WHO/CDR/93.5
UNICEF/NUT/93.3
Distr.: General
Original: English

BREASTFEEDING COUNSELLING

A TRAINING COURSE

PARTICIPANTS' MANUAL

PART THREE

Sessions 20-30

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF

CONTENTS

Session 20

Back to CONTENTS

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).

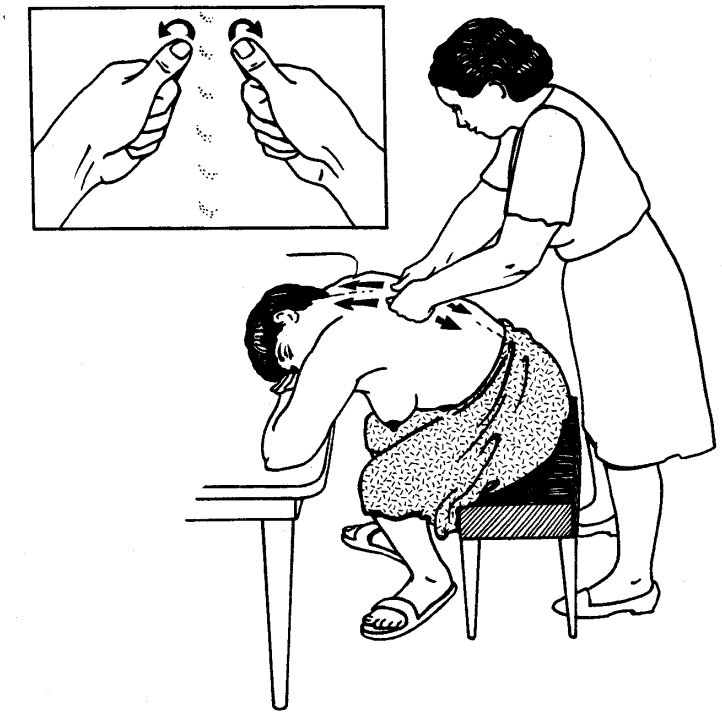

Fig.30 A helper rubbing a mother's back to stimulate the oxytocin reflex

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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.

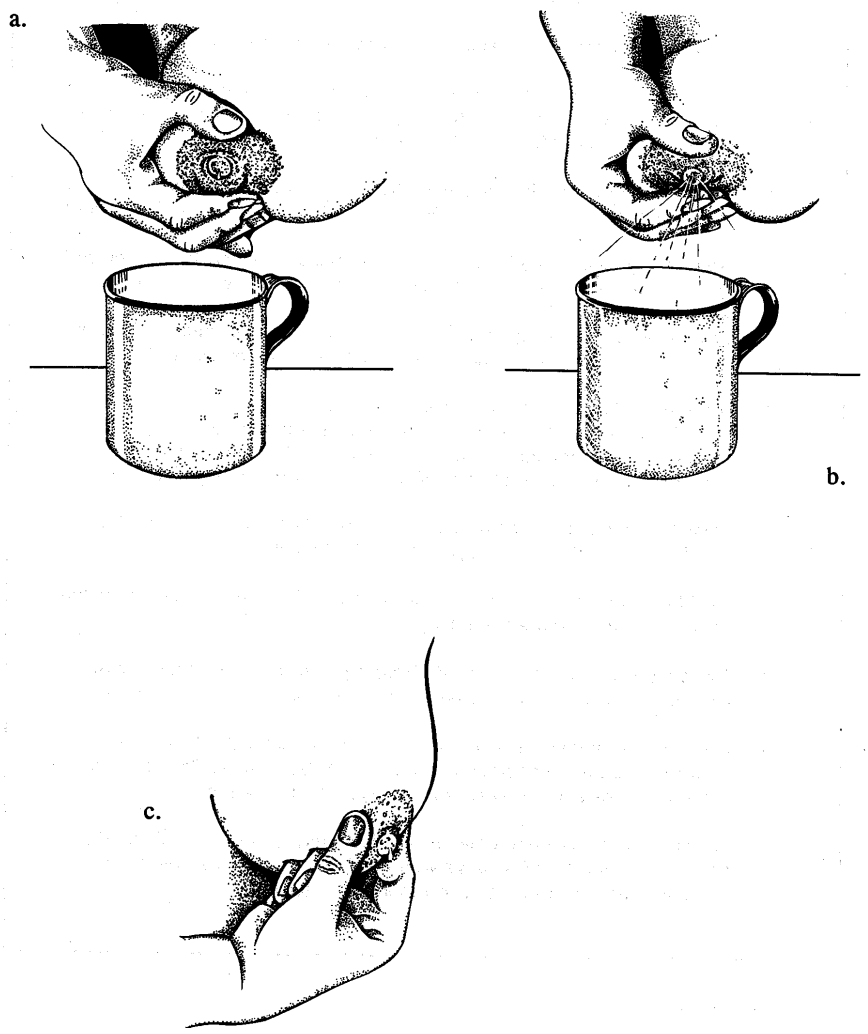


Fig.31 How to express breastmilk.

