

Cómo apoyar la progresión a la lactancia directa al pecho en las unidades neonatales

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Protección, promoción y apoyo a la lactancia materna en recién nacidos pequeños, prematuros y enfermos: Neo-IHAN

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Objetivos de aprendizaje

Al final de la presentación, los participantes serán capaces de:

- Explicar **por qué** debe apoyarse la lactancia materna en las unidades neonatales, en particular la progresión hacia la lactancia directa al pecho.



- **Cómo** estamos planeando hacerlo en la provincia de Quebec (Canadá) siguiendo las recomendaciones de la OMS y UNICEF.

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Enfoque en la leche humana

Porqué?

Transitioning Premature Infants from Gavage to Breast

Carla Nye, RN, DNP, CNE

ABSTRACT

Breast milk provides physiologic and neurodevelopmental protection for premature infants. Most hospitals are breast-milk friendly, but the number of premature infants breastfeeding successfully at discharge is relatively small. There are evidence-based techniques to improve the odds of premature infants breastfeeding at discharge and into the first year of life. Measures that help the infant

ABSTRACT

Background: The opportunity to establish a direct breastfeeding (DBF) relationship with a preterm infant, if desired by the mother, is often missed. This article describes the implementation of a quality improvement project to increase DBF at discharge for early human milk (HM) cessation, and DBF at the first oral meal promotes continued DBF during hospitalization in various settings. **Objectives:** To describe the implementation of a quality improvement project to increase DBF at discharge for preterm infants. **Design:** A quality improvement project using the Spirti-T model for problem-solving HM and breastfeeding in various settings. **Setting:** A level II to IV neonatal system. **Participants:** Parents and healthcare providers. **Interventions:** Implementation of clinical practices to increase DBF at the first oral meal, local DBF meals during hospitalization, and use of elct weighing to measure milk transfer for preterm infants. **Measurements and Main Results:** Preimplementation and postimplementation data were collected to evaluate the implementation of the intervention. DBF at first oral meal increased from 22 to 54%, mean DBF-meals during hospitalization increased from 12.3 to 20.3, and mean DBF at discharge increased from 12.3 to 20.3%. **Implications for Practice and Research:** Standardizing DBF practices with the EAT protocol increased DBF during hospitalization and at discharge. Future research is needed to evaluate the impact of DBF on growth and development.

In 2019, patient care experience data revealed that parents of former preterm infants cared for in our level II to IV neonatal system perceived limited support for their direct breastfeeding (DBF) goals, when compared with the lactation support they received for human milk (HM) feeding. Establishing a DBF relationship between a mother or lactating parent and their infant, defined as the experience of feeding the infant directly from the breast,¹ is a pivotal driver of positive healthcare experiences for parents of pre-

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Mayor estabilidad en el pecho - I

Porqué?

Evidence-Based Practice Briefs

Sheila Gephart, PhD, RN **Section Editor**

When Is It Safe to Initiate Breastfeeding for Preterm Infants?

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ABSTRACT

Background: Breast milk is the gold standard of nutrition for preterm infants. Yet, initiation of direct breastfeeding before 32 weeks' postconceptional age (PCA) is not common practice in many neonatal intensive care units (NICUs). Our clinical question was, "In preterm infants, when is it safe to initiate breastfeeding in infants <32 weeks PCA receiving enteral feedings?"

Search Strategy: A review of the literature was compiled between February 2013 and January 2015 by using the following databases: CINAHL, Cochrane Systematic Review, Scopus, and PubMed. Articles found were written in English and published after 1985. Key words were utilized during searches and references were hand checked.

Results: Our review revealed that stable preterm infants maintain their physiological status during exposure to the breast as early as 27 to 28 weeks' PCA. Several studies demonstrated infants during breastfeeding compared with bottle-feeding experienced minimal variation in oxygen saturation and heart rate during feeding. Some infants exposed to the breast before 30 weeks' PCA were exclusively breastfeeding (direct breastfeeding and breast milk) at 32.8 weeks' PCA. Skin-to-skin mother–infant contact is crucial to the successful transition to direct breastfeeding.

Implications for Practice and Research: The transition from enteral feedings to direct, exclusive breastfeeding should involve frequent mother–infant skin-to-skin contact requiring support and guidance from the NICU staff. Future research should involve creating standard protocols within NICUs to facilitate breastfeeding transition and exploring barriers that may prevent the preterm infant from achieving direct, exclusive breastfeeding.

