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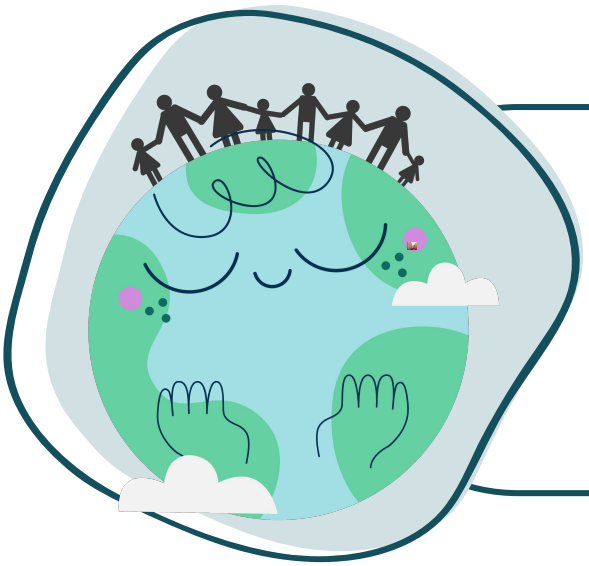

Tutorial 6: Breastfeeding

Objectives

- Demonstrate counselling skills for promotion of breastfeeding feeding (focused on benefits of breastfeeding for the mother and child, and correct way of breastfeeding feeding, advise on prevention on breast engorgement and breast abscesses)
- Demonstrate skills to plot growth charts of children
- We will discuss Global target for breastfeeding 'The Baby -Friendly Hospital Initiative As Part of The Global Strategy'
- We will discuss Antenatal Infant Feeding Checklist
- We will discuss Perceived insufficient milk issue.
- History taking for assessment of breastfeeding.
- How to assess a breastfeed (attachment, positioning, signs of effective suckling).
- Demonstrate skills to plot growth charts of children to aid in breastfeeding counseling.
- Student will be confidently support mothers with early and exclusive breastfeeding.
- Student can help in movement towards achieving Baby-friendly hospitals and communities.
- **IMPORTANT FOR OSCE**

Was done by

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Editing File

What are the effects of poor infant feeding on:

1. Families
2. Communities
3. Health services

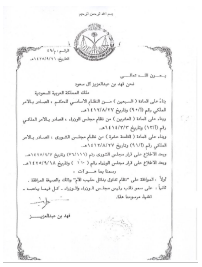
Global targets 2025: To improve maternal, infant and young child

Breastfeeding target: Increase the rate of exclusive breastfeeding[1] in the first 6 months up to at least 50%

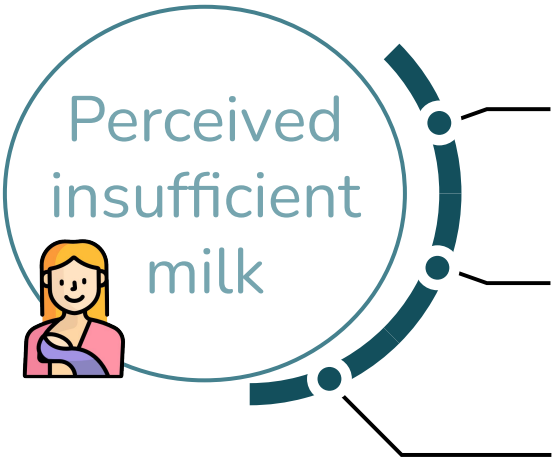
The baby-friendly hospital initiative a part of the global strategy

The WHO International Code of Marketing of Breastmilk Substitutes

- Usually abbreviated to the WHO **Code** was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants
    - by the protection and promotion of breastfeeding
    - And by ensuring the proper use of **breast-milk substitutes** (individual countries) implement the Code
- Individual countries implement the Code but they may implement it in the way that they think is best for their countries
- They can make their Code a law



1: Only Breast Milk for the first 6 months regardless how (from the breast or pumping) for the first 6 months with no spplementaition.
Supplementation: Breast milk + milk formulas
The percentage of Exclusive breastfeeding in KSA is around 13%-20%



The issue of perceived **insufficient milk** supply is a f**requently** occurring problem and is **reported** globally

Is often **reported** as the **most common** problem that women experience with breastfeeding

Frequently leads to early weaning or **decreased** exclusivity

Antenatal Infant checklist[1]

Topic	Discussed or note if mother declined discussion	Signed	Date
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)			
★ **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)			
Importance of skin-to-skin contact immediately after birth[2] (keeps baby warm and calm, promotes bonding, helps breastfeeding get started)			
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 …)			
Getting feeding off to a good start[3] - baby-led feeding; - knowing when baby is getting enough milk; - importance of rooming-in / keeping baby nearby; - problems with using artificial teats, pacifiers.			
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**			
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.			

