Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

NSW GOVERNMENT | Health South Eastern Sydney Local Health District

NAME OF DOCUMENT	Breastfeeding – delayed onset of Lactogenesis II, early Intervention and Management
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SUMMARY	Support and management of a woman's lactation with medical reasons and/or medical history that lead to delayed lactogenesis II.
KEY WORDS	Delayed lactation

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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

Delayed onset of Lactogenesis II (DOLII) refers to the delayed initiation of copious milk production beyond 72 hours after birth.[2] The early identification of risk factors for DOLII is critical for clinicians to be able to support and maximise the woman's achievement of full or partial breastfeeding.

The aim of this CBR is to:

- Identify risk factors and medical history which may contribute to DOLII
- Implement a breastfeeding management plan for a woman who is experiencing or at risk of DOLII
- Ensure neonate(s) has adequate hydration and caloric intake

2 RESPONSIBILITIES

2.1 Lactation Clinical Midwifery Consultant – review and discuss breastfeeding plan

2.2 Medical, Midwifery and Nursing Staff – Support woman with lactation, uninterrupted skin to skin with neonate(s) and early referral to lactation services where appropriate. Recognise implications of reversible causes for DOLII and help minimise and treat

3 PROCEDURE

3.1 Clinical Practice

- Identify risk factors in woman which may contribute to delay in onset of lactogenesis II:
    - Advanced maternal age >40 years
    - BMI >30
    - Previous history of low breastmilk supply
    - Pre-gestational diabetes and gestational diabetes
    - Pre-eclampsia

  - Breast hypoplasia
  - Minimal breast development/minimal breast changes in pregnancy
  - Breast surgery (e.g. reduction or augmentation)
  - Polycystic ovarian syndrome (PCOS)
  - Endocrine/pituitary disorders
  - Induction of labour
  - Caesarean section
  - Intrapartum fluid overload
  - Complicated birth
  - Postpartum haemorrhage
  - Sepsis
  - Confirmed Neonatal feeding difficulties e.g. cleft-lip/palate, Trisomy 21, Tongue Tie
- Initiate the following within the first 24 hours of birth:
  - Perform and encourage immediate and unrestricted skin to skin contact
  - Encourage unrestricted access to breastfeeding as per baby feeding cues
  - Educate woman in the skill of hand expressing. Ensure staff use a hands-off technique and give woman written information on expressing and storage of breastmilk (Expressing and Storing Breastmilk factsheet)
  - Encourage breastfeeding or hand expressing of both breasts at least two-three hourly
  - Educate the woman to focus on frequent stimulation of breasts, not on volume of breastmilk expressed
  - Reinforce benefits of gentle breast massage before and during hand expression
  - Feed neonate expressed breastmilk either by expressing directly into neonate's mouth or by syringe, spoon or cup (see Spoon/Cup feeding an Infant factsheet)
  - Reinforce minimum 8-12 neonatal feeds every 24 hours
  - Educate parents to record feeds and nappies
  - Perform and document an assessment on the woman and her neonate using the neonatal sucking code
  - Discuss with parents, factors that may inhibit her neonate's ability to attach and help to counsel on when it is clinically indicated to supplement a breastfeeding infant
  - Educate the woman on the risks of dummy use and its effects on the establishment of breastfeeding by decreasing breast stimulation. Give woman information leaflet Use and care of dummies (pacifiers)
  - Observe breastfeeds whilst utilising the Maternal Clinical Pathway - Breastfeeding Assessment and Sucking Code on the Neonatal Feed Chart
- Document neonate's urine and stool output, including colour of stools
- Do not use a nipple shield until lactogenesis II is established
- Refer to the Clinical Midwifery Consultant (CMC) Lactation for discussion and ongoing management
- Assess and discuss feeds and care plan with CMC Lactation and the woman

Consider introducing a breast pump, which can increase breast stimulation if mother is unable to directly breastfeed or baby has 2 or more sucking codes less than a score of 4 in 24 hours. Provide education and instruction, give fact sheets on Expressing and Storing Breastmilk and cleaning and sterilising of equipment

- Provide a copy of written breastfeeding plan to the woman. Place a copy in her bedside folder and document in the woman's medical record
- Advise CMC Lactation to coordinate review of woman where there is no follow-up from postnatal services. E.g. MGP/MAPS or out of area
- Encourage and promote the woman to join the Australian Breastfeeding Association (ABA)
- Weigh baby end of day 3 of life

3.2 Documentation

- Medical Record
- Maternal postnatal clinical pathway
- Neonatal feeding chart

3.3 Education Notes

- Maternal self-efficacy and breastfeeding confidence is a major predictor of breastfeeding success and positively associated with increased breastfeeding duration
- Education and support by appropriate maternity staff for a woman experiencing a DOLII will promote confidence in the woman's ability to breastfeed
- Neonates may experience sucking problems which creates an impaired transition to breastfeeding and leads to excessive neonatal weight loss and risk of nutritional issues. This may lead to formula supplementation and early weaning

3.4 Implementation, communication and education plan

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- Breastfeeding in NSW: Promotion, Protection and Support NSW Health PD2018_034
- Breastmilk: Safe Management NSW Health GL2023_021
- Mastitis (Lactational) Treatment SESLHDPR/352
- Alternative Feeding Methods in Early Postnatal Period
- Supplementary Feeding of Breastfed Neonate in the Postpartum Period
- Weight Loss (Day 4 - 6) greater than 10% of birth weight in breastfed full term (> 37weeks gestation) neonates

- Advanced maternal age (AMA) and outcomes
- Obesity and weight gain in pregnancy, labour and postpartum
- Postpartum haemorrhage (PPH) – prevention and management
- Caesarean birth – maternal preparation and receiving the neonate(s)
- Nipple shields – use of in postnatal period

3.6 References

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7. Moore, E.R, Bergman, N, Anderson, G.C, Medley, N. 2016, Early skin-to-skin contact for mothers and their healthy newborn infants, Cochrane Database of Systematic Reviews, Issue 11, Art No. CD003519
8. NSW Government Health, Infection Prevention and Control Policy [electronic resource],2017, PD 2017_013, NSW Health NSW Department of Health
9. Parker L.A, Sullivan S, Krueger C, Mueller M. Association of timing of initiation of breastmilk expression on milk volume and timing of lactogenesis stage II among mothers of very low-birth-weight infants, Breastfeed Medicine, vol. 10, no. 2, pp.84–91
10. World Health Organization, 2018, Ten Steps to successful breastfeeding (revised 2018), WHO, Geneva

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.

- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 REVISION AND APPROVAL HISTORY

Date	Revision No.	Approval
Reviewed and endorsed Maternity Services LOPs 8/3/19 – previously titled Breastfeeding – Risks of Delayed Onset of Lactogenesis II, Early Intervention and Management Approved Quality & Patient Care Committee 3/3/16 Reviewed and endorsed Lactation Working Party February 2016 Approved Quality & Patient Safety Committee 16/4/15 Reviewed Maternity Services LOPs group 31/3/15 – previously titled Breastfeeding – Early Intervention with Potential Breastfeeding Problems Guideline Approved Patient Care Committee 3/4/08 Reviewed and endorsed Maternity Services Clinical Guidelines Group March 2008 Approved Quality Council 20/10/03 Endorsed Maternity Services Clinical Committee 12/8/03		
23/07/2024	6	Maternity CBR Committee
29 July 2024	6	RHW BRGC