

Breastfeeding Education of Healthcare Providers

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Objectives for Today

- Describe an interactive workshop developed for physicians.
- View modules used in the workshop. Particular emphasis will be given to modules specific to the physician role in the medical management of common problems
- Evidence of the effectiveness of educational materials will be provided.

Goals of Project

- To insure that family physicians are integrated into the breastfeeding support networks for women

Development of Educational Content

- First developed at McGill
- Results of McGill project published
 - Srinivasan, A, Graves, L, D'Souza, V. Effectiveness of a 3-hour breastfeeding course for family physicians. Canadian Family Physician 2014 volume 60:e601-e606.
- Modification of material to address needs of family physicians both working in and outside of Family Health Teams
- Linked to BFI

Current Partnerships

- Bruyere Centre (thanks to Dr. Mireille St. Jean)
- Ontario College of Family Physicians (thanks to Dr. Pat Mousmanis and Vincenza Piccolo)

Thanks to the original Team at McGill

- Anjana Srinivasan, MDCM CCFP IBCLC
- Carole Dobrich, RN IBCLC
- Howard Mitnick, MDCM, CCFP
- Lisa Graves, MD CCFP FCFP
- Meira Stern, MDCM IBCLC
- And we acknowledge...
 - Perle Feldman MDCM CCFP FCFP

Thanks to current working group at St.Michael's Hospital Department of Family and Community Medicine

- Seema Bhandarkar
- Nasreen Ramji
- Noor Ramji
- Lisa Graves

AND

- Pat Mousmanis

Content developed

- Support staff content
- Family physician content

Educational Content for Support Staff

- What is BFI?
- Why is this important?
- What is the important role of support staff in supporting breastfeeding families?
- 30 minute presentation

Educational Materials for Family Physicians: A Case-based course covering

1. Prenatal breastfeeding support (includes introduction to BFI)
2. Breastfeeding support at birth and in the hospital
3. Infant attachment at the breast – The Latch
4. Breastfeeding and pain
5. Breastfeeding and breast lumps
6. Medications, drugs and breastfeeding
7. Breastmilk production issues

Course Objectives:

- To inform you of the evidence and knowledge base for initiating, supporting and promoting breastfeeding.
- To provide you with basic skills in breastfeeding management, including indications for referral to a lactation specialist.
- To harmonize the information available to all members of the healthcare team.
- To equip you with the knowledge base necessary to make lasting policy and practice changes within the framework of the Baby-Friendly Initiative.

Stations covered in the workshop

- Prenatal breastfeeding support
- Skin to skin and breastfeeding at birth
- 1st postpartum visit/latch
- Techniques related to breastfeeding
- Pain
- Infant issues affecting breastfeeding
- Ankyloglossia and frenotomy
- Breast lumps
- Breastfeeding and drugs and medication
- Milk supply issues

Instructors

- Pat Mousmanis
- Mireille St-Jean
- Jobin Varughese
- Lisa Graves

Workshops so far...

- Brampton
- Whitby
- Peterborough
- London
- Windsor
- Ottawa
- Owen Sound
- Toronto

Evaluation

Service providers at educational events <small>NOTE: Count ONLY attendees.</small>	87	87
Family and community members at educational events for service providers <small>NOTE: Count ALL attendees.</small>	4	4
Service providers surveyed <small>NOTE: This number is reported from your survey (where attendees indicated if they are a "service provider" OR "other").</small>	91	91
Service providers who report educational event was good or excellent <small>NOTE: This number is reported from your survey results.</small>	86	86
Service providers who report increased BF knowledge <small>NOTE: This number is reported from your survey results.</small>	88	88
Service providers who report increased skills in providing BF support <small>NOTE: This number is reported from your survey results.</small>	73	73

Breastfeeding messages added to:

- Infant mental health presentation (April 2015)
- Infant and toddler nutrition presentations through the Canadian College of Family Physicians including Train the Trainer (October 2014 Ontario, November 2015 National)
- Substance use in pregnancy presentations (September 2015)

Station 5: Pain



Photo: Goldfarb Breastfeeding Clinic

- Anais is 1 month postpartum
- She is suffering from breast and nipple pain
- You reviewed her latch and positioning technique and felt it was adequate
- What else do you want to know?
- What is your differential diagnosis?

OUCH ! What could it be?

Approach to breast/nipple pain:

- Take 5 minutes for a brief history and physical exam
- Most common cause of breast/nipple pain: LATCH
- What else could it be?

What if the breast looked like this?

Diagnosis?



Mastitis!

