The Non-latching Infant: the first 48 hours and beyond...

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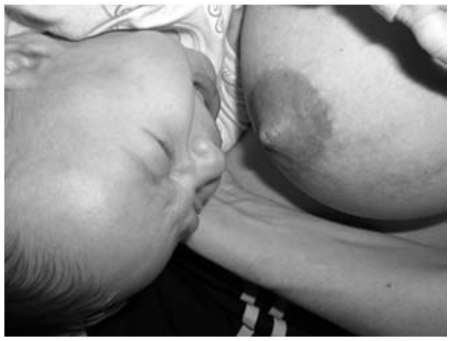
Overview

- Biological program for feeding
- Importance of skin to skin
- Conditions impacting latch
- Going back to biological norm
- Breast shaping/positioning
- Maintaining milk supply
- Older baby strategies

Baby mammals are born to nurse

Why do we see so much of this?



It all comes down to expectations...

Some babies are born able to stand and walk, they are programmed to look for a high, hairless niche on mom to find the teat. Horses are a follower species and nurse about 4 times an hour.

Expectations…

- Puppies find the teat by smell.
- Pup must have it's mouth wide open in order to sense and attach to the teat.
- Dam does not assist puppies in finding the teat BUT does provide access.

Expectations

- Sheep delivered by Cesarean fail to recognize their lambs and do not take care of them without a lot of intervention (oxytocin prepares her for bonding).
- Ewe needs to smell amniotic fluid on the lamb in order to care for it.

Expectations

- Calves have difficulty latching on because dairy cows have been bred for low udders.
- Cows are a "hider" species, like deer. Calves are meant to sleep for long periods of time.
- Calves have 4 stomachs. Cow milk proteins make a rubbery curd.

Expectations…

Captivity (removal from their normal culture and habitat) can disrupt nursing relationships for other mammals.

Raja – St. Louis Zoo

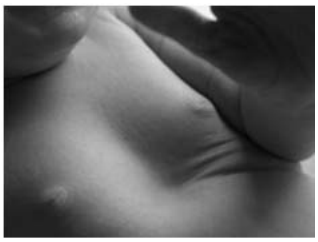
Expectations…

Tigers at the Clyde Beatty Cole traveling circus wean their cubs early - as early as 3 weeks of age - and display abnormal aggression toward them, nipping them and pushing them away.

So what do human babies expect?

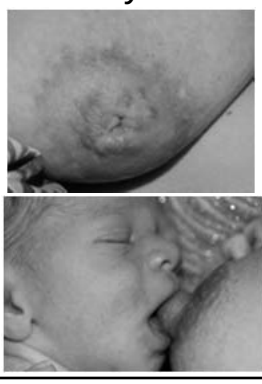
- Skin to skin contact with mom, beginning immediately after birth.
- They don't expect to be medicated or pulled out with instruments, (though interventions are sometimes necessary, they disrupt feeding behaviors.)

Why Johnnie can't latch…



- Congenital issues/illness
  - Cardiac, respiratory, or gastrointestinal defects
  - Infection/sepsis

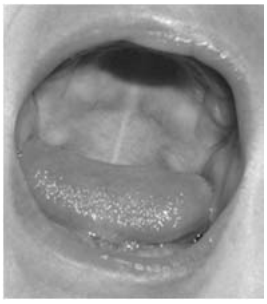
Why Johnnie Can't Latch…



- Maternal Issues
  - Flat or inverted nipples*
  - Postpartum pain and stress*
  - Primiparity*
  - Anatomical mismatch (OBD)

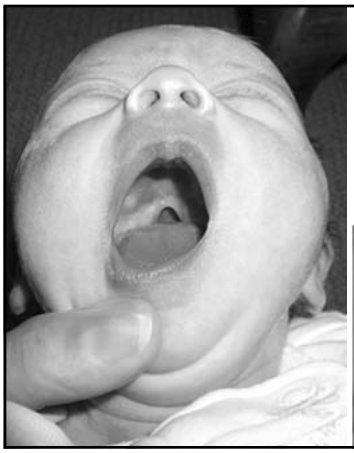
*Dewey; Pediatrics 2003;112:607-619

Why Johnnie can't latch

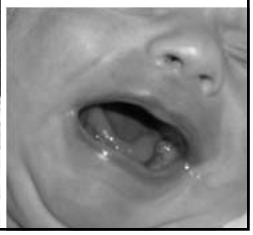


- Anatomical variations/anomalies
  - Tongue tie (ankyloglossia)
  - Micrognathia
  - Orofacial clefts (occult, submucous, or overt)

Why can't this baby stay latched?



