

Breast feeding challenges

Prof. KETH LY SOTHA

- **We already know the breastfeeding is the best**
- **Why the rate of exclusive breastfeeding up to 6 months of age is decreasing ?**
- **What's happen now in these baby friendly hospitals ?**

Benefits of Breastfeeding

- Health
- Psychosocial
- Economic
- Environmental



Benefits of Breastfeeding

➤ Baby

- Decreased risk of childhood cancers and Type I Diabetes
- Decreased risk of dying from Sudden Infant Death Syndrome (SIDS)
- Fewer ear infections, respiratory infections, stomach issues, digestive problems, and allergies
- Decreased risk of becoming overweight or obese
- Higher IQ
- Emotional bonding with mother



Benefits of Breastfeeding

➤ Baby

➤ Mom

- Faster recovery from pregnancy and childbirth
- Reduced risk of breast and ovarian cancer
- Reduced risk of osteoporosis
- Less likely to develop diabetes and cardiovascular disease throughout life
- Delay return of menstrual period (natural contraceptive)
- Cost-effective
- Emotional bonding with baby



To be successful you should ...

Preparing yourself for breastfeeding...

- **Pregnancy :**
 - eating a healthy diet
 - taking baths or showers normally
 - learning how to express milk by hand during the last month of pregnancy
 - discussing breastfeeding with health professionals
 - attending antenatal education classes

Preparing yourself for breastfeeding...

- After the baby is born
 - eat at regular intervals
 - stick to healthy diet
 - drink at least 1,2 litres/day (BM has 87% water)
 - need supplements ... ?

Preparing yourself for breastfeeding...

- preparing yourself mentally :
 - taking each feed at a time
 - giving yourself time to adjust to your new lifestyle
 - do not hesitate to talk to your health staff about any concerns
 - not placing too much pressure on yourself to succeed

Getting started

- Baby have an instinctive need to suckle. Following birth, a baby place on the mother's abdomen will naturally crawl to the breast and begin to suckling.
- “This is why **skin-to-skin contact** is encouraged as soon as possible following birth and why the midwife should be on hand to help initiate the first feed when a baby shows signs of being ready.”
- **This help and support should remain available as long as it is required**

- **Skin-to-skin contact**
 - Promotes physiologic stability
 - Provides warmth
 - Enhances feeding opportunities
 - Infant crawls to breast and self-attaches
- **Delay weights and measurements, vitamin K and eye prophylaxis until after first feeding**
- **Knowledgeable breastfeeding advocate in labor & delivery**



Positioning the baby



The cradle hold



The cross cradle



The football hold



The side lying
position

The correct attachment



- baby's chin is indenting the breast
- baby's mouth is wide open
(wider than 100 degrees)
- cheeks are full and rounded
- more areola visible above the top lip
- lower lip curled back
- rhythmic swallow/suck pattern

Recommended Breastfeeding Practices

- **Formal evaluation of breastfeeding during the first 24–48 hours and again at 3–5 days of age**
- **Assess**
 - **Infant weight**
 - **General health**
 - **Breastfeeding**
 - **Jaundice**
 - **Hydration**
 - **Elimination pattern**



WORLD HEALTH ORGANIZATION

Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.



“Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development.

Virtually all mothers can breastfeed, provided they have **accurate information**, and the **support of their family**, the **health care system** and **society** at large.”

(www.who.org)

**What's the problem ?
May you tell us ...**

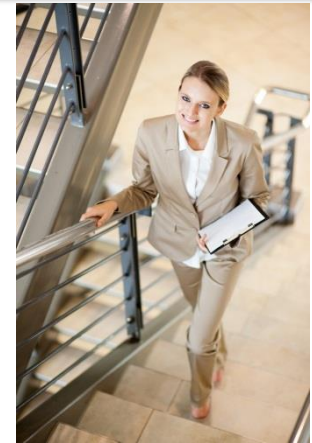


Barriers to breastfeeding

– Employment and child care

- Lack of knowledge
- Social norms
- Poor family and social support
- Embarrassment
- Lactation problems
- Health services

