



# OVERCOMING BREASTFEEDING CONCERNS

Key Components of  
Breastfeeding

# TROUBLE SHOOTING CHECK LIST

- Feeding start with the infant's nose at nipple level
- Mouth open wide when infant moved quickly towards breast
- Lower lip and tongue get to the breast first
- Infant positioned asymmetrically at the breast
- Mother feel only gently tugging or pulling
- Infant's mouth open wide throughout feeding
- Infant's lips sealed against the breast
- Infant's nose and chin close to the breast
- Infant's cheeks round and smooth
- Infant's jaw moving in a rocker motion
- Audible infant swallows
- Swallow rhythms
- Relaxed hands and arms at the end of the feeding
- Feeding length
- Nipple shape after the feeding
- Mother in a comfortable position
- Infant ready to feed on the other side
- Feeding frequency

# TROUBLESHOOTING EARLY BREASTFEEDING PROBLEMS

- Did the baby have interrupted skin to skin contact immediately after birth?
- Is the timing right for the baby?
- Is or was the infant crying before going to the breast?
- Were feeding cues observed just before the feeding?

# TROUBLE WITH SUCKING

- Most sucking difficulties occur from poor latch or positioning
- Sucking can also be disorganized due to a variety of reasons including: illness, prematurity, history of intubation, maternal or infant medications, NAS, delay in the first breastfeeding at birth, neuromotor dysfunction, variations in oral anatomy, and nipple/flow preference from artificial nipples
- Oral aversion can occur if the infant is subjected to intrusive interventions
- Infants with sucking or swallowing difficulties may have neurological deficits
- Sleepy or not hungry infants may not suck nutritively
- Most uncoordinated sucking resolves after passage of time and increased caloric intake
- If problem with infant's suck does not respond to simple adjustments in positioning and latch, full assessment is needed

# TROUBLE WITH LATCHING

- It can take several feedings before effective latch is achieved as some newborns require additional time to recover from birth effects
- Avoid activities immediately prior to a feeding that can disrupt attachment reflexes
- Encourage mother to perform breast massage and hand express colostrum on her nipple and baby's mouth during attempts
- Encourage patience, practice and persistence



