

The Breastfeeding Symposium 2024
Breastfeeding From Birth – The Best Start for Babies

Starting Breastfeeding after delivery?

Dr. Vivian NG & Ms. YEUNG Lee Man
Department of Obstetrics and Gynaecology,
Queen Mary Hospital
The University of Hong Kong



**HKU
Med**

School of Clinical Medicine
Department of Obstetrics
& Gynaecology
香港大學婦產科學系



Queen Mary Hospital
瑪麗醫院



Tsan Yuk Hospital
贊育醫院

Birth Practices
have an effect
on the **Baby & Mother**

Preparations start
BEFORE delivery!

The TEN STEPS to Successful Breastfeeding

2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...



3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...



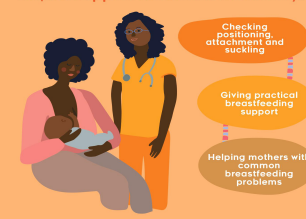
4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...



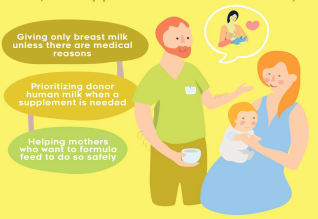
5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...



6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...



7 ROOMING-IN

Hospitals support mothers to breastfeed by...



8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...



9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...



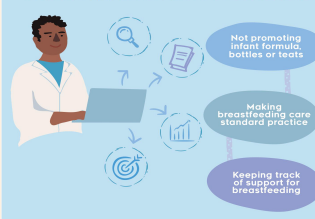
10 DISCHARGE

Hospitals support mothers to breastfeed by...



1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...



1. Before Delivery - Support Mothers



Antenatal Preparation

- Sing-to-Your-Baby Programme
- Counselling
 - Individual
 - Group

Before Delivery - Support Mothers



媽媽會給你最好!

啦啦啦 啦啦啦
我終於同你見面啦 啦啦啦 啦啦啦
我終於同你見面啦

(名) : (祝福語)
(名) : (祝福語)
(名) : (祝福語)
(名) : (祝福語)

啦啦啦 啦啦啦
媽媽 會盡力給你 最好!
媽媽 會盡力給你 最好!

曲詞：張潔瑩 英國註冊音樂治療師
Written and Composed by : Carol K.Y. Cheung UK registered music therapist

Antenatal Preparation Sing-to-Your-Baby Programme

- Started in April 2020
- Collaboration with Music Therapist
- To facilitate mothers, partners and siblings to establish **close & loving relationship** with unborn babies

2. During Delivery – Mother-Friendly Practices

Support mothers & let them feel

- In Control
- **Being supported**
- Ready to interact with their babies
- Have a **positive** birthing experience
- **Have a birth companion**

My Natural Birth Plan

During Labor



no medication



free movement



natural water
rupture



intermittent
monitoring



lights dim



water birth



no episiotomy



limited
cervical exams

After Delivery



immediate
skin-to-skin



delayed cord
clamping



save placenta



partner to
cut cord



breastfeeding
asap



no vitamin K



no
circumcision



no eye
ointment



no bath
for baby



delay exams
for bonding

During Delivery – Mother Friendly Practices

- Support physiological birth
- Offer **different labour pain relief options**
- Avoid unnecessary medical intervention

3. After Delivery – Delayed Cord Clamping (DCC)



Summary of Recommended DCC Practice

Organization	Timing of DCC after Birth
World Health Organization (2014)	<u>1 to 3 minutes</u> for all births with simultaneous essential newborn care.
American College of Obstetricians and Gynecologists (2012)	30 to 60 seconds after birth in preterm infants
American Academy of Pediatrics (2015)	30 to 60 seconds after birth in preterm infants Neonatal Resuscitation Program: 30 to 60 seconds for both term & preterm infants who do not require resuscitation at birth
Royal College of Obstetricians and Gynaecologists (2015)	30 to 180 seconds unless exigent circumstances such as heavy maternal blood loss or the need for immediate neonatal resuscitation take priority.
International Liaison Committee on Resuscitation (2010)	At least 1 minute for newborn infants not requiring resuscitation. Evidence does not support or refute delayed cord clamping when resuscitation is needed.

