

BREASTFEEDING – DELAYED ONSET OF LACTOGENESIS II, EARLY INTERVENTION AND MANAGEMENT

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To identify risk factors and medical history which may contribute to delayed onset of lactogenesis II
- Implement a breastfeeding management plan for woman who is experiencing delayed onset of lactogenesis II
- Ensure neonate(s) has adequate hydration and caloric intake

2. PATIENT

- Postnatal woman with delayed lactogenesis II

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Spoon
- Cup
- Breast pump

5. CLINICAL PRACTICE

- Identify risk factors in antenatal and postnatal period which may contribute to delay in 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 delivery
 - Postpartum haemorrhage
 - Mastitis/breast abscess
 - Neonatal medical condition (e.g. Cleft lip/palate, Trisomy 21)
- 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 or hand express both breasts at least two hourly
 - Educate woman in the skill of hand expressing. Ensure the staff member uses a hands-off technique and gives woman written information on expressing and storage of breastmilk

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- Educate the woman to focus on frequent stimulation of breasts, not on volume of breastmilk expressed
- Reinforce benefits of breast massage and gentle hand expression
- Feed neonate expressed breastmilk either by expressing directly into neonate's mouth or by spoon or cup.
- Reinforce minimum 8-12 neonatal feeds every 24 hours
- Perform and document an assessment on the woman and her neonate to assess factors that may inhibit her neonate's ability to attach
- Educate the woman on the risks of dummy use and its effects on the establishment of breastfeeding by decreasing breast stimulation. Give woman SESLHD information leaflet "Use and care of dummies (pacifiers)"
https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/Planning_and_Population_Health/Health_Promotion/Healthy_Weight/docs/breastfeeding/Breastfeeding_Dummies_SESLHD.pdf
- Do not use a nipple shield until lactogenesis II is established
- Supervise breastfeeds 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
- Refer to the Clinical Midwifery Consultant 2 (CMC2) Lactation for discussion and ongoing management
- Assess and discuss feeds and care plan with CMC2 Lactation and the woman
- Consider double pumping and hand expressing for increased breast stimulation
- Give a copy of the written breastfeeding plan to the woman. Place a copy in her bedside folder and document in the woman's medical record
- Document all observations and outcomes at each shift change
- Ensure follow up is arranged when discharged from postnatal services
- Encourage and promote the woman to join the Australian Breastfeeding Association (ABA) and provide her with an application form

6. DOCUMENTATION

- Medical record
- Maternal Postnatal Clinical Pathway
- Neonatal Feeding Chart

7. EDUCATIONAL NOTES

- Identifying these risk factors is critical for clinicians who interact with breastfeeding women so that intervention and achievement of full or partial breastfeeding can be preserved
- Early recognition of risk factors and planning for potential breastfeeding problems will ensure interventions are minimised and maternal/neonatal contact maximised
- Maternal self-efficacy and breastfeeding confidence is a major predictor of breastfeeding success. It is positively associated with breastfeeding duration.
- Education and support by appropriate maternity staff for a woman experiencing a delayed onset of lactogenesis II will promote confidence in the woman's ability to breastfeed.
- Maternal self-confidence can be compromised if the focus is on volume of breastmilk expressed
- Mechanical problems may include, but are not limited to:
 - Woman: Inverted nipples, breast reduction surgery with nipple transposition
 - Neonate: Cleft lip/palate
- Neonates may experience sucking problems which creates an impaired transition to breastfeeding, and excessive neonatal weight loss
- Delayed onset of lactogenesis II puts the neonate at risk of inadequate caloric intake and nutritional issues and can expose the neonate to formula supplementation and early weaning

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8. RELATED POLICIES/PROCEDURES/GUIDELINES/LOPs

- NSW Health PD2018_034 Breastfeeding in NSW: Promotion, Protection and Support
- Spoon and Cup Feeding - 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)
- Mastitis (Lactational) Treatment - SESLHDPR/352
- Breast milk safe management- MoHPD2010/19
- Nipple shields – use of in postnatal period

9. RISK RATING

- Medium

10. NATIONAL STANDARD

- Standard 5 - Comprehensive Care

11. REFERENCES

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REVISION & APPROVAL HISTORY

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