

SESSION 7

HELPING WITH A BREASTFEED

Breastfeeding Promotion and Support

A Training Course for Health Professionals

*Adapted from the Baby Friendly Hospital Initiative:
Revised, Updated and Expanded for Integrated Care (Section 3)
WHO/UNICEF 2009*



Session Objectives:

At the end of this session, participants will be able to:

1. List the key elements of positioning for successful and comfortable breastfeeding
2. Describe how to assess a breastfeed
3. Recognize signs of positioning and attachment
4. Demonstrate how to help a mother to learn to position and attach her baby for breastfeeding
5. Discuss when to assist with breastfeeding
6. List reasons why a baby may have difficulty attaching to the breast
7. Practice in a small group helping a 'mother'

1. List key elements of positioning for successful and comfortable breastfeeding

Positioning for Breastfeeding

- Means how the mother holds the baby to help to attach well to the breast
- If baby poorly attached
 - Help mother to position
- If baby well attached and sucking effectively
 - Do not interfere
 - Tell her key points to build her confidence

Mother's position

Positions that a mother may use:

- sitting on the floor/ground
- sitting on a chair
- lying down
- standing up
- walking.



In sitting or lying down position , a mother should be:

1. Comfortable
2. Back supported
3. Feet supported if needed.
3. Breast supported, if needed.



BREASTFEEDING POSITIONS

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Lying down side position



Cradle Hold



Football hold (Underarm position)



Cross cradle (Cross arm)

Baby's position

The baby can also be in different positions:

- Along the mother's arm.
- under the mother's arm
- along her side.



4 key points to help ensure baby is comfortable:

1. In line

(Head, shoulder and body straight)

2. Close

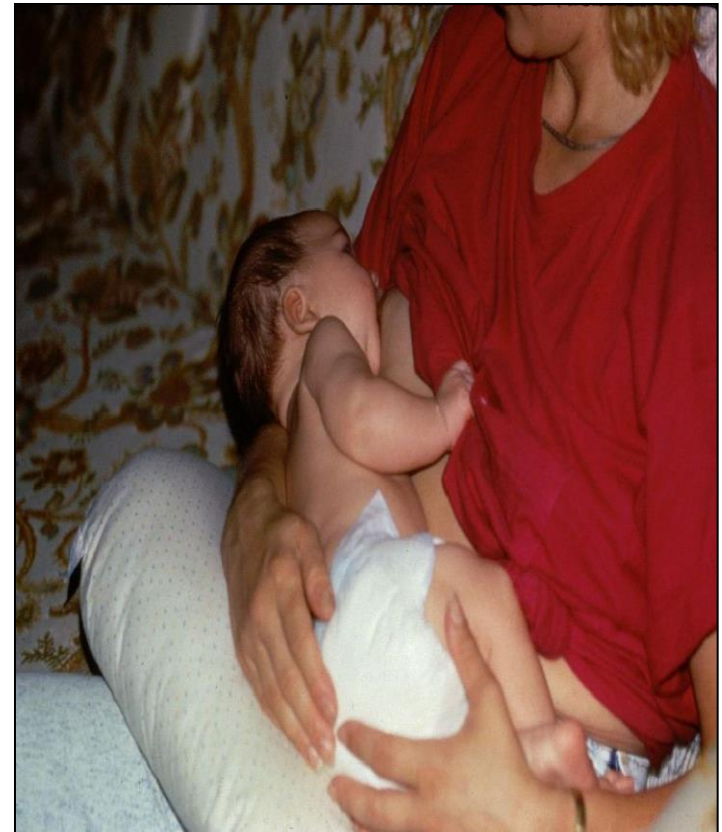
(to mother's body, baby brought to breast, not breast to baby)

3. Supported

(at head, shoulders. If prem/newborn- whole body)

4. Facing

(baby's nose to the nipple)



2. How to assess a Breastfeed

Assessing a Breastfeed

- Assessment can :
 - Help to identify and praise what mother and baby doing well
 - Give info about current difficulties with breastfeeding
 - Highlight practices that may result in problems if not changed

How to assess

Involves:

- Watching – *what the mother and baby are doing*
- Listening – *to what the mother tells you*
- Put mother at ease, explain:
 - *You are watching the baby feeding NOT what the mother is doing*
- Ask the mother to unwrap baby if wrapped in heavy blankets – *to see baby's position*
- Use ***“Breastfeeding Observation Aid”***

THE BREASTFEED OBSERVATION AID

- Help health workers remember what to look for when observing and recognize difficulties.
- The aid is divided into sections:
 - signs that breastfeeding is going well
 - signs of possible difficulty.