Why everyone should know about **Delayed Cord Clamping**

At the time of birth your
baby only has about

66%

of their blood supply



1-5 minutes later...

the umbilical cord has
finished pulsing and
they have nearly

100%

of their blood supply



Your baby's blood is full of

Oxygen

Iron

Red
Blood
Cells

White
Blood
Cells

Stem
Cells

Benefits of DCC from Systematic Reviews

Term newborns (≥ 37 weeks gestation) ¹

- Provide an additional 80-100 ml of blood volume
- Build birth iron stores
- Improve haemodynamic parameters including haemoglobin & haematocrit

Preterm newborns (< 37 weeks gestation) ²⁻⁵

- Decrease the needs for blood transfusion
- Decrease incidence of sepsis
- Decrease necrotizing enterocolitis
- Decrease intraventricular hemorrhage of all grade
- Reduced hospital mortality by 30%

1. McDonald SJ, Middleton P, Dowswell T, Morris PS. Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. Cochrane Database Syst Rev 2013;(7):CD004074.
2. Raju TN. Timing of umbilical cord clamping after birth for optimizing placental transfusion. Curr Opin Pediatr. 2013;25(2):180–7.
3. Pushpa-Rajah A, Bradshaw L, Dorling J, Gyte G, Mitchell EJ, Thornton J, et al. Cord pilot trial - immediate versus deferred cord clamping for very preterm birth (before 32 weeks gestation): study protocol for a randomized controlled trial. Trials. 2014;15:258.
4. Fogarty M, Osborn DA, Askie L, Seidler AL, Hunter K, Lui K, et al. Delayed versus early umbilical cord clamping for preterm infants: a systematic review and meta-analysis. Am J Obstet Gynecol. (2017) 218:1–18. doi: 10.1016/j.ajog.2017.10.231.
5. Rabe H, Gyte G, Díaz-Rossello J, Duley L. Effect of timing of umbilical cord clamping and other strategies to influence placental transfusion at preterm birth on maternal and infant outcomes. Cochrane Database of Systematic Reviews. 2019;2019(9).

Outcome of DCC initiation in preterm newborn

An internal audit in January to June 2022

- Benefits of DCC in preterm newborns
 - Majority of preterm babies with haematological benefits without the needs of transfusion/ supplement
- Potential concerns in DCC practice
 - Cord pH, Apgar scores, and body temperature on admission is comparable to international statistics⁹
 - Most preterm babies require phototherapy that is comparable to international statistics¹⁴
 - AAP supports DCC benefits outweigh the risk of hyperbilirubinemia and the increased need for phototherapy treatment⁹
 - No neonatal death in early postpartum period for preterm newborns practiced DCC

4. After Delivery – Immediate & Sustained Skin-to-skin contact





World Breastfeeding Week Survey (2024)

	Hospital %			
Survey year	2024			2023
	Public	Private	All	All
4. Help mothers initiate BF within half an hour of birth				
4.1) Vaginal or Caesarean deliveries without general anaesthesia (skin-to-skin) - % of mothers who had skin-to-skin contact within 5 minutes and ≥ 1 hour	51	47	49	50(H:18)
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	22	46(H:10)	35(H:18)	36(H:17)

Remarks:
Public hospitals with maternity unit: 8
Private hospitals with maternity unit: 11
All hospitals gave a response unless “H”, no. of hospitals providing information stated

Skin-to-skin Contact in Caesarean Birth



Skin-to-skin contact is also possible after Caesarean section with spinal anaesthesia

