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BREASTFEEDING COUNSELLING

A TRAINING COURSE



PARTICIPANTS' MANUAL

PART ONE

Sessions 1-9

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF

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Why this course is needed

Breastfeeding gives children the best start in life. It is estimated that over one million children die each year from diarrhoea, respiratory and other infections because they are not adequately breastfed. Many more children suffer from unnecessary illnesses that they would not have if they were breastfed. Breastfeeding also helps to protect mothers' health.

The Programme for the Control of Diarrhoeal Diseases has long recognised the need to promote breastfeeding to prevent diarrhoea in young children. More recently it has become clear that breastfeeding is important also in the management of diarrhoea, to prevent dehydration, and to promote recovery.

The World Health Organization and UNICEF recommend exclusive breastfeeding from birth for the first 4-6 months of life, and sustained breastfeeding together with adequate complementary foods up to 2 years of age or beyond. However the majority of mothers in most countries start giving their babies artificial feeds or drinks before 4 months, and many stop breastfeeding long before the child is 2 years old. The common reasons for this are that mothers believe that they do not have enough breastmilk, or that they have some other difficulty breastfeeding. Sometimes it is because a mother is employed outside the home, and she does not know how to breastfeed at the same time as continuing with her job. Sometimes it is because there is no-one to give a mother the help that she needs, or because health care practices and the advice that she receives from health workers does not support breastfeeding.

Health workers such as you can help the mothers and children for whom you care to breastfeed successfully. It is important to give this help, not only before delivery and during the perinatal period, but also during the whole of the first and second year of a child's life. You can give mothers good advice about feeding their babies at all times, when they are well and when they are sick. You can help mothers to ensure that their milk supply is adequate. You can help with breastfeeding difficulties, and you can help employed mothers to continue breastfeeding.

You may feel that you have not been adequately trained to give this kind of help. In the past, breastfeeding counselling and support skills have seldom been included in the curricula of either doctors, nurses, or midwives. This course aims to give you training in basic breastfeeding counselling skills, which should enable you to give mothers in your care the support and encouragement that they need to breastfeed successfully.

During the course you will be asked to work hard. You will be given a lot of information, and you will be asked to do a number of exercises and clinical practices to develop your breastfeeding counselling skills. Hopefully you will find the course

interesting and enjoyable, and the skills that you learn will make your work with mothers and babies in future more helpful for them, and more rewarding for you.

The course and the manual

Breastfeeding counselling: A training course consist of 33 sessions, which can be arranged in different ways to suit the local situation. Your Course Director will plan the course that is most suitable for your needs, and will give you a time-table.

This book, the Participants' Manual, is your main guide to the course, and you should keep it with you at all times, except during clinical practice sessions. In the following pages, you will find a summary of the main information from each session, including descriptions of how to do each of the skills that you will learn. You do not need to take detailed notes during the sessions, though you may find it helpful to make notes of points of particular interest, for example from discussions. Keep your manual after the course, and use it as a source of reference as you put what you have learnt into practice.

Your manual also contains:

- copies of the key overheads that you might want to memorise
- forms, lists and checklists for exercises and clinical practice;
- written exercises that you will be asked to do individually.

You will receive separate copies of the forms, lists and checklists to use for clinical practice sessions, so that you do not have to carry your manual at these times.

You will receive Answer Sheets for each written exercise after you have done the exercise. This enables you to check your answers later, and to study any questions that you may not have had time to complete.

You will also receive a copy of the following reference materials:

- The book *Helping Mothers to Breastfeed*, AMREF Revised Edition 1992.
- *Protecting Infant Health: A Health Workers Guide to the International Code of Marketing of Breastmilk Substitutes*.
- *Protecting, Promoting and Supporting Breastfeeding: The Special Role of the Maternity Services*. A joint WHO/UNICEF Statement, 1989.
- Annex to the Global Criteria for Baby Friendly Hospitals: Acceptable Medical Reasons for Supplementation
- Annex on Breastfeeding and Maternal Medication: Recommendations for drugs in the Essential Drugs List

The Course Director will recommend parts of these reference materials for you to read in preparation for some sessions, or after sessions to help you to remember what you have learned.

WHY BREASTFEEDING IS IMPORTANT

Introduction

Before you learn how to help mothers, you need to understand why breastfeeding is important, and what its benefits are. You need to know the differences between breastmilk and artificial milks, and the dangers of artificial feeding.

ADVANTAGES OF BREASTFEEDING

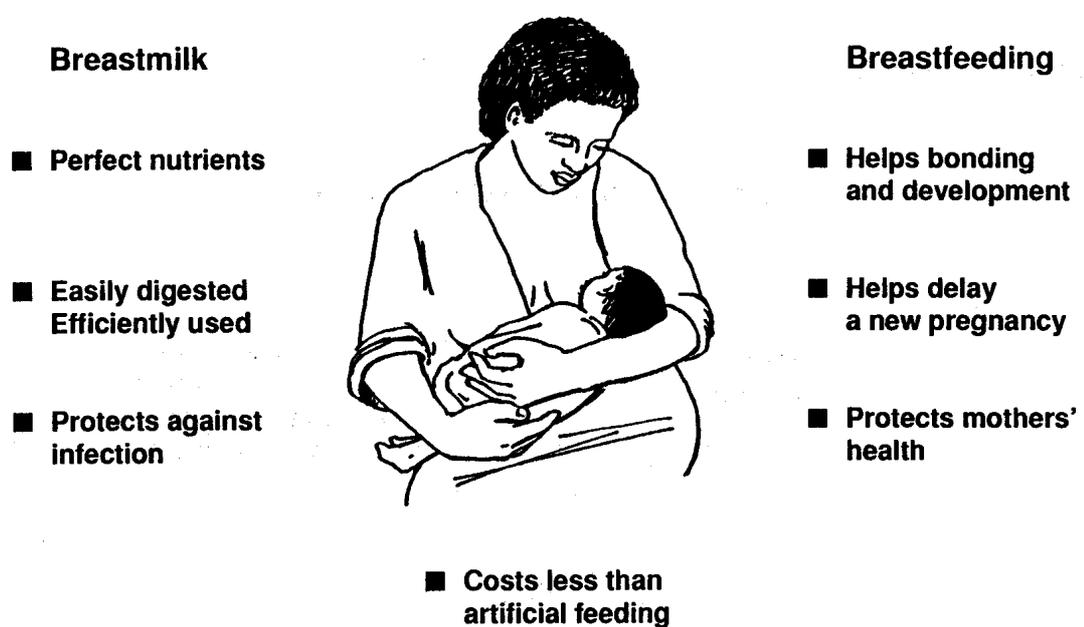


Fig.1 (Overhead 1/1)

Fig.2

Summary of differences between milks

	HUMAN MILK	ANIMAL MILK	FORMULA
Bacterial contaminants	none	likely	likely when mixed
Anti-infective factors	present	not present	not present
Growth factors	present	not present	not present
Protein	correct amount easy to digest	too much difficult to digest	partly corrected
Fat	enough essential fatty acids lipase to digest	lacks essential fatty acids no lipase	lacks essential fatty acids no lipase
Iron	small amount well absorbed	small amount not well absorbed	extra added not well absorbed
Vitamins	enough	not enough A and C	vitamins added
Water	enough	extra needed	may need extra

Protection against infection

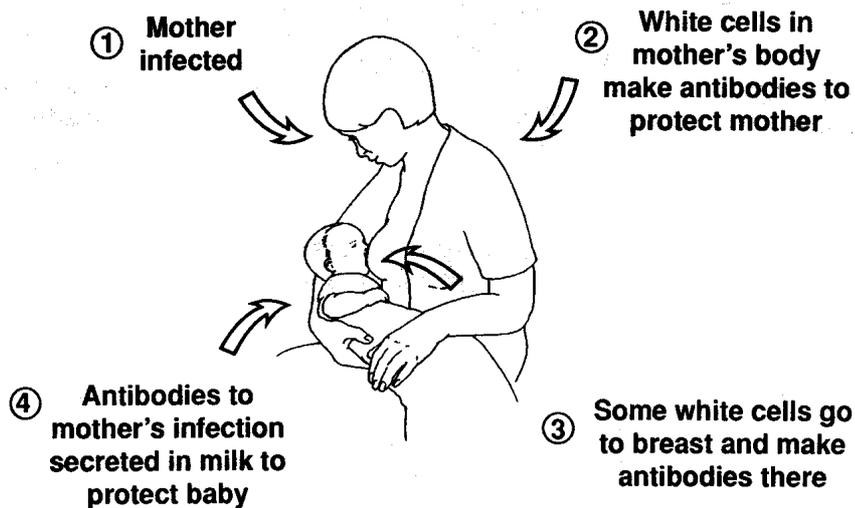


Fig.3 (Overhead 1/7)

Variations in the composition of breastmilk

Colostrum is the breastmilk that women produce in the first few days after delivery. It is thick and yellowish or clear in colour.

