Baby-led and Laid-back Breastfeeding: How it Impacts Sore Nipples, Engorgement and Longer Feedings in the Early Post Partum Period

Kittie Frantz, RN, CPNP-PC
Clinical Instructor in Pediatrics
Keck School of Medicine at University of Southern California
Coordinator of Lactation Education
Los Angeles County University of Southern California Medical Center
Frantz@usc.edu

Objectives

• Discuss the mechanism of baby-led laid-back breastfeeding to achieve an asymmetrical latch

• List two rationales why this method would reduce sore nipples and engorgement in the early postpartum period

• Describe the hormone response that would cause the mother to want to keep baby at the breast longer
Disclosure

• I own Geddes Productions, LLC which produces breastfeeding films, teaching aids & a distance learning course

• I breastfed my own three children

• All 7 of my grandchildren were breastfed

Product Declaration

Any products appearing in this presentation are for illustrative purposes only and do not constitute an endorsement
In 2010 we began our own 20 hour course in preparation for our Baby Friendly Designation

- We wanted consistency in care given by our staff
- Biggest complaint of mothers is “Everyone who walked into my room told me something different”
- “One nurse showed me one way to attach him and then another nurse came in and said NO, NO, NO..... do it this way.”


We had been experimenting with Baby-led Breastfeeding (Smillie)

- We noticed that when we let the baby do it, the baby got on with a perfect asymmetrical latch.

- Smart baby!

Smillie, Christina M.: How newborns learn to attach: A neurobehavioral model for self-attachment in infancy (abstract P9) ACADEMY OF BREASTFEDING MEDICINE NEWS AND VIEWS, 2001, 7, 23. smilliec@comcast.net


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We also noticed how baby positioned his/her body

- All newborns have some degree of reflux

- The babies on their own positioned themselves in a 45 degree angle

- Dr. Smillie has the mom move the baby more parallel but that wasn’t what babies do on their own

Photo licensed to Kittie Frantz
Baby Self Attaches  film

How we did this Skin-to-Skin

• Slipped diaper clad baby under her gown

• Cover gown over her shoulders to cover them

• Pulled her gown up over the baby to his neck

• Here one of our nurses demonstrates this for twins to our class of newly hired nurses

Photo of LAC+USC STAFF USED WITH PERMISSION
Point of Care Lactation Policy

- Our model was that each RN was responsible for her own patient care in lactation.

- Lactation staff were consultants to the staff if they needed help.

- Each time a staff member asked for help, her knowledge grew!

Staff loved Baby-led breastfeeding because it saved TIME

- No hovering over the mom to teach mom to “latch the baby”

- She sets it up and goes to tend to her other patients........ glucose monitoring, meds, etc.

- She comes back and often the baby was on!
Parents loved it……..

• Eased performance anxiety....”I don’t know how to do this!”

• Parents awed at how smart their baby is...bonding!

• Was diagnostic if baby having suckling or other problems

Then we learned about Laid-back breastfeeding (Colson)

• Mom lays back in Semi-Fowlers position at a 45 degree angle

• She is comfortable especially after a C/S

• Opens her body surface for more room for baby to touch her completely

The baby moved faster!

- Mom’s body was a platform for the baby to move around upon
- Baby’s ventral surface completely touched mom’s body creating a faster reflexive response


Labor & Delivery Bed is Often a Perfect 45° Angle for the first breastfeed
Mother’s body on a 45 Degree angle is critical

- Enough gravity tilts baby’s head back in a “sniffing” position to protect the airway

Do not lay mother supine as that poses a risk for baby

- Colson warns of suffocation possibility if mother totally supine
- Too much gravity pulls baby’s head into a soft breast and raises the risk of suffocation
- More likely baby will stop feeding and try to pull off of the breast

Colson, S (2014) Does the mother’s posture have a protective role to play during skin-to-skin contact? CLINICAL LACTATION 5(2)
Mom’s arms no longer bore the weight of the baby causing her fatigue

Sitting upright, she needed a pillow to support the baby. Notice baby is not touching her body completely

Laid back, her chest supports the baby. Notice baby’s body is touching her and close!

Mom now has a free hand

Baby’s bottom sits on her thigh but sitting up requires her to support her breast with her hand

Laid back, her hand is free and she usually caresses her baby as instinctive behavior
What could she do with her free hand?

• Cell phone call, grab a glass of water, turn TV channel remote or…..

• Here she is pumping for her twin in the NICU, nursing one twin, while dad feeds her

• Multi-tasking!

What will she likely do with the free hand?

• Caress the baby

• She starts with the head and works down to the feet

• Biofeedback of touch changes baby’s suckle
What does baby do?

- Baby’s fingers scratch mom and releases oxytocin and more milk
- No mittens or swaddling for feeding we advised


Moms preferred the reclined bed to the stiff chair in the room for nursing

Lac+USC Post Partum room
We modeled our protocols after the AAP ACOG Perinatal Guidelines

- 8 – 12 breast feedings each 24 hours

- Baby allowed unlimited time at the breast for the feeding with no time limits

We began to notice that the moms seemed willing to nurse the baby longer

- No more “Is he done yet?”

