CLINICAL PRACTICE GUIDELINE

Breastfeeding: Showing the woman how to breastfeed

This document should be read in conjunction with this Disclaimer

BFHI Step 4- show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants

Aim

- To nurture the woman's confidence in her ability to breast feed.
- To assist women and babies in achieving successful breastfeeding by standardising teaching, eliminating contradictory advice and implementing practices which contribute to breastfeeding success.
- To encourage mothers to recognize nutritive sucking which will result in
  - Optimal milk transfer
  - Weight gain
  - Appropriate growth and development

Key points

1. Mothers shall be shown the positioning skills involved using a "Hands off approach".
2. The laminated 'Baby Led Breastfeeding' and 'Holding Me, Touching You' charts[1] can be used in a hands off approach (HOT) to guide the mother.
   - The P&A DVD is available in all ward areas and in each VMS car.
   - Positioning the baby at the breast can be demonstrated by using a doll and breast model.
3. The baby needs to be lying in firm contact with the mother's body.
4. This will allow the baby to key into instinctive behaviour to seek the breast.
5. Supporting the baby correctly allows the baby to attach well. It prevents pulling and chewing on the nipple. Good attachment means the baby is able to take enough breast tissue in order for effective sucking and milk transfer to take place.
6. After the feed the nipple should look as it did before – not compressed, elongated or misshapen.

7. If the baby is sleepy or disinterested in feeding, refer to guideline: Newborn Feeding: Breastfeeding: First Feed: ‘Strategies to overcome the lack of interest in breastfeeding’
8. However, if the baby is unable to latch on, the mother needs to initiate lactation by expressing and giving all expressed breast milk (EBM) to the baby.

How a mother can assist her baby to attach to the breast

A healthy term baby is born with the ability to search for the breast. Allowing the baby to do the following will trigger baby’s innate instincts and facilitate imprinting on how to latch effectively. See ‘Baby Led Breastfeeding’ poster (Courtesy- SMHS)

Cradlehold- the natural less complicated hold

- The mother is seated comfortably in an upright position allowing the breasts to fall naturally.
- The baby's body should be supported by firm contact with the mother's body, underneath the breasts.
- The baby's head should tilt over the wrist/forearm with his/her top lip in line with the nipple.
- The baby's arms should hug/encircle the mother's breasts
- The mother places the heel of her hand firmly between the baby's shoulders- not the back of his / her head.
- The mother holds the baby's chin and bottom lip- against the underside of her areola to stimulate the baby to open his / her mouth. The nipple is placed underneath the baby's nose on the philtrum.
- The baby will tilt his/her head over the wrist/forearm and open his/her mouth wide
- When the baby's mouth is wide open, the mother using her index finger can gently press and tilt the nipple and areola up and then the mother moves the baby quickly onto the breast folding a good amount of nipple and areola into the baby's mouth
- Remember the baby moves to the breast, not breast to the baby
- The baby needs to take the nipple and 2-3 cm of breast behind the nipple into his/her mouth. Less of the areola is visible below the bottom lip than the top lip.
- The lips form a seal. The nose is free.
- The baby's chin should be in contact or pressing into the breast.
- The baby will start with short quick sucks; this stimulates let down. Once let down occurs, the sicking changes to a slower rhythmic, suck-swallow pattern, with short resting pauses.
- Swallowing can be seen (and heard if secretory activation and letdown have occurred).
- Once the baby is attached and sucking effectively **there is no nipple pain or trauma**

Underarm hold (football hold)

Sometimes correct attachment takes more than one attempt.

Assessment of a breastfeed

1. When the baby is actively feeding there should be movement of the whole jaw and swallowing is observed. Non-nutritive sucking occurs in short sharp bursts, at the rate of 2-3 per second. Nutritive sucking occurs at a slower rate of about 1 per second[2, 3].
2. It is important to ensure the woman can differentiate the type of sucking to ensure her baby is feeding effectively. A sleepy baby may need encouragement to persist with a nutritive sucking pattern – this may be achieved by gentle stroking and breast compression.
3. After the breastfeed, the breast/s should feel soft and light with no lumpy/heavy areas. Ensure the baby has softened the first breast before always offering the second breast.
4. The woman should be advised to alternate the side she offers first.
5. Until the milk 'comes in', the baby will not pass urine frequently. He / she may only void once or twice per day. There is no cause for concern in the first few days. By 96 hours (4 days), a baby would be expected to have at least 3 wet nappies of pale / clear urine a day. As the milk volume increases, so will the urine output.
6. A newborn baby will have at least 2-3 bowel movements a day. Milk stools (Yellow) should be seen by day 4-5(96-120hrs). A baby should continue to have several bowel movements a day at least until 4-6 weeks of age[4].
7. If the baby is unsettled or has lost greater than 10% of birth weight, or the woman has become engorged, the position, attachment and sucking technique of the baby should be rechecked with an experienced midwife/lactation consultant.
8. If the urine becomes scanty and strongly yellow in colour, suggesting the development of dehydration, feeding frequency, milk transfer and mother's breasts must be evaluated with an experienced midwife/lactation consultant and an appropriate plan implemented. The baby is to be reviewed by the paediatrician.

Breastfeeding after caesarean section[5]

- Caesarean birth will not directly affect the mother's ability to breastfeed. However, a mother who has given birth this way will require additional assistance to enable her to breastfeed e.g. lifting the baby out of the cot and adequate pain relief.

Breastfeeding multiples

- The mother will require additional assistance at each feed, with much reassurance and professional guidance throughout her hospital stay.
- Initially encourage singleton breastfeeds to achieve effective position and attachment.
- The mother may be shown various feeding positions to allow her to decide which methods suit her own and her baby's needs. Some mothers can twin feed the babies from birth, others will prefer single feeding until more confident. Support the mother in her decision.
- Babies from multiple births can often be preterm or small for gestational age. It is important that the mother be able to manage the breastfeeding plan independently prior to discharge. She may need to loan an electric pump on discharge to maintain her breast milk supply whilst the babies grow and learn to breastfeed.

References

1. Rebecca Glover. Holding me- Touching You, . Educational Tool,2009.
2. Walker M. **Breastfeeding Managment for the Clinician- using the evidence**. 4th ed: Jones and Bartlett; 2017.
3. Watson-Genna C. **Supporting sucking skills in breastfeeding infants**. 3rd ed: Jones and Bartlett; 2017.
4. Brodribb W. **Breastfeeding management in Australia**. 4th ed. East Malvern, VIC: Australian Breastfeeding Association; 2012.
5. Australian Breastfeeding Association. Breastfeeding after Caesarean Birth 2017. Available from: https://www.breastfeeding.asn.au/bf-info/breastfeeding-after-caesarean-birth.

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