

Strategies to Prevent and Resolve Early Breastfeeding Challenges

Miranda Buck RN, BA, Mphil, IBCLC, PhD

#### Miranda Buck

Registered Children's Nurse

International Board Certified Lactation Consultant

PhD: Nipple Pain in Early Motherhood



# Nipple pain in early motherhood

- 'Not at all what I had imagined or been prepared for. 'Women's experiences of becoming a breastfeeding mother. Breastfeeding Review, 2020
- Low Level Laser Therapy for breastfeeding problems. Breastfeeding Review 2016
- Nipple pain associated with breastfeeding: incorporating current neurophysiology into clinical reasoning. Australian Family Physician, 2015.
- Nipple pain, damage and vasospasm in the first eight weeks postpartum. Breastfeeding Medicine 2014
- Nipple pain. Breastfeeding Management in Australia (4th ed), Australian Breastfeeding Association, 2011



#### Basic Principles

- Breastfeeding is a developmental goal of infants
  - Supporting breastfeeding supports healthy development
- Breastfeeding is therapeutic and relational not just nutritional
  - Breastfeeding going well is supportive of infant and maternal mental health
- Most of what we think we know about infant feeding is formula feeding
  - The positions and behaviours we typically think of as normal are not helpful for breastfeeding
- Hospital staff scaffold the breastfeeding relationship
  - Our words are particularly important and enduring



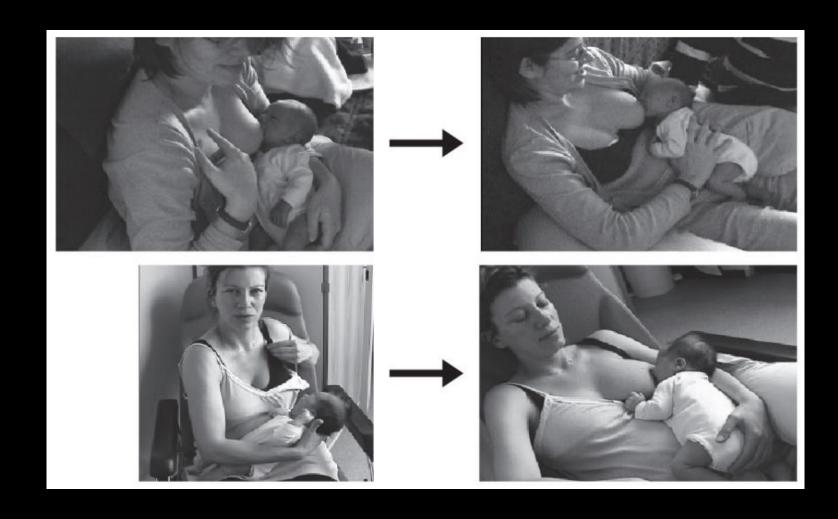
Breastfeeding is the defining feature of mammals





And our primate relatives make it look easy

2010: Suzanne Colson 'Biological Nurturing'



Nancy Mohrbacher; Natural Breastfeedin g



https://youtu.be/ZJan8xCNgY4

#### Hong Kong Infant Feeding Data

Table 1: Breastfeeding rates at hospital discharge of babies born in 2018, 2020 and 2022 (based on routine statistics)

		Year of Birth		
		2018	2020	2022
Number of live births		53 711	43 024	32 496
Rate of any breastfeeding at hospital discharge <sup>i</sup>	Overall	87.5%	86.8%	84.7%
	Public	83.8%	82.4%	78.9%
	Private	94.9%	94.0%	93.8%
Exclusive Breastfeeding rate at hospital discharge <sup>ii</sup>	Overall	21.0%	18.9%	15.4%
	Public	28.7%	26.8%	21.9%
	Private	5.9%	5.9%	5.2%

#### Note:

Table 2: Breastfeeding rates of babies born in 2018, 2020 and 2022 (based on breastfeeding surveys)

Breastfeeding Surveys		2018	2020	2022	P value for
		N=2218	N=1755	N=1392	trend
		(95%CI)	(95%CI)	(95%CI)	
At 1 month	At 1 month	76.6%	77.4%	77.2%	0.632
	(74.8-78.4%)	(75.3-79.3%)	(74.9-79.9%)		
Rate of any breastfeeding <sup>a</sup> At 2 month  At 4 month  At 6 month  At 12 month	66.4%	66.6%	66.6%	0.900	
	At 2 month	(64.4-68.4%)	(64.3-68.8%)	(64.0-69.1%)	
	At 4 month	55.7%	53.9%	52.7%	0.070
		(53.6-57.7%)	(51.5-56.3%)	(50.0-55.3%)	
	At 6 month	46.5%	43.1%	42.3%	0.001
		(44.4-48.6%)	(40.7-45.4%)	(39.7-45.0%)	
	At 12 month	26.1%	23.9%	22.1%	0.005
		(24.3-27.9%)	(21.9-25.9%)	(19.9-24.3%)	
Exclusive breastfeeding rate <sup>b</sup>	At 1 month	32.6%	28.8%	23.9%	< 0.001
		(30.6-34.5%)	(26.7-31.0%)	(21.6-26.2%)	
	At 2 month	31.5%	28.1%	23.9%	< 0.001
		(29.6-33.4%)	(26.0-30.3%)	(21.7-26.3%)	
	At 4 month	29.1%	25.6%	21.8%	< 0.001
		(27.2-31.0%)	(23.6-27.8%)	(19.7-24.1%)	
	At 6 month	26.3%	22.2%	18.2%	< 0.001
		(24.5-28.1%)	(20.2-24.2%)	(16.2-20.3%)	