Key Words: breastfeed, breastfeeding, kangaroo care, newborns/infancy/pediatrics, Nyqvist, oral motor function, preterm, skin-to-skin, sucking, term, very preterm

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Mayor estabilidad en el pecho - II



TABLE 1. Studies Exploring Safety and Factors That Impact Early Direct Breastfeeding

Author, Location	Results/Clinical Implications	Author, Location	Results/Clinical Implications
Berger, ¹⁶ Israel	No significant difference between REE after BTL vs BF. However, BF versus BTL duration was significantly longer. BF does not compromise energy needed for growth as compared with BTL.	Meier, ²² USA	During BF infants demonstrated increased T^o and stable tcPO ₂ compared to decreased tcPO ₂ during BTL
Bier, ¹⁷ USA	PO ₂ desaturation occurred during BTL but not during BF BF infants gained less weight than BTL and may need to be supplemented	Meier, ²³ USA	During BR VLBW infants demonstrated stable tcPO ₂ , RR, HR, and increased T^o compared BTL. PT demonstrates different sucking pattern during BF compared to BTL
Bier, ¹⁸ USA	During BF infants demonstrated higher PO ₂ and T^o and were less likely to desaturate (<90% PO ₂) compared to BTL BF infants may need supplementation to ensure adequate weight gain	Meier, ²⁴ USA	PT infants organize sucking and swallowing more effectively with BF than BTL. Alert states before BF increases infant feeding organization. Initial BF need not be delayed for infants to reach specific weight or PCA
Chen, ¹⁹ Taiwan	BF infants had higher PO ₂ and T^o during feeding. During BTL, infants experienced episodes of PO ₂ < 90% and apnea		

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Lactancia al pecho=más leche materna



Location, author, year	Results
Israel Level III NICU (Suberi, et al. 2018)	More DBF associated with more breastmilk in NICU & at discharge
Southern USA Level II-III NICU (Pineda et al, 2011)	BB ever had DBF & w/ # of times DBF breastmilk at discharge & duration of breastmilk feeding
New England Level IV NICU (Briere et al, 2016)	≥ 1 DBF/day in NICU significantly associated still breastmilk 1 & 4 months post-discharge
Israel Level III NICU (Pinchevski-Kadir, et al. 2017)	<u>Any</u> DBF in NICU significantly associated baby still breastmilk at 6 months

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Lactancia al pecho: posible < 34 semanas de EPM



**Nyqvist,²⁵
Sweden**

At any PCA, infants exposed to the breast respond by rooting and sucking. At 28 wks' PCA, infants demonstrate rooting, areolar grasp and latching. At 32 wks' PCA, infants demonstrate repeated bursts of ≥ 10 sucks and maximum bursts of ≥ 30 . At a mean PCA of 36 wks, 57 infants demonstrated a complete oral feeding by BF. At discharge, 67 infants were BF. Guidelines for BF initiation and transition should be based on medical stability and not PCA or weight

**Nyqvist,³
Sweden**

Infants demonstrated rooting, efficient areolar grasp, and repeated short sucking bursts at the breast at 29 wks' PCA. At 31 wks' PCA, infants demonstrated occasional long sucking bursts and repeated swallowing. During 31 weeks, ranging between 5 and 24 sucks per burst, with a median of 17 sucks. Infants transitioned to complete BF at a median of 35 wks' PCA (range, 32-38 wks). The infants' weight gain when fully

PLOS | ON

Breastfeeding Progression in Preterm Infants Is Influenced by Factors in Infants, Mothers and Clinical Practice: The Results of a National Cohort Study with High Breastfeeding Initiation Rates

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Abstract

Background and Aim: Many preterm infants are not capable of exclusive breastfeeding from birth. To guide mothers in breastfeeding, it is important to know when preterm infants can initiate breastfeeding and progress. The aim was to analyse postmenstrual age (PMA) at breastfeeding milestones in different preterm gestational age (GA) groups, to describe rates of breastfeeding duration at pre-defined times, as well as analyse factors associated with PMA at the establishment of exclusive breastfeeding.

Methods: The study was part of a prospective survey of a national Danish cohort of preterm infants based on questionnaires and structured telephone interviews, including 1,221 mothers and their 1,488 preterm infants with GA of 24–36 weeks.

Results: Of the preterm infants, 99% initiated breastfeeding and 68% were discharged exclusively breastfed. Breastfeeding milestones were generally reached at different PMAs for different GA groups, but preterm infants were able to initiate breastfeeding at early times, with the delay in GA less than GA 32 weeks. Very preterm infants had lowest mean PMA at establishment of exclusive breastfeeding (36.4 weeks). Admitting mothers to the NICU together with the infant and minimising the use of a pacifier during breastfeeding transition were associated with 1.6 (95% CI 0.4–2.8) and 1.2 days (95% CI 0.1–2.3) earlier establishment of exclusive breastfeeding respectively. Infants that were small for gestational age were associated with 5.6 days (95% CI 4.1–7.0) later establishment of exclusive breastfeeding.

