



Breastfeeding 201: Building on the Basics

Agenda:

In-person:

8:00 – 8:30	Registration
8:30 – 8:45	Introductions
8:45 – 9:15	Setting the Stage: Breastfeeding in Kansas & Review of Breastfeeding Basics (30 mins.)
9:15 – 10:15	Identifying & Addressing Common Breastfeeding Hurdles (60 mins)
10:15 - 10:30	BREAK
10:30 – 12:00	Slow Growth and Supplementation (90 mins.)
12:00 – 1:00	LUNCH
1:00 – 1:30	Hot Topic: Tongue- tie & Transitions Home (30 mins)
1:30 – 2:00	Transitioning Home: Preterm & Early Term Infant (30 mins.)
2:00 – 3:00	Milk Expression (60 mins.)
3:00 – 3:15	BREAK
3:15 – 4:15	Maternal Medications, Drugs and Herbs (60 mins)
4:15 – 4:45	Weaning: It's More Than Milk (30 mins)

Online:

Day 1:

1:00 – 1:15	Introductions
1:15 – 1:45	Setting the Stage: Breastfeeding in KS & Review of Breastfeeding Basics (30 mins.)
1:45 – 2:45	Identifying & Addressing Common Breastfeeding Hurdles (60 mins)
2:45 – 3:00	BREAK
3:00 – 4:30	Slow Growth and Supplementation (90 mins.)

Day 2:

1:00 – 1:30	Hot Topic: Tongue- tie(30 mins)
1:30 – 2:00	Transitioning Home: Preterm & Early Term Infant (30 mins.)
2:00 – 2:15	BREAK
2:15 – 3:15	Milk Expression (60 mins.)
3:15 – 3:30	BREAK
3:30 – 4:30	Maternal Medications, Drugs and Herbs (60 mins)
4:30 – 5:00	Weaning: It's More Than Milk (30 mins)

Outline & Objectives:

Session	Objectives	Time
<p>Setting the Stage: Breastfeeding in Kansas & Review of Breastfeeding Basics</p> <ul style="list-style-type: none"> • Kansas Breastfeeding rates – <i>10 mins.</i> <ul style="list-style-type: none"> ○ Compared to US & HP 2030 ○ By Race/ethnicity ○ By county ○ Why to keep in mind & how to address it in your practice (keep front of mind) • Breastfeeding Basics review - <i>20 mins.</i> <ul style="list-style-type: none"> ○ How milk is made ○ Signs of adequate intake ○ Tips for a good latch 	<ul style="list-style-type: none"> • Identify 3 signs of adequate breastmilk intake. • Distinguish 4 differences between a good latch and a poor latch. 	30 minutes
<p>Identifying & Addressing Common Breastfeeding Hurdles</p> <ul style="list-style-type: none"> • Engorgement management and breast massage • Sore nipples <ul style="list-style-type: none"> ○ Management of early cracked nipples ○ Determining healing plan/ deep wound care • Delayed lactation <ul style="list-style-type: none"> ○ Possible causes – induction, bleeding, PCOS, Cesarean, obesity, diabetes ○ “Bridge” strategies – <ul style="list-style-type: none"> ▪ Pumping or hand expression (<i>more in Milk Expression</i>) ▪ Strategic use of supplements • Jaundice <ul style="list-style-type: none"> ○ Sleepy baby leading to inadequate intake ○ Late preterm is especially at risk • Reflux vs spitting up <ul style="list-style-type: none"> ○ How to differentiate between projectile vomiting and a “happy spitter” ○ Weight gain/loss 	<ul style="list-style-type: none"> • Name 4 possible causes of delayed lactation. • Demonstrate how to how to hand express breastmilk. • Create a plan for healing cracked nipples. 	60 minutes