Cleft soft palate & tongue tie



Why Johnnie Can't Latch

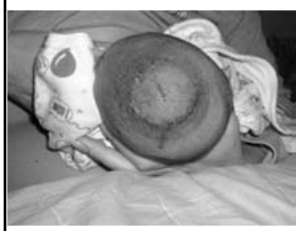


Photo courtesy of Esther D Grunis, IBCLC

- Iatrogenic causes:
  - Separation from mom before first breastfeed (Widstrom; Righard & Alade)
  - Labor medications, particularly narcotics
  - Instrumental delivery (headache)

Hall, J Peds 141:661, 2004

Facial asymmetry from molding

Breastfeeding is a robust process, ordinarily it takes multiple "hits" before it fails.

What can we do?

- Promote skin to skin contact, immediately after birth and before newborn procedures are performed on healthy infants.
- For compromised infants, minimize maternal infant separation as much as possible.
  http://kangaroomothercare.com
- Help mother initiate breast pumping within 1-2 hours *if she must be separated* from her infant.

Immediate Skin to Skin

Cochrane review found OR
2.15 for bf at 1-3 months;
12.18 for thermal neutrality;
11.07 for normal blood glucose, and
a huge effect on bf duration.

Anderson GC, Moore E, Hepworth J, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev. 2003;(2):CD003519.

Skin to Skin during Cesarean

Don't rush the baby

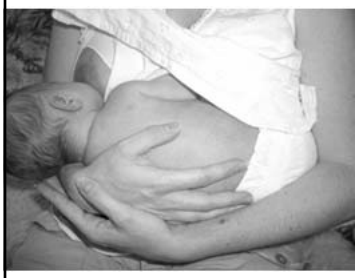
- Birth cry
- Relaxation
- Awakening
- Activity
- Crawling
- Resting
- Familiarization
- Suckling
- Sleeping

Widstrom et al 2011
Newborn behaviour to locate the breast when skin-to-skin: a possible method for enabling early self-regulation
Acta Paed 100 (1) pp. 79-85

When baby won't latch

- Initiate skin to skin as soon as possible
- Use gravity
- Teach mother infant hunger cues
- Begin manual expression of colostrum

Stability and Support



Experienced mom – cradle hold

- head and body aligned in one plane – neck support
- hips flexed
- ventral side pressed to mom's ribcage
- No gap between baby's body and mother's body

First time mom – transitional hold

Gravity and Space interfere with latch

Close up the space

How baby expects to encounter the breast (if she were crawling to it)

- chin on breast
- nipple on philtrum
- Amniotic fluid trail from hands preceding body

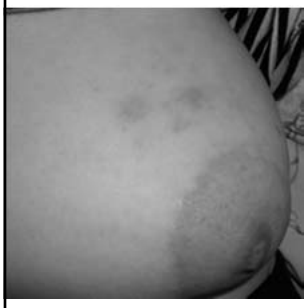
Taking advantage of baby's expectations…

- Let her open wide and extend her head to clear the nipple with her upper lip

Taking advantage of baby's expectations…

- Snuggle her in close after she lunges and latches.

A few don'ts:



- Don't ram the baby's head onto the breast (causes head flexion, reduced tongue mobility).
- Don't push a crying baby to breast, try "baby reboot" (put to mom's shoulder).
- Don't manhandle mom's breast.

