



Addressing Breastfeeding Challenges with New Moms

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Learning Objectives

- Identify appropriate breastfeeding messages for mothers during the early postpartum period.
- Understand the importance of skin-to-skin and the impact it has on the success of breastfeeding.
- Explain how the infant's position and latch onto the breast can affect breastfeeding success.
- Explain how mothers know if their baby is receiving enough breast milk.
- Explain how early formula supplementation can impact milk supply.

Solving Concerns While They Are Small

- Breastfeeding challenges can usually be prevented.
- Manage challenges quickly with support and provide options.



Adjusting to Breastfeeding

- First two weeks are a critical learning period.
- Mothers need to know breastfeeding gets easier.



The First Hour: The Importance of Skin-to-Skin

Skin-to-skin

- Warms baby
- Decreases pain and stress
- Helps immune system
- Reduces infant crying
- Improves attachment and breastfeeding



Learning through All Five Senses

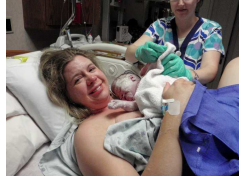
Skin-to-skin contact engages all the senses:

- Touch
- Hearing
- Sight
- Smell
- Taste



Success In the First Few Days

- Skin-to-skin with baby
- Avoid separation
- Frequent feedings (8 times minimum)
- Delay first bath
- Avoid artificial smells
- Delay visitors



Breastfeeding Should Not Hurt

- Baby's position and latch at the breast is the key to mother's comfort.
- Pain is a red flag to try something different and call for help.
- If mother reports pain when feeding, refer to a lactation consultant.

Breastfeeding Comfortably

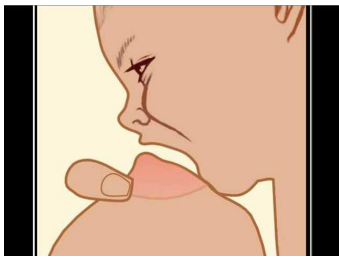
- One position does not fit all breastfeeding needs.
- Make sure mother is comfortable
 - Use pillows, if needed
 - Some mothers like to support their breast
- Biological nurturing (laid-back breastfeeding) can help
 - Mother semi-reclines/reclines
 - Mother places baby prone on top of her body (working with, instead of against, gravity)

Signs of a Good Latch

- Baby's chin is pressed against their mother's breast.
- Baby's mouth is open wide and lips are flanged.
- Baby's tongue is extended.
- Mother hears and sees swallowing.
- Mother is free of pain.

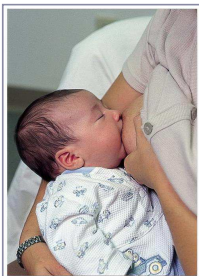


Animated Latch



Video Clip: Understanding Breastfeeding: Your Guide to a Healthy Start, Injoy Health Education

Position Option: Cradle Hold



- Is the most frequently taught and used position.
- However, babies can latch from any position – 360 degrees around breast.
- Mothers should be encouraged to use whatever position works best for them.

Position Option: Cross-Cradle Hold



Great for:

- preterm babies
- babies with latch problems
- moms with large breasts
- providing good head control

Position Option: Clutch (Football) Hold



Great for:

- moms who had a cesarean birth.
- twins.
- baby having trouble getting tongue down.
- providing good head control.
- mom to easily see baby's mouth.

Position Option: Side Lying



Great for:

- moms immediately postpartum
- relieving pressure on the perineum
- babies that will not latch in any other position

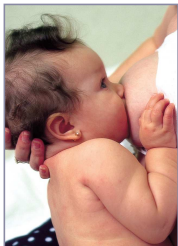
Biological Nurturing: Laid-back Breastfeeding



- Can be used any time.
- Mother leans back with head and shoulders supported.
- Baby is placed on mother's chest; gravity helps hold baby in position.
- Mother may support breast or does not have to provide support.

For more information go to www.biologicalnurturing.com.

Making Small Adjustment Suggestions



Helping Mothers Build Confidence in Their Milk Production



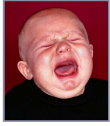
- Breastfeed "early and often".
- Explain supply and demand.
- Baby's stomach does not hold very much.
- Feeding patterns of breastfed infants are different.



Baby's Hunger and Satiety Signs

Hunger Signs

- Early signs include sucking on hand, rooting, head and mouth movements.
- Crying is a late sign of hunger.
- Babies born early may not show strong feeding signs.



Signs of Satiety

- Baby ends the feeding on his own.
- Baby's hands relax; may drift off to sleep.



Tips for Assisting a Sleepy Baby

- Stroke baby's cheek.
- Hold baby in an upright position.
- Massage baby.
- Talk to baby.
- Undress or change baby's diaper and put skin-to-skin.
- Breast compressions can keep baby awake during a feeding.



Fussy Babies



- Fussiness in the early days is normal and does not mean mother's milk is not enough.
- Babies have a strong need to be held.
- Cluster feedings are normal.
- Sucking needs are strong.
- Fussy babies that have not shown hunger cues are most likely not needing to be fed.

