

# BREASTFEEDING: WHAT EVERY PCP SHOULD KNOW

2024 ANNUAL UPDATE



HAWAII ACADEMY OF  
FAMILY PHYSICIANS

FEBRUARY 16-18

GRAND NANILOA HOTEL

MELISSA ROBNEY, MD, FAAFP, NABBLM-C, IBCLC  
HAWAII' I ISLAND FAMILY MEDICINE RESIDENCY  
HILO, HAWAII' I



**I HAVE NOTHING TO DISCLOSE**



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# OBJECTIVES


At the completion of this session the participant will:

1. Define the benefits of breastfeeding for both mother and child
2. Distinguish common breastfeeding problems and formulate a plan of care
3. Identify additional breastfeeding resources for providers and patients



# TERMINOLOGY

TABLE 1. SUGGESTED TERMS IN BREASTFEEDING AND HUMAN LACTATION

| <i>Traditional terms</i>   | <i>Gender-inclusive terms</i>  | <i>Clinical contexts</i>  |
|--|--|---|
| mother, father, birth mother   | parent, gestational parent; combinations may be used for clarity, such as “mothers and gestational parents”<br>they/them, (if gender is not specified) | <p>Ask the patient(s) for their affirmed terminology</p>  |
| she, her, hers<br>he, him, his   |  |   |
| breast   | mammary gland  |   |
| breastfeeding  | breastfeeding, chestfeeding, lactating, expressing, pumping, human milk feeding  |   |
| breast milk  | milk, human milk, mother’s own milk, parent’s milk, father’s milk  |   |
| breastfeeding mother or nursing mother   | lactating parent, lactating person; combinations may be used for clarity, such as “breastfeeding mothers and lactating parents”                        |   |
| born male/female (as applied to people who identify as anything but cisgender) | noted as male/female at birth or recorded as male/female at birth or assigned male/female at birth   |   |

The terms on the left are not incorrect and are appropriate in many settings, but terms in the middle column are suitable substitutes when gender-inclusive language is appropriate.



# WHY TALK ABOUT BREASTFEEDING?

- Breastfeeding education is historically lacking in medical curriculum
- Surgeon General called on all health professional organizations to integrate breastfeeding education into medical training in 2011
- 64% of med students reported not receiving any formal breastfeeding education during their training
- Program directors revealed that peds and FM residents only receive ~3 hours of breastfeeding education yearly, and OBGYN residents receive ~6 hours

Bethel R. Mieso, Hunter Burrow, Suet Kam Lam; Beyond Statistics: Uncovering the Roots of Racial Disparities in Breastfeeding. *Pediatrics* May 2021; 147 (5)



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# WHY BREASTFEEDING MATTERS



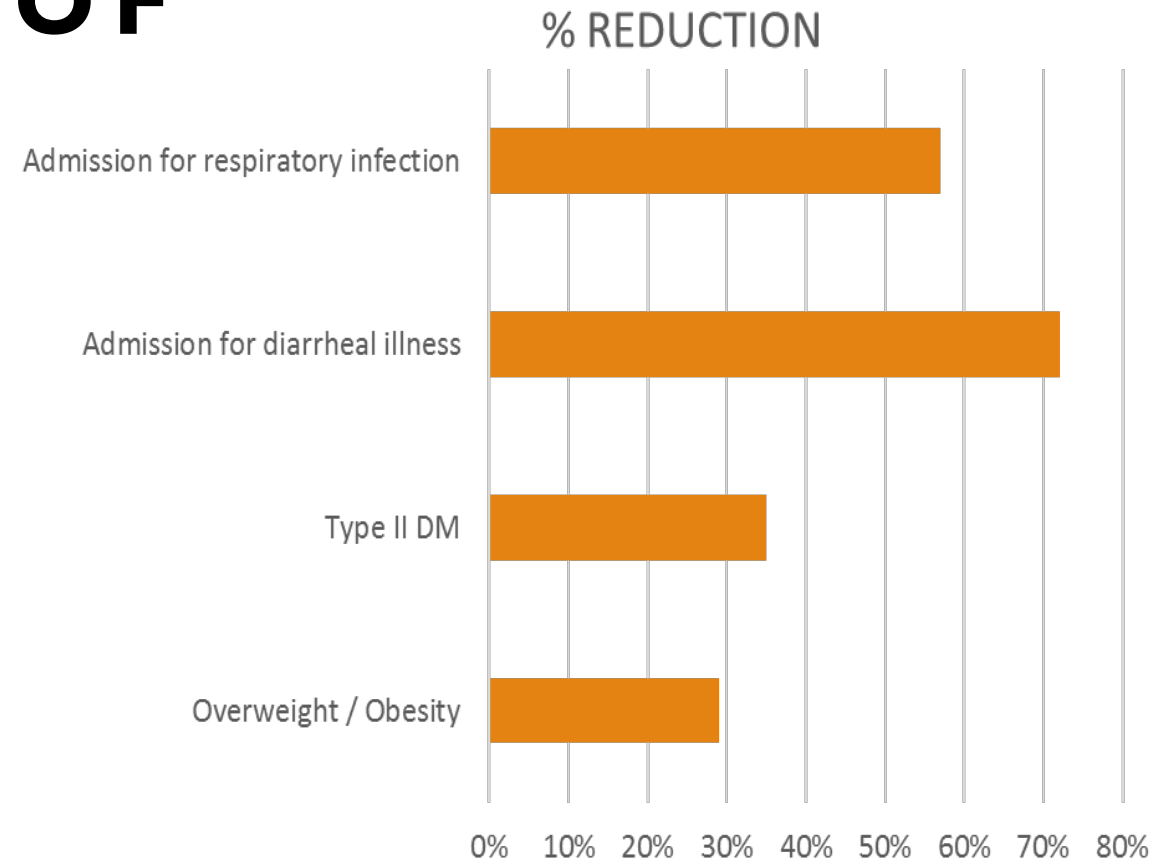
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# INFANT BENEFITS OF BREASTFEEDING

- Reduces the risk of
  - Ear and respiratory infections
  - Gastrointestinal infections
  - Sudden infant death syndrome (SIDS)
  - Asthma
  - Atopic Dermatitis
  - Obesity
  - Type 2 diabetes



Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC; Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. 2016 Jan 30;387(10017):475-90.



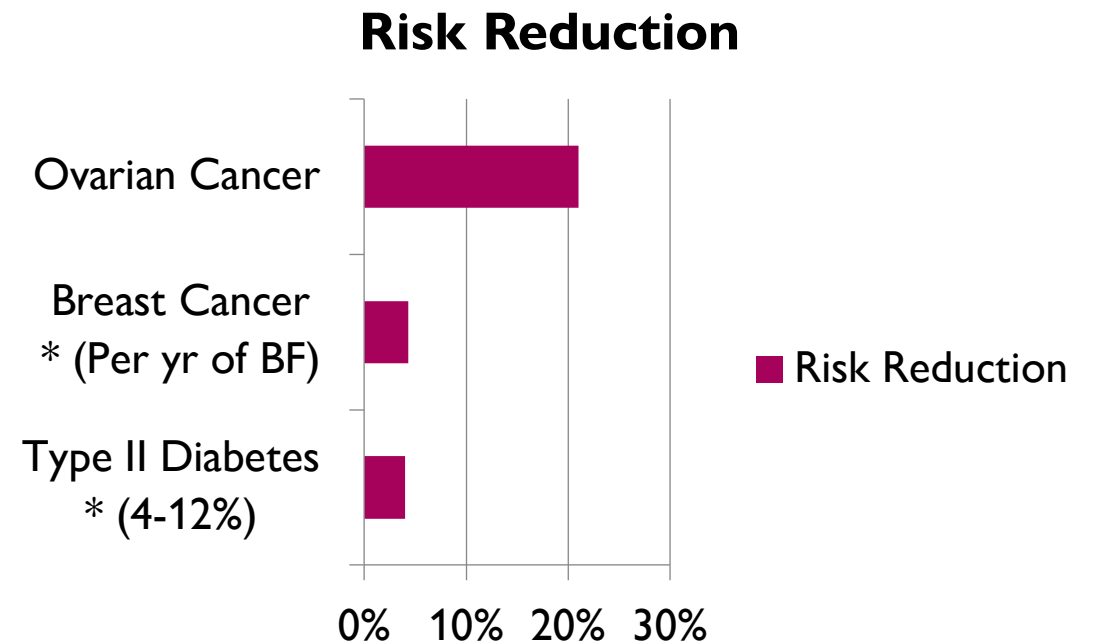
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# MATERNAL BENEFITS OF BREASTFEEDING

