

Tutorial 6:

Breastfeeding

Objectives:

1. 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)
2. Demonstrate skills to plot growth charts of children
3. We will discuss Global target for breastfeeding 'The Baby -Friendly Hospital Initiative As Part of The Global Strategy'
4. We will discuss Antenatal Infant Feeding Checklist
5. We will discuss Perceived insufficient milk issue.
6. History taking for assessment of breastfeeding.
7. How to assess a breastfeed (attachment, positioning, signs of effective suckling).
8. Demonstrate skills to plot growth charts of children to aid in breastfeeding counseling.
9. Student will be confidently support mothers with early and exclusive breastfeeding.
10. Student can help in movement towards achieving Baby-friendly hospitals and communities.
11. **Very IMPORTANT FOR OSCE ★**



Color index:

- Main text
- Males slides
- Females slides
- Golden Notes
- Doctor's Notes
- Important
- Extra

What are the effects of poor infant feeding on:

- Families
- Communities
- Health services



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



Breastfeeding target: Increase the rate of exclusive breastfeeding¹ in the first 6 months up to at least 50%

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

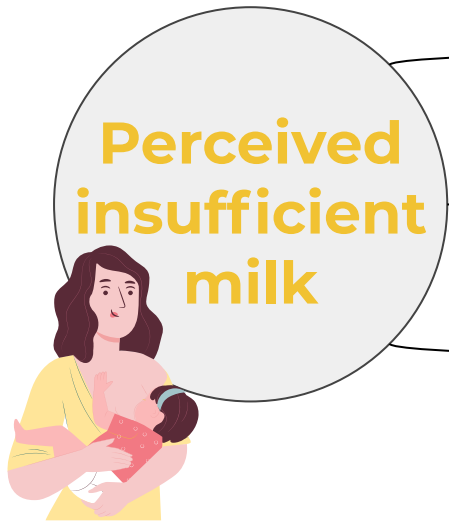
The WHO International Code of Marketing of Breastmilk Substitutes

- 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

Local implementation:



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



The issue of perceived **insufficient milk** supply Perceived is a **frequently** 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 feeding checklist IMPORTANT FOR OSCE ★

Topic	Discussed or note if mother declined discussion	Signed	Date
Importance of exclusive breastfeeding to the baby ¹ (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) <i>Also protective against allergies</i>			
★ 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 ² after birth (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: Dr's question why breastfeeding is better for the baby?(important)

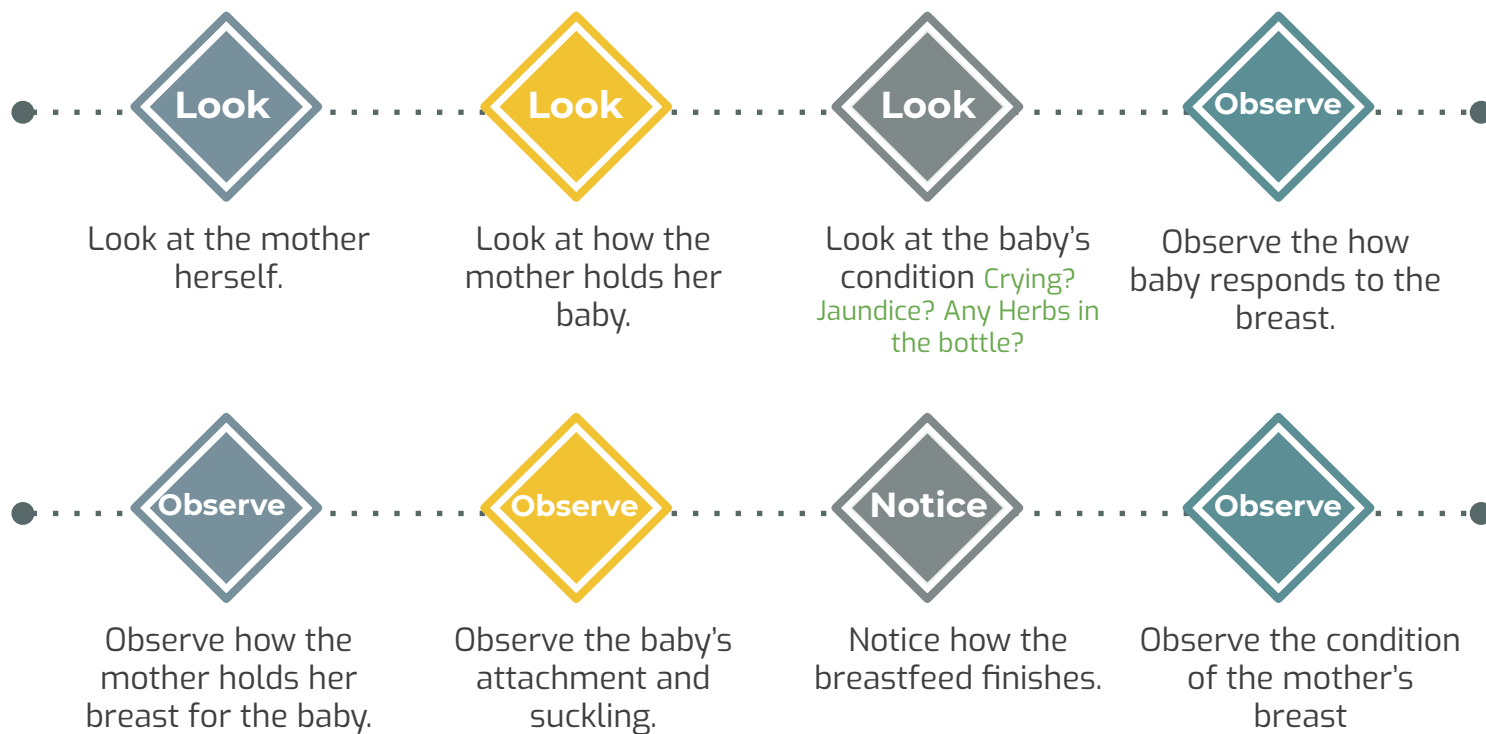
2: Increase in infant's respiratory rate, increase in O2 consumption, increase in uterine contractions which decreases the chances of postpartum hemorrhage, and Exposure of infant to normal flora.