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

1: Not nessecerally to cover all during the first visit.
IMPORTANT FOR OSCE
2: Premortes bonding, increase in infant's respiratory rate, increase in O2 consumption, increase in uterine contractions which decreases the chances of postpartum hemorrhage
3: Mother and infant should sleep in the same room

Recommended Milk Intake and Stooling Patterns for Breastfed Infants[1]			
Age	**Intake (mL per feeding)**	**Stooling patterns (stools per day)**	**Stool description**
0 to 24 hours	2 to 10	1	Dark green to black, sticky
24 to 48 hours	5 to 15	2	Dark green to black, sticky
48 to 72 hours	15 to 30	6 to 8	Green
72 to 96 hours	30 to 60	6 to 8	Green
> 5 days	60 to 120	6 to 8	Light mustard-seed yellow

Look

Look at the mother herself

Look

Look at how the mother holds her baby

Look

Look at the baby's condition

Crying? Jaundice? Any Herbs in the bottle?

Observe

Observe the baby responds to the breast

How to assess a breastfeed[2]

Observe how the mother holds her breast for the baby

Observe

Observe the baby's attachment and suckling

Observe

Notice how the breastfeed finishes

Notice

Observe the condition of the mother's breasts

Observe

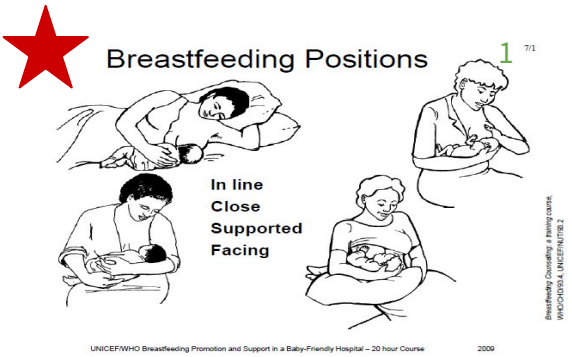
How the mother holds her baby

- Mother supports the baby's whole body
- Calm and relaxed? Nervous
- The four signs of good positioning of the baby are:
  - The baby should be **straight**
  - **Facing** the breast
  - **Close** to the mother
  - The baby should be **supported**

It is easier for the baby to attach to the breast if the mother supports the baby's whole body. Supporting only the baby's head and shoulders makes it more difficult. However, supporting the whole body is less important after the first few months, when the baby has more control. If the mother is calm and relaxed, this helps milk flow. If she is nervous, and for example, she shakes or pokes her baby, this can interfere with suckling and breast milk flow.

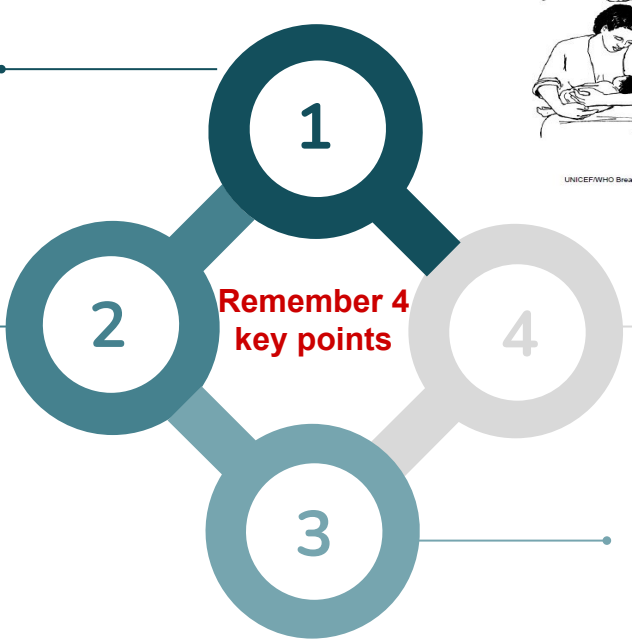
1: The mother's belief that she has "insufficient" milk is the main reason why mothers don't breastfeed
2: We don't touch the mother. We just guide her she has to correct herself.

