

## Session 11

### BUILDING CONFIDENCE AND GIVING SUPPORT

#### *Objectives*

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

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

#### *Session outline*

(60 minutes)

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

- |      |  |              |
|------|--|--------------|
| I.   | Introduce the topic  | (5 minutes)  |
| II.  | Introduce the growth chart   | (7 minutes)  |
| III. | Demonstrate the six skills for building confidence and giving support<br>(includes showing Overheads 11/1 to 11/6) | (35 minutes) |
| IV.  | Answer participants' questions   | (10 minutes) |
| V.   | Summarize 'Building confidence and giving support'   | (3 minutes)  |

***Preparation***

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

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

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

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

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

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

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

On a copy of the chart, draw these lines to demonstrate to participants:

- a growth line which rises following the reference curves, to show satisfactory growth;
- three growth lines which show poor growth:  
a line which goes down; a line which is flat; and a line which rises too slowly.

As you follow the text, remember:

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

## I. Introduce the topic

(5 minutes)

Make these introductory points:

- *The third and fourth counselling skills sessions are about 'building confidence and giving support'.*  
A breastfeeding mother easily loses confidence in herself. This may lead her to give unnecessary artificial feeds, and to respond to pressures from family and friends to give artificial feeds.  
You need the skill to help her to feel confident and good about herself.  
  
Confidence can help a mother to succeed with breastfeeding. Confidence also helps her to resist pressures from other people.
- *It is important not to make a mother feel that she has done something wrong.*  
She easily believes that there is something wrong with herself or with her breastmilk, or that she is not doing well. This reduces her confidence.
- *It is important to avoid telling a breastfeeding mother what to do.*  
Help each mother to decide for herself what is best for her and her baby. This increases her confidence.

## II. Introduce the growth chart

(7 minutes)

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

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

- Give each participant a copy of the local growth chart.

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

- Ask participants to look at the chart as you point out the following things:
  - The line of figures along the bottom is for the baby's age. Each column is for a month of the baby's life.
  - The line of figures up the side is for the weight of the baby.
  - When you weigh a baby, you put a dot in the column for his age, opposite the number for his weight.
  - When you have weighed him a few times, you can join up the dots to make a line, which is his growth line.
  - The two curves on the chart are reference curves, which show how healthy babies grow. They move up the chart, showing how a baby gets heavier as he grows.
  - A useful rule of thumb is this: in the first six months of life a baby should gain at least 500 grams in weight each month.
- Show the charts that you have prepared with growth lines which show good and poor growth.
  - Compare the baby's growth line with the reference curves on the chart.
    - If the baby's growth line goes up and follows the curves, he is growing well.
    - If the baby's growth line is flat or going down, he is not growing well.
    - If the baby's growth line is moving up, but more slowly than the curves, then he is not growing well.
  - If a baby is not growing well, he may be ill, or he may not be getting enough food. A breastfed baby may not be getting enough breastmilk.

### **Further information**

#### *Growth curves of breastfed babies*

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

### III. Demonstrate the six skills for building confidence and giving support (35 minutes)

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

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

#### *Skill 1. Accept what a mother thinks and feels*

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

Explain the skill:

- Sometimes a mother thinks something that you do not agree with - that is, she has a *mistaken idea*.
- Sometimes a mother feels very upset about something that you know is not a serious problem.

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

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

- So it is important not to disagree with a mother.
- It is also important not to *agree* with a mistaken idea. You may want to suggest something quite different. That can be difficult if you have already agreed with her.
- Instead, you just *accept* what she thinks or feels. Accepting means responding in a neutral way, and not agreeing or disagreeing.

- Give an example of accepting what a mother THINKS:

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

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**Demonstration Q: Accepting what a mother THINKS**

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

This is a mistaken idea:

*"My milk is thin and weak, so I have to give bottle feeds."*

This is an inappropriate response, because it is DISAGREEING:

*"Oh no! milk is never thin and weak. It just looks that way!"*

This is an inappropriate response because it is AGREEING:

*"Yes - thin weak milk can be a problem."*

This is an appropriate response, because it shows ACCEPTANCE:

*"I see. You are worried about your milk."*

An alternative appropriate response might be:

*"Ah-ha".*

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- Make these additional points:

- Notice how *reflecting back* and *simple responses* are both useful ways to show acceptance, as well as being good listening and learning skills.
- You may want to give information to correct a mistaken idea. In this example, you would want to explain to the mother that breastmilk always looks thin at the beginning of a feed, but it is full of nutrients.
- You can give this information later. Give it in a tactful way which does not sound critical. However, first, you want her to feel that you accept what she thinks. We will come back to this point with Skill 4.

Give an example of accepting what a mother FEELS:

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

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

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

### Demonstration R: Accepting what a mother FEELS

The 'mother' (in tears) reads:

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

Read these responses (with an appropriate gesture):

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

Response 1: "Don't worry - your baby is doing very well"

Response 2: "You are upset about (name) aren't you?" ✓

Response 3: "Don't cry - it is not serious - (name) will soon be better!"

Explain the example, making these points:

- Responses 1 and 3 do not accept what she feels. If you say something like "Don't worry, there is nothing to worry about!" you make her feel that she is wrong to be upset. This *reduces* her confidence. (Yet that is just what many of us do!)
- Response 2 accepts what she feels. It makes her feel that it is alright to be upset, so it does not reduce her confidence.
- Notice how, in this example, empathizing was used to show acceptance. So this is another example of using a listening and learning skill to show acceptance.