3: Mother and infant should sleep in the same room

Recommended Milk Intake and Stooling Patterns for Breastfed Infants¹

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

How to assess a breastfeed²



1: The mother's belief that she has "insufficient" milk is the main reason why mothers don't breastfeed

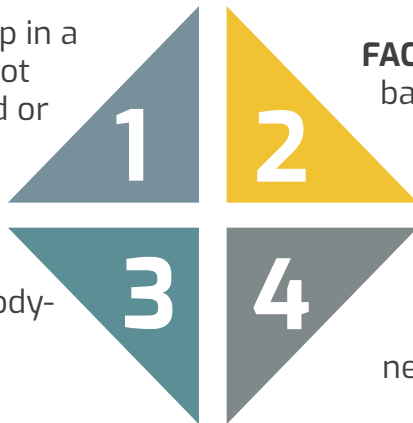
2: We don't touch the mother. We just guide her she has to correct herself.

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**

The baby's position

Remember 4 key points

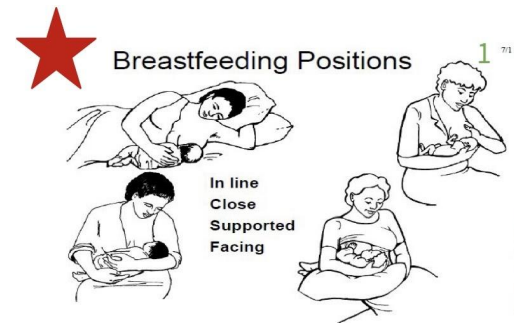


IN LINE-ear, shoulder, hip in a straight line; neck not twisted/bent forward or backward.

FACING- the breast with baby's nose to nipple.

CLOSE to mum's body- baby to breast.

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



موازي، مقارب، مدعوم، مواجه

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

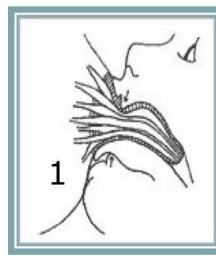
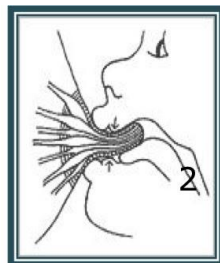
- The **mouth is not wide open**.
- The **lower lip is pointing forward** (it may also be turned in).
- The **chin is away from the breast**.
- More **areola** is below the baby's mouth (you might see **equal** amounts of areola above and below the mouth).

TABLE 3

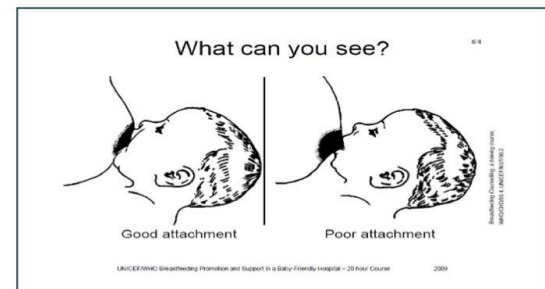
Signs of Good Positioning and Latch for Successful Breastfeeding

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



Observe the baby's attachment and suckling



Sign of effective and ineffective sucking



Effective sucking	Ineffective sucking
The baby takes slow deep sucks.	The baby taking quick shallow sucks all the time.
Then he pauses and waits for the ducts to fill up again.	The baby may make smacking sounds as he sucks.
Then he takes a few quick sucks to start the milk flow.	The baby's cheeks may be tense or pulled in as he sucks.
As the milk flows, his sucks become deeper and slower again.	that mean the baby is not getting much breast milk.
You may see or hear swallowing.	
The babies cheeks are round.	