- Inflexibility in work hours
- Lack of privacy
- No place to store expressed milk
- Limited maternity leave
- Unable to find child care facility near workplace
- Unaccepting supervisors or co-workers



Key Points to Remember



- **Breast is Best!**
- **Employers must provide reasonable break time and a place to express milk**
- **All workplaces are different, find a space that works for your workplace**
- **Establishing a supportive environment and being transparent about your breastfeeding policies will help your program succeed**
- **Utilize the resources at your disposal**

Milk Expression



Photo © Jane Morton, MD, FAAP



Photo © Kay Hoover, MEd, IBCLC



Some lactation problems



Photo © Joan Younger Meek, MD, FAAP



American Academy of Pediatrics
Section on Breastfeeding



What can you do?



Sore nipples

- If your baby isn't latching on properly, your nipples may get sore in the beginning.
- Ask a nurse or lactation specialist for help in getting your baby latched on.

It also helps to:

- Make sure your baby is taking as much areola in her mouth as possible.
- Nurse more frequently for shorter periods.
- Nurse on the less-sore side first.
- Coat your nipples with breast milk after feedings and let them air dry.
- Remove baby from breast properly by putting your finger in your baby's mouth to break the seal.

Engorged breasts

- You may have swelling of the breasts when your milk is coming in, especially during the first three to five days after birth. It may feel like your breasts are “too full.”
- This is called engorgement, and it goes away once your body gets more practice making milk and the baby gets more practice emptying the milk from your breast.

In the meantime:

- Shower or apply warm, wet washcloths to your breasts before you breastfeed, and apply cold compresses (such as an ice pack or frozen bag of peas wrapped in a towel) afterwards.
- If your baby is having a hard time latching on, express a little milk before you offer the breast to reduce swelling and relieve discomfort.
- Nurse often (10 to 12 times in 24 hours), offering both breasts at each feeding

Blocked milk duct

A painful red area or lump in the breast may mean a blocked milk duct.

Here's what to do:

- Make sure your bra fits properly and is not too tight. Also, avoid sleeping positions that put pressure on your breasts.
- Breastfeed often, from the painful side first. This will help the duct open faster.
- Shower and apply warm, wet compresses to the painful breast.
- Massage the area gently.
- Drink lots of fluids and get lots of rest.
- If the lump does not go away in a day or two, or you get a fever or chills, see your doctor

Breast infection (mastitis)

If you have chills, aches and fever (almost like the flu) and a lumpy, painful red area on the breast, you may have a breast infection. The flu-like symptoms often come first.

Here's what to do:

- Call your health care provider as soon as possible. You may need an antibiotic; your doctor will choose one that is safe to take while breastfeeding.
- Continue to breastfeed.
- Follow the steps for a blocked milk duct (above).