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

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

Explain the skill:

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

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

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

- As counsellors, we must *look for what mothers and babies are doing right*. We must first *recognize* what they do right; and then we should praise or show approval of the good practices.
- Praising good practices has these benefits:
  - It builds a mother's confidence;
  - It encourages her to continue those good practices;
  - It makes it easier for her to accept suggestions later.
- It can be difficult to recognize what a mother is doing right - we have to learn to recognize good practices. But any mother whose child is living must be doing some things right, whatever her socioeconomic status or education.
- It is always helpful to recognize and praise what a baby is doing right. For example, that he is gaining weight, or that he is suckling well.

Give an example:

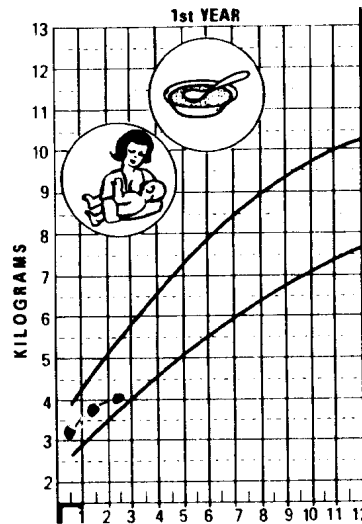
Show Overhead 11/1, and explain the situation that it illustrates.

Then show Overhead 11/2.

Read out the remarks, and ask participants to say which one helps to build the mother's confidence.

(The helpful remark is marked ✓).

## Overhead 11/1




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**Demonstration S: Recognizing and praising what a mother and baby are doing right**
**Explain Overhead 11/1:**

Here is a baby being weighed, and his mother. The baby is exclusively breastfed.

Beside the mother and baby is the baby's growth chart. His growth chart shows that he has gained a little weight between 1 and 2 months of age.

However, his growth line is not following the reference curves. It is rising too slowly. This shows that the baby's growth is slow.

**Show Overhead 11/2:**

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

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

**Skill 3. Give practical help**

→ Write 'Give practical help' on the list of confidence and support skills.

Explain the skill:

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

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

Some ways to give practical help are these:

- Help to make her clean and comfortable.
  - Make it easier for her to hold the baby, with pillows, or a lower or more comfortable seat.
  - Give her a warm drink, or something to eat.
  - Hold the baby yourself, while she gets comfortable, or washes, or goes to the toilet.
- Practical help also includes practical help with breastfeeding, such as positioning the baby or relieving engorgement. This is considered separately later.

Give an example:

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

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

Then read out the two responses.

Ask participants to say which response is appropriate and which is not appropriate.  
(The appropriate response is marked with a ✓.)

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

☺ Ask them to ✓ the appropriate response.

## Overhead 11/3

**Demonstration T: Giving practical help****Explain Overhead 11/3:**

This mother is lying in bed soon after delivery. She looks miserable and depressed.

She is saying: "No, I haven't breastfed him yet. My breasts are empty and it is too painful to sit up."

**Read these responses:**

Ask: *Which response is more appropriate?*

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

Give this explanation:

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

**Skill 4. Give a little, relevant information**

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

Explain the skill:

- Mothers often need information about breastfeeding. It is important to share your knowledge with them. It may also be important to correct mistaken ideas.
- However it is important to:
  - Give information which is relevant to her situation NOW. Tell her things that she can use today, not in a few weeks' time.
  - Try to give only one or two pieces of information at a time, especially if a mother is tired, and has already received a lot of advice.
  - Give information in a positive way, so that it does not sound critical, or make the mother think that she has been doing something wrong. This is especially important if you want to correct a mistaken idea.
  - Wait until you have built the mother's confidence, by accepting what she says, and praising what she does well. You do not need to give new information or to correct a mistaken idea immediately.

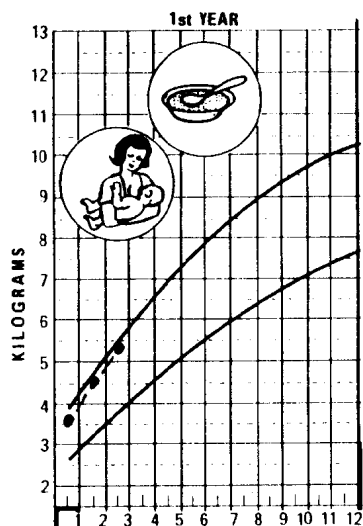
Give an example:

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

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

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

## Overhead 11/4

**Demonstration U (i): Giving relevant information****Explain Overhead 11/4:**

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

**Read these responses:**

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

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

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

Give this explanation:

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

- Give another example:

Show Overhead 11/5, and explain the situation which it illustrates.

Then read out the two responses.

Ask participants which they think is more positive, and therefore more appropriate. (The positive, appropriate response is marked with a ✓.)

### Overhead 11/5



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

#### Explain Overhead 11/5:

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

#### Read these responses:

Ask: *Which response gives positive information?*

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

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

- Give this explanation:

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

**Skill 5. Use simple language**

→ Write 'Use simple language' on the list of confidence and support skills.

Explain the skill:

- Health workers learn about diseases and treatments using technical or scientific terms. When these terms become familiar, it is easy to forget that people who are not health workers may not understand them.
- Health workers often use these technical terms when they talk to mothers, and mothers do not understand.
- It is important to use simple, familiar terms, to explain things to mothers.

