

Supporting mothers with issues in Breastfeeding



Ministry of Women & Child Development
Government of India, 2018

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What are some of the breastfeeding related problems?



Display the card.

Ask the participants to read the questions one by one. Let there be a discussion.

Use the points given on the right side to explain that there are some situations due to which newborn might face difficulties in breastfeeding.

Today we will learn how we can support the mothers in some of these situations.

Breastfeeding related problems in newborns:

- Incorrect attachment of the baby to the breast.
- Weak newborn unable to breastfeed with required strength.
- Reduced or lack of interest in breastfeeding during illness.
- Reduced breastfeeding due to bottle feeding.

Breastfeeding related problems in mothers:

There are some breast related issues due to which mother might face difficulty in breastfeeding. We will discuss the two most common breastfeeding related problems here:

- Breast Congestion
- Sore Nipples.

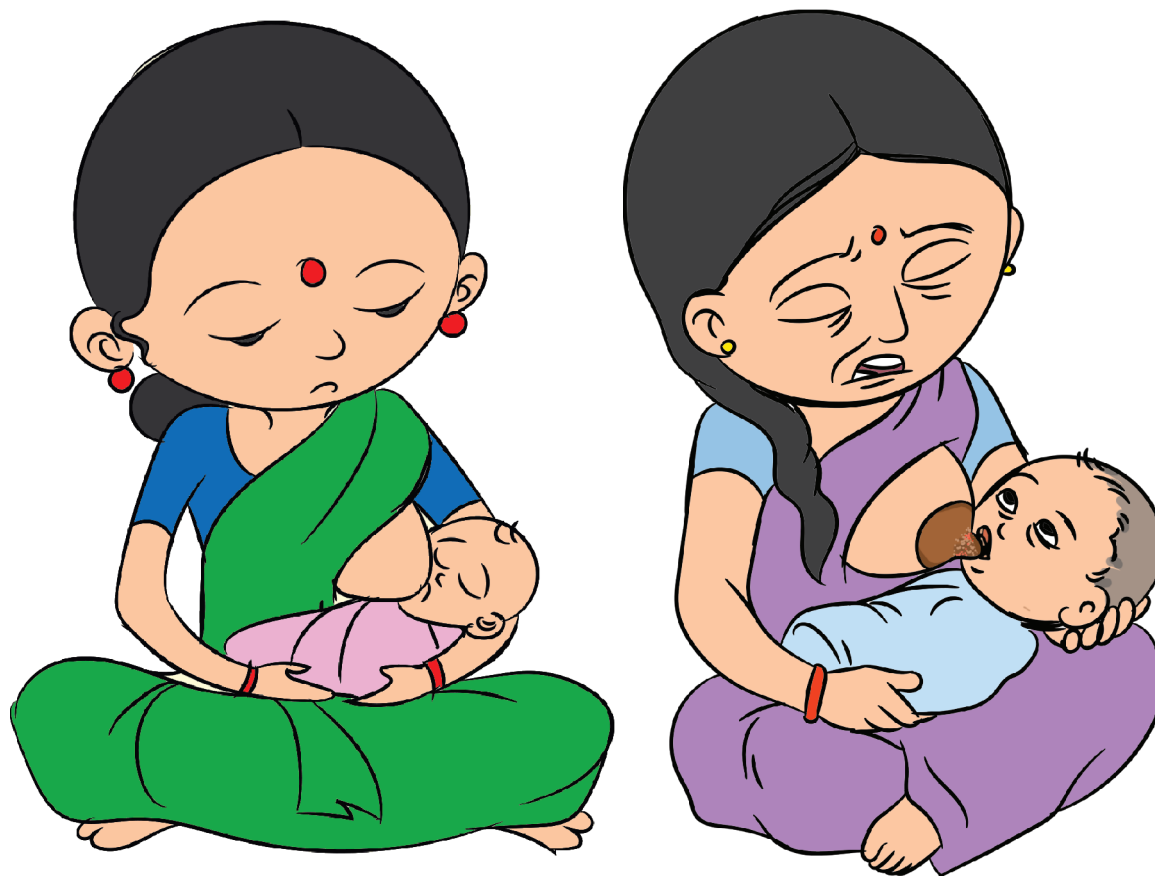
It is important to identify and take care of such breastfeeding related issues, so that the mother can be relieved and exclusive breastfeeding can be ensured for the newborn.



What are some of the breastfeeding related problems?



- What are the reasons due to which a newborn baby might not breastfeed?
- What are the issues due of which a mother might face difficulties in breastfeeding?





What should we do when a healthy newborn baby is unable to breastfeed properly?



Tell the participants

We have learned about observing breastfeeding in newborns. Let us try to remember, what were the main points to observe breastfeeding?



Display the card.



Ask the participants to read the questions one by one and give them some time to respond.

Use the points given on the right side to help participants reach to the correct answers. Try to find out during the discussion if the participants are observing breastfeeding in newborns?

We can ensure breastfeeding by making a home visit as soon as possible after the birth. Often the mother might face difficulty in breastfeeding due to the poor attachment of newborn to the breast. We can observe breastfeeding and can guide and support mothers on proper attachment. Following are the main points to observe breastfeeding:

1. **Is the mother sitting or lying comfortably?**(if the mother is not comfortable, she will not be able to allow the baby to suckle for a long time; a healthy baby usually feeds for at least 10 minutes at a time).
2. **Is the baby well supported for feeding?** (if the baby is well supported, she can feed continuously for a long time without getting tired)
3. **Is the baby's head bent a little backwards?** (if the head is bent forward, it is difficult for the baby to breathe and suckle)
4. **Is the major part of areola (black area around the nipple) inside baby's mouth?** Is the baby breastfeeding continuously? (with good attachment, only a small bit of the upper part of the areola will be clearly seen. Usually, a healthy, full term baby will suckle 10-15 times before pausing to swallow)
5. **Is the baby sleeping while breastfeeding?** (a hungry, healthy baby will not normally fall asleep before emptying out at least one breast. Even if she does fall asleep, she will wake up again and start suckling vigorously. A healthy baby can empty one breast completely and second breast at least partly during each feed)



