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Module Four

Preparing to Breastfeed during
Pregnancy and the
Early Days

best start
meilleur départ

by/par health **nexus** santé

- Prenatal planning for breastfeeding
- Birth breastfeeding
- Practices that support early breastfeeding initiation
- Feeding frequency
- Common challenges in the early days
- Preterm babies and breastfeeding

Planning for breastfeeding while pregnant
is the best start for breastfeeding



Artwork used with permission by Heidi Scarfone

Activity: Best and Worst Advice

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Talking to women prenatally

Helpful questions:

- What do you know about breastfeeding?
- Is there anything I could do to help you prepare to breastfeed?
- Do you have questions or concerns about breastfeeding?
- Are there any things you have heard from other people about breastfeeding that you are wondering about?

Expectant mothers may say:

- “I’ve heard it is the best for the baby, but that formula is really just as good.”
- “I heard that it can really hurt.”
- “I feel really uncomfortable when I see other women breastfeeding in public. I don’t want to have to do that.”
- “I want to breastfeed, but I smoke so I think my milk won’t be good for the baby.”
- “Nobody in my family has breastfed, but I’d like to try.”

It's important to validate mothers' feelings

You could say:

- “I felt that way too before I had my baby.” (If you did.)
- “Lots of moms that I talk to worry about that.”
- “I can see why you would be concerned about that.”
- “It's hard to be the first in your family to do something, isn't it?”



Offer to share information

For example – responding to “I’ve heard breastfeeding really hurts.”

- “I was worried about that too before I had my baby.”
- “I’ve learned that painful breastfeeding is usually the sign of a problem that can be fixed. When the baby is feeding well, breastfeeding doesn’t hurt.”
- “I’d be happy to share some of the information I have on getting a good latch and other tips to prevent sore nipples. Would that be helpful to you?”

Suggest resources

- “Many women find it helps to prepare before their babies are born. It’s easier to learn when you are not dealing with a crying baby and postpartum hormones! You might want to:
 - Watch some videos on YouTube – I can suggest some good ones.”
 - Read a book like *The Womanly Art of Breastfeeding*.”
 - Attend a meeting (depending on what is available locally).”
 - Talk to a public health nurse or an International Board Certified Lactation Consultant if you have medical concerns.”
- “I’d be happy to meet with you to talk about getting off to a good start with breastfeeding.”

Activity: Role Play

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Birth and Breastfeeding

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A birth with minimal interventions and uninterrupted skin-to-skin contact for at least one hour or until the completion of the first breastfeed are a good recipe for breastfeeding success



- A long labour, a difficult birth, and birth interventions can make it more difficult for a baby to start breastfeeding
- Peer support volunteers can support mothers prenatally to consider strategies that may help them during labour and birth
- Encourage mothers to:
 - Inform themselves of their options
 - Discuss their options with their health care provider
 - Work with their birthing team including their partner, another support person, doula, midwife, obstetrician, or nurse
 - Stay active in labour
 - Stay hydrated
 - Understand when it is appropriate to transition from labouring at home to labouring at the hospital or birthing centre

Interventions may have consequences

The following slides will discuss common interventions used during labour and birth

- One of the most common interventions is the use of epidurals to relieve pain in labour
- Peer support volunteers can help women explore option how to cope with labour pain without the use of epidurals.
- Some of the negative consequences of epidurals may include:
 - Adverse effects from IV fluids as described in the next slide
 - Some epidural medications may affect a baby's alertness and ability to latch and suck
 - Feeling numb due to the epidural medication may slow the pushing stage of labour and may increase the likelihood of an instrument-assisted birth (e.g., forceps, vacuum)
 - A longer pushing stage may increase the risk of the mother or baby developing a fever after birth; this may result in her baby being separated from her baby and may make it harder to establish breastfeeding

