WHO/CDR/93.4
UNICEF/NUT/93.2
Distr.: General
Original: English

BREASTFEEDING COUNSELLING

A TRAINING COURSE

TRAINER'S GUIDE

PART TWO

Sessions 10-19

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF

CONTENTS

Session 10

Back to CONTENTS

POSITIONING A BABY AT THE BREAST

This session must come after Clinical Practice 1 and before Clinical Practice 2.

Objectives

At the end of this session, participants will be able to:
- help a mother to position her baby correctly at the breast;
- demonstrate alternative positions for mothers and babies with special needs.

Session outline (60 minutes)

Participants are all together for a demonstration led by one trainer.

I. Introduce the topic (5 minutes)

II. Demonstrate helping a mother to position her baby (35 minutes)

Participants are in groups of 4-5 with one trainer.

III. Help participants to practise positioning a baby (20 minutes)

If available and appropriate, show the video *Helping a mother to breastfeed* as soon as convenient after the session.
This requires 30 minutes additional time.

Preparation

The day before the demonstration:
Ask a participant to help you with the demonstration.
Explain that you want her to play a mother who needs help to position her baby. Ask her to decide on a name for herself and her `baby'. She can use her real name if she likes.
Explain what you want to happen as follows:

1. You will demonstrate how to help a mother who is sitting.
   She will sit holding the doll in the common way, with the doll across the front.
   You will greet her and ask how breastfeeding is going, and she will say that it is painful and that she has sore nipples.
   You will ask her to `breastfeed' the doll, while you observe.
   She will hold it in a poor position: loosely, supporting only its head, with its body away from hers, so that she has to lean forward to get her breast to its mouth. She will pretend that breastfeeding is painful.
   You will then help her to sit more comfortably and to improve the doll's position.
   When the position is better, she should say `Oh! That feels better', and look happier. She can rub the other breast, to show that now she is feeling the ejection reflex.

2. You will demonstrate other ways to hold a baby with the mother sitting - the underarm position, and using the opposite hand.

3. You will demonstrate how to help a mother who is lying down.
   She will lie down, propped on her arm, with the doll far from her body, loosely held on the bed.

Practise giving the demonstration with the participant, so that you know how to follow the steps.
Decide the `comfortable' position that you will help her to sit in.
Ask her to wear clothes such as a long skirt or trousers so that she feels comfortable lying down for this demonstration.

Find a cloth to cover the table, and a cloth to cover the `mother's' legs. Find some pillows if these are appropriate in this community.

Early on the day of the demonstration:
Arrange chairs, a footstool, and a bed, or a table that can be used for a bed to demonstrate breastfeeding lying down.

As you follow the text, remember:

□	indicates an instruction to you, the trainer
▪	indicates what you say to participants

I. Introduce the topic (5 minutes)

Ask participants to find pages 45-49 of their manuals, where the technique `Helping a mother to position her baby at her breast' is described.

□ Explain what the session will be about:

- In this session you will learn how to help a mother to position her baby at the breast, so that he is well attached and can suckle effectively. The techniques are described in your manuals, for you to read again later.

- There are three main kinds of mother whom you may need to help:
  - new mothers, who are breastfeeding for the first time;
  - mothers who have some difficulty with breastfeeding;
  - mothers who bottle fed previously but now want to breastfeed.

□ Make these points:

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

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

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

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

II. Demonstrate helping a mother to position her baby (35 minutes)

□ Give the four demonstrations described below.

As you follow each step:

- Demonstrate *how to talk to a mother.*

Be gentle. Explain what you do so that she understands, and talk in a way which builds her confidence.
(Although participants have not yet done the next session, `Building confidence and giving support', it is important to demonstrate good technique from the beginning).

- *Explain to participants what you are doing.*
  Sometimes you need to step out of your role of helping the mother, to make sure that participants understand what you are demonstrating.

1. Demonstrate how to help a mother who is sitting (15 minutes)

☺ Ask the participant who is helping you to sit on the chair or bed that you have arranged. She should hold the doll across her body in the common way, but in a poor position as you practised previously: loosely, supporting only his head, with his body away from hers, so that she has to lean forward to get her breast into his mouth.

Tell her that you will ask her how breastfeeding is going, and she should say that it is painful when the baby suckles.

 Follow these steps:

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

  The participant says that breastfeeding is painful.

- Assess a breastfeed.
  Ask her if you may see how (baby's name) breastfeeds, and ask her to put him to her breast in the usual way. Observe her breastfeeding for a few minutes.

- Explain what might help and ask if she would like you to show her.
  Say something encouraging, like:
  "He really wants your breastmilk, doesn't he?"

  Then say:
  "Breastfeeding might be less painful if (baby's name) took a larger mouthful of breast when he suckles. Would you like me to show you how?"
  If she agrees, you can start to help her.

- Make sure that the `mother' is sitting in a comfortable, relaxed position (as you decided when you practised).

  Explain to participants:
  - A low seat is usually best, if possible one that supports the `mother's' back. If the seat is rather high, find a stool for her to put her feet onto. However, be careful not to make her knees so high that her baby is too high for her breast.
  If she is sitting in bed, pillows may help (if available in this community).
  - If she is sitting on the floor, make sure that her back is supported.

If she supports her baby on her knee, help her to hold the baby high enough so that she does not lean forward to put him onto her breast.

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

  Explain to participants:
  You cannot help a mother satisfactorily if you are in an awkward, uncomfortable position yourself.

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

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

  Explain to participants:
  These **four key points** are the same as the points that you learnt to observe in the "B" section of the B-R-E-A-S-T-FEED Observation Form.
  For point 1: A baby cannot suckle or swallow easily if his head is twisted or bent.
  For point 2: The baby's whole body should almost face his mother's body. He should be turned away just enough to be able to look at her face.
  This is the best position for him to take the breast, because most nipples point down slightly. (If he faces his mother completely, he may fall off the breast.)
  For point 4: This is important for newborns. For older babies, support of the upper part of the body is usually enough.
  Sometimes the best way is to use a pillow, if available.
  Some mothers support the baby on their knees. Or they use the other hand.
  A mother needs to be careful about using the hand of the same arm which supports her baby's shoulders, to support his bottom. The result can be that the baby's head goes too far out to the side, which makes it difficult for him to suckle.

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

  Explain to participants:
  If a mother has large and low breasts, support may help her milk to flow, because it makes it easier for the baby to take the part of the breast with the lactiferous sinuses into his mouth (see Session 3).
  If she has small and high breasts, she may not need to support them.

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

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

  Explain to participants:
  It is important to use the baby's reflexes, so that he opens his mouth wide to take the breast himself. You cannot force a baby to suckle.

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

  Explain to participants:
  Try not to touch the mother or baby if possible. But if you need to touch them to show the mother what to do:
  - Put your hand over her hand or arm, so that you hold the baby through her.
  - Hold the baby at the back of his shoulders - *not the back of his head.* Be careful not to push the baby's head forward.

- Notice how the mother responds.
  (The participant playing the `mother' should say, "Oh, that feels better!".)

  Explain to participants:
  If you improve a baby's poor suckling position, a mother sometimes spontaneously says that it feels better.
  (Unfortunately, sometimes a mother says "Oh, that is uncomfortable, I could not breastfeed like that" even if her baby is now well attached. She goes back to her old position. Make sure that she has the information, but leave her to do it her way. Her position may improve, especially if the baby learns what to do.)

- If the mother says nothing, ask her how her baby's suckling feels.

  Explain to participants:
  If suckling is comfortable for the mother, and she looks happy, her baby is probably well attached.
  If suckling is uncomfortable or painful, her baby is probably not well attached.

- Look for all the signs of good attachment (which you cannot see with a doll).
  If the attachment is not good, try again.

  Explain to participants:
  It often takes several tries to get a baby well attached. You may need to work with the mother again at a later time, or the next day, until breastfeeding is going well.
  Make sure that the mother understands about her baby taking enough breast into his mouth.
  If she is having difficulty in one position, try to help her to find a different position

that is more comfortable for her (for example, in one of the positions described below).

2. Demonstrate other ways for a mother who is sitting to position her baby

(5 minutes)

You can give this demonstration more briefly than the previous one. It is not necessary to repeat every step in detail.

 Follow these steps:

- Help the 'mother' to hold her baby in the underarm position, (Fig.3a).
  Exactly the same **four key points** are important.
  She may need to support the baby with pillows at her side.

  Explain to participants:
  The baby's head rests in the mother's hand, but *she does not push it at the breast.*
  The underarm position is useful:
  - for twins;
  - if she is having difficulty attaching her baby across the front;
  - to treat a blocked duct (see Session 14, `Breast conditions');
  - if a mother prefers it.

- Show the 'mother' how to hold her baby with the arm opposite to the breast (Fig.3b).
  Exactly the same **four key points** are important.
  If she needs to support her breast, she can use the hand on the same side as the breast.

  Explain to participants:
  The mother's forearm supports the baby's body.
  Her hand supports the baby's head, at the level of his ears or lower. She does not push at the back of the baby's head.
  This way of holding a baby is useful:
  - for very small babies;
  - for sick or disabled babies;
  - if the mother prefers it.

Fig.3 a. A mother holding her baby in the underarm position

Useful for:
- twins
- blocked duct
- difficulty attaching the baby

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

Useful for:
- very small babies
- sick babies

(Fig.24 in Participants' Manual)

3. Demonstrate how to help a mother who is lying down (5 minutes)

☺ Ask the participant who is helping you to demonstrate breastfeeding lying down, in the way that you practised.
She should lie down propped on one elbow, with the doll far from her body, loosely held on the bed.

 Follow these steps:

- Help the 'mother' to lie down in a comfortable, relaxed position.

  Explain to participants:
  To be relaxed, she needs to lie down on her side in a position in which she can sleep.
  Being propped on one elbow is not relaxing for most mothers.
  If she has pillows, a pillow under her head and another under her chest may help.
- Show her how to hold her baby.
  Exactly the same **four key points** are important.
  She can support her baby with her lower arm. She can support her breast if necessary with her upper arm.
  If she does not support her breast, she can hold her baby with her upper arm.

  Explain to participants:

A common reason for difficulty attaching when lying down, is that the baby is too `high', and his head has to bend forwards to reach the nipple.
Breastfeeding lying down is useful:
- when a mother wants to sleep, so that she can breastfeed without getting up;
- soon after a Caesarian section, when lying on her back or side may help her to breastfeed her baby more comfortably.

Fig.4 A mother breastfeeding her baby lying down
(Fig.25 in Participants' Manual)

 Make these points:

- There are many other positions in which a mother can breastfeed. In any position, the important thing is for the baby to take enough of the breast into his mouth so that he can suckle effectively.

- For example:
  - a mother can breastfeed standing up;
  - if a baby has difficulty attaching to the breast, it sometimes helps if the mother lies on her front, propped on her elbows, with the baby underneath her;
  - if she has an oversupply of milk, (and the baby gets too much milk too fast), lying on her back with the baby on top of her sometimes helps (see Session 16, `Refusal to breastfeed').

4. Demonstrate some common mistakes (10 minutes)

You can give these demonstrations quite quickly, holding a doll and a model breast yourself.

 Make this point:

- There are some ways in which a mother holds a baby which can make it difficult for him to attach to her breast and suckle effectively.

 Give the demonstration:

- Use a doll to show these ways of holding a baby:
  - too high (for example, sitting with your knees very high);
  - too low (for example, with the baby unsupported, so you have to lean forward);
  - too far to the side (for example, putting a small baby to far out in the `crook' of the arm, instead of on the forearm. This can happen if the mother holds her baby's bottom in the hand on the same side as the breast he is feeding from).

  Explain to participants:
  If a mother holds her baby in these ways, his mouth will not be opposite her nipple. It will be difficult for him to take the breast into his mouth.

- On your own clothed body, or on a model, show these ways of holding a breast:
  - holding the breast with fingers and thumb close to the areola;
  - pinching up the nipple or areola between your thumb and fingers, and trying to push the nipple into a baby's mouth;
  - holding the breast in the `scissor' or `cigarette' hold (index finger above and middle finger below the nipple).

  Explain to participants:
  Holding the breast in these ways makes it difficult for a baby to attach and suckle effectively. The `scissor hold' can block milk flow.

- Demonstrate holding the breast back from the baby's nose with a finger.

  Explain to participants:
  This is not necessary, and can pull the nipple out of the baby's mouth. A baby can breathe quite well without the breast being held back.

 Make this point:

- There are some common mistakes that health workers make when they help mothers.

 Give the demonstration:

☺ Ask the participant to help you again. She should hold a doll in the same way as for the first demonstration. She should also hold a model breast in place as if the doll is trying to suckle.

- Take hold of the model breast in one hand and the doll in the other and push them together.

  Explain to participants:
  This shows what some health workers do. They try to put the baby onto the breast, instead of helping the mother to put him on herself.
  If you do it for the mother, she does not learn how to position her baby herself, and she does not gain confidence.

- Hold the doll at the back of his head, and demonstrate trying to push him onto the breast.

Explain to participants:
If you put pressure on the back of a baby's head, he may react by pushing his head back. The natural reaction of a health worker is then to push the baby onto the breast more strongly. The baby may fight back, and this may cause him to refuse to breastfeed.

 Ask participants if they have any questions, and try to answer them.

III. Help participants to practise positioning a baby (20 minutes)

 Gather your group of 4-5 participants into a corner of the classroom.

Give them a doll to work with.
Ask them to find the box **HOW TO HELP A MOTHER TO POSITION HER BABY** on page 49 of their manuals.
Explain that this summarises the main points of the demonstration.

(Other trainers do the same with the other groups.)