Give an example:

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

**Demonstration V: Using simple language**

**Read these statements:**

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

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

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

Give this explanation:

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

**Skill 6. Make one or two suggestions, not commands**

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

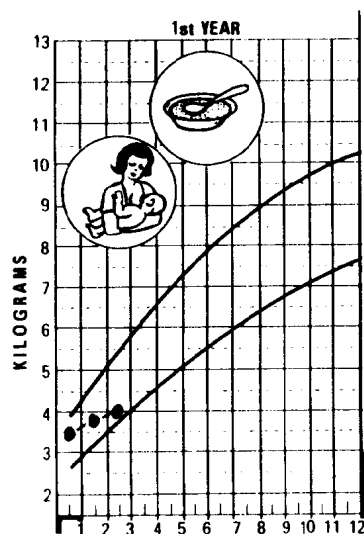
Explain the skill:

- You may decide that it would help a mother if she does something differently - for example, if she feeds the baby more often, or holds him in a different way. However, you must be careful not to *tell* or *command* her to do something. This does not help her to feel confident.
- When you counsel a mother, you *suggest* what she could do. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident.

Give an example:

Show and explain Overhead 11/6.

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

**Overhead 11/6**

**Demonstration W: Making one or two suggestions****Explain Overhead 11/6:**

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

**Read these responses:**

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

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

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

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 Give this explanation:

- Response 1 is a command. It tells Aimée's mother what she must do. She will feel bad and lose confidence if she cannot do it.
- The second response is a suggestion. It allows Aimée's mother to decide if she will feed Aimée more often or not.
- Another way to make a suggestion is to ask a question, for example:

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

**IV. Answer participants' questions****(10 minutes)**

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

**V. Summarize 'Building confidence and giving support'**

(3 minutes)

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

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

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

**CONFIDENCE AND SUPPORT SKILLS**

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

## Session 12

### BUILDING CONFIDENCE EXERCISES

#### *Objectives*

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

#### *Session outline*

(60 minutes)

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

- I. Introduce the session (3 minutes)
- II. Conduct the group exercise (Exercise 6) (12 minutes)
- III. Facilitate the written exercises (Exercises 7 - 12)  
(45 minutes)

#### *Preparation*

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

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

As you follow the text, remember:

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

## **I. Introduce the session**

(3 minutes)

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

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

## **II. Conduct the group exercise**

(12 minutes)

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

- Explain Examples 1-3.
  - These are mistaken ideas, which mothers might hold.
  - Beside each mistaken idea are three responses. One agrees with the idea, one disagrees, and one accepts the idea, without either agreeing or disagreeing.

Read out the mistaken ideas.

☺ Ask participants in turn to read the responses.

Ask each participant to say if the response that she reads *disagrees*, *agrees*, or *accepts* the mistaken idea.

### Examples 1-3:

#### Trainer reads:

1. "I give him drinks of water, because the weather is so hot now."

2. "I have not been able to breastfeed for two days, so my milk is sour."

3. "My baby has diarrhoea, so it is not good to breastfeed now."

#### ☺ Participant reads:

*"Oh, that is not necessary! Breastmilk contains plenty of water."* (Disagrees)

*"Yes, babies may need extra drinks of water in this weather."* (Agrees)

*"You feel that he need drinks of water sometimes?"* (Accepts)

*"Breastmilk is not very nice after a few days."* (Agrees)

*"You are worried that your breastmilk may be sour?"* (Accepts)

*"But milk never goes sour in the breast!"* (Disagrees)

*"You do not like to give him breastmilk just now?"* (Accepts)

*"It is quite safe to breastfeed a baby when he has diarrhoea."* (Disagrees)

*"It is often better to stop breastfeeding a baby when he has diarrhoea."* (Agrees)

Make this point:

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

□ Now look at Examples 4-10.

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

Read out each mistaken idea.

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

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**Examples 4-10:**

☺ **Participants respond:**

**Trainer reads:**

*Possible responses:*

4. "I need to give him formula now he is two months old. My breastmilk is not enough for him now."

*"I see....."*

5. "I am pregnant again, so I shall have to stop breastfeeding immediately."

*"Ah ha."*

6. "I cannot breastfeed for the first few days, because I will have no milk."

*"You do not want to breastfeed yet?"*

7. "The first milk is not good for a baby - I cannot breastfeed until it has gone."

*"You do not want him to have the first milk?"*

8. "I cannot eat spicy food - it will upset my baby."

*"Oh dear! Have you had that experience?"*

9. "I don't let him suckle for more than ten minutes, because it would make my nipples sore."

*"You are frightened that you might have sore nipples?"*

10. "I don't have enough milk, because my breasts are so small."

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

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**III. Facilitate the written exercises**

(45 minutes)

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

Explain what to do:

- These are individual written exercises.  
Write your answers in your manuals.  
If possible use pencil, so that it is easier to correct the answers.  
Trainers will give feedback individually as you do the exercise, and will give you Answer Sheets at the end of the session.
- For each exercise, read the instructions **How to do the exercise** and the **Example** of what to do.  
Then write your answers to the questions **To answer**.  
When you are ready, discuss your answers with the trainer.

**EXERCISE 7. *Accepting what a mother FEELS*****How to do the exercise:**

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

**Example:**

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

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

**To answer:****Story A.**

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

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

**Story B.**

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

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

**Story C.**

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

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

**Story D.**

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

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

Possible answers:

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

**EXERCISE 8. *Praising what a mother and baby are doing right*****How to do the exercise:**

For Stories E, F, and G below, there are three responses. They are all things that you might want to say to the mother.

Mark with a ✓ the response which praises what the mother and baby are doing right, to build the mother's confidence.

(You may give her some of the other information later.)

For Stories H and I, make up your own response which praises what the mother and baby are doing right.

**Example:**

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

Mark the response which praises what she is doing.

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

**To answer:****Story E.**

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

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

**Story F.**

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

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

**Story G.**

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

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

**Story H.**

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

Possible answer:

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

**Story I.**

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

Possible answers:

*It is very good that you have breastfed him exclusively for 3 months.*

*He is very healthy and growing well on your breastmilk.*

*Thank you for coming to discuss what to do now. It is good that you are considering what will be best, ahead of time.*

**EXERCISE 9. *Giving a little, relevant information*****How to do the exercise:**

Below is a list of six mothers with babies of different ages.