The baby's position



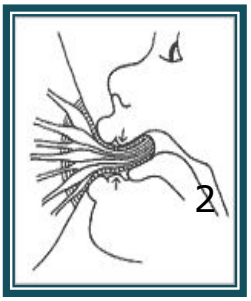
IN LINE-ear,shoulder,hip in a straight line; neck not twisted/bent forward or backward

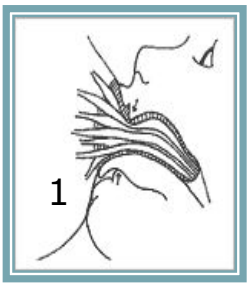
FACING- the breast with baby's nose to nipple

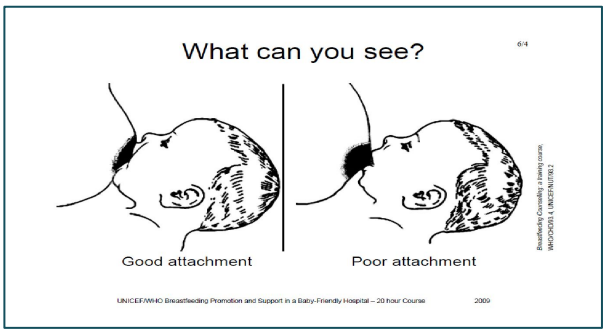


SUPPORTED-at head,shoulders; newborn-support whole body

CLOSE to mum's body-baby to breast







Observe the baby's attachment and suckling [2]

Good attachment

- The baby's mouth is wide open
- The lower lip is turned out
- The chin is touching the breast (or nearly so
- More areola is visible above the baby's mouth than below

How a baby latch

Poor attachment

- The mouth is not wide open
- The lower lip is pointing forward (it may also be turned in)
- The chin is away from the breast
- More areola is below the baby's mouth (you might see equal amounts of areola above and below the mouth)

TABLE 3

Signs of Good Positioning and Latch for Successful Breastfeeding

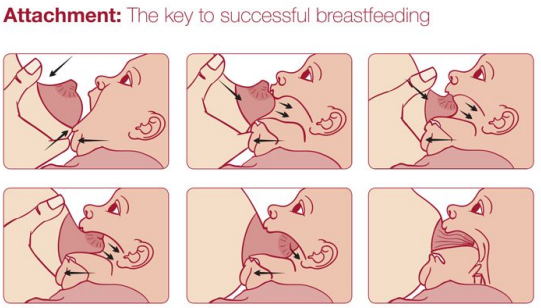
The infant's nose is free from the breast
The infant's chin is pressed against the breast
The infant's cheeks are rounded, not sunken in or dimpled
The infant's mouth is open wide like a yawn
If any areola is visible, more is seen above the infant's top lip, with little to none showing near the chin
The infant's lower lip is flanged outward
The infant's body is in line with the head and facing toward the mother ("tummy to tummy")
Feeding is not painful to the mother after the initial 30 seconds to one minute after latching
The infant has a rhythmic suck and swallow pattern

Information from references 26 and 27.

1: Whatever position the mother feels comfortable with is fine as long as the 4 key points are met.
2: While breastfeeding the mother should make sure that there's "good attachment". Also she should avoid the scissor way of holding the breast as it blocks the mammary ducts instead C- shaped is the most recommended.

Sign of effective sucking

- The baby takes slow deep sucks.
- Then he pauses and waits for the ducts to fill up again.
- Then he takes a few quick sucks to start the milk flow.
- As the milk flows, his sucks become deeper and slower again.
- You may see or hear swallowing.
- The babies cheeks are round.
- Output (full dipper)



Sign of ineffective sucking

- The baby taking quick shallow sucks all the time.
- The baby may make smacking sounds as he sucks.
- The baby's cheeks may be tense or pulled in as he sucks.
- that mean the baby is not getting much breast milk.

- ***To demonstrate effective suckling:***

Suck on your fist, with your mouth open wide, your tongue forward, and your lower lip curled back. Give slow deep sucks, about 1 per second.