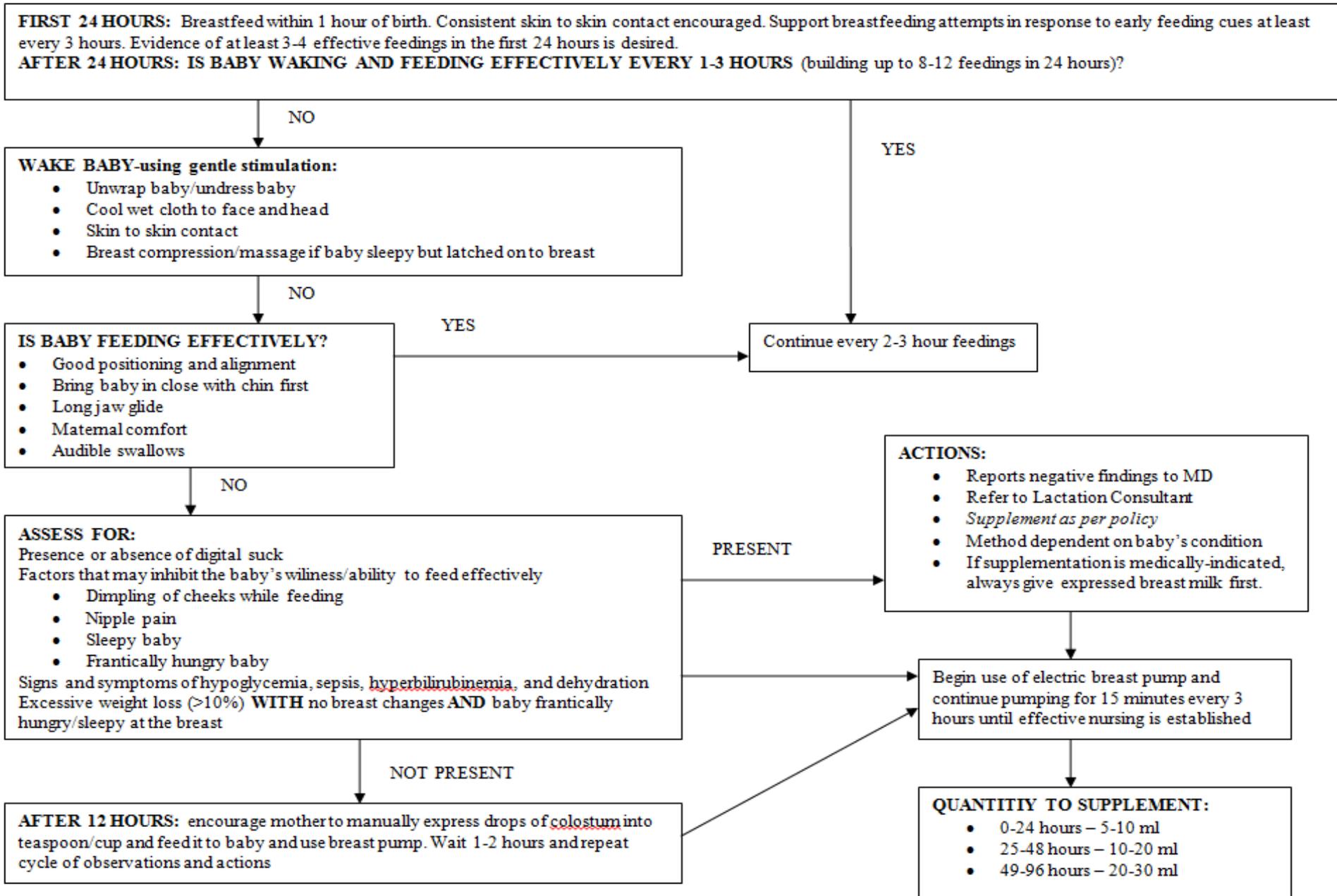
# INTERVENTIONS FOR TROUBLE LATCHING

- Attempt to breastfeed during quiet, alert times, whenever the infant is cueing or at least every 3 hours
- Limit attempts to 10 minutes or stop when infant gives negative cues
- If negative cues occur, stop current attempt, calm the infant and try again later
- May also try feeding on the other breast or changing positions
- Promote frequent, uninterrupted skin to skin in reclined position with infant between her breasts just like after birth
- Laid-back breastfeeding
- Using a position where mother's dominant hand is in control
- If infant rejects the breast after a few attempts, stop all efforts

# IF DIFFICULTY LATCHING PERSISTS

- Initiate milk expression and ensure infant is fed
- Continue to perform breast massage and hand expression with each attempt
- Assist in obtaining a quality, double electric breast pump for use until the baby latches and breastfeeds effectively
- Encourage the mother to express milk:
  - A minimum of 8 times daily, for 15 minutes, with an electric breast pump until milk flow stops
  - Manually (hand expression) to completely empty the breast after pumping
  - Consistently, even during the night

**BREASTFEEDING MANAGEMENT FLOW CHART  
FOR TERM INFANTS FOR FIRST 3 DAYS OF LIFE (NO RISK FACTORS)**



## FLAT/INVERTED NIPPLE MANAGEMENT

Assess latch and need for intervention, if any

Stimulate nipples to evert prior to latching

Reverse pressure softening

If infant still will not latch or cannot maintain latch, consult an IBCLC for nipple shield application, sizing and use



