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BREASTFEEDING COUNSELLING

A TRAINING COURSE

PARTICIPANTS' MANUAL

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF

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INTRODUCTION

Why this course is needed

Breastfeeding gives children the best start in life. It is estimated that over one million children die each year from diarrhoea, respiratory and other infections because they are not adequately breastfed. Many more children suffer from unnecessary illnesses that they would not have if they were breastfed. Breastfeeding also helps to protect mothers' health.

The Programme for the Control of Diarrhoeal Diseases has long recognised the need to promote breastfeeding to prevent diarrhoea in young children. More recently it has become clear that breastfeeding is important also in the management of diarrhoea, to prevent dehydration, and to promote recovery.

The World Health Organization and UNICEF recommend exclusive breastfeeding from birth for the first 4-6 months of life, and sustained breastfeeding together with adequate complementary foods up to 2 years of age or beyond. However the majority of mothers in most countries start giving their babies artificial feeds or drinks before 4 months, and many stop breastfeeding long before the child is 2 years old. The common reasons for this are that mothers believe that they do not have enough breastmilk, or that they have some other difficulty breastfeeding. Sometimes it is because a mother is employed outside the home, and she does not know how to breastfeed at the same time as continuing with her job. Sometimes it is because there is no-one to give a mother the help that she needs, or because health care practices and the advice that she receives from health workers does not support breastfeeding.

Health workers such as you can help the mothers and children for whom you care to breastfeed successfully. It is important to give this help, not only before delivery and during the perinatal period, but also during the whole of the first and second year of a child's life. You can give mothers good advice about feeding their babies at all times, when they are well and when they are sick. You can help mothers to ensure that their milk supply is adequate. You can help with breastfeeding difficulties, and you can help employed mothers to continue breastfeeding.

You may feel that you have not been adequately trained to give this kind of help. In the past, breastfeeding counselling and support skills have seldom been included in the curricula of either doctors, nurses, or midwives. This course aims to give you training in basic breastfeeding counselling skills, which should enable you to give mothers in your care the support and encouragement that they need to breastfeed successfully.

During the course you will be asked to work hard. You will be given a lot of information, and you will be asked to do a number of exercises and clinical practices to develop your breastfeeding counselling skills. Hopefully you will find the course

interesting and enjoyable, and the skills that you learn will make your work with mothers and babies in future more helpful for them, and more rewarding for you.

The course and the manual

Breastfeeding counselling: A training course consist of 33 sessions, which can be arranged in different ways to suit the local situation. Your Course Director will plan the course that is most suitable for your needs, and will give you a time-table.

This book, the Participants' Manual, is your main guide to the course, and you should keep it with you at all times, except during clinical practice sessions. In the following pages, you will find a summary of the main information from each session, including descriptions of how to do each of the skills that you will learn. You do not need to take detailed notes during the sessions, though you may find it helpful to make notes of points of particular interest, for example from discussions. Keep your manual after the course, and use it as a source of reference as you put what you have learnt into practice.

Your manual also contains:
- copies of the key overheads that you might want to memorise
- forms, lists and checklists for exercises and clinical practice;
- written exercises that you will be asked to do individually.

You will receive separate copies of the forms, lists and checklists to use for clinical practice sessions, so that you do not have to carry your manual at these times.

You will receive Answer Sheets for each written exercise after you have done the exercise. This enables you to check your answers later, and to study any questions that you may not have had time to complete.

You will also receive a copy of the following reference materials:
- The book *Helping Mothers to Breastfeed*, AMREF Revised Edition 1992.
- *Protecting Infant Health: A Health Workers Guide to the International Code of Marketing of Breastmilk Substitutes*.
- *Protecting, Promoting and Supporting Breastfeeding: The Special Role of the Maternity Services.* A joint WHO/UNICEF Statement, 1989.
- Annex to the Global Criteria for Baby Friendly Hospitals: Acceptable Medical Reasons for Supplementation
- Annex on Breastfeeding and Maternal Medication: Recommendations for drugs in the Essential Drugs List

The Course Director will recommend parts of these reference materials for you to read in preparation for some sessions, or after sessions to help you to remember what you have learned.

Session 1

WHY BREASTFEEDING IS IMPORTANT

Introduction

Before you learn how to help mothers, you need to understand why breastfeeding is important, and what its benefits are. You need to know the differences between breastmilk and artificial milks, and the dangers of artificial feeding.

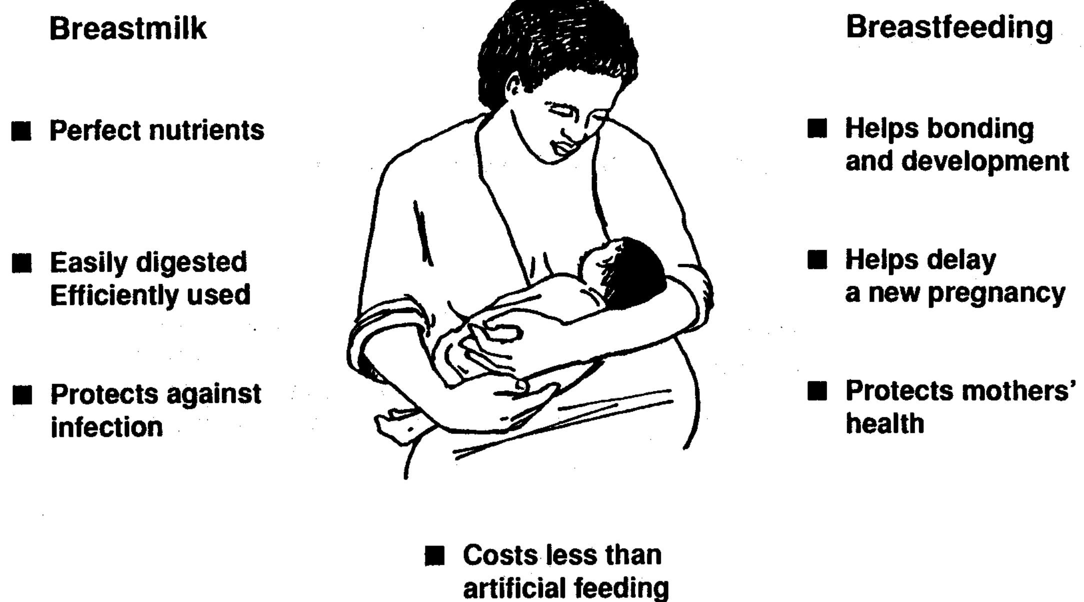


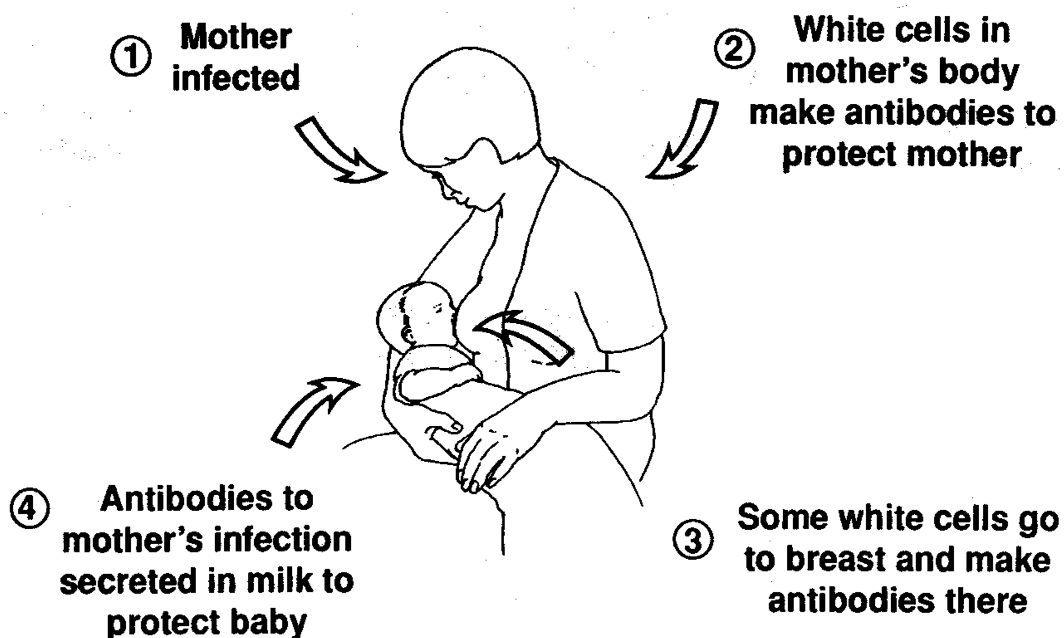
Fig.1 (Overhead 1/1)

Fig.2 **Summary of differences between milks**

	HUMAN MILK	ANIMAL MILK	FORMULA
Bacterial contaminants	none	likely	likely when mixed
Anti-infective factors	present	not present	not present
Growth factors	present	not present	not present
Protein	correct amount easy to digest	too much difficult to digest	partly corrected
Fat	enough essential fatty acids lipase to digest	lacks essential fatty acids no lipase	lacks essential fatty acids no lipase
Iron	small amount well absorbed	small amount not well absorbed	extra added not well absorbed
Vitamins	enough	not enough A and C	vitamins added
Water	enough	extra needed	may need extra

Fig.3 (Overhead 1/7)

Protection against infection



Variations in the composition of breastmilk

Colostrum is the breastmilk that women produce in the first few days after delivery. It is thick and yellowish or clear in colour.

Mature milk is the breastmilk that is produced after a few days. The quantity becomes larger, and the breasts feel full, hard and heavy. Some people call this the breastmilk `coming in'.

Foremilk is the milk that is produced early in a feed.

Hindmilk is the milk that is produced later in a feed.

Hindmilk looks whiter than foremilk, because it contains more fat. This fat provides much of the energy of a breastfeed. This is an important reason not to take a baby off a breast too quickly. He should be allowed to continue until he has had all that he wants.

Foremilk looks bluer than hindmilk. It is produced in larger amounts, and it provides plenty of protein, lactose, and other nutrients. Because a baby gets large amounts of foremilk, he gets all the water that he needs from it. Babies do not need other drinks of water before they are 4-6 months old, even in a hot climate. If they satisfy their thirst on water, they may take less breastmilk.

Fig.4 (Overhead 1/9)

COLOSTRUM

Property	*Importance*
■ Antibody rich	– protects against infection and allergy
■ Many white cells	– protect against infection
■ Purgative	– clears meconium helps to prevent jaundice
■ Growth factors	– help intestine to mature prevents allergy, intolerance
■ Vitamin A rich	– reduces severity of infection prevents eye disease

Psychological benefits of breastfeeding

Breastfeeding helps a mother and baby to form a close, loving relationship, which makes mothers feel deeply satisfied emotionally. Close contact from immediately after delivery helps this relationship to develop. This process is called *bonding*.

Babies cry less, and they may develop faster, if they stay close to their mothers and breastfeed from immediately after delivery.

Mothers who breastfeed respond to their babies in a more affectionate way. They complain less about the baby's need for attention and feeding at night. They are less likely to abandon or abuse their babies.

Some studies suggest that breastfeeding may help a child to develop intellectually. Low-birth-weight babies fed breastmilk in the first weeks of life perform better on intelligence tests in later childhood than children who are artificially fed.

Fig.5 (Overhead 1/13)

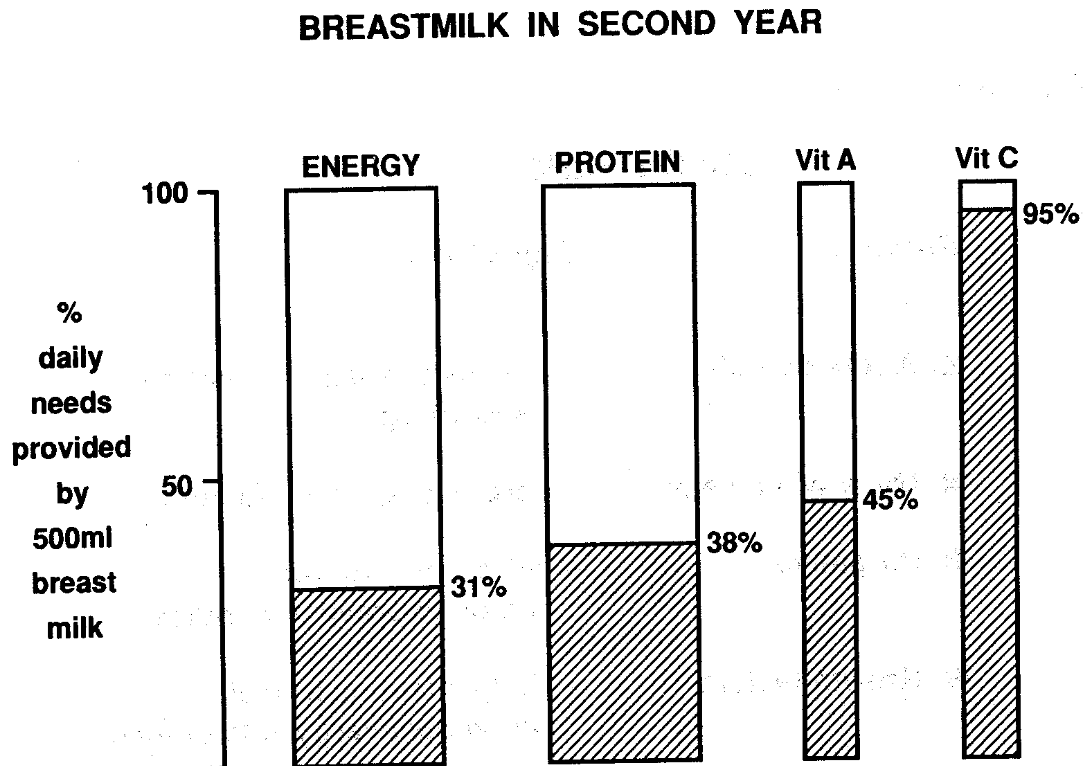
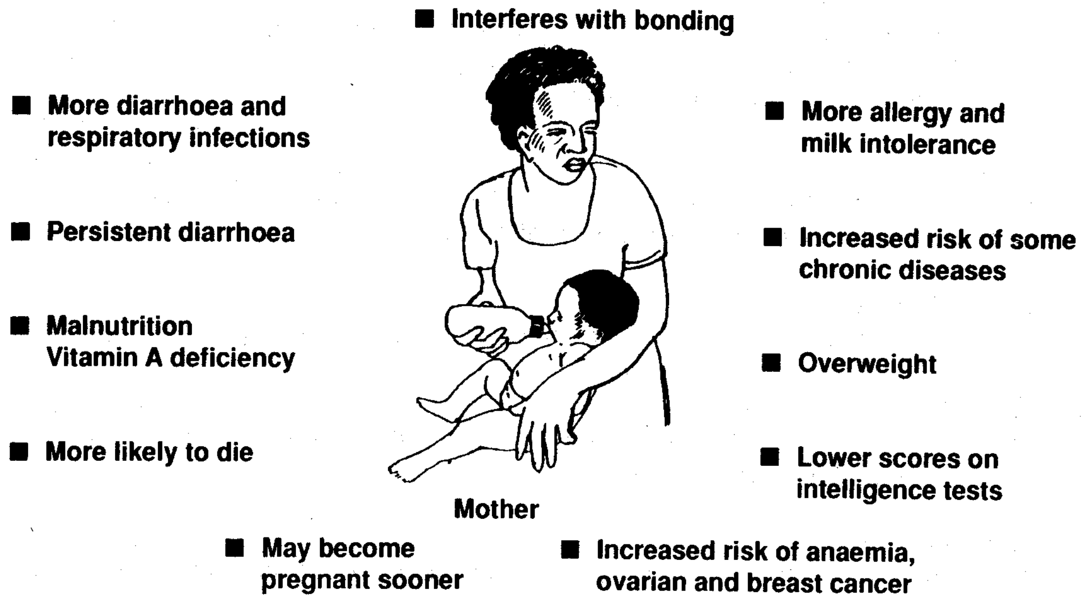


Fig.6 (Overhead 1/14)



RECOMMENDATIONS

- Start breastfeeding within ½-1 hour of birth
- Breastfeed exclusively from 0-4 months of age
- Complementary foods can begin between 4-6 months (exact age varies)
- Give complementary foods to all children from 6 months of age
- Continue breastfeeding up to 2 years of age or beyond

TERMS FOR INFANT FEEDING

Exclusive breastfeeding:

Exclusive breastfeeding means giving a baby no other food or drink, including no water, in addition to breastfeeding (except medicines and vitamin or mineral drops; expressed breastmilk is also permitted).

Predominant breastfeeding:

Predominant breastfeeding means breastfeeding a baby, but also giving small amounts of water or water-based drinks - such as tea.

Full breastfeeding:

Full breastfeeding means breastfeeding either exclusively or predominantly.

Bottle feeding:

Bottle feeding means feeding a baby from a bottle, whatever is in the bottle, including expressed breastmilk.

Artificial feeding:

Artificial feeding means feeding a baby on artificial feeds, and not breastfeeding at all.

Partial breastfeeding:

Partial breastfeeding means giving a baby some breastfeeds, and some artificial feeds, either milk or cereal, or other food.

Timely complementary feeding:

Timely complementary feeding means giving a baby other food in addition to breastfeeding, when it is appropriate, after the age of 4-6 months.

Session 2

LOCAL BREASTFEEDING SITUATION

Try to answer the following questions for the area where you work.

For each question, put a circle round the answer `few', `half', or `most', whichever is closest to what you have observed.

Question			
How many babies start to breastfeed?	few	half	most
How many breastfeed within 1 hour of delivery?	few	half	most
How many have other foods or drinks before they start to breastfeed?	few	half	most
How many breastfeed exclusively for 4-6 months?	few	half	most
How many have other foods or drinks before:			
1 month?	few	half	most
2 months?	few	half	most
3 months?	few	half	most
How many children continue to breastfeed more than:			
6 months?	few	half	most
12 months?	few	half	most
24 months?	few	half	most

Session 3

HOW BREASTFEEDING WORKS

Introduction

In this session, you will learn about the anatomy and physiology of breastfeeding. In order to help mothers, you need to understand how breastfeeding works.

You cannot learn a specific way of counselling for every situation, or every difficulty. But if you understand how breastfeeding works, you can work out what is happening, and help each mother to decide what is best for her.

