

Supporting Breastfeeding During Special Circumstances

*Cleft palate, Hypotonia, & Hypoglycemia
Breastfeeding Curriculum Advanced Topic,
updated 2021*

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Supporting Breastfeeding

- When supporting a breast or chestfeeding parent and infant in their lactation journey, you may encounter special circumstances that make breast or chestfeeding difficult
- It is important to use your local lactation resources to support families. There may also be times when you need to think “outside of the box” to provide human milk to these infants.
- It is key to remember that while we aim to support a parent’s desire to breast or chestfeed, we also recognize the need to support an infant’s nutritional status, and that the family’s lactation goals may change over time.
- The following is a series of cases meant to illustrate some special circumstances in supporting lactation.



Supporting Breastfeeding: Case 1 Cleft Lip

You are called to consult with a pregnant woman whose prenatal ultrasound results are suggestive of cleft lip. She strongly desires to breastfeed.

- How would you counsel her?
- How will you evaluate this child's latch and swallow after birth?



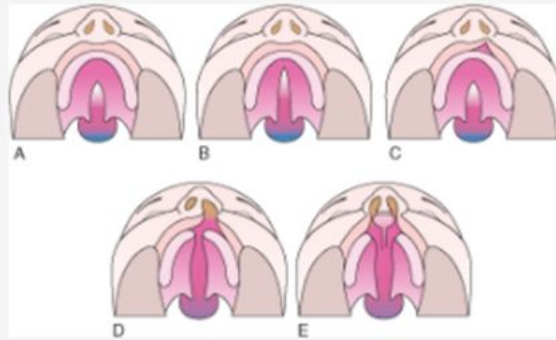
Supporting Breastfeeding: Case 1 Cleft Lip continued

When the baby is born, he is confirmed to have a unilateral cleft lip with involvement of the alveolar ridge. Initial assessment shows a weak suck; cleft palate is noted on palpation.

- What special considerations will need to be taken when feeding this child?
- What are the tools/aids and techniques that can be used to help feed this child breast milk?



Supporting Breastfeeding: Case 1 Cleft Lip continued



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Figure 229-2

Anatomic classification of cleft lip and palate. A, Incomplete cleft secondary palate. B, Complete cleft secondary palate. C, Left incomplete cleft primary palate and incomplete cleft secondary palate. D, Left complete cleft primary palate and complete cleft secondary palate. E, Bilateral complete cleft primary palate and complete cleft secondary palate.



Supporting Breastfeeding: Case 1 Cleft Lip continued

To support this family consider

- Showing this family cleft feeding bottles
- Some infants with particular difficulty feeding by mouth, especially those with airway defects, may require NG tube feeding and additional weight checks. (**may use breast milk with all specialty bottles**)
- Set up a consultation with a craniofacial team experienced in treating children with clefts, as well as an infant feeding specialist (PT, OT, SLP) as applicable. Also, consider having a lactation consultant, particularly experienced in breastfeeding with clefts, work with this family.

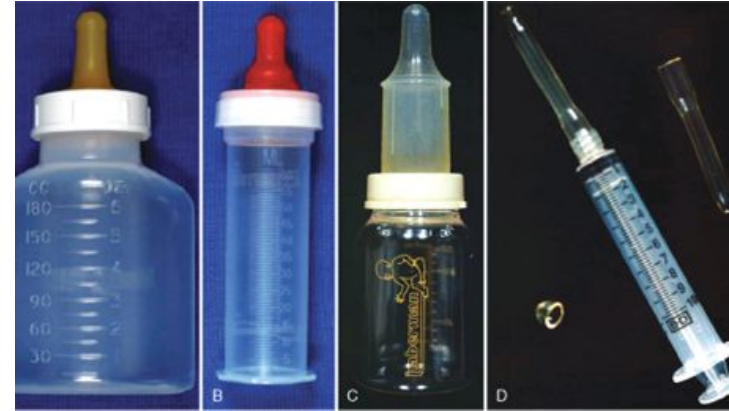


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<https://pediatriccare.solutions.aap.org/chapter.aspx?sectionid=135078268&bookid=1626>



