



BREASTFEEDING CHALLENGES - HANDOUT 1

REAL LIFE BREASTFEEDING CHALLENGES

For each of the scenario story starters, discuss the following questions:

1. What might have caused this mother's concern?
2. What might the mother be feeling in this situation?
3. What affirming statement could help her?
4. What information should be shared with the mother to help her manage this situation?
5. What support options could be offered to her?



BREASTFEEDING CHALLENGES - HANDOUT 2

SOLUTIONS TO SHARE WITH MOTHERS

Sore or Cracked Nipples	Prevention	Simple Comfort Measures	Yield When:
<p>Symptoms:</p> <ul style="list-style-type: none"> ▪ Breast or nipple pain ▪ Cracks across the top of nipple or around the base ▪ Bleeding possible ▪ May be infected ▪ Nipple may be flat/inverted and baby is latching poorly 	<ul style="list-style-type: none"> ▪ Ensure a good latch; ask an IBCLC to observe latch in the hospital before discharge ▪ Breastfeed at least 8 times every 24 hours – every time baby shows early signs of hunger ▪ Avoid long intervals between feeds (baby nurses more vigorously when he has not eaten in awhile) ▪ Keep breast pads clean and dry ▪ Avoid alcohol, soaps, perfumes, deodorants, and other products on the breast ▪ Avoid bottles the first 3-4 weeks 	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Begin feeding on the side that hurts less (baby nurses more vigorously on the first breast) ▪ Ensure a good latch; ask the WIC Designated Breastfeeding Expert to help ▪ Don't let the baby nipple feed – most of the areola should be in the infant's mouth. ▪ Vary the positions for breastfeeding. Access this website for pictures of different types of positions - http://www.womenshealth.gov/breastfeeding/learning-to-breastfeed/#e ▪ Massage breasts to encourage milk to flow before latching baby ▪ A nipple shield may make the mom more comfortable but use of a shield can open up new problems such as getting the infant weaned off the shield. <p>During the Feed:</p> <ul style="list-style-type: none"> ▪ Do not limit feedings <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ Apply drops of mother's milk ▪ Wear breast shells between feedings to keep clothing away from breasts <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Do not stop breastfeeding unless nipples are severely damaged; use a breast pump to maintain milk production ▪ Do not use soap or creams on nipples ▪ Do not miss feedings or wait until the breast is full to breastfeed 	<p>Comfort measures do not resolve the soreness</p> <p>Mother reports severely damaged nipples or pain with breastfeeding</p> <p>Mother reports a severe burning, stinging sensation (could signify Candida albicans) or says baby has white patches inside mouth</p> <p>Mother reports her nipples are blanched after feeding</p> <p>Mother is running a fever</p> <p>Mother's nipples look infected</p>



Breastfeeding Challenges

Engorgement	Prevention	Simple Comfort Measures	Yield When:
<p>Physical Symptoms</p> <ul style="list-style-type: none"> ▪ Swelling ▪ Tenderness ▪ Warmth ▪ Pain ▪ Skin shiny, tight ▪ Nipple flattened <p>Mother May Report</p> <ul style="list-style-type: none"> ▪ It began on the 3rd to 5th day after birth ▪ Breastfeeding was going well until now ▪ Baby cries and refuses the breast ▪ Her breasts feel hard and painful ▪ She feels overwhelmed 	<ul style="list-style-type: none"> ▪ Breastfeed within the first hour after birth ▪ Get help to assure baby is latched well ▪ Breastfeed at least 8 times or more every 24 hours in the early days ▪ Listen for signs of the baby swallowing to be sure milk is transferring ▪ Respond to baby's early signs of readiness to feed and feed day and night when those early signs are observed ▪ Keep baby skin to skin with mother ▪ Do not limit the feedings; allow baby to feed as long as he wants 	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Apply warm (not hot.) compresses ▪ Perform "reverse pressure softening" to relieve edema and allow the softened areola to be easier to grasp ▪ Express a little milk to soften the areola <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ If the mother still feels full, continue to express milk to relieve the fullness ▪ Apply ice packs (frozen peas work well) <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Breastfeed more frequently ▪ Offer both breasts at each feeding ▪ Express milk if necessary to keep breasts from being uncomfortably full. Use Hand Expression Use the DVD "Breastfeeding Techniques that Work: Hand Expression" or use the streaming video at http://newborns.stanford.edu/Breastfeeding/HandExpression.html ▪ Express milk in a warm shower or bath ▪ Teach moms hand expression 	<p>Comfort measures have not relieved engorgement</p>



