

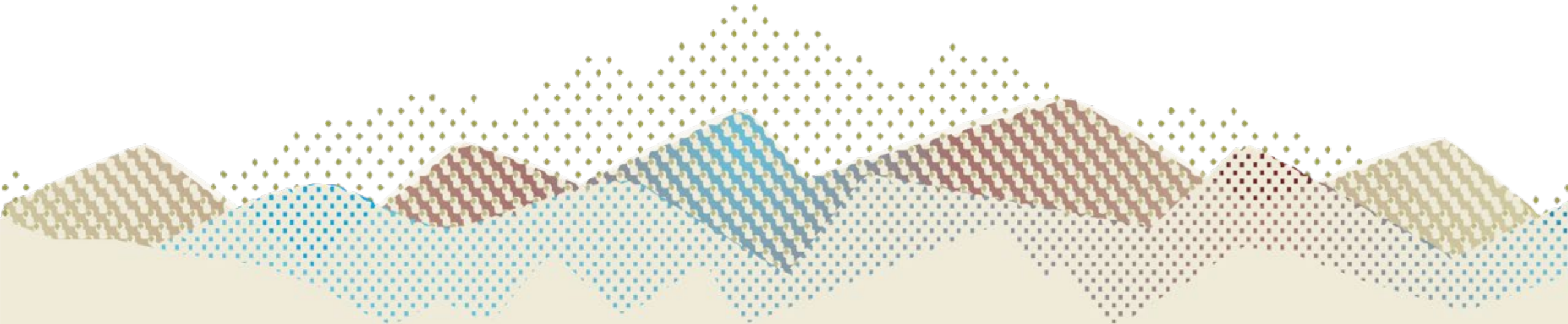


# Enhancing Perinatal Support and Services

Webinar Series for Doulas and Case Managers

Early Lactation Challenges

November 19, 2025



# About Us

## Regional Offices



## Mission:

*To help our members, and the communities we serve, be healthy.*

## Vision:

*To be the most highly regarded managed care plan in California.*

# Presenters

## Colleen Townsend, MD

Regional Medical Director  
Napa, Solano, and Yolo counties

## Mary Baracco, CNM, NP, LP

Certified Nurse Midwife  
Women's Health Nurse Practitioner  
Perinatal and Lactation Professional

# Learning Objectives

By the end of the presentation, the participant will:

- Describe the use of three different assistive devices and their appropriate application
- Verbalize the difference between anticipatory guidance and informed consent
- Describe “time distortion” as it relates to lactation initiation
- Describe how to access the Academy of Breastfeeding Medicine Protocols

\*term coined by MB

# Benefits of Human Milk Feeding

## For baby

- Facilitates bonding
- Human breast milk is complete nutrition for infants
- Bacteria in human milk improves digestion and immune function
- Protective against the development of chronic illnesses, such as obesity, diabetes, asthma, and eczema
- Natural, convenient, and packaging-free!

## For lactating parent

- Facilitates bonding
- Improved emotional well-being and decreased risk for postpartum depression
- Facilitates postpartum weight loss
- Enhanced uterine contractions, returning the uterus to pre-pregnancy size, reduce the risk of postpartum hemorrhage
- Reduces risk of breast and ovarian cancer, type 2 diabetes, and heart disease

# Factors that Influence Successful Infant Feeding

## Pregnancy and birth-related

- Adequate weight gain in pregnancy – explore etiology of excessive or lack of weight gain
- Smoking – tobacco / cannabis, and alcohol consumption - there is no safe level of use in pregnancy or postpartum
- Frequent prenatal care with counseling and education on lactation
- Social support from family and health care team

## Factors after birth

- Early skin-to-skin contact
- Adherence to exclusive breastfeeding (human milk feeding)
- Feeding on demand
- Rooming in (having baby stay in room)
- Consistent support from health care professionals, including doulas, and peer support
- Addressing common challenges in a timely manner

# Visualizing the Lactation Dyad During Pregnancy





# Defining the Basics: What to Expect in the First Week

- Positioning and latch
- Frequency of feeds – how to time intervals
- Tracking diapers
- Infant sleep and wake cycles
- Identifying infant receptivity
- Nipple tenderness vs. persistent soreness
- Time distortion\*



# Making Milk

Moving through the phases:

- Colostrum
- Transitional milk
- Engorgement
- Mature milk
- Nurturing a mature milk supply



# Beyond the Basics

- Poor latch
- Cracked nipples
- Bleeding nipples
- Inverted nipples
- Overly large nipples
- Poor suck-swallow
- High palate
- Tongue thrust
- Tongue tie



# Beyond the Basics

## Continued



- ❖ Very small, tight to the chest breasts
- ❖ Extra large breasts
- ❖ Adoption
- ❖ LGBTQ+ considerations – Important – refer to AMB clinical Protocol # 33
- ❖ Prematurity & Near term ~35-37 wks
- ❖ Adoption or Surrogacy
- ❖ Difficult labor and birth
- ❖ Multiples
- ❖ We recognize what we don't know – what do we do?