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.

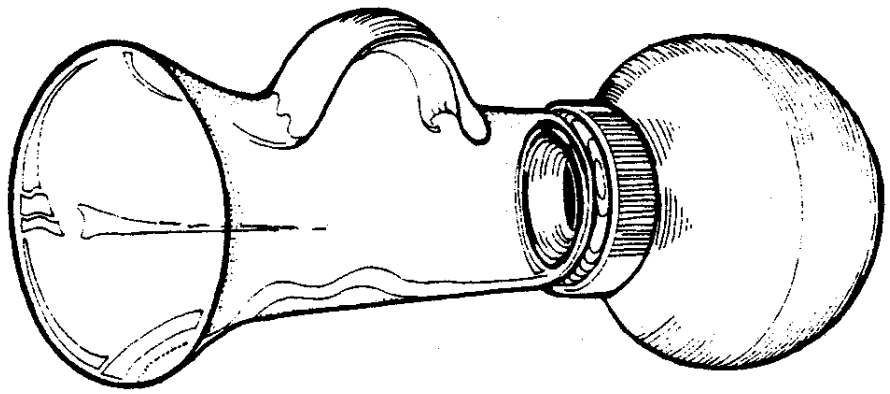


Fig.32 Rubber bulb breast pump

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.

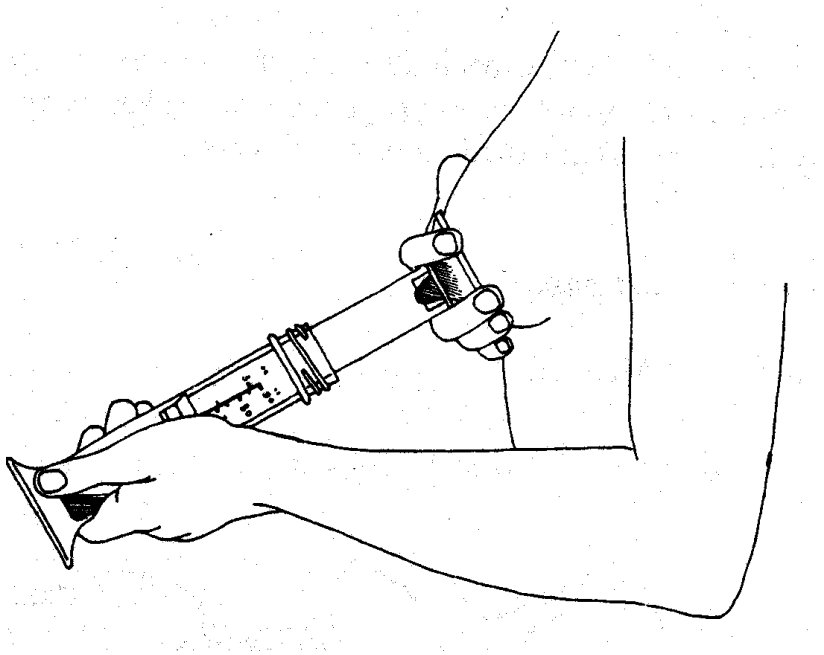


Fig.33 Syringe breast pump

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.

Session 21

Back to CONTENTS

"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 and her breasts	Her nutrition and health 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