- ***To demonstrate ineffective suckling:***

Suck on your thumb, with your mouth almost closed, your lips pointing forwards, and letting your cheeks pull in. Give quick, small sucks

BREASTFEED HISTORY JOB AID[1]

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

1: Frequency of breastfeeds should be every 2-3 hrs and the duration of one feed should be 10-15 mins. **Night feeds are important**
If the child isn't hungry after 2-3 hrs then the breast milk should be pumped

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

Time spent suckling ..... minutes

It summarizes the key points for assessing a breastfeed. You will use this form to practise observing breastfeeds with mothers and babies.

The signs are in 6 groups: General signs of the mother, and of the baby; Condition of the breasts; the baby's position; the baby's attachment; and suckling. There are 3 signs each for mother and baby, and four signs in each of the other groups.

Notice that the signs on the left all show that breastfeeding is going well. The signs on the right indicate a possible difficulty.
Beside each sign is a box to mark with a tick if you have seen the sign in the mother and baby that you are observing.
As you observe a breastfeed, mark a tick in the box for each sign that you observe. If you do not observe a sign, do not make a mark.
If all ticks are on the left hand side of the form, breastfeeding is probably going well.
If there are some ticks on the right hand side, then breastfeeding may not be going well. This mother may have a difficulty, and she may need your help.

The negative signs, such as "no signs of milk ejection", and "cannot see tongue", do not necessarily mean that there is a difficulty. However, the opposite positive signs are always helpful.

If a mother says that breastfeeding is going well, but you see signs that indicate a possible difficulty, you must decide what to do.

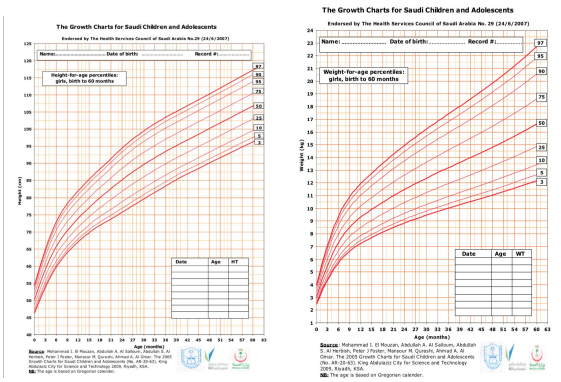
- In the days soon after delivery, while the mother is still learning, offer to help her. Even if she is not aware of any difficulty now, you may prevent one occurring later.
- If breastfeeding seems to be well established, you probably do not want to intervene immediately. It is usually more helpful to see her again soon, and follow the baby's growth, to make sure that breastfeeding continues to go well. Intervene only if a difficulty arises.

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?** Ask her open ended questions for example What do you know about breastfeeding ? This allows you to know about the mother's background knowledge and from there you'll know how and from where to start.
  - ***Slide 3***

Case 2:

- Mariam 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 Mariam?** Assure her that she doesn't need supplements unless indicated
- Indications for supplementation: Low infant weight. How do you know? From the growth chart (pictures seen on the right). Plot the height and weight and then show the mother (in this case it's normal)



Red growth chart: Girls
Blue growth chart: Boys

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.**[1]
- Nora feels that her baby is refusing her breasts. Yesterday, the mother-in-law began offering tea with **honey**[2] 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?**
  1. Tell the mother her efforts are appreciated
  2. Before going to supplements try fixing the problem. Teach the mother about good attachment and latching.
  - ***Slide 6***
  - ***Slide 7***

1: Normally infants lose around 7% of their weight but after 2 weeks they regain it.

2: Honey is contraindicated for children less than 1 year

Additional Resources for practice Breastfeeding Counselling

Breastfeeding: Common Questions and Answers

Katie L. Westerfield, DO, and Kristen Koenig, MD, Martin Army Community Hospital, Fort Benning, Georgia
Robert Oh, MD, MPH, Madigan Army Medical Center, Joint Base Lewis McCord, Washington

