

Examining the Lactation Discourse in the Neonatal Intensive Care Unit



(Dryden, 2013)

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Process

Resources included:

- ◆ Calgary-specific neonatology website.
- ◆ NICU policies, procedures, and practice guidelines.
- ◆ Professional development articles and presentations.
- ◆ Recommended parent education handouts and pamphlets.
- ◆ Recommended health-related websites.
- ◆ Discussions with NICU staff and parents.

The ***lactation discourse*** is currently dominated by health care providers (HCPs), marginalizing parents. Mothers are expected to provide breast milk, regardless of maternal and infant circumstances.

The Lactation Discourse Defined

The lactation discourse includes:

- ◆ Messages and communication related to lactation.
- ◆ Breast milk provision via breastfeeding and/or pumping.
- ◆ Infant feeding issues, including formula use.

Infant feeding decisions:

- ◆ In the community – made by parents.
- ◆ In the NICU – heavily influenced by HCPs.



(George, 2011)

***Not advocating for formula use over breast milk. Advocating for increased communication and collaboration. ***

Why Lactation in the NICU?

The WHO (2003) recommends exclusive breastfeeding for all infants for the first 6 months.

For all infants, breast milk:

- ◆ Provides protective factors related to immunity (Pletsch, Ulrich, Angelini, Fernandes, & Lee, 2013).
- ◆ Improved cognitive development (Alberta Breastfeeding Committee n.d.; Kim & Unger, 2010).

For neonates, breast milk:

- ◆ Decreased rates of sepsis, necrotizing enterocolitis, urinary tract infections, respiratory tract infections (Schanler, Lau, Hurst, O'Brian Smith, 2005).
- ◆ Improved feeding tolerance (Meier, Engstrom, Patel, Jegier, & Bruns, 2010).



(Goyer, 2013)

Current Policies and Procedures

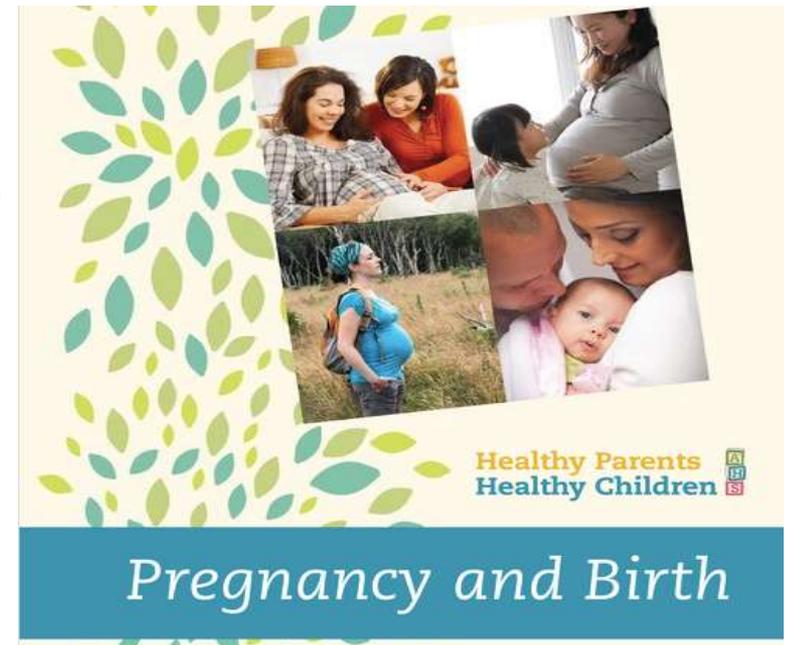
- ◆ NICU staff instructed to “encourage maternal confidence in her decision making: which means building the woman’s confidence in her ability to exclusively breastfeed” (Alberta health Services, 2008, p. 8).
- ◆ NICU staff “skilled in breastfeeding assessment and support” (Alberta Health Services, 2009, p. 27).
- ◆ Mothers are to be given pumping kit and instructions during first NICU visit (Blachly, 2012; Blachly, Kostecy, & Yee, 2012).
- ◆ Mothers expected to begin breastfeeding or pumping:
 1. within 6 hours of delivery.
 2. minimum of 8 times a day (Alberta Health Services, 2013b)



(Medela, n.d.)

