

جامعة
الملك سعود
King Saud University



Maternal & child health CASES

Focus on breast feeding positioning,
counseling, growth chart

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Case 1

- ▶ Fatima goes in to see her pregnancy care provider. He or she does not know if Fatima heard the group talk on breastfeeding and if she has any questions.
- ▶ *How can the pregnancy care provider find out if a pregnant woman knows about the importance of breastfeeding or has questions?*

Topic	Discussed or note if mother declined discussion	Signed	Date
<p>Importance of exclusive breastfeeding to the baby (protects against many illnesses such as chest infections, diarrhoea, ear infections; helps baby to grow and develop well; all baby needs for the first six months, changes with baby's needs, babies who are not breastfed are at higher risk of illness)</p>			
<p>Importance of breastfeeding to the mother (protects against breast cancer and hip fractures in later life, helps mother form close relationship with the baby, artificial feeding costs money)</p>			
<p>Importance of skin-to-skin contact immediately after birth (keeps baby warm and calm, promotes bonding, helps breastfeeding get started)</p>			
<p>Importance of good positioning and attachment (good positioning and attachment helps the baby to get lots of milk, and for mother to avoid sore nipples and sore breasts. Help to learn how to breastfeed is available from ...)</p>			
<p>Getting feeding off to a good start - baby-led feeding; - knowing when baby is getting enough milk; - importance of rooming-in / keeping baby nearby; - problems with using artificial teats, pacifiers.</p>			
<p>No other food or drink needed for the first 6 months – only mother's milk Importance of continuing breastfeeding after 6 months while giving other foods</p>			
<p>Risks and hazards of not breastfeeding - loss of protection from illness and chronic diseases; - contamination, errors of preparation; - costs; - difficulty in reversing the decision not to breastfeed.</p>			

Other points discussed and any follow-up or referral needed:

Case 2

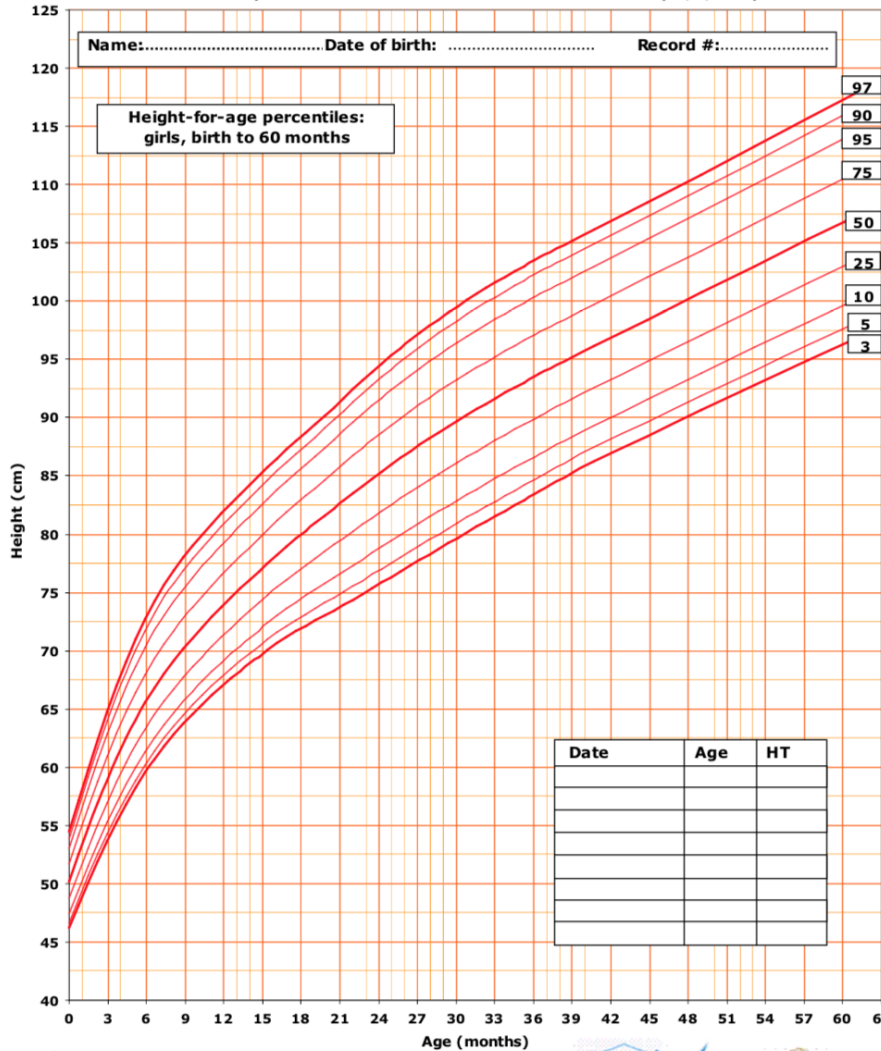
- ▶ Miriam gave her previous baby regular supplements from birth. Now she is hearing that supplements are not good for babies and wants to know why because she want to give her daughter. Her baby now is 3 months ht 58 cm wt 6 kg
- ▶ ***What can you say to Miriam?***

