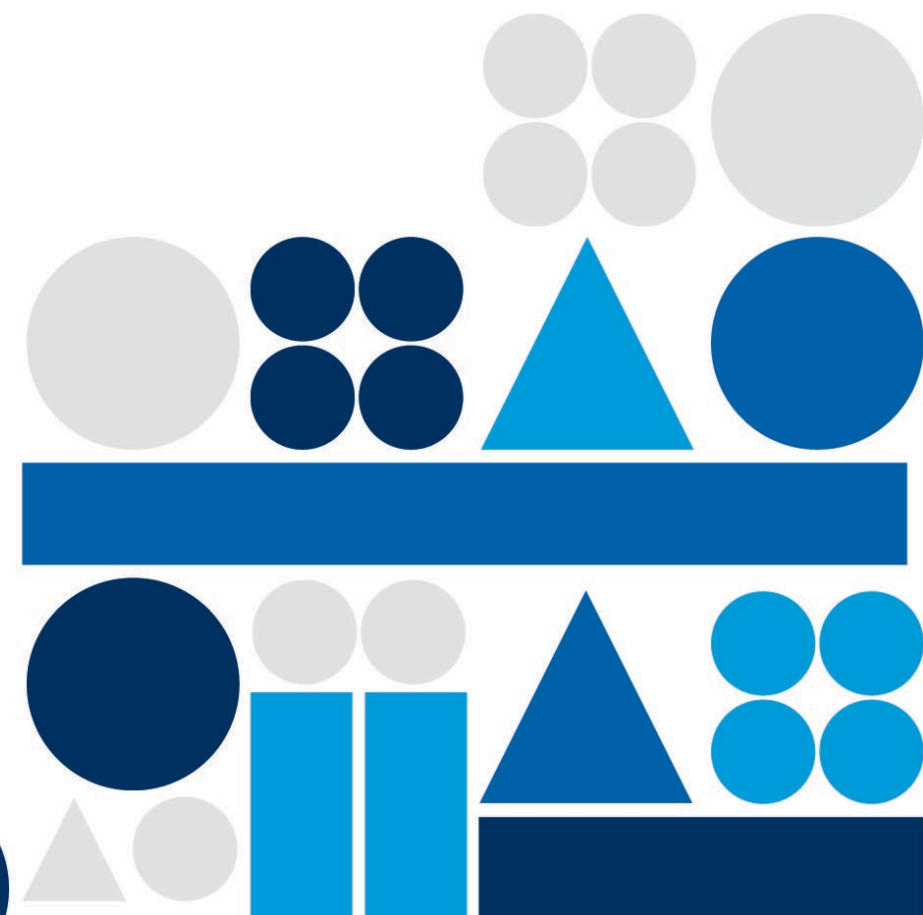


NOVEMBER 7, 2025

BREAST IS STILL BEST: Updates on Maternal and Pediatric Nutrition

Maya Bunik, MD, MPH, FABM, FAAP
Chair, Section on Breastfeeding, AAP
Professor of Pediatrics
Associate Chief Medical Office-Ambulatory



I have no financial disclosures or conflicts.

Objectives

- 1) Understand the recent policy changes and evidence for breastfeeding recommendations.
- 2) Learn about feeding challenges with prematurity, early infant weight loss and maternal oversupply.
- 3) Describe best uses of the Trifecta Approach for Breastfeeding Management Clinic here at CHCO and how to refer.