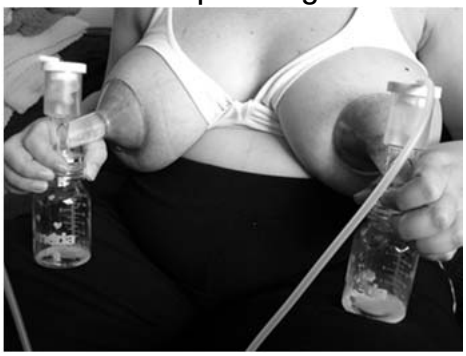
Giving Baby Autonomy

Biological Nurturing® – Suzanne Colson (15-65°)

Mom reclining
-Increases baby's access
-Stimulates antigravity reflexes (facilitate latch)
-Improves fit (complete ventral contact)
Releases maternal reflexes

Using gravity

If baby still can't latch, start expressing



Manual expression vs pumping

- Mothers having breastfeeding difficulties in hospital were more likely to bf after discharge if they were taught manual expression than if they were given an electric breast pump
- Not explained by milk volume or self efficacy

Flaherman et al 2012

Using an extra diaphragm as a colostrum collector

Early milk removal is essential!

- Feedback inhibitor of lactation (FIL).
- Involution begins on day 4 if milk is not removed **regularly** from the breast.
- Breasts calibrate milk supply in first **hours**, **days** and **weeks** postpartum
- proliferation of prolactin receptors?

Bf freq on day 2	Supply day 5	Supply day 14
9.9 +/- 2.2	679 +/- 147 g/day	901 +/- 125 g/day
13.4 +/- 3.0	892 +/- 306 g/day	1079 +/- 185 g/day

Chen, Dewey, et al Am J Clin Nutr 1998, 68:335-45

Calibration – Bystrova 2007

- Primips made more milk when bf more frequently on day 3
- Babies consumed more milk on day 4 when they bf in the first 2 hours after birth. (284 vs 184 ml, p= .0006)

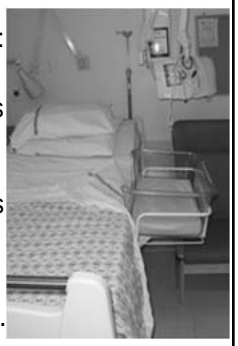
Bystrova K et al. Early Lactation Performance…in relation to different maternity home practices. Int BF J 2 (2007).

Where baby sleeps matters

- Ball, HL. et al 2006. Randomised trial of mother-infant sleep proximity on the post-natal ward: implications for breastfeeding initiation and infant safety.

Archives of Disease in Childhood 91(Dec): 1005-1010.

Ball et al



- 64 newborns randomized to:
  bassinette in mothers room
  sidecar attached to mother's bed
  in mother's bed

Infants in sidecar and mothers bed breastfed twice as often (once per hour) as infants in bassinette. Some bassinette infants did not feed all night.

Breastfeeding at 4 months

- Bassinette babies:
  - Any bf 43% Exclusive bf 20%
- Sidecar babies:
  - Any bf 73% Exclusive bf 40%
- Mom's bed babies:
  - Any bf 79% Exclusive bf 50%

Avoid formula and bottles

- One feeding of formula disrupts the normal breastfed baby's gut flora- infectious disease risk

http://massbreastfeeding.org/formula/bottle.html

- Intestinal gap junctions open first weeks
- Innate immune system - toll like receptors
- Infants supplemented by cup were more likely to breastfeed. Bottles can be used after breastfeeding is well established, if needed. Howard, et al Pediatrics. 2003 Mar;111(3):511-8

From Academy of Breastfeeding Medicine Hypoglycemia Protocol

Skin to skin contact reduces energy expenditure and promotes bf

BF initiation within 30-60 minutes of birth

No routine supplementation

Frequent bf – 10-12 times per day in the first few days of life

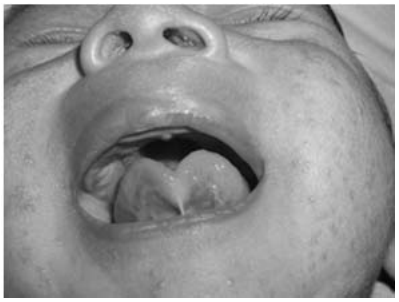
http://www.bfmed.org

Spoon feeding colostrum raised blood sugar in LGA infant

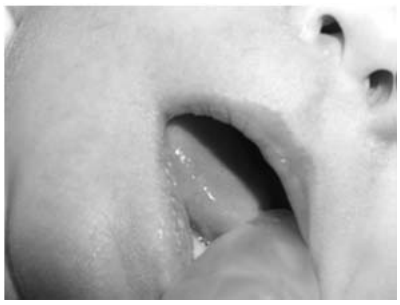
Rollins, K. (2013). There's Nothing Sweeter Than Mom's Own Milk. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, *42*(s1), S104-S104.