Beside them are six pieces of information (a, b, c, d, e and f) that those mothers may need; but the information is not opposite the mother who needs it most.

Match the piece of information with the mother and baby in the same set for whom it is **MOST RELEVANT AT THAT TIME**.

After the description of each mother there are six letters.

Put a circle round the letter which corresponds to the information which is most relevant for her. As an example, the correct answer for Mother 1 is already marked in brackets.

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

**To answer:****Mothers 1-6**

1. Mother returning to work  
a b c d (e) f
2. Mother with 12-month-old baby  
a b c d e (f)
3. Mother who thinks that her milk is too thin  
(a) b c d e f
4. Mother who thinks that she does not have enough breastmilk  
a b (c) d e f
5. Mother with 2-month-old baby who is exclusively breastfed  
a (b) c d e
6. A newly delivered mother who wants to give her baby prelacteal feeds  
a b c (d) e f

**Information**

- a. Foremilk normally looks watery, and hindmilk is whiter
- b. Exclusive breastfeeding is best until a baby is 4-6 months old
- c. More suckling makes more milk
- d. Colostrum is all that a baby needs at this time
- e. Night breastfeeds are good for a baby and help to keep up the milk supply
- f. Breastfeeding is valuable for two years or more

**Mother 7:**

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

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

**Mother 8:**

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

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

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

**How to do the exercise:**

Below are some mistaken ideas, including some from Exercise 7, and what you might say to accept what the mother thinks.

Write what you would say to the mother later to correct the mistaken idea.

Give the information in a positive way which does not sound critical.

**Example:**

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

Accept what she says:

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

Give correct information in a positive way:

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

**To answer:**

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

Accept what she says:

"Yes, that can be a worry."

Give correct information in a positive way:

*("If he takes enough of the breast into his mouth, the nipples should not get sore.")*

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

Accept what she says:

"You feel that he needs more to drink sometimes?"

Give correct information in a positive way:

*("You know, breastmilk contains plenty of water, and it is usually enough for a baby even in this hot weather.")*

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

Accept what she says:

"You feel that he is not satisfied in the evening?"

Give correct information in a positive way:

*("Your breasts make as much milk as your baby takes. If he suckles less, they may make less milk.")*

**EXERCISE 11. *Using simple language*****How to do the exercise:**

Below are five pieces of information that you might want to give to mothers, including some from Exercise 9.

The information is correct, but it uses technical terms that a mother who is not a health worker might not understand.

Rewrite the information in simple language that a mother could easily understand.

**Example:**

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

Using simple language:

*The first yellowish milk that comes is exactly what a baby needs for the first few days.*

**To answer:**

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

Using simple language:

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

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

Using simple language:

*(The breastmilk that comes at the beginning of a feed looks more watery. The breastmilk that comes later in a feed looks whiter.)*

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

Using simple language:

*(When your baby suckles, your breasts make more milk.)*

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

Using simple language:

*(To get the milk, your baby needs to take a big mouthful of breast.)*

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

#### **How to do the exercise:**

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

Rewrite the commands as suggestions.

Questions 4 and 5 are optional, to do if you have time.

#### **Example:**

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

Suggestion:

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

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

- Suggestion in the form of a question:

*Would it be easier to feed him at night if he slept with you?*

*Have you thought about letting him sleep in bed with you?*

- Question followed by some information:

*How would you feel about letting him sleep in bed with you? It might be easier to feed him that way.*

**To answer:**

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

Suggestion:

*(You may find that breastfeeding is all that he needs - extra water is not usually necessary.)*

*(Have you thought of giving him just breastfeeds? Babies can get all the water that they need from breastmilk.)*

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

Suggestion:

*(A good way to build up your milk supply is to breastfeed your baby more often.)*

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

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

Suggestion:

*(Some mothers feed their babies from a cup. Cup feeding does not interfere with breastfeeding.)*

*(Would you like to try feeding him from a cup? Then he will enjoy suckling even more when you breastfeed him.)*

### **Optional:**

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

Suggestion:

*(It may be easier for him to take the breast if you hold him a bit closer.)*

*(Do you think you could hold him a bit closer? It might help him to take more of the breast into his mouth.)*

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

Suggestion:

*(You might be more comfortable sitting on a lower chair, so that you could relax more.)*

*(Do you have a lower chair? It might make it easier for you to relax.)*

- Give participants the Answer Sheets for Session 12.

## Session 13

### CLINICAL PRACTICE 2

#### **Building confidence and giving support Positioning a baby at the breast**

##### *Objectives*

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

Participants continue to practise the skills from Clinical Practice 1.

##### *Session outline*

(120 minutes)

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

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

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

***Preparation***

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

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

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

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

**I. Prepare the participants**

(20 minutes)

*Explain the objectives of the clinical practice:*

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

You also continue to practise ‘assessing a breastfeed’ and ‘listening and learning’.

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

*Explain what participants should take with them:*

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

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

*Explain how participants will work:*

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

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

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

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

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

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

*Discuss any difficulties from Clinical Practice 1:*

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

**II. Conduct the clinical practice**

(80 minutes)

*Take your group to the ward or clinic:*

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

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

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

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

*Discuss the participants' performance:*

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

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

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

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

### **III. Discuss the Clinical Practice**

(20 minutes)

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

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

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

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

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

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

## Session 14

### BREAST CONDITIONS

#### *Objectives*

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

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

#### *Session outline*

(60 minutes)

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

- |      |   |              |
|------|---|--------------|
| I.   | Introduce the topic   | (2 minutes)  |
| II.  | Present Slides 14/1 to 14/18<br>(including demonstration of syringe method for treating inverted nipples - 5 minutes) | (45 minutes) |
| III. | Answer participants' questions  | (10 minutes) |
| IV.  | Summarize 'Breast conditions'   | (3 minutes)  |

***Preparation***

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

Make sure that Slides 14/1 to 14/18 are in the correct order. Study the slides and the text that goes with them, so that you can present them.