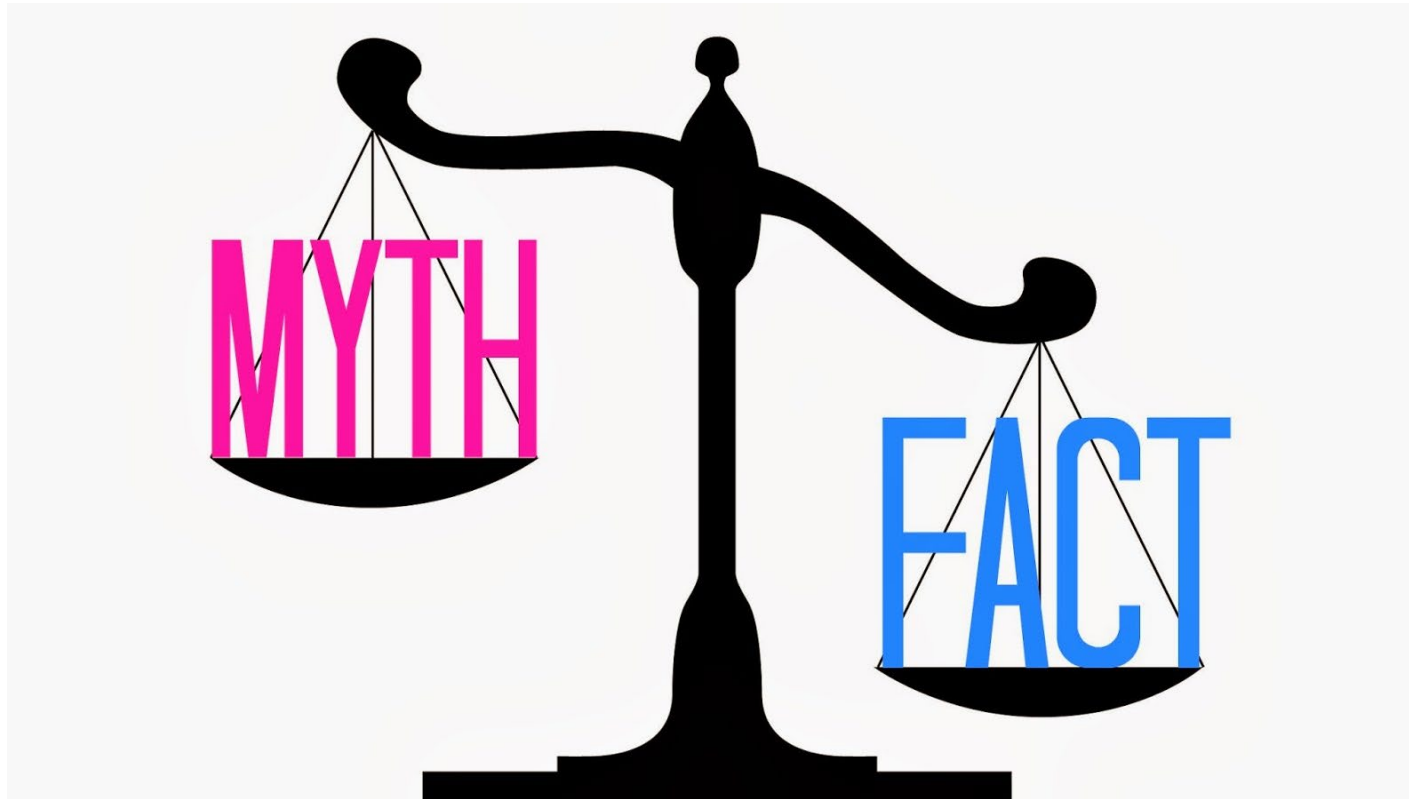
Background

- Breastfeeding provides optimal nutrition for infants and an intimate maternal-infant bonding experience that establishes the relational tone for parenting and interactions
- The breastfeeding relationship is often complicated by challenges in the first few weeks of life: fatigue, hormonal changes, changes in relationships, visitors, internet searches and conflicting advice
- Pregnancy-related mood disorders and maternal mental health are inextricably connected to a mother's experience of breastfeeding

Background

- Excessive crying often coincides with the establishment of the breastfeeding relationship (3-4 weeks), creating a complicated constellation of symptoms that are difficult for pediatric providers to treat.
- Treating these infants typically requires several outpatient visits, medical detective work and/or referrals.


Googling 'Breastfeeding Problems' results in over 36 million hits



Many new families are uncertain about who to call to get their infant feeding concerns addressed. Pediatric clinicians should be that resource and yet...

FROM THE AMERICAN ACADEMY OF PEDIATRICS | CLINICAL REPORT | MAY 01 2017

The Breastfeeding-Friendly Pediatric Office Practice **FREE**

Joan Younger Meek, MD ; Amy J. Hatcher, MD; SECTION ON BREASTFEEDING; Margreete Johnston, MD; Mary O'Cor
Lisa Stellwagen, MD; Jennifer Thomas, MD; Julie Ware, MD; Richard Schanler, MD

American Academy
of Pediatrics

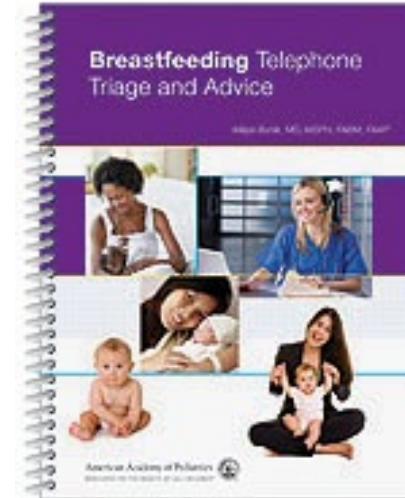


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AAP Policy Statement 2022

“Breastfeeding and human milk are the normative standards for infant feeding and nutrition. The short- and long-term medical and neurodevelopmental advantages of breastfeeding make breastfeeding, or the provision of human milk, a public health imperative.

The American Academy of Pediatrics (AAP) recommends **exclusive breastfeeding for approximately 6 months after birth**. Furthermore, the AAP supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for **2 years or beyond**. These recommendations are consistent with those of the World Health Organization (WHO).”

FROM THE AMERICAN ACADEMY OF PEDIATRICS | POLICY STATEMENT | JUNE 27 2022

Policy Statement: Breastfeeding and the Use of Human Milk **FREE**

Joan Younger Meek, MD, MS, RD, FAAP, FABM, IBCLC ✉; Lawrence Noble, MD, FAAP, FABM, IBCLC; Section on Breastfeeding

Address correspondence to Joan Younger Meek, MD, MS, Florida State University College of Medicine, 250 E. Colonial, Suite 200, Orlando, FL 32801 E-mail: jmeek@fsu.edu

Pediatrics (2022) 150 (1): e2022057988.

<https://doi.org/10.1542/peds.2022-057988> **Article history** ⓘ

Not meeting goals

- 60% of mothers in the United States report that they do not breastfeed as long as they intended to citing issues with latch, the infant's weight, or concerns about medications.
- Unsupportive work policies, cultural norms, and lack of parental or family support are barriers to breastfeeding.
- Women who are supported in breastfeeding are 2.5 times more likely to exclusively breastfeed for 6 months.
- This support includes maternity care practices that support breastfeeding, home visits, health care staff education, and peer support through WIC.



Selected Bioactive Factors in Human Milk

Selected Bioactive Factors in Human Milk	
Factor	Bioactive Property
Secretory immunoglobulin A	Specific antigen-targeted anti-infective action
Lactoferrin	Inhibits growth of bacterial pathogens, decreases intestinal permeability, aids in cell wall breakdown, immune modulation, antiviral trophic for intestinal growth
α -Lactalbumin	Bactericidal, immunostimulant, prebiotic
Lysozyme	Antibacterial via cell wall and membrane breakdown and antiviral
κ -Casein	Antiadhesive for bacterial flora
Lactadherin (in milk fat globule membrane)	Antiviral, immunostimulant
Milk fat globule membrane (MFGM)	Antibacterial, antiviral
Oligosaccharides	Prebiotic, stimulate beneficial bacterial colonization and block attachment of bacterial pathogens
Cytokines, chemokines	Modulate intestinal epithelial barrier function, immune modulation?
Interleukins (IL-4, IL-10)	Anti-inflammatory
Interleukins (IL-6, IL-8)	Proinflammatory
Interferon (IFN)	Proinflammatory
Tumor necrosis factor (TNF)	Stimulates inflammatory immune activation
Epidermal growth factor (EGF)	Gut luminal surveillance, repair of intestine
Transforming growth factor (TGF)	Promotes epithelial cell growth, suppresses lymphocyte function
Nerve growth factor (NGF)	Growth of neuronal, hepatic, and intestinal cells and tissues
Insulin-like growth factors (IGFs)	Growth and development of the GI tract
Granulocyte colony-stimulation factor (G-CSF)	Enhances intestinal integrity by regulating neutrophil production
Vascular endothelial growth factor (VEGF)	Promotes angiogenesis and tissue repair
Bile salt-stimulating lipase (BSSL)	Produces free fatty acids, antibacterial activity
Platelet-activating factor-acetylhydrolase	Blocks action of platelet-activating factor
Glutathione peroxidase	Prevents lipid peroxidation, anti-inflammatory
Nucleotides	Enhance T cell maturation, antibody responses, bacterial flora
Gangliosides	Pathogen inhibition, immune modulation
Vitamins A, E, and C	Antioxidants (scavenge oxygen radicals)
Glutamine	Intestinal cell fuel, immune response
Hormones	Anti-infective properties, immunomodulation
Leptin	Regulation of food intake and energy metabolism
Adiponectin	Reduction of proinflammatory cytokines, improves insulin sensitivity, increases fatty acid metabolism
Erythropoietin (EPO)	Stimulates production of red blood cells
MicroRNA (in exosomes)	Immune modulation, epigenetics
Osteopontin	Chemoattractant, immune modulation, antiviral, antibacterial
Immune cells (neutrophils, activated macrophages exhibiting HLA Class II antigens, lymphocytes, eosinophils)	Phagocytosis, T cell development and maturation, tolerance, and immune modulation?

