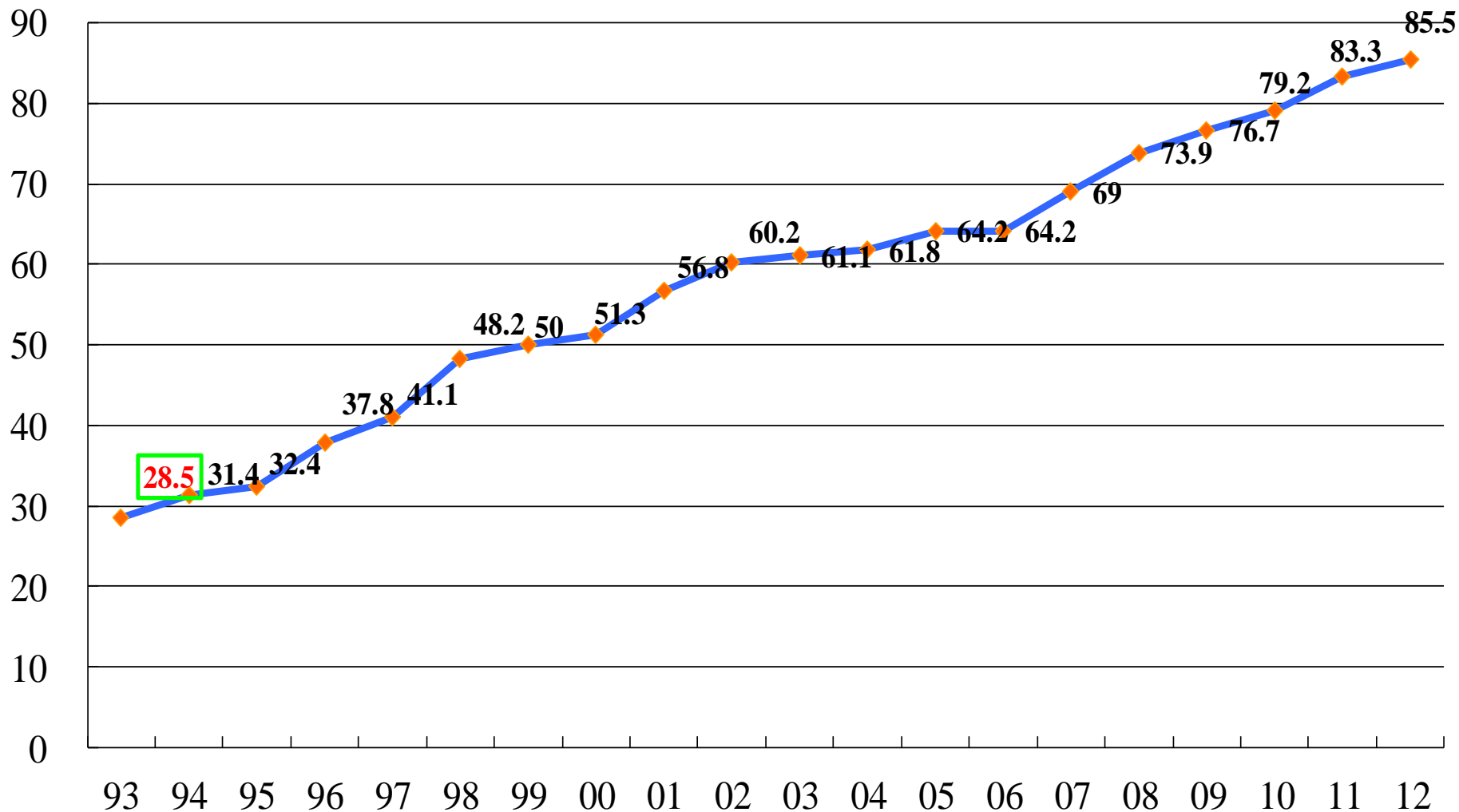


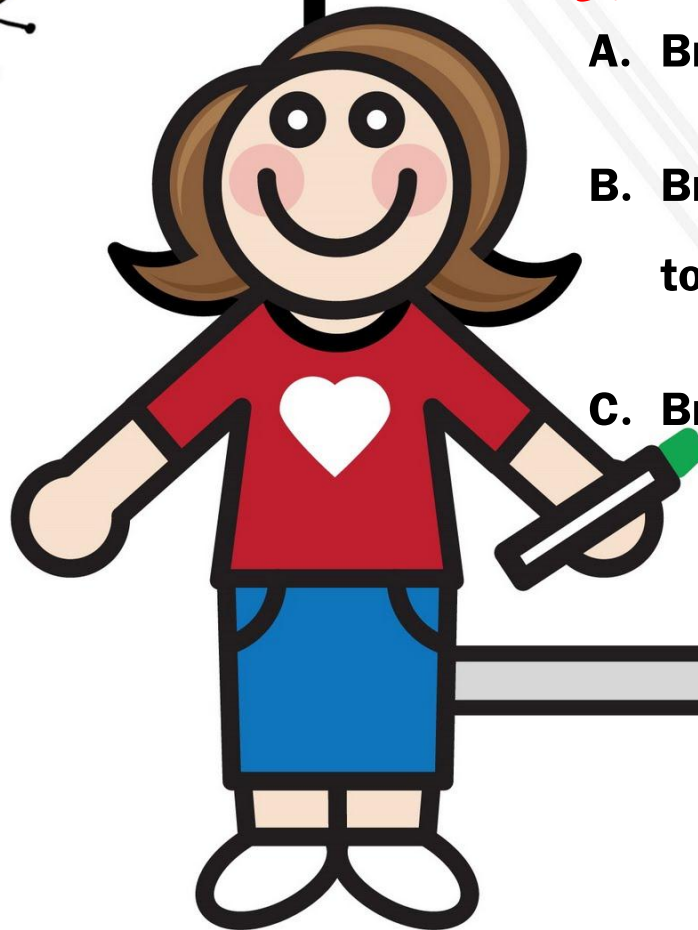
# Walking with mothers to support and sustain breastfeeding: Lactation Consultant perspective.