- IV fluids can keep the mother hydrated and keep her blood pressure from falling if an epidural is needed
- Some of the negative consequences of IV fluids may include:
 - IV fluids may interfere with a mother walking around and assuming comfortable labouring positions; this can lead to a longer labour and a greater likelihood of other interventions
 - Excessive IV fluids may result in a mother developing edema (swelling) of her breasts and areola; this can make it difficult for her baby to latch
 - Some IV fluids may increase maternal and infant blood sugar; this can cause increasing insulin secretion in the baby and risk of hypoglycemia after birth
 - Large doses of IV fluids given just before the birth of the baby may increase the baby's birth weight; this can make it seem as though the baby has lost a lot of weight in the first 24 hours when it was only extra fluid

- Induced labour or augmented labour is used when there is a danger to the baby or mother by prolonging the pregnancy, e.g., the mother has pre-eclampsia or the baby is in distress
- Some of the negative consequences of induced or augmented labour may include:
 - May create an increased risk of caesarean birth
 - Artificial oxytocin (used to induce labour) increases fluid retention; this may result in a mother developing edema (swelling) of her breasts and areola and make it difficult for her baby to latch
 - Artificial oxytocin may interfere with the natural hormone production needed for labour, birth, and breastfeeding

- Episiotomies are a cut into the perineum to enlarge the opening for the baby to emerge.
- There is no evidence of the effectiveness of an episiotomy; may create an increased risk of serious tears; episiotomies are therefore no longer routinely used.
- Some of the negative consequences of an episiotomy may include:
 - Increased pain when sitting; this can make it difficult for a mother to find a comfortable position for breastfeeding
 - Increased risk of infection; if an infection develops a mother may be given antibiotics that can lead to the development of thrush (Candida overgrowth) and painful nipples

- Caesarean birth are used when the baby is unable to be born vaginally or when the baby needs to be born quickly.
- Caesarean birth requires an epidural, spinal, or general anesthetic
- Some of the negative consequences of a Caesarean birth may include:
 - Requires IV fluids; this can lead to problems as described earlier
 - The anesthetic used may affect the baby's alertness or suck
 - Can cause increased health problems for the baby such as breathing problems; this can result in separation from the mother
 - A mother is often given antibiotics during surgery; this can lead to the development of thrush
 - May result in postpartum pain and can make it difficult for a mother to find a comfortable position for breastfeeding

What helps?

Prenatal education and labour support

- Prenatal education prepares mothers and couples for labour
- If a mother has support in labour:
 - Labour may be shorter
 - The mother may need less or no pain medication
 - The mother may not need an episiotomy or caesarean birth



What helps?

Skin-to-skin!

Babies who are placed skin-to-skin with the mother for an hour or more after birth:

- Are more likely to latch onto the breast
- Are more likely to latch well
- Are likely to cry less
- Are likely to have higher blood sugars
- Are likely to have higher skin temperatures
- Are likely to breastfeed longer
- Are more likely to breastfeed exclusively

Practices that support early breastfeeding success

- Prenatal breastfeeding education
- Labour support
- Skin-to-skin or kangaroo care
- Baby-led latching
- Hand expression and feeding colostrum to a baby who is sleepy or not interested in feeding
- Frequent and cue-based feeding

Practices that Support Early Breastfeeding Initiation

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Practices that Support Early Breastfeeding Initiation

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Skin-to-Skin



Skin-to-Skin

Holding a baby skin-to-skin has many benefits:

- Reduces heat loss and promotes temperature regulation
- Regulates blood glucose levels
- Promotes mother-infant attachment behaviours
- Increases breastfeeding success
- Decreases crying
- Decreases pain during invasive procedures, i.e., heel-prick blood sampling
- Reduces risk of infection as infant is colonized with mother's bacteria

Skin-to-Skin

Video: Breastfeeding in the First Hours after Birth
(Global Health Media)

