



Dr. Brown's Medical Webinar  
Elisa Doherty 8.25.22  
Grit & Grace and the Goal to Breastfeed.

#### Q and A

1. When you say for example a 5 lb baby needs 50ml 8 times per day, what is the DOL?  
A: This reference is typically utilized for an infant by DOL 5-7 and upward. This allows for smaller volumes in first days of life to gradually build to optimal intake goal for adequate weight gain of 1 oz per day, or 5-7 oz per week. As we know, infants often lose weight in first days of life and then transition to weight gain with goal to return to birthweight by around 2 wks of life. Again, this is afforded as a reference. Every baby is different and therefore, needs can be different. However, we should not be feeding a 5 lb infant the same volume as a 9 lb infant simply because they are both 2 wks old. It is weight that determines intake needs, not age.
2. Do you ever recommend supplements to increase milk supply and if so, when/what?  
A: I do not recommend supplements to increase milk supply because in our setting, the infant is the patient and I do not open chart, including past medical history for the mother. I do educate when asked on options of supplements, including pros/cons, and encourage each mother to follow up with her practitioner after first educating herself on benefits and risks of supplements. Supplements are not regulated by the FDA, so evidence to support their usage is too limited in my professional opinion. The mother must make this decision for herself.
3. Can you speak more to nipple shields? When to use them, when to stop..  
A: Nipple shields can be helpful for the infant with limited oral motor control and sensorimotor organization. It can provide a firm shape for infant to "fit" tongue and lips into a seal, also allowing for that shape to be sustained in the seal is broken. I often refer to it as a "cheat sheet" for infant to build some positive reinforcement of learning breast feeding techniques. Sometimes this is the premature infant, or the term infant whose mother's anatomy is flat and "hard to find". Milk flow from Mom must be present and nipple shields often need to be used with maternal knowledge of hand expression.

CAUTION: nipple shields ONLY work when we KNOW Mom has milk and should never be used with an unknown milk supply to provide full nutrition. Mothers must know to pump after feeds are attempted with a nipple shield when milk supply is unknown or emerging. Nipple shields can be just like a pacifier that is attached to the coziest person in the world (Mom) and if infant is offering only non-nutritive sucks and no swallows, feeding did NOT occur. Infant will often need supplement following breastfeeds if used without effective and sustained swallowing.
4. How do you navigate breastfeeding opportunities around enteral feeds?  
A: When an infant is progressing in PO intake ability, breast opportunities are the same as bottle opportunities and should take place with PO readiness and be terminated when infant is no longer an active participant. Supplemental volume is then given via NG.

5. Are the out-patient referrals/ visits to feeding clinic at the hospital covered by commercial insurance and state medicaid where you practice?

A: Yes – our clinic takes all insurance, including Medicaid. Diagnosis is often “Infant Feeding Difficulty”