

Management of Common Breastfeeding Situations

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Outline

- Breastfeeding initiation
- Recommended breastfeeding practices
- Weight pattern
- Hypoglycemia
- Jaundice



Recommended Breastfeeding Practices

- Initiate in the first hour.
- Keep newborn and mother together in recovery and after.
- Avoid unnecessary oral suctioning.
- Avoid traumatic procedures.



Breastfeeding Initiation

- Skin-to-skin contact
 - Promotes physiologic stability
 - Provides warmth
 - Enhances feeding opportunities
 - Infant can crawl to the breast and self-attach
- Delay weights and measurements, vitamin K and eye prophylaxis until after first feeding
- Knowledgeable breastfeeding advocate in labor & delivery



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Recommended Breastfeeding Practices

- Encourage at least 8–12 feedings per day.
- Avoid the routine use of supplements unless there is a true medical indication.



Medical Indications for Supplementation

- Very low birth weight or some premature infants
- Hypoglycemia that does not respond to breastfeeding
- Severe maternal illness
- Inborn errors of metabolism
- Acute dehydration not responsive to routine breastfeeding or excessive weight loss
- Maternal medication use incompatible with breastfeeding

Academy of Breastfeeding Medicine Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate. (www.bfmed.org)



Infant Weight

- Weight Loss
 - Expected loss of about 8% over the first 3–4 days
 - Loss greater than 10% mandates careful evaluation of breastfeeding
- Weight Gain
 - Begins with increase in mother's milk production by at least day 4–5
 - Expect gain of 20–30 g/day through the first 2–3 months of life



Poor Weight Gain

- **Problem**
 - Inadequate milk supply or milk transfer
- **Solution**
 - Weigh infant, feed infant, weigh again
 - Evaluate infant at the breast
 - Improve latch
 - Improve milk production and transfer
 - Increase frequency and duration of feeding
- When simple corrective actions are not effective, referral should be made to a breastfeeding specialist



Infant Elimination Pattern

- Expect
 - 4-6 pale or colorless voids/day by day 4
 - 3-4 loose, yellow, curd-like stools after most feedings by day 4, continuing through the first month
- Constipation is unusual in the first month—may indicate insufficient milk intake.



EVALUATE

- Infrequent stools become more common after the first month in the healthy breastfed infant.



Assessment of a Feeding

- Latch and lip closure
- Sufficient areola in infant's mouth
- Tongue extends over lower gums
- Adequate jaw excursion with suckling
- Effective swallowing motion
- Coordination of suck-swallow-breathe



Breastfeeding Evaluation

- Formal evaluation of breastfeeding during the first 24–48 hours daily and again at 3–5 days of age
- Assess
 - Infant weight
 - General health
 - Breastfeeding
 - Jaundice
 - Hydration
 - Elimination pattern



Maternal Trouble Signs

- Nipple pain
- Nipple trauma



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Neonatal Hypoglycemia

- No need to monitor asymptomatic low risk infants for hypoglycemia
- Routine monitoring of healthy term infants may harm the mother-infant breastfeeding relationship
- Early, exclusive breastfeeding meets the nutritional needs of healthy term infants and will maintain adequate glucose levels

AAP; World Health Organization
Academy of Breastfeeding Medicine



Neonatal Hypoglycemia

- Routine supplementation of healthy, term infants with water, glucose water or formula is unnecessary and may interfere with establishing normal breastfeeding and normal metabolic compensatory mechanisms.
- Healthy term infants should initiate breastfeeding within 30-60 minutes of life and continue feeding on demand.

AAP; World Health Organization;
Academy of Breastfeeding Medicine



Maternal Trouble Signs

- Engorgement



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Jaundice and Breastfeeding

- Infants <40 weeks gestational age have increased risk
- Systematic assessment of all infants before discharge for the risk of severe hyperbilirubinemia is warranted
- Provide parents with written and verbal information about newborn jaundice
- Provide appropriate follow-up based on the time of discharge and the risk assessment



Risk Factors for Significant Hyperbilirubinemia

- **Lower gestational age**
- **Onset of jaundice within the first 24 hours after birth**
- **Predischarge transcutaneous or total serum bilirubin close to the phototherapy threshold**
- **Hemolysis**
- **Phototherapy before discharge**
- **Sibling or parent who required exchange transfusion**
- **Family history of redblood cell disorders, such as, G-6-PD**
- **Hematoma or significant bruising**
- **Down syndrome**
- **Macrosomic infant of a diabetic mother**

AAP Subcommittee on Hyperbilirubinemia Clinical Practice Guideline: Pediatrics (2022) e2022058859.

<https://doi.org/10.1542/peds.2022-058859>

Breastfeeding Curriculum



Primary Prevention of Jaundice

- **Recommendation**

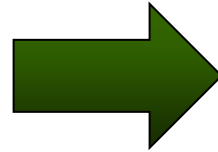
- Clinicians should advise mothers to nurse their infants at least 8 times per day for the first several days to prevent suboptimal intake hyperbilirubinemia.

- **Recommendation**

- The AAP advises that oral supplementation with water or dextrose water should not be provided in an attempt to prevent hyperbilirubinemia or decrease bilirubin concentrations.

Management of Suboptimal Breastfeeding Jaundice

Increase caloric intake
Increase breastfeeding frequency to 10–12 feedings/day
Increase duration of breastfeeding
Improve latch
Provide supplements only when medically indicated



Enhances milk production and transfer
Decreased enterohepatic reabsorption
Increased stool output
Lower serum bilirubin



Breast Milk Jaundice

- **Definition**

- Begins after day of life 5–7
- Increased bilirubin reabsorption from intestine
- Unconjugated hyperbilirubinemia
- Lasts several weeks to months



Breast Milk Jaundice

- **Management**

- Avoid interruption of breastfeeding in healthy term babies.
- No routine indication for water or formula supplementation.
- Rule out other causes of prolonged jaundice.
- Consider phototherapy according to guidelines.



Infant Nutrition

- Supplement with 400 IU vitamin D daily by hospital discharge.
- Avoid formula, water, juice, or solids in the first 6 months.
- Initiate iron supplements only if indicated clinically in the first 6 months.
- Include iron-rich foods or supplements after 6 months of age.
- Provide fluoride after 6 months if household water supply is deficient (< 0.3 ppm).
- Avoid cow's milk before 12 months.



Summary

- Breastfeeding is the preferred feeding for almost all infants.
- Skin-to-skin contact should be initiated immediately after delivery.
- Supplementation is rarely indicated and interferes with successful lactation.
- Good breastfeeding technique can help to minimize problems.
- Close follow-up in the early days and weeks is essential for breastfeeding success.