Breastfeeding Challenges

Flat/Inverted Nipples Causing Latch-on Problems		Simple Comfort Measures	Yield When:
<p>Descriptions:</p> <ul style="list-style-type: none"> ▪ Nipple flat to areola and cannot be compressed outward and does not protrude or become erect when stimulated or cold. ▪ Inverted nipple – when areola compressed between the thumb and index finger retracts or becomes concave rather than protruding. 		<ul style="list-style-type: none"> ▪ Use a breastpump to pull out the nipple ▪ Stimulate the nipples before feedings – roll nipple between thumb and index finger for a minute or two and then quickly apply a moist cold cloth ▪ Remember babies breastfeed, not “nipple-feed.” Make a sandwich of the nipple and areola for latching. Use good latch techniques ▪ Try a nipple shield 	<p>Inverted nipple(s)</p> <p>Use of nipple shield</p>
Obesity		Simple Comfort Measures	Yield When:
<p>Symptoms:</p> <ul style="list-style-type: none"> ▪ Overweight – BMI between 25-29.9 ▪ Obese – BMI \geq 30 ▪ Milk comes in slowly – not until day 7 postpartum 		<ul style="list-style-type: none"> ▪ Have mom nurse early and often ▪ Use a variety of positions – even placing infant and breast on a table and moving infant to the breast. ▪ Have moms make their own nursing bras – use a regular bra, cut a hole for nipple and areola and fashion a flap if needed. ▪ Place a rolled small towel under the breast against the chest wall ▪ Use skin to skin often ▪ Use the “laid back” breastfeeding technique (The above techniques are handy for large breasted women also.) 	<p>Inadequate milk supply after 7 days</p>



Breastfeeding Challenges

Plugged Duct	Prevention	Simple Comfort Measures	Yield When:
<p>Symptoms:</p> <ul style="list-style-type: none"> ▪ Localized pain ▪ Lump that is tender ▪ Mother’s temperature usually below 101.3°F 	<ul style="list-style-type: none"> ▪ Ensure a good latch ▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger ▪ Let the baby release the breast to end the feed ▪ Breastfeed in varied positions ▪ Avoid long intervals between feeds ▪ Follow basic engorgement prevention recommendations ▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or 	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Apply warm (not hot) compresses over the blocked area ▪ Massage the breast toward the nipple, paying attention to gently massaging the lumpy area <p>During the Feed:</p> <ul style="list-style-type: none"> ▪ Position baby with chin pointed toward the affected area ▪ Ensure a good latch ▪ Begin feeding on the breast with the plugged duct ▪ Gently massage the lumpy area during the feeding <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ Express milk by hand or with a quality breast pump to keep the affected breast from becoming too full <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Do not avoid breastfeeding ▪ Allow the baby to feed whenever he shows signs of hunger ▪ Get plenty of rest ▪ Mom should contact the doctor if she begins running a fever ▪ Get help from the WIC Designated Breastfeeding Expert who can observe a feed and ensure the baby is latched well and is transferring milk 	<p>The plugged duct is not relieved</p> <p>Mother reports fever or flu-like symptoms</p>



Breastfeeding Challenges

	<p>pulling bra over the breast to breastfeed</p> <ul style="list-style-type: none"> ▪ Ask for help from family and friends for non-infant-care chores ▪ Rest and drink plenty of fluids 		
Mastitis	Prevention	Simple Comfort Measures	Yield When:
<p>Symptoms:</p> <ul style="list-style-type: none"> ▪ Mother has fever ▪ An area on the breast is red and painful ▪ Mother has flu-like symptoms (achy feeling) ▪ Milk production has declined ▪ Baby may not be interested in nursing on that side ▪ Mother has a previous plugged duct that never fully resolved 	<ul style="list-style-type: none"> ▪ Ensure a good latch ▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger ▪ Let the baby release the breast to end the feed ▪ Avoid long intervals between feeds ▪ Follow basic engorgement prevention recommendations ▪ If plugged duct arises, treat 	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Apply warm (not hot) compresses over the affected area <p>During the Feed:</p> <ul style="list-style-type: none"> ▪ Breastfeed on both breasts, beginning with the affected breast ▪ Begin feeding on the affected side ▪ Gently massage affected side while breastfeeding <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ Remove milk by hand or with a quality breast pump if breast is still uncomfortably full ▪ REST ▪ Drink plenty of fluids ▪ Be vigilant about hand washing <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Baby can continue to breastfeed ▪ Do not stop breastfeeding. Breasts need to be well drained ▪ Put the baby to breast whenever he shows signs of hunger ▪ Always contact the doctor if mother is running a fever or has flu-like symptoms; encourage her to consult her physician if symptoms do not improve after beginning an antibiotic regimen 	<p>Mother reports fever and/or flu-like symptoms, or a reddened area on her breast</p>