EPM: edad postmenstrual

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Preocupación por un retraso en el alta



Evidence-Based Practice Brief

Breastfed or Bottle-Fed

Who Goes Home Sooner?

Carrie-Ellen Briere, PhD, RN, CLC

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ABSTRACT

A literature search was conducted to answer the clinical question, "Do premature infants who breastfeed have different oral feeding outcomes compared with those who receive bottles?" The CINAHL, PubMed, and PsychInfo databases were queried for articles published in the past 10 years that reported original research available in English. Two studies specifically addressed a comparison between infants who received exclusive direct breastfeeding, mixed direct breast and bottle, and/or exclusive bottle-feeding. Additional studies were included that addressed oral feeding outcomes specific to either direct breastfeeding ($n = 2$) or those that grouped bottle and breastfeeding together ($n = 3$). The findings from these studies indicate that the statement that bottle-feeding leads to sooner discharge is not based in evidence. Although more data are needed to fully understand the differences between direct breastfeeding and bottle-feeding, neonatal intensive care unit staff should be aware of the message they send to breastfeeding families when they encourage the use of bottles over direct breastfeeding.

Key Words: bottle feeding, breastfeeding, direct breastfeeding, discharge, length of stay, neonatal intensive care, outcomes, premature infant, very low birth weight

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Evaluation of Methods of Breast or Bottle Feeding on Length of Hospitalization of Preterm Infants

Wener,¹ Kimberly E. Dow,² and Sandra Fucile^{1,2,3}
Kingston, ON

Abstract

g is the optimal method of nourishing preterm infants. Preconceived notions that establishment of direct breastfeeding lengthens hospitalization. Thus far, remains unknown. This study was to assess the impact of direct breastfeeding establishment on infants.

view on a sample of 101 mother-infant dyads was conducted in the neonatal health Sciences Center (KHSC) in Ontario, Canada. The sample consisted of 1 breastfeeding group, defined as infants receiving $\geq 50\%$ direct breastfeeds 1 breastfeeding group, defined as infants receiving $<50\%$ breastfeeds during feeding group, defined as infants only receiving bottle feeds during hospitalization model was performed to assess the relationship between length of hospitalizations (modified direct breastfeeds vs. partial breastfeeds vs. bottle feeds) while 1 age (GA), birth weight, 5 minutes Apgar score, ventilator support and maternal (age, first-time mother, mental health conditions) factors.

Results: GA was inversely associated with length of hospitalization. The number of days on ventilator support was positively associated with length of hospitalization. Method of oral feed, birth weight, 5 minutes Apgar score, maternal age, first-time mother status, and maternal mental health conditions were not associated with duration of hospitalization.

Conclusions: Direct breastfeeding establishment does not lengthen hospitalization in preterm infants. This finding may aid health practitioners in increasing direct breastfeeding success in this population.

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En resumen



- Alimentación más segura (estabilidad fisiológica)
- Alimentación a una EPM más baja
- Más de leche materna, por más tiempo
- No retrasa el alta hospitalaria
- Más satisfacción parental

Cómo?

¿Cómo podemos apoyar a las madres en su progresión hacia una lactancia directa al pecho en la unidad neonatal?

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¿Cuáles son las necesidades de las familias en el momento del alta?

Proyecto de demostración: Clínica "Préma-Allaitement"
 Datos preliminares basados en 168 derivaciones de unidades de nivel III de la región de Montreal, 2022-2023*.

Razones de la derivación	N	%
Apoyo/transición hacia una lactancia directa al pecho	110	65%
Aumento en la producción láctea	105	63%
Otros problemas de lactancia	28	17%
Total de las derivaciones	168	100%

*Las categorías no son mutuamente excluyentes

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Progresión hacia la lactancia directa

Un grupo de trabajo multidisciplinario* está elaborando materiales** para que los profesionales de las unidades de nivel 2 y 3 puedan usar para apoyar la progresión hacia la lactancia directa al pecho:

- Apoyando los objetivos de la familia
- Alineándose con las recomendaciones basadas en la evidencia de la OMS/UNICEF adaptadas a Quebec
- Llenando las brechas de las herramientas existentes (que presentan la alimentación con leche materna y la lactancia directa como equivalentes)

* Médicos neonatólogos y pediatras, enfermeras IBCLC, terapista ocupacional, directores hospitalarios y profesionales de salud pública.

