Skin-to-skin Care: Safe Transition for All Mothers and Babies

Louise Dumas, RN, MSN, PhD
Gatineau, Quebec, Canada

Presented a thorough review of the quantitative literature related to the benefits of skin-to-skin on both mother and baby.

Defined the differences between kangaroo care (done with preemies, by mother and dad) and skin-to-skin care (done with term babies, only mom).

- For the research, baby goes directly onto mom and is covered with a blanket – vertically for vaginal deliveries, horizontally for c-section deliveries – at least one hour without interruption.
- Temps – are always within normal limits. Skin-to-skin warms better than an incubator or a warmer.
- Oxygen saturation is better.
- Blood glucose is higher.
- Neuromotor organization is better.
- Pain reaction to vitamin K, PKU, painful procedures is reduced.
- Skin-to-skin reduces the stress of being born.

Spontaneous latch on – any interruption lengthens the process significantly.

- Even drying the baby negatively impacts the initiation of breastfeeding.
- Hands should be allowed to touch the breast – increases oxytocin, more effective breastfeeding.
- If baby breastfeeds within the first two hours, milk supply is increased on day 3 & 4.

If baby goes skin-to-skin at birth, there is less crying early on and at three months. For this reason alone, it is super-important for babies to go skin-to-skin in vulnerable families.

Swaddling is bad during the first hours of life.

"We cannot talk about cultural or personal preferences anymore, we have to do it!"

Contact BeckyLC@new.rr.com for complete bibliography

Looking at the International Code. Is it Still Relevant in an Information Age?

Norma Ortiz Escobar, IBCLC
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Why do we need a code? Answer: Formula companies spend $50 million dollars a year. Marketing works!

Social media is exploding. The biggest age group to use social media are those 18-34 years old – essentially, those of child-bearing age. 34% of people start with social media when looking for health information. The formula companies are taking advantage of this.

Norma showed example after example of formula company websites, facebook pages, twitter feeds, and YouTube videos.

- All it takes is a click to get coupons, free gifts, and formula samples.
- Moms can download a free Similac Baby Journal to "add a little more predictability to your life."
- They can download Enfamil's new ExpectingBaby app to get "weekly updates on your baby's development and tools to assist you when it's go-time, and help announcing baby's big debut."
- If they join Similac StrongMoms, they can "receive nutrition guidance and feeding help for every week of your pregnancy all the way through your baby's first year. Plus, enjoy up to $329 in benefits and special Gold Rewards."
- The Infant Formula Council sponsors a third-party blog: momsfeedingfreedom.com
- Formula companies have even paid bloggers for positive reviews of their products!

It's important for us all to be aware of what's out there and what our clients are being bombarded with.

Revisiting Breast Hypoplasia: Where Are We a Decade Later?

Ellen S. Petok, BS, IBCLC
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Ellen wrote her original article, Markers of Lactation Insufficiency: A Study of 34 Mothers, in 2000. (Current Issues in Clinical Lactation 2000;1:25-35) She notes that since that time there has been a proliferation of information on breast hypoplasia on the internet, but very little of it is evidence-based. There's still confusion regarding identification, diagnosis, and the most effective treatment modalities.

- She estimates that probably 3-4% of mothers have primary lactation insufficiency due to breast hypoplasia, but no one really knows the incidence.
- There are often co-morbidities, so it's hard to sort out.
- The original study looked at physical characteristics that might indicate breasts that produce low milk volume, whether it is possible to identify these women prenatally or in the immediate postpartum period, and what were the outcomes of mothers with breast hypoplasia.
- Factors associated with low milk volume were marked breast asymmetry (61%), little or no breast growth in pregnancy (76%), minimal/no PP engorgement (42%), intramammary space > 1.5" (73%), and breast stretch marks (64%). Interestingly, the stretch marks developed during puberty, not during pregnancy. Leaking is NOT a sign of adequate milk volume

- Research since then has looked at possible factors
    - Possible link between chemical exposure, breast development and future lactation failure.
    - Possible hormonal imbalance during puberty?
    - Hereditary factors?
- If factors indicate suspicion, should you tell? → Yes. Having a plan will reduce anxiety.
- Talked a lot about optimizing milk volume – "Phone in your order"
    - "Window of opportunity" – first few weeks is a critical period; prolactin receptors multiply.
    - Early and frequent feedings, BF in the first hour after delivery when oxytocin levels are significantly elevated, skin-to-skin, hand expression after feeds first 24 hours, post-feed pumping with a hospital grade pump + breast compressions.
    - At breast supplementing if infant is feeding well
    - Use of galactagogues – herbs, Rx. She feels that domperidone helps – is not sure why. Many (not all) mothers on the websites also feel like it is helpful. Asked when to start it – she starts it prior to 10 days PP.
- Individualize care plan for dyad, closely monitor progress and infant weight gain, use a feeding/pumping log, acknowledge all triumphs, celebrate with the mother. She is doing heroic measures.
- IGT (insufficient glandular tissue) is a more sensitive way to refer to it.
- Suggests talking about how milk "creeps in" and there are a lot of things we can do to help.

- Helpful internet sites
    - www.lowmilksupply.org
    - www.mobimotherhood.org
    - www.kellymom.com
    - http://diaryofalactationfailure.blogspot.com/ - Incredibly empowering.
    - Facebook IGT Support Group (private group)

Summary:

- Identification and follow-up
- Early interventions to calibrate milk production
- Galactotogues
- Provide information and support
- Help mothers feel good about their breastfeeding experience regardless of milk volume.