Lactation referral criteria:

- Latch score ≤7 for 2 consecutive feedings
- Nipple trauma (blisters, cracks, bruising)
- Pain throughout feeding
- Infant weight loss ≥8% birth weight
- Inadequate urine/stool output
- None/few audible swallowing after 24 hrs of age
- Hx of unsuccessful breastfeeding
- Hx of breast surgery
- Abnormal infant oral anatomy
- Mother of CCN/SCN infant
- Jaundiced infant
- Multiple births
- Premature infant

Lactation consultant will evaluate patient and refer out as needed.
AVAILABLE RESOURCES: (CONTINUED)

Breastfeeding Warm-Lines

Kent County Hospital  
Lactation consultant will return call.  
737-7000 x3332

Landmark Medical Center  
24-hour call-in information available.  
769-4100 x2218

Memorial Hospital of Rhode Island  
24-hour call-in information available.  
729-2291

Newport Hospital  
24-hour call-in information available.  
845-1110

South County Hospital  
Lactation consultant will return call.  
782-8020 x1226

Westerly Hospital  
24-hour call-in information available.  
348-2229

Women and Infants Hospital  
Monday through Friday 9 am to 9 pm. Saturday and Sunday 9 am to 5 pm.  
Nurse will return call within 1 hour. Outpatient appointments available. English and Spanish.  
(800) 711-7011
Breastfeeding Resources for Professionals

Rhode Island Department of Health
www.health.ri.gov/family/breastfeeding
Local breastfeeding information and resources for Rhode Island mothers and providers

Academy of Breastfeeding Medicine
www.bfmed.org
Worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation

American Academy of Pediatrics
www.aap.org/breastfeeding
Link to AAP policy statement on breastfeeding and the use of human milk and other clinical resources

United States Breastfeeding Committee
www.usbreastfeeding.org
National breastfeeding protection, promotion and support resources and publications

Breastfeeding Pharmacology
- Women & Infants Hospital Warm-Line (800) 711-7011
- Thomas Hale, RPh, PhD, Professor of Pediatrics, Texas Tech University School of Medicine, website at neonatal.ttuhsc.edu/lact/ or "Medications and Mothers’ Milk” reference book
Breastfeeding Resources for Patients

**Family Health Information Line**
www.health.ri.gov/family/breastfeeding
Answers to breastfeeding questions and referrals to local resources

**Women, Infants & Children (WIC)**
www.health.ri.gov/family/wic
Breastfeeding promotion and support in the Rhode Island WIC Program

**La Leche League International**
www.lalecheleague.org
Breastfeeding information and support by telephone or through local meetings

**National Women’s Health Information Center**
www.4woman.gov/Breastfeeding/index.htm
Breastfeeding information and resources for mothers

**Breastfeeding Laws in Rhode Island**

**R.I. Gen. Laws § 23-13.2-1 (2003)** requires employers to reasonably accommodate a breastfeeding mother by providing flexible breaks and a safe, clean, private place to pump or breastfeed her child. (HB 5507A, SB 0151A)

The nutrient balance in a mother’s milk is just right for her infant as he/she grows.

There are at least 12 anti-inflammatory agents in breastmilk which promote healthy immune system.

Immunoglobulin-A in colostrum protects the baby against Coxsakie B virus, Staph and E coli bacteria by painting the intestinal tract and blocking the pathogen’s adherence to the mucous membrane.

Lactoferrin prevents the growth of pathogenic organisms such as E coli, Salmonella and Candida Albicans by blocking iron utilization necessary for pathogen survival.

Breastfeeding decreases the risk of childhood cancers, asthma, bacterial infections, diarrhea, allergies, diabetes and SIDS.

Breastfeeding has been linked to improved dental hygiene and speech development.

Breastfeeding reduces the risk of breast, ovarian and endometrial cancer in mothers.