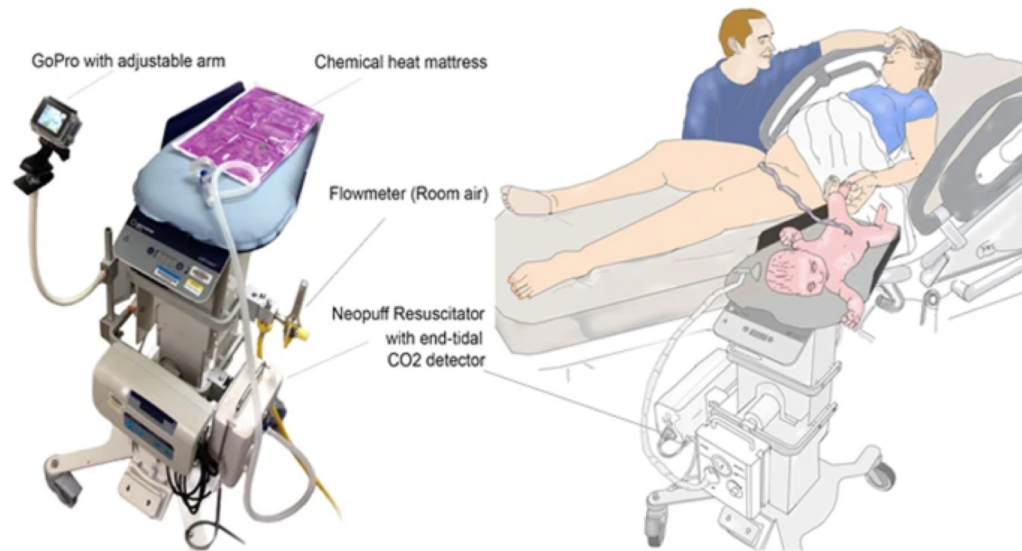
Remarks:

If mother is having Caesarean birth under general anaesthesia (**GA**)

Skin-to-skin contact should be initiated when mother is **alert & responsive**

5. Reduce Separation – Support Mothers **After** Delivery

Fig. 1: Life Start trolley.



Labeled diagram for setup of preterm infant (left panel) and sketch of trolley during vaginal birth (right panel).

Minimize separation

Use of Bedside trolley for initial neonatal support & assessment

Reduce Separation – Support Mothers **After** Delivery

Benefits of Dextrose Gel Use

- Reduce maternal-baby separation
- Support exclusive breastfeeding by avoiding artificial formula supplementation
- Increase Skin to skin contact
- Increase responsive feeding



第一步:
先用針筒抽取寶寶需要的葡萄糖啫喱劑量。
Step 1:
Draw dextrose gel with an oral syringe.



第二步:
再用乾淨的紗布抹乾寶寶口腔。
Step 2:
Dry baby's buccal mucosa with clean gauze.



第三步:
然後，將葡萄糖啫喱分小量逐次地擠在寶寶口腔內近臉頰的位置。
Step 3:
Give dextrose gel to baby's buccal mucosa in small amount on both sides.



第四步:
最後，輕輕按摩臉頰以促進吸收。
Step 4:
Massage on the cheeks gently for better absorption.

6. DO NOT provide breastfed newborns any food or fluids other than breastmilk unless medically indicated



Step 7

Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day



Reduce Separation – Support Mothers **After** Delivery

Use of Bili-blanket

- A glow-up blanket
- Easier for mothers to breastfeed while babies receive treatment for mild neonatal jaundice
- Reduce mother-baby separation and admission to neonatal unit



Support from All Stakeholders



Neonatal Team
Midwifery Team
Obstetrician Team
Anaesthetist Team
Pharmacy
Birth partners

Conclusion



**Birth Practices
have an Effect
on the Baby & Mother**

- Support breastfeeding initiation & sustenance
 - Support Mother-Friendly & Baby Friendly practices before, during and after delivery
- Identify potential barriers & seek stakeholders' support in alternatives

