Transitioning Baby to the Breast

Nancy Mohrbacher, IBCLC, FILCA

Transitioning from...
- Bottle
- Sipping or lapping methods
  - Cup
  - Bowl
  - Spoon
  - Syringe
- Tube feeding
- Preterm/ill baby
- Nipple shield

Does It Really Matter How Baby Gets the Milk?


Long-term pumping can be a hardship
- Stressful: “Triple duty” compared to breastfeeding
- Hormonal levels differ from less body contact

Affects breastfeeding duration
- 4 months after preterm birth:
  - 72% still breastfeeding
  - 10% still pumping
- Earlier formula use increases risk of negative health outcomes

Affects milk quality
- After expression, vitamin, antioxidant, immunological levels decrease
- Freezing kills live cells
- Contamination risk
- Leaching from container & effect on components

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Affects baby's oral development
- Breastfeeding promotes normal development
- Bottle-feeding increases risk of oral malformations
  - Cross-bite
  - Maxillary atresia

Affects feeding volumes, weight gain & obesity risk
- Consistent flow = more milk faster
- Overrides appetite control mechanism

Affects stress levels in preemies
- Fast milk flow of bottle disrupts organization of suck-swallow-breathing
- Greater incidence of oxygen desaturation, apnea, bradycardia
  Meier, Nurs Res 1986; 37(1):36-41

At what age should we lose hope that baby will breastfeed?

Babies are hardwired to breastfeed
Breast-seeking behaviors seen 8 mo to school age
Despite age & other feeding methods, older babies & toddlers do transition to breast

Priorities
1. Feed the baby
2. Protect mother's milk production
3. Support baby's transition to breast
Transitioning Baby to the Breast

Our Primary Job: Ooze Confidence in Breastfeeding

With Any Transition Start with the Basics

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With Any Transition Start with the Basics

Keep the Breast a Pleasant Place

• Share positive time together there
  – Talk
  – Smile
  – Play
• Don’t let it become a battleground

Let Gravity Help

Mother leans back & baby rests hands free, tummy down on her body

Identified 20 Primitive Neonatal Reflexes


Include:
- Rooting
- Suck
- Swallow
- Hand to mouth
- Mouth gaping
- Tongue licking
- Arm & leg cycling
- Head lifting
- Head bobbing
- Stepping, crawling

Videotaped 40 mothers/baby pairs
20 primitive neonatal reflexes (PNRs)
PNRs work for or against breastfeeding, depending on positioning

Photo: Melanie Ham
Sitting up, PNRs made latching more difficult.

Pull of gravity caused gaps, head-butting, arching away.

A newborn’s curved spine makes her flail like a turtle on its back.

Turn baby over & she has much more body control.

Start with Positions Easier for Baby.

Adjust Body, Baby, Breast.

www.YouTube.com/NancyMohrbacher
Adjust Your Baby

Think Clock

- Below your breasts
- Across your body
- Supported at your side
- Over your shoulder

Adjust Your Breast, Think Sandwich

- Compress breast into an oval
- Fingers parallel to baby’s lips
- Like hamburger, not taco


Breast Shaping

Keep baby at breast level, less to juggle

“Breast sandwich”

Photo: The Breastfeeding Atlas

“Nipple-Tilting”

Photo: Rebecca Glover, RM IBCLC

Use Sleep

Lowers baby’s resistance to the breast

- Breastfeed while baby sleeps
- Hold baby at breast during sleep

Smillie in Genna, Supporting Sucking Skills in Breastfeeding Infants, 2013

Cuddle drowsy, sleeping baby in natural feeding positions

- Triggers inborn reflexes
- Blunts reflex response & frustration

Colson. MIDIRS Midwifery Digest 2003; 13(1):92-97

Photo: Melanie Ham
Basics Checklist

- If mother lifts her arms, does baby stay in place?
- Is mother fully relaxed & partly reclined, not upright or completely flat?
- Is baby tummy down (frog legs) & heads up (head higher than bottom)?
- Tried varying baby’s lie (clock)?
- Baby’s feet touching mother or something else?
- Tried breast shaping (hamburger not taco)?
- Is baby upset, need to be calmed (arousal state)?

Skin-to-Skin and Body Contact

Without pressure to take breast

If baby becomes unhappy, move away


With Severe Latch Problems

- Half were skin-to-skin during breastfeeding tries, half weren’t
- Same % overcame problems
- In STS group, happened twice as fast


Feed a Little First

If awake, feed a little so baby’s not ravenously hungry

Will be more open to trying something new

Scalisi & Weisunger. In Supporting Sucking Skills in Breastfeeding Infants, 2nd ed. by C.W. Genna, 2013, p. 105-48

Target Strategies to the Cause

IF BABY STILL BALKS AT THE BREAST, CONSIDER THE 4 Fs

- FEEL
- FLOW
- FAMILIARITY
- FITNESS to breastfeed

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FEEL?
- Expectations altered by artificial nipples?
- Positioned to trigger feeding behaviors?
- Latched deeply enough to trigger active sucking?

