

# Clinical Care Path for Breastfeeding



## PRENATAL



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National Breastfeeding Awareness Campaign, Community Demonstration Project, Camden, NJ  
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| Questions to Ask<br>Optimal Clinical Care  | Red Flags<br>Record and Monitor<br>all that apply   | Care, Counseling &<br>Referral  |
|--|---|---|
| <p>Ask the following:</p> <ul style="list-style-type: none"> <li>• How can I help you breastfeed?</li> <li>• What are your concerns for breastfeeding?</li> <li>• What are your plans for breastfeeding?</li> <li>• If you have breastfed before, what concerns do you have from this experience?</li> <li>• How does your family/partner feel about you breastfeeding?</li> <li>• Have you had any breast surgery?</li> <li>• How have your breasts changed since you've been pregnant?</li> <li>• Do you take medications either prescription or non-prescription?</li> <li>• Do you use herbal, homeopathic, or other alternative medicine?</li> <li>• Is there a history of smoking tobacco, regular alcohol consumption, or substance abuse?</li> <li>• Tell me about your typical diet. Are there foods that you don't eat or foods that you eat a lot of, and what are they?</li> </ul> | <ul style="list-style-type: none"> <li>• Language barrier or problems communicating</li> <li>• Ambivalence or lack of support system</li> <li>• Failed or extreme difficulty with previous breastfeeding experience.</li> <li>• Lack of breast changes during pregnancy.</li> <li>• Breast/nipple irregularities such as tubular breasts.</li> <li>• Medications or herbal supplements that are or may be contraindicated</li> <li>• Medical history (diabetes, PCOS)</li> <li>• Maternal smoking</li> <li>• Regular use of alcohol</li> <li>• Substance abuse (breastfeeding contraindicated)</li> <li>• Methadone maintenance (breastfeeding okay)</li> </ul> | <ul style="list-style-type: none"> <li>• Appropriate translator if Low English Proficiency</li> <li>• Community support group</li> <li>• Consumer products: books, videos, brochures</li> <li>• Hospital or other breastfeeding class</li> <li>• WIC program, if eligible</li> <li>• * Failed or extreme difficulty with any previous breastfeeding experience</li> <li>• * Lack of breast changes during pregnancy</li> <li>• * Large periareolar incision or evidence of breast surgery (reduction, augmentation or other)</li> <li>• * Breast/nipple anomalies</li> <li>• Contraindicated medications: referral to explore alternatives when possible (1, 2)</li> <li>• Tobacco or alcohol use</li> <li>• * Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC</li> </ul> |

### Reference:

1. Hale TW. Medications in mother's milk 11<sup>th</sup> ed. Amarillo, TX: Pharmasoft; 2004
2. American Academy of Pediatrics. Committee on Drugs. The transfer of drugs and other chemicals into human milk. Pediatrics. 2001;108:776-789.

# PERIPARTUM Maternal Care

| Questions to Ask<br>Optimal Clinical Care  | Red Flags<br>Record and Monitor   | Referral for<br>Additional Support   |
|--|---|--|
| <p>Mother:</p> <ul style="list-style-type: none"> <li>• Provide an environment that portrays breastfeeding as the norm</li> <li>• Support natural childbirth</li> <li>• Prepare mothers with information about what to expect in the delivery hospital/setting</li> <li>• Instruct labor/delivery partner (father of baby, doula) in their role to support breastfeeding</li> <li>• Use medications that are compatible with breastfeeding, if possible</li> <li>• Avoid oversedation</li> <li>• Avoid overhydration</li> <li>• Continuous skin to skin contact after delivery</li> <li>• Initiate breastfeeding within an hour of birth</li> <li>• Avoid mother/baby separation</li> <li>• Assess breasts/nipples before, during and after breastfeeding</li> </ul> <p>Ask the following:</p> <ul style="list-style-type: none"> <li>• How are you doing?</li> <li>• How is breastfeeding going?</li> <li>• What concerns do you have about breastfeeding?</li> <li>• What are your plans for breastfeeding?</li> <li>• What have you decided about family planning?</li> </ul> | <p>Mother:</p> <ul style="list-style-type: none"> <li>• Previous negative breastfeeding experience</li> <li>• Unrealistic expectations</li> <li>• Low confidence</li> <li>• Language barrier (document use of interpreter)</li> <li>• Anxiety/depression</li> <li>• Taboos (eg. colostrum)</li> <li>• C-section delivery</li> <li>• Complications of delivery</li> <li>• Mother/baby separation</li> <li>• Excessive post-partum pain</li> <li>• Underlying medical conditions (eg. diabetes)</li> <li>• Smoking (maternal or environmental)</li> <li>• Maternal medications that may be contraindicated</li> <li>• Edematous nipples/areolas</li> <li>• Flat/inverted nipples</li> <li>• Nipple damage</li> <li>• Evidence of breast surgery</li> <li>• Contraception</li> </ul> | <p>Mother:</p> <ul style="list-style-type: none"> <li>• Unrealistic expectations regarding feeding schedule</li> <li>• * Mother in ICU or medical complication</li> <li>• Complications of delivery</li> <li>• * Breasts/nipples that require assistive devices (nipple shield, breast pump, etc.)</li> <li>• Absence of lactogenesis-II by day 3 or before hospital discharge</li> </ul> <p>* Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC</p> <p>BEFORE DISCHARGE:</p> <ul style="list-style-type: none"> <li>• Schedule maternal follow-up at 6 weeks; sooner if items in this column are noted.</li> <li>• Coordinate care with additional providers (WIC, Community Support Groups, etc.)</li> </ul> |