Fig.7 (Overhead 3/1) Anatomy of the breast

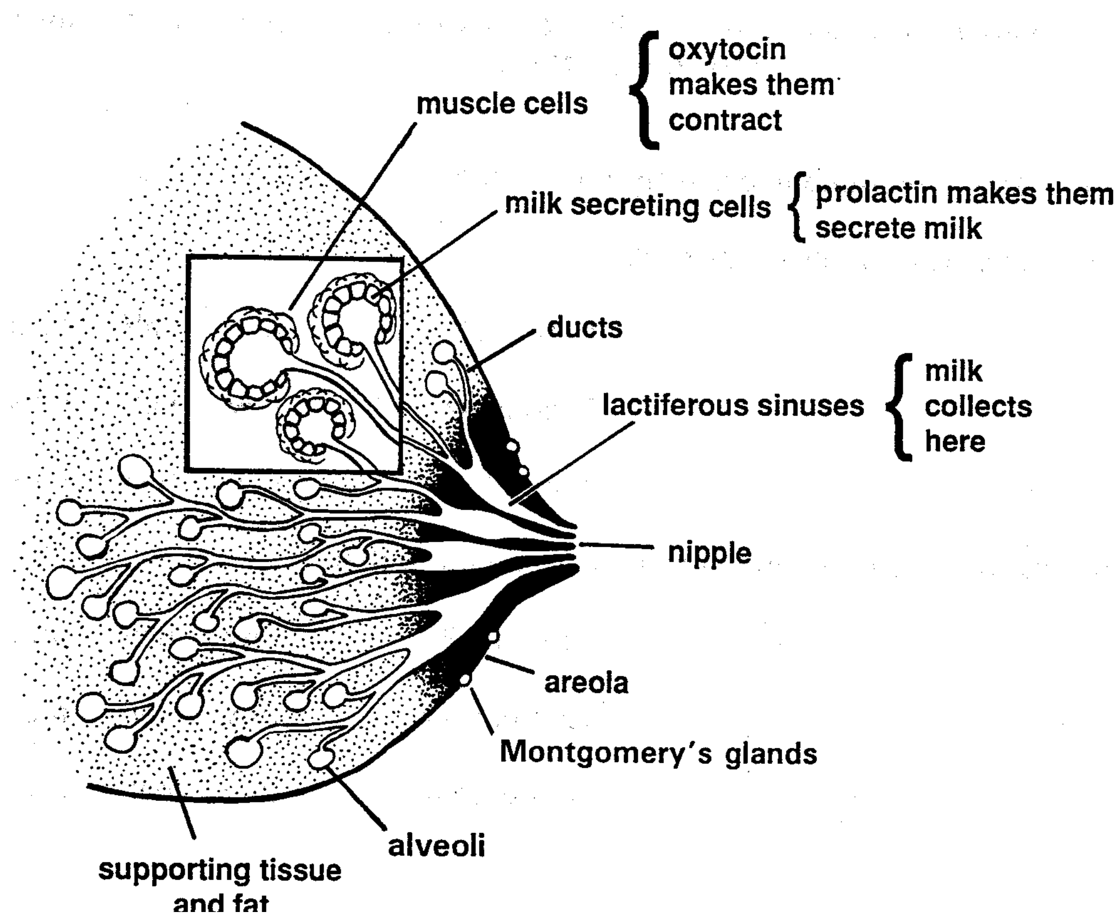


Fig.8 (Overhead 3/2)

PROLACTIN

Secreted AFTER feed to produce NEXT feed

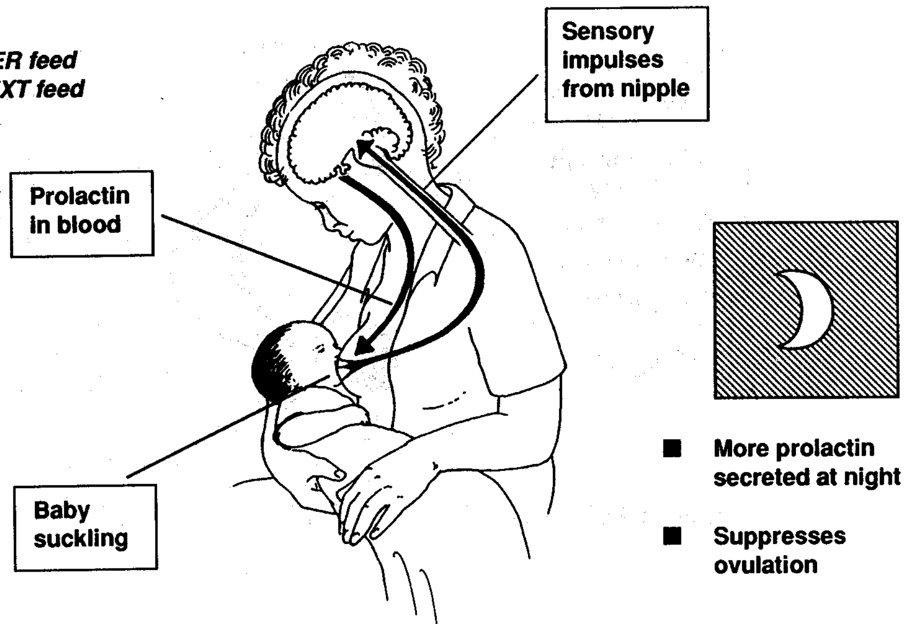


Fig.9 (Overhead 3/3)

OXYTOCIN REFLEX

Works BEFORE or DURING feed to make milk FLOW

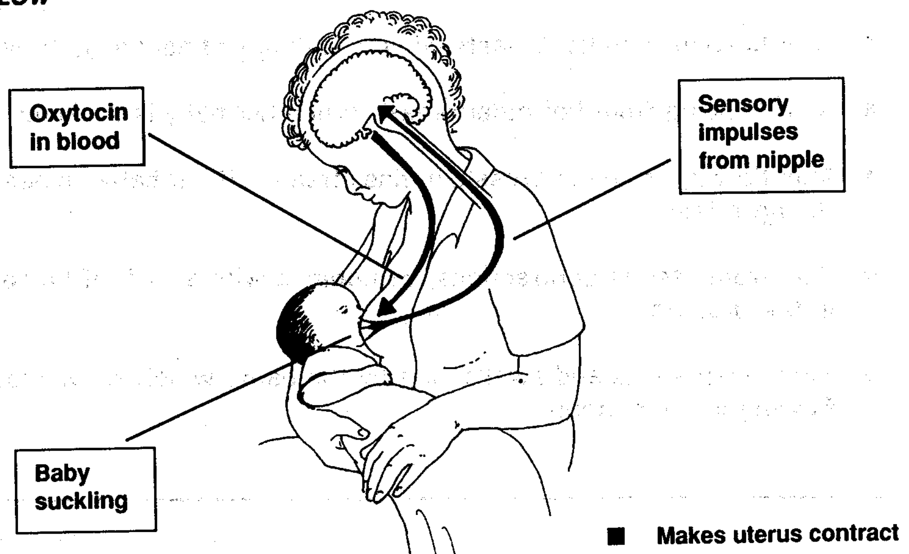
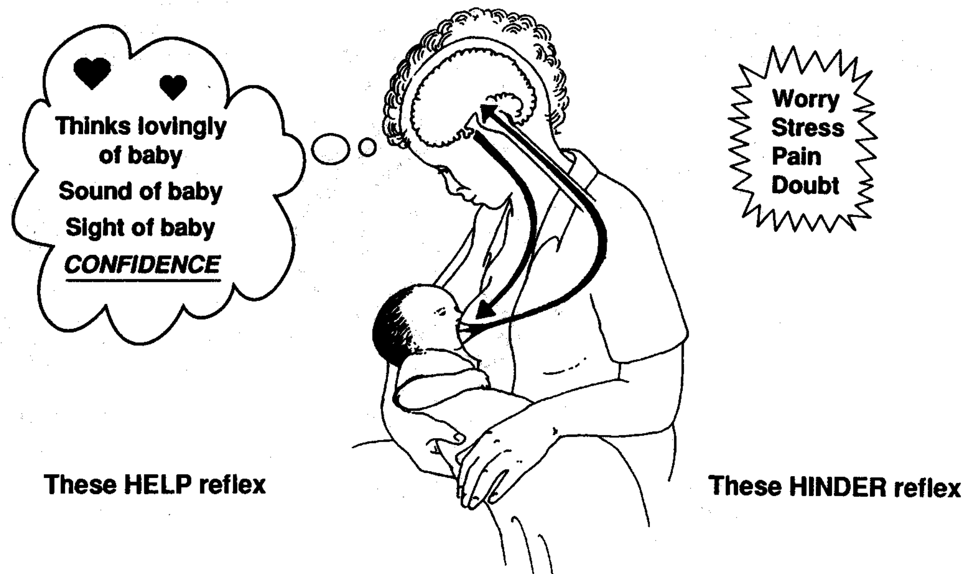


Fig.10 (Overhead 3/4) *Helping and hindering the oxytocin reflex*



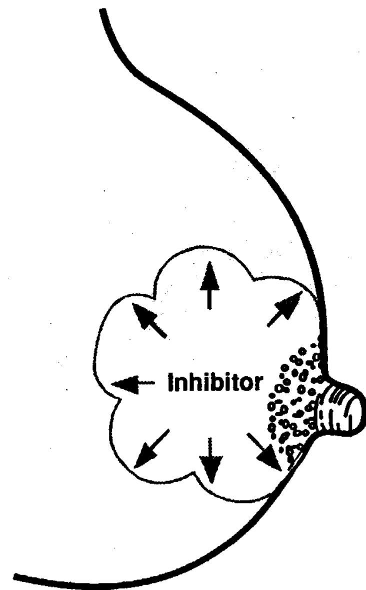
SIGNS AND SENSATIONS OF AN ACTIVE OXYTOCIN REFLEX

A mother may notice:

- A squeezing or tingling sensation in her breasts just before she feeds her baby, or during a feed
- Milk flowing from her breasts when she thinks of her baby, or hears him crying
- Milk dripping from her other breast, when her baby is suckling
- Milk flowing from her breasts in fine streams, if her baby comes off the breast during a feed
- Pain from uterine contractions, sometimes with a rush of blood, during feeds in the first week
- Slow deep sucks and swallowing by the baby, which show that breastmilk is flowing into his mouth

Fig.11 (Overhead 3/5)

INHIBITOR IN BREASTMILK



- **If breast remains full of milk, secretion stops**

Control of breastmilk production within the breast.

You may wonder why sometimes one breast stops making milk, while the other breast continues to make milk - although oxytocin and prolactin go equally to both breasts. This diagram shows why.

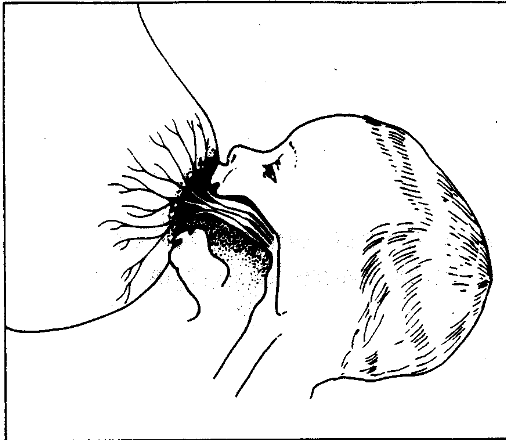
There is a substance in breastmilk which can reduce or *inhibit* milk production.
If a lot of milk is left in a breast, the inhibitor stops the cells from secreting any more. This helps to protect the breast from the harmful effects of being too full. It is obviously necessary if a baby dies or stops breastfeeding for some other reason. If breastmilk is removed, by suckling or expression, the inhibitor is also removed. Then the breast makes more milk.

This helps you to understand why:
- If a baby stops suckling from one breast, that breast stops making milk.
- If a baby suckles more from one breast, that breast makes more milk and becomes larger than the other.

It also helps you to understand why:
- For a breast to continue to make milk, the milk must be removed.
- If a baby cannot suckle from one or both breasts, *the breastmilk must be removed by expression* to enable production to continue.

Fig.12 (Overhead 3/8) Good and poor attachment

Good attachment



Poor attachment

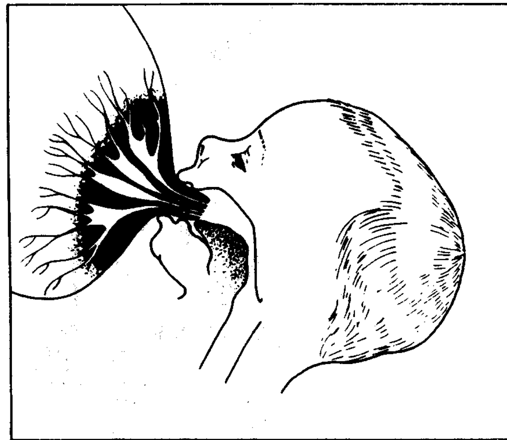
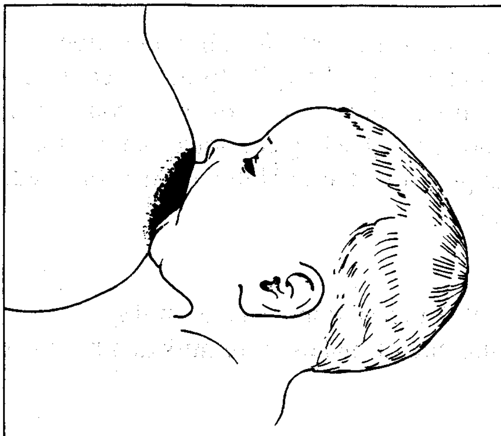


Fig.13 (Overhead 3/9) Attachment - outside appearance

Good attachment



Poor attachment

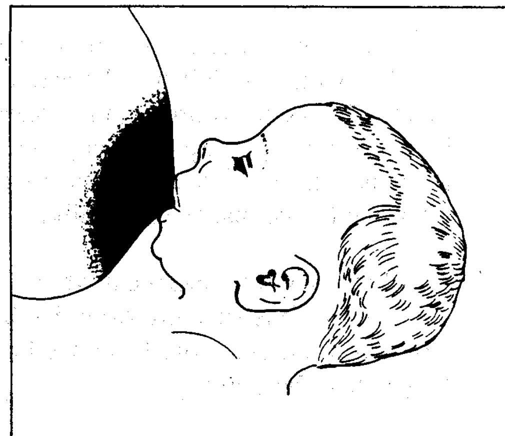


Fig.14 (Overhead 3/10)

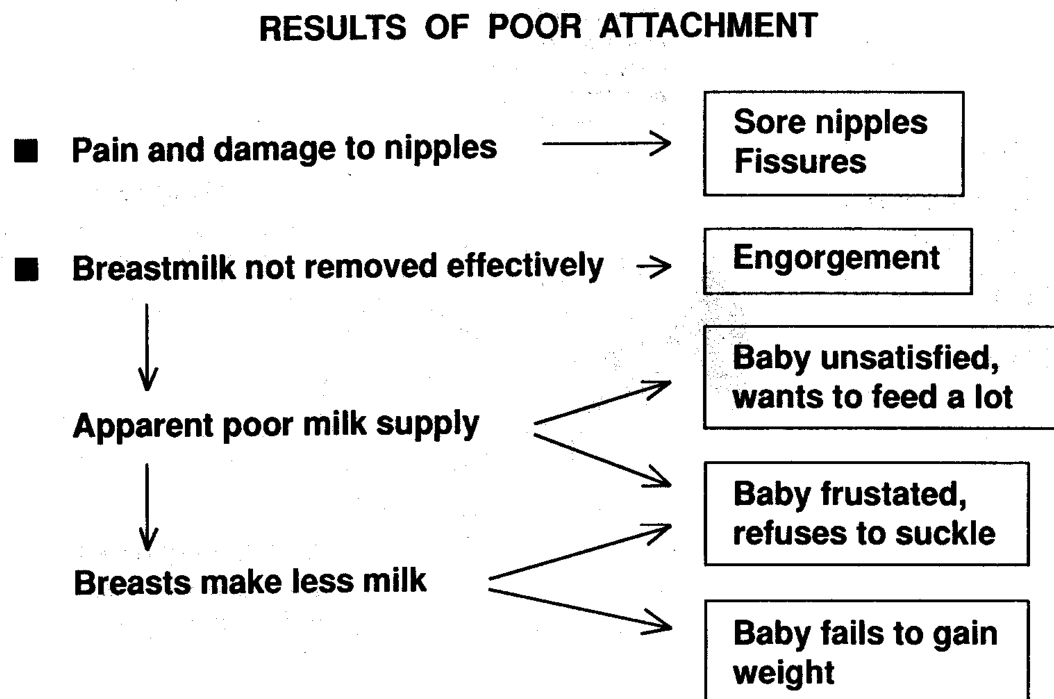


Fig.15 (Overhead 3/11)

CAUSES OF POOR ATTACHMENT

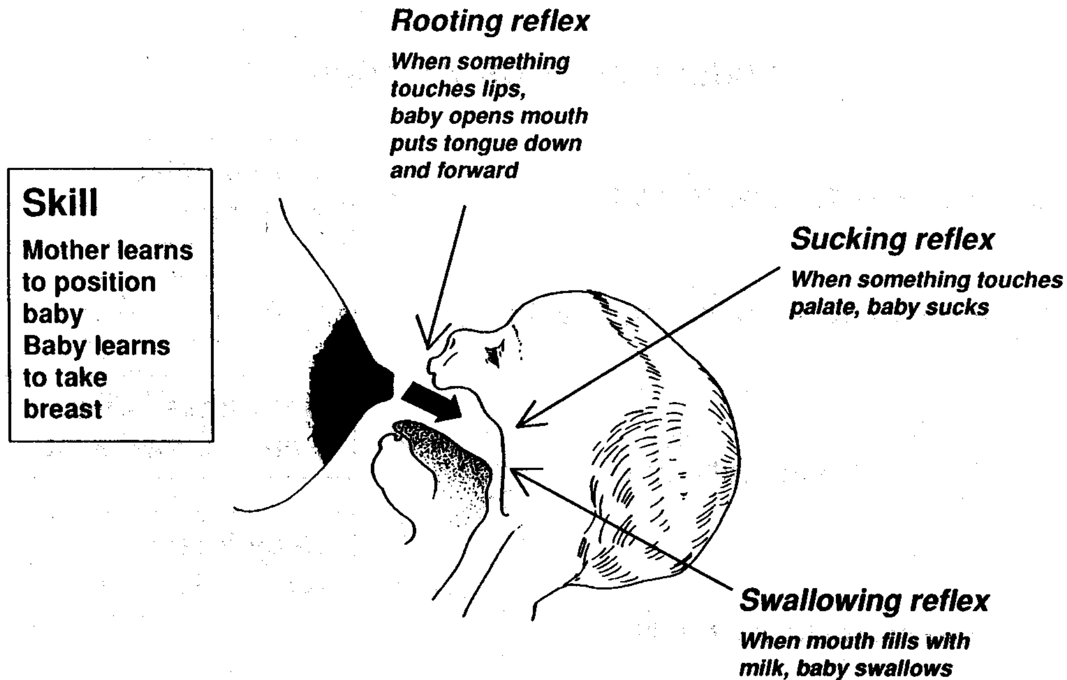
Use of feeding bottle
- before breastfeeding established
- for later supplements

Inexperienced mother
- first baby
- previous bottle feeder

Functional difficulty
- small or weak baby
- breast poorly protractile
- engorgement
- late start

Lack of skilled support
- less traditional help and community support
- doctors, midwives, nurses, not trained to help

Fig.16 (Overhead 3/12) Reflexes in the baby



Summary

- Breastmilk flow depends partly on the mother's thoughts, feelings and sensations. It is important to keep mothers and babies together day and night, and to help mothers to feel good about breastfeeding.

- Many common difficulties can be caused by poor attachment to the breast. These difficulties can be overcome by helping a mother to correct her baby's position. They can be prevented by helping a mother to position her baby in the first few days.

- The amount of milk that the breasts produce depends partly on how much the baby suckles, and how much milk he removes. More suckling makes more milk. Most mothers can produce more milk than their babies take, and they can produce enough for twins.

BREASTFEEDING WILL BE SUCCESSFUL IN MOST CASES IF:

- The mother feels good about herself
- The baby is well attached to the breast so that he suckles effectively
- The baby suckles as often and for as long as he wants
- The environment supports breastfeeding

Session 4

ASSESSING A BREASTFEED

Introduction

Assessing a breastfeed helps you to decide if a mother needs help or not, and how to help her. You can learn a lot about how well or badly breastfeeding is going by observing, before you ask questions. This is just as important a part of clinical practice as other kinds of examination, such as looking for signs of dehydration, or counting how fast a child is breathing.

There are some things you can observe when a baby is not breastfeeding. Other things you can only observe if a baby is breastfeeding.