Mature milk is the breastmilk that is produced after a few days. The quantity becomes larger, and the breasts feel full, hard and heavy. Some people call this the breastmilk 'coming in'.

Foremilk is the milk that is produced early in a feed.

Hindmilk is the milk that is produced later in a feed.

Hindmilk looks whiter than foremilk, because it contains more fat. This fat provides much of the energy of a breastfeed. This is an important reason not to take a baby off a breast too quickly. He should be allowed to continue until he has had all that he wants.

Foremilk looks bluer than hindmilk. It is produced in larger amounts, and it provides plenty of protein, lactose, and other nutrients. Because a baby gets large amounts of foremilk, he gets all the water that he needs from it. Babies do not need other drinks of water before they are 4-6 months old, even in a hot climate. If they satisfy their thirst on water, they may take less breastmilk.

COLOSTRUM

<i>Property</i>	<i>Importance</i>
■ Antibody rich	– protects against infection and allergy
■ Many white cells	– protect against infection
■ Purgative	– clears meconium helps to prevent jaundice
■ Growth factors	– help intestine to mature prevents allergy, intolerance
■ Vitamin A rich	– reduces severity of infection prevents eye disease

Fig.4 (Overhead 1/9)

Psychological benefits of breastfeeding

Breastfeeding helps a mother and baby to form a close, loving relationship, which makes mothers feel deeply satisfied emotionally. Close contact from immediately after delivery helps this relationship to develop. This process is called *bonding*.

Babies cry less, and they may develop faster, if they stay close to their mothers and breastfeed from immediately after delivery.

Mothers who breastfeed respond to their babies in a more affectionate way. They complain less about the baby's need for attention and feeding at night. They are less likely to abandon or abuse their babies.

Some studies suggest that breastfeeding may help a child to develop intellectually. Low-birth-weight babies fed breastmilk in the first weeks of life perform better on intelligence tests in later childhood than children who are artificially fed.

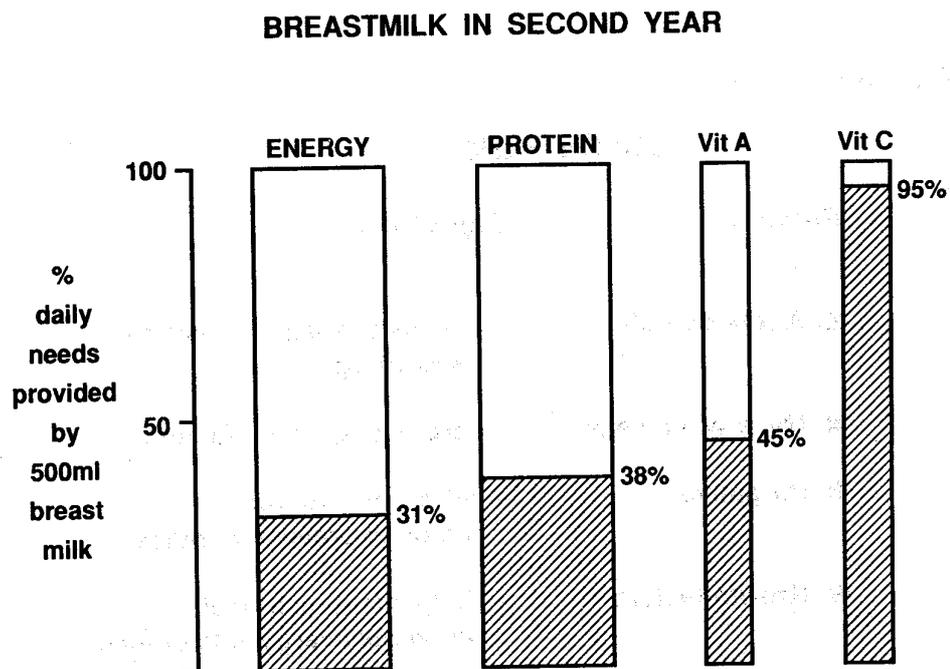


Fig.5 (Overhead 1/13)

DANGERS OF ARTIFICIAL FEEDING

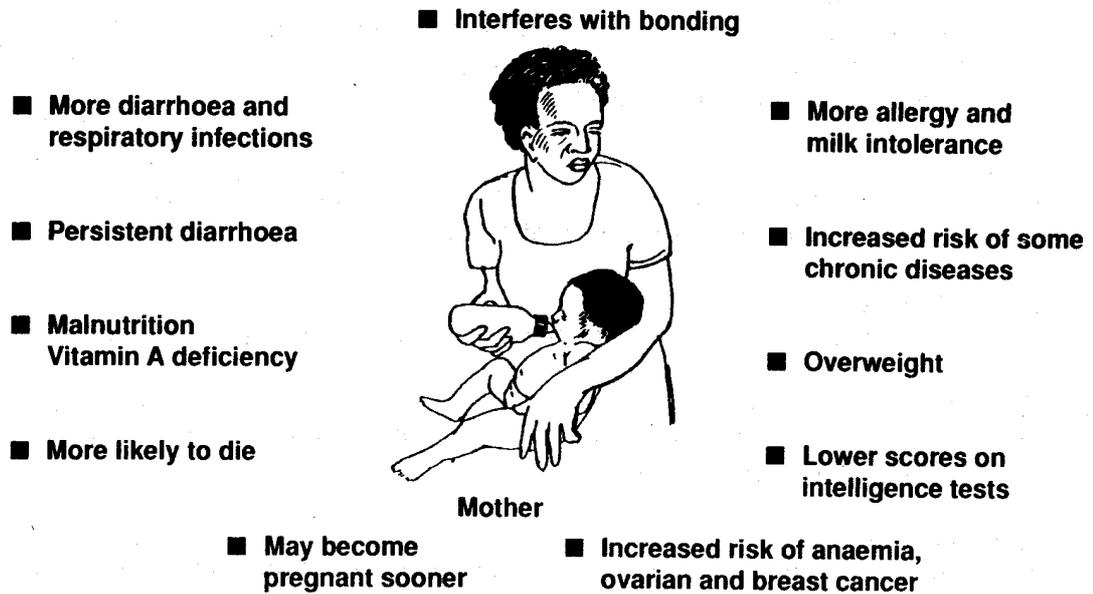


Fig.6 (Overhead 1/14)

RECOMMENDATIONS

- Start breastfeeding within 1/2-1 hour of birth
- Breastfeed exclusively from 0-4 months of age
- Complementary foods can begin between 4-6 months (exact age varies)
- Give complementary foods to all children from 6 months of age
- Continue breastfeeding up to 2 years of age or beyond

TERMS FOR INFANT FEEDING

Exclusive breastfeeding:

Exclusive breastfeeding means giving a baby no other food or drink, including no water, in addition to breastfeeding (except medicines and vitamin or mineral drops; expressed breastmilk is also permitted).

Predominant breastfeeding:

Predominant breastfeeding means breastfeeding a baby, but also giving small amounts of water or water-based drinks - such as tea.

Full breastfeeding:

Full breastfeeding means breastfeeding either exclusively or predominantly.

Bottle feeding:

Bottle feeding means feeding a baby from a bottle, whatever is in the bottle, including expressed breastmilk.

Artificial feeding:

Artificial feeding means feeding a baby on artificial feeds, and not breastfeeding at all.

Partial breastfeeding:

Partial breastfeeding means giving a baby some breastfeeds, and some artificial feeds, either milk or cereal, or other food.

Timely complementary feeding:

Timely complementary feeding means giving a baby other food in addition to breastfeeding, when it is appropriate, after the age of 4-6 months.

LOCAL BREASTFEEDING SITUATION

Try to answer the following questions for the area where you work.

For each question, put a circle round the answer 'few', 'half', or 'most', whichever is closest to what you have observed.

How many babies start to breastfeed?	few	half	most
How many breastfeed within 1 hour of delivery?	few	half	most
How many have other foods or drinks before they start to breastfeed?	few	half	most
How many breastfeed exclusively for 4-6 months?	few	half	most
How many have other foods or drinks before:			
1 month?	few	half	most
2 months?	few	half	most
3 months?	few	half	most
How many children continue to breastfeed more than:			
6 months?	few	half	most
12 months?	few	half	most
24 months?	few	half	most

HOW BREASTFEEDING WORKS

Introduction

In this session, you will learn about the anatomy and physiology of breastfeeding. In order to help mothers, you need to understand how breastfeeding works.

