


The Maryland Department of Health and Mental Hygiene
 Hospital Breastfeeding Policy
 Maternity Staff Training Program

Helping With a Breastfeed
 Session 6




Objectives

- ▶ Demonstrate three positions mothers may use to breastfeed
- ▶ List at least three signs of an effective latch
- ▶ Identify two signs of milk transfer

Overview


- ▶ Initiation of breastfeeding in a healthy, full-term infant
- ▶ Positioning for comfortable breastfeeding
- ▶ Breastfeeding Assessment
 - Positioning and attachment
- ▶ Common problems - when to help



Source: United States Breastfeeding Committee

Crawling to Breast


- ▶ Babies of non-medicated mothers, placed skin-to-skin on their mothers, move toward the breast, and latch
- ▶ Infants of medicated mothers, or who did not have skin-to-skin contact and breastfeeding immediately after birth, had greater difficulty with and shorter durations of breastfeeding



Source: United States Breastfeeding Committee

Skin-to-Skin


- ▶ Babies who had early skin-to-skin contact
 - Interacted more with their mothers
 - Stayed warmer
 - Cried less
 - Were more likely to be breastfed
 - Were more likely to breastfeed for longer durations



Source: United States Breastfeeding Committee

Breastfeeding in Delivery Room

- ▶ Perinatal caregivers are responsible for assisting with first feed at breast
 - Mother and baby highly aroused and receptive
 - Biological nursing position
 - Ideal timing
 - RN support ongoing
 - Encourage
 - Demonstrate
 - Consider safety



Source: United States Breastfeeding Committee

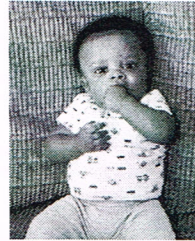
Getting Comfortable

- › Facilitate mother's comfort
 - Comfortable seat or position
 - Use pillows, towels, blanket, stool
- › Infant positioning
 - Tummy-to-tummy or chest-to-chest
 - Ear, shoulder, and hip in a line
- › Water/snack for mother

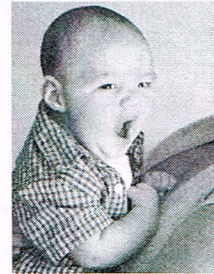


Source: United States Breastfeeding Committee

Feeding Readiness Cues



Source: United States Breastfeeding Committee (both photos)



Crying and Sleepy Babies



Source: United States Breastfeeding Committee (both photos)

Basic Positioning

- › Hand position to support infant's head
- › Hand position to support infant's body
- › Hand position to support mother's breast
 - Sandwich hold
 - "C" hold
 - "U" hold
- › Infant's position



Source: United States Breastfeeding Committee

Common Positions

- › Laid back - biological nurturing
- › Football - mother holds baby's shoulders and body in hand and arm with baby's body pressed against mother's body, same side as breast
- › Cross cradle - mother holds baby's shoulders and body in opposite hand and arm at breast, with baby's body pressed against the mother's body
- › Cradle - baby's head and body on mother's arm with her hand towards baby's buttocks, same side as breast
- › Side Lying - both lying down in bed, baby's body in alignment, entirely against mother

Laid Back Position

- › Encourages mother's and baby's natural breastfeeding instincts
- › Gives mother more rest
- › Less discomfort on perineum, on mother's back, and with latch
- › Baby may be more in sync with the mother
- › Helpful for
 - Large, flaccid breasts
 - Post-spinal headache
 - Overactive milk supply



Source: United States Breastfeeding Committee

Side Lying Position

- › Allows mother to get more rest
- › Less discomfort on perineum
- › Less strain on mother's back



Source: Wilson-Clin. A. Hoxton

Football Hold

- › Good visibility of latch
- › Good for preterm, small, and low tone babies
- › Good for mothers who delivered by Cesarean section
- › Good for mothers with very large breasts



Source: Wilson-Clin. A. Hoxton

Cross Cradle Position



Source: United States Breastfeeding Committee

- › Mother can guide head to nipple easily
- › Helpful for new mothers and small babies

Cradle Hold

- › Most recognized hold
- › More difficult than other holds to guide newborn to nipple
- › Awkward for mothers with large breasts
- › Eventually becomes easier



Source: United States Department of Agriculture (USDA)

Poor Positioning



Source: Mansueti/ABC Program

Better Positioning



Source: Mansueti/ABC Program

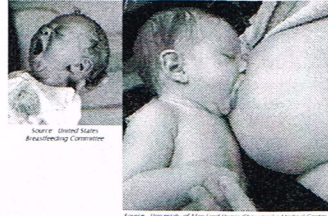
Steps For an Optimal Latch

- › Position infant at the level of the breast
- › Nose opposite nipple
- › Mouth open wide, like a yawn
- › Move baby forward at shoulders; allow head to tilt back slightly
- › Hug the baby's buttocks in close



Source: United States Breastfeeding Committee Source: B. Johnson-Cain, A. Hocken

Wide Gape

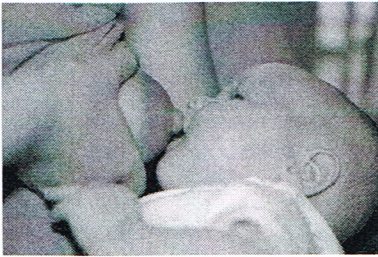


Source: United States Breastfeeding Committee

Source: University of Maryland System Chesapeake Medical Center

Wait for the mouth to open wide!