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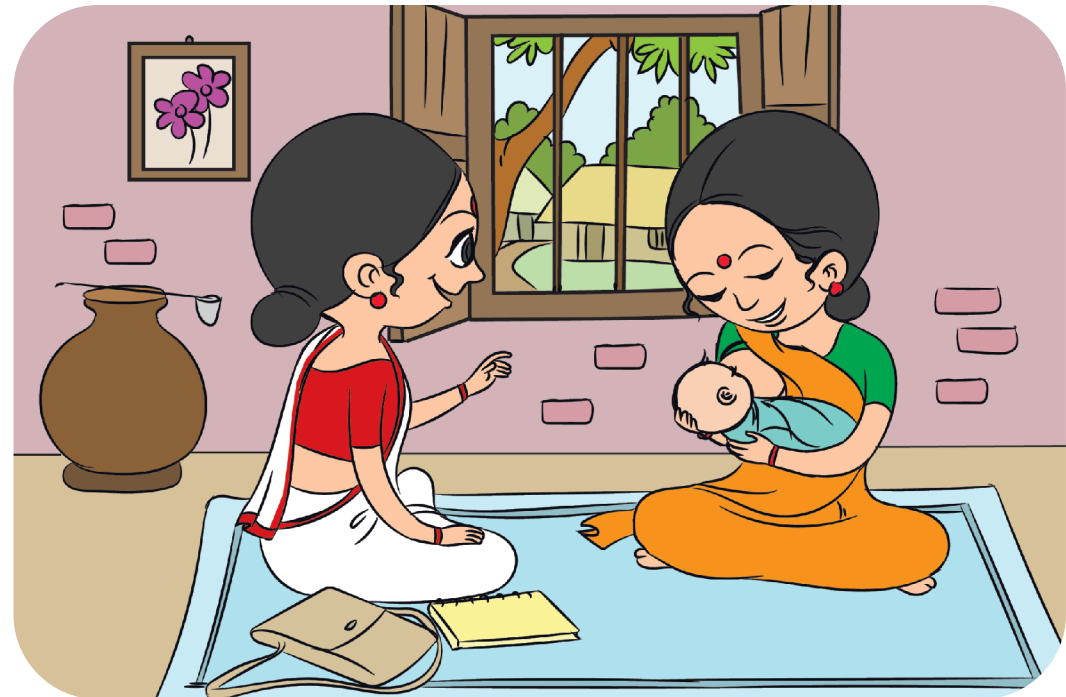
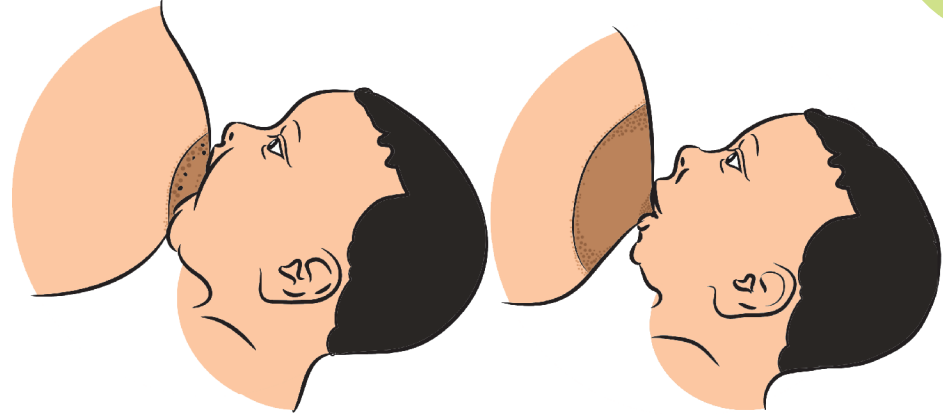
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What should we do when a healthy newborn baby is unable to breastfeed properly?



Observe Breastfeeding:

1. Is the mother sitting or lying comfortably?
2. Is the baby's body well supported for breastfeeding?
3. Is the baby's head bent a little backward?
4. Is the major part of areola (black area around the nipple) inside baby's mouth? Is the baby breastfeeding continuously?
5. Is the baby sleeping while breastfeeding?





What do we do when a weak newborn does not feed?



Display the card.

Initiate a discussion by asking participants to read the questions one by one and encourage participants to respond. Remind them about previous modules by using points mentioned at the right side.



After the discussions, tell them:

“Today we will learn about what more we can do before we decide to refer the baby to the Sick Newborn Care Unit (SNCU), or if the parents refuse to take such a baby to the hospital

We will learn how to try and feed the baby with breast milk expressed into a cup, to make it easier for the weak baby to feed.

Mothers of weak babies who are admitted to the SNCU may be asked to express breast milk for feeding their babies.”

Previous modules have taught us the following:

Make a home visit as soon as possible after every birth, because it is possible to identify a weak newborn immediately after birth, and it is important to identify such babies early, so that they can be provided extra care, over and above what is provided to normal babies.

