

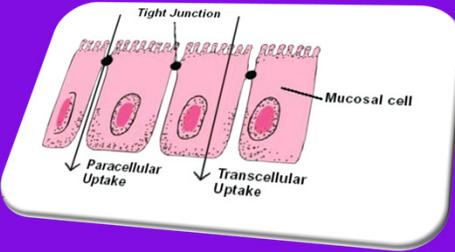
Exclusive Breastfeeding: The Mother's Perspective & Beyond



**Exclusive Breastfeeding:
The Mother's Perspective
& Beyond**

Nancy Mohrbacher, IBCLC, FILCA

Why Exclusive Breastfeeding?
<http://www.naba-breastfeeding.org/images/Just%20One%20Bottle.pdf>



Newborns' gut junctions open at birth

- While open, proteins & pathogens can pass through
- ↑ risk of infection (NEC) and allergy sensitization
- Take weeks to close

Disclosure:
I earn royalties from book sales



BREASTFEEDING ANSWERS Made Simple
 Adapted for Young Mothers
 Nancy Mohrbacher, IBCLC, FILCA
 www.naba-breastfeeding.org

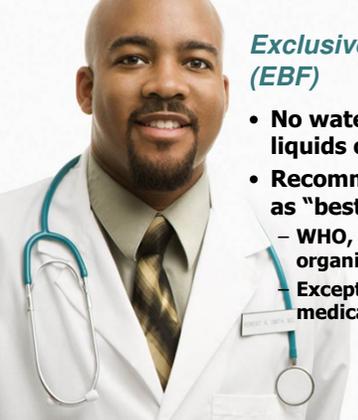
BREASTFEEDING SOLUTIONS
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Why Exclusive Breastfeeding?
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- One formula-feed changes gut flora
 - Bifidobacteria not dominant
 - ↑ risk of infection
 - Takes 2 to 4 wk of EBF to return to normal gram-positive flora

Exclusive Breastfeeding (EBF)

- No water, formula, other liquids or solids
- Recommended for 6 mo as "best practice" by
 - WHO, AAP, other organizations
 - Exception: "if a medical indication exists"

2/3 of US mothers who intend to breastfeed exclusively for ≥3 mo do not reach their goals



Perrine, et al. *Pediatrics* 2012; 130(1):54-60

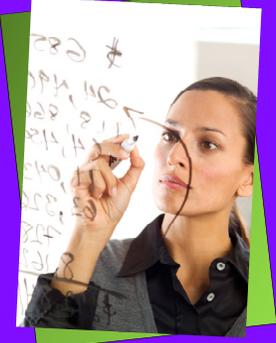


Surgeon General's 2011 Call to Action to Support Breastfeeding
Identified 7 breastfeeding barriers

<http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

Measuring BSE

- 1999 validated 33-item instrument
- 2003 pared it down to 14 items
- Short form validated in many languages



Personal Breastfeeding Barriers
<http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

- Lack of knowledge
- Social norms based on bottle-feeding
- Poor family & social support
- Embarrassment



BSES Short Form
 Dennis, JOGNN 2003; 32(6):734-744

Baby getting enough?	Finish 1st breast 1st?		
Coping well with BF?	Satisfied how managing BF?	BF with family around?	BF @ every feeding?
Formula used?	BF even if baby is crying?	Satisfied with BF experience?	Keep up with BF demands?
Latching baby well?	Want to keep BF?	OK if BF is time-consuming?	Know when baby's done?



Breastfeeding Self-Efficacy (BSE)
 A mother's belief in her ability to breastfeed

BSE predicts:

- Whether a mother decides to breastfeed
- How much effort she expends
- Her self-talk
- Her decisions
- How long she persists if faced with problems



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BSE significant factor in breastfeeding duration and exclusivity

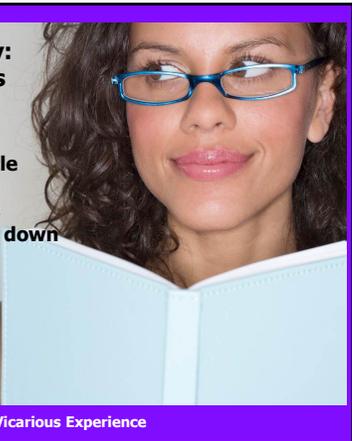
Stronger predictor than supplementation or perceived support
Dunn, et al. *JOGNN* 2006; 35(1):87-96