You cannot learn a specific way of counselling for every situation, or every difficulty. But if you understand how breastfeeding works, you can work out what is happening, and help each mother to decide what is best for her.

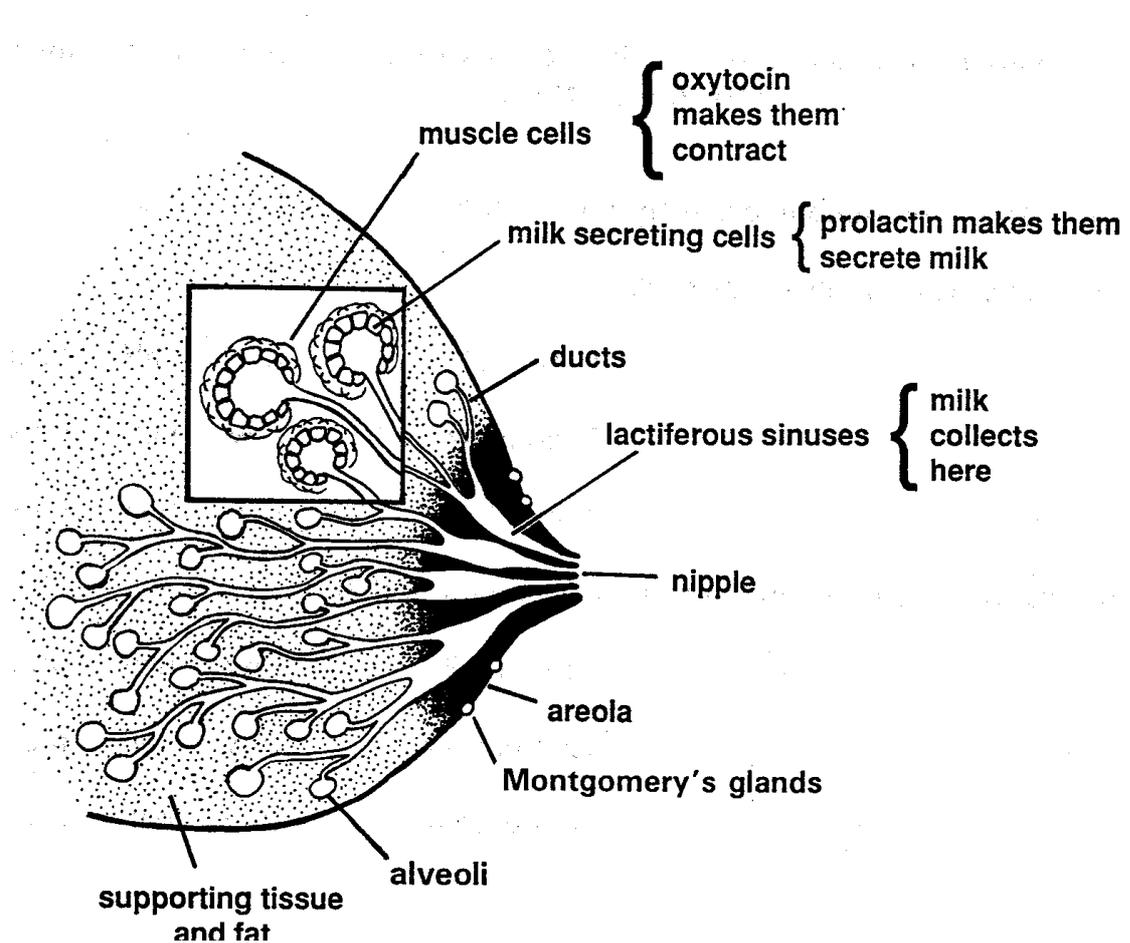


Fig.7 (Overhead 3/1) Anatomy of the breast

PROLACTIN

Secreted **AFTER** feed
to produce **NEXT** feed

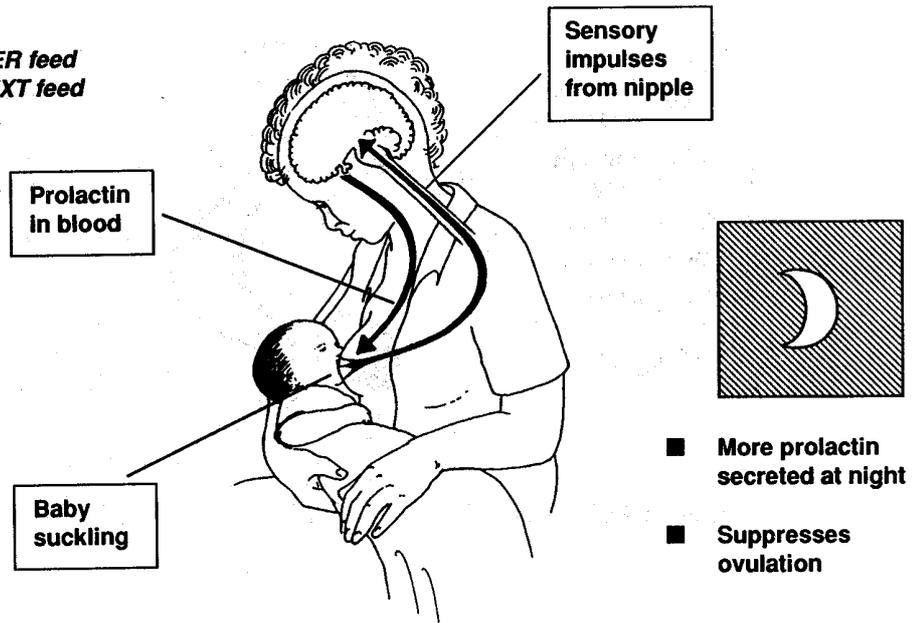


Fig.8 (Overhead 3/2)

OXYTOCIN REFLEX

Works **BEFORE** or **DURING** feed
to make milk **FLOW**

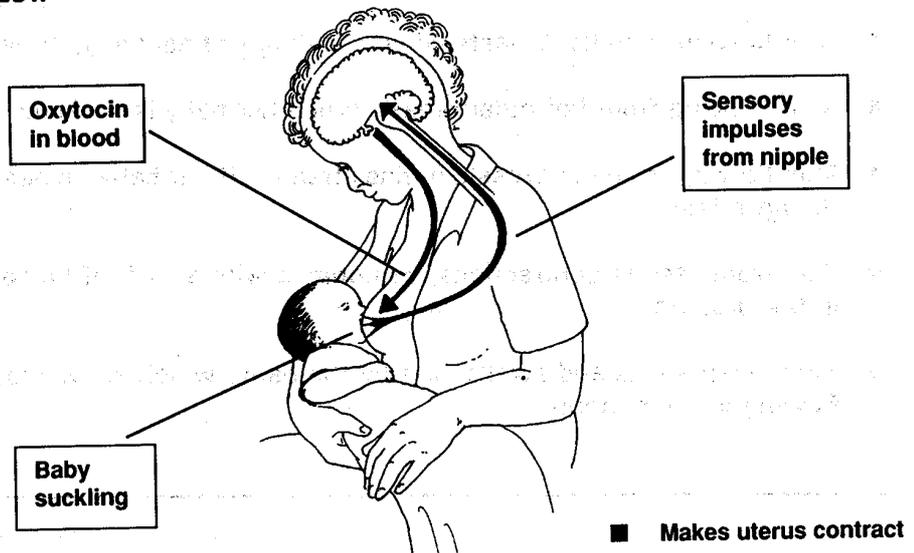


Fig.9 (Overhead 3/3)