Read the **Further information** sections, so that you are familiar with the ideas that they contain.

Have Overhead 3/6 to show after Slide 14/2, and Overhead 3/8 to show after Slide 14/13.

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

As you follow the text remember:

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

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

**I. Introduce the topic**

(2 minutes)

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

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

## II. Present Slides 14/1 to 14/18

(45 minutes)

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

### *Slide 14/1: Different breast shapes*

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

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

The nipples and areolas are different shapes and sizes too.

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

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

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

#### **Further information**

Breast shape and size is partly inherited. Breasts may be long in girls who have had no children, and small or flat in women who have breastfed several children.

Occasionally a woman's breasts may fail to develop normally, so that they are unable to produce enough milk, but this is very rare.

**Slide 14/2 Flat nipple and protractility**

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

The nipple looks flat.

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

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

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

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

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

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

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

**Slide 14/3 Inverted nipples**

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

The nipple is *inverted*.

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

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

Fortunately, nipples as difficult as this are rare.

|  |   |
|--|---|
| Slide 14/4                                     |   |
| <b>MANAGEMENT OF FLAT AND INVERTED NIPPLES</b> |   |
| <i>Antenatal treatment</i>                     | Probably not helpful  |
| <i>Soon after delivery</i>                     | Build mother's confidence - breasts will improve<br>Explain baby suckles BREAST not nipple<br>Let baby explore breast, skin-to-skin<br>Help mother to position baby early<br>Try different positions - e.g. underarm<br>Help her to make nipple stand out more<br>Use pump, syringe |
| <i>For first week or two if necessary</i>      | Express breastmilk and feed with cup<br>Express breastmilk into baby's mouth  |

#### *Slide 14/4 Management of flat and inverted nipples*

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

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

- *Build the mother's confidence.*  
Explain that it may be difficult at the beginning, but with patience and persistence she can succeed. Explain that her breasts will improve and become softer in the week or two after delivery.
- *Explain that a baby suckles from the breast - not from the nipple.*  
Her baby needs to take a large mouthful of breast. Explain also that as her baby breastfeeds, he will stretch her breast and nipple out.

- *Encourage her to give plenty of skin-to-skin contact, and to let her baby explore her breasts.*  
Let him try to attach to the breast on his own, whenever he is interested. Some babies learn best by themselves.
- *Help her to position her baby.*  
If a baby does not attach well by himself, help his mother to position him so that he can attach better. Give her this help early, in the first day, before her breastmilk 'comes in' and her breasts are full.
- *Help her to try different positions to hold her baby.*  
Sometimes putting a baby to the breast in a different position makes it easier for him to attach. For example, some mothers find that the underarm position is helpful (see demonstration in Session 10).
- *Help her to make her nipple stand out more before a feed.*  
Sometimes making the nipple stand out before a feed helps a baby to attach. Stimulating her nipple may be all that a mother needs to do. Or she can use a hand breast pump, or a syringe to pull her nipple out. (The syringe method will be demonstrated after this slide.)

Sometimes shaping the breast makes it easier for a baby to attach.

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

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

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

- *Express her milk and feed it to her baby with a cup.*  
Expressing milk helps to keep breasts soft, so that it is easier for the baby to attach to the breast; and it helps to keep up the supply of breastmilk. She should not use a bottle, because that makes it more difficult for her baby to take her breast.
- *Express a little milk directly into her baby's mouth.*  
Some mothers find that this is helpful. The baby gets some milk straight away, so he is less frustrated. He may be more willing to try to suckle.
- *Let her baby explore her breasts frequently.*  
She should continue to give him skin-to-skin contact, and let him try to attach to her breast on his own.

