

## Why do women supplement so early?

And what can we do about it?  
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This is soooo frustrating for all of us



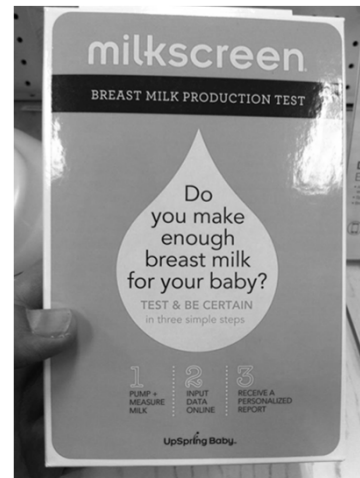
What do you hear from the moms?



Let's categorize those concerns

## What do all of these concerns really say to us?

- I do not trust my body
- I do not believe I can or will nourish my baby adequately



## Research tells us

- Supplementation begins shortly after birth, at least 75% is not due to medical indication
- Even when the mother plans to breastfeed
- 46 articles in past 5 years about early supplementation
- Reasons for non medical supplementation fall into 3 categories
  - Infant behavior
  - Anxiety of milk adequacy
  - Just seemed like I should or recommended by others

## And early supplementation

- Is a clear and consistent barrier to exclusive and continued breastfeeding
- It begins the path to doubt and lack of faith in milk supply
- It is a self fulfilling prophecy to low milk supply
  - Baby takes less so mom makes less

## Some recently written articles

- May help us to understand even more about the dilemma
- Some of these reasons may not be what you think
- And some seem so obvious, but what can we do?

## Early cessation among women with low income

- Most common reasons were overall milk supply and latch difficulty
- Cessation reason in less than first month was latch difficulty
  - Discussion of infant behavior is imperative
- Supply reason is more likely as duration increased
  - Growth spurts, infant behavior education
  - Anticipatory guidance
  - Hornsby 2019

## Racial and ethnic differences in cessation

- Among WIC women
- Primiparous white and black women were almost twice as likely to stop breastfeeding due to latch
- Hispanic women with low food security more likely to stop due to milk supply
- Hispanic and black women born outside the US had significantly higher odds of cessation due to infant losing interest (bottle preference?)
  - Gallo 2019

## In hospital formula supplementation

- In first 48 hours, 49.5% were supplemented
- Many times the mothers were not notified
- Most common reason was “lack of milk” or a crying baby
- Primiparas were 1.3 times more likely to supplement in the hospital
  - Boban, 2016

## Identifying mothers prenatally

- Has the mother previously breastfed?
- Number of infants she breastfed successfully
- Number of infants with breastfeeding problems
- Score less than 1, more likely to offer in hospital supplementation
- Does this surprise anyone?
- What WIC can do is flag these mothers
  - More support, counseling and education

## Develop a pre assessment tool

- Asking these questions
- Asking and evaluating the following risk factors

## Literary search on early supplementation

Most common trigger, in hospital  
formula supplementation

Learn the baby's cues

If supplementation is necessary, use  
donor milk

Decrease possibility of cow's milk  
protein allergy

Build intestinal microbiome

"Most reasons for supplementation  
are not medically indicated"

Boban, Breastfeeding Medicine 2016



## Which mothers are at risk for providing supplementation for non medical reasons?

- When their babies are born between 7:00 pm and 9am
- When they stay in the hospital longer
- Ethnicity
- Less than 12 years of education
- Larger babies
- No previous breastfeeding experience
- Let's look at each risk factor

## Risk #1 Babies born at night

- Mom is tired after hours of labor
- Support person(s) are tired
- Nurses encourage mom to send baby to the nursery to rest
- Easier for the nurses to supplement when baby is in the nursery





## Why does staff supplement?

- Time, time and time
  - 12% helping moms, 50% doing paperwork
- Easy, handy
- Available
  - In a BFHI hospital where formula not available and costs, 80% less likely to offer non breastmilk substitutes

## What to do?

- Encourage skin to skin
- Encourage keeping the baby with you
- Why it is good for YOU to keep the baby nearby
- You will sleep more if baby is nearby
- How do you feel about someone else caring for your baby?
  - What will you do when you go home?
  - Will they supplement without telling you?