<ul style="list-style-type: none"> ○ When to refer to physician ● Frequent feedings <ul style="list-style-type: none"> ○ Cluster feedings vs sign of inadequate intake ○ Growth spurts ● Possible limited milk supply after previous breast surgery <ul style="list-style-type: none"> ○ Amount of milk produced depends on the type of surgery ○ Monitor baby's weight closely for the first several weeks ● Success in combination feedings 		
<p>Slow Growth and Supplementation</p> <ul style="list-style-type: none"> ● Assessment of growth <ul style="list-style-type: none"> ▪ WHO growth charts ▪ Milk supply vs transfer issue ▪ Test weights – take holistically <ul style="list-style-type: none"> ● Value: Objective information to help parents/providers understand full picture, identify the “great pretender,” direction to focus on ● Problems: Not using sensitive enough scales, results are from a moment in time, giving too much weight to results, false reassurance, discouragement ● Initial Newborn Weight Loss ● Indications for Supplementation <ul style="list-style-type: none"> ○ ABM Protocol #3 ○ AAP algorithm ● Hierarchy of supplements (mother's own milk first) ● SNS - <i>show</i> <ul style="list-style-type: none"> ○ Indications ○ How to use ● Cup feeding, finger feeding, spoon feeding -<i>show devises</i> <ul style="list-style-type: none"> ○ Indications ○ How to use ● Paced bottle feeding <ul style="list-style-type: none"> ○ Indications ○ Video 	<ul style="list-style-type: none"> ● Compare and contrast the use of these supplemental feeding devices: Cup/finger/spoon/bottle. ● Summarize the purpose of paced bottle feeding for both breastfed and formula fed infants. ● Propose 2 situations in which test weights would be beneficial to assess infant growth. 	90 minutes

<ul style="list-style-type: none"> • How much to supplement • How to stop supplementing • Nipple shield - <i>show</i> <ul style="list-style-type: none"> ○ Indications for use ○ Fit to the baby ○ Pumping to assure milk supply • Video on how to address milk supply issues with older baby <ul style="list-style-type: none"> ○ Birth control ○ Back to work ○ Pregnancy ○ Mother's recent illness <p>*****COUNSELING SCENARIOS: IF baby is not gaining weight, is it milk supply or transfer ---<<<<< Critical thinking (determining what is going on) and counseling skills: What do you tell a mom who transferred nothing during a test weight? Critical thinking skills – milk supply issue v. transfer issue, when to refer, follow-up and close monitoring by health care team/LC</p> <p>*****COUNSELING SCENARIOS: How to empower parents to speak up to health care providers who may not have the latest info.</p>		
<p>Hot Topic: Tongue- tie</p> <ul style="list-style-type: none"> • Who can diagnose tongue-tie (and who can't) • What we know <ul style="list-style-type: none"> ○ Common symptoms ○ Consider form and function both ○ Need for lactation support after release • What we don't know <ul style="list-style-type: none"> ○ Lip & buccal ties <ul style="list-style-type: none"> ▪ Lip ties are normal ▪ No agreement on buccal ties ○ Form and function video • Working as part of a team <ul style="list-style-type: none"> ○ Always include the baby's health care provider ○ Be an advocate ○ NOT a photo diagnosis 	<ul style="list-style-type: none"> • Recall three common symptoms of a tongue-tied infant. • Describe key elements of a report to a health care provider when a tongue tie is suspected 	30 minutes

<ul style="list-style-type: none"> ○ Avoid ultimatums or dire predictions - not evidence-based (i.e. you must get this done or baby will suffer from migraines, TMJ, etc., all his life) ● Pain control post-procedure ● Provider Payment – physicians, dentists Supportive care when not revised (maximize milk supply; nipple shield, positioning) <p>****Counseling scenario: Transfer issue identified; referral to pediatrician; ped says it's not tongue tie; mom comes back to you--- what do you say? ***</p>		
<p>Transitioning Home: Preterm & Early Term Infant</p> <ul style="list-style-type: none"> ● Early Term Infant (37 to 38 6/7 weeks) <ul style="list-style-type: none"> ▪ Immature ▪ Less likely to give feeding cues ▪ Sleepy ▪ Jaundiced ● Preterm Infant <ul style="list-style-type: none"> ▪ Impact of prematurity on breastfeeding and overall infant health ▪ Counseling on importance of breastmilk ▪ Counseling on milk supply and pumping while separated from baby (NICU) ▪ Transitioning from the NICU environment <p>*****Counseling scenario---- Early term baby - “I have the best baby--- she slept 12 hours last night,” jaundiced; lethargic. Words matter---- Starving is not a helpful term</p>	<ul style="list-style-type: none"> ● Summarize breastfeeding challenges of an early term infant. ● Compare the benefits of breastmilk vs formula for the NICU baby. 	30 minutes
<p>Milk Expression</p> <ul style="list-style-type: none"> ● Hand Expression ---Video ● Pumping: <ul style="list-style-type: none"> ○ Getting a breast pump <ul style="list-style-type: none"> ▪ Choosing the type – manual, silicone, electric, wearable - <i>show</i> ▪ KS specific insurance info <ul style="list-style-type: none"> ● KanCare steps with different providers 	<ul style="list-style-type: none"> ● Create sample pumping plans for those stimulating production; for those exclusively pumping and for those who just need an occasional bottle. ● Recall 3 techniques to optimizing milk collection. 	60 minutes

