

Breastfeeding Support for the Low Birth-weight Near Term Infant Following Discharge



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Outline

- ◆ Infant Capabilities
- ◆ Mom's Capabilities
- ◆ Initial Assessment/Transition
- ◆ Anticipatory Guidance
- ◆ Positioning
- ◆ Sustaining Attachment
- ◆ Milk Transfer
- ◆ Advantages
- ◆ Case Example

Objectives

- ◆ Discuss the impact of gestational age/size on breastfeeding
 - for the infant
 - for the family
- ◆ Discuss the impact of the parental beliefs/experiences on breastfeeding the SGA/preterm infant
- ◆ Discuss the value of discovering “success” with/for these families



Infant Capabilities

- ◆ Gestation assessment
- ◆ Cues for feed/Interpretation
- ◆ Not *small* term babies
- ◆ Have large body surface area to weight ratio
- ◆ Have higher metabolic demands to support temperature regulation and rapid growth



Feeding Assessment

- ◆ Is Mom's milk production matching infant volume requirements at discharge
- ◆ Neuro-motor issues
- ◆ Feeding pattern prior to discharge
- ◆ Opportunities for exclusive breastfeeding
- ◆ Mom's goals
- ◆ How long has infant been orally feeding
- ◆ Length of Intubation
- ◆ Presence of oral readiness (rooting, mouthing sucking, motor activity, latching, coordination suck, swallow, breath)
- ◆ Hospital grade pump



"Early oral experiences may Influence later oral feeding Development"



"Positive oral experiences may counteract some of the effects of these negative but necessary procedures"

Hurst & Meier

Mom's (and Dad's) Capabilities



- ◆ Milk Production
- ◆ Milk Ejection
- ◆ Other Physical Factors
- ◆ Psychosocial/Motivation
- ◆ Support Systems
- ◆ Never assume prior knowledge

What is Breastfeeding Success?



Transitioning

- ◆ Cold turkey
- ◆ Compliment ↓ as breastfeeding ↑
- ◆ Divide feeds Breast or Bottle, reducing number of bottles each day

Cold Turkey

- ◆ NOT RECOMMENDED
- ◆ Unpredictable feeding patterns and cues of SGA or preterm born infants makes them unreliable demand feeders



Reducing Complement

- ◆ Pumping volume/day
- ◆ Interest
- ◆ Growth/day
- ◆ ? Motillium



Bottle Elimination

- ◆ Parents are attached to numbers and may trade in volume numbers for scale numbers
- ◆ Often have a huge supply of frozen milk
- ◆ Takes time/experience for them to understand that it is easier to breastfeed

Anticipatory Guidance



- ◆ Encourage early feeding cues/acknowledge absent cues
- ◆ Congratulate any success
- ◆ Full milk transfer takes time
- ◆ Never assume knowledge

Positioning

- ◆ Individualize
- ◆ Acknowledge
- ◆ Experiment
- ◆ Suggest
- ◆ Be sensitive
- ◆ Cheerleader



Sustaining Attachment



- ◆ Requires negative pressure/maturation dependent
- ◆ Nipple Shield

Milk Transfer

- ◆ Weight Gain
- ◆ Complements
- ◆ Supplements
- ◆ Metabolic Demands
- ◆ Volume Requirements



◆ $4.7 \times 160 \div 7 = 107 \text{ mls} = 160 \text{ mls/kg/d}$

◆ $90 \times 7 = 630 \div 4.7 = 134 \text{ mls/kg/d}$

**MAJORITY OF CATCH UP GROWTH IS IN
THE FIRST YEAR OF LIFE**

Advantages For Preterm/SGA



- ◆ 53 % reduction in odds of sepsis/meningitis (Hylander)
- ◆ Increase IQ scores (Horwood)
- ◆ Increased o_2 saturations during feedings ↓ ventilation disruption (Blaymore)
- ◆ ↓ resp tract infection, nec, otitis media, UTI (AAP)

Clinical Examples

- ◆ 28 week gest/ 1140 gms @ birth to 41 year old well educated prime-ip
- ◆ Home at 36 weeks progressed to full oral bottle feeds at 35 weeks
- ◆ Breast feeding only at nuzzle/occasional latch stage at discharge



- ◆ Re-admitted for ROP laser surgery at 37 weeks x 3 days
- ◆ Mother had augmentation 10 years ago very motivated to breastfeed
- ◆ ∅ milk production problems
- ◆ NTT unable to help mom referral to Bowness Bfeeding Clinic and CHR bfeeding Clinic

- ◆ Infant 2656 gms at discharge
- ◆ No cardiac compromise
- ◆ On 1/16 L O2 by nasal prongs for CLD
- ◆ 85 mls q4h EBM with Neosure 1 tsp/100
- ◆ Mom pumps 5-6/d

- ◆ May 10-17
intake 196mls/kg/d gain 27 gm/d
- ◆ June 7-14
intake 175mls/kg/d gain 30 gm/d
To Bowness Clinic
- ◆ July 2-21
intake 150-180/kg/d gain 20 gm/d
Feeding log started/To CHR Clinic

◆ **July 28-Aug 5**

intake 120-140mls/kg/d gain 11-13 gm/d

Aug 9 fed by nurse to assess infant skill

August 11 OT assessment

◆ **August 16**

intake down to 100 mls/kg

Took until mid September to improve intake but eventually admitted for FTT

Result

◆ **Infant: Oral Aversion, dramatic weight loss, dehydration, FTT, eventually admitted to hospital for treatment**

◆ **Mom: Felt rejected by infant, loss in confidence as mother, guilt for ? Cause, angry for early discharge and poor preparation for home**

◆ **Nurse: Who did I want this for? At what cost? Where did it go wrong?**

Questions/Comments

- ◆ Impact of gestational age?
- ◆ Impact of maternal/paternal beliefs?
- ◆ What is success?

