressed by proper staff training and vigilance”



Walker 2017, *JAMA Ped*, 171(3), 304

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Examining FIB concerns




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Infant Stomach Size

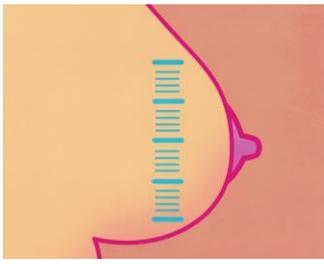


5-7 ml	Day 1 20 ml+	Day 3 45-60 ml+
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THE NEWBORN STOMACH SIZE MYTH: IT IS NOT 5-7 ML

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- First 24 hours, 2-10 ml/feed
- 5-15 ml/feed 24-48 hours
- 15-30 ml/feed 48-72 hours
- 30-60 ml/feed 72-96 hours

Walker 2018, *Clin Lact*, 9(4), 171-182

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The biological norm is for breast milk supply to be variable and at times insufficient. The biological ideal is a safely and fully fed child—that is why mothers have supplemented breastfeeding for millennia.

SAFE BREASTFEEDING TIP #7

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Historical Review

- Dublin Foundling Hospital (1775-1779). 10,272 babies admitted, 45 survived. Mortality rate of 99.6%
- 15th century, no breastfeeding in Germany, Bohemia, Austrian Tirol, Finland, Iceland or Russia. 50% infant mortality rate

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- Mortality rates for bottle-fed babies:
 - 3 times higher, first month
 - 4 times higher, second month
 - 6 times higher, third month
 - 5 times higher, fourth to seventh month

Woodbury (1925) study in 8 American cities (N=22,422)

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Does supplementation protect breastfeeding?

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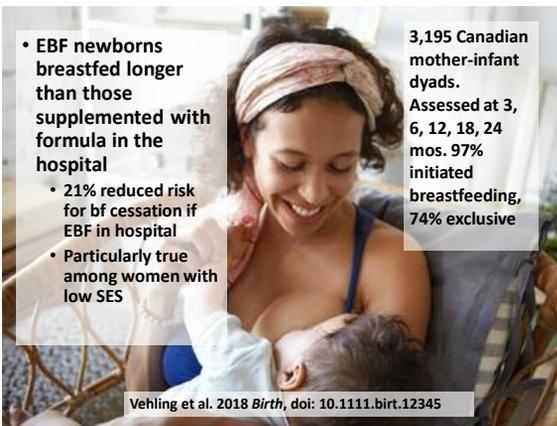


Judicious supplementation of underfed exclusively breastfed newborns has been shown to almost DOUBLE breastfeeding rates at 3 months. Supplementation protects babies and breastfeeding.

SAFE BREASTFEEDING TIP #3

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- EBF newborns breastfed longer than those supplemented with formula in the hospital
 - 21% reduced risk for bf cessation if EBF in hospital
 - Particularly true among women with low SES

3,195 Canadian mother-infant dyads. Assessed at 3, 6, 12, 18, 24 mos. 97% initiated breastfeeding, 74% exclusive

Vehling et al. 2018 *Birth*, doi: 10.1111.birt.12345

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Delay in Lactogenesis II

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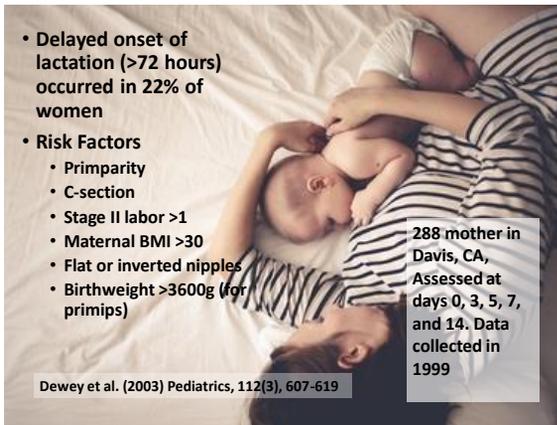
- “Mothers are taught that it is rare to have insufficient breast milk.
- But research shows delayed milk production affects at least 1 in 5 women in the first days of an infant’s life.”

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What’s causing the delay in LG II?