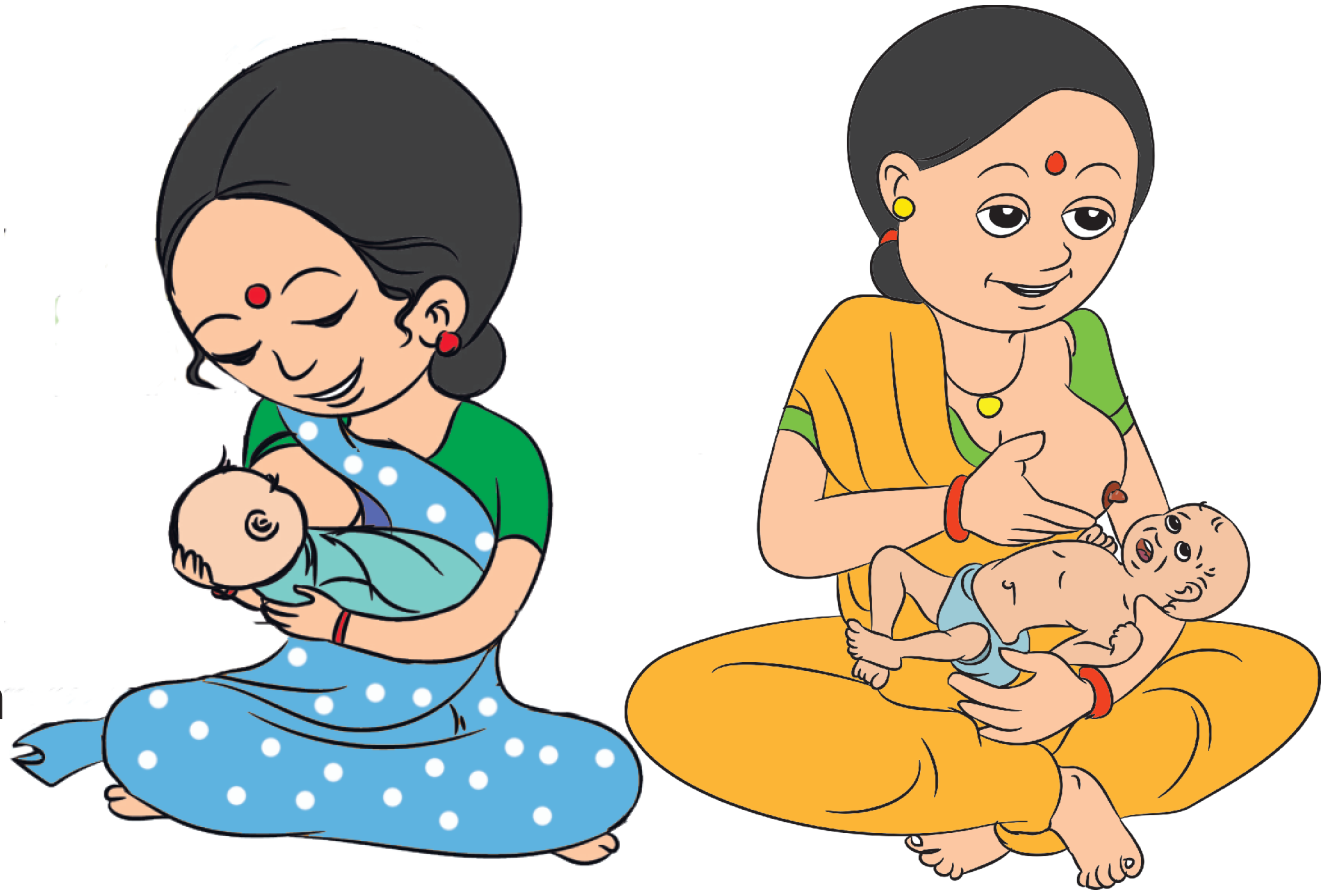
- **Extra care for the weak baby includes:**
 - Breastfeeding the baby more often, waking up the baby if need be
 - Keeping the baby warm, using KMC wherever possible
 - Taking care to handle the baby with clean hands, and keeping the cord dry and clean
- **Breastfeeding such a baby requires patience and care**
 - The baby will keep getting tired and falling asleep, will need to be fed small amounts, and will need to be woken up for feeds.
 - The baby can feed only small amounts at a time, because her stomach is small. So the baby needs to be fed frequently, every hour or two, throughout the day and night
 - A baby, who is breastfeeding well at home despite being small in size, can usually be cared for at home by paying adequate attention to warmth, cleanliness and breastfeeding.
 - Nothing other than breast milk should be given to such a baby
- **What to do if the baby feeds very little or not at all?**
 - Some babies are so weak, that they may only suck one or two times at the breast, or just lick nipple and fall asleep.
 - If this continues to happen after repeated attempts to feed, such a baby cannot be cared for at home, and must be referred to an SNCU.
 - If the baby was feeding well till now but is now showing less interest in breastfeeding then he might be getting sick. Such babies should be referred to hospitals immediately.

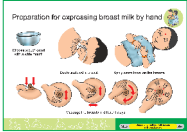


What do we do when a weak newborn does not feed?



1. Have we visited any newborn in the first week after birth?
2. Have we been finding weak newborns in our village?
3. Have we been seeing weak newborns that are unable to breastfeed?
4. What have we learnt in the past about what to do when we find such a baby?





Preparation for expressing breast milk by hand



Display the card.



Use the points given on right side and the pictures displayed to explain how to prepare for expressing breast milk.

When the weak newborns or sick newborns are unable to breastfeed on their own, expressing breast milk makes it possible for the baby to have breast milk. It helps baby to meet her feeding requirement.

In preparation of milk expression, following steps should be followed:

- **The mother should first hold the baby for some time and try to breastfeed the baby.** This will help in stimulation as well as in assessing if the baby is able to feed on her own.
- **Choose a cup of the right size and make sure it is clean:**
 - Choose a cup with a wide mouth for collecting the breast milk.
 - Wash the cup with soap and hot water, and then air-dry the cup.
- **Prepare the breast for expressing the milk:**
 - Milk is produced in small glands all over the breast. Small ducts then drain the milk into the area just behind the nipples under the areola (or dark skin around the nipple), where milk collects in larger ducts. Milk collected in these large ducts can be easily pressed out of the nipple. So, the first step before pressing the milk out from the nipples is to gently get the milk from all over the breast to collect in these large ducts just behind the nipple.
 - The mother should wash hands using hot water and soap and rinse off her breasts and nipples.
 - She should sit comfortably, and keep the clean cup close by to collect the milk when it starts flowing.
 - If the breast appears to be hard use a warm towel on breasts for a few minutes. This will help make the breast a little softer and less painful when pressed.
 - **Stimulate the nipples** by gently pulling or rolling the nipples with fingers. This is similar to a baby sucking at the breast and will make the milk come down on its own.
 - **Breast Massage:**
 - Massage the breast in different ways shown in the pictures to soften the breast and release the milk.
 - Start at the outer edges of the breast and keep pressing towards the nipples.

When the breast is soft, and milk starts to flow from the nipple, it is ready to be pressed out into the cup.

The mother should express the breast milk on her own as the breasts are easily hurt if another person tries. Teach a mother to express the milk herself. Touch her only to show her what to do, and be gentle.