HOW TO ASSESS A BREASTFEED

1. What do you notice about the mother?
2. How does the mother hold her baby?

3. What do you notice about the baby?
4. How does the baby respond?

5. How does the mother put her baby onto her breast?
6. How does the mother hold her breast during a feed?

7. Does the baby look well attached to the breast?
8. Is the baby suckling effectively?

9. How does the breastfeed finish?
10. Does the baby seem satisfied?

11. What is the condition of the mother's breasts?
12. How does breastfeeding feel to the mother?

Fig.17 How does the mother hold her baby?

a. Baby's body close, facing breast

Face to face attention from mother

b. Baby's body away from mother neck twisted

No mother baby eye contact

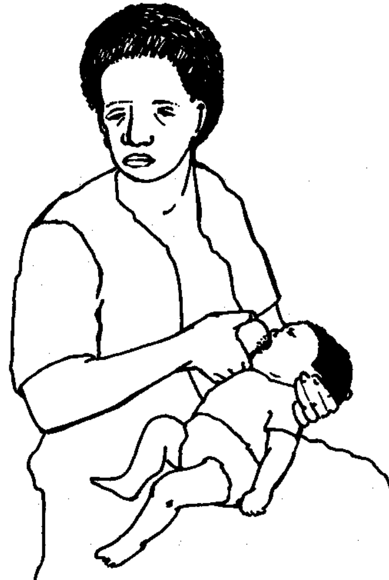
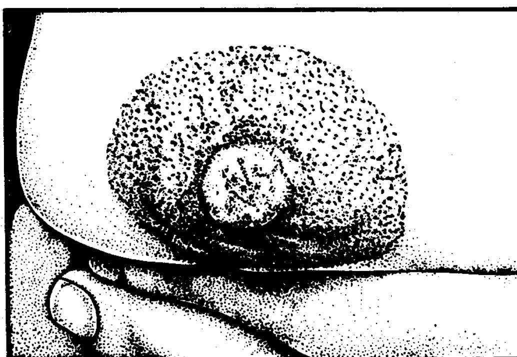
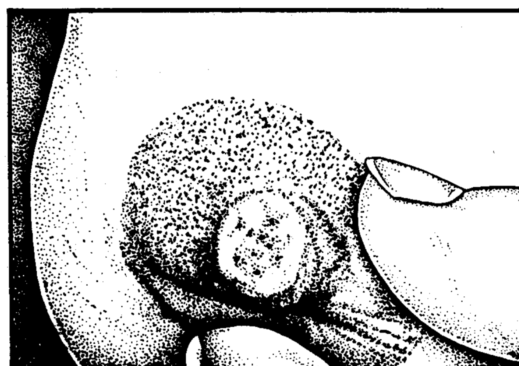


Fig.18 How does the mother hold her breast?

a. Resting her fingers on her chest wall so that her first finger forms a support at the base of the breast

b. Holding her breast too near the nipple





B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: ________________________________ Date: ________________

Baby's name: ________________________________ Age of baby: __________

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well	*Signs of possible difficulty*
BODY POSITION	
☐ Mother relaxed and comfortable	☐Shoulders tense, leans over baby
☐ Baby's body close, facing breast	☐Baby's body away from mother's
☐ Baby's head and body straight	☐Baby's neck twisted
☐ Baby's chin touching breast	☐Baby's chin not touching breast
☐ [Baby's bottom supported]	☐[Only shoulder or head supported]
RESPONSES	
☐ Baby reaches for breast if hungry	☐No response to breast
☐ [Baby roots for breast]	☐[No rooting observed]
☐ Baby explores breast with tongue	☐Baby not interested in breast
☐ Baby calm and alert at breast	☐Baby restless or crying
☐ Baby stays attached to breast	☐Baby slips off breast
☐ Signs of milk ejection, [leaking, afterpains]	☐No signs of milk ejection
EMOTIONAL BONDING	
☐ Secure, confident hold	☐Nervous or limp hold
☐ Face-to-face attention from mother	☐No mother/baby eye contact
☐ Much touching by mother	☐Little touching or
	☐Shaking or poking baby
ANATOMY	
☐ Breasts soft after feed	☐Breasts engorged
☐ Nipples stand out, protractile	☐Nipples flat or inverted
☐ Skin appears healthy	☐Fissures or redness of skin
☐ Breast looks round during feed	☐Breast looks stretched or pulled
SUCKLING	
☐ Mouth wide open	☐Mouth not wide open, points forward
☐ Lower lip turned outwards	☐Lower lip turned in
☐ Tongue cupped around breast	☐Baby's tongue not seen
☐ Cheeks round	☐Cheeks tense or pulled in
☐ More areola above baby's mouth	☐More areola below baby's mouth
☐ Slow deep sucks, bursts with pauses	☐Rapid sucks only
☐ Can see or hear swallowing	☐Can hear smacking or clicking
TIME SPENT SUCKLING	
☐ Baby releases breast	☐Mother takes baby off breast
Baby suckled for ___ minutes	

Notes:

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Session 5

OBSERVING A BREASTFEED

EXERCISE I. *Using the B-R-E-A-S-T-FEED Observation Form*

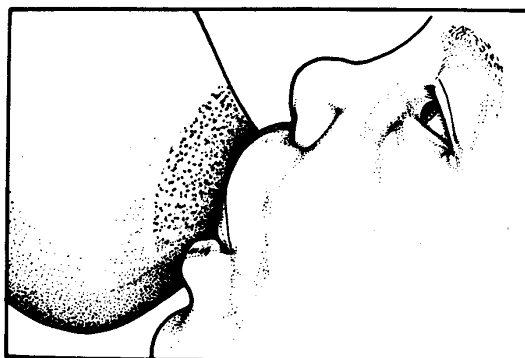
In this exercise, you practise recognizing the signs of good and poor positioning and attachment in some slides of babies breastfeeding.

With Slides 5/12 to 5/15, use your observations to practise filling in one of the B-R-E-A-S-T-FEED Observation Forms on the following pages. There are four forms. Fill in one form for each slide.

- If you see a sign, make a ✔ in the box next to the sign.
- If you do not see a sign, leave the box empty.
- If you see something important, but there is no box for it, make a note in the space `Notes' at the bottom of the form.

Most of the signs that you will see are in the sections for **B**ODY POSITION and **S**UCKLING. For this exercise you do not have to fill in the other sections.

Fig.19 a. A baby well attached to his mother's breast ***b. A baby poorly attached to his mother's breast***



B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: ______________________________ Date: ______________

Baby's name: ____Slide 5/12____________________ Age of baby: __________

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well	*Signs of possible difficulty*
BODY POSITION	
☐ Mother relaxed and comfortable	☐Shoulders tense, leans over baby
☐ Baby's body close, facing breast	☐Baby's body away from mother's
☐ Baby's head and body straight	☐Baby's neck twisted
☐ Baby's chin touching breast	☐Baby's chin not touching breast
☐ [Baby's bottom supported]	☐[Only shoulder or head supported]
RESPONSES	
☐ Baby reaches for breast if hungry	☐No response to breast
☐ [Baby roots for breast]	☐[No rooting observed]
☐ Baby explores breast with tongue	☐Baby not interested in breast
☐ Baby calm and alert at breast	☐Baby restless or crying
☐ Baby stays attached to breast	☐Baby slips off breast
☐ Signs of milk ejection, [leaking, afterpains]	☐No signs of milk ejection
EMOTIONAL BONDING	
☐ Secure, confident hold	☐Nervous or limp hold
☐ Face-to-face attention from mother	☐No mother/baby eye contact
☐ Much touching by mother	☐Little touching or
	☐Shaking or poking baby
ANATOMY	
☐ Breasts soft after feed	☐Breasts engorged
☐ Nipples stand out, protractile	☐Nipples flat or inverted
☐ Skin appears healthy	☐Fissures or redness of skin
☐ Breast looks round during feed	☐Breast looks stretched or pulled
SUCKLING	
☐ Mouth wide open	☐Mouth not wide open, points forward
☐ Lower lip turned outwards	☐Lower lip turned in
☐ Tongue cupped around breast	☐Baby's tongue not seen
☐ Cheeks round	☐Cheeks tense or pulled in
☐ More areola above baby's mouth	☐More areola below baby's mouth
☐ Slow deep sucks, bursts with pauses	☐Rapid sucks only
☐ Can see or hear swallowing	☐Can hear smacking or clicking
TIME SPENT SUCKLING	
☐ Baby releases breast	☐Mother takes baby off breast
Baby suckled for ___ minutes	

Notes:

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B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: ________________________________ Date: ________________

Baby's name: ____Slide 5/13____________________ Age of baby: __________

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well	*Signs of possible difficulty*
BODY POSITION	
☐ Mother relaxed and comfortable	☐Shoulders tense, leans over baby
☐ Baby's body close, facing breast	☐Baby's body away from mother's
☐ Baby's head and body straight	☐Baby's neck twisted
☐ Baby's chin touching breast	☐Baby's chin not touching breast
☐ [Baby's bottom supported]	☐[Only shoulder or head supported]
RESPONSES	
☐ Baby reaches for breast if hungry	☐No response to breast
☐ [Baby roots for breast]	☐[No rooting observed]
☐ Baby explores breast with tongue	☐Baby not interested in breast
☐ Baby calm and alert at breast	☐Baby restless or crying
☐ Baby stays attached to breast	☐Baby slips off breast
☐ Signs of milk ejection, [leaking, afterpains]	☐No signs of milk ejection
EMOTIONAL BONDING	
☐ Secure, confident hold	☐Nervous or limp hold
☐ Face-to-face attention from mother	☐No mother/baby eye contact
☐ Much touching by mother	☐Little touching or
	☐Shaking or poking baby
ANATOMY	
☐ Breasts soft after feed	☐Breasts engorged
☐ Nipples stand out, protractile	☐Nipples flat or inverted
☐ Skin appears healthy	☐Fissures or redness of skin
☐ Breast looks round during feed	☐Breast looks stretched or pulled
SUCKLING	
☐ Mouth wide open	☐Mouth not wide open, points forward
☐ Lower lip turned outwards	☐Lower lip turned in
☐ Tongue cupped around breast	☐Baby's tongue not seen
☐ Cheeks round	☐Cheeks tense or pulled in
☐ More areola above baby's mouth	☐More areola below baby's mouth
☐ Slow deep sucks, bursts with pauses	☐Rapid sucks only
☐ Can see or hear swallowing	☐Can hear smacking or clicking
TIME SPENT SUCKLING	
☐ Baby releases breast	☐Mother takes baby off breast
Baby suckled for ___ minutes	

Notes:

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B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: ________________________________ Date: ________________

Baby's name: ____Slide 5/14____________________ Age of baby: __________

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well	*Signs of possible difficulty*
BODY POSITION	
☐ Mother relaxed and comfortable	☐Shoulders tense, leans over baby
☐ Baby's body close, facing breast	☐Baby's body away from mother's
☐ Baby's head and body straight	☐Baby's neck twisted
☐ Baby's chin touching breast	☐Baby's chin not touching breast
☐ [Baby's bottom supported]	☐[Only shoulder or head supported]
RESPONSES	
☐ Baby reaches for breast if hungry	☐No response to breast
☐ [Baby roots for breast]	☐[No rooting observed]
☐ Baby explores breast with tongue	☐Baby not interested in breast
☐ Baby calm and alert at breast	☐Baby restless or crying
☐ Baby stays attached to breast	☐Baby slips off breast
☐ Signs of milk ejection, [leaking, afterpains]	☐No signs of milk ejection
EMOTIONAL BONDING	
☐ Secure, confident hold	☐Nervous or limp hold
☐ Face-to-face attention from mother	☐No mother/baby eye contact
☐ Much touching by mother	☐Little touching or
	☐Shaking or poking baby
ANATOMY	
☐ Breasts soft after feed	☐Breasts engorged
☐ Nipples stand out, protractile	☐Nipples flat or inverted
☐ Skin appears healthy	☐Fissures or redness of skin
☐ Breast looks round during feed	☐Breast looks stretched or pulled
SUCKLING	
☐ Mouth wide open	☐Mouth not wide open, points forward
☐ Lower lip turned outwards	☐Lower lip turned in
☐ Tongue cupped around breast	☐Baby's tongue not seen
☐ Cheeks round	☐Cheeks tense or pulled in
☐ More areola above baby's mouth	☐More areola below baby's mouth
☐ Slow deep sucks, bursts with pauses	☐Rapid sucks only
☐ Can see or hear swallowing	☐Can hear smacking or clicking
TIME SPENT SUCKLING	
☐ Baby releases breast	☐Mother takes baby off breast
Baby suckled for ___ minutes	

Notes:

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B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: ________________________________ Date: ________________

Baby's name: ____Slide 5/15____________________ Age of baby: __________

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well	*Signs of possible difficulty*
BODY POSITION	
☐ Mother relaxed and comfortable	☐Shoulders tense, leans over baby
☐ Baby's body close, facing breast	☐Baby's body away from mother's
☐ Baby's head and body straight	☐Baby's neck twisted
☐ Baby's chin touching breast	☐Baby's chin not touching breast
☐ [Baby's bottom supported]	☐[Only shoulder or head supported]
RESPONSES	
☐ Baby reaches for breast if hungry	☐No response to breast
☐ [Baby roots for breast]	☐[No rooting observed]
☐ Baby explores breast with tongue	☐Baby not interested in breast
☐ Baby calm and alert at breast	☐Baby restless or crying
☐ Baby stays attached to breast	☐Baby slips off breast
☐ Signs of milk ejection, [leaking, afterpains]	☐No signs of milk ejection
EMOTIONAL BONDING	
☐ Secure, confident hold	☐Nervous or limp hold
☐ Face-to-face attention from mother	☐No mother/baby eye contact
☐ Much touching by mother	☐Little touching or
	☐Shaking or poking baby
ANATOMY	
☐ Breasts soft after feed	☐Breasts engorged
☐ Nipples stand out, protractile	☐Nipples flat or inverted
☐ Skin appears healthy	☐Fissures or redness of skin
☐ Breast looks round during feed	☐Breast looks stretched or pulled
SUCKLING	
☐ Mouth wide open	☐Mouth not wide open, points forward
☐ Lower lip turned outwards	☐Lower lip turned in
☐ Tongue cupped around breast	☐Baby's tongue not seen
☐ Cheeks round	☐Cheeks tense or pulled in
☐ More areola above baby's mouth	☐More areola below baby's mouth
☐ Slow deep sucks, bursts with pauses	☐Rapid sucks only
☐ Can see or hear swallowing	☐Can hear smacking or clicking
TIME SPENT SUCKLING	
☐ Baby releases breast Baby suckled for ___ minutes	☐Mother takes baby off breast

Notes:

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Session 6

LISTENING AND LEARNING

Introduction

Counselling is a way of working with people in which you understand how they feel, and help them to decide what to do.
In these sessions you will discuss mothers who are breastfeeding and how they feel.

Breastfeeding is not the only situation in which counselling is useful.
Counselling skills are useful when you talk to patients or clients in other situations.
You may also find them helpful with your family and friends, or your colleagues at work. Practise some of the techniques with them - you may find the result surprising and helpful.

The first two counselling skills sessions are about `listening and learning'.
A breastfeeding mother may not talk about her feelings easily, especially if she is shy, and with someone whom she does not know well. You need the skill to listen, and to make her feel that you are interested in her. This will encourage her to tell you more. She will be less likely to "turn off", and say nothing.

Notes about the skills for listening and learning

Skill 1. Use helpful non-verbal communication

Non-verbal communication means showing your attitude through your posture, your expression, everything except through speaking. Helpful non-verbal communication makes a mother feel that you are interested in her, so it helps her to talk to you.

Skill 2. Ask open questions

Open questions are very helpful. To answer them a mother must give you some information. Open questions usually start with "How? What? When? Where? Why?"
For example: "How are you feeding your baby?"

Closed questions are usually less helpful. They tell a mother the answer that you expect, and she can answer them with a "Yes" or "No". They usually start with words like "Are you? Did he? Has he? Does she?" For example: "Did you breastfeed your last baby?" If a mother says "Yes" to this question, you still do not know if she breastfed exclusively, or if she also gave some artificial feeds.

To *start* a conversation, general open questions are helpful.
For example: "How is breastfeeding going for you?"
To *continue* a conversation, a more specific open question may be helpful.
For example: "How many hours after he was born did he have his first feed?"

Sometimes it is helpful to ask a closed question, to make sure about a fact.
For example: "Are you giving him any other food or drink?"
If she says "Yes", you can follow up with an open question, to learn more.
For example: "What made you decide to do that?" or "What are you giving him?"

Skill 3. Use responses and gestures which show interest

Another way to encourage a mother to talk is to use *gestures* such as nodding and smiling, and *simple responses* such as "Mmm", or "Aha". They show a mother that you are interested in her.

Skill 4. Reflect back what the mother says

Reflecting back means repeating back what a mother has said to you, to show that you have heard, and to encourage her to say more. Try to say it in a slightly different way.
For example, if a mother says: "My baby was crying too much last night."
You could say: "Your baby kept you awake crying all night?"

Skill 5. Empathize - show that you understand how she feels

Empathy or *empathizing* means showing that you understand how a person feels.
For example, if a mother says: "My baby wants to feed very often and it makes me feel so tired," you could say: "You are feeling very tired all the time then?"
This shows that you understand that she feels tired, so you are empathizing.
If you respond with a factual question, for example, "How often is he feeding? What else do you give him?" you are not empathizing.

Skill 6. Avoid words which sound judging

Judging words are words like: right, wrong, well, badly, good, enough, properly.
If you use these words when you ask questions, you may make a mother feel that she is wrong, or that there is something wrong with her baby.
However, sometimes you need to use the "good" judging words to build a mother's confidence (see Session 11 `Building confidence and giving support').

HELPFUL NON-VERBAL COMMUNICATION

Keep your head level
Pay attention
Remove barriers
Take time
Touch appropriately

LISTENING AND LEARNING SKILLS

- ☐ Use helpful non-verbal communication
- ☐ Ask open questions
- ☐ Use responses and gestures which show interest
- ☐ Reflect back what the mother says
- ☐ Empathize - show that you understand how she feels
- ☐ Avoid words which sound judging

Session 7

LISTENING AND LEARNING EXERCISES

EXERCISE 2. *Asking open questions*

How to do the exercise:

Questions 1-3 are `closed' and it is easy to answer `yes' or `no'.
Write a new `open' question, which requires the mother to tell you more.
Question 4 is an Optional Short Story Exercise, to do if you have time.

Example:

Do you breastfeed your baby? *How are you feeding your baby?*

To answer:

1. Does your baby sleep with you?

2. Are you often away from your baby?

3. Are your nipples sore?

4. Optional Short Story Exercise

Joseph and Mabel bring 3-month-old Johnny to the clinic. They want to talk to you because he is not gaining weight.

Write two open questions that you would ask Joseph and Mabel.
The questions must be ones that they cannot say just `yes' or `no' to.

EXERCISE 3. ***Reflecting back what a mother says***

How to do the exercise:

Statements 1-5 are some things that mothers might tell you.
Beside 1-3 are three responses. Mark the response that `reflects back' what the statement says.
For statements 4 and 5, make up your own response which `reflects back' what the mother says.
Number 6 is an Optional Short Story Exercise, to do if you have time.

Example:

My mother says that I don't have enough milk.

a.Do you think you have enough?
b.Why does she think that?
c.She says that you have a low milk supply?

To answer:

1. My baby is passing a lot of stools - sometimes 8 in a day.

   a.He is passing many stools each day?
   b.What are the stools like?
   c.Does this happen every day, or only on some days?

2. He doesn't seem to want to suckle from me.

   a.Has he had any bottle feeds?
   b.How long has been refusing?
   c.He seems to be refusing to suckle?

3. I tried feeding him from a bottle, but he spat it out.

   a.Why did you try using a bottle?
   b.He refused to suck from a bottle?
   c.Have you tried to use a cup?

4. Sometimes he doesn't pass a stool for 3 or 4 days.

5. My husband says that our baby is old enough to stop breastfeeding now.

6. Optional Short Story Exercise

You meet Cora in the market with her 2-month-old baby. You say how well the baby looks, and ask how she and the baby are doing. She says "Oh, we're doing fine. But he needs a bottle feed in the evening."

What do you say, to reflect back what Cora says, and to encourage her to tell you more?

EXERCISE 4. ***Empathizing - to show that you understand how she feels***

How to do the exercise:

Statements 1-5 are things that mothers might say.
Next to statements 1-3 are three responses which you might make.
Underline the words in the mother's statement which show something about how she feels. Mark the response which is most empathetic.
For statements 4 and 5, underline the feeling words, and then make up your own empathizing response.
Number 6 is an Optional Short Story Exercise, to do if you have time.

Example:

My baby wants to feed so often at night that I feel exhausted.

a. How many times does he feed altogether?
b. Does he wake you every night?

c. You are really tired with the night feeding.