Baby-Led Latching



Baby-Led Latching

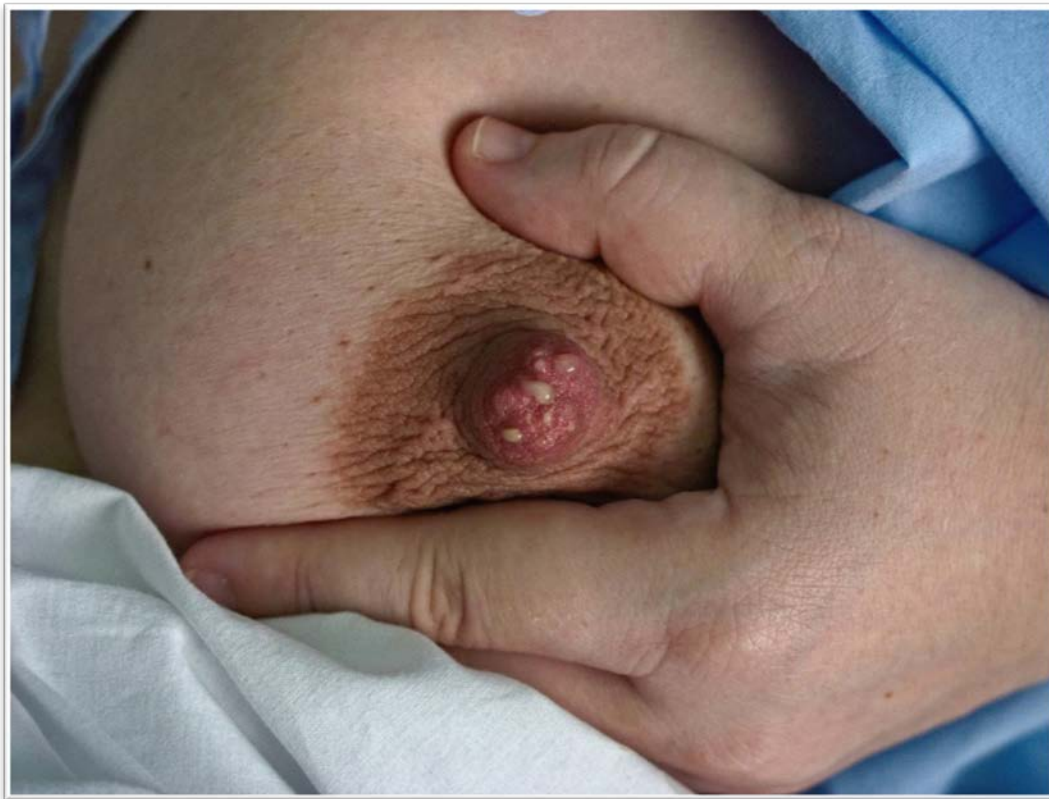
Video: Breastfeeding in the First Hours after Birth
(Global Health Media)

Activity: Baby-Led Latching

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Hand Expression



Hand Expression

Reasons for hand expression:

- A few drops of milk can get a reluctant baby interested in latching
- Provides relief if breasts become too full (engorged)
- Provides milk for baby if the mother will be separated from baby or if baby is unable to latch
- Provides more breast drainage to produce more milk

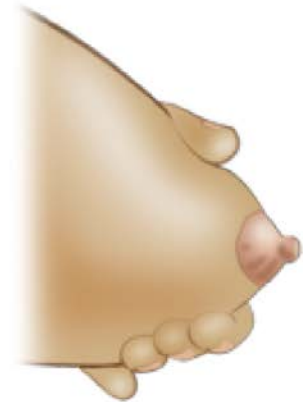
Hand Expression



press (back toward your chest)



compress



relax

Hand Expression

Video: How to Express Breastmilk
(Global Health Media)



8 or more in 24!

This is an excellent guideline for frequency of feeding in the first weeks and month for your baby



At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.

Baby's tummy size

Babies need to feed frequently because of their small tummy size.



Size of a cherry



Size of a walnut



Size of an apricot



Size of an egg

Common Challenges in the Early Days

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Activity: Common Challenges in the Early Days

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Activity: Strategies for Breastfeeding Challenges

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Kangaroo care

Video: Sunnybrook Health Science Centre: Kangaroo Care

Kangaroo care

Video: Nationwide Children's Hospital: Kangaroo Care