Blood glucose raised from 28 to 52 after spoon feeding 35cc of hand expressed colostrum.

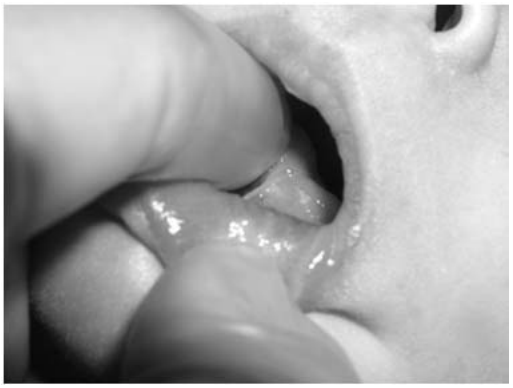
If a healthy baby can't latch, assess for tongue tie.



Assessing for tongue tie



Flat tongue with lack of elevation and cupping is a clue that movement is restricted, especially during crying.



FTT from undiagnosed tongue tie

Asymmetrical latch in clutch hold can be helpful for tongue tied infants

Check for torticollis

Helping the “sleepy” baby feed

- Manual expression
- Spoon feeding or lick drops from nipple
- Skin to skin

Manual Expression – press back, roll forward, release pressure

Free manual expression videos online

- http://www.bfmedneo.com/BreastMassageVideo.aspx
- http://ammehjelpen.no/handmelking?id=907 (scroll down for the English version)

Spoon feeding hand-expressed colostrum to wake a sleepy infant

This photo sequence courtesy of Esther D Grunis, IBCLC Tel Aviv, Israel

Small for gestational age infants

- Resources are particularly low – are less energetic than average newborns.
- Suffer greater IQ reduction when supplemented.
- May need support such as a supplementer initially.
- Encourage mom to be patient with baby.

Late Preterm Infants

- Gentle handling – containment
- calm, quiet, short, frequent feeding
- Support during feeding
- Avoidance of overstimulation

Mouradian, Als, and Coster. Neurobehavioral Functioning of Healthy Infants of Varying Gestational Ages. *Journal of Developmental & Behavioral Pediatrics Dec 2000 v21 i6 p408-416.*

Maintaining milk supply

- Teach manual expression for colostrum if baby fails to latch.
- Prolonged failure to latch: institute electric pumping after hand expressing, 8 times a day minimum.
- Pumping does not have to be evenly spaced through the day, mom can sleep 4-6 hours and pump more often in the morning.
- Encourage mother to work toward 24-32 oz/day by 2 weeks postpartum (Furman 2002) .
- Babies can learn to take the breast later if there is a generous milk supply.

Helping the baby with strong tongue-tip elevation ("peanut butter tongue")

- Tickle tongue tip down
- Try prone positioning
- Check for respiratory instability
- Increase head extension
- Fingerfeed

Fingerfeeding with readily available materials in a hospital setting

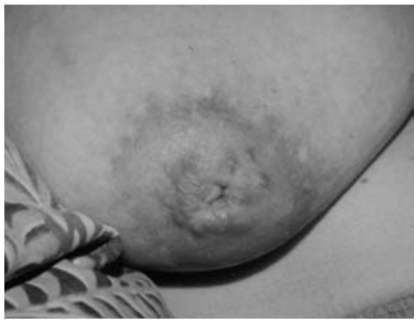
5 french or smaller feeding tube and a syringe

butterfly tubing with the needle cut off and a syringe

Curved-tip syringe

Can also be done with an eyedropper dropping milk on the feeder's finger, just outside the infant's upper lip.

Handling nipple variations

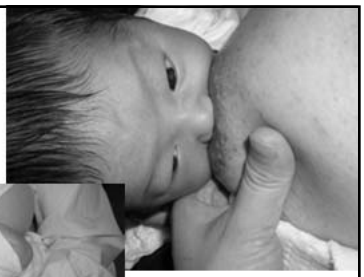


Inverted nipples

- Babies are more likely to be able to latch to inverted or flat nipples if they are naïve to bottles, pacifiers, and fingers.
- Spoon and cup feeding is recommended for initial supplementation if baby will not latch to inverted nipples.
- Babies breastfeed, so nipples are not technically necessary if there is a lot of breast tissue in baby's mouth.

