

SUCSESSES IN ADOLESCENT HEALTH: Tools and Techniques to Support Pregnant and Parenting Young People in Breastfeeding

PARTICIPANT QUESTIONS NOT ADDRESSED AT THE AUGUST 15, 2016 EVENT

1. Many of these measures work when you speak with the young mother, but the minute grandma comes to visit...the notion of exclusive breastfeeding is over. Any suggestions?

Kendall-Tackett: My suggestion would be to try to get her involved in the process. Include her in the prenatal education. Let her talk with other grandmas supporting breastfeeding. The program, “A More Excellent Way”, does this very effectively. And I’m sure there are others. Ask around and find out what others are doing.

Sipsma: I completely agree with you! I think the key here is to identify this struggle earlier – during pregnancy ideally – to help grandma understand the importance of breastfeeding and how her behavior may deter her daughter (in law) from this behavior.

Borders: In our Peer Counselor program we invited each pregnant participant to bring a family support person to the breastfeeding class. This was scheduled typically over the noon hour with food provided for lunch and was free. We had tremendous success with the support person becoming a breastfeeding advocate for the patient. This really helped later at home with family members who did not support breastfeeding. We also gave out DVD’s and links to videos that covered new baby skills to breastfeeding to safety topics. We encouraged patients to watch with families. Also encouraged family members to come in with the patient to a peer counselor follow up appointment. Also handouts such as “Speak Up Breastfeeding” from the Joint Commission can be provided to patients to share with families.

[<https://www.jointcommission.org/speakup.aspx> – Find the breastfeeding materials in the “Infant and Children’s Health” Campaign]

2. How do we address helping a young mom feel empowered to breastfeed? Especially extended breastfeeding, when the family may not support it.

Kendall-Tackett: That’s a tough question. Education is helpful and is getting her in a good peer group. Also, if you can help her overcome barriers (such as early return to work or school), that will help. But I’d also take it day by day. It may not be perfect this time, but she’ll learn and may do things very differently with her next baby.

Manion: Educating the mother on the importance of breastfeeding regarding the health benefits for both the mom and baby can empower the young mother to want to initiate breastfeeding and hopefully extend its duration. Correcting any misinformation—for example that it hurts to breastfeed, that it will cause the breasts to sag more later on in life etc. Also, if possible, educating the whole family about breastfeeding, so they are all aware of the benefits.

Sipsma: It may be that encouraging young moms to bring their own moms to the clinic appointments may be a perfect start so that the clinician can counsel both parties. Peer

support in these circumstances may also be critical in order to see how other young moms were able to successfully achieve their goals in the context of unsupportive family. Maybe there is a particular response to grandma that worked well among moms whose families did not support their breastfeeding. Lactation groups may also be a place to gather particular responses and skills to equip moms for reaching their breastfeeding goals. Also, identifying who can provide that breastfeeding support is crucial in these particular contexts.

Borders: See above (#1). Peer counselor support, free peer breastfeeding class with a family support person.

3. I was a 24 yr. old first time mother and did not feel comfortable breastfeeding. It was something that my family did not talk about or recommend. How can I as a public servant start the conversation when I know in the back of my mind I did not do it because of really not knowing the importance at that time? My daughter is 28 but I regret everyday not breastfeeding.

Kendall-Tackett: All I can say to that is that you did the best you could. That is all you could do. If you had no help or support, I'm not surprised you didn't breastfeed. Please know that caring for a baby is so much more than supplying breast milk. It's your relationship with your baby that makes all the difference. You might be interested to know that many of the founders of La Leche League International did not breastfeed their first 1-3 children. That's why they started their group. To help mothers do that.

Manion: That is exactly how to bring it up—talk about how you had wished you had breastfed your baby and how that is a regret you still carry with you. Sharing your feelings about the challenges and barriers that affected your decision to breastfeed can show young mothers that they are not alone in how they may feel about breastfeeding—then use that starting point as your way of beginning the education about the importance of breastfeeding.

Sipsma: Please don't!! As moms we do the best we can everyday based on the information and abilities we have! You were doing your best! Most moms didn't breastfeed 30 years ago and that's okay. Now we have evidence that breastfeeding can be a key advantage that moms can give their children – and so armed with that information, we can move forward with encouraging others to learn more about it.

