Health Promotion Education for Prenatal Providers in Appalachia (HEPPA)

Dr. Beth Bailey, PhD
Mary Carrier, BSW
College of Medicine, East Tennessee State University

Dr. Ilana Azulay Chertok, PhD, MSN, IBCLC
Kimberly Greenfield, MPH
School of Nursing, West Virginia University

http://www.etsu.edu/HEPPA
Purpose and Funding

- The purpose of this program is to provide education and support for community health professionals who work with pregnant women, focusing specifically on pregnancy smoking and substance use, and on promoting breastfeeding.

- Grant support for this program provided by the Appalachian Regional Commission (ARC), the Tennessee (TN) Department of Health, West Virginia University (WVU), and East Tennessee State University (ETSU).
Program Target Counties

West Virginia:
- Calhoun
- Clay
- Roane
- Wirt

Tennessee:
- Campbell
- Cocke
- Hancock
- Johnson

http://www.arc.gov/research/MapsofAppalachia.asp?MAP_ID=55
Overview of Today’s Session

✓ Prevalence and dangers of smoking and substance use in pregnancy

✓ Intervention approaches and how YOU can implement them: The 5 A’s

✓ Breastfeeding prevalence and benefits

✓ Methods for promoting breastfeeding with pregnant women including a 5 A’s Approach
Why This Training?

✓ Smoking, substance use, and failure to breastfeed have significant ramifications for the health of women and children

✓ In addition, all three are related and modifiable

✓ Health behaviors, whether negative (i.e. smoking and substance use) or positive (i.e. breastfeeding), can be addressed in similar ways in practice
Nationally, 20% of pregnant women consume alcohol; TN rate similar but higher in urban areas.

Estimates of illicit drug use during pregnancy vary widely (5-20%), and TN is comparable to national rates.

In TN, marijuana is the most commonly used illicit drug during pregnancy, followed by abuse of prescription narcotics.
Who Uses Substances During Pregnancy?

• Pregnancy substance use tends to co-occur
• Pregnancy smoking, drinking, and drug use during pregnancy is not limited to certain “types” of women
• However, there are some racial and socioeconomic factors
• Further, women with fewer risk factors are more likely to falsely deny use

How Does Substance Use Affect the Fetus?

• Smoking during pregnancy has the following effects:
  • Decreased placental function
  • Decreased nutrient and oxygen transfer
  • Decreased protein metabolism
• Carbon monoxide from smoking binds to fetal hemoglobin
• Nicotine causes vasoconstriction of placental blood vessels
• Result: abnormal gas exchange across the placenta, and decreased fetal oxygen level
• We also know that fetal neuroendocrine development is negatively impacted

How Does Substance Use Affect the Fetus?

• Alcohol consumption during pregnancy also leads to hypoxia and increased oxidative stress as a result of various ethanol metabolites that cross the placenta
• The consequence is impaired fetal growth and abnormal brain cell development
• The mechanisms by which other drugs impact the developing fetus are less well understood, and animal studies are ongoing
• It is suspected that the following result from pregnancy drug use:
  • Decreased oxygen levels/hypoxia – affects all systems
  • Immature synaptic maturation
  • Change in quality/quantity of neurotransmitter production
  • Impaired endocrine system development

Effects of Pregnancy Substance Use

Effects are seen during:

- Gestation
- Infancy
- Childhood
- Adolescence
- Adulthood

Negatively affects:

- Emotional Regulation
- Attention
- Behavior
- Growth
- Psychological Health
- Infant Morbidity and Mortality
- Physical Health
- Gestational Development
Health Care Costs – 1st Year of Life

Premature Baby  $41,610
Healthy Baby    $2,766

Effects of Pregnancy Illicit Drug Use

• Babies born to women who use drugs such as heroin, cocaine, and methamphetamine are significantly more likely to be preterm and low birth weight

• These babies are also at risk for NAS

• Research on the long term effects of these substances on child health and development are mixed
  • Appears to be an increased likelihood of health problems and delayed growth in childhood
  • Some evidence of longer term effects on behavior problems and substance use

http://www.wardelab.com/22-1.html
• Prenatal marijuana exposure does not appear to carry the same risks as exposure to harder illicit drugs