Thrush

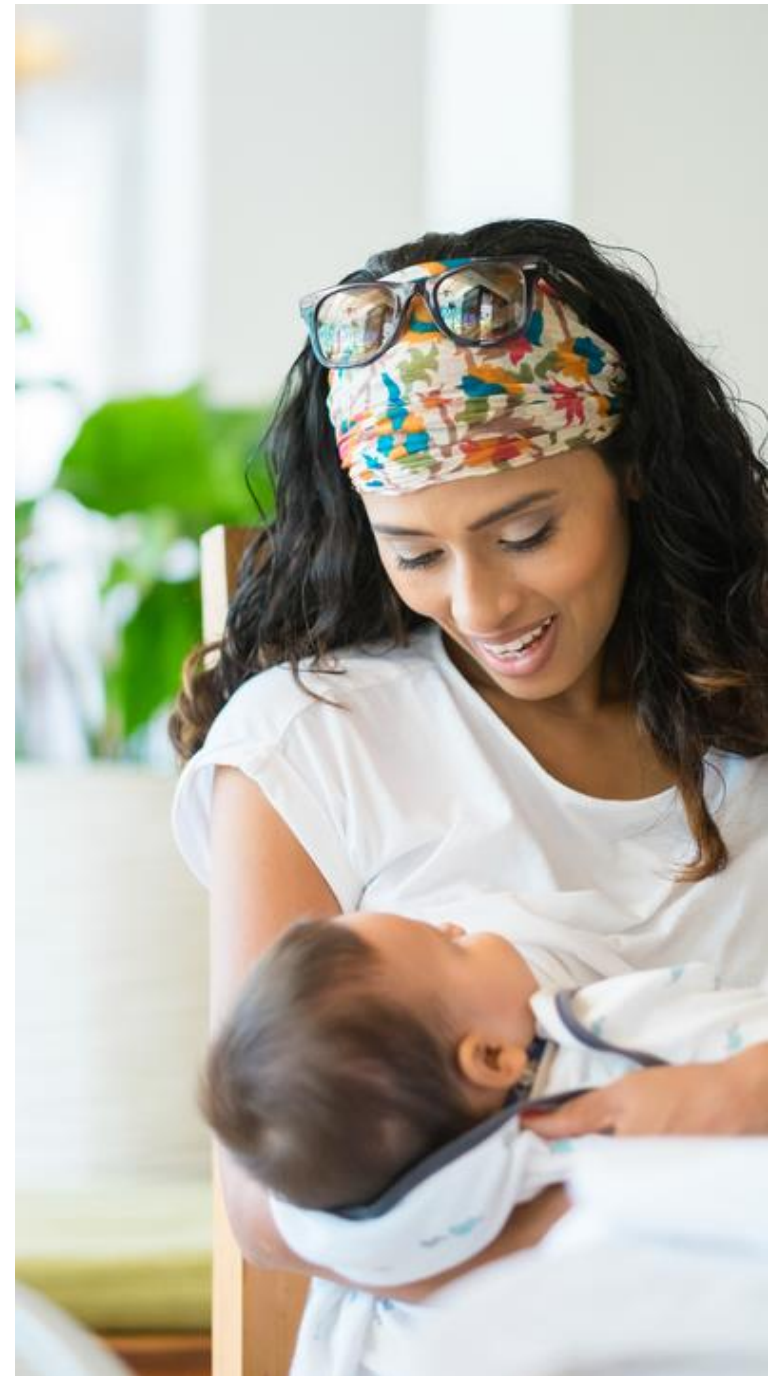
If you notice white patches in your baby's mouth, or you have itchy, red nipples or painful breasts during and after feeding, you may have thrush.

- Thrush is a mild yeast infection that is easily treated.
- Your doctor will prescribe an anti-fungal medication for both you and your baby.

Breastfeeding in public



Social influences upon breastfeeding



Knowledge

Attitudes

Confidence

Self efficacy

Empowerment



Importance of support

- A supportive partner is predictive of intention, initiation and duration
- Mothers whose partner supports them feel empowered, confident and competent
- Fathers most likely to support if they grew up around breastfeeding



Overview

- How others affect breastfeeding
- Grandmothers
- Fathers / partners
- General public



Grandmothers



One of the biggest influences on whether a mother breastfeeds is whether she was herself breastfed... especially if she knows how long for

Fathers & partners



Health Professionals



What do mums want from professionals?

- Continuity of care
- Time: 'Touching base'
- Empathy, affirmation, reassurance
- Information
- To be seen as a real person
- Not 'just' a mother
- To have their own needs considered



Barriers for midwives

- Time
- Staffing
- Priorities
- Resources

Bottle as
solution?

