

## Session 21

### "NOT ENOUGH MILK"

#### *Objectives*

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

- decide if a baby is getting enough breastmilk or not;
- help mothers whose babies are not getting enough milk;
- help mothers who think that they do not have enough breastmilk.

#### *Session outline* (70 minutes)

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

- I. Introduce the topic (5 minutes)
- II. Discuss how to decide if a baby is getting enough milk or not (15 minutes)
- III. Discuss the reasons why a baby may not get enough breastmilk (15 minutes)

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

- IV. Discuss how to help a mother whose baby is not getting enough breastmilk (15 minutes)
- V. Discuss how to help a mother who thinks that she does not have enough milk (15 minutes)
- VI. Conclude "Not enough milk" (5 minutes)

***Preparation***

Refer to pages 13-15 of 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.

Prepare flipcharts or boards to write up lists of ideas.

You will need either a large board and a flipchart, or two flipcharts.

The board should be large enough for the schema **REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK**. If there is no large board, use two flipcharts, one for 'common reasons' and one for 'less common reasons'.

If you do not have enough flipchart stands, post up sheets of flipchart paper of the wall to write on. Make sure that the room is arranged so that participants can see the lists.

Before the session, decide how you will write the schema out.

As you follow the text, remember:

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

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

## I. Introduce the topic

(5 minutes)

Ask participants to keep their manuals closed.

Make this introductory point:

- One of the commonest reasons that mothers give for starting bottle feeds, or for stopping breastfeeding, is that they think that they "do not have enough milk".

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 "not enough milk" as an important cause in their situation.

Continue with these points:

- Usually, even when a mother thinks that she does not have enough breastmilk, her baby is in fact getting all that he needs. Almost all mothers can produce enough breastmilk for one or even two babies. They can almost all produce more than their baby needs.
- Sometimes a baby does not get enough breastmilk. But it is usually because he is not suckling enough, or not suckling effectively (see Session 3, 'How breastfeeding works'). It is rarely because his mother cannot produce enough.
- So it is important to think not about *how much milk a mother can produce*, but about *how much milk a baby is getting*.

**Further information**

The problem of "not enough milk" may arise before breastfeeding has been established, in the first few days after delivery. Then the mother needs help to establish breastfeeding.

The problem may arise after breastfeeding has been established, after the baby is about a month of age. The mother needs help to maintain breastmilk production.

Some mothers worry that they do not have milk at a certain time of day, usually in the evening.

The causes of the problem and the needs of mothers in these different situations are sometimes different. It is important to be aware of this. However the same principles of management apply, so we will consider the three situations together.

**II. Discuss how to decide if a baby is getting enough milk or not (15 minutes)**

- Develop a list of signs that make mothers think that they do not have enough milk:

Ask: *What makes mothers think that they do not have enough milk?*

→ Write participants' ideas in a list on a flipchart or board.

Continue until you have a list of at least 10 signs, and if possible until someone has said "poor weight gain".

- Explain which signs are *reliable*:

- There are only two signs which show reliably that a baby is not getting enough milk. These are:

- Poor weight gain.
- Passing small amounts of concentrated urine.

→ If either sign is on the participants' list, underline it, and praise the participants for thinking of it.

→ Write the heading 'RELIABLE SIGNS' on another flipchart or board.  
Write the two signs below the heading.

<p><b>RELIABLE SIGNS</b></p> <p>Poor weight gain</p> <p>Small amount of concentrated urine</p>
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Explain which signs are *possible*:

→ Mark with a ✓ on the participants' list of signs, any of the following:

- ✓ Baby not satisfied after breastfeeds
- ✓ Baby cries often
- ✓ Very frequent breastfeeds
- ✓ Very long breastfeeds
- ✓ Baby refuses to breastfeed
- ✓ Baby has hard, dry, or green stools
- ✓ Baby has infrequent small stools
- ✓ No milk comes out when mother expresses
- ✓ Breasts did not enlarge (during pregnancy)
- ✓ Milk did not 'come in' (after delivery)

▪ These are *possible signs*.

They *may* mean that a baby is not getting enough milk.

However, you cannot be sure, and you need to check for reliable signs.

Praise participants for the signs that they thought of.

Read out any that are not on their list.

Explain that participants can find the complete list of 'Reliable' and 'Possible' signs on page 113 of their manuals.

→ Mark with an X all the other signs on the participants' list.

▪ All the other signs are unreliable.

They may worry a mother, but they do not mean that her baby is getting insufficient milk.

You will not need the list of signs again. You can use the board and flipcharts for later lists.

### Further information

#### *Stool frequency*

The stool frequency of infants is very variable. A baby may not pass a stool for several days, and this is quite normal. However, when the baby does pass a stool, it is usually large and semi-liquid. Small dry stools may be a sign that a baby is not getting enough milk.

It is also normal for a baby to pass eight or more semi-liquid stools in a day. If the baby has diarrhoea, the stools are watery.

#### *Disposable nappies*

These absorb urine and make it difficult to decide if a baby has passed enough urine. If a mother is worried about her milk supply, it is better to use towelling nappies.

