

Antenatal Breastfeeding Preparation Class

Breastfeeding Support Services at
The National Maternity Hospital
July 2017

Learning outcomes

By the end of this session you will be able to

- Recognise the importance of skin to skin contact with your baby
- Describe correct position and attachment at the breast
- Recognise demand feeding and how to know your baby is feeding effectively.
- Recognise breastfeeding challenges and identify solutions
- List a number of support facilities available to breastfeeding mothers.

Ten Steps to Successful Breastfeeding

- Step 1 and 2... Staff education and policy development
- Step 3...Importance and management of breastfeeding
- Step 4...Skin to skin contact (baby weight)
- Step 5.... Teaching a mother to breastfeed and how to maintain lactation
- Step 6... Give new born infant no food or drink other than breastmilk, unless medically indicated
- Step 7... Practice rooming in
- Step 8.... Encourage breastfeeding on demand
- Step 9... Avoiding teats and dummies
- Step 10- Breastfeeding support groups- hospital-PHN Clinics/Voluntary groups

Mother friendly labour practices



Pain
relief

Companion
Walk and move
Upright position

Skin to Skin Contact



60 minutes

Laid Back Breastfeeding



Cradle Position



Cross Cradle Position



Rugby Hold



Side Lying Position



Positions of mother and baby for breastfeeding

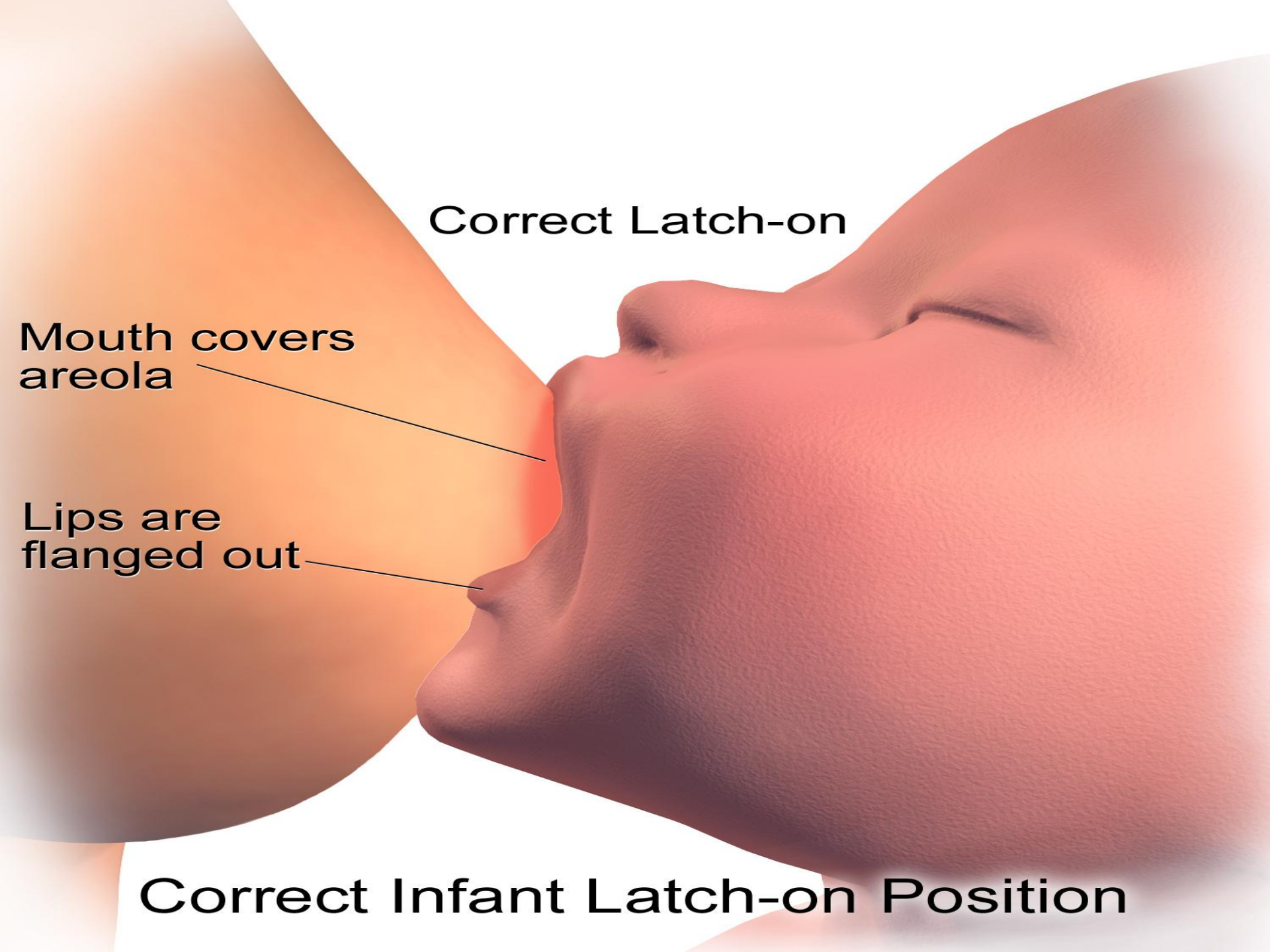
- Position... comfortable/sustain position
- Baby's head and neck are in a straight line
- Baby moves head freely/mothers hand is on the baby's shoulders and neck
- Baby is held close
- Nose opposite the nipple
- Chin first
- Comfort tips... water/clothes/pillow or cushion for mothers back/feeding
- Caesarean section