However

- Lack of training
- Some don't believe
- Disagree with 'new' research
- See role to protect new mum
- Don't want to pressurize



Public attitudes

SCIENCE & SOCIETY

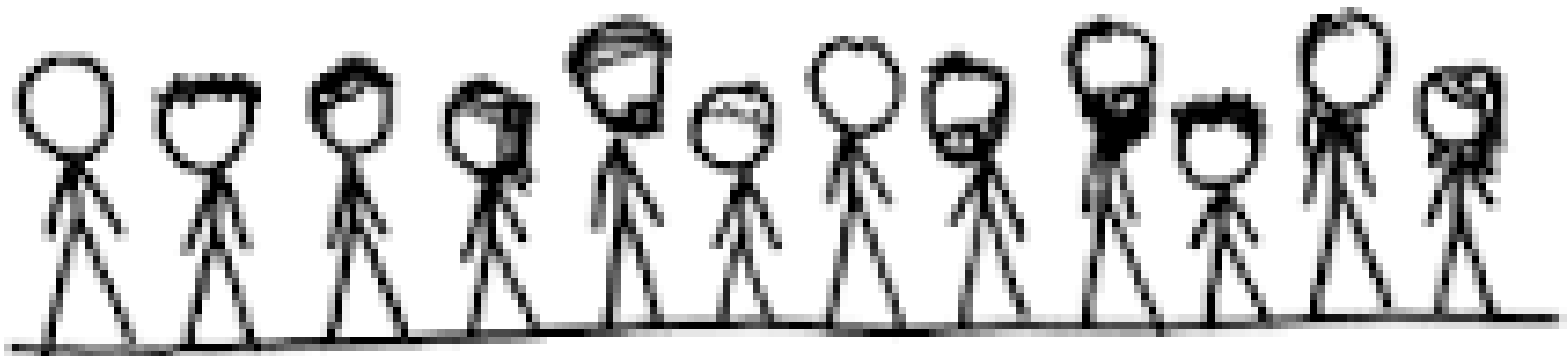
Breast is best, but not in my back-yard

Amy Brown*. 

Department of Public Health and Policy Studies, Swansea University, Swansea, SA2 8PP, UK

* Twitter: @Dr_AmyBrown

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... but we don't want to see it

- A YouGov survey in the UK found that 34% of the public agreed women breastfeeding in public was embarrassing for others and should not be done.
- USA [57%], Australia [30%] and France [44%].
- In Australia 82% believed that formula feeding was more acceptable than breastfeeding in public.
- In the UK more people believe it is acceptable for a woman to breastfeed in a toilet than it is in a restaurant or on public transport.
- **Sweden = 4% !!**