Borders: This is really helpful perspective as you know the importance of providing young women support and empowering them to make good choices for their baby, educating and engaging family members. I often discuss this with family members who didn't breastfeed. I say we know so much more about breastfeeding now and the kind of support women need to breastfeed. You may not have received the support you needed to breastfeed, but you may be able to help another young woman have that support today.

Crow: First of all, I want to say that although we all believe in breast feeding, it is not the only way to love your baby, to be a good mother. It is also OK if it doesn't happen or doesn't work out. It truly is. Please don't beat yourself up for being young, or not having mentors to help you. The work you are doing now will have a great impact on the world!!

You bring an amazing perspective to share with young mothers: a cautionary tale. You don't want to scare them, but they will hear you when you say that you want more for them than you had. Make yourself part of a team so that others can fill in the experiential gaps that you feel you are lacking.

4. How can I promote self-determination/informed, independent decision making and promote breastfeeding in a population that verbalizes a desire not to breastfeed? Where is the balance between the two? How do I reconcile power dynamics when there are racial, education, status, age, and socio-economic differences between clients and service providers?

Kendall-Tackett: All you can do is provide information and support. You can't force anyone. Peer supporters become very important in situations like this. My suggestion is to find organizations that are effective with these populations and find out what they are doing.

Manion: Educating people about the importance of breastfeeding. Many young mothers do not know the benefits. No one has sat down to talk to them about how to breastfeed. It is automatically decided for them that they will formula feed. I think letting young mothers know that there are options for them other than just formula feeding is a way to offer support when it is needed the most

Sipsma: I think you identified a critical gap in practice – the differences between clients and service providers. As clinical providers or public health practitioners, we cannot match all people in all ways. We can, however, refer clients to others who are like them. I believe that this is why peer counseling programs can be so effective. Sometimes, the messenger is as important as the message.

I also respect your desire to empower young moms and allow for independent decision-making and believe this can be tricky! My only response might be to make sure she is doing what *she* thinks is best – as an independent person – and not what her surrounding support system believes – so really to reiterate the importance of making her own decisions for her baby.

Borders: I have found that all women want information on how to improve outcomes for their baby. Even in a population of women with a low rate of breastfeeding, by providing education and an environment that is supportive breastfeeding rates improve. Certainly a peer counselor is incredibly helpful in this environment as well. Bringing up breastfeeding early on in pregnancy and talking about it and providing information makes a big difference. Breastfeeding education such as free prenatal classes can be really helpful.

5. How are peer counseling programs funded in (NON WIC) clinics?

Borders: We started our program through grant funding and then the hospital took it over as it was highly successful at improving breastfeeding rates and more economical than an additional lactation counselor and the peer counselors can work with lactation counselors to extend their efforts with adolescents and low-income populations who may need more time and support.

6. If a mother does not initiate breastfeeding- how long does she have to initiate breastfeeding before losing supply? // How long does a new mom have to start breastfeeding before milk dries up?

Kendall-Tackett: It's best if she can get things going right away. The first week is critical to bringing in a full supply. That being said, I know moms who were able to establish a supply sometimes weeks after birth. But that would be difficult for most mothers. So try to get her either pumping or having the baby empty her breasts as soon as possible.

Manion: Within the first 24-48 hours breastfeeding needs to be initiated. The longer someone waits to initiate, the harder it will be to be successful at breastfeeding. How long does it take for the milk to dry up—it varies by individual, but usually 5 to 14 days. The baby should be brought to the breast within the first hour after birth if not sooner.

Borders: This may differ for different women and it certainly never hurts to try even days after delivery, but the most effective start time is within 6 hours of delivery. Once the baby and placenta delivers, the progesterone levels drop and this is the trigger to the brain that it should start receiving stimulation from the breasts and turn on milk making. If the breasts are not stimulated with nursing or pumping soon after the delivery, then the body doesn't know there is a baby to make milk for. If nursing or pumping starts in the first 6 hours the mom makes more milk than if it is delayed. The goal is to get the baby on the breast in the delivery room and if the mom and baby are separated with the baby in the NICU then we try to have the mom pumping in the first 6 hours after delivery.