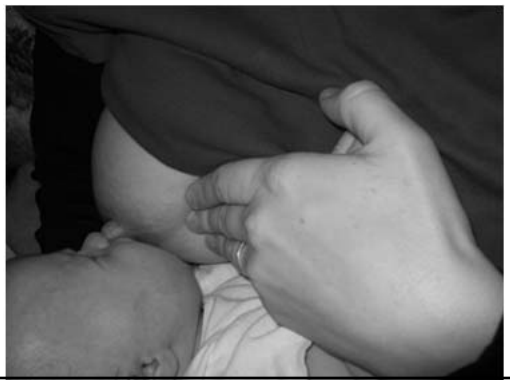
Defining a mouthful exaggerated breast shaping

"C" and "U" hold



Can get between mom and baby…

Denting the breast



When you can't do things the usual way, be creative!

This mom has a spinal headache and can only lay on her back. Her nipples point to the side. The best way to help baby access them was by kneeling him against her body.

Photo courtesy of Esther D Grunis, IBCLC

Facilitate self attachment

Increase oxytocin levels – warmth, ventral stimulation (skin to skin), calm atmosphere, gentle stroking, quiet talking.

Use gravity

Baby Reboot: shoulder or vertical between mother's breasts.

Faster resolution of latch issues with skin to skin

- mom topless and reclined
- baby in diaper
- between breasts

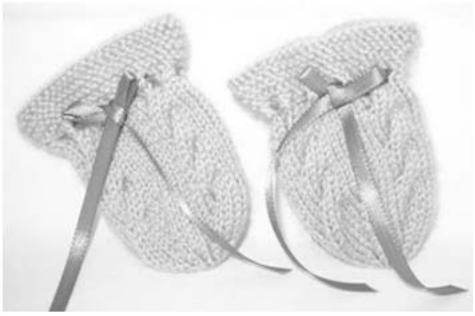
Svennson et al. Effects of mother-infant skin to skin contact on severe latch problems in older infants: a randomized trial. Intl BF J 8:1

Self-attachment

http://www.geddesproduction.com/breast-feeding-baby-led.html

Don't fight baby's hands!

Lose the Mittens



Ground the feet

If baby leaves the hospital not breastfeeding:

- Rental Grade Pump – Ameda, Hygeia, Medela & double kit.
- Refer to private practice IBCLC, encourage timely appointment.
- Refer for peer support (La Leche League, NMC, ABA, local resources).

Helping moms of persistent non-latching infants

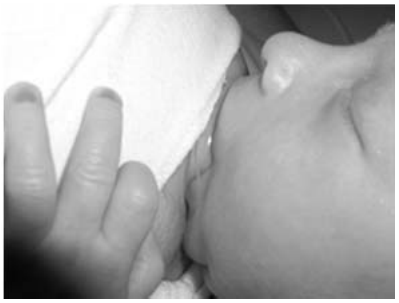
- Engage support network (cooking and household help).
- Encourage continued pumping.
- Confidence & Hope – positive stories.
- Help her see their progress.

Using a thin silicone nipple shield

When to use a nipple shield

- Preterm infants – reducing energy required to maintain latch. Meier et al. J Hum Lact. 2000 May;16(2):106-14
- Bridge from bottle to breast – preformed teat.
- Superstimulus
- Retracting nipples

Preterm infant using 24mm shield



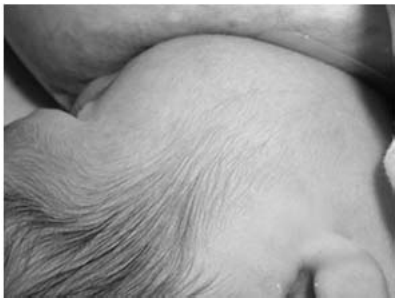
How to use a nipple shield

- Size – deep latch, more breast in mouth.
- Draw breast into shield.
- Make sure infant transfers milk.
- Encourage large gape, to facilitate later latch to bare breast.
- Consider “insurance” pumping.
- Give a plan for weaning from shield.