• No consistent evidence for long term health or growth effects

• Some evidence that prenatal marijuana exposure increases the risk for delays in specific aspects of cognitive development, attention problems, and later substance use problems
Effects of Pregnancy Prescription Drug Abuse

• Recent increasing abuse of prescription drugs in pregnancy
• Effects have not been extensively studied due to recent emergence
• However, use/abuse of both narcotics and benzodiazepines is linked to: increased risk of pregnancy complications, low birth weight, preterm delivery, and NAS
• Longer term effects on child health and development are unknown, but appear to be similar to illicit drugs

http://www.testcountry.org/3-common-prescription-drugs-that-can-cause-a-positive-drug-test-for-amphetamines.htm
Effects of Pregnancy Alcohol Use

- Most people are familiar with FAS (Fetal Alcohol Syndrome)
- FAS includes facial dysmorphology, growth restriction, and cognitive impairment
- However, even drinking at much lower levels (5 drinks per week) causes low birth weight, preterm delivery, delayed growth, and long term cognitive, attention, and behavior problems in exposed children

http://en.wikipedia.org/wiki/Fetal_alcohol_syndrome
Effects of Pregnancy Tobacco Use

- When pregnancy substance use is discussed, tobacco does not always come immediately to mind.
- However, tobacco is the most commonly used substance during pregnancy.
- Consequently, it also has the greatest potential for negative effects given its substantially greater known effects and higher rate of use.

http://www.mc.vanderbilt.edu/reporter/index.html?ID=3518
Effects of Prenatal Tobacco Exposure

- Intrauterine growth restriction/low birth weight (8 – 14 oz)
- Spontaneous abortion/miscarriage/preterm delivery
- Decreased growth deficits and health problems into childhood
  - An inch or more shorter than peers at age 7
  - Increased risk for SIDS
  - Substantially increased rates of asthma, allergies, respiratory and ear infections
Effects of Prenatal Tobacco Exposure

- Decrease in overall IQ and language delays
- Attention problems in early and middle childhood
- Elevated levels of depression and anxiety disorders
- Behavior problems and encounters with juvenile authorities
- Adolescent and adult smoking and substance use, and increased likelihood of addiction
A Few Final Notes About Prenatal Exposures

- **Amount and timing** of exposure are important
- No real threshold for many substances
  - Effects with as few as 2 cigarettes per day, however, greatest effects seen at a half a pack/day or more
  - Exposure even a couple of times to meth and heroin can have fetal effects, but effects greater with regular exposure
- Many exposures, early pregnancy exposure exposure worst (alcohol); However, for others (tobacco, opiates) late exposure more detrimental, especially effects on growth and health in particular
- So, quitting most substance use, or even cutting down by 3rd trimester may lead to significant health benefits
Second Hand Smoke is smoke that smokers breathe out and the smoke that comes a burning drug.

Third Hand Smoke is smoke contamination that remains in the air and on surfaces after drug is extinguished.

Both of these are harmful to the developing fetus and developing child – causing effects much like what are seen due to primary prenatal exposure.

http://www.etsu.edu/tips
So, what is the relative importance that should be placed on smoking vs other substance use in prenatal care?

Other drug and alcohol use is often the priority.

However, the effect of pregnancy smoking on birth weight and newborn health is double the impact of any other substance.

So, pregnant women should be encouraged to eliminate all substance use, INCLUDING the use of tobacco.
## A Few Final Notes About Smoke Exposure

### Substance Use Group Differences on Birth Weight

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Birth Weight Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effect of marijuana use*</td>
<td>- 1gm/-oz</td>
</tr>
<tr>
<td>Effect of hard illicit drug use</td>
<td>- 163 gm/5.7oz</td>
</tr>
<tr>
<td>Effect of cigarette smoking</td>
<td>-317 gm/11.2oz</td>
</tr>
<tr>
<td>Effect of both hard illicit drug and cigarette use</td>
<td>-352 gm/12.4oz</td>
</tr>
</tbody>
</table>