Additional references:

1. American College of Obstetricians and Gynecologists. Breastfeeding: Maternal and Infant Aspects. ACOG Educational Bulletin No. 258. Washington, DC: ACOG, July 2000.
2. AWHONN Evidence-based Clinical Practice Guideline. Breastfeeding support: Prenatal care through the first year. Association of Women's Health, Obstetric and Neonatal Nurses, 2000
3. U.S. Department of Health and Human Services. HHS Blueprint for Action on Breastfeeding, Washington, DC. U.S. Department of Health and Human Services, Office on Women's Health, 2000

# PERIPARTUM

## Infant Care: Healthy Term Newborn

| Questions to Ask<br>Optimal Clinical Care  | Red Flags<br>Record and Monitor   | Referral for<br>Additional Support  |
|--|---|---|
| <p>Infant:</p> <ul style="list-style-type: none"> <li>• How is the baby doing?</li> <li>• Assess baby's eagerness to feed.</li> <li>• Initiate breastfeeding early then at least 8 attempts per 24 hours, facilitated by skin to skin care and continuous rooming-in.</li> <li>• Monitor glucose selectively, for SGA, LGA, and other risk groups. Best response to asymptomatic hypoglycemia is early and frequent breastfeeding.</li> <li>• Recognize minimum vol. required: 1/2 oz. on first day, 3-5 oz. on second day of life.</li> <li>• Monitor weight at least daily</li> <li>• Consider test weights for high risk infants</li> <li>• Expect at least 1 void on DOL #1</li> <li>• Discourage pacifier use</li> <li>• Avoid supplements unless a medical indication exists</li> <li>• Monitor for signs and symptoms of jaundice</li> </ul> <p>Dyad:</p> <ul style="list-style-type: none"> <li>• Evaluate breastfeeding (latch, position)</li> <li>• Document on mother's and baby's chart</li> <li>• Refer to community support group</li> </ul> | <p>Infant:</p> <ul style="list-style-type: none"> <li>• Congenital anomalies or other medical condition affecting breastfeeding</li> <li>• Ankyloglossia</li> <li>• Multiple birth</li> <li>• Gestation less than 38 weeks</li> <li>• Baby sleepy or slow to latch on</li> <li>• Disorganized suckle</li> <li>• Symptomatic hypoglycemia</li> <li>• Early jaundice</li> <li>• Persistent meconium stools on DOL# 3</li> <li>• Weight loss &gt; 7% of birth weight</li> </ul> <p>Dyad:</p> <ul style="list-style-type: none"> <li>• Mother/baby separation</li> <li>• Infrequent attempts, &lt; 8 times per 24 hours</li> <li>• Trouble latching on</li> </ul> | <p>Infant:</p> <ul style="list-style-type: none"> <li>• * Ankyloglossia (may require surgical correction, can be done by pediatricians, or ENT/oral surgeons)</li> <li>• Sleepy baby</li> <li>• Disorganized suckle</li> <li>• * Breast aversion</li> <li>• * Trouble latching on</li> <li>• Weight loss &gt; 7% of birth weight</li> <li>• Early jaundice</li> <li>• Multiple birth</li> <li>• Gestation &lt; 38 weeks</li> </ul> <p>* Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC</p> <p>BEFORE DISCHARGE:</p> <ul style="list-style-type: none"> <li>• Schedule first follow-up appointment for baby at DOL 3-5</li> <li>• Additional problem oriented visits may be necessary</li> <li>• Coordinate care with additional providers (WIC, Community Support Groups, etc.)</li> </ul> |