Risk factors for mastitis

- incomplete breast emptying leading to milk stasis
- nipple fissures, cracks or sores from a poor latch
- change in frequency of feeding (either more or less frequent)
- stress/fatigue, or maternal illness
- maternal anemia or malnutrition
- pressure on the breast (tight bra, car seatbelt)

Examination:



Photo: Goldfarb Breastfeeding Program

- may be an abrasion on nipple
- tender axillary nodes
- hot, painful, hard, red area of the breast

What is the bacteriology?



- staph aureus most commonly
- beta-hemolytic strep
- H. flu
- coagulase negative staph
- strep phaeocalis
- E. coli

Management of mastitis

- Cold compresses
- Breastfeed and/or extract milk often → have baby nurse on affected side first
- NSAIDs
- Antibiotics for 10-14 days:
 - Cloxacillin (500 mg qid), Cefadroxil, Cephalexin, or Amoxicillin-Clavulanic acid (875 mg bid)
 - If allergic to Penicillin → Clindamycin (300 mg tid/qid)
- **Correct the latch!!!**

Abscess



Can develop from a mastitis

- If treated within 2.7 days, low risk of abscess.
- If treatment delayed > 4 days → 11% risk of abscess.
- General risk of abscess formation is 5-11%.

Management:

- Ultrasound
- Drainage by needle or open

What do you think of this story?



Photo: Goldfarb Breastfeeding Clinic

- Anais has deep burning breast and nipple pain, shooting to the axilla and back.
- The pain is most prominent at the end of feeds and in between feeds.
- There is shiny flaky skin on the nipple and areola.
- She has recently finished a course of antibiotics for sinusitis.

Diagnosis?



Photo: Goldfarb Breastfeeding Clinic

Candida:

- 1% Gentian Violet in aqueous sol'n qd for mother and infant x 4 - 7 days
- Grapefruit seed extract 250 mg TID PO
- Fluconazole 400 mg stat, then 100 mg bid x 2 - 4 weeks; 3-6 mg/kg for infant prn
- Oral nystatin liquid 1 - 2 ml qid for infant IF there are signs of thrush.
- Probiotics for the mother as adjunctive or preventive treatment.
- Canesten cream

Nipple vasospasm



Photo: Goldfarb Breastfeeding Clinic

Pain during or in between feeds, associated with the nipple turning white, purple or deep red.

Treatment of painful nipple vasospasm

- Fix latch
- Warm compresses and protection from cold
- Assess oral cavity: is there a tongue-tie??
- Medication:
 - Vitamin B6 200mg x 5 d, then 25-50mg qd,
 - Magnesium 500 mg bid and Calcium 1000 mg bid
 - Nifedipine XL 20 - 30 mg oral.
 - Evening primrose oil
 - Omega fatty acids

Station 9: Breastfeeding and Drugs and Medications

Mimi is a 25 year-old woman who is currently 28 weeks pregnant. This is her first baby. So far her pregnancy has been uncomplicated. With her hand on the door knob leaving your office, she says the following:

"I have been afraid to mention this but I like to smoke every once in a while. I haven't smoked anything since I knew I was pregnant. I can hardly wait until after the baby is born to have a smoke. Do you think I could still breastfeed?"

What can you tell her about smoking and breastfeeding?

What about drugs and alcohol?

What about medication?

Smoking and breastfeeding

- Heavy smoking may decrease breast milk production.
- Cigarette smoking should be minimized while breastfeeding.
- Nicotine replacement therapy is safe in breastfeeding.

Risk of smoking and breastfeeding



Risk of smoking and NOT breastfeeding

Do I need to abstain from alcohol?

- The infant is exposed to very small amounts of the alcohol ingested by the mother, but detoxifies it at half the rate of adults (especially in the first few weeks of life).
- Can consult Motherisk recommendations and table.
- Avoid heavy drinking → it can decrease milk production and interfere with mother's ability to care of infant.

(Koren G, Drinking alcohol while Breastfeeding. Motherisk Update, Can Fam Phys., 2002).

