

Session 15

BREAST CONDITIONS EXERCISE

Objective

Participants practise using the information from Session 14.

Session outline

(30 minutes)

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

- I. Introduce the session (2 minutes)
- II. Facilitate the written exercise (Exercise 13) (28 minutes)

Preparation

Refer to pages 15-16 in the Introduction for notes on how to facilitate a written exercise.

Make sure that you have Answer Sheets for Exercise 13 available to give to participants at the end of the session.

I. Introduce the session

(2 minutes)

- Ask participants to turn to page 80 of their manuals, and to find Exercise 13.

Explain that the exercise contains short stories about mothers with various breast conditions, followed by some questions.

Participants should answer the questions using the information from Session 14. They can look back at the notes for Session 14 in their manuals if they wish.

II. Facilitate the written exercise

(28 minutes)

- Explain what to do:
- Read the instructions **How to do the exercise** and the **Example** of what to do. Then answer the questions for the stories **To answer**.

EXERCISE 13. *Breast conditions***How to do the exercise:**

Read the stories and write your answers to the questions in pencil in the following space. When you have finished, discuss your answers with the trainer.

Example:

Mrs A says that both her breasts are swollen and painful. She put her baby to her breast for the first time on the third day, when her milk 'came in'. This is the sixth day. Her baby is suckling, but now it is rather painful, so she does not let him suck for very long. Her milk is not dripping out as fast as it did before.

What is the diagnosis?

(Engorged breasts.)

What may have caused the condition?

(Delay starting to breastfeed.)

How can you help Mrs A?

(Help her to express her milk, and help her to position her baby at her breast, so that he can attach better.)

To answer:

Mrs B says that her right breast has been painful since yesterday, and she can feel a lump in it, which is tender. She has no fever and feels well. She has started to wear an old bra which is tight, because she wants to prevent her breasts from sagging. Her baby now sometimes sleeps for 6-7 hours at night without feeding. You watch him suckling. Mrs B holds him close, and his chin is touching her breast. His mouth is wide open and he takes slow, deep sucks.

What could you say to empathize with Mrs B's worries about her figure?

("You are worried that breastfeeding may change your figure?")

What is the diagnosis?

(Blocked duct.)

What may be the cause?

(Tight clothes, and a long interval between feeds at night.
The baby's attachment to the breast is good.)

What three suggestions would you give Mrs B?

1. Breastfeed her baby more often for a day or two.
2. Massage the lump gently while her baby is feeding.
3. Try to find a larger bra, that supports her breasts without blocking the ducts.)

Mrs C has had a painful swelling in her left breast for three days. It is extremely tender, and the skin of a large part of the breast looks red. Mrs C has a fever and feels too ill to go to work today. Her baby sleeps with her and breastfeeds at night. By day, she expresses milk to leave for him. She has no difficulty in expressing her milk. But she is very busy, and it is difficult for her to find time to express milk, or to breastfeed her baby during the day.

What could you say to empathize with Mrs C?

("You really feel ill, don't you?")

What is the diagnosis?

(Mastitis. It is not possible to say if it is infective or non-infective.)

Why do you think that Mrs C has this condition?

(She is very busy, and she feeds and expresses in a hurry. There is a long time between feeds during the day.)

How would you treat Mrs C?

(Discuss the reasons why the condition has occurred. Help her to think of ways to breastfeed her baby more or to take more time to express her milk, especially during the day.)

Because the symptoms are all severe, treat her in addition with antibiotics, rest, and analgesics.)

Mrs D complains of nipple pain when her 6-week-old baby is suckling. You examine her breasts while her baby is asleep, and can see no fissures. When he wakes, you watch him feeding. His body is twisted away from his mother's. His chin is away from the breast, and his mouth is not wide open. He takes rapid, shallow sucks. As he releases the breast, you notice that the nipple looks squashed.

What is the cause of Mrs D's nipple pain?

(Her baby is poorly attached to her breast.)

What could you say to build Mrs D's confidence?

(Possibilities include:

Praise her for breastfeeding exclusively;

Give relevant information, in a positive way, using simple language:

"If your baby takes a bigger mouthful of breast, breastfeeding should soon be more comfortable".)

What practical help could you give her?

(Offer to help her to improve her baby's suckling position.)

Mrs E's baby was born yesterday. She tried to feed him soon after delivery, but he did not suckle very well. She says that her nipples are inverted, and she cannot breastfeed. You examine her breasts, and notice that her nipples look flat. You ask Mrs E to use her fingers and to stretch her nipple and areola out a short way. You can see that the nipple and areola are protractile.

What could you say to accept Mrs E's idea about her nipples?

(Something like: "I see" or "You are worried about your nipples?")

How could you build her confidence?

(Praise the protractility of her breasts.

Give her relevant information. For example, explain how a baby suckles from the breast not the nipple, and he stretches the nipple out. He can get the milk if he takes a big mouthful of breast.)

What practical help could you give Mrs E?

(Offer to help her to get her baby to take more of her breast into his mouth.)

Mrs F's baby is 3 months old. She says that her nipples are sore. They have been sore on and off since an attack of mastitis several weeks ago. The mastitis cleared up after a course of antibiotics. This new pain feels like needles going deep into her breast whenever her baby suckles. You watch her baby breastfeeding. His mouth is wide open, his lower lip is turned back, and his chin is close to the breast. He takes some slow deep sucks and you see him swallow.

What might be the cause of Mrs F's sore nipples?

(*Candida* infection. Her baby's is well attached to her breast.)

What treatment would you give to her and her baby?

(Give gentian violet or nystatin for her nipples.
Check and treat her baby's mouth and bottom for *Candida*.)

How would you build Mrs F's confidence?

(Possibilities include:
Praise the way in which her baby is suckling.
Give relevant information. Explain why her nipples are sore, and explain that breastfeeding should be comfortable again after the treatment.)

Optional

Mrs G says that her breasts are painful. Her baby is 5 days old. Both Mrs G's breasts are swollen, and the skin looks shiny. There is a fissure across the tip of her right nipple. You watch her breastfeeding her baby. She holds him loosely, with his body away from hers. His mouth is not wide open, and his chin is not near the breast. He makes smacking sounds as he suckles. After a few sucks, he pulls away and cries.

What has happened to Mrs G's breasts?

(They are engorged, and her right nipple is damaged.)

What are Mrs G and her baby doing right?

(They are both trying to breastfeed. She has plenty of milk. She has not started bottle feeds.)

What practical help can you give Mrs G?

(Help her to express some of her milk, by hand or pump.
Then help her to attach her baby to her breast in a better position.)

Give participants the Answer Sheets for Exercise 13.

Session 16

REFUSAL TO BREASTFEED

Objectives

At the end of this session, participants should be able to:

- diagnose why a baby is refusing to breastfeed;
- help a mother and baby to breastfeed again.

Session outline

(60 minutes)

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

- I. Introduce the topic (5 minutes)
- II. Discuss causes of refusal to breastfeed (15 minutes)
- III. Read and discuss 'Management of refusal to breastfeed' (15 minutes)
- IV. Facilitate the written exercise (Exercise 14) (25 minutes)

Preparation

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

Study the notes for the session, so that you are clear about what to do.

Make sure that there are two flipcharts or boards available. If not, put flipchart sheets on the wall where participants can see them.

Have Answer Sheets for Exercise 14 ready 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 participants

I. Introduce the topic

(5 minutes)

Ask participants to keep their manuals closed until asked to refer to them.

Explain what the session is about:

- This session is about the problem of a baby refusing to breastfeed, or being unwilling to suckle.

Ask: *Have you heard of babies who refused to breastfeed?*

(Let participants relate their experience for 2-3 minutes. Thank them, and continue).

- Refer back to the list of reasons for giving complements or stopping breastfeeding early from Session 2, 'Local breastfeeding situation'. Remind participants if they identified refusal to breastfeed as a common reason in their situation.

Then continue with these points:

- In some communities refusal is a common reason for stopping breastfeeding. However, it need not lead to complete weaning, and can often be overcome.
- Refusal can cause great distress to the baby's mother. She may feel rejected and frustrated by the experience.
- There are different kinds of refusal.
 - Sometimes a baby attaches to the breast, but then does not suckle or swallow, or suckles very weakly.
 - Sometimes a baby cries and fights at the breast, when his mother tries to breastfeed him.
 - Sometimes a baby suckles for a minute and then comes off the breast choking or crying. He may do this several times during a single feed.
 - Sometimes a baby takes one breast, but refuses the other.
- You need to know how to decide why a baby is refusing to breastfeed, and how to help the mother and baby enjoy breastfeeding again.

II. Discuss causes of refusal to breastfeed

(15 minutes)

→ Write the heading 'WHY BABIES REFUSE TO BREASTFEED' on a flipchart or board.

Ask participants to suggest why a baby may refuse to breastfeed.

→ Write their suggestions on the board under the heading.

→ Make the following list on another board or flipchart:

Baby ill, in pain or sedated
 Difficulty with breastfeeding technique
 Change which upsets baby
 Apparent, not real, refusal

Explain that most causes of breast refusal fall into one or other of these groups.

Discuss the four groups of causes.

Use the notes **WHY A BABY MAY REFUSE TO BREASTFEED**.

Discuss which group each of the participant's suggestions belongs to.

Add to the participants' list reasons that they did not think of. Try not to repeat what they have already suggested.

WHY A BABY MAY REFUSE TO BREASTFEED

1. Is the baby ill, in pain or sedated?

Illness:

The baby may attach to the breast, but suckles less than before.

Pain:

Pressure on a bruise from forceps or vacuum extraction.

- The baby cries and fights as his mother tries to breastfeed him.

Blocked nose:

Sore mouth (*Candida* infection (thrush), an older baby teething).

- The baby suckles a few times, and then stops and cries.

Sedation:

A baby may be sleepy because of:

- drugs that his mother was given during labour;
- drugs that she is taking for psychiatric treatment.

2. Is there a difficulty with the breastfeeding technique?

Sometimes breastfeeding has become unpleasant or frustrating for a baby.

Possible causes:

- Feeding from a bottle, or sucking on a pacifier (dummy).
- Not getting much milk, because of poor attachment or engorgement.
- Pressure on the back of the baby's head, by his mother or a helper positioning him roughly, with poor technique. The pressure makes him want to 'fight'.
- His mother holding or shaking the breast, which interferes with attachment.
- Restriction of breastfeeds; for example, breastfeeding only at certain times.
- Too much milk coming too fast, due to oversupply. The baby may suckle for a minute, and then come off choking or crying, when the ejection reflex starts. This may happen several times during a feed. The mother may notice milk spraying out as he comes off the breast.
- Early difficulty coordinating suckling. (Some babies take longer than others to learn to suckle effectively).