# Assistive Devices

- Bottles and nipples
- Pacifiers
- Formula
- Feeding cup
- Improvised devices

- Breast milk collection, includes extractors, collectors & pumps
- Syringes and feeding tubes

- Nipple shields
- Breast shells
- Supplemental nursing system
- Gel pads
- Breast pads

# Functional Assessment of the Infant at Breast (FAIB)

- The FAIB is an older tool although fully in sync with current evidence. It is a systemic, practical way to ensure that when the infant is observed in early feedings that key components to successful latch and feeding are present. This is a tool for the provider of services, not the parents. Please do not share as a handout.
  - There are four components to observe to ensure adequate latch:
    - Alignment (position of the baby in relation to the mother)
    - Areolar grasp (how does the baby latch)
    - Areolar compression (sucking)
    - Audible swallowing

We will review the handout for additional information

# Functional Assessment of the Infant at Breast



- To insure there is no minimization of the LGBTQ+ parent, while assessing the infant at the chest / breast.
- This is thoroughly covered in ABM protocol #33.
- Several aspects can be aligned with or adapted from the original FAIB, which is available for download.

# Things to think about...

1. What does the baby's oral cavity look like? High palate, tight tongue, small mouth opening?
2. What do the nipples look like: short, long, protruding, flat, inverted?
3. What is the baby's position at the breast? Why is positioning important?
  - Cradle hold
  - Football hold
  - Cross cradle hold
  - Laid back



# Quick Quiz: What Would You Recommend in Each Situation?

1. Is there a device for every situation?
2. What is the difference between a breast shell and a nipple shield?
3. Tongue tie
4. Should babies have pacifiers?
5. Sore nipples, cracked nipples, and or bleeding nipples?
6. Engorgement
7. Nipple challenges: flat nipples, overlarge nipples, inverted nipples
8. Low milk supply
9. Mastitis <https://www.facebook.com/reel/1863487754215373?fs=e&mibextid=wwXIfr&fs=e>

# The Upside – The Downside

*How do we know we are going in the right direction?*

*Let's look at the lactation dyad:*

- Are we continuing to add interventions?
- Have we articulated a clear plan including practical follow-up?
- Is the baby gaining weight?
- Is the mother expressing satisfaction with the plan?
- Is the condition that got us started resolving?
- Are we withdrawing interventions gradually?



# Referrals: Who, Where, When?

- When the current care plan isn't effective
- When the issue is outside your scope of practice  
*Examples: maternal fever, cracked nipples that aren't healing, baby not gaining weight*
- When the concern requires skills or expertise you don't have
- Keep a short list of two to three trusted "go-to" professionals you can contact as needed
- Consult early, consult often, and always document



# Referrals: Who, Where, When? (Cont.)

- Referral sources may include:
  - International Board-Certified Lactation Consultant (IBCLC)
  - Certified Nurse Midwife (CNM)
  - Obstetrician (OB)
  - Pediatrician
- WIC lactation specialist or designated lactation staff
- When in doubt, reach out to someone who excels in that specialty and review the situation with them



# Anticipatory Guidance

Anticipatory guidance can be as simple as:

- Will interventions be necessary?
- Is there a cost?
  - We need to give serious consideration to how much we are asking this person to spend.
  - Yes, some things are provided for free – others not.
- How long will it take?
- Overview of the process

# Informed Consent

## Informed consent might include:

- Telling the breastfeeding person that if they use a nipple shield, their milk supply could be affected.
- If she uses breast shells, she needs to know the signs and symptoms of plugged ducts.
- The risk benefit analysis of formula vs. breastmilk feeding.

# What happens when we overload the mom/parent(s) with too much information?

- Resistance
- Push back
- Refusal
- Confusion
- Fatigue
- Excuses



Most important of all – we interfere with their ability to listen to their own intuition. We push them into the mode of continually analyzing each intervention. They are not listening to themselves or the baby. (S.Colson, M.Odent)

# What we need more of...

- ✓ Skin to skin
- ✓ Daily contact with the dyad (you and/or the lactation professional) through the first week.
- ✓ Emphasize normal baby behaviors and feeding patterns.
- ✓ Normalize the challenges of the first four weeks.
- ✓ Active follow-up after devices have been introduced and or removed.
- ✓ Recognition of maternal cues of stress and overload.



# The Bottle Fed Baby

*We should not forget the bottle-feeding dyad.*

- Listen to the parent tell you the story of how they came to this decision
- How is the baby bottle fed?
  - Formula?
  - Combo?
  - Pumped human milk? From self, from milk bank, or a lactation friend?
    - How much do they feed at each feeding
  - Where do they get their “how-to” info?
  - If formula – do they have enough, do they participate in WIC?
  - Do they understand how to prepare, store, sterilize, or wash?
  - Do they have the equipment they need?
  - Are they in regular communication with their pediatric care provider?
  - Is the baby gaining and sleeping appropriately?