Breastfeeding mothers return to their pre-pregnancy weight sooner than their bottlefeeding counterparts.
The First 24 Hours

- Help all mothers initiate breastfeeding within the first hour of life.
- Promote skin-to-skin contact as much as possible, especially for temperature stability.
- Promote rooming-in throughout the hospital stay.
- Teach feeding cues (increased activity, mouthing, rooting) to mother and her support network.
- Instruct mother to offer the breast every 1-3 hours as baby shows feeding cues.
- Promote frequent suckling and milk removal to aid in milk production.
- Milk production begins following the delivery of the placenta. It takes 3-4 days before the breasts feel heavy with milk.
- Avoid statements such as: “You’re starving the baby” or “You don’t have enough milk for this baby.” Be aware that what you say to a mother and how you say it may undermine her confidence in her ability to provide adequate nutrition for her infant. Use positive and supportive language and body language.

Medical Indications for Supplementation

- DO NOT offer formula or suggest it to the parents unless it is MEDICALLY INDICATED (see chart below).
- If supplementation becomes necessary during this time, expressed breastmilk is always your first choice before formula.
<table>
<thead>
<tr>
<th>Infant's age</th>
<th>Medical indications for supplementation</th>
<th>Output guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤24 hours of age</td>
<td>BS ≤40 after adequate opportunity to breastfeed</td>
<td>1 wet diaper</td>
</tr>
<tr>
<td></td>
<td>Unavoidable separation</td>
<td>1 meconium by the end of 1st 24 hours</td>
</tr>
<tr>
<td></td>
<td>Maternal medications incompatible with breastfeeding*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infant clinically unable to feed at breast</td>
<td></td>
</tr>
<tr>
<td>≥24 hours of age</td>
<td>As above</td>
<td>2nd day: 2-3 wet &amp; 2 mec-brown</td>
</tr>
<tr>
<td></td>
<td>Wt loss ≥8% accompanied by delayed lactogenesis</td>
<td>3rd day: 3-4 wet &amp; 2-3 brown</td>
</tr>
<tr>
<td></td>
<td>Latch score ≤7 for 2 consecutive feedings</td>
<td>4th day: 6-8 wet &amp; 3-4 yellow seedy</td>
</tr>
<tr>
<td></td>
<td>No audible swallowing</td>
<td></td>
</tr>
</tbody>
</table>

*Verify medications through one of the following sources:
- Women & Infants Hospital Pharmacy (401) 274-1122 x 1265
- Thomas Hale, RPh, PhD, Professor of Pediatrics, Texas Tech University School of Medicine, website at neonatal.ttuhs.edu/lact/ or “Medications and Mothers’ Milk” reference book
## LATCH SCORE

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Latch</strong></td>
<td>Too sleepy or reluctant</td>
<td>Repeated attempts</td>
<td>Grasps breast</td>
</tr>
<tr>
<td></td>
<td>No latch achieved</td>
<td>Hold nipple in mouth</td>
<td>Tongue down</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stimulate to suck</td>
<td>Lips Flanged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rhythmic sucking</td>
</tr>
<tr>
<td><strong>Audible swallowing</strong></td>
<td>None</td>
<td>A few with stimulation</td>
<td>Spontaneous and intermittent &lt;24 hrs. old</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Spontaneous and frequent &gt;24 hrs. old</td>
</tr>
<tr>
<td><strong>Type of nipple</strong></td>
<td>Inverted</td>
<td>Flat</td>
<td>Everted (after stimulation)</td>
</tr>
<tr>
<td><strong>Comfort (Breast/Nipple)</strong></td>
<td>Engorged</td>
<td>Filling</td>
<td>Soft</td>
</tr>
<tr>
<td></td>
<td>Cracked, bleeding, large blisters, or bruises</td>
<td>Reddened/small blisters or bruises</td>
<td>Non-tender</td>
</tr>
<tr>
<td></td>
<td>Severe discomfort</td>
<td>Mild/moderate discomfort</td>
<td></td>
</tr>
<tr>
<td><strong>Hold (Positioning)</strong></td>
<td>Full assist (staff hold infant at breast)</td>
<td>Minimal assist (i.e. elevate head of bed; place pillows for support)</td>
<td>No assist from staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teach one side, mother does other</td>
<td>Mother able to position &amp; hold infant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff holds and then mother takes over</td>
<td></td>
</tr>
</tbody>
</table>
If you did not observe the feeding, ask the following questions to obtain latch score:

“L” (latch-on): How easily did your infant grasp your breast? Did it take several attempts?

“A” (audible swallowing): Did you hear your infant swallow? How frequently did you hear it?