*Unreliable signs of "not enough milk"*

Participants may have suggested some of the following signs that make a mother think that she does not have enough milk. They are all unreliable and do not indicate that her baby is not getting enough:

- Baby sucks fingers
- Baby sleeps longer after bottle feed
- Baby's abdomen not rounded after feeds
- Breasts not full immediately after delivery
- Breasts softer than before
- Breastmilk not dripping out
- Not feeling her oxytocin reflex
- Family members ask if enough milk
- Health worker said not enough milk
- Told too young or too old to breastfeed
- Told baby too small or too big
- Poor previous experience of breastfeeding
- Breastmilk looks thin

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**SIGNS THAT A BABY MAY NOT BE GETTING ENOUGH BREASTMILK**

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**RELIABLE**

- Poor weight gain (Less than 500 g a month)  
(Less than birth weight after 2 weeks)
  - Passing small amount of concentrated urine (Less than 6 times a day, yellow and strong smelling)
- 

**POSSIBLE**

- Baby not satisfied after breastfeeds
- Baby cries often
- Very frequent breastfeeds
- Very long breastfeeds
- Baby refuses to breastfeed
- Baby has hard, dry or green stools
- Baby has infrequent small stools
- No milk comes when mother tries to express
- Breasts did not enlarge (during pregnancy)
- Milk did not 'come in' (after delivery)

Explain how to find out if a baby is getting enough breastmilk or not:

- ***Check the baby's weight gain.*** This is the most reliable sign.

For the first six months of life, a baby should gain at least 500 g in weight each month, or 125 g each week. (One kilogram per month is not necessary, and not usual.) If a baby gains less than 500 g in a month, he is not gaining enough weight.

Look at the baby's growth chart if available, or at any other record of previous weights. If no weight record is available, weigh the baby, and arrange to weigh him again in one week's time.

If the baby is gaining enough weight, he is getting enough milk. However, if no weight record is available, you cannot get an immediate answer.

- ***Check the baby's urine output.*** This is a useful quick check.

An exclusively breastfed baby who is getting enough milk usually passes dilute urine at least 6-8 times in 24 hours.

A baby who is not getting enough breastmilk passes urine less than 6 times a day (often less than 4 times a day).

His urine is also concentrated, and may be strong smelling and dark yellow to orange, especially in a baby more than 4 weeks old.

Ask the mother how often her baby is passing urine. Ask her if the urine is dark yellow or 'strong' smelling.

- If a baby is passing plenty of dilute urine, he is getting enough breastmilk.
- If he is passing concentrated urine less than 6 times a day, then he is not getting enough breastmilk.

This can tell you quickly if an exclusively breastfed baby is getting enough milk. However, if he is having any other drinks, you cannot be sure.

### **Further information**

#### *Guidelines, not rules*

The signs of weight gain and urine output are guidelines, not rules. They can help you to diagnose and correct a clinical breastfeeding problem. However, do not apply them rigidly to all mothers - especially if there is no problem. Experience will guide you.

#### *Weight changes in newborn babies*

A newborn baby may lose a little weight in the first few days of life. He should regain his birth weight by the age of 2 weeks. If babies demand feed from the first day, they start gaining weight more quickly than babies who delay. A baby who weighs less than his birth weight at 2 weeks of age is not gaining enough weight.

**III. Discuss the reasons why a baby may not get enough breastmilk**

(15 minutes)

Ask participants to suggest possible reasons why a baby may not get enough breastmilk.

→ List their suggestions on a board.

Continue if possible until they have suggested at least one 'breastfeeding factor', and at least one 'psychological factor'.

→ Put the following four headings onto a board or onto two flipcharts.

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*Breastfeeding  
factors*

*Mother:  
psychological  
factors*

*Mother:  
physical  
condition*

*Baby's  
condition*

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Try to list all the participants' correct reasons for a baby not getting enough breastmilk under one of the headings.

As you mention each reason:

- explain it briefly;
- give a local example if possible.

Develop a list of reasons which looks similar to the schema **REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK** on the next page.

Add important reasons which participants have not thought of.

Leave out reasons which are not important in your area - for example, in some areas, women may not smoke or drink alcohol.

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**REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK**

<i>Breastfeeding factors</i>	<i>Mother: psychological factors</i>	<i>Mother: physical condition</i>	<i>Baby's condition</i>
<ul style="list-style-type: none"> <li>● Delayed start</li> <li>● Feeding at fixed times</li> <li>● Infrequent feeds</li> <li>● No night feeds</li> <li>● Short feeds</li> <li>● Poor attachment</li> <li>● Bottles, pacifiers</li> <li>● Other foods</li> <li>● Other fluids (water, teas)</li> </ul>	<ul style="list-style-type: none"> <li>● Lack of confidence</li> <li>● Worry, stress</li> <li>● Dislike of breastfeeding</li> <li>● Rejection of baby</li> <li>● Tiredness</li> </ul>	<ul style="list-style-type: none"> <li>● Contraceptive pill, diuretics</li> <li>● Pregnancy</li> <li>● Severe malnutrition</li> <li>● Alcohol</li> <li>● Smoking</li> <li>● Retained piece placenta (rare)</li> <li>● Poor breast development (very rare)</li> </ul>	<ul style="list-style-type: none"> <li>● Illness</li> <li>● Abnormality</li> </ul>

**These are COMMON**

**These are NOT COMMON**

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Make these points:

- The reasons in the first two columns ('Breastfeeding factors' and 'Mother: psychological factors') are common. Psychological factors are often behind the breastfeeding factors, for example, lack of confidence causes a mother to give bottle feeds. Look for these common reasons first.
- The reasons in the second two columns ('Mother: physical condition' and 'Baby's condition') are not common. So it is not common for a mother to have a physical difficulty in producing enough breastmilk. Think about these uncommon reasons only if you cannot find one of the common reasons.

- Ask participants to look at the list for 2-3 minutes.

Ask if there are any points that they are not clear about.

