

At-Risk Conditions

That Impact Breastfeeding Initiation

There are **risk factors** to consider when **determining lactation risk**. Three of these **risk factors** are determined **before birth (age, maternal status, weight)**, with the fourth **just before birth or during the birthing process (cesarean)**. The **proper clinical intervention** at the right time can offer a mom the **best chance to achieve her breastfeeding goals**.



Lactogenesis I
(Secretory Differentiation):
This stage occurs during pregnancy and initiates mammary gland synthetic capacity



Lactogenesis II
(Secretory Activation):
This stage occurs after delivery and initiates plentiful milk secretion

Prevalent At-Risk Conditions During Pregnancy

That May Contribute to Postpartum Milk Production Delays

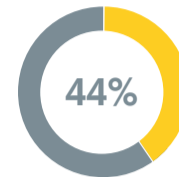


1



First-time births:
38% of all births are from first-time moms

2



Maternal age:
Mothers over the age of 30 represent approximately 44% of all births.

3



Maternal obesity:
23.4% of women are obese before becoming pregnant.

4



Unscheduled cesarean section:
The United States cesarean section rate has been reported to be 33%. Nearly half were unscheduled.

Additional complications include a history of breast surgery and breast hypoplasia.

These conditions can also contribute to milk production delays:

5

Diabetes*

6

Hypertension**

7

Prelacteal feeds; delayed first breastfeed episode

8

Stressful labor and delivery

9

Low perinatal breastfeeding frequency

10

Psychosocial stress/pain



Additional complications include nipple discomfort and elevated cortisol concentrations in the mother and the fetus.

*The prevalence of gestational diabetes mellitus (GDM) in the United States may be as high as 9.2%.

**Hypertension is the most common medical problem encountered during pregnancy, complicating 10% of pregnancies.

4 Steps to Combat At-Risk Conditions in the Hospital



1. Outline a breastfeeding/human milk plan of action for your hospital

How will mothers be attended to, depending on their condition? Which departments will be accountable for providing education, tools, resources, and follow-up?



2. Perform a clinical lactation assessment on maternity patients

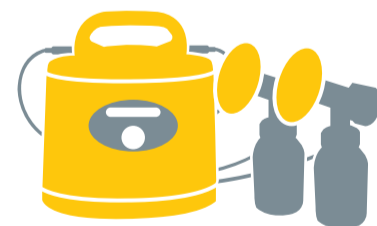
Keep this pre-birth assessment on record to prepare future clinical providers and hospital units for a patient's initial breastfeeding experience and beyond.



3. Educate hospital staff

Share the stages of lactogenesis, delayed lactogenesis, and the milk production process.

Find resources and webinars available at <http://www.medelabreastfeedingus.com/for-professionals>.



4. Prepare hospital units with the proper breastfeeding support tools

Hospital-grade (multi-user) breast pumps with initiation technology and breast pump kits can combat delayed lactogenesis when applied immediately after birth. When the above at-risk conditions are present, it will be likely that these tools will be necessary to enable mothers to begin a successful breastfeeding journey.

“A **“wait and see”** approach may result in a **delay** in appropriate **interventions** of early **breastfeeding problems**.”²

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1. Hurst, NM, "Recognizing and treating delayed or failed lactogenesis II," *JD Midwifery Women's Health* (2007) Nov-Dec;52(6): 588-94.
2. Norman-Rivers, et al, "Delayed onset of lactogenesis among first-time mothers is related to maternal obesity and factors associated with ineffective breastfeeding," *Am J Clin Nutr* 2010; 92:574-84.
3. "Mean Age of Mothers Is On the Rise: United States 2000 - 2014," CDC, accessed February 15, 2019. https://www.cdc.gov/nchs/data/monr/mwr6/mwr6_01.pdf
4. "The State of Obesity: Prenatal and Maternal Health," State of Obesity, accessed February 15, 2019. <http://stateofobesity.org/prenatal-maternal-health/>
5. "An Attempt to Control the Increasing Trend of Cesarean Section," *Medicine*, accessed February 15, 2019. <http://medicoverline.com/OGU/OGU-05-00178.php>
6. Meier, et al, "Which breast pump for which mother: An evidence-based approach to individualizing breast pump technology," *J Perinatol*. 2016, July, 36(7): 493 - 499. doi: 10.1038/jp.2016.14.