Supporting Breastfeeding: Case 2 hypotonia

You are seeing a new mother and her baby girl in the newborn nursery. The infant was born at 38+0 to a healthy 37 yo G1P1 mother via uncomplicated spontaneous vaginal delivery. Pregnancy was uncomplicated, though mother declined genetic screening. Birth weight was 2.9 kg, 22.7%ile on the WHO girls growth chart; length was 48 cm, or 26.8%ile on the WHO girls chart; and head circumference was 33 cm, or 23%ile on the WHO girls chart. Before you enter the room, the nurse confides that she does not think breastfeeding is going very well, despite the best maternal efforts. When you see the baby, you note that she has epicanthal folds, macroglossia, hypotonia, bilateral single palmar creases, and bilateral hallux varus. The infant has a II/VI midsystolic murmur and fixed splitting of S2. You suspect Trisomy 21.



Supporting Breastfeeding: Case 2 hypotonia continued

Why might a baby with Trisomy 21 have difficulty breastfeeding?



Supporting Breastfeeding: Case 2 hypotonia continued

Assessing hypotonia

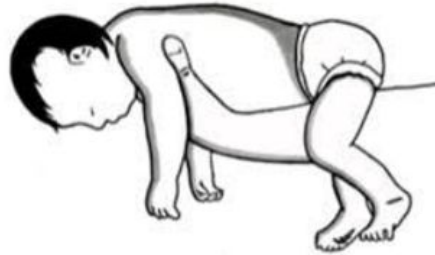


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Illustrator Jason Branson

Supporting Breastfeeding: Case 2 hypotonia



Addressing feeding challenges of hypotonia

- Side lying position
- Chin support
- May need to give expressed breast milk in a bottle to guarantee the baby is receiving enough milk
- Alternatively, may weigh the infant pre- and post-feeding to assess for adequate milk transfer

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Claudia Grosz (2021)



Supporting Breastfeeding: Case 3 hypoglycemia

You are asked to assess a 6 hour old term infant born to a primigravida mother with insulin-dependent gestational diabetes. The mother desires to exclusively breastfeed. The infant is large for gestational age and noted to be jittery. A point-of-care glucose test is performed, which shows the infant's glucose level to be 41.



Supporting Breastfeeding: Case 3 hypoglycemia

What can you do to correct the baby's blood glucose while also supporting the mother's desire to breastfeed?



Supporting Breastfeeding: Case 3 hypoglycemia continued



PES



GLUCOSE OPERATIONAL THRESHOLDS				
	0-4 Hours	4-24 Hours	24-48 Hours	>48 Hours
AAP, 2011/2015 ²	* < 25-40 mg/dL (1.39-2.22 mmol/L)	* < 35-45 mg/dL (1.94-2.5 mmol/L)	< 45mg/dL (2.5 mmol/L)	< 60 mg/dL (3.3 mmol/L)
PES, 2015 ^{5,7}	< 50mg/dL (2.8 mmol/L)			< 60mg/dL (3.3 mmol/L)
BAPM, 2017 ⁷⁹	< 18 mg/dL (1.0 mmol/L) at any time < 45 mg/dL (2.5 mmol/L) with abnormal clinical signs < 36 mg/dL (2.0 mmol/L) X 2 with risk factor(s) but no clinical signs			
CPS, 2019 ⁴⁷	Unwell or abnormal clinical signs at any time < 47 mg/dL (< 2.6 mmol/L) with risk factor(s)			
SN, 2020 ⁷⁸	< 27 mg/dL (1.5 mmol/L) < 47 mg/dL (2.6 mmol/L) with abnormal clinical signs < 27-45 mg/dL (1.5-2.5 mmol/L) X 2			
Notes	* any symptomatic infant with glucose <40mg/dL (2.22mmol/L will require IV glucose			

Reference: Wight, NE, ABM Clinical Protocol #1: Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Term and Late Preterm Neonates, Revised 2021

<https://www.liebertpub.com/doi/pdf/10.1089/bfm.2021.29178.new>



Supporting Breastfeeding in Special Circumstances: References

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Acknowledgement Slide

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Breastfeeding Curriculum