 Explain what to do:

- You will now work in pairs to practise helping a mother to position her baby.
  One of you plays the mother, and one plays the health worker. Other participants in the group observe.

- If you are the mother:
  Sit and hold the doll in the common way, across your front. Hold him in a poor position.
  When the health worker asks you how breastfeeding is going, say that it is very painful, and your nipples are sore.

- If you are the health worker:
  Follow all the steps in the box **HOW TO HELP A MOTHER TO POSITION HER BABY**.
  Try to use one or two listening and learning skills - for example, try to say something to empathize with the mother.

- If you are observing:
  Follow the steps in the box, and afterwards comment on the practice. Praise what the pair did right, remind them about steps that were left out, and correct any mistakes.

 Make sure that each participant has a turn to play the part of the health worker helping a mother to position her baby.

If you have enough time, let participants practise helping mothers in different positions, and with different stories.

HOW TO HELP A MOTHER TO POSITION HER BABY

- Greet the mother and ask how breastfeeding is going.

- Assess a breastfeed.

- Explain what might help, and ask if she would like you to show her.

- Make sure that she is comfortable and relaxed.

- Sit down yourself in a comfortable, convenient position.

- Explain how to hold her baby, and show her if necessary.
  The **four key points** are:
  - with his head and body straight;
  - with his face facing her breast, and his nose opposite her nipple;
  - with his body close to her body;
  - supporting his bottom (if newborn).

- Show her how to support her breast:
  - with her fingers against her chest wall below her breast;
  - with her first finger supporting the breast;
  - with her thumb above.

  Her fingers should not be too near the nipple.

- Explain or show her how to help the baby to attach:
  - touch her baby's lips with her nipple;
  - wait until her baby's mouth is opening wide;
  - move her baby quickly onto her breast, aiming his lower lip below the nipple.

- Notice how she responds and ask her how her baby's suckling feels.

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

- Recommended reading:
  Helping Mothers to Breastfeed Chapter 2, section 2.8 `Helping a mother to put her baby on the breast'.

Session 11

Back to CONTENTS

BUILDING CONFIDENCE AND GIVING SUPPORT

Objectives

At the end of this session, participants will be able to build a mother's confidence and give her support in the following ways:

- Accept what a mother thinks or feels
- Recognize and praise what the mother and baby are doing right
- Give practical help
- Give information which is of immediate relevance
- Use simple language
- Make suggestions instead of giving commands

Session outline (60 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the topic (5 minutes)

II. Introduce the growth chart (7 minutes)

III. Demonstrate the six skills for building confidence and giving support (includes showing Overheads 11/1 to 11/6) (35 minutes)

IV. Answer participants' questions (10 minutes)

V. Summarize `Building confidence and giving support' (3 minutes)

Preparation

Refer to pages 13-15 of the Introduction for general guidance on how to conduct work in groups.

Prepare a flipchart on which to write the list of `Confidence and support skills'.

Make sure that you have Overheads 11/1 to 11/6, and that they are in order. If it is not possible to have an overhead projector for each group, show the copies of the overhead figures from the flipchart.

Study the instructions for Demonstrations Q to W, so that you are clear about the ideas they illustrate, and you know what to do.

For Demonstration R, ask a participant who can act well to help you. Write the words that she has to say on a piece of paper, and give it to her. Explain that you want her to play a mother who is very distressed, and in tears, even though her problem is not serious. Ask her to give her baby a name.

Have enough copies of the local growth chart available to give one to each participant.

Prepare to explain the growth chart briefly when you introduce the session.

On a copy of the chart, draw these lines to demonstrate to participants:
- a growth line which rises following the reference curves, to show satisfactory growth;
- three growth lines which show poor growth:
  a line which goes down; a line which is flat; and a line which rises too slowly.

As you follow the text, remember:

- □ indicates an instruction to you, the trainer
- ▪ indicates what you say to the participants

I. Introduce the topic (5 minutes)

□ Make these introductory points:

- *The third and fourth counselling skills sessions are about `building confidence and giving support'.*
  A breastfeeding mother easily loses confidence in herself. This may lead her to give unnecessary artificial feeds, and to respond to pressures from family and friends to give artificial feeds.
  You need the skill to help her to feel confident and good about herself.

  Confidence can help a mother to succeed with breastfeeding. Confidence also helps her to resist pressures from other people.

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

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

II. Introduce the growth chart (7 minutes)

In this session, and in some later sessions, participants discuss weighing babies, and using growth charts.

If participants do not regularly use growth charts, explain them briefly now. If necessary, arrange for extra time to explain the charts in more detail.

 Give each participant a copy of the local growth chart.

Explain that before you start discussing confidence and support skills, it is necessary to make sure that participants know about growth charts.

 Ask participants to look at the chart as you point out the following things:

- The line of figures along the bottom is for the baby's age. Each column is for a month of the baby's life.

- The *line* of figures up the side is for the weight of the baby.

- When you weigh a baby, you put a dot in the column for his age, opposite the number for his weight.

- When *you* have weighed him a few times, you can join up the dots to make a line, which is his growth line.

- The two curves on the chart are reference curves, which show how healthy babies grow. They move up the chart, showing how a baby gets heavier as he grows.

- A *useful* rule of thumb is this: in the first six months of life a baby should gain at least 500 grams in weight each month.

- Show the charts that you have prepared with growth lines which show good and poor growth.

- *Compare* the baby's growth line with the reference curves on the chart.

  - If the baby's growth line goes up and follows the curves, he is growing well.
  - If the baby's growth line is flat or going down, he is not growing well.
  - If the baby's growth line is moving up, but more slowly than the curves, then he is not growing well.

- If a baby is not growing well, he may be ill, or he may not be getting enough food. A breastfed baby may not be getting enough breastmilk.

Further information

Growth curves of breastfed babies
The reference growth curves were developed by weighing babies most of whom were bottle fed. Exclusively breastfed babies may gain weight faster than the reference curves for the first 3-4 months, but they may gain weight a little more slowly from 4-6 months. They are healthy and getting all the milk that they need. Bottle fed babies may be slightly fatter at this age.

III. Demonstrate the six skills for building confidence and giving support

(35 minutes)

 Tell participants that you will now explain and demonstrate six skills for building a mother's confidence and giving her support.

->Write `CONFIDENCE AND SUPPORT SKILLS' on a board or flipchart. List the six skills on the board as you demonstrate them.

Skill 1.Accept what a mother thinks and feels

->Write `Accept what a mother thinks and feels' on the list of confidence and support skills.

 Explain the skill:

- Sometimes a mother thinks something that you do not agree with - that is, she has a *mistaken idea*.

- Sometimes a mother feels very upset about something that you know is not a serious problem.

Ask: *How will she feel if you disagree with her, or criticize, or tell her that it is nothing to be upset or to worry about?*
(Wait for 2-3 responses, and then continue.)

You may make her feel that she is wrong. This reduces her confidence. She may not want to say any more to you.

- So it is important not to disagree with a mother.

- It is also important not to *agree* with a mistaken idea. You may want to suggest something quite different. That can be difficult if you have already agreed with her.

- Instead, you just *accept* what she thinks or feels. Accepting means responding in a neutral way, and not agreeing or disagreeing.

 Give an example of accepting what a mother THINKS:

Read out the following example. Read the mistaken idea, the appropriate and inappropriate responses, and also the statements explaining which they are.

Demonstration Q: Accepting what a mother THINKS

Read out the explanations, the idea, and the responses:

This is a mistaken idea:
"My milk is thin and weak, so I have to give bottle feeds."

This is an inappropriate response, because it is DISAGREEING:
"Oh no! milk is never thin and weak. It just looks that way!"

This is an inappropriate response because it is AGREEING:
"Yes - thin weak milk can be a problem."

This is an appropriate response, because it shows ACCEPTANCE:
"I see. You are worried about your milk."

An alternative appropriate response might be:
"Ah-ha".

 Make these additional points:

- Notice how *reflecting back* and *simple responses* are both useful ways to show acceptance, as well as being good listening and learning skills.

- You may want to give information to correct a mistaken idea.
  In this example, you would want to explain to the mother that breastmilk always looks thin at the beginning of a feed, but it is full of nutrients.

- You can give this information later. Give it in a tactful way which does not sound critical. However, first, you want her to feel that you accept what she thinks.
  We will come back to this point with Skill 4.

 Give an example of accepting what a mother FEELS:

☺ Ask the participant who will help you, to hold a doll, and to play the part of the mother in Demonstration R.

She reads the words which you wrote down and gave to her, and she acts being very upset, and cries.

You read out the responses, with appropriate gestures. For example, you can put your hand on her shoulder to comfort her. Ask participants to say which response accepts what the mother feels. (The accepting response is marked ✔).

Demonstration R: Accepting what a mother FEELS

The `mother' (in tears) reads:

> "It is terrible! (Name) has a cold and his nose is completely blocked and he can't breastfeed - he just cries and I don't know what to do!"

Read these responses (with an appropriate gesture):

Ask: *Which response accepts what the mother feels?*

Response 1: "Don't worry - your baby is doing very well"
Response 2: "You are upset about (name) aren't you?" ✔
Response 3: "Don't cry - it is not serious - (name) will soon be better!"

 Explain the example, making these points:

- Responses 1 and 3 do not accept what she feels. If you say something like "Don't worry, there is nothing to worry about!" you make her feel that she is wrong to be upset. This *reduces* her confidence. (Yet that is just what many of us do!)

- Response 2 accepts what she feels. It makes her feel that it is alright to be upset, so it does not reduce her confidence.

- Notice how, in this example, empathizing was used to show acceptance. So this is another example of using a listening and learning skill to show acceptance.

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

-> Write `Recognize and praise what a mother and baby are doing right' on the list of confidence and support skills.

 Explain the skill:

- As health workers, we are trained *to look for problems*. Often, this means that we see only what we think people are doing wrong, and try to correct them.

Ask: *How does it make a mother feel if you tell her that she is doing something wrong, or that her baby is not doing well?*
(Wait for 2-3 responses, and then continue.)

You make her feel bad, and it reduces her confidence.

- As counsellors, we must *look for what mothers and babies are doing right.*
We must first *recognize* what they do right; and then we should praise or show approval of the good practices.

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

- It can be difficult to recognize what a mother is doing right - we have to learn to recognize good practices. But any mother whose child is living must be doing some things right, whatever her socioeconomic status or education.

- It is always helpful to recognize and praise what a baby is doing right. For example, that he is gaining weight, or that he is suckling well.

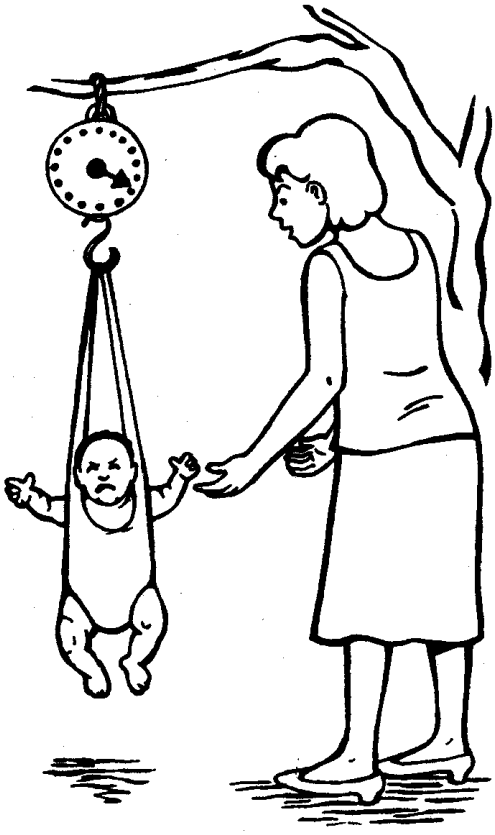
 Give an example:

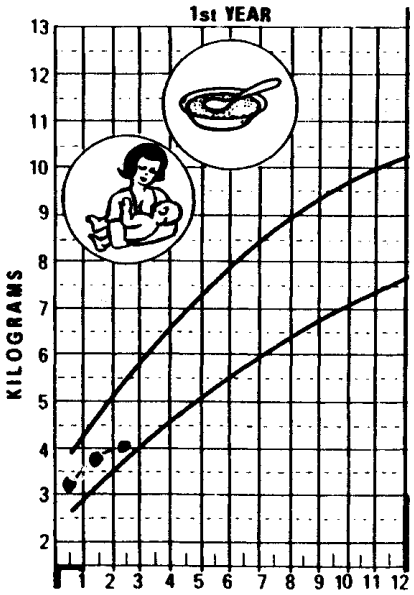
Show Overhead 11/1, and explain the situation that it illustrates.

Then show Overhead 11/2.
Read out the remarks, and ask participants to say which one helps to build the mother's confidence.

(The helpful remark is marked ✔).

Overhead 11/1





Demonstration S: Recognizing and praising what a mother and baby are doing right

Explain Overhead 11/1:

Here is a baby being weighed, and his mother. The baby is exclusively breastfed.
Beside the mother and baby is the baby's growth chart. His growth chart shows that he has gained a little weight between 1 and 2 months of age.
However, his growth line is not following the reference curves. It is rising too slowly. This shows that the baby's growth is slow.

Show Overhead 11/2:

Ask: *Which of these remarks will help to build the mother's confidence?*

"Your baby's growth line is going up too slowly."
"I don't think your baby is gaining enough weight."
✔ "Your baby gained weight last month just on your breastmilk."

Skill 3. Give practical help

-> Write `Give practical help' on the list of confidence and support skills.

 Explain the skill:

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

Ask: *What kind of practical help might you offer?*
(Wait for 2-3 suggestions from participants, and then continue.)