Ways to Know Baby Is Getting Enough Milk

- Baby is gaining weight (4-7 oz./week).
- Baby feeds at least 8 times per day.
- Baby wakes to feed.
- Baby shows signs of being satisfied.
- Mother hears baby swallowing.
- There are plenty of soiled diapers:
 - Day 3-4 there are one to three.
 - Day 4-5 there are three or more.
 - Day 6 to 6 weeks there are four or more.
- Mother feels a change in breast fullness throughout the feeding.



Addressing Concerns About Infant Weight

- Frequent weight checks provide assurance.
- Some weight loss the first few days is common.
- Mothers should call for help when:
 - weight loss is > 7% of birth weight.
 - baby loses weight after mature milk production begins (days 3-5).
 - baby still has black, tarry meconium diapers by day 5.

Output for the Breastfed Baby

- Let mothers know what urine and bowel movements will look like.
- Assure mothers; if it's coming out, it's going in.
- Mothers can keep track of soiled and wet diapers.



Baby's First Week: Breastfeeding Record

- Keeping a diaper diary provides valuable information.
- Reassures when breastfeeding is going well.
- Signals mother and healthcare provider early that feeding problems may exist.

Tips for New Mothers

- Focus on getting off to a good start.
- Go easy on activities and accept help.
- Rest and limit visitors.
- Make healthy food choices and do not be over restrictive on calories. Breastfeeding burns more calories. Go to myplate.gov for more information.
- Baby blues are common in the early weeks. Don't be afraid to ask for help.
- Questions and concerns are normal.

Avoid Formula Supplementation in the Early Days

- Formula supplementation in the early days is usually unnecessary and can interfere with mother's milk production.
- Mothers who want to partially breastfeed should wait until their milk supply is well established.
- If mothers have concerns, they should seek breastfeeding support – lactation consultant, peer counselor, support group, or healthcare provider.

Anticipatory Guidance

- Breastfeed within the first hour after birth.
- Skin-to-skin is important for bonding and getting breastfeeding off to a good start.
- Position and latch baby comfortably.
- Follow baby's hunger and satiety cues.
- Avoid supplements and pacifiers, unless recommended by a healthcare provider.
- Mothers can return to exclusive breastfeeding if they have offered formula.
- Affirm and support the mother's goals.
- If mothers have doubts, they need to seek assistance.

Common Concerns: Sore Nipples

- Common causes
 - Incorrect latch or position
 - Baby has had other nipples
 - Delays between feedings
 - Wet nursing pads
 - Raynaud's Syndrome
 - Fungal infection
 - Baby's oral structure or facial anomaly
 - Soaps and other products used on breasts
 - Incorrect breast pump use/size of flange



Solutions for Sore Nipples

- Before breastfeeding
 - Massage to bring about milk ejection reflex (MER)
- During the feeding
 - Proper positioning and latch
 - Do not limit the feeding
- After the feeding
 - Yield if no improvement in 24 hours

Common Concerns: ENGORGEMENT



- Breast fullness is normal (extra blood and fluid)
- Causes
 - IV fluids in hospital
 - Inadequate draining of the breast
 - Supplementation

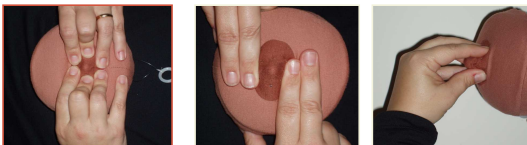
The Domino Effect

Engorgement can lead to:

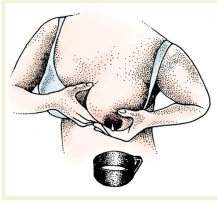
- Diminished milk production
- Reduced milk flow to baby
- Diminished milk ejection reflex
- Plugged ducts
- Mastitis
- Premature weaning

Solutions for Engorgement

- Reverse Pressure Softening



Hand Expression



- Apply warm compresses
- Gentle massage
- Place fingers "where dark meets the light"
- Bring tissue back toward chest wall and roll forward toward the nipple
- Avoid squeezing the nipple
- Praise every drop!



Common Concerns: Low Milk Production

- Perceived vs. real low milk production
- Mothers might:
 - Misinterpret baby's behaviors
 - Feel frustrated with using a breast pump and getting little milk

Common Concerns: Low Milk Production

Perceived

- Baby stooling well (3+ poops/day 1st 4 weeks)
- Baby gaining 4-7 ozs. each week
- Mom not offering supplements
- Mom may be receiving negative messages

Low Milk Production

- Baby is not nursing 8-12 times/24 hours
- Mom's breasts do not feel fuller before feedings
- Mother giving supplements
- Mother/baby are separated and milk is not being removed

Causes of True Low Milk Production

- Replacing feedings with formula
- Early introduction of solid foods
- Combination birth control pills/medications
- Limiting baby's time at the breast
- Surgery on the breast
- Smoking
- Another pregnancy

Solutions for Low Milk Production



- Check baby's position/latch
- Increase number of feedings/milk expression
- Skin-to-skin contact
- Breast compression
- Express milk when apart from baby

When Mothers Experience Problems



West Dade, FL WIC

- True breastfeeding problems can often be prevented
- If they do occur, quick solutions and loving support make the difference

Questions?