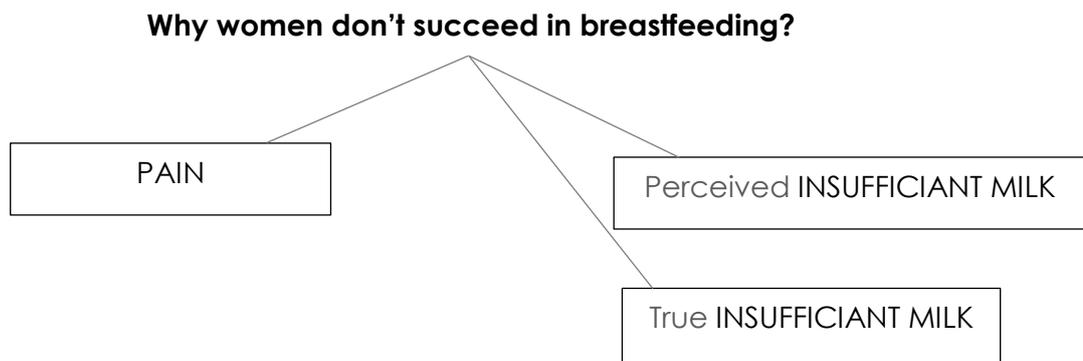


## Breastfeeding updates 2019

**Dr. Gina Weissman**  
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There is a lot of pressure on women to breastfeed.

Support mothers who choose not to breastfeed. Give practical help and no judgement.



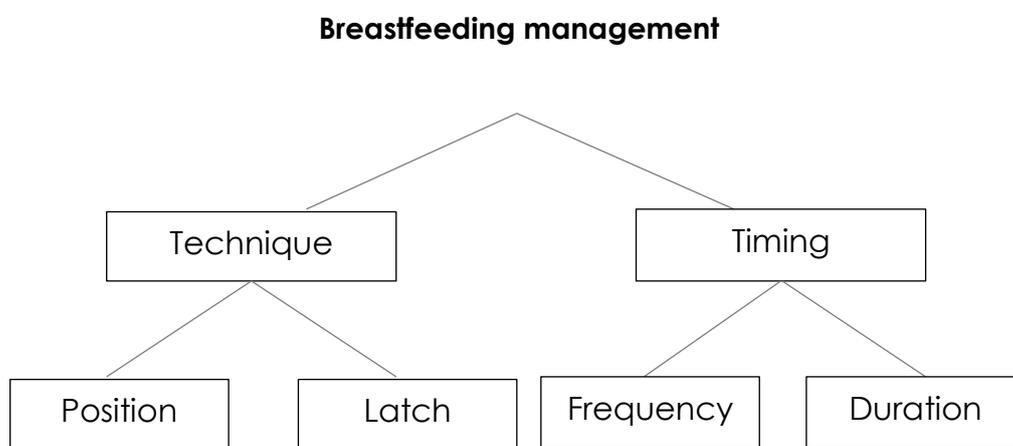
### **PAIN**

- Nipple pain is very common - 96% of breastfeeding mothers are in pain (Ziemer, et al, 1990)
- Pain is a common reason for breastfeeding termination (Neifert, 1996; West 1980)
- The most common cause of nipple pain is a shallow latch.
- Frequent and unrestricted feedings at the breast in early lactation do not increase the incidence of nipple pain (Carvalho et al, 1984). Thus, a recommendation to reduce suction time is ineffective and may be harmful.
- It is important to treat nipple pain early on in order to prevent sore nipples, infections and mastitis or lack of desire to continue breastfeeding (Morland-Schultz & Hill 2005).
- **Most breastfeeding problems are due to poor management**