Correct Latch-on

Mouth covers
areola

Lips are
flanged out

Correct Infant Latch-on Position





Feeding effectively- jaw movement



Watch for baby pulling on the nipple



A close-up photograph of a newborn baby latching onto a breast. The baby's head is positioned against the breast, with its mouth open and lips flanged. The baby's eyes are closed, and its nose is visible. The background is softly blurred, showing the mother's arm and torso. The text is overlaid on the lower left side of the image.

The "Perfect" Latch

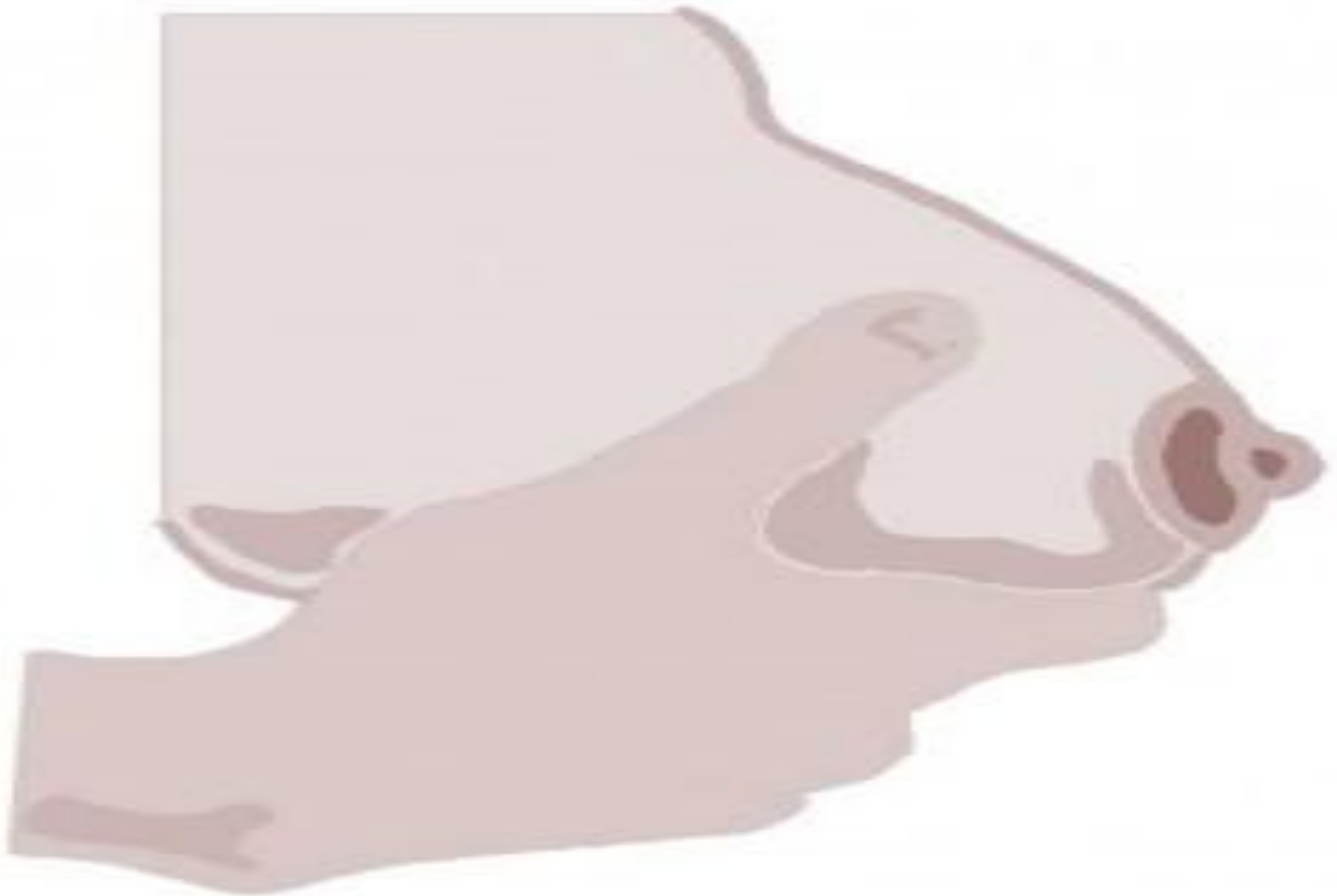
**Tummy to mummy,
chin to breast,
nose to nipple.**