- No more neck or shoulder pain to cause her to take baby off of the breast early

- No more facing the clock and counting off what she felt was enough
We began to notice that the moms were willing to follow our suggestions

- Feed him on the first breast till he spits it out
- That is how
  You will know
  he is finished
  with that breast

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We began to notice that the moms fed the babies until baby was finished

- Feed him on the second breast till he “passes out milk drunk”
- Nissen says that a longer breast feed releases more oxytocin to put mom in a mellow state
- We just had to get her there and we did it by making her comfortable

Wow, the baby nurses 45 minutes!

- Babies did this on the first day and the second day too.
- The third day Cesarean Section moms saw the feeds shorten because the milk was in.
- Notice the moms mellow oxytocin expression.

What we didn’t expect was.....

- The milk was in often before 48 hours.
- In the USA, moms go home after a NSVD after 48 hours.
- We had the potential to send her home with her milk in and confident!
Milk in by 48 Hours happened if...

- She fed the baby 8 – 12 times per each 24 hours
- She let baby have unlimited time at the breast per feeding
- Baby had a good suckle
- She exclusively breastfed
- She did not keep baby swaddled

Swaddling Got in the Way

- Baby wakes with arm cycling – less feeds per 24 hours if swaddled
- Can’t use arms to protect airway and move his head
- Often laid on his side and not prone on mom to breastfeed if swaddled
- Consumer Product Safety Commission in the USA cites 17 deaths caused by swaddling 2004 to 2011.
Then we noticed that engorgement was way down on our unit

- We just weren’t seeing as much of it as before

We did expect engorgement in.....

- Moms in mother baby separation situations
  - Incarcerated moms
  - Department of Child & Family Service placing babies on a hold away from mom while they evaluated mental illness, drug use, etc.
- Moms who were 100% formula feeding
- Moms serious about “los dos cosas”
- Moms whose babies had a poor suckle
- But overall engorgement was WAY DOWN
It inspired us to be more...

- Aggressive to get the pumping going early and regularly for the moms with babies in the NICU
- Really inform the moms choosing “los dos cosas” to rethink it due to engorgement potential
- Teaching the incarcerated moms how to hand express and do it often
- Questioning about whether binding and ice really works for our moms with HIV or moms without their babies?

Using Ice to Relieve Engorgement is Not Culturally Competent

- Traditionally thinking Hispanic and Asian moms are instructed to keep their body warm
- We found if ice was used on the breast, she felt we “took away her milk” & stopped breastfeeding
- Cochrane library review lists heat as evidence based care

The fact was that our nurses saved even more time due to less engorgement care

Then we saw an article out of Australia stating that 79% of moms had sore nipples before discharge (n360)

• Did we see that much sore nipples? No

• We then realized that we were seeing far less sore nipples since we started Baby-led Laid-back positioning

• Our lanolin use was way down

Buck, M. et al (2014) Nipple pain, damage and vasospasm in the first 8 weeks postpartum, BREASTFEEDING MEDICINE.9(0)
Sore Nipples is Usually Caused by...

- Poor positioning that does not result in an asymmetrical latch
- Baby has an uncoordinated suckle or is perhaps tongue tied

Another Article Reported 44% sore nipples on day three (USA) n2730

- We asked our Lactation Educator who rounds on the Post Partum unit each morning to audit nipple soreness and.....17.3% n242
- We asked our IBCLC in the NICU to audit nipple soreness and .................. .5% n75
- If we subtracted out the tongue tied babies, our sore nipple rate was 7.4% on post partum n242

I spoke at a conference in New Mexico in March 2014.

- And asked the audience what they thought their sore nipple rate was on the post partum unit. 60%, 40%, 70% were the answers.

- We were on to something.

Could it be that baby-led, laid-back breastfeeding put the baby in a perfect position for a good latch?

Our continuing audits show these low percentages holding at < 9% !!!
Other problems helped with Baby-led & Laid-Back Breastfeeding

Torticollis/fx clavicle comfort  Vs sitting for football hold

Post Cesarean Section comfort to nurse early in recovery  Vs Taken to Post Partum room and she didn’t have to sit up to feed in a Chair

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Patient photo sent to Kittie For use in teaching
Other problems helped with Baby-Led & Laid-Back Breastfeeding

Moms who got Magnesium sulfate in labor had babies with a slow start...sleepy!
Skin to skin was easy if laid back

Vs Baby did not need to go to the nursery

NICU got babies on earlier. Some at 30 weeks due also to a new Oxygen nasal cannula (Ram Can)

Vs awkward hold of the baby we used to use – cross cradle hold sitting up
It is the Chair!

NICU Benefits of Baby-Led & Laid-Back Positioning

- Easier to do skin to skin longer in the NICU
- She pumped more milk! This is a mom’s home freezer

Gift from Patient to Dr. Guerra

Patient photo sent to Kittle Frantz for use in teaching
This was our experience

Have fun
seeing if it helps you in your setting!

Our moms continue to enjoy this position!!

- Photo taken in our pediatric clinic
Bibliography
in order of appearance in PPT


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