<sup>&</sup>lt;sup>1</sup>Rate of any breastfeeding at hospital discharge is defined as proportion of infants who ever feeding on breastmilk before hospital discharge.

ii Exclusive breastfeeding rate at hospital discharge is defined as proportion of infants who only received breastmilk from birth to hospital discharge.

## What goes wrong in hospital?

- Unsettled babies
- Painful breastfeeding
- Inefficient feeding
- Weight loss
- Inflammation

Barriers	Percentage (%)		
<ul> <li>Feeding concerns:</li> <li>I did not have enough breastmilk;</li> <li>Baby was not satisfied with breastmilk as he/she cried often;</li> <li>Breastfeeding alone could not well support baby's weight gain</li> </ul>	58.3%	61.9% reflecting mothers' inadequate breastfeeding knowledge and skills	
<ul> <li>Skill concerns:</li> <li>My baby did not latch on well;</li> <li>My baby could not suck well on breasts;</li> <li>I feel pain while breastfeeding;</li> <li>My breasts felt very engorged</li> </ul>	3.6%		

"It still makes me teary to think about it. It was awful. We just couldn't get the hang of it and it was excruciating. Having to feed six times a day with blistered, cracked and painful nipples, it hurt so much I would often be crying from the pain."

(Buck, Amir & McDonald, 2020)



### Global Health Media



https://youtu.be/y--syZR0u1E



#### Decolonising Breastfeeding

Breastfeeeding in our time has become:

Medicalised

Dehumanised

**Problematic** 



#### Three Key Strategies

Newborns belong 'in the kitchen'; skin-to-skin with their mother

Newborns want to feed frequently

Newborn behaviours are purposeful and we need to interpret them correctly



#### The words we use are powerful

Are they crying or vocalizing?

Are they fussing or are they keen to do their job?

Are they hungry or on a mission to make milk flow?

Is it that they won't settle in a cot, or do they feel safe and happy skin to skin?

Are their hands in the way or are they using them to find the nipple?

Are breasts 'small' or are they dense and efficient?

Babies are capable and sociable.

Sometimes birth doesn't go to plan and breastfeeding may need support to compensate for interventions.

Are they sleepy or have they not quite realized they're born yet?

#### Essential Strategies

#### Newborns belong 'in the kitchen'; skin-to-skin with their mother

The baby needs to co-regulate and communicate with the breasts/brain of the mother

The position baby wriggles into is right for breastfeeding

Newborns feed frequently

Short frequent feeds upregulate milk production

Newborn behaviours are purposeful

They need their hands to navigate

Their vocalisations communicate on a primitive level

Pecking is part of a sequence of feeding behaviours

Babies are capable, sociable and cooperative

#### References

- Burns, E., Fenwick, J., Sheehan, A., & Schmied, V. (2016). 'This little piranha': a qualitative analysis of the language used by health professionals and mothers to describe infant behaviour during breastfeeding. Maternal & Child Nutrition, 12(1), 111-124.
- Colson, S. (2010). What happens to breastfeeding when mothers lie back? Clinical applications of biological nurturing. Clinical Lactation, 1(1), 11-14.
- Freund-Azaria, A., Bart, O., Regev, R., & Bar-Shalita, T. (2023). Does infant sensory responsiveness
  explain exclusive breastfeeding 6 months after birth?—a cohort prospective study. Translational
  Pediatrics, 12(6), 1063.
- Huang, S. K., & Chih, M. H. (2020). Increased breastfeeding frequency enhances milk production and infant weight gain: correlation with the basal maternal prolactin level. Breastfeeding Medicine, 15(10), 639-645.
- Mohebati, L. M., Hilpert, P., Bath, S., Rayman, M. P., Raats, M. M., Martinez, H., & Caulfield, L. E. (2021). Perceived insufficient milk among primiparous, fully breastfeeding women: Is infant crying important? Maternal & Child Nutrition, 17(3), e13133.
- Yilmaz, F., Küçükoğlu, S., Özdemir, A. A., Oğul, T., & Aşki, N. (2020). The effect of kangaroo mother care, provided in the early postpartum period, on the breastfeeding self-efficacy level of mothers and the perceived insufficient milk supply. The Journal of Perinatal & Neonatal Nursing, 34(1), 80-87.