McCarter-Spaulding & Gore. *JOGNN* 2009; 38:230-243

BSE determined by: What a mother has read, seen, heard from others

- Most effective role models are more competent peers who can break it down into easy steps
- Those closest to her have the greatest impact



Vicarious Experience

BSE & Perceived Insufficient Milk (PIM)



Of those intending to EBF, <40% were EBF @4 wk

In 73%, PIM main reason

PIM significantly related to ↓ BSE before discharge

BSE explained 21% of variance in PIM, independent of lifestyle

Otsuka, et al. *JOGNN* 2008; 37(5):546-55; N=262 Japanese mothers

BSE determined by: What others tell a mother about herself



Verbal Persuasion

BSE determined by: Whether a mother interprets her personal experience as success or failure



Task Mastery

BSE determined by: How a mother feels physically and emotionally while breastfeeding



Physiological & Affective States Photo: Melanie Ham



**BSE:
A Variable,
Not a
Constant**

Learn from Other Mothers' Successes



BFHI Step Ten:
Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.



To Boost BSE

- Gain experience, master skills
- Learn from other mothers' successes
- Be persuaded by others
- Enhance physical comfort & positive emotions

Be Persuaded by Others



- Maximize time with supporters
- Minimize time with critics



Mastery starts with small victories

- Latching
- Latch comfort
- Calming fussy baby
- Feeding norms

— Success boosts BSE
— Repeated failures diminish BSE



WHY DO MOMS GIVE FORMULA?

Hospital Formula Requests

~80% gave formula
– 87% not medically necessary (ABM)

Formula use
5x more likely
if no prenatal
breastfeeding class



Tender, et al. *J Hum Lact* 2009; 25(1):11-17; N=150 low-income moms

Hunger: the only reason for newborn waking & crying

Formula makes babies sleep more, so moms can rest

No clue that formula affects milk production



DaMota, et al. *J Hum Lact* 2012; 28(4):476-82



39% wanted baby to get formula
17% milk not yet "in" (write-in)
14% unsure why gave formula
12% mom felt not enough milk
12% mom wanted to rest
10% baby ill
9% MD, RN (66% justified)
8% c-sec & medications
3% latch issues

~ 13% medically indicated~

Tender, et al. *J Hum Lact* 2009; 25(1):11-17; N=150 low-income moms

"I really wanted to breastfeed him, but like I said, he was hungry all the time; he wasn't sleeping as much because of it, so I had to switch over."



DaMota, et al. *J Hum Lact* 2012; 28(4):476-82

Why Do Moms Request Formula?



12 focus groups to better understand decision-making process

Key: lack of preparation for newborn care & breastfeeding

Formula the "solution" to perceived "problems"

DaMota, et al. *J Hum Lact* 2012; 28(4):476-82; N=97 WIC clients

"I felt like maybe I didn't fill him, because it was every 2 hr...but now sometimes it's still every 2 hr"



DaMota, et al. *J Hum Lact* 2012; 29(4):476-82

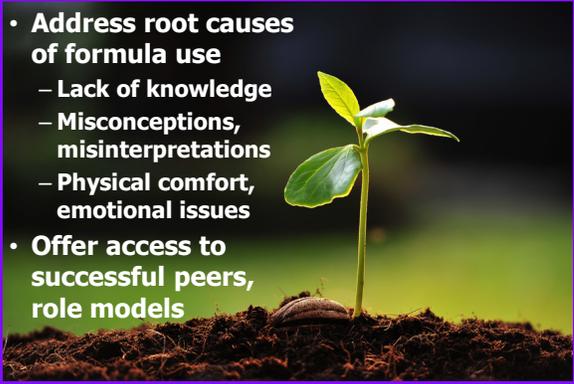
Role of Culture

"While others have cited cultural practices as reasons mothers chose to provide both breast milk and formula...we did not find this to be the case...."