To answer:

1. My nipples are so painful, I will have to bottle feed.
   a. The pain makes you want to stop breastfeeding?
   b. Did you bottle feed any of your previous children?
   c. Oh! don't do that - it's not necessary to stop just because of sore nipples.

2. My breastmilk looks so thin - I am sure it cannot be good.
   a. That's the foremilk - it always looks rather watery.
   b. You are worried about how your breastmilk looks?
   c. Well, how much does the baby weigh?

3. I do not have any milk in my breasts, and my baby is a day old already.
   a. You are upset because your breastmilk has not come in yet?
   b. Has he started suckling yet?
   c. It always takes a few days for breastmilk to come in.

4. My breasts leak milk all day at work - it is so embarrassing.

5. I have bad stomach pains when he is breastfeeding.

6. Optional Short Story Exercise

Edna brings baby Sammy to see you. She looks worried. She says "Sammy breastfeeds very often, but he still looks so thin!"

What would you say to Edna to empathize with how she feels?

EXERCISE 5. *Translating judging words*

JUDGING WORDS

Well	**Normal**	**Enough**	**Problem**	**Crying `too much'**
good	correct	adequate	fail	unhappy
bad	proper	inadequate	failure	happy
badly	right	satisfied	succeed	fussy
	wrong	plenty of	success	colicky
		sufficient		

USING AND AVOIDING JUDGING WORDS

English	*Local language*	*Judging question*	*Non-judging question*
Well	....	Does he suckle well?	
Normal	....	Are his stools normal?	
Enough	....	Is he gaining enough weight?	
Problem	....	Do you have any problems breastfeeding?	
Crying too much	....	Does he cry too much at night?	

Session 8

HEALTH CARE PRACTICES

Introduction

Health care practices can have a major effect on breastfeeding.
Poor practices interfere with breastfeeding, and contribute to the spread of artificial feeding. Good practices support breastfeeding, and make it more likely that mothers will breastfeed successfully, and will continue for a longer time.

Maternity facilities help mothers to *initiate*, or start breastfeeding at the time of delivery; and they help them to *establish* breastfeeding in the post-natal period.
Other parts of the health care service can play a very important part in helping to *sustain* breastfeeding up to 2 years or beyond, (see Session 28 `Sustaining breastfeeding').

In 1989, WHO and UNICEF issued a Joint Statement called *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. This describes how maternity facilities can support breastfeeding. The `Ten Steps' are a summary of the main recommendations of the Joint Statement. They are the basis of the `Baby Friendly Hospital Initiative'. For a maternity facility to be designated `baby friendly', it must put the `Ten Steps' into practice.

Fig.20 Skin-to-skin contact in the first hour after delivery helps breastfeeding and bonding

THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1 Have a written breastfeeding policy that is routinely communicated to all health care staff.

2 Train all health care staff in skills necessary to implement this policy.

3 Inform all pregnant women about the benefits and management of breastfeeding.

4 Help mothers initiate breastfeeding within a half-hour of birth.

5 Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.

6 Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.

7 Practise rooming-in - allow mothers and infants to remain together - 24 hours a day.

8 Encourage breastfeeding on demand.

9 Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

ANTENATAL PREPARATION FOR BREASTFEEDING

With mothers in groups:
- Explain benefits of breastfeeding
- Give simple relevant information on how to breastfeed
- Explain what happens after delivery
- Discuss mothers' questions

With each mother individually
- Ask about previous breastfeeding experience
- Ask if she has any questions or worries
- Examine her breasts if she is worried about them
- Build her confidence, and explain that you will help her

The dangers of prelacteal feeds

Prelacteal feeds are artificial feeds or drinks given to a baby before breastfeeding is initiated. They are dangerous because:

- *They replace colostrum as the baby's earliest feeds.*
  - The baby is more likely to develop infections such as diarrhoea, septicaemia and meningitis;
  - He is more likely to develop intolerance to the proteins in the artificial feed, and allergies, such as eczema.

- *They interfere with suckling.*
  - The baby's hunger is satisfied, so that he wants to breastfeed less.
  - If he is fed from a bottle with an artificial teat, he may have more difficulty attaching to the breast, (sucking confusion, or nipple confusion).
  - The baby suckles and stimulates the breast less.
  - Breastmilk takes longer to `come in' and it is more difficult to establish breastfeeding.

If a baby has even a few prelacteal feeds, his mother is more likely to have difficulties such as engorgement. Breastfeeding is more likely to stop early than when a baby is exclusively breastfed from birth.

ADVANTAGES OF ROOMING-IN AND DEMAND FEEDING

Rooming-in and demand feeding help both bonding and breastfeeding.

Advantages of rooming-in:
- Mother can respond to baby, which helps bonding
- Babies cry less, so less temptation to give bottle feeds
- Mothers more confident about breastfeeding
- Breastfeeding continues longer

Advantages of demand feeding:
- Breastmilk `comes in' sooner
- Baby gains weight faster
- Fewer difficulties such as engorgement
- Breastfeeding more easily established

Fig.21 `Bedding-in' allows a mother to rest while breastfeeding

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HOW TO HELP A MOTHER WITH AN EARLY BREASTFEED

- *Avoid hurry and noise.*
  Talk quietly, and be unhurried, even if you have only a few minutes.

- *Ask the mother how she feels and how breastfeeding is going.*
  Let her tell you how she feels, before you give any information or suggestions.

- *Observe a breastfeed.*
  Try to see the mother when she is feeding her baby, and quietly watch what is happening. If the baby's position and attachment are good, tell her how well she and the baby are doing. You do not need to show her what to do.

- *Help with positioning if necessary.*
  If the mother is having difficulty, or if her baby is not well attached, give her appropriate help.

- *Give her relevant information.*
  Make sure that she understands about demand feeding, about the signs that a baby gives that show that he is ready to feed, and explain how her milk will `come in'.

- *Answer the mother's questions.*
  She may have some questions that she wants to ask; or as you talk to her, you may learn that she is worried about something, or not sure about something. Explain simply and clearly what she needs to know.

Step 10 of the `Ten Steps to Successful Breastfeeding'

This step says: "Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic."

Many mothers give up breastfeeding or start complementary feeds in the early weeks.
Difficulties arise most often during this time. However, many mothers are discharged within a day or two after delivery, before their breastmilk has `come in', and before breastfeeding is established.

Even good hospital practices cannot prevent all the difficulties.
They cannot make sure that mothers will continue to breastfeed exclusively.
So it is important to think about what happens to mothers after they go home.

Possible sources of help for breastfeeding mothers include:

- *Supportive family and friends.*
  This is often the most important source of support. Community support is often good where breastfeeding traditions are strong, and family members live near. However, some traditional ideas may be mistaken. Many women, especially in cities, have little support. Or they may have friends or relatives who encourage them to bottle feed.

- *An early postnatal check, within 1 week of discharge from hospital.*
  This check should include observation of a breastfeed, and discussion of how breastfeeding is going. You can help mothers with minor difficulties before they become serious problems.

- *A routine postnatal check at 6 weeks.*
  This check also should include observation of a breastfeed, as well as discussion of family planning (see Session 31, `Women's nutrition, health and fertility').

- *Continuing help from health care services.*
  At any time that a health worker is in contact with a mother and child under 2 years of age, she should support breastfeeding. (See Session 28 `Sustaining breastfeeding').

- *Help from community health workers.*
  Community health workers are often in a good position to help breastfeeding mothers, as they may live nearby. They may be able to see a mother more often, and give more time, than facility-based health workers. It may be helpful to train community health workers in some breastfeeding counselling skills.

- *A breastfeeding support group.*

BREASTFEEDING SUPPORT GROUPS

- A group may be started by a health worker; by an existing women's group; by a group of mothers who feel that breastfeeding is important; or by mothers who meet in the antenatal clinic or maternity facility, and who want to continue to meet and help each other.

- A group of breastfeeding mothers meets together every 1-4 weeks, often in one of their homes, or somewhere in the community. They can have a topic to discuss, such as "The advantages of breastfeeding" or "Overcoming difficulties".

- They share experiences, and help each other with encouragement and with practical ideas about how to overcome difficulties. They learn more about how their bodies work.

- The group needs someone who is accurately informed about breastfeeding to train them. They need someone who can correct any mistaken ideas, and suggest solutions to difficulties. This helps the group to be positive and not to complain. This person could be a health worker, until someone in the group has learnt enough to play this role.

- The group needs a source of information whom they can refer to if they need help. This could be a health worker trained in breastfeeding, whom they see from time to time. The group also needs up-to-date materials to educate themselves about breastfeeding. The health worker can help them to get these.

- Mothers can also help each other at other times, and not only at meetings. They can visit each other when they are worried or depressed, or when they don't know what to do.

- Breastfeeding support groups can provide an important source of contact for socially isolated mothers.

- They can be a source of support which builds mother's confidence about breastfeeding and which reduces their worries.

- They can give a mother the extra help that she needs, from women like herself, that health services cannot give.

WHAT TO DO BEFORE A MOTHER LEAVES A MATERNITY FACILITY

- Find out what support she has at home.
- If possible, talk to family members about her needs.
- Arrange a postnatal check in the first week, to include observation of a breastfeed (in addition to a routine check at 6 weeks).
- Make sure that she knows how to contact a health worker who can help with breastfeeding if necessary.
- If there is a breastfeeding support group in her neighbourhood, refer her to that.

Fig.22. Talk to family members about a new mother's needs.
Fathers can be an important source of support for breastfeeding.

Session 9

CLINICAL PRACTICE 1

Listening and learning
Assessing a breastfeed

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

During the clinical practice, you work in small groups, and take turns to talk to a mother, while the other members of the group observe.
You practise observing and assessing a breastfeed, and the six listening and learning skills from Session 6.

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

What to take with you:
- two copies of the B-R-E-A-S-T-FEED Observation Form;
- one copy of **LISTENING AND LEARNING SKILLS**;
- pencil and paper to make notes.

You do not need to take books or manuals.

If you are the one who talks to the mother:
- Introduce yourself to the mother, and ask permission to talk to her. Introduce the group, and explain that you are interested in infant feeding.

- Try to find a chair or stool to sit on. If necessary, and if allowed in the facility, sit on the bed.

- If the baby is feeding, ask the mother to continue as she is doing. If the baby is not feeding, ask the mother to give a feed in the normal way at any time that the baby seems ready. Ask the mother's permission for the group to watch the feed.

- Before or after the breastfeed, ask the mother some open questions about how she is, how the baby is, and how feeding is going, to start the conversation. Encourage the mother to talk about herself and the baby. Practise as many of the listening and learning skills as possible.

If you are observing:

- Stand quietly in the background. Try to be as still and quiet as possible. Do not comment, or talk among yourselves.

- Make *general* observations of the mother and baby. Notice for example: does she look happy? Does she have formula or a feeding bottle with her?

- Make *general* observations of the conversation between the mother and the participant. Notice for example: who does most of the talking? Does the mother talk freely, and seem to enjoy it?

- Make *specific* observations of the participant's listening and learning skills, including her non-verbal communication.
  Mark a ✔ on your list of **LISTENING AND LEARNING SKILLS** when she uses a skill, to help you to remember for the discussion.
  Notice if she makes a mistake, for example if she uses a judging word, or if she asks a lot of questions to which the mother says `yes' and `no'.

- Stay quietly watching the mother and baby as the feed continues.
  While you observe, fill in a B-R-E-A-S-T-FEED Observation Form.
  Write the name of the mother and baby; mark a ✔ beside each sign that you observe; add the time that the feed takes.

- Thank the mother for her time and cooperation, and say something to praise and support her.

MISTAKES TO AVOID

- **Do not say that you are interested in <u>breastfeeding</u>.**
  The mother's behaviour may change. She may not feel free to talk about bottle feeding. You should say that you are interested in "infant feeding" or in "how babies feed".

- **Do not give a mother help or advice.**
  In Clinical Practice 1, if a mother seems to need help, you should inform your trainer, and a member of staff from the ward or clinic.

- **Be careful that the forms do not become a barrier.**
  The participant who talks to the mother should not make notes while she is talking. She needs to refer to the forms to remind her what to do, but if she wants to write, she should do so afterwards. The participants who are observing can make notes.

Session 10

POSITIONING A BABY AT THE BREAST

Introduction

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

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

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

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

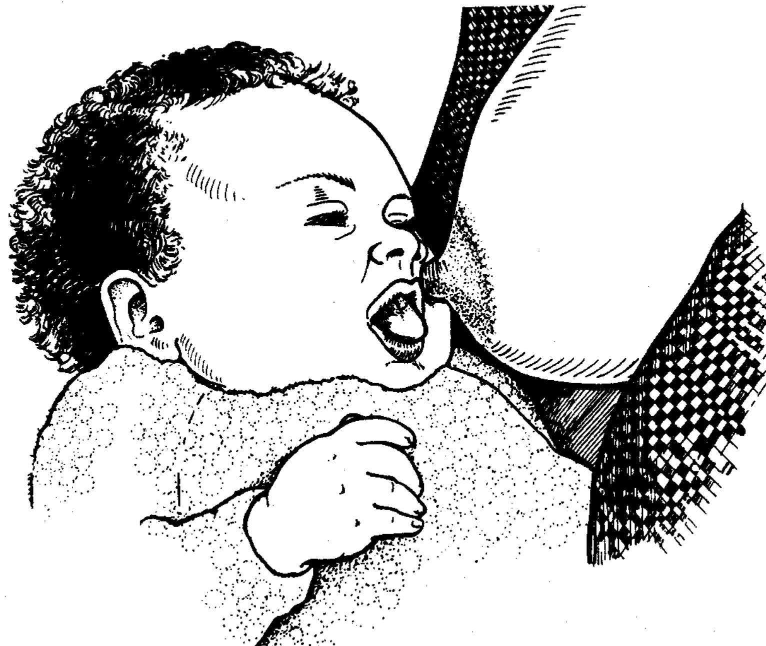


Fig.23 The mother's nipple is touching her baby's lips. He is opening his mouth and putting his tongue forward ready to take the breast

HOW TO HELP A MOTHER WHO IS SITTING

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

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

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

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

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

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

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

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

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

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

- Explain or show her how to quickly move her baby to her breast, when he is opening his mouth wide.
  - She should bring her baby to her breast. She should not move herself or her breast to her baby.
  - She should aim her baby's lower lip below her nipple, so that his chin will touch her breast.

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

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

HOW TO HELP A MOTHER WHO IS LYING DOWN

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

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

Other positions in which a mother can breastfeed

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

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

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

Useful for:

- twins
- blocked duct
- difficulty attaching the baby

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

Useful for:

- very small babies
- sick babies

Fig.25 A mother breastfeeding her baby lying down

HOW TO HELP A MOTHER TO POSITION HER BABY

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

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

Session 11

BUILDING CONFIDENCE AND GIVING SUPPORT

Introduction

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

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

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

Notes about the skills for building confidence and giving support

Skill 1. Accept what a mother thinks and feels

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

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

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

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

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

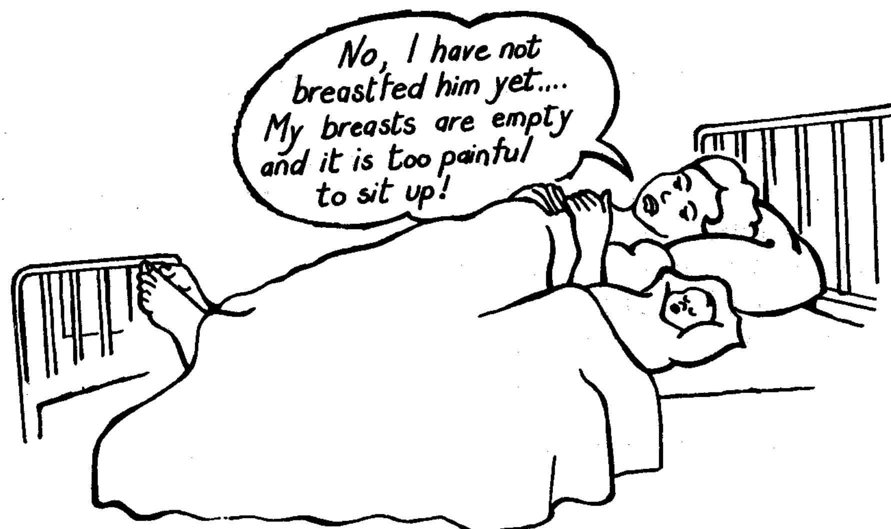
Skill 3. Give practical help

Sometimes practical help is better than saying anything. For example:
- When a mother feels tired or dirty or uncomfortable;
- When she is hungry or thirsty;
- When she has had a lot of advice already;
- When you want to show support and acceptance;
- When she has a clear practical problem.

Some ways to give practical help are these:
- Help to make her clean and comfortable;
- Give her a warm drink, or something to eat;
- Hold the baby while she gets comfortable.

Fig.26 (Overhead 11/3)

Which response is more appropriate?
"You should let the baby suckle now, to help your breastmilk to come in."
"Let me try to make you more comfortable, and then I'll bring you a drink."



Skill 4. Give a little, relevant information

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

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

Skill 5. Use simple language

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

Skill 6. Make one or two suggestions, not commands

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

CONFIDENCE AND SUPPORT SKILLS

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

Session 12

BUILDING CONFIDENCE EXERCISES

EXERCISE 6. ***Accepting what a mother THINKS***

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

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

Examples 1-3:

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

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

Your trainer will read out each mistaken idea.

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

Examples 4-10:

Trainer reads:

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

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

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

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

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

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

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

EXERCISE 7. *Accepting what a mother FEELS*

How to do the exercise:

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

Example:

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

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

To answer:

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

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

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

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

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

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

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

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

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

How to do the exercise:

For Stories E, F, and G below, there are three responses. They are all things that you might want to say to the mother.
Mark with a ✔ the response which praises what the mother and baby are doing right, to build the mother's confidence.
(You may give her some of the other information later.)
For Stories H and I, make up your own response which praises what the mother and baby are doing right.

Example:

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

Mark the response which praises what she is doing.

a. You should stop the fruit juice - that's probably what is causing the diarrhoea.
✔ b. It is good that you are breastfeeding - breastmilk should help him to recover.
c. It is better not to give babies anything but breastmilk until they are about 6 months old.

To answer:

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

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

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

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

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

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

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

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

EXERCISE 9. *Giving a little, relevant information*

How to do the exercise:

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

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

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

To answer:

Mothers 1-6	**Information**
1. Mother returning to work — a b c d (e) f	a. Foremilk normally looks watery, and hindmilk is whiter
2. Mother with 12-month-old baby — a b c d e f	b. Exclusive breastfeeding is best until a baby is 4-6 months old
3. Mother who thinks that her milk is too thin — a b c d e f	c. More suckling makes more milk
4. Mother who thinks that she does not have enough breastmilk — a b c d e f	d. Colostrum is all that a baby needs at this time
5. Mother with 2-month-old baby who is exclusively breastfed — a b c d e f	e. Night breastfeeds are good for a baby and help to keep up the milk supply
6. A newly delivered mother who wants to give her baby prelacteal feeds — a b c d e f	f. Breastfeeding is valuable for two years or more

Mother 7:.
A mother one day after delivery with soft breasts who wants her milk to `come in':

Mother 8:.
A mother with a healthy 5-6-month-old baby, who is exclusively breastfed:

EXERCISE 10. *Giving information in a positive way*

How to do the exercise:

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

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

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

Example:

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

Accept what she says:

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

Give correct information in a positive way:

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

To answer:

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

Accept what she says:
"Yes, that can be a worry."

Give correct information in a positive way:

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

Accept what she says:
"You feel that he needs more to drink sometimes?"

Give correct information in a positive way:

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

Accept what she says:
"You feel that he is not satisfied in the evening?"

Give correct information in a positive way:

EXERCISE 11. *Using simple language*

How to do the exercise:

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

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

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

Example:

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

Using simple language:

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

To answer:

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

   Using simple language:

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

   Using simple language:

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

   Using simple language:

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

   Using simple language:

EXERCISE 12. ***Making one or two suggestions, not commands***

How to do the exercise:

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

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

Example:

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

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

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

Suggestion in the form of a question:

Would it be easier to feed him at night if he slept with you?
Have you thought about letting him sleep in bed with you?

