

Baby-Friendly -- Sample Scripting to Support Informed Decision-Making

What mom is saying	What can RN say to mom	Teaching opportunities
<p><i>I'm afraid my baby isn't getting enough to eat.</i></p> <p><i>My baby doesn't seem satisfied after breastfeeding.</i></p> <p><i>My baby is fussy and nothing helps.</i></p> <p><i>My baby seems hungry all the time.</i></p> <p><i>I couldn't breastfeed with my last baby either.</i></p>	<p><i>That's great that you want to breastfeed. Did you know that a newborn's stomach only holds about a teaspoon at a time for the first couple of days?</i></p> <p><i>Do you know how to tell if your baby is getting enough milk?</i></p> <p><i>Did you know that giving the baby formula can reduce your milk supply? Your milk supply develops according to your baby's needs – if baby doesn't breastfeed, your milk supply will be less.</i></p> <p><i>Breastfeeding helps your body know to produce milk and helps your milk supply grow to the amount your baby's needs. If you use bottles now, your body will think there is no baby and your milk supply may be impacted.</i></p>	<p>Reassurance, education and assistance with breastfeeding technique</p> <ul style="list-style-type: none"> ▪ Capacity of newborn stomach: <ul style="list-style-type: none"> Day 1: the size of a shooter marble (5-7ml) Day 3: the size of a ping-pong ball (22-27ml) ▪ Negative effects on baby of giving formula: Reduced milk supply, nipple confusion, baby's gut flora negatively affected ⁽³⁾ see Importance of Breastfeeding (page 2, column 2) ▪ Process of milk production: Normally, the amount of milk produced is minimal for the first 1 to 2 days postpartum, but increases dramatically by 2-3 days postpartum as lactogenesis occurs in response to drop in progesterone after delivery ▪ Normal feeding patterns of infant, frequency and duration of feeding: irregular pattern of feeding (cluster feeding) is normal; babies don't eat on schedule. ⁽²⁾ ▪ Assist with proper latch and position: Signs of effective latch: wide angled mouth opening, chin deep into breast, head tilted back, latched behind base of nipple, lips flanged out, gliding jaw movements, rhythmic sucking bursts with swallows. Mother is comfortable! ▪ How to observe baby for adequate intake: <ul style="list-style-type: none"> ▪ Audible and visible swallows, wide areolar grasp ▪ Diaper output: One wet diaper on day 1, increasing to 6+ wet diapers by day 6. At least one tarry stool within the first 24 hours, increasing to 4+ stools by day 6. Stools should be yellow and seedy by day 5. ▪ Back to birth weight by 10-14 days ⁽²⁾ ▪ Assist with breast pumping for each feeding that baby is supplemented with formula to stimulate production and provide expressed breastmilk ▪ Up to 7% weight loss over the first 5 days is normal ⁽²⁾

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<p><i>I can't breastfeed because of the shape and/or size of my nipples.</i></p> <p>(Flat or inverted)</p>	<p><i>Your baby knows no other shape or size! Nipples are like noses and ears – they are all shaped a little differently, but they all work! Let's try some hand expression for a few minutes before you breastfeed– it may make it easier for your baby to latch on.</i></p>	<ul style="list-style-type: none"> ▪ Anatomy of breast with deep latch techniques. See Signs of effective latch (page 1) ▪ Reverse pressure softening, use of LatchAssist or hand expression before breastfeeding ▪ Lactation referral
<p><i>My baby won't wake up to breastfeed.</i></p> <p><i>I'm not good at this.</i></p> <p><i>My baby won't latch on.</i></p>	<p><i>Newborns often sleep a lot in the first few days, on average about 14 to 15 hours per day.</i></p> <p><i>Hand expressing and teaspoon feeding of colostrum will help your baby get what he needs while you keep working on feedings. Offer the breast any time your baby is awake and showing early feeding cues. If after 24 hours your baby is still not latching, we will have you start pumping as well.</i></p> <p><i>Skin-to-skin between feedings or at feeding time may help initiate feeding cues and helps by "keeping baby in the kitchen."</i></p>	<ul style="list-style-type: none"> ▪ How to read feeding cues: increased alertness, physical activity, mouthing, rooting, hands to the mouth, rapid eye movements, fussiness. Crying is a late indicator of hunger. ▪ See Process of milk production (page 1) ▪ When to worry about adequate intake (page 1) ▪ Normal feeding patterns (page 1)
<p><i>I'm really tired and formula is just as good as breastmilk.</i></p>	<p><i>Using the bottle now may lead to problems like engorgement and low milk supply.</i></p> <p>Importance of breastfeeding: <i>Breastfed babies have better immunity, protection & developmental outcomes. Formula-fed babies have increased likelihood of ear & respiratory infections, SIDS, diabetes, overweight, obesity, high cholesterol and asthma as older children or adults. ⁽¹⁾</i></p>	<ul style="list-style-type: none"> ▪ Importance of establishing a milk supply and the factors involved in establishing a milk supply: system of supply and demand → if baby isn't demanding/ breastfeeding, milk supply decreases ▪ Process of milk making production and importance of having the baby nurse. See Process of milk production (page 1) ▪ Alternative positioning techniques for increased comfort. See Alternative positions (page 3) ▪ Supplementation can prevent the establishment of maternal milk supply, have adverse effects on breastfeeding, alter infant bowel flora, sensitize the infant to allergens & interfere with maternal-infant bonding. ⁽³⁾ ▪ Sleep when the baby sleeps