Breastfeeding Observation Aid

BREASTFEED OBSERVATION AID

Mother's name _____

Baby's name _____

Signs that breastfeeding is going well:

GENERAL

Mother:

- ☐ Mother looks healthy
- ☐ Mother relaxed and comfortable
- ☐ Signs of bonding between mother and baby

Baby:

- ☐ Baby looks healthy
- ☐ Baby calm and relaxed
- ☐ Baby reaches or roots for breast if hungry

BREASTS

- ☐ Breasts look healthy
- ☐ No pain or discomfort
- ☐ Breast well supported with fingers away from nipple
- ☐ Nipple stands out, protractile

BABY'S POSITION

- ☐ Baby's head and body in line
- ☐ Baby held close to mother's body
- ☐ Baby's whole body supported
- ☐ Baby approaches breast, nose to nipple

BABY'S ATTACHMENT

- ☐ More areola seen above baby's top lip
- ☐ Baby's mouth open wide
- ☐ Lower lip turned outwards
- ☐ Baby's chin touches breast

SUCKLING

- ☐ Slow, deep sucks with pauses
- ☐ Cheeks round when suckling
- ☐ Baby releases breast when finished
- ☐ Mother notices signs of oxytocin reflex

Notes:

Date _____

Baby's age _____

Signs of possible difficulty:

Mother:

- ☐ Mother looks ill or depressed
- ☐ Mother looks tense and uncomfortable
- ☐ No mother/baby eye contact

Baby:

- ☐ Baby looks sleepy or ill
- ☐ Baby is restless or crying
- ☐ Baby does not reach or root

- ☐ Breasts look red, swollen, or sore
- ☐ Breast or nipple painful
- ☐ Breasts held with fingers on areola
- ☐ Nipple flat, not protractile

- ☐ Baby's neck and head twisted to feed
- ☐ Baby not held close
- ☐ Baby supported by head and neck only
- ☐ Baby approaches breast, lower lip/chin to nipple

- ☐ More areola seen below bottom lip
- ☐ Baby's mouth not open wide
- ☐ Lips pointing forward or turned in
- ☐ Baby's chin not touching breast

- ☐ Rapid shallow sucks
- ☐ Cheeks pulled in when suckling
- ☐ Mother takes baby off the breast
- ☐ No signs of oxytocin reflex noticed

Breastfeeding Observation Aid

General observation – Mother

- What do you notice about her
 - age, general appearance, ill or healthy, happy or sad, comfortable or tense
- Look for signs of bonding between mother and baby
 - eye contact, smiling, held securely with confidence or no eye contact, a limp hold

Breastfeeding Observation Aid

General observation – Baby

- What do you notice about her baby
 - General health, alert or sleepy, calm or crying,
 - any condition that can affect feeding – block nose or cleft palate
- How does the baby respond
 - Looking for breast when hungry,
 - close to mother or pulling away



Breastfeeding Observation Aid

Condition of Breasts

- How do her breasts and nipples look – healthy or red, swollen or sore?
- Does she say that she has pain or act as if she is afraid to feed the baby?
- How does she hold her breast for a feed?
- Are her fingers in the way of the baby taking a large mouthful of the breast?



Breastfeeding Observation Aid

Baby's Position

- How is the baby positioned
 - Head and body (spine) in line
 - Body held close
 - Body supported
 - Facing the breast and approaching nose to nipple?
 - Or is the baby's body twisted, not close, unsupported, and chin to nipple?



Breastfeeding Observation Aid

Baby's Attachment

- Can you see:
 - more areola above the baby's top lip than below
 - mouth open wide
 - lower lip turned out
 - chin touching breast?



