



Academy of Breastfeeding Medicine Healthcare Provider Talking Points

Source: Rosen-Carole, C., Hartman, S., & Academy of Breastfeeding Medicine (2015). ABM Clinical Protocol #19: Breastfeeding Promotion in the Prenatal Setting, Revision 2015. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 10(10), 451–457.
<https://doi.org/10.1089/bfm.2015.29016.ros>



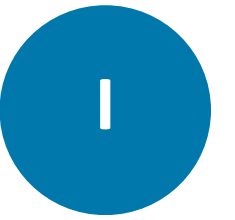
First Trimester

- ✓ If there are no contraindications, make a clear recommendation to exclusively breastfeed for 6 months and then with complementary foods for 1-2 years or as long thereafter as the mother and infant desire. Making this recommendation alone has shown to improve breastfeeding rates.

- ✓ During the first physical exam, ask if the patient noticed how her breasts are more tender and the areolas are increasing in size to make mothers aware of the physical changes related to breastfeeding.

- ✓ Incorporate and educate partners and support persons about the benefits of breastfeeding for mothers and infants.

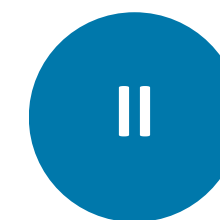
- ✓ Address known common barriers such as lack of self-confidence, embarrassment, time and social constraints, dietary and health concerns, lack of social support, employment and childcare concerns, and fear of pain.



Refer mothers to
njsupportsbreastfeeding.org



Second Trimester



- ✓ Encourage patients to identify breastfeeding role models by talking with family, friends, and colleagues who have breastfed successfully.

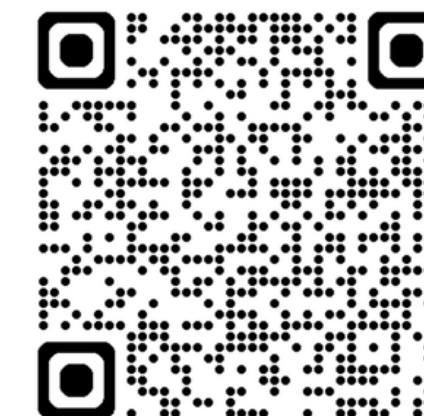
- ✓ Recommend that patients and their partners or support persons attend a breastfeeding course, peer support group, and/or group prenatal care in addition to routine office-based education.

- ✓ Review breastfeeding basics, such as the importance of exclusive breastfeeding, the relationship of supply and demand, feeding on demand, frequency of feedings, cues of hunger and satiety, avoiding artificial nipples (teats) until the infant is breastfeeding well, and the importance of a good latch.

- ✓ For patients who plan to return to school or work outside of the home after birth, encourage consideration of what facilities are available for expressing and storing mother's milk, how much time will be taken for maternity leave, and what worksite/school policies and legislation provide support.

- ✓ Encourage patients to engage the support of a trained birth assistant (doula) for labor, birth, and postpartum care, as this significantly improves breastfeeding outcomes.

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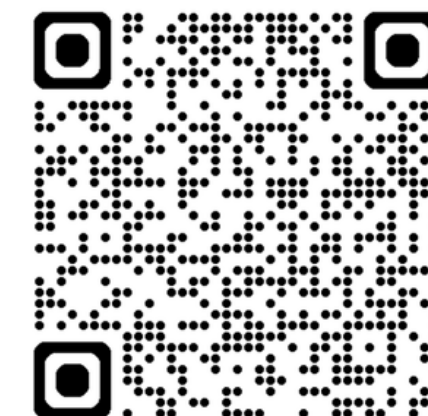


Third Trimester



- ✓ Consider demonstrating with dolls and props the mechanics of a good latch and common breastfeeding positions, such as laid-back breastfeeding, cradle, cross cradle, and the clutch (football) hold.
- ✓ Review the physiology of breastfeeding initiation and the impact of supplementation.
- ✓ Recommend the purchase of properly fitting nursing bras and clothes that will facilitate breastfeeding, as culturally appropriate.
- ✓ Encourage another visit to a breastfeeding support group as the patient's interest and goals of attending may be different than earlier in the pregnancy.
- ✓ Discuss the importance of early skin-to-skin contact after birth (regardless of delivery mode) and during the postpartum period for optimal breastfeeding outcomes and general newborn health.
- ✓ Discuss the biologically normal first latch, including the “breast crawl” and how to facilitate this in the birthing room.
- ✓ Recommend that patients discuss plans for their infant's health care and breastfeeding support with their infant's healthcare provider.

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Third Trimester

- ✓ Stress the need for early follow-up postpartum if there are any concerns that the patient, infant, or both are at high risk for breastfeeding problems.

- ✓ Empower patients to have the birth experience most conducive to breastfeeding.

- ✓ Inform patients about the Ten Steps to Successful Breastfeeding and how to advocate for breastfeeding friendly hospital care.

- ✓ Discuss support of breastfeeding in the event of a cesarean delivery.

- ✓ Encourage the patient to ask for help from a lactation specialist in the birth hospital and/or soon after discharge, particularly if they are having any breastfeeding difficulties.

- ✓ Recommend the infant see a healthcare provider soon after hospital discharge to ensure infant health and optimal breastfeeding, particularly for infants discharged in the first 1–3 days of life.

- ✓ Ensure the patient has an adequate support system in place during the postpartum period and knows how to get help.
 - Provide anticipatory guidance on topics such as engorgement, frequent feedings, and nighttime feedings.

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