N=265 newborns with meconium drug testing at delivery

Effect for birth weight controlled for significant confounders (education, preeclampsia, race): $F=4.55$, $p=.004$

* This is the effect beyond the effect of already smoking cigarettes, as most marijuana smokers in this sample also smoked cigarettes.
Final Issues Related to Quitting

- **Does quitting smoking during pregnancy cause too much stress for the fetus?**
  - NO, the harm of continuing to smoke FAR OUTWEIGHS any small risk associated with the potential stress from quitting

- **According to ACOG and AAP, a woman should NEVER be told not to quit smoking during pregnancy**

- ** Quitting casual use of other drugs, including alcohol, should also be recommended and women can do this on their own**

- **However, for *some substances* (especially opiates), or for heavy abuse of any substance, quitting should be recommended but also medically supervised**
A woman is more likely to quit smoking/using drugs during pregnancy than at any other time in her life.

Even simple provider efforts have produced quit rates for all types of drug use of up to 10%.

Use of a Smoking Quit Line has also produced quit rates of 10%+

5 A’s quit rates are up to 20% for smoking and 40% or more for alcohol and illicit drugs.

Quitting smoking in pregnancy leads to improved birth outcomes, including a 25% reduction preterm delivery.

Even cutting down leads to a 20% reduction in preterm delivery and a 44% reduction in NICU admissions.

Efforts must be regular and consistent to have a significant impact.
Intervention: What You Can Do...

Cessation Counseling

The 5 A's
5As Approach to Cessation*

- A *brief* 5-step behavioral intervention (5-15 minutes) designed for smoking cessation
- Adapted for pregnant women by ACOG (American College of Obstetricians and Gynecologists)

* Will be presenting a model for smoking intervention here, but the general approach applies to any pregnancy substance use, and as shown later, breastfeeding promotion

[Q-relative addiction?]
The 5As

1. *ASK* about tobacco/drug use

2. *ADVISE* to quit

3. *ASSESS* willingness to make a quit attempt

4. *ASSIST* in quit attempt

5. *ARRANGE* follow-up
Which of the following statements best describes YOUR current smoking habits?

- You have never smoked or have smoked fewer than 100 cigarettes in your lifetime. 
- You stopped smoking before you found out you were pregnant and are not smoking now.
- You stopped smoking after you found out you were pregnant and are not smoking now.
- You smoke some now but have cut down since you found out you were pregnant.
- You smoke about the same amount now as you did before you found out you were pregnant.

**ASk** (1 Minute)

Congratulate Patient

Advise
Which of the following best describes your exposure to OTHER people smoking?

- You do not have regular contact with anyone who smokes. **Congratulate Patient**
- You have regular contact (but do not live) with other people who smoke, and they DO NOT smoke around you.
- You have regular contact (but do not live) with other people who smoke, and they DO often smoke when you are around.
- You live with at least 1 smoker, but they DO NOT smoke when you are around. **Advise**
- You live with at least 1 smoker, and they DO often smoke when you are around.
Alternate Tobacco Use Questions

1) WHICH STATEMENT BEST DESCRIBES YOU NOW?
   a. You smoke regularly now – about the SAME amount as before you found out you were pregnant
   b. You smoke regularly now, but MORE THAN before you found out you were pregnant
   c. You smoke some now, but have CUT DOWN since you found out you were pregnant
   d. You stopped smoking AFTER you found out you were pregnant, and are not smoking now
      # Weeks Quit: ______
   e. You stopped smoking BEFORE you found out you were pregnant, and are not smoking now
      # Weeks/Years Quit: ______
   f. You have NEVER smoked, or smoked fewer than 100 cigarettes in your life

2) IF YOU CURRENTLY SMOKE:
   # CIGARETTES/DAY: Current ________ Pre-Pregnancy ________ # YEARS SMOKED: ________

3) WHICH OF THE FOLLOWING BEST DESCRIBES YOUR EXPOSURE TO OTHER PEOPLE SMOKING?
   a. You do not have regular contact with anyone who smokes
   b. You have regular contact (but do not live) with other people who smoke, but they DO NOT smoke when you are around
   c. You have regular contact (but do not live) with other people who smoke, and they DO often smoke when you are around
   d. You live with at least 1 smoker, but they DO NOT smoke when you are around
   e. You live with at least 1 smoker, and they DO often smoke when you are around
Clear, strong, personalized advice to quit:

- **Clear & Strong:** “As your health care provider, my best advice for you and your baby is for you to quit smoking and reduce your secondhand smoke exposure. I need you to know that quitting is one of the most important things you can do to protect your baby and improve your own health.”

