

Helping Mothers Reach Personal Breastfeeding Goals



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KEYWORDS

• Human milk • Anticipatory guidance • Anatomy • Physiology

KEY POINTS

- In order for families to make an informed infant feeding decision it is essential that they are fully educated on the science of human milk and breastfeeding.
- Starting breastfeeding requires time and commitment, and it is not always easy or natural.
- Mothers should seek help immediately if they run into breastfeeding challenges.
- Peer and professional support are essential for a mother to reach her personal breastfeeding goals.

INTRODUCTION

Professional organizations worldwide recommend exclusive human milk/breastfeeding for the first 6 months of life, and continued breastfeeding with appropriate complementary foods for 1 year or more.^{1–3} Despite the growing interest in breastfeeding and although more than 80% of women in the United States initiate breastfeeding, exclusivity and breastfeeding continuation rates remain suboptimal.⁴ A mere 22% of infants are exclusively breastfed for the first 6 months and only 31% of infants are breastfed for one full year.⁴

There are also racial/ethnic and economic disparities. Breastfeeding initiation rates in white women are 84.3% compared with only 66.3% of black women. Women in the lowest poverty ratio have breastfeeding initiation rates of only 66.3%, whereas women in the highest poverty ratio have initiation rates of 91.7%. Additionally, enrollment in the Women Infant and Children (WIC) program seems to have a negative influence on breastfeeding, with women who are not WIC eligible having breastfeeding initiation rates of 91.1%. Women who are not in WIC but eligible have initiation rates of 82% and women enrolled in the WIC program have the lowest rates of initiation at only 74.1%.⁴

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The WIC program spends 25 times more money on the purchase of infant formula as compared with the provision of breastfeeding support.⁵ Clearly there is much work to be done to improve mothers' ability to reach personal breastfeeding goals.

The Centers for Disease Control and Prevention have identified nine key strategic areas with sufficient research evidence as topics to focus on to improve the landscape of breastfeeding in the United States⁶

- Improving maternity care practices to support breastfeeding mothers
- Increasing health care providers education and knowledge
- Ensuring mothers have access to professional lactation assistance
- Peer-to-peer support for breastfeeding mothers
- Workplace support for breastfeeding mothers
- Support for breastfeeding in early care and education
- Access to breastfeeding education and information
- Social marketing
- Addressing the marketing of infant formula

This article focuses on the importance of prenatal messaging and goal setting to ensure that mothers are able to optimize their milk supply during the critical window of opportunity in the first 2 weeks after delivery. This focus was chosen because national research data from the Infant Feeding Practices data set found that the largest categories of why women stopped breastfeeding were for reasons related to milk supply, or concerns that the infant was not getting enough nutrition or gaining enough weight.⁷

At the Children's Hospital of Philadelphia, where the author practices, all mothers receive a personalized one-to-one prenatal lactation consultation during the second or third trimester. This is focused on the science of human milk, the physiology of lactation, and the importance of prenatal goal setting. Our clinical practice and research demonstrate that this approach is effective at achieving not only high breastfeeding initiation rates (99%) but also high exclusive human milk rates (54% at 3 months; 35% at 6 months) and longer breastfeeding duration (median, 8 months) despite some mothers having infants who were critically ill at birth and spent time in a neonatal intensive care unit.⁸

THE SCIENCE OF HUMAN MILK

For families to make an informed infant feeding decision it is essential that they are fully educated on the science of human milk and breastfeeding. It is not enough for families to know that breastfeeding is good, they must understand the dose-dependent nature of human milk and breastfeeding on health outcomes. **Table 1** depicts critical teaching areas related to the health benefits of human milk for all infants (including those who may start their life requiring intensive care).

In addition to reduced mortality and morbidities infants who are fed human milk have enhanced brain development and improved developmental outcomes. This has been demonstrated in term and preterm infants. Preterm infants who were human milk fed during the neonatal intensive care unit stay had increased white matter, brain size, and higher IQ.¹³

In infants born at less than 30 weeks of gestation when infants were fed more than 50% of enteral feeds from human milk, they had greater deep nuclear gray matter volume at the term equivalent age, better performance on IQ at age 7, greater academic achievement, better working memory, and better motor function.¹⁴

Similar findings have been noted in healthy-term breastfed infants. Deoni and colleagues¹⁵ found that infants who were breastfed had significantly more white matter

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