Use the following **Further information** section to help you to answer their questions. However, do not go through the whole section, because it is likely to be repetitive, and to take too much time.

### **Further information**

These notes may help you to explain the reasons why a baby may not get enough milk, or they may help you to think of a local example.

#### ***Breastfeeding factors***

##### ***Delayed start:***

If a baby does not start to breastfeed in the first day, his mother's breastmilk may take longer to come in, and he may take longer to start gaining weight.

##### ***Infrequent feeds:***

Breastfeeding less than 8 times a day in the first 4 weeks, or less than 5-6 times a day at an older age, is a common reason why a baby does not get enough milk. Sometimes a mother does not respond to her baby when he cries, or she may miss feeds, because she is too busy or at work. Some babies are content and do not show that they are hungry often enough. In this case, a mother should not wait for her baby to 'demand', but should wake him to breastfeed every 3-4 hours.

##### ***No night feeds:***

If a mother stops night breastfeeds before her baby is ready, her milk supply may decrease.

##### ***Short feeds:***

Breastfeeds may be too short or hurried, so that the baby does not get enough fat-rich hindmilk. Sometimes a mother takes her baby off her breast after only a minute or two. This may be because the baby pauses, and his mother decides that he has finished. Or she may be in a hurry, or she may believe that her baby should stop in order to suckle from the other breast. Sometimes a baby stops suckling too quickly, for example if he is too hot, because he is wrapped in too many clothes.

##### ***Poor attachment:***

If a baby suckles ineffectively, he may not get enough milk.

##### ***Bottles and pacifiers:***

A baby who feeds from a bottle or who sucks on a pacifier may suckle less at the breast, so the breastmilk supply decreases.

##### ***Complementary feeds:***

A baby who has complementary feeds (artificial milks, solids, or drinks including plain water), before 4-6 months suckles less at the breast, so the breastmilk supply decreases.

#### ***Mother: psychological factors***

##### ***Lack of confidence:***

Mothers who are very young, or who lack support from family and friends, often lack confidence. Mothers may lose confidence because their baby's behaviour worries them. Lack of confidence may lead a mother to give unnecessary supplements.

**Worry, stress:**

If a mother is worried or stressed or in pain, her oxytocin reflex may temporarily not work well.

**Dislike of breastfeeding, rejection of the baby, and tiredness:**

In these situations, a mother may have difficulty in responding to her baby. She may not hold him close enough to attach well; she may breastfeed infrequently, or for a short time. She may give her baby a pacifier when he cries instead of breastfeeding him.

**Mother: physical condition****Contraceptive pill:**

Contraceptive pills which contain estrogens may reduce the secretion of breastmilk. Progestagen-only pills and depo-provera should not reduce the breastmilk supply. Diuretics may reduce the breastmilk supply (see Session 31, 'Women's nutrition, health, and fertility').

**Pregnancy:**

If a mother becomes pregnant again, she may notice a decrease in her breastmilk supply.

**Severe malnutrition**

Severely malnourished women may produce less milk. However, a woman who is mildly or moderately undernourished continues to produce milk at the expense of her own tissues, provided her baby suckles often enough (see Session 31, 'Women's nutrition, health, and fertility').

**Alcohol and smoking:**

Alcohol and cigarettes can reduce the amount of breastmilk that a baby takes.

**Retained piece of placenta:**

This is RARE. A small piece of placenta remains in the uterus, and makes hormones which prevent milk production. The woman bleeds more than usual after delivery, her uterus does not decrease in size, and her milk does not 'come in'.

**Poor breast development:**

This is VERY RARE. Occasionally a woman's breasts do not develop and increase in size during pregnancy, and she does not produce much milk. If the mother noticed an increase in the size of her breasts during pregnancy, then poor breast development is not her problem. It is not necessary to ask about this routinely. Ask only if there is a problem.

**Baby's condition****Illness:**

A baby who is ill and unable to suckle strongly does not get enough breastmilk. If this continues, his mother's milk supply will decrease.

**Abnormality:**

A baby who has a congenital problem, such as a heart abnormality, may fail to gain weight. This is partly because he takes less breastmilk, and partly because of other effects of the condition. Babies with a deformity such as a cleft palate, or with a neurological problem, or mental handicap, often have difficulty in suckling effectively, especially in the first few weeks.

- Review misconceptions about the causes of a poor milk supply:

Read quickly through the list in the box **THESE DO NOT AFFECT THE BREASTMILK SUPPLY**.

Do not spend much time on this. However, be ready to answer participants' questions, if they have difficulty in believing that these are not important reasons.

- Some things are commonly thought to be a reason for insufficient breastmilk. However, they do not in fact affect the milk supply.

**THESE DO NOT AFFECT THE BREASTMILK SUPPLY**

Age of mother  
Sexual intercourse  
Menstruation  
Disapproval of relatives and neighbours  
Returning to a job (if baby continues to suckle often)  
Age of baby  
Caesarian section  
Preterm delivery  
Many children  
Simple, ordinary diet

- Summarize the causes of "not enough milk":

Emphasize these points:

- The common reasons for a baby not getting enough milk are:
  - breastfeeding factors;
  - psychological factors.
- A physical difficulty in producing breastmilk is only occasionally the cause.

- Tell participants that they can find a summary of what you have discussed, including the schema **REASONS WHY A BABY MAY NOT GET ENOUGH BREASTMILK** on page 115 of their manuals.

**IV. Discuss how to help a mother whose baby is not getting enough breastmilk**  
(15 minutes)

Gather your group of 4-5 participants into a corner of the classroom. (Other trainers do the same).

