Preparing Moms for their Hospital Experience

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Learning Objectives:

1. Identify at least three reasons for supporting mother-baby togetherness in the first hour after birth.
2. Name three ways skin to skin care (SSC) impacts feeding outcomes.
3. List two ways to teach parents about their infant's cues to feed.
4. Identify at least three resources in your community crucial to building a strong team for mothers you serve.

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Equipping Families with the "Must Knows" for the First Few Days

The Power of Anticipatory Guidance

Anticipatory guidance is, simply, helping families know what to expect. New mothers and their partners are often anxious about parenting, and have additional concerns about breastfeeding. Knowledge is power. Anticipatory guidance helps alleviate stress and fears by helping new parents prevent common concerns, know accurate ways to interpret their baby's behavior and progress of breastfeeding, thereby building confidence. There are roles for everyone in providing this anticipatory guidance to prepare new families for the birth of their baby, and to support them once they are home.

The Power Hour

What We Know

- Being together in the first hour after birth is the biological norm for infants and mothers. It supports the notion of a "sensitive period" identified in the research as a period beginning with the onset of labor and lasting for several days. This period is heightened during the first hour, when mothers and babies are especially open to taking in one another. (Klaus & Kennel 2001)
- Babies have physiological reactions to being separated from their mothers after birth.

        - When babies are close, skin to skin, oxytocin is released in both mom and baby, and endorphins are also released to help enhance mothering feelings and stimulate the desire to protect and bond with the infant.
        - Separation causes babies to feel unsafe, and begins a cascade of behaviors and physiological reactions, including: Protest, Despair, and Detachment/Disconnect.
        - Separation releases high levels of stress cortisol in the infant's brain which can cause changes in the DNA to prepare the body for more "danger" from separation.
- Infant senses activated in the first hour
    - Touch
    - Seeing
    - Hearing
    - Smelling
    - Tasting
- 9 Steps to the Breast
    - Birth cry
    - Relaxation
    - Awakening
    - Activity
    - Rest
    - Crawling/sliding
    - Familiarization
    - Suckling
    - Sleep

Address Mom's Barriers If:

- *Visitors are anxious to see and hold the baby.* Pregnancy is the perfect time for parents to educate their family and friends about the early period after birth and the need for moms and their champions to be together. Consider a "no passing" rule during the first hour. Help moms with language they can share with their family and friends while they are pregnant so everyone is prepared. Posting signs throughout the hospital maternity unit can also help.
- *C-Section birth.* If moms have had a cesarean section, work to enable them to be with their babies just as soon as they are stable. Babies born by c-section have just as great a need to be with their mothers skin to sin as those born vaginally.

- *Mothers are not breastfeeding.* Helping a baby gently adapt to life outside the womb is a crucial need for all babies, not just breastfeeding infants.
- *Getting to the breast is taking too much time.* Encourage families to learn the 9 steps and watch for them together. This will help them see baby's progress as he moves through his journey to the breast. If the infant is not showing interest by 90 minutes, assess.

Skin to Skin Care (SSC)

What We Know

- SSC is crucial to infant state regulation and stabilization after the birth, including the following:
  - Regulation of infant's heart rate (Aucott 2002) and breathing
  - Stabilization of oxygen levels (Tornhage 1999)
  - Enhanced neurological development and organization (Ferber 2004)
  - Regulation of blood glucose levels (Yamauchi 1997)
  - Temperature regulation (Ludington-Hoe et al. 2006; Bergman 2004)
  - Gut colonization
  - Pain analgesic (Johnston et al 2014; Ludington-Hoe 2000)
  - Lower maternal stress (Charpak 2005)
  - Enhanced milk production (Bier 1996)
- SSC helps increase breastfeeding rates. According to the 2012 Cochrane Review, which examined 34 studies, early skin to skin practices have an impact on both breastfeeding duration and exclusivity. (Moore 2012)
- SSC is so crucial to the infant's important transition to the world that it is recommended for *all* infants, whether they are going to be breastfed or formula fed, and whether they are born vaginally or by cesarean section.

Address Mom's Barriers if:

- *Vernix seems "nasty" to parents.* Educate moms about the importance of vernix for her baby as a moisturizer with antibiotic factors.
- *Mom is sleepy.* Remind moms during pregnancy about the importance of having a "champion" who will be her advocate and who will stay with her during the first hour after birth.
- *Visitors want to see and hold the baby right away.* Pregnancy is the perfect time for parents to educate their family and friends about the "magical first hour" and the need to be with the baby. Some hospitals have a "no passing" rule during the first hour. Posting signs can also help.
- *Moms worry the baby will get cold.* Assure mothers that their bodies will help warm the baby better than swaddling with a blanket or even the incubator can.
- *Moms worry the baby will need mittens to keep from scratching their eyes.* Many mothers worry about the infant's tiny fingernails and want them to wear mittens to protect from scratches.