7. Did one of the presenters say overweight/obese young parents are less likely to breastfeed? Any reason why?

Kendall-Tackett: I've looked at quite a few studies about this and the truth is no one really knows. Some have said that women with higher BMIs have lower prolactin response to suckling. However, that study had only 9 women with a BMI >26. And they only showed that on one of the two days they measured. Depression, self-esteem, etc...haven't been related. I think what we need to do next is have a focus group study and talk to the moms. High BMI moms are more likely to have high-intervention births. That can have an effect. But we really don't know.

Sipsma: In my research, my findings suggest that overweight and obese young moms are equally likely as normal weight young moms to initiate breastfeeding. So we don't see differences in "ever breastfeeding." I did find, however, that obese young moms are less likely to exclusively breastfeeding compared to normal weight young moms (Odds ratio = 0.33; 95% Confidence Interval: 0.15, 0.86). Although I don't have data on exactly why this is, we hypothesize that obese moms may feel uncomfortable breastfeeding due to body image issues outside their homes or in other circumstances where they may lack privacy and thus be more likely to resort to using a bottle of formula in those circumstances. We also suggest that the actual logistics required for breastfeeding among young moms struggling with obesity may be a deterrent from breastfeeding exclusively. This association is particularly troublesome, since these moms are then likely to have a shorter overall breastfeeding duration and not taking full advantage of the calorie demands of and potential weight loss associated with breastfeeding

[Sipsma et al., (2013) Breastfeeding behavior among adolescents: initiation, duration, and exclusivity. *Journal of Adolescent Health*; 53: 394-400].

Borders: I think all young women, regardless of body type, race or income want to have education and support to make good decisions for their baby. Some young women may need more support and confidence building. Peer counselors can be very helpful. If you do not have a peer counselor program at your clinic, reach out to WIC and talk about how to make sure your patients are talking with peer counselors with the WIC program.

8. How do you approach a mom who is interested in breastfeeding, but uses drugs such as marijuana?

Kendall-Tackett: With caution. The news on marijuana and breastfeeding is not good. Those kids show definite cognitive deficits. But keep the lines of communication open. Moms also need to know they can lose custody if their babies screen positive.

Manion: There is not a lot of research regarding breastfeeding and marijuana use. Whether THC found in marijuana crosses the blood brain barrier in breast milk and causes problems such as developmental delay is not fully understood. I would definitely strongly discourage its use for not only the lack of research regarding its affects on newborns but also that it can affect their ability to respond to their child's needs because they are "high".

Borders: [LACTmed](#) is a great resource for any medication or drug a patient is using. I print out the LACTmed summary of use and go over it with the patient. There is nice information on marijuana. You want your patients to have the facts and support them in making good decisions for their baby. LACTmed is available as an app to download on apple and droid phones. Below is from LACTmed:

"Marijuana use should be minimized or avoided by nursing mothers because it may impair their judgment and child care abilities. Some evidence indicates that paternal marijuana use increases the risk of sudden infant death syndrome in breastfed infants. Marijuana should not be smoked by anyone in the vicinity of infants because the infants may be exposed by inhaling the smoke. Because breastfeeding can mitigate some of the effects of smoking and little evidence of serious infant harm has been seen, it appears preferable to encourage mothers who use marijuana to continue breastfeeding and reducing or abstaining from marijuana use while minimizing infant exposure to marijuana smoke.[8][9][10]"

5. Jansson LM, Bunik M, Bogen DL. Lactation and the **marijuana**-using mother. *Breastfeed Med*. 2015;10:342-3. PMID: [26121013](#)

6. Marinelli KA, Reece-Stremtan S. Response to Jansson et al. *Breastfeed Med*. 2015;10:344-5. PMID: [26121124](#)

7. Bergeria CL, Heil SH. Surveying lactation professionals regarding **marijuana** use and breastfeeding. *Breastfeed Med*. 2015;10:377-80. PMID: [26252053](#)

8. Hill M, Reed K. Pregnancy, breast-feeding, and **marijuana**: A review article. *Obstet Gynecol Surv*. 2013;68:710-8. PMID: [25101905](#)

9. Reece-Stremtan S, Marinelli KA. ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015. *Breastfeed Med*. 2015;10:135-41. PMID: [25836677](#)

10. Metz TD, Stickrath EH. **Marijuana** use in pregnancy and lactation: A review of the evidence. *Am J Obstet Gynecol*. 2015;213:761-78. PMID: [25986032](#)

9. Are presenters saying one should never give a breastfeeding infant a pacifier?
This question was answered at the session; please view the archive recording for the full answer.