Christine Lam  
NC (Breastfeeding)  
Dept of O&G  
QEH

# Hong Kong Breastfeeding Rate has tripled in the last 2 decades



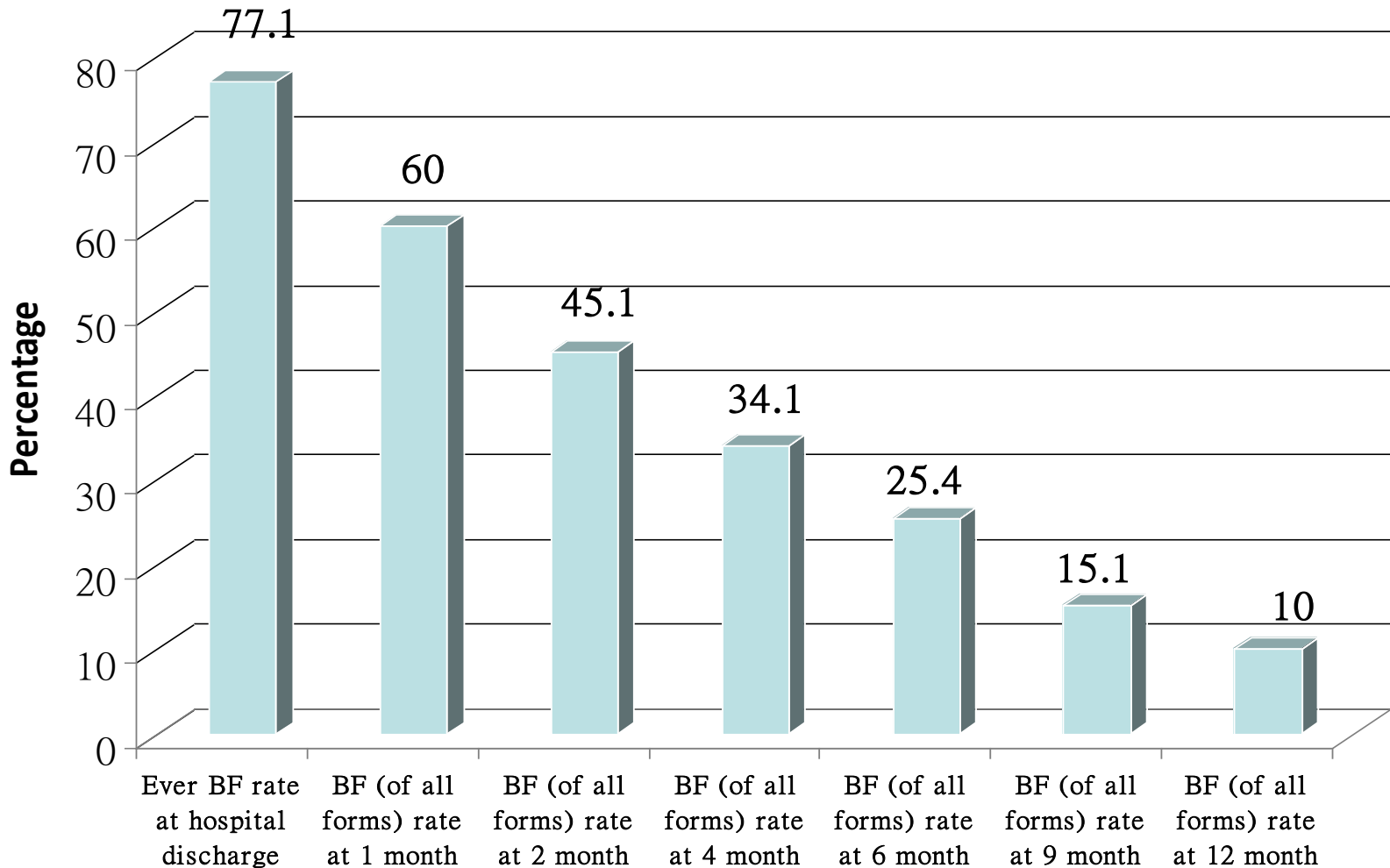
Source: Baby-friendly Hospital Initiative (BFHI) annual survey<sup>2</sup>



