



# Incorporating lactation education and breastfeeding counseling into your midwifery practice

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# Incorporating lactation education and breastfeeding counseling into your midwifery practice

- Addressing breastfeeding
  - Antenatal care
  - Postpartum period
- How to tell if the baby is “getting enough”
  - Decreased Milk Supply
- Galactagogues

# Addressing breastfeeding: Antenatal care





## New OB visit

- Initiate conversation:
  - Do you plan to breastfeed?
- Introduce benefits, give praise:
  - Have you fed other babies, for how long?
- Put it on the problem list:
  - Past breastfeeding difficulties
  - Breast surgeries
  - Other breastfeeding concerns identified by the pregnant person or parents





# Early Term

<15 weeks gestational age

- Benefits

- Breastfeeding isn't just good for babies; it is good for mothers too.
- Breasts are getting ready to make colostrum the first milk.
- Right after birth, baby will be dried off and placed next to your skin, safe, warm, calm and happy. Special bonding time.

- Getting ready to breastfeed

- Often baby will move to the breast and start feeding all by himself soon after birth.

- Bonding with baby

- Baby will be in your room day and night so you will learn your baby's cues and feel confident in feeding and caring for him. Baby will be happy next to you.
- Formula and pacifiers interfere with getting breastfeeding off to a good start.



# Second Trimester 16-28 weeks

- A Guide to Positioning & Latch

- Good position and a deep latch make breastfeeding comfortable and help baby get more milk.

- We will help you learn how to position your baby and get a good latch when you are in the hospital.



## Second Trimester 16-28 weeks

- The First two Days

- Colostrum is the only food your baby needs the first few days of life and protects against illness.
- Colostrum is much better for the newborn than formula. Doctors recommend giving breast milk only, no formula for 6 months.

*3 days*

*5 days*

*6 days*

*25 days*



# Third Trimester

## 29-36 weeks



### Common Concerns / Making Enough Milk

- Initial tenderness is normal, correct latch and position helps to minimize discomfort.
- We can help you to solve common breastfeeding problems, such as sore nipples or not enough milk.
- Babies nurse very frequently in the first weeks. Frequent feedings increase milk supply and prevents engorgement.

A group of people, including a woman in a red top and others in grey and blue, are holding hands in a circle. The image is semi-transparent, allowing text to be overlaid.

Third Trimester  
29-36 weeks

## The Working Parent

- Many people continue to breastfeed when they return to work / school.
- We can help you so you can continue breastfeeding.



# Addressing breastfeeding: Postpartum





# Immediate Postpartum Period

## the first 24 hours



- Teach hand expression
- Postpartum rounding nipple/breast assessment
  - Integrity of nipples
  - Nipple shape; everted, inverted, flat, dimpled, pierced
- Assess latch
- Assist with positioning and breast holds
- Refer to Lactation Consultant, WIC, or CPSP

# Postpartum discharge teaching

## Breast care:

- Run warm water over breasts (no soap) while bathing
- Limit scented lotions, perfumes
- Minimize amount of nipple ointments

## Nursing frequency:

- Newborns should breastfeed at least 8 times per 24 hours minimum; 10-12 times or more is normal. It is normal for babies to cluster-feed around the clock; time between feeds will lengthen gradually as the baby gets older.



# Postpartum nutritional recommendations



- In most cases, 500 calories in excess of that which is needed to maintain the lactating persons body weight is sufficient during the first six months PP and 400 excess calories thereafter
- Encouraged to follow a diet appropriate to their culture, eating foods of different colors, flavors, and textures
- Drink water or uncaffeinated beverage at each breastfeeding session



# Postpartum 2 week visit



- Invite them to nurse baby
- Do a breast exam
- If you anticipate feeding difficulties (trouble feeding prior to discharge from the hospital) suggest bringing infant to the visit hungry
  - Have Medical Assistant call and recommend last feeding 2 hours prior to scheduled appointment
  - If supplementing bring milk to appointment
    - slow flow nipple
    - paced bottle feeding

# Postpartum 6 week visit

## Contraception methods when breastfeeding

- progestin-only methods are preferred
- combined oral contraceptives (COC) should not be used in nursing mothers before 6 weeks postpartum
- after 6 months postpartum, combined hormonal contraceptives CHCs, including oral tablets, the transdermal patch and vaginal ring, can be used



# Postpartum 6 week visit



## Norethindrone - Progestin-only pills (POPs)

Aygestin; Camila; Deblitane; Errin; Heather; Incassia; Jencycla; Jolivette; Lyleq; Lyza; Nora-BE; Norlyda; Norlyroc; **Ortho Micronor**; Sharobel; Tulana

- Efficacy of norethindrone is likely lower than CHCs
  - need to be taken at nearly the same time every day
- Manufacturer of norethindrone (NET) recommends initiation
  - 6 weeks after delivery (if fully breastfeeding)
  - 3 weeks after delivery (if partially breastfeeding).