Some ways to give practical help are these:
- Help to make her clean and comfortable.
- Make it easier for her to hold the baby, with pillows, or a lower or more comfortable seat.
- Give her a warm drink, or something to eat.
- Hold the baby yourself, while she gets comfortable, or washes, or goes to the toilet.

- Practical help also includes practical help with breastfeeding, such as positioning the baby or relieving engorgement. This is considered separately later.

 Give an example:

Show Overhead 11/3, and explain the situation that it illustrates.

Give participants a moment to read what the mother is saying.
Then read out the two responses.
Ask participants to say which response is appropriate and which is not appropriate. (The appropriate response is marked with a ✔.)

 Tell participants that they will find Overhead 11/3 and the responses in their manuals, (Fig.26, page 51).

☺Ask them to ✔ the appropriate response.

Overhead 11/3

Demonstration T: Giving practical help

Explain Overhead 11/3:

This mother is lying in bed soon after delivery. She looks miserable and depressed. She is saying: "No, I haven't breastfed him yet. My breasts are empty and it is too painful to sit up."

Read these responses:

Ask: *Which response is more appropriate?*

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

□ Give this explanation:

- The appropriate response is the second one, in which the health worker offers to give practical help. She will make the mother comfortable before she helps her to breastfeed. Of course it is important for the baby to breastfeed soon. But it is more likely to be successful if the mother feels comfortable.

Skill 4. Give a little, relevant information

-> Write `Give a little, relevant information' on the list of confidence and support skills.

 Explain the skill:

- Mothers often need information about breastfeeding. It is important to share your knowledge with them. It may also be important to correct mistaken ideas.

- However it is important to:

  - Give information which is relevant to her situation NOW. Tell her things that she can use today, not in a few weeks' time.

  - Try to give only one or two pieces of information at a time, especially if a mother is tired, and has already received a lot of advice.

  - Give information in a positive way, so that it does not sound critical, or make the mother think that she has been doing something wrong. This is especially important if you want to correct a mistaken idea.

  - Wait until you have built the mother's confidence, by accepting what she says, and praising what she does well. You do not need to give new information or to correct a mistaken idea immediately.

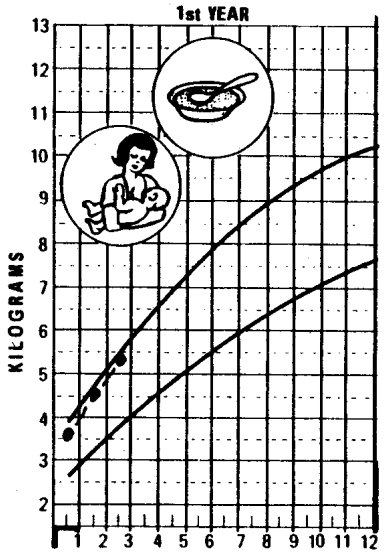
 Give an example:

Show Overhead 11/4, and explain the situation which it illustrates.

Give participants a moment to read what the mother is saying.

Then read out the responses, and ask participants to say which response gives the most relevant information. (The response which gives relevant information is marked with a ✔.)

Overhead 11/4



Demonstration U (i): Giving relevant information

Explain Overhead 11/4:

James is 2 months old, breastfeeding exclusively, and gaining weight healthily. Now he suddenly seems hungry, and he wants to feed more often. His mother thinks that she does not have enough milk.

Read these responses:

Ask: *Which response gives the most relevant information?*

Response 1: "Oh, James is growing well. Don't worry about your breastmilk supply. It is best to breastfeed exclusively for 6 months, and then you can start complementary foods."

Response 2: "James is growing fast. Healthy babies have these hungry times when they grow fast. James' growth chart shows that he is getting all the breastmilk that he needs. He will settle in a few days." ✔

□ Give this explanation:

- Response 2 explains James present behaviour, and her worries, so the information is relevant now. The information in Response 1 does not explain James behaviour and is not relevant now. Telling her not to worry does not help.

 Give another example:

Show Overhead 11/5, and explain the situation which it illustrates.
Then read out the two responses.
Ask participants which they think is more positive, and therefore more appropriate. (The positive, appropriate response is marked with a ✔.)

Overhead 11/5

Demonstration U (ii): Giving information in a positive way

Explain Overhead 11/5:

This baby is 3 months old. His mother has recently started giving some bottle feeds in addition to breastfeeding. The baby has developed diarrhoea.

Read these responses:

Ask: *Which response gives positive information?*

Response 1: "It is good that you asked before deciding. Diarrhoea usually stops sooner if you continue to breastfeed." ✔

Response 2: "Oh no, don't stop breastfeeding. He may get worse if you do that."

 Give this explanation:

- Response 2 is critical, and may make her feel wrong and lose confidence. Response 1 is positive, and should not make her feel wrong or lose confidence.

Skill 5. Use simple language

-> Write `Use simple language' on the list of confidence and support skills.

 Explain the skill:

- Health workers learn about diseases and treatments using technical or scientific terms. When these terms become familiar, it is easy to forget that people who are not health workers may not understand them.

- Health workers often use these technical terms when they talk to mothers, and mothers do not understand.

- It is important to use simple, familiar terms, to explain things to mothers.

 Give an example:

Read the statements in Demonstration V, and ask participants to say which is easier for mothers to understand.

Demonstration V: Using simple language

Read these statements:

Ask: *Which statement is easier for a mother to understand?*

Statement 1: "Your baby needs to be able to reach the lactiferous sinuses to get your breastmilk effectively."

Statement 2: "Your baby can get your breastmilk more easily if he takes a big mouthful of breast." ✔

 Give this explanation:

- Statement 2 is easier to understand. Statement 1 uses the terms *`lactiferous sinuses'* and *`effectively'* which many mothers would not understand.

Skill 6. Make one or two suggestions, not commands

-> Write `Make one or two suggestions, not commands' on the list of confidence and support skills.

 Explain the skill:

- You may decide that it would help a mother if she does something differently - for example, if she feeds the baby more often, or holds him in a different way.
  However, you must be careful not to *tell* or *command* her to do something. This does not help her to feel confident.

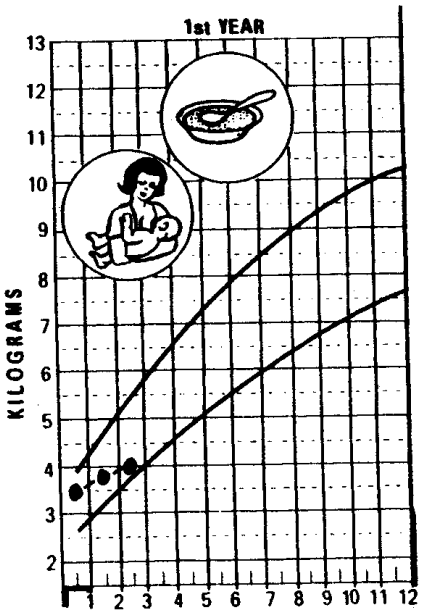
- When you counsel a mother, you *suggest* what she could do. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident.

 Give an example:

Show and explain Overhead 11/6.

Then read out the two responses and ask participants to say which is a command and which is a suggestion. (The suggestion is marked with a ✔.)

Overhead 11/6



Demonstration W: Making one or two suggestions

Explain Overhead 11/6:

Aimée breastfeeds only 4 times a day, and she is gaining weight too slowly. Her mother thinks that she does not have enough breastmilk.

Read these responses:

Ask: *Which of these responses is a command, and which is a suggestion?*

Response 1: "You must feed Aimée at least 10 times a day!"

Response 2: "It might help if you fed Aimée more often." ✔

 Give this explanation:

- Response 1 is a command. It tells Aimée's mother what she must do. She will feel bad and lose confidence if she cannot do it.

- The second response is a suggestion. It allows Aimée's mother to decide if she will feed Aimée more often or not.

- Another way to make a suggestion is to ask a question, for example:

  "Have you thought of feeding her more often? Sometimes that helps."

IV. Answer participants' questions (10 minutes)

 Ask participants if they have any questions about the six confidence and support skills, and try to answer them.

V. Summarize `Building confidence and giving support' (3 minutes)

You now have a list of six skills on the flipchart.
Post it on the wall.

 Read the list through, to remind participants of the six skills.

Ask participants to find the list on page 52 of their manual.
Ask them to try to memorize it.
Explain that they will use the list for Clinical Practice 2.

CONFIDENCE AND SUPPORT SKILLS

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

Session 12

Back to CONTENTS

BUILDING CONFIDENCE EXERCISES

Objectives

Participants practise the six skills for building confidence and giving support that were demonstrated in Session 11.

Session outline (60 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the session (3 minutes)

II. Conduct the group exercise (Exercise 6) (12 minutes)

III. Facilitate the written exercises (Exercises 7 - 12) (45 minutes)

Preparation

Refer to pages 13-16 of the Introduction for general guidance on how to conduct group work, and how to facilitate written exercises.

Make sure that Answer Sheets for Exercises 7-12 are available to give to participants at the end of the session.

As you follow the text, remember:

 indicates an instruction to you, the trainer
▪ indicates what you say to the participants

I. Introduce the session (3 minutes)

Ask participants to turn to page 53 of their manuals, and to find Exercises 6-12.

 Explain what they will do:

- You will now practise the six confidence and support skills that you learnt about in Session 11.
- Exercise 6 is a group exercise on accepting what a mother thinks.
- Exercises 7-12 are individual written exercises.

II. Conduct the group exercise (12 minutes)

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

 Explain Examples 1-3.

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

 Read out the mistaken ideas.

☺ Ask participants in turn to read the responses.
Ask each participant to say if the response that she reads *disagrees, agrees*, or *accepts* the mistaken idea.

Examples 1-3:

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

□ Make this point:

- You may notice that when you agree with the mother, you find yourself saying something that is incorrect.

□ Now look at Examples 4-10.

These are some more mistaken ideas, written as statements by mothers.
Beside them are some possible responses. They are not the "right" answer - they are just to give you an idea. There are no responses written in the Participants' Manual.

Read out each mistaken idea.
☺ Ask participants in turn to make up a response which accepts what the mother says, without disagreeing or agreeing. (Participants do not have to "guess" the exact suggested response, provided their response accepts what the mother says.)

Examples 4-10:	**Participants respond:**
Trainer reads:	*Possible responses:*
4. "I need to give him formula now he is two months old. My breastmilk is not enough for him now."	*"I see....."*
5. "I am pregnant again, so I shall have to stop breastfeeding immediately."	*"Ah ha."*
6. "I cannot breastfeed for the first few days, because I will have no milk."	*"You do not want to breastfeed yet?"*
7. "The first milk is not good for a baby - I cannot breastfeed until it has gone."	*"You do not want him to have the first milk?"*
8. "I cannot eat spicy food - it will upset my baby."	*"Oh dear! Have you had that experience?"*
9. "I don't let him suckle for more than ten minutes, because it would make my nipples sore."	*"You are frightened that you might have sore nipples?"*
10. "I don't have enough milk, because my breasts are so small."	*"Mm. Mothers often worry about the size of their breasts."*

III. Facilitate the written exercises (45 minutes)

Ask participants to turn to page 55 of their manuals, and to find Exercises 7-12.

 Explain what to do:

- These are individual written exercises.
  Write your answers in your manuals.
  If possible use pencil, so that it is easier to correct the answers.
  Trainers will give feedback individually as you do the exercise, and will give you Answer Sheets at the end of the session.

- For each exercise, read the instructions **How to do the exercise** and the **Example** of what to do.
  Then write your answers to the questions **To answer.**
  When you are ready, discuss your answers with the trainer.

EXERCISE 7. ***Accepting what a mother FEELS***

How to do the exercise:

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

Example:

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

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

To answer:

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

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

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

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

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

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

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

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

Possible answers:
It is quite frightening when you see those white spots, isn't it?
You are very worried about the spots, aren't you?

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

How to do the exercise:

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

Example:

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

Mark the response which praises what she is doing.

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

To answer:

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

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

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

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

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

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

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

Possible answer:
I am glad that you came to the clinic, and it is very helpful that you brought his weight chart.

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

Possible answers:
It is very good that you have breastfed him exclusively for 3 months.
He is very healthy and growing well on your breastmilk.
Thank you for coming to discuss what to do now. It is good that you are considering what will be best, ahead of time.

EXERCISE 9. *Giving a little, relevant information*

How to do the exercise:

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

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

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

To answer:

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

Mother 7:.

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

(Your baby's suckling will help your milk to `come in'.)

Mother 8:.

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

(Babies of this age are usually ready to start taking other foods.)

EXERCISE 10. ***Giving information in a positive way***

How to do the exercise:

Below are some mistaken ideas, including some from Exercise 7, and what you might say to accept what the mother thinks.
Write what you would say to the mother later to correct the mistaken idea.
Give the information in a positive way which does not sound critical.

Example:

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

Accept what she says:

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

Give correct information in a positive way:

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

To answer:

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

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

Give correct information in a positive way:
("If he takes enough of the breast into his mouth, the nipples should not get sore.")

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

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

Give correct information in a positive way:
("You know, breastmilk contains plenty of water, and it is usually enough for a baby even in this hot weather.")

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

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

Give correct information in a positive way:
("Your breasts make as much milk as your baby takes. If he suckles less, they may make less milk.")

EXERCISE 11. ***Using simple language***

How to do the exercise:

Below are five pieces of information that you might want to give to mothers, including some from Exercise 9.
The information is correct, but it uses technical terms that a mother who is not a health worker might not understand.
Rewrite the information in simple language that a mother could easily understand.

Example:

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

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

To answer:

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

   Using simple language:
   (A baby does not need any other food or drink until he is at least 4 months old.)