### Further information

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

#### *Nipple shell*

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

#### *Hoffman's exercises*

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

#### *Nipple shields*

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

- Demonstrate the syringe method for treating inverted nipples.
- 

### **Demonstration X: Syringe method for treatment of inverted nipples**

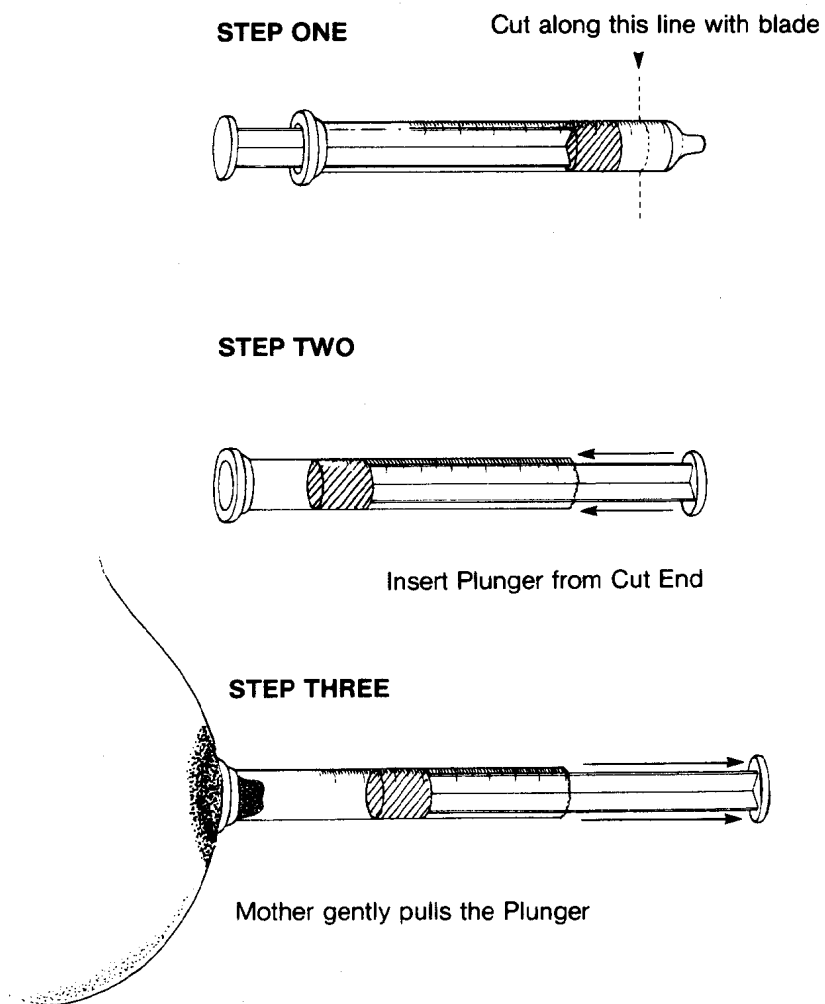
See Fig.5

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

- Show participants the syringe that you have prepared, and explain how you cut off the adaptor end of the barrel.
  - Put the plunger into the cut end of the barrel (that is, the reverse of its usual position).
  - Use a model breast, and put the smooth end of the barrel over the nipple. Pull out the plunger to create suction on the nipple.  
(Explain that with a real breast, there is an airtight seal, and the nipple is drawn out into the syringe.)
  - Explain that the mother must use the syringe herself.  
Explain that you would teach her to:
    - Put the smooth end of the syringe over her nipple, as you demonstrated.
    - Gently pull the plunger to maintain steady but gentle pressure.
    - Do this for 30 seconds to 1 minute, several times a day.
    - Push the plunger back to decrease the suction, if she feels pain.  
(This prevents damaging the skin of the nipple and areola.)
    - Push the plunger back, to reduce suction, when she removes the syringe from her breast.
    - Use the syringe to make her nipple stand out just before she puts her baby to the breast.
-

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

(Fig.28 in Participants' Manual)



**Slide 14/5 Long nipple**

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

It is long.

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

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

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

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

**SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS**

***FULL BREASTS***

Hot  
Heavy  
Hard

Milk flowing

No fever

***ENGORGED BREASTS***

Painful  
Oedematous  
Tight, especially nipple  
Shiny  
May look red

Milk NOT flowing

May be fever for 24 hours

**Slide 14/6 Full and engorged breasts**

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

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

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

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

The woman in picture 2 has *engorged* breasts.

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

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

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

It is flat, because the skin is stretched tight.

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

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

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

**Further information**

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

- Ask participants to have their manuals closed for the next few slides.

Slide 14/7

**CAUSES AND PREVENTION OF BREAST ENGORGEMENT**

*CAUSES*

- Plenty of milk
- Delay starting to breastfeed
- Poor attachment to breast
- Infrequent removal of milk
- Restriction of length of feeds

*PREVENTION*

- Start breastfeeding soon after delivery
- Ensure good attachment
- Encourage unrestricted breastfeeding

*Slide 14/7 Causes and prevention of breast engorgement*

- This slide shows the causes of breast engorgement.

The causes of engorgement are:

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

The slide also shows the three most important ways to prevent engorgement.

These are:

- to let the baby start breastfeeding soon after delivery;
- to make sure that the baby is well attached to the breast;
- to encourage unrestricted breastfeeding.

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

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

|  |  |
|--|--|
| Slide 14/8   |  |
| <b>TREATMENT OF BREAST ENGORGEMENT</b>                   |  |
| <b>Do not "rest" the breast</b>                          |  |
| <i>If baby able to suckle:</i>                           | Feed frequently, help with positioning.  |
| <i>If baby not able to suckle:</i>                       | Express milk by hand or with pump  |
| <i>Before feed<br/>to stimulate oxytocin<br/>reflex:</i> | Warm compress or warm shower<br>Massage to neck and back<br>Light massage of breast<br>Stimulate nipple skin<br>Help mother to relax |
| <i>After feed<br/>to reduce oedema:</i>                  | Cold compress on breasts   |

***Slide 14/8 Treatment of breast engorgement***

- This slide summarizes the treatment of breast engorgement.

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

- *If the baby is able to suckle, he should feed frequently.*  
This is the best way to remove milk. Help the mother to position her baby, so that he attaches well. Then he suckles effectively, and does not damage the nipple.
- *If the baby is not able to suckle, help his mother to express her milk.*  
She may be able to express by hand or she may need to use a breast pump, or a warm bottle (see Session 20, 'Expressing breastmilk').  
Sometimes it is only necessary to express a little milk to make the breast soft enough for the baby to suckle.
- *Before feeding or expressing, stimulate the mother's oxytocin reflex.*  
These are things that you can do to help her, or that she can do:
  - put a warm compress on her breasts, or take a warm shower;
  - massage her neck and back;
  - massage her breast lightly;
  - stimulate her breast and nipple skin;
  - help her to relax.

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

- *After a feed, put a cold compress on her breasts.*  
This may help to reduce oedema.
- *Build the mother's confidence.*  
Explain that she will soon be able to breastfeed comfortably.

