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After hours calls to UHNBC Switchboard

- 250-565-2000
- Press 7
- Ask for the MHO on-call

Breastfeeding: The Primary Care Provider's Role

Breastfeeding Week is celebrated in Canada annually from Oct 1-7. This is an opportunity to reflect on how to protect, promote, and support breastfeeding. This year's theme is: "Empower parents, enable breastfeeding."

Why protect, promote, and support breastfeeding?

For many reasons, breastfeeding and human milk are important for the health of babies, mothers, families, and populations. Encouragement and support from primary care providers influences the initiation and duration of breastfeeding.

Below are a few steps primary care providers can consider.

2. **Start a conversation.**

   The prenatal period is a key time to create space for discussions about infant feeding. Consider a simple opener: "Tell me about your plans for feeding your baby."

   This is an opportunity to:

   - explore your client's goals, concerns, and information needs,
   - provide information to support informed decision making about infant feeding, and
   - let her know that you are there to support her whatever her decision is.

   Continue to create space for these discussion in the post-partum period.

   Health professionals can build their skills and confidence in guiding conversations about infant feeding decisions with the help of this tool: Informed Decision Making: Having Meaningful Conversations Regarding Infant Feeding

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2. **Learn more.**

   Additional online education opportunities and tools include:

   - Latching On: How Family Physicians Can Support Breastfeeding Patients (1-hour module, UBC Faculty of Medicine)
   - Breastfeeding Essentials for Physicians (4-hour course, Step 2 Education)
   - Breastfeeding Protocols for Health Care Providers (Breastfeeding Resources Ontario)
   - But I Don't Do Maternity Care! Specialist Physician Management of the Breastfeeding Patient (15-minute module, UBC Faculty of Medicine)

3. **Refer when needed.**

   Women need prompt support to manage challenges that may arise when breastfeeding. In addition to the support you provide, what additional resources are available in your community?

   Resources may include other physicians, lactation consultants, primary care or maternity nurses, midwives, La Leche League leaders/groups, and others.

4. **Create breastfeeding-friendly spaces**.

   The right to breastfeed is a human right in BC. It is discriminatory to ask a mother to cover up or move elsewhere to breastfeed.

   Demonstrate a positive attitude to breastfeeding and welcome clients to breastfeed in waiting rooms and during consultations - any time, anywhere.

   Consider displaying one or more of the following:

   - Window decal – We welcome you to breastfeed any time, anywhere
   - Poster – We welcome you to breastfeed any time, anywhere

Further reading:

- BC Lifetime Prevention Schedule: Behavioural Counseling Interventions – Promotion of Breastfeeding (March 2018 update, pages 26-35)
- Position paper: Breastfeeding, Family Physicians Supporting (American Academy of Family Physicians)
- Series Papers - Breastfeeding (The Lancet)
  - Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect
  - Why invest, and what it will take to improve breastfeeding practices?

Antimicrobial Stewardship topic of the month: IV versus PO antimicrobials

IV to PO antimicrobial conversion continues to be a focus area for antimicrobial stewardship (AMS). Timely conversion of antimicrobials from IV to PO maintains efficacy for many infections while preventing adverse effects associated with IV administration (i.e. line-related infections, IV-related mobility restrictions). In addition, it may provide the benefit of cost savings to the healthcare system (i.e. medication cost savings, nursing administration time,

and potentially shortened hospital stays).

When considering the oral route, it is important to evaluate the properties of potency and bioavailability. Bioavailability is the amount of drug that is absorbed into the body and available for biological effect after being taken by mouth. Potency refers to the bioavailability plus the amount of drug that the body is exposed to after administration of each dose (the area under the plasma drug concentration-time curve (AUC)).

Based on these properties, antimicrobials can be classified into three different categories:

1) **Equally potent IV and oral formulations:** fluoroquinolones (moxifloxacin, ciprofloxacin, levofloxacin), metronidazole, clindamycin, fluconazole
2) **Less potent oral formulations:** cefuroxime, cloxacillin, penicillin G
3) **No direct oral agent available:** ampicillin, ceftazidime, ceftriaxone, piperacillin-tazobactam

Making the switch from IV to PO when the oral agent is less potent than the IV, must be individualized based on the patient's clinical status (is the patient improving clinically?), ability to tolerate meds (are we able to use the gut?) and type of infection (do we have a bug with known sensitivity to an oral agent? Is the infection appropriate for oral management?). If the agent being used is an equally potent/high bioequivalent agent, the threshold for using the oral route is much lower in that the patient does not have to be showing signs of clinical improvement before the change is made, as long as all other parameters (i.e. gut and infection/pathogen) are met. Some infections should never be treated with oral agents (i.e. staphylococcus aureus bacteremia). For more information on the criteria to consider for oral conversion of antimicrobials, please refer to the NH Clinical Practice Standard 1-20-6-1-010.

You can access resources created and or provided by the AMS program by visiting the NH physicians website or OurNH.

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