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

   Using simple language:
   (The breastmilk that comes at the beginning of a feed looks more watery. The breastmilk that comes later in a feed looks whiter.)

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

   Using simple language:
   (When your baby suckles, your breasts make more milk.)

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

   Using simple language:
   (To get the milk, your baby needs to take a big mouthful of breast.)

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

How to do the exercise:

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

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

Example:

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

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

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

- Suggestion in the form of a question:
  Would it be easier to feed him at night if he slept with you?
  Have you thought about letting him sleep in bed with you?

- Question followed by some information:
  How would you feel about letting him sleep in bed with you? It might be easier to feed him that way.

To answer:

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

   Suggestion:
   (You may find that breastfeeding is all that he needs - extra water is not usually necessary.)
   (Have you thought of giving him just breastfeeds? Babies can get all the water that they

need from breastmilk.)

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

   Suggestion:
   (A good way to build up your milk supply is to breastfeed your baby more often.)
   (Would you be able to breastfeed him more often? That is a good way to build up your milk supply.)

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

   Suggestion:
   (Some mothers feed their babies from a cup. Cup feeding does not interfere with breastfeeding.)
   (Would you like to try feeding him from a cup? Then he will enjoy suckling even more when you breastfeed him.)

Optional:

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

   Suggestion:
   (It may be easier for him to take the breast if you hold him a bit closer.)
   (Do you think you could hold him a bit closer? It might help him to take more of the breast into his mouth.)

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

   Suggestion:
   (You might be more comfortable sitting on a lower chair, so that you could relax more.)
   (Do you have a lower chair? It might make it easier for you to relax.)

 Give participants the Answer Sheets for Session 12.

Session 13

Back to CONTENTS

CLINICAL PRACTICE 2

Building confidence and giving support
Positioning a baby at the breast

Objectives

Participants practise `building confidence and giving support' and `positioning a baby at the breast' with mothers and babies in a ward or clinic.

Participants continue to practise the skills from Clinical Practice 1.

Session outline (120 minutes)

Participants meet together as a class led by one trainer to prepare for the session, and to discuss it afterwards.

Participants work in small groups of 4-5 each with one trainer, or in pairs for clinical practice in a ward or clinic.

I.	Prepare the participants	(20 minutes)
II.	Conduct the clinical practice	(80 minutes)
III.	Discuss the clinical practice	(20 minutes)

Preparation

Study the instructions in the following pages, and ask all trainers who will lead groups to study the instructions also. You conduct Clinical Practice 2 in a similar way to Clinical Practice 1, but there are some differences. Make sure that you and the other trainers are clear about the differences.

Make available a copy of the list of **CONFIDENCE AND SUPPORT SKILLS** for each participant and trainer.

Make available spare copies of the B-R-E-A-S-T-FEED Observation Form and the list of **LISTENING AND LEARNING SKILLS**.

Make sure that all trainers have a copy of the **CLINICAL PRACTICE DISCUSSION CHECKLIST**.

I. Prepare the participants (20 minutes)

☐ *Explain the objectives of the clinical practice:*

- During this session, you practise building confidence and giving support, using the six confidence and support skills that you learnt in Sessions 11 and 12.

  You also continue to practise `assessing a breastfeed' and `listening and learning'.

  If there is an opportunity, you will practise helping a mother to position her baby at the breast, or to overcome any other difficulty.

☐ *Explain what participants should take with them:*

- Take with you:
  - One copy of **CONFIDENCE AND SUPPORT SKILLS**;
  - One copy of **LISTENING AND LEARNING SKILLS**;
  - Two copies each of the B-R-E-A-S-T-FEED Observation Form;
  - pencil and paper to make notes.

☐ *Give each participant the forms and lists that she needs.*

☐ *Explain how participants will work:*

- You work in groups of 4-5 each with a trainer, in the same way as in Clinical Practice 1.

  When you feel ready, you can start working in pairs, while the trainer circulates.

If you meet a mother who needs help positioning her baby at the breast, or with any other difficulty, inform the trainer, so that she can demonstrate how to help the mother.

☐ *Explain what participants should do when they talk to a mother:*

- Practise as many of the six confidence and support skills as possible.
  In particular, try to do these things:
  - praise two things that the mother and baby are doing right;
  - give the mother two pieces of relevant information that are useful to her now.
  Be careful not to give a lot of advice.

- In addition, continue to practise `assessing a breastfeed' and `listening and learning'.

  The participant who is observing, can mark a ✔ in the box on the **CONFIDENCE AND SUPPORT SKILLS** checklist for every skill that she observes her partner practising.

☐ *Discuss any difficulties from Clinical Practice 1:*

Discuss especially things that participants found difficult or forgot to do in Clinical Practice 1.

II. Conduct the clinical practice (80 minutes)

☐ *Take your group to the ward or clinic:*

Conduct the session in the same way as Clinical Practice 1, except that participants may now work in pairs, if you feel that they are ready to do so.

If they work in pairs, circulate between the pairs. Observe and comment on their performance, and help where appropriate.

The first time that a pair finds a mother who needs help positioning her baby at the breast, ask the other members of the group to join you. Demonstrate to the whole group how to help the mother to position her baby.

On other occasions, participants practise, while you observe them, and help if necessary.

☐ *Discuss the participants' performance:*

When a pair have finished, take them away from the mother for a discussion.

Let participants comment on their own performance first.
Then go through the list of **CONFIDENCE AND SUPPORT SKILLS**, and discuss how the participants practised them.

Use the **CLINICAL PRACTICE DISCUSSION CHECKLIST** to guide you in your discussions.

☐ *Help participants to find another mother and baby to talk to.*

III. Discuss the Clinical Practice (20 minutes)

The whole class comes back together to discuss the clinical practice, led by the trainer who led the preparatory session.

☐ *Ask one participant from each group to report briefly on what they learnt.*

Participants may not have finished seeing mothers and babies at the end of the 80 minutes allowed for `II. Conduct the clinical practice'. If you feel that finishing the clinical practice is more valuable, let them continue and finish, and if necessary omit the class discussion.

You must decide what is the most useful way to spend this time.

☐ *Ask participants to fill in their* **CLINICAL PRACTICE PROGRESS FORM.**

On the form, they should record each mother and baby that they talked to in Clinical Practice 2.

Session 14

Back to CONTENTS

BREAST CONDITIONS

Objectives

At the end of the session, participants should be able to diagnose and manage these common breast conditions:

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

Session outline (60 minutes)

Participants are all together for a slide presentation and demonstration by one trainer.

I. Introduce the topic (2 minutes)

II. Present Slides 14/1 to 14/18 (45 minutes)
(including demonstration of syringe method for treating inverted nipples - 5 minutes)

III. Answer participants' questions (10 minutes)

IV. Summarize `Breast conditions' (3 minutes)

Preparation

Refer to pages 9-13 in the Introduction for general guidance on how to present slides and give a demonstration.

Make sure that Slides 14/1 to 14/18 are in the correct order.
Study the slides and the text that goes with them, so that you can present them.
Read the **Further information** sections, so that you are familiar with the ideas that they contain.
Have Overhead 3/6 to show after Slide 14/2, and Overhead 3/8 to show after Slide 14/13.

For Demonstration X: Syringe method for treatment of inverted nipples
Prepare a 10-ml or 20-ml disposable syringe as shown in Fig.5.

As you follow the text remember:

- □ indicates an instruction to you, the trainer
- ▪ indicates what you say to participants

Do not present the **Further information** sections.
Use them to help you to answer questions.

I. Introduce the topic (2 minutes)

□ Make these points:

- There are several common breast conditions which sometimes cause difficulties with breastfeeding:
  - Flat or inverted nipples, and long or big nipples;
  - Engorgement;
  - Blocked duct and mastitis;
  - Sore nipples and nipple fissure.

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

II. Present Slides 14/1 to 14/18 (45 minutes)

□ As you show each slide, point on the screen to the place which shows what you are explaining.

Slide 14/1 Different breast shapes

- Here are some breasts of different shapes and sizes. These breasts are all normal, and they can all produce plenty of milk for a baby - or two or even three babies.

Many mothers worry about the size of their breasts. Women with small breasts often worry that they cannot produce enough milk. But differences in the sizes of breasts are mostly due to the amount of fat, and not the amount of gland tissue. It is important to reassure women that they can produce enough milk, whatever the size of their breasts.

The nipples and areolas are different shapes and sizes too.

Ask: *Does the shape of the nipple affect breastfeeding?*

Sometimes the shape makes it difficult for a baby to get well attached to the breast. The mother may need extra help at first to make sure that her baby can suckle effectively.

However, babies can breastfeed quite well from breasts of any size, with almost any shape of nipple. Remember also that a baby can attach poorly whatever the shape of his mother's nipple - if he has been given bottle feeds, or if there is no one to help his mother to improve her technique.

Further information
Breast shape and size is partly inherited. Breasts may be long in girls who have had no children, and small or flat in women who have breastfed several children.
Occasionally a woman's breasts may fail to develop normally, so that they are unable to produce enough milk, but this is very rare.

Slide 14/2 Flat nipple and protractility

Ask: *What do you think of the nipple in picture 1?*

The nipple looks flat.

- A doctor told this mother that her baby would not be able to suckle from it. She lost confidence that she could breastfeed successfully.

However, remember from Session 3 that a baby does not suck from the nipple. He takes the nipple and the breast tissue underlying the areola into his mouth to form a `teat'. The nipple only forms about one-third of the `teat' of breast tissue in the baby's mouth.

In picture 2, the mother is testing her breast for *protractility*. She is finding out how easy it is to stretch out the tissues underlying the nipple. This breast is quite protractile, and it should be easy for her baby to stretch it to form a `teat' in his mouth. He should be able to suckle from this breast with no difficulty.

Key point: Breast protractility is more important than the shape of a nipple.

Protractility improves during pregnancy, and in the first week or so after a baby is born. So even if a woman's nipples look flat in early pregnancy, her baby may be able to suckle from the breast without difficulty.

□ Show Overhead 3/6 again.
(If it is difficult to show an overhead at this stage, ask participants to look at Figure 12 in their manuals.)

Remind participants how a baby forms a `teat' of breast tissue in his mouth.

Slide 14/3 Inverted nipples

Ask: *What do you think of this nipple?*

The nipple is *inverted.*

- If this woman tests her breast for protractility, her nipple will go in instead of coming out.

You can see from the scar on her breast, that she has had a breast abscess. This was probably because her baby did not attach well to the breast and remove the milk effectively. With skilled help, she probably could have breastfed successfully.

Fortunately, nipples as difficult as this are rare.

Slide 14/4

MANAGEMENT OF FLAT AND INVERTED NIPPLES

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

Slide 14/4 Management of flat and inverted nipples

- This slide summarizes the management of flat and inverted nipples.

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

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

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

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

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

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

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

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

  Sometimes shaping the breast makes it easier for a baby to attach.
  To shape her breast, a mother supports it from underneath with her fingers, and presses the top of the breast gently with her thumb. She should be careful not to hold her breast too near the nipple. (See Session 10, `Positioning a baby at the breast'.)

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

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

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

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

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

Further information

Participants may have heard of different ways to treat inverted nipples, and they may wish to discuss the topic further - especially if they have known of a case which they found difficult to help. These notes may help you to answer questions. However, it is not necessary to give participants this information if they have not heard of these techniques.

Nipple shell
This is a glass or plastic hemisphere, with a hole in the base, to put over a nipple, under the clothes. The nipple is pressed through the hole, to make it stand out more. There is no evidence that these shells help, and they may cause oedema. However, if a mother is worried about inverted nipples, and she has heard of nipple shells and wants to try to use one, let her continue. It may make her feel that she is doing something, and it may help her to feel confident.

Hoffman's exercises
Some women have heard of exercises to stretch nipples. These exercises have not been shown to really help. They are unlikely to make much difference to severely inverted nipples. Nipple exercises can sometimes traumatize the breast, so do not recommend them. However, if a woman has heard about exercises and wishes to do them, let her continue.

Nipple shields
These are teats with a broad plastic or glass base to put over a nipple for a baby to suck through. Mothers sometimes use them if they have conditions such as inverted nipples, or sore nipples, (see Slides 14/13 to 14/18). Nipple shields are no longer recommended because they can cause problems and they do not remove the cause of the condition. Nipple shields can reduce the flow of milk; they can cause breast infections, including *Candida*; they can cause `nipple confusion', and may make it more difficult for a baby to learn to suckle directly from the breast. Some mothers find it difficult to stop using them. Nipple shields are not useful except in rare cases for a short time and with careful supervision.

 Demonstrate the syringe method for treating inverted nipples.

Demonstration X: Syringe method for treatment of inverted nipples

See Fig.5

Explain that this method is for treating inverted nipples postnatally, and to help a baby to attach to the breast. It is not certain whether it is helpful antenatally.

- *Show* participants the syringe that you have prepared, and explain how you cut off the adaptor end of the barrel.

- Put the plunger into the cut end of the barrel (that is, the reverse of its usual position).

- Use a *model* breast, and put the smooth end of the barrel over the nipple. Pull out the plunger to create suction on the nipple.
  (Explain that with a real breast, there is an airtight seal, and the nipple is drawn out into the syringe.)

- Explain that the mother must use the syringe herself.
  Explain that you would teach her to:
  - Put the smooth end of the syringe over her nipple, as you demonstrated.
  - Gently pull the plunger to maintain steady but gentle pressure.
  - Do this for 30 seconds to 1 minute, several times a day.
  - Push the plunger back to decrease the suction, if she feels pain.
    (This prevents damaging the skin of the nipple and areola.)
  - Push the plunger back, to reduce suction, when she removes the syringe from her breast.