Draw breast into shield

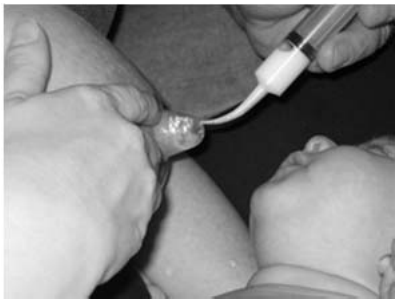
Latch as if shield is not there…

Good latch with shield – mouth on breast rather than teat of shield

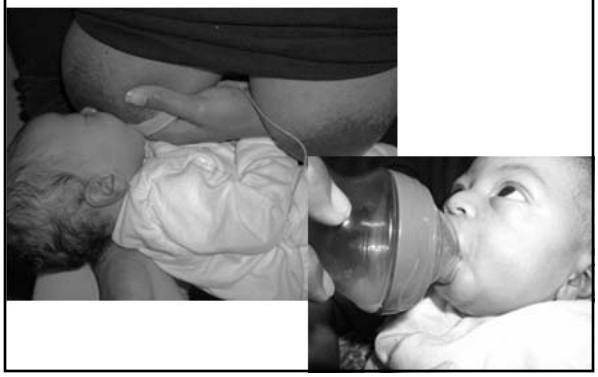


Can use a shield and tube together for temporary fast flow

Pre-fill the shield for an instant reward



When baby can't latch YET



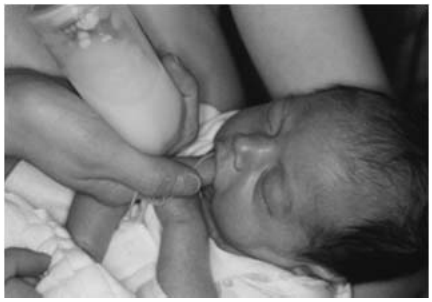
Buying time

- Maintain milk production
- Make practice bf rewarding – consider a supplementer
- Alternate feeding methods – fingerfeeding, paced bottle feeding.
- Breastfeed "for dessert"

Care plan must be do-able!

Helping baby gape appropriately

Hazelbaker fingerfeeder may be helpful for long term use.



Paced Bottle Feeding

- Touch baby's philtrum with the bottle teat.
- Wait for a large gape.
- Give baby the bottle.
- Hold bottle horizontally so the nipple is only half full of milk (and half full of air – reassure parents that air is not harmful).
- If baby splays fingers or has difficulty with flow, twist and remove bottle. Rest teat on philtrum until baby gapes again, or tip bottle so milk leaves nipple.

Paced Bottle Feeding

Reducing Frustration at Breast

- Feed at first cue
- Breast for dessert
- Non-nutritive sucking
- Novel places or positions – distraction/toys

Bottle "Bait and Switch"

Reframing Breast "Refusal" for Mothers

-Interpret baby's behavior – frustration (wants to but can't figure out how to bf)

-Some goals are worth working for – some day he'll need to learn calculus!

-Encourage mom to calm baby when he is too frustrated, "walking the fence".

Small mouth/large nipples

- Mom breastfed baby for practice.
- Dad fingerfed while mom pumped to maintain her supply.
- Baby's mouth grew to accommodate mom's nipple by 6 weeks and he transitioned to exclusive breastfeeding.

Result: one chubby, happy nursling.

Try putting baby to breast

One month old, first latch

Pushing the envelope – learning to breastfeed at 3 or 4 months of age

Keep the mind busy

Try unusual positions

Let me wake up at the breast

Choice of cup or breast

Feed with a friend (or lovey)

Watch other babies bf

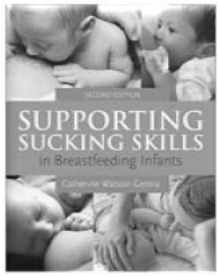
Keeping baby calm at breast

Getting baby to open wider

Just enough help

The more we learn, the more we realize that nothing is impossible!

For more information:



http://www.cwgenna.com/clinicalcornerpage.html