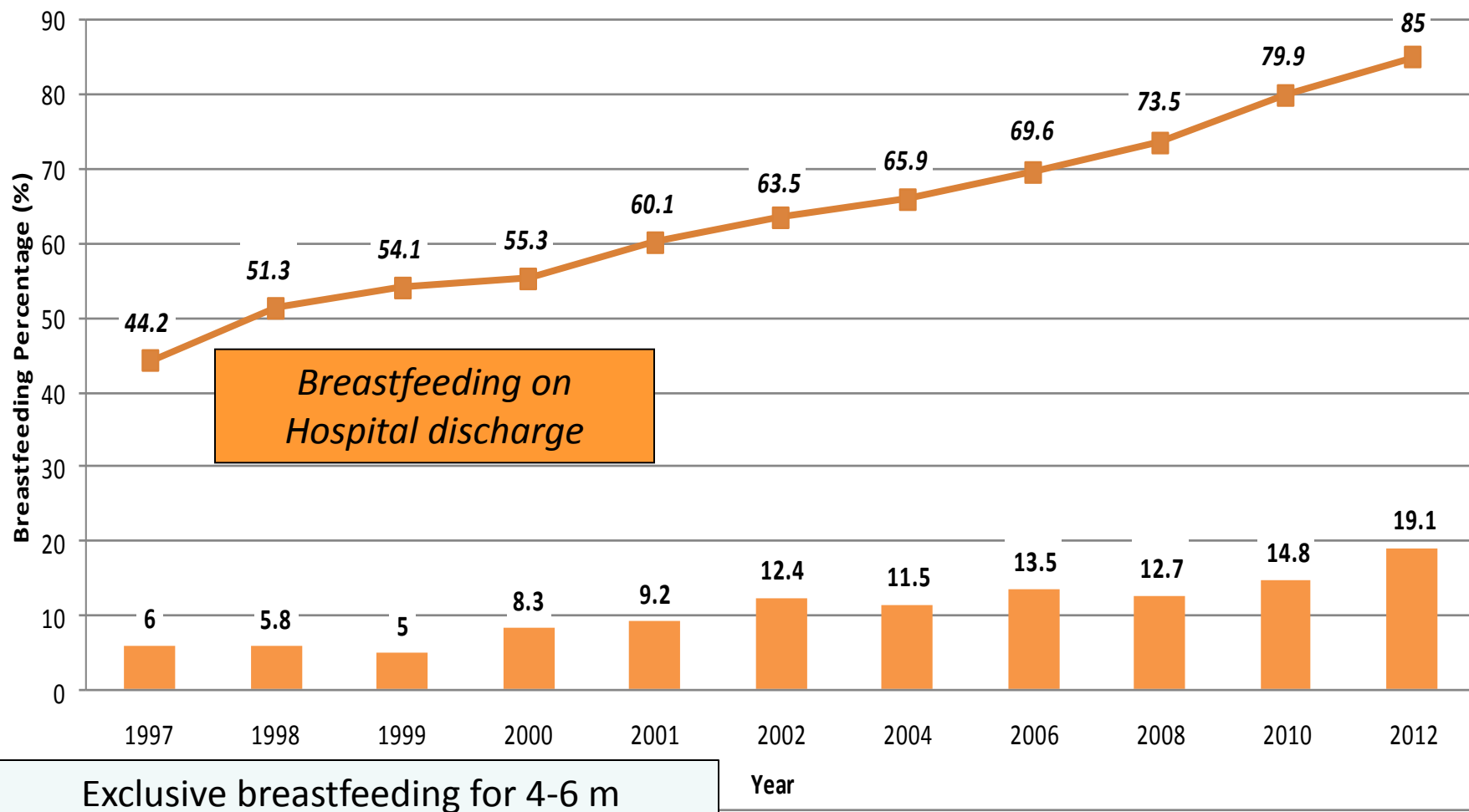
## *Breastfeeding Classes*

- A. Breastfeeding is Best to baby**
- B. Breastfeeding is good to mom, too.**
- C. Breastfeeding Techniques .....**

# Declined Breastfeeding Rate With Age (2010)



# Breastfeeding Rates, 1997-2012



Source: regular reports from all maternity units in public and private hospitals in Hong Kong & BF Survey FHS,DH



# Natural = Easy ?





# Initial difficulty in early partum period

## Labour / Practice factors:

- Parity
- Delivery mode, esp among C/S
- Duration of labor
- Labor medications
- Use of formula milk fluids and/or teats
- Medical problems that were perceived as precluding breastfeeding
- *Provider Ambivalence*



# Initial difficulty in early partum period

## Maternal reasons:

- *Perceived insufficient milk*
- Lack of confidence in feeding
- Fatigue
- Back to work
- Inconvenient
- Breast problems and Illness
- Incompatibility with personal needs and life style

## Infant reasons:

- Initial separation
- Breast refusal, Infant alertness/responsiveness
- Irritability during feeds

# Through Mother-Baby-Friendly Hospital measures:

- Quality improvement
- Higher standard of care
- Demonstrate skill, practice and knowledge to support BF
- Health of babies and mothers



# Mothers and Babies receive

- Correct information and practice
- Consistent care and advice
- Consistent skilled help
- Encourage bonding with support
- Breastfeeding relationship & Breastmilk is treasured
- Mothers' help and support to their babies is treasured



# Support for healthy breastfeeding mothers with healthy term babies

Cochrane Database of Systematic Reviews 2012.