What are ways to ensure an adequate latch?

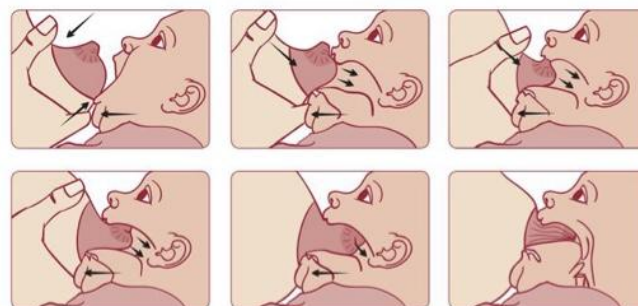
TABLE 3

Signs of Good Positioning and Latch for Successful Breastfeeding

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Attachment: The key to successful breastfeeding



BREASTFEED HISTORY JOB AID

BREASTFEEDING HISTORY JOB AID	
Mother's name	Baby's name
Age of child	
Particular concerns about feeding of child (or reason for <u>consultation</u>)	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 <u>Prelacteal</u> 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

Bonding problems may indicate early sign of postpartum depression

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's 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

Signs of good breastfeeding are 1;6-7 diapers change

2;baby is gaining weight

- 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

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?**

DR. HAFSA TAKING HISTORY FROM STUDENT

1-Introduce yourself

2-what brought you here ? fatima:I have concerns about breastfeeding

3-When the last you had your menstruation by day

4-where you pregnant before? If yes When? And what happened

(did he lived or died) if he died you should ask about when either still berth or full term and if she knows why did that happened

6-are you smooker? Is your husband a smoker? If yes does he smoke while you are In the same room?

7-Is there anything else you want to talk about other then your concern of breastfeeding like any bleeding any palpitation

8- Are you sleeping well? Are you eating well?

9-Do You work

10-what does your husband do for living?

11-where are you planning to deliver?

12-Any test has been done to you before coming to me like BP Hemoglobin

13-Do you know your BP, Do you measure it at home or at hospital

14-what are your sugar level

15-have anyone told you about breastfeeding ?if no tell her that It protect the mother from breast and uterine cancer, also It helps in the bonding of the baby, and the baby will have good Immunity

16-Are you planning to breastfeed your baby? If yes for How Long?

17- prepare you self that you well breastfeed your baby after birth and for 6 months no water no supplements no formula. And after 6 months we will learn you how to feed your baby soft foods

18-you know the position of breastfeeding ? If no say I well teach you that

19-Any other question.

Dr you can revisit lecture I explained it (Global Maternal Health)

OSCE NOTE:

1-Physician should not be writing on a paper the whole time

2-Introduction Has 2 marks

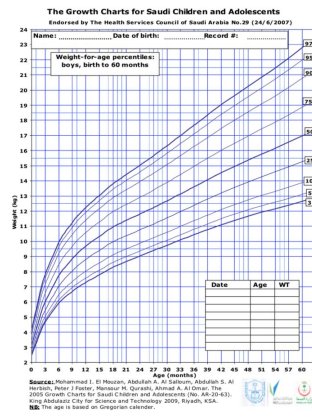
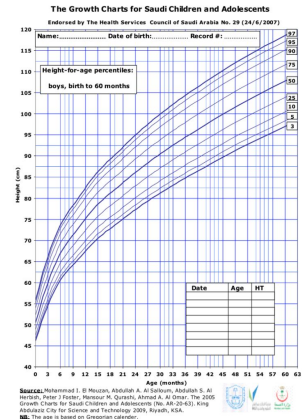
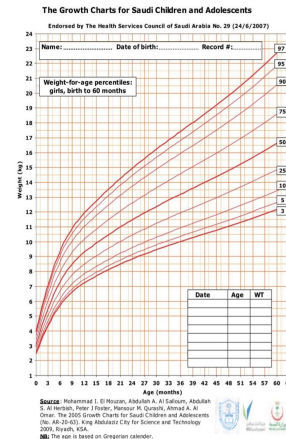
3-you well get 6 min in the station

4-the station might come as; learning the mother how to position the baby

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**. baby might lose 7% to 10% of their weight after 2 weeks of birth and it will be considered normal however this case is not.
- 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. Note that honey is contraindicated in the first year
- 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.
Now what is the problem? Positioning the Baby
- **How you can approach this case?**
 1. Tell the mother her efforts are appreciated
 2. Go through Breastfeed observation job AID checklist
 3. Correct the position as mentioned Previously
 4. follow up after 2 days with measuring the baby weight.

