Exclusive Breastfeeding: The Mother’s Perspective & Beyond

Nancy Mohrbacher, IBCLC, FILCA

Why Exclusive Breastfeeding?

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

- 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

Disclosure:
I earn royalties from book sales

Why Exclusive Breastfeeding?

- 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


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


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

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

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

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

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 & 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


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 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

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BSE: A Variable, Not a Constant

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

Mastery starts with small victories
- Latching
- Latch comfort
- Calming fussy baby
- Feeding norms
  - Success boosts BSE
  - Repeated failures diminish BSE

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

Learn from Other Mothers’ Successes

Be Persuaded by Others
- Maximize time with supporters
- Minimize time with critics

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


Hunger: the only reason for newborn waking & crying

Formula makes babies sleep more, so moms can rest

No clue that formula affects milk production


Why Do Moms Request Formula?

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~


“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.”


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

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...."


1st request for formula triggered by:
- Typical newborn behaviours
- Unmet expectations
- Staff did not support their breastfeeding
- Belief formula the solution to problems


What Can Be Done?

• Address root causes of formula use
  - Lack of knowledge
  - Misconceptions, misinterpretations
  - Physical comfort, emotional issues

• Offer access to successful peers, role models

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


↑ BSE by completing 9-page workbook

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**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

**Systematic Review: MTM Support ↑ EBF**


**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/bmj.a3064; N=701

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


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New MTM Options

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

Secrets of Baby Behavior

Promotes exclusive breastfeeding by sharing with pregnant and new parents norms for their baby’s:
- Sleep
- Cues
- Crying

Secrets of Baby Behavior

Dr. Jane Heinig’s team at UC Davis

Free resources:
- Training materials:
  http://www.cdph.ca.gov/programs/wicnetworks/Pages/WICCaliforniaBabyBehaviorCampaign.aspx
- YouTube video:
  https://www.youtube.com/watch?v=eX2iidLnIJU
Getting to Know Your Baby

Peak of Crying
- Unexpected
- Resists Soothing
- Pain-like Face
- Long Lasting
- Evening
purplecrying.info

Exclusive Breastfeeding: Why 6 Months?

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


Many parents start solids earlier than recommended

Starting Solids & Exclusive Breastfeeding

Responding to baby’s cues?
Normal baby behaviors often misinterpreted as signs of hunger for solids
- Fussing
- Night waking
- Distractability
Misconceptions that drive decisions

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

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

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

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
What remains are the personal barriers

Questions?
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