Ask participants to keep their manuals closed.

Discuss the need to find the cause of the problem:

- If a baby is not getting enough milk, you need to find out *WHY*.

Ask: *How could you find out the cause of a baby not getting enough milk?*  
(Let participants think for a short time and make a few suggestions.  
Encourage them to think of the skills that they have learnt in the course so far.  
Then continue.)

▪ To find the cause, go through the following steps:

- Listen and learn (to learn about psychological factors, and how the mother feels)
- Take a history (to learn about breastfeeding factors, and the mother's medication)
- Assess a breastfeed (to learn about the baby's attachment and suckling and about bonding or rejection)
- Examine the baby (for illness or abnormality, and for his growth).
- Examine the mother and her breasts (to learn about her health, her nutrition, and any breast condition)

Discuss how to help a mother:

- When you have some idea why a baby is not getting enough milk, you can decide how to help him and his mother.

Ask: *How might you help a mother if her baby is not getting enough milk?*

(Let participants think and make a few suggestions. Encourage them to think of what they have learnt in this course about how to help mothers. Then continue.)

- To help a mother, use your confidence and support skills. Help her to give her baby more breastmilk, and help her to believe that she can produce enough.

Ask: *How could you use each of the six confidence and support skills to help a mother?*

(Let participants suggest something for each skill.)

Use the box **HOW TO HELP A MOTHER WHOSE BABY IS NOT GETTING ENOUGH MILK** for some ideas about using each of the six skills.

Encourage participants to think of examples from experience, before the course, or from clinical practice sessions.

#### **Further information**

Occasionally you may not be able to find the cause of a poor milk supply; or the milk supply does not improve (the baby does not gain weight) even though you have done everything you can to help the mother. Then you may need to look for one of the less common causes, and help or refer the mother accordingly.

Occasionally you may need to help a mother to find a suitable complement for her baby. Encourage her to:

- continue breastfeeding as much as possible;
- give only the amount of complement that her baby needs for adequate growth;
- give the complement by cup;
- give the complement only once or twice a day, so that her baby suckles often at the breast.

**Remember that the need for complements before 4-6 months of age should be RARE.**

## HOW TO HELP A MOTHER WHOSE BABY IS NOT GETTING ENOUGH MILK

### • *Look for a cause*

Steps to take:	What you may learn about:
<i>Listen and learn</i>	Psychological factors, how mother feels
<i>Take a history</i>	Breastfeeding factors, contraceptive pill, diuretics
<i>Assess a breastfeed</i>	Baby's position at breast, bonding or rejection
<i>Examine the baby</i>	Illness or abnormality, growth
<i>Examine the mother</i>	Her nutrition and health
<i>and her breasts</i>	Any breast problem

### • *Build confidence and give support*

Help the mother to give her baby more breastmilk, and to believe that she can produce enough.

<i>Accept</i>	Her ideas about breastmilk supply Her feelings about breastfeeding and her baby
<i>Praise (as appropriate)</i>	She is still breastfeeding Her breasts are good for making milk
<i>Give practical help</i>	Improve baby's attachment to breast
<i>Give relevant information</i>	Explain how baby's suckling controls milk supply Explain how baby can get more breastmilk
<i>Use simple language</i>	"Breasts will make more milk if baby takes more"
<i>Suggest (as appropriate)</i>	Breastfeed more often, longer, at night Stop using bottles or pacifiers (use cup if necessary) Reduce or stop other feeds and drinks (if baby aged less than 4-6 months) Ideas to reduce stress, anxiety Offer to talk to family

### • *Help with less common causes*

Baby's condition:	If ill or abnormal, treat or refer
Mother's condition:	If taking estrogen pills or diuretic, help her to change Help as appropriate with other conditions

### • *Follow-up*

See daily, then weekly until baby gaining weight and mother confident.  
It may take 3-7 days for the baby to gain weight (see Session 27).

**V. Discuss how to help a mother who thinks that she does not have enough breastmilk**

(15 minutes)

 Make these points:

- Many mothers worry about their breastmilk supply, but their babies are getting all the milk that they need.
- These mothers lack confidence in their breastmilk. It is very important to help them, otherwise they may decide to start artificial feeds.

 Discuss how to help a mother:

Ask: *What could you do to help a mother who thinks that she does not have enough breastmilk?*

(Let participants think, and make some suggestions.)

Go through the same steps as for helping a mother whose baby is not getting enough milk.

- To understand the situation:

- Listen and learn (to understand why she lacks confidence. Empathize with how she feels.)
- Take a history (to learn about the pressures that she is under from other people to give artificial feeds.)
- Assess a breastfeed (to see if poor attachment could be the problem. If a baby is suckling very often, or for a long time, it may be because he is poorly attached and getting the breastmilk inefficiently. He may be getting enough breastmilk.)
- Examine the mother and her breasts (to see the shape of her breasts, nipples, and areola. She may lack confidence if they are small or flat, or very large or of unusual shape.)

- To help a mother, use your confidence and support skills.

Ask: *How could you use each of the six confidence and support skills to help a mother who thinks that she does not have enough milk?*

(Let participants try to think of an example for each step.)

Encourage participants to think of examples from their experience or from the clinical practice sessions.

Use the box **HOW TO HELP A MOTHER WHO THINKS THAT SHE DOES NOT HAVE ENOUGH BREASTMILK** for ideas.