Refusal of one breast only:

Sometimes a baby refuses one breast, but not the other. This is because the problem affects one side more than the other.

3. Has a change upset the baby?

Babies have strong feelings, and if they are upset they may refuse to breastfeed. They may not cry, but simply refuse to suckle.

This is commonest when a baby is aged 3-12 months. He suddenly refuses several breastfeeds. This behaviour is sometimes called a 'nursing strike'.

Possible causes:

- Separation from his mother, for example when she starts a job.
- A new carer, or too many carers.
- A change in the family routine - for example, moving house, visiting relatives.
- Illness of his mother, or a breast infection.
- His mother menstruating.
- A change in his mother's smell, for example, different soap, or different food.

4. Is it 'apparent' and not 'real' refusal?

Sometimes a baby behaves in a way which makes his mother think that he is refusing to breastfeed. However, he is not really refusing.

- When a newborn baby 'roots' for the breast, he moves his head from side to side as if he is saying 'no'. However, this is normal behaviour.
- Between 4 and 8 months of age, babies are easily distracted, for example when they hear a noise. They may suddenly stop suckling. It is a sign that they are alert.
- After the age of 1 year, a baby may wean himself. This is usually gradual.

□ Ask participants to find the box **CAUSES OF BREAST REFUSAL** on page 90 of their manuals. Read the titles of the sections, and point out that they are the same four groups of causes. Point out that they also have the notes **WHY A BABY MAY REFUSE TO BREASTFEED** on pages 88-90 in their manuals.

| CAUSES OF BREAST REFUSAL | |
|---|---|
| <i>Illness, pain, or sedation</i> | Infection Brain damage Pain from bruise (vacuum, forceps) Blocked nose Sore mouth (thrush, teething) |
| <i>Difficulty with breastfeeding technique</i> | Bottle feeds, pacifiers Not getting much milk (poor attachment, engorgement) Pressure on back of head when positioning Mother shaking breast Restricting feeds Oversupply of breastmilk Difficulty coordinating suckle |
| <i>Change which upsets baby (especially aged 3-12 months)</i> | Separation from mother New carer, too many carers Change in family routine Mother ill, or mastitis Mother menstruating Change in smell of mother |
| <i>Apparent refusal</i> | Newborn - rooting Age 4-8 months - distraction Above 1 year - self-weaning |

III. Read and discuss 'Management of refusal to breastfeed' (15 minutes)

- ☺ Ask participants to read the section **MANAGEMENT OF REFUSAL TO BREASTFEED** on pages 91-93 of their manuals.

If you feel that it would be more helpful, let the group read the section aloud together. Ask participants to take turns, and each to read one sentence.

MANAGEMENT OF REFUSAL TO BREASTFEED

If a baby is refusing to breastfeed:

1. Treat or remove the cause if possible.
2. Help the mother and baby to enjoy breastfeeding again.

1. Treat or remove the cause if possible

Illness:

Treat infections with appropriate antimicrobials and other therapy.

Refer if necessary.

If a baby is unable to suckle, he may need special care in hospital.

Help his mother to express her breastmilk to feed to him by cup or by tube, until he is able to breastfeed again (see Session 20, 'Expressing breastmilk').

Pain:

For a bruise: help the mother to find a way to hold the baby without pressing on a painful place.

For thrush: treat with gentian violet or nystatin (see Table 2 in Session 14, 'Breast conditions', page 209 in this Guide.).

For teething: encourage her to be patient and to keep offering him her breast.

For a blocked nose: explain how she can clear it. Suggest short feeds, more often than usual for a few days.

Sedation:

If the mother is on regular medication, try to find an alternative.

Breastfeeding technique:

Discuss the reason for the difficulty with the mother. When her baby is willing to breastfeed again, you can help her more with her technique.

Oversupply

This is the usual cause of too much milk coming too fast.

Oversupply can result from poor attachment. If a baby suckles ineffectively, he may breastfeed frequently, or for a long time, and stimulate the breast so that it produces more milk than he needs.

Oversupply may also result if a mother tries to make her baby feed from both breasts at each feed, when he does not need to.

To reduce oversupply:

- Help the mother to improve her baby's attachment.
- Suggest that she lets him suckle from only one breast at each feed.
Let him continue at that breast until he finishes by himself, so that he gets plenty of the fat-rich hindmilk.
At the next feed, give him the other breast.

Sometimes a mother finds it helpful to:

- express some milk before a feed;
- lie on her back to breastfeed (if milk flows upwards, it is slower);
- hold her breast with the scissor hold to slow the flow (see Session 10, 'Positioning a baby at the breast').

However, these techniques do not remove the cause of the problem.

Changes which upset a baby:

- Discuss the need to reduce separation and changes if possible.
- Suggest that she stops using the new soap, perfume, or food.

Apparent refusal:

If it is *rooting*:

Explain that this is normal. She can hold her baby at her breast to explore her nipple. Help her to hold him closer, so that it is easier for him to attach.

If it is *distraction*:

Suggest that she try to feed him somewhere more quiet for a while. The problem usually passes.

If it is *self-weaning*:

Suggest that she:

- makes sure that the child eats enough family food;
- gives him plenty of extra attention in other ways;
- continues to sleep with him because night feeds may continue.

This is valuable at least up to the age of 2 years.

2. Help the mother and baby to enjoy breastfeeding again

This is difficult and can be hard work. You cannot force a baby to breastfeed. The mother needs help to feel happy with her baby and to enjoy breastfeeding. They have to learn to enjoy close contact again. She needs you to build her confidence, and to give her support.

Help the mother to do these things:

- *Keep her baby close to her all the time.*
 - She should care for her baby herself as much of the time as possible.
 - Ask grandmothers and other helpers to help in other ways, such as doing the housework, and caring for older children.
 - She should hold her baby often, and give plenty of skin-to-skin contact at times other than feeding times. She should sleep with him.
 - If the mother is employed, she should take leave from her employment - sick leave if necessary.
 - It may help if you discuss the situation with the baby's father, grandparents, and other helpful people.
- *Offer her breast whenever her baby is willing to suckle.*
 - She should not hurry to breastfeed again, but offer the breast if her baby does show an interest.
He may be more willing to suckle when he is sleepy or after a cup feed, than when he is very hungry. She can offer her breast in different positions.
 - If she feels her ejection reflex working, she can offer her breast then.
- *Help her baby to breastfeed in these ways:*
 - Express a little milk into her baby's mouth.
 - Position him well, so that it is easy for him to attach to the breast.
 - She should avoid pressing the back of his head, or shaking her breast.
- *Feed her baby by cup until he is breastfeeding again.*
 - She can express her breastmilk and feed it to her baby from a cup (or cup and spoon). If necessary, use artificial feeds, and feed them by cup.
 - She should avoid using bottles, teats and pacifiers (dummies) of any sort.

Tell participants that they can find a summary of this information in the box **HELPING A MOTHER AND BABY TO BREASTFEED AGAIN** on page 93 of their manuals.

Give them 2 minutes to read the box through, to remind them of the main points in the preceding section.

HELPING A MOTHER AND BABY TO BREASTFEED AGAIN

Help the mother to do these things:

- *Keep her baby close - no other carers*
Give plenty of skin-to-skin contact at all times, not just at feeding times
Sleep with her baby
Ask other people to help in other ways
- *Offer her breast whenever her baby is willing to suckle*
When sleepy, or after a cup feed
In different positions
When she feels her ejection reflex working
- *Help her baby to take the breast*
Express breastmilk into his mouth
Position him so that he can attach easily to the breast
Avoid pressing the back of his head or shaking her breast
- *Feed her baby by cup*
Give her own expressed breastmilk if possible, if necessary give artificial feeds
Avoid using bottles, teats, pacifiers

IV. Facilitate the written exercise

(25 minutes)

Ask participants to turn to page 94 of their manuals, and to find Exercise 14.

- Explain what the exercise is about:
 - This exercise contains short stories about mothers whose babies are refusing to breastfeed.
 - Answer the questions after the stories using information from this session, and from Session 6, 'Listening and learning' and Session 11, 'Building confidence and giving support'. You can look at the notes in your manuals from these sessions if you wish.

Explain what to do:

- Read the instructions **How to do the exercise**.
Then answer the questions **To answer** in the same way as for Exercise 13.

EXERCISE 14. *Breast refusal*

How to do the exercise:

Read the stories, and write your answers to the questions in pencil in the following space. When you have finished, discuss your answers with the trainer. The stories of Mrs K and Mrs L are optional, to do if you have time.

To answer:

Mrs H's baby was delivered by vacuum extraction 2 days ago. He has a bruise on his head. When Mrs H tries to feed him, he screams and refuses. She is very upset, and feels that breastfeeding will be too difficult for her. You watch her trying to feed him, and you notice that her hand is pressing on the bruise.

What can you say to empathize with Mrs H?

("You feel that it is all too difficult at the moment?")

What praise and relevant information can you give to build Mrs H's confidence?

(Praise her for trying to breastfeed.

Relevant information: at the moment his bruise is making breastfeeding painful for him.)

What practical help can you give her?

(Offer to help her to find a way to hold him that is not painful.)

Mrs I says that her 3-month-old baby is refusing to breastfeed. He was born in hospital and roomed-in from the beginning. He breastfed without any difficulty. Mrs I returned to work when her baby was 2 months old. Her baby has 2-3 bottle feeds while she is at work. For the last week, he has refused to breastfeed when she comes home in the evening. She thinks that her milk is not good, because she works hard and feels hot all day.

What could you say to accept Mrs I's ideas about her milk?

("Aha." Or: "You think that your milk is bad now?")

What might be the cause of her baby's refusal to breastfeed?

(He is separated from his mother for a large part of the day. Also, he has bottle feeds while she is away.)

What praise and relevant information could you give to build Mrs I's confidence?

(Praise her for breastfeeding up till now, and for her baby's good health.
Relevant information: breast refusal is quite common when a baby's routine changes, and can be overcome.)

What could you suggest that she does to breastfeed again, if she decides to try?

(Suggest that if possible, she takes sick leave, and cares for him herself, with plenty of skin-to-skin contact, offering him her breast when he is willing. She should give the other feeds from a cup and not a bottle, so that her baby wants to suckle when she is with him.)

Mrs J has a baby who is 1-month-old. The baby was born in hospital, and was given three bottle feeds before he started to breastfeed. When Mrs J went home, her baby wanted to breastfeed often, and he seemed unsatisfied. Mrs J thought that she did not have enough milk. She continued to give bottle feeds, in addition to breastfeeding, and hoped that her breastmilk supply would increase. Now her baby is refusing to breastfeed. When Mrs J tries to breastfeed, he cries and turns away. Mrs J wants very much to breastfeed, and she feels rejected by her baby.