Remind them that babies did not wear mittens in utero, and the importance of having their hands free to find the breast on their own.

- *She is modest.* Assume that most mothers will want to be covered to be more discreet. Place a blanket over both the baby's back and the mother so that she will be protected.

Rooming In

What We Know

- Babies are hard-wired to *need* to be close to the mother during the early "sensitive period." Mothers and babies who are together are more likely to establish strong attachment that lasts for many months and even years. Keeping close enables the baby to stay calm and cry less.
- Rooming in helps mothers gain confidence in caring for her newborn while help is close at hand.
- Staying close to the baby enables mothers to learn their babies' feeding cues and maximize continued skin to skin contact. This helps increase milk production and leads to less crying by the infant. [Moore et al – Cochrane Database 2007]
- Rooming-in reduces exposure to pathogenic bacteria since the baby is kept close to the mother rather than other infants and hospital staff. [Light 1967]
- Mothers who room with their baby get more effective sleep than mothers who are separated from their babies. [Keefe 1988]
- 24-hour rooming in rooming-in increases breastfeeding exclusivity and duration rates, and has been shown to result in more frequent feedings, greater milk intake, and establishment of a strong milk supply. [Moore et al – Cochrane Review 2007]
- Infants who room-in expend less energy from crying, gain more weight, have a reduced risk of jaundice, and are less likely to be supplemented with formula. [Moore 2007]
- Rooming-in is so crucial to an infant's development and mom's confidence in caring for her newborn that it is recommended for ALL infants, regardless of feeding method.

Address Mom's Barriers if:

- *She is fatigued from the birth.* Remind moms that they actually get better rest when their baby is close. Encourage moms to rest whenever the baby is sleeping and seek help from their family members and champion.
- *She had a cesarean section.* It may be harder for moms to get in and out of bed after a cesarean section. Encourage her to have a champion with her to help bring the baby to her safely when it is time for a feeding.
- *She is alone without help.* Not every mom will come to the hospital with a "champion" or support person. In that case, encourage her to always ask for a nurse to help her gain confidence she can care for her baby.
- *Mom is worried the baby will be "spoiled" if he remains with her.* Babies are born to be near their mothers! They have a true need to be held, comforted, and loved. This helps baby feel secure and loved so he can learn to self-soothe as he grows.

Feeding the Baby on Cue

What we Know

- Babies who are fed often, on cue, are more content and cry less.
- Milk production is enhanced when baby feeds often. Milk production begins more quickly and baby has many more "practice" tries to learn to feed well before leaving the hospital.
- Mothers are less likely to be engorged when they feed their baby often, on cue.
- Mothers who keep baby close and feed on cue gain confidence that they can care for their baby when they are home from the hospital.
- Babies are used to nearly constant small feeds in utero; short feedings of small amounts of colostrum are better aligned with what baby is used to and help ease the transition.

Implementation Strategies

- When babies room in, it is easier for moms to observe their feeding cues.
- Encourage mom to hold baby skin to skin as much as possible.
- Teach mothers infant feeding cues, including:
    - Early cues – as baby is getting ready
    - Intensified cues – if early cues are ignored
    - Escalating cues
    - Distress signals
- Remind mothers that their baby will need to feed at least 8-12 times every 24 hours.
- Educate mothers that crying is NOT a feeding cue – it's a distress signal that arose because baby's cues were missed or ignored.
- Show mothers how to calm their upset baby if this occurs. Ideas include:
    - Hold baby skin to skin
    - Gently move or sway baby (repetitive gentle motions)
    - Offer a clean finger for baby to suck on.

Address Mom's Barriers if:

- *Baby is too sleepy to feed.* If baby is not waking to feed every 2-3 hours, encourage moms to wake their baby. For example: skin to skin contact, talking softly to baby, etc.
- *Baby wants to nurse ALL THE TIME.* Teach moms that a baby's stomach is very small and the milk baby takes is quickly digested. Educate her about the normal "second night" patterns of infant behavior and strategies for coping. Teach her about "overstimulation" and the impact it can have on a baby's ability to transition to life outside the womb.
- *Family members are pressuring her to use formula.* Often well-meaning visitors misinterpret baby's fussy behaviors to mean they are not getting enough breastmilk and need formula. Prenatal providers can prepare mothers for reasons babies can get fussy in the early days, and the power of frequent feedings and cuddles to help baby feel more secure.

- *Mother and baby must be separated for a medical reason.* If mom is unable to breastfeed within the first hour, teach her how to express her milk by hand. This is an important skill for every mother to learn, and it can be practiced on a breast model during pregnancy. Educate moms on how to offer "mom's own milk" (MOM) via a method other than a bottle.
- *Mother wants to offer a supplement.* Educate mothers about the impact of supplementation on her milk production and the possibility of enhanced difficulty latching properly.

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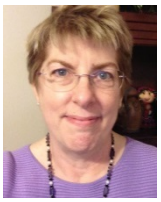

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