“T” (type of nipple): Do your nipples stand out or do they flatten easily?

“C” (comfort): Are your nipples tender? Are your breasts becoming full and heavy?

“H” (help/holding): Did someone help you put the infant to breast? Would you like help with the next feeding?
Most commonly used positions are:

- a. clutch (football) hold
- b. cross-over hold
- c. cradle hold
- d. lying down

_c and d are more challenging at first. We recommend moms start with a and b._

- Both mother and baby should be comfortable.
- Baby should be chest to chest, at the level of the breast, with mom’s arm well supported by pillows.
- Baby’s body alignment should be straight: ear, shoulder and the hips in one line.
- Use the forearm to support the body, the palm to support the upper shoulders, holding the base of the head between the thumb and middle finger by placing them on or near the ears.
- Encourage mom to relax, lean back and hold the breast in “C” or “L” hold. 
  Mom should support the breast, but avoid lifting.
- Holding the breast with one hand and the baby with the other, stroke the upper lip with the nipple. Once the infant has opened the mouth wide enough, swiftly bring the baby to the breast.
- Look for a wide gape as the baby is approaching the breast.
- The latch should be led by the **chin**, nipple aimed towards the roof and back of the mouth. Once latched, both the tip of the nose and the chin should be touching the breast with the lips flanged out.
- Note the wide jaw openings which can be seen near the ears. Rapid suckling slows to steady rhythmic one suck per second after milk flow has started. Frequent, clearly-heard swallowing at least every 2-3 suckles once baby is 24 hours of age.
- Smacking, clicking or dimpling in baby’s cheeks or pinching and pain at the breast is not acceptable even if it looks “good” from the outside. Improve positioning or relatch.
Offer breast at least every 2-3 hours and more frequently as baby desires. Infants are the best judge of their hunger. Listen to their feeding cues. 8-12 times a day is average.

- Feeding cues to remember:  
  - Wiggling in their sleep  
  - Fluttering eyelids  
  - Making sucking noise or motion with the mouth and bringing hands to the mouth

- Let the baby nurse as long as he or she wants on the first side then offer the second. Observe for adequate swallowing and comfortable latch.

- Teach mom to massage the breast to help remove more milk. Encourage mom to watch the baby rather than the clock.

- Don’t force a sleepy baby to the breast. This will only frustrate the parents and the baby and may undermine mom’s ability to feed her baby. Only work with the baby at the breast for 10 minutes if no latch, then settle mother and baby skin-to-skin to rest. This will stimulate mother’s milk production and allow baby to show hunger cues when she’s ready to eat.

- Don’t give artificial milk unless no breastmilk is available, and infant has a medical reason to be supplemented.

- Minimum output (AAP provides no specific guidelines for output amounts on days 1 and 2):
  
  | Urine output: | 3rd day: 3-5 | Bowel Movement: | 1st day: black tarry |
  | 4th day: 3-5 | 2nd day: brown tarry |
  | 3rd day: 3-4 brown or green | 4th day: 3-4 loose yellow |

* these are general guidelines

- Weight loss in the infant ≥8% birth weight indicates possible breastfeeding problems and requires further assessment. Excessive IV fluid prior to birth may artificially boost the birth weight.
SORENESS VS. TENDERNESS

**Soreness:**
- Caused by poor latch, incorrect positioning or bad alignment.
- The pain lasts during the whole feeding.
- Teach correct feeding techniques.
- Suggest to air-dry the nipples with expressed breastmilk.
- Suggest use of Lansinoh ointment (sparingly and only on the sore area).
- Start the feedings on the least sore side.
- Call for a referral with 2 latch scores ≤7.

**Tenderness:**
- Slight tenderness is normal.
- Initial discomfort with latch should not last more than 30 seconds, max 60 seconds.
- Encourage mom to air-dry her breast.
- Use of different positions may decrease tenderness.
- Blisters, “lipstick” shape of the nipples, redness or any bleeding is not normal.
- At the end of the feeding, nipples should be round and slightly elongated.
- Hold the baby more closely with more of areola in the mouth.
Physiological Engorgement (fullness):
• Normal physiological response to lactation.
• Baby is able to latch-on easily.
• Breast feels a lot softer after the feeding.
• Encourage mom to feed the baby at least every 2-3 hours and anytime baby shows feeding cues.
• Avoid any bottles of formula or pacifiers.
• Continue to monitor infant’s output and weight.
• May apply warm compress to the breast for comfort and to promote let-down. Apply cold compress after feeding to reduce swelling.