What could you say to empathize with Mrs J?

("You are very upset that he seems not to want your breastmilk.")

Why is Mrs J's baby refusing to breastfeed?

(He started having bottle feeds before breastfeeding was established.)

What relevant information might be helpful to Mrs J?

("Your baby is having difficulty getting the milk, so he is frustrated. He still wants you near him.")

What four things would you offer to help Mrs J to do, so that she and her baby can enjoy breastfeeding again?

1. Stop using the bottle - feed him by cup.
2. Keep her baby close, with skin-to-skin contact, and offer her breast whenever he is willing.
3. Express her milk, and feed it to her baby.
4. Make sure that she positions her baby so that he can attach well.)

Optional

Mrs K had her baby 3 days ago. She says that he is refusing to breastfeed, and she will have to bottle feed. A nurse is helping her to try to position the baby. The nurse puts the baby to face Mrs K's breast. The nurse then holds Mrs K's breast with one hand, and the back of the baby's head with her other hand. The nurse then tries to push the baby onto the breast. The baby pushes his head back and cries.

What could you say to praise the nurse?

("It is good that you are helping Mrs K to position her baby.")

Why does Mrs K's baby refuse to breastfeed?

(Because the nurse's technique is not good. She is pushing on the back of his head, which makes the baby want to fight back.)

What would you suggest that the nurse does differently?

(Suggest that a different technique might help:

- support the baby by his shoulders and neck, not the back of his head;
- wait until he opens his mouth before moving him to the breast;
- let the mother do more herself.)

What could you suggest that Mrs K does?

(Do not try to make the baby take the breast any more now. Let him enjoy skin-to-skin contact, and explore the breast with his mouth, until he is willing to try to suckle. Express her breastmilk to feed him until he suckles.)

Mrs L says that her 6-month-old baby suddenly refused to breastfeed. He was born in hospital, and started to breastfeed within an hour. He has never had any bottle feeds, but he recently started solids from a spoon. Last month the family moved to stay with relatives in town while the father looked for a job. There is an aunt in the house who likes to take care of the baby, and who criticizes Mrs L.

What might be the cause of Mrs L's baby refusing to breastfeed?

(Events in the family - moving house, a critical aunt.)

What can you suggest that Mrs L does, to breastfeed again?

(Suggest that she keeps her baby with her and cares for him as much as possible herself. She should give him plenty of skin-to-skin contact, and offer her breast whenever he is willing to suckle.)

What practical help can you give?

(Offer to talk to the aunt, and ask her to help Mrs L in other ways.)

- Give participants the Answer Sheets for Exercise 14.
- Refer back to the list of reasons for stopping breastfeeding or for starting complementary foods early that you developed in Session 2, 'Local breastfeeding situation'.

Remind participants if they identified breast refusal as an important cause in their situation.

- Recommended reading:
Helping Mothers to Breastfeed Chapter 5, section 5.7.

Session 17

TAKING A BREASTFEEDING HISTORY

Objectives

At the end of this session, participants should be able to take a breastfeeding history to help them to diagnose a breastfeeding difficulty.

Session outline (50 minutes)

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

- I. Introduce the topic (5 minutes)
- II. Explain how to take a breastfeeding history (15 minutes)
- III. Explain the Breastfeeding History Form (10 minutes)
- IV. Demonstrate how to use the Breastfeeding History Form (15 minutes)
- V. Summarize 'Taking a breastfeeding history' (5 minutes)

Preparation

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

Study the session notes so that you are clear about what to do.

For Demonstration Y: Using the Breastfeeding History Form.

Arrange with the other trainer in your group how to do the demonstration.

Decide who will be Mrs Green, and who will be Nurse Jane.

Fill in a local growth chart for Lucy, and have it ready for the demonstration.

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)

- Explain why it is necessary to take a history:
 - If a mother asks for your help, you need to understand her situation. You cannot learn everything that you need to know by observing and listening and learning. You need to ask some questions.

Ask: *What things can you only learn if you ASK the mother?*
(Let participants make 5-6 suggestions. Then continue.)

Examples include:

- when the baby was born;
- what happened at the time of delivery;
- what else she feeds her baby;

- Explain these points about taking a history:
 - Taking a history means asking relevant questions in a systematic way. You will use a special form, the Breastfeeding History Form, to help you to remember what questions to ask.
 - When you first learn to use the form, you need to ask all the questions. As you become more experienced, you learn which questions are relevant for which mothers. Then you do not need to ask all the questions every time.

II. Explain how to take a breastfeeding history

(15 minutes)

Ask participants to find the box **HOW TO TAKE A BREASTFEEDING HISTORY** on page 100 of their manuals.

- ☺ Ask them to read the box aloud, taking turns. Discuss each point to make sure that it is clear.

HOW TO TAKE A BREASTFEEDING HISTORY

- *Use the mother's name and the baby's name (if appropriate).*
Greet the woman in a kind and friendly way. Introduce yourself, and ask her name and the baby's name. Remember and use them, or address her in whatever way is culturally appropriate.
- *Ask her to tell you about herself and her baby in her own way.*
Let her tell you first what she feels is important. You can learn the other things that you need to know later.
Use your listening and learning skills to encourage her to tell you more.
- *Look at the child's growth chart.*
It may tell you some important facts and save you asking some questions.
- *Ask the questions that will tell you the most important facts.*
You will need to ask questions, including some closed questions, but try not to ask too many.
The Breastfeeding History Form is a guide to the facts that you may need to learn about. Decide what you need to know from each of the six sections.
- *Be careful not to sound critical.*
Ask questions politely. For example:
Do not ask: "Why are you bottle feeding?"
It is better to say: "What made you decide to give (name) some bottle feeds?"
Use your confidence and support skills.
Accept what the mother says, and praise what she is doing well.
- *Try not to repeat questions.*
Try not to ask questions about facts which either the mother or the growth chart has told you already.
If you do need to repeat a question, first say: "Can I make sure that I have understood clearly?" and then, for example "You said that (name) had both diarrhoea and pneumonia last month?"
- *Take time to learn about more difficult, sensitive things.*
Some things are more difficult to ask about, but they can tell you about a woman's feelings, and whether she really wants to breastfeed.
 - What have people told her about breastfeeding?
 - Does she have to follow any special rules?
 - What does the baby's father say? Her mother? Her mother-in-law?
 - Did she want this pregnancy at this time?
 - Is she happy about having the baby now? About the baby's sex?

Some mothers tell you these things spontaneously. Others tell you when you empathize, and show that you understand how they feel. Others take longer. If a mother does not talk easily, wait, and ask again later, or on another day, perhaps somewhere more private.

III. Explain the Breastfeeding History Form

(10 minutes)

Ask participants to look at the Breastfeeding History Form, on page 101 of their manuals.

Explain the form, with these points:

- This is a guide, to help you to organize your thoughts, so that you do not get lost when you talk with a mother.
It lists the main points that you may need to ask about a mother and baby.
You may need to follow up some questions with more detailed questions.
- The points are grouped into six sections to help you to remember what you need to ask about.
 - The first two sections are about the baby and how he is feeding now.
 - The third section is about the mother's pregnancy and delivery.
 - The fourth section is about the mother and her health and family planning.
 - The fifth section is about her previous experience of feeding infants.
 - The sixth section is about the family and their social situation.
- Often, questions about points in the first two sections give you the answer to a problem. Sometimes you need to find out more about the mother, her pregnancy and delivery, her previous babies, or the family's situation, before you can understand her difficulties.

Key point. Start with the first two sections. They are the most important. Then continue through the other sections until you are clear about the problem. When you are clear, you need not continue to ask about all the other points.

- However, it is a good idea to ask each mother about something from each section. Think quickly through all the six sections, and ask yourself what might be important for this family.
- If at any time a mother wants to tell you about something that is important to her, let her tell you that first. Ask about the other things afterwards.

Ask participants to make themselves familiar with the form:

- Study the form and try to memorize the six sections. When you know the sections, you will find it easier to remember the different points in each.
- When you first use it, go through the whole form. This will help you to learn how to take a breastfeeding history. As you gain experience, you will find it easier to choose which questions to ask.

IV. Demonstrate how to use the Breastfeeding History Form (15 minutes)

- Explain that you will demonstrate how to use the Breastfeeding History Form.

Ask participants to follow the form on page 101 of their manual as you give the demonstration.

Ask them to point it out if you make a mistake, for example, if you use a judging word, or ask a lot of closed questions.

- Give the demonstration.

Follow the story of Mrs Green and her baby Lucy in the story below. One trainer plays the part of Mrs Green, and the other trainer is Nurse Jane.

Nurse Jane greets the mother, asks her name, and asks how she is doing. Mrs Green tells Nurse Jane her 'complaint', and then Nurse Jane takes her 'history'. She asks to see the baby's growth chart. Try to demonstrate some listening and learning and confidence building skills.

Go through the Breastfeeding History Form, asking questions from sections 1 to 6.

Mrs Green responds following the story, which is arranged in the same six sections. If Mrs Green adds information, it must fit with the story.

DEMONSTRATION Y: USING THE BREASTFEEDING HISTORY FORM

Mrs Green's complaint: *"Lucy is really feeding too much"*

- Mrs Green's story:**
1. Lucy is 3 months old and breastfeeds about 10-12 times a day - sometimes every 1-2 hours, sometimes after 5-6 hours. She breastfeeds about twice in the night. You (Mrs Green) do not give any complementary milk feeds, but you sometimes give drinks of water from a spoon.
 2. Lucy is gaining weight well, and she is very healthy. She passes urine 6-8 times a day. Her growth chart shows that she is gaining weight.
 3. Lucy was born in hospital, and started breastfeeding soon after delivery. She roomed-in with you, and did not have any prelacteal feeds. The midwife helped you and you had no difficulties.
 4. You are aged 25 years, and healthy. You are not using any family planning method. You think that breastfeeding is very healthy, and you want to continue.
 5. Lucy is your first baby.
 6. You stay at home, and do not go out to work. Lucy's father works as a clerk. Lucy's father thinks that it is time the baby stopped having night feeds.

- Discuss the demonstration.

The group may have become interested in Mrs Green's problems, and they may want to discuss that. Allow them to do so briefly. Ask them:

- What do you think is the cause of Mrs Green's difficulty?
(Mr Green wants her to stop breastfeeding.)
- Is Mrs Green's idea of the problem correct? *(No - anyway, not what she says.)*
- What misunderstanding may have given her this idea?
(The baby sometimes wants to feed again quite soon. But this is normal.)

Now ask the group to think about the technique of taking a breastfeeding history.