** Los documentos no son protocolos ni algoritmos decisionales.

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IHAN adaptada a la neonatología



<https://ilca.org/neo-bfhi/>



<https://www.who.int/publications/item/9789240005648>

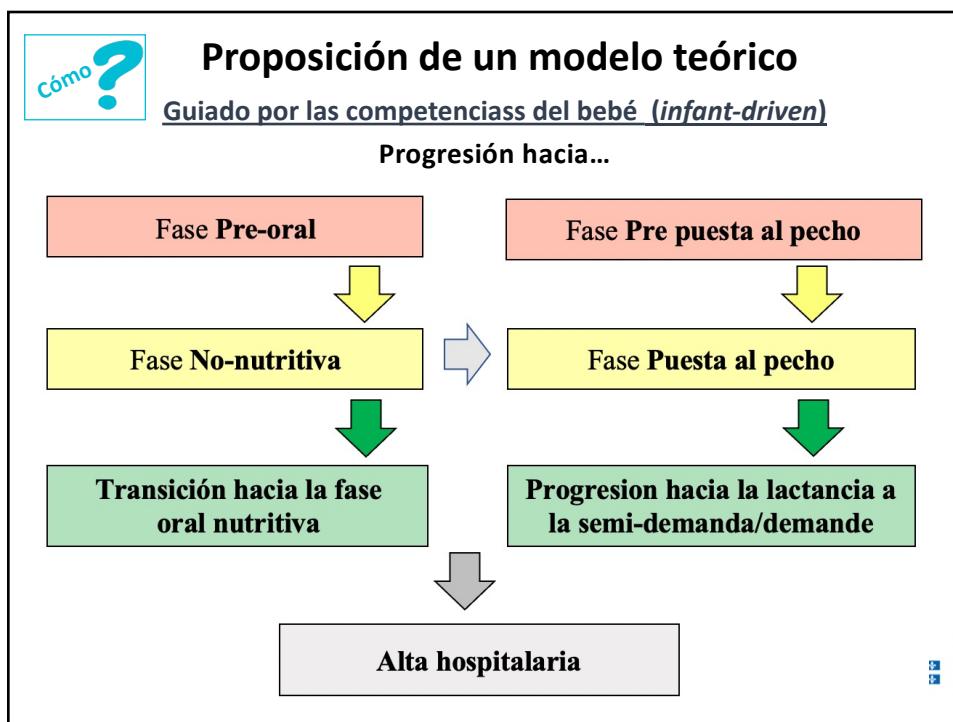


<https://publications.msss.gouv.qc.ca/msss/document-003166/>

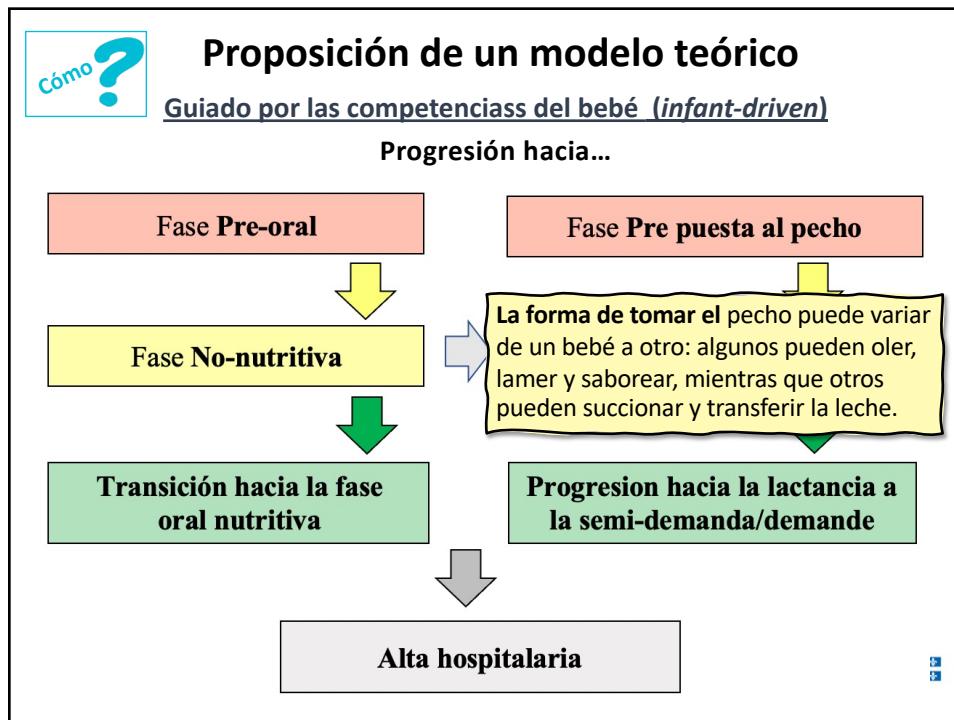
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	<h1>10 pasos adaptados a la neonatología</h1>
<p>Paso 5 - Apoyar a las madres para que inicien y continúen la lactancia materna, y para que manejen las dificultades que puedan surgir.</p>	
<p>Norma 5.6 - Se informa a las madres de bebés que no pueden tomar el pecho en ningún caso que el éxito de la progresión de la alimentación por sonda a la lactancia materna exclusiva depende del establecimiento de una buena producción de leche y de las oportunidades de amamantar durante la estadía en la unidad neonatal.</p>	
<p>Fuente: OMS/UNICEF, 2020, p. 27.</p>	
<p>Norma 5.7 - Se apoya a las madres para que pongan su bebé en el pecho tan pronto como estén estables, independientemente del peso o la edad gestacional o postmenstrual del bebé prematuro, o del tratamiento con un dispositivo CPAP</p>	
<p>Fuente: OMS/UNICEF, 2018, p. 17.</p>	
<p>Norma 5.8 - Las madres de bebés que pueden tomar el pecho reciben apoyo cada vez que lo necesitan para prenderse y para reconocer la transferencia de leche, teniendo en cuenta de la madurez de sus bebés^{XI}.</p>	
<p>Fuente: OMS/UNICEF, 2018, p. 17 et 18.</p>	
<p>■ Las primeras veces en que los bebés se ponen en el pecho, algunos sólo olfatean, mientras que otros empiezan lamiendo, saboreando o mamando.</p>	