Borders: [see my answer in the session] Nothing wrong with pacifiers, but when newborns and moms are learning to breastfeed a pacifier is meant to soothe a baby and the goal when you are learning to nurse is to listen for cues the baby may be able to go to the breast. The baby should be at the breast rather than soothed with a pacifier. Pacifiers may get in the way of mom and baby listening to each other in the beginning as breastfeeding is getting established.

10. Is the National Breastfeeding Helpline available in multiple languages?

English and Spanish

QUESTIONS FOR SPECIFIC PRESENTERS

11. **Dr. Kendall-Tackett:**

- a. You mentioned a link between depression and “lifelong abuse.” What type of abuse are you referring to? Substance abuse? Partner abuse?

When I talk about lifetime abuse, I mean either child or partner abuse (and sometimes peer abuse). Substance abuse would not be included here.

- b. Is there current research on how to help children after exposure to stress long term and PTSD? What does research suggest?

There are some very effective treatments for children. EMDR is particularly effective. But some of the cognitive-behavioral therapies can be very effective too. It depends on how soon after the trauma exposure that the child gets treatment.

12. **Dr. Borders:**

- a. What have you heard about providers reaching their own breastfeeding goals? How does this impact how they promote breastfeeding to their patients?

I think providers can be empathetic if they struggled with breastfeeding. They can talk about the importance of support and family member engagement and education. They can talk about how much more we are learning about breastfeeding and learning about how to best support women to reach their breastfeeding goals.

- b. Any link between providers breastfeeding and impact on promotion of clients

I’m not aware of data on providers breastfeeding and impact on working with clients. I think regardless of your own breastfeeding story you can provide education and support. If you struggled with breastfeeding you can be helpful to talk about the importance of breastfeeding education and support to help women both set and reach their goals. Providers can use their challenges as means of encouragement that it takes education and support to help women reach their goals.

13. Dr. Crow:

- a. How have you seen the diversity of neighborhoods you serve (Evanston/Skokie/Rogers Park) encourage underserved population to see or discourage breastfeeding support?

I see women of almost every culture and ethnicity in the world, and what they all share is a desire to take the best care possible of their babies. Some seek my support, some need me to offer.

It is wrong to generalize, but women sometimes culturally vary in their anxiety around "is my milk enough." Also, in their desire to "do both" -- breast and bottle, either at the beginning or hoping to do throughout. Sometimes I feel like I am climbing uphill to promote exclusive breast feeding.

Almost all women are open to my information and assistance. Is this in part because I am female? I'm not sure.

It is easy to promote breast feeding when they have just immigrated from a country where breastfeeding is common. Harder when several generations above them use formula. However, these women want to do even "better" than their mothers, so there is hope!

- b. Any suggestion for dealing with the person who comes with teen mom to doctor that's against exclusive breastfeeding?

I'm thinking you may mean a partner or grandparent. In my experience, this is rare (at least that they admit to me), however, the key is to listen and not get defensive. Keep your sense of humor. Tell them you recognize that they are a key part of the team that will care for and wants the best for this beautiful baby. Find out what their own anxiety is -- did they have their own bad experience with breast feeding in the past? Do they want to be able to bottle feed the baby when mom is away? See if you can address those. Then ask them if they would then hear a little bit about why you feel this is so important for this beloved baby.

14. Sandra Morales/Access Community Health Network:

- a. How does hospital lactation team receive input from Access' staff initiating a case review?

Hospital Lactation Staff receive feedback from our staff generally while on the floor during rounds. We also meet at least annually on the hospitals lactation/baby-friendly committee.

- b. What does routine post-partum follow-up consist of? How often?

The routine follow-up schedule is detailed on the workflow attached. The visit/phone contact consists of discussing any breastfeeding issues such as latch issues, sore nipples, supply issues, and or pumping issues. Also to make sure they have received any appropriate referrals such as breast pumps, WIC, or behavioral health. We also document how long they plan to breastfeed, when they stop breastfeeding, and the reason behind choosing to stop breastfeeding.

- c. Does your job provide phones? Are you paid hourly for sat and Sunday support?

The company does not provide cell phones however we do provide cell phone reimbursement up to \$50 a month. Our staff are not paid nor required to work weekends.