Delay in LG II is *not* the same as insufficient milk

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- Delayed onset of lactation (>72 hours) occurred in 22% of women
- Risk Factors
 - Primiparity
 - C-section
 - Stage II labor >1
 - Maternal BMI >30
 - Flat or inverted nipples
 - Birthweight >3600g (for primips)

288 mother in Davis, CA, Assessed at days 0, 3, 5, 7, and 14. Data collected in 1999

Dewey et al. (2003) Pediatrics, 112(3), 607-619

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- 12% had excessive weight loss
- Risk factors include primiparity, long labor, labor medications, and infant status at birth

Babies were 7.1 times more likely to lose excessive weight if their mothers had delayed LG II

Dewey et al. 2003 Pediatrics, 112(3), 607-619

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“All breastfeeding mother-infant pairs should be evaluated at 72 to 96 hours postpartum”

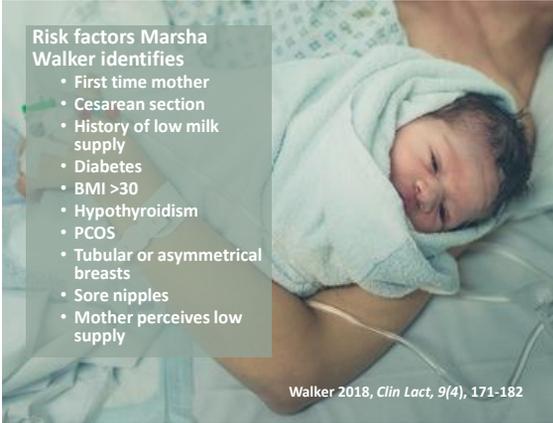
Dewey et al. 2003, Pediatrics, 112(3), 607-619

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- Risk factors identified by Fed Is Best
 - First time mother
 - C-section
 - Complicated labor and birth
 - Maternal BMI >30
 - History of lactation failure
 - Psychological considerations
 - Ineffective latch and transfer
 - Nursing frequency: Less than 8 times in 24 hours

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Risk factors Marsha Walker identifies

- First time mother
- Cesarean section
- History of low milk supply
- Diabetes
- BMI >30
- Hypothyroidism
- PCOS
- Tubular or asymmetrical breasts
- Sore nipples
- Mother perceives low supply

Walker 2018, *Clin Lact*, 9(4), 171-182

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We need to flag these mothers for follow-up

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“Almost all feeding complications can be prevented with close monitoring for signs of hunger and insufficient feeding and supplementation when breast milk is not enough until breast milk supply is sufficient”

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BFHI Response

- More frequent lactation assessment, support, and monitoring in the early postpartum period
- Supplementation with mother's own milk, donor milk, or infant formula
- Excellent postpartum breastfeeding education
- Ongoing monitoring and support of the breastfeeding couplet after discharge

MacEnroe 2018, *Clin Lact*, 9(4), 208-211

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For mothers with known risk factors for delayed LG II

- BF 10-12 times/24 hours
- Use breast compressions
- If baby does not latch or swallow well, hand express colostrum
- If milk supply is low, ask for donor human milk
- If donor milk is not available, use hypoallergenic formula

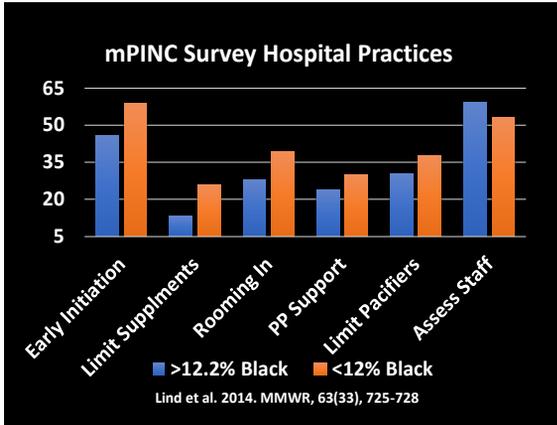
Walker 2018, *Clin Lact*, 9(4), 171-182

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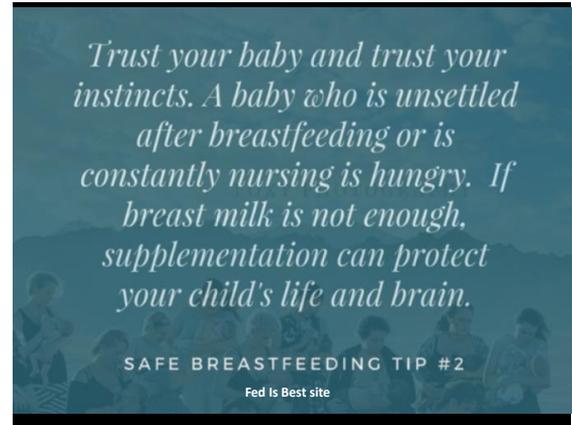