- **Personalized:** Impact of smoking on the baby, the family, and the patient’s well being

- **Fact Sheets:**
  [http://www.otispregnancy.org/otis-fact-sheets-s13037#5](http://www.otispregnancy.org/otis-fact-sheets-s13037#5)
Assess the patient’s willingness to quit in the next 30 days

ASK:
“How WILLING are you to quit smoking in the next 30 days?”

ASK:
“What would it take to make you more willing to quit, to get you to move from your score to a score 3 points higher?”
ASSESS (1 Minute)

• If a patient responds that she **would** like to try to quit within the next 30 days, move on to the ASSIST step

• If the patient does **not** want to try to quit, try to increase her motivation via education and personalizing the issue
• Addiction has both **PHYSICAL** & **BEHAVIORAL** components

• Both factors must be addressed for successful cessation

• Recognize your own biases regarding smoking during pregnancy
Ask open-ended questions (Why? When?):

- Determine the role that smoking plays in her life
- Discuss her motivations for quitting or continuing
- Talk about her past attempts to quit
- Talk about the health benefits for her and her child and how these are important to her
- Talk about the cost savings from not buying cigarettes and other uses for that money

http://www.careercurve.com/blog/2010/09
ASSIST: Coping Techniques

- Identify triggers & roadblocks
- Determine what she can do in situations in which she usually smokes
- Discuss alternative behaviors to smoking
- Plan ways to relieve stress and cope with difficult emotions
- Recognize the withdrawal symptoms that will occur and how to deal with them

http://www.etsu.edu/tips
http://www.sundayobserver.lk/2010/02/21/spe01.asp
ASSIST: Getting Ready to Quit

- Identify & arrange social support
- Determine quit date & sign contract
- Provide self-help materials
- Quit Line information
ASSIST: Provide Self-Help Materials

- Health benefits
- Withdrawal symptoms: Cravings and coping skills
- Cost savings & personal rewards
- Alternative ways to cope & manage stress
- How to quit without gaining weight
- Dealing with others smoking around you
- Preparing to quit

http://www.etsu.edu/tips/documents/TIPS_booklet_for_Website2.pdf
ASSIST: Additional TIPS

- Keep Hands and Mouth Busy
  - Write or draw (doodle, journal)
  - Squeeze a stress ball
  - Decorate the baby’s room
  - Sew or other crafts
  - Chew on a straw or toothpick
  - Chew gum
  - Drink cold water

- Assistance for quitting without gaining weight
  - Keep a food diary
  - Stay busy and physically active (read, walk, exercise, call a friend)
  - Drink lots of water
  - Snack healthy on fruits and veggies
  - Good nutrition/avoid high-fat & high-sugar foods

http://www.etsu.edu/tips/documents/TIPS_booklet_for_Website2.pdf
ASSIST: Dealing With Others Smoking

- Ask everyone not to smoke around you
- If people smoke, you can choose to leave the room
- Create “Smoke-free Zones” (home, car)
- Go to places where smoking is not allowed
- Try to surround yourself with non-smoking friends
You may hear:

- “I smoked with my first child and s/he was OK!”
- “My mom smoked with me and I turned out OK!”