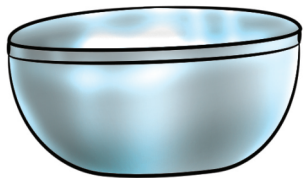
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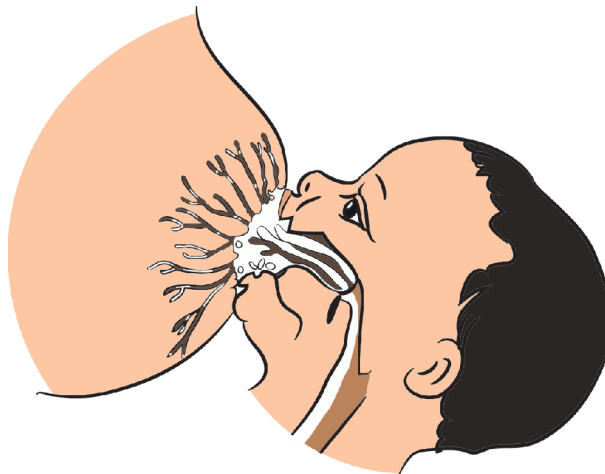
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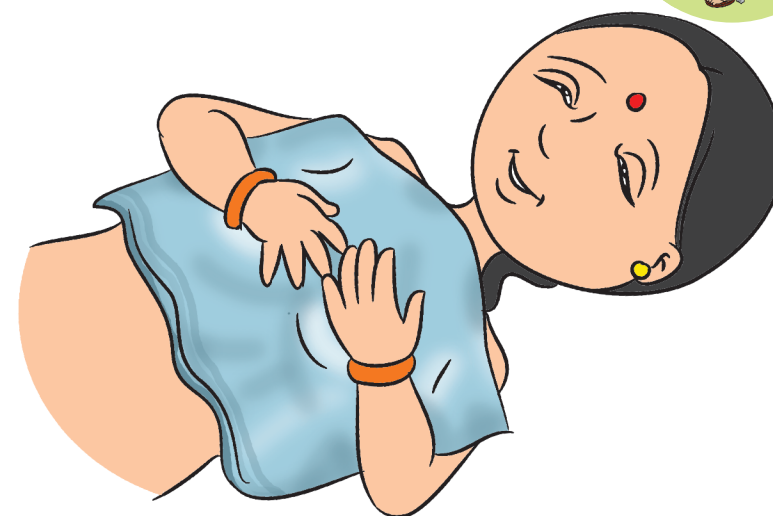
Preparation for expressing breast milk by hand



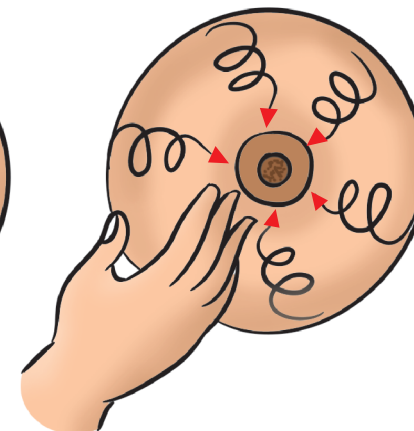
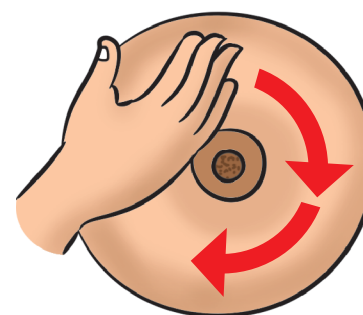
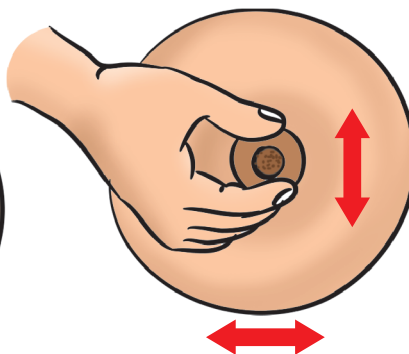
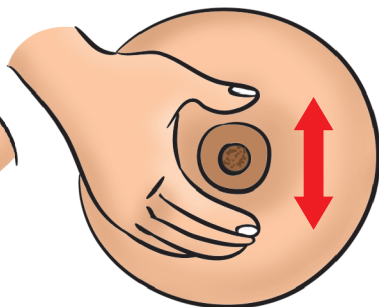
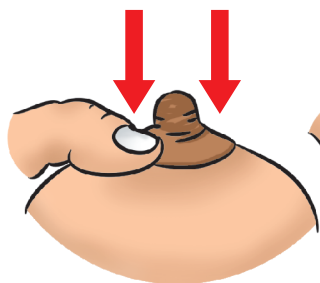
Choose a cup/ katori
with a wide mouth



Ducts situated in breast

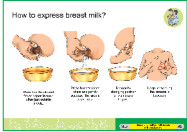


Apply warm towel on the breasts



Massage the breasts in different ways





How to express breast milk?



Display the card.



Use the points given on right side and the pictures displayed to explain how to express breast milk.

Milk Expression:

When the milk starts flowing out drop by drop, start expressing the milk into the clean cup:

- Place the thumb and finger opposite each other just outside the areola. (Areola is the dark colored area around the nipple).
- Now press back towards the chest, then gently squeeze the areola to express milk.
- Now repeat this process by changing position of thumb and fingers. Repeat rhythmically: position, push, press; position, push, press.
- In some mothers, at first no milk may come, but after massaging and pressing a few times, milk will start to flow. Massage first, then express. Massage again, and then express.
- Avoid rubbing or sliding the finger along the skin, this can be painful. The movement of the fingers should be rolling.
- Express milk from one breast until the flow slows and then express milk from the other breast.
- It can take 20 – 30 minutes to express breast milk adequately, especially in the first few days when only a little milk may be produced. The mother will require support from family members to take care of her other work and to allow her to express the milk patiently.

Storage:

- Cover the cup immediately after expressing the milk
- Store the milk in cool, hygienic and dry place.
- Stored breast milk should never be heated before feeding to the baby.
- Breast milk should not be stored for more than 6 hours.
- Don't dip fingers in the cup, hold the cup from outside.



