



# Five Steps to Improve Bedside Breastfeeding Care

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ospital management of early breastfeeding directly affects the duration and exclusivity of breastfeeding. Improved rates of duration and exclusivity are the hallmark of hospitals that implement the evidence-based *Ten Steps to Successful Breastfeeding* advocated by Baby-Friendly USA (Baby-Friendly USA, n.d.; DiGirolamo, Grummer-Strawn, & Fein, 2008). Feeding only breast milk while in the hospital ranks high among the Baby-Friendly practices associated with exclusive breastfeeding postdischarge (Murray, Ricketts, & Dellaport, 2007; Perrine, Scanlon, Li, Odom, & Grummer-Strawn, 2012).

In recent years, tension has arisen on general maternity units between exclusive breastfeeding and/or breast milk feeding (a mandatory performance measure of the Joint Commission) in the face of the needs of the expanding population of newborns with increased caloric demands, such as late preterm infants, infants of mothers with diabetes, and small-for-gestational-age (SGA) and large-for-gestational-age (LGA) infants. Successful approaches that support breastfeeding term infants who are cared for in the same setting may place vulnerable newborns at risk for suboptimal intake. The escalating use of breastfeeding paraphernalia and double electric pumps (now insurance-covered under the Affordable Care Act) further challenges the concept that breastfeeding is a natural means of providing nourishment to infants. Given that the most common reasons for readmission in the first 2 weeks after discharge involve breastfeeding complications, and because breastfeeding is a major risk factor for readmission among healthy late preterm infants (Reddy, Ko, Raju, & Willinger, 2009), nurses, lactation consultants and physicians must look critically at our approach to lactation support.

We propose a way to reframe lactation support. Although invalidated as yet, reasonable thought suggests that this model could simplify basic staff training while addressing the need for consistently available, evidence-based proactive care.

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**Abstract:** Best postpartum breastfeeding practices must address the caloric needs of all infants, including vulnerable infants, while enabling long-term, exclusive breastfeeding. An adequate subsequent milk supply depends on early, frequent and effective colostrum removal. A combination of hand expression of colostrum, spoon-feeding and unrestricted breastfeeding provide more milk for infants and more stimulation for subsequent breast milk production. A sustainable, preventive practice model for low- and high-risk infants depends on elevating staff expertise and shifting the focus of lactation educators to address staff learning needs. We propose a five-step implementation program to achieve this. DOI: 10.1111/1751-486X.12076

**Keywords:** breastfeeding | breast milk | colostrum | hand expression | milk expression | spoon-feeding

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