Additional references:

1. American Academy of Pediatrics, Section on Breastfeeding: Breastfeeding and the use of human milk. *Pediatrics*. 2005;115:496-506.
2. American Academy of Family Physicians. Breastfeeding and infant Nutrition, 1994. 1998-1999 AAFP Reference Manual. Washington DC: American Academy of Family Physicians, 1994, p. 51. <http://www.aafp.org/policy/75.html>.

# FIRST FOLLOW-UP VISIT FOR INFANT AT 3 - 5 DAYS OF LIFE

Home visit or ambulatory visit in office  
setting (Infant's Medical Home)

| Questions to Ask<br>Optimal Clinical Care   | Red Flags<br>Record and Monitor  | Referral for<br>Additional Support  |
|---|--|---|
| <p>Infant:</p> <p>Assessments include:</p> <ul style="list-style-type: none"> <li>• Eagerness to feed</li> <li>• Ability to latch; suckle</li> <li>• Weight</li> <li>• Elimination patterns</li> <li>• Jaundice</li> <li>• Need for vitamins, minerals, or supplement</li> </ul> <p>Mother:</p> <ul style="list-style-type: none"> <li>• Congratulate</li> <li>• Provide reassurance</li> <li>• Support exclusive breastfeeding</li> </ul> <p>Ask the following:</p> <ul style="list-style-type: none"> <li>• What are your expectations for breastfeeding including work, social, family?</li> <li>• How is your support system helping?</li> <li>• What kind of pain are you having?</li> <li>• Do you have painful breasts or sore nipples?</li> <li>• Tell me about your milk production.</li> <li>• What have you decided about family planning?</li> <li>• What do you know about maintaining your milk supply?</li> <li>• Are you taking medications/herbals?</li> <li>• What are your plans for work?</li> </ul> <p>Discuss:</p> <ul style="list-style-type: none"> <li>• Methods of milk expression</li> <li>• Common problems/solutions</li> <li>• How to get help</li> </ul> | <p>Infant:</p> <ul style="list-style-type: none"> <li>• Excessive Sleepiness</li> <li>• Weight loss &gt; 7%</li> <li>• Continued downward trend of weight beyond DOL #4</li> <li>• Under birth weight at 10 - 14 days</li> <li>• Jaundice</li> <li>• For DOL #3: Less than 3 voids, and less than 1 stool or persistent meconium or pale stool</li> <li>• For DOL #4-5: Less than 5 voids, and less than 3 stools (should be yellow and seedy)</li> <li>• GER or vomiting</li> </ul> <p>Mother:</p> <ul style="list-style-type: none"> <li>• Nipple damage</li> <li>• Engorgement</li> <li>• Mastitis</li> <li>• Low supply</li> <li>• Post-partum depression</li> <li>• New medications</li> <li>• Restrictive diet</li> <li>• Lack of support system</li> <li>• Perception of low milk supply</li> <li>• Mother-baby separation</li> </ul> | <p>Infant:</p> <ul style="list-style-type: none"> <li>• Abnormal state of arousal or abnormal neurological exam</li> <li>• * Problems latching on</li> <li>• * Ankyloglossia</li> <li>• * Slow weight gain or excessive loss</li> <li>• Jaundice</li> </ul> <p>Mother:</p> <ul style="list-style-type: none"> <li>• * Absence of lactogenesis-II by day 3 of life, soft breasts</li> <li>• New medications</li> <li>• Use of herbal, homeopathic or alternative treatments</li> <li>• Need for breast pump</li> <li>• *Need for assistive breastfeeding devices (eg. supplemental nursing system, shields)</li> <li>• Excessive vaginal bleeding</li> <li>• * Continued nipple or breast pain</li> <li>• Post-partum depression</li> <li>• Smoking cessation</li> <li>• WIC eligibility</li> </ul> <p>* Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC</p> |
| <p><b>Determine Need for Additional Problem Oriented Visit</b></p>  |  |   |