How to handle this: Circumstances that vary between pregnancies may significantly impact the degree to which the fetus will be harmed by smoking:

- Overall amount of primary & secondary smoke exposure
- Stress
- Nutrition
- Increased age during pregnancy
- Environmental factors
- Overall health
**ASSIST: Pharmacologic Intervention**

- Behavioral intervention is the first-line treatment for pregnant women.
- Pharmacotherapy can be considered for heavy smokers unable to quit via behavioral interventions alone; or for women dependent on opioids.
- Very limited data on the safety or efficacy of pharmacologic treatments in pregnant women; nicotine gum if needed for smokers (NO nasal sprays; patches not first choice); careful monitoring of methadone for substance users.
ARRANGE (1+ Minute)

- Follow-up to monitor progress
- Ask about concerns or difficulties
- Express a willingness to help
- Refer to the Smoking Quit Line, or other local programs

http://news.antiwar.com/2012/07/08/us-cell-phone-companies-see-surveillance-requests-soar/
Helpful Tips when Using the 5A’s

- Encourage patients to be smoke-free but counsel them to cut down if they are unwilling to quit completely
- Praise any quit attempts
- Acknowledge how difficult quitting can be; provide practical tips
- Video scenario

http://talktoyourpatients.org/counseling/motivational.php
Postpartum Assistance

- 5A’s can be used postpartum to help parents quit smoking
- Encourage the patient to remain quit or continue cutting down
- Remind the patient of the health benefits of quitting or remaining smoke free
- Create smoke free environment for baby
HEPPA: Breastfeeding Promotion

HEPPA
Health Promotion Education for Prenatal Providers in Appalachia

Portions of this presentation © 2010 Dr. Ilana Azulay Chertok
Breastfeeding: How long?

WHO & AAP recommend:

- Exclusive BF 6 months
- Continued BF 2 years or until mutually desired
Why Breastfeed?

- Nutritionally optimal
- Promotes infant health and development
- Promotes maternal health
- Reduces risk of maternal and infant diabetes
- **Affords infant immunoprotection!! Helps baby be healthier and less sick.**
  - Reduces risk of certain chronic diseases (diabetes, Crohn’s disease, etc.)
  - Reduces risk of acute infectious diseases (URI, UTI, OM, NEC, etc.)
Why Breastfeed?

- Promote maternal-infant bonding
- Especially important for preterm and sick babies to receive mother’s milk
Risks Associated with Artificial Feeding

- Increased risk of diarrhea
- Increased risk of respiratory infections
- Increased allergies, intolerances
- Increase risk of GERD
- Increased risk of some chronic diseases
- Increased risk of overweight
## Breastfeeding: USA & Appalachia

<table>
<thead>
<tr>
<th></th>
<th>BF Initiation</th>
<th>BF 6 Months</th>
<th>BF Exclusive 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HP 2010</strong></td>
<td>75% / 75%</td>
<td>50% / 44%</td>
<td>25% / 35%</td>
</tr>
<tr>
<td>Goal/Actual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HP 2020</strong></td>
<td>82%</td>
<td>61%</td>
<td>46%</td>
</tr>
<tr>
<td><strong>WV (2011)</strong></td>
<td>54%</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>TN (2011)</strong></td>
<td>66%</td>
<td>36%</td>
<td>28%</td>
</tr>
</tbody>
</table>

**Risk factors for not breastfeeding:**
- WIC/Medicaid, lower maternal education, lower SES, unmarried, smoker, rural residence

- [Q - #1 reason why women in NE TN say they won’t breastfeed when pregnant?]
- [Q - #1 reason why they say they don’t want to breastfeed when baby is born?]
5As for Breastfeeding: ASK

ASK the woman when she is pregnant (the earlier in pregnancy the better): [Q – when should you first ask?]

Which of the following statements best describes your intent to breastfeed your baby?

- Yes, definitely [Encourage and recommend support]
- Perhaps, will try [Encourage and recommend support]
- Maybe, don’t know [Advise]
- Probably not [Advise]
- Absolutely not [Advise]
5As for Breastfeeding: ADVISE

ADVISE clear, strong, personalized statements:

- **Clear**: “My best advice for your baby’s health and development is for you to breastfeed.”
- **Strong**: “As your provider, I need you to know that breastfeeding is one of the most important things you can do to protect and promote your baby’s health and development.”
- **Personalize**: Impact of breastfeeding on health, cost, reduced infections

- Provide evidence of benefits
- Acknowledge that it takes patience and support
- Encourage her decision to breastfeed and early planning efforts
5As for Breastfeeding: ASSESS

ASSESS:

• How willing are you to try breastfeeding while you are in the hospital?

