SUPPORT OF BREASTFEEDING FAMILIES IN NICU

THE WOMEN’S HOSPITAL AT JACKSON MEMORIAL
OBJECTIVES

• To verbalize the benefits of breast milk for preterm and critical ill infants

• To recognize how to assist mother with breastfeeding

• To provide emotional and physical support to parents
The Surgeon General’s Call to Action to Support Breastfeeding:

Find ways to learn more about breastfeeding.

You may need to talk with new mothers about how important it is to breastfeed and teach them how to do it. Most nursing schools do not teach enough about breastfeeding. Look for ways to get more professional training, such as continuing education on how to help mothers breastfeed.

Make support for breastfeeding part of standard care.

Clinical care practices can make it easier—or harder—for mothers to start and keep breastfeeding. For example, placing a healthy newborn in skin-to-skin contact with the mother rather than on an infant warmer and keeping the baby in the mother’s room at the hospital both help mothers to breastfeed more easily. On the other hand, giving gift packs with infant formula samples to breastfeeding mothers can hinder successful breastfeeding.

Talk with mothers.

As a nurse, you can help mothers decide how to feed their babies. Mothers may not know that breastfeeding can protect them and their babies from some health risks. You can talk with pregnant women about what to expect and encourage them to ask for help with any problems.

Develop teams to give mothers the skilled care they need.

If mothers have trouble breastfeeding, they may need assistance from a health care team that includes professionals with special training in this area, such as an International Board Certified Lactation Consultant. IBCLCs have clinical experience and training in how to solve breastfeeding problems.

Refer mothers for help after they leave the hospital.

If mothers get the support they need in the first 4 weeks of a new baby’s life, they are more likely to keep breastfeeding. Mothers may need help finding people who are trained to help with breastfeeding problems after they leave the hospital. Without help, some new mothers may stop breastfeeding.
BENEFITS OF BREASTMILK FOR THE PRETERM AND CRITICAL ILL INFANT

- The benefits of human milk and breastfeeding have been well documented in the literature (American Academy of Pediatrics, 2007). Human milk is associated with better maternal-infant health outcomes, reduced cost and improved patient satisfaction.

  1. Decrease morbidity associated with prematurity
  2. Late onset sepsis and NEC
  3. Decreased length of hospital stay, and re-hospitalization
  4. Improved neurodevelopmental outcomes
  5. Lower risk of chronic lung diseases, and retinopathy of prematurity
Decrease morbidity associated with prematurity
Increased milk production and breastfeeding

Infants have improved physiologic stability and feeding tolerance

Contact facilitates bonding and attachment

Baby gains weight faster, sleeps better and cries less

Contact with her infant stimulates maternal enteromammary immune system.

Facilitates babies stability in heart rate, breathing and body temperature.
SUPPORTING THE MOTHER

- Milk Swabbing and Milk Tasting
SUPPORTING THE MOTHER

- Pumping
  - Coming to volume, and maintaining volume
SUPPORTING THE MOTHER

• Consistency of information
  • Lactation consultants
  • Nurses
  • Doctors
  • Health care professional
EMOTIONAL SUPPORT

- Separation
- Stress
- Mother’s Health
- Team Support
- Support after Discharge
  - Outpatient counseling
  - Support groups
WHERE ARE WE?

- Baby friendly initiative?
- Milk Swabbing and Milk Tasting?
- Healthcare professional education?
- Promotion of use of pumps?
- Evidence-base practice?
BREASTFEEDING

It Rocks!


• Wood, L. (2013). Guiding change in the NICU. Neonatal Intensive Care vol 26 No.2