<ul style="list-style-type: none"> • Private insurance steps – varies by company <ul style="list-style-type: none"> ▪ WIC pumps, availability varies by agency ○ The Art of Flange fitting (video & demo of flanges) <ul style="list-style-type: none"> ▪ Sizing to nipple size, not breast size ▪ Signs the flange is too big <ul style="list-style-type: none"> • Red ring on areola after pumping • Lots of areola pulled into flange ▪ Signs the flange is too small <ul style="list-style-type: none"> • Sides of nipples rubbing on flange – color change to white • Soreness, skin breakdown ▪ Flange sizes <ul style="list-style-type: none"> • 24 and 27mm most common • 21, 30 and 36mm also available in Medela • Brands vary in available sizes ○ Operating and cleaning a breast pump – CDC handout ○ When to pump ○ Hands on pumping ○ Using and storing expressed breastmilk – ABM protocol • Pumping Tips for optimizing milk collection (KBC webpage) • Exclusive Pumping <ul style="list-style-type: none"> ○ Reasons why some mothers choose ○ Impact on infant – microbiome, breast milk ○ Impact on mother – pros and cons (supply, time, etc.) • Combination feedings – defining your own success <p>*****COUNSELING SCENARIO – Mother asks you: What pump should I get?</p>		
<p>Maternal Medications, Drugs and Herbs</p> <ul style="list-style-type: none"> • Basic pharmacology of medications and mothers’ milk • Resources for information on meds during breastfeeding <ul style="list-style-type: none"> ○ Online resources ○ Local pharmacy ○ Books for health care providers ○ KBC algorithm 	<ul style="list-style-type: none"> • Illustrate 3 of the 5 factors that affect the transfer of medication into milk. • Identify 3 evidence-based research resources to identify safety considerations for maternal medications, drugs and herbs during lactation. 	60 minutes

<ul style="list-style-type: none"> • Birth Control overview <ul style="list-style-type: none"> ○ Breastfeeding with different types of birth control <ul style="list-style-type: none"> ▪ LARC – IUDs and implant ▪ Pills ▪ Depo – Controversial very early postpartum: lactation community concerns are not supported by research finding; anecdotal evidence only ○ Considerations when milk supply is not abundant • Antidepressants overview <ul style="list-style-type: none"> ○ Postpartum depression and psychosis ○ Types of antidepressants during lactation • Illicit Drugs <ul style="list-style-type: none"> ○ Methadone ○ Marijuana and CBD oil – KBC marijuana and your baby handout from Laurel Wilson and KDHE ○ Other drugs of abuse • Herbal use during breastfeeding <ul style="list-style-type: none"> ○ Unregulated ○ Teas/cookies/galactagogues – not supported by ABM/Hale 		
<p>Weaning: It's More Than Milk</p> <ul style="list-style-type: none"> • Weaning styles (baby-led, parent-led, Include LLL handout on 6 Ds of Weaning) • Helping parents to process grief from earlier-than-planned weaning – when breastfeeding was not successful • Nursing while pregnant • Tandem nursing (give more ideas and thoughts around this) • The Goal: Full-term nursing (past 1 year) 	<ul style="list-style-type: none"> • List and solve three common concerns parents have with tandem nursing. • Restate AAP & WHO breastfeeding length recommendations. 	30 minutes
TOTAL TIME		390 minutes 6.5 hours