UpToDate, 2023



# How to tell if the baby is “getting enough”



# How to tell if the baby is “getting enough”

- Observe the infant’s elimination patterns
  - By the end of the first week, baby passes five or more loose, yellow stools per day and has six or more soaking wet diapers per day with clear urine (not dark or concentrated). □
- Urination patterns:
  - first 2 days of life should yield at least 2 wet diapers
  - day 6, 6 to 8 wet diapers or more in 24 hours
- Bowel movements:
  - first 2 days = one thick, tarry bowel movement
  - days 3 and 4 = 1 to 3 black to green to yellow stools
  - days 4 to 7 = 1 to 4 bowel movements of yellow, seedy, loose consistency
  - 1 to 6 weeks = 3 to 6 or more each day, yellow, orange, brown
  - 6 months = 3 to 5 or more each day, yellow, orange, brown





# Decreased Milk Supply



- fewer than appropriate number of stools or wet diapers per day of life
- more than 7% infant weight loss or continued weight loss after day 3 PP (>10% at the end of 1st week)
- no audible swallowing from the infant
- minimal or absent breast changes by day 5 PP
- irritable or lethargic infant

# Galactogogues





# Galactogogues

- “A galactagogue, or galactogogue (from Greek: milk, + promoting), also known as a lactation inducer or milk booster, is a substance that promotes lactation in humans and other animals. It may be synthetic, plant-derived, or endogenous.”

# Galactagogues

## Food Sources

### High-fiber foods

- grains
- oats (not instant)
- barley
- brown rice
- beans

### Calcium-rich foods such as

- sesame
- almonds
- dark green leafy vegetables

### Fruits

- apricots
- dates
- figs
- cooked green papaya

## Other food sources

- brewer's yeast
- blackstrap molasses
- lactation cookies

## Common Kitchen Herbs

- anise
- caraway
- coriander
- dill
- fennel
- fenugreek

## Nonfood herbs

- alfalfa
- blessed thistle
- milk thistle
- nettle
- goat's rue
- red clover
- shatavari
- moringa
- red raspberry leaf

## Medications

- metoclopramide (Reglan/Maxeran/Maxolon)
- domperidone (Motilium)
- metformin (Glucophage, Riomet, Glumetza, Glucophage XR, and Fortamet)

# Galactogogues

## Tiger's Milk

### Ingredients

½ cup / 120 g Greek yogurt,  
preferably organic pastured or vegan

1 cup / 240 ml almond milk,  
preferably fortified with calcium and  
vitamins

1 banana

1 Tbsp. / 15 ml blackstrap molasses

1 Tbsp. / 12 g brewer's yeast

1 Tbsp. / 8 g wheat germ,  
unsweetened or gluten-free rolled  
oats





# Galactogogues

## Mothers milk tea

3-5 cups per day

### Active ingredients:

- fennel
- anise
- coriander
- fenugreek
- blessed thistle



Might cause hypoglycemia, caution should be used in women taking antidiabetic drugs



# Galactogogues

## Fenugreek (*Trigonella foenum-graecum*)

may help stimulate breast milk production

### Other Potential Health Benefits

- reduce intestinal glucose absorption
- delay gastric emptying
- improve insulin sensitivity and action
- reduce concentrations of lipid-binding protein



# Galactogogues

## Fenugreek (*Trigonella foenum-graecum*)

- Tea and capsule forms
  - The usual dosage
    - 3-4 cups of tea per day
    - 3 capsules three times each day
- Too much Fenugreek
  - Can make skin and urine smell like maple syrup
  - May have loose bowel movements
- Many take Fenugreek for several months
- Not recommended
  - pregnancy
  - asthma
  - diabetes