Pathological Engorgement:
• Caused by inadequate milk removal, bottlefeeding using formula, and/or infrequent feedings.
• Breasts are hard, warm to touch and tender.
• Due to tightness of areola, infant is unable to latch correctly.
• Due to swelling, mom is unable to let down.
• Apply ice to the breast followed by warm compress (ice will decrease swelling and heat will increase flow).
• Gently express some milk to soften the areola.
• Feed the baby around the clock and encourage mom to rest and avoid any artificial baby milk.
• Continue to monitor infant output and weight.
• Refer patient to lactation consultant.
1. Push handle end of piston into cylinder. Make sure the cylinder is labeled “Advanced.”

2. Screw cylinder into pump connector VERY TIGHTLY.

3. Push the pump connector into the opening on the Lactina®. Rotate the connector assembly to the right; make sure the tab on the pump connector fits securely into the slot in the pump housing.

4. Push the narrow section of the piston into the rubber clamp of the pumping arm on the Lactina®. Rotate the piston until it fits snugly in the clamp.

5. Screw bottles into breastshields or use disposable Collection and Storage and Freezing (CSF) Bags article #87010 or #87013 (Sold separately).

6. Push clear ends of tubbings into the small round openings in the backs of the breastshields.
**Who should be pumping?**
Mothers who have:
- infants in SCN or CCN (need a double kit)
- infants with a weight loss $\geq 8\%$, latch scores $\leq 7 \times 2$ and need to be supplemented
- infants who are close to 24 hours old and haven’t yet breastfed well (score $\leq 7$)
- inverted, flat or sore nipples
- been using a nipple shield
- history of breast surgery
- medical conditions, such as hemorrhage or shock that prevent effective breastfeeding

**Frequency and Care**
- Pump every 2-3 hours collecting from each breast for approximately 15 minutes.
- Always start at lowest suction level, increase the pressure gradually.
- Inform patient that initially the goal is stimulation, thus may not have any milk.
- Wash the parts with hot soapy water (avoid hand soap, it will leave a residue on the parts), rinse well.
- Don’t wash the tubing.
Breastmilk Collection
- Mother may hand express or pump her breastmilk.
- Use hard plastic or glass containers for long-term breastmilk storage.
- Collect breastmilk in small portions to reduce waste.
- Chilled breastmilk expressed on the same day may be combined.
- Clearly label containers with baby's name and collection date.

Breastmilk Storage/Thawing/Feeding
- Refrigerate fresh or thawed breastmilk within one hour.
- Thaw breastmilk in refrigerator, in bowl of warm water or under warm running water with container tightly sealed. Do not let water touch mouth of container.
- Feed baby breastmilk cool, at room temperature, or warmed up to body temperature.
- Never microwave breastmilk or warm on the stove.
- Use thawed breastmilk within 24 hours. Do not refreeze.
- Swirl container to evenly mix milk before feeding.
- Discard warmed breastmilk not used for feeding.
- Discard breastmilk left in container after feeding if not used within 1 hour.
<table>
<thead>
<tr>
<th></th>
<th>Fresh</th>
<th>Refrigerator</th>
<th>Standard Freezer**</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITALIZED</td>
<td>refrigerate w/in 1 hr*</td>
<td>use or freeze w/in 48 hrs</td>
<td>up to 3 months</td>
</tr>
<tr>
<td>NON-HOSPITALIZED</td>
<td>refrigerate w/in 4 hrs*</td>
<td>use or freeze w/in 72 hrs</td>
<td>same as above</td>
</tr>
</tbody>
</table>

*refrigerate immediately if room temperature greater than 77°F or 25°C
**store up to 6 months in a deep freezer kept at –4°F or –20°C

**PUMP RENTAL**

Contact your patient’s birthing hospital warm-line or her health insurance provider or visit www.health.ri.gov/family/breastfeeding/insurancebenefits.php for pump rental and coverage information.
At 8% loss, investigate feeding effectiveness and develop feeding plan. If further loss occurs, consider referral to lactation specialist.
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