“Human milk is the physiologically normal feed for human infant growth and development”

Infant feeding recommendations

• NHMRC Infant Feeding Guidelines: information for health workers (2012)
  Recommended that infants are exclusively breastfed until around 6 months of age when solid foods are introduced, and that breastfeeding is continued until 12 months of age and beyond, for as long as the mother and child desire.

Breastfeeding rates in Australia

• 96% initiate breastfeeding

• 15% infants are exclusively breastfeeding to around 6 months

• 60% any breastfeeding at six months

(Australia National Infant Feeding Survey 2010)
Supporting breastfeeding women

• Mothers and their babies visit GP approx 7 times in first 6 months postpartum (Gunn J 1996)

• Doctors are in an ideal position to promote and support breastfeeding

Common breastfeeding problems

• Nipple cracks
• Mastitis
• Breast abscess
• Nipple/breast thrush
• Nipple vasospasm
• Nipple dermatitis/eczema

• Low breast milk supply
• Nipple white spot
• Infant tongue-tie
Useful resources: Health Professionals

• Guidelines (see following slides)
  – National Infant Feeding Guidelines
  – Victorian Breastfeeding Guidelines
  – Royal Women’s Hospital Clinical Guidelines
  – Academy of Breastfeeding Medicine Protocols

NHMRC Infant Feeding Guidelines

• Infant Feeding Guidelines: information for health workers (2012)
• National Health and Medical Research Council

Victorian Breastfeeding Guidelines (1)

  - More detail on management of breastfeeding problems than NHMRC guidelines

Victorian Breastfeeding Guidelines (2)

- Victorian Breastfeeding Guidelines:
  - Nipple shields
  - Mastitis
  - Jaundice
  - Milk storage
  - Working
Royal Women’s Hospital, Melbourne
Clinical Guidelines


Our Clinical Guidelines present statements of best practice based on thorough evaluation of evidence.

A **Policy** is a set of statements or intentions that indicate the Women's position on a particular issue. It guides conduct and decision making and must be adhered to by employees. Policy is developed in response to a Board policy directive, a significant risk, a requirement of Government, a legislative requirement, or a significant community or local issue. Policy can be included in strategic documents, statements of priority and codes of conduct. Organisational policies must be endorsed by the Hospital Executive Committee and/or the Board of Directors.

A **Guideline** is a set of statements, based on available information and best practice that provides staff from the Women's with appropriate options in the management of specific issues, situations or circumstances. Guidelines can be clinical or corporate focused.

A **Procedure** is a set of instructions that specifies how to undertake a task. Procedures include instructions or steps to be followed in order to perform a task (e.g. blood collection Adult) and are more prescriptive than a guideline.

A **Clinical Guideline (CG)** is a set of statements of best clinical practice based on thorough evaluation of the evidence. These statements support clinicians and patients decisions about the appropriate health care for specific clinical circumstances. CGs at the Women's must be developed and managed according to the National Health and Medical Research Council (NHMRC).

**May** means the action is optional.

**Should** means the action is recommended but is not mandatory.

**Must** means it is a mandatory instruction and there is a penalty if the action is not carried out.
Academy of Breastfeeding Medicine

- International organisation for medical practitioners interested in breastfeeding [www.bfmed.org](http://www.bfmed.org)
- ABM Protocols: [www.bfmed.org/Resources/Protocols.aspx](http://www.bfmed.org/Resources/Protocols.aspx)
• Mastitis
• Breastfeeding the late preterm infant
• Cosleeping and breastfeeding
• Contraception and breastfeeding
• Analgesia and anesthesia for the breastfeeding mother
• Preprocedural fasting for the breastfed infant
• More . . .
Useful resources: Parents

- Mother-to-mother support
  - Australian Breastfeeding Association (ABA)
  - Kellymom: www.kellymom.com

- Evidence-based information
  - Raising Children Network
  - RWH Fact sheets

- Professional support for breastfeeding
  - Find a Lactation Consultant: www.lcanz.org/
    (Lactation Consultants of Australia and New Zealand)
Breastfeeding in public - your legal rights

Breastfeeding your baby is a normal and natural thing to do. Babies have a right to be breastfed and mothers have the right to breastfeed. Most mothers work out where and how they can feed their babies when they are out, so that they are comfortable. In our society however, although breastfeeding is acknowledged as important for mothers and babies, some people make critical remarks or confront mothers with unnecessary and illegal ‘rules’.

Many mothers find any type of confrontation in relation to breastfeeding difficult to deal with and feel that it is a personal attack towards them. This is a normal response and one that is a very valid. It comes with a range of unsettling feelings that can be a roadblock to breastfeeding in public.

Breastfeeding information

Access the latest, research-backed information about our most commonly asked questions on the Breastfeeding Helpline.