## Conclusion:

- Support is likely to be **more effective in settings with high initiation rates**, so efforts to increase the uptake of **breastfeeding should be in place**.
- Support may be offered either by **professional** or trained peer supporters, or a combination of both.
- Strategies: mainly on **face-to-face support** are more likely to succeed.

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- Support that is only **offered reactively**, in which women are expected to initiate the contact, is **not so effective**;
- Women should be offered **ongoing visits** on a scheduled basis so they can predict that support will be available.
- Support should be **tailored to the needs** of the setting and the population group

# Skilled Help & Advice

In its 2003 *Global Strategy for Infant and Young Child Feeding*, the WHO states that :

- Virtually all mothers can breastfeed provided they have accurate information, and support ,... should also have access to skilled practical help from, e.g, trained health workers, ... **lay counsellors**, and **certified lactation consultants**,...
- help to build mothers' **confidence**, improve feeding technique, and resolve breastfeeding problems.



# International Board of Lactation Consultant Examiners (IBCLE)

- The most **trusted source** for certifying practitioners in lactation and breastfeeding care.
- **Certifies** individuals who meet these standards.

## Scope of Practice

- To **protect the public** by promoting that all IBCLC provide safe, competent and evidence-based care.

# Exam Blue Print

## 90 Hours Breastfeeding Education + Hours Clinical Experience

1. Anatomy
2. Physiology and endocrinology
3. Nutrition and Biochemistry
4. Immunology and infectious disease
5. Pathology
6. Pharmacology and toxicology
7. Psychology, sociology and anthropology
8. Growth parameters and developmental milestones
9. Interpretation of research
10. Ethical and legal issues
11. Breastfeeding equipment and technology
12. Techniques
13. Public Health





# International Board Certified Lactation Consultant (IBCLC)

Professions that meet the regulations and standards for practice established by a governmental authority:

- Dentist
- Dietician
- Midwife
- Nurse
- Occupational Therapist
- Pharmacist
- Physical Therapist or Physiotherapist
- Physician or Medical Doctor
- Speech Pathologist or Therapist

# Effectiveness of IBCLC

- IBCLCs assisted women in anticipating, managing, and overcoming these barriers.
- ...underscore the importance of integrating IBCLCs into routine pre- and postpartum care because they provide **critical support** that effectively addresses **early postpartum barriers** to breastfeeding.
- ...the success of the intervention is attributed to technical assistance from a trained lactation consultant within the context of a relationship built on **encouragement, guidance and support**.

Teich, AS; Barnett, J; Bonuck, K. (2014)

Memmott MM. Bonuck KA (2006)

# Sharing

- There are more mothers breastfeed and they can breastfeed longer
- Understand women, babies and lactation
- Both for normal, preterm & sick babies
- Care for their families
- Human art and science, parenting
- Network and communication
- Share information



# What mothers need to know?

- Benefits of breastfeeding?
  - Commitment to BF
- Technique?
  - To avoid problems in initial breastfeeding
- How to assess breastfeeding?
  - Know that baby has adequate intake.
- What else?
  - Life style adjustment
  - Understanding baby behaviour: wide range of diversity
  - Parenting possibility



# Adjustment of life style after childbirth / family relationship

- I don't know feeding on cues are like that? I don't know when to feed?
- My family, esp my husband and mother are sorting out all the methods for how to wean night feeding. The most common method is feeding the baby with formula at night.
- My family will show their unhappy if I show refusing them to feed my baby, They want to participate in infant feeding. So I pump the milk out for them.



