

## **BREASTFEEDING – RISKS OF 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**

- Implement a breastfeeding management plan for women and their infants who have been recognised as experiencing a Delayed Onset of Lactogenesis II
- Awareness of risk factors and medical history which can contribute to Delayed Onset of Lactogenesis II.
- Ensure infant has adequate hydration and caloric intake.
- Support the woman's decision to breastfeed

### **2. PATIENT**

- Postnatal woman with identified risk factors (> 3 days postpartum) (1) (See Appendix 1) (2)
- Newborn with attachment difficulties, reluctant to breastfeed or weight loss greater than 10% (Day 4-6).

### **3. STAFF**

- Medical, midwifery and nursing staff

### **4. EQUIPMENT**

- Spoon
- Cup
- Breast pump

### **5. CLINICAL PRACTICE**

- Assess risk factors in antenatal and postnatal period of potential breastfeeding problems and delay in establishment of milk supply (See Appendix 1) (2)
- Referral to the Clinical Midwifery Consultant (CMC) Lactation for discussion.
- Identified risk factors:
  - Previous history of low supply
  - Pre-gestational Diabetes and Gestational Diabetes
  - Breast Hypoplasia
  - Minimal breast development/minimal breast changes in pregnancy
  - Breast Surgery (e.g. Reduction/Augmentation)
  - Polycystic Ovarian Syndrome
  - Endocrine/Pituitary Disorders
  - Induction of Labour
  - Caesarean Section
  - 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 breastfeeds or hand express both breasts minimum two hourly
  - Educate the woman in the skill of hand expressing with the staff member using a hands-off technique and give woman written information on expressing and storage of breast milk

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**CLINICAL POLICIES, PROCEDURES & GUIDELINES**

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- Educate the woman to focus on frequent stimulation of breasts, not on volume of milk expressed
- Reinforce benefits of breast massage and gentle hand expression
- Feed baby expressed breast milk either by expressing directly into baby's mouth or by spoon/cup. Minimum 8-10 every 24 hours
- Perform and document an assessment on the woman and her baby to assess factors that may inhibit her baby's ability to latch
- Educate the woman on the risks of dummy/pacifier use and its effects on the establishment of breastfeeding by decreased breast stimulation (Appendix 2) (3)
- Abstain using a nipple shield at this stage. **Do NOT** use a nipple shield until Lactogenesis II (increased mature milk volume) is evident.
- Encourage Skin to Skin.
- Double pumping and hand expressing is recommended for increased stimulation.
- Supervise breastfeeds utilising the Breastfeeding Assessment Tool and Sucking Code on the maternal Postnatal Clinical Pathway and the Neonatal Feed Chart.
- Document baby's urine and stool output, including colour of stools
- Assess and discuss feeds and care plan with CMC Lactation and the woman
- Ensure woman has a copy of the written Breastfeeding Plan, with additional copies to be placed in the neonatal Feeding Chart and the maternal Postnatal Clinical Pathway
- Document all observations and outcomes at each shift change
- Ensure follow up is arranged when discharged from maternity service. Encourage and promote the woman to join the Australian Breastfeeding Association and provide her with an application form

**6. DOCUMENTATION**

- Integrated clinical notes
- Maternal Postnatal Clinical Pathway
- Neonatal Feeding Chart
- Breastfeeding Plan

**7. EDUCATIONAL NOTES**

- Early recognition of risk factors and planning for potential breastfeeding problems will ensure interventions are minimised and maternal/infant contact maximised (4)
- Maternal self-efficacy and breastfeeding confidence is a major predictor of breastfeeding success. It is positively associated with breastfeeding duration (5, 6). Maternal self-confidence can be compromised if the focus is on volume of milk expressed (7)
- Mechanical problems may include, but are not limited to (8):
  - Baby: Cleft lip/palate
  - Mother: Inverted nipples, breast reduction surgery with nipple transposition
- 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 (9, 10).
- Improved maternal progress of Lactogenesis II and establishment of breastfeeding (9) (1, 2)
- Newborns may experience sucking problems which creates an impaired transition to breastfeed, and excess neonatal weight loss for the infant (2, 10)
- Consequences of Delayed Onset of Lactogenesis II (DOL) can lead to a shorter breastfeeding duration, suboptimal breastfeeding behaviour and poor infant sucking ability (2).
- Delayed onset of Lactogenesis II (DOL) puts the infant at risk of inadequate caloric intake and nutritional issues and can expose the infant to non-human milk (formula supplementation) (1, 2, 10)

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- Delayed Onset of Lactogenesis II can contribute to early weaning (8,9)
- Education and support provided by midwifery staff, medical officers and CMC Lactation, for a woman experiencing a delayed onset of Lactogenesis II will promote confidence in the woman's ability to breastfeed.