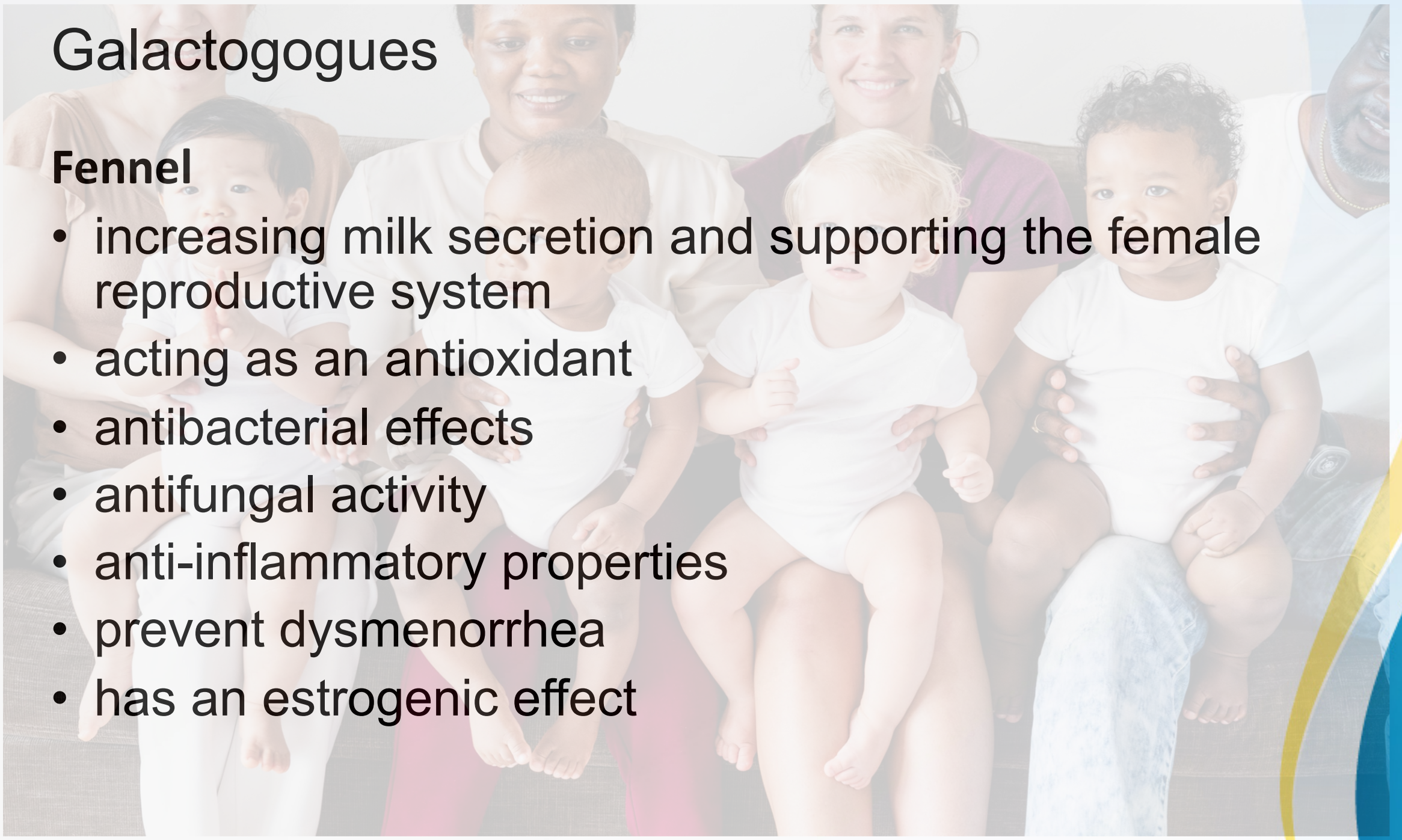




# Galactogogues

## Fennel

- increasing milk secretion and supporting the female reproductive system
- acting as an antioxidant
- antibacterial effects
- antifungal activity
- anti-inflammatory properties
- prevent dysmenorrhea
- has an estrogenic effect





# Galactagogues

## Goat's Rue

- stimulates the development of mammary tissue
- increase breast size
- induce breast tissue growth in women who have had breast surgery

may have harmful side effects such as diarrhea and hepatomegaly

- fennel
- fenugreek
- goat's rue



# Galactogogues

## Reglan (Metaclopramide)

- Often given in pregnancy to treat gastric reflux
- Prescription medication can be given to increase breast milk supply
  - Increases the prolactin hormone which increases milk production
  - The usual dosage of Reglan that is given to mothers to increase their milk supply
    - 10-15mg by mouth three times a day for two weeks
  - Avoid use in patients at increased risk for depression



## Side effects

- Drowsiness
- Tardive dyskinesia - avoid use for more than 12 weeks
- Hypertension: May elevate BP; avoid use in patients with hypertension







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