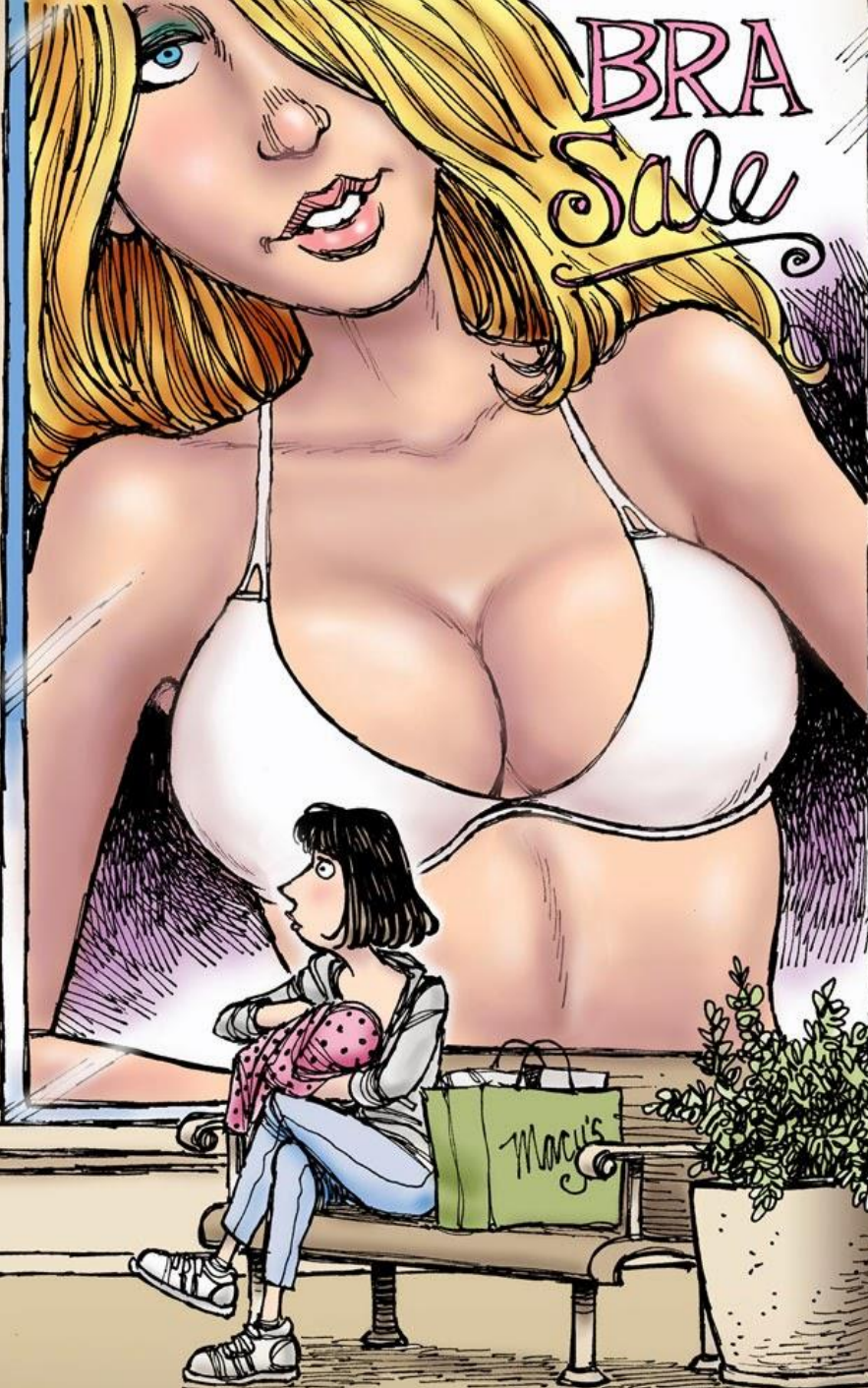


VICTORIA'S SECRET

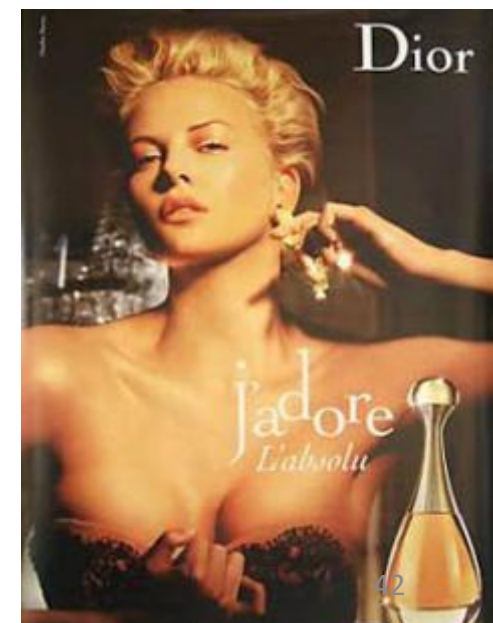
NURSING?!
THIS IS A
SHOPPING
MALL! WE CAN'T
ALLOW WOMEN
TO BRAZENLY
DISPLAY
THEIR
BREASTS!!



BRA
Sale









Even when practiced discreetly, raised eyebrows and disapproving glances still meet with those who dare to udder-feed in public.

A thought...

**Why is it called
breastfeeding in
public? Why not
simply a baby eating?**

**Why do we make it
about the actions of
women?**

To allow us to criticise?



Conclusion

Health staffs such as you can help the mothers and children for whom you care to breastfeed successfully. It is important to give this help, not only before delivery and during the perinatal period, but also during the whole of the first and second year of a child's life



Making Breastfeeding Happen

Questions?