**HOW TO HELP A MOTHER WHO THINKS THAT SHE DOES NOT HAVE ENOUGH BREASTMILK**

- ***Understand her situation***

<i>Listen and learn</i>	To understand why she lacks confidence, empathize
<i>Take a history</i>	To learn about pressures from other people
<i>Assess a breastfeed</i>	To check baby's attachment at breast
<i>Examine mother</i>	Breast size may cause lack of confidence

- ***Build confidence and give support***

<i>Accept</i>	Her ideas and feelings about her milk
<i>Praise (as appropriate)</i>	Baby growing well, her milk supplies his needs Good points about her breastfeeding technique Good points about baby's development
<i>Give practical help</i>	Improve attachment if necessary
<i>Give relevant information</i>	Correct mistaken ideas, do not sound critical Explain about babies' normal behaviour Explain how breastfeeding works (what you say depends on her worries)
<i>Use simple language</i>	"Some babies do like to suckle a lot"
<i>Suggest</i>	Ideas for coping with tiredness Offer to talk to family

**VI. Conclude "Not enough milk"**

(5 minutes)

Ask participants to look at the summary boxes on pages 113-117 of their manuals.

Ask them to study these boxes, and to try to become familiar with them.

Signs that a baby may not be getting enough breastmilk

Reasons why a baby may not get enough breastmilk

These do not affect the breastmilk supply

How to help a mother whose baby is not getting enough milk

How to help a mother who thinks that she does not have enough breastmilk

Recommended reading:

*Helping Mothers to Breastfeed* Chapter 6, especially sections 6.1 to 6.4

## Session 22

### CRYING

#### *Objectives*

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

- list different reasons why babies may cry;
- help families with babies who cry a lot to continue exclusive breastfeeding and not to start unnecessary complementary feeds.

#### *Session outline*

(30 minutes)

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

- I. Introduce the topic (5 minutes)
- II. Discuss the reasons why babies cry (10 minutes)
- III. Participants read 'How to help a family with a baby who cries a lot' (10 minutes)
- IV. Demonstrate how to hold and carry a colicky baby (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.

Ask a male participant to help you to demonstrate how to comfort a baby.

As you follow the text, remember

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

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

## I. Introduce the topic

(5 minutes)

Ask participants to keep their manuals closed.

Make these points:

- A common reason why a mother may think that she does not have enough breastmilk, is that she, or her family, thinks that her baby is 'crying too much'.
- Many mothers start unnecessary complements because of their baby's crying. Compliments often do not make a baby cry less. Sometimes a baby cries more.
- A baby who cries a lot can upset the relationship between him and his mother, and can cause tension among other members of the family.
- An important way to help a breastfeeding mother is to counsel her about her baby's crying.

Refer back to the list of reasons for stopping breastfeeding or starting complements early that you developed in Session 2, 'Local breastfeeding situation'. Remind participants if they identified crying as one of the common reasons.

### Further information

A baby who is 'crying too much' may really be crying more than other babies, or his family may be less tolerant of the crying, or less skilled at comforting the baby.

Families' response to crying is different in different societies. So also is the way in which parents handle children. For example, in societies where babies are carried around more, they cry less. If babies sleep with their mothers they are less likely to cry at night. Yet babies themselves vary a lot in how much they cry. So it is impossible to say that some patterns are 'normal', and some are not.

**II. Discuss the reasons why babies cry**

(10 minutes)

- Develop a list of reasons why babies may cry a lot:

Ask: *What reasons can you think of why babies may cry a lot?*  
(Let participants make 5-6 suggestions, then continue.)

→ Write participants' ideas on a board or flipchart.

Try to develop a list which looks something like this:

<b>REASONS WHY BABIES CRY</b>	
Discomfort	(dirty, hot, cold)
Tiredness	(too many visitors)
Illness or pain	(changed pattern of crying)
Hunger	(not getting enough milk, growth spurt)
Mother's food	(any food, sometimes cow's milk)
Drugs mother takes	(caffeine, cigarettes, other drugs)
Oversupply of breastmilk	
Colic	
'High needs' babies	

→ Add to the list on the board reasons which participants have not thought of.

- Explain the following causes of crying, which may be new to participants:
- *Hunger due to growth spurt:*  
A baby seems very hungry for a few days, possibly because he is growing faster than before. He demands to be fed very often. This is commonest at the ages of about 2 weeks, 6 weeks and 3 months, but can occur at other times. If he suckles often for a few days, the breastmilk supply increases, and he breastfeeds less often again.
  - *Mother's food:*  
Sometimes a mother notices that her baby is upset when she eats a particular food. This is because substances from the food pass into her milk. It can happen with any food, and there are no special foods to advise mothers to avoid, unless she notices a problem.

Babies can become allergic to the protein in some foods in their mother's diet. Cow's milk, soy, egg, and peanuts can all cause this problem. Babies may become allergic to cow's milk protein after only one or two prelacteal feeds of formula.

- *Drugs mother takes:*

Caffeine in coffee, tea, and colas, can pass into breastmilk and upset a baby. If a mother smokes cigarettes, or takes other drugs, her baby is more likely to cry than other babies. If someone else in the family smokes, that also can affect the baby.

- *Oversupply:*

This can occur when a baby is poorly attached. He may suckle too frequently or for too long and stimulate the breast too much, so that the milk supply increases. Oversupply can occur if a mother takes her baby off the first breast before he has finished, and makes him take the second breast.

The baby may get too much foremilk, and not enough hindmilk. He may have loose green stools and a poor weight gain; or he may grow well but cry and want to feed often. Even though she has plenty of milk, the mother may think that she does not have enough for her baby.

