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**Pediatric
Nurse
Practitioners**
*The Leader in Pediatric Education
for Nurse Practitioners*


**Helping the Breastfeeding Mother Succeed: You
CAN Make a Difference!**
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Disclosures


- Dr. Scott has no relevant nonfinancial relationships to disclose
- Financial disclosure: None
- Often accused of being “opinionated” about breastfeeding by my students





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Learning Objectives


- Following this Intensive Workshop the learner will:
 - Obtain the needed knowledge to perform a comprehensive breastfeeding assessment of the mother-baby dyad & provide professional support
 - Assess positioning, latch and effective milk transfer
 - Coordinate services with a LC; other professionals as needed
- Identify potential breastfeeding barriers & understand management of:
 - Sore nipples
 - Engorgement
 - Mastitis
 - Poor weight gain


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Learning Objectives


- Utilize current breastfeeding legislation in counseling mothers under the Affordable Care Act
- Understand lactation reimbursement strategies for the APRN


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Why You?


- “PNPs are in an ideal position to promote exclusive breastfeeding as an infant feeding choice and to support breastfeeding mothers; however, little is known about the amount of evidence-based breastfeeding education that is incorporated into masters-level education for pediatric NP programs” (Boyd & Spatz, *Journal of Pediatric Health Care*, 2013).


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What does NAPNAP say?


- Breastfeeding Education: Current Position Statement- updated, 2018.
- <https://www.napnap.org/breastfeeding-education-sig>
 - Great resources
 - <https://doi.org/10.1016/j.pedhc.2018.08.11>
 - **NEW position statement**
 - Join our SIG!


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 NAPNAP Key lactation support strategies


- TRI-CORE model
 - **Maternal Self-Efficacy**- mom's perceived confidence & ability to manage problems ***WHAT is #1 reason mothers wean earlier than intended?**
 - **Maternal & Professional Lactation Support** – improve duration & exclusivity rates. Ex: facilitate early initiation – First hour after birth, restrict use of formula unless medically indicated
 - **Lactation Education** – have printable & online resources, REFER to LC with advanced issues

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 Do you know?


- Questions/Answers

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 How long is the average breastfeed?


- A. 16 minutes
- B. 25 minutes
- C. 35 minutes
- D. 40 minutes

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 On average, babies remove what % of the available milk in the breast in a feeding?


- A. 50%
- B. 67%
- C. 90%
- D. 100%

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 The AAP recommends **exclusive** breastfeeding for ___ months & continued breastfeeding for **minimum** of _____

- A. 4 and 15 months
- B. 6 and 12 months
- C. 6 and 18 months
- D. 4 and 9 months

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 How many main ducts exist in the lactating breast, according to current research?

- A. 15 to 20
- B. Average of about 9
- C. over 25
- D. 1 to 2

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A mother reporting no breast enlargement during pregnancy has a high risk of which of the following?

- A. Mastitis
- B. Plugged ducts
- C. Sore nipples
- D. Insufficient milk production

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Milk production is dependent on which of the following?

- A. Frequency and intensity of feed and frequency of milk removal
- B. Frequency and duration of feeds and effectiveness of milk removal
- C. Frequency and effectiveness of latch and duration of time at the breast

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How are we doing? HP 2020

- <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

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Begin with nursing process! Assessment

- Assess oral cavity (newborn)
 - Visual of sublingual areas
 - Attachment of sublingual frenulum
 - Movement & elasticity of tongue
- Gloved 5th finger assessment
 - Nail bed placed at lower gum ridge to assess excursion
 - Assess extension of tongue past gum line, suck, coordination of tongue motion * “drawing in”

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Maternal Breast Assessment

- Nipple protrusion
 - Flat?
 - Inverted?
 - Pseudo-inverted?
- Breast tissue
- History: breast surgery? Augmentation, reduction, biopsy

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Getting a Deep Latch

- <https://www.youtube.com/watch?v=wjt-Ashodw8#action=share>
- Global Health Media Project

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Positioning/Latch: tips for mothers

- Nose to Nipple
– *Nose level with nipple before latch attempted*
- Avoid holding back of baby's head
– *May trigger reflex to push against mom's hand*
- Baby in a straight line : ear->shoulder->hip
- Shape the breast
– *"flattening a sandwich" : "C" hold;*
– **FINGERS AWAY FROM NIPPLE*