The Growth Charts for Saudi Children and Adolescents

Endorsed by The Health Services Council of Saudi Arabia No. 29 (24/6/2007)

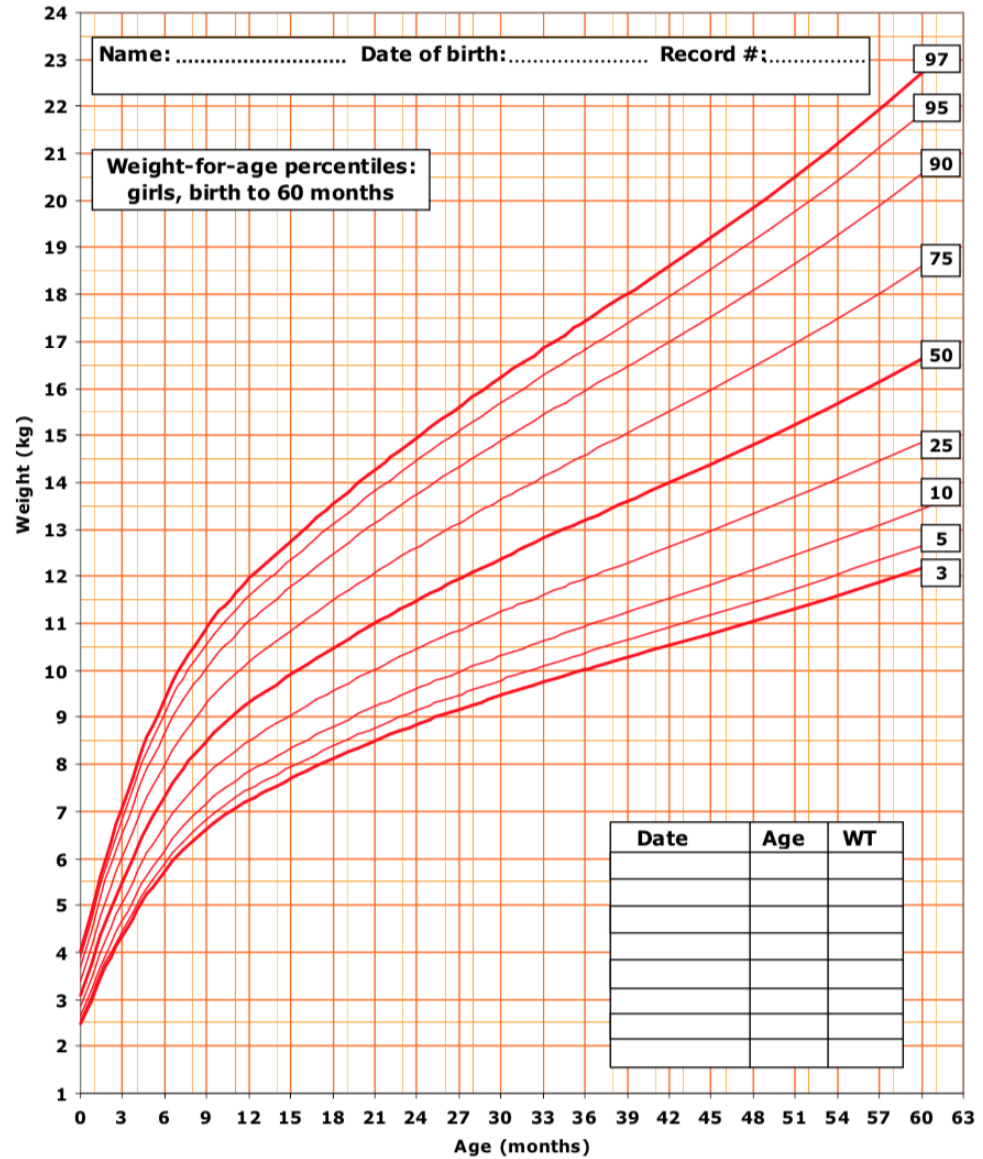
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Source: Mohammad I. El Mouzan, Abdullah A. Al Salloum, Abdullah S. Al Herbish, Peter J Foster, Mansour M. Qurashi, Ahmad A. Al Omar. The 2005 Growth Charts for Saudi Children and Adolescents (No. AR-20-63). King Abdulaziz City for Science and Technology 2009, Riyadh, KSA.