- *Colic:*

Some babies cry a lot without one of the above causes. Sometimes the crying has a clear pattern. The baby cries continuously at certain times of day, often in the evening. He may pull up his legs as if he has abdominal pain. He may appear to want to suckle, but it is very difficult to comfort him. Babies who cry in this way may have a very active gut, or wind, but the cause is not clear. This is called 'colic'. Colicky babies usually grow well, and the crying usually becomes less after the baby is 3 months old.

- *'High needs' babies:*

Some babies cry more than others, and they need to be held and carried more. In communities where mothers carry their babies with them, crying is less common than in communities where mothers like to put their babies down to leave them, or where they put them to sleep in separate cots.

### III. Participants read 'How to help a family with a baby who cries a lot'

(10 minutes)

- ☺ Ask participants to read the section **HOW TO HELP A FAMILY WITH A BABY WHO CRIES A LOT** on pages 120-121 of their manuals.

If you prefer, ask participants to read the section aloud, taking turns sentence by sentence.

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## HOW TO HELP A FAMILY WITH A BABY WHO CRIES A LOT

### ● Look for a cause

#### *Listen and learn*

Help the mother to talk about how she feels. Empathize with her feelings.

- She may feel guilty and a poor mother. She may feel angry with her baby.
- Other people may make her feel guilty, or they may make her feel that her baby is bad, or naughty, or undisciplined.
- Other people may advise her to give the baby complements or pacifiers.

#### *Take a history*

- Learn about the baby's feeding and behaviour.
- Learn about the mother's diet, and if she drinks a lot of coffee, or smokes, or takes any drugs.
- Learn about the pressures that she is under from the family and other people.

#### *Assess a breastfeed*

- Check the baby's suckling position, and the length of a feed.

#### *Examine the baby*

- Make sure he is not ill or in pain. Check his growth.
- If the baby is ill or in pain, treat or refer as appropriate.

### ● Build confidence and give support

#### *Accept*

- Accept what the mother thinks about the cause of the problem.
- Accept what she feels about the baby and his behaviour.

#### *Praise what the mother and baby are doing right*

- Explain that her baby is growing well, he is not sick.
- Her breastmilk is providing all that her baby needs - there is nothing wrong with it, or with her.
- Her baby is fine - he is not bad or naughty, or in need of discipline.

#### *Give relevant information*

- Her baby has a real need for comfort. He is not sick, but he may have real pain.
- The crying will become less when the baby is 3-4 months old.
- Medicines for colic are not now recommended. They can be harmful.
- Complements are not necessary, and often do not help. Artificially fed babies also have colic. They may develop cow's milk intolerance or allergy and become worse.
- Suckling at the breast for comfort is safe, but bottles and pacifiers are not safe.

***Make one or two suggestions***

What you suggest depends on what you have learnt about the cause of the crying. Common causes may be different in different countries.

- If she has an oversupply of breastmilk:
  - Help her to improve her baby's attachment to the breast;
  - Suggest that she lets him suckle from one breast only at each feed.  
Let him continue at the breast until he finishes by himself.  
Give the other breast at the next feed.  
Explain that if her baby stays on the first breast longer, he will get more fat-rich hindmilk, (see also Session 16, 'Refusal to breastfeed'.)
- It might help if she takes less coffee and tea, and other drinks which contain caffeine, such as colas. If she smokes, suggest that she reduces her smoking, and that she smokes after breastfeeds, not before or during them.  
Ask other members of the family not to smoke in the same room as the baby.
- It might help if she stops taking cow's milk and other milk products, or other foods which can cause allergy, (soy, peanuts, eggs).  
She should stop taking the food for a week. If the baby cries less, she should continue to avoid the food. If the baby continues to cry as much as before, then that particular food is not the cause of the crying. She can take the food again.  
Do not suggest that she stops these foods if her diet is poor. Make sure that she can eat another energy- and protein-rich food instead, for example, beans.

***Give practical help***

- Explain that the best way to comfort a crying baby is to hold him close, with gentle movement and gentle pressure on his abdomen.  
Offer to show her some ways to hold and carry her baby.
- Sometimes it is easier for someone not the mother to carry the baby, so that he cannot smell the breastmilk.
- Show her how to bring up her baby's wind. She should hold him upright, for example in a sitting position, or upright against her shoulder.  
(It is NOT necessary to teach 'winding' routinely - only if the baby has colic.)

Offer to discuss the situation with her family, to talk about the baby's needs and about her need for support.

It is important to try to help to reduce family tensions, so that she does not start giving unnecessary complements.

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- Ask participants if they have any questions about 'Crying' and try to answer them.

Point out the summary of this section in the box **HOW TO HELP WITH A BABY WHO CRIES A LOT** on page 122 of their manuals.

#### HOW TO HELP WITH A BABY WHO CRIES A LOT

● **Look for a cause**

<i>Listen and learn</i>	Help mother to talk about feelings (guilt, anger) Empathize
<i>Take a history</i>	Learn about baby's feeding and behaviour Learn about mother's diet, coffee, smoking, drugs Pressures from family and others
<i>Assess a breastfeed</i>	Position at breast, length of feed
<i>Examine baby</i>	Illness or pain (treat or refer as appropriate) Check growth

● **Build confidence and give support**

<i>Accept</i>	Mother's ideas about the cause of the crying Her feelings about baby and his behaviour
<i>Praise (as appropriate)</i>	Her baby is growing well, not sick Her breastmilk provides all that baby needs Her baby is fine, not naughty or bad
<i>Give relevant information</i>	Baby has real need for comfort Crying will decrease when baby is 3-4 months old Medicines for colic not recommended Complements not necessary or helpful artificially fed babies also have colic Comfort suckling at breast is safe, bottles and pacifiers not safe
<i>Suggest (as appropriate)</i>	Give only one breast at each feed give other breast next feed Reduce coffee and tea Smoke after not before or during breastfeeds Stop milk, eggs, soy, peanuts (1-week trial, if mother's diet adequate)
<i>Practical help</i>	Show mother and others how to hold and carry baby with close contact, gentle movement, gentle abdominal pressure Offer to discuss situation with family

**IV. Demonstrate how to hold and carry a colicky baby****(5 minutes)**

Make this introductory point:

- Babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. There are several ways to provide this.