  - Use the syringe to make her nipple stand out just before she puts her baby to the breast.

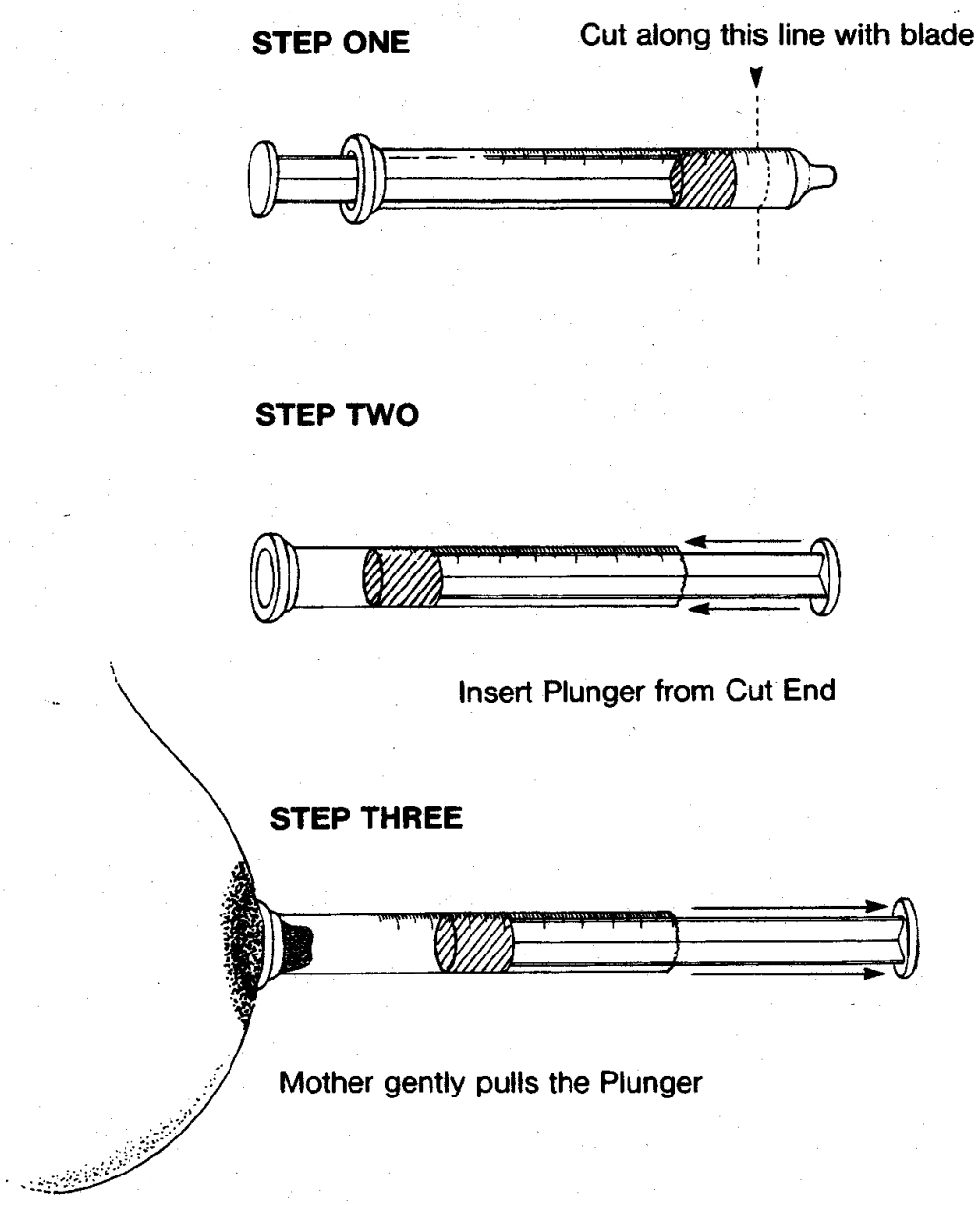


Fig.5 Preparing and using a syringe for treatment of inverted nipples.

(Fig.28 in Participants' Manual)

Slide 14/5 Long nipple

Ask: *What do you think of the nipple in picture 1?*

It is long.

Ask: *What do you think of the baby's attachment in picture 2?*

He is poorly attached. His chin is far from the breast, his mouth is closed, and the breast looks pulled out.

- You might think that long nipples are an advantage, and that they are easy for a baby to suckle from. But this slide shows that long nipples too can cause difficulties. A baby is likely to suck only the nipple, and he may not take the breast with the lactiferous sinuses into his mouth.

It is important to be ready to help this mother with her breastfeeding technique. Help her to get her baby to take some of her breast into his mouth - and not just her nipple.

Slide 14/6

SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS

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

Slide 14/6 Full and engorged breasts

- The woman in picture 1 has *full* breasts.

This is a few days after delivery, and her milk has `come in'. Her breasts feel hot and heavy and hard. However, her milk is flowing well. You can see that milk is dripping from her breasts.

This is normal fullness. Sometimes full breasts feel quite lumpy.

The only treatment that she needs is for her baby to breastfeed frequently, to remove the milk. The heaviness, hardness, or lumpiness decreases after a feed, and the breasts feel softer and more comfortable. In a few days, her breasts will adjust to the baby's needs, and they will feel less full.

The woman in picture 2 has *engorged* breasts.

Engorgement means that the breasts are overfull, partly with milk, and partly with increased tissue fluid and blood, which interferes with the flow of milk.

The breast in this picture looks shiny, because it is oedematous. Her breasts feel painful, and her milk does not flow well.

Ask: *What do you notice about the nipple?*

It is flat, because the skin is stretched tight.

When a nipple is stretched tight and flat like this, it is difficult for a baby to attach to it, and to remove the milk.

Sometimes when breasts are engorged, the skin looks red, and the woman has a fever. This may make you think that she has mastitis. However, the fever usually settles in 24 hours.

It is important to be clear about the difference between full and engorged breasts. Engorgement is not so easy to treat.

Further information
When breasts are engorged, the milk does not flow well, partly because of the pressure of fluid in the breast, and partly because the oxytocin reflex does not work well.

- Ask participants to have their <u>manuals closed</u> for the next few slides.

Slide 14/7

CAUSES AND PREVENTION OF BREAST ENGORGEMENT

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

Slide 14/7 Causes and prevention of breast engorgement

- This slide shows the causes of breast engorgement.

The causes of engorgement are:
- plenty of milk;
- delay starting to breastfeed;
- poor attachment, so breastmilk is not removed effectively;
- infrequent removal of milk;
- restricting the length of breastfeeds.

The slide also shows the three most important ways to prevent engorgement.
These are:
- to let the baby start breastfeeding soon after delivery;
- to make sure that the baby is well attached to the breast;
- to encourage unrestricted breastfeeding.

You can see that prevention is closely related to the causes of engorgement. A baby should suckle effectively from soon after delivery, without restrictions on the length or frequency of feeds. Then the milk pressure does not build up in the breasts. Engorgement is less likely to occur.

This can be achieved by following steps 4-8 of the `Ten steps'.

Slide 14/8

TREATMENT OF BREAST ENGORGEMENT

Do not "rest" the breast

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

Slide 14/8 Treatment of breast engorgement

- This slide summarizes the treatment of breast engorgement.

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

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

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

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

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

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

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

Slide 14/9 Mastitis

Ask: *What do you notice about this breast?*

Part of the breast looks red and swollen. There is a fissure on the tip of the nipple.

Ask: *What condition is this?*

This is *mastitis.*

- The woman has severe pain, and a fever, and she feels ill. Part of the breast is swollen and hard, with redness of the overlying skin.

Mastitis is sometimes confused with engorgement. However, engorgement affects the whole breast, and often both breasts. Mastitis affects part of the breast, and usually only one breast. However, if engorgement is not relieved, it may lead to mastitis.

Slide 14/10

SYMPTOMS OF BLOCKED DUCT AND MASTITIS

Blocked ----------> Milk ----------> Non-infective ----------> Infective
duct stasis mastitis mastitis

Lump	progresses	Hard swelling
Tender	---------->	Severe pain
Localized redness	to	Red area
No fever		Fever
Feels well		Feels ill

Slide 14/10 Symptoms of blocked duct and mastitis

- This slide shows how mastitis develops.

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

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

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

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

Further information

The cause of non-infective mastitis is probably milk under pressure leaking back into the surrounding tissues. The tissues treat the milk as a "foreign" substance. Also, milk contains substances which can cause inflammation. The result is pain, swelling, and fever, even when there is no bacterial infection. Trauma which damages breast tissue can also cause mastitis. This may also be because milk leaks back into the damaged tissues.

Slide 14/11

CAUSES OF BLOCKED DUCT AND MASTITIS

. Infrequent or short breastfeeds	due to	- mother being very busy - baby sleeping at night - changed routine - mother stressed
. Poor drainage of part or all of breast	due to	- ineffective suckling - pressure from clothes - pressure from fingers during feeds - large breast draining poorly
. Damaged breast tissue	due to	- trauma to breasts
. Bacteria allowed entry	due to	- nipple fissure

Slide 14/11 Causes of blocked duct and mastitis

- This slide summarizes the causes of blocked duct and mastitis. The main cause is poor drainage of all or part of a breast.

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

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

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

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

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

Slide 14/12

TREATMENT OF BLOCKED DUCT AND MASTITIS

FIRST:

- Improve drainage of breast

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

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

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

THEN:

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

Treat in addition with:

- Antibiotics

- Complete rest

- Analgesics (paracetamol)

Slide 14/12 Treatment of blocked duct and mastitis

▪ This slide summarizes the treatment of blocked duct and mastitis.

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

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

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

to swallow the plug.)
- *Apply warm compresses to her breast between feeds.*

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

Sometimes a mother is unwilling to feed her baby from the affected breast, especially if it is very painful. Sometimes a baby refuses to feed from an infected breast, possibly because the taste of the milk changes. In these situations, it is necessary to express the milk. If the milk stays in the breast, an abscess is more likely.

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

However, a mother needs additional treatment if there are any of the following:
- severe symptoms when you first see her, OR
- a fissure, through which bacteria can enter, OR
- no improvement after 24 hours of improved drainage.

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

- Antibiotics.
  Give either flucloxacillin or erythromycin (see Table 1 for dosage).
  Ask participants to find Table 1 on page 77 of their manual.
  Other commonly used antibiotics, such as ampicillin, are not usually effective.
  Explain that it is very important that she completes the course of antibiotics, even if she feels better in a day or two. If she stops the treatment before it is complete, the mastitis is likely to recur.

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

- Analgesics.
  Give her paracetamol for the pain.

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

Table 1: ANTIBIOTIC TREATMENT FOR INFECTIVE MASTITIS

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

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

Further information

Breast abscess
Participants may wish to discuss breast abscess in more detail.
An abscess is when a collection of pus forms in part of the breast. The breast develops a painful swelling, which feels full of fluid. An abscess needs surgical incision and drainage. If possible, let the baby continue to feed from the breast. There is no danger to the baby. However, if it is too painful, or if the mother is unwilling, show her how to express her milk, and let her baby start to feed from it again as soon as the pain is less - usually in 2-3 days. Meanwhile, continue to feed from the other breast. Good management of mastitis should prevent the formation of an abscess.

Alternative antibiotics for treatment of infective mastitis
The following antibiotics can be used if necessary:
- Cloxacillin 250-500 mg 6 hourly for 7-10 days;
- Cephalexin 250-500 mg 6 hourly for 7-10 days.

Slide 14/13 Nipple fissure

- Picture 1 shows a mother's breast, and picture 2 shows the same mother feeding her baby on the breast.

Ask: *What do you notice about her breast?*

There is a fissure, or crack, around the base of the nipple. You may be able to see that the breast is also engorged.

Ask: *What do you notice about the baby's position and attachment?*

The baby is poorly positioned. His body is twisted away from his mother, and he is not close to the breast. His mouth is closed, and his lips are pointing forwards, so he is poorly attached.

- This poor attachment may have caused both the breast engorgement and the fissure.

Remember from Session 3, that the commonest cause of sore nipples is poor attachment. If a baby is poorly attached, he pulls the nipple in and out as he sucks, and rubs the skin of the breast against his mouth. This is very painful for his mother. At first there is no fissure. The nipple may

look normal; or it may look squashed with a line across the tip when the baby releases the breast. If the baby continues to suckle in this way, it damages the nipple skin, and causes a fissure.

 Show Overhead 3/8 again, to remind participants about poor attachment. If it is difficult to project an overhead, show the overhead figure from the flipchart.

Slide 14/14 Improved attachment

- If a mother has sore nipples, help her to improve her baby's position, so that he is well attached.

Often, as soon as the baby is well attached, the pain is less. The baby can continue breastfeeding normally - there is no need to rest the breast to allow the nipples to heal.

This slide shows the same mother as in Slide 14/13. A nurse helped the mother to express some of the milk, and to improve the baby's position. This picture shows the baby suckling after the nurse helped the mother.

Ask: *What do you think of his position and attachment now?*

His position is better. He is facing the breast and closer to it.
His attachment is still not quite right. His mouth is not very wide open, and his lower lip is not turned outwards.

When the mother understands what she needs to do, leave her to practise the position for a while. Then come back and see if she needs more help. If a baby has `nipple sucked' for a number of feeds, it can take time to get it right.

Slide 14/15 Breast engorgement and nipple fissure

Ask: *What do you think of this breast?*

There is a fissure across the tip of the nipple. You can also see that the breast skin is tight and shiny. It is oedematous. The breast is engorged.

This mother waited to put her baby to her breast until her milk had `come in' - at about 3 days. The skin was so tight that her nipples were flat and her breast was poorly protractile. Her baby could suck only on the nipple, which damaged the nipple skin.

