

Protocol #20

Breastfeeding the Older Child



Protocol # 20: Breastfeeding the Older Child

As the baby grows older, changing needs and developmental norms often alter the breastfeeding relationship. Being able to anticipate and understand these changes can facilitate ongoing maternal/child cohesion and the mother's breastfeeding self-efficacy.

Observation and Assessment

Assess the baby for:

- Breast refusal
- Change in behaviour
- Altered attention span
- Developmental milestones including appropriate growth (see *Appendix D* and *E: WHO Growth Charts*)
- Health status
- Signs of teething
- Changes in breastfeeding patterns
- Signs that the baby is ready for introduction to solids.

Assess the mother for:

- Breastfeeding expectations and goals

- Sore nipples
- Changes in breast milk supply
- Maternal breastfeeding self-efficacy, stress and coping challenges, including available support
- Ineffective latching (*Protocol #2: Positioning and Latching*)
- Return to work or school/change in routine
- Maternal infant separation
- Changes in fertility and menstruation

Suggestions

1. Offer information to the mother about expected developmental changes in her baby and the impact developmental changes can have on breastfeeding (Riordan & Waumback, 2010).

General Developmental Principles

Age	Breastfeeding Behaviour
First day postpartum	<ul style="list-style-type: none">– may or may not breastfeed following delivery– sleepy, learning to suckle– can generally maximize the use of basic reflexes to self-latch
1 month	<ul style="list-style-type: none">– becoming efficient at suckling– breastfeeds at least 8 times per day
2 months	<ul style="list-style-type: none">– easily pacified by frequent breastfeeding
3 months	<ul style="list-style-type: none">– will interrupt breastfeeding to turn to look at the father or another familiar person coming into the room or to smile at the mother
4–5 months	<ul style="list-style-type: none">– continues to enjoy frequent breastfeeding at the breast– beginning of teething; may interrupt breastfeedings due to sore gums

General Developmental Principles (continued)

Age	Breastfeeding Behaviour
7–8 months	<ul style="list-style-type: none"> – will breastfeed anytime and anywhere – actively attempts to get to the breast, i.e., tries to unbutton mother’s shirt
9–10 months	<ul style="list-style-type: none"> – easily distracted by surroundings and interrupts breastfeeding frequently – may hold the breast with one or both hands while breastfeeding
11–12 months	<ul style="list-style-type: none"> – tries “acrobatic” breastfeeding
12–15 months	<ul style="list-style-type: none"> – uses top hand to play while breastfeeding, e.g., forces a finger into the mother’s mouth, plays with her hair or pinches her other nipple – hums or vocalizes while breastfeeding – vocalizes the need to breastfeed; may use “code” word
16–20 months	<ul style="list-style-type: none"> – verbalizes delight with breastfeeding – takes mother by her hand and leads her to favourite breastfeeding place
20–24 months	<ul style="list-style-type: none"> – stands up at times while breastfeeding – breastfeeds more for comfort than for nourishment – when asked to do so by the mother, willing to wait until later for breastfeeding

Encourage the mother in understanding that:

- Growth spurts are rapid periods of growth in which the baby will breastfeed more often in response to an increased caloric need. The mother should breastfeed in response to infant feeding cues. Her breast milk supply will increase accordingly (Walker, 2011). It can be expected that babies will increase the number and lengths of breastfeeding during the second and third week of life. This can also happen at around 6 weeks and 3 months (Mohrbacher et al., 2010). It is very important to keep in mind that each infant is an individual and may present a range of breastfeeding behaviours that change over time i.e., may experience growth spurts at different times, may gain weight differently, may prefer one breast over the other, may start solids at different times, and may wean at different times (Walker, 2011).
- Growth spurts can affect the baby’s temperament and sleeping patterns, but are temporary.
- Teething can cause changes in established breastfeeding patterns due to the baby’s painful

gums (Mohrbacher, 2010).

- Babies who breastfeed during teething have been shown to experience less discomfort (The Nigerian Dental Journal, 2009).
- Older babies may bite as a result of learning/ exploring the new capabilities of their growing and changing bodies, and not out of “meanness” (Mohrbacher, 2010).
- Many babies never bite.
- There comes a time when breastfeeding alone will no longer fulfill the baby’s nutritional needs and solids should be introduced (Riordan and Wambach, 2010).

Encourage the mother to:

- Respond promptly to the cry of her older baby. She will not spoil the baby by being attentive to his/her needs.
- Breastfeed in a quiet, dimly lit room, if possible, giving the baby her focused attention.

