Slide 1

Webinar: Skin-to-Skin and the Impact on Exclusive Breastfeeding

Notes:

Slide Two

Webinar Experience and Handouts

http://injoyvideos.com/skin-to-skin

Notes:

Slide Three

About Susan Ludington, RN, CNM, CKC, Ph.D., FAAN

Carl W & Margaret Davis Walter Professor of Pediatric Nursing at the Bolton School of Nursing and Director, United States Institute for Kangaroo Care

www.kangaroocareusa.org

Notes:

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Objectives of the Webinar

By completing the webinar, the participant will be:

- Aware of Kangaroo Care effects on Breastfeeding
- Aware of Kangaroo Care's influence on Exclusive Breastfeeding
- Able to relate steps that should be taken to provide SAFE skin-to-skin contact after birth,
- Ready to do what needs to be done next to see Kangaroo Care's benefits to breastfeeding

Notes:

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Kangaroo Care and Skin-to-Skin Contact

Kangaroo Care is chest-to-chest, skin-to-skin contact between the infant and some one else, ideally the mother so that breastfeeding opportunities are available to the infant.

Kangaroo Care is frequently called skin-to-skin contact, but this is not CORRECT, because skin-to-skin contact can be infant cheek to maternal breast, infant hand on maternal neck, etc, bypassing the chest-to-chest component entirely.

Notes:

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Skin-to-Skin Contact/Care

Skin-to-skin contact commonly means the infant is wearing only a diaper while in contact with the mother's or father's bare chest or breast.

Kangaroo Care has many benefits, many more than simply being skin-to-skin has. Kangaroo Care has phenomenal breastfeeding benefits too.

Notes:

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Breastfeeding Benefits

Twenty minutes of skin-to-skin contact brings the hindmilk forward, pushing fore milk into reservoirs, so the feeding starts with the most enriched milk being consumed first. (Johnson, 2007)

Assists in let-down due to release of oxytocin that occurs when skin-to-skin contact begins (Uvnas-Moberg et al., 2005)

Notes:

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Breastfeeding Benefits

3) **Increases initiation of feedings** at breast because infants demonstrate instinctual behaviors and move toward the nipple (Brodribb et al., 2013; Gubler et all, 2013)

On infant hands is **scent of amniotic fluid** (Isaacson, 2006**)**

Montgomery tubules on nipple secrete amniotic fluid scent to attract infant

Infant crawls, roots, licks, massages breast tissue to ready it for sucking - 9 stages (Widstrom et al., 2011)

Notes:

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Breastfeeding Benefits

4) **Increases milk production (Bier et al., 1995,1996,1997; Furman et al., 2002)**

Because oxytocin makes mother more relaxed – her brain is in PARASYMPATHETIC MODE, not stressed

Because oxytocin helps production of insulin and having sufficient insulin feeds back to brain to make more milk (Uvnas-Moberg, 2003; Lemay et al., 2013)

Especially important for those with diabetes because insulin resistance in obese and diabetic women reduces breast milk production (Lemay et al., 2013)

Especially important for women with cesarean birth who do not have pulsatile oxytocin for 2-3 days
Notes:

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Breastfeeding Benefits

5) **Increases duration** of breast feeding (Brodribb et al., 2013; Flacking, 2011)

The **SOONER** you start skin-to-skin, the longer the duration of KC (Bramson et al., 2010)
The **LONGER** you continue skin-to-skin, the longer the duration of KC (Gizzo et al., 2011),
The more **UNINTERRUPTED** (Continuous, not intermitted – think WEARING THE BABY) skin-to-skin care is, the more likely the mother will breast feed for 6 months (Mikiel-Kostyra et al., 2002, 2005)
Notes:

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Breastfeeding Benefits

6) **Enhances success** of first feeding which is very important for two reasons (Burkhammer et al., 2004; Carfoot et al., 2005)

A. Success increases likelihood of continuation
B. Success of first feeding means PAINLESS LATCH and intake of 5 ml. of COLOSTRUM, which is the infant's **FIRST IMMUNIZATION**

Notes:

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Topic 2: Effects on Exclusive Breastfeeding

2a. Increases conversion from formula feeding intention to breastmilk feeding intention (Haxton et al., 2012; Miranda-Wood, 2010)

"Well, he found it. I guess he wants to breast feed. We'll do that."