This shows some of the reasons why it is important to breastfeed from soon after delivery. Starting to breastfeed early helps to prevent the milk pressure from building up in the breasts, so it helps to prevent engorgement. Also, it is easier for a baby to attach well when the breasts are still soft. There is less chance of nipple damage.

Slide 14/16 Candida infection

- This mother has very sore, itchy nipples.

Ask: *What do you see that might explain the soreness?*

There is a shiny red area of skin on the nipple and areola.

This is a *Candida* infection, or *thrush*, which can make the skin sore and itchy. *Candida* infections often follow the use of antibiotics to treat mastitis, or other infections.

Some mothers describe burning or stinging which continues after a feed. Sometimes the pain shoots deep into the breast. A mother may say that it feels as though needles are being driven into her breast.

The skin may look red, shiny and flaky. The nipple and areola may lose some of their pigmentation. Sometimes the nipple looks normal.

Suspect *Candida* if sore nipples persist, even when the baby's attachment is good. Check the baby for thrush. He may have white patches inside his cheeks or on his tongue, or he may have a rash on his bottom.

Treat both mother and baby with gentian violet, or nystatin (see Table 2).

Advise the mother to stop using pacifiers (dummies); help her to stop using teats, and nipple shields. If these are used, they should be boiled for 20 minutes daily and replaced weekly.

 Ask participants to find Table 2 on page 78 of their manuals.

Table 2: TREATMENT OF CANDIDA OF THE BREAST

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

OR:

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

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

Stop using pacifiers, teats, and nipple shields.

Slide 14/17 Short frenulum (`tongue-tie')

Ask: *What do you notice about this baby's mouth?*

He has a *short frenulum*, or `tongue-tie'.

This is not a breast condition, but it can sometimes be a cause of sore nipples.

Many mothers worry that their babies have tongue-tie. In most cases, the baby's tongue is normal, but a little short. Most babies with tongue-tie can breastfeed without any difficulty. This baby needed help to attach well, but he soon learned. Sometimes however, a baby cannot get his tongue far enough over his lower gum to reach the lactiferous sinuses, so he has difficulty suckling effectively. He may not get enough breastmilk, and he may make the nipples sore.

If a baby has difficulty with breastfeeding, and you or his mother thinks that a short frenulum may be the cause, try to get him to take more of the breast into his mouth. In most cases, that is all that is necessary. However, if the tongue-tie is severe, or if the difficulties continue, you may need to refer the baby to a doctor to consider cutting the frenulum surgically.

Slide 14/18

MANAGEMENT OF SORE NIPPLES

Look for a cause:
- Check attachment
- Examine breasts - engorgement, fissures, *Candida*
- Check baby for *Candida,* and tongue-tie

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

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

Slide 14/18 Management of sore nipples

- This slide summarizes the management of sore nipples.

First look for a cause:

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

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

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

Then give appropriate treatment:

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

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

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

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

Then advise the mother:

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

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

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

Further information

Ointments for nipple fissure
Sometimes a plain cream such as lanolin may help a fissured nipple to heal after the suckling position has been corrected. However, plain creams are often not available, and they are not usually necessary.

Clothes
In warm weather, a cotton bra may be better for fissured nipples than a nylon bra. However, cotton is not essential, and you should not recommend it to a mother who cannot afford it. If necessary, suggest that she leaves her bra off for a day or two.

Nipple shields
These are no longer recommended for the treatment of fissured nipples, see Further information after Slide 14/4.

III. Answer participants' questions (10 minutes)

 Ask participants if they have any questions, and try to answer them.

IV. Summarize `Breast conditions' (3 minutes)

 Ask participants to turn to pages 67-79 in their manuals. They will find the following summaries of the different conditions shown in the slides:

Management of flat and inverted nipples
Summary of differences between full and engorged breasts
Causes and prevention of breast engorgement
Treatment of breast engorgement
Causes of blocked duct and mastitis
Symptoms of blocked duct and mastitis
Treatment of blocked duct and mastitis
Antibiotic treatment for infective mastitis
Treatment of *Candida* of the breast
Management of sore nipples

 Refer back to the list of reasons for stopping breastfeeding or for giving complementary feeds early that you developed in Session 2, `Local breastfeeding situation'.

Remind participants about any of the above conditions that they identified as important in their situation.

 Recommended reading:
Helping Mothers to Breastfeed Chapter 5.

Session 15

Back to CONTENTS

BREAST CONDITIONS EXERCISE

Objective

Participants practise using the information from Session 14.

Session outline (30 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the session (2 minutes)

II. Facilitate the written exercise (Exercise 13)(28 minutes)

Preparation

Refer to pages 15-16 in the Introduction for notes on how to facilitate a written exercise.

Make sure that you have Answer Sheets for Exercise 13 available to give to participants at the end of the session.

I. Introduce the session (2 minutes)

 Ask participants to turn to page 80 of their manuals, and to find Exercise 13.

Explain that the exercise contains short stories about mothers with various breast conditions, followed by some questions.
Participants should answer the questions using the information from Session 14.
They can look back at the notes for Session 14 in their manuals if they wish.

II. Facilitate the written exercise (28 minutes)

 Explain what to do:

- Read the instructions **How to do the exercise** and the **Example** of what to do. Then answer the questions for the stories **To answer**.

EXERCISE 13. ***Breast conditions***

How to do the exercise:

Read the stories and write your answers to the questions in pencil in the following space. When you have finished, discuss your answers with the trainer.

Example:

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

What is the diagnosis?

(Engorged breasts.)

What may have caused the condition?

(Delay starting to breastfeed.)

How can you help Mrs A?

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

To answer:

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

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

("You are worried that breastfeeding may change your figure?")

What is the diagnosis?

(Blocked duct.)

What may be the cause?

(Tight clothes, and a long interval between feeds at night.
The baby's attachment to the breast is good.)

What three suggestions would you give Mrs B?

(1. Breastfeed her baby more often for a day or two.
2. Massage the lump gently while her baby is feeding.
3. Try to find a larger bra, that supports her breasts without blocking the ducts.)

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

What could you say to empathize with Mrs C?

("You really feel ill, don't you?")

What is the diagnosis?

(Mastitis. It is not possible to say if it is infective or non-infective.)

Why do you think that Mrs C has this condition?

(She is very busy, and she feeds and expresses in a hurry. There is a long time between feeds during the day.)

How would you treat Mrs C?

(Discuss the reasons why the condition has occurred. Help her to think of ways to breastfeed her baby more or to take more time to express her milk, especially during the day.

Because the symptoms are all severe, treat her in addition with antibiotics, rest, and analgesics.)

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

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

(Her baby is poorly attached to her breast.)

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

(Possibilities include:
Praise her for breastfeeding exclusively;
Give relevant information, in a positive way, using simple language:
"If your baby takes a bigger mouthful of breast, breastfeeding should soon be more comfortable".)

What practical help could you give her?

(Offer to help her to improve her baby's suckling position.)

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

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

(Something like: "I see" or "You are worried about your nipples?")

How could you build her confidence?

(Praise the protractility of her breasts.
Give her relevant information. For example, explain how a baby suckles from the breast not the nipple, and he stretches the nipple out. He can get the milk if he takes a big mouthful of breast.)

What practical help could you give Mrs E?

(Offer to help her to get her baby to take more of her breast into his mouth.)

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

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

(*Candida* infection. Her baby's is well attached to her breast.)

What treatment would you give to her and her baby?

(Give gentian violet or nystatin for her nipples.
Check and treat her baby's mouth and bottom for *Candida*.)

How would you build Mrs F's confidence?

(Possibilities include:
Praise the way in which her baby is suckling.
Give relevant information. Explain why her nipples are sore, and explain that breastfeeding should be comfortable again after the treatment.)

Optional

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

What has happened to Mrs G's breasts?

(They are engorged, and her right nipple is damaged.)

What are Mrs G and her baby doing right?

(They are both trying to breastfeed. She has plenty of milk. She has not started bottle feeds.)

What practical help can you give Mrs G?

(Help her to express some of her milk, by hand or pump.
Then help her to attach her baby to her breast in a better position.)

 Give participants the Answer Sheets for Exercise 13.

Session 16

Back to CONTENTS

REFUSAL TO BREASTFEED

Objectives

At the end of this session, participants should be able to:
- diagnose why a baby is refusing to breastfeed;
- help a mother and baby to breastfeed again.

Session outline (60 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the topic (5 minutes)

II. Discuss causes of refusal to breastfeed (15 minutes)

III. Read and discuss `Management of refusal to breastfeed' (15 minutes)

IV. Facilitate the written exercise (Exercise 14)(25 minutes)

Preparation

Refer to pages 13-15 in the Introduction for general guidance on how to conduct work in groups.
Study the notes for the session, so that you are clear about what to do.
Make sure that there are two flipcharts or boards available. If not, put flipchart sheets on the wall where participants can see them.

Have Answer Sheets for Exercise 14 ready to give to participants at the end of the session.

As you follow the text remember:

- □ indicates an instruction to you, the trainer
- ▪ indicates what you say to participants

I. Introduce the topic (5 minutes)

Ask participants to keep their manuals closed until asked to refer to them.

□ Explain what the session is about:

- ▪ This session is about the problem of a baby refusing to breastfeed, or being unwilling to suckle.

Ask: *Have you heard of babies who refused to breastfeed?*
(Let participants relate their experience for 2-3 minutes. Thank them, and continue).

- ▪ Refer back to the list of reasons for giving complements or stopping breastfeeding early from Session 2, `Local breastfeeding situation'. Remind participants if they identified refusal to breastfeed as a common reason in their situation.

Then continue with these points:

- ▪ In some communities refusal is a common reason for stopping breastfeeding. However, it need not lead to complete weaning, and can often be overcome.

- ▪ Refusal can cause great distress to the baby's mother. She may feel rejected and frustrated by the experience.

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

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

II. Discuss causes of refusal to breastfeed (15 minutes)

->Write the heading `WHY BABIES REFUSE TO BREASTFEED' on a flipchart or board.

Ask participants to suggest why a baby may refuse to breastfeed.

->Write their suggestions on the board under the heading.

->Make the following list on another board or flipchart:

Baby ill, in pain or sedated
Difficulty with breastfeeding technique
Change which upsets baby
Apparent, not real, refusal

Explain that most causes of breast refusal fall into one or other of these groups.

 Discuss the four groups of causes.

Use the notes **WHY A BABY MAY REFUSE TO BREASTFEED**.
Discuss which group each of the participant's suggestions belongs to.
Add to the participants' list reasons that they did not think of. Try not to repeat what they have already suggested.

WHY A BABY MAY REFUSE TO BREASTFEED

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

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

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

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

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

2. Is there a difficulty with the breastfeeding technique?

Sometimes breastfeeding has become unpleasant or frustrating for a baby.

Possible causes:
- Feeding from a bottle, or sucking on a pacifier (dummy).

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

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

3. Has a change upset the baby?

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

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

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

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

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

 Ask participants to find the box **CAUSES OF BREAST REFUSAL** on page 90 of their manuals. Read the titles of the sections, and point out that they are the same four groups of causes. Point out that they also have the notes **WHY A BABY MAY REFUSE TO BREASTFEED** on pages 88-90 in their manuals.

CAUSES OF BREAST REFUSAL

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

III. Read and discuss `Management of refusal to breastfeed' (15 minutes)

☺ Ask participants to read the section **MANAGEMENT OF REFUSAL TO BREASTFEED** on pages 91-93 of their manuals.

If you feel that it would be more helpful, let the group read the section aloud together. Ask participants to take turns, and each to read one sentence.

MANAGEMENT OF REFUSAL TO BREASTFEED

If a baby is refusing to breastfeed:

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

1. Treat or remove the cause if possible

Illness:

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

Pain:

For a bruise: help the mother to find a way to hold the baby without pressing on a painful place.
For thrush: treat with gentian violet or nystatin (see Table 2 in Session 14, `Breast conditions', page 209 in this Guide.).
For teething: encourage her to be patient and to keep offering him her breast.
For a blocked nose: explain how she can clear it. Suggest short feeds, more often than usual for a few days.

Sedation:

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

Breastfeeding technique:

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

Oversupply

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

To reduce oversupply:

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

Sometimes a mother finds it helpful to:
- express some milk before a feed;
- lie on her back to breastfeed (if milk flows upwards, it is slower);
- hold her breast with the scissor hold to slow the flow (see Session 10, `Positioning a baby at the breast').
However, these techniques do not remove the cause of the problem.

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

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

If it is *distraction*:
Suggest that she try to feed him somewhere more quiet for a while. The problem usually passes.

If it is *self-weaning:*
Suggest that she:
- makes sure that the child eats enough family food;
- gives him plenty of extra attention in other ways;
- continues to sleep with him because night feeds may continue.
This is valuable at least up to the age of 2 years.

2. Help the mother and baby to enjoy breastfeeding again

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

Help the mother to do these things:

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

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

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

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

 Tell participants that they can find a summary of this information in the box **HELPING A MOTHER AND BABY TO BREASTFEED AGAIN** on page 93 of their manuals.

Give them 2 minutes to read the box through, to remind them of the main points in the preceding section.

HELPING A MOTHER AND BABY TO BREASTFEED AGAIN

Help the mother to do these things:

- *Keep her baby close - no other carers*
  Give plenty of skin-to-skin contact at all times, not just at feeding times
  Sleep with her baby
  Ask other people to help in other ways

- *Offer her breast whenever her baby is willing to suckle*
  When sleepy, or after a cup feed
  In different positions
  When she feels her ejection reflex working

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

- *Feed her baby by cup*
  Give her own expressed breastmilk if possible, if necessary give artificial feeds
  Avoid using bottles, teats, pacifiers

IV. Facilitate the written exercise (25 minutes)

Ask participants to turn to page 94 of their manuals, and to find Exercise 14.