Breastfeeding Observation Aid

Baby's Suckling

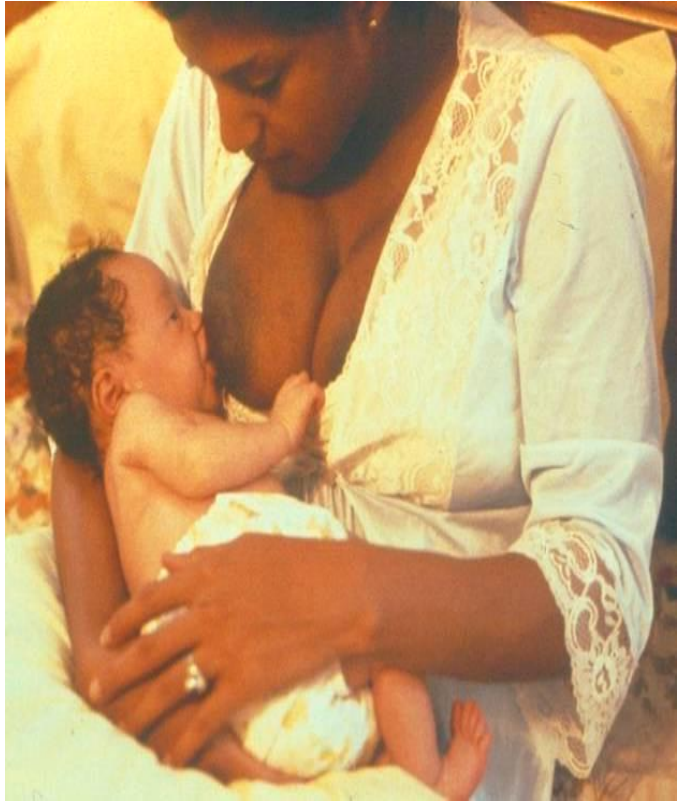
- Can you see **slow deep sucks**?
 - You may hear gentle swallowing or clicks and gulps,
 - and see the baby's cheeks are rounded and not drawn inward during a feed.
- Notice how the feed finishes
 - Does baby releases the breast by himself or herself
 - Baby looks contented?
- Ask mother how breastfeeding feels to her
 - Can she feel any signs of oxytocin reflex, any discomfort?

3. Recognise signs of correct positioning and attachment

Go through “Breastfeeding Observation Aid”
Look at this picture
What can you see?