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Deep Latch Technique

- https://www.youtube.com/watch?v=Ep6EK_nFsLk
- * Position: ear, shoulder, hip
- * WAIT!! Be patient 😊
- Resource for Latching – written by IBCLC
- <https://breastfeeding.support/latching-tips/>



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Signs of effective latch & milk transfer

- MILK TRANSFER:
- * Audible swallowing during a feed – look for the “pause”
- Self-removal of infant (unlatching, turning head away)
- Infant posture – relaxed. LOOK AT HANDS 😊



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Signs of Effective Latch

- Lips wide open like taking bite out of apple
- Top & bottom lip are well flanged against breast & fully visible.
- When baby comes off breast- nipple is NOT creased
- Cheeks are not dimpling in
- Mother reports good comfort level/NO PINCH
– * if pinching- regardless of how it looks, something is wrong!!



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Practice!

- Divide in Groups of 3
- Roles: MOM, NP, Observer
- You will rotate all roles (when Alarm rings- 4 minutes per role)
 - Mom starts with doll, NP helps mom get baby to nurse, Observer watches but does not interfere
 - Baby should be at breast within 2 to 3 minutes



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Troubleshooting Common Problems

- MYSTERY GAME
 - Divide into 5 groups
 - Each group gets a set of cards for a case
 - There will be 4 to 5 cards per “Case”
 - Discuss the problem and propose interventions (be specific about questions you should ask mom)
 - One person will record for the group
 - 5 to 6 minutes to discuss in group



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Case 1: Poor weight gain: latch or milk supply issue? * >10% wt. loss from birth wt.

- ?Pain with feeding
- ?Breast changes in Pregnancy (glandular insufficiency)
- ?Birth history—complications can cause milk delay
- ?Gestational diabetes (hyperinsulinemia=decreased supply)
- ?Breast surgery/biopsy/reductions
- ?How many feeds in 24 hr
- ?How long are feeds
- ?How many stools per 24 hr & color
- ?How many voids per 24 hr

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Supply Issue Management

- Ensure at least 9 feedings in 24 hours (10-12 ideal)
- Correct latch, if issue
- Breastfeed, then pump during waking hours
 - Can offer EBM if needing supplement
- Use breast massage with feedings
- Switch nursing (every 5 min or so)
- Avoid LONG feedings (>40 minutes)
- SEE BACK FOR WT CHECK!! Can do pre/post weight but still need to re-eval in 3 to 5 days

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Uncorrected undersupply: Galactagogues

- Metoclopramide- most commonly used
- Domperidone- Not FDA approved in U.S.
 - Less side effects as little crosses blood brain barrier
- Fenugreek/herbal preparations- no solid scientific data (anecdotal reports)
- “Galactagogues do increase baseline prolactin, but there is no direct correlation between baseline prolactin levels and rates of milk synthesis or measure volumes of milk production”
ABM(2011)
– * “window of opportunity”

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Case 2: Sore nipples: questions

- ?Pain upon latch and persists- any creasing of nipple after latch
***most common problem**
- ?Nipples pink, peeling skin, shooting pain, history of antibiotic use
- ?very red nipples (suspect bacterial infection)
- Blanching or color change of nipple
- ?Tongue Tie
- ?Shiny white dot on tip of nipple (Bleb)
- ?Any lesions that are blister-like (r/o Herpes- very uncommon but would need urgent treatment)

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Case 2: Sore Nipple Management

- Correct position/latch
- Nurse on least sore side first
- Break suction when removing baby from breast
- Freshly expressed breastmilk to nipple (if not thrush)
- Moist wound healing (100% pure lanolin or hydrogel dressing)
- NO moist tea bags, no hair dryer or sunlamp (promotes drying/cracking)
- Tongue-tie: refer
- Nipple shield- use with caution and only if unable to latch w/o good comfort level
- Candida: treat with Nystatin (BABY AND MOM) QID
- Bacterial- non MRSA: treat with Mupirocin BID
- APNO ointment: Mupirocin 2%: 15 gm + Betamethasone oint. 0.1%: 15 gm + miconazole powder to concentration of 2%. Total 30 grams. Apply after feeds

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Case 3: Plugged duct/Mastitis questions

- Plug: ?tender lump ?underwire/tight bra
 - ?positioning that does not empty area of breast
 - Plug often precedes Mastitis
- Mastitis: ?plugged duct ?untreated engorgement ?cracked nipples ?missed feeds ?excessive fatigue ***most common 1st month**