NB: The age is based on Gregorian calendar.



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Case 3

- ▶ Nora gave birth to a healthy boy in the hospital two weeks ago. Today she, the baby, and her mother-in-law are returning to the hospital because the baby is "sleeping all the time" and has passed only three stools this week. When the outpatient clinic nurse weighs the baby, she finds him 12% under birth weight.
- ▶ Nora feels that her baby is refusing her breasts. Yesterday, the mother-in-law began offering tea with honey in a bottle twice a day.
- ▶ Upon observing the breastfeed; the baby is held loosely and that he must bend his neck to reach the breast. The baby has very little of the breast in his mouth and falls off the breast easily. When he falls off the breast, he gets upset, moves his head around, crying and has difficulty getting attached again.
- ▶ ***How you can approach this case?***

The BREASTFEEDING HISTORY JOB AID

- ▶ When you are talking to a mother, the facts may not all come out in the same order as the Job Aid.
- ▶ If at any time a mother wants to tell you about something that is important to her, let her tell you that first. Ask about the other things afterwards.
- ▶ Try to remember the things that she has told you about already.

BREASTFEEDING HISTORY JOB AID

Mother's name

Baby's name

Age of child

Particular concerns about feeding of child
(or reason for consultation)

Date

Feeding

Breast milk; Other milk (formula, cow's milk, other)

Frequency of breastfeeds

Length of breastfeeds/one or both breasts

Night feeds

Quantity and frequency of other milk feeds

Other fluids in addition to milk (when started, what, quantity, frequency)

Other foods in addition to milk (when started, what, quantity, frequency)

Use of bottles and how cleaned

Feeding difficulties (breastfeeding/other feeding)

Health

Growth chart (birth weight, weight now)

Urine frequency per day (6 times or more), if less than 6 months

Stools (frequency, consistency)

Illnesses

Behaviour (feeding, sleeping, crying)

Pregnancy, birth, early feeds (where applicable)

Antenatal care

Feeding discussed at ante-natal care

Delivery experience – early contact, first breastfeed within first hour

Rooming-in

Prelacteal feeds

Postnatal help with feeding

Mother's condition and family planning

Age

Health – including nutrition and medications

Habits – coffee, smoking, alcohol, drugs

Breast health

Family planning

Motivation to breastfeed

Previous infant feeding experience

Number of previous babies

How many breastfed and for how long

If breastfed – exclusive or mixed fed

Other feeding experiences – ever used bottle feeds

Family and social situation

Work situation

Economic situation, education

Family's attitude to infant feeding practices (baby's father, grandmother)

Help with baby at home

BREASTFEED OBSERVATION JOB AID

Mother's name _____

Date _____

Baby's name _____

Baby's age _____

Signs that breastfeeding is going well:

Signs of possible difficulty:

GENERAL

Mother: Mother:

- Mother looks healthy Mother looks ill or depressed
 Mother relaxed and comfortable Mother looks tense and uncomfortable
 Signs of bonding between mother and baby No mother/baby eye contact

Baby: Baby:

- Baby looks healthy Baby looks sleepy or ill
 Baby calm and relaxed Baby is restless or crying
 Baby reaches or roots for breast if hungry Baby does not reach or root

BREASTS

- Breasts look healthy Breasts look red, swollen, or sore
 Mother says no pain or discomfort Mother says breast or nipple painful
 Breast well supported, fingers away from nipple Breast held with fingers near nipple
 Nipple stands out, protractile Nipple inverted, large or long

BABY'S POSITION

- Baby's head and body in line Baby's neck and head twisted
 Baby held close to mother's body Baby not held close
 Baby's whole body supported Baby' whole body not supported
 Baby approaches breast, nose to nipple Baby approaches breast, lower lip to nipple

BABY'S ATTACHMENT

- More areola seen above baby's top lip More areola seen below bottom lip
 Baby's mouth open wide Baby's mouth not open wide
 Lower lip turned outwards Lips pointing forward or turned in
 Baby's chin touches breast Baby's chin not touching breast

SUCKLING

- Slow, deep sucks with pauses Rapid shallow sucks
 Cheeks round when suckling Cheeks pulled in when suckling
 Baby releases breast when finished Mother takes baby off the breast
 Mother notices signs of oxytocin reflex No signs of oxytocin reflex noticed



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