**Wide mouth,
flanged lips,
mouthful of breast.**

Signs of correct attachment

- Wide open mouth- yawn
- Tongue on the base of the mouth, baby takes a good mouthful of breast.
- Chin close to the breast
- Lower lip curled out
- Full and rounded cheeks- no dimpling
- Swallowing sounds.... Colostrum and Breastmilk
- Lips moist /milk may be seen at side of the mouth

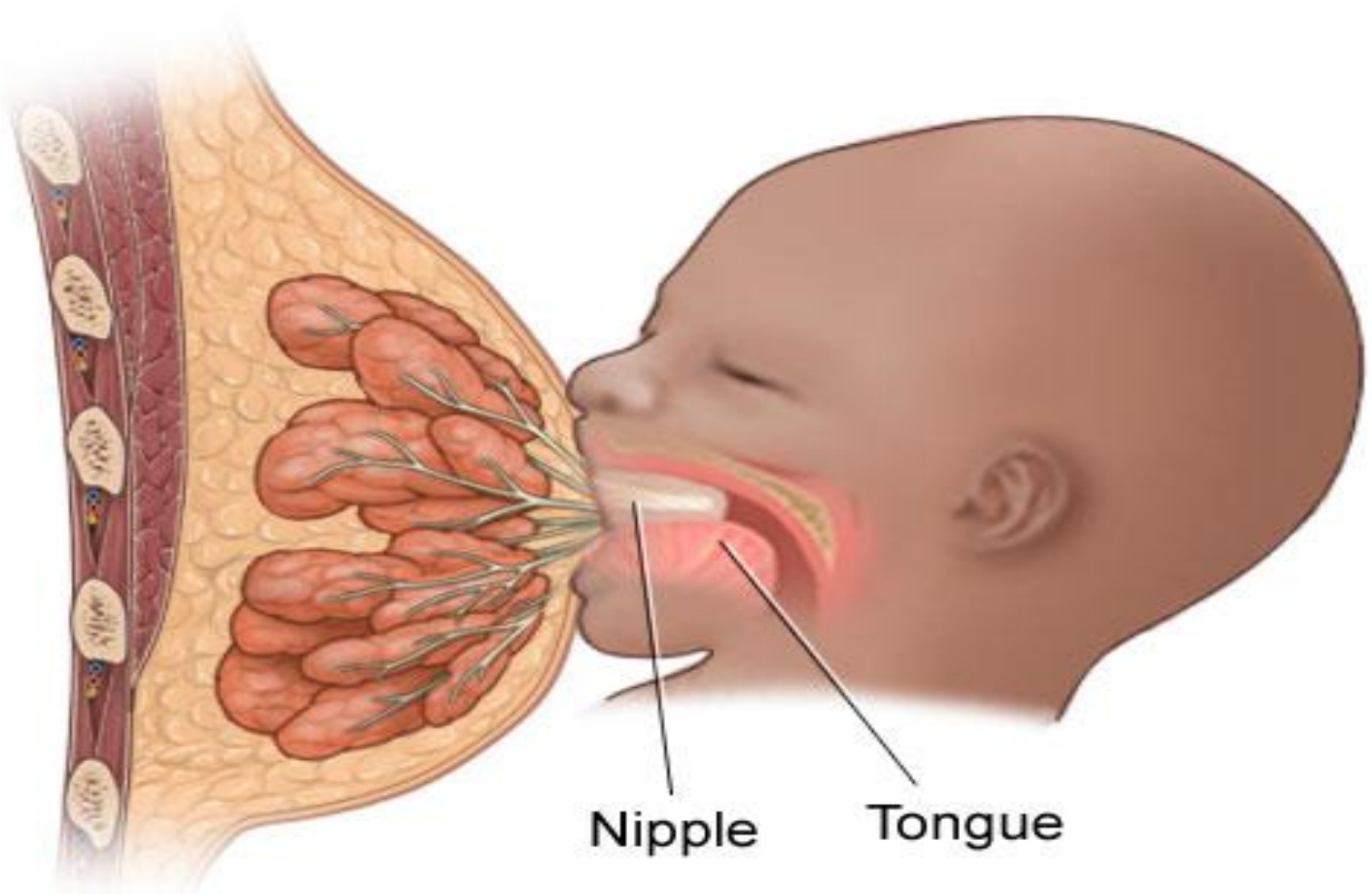
C-Shape



Apply Tilt to Nipple at latch on



Deep Latch-on



Physiology of Lactation



Hand expression

- <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- www.breastfeeding.ie/resources/handexpression



*Press (back towards
your chest)*



Compress



Relax

Feeds/24 hour period

- Day 1...1st feed following birth- within 2 hours.
Feed on demand during the day.
Day 2 onwards at least 8 feeds/24 hours
- Demand feeding is..... one or two breasts?
- Cluster feeds- what are they?
- Feeding on the 2nd night- is there a pattern?
- Record the feeds- Tell the midwife
- visitors