Assess a Breastfeed





General observation

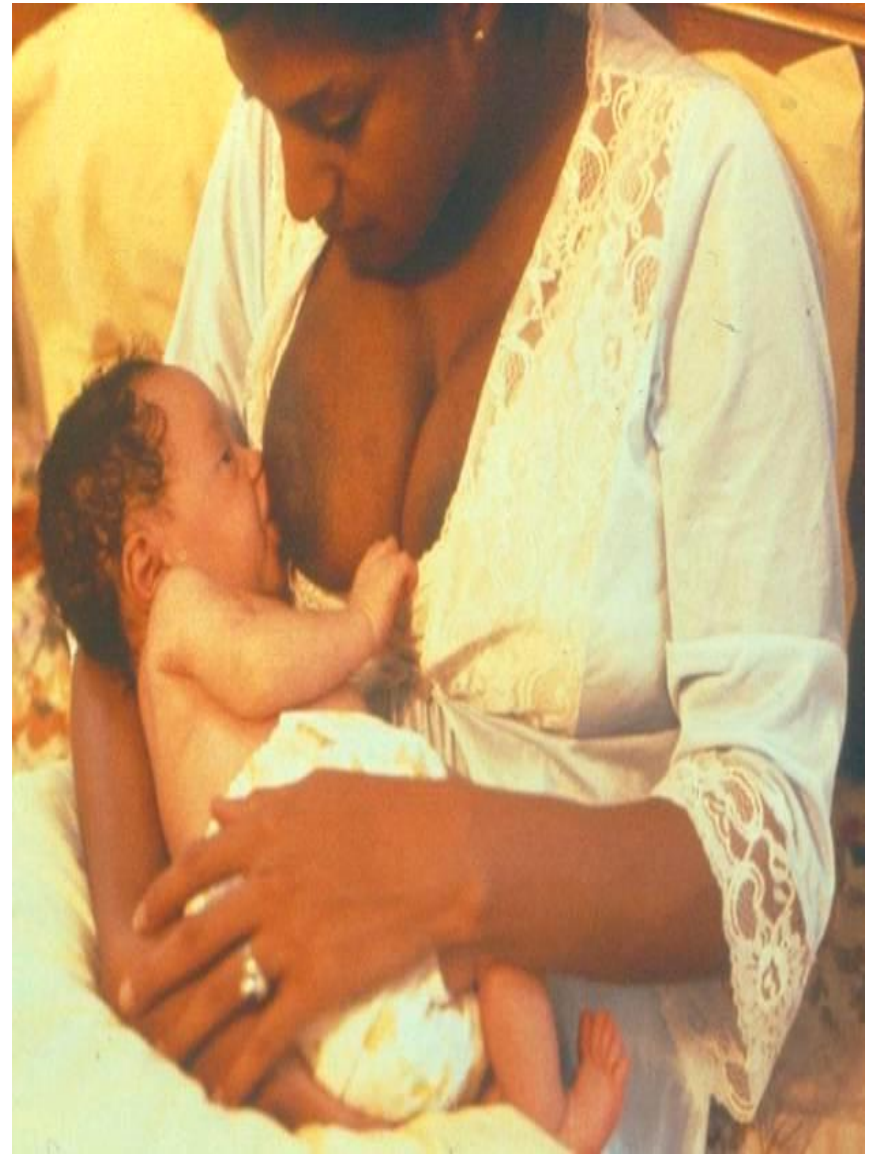
- Mother looks healthy overall
- Sitting comfortably.
- The mother is looking in a loving way at her baby.
- The baby looks healthy, calm, and relaxed.
- Her breasts look healthy
- Mother not supporting her breast.
- Her breast may be pushed out of line by her bra or a top that does not open wide.

Baby's position

- Baby's head and body are in a line
- Baby is not held close
- Baby is not well supported
- Baby is facing mother

Baby's attachment

- This mother has a large areola. However, it looks like the baby does not have a large mouthful of breast.
- The baby's mouth is open wide but not wide enough.
- The baby's lower lip is turned out.
- The baby's chin does not touch the breast.



What positive signs could you point out to mother?

What suggestions could you offer to mother?



Positive signs could you point out to the mother?

1. Her baby looks thriving and happy breastfeeding.
2. She is looking lovingly at her baby.
3. Baby's body is held in a line and facing mother.

Suggestions you could offer to the mother?

1. Re-position the mother and attach her baby again for more effective suckling.
2. It may help if she takes off her top and bra so that the breast is less constrained.
3. She can support her breast with her one hand, use the other hand, and arm to hold the baby close, so that the baby can take a large mouthful of breast.