## Why skin to skin is good for YOU

- Earlier expulsion of the placenta
- Reduced bleeding
- Increased breastfeeding self efficacy
- Lowered maternal stress levels
- Rise in oxytocin increases bonding

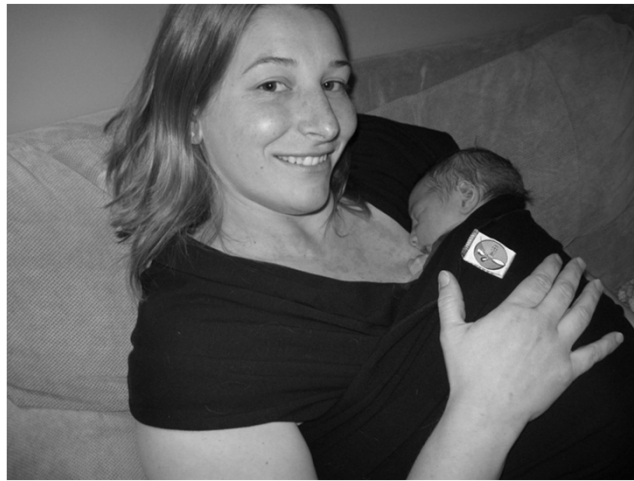
## Why skin to skin is good for the baby

- Decreases the negative “stress of being born”
  - Optimal thermoregulation
  - Less crying
  - Increase breastfeeding initiation
  - And reduces supplementation
  - More optimal suckling
- Widstrom et al, 2019

## Recent article information may help

- In BFHI facilities where skin to skin care increased from 40% to 83%,
- Sudden Unexplained Infant Death decreased significantly
- Increasing rates of breastfeeding and skin to skin care are associated with decreasing SUID prevalence in the first 6 days after birth
- Early initiation of breastfeeding within 1 hour of birth is associated with improved neonatal mortality
  - Bartick et al, Journal of Pediatrics, November 2019

## Skin to skin makes all the difference



## Microbiome of infants

- Fed formula and breast milk more closely resembles the formula fed
- Although we want babies to get human milk whenever possible, supplementing in the first few days diminishes the health benefits of human milk
- “Breastfed infants given formula supplementation were 7 times more likely to exhibit Cow’s Milk Protein Allergy than those who were exclusively breastfed”
  - Collins, 2019

## Risk #2 Longer hospital stay

- More opportunities for supplementation
- Less rest
- More likely to doubt milk supply
  - Supplementation more likely to be offered
- What to do?
  - Keep baby near you
  - How long do you need to stay?
  - You will rest better at home

## Risk #3 Ethnicity

- 61% of African American mothers
  - Breastfeeding is natural but not the cultural norm
- 61% for Asian American mothers
- 65% for Hispanic
- 33% for white mothers
- What can we do?
  - Diversity of peer counselors
  - Discussion with support people
  - What are YOUR concerns about breastfeeding?

## Risk #4 Less than 12 years of education

- More susceptible to myths of breastfeeding
- More media and television based information
- More likely to accept opinions of parents and peers
- What can we do?
  - Work with support people
  - Address myths early and often, from first PN visit on
  - Address concerns with baby behavior, crying etc
  - How milk is made

## Risk #5 Larger babies

- Perception that larger babies need more to eat
- Is that true of adults?
- What can we do?
  - Address stomach capacity
  - Paced feedings
  - If supplement, lowest amount possible