• How willing are you to attend a breastfeeding class?

• How willing are you to pump breastmilk for your baby, at least during the first few days of life? (especially important for infants in the NICU)

• What might prevent you from breastfeeding?
5As for Breastfeeding: ASSIST

ASSIST:

Set up the environment:
- Find supportive people and mentors
- Buy a breastfeeding book
- Attend a breastfeeding class
- Arrange comfortable breastfeeding place
- Set a goal for breastfeeding for a period of time (first week, first month, first 3 months, first 6 months, until return to work, etc.)
- Encourage role for dad

www.infactcanada.ca
5As for Breastfeeding: ASSIST

ASSIST:

- Write a list of reasons to breastfeed
- Develop a plan to get help when needed
- Develop a plan to find personal time: walk, exercise, read, watch TV, call a friend, shopping
- Get help from nurses in hospital during stay
- Identify family/friends who support breastfeeding
- Discuss breastfeeding intentions, questions, and challenges with WIC/care provider
- Learn how to pump, give information about keeping up milk supply
5As for Breastfeeding: ARRANGE

ARRANGE:

- Refer to resources (WIC, HD, etc), support groups, counselors
- Discuss benefits of breastfeeding
  - Healthier baby, reduce risk for diabetes in mom, reduces risk of infections and diabetes in baby
- Discuss “safer” breastfeeding if smoking, using substances
  - Smoking inc risk of asthma, breastfeeding dec risk
  - Smoke outside, after breastfeeding, remove smoking jacket, wash hands, wash out mouth
  - AAP statement says that smoking is “not contraindicated” with breastfeeding
- Alcohol and other drugs – pump & discard until clears system
Additional Breastfeeding Issues

- Technique
- Culture and environment
  - Get Dad and Grandma on board
  - Find support HCPs (no need to “top off”)
- Challenges
  - Physical: infection, nipple pain, medications (see chart)
  - Psychosocial: identify and discuss issues or barriers
- Facilitators

www.infactcanada.ca
<table>
<thead>
<tr>
<th>L1 Safest</th>
<th>L2 Safer</th>
<th>L3 Moderate</th>
<th>L4 Hazard</th>
<th>L5 Contra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol</td>
<td>Zithromax</td>
<td>Aspirin</td>
<td>Ritalin</td>
<td>Amphetamine</td>
</tr>
<tr>
<td>Augmentin</td>
<td>ST Prednisone</td>
<td>Lipitor</td>
<td>HD Prednisone</td>
<td>Smallpox vaccine</td>
</tr>
<tr>
<td>Nyastatin</td>
<td>Claritin</td>
<td>Sudafed</td>
<td>Black Cohosh</td>
<td>Chemo meds</td>
</tr>
<tr>
<td>Keflex</td>
<td>Flagyl</td>
<td>Lasix</td>
<td>Valium</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Motrin</td>
<td>Monistat</td>
<td>Ativan</td>
<td>Nitroglycerine</td>
<td>Heroin</td>
</tr>
<tr>
<td>Synthroid</td>
<td>Zoloft</td>
<td>Lotensin</td>
<td></td>
<td>Cocaine</td>
</tr>
<tr>
<td>Heparin</td>
<td>Benadryl</td>
<td>Cipro</td>
<td></td>
<td>Accutane</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Oxycodone</td>
<td></td>
</tr>
</tbody>
</table>

