

## JPS Breastfeeding Project Patient Impact Stories

A Hispanic woman was referred to me from outlying clinic due to mastitis diagnosis and treatment from JPS Urgent Care. Mother arrived with severe nipple trauma and mastitis diagnosed. During the lactation evaluation it was noticed that the baby had a short frenulum and a severe heart shaped tongue which was causing the nipple trauma and then in turn causing the mastitis. The mother was given First Aid for cracked and bleeding nipples. I suggested position changes, and provided assistance with latching her infant at the breast. I provided a referral to the Pediatrician for evaluation. The baby was gaining weight, and milk exchange was 132 grams with this feeding. I saw her for follow up visit and mother reports that there is still tremendous pain with nursing and nipples were healing but very slowly. A nipple shield was given, and the mother continued to nurse because it helped with the pain and the Pediatrician had given the mother a referral to ENT clinic to evaluate the tongue for short frenulum. On the next visit the mother returned in tears for another appointment and was ready to give up, so I contacted WIC and started the process to attain a double electric pump in order to allow the nipples to rest so that they could heal. The mother continued to pump and feed expressed breast milk to the baby by bottle until the next scheduled appointment. During this time of resting her nipples, a Community Care Partner was sent to do a home visit to touch base with the mother, follow up with breastfeeding education, and provide support to help the mother continue to breastfeed despite the roadblocks. Following the last appointment, where the Frenectomy was performed, the mother requested a visit to teach the baby how to latch again so that the mother could feed the baby by breast. During the appointment, the baby was able to re-latch and get 76 grams of breast milk transferred. The mother reported the latch as being “much more comfortable”. At her follow-up postpartum visit, the notes stated that she was still exclusively nursing at 9 weeks with mastitis completely healed and no further nipple trauma.

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I received a referral from a Community Care Partner; she reported that this baby couldn't get latched on to the right breast and that she tried all the things that she knew and was concerned due to the desire of the mother to exclusively breastfeed. In the breastfeeding history that I took, the mother stated that she had an augmentation. She had a WIC double electric pump and had been using it to get a small amount of milk from each breast. When a milk exchange was evaluated, there was no milk exchange, even with the nipple shield. We discussed all options from Supplemental Nursing System to Paced feeding. I helped mother cope with the reality of needing to supplement after nursing due to surgery and most likely the poor glandular tissue and truly not able to make milk. It was so beneficial for the Community Care Partner to see her and catch the variation before the mother attempted to exclusively breast milk feed her infant and encounter problems with the infant not getting enough breast milk volume and not have adequate weight gain.

This potential problem was noticed by a Community Care Partner and the baby received adequate formula to grow. Mother was able to process that baby was unable to be exclusively breastfed but able to take in as much expressed breast milk that mother pumped. She was given a pumping plan and an office number for any questions. She was encouraged to put baby to breast as much as possible.

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A mother was referred to me by a Community Care Partner, and was unable to wake baby to eat and the baby had only 1 stool in the last week. Mother was doing mixed feedings and wanted to stop the

formula so the Community Care Partner referred her to me to evaluate. The mother's anatomy showed that the baby wouldn't open wide enough to get all the nipple in to be able to get the milk transfer. The baby had continued to lose weight; the baby's birth weight was higher than the current weight after 8 days. Due to the mother's anatomy, baby needed to be supplemented and mother connected with WIC to get a double electric pump to protect milk production until baby mouth grows, to be able to latch on to the breast. Baby was started on a supplement plan, hopefully with expressed breast milk. This plan will help the baby gain and prevent failure to thrive.

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A mother was referred to me by a Community Care Partner. She was a 3rd time breast feeder and had a tender area on her left breast resulting in positioning problems. This mother had been recently diagnosed with mastitis and was being treated with antibiotics. The mother was doing mixed feedings and not emptying her breast for several hours. Education was done on how she is to empty her breast every 3-4 hours to prevent milk from backing up in the milk ducts. The treatment plan included correct positioning and latching infant with the use of a nipple shield to provide good emptying of the breast. Baby received a 48 gram milk exchange and mother reported that her breast felt softer and more comfortable. Mixed feedings were discouraged to prevent a recurrence of plugged ducts. If mother follows the treatment plan a recurrence of mastitis can be avoided.

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The most recent mother I saw had a baby that was small for gestational age and a late preterm. The baby was referred at 7 days and was exclusively breastfeeding many times a day with pumping and supplementing expressed breast milk given by spoon. Mother had painful nipples while nursing, so nursing was not a pleasant experience. Mother and Father were very committed to breastfeeding and were very worn out and exhausted and about to give up. Baby had lost weight from discharge and only received a small amount of milk exchange with a nipple shield. I started the mother on a pumping program with a recommendation to rent a hospital grade pump to provide the most stimulation and emptying. The feeding plan given advised nursing every 2-3 hours for up to 30 minutes each side. Followed by pumping after and feeding baby expressed breast milk in bottle with paced feeding. To feed as much as the baby would take and then to follow-up in 1 week. When they returned one week later, larger nipple shield was used and baby was able to open wider and accommodate it and was able to widen the gape to get a deeper latch and increased milk exchange greatly. They had rented a hospital grade pump and were able to supplement with expressed breast milk and baby had gotten beyond birth weight and nursing better at the breast as well at 2 week mark. Mother was more rested and felt pretty confident. Mother requested another visit in one week to see if the supplement could be cut down and possibly remove the nipple shield. The couple returned one week later and the baby was still using nipple shield and got a large milk exchange with a weight gain of 7oz in 1 week. That late preterm baby was given the opportunity to breastfeed due to the intervention and mother's milk supply was increased and protected.