GI, gastrointestinal; HLA, human leukocyte antigen.

From American Academy of Pediatrics, American College of Obstetricians and Gynecologists. *Breastfeeding Handbook for Physicians*. Schanler RJ, Feldman-Winter Mass SB, Meek JY, Noble L, eds. 3rd ed. American Academy of Pediatrics; 2022. Derived from Hamosh M. Bioactive factors in human milk. *Pediatr Clin North Am*. 2001;48(1):69–86.

Why Breast is Still Best?
It is all about the live cells!

Benefits for Mother and Infant

Mother

- Hypertension
- Breast cancer
- Ovarian cancer
- Endometrial cancer
- Thyroid cancer
- Stroke, Myocardial Infarction
- Obesity
- Type 2 diabetes

Infant

- SIDS, infant mortality
- Necrotizing Enterocolitis, Sepsis, ROP, CLD in NICU infants
- Lower respiratory infections
- Otitis media
- Severe or persistent diarrhea
- Asthma, eczema
- Crohn's, Ulcerative Colitis
- Obesity
- Type 1 diabetes
- Type 2 diabetes
- Leukemia

Common Breastfeeding Management Obstacles

Baby Tongue Tied?

- Anterior type is easily recognized by providers
- Release procedure safe
- Main indications: maternal pain and poor milk transfer



Thomas J, Bunik M, et al. Identification and Management of Ankyloglossia and Its Effect on Breastfeeding in Infants: Clinical Report. Pediatrics. 2024

Bristol Tongue-tie Assessment Tool	Score		
	0	1	2
Appearance of tongue tip	Heart shaped	Slight cleft/notched	Rounded
Attachment of frenulum to lower gum edge	Attached at top of gum ridge	Attached to inner aspect of gum	Attached to floor of mouth
Lift of tongue wide mouth wide (crying)	Minimal tongue lift	Edges only to mid-mouth	Full tongue lift to mid-mouth
Protrusion of tongue	Tip stays behind gum	Tip over gum	Tip can extend over lower lip
Total score of 0–3 indicates severe reduction of tongue function			

Reproduced with permission from Dixon B, Gray J, Elliott N, Shand B, Lynn A. A multifaceted programme to reduce the rate of tongue-tie release surgery in newborn infants: observational study. *Int J Pediatr Otorhinolaryngol.* 2018;113:156–163.

HOME CARE ADVICE

Pumping Until Evaluation Is Best: If your baby is frustrated with feedings or you are having nipple pain, you should pump instead until referral can be made for latch evaluation or frenectomy.

BACKGROUND INFORMATION

- Only a small percentage of babies (0.02%–10.7%) have congenital ankyloglossia (ie, tongue-tie being present at birth).
- Condition can be familial.
- Fifty percent of babies with tongue-tie will not have breastfeeding difficulty.
- There is some concern that this is a condition is a fad driven by practitioners who are making money from this procedure, which is not generally covered by insurance providers.
- Controversy exists on significance of this condition, especially so-called posterior tongue-tie. Recent systematic reviews on the topic suggested more rigorous research is needed.
- Sometimes clipping is needed to reduce pain in the mother or for improved milk transfer.
- Can be performed by pediatrician or family physician (if trained in frenotomy/frenectomy), otolaryngologist, or dentist. Usually procedure is performed with sucrose analgesia alone (ie, without anesthesia). The baby can usually nurse immediately afterward.

- Unfortunately, some infants can have issues after laser treatment with scarring.
- Follow-up after release procedure is important because there may be other causes for continued feeding difficulties.
- Although many believe that it can be associated with later speech difficulties, little evidence supports this. If tongue-tie is not causing breastfeeding issues, the American Speech-Language-Hearing Association recommends waiting until age 4 years for assessment. As the child grows, the lingual frenulum recedes, stretches, and may even rupture, so initial restrictions of lingual movement are diminished.



Frenulum delineated before frenectomy

Courtesy of Peggy Kalley, MD.

What is the Evidence?

- When breastfeeding is not going well a quick fix is desired
- Assessment/selection is important because 50% will not require release
- 2-3 weeks of age is best timing for intervention
- Release procedure is most likely overdone

LeFort Y, Evans A, Livingstone V, Douglas P, Dahlquist N, Donnelly B, Leeper K, Harley E, Lappin S. Academy of Breastfeeding Medicine Position Statement on Ankyloglossia in Breastfeeding Dyads. Breastfeed Med. 2021 Apr;16(4):278-281. doi: 10.1089/bfm.2021.29179.ylf. PMID: 33852342.

What is the Evidence?

- Release procedure is most likely overdone
- Abundance of misinformation is available online blogs, mothers' groups, etc.
- Infant may still have feeding issues—delay in further evaluation
- Complications are rare but should be done by trained professional
- Out of pocket costs for vulnerable families

Messner AH, Walsh J, Rosenfeld RM, Schwartz SR, Ishman SL, Baldassari C, Brietzke SE, Darrow DH, Goldstein N, Levi J, Meyer AK, Parikh S, Simons JP, Wohl DL, Lambie E, Satterfield L. Clinical Consensus Statement: Ankyloglossia in Children. *Otolaryngol Head Neck Surg.* 2020 May;162(5):597-611. doi: 10.1177/0194599820915457. Epub 2020 Apr 14. PMID: 32283998.

