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BREASTFEEDING COUNSELLING

A TRAINING COURSE

PARTICIPANTS' MANUAL

PART TWO

Sessions 10-19

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF

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Session 10

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POSITIONING A BABY AT THE BREAST

Introduction

Always observe a mother breastfeeding before you help her.
Take time to see what she does, so that you can understand her situation clearly. Do not rush to make her do something different.

Give a mother help only if she has difficulty.
Some mothers and babies breastfeed satisfactorily in positions that would make difficulties for others. This is especially true with babies more than about 2 months old. There is no point trying to change a baby's position if he is getting breastmilk effectively, and his mother is comfortable.

Let the mother do as much as possible herself.
Be careful not to `take over' from her. Explain what you want her to do. If possible, demonstrate on your own body to show her what you mean.

Make sure that she understands what you do so that she can do it herself.
Your aim is to help her to position her own baby. It does not help if you can get a baby to suckle, if his mother cannot.

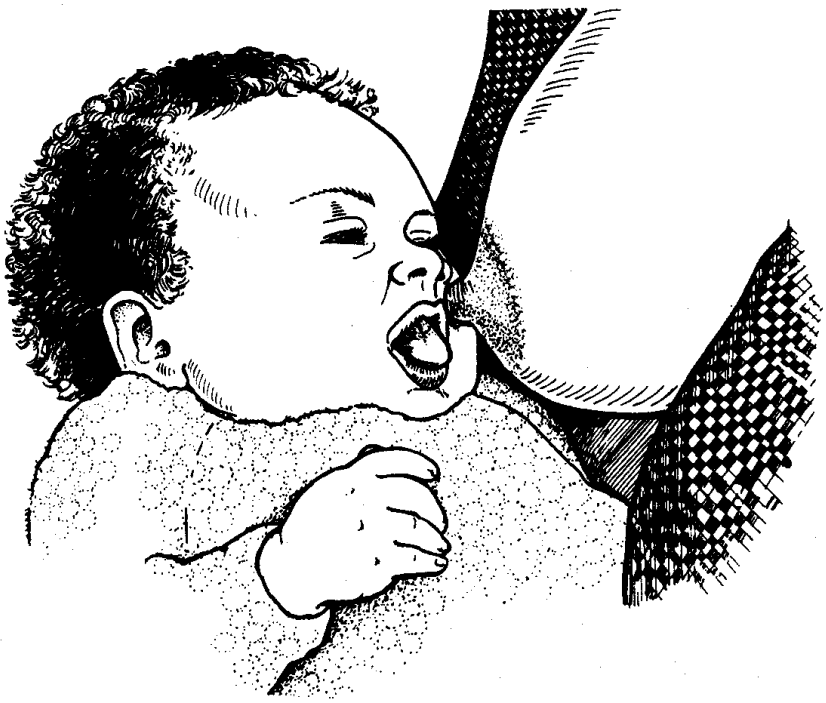

Fig.23 The mother's nipple is touching her baby's lips. He is opening his mouth and putting his tongue forward ready to take the breast

HOW TO HELP A MOTHER WHO IS SITTING

- Greet the mother, introduce yourself, and ask her name and her baby's name.
  Ask her how she is and ask one or two open questions about how breastfeeding is going.

- Assess a breastfeed.
  Ask if you may see how her baby breastfeeds, and ask her to put him to her breast in the usual way. (If the baby has had a feed recently, you may have to arrange to come back later). Observe the breastfeed.

- If you decide that the mother needs help to improve her baby's attachment:
  First say something encouraging, like:
  "He really wants your breastmilk, doesn't he?"
  Then explain what might help and ask if she would like you to show her.
  For example, say something like:
  "Breastfeeding might be more comfortable for you if (baby's name) took a larger mouthful of breast when he suckles. Would you like me to show you how?"
  If she agrees, you can start to help her.

- Make sure that she is sitting in a comfortable, relaxed position.

- Sit down yourself, so that you also are comfortable and relaxed, and in a convenient position to help.

- Explain to the mother how to hold her baby. Show her what to do if necessary.

  Make these **four key points** clear:
  1. The baby's head and body should be in a straight line.
  2. His face should face the breast, with his nose opposite the nipple.
  3. His mother should hold his body close to hers.
  4. If her baby is newborn, she should support his bottom, and not just his head and shoulders.

- Show her how to support her breast with her hand to offer it to her baby:
  - She should rest her fingers on her chest wall under her breast, so that her first finger forms a support at the base of the breast, (see Fig.18 page 20).
  - She can use her thumb to press the top of her breast slightly. This can improve the shape of the breast so that it is easier for her baby to attach well.
  She should not hold her breast too near to the nipple.

- Explain how she should touch her baby's lips with her nipple, so that he opens his mouth (see Fig.23).

- Explain that she should wait until her baby's mouth is opening wide, before she moves him onto her breast. His mouth needs to be wide open to take a large mouthful of breast.

- Explain or show her how to quickly move her baby to her breast, when he is opening

his mouth wide.
- She should bring her baby to her breast. She should not move herself or her breast to her baby.
- She should aim her baby's lower lip below her nipple, so that his chin will touch her breast.

- Notice how the mother responds. Does she seem to have pain? Does she say "Oh that feels better!" If she says nothing, ask her how her baby's suckling feels.

- Look for all the signs of good attachment. If the attachment is not good, try again.

HOW TO HELP A MOTHER WHO IS LYING DOWN

- Help the mother to lie down in a comfortable, relaxed position.
  It is better if she is not "propped up" on her elbow, as this can make it difficult for the baby to attach to the breast.

- Show her how to hold her baby.
  Exactly the same **four key points** are important, as for a mother who is sitting.
  She can support her baby with her lower arm. She can support her breast if necessary with her upper arm.
  If she does not support her breast, she can hold her baby with her upper arm.

Other positions in which a mother can breastfeed

Mothers breastfeed in many different positions, for example standing up.
It is important for the mother to be comfortable and relaxed; and for her baby to take enough of the breast into his mouth so that he can suckle effectively.

Some useful positions that you may want to show mothers are:
- the underarm position
- holding the baby with the arm opposite the breast

Fig.24 a. A mother holding her baby in the underarm position

Useful for:
- twins
- blocked duct
- difficulty attaching the baby

b. A mother holding her baby with the arm opposite the breast

Useful for:
- very small babies
- sick babies

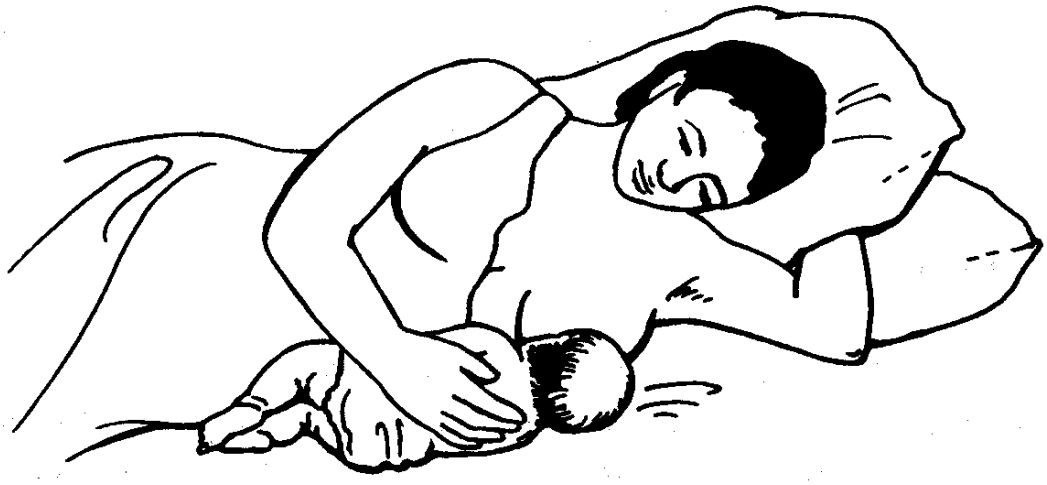

Fig.25 A mother breastfeeding her baby lying down

HOW TO HELP A MOTHER TO POSITION HER BABY

- Greet the mother and ask how breastfeeding is going.
- Assess a breastfeed.
- Explain what might help, and ask if she would like you to show her.
- Make sure that she is comfortable and relaxed.
- Sit down yourself in a comfortable, convenient position.
- Explain how to hold her baby, and show her if necessary.
  The **four key points** are:
  - with his head and body straight;
  - with his face facing her breast, and his nose opposite her nipple;
  - with his body close to her body;
  - supporting his bottom (if newborn).
- Show her how to support her breast:
  - with her fingers against her chest wall below her breast;
  - with her first finger supporting the breast;
  - with her thumb above.

  Her fingers should not be too near the nipple.
- Explain or show her how to help the baby to attach:
  - touch her baby's lips with her nipple;
  - wait until her baby's mouth is opening wide;
  - move her baby quickly onto her breast, aiming his lower lip below the nipple.
- Notice how she responds and ask her how her baby's suckling feels.
- Look for signs of good attachment.
  If the attachment is not good, try again.

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BUILDING CONFIDENCE AND GIVING SUPPORT

Introduction

The third and fourth counselling skills sessions are about `building confidence and giving support'.
A breastfeeding mother easily loses confidence in herself. This may lead her to give unnecessary artificial feeds, and to respond to pressures from family and friends to give artificial feeds. You need the skill to help her to feel confident and good about herself. Confidence can help a mother to succeed with breastfeeding. Confidence also helps her to resist pressures from other people.

It is important not to make a mother feel that she has done something wrong.
She easily believes that there is something wrong with herself or with her breastmilk, or that she is not doing well. This reduces her confidence.

It is important to avoid telling a breastfeeding mother what to do.
Help each mother to decide for herself what is best for her and her baby. This increases her confidence.

Notes about the skills for building confidence and giving support

Skill 1. Accept what a mother thinks and feels

Sometimes a mother has a *mistaken idea* that you do not agree with. If you *disagree* with her, or criticise, you make her feel that she is wrong. This reduces her confidence. If you *agree* with her, it is difficult later to suggest something different.
It is more helpful to *accept* what she thinks. Accepting means responding in a neutral way, and not agreeing or disagreeing. *Reflecting back* and *responses and gestures which show interest* are both useful ways to show acceptance, as well as being useful listening and learning skills.

Sometimes a mother feels very upset about something that you know is not a serious problem. If you say something like "Don't worry, there is nothing to worry about!" you make her feel that she is wrong to feel the way that she does. This makes her feel that you do not understand, and it *reduces* her confidence. If you accept that she is upset, it makes her feel that it is alright to feel the way she does, so it does not reduce her confidence. *Empathizing* is one useful way to show acceptance of how a mother feels.

Skill 2. Recognize and praise what a mother and baby are doing right

As health workers, we are trained to *look for problems*. We see only what we think people are doing wrong, and we try to correct them. As counsellors, we must learn to look for and *recognize what mothers and babies do right.* Then we should *praise* or show approval of the good practices.

Praising good practices has these benefits:

- It builds a mother's confidence;
- It encourages her to continue those good practices;
- It makes it easier for her to accept suggestions later.

Skill 3. Give practical help

Sometimes practical help is better than saying anything. For example:

- When a mother feels tired or dirty or uncomfortable;
- When she is hungry or thirsty;
- When she has had a lot of advice already;
- When you want to show support and acceptance;
- When she has a clear practical problem.

Some ways to give practical help are these:

- Help to make her clean and comfortable;
- Give her a warm drink, or something to eat;
- Hold the baby while she gets comfortable.

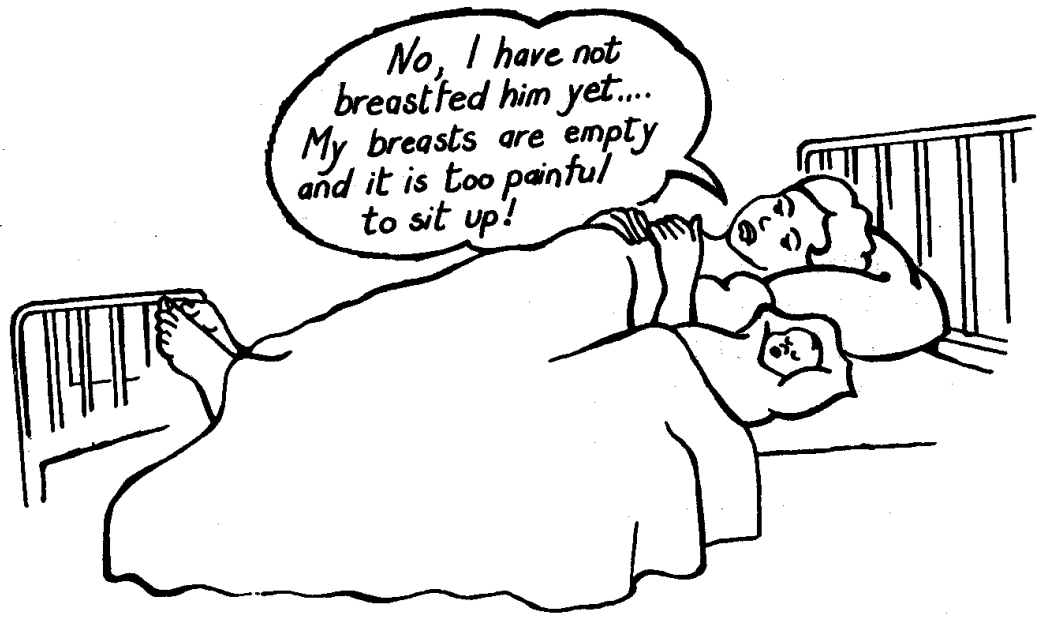

Fig.26 (Overhead 11/3)

Which response is more appropriate?

"You should let the baby suckle now, to help your breastmilk to come in."

"Let me try to make you more comfortable, and then I'll bring you a drink."

Skill 4. Give a little, relevant information

Relevant information is information which is useful for a mother NOW.

When you give a mother information, remember these points:
- Tell her things that she can do today, not in a few weeks time.
- Try to give only one or two pieces of information at a time, especially if she is tired, and has already received a lot of advice.
- Wait until you have built her confidence, by accepting what she says, and praising what she and her baby do right. You do not need to give new information or to correct a mistaken idea immediately.
- Give information in a positive way, so that it does not sound critical. This is especially important if you want to correct a mistaken idea.

Skill 5. Use simple language

Use simple familiar terms to explain things to mothers. Remember that most people do not understand the technical terms that health workers use.

Skill 6. Make one or two suggestions, not commands

Be careful not to *tell* or *command* a mother to do something. This does not help her to feel confident.
Instead, when you counsel a mother, *suggest* what she could do differently. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident.

CONFIDENCE AND SUPPORT SKILLS

- ☐ Accept what a mother thinks and feels
- ☐ Recognize and praise what a mother and baby are doing right
- ☐ Give practical help
- ☐ Give a little, relevant information
- ☐ Use simple language
- ☐ Make one or two suggestions, not commands

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BUILDING CONFIDENCE EXERCISES

EXERCISE 6. *Accepting what a mother THINKS*

Examples 1-3 are mistaken ideas which mothers might hold.
Beside each mistaken idea are three responses. One agrees, one disagrees, and one accepts the idea, without agreeing or disagreeing.

Your trainer will read out each mistaken idea. Taking turns, read out each response, and say if it agrees, disagrees or accepts the idea.

Examples 1-3:

Trainer reads:	**Participant reads:**
1. "I give him drinks of water, because the weather is so hot now."	*"Oh, that is not necessary! Breastmilk contains plenty of water."* *"Yes, babies may need extra drinks of water in this weather."* *"You feel that he need drinks of water sometimes?"*
2. "I have not been able to breastfeed for two days, so my milk is sour."	*"Breastmilk is not very nice after a few days."* *"You are worried that your breastmilk may be sour?"* *"But milk never goes sour in the breast!"*
3. "My baby has diarrhoea, so it is not good to breastfeed now."	*"You do not like to give him breastmilk just now?"* *"It is quite safe to breastfeed a baby when he has diarrhoea."* *"It is often better to stop breastfeeding a baby when he has diarrhoea."*

Examples 4-10 are some more mistaken ideas, written as statements by mothers. There are no responses beside them.

Your trainer will read out each mistaken idea.

Take turns to make up a response which accepts what the mother says, without disagreeing or agreeing.

Examples 4-10:

Trainer reads:

4. "I need to give him formula now he is two months old. My breastmilk is not enough for him now."

5. "I am pregnant again, so I shall have to stop breastfeeding immediately."

6. "I cannot breastfeed for the first few days, because I will have no milk."

7. "The first milk is not good for a baby - I cannot breastfeed until it has gone."

8. "I cannot eat spicy food - it will upset my baby."

9. "I don't let him suckle for more than ten minutes, because it would make my nipples sore."

10. "I don't have enough milk, because my breasts are so small."

EXERCISE 7. ***Accepting what a mother FEELS***

How to do the exercise:

After the Stories A, B, and C, below, there are three responses.
Mark with a ✔ the response which shows acceptance of how the mother feels.
For Story D make up your own response which shows acceptance.

Example:

Purla's baby boy has a cold and a blocked nose, and is finding it difficult to breastfeed. As Purla tells you about it, she bursts into tears.
Mark with a ✔ the response which shows that you accept how Purla feels.

a. Don't worry - he is doing very well.
b. You don't need to cry - he will soon be better.
✔ c. It's upsetting when a baby is ill, isn't it?

To answer:

Story A.
Marion is in tears. She says that her breasts have become soft again, so her milk must be less, but the baby is only three weeks old.

a. Don't cry - I'm sure you still have plenty of milk.
b. You are really upset about this, I know.
c. Breasts often become soft at this time - it doesn't mean that you have less milk!

Story B.
Dora is very bothered. Her baby sometimes does not pass a stool for one or two days. When he does pass a stool, he pulls up his knees and goes red in the face. The stools are soft and yellowish brown.

a. You needn't be so bothered - this is quite normal for babies.
b. Some babies don't pass a stool for 4 or 5 days.
c. It really bothers you when he does not pass a stool, doesn't it?

Story C.
Susan is crying. She takes off her baby's clothes, and shows you a rash on the baby's buttocks, which looks like a nappy rash.

a. You are really miserable about this rash, aren't you?
b. Lots of babies have this rash - we can soon make it better
c. Don't cry - it is not serious

Story D.
Marta looks very worried. She is sure that her baby is very ill. His tongue is covered in white spots, which you see are thrush. You know that this is not serious and it is easy to treat.

Write down what you would say to her, to show that you accept how worried she is.

EXERCISE 8. ***Praising what a mother and baby are doing right***

How to do the exercise:

For Stories E, F, and G below, there are three responses. They are all things that you might want to say to the mother.

Mark with a ✔ the response which praises what the mother and baby are doing right, to build the mother's confidence.

(You may give her some of the other information later.)

For Stories H and I, make up your own response which praises what the mother and baby are doing right.

Example:

A mother is breastfeeding her 3-month-old baby, and giving drinks of fruit juice. The baby has slight diarrhoea.

Mark the response which praises what she is doing.

a. You should stop the fruit juice - that's probably what is causing the diarrhoea.

✔ b. It is good that you are breastfeeding - breastmilk should help him to recover.

c. It is better not to give babies anything but breastmilk until they are about 6 months old.

To answer:

Story E.
A mother has started bottle feeding her baby by day while she is at work. She breastfeeds as soon as she gets home, but the baby does not seem to want to suckle as much as he did before.

a. You are very wise to breastfeed whenever you are at home.
b. It would be better if you gave him artificial feeds by cup and not by bottle.
c. Babies often do stop wanting breastfeeds when you start giving bottles.

Story F.
The mother of a 3-month-old baby says that he is crying a lot in the evenings, and she thinks that her milk supply is decreasing. The baby gained weight well last month.

a. Many babies cry at that time of day - it is nothing to worry about.
b. He is growing very well - and that is on your breastmilk alone.
c. Just let him suckle more often - that will soon build up your milk supply.

Story G.
A 15-month-old child is breastfeeding and having thin porridge and sometimes tea and bread. He has not gained weight for 6 months, and is thin and miserable.

a. He needs to eat a more balanced diet.
b. It is good that you are continuing to breastfeed him at this age, as well as giving him other food.
c. You should be giving him more than breastmilk and thin porridge at this age.

Story H.
A 4-month-old baby is completely bottle fed, and has diarrhoea. The growth chart shows that he weighed 3.5 kilos at birth, and that he has only gained 200 grams in the last two months. The bottle smells very sour.

Story I.
Neera comes to the clinic to learn how to take her 3-month-old baby Ravi off the breast. She is going back to work soon. But Ravi is refusing bottles, so she asks you to advise her. Ravi is alert and active.

EXERCISE 9. ***Giving a little, relevant information***

How to do the exercise:

Below is a list of six mothers with babies of different ages.
Beside them are six pieces of information (a, b, c, d, e and f) that those mothers may need; but the information is not opposite the mother who needs it most.
Match the piece of information with the mother and baby in the same set for whom it is MOST RELEVANT AT THAT TIME.

After the description of each mother there are six letters.
Put a circle round the letter which corresponds to the information which is most relevant for her. As an example, the correct answer for Mother 1 is already marked in brackets.

For Mothers 7 and 8, make up a sentence with relevant information.

To answer:

Mothers 1-6

1. Mother returning to work
   a b c d (e) f
2. Mother with 12-month-old baby
   a b c d e f
3. Mother who thinks that her milk is too thin
   a b c d e f
4. Mother who thinks that she does not have enough breastmilk
   a b c d e f
5. Mother with 2-month-old baby who is exclusively breastfed
   a b c d e f
6. A newly delivered mother who wants to give her baby prelacteal feeds
   a b c d e f

Information

a. Foremilk normally looks watery, and hindmilk is whiter

b. Exclusive breastfeeding is best until a baby is 4-6 months old

c. More suckling makes more milk

d. Colostrum is all that a baby needs at this time

e. Night breastfeeds are good for a baby and help to keep up the milk supply

f. Breastfeeding is valuable for two years or more

Mother 7:.

A mother one day after delivery with soft breasts who wants her milk to `come in':

Mother 8:.

A mother with a healthy 5-6-month-old baby, who is exclusively breastfed:

EXERCISE 10. *Giving information in a positive way*

How to do the exercise:

Below are some mistaken ideas, including some from Exercise 7, and what you might say to accept what the mother thinks.

Write what you would say to the mother later to correct the mistaken idea.

Give the information in a positive way which does not sound critical.

Example:

A mother says: "I don't have enough milk, because my breasts are so small."

Accept what she says:

"Mm. Mothers often worry about the size of their breasts."

Give correct information in a positive way:

"You know, bigger breasts only contain more fat. The part of the breast that makes the milk is the same in all breasts."

To answer:

1. A mother says: "I don't let him suckle for more than 10 minutes, because it would make my nipples sore."

Accept what she says:

"Yes, that can be a worry."

Give correct information in a positive way:

2. A mother says: "I give him drinks of water, the weather is so hot now."

Accept what she says:

"You feel that he needs more to drink sometimes?"

Give correct information in a positive way:

3. A mother says: "I will give him a bottle in the evening, and save up my breastmilk for the night."

Accept what she says:

"You feel that he is not satisfied in the evening?"

Give correct information in a positive way:

EXERCISE 11. ***Using simple language***

How to do the exercise:

Below are five pieces of information that you might want to give to mothers, including some from Exercise 9.

The information is correct, but it uses technical terms that a mother who is not a health worker might not understand.

Rewrite the information in simple language that a mother could easily understand.

Example:

Information: Colostrum is all that a baby needs in the first few days.

Using simple language:

The first yellowish milk that comes is exactly what a baby needs for the first few days.

To answer:

1. Information: Exclusive breastfeeding is best up to 4-6 months of age.

   Using simple language:

2. Information: Foremilk normally looks watery, and hindmilk is whiter.

   Using simple language:

3. Information: When your baby suckles, prolactin is released which makes your breasts secrete more milk.

   Using simple language:

4. Information: To suckle effectively, a baby needs to be well attached to the breast.

   Using simple language:

EXERCISE 12. ***Making one or two suggestions, not commands***
How to do the exercise:

Below are some commands which you might want to give to a breastfeeding mother.

Rewrite the commands as suggestions.
Questions 4 and 5 are optional, to do if you have time.

Example:

Command: Keep the baby in bed with you so that he can feed at night!

Suggestion:
It might be easier to feed him at night if he slept in bed with you.

Some alternative examples of how to make a suggestion:
(In your answer, you only need to give ONE answer.)

Suggestion in the form of a question:
Would it be easier to feed him at night if he slept with you?
Have you thought about letting him sleep in bed with you?

Question followed by some information:
How would you feel about letting him sleep in bed with you? It might be easier to feed him that way.

To answer:

1. Command: Do not give your baby any drinks of water or glucose water, before he is at least 4 months old!

   Suggestion:

2. Command: Feed him more often, whenever he is hungry, then your milk supply will increase!

   Suggestion:

3. Command: You should feed him from a cup. Don't give him any feeds from a bottle, or he will refuse to breastfeed!

   Suggestion:

Optional:

4. Command: You must hold him closer or he won't take enough of the breast into his mouth!

   Suggestion:

5. Command: You must sit on a lower chair to breastfeed, or you will not be able to relax!
   Suggestion:

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CLINICAL PRACTICE 2

Building confidence and giving support
Positioning a baby at the breast

These notes are a summary of the instructions that the trainer will give you about how to do the clinical practice. Try to make time to read them to remind you about what to do during the session.

During the clinical practice, you work in small groups or pairs, and take turns to talk to a mother while your partner or other members of the group observe. You practise the building confidence and giving support skills from Session 11, and helping a mother to position her baby at the breast from Session 10.

After the clinical practice, record the mothers and babies that you have seen on your **CLINICAL PRACTICE PROGRESS FORM**, on page 186.

What to take with you:

- one copy of the list of **CONFIDENCE AND SUPPORT SKILLS**;
- one copy of the list of **LISTENING AND LEARNING SKILLS**;
- two copies each of the B-R-E-A-S-T-FEED Observation Form;
- pencil and paper to make notes.

How to do the clinical practice:

- Talk to and observe mothers and babies as for Clinical Practice 1. Continue to practise `assessing a breastfeed' and `listening and learning'.

- In addition, practise as many of the six confidence and support skills as possible. Try to do these things:
  - praise two things that the mother and baby are doing right;
  - give the mother two pieces of relevant information that are useful to her now.

  Be careful not to give a lot of advice.

- The participant who observes marks a ✔ on the list of **CONFIDENCE AND SUPPORT SKILLS** for every skill that her partner uses.

- If there is an opportunity, practise helping a mother to position her baby at the breast, or to overcome any other difficulty. Inform the trainer so that she can demonstrate how to help the mother, and help you to do it the first time.

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BREAST CONDITIONS

Introduction

There are several common breast conditions which sometimes cause difficulties with breastfeeding:

- Flat or inverted nipples, and long or big nipples;
- Engorgement;
- Blocked duct and mastitis;
- Sore nipples and nipple fissure.

Diagnosis and management of these breast conditions are important both to relieve the mother, and to enable breastfeeding to continue.

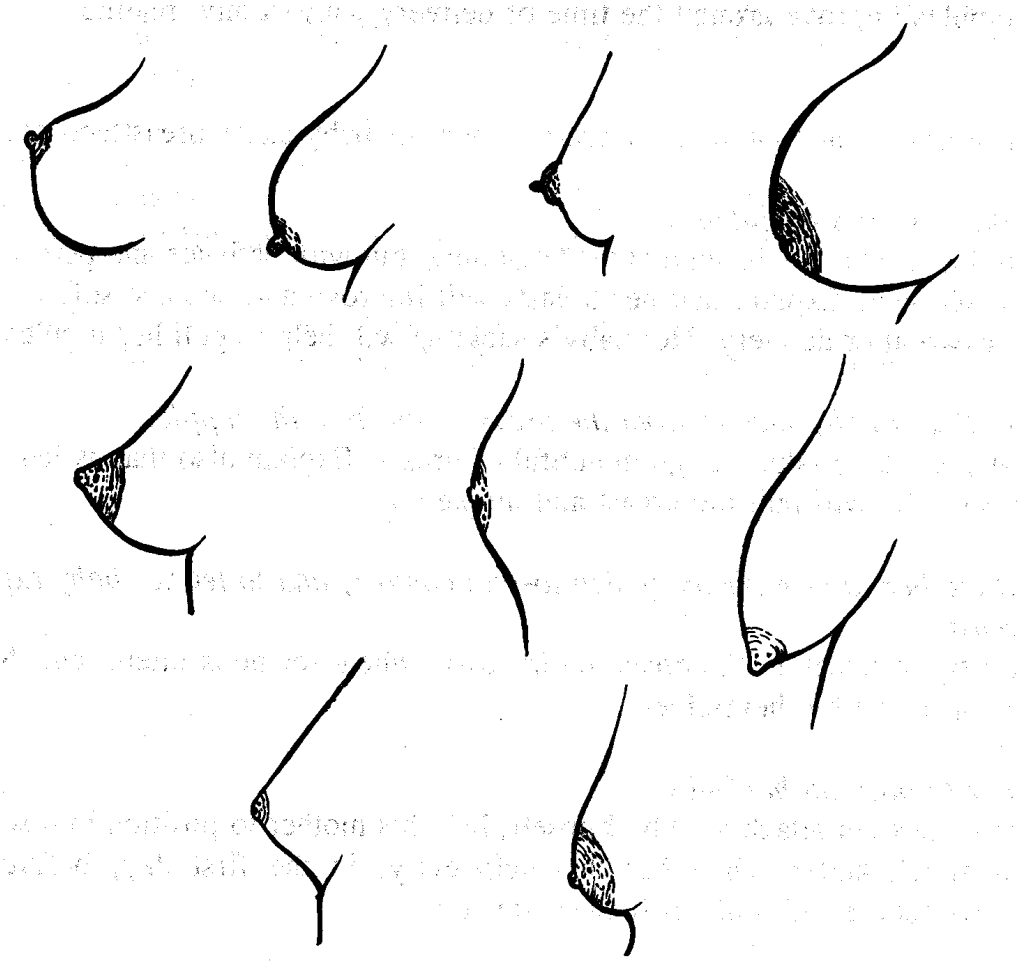

Fig.27 There are many different shapes and sizes of breast. Babies can breastfeed from almost all of them.

MANAGEMENT OF FLAT AND INVERTED NIPPLES

Antenatal treatment	Probably not helpful
Soon after delivery	Build mother's confidence - breasts will improve Explain baby suckles BREAST not nipple Let baby explore breast, skin-to-skin Help mother to position baby early Try different positions - e.g. underarm Help her to make nipple stand out more Use pump, syringe
For first week or two if necessary	Express breastmilk and feed with cup Express breastmilk into baby's mouth

Management of flat and inverted nipples

- *Antenatal treatment is probably not helpful.*
  For example, stretching nipples, or wearing nipple shells does not help.
  Most nipples improve around the time of delivery without any treatment.

Help is most important soon after delivery, when the baby starts breastfeeding:

- *Build the mother's confidence.*
  Explain that it may be difficult at the beginning, but with patience and persistence she can succeed. Explain that her breasts will improve and become softer in the week or two after delivery. Her baby's suckling will help to pull her nipples out.

- *Explain that a baby suckles from the breast - not from the nipple.*
  Her baby needs to take a large mouthful of breast. Explain also that as her baby breastfeeds, he will pull the breast and nipple out.

- *Encourage her to give plenty of skin-to-skin contact, and to let her baby explore her breasts.*
  Let him try to attach to the breast on his own, whenever he is interested. Some babies learn best by themselves.

- *Help her to position her baby.*
  If a baby does not attach well by himself, help his mother to position him so that he can attach better. Give her this help early, in the first day, before her breastmilk `comes in' and her breasts are full.

- *Help her to try different positions to hold her baby.*
  Sometimes putting a baby to the breast in a different position makes it easier for him to attach. For example, some mothers find that the underarm position is helpful (see Fig.24 in Session 10).

- *Help her to make her nipple stand out more before a feed.*

Sometimes making the nipple stand out before a feed helps a baby to attach. Stimulating her nipple may be all that a mother needs to do. Or she can use a hand breast pump, or a syringe to pull her nipple out.

Sometimes shaping the breast makes it easier for a baby to attach.
To shape her breast, a mother supports it from underneath with her fingers, and presses the top of the breast gently with her thumb. She should be careful not to hold her breast too near the nipple. (See Fig.18 in Session 4.)

If it is acceptable to both partners, the woman's husband can suck on her breasts a few times to pull out the nipples.

If a baby cannot suckle effectively in the first week or two, help his mother to:

- *Express her milk and feed it to her baby with a cup.*
  Expressing milk helps to keep breasts soft, so that it is easier for the baby to attach to the breast; and it helps to keep up the supply of breastmilk.
  She should not use a bottle, because that makes it more difficult for her baby to take her breast.

- *Express a little milk directly into her baby's mouth.*
  Some mothers find that this is helpful. The baby gets some milk straight away, so he is less frustrated. He may be more willing to try to suckle.

- *Let her baby explore her breasts frequently.*
  She should continue to give him skin-to-skin contact, and let him try to attach to her breast.

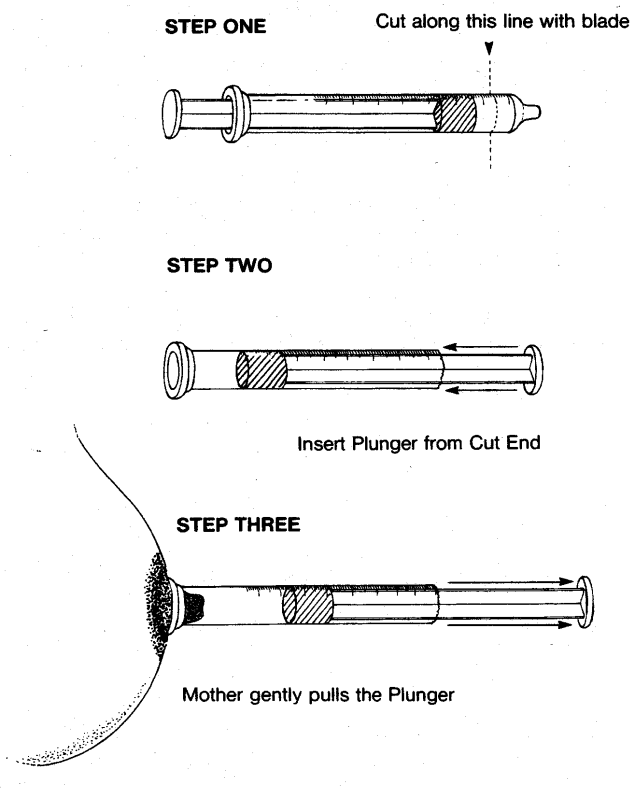

Fig.28 Preparing and using a syringe for treatment of inverted nipples.

SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS

FULL BREASTS	*ENGORGED BREASTS*
Hot	Painful
Heavy	Oedematous
Hard	Tight, especially nipple
	Shiny
	May look red
Milk flowing	Milk NOT flowing
No fever	May be fever for 24 hours

CAUSES AND PREVENTION OF BREAST ENGORGEMENT

CAUSES	*PREVENTION*
• Plenty of milk	
• Delay starting to breastfeed	• Start breastfeeding soon after delivery
• Poor attachment to breast	• Ensure good attachment
• Infrequent removal of milk	• Encourage unrestricted breastfeeding
• Restriction of length of feeds	

Treatment of breast engorgement

To treat engorgement it is essential to remove milk. If milk is not removed, mastitis may develop, an abscess may form, and breastmilk production decreases.
So do not advise a mother "rest" the breast.

- *If the baby is able to suckle, he should feed frequently.*
  This is the best way to remove milk. Help the mother to position her baby, so that he attaches well. Then he suckles effectively, and does not damage the nipple.

- *If the baby is not able to suckle, help his mother to express her milk.*
  She may be able to express by hand or she may need to use a breast pump, or a warm bottle (see Session 20, `Expressing breastmilk').
  Sometimes it is only necessary to express a little milk to make the breast soft enough for the baby to suckle.

- *Before feeding or expressing, stimulate the mother's oxytocin reflex.*
  These are things that you can do to help her, or that she can do:
  - put a warm compress on her breasts, or take a warm shower;
  - massage her neck and back;
  - massage her breast lightly;
  - stimulate her breast and nipple skin;
  - help her to relax.

Sometimes a warm shower or warm bath makes milk flow from the breasts, so that they become soft enough for the baby to suckle.

- *After a feed, put a cold compress on her breasts.*
  This may help to reduce oedema.

- *Build the mother's confidence.*
  Explain that she will soon be able to breastfeed comfortably.

TREATMENT OF BREAST ENGORGEMENT

Do not "rest" the breast

If baby able to suckle:	Feed frequently, help with positioning.
If baby not able to suckle:	Express milk by hand or with pump
Before feed to stimulate oxytocin reflex:	Warm compress or warm shower Massage to neck and back Light massage of breast Stimulate nipple skin Help mother to relax
After feed to reduce oedema:	Cold compress on breasts

SYMPTOMS OF BLOCKED DUCT AND MASTITIS

Blocked ----------> Milk ----------> Non-infective ----------> Infective
duct stasis mastitis mastitis

Lump	progresses	Hard swelling
Tender	---------->	Severe pain
Localized redness	to	Red area
No fever		Fever
Feels well		Feels ill

Symptoms of blocked duct and mastitis

Mastitis may develop in an engorged breast, or it may follow a condition called *blocked duct*.

Blocked duct occurs when the milk is not removed from part of a breast. The duct to that part of the breast is sometimes blocked by thickened milk. The symptoms are a lump which is tender, and sometimes redness of the skin over the lump. The woman has no fever and feels well.

When milk stays in part of a breast, because of a blocked duct, or because of engorgement, it is called *milk stasis*. If the milk is not removed, it can cause inflammation of the breast tissue, which is called *non-infective mastitis*. Sometimes a breast becomes infected with bacteria, and this is called *infective mastitis*.

It is not possible to tell from the symptoms alone if mastitis is non-infective or infective. If the symptoms are all severe, however, the woman is more likely to need treatment with antibiotics.

CAUSES OF BLOCKED DUCT AND MASTITIS

• Poor drainage of part or all of breast	due to	- infrequent breastfeeds - ineffective suckling - pressure from clothes - pressure from fingers during feeds - large breast draining poorly
• Stress, overwork		- reduce frequency, length of feeds
• Trauma to breasts		- damages tissues
• Nipple fissure		- allows bacteria to enter

Causes of blocked duct and mastitis

The main cause of blocked duct and mastitis is poor drainage of all or part of a breast.

Poor drainage of the whole breast may be due to:
- *Infrequent breastfeeds.*
  For example:
  - when a mother is very busy;
  - when her baby starts feeding less often - because he sleeps through the night, or feeds irregularly;
  - because of a changed feeding pattern for any other reason, for example, a journey.
- *Ineffective suckling* if the baby is poorly attached to the breast.

Poor drainage of part of the breast may be due to:
- *Ineffective suckling,* because a baby who is poorly attached may empty only part of the breast.
- *Pressure from tight clothes*, usually a bra, especially if she wears it at night;
  or from lying on the breast, which can block one of the ducts.

- *Pressure of the mother's fingers*, which can block milk flow during a breastfeed.
- *The lower part of a large breast draining poorly*, because of the way in which the breast hangs.

Another important factor is stress and overwork of the mother, probably because it causes her to breastfeed her baby less often, or for shorter times.

Trauma to the breast which damages breast tissue sometimes causes mastitis, for example, a sudden blow, or an accidental kick by an older child.

If there is a nipple fissure, it provides a way for bacteria to enter the breast tissue. This is another way in which poor attachment can lead to mastitis.

TREATMENT OF BLOCKED DUCT AND MASTITIS

FIRST:

- Improve drainage of breast

Look for cause and correct:
- poor attachment
- pressure from clothes or fingers
- large breast draining poorly

Advise:
- frequent breastfeeds
- gentle massage towards nipple
- warm compresses

Suggest if helpful:
- start feed on unaffected side
- vary position

THEN:

If any of these:
- symptoms severe, or
- fissure, or
- no improvement after 24 hours

Treat in addition with:

- Antibiotics
- Complete rest
- Analgesics (paracetamol)

Treatment of blocked duct and mastitis

The most important part of treatment is to improve the drainage of milk from the affected part of the breast.

- Look for a cause of poor drainage, and correct it:
  - Look for poor attachment.
  - Look for pressure from clothes, usually a tight bra, especially if worn at night; or pressure from lying on the breast.
  - Notice what the mother does with her fingers as she breastfeeds. Does she hold the areola, and possibly block milk flow?
  - Notice if she has large, pendulous breasts, and if the blocked duct is in the lower part of her breast. (If so, suggest that she lifts the breast more while she feeds the baby, to help the lower part of the breast to drain better.)

- Whether or not you find a cause, advise the mother to do these things:
  - *Breastfeed frequently*.
    The best way is to rest with her baby, so that she can respond to him and feed him whenever he is willing.
  - *Gently massage the breast while her baby is suckling.*
    Show her how to massage over the blocked area, and over the duct which leads from the blocked area, right down to the nipple. This helps to remove the block from the duct. She may notice that a plug of thickened milk comes out with her milk. (It is safe for the baby to swallow the plug.)
  - *Apply warm compresses to her breast between feeds.*

- Sometimes it is helpful to do these things:
  - *Start the feed on the unaffected breast.*
    This may help if pain seems to be preventing the oxytocin reflex. Change to the affected breast after the reflex starts working.
  - *Breastfeed the baby in different positions at different feeds.*
    This helps to remove milk from different parts of the breast more equally. Show the mother how to hold her baby in the underarm position, or how to lie down to feed him, instead of holding him across the front at every feed. However, do not make her breastfeed in a position that is uncomfortable for her.

- If breastfeeding is difficult, help her to express the milk:
  - Sometimes a mother is unwilling to feed her baby from the affected breast, especially if it is very painful.
  - Sometimes a baby refuses to feed from an infected breast, possibly because the taste of the milk changes.

  In these situations, it is necessary to express the milk. If the milk stays in her breast, an abscess is more likely.

Usually, blocked duct or mastitis improves within a day when drainage to that part of the breast improves.

A mother needs additional treatment if there are any of these:
- severe symptoms when you first see her, OR
- a fissure, through which bacteria can enter, OR
- no improvement after 24 hours of improved drainage.

Treat her, or refer her for treatment with the following:

- *Antibiotics*.
  Give either flucloxacillin or erythromycin (see Table 1 for dosage).
  Other commonly used antibiotics, such as ampicillin, are not usually effective.
  Explain that it is very important to complete the course of antibiotics, even if she feels better in a day or two. If she stops the treatment before it is complete, the mastitis is likely to recur.

- *Complete rest.*
  Advise her to take sick leave, if she is employed, or to get help at home with her duties. Talk to her family if possible about sharing her work.
  If she is stressed and overworked, encourage her to try to take more rest.
  Resting with her baby is a good way to increase the frequency of breastfeeds, to improve drainage.

- *Analgesics.*
  Give her paracetamol for the pain.

Explain that she should continue with frequent breastfeeds, massage and warm compresses. If she is not eating well, encourage her to take adequate food and fluids.

Table 1 ANTIBIOTIC TREATMENT FOR INFECTIVE MASTITIS

The commonest bacterium found in breast abscess is *Staphylococcus aureus*. Therefore it is necessary to treat breast infections with a penicillinase-resistant antibiotic such as either flucloxacillin or erythromycin.

Drug	Dose	Instructions
Flucloxacillin	250 mg orally 6 hourly for 7-10 days.	Take dose at least 30 minutes before food.
Erythromycin	250-500 mg orally 6 hourly for 7-10 days	

Table 2 TREATMENT OF CANDIDA OF THE BREAST

Gentian violet paint:
To baby's mouth: 0.25% apply daily or alternate days for 5 days or until 3 days after the lesions have healed.
To mother's nipples: 0.5% apply daily for 5 days.

OR:

Nystatin cream 100,000 IU/g:
Apply to nipples 4 times daily after breastfeeds.
Continue to apply for 7 days after lesions have healed.

Nystatin suspension 100,000 IU/ml:
Apply 1 ml by dropper to child's mouth 4 times daily after breastfeeds for 7 days, or as long as mother is being treated.

Stop using pacifiers, teats, and nipple shields.

MANAGEMENT OF SORE NIPPLES

Look for a cause:
- Check attachment
- Examine breasts - engorgement, fissures, *Candida*
- Check baby for *Candida,* and tongue-tie

Give appropriate treatment:
- Build mother's confidence
- Improve attachment, and continue breastfeeding
- Reduce engorgement - suggest feed frequently, express
- Treat for *Candida* if skin red, shiny, flaky;
  if there is itchiness, or deep pain, or if soreness persists.

Advise the mother to:
- Wash breasts only once a day, and avoid using soap
- Avoid medicated lotions and ointments
- Rub hindmilk on areola after feeds

Management of sore nipples

First look for a cause:

- Observe the baby breastfeeding, and check for signs of poor attachment.

- Examine the breasts.
  Look for signs of *Candida* infection; look for engorgement; look for fissures.

- Look in the baby's mouth for signs of *Candida* and for tongue tie; and baby's bottom for *Candida* rash.

Then give appropriate treatment:

- Build the mother's confidence.
  Explain that the soreness is temporary, and that soon breastfeeding will be completely comfortable.

- Help her to improve her baby's attachment.
  Often this is all that is necessary.
  She can continue breastfeeding, and need not rest the breast.

- Help her to reduce engorgement if necessary.
  She should breastfeed frequently, or express her breastmilk.

- Consider treatment for *Candida* if the skin of the nipple and areola is red, shiny, or flaky; or if there is itchiness, or deep pain, or if the soreness persists (see Table 2).

Then advise the mother:

- Advise her not to wash her breasts more than once a day, and not to use soap, or rub hard with a towel.

  Breasts do not need to be washed before or after feeds - normal washing as for the rest of the body is all that is necessary. Washing removes natural oils from the skin, and makes soreness more likely.

- Advise her not to use medicated lotions and ointments, because these can irritate the skin, and there is no evidence that they are helpful.

- Suggest that after breastfeeding she rubs a little expressed breastmilk over the nipple and areola with her finger. This promotes healing.

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BREAST CONDITIONS EXERCISE

EXERCISE 13. ***Breast conditions***

How to do the exercise:

Read the stories and write your answers to the questions in pencil in the following space.

When you have finished, discuss your answers with the trainer.

Example:

Mrs A says that both her breasts are swollen and painful. She put her baby to her breast for the first time on the third day, when her milk `came in'. This is the sixth day. Her baby is suckling, but now it is rather painful, so she does not let him suck for very long. Her milk is not dripping out as fast as it did before.

What is the diagnosis?

(Engorged breasts.)

What may have caused the condition?

(Delay starting to breastfeed.)

How can you help Mrs A?

(Help her to express her milk, and help her to position her baby at her breast, so that he can attach better.)

To answer:

Mrs B says that her right breast has been painful since yesterday, and she can feel a lump in it, which is tender. She has no fever and feels well. She has started to wear an old bra which is tight, because she wants to prevent her breasts from sagging. Her baby now sometimes sleeps for 6-7 hours at night without feeding. You watch him suckling. Mrs B holds him close, and his chin is touching her breast. His mouth is wide open and he takes slow, deep sucks.

What could you say to empathize with Mrs B's worries about her figure?

What is the diagnosis?

What may be the cause?

What three suggestions would you give Mrs B?

Mrs C has had a painful swelling in her left breast for three days. It is extremely tender, and the skin of a large part of the breast looks red. Mrs C has a fever and feels too ill to go to work today. Her baby sleeps with her and breastfeeds at night. By day, she expresses milk to leave for him. She has no difficulty in expressing her milk. But she is very busy, and it is difficult for her to find time to express milk, or to feed her baby during the day.

What could you say to empathize with Mrs C?

What is the diagnosis?

Why do you think that Mrs C has this condition?

How would you treat Mrs C?

Mrs D complains of nipple pain when her 6-week-old baby is suckling. You examine her breasts while her baby is asleep, and can see no fissures. When he wakes, you watch him feeding. His body is twisted away from his mother's. His chin is away from the breast, and his mouth is not wide open. He takes rapid, shallow sucks. As he releases the breast, you notice that the nipple looks squashed.

What is the cause of Mrs D's nipple pain?

What could you say to build Mrs D's confidence?

What practical help could you give her?

Mrs E's baby was born yesterday. She tried to feed him soon after delivery, but he did not suckle very well. She says that her nipples are inverted, and she cannot breastfeed. You examine her breasts, and notice that her nipples look flat. You ask Mrs E to use her fingers and to stretch her nipple and areola out a short way. You can see that the nipple and areola are protractile.

What could you say to accept Mrs E's idea about her nipples?

How could you build her confidence?

What practical help could you give Mrs E?

Mrs F's baby is 3 months old. She says that her nipples are sore. They have been sore on and off since an attack of mastitis several weeks ago. The mastitis cleared up after a course of antibiotics. This new pain feels like needles going deep into her breast whenever her baby suckles. You watch her baby breastfeeding. His mouth is wide open, his lower lip is turned back, and his chin is close to the breast. He takes some slow deep sucks and you see him swallow.

What might be the cause of Mrs F's sore nipples?

What treatment would you give to her and her baby?

How would you build Mrs F's confidence?

Optional

Mrs G says that her breasts are painful. Her baby is 5 days old. Both Mrs G's breasts are swollen, and the skin looks shiny. There is a fissure across the tip of her right nipple. You watch her breastfeeding her baby. She holds him loosely, with his body away from hers. His mouth is not wide open, and his chin is not near the breast. He makes smacking sounds as he suckles. After a few sucks, he pulls away and cries.

What has happened to Mrs G's breasts?

What are Mrs G and her baby doing right?

What practical help can you give Mrs G?

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REFUSAL TO BREASTFEED

Introduction

Refusal by the baby is a common reason for stopping breastfeeding. However, it can often be overcome. Refusal can cause great distress to the baby's mother. She may feel rejected and frustrated by the experience.

- Sometimes a baby attaches to the breast, but then does not suckle or swallow, or suckles very weakly.
- Sometimes a baby cries and fights at the breast, when his mother tries to breastfeed him.
- Sometimes a baby suckles for a minute and then comes off the breast choking or crying. He may do this several times during a single feed.
- Sometimes a baby takes one breast, but refuses the other.

You need to know how to decide why a baby is refusing to breastfeed, and how to help the mother and baby enjoy breastfeeding again.

Fig.28 A baby may be unable to suckle because he is sick
This baby has tetanus

WHY A BABY MAY REFUSE TO BREASTFEED

1. Is the baby ill, in pain or sedated?

Illness:
The baby may attach to the breast, but suckles less than before.

Pain:
Pressure on a bruise from forceps or vacuum extraction.
- The baby cries and fights as his mother tries to breastfeed him.

Blocked nose:
Sore mouth (*Candida* infection (thrush), an older baby teething).
- The baby suckles a few times, and then stops and cries.

Sedation:
A baby may be sleepy because of:
- drugs that his mother was given during labour;
- drugs that she is taking for psychiatric treatment.

2. Is there a difficulty with the breastfeeding technique?

Sometimes breastfeeding has become unpleasant or frustrating for a baby.

Possible causes:
- Feeding from a bottle, or sucking on a pacifier (dummy).
- Not getting much milk, because of poor attachment or engorgement.
- Pressure on the back of the baby's head, by his mother or a helper positioning him roughly, with poor technique. The pressure makes him want to `fight'.
- His mother holding or shaking the breast, which interferes with attachment.
- Restriction of breastfeeds; for example, breastfeeding only at certain times.
- Too much milk coming too fast, due to oversupply. The baby may suckle for a minute, and then come off choking or crying, when the ejection reflex starts. This may happen several times during a feed. The mother may notice milk spraying out as he comes off the breast.
- Early difficulty coordinating suckling. (Some babies take longer than others to learn to suckle effectively).

Refusal of one breast only:
Sometimes a baby refuses one breast, but not the other. This is because the problem affects one side more than the other.

3. Has a change upset the baby?

Babies have strong feelings, and if they are upset they may refuse to breastfeed. They may not cry, but simply refuse to suckle.
This is commonest when a baby is aged 3-12 months. He suddenly refuses several breastfeeds. This behaviour is sometimes called a `nursing strike'.

Possible causes:

- Separation from his mother, for example when she starts a job.
- A new carer, or too many carers.
- A change in the family routine - for example, moving house, visiting relatives.
- Illness of his mother, or a breast infection.
- His mother menstruating.
- A change in his mother's smell, for example, different soap, or different food.

4. Is it `apparent' and not `real' refusal?

Sometimes a baby behaves in a way which makes his mother think that he is refusing to breastfeed. However, he is not really refusing.

- When a newborn baby `roots' for the breast, he moves his head from side to side as if he is saying `no'. However, this is normal behaviour.
- Between 4 and 8 months of age, babies are easily distracted, for example when they hear a noise. They may suddenly stop suckling. It is a sign that they are alert.
- After the age of 1 year, a baby may wean himself. This is usually gradual.

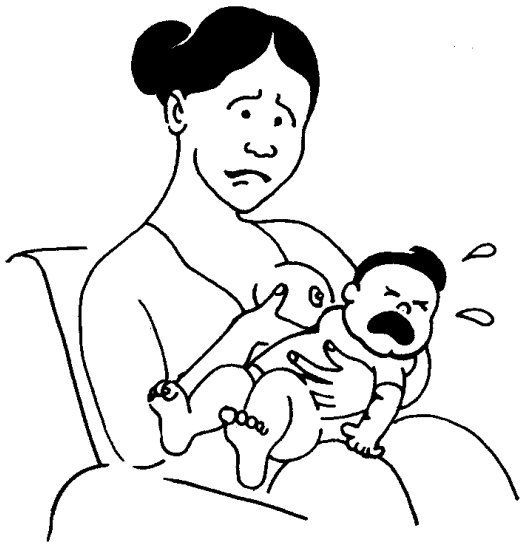

Fig.29 Sometimes a baby refuses because breastfeeding has become unpleasant or frustrating

CAUSES OF BREAST REFUSAL

Illness, pain, or sedation	Infection Brain damage Pain from bruise (vacuum, forceps) Blocked nose Sore mouth (thrush, teething)
Difficulty with breastfeeding technique	Bottle feeds, dummies Not getting much milk (poor attachment, engorgement) Pressure on back of head when positioning Mother shaking breast Restricting feeds Oversupply of breastmilk Difficulty coordinating suckle
Change which upsets baby (especially aged 3-12 months)	Separation from mother New carer, too many carers Change in family routine Mother ill, or mastitis Mother menstruating Change in smell of mother
Apparent refusal	Newborn - rooting Age 4-8 months - distraction Above 1 year - self-weaning

MANAGEMENT OF REFUSAL TO BREASTFEED

If a baby is refusing to breastfeed:

1. Treat or remove the cause if possible.
2. Help the mother and baby to enjoy breastfeeding again.

1. Treat or remove the cause if possible

Illness:

Treat infections with appropriate antimicrobials and other therapy.
Refer if necessary.
If a baby is unable to suckle, he may need special care in hospital.
Help his mother to express her breastmilk to feed to him by cup or by tube, until he is able to breastfeed again (see Session 20, `Expressing breastmilk').

Pain:

For a bruise: help the mother to find a way to hold her baby without pressing on a painful place.
For thrush: treat with gentian violet or nystatin (see Table 2 page 78).
For teething: encourage her to be patient and to keep offering him her breast.
For a blocked nose: explain how she can clear it. Suggest short feeds, more often than usual for a few days.

Sedation:

If the mother is on regular medication, try to find an alternative.

Breastfeeding technique:

Discuss the reason for the difficulty with the mother. When her baby is willing to breastfeed again, you can help her more with her technique.

Oversupply:

This is the usual cause of too much milk coming too fast.
Oversupply can result from poor attachment. If a baby suckles ineffectively, he may breastfeed frequently, or for a long time, and stimulate the breast so that it produces more milk than he needs.
Oversupply may also result if a mother tries to make her baby feed from both breasts at each feed, when he does not need to.

To reduce oversupply:

- Help the mother to improve her baby's attachment.
- Suggest that she lets him suckle from only one breast at each feed.
  Let him continue at that breast until he finishes by himself, so that he gets plenty of the fat-rich hindmilk.
  At the next feed, give him the other breast.

Sometimes a mother finds it helpful to:

- express some milk before a feed;
- lie on her back to breastfeed (if milk flows upwards, it is slower);

- hold her breast with the scissor hold to slow the flow (see Session 10, `Positioning a baby at the breast').

However, these techniques do not remove the cause of the problem.

Changes which upset a baby:

- Discuss the need to reduce separation and changes if possible.
- Suggest that she stops using the new soap, perfume, or food.

Apparent refusal:

If it is *rooting*:

Explain that this is normal. She can hold her baby at her breast to explore her nipple. Help her to hold him closer, so that it is easier for him to attach.

If it is *distraction*:

Suggest that she try to feed him somewhere more quiet for a while. The problem usually passes.

If it is *self-weaning:*

Suggest that she:

- makes sure that the child eats enough family food;
- gives him plenty of extra attention in other ways;
- continues to sleep with him because night feeds may continue.

This is valuable at least up to the age of 2 years.

2. Help the mother and baby to enjoy breastfeeding again

This is difficult and can be hard work. You cannot force a baby to breastfeed.
The mother needs help to feel happy with her baby and to enjoy breastfeeding. They have to learn to enjoy close contact again. She needs you to build her confidence, and to give her support.

Help the mother to do these things:

- *Keep her baby close to her all the time.*
  - She should care for her baby herself as much of the time as possible.
  - Ask grandmothers and other helpers to help in other ways, such as doing the housework, and caring for older children.
  - She should hold her baby often, and give plenty of skin-to-skin contact at times other than feeding times. She should sleep with him.
  - If the mother is employed, she should take leave from her employment - sick leave if necessary.
  - It may help if you discuss the situation with the baby's father, grandparents, and other helpful people.
- *Offer her breast whenever her baby is willing to suckle.*
  - She should not hurry to breastfeed again, but offer the breast if her baby does show an interest.
    He may be more willing to suckle when he is sleepy or after a cup feed, than when he is very hungry. She can offer her breast in different positions.
  - If she feels her ejection reflex working, she can offer her breast then.

- *Help her baby to breastfeed in these ways:*
  - Express a little milk into her baby's mouth.
  - Position him well, so that it is easy for him to attach to the breast.
  - She should avoid pressing the back of his head, or shaking her breast.

- *Feed her baby by cup until he is breastfeeding again.*
  - She can express her breastmilk and feed it to her baby from a cup (or cup and spoon). If necessary, use artificial feeds, and feed them by cup.
  - She should avoid using bottles, teats and pacifiers (dummies) of any sort.

HELPING A MOTHER AND BABY TO BREASTFEED AGAIN

Help the mother to do these things:

- *Keep her baby close - no other carers*

- Give plenty of skin-to-skin contact at all times, not just at feeding times
- Sleep with her baby
- Ask other people to help in other ways

- *Offer her breast whenever her baby is willing to suckle*

- When sleepy, or after a cup feed
- In different positions
- When she feels her ejection reflex working

- *Help her baby to take the breast*

- Express breastmilk into his mouth
- Position him so that he can attach easily to the breast
- Avoid pressing the back of his head or shaking her breast

- *Feed her baby by cup*

- Give her own expressed breastmilk if possible, if necessary give artificial feeds
- Avoid using bottles, teats, pacifiers

EXERCISE 14. ***Breast refusal***

How to do the exercise:

Read the stories, and write your answers to the questions in pencil in the following space. When you have finished, discuss your answers with the trainer.

The stories of Mrs K and Mrs L are optional, to do if you have time.

To answer:

Mrs H's baby was delivered by vacuum extraction 2 days ago. He has a bruise on his head. When Mrs H tries to feed him, he screams and refuses. She is very upset, and feels that breastfeeding will be too difficult for her. You watch her trying to feed him, and you notice that her hand is pressing on the bruise.

What can you say to empathize with Mrs H?

What praise and relevant information can you give to build Mrs H's confidence?

What practical help can you give her?

Mrs I says that her 3-month-old baby is refusing to breastfeed. He was born in hospital and roomed-in from the beginning. He breastfed without any difficulty. Mrs I returned to work when her baby was 2 months old. Her baby has 2-3 bottle feeds while she is at work. For the last week, he has refused to breastfeed when she comes home in the evening. She thinks that her milk is not good, because she works hard and feels hot all day.

What could you say to accept Mrs I's ideas about her milk?

What might be the cause of her baby's refusal to breastfeed?

What praise and relevant information could you give to build Mrs I's confidence?

What could you suggest that she does to breastfeed again, if she decides to try?

Mrs J has a baby who is 1-month-old. The baby was born in hospital, and was given three bottle feeds before he started to breastfeed. When Mrs J went home, her baby wanted to breastfeed often, and he seemed unsatisfied. Mrs J thought that she did not have enough milk. She continued to give bottle feeds, in addition to breastfeeding, and hoped that her breastmilk supply would increase. Now her baby is refusing to breastfeed. When Mrs J tries to breastfeed, he cries and turns away. Mrs J wants very much to breastfeed, and she feels rejected by her baby.

What could you say to empathize with Mrs J?

Why is Mrs J's baby refusing to breastfeed?

What relevant information might be helpful to Mrs J?

What four things would you offer to help Mrs J to do, so that she and her baby can enjoy breastfeeding again?

Optional

Mrs K had her baby 3 days ago. She says that he is refusing to breastfeed, and she will have to bottle feed. A nurse is helping her to try to position the baby. The nurse puts the baby to face Mrs K's breast. The nurse then holds Mrs K's breast with one hand, and the back of the baby's head with her other hand. The nurse then tries to push the baby onto the breast. The baby pushes his head back and cries.

What could you say to praise the nurse?

Why does Mrs K's baby refuse to breastfeed?

What would you suggest that the nurse does differently?

What could you suggest that Mrs K does?

Mrs L says that her 6-month-old baby suddenly refused to breastfeed. He was born in hospital, and started to breastfeed within an hour. He has never had any bottle feeds, but he recently started solids from a spoon. Last month the family moved to stay with relatives in town while the father looked for a job. There is an aunt in the house who likes to take care of the baby, and who criticizes Mrs L.

What might be the cause of Mrs L's baby refusing to breastfeed?

What can you suggest that Mrs L does, to breastfeed again?

What practical help can you give?

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TAKING A BREASTFEEDING HISTORY

Introduction

If a mother asks for your help, you need to understand her situation.
You cannot learn everything that you need to know by observing and listening and learning. You need to ask some questions.

Taking a history means asking relevant questions in a systematic way.
You will use a special form, the Breastfeeding History Form, to help you to remember what questions to ask.

When you first learn to use the form, you need to ask all the questions.
As you become more experienced, you learn which questions are relevant for which mothers. Then you do not need to ask all the questions every time.

SUMMARY: HOW TO TAKE A BREASTFEEDING HISTORY

Use the mother's and baby's names (if appropriate)
Ask her to tell you about herself and her baby in her own way
Look at the child's growth chart
Ask the most important questions
Be careful not to sound critical
Try not to repeat questions
Take time to learn about difficult, sensitive things.

HOW TO TAKE A BREASTFEEDING HISTORY

- *Use the mother's name and the baby's name (if appropriate).*

Greet the woman in a kind and friendly way. Introduce yourself, and ask her name and the baby's name. Remember and use them, or address her in whatever way is culturally appropriate.

- *Ask her to tell you about herself and her baby in her own way.*

Let her tell you first what she feels is important. You can learn the other things that you need to know later.

Use your listening and learning skills to encourage her to tell you more.

- *Look at the child's growth chart.*

It may tell you some important facts and save you asking some questions.

- *Ask the questions that will tell you the most important facts.*

You will need to ask questions, including some closed questions, but try not to ask too many.

The Breastfeeding History Form is a guide to the facts that you may need to learn about. Decide what you need to know from each of the six sections.

- *Be careful not to sound critical*.

Ask questions politely. For example:

Do not ask: "Why are you bottle feeding?"

It is better to say: "What made you decide to give (name) some bottle feeds?"

Use your confidence and support skills.

Accept what the mother says, and praise what she is doing well.

- *Try not to repeat questions.*

Try not to ask questions about facts which either the mother or the growth chart has told you already.

If you do need to repeat a question, first say: "Can I make sure that I have understood clearly?" and then, for example "You said that (name) had both diarrhoea and pneumonia last month?"

- *Take time to learn about more difficult, sensitive things.*

Some things are more difficult to ask about, but they can tell you about a woman's feelings, and whether she really wants to breastfeed.

- What have people told her about breastfeeding?
- Does she have to follow any special rules?
- What does the baby's father say? Her mother? Her mother-in-law?
- Did she want this pregnancy at this time?
- Is she happy about having the baby now? About the baby's sex?

Some mothers tell you these things spontaneously. Others tell you when you empathize, and show that you understand how they feel. Others take longer. If a mother does not talk easily, wait, and ask again later, or on another day, perhaps somewhere more private.

BREASTFEEDING HISTORY FORM

Mother's name_____ Baby's name_____ Date of birth_____
Reason for consultation_____

1.*Baby's feeding now (ask all these points)*	*Breastfeeds* How often Length of breastfeeds Longest time between feeds (time mother away from baby) One breast or both breasts	Day	Night
	Complements (and water) What given When started How much How given	*Pacifier* Yes/no	
2.*Baby's health and behaviour (ask all these points)*	Birth weight Premature Urine output (more/less than 6 times per day) Stools (soft and yellow/brown; or hard or green; frequency) Feeding behaviour (appetite, vomiting) Sleeping behaviour Illnesses	Weight now Twin Abnormalities	Growth
3.*Pregnancy, birth, early feeds*	Antenatal care (attended/not) Delivery Rooming-in Prelacteal feeds What given Formula samples given to mother Postnatal help with breastfeeding	Breastfeeding discussed? Early contact (first ½-1 hour) Time first breastfeed How given	
4.*Mother's condition and family planning*	Age Health Family planning method	Breast condition Motivation to breastfeed Alcohol, smoking, coffee, other drugs	
5.*Previous infant feeding experience*	Number of previous babies How many breastfed Any bottles used	Experience good or bad Reasons	
6.*Family and social situation*	Work situation Economic situation Father's attitude to breastfeeding Other family members attitude to breastfeeding Help with child care What others say about breastfeeding	Literacy	

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HISTORY PRACTICE

These notes are a summary of the instructions that the trainer will give you about how to do the exercise. Try to make time to read them to remind you about what to do during the session.

During the exercise, you work in small groups, taking turns to practise as a `counsellor' taking a history from a `mother' using the history form. You will be given a card with the history of a mother and baby to follow when you are the `mother'.

How to practise taking a history

If you are the `counsellor':

- Greet the `mother'. Ask how she is. Use her name and her baby's name.
- Ask one or two open questions about breastfeeding to start the conversation.
- Ask questions from all six sections of the Breastfeeding History Form, and look at the baby's growth chart to learn about the situation.
- You can make brief notes on the form, but try not to let it become a barrier.
- Use your listening and learning skills.
- Do not give information or suggestions, or give any advice.

If you are the `mother':

- Read out the *Reason for visit* in response to the `counsellor's' open questions.
- Answer the `counsellor's' questions from the information in your history.
- If the information to answer a question is not in your history, make up information to fit with the history.
- If your `counsellor' uses good listening and learning skills, give her the information more easily.

If you are observing:

- Follow with your Breastfeeding History Form, and observe if the `counsellor' takes the history correctly.
- Notice if she asks relevant questions, if she misses important questions, and if she asks questions from all sections of the form.
- Try to decide if the `counsellor' has understood the mother's situation correctly.
- During discussion, be prepared to praise what the players do right, and to suggest what they could do better.

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BREAST EXAMINATION

HOW TO EXAMINE A WOMAN'S BREASTS

Not necessary as a routine - only if you or the woman are concerned
If postnatal, examine before breastfeed, or wait until baby finishes
Do the examination gently and modestly.

- Explain what you want to do. Ask the mother's permission.

- Inspect her breasts without touching. Look for:
  - size and shape of breast (may affect confidence)
  - size and shape of nipple (may affect attachment)
  - dripping milk (sign of active oxytocin reflex)
  - full, soft, engorged
  - fissures, white spots
  - redness (inflammation or infection)
  - at end of feed, protracted or squashed
  - scars (breast surgery, previous abscess)

- Ask if she has noticed anything wrong
  If "yes", ask her to point to the place

- If it is necessary to palpate, ask her permission

- Palpate gently all parts of both breasts
  Use the flat of your hand (fingers together and straight)
  Do not pinch or poke
  Watch mother's face for signs of pain or tenderness
  Feel for:
  - generalized fullness, hardness, engorgement
  - localized hardness, hot areas, lumps

- Ask mother to show how easily her nipples stretch out (protract)
  (She places her finger and thumb on the areola either side of her nipple, and tries to stretch the nipple out)

- Talk to the mother about what you have found
  Use confidence and support skills
  Do not say anything critical, and do not tell her things that will worry her, when it is not necessary to do so