- Increases maternal and infant bonding
- Burns 600+ kcal/d (equivalent to ~2hr of moderate exercise)
- Reduced risk of
  - Postpartum Hemorrhage
  - Postpartum Depression
  - Breast Cancer
  - Ovarian Cancer
  - Endometrial Cancer
  - Metabolic Syndrome
  - Hypertension
  - Type 2 Diabetes



AHRQ 2007



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# PUBLIC OPINIONS

| Questions  | # Analyzed Respondents | Agree  | Neither Agree/Disagree | Disagree |
|--|------------------------|--------|------------------------|----------|
| ➤ If a mother breastfeeds her baby, she may be less likely to develop <b>breast cancer</b> later in her life       | 4061                   | 23.97% | 66.69%                 | 9.34%    |
| ➤ If a mother breastfeeds her baby, she may be less likely to develop <b>high blood pressure</b> later in her life | 4060                   | 15.56% | 76.00%                 | 8.43%    |
| ➤ If a mother breastfeeds her baby, she may be less likely to develop <b>Type 2 diabetes</b> later in her life     | 4060                   | 15.43% | 74.36%                 | 10.21%   |
| ➤ I believe women should have the right to breastfeed in public spaces   | 4063                   | 69.02% | 21.60%                 | 9.38%    |
| ➤ There should be paid maternity leave for workers   | 4068                   | 77.50% | 17.47%                 | 5.03%    |
| ➤ Foods that babies eat influence what they eat as older children  | 4064                   | 62.00% | 30.13%                 | 7.86%    |



# “RISKS” OF BREASTFEEDING

- Maternal risks
  - Breast infections (mastitis 10-20%; breast abscess in 3% of women with mastitis, 0.4% of nursing mothers)
  - May experience vaginal dryness & dyspareunia
  - Higher rates of postpartum depression with breastfeeding failure
- Neonatal risks
  - Neonatal jaundice
  - Neonatal dehydration
  - Vitamin D deficiency



# CONTRAINDICATIONS TO BREASTFEEDING

## Absolute contraindications:

- Maternal HIV or Human T-cell lymphotropic virus
- Infant with galactosemia
- Mother using street drugs such as heroin, meth, cocaine or PCP
  - Exception: Narcotic-dependent mothers enrolled in a supervised MAT program
- Mother with confirmed or suspected Ebola

## Temporary cessation for:

- Untreated brucellosis
- Mother is taking certain medications or DI with radiopharmaceuticals
- Mother has an active herpes simplex virus (HSV) infection with lesions on the breast
- Active tuberculosis or varicella at delivery (expressed milk OK)



# LACTATION: POSITION STATEMENTS

- WHO, AAP, and AAFP recommend exclusive breastfeeding for 6 months followed by introduction of complimentary foods with *continued breastfeeding up to 2 years of age or beyond* as mutually desired by the woman and her infant.
- It has been estimated that a natural weaning age for humans is between two and seven years.



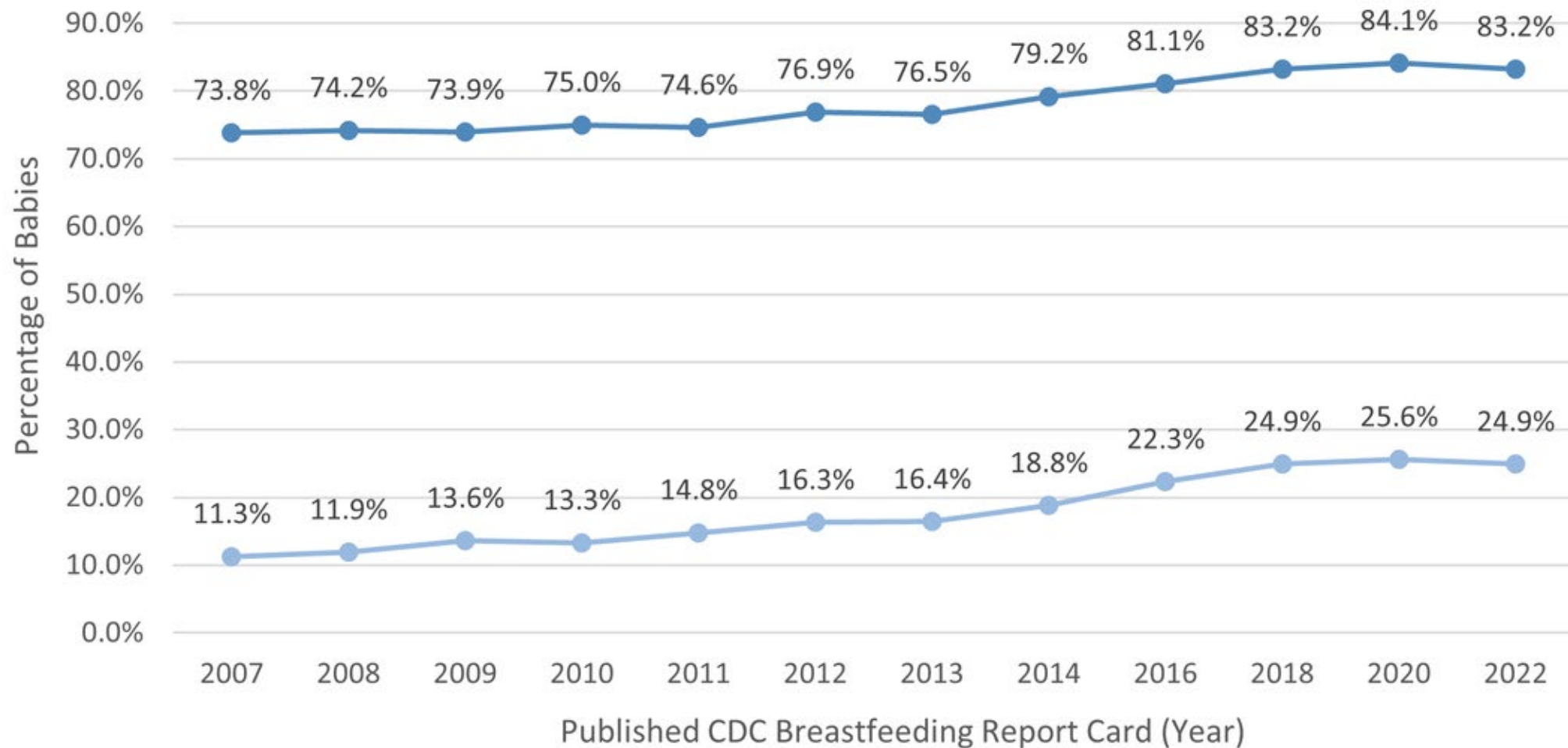
| Healthy People 2020 Objectives |   | Target | Current Rates* | Hawai'i     | 2030 goals  |
|--------------------------------|---|--------|----------------|-------------|-------------|
| MICH**-21.1                    | Increase the proportion of infants who are breastfed:<br><b>Ever</b>  | 81.9%  | <b>83.1</b> ✓  | <b>89.2</b> |             |
| MICH-21.2                      | Increase the proportion of infants who are breastfed:<br><b>At 6 months</b>   | 60.6%  | <b>58.2</b>    | <b>68.4</b> |             |
| MICH-21.3                      | Increase the proportion of infants who are breastfed:<br><b>At 1 year</b>   | 34.1%  | <b>37.6</b> ✓  | <b>47.3</b> | <b>54.1</b> |
| MICH-21.4                      | Increase the proportion of infants who are breastfed:<br><b>Exclusively through 3 months</b>  | 46.2%  | <b>45.3</b> ✓  | <b>51.8</b> |             |
| MICH-21.5                      | Increase the proportion of infants who are breastfed:<br><b>Exclusively through 6 months</b>  | 25.5%  | <b>25.4</b> ✓  | <b>26.6</b> | <b>42.4</b> |
| MICH-22                        | Increase the proportion of employers that have worksite lactation support programs.   | 38.0%  | ✓              |             |             |
| MICH-23                        | Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.                      | 14.2%  | <b>20.8</b>    |             |             |
| MICH-24                        | Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies. | 8.1%   | ✓              |             |             |