Implicit biases that impact breastfeeding support

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Mother's story
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- "Because of the intense pressure, I felt the need to exclusively breastfeed my daughter. Yet for the 3 weeks that I tried I had no idea that I was starving my daughter.
- My midwife was absolutely useless and she is the biggest reason why this happened as she told me to keep breastfeeding and everything was fine"

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- "Long story short, I just didn't have enough milk, and I didn't find out until after my daughter was admitted to the hospital
- This was the worst feeling in the world. Formula is the only reason my daughter is alive today
- Formula saved my daughter's life"

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- **Baby is inconsolable**
- **Baby is "on all the time"**
- **Mother is in pain**
- **Baby is not gaining weight**

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- "Listening and communicating skills are essential in breastfeeding management
- If the mother indicates that she believes breastfeeding is not going well, it is vital to explore her reasons"

MacEnroe 2018, *Clin Lact*, 9(4), 208-211

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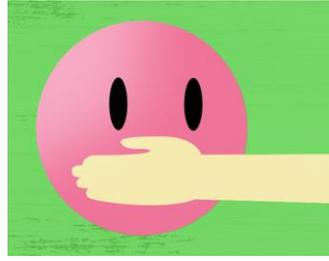
Call for help if:

- No wet diaper for >6 hours
- Urine is dark and smells strong
- **Baby:**
 - Is lethargic, limp, or docile
 - Has dry mouth and no tears
 - Is irritable
 - Cries inconsolably
 - Has a sunken fontanel
 - Is feverish
 - Has yellow skin
 - Has skin remains tented up when pinched

Walker 2018, *Clin Lact*, 9(4), 171-182



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- Nurses feel constrained by what they perceive as Baby-Friendly policies
- Lack of staff buy-in
- Don't feel they can speak up

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**HEATHER,
NICU AND
NURSERY
NURSE AT A
LEVEL 3
NICU
FED IS BEST SITE**

- "I see babies crying from being starved and dehydrated at work frequently and we aren't even Baby-Friendly ...
- Because we push breastfeeding so much even our pre-term infants in the NICU end up suffering with longer hospital stays because we refuse to feed them with the appropriate bottles due to worries about nipple confusion"

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"We probably have half of the breastfeeding babies in the nursery at some point during the night because they are crying and the moms are exhausted, medicated, have bloody cracked nipples and need to sleep just an hour or two"

↓

"We try hard not to supplement the babies who are crying because we know our charts are being audited and if we supplement too much, we are identified and called out"

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 "We will sneak pacifiers to help soothe babies who are screaming and sometimes we will use sweet ease to help the ones who are inconsolable"

 "Some moms just do not have enough colostrum and these babies are paying the price"

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- "Nurses are frustrated over the strict feeding guidelines and their inability to help the hungry babies and their exhausted mothers"

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- “Even when there is a true medical need for supplementation some babies even end up with an IV since some parents feel it is better than a little bit of formula”
- “Early babies typically become tired after attempting to breastfeed and end up with a feeding tube to prevent using a bottle”



55



Gomez-Pomar & Blubaugh 2018, *J Perinatology*, doi: 10.1038/s41372-018-0068-0

“Health care providers should not only know the policy but understand the reasoning for such policy”

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Sleep deprivation and sedating medications can increase the risk of accidental bedsharing. This has resulted in newborn injuries from falls and even accidental suffocation. Close monitoring of mom and baby during skin-to-skin and breastfeeding can prevent these tragedies.