Loop of the Pediatric Medical Home

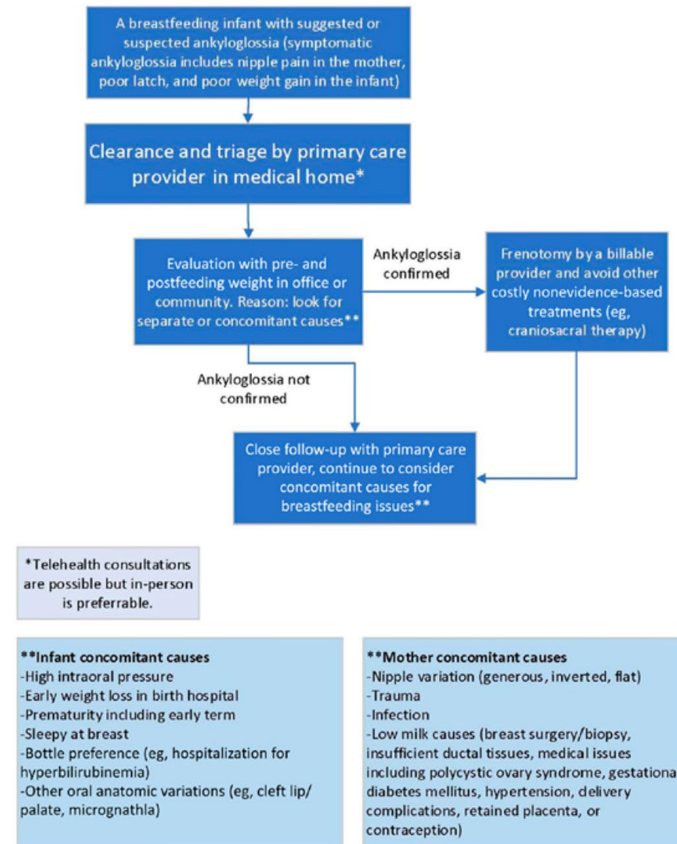


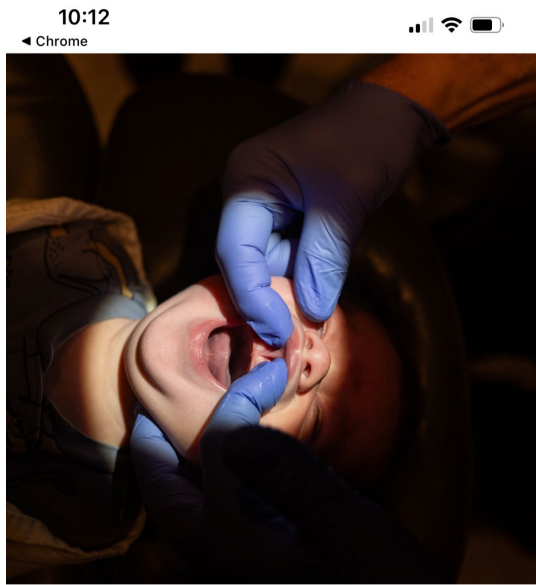
FIGURE 5
Ankyloglossia algorithm. Created by: Maya Bunik, MD, MPH, FAAP

Breastfeeding is a 'team sport' - it is not just about the baby

Mother is a 4th time mom and breastfed all her previous 3 children for over a year. She has a strong milk supply and cannot understand why her baby is having trouble latching.

At the start of the breastfeeding session evaluation it is noted that the mother has large bulbous nipples and it is challenging for the infant to even get the nipple portion into his mouth.



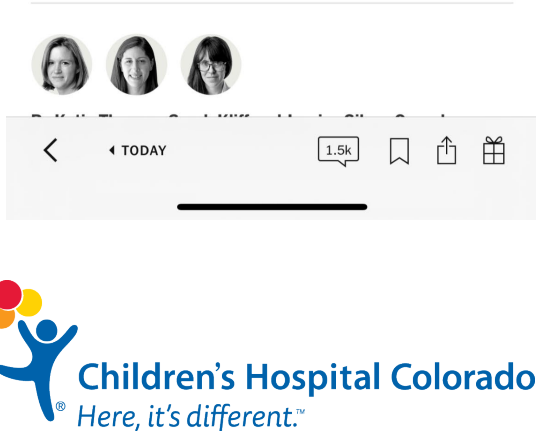


A baby was examined before a tongue-tie release in a clinic in Manhattan last month. Jackie Molloy for The New York Times

OPERATING PROFITS

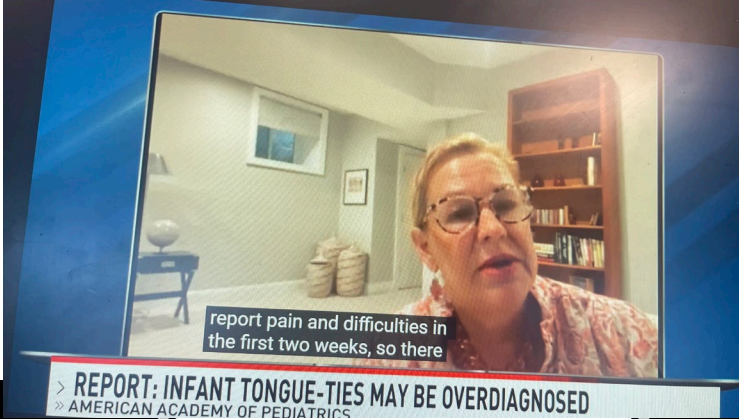
Inside the Booming Business of Cutting Babies' Tongues

Dentists and lactation consultants around the country are pushing “tongue-tie releases” on new mothers struggling to breastfeed.



NYT--Pediatricians Warn Against Overuse of Tongue-Tie Surgeries

In a new report, the American Academy of Pediatrics said that breastfeeding problems were rarely caused by infant tongue-tie



Tongue-ties may be overdiagnosed and needlessly treated in infants, pediatrician group says



Advocacy and the Ankyloglossia CR: Media Coverage

Media

The clinical report has received widespread media coverage within its first 24 hours of publication. More than 750 news stories were featured in print, online, television and radio, including articles in the [New York Times](#) and news syndicate [Associated Press](#). Lead authors Dr. Jenny Thomas and Dr. Maya Bunik, chair of the Section on Breastfeeding, were quoted more than 400 times in articles.

- Media coverage breakdown July 29-July 30, 2024, includes:
- Online and print: 611 articles
- Television: 81 broadcasts
- Radio: 84 mentions

Social Media

The recent tongue tie policy statement was the most shared AAP policy statement ever on social media. In the first 36 hours after the launch, the content has been seen by over 275,000 people and has over 15,000 engagements (likes, comments, shares, clicks). Content has [included graphics and posts](#) on all of AAP and HealthyChildren's social media accounts and [videos featuring Dr. Jenny Thomas](#), one of the policy authors.

Case: Recovering from 'Lactastrophe'

- 33 day old referred to by pediatrician after early weight loss and then slow weight gain
- Born 37 weeks
- Sleepy at breast, not feeding well
- 'Triple feeding' exhaustion
- Maternal stress



Early Infant Weight Loss & NEWT scale



- Day 3 to 4 is the most common time for the nadir; 75% of exclusively breastfed newborns regain birth weight by 1 week and 85% by 2 weeks; that means **15%** need a bit more time to get back to birth weight.
- A few birth hospitals in the United States are moving to record an official birth weight at 24 hours to avoid the **undue worry** and unnecessary supplementation that can occur with common diuresis.
- When there is doubt, a referral for a **pre- and post- feeding weight** evaluation can turn things around.

Early Infant Weight Loss Morbidity

Table 11 Summary clinical evidence profile for weight loss in exclusively breastfed infants

Weight loss in exclusively breastfed infants							No of Participants (studies)	Quality of the evidence ³
Outcomes	Results							
Time of weight nadir ¹	Range 44 to 65 hours						N= 111,087 (3 studies)	Moderate for all studies ^{4,5}
Maximum weight loss ²	Birth type	50 th centile	95 th centile	97.5 th centile	N babies	N= 137,495 (5 studies)	Moderate for all studies ⁴	
	Vaginal	6.0% to 7.4%	8.8% to 10.6%	9.4%	85,193			
	Caesarean	8.6%	11.7%	-	25,474			
	Not specified	5.5% to 6.6%	9.7% to 12.5%	10.6% to 13.8%	26,828			
	All combined	5.5% to 8.6%	8.8% to 12.5%	9.4% to 13.8%	137,495			
Time to return to birth weight (days)	Birth type	Median	95 th centile	97.5 th centile	N babies	N=395 (1 study)	Low ⁶	
	Not specified	8.3	18.7	21.0	395			

1 Mean time between birth and the lowest weight reached

2 Compared to birth weight

3 Assessed using the JBI prevalence checklist published by [Munn 2014](#)

4 Studies typically used weights routinely collected during hospital stay, detail about method of weighing was lacking, non-UK studies had potential demographic and maternity care differences to the UK population

5 Mothers and babies were often discharged before the weight nadir was reached.

6 Birth weight was not reported, method of delivery not reported. Time to regain birth weight was estimated in some infants who did not have a weight actually measured above birth weight.

From: 4. [Weight loss in the early days of life](#)

Additional Medical Factors

- Prematurity or even early term
- Jaundice
- Sleepy at breast
- Significant fussiness
- Reflux (taking Zantac)
- Milk protein intolerant (MOC eliminated dairy, soy, nuts, and wheat from her diet)



Points of Worry Regarding Milk Supply

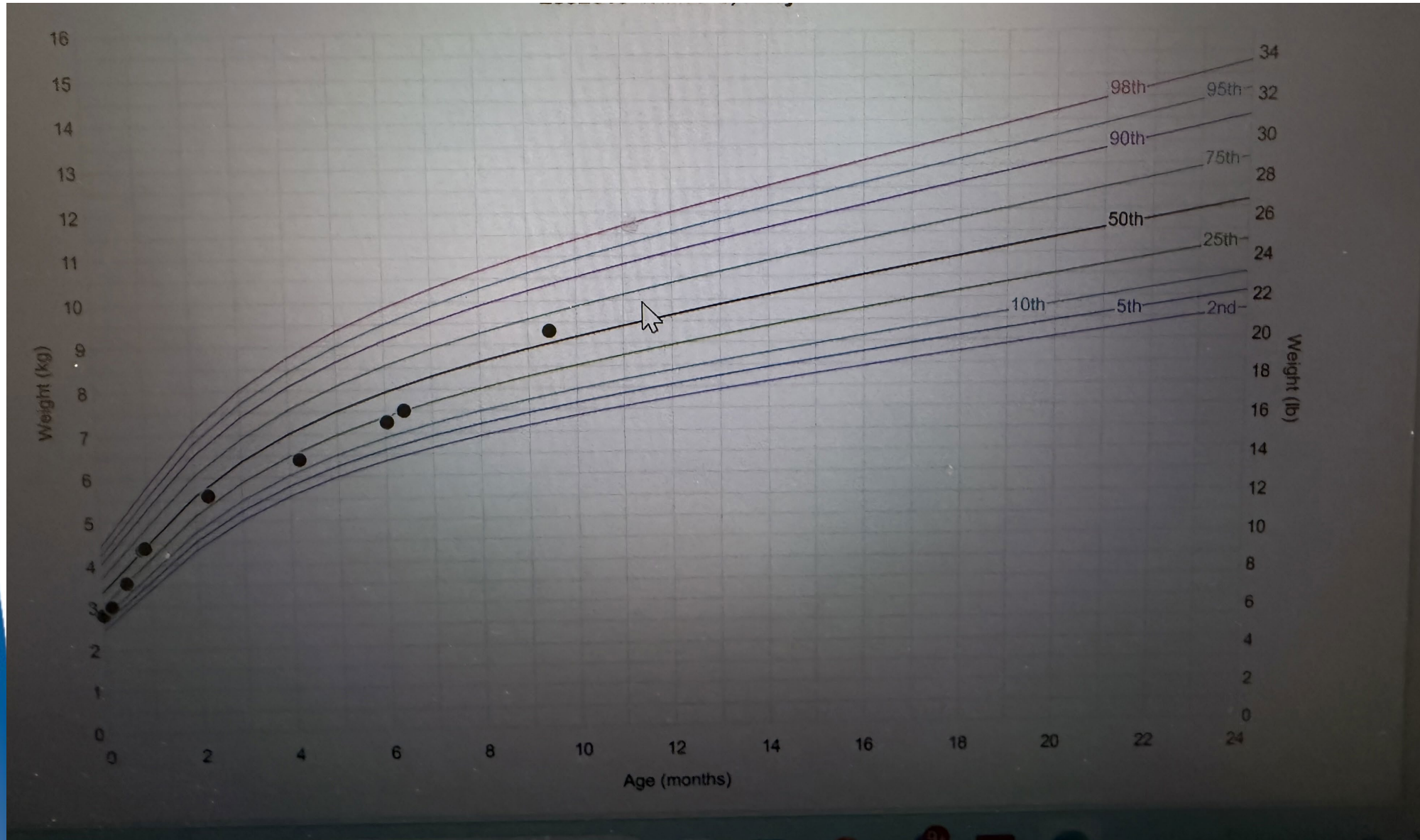
Age..... Issue..... What to do

Adapted from Breastfeeding Telephone Triage and Advice 5th edition ©Maya Bunik MD, MPH