OXYTOCIN REFLEX

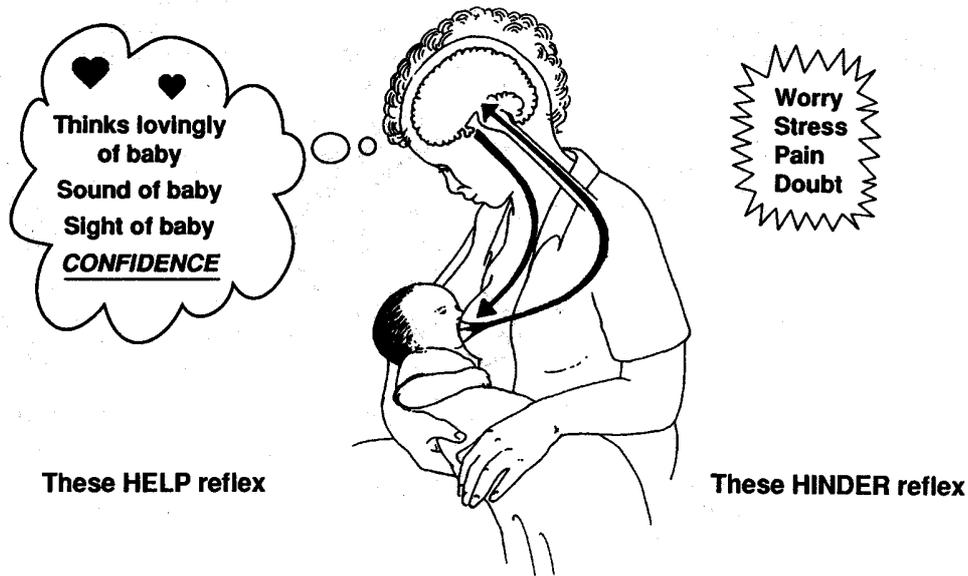


Fig.10 (Overhead 3/4) Helping and hindering the oxytocin reflex

SIGNS AND SENSATIONS OF AN ACTIVE OXYTOCIN REFLEX

A mother may notice:

- A squeezing or tingling sensation in her breasts just before she feeds her baby, or during a feed
 - Milk flowing from her breasts when she thinks of her baby, or hears him crying
 - Milk dripping from her other breast, when her baby is suckling
 - Milk flowing from her breasts in fine streams, if her baby comes off the breast during a feed
 - Pain from uterine contractions, sometimes with a rush of blood, during feeds in the first week
 - Slow deep sucks and swallowing by the baby, which show that breastmilk is flowing into his mouth
-

INHIBITOR IN BREASTMILK

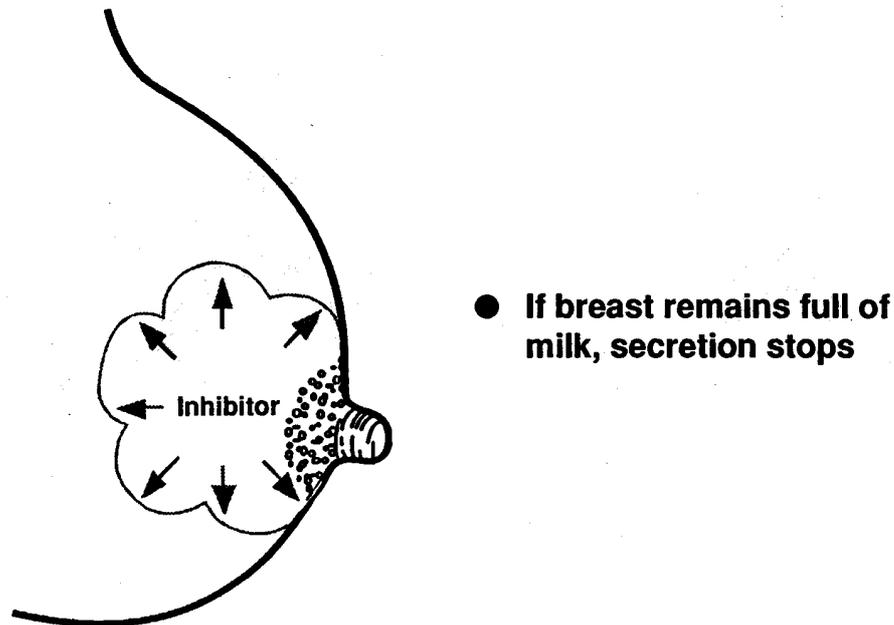


Fig.11 (Overhead 3/5)

Control of breastmilk production within the breast.

You may wonder why sometimes one breast stops making milk, while the other breast continues to make milk - although oxytocin and prolactin go equally to both breasts. This diagram shows why.

There is a substance in breastmilk which can reduce or *inhibit* milk production. If a lot of milk is left in a breast, the inhibitor stops the cells from secreting any more. This helps to protect the breast from the harmful effects of being too full. It is obviously necessary if a baby dies or stops breastfeeding for some other reason. If breastmilk is removed, by suckling or expression, the inhibitor is also removed. Then the breast makes more milk.

This helps you to understand why:

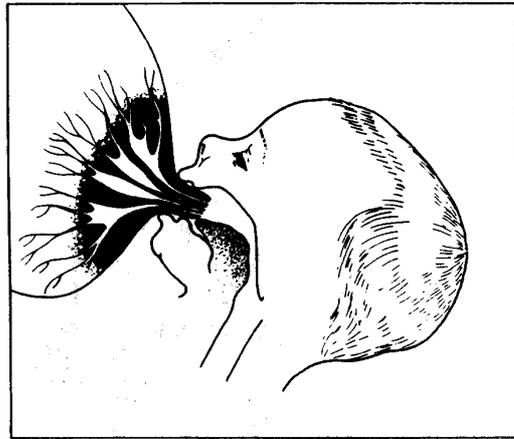
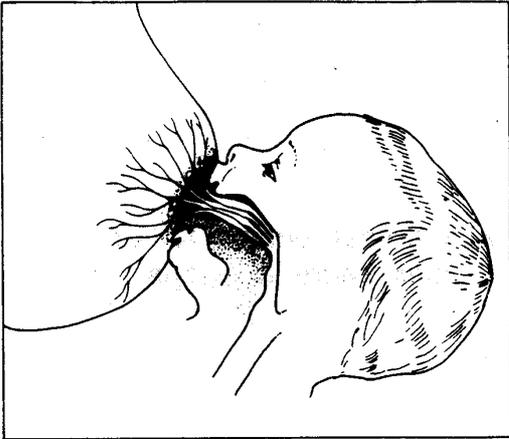
- If a baby stops suckling from one breast, that breast stops making milk.
- If a baby suckles more from one breast, that breast makes more milk and becomes larger than the other.

It also helps you to understand why:

- For a breast to continue to make milk, the milk must be removed.
- If a baby cannot suckle from one or both breasts, *the breastmilk must be removed by expression* to enable production to continue.

Good attachment

Poor attachment



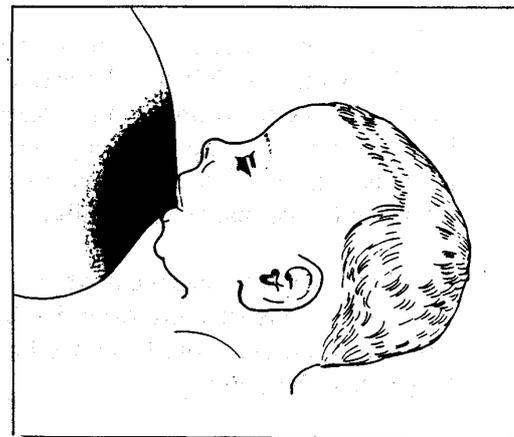
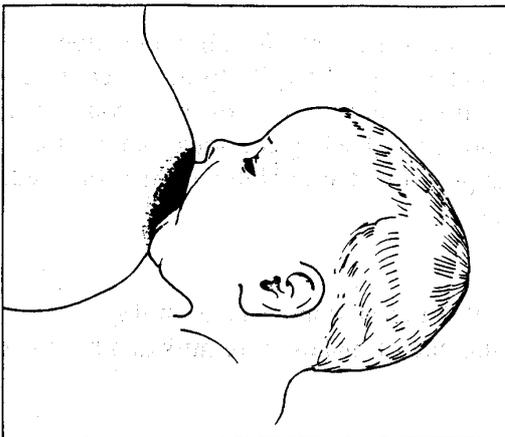
Good attachment

