

## Standard 5 Prenatal Education

**Promote prenatal education that can empower parents and families, improve the birthing experience, and support optimal feeding while helping moms to meet their breastfeeding goals.**

### **Why is this Standard important?**

Breastfeeding allows the mother to provide immune system help to the child during the early years when the child's immune system is still developing. As well, breastmilk is ideally suited for the brain development that is so crucial in the first years of life. Breastfeeding also impacts long-term health, reducing the risk of obesity, diabetes, high cholesterol and many other health outcomes for both baby and mom. Exclusive breastfeeding is recommended for the first six months and then continuing with complementary foods thereafter for at least a year or as long as baby and mom wish to continue.

Many moms want to breastfeed, but the majority do not meet their own breastfeeding goals. The most common reason moms give for weaning earlier than planned is that they do not think their babies are satisfied with breastmilk alone. Prenatal education can make the difference in helping moms to advocate for practices that help get things off to a good start, and help them to understand newborn behaviors, recognize signs that their babies are getting enough, and where to get help when needed.

### **Helping Moms to Advocate for Themselves and Make Informed Decisions**

*Exploring the Topic*

#### **Initiate Breastfeeding Conversation and Addressing Concerns**

Asking moms about what they've heard about breastfeeding and learning more about their family's beliefs about infant feeding is important. Addressing potential concerns and barriers is a critical part of breastfeeding promotion.

#### **Benefits of Breastfeeding**

A mother and her family may not realize that she can provide immune protection and many other benefits to her child through breastfeeding. She also may not realize that she can reduce her risk for breast cancer, diabetes, and other health conditions by breastfeeding. Providing information to mothers about the benefits for herself and her baby helps her to be able to make an informed decision.

## ***Maternity Care Practices That Support Breastfeeding Success***

### **Skin-to-Skin contact immediately after birth and frequently in the first few days**

Babies who get frequent skin-to-skin do better in lots of ways, regardless of feeding choice. Skin-to-skin means placing naked baby on the skin of mom's abdomen right after being born. Baby can be dried and assessed while baby and mom begin to get to know each other. This is an amazing time when babies are often very alert and ready to engage.

Continued skin-to-skin can be done with just a diaper on baby. A sheet or light blanket can be placed over baby and mom, if desired. Moms report more satisfaction with their birth experience and show greater bonding behaviors when they experience skin-to-skin. Dads also enjoy skin-to-skin time with their babies!

### **Breastfeeding in the first hour for vaginal birth and within two hours for Cesarean birth**

Early and frequent feeding has been shown to bring in mom's milk faster and in greater quantities. Bath, weighing and other nonessential tasks can wait until baby has had this chance to feed and bond. Even moms who have delivered by C-section can often have baby placed skin-to-skin and have the first feed right after the birth. Baby's dad or mom's birth helper can support this early time by watching the newborn for the nine instinctive stages that babies follow in that first hour after birth (see Appendix).

### **Promoting 24-hour rooming-in, encouraging the family to recognize and respond to infant's cues**

Rooming in allows parents to become more comfortable caring for their baby before they take baby home. They can learn to recognize their baby's early feeding cues and mom can bring baby to the breast before baby becomes too hungry, which can make feedings more difficult. It may help if parents know that research has shown that moms do not sleep longer or better if their babies go to the nursery at night.

### **No food or drink given to baby except breastmilk unless medically necessary**

Supplements can lead to infrequent breastfeeding, low milk supply and to early weaning. If supplementation is recommended by the doctor, expressed breastmilk can often be provided to the infant as the supplement. Expressing breastmilk can help a mother to protect and build her milk supply if her baby is not breastfeeding well or has some other reason for supplementation.

## **Encourage breastfeeding on demand and teach hand expression in case of separation**

Newborns need to feed often in the early days of breastfeeding. More frequent feedings help build the baby's feeding skills and also bring a good milk supply in faster. Learning the early feeding cues can help moms to recognize when their babies are hungry. If baby is not feeding well or is separated from mom, hand expression (see Appendix) can be used to remove milk, provide milk for baby, build the supply, and has been shown to improve mom's comfort with breastfeeding around others, a common barrier.