\*Current rates represent infants born in 2020, National Immunization Survey 2021-2022.  
<https://www.cdc.gov/breastfeeding/data/reportcard.htm>



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## Percentage of Babies in the U.S. That Were Ever Breastfed & Exclusively Breastfed Through 6 Months, As Reported in CDC Breastfeeding Report Cards Across Time



● Percentage of Babies (Ever Breastfed)  
● Percentage of Babies (Exclusively Breastfed Through 6 Months)

USBC 2022

# USPSTF RECOMMENDATION (GRADE B)

- Primary care clinicians should provide interventions to pregnant women and new mothers to support breastfeeding during pregnancy and after birth by:
  - Promoting benefits of breastfeeding
  - Providing practical advice, support on how to breastfeed either directly or by referral
  - Providing psychological support for breastfeeding

U.S. Preventive Services Task Force. (2016). Breastfeeding: Primary Care Interventions. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breastfeeding-primary-care-interventions>



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# PRENATAL BREASTFEEDING EDUCATION IS KEY!

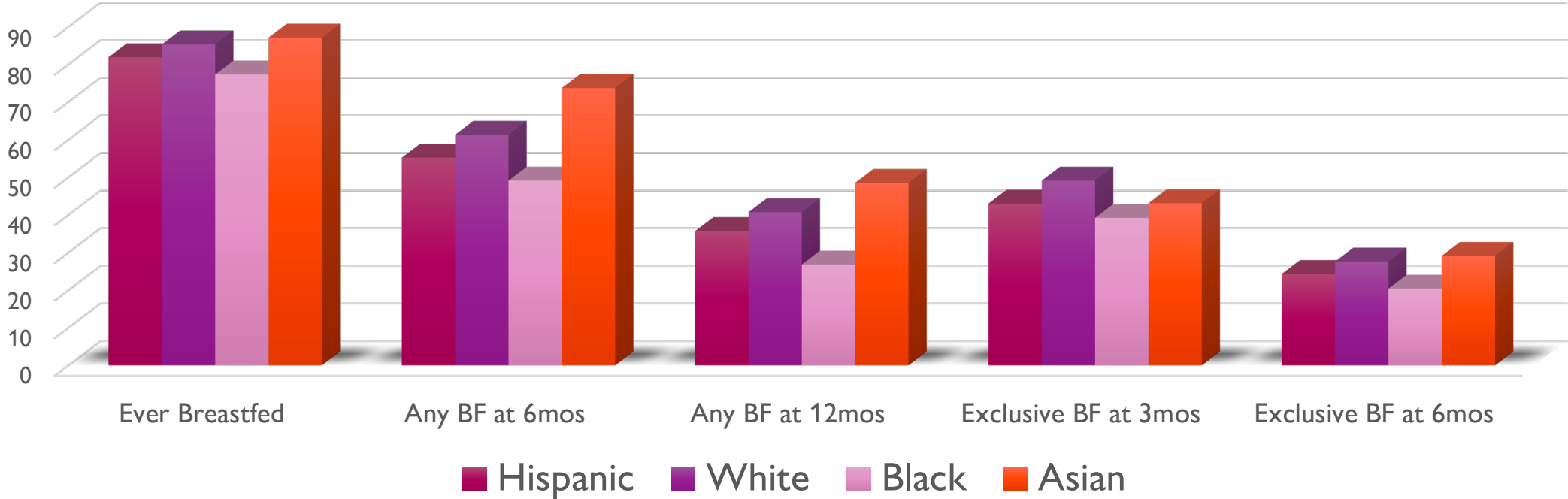
- WIC Breastfeeding Support
  - <https://wicbreastfeeding.fns.usda.gov/>
- Your Guide to Breastfeeding | Office of Women's Health
  - <https://www.womenshealth.gov/your-guide-to-breastfeeding>
- Physician Guide to Breastfeeding for Parents, Physicians, Lactation Consultants, Doulas
  - <https://physicianguidetobreastfeeding.org/>





# BREASTFEEDING DISPARITIES EXIST

Race/Ethnicity

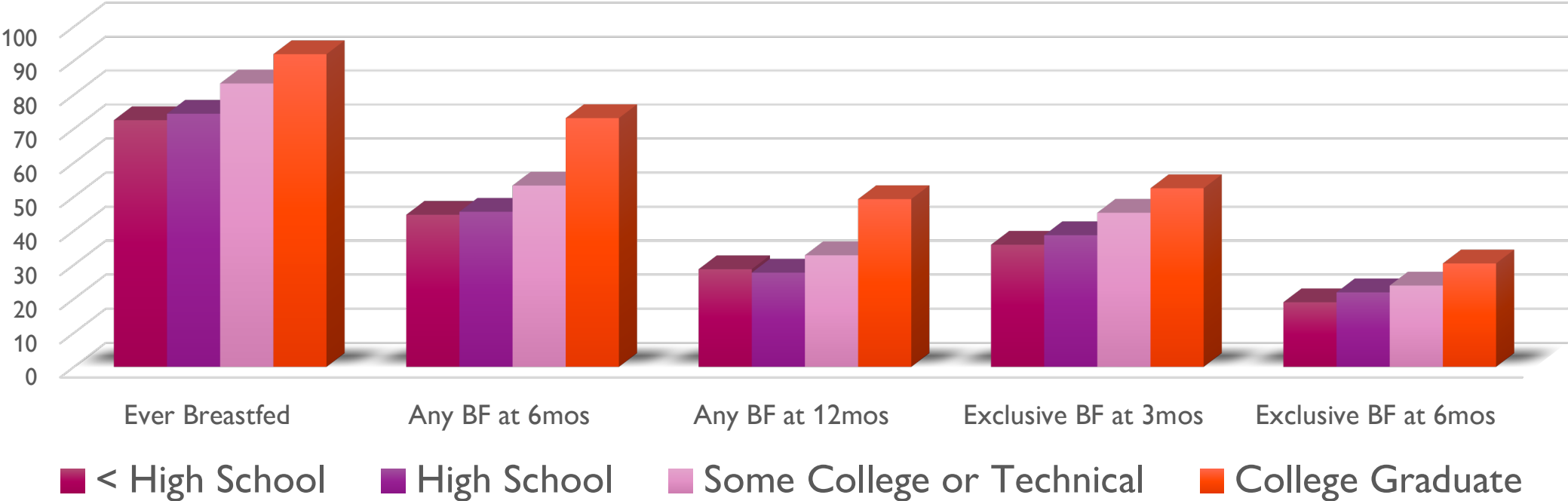


\*Current rates represent infants born in 2020, National Immunization Survey 2021-2022.  
<https://www.cdc.gov/breastfeeding/data/reportcard.htm>