Current Parent Resources

- ◆ No resources or information related to formula feeding (Calgary Health Region, 2006).
- ◆ Recommended resources emphasize lactation and ignore or demonize formula.
- ◆ *Healthy Parents, Healthy Children: Pregnancy and Birth* (Alberta Health Services, 2013a) – full section on breastfeeding, no discussion of formula.
- ◆ **“One feeding of infant formula milk can endanger your baby. Regular feeding of formula produces sub-standard health, cognitive, and developmental outcomes”**
(Alberta Breastfeeding Committee, n.d., p. 1).



The Lactation Discourse in Practice

- ◆ Breast is best taken to a new extreme.
- ◆ Breast milk considered “liquid gold” (Pletsch et al., 2013, p. 36).
- ◆ “Medicalized mothering” (Andrews & Knaak, 2013, p. 88)
views breast milk as a medication (Meier et al., 2010).
- ◆ Emphasis on lactation minimizes parental choice.
- ◆ No consideration for context.



(AboutKidsHealth, 2015a)

The Lactation Discourse in Practice

Are we helping or hurting?

- ◆ Negative experiences may impact feeding choices following discharge, and with future children (Furman, Minich, & Hack, 2002).
- ◆ Mothers feel that HCPs are monitoring and judging breastfeeding practices (Andrews & Knaak, 2013, p. 11).
- ◆ When difficulties arise, mothers told to “try harder.”
- ◆ “All or nothing” perspective.
- ◆ Focus on volume production instead of feeding experience.
- ◆ Need for realistic expectations.



(Kelley, 2013)

Change: Consider the Context

Factors related to delayed lactogenesis:

- ◆ Postpartum hemorrhage, infection, hypertension (Kent, Prime, & Garbin, 2011).
- ◆ C-section, maternal diabetes, placental retention, use of analgesia during labour, premature delivery, prolonged delivery (Alberta Health Services, 2009).
- ◆ Separation of mother and infant (Alberta Health Services, 2009).
- ◆ Physical and mental stress, such as having a neonate admitted to a NICU (Dewey, 2001).

Remember: Pregnancy and birth are processes that require considerable mental, physical, and emotional energy.

Change: Address Power Imbalances

- ◆ HCPs viewed as experts in lactation. Need to consider mother's knowledge.
- ◆ Recognize value of maternal experiences.
- ◆ Make available information related to lactation and formula feeding.
- ◆ Respect parent decisions.
- ◆ Shift the focus from deficits to accomplishments.
- ◆ Recognize the benefits of even a small amount of breast milk (ex. oral immune therapy).



(Corbis Images, 2015)

Change: When Lactation Problems Occur

When a mother experiences difficulties with lactation:

- ◆ Refer to lactation consultant.
- ◆ Consider use of galactogogues (ex. Domperidone) (Marasco, 2008).
- ◆ Donor breast milk from breast milk bank (Calgary Mothers' Milk Bank, 2011).
- ◆ Specialty formula (ex. Preterm, soy-based) (Ashkin, 2011).
- ◆ Maximize skin-to-skin time.

Do not:

- ◆ Blame the mother.
- ◆ Tell mom to “try harder.”



(Every Tiny Thing, n.d.)

Change: Choosing not to Breast Feed

- ◆ Some individuals may choose not to breast feed or may be unable to.
- ◆ HCPs must respect parental choice.
- ◆ Choosing not to breast feed or being unable to does **NOT** equal bad parenting.
- ◆ When maternal breast milk is not available:
 1. consider neonate's condition.
 2. if necessary, provide donor breast milk or specialized formula.



(AboutKidsHealth, 2015b)

An Example:

A 38-year-old woman has delivered a 29-week preterm infant via C-section due to worsening maternal hypertension and decreased fetal growth. The neonate is transferred to the NICU. Four hours after delivery, mom visits the NICU for the first time on a stretcher. The bedside nurse gives mom a pumping kit and instructions for use.

- ◆ If current practice is followed...
- ◆ If recommended changes are implemented...



(Enfamil, 2015)

Conclusion

Lactation and the provision of breast milk will continue to be a major issue in NICUs. In an effort to truly support lactation and parental decision making, HCPs should:

- ◆ Consider the context.
- ◆ Ensure the provision of information related to lactation and formula.
- ◆ Empower parents to make informed decisions.
- ◆ Avoid being judgmental.
- ◆ Work collaboratively with parents.



(Nursing Nurture, 2013).

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