Breastfeeding Challenges

	<p>aggressively</p> <ul style="list-style-type: none">▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed▪ Ask for help from family and friends for non-infant-care chores▪ Rest and drink plenty of fluids and avoid overdoing it		
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Breastfeeding Challenges

Low Milk Production	Prevention	Simple Comfort Measures	Yield When:
<p>Symptoms:</p> <ul style="list-style-type: none"> ▪ The baby has fewer than 3 stools per day in the first 3-4 weeks and is not gaining weight well (at least 4-7 ounces per week) ▪ The baby does not feed 8-12 times every 24 hours ▪ Mom limits the baby's time at the breast ▪ The baby has begun supplemental formula or solid foods ▪ The mother has begun birth control ▪ The mother and baby are separated and mom is not expressing milk while away from baby 	<ul style="list-style-type: none"> ▪ Ensure the baby is positioned and latched well so that milk transfer can occur ▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger ▪ Let the baby release the breast to end the feed ▪ Avoid long intervals between feeds 	<ul style="list-style-type: none"> ▪ Put the baby to breast whenever he shows signs of hunger ▪ Increase the number of feedings (or remove milk with a breast pump) ▪ Breastfeed at night when prolactin levels are highest ▪ Offer the baby unlimited access to the breast ▪ Hold the baby skin to skin ▪ Rest and relax to help milk flow ▪ Breastfeed on one side and pump on the other to keep the baby at the breast ▪ Express milk when separated from baby ▪ Talk with physician about medications that can help increase production 	<p>The assessment shows the mother has true low milk production</p> <p>The baby is in need of medical attention or follow-up</p>



Breastfeeding Challenges

Jaundice	Prevention	Measures to Implement	Yield
<p>Symptoms:</p> <ul style="list-style-type: none"> ▪ Elevated bilirubin ▪ Yellow sclera (white of the eye) and/or skin 	<ul style="list-style-type: none"> ▪ Early, frequent feeds (8-12 and 12 plus is better in the first few days of life) 	<ul style="list-style-type: none"> ▪ Count output – Monitor for adequate urination and stools 	<p>Follow doctor’s orders</p> <p>Refer if inadequate feeds or output</p>

More resources:

The Breastfeeding Answer Book from La Leche League International

<http://www.womenshealth.gov/breastfeeding/>

<http://www.drjacknewman.com/>

Medications and compatibility with breastfeeding information –

- LactMed - <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
- Medications and Mothers’ Milk by Thomas Hale (there should be a copy of the 2010 edition in your clinic)



HANDOUT 3

APPLICATION TO PRACTICE – OVERCOMING CHALLENGES

Amelia phoned the WIC clinic today in tears. The clerk overheard her baby crying in the background while Amelia frantically asked for a quick change to formula. After yielding the mother to a nurse in the clinic, it was discovered that her baby, who had been doing well after she left the hospital, suddenly stopped breastfeeding. Amelia said she hasn't slept since she got home from the hospital 3 days ago. Her mother-in-law is staying with them to help, and insists she has run out of milk and needs formula. Amelia wants quick help from WIC.

1. Assess: Write 1-2 questions that will help you learn more about Amelia's situation.
2. Assess: Write 1-2 questions that will help you determine Amelia's support network or continued breastfeeding.
3. Affirm: What supportive words can be offered to Amelia to affirm her fears and concerns?
4. Educate: What information does she need to hear?
5. List 2-3 support options available through WIC that would be helpful for her.
6. Yield: What referrals and follow-up would help Amelia the most?



HANDOUT 10.3

APPLICATION TO PRACTICE – OVERCOMING CHALLENGES

ANSWER SHEET – RESPONSES TO CONSIDER

1. Assess: Write 1-2 questions that will help you learn more about Amelia's situation.
 - *Tell me how your breasts are feeling.*
 - *What all are you feeding your baby right now?*
2. Assess: Write 1-2 questions that will help you determine Amelia's support network or continued breastfeeding.
 - *What kinds of things are people telling you about breastfeeding?*
 - *Who is around to help you right now?*
3. Affirm: What supportive words can be offered to Amelia to affirm her fears and concerns?
 - *I can tell you are worried about your baby.*
 - *Lots of mothers go through this after their baby is born.*
 - *You sound exhausted!*
4. Educate: What information does she need to hear?
 - *Strategies for managing engorgement and increasing rest*
5. List 2-3 support options available through WIC that would be helpful for her.
 - *Weight check at the WIC clinic to assess baby's growth*
 - *Access to a peer counselor*
 - *Home visit*
6. Yield: What referrals and follow-up would help Amelia the most?
 - WIC Designated Breastfeeding Expert or peer counselor