Question followed by some information:

How would you feel about letting him sleep in bed with you? It might be easier to feed him that way.

To answer:

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

   Suggestion:

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

   Suggestion:

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

   Suggestion:

Optional:

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

   Suggestion:

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

   Suggestion:

Session 13

CLINICAL PRACTICE 2

Building confidence and giving support
Positioning a baby at the breast

> These notes are a summary of the instructions that the trainer will give you about how to do the clinical practice. Try to make time to read them to remind you about what to do during the session.
>
> During the clinical practice, you work in small groups or pairs, and take turns to talk to a mother while your partner or other members of the group observe. You practise the building confidence and giving support skills from Session 11, and helping a mother to position her baby at the breast from Session 10.
>
> After the clinical practice, record the mothers and babies that you have seen on your **CLINICAL PRACTICE PROGRESS FORM**, on page 186.

What to take with you:

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

How to do the clinical practice:

- Talk to and observe mothers and babies as for Clinical Practice 1. Continue to practise `assessing a breastfeed' and `listening and learning'.
- In addition, practise as many of the six confidence and support skills as possible. Try to do these things:
  - praise two things that the mother and baby are doing right;
  - give the mother two pieces of relevant information that are useful to her now.

  Be careful not to give a lot of advice.
- The participant who observes marks a ✔ on the list of **CONFIDENCE AND SUPPORT SKILLS** for every skill that her partner uses.
- If there is an opportunity, practise helping a mother to position her baby at the breast, or to overcome any other difficulty. Inform the trainer so that she can demonstrate how to help the mother, and help you to do it the first time.

Session 14

BREAST CONDITIONS

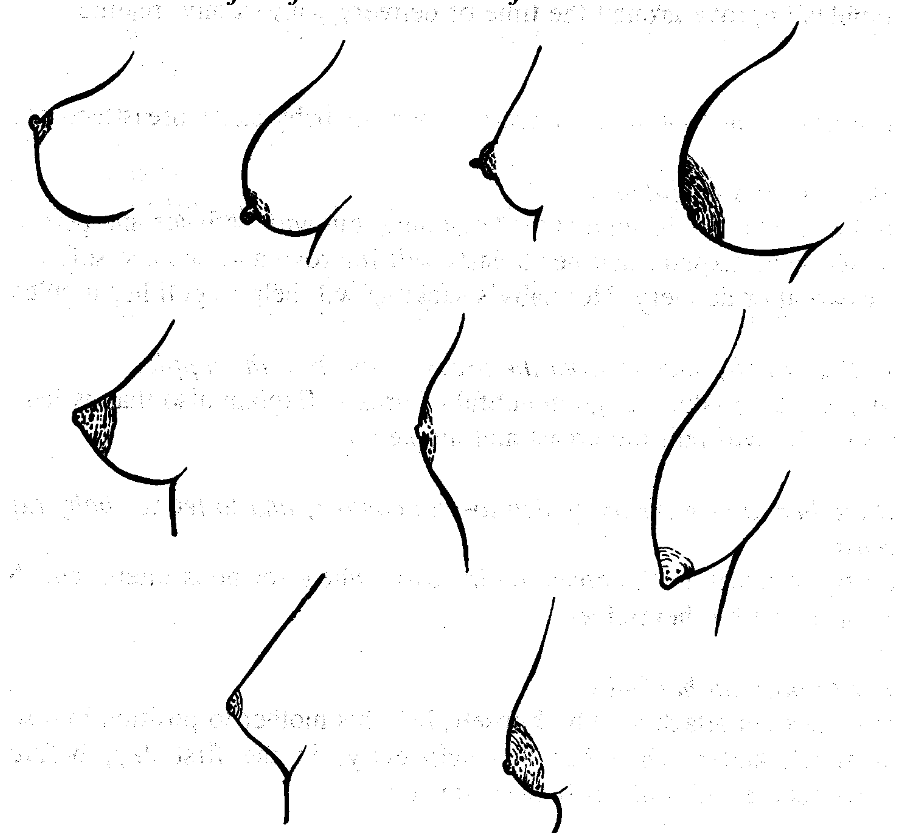
Introduction

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

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

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

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



MANAGEMENT OF FLAT AND INVERTED NIPPLES

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

Management of flat and inverted nipples

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

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

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

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

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

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

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

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

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

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

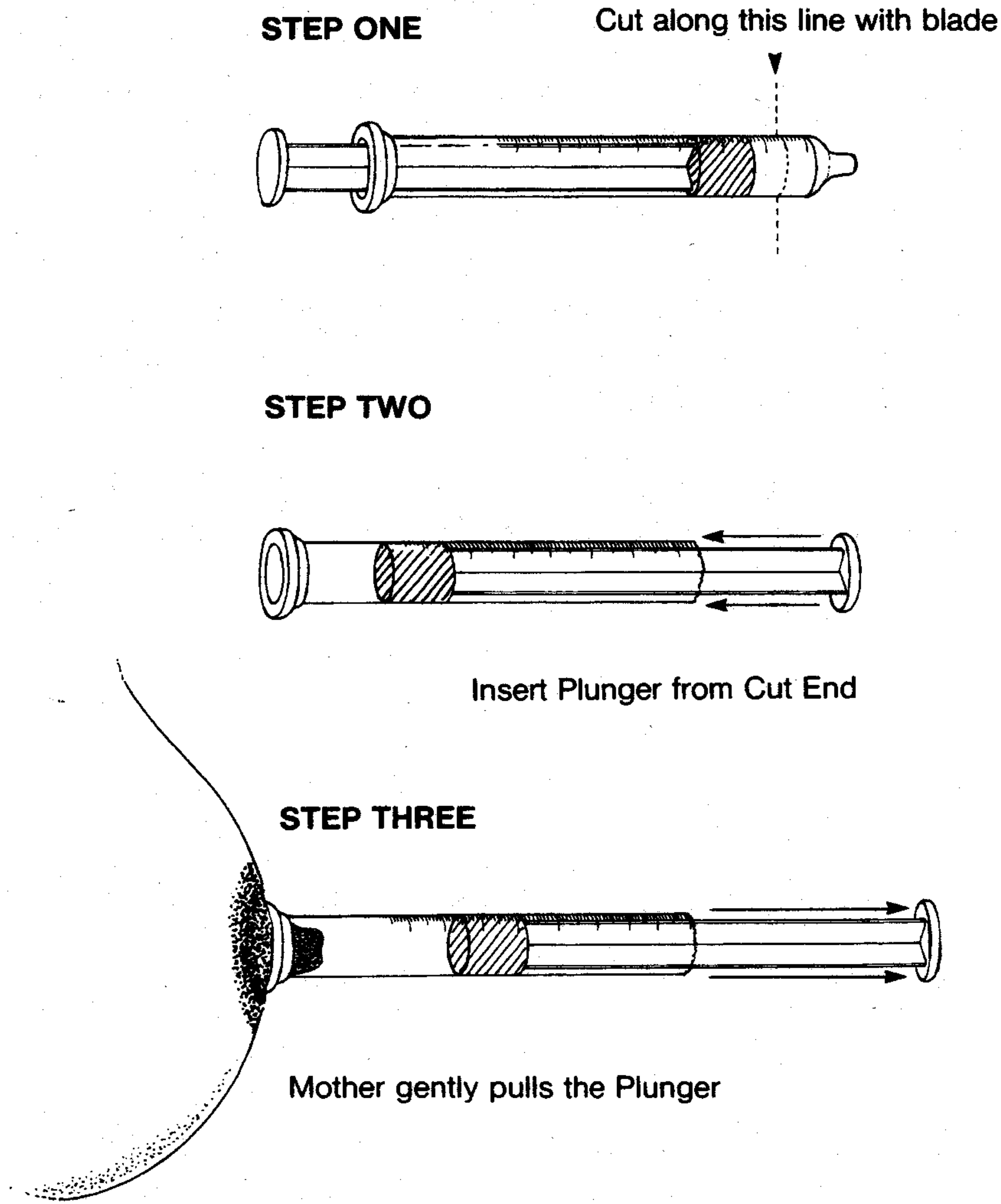
If a baby cannot suckle effectively in the first week or two, help his mother to:

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

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

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

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



SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS

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

CAUSES AND PREVENTION OF BREAST ENGORGEMENT

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

Treatment of breast engorgement

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

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

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

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

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

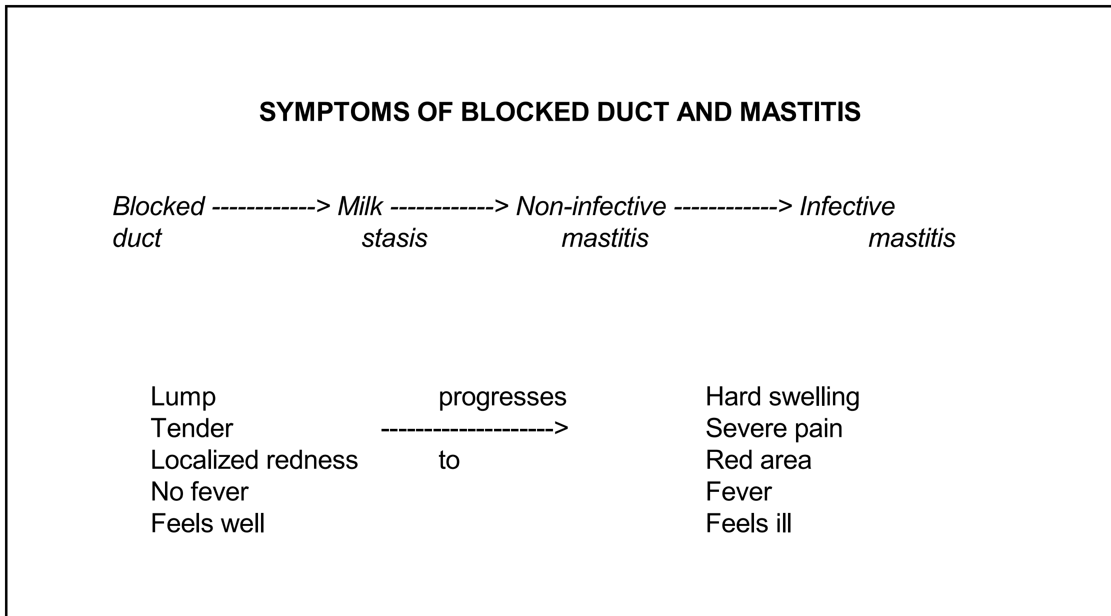
- *After a feed, put a cold compress on her breasts.*
  This may help to reduce oedema.

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

TREATMENT OF BREAST ENGORGEMENT

Do not "rest" the breast

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



Symptoms of blocked duct and mastitis

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

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

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

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

CAUSES OF BLOCKED DUCT AND MASTITIS

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

Causes of blocked duct and mastitis

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

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

Poor drainage of part of the breast may be due to:
- *Ineffective suckling,* because a baby who is poorly attached may empty only part of the breast.
- *Pressure from tight clothes*, usually a bra, especially if she wears it at night; or from lying on the breast, which can block one of the ducts.
- *Pressure of the mother's fingers*, which can block milk flow during a breastfeed.
- *The lower part of a large breast draining poorly*, because of the way in which the breast hangs.

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

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

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

TREATMENT OF BLOCKED DUCT AND MASTITIS

FIRST:

- Improve drainage of breast

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

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

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

THEN:

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

Treat in addition with:

- Antibiotics
- Complete rest
- Analgesics (paracetamol)

Treatment of blocked duct and mastitis

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

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

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

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

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

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

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

A mother needs additional treatment if there are any of these:

- severe symptoms when you first see her, OR
- a fissure, through which bacteria can enter, OR
- no improvement after 24 hours of improved drainage.

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

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

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

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

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

Table 1 ANTIBIOTIC TREATMENT FOR INFECTIVE MASTITIS

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

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

Table 2 TREATMENT OF CANDIDA OF THE BREAST

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

OR:

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

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

Stop using pacifiers, teats, and nipple shields.

MANAGEMENT OF SORE NIPPLES

Look for a cause:

- Check attachment
- Examine breasts - engorgement, fissures, *Candida*
- Check baby for *Candida,* and tongue-tie

Give appropriate treatment:

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

Advise the mother to:

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

Management of sore nipples

First look for a cause:

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

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

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

Then give appropriate treatment:

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

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

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

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

Then advise the mother:

- Advise her not to wash her breasts more than once a day, and not to use soap, or rub hard with a towel.
  Breasts do not need to be washed before or after feeds - normal washing as for the rest of the body is all that is necessary. Washing removes natural oils from the skin, and makes soreness more likely.

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

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

Session 15

BREAST CONDITIONS EXERCISE

EXERCISE 13. ***Breast conditions***

How to do the exercise:

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

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

Example:

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

What is the diagnosis?

(Engorged breasts.)

What may have caused the condition?

(Delay starting to breastfeed.)

How can you help Mrs A?

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

To answer:

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

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

What is the diagnosis?

What may be the cause?

What three suggestions would you give Mrs B?

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

What could you say to empathize with Mrs C?

What is the diagnosis?

Why do you think that Mrs C has this condition?

How would you treat Mrs C?

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

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

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

What practical help could you give her?

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

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

How could you build her confidence?

What practical help could you give Mrs E?

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

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

What treatment would you give to her and her baby?

How would you build Mrs F's confidence?

Optional

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

What has happened to Mrs G's breasts?

What are Mrs G and her baby doing right?

What practical help can you give Mrs G?

Session 16

REFUSAL TO BREASTFEED

Introduction

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

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

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

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

WHY A BABY MAY REFUSE TO BREASTFEED

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

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

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

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

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

2. Is there a difficulty with the breastfeeding technique?

Sometimes breastfeeding has become unpleasant or frustrating for a baby.

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

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

3. Has a change upset the baby?

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

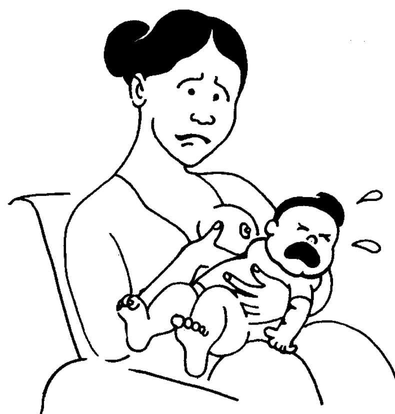
Possible causes:
- Separation from his mother, for example when she starts a job.
- A new carer, or too many carers.
- A change in the family routine - for example, moving house, visiting relatives.
- Illness of his mother, or a breast infection.
- His mother menstruating.
- A change in his mother's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

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

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

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

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



CAUSES OF BREAST REFUSAL

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

MANAGEMENT OF REFUSAL TO BREASTFEED

If a baby is refusing to breastfeed:

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

1. Treat or remove the cause if possible

Illness:

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

Pain:

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

Sedation:

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

Breastfeeding technique:

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

Oversupply:

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

To reduce oversupply:

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

Sometimes a mother finds it helpful to:
- express some milk before a feed;
- lie on her back to breastfeed (if milk flows upwards, it is slower);
- hold her breast with the scissor hold to slow the flow (see Session 10, `Positioning a baby at the breast').

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

Changes which upset a baby:
- Discuss the need to reduce separation and changes if possible.
- Suggest that she stops using the new soap, perfume, or food.

Apparent refusal:

If it is *rooting*:

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

If it is *distraction*:

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

If it is *self-weaning:*

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

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

2. Help the mother and baby to enjoy breastfeeding again

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

Help the mother to do these things:

- *Keep her baby close to her all the time.*
  - She should care for her baby herself as much of the time as possible.
  - Ask grandmothers and other helpers to help in other ways, such as doing the housework, and caring for older children.
  - She should hold her baby often, and give plenty of skin-to-skin contact at times other than feeding times. She should sleep with him.
  - If the mother is employed, she should take leave from her employment - sick leave if necessary.
  - It may help if you discuss the situation with the baby's father, grandparents, and other helpful people.

- *Offer her breast whenever her baby is willing to suckle.*
  - She should not hurry to breastfeed again, but offer the breast if her baby does show an interest.
    He may be more willing to suckle when he is sleepy or after a cup feed, than when he is very hungry. She can offer her breast in different positions.
  - If she feels her ejection reflex working, she can offer her breast then.

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

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

HELPING A MOTHER AND BABY TO BREASTFEED AGAIN

Help the mother to do these things:

- *Keep her baby close - no other carers*

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

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

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

- *Help her baby to take the breast*

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

- *Feed her baby by cup*

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

EXERCISE 14. *Breast refusal*

How to do the exercise:

Read the stories, and write your answers to the questions in pencil in the following space. When you have finished, discuss your answers with the trainer.
The stories of Mrs K and Mrs L are optional, to do if you have time.

To answer:

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

What can you say to empathize with Mrs H?

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

What practical help can you give her?

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

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

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

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

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

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

What could you say to empathize with Mrs J?

Why is Mrs J's baby refusing to breastfeed?

What relevant information might be helpful to Mrs J?

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

Optional

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

What could you say to praise the nurse?

Why does Mrs K's baby refuse to breastfeed?

What would you suggest that the nurse does differently?

What could you suggest that Mrs K does?

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

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

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

What practical help can you give?

Session 17

TAKING A BREASTFEEDING HISTORY

Introduction

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

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

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

SUMMARY: HOW TO TAKE A BREASTFEEDING HISTORY

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

HOW TO TAKE A BREASTFEEDING HISTORY

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

- *Ask her to tell you about herself and her baby in her own way.*
  Let her tell you first what she feels is important. You can learn the other things that you need to know later.
  Use your listening and learning skills to encourage her to tell you more.

- *Look at the child's growth chart.*
  It may tell you some important facts and save you asking some questions.

- *Ask the questions that will tell you the most important facts.*
  You will need to ask questions, including some closed questions, but try not to ask too many.
  The Breastfeeding History Form is a guide to the facts that you may need to learn about. Decide what you need to know from each of the six sections.

- *Be careful not to sound critical.*
  Ask questions politely. For example:
  Do not ask: "Why are you bottle feeding?"
  It is better to say: "What made you decide to give (name) some bottle feeds?"
  Use your confidence and support skills.
  Accept what the mother says, and praise what she is doing well.

- *Try not to repeat questions.*
  Try not to ask questions about facts which either the mother or the growth chart has told you already.
  If you do need to repeat a question, first say: "Can I make sure that I have understood clearly?" and then, for example "You said that (name) had both diarrhoea and pneumonia last month?"

- *Take time to learn about more difficult, sensitive things.*
  Some things are more difficult to ask about, but they can tell you about a woman's feelings, and whether she really wants to breastfeed.
  - What have people told her about breastfeeding?
  - Does she have to follow any special rules?
  - What does the baby's father say? Her mother? Her mother-in-law?
  - Did she want this pregnancy at this time?
  - Is she happy about having the baby now? About the baby's sex?

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

BREASTFEEDING HISTORY FORM

Mother's name______________________________ Baby's name_________________ Date of birth_______________
Reason for consultation____

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

Session 18

HISTORY PRACTICE

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

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

How to practise taking a history

If you are the `counsellor':

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

If you are the `mother':

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

If you are observing:

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

Session 19

BREAST EXAMINATION

HOW TO EXAMINE A WOMAN'S BREASTS

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

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

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

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

- If it is necessary to palpate, ask her permission

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

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

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

Session 20

EXPRESSING BREASTMILK

Introduction

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

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 and sore.

It is a good idea for all mothers to learn how to express their breastmilk, so that they know what to do if the need arises.

The most useful way for a mother to express milk is by hand. It needs no appliance, so she can do it anywhere and at any time. With a good technique, it can be very efficient. It is easy to hand express when the breasts are soft. It is more difficult when the breasts are engorged or tender. So teach a mother how to hand express on the first or second day after delivery.

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

Stimulating the oxytocin reflex

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.

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.