Poor attachment

Fig.12 (Overhead 3/8) Good and poor attachment

Good attachment

Poor attachment



Good attachment

Poor attachment

Fig.13 (Overhead 3/9) Attachment - outside appearance

RESULTS OF POOR ATTACHMENT

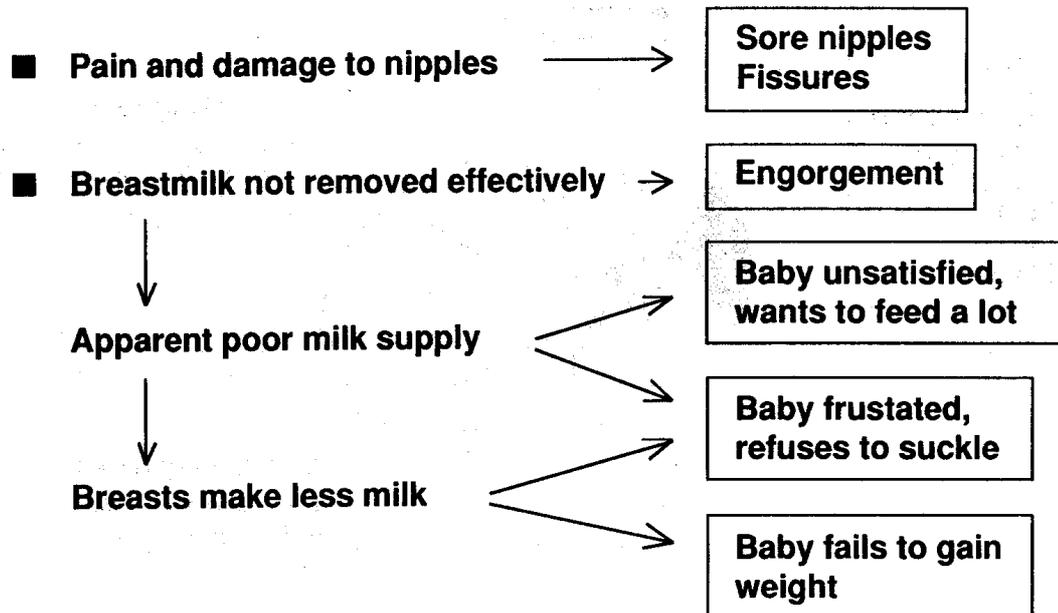


Fig.14 (Overhead 3/10)

CAUSES OF POOR ATTACHMENT

- | | |
|---------------------------------------|--|
| <i>Use of feeding bottle</i> | <ul style="list-style-type: none">• before breastfeeding established• for later supplements |
| <i>Inexperienced mother</i> | <ul style="list-style-type: none">• first baby• previous bottle feeder |
| <i>Functional difficulty</i> | <ul style="list-style-type: none">• small or weak baby• breast poorly protractile• engorgement• late start |
| <i>Lack of skilled support</i> | <ul style="list-style-type: none">• less traditional help and community support• doctors, midwives, nurses, not trained to help |

Fig.15 (Overhead 3/11)

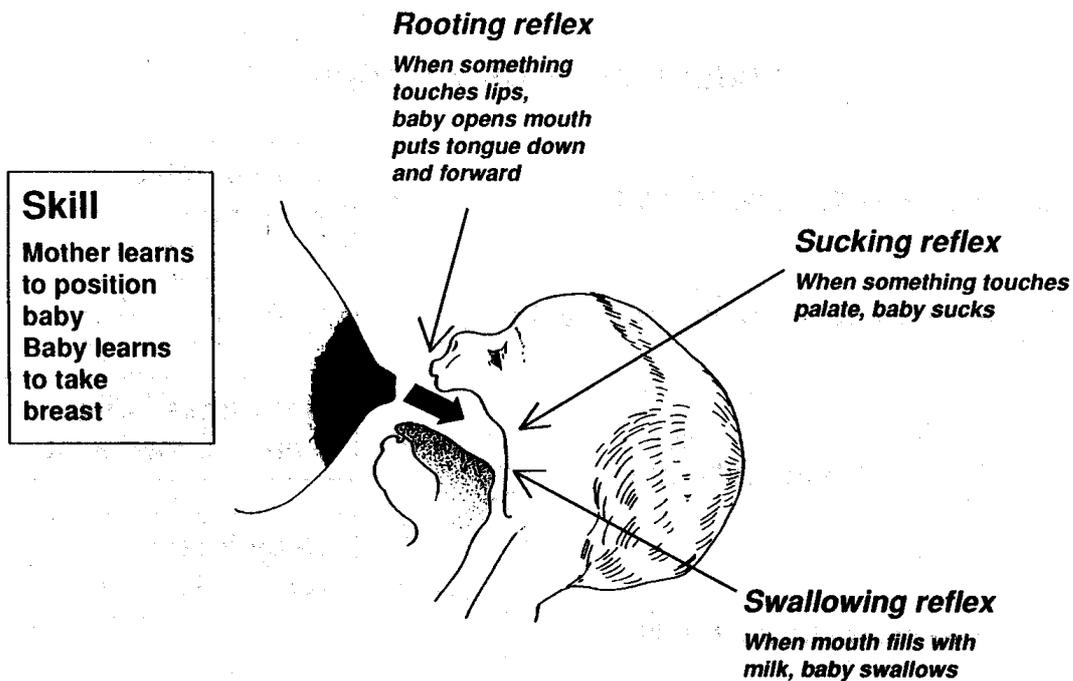


Fig.16 (Overhead 3/12) Reflexes in the baby

Summary

- Breastmilk flow depends partly on the mother's thoughts, feelings and sensations. It is important to keep mothers and babies together day and night, and to help mothers to feel good about breastfeeding.
- Many common difficulties can be caused by poor attachment to the breast. These difficulties can be overcome by helping a mother to correct her baby's position. They can be prevented by helping a mother to position her baby in the first few days.
- The amount of milk that the breasts produce depends partly on how much the baby suckles, and how much milk he removes. More suckling makes more milk. Most mothers can produce more milk than their babies take, and they can produce enough for twins.

BREASTFEEDING WILL BE SUCCESSFUL IN MOST CASES IF:

- The mother feels good about herself
- The baby is well attached to the breast so that he suckles effectively
- The baby suckles as often and for as long as he wants
- The environment supports breastfeeding

ASSESSING A BREASTFEED

Introduction

Assessing a breastfeed helps you to decide if a mother needs help or not, and how to help her. You can learn a lot about how well or badly breastfeeding is going by observing, before you ask questions. This is just as important a part of clinical practice as other kinds of examination, such as looking for signs of dehydration, or counting how fast a child is breathing.

There are some things you can observe when a baby is not breastfeeding. Other things you can only observe if a baby is breastfeeding.

HOW TO ASSESS A BREASTFEED

1. What do you notice about the mother?
2. How does the mother hold her baby?

3. What do you notice about the baby?
4. How does the baby respond?

5. How does the mother put her baby onto her breast?
6. How does the mother hold her breast during a feed?

7. Does the baby look well attached to the breast?
8. Is the baby suckling effectively?

9. How does the breastfeed finish?
10. Does the baby seem satisfied?

11. What is the condition of the mother's breasts?
12. How does breastfeeding feel to the mother?



Fig.17 How does the mother hold her baby?

- | | |
|---|--|
| <p>a. Baby's body close, facing breast
Face to face attention from mother</p> | <p>b. Baby's body away from mother neck twisted
No mother baby eye contact</p> |
|---|--|

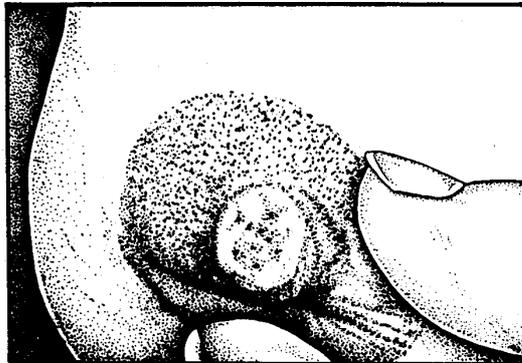
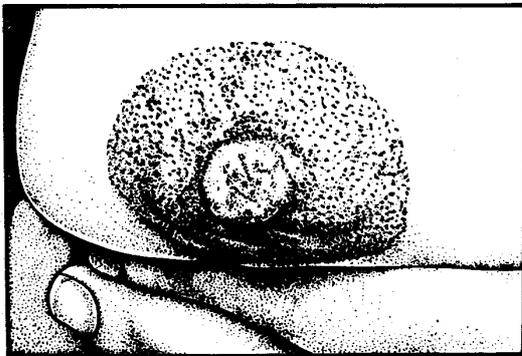


Fig.18 How does the mother hold her breast?

