

## **Getting it right: The critical window for establishing lactation**

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A recent United States (U.S.) Congressional Task Force on Research Specific to Pregnant Women and Lactating Women has identified the paucity of research on lactation. Highlights of this report will be shared to set the stage for the timeliness of this presentation. In the U.S., approximately 4 million women give birth annually and over 80% initiate breastfeeding. Yet in the U.S. and around the world few mothers are able to exclusively breastfeed their infants for the first 6 months, despite this being the recommended gold standard for infant nutrition, health and development. Furthermore, low milk supply or perceived insufficient milk supply is a global public health issue with over 50% of women in the U.S. alone reporting concerns about milk supply. Given these statistics, it is clear that we need to change the current practice paradigm to ensure that all women and their families, first, are able to make an informed feeding decision and second, are able to effectively establish and maintain a robust milk supply.

This presentation will focus on how health care providers need to change antenatal education for the future breastfeeding family in order to create a sense of empowerment about breastfeeding and create a sense of urgency about milk supply. During antenatal care, women and their families need to be educated that lactogenesis I (Secretory Differentiation) begins at 16 weeks of pregnancy. All pregnant women no matter at what gestational age they deliver will be producing milk. During the prenatal time frame mothers and their families must be educated on the physiology of milk production and the critical window after birth that sets the stage for the mother to come to full volume.

The critical role of the family/support persons will be addressed. At Children's Hospital of Philadelphia, we have a specific patient family education tool for families for them to understand their role in facilitating breastfeeding or pumping for the newly delivered mother.

During pregnancy it is also critical to identify any potential risk factors that could impact the mother's ability to come to full milk volume (such as glandular hypoplasia or breast surgery). It is also crucial to identify potential risk factors that could delay lactogenesis II (Secretory Activation) such as, primigravida, obesity, hypertension, diabetes and maternal age over 30, to name a few. If the mother has risk factors, she should be informed prior to delivery. Strategies should be presented to optimize her breastfeeding journey (antenatal expression of colostrum, Pasteurized Donor Human Milk as a bridge as milk supply comes to volume, pump early, pump often after delivery).

In the birth hospital, many health professionals do not have a sense of urgency about ensuring the mother effectively converts from lactogenesis I (Secretory Differentiation) to lactogenesis II (Secretory Activation) and many birth hospital practices negatively impact the mother's ability to come to volume (lack of rooming-in, lack of skin to skin, concerns about infant weight loss, copious formula supplementation from birth). We must change the practice paradigm, so that all women have the opportunity to reach their personal breastfeeding goals.

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