## Risk #6 Lack of breastfeeding experience

- 48% versus 24%
- This is the biggest risk
- Will this BF thing really work?
- How can I know everything is okay?
- More likely to experience depression and anxiety
- What can we do?
  - Teach newborn behavior prenatally, what is the baby telling you?
  - Encourage skin to skin care for all
  - Early contact for confidence building, support
  - Refer mothers with sadness and anxiety
  - Teach mothers and support people how milk is made

## Teach newborn behavior

- Crying communication not a hunger cue
  - What will you do when your baby cries?
- Quiet alert and light sleep the best time for feeding
  - If the baby is in your room you can learn his communication
  - Skin to skin babies will move over to feed
- Teach feeding cues
  - When you have the baby with you can learn his feeding cues



## When to feed?



## When to feed?





## Lack of breastfeeding experience

- Discuss what is normal
- How do I know breastfeeding is going well?
- Why supplementation will destroy mother's milk supply
- Building your milk supply, not prevent low milk supply
- Assess confidence at each prenatal contact
  - What have you heard?
  - Who is supporting you?
  - What is their role?

## Bottom line

- They doubt their ability to provide enough for their baby
- We trust our bodies to produce a healthy baby but not to produce the healthy food to nourish that baby once it is born
- Formula marketing has planted the seeds of doubt over years of advertising that, for whatever reason, mother's milk is not good enough.

## All mothers need to know

- What your baby knows about breastfeeding
- May surprise you!
- Babies are born to do this!
- Have instincts and skills to survive, eat and breath
- All mammals are hard wired to find food
- Where would we be without this?

## The 9 instinctive stages lead to the breast!

- Birth cry
- Relaxation
- Awakening
- Active
- Resting
- Familiarization
- Suckling
- Sleeping

**From the beginning, biological processes during the first hour after birth**

Ensure the survival of the mother and infant

**The 9 instinctive stages are reassuring to the parents**  
And empowering: It works!!

## Pick up your baby

- You do not need to teach him how to breastfeed
- We hold them horizontally when we calm them
- This is how they expect to be held
- He/she will start to show you these survival skills
- He/she will teach/show you all he knows.
- Let the infant lead the way!



## Teach “laid back breastfeeding”

- Prenatally
- Remind them
- Be comfortable
- This is for you!



## Wait and watch for them!

The baby does know

Not the clock or other people

## Babies know how

- To establish milk supply
- To adjust supply to meet his needs
- To change components of milk to meet his needs
- Example; milk produced in the evening has components that help relax the baby
- Frequency of feeds indicates adjustment to needs

## Reasons the baby may “appear” to not like breastfeeding

- Prepare the mothers for these behaviors
- Why they may happen
- They are not what they seem to be
- Labor medication
- Baby needs to recover from negative procedures, like suctioning
- Pushing or forcing instead of allowing him to find his way
- Learned or reinforce skill from bottles
- Trust your baby, trust yourself
  - Teresa Pitman

## Birth interrupts the only world they have known

- They need to regain their sense of organization
- Transition from the womb to the world requires adaptation
- Born with the ability to breathe and eat
  - Survival
- Need motion, they are used to this!
- Skin to skin is part of the perfect transition



## “Most visibly remarkable observation of

- The first minutes of life is the ability of a newborn, if left quietly on the mother’s abdomen after birth, to crawl up to her breast, find the nipple and begin to suckle”
- All babies, who were given a chance, crawled toward the breast immediately
  - Girish 2013



## Position for Skin to Skin



Arms and legs should be extended so as much of the infant’s body surface as possible is in contact with the mother’s body

Infant should have only a diaper on, preterm infants also need a hat and socks

The infant is placed on its abdomen between the mother’s breasts.

## Moms are unaware

- Of all the skills each infant has
- No one has ever told them
- Their perception of these behaviors is usually the opposite of what they mean
- Lack of knowledge is discouraging
- Knowing them is empowering!