- | | |
|--|--|
| <p>a. Resting her fingers on her chest wall so that her first finger forms a support at the base of the breast</p> | <p>b. Holding her breast too near the nipple</p> |
|--|--|

B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: _____ Date: _____

Baby's name: _____ Age of baby: _____

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well

Signs of possible difficulty

BODY POSITION

- Mother relaxed and comfortable
- Baby's body close, facing breast
- Baby's head and body straight
- Baby's chin touching breast
- [Baby's bottom supported]

- Shoulders tense, leans over baby
- Baby's body away from mother's
- Baby's neck twisted
- Baby's chin not touching breast
- [Only shoulder or head supported]

RESPONSES

- Baby reaches for breast if hungry
- [Baby roots for breast]
- Baby explores breast with tongue
- Baby calm and alert at breast
- Baby stays attached to breast
- Signs of milk ejection,
[leaking, afterpains]

- No response to breast
- [No rooting observed]
- Baby not interested in breast
- Baby restless or crying
- Baby slips off breast
- No signs of milk ejection

EMOTIONAL BONDING

- Secure, confident hold
- Face-to-face attention from mother
- Much touching by mother

- Nervous or limp hold
- No mother/baby eye contact
- Little touching or
- Shaking or poking baby

ANATOMY

- Breasts soft after feed
- Nipples stand out, protractile
- Skin appears healthy
- Breast looks round during feed

- Breasts engorged
- Nipples flat or inverted
- Fissures or redness of skin
- Breast looks stretched or pulled

SUCKLING

- Mouth wide open
- Lower lip turned outwards
- Tongue cupped around breast
- Cheeks round
- More areola above baby's mouth
- Slow deep sucks, bursts with pauses
- Can see or hear swallowing

- Mouth not wide open, points forward
- Lower lip turned in
- Baby's tongue not seen
- Cheeks tense or pulled in
- More areola below baby's mouth
- Rapid sucks only
- Can hear smacking or clicking

TIME SPENT SUCKLING

- Baby releases breast
Baby suckled for ___ minutes

- Mother takes baby off breast

Notes:

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OBSERVING A BREASTFEED

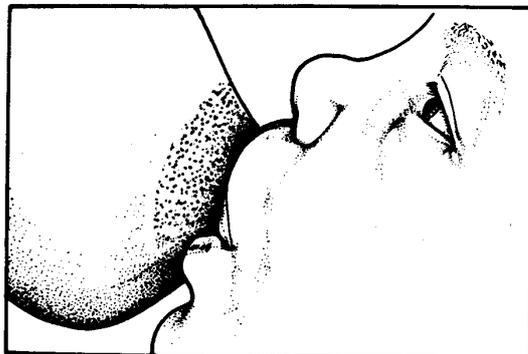
EXERCISE I. *Using the B-R-E-A-S-T-FEED Observation Form*

In this exercise, you practise recognizing the signs of good and poor positioning and attachment in some slides of babies breastfeeding.

With Slides 5/12 to 5/15, use your observations to practise filling in one of the B-R-E-A-S-T-FEED Observation Forms on the following pages. There are four forms. Fill in one form for each slide.

- If you see a sign, make a ✓ in the box next to the sign.
- If you do not see a sign, leave the box empty.
- If you see something important, but there is no box for it, make a note in the space 'Notes' at the bottom of the form.

Most of the signs that you will see are in the sections for **BODY POSITION** and **SUCKLING**. For this exercise you do not have to fill in the other sections.



*Fig.19 a. A baby well attached
to his mother's breast*

*b. A baby poorly attached
to his mother's breast*

B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: _____ Date: _____

Baby's name: Slide 5/12 Age of baby: _____

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well

BODY POSITION

- Mother relaxed and comfortable
- Baby's body close, facing breast
- Baby's head and body straight
- Baby's chin touching breast
- [Baby's bottom supported]

RESPONSES

- Baby reaches for breast if hungry
- [Baby roots for breast]
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- Baby calm and alert at breast
- Baby stays attached to breast
- Signs of milk ejection,
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- Slow deep sucks, bursts with pauses
- Can see or hear swallowing

TIME SPENT SUCKLING

- Baby releases breast
Baby suckled for ___ minutes

Signs of possible difficulty

- Shoulders tense, leans over baby
- Baby's body away from mother's
- Baby's neck twisted
- Baby's chin not touching breast
- [Only shoulder or head supported]

- No response to breast
- [No rooting observed]
- Baby not interested in breast
- Baby restless or crying
- Baby slips off breast
- No signs of milk ejection

- Nervous or limp hold
- No mother/baby eye contact
- Little touching or
- Shaking or poking baby

- Breasts engorged
- Nipples flat or inverted
- Fissures or redness of skin
- Breast looks stretched or pulled

- Mouth not wide open, points forward
- Lower lip turned in
- Baby's tongue not seen
- Cheeks tense or pulled in
- More areola below baby's mouth
- Rapid sucks only
- Can hear smacking or clicking

- Mother takes baby off breast

Notes:

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B-R-E-A-S-T-FEED OBSERVATION FORM

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- Baby releases breast
Baby suckled for ___ minutes

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- Baby's body away from mother's
- Baby's neck twisted
- Baby's chin not touching breast
- [Only shoulder or head supported]

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- [No rooting observed]
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- Baby slips off breast
- No signs of milk ejection

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- [Baby's bottom supported]

RESPONSES

- Baby reaches for breast if hungry
- [Baby roots for breast]
- Baby explores breast with tongue
- Baby calm and alert at breast
- Baby stays attached to breast
- Signs of milk ejection,
[leaking, afterpains]

EMOTIONAL BONDING

- Secure, confident hold
- Face-to-face attention from mother
- Much touching by mother

ANATOMY

- Breasts soft after feed
- Nipples stand out, protractile
- Skin appears healthy
- Breast looks round during feed

SUCKLING

- Mouth wide open
- Lower lip turned outwards
- Tongue cupped around breast
- Cheeks round
- More areola above baby's mouth
- Slow deep sucks, bursts with pauses
- Can see or hear swallowing

TIME SPENT SUCKLING

- Baby releases breast
Baby suckled for ___ minutes

Signs of possible difficulty

- Shoulders tense, leans over baby
- Baby's body away from mother's
- Baby's neck twisted
- Baby's chin not touching breast
- [Only shoulder or head supported]

- No response to breast
- [No rooting observed]
- Baby not interested in breast
- Baby restless or crying
- Baby slips off breast
- No signs of milk ejection

- Nervous or limp hold
- No mother/baby eye contact
- Little touching or
- Shaking or poking baby

- Breasts engorged
- Nipples flat or inverted
- Fissures or redness of skin
- Breast looks stretched or pulled

- Mouth not wide open, points forward
- Lower lip turned in
- Baby's tongue not seen
- Cheeks tense or pulled in
- More areola below baby's mouth
- Rapid sucks only
- Can hear smacking or clicking

- Mother takes baby off breast

Notes:

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B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: _____ Date: _____

Baby's name: Slide 5/15 _____ Age of baby: _____

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well

BODY POSITION

- Mother relaxed and comfortable
- Baby's body close, facing breast
- Baby's head and body straight
- Baby's chin touching breast
- [Baby's bottom supported]

RESPONSES

- Baby reaches for breast if hungry
- [Baby roots for breast]
- Baby explores breast with tongue
- Baby calm and alert at breast
- Baby stays attached to breast
- Signs of milk ejection,
[leaking, afterpains]

EMOTIONAL BONDING

- Secure, confident hold
- Face-to-face attention from mother
- Much touching by mother

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LISTENING AND LEARNING

Introduction

Counselling is a way of working with people in which you understand how they feel, and help them to decide what to do.

In these sessions you will discuss mothers who are breastfeeding and how they feel.

Breastfeeding is not the only situation in which counselling is useful.

Counselling skills are useful when you talk to patients or clients in other situations.

You may also find them helpful with your family and friends, or your colleagues at work. Practise some of the techniques with them - you may find the result surprising and helpful.

The first two counselling skills sessions are about 'listening and learning'.

A breastfeeding mother may not talk about her feelings easily, especially if she is shy, and with someone whom she does not know well. You need the skill to listen, and to make her feel that you are interested in her. This will encourage her to tell you more. She will be less likely to "turn off", and say nothing.

Notes about the skills for listening and learning

Skill 1. Use helpful non-verbal communication

Non-verbal communication means showing your attitude through your posture, your expression, everything except through speaking. Helpful non-verbal communication makes a mother feel that you are interested in her, so it helps her to talk to you.

Skill 2. Ask open questions

Open questions are very helpful. To answer them a mother must give you some information. Open questions usually start with "How? What? When? Where? Why?"

For example: "How are you feeding your baby?"

Closed questions are usually less helpful. They tell a mother the answer that you expect, and she can answer them with a "Yes" or "No". They usually start with words like "Are you? Did he? Has he? Does she?" For example: "Did you breastfeed your last baby?" If a mother says "Yes" to this question, you still do not know if she breastfed exclusively, or if she also gave some artificial feeds.

To *start* a conversation, general open questions are helpful.