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Plugged Duct management

- Ensure complete drainage
 - Massage before/after
 - Warm packs
 - Position changes
- **Contact Maternal provider is no improvement 24-48 hours with treatment

Mastitis management

- DO NOT stop breastfeeding on affected side!!
- If mild & symptoms < 24 hours, may use frequent nursing/pumping & supportive measures (rest, empty breast, massage, analgesics)
- Antibiotics: Dicloxacillin 500 mg po QID; Cephalexin 500 mg poQID; Clindamycin 300 mg QID 10-14 days
 - If tender, hard mass develops, see provider for abscess
- ?Probiotic use – Large Australian study -*Lactobacillus salivarius* may prevent mastitis Bond, Morris, Nassar (2017)

Engorgement



www.joycescapade.com

Case 4 Engorgement

- ?missed feedings
- ?adequate milk transfer (baby's weight wnl for age, breast softens post-feeding)
- ?feeding in one position only
- ?implants

Engorgement: Management

- Correct milk transfer issue, if present
- Warm water – cloth, shower, lean over in sink
- Express small amount milk prior to latch (manual or pump)
- Cool compress, gel pack, between feeds
- Cabbage leaves-refrigerated (until swelling pain improves)
- Massage

Oversupply

- Offer 1 breast each feeding to decrease stimulation and produce milk stasis in other breast

Case 5: Tongue- Tie

- Questions:
 - Sore nipples- how long? Sudden? Gradual? Any history antibiotic use?
 - Family history tongue tie?
 - What do hands look like at end of feeding and does baby sleep well in between feedings?
 - How long are feedings?
 - Any history of breast surgery? + breast changes during pregnancy?



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Case 5

- Assessment:
 - Is baby making noises when nurses? (clicking, slurping)
 - Dimpling of cheeks?
 - What does such assessment reveal? (does tongue snap back past the gum line during sucking – trouble with seal; heart shaped tongue? High arched palate?
 - Does baby pop off and on?



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Case 5 Management

- Mom offer breast to infant
- Pump x 10 min after then bottle feed EMB
- Refer to pediatric dentist or ENT trained in tongue tie release
- <file:///C:/Users/als002/Documents/Napnap%20workshop%20Tongue%20tie.pdf>



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ACA- State Laws

- <http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>
- **All fifty states, the District of Columbia, Puerto Rico and the Virgin Islands** have laws that specifically allow women to breastfeed in any public or private location.
- **Twenty-nine states, the District of Columbia and Puerto Rico** have laws related to breastfeeding in the workplace. (Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Illinois, Indiana, Louisiana, Maine, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington and Wyoming.)
- **Seventeen states and Puerto Rico** exempt breastfeeding mothers from jury duty or allow jury service to be postponed. (California, Connecticut, Idaho, Illinois, Iowa, Kansas, Kentucky, Michigan, Mississippi, Missouri, Montana, Nebraska, Oklahoma, Oregon, South Dakota, Utah and Virginia.)
- **Louisiana's** law requires state building to provide suitable areas for breastfeeding and lactation.



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ACA

- Requires new private health insurance plans to provide coverage for women's preventive health services w/o copay, coinsurance or deductible
 - Breastfeeding support, supplies, lactation counseling are included
- **Breastpump coverage:**
 - <https://www.breastpumpsdirect.com/breastpumps-covered-by-health-insurance-a/148.htm>
 - <https://insurancecoveredbreastpumps.com/am-i-covered/>
 - Contact insurance company directly- *some cover pump if ordered directly from manufacturer. Most will cover up to certain amount



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Mother's rights as a breastfeeding employee

- <https://kellymom.com/bf/pumpingmoms/employed-moms/your-rights-as-a-breastfeeding-employee/>



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ACA and payment

- Handout – AAP
- NP with lactation training:
- **what codes should we use??**
- This really depends on who is providing the service and what services are rendered. Typically the initial visit with the mom could be billed using a consultation code (99241-99245), if performed in conjunction with a physician and if the mom was referred by another physician, such as her OB-GYN. If the visit is not referred, but the physician is the one establishing the problem, the visit could be based on time (99202/12-05/15) or billed as preventive counseling (99401-04).

Madden (2014)

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I Thank you & the babies Thank You!