Give the demonstration:

- Hold a doll along your forearm, pressing on its back with your other hand. Move gently backwards and forwards (Fig.11a).
- Sit down and hold the doll lying face down across you lap. Gently rub the doll's back.
- Sit down and hold the doll sitting on your lap, with its back to your chest. Hold it round the abdomen, gently pressing on the abdomen (Fig.11b).
- ☺ Ask a man to help with this demonstration if possible (Fig.11c). Ask him to hold the doll upright against his chest, with the doll's head against his throat. He should hum gently, so that a baby would hear his deep voice.

Ask participants if they know of other ways to comfort a crying baby that are common in their community. Ask them to demonstrate with a doll.

**Fig.11 Some different ways to hold a colicky baby** (Fig.36 in Participants' Manual)

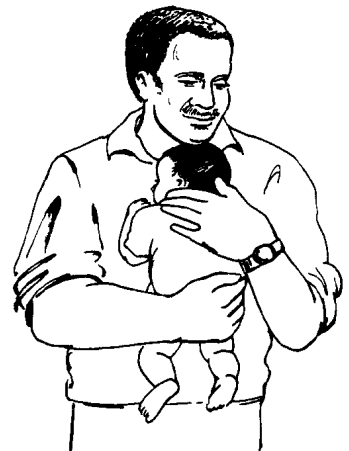
a. Holding the baby along your forearm



b. Holding the baby round his abdomen, on your lap



c. Father holding the baby against his chest



**Session 23****"NOT ENOUGH MILK" AND CRYING EXERCISE*****Objective***

Participants practise using the information from Sessions 21 and 22.

***Session outline*** (50 minutes)

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

- I. Introduce the session (2 minutes)
- II. Facilitate the written exercise (Exercise 16) (48 minutes)

***Preparation***

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

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

Make sure that you have Answer Sheets available for Exercise 16 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 session**

(2 minutes)

Ask participants to turn to page 124 of their manuals, and to find Exercise 16.

- Explain what the exercise is about:
  - This exercise contains short stories about mothers who are worried about their breastmilk supply, or about their babies' crying, followed by some questions.
  - Answer the questions using the information from Session 21, 'Not enough milk' and Session 22, 'Crying', and also from Session 11, 'Building confidence and giving support'. You can look back at the notes for these sessions in your manuals if you wish.

**II. Facilitate the written exercise**

(48 minutes)

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

**EXERCISE 16. "Not enough milk" and Crying****How to do the exercise:**

Read through the following short stories about mothers who feel that they do not have enough milk, or whose babies are crying 'too much'.

Write in pencil a brief answer to the questions which follow.

The stories of Mrs T, Mrs U, and Mrs V are optional to do if you have time.

When you have finished, discuss your answers with the trainer.

**Example:**

**Mrs M** says that she does not have enough milk. Her baby is 3 months old and crying 'all the time'. A nurse told her that he had not put on enough weight (he gained 200 g last month). Mrs M manages the family farm by herself, so she is very busy. She breastfeeds her baby about 2-3 times at night, and about twice a day, whenever she has time. She does not give her baby any other food or drink.

*What could you say to empathize with Mrs M?*

("You are very busy, it is difficult to find time to feed a baby.")

*What do you think is the cause of Mrs M's baby not getting enough milk?*

(Mrs M is not breastfeeding him often enough.)

*Can you suggest how Mrs M could give her baby more breastmilk?*

(Could she take her baby with her so that she could breastfeed him more often?)

(Could someone bring her baby to her where she is working?)

(Could she express her breastmilk to leave for her baby?)

**To answer:**

**Mrs N** says that her baby is always hungry in the evenings. Since the age of 2 weeks he has cried and doesn't want to settle. Her sister told Mrs N that she probably does not have enough milk when she is tired in the evening. Her sister suggested that Mrs N give a bottle feed in the evening, so that she can save up her milk for the night feeds. Mrs N drinks tea once or twice a day. She does not smoke cigarettes, and she does not drink milk or coffee.

Mrs N's baby is 5 weeks old, and weighs 4.5 kilos. He weighed 3.7 kilos when he was born.

*Why do you think Mrs N's baby is crying?*

(This is probably colic.  
She drinks only a little tea, so this is unlikely to be the cause.)

*What are Mrs N and her baby doing right, that you could praise?*

(Her baby is gaining weight well. He is getting all that he needs from her breastmilk.)

*What three pieces of information would you give to her?*

1. This colicky crying decreases after 3-4 months.
2. Supplements are not necessary, and might make the breastmilk decrease.
3. Medicines for colic are not recommended.)

*What could you suggest that Mrs N might do, to help her baby?*

(Discuss different ways to carry and comfort her baby more.)