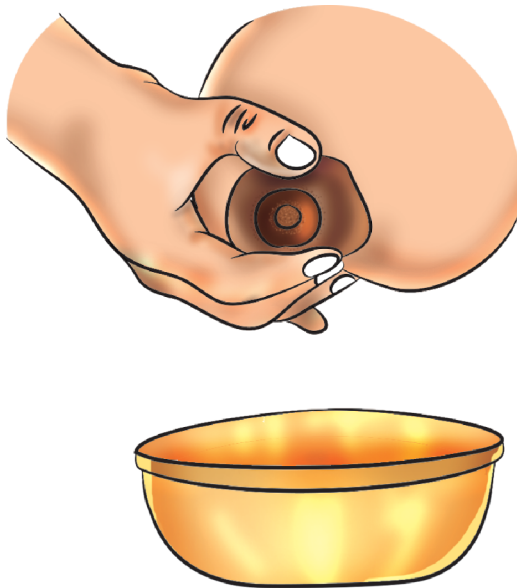
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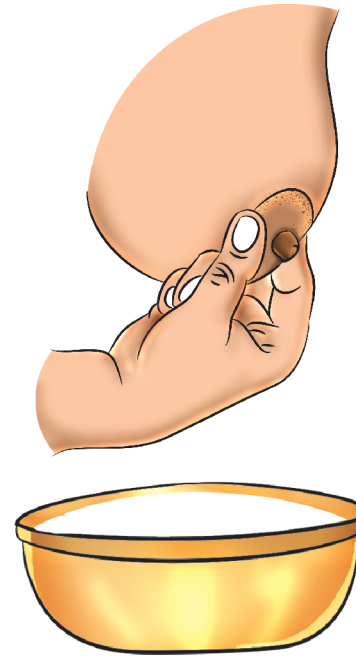
How to express breast milk?



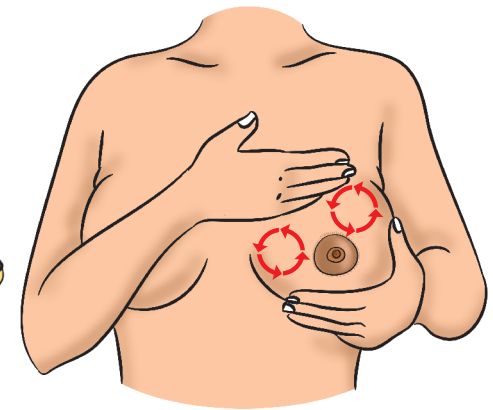
Place the thumb and finger opposite each other just outside areola.



Press back towards chest and gently squeeze the areola to express.



Repeat by changing position of thumb and fingers.



Keep massaging the breasts in between.





How to feed expressed breast milk?



Display the card



Using the pictures and the points given on the right, explain the process of feeding breastmilk from a small cup.

At the end, emphasize the 'points to remember' given on the right side to summarize the discussion.

The baby is ready to feed from the cup if he can lick and swallow milk without coughing, choking or turning blue.

Use a small cup with a small, rounded brim or a spout to feed the baby:

- Choose a small size katori with a brim or cup with a spout. Make sure that the edge of cup or katori is not sharp, since that may injure the baby.
- A small baby can also be fed by using a katori and spoon. Choose a small size spoon with smooth edge.
- Apaladai (a small cup with a spout used for feeding small babies) may be used if available.

Check if the baby is awake and hungry:

Make sure the baby is awake before feeding the baby. Wake up the baby if asleep. Never try to pour milk into the mouth of a sleeping baby.

Observe the baby to look for signals that the baby is hungry -

- Baby is moving his mouth and tongue.
- Eyes are open and she is looking around.

How to feed:

- Wash hands using soap and clean water.
- Pour a small volume of expressed milk in the feeding cup.
- Hold the baby in nearly upright position on the lap. Hand should support the neck and head of the baby.
- Rest the cup/spoon lightly on the baby's lower lip.
- Tilt the cup/spoon just enough for the milk to reach the top edge and let the baby take the milk on her own.
- The baby will pause in between and will again start lapping. Keep the milk right at the rim of the cup and leave the cup in place resting lightly on the lower lip. Do not pour milk into the baby's mouth.
- Continue until the baby has had enough.

What to do with unused milk:

- Expressed milk left after feeding the baby can be reused for another feed within the next six hours.
- Do not use breastmilk that has been stored for more than 6 hours, throw it away.

Points to Remember:

- It takes longer time to feed from the cup than to breastfeed. Be patient.
- Never pour the milk in baby's mouth, this may cause baby to choke.
- Never feed a sleeping baby.
- Don't boil the milk before feeding.
- Never feed the baby while lying down
- Always try to breastfeed the baby before feeding her expressed milk.



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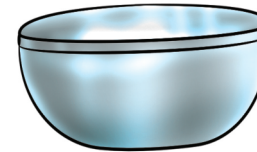
How to feed expressed breast milk?



Cup



Paladai



Small Katori

Use a small cup with a rounded brim or a cup with a spout.



Hold the baby in nearly upright position, head tilted back and supported by one hand.



Rest the edge of the cup lightly on the baby's lower lip



Tilt the cup just enough to let the milk touch the lip, but do not pour the milk into the baby's mouth.





How long should a baby be fed expressed milk?



Display the card.



Ask the participants to read the questions and respond. Discuss the steps of transition by using the points given on the right side.



Explain them that it is very important to refer the baby to hospital if the baby has stopped taking expressed milk. Do not wait after 2 – 3 attempts of feeding the baby.

How long should a baby be fed expressed milk?

Weak newborn babies who cannot breastfeed but who are able to take expressed milk feeds are likely to require expressed breast milk feeding for many days after birth before they become strong enough to breastfeed directly. The time required to start breastfeeding on their own will depend on how premature the baby is.

Steps for assisting a weak newborn transition to breastfeeding:

- Remind the mother to practice the Kangaroo mother care. Skin to skin contact will help the baby to start breastfeeding sooner.
- Recognize the feeding signals and put the baby to the breasts briefly. Repeat this process everytime before feeding the expressed milk.
- Express one or two drops of milk directly into baby's mouth. If she chokes or coughs, then she is not ready to breastfeed yet.
- As the baby matures, she will stay awake longer at the breast and will keep sucking for longer periods of time. Sucking will help to develop her feeding skills.
- As the baby sucks directly at the breast for longer periods, she will gradually require lesser expressed milk, and will be happy with breastfeeding alone.