4-7 days	Milk coming to volume, if delays may be due to issues during delivery such blood loss or retained placenta in mother	Seek help from birth or lactation team for help
10-14 days	Breast fullness commonly calms down and many mothers assume that they have less milk	Keep on nursing your baby!
2-3 months	Return to work or school requires a 2-sided electric breast pump and careful use of expressed milk by caregivers	Talking to your boss about pumping breaks and to your caregiver at home about using your pumped milk with care i.e., Avoid throwing it out—you pumped it drop by drop!
4 months	Baby's vision improves so they can see 8 feet and baby developmentally is more alert and aware and this can result in more frequent shorter but also less volume feeds	Nurse in a quiet, dark room without distractions This is a phase, and it usually only lasts a month or two
6-8 months	Response to pumping for some moms decreases but enough milk is there—it has been described as 'breasts getting tired of pumping'	Keep pumping while away from your baby
Sleeping for more than 6 hour stretches	May result in a missed feeding and a drift in weight over time. This should be enjoyed!	Making sure baby is getting 8 feeds (focusing on the daytime) in 24 hours is a minimum in the first 6 months
Making it to 1 year and beyond	Many mothers find that their 1-year-old is still interested in nursing. Most mothers do not need to pump to maintain nursing into the second year of life and can easily nurse morning, evening and at naptime too.	Celebrate getting to the one-year breastfeeding milestone
Species specific human milk is all that is needed	No need to add carton milk to toddler's diet if nursing at least a few times a day.	Benefits for mother and baby are shown to continue up to 2 years!

Growth Charts—they tell the story



Allergic Colitis and the Elimination Diets

- Fussiness and spitting up
- Visible blood or mucus in stool
- Recommendation to avoid dairy/soy in mother's diet
- Ask about family history of allergies
- cbc, albumin, stool hemoccult
- Elimination diets are difficult



Salvatore S, Folegatti A et al/ To Diet or Not to Diet This Is the Question in Food-Protein-Induced Allergic Proctocolitis (FPIAP) Nutrients. 2024

Overactive Let-down, Over abundant milk supply

- Common in multiparous mothers
- Sputtering or cough at breast (referral to us first)
- Laid-back Nursing: Try to feed baby leaning back
- Take a Break: Mother should interrupt feeding and let baby recover, waiting until the spray of milk stops
- Try Offering Only One Breast Per Feed
- Avoid Pumping to Stockpile
- Difficult and counterintuitive to convince mother to cut down on her supply

Infant and Maternal Nutrition with Breastfeeding

Maternal Dietary Recommendations

1

Balanced diet of
Enjoyable foods,
No need to avoid
certain foods-gas
happens,
500 calories a day
to make milk!

2

Prenatal
Vitamins
Calcium
Vitamin D

3

Special diets:
Vegan,
Fish and
Mercury,
Lactogenic

4

Herbs and
Probiotics

5

Hydration

Infant Nutrition: Vit D, Iron, Zinc

Vitamin D

- Lack of vitamin D intake or decreased sun exposure leads to vitamin D deficiency and can cause growth delay.
- In addition, vitamin D deficiency is being linked to many other illnesses in adults and children (eg, poor growth).
- All breastfed babies receive 400 IU of vitamin D per day starting soon after birth.
- Pregnant people are known to be at risk for deficiency.
- 6400IU This offers a convenient and safe alternative to giving the baby daily dosing. Note that most prenatal vitamins contain only 800 IU of vitamin D.
- Previously, 20 minutes of sun twice a week that involved face and full arms was recommended for babies. However, this is no longer recommended because of the baby's risk for sunburn and lifetime risk for skin cancer. Also, babies who are
- Darker skinned infants do not absorb as much sunlight and are therefore at higher risk for rickets if no vitamin D supplementation is given.

Iron and Zinc

- Stores that the baby received in utero from the mother start to decrease by 6 months of age.
- When solids are introduced, meats or iron-fortified cereals should be featured first because they are good sources of iron and zinc.
- •Low iron for infants at 4 to 6 months has not been found to cause clinical issues, so we do not recommend routine iron supplementation.

Meeting in the Middle with Fortification



Recipes for Fortification of Breastmilk

- 22 calorie per ounce: add $\frac{1}{2}$ baking teaspoon of regular formula powder to 2.5 ounces of pumped human milk
- 24 calories per ounce : add 1 baking teaspoon of regular formula powder to 2.5 ounces of pumped human milk

Solid Food Introduction in the Breastfed Infant

- **Start slow and easy:** Single source foods, small amounts, may need to mix with breastmilk, 2 meal times a day-one late morning and then in the evening when family comes together.
- **Order does not matter:** No evidence for starting with vegetables or fruits but iron fortified cereals and ground up meats should be included sooner than later.
- **Allergic foods:** Peanut butter powder can be given at 4 months but not needed if no familial risk factors till 6 months. Other allergic foods such as eggs, dairy, soy and fish should be added to the list as more foods are introduced.
- **Get Ready for Messy:** High chair vs strapable seat to an adult chair. You may find your pet looks forward to feeding time!
- **Consider a Combination Approach:**
 - a) Store bought baby food jars
 - b) Pureed and frozen with rice cereal (for iron) in cupcake tins
 - c) prepare a small portion for baby as you make your own dinner (e.g. mashed potatoes)
- **Self-feeding of finger foods added 7-8 months**

