

*Shifting the Paradigm to Early Mother-Baby*

*Attachment and Combined Postpartum*

*Care*

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## *The Role of Staff and Physicians (BFHI Steps 1, 4 & 7)*

- 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 4: Help mothers initiate breastfeeding within half an hour of birth.
- 7: Practice rooming-in: allow mothers and infants to remain together - 24 hours a day.

# Healthy People 2010

US rates of initiation and continuation of BF and E-BF are FAR behind the stated goals:

(BF/E-BF as % of group)

	Initiation	6 months	1 yr
<u>Goal</u>	<u>75%</u>	<u>50%</u>	<u>25%</u>
All	70/46	33/17	18
White	72/53	34/19	18
Hispanic	73/36	36/16	18
Black	53/27	22/11	12

# Healthy People 2020

	Baseline %	2020 Target %
Increase the proportion of infants who are breastfed:	(2006 births)	
Ever	74.0	81.9
At 6 months	43.5	60.6
At 1 year	22.7	34.1
Exclusively through 3 months	33.6	46.2
Exclusively through 6 months	14.1	25.5
Increase the proportion of employers that have worksite lactation support programs	25.0 (2009)	38.0
Reduce the percent of breastfed newborns who receive formula supplementation within the first 2 days of life	24.2 (2006 births)	14.2
Increase the percent of live births that occur in facilities that provide recommended care for lactating mothers and their babies	2.9 (2009)	8.1

# Breastfeeding Support for the Well Baby

- \* CDC data 2009: 93% of hospitals offer prenatal breast-feeding education, 89% taught mothers breast-feeding techniques, and 82% taught mothers how to recognize breast-feeding cues from their newborns.

BUT

- \* Only a third of hospitals practice "rooming in," baby stays with Mom, and breast-feeds frequently.
- \* Only 25% of hospitals provide follow-up support: a home visit, staff phone call, or outpatient referral to lactation consultants.
- \* In 2009, 3.5% of hospitals recommended practices covering at least 9 of the 10 BFH steps .

# Attachment

Primordial elements of the emotional connection between mother and newborn, on which to build life-long stability.

Mother/baby interactions:

- \* Prenatal – motor/auditory
- \* Post-natal – tactile/olfactory

# Attachment and its Disorders

- \* Early contact and breastfeeding are associated with greater communication between mother and infants.
- \* Shortly after birth there is a sensitive period which appears to have long-lasting effects on maternal attachment and which may ultimately affect the development of the child.
- \* In the human, disorders of mothering, including child abuse, increase disproportionately in situations associated with early neonatal separation of mother and infant, such as prematurity.

# Biology of Attachment

- \* Skin-to-skin contact, and/or early suckling, in the first 2 hours after birth, when compared with separation of mother from infant, strengthens maternal sensitivity, infant's self-regulation, and dyadic mutuality and reciprocity at 1 year after birth.
- \* By activating the hypothalamo-pituitary-adrenal (HPA) axis and corticotropin-releasing hormone (CRH) pathways, prolonged or exaggerated responses to stress (early maternal separation or handling of neonatal rats) have profound effects on physiological and cognitive functions, and create widespread and lifelong changes in transmitter systems regulating the HPA and CRH systems.



# Early Contact enhances Breastfeeding

- \* Poland: The results indicate that extensive mother-infant skin-to-skin contact lasting for longer than 20 min after birth increases the duration of exclusive breastfeeding.
- \* Loma Linda PH: Compared with mothers with no early skin-to-skin contact, exclusive breastfeeding was higher in mothers who experienced skin-to-skin contact for 1 to 15 minutes.
- \* UK: Compared with late contact and breastfeeding, early contact and breastfeeding was associated with greater communication between mother and infants.

# Early Contact is good for even more

- \* US: Early Skin-to-Skin Care (SSC) improves maternal attachment behavior, measured by scores for maternal affectionate love and touch during observed breastfeeding.
- \* SSC infants cried for a shorter length of time.
- \* Late preterm infants had better cardio-respiratory stability with early SSC.

# So What Am I – the Enemy - Doing Here?

The NICU and the Mother/Baby Dyad:

Historically, NICU translates in SEPARATION.

More recently, most advanced NICU are increasing the involvement of the family.

Emotionally, it remains a time of extreme stress for both parents.

Equipment, life threatening situations, procedures, fear of the unknown...

# The Not-So-Well Baby

Premature births:

- \* Late: 34-36 6/7
- \* Mid: 32-33 6/7
- \* Early: under 32 wk

- \* Low Birth Wt < 2500 g (5.5 lb)
- \* Very Low Birth Wt < 1500 g (3.3 lb)
- \* Extremely Low Birth Wt <1000 g (2.2 lb)

# The Not-So-Well Baby

Term and Post-term Babies with

- \* Infections
- \* Large for gestational age
- \* Respiratory distress
- \* Congenital anomalies
- \* Jaundice
- \* Other causes...

# NICU Challenges

- \* Unfamiliar environment
- \* Constant monitoring
- \* Unexpected events
- \* Critical illness
- \* Volume and speed of care
- \* Noise and Light level
- \* All those darn nurses and doctors and residents and the ALARMS!

# NICU Tools

- \* New Unit layout with separate, smaller “pods”
- \* Cohorting babies by level of illness
- \* The Rocking Chair
- \* Parent rooms
- \* Family-centered care
- \* Multi-disciplinary approach to care

# NMC NICU

- \* 14 beds
- \* 12-hour shifts
- \* Focus on continuity of care
- \* Parent spaces
- \* Parent times
- \* Parent support