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<p><i>My nipples are sore. Can you give my baby a pacifier?</i></p>	<p><i>If the baby is not latching on correctly it can definitely make your nipples sore – let’s evaluate the latch with the next breastfeeding.</i></p> <p><i>If a baby needs to suck, he probably needs to eat. Your baby is so smart; he knows the more he nurses, the more milk you will make!</i></p>	<ul style="list-style-type: none"> ▪ Appropriate latch and positioning of infant. See Signs of effective latch (page 1) ▪ See Normal feeding patterns (page 1) and Feeding cues (page 2) ▪ Teach correct detachment from breast post feed or to reposition ▪ Care of nipples: Hale’s cream if tissue is damaged, hand expressed colostrum otherwise ▪ If mother insists on use of pacifier, honor her wishes and document the education you provided.
<p><i>I’m having a lot of pain from my C/Section.</i></p>	<p><i>Let’s make sure you get adequate pain relief from what your doctor ordered, and then we can try a different breastfeeding position that might be more comfortable for you.</i></p>	<ul style="list-style-type: none"> ▪ Offer appropriate medications and explain safety of them. ▪ Alternative positions: football, cross-cradle, side-lying, laid-back ▪ Offer pillow for abdominal support.
<p><i>Can you just take my baby to the nursery so I can sleep?</i></p>	<p><i>I want you to get the rest you need.</i></p> <p><i>We can take your baby to the Newborn Observation area, but by keeping your baby with you, you’ll be able to respond to his feeding cues much more quickly. Breastfeeding tends to be easier when we breastfeed as soon as a baby is showing signs of hunger.</i></p> <p><i>Would you like me to ask your visitors to leave when it’s time to feed the baby or when you need some rest? That way you don’t have to ask them.</i></p> <p><i>Keeping your baby in your room will give you lots of opportunities to get to know each other.</i></p>	<ul style="list-style-type: none"> ▪ Studies have shown that mothers actually get more sleep when rooming-in. (5 & 6) ▪ Health care providers should help facilitate the relationship between mother and newborn. ▪ Rooming-in is best practice regardless of method of feeding. ▪ See Normal feeding patterns (page 1) and Feeding cues (page 2) ▪ If mother insists on use of Newborn Observation room, honor her wishes and document the education you provided. Offer to bring baby back with earliest feeding cues.

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<p><i>I plan to pump and bottle-feed my baby.</i></p>	<p><i>I'm here to support you in whatever method of feeding you decide is best. Many times mothers choose to pump their milk and bottle-feed it to their babies, but sometimes pumping enough milk for your baby in the first few days can be a challenge. Are you wanting to provide ONLY breastmilk for your baby?</i></p>	<p>If mother answers “yes” she would like to exclusively feed breastmilk:</p> <ul style="list-style-type: none"> ▪ Provide her a pump and pump kit ▪ Provide information on hand expression and hands-on pumping technique (Skylight video “Making Enough Milk” & blue lactation handout) ▪ Discuss importance of skin-to-skin contact ▪ Mother’s commitment to frequent and effective removal of colostrum from very early postpartum will be key to ensuring she has all the milk her baby will need. <p>If mother answers “no”, let her know that formula will only need to be used if colostrum volumes are too low. Reassure that her choices for feeding will always be honored.</p> <p>If formula is provided, discuss appropriate volumes, milk storage guidelines (in Birth, Babies and Beyond book), and paced bottle feeding.</p> <p>See Capacity of newborn stomach (page 1)</p>
<p><i>I've decided I don't want to do this breastfeeding thing after all.</i></p>	<p><i>I'm here to support you in whatever method of feeding you decide is best for you and your little one. Some mothers choose to pump their milk and bottle-feed it to their babies. Is that something you'd like to talk more about?</i></p> <p><i>Babies will not remember how they are fed; only that they are loved and cared for. And I can tell you're going to be a wonderful mother to your baby no matter what you decide.</i></p>	<p>If mother decides she does not want to breastfeed or pump her breasts, discuss comfort measures for the engorgement period that are appropriate for mothers choosing not to breastfeed: cold compresses, NSAIDs, a supportive bra.</p> <p>Paced bottle feeding and appropriate volumes should be taught throughout the stay. Safe formula preparation education should be provided on day of discharge. (Formula prep handout available on both postpartum units in English and Spanish)</p>

¹ AAP Policy Statement: 2012 ² ABM Protocol #2: 2014 ³ ABM Protocol #3: 2017 ⁴ ABM Protocol #5: 2010 (Academy of Breastfeeding Medicine: www.bfmed.org)

⁵ Blyton, et. al., Lactation is associated with an increase in slow-wave sleep in women. J of Sleep Research, 11(4). ⁶ Doan, et. al., Breastfeeding increases sleep duration of new parents. J Perinat Neonatal Nurs, 21(3).