Wide Mouth

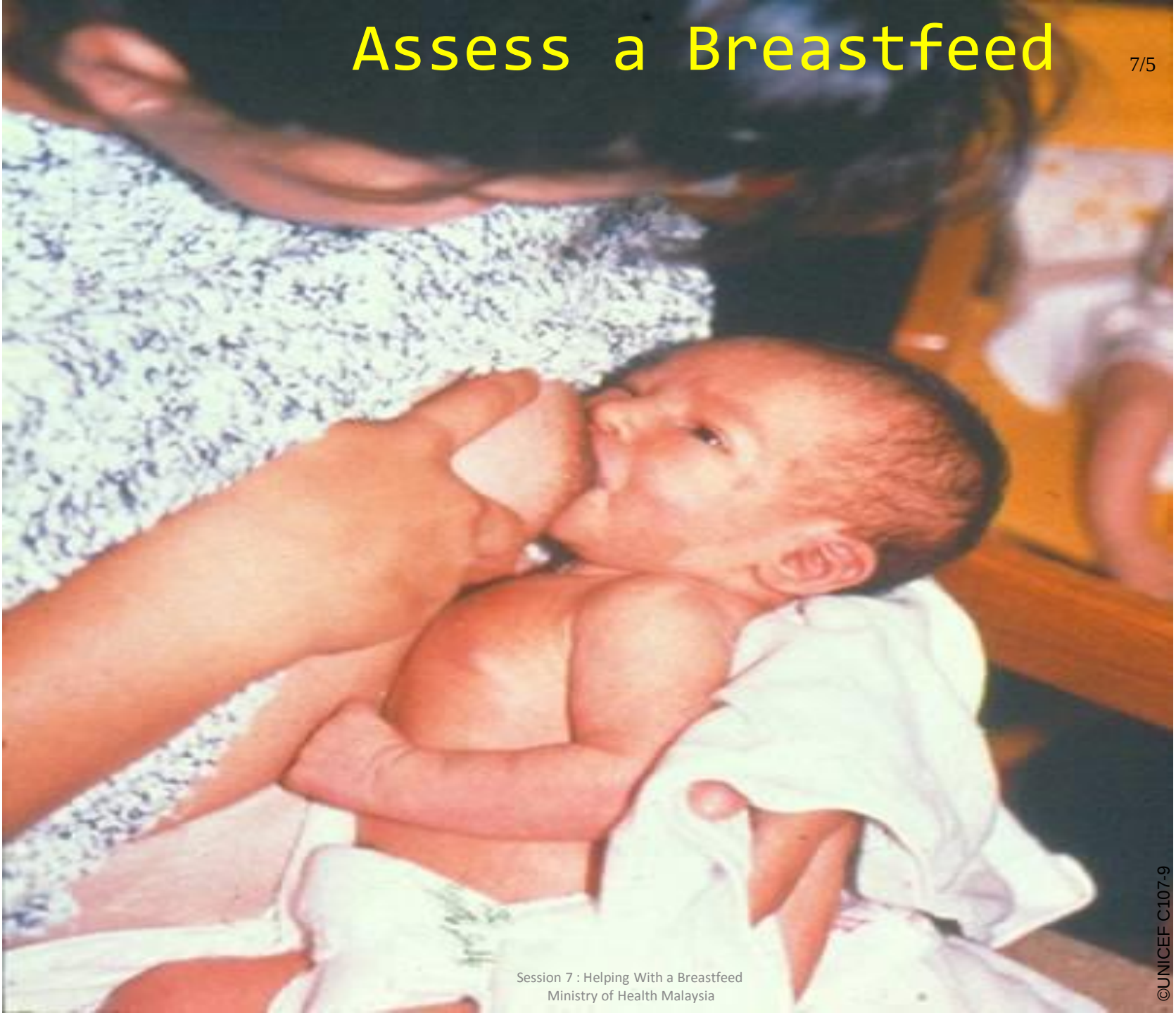
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Go through “Breastfeeding Observation Aid”
Look at this picture
What can you see?

Assess a Breastfeed

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General observation

- She is using two fingers to support her breast in a 'scissors hold'.
- It is difficult to keep fingers in this position for long and they may slip nearer the nipple, which could prevent the baby taking a big mouthful of the breast.
- The baby looks healthy. However, the baby looks tense. (Note the hand in a tight fist.)



Baby's attachment

- You cannot see the areola well in this picture
- The baby's mouth is not open wide
- The baby's lower lip is not turned out.
- The baby's chin does touch the breast.

Baby's Position

- Baby's head and body are not in a line. Baby's head is far back.
- Baby is not held close/ not well supported
- Baby is facing mother

What positive signs could you point out to mother?

What suggestions could you offer to mother?



Positive signs you could point out to the mother?

1. Her baby looks healthy
2. She is looking lovingly at her baby
3. Baby's body is held facing mother.

Suggestions you could offer to the mother?

1. Re-position the mother and attach her baby again for more effective suckling.
2. If she held the baby closer and higher with his or her body supported (maybe with a rolled towel or pillow), the baby could reach the breast without straining and holding his or her head back.
3. Holding her breast cupped in her hand might make it easier to help the baby to take a large mouthful of the breast.

Go through “Breastfeeding Observation Aid”
Look at this picture
What can you see?