# BREASTFEEDING DISPARITIES EXIST

## Maternal Education

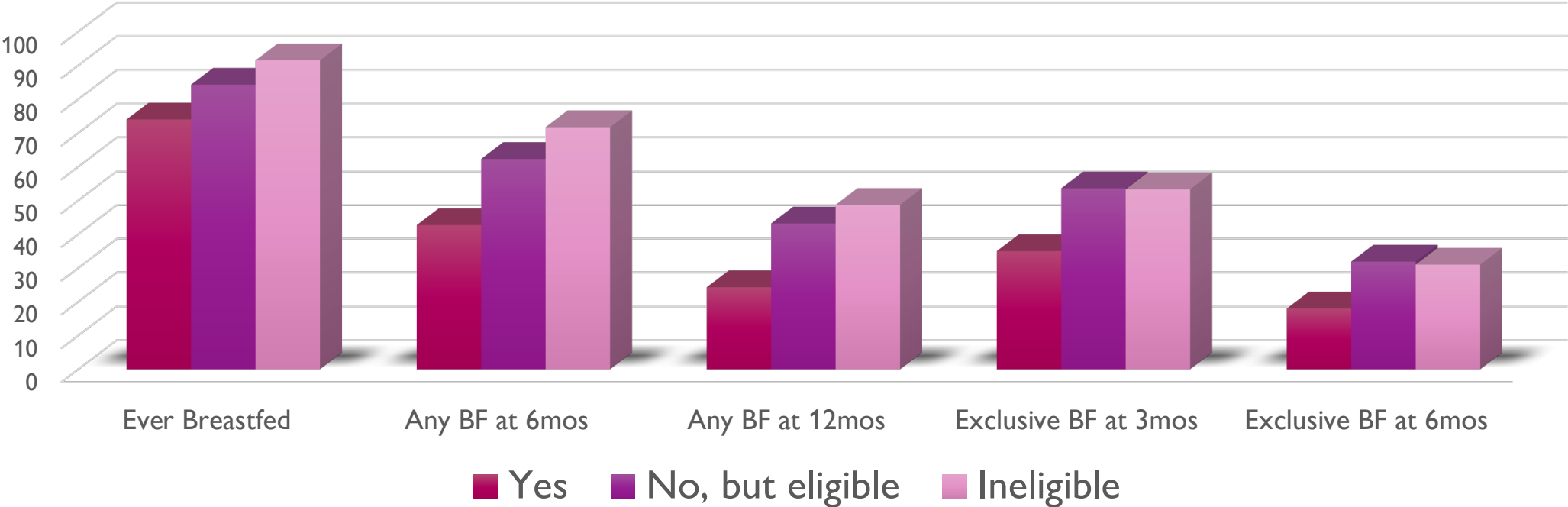


\*Current rates represent infants born in 2020, National Immunization Survey 2021-2022.  
<https://www.cdc.gov/breastfeeding/data/reportcard.htm>



# BREASTFEEDING DISPARITIES EXIST

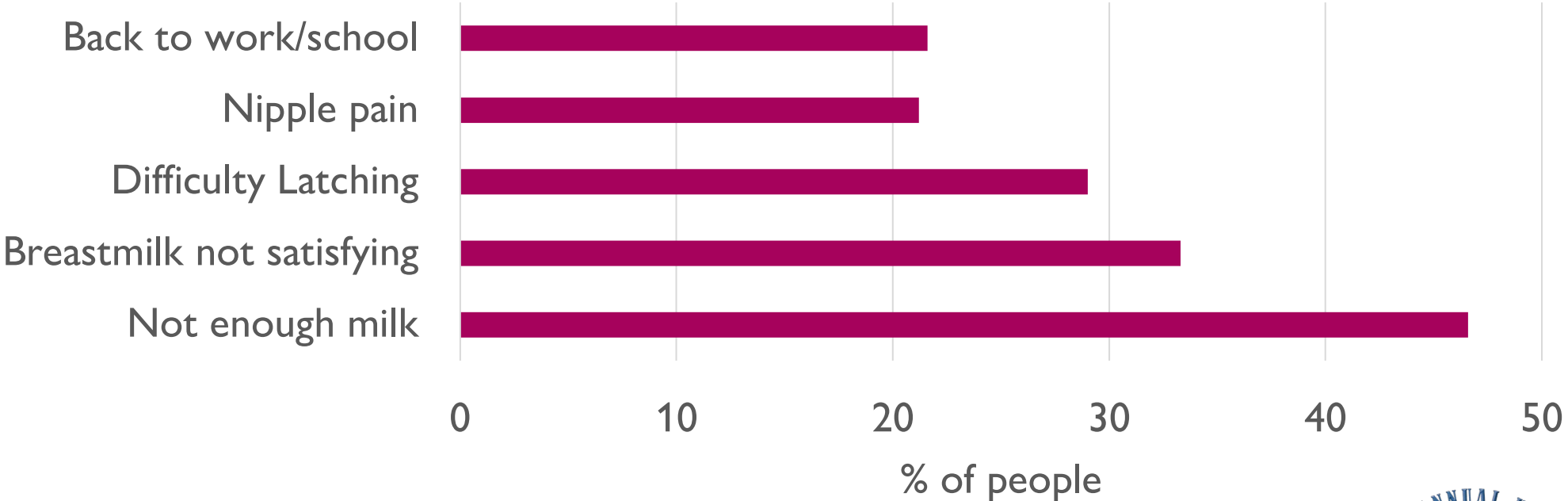
## Receiving WIC



\*Current rates represent infants born in 2020, National Immunization Survey 2021-2022.  
<https://www.cdc.gov/breastfeeding/data/reportcard.htm>



# REASONS FOR DISCONTINUING IN HAWAI'I



Roberson E, Donohoe Mather, C. "Hawaii Breastfeeding Quick Facts." Honolulu, HI: Hawaii Department of Health, March 2013



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# BREASTFEEDING DURATION: REASONS FOR WEANING

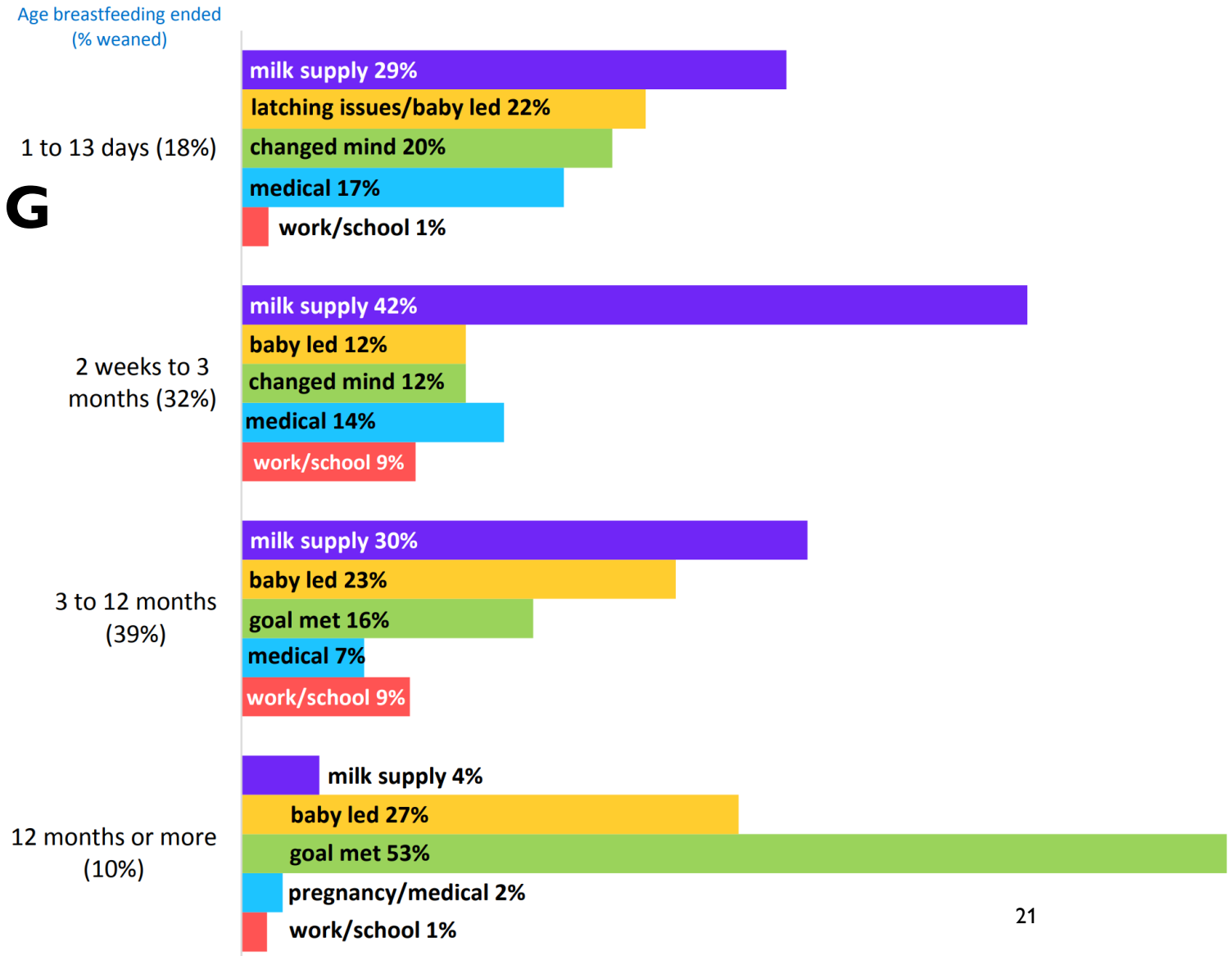


Figure 3. MN WIC mothers' reported reason for weaning  
Infants born in 2016

# COMMON PROBLEMS IN LACTATION



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# #1 LOW MILK SUPPLY



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# BREASTFEEDING “FAILURE”