Beststart/Motherisk alcohol and breastfeeding table

Mother's Weight, kg (lbs)	No. Of Drinks* (Hours : Minutes)											
	1	2	3	4	5	6	7	8	9	10	11	12
40.0 (90)	2:50	5:40	8:30	11:20	14:10	17:00	19:50	22:40				
43.1 (95)	2:46	5:32	8:19	11:05	13:52	16:38	19:25	22:11				
45.4 (100)	2:42	5:25	8:08	10:51	13:34	16:17	19:00	21:43				
47.6 (105)	2:39	5:19	7:58	10:38	13:18	15:57	18:37	21:16	23:56			
49.9 (110)	2:36	5:12	7:49	10:25	13:01	15:38	18:14	20:50	23:27			
52.2 (115)	2:33	5:06	7:39	10:12	12:44	15:19	17:52	20:25	22:59			
54.4 (120)	2:30	5:00	7:30	10:00	12:27	14:51	17:18	19:41	22:02	24:23		
56.7 (125)	2:27	4:54	7:22	9:49	12:14	14:44	17:11	19:38	22:06	24:34		
59.0 (130)	2:24	4:49	7:13	9:38	12:03	14:27	16:52	19:16	21:41	24:06		
61.2 (135)	2:21	4:43	7:05	9:27	11:49	14:11	16:33	18:55	21:17	23:39		
63.5 (140)	2:19	4:38	6:58	9:17	11:37	13:56	16:15	18:35	20:54	23:14		
65.8 (145)	2:16	4:33	6:50	9:07	11:24	13:41	15:58	18:15	20:32	22:49		
68.0 (150)	2:14	4:29	6:43	8:58	11:12	13:27	15:41	17:56	20:10	22:25		
70.2 (155)	2:12	4:24	6:36	8:48	10:59	13:13	15:25	17:37	19:49	22:01	24:13	
72.4 (160)	2:10	4:20	6:30	8:40	10:50	13:00	15:10	17:20	19:30	21:40	23:50	
74.6 (165)	2:07	4:15	6:23	8:31	10:39	12:47	14:54	17:02	19:10	21:18	23:26	
77.1 (170)	2:05	4:11	6:17	8:23	10:28	12:34	14:40	16:46	18:51	20:57	23:03	
79.3 (175)	2:03	4:07	6:11	8:14	10:18	12:22	14:26	16:29	18:33	20:37	22:40	
81.6 (180)	2:01	4:03	6:05	8:07	10:00	12:10	14:12	16:14	18:15	20:17	22:19	
83.9 (185)	1:59	3:59	5:59	7:59	9:59	11:59	13:59	15:59	17:58	19:56	21:56	23:56
86.2 (190)	1:56	3:56	5:56	7:52	9:50	11:48	13:46	15:44	17:42	19:40	21:38	23:38
88.5 (195)	1:54	3:52	5:48	7:44	9:41	11:37	13:33	15:29	17:26	19:22	21:18	23:14
90.7 (200)	1:54	3:49	5:43	7:38	9:32	11:27	13:21	15:16	17:10	19:05	20:59	22:54
93.0 (205)	1:52	3:45	5:38	7:31	9:24	11:17	13:09	15:02	16:55	18:48	20:41	22:34
95.2 (210)	1:51	3:42	5:33	7:24	9:16	11:07	12:58	14:49	16:41	18:32	20:23	22:14

Koren G., Drinking alcohol while breastfeeding. Motherisk Update. CFP 2002; 48:39-41

What are your recommendations about drug use and breastfeeding?

www.addictionpregnancy.ca

Pregnancy-Related Issues in the Management of Addictions (PRIMA): A Reference for Care Providers

Medications and breastfeeding:

Watch out for:

- Estrogens, pseudoephedrine, ergots, bromocriptine → may decrease breastmilk production.
- Demerol → may lead to neurobehavioral effects in infant.
- ACE inhibitors → avoid in neonates.
- Sulfonamides → avoid in neonates.
- Codeine
- Fluoxetine

However, most medications are OK while breastfeeding.

Breastfeeding and imaging

- CTs and MRIs with contrast: **safe** for breastfeeding mothers according to American College of Radiology:
< 0.04% of maternal contrast dose in breastmilk, of which only 0.8% absorbed by baby.
- Nuclear tests using radioactive compounds: suggest various periods of temporary breastfeeding cessation based on compound and type of test (more info in Hale).
- Most dangerous: radioactive iodine for thyroid ablation

For more information on meds and breastfeeding

- IMAGE Quebec
- Motherisk: www.motherisk.org
- Medications and Mother's Milk by Dr. Thomas Hale, as well as Dr. Hale's website: <http://neonatal.ttuhscc.edu/lact/>
- Lactmed: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
- Available as app for iphone!

CPS breastfeeding safety info is not always up-to-date!

What we learned

- Smaller community centred presentations bring together different providers and can lead to BIG solutions
- Family physicians want to be involved with breastfeeding, but need to be asked
- Educational content should be relevant to family physicians' scope of practice
- Family physicians expect evidence informed content
- Module approach allows presentation to be tailored to group attending workshop/allows changing method of presentation
- Providing powerful continuing professional development credits increased attendance (based on reflective learning)
- OCFP has been able to support program and will continue to offer the program

The OCFP welcomes requests for future courses

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