Remember:

- If the baby was taking expressed milk earlier but has now stopped taking it after 2 – 3 attempts , then refer the baby to the nearest facility.



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How long should a baby be fed expressed milk?



- How to transition from feeding expressed milk to breastfeeding?
- When to refer a baby to hospital?



Keep the baby warm
through skin to skin
contact



Put the baby to the
breasts briefly every
time he is hungry

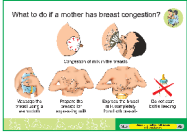


If the baby is not able
to breastfeed feed
him expressed milk



As the baby starts
breastfeeding more
and more, reduce
giving him expressed
milk





What to do if a mother has breast congestion?



Display the card.

Tell the participants to look at the card and ask

- Have you met mothers complaining about breast pain and breast fullness? Has any of you experienced something like this?
- Why does it happen?
- What did the mother do then?
- What was the advice provided to her by you or older women in the family?



Encourage the participants to narrate a story from field. Let there be a discussion.

Use the points on the right and the pictures to help the participants understand breast congestion and what to do about it.



Emphasize that this problem can happen at any time in the first few months, and not only with weak newborn babies.

How to identify breast congestion:

- The breasts are swollen and painful to touch
- The skin of breast may look shiny.
- The mother may have fever
- The baby is unable to feed easily at the breast, and so is hungry and irritable

Why breasts get congested –

- This happens due to accumulation of milk in the ducts, the milk is not fully removed during breastfeeding. This can happen due to many reasons:
 - The baby is not attached to the breast correctly during feeding, and so is not able to suck out the milk effectively.
 - Breastfeeding is initiated many hours or days after birth, by which time the breasts have become overfilled with milk .
 - The baby is a weak newborn who does not have the strength to suck strongly, or is satisfied with much less milk than what the breasts produce
 - The baby is being given other substances to drink which fills up her tummy and so she does not have the appetite to suck all the milk that is produced.
 - The nipples are sore, and from the fear of pain the mother avoids feeding from that breast

What to do when one or more breasts get congested:

- Apply warm compresses to the breasts, which helps the milk flow, before emptying the breast by expressing out all the milk.
- Start breastfeeding on the emptied breast
- Find out what caused the problem and correct it
- Use paracetamol tablets to relieve the pain of mother.

What not to do:

- Do not start feeding the baby anything other than breastmilk
- Do not start bottle feeding



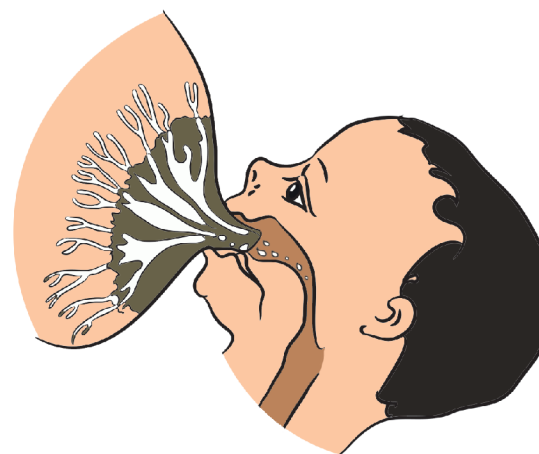
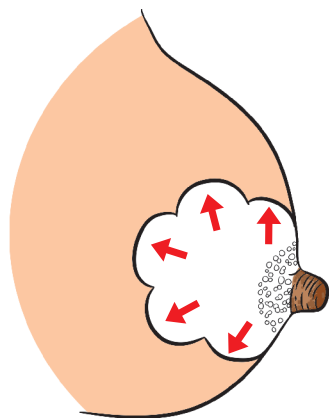
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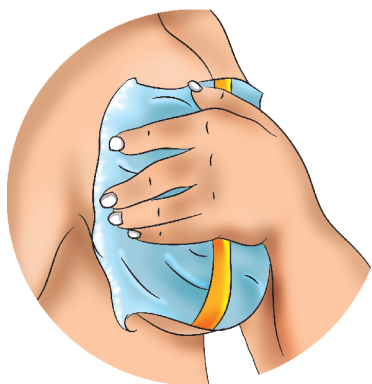
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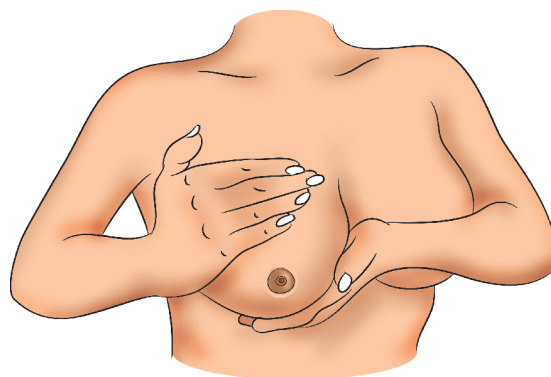
What to do if a mother has breast congestion?



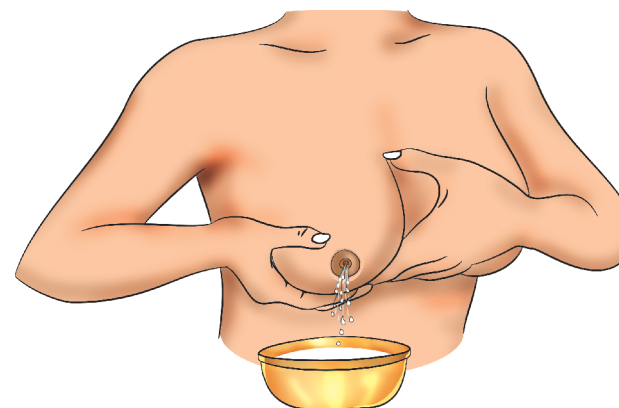
Congestion of milk in the breasts



Massage the breast using a warm cloth



Prepare the breasts for expressing milk



Express the breast milk completely from both breasts



Do not start bottle feeding





What to do if mother has sore nipples?



Now show them the other common breast feeding problem different and ask

- Have you come across mothers with painful nipples? Has any of you experienced something like this?
- Why does it happen?
- What do mothers do then?



