NH's Ten Steps - Barriers and Strategies for No Artificial Nipples

Barriers	Strategies to Overcome Barriers
Pacifiers routinely given out to all newborns after birth	• Stop routine policy of giving out pacifiers - incorporate this formally into breastfeeding policy • Provide education to staff / families prenatally and in Nursery regarding the "no routine pacifier" policy • Put pacifiers in locked area and require that staff sign them out, indicating medical reason for use in breastfed infants
Parents / friends / family members bring pacifier to the hospital	• Provide antenatal / postnatal education on recommendation to withhold pacifiers until breastfeeding well established, and of importance of feeding baby at early feeding cues & not using pacifier to stretch out feedings
Night staff appears to use pacifiers more than day shift	• Educate staff in ways to teach and empower families to care for babies when they are fussy at night including feeding baby at early feeding cues and use of alternative soothing techniques (e.g., rocking, shooshing, swaying, using parent's finger for baby's sucking and/or baby's own hand / fingers) • Require that staff document medical indication for pacifier use and/or informed discussion with mother
Pacifiers used for painful procedures	• Offer alternative to pacifier during painful procedures: have baby suck on a gloved finger with sucrose administered at same time, have a parent / grandparent help calm baby, have baby breastfeed and/or do skin-to-skin during painful procedures (when able) • Refer to articles on pain response with breastfeeding and skin-to-skin (STS) to decrease pain response • Do STS and/or BF 15-20 min prior to painful procedure & immediately after
Pacifiers staying in cribs after procedures	• Require that staff remove pacifier from infant's crib prior to returning infant to room • Have sign at the door reminding staff to remove pacifier from the crib

Difficulty providing family education regarding use of pacifier and bottles in breastfed infants	• Design an educational handout on the risks / benefits of pacifiers and bottle use in breastfed infants, and inform families that pacifiers are not given out in the hospital for these reasons
	• Provide letter / patient education at varied time points:
	  • Prenatally:
	    • in OB waiting room (e.g., Concord hospital has a 5x5 card regarding the risks of pacifier use that sits in the OB office and patients read the card while waiting for prenatal appointments)
	    • in prenatal education materials
	    • as focused teaching within prenatal visit
	  • When moms request pacifiers / bottle in Newborn Nursery and at newborn discharge

Difficult to convince staff and advanced level providers regarding potential harm from pacifiers and reasons behind waiting until breastfeeding well established	• Provide evidence behind feeding babies in an unrestricted manner (i.e., whenever baby shows desire to suck, at early feeding cues and until content), and articles that demonstrate association between pacifier use and early breastfeeding discontinuation • Discuss physiology behind frequent suckling and lactogenesis / promotion of milk supply • Provide copy of / reference to 2012 AAP policy statement on breastfeeding and use of human milk that discusses withholding pacifiers until breastfeeding is well established
Difficulty in getting all pregnant women educated regarding risks of using pacifiers and bottles while establishing breastfeeding	• Find a community partner / peer counselor to help with prenatal education • Share prenatal educational materials / handouts with community resources (e.g., Visiting Nurse Association, Good Beginnings Volunteer program/ resource centers (women's health centers, parenting centers)

NH's Ten Steps - Barriers and Strategies for No Artificial Nipples

Barriers	Strategies to Overcome Barriers
Safety concerns by provider or parent re: using alternative feeding methods (e.g., staff afraid to send families home with a supplemental feeding method that they are not comfortable with)	• Educate family that this is a short-term strategy • Provide education / demonstration of varied feeding methods (e.g., cup feeding / finger feeding / SNS / spoon / soft pipette allows small amounts of colostrum to be drawn up / hand expression onto soft spoon or use soft spoon to scoop small amounts colostrum from flange of pump) • Allow family to choose the method which they feel most comfortable with • Observe the family using the feeding method independently while still in the hospital • Provide frequent follow-up in the outpatient setting when send families home with complex feeding plans
Families choose to bottle feed for supplementation because that is what they are familiar with	• Recognize that culturally this is what parents / families know & that some families may be resistant / hesitant to use a non-bottle method • Provide education around other feeding options and why they might be better, and help family choose method best / most comfortable for them, providing close follow-up for support • If parents desire to use bottles, discuss how to safely / effectively bottle feed (e.g., paced bottle feeding, using bottle with slow(er) flow nipple)
Beliefs regarding breastfeeding and supplementing in Asian and Latino cultures until milk supply established (e.g., "Los dos" in the Latino feeding culture – using both breastmilk and formula until breastmilk comes in)	• Review physiology behind supply and demand, and how use of formula in early lactation will likely impact mother's milk supply • Review importance of exclusive breastmilk feeding for infant's and mother's health

When medical need for supplementation is present …
 	
How best to supplement?
 	