## Primary

- Insufficient glandular tissue
- Endocrinological
- Surgical
- Baby’s side –anatomical, neurological, medical

## Secondary

- A healthy milk-making/taking system disrupted
- Supplementation
- Pacifiers
- Separation
- Pumping difficulties
- Lacking the motivation, or the practical and emotional resources to continue breastfeeding





# EVALUATING MILK SUPPLY

- Successful breastfeeding has nothing to do with breast or nipple size
- **Normal milk supply is 1-1.5oz per hour (from both breasts combined)**
- Can assess milk transfer with “test weights” before and after nursing (infant scale calibrated to 5g)
- Evaluate infant’s overall growth trajectory (WHO curves)



# MILK SUPPLY

- Increased by:
  - More frequent nursing/pumping
  - Improving latch
  - Reducing stress
  - Galactagogues +/-



| All Herbal Ingredients:             |        |
|-------------------------------------|--------|
| Organic bitter fennel fruit         | 560 mg |
| Organic anise fruit                 | 350 mg |
| Organic coriander fruit             | 210 mg |
| Organic fenugreek seed              | 35 mg  |
| Organic blessed thistle herb        | 35 mg  |
| Proprietary Blend:                  | 560 mg |
| Organic spearmint leaf              |        |
| Organic West Indian lemongrass leaf |        |
| Organic lemon verbena leaf          |        |
| Organic marshmallow root            |        |

- Decreased by:
  - Skipped feedings/supplementation
  - Stress/cortisol
  - Smoking
  - Alcohol
  - OCPs (estrogen)
  - Decongestants, antihistamines
  - Mints, parsley, sage (excessive amounts)



# LOW SUPPLY: LAB EVAL

- TSH
- Prolactin within 30min after nursing/pumping (low is  $<100\text{ng/ml}$ )
- Testosterone- to rule out a theca lutein cyst or a luteoma
- CBC?



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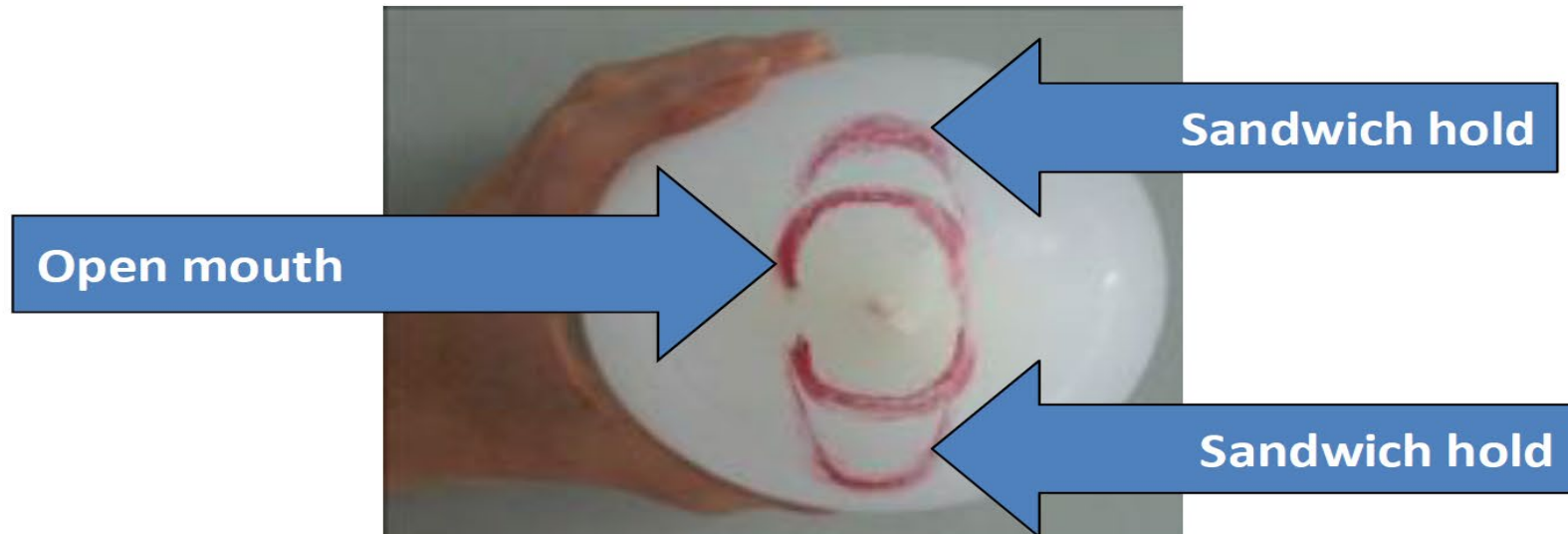
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# IMPROVING THE LATCH

- Proper alignment
  - Bring baby to breast, not breast to baby
  - Belly to belly with mom
  - Neck in slight “sniffing” position
- Breast compression- make a “C”
  - Think about eating a sandwich
  - Maximize areola in latch
- Adjust/flange lips (140°)
- No discomfort after 30-60sec
- Don't settle for a bad latch- this is what causes nipple breakdown. Encourage baby to keep trying!



# Sandwich the Breast



# #2 NIPPLE PAIN



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# CAUSES OF NIPPLE PAIN

- Improper infant latch or positioning
- Infection
- Dermatologic condition (0.1% triamcinolone)
- Vasospasm
- Tongue tie
- The Academy of Breastfeeding Medicine has a protocol for addressing persistent pain



# DYSPHORIC MILK EJECTION REFLEX (D-MER)

- Abrupt dysphoria that occurs just before milk release and continues not more than a few minutes
- Described as nausea, panic, loneliness, suffocation, doom
- Linked to an inappropriate drop in dopamine that occurs when milk is released

# NEUROPATHIC PAIN

- Excruciating nipple pain, often worse at night
- Described as sand paper, shards of glass, hot iron, electrical shock
- Avoids anything touching nipples

