

# **Baby-Friendly Bedside Care for Low and High Risk Infants**

## **A Shared, Sustainable, Proactive Model**

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### **Outline:**

- The need for change
- Goal and objectives of early breastfeeding management
  - The low risk mother-infant dyad
  - The high risk mother-infant dyad
- Share the Care: 4-point Plan

### **Objectives:**

The objectives of this presentation are for participant to understand:

- The evidence that change is needed
- The rationale for prioritizing 3 objectives, A, B, and C
  - A attachment (latch and transfer)
  - B breastmilk production
  - C calories (to meet appropriate nutritional parameters)
- The rationale for reprioritizing these 3 objectives to C, B and A for high risk mother-infant dyads
- How a sustainable model of can provide efficiency, a stable, expanded skill base, and accountability

### **Six Take Home Points:**

1. What we do (or do not do) in the first 3 days influences the duration and exclusivity of breastfeeding.
2. Critical ingredient to long-term breastfeeding is adequate milk supply.
3. Early, frequent and effective removal of colostrum influences later production.
4. As demonstrated by VLBW infants, the process of attachment may be gradual and most dependent on a robust milk supply.
5. Early hand expression and spoon feeding in conjunction with breastfeeding may reduce insufficient production, insufficient intake and the subsequent need to pump and bottle feed.
6. For the at-risk infant, reframing management from A,B,C to C,B,A creates a more realistic, safe, unpressured plan to enable exclusive breastfeeding, the goal of breastfeeding management.

## 4 - Step Plan

1. Baby-friendly breastfeeding hospital policy  
*AAP Sample Hospital Breastfeeding Policy*
2. Adopt a focused, streamlined curriculum with core competencies critical during first week, (*ABC and CBA*)
3. Train staff with ongoing learning opportunities
  - ✓ daily bedside responsibilities
  - ✓ shadowing L.C.
  - ✓ helping in group classes
  - ✓ mandatory written and practical demonstrations of core competencies (“See one, do one, teach one”)
4. Conduct daily, brief **bedside** rounds with three participants: the *mother*, her *nurse* and the *lactation consultant* with a focused agenda (with M.D. support)

### FOCUSED Bedside Rounds: A-B-C

1. **A**ttachment (latch and milk transfer) may take time to master, even under ideal circumstances.

2. **B**reastmilk production, the key to long-term breastfeeding, requires early, frequent and effective removal of colostrum. Hand expression is a simple, risk-free technique recommended for every new mother to stimulate production, relax the pressure on perfecting attachment and empty the breasts when other options are less effective or unavailable.

3. **C**aloric/nutritional parameters:  
a) normal intake  
b) normal weight loss and birth weight recovery  
c) indicators of adequate intake  
(yellow stools by day 5; Shrago LC, *Pediatr Nurs* 2006)

Use the simple mnemonic to remember these three goals, "**ABC**" (attachment, breastmilk production and caloric parameters) and "**CBA**" for at-risk dyads

# CBA for High-Risk

## *C*aloric/nutritional parameters:

Spoon-feed colostrum after each breastfeeding,  $\geq 8$  times/day .  
Offer either specified volumes or ad lib spoon feeds (to satiety).

Spoon feed donor milk or formula, only if needed.

## *B*reastmilk production:

Begin within first hours with frequent hand expression. ( $>5$  x/day) Add a pump with instructions on hands-on pumping, when/if needed.

*A*ttachment (latch and milk transfer) Ease pressure on attachment; reassure that high production facilitates transition To breastfeeding .

Use the simple mnemonic to remember these three goals, "CBA"(caloric parameters,breastmilk production and attachment)

## STEPS for HAND EXPRESSION

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

## STEPS for HANDS-ON PUMPING

<http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

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