Ask them these questions:

- Did Nurse Jane ask questions from all 6 sections of the Breastfeeding History Form?
- Did she leave out any important questions?
- Did asking questions from each section of the form help her to understand the problem?

Point out that continuing to Section 6 helped Nurse Jane to remember to ask about the father's attitude. It is clear that it is the father's attitude to Lucy's breastfeeding which is making Mrs Green worry about how often Lucy breastfeeds.

V. Summarize 'Taking a breastfeeding history'

(5 minutes)

Ask participants to find the box **SUMMARY: HOW TO TAKE A BREASTFEEDING HISTORY** on page 99 of their manuals.

Read through the list, and ask participants to try to learn it.

SUMMARY: HOW TO TAKE A BREASTFEEDING HISTORY

- Use the mother's and baby's names (if appropriate)
- Ask her to tell you about herself and her baby in her own way
- Look at the child's growth chart
- Ask the most important questions
- Be careful not to sound critical
- Try not to repeat questions
- Take time to learn about difficult, sensitive things.

Session 18**HISTORY PRACTICE*****Objectives***

Participants practise taking a breastfeeding history, using the Breastfeeding History Form.

Session outline (70 minutes)

Participants work in groups of 4-5, each with one trainer.

- I. Prepare for the exercise (10 minutes)
- II. Conduct the pair practice (Exercise 15) (60 minutes)

Preparation

Refer to pages 16-17 in the Introduction for general guidance on how to conduct work in small groups.

Make sure that copies of Histories 1-5 are available (on cards or paper). They should not have the Comments with them. Each group of 4-5 participants needs one set of copies.

Fill in a local growth chart for the baby in each of the histories.

Have loose copies of the Breastfeeding History Form available for participants.

Study section **I. Prepare for the exercise** so that you can explain to participants what to do.

Study the section **How to conduct the exercise** at the beginning of Exercise 15, so that you can guide the pair practice and the discussion.

Read the **Comments** at the end of each history, to help you with the discussion of each pair practice.

Decide how you will conduct the exercise.

In some situations, participants may have difficulty in reading the history quickly. An alternative way to conduct the exercise is for a trainer to play the part of the mother, while one of the participants takes her history.

As you follow the text, remember:

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

I. Prepare for the exercise

(10 minutes)

Give each participant a copy of the Breastfeeding History Form. Explain that this is exactly the same form as they studied in Session 17.

Give each participant a copy of one of the histories and a growth chart filled in for the baby in the history.

Explain what they will do:

- Use role-play to practise taking a breastfeeding history. Follow the Breastfeeding History Form.
 - Work in pairs, and take it in turns to be a 'mother' or a 'counsellor'. When you are a 'mother', play the part of the mother in the history on your card. Your partner takes your history.
 - You are the only one in the group who has a copy of your history. Conceal it from the others. Look only at your own history.
 - Give yourself and your baby a name, either your own real name, or another if you prefer.
 - Other participants in the group observe the pair practice, until it is their turn.
- Explain how the histories are arranged:
- First there is the *Reason for visit* including the mother's complaint, if she has one.
 - Then there is the *History*, with six sections, which are the same as the six sections in the Breastfeeding History Form. There is some information in each section, so it is important to ask questions relating to each section of the form.

Ask participants to read their histories through, and to study the growth chart. Allow 3 minutes.

They can ask you questions about anything that they do not understand.

Explain how to do the pair practice:

- If you are the 'counsellor':
 - Greet the 'mother' and ask her how she is. Use her name and her baby's name.
 - Ask one or two open questions about breastfeeding to start the conversation.
 - Ask the 'mother' questions from all six sections of the Breastfeeding History Form, and look at the baby's growth chart to learn about the situation.
 - You can make brief notes on the form, but try not to let it become a barrier.
 - Use your listening and learning skills.
 - Do not give information or suggestions, or give any advice.
- If you are the 'mother':
 - Read out the *Reason for visit* in response to the 'counsellor's' open questions.
 - Answer the 'counsellor's' questions from the information in your history.
 - If the information to answer a questions is not in your history, make up information to fit with the history.
 - If your 'counsellor' uses good listening and learning skills, give her the information more easily.
- If you are observing:
 - Follow the pair practice with your Breastfeeding History Form, and observe if the 'counsellor' takes the history correctly.
 - Notice if she asks relevant questions, if she misses important questions, and if she asks questions from all sections of the form.
 - Try to decide if the 'counsellor' has understood the mother's situation correctly.
 - During discussion, be prepared to praise what the players do right, and to suggest what they could do better.

II. Conduct the pair practice

(60 minutes)

EXERCISE 15. *Taking a breastfeeding history***How to conduct the exercise**

☺ Ask one pair in the group to practise taking a history. Ask the pair to sit on two chairs, next to each other, and slightly separate from the group.

Let the pair continue for a while, without interrupting.

Follow the story in your copy of the Trainer's Guide. If the pair are doing well, let them go on until they finish. If they make many mistakes, or get confused, or do not follow the history, stop them, and give them a chance to correct themselves. Ask them how they feel they are doing, and what they think they should do differently.

Ask other participants in the group to say what they have observed. Then say what you think.

Praise what the pair did right, and then comment on these things:

- How well the 'counsellor' took the history.
- If she understood the 'mother's' situation correctly.

Use the **Comments** at the end of each history to help the discussion. They tell you:

- The main points that the story illustrates, and which the 'counsellor' should conclude.
- How taking a history helps you to understand the mother's situation better, so that you can help her more effectively.

If necessary, let the pair try again, at least for a short time.

Try to finish the exercise with participants doing some things well. Thank them and congratulate them for their efforts.

Ask another pair to practise.

Make sure that each member of the group has a chance to be a 'counsellor' at least once.

If a pair has practised satisfactorily, give them another story to work with by themselves, while you help others in the group. You can join the pair for part of the time to observe how they are doing. Praise what they do right, and help them if they are having difficulties.

History 1.

Reason for visit: "I have brought (baby's name) for immunization. Everything is fine."

- History:*
1. I give him formula, about 3 bottles a day, with 2 spoonfuls of milk powder in each bottle. He had difficulty in suckling when he was born, so I gave him bottle feeds while I tried to breastfeed. He has refused to breastfeed for 2 weeks.
 2. He is 6 weeks old and weighs 2.5 kilos. He was born in hospital and weighed 2.0 kilos. He has 2-3 soft stools a day.
 3. No-one discussed breastfeeding in the antenatal clinic. In hospital, he was in the nursery for 6 hours. The midwives did not help me to breastfeed. I was discharged after 24 hours. I started trying to breastfeed after 2 days. This is my first visit to a health centre.
 4. I am 19 years old, and healthy. I had plenty of milk, and I wanted to breastfeed. But my nipples are flat, so I could not.
 5. This is my first baby.
 6. I am a housewife, and my husband bought the tins of formula. I have not thought about family planning. My mother lives a long way away.

Comments The baby refused to breastfeed because he was given bottle feeds. The mother did not have early contact, or help to breastfeed in the first day. She needed help for flat nipples, this is her first baby, and her baby was small. She did not complain about her difficulties, and you only learn about this serious situation by taking a history.

History 2.

Reason for visit: "(Baby's name) has diarrhoea".

- History:*
1. I breastfeed him often, and he sleeps with me at night. I give him thin cereals in a bottle, 2-3 times a day. I started this when he was 6 weeks old.
 2. He was born in hospital, and weighed 3.0 kilos. He weighed 4.5 kilos at 2 months, and weighs 4.8 kilos now, at the age of 4 months.
When he was 6 weeks old, he cried to be fed often; that is why I started cereal feeds. But now he has less appetite, and is passing watery stools.
 3. He started to breastfeed soon after delivery. The midwife helped me and I had no difficulties.
 4. I am aged 30, and well. I rely on breastfeeding for family planning until my periods start again.
 5. I had two previous children. I breastfed both without any difficulty.
 6. I work on a small farm with my husband and his parents. My mother-in-law helps me very much. She advised me to start cereals, because of the crying.

Comments Her baby was hungry with a growth spurt. She gave dilute cereal feeds but they were not necessary. This has caused diarrhoea. You know the reason for the diarrhoea by the end of Section 1. However, in Section 6, you learn that it is her mother who advises her.

History 3.

Reason for visit: "I have sore nipples."

- History:*
1. I breastfeed my baby many times a day, for about 20-30 minutes each time.
 2. She weighed 4.0 kilos when she was born. Now she is 3 weeks old and weighs 4.5 kilos. She is well.
 3. She was born by Caesarian section, and was kept in the nursery and bottle fed for 2 days. Since then I have been trying to breastfeed, but my baby had difficulty in learning to suckle. The midwives suggested bottles, but I did not want to bottle feed. I persisted with breastfeeding until now. Nobody asked me about breastfeeding at the antenatal clinic.
 4. I am 26, and healthy. I am disappointed because I really want to breastfeed, but my nipples hurt so much that I will have to give up. They bleed sometimes.
 5. I had one baby before. I breastfed him, but I never had enough milk and he was never satisfied. I gave up after a few weeks.
 6. I am divorced, but my mother stays with me and helps me with the children.

Comments She did not receive the necessary help from the hospital staff to enable her to breastfeed.

History 3 Her baby is suckling in a poor position, which is causing sore nipples. She is growing, so she must be getting plenty of milk, but she is suckling inefficiently, and needs to suckle often and for a long time. You know her main problem early in the history. But it is important to know that she had problems breastfeeding her previous baby.

History 4.

Reason for visit: "I have come for my six weeks check-up. Everything is fine."

- History:*
1. I breastfeed her quite often. I don't give her anything else, but I have bought a pacifier which I give her to suck when she cries.
 2. I don't know her birth weight. She weighs 4.9 kilos today. She cries a lot, and doesn't seem satisfied. She passes soft stools several times a day. Otherwise she is well.
 3. She was born at home, and started breastfeeding soon after delivery. She had some water for the first few days. My mother helped me to breastfeed.
 4. I am 15 years old, and have had to stop going to school. I am worried that breastfeeding will spoil my figure. I want to bottle feed, like the advertisements. I will get some milk, when I have some money.
 5. I have not had a baby before.
 6. I live at home with my mother, who farms. She says that the baby cries a lot because I am too young and I probably don't have enough milk. She wants to give him bottle feeds, too.

Comments The mother is very young, and not very motivated to breastfeed. She says that everything is fine, but the grandmother is making her lose confidence in her milk.

History 4 You only learn about these important things quite late in the history, so it is useful to check through all the sections.

History 5.

Reason for visit: "I have a painful swelling in my breast, and I feel feverish."