Weight gain management and preserving breastfeeding

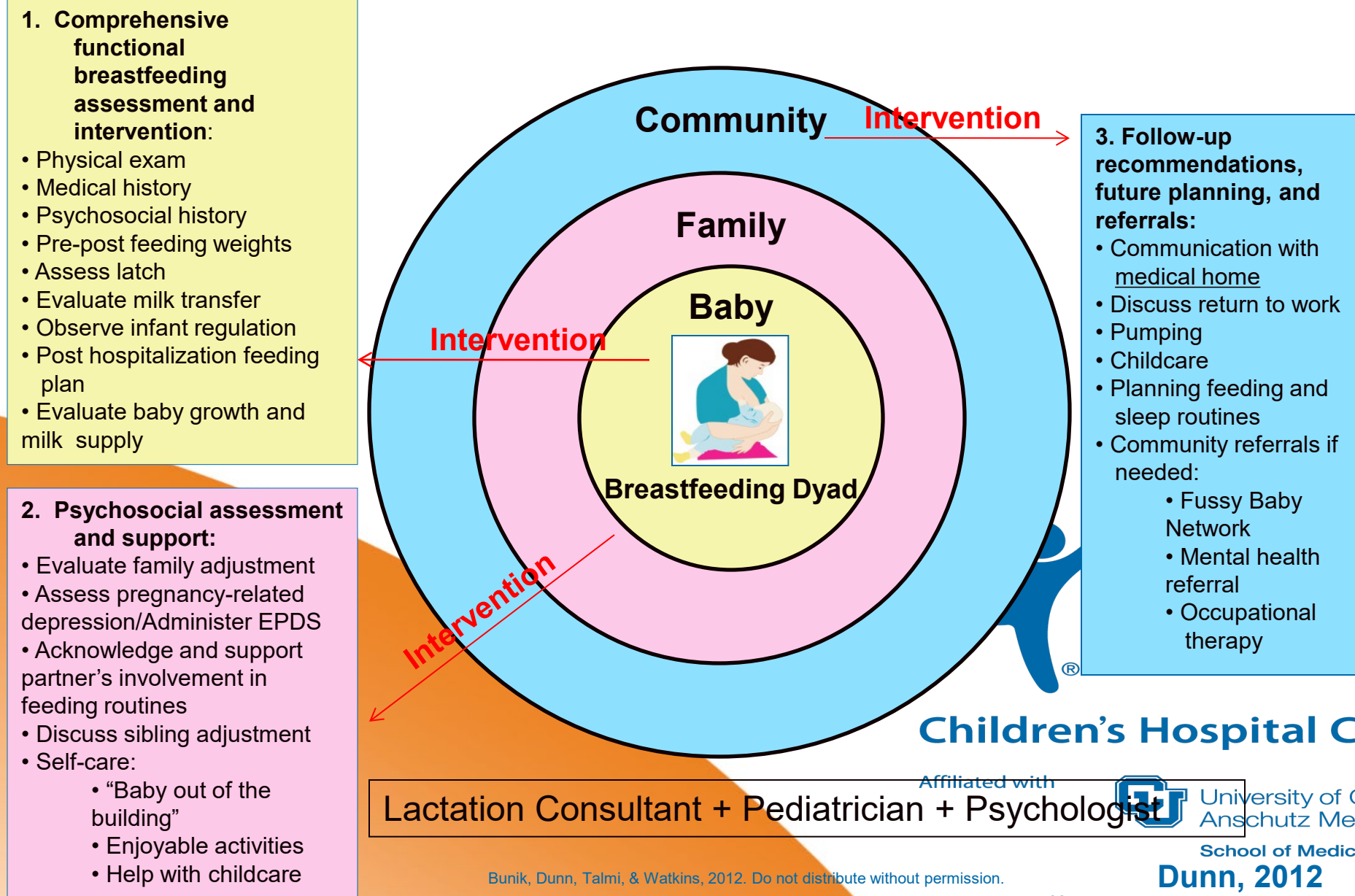
- 8 feeds a day
- Test weights are critical part of the assessment with a sensitive scale
- Distracted phases
- Long stretches of sleep
- Reflux
- Higher need for calories
- Look for other causes too—'breastfeeding always gets the blame' but it is a singular diagnosis

Breastfeeding Management Clinic

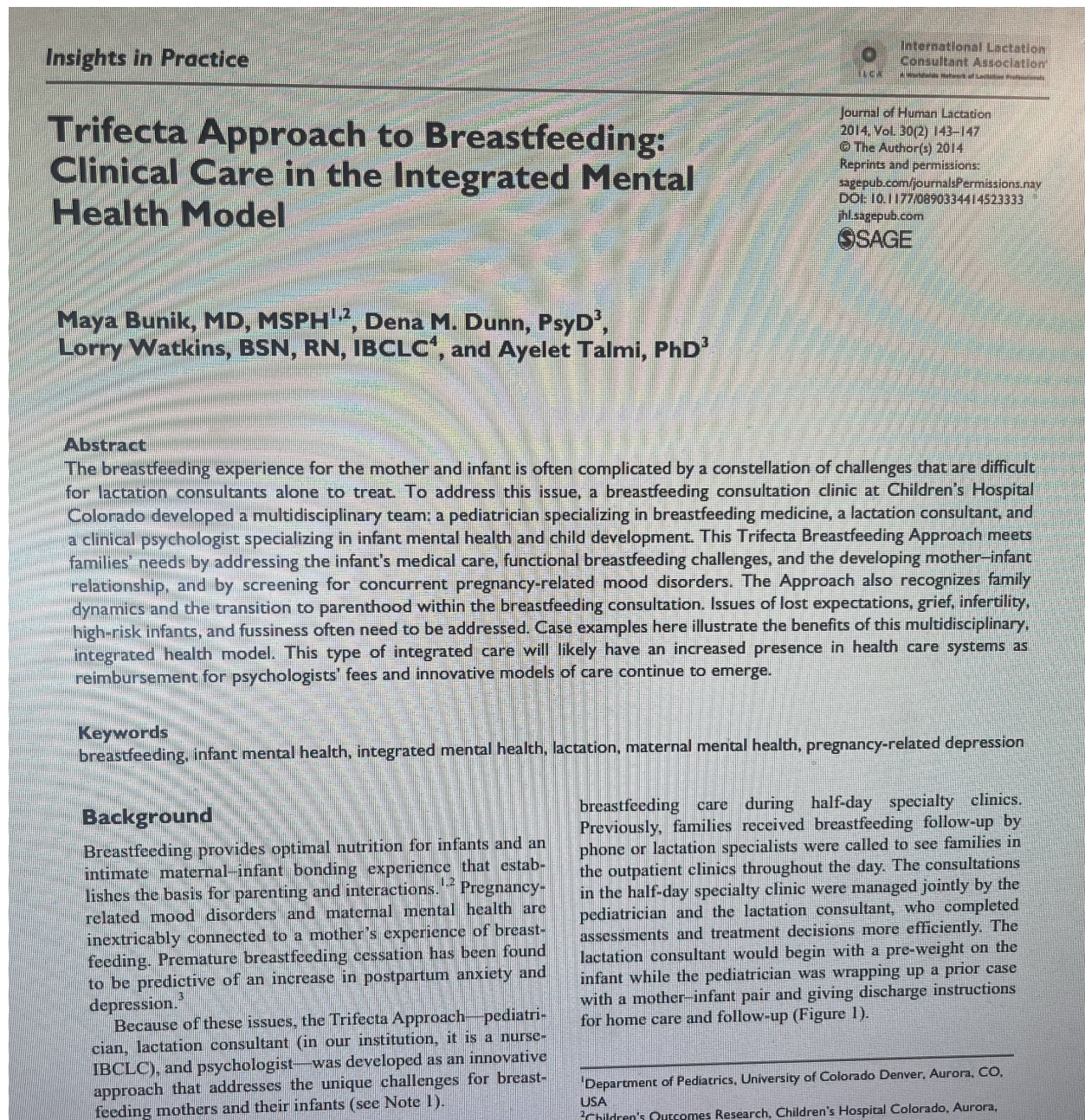
Evaluation earlier is better and support from a Behavioral Health Specialist for the Family to debrief can be critical to success