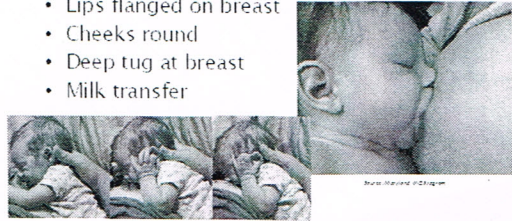
Asymmetrical Latch



Source: B. Johnson-Cain, A. Hocken

Latch to the Breast

- Chin touches breast first
- Wait for wide gape, with tongue down
- Bring baby quickly to the breast
- Nose slightly off the breast
- Lips flanged on breast
- Cheeks round
- Deep tug at breast
- Milk transfer



Source: Harvard T.H. Chan School of Public Health

Shallow Latch



Source: United States Breastfeeding Committee

Signs of Effective Latch

- › Wide-angled mouth opening
- › Chin deep into breast, head tilted back
- › Much of areola taken into mouth
- › Lips flanged
- › Tongue visible under areola



Source: University of Maryland System Chesapeake Medical Center

Look

- › The baby's body is facing the mother's body
- › The baby's lips are flanged out over the areola
- › At least 1" to 1½" of areola is drawn into the mouth
- › The lips are open at a 120° angle
- › The tongue covers the lower gum
- › A complete seal is formed by the mouth
- › The mandible moves in a rhythmic unit
- › Anterior to posterior peristaltic motion



Source: U.S. Breastfeeding Committee

Listen

- › No clicking or smacking sounds heard
 - Clicks: may be caused by tongue against roof of mouth
 - Smacks: lip-to-breast seal is not intact
- › Swallowing is audible (may be difficult to identify before infant is 18 hours of age)



Source: United States Breastfeeding Committee

Feel

- › Mother should feel a strong tug
 - Not a pinch
- › Rhythmic suck is felt
- › Uterine cramping and increased lochia
- › Thirsty and sleepy



Source: United States Breastfeeding Committee

Signs of Milk Transfer

- › Swallowing by infant
- › Mother's breast is firmer before feeding and softer after feeding
- › Infant's output increases
- › Minimal infant weight loss
- › Evidence of milk in baby's mouth
- › Pre-feeding and post-feeding weights



Source: United States Breastfeeding Committee

Breastfeeding Should Not Hurt

- › Baby's position and latch at the breast is the key to mom's comfort
- › Pain is a red flag to try something different and call for help
- › Nipples should not be cracked or blistered
- › Mother may have slight tenderness initially
- › Mother's comfort typically increases as feeding duration increases



Potential Problems from a Poor Latch


- › Early weaning
- › Sore, cracked, bleeding, blistered nipples
- › Poor milk transfer
- › Engorgement
- › Decreased milk supply
- › Poor infant weight gain
- › Lengthy feeding
- › Feeling of inadequacy

Latch Score

	0	1	2	TOTAL
L LATCH	Too sleepy or reluctant	Repeated attempts for sustained latch or suck. Hold nipple in mouth. Stimulate to suck	Grasps breast. Lips flanged. Rhythmic sucking	
A Audible Swallowing	None	A few with stimulation	Spontaneous and intermittent. Spontaneous and frequent	
T Type of Nipple	Inverted	Flat	Events after stimulation	
C Comfort	Engorged. Severe pain	Filling. Red	Soft. Non-Tender	
H Hold	Full assist	Minimal Assist	No assist	

When to Call the Lactation Consultant


- › Latch score less than 7
- › Nipple trauma or pain throughout feed
- › Infant weight loss greater than 7% birth weight
- › Inadequate output
- › Abnormal infant oral anatomy
- › Infant medical concern or admission to nursery
- › Unable to get infant to latch after repeat attempts and repositioning
- › History of unsuccessful breastfeeding
- › History of breast surgery



Source: United States Breastfeeding Committee

Success in the First Few Days


- › Skin-to-skin
- › Delay first bath
- › Avoid artificial smells
- › Avoid separation
- › Frequent feedings (8-12 times/day)
- › Breast massage and hand expression
- › Delay visitors



Source: United States Breastfeeding Committee

Conclusion

- › Seek the most comfortable and effective nursing positions
- › Facilitate effective latch through good positioning
- › Focus on asymmetrical latch
- › Assess infant for swallowing during feed, and urine and stool output



Source: National Milk Program

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