- History:*
1. I breastfeed my baby whenever I am at home, about once in the morning, twice in the evening, and once or twice at night. She suckles for about 5 minutes each time. I am too busy to breastfeed her for long. While I am working, my helper gives her bottle feeds of formula. This started when I went back to work about 1 month ago. Before that I just breastfed.
 2. My baby is healthy. She weighed 3.5 kilos at birth. Now she is 4 months old and weighs 5.9 kilos. I don't know how often she passes urine - I am not at home.
 3. She was born at home, and I breastfed her straight away. The community midwife helped me.
 4. I am 27 years old, and healthy. I had a painful swelling in the other breast soon after I went back to work. It was at the weekend, I continued breastfeeding, and it got better by itself. This time it is worse.
 5. I have one older child. I breastfed him for 4 months, until my milk dried up. I started work when he was 2 months old, and bottle fed him when I was out. I was very disappointed when I had to stop breastfeeding.
 6. I work in a factory, and I am away from home for about 10 hours every day. I am exhausted when I get home. I have a helper who cares for the children. My parents live a long way away.

Comment: She has mastitis, probably because her baby is only feeding for a short time, and not often enough, so he is not emptying the breasts properly. It is important not to stop when you make the diagnosis of mastitis, but to continue to section 6, so that you learn how busy and tired this mother is. That is important for the management.

Session 19

BREAST EXAMINATION

Objectives

At the end of this session, participants should be able to:

- examine a woman's breasts correctly and gently;
- talk to her about their findings.

Session outline

(30 minutes)

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

- I. Introduce the topic (3 minutes)
- II. Demonstrate how to examine a woman's breasts (15 minutes)
- III. Discuss what to say to the woman (12 minutes)

Preparation

Refer to pages 12-13 of the Introduction for general guidance on how to give a demonstration; and to page 6 for instructions 'How to make a model breast'.

Study the notes for the session, so that you are clear about what to do.

Before the course:

Obtain or make several cloth models of breasts.

Before the session:

Ask a participant to help you to give the demonstration.

Explain that she will sit on a chair, and pretend to be the woman whom you are examining. (Reassure her that she will remain dressed.) She can if she wishes wear an old tee-shirt with breasts drawn on it.

As you follow the text, remember:

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

I. Introduce the topic

(3 minutes)

Ask participants to find the box **HOW TO EXAMINE A WOMAN'S BREASTS** on page 103 of their manuals.

Explain that you will demonstrate breast examination, and then they can practise on a model breast. You will also discuss talking to the woman about your findings.

Make these points:

- It is not necessary to examine breasts routinely, antenatally or postnatally. However, it may be the practice in your facility to examine breasts antenatally.
- You need to examine the breasts, either antenatally or postnatally, if you suspect a breast problem, or if the woman is worried about her breasts.

II. Demonstrate how to examine a woman's breasts

(15 minutes)

 Discuss the technique:

- It is important to examine breasts gently and modestly, because they are a sensitive part of the body.
- To examine the breasts, first look at or *inspect* them. After delivery, you often learn all that you need by inspection while you observe a breastfeed and before or after it.
- Sometimes you need to feel or *palpate* a woman's breasts. This is only necessary if you suspect a breast problem. It is not necessary as a routine.

Ask: *What can you learn by inspecting breasts?*

(Let participants suggest. Then mention any of the following points that they did not think of.)

- The size and shape of the breasts.
(A mother may lack confidence because of the size or shape of her breasts.)
- The size and shape of the nipple and areola.
(Women may worry about this. Some nipple shapes can cause more difficulty with attachment than others.)
- Whether milk is dripping from one or other breast.
(A sign of the oxytocin reflex.)
- If the breasts look soft, full or engorged.
- Fissures around the base or across the tip of the nipple.
- Redness, suggesting inflammation and possibly infection.
- Scars from breast surgery, for example, if she had a breast abscess.
(This tells you that she had problems previously.)

Ask: *What may you notice as a baby finishes a feed?*

- If you see the baby release the breast, you may see the nipple pulled out long, showing that it is *protractile* (easily stretched, remember Slide 14/2).
- You may notice that the nipple looks squashed, or that there is a line across the tip or down the side. This suggests that the baby was poorly attached.

Ask: *What may you learn by palpating a breast?*

(Let participants suggest. Then add any of the following that they did not think of.)

- If the breast is full, hard or engorged.
- If there are any lumps, hard areas, hot patches, or tenderness.
- If the nipple is protractile.

Give the demonstration:

As you follow each step:

- *Demonstrate how to talk to and touch the mother.*
Explain what you want to do, and ask her permission before you do it.
Be gentle, and talk in a way which builds her confidence.
Be careful not to sound critical.
(Do NOT say things like "Oh, your nipples are rather flat!")
- *Explain to participants what you are doing.*

☺ Ask the participant who is helping you to sit on a chair facing the class. She should be 'breastfeeding' a doll, and holding a model breast.
When you greet her, and ask how she is, she says "I have a swelling in my breast".

Follow these steps:

- As this is a postnatal examination, wait until the baby has finished breastfeeding. Do not interrupt the feed. Take the opportunity to observe the breastfeed.
- Explain to the mother that you would like to look at her breasts, and ask her permission.
- *Inspect* her breasts, without touching.
(Tell participants what you are looking for, and what you see.)
- Ask her what symptoms she has had, and if she has had any pain or tenderness. Ask her to point to the place. (She points to the swelling.)
- Explain that you would now like to feel her breasts.
Before you touch them, ask her permission.
- Demonstrate palpation using the model breast.
If you do not have a model, use the soft part of your forearm.

Explain what you are doing as you do it:

- hold your hand flat with the fingers together and straight;
- feel gently all over the breast with the flat of your hand;
- watch the mother's face as you palpate, so that you notice any tenderness.

- Show what NOT to do.

Pinch and poke the model breast. Explain that this is painful for the mother, and does not tell you what you need to know.

- Demonstrate testing for protractility:

(For example, if a mother is worried about the shape of her nipples.)

- Explain to the mother that you would now like to see how easily her nipples pull out. Explain that you would like her to do this herself.

Ask her to place a finger and thumb on the areola either side of the nipple, and gently try to pull the nipple out.

- Thank the 'mother', and talk to her about what you have found.

- ☺ Ask participants to practise palpating a breast:

They can practise either on a model breast, or on the soft part of their forearm. They should use the flat of their hand, and palpate all parts of the breast.

III. Discuss what to say to the mother

(12 minutes)

- Make these points:

- When you have examined a woman's breasts, you need to decide what you will say to her.
- Use your confidence and support skills.

- ☺ Ask participants to practise what they would say to a woman at an antenatal visit in these situations:

1. Her breasts are perfectly alright;
2. There is something that worries the mother, but which should not cause any difficulty with breastfeeding;
3. You find something that could cause difficulties with breastfeeding.

Ask: *What would you say if her breasts are perfectly alright?*
(Ask a few participants in turn to practise what they would say.)

Praise her. Say something like this:
"Your breasts are very good for breastfeeding."

Ask: *What would you say to a woman who has very small areolas, and she thinks that they will make it difficult for the baby to breastfeed?*
(Let participants practise what they would say.)

They should say things to build her confidence in this way:

- Accept her worries.
- Give praise - for example, that her breasts are protractile, or full of milk.
- Give relevant information:
 - "Breasts come in many shapes and sizes - but the part inside where the milk comes from is the same."
 - "If he takes a good mouthful of breast tissue, he will be able to get the milk."

Ask: *What would you say to a woman who has inverted nipples?*
(Let participants practise what they would say.)

They should try to build her confidence in this way:

If she is not worried:

- Praise her for wanting to breastfeed.
- It may be better to say nothing about her nipples.
- Wait and see how breastfeeding goes, and be ready to help her if she does have difficulties.

If she is worried:

- Give her accurate, relevant information about her condition.
(Babies suckle from the breast, not the nipple; nipples improve after delivery; it may take a little longer for the baby to learn to breastfeed.)
- Be positive, and encourage her to believe that breastfeeding is possible.
(Many babies breastfeed from breasts of this shape.)
- Suggest what she can do to help her baby to breastfeed.
(Let him explore the breast and try to suckle soon after delivery. Help him to take a big mouthful of breast. If necessary, express her milk and feed it from a cup while he learns to suckle.)
- Explain that you or your colleagues will help her.

HOW TO EXAMINE A WOMAN'S BREASTS

Not necessary as a routine - only if you or the woman are concerned.
If postnatal, examine before breastfeed, or wait until baby finishes.

Do the examination gently and modestly.

- Explain what you want to do. Ask the mother's permission.
- Inspect her breasts without touching. Look for:
 - size and shape of breast (may affect confidence)
 - size and shape of nipple (may affect attachment)
 - dripping milk (sign of active oxytocin reflex)
 - full, soft, engorged
 - fissures around base or across tip
 - redness (inflammation or infection)
 - at end of feed, protracted or squashed
 - scars (breast surgery, previous abscess)
- Ask if she has noticed anything wrong.
If "yes", ask her to point to the place.
- If it is necessary to palpate, ask her permission.
- Palpate gently all parts of both breasts.
Use the flat of your hand (fingers together and straight).
Do not pinch or poke.
Watch mother's face for signs of pain or tenderness.
Feel for:
 - generalized fullness, hardness, engorgement
 - localized hardness, hot areas, lumps
- Ask mother to show how easily her nipples stretch out (protract).
(She places her finger and thumb on the areola either side of her nipple, and tries to stretch the nipple out).
- Talk to the mother about what you have found.
Use confidence and support skills.
Do not say anything critical, and do not tell her things that will worry her, when it is not necessary to do so.

Session 20**EXPRESSING BREASTMILK*****Objectives***

At the end of this session, participants should be able to:

- explain when it is useful for a mother to express breastmilk;
- help a mother to stimulate her oxytocin reflex;
- teach a mother an effective technique for hand expression.

Session outline (40 minutes + 30 minutes optional)

Participants are together as a class for a demonstration by one trainer.

- I. Introduce the topic (7 minutes)
 - II. Demonstrate how to stimulate the oxytocin reflex (15 minutes)
 - III. Demonstrate how to express breastmilk by hand (15 minutes)
- Optional (IV - VI)
- IV. Ask a mother to demonstrate expressing breastmilk (10 minutes extra)
 - V. Demonstrate breast pumps (10 minutes extra)
 - VI. Demonstrate the warm bottle method for expressing breastmilk (10 minutes extra)
- VII. Summarize 'Expressing breastmilk' (3 minutes)

Preparation

Refer to pages 12-13 of the Introduction for general guidance on how to give a demonstration, and to page 6 for instructions 'How to make a model breast'.

Study the notes for the session so that you are clear what to do.