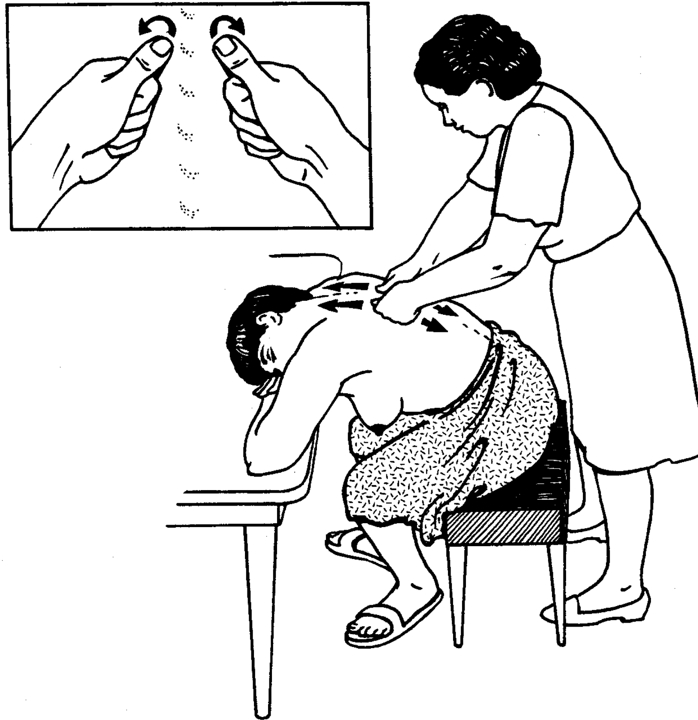
- *Warm her breasts.*
  For example, she can apply a warm compress, or warm water, or have a warm shower.

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

- *Massage or stroke the breasts lightly.*
  Some women find that it helps if they stroke the nipple and areola 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.30).

Fig.30 A helper rubbing a mother's back to stimulate the oxytocin reflex



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.

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. Be gentle.

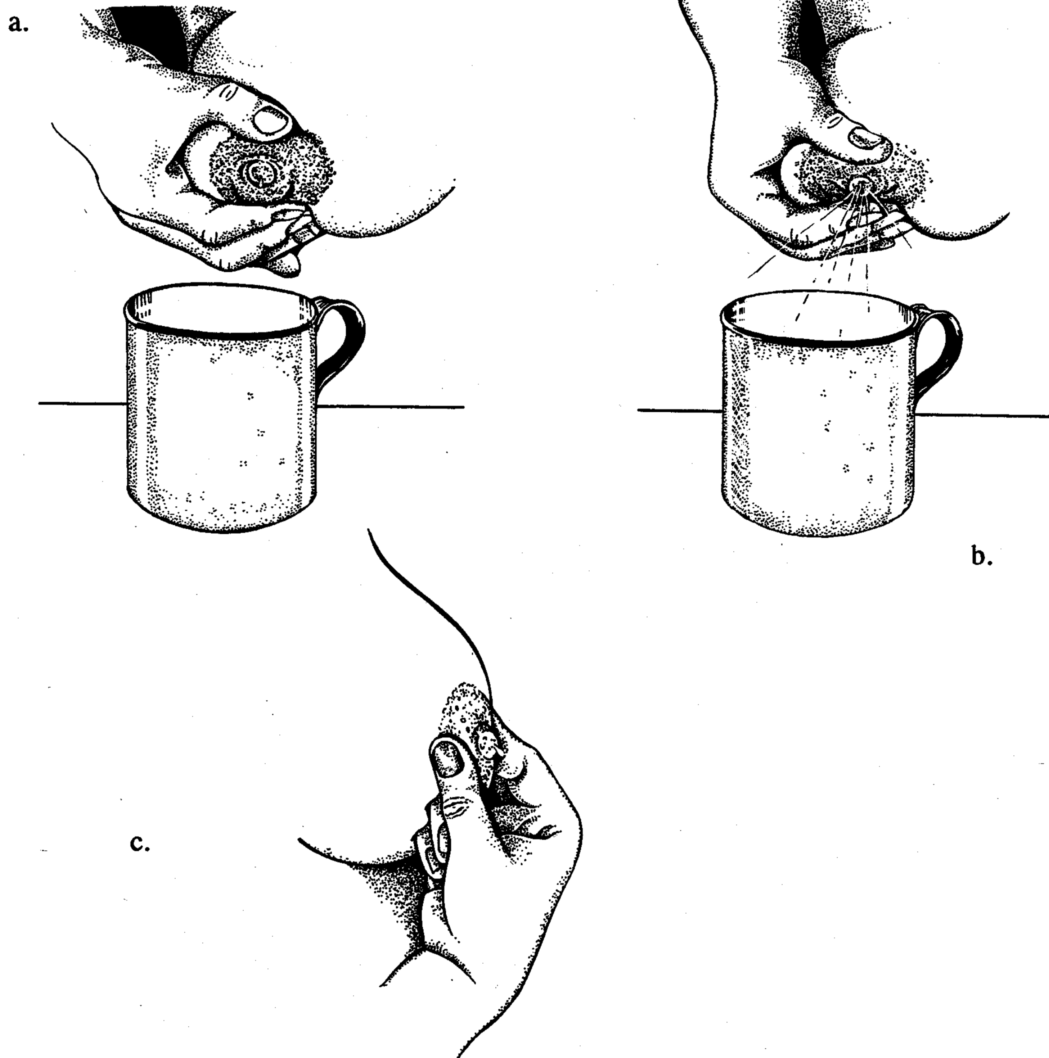
Teach her to:

- 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.
- Press her thumb and first finger slightly inwards towards the chest wall. She should avoid pressing too far, because that can 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 Fig.7 on page 12). 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.31 How to express breastmilk.

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.



How often a mother should express milk

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 as much as she can as often as her baby would feed, 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 the baby. It is also very important to express while at work to help keep up the supply (see Session 32 `Women and work').

To relieve symptoms, such as engorgement, or leaking at work:

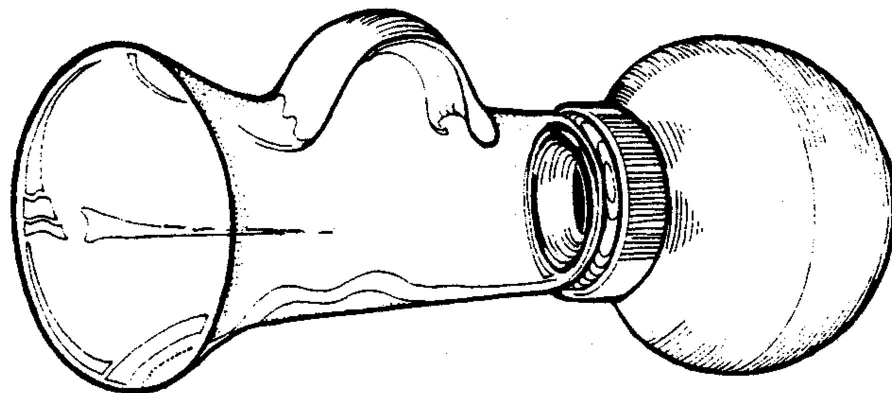
Express only as much as is necessary.

To keep nipple skin healthy:

Express a small drop to rub on her nipple after a bath or shower.

Fig.32 Rubber bulb breast pump

These are not very efficient, and they are easily contaminated.



Breast pumps

If hand expression is difficult, a mother can use a hand breast pump.

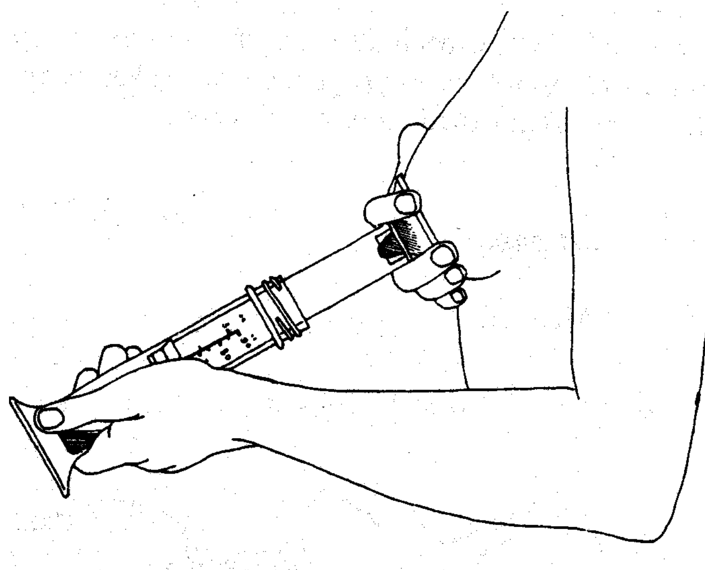
RUBBER BULB PUMP
Rubber bulb pumps (see Fig.32) are not very efficient, especially when the breasts are soft. They are not suitable for collecting milk to feed a baby.
They are difficult to clean properly. Milk may collect in the rubber bulb and it is difficult to clean out. The milk which collects is often contaminated.
They are useful mainly to relieve engorgement, when hand expression is difficult.
They are often called `breast relievers'.

SYRINGE PUMP
Syringe pumps are more efficient than rubber bulb pumps. They are easier to clean and sterilize.

How to use a syringe pump:

- Put the plunger 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.

Fig.33 Syringe breast pump



The warm bottle method for the expression of breastmilk

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.

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.

- 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.

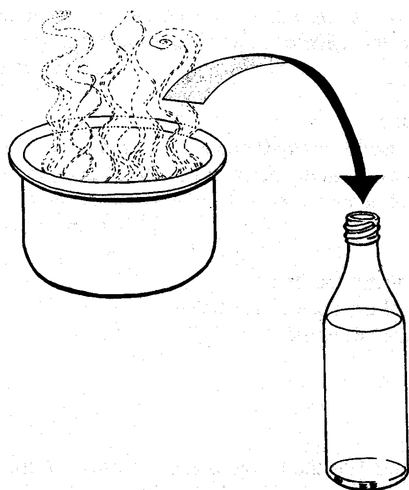
- Pour out the breastmilk, and repeat if necessary, or do the same for the other breast.

  After some time, the acute pain in the breasts becomes less, and hand expression or suckling may become possible.

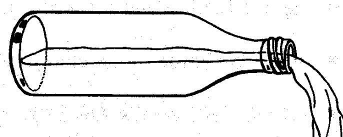
Fig.34 The warm bottle method

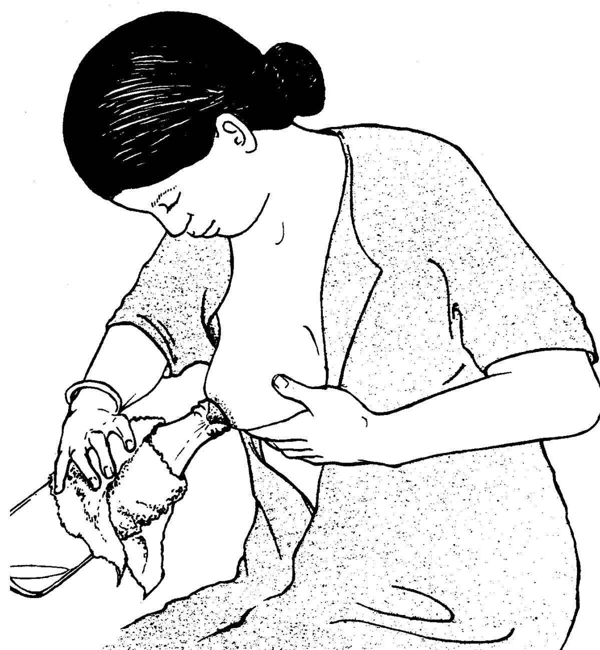
a. Put hot water into a bottle
b. Pour out the water
c. The mother holds the warm bottle over her nipple.

a.



b.





c.

Session 21

"NOT ENOUGH MILK"

Introduction

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

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
No milk comes when mother tries to express
Breasts did not enlarge (during pregnancy)
Milk did not `come in' (after delivery)

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.

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
Many children
Simple, ordinary diet

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
• Infrequent feeds	• Worry, stress	• Pregnancy	• Abnormality
• No night feeds	• Dislike of breastfeeding	• Severe malnutrition	
• Short feeds	• Rejection of baby	• Alcohol	
• Poor attachment	• Tiredness	• Smoking	
• Bottles, pacifiers		• Retained piece placenta (rare)	
• Complementary feeds		• Poor breast development (very rare)	
These are COMMON		**These are NOT COMMON**	

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 can cause 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.

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	Her nutrition and health
and her breasts	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).

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

Fig.35 If a baby passes plenty of urine, it usually means that he is getting plenty of breastmilk

Session 22

CRYING

Introduction

Many mothers start unnecessary complements because they think that their baby `cries too much'. They think that their babies are hungry, and that they do not have enough milk. However, 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.

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	

CAUSES OF CRYING

- *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.

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.

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

Fig.36 Some different ways to hold a colicky baby

Session 23

"NOT ENOUGH MILK" AND CRYING EXERCISE

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?

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

What three pieces of information would you give to her?

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

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?

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

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

What practical help could you give Mrs O?

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 dried up. He has breastfed exclusively until now, and has gained weight well.

What can you say to empathize with Mrs P?

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

What relevant information can you give Mrs P?

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?

What are Mrs Q and her baby doing right?

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

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?

What may be the reason for his behaviour?

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

What practical help would you offer to Mrs R?

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?

Is Mrs S's baby getting enough breastmilk?

What is the reason for this?

What can you suggest to help Mrs S?

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?

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

What would you do to help Mrs T?

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'?

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

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

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?

What three things would you suggest that Mrs V does?

Session 24

CLINICAL PRACTICE 3

Taking a breastfeeding history

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

Work in the same way as in previous clinical practice sessions. Practise taking a history from the mother, using the skills from Session 17. Continue to practise the skills from previous clinical practice sessions.

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

What to take with you:

- one copy of the Breastfeeding History Form
- one copy of the **COUNSELLING SKILLS CHECKLIST** (see Session 25, page 134)
- pencil and paper to make notes

If you are the one who talks to the mother:

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

- Practise all your other counselling skills, using the **COUNSELLING SKILLS CHECKLIST** to remind you.
  - Use your listening and learning skills, and try not to ask too many questions.
  - Use your confidence and support skills, and avoid giving a lot of advice.
  - Assess a breastfeed.

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

Session 25

COUNSELLING PRACTICE

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

During the exercise, you work in small groups, taking turns to practise as a `counsellor' talking with a `mother' about her situation using the **COUNSELLING SKILLS CHECKLIST**. You will be given a card with a mother and baby's story to follow when you are the `mother'.

How to do the counselling practice

If you are the `counsellor':

- Greet the `mother', and introduce yourself.
- Use her name and her baby's name.
- Ask one or two open questions to start the conversation.
- Use your counselling skills to learn about the mother and her situation.
- Give her whatever help you decide is necessary.
- Try to use at least one example of each of the skills from the **COUNSELLING SKILLS CHECKLIST.**

You do not need to practise observation of a breastfeed. All that you need to know is in the story. In a real situation, you should always observe.

If you are the `mother':

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.
- Answer the `counsellor's' open questions with your reason for coming. This is the sentence at the top of the story.
- Then respond to what your `counsellor' says, answering her questions from your story. 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:

- Observe which skills the `counsellor' uses, and which she does not use.
- Mark in pencil on your **COUNSELLING SKILLS CHECKLIST** EACH SKILL THAT you observe the `counsellor' using correctly.
- Try to decide if the `counsellor' understands the `mother's' situation correctly. Decide if she asks the most relevant questions and gives appropriate help.
- During discussion, be prepared to praise what the players do right, and to suggest what they could do better.

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

Session 26

LOW-BIRTH-WEIGHT AND SICK BABIES

Introduction

The term *low-birth-weight* (LBW) means a birth weight of less than 2,500 grams.
A LBW baby may be premature, or *small for gestational age*, or both.
In many countries 15-20% of all babies are low-birth-weight.
In this country .... % of all babies are low-birth-weight.

LBW babies need breastmilk even more than larger babies. The best milk for a LBW baby is his own mother's milk. Preterm milk is specially adapted to the needs of a preterm baby. It contains extra protein, and extra anti-infective factors.

Methods of feeding LBW 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.

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.

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 baby starts to suckle effectively, he may pause quite often during feeds, to breathe. It is important to leave him on the breast, so that he can suckle again when he is ready. 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 to hold the baby are:
- across the mother's body, holding the baby with the arm opposite to the breast;
- the underarm position.

In both of these positions, the mother can support and control the baby's head as she holds him to her breast (see Session 10, `Positioning a baby at the breast').

Babies from about 34-36 weeks gestational age or more (sometimes earlier) can usually take all that they need directly from the breast. Supplements from a cup are no longer necessary. Continue to follow babies up and weigh them regularly to make sure that they are getting all the breastmilk that they need.

Why cup feeding is safer than bottle feeding

- 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.

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.37 Feeding a LBW baby by cup

Jaundice

Jaundice is not a reason to stop breastfeeding or to give supplements.

Early jaundice occurs between the 2nd and 10th days of life. It 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.

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.

How to help breastfeeding if a baby is sick

Babies who are sick recover more quickly if they continue to take breastmilk during the illness.

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').

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 1,800 g or more, and is fully breastfeeding.

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

Volume of milk for babies

The amount of milk that a baby takes at each feed varies with all methods of feeding. Let the baby decide when he has taken enough. 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.

If a mother produces only a small amount of breastmilk, be sure to give it all to her baby. Help her to feel that this small amount is valuable, especially to prevent infection. This helps her confidence, and will help her to produce more milk. Supplement if necessary with donated breastmilk.

If a mother expresses more than her 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.

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?

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?

What could you say to build her confidence?

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?

What two things would you advise her about feeding Sammy?

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?

How often would you ask her to do this?

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?

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

Session 27

INCREASING BREASTMILK AND RELACTATION

Introduction

If a mother's breastmilk supply is reduced, she needs to increase it. 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 grow 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. However, 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**, (see Session 16, `Refusal to breastfeed').

How to help a mother to increase her milk

She must *let her baby suckle often* to stimulate her breast. If her baby does not suckle often, her breastmilk will not increase, whatever else she does.

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 feel they need does not increase their breastmilk 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.

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** on page 139.
- 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 next page).
- 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.

Length of time for relactation

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.

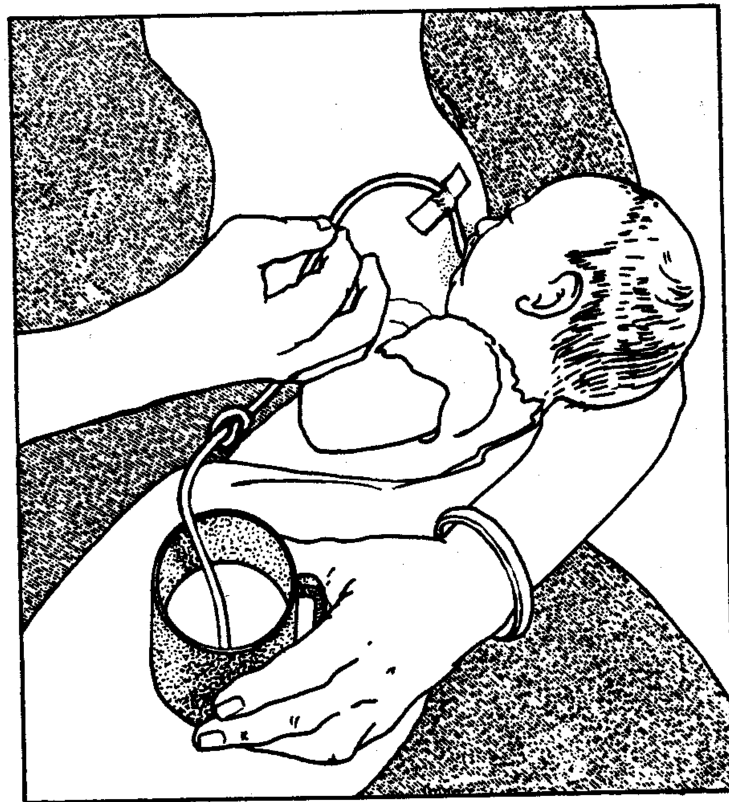
If a baby is still breastfeeding sometimes, the breastmilk supply increases in a few days. If a baby has stopped breastfeeding, it may take 1-2 weeks or more before much breastmilk comes.

