

Breastfeeding

- Choosing Whether To Breastfeed
 - Advantages
 - Full range of nutrients.
 - Easily digested.
 - No allergies.
 - Natural immunity
 - Promotes elimination of meconium
 - Sucking on breast promotes development and helps uterus to return to prepregnant state.
 - Economical
 - Close relationship between Mom and baby.
 - Decrease occurrence of resp disorder.

Breastfeeding

- Disadvantages
 - Maternal meds can enter breast milk.
 - Working
 - Sexual transmitted disease.
 - Cancer may worsen with hormonal changes of lactation.
 - Abuser of drugs and alcohol.

Breastfeeding

- Infectious Diseases
 - Only contraindicated with HIV pts.
 - Hepatitis C – presence of liver failure.
 - Herpes simplex or varicella zoster virus – lesion on breast.
 - Active TB – isolated from their infants but can be fed from pumped milk.

Breastfeeding

- Hormonal Stimulation
 - 2 Hormones
 - Prolactin – ant pit gland.
 - Oxytocin – post pit gland which delivers milk from alveoli through duct to nipple.
 - Once milk is ejected – let down reflex.
 - She feels tingling in her breast.
 - Infant sucking stimulates release of oxytocin to deliver milk.
 - If not breast feeding,,production of prolactin decreases and breast go back to pre pregnant state

Breastfeeding

- Position
 - Cradle hold – put infant's head on pillow for support.
 - Football hold – supporting head good with C – section. Should be chest to chest.
 - Infant should be at level of breast nipple.
 - Nipple centered to the nose of infant.
 - Nipple should aim to roof of mouth so that lower jaw latches on first.
 - Her thumb should be above nipple and fingers below it.

Breastfeeding

- Latch On
 - Mother's nipple should touch the infant's lower lip.
 - Her areola is well into mouth.
 - Tongue is under nipple.

Breastfeeding

- Sucking
 - Giving or taking nourishment to the breast.
 - Some suck with each swallow and others will suck a few times before swallowing.
 - By 4 days, they learn to swallow with each suck.
 - “Ka or Ah” sound – means that baby is taking in milk.
 - Noisy sucking – improper mouth position.
 - Fluttering – nonnutritive sucking.

Breastfeeding

- Mom needs to break suction and remove infant quickly.
- Pulling away infant can cause sore nipples.

Breastfeeding

- Evaluating Intake of Infant
 - Feel full prior to feeding and soft afterwards.
 - Let down reflex –tingling sensation.
 - Nurse 10 to 15 mins , 8 to 10 times a day.
 - Audible swallow is heard.
 - Infant demands feeding and appears relaxed afterwards.
 - Had 6 to 8 diapers per day.
 - Passes stool several times a day.

Preventing Problems

- Frequency And Duration
 - Early wks – nurse q 2 to 3 hrs.
 - May take 5 mins before let down occurs.
 - If infant doesn't get to hind milk, it will become hungry quickly.
 - Crying – late sign of hunger.
 - Infant should nurse at least 10 mins on first breast, then move to other breast until satisfied.
 - Breastfeed babies do not swallow a lot of air.
 - Burp as if bottled fed.
 - Start nursing using breast that was used last.

Preventing Problems

- The Sleepy Baby
 - Unwrap infant, change diaper, and hold upright.
 - Softly talk to him, gently massage back, palms, and soles of feet.
- The Fussy Infant
 - Calm down prior to feeding.
 - Wrap snugly and hold close.
 - Talk calmly to infant.
 - When calms down, begin feeding.
 - Crying or stiffening indicated a sore mouth from thrush, gas, or cramps.

Preventing Problems

- Flat Or Inverted Nipples
 - Gently roll between thumb and forefinger to erect nipple.
- Supplemental Feedings
 - Should not be offered to healthy newborn.
- Confusion
 - Should choice between breast or bottle.

Preventing Problems

- Breast Engorgement
 - Early, regular, and frequent nursing will help prevent engorgement.
 - If occurs, pump breast to get milk flow.
 - Get areola soften by expressing milk.
 - Cold or heat before feedings can reduce discomfort.