What We Do: The Trifecta Model



It's Complicated



Bunik M J Hum Lact 2014

Buchholz M, Bunik M Newborn Infant Nursing Reviews, 2016

Pediatrician + IBCLC + Psychologist

- Goals for visit/concerns
- Thorough medical history
- Pregnancy and birth
- Early weight loss
- Medications, Herbs and Supplements
- Smoking tobacco and MJ
- Breast surgeries/biopsies
- Review and reflect score of EPDS
- Debunking misinformation
- Detailed feeding history
- Previous evaluations and procedures
- Pumping volumes
- Assessment of latch
- Pre and post test weights, growth chart
- Detailed feeding plan and follow-up

And How Are You Doing?

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
☒ Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
☐ No, not very often Please complete the other questions in the same way.
☐ No, not at all

In the past 7 days:

- | | |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <p><input type="checkbox"/> As much as I always could
 <input type="checkbox"/> Not quite so much now
 <input type="checkbox"/> Definitely not so much now
 <input type="checkbox"/> Not at all</p> | <p>*6. Things have been getting on top of me</p> <p><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
 <input type="checkbox"/> No, most of the time I have coped quite well
 <input type="checkbox"/> No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things</p> <p><input type="checkbox"/> As much as I ever did
 <input type="checkbox"/> Rather less than I used to
 <input type="checkbox"/> Definitely less than I used to
 <input type="checkbox"/> Hardly at all</p> | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <p><input type="checkbox"/> Yes, most of the time
 <input type="checkbox"/> Yes, sometimes
 <input type="checkbox"/> Not very often
 <input type="checkbox"/> No, not at all</p> |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <p><input type="checkbox"/> Yes, most of the time
 <input type="checkbox"/> Yes, some of the time
 <input type="checkbox"/> Not very often
 <input type="checkbox"/> No, never</p> | <p>*8. I have felt sad or miserable</p> <p><input type="checkbox"/> Yes, most of the time
 <input type="checkbox"/> Yes, quite often
 <input type="checkbox"/> Not very often
 <input type="checkbox"/> No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason</p> <p><input type="checkbox"/> No, not at all
 <input type="checkbox"/> Hardly ever
 <input type="checkbox"/> Yes, sometimes
 <input type="checkbox"/> Yes, very often</p> | <p>*9. I have been so unhappy that I have been crying</p> <p><input type="checkbox"/> Yes, most of the time
 <input type="checkbox"/> Yes, quite often
 <input type="checkbox"/> Only occasionally
 <input type="checkbox"/> No, never</p> |
| <p>*5. I have felt scared or panicky for no very good reason</p> <p><input type="checkbox"/> Yes, quite a lot
 <input type="checkbox"/> Yes, sometimes
 <input type="checkbox"/> No, not much
 <input type="checkbox"/> No, not at all</p> | <p>*10. The thought of harming myself has occurred to me</p> <p><input type="checkbox"/> Yes, quite often
 <input type="checkbox"/> Sometimes
 <input type="checkbox"/> Hardly ever
 <input type="checkbox"/> Never</p> |

Administered/Reviewed by _____ Date _____

¹Source: Cox, J. L., Holden, J. M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

- Pregnancy related depression
- Paternal depression
- Sleep expectations/deprivation
- Previous history of anxiety
- Sibling adjustment
- Financial stress
- Other family stressors
- Transition to parenthood

Top Clinical Diagnoses in BMC

	In order of Frequency (1 = most frequent)
1	Prematurity post NICU discharge, late preterm 36-38 weeks, sleepy infant
2	Never latched in hospital, bottle preference
3	Breast or nipple pain
4	Low milk supply (perceived or real)
5	Poor weight gain
6	Overabundant milk supply or overactive letdown
7	Pulling away, arching, associated with post-nursing spitting up, possible gastroesophageal reflux
8	Fussiness
9	Nipple mouth mismatch
10	Multiples

Demographics-Descriptives

- Clinic 2 half days/week now at South COS and Health Pavilion Aurora 10-12 families per week
- Dyads seen an average of 2 visits
- 99% paid by private and Medicaid insurance as an MD visit

Trifecta Lessons Learned

- What is in a baby name?
- Reflection on the EPDS score takes you to deeper understanding
- Early Infant Weight Loss and/or 1% growth cases on average 1x/week
- Wait to tell mothers about insufficient milk at the second visit
- Supporting each other in the difficult cases
- Sadness for us as Trifecta when we have no 'fairy dust'
- Success is so rewarding, grateful families—coming back with subsequent babies

Questions?



“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” Maya Angelou