All major health organizations recommend breastfeeding as the optimal source of infant nutrition, with exclusive breastfeeding recommended for the first six months of life. After six months, complementary foods may be introduced. Most organizations recommend breastfeeding for at least one year, and the World Health Organization recommends a minimum of two years. Maternal benefits of breastfeeding include decreased risk of breast cancer, ovarian cancer, postpartum depression, hypertension, cardiovascular disease, and type 2 diabetes mellitus. Infants who are breastfed have a decreased risk of atopic dermatitis and gastroenteritis, and have a higher IQ later in life. Additional benefits in infants have been noted in observational studies. Clinicians can support postdischarge breastfeeding by assessing milk production and milk transfer; evaluating an infant's latch to the breast; identifying maternal and infant anatomic variations that can lead to pain and poor infant weight gain; knowing the indications for frenotomy; and treating common breastfeeding-related infections, dermatologic conditions, engorgement, and vasospasm. The best way to assess milk supply is by monitoring infant weight and stool output during wellness visits. Proper positioning improves latch and reduces nipple pain. Frenotomy is controversial but may reduce pain in the short term. The U.S. Preventive Services Task Force recommends primary care interventions to support breastfeeding and improve breastfeeding rates and duration. (*Am Fam Physician*. 2018;98(6):368-373. Copyright © 2018 American Academy of Family Physicians.)

Management of Common Problems that can Affect Breastfeeding
For additional reading

Management of Common Conditions That Can Affect Breastfeeding

Condition	Presentation	Treatment
Dermatoses		
Bacterial infection	Erythema, purulent discharge	Most cultures are positive for *Staphylococcus* Topical mupirocin (Bactroban) applied three times per day
Candidiasis	Salmon-colored nipples, flaky or shiny skin with associated itching or burning within the duct during feeding	Topical or oral antifungals Oral fluconazole (Diflucan; two 150-mg doses given 48 hours apart or 100 mg per day for 10 days) is more effective than oral nystatin Topical mupirocin applied three times per day for five to seven days can be considered because it may have antifungal properties and help prevent secondary bacterial infections Gentian violet can be used with caution because of the risk of infant mucosal ulcerations: gentian violet 1% is applied to the nipple with a cotton swab (this is messy and will stain clothing and skin) followed by a feeding at the treated breast, then this is repeated on the other side; this process is continued daily for three or four days, and up to seven days if there is improvement
Dermatitis/eczema	Pruritic, erythematous, scaly rash	Remove offending agent Rinse older infant's mouth between eating solids and breastfeeding Class IV medium-potency topical corticosteroid, such as hydrocortisone valerate 0.2%, triamcinolone 0.1%, or fluocinolone 0.025% (Synalar) applied twice per day for seven days
Nipple damage	Erythema, broken skin, ulcerations, bruising	Adjustment of latch and infant position or pump flange size to stop trauma to the nipple Expressed breast milk applied to the nipple after feedings and as needed between feedings Lanolin, all-purpose nipple ointment, breast shells, or glycerin pads can be used but are no more effective than expressed breast milk; hydrogel dressings have been shown to manage pain more effectively than lanolin

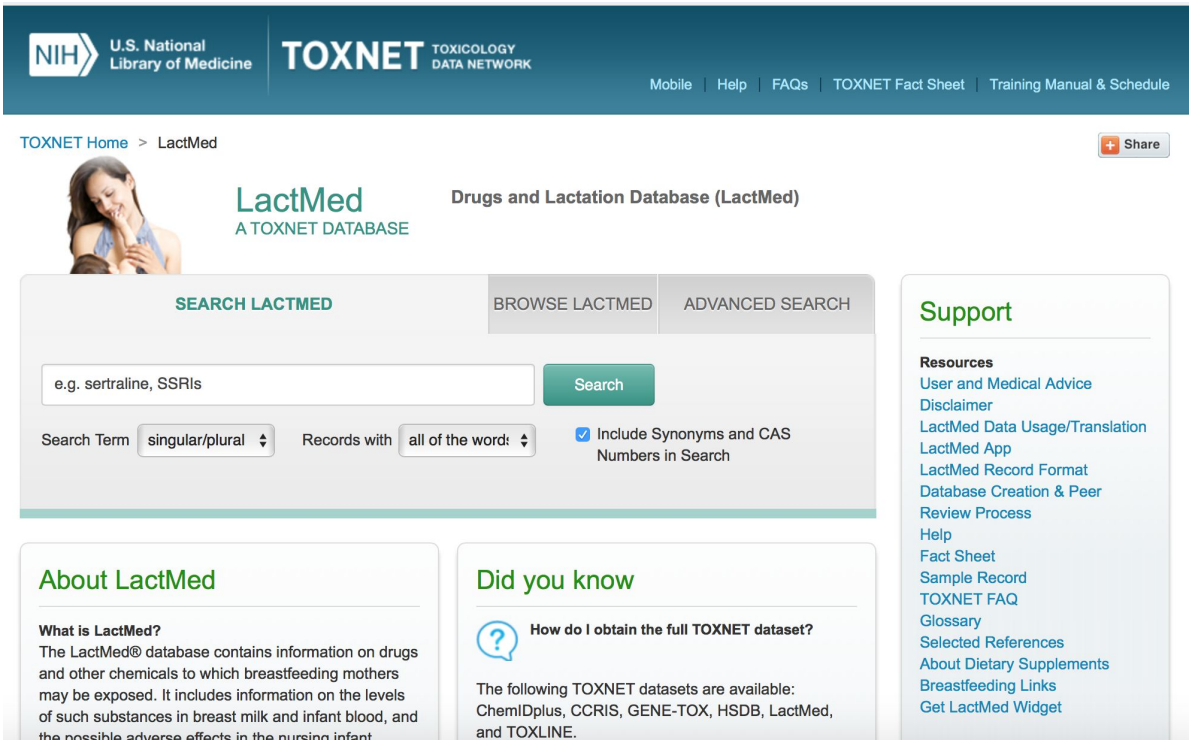
Additional Resources for practice Breastfeeding Counselling