Assess a Breastfeed

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General observation

1. She is using two fingers to support her breast, however they are not actually supporting her breast.
2. The breast is hanging down to reach the baby rather than the baby is being brought up to the level of the breast.
3. This baby looks like there are some health concerns, so he or she may find it difficult to suckle for long at one time.

Baby's position

1. Baby's head and body are in a line, the baby's neck is not twisted.
2. Baby is not held close
3. Baby is supported, however he or she needs to be supported at the level of the breast and turned towards the mother.
4. Baby is not facing mother



Baby's attachment

1. You cannot see the areola well in this picture.
2. The baby's mouth is not open wide.
3. The baby's lower lip is turned out.
4. The baby's chin does not touch the breast.

What positive signs could you point out to mother?

What suggestions could you offer to mother?



Suggestions you could offer to the mother?

1. The mother may need to find a more comfortable position for herself so she is not bending over the baby.
2. You could suggest that the mother re-position and attach her baby again for more effective suckling.

Positive signs you could point out to the mother?

1. Her baby is being breastfed, which shows her care and love for her baby.
3. If she held the baby closer, with the baby's whole body turned towards the breast, and higher with his or her body supported (maybe with a rolled towel or pillow), the baby could reach the breast easily and this might make it easier for the baby to take a large mouthful of the breast.

4. Help a Mother to learn to Position and Attach her baby for Breastfeeding

Helping a Mother to Position and Attach

- **Aim:** so that mother can position and attach her baby by herself
- Points to remember:
 - Always **observe a mother** breastfeeding before you offer help. Offer a mother help only if there is a difficulty.
 - Help as much as possible in a **“hands off” manner** so that the mother attaches her own baby.
 - If you need to show the mother, first try to show her by demonstrating with your hand on your own body. However, if necessary, you may need to use your hand to gently guide her arm and hand.
 - Talk about the **key points** the mother can see when breastfeeding – in line, close, supported, and facing, so that the mother is confident and effective on her own.

4. Demonstration on How to help a Mother to learn how to Position and Attach her baby for Breastfeeding

Demonstration on How to Help a Mother Who is Sitting

Demonstration How to Help a Mother Who is Lying Down

5. When should you Assist with Breastfeeding?

Assisting with Breastfeeding

- The baby is finding the breast in the **first hour after birth** and may suckle at this time.
- This should be a relaxed time without emphasis on positioning the mother and baby or assessing a feed.
- Often the mother and baby will sleep for a few hours after this introduction time.



When should you assist?



- Help the mother to position her baby rather than the health worker positioning the baby.
- The mother needs to be able to position the baby herself.

When should you assist?



- If the baby is a full-term healthy baby there is no need to wake the baby in the first few hours.
- If the baby was exposed to sedation during labour, preterm, or small for gestational age, or at risk of hypoglycaemia,
 - the baby may need to be woken after 3 - 4 hours and encouraged to feed.

6. Baby who has Difficulty Attaching to the Breast

Reluctance to Feed

- Baby who has difficulty attaching to the breast may seem reluctant to feed
- Many other reasons
- Mother may feel that her baby is rejecting her and may be distressed.



Reluctance to Feed

- In 1st few days, may simply be that the mother and baby need time to learn how to breastfeed.
- Observe the mother and baby at a feed, including watching how the baby tries to attach.

Why might a baby be Reluctant to Feed?

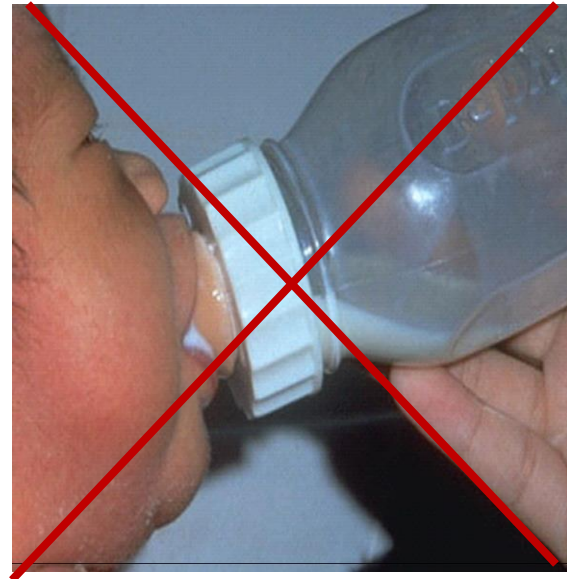
Causes of Reluctance to Feed

- The baby may *not* be *hungry* at this time.
- The baby may be *cold, ill, small* and *weak*.
- The baby is held in a *poor position*, and the baby cannot attach properly.
- The mother may *move or shake* the breast or the baby