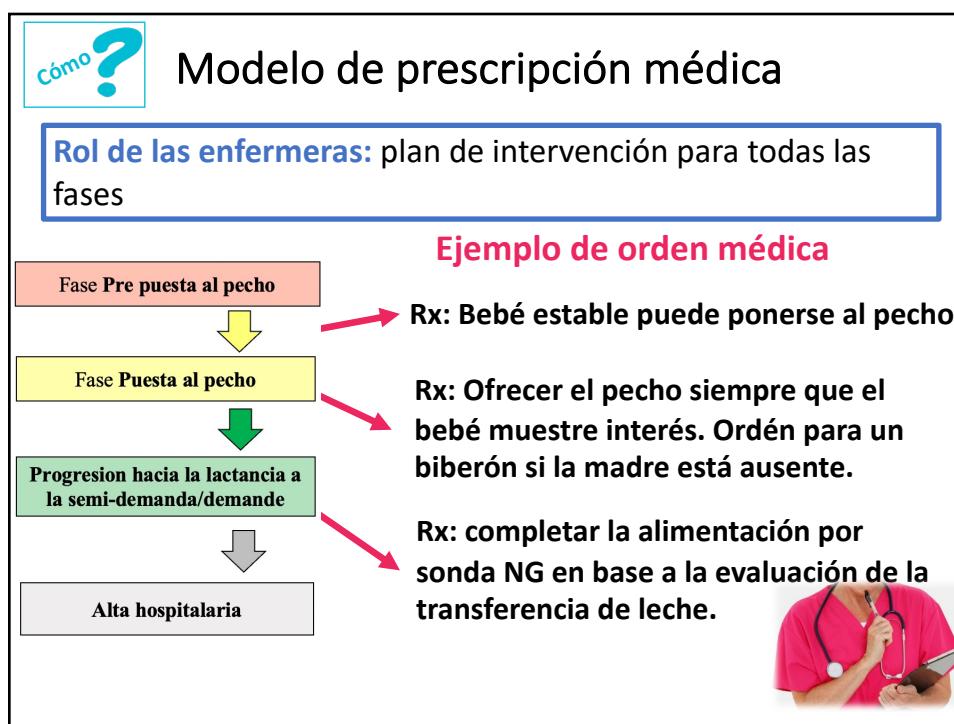
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Conclusiones

- Es importante distinguir claramente entre la alimentación con leche materna y lactancia directa al pecho para apoyar mejor los objetivos de los padres.
- Para ello, debemos, entre otras cosas:
 - ✓ no limitarse a apoyar la extracción de leche, sino también apoyar la progresión hacia la lactancia directa durante toda la hospitalización, en lugar de esperar hasta el alta;
 - ✓ adaptar las prácticas y los protocolos para fomentar la lactancia directa lo antes y con la mayor frecuencia posible;
 - ✓ coordinar la continuación del apoyo con las unidades de nivel 1 y 2 y con los servicios ambulatorios tras el alta hospitalaria.

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Gracias!

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