**SSRIs can help!**



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# # 3 BREAST INFECTION

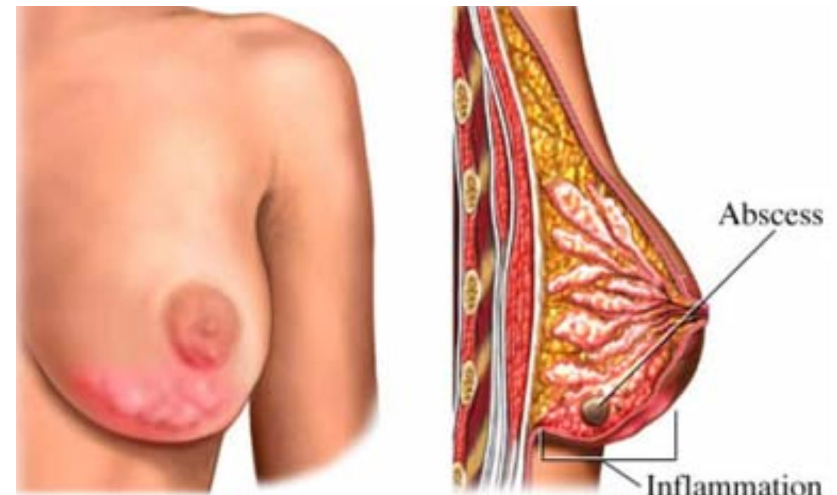
Inflammatory Mastitis



Bacterial Mastitis

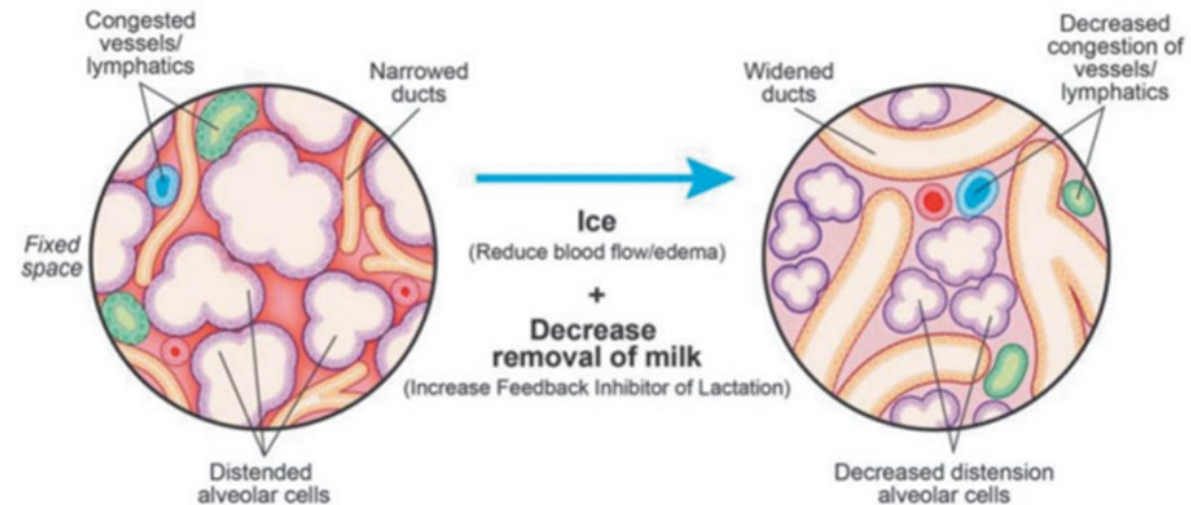


Breast Abscess



# INFLAMMATORY MASTITIS “~~PLUGGED~~ SQUISHED DUCTS”

- If symptoms mild and present <24 hrs, may be able to avoid antibiotics
- Rest/Fluids/NSAIDS
- Continued physiologic breastfeeding
- Optimize latch
- Ice (+/- heat)
- Gentle breast massage (lymphatic)
- Check for nipple “bleb”- blocked nipple pore
  - Treat with 0.1% triamcinolone cream
- Investigate and attempt to correct any underlying predisposing factors to avoid recurrence, eg. oversupply, skipped feeds



Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum, Revised 2022

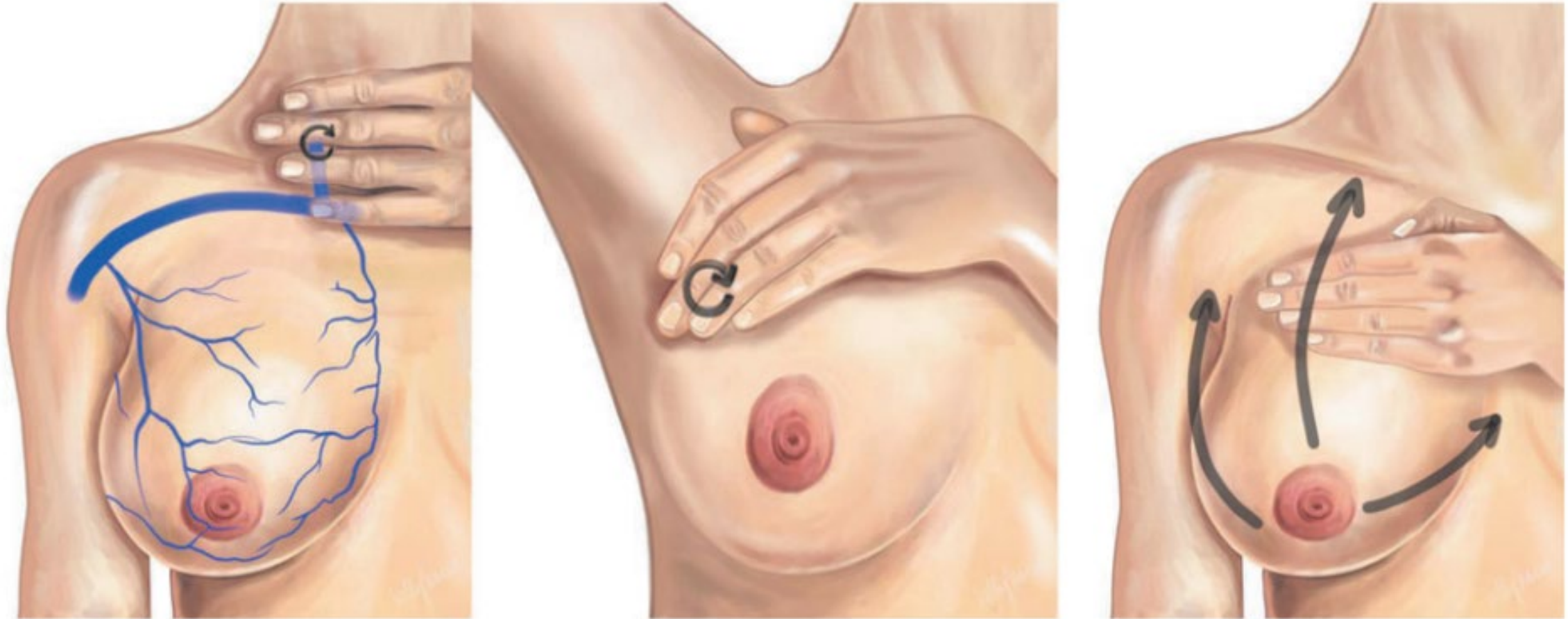
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# Lymphatic Drainage



- Reduces swelling by assisting movement of lymph fluid, decreasing edema, softening fibrosis
- Technique
  - “Very gentle touch/traction of skin - “like petting a cat” (lift skin to allow flow of lymphatic drainage/vascular decongestion)
  - Ten small circles at junction of IJ and subclavian vein
  - Ten small circles in axilla
  - Continue with light touch massage from nipple towards clavicle, axilla
- Start during pregnancy if experiencing painful rapid breast growth, and use as needed postpartum for engorgement

# BACTERIAL MASTITIS

- If not improving after 24 hrs or patient acutely ill, best to start antibiotics
- Usual bacterial causes:
  - S. Aureus (methicillin sensitive or resistant)
  - Streptococcus Group A or B
  - E. coli
  - Coag neg Staph
- First line dicloxacillin 500mg QID for 10-14 days
- First generation cephalosporin also acceptable ie. cephalexin 500mg QID
- Clindamycin 300mg QID recommended for severe hypersensitivity to PCN



Mitchell KB, Johnson HM, Rodríguez JM, et al. Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum, Revised 2022. *Breastfeeding Medicine*. 2022;17(5):360-376