# A Comfortable Place to Feed the Baby

Parents need a safe, comfortable place to feed their baby — a dedicated spot with everything they need within easy reach. Their space may include:

## The environment

- A slightly oversized, supportive chair where they can sit comfortably with the baby  
*Tip: Have them test the chair when not feeding to see what setup works best*
- A side table within arm's reach
- A stool or ottoman for foot support
- A space used only by them for feeding, to maintain comfort and consistency

## What they may need nearby

- Water within reach
- Their preferred snacks
- Their phone on silent (with a stand if helpful)
- Any assistive devices they use successfully (e.g., Haakaa for milk collection)
- A family photo or something comforting to look at
- Support pillows and wipes close by
- A reminder to use the restroom before they sit down

## Anything else?

- Whatever helps them relax and stay comfortable — lighting, a blanket, music, etc.

# Ethical Issues

- ✓ Not providing anticipatory guidance and informed consent
- ✓ Suggesting devices without reviewing costs
- ✓ Not referring to another provider when indicated
- ✓ Suggesting devices that will buy a couple days of time – without considering “then what”
- ✓ Being discharged from the hospital with devices and no follow-up plan

# Resources: For the Doula, Case Manager & Perinatal Educator

- Academy of Breastfeeding Medicine – Clinical Protocols
  - <https://www.bfmed.org/protocols>
- Medications in Mother’s Milk by Thomas Hale
  - Available as a book and mobile app
- Lactation Webinars
- Journal of Human Lactation
- Dr. Golly (British Pediatrician) – 5-minute Mastitis Video
  - <https://www.facebook.com/reel/1863487754215373?fs=e&mibextid=wwXlfr&fs=e>
- USLCA Membership – Affordable digital membership options
- Local Breastfeeding Coalition – Meetings and educational opportunities
- Lactation Certifications – Lactation educator, lactation specialist, and more
- Professional Lactation Websites – Use reputable, evidence-based sources
- Kellymom.com
- International Breastfeeding Centre – Dr. Jack Newman
- Dr. John McKenna, University of Notre Dame, [Mother-Baby Behavioral Sleep Laboratory](#)

## Share Your Favorites

Please add your go-to websites in the chat or email them to [PartnershipProviderEducation@partnershiphp.org](mailto:PartnershipProviderEducation@partnershiphp.org).

We’ll review them, add them to the list, and share with all attendees.

# References

Academy of Breastfeeding Medicine:

<https://www.bfmed.org/protocols>

- #37 Physiological Infant Care-Managing Nighttime Breastfeeding in Young Infants
- # 6 Bedsharing and Breastfeeding
- # 7 Model Maternity Policy Supportive of Breastfeeding
- # 8 Human Milk Storage for Home Use
- # 33 Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning + Parents
- # 36 The Mastitis spectrum, Revised 2022

## Other

- Functional Assessment of the Infant at breast (FAIB)

## Article

- American Academy of Pediatrics (AAP) safe infant sleep

# Handouts

Fantastic evidence-based practice (EBP) resources

<https://www.bfmed.org/parent-handouts>

- Physiologic infant care: supporting breastfeeding, sleep, and well-being
- Bedsharing and breastfeeding
- Mastitis in breastfeeding
- Functional Assessment of the Infant at Breast (FAIB)
  - not a parent handout
- Several more on the ABM website

# Connect Your Pregnant or Postpartum Client to Behavioral Health Services

- If your client is experiencing a mental health emergency, please call **988**.
- If you or someone you know would like more information regarding mental health services, call Partnership Behavioral Health at **(855) 765-9703**, 24 hours a day, seven days a week.
- For Partnership contracted providers, referrals for mental health or substance use disorder services may be made through one of the following:
  - Call **(855) 765-9703**
  - Fax **(707) 914-0453** for referrals for behavioral health access or case management
  - Email [BH-Access@partnershiphp.org](mailto:BH-Access@partnershiphp.org) for behavioral health access
  - Please use this referral form to refer member for mental health services

# Wrap Up, Take-Aways, Case Reviews and Questions!

- Question and answer session
- Please scan the QR code below for the post survey and to provide us with feedback

## **Enhancing Perinatal Support and Services Webinar Survey**

November 19, 2025



# Upcoming Webinar Trainings

## Enhancing Perinatal Support and Services Webinar Series

**Date:** Wednesday, December 17, 2025

**Time:** Noon – 1:30 p.m.

**Topic:** Maternal Mental Health



## Basic Life Support in Obstetrics (BLSO)

**Date:** January 9, 2026

**Time:** 8 a.m. – 5 p.m.

**Location:** Mercy Medical Center Mt. Shasta  
914 Pine St., Mount Shasta, CA 96067

To register, [click here](#), or scan the QR code  
below:

