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BREASTFEEDING COUNSELLING

A TRAINING COURSE

TRAINER'S GUIDE

PART THREE

Sessions 20-30

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF

CONTENTS

Total time for sessions 1-30 (+ 2 videos)

33½ + 1 hr

Session 20

Back to CONTENTS

EXPRESSING BREASTMILK

Objectives

At the end of this session, participants should be able to:
- explain when it is useful for a mother to express breastmilk;
- help a mother to stimulate her oxytocin reflex;
- teach a mother an effective technique for hand expression.

Session outline (40 minutes + 30 minutes optional)

Participants are together as a class for a demonstration by one trainer.

I. Introduce the topic (7 minutes)

II. Demonstrate how to stimulate the oxytocin reflex (15 minutes)

III. Demonstrate how to express breastmilk by hand (15 minutes)

Optional (IV - VI)

IV. Ask a mother to demonstrate expressing breastmilk (10 minutes extra)

V. Demonstrate breast pumps (10 minutes extra)

VI. Demonstrate the warm bottle method for expressing breastmilk (10 minutes extra)

VII. Summarize `Expressing breastmilk' (3 minutes)

Preparation

Refer to pages 12-13 of the Introduction for general guidance on how to give a demonstration, and to page 6 for instructions `How to make a model breast'.
Study the notes for the session so that you are clear what to do.

Before the course:
Obtain some examples of suitable containers to collect expressed breastmilk, that would be available to ordinary mothers (for example, cups, jam jars).

Decide if you will do any of the optional demonstrations.

If possible, ask a mother who regularly expresses her milk to come and demonstrate to participants (for example, a mother who works outside the home, or a mother of a low-birth-weight baby).

To demonstrate breast pumps:
Collect samples of any breast pumps that are available in the area, from hospitals, or from shops.
(If none are available or used, do not give this demonstration.)

To demonstrate the warm bottle method:
Give this demonstration only if you have had experience using the method and you know which locally available bottles are appropriate.
Find a suitable wide-necked glass (not plastic) bottle, that is readily available in the area.
The bottle should be large (1-3 litres is suitable, not less than 700 ml), with a wide neck (at least 2 cm and if possible 4 cm diameter).
Clean it thoroughly.
Have a pan of hot water available. (In the mother's home, you would ask the family to heat some water.)

Before the session:
Ask a participant to help you to demonstrate back massage to stimulate the oxytocin reflex. Explain what you want her to do.

As you follow the text, remember:

☐ indicates an instruction to you, the trainer
■ indicates what you say to participants

I. Introduce the topic (7 minutes)

Ask participants to keep their manuals closed.

☐ Explain the purpose of the session:

■ In this session you will learn how to express breastmilk effectively. Expressing breastmilk is helpful in a number of situations. Difficulties can arise, but they are often due to poor technique.

■ Many mothers are able to express plenty of breastmilk using rather strange techniques. If a mother's technique works for her, let her continue to do it that way. But if a mother is having difficulty expressing enough milk, teach her a more effective technique.

☐ Discuss when it is useful to express breast milk.

Ask: *In which situations is it useful for a mother to express her breastmilk?*
(Let participants suggest.)
(Remind them that it was mentioned in Session 14, `Breast conditions', and Session 16, `Refusal to breastfeed'. Other situations when it is useful will be discussed in Session 26, `Low-birth-weight and sick babies' and Session 32, `Women and work'.)

→ Write participants' ideas on a board.

Try to develop a list with most of the ideas below.
After a few minutes, if participants cannot think of any more, complete the list for them.
Expressing milk is useful to:
- relieve engorgement;
- relieve blocked duct or milk stasis;
- feed a baby while he learns to suckle from an inverted nipple;
- feed a baby who has difficulty in coordinating suckling;
- feed a baby who `refuses', while he learns to enjoy breastfeeding;
- feed a low-birth-weight baby who cannot breastfeed;
- feed a sick baby, who cannot suckle enough;
- keep up the supply of breastmilk when a mother or baby is ill;
- leave breastmilk for a baby when his mother goes out or to work;
- prevent leaking when a mother is away from her baby;

- help a baby to attach to a full breast;
- express breastmilk directly into a baby's mouth;
- prevent the nipple and areola from becoming dry or sore.

- So there are many situations in which expressing breastmilk is useful and important to enable a mother to initiate or to continue breastfeeding.

- Some experts consider that all mothers should learn how to express their milk, so that they know what to do if the need arises. Certainly all health workers who care for breastfeeding mothers should be able to teach mothers how to express their milk.

II. Demonstrate how to stimulate the oxytocin reflex (15 minutes)

☐ Discuss why stimulating the oxytocin reflex is helpful:

Ask: *Why is it helpful to stimulate a mother's oxytocin reflex before she expresses milk?*
(Encourage participants to recall what they learnt about how breastfeeding works. Give them a minute to think and make a few suggestions, then continue.)

It is important that the oxytocin reflex works to make the milk flow from her breasts.

- The oxytocin reflex may not work as well when a mother expresses as it does when a baby suckles. A mother needs to know how to help her oxytocin reflex, or she may find it difficult to express her milk.

Ask: *What ways can you think of to stimulate the oxytocin reflex?*
(Ask participants to remember what they know about the oxytocin reflex, and what helps it. Let them make a few suggestions, and then continue.
Ask them to refer to Fig.9 (Overhead 3/3) and Fig.10 (Overhead 3/4) on pages 13-14 in their manuals, to remind them what helps and hinders the oxytocin reflex.)

☐ Ask participants to turn to page 105 of their manuals and to find the box **HOW TO STIMULATE THE OXYTOCIN REFLEX**.

Read through the box, explaining anything that is not clear.

Demonstrate with a model breast how a mother can stimulate her nipples or massage or stroke her breasts.

Ask: *What techniques for making breastmilk flow do you know of in your community?*
(Let participants describe any methods that they have heard of. These may be useful to remember.)

HOW TO STIMULATE THE OXYTOCIN REFLEX

Help the mother *psychologically:*

- Build her confidence
- Try to reduce any sources of pain or anxiety
- Help her to have good thoughts and feelings about the baby

Help the mother *practically.* Help or advise her to:

- *Sit quietly and privately or with a supportive friend.*
  Some mothers can express easily in a group of other mothers who are also expressing for their babies.

- *Hold her baby with skin-to-skin contact if possible.*
  She can hold her baby on her lap while she expresses. If this is not possible, she can look at the baby. If this is not possible, sometimes even looking at a photograph of her baby helps.

- *Take a warm soothing drink*.
  The drink should not be coffee.

- *Warm her breasts.*
  For example, she can apply a warm compress, or warm water, or have a warm shower.

- *Stimulate her nipples.*
  She can gently pull or roll her nipples with her fingers.

- *Massage or stroke her breasts lightly*.
  Some women find that it helps if they stroke the breast gently with finger tips or with a comb.
  Some women find that it helps to gently roll their closed fist over the breast towards the nipple.

- *Ask a helper to rub her back.*
  The mother sits down, leans forward, folds her arms on a table in front of her, and rests her head on her arms. Her breasts hang loose, unclothed.
  The helper rubs down both sides of the mother's spine. She uses her closed fist with her thumbs pointing forwards. She presses firmly making small circular movements with her thumbs. She works down both sides of the spine at the same time, from the neck to the shoulder blades, for two or three minutes (Fig.6).

☐ Demonstrate how to rub a mother's back:
Fig.6 (Fig.30 in the Participants' Manual) illustrates the technique.

☺ Ask the participant who will help you to sit at the table resting her head on her arms, as relaxed as possible.

She remains clothed, but explain that with a patient it is important for her breasts and her back to be naked.
Make sure that the chair is far enough away from the table for her breasts to hang free. Explain what you will do, and ask her permission to do it.

Rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulder blades (see box inset in Fig.6).
Ask her how she feels, and if it makes her feel relaxed.

☐ Participants practise rubbing a mother's back:

☺ Ask participants to work in pairs and briefly practise the technique of rubbing a mother's back.

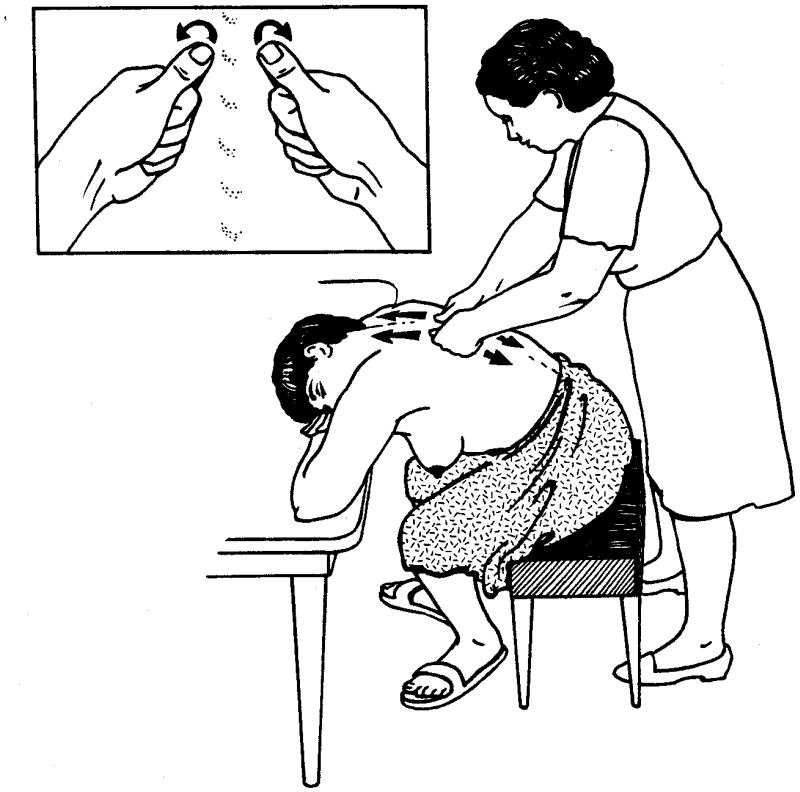

Fig.6 A helper rubbing a mother's back to stimulate the oxytocin reflex
(Fig.30 in Participants' Manual)

III. Demonstrate how to express breastmilk by hand (15 minutes)

☐ Make these points:

- Hand expression is the most useful way to express milk. It needs no appliance, so a woman can do it anywhere, at any time.

- It is easy to hand express when the breasts are soft. It is more difficult when the breasts are engorged and tender. So teach a mother how to express her milk in the first or second day after delivery. Do not wait until the third day, when her breasts are full.

- **Key point:** *A woman should express her own breastmilk.* The breasts are easily hurt if another person tries. If you are showing a woman how to express, show her on your own body as much as possible, while she copies you. If you need to touch her to show her exactly where to press her breast, be very gentle.

☐ Explain how to prepare a container for the expressed breastmilk (EBM).
(Do this demonstration quickly. Do not let it take a long time.)

Show participants some of the containers to hold the expressed breastmilk that you have collected. Go through the following points:

HOW TO PREPARE A CONTAINER FOR EXPRESSED BREASTMILK (EBM)

- Choose a cup, glass, jug or jar with a wide mouth.
- Wash the cup in soap and water. (She can do this the day before.)
- Pour boiling water into the cup, and leave it for a few minutes. Boiling water will kill most of the germs.
- When ready to express milk, pour the water out of the cup.

☐ Give the demonstration of how to express breastmilk by hand:

Demonstrate as much as possible on your own body. If you prefer not to use your own body, use a model breast, or practise on the soft part of your arm or cheek. You can draw a nipple and areola on your arm.

Follow the steps in the box **HOW TO EXPRESS BREASTMILK BY HAND**, explaining what you do.

HOW TO EXPRESS BREASTMILK BY HAND

Teach a mother to do this herself. Do not express her milk for her.
Touch her only to show her what to do, and be gentle.

Teach her to:

- Wash her hands thoroughly.

- Sit or stand comfortably, and hold the container near her breast.

- Put her thumb on her breast ABOVE the nipple and areola, and her first finger on the breast BELOW the nipple and areola, opposite the thumb. She supports the breast with her other fingers (see Fig.7).

- Press her thumb and first finger slightly inwards towards the chest wall.
  She should avoid pressing too far or she may block the milk ducts.

- Press her breast behind the nipple and areola between her finger and thumb.
  She must press on the lactiferous sinuses beneath the areola
  (see Overhead 3/1).
  Sometimes in a lactating breast it is possible to feel the sinuses. They are like pods, or peanuts. If she can feel them, she can press on them.

- Press and release, press and release.
  This should not hurt - if it hurts, the technique is wrong.
  At first no milk may come, but after pressing a few times, milk starts to drip out. It may flow in streams if the oxytocin reflex is active.

- Press the areola in the same way from the SIDES, to make sure that milk is expressed from all segments of the breast.

- Avoid rubbing or sliding her fingers along the skin. The movement of the fingers should be more like rolling.

- Avoid squeezing the nipple itself. Pressing or pulling the nipple cannot express the milk. It is the same as the baby sucking only the nipple.

- Express one breast for at least 3 - 5 minutes until the flow slows; then express the other side; and then repeat both sides. She can use either hand for either breast, and change when they tire.

  Explain that to express breastmilk adequately takes 20 - 30 minutes, especially in the first few days when only a little milk may be produced. It is important not to try to express in a shorter time.

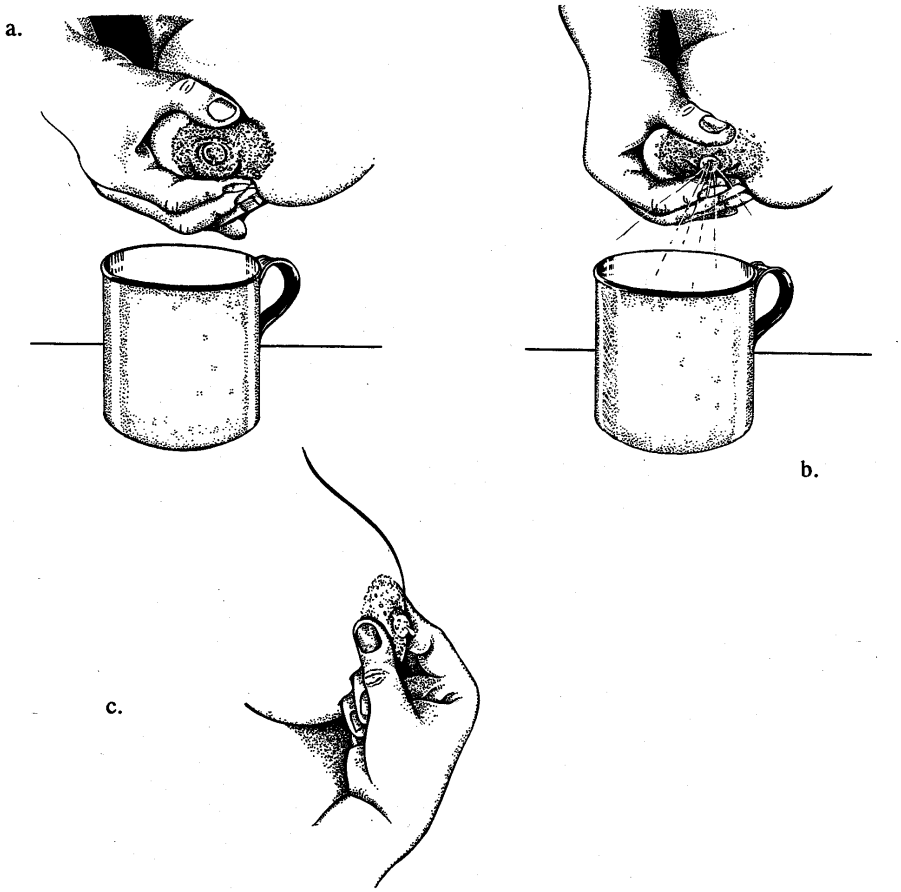

Fig.7 How to express breastmilk.

(Fig.31 in Participants' Manual)

a. Place finger and thumb each side of the areola and press inwards towards the chest wall.
b. Press behind the nipple and areola between your finger and thumb.
c. Press from the sides to empty all segments.

☐ Tell participants that they can find the box **HOW TO EXPRESS BREASTMILK BY HAND** on page 107 of their manuals, and the figures on page 108.

☐ Discuss how often to express milk:

Ask: *How often should a mother express her breastmilk?*
(Let participants give their ideas. Praise them for correct ideas, and make sure that the following points are clear.)

It depends on the reason for expressing the milk, but usually as often as the baby would breastfeed.

- To establish lactation, to feed a low-birth-weight (LBW) or sick newborn:
  - *She should start to express milk on the first day, within six hours of delivery if possible.* She may only express a few drops of colostrum at first, but it helps

breastmilk production to begin, in the same way that a baby suckling soon after delivery helps breastmilk production to begin.

- *She should express as much as she can as often as her baby would breastfeed.*
  This should be at least every 3 hours, including during the night.
  If she expresses only a few times, or if there are long intervals between expressions, she may not be able to produce enough milk.

- To keep up her milk supply to feed a sick baby:
  She should express at least every 3 hours.

- To build up her milk supply, if it seems to be decreasing after a few weeks:
  Express very often for a few days (every ½-1 hour), and at least every 3 hours during the night.

- To leave milk for a baby while she is out at work:
  Express as much as possible before she goes to work, to leave for her baby. It is also very important to express while at work to help keep up her supply (see Session 32, `Women and work').

- To relieve symptoms, such as engorgement, or leaking at work:
  Express only as much as is necessary.

- To keep nipple skin healthy:
  Express a small drop to rub on nipple after a bath or shower.

☺ Ask participants to practise the technique.

Ask them to practise the rolling action of the fingers on a model breast or on their arms. Ask them to make sure that they avoid pinching.

Ask them to practise on their own bodies privately later.

IV. Ask a mother to demonstrate expressing breastmilk (10 minutes extra)

If you have found a mother who is willing to give this demonstration to the group, ask her to do so now.

☐ Give her a comfortable place to sit where she can be modest and private. If possible give her a pleasant drink.

Let participants observe her in groups of 4-5.
Ask her to express her milk, and to explain her technique to the participants.

☐ Discuss the mother's technique.

Hold the discussion after the mother has finished, and where she cannot hear you.
She may not have used the exact technique described in the manual. However, if she manages to express enough milk, then her technique is good enough for her.

If you have not found a mother who is willing to give a demonstration, suggest that

participants try to observe mothers expressing their breastmilk when they are on the wards during clinical practice sessions.

V. Demonstrate breast pumps (10 minutes extra)

☐ Display the breast pumps available in the area:

Pass them round for participants to examine. Ask if they have used them, and what their experiences are.
- Do they find the pumps useful?
- Do mothers find them useful?
- What problems have they encountered?
- Do they find them more or less satisfactory than hand expression?

☐ Explain the need for breast pumps:

- If breasts are engorged and painful, it is sometimes difficult to express milk by hand. It can be helpful to express with a pump. A pump is easier to use when the breasts are full. It is not so easy to use when the breasts are soft.

☐ Demonstrate how to use a rubber bulb pump:

Point out the rubber bulb which creates suction. Point out the glass tube with a wide opening to fit over the nipple, and a swelling in the side to collect milk.

Use a model breast to demonstrate how a mother should use the pump.
Follow these steps, and explain what you do:

- Compress the rubber bulb to push out the air.
- Place the wide end of the tube over the nipple.
- Make sure that the glass touches the skin all around, to make an airtight seal.
- Release the bulb. The nipple and areola are sucked into the glass.
- Compress and release the bulb again, several times.
  After compressing and releasing the bulb a few times, milk starts to flow. The milk collects in the swelling on the side of the tube.
- Break the seal to empty out the milk, and start again.

☐ Explain the disadvantages of rubber bulb pumps:

- They are not suitable for collecting milk to feed a baby.
  They are difficult to clean properly. Milk may collect in the rubber bulb and it is difficult to clean out. The milk which collects is often contaminated.

- They are not very efficient, especially when the breasts are soft.
  They are useful mainly to relieve engorgement, when hand expression is difficult. That is why they are often called `breast relievers'.

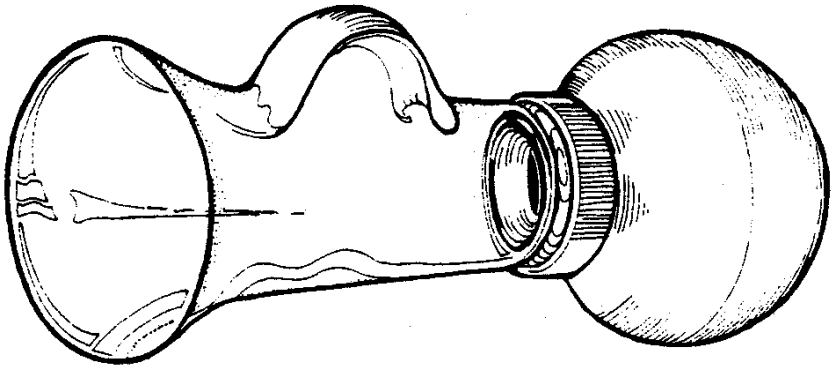

Fig.8 Rubber bulb breast pump

(Fig.32 in Participants' Manual)

☐ Demonstrate how to use a syringe pump:

Point out the funnel-shaped wide end that fits over the nipple. The funnel is attached to the inner plunger of the body of the pump, which fits inside an outer cylinder. Milk collects in the larger, outer cylinder.

Use a model breast to demonstrate how a mother should use the pump:

- Make sure that the plunger is inside the outer cylinder.
- Make sure that the rubber seal is in good flexible condition.
- Put the funnel over the nipple.
- Make sure that it touches skin all round, to make an airtight seal.
- Pull the outer cylinder down. The nipple is sucked into the funnel.
- Release the outer cylinder, and then pull down again.
  After a minute or two milk starts to flow, and collects in the outer cylinder.
- When milk stops flowing, break the seal, pour out the milk, and then repeat the procedure.

☐ Explain the advantages of syringe pumps:

- A syringe pump is more efficient than a rubber bulb pump, and it is easier to clean and to sterilize.

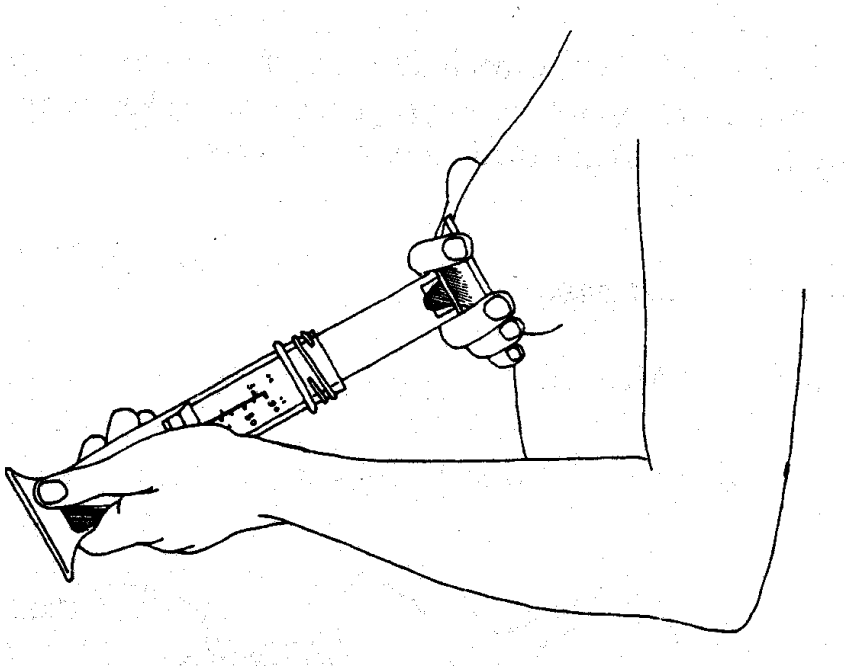

Fig.9 Syringe breast pump (Fig.33 in Participants' Manual)

☐ Discuss electric breast pumps briefly:

- Electric pumps can be used in hospital.
  However, they are not practical for routine use, or for mothers at home.
  They can easily carry infection, which is especially dangerous if more than one woman uses the same pump.

VI. Demonstrate the warm bottle method for the expression of breastmilk

(10 minutes extra)

Demonstrate this method only if you have experience of using it.

Prepare a wide-necked glass bottle, and a pan of hot water (see the ***Preparation*** box for this session, on page 258).

☐ Explain the reasons for the technique:

- This is a useful technique to relieve severe engorgement, when a breast is very tender, and the nipple is tight, so that hand expression is difficult.

☐ Explain what you need for this method:

- You need a suitable bottle:
  - made of glass, not plastic;
  - 1-3 litres in size - not smaller than 700 ml;
  - with a wide neck - at least 2 cm diameter, if possible 4 cm - so that the nipple can fit into it easily.

- You also need:
  - a pan of hot water, to warm the bottle,
  - some cold water, to cool the neck of the bottle;
  - a thick cloth, to hold the hot bottle.

☐ Demonstrate the method:

- Pour a little of the hot water into the bottle to start warming it up. Then almost fill the bottle with hot water. Do not fill it right up too quickly or the glass will crack.

- Let the bottle stand for a few minutes to warm the glass.

- Wrap the bottle in the cloth, and pour the hot water back into the pan.

- COOL THE NECK OF THE BOTTLE with cold water, inside and outside. (If you do not cool the neck of the bottle, you may burn the nipple skin.)

- Put the neck of the bottle over the nipple, touching the skin all round to make an airtight seal.
  For the demonstration, use the soft part of your hand or forearm.

- Hold the bottle steady. After a few minutes the whole bottle cools, and makes gentle suction, which pulls the nipple into the neck of the bottle.
  Sometimes when a woman first feels the suction, she is surprised and pulls away. You may have to start again.

- The warmth helps the oxytocin reflex, and milk starts to flow, and collects in the bottle. Keep the bottle there as long as the milk flows.

- Pour out the breastmilk, and repeat if necessary, or do the same for the other breast.
  After some time, the acute pain in the breasts becomes less, and hand expression or suckling may become possible.

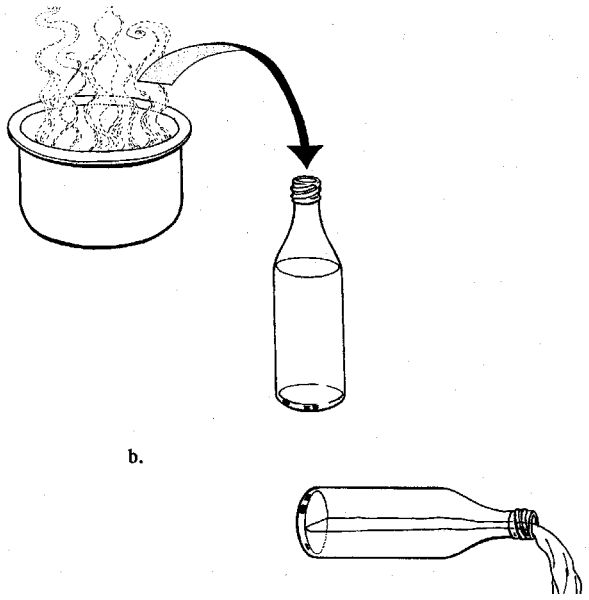

Fig.10 The warm bottle method
a. Put hot water into a bottle
b. Pour out the water
(Fig.34 in Participants' Manual)

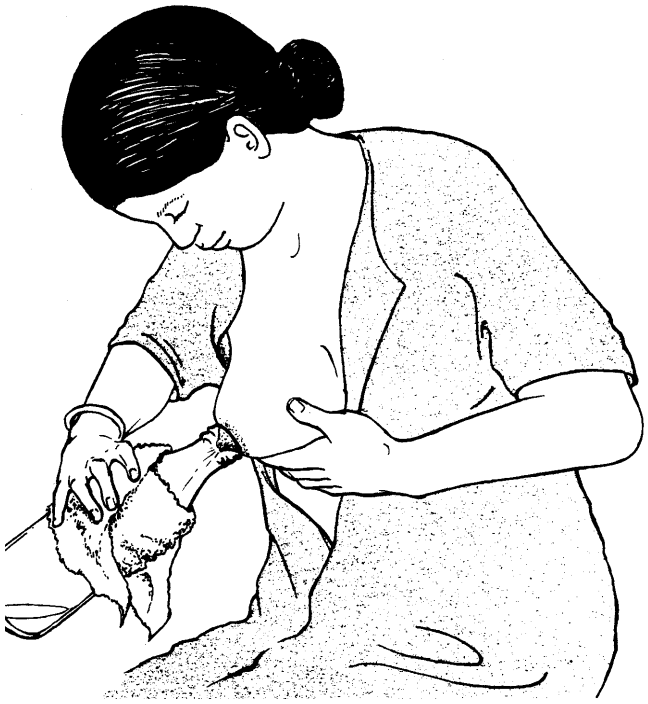

Fig.10 contd.
The warm bottle method

c. The mother holds the warm bottle over her nipple.

VII. Summarize `Expressing breastmilk' (3 minutes)

☐ Make these points:

- Hand expression is the most useful way to express breastmilk. It is less likely to carry infection than a pump, and is available to every woman at any time.

- It is important for women to learn to express their milk by hand, and not to think that a pump is necessary.

- To express milk effectively, it is helpful to stimulate the oxytocin reflex and to use a good technique. Stimulating the oxytocin reflex is helpful with pump expression, as well as with hand expression.

☐ Recommended reading
Helping Mothers to Breastfeed Chapter 10, sections 10.1, 10.2, and 10.3

Session 21

Back to CONTENTS

"NOT ENOUGH MILK"

Objectives

At the end of this session, participants should be able to:
- decide if a baby is getting enough breastmilk or not;
- help mothers whose babies are not getting enough milk;
- help mothers who think that they do not have enough breastmilk.

Session outline (70 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the topic (5 minutes)

II. Discuss how to decide if a baby is getting enough milk or not (15 minutes)

III. Discuss the reasons why a baby may not get enough breastmilk (15 minutes)

Participants work in groups of 4-5, with one trainer.

IV. Discuss how to help a mother whose baby is not getting enough breastmilk (15 minutes)

V. Discuss how to help a mother who thinks that she does not have enough milk (15 minutes)

VI. Conclude "Not enough milk" (5 minutes)

Preparation

Refer to pages 13-15 of the Introduction for general guidance on how to conduct work in groups.
Study the notes for the session so that you are clear about what to do.

Prepare flipcharts or boards to write up lists of ideas.
You will need either a large board and a flipchart, or two flipcharts.
The board should be large enough for the schema **REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK**. If there is no large board, use two flipcharts, one for `common reasons' and one for `less common reasons'.

If you do not have enough flipchart stands, post up sheets of flipchart paper of the wall to write on. Make sure that the room is arranged so that participants can see the lists.

Before the session, decide how you will write the schema out.

As you follow the text, remember:

☐ indicates an instruction to you, the trainer
■ indicates what you say to the participants

Do not present the **Further information** sections.
Use them to help you to answer questions.

I. Introduce the topic (5 minutes)

Ask participants to keep their <u>manuals closed</u>.

☐ Make this introductory point:

■ One of the commonest reasons that mothers give for starting bottle feeds, or for stopping breastfeeding, is that they think that they "do not have enough milk".

☐ Refer back to the list of reasons for stopping breastfeeding or for starting complementary foods early that you developed in Session 2, `Local breastfeeding situation'.

Remind participants if they identified "not enough milk" as an important cause in their

situation.

☐ Continue with these points:

- Usually, even when a mother thinks that she does not have enough breastmilk, her baby is in fact getting all that he needs. Almost all mothers can produce enough breastmilk for one or even two babies. They can almost all produce more than their baby needs.

- Sometimes a baby does not get enough breastmilk. But it is usually because he is not suckling enough, or not suckling effectively (see Session 3, `How breastfeeding works'). It is rarely because his mother cannot produce enough.

- So it is important to think not about *how much milk a mother can produce*, but about *how much milk a baby is getting*.

Further information
The problem of "not enough milk" may arise before breastfeeding has been established, in the first few days after delivery. Then the mother needs help to establish breastfeeding.
The problem may arise after breastfeeding has been established, after the baby is about a month of age. The mother needs help to maintain breastmilk production.
Some mothers worry that they do not have milk at a certain time of day, usually in the evening.
The causes of the problem and the needs of mothers in these different situations are sometimes different. It is important to be aware of this. However the same principles of management apply, so we will consider the three situations together.

II. Discuss how to decide if a baby is getting enough milk or not (15 minutes)

☐ Develop a list of signs that make mothers think that they do not have enough milk:

Ask: *What makes mothers think that they do not have enough milk?*

→ Write participants' ideas in a list on a flipchart or board.

Continue until you have a list of at least 10 signs, and if possible until someone has said "poor weight gain".

☐ Explain which signs are ***reliable*:**

- There are only two signs which show reliably that a baby is not getting enough milk. These are:

  - Poor weight gain.
  - Passing small amounts of concentrated urine.

→ If either sign is on the participants' list, <u>underline</u> it, and praise the participants for thinking of it.

→ Write the heading `RELIABLE SIGNS' on another flipchart or board.
Write the two signs below the heading.

RELIABLE SIGNS

Poor weight gain
Small amount of concentrated urine

☐ Explain which signs are ***possible*:**

→ Mark with a ✔ on the participants' list of signs, any of the following:

✔ Baby not satisfied after breastfeeds
✔ Baby cries often
✔ Very frequent breastfeeds
✔ Very long breastfeeds
✔ Baby refuses to breastfeed
✔ Baby has hard, dry, or green stools
✔ Baby has infrequent small stools
✔ No milk comes out when mother expresses
✔ Breasts did not enlarge (during pregnancy)
✔ Milk did not `come in' (after delivery)

- These are *possible signs.*
  They *may* mean that a baby is not getting enough milk.
  However, you cannot be sure, and you need to check for reliable signs.

☐ Praise participants for the signs that they thought of.

Read out any that are not on their list.
Explain that participants can find the complete list of `Reliable' and `Possible' signs on page 113 of their manuals.

→ Mark with an X all the other signs on the participants' list.

- All the other signs are unreliable.
  They may worry a mother, but they do not mean that her baby is getting insufficient milk.

You will not need the list of signs again. You can use the board and flipcharts for later lists.

Further information

Stool frequency
The stool frequency of infants is very variable. A baby may not pass a stool for several days, and this is quite normal. However, when the baby does pass a stool, it is usually large and semi-liquid. Small dry stools may be a sign that a baby is not getting enough milk.
It is also normal for a baby to pass eight or more semi-liquid stools in a day. If the baby has diarrhoea, the stools are watery.

Disposable nappies
These absorb urine and make it difficult to decide if a baby has passed enough urine. If a mother is worried about her milk supply, it is better to use towelling nappies.

Unreliable signs of "not enough milk"
Participants may have suggested some of the following signs that make a mother think that she does not have enough milk. They are all unreliable and do not indicate that her baby is not getting enough:

Baby sucks fingers
Baby sleeps longer after bottle feed
Baby's abdomen not rounded after feeds
Breasts not full immediately after delivery
Breasts softer than before
Breastmilk not dripping out
Not feeling her oxytocin reflex
Family members ask if enough milk
Health worker said not enough milk
Told too young or too old to breastfeed
Told baby too small or too big
Poor previous experience of breastfeeding
Breastmilk looks thin

SIGNS THAT A BABY MAY NOT BE GETTING ENOUGH BREASTMILK

RELIABLE

- Poor weight gain (Less than 500 g a month) (Less than birth weight after 2 weeks)
- Passing small amount of concentrated urine (Less than 6 times a day, yellow and strong smelling)

POSSIBLE

Baby not satisfied after breastfeeds
Baby cries often
Very frequent breastfeeds
Very long breastfeeds
Baby refuses to breastfeed
Baby has hard, dry or green stools
Baby has infrequent small stools
No milk comes when mother tries to express
Breasts did not enlarge (during pregnancy)
Milk did not `come in' (after delivery)

☐ Explain how to find out if a baby is getting enough breastmilk or not:

- ***Check the baby's weight gain.*** This is the most reliable sign.

  For the first six months of life, a baby should gain at least 500 g in weight each month, or 125 g each week. (One kilogram per month is not necessary, and not usual.) If a baby gains less than 500 g in a month, he is not gaining enough weight.

  Look at the baby's growth chart if available, or at any other record of previous weights. If no weight record is available, weigh the baby, and arrange to weigh him again in one week's time.

  If the baby is gaining enough weight, he is getting enough milk.
  However, if no weight record is available, you cannot get an immediate answer.

- ***Check the baby's urine output.*** This is a useful quick check.

  An exclusively breastfed baby who is getting enough milk usually passes dilute urine at least 6-8 times in 24 hours.
  A baby who is not getting enough breastmilk passes urine less than 6 times a day (often less than 4 times a day).
  His urine is also concentrated, and may be strong smelling and dark yellow to orange, especially in a baby more than 4 weeks old.

  Ask the mother how often her baby is passing urine. Ask her if the urine is dark yellow or `strong' smelling.
  - If a baby is passing plenty of dilute urine, he is getting enough breastmilk.
  - If he is passing concentrated urine less than 6 times a day, then he is not getting enough breastmilk.

  This can tell you quickly if an exclusively breastfed baby is getting enough milk. However, if he is having any other drinks, you cannot be sure.

Further information

Guidelines, not rules

The signs of weight gain and urine output are guidelines, not rules. They can help you to diagnose and correct a clinical breastfeeding problem. However, do not apply them rigidly to all mothers - especially if there is no problem. Experience will guide you.

Weight changes in newborn babies

A newborn baby may lose a little weight in the first few days of life. He should regain his birth weight by the age of 2 weeks. If babies demand feed from the first day, they start gaining weight more quickly than babies who delay. A baby who weighs less than his birth weight at 2 weeks of age is not gaining enough weight.

III. Discuss the reasons why a baby may not get enough breastmilk

(15 minutes)

☐ Ask participants to suggest possible reasons why a baby may not get enough

breastmilk.

→ List their suggestions on a board.

Continue if possible until they have suggested at least one `breastfeeding factor', and at least one `psychological factor'.

→ Put the following four headings onto a board or onto two flipcharts.

Breastfeeding factors	*Mother: psychological factors*	*Mother: physical condition*	*Baby's condition*

☐ Try to list all the participants' correct reasons for a baby not getting enough breastmilk under one of the headings.

As you mention each reason:
- explain it briefly;
- give a local example if possible.

☐ Develop a list of reasons which looks similar to the schema **REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK** on the next page.

Add important reasons which participants have not thought of.
Leave out reasons which are not important in your area - for example, in some areas, women may not smoke or drink alcohol.

REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK

Breastfeeding factors	*Mother: psychological factors*	*Mother: physical condition*	*Baby's condition*
● Delayed start	●Lack of confidence	●Contraceptive pill, diuretics	●Illness
● Feeding at fixed times	●Worry, stress	●Pregnancy	●Abnormality
● Infrequent feeds	●Dislike of breastfeeding	●Severe malnutrition	
● No night feeds	●Rejection of baby	●Alcohol	
● Short feeds	●Tiredness	●Smoking	
● Poor attachment		●Retained piece placenta (rare)	
● Bottles, pacifiers		●Poor breast development (very rare)	
● Other foods			
● Other fluids (water, teas)			
These are COMMON		**These are NOT COMMON**	

☐ Make these points:

- The reasons in the first two columns (`Breastfeeding factors' and `Mother: psychological factors') are common.
  Psychological factors are often behind the breastfeeding factors, for example, lack of confidence causes a mother to give bottle feeds.
  Look for these common reasons first.

- The reasons in the second two columns (`Mother: physical condition' and `Baby's condition') are not common.
  So it is not common for a mother to have a physical difficulty in producing enough breastmilk.
  Think about these uncommon reasons only if you cannot find one of the common reasons.

☐ Ask participants to look at the list for 2-3 minutes.

Ask if there are any points that they are not clear about.

Use the following **Further information** section to help you to answer their questions.

However, do not go through the whole section, because it is likely to be repetitive, and to take too much time.

Further information

These notes may help you to explain the reasons why a baby may not get enough milk, or they may help you to think of a local example.

Breastfeeding factors

Delayed start:

If a baby does not start to breastfeed in the first day, his mother's breastmilk may take longer to come in, and he may take longer to start gaining weight.

Infrequent feeds:

Breastfeeding less than 8 times a day in the first 4 weeks, or less than 5-6 times a day at an older age, is a common reason why a baby does not get enough milk. Sometimes a mother does not respond to her baby when he cries, or she may miss feeds, because she is too busy or at work. Some babies are content and do not show that they are hungry often enough. In this case, a mother should not wait for her baby to `demand', but should wake him to breastfeed every 3-4 hours.

No night feeds:

If a mother stops night breastfeeds before her baby is ready, her milk supply may decrease.

Short feeds:

Breastfeeds may be too short or hurried, so that the baby does not get enough fat-rich hindmilk.

Sometimes a mother takes her baby off her breast after only a minute or two. This may be because the baby pauses, and his mother decides that he has finished. Or she may be in a hurry, or she may believe that her baby should stop in order to suckle from the other breast.

Sometimes a baby stops suckling too quickly, for example if he is too hot, because he is wrapped in too many clothes.

Poor attachment:

If a baby suckles ineffectively, he may not get enough milk.

Bottles and pacifiers:

A baby who feeds from a bottle or who sucks on a pacifier may suckle less at the breast, so the breastmilk supply decreases.

Complementary feeds:

A baby who has complementary feeds (artificial milks, solids, or drinks including plain water), before 4-6 months suckles less at the breast, so the breastmilk supply decreases.

Mother: psychological factors

Lack of confidence:

Mothers who are very young, or who lack support from family and friends, often lack confidence. Mothers may lose confidence because their baby's behaviour worries them. Lack of confidence may lead a mother to give unnecessary supplements.

Worry, stress:

If a mother is worried or stressed or in pain, her oxytocin reflex may temporarily not work well.

Dislike of breastfeeding, rejection of the baby, and tiredness:

In these situations, a mother may have difficulty in responding to her baby. She may not hold him close enough to attach well; she may breastfeed infrequently, or for a short time. She may give her baby a pacifier when he cries instead of breastfeeding him.

Mother: physical condition

Contraceptive pill:

Contraceptive pills which contain estrogens may reduce the secretion of breastmilk.

Progestagen-only pills and depo-provera should not reduce the breastmilk supply.

Diuretics may reduce the breastmilk supply (see Session 31, `Women's nutrition, health, and fertility').

Pregnancy:

If a mother becomes pregnant again, she may notice a decrease in her breastmilk supply.

Severe malnutrition

Severely malnourished women may produce less milk. However, a woman who is mildly or moderately undernourished continues to produce milk at the expense of her own tissues, provided her baby suckles often enough (see Session 31, `Women's nutrition, health, and fertility').

Alcohol and smoking:

Alcohol and cigarettes can reduce the amount of breastmilk that a baby takes.

Retained piece of placenta:

This is RARE. A small piece of placenta remains in the uterus, and makes hormones which prevent milk production. The woman bleeds more than usual after delivery, her uterus does not decrease in size, and her milk does not `come in'.

Poor breast development:

This is VERY RARE. Occasionally a woman's breasts do not develop and increase in size during pregnancy, and she does not produce much milk. If the mother noticed an increase in the size of her breasts during pregnancy, then poor breast development is not her problem.

It is not necessary to ask about this routinely. Ask only if there is a problem.

Baby's condition

Illness:

A baby who is ill and unable to suckle strongly does not get enough breastmilk. If this continues, his mother's milk supply will decrease.

Abnormality:

A baby who has a congenital problem, such as a heart abnormality, may fail to gain weight. This is partly because he takes less breastmilk, and partly because of other effects of the condition.

Babies with a deformity such as a cleft palate, or with a neurological problem, or mental handicap, often have difficulty in suckling effectively, especially in the first few weeks.

☐ Review misconceptions about the causes of a poor milk supply:

Read quickly through the list in the box **THESE DO NOT AFFECT THE BREASTMILK SUPPLY**.

Do not spend much time on this. However, be ready to answer participants' questions, if they have difficulty in believing that these are not important reasons.

- Some things are commonly thought to be a reason for insufficient breastmilk. However, they do not in fact affect the milk supply.

THESE DO NOT AFFECT THE BREASTMILK SUPPLY

Age of mother
Sexual intercourse
Menstruation
Disapproval of relatives and neighbours
Returning to a job (if baby continues to suckle often)
Age of baby
Caesarian section
Preterm delivery
Many children
Simple, ordinary diet

☐ Summarize the causes of "not enough milk":

Emphasize these points:

- The common reasons for a baby not getting enough milk are:
  - breastfeeding factors;
  - psychological factors.

- A physical difficulty in producing breastmilk is only occasionally the cause.

☐ Tell participants that they can find a summary of what you have discussed, including the schema **REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK** on page 115 of their manuals.

IV. Discuss how to help a mother whose baby is not getting enough breastmilk

(15 minutes)

☐ Gather your group of 4-5 participants into a corner of the classroom. (Other trainers do the same).

Ask participants to keep their manuals closed.

☐ Discuss the need to find the cause of the problem:

- If a baby is not getting enough milk, you need to find out *WHY*.

Ask: *How could you find out the cause of a baby not getting enough milk?*
(Let participants think for a short time and make a few suggestions.
Encourage them to think of the skills that they have learnt in the course so far.
Then continue.)

- To find the cause, go through the following steps:

- Listen and learn (to learn about psychological factors, and how the mother feels)
- Take a history (to learn about breastfeeding factors, and the mother's medication)
- Assess a breastfeed (to learn about the baby's attachment and suckling and about bonding or rejection)
- Examine the baby (for illness or abnormality, and for his growth).

- Examine the mother and her breasts
  (to learn about her health, her nutrition, and any breast condition)

☐ Discuss how to help a mother:

- When you have some idea why a baby is not getting enough milk, you can decide how to help him and his mother.

Ask: *How might you help a mother if her baby is not getting enough milk?*
(Let participants think and make a few suggestions. Encourage them to think of what they have learnt in this course about how to help mothers. Then continue.)

- To help a mother, use your confidence and support skills.
  Help her to give her baby more breastmilk, and help her to believe that she can produce enough.

Ask: *How could you use each of the six confidence and support skills to help a mother?*
(Let participants suggest something for each skill.)

Use the box **HOW TO HELP A MOTHER WHOSE BABY IS NOT GETTING ENOUGH MILK** for some ideas about using each of the six skills.

Encourage participants to think of examples from experience, before the course, or from clinical practice sessions.

Further information

Occasionally you may not be able to find the cause of a poor milk supply; or the milk supply does not improve (the baby does not gain weight) even though you have done everything you can to help the mother. Then you may need to look for one of the less common causes, and help or refer the mother accordingly.

Occasionally you may need to help a mother to find a suitable complement for her baby. Encourage her to:

- continue breastfeeding as much as possible;
- give only the amount of complement that her baby needs for adequate growth;
- give the complement by cup;
- give the complement only once or twice a day, so that her baby suckles often at the breast.

Remember that the need for complements before 4-6 months of age should be RARE.

HOW TO HELP A MOTHER WHOSE BABY IS NOT GETTING ENOUGH MILK

● Look for a cause

Steps to take:	What you may learn about:
Listen and learn	Psychological factors, how mother feels
Take a history	Breastfeeding factors, contraceptive pill, diuretics
Assess a breastfeed	Baby's position at breast, bonding or rejection
Examine the baby	Illness or abnormality, growth
Examine the mother and her breasts	Her nutrition and health Any breast problem

● Build confidence and give support

Help the mother to give her baby more breastmilk, and to believe that she can produce enough.

Accept	Her ideas about breastmilk supply Her feelings about breastfeeding and her baby
Praise (as appropriate)	She is still breastfeeding Her breasts are good for making milk
Give practical help	Improve baby's attachment to breast
Give relevant information	Explain how baby's suckling controls milk supply Explain how baby can get more breastmilk
Use simple language	"Breasts will make more milk if baby takes more"
Suggest (as appropriate)	Breastfeed more often, longer, at night Stop using bottles or pacifiers (use cup if necessary) Reduce or stop other feeds and drinks (if baby aged less than 4-6 months) Ideas to reduce stress, anxiety Offer to talk to family

● Help with less common causes

Baby's condition:	If ill or abnormal, treat or refer
Mother's condition:	If taking estrogen pills or diuretic, help her to change Help as appropriate with other conditions

● Follow-up

See daily, then weekly until baby gaining weight and mother confident.
It may take 3-7 days for the baby to gain weight (see Session 27).

V. Discuss how to help a mother who thinks that she does not have enough breastmilk

(15 minutes)

☐ Make these points:

- Many mothers worry about their breastmilk supply, but their babies are getting all the milk that they need.

- These mothers lack confidence in their breastmilk. It is very important to help them, otherwise they may decide to start artificial feeds.

☐ Discuss how to help a mother:

Ask: *What could you do to help a mother who thinks that she does not have enough breastmilk?*
(Let participants think, and make some suggestions.)

Go through the same steps as for helping a mother whose baby is not getting enough milk.

- To understand the situation:

  - Listen and learn (to understand why she lacks confidence. Empathize with how she feels.)

  - Take a history (to learn about the pressures that she is under from other people to give artificial feeds.)

  - Assess a breastfeed (to see if poor attachment could be the problem. If a baby is suckling very often, or for a long time, it may be because he is poorly attached and getting the breastmilk inefficiently. He may be getting enough breastmilk.)

  - Examine the mother and her breasts (to see the shape of her breasts, nipples, and areola. She may lack confidence if they are small or flat, or very large or of unusual shape.)

- To help a mother, use your confidence and support skills.

Ask: *How could you use each of the six confidence and support skills to help a mother who thinks that she does not have enough milk?*
(Let participants try to think of an example for each step.)

Encourage participants to think of examples from their experience or from the clinical practice sessions.

Use the box **HOW TO HELP A MOTHER WHO THINKS THAT SHE DOES NOT HAVE ENOUGH BREASTMILK** for ideas.

HOW TO HELP A MOTHER WHO THINKS THAT SHE DOES NOT HAVE ENOUGH BREASTMILK

- ***Understand her situation***

Listen and learn	To understand why she lacks confidence, empathize
Take a history	To learn about pressures from other people
Assess a breastfeed	To check baby's attachment at breast
Examine mother	Breast size may cause lack of confidence

- ***Build confidence and give support***

Accept	Her ideas and feelings about her milk
Praise (as appropriate)	Baby growing well, her milk supplies his needs Good points about her breastfeeding technique Good points about baby's development
Give practical help	Improve attachment if necessary
Give relevant information	Correct mistaken ideas, do not sound critical Explain about babies' normal behaviour Explain how breastfeeding works (what you say depends on her worries)
Use simple language	"Some babies do like to suckle a lot"
Suggest	Ideas for coping with tiredness Offer to talk to family

VI. Conclude "Not enough milk" (5 minutes)

Ask participants to look at the summary boxes on pages 113-117 of their manuals.

Ask them to study these boxes, and to try to become familiar with them.

Signs that a baby may not be getting enough breastmilk
Reasons why a baby may not get enough breastmilk
These do not affect the breastmilk supply
How to help a mother whose baby is not getting enough milk
How to help a mother who thinks that she does not have enough breastmilk

☐ Recommended reading:
Helping Mothers to Breastfeed Chapter 6, especially sections 6.1 to 6.4

Session 22

Back to CONTENTS

CRYING

Objectives

At the end of this session, participants will be able to:
- list different reasons why babies may cry;
- help families with babies who cry a lot to continue exclusive breastfeeding and not to start unnecessary complementary feeds.

Session outline (30 minutes)

Participants work in groups of 8-10, with two trainers

I. Introduce the topic (5 minutes)

II. Discuss the reasons why babies cry (10 minutes)

III. Participants read `How to help a family with a baby who cries a lot' (10 minutes)

IV. Demonstrate how to hold and carry a colicky baby (5 minutes)

Preparation

Refer to pages 13-15 in the Introduction for general guidance on how to conduct work in groups.
Study the session notes so that you are clear about what to do.

Ask a male participant to help you to demonstrate how to comfort a baby.

As you follow the text, remember

☐ indicates an instruction to you, the trainer
■ indicates what you say to the participants

Do not present the **Further information** sections.
Use them to help you to answer questions.

I. Introduce the topic (5 minutes)

Ask participants to keep their manuals closed.

☐ Make these points:

- A common reason why a mother may think that she does not have enough breastmilk, is that she, or her family, thinks that her baby is `crying too much'.
- Many mothers start unnecessary complements because of their baby's crying. Complements often do not make a baby cry less. Sometimes a baby cries more.
- A baby who cries a lot can upset the relationship between him and his mother, and can cause tension among other members of the family.
- An important way to help a breastfeeding mother is to counsel her about her baby's crying.

☐ Refer back to the list of reasons for stopping breastfeeding or starting complements early that you developed in Session 2, `Local breastfeeding situation'. Remind participants if they identified crying as one of the common reasons.

Further information
A baby who is `crying too much' may really be crying more than other babies, or his family may be less tolerant of the crying, or less skilled at comforting the baby.
Families' response to crying is different in different societies. So also is the way in which parents handle children. For example, in societies where babies are carried around more, they cry less. If babies sleep with their mothers they are less likely to cry at night. Yet babies themselves vary a lot in how much they cry. So it is impossible to say that some patterns are `normal', and some are not.

II. Discuss the reasons why babies cry (10 minutes)

☐ Develop a list of reasons why babies may cry a lot:

Ask: *What reasons can you think of why babies may cry a lot?*

(Let participants make 5-6 suggestions, then continue.)

→ Write participants' ideas on a board or flipchart.

Try to develop a list which looks something like this:

REASONS WHY BABIES CRY

Discomfort	(dirty, hot, cold)
Tiredness	(too many visitors)
Illness or pain	(changed pattern of crying)
Hunger	(not getting enough milk, growth spurt)
Mother's food	(any food, sometimes cow's milk)
Drugs mother takes	(caffeine, cigarettes, other drugs)
Oversupply of breastmilk	
Colic	
`High needs' babies	

→ Add to the list on the board reasons which participants have not thought of.

☐ Explain the following causes of crying, which may be new to participants:

- *Hunger due to growth spurt:*
  A baby seems very hungry for a few days, possibly because he is growing faster than before. He demands to be fed very often. This is commonest at the ages of about 2 weeks, 6 weeks and 3 months, but can occur at other times. If he suckles often for a few days, the breastmilk supply increases, and he breastfeeds less often again.

- *Mother's food:*
  Sometimes a mother notices that her baby is upset when she eats a particular food. This is because substances from the food pass into her milk. It can happen with any food, and there are no special foods to advise mothers to avoid, unless she notices a problem.

  Babies can become allergic to the protein in some foods in their mother's diet.
  Cow's milk, soy, egg, and peanuts can all cause this problem. Babies may become allergic to cow's milk protein after only one or two prelacteal feeds of formula.

- *Drugs mother takes:*
  Caffeine in coffee, tea, and colas, can pass into breastmilk and upset a baby. If a mother smokes cigarettes, or takes other drugs, her baby is more likely to cry than other babies. If someone else in the family smokes, that also can affect the baby.

- *Oversupply:*
  This can occur when a baby is poorly attached. He may suckle too frequently or for

too long and stimulate the breast too much, so that the milk supply increases.
Oversupply can occur if a mother takes her baby off the first breast before he has finished, and makes him take the second breast.
The baby may get too much foremilk, and not enough hindmilk. He may have loose green stools and a poor weight gain; or he may grow well but cry and want to feed often. Even though she has plenty of milk, the mother may think that she does not have enough for her baby.

- *Colic:*
  Some babies cry a lot without one of the above causes. Sometimes the crying has a clear pattern. The baby cries continuously at certain times of day, often in the evening. He may pull up his legs as if he has abdominal pain. He may appear to want to suckle, but it is very difficult to comfort him. Babies who cry in this way may have a very active gut, or wind, but the cause is not clear. This is called `colic'. Colicky babies usually grow well, and the crying usually becomes less after the baby is 3 months old.

- *`High needs' babies:*
  Some babies cry more than others, and they need to be held and carried more. In communities where mothers carry their babies with them, crying is less common than in communities where mothers like to put their babies down to leave them, or where they put them to sleep in separate cots.

III. Participants read `How to help a family with a baby who cries a lot'

(10 minutes)

☺ Ask participants to read the section **HOW TO HELP A FAMILY WITH A BABY WHO CRIES A LOT** on pages 120-121 of their manuals.

If you prefer, ask participants to read the section aloud, taking turns sentence by sentence.

HOW TO HELP A FAMILY WITH A BABY WHO CRIES A LOT

- **Look for a cause**

Listen and learn

Help the mother to talk about how she feels. Empathize with her feelings.
- She may feel guilty and a poor mother. She may feel angry with her baby.
- Other people may make her feel guilty, or they may make her feel that her baby is bad, or naughty, or undisciplined.
- Other people may advise her to give the baby complements or pacifiers.

Take a history
- Learn about the baby's feeding and behaviour.
- Learn about the mother's diet, and if she drinks a lot of coffee, or smokes, or takes any drugs.
- Learn about the pressures that she is under from the family and other people.

Assess a breastfeed
- Check the baby's suckling position, and the length of a feed.

Examine the baby
- Make sure he is not ill or in pain. Check his growth.
- If the baby is ill or in pain, treat or refer as appropriate.

● **Build confidence and give support**

Accept
- Accept what the mother thinks about the cause of the problem.
- Accept what she feels about the baby and his behaviour.

Praise what the mother and baby are doing right
- Explain that her baby is growing well, he is not sick.
- Her breastmilk is providing all that her baby needs - there is nothing wrong with it, or with her.
- Her baby is fine - he is not bad or naughty, or in need of discipline.

Give relevant information
- Her baby has a real need for comfort. He is not sick, but he may have real pain.
- The crying will become less when the baby is 3-4 months old.
- Medicines for colic are not now recommended. They can be harmful.
- Complements are not necessary, and often do not help. Artificially fed babies also have colic. They may develop cow's milk intolerance or allergy and become worse.
- Suckling at the breast for comfort is safe, but bottles and pacifiers are not safe.

Make one or two suggestions
What you suggest depends on what you have learnt about the cause of the crying. Common causes may be different in different countries.

- If she has an oversupply of breastmilk:
  - Help her to improve her baby's attachment to the breast;
  - Suggest that she lets him suckle from one breast only at each feed.
    Let him continue at the breast until he finishes by himself.
    Give the other breast at the next feed.

  Explain that if her baby stays on the first breast longer, he will get more fat-rich hindmilk, (see also Session 16, `Refusal to breastfeed'.)

- It might help if she takes less coffee and tea, and other drinks which contain caffeine, such as colas. If she smokes, suggest that she reduces her smoking, and that she smokes after breastfeeds, not before or during them.
  Ask other members of the family not to smoke in the same room as the baby.

- It might help if she stops taking cow's milk and other milk products, or other foods which can cause allergy, (soy, peanuts, eggs).
  She should stop taking the food for a week. If the baby cries less, she should continue to avoid the food. If the baby continues to cry as much as before, then that particular food is not the cause of the crying. She can take the food again.

Do not suggest that she stops these foods if her diet is poor. Make sure that she can eat another energy- and protein-rich food instead, for example, beans.

Give practical help

- Explain that the best way to comfort a crying baby is to hold him close, with gentle movement and gentle pressure on his abdomen.
  Offer to show her some ways to hold and carry her baby.

- Sometimes it is easier for someone not the mother to carry the baby, so that he cannot smell the breastmilk.

- Show her how to bring up her baby's wind. She should hold him upright, for example in a sitting position, or upright against her shoulder.
  (It is NOT necessary to teach `winding' routinely - only if the baby has colic.)

Offer to discuss the situation with her family, to talk about the baby's needs and about her need for support.

It is important to try to help to reduce family tensions, so that she does not start giving unnecessary complements.

☐ Ask participants if they have any questions about `Crying' and try to answer them.
Point out the summary of this section in the box **HOW TO HELP WITH A BABY WHO CRIES A LOT** on page 122 of their manuals.

HOW TO HELP WITH A BABY WHO CRIES A LOT

● ***Look for a cause***

Listen and learn	Help mother to talk about feelings (guilt, anger) Empathize
Take a history	Learn about baby's feeding and behaviour Learn about mother's diet, coffee, smoking, drugs Pressures from family and others
Assess a breastfeed	Position at breast, length of feed
Examine baby	Illness or pain (treat or refer as appropriate) Check growth

● ***Build confidence and give support***

Accept	Mother's ideas about the cause of the crying Her feelings about baby and his behaviour
Praise (as appropriate)	Her baby is growing well, not sick Her breastmilk provides all that baby needs Her baby is fine, not naughty or bad
Give relevant information	Baby has real need for comfort Crying will decrease when baby is 3-4 months old Medicines for colic not recommended Complements not necessary or helpful artificially fed babies also have colic Comfort suckling at breast is safe, bottles and pacifiers not safe
Suggest (as appropriate)	Give only one breast at each feed give other breast next feed Reduce coffee and tea Smoke after not before or during breastfeeds Stop milk, eggs, soy, peanuts (1-week trial, if mother's diet adequate)
Practical help	Show mother and others how to hold and carry baby with close contact, gentle movement, gentle abdominal pressure Offer to discuss situation with family

IV. Demonstrate how to hold and carry a colicky baby (5 minutes)

☐ Make this introductory point:

- Babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. There are several ways to provide this.

☐ Give the demonstration:

- Hold a doll along your forearm, pressing on its back with your other hand. Move gently backwards and forwards (Fig.11a).

- Sit down and hold the doll lying face down across you lap. Gently rub the doll's back.

- Sit down and hold the doll sitting on your lap, with its back to your chest. Hold it round the abdomen, gently pressing on the abdomen (Fig.11b).

☺ Ask a man to help with this demonstration if possible (Fig.11c). Ask him to hold the doll upright against his chest, with the doll's head against his throat. He should hum gently, so that a baby would hear his deep voice.

☐ Ask participants if they know of other ways to comfort a crying baby that are common in their community. Ask them to demonstrate with a doll.

Fig.11 Some different ways to hold a colicky baby (Fig.36 in Participants' Manual)

a. Holding the baby along your forearm

b.Holding the baby round his abdomen, on your lap

c.Father holding the baby against his chest

Session 23

Back to CONTENTS

"NOT ENOUGH MILK" AND CRYING EXERCISE

Objective

Participants practise using the information from Sessions 21 and 22.

Session outline (50 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the session (2 minutes)

II. Facilitate the written exercise (Exercise 16) (48 minutes)

Preparation

Refer to pages 15-16 in the Introduction for general guidance on how to facilitate a written exercise.
Study the notes for the session so that you are clear about what to do.

Make sure that you have Answer Sheets available for Exercise 16 to give to participants at the end of the session.

As you follow the text remember

☐ indicates an instruction to you, the trainer
■ indicates what you say to participants

I. Introduce the session (2 minutes)

Ask participants to turn to page 124 of their manuals, and to find Exercise 16.

☐ Explain what the exercise is about:

- This exercise contains short stories about mothers who are worried about their breastmilk supply, or about their babies' crying, followed by some questions.

- Answer the questions using the information from Session 21, `Not enough milk' and Session 22, `Crying', and also from Session 11, `Building confidence and giving support'. You can look back at the notes for these sessions in your manuals if you wish.

II. Facilitate the written exercise (48 minutes)

☐ Explain what to do:

- Read the instructions **How to do the exercise** and the **Example**.
  Then answer the questions for the stories **To answer**.

EXERCISE 16. ***"Not enough milk" and Crying***

How to do the exercise:

Read through the following short stories about mothers who feel that they do not have enough milk, or whose babies are crying `too much'.
Write in pencil a brief answer to the questions which follow.
The stories of Mrs T, Mrs U, and Mrs V are optional to do if you have time.
When you have finished, discuss your answers with the trainer.

Example:

Mrs M says that she does not have enough milk. Her baby is 3 months old and crying `all the time'. A nurse told her that he had not put on enough weight (he gained 200 g last month). Mrs M manages the family farm by herself, so she is very busy. She breastfeeds her baby about 2-3 times at night, and about twice a day, whenever she has time. She does not give her baby any other food or drink.

What could you say to empathize with Mrs M?

("You are very busy, it is difficult to find time to feed a baby.")

What do you think is the cause of Mrs M's baby not getting enough milk?

(Mrs M is not breastfeeding him often enough.)

Can you suggest how Mrs M could give her baby more breastmilk?

(Could she take her baby with her so that she could breastfeed him more often?)
(Could someone bring her baby to her where she is working?)
(Could she express her breastmilk to leave for her baby?)

To answer:

Mrs N says that her baby is always hungry in the evenings. Since the age of 2 weeks he has cried and doesn't want to settle. Her sister told Mrs N that she probably does not have enough milk when she is tired in the evening. Her sister suggested that Mrs N give a bottle feed in the evening, so that she can save up her milk for the night feeds. Mrs N drinks tea once or twice a day. She does not smoke cigarettes, and she does not drink milk or coffee.

Mrs N's baby is 5 weeks old, and weighs 4.5 kilos. He weighed 3.7 kilos when he was born.

Why do you think Mrs N's baby is crying?

(This is probably colic.
She drinks only a little tea, so this is unlikely to be the cause.)

What are Mrs N and her baby doing right, that you could praise?

(Her baby is gaining weight well. He is getting all that he needs from her breastmilk.)

What three pieces of information would you give to her?

(1. This colicky crying decreases after 3-4 months.
2. Supplements are not necessary, and might make the breastmilk decrease.
3. Medicines for colic are not recommended.)

What could you suggest that Mrs N might do, to help her baby?

(Discuss different ways to carry and comfort her baby more.)

Mrs O is 16 years old. Her baby was born 2 days ago, and is very healthy. She has tried to breastfeed him twice, but her breasts are still soft, so she thinks that she has no milk, and will not be able to breastfeed. Her young husband has offered to buy her a bottle and some formula.

What could you say to accept what Mrs O says about her breastmilk?

("You think that there is no milk in your breasts?")

Why does Mrs O think that she will not be able to breastfeed?

(She lacks confidence, and she lacks knowledge.
Her milk has not `come in' yet - but this is normal.)

What relevant information would you give her, to build her confidence?

(Her breasts already have some milk, in the form of colostrum.
Explain that if her baby suckles more often, it will help more milk to come.
In a day or two, her breasts will feel full.)

What practical help could you give Mrs O?

(Offer to help her to put her baby to her breast. Help her when her baby shows, by restlessness or mouthing, that he is ready for a feed.)

Mrs P's baby is 3 months old. She says that for the last few days he has suddenly started crying to be fed very often. She thinks that her milk supply has suddenly decreased. Her baby breastfed exclusively until now, and has gained weight well.

What can you say to empathize with Mrs P?

("You must be worried that he is crying more than before.")

What can you praise to build Mrs P's confidence?

("He has grown so well on your breastmilk.")

What relevant information can you give Mrs P?

("At this age, many babies have a growth spurt, and become very hungry. If you feed him more often for a few days, your breastmilk supply will increase, and he will settle down again.")

Mrs Q says that her breastmilk seems to be decreasing. Her baby is 4 months old, and has gained weight well from when he was born. Last month she started giving him cereal three times a day. She says that he is breastfeeding less often, and for a shorter time than before she started cereal feeds. Mrs Q is at home all day, and her baby sleeps with her at night.

Why do you think that Mrs Q's breastmilk seems to be decreasing?

(Her baby is suckling less, because she is giving the cereal feeds.)

What are Mrs Q and her baby doing right?

(Her baby is gaining weight well.
She is breastfeeding him as much as he wants, and at night.)

What could you suggest to Mrs Q, so that she continues to breastfeed?

(Breastfeed her baby first, before giving cereal feeds.
Make sure that he finishes a breastfeed, before she offers cereal. He may not need so much cereal before he is 6 months old.)

Mrs R's baby is 7 weeks old. She says that her breastmilk is not good. Her baby does not seem satisfied after breastfeeds. He cries and wants to feed again very soon, sometimes in half an hour, or an hour. He cries and wants to breastfeed often at night too, and Mrs R is exhausted. He passes urine about 6 times a day. When he breastfeeds, you notice that his lower lip is turned in, and there is more areola visible below his mouth than above it.

The baby weighed 3.7 kilos at birth. He now weighs 4.8 kilos.

Is Mrs R's baby getting as much breastmilk as he needs?

(Yes, he is getting as much as he needs.)

What may be the reason for his behaviour?

(He is poorly attached to the breast, so he is not suckling effectively.
He needs to feed very often to get enough breastmilk.)

What could you praise, to build Mrs R's confidence?

(Her baby is getting all the breastmilk that he needs, and is growing well.)

What practical help would you offer to Mrs R?

(Offer to show her how to improve her baby's attachment at the breast.)

Mrs S says that she is exhausted, and will have to bottle feed her 2-month-old baby. He does not settle after breastfeeds, and wants to feed very often - she cannot count how many times in a day. She thinks that she does not have enough breastmilk, and that her milk does not suit her baby. While she is talking to you her baby wants a feed. He suckles in a good position. After about two minutes, he pauses, and Mrs S quickly takes him off her breast.

The baby's growth chart shows that he gained 250 g last month.

What could you say to show that you accept Mrs S's ideas about her milk?

("Yes, I see.")

Is Mrs S's baby getting enough breastmilk?

(No. He is gaining weight very slowly.)

What is the reason for this?

(She does not let him suckle for long enough.)

What can you suggest to help Mrs S?

(Suggest that she lets her baby stay at the breast for longer at each feed.
She should let her baby continue suckling until he releases the breast himself.
If he pauses, let him just stay at the breast until he suckles again.
If he stays at the breast longer at each feed, he will not need to feed so often.)

Optional

Mrs T's baby is 6 weeks old. He wants to feed about every 2-3 hours - sometimes after 1½ hours, sometimes he sleeps for 5 hours. He has gained 800 g since he was born. Mrs T's mother says that the baby is crying too much, and looks too thin. She says that Mrs T does not have enough milk, and should give some bottle feeds.

What are the good things that are happening?

(Mrs T is breastfeeding her baby on demand. She is not yet giving bottle feeds.)

Do you think that Mrs T's baby is getting enough milk?

(Yes. Her baby is gaining weight well, and his behaviour is quite normal.)

What would you do to help Mrs T?

(Offer to talk to Mrs T's mother, to discuss how well the baby is doing, and to explain the dangers of bottle feeds.)

Mrs U says that her milk is drying up, and she will have to stop breastfeeding. She would like to continue. Her baby is 6 months old, and she has been back at work for three months. Mrs U's sister cares for the baby during the day. Mrs U breastfeeds morning and evening. She expresses her breastmilk before she goes to work, but she doesn't usually get more than half a cupful. Her baby needs 1 or 2 bottles of formula during the day. Mrs U is very tired when she gets home, and her sister often gives him another bottle during the night.

The baby weighed 3.0 kilos at birth, and now weighs 6.5 kilos.

Why do you think Mrs U's breastmilk may be `drying up'?

(She breastfeeds only morning and evening. This is not enough to keep up her milk supply.)

What is Mrs U doing right, that you would praise?

(She continues to breastfeed when she is at home, and she is expressing some breastmilk.)

What could you suggest that Mrs U could do to continue breastfeeding?

(Suggest that she breastfeeds more often, and that she let her baby sleep with her to breastfeed at night. She could give her baby complementary foods from a cup or spoon, and not use a bottle. Her baby may be more interested in breastfeeding if he has not sucked on a bottle while she is out.)

Mrs V's baby is 10 weeks old. She says that her breastmilk is decreasing. She has given her baby juice from a bottle and one cereal feed a day since he was 4 weeks old. A midwife recommended this because the baby was crying a lot. Mrs V breastfeeds about 4-5 times a day, and sometimes once in the night. The baby still cries a lot but usually settles when he suckles on a pacifier.

He weighed 2.8 kg at birth, 3.4 kg at one month, and now weighs 3.8 kg.

Is Mrs V's baby getting enough breastmilk? Why?

(He is not getting enough breastmilk. He has only gained 400 grams in 6 weeks. This is because Mrs V has given supplements early, and uses a pacifier, so that her baby does not breastfeed often enough.)

What three things would you suggest that Mrs V does?

(Suggest that she:

1. Breastfeeds more often, including at night.
2. Stops using a pacifier, and offers her breast for comfort instead.
3. Gives the complementary feeds by cup, not bottle, and tries to reduces the amount.)

☐ Give participants Answer Sheets for Exercise 16.

Session 24

Back to CONTENTS

CLINICAL PRACTICE 3

Taking a breastfeeding history

Objectives

Participants practise `taking a breastfeeding history' with mothers and babies in a ward or clinic.

Participants continue to practise the skills from Clinical Practice 1 and 2.

They practise using these skills with mothers in some of these situations:
- after normal deliveries;
- after Caesarian section;
- with difficulty in breastfeeding;
- with different breast conditions;
- with low-birth-weight babies and twins;
- with sick children;
- who have brought a baby for immunization or growth monitoring;
- in family planning clinics;
- in antenatal clinics.

Session outline (120 minutes)

Participants meet together as a class led by one trainer to prepare for the session, and if time permits, to discuss it afterwards.

Participants work in pairs in a ward or clinic. Each trainer supervises the 2-3 pairs in her group.

I.	Prepare the participants	(10 minutes)
II.	Conduct the clinical practice	(90 minutes)
III.	Discuss the clinical practice	(20 minutes)

Preparation

Make sure that you know where the clinical practice will be held. Visit the various wards or clinics that you will go to if you have not done so before.

Study the instructions in the following pages, and ask other trainers to study them also. Make sure that you are clear about how this clinical practice differs from Clinical Practice 1 and 2.

Arrange for different groups to see mothers in different situations - for example, some can go to maternity wards, to see mothers after normal or Caesarian deliveries, or to paediatric wards, or special care units; some can go to outpatient clinics or health centres to see mothers with sick or well children, or women receiving antenatal care or family planning services.

Make available a copy of the Breastfeeding History Form for each participant and trainer.

Make a copy of the **COUNSELLING SKILLS CHECKLIST** available for each participant and trainer, and also have some spares.

Make sure that trainers have a copy of the **CLINICAL PRACTICE DISCUSSION CHECKLIST**.

I. Prepare the participants (10 minutes)

☐ *Explain the objectives of the clinical practice:*

- During this session, you practise taking a breastfeeding history.

  You continue to practise `assessing a breastfeed', `listening and learning', and `building confidence and giving support'.

  If there is an opportunity, you will practise helping a mother to position her baby at the breast, or to overcome any other difficulty.

☐ *Give each participant a copy of the* **COUNSELLING SKILLS CHECKLIST** *and explain what it is:*

- This checklist is a summary of all the counselling, assessing and history-taking skills that you have learnt.

  Refer to it during clinical practice and counselling exercises to remind you of the different skills to practise.

COUNSELLING SKILLS CHECKLIST

Listening and learning

☐ Helpful non-verbal communication
☐ Ask open questions
☐ Respond showing interest
☐ Reflect back
☐ Empathize
☐ Avoid judging words

Assessing a breastfeed

☐ **B**ody position
☐ **R**esponses mother and baby
☐ **E**motional bonding
☐ **A**natomy of breast
☐ **S**uckling
☐ **T**ime spent suckling

Confidence and support

☐ Accept what mother says
☐ Praise what is right
☐ Give practical help
☐ Give relevant information
☐ Use simple language
☐ Make one or two suggestions

Taking a history

☐ Baby's feeding now
☐ Baby's health, behaviour
☐ Pregnancy, birth, early feeds
☐ Mother's condition and FP
☐ Previous infant feeding
☐ Family and social situation

☐ *Explain what participants should take with them:*

- Take with you:
  - one copy of the Breastfeeding History Form;
  - one copy of the **COUNSELLING SKILLS CHECKLIST**;
  - pencil and paper to make notes.

  You do not need to take anything else.

- Use the Breastfeeding History Form for taking a history.
  Use the **COUNSELLING SKILLS CHECKLIST** instead of the other three forms (the lists of **LISTENING AND LEARNING SKILLS** and **CONFIDENCE AND SUPPORT SKILLS**, and the B-R-E-A-S-T-FEED Observation Form).

☐ *Explain how participants will work*:

- You work in pairs in a ward or clinic. Each trainer circulates between the pairs in her group, to observe, comment and help where necessary.

☐ *Explain what participants should do when they talk to a mother:*

- Take a full breastfeeding history from the mother, using the Breastfeeding History Form.
  Try to ask the most relevant questions, and ask something from each section of the form.

Use your listening and learning skills, and try not to ask too many questions.
Practise your confidence and support skills, and avoid giving a lot of advice.

If a mother has a breastfeeding difficulty, try to decide the reason, and how to help the mother. However, before you give the mother any help, or suggest what she should do, talk to the trainer.

II. Conduct the clinical practice (90 minutes)

☐ *Take your group to a ward or clinic:*

Different groups go to different parts of the health facility to meet breastfeeding mothers and babies in as many situations as possible. Depending on the numbers of mothers available, and the distance between different areas, a group may visit more than one area during the session.

Conduct the session in the same way as Clinical Practice 1 and 2, except that participants work in pairs from the beginning.

Help pairs to find mothers in different situations to talk to. Look out for any situation in which you may find a mother with a breast condition which would help participants to learn.

☐ *Discuss how to help mothers*

If a mother needs help with breastfeeding, let participants help her. However, first discuss with them what they plan to do, to make sure that it is appropriate.
If necessary, take participants where the mother cannot hear what you are saying while you discuss what to do. Then return to the mother to give the help.

Discuss the difficulty and its management with the staff in charge of the ward or clinic. It is important that you and the staff say the same things to the mother, so that you do not confuse her. The staff will be responsible for following up the mother and baby.

☐ *Discuss the participants' performance:*

When a pair have finished, take them away from the mother, and discuss what they did, and what they learnt.

- Ask them to tell you about the mother, what she is doing well, if she has any difficulties, and what they would suggest to help her.

- Go through the **CLINICAL PRACTICE DISCUSSION CHECKLIST** to help you to conduct the discussion.

- Discuss what they learnt from the mother, and if her situation is common or unusual. Discuss what else it might be possible to do in other, similar situations.

III. Discuss the clinical practice (20 minutes)

The whole class comes back together to discuss the clinical practice, led by the trainer who led the preparatory session.

☐ *Ask one participant from each group to report briefly on what they learnt:*

Ask them to report on the most interesting situations that they observed among the mothers and babies whom they saw, and what they learnt from them.

If participants have not finished seeing mothers and babies at the end of the 90 minutes allowed for `II. Conduct the clinical practice', they can continue and finish, and if necessary omit the class discussion.
You must decide what is the most useful way to spend this time.

☐ *Ask participants to fill in their* **CLINICAL PRACTICE PROGRESS FORM:**

They record on the form each mother and baby that they talked to during the Clinical Practice 3.

☐ *Check individual participants' progress:*

By the end of the next clinical practice, (Clinical Practice 4), each participant should have seen mothers in as many as possible of the different situations listed in the Objectives for Clinical Practice 3 and 4.

To follow the progress of individual members of your group, go through their **CLINICAL PRACTICE PROGRESS FORM** sometime during or after the session.
Check that they have practised all the different skills.
Help them to meet mothers in as many different situations as possible.

Session 25

Back to CONTENTS

COUNSELLING PRACTICE

Objectives

Participants practise the counselling skills that they have learnt in Session 6, `Listening and learning', and Session 11, `Building confidence and giving support'; and combining them with the skill of `Taking a breastfeeding history', Session 17.

Session outline (75 minutes)

Participants work in pairs within the groups of 4-5 with one trainer.

The session is given 75 minutes, but it is useful to take longer if time is available.
If there are not enough mothers and babies in any of the Clinical Practice sessions, use the time to do more Counselling Skills Practice exercises.

I.	Prepare for the exercise	(15 minutes)
II.	Conduct the pair practice (Exercise 17)	(60 minutes)

Preparation

Refer to pages 16-17 in the Introduction for general guidance on how to conduct work in small groups.

Make sure that copies of Counselling Stories 1-10 from Exercise 17 are available, on cards or paper. You will need one set of copies for each group of participants.
Choose the stories most relevant to your situation.
Stories 1-8 are the most important at this stage in the course. The situations in them have been covered in previous sessions.
Stories 9-10 present situations that would be more appropriate after Sessions 31 and 32.

Fill in a local growth chart for the baby in each of the histories, to give to the participant with that story.

Make available some spare copies of the **COUNSELLING SKILLS CHECKLIST**.

Study the section **`I. Prepare for the exercise'** so that you can explain to participants what to do.

Study the section **How to conduct the exercise** at the beginning of Exercise 17, so that you can guide the pair practice.

Read the section **Comments on the counselling stories** which you will find after Story 10. These comments may help you to guide the pair practice, and the discussion afterwards.

Decide how you will conduct the exercise.
In some situations, participants may have difficulty in reading the story quickly. An alternative way to conduct the exercise is for a trainer to play the part of the mother, while one of the participants takes her history.

As you follow the text remember:

- ☐ indicates an instruction to you, the trainer
- ■ indicates what you say to participants

I. Prepare for the exercise (15 minutes)

☐ Give each participant a copy of one of the counselling stories and a growth chart for the baby in the story.

Explain what they will do:

- You will now use role-play to practise the counselling skills `Listening and learning' and `Building confidence and giving support'.
  You will also practise deciding how to help a mother using the skill `Taking a breastfeeding history'.

- You will work in pairs, and take it in turns to be a `mother' or a `counsellor'.
  When you are the `mother', play the part of the mother in the story on your card. You consult your partner, who counsels you about your situation.

- You do not need to practise observation of a breastfeed in this exercise. You will find all that you need to know in the written story. In a real situation, you should always observe as well.

- You are the only one in the group who has a copy of your story. Conceal it from the others, especially from your `counsellor'.

- Give yourself and your baby a name, either your own real name, or another if you prefer.

- Other participants in the group observe the pair practice, until it is their turn.

☐ Ask participants to read their stories through, and to study the growth chart.
Allow 5 minutes.

They can ask you questions about anything that they do not understand.

☐ Make sure that each participant has a copy of the **COUNSELLING SKILLS CHECKLIST.**

☐ Explain how to do the pair practice:

- If you are the `counsellor':
  - Greet the `mother' and ask her how she is. Use her name and her baby's name.
  - Ask one or two open questions about breastfeeding to start the conversation.
  - Use your counselling skills. Try to use at least one example of each of the skills.
  - Use your history-taking skills. Practise asking the most relevant questions. Ask at least one question from each section of the history.
  - Practise learning all about the mother and baby, and giving her whatever help you decide is necessary.

- If you are the `mother':
  - Answer one of the `counsellor's' open questions with your reason for coming. This is the sentence at the top of the story. For example, for Counselling Story 1, say "My milk is not good. (Baby's name) cries too much."

- Then respond to what your `counsellor' says. If she asks you some questions, answer them from what is written. If you cannot answer a question from what is written, make up an answer to fit with your story.
- If your `counsellor' uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.

- If you are observing:
  - Use your **COUNSELLING SKILLS CHECKLIST**, and observe which skills the `counsellor' uses, and which she does not use. Mark on your checklist in pencil when you observe the `counsellor' using a skill correctly.
  - Try to decide if the `counsellor' has understood the `mother's' situation correctly, and if she has asked the most relevant questions and given appropriate help.
  - During discussion, be prepared to praise what the players do right, and to suggest what they could do better.

II. Conduct the pair practice (60 minutes)

EXERCISE 17. *Counselling skills practice*

How to conduct the exercise

☺ Ask one pair in the group to practise one of their stories. Ask them to sit on two chairs, next to each other, and slightly separate from the group.

☐ Let the pair continue for a while, without interrupting.

Follow the story in your copy of the Trainer's Guide. If they are doing well, let them go on until they finish. If they make a lot of mistakes, or get confused, or do not follow the story, stop them, and give them a chance to correct themselves. Ask them how they feel they are doing, and what they think has gone wrong.

Ask other participants in the group to say what they have observed. Then say what you think.
Praise what they do right, and then comment on these things:
- How well the `counsellor' used her counselling and history-taking skills.
- If she understood the mother's situation correctly, and gave appropriate help.

Use the **Comments on the counselling stories** to help the discussion. They tell you:
- The main points in the story that the participants should learn about.
- The most important skills that the `counsellor' should practise.

☐ If necessary, let the pair try again, at least for a short time.

Try to finish with them doing some things well.
Thank them and congratulate them for their efforts.
☐ Ask another pair to practise.

Make sure that each member of the group has a chance to be a `counsellor' at least once.

Counselling Story 1 **"My milk is not good. (Baby's name) cries too much."**

Age of baby:	3 months	Weight aged 2 weeks:	2.9 kg
		Weight today:	3.7 kg

Baby's feeding now: Exclusive breastfeeding. Baby sleeps with you at night, and breastfeeds when he can during the day - maybe 3 times.

Baby's health and behaviour: He is well. He seems to cry a lot. Your 7-year-old daughter carries him round a lot, and he sucks on a pacifier. You have no idea how many times he urinates - you are not there to see. You wash about 3 or 4 nappies or cloths a day, but he may not get changed every time he wets.

Pregnancy, delivery, early feeds: Baby born at home. Breastfed from soon after delivery.

Mother's condition: You are aged 32, and healthy. You do not smoke or drink. You are not using any family planning method. You feel tired, and think that bottle feeding might help.

Previous infant feeding: 5 babies, all breastfed. 3 at present under 5 years of age.

Family and social situation: You are very busy with housework and work in the fields. Your mother-in-law expects you to do everything, and it is difficult to find time to feed the baby.

Counselling Story 2 **"I will bottle feed this next baby. I am not able to breastfeed."**

Antenatal visit.

Mother's condition: You are aged 28, and healthy. You are 6 months pregnant. Before you had your first baby you wanted very much to breastfeed. Your breasts and nipples are average in size.

Previous infant feeding: You have 2 children already.
Your first baby was born by Caesarian section, after an obstructed labour. The baby was put into the nursery for 5 days, and was given some bottle feeds. You tried to breastfeed him after 5 days, but he did not want to suckle, and cried every time you put him to the breast. You could not get him to suckle properly, and the nurses advised you to continue giving bottles. You were very disappointed, and felt that you had failed. The baby was often ill with diarrhoea during the first year of life.

Your second baby was born vaginally. You put him to the breast during the first day, but you had very sore nipples. You struggled on despite the pain, for 4 weeks. Then your nipples were so cracked and bleeding that you gave him a bottle for a few days to allow the nipples to heal. Then he refused to start breastfeeding again.

Family and social situation: You are a nurse in a children's ward. You will take your maternity leave, and you have saved up some more leave, so that you can stay home for 4 months after the baby is born. You live very near the hospital, and your sister stays with you and looks after the children while you work.

Counselling Story 3 "(Baby's name) is always crying and my breastmilk is drying up."

Age of baby:	3 months	Weight aged 1 month:	4.0 kg	Weight now: 4.8 kg
Birth weight:	3.0 kg	Weight aged 2 months:	5.0 kg	

Baby's feeding now: You breastfeed 4-5 times a day and sometimes once in the night. You also give two bottle feeds of formula each day. You put 1-2 scoops of milk powder into each bottle. You started this when the baby was 2 months old.

Baby's health and behaviour: The baby cried a lot when he was small. He still cries a lot, but usually quietens when you give him a bottle. He had diarrhoea for a few days last month, but that has stopped. He suckles less at the breast now than he did before.

Pregnancy, delivery, early feeds: Delivered at home. Breastfed from the first day.

Mother's condition: You are aged 17 and healthy. You had an IUD fitted at 6 weeks.

Previous infant feeding: This is your first baby.

Family and social situation: You are a housewife. Your mother lives nearby and helps. Your husband complains when the baby cries. He wants you to give bottle feeds to keep the baby quiet so that he can sleep at night. A friend of his at work suggested it.

Counselling Story 4 "(Baby's name) is very thin and he is constipated."

Age of baby:	2 months	Weight at 1 month:	3.0 kg
Birth weight:	2.8 kg	Weight now:	3.1 kg

Baby's feeding: You feed the baby tinned milk from a bottle. You make about 3-4 bottles a day. You put about 2 spoons of tinned milk into each bottle. When you do not have any tinned milk, you make a feed from cereal and water. You breastfeed the baby sometimes, for comfort, but there is only a little milk coming out.

Baby's health and behaviour: Your baby cries a lot, but he is very small and weak. He does not pass stools very often, and they are small and dry. You think he is constipated. He urinates about 3-4 times a day. Sometimes only twice, and his urine is dark yellow.

Pregnancy, delivery, early feeds: Normal. Baby delivered in hospital at night. You put him to the breast the next morning, after the doctor checked him. There was no milk coming out, and the baby was not very interested in suckling. So you started bottle feeds while you waited for your breastmilk to come, but it did not come in properly.

Mother's condition: You are aged 19, and healthy. You do not smoke or drink. You will start on contraceptive pills when your periods start again.

Previous infant feeding: This is your first baby.

Family and social situation: You are a housewife. Your husband is a driver and is away from home a lot. Your mother has been helping you to bottle feed the baby.

Counselling Story 5 **"(Baby's name) cannot suckle properly."**

Age of baby:	4 weeks	Weight aged 3 weeks:	1.80 kg
Birth weight:	1.5 kg	Weight today:	1.95 kg

Baby's feeding now: Breastfeeding only.

Baby's health and behaviour: He suckles slowly and takes a long time, and he keeps stopping to rest in the middle of a feed.

Pregnancy, delivery, early feeds: He was born preterm, very weak, at about 32 weeks, and was in the special care unit for 2 weeks. He was fed by nasogastric tube for 1 week, and then by cup. You stayed in the hospital, and expressed your milk 3-hourly for your baby. You expressed enough for him at that time. He started breastfeeding about 1 week ago.

Mother's condition: You are 24 and only become pregnant after 3 years of marriage. You think that you do not have enough breastmilk - your breasts do not seem very full. You are very upset, and feel that you are failing as a mother.

Previous infant feeding: This is your first baby.

Family and social situation: Your husband is a farmer, and wants lots of children. He has not shown much interest in this sick, small baby.

Counselling Story 6 **"My milk is drying up, and I will have to bottle feed (baby's name). Which formula is best?"**

Age of baby:	2 months	Weight today:	5.0 kg
Birth weight:	3.5 kg		

Baby's feeding: Breastfeeding only until now.

Baby's health and behaviour: Very healthy. Now sleeps in a cot. You get up to feed him about once in the night, if he cries. He passes urine at least 6 times a day.

Pregnancy, delivery, early feeds: Normal pregnancy; delivered in hospital. Your baby stayed in the nursery. You did not see him for 24 hours. Then he was brought to you for 3-hourly for breastfeeding. He may have had a bottle while he was in the nursery.

Mother's condition: You are aged 18. You would not mind breastfeeding, if it is easy. But your friend bottle feeds and tells you that you are silly to bother. You are worried that if you continue to breastfeed your breasts may sag, and your boyfriend will lose interest in you. You want to be able to go out at night.

Previous infant feeding: This is your first baby.

Family and social situation: You live in town. Your baby's father has a job as a labourer, and he gives you money, but not very regularly. Your parents live far away, and you do not see them often.

Counselling Story 7 **"(Baby's name) often has diarrhoea - should I stop breastfeeding?"**

Age of baby:	11 months		
Weight at 2 months of age:	4.5 kg	Weight at 8 months:	7.5 kg
Weight at 6 months of age:	7.5 kg	Weight today:	8.2 kg

Baby's feeding now: He breastfeeds on demand. He sleeps with you and breastfeeds at night. He is also taking rice and vegetables 3 times a day.

Baby's health and behaviour: Several times he has had diarrhoea, and the health worker has shown you how to make oral rehydration fluids. She has advised you to continue giving him rice and other food. The diarrhoea is better now, but you think that it is time to stop breastfeeding. Perhaps breastfeeding causes the diarrhoea.

Pregnancy, delivery, and early feeds: Born at home, and started breastfeeding soon after delivery. No problems.

Mother's condition: You are aged 29 and healthy. You have depo-provera injections for family planning. You are not worried about being pregnant.

Previous infant feeding: 4 previous children, all breastfed for about 2 years.

Family and social situation: Your husband is a subsistence farmer, and you live on cereals and vegetables. You get water from a nearby stream.

Counselling Story 8 **"My milk is drying up, so I will have to stop breastfeeding."**

Age of baby:	4 months	Weight aged 3 months:	5 kg
Birth weight:	3.2 kg	Weight today:	5.3 kg

Baby's feeding now: Exclusive, unrestricted breastfeeding.

Baby's health and behaviour: Very well until now. Now he seems rather hungry and not satisfied after feeds. He passes urine about 3-4 times a day.

Pregnancy, delivery, early feeds: Normal delivery in hospital. You held him straight away, and he breastfed within half an hour. Breastfeeding has gone well until now.

Mother's condition: Aged 24, very healthy. You do not smoke, and only drink alcohol occasionally. You started to take contraceptive pills when your baby was 10 weeks old. Nobody asked if you were breastfeeding when you went for family planning advice. You think it may be the `combined pill'. Your breasts do not seem full, even before a feed.

Previous infant feeding: You have one other child aged 18 months. You stopped breastfeeding at 5 months, when you became pregnant again. You want a longer space before you have another baby.

Family and social situation: You sell in the market, and take both children with you.

Optional Counselling Stories (to do now or after Sessions 31 and 32).

Counselling Story 9 **"I cannot breastfeed (baby's name) because I have asthma."**

Age of baby: 2 days Birth weight: 2.9 kg

Baby's feeding: Bottle feeding, so far has only had glucose water.

Baby's health and behaviour: Normal so far.

Pregnancy, delivery, and early feeds: Normal delivery in hospital. Baby has not suckled at the breast at all.

Mother's condition: You often have to take medicines for asthma. A doctor said that the medicines would pass into your breastmilk and might make your baby sick. You would like to breastfeed very much.

Previous infant feeding: You bottle fed your previous baby, and he died of diarrhoea and malnutrition at 5 months of age.

Family and social situation: You are poor, and cannot afford to buy enough formula. You are hoping that the counsellor will give you a free sample of formula to help you to start off.

Counselling Story 10 **"My breastmilk is getting less. What can I do?"**

Age of baby: 3 months Weight at 1 month: 5.0 kg Weight now: 6.2 kg
Birth weight: 4.0 kg Weight at 2 months: 5.6 kg

Baby's feeding now: You breastfeed whenever you are at home. When you are at work, he has bottle feeds of formula. You started bottle feeds when you went back to work last month. Sometimes he has bottle feeds at night too.

Baby's health and behaviour: He is very well at the moment.

Pregnancy, delivery, early feeds: He was born in hospital, delivered by forceps. He was kept in the nursery for about 6 hours, but then roomed in with you. You needed help to start breastfeeding, but since then there have been no problems.

Mother's condition: You are aged 23, and healthy. You smoke about 15 cigarettes a day.
You had an IUD fitted soon after delivery. You want very much to breastfeed longer.

Previous infant feeding: You had one previous child now aged 5 years old. You tried to continue breastfeeding while you were at work. But you had leaking of breastmilk when you were on duty, and then your baby refused to suckle. You were really upset about this, and feel that you failed your baby, even though he did not get ill.

Family and social situation: You returned to work in an office when your baby was 2 months old. Your sister cares for your children while you are at work.

Comments on the counselling stories

These notes emphasize the main points of each story, to help you to comment on participants' pair practice.

Counselling Story 1.
The baby is gaining less than 500 g a month, so he is not getting enough milk. The mother is too busy to respond to the baby, so she does not breastfeed him often enough.
Participants practise empathizing about the difficulties she is under at home, and they should learn that she is thinking of giving bottle feeds. They can practise making suggestions - for example that she takes her baby with her, or that the 7-year-old bring the baby to her mother instead of giving him a pacifier. They may offer to talk to her family about her baby's needs.

Counselling Story 2.
This story emphasizes the importance of finding out about a mother's previous experience of breastfeeding during an antenatal visit. This mother has had bad experiences and is at risk of failing to breastfeed, so she needs extra support. Participants practise giving the mother information, and building her confidence that she can breastfeed this time, without making her feel criticized.

Counselling Story 3.
This baby gained weight well when exclusively breastfed, but has not done well since he started bottle feeds. The mother is very young, and at special risk of failing, so she needs extra help. She is also under pressure from the baby's father to bottle feed. Participants practise suggesting that the mother stops bottle feeding, without making her feel criticized. They should also offer to discuss the situation with the family. Talking to the mother alone may not help.

Counselling Story 4.
This baby is `failing to thrive' because breastfeeding was not established in the postnatal period. The mother and baby were both perfectly healthy.
Participants practise encouraging a young and inexperienced mother to try to relactate. They practise giving her confidence that she can have enough breastmilk to feed her baby without using tinned milk.

Counselling Story 5.
This is a low-birth-weight baby who is getting enough milk, and doing well. His slow suckling is normal, but it worries his mother. She lacks confidence partly because she has a fertility problem, and this baby took a long time to conceive. She needs lots of extra support, especially as her husband is not very helpful.
Participants practise building her confidence that she does have enough milk, and that her baby is growing and will be bigger and stronger before long. It is important to avoid telling her that everything is alright, and that she should not worry. They should empathize with her worry.

Counselling Story 6.
This is another young mother. Her baby is doing well, but she is at risk of pressures to bottle feed, this time from her friend. She feels insecure in her relationship with the baby's father, and is worried about not being able to go out at night, and about losing her

figure. Participants practise giving support, and talking about the mother's social concerns. The counsellor should not just explain the benefits of breastfeeding.

Counselling Story 7.
This story illustrates the need to encourage mothers to continue and increase breastfeeding both when a child is sick and until a child is 2 years old or more. The diet of this family is poor, and breastmilk is helpful both to provide essential nutrients, and to help the baby to recover from diarrhoea.
Participants practise accepting the mother's ideas about her child's illness, informing her that breastfeeding is helpful for a child with diarrhoea, to encourage her to continue.

Counselling Story 8.
This mother has a genuinely poor breastmilk supply because she is taking an oestrogen-containing contraceptive.
Participants practise thinking this situation through logically. They should ask all the questions about how the mother feeds her baby, and find that she is doing everything right. Then they should think about possible physical reasons for a poor milk supply, in this case, the oestrogen-containing contraceptives.

Counselling Story 9.
This story illustrates the problems that can result from being too cautious about letting mothers breastfeed when they are taking medication. Asthma treatment for a mother is not harmful for her breastfeeding baby.
Participants practise giving a mother confidence that she can safely breastfeed, even when she does need treatment, and despite what the doctor said. They practise being careful not to make her feel criticized or guilty about her first baby.

Counselling Story 10.
This story illustrates some of the problems of working mothers. A mother's breastmilk supply may decrease when her baby starts having bottles of formula. This mother had problems with a previous baby also. She is well motivated to try to express breastmilk for this baby, and to ask her sister to feed him by cup.
Participants practise explaining to the mother how to express her breastmilk and feed it by cup; and about the importance of expressing while she is at work to help keep up the supply, even if she cannot save it for her baby. The counsellor can also suggest that the mother tries to give up smoking.

Session 26

Back to CONTENTS

LOW-BIRTH-WEIGHT AND SICK BABIES

Objectives

At the end of this session, participants will be able to describe:
- why breastmilk is the best food for low-birth-weight babies;
- why it is important to continue breastfeeding or giving breastmilk when an infant is sick or jaundiced.

Participants will also be able to:
- help a mother of a low-birth-weight or sick baby to give her baby breastmilk;
- help a mother to feed her baby by cup.

Session outline (65 minutes + 10 minutes optional)

Participants are all together for presentation by one trainer.
All trainers needed to give individual feedback for the exercise.

I.	Introduce the topic	(5 minutes)
II.	Present Overheads 26/1 to 26/6	(25 minutes)
III.	Demonstrate how to feed a baby by cup	(10 minutes)
IV.	Optional Explain how much milk to give to a baby	(10 minutes extra)
V.	Facilitate the written exercise (Exercise 18)	(25 minutes)

If available and appropriate, show the video *Feeding Low Birth Weight Babies* as soon as convenient after the session.
This requires 30 minutes additional time.

Preparation

Refer to pages 9-13 of the Introduction for general guidance about presenting overheads, and giving a demonstration.

Make sure that Overheads 26/1 to 26/6 are in order.
Study the overheads and the text that goes with them, so that you are able to present them.
Read the **Further information** sections, so that you are familiar with the ideas they contain.

Read the reference: `Annex to the Global Criteria for Baby Friendly Hospitals: Acceptable Medical Reasons for Supplementation', so that you can discuss these with participants, and refer them to their own copy of the reference.

Try to find out what percentage of babies are born with a low-birth-weight in this country or region.

To demonstrate how to feed a baby by cup:
- Obtain some small cups that could be used to feed low-birth-weight babies, and which are easily available in the community. Medicine measures or egg cups, are suitable. Use small tea-cups if nothing smaller is available. They should be easy to clean, without ridges if possible.
- Have some water (for `milk') and a teaspoon available to demonstrate cup-feeding and spoon-feeding with a doll.

Decide if you will include section **IV. Explain how much milk to give to a baby**. This may not be relevant for some groups of participants.

Make sure that Answer Sheets for Exercise 18 are available to give to participants at the end of the session.

As you follow the text, remember:

☐ indicates an instruction to you, the trainer
■ indicates what you say to the participants

Do not present the **Further information** sections.
Use them to help you to answer questions.

I. Introduce the topic (5 minutes)

☐ Make these points:

- The term *low-birth-weight* (LBW) means a birth weight of less than 2,500 grams. This includes babies who are born before term, and who are *premature*, and babies who are *small for gestational age*. Babies may be small for both these reasons.

- In many countries 15-20% of all babies are low-birth-weight.
  In this country ..... % of all babies are low-birth-weight.

- Low-birth-weight babies are at particular risk of infection, and they need breastmilk more than larger babies. Yet they are given artificial feeds and bottle feeds more often than larger babies.

☐ Refer back to the list of reasons for stopping breastfeeding or starting complementary foods early, that you developed in Session 2, `Local breastfeeding situation'. Remind participants if they identified LBW as a common reason in their situation.

Ask: *Why is it sometimes difficult for LBW babies to breastfeed exclusively?*
(Let participants suggest answers. Then discuss the following.)

Possible answers that participants might suggest include:
- LBW babies are not able to suckle strongly at the breast.
- They need more of some nutrients than breastmilk can provide.
- It can be difficult for mothers to express enough breastmilk.

- There is some truth in all these statements, and they are reasons why in many hospitals LBW babies are fed artificially.

- However, many LBW babies can breastfeed without difficulty. Babies born at term, who are small-for-dates, usually suckle effectively. They are often very hungry and need to breastfeed more often than larger babies, so that their growth can catch up.

- Babies who are born preterm may have difficulty suckling effectively at first. But they can be fed on breastmilk by tube or cup, and helped to establish full

breastfeeding later. Breastfeeding is easier for these babies than bottle feeding.

- If a mother is given enough skilled help and support, she can express her breastmilk, and feed it to her baby by tube or cup, until he can breastfeed. She can breastfeed her LBW baby fully much earlier than we used to think possible.

Further information

Extra nutrients
Babies with very low-birth-weight (1,000 to 1,500g) or extremely low-birth-weight (less than 1,000g) may need extra nutrients in addition to breastmilk for a time. Some need extra calcium, some may need extra protein or energy. This is an individual decision, usually made by a specialist. However, breastmilk with additional nutrients protects against infection better than artificial feeds. Breastmilk can protect against infection, which artificial feeds cannot do. Breastmilk contains essential nutrients that are not available in any formula.

`Learning' to feed from a bottle
It is not necessary for a baby to `learn' to feed from a bottle before breastfeeding.
Research has shown that breastfeeding is less stressful for a LBW baby than sucking from a bottle. Bottle feeding can make it more difficult for a baby to learn to suckle from the breast.

Giving a baby breastmilk from another mother
If a mother cannot express as much breastmilk as her baby needs, you may need to give the baby supplements. It is often useful to give supplements of breastmilk from another mother, which has many advantages over artificial feeds. If HIV infection is a concern in the area, one possibility is to boil the donated milk. Boiling destroys any HIV virus, which is very sensitive to heat. However, boiling also destroys many of the anti-infective factors in the breastmilk. If you give a baby supplements of either formula or boiled donated breastmilk, continue to give as much as possible of the mother's own breastmilk. Even a small amount of fresh breastmilk can give a baby anti-infective factors which give valuable protection.

II. Present Overheads 26/1 to 26/6 (25 minutes)

☐ As you show each overhead transparency, point on the projector or the on the screen to the place which shows what you are explaining.

Overhead 26/1 Full-term and preterm breastmilk

- This chart compares full-term and preterm milk.

Ask: *What difference does it show?*

It shows that preterm milk contains more protein than full-term milk.

- Much of the extra protein consists of anti-infective proteins. To grow well, preterm babies need milk with more protein than full-term babies. Preterm babies also need extra protection from infection.

So preterm milk is specially adapted to the needs of a preterm baby. The best food for a low-birth-weight baby is his own mother's milk.

Mothers sometimes have difficulty in expressing enough breastmilk. However, if they have a good technique and enough support, it is usually possible (see Session 20, `Expressing breastmilk'). It is important to start expressing on the first day, within six hours of delivery if possible. This helps to start breastmilk flow, in the same way that suckling from soon after delivery helps breastmilk to `come in'. If a mother can express just a few millilitres of colostrum it is valuable for her baby.

If necessary, give a baby pasteurized donated breastmilk until his mother can produce enough of her own milk.

Overhead 26/2 Methods of feeding LBW babies

- This chart shows the different ways to feed low-birth-weight babies.

For the first few days, a baby may not be able to take any oral feeds. He may need to be fed intravenously. Oral feeds should begin as soon as the baby tolerates them.

Babies who are less than about 30-32 weeks gestational age usually need to be fed by nasogastric tube. Give expressed breastmilk by tube. The mother can let her baby suck on her finger while he is having the tube feeds. This probably stimulates his digestive tract, and helps weight gain.
If possible, let the mother hold her baby and give him skin-to-skin contact against her body for part of every day from this age. Skin-to-skin contact helps bonding, and it helps a mother to produce breastmilk, so it helps breastfeeding.

Babies between about 30-32 weeks gestational age can take feeds from a small cup, or

from a spoon. You can start trying to give cup feeds once or twice a day while a baby is still having most of his feeds by tube. If he takes cup feeds well, you can reduce the tube feeds. Another way to feed a baby at this stage is by expressing milk directly into the baby's mouth.

Babies of about 32 weeks gestational age or more are able to start suckling on the breast. Let the mother put her baby to her breast as soon as he is well enough. He may only root for the nipple and lick it at first, or he may suckle a little. Continue giving expressed breastmilk by cup or tube, to make sure that the baby gets all that he needs.

When a LBW baby starts to suckle effectively, he may pause during feeds quite often and for quite long periods. For example, he may take 4-5 sucks, and then pause for up to 4 or 5 minutes. It is important not to take him off the breast too quickly. Leave him on the breast so that he can suckle again when he is ready. He can continue for up to an hour if necessary. Offer a cup feed after the breastfeed. Or offer alternate breast and cup feeds.

Make sure that the baby suckles in a good position. Good attachment may make effective suckling possible at an earlier stage.

The best positions for a mother to hold her LBW baby at her breast are:
- across her body, holding him with the arm on the opposite side to the breast;
- the underarm position.

In both of these positions, she supports her baby's body on her arm and supports and controls his head with her hand. This is important with LBW babies, but not with larger babies (see Session 10 `Positioning a baby at the breast').

Babies from about 34-36 weeks gestational age or more (sometimes earlier) can often take all that they need directly from the breast. However, supplements from a cup continue to be necessary occasionally.

For example, a baby may feed well sometimes, but tire and feed poorly at other times. If a baby suckles poorly, offer a cup feed after the breastfeed. If he is hungry, he will take milk from the cup. If he had enough, he will not take milk from the cup.
Continue to follow babies up and weigh them regularly to make sure that they are getting all the breastmilk that they need.

Further information

Whenever possible, LBW babies should be under the care of a health worker with specialist training. However, this information may help you if specialist care is not easily available.

Participants may find it difficult to accept that it is possible to feed LBW babies in the way described with Overhead 26/2. They may need to ask questions, and to discuss the matter further. These points may help you.

Time of first oral feed

If oral feeding is possible as soon as a baby is born, the first feed should be given within the first 2 hours, and every 2-3 hours thereafter to prevent hypoglycaemia (low blood sugar).
Until the mother has produced colostrum, give feeds of donated breastmilk. If breastmilk is not available, give glucose water or formula. Glucose water is not necessary for well, term babies who are not at risk of hypoglycaemia.

Cup feeds
Cup feeds give a baby valuable experience of taking food by mouth, and the pleasure of taste. They stimulate the baby's digestion. Many babies show signs of wanting to take things into their mouths at this stage, yet they are not able to suckle effectively at the breast.

Development of coordinated suckling
Babies can already swallow and suck long before 32 weeks. From about 32 weeks, many babies can suckle from the breast, and some can breastfeed fully from this age, but they may have difficulty in coordinating suckling, swallowing and breathing. They need to pause during a breastfeed to breathe. They can suckle effectively for a short time, but they often cannot suckle long enough to take all the breastmilk that they need. By about 36 weeks, most babies can coordinate suckling and breathing, and they can take all that they need by breastfeeding.

Weight as a guide to feeding method
Gestational age is a better guide to a baby's feeding ability than weight. However, it is not always possible to know gestational age. Many babies start to take milk from the breast when they weigh about 1,300-1,500 grams. Many can breastfeed fully when they weigh about 1,600-1,800 grams or less.

Skin-to-skin contact and kangaroo care
Skin-to-skin contact between a mother (or father) and baby has been found to help both bonding and breastfeeding, probably because it stimulates the secretion of prolactin and oxytocin.
If a baby is too sick to move, contact can be between the mother's hand and the baby's body. If a baby is well enough, let his mother hold him next to her body. Usually the best place is between her breasts, inside her clothes. This is called *kangaroo care.* It has the following advantages:
- The warmth of the mother's body keeps her baby warm. He does not get cold, and he does not use up extra energy to keep warm. There is less need for incubators.
- The baby's heart works better, and he breathes more regularly.
- The baby cries less and sleeps better.
- It is easier to establish breastfeeding.

Overhead 26/3 Early jaundice

▪ A common reason for a baby to have supplements, or to stop breastfeeding is because of *jaundice.* Jaundice is a yellow colour of the skin and eyes, due to high levels of *bilirubin* in the blood. The commonest kind of jaundice is early jaundice, which occurs between the 2nd and 10th days of life.

Ask: *In your experience, how do health workers feed babies with jaundice?*
Are they given feeds of glucose water? Artificial feeds?
Are their mothers advised to stop breastfeeding?
(Let participants report briefly on their experience. Then continue.)

It is routine in some hospitals to give babies fluids such as glucose water to clear jaundice. But research has now shown that extra fluids do not help.

▪ Jaundice is more common and worse among *babies who do not get enough breastmilk.* Extra fluids such as water or glucose water do not help, because they reduce breastmilk intake. If there is a delay starting to breastfeed, or if breastfeeds are infrequent or restricted in any way, jaundice is more likely. Artificial milk feeds may interfere with breastfeeding in all the ways discussed earlier, (see Session 8, Slide 8/5).

To help prevent jaundice from becoming severe, babies need *more breastmilk.*

- They should start to breastfeed early, soon after delivery.
- They should have frequent, unrestricted breastfeeds.
- Babies fed on expressed breastmilk should have 20% extra EBM.

Early feeds are particularly helpful, because they provide colostrum. Colostrum has a mild purgative effect, which helps to clear meconium (the baby's first dark stool). Bilirubin is excreted in the stool, so colostrum helps to both prevent and clear jaundice.

Further information
Participants may ask about other kinds of jaundice. They may have heard of `breastmilk jaundice'. The following notes may help you to answer their questions.

Prolonged jaundice
Prolonged jaundice starts after the 7th day of life, and continues for some weeks. Sometimes it is due to a serious illness in the baby. Sometimes it is due to substances in the mother's milk - then it is called `breastmilk jaundice'. Breastmilk jaundice is not common. It is mild, and usually harmless. It clears by itself after some weeks.

If a baby has prolonged jaundice, check his weight, look for signs of infection (especially urinary infection) and feel for liver enlargement.
- If the baby is well, feeding well, and gaining weight, and his liver is not enlarged, he probably has breastmilk jaundice. This is harmless, and it is quite safe to continue breastfeeding.
- If the baby is ill, with poor weight gain or an enlarged liver, then the jaundice is likely to be due to a more serious illness. Breastmilk is not the cause. Refer the baby to hospital, and continue breastfeeding.

Haemolytic jaundice
Jaundice is sometimes due to haemolysis of the baby's blood, for example if there is ABO incompatibility. This more serious kind of jaundice may appear on the first day of life, and the bilirubin may rise above 20 mg percent, and the baby may need light treatment (phototherapy). Breastfeeding should continue, and it is important to help the mother to enable her to breastfeed while her baby is receiving treatment.

Phototherapy may make a baby dehydrated, so he needs extra fluids. The best fluid is breastmilk, so help the mother to give the baby extra breastmilk by cup or tube. If possible, she should breastfeed more often. Sometimes jaundiced babies are sleepy and suckle less at the breast. If necessary, she can express her milk and give extra milk by cup. Give other fluids only if extra breastmilk fails to prevent dehydration.

Overhead 26/4 Why babies stop breastfeeding when they are ill

☐ Discuss these questions before you show the overhead:

Ask: *Why do babies often stop breastfeeding when they are ill?*
(Let participants suggest a few reasons, then continue.)

Ask: *Is it necessary to stop breastfeeding a baby for these reasons?*
(Let participants who wish give their opinions briefly. Then continue.)

☐ Show the top half of the overhead, and review the following points:

- Sometimes a baby has difficulty with breastfeeding, for example:
  - A respiratory infection, or sore mouth, for example, infection with *Candida* (thrush) may make suckling difficult.

- An infection may make him lose his appetite, and refuse to breastfeed, or suckle less than before.
- Very sick newborns, or babies requiring surgery may be unable to take oral feeds.

☐ Show the lower half of the overhead, and review the following reasons:

- Sometimes mothers stop breastfeeding because they have been misinformed, for example:
  - Someone says that breastfeeding caused the illness.
    However, breastmilk does not make a baby ill (though occasionally substances in the mothers food cause colicky crying, see Session 22, `Crying').
  - A health worker advises a mother to stop breastfeeding. This is especially likely when a baby has diarrhoea.

Overhead 26/5 Breastfeeding of sick babies

☐ Show the left half of the overhead and review these points:

- If a baby stops breastfeeding when he is ill:
  He gets less nourishment.
  He loses more weight.
  He takes longer to recover.
  He lacks the comfort of suckling.
  His mother's breastmilk is likely to decrease.
  He may refuse to start breastfeeding again when he is well.

☐ Show the right half of the overhead, and review these points:

- If a baby continues to breastfeed when he is ill:
  He gets the best nourishment.
  He loses less weight.
  He recovers more quickly (especially from diarrhoea).
  He is comforted by suckling.
  Breastmilk production continues.
  The baby is more likely to continue breastfeeding when he is well.

Overhead 26/6 How to help breastfeeding if a baby is sick

- This overhead summarizes how to help a mother continue to breastfeed her sick baby.

If a baby is in hospital:
Admit his mother too so that she can stay with him and breastfeed him.

If a baby can suckle well:
Encourage his mother to breastfeed more often. She can increase the number of feeds up to 12 times a day or more for her child when he is sick. Sometimes a baby loses his appetite for other foods, but continues to want to breastfeed. This is quite common with children who have diarrhoea. Sometimes a baby likes to breastfeed more when he is ill than before, and this can increase the supply of breastmilk.

If a baby suckles, but less than before at each feed:
Suggest that his mother gives more frequent feeds, even if they are shorter.

If a baby is not able to suckle, or refuses, or is not suckling enough:
Help his mother to express her milk, and give it by cup or spoon. Let the baby continue to suckle when he is willing. Even babies on intravenous fluids may be able to suckle, or to have expressed breastmilk.

If a baby is unable to take expressed milk from a cup:
It may be necessary to give the EBM through a nasogastric tube for a few feeds.

If a baby cannot take oral feeds:
- Encourage his mother to express her milk to keep up the supply for when her baby can take oral feeds again. She should express as often as her baby would feed, including at night (see Session 20, `Expressing breastmilk'). She may be able to store her milk, or donate it to another baby.
- As soon as her baby recovers, she can start to breastfeed again. If he refuses at first, help him to start again (see Session 16, `Refusal to breastfeed').
- Encourage his mother to breastfeed often to build up her breastmilk supply (see Session 27, `Increasing breastmilk and relactation').

Further information

Special needs babies
Participants may ask about babies with special needs, such as twins, Down's syndrome, or cleft lip. Breastfeeding these babies can take extra time and patience, and their mothers need extra help and support. Some babies need to be stimulated to breastfeed often enough and for long enough at each feed. Some babies gain weight slowly, even if they receive enough breastmilk.
However, breastfeeding and bonding may be even more important for special needs babies than for other babies.

These situations have not been discussed in detail in this course, because there is not time. Also, it is important for health workers to learn how to care for healthy babies before they try to help in more difficult situations.

The principles of caring for special needs babies are the same as for all babies:
- Encourage the mother to begin breastfeeding as soon as possible after birth.
- Position and attach the baby well, and help him to take a big mouthful of breast.
- If he cannot suckle strongly, show the mother how to express her milk.
- Feed him the EBM with a cup or spoon until he is able to suckle well.

It is important to let a baby explore the breast and try to attach in his own way.
Some babies with disabilities manage much better than we expect them to.

Below are some practical suggestions about positioning that may be helpful for babies who have difficulty attaching or suckling. You may need to try different techniques with a baby, until you find what is best for him.

1. *The modified underarm position.*
   This may be helpful with babies who feed more easily in an upright position, for example, babies with a cleft palate.
   The baby sits upright, facing his mother, with his legs along her side, and his feet at her back. He

may sit on the bed, or be supported with a pillow. His mother supports his back with her arm, and his head with her hand.
However, some babies with cleft palate breastfeed satisfactory in a more lying down position.

2. *The straddle position.*
This is an alternative way for a baby to sit upright to breastfeed.
The baby sits up facing his mother, with his legs on either side of her leg or abdomen.

3. *The Dancer hand position.*
Some workers find this method useful to help a baby to attach to the breast if he has a disability which causes muscular weakness.
The mother supports her breast with the palm of her hand, and the three outside fingers. Her index finger and thumb are free in front of her nipple to support the baby's chin and cheeks (see Fig.12).

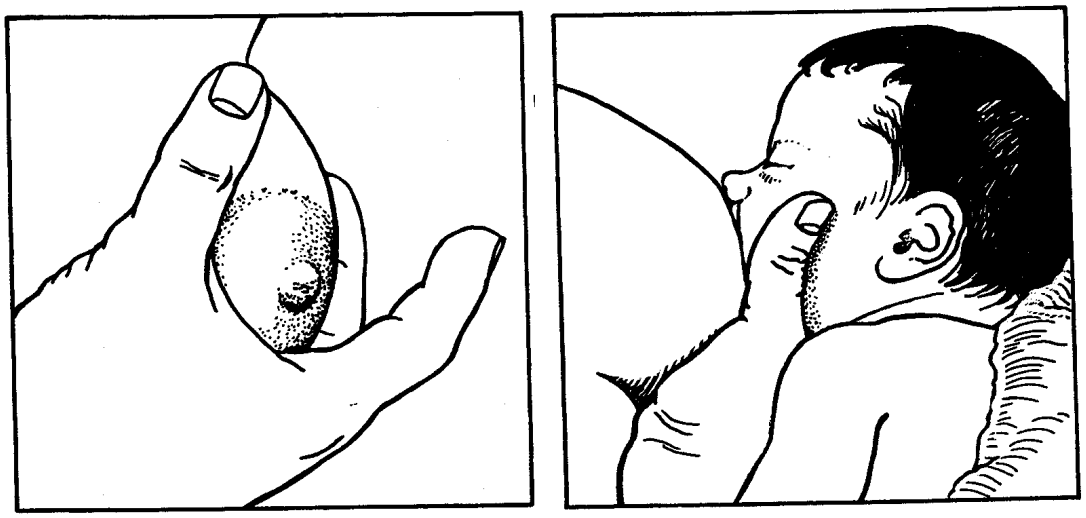

Fig.12 The Dancer hand position to help a baby with muscular weakness to attach to the breast.
(Not in Participants' Manual)

a. The mother supports her breast with the palm of her hand and the three outer fingers

b. Her finger and thumb are free to support the baby's chin and and cheeks

III. Demonstrate how to feed a baby by cup (10 minutes)

☐ Discuss why cup feeding is safer than bottle feeding:

Ask: *Why are cups safer and better than bottles for feeding a baby?*
(Let participants suggest a few answers. Then go through any of the following points that they have not mentioned.)

- Cups are easy to clean with soap and water, if boiling is not possible.
- Cups are less likely than bottles to be carried around for a long time, giving bacteria time to breed.
- A cup cannot be left beside a baby, for the baby to feed himself. The person who feeds a baby by cup has to hold the baby and look at him, and give him some of the contact that he needs.
- A cup does not interfere with suckling at the breast.
- A cup enables a baby to control his own intake.

☐ Explain why cup feeding is usually better than feeding with a spoon and cup:

- Spoon feeding takes longer than cup feeding.
  You need three hands to spoon feed: to hold the baby, the cup of milk and the spoon. Mothers often find it difficult, especially at night.

- Some mothers give up spoon feeding before the baby has had enough. Some spoon fed babies do not gain weight well.
  Mothers are more likely to continue with cup feeding.

- However, spoon feeding is safe if a mother prefers it, and if she gives the baby enough. Also, if a baby is very ill, for example with difficult breathing, it is sometimes easier to feed him with a spoon for a short time.

☐ Make these points about the volume of breastmilk:

- If a mother is expressing more than her LBW baby needs:
  Let her express the second half of the milk from each breast into a different container. Let her offer the second half of the EBM first. Her baby gets more hindmilk, which helps him to get the extra energy that he needs. This helps a baby to grow better.

- If a mother can only express very small volumes at first:
  Give whatever she can produce to her baby. Even very small amounts help to prevent infection. Help the mother to feel that this small amount is valuable. This helps her confidence, and will help her to produce more milk. Supplement if necessary with donated breastmilk.

☐ Give the demonstration of cup feeding:

Follow these steps:

- Put some water into one of the small cups.

- Hold a doll on your lap, closely, with it sitting upright or semi-upright. Explain that a baby should not lie down too much.

- Hold the small cup or glass to the doll's lips. Tip it so that the water just reaches the lips. Point out that the edges of the cup touch the outer part of the baby's *upper* lip, and the cup rests lightly on his lower lip. This is normal when a person drinks.

- Explain that at this point, a real baby becomes quite alert, and opens his mouth and eyes. He makes movements with his mouth and face, and he starts to take the milk into his mouth with his tongue. Babies more than about 36 weeks gestation try to suck.

- Some milk may spill from the baby's mouth. You may want to put a cloth on the baby's front to protect his clothes. Spilling is commoner with babies of more than about 36 weeks gestation, and less common with smaller babies.

- You should not pour the milk into a baby's mouth - just hold the cup to his lips.

- Explain that when a baby has had enough, he closes his mouth and will not take any more this feed. If he has not taken the calculated amount, he may take more next time, or he may need feeds more often. Measure his intake over 24 hours, not just at each feed.

- Demonstrate with a doll what happens when you try to feed a baby with a spoon. You need to hold the cup and the spoon, or you need to put the cup down and take milk from it. The procedure is more awkward.

☐ Tell participants that the technique is described in the box **HOW TO FEED A BABY BY CUP** on page 136 of their manuals.

HOW TO FEED A BABY BY CUP

- Hold the baby sitting upright or semi-upright on your lap.
- Hold the small cup of milk to the baby's lips.
  Tip the cup so that the milk just reaches the baby's lips.
  The cup rests lightly on the baby's lower lip, and the edges of the cup touch the outer part of the baby's upper lip.
- The baby becomes alert, and opens his mouth and eyes.
  - A LBW baby starts to take the milk into his mouth with his tongue.
  - A full term or older baby sucks the milk, spilling some of it.
- DO NOT POUR the milk into the baby's mouth. Just hold the cup to his lips and let him take it himself.
- When the baby has had enough, he closes his mouth and will not take any more. If he has not taken the calculated amount, he may take more next time, or you may need to feed him more often.
- Measure his intake over 24 hours - not just at each feed.

Fig.13 Feeding a LBW baby by cup

(Fig.37 in Participants' Manual)

IV. Explain how much milk to give a baby (10 minutes extra)

Ask participants to turn to page 139 of their manuals, where they will find the box **AMOUNT OF MILK FOR BABIES WHO CANNOT BREASTFEED**.

☐ Read through the box while they follow in their manuals.

→ Write on a flipchart or board:

Babies 2500 g or more-	150 ml per kg per day	
Babies less than 2500 g	-	60 ml per kg for the first day Each day add 20 ml per kg up to 200 ml

AMOUNT OF MILK FOR BABIES WHO CANNOT BREASTFEED

What milk to give

Choice 1: Expressed breastmilk (EBM) (if possible from the baby's mother)
Choice 2: Formula made up according to the instructions
Choice 3: Animal milk
(Dilute cow's milk with 1 cup of water to 3 cups milk, and add 1 level teaspoon of sugar to each cup of feed)

Amount of milk to give

Babies who weigh 2.5 kg or more:
150 ml milk per kg body weight per day.
Divide the total into 8 feeds, and give 3-hourly.

Babies who weigh less than 2.5 kg (Low-birth-weight)
Start with 60 ml/kg body weight.
Increase the total volume by 20 ml per kg per day, until the baby is taking a total of 200 ml per kg per day.
Divide the total into 8-12 feeds, to feed every 2-3 hours.
Continue until the baby weighs 1800 g or more, and is fully breastfeeding.

Check the baby's 24-hour intake.
The size of individual feeds may vary.

☐ Make these points:

- It is normal for the amount of milk that a baby takes at each feed to vary, whatever the method of feeding, including breastfeeding.

- Babies feeding by cup or breastfeeding supplementer (see Session 27, `Increasing breastmilk') may take more or less than the calculated amount. If possible, offer a

little extra, but let the baby decide when to stop.

- If a baby takes a very small feed, offer extra at the next feed, or give the next feed early, especially if the baby shows signs of hunger.

- Assess a baby's 24-hour intake. Give extra by nasogastric tube only if the 24-hour total is not enough.

- LBW babies need only very small volumes during the early days. If the mother can express even a small amount of colostrum, it is often all that her baby needs.

V. Facilitate the written exercise (25 minutes)

☐ Explain what to do:

Ask participants to read the section **How to do the exercise**.
If they are going to answer the optional Question 1, they should also read the **Example**.
Then they should answer the questions **To answer.**

EXERCISE 18. ***Feeding low-birth-weight and sick babies***

How to do the exercise:

For Question 1 (optional), use the information in the box **AMOUNT OF MILK FOR BABIES WHO CANNOT BREASTFEED** to calculate how much milk the baby needs. Read the **Example.**

For Questions 2, 3, and 4, explain briefly how you would advise the mother about feeding her baby.

Example: (optional)

Mabel's baby was born 8 weeks early, and cannot yet suckle strongly. Mabel is expressing her milk and feeding her baby 3-hourly by cup. He weighs 1.6 kilos, and it is the 5th day.

How much milk should Mabel give at each feed?

A LBW baby needs 60 ml per kg on the first day.
On the fifth day he will need (60 + 20 + 20 + 20 + 20) ml/kg = 140 ml/kg
Mabel's baby weighs 1.6 kg, so he will need:
1.6 x 140 = 224 ml on the 5th day.
He feeds 3-hourly, so he has 8 feeds each day.
So at each feed he needs 224 ml divided by 8 = 28 ml of EBM.
(Mabel should offer a little more than this if possible, for example, 30 ml. This also allows for spillage.)

To answer:

Question 1 (optional)
Baby Anna was born at 31 weeks gestation and cannot yet suckle. She weighs 1.5 kg and you are tube feeding her with her mother's EBM. This is the second day she has taken oral feeds. You are feeding her 2-hourly.

How much will you give at each feed?

Baby Anna needs 1.5 x (60 + 20) ml = 120 ml/day
If she has 12 feeds per day, she needs 10 ml per feed.
(You are tube feeding, so you do not need to give extra.)

Question 2
Mona has just delivered a baby 6 weeks before her expected date. He weighs 1,500 grams, and is being observed in the special care unit. Mona wants to breastfeed, but she is worried that her baby will not be able to.

What could you say to empathize with Mona?

("You are worried about your baby, aren't you?")

What could you say to build her confidence?

(Possibilities include:
"Many babies as small as your baby can breastfeed."
"It is good that you want to breastfeed - your milk will help your baby."

Question 3
Sammy is 8 months old. He was exclusively breastfed until 5 weeks ago. Now his mother gives him 3 feeds of enriched porridge a day in addition to breastfeeding. He has had diarrhoea for 2 days and does not want to eat porridge. Sammy is not dehydrated. You explain to his mother about giving ORS, and about when to come back for follow-up.

What could you say to praise what Sammy's mother is doing right?

"You did well to breastfed him exclusively for 6 months."
"Six months is a good age to start a baby on solid foods."

What two things would you advise her about feeding Sammy?

1. Breastfeed Sammy more often - as often and as long as he wants.
2. Give Sammy porridge again as soon as he is able to take it.

Question 4
Tsitsi is 4 months old, and is being treated in hospital for severe pneumonia. Before she was ill, she was exclusively breastfed. Now she is unable to suckle, and has to be fed by nasogastric tube.

What would you ask Tsitsi's mother to do, to feed Tsitsi?

Ask her to express her breastmilk, to feed to Tsitsi by tube.

How often would you ask her to do this?

Ask her to express as often as Tsitsi would normally feed, or about every 3 hours, including during the night. There should be no long intervals between expressions.

Question 5
Baby Zora is 3 days old and today her eyes and skin look slightly yellow. Her mother breastfeeds her 3-4 times a day, and she also gives Zora glucose water between breastfeeds.

What relevant information would you give to Zora's mother?

Jaundice at this age is common and not usually serious.
Breastmilk can help jaundice to clear.

How would you advise her mother to feed Baby Zora now?

Advise her to breastfeed Zora more often.
Suggest that she stops giving the feeds of glucose water, and gives extra breastfeeds instead.

☐ Give participants Answer Sheets for Exercise 18.

☐ Recommended reading:
Helping Mothers to Breastfeed Chapter 7.

Session 27

Back to CONTENTS

INCREASING BREASTMILK AND RELACTATION

Objectives

At the end of this session, participants will be able to:
- help a mother to increase her breastmilk;
- help a mother to start breastfeeding again if she has stopped (*relactation*).

Session outline (45 minutes + 15 minutes optional)

Participants are together as a group led by one trainer.

I. Introduce the topic (5 minutes)

II. Discuss how to help a mother to increase her breastmilk (15 minutes)

III. Demonstrate how to use a breastfeeding supplementer (15 minutes)

IV. Demonstrate other ways to give supplements (10 minutes)

Optional - alternative 1:

V. Talk to a mother with experience of relactation (15 minutes extra)

Optional - alternative 2:

VI. Facilitate the written exercise (Exercise 19)
(All trainers give individual feedback) (10 minutes extra)

VII. Show Slides 27/1 and 27/2 (5 minutes extra)

Preparation

Refer to pages 12-13 of the Introduction for guidance on how to give a demonstration.
Study the notes for the session, so that you are clear what to do.

Before the course:
Find out if anyone in the area (either a health worker or another mother) has experience of relactation, or of using a supplementer. If so, ask her if she would be willing to come and talk about her experiences.
Make sure that she knows the time when the session will be, where to come, and any other necessary arrangements.

Find out what methods are used locally to give babies extra milk if they cannot get all that they need directly from the breast - e.g. dripping milk down the breast, dipping a cotton swab in milk for the baby to suck.

Before the session:
Obtain the following items for the demonstration:
- a fine feeding-tube, some tape for dressings (e.g. zinc oxide tape);
- a cup or other container for milk;
- a 5-ml or 10-ml syringe, with a short length (about 5 cm) of fine tubing attached to the adaptor;
- a dropper, if locally available.

Ask a participant to help you to demonstrate the breastfeeding supplementer. Explain what you want her to do.

If you will show Slides 27/1 and 27/2, decide how to arrange this. It may not be possible in the small groups, and you may need to wait until the next time that the class is together again, and a projector and screen are available.

Make sure that Answer Sheets for Exercise 19 are available to give to participants at the end of the session.

As you follow the text remember:

☐ indicates an instruction to you, the trainer
■ indicates what you say to participants

Do not present the **Further information** sections.
Use them to help you to answer questions.

I. Introduce the topic (5 minutes)

☐ Make these points:

- If a mother's breastmilk supply is reduced, she needs to increase it.
  This often happens when there is a breastfeeding difficulty and the baby does not get enough milk.

- If a mother has stopped breastfeeding, she may want to start again. This is called *relactation*.

- The situations in which mothers may want to relactate include when:
  - A baby has been sick and has not suckled for a time.
  - A baby has been artificially fed, but the mother wants now to try breastfeeding.
  - A baby becomes ill or fails to thrive on artificial feeds.
  - The mother has been sick and stopped feeding her baby.
  - A woman adopts a baby.

- The same principles and method apply for increasing a reduced supply, and for relactation, so we describe them both together.

- Relactation is more difficult and takes longer. The mother must be well motivated and she needs a lot of support to succeed. Sometimes it is also necessary to use the methods described in **MANAGEMENT OF REFUSAL TO BREASTFEED** in Session 16, `Refusal to breastfeed'.

II. Discuss how to help a mother to increase her milk (15 minutes)

☐ Discuss the principles of the method:

Ask: *What is the most important thing for a woman to do to increase her breastmilk supply?*
(Let participants make two or three suggestions. Ask them to refer back to the diagram of **PROLACTIN** on page 13 of their manuals.
Then continue with the answer below.)

The most important thing for her to do is to *let her baby suckle often* to stimulate her breast. If her baby does not suckle often, her breastmilk will not increase, whatever else you do.

- In the past, people often advised mothers to `rest more, eat more, drink more'. These are not effective by themselves.

- Eating more does not by itself increase a woman's milk supply. However, if she is undernourished, she needs to eat more to build up her strength and energy. If she is not undernourished, food and warm nourishing drinks may help her to feel confident and relaxed.

- Many mothers notice that they are more thirsty than usual when they are breastfeeding, especially near the time of a feed. They should drink to satisfy their thirst. However, taking more fluid than they want does not increase their breastmilk supply. Drinking too much can sometimes reduce the milk supply.

- In most communities, experienced women know of some form of *lactogogue*. Lactogogues are special foods, drinks or herbs which people believe increase the breastmilk supply. They do not work like drugs, but may help a woman to feel confident and relaxed.

Further information
Doctors sometimes prescribe drugs (chlorpromazine, or metoclopramide) to increase breastmilk.
These drugs may help in difficult situations, but they should not be used routinely. Even if drugs are used, it is necessary for the baby to suckle frequently to establish a good supply of breastmilk.

☐ Ask participants to find the box **HOW TO HELP A WOMAN TO INCREASE HER BREASTMILK SUPPLY** on page 144 of their manuals.

☺ Ask participants in turn to read out the steps of the method.
After each step, explain points which are not clear and answer any questions.

HOW TO HELP A WOMAN TO INCREASE HER BREASTMILK SUPPLY

- Try to help the mother and baby at home if possible. Sometimes it is helpful to admit them to hospital for a week or two so that you can give enough help - especially if the mother may feel pressure to use a bottle again at home.

- Discuss with the mother the reason for her poor milk supply.

- Explain what she needs to do to increase her supply. Explain that it takes patience and perseverance.

- Use all the ways you have learnt to build her confidence. Help her to feel that she can produce breastmilk again or increase her supply. Try to see her and talk to her often - *at least twice a day*.

- Make sure that she has enough to eat and drink.

- If you know of a locally valued lactogogue, encourage her to take that.

- Encourage her to rest more, and to try to relax when she breastfeeds.

- Explain that she should keep her baby near her, give him plenty of skin-to-skin contact, and do as much as possible for him herself. Grandmothers can help if they take over other responsibilities - but they should not care for the baby at this time. Later they can do so again.

- Explain that the most important thing is to *let her baby suckle more*
  - at least 10 times in 24 hours, more if he is willing.

  She can offer her breast every two hours.
  She should let him suckle whenever he seems interested.
  She should let him suckle longer than before at each breast.
  She should keep him with her and breastfeed at night.
  Sometimes it is easiest to get a baby to suckle when he is sleepy.

- Make sure that her baby attaches well to the breast.

- Discuss how to give other milk feeds, while she waits for her breastmilk to come, and how to reduce the other milk as her milk increases. For amounts see box **AMOUNT OF MILK FOR BABIES WHO CANNOT BREASTFEED** in Session 26.

- Show her how to give the other feeds from a cup, not from a bottle. She should not use a pacifier.

- If her baby refuses to suckle on an `empty' breast, help her to find a way to give the baby milk while he is suckling. For example, with a dropper or a *breastfeeding supplementer* (see below).

- To start with, she should give the full amount of artificial feed for a baby of his weight or the same amount that he has been having before. As soon as a little breastmilk comes, she can reduce the daily total by 30-60 ml each day.

- Check the baby's weight gain and urine output, to make sure that he is getting enough milk.
  - If he is not getting enough, do not reduce the artificial feed for a few days.
  - If necessary, increase the amount of artificial milk for a day or two.
  Some women can decrease the amount by more than 30-60 ml each day.

☐ Explain the following points:

- The length of time that it takes for a woman's breastmilk supply to increase varies very much. It helps if the mother is strongly motivated, and if her baby is willing to suckle frequently. But the mother should not worry if it takes longer than expected.

- If a baby is still breastfeeding sometimes, the breastmilk supply increases in a few days. If a baby has stopped breastfeeding, it may take 1-2 weeks or more before much breastmilk comes.

- It is easier to relactate if a baby is very young (less than 2 months) than if he is older (more than 6 months). However, it is possible at any age.

- It is easier if a baby stopped breastfeeding recently, than if he stopped a long time ago. However, it is possible at any time.

- A woman who has not breastfed for years can produce milk again, even if she is post-menopausal. For example, a grandmother can breastfeed a grandchild.

Further information

Induced lactation
Even a woman who has never breastfed, or who has never even been pregnant, can produce breastmilk if she suckles an adopted child. This is called *induced lactation*. The amount of breastmilk that such a mother can produce varies, and she may not be able to breastfeed the child fully.
If participants ask, assure them that it is well established that this is possible. However, they may find it difficult to believe, and discussing it may take up a lot of time. This can be very distracting, so you may prefer not to introduce the subject.

III. Demonstrate how to use a breastfeeding supplementer (15 minutes)

☐ Explain why a supplementer is useful:

- A *breastfeeding supplementer* is a device for giving a baby a supplement while he is suckling at a breast which is not producing enough milk.

- A hungry baby may suckle at an `empty' breast a few times; but he may become frustrated and refuse to suckle any more - especially if he has become used to sucking from a bottle.

- To stimulate a breast to produce milk, it is necessary for a baby to suckle. A breastfeeding supplementer helps to get him to continue suckling.

☐ Give the demonstration

☺ Ask the participant who will help you, to sit comfortably holding a doll as if she is breastfeeding.

Follow these steps:

- Show this equipment to the group:
  - A cup or other container for milk (expressed breastmilk, or artificial milk.)
  - A fine plastic tube, for example a nasogastric tube. If the tube has an `adaptor' end, cut it off. Also, at the end of the tube which will go into the baby's mouth, cut a small hole in the side, in addition to the hole at the end.
  - Tape, such as zinc oxide tape, to hold the end of the tube in place on the breast.

- Ask the `mother' to hold one end of the tube along her breast, so that it goes into the `baby's' mouth with her nipple.
  If it is possible with her clothed, help her to tape the tube in place on her breast. (Alternatively, demonstrate taping the tube to a model breast.)

- Put the free end of the tube into the cup (which would normally have milk in it).
  Find a convenient place for the cup. It may be possible to put it on a table nearby, or it may be easier for the `mother' to hold it.

- Explain that the tube works like a drinking straw. As the baby suckles on the breast, he gets milk from the cup through the tube.
  If the baby gets milk, he continues to suckle, and stimulates the breast. This starts the production of breastmilk. As breastmilk is produced, the amount of milk taken from the cup decreases, and eventually the supplementer is no longer needed.

- Explain that it is important that the baby gets the milk fast enough to reward him for stimulating the breast; but not too fast, or he will not stimulate the breast for long enough.

- Raise the cup, and explain that this makes the milk flow faster, so it is easier for the baby to get. Lower the cup, and explain that this makes the milk flow more slowly.

- Tie a knot in the tube. Explain that a common problem is not being able to find a very fine tube. If the tube is not fine enough, the milk flows too fast. Tying a knot in the tube is a useful way to slow the flow. (Other possibilities include pinching the tube, or putting a paper-clip on it.)

☐ Ask participants to turn to page 146 of their manuals, where they will find the box **HOW TO HELP A MOTHER TO USE A BREASTFEEDING SUPPLEMENTER** which describes the method.

HOW TO HELP A MOTHER TO USE A BREASTFEEDING SUPPLEMENTER

Show the mother how to:

- Use a fine nasogastric tube, or other fine plastic tubing, and a cup to hold the milk. If there is no very fine tube, use the best available.
- Cut a small hole in the side of the tube, near the end of the part that goes into the baby's mouth (this is in addition to the hole at the end).
- Prepare a cup of milk (expressed breastmilk or artificial milk) containing the amount of milk that her baby needs for one feed (see page 343 in this Guide, or page 139 in the Participants' Manual).
- Put one end of the tube along her nipple, so that her baby suckles the breast and the tube at the same time.
  Tape the tube in place on her breast.
- Put the other end of the tube into the cup of milk.
- Tie a knot in the tube if it is wide, or put a paper-clip on it, or pinch it. This controls the flow of milk, so that her baby does not finish the feed too fast.
- Control the flow of milk so that her baby suckles for about 30 minutes at each feed if possible. (Raising the cup makes the milk flow faster, lowering the cup makes the milk flow more slowly.)
- Let her baby suckle at any time that he is willing - not just when she is using the supplementer.
- Clean and sterilise the tube of the supplementer and the cup each time she uses them.

IV. Demonstrate other ways to give supplements (10 minutes)

☐ Show participants some of these other ways to give a baby a supplement while he is suckling at the breast.

These methods are useful if a baby does not suckle strongly at the breast, or if a mother finds a supplementer difficult.

● *Show and explain how to use a syringe*

Use a 5-ml or 10-ml syringe.
Fix a length of fine tubing to the adaptor, about 5 cm in length.
For example, a piece cut from a fine feeding tube, including the adaptor end of the feeding tube.

Explain that the mother measures the milk for a feed into a small cup.
She fills the syringe with milk from the cup.

She puts the end of the tube into the corner of her baby's mouth, and presses out the milk slowly as he suckles.

She refills the syringe and continues until her baby has had the complete feed.
She should try to make the feed continue for 30 minutes (about 15 minutes at each breast).

● *Show and explain how to use a dropper*

The mother measures the milk for a feed into a cup.
She drops the milk into her baby's mouth from the dropper as he suckles.

● *Show and explain how to drip milk down the breast*

Drip expressed breastmilk down the breast and nipple, using a spoon or small cup. Position the baby at the breast so that he licks the milk drops. Slowly put the nipple into his mouth, and help him to attach to the breast. You may need to continue for 3-4 days before he can suckle strongly.

<u>Optional - alternative 1:</u>

V. Talk to a mother with experience of relactation (15 minutes extra)

Ask the mother and baby whom you have invited, to join the class. Introduce them, thank the mother for coming, and ask her again if she is willing to talk to the class.

Ask one participant to talk to the mother, to ask about her experience, why she needed to relactate, and how long it took for her milk to come.
(This is an opportunity for the participant to practise her counselling and history-taking skills.)

Ask the mother to demonstrate the method that she used, or that she still uses.

Compare her experience to the method described.

Optional - alternative 2:

VI. Facilitate the written exercise (10 minutes extra)

☐ Explain what to do:

Ask participants to read the instructions **How to do the exercise** and the **Example** of what to do. Then they should answer the question **To answer.**

EXERCISE 19. ***Relactation***

How to do the exercise:

Use the information in the box **AMOUNT OF MILK FOR BABIES WHO CANNOT BREASTFEED** (page 139) to calculate the total amount of milk the baby needs.

Use the information in the box **HOW TO HELP A WOMAN TO INCREASE HER BREASTMILK SUPPLY** (page 144) to decide how to decrease the milk as the mother relactates (see second point from the bottom in the box).

Example:

Ada died soon after her baby was born. Ada's mother will look after the baby, and she wants to breastfeed him. She breastfed all her own children. The youngest is 12.
Ada's baby is now 4 weeks old and weighs 4.5 kilos. Ada's mother will let the baby suckle, and she will feed the baby formula with a supplementer, while she waits for her breastmilk to come back.

How much artificial milk should Ada's mother give to the baby in total each day at the beginning?

Each day the baby needs 150 ml/kg.

So she needs (150 x 4.5) = 675 ml milk in total each day.

After a few days, when Ada's mother starts to produce a little milk, she will start to reduce the amount of artificial milk by 30 ml each day.
How much milk will she give on the first day that she reduces the amount?

She will give (675-30) ml = 645 ml.

How much milk will she give the next day?

She will give (645-30)ml = 615 ml.

To answer:

A baby of 2 months has been bottle fed for one month. He has become very ill with diarrhoea, and formula feeds make the diarrhoea worse. His mother breastfed satisfactorily for the first 4 weeks, and wants to relactate. The baby seems willing to suckle at the breast. You will feed the baby donated EBM by cup while his mother's breastmilk supply builds up. You will reduce the volume of EBM by 30 ml per day. The baby weighs 4.0 kilos.

How much EBM will you give the baby by cup each day at the beginning?
(Give a total of 600 ml each day.)

How much EBM will you give the baby on the first day that you reduce the amount?
(570 ml.)

How much EBM will you give on the tenth day of reducing the amount?
(300 ml.)

How many days should it take from when you start to reduce the amount to when you stop giving EBM altogether?
(Cup feeds should stop after about 20 days.)

VII. Show Slides 27/1 and 27/2 (5 minutes extra)

Slide 27/1 Breastfeeding supplementer (1)

This slide shows a mother breastfeeding her baby and using a breastfeeding supplementer. She bottle fed her baby, and he became ill with diarrhoea, and then refused to breastfeed again. The mother decided to start breastfeeding again, and to use the supplementer to get her baby to suckle.

You can see the cup which has formula in it, and the tube going from the cup to the mother's breast, and into the baby's mouth. After about 10 days, the mother was producing enough breastmilk, and she was able to stop giving formula.

Slide 27/2 Breastfeeding supplementer (2)

This slide shows another mother using a breastfeeding supplementer, in a similar way. This time you see the arrangement from above.

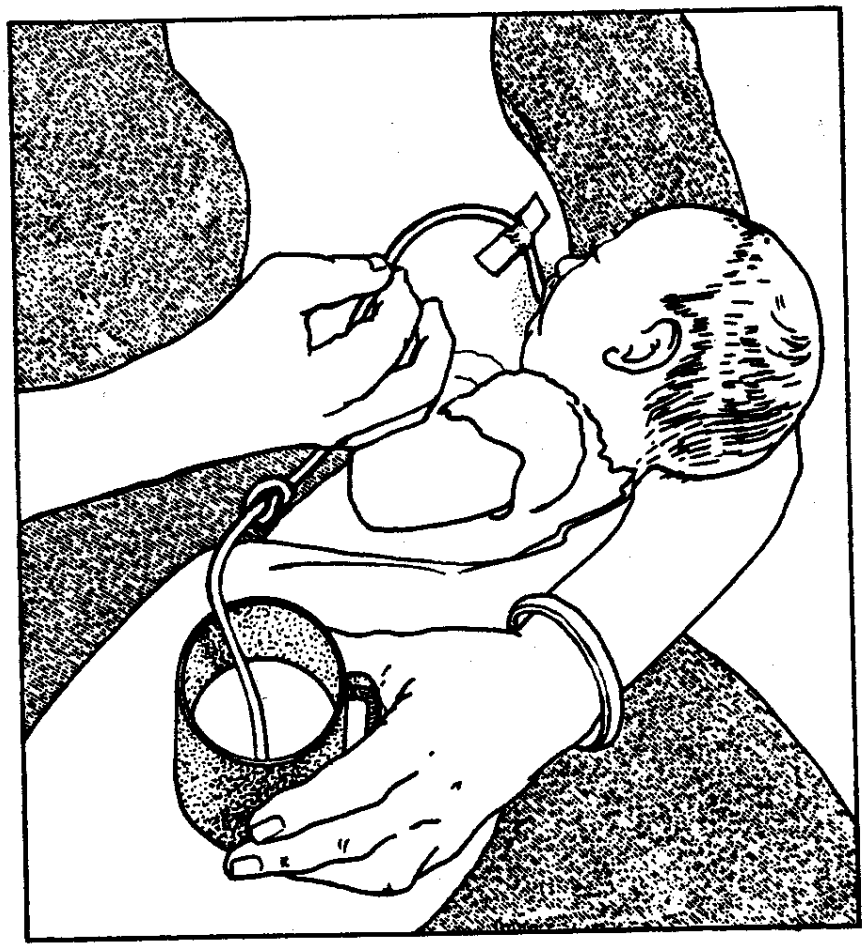

Fig.14 Using a breastfeeding supplementer

(Fig.38 in Participants' Manual)

☐ Recommended reading:
Helping Mothers to Breastfeed Chapter 10, sections 10.5, 10.6, and 10.7.

Session 28

Back to CONTENTS

SUSTAINING BREASTFEEDING

Objectives

At the end of this session, participants will be able to:
- help mothers to continue to breastfeed for up to 2 years or beyond;
- support breastfeeding when they see mothers and babies for other reasons.

Session outline (60 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the topic (8 minutes)

II. Demonstrate how health workers can help to sustain breastfeeding (Includes showing Overheads 28/1 and 28/2) (12 minutes)

III. Review health workers' opportunities to sustain breastfeeding (10 minutes)

IV. Facilitate the written exercises (Exercises 20 and 21) (30 minutes)

Preparation

Refer to pages 13-15 of the Introduction, for general guidance on how to conduct work in groups.
Study the notes for the session, so that you are clear about what to do.

For Overheads 28/1 and 28/2, decide which alternative is most suitable for your situation, alternative 1 or alternative 2.
Have the overheads ready to show.
If it is not possible to have an overhead projector for each group, show the copies of the overhead figures from the flipchart.

Ask a participant to help you with Demonstrations Z (i) and Z (ii), to play the part of Ester. Explain what you want her to do. Prepare a growth chart for Ester's baby.

As you follow the text remember:

☐ indicates an instruction to you, the trainer
■ indicates what you say to participants

I. Introduce the topic (8 minutes)

Ask participants to keep their <u>manuals closed</u> until asked to open them.

☐ Make these points:

- In the postnatal period, health care practices, family support, and breastfeeding technique are the main factors which determine whether or not breastfeeding is successfully initiated and established.

→ Write this list on the board:

Health care practices
Family support
Breastfeeding technique

- After breastfeeding is established, technique is less likely to cause problems. Social factors become more important.

→ Put brackets around (Breastfeeding technique), and add `Social factors' to the list on the board.

Health care practices
Family support
(Breastfeeding technique)
Social factors

- But health care practices continue to have an important influence on breastfeeding throughout the first two years of life. It is important for all health facilities to support breastfeeding. It is not only maternity wards which have a responsibility.

→ Underline Health care practices on the board.

- In some communities, many mothers stop breastfeeding after a few weeks.

Ask: *Why do you think that breastfeeding is sustained much longer in some communities than in others?*
(Let participants make a few suggestions, then continue.)

Because of the attitude of society to breastfeeding and to mothers.

- Breastfeeding is likely to continue longer if:
  - most people think that it is natural, healthy and important;
  - people think that it is normal and good to breastfeed for two years or more;
  - it is acceptable to breastfeed in public;
  - children who will become parents see babies breastfeeding;
  - women who work outside the home receive support to breastfeed.

- Changes in people's attitude may be made with school and public education, and with social mobilization, which are outside the job of most health workers.

- However, health workers can do a lot to support and encourage women who want to breastfeed their babies. They can help to protect remaining good practices.
  If they do not actively support breastfeeding, they may hinder it by mistake.

- Every contact that a health worker has with a mother may be an opportunity to encourage and sustain breastfeeding.

II. Demonstrate how health workers can help to sustain breastfeeding

(12 minutes)

☐ Explain what health workers can do:

- When a mother brings her baby to a health facility for a routine procedure, for example, weighing, or immunization, and if everything is satisfactory, the health worker often says nothing. She only tells a mother if something is wrong.

- Mothers are sometimes confused or even upset if a health worker says nothing, or sounds critical. They may not feel encouraged to come again.

- Health workers are often short of time, but they can use the time that they have to say something encouraging and supportive.

- Every time you see a mother, try to build her confidence.
  Praise her for what she and her baby are doing right.
  Give relevant information, and suggest something appropriate.

→ Write on the board:

Praise
Inform
Suggest

☐ Give an example:

Show Overhead 28/1

Ask: *What do you think of how this health worker is talking to the baby's mother?*
(Let participants give their opinions. They should be able to give the answer.)

The health worker is criticising and making the mother feel stupid. She is reducing the mother's confidence.

Show Overhead 28/2

Ask: *What do you think of how the health worker is talking to the baby's mother now?*
(Let participants give their opinions. They will probably think of the answer below.)

The health worker is praising the mother's good practice.
Later she can suggest starting complementary foods, in addition to continuing to breastfeed.

☐ Demonstrate the skill:

☺ Ask a participant to play the part of Ester in Demonstrations Z (i) and Z (ii), while you read out her story and play the part of the health worker.

Ask her to stand near you, while you weigh the baby, fill in his growth chart and give it to her.

Demonstration Z (i): Saying too little

Read out the story:

Ester has brought her baby Dan for weighing at 5 months. He is exclusively breastfed, and perfectly well. He has gained 800 g in the last month, and now weighs 7 kg.

Play the health worker:

HW: (Pretend to weigh Ester's baby and mark his growth chart. Do not say anything while you do this. When you have finished, hand Ester the growth chart and say what follows.)

HW: "All right Ester, thank you. Make sure that you keep Dan's growth chart carefully and come back next month."

Ask: *Is what the health worker said to Ester helpful?*
Will Ester think that it is worth coming back, especially if Dan is well?
(Let participants give their opinions briefly.)

What the health worker said did not help Ester or encourage her to come back.

Explain that you will now see Ester again, and this time you will say three things to her. After weighing Dan and filling in his growth chart, you will praise Ester, you will give her some relevant information, and you will suggest something.

Demonstration Z (ii): Sustaining breastfeeding

HW: (As you pretend to weigh the baby.) "How are you feeding Dan?"
Ester: "Just breastfeeding, whenever he wants to."
HW: "Oh, that's good."
(As you fill in his growth chart.)
"Look at Dan's growth line now! What do you think of that?"
Ester: "It is going up, isn't it? Does that mean that he is gaining weight?"
HW: "Yes, Dan gained quite a lot of weight last month - and that is just on your breastmilk" *(praise)*.
"You know, breastfeeding helps to keep a child healthy up to the age of 2 years or more" *(information).*
"Have you thought about starting some other food yet, as well as continuing to breastfeed?" *(suggestion)*.

Ask: *Is it helpful to say these things to Ester?*
Did weighing Dan and talking to Ester take much longer than weighing and saying nothing?
(Let participants give their opinions. Then give yours.)

Saying these things to Ester is helpful and supports breastfeeding.
It does not take much longer than weighing and saying nothing.

III. Review health workers' opportunities to sustain breastfeeding

(10 minutes)

Ask participants to turn to page 151 of their manual, where they will find the box **HOW HEALTH SERVICES CAN SUSTAIN BREASTFEEDING**.

☐ Explain:

- This box lists the main opportunities that health workers (other than in the maternity services) have to help breastfeeding mothers.

☺ Ask participants in turn each to read aloud one point from the list.
Discuss any points that are not clear.

HOW HEALTH SERVICES CAN SUSTAIN BREASTFEEDING

- *Praise all mothers who are breastfeeding*
  Encourage them to continue, and to help other mothers.
  Remember to praise mothers who breastfeed through the second year.

- *Help mothers to breastfeed in the most healthy way*
  For example, to breastfeed exclusively for 4-6 months.
  Help them to improve practices which may cause problems.

- *Encourage mothers to come for help before they decide to start artificial feeds*
  For example, if they are worried about their breastmilk supply.
  Or if they have a breastfeeding difficulty or question.

- *Refer mothers to a breastfeeding support group if appropriate.*
  (See Session 8, `Health care practices'.)

- *Provide appropriate family planning advice for women who are breastfeeding*
  Encourage a mother not to start a new pregnancy until this child is 2 years old or more.

- *Remember to encourage breastfeeding when you see a mother for:*
  - her postnatal check (in the first week, and at 6 weeks);
  - family planning;
  - growth monitoring (especially poor weight gain of baby);
  - nutrition education;
  - immunization (including for measles at 9 months).

  At the 9 months visit, encourage her to continue breastfeeding the child, with complementary foods, for another 12-15 months or more.

- *Help mothers to continue breastfeeding in these difficult situations:*
  - because they have to return to work;
  - with twins or low-birth-weight babies;
  - with a disabled baby;
  - if a mother is ill or disabled.

- *Help mothers to breastfeed sick babies and young children*
  A mother can increase her breastfeeds to 12 or more per day.
  If her baby cannot suckle, help her to express her breastmilk to feed him (see Session 20, `Expressing breastmilk').

- *Inform your colleagues about what you are trying to do*
  Make sure that health workers in other sectors understand about breastfeeding. Ask for their support, and offer to help them if they are caring for mothers and babies.

☐ Make these additional points:

- It is especially important to discuss breastfeeding when you weigh a baby. Growth monitoring is a helpful way to know if a baby is getting enough breastmilk. Poor growth is an important sign that a mother and baby need help.

- If a mother does not have a growth chart, or if you cannot weigh a baby, you can still talk about breastfeeding. You should have a good idea if breastfeeding is going well or not from the baby's appearance and behaviour. You can ask about his urine output.

IV. Facilitate the written exercises (30 minutes)

☐ Ask participants to do Exercises 20 and 21, on pages 152-158 of their manuals.

☐ Explain what to do:

Ask participants, for both Exercise 20 and Exercise 21, to read the instructions **How to do the exercise**, and the **Example** of what to do. Then answer the questions **To answer**.

Note: The answers are not the only `right' answers. Participants may think of something else, which is just as good. You must judge if a different answer is satisfactory.

EXERCISE 20. ***Sustaining breastfeeding***

How to do the exercise:

The mothers in these stories are coming to see you for some reason other than breastfeeding. First you will help them for the other reason, then think what you can say about breastfeeding.

In the space after the case details, write something to praise the mother, give some relevant information, and suggest something useful.

Number 3 is optional, to do if you have time.

When you are ready, discuss your answers with the trainer.

Example:

Linnet brings her 9-month-old baby for measles immunization. He has started eating complementary foods about 4 times a day, and still breastfeeds. He has no weight chart, but today weighs 8.0 kg.

Praise: It is good that you are continuing to breastfeed at the same time as giving other foods.

Inform: Breastfeeding up to 2 years of age or beyond is recommended these days.

Suggest: At this age, it is a good idea to breastfeed before you give a meal of food, then he gets plenty of breastmilk.

To answer:

1. Celia brings her 14-week-old baby for his third DPT and polio immunizations. He is exclusively breastfed, and has gained 2.5 kg since birth.

Praise: You must be pleased that he is gaining weight so well on your breastmilk alone.

Inform: Breastfeeding helps to protect a baby against illnesses, rather like immunization.

Suggest: It is a good idea to give nothing but breastmilk for 6 months.

2. Ines brings her 12-month-old child with fever and diarrhoea. He has no weight chart, but today weighs 8.5 kg. He has lost his appetite, and does not want to eat much food. He still breastfeeds, mostly at night.

You have given appropriate advice and treatment for fever and diarrhoea. What will you say to Ines about breastfeeding?

Praise: It is good that you are still breastfeeding, especially as he does not want other food.

Inform: Breastmilk helps diarrhoea to get better, and it gives him some of the food and fluids that he needs while he is eating so little.

Suggest: Would you be able to breastfeed him more often? Breastfeeding up to 12 times a day or more can be helpful for a sick child.

Optional (to do if you have time)

3. Mona brings her 15-month-old son for treatment of a cough and difficult breathing. He has a fever, and is not eating well. He breastfeeds, but pulls away to breathe before he has suckled for long.

After you have examined the child, counted his breathing, and given appropriate treatment, what would you do to support breastfeeding?

Praise: Breastfeeding is very comforting for a sick child.

Inform: His breathing may be making it difficult for him to suckle for more than a short time, but breastmilk helps a baby when he is sick.

Suggest: He may find it easier if he feeds more often and for a shorter time for a few days, until his breathing is easier.

Or:

Would you like me to show you how to express your milk and give it to him by cup for a day or two?

EXERCISE 21. ***Breastfeeding and growth charts***

How to do the exercise:

Study the growth charts of the following babies, and the short notes that go with them. Then answer the questions briefly.

When you are ready, discuss your answers with the trainer.

Example:

Baby 1 is exclusively breastfed. He slept with his mother until 8 weeks ago. Now he sleeps in a separate bed.
What is Baby 1's mother doing that you could praise?

His mother has breastfed exclusively all this time.

What do you think about Baby 1's recent weight gain?

His growth is slowing down.

Why may this have happened?

He stopped having night feeds.

What would you suggest to his mother about feeding him now?

Let her baby sleep with her again, to breastfeed at night.
Soon she should add complementary foods.

To answer:

Baby 2 has come for immunization. His mother says that he is well. He is a very good baby and cries very little. He only wants to feed about 4-5 times a day, which his mother finds helpful, because she is very busy.

What could you say to show that you accept how Baby 2's mother feels?

("You find it helpful to have a contented baby?")

What do you think of Baby 2's weight gain?

(He is gaining weight too slowly.)

What is the reason?

(He does not breastfeed often enough.)

What would you like to suggest to Baby 2's mother about feeding him?

(Could she feed him more often? She need not wait for him to show signs of hunger.)

Baby 3 was exclusively breastfed until last month. Now his mother gives him drinks of water, because the weather is hot and he seems so thirsty.

What do you think of Baby 3's weight gain?

(He gained very well for the first 2 months, but last month he has gained too slowly.)

What is the reason for his weight this month?

(He has been having drinks of water.)

(Note: Giving water may make a baby suckle less at the breast, so he takes less breastmilk.)

What relevant information could you give to Baby 3's mother? Try to give positive information.

(Breastmilk contains all the water that a baby needs even in hot weather.)

What would you suggest to his mother?

("Could you breastfeed more often if he is thirsty, instead of giving drinks of water?")

Baby 4 has come for measles immunization. He breastfeeds frequently by day, and sleeps with his mother and breastfeeds at night. Two months ago his mother started to give him thin cereal porridge once a day.

What is Baby 4's mother doing right?

(She is breastfeeding frequently by day and by night.)

What do you think of Baby 4's weight gain?

(He gained weight well for the first six months of life, but since then he has stopped growing.)

What do you think is the reason for the change?

(He is not getting enough complementary food.)

(Note: At this age breastmilk alone is not enough.)

What two things would you suggest to his mother?

(1. Give him energy-rich and nutrient-rich complementary foods 4-5 times a day.
2. Continue breastfeeding day and night, in addition to giving more food. Think of continuing to breastfeed until he is 2 years old).

Baby 5's mother has come for help with family planning. When you have given her this help, you ask about the baby. He was exclusively breastfed until the age of 6 months. Since then he has had complementary food at first twice, and more recently four times, a day. He continues to breastfeed at night and several times during the day.

What do you think about Baby 5's growth?

(He is growing very well.)

(Note: He is not `overweight'. His growth line is following the reference curve.)

What can you say to praise his mother?

("You must be pleased that he is doing so well, mainly because you are feeding him in such a healthy way.")

What would you suggest to his mother about breastfeeding?

(It would be a good idea to continue breastfeeding until he is at least 2 years old.)

☐ Give participants Answer Sheets for Exercises 20 and 21.

☐ Recommended reading:
Helping Mothers to Breastfeed Chapters 11 and 12.

Session 29

Back to CONTENTS

CLINICAL PRACTICE 4

Counselling mothers in different situations

Objectives

Participants practise all the skills from Clinical Practices 1, 2, and 3.

When they have completed Clinical Practice 3 and 4, they will have seen mothers in as many of these situations as possible:
- after normal deliveries;
- after Caesarian section;
- with difficulty breastfeeding;
- with different breast conditions;
- with low-birth-weight babies and twins;
- with sick children;
- who have brought a baby for immunization or growth monitoring;
- in family planning clinics;
- in antenatal clinics.

Session outline (120 minutes)

Participants are together as a class led by one trainer to prepare for the session, and if time permits to discuss it afterwards.

Participants work in pairs in a ward or clinic. Each trainer supervises the 2-3 pairs in her group.

I.	Prepare the participants	(10 minutes)
II.	Conduct the clinical practice	(90 minutes)
III.	Discuss the clinical practice	(20 minutes)

Preparation

Make sure that you know where the clinical practice will be held. Visit the wards or clinic if you have not done so before.

Study the instructions in the following pages, and ask other trainers to study them also. Make sure that you are clear about how this session differs from previous clinical practices.

Arrange for each group of participants to meet mothers in different situations from those that they met in Clinical Practice 3, so that by the end of the session they have met mothers in as many different situations as possible.

Make available spare copies of the **COUNSELLING SKILLS CHECKLIST**, the Breastfeeding History Form and the B-R-E-A-S-T-FEED Observation Form.

Make sure that you and other trainers each have a copy of the **CLINICAL PRACTICE DISCUSSION CHECKLIST**.

I. Prepare the participants (10 minutes)

☐ *Explain the objectives of the exercise:*

You practise all the clinical and counselling skills that you have learnt.

You will work as far as possible with mothers in different situations from those that you met in Clinical Practice 3.

☐ *Explain what participants should take with them:*

- Take with you:
  - one copy of the **COUNSELLING SKILLS CHECKLIST**;
  - pencil and paper to make notes.
  - copies of the B-R-E-A-S-T-FEED Observation Form and the Breastfeeding History Form to refer to if necessary.

You do not need to take anything else.

☐ *Make sure that participants have copies of the checklist and other forms.*

☐ *Explain how participants will work:*

You work in pairs, as in Clinical Practice 3. Each trainer circulates between the pairs in her group, to observe, comment, and help where necessary.

☐ *Remind participants what to do when they talk to a mother:*

- Learn all that you can about the mother's situation, her breastfeeding experiences and practice, using your listening and learning skills, and history-taking skills.
  Assess a breastfeed, and examine the mother and baby if necessary.
  Practise building the mother's confidence, and giving her support.
  Help the mother, or suggest something helpful if you can.

II. Conduct the clinical practice (90 minutes)

☐ *Take your group to the ward or clinic:*

Conduct the session in the same way as Clinical Practice 3.

Groups should go to different parts of the health facility, so that they see mothers in different situations.

Help pairs of participants to find mothers and babies to talk to and work with.

Circulate between the pairs, to help them if necessary.

If a mother has a difficulty, participants can help her. Discuss with them what they do, to make sure that they give appropriate help.

If possible ask a responsible member of staff of the facility to be with when you help a mother.

Discuss the mother's situation with the staff who are caring for her. This helps to ensure that suggestions and help are consistent, and that the difficulty is followed up.

☐ *Discuss the participants' performance:*

When a pair have finished talking to a mother, take them away from the mother, and discuss what they did, and what they learnt.

- Ask them to tell you about the mother, what she is doing well, if she has any difficulties, and what they would suggest to help her.

- Go through the **CLINICAL PRACTICE DISCUSSION CHECKLIST** to help you to conduct the discussion.

- Discuss what they learnt from the mother, and if her situation is common or unusual. Discuss what else it might be possible to do in other similar situations.

☐ *Check participants' progress*

Follow the progress of the participants in your group. Go through each participant's **CLINICAL PRACTICE PROGRESS FORM** with her. Help them to find mothers in the different situations so that they can complete all the suggested skills practices.

By the end of this session, participants should have practised all the skills, and they should have seen mothers in most of the situations listed in the Objectives for Clinical Practice 3 and 4.

III. Discuss the clinical practice (20 minutes)

The whole class comes back together to discuss the clinical practice, led by the same trainer who led the preparatory session.

☐ *Ask one participant from each group to report briefly on what they learnt.*

☺ Ask them to report on the most interesting situations that they observed among the mothers and babies whom they saw, and what they learnt from them.

If participants have not finished seeing mothers and babies at the end of the 90 minutes allowed for `II. Conduct the clinical practice', they can continue and finish, and if necessary omit the class discussion.
You must decide what is the most useful way to spend this time.

However, try to have a class discussion at the end of either Clinical Practice 3 or Clinical Practice 4.

Session 30

Back to CONTENTS

CHANGING PRACTICES

Objectives

Participants review the practices in the health facility where they work, and decide whether or not those practices support breastfeeding.

Participants will identify practices which need to change.
They will list practices that they can change themselves, and practices which can only be changed with administrative help.

Session outline (90 minutes)

Participants work in groups of 4-5 according to their type of work situation. Trainers act as resources.

I. Introduce the session (5 minutes)

II. Conduct the group work (Exercise 22) (55 minutes)

Participants are together as a class for discussion led by one trainer.

III. Conclude the session (30 minutes)

Preparation

Make available spare copies of the **ASSESSING AND CHANGING PRACTICES FORM** on which groups and individuals can write their conclusions. Have one copy for each participant and each trainer, and a few spares.
Ask the course secretary to be available to copy or type up the groups' suggestions.

Divide participants into groups of 4-5 according to their type of work situation.
For example, health workers from maternity hospitals can be grouped together; health workers from health centres can be grouped together. If several participants are from the same institution, ask them to work together.
Write the names of participants in the different groups onto a board or flipchart, so that they can all see which groups they belong to.

As you follow the text, remember:

☐ indicates an instruction to you, the trainer
■ indicates what you say to participants

I. Introduce the session

☐ Give each participant a loose copy of the **ASSESSING AND CHANGING PRACTICES FORM**. Explain that this is the same form that they will find in Exercise 22 on pages 160-165 of their manuals.

☐ Explain what the session is about:

- During this session you will review the practices in your own health facility, or other working situation, and consider whether or not the practices support breastfeeding.

- You will identify practices which need to change. You will make a list of changes that you can make yourself, and another list of changes for which you need administrative help. Your suggestions may be used when the course is followed up, to see if you have been able to change practices in this way.

II. Conduct the group work (55 minutes)

EXERCISE 22. ***Assessing and changing practices***

☐ Read through the instructions **How to do the exercise** with the participants.

How to do the exercise:

- Go through the **ASSESSING AND CHANGING PRACTICES FORM**.
  The first four pages contain a number of questions.
  On the last page there are two blank forms.

- First, go through the questions.
  Answer YES or NO for each question, as it applies to your health facility.
  Write a few words about what is done well or what needs to be improved.

- Write your answers on the loose copy of the form, to hand in to the course organizers.
  If several members of the groups are from the same health facility, fill in one form together to hand in. Otherwise, each of you should fill in your own form.

- If some questions are not relevant to your facility (for example, you are not a maternity facility and do not deliver babies) leave the questions about that activity blank.

- Then look at the short forms on the last page.
  - In the top form, list 5-10 changes that you could make immediately, by changing your own practice.
  - In the bottom form, list 1-4 useful changes that require an administrative decision.

- If you wish to keep a personal copy, copy the answers onto the form in your manual.

☐ Let the groups work by themselves.

You and the other trainers act as resource people. You can help to start the discussion in a group, or you can help to keep a group working, or you can sort out difficulties. However, you should not lead the discussion.

ASSESSING AND CHANGING PRACTICES FORM

Practice	**YES / NO**	**What is done well and/or main improvement needed**
Policy ● Does your health facility have a breastfeeding policy? ● Is this a written policy? Does it cover the `Ten Steps to Successful Breastfeeding?		
Antenatal preparation ● Do you inform all pregnant women about: - the benefits of breastfeeding - the management of breastfeeding		
Initiating breastfeeding (if normal, vaginal) ● Are women routinely sedated during normal labour? ● Do you give mothers their babies to hold, with skin-to-skin contact, within half an hour of delivery? ● Do the babies stay with their mothers at this time for at least 30 minutes? ● Does a member of staff offer mothers help to initiate breastfeeding within 1 hour of delivery? (if Caesarian Section) ● Do mothers hold and breastfeed their babies within 4-6 hours of the operation, or as soon as they are conscious?		

Practice	**YES/NO**	**What is done well and/or main improvement needed**
Establishing breastfeeding		
● Do nursing staff offer all mothers further assistance with breastfeeding within 6 hours of delivery?		
● Do you make sure that mothers are able to position and attach their babies well?		
● Do you show breastfeeding mothers how to express their breastmilk?		
● Do you help mothers of babies in special care to establish and maintain lactation by frequent expression of breastmilk, from the first day?		
● Do mothers and infants remain together 24 hours a day?		
● Do you restrict the frequency or length of breastfeeds?		
● Do you encourage mothers to breastfeed their babies `on demand'?		
● Do babies receive food or drink other than breastmilk, (except when medically indicated) - formula? - glucose water or water?		
● Do you use feeding bottles for babies whose mothers intend to breastfeed?		
● Do you allow breastfed babies to use pacifiers?		
● Are free supplies of formula available?		
● Do you check on the support that mothers will have when they go home? Are you able to refer mothers to a breastfeeding support group?		

Practice	YES/NO	What is done well and/or main improvement needed
Sustaining breastfeeding		
● Is there a follow-up visit for mothers within 1 week of delivery, to make sure that breastfeeding is going well, and to give early help with any difficulties?		
● Do you check on breastfeeding and observe a breastfeed at the 6-week postnatal visit?		
● Do you praise and support all mothers who are breastfeeding?		
● Do you praise and support mothers who are breastfeeding in the child's second year?		
● Do you help mothers to improve practices which may cause problems?		
● Do you help mothers who have questions about breastfeeding, even if they have no serious difficulty?		
● Are you able to help mothers who are worried about their breastmilk supply, so that they continue to breastfeed, without unnecessary complements?		
● Are you able to help mothers with breast conditions and common breastfeeding difficulties, so that they continue to breastfeed?		
● Do you remember to discuss breastfeeding when mothers and babies come to you for another reason: - growth monitoring - immunization (including measles at 9 months) - treatment when baby is ill - family planning		
● Do you help mothers to continue breastfeeding if the child is sick?		

Practice	YES/NO	What is done well and/or main improvement needed
● When you give family planning advice to breastfeeding mothers, do you make sure that the method they choose is suitable with breastfeeding?		
● Are you able to give extra help and support to mothers and babies with special needs, so that they can continue to breastfeed? e.g.: - low-birth-weight babies - twins - babies with disabilities - if the mother is sick or disabled		
● Are you able to help women who work away from home, but who wish to continue breastfeeding?		
● Do you inform your colleagues about breastfeeding, so that they also know that it is important?		
Health education		
● Is breastfeeding included in your health education talks and materials?		
● Is breastfeeding included in your talks on nutrition, and in your talks on the introduction of complementary foods to children?		
● Do you encourage women to breastfeed exclusively for at least 4, and if possible, 6 months?		
● Do you encourage women to continue to breastfeed for up to 2 years of age and beyond?		

CHANGES THAT HEALTH WORKERS COULD MAKE THEMSELVES
(Make 5-10 practical suggestions)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

CHANGES THAT NEED ADMINISTRATIVE HELP
(List 1-4 helpful administrative changes)

1.

2.

3.

4.

IV. Conclude the session

☺ Ask groups to present their conclusions briefly to the whole class.

☐ Summarize the conclusions.

Comment on how the suggestions will be used for the follow-up of the course, and to help guide the future work of the participants.

Make copies of the Assessment and Suggestions available to the organizers of the course. They should later be typed, and available for the course evaluation.