Number of feeds

Size of a newborn's stomach



Day 1

size of a cherry
5 - 7 ml
1 - 1.4 teaspoon



Day 3

size of a walnut
22 - 27 ml
0.75 - 1oz



Day Week

size of an apricot
45 - 60 ml
1.5 - 2 oz



One Month

size of a large egg
80 - 150 ml
2.5 - 5 oz

Newborn stools

Day 1 meconium



Day 3

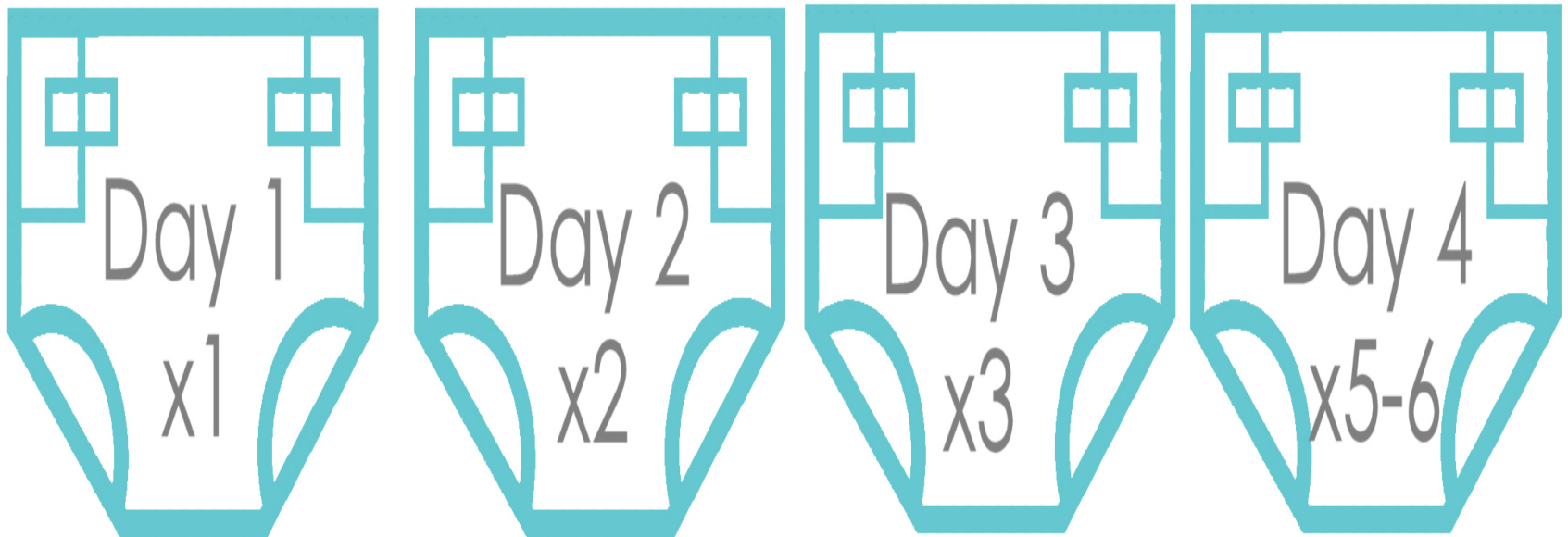


Day 4-6 Stools



Urine output

Normal newborn urine pattern



The early days

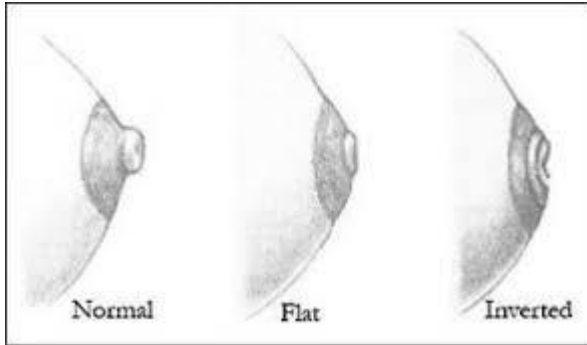
- Skin to skin contact
- One or two breasts
- Number of feeds
- Colostrum/milk
- Swallowing sounds
- Cluster feeds
- Output
- Weight loss and gain
- Milk coming in