How best to encourage mother's milk supply?
	• Varied alternative feeding methods available (e.g., cup feeding / finger feeding / SNS / spoon, syringe feeding)
	• Goal if supplement is needed = supplement at the breast with the SNS
	• Spoon feeding demonstrated in hand expression video by Dr. Jane Morton http://newborns.stanford.edu/Breastfeeding/HandExpression.html
	• Cup feeding demonstrated in video on Dr. Jack Newman's website http://www.breastfeedinginc.ca/content.php?pagename=vid-cupfeed
	• Educate mother regarding pumping / hand expression to establish and maintain milk production while infant is being supplemented:
	  • Frequent and prolonged maternal-infant STS
	  • Hospital grade double electric breastpump
	  • Breast massage and hand expression
	  • Monitor breastmilk production and onset of Lactogenesis II

Staff resistance to using cup feeding	• Review 1999 Lawrence study on safety of cup feeding & highlight that more aberrant vital signs were seen in the bottle feeding group • Provide link to cupfeeding video noted above

NH's Ten Steps - Barriers and Strategies for No Artificial Nipples

Barriers	Strategies to Overcome Barriers
Infants who require prolonged supplementation / separation from their mother need to learn how to suck	• Discuss that use of pacifier may be acceptable in medically indicated circumstances and that this will likely be a temporary intervention until baby is able to suck successfully / in an unrestricted manner at the breast • Encourage frequent skin-to-skin and allow baby to breastfeed whenever possible • Use mother's own milk to entice baby to suck using pacifier
Convincing staff to accept new practices especially with staff who believe that it is an infringement on family's right to use a pacifier or bottle	• Use language that "this is a health choice, not a lifestyle choice" • Review evidence of potential harm of pacifiers or use of bottles on establishment of breastfeeding (e.g., association with early discontinuation of breastfeeding; impact of unrestricted breastfeeding on earlier lactogenesis)
Educating / empowering moms	• Educate moms / families about potential harm of artificial nipples including pacifiers • Inform mothers when pacifiers are used for painful procedures & recommend discontinuation after procedure Review AAP's recommendation to delay pacifier use until breastfeeding is well established (at least 3-4 wk)

Staff / families confused as AAP recommends pacifiers for SIDS risk reduction	• Educate families and providers / staff regarding SIDS risk with following:
	  • Similarly decreased risk seen between infants who use pacifiers and infants who breastfeed
	  • Exclusive breastfeeding is associated with significantly lower rates of SIDS (Rachel Moon – 2011)
	  • Safe sleep environments are more important than use of pacifiers
	  • Risk of SIDS starts ~ one month of age
	  • Review specific wording from AAP's 2012 breastfeeding and use of human milk guideline

Moms requesting "just one bottle" to get sleep at night	• Have mother try breastfeeding in the side lying or laid-back position to get more rest while breastfeeding • Minimize visitors during day to allow mother time to sleep when baby sleeping • Maximize skin-to-skin for maternal relaxation (oxytocin = relaxation hormone!) but ensure that mother does not fall asleep with baby in her arms or that she has support person present to watch mom / baby while sleeping
Inconsistent messaging between staff / advanced level providers	• Develop a script for all providers to use for consistent messaging • Review evidence behind feeding babies in an unrestricted manner (i.e., whenever baby shows desire to suck, at early feeding cues and until content), and provide references / articles that demonstrate association between pacifier use and early breastfeeding discontinuation • Discuss physiology behind frequent suckling and promotion of mother's milk supply

Explore maternal reasons for request of pacifier or bottle	• Inform mother that she may use a pacifier or bottle, but would it be ok for you to first:
	  • explore reasons for her request (i.e., ask why she wants to use a pacifier / bottle)
	  • review potential risks associated with using an artificial nipple / bottle in breastfeeding infants (e.g., potential impact on mother's milk supply (e.g., lower milk supply on day 4) and reasons to withhold use until breastfeeding well established
	  • discuss alternative methods for calming and/or feeding her baby
	• Discuss how use of formula changes gut flora and may put baby at increased risk for illness / infection

NH's Ten Steps - Barriers and Strategies for No Artificial Nipples

Barriers	Strategies to Overcome Barriers
Providers not convinced regarding harm to artificial nipples due to limited evidence behind this step	• Acknowledge that there is not a lot of high quality evidence behind this step, but available studies do suggest an association between early artificial nipple use and early breastfeeding discontinuation • "First do no harm" and look to support what is going to cause least harm / impact on breastfeeding • Discuss how sucking on a pacifier and bottle nipple is not functionally similar to sucking on the breast / nipple / areola, and how flow dynamics for milk transfer are different between the breast (using negative pressure) and bottle (using positive pressure) and flow with the bottle is much faster than at the breast (physiologically designed to meet the biologic and anatomic needs of the newborn)
Not a lot of evidence to support other methods of supplementation and some can be expensive (e.g., SNS)	• First "do no harm" – consider which method most able to promote successful breastfeeding (e.g., supplementing at the breast) vs which is more likely to negatively impact breastfeeding (e.g., bottle feeding), then discuss long-term health costs of not breastfeeding and how early small costs will ultimately decrease later health-care costs
There is a growing trend for women who want to pump and breastmilk feed – poses difficulties in early postpartum period	• Review with mother how baby will be best stimulus to her milk production, and if she is comfortable breastfeeding in the first few days – her milk will likely come in earlier and with better supply, and have lower likelihood of needing to supplement her baby with other milk in the first few days • If mother uncomfortable directly breastfeeding her baby, have her do lots of skin-to-skin prior to pumping, and use hand expression / breast massage with pumping to facilitate milk expression; encourage mother to rent a hospital-grade rental breast pump for the duration of breastmilk expression to ensure an optimal milk supply (but most importantly in first few weeks – month when establishing her milk supply) • Discuss importance of getting colostrum to her baby and that baby will likely be more effective at getting colostrum from her breast than the pump; use hand expression to facilitate colostrum expression as needed • Consider that it is currently unknown what benefits are lost and what risks occur with solely feeding breastmilk from a bottle – though acknowledge that any way a baby can get breastmilk and receive breastmilk for longer durations will be of great health benefit to the baby • Instruct mother on cue-based and paced bottle feedings, stressing importance of allowing baby to lead / regulate feedings