FEEL Issues
- Use positioning, body contact, & sleep to release feeding reflexes
- Adjust for a deeper latch

Use tools to evert or firm mother’s nipple (FEEL):
- Inverted syringe
- Nipple everter
- Apply cold
- Breast pump
- Nipple shield


FLOW?
- Baby used to instant, consistent flow?
- Mother’s milk production low?

To increase flow
- Boost low milk production
- Deliver instant flow at breast
  - Spoon
  - Eyedropper
  - Syringe
  - At-breast supplementer

FAMILIARITY?
- Negative oral experiences?
- Hair-trigger temperament?
- Used to another feeding method?
When transitioning from another feeding method, take baby steps.

**FAMILIARITY Issues**

- **Sipping/Lapping Methods**
  - Muscles used more similar to breastfeeding than bottlefeeding
  - May lead to easier transition to the breast

**Baby Steps from the Bottle**

- Make bottle-feeding more like breastfeeding

**Bottle-feed at breast**

- Rest baby’s cheek against exposed breast
- Wrap bottle in cloth so baby can’t touch it

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**FITNESS to breastfeed**

Is baby in pain?
Is there a physical or health issue affecting breastfeeding?

**Fitness Issues**

Baby
- Unusual oral anatomy?
- Pain or birth injuries?
- Respiratory issues?
- Preterm?
- Health issues?
- Neurological or tone issues?

Mother
- Large breasts?
- Taut breast tissue?
- Unusual nipple placement?
- Unusual nipple anatomy?

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**Do What Works. Don’t Do What Doesn’t Work.**

**One Mother’s Story**

Daily average of supplement given to baby

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**Transitioning Preterm Babies to the Breast**
When to Start Breastfeeding

Rather than “readiness,” think of breastfeeding as a normal behavior like walking & talking.

71 healthy babies born at 26-35 wk
- Breastfeeding began when babies breathe without ventilator or CPAP
- Earliest breastfeeding: 28 wk gestation


Keep environmental stimulation
- Lights
- Sound
- Touch

to a minimum


If baby has breathing or heartbeat irregularities
- At first, HCP monitors baby during feedings
- If baby stays stable, mother can monitor breathing & color


Baby Signs

Nyqvist, in Supporting Sucking Skills in Breastfeeding Infants 2013

Keep Breastfeeding | Stop Breastfeeding

<table>
<thead>
<tr>
<th>Keep Breastfeeding</th>
<th>Stop Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in Physiology</td>
<td>Fast, slow heartbeat or breathing</td>
</tr>
<tr>
<td>Regular heartbeat and breathing</td>
<td>Color changes (pale, flushed)</td>
</tr>
<tr>
<td>Skin color unchanged</td>
<td></td>
</tr>
<tr>
<td>Movements</td>
<td></td>
</tr>
<tr>
<td>Stable muscle tone</td>
<td>Low muscle tone</td>
</tr>
<tr>
<td>Tucks himself closer to breast</td>
<td>Maintains flexed arms or legs</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Stable sleep or alertness</td>
<td>Drowsy; moves with closed eyes</td>
</tr>
<tr>
<td>Stares easy to distinguish</td>
<td>Fast shifting between states</td>
</tr>
<tr>
<td>Interactions</td>
<td></td>
</tr>
<tr>
<td>Orient to mother’s face, voice</td>
<td>Looks away</td>
</tr>
<tr>
<td>Mimics facial expressions, coos</td>
<td>Eyes “float” side to side or roll</td>
</tr>
</tbody>
</table>
**Preterm Breastfeeding Stages**

Nyqvist, In Supporting Sucking Skills in Breastfeeding Infants 2013

Older or healthier babies may start at a later stage

1. Tube-feeding, skin-to-skin contact, and frequent milk expression
2. Breastfeeding begins—Rooting, licking, mouthing
3. Single sucks, short bursts, long pauses, some milk intake
4. Longer suckling bursts, stays fixed longer, more milk more often, supplements gradually reduced
5. Milk intake increases, occasional larger volumes
6. Milk intake varies, immature sucking pattern, can fully breastfeed with semi-demand feeding
7. Vigorous, mature sucking, long bursts, breastfeeds on demand