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.

Fig.38 Using a breastfeeding supplementer



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 139).
- 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 or bottle, each time she uses them.

Other ways to give supplements to a baby

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).

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.

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.

EXERCISE 19. *Relactation*

How to do the exercise:

Use the information in the box **AMOUNT OF MILK FOR BABIES WHO CANNOT BREASTFEED** 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** 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?

How much EBM will you give the baby on the first day that you reduce the amount?

How much EBM will you give on the tenth day of reducing the amount?

How many days should it take from when you start to reduce the amount to when you stop giving EBM altogether?

Session 28

SUSTAINING BREASTFEEDING

Introduction

Health care practices 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.

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.

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.

Praise
Inform
Suggest

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.

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.

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:

Inform:

Suggest:

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:

Inform:

Suggest:

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:

Inform:

Suggest:

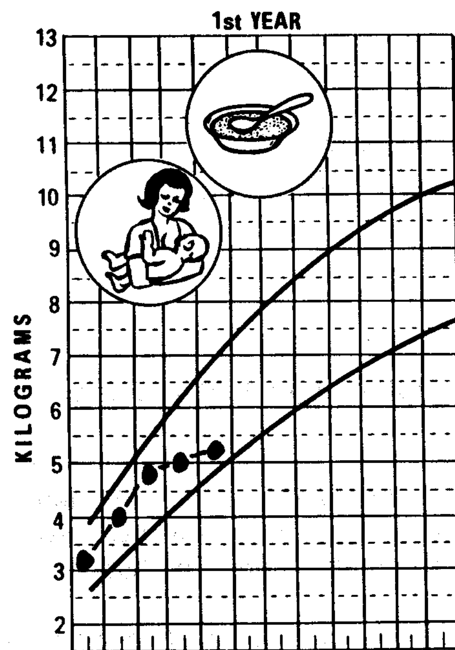
EXERCISE 21. ***Breastfeeding and growth charts***

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.

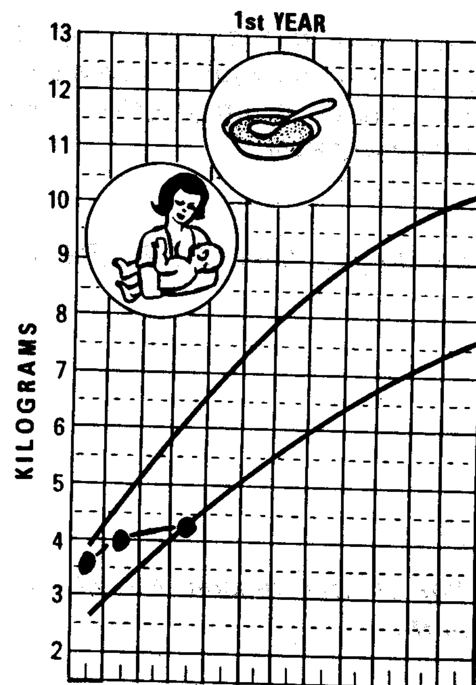
Why may this have happened?

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.

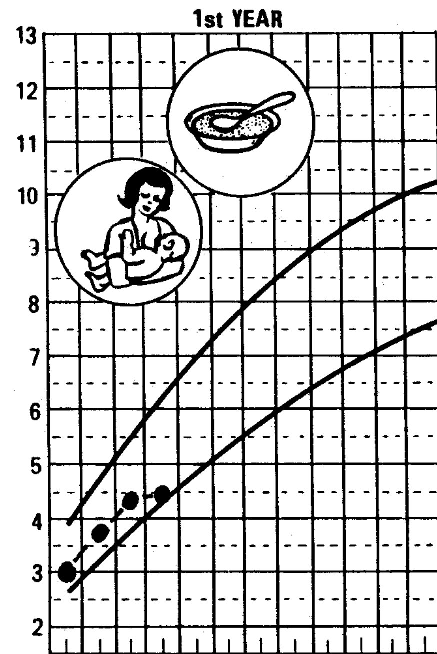
What could you say to show that you accept how Baby 2's mother feels?

What do you think of Baby 2's weight gain?

What is the reason?

What would you like to suggest to Baby 2's mother about feeding him?

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.



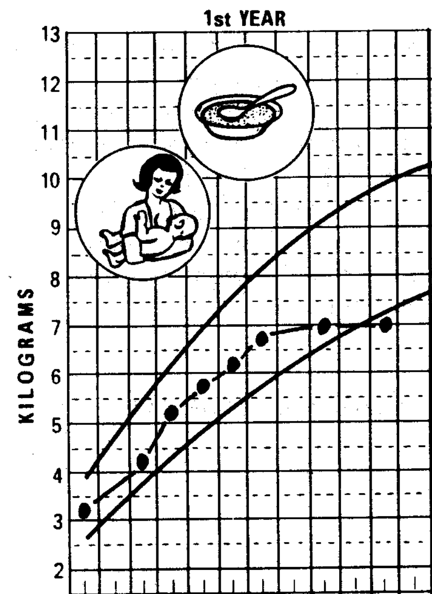
What do you think of Baby 3's weight gain?

What is the reason for his weight this month?

What relevant information could you give to Baby 3's mother? Try to give positive information.

What would you suggest to his mother?

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.



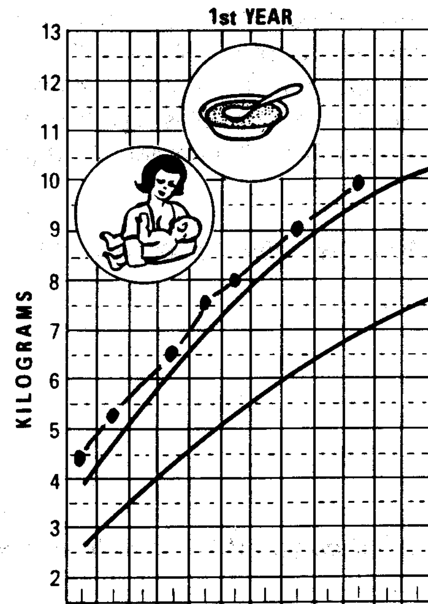
What is Baby 4's mother doing right?

What do you think of Baby 4's weight gain?

What do you think is the reason for the change?

What two things would you suggest to his mother?

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?

What can you say to praise his mother?

What would you suggest to his mother about breastfeeding?

Session 29

CLINICAL PRACTICE 4

Counselling mothers in different situations

> These notes are a summary of the instructions that the trainer will give you about how to do the clinical practice. Try to make time to read them to remind you about what to do during the session.
>
> During the clinical practice, you work in pairs, and take turns to talk to a mother while your partner observes. You practise all the counselling skills that you have learnt in the previous sessions.
>
> After the clinical practice, record the mothers and babies that you have seen on your **CLINICAL PRACTICE PROGRESS FORM**, on page 186.

What to take with you:

- one copy of the **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.

How to do the clinical practice:

- Work in the same way as in Clinical Practice 3.
  Practise all your clinical and counselling skills, using the **COUNSELLING SKILLS CHECKLIST.**
  If a mother has a difficulty with breastfeeding, offer to help her. Discuss what you plan to do with your trainer. If possible, ask a responsible member of the health facility staff to be present while you help the mother.

- When you have completed Clinical Practice 3 and 4, you 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 30

CHANGING PRACTICES

EXERCISE 22 *Assessing and changing practices*

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.

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? For example: - 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.

Session 31

(Additional session)

WOMEN'S NUTRITION, HEALTH AND FERTILITY

Introduction

When you help a mother to breastfeed, it is important to remember her own health, and to care for her as well as her baby.

- You need to think about the mother's nutrition, because this affects her health, energy and well-being.

- You need to know how to help a mother to breastfeed if she becomes sick. You may be concerned about whether her illness, or the drugs, that she is taking can affect her baby.

- Breastfeeding and family planning help each other. You need to be able to give mothers the information that they need about breastfeeding and family planning.

Fig.39 (Overhead 31/1)

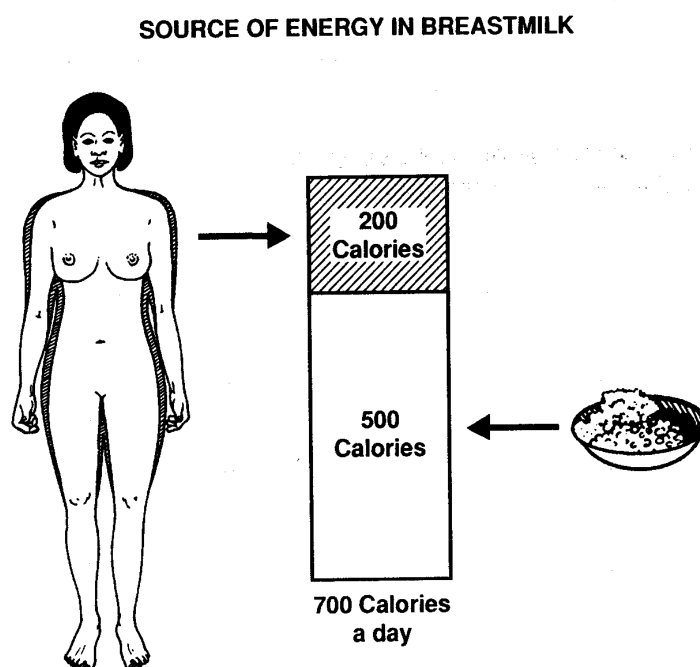


Fig.40 (Overhead 31/2)

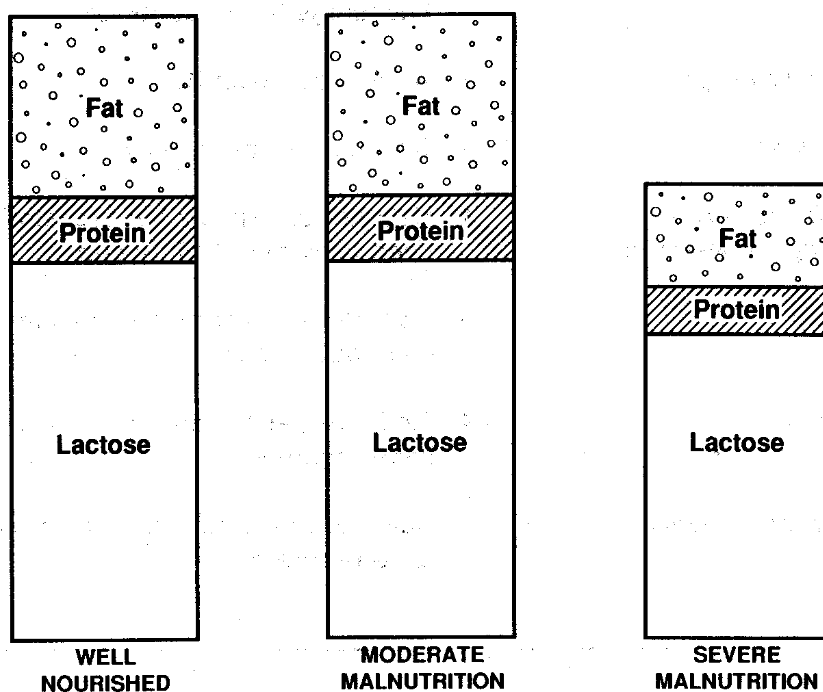


Fig.41 (overhead 31/3)

EXAMPLE OF EXTRA FOOD NEEDED EACH DAY BY A BREASTFEEDING WOMAN

60g rice	**(1 fistful)**	**240 Calories**
30g dahl	**(½ fistful)**	**120 Calories**
Vegetables	**(1 fistful)**	
½ banana		**90 Calories**
5 ml oil	**(1 teaspoonful)**	**50 Calories**

HELPING A SICK MOTHER TO BREASTFEED

Any sick woman	• Ask "Do you have a breastfeeding baby?" Encourage her to continue
If admitted to hospital	• Admit baby with her
If she has fever	• Give her plenty to drink
If she feels too unwell or unwilling to breastfeed	• Help her to express her breastmilk 3-hourly Feed baby her EBM by cup
If extremely ill	• Consider expressing her breastmilk for her Feed baby by cup
If mentally ill	• Find a helper to care for mother and baby together
When mother recovers	• Help her to increase her breastmilk or to relactate

Mother's medications

Most drugs pass into breastmilk in only small amounts. Few of them affect the baby. In most cases, to stop breastfeeding is more likely to be dangerous than the medicine. There are a few drugs which may cause side-effects. Problems are more likely in babies less than 1 month old, and less likely in older babies. However, it is usually possible to give the mother an alternative which is less likely to cause a problem. It is rarely necessary to stop breastfeeding because of a mother's medication.

- *In a very few situations, breastfeeding is contraindicated.*
  If a mother is taking anticancer drugs, it may be necessary to stop breastfeeding. If she is treated with radioactive substances, she should stop breastfeeding temporarily. These drugs are not used commonly.

- *A few drugs can cause side-effects which sometimes makes it necessary to stop breastfeeding.*
  If a mother is taking psychiatric drugs or anticonvulsants, these sometimes make her breastfed baby drowsy or weak. This is especially likely with barbiturates and diazepam, and if the baby is less than one-month-old. Sometimes it is possible to change to an alternative drug which is less likely to affect the baby.

However, it can be dangerous to change a mother's treatment quickly, especially for conditions such as epilepsy.
- If there is no alternative, continue breastfeeding and observe her baby.
- If side-effects occur, it may be necessary to stop breastfeeding.

- *Some antibiotics should be avoided if possible.*
  Most antibiotics given to a breastfeeding mother are safe for her baby. It is better to avoid chloramphenicol and tetracycline if possible, and also metronidazole.
  However, if one of these antibiotics is the drug of choice for treating a mother, continue breastfeeding, and observe her baby. In most cases there will be no problem.
  Avoid giving a mother sulphonamides, especially if her baby is jaundiced. If treatment with cotrimoxazole, Fansidar, or dapsone is necessary, give the drug and continue breastfeeding. Consider an alternative method of feeding if the baby is jaundiced, especially if he becomes jaundiced while his mother is taking the drug.

- *Drugs which decrease breastmilk should be avoided if possible.*
  Avoid using contraceptives which contain estrogens (but see also Overhead 31/8). Avoid using thiazide diuretics, such as chlorthiazide. These drugs may reduce the breastmilk supply. Use an alternative if possible.

- *Most other commonly used medicines are safe in the usual dosage.*

If a breastfeeding mother is taking a drug that you are not sure about:

- Check the list in your manual, or a more detailed list if available.
- Encourage the mother to continue to breastfeed while you try to find out more.
- Watch the baby for side-effects such as abnormal sleepiness, unwillingness to feed, and jaundice, especially if the mother needs to take the drug for a long time.
- Try to ask the advice of a more specialized health worker, for example, a doctor or pharmacist.
- If you are worried, try to find an alternative drug that you know is safe.
- If a baby has side-effects and you cannot change his mother's medication, consider an alternative feeding method, temporarily if possible.

BREASTFEEDING AND MOTHERS' MEDICATION

Breastfeeding contraindicated	Anticancer drugs (antimetablites); Radioactive substances (stop breastfeeding temporarily)

Continue breastfeeding:

Side-effects possible *Monitor baby for drowsiness*	Psychiatric drugs and anticonvulsants
Use alternative drug *if possible*	Chloramphenicol, tetracyclines, metronidazole quinolone antibiotics (eg ciprofloxacin)
Monitor baby for jaundice	Sulphonamides, cotrimoxazole, Fansidar, dapsone
Use alternative drug (may decrease milk supply)	Estrogens, including estrogen-containing contraceptives Thiazide diuretics
Safe in usual dosage *Monitor baby*	Most commonly used drugs: analgesics and antipyretics: short courses of paracetamol, acetyl salicylic acid, ibuprofen; occasional doses of morphine and pethidine; most cough and cold remedies. antibiotics: ampicillin, cloxacillin and other penicillins erythromycin, anti-tuberculars, anti-leprotics (see dapsone above) antimalarials (except mefloquine), antihelminthics, antifungals; bronchodilators (eg salbutamol), corticosteroids, antihistamines, antacids, drugs for diabetes, most antihypertensives, digoxin, nutritional supplements of iodine, iron, vitamins.

Breastfeeding and family planning

BREASTFEEDING TO DELAY A NEW PREGNANCY

While no menstruation:

Up to age 6 months Good protection	• Breastfeed fully • Breastfeed frequently day and night
From 6-12 months Partial protection	• Breastfeed frequently day and night (with complementary feeds)

After menstruation returns:

At any time No protection	• Use another family planning method

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LACTATIONAL AMENORRHOEA METHOD (LAM)

No other family planning method needed if:	*Use other family planning method if:*
• No menstruation	• Menstruation returned
AND	OR
• Baby LESS than 6 months old	• Baby MORE than 6 months old
AND	OR
• Baby fully breastfed	• Complementary feeds started

Other methods of family planning and breastfeeding

Family planning is important to help breastfeeding to continue. Many mothers stop breastfeeding if they become pregnant again. So it is important to discuss family planning with breastfeeding mothers. Make sure that the method a mother chooses is suitable to use with breastfeeding.

All *non-hormonal methods* are suitable. They have no effect on lactation. The IUD is very suitable. Condoms, diaphragms, and spermicides are also suitable, provided the couple can use them correctly. They may help to supplement the partial protection provided by breastfeeding after the baby is 6 months old.

The *progestogen-only* hormonal methods are also suitable with breastfeeding. These include *depo-provera*, and the newer *norplant*, or the progestogen-only pill. These have either no effect on lactation, or they possibly increase the breastmilk supply slightly.

The least suitable group are the *combined estrogen-progestogen* hormonal methods, such as the `combined pill', or the newer monthly injection. These methods sometimes decrease the breastmilk supply, so it is best to avoid them during breastfeeding if possible. Avoid them at any time, including after the baby has started complementary foods. However, if no other method of family planning is available, it is better for both mother and child if the mother uses the combined pill, than that she risks an early pregnancy. Encourage her to continue breastfeeding frequently, to make sure that her breastmilk supply does not decrease.

No hormonal method should be used during the first 6 weeks after delivery.

EXERCISE 23. ***Breastfeeding and family planning***

How to do the exercise:

Read the following short stories about women who have come for help with family planning.

After each story, discuss with the group how to answer the questions.

When you are ready, discuss your suggestions with the trainer.

Stories to discuss:

Meena had her second baby two weeks ago. Her firstborn son Arun is 12 months old. Meena breastfed Arun partially, but also gave him 3 bottles of formula a day from the age of 1 month, because she thought that she did not have enough milk. She wants a rest now, and does not want to get pregnant again for a long time. But her husband is unwilling to use family planning. She does not have a job, and stays at home.

What could you say to empathize with how Meena feels?

What information would you give Meena, about how to delay another pregnancy?

What could you say to give her confidence that she has enough breastmilk?

What would you suggest that she does about family planning at the end of 6 months, or if her menstruation returns?

Donna has to go back to work in 2 weeks' time. Her baby will then be 8 weeks old. She will be away from her baby for 9-10 hours each day. She will breastfeed when she is at home. Her helper will give the baby expressed breastmilk and some formula feeds by cup while Donna is at work. She wants another baby one day, but not for at least 3 years.

What information would you give Donna about breastfeeding and family planning?

What would you suggest that she does about family planning?

What would you suggest that she does to keep up her milk supply?

Lisa has a 7-month-old baby, whom she breastfeeds exclusively. Her menstruation has not returned. She sells fruit in the market and takes her baby with her all the time, so that she can breastfeed frequently. She could not cope with another baby until this one can walk and no longer needs to be carried.

What information would you give Lisa about breastfeeding and family planning?

What could you say to praise what she is doing well?

What information would you give about feeding?

What would you suggest to her about family planning?