**8. RELATED POLICIES/PROCEDURES/GUIDELINES/LOPs**

- Breastfeeding - Protection, Promotion and Support
- Spoon and Cup Feeding - Alternative Feeding Methods In Early Postnatal Period
- Supplementary Feeding of Breastfed Babies in the Postnatal Ward
- Domperidone \_NSW Policy Directive
- Weight Loss (Day 4 - -6) Greater Than 10% of Birth Weight in Breastfed Newborns

**9. RISK RATING**

- Medium

**10. NATIONAL STANDARD**

- Standard RH – Reducing Harm

**11. REFERENCES**

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5. \*NSW Health Policy Directive: *Breastfeeding in NSW: Promotion, Protection and Support (PD2011\_042)*. Available from: [http://www0.health.nsw.gov.au/policies/pd/2011/PD2011\\_042.html](http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_042.html) \*This policy is currently under review)
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NB: \*This policy is currently under review.

**REVISION & APPROVAL HISTORY**

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

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## **APPENDIX 1 (2)**

### **Maternal factors associated with Delayed Onset of Lactogenesis II**

- Maternal age.
- Mode of delivery- Instrumental or operative birth (Classical/ Lower Segment Caesarean Section).
- Labour experience.
- Drugs used for Induction of labour.
- Maternal Health status- High BMI and Type 1 Diabetes mellitus.
- Traumatic stressful birth.
- Second stage of labour longer than one hour.
- Maternal IV Hydration in labour leading to significant oedema of the extremities
- Previous history of low supply
- Pre-gestational Diabetes and Gestational Diabetes
- Breast Hypoplasia
- Minimal breast development/minimal breast changes in pregnancy
- Breast Surgery (e.g. Reduction/Augmentation)
- Polycystic Ovarian Syndrome
- Endocrine/Pituitary Disorders
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## APPENDIX 2 (3)

### **The Royal Hospital for Women does not encourage the use of dummies (pacifiers). Babies under 12 months need their dummy sterilised before use**

It is not recommended that you use a dummy in the first few weeks if you have a healthy, term baby and are establishing breastfeeding because:

- Your baby needs to learn to breastfeed first. Using a dummy in the first weeks can affect a baby's ability to suck on the breast which may slow your milk production.
- You may miss your baby's hunger signs (e.g. sucking lips/fingers and waking sounds). If your baby has a dummy in their mouth. This may mean your baby gains weight more slowly.

#### **If you choose to use a dummy**

- Wait until your baby is about four weeks old before giving a dummy.
- See if your baby would like a feed first before giving a dummy, even if they have only recently had a feed.
- Try feeding, cuddling, patting, rocking, swaddling and check your baby is clean and warm before trying the dummy.
- Remove the dummy once your baby is asleep.
- A dummy is not like a mother's breast, despite the claims of different brands.
- The mouth actions used by a breastfeeding baby promotes optimal jaw and oral development. A dummy does not.

#### **Important points**

Your baby's dummy should:

- Not replace a feed
- Only be put in YOUR baby's mouth
- NEVER be sweetened or dipped in any food or flavouring
- Be inspected under light regularly for faults
- NEVER be tied around your baby's neck
- Fit the mouth comfortably. Use age guidelines for sizing.

#### **Care of a dummy**

- Follow manufacturer's guidelines at all times.
- To kill harmful bugs, bring water to the boil and simmer for five minutes.
- Older babies can have their dummy washed with warm, soapy water and rinsed well.
- Air-dry the dummy and store in a clean, sealed container.
- If your baby has thrush or some other infection, throw the dummy away and treat the symptoms.
- Dummies need to be kept clean and thrown out when they show signs of wear.
- Clean under a tap and not in an adult's mouth. This can transfer germs.
- Only use a dummy that has an Australian Standards label.

#### **Contacts**

- Your local Maternity Unit.
- Your Child and Family Health Centre.
- Australian Breastfeeding association Helpline Ph: 1800 686 268, 7 days a week, or visit [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)
- For a Lactation Consultant (IBCLC) [www.lcanz.org/find-a-consultant.htm](http://www.lcanz.org/find-a-consultant.htm)
- MotherSafe (Medications in Pregnancy & Lactation Service) Ph: (02) 9382 6539 or 1800 647 848 if outside the Sydney Metropolitan area.
- After-hours telephone advice lines are listed in your baby's Personal Health Record (Blue Book).
- See NSW Health Preparing formula feeds and sterilising bottles factsheet for step-by-step sterilisation instructions.

#### **References**

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