## INSUFFICIENT MILK

- Insufficient milk supply either real or perceived Remains one of the most frequent reasons for BF cessation (Gatti, 2008; Ahluwalia, Morrow and Hsia, 2005).
- Overlapping etiologies exist for the development of real or perceived insufficient milk.
- **The most common overarching contributor is mismanagement of breastfeeding.** (Sacco, Caulfield, Gittelsohn, & Martinez, 2006; Powers, 1999)

**How Breastfeeding management on the first days, can maximize milk supply 4 weeks later?**



**Breastfeeding management is technique and timing.**

**All questions about timing are irrelevant when the technique is incorrect.**

**TECHNIQUE – why is it important?**

- The efficiency of good latch at the colostrum stage is critical. If the baby is at the tip of the nipple, he will not get colostrum
- If the nipples are cracked, it is likely that breastfeeding is ineffective

## **BIOLOGICAL NURTURING**

- instinctive breastfeeding = natural breastfeeding
- Women have always nursed in a vertical position
- Laid-Back Breastfeeding

However, the mother might not want to change her position

What can you do?

- ✓ Explain
- ✓ Demonstrate
- ✓ Give alternatives
- ✓ Give her one tool that she can apply to improve the situation: manual extraction during breastfeeding

## **TIMING**

- Breastfeeding management in the first few days is not necessarily for nutrition, but rather for establishing milk production and for practicing the technique.
- In the first two days, babies should breastfeed: "Early and Often" (Linda Smith)
- The Prolactin Receptor Theory (De Carvalho, 1983)
- Effect of early breastmilk expression (Parker LA., 2012; Parker LA., 2015)  
<https://halavm.co.il/wp-content/uploads/parker2015-1.pdf>
- If we encourage milk removal in the 1st hour and continue milk removal at least 8 times a day, there will be more milk at two weeks post-partum.

what if the baby doesn't breastfeed? Or can't breastfeed?  
Have the mother express her milk.  
When is a good time to teach this skill?

### **Gina Weissman's Protocol for AME - Antenatal Milk Expression**

Expressing Breastmilk Before Birth to Maximize Milk Production When  
Breastfeeding is at Risk

[https://halavm.co.il/wp-content/uploads/AME\\_Poster.pdf](https://halavm.co.il/wp-content/uploads/AME_Poster.pdf)

#### Background

Antenatal milk expression (AME) has been suggested to some mothers who have Type I or gestational diabetes. In recent years I have been using this tool in any case where I feel there will be potential challenges for successful exclusive breastfeeding.

#### Protocol

Manually express colostrum for a total of 5 minutes each time (both breasts) as follows:

- 1 .At 37 weeks pregnant- twice daily
- 2 .At 38 weeks pregnant - 4 times daily
- 3 .Collect the colostrum in a sterile container (e.g. syringe with a cap) and store in the freezer. Syringes are easy to use and defrost quickly.
- 4 .Keep the syringes frozen until labor begins .
- 5 .AME can continue past week 38 up until birth, 4x daily for 5 mins each time .
- 6 .Bring the colostrum filled syringes to the birth place in an appropriate cooler. The colostrum can be given to the newborn after each breastfeeding session. If baby and mother are separated, the colostrum can be dripped into the baby's mouth by a caretaker.

7 .If possible, mother should attempt breastfeeding within 1 hour postpartum. If for some reason, maternal or neonatal, the baby does not latch, manually express colostrum within 1 hour of giving birth. Collect the colostrum into a clean vessel if possible, if not express into a cloth diaper or sheet.

#### Who is this Protocol Suitable For?

- ✓ Multiparous mothers with a history of low milk supply
- ✓ Women who underwent breast surgery (augmentation / reduction)
- ✓ Women with hormonal fertility problems
- ✓ Women with diabetes who may have a delay in lactogenesis II and whose babies run the risk of hypoglycemia

#### When is it Not Suitable?

- ✓ Women with a high-risk pregnancy who are to avoid sexual intercourse.
- ✓ If the AME causes pain in the breast or nipple, or the mother feels the onset of contractions, she should consult with her physician.

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