Before the course:

Obtain some examples of suitable containers to collect expressed breastmilk, that would be available to ordinary mothers (for example, cups, jam jars).

Decide if you will do any of the optional demonstrations.

If possible, ask a mother who regularly expresses her milk to come and demonstrate to participants (for example, a mother who works outside the home, or a mother of a low-birth-weight baby).

To demonstrate breast pumps:

Collect samples of any breast pumps that are available in the area, from hospitals, or from shops.

(If none are available or used, do not give this demonstration.)

To demonstrate the warm bottle method:

Give this demonstration only if you have had experience using the method and you know which locally available bottles are appropriate.

Find a suitable wide-necked glass (not plastic) bottle, that is readily available in the area.

The bottle should be large (1-3 litres is suitable, not less than 700 ml), with a wide neck (at least 2 cm and if possible 4 cm diameter).

Clean it thoroughly.

Have a pan of hot water available. (In the mother's home, you would ask the family to heat some water.)

Before the session:

Ask a participant to help you to demonstrate back massage to stimulate the oxytocin reflex. Explain what you want her to do.

As you follow the text, remember:

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

I. Introduce the topic

(7 minutes)

Ask participants to keep their manuals closed.

Explain the purpose of the session:

- In this session you will learn how to express breastmilk effectively. Expressing breastmilk is helpful in a number of situations. Difficulties can arise, but they are often due to poor technique.
- Many mothers are able to express plenty of breastmilk using rather strange techniques. If a mother's technique works for her, let her continue to do it that way. But if a mother is having difficulty expressing enough milk, teach her a more effective technique.

Discuss when it is useful to express breast milk.

Ask: *In which situations is it useful for a mother to express her breastmilk?*

(Let participants suggest.)

(Remind them that it was mentioned in Session 14, 'Breast conditions', and Session 16, 'Refusal to breastfeed'. Other situations when it is useful will be discussed in Session 26, 'Low-birth-weight and sick babies' and Session 32, 'Women and work'.)

→ Write participants' ideas on a board.

Try to develop a list with most of the ideas below.

After a few minutes, if participants cannot think of any more, complete the list for them.

Expressing milk is useful to:

- relieve engorgement;
- relieve blocked duct or milk stasis;
- feed a baby while he learns to suckle from an inverted nipple;
- feed a baby who has difficulty in coordinating suckling;
- feed a baby who 'refuses', while he learns to enjoy breastfeeding;
- feed a low-birth-weight baby who cannot breastfeed;
- feed a sick baby, who cannot suckle enough;
- keep up the supply of breastmilk when a mother or baby is ill;
- leave breastmilk for a baby when his mother goes out or to work;
- prevent leaking when a mother is away from her baby;
- help a baby to attach to a full breast;
- express breastmilk directly into a baby's mouth;
- prevent the nipple and areola from becoming dry or sore.

- So there are many situations in which expressing breastmilk is useful and important to enable a mother to initiate or to continue breastfeeding.
- Some experts consider that all mothers should learn how to express their milk, so that they know what to do if the need arises. Certainly all health workers who care for breastfeeding mothers should be able to teach mothers how to express their milk.

II. Demonstrate how to stimulate the oxytocin reflex

(15 minutes)

- Discuss why stimulating the oxytocin reflex is helpful:

Ask: *Why is it helpful to stimulate a mother's oxytocin reflex before she expresses milk?*

(Encourage participants to recall what they learnt about how breastfeeding works. Give them a minute to think and make a few suggestions, then continue.)

It is important that the oxytocin reflex works to make the milk flow from her breasts.

- The oxytocin reflex may not work as well when a mother expresses as it does when a baby suckles. A mother needs to know how to help her oxytocin reflex, or she may find it difficult to express her milk.

Ask: *What ways can you think of to stimulate the oxytocin reflex?*

(Ask participants to remember what they know about the oxytocin reflex, and what helps it. Let them make a few suggestions, and then continue.

Ask them to refer to Fig.9 (Overhead 3/3) and Fig.10 (Overhead 3/4) on pages 13-14 in their manuals, to remind them what helps and hinders the oxytocin reflex.)

- Ask participants to turn to page 105 of their manuals and to find the box **HOW TO STIMULATE THE OXYTOCIN REFLEX**.

Read through the box, explaining anything that is not clear.

Demonstrate with a model breast how a mother can stimulate her nipples or massage or stroke her breasts.

Ask: *What techniques for making breastmilk flow do you know of in your community?*

(Let participants describe any methods that they have heard of. These may be useful to remember.)

HOW TO STIMULATE THE OXYTOCIN REFLEX

Help the mother *psychologically*:

- Build her confidence
- Try to reduce any sources of pain or anxiety
- Help her to have good thoughts and feelings about the baby

Help the mother *practically*. Help or advise her to:

- *Sit quietly and privately or with a supportive friend.*
Some mothers can express easily in a group of other mothers who are also expressing for their babies.
- *Hold her baby with skin-to-skin contact if possible.*
She can hold her baby on her lap while she expresses. If this is not possible, she can look at the baby. If this is not possible, sometimes even looking at a photograph of her baby helps.
- *Take a warm soothing drink.*
The drink should not be coffee.
- *Warm her breasts.*
For example, she can apply a warm compress, or warm water, or have a warm shower.
- *Stimulate her nipples.*
She can gently pull or roll her nipples with her fingers.
- *Massage or stroke her breasts lightly.*
Some women find that it helps if they stroke the breast gently with finger tips or with a comb.
Some women find that it helps to gently roll their closed fist over the breast towards the nipple.
- *Ask a helper to rub her back.*
The mother sits down, leans forward, folds her arms on a table in front of her, and rests her head on her arms. Her breasts hang loose, unclothed. The helper rubs down both sides of the mother's spine. She uses her closed fist with her thumbs pointing forwards. She presses firmly making small circular movements with her thumbs. She works down both sides of the spine at the same time, from the neck to the shoulder blades, for two or three minutes (Fig.6).

Demonstrate how to rub a mother's back:

Fig.6 (Fig.30 in the Participants' Manual) illustrates the technique.

☺ Ask the participant who will help you to sit at the table resting her head on her arms, as relaxed as possible.

She remains clothed, but explain that with a patient it is important for her breasts and her back to be naked.

Make sure that the chair is far enough away from the table for her breasts to hang free. Explain what you will do, and ask her permission to do it.

Rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulder blades (see box inset in Fig.6).

Ask her how she feels, and if it makes her feel relaxed.

Participants practise rubbing a mother's back:

☺ Ask participants to work in pairs and briefly practise the technique of rubbing a mother's back.

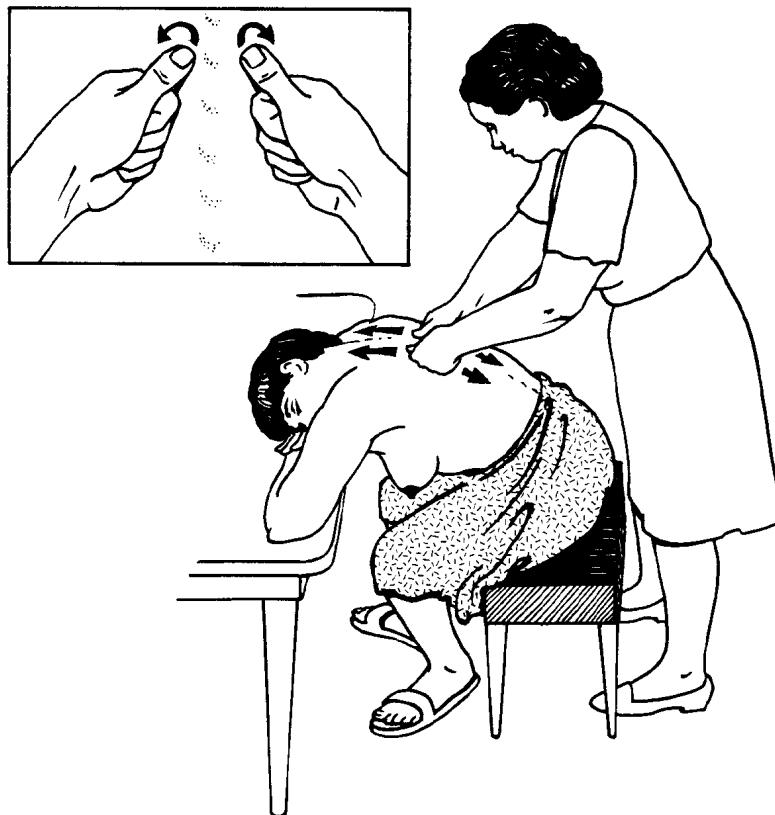


Fig.6 A helper rubbing a mother's back to stimulate the oxytocin reflex (Fig.30 in Participants' Manual)

III. Demonstrate how to express breastmilk by hand

(15 minutes)

Make these points:

- Hand expression is the most useful way to express milk. It needs no appliance, so a woman can do it anywhere, at any time.
- It is easy to hand express when the breasts are soft. It is more difficult when the breasts are engorged and tender. So teach a mother how to express her milk in the first or second day after delivery. Do not wait until the third day, when her breasts are full.
- **Key point:** *A woman should express her own breastmilk.* The breasts are easily hurt if another person tries. If you are showing a woman how to express, show her on your own body as much as possible, while she copies you. If you need to touch her to show her exactly where to press her breast, be very gentle.

Explain how to prepare a container for the expressed breastmilk (EBM).
(Do this demonstration quickly. Do not let it take a long time.)

Show participants some of the containers to hold the expressed breastmilk that you have collected. Go through the following points:

HOW TO PREPARE A CONTAINER FOR EXPRESSED BREASTMILK (EBM)

- Choose a cup, glass, jug or jar with a wide mouth.
- Wash the cup in soap and water. (She can do this the day before.)
- Pour boiling water into the cup, and leave it for a few minutes. Boiling water will kill most of the germs.
- When ready to express milk, pour the water out of the cup.

Give the demonstration of how to express breastmilk by hand:

Demonstrate as much as possible on your own body. If you prefer not to use your own body, use a model breast, or practise on the soft part of your arm or cheek. You can draw a nipple and areola on your arm.

Follow the steps in the box **HOW TO EXPRESS BREASTMILK BY HAND**, explaining what you do.