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SAFE BREASTFEEDING TIP #9

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Sudden Unexpected Postnatal Collapse

“Accidents are commonly caused by maternal exhaustion and falling asleep during skin-to-skin care or prolonged nursing, which is compounded by sleep deprivation caused by 24/7 rooming in”

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Unintended consequences of current breastfeeding initiatives

- SUPC
- Co-sleeping
- Leaving mother-baby unattended in first hours of life
- Overly rigid adherence to the 10 Steps
- Concerns regarding advice against pacifiers, which has a protective effect against SIDS

Bass et al. 2016, *JAMA Pediatrics*, 170(10), 923-924

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Bass et al. 2019, *JAMA Pediatrics*, 173(1), 93-94

“As there are no studies that specifically demonstrate that SSC confers benefits beyond the early hours of life in term newborns, this practice, when coupled with rigid compliance with breastfeeding exclusivity, has raised safety concerns”

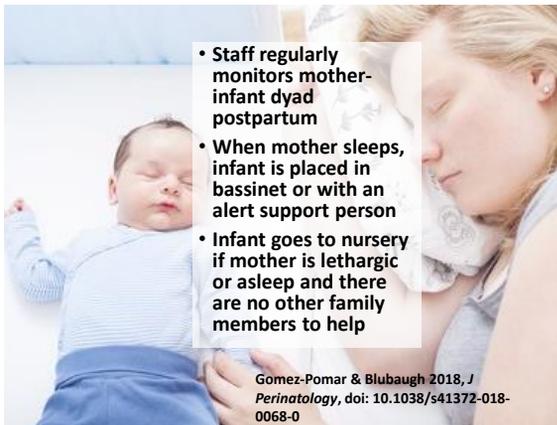
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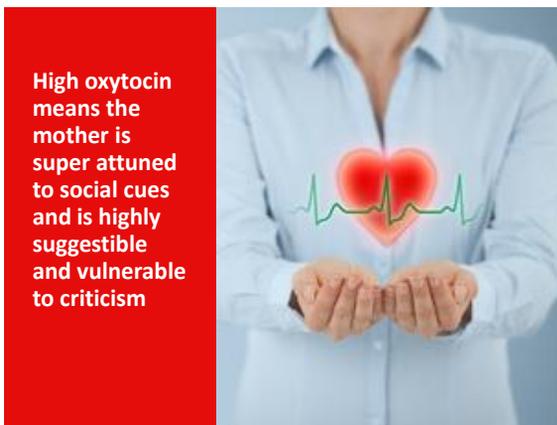
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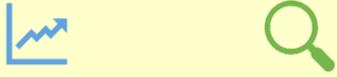
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Does this action increase or decrease oxytocin?

Look at the *implementation* of the 10 steps through this lens

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Which type of provider do you want to be?

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Birth environment

Kendall-Tackett & Uvnas Moberg 2018, *Clin Lact*, 9(4), 193-199

- Is it welcoming?
- Is the room warm and the lights low?
- Are there people in the room the mother doesn't know or like?
- Are the providers kind or harsh?

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Postpartum

Kendall-Tackett & Uvnas Moberg 2018, *Clin Lact*, 9(4), 193-199

- Does the mother have help?
- Are there people there she doesn't like?
- Is she in pain?
- Is she exhausted?

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Baby-Friendly 10 Steps

- Rooming in
- Skin to skin
- Breastfeeding education
 - LC-led vs mother-led
 - Empower vs scare
- Continuity of care

Kendall-Tackett & Uvnas Moberg 2018, *Clin Lact*, 9(4), 193-199

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NORMALIZE BREASTFEEDING

Lactivist Effect



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“Proponents of fed-is-best believe that if we didn’t talk about the importance of breastfeeding mothers would not feel badly when breastfeeding didn’t work for them”



Brown 2018, *Clin Lact*, 9(4), 200-207

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Brown 2018, *Clin Lact*, 9(4), 200-207

- “Not all negative emotions around stopping breastfeeding are driven by the concept of “militant lactivists” shaming women who do not breastfeed
- Rather, these women feel badly because they wanted to. Not because they were told to”

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What have we learned?

- All personnel should assess for effective latch and transfer
- Empower mothers to know what to look for
- Establish a relationship where mothers feel free to ask **any** question
- Listen to what they say
- Rethink our care models of care. Do they promote oxytocin?



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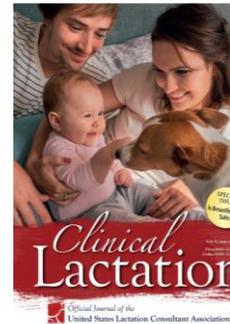
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-  Kathleen Kendall-Tackett
Kathy Kendall-Tackett
-  @UptySciChick
-  Kathleen Kendall-Tackett

Email: kkendallt@gmail.com

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