- Sore breasts and nipples
- Concerns with low milk supply
- Baby refusing the breast
- Expressing and storing breastmilk
- Positioning and attachment

Services

- Breast pump hire

Breastfeeding Helpline
1800 mum 2 mum
1800 686 268
Induced lactation

Induced Lactation and the Newman-Goldfarb Protocols for Induced Lactation
Breastfeeding - Antenatal checklist
This breastfeeding fact sheet is designed to help you understand some of the breastfeeding topics that will be discussed with you during your pregnancy by your midwife or doctor. They will also talk to you about your plans to breastfeed and your previous feeding experiences.

Breastfeeding - Domperidone for increasing breast milk supply
Domperidone is a prescription medication generally used for nausea and vomiting. However, in your case it is used to increase breast milk supply.

Breastfeeding - Expressing breast milk
Expressing breast milk is when you use your hands or a breast pump to get the milk from your breasts. Whether you use your hands or a pump is dependant on how long you have been breastfeeding, the reason you are expressing and how often you are going to express.

Breastfeeding - Expressing breast milk for sick & premature babies
The benefits of breast milk for sick or premature babies are well known. This fact sheet explains these benefits and how to express your breast milk for your baby.

Breastfeeding - Full breasts
Around the third or fourth day after you give birth, your breasts start to produce lots of milk. This is known as the milk ‘coming in’.

Breastfeeding - Getting started
This fact sheet gives you tips on how to establishing good breastfeeding practices in the days after your baby is born and beyond.
Raising Children Network

Breastfeeding and baby-led attachment

This video shows you how to use baby-led attachment when breastfeeding. A lactation consultant suggests trying when your baby is relaxed and having skin-to-skin contact to help baby find your breast. Some mums say that using baby-led attachment gave them more confidence and helped them overcome breastfeeding problems. The video shows a baby finding the breast by herself, attaching and starting to feed.

Video transcript:

* Breastfeeding and baby-led attachment session 1
* Video: Getting a good attachment
  * Duration: 43.6 min
  * 3,593 views
  * 5 loves

Related videos:

1. Breastfeeding: why it's good
   * Duration: 3,59 min
   * 2,820 views
   * 3 loves

2. Breastfeeding positions
   * Duration: 2,67 min
   * 1,905 views
   * 2 loves

3. Video transcript:
Medications and Breastfeeding

- Mothers frequently seek advice for pain, contraception, mood disorders, and infections in the postpartum period

- Pregnancy risk categories do not apply to breastfeeding

- There are no similar categories for breastfeeding

- Very rare to have to cease breastfeeding due to medication use
We need to follow the drug’s path through the mother’s body to the baby’s circulatory system.

Medications and Breastfeeding resources

- Books – see next slides
- Websites and apps
  - InfantRisk website and app ([http://www.infantrisk.com](http://www.infantrisk.com))
  - Perinatal Psychotropic Medicines Information Service [www.ppmis.org.au](http://www.ppmis.org.au)
- Telephone
  - Tertiary maternity hospital pharmacy services
  - MMC Drug Information Service, Rodney Whyte ph: 9594 2361
  - RWH Drug information Centre ph: 8345 3190
  - NSW: Mothersafe ph: 9382 6539
- Alcohol
  - ‘Alcohol and breastfeeding: a guide for mothers’ ABA brochure
Books


*Pregnancy and Breastfeeding Medicines Guide*. Royal Women’s Hospital.

*Australian Medicines Handbook*

Therapeutic Guidelines Australia

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The Royal Women’s Pregnancy and Breastfeeding Medicines Guide

*A guide for healthcare professionals*

The Royal Women’s Pregnancy and Breastfeeding Medicines Guide (PBMG) is a quick reference guide for healthcare professionals that provides practical and unbiased specialised information on medicine use in pregnancy and breastfeeding.

Printed book and online by subscription
Perinatal Psychotropic Medicines Information Service

www.ppmis.org.au

Article

- Includes table of commonly used meds
LactMed

• Searchable database (US-based)
  

• Via internet or app (both free)
Looking for information on how drugs or dietary supplements can affect breastfeeding? LactMed has information about maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs or supplements to consider.
Fluconazole is acceptable in nursing mothers because amounts excreted into breastmilk are less than the neonatal fluconazole dosage. Although no adequate clinical studies on fluconazole in Candida mastitis have been published, a survey of members of the Academy of Breastfeeding Medicine found that fluconazole is often prescribed for nursing mothers to treat breast candidiasis, especially with recurrent or persistent infections.[1] Treatment of the mother and infant simultaneously with fluconazole is often used when other treatments fail.[1][2][3][4] The most common maternal dosage regimen is 400
Thank you

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