Preventing Problems

- Nipple trauma
 - Correct positioning can prevent this.
 - Warm compresses for relief.
 - Rubbing small amt breast milk over nipple can soothe and aid in healing.
 - Any ointments have to be washed off prior to feeding.
 - Cracks ,blisters, redness, and bleeding can cause problem.

Preventing Problems

- Hygiene
 - Do not use soap on breast.
 - Supportive bra 24 hrs a day.

Special Breastfeeding Situations

- Multiple Births
 - Can be feed one at a time or simultaneously.
 - Mom's body adjusts to demands.
 - Baby's body's should crisscross on mom's abd.
 - Infants and Mom's arms are supported by pillow.

Special Breastfeeding Situations

- Premature Birth
 - Immunological advantages.
 - If infant can not nurse, Mom can pump.

- Delayed feedings
 - Need to learn to pump breast.

Maternal Nutrition

- Food Guide
 - Meat, fish, poultry, eggs, beans, and nuts.
 - Milk and milk products.
 - Fruits and vegetables.
 - Breads, cereals, and grains.
 - Drink 8 to 10 glasses a day.
 - No caffeine.
 - Can sub if lactose intolerance.
 - Avoid chocolate, cabbage, broccoli, and beans – gas.
 - Drugs are secreted into breast milk.

Weaning

- Gradual
 - Preferred
- Abrupt
 - Causes engorgement and lead to mastitis.
Upsetting to infant.
 - As infant gets older, become less interested in breastfeeding and more interested in solid foods.
6mons.

Weaning

- Eliminate at feeding time.
- Omit daytime feeding first, one less interested in.
- Eliminate infant's favorite feeding last.
- Infant may need comfort nursing if tired or ill.

Formula Feeding

- Types of Formulas
 - Cow's Milk Based – Similac and Enfamil.
 - Soy – ProSobee and Isomil.
 - Protein Hydrolysate – Nutramigen.
- Available
 - Ready to feed – no dilution.
 - Concentrated liquid – comes in can. Liq and water
 - Powdered- scoops of formula to water. Used when supplementing with breastfeeding.

Feeding The Infant

- Technique
 - Water is given first – GI tract patent.
 - Formula digested more slowly than breast milk.
 - Feed q 3 to 4 hrs.
 - Not necessary to warm formula.
 - Hold in semi – upright position.
 - Nipple full of formula to prevent air.
 - Burp q ½ oz to 1 oz.
 - Milk that runs down infant's face- nipple too large.
 - All formula not used – discarded.
 - Do not prop bottle – aspirate and cause ear infections and dental caries.
 - Father encouraged to help with feedings.

Discharge Planning

- Follow Up Care
 - 2 to 6 wks.
 - Incision is checked for healing, uterus has involuted, breast examined.
 - Follow up on any problems during pregnancy – should be resolved.
 - Time to discuss any problems.

Discharge Planning

- Follow Up Care
 - Hygiene
 - Daily shower.
 - Perineal care.
 - Do not douche or wear tampons until 6 wk check up.

Discharge Planning

- Follow Up Care
 - Sexual Intercourse
 - Episiotomy must be healed.
 - Lochia has stopped.
 - Water soluble lubricant will make intercourse more comfortable.
 - Ovulation and pregnancy can occur before 6 wks.
 - Breastfeeding is not contraceptive.

Discharge Planning

- Diet
 - Well balanced diet.
 - High fiber , if constipated.
 - Should not try to loss wt when breastfeeding.
 - Continue on prenatal vits until 6 wk checkup.

Discharge Planning

- Danger Signs
 - Fowl smelling lochia.
 - Bright red bleeding.
 - Prolonged afterpains.
 - UTI
 - Pain, redness, or tenderness to calf.
 - Breast tenderness or redness.
 - Discharge, pain, redness, or separation of suture line.
 - Prolong feeling of depression.