 Explain what the exercise is about:

- This exercise contains short stories about mothers whose babies are refusing to breastfeed.

- Answer the questions after the stories using information from this session, and from Session 6, `Listening and learning' and Session 11, `Building confidence and giving support'. You can look at the notes in your manuals from these sessions if you wish.

- Explain what to do:

- Read the instructions **How to do the exercise**.
  Then answer the questions **To answer** in the same way as for Exercise 13.

EXERCISE 14. ***Breast refusal***

How to do the exercise:

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

To answer:

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

What can you say to empathize with Mrs H?

("You feel that it is all too difficult at the moment?")

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

(Praise her for trying to breastfeed.
Relevant information: at the moment his bruise is making breastfeeding painful for him.)

What practical help can you give her?

(Offer to help her to find a way to hold him that is not painful.)

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

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

("Aha." Or: "You think that your milk is bad now?")

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

(He is separated from his mother for a large part of the day. Also, he has bottle feeds while she is away.)

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

(Praise her for breastfeeding up till now, and for her baby's good health.
Relevant information: breast refusal is quite common when a baby's routine changes, and can be overcome.)

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

(Suggest that if possible, she takes sick leave, and cares for him herself, with plenty of skin-to-skin contact, offering him her breast when he is willing. She should give the other feeds from a cup and not a bottle, so that her baby wants to suckle when she is with him.)

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

What could you say to empathize with Mrs J?

("You are very upset that he seems not to want your breastmilk.")

Why is Mrs J's baby refusing to breastfeed?

(He started having bottle feeds before breastfeeding was established.)

What relevant information might be helpful to Mrs J?

("Your baby is having difficulty getting the milk, so he is frustrated. He still wants you near him.")

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

(1. Stop using the bottle - feed him by cup.
2. Keep her baby close, with skin-to-skin contact, and offer her breast whenever he is willing.
3. Express her milk, and feed it to her baby.
4. Make sure that she positions her baby so that he can attach well.)

Optional

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

What could you say to praise the nurse?

("It is good that you are helping Mrs K to position her baby.")

Why does Mrs K's baby refuse to breastfeed?

(Because the nurse's technique is not good. She is pushing on the back of his head, which makes the baby want to fight back.)

What would you suggest that the nurse does differently?

(Suggest that a different technique might help:
- support the baby by his shoulders and neck, not the back of his head;
- wait until he opens his mouth before moving him to the breast;
- let the mother do more herself.)

What could you suggest that Mrs K does?

(Do not try to make the baby take the breast any more now. Let him enjoy skin-to-skin contact, and explore the breast with his mouth, until he is willing to try to suckle. Express her breastmilk to feed him until he suckles.)

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

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

(Events in the family - moving house, a critical aunt.)

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

(Suggest that she keeps her baby with her and cares for him as much as possible herself. She should give him plenty of skin-to-skin contact, and offer her breast whenever he is willing to suckle.)

What practical help can you give?

(Offer to talk to the aunt, and ask her to help Mrs L in other ways.)

 Give participants the Answer Sheets for Exercise 14.

 Refer back to the list of reasons for stopping breastfeeding or for starting complementary foods early that you developed in Session 2, `Local breastfeeding situation'.

Remind participants if they identified breast refusal as an important cause in their situation.

 Recommended reading:
Helping Mothers to Breastfeed Chapter 5, section 5.7.

Session 17

Back to CONTENTS

TAKING A BREASTFEEDING HISTORY

Objectives

At the end of this session, participants should be able to take a breastfeeding history to help them to diagnose a breastfeeding difficulty.

Session outline (50 minutes)

Participants work in groups of 8-10, with two trainers.

I. Introduce the topic (5 minutes)

II. Explain how to take a breastfeeding history (15 minutes)

III. Explain the Breastfeeding History Form (10 minutes)

IV. Demonstrate how to use the Breastfeeding History Form (15 minutes)

V. Summarize `Taking a breastfeeding history' (5 minutes)

Preparation

Refer to pages 13-15 in the Introduction for general guidance on how to conduct work in groups.
Study the session notes so that you are clear about what to do.

For Demonstration Y: Using the Breastfeeding History Form.
Arrange with the other trainer in your group how to do the demonstration. Decide who will be Mrs Green, and who will be Nurse Jane.
Fill in a local growth chart for Lucy, and have it ready for the demonstration.

As you follow the text remember:

 indicates an instruction to you, the trainer
▪ indicates what you say to the participants

I. Introduce the topic (5 minutes)

 Explain why it is necessary to take a history:

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

Ask: *What things can you only learn if you ASK the mother?*
(Let participants make 5-6 suggestions. Then continue.)

Examples include:
- when the baby was born;
- what happened at the time of delivery;
- what else she feeds her baby;

 Explain these points about taking a history:

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

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

II. Explain how to take a breastfeeding history (15 minutes)

Ask participants to find the box **HOW TO TAKE A BREASTFEEDING HISTORY** on page 100 of their manuals.

☺ Ask them to read the box aloud, taking turns. Discuss each point to make sure that it is clear.

HOW TO TAKE A BREASTFEEDING HISTORY

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

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

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

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

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

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

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

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

III. Explain the Breastfeeding History Form (10 minutes)

Ask participants to look at the Breastfeeding History Form, on page 101 of their manuals.

 Explain the form, with these points:

- This is a guide, to help you to organize your thoughts, so that you do not get lost when you talk with a mother.
  It lists the main points that you may need to ask about a mother and baby. You may need to follow up some questions with more detailed questions.

- The points are grouped into six sections to help you to remember what you need to ask about.
  - The first two sections are about the baby and how he is feeding now.
  - The third section is about the mother's pregnancy and delivery.
  - The fourth section is about the mother and her health and family planning.
  - The fifth section is about her previous experience of feeding infants.
  - The sixth section is about the family and their social situation.

- Often, questions about points in the first two sections give you the answer to a problem. Sometimes you need to find out more about the mother, her pregnancy and delivery, her previous babies, or the family's situation, before you can understand her difficulties.

  Key point. Start with the first two sections. They are the most important. Then continue through the other sections until you are clear about the problem. When you are clear, you need not continue to ask about all the other points.

- However, it is a good idea to ask each mother about something from each section. Think quickly through all the six sections, and ask yourself what might be important for this family.

- If at any time a mother wants to tell you about something that is important to her, let her tell you that first. Ask about the other things afterwards.

 Ask participants to make themselves familiar with the form:

- Study the form and try to memorize the six sections. When you know the sections, you will find it easier to remember the different points in each.

- When you first use it, go through the whole form. This will help you to learn how to take a breastfeeding history. As you gain experience, you will find it easier to choose which questions to ask.

BREASTFEEDING HISTORY FORM

Mother's name_____ Baby's name_____ Date of birth_____
Reason for consultation _____

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

IV. Demonstrate how to use the Breastfeeding History Form (15 minutes)

 Explain that you will demonstrate how to use the Breastfeeding History Form.

Ask participants to follow the form on page 101 of their manual as you give the demonstration.
Ask them to point it out if you make a mistake, for example, if you use a judging word, or ask a lot of closed questions.

 Give the demonstration.

Follow the story of Mrs Green and her baby Lucy in the story below. One trainer plays the part of Mrs Green, and the other trainer is Nurse Jane.

Nurse Jane greets the mother, asks her name, and asks how she is doing. Mrs Green tells Nurse Jane her `complaint', and then Nurse Jane takes her `history'. She asks to see the baby's growth chart. Try to demonstrate some listening and learning and confidence building skills.

Go through the Breastfeeding History Form, asking questions from sections 1 to 6. Mrs Green responds following the story, which is arranged in the same six sections. If Mrs Green adds information, it must fit with the story.

DEMONSTRATION Y: USING THE BREASTFEEDING HISTORY FORM

Mrs Green's complaint: *"Lucy is really feeding too much"*

Mrs Green's story:

1. Lucy is 3 months old and breastfeeds about 10-12 times a day - sometimes every 1-2 hours, sometimes after 5-6 hours. She breastfeeds about twice in the night. You (Mrs Green) do not give any complementary milk feeds, but you sometimes give drinks of water from a spoon.
2. Lucy is gaining weight well, and she is very healthy. She passes urine 6-8 times a day. Her growth chart shows that she is gaining weight.
3. Lucy was born in hospital, and started breastfeeding soon after delivery. She roomed-in with you, and did not have any prelacteal feeds. The midwife helped you and you had no difficulties.
4. You are aged 25 years, and healthy. You are not using any family planning method. You think that breastfeeding is very healthy, and you want to continue.
5. Lucy is your first baby.
6. You stay at home, and do not go out to work. Lucy's father works as a clerk. Lucy's father thinks that it is time the baby stopped having night feeds.

 Discuss the demonstration.

The group may have become interested in Mrs Green's problems, and they may want to discuss that. Allow them to do so briefly. Ask them:

- What do you think is the cause of Mrs Green's difficulty?
  (Mr Green wants her to stop breastfeeding.)
- Is Mrs Green's idea of the problem correct? *(No - anyway, not what she says.)*
- What misunderstanding may have given her this idea?
  (The baby sometimes wants to feed again quite soon. But this is normal.)

Now ask the group to think about the technique of taking a breastfeeding history.

Ask them these questions:

- Did Nurse Jane ask questions from all 6 sections of the Breastfeeding History Form?
- Did she leave out any important questions?
- Did asking questions from each section of the form help her to understand the problem?

Point out that continuing to Section 6 helped Nurse Jane to remember to ask about the father's attitude. It is clear that it is the father's attitude to Lucy's breastfeeding which is making Mrs Green worry about how often Lucy breastfeeds.

V. Summarize `Taking a breastfeeding history' (5 minutes)

Ask participants to find the box **SUMMARY: HOW TO TAKE A BREASTFEEDING HISTORY** on page 99 of their manuals.
Read through the list, and ask participants to try to learn it.

SUMMARY: HOW TO TAKE A BREASTFEEDING HISTORY

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

Session 18

Back to CONTENTS

HISTORY PRACTICE

Objectives

Participants practise taking a breastfeeding history, using the Breastfeeding History Form.

Session outline (70 minutes)

Participants work in groups of 4-5, each with one trainer.

I. Prepare for the exercise (10 minutes)

II. Conduct the pair practice (Exercise 15) (60 minutes)

Preparation

Refer to pages 16-17 in the Introduction for general guidance on how to conduct work in small groups.

Make sure that copies of Histories 1-5 are available (on cards or paper). They should not have the Comments with them. Each group of
4-5 participants needs one set of copies.
Fill in a local growth chart for the baby in each of the histories.

Have loose copies of the Breastfeeding History Form available for participants.

Study section **I. Prepare for the exercise** so that you can explain to participants what to do.

Study the section **How to conduct the exercise** at the beginning of Exercise 15, so that you can guide the pair practice and the discussion.

Read the **Comments** at the end of each history, to help you with the discussion of each pair practice.

Decide how you will conduct the exercise.
In some situations, participants may have difficulty in reading the history quickly. An alternative way to conduct the exercise is for a trainer to play the part of the mother, while one of the participants takes her history.

As you follow the text, remember:

- □ indicates an instruction to you, the trainer
- ▪ indicates what you say to participants

I. Prepare for the exercise (10 minutes)

□ Give each participant a copy of the Breastfeeding History Form.
Explain that this is exactly the same form as they studied in Session 17.

□ Give each participant a copy of one of the histories and a growth chart filled in for the baby in the history.

Explain what they will do:

- Use role-play to practise taking a breastfeeding history. Follow the Breastfeeding History Form.

- Work in pairs, and take it in turns to be a `mother' or a `counsellor'. When you are a `mother', play the part of the mother in the history on your card. Your partner takes your history.

- You are the only one in the group who has a copy of your history. Conceal it from the others. Look only at your own history.

- Give yourself and your baby a name, either your own real name, or another if you prefer.

- Other participants in the group observe the pair practice, until it is their turn.

 Explain how the histories are arranged:

- First there is the *Reason for visit* including the mother's complaint, if she has one.

- Then there is the *History,* with six sections, which are the same as the six sections in the Breastfeeding History Form. There is some information in each section, so it is important to ask questions relating to each section of the form.

 Ask participants to read their histories through, and to study the growth chart. Allow 3 minutes.

They can ask you questions about anything that they do not understand.

 Explain how to do the pair practice:

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

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

- If you are observing:
  - Follow the pair practice with your Breastfeeding History Form, and observe if the

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

II. Conduct the pair practice (60 minutes)

EXERCISE 15. ***Taking a breastfeeding history***

How to conduct the exercise

☺ Ask one pair in the group to practise taking a history. Ask the pair to sit on two chairs, next to each other, and slightly separate from the group.

 Let the pair continue for a while, without interrupting.

Follow the story in your copy of the Trainer's Guide. If the pair are doing well, let them go on until they finish. If they make many mistakes, or get confused, or do not follow the history, stop them, and give them a chance to correct themselves. Ask them how they feel they are doing, and what they think they should do differently.

Ask other participants in the group to say what they have observed. Then say what you think.
Praise what the pair did right, and then comment on these things:
- How well the `counsellor' took the history.
- If she understood the `mother's' situation correctly.

Use the **Comments** at the end of each history to help the discussion. They tell you:
- The main points that the story illustrates, and which the `counsellor' should conclude.
- How taking a history helps you to understand the mother's situation better, so that you can help her more effectively.

 If necessary, let the pair try again, at least for a short time.

