

BF - Breastfeeding

BF-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The parent /family will understand the anatomy and physiology of breastfeeding.

STANDARDS:

1. Explain external anatomy of the breast, including the areola and nipple.
2. Explain internal anatomy of the breast, including milk glands, ducts, and milk sinuses.
3. Explain the physiology of breastfeeding, including:
 - a. Production of colostrums
 - b. Onset of white mature milk within 3–5 days postpartum.
 - c. Let down/milk ejection reflex

BF-BB BENEFITS OF BREASTFEEDING

OUTCOME: The parent/family will be able to identify benefits of breastfeeding.

STANDARDS:

1. Identify benefits for mother, including decreased risk of postpartum hemorrhage, enhanced uterine involution, decreased risk of breast cancer, delayed return of menses, improved postpartum weight loss, and bonding. If breastfeeding is not an option, other feeding choices are available. **Refer to FF.**
2. Identify benefits to the baby (e.g., increased IQ, improved bonding, easier to digest).
3. Identify risk reducing benefits to the baby (e.g., reduced risk of: type 1 and type 2 diabetes, obesity, food allergies, infections of mucosal membranes, and constipation).

BF-BC BREAST CARE

OUTCOME: The parent and/or family will able to identify methods to use for management of engorgement and tenderness.

STANDARDS:

1. Explain the current techniques for management of engorgement and tenderness.
2. Explain some techniques for preventing and managing sore nipples (e.g., assure correct latch-on, apply cool moist tea bags). **Refer to BF-ON.**

3. Explain the techniques for treating and recognizing signs of infection (mastitis):
 - a. Need for frequent feeding to reduce risk of breast infections.
 - b. Need to seek medical care if flu like symptoms (e.g., fever, sores, or redness on breast are present).
 - c. Need to continue breastfeeding despite infection.
 - d. Reassure that the baby can continue to safely breast-feed.
4. Explain the techniques for treating and recognizing signs of infection (candida):
 - a. Keeping the nipples dry helps prevent thrush (e.g., change breast pads often, let nipple air dry).
 - b. Recognizing the symptoms of thrush (candida), including red painful nipples, deep breast pain, characteristic cracking at base of nipple making feeding difficult for the baby. Emphasize the need for medical treatment for both mother and baby to eliminate thrush.
 - c. Emphasizing the need to aggressively clean all items with hot soapy water that come in contact with the mother's nipple or the baby's mouth such as clothing, towels/linens, pacifiers, plastic nipples, and breast pump equipment.
5. Refer to a lactation consultant or other community resources, if available.

BF-BP BREASTFEEDING POSITIONS

OUTCOME: The parent/family will understand all four breastfeeding positions and provide a demonstration as appropriate.

STANDARDS:

1. Demonstrate the four common breastfeeding positions: cradle, modified cradle (cross-cradle), football, side-lying.
2. Discuss traits of effective positions, including baby parallel to the mom, face to face, tummy to tummy, baby held close to mother.

BF-CS COLLECTION AND STORAGE OF BREASTMILK

OUTCOME: The parent/family will understand the collection and storage of breastmilk.

STANDARDS:

1. Explain the role of manual pumps for occasional use and hospital grade electric pumps for long term use.
2. Explain that pumped breastmilk may have variable appearances and will separate if left standing and will need to be remixed by shaking the milk.

3. Explain storage recommendations for breastmilk, e.g., milk stays good in the refrigerator for 48 hours, in the refrigerator freezer for 3 month, and in the deep freezer for 6 months.

BF-EQ EQUIPMENT

OUTCOME: The patient/family will understand the instructions for effective use of breast pumps and other breastfeeding equipment.

STANDARDS:

1. Discuss resources for manual and hospital grade electric pumps, including hospital, clinic, WIC, and community.
2. Discuss and demonstrate effective use of pumps.
3. Emphasize the proper use and care and cleaning of equipment.
4. Discuss any other breastfeeding equipment as appropriate.

BF-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for breastfeeding issues.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

BF-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent/family will understand the progression of growth and developmental stages of a nursing baby.

STANDARDS:

1. Explain growth and development stages common in a nursing baby, such as:
 - a. bonding behaviors
 - b. frequent nursing due to growth spurts
 - c. eye contact with baby while nursing

- d. baby showing interest in surrounding while nursing
- e. baby gaining independence by crawling and walking
- f. reduced interest in nursing as development progresses

BF-HC HUNGER CUES

OUTCOME: The parents/family will understand early and late hunger cues and the benefit of responding to early hunger cues.