- Learn to notice cues that the baby is finished breastfeeding to limit the opportunity for the baby to bite.
- Ensure baby is well latched.
- Keep breast milk supply high by avoiding unnecessary/over-supplementation.
- Pump according to her regular breastfeeding pattern when away from the baby to maintain her breast milk supply.
- Make note of behaviours that precede biting.
- Make breastfeeding a relaxed and positive experience. Pressuring the baby to breastfeed can cause breast refusal and biting, as well as other feeding concerns in the future.
- If biting does occur, stop breastfeeding and offer the baby something suitable to bite, or quickly set the baby on the floor or in a safe place away from her.
- Continue to be in tune to baby's hunger and satiety cues. A baby-led approach during both breastfeeding and introduction to solids can help to ensure that feeding remains a positive experience (Mohrbacher, 2012).
- Offer nutrient-dense complementary solid foods, with particular attention to iron, at 6 months of age (TPH).
- As baby's intake of solid foods increases, the intake of breast milk will proportionally decrease.
- Continued frequent breastfeeding is encouraged for babies over a year old as they still receive essential nutrients from breast milk, e.g., essential fatty acids, vitamin A, calcium and riboflavin (Mohrbacher, 2012).
- Approach breastfeeding times with patience, encouragement, and eye contact and do not be too concerned about breast milk quantity (Mohrbacher, 2012).

2. Offer information that supports the mother as her body changes.

Encourage the mother in understanding that:

- As baby's body and needs change, so does her body.
- If she has a large storage capacity the baby will more likely sleep through the night, but if her storage capacity is small, night breastfeedings may be necessary for many months.

- Breast tissue is at its peak at 1–6 months postpartum. It decreases between 6–9 months. Decrease in breast tissue is not reflective of breast milk production.
- At 15 months postpartum, breast tissue has usually returned to pre-pregnancy size.
- Health issues can change breast milk supply after the first weeks postpartum. These include, but are not limited to, hormonal, thyroid, and pituitary problems, PCOS, pregnancy, serious illness or stress, routine, and drugs that change breast milk supply.
- Other factors can cause breastfeeding issues in older babies and need to be assessed. These include:
 - Overabundant breast milk supply (*Protocol #13: Overabundant Breast Milk Supply/Forceful Letdown or Breast Milk Ejection Reflex*)
 - Insufficient breast milk supply (*Protocol #12: Insufficient Breast Milk Supply*)
 - Mastitis (*Protocol #7: Mastitis*)
 - Candida albicans (*Protocol #15: Candidiasis (Thrush)*)
 - Breast disease, i.e., cancer.

3. Offer information that supports the breastfeeding mother while she returns to fertility.

Encourage the mother in understanding that:

- Return of menstruation can also alter the baby's breastfeeding behaviour.
- Decreased estrogen levels and increased prolactin levels during exclusive breastfeeding will impact her fertility.
- Lactation Amenorrhea Method (LAM) has been shown to be 98% effective when used within parameters that maintain/ensure this hormonal balance. Mothers can be taught to appropriately use LAM by frequently evaluating and re-evaluating these questions:
 1. Have your menses returned?
 2. Are you supplementing or allowing long periods (more than 6 hours during the night, 4 hours during the day) without breastfeeding?
 3. Is your baby more than 6 months old?

(Mohrbacher, 2010)

If the mother answers “yes” to any of the questions above, another form of birth control should be used.

- Light spotting is the first indication that she is becoming fertile again (Morbacher, 2010).
- She can continue to breastfeed if she becomes pregnant; breast milk still contains nutrition for children of any age.
- Breast milk may change in taste as a result of hormonal changes from menstruation and pregnancy, and the baby may refuse to breastfeed. This is especially true late in the second trimester of pregnancy, when the components of mature breast milk begin to resemble colostrum, which is more viscous, contains more sodium, and is smaller in volume.
- Breast/nipple changes during pregnancy may cause discomfort in breastfeeding.
- Breastfeeding throughout a healthy pregnancy has not been shown to pose a risk to the mother or the fetus. The mother must remain well nourished and take supplements.
- The mother may notice uterine contractions during breastfeeding or intercourse due to increased oxytocin levels. These contractions have not been shown to cause complications or concerns in a healthy pregnancy. Women with high-risk pregnancies or a history of prenatal concerns should consult their health care practitioners for guidance.
- The mother may need to adopt new breastfeeding positions as her abdomen grows (Mohrbacher, 2010).

References

- Mohrbacher, N. (2012). *Breastfeeding answers made simple: A guide for helping mothers*. Amarillo (TX): Hale Publishing, L.P.
- Riordan, J., Wavmbach, K. (2010). *Breastfeeding and human lactation*. (4th ed.) Sudbury (MA): Jones & Bartlett Publishers.
- The Nigerian Dental Journal. (2009). *Biometrics of the primary dentition in Nigerian sample*, 17 (2).
- Toronto Public Health [TPH]. (2011). *Breastfeeding protocols – Informed decision making protocol*.
- Walker, M. (2011). *Breastfeeding management for the clinician: Using the evidence*. (2nd ed.) Sudbury (MA): Jones & Bartlett Publishers.