**HALE (2008) Medications and Mothers’ Milk**

**L1: SAFEST:** Taken by many breastfeeding mothers without increased adverse effects in infant

**L2: SAFER:** Taken by limited number of breastfeeding mothers without increased adverse effects in infant

**L3: MODERATELY SAFE:** No controlled studies in breastfeeding women, show only minimal non-threatening adverse effects

**L4: POSSIBLY HAZARDOUS:** Risk to breastfed infant or breast milk production

**L5: CONTRAINDIANTED:** Documented risk to infant
## Drugs and Lactation

<table>
<thead>
<tr>
<th>Drug</th>
<th>Affects through breast milk</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td>Passes into milk; reports of poor infant outcomes</td>
<td>ACOG says NO</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Low passage into milk; reports of infant drowsiness, sedation</td>
<td>Monitor infant for drowsiness</td>
</tr>
<tr>
<td>Methadone</td>
<td>Low passage into milk; reports of infant drowsiness, sedation, and withdrawal symptoms; may be used to treat NAS in drug exposed infants</td>
<td>Monitor infant, may breastfeed if no excessive drowsiness or breathing difficulty, may require treatment for withdrawal</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>May be used to treat NAS in drug exposed infants (infant may experience withdrawal if abruptly stop BF)</td>
<td>May be used to treat NAS in drug exposed infants</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Transfers into milk (breastmilk level similar to blood alcohol level)</td>
<td>No amounts considered safe</td>
</tr>
</tbody>
</table>
Getting Started with Breastfeeding

- Skin-to-skin immediately!
- Breastfeed immediately!
- Breastfeed frequently and on demand
- Don’t supplement with formula (#1 reason for early failure)
- Importance of colostrum and human milk, frequency of breastfeeding, positioning, etc.
- Get help with challenges (latching, pain, engorgement, mastitis, milk supply, etc.)
- Keep breastfeeding going!
- Make a plan if you have to return to work (pumping milk)
Breastfeeding Positioning

**Mother:**
- Supported straight back
- Arm support
- Baby supported
- Items within reach

**Infant:**
- Straight line
- Tummy-to-tummy
- At breast level

**Common Positions:**
- Classic/cradle/cross-cradle
- Football/clutch
- Side-lying

[Images and links for breastfeeding positions]

www.state.pa.us
www.breastfeeding-mom.com
www.netplaces.com
allaboutmoms.com
Case Study

- Ms. Smith, 22 years old, arrives for her appointment. She is pregnant with her second baby and smells of cigarette smoke as she enters your office.
- You want to talk to her about breastfeeding, which you noticed in her chart, she did not breastfeed her first baby.
- How do you discuss this with her?
Pregnancy, Childbirth, & Postpartum Preparation Talking Points

- Healthy pregnancy behaviors
- Supportive people
- Deep breathing, relaxation, stress reduction
- Preparation for labor & delivery, cesarean if necessary
- Connection with baby
- Breastfeeding
- Healthy postpartum behaviors
1. Nutritionally speaking, do babies need anything other than breast milk (vitamins and medication excluded) during the first 6 months of life?

2. Can a woman who smokes breastfeed?

3. Can a woman who occasionally uses drugs breastfeed?

4. Can a woman taking an antibiotic breastfeed?

5. Should women who are concerned about involving the father formula feed instead?

6. Can using formula reduce milk supply?
Talking Points – Specific Questions

7. Should formula be used if the baby doesn’t seem to be gaining enough weight?

8. Should formula be used at the end of a feeding if the baby didn’t seem to get enough?

9. Who is more likely to be OVER fed – formula fed or breast fed babies?

10. If a woman develops a breast infection should she stop breastfeeding on that side?

11. What should you advise a woman complaining of low milk supply?

12. What should you advise a woman complaining of sore nipples?
Overall Summary

- Smoking, substance use, and not breastfeeding have significant ramifications for the health of women and children.

- In addition, all three are related and MODIFIABLE – use the 5 A’s to improve health.
How Can We Help?

- Materials and resources (hard copies and webpage)
- Provider information and forms
- Patient handouts
- Webpage
- Community Networking

- Assistance with formal and informal integration of health behavior counseling into regular standard of care
- 3-Month Follow-up
THANK YOU!

Health Promotion Education for Prenatal Providers in Appalachia (HEPPA)

Dr. Beth Bailey, PhD
Mary Carrier, BSW
College of Medicine, East Tennessee State University

Dr. Ilana Azulay Chertok, PhD, MSN, IBCLC
Kimberly Greenfield, MPH
School of Nursing, West Virginia University

http://www.etsu.edu/HEPPA