## **No artificial nipples or pacifiers given to baby until breastfeeding is well established**

Artificial nipples and pacifiers may create breastfeeding issues for some babies and may cause babies to feed less frequently than they need to. Sometimes pacifier use may mask breastfeeding difficulties or a parent's lack of knowledge about normal newborn behavior. Providing lactation help and filling in gaps in knowledge about newborns may be more helpful. Some other soothing techniques that families might use are swaddling, rocking, and skin-to-skin contact.

## **Helping clients talk to their healthcare providers**

Helping moms to talk with their provider about practices that will support their breastfeeding goals is important. Exploring topics, providing information and asking about their goals is the first step to helping your client advocate for themselves. Providing opportunities for discussion, role-playing, and finding additional support can lead to empowerment, both individually and as a parent.

*Prenatal Anticipatory Guidance: Preparing for the Early Weeks*

## **Help Mothers to Understand Normal Newborn Behaviors and Breastfeeding Norms**

Research has shown that many mothers believe their babies are not getting enough because they do not understand normal newborn behaviors. Crying and sleeping are two that are most misunderstood and most often lead to early weaning and overfeeding. Knowing what to expect can also be invaluable. Key topics to cover:

- Hunger and fullness cues
- Sleep patterns and crying
- How to Tell Their Babies are Getting Enough
- Making Enough Milk
- Latch and Position
- Common Issues and Solutions
- Cluster Feeding and Growth Spurts
- Coping with sleep deprivation and fussy baby

## **Provide Mothers Resources for Breastfeeding Support**

Providing mothers with resources for additional help is key. The following are places where moms can receive additional breastfeeding support:

- ADHS Breastfeeding Hotline: 1-800-833-4642
- WIC Services (Breastfeeding help, pumps and supplemental foods for those who qualify)
- Mother-to-mother support groups
  - i. La Leche League: [llofaz.org](http://llofaz.org)
  - ii. Hospital or clinic breastfeeding and mother support groups
  - iii. Community groups and places of worship

### ***Prenatal Anticipatory Guidance: Other Key Topics***

#### **Medications**

Most medications are compatible with breastfeeding, but some providers may not be aware of several resources that can be used when deciding whether a medication can be combined with breastfeeding:

- LactMed: <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm> (updated monthly)
- Medications and Mother's Milk by Thomas Hale
- ADHS Breastfeeding Hotline (Hale text is reference) 1-800-833-4642 (24 hours/7 days)
- The InfantRisk Center: [Infantrisk.org](http://Infantrisk.org) or 1-806-352-2519 (business hours only)

#### **Contraception**

Some contraception methods may interfere with the mother's milk supply if they are started too early. It is helpful to talk with moms about what their plans are for their family prior to giving birth, and how they can meet those goals in a way that also supports their breastfeeding goals.

#### **Growth Charts**

The Centers for Disease Control (CDC) recommends that all providers use the World Health Organization's (WHO's) growth charts. When the old CDC charts are used, sometimes healthy, normally developing breastfed babies are told that they are not gaining enough weight in the first year. The growth charts and information about them are located here: [http://www.cdc.gov/growthcharts/who\\_charts.htm](http://www.cdc.gov/growthcharts/who_charts.htm)

## **Vitamin D**

Due in part to lifestyle changes, concerns about vitamin D deficiency has risen and the American Academy of Pediatrics (AAP) now recommends that babies receive vitamin D supplementation of 400 IU/day. Some infants may be receiving enough vitamin D supplement in their infant formula, but others, including breastfed infants need additional vitamin D to meet the recommendation.

## **Extended Breastfeeding**

The AAP recommends breastfeeding “for as long as is mutually desired by the mother and baby.” The milk of mothers of older children shows many similar components as that produced in the first year, including continued presence of maternal immune components. Recommending to wean without evidence for doing so may remove an important ongoing source of immune support and nutritional components that have evolved over human history to provide for the needs of the growing human brain. Moms who wish to continue breastfeeding beyond a year should be encouraged to do so.