Encourage the participants to share their experiences and what happens in such cases?

Discuss about sore nipples by using points given on the right side.

Emphasize that a mother can develop sore nipples at any time as long as she breastfeeds.

How to identify sore nipples:

- Mother has severe nipple pain when the baby is suckling.
- A visible crack may appear across the tip of the nipple or around the base, or there may be a little bleeding.

Why mothers develop sore nipples:

- If the baby cannot take a large part of the areola in the mouth while breastfeeding, the baby tends to bite the nipple and injure it. This happens when the baby's head is held too far away from the nipple.
- If the baby is also given a bottle with a nipple, the baby may get confused and try to suck at the breast in the same way that it sucks at the bottle. Since the milk runs more easily from the bottle, the baby may get frustrated and bite and injure the nipple.
- If the skin of the nipple gets too dry, such as from the use of soap for cleaning the breast, the skin can crack and become painful.

What to do for painful nipples:

- A painful nipple can make the mother avoid using that breast for feeding, and this can lead to congestion. The mother should be encouraged not to stop using the breast.
- If the pain is not relieved by paracetamol tablets and the mother wants to give rest to the painful breast, milk should be expressed out periodically before the breast gets congested.
- If the positioning of the baby's head is wrong, correct the position and continue to breastfeed. Usually, healing of the sore nipples is faster if breastfeeding is continued. Often as soon as the baby is well attached, the pain decreases.
- Apply some breastmilk to the sore nipple. Doing this every few hours will also help relieve pain and ensure healing. Allow the breastmilk to dry on the nipples and areola as it promotes healing.
- Expose the breasts to air for sometime. If the breasts remain wet due to breastmilk or sweat, they can become more painful.

What not to do:

- Do not use soap on nipples to prevent drying of the skin.
- Do not bottle feed the baby.
- Do not use cream and ointments.



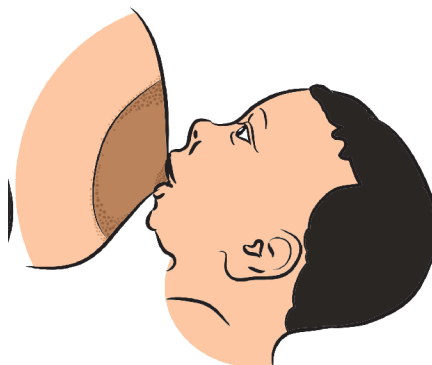
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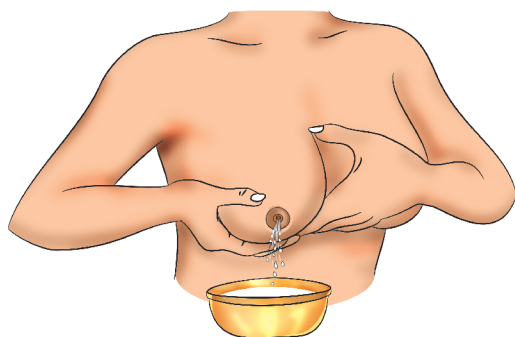
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What to do if mother has sore nipples?



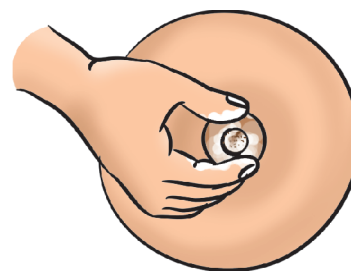
Main causes of sore nipples



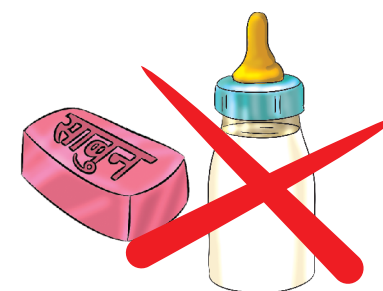
Mother should make sure she expresses milk from the breast that is being used less, to prevent congestion



Make sure that the baby is attached to the breasts properly



Apply breast milk to the sore nipple



Do not bottle feed the baby and do not use soap on the nipples





What we can do to help mothers with problems in breastfeeding?



Display the card.



Ask the participants to read the questions one by one, and respond. Let there be a discussion.



Use the points on the right to guide the discussion.

Which mothers will benefit from what we learnt today?

We mainly learnt how to express breast milk and how to use this for feeding babies. The mothers who will benefit if we teach them this are the following:

1. Mothers who are facing difficulty with the positioning and attachment of the baby.
2. Mothers of weak newborn babies in the first few days after birth, where the baby is healthy but is too weak to take enough breastfeed on her own.
3. Mothers who have developed breast congestion for any reason.
4. Mothers who have developed sore nipples for any reason.

How will we reach such mothers?

1. Mothers of weak newborn babies:

- When we visit the homes of weak newborn babies frequently after birth, we will observe breastfeeding during every visit
- If the baby is unable to feed enough milk and gets tired while breastfeeding, we can teach the mother how to express milk and feed the baby

2. Mothers who have congested breasts or sore nipples:

- This can happen at any time as long as the mother is breastfeeding the child, but usually happens in the first few months after birth.
- We may come to know of a mother with such a problem when she approaches us with this complaint, or from neighbors. They may come complaining that their child is crying a lot and not feeding.
- We may come to know when we ask them about breastfeeding problems when they bring the child for immunization, or during home visits

How will we support them?