HOW TO EXPRESS BREASTMILK BY HAND

*Teach a mother to do this herself. Do not express her milk for her.
Touch her only to show her what to do, and be gentle.*

Teach her to:

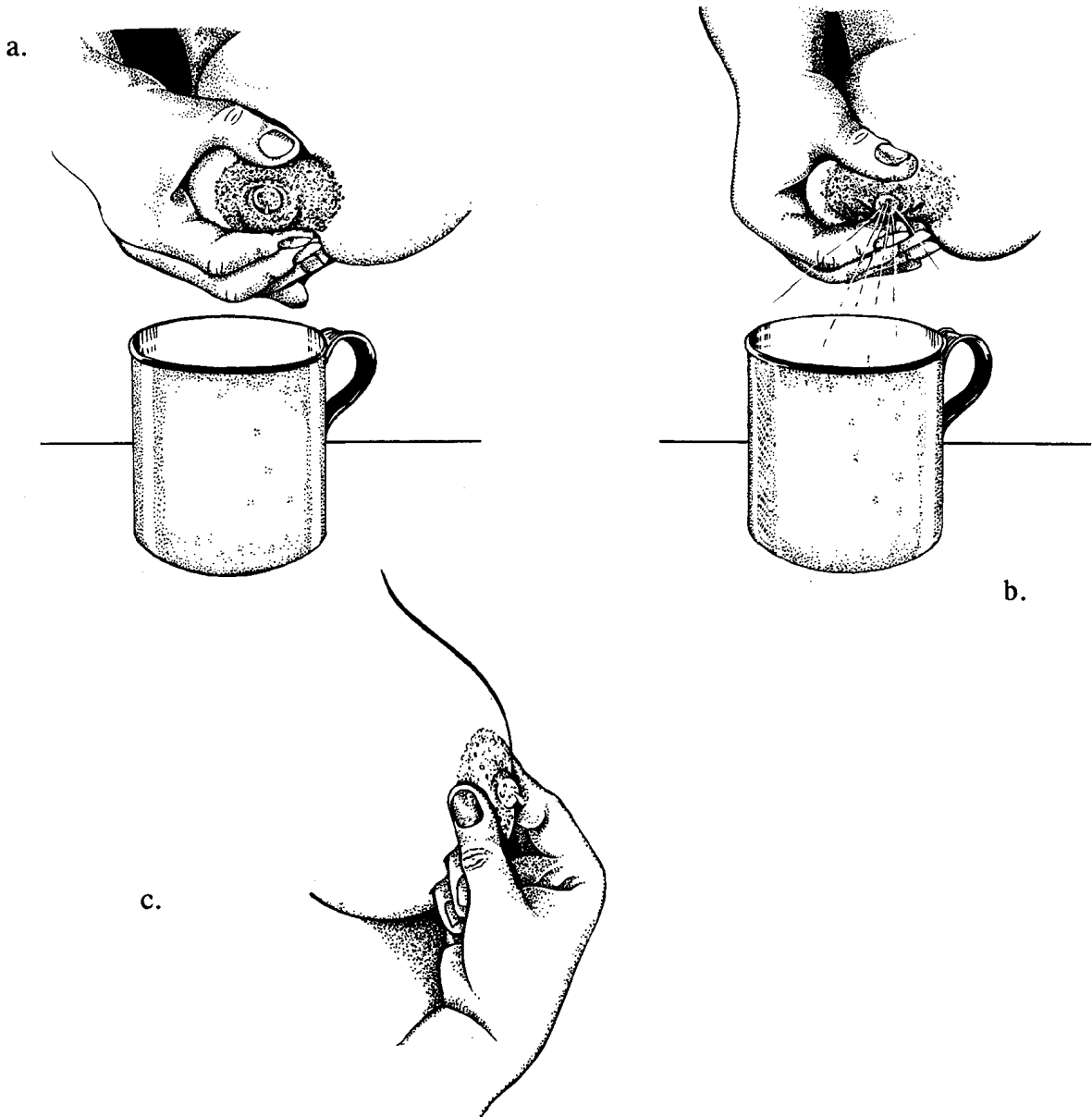
- Wash her hands thoroughly.
- Sit or stand comfortably, and hold the container near her breast.
- Put her thumb on her breast ABOVE the nipple and areola, and her first finger on the breast BELOW the nipple and areola, opposite the thumb. She supports the breast with her other fingers (see Fig.7).
- Press her thumb and first finger slightly inwards towards the chest wall. She should avoid pressing too far or she may block the milk ducts.
- Press her breast behind the nipple and areola between her finger and thumb. She must press on the lactiferous sinuses beneath the areola (see Overhead 3/1).
Sometimes in a lactating breast it is possible to feel the sinuses. They are like pods, or peanuts. If she can feel them, she can press on them.
- Press and release, press and release.
This should not hurt - if it hurts, the technique is wrong.
At first no milk may come, but after pressing a few times, milk starts to drip out. It may flow in streams if the oxytocin reflex is active.
- Press the areola in the same way from the SIDES, to make sure that milk is expressed from all segments of the breast.
- Avoid rubbing or sliding her fingers along the skin. The movement of the fingers should be more like rolling.
- Avoid squeezing the nipple itself. Pressing or pulling the nipple cannot express the milk. It is the same as the baby sucking only the nipple.
- Express one breast for at least 3 - 5 minutes until the flow slows; then express the other side; and then repeat both sides. She can use either hand for either breast, and change when they tire.

Explain that to express breastmilk adequately takes 20 - 30 minutes, especially in the first few days when only a little milk may be produced. It is important not to try to express in a shorter time.

Fig.7 How to express breastmilk.

(Fig.31 in Participants' Manual)

- Place finger and thumb each side of the areola and press inwards towards the chest wall.
- Press behind the nipple and areola between your finger and thumb.
- Press from the sides to empty all segments.



Tell participants that they can find the box **HOW TO EXPRESS BREASTMILK BY HAND** on page 107 of their manuals, and the figures on page 108.

Discuss how often to express milk:

Ask: *How often should a mother express her breastmilk?*

(Let participants give their ideas. Praise them for correct ideas, and make sure that the following points are clear.)

It depends on the reason for expressing the milk, but usually as often as the baby would breastfeed.

- To establish lactation, to feed a low-birth-weight (LBW) or sick newborn:
 - *She should start to express milk on the first day, within six hours of delivery if possible.* She may only express a few drops of colostrum at first, but it helps breastmilk production to begin, in the same way that a baby suckling soon after delivery helps breastmilk production to begin.
 - *She should express as much as she can as often as her baby would breastfeed.* This should be at least every 3 hours, including during the night. If she expresses only a few times, or if there are long intervals between expressions, she may not be able to produce enough milk.
- To keep up her milk supply to feed a sick baby:
She should express at least every 3 hours.
- To build up her milk supply, if it seems to be decreasing after a few weeks:
Express very often for a few days (every ½-1 hour), and at least every 3 hours during the night.
- To leave milk for a baby while she is out at work:
Express as much as possible before she goes to work, to leave for her baby. It is also very important to express while at work to help keep up her supply (see Session 32, 'Women and work').
- To relieve symptoms, such as engorgement, or leaking at work:
Express only as much as is necessary.
- To keep nipple skin healthy:
Express a small drop to rub on nipple after a bath or shower.

☺ Ask participants to practise the technique.

Ask them to practise the rolling action of the fingers on a model breast or on their arms. Ask them to make sure that they avoid pinching.

Ask them to practise on their own bodies privately later.

IV. Ask a mother to demonstrate expressing breastmilk (10 minutes extra)

If you have found a mother who is willing to give this demonstration to the group, ask her to do so now.

Give her a comfortable place to sit where she can be modest and private. If possible give her a pleasant drink.

Let participants observe her in groups of 4-5.

Ask her to express her milk, and to explain her technique to the participants.

Discuss the mother's technique.

Hold the discussion after the mother has finished, and where she cannot hear you. She may not have used the exact technique described in the manual. However, if she manages to express enough milk, then her technique is good enough for her.

If you have not found a mother who is willing to give a demonstration, suggest that participants try to observe mothers expressing their breastmilk when they are on the wards during clinical practice sessions.

V. Demonstrate breast pumps (10 minutes extra)

Display the breast pumps available in the area:

Pass them round for participants to examine. Ask if they have used them, and what their experiences are.

- Do they find the pumps useful?
- Do mothers find them useful?
- What problems have they encountered?
- Do they find them more or less satisfactory than hand expression?

Explain the need for breast pumps:

- If breasts are engorged and painful, it is sometimes difficult to express milk by hand. It can be helpful to express with a pump. A pump is easier to use when the breasts are full. It is not so easy to use when the breasts are soft.

Demonstrate how to use a rubber bulb pump:

Point out the rubber bulb which creates suction. Point out the glass tube with a wide opening to fit over the nipple, and a swelling in the side to collect milk.

Use a model breast to demonstrate how a mother should use the pump. Follow these steps, and explain what you do:

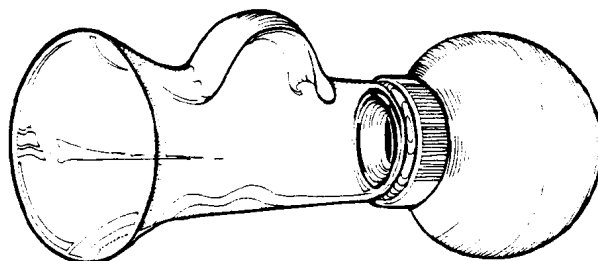
- Compress the rubber bulb to push out the air.
- Place the wide end of the tube over the nipple.
- Make sure that the glass touches the skin all around, to make an airtight seal.
- Release the bulb. The nipple and areola are sucked into the glass.
- Compress and release the bulb again, several times.
After compressing and releasing the bulb a few times, milk starts to flow. The milk collects in the swelling on the side of the tube.
- Break the seal to empty out the milk, and start again.

Explain the disadvantages of rubber bulb pumps:

- They are not suitable for collecting milk to feed a baby. They are difficult to clean properly. Milk may collect in the rubber bulb and it is difficult to clean out. The milk which collects is often contaminated.
- They are not very efficient, especially when the breasts are soft. They are useful mainly to relieve engorgement, when hand expression is difficult. That is why they are often called 'breast relievers'.

Fig.8 Rubber bulb breast pump

(Fig.32 in Participants' Manual)



- Demonstrate how to use a syringe pump:

Point out the funnel-shaped wide end that fits over the nipple. The funnel is attached to the inner plunger of the body of the pump, which fits inside an outer cylinder. Milk collects in the larger, outer cylinder.

Use a model breast to demonstrate how a mother should use the pump:

- Make sure that the plunger is inside the outer cylinder.
- Make sure that the rubber seal is in good flexible condition.
- Put the funnel over the nipple.
- Make sure that it touches skin all round, to make an airtight seal.
- Pull the outer cylinder down. The nipple is sucked into the funnel.
- Release the outer cylinder, and then pull down again.
After a minute or two milk starts to flow, and collects in the outer cylinder.
- When milk stops flowing, break the seal, pour out the milk, and then repeat the procedure.