# INFANT WHO CANNOT STAY LATCHED

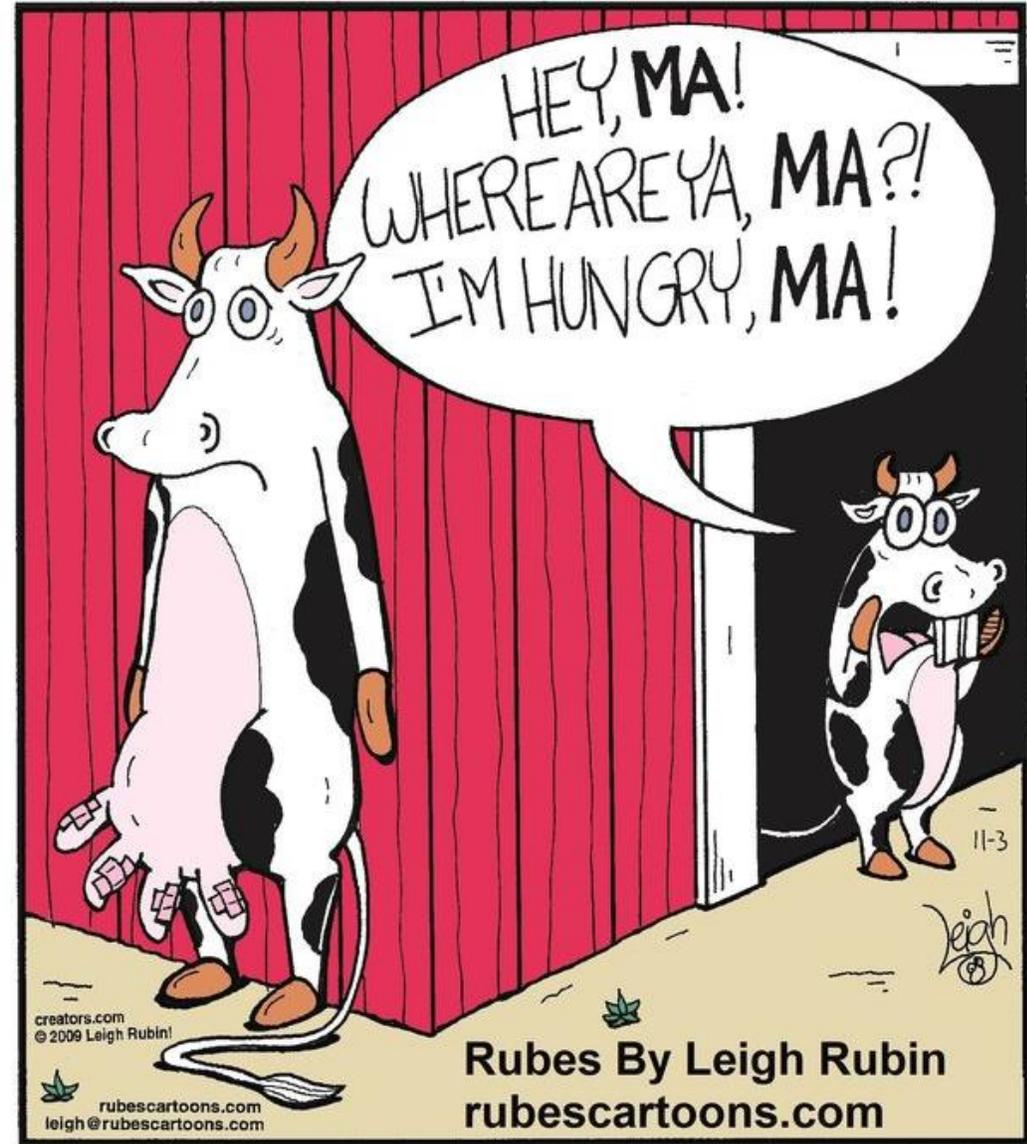
- Some infant may achieve a good latch and then develop pattern of popping on/off the breast during feedings
- May be a result of strong MER (milk ejection reflex) and infant becoming overwhelmed
- Preterm, late preterm, or SGA infants may have trouble latching and generating enough sucking pressure to hold onto the breast, especially if the mother has very large breasts
- Consider using sandwich hold



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# PAIN

Pain is the #1  
reason why  
mother's quit  
breastfeeding



# SHALLOW LATCH

- A shallow latch is the primary cause of nipple pain, which can inhibit MER and prevent milk transfer
- Latch should be assessed
  - Any time mother complains of nipple pain during or after feedings
  - If the infant is fussy during or after feedings which can indicate low milk transfer
  - If infant voiding or stooling inadequately
  - Little to no change in breast fullness from the beginning to end of the feeding (when there is copious milk production)
  - Inadequate weight gain

# PAIN — WHAT'S NORMAL?

- Nipple tenderness is normal in pregnancy and early postpartum due to heightened nipple sensitivity
- Mothers feel discomfort as collagen fibers are stretched with early sucking
- Increased vascularity of the nipple can occur with a good latch, still resulting in tenderness
- **Transient Nipple Soreness:**
  - Initial tenderness that resolves within the 1<sup>st</sup> week postpartum
  - Occurs with initial latch and resolves after the first few sucks
- **Any severe nipple pain is NOT normal including:**
  - Discomfort that last longer than 1 week
  - Discomfort felt throughout a feeding

# PAIN ASSESSMENT

- Pain quantity
- Pain type
- Nipple Appearance
  - Intact, pinched, creased, bruised, cracked, abraded, bleeding, scabbed
- Latch & Positioning
- Infant's oral anatomy



# GENERAL PAIN MANAGEMENT

- Go back to the basic latch & pumping techniques
- Skin to skin before latching
- Manual expression of milk before latching
- Feed on least sore breast first
- Apply colostrum to nipples and air dry after feeding
- Glycerin gel pads for comfort & healing
- Antibiotic ointment may be needed for crack and open wounds
- Referral to lactation consultant and provider PRN

# CASE STUDIES

- Think outside of cookie cutter solutions
  - “When \_\_\_\_\_, I always recommend \_\_\_\_\_.”
- The same symptoms may not always respond to the same solutions
- A history, assessment, and symptom list is all necessary to determine the problem



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