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 <i>Staphylococcus</i> 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

Table 1. Online and print resources for medications and lactation.

Medication and Lactation Resource	Web Address	Mobile Application?	Comments
LactMed	https://www.ncbi.nlm.nih.gov/books/NBK501922/	Yes but the app is no longer supported. Data have not been updated since 2018	Database of drugs and dietary supplements that may affect breastfeeding, part of the National Library of Medicine Toxicology Data Network (TOXNET), updated monthly
InfantRisk Center and Medications and Mothers' Milk	https://www.infantrisk.com/	Yes	Research center for phone, e-mail, app, textbook, and online support
MotherToBaby	https://mothertobaby.org/	No	Service of the nonprofit Organization of Teratology Information Specialists (OTIS) with phone, text, e-mail, and online "chat" support
MotherSafe	https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/mothersafe	No	Free telephone-based counseling service in Australia for patients and providers



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Drugs and Lactation Database (LactMed)
 Bethesda (MD): National Library of Medicine (US); 2006-
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The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced. A peer review panel reviews the data to assure scientific validity and currency.

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 (L1C)-Glycocholic Acid
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 Breastfeeding Links

E-lactation

Generic Name Drugs Drug trade names Enter a name to check the Risk level...

Is it compatible with breastfeeding?
 Enter a name to check the Risk level...

Substances and components

Popular	New	Updated
1. Ibuprofen	1. Streptokinase	1. Loratadine
2. Azithromycin	2. Streptomycin	2. Acetylsalicylic acid
3. Paracetamol	3. Strontium-89m	3. Ketorolac Trometamol
4. Diclofenac	4. Succimer	4. Acyclovir

Hale's Medications & Mothers' Milk

Hale's breastfeeding reference

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26 full entries without subscription

Empower mothers to safely breastfeed

ARIPRAZOLE
 Trade Name: Abilify, Aripiprazole
 Category: Antipsychotics
 Risk Category: Limited Data-Probably Safe
 (LAST UPDATED: AUG 27, 2019)

Each entry includes:
 Trade Name
 Category
 Risk Category
 Summary
 Pharmacokinetics
 Contraindications
 Drug Interactions
 Pregnancy and Lactation
 Side Effects
 Toxicity
 Concomitant Medications
 Drug Classifications
 Therapeutic Indications
 Mechanism of Action
 Pharmacodynamics
 Half-life
 Clearance
 Volume of Distribution
 Protein Binding
 Metabolism
 Excretion
 Pregnancy and Lactation
 Side Effects
 Toxicity
 Concomitant Medications
 Drug Classifications
 Therapeutic Indications
 Mechanism of Action
 Pharmacodynamics
 Half-life
 Clearance
 Volume of Distribution
 Protein Binding
 Metabolism
 Excretion

Quickly search the most up-to-date drug information

Each entry scan details about medication's effect on breast milk

Hale's Medications & Mothers' Milk

2019

Thomas W. Hale, B.Ph., Ph.D.

Practice Questions

Q1: which one of the following is sign of ineffective sucking?

A. The baby takes slow deep sucks

B. Baby cheeks are round

C. Baby pauses and waits for the ducts to fill up again

D. The baby make smacking sounds as he sucks

Q2: sign of poor attachment and sucking.

A. Baby's mouth is wide open

B. The lower lip is pointing forward

C. Chin is touching the breast

D. More areola is visible above the baby's mouth than below

Q3: breastfeeding protects against breast cancer and hip fractures.

A. True

B. False

C. True?

D. False?

Q4: Risk or disadvantages of not breastfeeding include:

A. protection from illness and chronic disease

B. Increased costs

C. Easy to get back to breastfeeding

D. None

Q5:Importance of exclusive breastfeeding for the baby:

A. Protects against infections

B. Helps baby to grow

C. Protects against diarrhoea

D. All

Q6: How the mother holds the baby?

A. Baby should be Straight

B. Close to the mother

C. Supported & facing the mother

D. All

Answer key:

1 (D) , 2 (B) , 3 (A) , 4 (B) , 5 (D) , 6 (D)

Team leaders

Alaa Alsulmi

Abdulaziz Alghuligah

Khaled Alsubaie

Team Members



Salem Alshihri



Ghaida Alassiry