Notes:

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Effects on Exclusive BF

2b. **Increases number** of women exclusively BF (Davis et al., 2012)
2c. **Increases duration** of exclusivity (Bramson et al. 2010; Brodribb et al., 2013)
(Point out to WIC members that coupons can be used for adult-food, not formula)
Notes:

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Safe Skin-to-Skin Contact
Sudden Infant Death Syndrome – 1 mo. age and older
Sudden Unexpected Postnatal Collapse – Less than 1 mo. Old
Occurs: In arms, on cot, on bed, at breast, in SCC (Herlenius and Kuhn, 2013)
Notes:

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Sudden Unexpected Postnatal Collapse (SUPC)

Has been documented since 1930's (Pejovic & Herlenius, 2013)

Commonly occurs with breast feeding, or when in cot, when swaddled in arms, when lying on parent's bed, etc

Little awareness up to 30 years ago because formula feeding was predominant

But now that BF is coming back, SUPC is increasing and is worrisome

Notes:

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SUPC

A previously vigorous, spontaneously breathing infant quickly becomes apneic and asphyxia ensues

5 criteria (Herlenius & Kuhn, 2013) are:

- APGAR at 5 min. of ≥ 8
- Was previously healthy
- Was found unresponsive
- Was found not breathing
- Is less than 30 days old

Notes:

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SUPC Occurrence

Occurs in 36/100,000 live births – about 90% can be prevented (Pejovic & Herlenius,2013)

- 1/3 in first two hours
- 1/3 in first two days
- 1/3 in first 2-7 days

Must teach parents signs!

Notes:

Slide Nineteen

SUPC Risk Factors -1

Predisposing Risk Factors (Morgan, in press 2013)

A. **Primip** mother with long labor/difficult birth – tired**, sleeps,** doesn't know what baby should be like

B. **Medicated** and/or obese mother

C. **Unsupervised** – not watched

Notes:

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SUPC Risk Factors – 2

D. Infant **fed at breast & falls asleep**

E. Infant is **prone** and

F. Infant **nose/mouth occluded** by tissue/mattress/pillows/clothing

Notes:

Slide Twenty-One

Prevention of SUPC

1. Develop a checklist or use those commercially available (avail. from United States Institute for Kangaroo Care, www.kangaroocareusa.org)

2. Make checklist available to staff and family members – individual cards, tear off sheets, etc.

3. Put poster on the wall of each patient room with velcro, take off to teach parents, replace on wall

Notes:

Slide Twenty-Two

Prevention of SUPC

Teach all staff and family members the checklist elements for SAFE POSITIONING

Slide Twenty-Three

Elements of Safe Positioning

Face can be seen
Back is covered for warmth
Head is in 'sniffing' position
Nose and Mouth are NOT covered
Head is turned to one side so face is watched
Neck is straight, NOT bent
Shoulders are flat against the mom's chest
Mom is inclined, NOT flat
Both are being watched/ monitored (USIKC 2012)

Slide Twenty-Four

Evaluate This Position

Notes:

Slide Twenty-Five

Evaluate This Position

Notes:

Side Twenty-Six

What To Do Next: 1

Educate staff – many classes/webinars available – listed on United States Institute for Kangaroo Care website: www.kangaroocareusa.org and through lactation consultant programs

Educate mothers/families/fathers with brochures, table tents, cards, tear off sheets, pictures, posters

Slide Twenty-Seven

What To Do Next: 2

Tell Father and family their JOB is to protect MOM and Baby and Watch them

If getting sleepy and no one is there to watch them together, put baby in own cot using Safe Sleep (AAP, 2013) guidelines

Continue Skin-to-skin contact throughout postpartum for exclusive breastfeeding

Notes:

Slide Twenty-Eight

What To Do Next: 3

Encourage as much continuous skin-to-skin contact as possible during postpartum

Use safe wraps and allow mom to ambulate with infant (wraps are on the free Kangaroo Care Bibliography at www.kangaroocareusa.org. The Bib is on the Resource page)

Don't ask method of feeding until AFTER first feeding at breast

Notes:

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What To Do Next: 4

Do tell Mom and Family that BF and STSC are best and you would do both if the infant were yours

Be sure to do STSC for at least one hour before each anticipated feeding

Provide GOOD and consistent breastfeeding support in hospital and after discharge (LLL, home visits, IBCLC and CLC names, etc)

Notes:

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What To Do Next: 5

CONTINUE skin-to-skin practice. Many health and brain benefits, as well as breastfeeding benefits.

Use STSC with ALL infants, especially those who are NOT being fed breast milk.

Encourage adoptive mothers, NAS mothers, high risk mothers to do STSC.

Notes:

Slide Thirty One

Thank You

Feel free to contact me and other members of the non-profit United States Institute for Kangaroo Care by emailing us at:

info@kangaroocareusa.org

or by contacting Susan Ludington at:

Susan.Ludington@case.edu

Notes:

Slide Thirty Two

Special Offer – Final Thoughts

Special Offer for those who listened live.

Watch for our next webinar on November 21st with **Penny Simkin** on ***The Mother Baby Transition: Management of the 3rd and 4th Stages***

Need a certificate of attendance? Email lwilson@injoyvideos.com

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InJoy Birth and Parenting

Hereby states that

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Completed the webinar program:

Skin to Skin and the Impact on Exclusive Breastfeeding

Facilitated by Dr. Susan Ludington on September 5, 2013.

This webinar was the equivalent of one contact hour of continuing education.

Laurel Wilson, IBCLC, CLE, CCCE, CLD

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