STANDARDS:

1. Explain early hunger cues, e.g., low intensity cry, small body movements, smacking, rooting.
2. Explain late hunger cues, e.g., high intensity cry, large body movements, arched back, and distressed behavior.
3. Explain that feedings are usually more effectively accomplished at the stage when early hunger cues are being expressed.

BF-L LITERATURE

OUTCOME: The patient/family will receive literature about breastfeeding.

STANDARDS:

1. Provide the patient/family with literature on breastfeeding.
2. Discuss the content of the literature.

BF-LA LIFESTYLE ADAPTATIONS

OUTCOME: The parents/family will understand life style adaptations regarding breastfeeding.

STANDARDS:

1. Discuss options for continuing to breastfeeding while separated from the baby, such as with work, school, and hospitalizations.
2. Discuss the reasons for eliminating the exposure of the baby to nicotine, including SIDS and respiratory illness. Encourage the abstinence from nicotine (smoked and chewed). If abstinence is not possible, wait at least one hour after using.
3. Discuss the potentially lethal effects for the baby if a breastfeeding mother uses recreational/street drugs (e.g., particularly drugs such as speed, crystal-meth, amphetamines).
4. Discuss that it is likely to take 2 hours for a nursing mother's body to eliminate the alcohol from the breastmilk if she has a standard serving of an alcohol

containing beverage. A standard serving is typically 12 ounces of beer, one shot of liquor, or 4–5 ounces of wine.

5. Discuss options for breastfeeding in public.
6. Identify community resources available for breastfeeding support (e.g., La Leche League, WIC, community health nursing breastfeeding educators, IHS Breastfeeding Hotline 1-877-868-9473).

BF-M MATERNAL MEDICATIONS

OUTCOME: The parent/family will understand that most medications are safe during breastfeeding but that some medications are detrimental to breastfed infants.

STANDARDS:

1. Explain that most OTC and prescribed medications are safe in breastfeeding, but some medications might pass through the breast milk and be harmful to the baby.
2. Discuss that the breastfeeding mother should consult a healthcare provider before starting any new prescribed or OTC medications and/or herbal/traditional therapies.

BF-MK MILK INTAKE

OUTCOME: The parent/family will understand the signs of adequate milk intake.

STANDARDS:

1. Explain the feeding duration should be at least 15 minutes on each side, encouraging the baby to nurse longer as the baby desires. Feeding will take less time as the baby grows.
2. Explain the feeding frequency should be an average of every 2–3 hours, 8–12 times in 24 hours in the first weeks. Feeding will spread out as the baby grows.
3. Explain diaper change patterns in the first week beginning with a few diapers each day to at least 6–8 diapers changes in 24 hours by 1 week of age.
4. Explain transition of stool from meconium to transitional stool (brown, mushy) to breastfed stool (yellow with white seeds) when the white, mature milk comes in.

BF-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.

- b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
 3. Discuss the benefits of nutrition and exercise to health and well-being.
 4. Assist the patient/family in developing an appropriate nutrition care plan.
 5. Refer to other providers or community resources as needed.

BF-N NUTRITION (MATERNAL)

OUTCOME: The parent/family will understand the foods that contribute to the nutritional well-being of breastfeeding mothers.

STANDARDS:

1. Encourage consumption of same kinds of foods that are important during pregnancy.
2. Identify foods to avoid if necessary (e.g., chocolate, gas forming food, and highly seasoned foods).
3. Emphasize the increased need for water in the diet of breastfeeding mothers.

BF-NJ NEONATAL JAUNDICE

OBJECTIVE: The family will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice.

STANDARDS:

1. Explain that jaundice is the yellow color seen in the skin of many newborns that is caused by build up of bilirubin in the blood. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage.
2. Explain that brain damage can be prevented by treatment of the jaundice before the bilirubin level gets too high. Discuss that treatment options may include medical phototherapy or exchange transfusion.
3. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
4. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
5. Explain that all bilirubin levels must be interpreted in light of the infant's age and that term infants and older infants can tolerate higher levels of bilirubin than preterm infants and younger infants.

6. Explain that jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8-12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Emphasize that breastmilk is the ideal food for infants.

BF-ON LATCH-ON

OUTCOME: The parent/family will understand the characteristics of effective latch.

STANDARDS:

1. Identify the cues that indicate readiness to feed, e.g., wakefulness, lip smacking, and rooting.
2. Explain that effective latch on will be more successful if the baby's mouth is open wide, and a C- or U-hold may facilitate getting as much of the areola in the infant's mouth as possible.
3. Explain the physical traits of an effective latch (e.g., both lips out- covering at least part of the areola, with absence of chomping by baby and absence of prolonged pain for the mother).