DaMota, et al. *J Hum Lact* 2012; 28(4):476-82

- Address root causes of formula use
 - Lack of knowledge
 - Misconceptions, misinterpretations
 - Physical comfort, emotional issues
- Offer access to successful peers, role models




1st request for formula triggered by:

- Typical newborn behaviours
- Unmet expectations
- Staff did not support their breastfeeding
- Belief formula the solution to problems

DaMota, et al. *J Hum Lact* 2012; 28(4):476-82

Effective Prenatal Strategies



- ↑ BSE after 1st-time mom prenatal workshop
 - Questionnaire
 - Comfort
 - Hands-on with dolls
 - PowerPoint & videos
- Covered
 - Baby's hunger/satiety cues
 - Positioning
 - How to know baby got enough milk
 - Coping tips

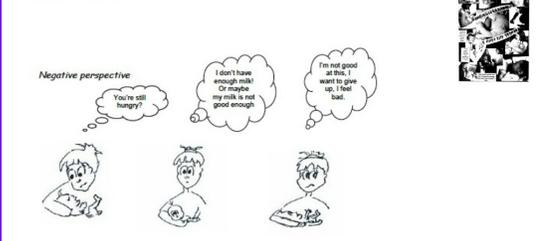
Noel-Weiss, et al. *JOGNN* 2006; 35(5):616-624
Noel-Weiss, et al. *JOGNN* 2006; 35(3):349-357

What Can Be Done?



↑ BSE by completing 9-page workbook

Nichols, et al. *Health Educ Behav* 2009; 36(2):250-59



Negative perspective

You're still hungry?

I don't have enough milk! Or maybe my milk is not good enough

I'm not good at this. I want to give up. I feel bad.

This Mum has responded to this stressful situation by doubting her self as the problem. These self doubts can leave her feeling powerless to check-out if there is a real problem. Self-talk can be convincing, and if it goes unchecked can induce a negative spiral toward giving in.

Nichols J, et al. *Health Educ Behav*. Sep 24 2007.

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This new Mum begins to challenge these self-doubts:

Open perspective

Nichols J, et al. *Health Educ Behav*. Sep 24 2007.

Systematic Review: MTM Support ↑ EBF

Kaunonen et al. *J Clin Nurs* 2012; 21: 1943-1954; 30 studies, 4 reviews

Postpartum Strategies

Those in ongoing postpartum mother-to-mother (MTM) support groups more likely to be EBF @ 6wk, 3 mo & 6 mo

Su, et al. *BMJ* 2007; Sep 22;335(7620):596; N=450 women in Singapore

MTM Support ↑ BSE Because It Provides:

- Help in mastering skills
- A place to watch breastfeeding & hear stories
- Persuasion that she can succeed
- A safe haven where she can discuss her worries

Teen moms called by peer counselor on Day 2, 3, 4, 7 & Week 2, 3, 4, 5 ↑ EBF rates compared with control group

Di Meglio, et al. *Breastfeed Med* 2010; 5(1):41-47 N=78 teen moms

MTM Support ↓ Risk of PPD in high-risk mothers

- ≥4 phone calls from peers after birth
- Prevented PPD in high-risk women by ↓ feelings of isolation & ↑ feelings of support

Dennis, *BMJ* 2009; 338:a3064 doi:10.1136/bmja3064; N=701

Exclusive Breastfeeding: The Mother's Perspective & Beyond

Your WIC Breastfeeding Peer Counselor will:

- listen to you and encourage you
- share current information with you
- respect your wishes and help you meet your goals
- see you at WIC and talk with you on the phone or by text or email
- answer your questions and concerns
- connect you with other moms and groups
- arrange for you to see a breastfeeding expert, if needed
- help you understand your baby's sleep, cues and crying

"Thank you for your help and support when Autumn and I were learning to breastfeed. Your patience and direction were so helpful. Because of you Autumn and I are doing wonderful and nursing strong."

WIC Mom

WIC mom-to-mom group



Breastfeeding USA
Empowering you with mother-to-mother support

- Nonprofit founded in 2010
- U.S. network of volunteer Breastfeeding Counselors
- Central, online education
- Evidence-based information, empathetic counseling skills
- Any helping format
- Qualifies for IBLCE exam

BreastfeedingUSA.org



Photo: *The Breastfeeding Atlas*



New MTM Options

Secrets of Baby Behavior
Dr. Jane Heinig's team at UC Davis

Promotes exclusive breastfeeding by sharing with pregnant and new parents norms for their baby's:

- Sleep
- Cues
- Crying



babycafé



- Charitable network of breastfeeding drop-in centres
 - 1x/wk, no appointment
 - Pregnant, breastfeeding moms & partners welcome
- Baby Café run by HCPs, Baby Café Local by HCP or volunteer counselors
 - Relaxed atmosphere
 - Church halls, community rooms, children's centres

www.thebabycafe.org

Secrets of Baby Behavior

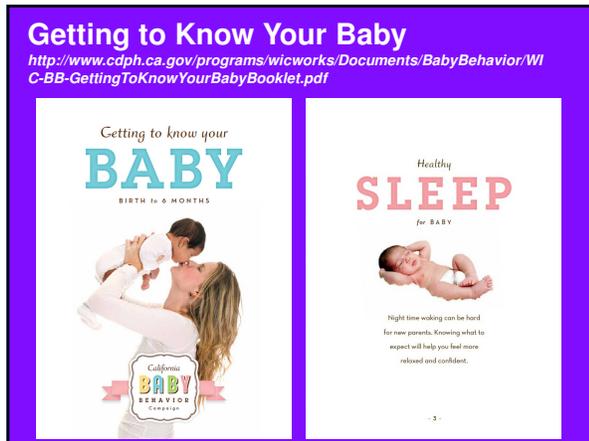
Taught at many state WIC agencies

Free resources:

- Training materials:
<http://www.cdph.ca.gov/programs/wicworks/Pages/WIC-California-BabyBehaviorCampaign.aspx>
- YouTube video:
<https://www.youtube.com/watch?v=eX2jldLnIJU>



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Exclusive Breastfeeding: Why 6 Months?
www.who.int/nutrition/publications/optimal_duration_of_exc_bfeeding_report_eng.pdf

Nonhuman milks or solids <6 mo:

- ↑ **baby's risk of:**
 - Gastrointestinal illness, including diarrhea
 - Delayed motor development
- ↑ **mother's risk of:**
 - Earlier return to fertility
 - Decreased weight loss

The Period of **PURPLE** Crying

WHAT IS THE PERIOD OF PURPLE CRYING? SLEEPING SOOTHING CRYING PROTECTING INFORMATION FOR DADS

P PEAK OF CRYING
U UNEXPECTED
R RESISTS SOOTHING
P PAIN-LIKE FACE
L LONG LASTING
E EVENING

purplecrying.info

Many parents start solids earlier than recommended

Gijsbers, et al. *Patient Educ Couns* 2005; 57(1):15-21
 Clayton, et al. *Pediatrics* 2013; 131(4):e1108-14



Responding to baby's cues?

Normal baby behaviors often misinterpreted as signs of hunger for solids

- Fussing
- Night waking
- Distractability

Misconceptions that drive decisions
Horodynski, et al. *J Community Health Nurs* 2007; 24(2):101-118

- Heavy babies are healthier
- Solid foods reduce infant crying
- Solid foods help babies sleep through the night

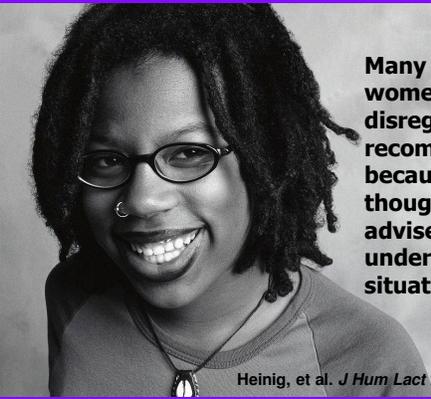


Home visitors:
college educated
Black mothers
~10 yr older
good communicators

Intervention group
4x more likely
to delay solid foods



Black, et al. *Pediatrics* 2001; 107(5):E67



Many low-income women disregarded recommendations because they thought the adviser didn't understand their situation

Heinig, et al. *J Hum Lact* 2006; 22(1):27-38

Looking Forward

Australian breastfeeding initiation rates rose over 10 years from 84% to 94%

At 84%, age, education & income predicted EBF rates

At 94% they did not



Scott, et al. *Birth* 2006; 33(1):37-45

Black, et al. *Pediatrics* 2001; 107(5):E67
Effective Strategy for low-income Black teen moms living with mothers

In video shown @home visit, peer explains how to:

- Discern baby's feeding cues from other needs
- Avoid conflict with mom
- Achieve good feeding practices with solids



As systemic barriers fall & breastfeeding rates near universality, socioeconomic disparities disappear

Scott, et al. *Birth* 2006; 33(1):37-45

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www.BreastfeedingMadeSimple.com

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