- We will ask such mothers in detail about their problem, and observe the breast, nipple and observe them breastfeeding the baby
- This will tell us what the problem is, and what the cause of the problem is
- We will accordingly give advise and show the mother how to correct the problem, and if necessary, how to express milk and how to feed the child



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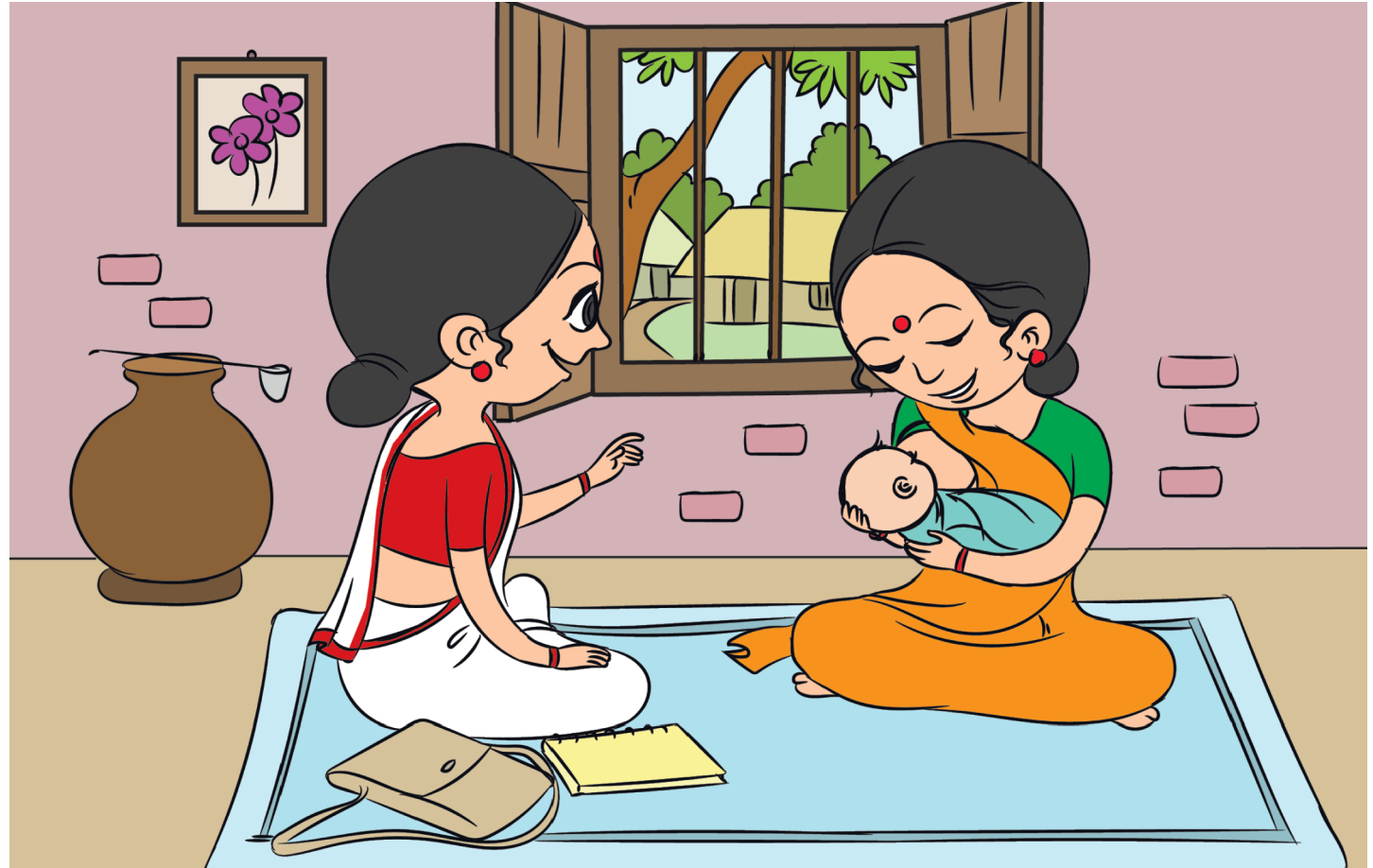
What we can do to help mothers with problems in breastfeeding?

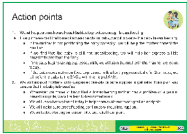


Which mothers will benefit if we teach them what we learnt today?

How will we reach them?

How will we support them?





Action points

Before this card, it may be good to quickly revise cards 3-7 again. If possible, and if the participants are willing, it would be useful to demonstrate expression of breastfeeding practically on a mother who has a young baby 2-3 months old in the neighborhood.



Display the card.



Ask the participants to read the points one by one. Ask the participants if they have any questions, and explain anything that is not clear.



25 Minute

M15

Supporting mothers with issues
in Breastfeeding

F11

Action points



1. We will support mothers of weak babies to provide enough breastfeeding
 - Everytime we visit the home of a weak newborn baby, we will observe the baby breastfeeding:
 - If the mother is not positioning the baby correctly, we will help the mother correct the position
 - If we find that the baby is still not breastfeeding, we will help her express a little breastmilk and feed the baby.
 - If the baby begins taking expressed milk, we will train the mother in the manner we learnt today.
 - If the baby does not even feed expressed milk after trying repeatedly for 2-3 hours, we will refer the baby to the SNCU with the help of ANM.
2. We will support mothers with congested breasts or sore nipples to get relief from pain and ensure that the baby is breastfed
 - Whenever we come to know that a breastfeeding mother has a problem of a painful breast or nipple, we will attend to her immediately.
 - We will use what we learnt today to help them avoid more congestion and pain.
 - We will make sure breastfeeding continues without interruption.
 - We will advice taking paracetamol to get relief from pain.



- 1 *Why this Monthly Meeting ?*
- 2 *Making or updating Home Visit Planner & Initiating Home Visits*
- 3 *Planning and Organizing Community Based Events at AWC*
- 4 *Observing Breastfeeding in Newborn Babies - Why and How*
- 5 *Identification and Care of a Weak Newborn baby*
- 6 *Complementary Feeding: Diet Diversity*
- 7 *Preventing Anemia in Women*
- 8 *Assessment of Growth in Children*
- 9 *Ensuring that Complementary Feeding improves over time*
- 10 *Ensuring Exclusive Breastfeeding*
- 11 *Care of the Weak Newborn Baby - How many weak babies are we missing?*
- 12 *How to ensure timely initiation of Complementary Feeding*
- 13 *Identifying and preventing Severe Acute Malnutrition*
- 14 *Feeding During Illness*
- 15 **Supporting mothers with issues in Breastfeeding**
- 16 *How to take care of weak newborn with the help of Kangaroo Mother Care*
- 17 *Identification & Referral of Sick Newborn*
- 18 *Preventing illnesses to avert Malnutrition and Death*
- 19 *Prevention of Anemia in girls and adolescents*
- 20 *Birth Preparedness- For Institutional and Home Delivery*
- 21 *Preparation During Pregnancy: For NewBorn Care & Family Planning*