Back to CONTENTS

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

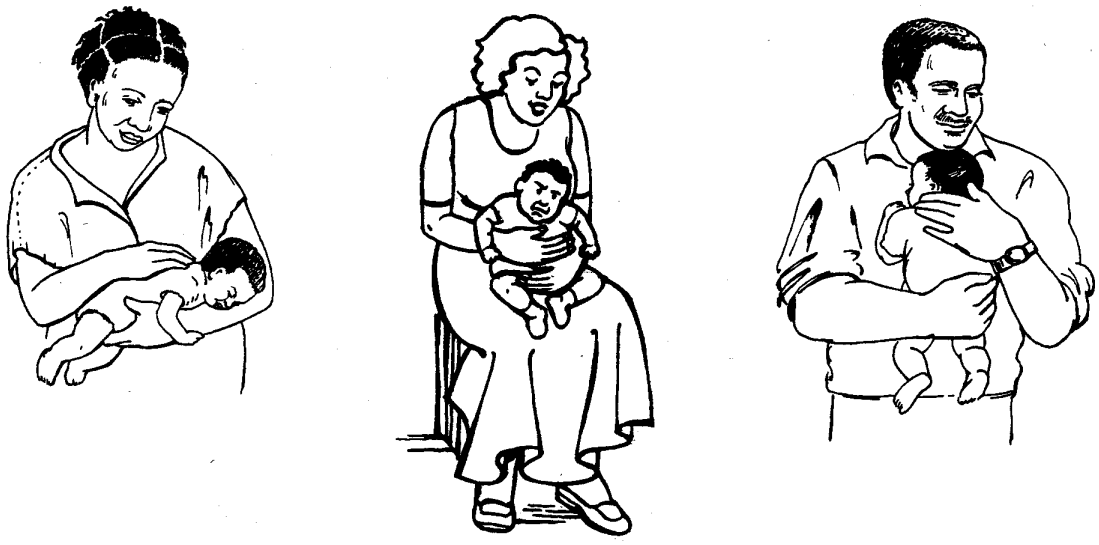


Fig.36 Some different ways to hold a colicky baby

Session 23

Back to CONTENTS

"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

Back to CONTENTS

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

Back to CONTENTS

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.

I*f 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

Back to CONTENTS

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

Back to CONTENTS

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.

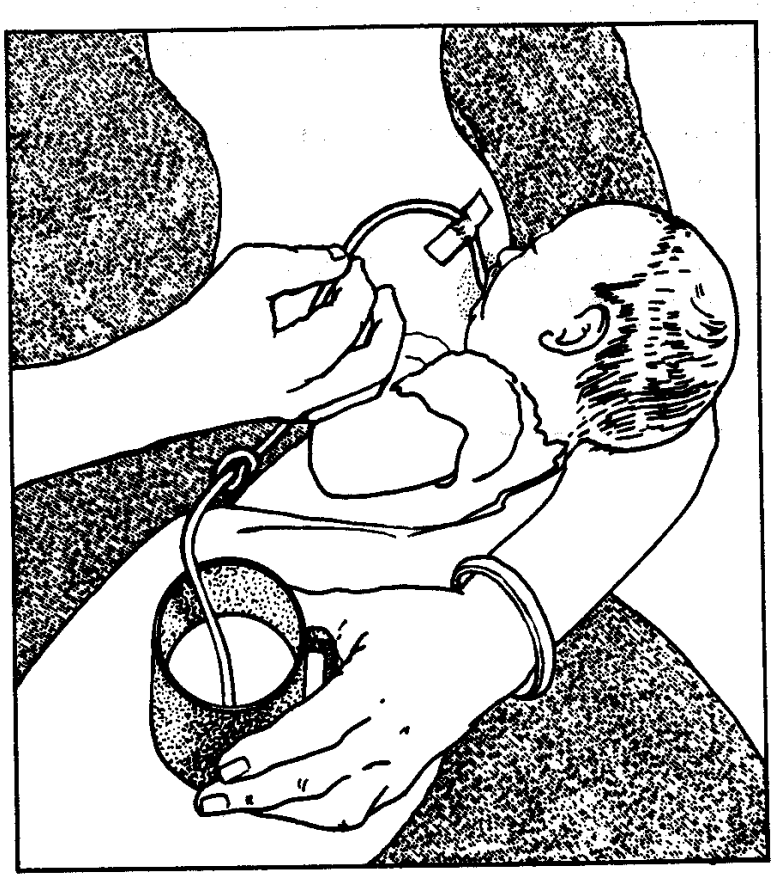


Fig.38 Using a breastfeeding supplementer

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

Back to CONTENTS

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***

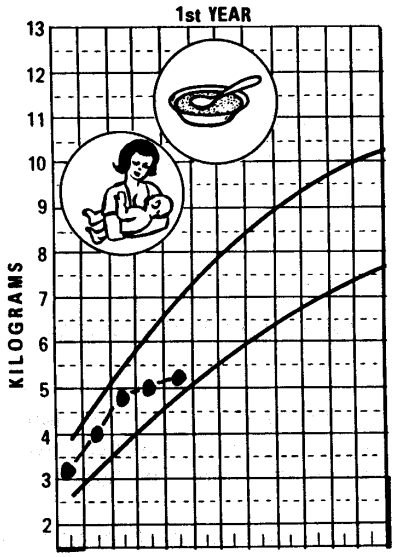
How to do the exercise:

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:

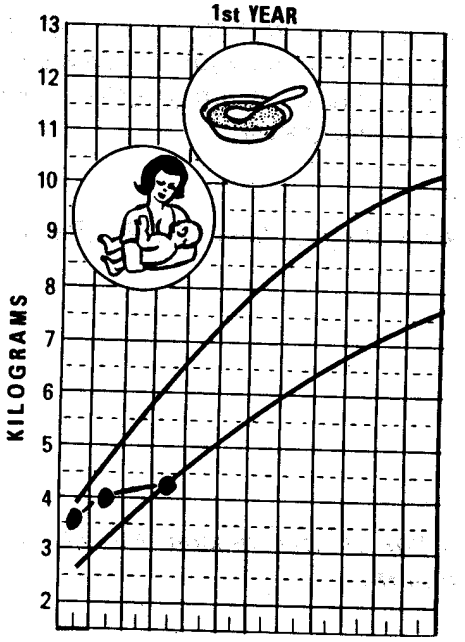
Baby 2 has come for immunization. His mother says that he is well. He is a very good baby and cries very little. He only wants to feed about 4-5 times a day, which his mother finds helpful, because she is very busy.

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?



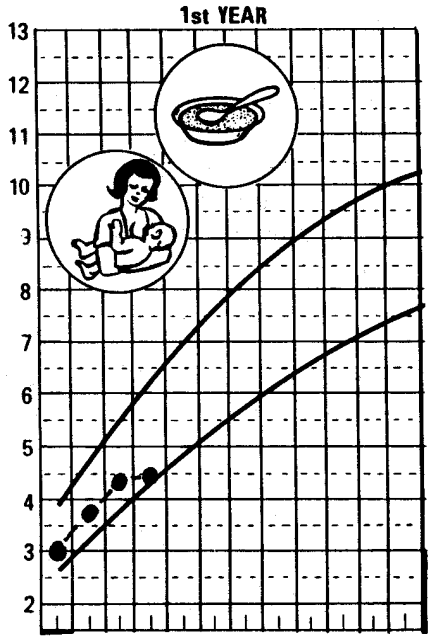
Baby 3 was exclusively breastfed until last month. Now his mother gives him drinks of water, because the weather is hot and he seems so thirsty.

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?



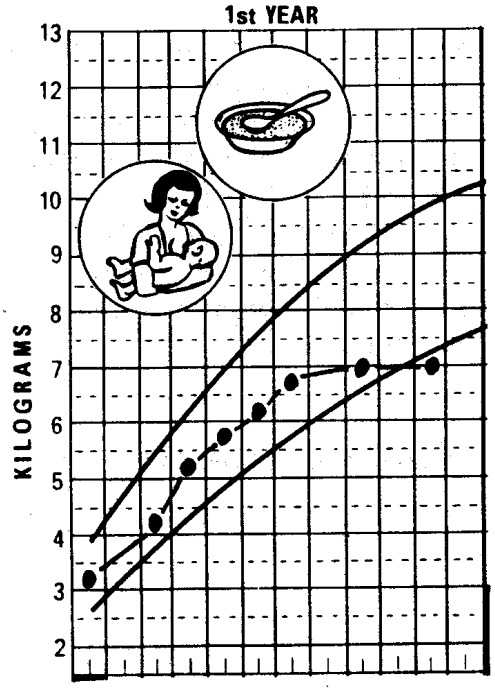
Baby 4 has come for measles immunization. He breastfeeds frequently by day, and sleeps with his mother and breastfeeds at night. Two months ago his mother started to give him thin cereal porridge once a day.

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?

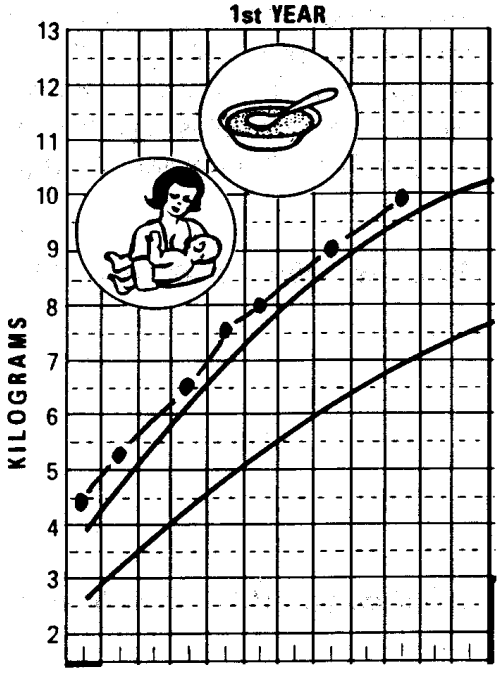


Baby 5's mother has come for help with family planning. When you have given her this help, you ask about the baby. He was exclusively breastfed until the age of 6 months. Since then he has had complementary food at first twice, and more recently four times, a day. He continues to breastfeed at night 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

Back to CONTENTS

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

Back to CONTENTS

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.