Milk flow issues		
Blocked milk ducts	Tender nodule confined to one or more ducts	Check breast pump flange sizes (during expression phase of pumping, the nipple and a small amount of areola should be pulled into the tunnel; the nipple should be centered and move freely in the tunnel) Check the latch of the infant Massage area or apply vibration (e.g., with an electric toothbrush or massager) Improve/increase drainage of the breast by removing constricting clothing (e.g., underwire bras, tight sports bras), increasing the frequency of feedings, or pumping more often or between feedings; hand express to focus on one area for complete emptying Dangle feeding: the breast is dangled over the infant, often with the infant lying flat or inclined and the mother leaning over the infant so that milk flows forward by gravity Heat therapy: apply warm compresses or a heating pad to the breast for 20 minutes Feed with the chin toward the blockage to increase suction on that area and improve drainage (this may require assistance from a support person to hold the infant in position or can be done with dangle feeding) Reduce pain and inflammation with nonsteroidal anti-inflammatory drugs such as ibuprofen, 600 to 800 mg three times per day The herbal remedy lecithin, 1,200 mg three or four times per day, can be considered for recurrence Evaluate for milk blebs Rest and hydration

Management of Common Conditions That Can Affect Breastfeeding

Condition	Presentation	Treatment
Milk flow issues *(continued)*		
Engorgement	Full, tender breasts; breasts are edematous and shiny, and nipples and areolae may appear similar to inverted nipple; difficulty with latching	Hot or cold packs, acupuncture, application of cabbage leaves, and massage therapy may be helpful to reduce discomfort Reverse pressure softening (positive pressure applied around the nipple and areola temporarily moving interstitial fluid deeper into the breast away from the areola, making the areola softer and more pliable) decreases edema around the nipple and areola to help the infant latch more easily; a video of this method is available at https://m.youtube.com/watch?t=15s&v=2_RD9HNrOJ8 Feed infant in a reclined position to reduce flow to infant Hand express or pump just enough to soften the breast and provide relief but not completely drain the breast
Serious infections		
Breast abscess	Tender, fluctuant nodule; erythema; induration; warmth Usually associated with the systemic symptoms of mastitis	Ultrasonography for diagnosis Incision and drainage plus appropriate antibiotic therapy based on culture results Because of the risk of sinus tract formation, referral to a breast surgeon or interventional radiologist for incision and drainage should be considered
Mastitis without systemic symptoms	Tender nodule within a duct plus erythema and warmth	Treat for blocked ducts, including massage, warm compresses, rest, hydration, and nonsteroidal anti-inflammatory drugs, for 24 hours If there is no improvement after 24 hours, start dicloxacillin, 500 mg four times per day for five days; add an additional five days if inflammation is still present
Mastitis with systemic symptoms	Symptoms of mastitis plus malaise, fatigue, and fever greater than 101°F (38.3°C)	Follow recommendations for mastitis without systemic symptoms If symptoms do not resolve in 48 hours, a milk sample should be cultured; most cultures are positive for *Staphylococcus* If there is a concern for methicillin-resistant *Staphylococcus aureus*, the patient should be treated accordingly If symptoms are unresolved or there is an area of fluctuance, breast ultrasonography should be performed to evaluate for abscess

Additional Resources for practice Breastfeeding Counselling



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