Try to finish the exercise with participants doing some things well.
Thank them and congratulate them for their efforts.

 Ask another pair to practise.

Make sure that each member of the group has a chance to be a `counsellor' at least once.
If a pair has practised satisfactorily, give them another story to work with by themselves, while you help others in the group. You can join the pair for part of the time to observe how they are doing. Praise what they do right, and help them if they are having difficulties.

History 1.

Reason for visit: "I have brought (baby's name) for immunization. Everything is fine."

History: 1. I give him formula, about 3 bottles a day, with 2 spoonfuls of milk powder in each bottle. He had difficulty in suckling when he was born, so I gave him bottle feeds while I tried to breastfeed. He has refused to breastfeed for 2 weeks.

2. He is 6 weeks old and weighs 2.5 kilos. He was born in hospital and weighed 2.0 kilos. He has 2-3 soft stools a day.
3. No-one discussed breastfeeding in the antenatal clinic. In hospital, he was in the nursery for 6 hours. The midwives did not help me to breastfeed. I was discharged after 24 hours. I started trying to breastfeed after 2 days. This is my first visit to a health centre.
4. I am 19 years old, and healthy. I had plenty of milk, and I wanted to breastfeed. But my nipples are flat, so I could not.
5. This is my first baby.
6. I am a housewife, and my husband bought the tins of formula. I have not thought about family planning. My mother lives a long way away.

Comments The baby refused to breastfeed because he was given bottle feeds. The mother did not **History 1** have early contact, or help to breastfeed in the first day. She needed help for flat nipples, this is her first baby, and her baby was small. She did not complain about her difficulties, and you only learn about this serious situation by taking a history.

History 2.

Reason for visit: "(Baby's name) has diarrhoea".

History: 1. I breastfeed him often, and he sleeps with me at night. I give him thin cereals in a bottle, 2-3 times a day. I started this when he was 6 weeks old.

2. He was born in hospital, and weighed 3.0 kilos. He weighed 4.5 kilos at 2 months, and weighs 4.8 kilos now, at the age of 4 months.
   When he was 6 weeks old, he cried to be fed often; that is why I started cereal feeds. But now he has less appetite, and is passing watery stools.
3. He started to breastfeed soon after delivery. The midwife helped me and I had no difficulties.
4. I am aged 30, and well. I rely on breastfeeding for family planning until my periods start again.
5. I had two previous children. I breastfed both without any difficulty.
6. I work on a small farm with my husband and his parents. My mother-in-law helps me very much. She advised me to start cereals, because of the crying.

Comments Her baby was hungry with a growth spurt. She gave dilute cereal feeds but they were not
History 2 necessary. This has caused diarrhoea. You know the reason for the diarrhoea by the end of Section 1. However, in Section 6, you learn that it is her mother who advises her.

History 3.

Reason for visit: "I have sore nipples."

History: 1. I breastfeed my baby many times a day, for about 20-30 minutes each time.
2. She weighed 4.0 kilos when she was born. Now she is 3 weeks old and weighs 4.5 kilos. She is well.
3. She was born by Caesarian section, and was kept in the nursery and bottle fed for 2 days. Since then I have been trying to breastfeed, but my baby had difficulty in learning to suckle. The midwives suggested bottles, but I did not want to bottle feed. I persisted with breastfeeding until now. Nobody asked me about breastfeeding at the antenatal clinic.
4. I am 26, and healthy. I am disappointed because I really want to breastfeed, but my nipples hurt so much that I will have to give up. They bleed sometimes.
5. I had one baby before. I breastfed him, but I never had enough milk and he was never satisfied. I gave up after a few weeks.
6. I am divorced, but my mother stays with me and helps me with the children.

Comments She did not receive the necessary help from the hospital staff to enable her to breastfeed.
History 3 Her baby is suckling in a poor position, which is causing sore nipples. She is growing, so she must be getting plenty of milk, but she is suckling inefficiently, and needs to suckle often and for a long time. You know her main problem early in the history. But it is important to know that she had problems breastfeeding her previous baby.

History 4.

Reason for visit: "I have come for my six weeks check-up. Everything is fine."

History: 1. I breastfeed her quite often. I don't give her anything else, but I have bought a pacifier which I give her to suck when she cries.
2. I don't know her birth weight. She weighs 4.9 kilos today. She cries a lot, and doesn't seem satisfied. She passes soft stools several times a day. Otherwise she is well.
3. She was born at home, and started breastfeeding soon after delivery. She had some water for the first few days. My mother helped me to breastfeed.
4. I am 15 years old, and have had to stop going to school. I am worried that breastfeeding will spoil my figure. I want to bottle feed, like the advertisements. I will get some milk, when I have some money.
5. I have not had a baby before.
6. I live at home with my mother, who farms. She says that the baby cries a lot because I am too young and I probably don't have enough milk. She wants to give him bottle feeds, too.

Comments The mother is very young, and not very motivated to breastfeed. She says that everything
History 4 is fine, but the grandmother is making her lose confidence in her milk.
You only learn about these important things quite late in the history, so it is useful to check through all the sections.

History 5.

Reason for visit: "I have a painful swelling in my breast, and I feel feverish."

History: 1. I breastfeed my baby whenever I am at home, about once in the morning, twice in the evening, and once or twice at night. She suckles for about 5 minutes each time. I am too busy to breastfeed her for long. While I am working, my helper gives her bottle feeds of formula. This started when I went back to work about 1 month ago. Before that I just breastfed.

2. My baby is healthy. She weighed 3.5 kilos at birth. Now she is 4 months old and weighs 5.9 kilos. I don't know how often she passes urine - I am not at home.
3. She was born at home, and I breastfed her straight away. The community midwife helped me.
4. I am 27 years old, and healthy. I had a painful swelling in the other breast soon after I went back to work. It was at the weekend, I continued breastfeeding, and it got better by itself. This time it is worse.
5. I have one older child. I breastfed him for 4 months, until my milk dried up. I started work when he was 2 months old, and bottle fed him when I was out. I was very disappointed when I had to stop breastfeeding.
6. I work in a factory, and I am away from home for about 10 hours every day. I am exhausted when I get home. I have a helper who cares for the children. My parents live a long way away.

Comment: She has mastitis, probably because her baby is only feeding for a short time, and not **History 5** often enough, so he is not emptying the breasts properly. It is important not to stop when you make the diagnosis of mastitis, but to continue to section 6, so that you learn how busy and tired this mother is. That is important for the management.

Session 19

Back to CONTENTS

BREAST EXAMINATION

Objectives

At the end of this session, participants should be able to:
- examine a woman's breasts correctly and gently;
- talk to her about their findings.

Session outline (30 minutes)

Participants are in groups of 8-10, with two trainers.

I.	Introduce the topic	(3 minutes)
II.	Demonstrate how to examine a woman's breasts	(15 minutes)
III.	Discuss what to say to the woman	(12 minutes)

Preparation

Refer to pages 12-13 of the Introduction for general guidance on how to give a demonstration; and to page 6 for instructions `How to make a model breast'.
Study the notes for the session, so that you are clear about what to do.

Before the course:
Obtain or make several cloth models of breasts.

Before the session:
Ask a participant to help you to give the demonstration.
Explain that she will sit on a chair, and pretend to be the woman whom you are examining. (Reassure her that she will remain dressed.) She can if she wishes wear an old tee-shirt with breasts drawn on it.

As you follow the text, remember:

 indicates an instruction to you, the trainer
▪ indicates what you say to the participants

I. Introduce the topic (3 minutes)

Ask participants to find the box **HOW TO EXAMINE A WOMAN'S BREASTS** on page 103 of their manuals.

 Explain that you will demonstrate breast examination, and then they can practise on a model breast. You will also discuss talking to the woman about your findings.

 Make these points:

- It is not necessary to examine breasts routinely, antenatally or postnatally. However, it may be the practice in your facility to examine breasts antenatally.

- You need to examine the breasts, either antenatally or postnatally, if you suspect a breast problem, or if the woman is worried about her breasts.

II. Demonstrate how to examine a woman's breasts (15 minutes)

 Discuss the technique:

- It is important to examine breasts gently and modestly, because they are a sensitive part of the body.

- To examine the breasts, first look at or *inspect* them. After delivery, you often learn all that you need by inspection while you observe a breastfeed and before or after it.

- Sometimes you need to feel or *palpate* a woman's breasts. This is only necessary if you suspect a breast problem. It is not necessary as a routine.

Ask: *What can you learn by inspecting breasts?*
(Let participants suggest. Then mention any of the following points that they did not think of.)

- The size and shape of the breasts.
  (A mother may lack confidence because of the size or shape of her breasts.)
- The size and shape of the nipple and areola.
  (Women may worry about this. Some nipple shapes can cause more difficulty with attachment than others.)
- Whether milk is dripping from one or other breast.
  (A sign of the oxytocin reflex.)
- If the breasts look soft, full or engorged.
- Fissures around the base or across the tip of the nipple.
- Redness, suggesting inflammation and possibly infection.
- Scars from breast surgery, for example, if she had a breast abscess.

(This tells you that she had problems previously.)

Ask: *What may you notice as a baby finishes a feed?*

- If you see the baby release the breast, you may see the nipple pulled out long, showing that it is *protractile* (easily stretched, remember Slide 14/2).
- You may notice that the nipple looks squashed, or that there is a line across the tip or down the side. This suggests that the baby was poorly attached.

Ask: *What may you learn by palpating a breast?*
(Let participants suggest. Then add any of the following that they did not think of.)

- If the breast is full, hard or engorged.
- If there are any lumps, hard areas, hot patches, or tenderness.
- If the nipple is protractile.

 Give the demonstration:

As you follow each step:

- *Demonstrate how to talk to and touch the mother.*
  Explain what you want to do, and ask her permission before you do it.
  Be gentle, and talk in a way which builds her confidence.
  Be careful not to sound critical.
  (Do NOT say things like "Oh, your nipples are rather flat!")

- *Explain to participants what you are doing.*

☺ Ask the *participant* who is helping you to sit on a chair facing the class. She should be `breastfeeding' a doll, and holding a model breast.
When you greet her, and ask how she is, she says "I have a swelling in my breast".

 Follow these steps:

- As this *is* a *postnatal* examination, wait until the baby has finished breastfeeding. Do not interrupt the feed. Take the opportunity to observe the breastfeed.

- Explain to *the* mother that you would like to look at her breasts, and ask her permission.

- *Inspect* her *breasts*, without touching.
  (Tell participants what you are looking for, and what you see.)

- Ask her *what* symptoms she has had, and if she has had any pain or tenderness. Ask her to point to the place. (She points to the swelling.)

- Explain that you would now like to feel her breasts.
  Before you touch them, ask her permission.

- Demonstrate palpation using the model breast.
  If you do not have a model, use the soft part of your forearm.

  Explain what you are doing as you do it:
  - hold your hand flat with the fingers together and straight;
  - feel gently all over the breast with the flat of your hand;
  - watch the mother's face as you palpate, so that you notice any tenderness.

- Show what NOT to do.
  Pinch and poke the model breast. Explain that this is painful for the mother, and does not tell you what you need to know.

 Demonstrate testing for protractility:
  (For example, if a mother is worried about the shape of her nipples.)

- Explain to the mother that you would now like to see how easily her nipples pull out. Explain that you would like her to do this herself.
  Ask her to place a finger and thumb on the areola either side of the nipple, and gently try to pull the nipple out.

- Thank the `mother', and talk to her about what you have found.

☺ Ask participants to practise palpating a breast:

They can practise either on a model breast, or on the soft part of their forearm.
They should use the flat of their hand, and palpate all parts of the breast.

III. Discuss what to say to the mother (12 minutes)

 Make these points:

- When you have examined a woman's breasts, you need to decide what you will say to her.

- Use your confidence and support skills.

☺ Ask participants to practise what they would say to a woman at an antenatal visit in these situations:

1. Her breasts are perfectly alright;
2. There is something that worries the mother, but which should not cause any difficulty with breastfeeding;
3. You find something that could cause difficulties with breastfeeding.

Ask: *What would you say if her breasts are perfectly alright?*
(Ask a few participants in turn to practise what they would say.)

Praise her. Say something like this:
"Your breasts are very good for breastfeeding."

Ask: *What would you say to a woman who has very small areolas, and she thinks that they will make it difficult for the baby to breastfeed?*
(Let participants practise what they would say.)

They should say things to build her confidence in this way:
- Accept her worries.
- Give praise - for example, that her breasts are protractile, or full of milk.
- Give relevant information:
  "Breasts come in many shapes and sizes - but the part inside where the milk comes from is the same."
  "If he takes a good mouthful of breast tissue, he will be able to get the milk."

Ask: *What would you say to a woman who has inverted nipples?*
(Let participants practise what they would say.)

They should try to build her confidence in this way:

If she is not worried:
- Praise her for wanting to breastfeed.
- It may be better to say nothing about her nipples.
- Wait and see how breastfeeding goes, and be ready to help her if she does have difficulties.

If she is worried:
- Give her accurate, relevant information about her condition.
  (Babies suckle from the breast, not the nipple; nipples improve after delivery; it may take a little longer for the baby to learn to breastfed.)
- Be positive, and encourage her to believe that breastfeeding is possible.
  (Many babies breastfeed from breasts of this shape.)
- Suggest what she can do to help her baby to breastfeed.
  (Let him explore the breast and try to suckle soon after delivery. Help him to take a big mouthful of breast. If necessary, express her milk and feed it from a cup while he learns to suckle.)
- Explain that you or your colleagues will help her.

HOW TO EXAMINE A WOMAN'S BREASTS

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

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

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

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

. If it is necessary to palpate, ask her permission.

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

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

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