- Explain the advantages of syringe pumps:

- A syringe pump is more efficient than a rubber bulb pump, and it is easier to clean and to sterilize.

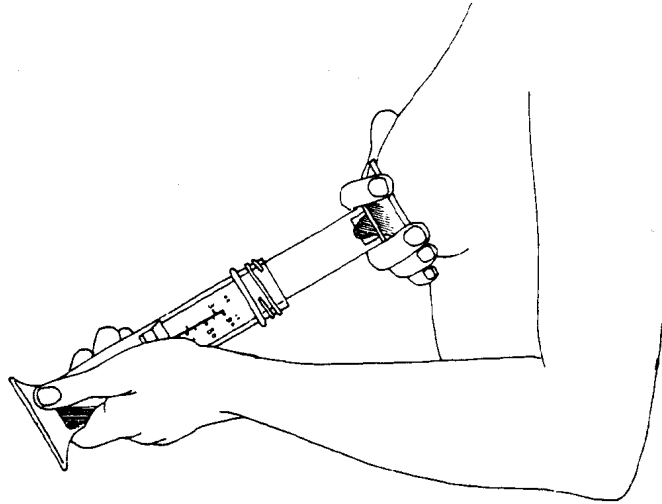


Fig.9 Syringe breast pump (Fig.33 in Participants' Manual)

- Discuss electric breast pumps briefly:

- Electric pumps can be used in hospital.
However, they are not practical for routine use, or for mothers at home.
They can easily carry infection, which is especially dangerous if more than one woman uses the same pump.

VI. Demonstrate the warm bottle method for the expression of breastmilk
(10 minutes extra)

Demonstrate this method only if you have experience of using it.

Prepare a wide-necked glass bottle, and a pan of hot water (see the *Preparation* box for this session, on page 258).

Explain the reasons for the technique:

- This is a useful technique to relieve severe engorgement, when a breast is very tender, and the nipple is tight, so that hand expression is difficult.

Explain what you need for this method:

▪ You need a suitable bottle:

- made of glass, not plastic;
- 1-3 litres in size - not smaller than 700 ml;
- with a wide neck - at least 2 cm diameter, if possible 4 cm - so that the nipple can fit into it easily.

▪ You also need:

- a pan of hot water, to warm the bottle,
- some cold water, to cool the neck of the bottle;
- a thick cloth, to hold the hot bottle.

Demonstrate the method:

- Pour a little of the hot water into the bottle to start warming it up. Then almost fill the bottle with hot water. Do not fill it right up too quickly or the glass will crack.
- Let the bottle stand for a few minutes to warm the glass.
- Wrap the bottle in the cloth, and pour the hot water back into the pan.
- **COOL THE NECK OF THE BOTTLE** with cold water, inside and outside. (If you do not cool the neck of the bottle, you may burn the nipple skin.)
- Put the neck of the bottle over the nipple, touching the skin all round to make an airtight seal.
For the demonstration, use the soft part of your hand or forearm.

- Hold the bottle steady. After a few minutes the whole bottle cools, and makes gentle suction, which pulls the nipple into the neck of the bottle. Sometimes when a woman first feels the suction, she is surprised and pulls away. You may have to start again.
- The warmth helps the oxytocin reflex, and milk starts to flow, and collects in the bottle. Keep the bottle there as long as the milk flows.
- Pour out the breastmilk, and repeat if necessary, or do the same for the other breast. After some time, the acute pain in the breasts becomes less, and hand expression or suckling may become possible.

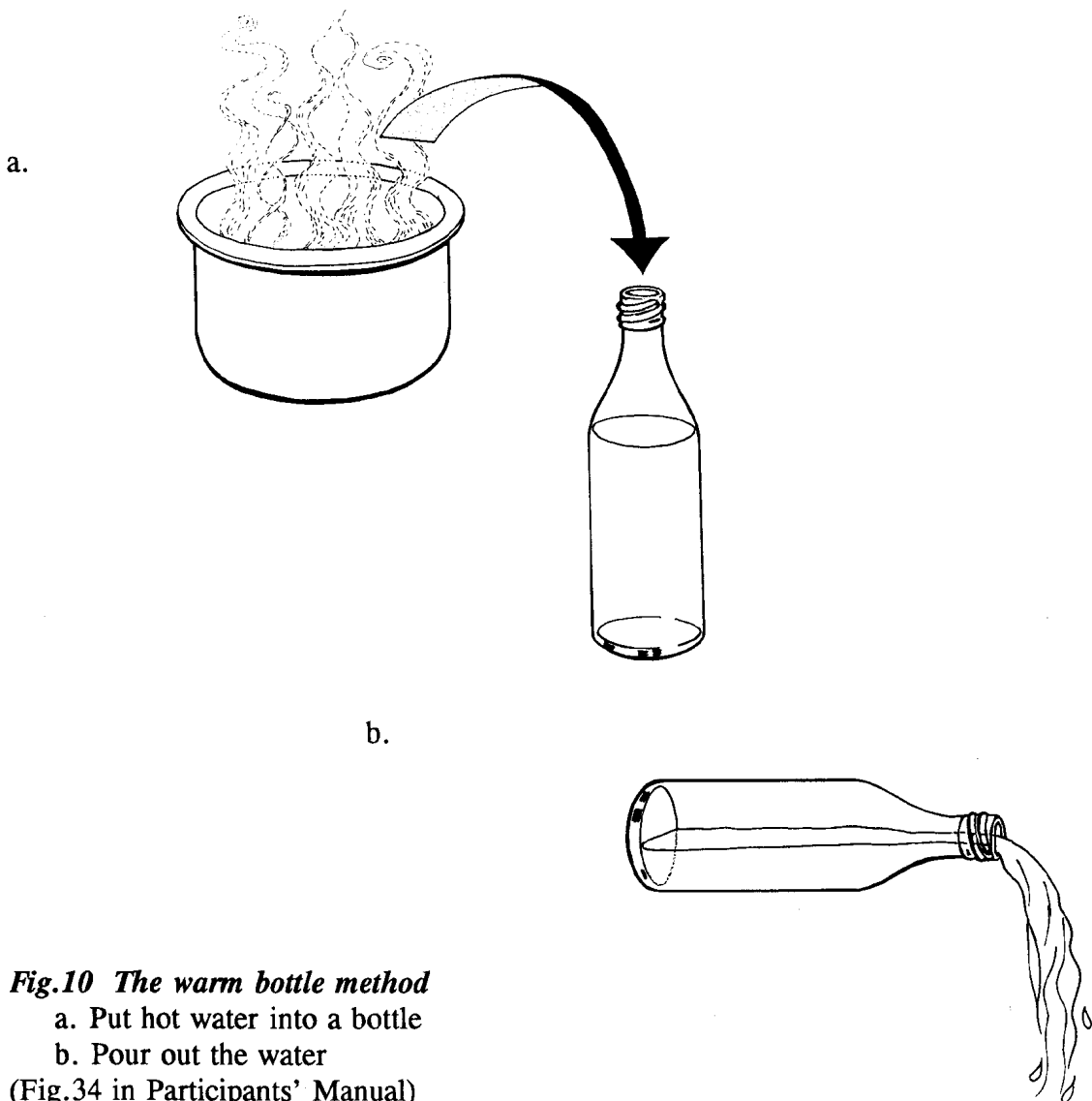
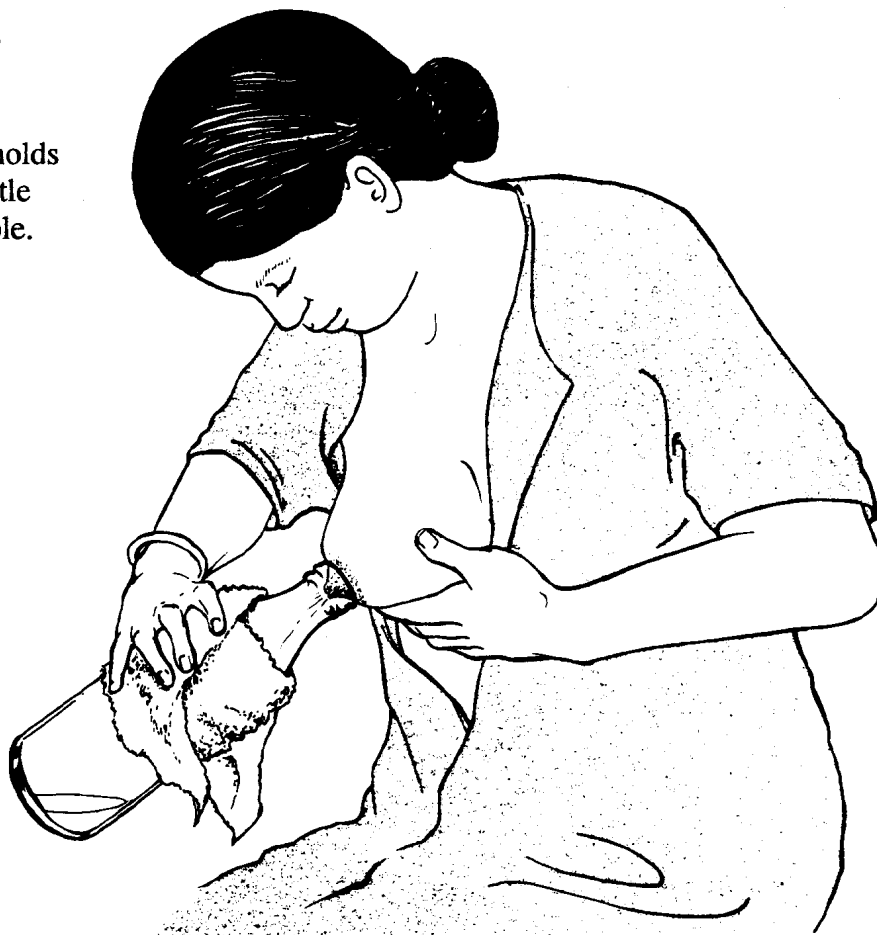


Fig.10 contd.
The warm bottle
method

- c. The mother holds the warm bottle over her nipple.



VII. Summarize 'Expressing breastmilk'

(3 minutes)

Make these points:

- Hand expression is the most useful way to express breastmilk. It is less likely to carry infection than a pump, and is available to every woman at any time.
- It is important for women to learn to express their milk by hand, and not to think that a pump is necessary.
- To express milk effectively, it is helpful to stimulate the oxytocin reflex and to use a good technique. Stimulating the oxytocin reflex is helpful with pump expression, as well as with hand expression.

Recommended reading

Helping Mothers to Breastfeed Chapter 10, sections 10.1, 10.2, and 10.3