# Overview of Interventions

## ◎ Individual Level

- **Education** and professional support to increase knowledge, skill, and self-efficacy

## ◎ Interpersonal Level

- Peer support
- **Professional support** and encouragement
- Supportive **home environment**

## ◎ Organizational Level:

- Hospital and **Maternity Care** Practices
- Workplace Support

## ◎ Macro-level:

- Media and Social Marketing
- National Policies:
  - Maternity Leave
  - Implementation of WHO code
  - BFHI



# Further Support of BF in HK



## Hospital → Community :

- ✓ Breastfeeding policies, Written guidelines for both healthy and sick
- ✓ Unrestricted on parents' presence
- ✓ Skin-to-skin contact
- ✓ Systematic breastfeeding training for staff
- ✓ No detrimental practice to BF
- ❑ Lactation consultant support and monitor throughout, **should NOT** be a expensive service for general public.
- ❑ More trained staff among different specialties & collaboration

# Strategies

## A. Broaden the scope of training

- Professional training
  - Medical Curriculum : at least 7-8 hours for their roles
  - Nurses
    - At present most institutes have about 2 hours only!!
  - Dietitian
- Specialty
  - Family medicine
  - Paediatricians





# Strategies

## B. Collaboration with Peer Counsellors

- Parenting style, mothering art
- New understanding of parenting through breastfeeding.



## C. Social Support

- Acceptance of BF
- Facilities
- Work mother support



# Train, Help difficult situation, Listen to mothers and Support them



Baby with  
tracheostomy



Breast Abscess with  
drainage only



Inverted Nipples

*Needs more trained staff and partnership to support mothers as long as breastfeeding continued. With mothers and babies, we can work in a CREATIVE way for them.*

# Support **Successful** Breastfeeding

Breastfeeding: more, higher exclusivity and longer



## References:

1. Baby-friendly Hospital Initiative (BFHI) annual survey in Hong Kong by BFHI Hong Kong Association.
2. Regular reports from all maternity units in public and private hospitals in Hong Kong & BF Survey FHS,DH.
3. Annual Survey on Breastfeeding (2013). Hospital Authority Breastfeeding Promotion Subcommittee.
4. Mannel R. Mannel RS. 2006. Staffing for Hospital Lactation Programs: Recommendations From a Tertiary Care Teaching Hospital. *J Hum Lact* 22: 409.
5. Teich, AS; Barnett, J; Bonuck, K. (2014). Women's perceptions of breastfeeding barriers in early postpartum period: a qualitative analysis nested in two randomized controlled trials. *Breastfeeding Medicine*. 9(1):9-15, 2014 Jan-Feb.
6. Wonjar D. (2004). Maternal perceptions of early breastfeeding experiences and breastfeeding outcomes at 6 weeks. *Clinical Effectiveness in Nursing*. Volume 8: 2004: 93–100.
7. Mastrup R. Bojesen SN. Kronborg H. Hallstrom I. (2012). Breastfeeding support in neonatal intensive care: a national survey. *Journal of Human Lactation*. 28(3):370-9, 2012 Aug.
8. Sisk PM. Lovelady CA. Dillard RG. Gruber KH. (2006). Lactation Counseling for Mothers of Very Low BirthWeight Infants: Effect on Maternal Anxiety and Infant Intake of Human Milk. *Pediatrics*:117;67.
9. Gross, SM. Resnik, AK. Nanda, JP. Cross-Barnet, C. Augustyn, M. Kelly, L. Paige, DM. (2011). Early postpartum: a critical period in setting the path for breastfeeding succes. *Breastfeeding Medicine*. 6(6):407-12 Dec.
10. Memmott, MM. Bonuck, KA.(2006). Mother's reactions to a skill-based breastfeeding promotion intervention. *Maternal & Child Nutrition*. 2(1):40-50, Jan.
11. Witt, AM. Smith, S. Mason, MJ. Flocke, SA. (2012). Integrating routine lactation consultant support into a pediatric practice. *Breastfeeding Medicine*. 7(1):38-42, Feb.
12. Dyson, L. McCormick, FM. Renfrew, MJ. (2009). Interventions for promoting the initiation of breastfeeding. *Cochrane Database of Systematic Reviews*. 4.
13. Renfrew, MJ. McCormick, FM. Wade, A. Quinn, B. Dowswell, T. (2012). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews*. 5.

# Thanks

