

Establishing Successful Breastfeeding in the Newborn Period

Alison V. Holmes, MD, MPH, FABM

KEYWORDS

- Breastfeeding • Baby-friendly hospital initiative • Newborn nursery policy/protocol
- Breastfeeding initiation • Skin-to-skin

KEY POINTS

- Patient education and preparation for successful breastfeeding should occur before and during pregnancy.
- The immediate period after delivery is crucial for breastfeeding success. Time skin-to-skin and early, unrestricted breastfeeding should be strongly promoted.
- The Baby-Friendly Hospital Initiative's "Ten Steps" are evidence-based measures that birth facilities can employ to improve breastfeeding initiation, duration, and exclusivity.
- Breastfeeding can be supported and continued through common medical problems in the newborn period such as hypoglycemia and hyperbilirubinemia, and in the late preterm infant.

The health benefits of breastfeeding are so significant that stronger support of breastfeeding has become a public health priority. Target breastfeeding rates are enshrined in national and international health policies.^{1–3} In the clinical realm, however, the start of the breastfeeding relationship in the first few days after birth can have a variety of individualized barriers that can be difficult to overcome. Some early barriers to breastfeeding are owing to unavoidable medical complications of the mother or infant, but other common challenges may be ameliorated by changes in hospital policies or via better training of medical, nursing, and other health care staff members in the medical management of breastfeeding.^{4,5}

This review focuses on summarizing the best available evidence concerning the establishment of successful breastfeeding in the neonatal period. We begin by summarizing interventions from the prenatal period that positively affect immediate breastfeeding outcomes postnatally. Prenatal preparation also implies preparation for any anticipated medical complications; many of these can be met successfully with good planning. Second, we review the literature regarding immediate post-delivery

Division of Pediatric Hospital Medicine, The Geisel School of Medicine at Dartmouth, One Rope Ferry Road, Hanover, NH 03755, USA

E-mail address: Alison.v.holmes@hitchcock.org

Pediatr Clin N Am 60 (2013) 147–168

<http://dx.doi.org/10.1016/j.pcl.2012.09.013>

pediatric.theclinics.com

0031-3955/13/\$ – see front matter © 2013 Elsevier Inc. All rights reserved.

care of the mother–infant dyad, including the importance of time spent skin-to-skin, the delay of nonurgent procedures for the infant, and achieving an early and successful first breastfeed. Third, we analyze the most recent evidence regarding the World Health Organization's (WHO) Baby Friendly Hospital Initiative (BFHI) and its Ten Steps.⁶ To conclude, we explore how to troubleshoot common newborn nursery issues such as hyperbilirubinemia, hypoglycemia, and the late preterm infant, while still optimizing the breastfeeding relationship.

PRENATAL PREPARATION FOR BREASTFEEDING

The Decision to Breastfeed

Women make the decision to breastfeed before becoming pregnant, or early in the first trimester—often before their first prenatal visit.^{7,8} The influence of the primary care clinician on the decision to breastfeed is strong.^{9–11} In a 2001 study of 1229 women, Lu and colleagues¹⁰ found that prenatal encouragement to breastfeed was most influential for women from population groups that were least likely to breastfeed. Prenatal encouragement from a physician was associated with a more than 3-fold increase in breastfeeding initiation among low-income, young, and less educated women; with a 5-fold increase among black women, and by a nearly 11-fold increase among single women. Guise and colleagues¹¹ conducted a meta-analysis of 30 randomized, controlled trials and 5 systematic reviews, and found that prenatal education was among the most important potential interventions for increasing breastfeeding initiation and duration.

As discussed in greater detail later in this review, implementation of the BFHI Ten Steps can lead to much higher breastfeeding rates.^{12,13} Step 3 of the BFHI states that all pregnant women should be informed of the benefits of breastfeeding.⁶ A Cochrane review concluded that the most effective type of prenatal education is a repeated, needs-based, clinician and patient dyadic informal education that occurs as a part of routine care.¹⁴ In a 2008 systematic review, Chung and colleagues¹⁵ studied the outcomes of structured breastfeeding education, and concluded that for every 3 to 5 women who attend a prenatal education program, 1 more woman will initiate and continue breastfeeding for up to 3 months. A smaller, but very recent, study indicates that training women prenatally about normal infant feeding cues can increase breastfeeding duration.¹⁶

Many municipalities and some regions and nations have undertaken awareness and advertising campaigns such that women of childbearing age (and those who support them) are informed of the extensive health benefits of breastfeeding. **Fig. 1** shows some examples of print advertising from around the globe. The effectiveness of such campaigns has been mixed.^{7,17,18} The extensive United States breastfeeding awareness campaign of 2005–2006 did seem to improve public sentiment about breastfeeding, but a causal link with improved breastfeeding rates cannot be determined from a mass intervention of this kind.¹⁹

The Prenatal Visit, Community Supports

Many pediatricians offer prenatal visits to prospective parents.²⁰ In addition to reviewing the workings of the office practice, this visit presents a great opportunity to provide anticipatory guidance about a choice that likely affects overall maternal and child health more than any of the other decisions that have to be made for the newborn around the time of delivery. Although pediatricians do not provide prenatal care, their influence may be able to work in a similar manner to the primary care counseling described if they encounter soon-to-be mothers during pregnancy.^{10,11,14,15}

Download English Version:

<https://daneshyari.com/en/article/4174074>

Download Persian Version:

<https://daneshyari.com/article/4174074>

[Daneshyari.com](https://daneshyari.com)