### *Slide 14/9 Mastitis*

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

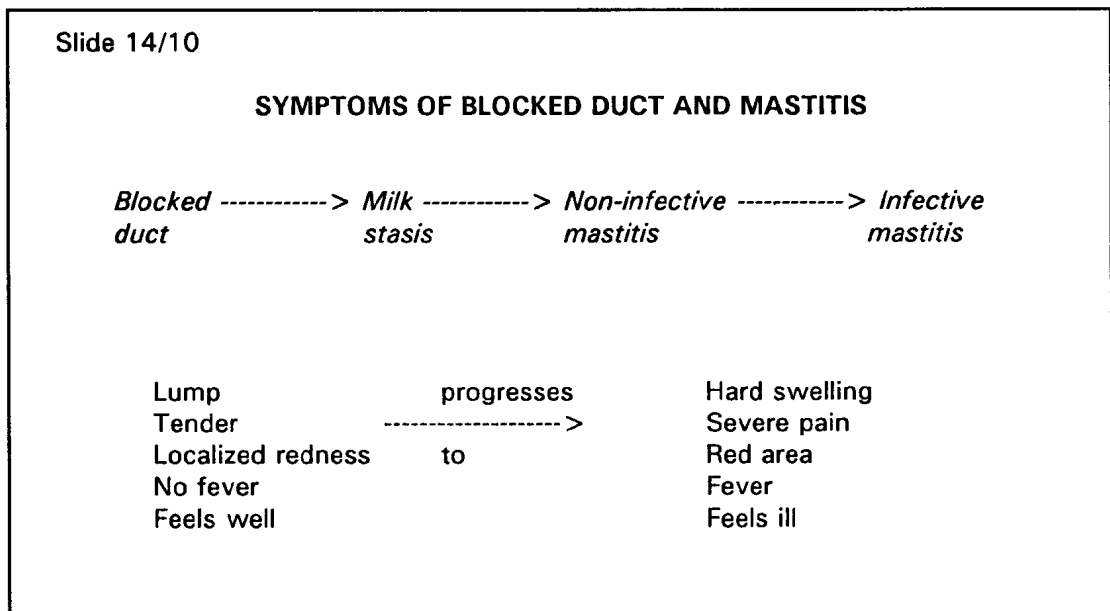
Part of the breast looks red and swollen. There is a fissure on the tip of the nipple.

Ask: *What condition is this?*

This is *mastitis*.

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

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



*Slide 14/10 Symptoms of blocked duct and mastitis*

- This slide shows how mastitis develops.

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

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

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

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

**Further information**

The cause of non-infective mastitis is probably milk under pressure leaking back into the surrounding tissues. The tissues treat the milk as a "foreign" substance. Also, milk contains substances which can cause inflammation. The result is pain, swelling, and fever, even when there is no bacterial infection.

Trauma which damages breast tissue can also cause mastitis. This may also be because milk leaks back into the damaged tissues.

| Slide 14/11 |  | CAUSES OF BLOCKED DUCT AND MASTITIS |   |
|-------------|--|-------------------------------------|---|
| ●           | Infrequent or short breastfeeds        | due to                              | - mother being very busy<br>- baby sleeping at night<br>- changed routine<br>- mother stressed                              |
| ●           | Poor drainage of part or all of breast | due to                              | - ineffective suckling<br>- pressure from clothes<br>- pressure from fingers during feeds<br>- large breast draining poorly |
| ●           | Damaged breast tissue                  | due to                              | - trauma to breasts   |
| ●           | Bacteria allowed entry                 | due to                              | - nipple fissure  |

### *Slide 14/11 Causes of blocked duct and mastitis*

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

Poor drainage of the whole breast may be due to:

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

Poor drainage of part of the breast may be due to:

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

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

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

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

|  |   |
|--|---|
| Slide 14/12  |   |
| <b>TREATMENT OF BLOCKED DUCT AND MASTITIS</b>  |   |
| <i>FIRST:</i>  | <i>THEN:</i>  |
| <ul style="list-style-type: none"> <li>● Improve drainage of breast</li> </ul> <p><i>Look for cause and correct:</i></p> <ul style="list-style-type: none"> <li>- poor attachment</li> <li>- pressure from clothes or fingers</li> <li>- large breast draining poorly</li> </ul> <p><i>Advise:</i></p> <ul style="list-style-type: none"> <li>- frequent breastfeeds</li> <li>- gentle massage towards nipple</li> <li>- warm compresses</li> </ul> <p><i>Suggest if helpful:</i></p> <ul style="list-style-type: none"> <li>- start feed on unaffected side</li> <li>- vary position</li> </ul> | <p><i>If any of these:</i></p> <ul style="list-style-type: none"> <li>- symptoms severe, or</li> <li>- fissure, or</li> <li>- no improvement after 24 hours</li> </ul> <p><i>Treat in addition with:</i></p> <ul style="list-style-type: none"> <li>● Antibiotics</li> <li>● Complete rest</li> <li>● Analgesics (paracetamol)</li> </ul> |

***Slide 14/12 Treatment of blocked duct and mastitis***

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

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

- Look for a cause of poor drainage, and correct it:
  - Look for poor attachment.
  - Look for pressure from clothes, usually a tight bra, especially if worn at night; or pressure from lying on the breast.
  - Notice what the mother does with her fingers as she breastfeeds. Does she hold the areola, and possibly block milk flow?
  - Notice if she has large, pendulous breasts, and if the blocked duct is in the lower part of her breast.  
Suggest that she lifts the breast more while she feeds the baby, to help the lower part of the breast to drain better.
- Whether or not you find a cause, advise the mother to do these things:
  - *Breastfeed frequently.*  
The best way is to rest with her baby, so that she can respond to him and feed him whenever he is willing.
  - *Gently massage the breast while her baby is suckling.*  
Show her how to massage over the blocked area, and over the duct which leads from the blocked area, right down to the nipple. This helps to remove the block from the duct. She may notice that a plug of thick material comes out with her milk. (It is safe for the baby to swallow the plug.)
  - *Apply warm compresses to her breast between feeds.*
- Sometimes it is helpful to do these things:
  - *Start the feed on the unaffected breast.*  
This may help if pain seems to be preventing the oxytocin reflex. Change to the affected breast after the reflex starts working.
  - *Breastfeed the baby in different positions at different feeds.*  
This helps to remove milk from different parts of the breast more equally. Show the mother how to hold her baby in the underarm position, or how to lie down to feed him, instead of holding him across the front at every feed. However, do not make her breastfeed in a position that is uncomfortable for her.