## Helpful; Develop a check list for intervention

- Mother risk factors
  - No breastfeeding experience
  - Previous breastfeeding problems
  - Received little or poor breastfeeding information
  - First time mom
  - Educational level less than 12 years
  - Race or ethnicity



## Follow up call at delivery

- Cesarean delivery
- Born after 9:00 pm and 7:00 am
- Large baby
  
- A single check mark in any of these above areas indicates a risk factor for early supplementation
- More and EARLY intervention (contact)
- Address all of these issues with hospital staff as well

**We need to empower mothers**

## Why the doubt about human milk?

- We have lived in artificial baby milk culture for 100 years
- We have been taught science is better than the “weaker sex”
- We have been taught through advertising that a product will improve or fix things



## How can we empower mothers to believe in their abilities?

- Human milk is a super power
  - Provides health for mom and baby
  - Provides perfectly adjusted food for baby
  - And only YOU can provide it
- Trust the process of life/biology itself
  - Human milk is there for a reason!



## Empowering mothers

- Positive beliefs, make a list
- What does mother believe in?
- What are her goals for herself and baby?
- You help her to recognize how human milk can provide them
- How skilled her baby is at birth
- Babies were meant to survive

## Using positive language

- Not about INCREASING milk supply
  - Implies you have a low supply
- More about preventing low milk supply
  - You will be fine, just want to be sure this does not happen

## Take control of our bodies

- Use them as they were intended
- Provide good health for moms and babies
- Receive more information
- Educate ourselves on what works for us



## How do ANY of us learn ANY thing

- Practice doing it
- If the baby is not practicing breastfeeding how will he learn it?
- How did you learn to eat with a fork? Sip from a straw?
- Offering a bottle interferes with baby's ability to learn

## Important to empower the support people

- Address their concerns
- Encourage them to be the protector for human milk feeding
  - The protector of all that the baby needs to reach his potential
  - YOUR superpower



## Bottom line

Breastfeeding is a confidence game

You can help her to play the game with confidence

## How do you build confidence?

- Visual messages
  - Look at all your baby knows to do
- Affirmation
- Tools for confidence
- Positivity
  - Look at what you have accomplished

What if the mother has  
already quit when you see  
her?

## Her milk has not “disappeared”

- What was your goal?
- Send a message to your body to make milk
- Bring back the supply by removing the milk she has
- Nurse the baby, hand express, pump—visualize it
- You will make what the baby will take
- Remind your body, a baby is here and needs this milk
- Reinforce all the information you gave her prenatally
  - She forgot
  - She is discouraged

## Counteract the Perception of Insufficient Milk

- Encourage mothers to begin breastfeeding soon after birth to start acquiring positive experiences
- Give breastfeeding mothers good role models
- Involve significant partners and mother’s medical personnel
- Guidelines reserve early supplementation to a medical indication
- Perceived milk insufficiency has the highest association with early weaning
- Hospital practices need to be evaluated and changed
  - Karall, 2015

## Why YOU are important

- Can be difficult to identify and address milk supply issues in a timely manner
- Volume of expressed milk is not accurate
- Newborn behavior is often misinterpreted
- The attention of the lactation specialist on good positioning and attachment
- Investigation of other possible reasons for poor milk transfer
  - Kent 2016
  - “One participant measured low at 1.4 weeks, added one extra feed per day and doubled milk production by 5 weeks”

## Just one feeding per day!

- Affirmation
- Positive message
- So easy to add just one or two feedings per day
- What a difference this can make
- Try for 24 hours, then let me know how it goes



## In Summary

- Target those in need of intervention prenatally
- Set goals with mother
- Build confidence
- Educate on skills
- Support and follow up

## When you build breastfeeding self efficacy

- You empower them!
- When you increase their self efficacy, you launch them!
- You give them the ability to do this on their own
- So when she hits an barrier, she does not think” I can’t do this, I am failing”
- They think “I can get through this and I am okay”

## Develop a tool

- You can use in your agency
- Based on the information we have learned