Photos: Kirsten Hedberg Nyqvist, RN, PhD

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**Semi-Demand Feeding**

Stage 6 of 7

When most Swedish preemies are discharged

Effective with late preterm babies

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**Semi-Demand Feeding**

Don’t rely on baby’s cues alone
Initiate feedings every 1-2 hr during waking hours
Used until about term corrected age

Photos: Kirsten Hedberg Nyqvist, RN, PhD

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**To Qualify for NICU Semi-Demand Feeding**


Baby 32-36 wk, gaining well
Mother producing ≥200 mL/day, wants to BF & is available ≥6 hr stretches

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**Semi-Demand Feeding Protocol**


- Morning wt & daily milk volume set
- Test wt at feedings
- Feed on cue
- Wake after 3 hr
- Gavage supplement
- Fully semi-demand, no supplements

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Feeding More Often Improves Feeding Tolerance

VLBW fed 2 hr reach full feedings 2.7 days sooner than fed 3 hr
VLBW fed 3 hr more likely to:
- ≥28 days of parenteral nutrition
- Have feeds held for ≥7 days


Odor of Mother’s Milk Speeds Transition to Oral Feedings

Preemies who smelled mother’s milk while gavage fed transitioned to oral feedings 3 days earlier than controls


Cue-Based & Paced Bottle Feeding

Feed when baby cues
Use paced bottle feeding
See handout For the Caregiver of a Breastfed Baby

Video: Paced Bottle Feeding by Wilson-Clay, IBCLC, FILCA & Hoover, MEd, IBCLC, FILCA; Available from www.breastfeedingmaterials.com

Practice Makes Perfect

On average babies began taking milk at breast: 30 6/7 wk

With regular practice, by 36 wk 57 of 67 (85%) exclusively breastfeeding, some at 32 wk

Median age of exclusive breastfeeding: 35 wk


Feeding practice better predictor of effectiveness than gestational age


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Emotional Barriers

Mother’s gain? (↑ time, ↓ work)

Value of breastfeeding (not just the milk)

Start in the hospital (> nutrition)


0 of 785 Swedish mothers pump/bottle-feed at d/c


Emotional Barriers

Signs of milk intake

– Swallowing sounds
– See milk around mouth

Wt check

Test wt

– Reliable for measuring milk intake at breast
– Even reliable with leads

Nipple Shields?

Useful tool if preemie:
– Slips off nipple at pauses
– Falls asleep quickly

Preemies on shield took mean 14.4 mL more milk

No association between length of shield use & breastfeeding duration

Nipple Shields?

Reasons Nipple Shields Used

Mother-related: 63%
– Flat or inverted nipples
– Nipple pain
– Nipple trauma
– Engorgement

Baby-related: 39%
– Poor or weak latch
– Ineffective suck

Nipple Shields

Nipple Shields once considered verboten by many, but pendulum has swung back

J Hum Lact 1996;12(4)

95% of LCs & 80% of other HCPs use nipple shields in their practice


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Reasons Nipple Shields Used

Nipple shield use
- 3 days: 18%
- 3 mo: 10%
- 9 mo: 1%

Reasons at 3 days
- Latch problems (62%)
- Nipple trauma (29%)
- Pain (7%)

Women who used shields at 3 days had higher BMIs at start of pregnancy than those who didn’t use shields


Deep latch key to milk transfer

Shield tip should not be visible during breastfeeding

Photos: Catherine Watson Genna, BS, IBCLC

Thick, rubber shields reduced milk intake by 22%
- Do mothers need to pump to maintain milk production?
- Study babies had breastfed well & were using shield for 1st time

Woodridge. Early Hum Dev 1980;4(4):357-64

Nipple Shield Application

- Signs of milk transfer:
  - Milk seen in the shield after feedings
  - Swallowing sounds
  - Breast feels less full, heavy

- Weight checks
- Test-weighing

No difference in weight gain in babies using thin, silicone nipple shield vs not using shield


Lower weight gain in shield group that got less support

Weaning from a Nipple Shield

- Start with shield on
- When swallowing, slip off shield, slip in breast
- If not, try again at a relaxed time
- Not every day

Cutting the shield no longer recommended

- Was safe with latex shields
- With silicone shields, creates sharp edges

Priorities

1. Feed the baby
2. Protect mother’s milk production
3. Support baby’s transition to breast

- 67% eventually weaned from shield
- 33% used it throughout
  - 11% could have nursed without it
  - Continued using it for greater comfort


When the basics don’t work, think “Four Fs”

- Is it a fitness issue?
- Use feel, flow & familiarity to help baby take the breast

Target tools & strategies to the problem’s cause
Babies are hardwired to breastfeed

Choose strategies that make the most of baby’s hardwiring

Questions?
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