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

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

However, a mother needs additional treatment if there are any of the following:

- severe symptoms when you first see her, OR
- a fissure, through which bacteria can enter, OR
- no improvement after 24 hours of improved drainage.

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

- **Antibiotics.**

Give either flucloxacillin or erythromycin (see Table 1 for dosage).

Ask participants to find Table 1 on page 77 of their manual.

Other commonly used antibiotics, such as ampicillin, are not usually effective.

Explain that it is very important that she completes the course of antibiotics, even if she feels better in a day or two. If she stops the treatment before it is complete, the mastitis is likely to recur.

- **Complete rest.**

Advise her to take sick leave, if she is employed, or to get help at home with her duties. Talk to her family if possible about sharing her work.

If she is stressed and overworked, encourage her to try to take more rest.

Resting with her baby is a good way to increase the frequency of breastfeeds, to improve drainage.

- **Analgesics.**

Give her paracetamol for the pain.

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

**Table 1: ANTIBIOTIC TREATMENT FOR INFECTIVE MASTITIS**

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

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

### Further information

#### *Breast abscess*

Participants may wish to discuss breast abscess in more detail.

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

#### *Alternative antibiotics for treatment of infective mastitis*

The following antibiotics can be used if necessary:

- Cloxacillin 250-500 mg 6 hourly for 7-10 days;
- Cephalexin 250-500 mg 6 hourly for 7-10 days.

### *Slide 14/13 Nipple fissure*

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

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

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

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

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

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

Remember from Session 3, that the commonest cause of sore nipples is poor attachment. If a baby is poorly attached, he pulls the nipple in and out as he sucks, and rubs the skin of the breast against his mouth. This is very painful for his mother. At first there is no fissure. The nipple may look normal; or it may look squashed with a line across the tip when the baby releases the breast. If the baby continues to suckle in this way, it damages the nipple skin, and causes a fissure.

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

***Slide 14/14 Improved attachment***

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

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

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

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

His position is better. He is facing the breast and closer to it.

His attachment is still not quite right. His mouth is not very wide open, and his lower lip is not turned outwards.

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

***Slide 14/15 Breast engorgement and nipple fissure***

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

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

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

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

**Slide 14/16 *Candida* infection**

- This mother has very sore, itchy nipples.

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

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

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

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

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

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

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

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

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

**Table 2: TREATMENT OF CANDIDA OF THE BREAST****Gentian violet paint:**

To baby's mouth: 0.25% apply daily or alternate days for 5 days  
or until 3 days after the lesions have healed.

To mother's nipples: 0.5% apply daily for 5 days.

**OR:****Nystatin cream 100,000 IU/g:**

Apply to nipples 4 times daily after breastfeeds.

Continue to apply for 7 days after lesions have healed.

**Nystatin suspension 100,000 IU/ml:**

Apply 1 ml by dropper to child's mouth 4 times daily after breastfeeds  
for 7 days, or as long as mother is being treated.

Stop using pacifiers, teats, and nipple shields.

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

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

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

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

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

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

Slide 14/18

### MANAGEMENT OF SORE NIPPLES

*Look for a cause:*

- Check attachment
- Examine breasts - engorgement, fissures, *Candida*
- Check baby for *Candida*, and tongue-tie

*Give appropriate treatment:*

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

*Advise the mother to:*

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

#### *Slide 14/18 Management of sore nipples*

- This slide summarizes the management of sore nipples.

First look for a cause:

- Observe the baby breastfeeding, and check for signs of poor attachment.
- Examine the breasts.  
Look for signs of *Candida* infection; look for engorgement; look for fissures.
- Look in the baby's mouth for signs of *Candida* and for tongue tie; and baby's bottom for *Candida* rash.

Then give appropriate treatment:

- Build the mother's confidence.  
Explain that the soreness is temporary, and that soon breastfeeding will be completely comfortable.
- Help her to improve her baby's attachment.  
Often this is all that is necessary.  
She can continue breastfeeding, and need not rest her breast.

- Help her to reduce engorgement if necessary.  
She should breastfeed frequently, or express her breastmilk.
- Consider treatment for *Candida* if the skin of the nipple and areola is red, shiny, or flaky; or if there is itchiness, or deep pain, or if the soreness persists.

Then advise the mother:

- Advise her not to wash her breasts more than once a day, and not to use soap, or rub hard with a towel.  
Breasts do not need to be washed before or after feeds - normal washing as for the rest of the body is all that is necessary. Washing removes natural oils from the skin, and makes soreness more likely.
- Advise her not to use medicated lotions and ointments, because these can irritate the skin, and there is no evidence that they are helpful.
- Suggest that after breastfeeding she rubs a little expressed breastmilk over the nipple and areola with her finger. This promotes healing.

#### **Further information**

##### *Ointments for nipple fissure*

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

##### *Clothes*

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

##### *Nipple shields*

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

### **III. Answer participants' questions**

(10 minutes)

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

**IV. Summarize 'Breast conditions'**

(3 minutes)

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

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

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

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

- Recommended reading:  
*Helping Mothers to Breastfeed* Chapter 5.