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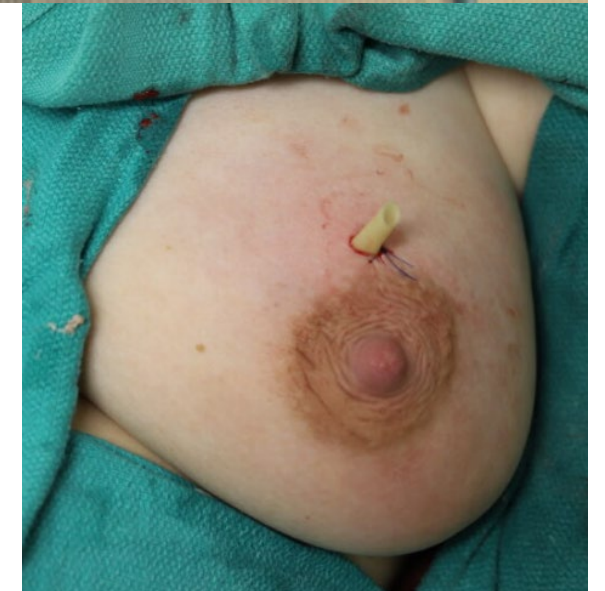
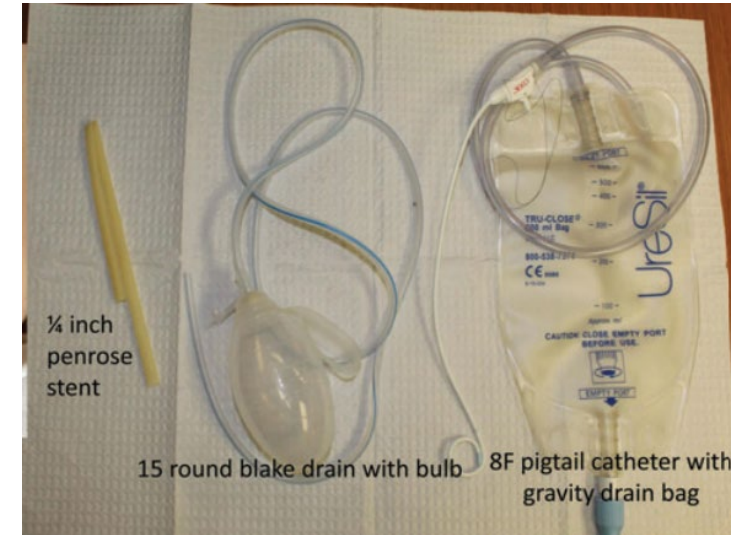
# BACTERIAL MASTITIS

- Treatment options for MRSA:
  - PO: trimethoprim-sulfamethoxazole, clindamycin, doxycycline
  - IV: vancomycin
- Consider breastmilk culture if:
  - Not responsive to antibiotics vs. empiric change to MRSA coverage
  - Not directly breastfeeding (most organisms come from infant's oropharynx/nasal passage)
  - Mother recently hospitalized (hospital acquired?)
  - Infant ill / in NICU
  - Patient with multiple allergies and you are choosing an unusual antibiotic therapy
  - Patients with recurrences



# BREAST ABSCESS

- Risk Factors: Delayed or inadequate treatment of mastitis
- Evaluation: Ultrasound (can be used to guide drainage)
- Commonly MRSA – culture
- Continued breastfeeding from unaffected breast, affected breast depends on situation (usually possible with aspiration)
- Treatment: Drainage and antibiotics to cover the organism(s) found
- Multiple reports of successful management with antibiotics & serial breast aspirations q2-4d reported (82- 97%)
  - Standard of care for smaller abscesses
- Consider leaving small catheter in place for collections > 3cm
- Reserve I&D for refractory cases



# DRUGS IN LACTATION



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# “PUMP AND DUMP” IS NOT BENIGN ADVICE

- Do Not Guess - adequate information is available – LOOK IT UP!
- Most medication categories have options compatible with breastfeeding
- Bad advice can sabotage breastfeeding relationship
  - Increase stress for mom and baby
  - Decrease milk supply
- No interruption for CT or MRI contrast

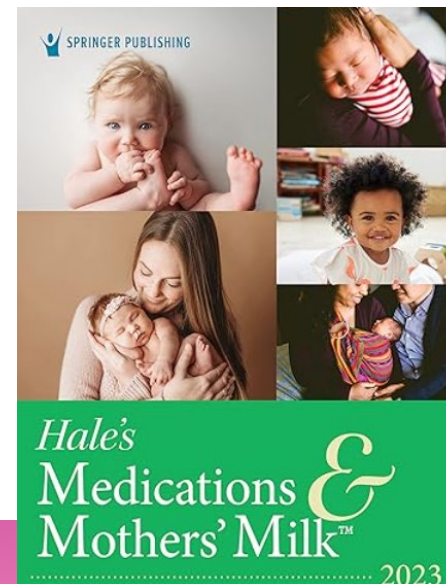




# MEDICATION INFORMATION RESOURCES

- LactMed database, National Library of Medicine  
<https://www.ncbi.nlm.nih.gov/books/NBK501922/?report=classic>
- InfantRisk Center [www.infantrisk.org](http://www.infantrisk.org)
- Hale “Medications & Mothers’ Milk”

## There is an App for That!



### LactMed App

Need to know more about drugs/supplements and breastfeeding? LactMed can help. Find information about maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs to consider.



### LactMed App for iPhone/iPod Touch

- Free App at the [Apple App Store](#)
- System requirements: iPhone OS 3.0 or higher



### LactMed App for Android Devices

- Free App at the [Android Market](#)
- System requirements: Android 2.1 or higher



# WHAT ABOUT ALCOHOL?

- Alcohol interferes with the milk ejection reflex, may reduce milk production through inadequate breast emptying
- Milk alcohol levels = blood alcohol levels
- Most sources advise limiting alcohol intake to the equivalent of 8 oz of wine or two beers, and waiting 2 hours after drinking to resume breastfeeding
- To ensure complete elimination of alcohol from breastmilk, mothers may consult a normogram devised by the Canadian Motherisk

Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023). Breastfeeding Medicine. Oct 2023. 715-733.



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**Table 1. Time from beginning of drinking until clearance of alcohol from breast milk for women of various body weights: Assuming alcohol metabolism is constant at 15 mg/dL and woman is of average height (1.62 m [5'4"]).**

| MOTHER'S WEIGHT<br>KG (LB) | NO. OF DRINKS* (HOURS : MINUTES) |      |      |       |       |       |       |       |       |       |       |       |
|----------------------------|----------------------------------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                            | 1                                | 2    | 3    | 4     | 5     | 6     | 7     | 8     | 9     | 10    | 11    | 12    |
| 40.8 (90)                  | 2:50                             | 5:40 | 8:30 | 11:20 | 14:10 | 17:00 | 19:51 | 22:41 |       |       |       |       |
| 43.1 (95)                  | 2:46                             | 5:32 | 8:19 | 11:05 | 13:52 | 16:38 | 19:25 | 22:11 |       |       |       |       |
| 45.4 (100)                 | 2:42                             | 5:25 | 8:08 | 10:51 | 13:34 | 16:17 | 19:00 | 21:43 |       |       |       |       |
| 47.6 (105)                 | 2:39                             | 5:19 | 7:58 | 10:38 | 13:18 | 15:57 | 18:37 | 21:16 | 23:56 |       |       |       |
| 49.9 (110)                 | 2:36                             | 5:12 | 7:49 | 10:25 | 13:01 | 15:38 | 18:14 | 20:50 | 23:27 |       |       |       |
| 52.2 (115)                 | 2:33                             | 5:06 | 7:39 | 10:12 | 12:46 | 15:19 | 17:52 | 20:25 | 22:59 |       |       |       |
| 54.4 (120)                 | 2:30                             | 5:00 | 7:30 | 10:00 | 12:31 | 15:01 | 17:31 | 20:01 | 22:32 |       |       |       |
| 56.7 (125)                 | 2:27                             | 4:54 | 7:22 | 9:49  | 12:16 | 14:44 | 17:11 | 19:38 | 22:06 |       |       |       |
| 59.0 (130)                 | 2:24                             | 4:49 | 7:13 | 9:38  | 12:03 | 14:27 | 16:52 | 19:16 | 21:41 |       |       |       |
| 61.2 (135)                 | 2:21                             | 4:43 | 7:05 | 9:27  | 11:49 | 14:11 | 16:33 | 18:55 | 21:17 | 23:39 |       |       |
| 63.5 (140)                 | 2:19                             | 4:38 | 6:58 | 9:17  | 11:37 | 13:56 | 16:15 | 18:35 | 20:54 | 23:14 |       |       |
| 65.8 (145)                 | 2:16                             | 4:33 | 6:50 | 9:07  | 11:24 | 13:41 | 15:58 | 18:15 | 20:32 | 22:49 |       |       |
| 68.0 (150)                 | 2:14                             | 4:29 | 6:43 | 8:58  | 11:12 | 13:27 | 15:41 | 17:56 | 20:10 | 22:25 |       |       |
| 70.3 (155)                 | 2:12                             | 4:24 | 6:36 | 8:48  | 11:01 | 13:13 | 15:25 | 17:37 | 19:49 | 22:02 |       |       |
| 72.6 (160)                 | 2:10                             | 4:20 | 6:30 | 8:40  | 10:50 | 13:00 | 15:10 | 17:20 | 19:30 | 21:40 | 23:50 |       |
| 74.8 (165)                 | 2:07                             | 4:15 | 6:23 | 8:31  | 10:39 | 12:47 | 14:54 | 17:02 | 19:10 | 21:18 | 23:50 |       |
| 77.1 (170)                 | 2:05                             | 4:11 | 6:17 | 8:23  | 10:28 | 12:34 | 14:40 | 16:46 | 18:51 | 20:57 | 23:03 |       |
| 79.3 (175)                 | 2:03                             | 4:07 | 6:11 | 8:14  | 10:18 | 12:22 | 14:26 | 16:29 | 18:33 | 20:37 | 22:40 |       |
| 81.6 (180)                 | 2:01                             | 4:03 | 6:05 | 8:07  | 10:08 | 12:10 | 14:12 | 16:14 | 18:15 | 20:17 | 22:19 |       |
| 83.9 (185)                 | 1:59                             | 3:59 | 5:59 | 7:59  | 9:59  | 11:59 | 13:59 | 15:59 | 17:58 | 19:58 | 21:58 | 23:58 |
| 86.2 (190)                 | 1:58                             | 3:56 | 5:54 | 7:52  | 9:50  | 11:48 | 13:46 | 15:44 | 17:42 | 19:40 | 21:38 | 23:36 |
| 88.5 (195)                 | 1:56                             | 3:52 | 5:48 | 7:44  | 9:41  | 11:37 | 13:33 | 15:29 | 17:26 | 19:22 | 21:18 | 23:14 |
| 90.7 (200)                 | 1:54                             | 3:49 | 5:43 | 7:38  | 9:32  | 11:27 | 13:21 | 15:16 | 17:10 | 19:05 | 20:59 | 22:54 |
| 93.0 (205)                 | 1:52                             | 3:45 | 5:38 | 7:31  | 9:24  | 11:17 | 13:09 | 15:02 | 16:55 | 18:48 | 20:41 | 22:34 |
| 95.3 (210)                 | 1:51                             | 3:42 | 5:33 | 7:24  | 9:16  | 11:07 | 12:58 | 14:49 | 16:41 | 18:32 | 20:23 | 22:14 |