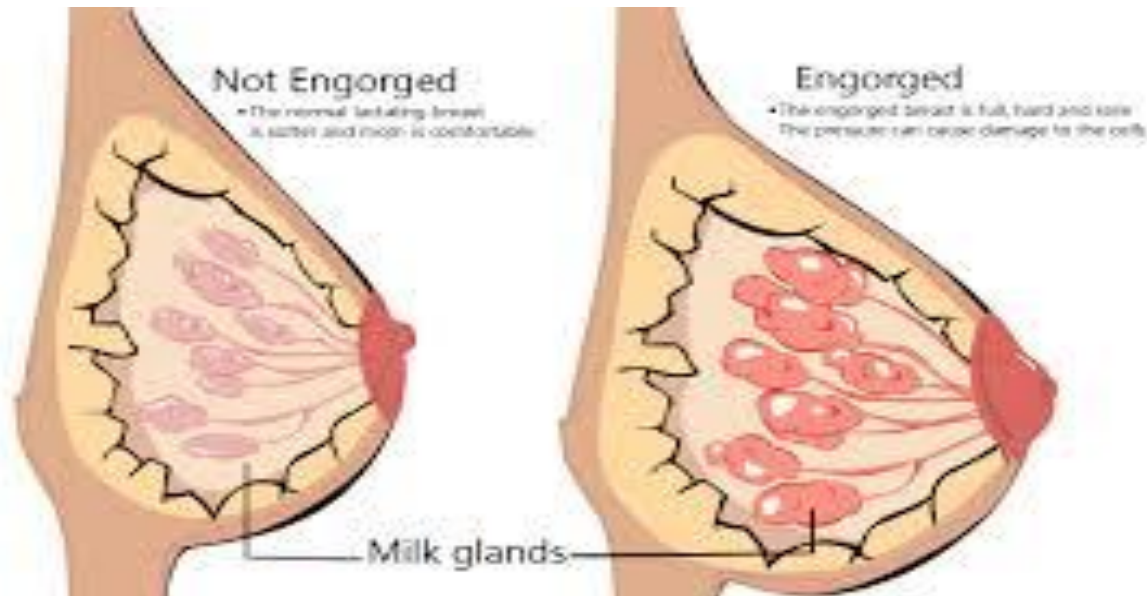
Breastfeeding Challenges

- Sore nipples, inverted nipples, flat nipples
- Sore breasts
- Engorged breasts
- Avoiding Blocked duct
- Preventing Mastitis
- Making enough milk- supply demand

Flat or inverted nipple



Engorged breasts



Additional blood flow to the breast, milk in alveoli and fluid retention in the surrounding tissue

- Offer breasts frequently
- Warm compresses prior to feeding
- Massage and hand expressing
- Reverse pressure softening
- Cooling after feeds
- Relief within 24-48 hrs



Blocked ducts and mastitis

What is a Blocked Duct? Discuss

Mastitis – Breast inflammation

Causes

Cracked nipples/ suboptimal latch

Blocked duct/ insufficient milk drainage

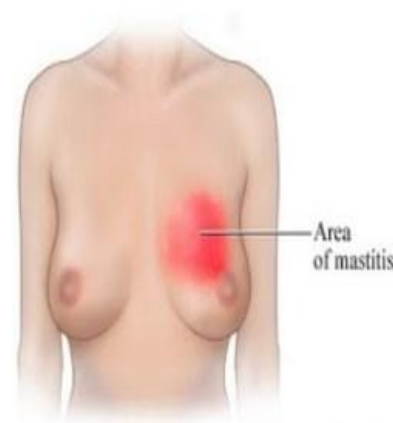
Fatigue/ lowered immune system

Symptoms

Typically wedge shaped, red and inflamed area on one or both breasts, shivering, fever, feeling very unwell

Seek help!

Contact your healthcare provider, i.e. GP, PHN, Lactation Team, Hospital



Breast changes in Pregnancy

- Colostrum
- Breast size and storage capacity
- Breast surgery
- History of hormonal imbalance, i.e polycystic ovaries, diabetes- speak to lactation team
- Possibility of antenatal hand expression-speak to the lactation support midwives

Why babies cry

- Hunger..... Feeding effectively?
- Wet/soiled nappy
- Pain.... Winding required
- Comfort
- Overfull?
- Overstimulation.... Bright lights
- Too much handling.... visitors
- Ill/unwell



Winding a new born baby



Breastfeeding Support Groups



QUESTIONS?

COMMENTS?

CONCERNS?



References

- Pollard M. (2012) *Evidence Based Care for Breastfeeding Mothers. A resource for midwives and allied health care professionals*. Routledge, London.
- Riordan J & Wambach K. (2010) *Breastfeeding and Human lactation*, 4th edn. Jones and Bartlett, Boston.
- Walker M. (2006) *Breastfeeding Management for the Clinician. Using the Evidence*. Jones and Bartlett, Boston.