Causes of Reluctance to Feed

- Baby have learned to suckle on an *artificial teat*.
- The mother may have used a different type of soap or have a *new perfume*.
- Milk *supply* is very *low*, baby gets frustrated.



Causes of Reluctance to Feed

- Baby may have ***sore mouth or blocked nose***
- Baby feels more comfortable with one breast, ***refuses the other breast.***
- The baby may ***be in pain.***



Causes of Reluctance to Feed



- Mother's *breast may be engorged* and hard.
- The milk may be *flowing too fast*, and the baby start to feed well but then come away from the breast crying or choking.



Management of Reluctance to Feed

Remove or treat the cause if possible:

- Help the mother to position and attach the baby.
- Help the mother to express some milk before feeding if the milk is coming too fast or if the breast is too engorged.
- Treat a sore mouth or thrush if you are able or refer the baby for medical help.
- Provide pain relief if the baby is in pain,
- help the mother to hold the baby without causing pain.
- Avoid using artificial teats or pacifiers. If needed, use cup.
- Stop using anything that is causing an unpleasant taste or smell to the breast.

Management of Reluctance to Feed

Encourage skin to skin contact

- Ensure done in a calm environment when baby is not hungry
 - Helps mother and baby to see breast as pleasant
 - Baby can explore breast and attach when ready
 - May be an hour or more
 - May not happen on the first occasion of contact

Management of Reluctance to Feed

Do not try to force the baby to the breast when the baby is crying.

- Baby needs to associate the breast with comfort
- May be necessary to express the milk and feed by cup until baby learns to breastfeed happily



Prevention of Reluctance to Feed

Breast Refusal could be prevented by:

- Early and frequent skin-to-skin contact
 - Helps baby to learn that the breast is a safe place from the first few hours
- Helping the mother to learn the skill of positioning and attachment in a calm unhurried environment
- Being patient while the baby learns to breastfeed
- Caring for the baby in a gentle confident manner.

7. Practice in a small group helping a “Mother”

SUMMARY

Positioning for Breastfeeding

- **Position for the mother**
 - Comfortable with back, feet, and breast supported, as needed
- **Position for the helper**
 - Comfortable and relaxed, not bending over
- **Position for the baby**
 - Baby's body in line
 - Baby's body close to mother's body bring the baby to breast
 - Baby supported – head, shoulders, and if newborn, whole body supported
 - Facing the breast with baby's nose opposite the nipple

SUMMARY

Assessing a breastfeed

- **Observe:**
 - the mother and baby in general
 - the mother's breasts
 - the position of the baby
 - attachment during the feed
 - the baby's suckling
- **Ask** the mother how breastfeeding feels to her.

SUMMARY

Help a mother to learn to position and attach her Baby

- Remember these points when helping a mother:
 - Always observe a mother breastfeeding before you help her.
 - Give a mother help only if there is a difficulty.
 - Let the mother do as much as possible herself.
 - Make sure that she understands so that she can do it herself.

SUMMARY

Baby who has difficulty attaching to the breast

- **Observe** the baby going to the breast and if suckling.
- **Ask open questions** and determine a possible cause.

SUMMARY

Management of difficulty attaching to the breast

- Remove or treat the cause if possible
- Encourage skin-to-skin contact between mother and baby in a calm environment
- Do not force the baby to the breast
- Express and feed breastmilk by cup if necessary

SUMMARY

Prevention of difficulty attaching to the breast

- Ensure early skin-to-skin contact to help the baby learn that the breast is a safe place,
- Help the mother to learn the skill of positioning and attachment in a calm unhurried environment,
- Be patient while the baby learns to breastfeed,
- Care for the baby in a gentle confident manner.



THANK YOU