For example: "How is breastfeeding going for you?"

To *continue* a conversation, a more specific open question may be helpful.

For example: "How many hours after he was born did he have his first feed?"

Sometimes it is helpful to ask a closed question, to make sure about a fact.

For example: "Are you giving him any other food or drink?"
If she says "Yes", you can follow up with an open question, to learn more.
For example: "What made you decide to do that?" or "What are you giving him?"

Skill 3. Use responses and gestures which show interest

Another way to encourage a mother to talk is to use *gestures* such as nodding and smiling, and *simple responses* such as "Mmm", or "Aha". They show a mother that you are interested in her.

Skill 4. Reflect back what the mother says

Reflecting back means repeating back what a mother has said to you, to show that you have heard, and to encourage her to say more. Try to say it in a slightly different way. For example, if a mother says: "My baby was crying too much last night." You could say: "Your baby kept you awake crying all night?"

Skill 5. Empathize - show that you understand how she feels

Empathy or *empathizing* means showing that you understand how a person feels. For example, if a mother says: "My baby wants to feed very often and it makes me feel so tired," you could say: "You are feeling very tired all the time then?" This shows that you understand that she feels tired, so you are empathizing. If you respond with a factual question, for example, "How often is he feeding? What else do you give him?" you are not empathizing.

Skill 6. Avoid words which sound judging

Judging words are words like: right, wrong, well, badly, good, enough, properly. If you use these words when you ask questions, you may make a mother feel that she is wrong, or that there is something wrong with her baby. However, sometimes you need to use the "good" judging words to build a mother's confidence (see Session 11 'Building confidence and giving support').

HELPFUL NON-VERBAL COMMUNICATION

Keep your head level
Pay attention
Remove barriers
Take time
Touch appropriately

LISTENING AND LEARNING SKILLS

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures which show interest
- Reflect back what the mother says
- Empathize - show that you understand how she feels
- Avoid words which sound judging

LISTENING AND LEARNING EXERCISES

EXERCISE 2. *Asking open questions*

How to do the exercise:

Questions 1-3 are 'closed' and it is easy to answer 'yes' or 'no'.

Write a new 'open' question, which requires the mother to tell you more.

Question 4 is an Optional Short Story Exercise, to do if you have time.

Example:

Do you breastfeed your baby?

How are you feeding your baby?

To answer:

1. Does your baby sleep with you?
2. Are you often away from your baby?
3. Are your nipples sore?

4. Optional Short Story Exercise

Joseph and Mabel bring 3-month-old Johnny to the clinic. They want to talk to you because he is not gaining weight.

Write two open questions that you would ask Joseph and Mabel.

The questions must be ones that they cannot say just 'yes' or 'no' to.

EXERCISE 3. *Reflecting back what a mother says*

How to do the exercise:

Statements 1-5 are some things that mothers might tell you.

Beside 1-3 are three responses. Mark the response that 'reflects back' what the statement says.

For statements 4 and 5, make up your own response which 'reflects back' what the mother says.

Number 6 is an Optional Short Story Exercise, to do if you have time.

Example:

My mother says that I don't have enough milk.



- a. Do you think you have enough?
- b. Why does she think that?
- c. She says that you have a low milk supply?

To answer:

- | | |
|---|--|
| 1. My baby is passing a lot of stools - sometimes 8 in a day. | a. He is passing many stools each day?
b. What are the stools like?
c. Does this happen every day, or only on some days? |
| 2. He doesn't seem to want to suckle from me. | a. Has he had any bottle feeds?
b. How long has been refusing?
c. He seems to be refusing to suckle? |
| 3. I tried feeding him from a bottle, but he spat it out. | a. Why did you try using a bottle?
b. He refused to suck from a bottle?
c. Have you tried to use a cup? |
| 4. Sometimes he doesn't pass a stool for 3 or 4 days. | |
| 5. My husband says that our baby is old enough to stop breastfeeding now. | |

6. Optional Short Story Exercise

You meet Cora in the market with her 2-month-old baby. You say how well the baby looks, and ask how she and the baby are doing. She says "Oh, we're doing fine. But he needs a bottle feed in the evening."

What do you say, to reflect back what Cora says, and to encourage her to tell you more?

EXERCISE 4. *Empathizing - to show that you understand how she feels*

How to do the exercise:

Statements 1-5 are things that mothers might say.

Next to statements 1-3 are three responses which you might make.

Underline the words in the mother's statement which show something about how she feels. Mark the response which is most empathetic.

For statements 4 and 5, underline the feeling words, and then make up your own

empathizing response.

Number 6 is an Optional Short Story Exercise, to do if you have time.

Example:

My baby wants to feed so often at night that I feel exhausted.

a.How many times does he feed altogether?

b.Does he wake you every night?

✓ c.You are really tired with the night feeding.

To answer:

1. My nipples are so painful, I will have to bottle feed.

a.The pain makes you want to stop breastfeeding?

b.Did you bottle feed any of your previous children?

c.Oh! don't do that - it's not necessary to stop just because of sore nipples.

2. My breastmilk looks so thin - I am sure it cannot be good.

a.That's the foremilk - it always looks rather watery.

b.You are worried about how your breastmilk looks?

c.Well, how much does the baby weigh?

3. I do not have any milk in my breasts, and my baby is a day old already.

a.You are upset because your breastmilk has not come in yet?

b.Has he started suckling yet?

c.It always takes a few days for breastmilk to come in.

4. My breasts leak milk all day at work - it is so embarrassing.

5. I have bad stomach pains when he is breastfeeding.

6. Optional Short Story Exercise

Edna brings baby Sammy to see you. She looks worried. She says "Sammy breastfeeds very often, but he still looks so thin!"

What would you say to Edna to empathize with how she feels?

EXERCISE 5. *Translating judging words*

JUDGING WORDS

Well	Normal	Enough	Problem	Crying `too much'
good	correct	adequate	fail	unhappy
bad	proper	inadequate	failure	happy
badly	right	satisfied	succeed	fussy
	wrong	plenty of	success	colicky
		sufficient		

USING AND AVOIDING JUDGING WORDS

<i>English</i>	<i>Local language</i>	<i>Judging question</i>	<i>Non-judging question</i>
Well	Does he suckle well?	
Normal	Are his stools normal?	
Enough	Is he gaining enough weight?	
Problem	Do you have any problems breastfeeding?	
Crying too much	Does he cry too much at night?	

HEALTH CARE PRACTICES

Introduction

Health care practices can have a major effect on breastfeeding. Poor practices interfere with breastfeeding, and contribute to the spread of artificial feeding. Good practices support breastfeeding, and make it more likely that mothers will breastfeed successfully, and will continue for a longer time.

Maternity facilities help mothers to *initiate*, or start breastfeeding at the time of delivery; and they help them to *establish* breastfeeding in the post-natal period. Other parts of the health care service can play a very important part in helping to *sustain* breastfeeding up to 2 years or beyond, (see Session 28 'Sustaining breastfeeding').

In 1989, WHO and UNICEF issued a Joint Statement called *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. This describes how maternity facilities can support breastfeeding. The 'Ten Steps' are a summary of the main recommendations of the Joint Statement. They are the basis of the 'Baby Friendly Hospital Initiative'. For a maternity facility to be designated 'baby friendly', it must put the 'Ten Steps' into practice.



Fig.20 Skin-to-skin contact in the first hour after delivery helps breastfeeding and bonding

THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

- 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 Train all health care staff in skills necessary to implement this policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Help mothers initiate breastfeeding within a half-hour of birth.
- 5 Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.
- 6 Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
- 7 Practise rooming-in - allow mothers and infants to remain together - 24 hours a day.
- 8 Encourage breastfeeding on demand.
- 9 Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

ANTENATAL PREPARATION FOR BREASTFEEDING

With mothers in groups:

- Explain benefits of breastfeeding
- Give simple relevant information on how to breastfeed
- Explain what happens after delivery
- Discuss mothers' questions

With each mother individually

- Ask about previous breastfeeding experience
- Ask if she has any questions or worries
- Examine her breasts if she is worried about them
- Build her confidence, and explain that you will help her

The dangers of prelacteal feeds

Prelacteal feeds are artificial feeds or drinks given to a baby before breastfeeding is initiated. They are dangerous because:

- *They replace colostrum as the baby's earliest feeds.*
 - The baby is more likely to develop infections such as diarrhoea, septicaemia and meningitis;
 - He is more likely to develop intolerance to the proteins in the artificial feed, and allergies, such as eczema.
- *They interfere with suckling.*
 - The baby's hunger is satisfied, so that he wants to breastfeed less.
 - If he is fed from a bottle with an artificial teat, he may have more difficulty attaching to the breast, (sucking confusion, or nipple confusion).
 - The baby suckles and stimulates the breast less.
 - Breastmilk takes longer to 'come in' and it is more difficult to establish breastfeeding.