\*1 drink = 340 g (12 oz) of 5% beer, or 141.75 g (5 oz) of 11% wine, or 42.53 g (1.5 oz) of 40% liquor.  
 Example no. 1: For a 40.8-kg (90-lb) woman who consumed three drinks in 1 hour, it would take 8 hours, 30 minutes for there to be no alcohol in her breast milk, but for a 95.3-kg (210-lb) woman drinking the same amount, it would take 5 hours, 33 minutes.



# ADDITIONAL RESOURCES

- Academy of Breastfeeding Medicine Protocols <https://www.bfmed.org/protocols>
- Institute for the Advancement of Breastfeeding and Lactation Education (IABLE) <https://lacted.org/>
- DR MILK Support Program for Physician Mothers <https://drmilk.org/>
- The Newman Breastfeeding Clinic and International Breastfeeding Centre <https://ibconline.ca/>
- Lactation Education Resources Handouts <https://www.lactationtraining.com/resources/educational-materials/handouts-parents>
- Your Guide to Breastfeeding <https://www.womenshealth.gov/patient-materials/resource/guides>



**IABLE**  
Institute for the Advancement  
of Breastfeeding &  
Lactation Education





## La Leche League

- Big Island – Kona Coast
- Maui
- Oahu



healthymothers  
healthybabies

COALITION OF HAWAII



HAWAII ACADEMY OF  
FAMILY PHYSICIANS

FEBRUARY 16-18

GRAND NANILOA HOTEL

## Breastfeeding Help

**WIC PROGRAMS:** FREE to participants

Hilo: 808-974-4270

Kona: 808-322-4888

Pahoa: Bay Clinic. 808-965-3030

**CalMed Hawaii** 808-691-9973  
FREE. [www.CalMedHawaii.com](http://www.CalMedHawaii.com)

**NEST** FREE to participants. Text 808-707-8116 to enroll. [www.nestfamilies.org](http://www.nestfamilies.org). 808-212-9324

**Kaiser Permanente** 808-934-4000  
Call for referral

**Lactation Connection** 808-345-7995 Fee  
Kendra Jitchaku, RN, BSN, IBCLC  
[Kendra.Jitchaku@gmail.com](mailto:Kendra.Jitchaku@gmail.com)

**Lehua Lactation** [LehuaLactation@gmail.com](mailto:LehuaLactation@gmail.com)  
Francis Hartley, IBCLC. Fee

**Mahinaona Pediatrics** 808-737-4675  
Fee, FREE w/insurance. [www.mahinaona.com](http://www.mahinaona.com)

**Mother's Milk LLC** 808-757-6009  
Hilo, Kona, Waimea. Fee, accepts insurance, HMSA PPO plans. [www.mothersmilk.co](http://www.mothersmilk.co)  
Kehau Kealoha, RN, IBCLC, IBC.



## 24-Hr Breastfeeding Hotline/Warmline

**Healthy Mothers Healthy Babies**  
808-737-5805. [www.hmhb-hawaii.org](http://www.hmhb-hawaii.org)

**Hawaii Mother's Milk**  
808-949-1723 (Oahu #)  
Hrs: M-F, 9AM—2PM. Leave message

**Kona Comm. Hospital Lactation Ctr.**  
808-322-4482



## Breastfeeding & Prenatal Classes

**Hui Malama Ola Na 'Oiwī**  
808-969-9220 Healthy Hapai Prenatal Classes Hilo, Waimea, Kona, Ka'u, Puna. Leila Ryusaki, CLC, CBE, LMT, IBC at [Leila@hmono.org](mailto:Leila@hmono.org). FREE

**Empowered Pregnancy Hawaii**  
831-600-5600. Fee. Karen Whippy, RN, CPM  
[www.EmpoweredPregnancyHawaii.com](http://www.EmpoweredPregnancyHawaii.com)

**Hilo Medical Center** 808-932-3371 OB  
Nursing Breastfeeding Basics Class. Fee

**Kona Community Hospital**  
808-322-4416 Fee

## Hawaii Island Breastfeeding Resource Guide



## Breastfeeding Supplies & Pumps

**CalMed Hawaii** 808-691-9973  
[www.CalMedHawaii.com](http://www.CalMedHawaii.com)  
Submit claim form online

**Hawaii WIC Programs**  
808-974-4270 Hilo, Honoka'a, Waimea  
808-322-4888 Kona  
808-965-3030 Pahoa

**KTA Pharmacy**  
808-322-2511 Keauhou, Kona  
808-959-8700 Pu'ainako, Hilo  
808-883-8434 Waikoloa Village  
808-885-0033 Waimea

**Longs Drugs/CVS**  
808-935-9075 Hilo downtown  
808-959-4508 Hilo Prince Kuhio  
808-982-8600 Kea'au  
808-322-6627 Kona Keauhou  
808-329-1632 Kona Lanihau  
808-965-3144 Pahoa

**Shiigi Drug**  
808-935-0001 Downtown Hilo

\* Check with your health plan regarding coverage for breast pumps

## Medication & Breastfeeding



These websites may be used to determine the compatibility of prescription and over-the-counter drugs and breastfeeding.



MommyMeds



NCBI

## Breastfeeding How-To Videos



What is WIC. WIC Breastfeeding Support. Video



Paced bottle feeding for the breastfed baby. Video



Your baby knows how to Latch On. 5 min Video.



How to use SNS: Supplemental Nursing System. Video

## Donate Breastmilk



877-375-6645 to apply to be a donor

Once you are approved as a donor, Kehau Kealoha can help you. She is the Hawaii Island Shipping Supply Site coordinator  
808-757-6009

## Breastfeeding Resources



Work and Pump. Returning to work and school.



Med.Stanford.edu/newborns.



# YOU CAN DO THIS!

- Communicate the benefits of breastfeeding for both mother and child and encourage ongoing breastfeeding for 2 years
- Help families with common breastfeeding problems and refer for ongoing care as needed
- Choose medications safe in breastfeeding and avoid “pump and dump”



# QUESTIONS?

mrobey@hhsc.org



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