BF-SF INTRODUCTION TO SOLID FOODS

OUTCOME: The parent/family will understand the appropriate ages to introduce various solid foods. (Teach any or all of the following as appropriate to this infant/family.)

STANDARDS:

1. Discuss the recommended introduction of solid foods:
 - a. Infants should not routinely be fed foods other than breastmilk or formula prior to 6 months of age except under the advice of a healthcare provider. Emphasize that, for some time after the introduction of solid foods, breastmilk/formula will still be the infant's primary source of nutrition.
 - b. Rice cereal is generally the preferred first solid food. It is normal for an infant to take very small amounts of solid foods for several months. Discard any uneaten food after each meal.
 - c. Pureed/or finely mashed vegetables and fruits should be started no earlier than 6 months of age. Emphasize the need to wait 3–5 days between the addition of new foods to watch for adverse events from the foods. New foods might be rejected but may be accepted at a later time.
2. Emphasize that foods should never be given from a bottle or infant feeder and must always be fed from a spoon. Don't feed directly from jars or warm jars/bottles in microwave.
3. Discuss foods that should be avoided:

- a. Highly allergenic food such as peanut butter, chocolate, eggs, cow or goat milk and citrus should not be fed until the infant is one year of age.
 - b. Explain that honey and syrups may contain botulism toxin and should not be fed before one year of age.
 - c. Foods that are choking hazards should be avoided until 4 years of age, e.g., nuts, hard candies, gum, carrot sticks, meat on a bone, grapes, popcorn, hot dogs, unpeeled apples, slices of orange.
4. Discuss the importance of offering foods at the appropriate ages but do not insist that infants eat foods when they are not hungry:
 - a. Baby knows how much to eat and will stop when not interested. Do not force feed.
 - b. Some days babies eat a lot other days not as much.
 - c. No two babies eat the same.
5. Explain how to assess an infant's readiness to feed:
 - a. Tongue thrusting is an indication of not being ready to eat solids.
 - b. Opens mouth when seeing food.
 - c. Closes lips over a spoon.
 - d. Keeps food in mouth instead of spitting it out.
 - e. Sits up alone without support.
6. Explain that the body of knowledge regarding infant feedings has changed dramatically and advice from family/friends may no longer be appropriate; talk to your healthcare provider.

BF-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in the lactating mother.

STANDARDS:

1. Explain that uncontrolled stress may result in problems with milk let-down and reduced milk supply and effective stress management may increase the success of breastfeeding.
2. Explain that difficulty with breastfeeding may result in feelings of inadequacy, low self-esteem, or failure as a mother.
3. Emphasize the importance of seeking help (e.g., lactation consultant, public health nurse or other nurse, WIC) as needed to improve breastfeeding success and reduce stress. Provide referrals as appropriate.

4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use which may reduce the ability to breast-feed successfully.
5. Discuss various stress management strategies that may help maintain a healthy lifestyle. Examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Recruiting other family members or friends to help with child care
 - d. Talking with people you trust about your worries or problems
 - e. Setting realistic goals
 - f. Getting enough sleep (e.g., sleeping when the baby sleeps if possible)
 - g. Maintaining a reasonable diet
 - h. Exercising regularly
 - i. Practicing meditation, self-hypnosis, and positive imagery
 - j. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. Participating in spiritual or cultural activities

BF-T TEETHING

OUTCOME: The parent/family will understand teething behaviors and ways to prevent biting while breastfeeding.

STANDARDS:

1. Explain the normal stages of teething, e.g., sore swollen gums and the baby's tendency to nurse to ease discomfort.
2. Identify ways to anticipate and prevent biting in a teething baby (e.g., closely observing the baby while nursing to interrupt potential biting).
3. Explain the variety of techniques to discourage persistent biting (e.g., keeping finger poised near baby's mouth to interrupt chomping, briefly stopping the feeding, firmly say "no" and break the latch).

BF-W WEANING

OUTCOME: The parent/family will understand methods to effectively wean the child from breastfeeding.

STANDARDS:

1. Discuss reasons for weaning (e.g., including infant/child readiness, separation from mother, medication needed for mother that is contraindicated in breastfeedings).
2. Explain process of weaning, including replacing one feeding at a time with solids or milk from cup.
3. Explain managing abrupt weaning to prevent/reduce the risk of breast infections, such as pumping/expressing to comfort.
4. Explain social ways to replace breastfeeding such as reading books together at the table and playing with toys.
5. Refer to community resources as appropriate.