If a baby has even a few prelacteal feeds, his mother is more likely to have difficulties such as engorgement. Breastfeeding is more likely to stop early than when a baby is exclusively breastfed from birth.

ADVANTAGES OF ROOMING-IN AND DEMAND FEEDING

Rooming-in and demand feeding help both bonding and breastfeeding.

Advantages of rooming-in:

- Mother can respond to baby, which helps bonding
- Babies cry less, so less temptation to give bottle feeds
- Mothers more confident about breastfeeding
- Breastfeeding continues longer

Advantages of demand feeding:

- Breastmilk 'comes in' sooner
- Baby gains weight faster
- Fewer difficulties such as engorgement
- Breastfeeding more easily established



Fig.21 'Bedding-in' allows a mother to rest while breastfeeding

HOW TO HELP A MOTHER WITH AN EARLY BREASTFEED

- *Avoid hurry and noise.*
Talk quietly, and be unhurried, even if you have only a few minutes.
 - *Ask the mother how she feels and how breastfeeding is going.*
Let her tell you how she feels, before you give any information or suggestions.
 - *Observe a breastfeed.*
Try to see the mother when she is feeding her baby, and quietly watch what is happening. If the baby's position and attachment are good, tell her how well she and the baby are doing. You do not need to show her what to do.
 - *Help with positioning if necessary.*
If the mother is having difficulty, or if her baby is not well attached, give her appropriate help.
 - *Give her relevant information.*
Make sure that she understands about demand feeding, about the signs that a baby gives that show that he is ready to feed, and explain how her milk will 'come in'.
 - *Answer the mother's questions.*
She may have some questions that she wants to ask; or as you talk to her, you may learn that she is worried about something, or not sure about something. Explain simply and clearly what she needs to know.
-

Step 10 of the 'Ten Steps to Successful Breastfeeding'

This step says: "Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic."

Many mothers give up breastfeeding or start complementary feeds in the early weeks. Difficulties arise most often during this time. However, many mothers are discharged within a day or two after delivery, before their breastmilk has 'come in', and before breastfeeding is established.

Even good hospital practices cannot prevent all the difficulties. They cannot make sure that mothers will continue to breastfeed exclusively. So it is important to think about what happens to mothers after they go home.

Possible sources of help for breastfeeding mothers include:

- *Supportive family and friends.*
This is often the most important source of support. Community support is often good where breastfeeding traditions are strong, and family members live near. However, some traditional ideas may be mistaken. Many women, especially in cities, have little support. Or they may have friends or relatives who encourage them to bottle feed.
- *An early postnatal check, within 1 week of discharge from hospital.*
This check should include observation of a breastfeed, and discussion of how breastfeeding is going. You can help mothers with minor difficulties before they become serious problems.
- *A routine postnatal check at 6 weeks.*
This check also should include observation of a breastfeed, as well as discussion of family planning (see Session 31, 'Women's nutrition, health and fertility').
- *Continuing help from health care services.*
At any time that a health worker is in contact with a mother and child under 2 years of age, she should support breastfeeding. (See Session 28 'Sustaining breastfeeding').
- *Help from community health workers.*
Community health workers are often in a good position to help breastfeeding mothers, as they may live nearby. They may be able to see a mother more often, and give more time, than facility-based health workers. It may be helpful to train community health workers in some breastfeeding counselling skills.
- *A breastfeeding support group.*

BREASTFEEDING SUPPORT GROUPS

- A group may be started by a health worker; by an existing women's group; by a group of mothers who feel that breastfeeding is important; or by mothers who meet in the antenatal clinic or maternity facility, and who want to continue to meet and help each other.
- A group of breastfeeding mothers meets together every 1-4 weeks, often in one of their homes, or somewhere in the community. They can have a topic to discuss, such as "The advantages of breastfeeding" or "Overcoming difficulties".
- They share experiences, and help each other with encouragement and with practical ideas about how to overcome difficulties. They learn more about how their bodies work.
- The group needs someone who is accurately informed about breastfeeding to train them. They need someone who can correct any mistaken ideas, and suggest solutions to difficulties. This helps the group to be positive and not to complain. This person could be a health worker, until someone in the group has learnt enough to play this role.
- The group needs a source of information whom they can refer to if they need help. This could be a health worker trained in breastfeeding, whom they see from time to time. The group also needs up-to-date materials to educate themselves about breastfeeding. The health worker can help them to get these.
- Mothers can also help each other at other times, and not only at meetings. They can visit each other when they are worried or depressed, or when they don't know what to do.
- Breastfeeding support groups can provide an important source of contact for socially isolated mothers.
- They can be a source of support which builds mother's confidence about breastfeeding and which reduces their worries.
- They can give a mother the extra help that she needs, from women like herself, that health services cannot give.

WHAT TO DO BEFORE A MOTHER LEAVES A MATERNITY FACILITY

- Find out what support she has at home.
- If possible, talk to family members about her needs.
- Arrange a postnatal check in the first week, to include observation of a breastfeed (in addition to a routine check at 6 weeks).
- Make sure that she knows how to contact a health worker who can help with breastfeeding if necessary.
- If there is a breastfeeding support group in her neighbourhood, refer her to that.



Fig.22. Talk to family members about a new mother's needs.

Fathers can be an important source of support for breastfeeding.

CLINICAL PRACTICE 1

Listening and learning Assessing a breastfeed

These notes are a summary of the instructions that the trainer will give you about how to do the clinical practice. Try to make time to read them to remind you about what to do during the session.

During the clinical practice, you work in small groups, and take turns to talk to a mother, while the other members of the group observe. You practise observing and assessing a breastfeed, and the six listening and learning skills from Session 6.

After the clinical practice, record the mothers you have seen on your **CLINICAL PRACTICE PROGRESS FORM**, on page 186.

What to take with you:

- two copies of the B-R-E-A-S-T-FEED Observation Form;
 - one copy of **LISTENING AND LEARNING SKILLS**;
 - pencil and paper to make notes.
- You do not need to take books or manuals.

If you are the one who talks to the mother:

- Introduce yourself to the mother, and ask permission to talk to her. Introduce the group, and explain that you are interested in infant feeding.
- Try to find a chair or stool to sit on. If necessary, and if allowed in the facility, sit on the bed.
- If the baby is feeding, ask the mother to continue as she is doing. If the baby is not feeding, ask the mother to give a feed in the normal way at any time that the baby seems ready. Ask the mother's permission for the group to watch the feed.
- Before or after the breastfeed, ask the mother some open questions about how she is, how the baby is, and how feeding is going, to start the conversation. Encourage the mother to talk about herself and the baby. Practise as many of the listening and learning skills as possible.

If you are observing:

- Stand quietly in the background. Try to be as still and quiet as possible. Do not comment, or talk among yourselves.

- Make *general* observations of the mother and baby. Notice for example: does she look happy? Does she have formula or a feeding bottle with her?
- Make *general* observations of the conversation between the mother and the participant. Notice for example: who does most of the talking? Does the mother talk freely, and seem to enjoy it?
- Make *specific* observations of the participant's listening and learning skills, including her non-verbal communication.
Mark a ✓ on your list of **LISTENING AND LEARNING SKILLS** when she uses a skill, to help you to remember for the discussion.
Notice if she makes a mistake, for example if she uses a judging word, or if she asks a lot of questions to which the mother says 'yes' and 'no'.
- Stay quietly watching the mother and baby as the feed continues.
While you observe, fill in a B-R-E-A-S-T-FEED Observation Form.
Write the name of the mother and baby; mark a ✓ beside each sign that you observe; add the time that the feed takes.
- Thank the mother for her time and cooperation, and say something to praise and support her.

MISTAKES TO AVOID

- **Do not say that you are interested in breastfeeding.**
The mother's behaviour may change. She may not feel free to talk about bottle feeding. You should say that you are interested in "infant feeding" or in "how babies feed".
- **Do not give a mother help or advice.**
In Clinical Practice 1, if a mother seems to need help, you should inform your trainer, and a member of staff from the ward or clinic.
- **Be careful that the forms do not become a barrier.**
The participant who talks to the mother should not make notes while she is talking. She needs to refer to the forms to remind her what to do, but if she wants to write, she should do so afterwards. The participants who are observing can make notes.