Session 32 (Additional session)

WOMEN AND WORK

Read and discuss **ADVICE TO GIVE TO MOTHERS WHO WORK AWAY FROM HOME.**

ADVICE TO GIVE TO MOTHERS WHO WORK AWAY FROM HOME

If possible, take your baby with you to work. This can be difficult if there is no creche near your work place, or if the transport is crowded.

If your work place is near to your home, you may be able to go home to feed him during breaks, or ask someone to bring him to you at work to breastfeed.

If your work place is far from your home, you can give your baby the benefit of breastfeeding in the following ways:

- *Breastfeed exclusively and frequently for the whole maternity leave.*
  This gives your baby the benefit of breastfeeding, and it builds up your breastmilk supply. The first two months are the most important.

- *Do not start other feeds before you really need to.*
  Do NOT think "I shall have to go back to work in 12 weeks, so I might as well bottle feed straight away."
  It is not necessary to use a bottle at all. Even very small babies can feed from a cup. Wait until about a week before you go back to work. Leave just enough time to get the baby used to cup feeds, and to teach the carer who will look after him.

- *Continue to breastfeed at night, in the early morning, and at any other time that you are at home.*
  - This helps to keep up your breastmilk supply.
  - It gives your baby the benefit of breastmilk - even if you decide to give him one or two artificial feeds during the day.
  - Many babies `learn' to suckle more at night, and get most of the milk that they need then. They sleep more and need less milk during the day.

- *Learn to express your breastmilk soon after your baby is born.*
  This will enable you to do it more easily.

- *Express your breastmilk before you go to work, and leave it for the carer to give to your baby:*
  - Leave yourself enough time to express your breastmilk in a relaxed way. You may need to wake up half an hour earlier than at other times. (If you are in a hurry, you may find that you cannot express enough milk.)
  - Express as much breastmilk as you can, into a very clean cup or jar. Some mothers find that they can express 2 cups (400-500 ml) or more even after the baby has breastfed. But even 1 cup (200 ml) can give the baby 3 feeds a day of 60-70 ml each. Even ½ cup or less is enough for one feed.
  - Leave about ½ cupful (100 ml) for each feed that the baby will need while you are out. If you cannot express as much as this, express what you can. Whatever you can leave is helpful.
  - Cover the cup of expressed breastmilk with a clean cloth or plate.
  - Leave the milk in the coolest place that you can find, in a refrigerator if you have one, or in a safe, dark corner of the house.
  - Do not boil or reheat your breastmilk for your own baby. Heat destroys many of the anti-infective factors.

  EBM stays in good condition longer than cow's milk, because of the anti-infective factors in it. Germs do not start growing in EBM for at least 8 hours, even in a hot climate, and outside the refrigerator. It is safe to give to the baby at least throughout one working day.

- *Breastfeed your baby after you have expressed.*
  Suckling is more efficient than expressing, so he will get breastmilk that you cannot express, including some hindmilk.

- *If you decide to use cow's milk for some or all of the feeds:*
  - To make 1 cup (200 ml) of feed, boil 3/4 cup (150 ml) of cow's milk and 1/4 cup (50 ml) of water. Add 1 level spoonful of sugar (15 g).
  - Leave 1/2 to 1 cup (100-200 ml) of mixture for each feed.
  - Leave the mixture in a clean covered container.

- *If you decide to use formula:*
  - Measure the powder for a feed into one clean cup or glass.
  - Measure the water to make up the feed into another clean glass.
  - Cover them both with a clean cloth, or put them in a covered pan.
  - Teach the baby's carer to mix the milk powder and water when she is going to feed the baby. She must mix and use the formula immediately, because it spoils quickly after it is mixed.

Note: There are many different ways to leave milk for a baby. These are satisfactory methods. You may find that a different method is better for you in your situation.

- *Teach the carer properly and carefully:*
  - Teach her to feed your baby with a cup, and not to use a bottle. Cups are cleaner, and they do not satisfy the baby's need to suckle. So, when you come home, your baby will want to suckle at the breast, and this will stimulate your breastmilk supply.
  - Teach her to give all of one feed at one time. She must not keep it to give later; and she must not give a small amount every now and again.
  - Teach her not to give the baby a dummy but to calm him with other attention.

- *While you are at work express your breastmilk 2-3 times (about 3-hourly):*
  - If you do not express, your breastmilk supply is more likely to decrease. Expressing also keeps you comfortable, and reduces leaking.
  - If you work where you can use a refrigerator, keep your expressed breastmilk there. Carry a clean jar with a lid to store your breastmilk, and to take it home for the baby. If you can keep it cold at home, it will be safe to use the next day.
  - If you cannot keep your EBM, throw it away. Your baby has not lost anything - your breasts will make more milk.

If you are a health worker, make sure that your patients know and see how you manage. Then, they can follow your example.

Role-play: Helping a mother who works away from home

Sophie had her third baby 4 weeks ago.

Sophie works in a shop. She will have to return to work when her baby is 2 months old. She stopped breastfeeding her other children at 6 weeks, and bottle fed them, because of returning to work. They were often ill, and she missed the closeness of breastfeeding.

Sophie would prefer to breastfeed this baby, and a friend said that some women do, but Sophie does not know how. She is worried about leaking and smelling at work - it would be embarrassing, and might upset her employers and customers. She is worried about trying to breastfeed, work, and care for her other children and their father.

She will be away from home for about 10 hours altogether, five days a week. Her younger sister will be caring for the baby, and is quite reliable. There is no refrigerator. Sophie has bought two new feeding bottles.

Session 33

(Additional session)

COMMERCIAL PROMOTION OF BREASTMILK SUBSTITUTES

The International Code of Marketing of Breastmilk Substitutes

Breastmilk and breastfeeding need to be protected from formula promotion activities. This requires regulation of the promotion and sale of formula.

In 1981, the World Health Assembly (WHA) adopted The International Code of Marketing of Breastmilk Substitutes, which aims to regulate promotion and sale of formula. This Code is not extreme - it is a minimum requirement to protect breastfeeding.

The Code is a code of *marketing*. It does not ban infant formula or bottles, or punish people who bottle feed. The Code allows baby foods to be sold everywhere, and it allows every country to make its own specific rules.

The Code covers both breastmilk substitutes, and bottles and teats used to feed babies. Breastmilk substitutes include:

- infant formula;
- any other milks or foods which mothers perceive or use as breastmilk substitutes.

SUMMARY OF THE MAIN POINTS OF THE INTERNATIONAL CODE

1. No advertising of breastmilk substitutes and other products to the public.
2. No free samples to mothers.
3. No promotion in the health service.
4. No company personnel to advise mothers.
5. No gifts or personal samples to health workers.
6. No pictures of infants, or other pictures idealizing artificial feeding, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

NO MORE FREE SUPPLIES

In May 1986, governments at the World Health Assembly urged a ban on donated supplies of baby milk. They urged ministries of health:

"To ensure that the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement [that is, purchasing] channels and *not through free or subsidized supplies."* (WHA 39.28)

Ending of free supplies in all countries is a target of the WHO/UNICEF `Baby Friendly Hospital Initiative'. A hospital cannot be `Baby Friendly' if it receives free supplies of breastmilk substitutes.

How health workers can resist commercial promotion of breastmilk substitutes

- Remove from the health facility and destroy any advertisements, and/or promotional literature or other items bearing a brand name, including old formula tins used for other purposes.
- Refuse to accept free samples of formula, or of equipment such as bottles, dummies, and toys.
- Refuse to accept or to use other gifts, for example pens, calendars, or diaries.
- Avoid using growth charts and other equipment with a brand name on it, especially if mothers may see it.
- Avoid eating meals provided by formula companies.
- Do not give free samples or promotional material to mothers.
- Make sure that any formula that is used in the hospital (for example, for orphans) is kept out of sight of other mothers.

Role-play: Choosing the best formula

Pearl and Stan are parents of 4-week-old baby Andy. Stan has a job in town.

Stan comes home from work, and Pearl tells him that she wants to buy some formula. She thinks that her breastmilk is not enough for Andy. Andy was given bottle feeds at night in hospital, so that Pearl could rest. Pearl saw some tins of formula in the nurses' office. Pearl wants to buy the same brand, because it is likely to be good and safe if the hospital uses it.

Stan does not know much about breastfeeding or formula. He is mainly worried about the cost, because his wages are low. He would prefer Pearl to breastfeed, because it is cheaper. If she does buy formula, he wants her to buy the cheapest brand, because he thinks they are all the same.

Stella is the shop assistant, who is selling the formula. She is a friend of Pearl's. She has the brand that they use in the hospital. She also has a different brand that the local doctor recommends to his patients. She says that he gives them free samples. There is also a cheaper, locally made brand that Stella gave to her baby, and he is now a healthy child. And there is a more expensive brand that is for children with diarrhoea.

Stella tells Pearl and Stan the prices, and tries to point out advantages of each brand - that it is sweeter, or that it is easier to mix in cold water. She points to the lovely picture of a smiling baby, the attractive label, or the convenient ant-proof tin or the measuring scoop that has so many uses.

Pearl and Stan discuss which would be best for Andy, and forget all about breastmilk. They wonder if they should buy the brand that the doctor recommends. However, they have not been to that doctor, and do not know him. Pearl wonders if they should buy the brand that is good for diarrhoea? It is expensive, so may be very good. It might prevent Andy from getting diarrhoea. Stan continues to argue that the cheap one is just the same. Stella used it. In the end, Pearl insists on buying the brand that they use in the hospital.
Pearl says that she will use the formula slowly, and that she will make one tin last for two months.

EXERCISE 24. *The cost of formula*

How to do the task

On average, to feed a baby artificially for the first 6 months, you need 44 x 500g tins of formula. (You need about 5 tins in the first month, 7 tins in the second month, and 8 tins a month for the next 4 months.)

- From the price on your tin, calculate the cost of 44 x 500g tins of the formula.
- Compare the cost of 44 tins with the minimum wage for 6 months for a female agricultural worker, and for a female urban labourer or domestic worker.
- Discuss your answers with the trainer and the group.

To answer:

Brand of formula:

Cost of one 500g tin of formula =

Cost of 44 x 500g tins of formula =

Minimum wage	*Agricultural*	*Urban*
1 month:		
6 months:		

Cost of 44 x 500g tins formula .... x 100 = ...%
Agricultural wage for 6 months ....

Cost of 44 x 500g tins formula .... x 100 = ...%
Urban wage for 6 months ....

To feed a baby on .... formula costs:

.............................% of the female agricultural wage.

.............................% of the female urban wage.

GLOSSARY

afterpains	contraction of the uterus during breastfeeding in the first few days after childbirth, due to oxytocin released
allergy	symptoms when fed even a small amount of a particular food (so it is not dose-related)
alveoli	small sacs of milk secreting cells in the breast
amenorrhoea	absence of menstruation
anaemia	lack of the red cells or lack of haemoglobin in the blood
antenatal preparation	preparing a mother for the delivery of her baby
anti-infective factors	factors which prevent or which fight infection
antibodies	proteins in the blood and in breastmilk which fight infection
appropriate touch	touching somebody in a socially acceptable way
areola	dark skin surrounding the nipple
artificial feeds	any kind of milk or other liquid given instead of breastfeeding
artificially fed	receiving artificial feeds only, and no breastmilk
asthma	wheezing illness
attachment	the way a baby takes the breast into his mouth; a baby may be well attached or poorly attached to the breast
baby-led feeding	see demand feeding
bedding-in	a baby sleeping in bed with his mother, instead of in a separate cot
bilirubin	yellow breakdown products of haemoglobin which cause jaundice
blocked duct	a milk duct in the breast becoming blocked with thickened milk, so that the milk in that part of the breast does not flow out.
bonding	mother and baby developing a close loving relationship
breast pumps	devices for expressing milk
breast refusal	a baby not wanting to suckle from his mother's breast
breastfeeding history	all the relevant information about what has happened to a mother and baby, and how their present breastfeeding situation developed
breastfeeding supplementer	a tube through which a baby can drink artificial milk or expressed breastmilk while suckling at a breast
breastfeeding support group	a group of mothers who help each other to breastfeed
breastmilk substitutes	any food or drink that is used to replace breastmilk and breastfeeding
Calories	kilocalories or Calories measure the energy available in food
Candida	yeast which can infect the nipple, and the baby's mouth and bottom, causing thrush
casein	protein in milk which forms curds
cleft lip or palate	abnormal division of the lip or palate
closed questions	questions which can be answered with `yes' or `no'
colic	regular crying, sometimes with signs suggesting abdominal pain, at a certain time of day; the baby is difficult to comfort but otherwise well.
cold compress	cloths soaked in cold water to put on the breast
colostrum	the special breastmilk that women produce in the first few days after delivery; it is yellowish or clear in colour
complementary foods	solid foods given from the age of 4-6 months
confidence	believing in yourself and your ability to do things

contaminated	containing harmful bacteria or other harmful substances
counselling	a way of working with people so that you understand their feelings and help them to develop confidence and decide what to do
dehydration	lack of water in the body
demand feeding	feeding a baby whenever he shows that he is ready, both day and night. This is also called `unrestricted' or `baby-led' feeding.
distraction	a baby's attention easily taken from the breast by something else, such as a noise
ducts, milk ducts	small tubes which lead milk to the nipple
dummy	artificial nipple made of plastic for a baby to suck, a pacifier
early contact	a mother holding her baby during the first hour or two after delivery
eczema	skin condition, often associated with allergy
effective suckling	suckling in a way which removes the milk efficiently from the breast
empathize	show that you understand how a person feels from her point of view
engorgement	swollen with breastmilk, blood and tissue fluid. Engorged breasts are often painful and oedematous and the milk does not flow well.
essential fatty acids	fats which are essential for a baby's growing eyes and brain, which are not present in cow's milk or most brands of formula
exclusively breastfed	breastfed only with no other food or drink or water (expressed breastmilk is allowed)
express	to squeeze or press out
expressed breastmilk, EBM	milk which has been pressed out of the breasts
fissure	break in the skin, sometimes called a `crack'
flat nipple	a nipple which sticks out less than average
foremilk	the watery breastmilk that is produced early in a feed
formula	artificial milks for babies made out of a variety of products, including sugar, animal milks, soybean, and vegetable oils. They are usually in powder form, to mix with water.
frenulum	the tissue below the tongue which joins it to the floor of the mouth
full breasts	breasts which are full of milk, and hot, heavy and hard, but from which the milk flows
gastric suction	sucking out a baby's stomach immediately after delivery
gestational age	the number of weeks the baby has completed in the uterus
growth factors	substances in breastmilk which promote growth and development of the intestine, and which probably help the intestine to recover after an attack of diarrhoea
growth spurt	sudden increased hunger for a few days
gulp	loud swallowing sounds, due to swallowing a lot of fluid
`high needs' babies	babies who seem to need to be carried and comforted more than other babies
hindmilk	the fat-rich breastmilk that is produced later in a feed
hormones	chemical messengers in the body
immune system	those parts of the body and blood, including lymph glands and white blood cells, which fight infection
ineffective suckling	suckling in a way which removes milk from the breast inefficiently or not at all
infective mastitis	mastitis due to bacterial infection
inhibit	to reduce or stop something

inspection	examining by looking
intolerance	inability to tolerate a particular food; symptoms are dose-related - that is worse when more food is eaten.
inverted nipple	a nipple which goes in instead of sticking out, or which goes in when the mother tries to stretch it out
jaundice	yellow colour of eyes and skin
judging words	words which suggest that something is right or wrong, good or bad
lactation	the process of producing breastmilk
Lactation Amenorrhoea Method (LAM)	using the period of amenorrhoea after childbirth as a family planning method
lactiferous sinuses	wide part of milk ducts in which breastmilk collects
lactose	the special sugar present in all milks
lipase	enzyme to digest fat
low-birth-weight, LBW	weighing less than 2.5 kg at birth
mastitis	inflammation of the breast (see also infective and non-infective mastitis)
mature milk	the breastmilk that is produced after a few days
milk ejection reflex	milk flowing from the breast due to oxytocin release when the baby suckles
milk stasis	milk staying in the breast and not flowing out
mistaken idea	an idea that is incorrect
Montgomery's glands	small glands in the areola which secrete an oily liquid
`nipple confusion'	a term sometimes used to describe the way babies who have fed from a bottle may find it difficult to suckle effectively from a breast
nipple sucking	when a baby takes only the nipple into his mouth, so that he cannot suckle effectively
non-infective mastitis	mastitis due to milk leaking out of the alveoli and back into the breast tissues, with no bacterial infection
non-verbal communication	showing your attitude through your posture and expression
"not enough milk"	the common complaint of mothers who think that they do not have enough breastmilk for their babies
nutrients	components of food
oedema	swelling due to fluid in the tissue
open questions	questions which can only be answered by giving information, and not with just a `yes' or a `no'
oversupply	too much milk produced by the breasts, sometimes flowing from the breast faster than the baby can take it.
oxytocin	the hormone which makes the milk flow from the breast
pacifier	artificial nipple made of plastic for a baby to suck, a dummy
palpation	examining by feeling with your hand
partially breastfed	breastfed and given some artificial feeds
persistent diarrhoea	diarrhoea which starts like an acute attack, but which continues for more than 14 days
pneumonia	infection of the lungs
poorly protractile	difficult to stretch out to form a `teat'
positioning	how a mother holds her baby at her breast; the term usually refers to the position of the baby's whole body
postnatal check	routine visit to a health facility after a baby is born

predominantly breastfed	breastfed as the main source of nourishment, but also given small amounts of non-nutritious drinks such as tea, water and water-based drinks.
prelacteal feeds	artificial feeds given before breastfeeding is established
premature, preterm	born before 37 weeks gestation
prolactin	the hormone which makes the breasts produce milk
protein	nutrient necessary for growth and repair of the body tissues
protractile	easy to stretch out. The nipple and underlying tissue needs to be protractile for a baby to suckle effectively
psychological	mental and emotional
reflect back	repeat back what a person says to you, in a slightly different way
reflex	an automatic response through the body's nervous system
rejection of baby	the mother not wanting to care for her baby
relactation	a mother starting to breastfeed again and producing breastmilk after she has stopped
restricted breastfeeds	when the frequency or length of breastfeeds is limited in any way
retained placenta	a small piece of the placenta remaining in the uterus after delivery
rooming-in	a baby staying in the same room as his mother
rooting	a baby searching for the breast with his mouth
rooting reflex	a baby opening his mouth and turning to find the nipple
rubber teat	the part of a feeding bottle from which a baby sucks
scissor hold	holding the breast between the index and middle fingers while the baby is feeding
secrete	produce a fluid in the body
self-weaning	a baby more than one year old deciding by himself to stop breastfeeding
sensory impulses	messages in nerves which are responsible for feeling
silver nitrate drops	drops put into a baby's eyes to prevent infection with gonococcus or chlamydia
skin-to-skin contact	a mother holding her naked baby against her own skin
sore nipples	pain in the nipple and areola when the baby feeds
sucking	using negative pressure to take something into the mouth
sucking reflex	the baby automatically sucks something that touches his palate
suckling	the action by which a baby removes milk from the breast
supplements	drinks or artificial feeds given in addition to breastmilk
support	help
sustaining breastfeeding	continuing to breastfeed up to 2 years or beyond; helping mothers to continue to breastfeed
swallowing reflex	the baby automatically swallows when his mouth fills with fluid
sympathize	show that you are sorry for a person, from your point of view
`teat'	stretched out breast tissue from which a baby suckles
thrush	infection caused by the yeast *Candida*; in the baby's mouth, thrush forms white spots
tongue tie	the tongue cannot stick out far, because of a short frenulum
unrestricted feeding	see demand feeding
vitamin A	the vitamin that prevents blindness due to xerophthalmia
vitamin C	the vitamin in fruits and vegetables that prevents scurvy
vitamin B	there are several different vitamin Bs; they help to control the working of the body
warm bottle method	a method of expressing breastmilk using a bottle warmed with hot water
warm compress	cloths soaked in warm water to put on the breast
whey	liquid part of milk which remains after removal of casein curds