**Mrs O** is 16 years old. Her baby was born 2 days ago, and is very healthy. She has tried to breastfeed him twice, but her breasts are still soft, so she thinks that she has no milk, and will not be able to breastfeed. Her young husband has offered to buy her a bottle and some formula.

*What could you say to accept what Mrs O says about her breastmilk?*

("You think that there is no milk in your breasts?")

*Why does Mrs O think that she will not be able to breastfeed?*

(She lacks confidence, and she lacks knowledge.  
Her milk has not 'come in' yet - but this is normal.)

*What relevant information would you give her, to build her confidence?*

(Her breasts already have some milk, in the form of colostrum.  
Explain that if her baby suckles more often, it will help more milk to come.  
In a day or two, her breasts will feel full.)

*What practical help could you give Mrs O?*

(Offer to help her to put her baby to her breast. Help her when her baby shows, by restlessness or mouthing, that he is ready for a feed.)

**Mrs P's** baby is 3 months old. She says that for the last few days he has suddenly started crying to be fed very often. She thinks that her milk supply has suddenly decreased. Her baby breastfed exclusively until now, and has gained weight well.

*What can you say to empathize with Mrs P?*

("You must be worried that he is crying more than before.")

*What can you praise to build Mrs P's confidence?*

("He has grown so well on your breastmilk.")

*What relevant information can you give Mrs P?*

("At this age, many babies have a growth spurt, and become very hungry. If you feed him more often for a few days, your breastmilk supply will increase, and he will settle down again." )

**Mrs Q** says that her breastmilk seems to be decreasing. Her baby is 4 months old, and has gained weight well from when he was born. Last month she started giving him cereal three times a day. She says that he is breastfeeding less often, and for a shorter time than before she started cereal feeds. Mrs Q is at home all day, and her baby sleeps with her at night.

*Why do you think that Mrs Q's breastmilk seems to be decreasing?*

(Her baby is suckling less, because she is giving the cereal feeds.)

*What are Mrs Q and her baby doing right?*

(Her baby is gaining weight well.  
She is breastfeeding him as much as he wants, and at night.)

*What could you suggest to Mrs Q, so that she continues to breastfeed?*

(Breastfeed her baby first, before giving cereal feeds.  
Make sure that he finishes a breastfeed, before she offers cereal. He may not need so much cereal before he is 6 months old.)

**Mrs R's** baby is 7 weeks old. She says that her breastmilk is not good. Her baby does not seem satisfied after breastfeeds. He cries and wants to feed again very soon, sometimes in half an hour, or an hour. He cries and wants to breastfeed often at night too, and Mrs R is exhausted. He passes urine about 6 times a day. When he breastfeeds, you notice that his lower lip is turned in, and there is more areola visible below his mouth than above it.

The baby weighed 3.7 kilos at birth. He now weighs 4.8 kilos.

*Is Mrs R's baby getting as much breastmilk as he needs?*

(Yes, he is getting as much as he needs.)

*What may be the reason for his behaviour?*

(He is poorly attached to the breast, so he is not suckling effectively. He needs to feed very often to get enough breastmilk.)

*What could you praise, to build Mrs R's confidence?*

(Her baby is getting all the breastmilk that he needs, and is growing well.)

*What practical help would you offer to Mrs R?*

(Offer to show her how to improve her baby's attachment at the breast.)

**Mrs S** says that she is exhausted, and will have to bottle feed her 2-month-old baby. He does not settle after breastfeeds, and wants to feed very often - she cannot count how many times in a day. She thinks that she does not have enough breastmilk, and that her milk does not suit her baby. While she is talking to you her baby wants a feed. He suckles in a good position. After about two minutes, he pauses, and Mrs S quickly takes him off her breast.

The baby's growth chart shows that he gained 250 g last month.

*What could you say to show that you accept Mrs S's ideas about her milk?*

("Yes, I see.")

*Is Mrs S's baby getting enough breastmilk?*

(No. He is gaining weight very slowly.)

*What is the reason for this?*

(She does not let him suckle for long enough.)

*What can you suggest to help Mrs S?*

(Suggest that she lets her baby stay at the breast for longer at each feed. She should let her baby continue suckling until he releases the breast himself. If he pauses, let him just stay at the breast until he suckles again. If he stays at the breast longer at each feed, he will not need to feed so often.)

**Optional**

**Mrs T's** baby is 6 weeks old. He wants to feed about every 2-3 hours - sometimes after 1½ hours, sometimes he sleeps for 5 hours. He has gained 800 g since he was born. Mrs T's mother says that the baby is crying too much, and looks too thin. She says that Mrs T does not have enough milk, and should give some bottle feeds.

*What are the good things that are happening?*

(Mrs T is breastfeeding her baby on demand. She is not yet giving bottle feeds.)

*Do you think that Mrs T's baby is getting enough milk?*

(Yes. Her baby is gaining weight well, and his behaviour is quite normal.)

*What would you do to help Mrs T?*

(Offer to talk to Mrs T's mother, to discuss how well the baby is doing, and to explain the dangers of bottle feeds.)

**Mrs U** says that her milk is drying up, and she will have to stop breastfeeding. She would like to continue. Her baby is 6 months old, and she has been back at work for three months. Mrs U's sister cares for the baby during the day. Mrs U breastfeeds morning and evening. She expresses her breastmilk before she goes to work, but she doesn't usually get more than half a cupful. Her baby needs 1 or 2 bottles of formula during the day. Mrs U is very tired when she gets home, and her sister often gives him another bottle during the night.

The baby weighed 3.0 kilos at birth, and now weighs 6.5 kilos.

*Why do you think Mrs U's breastmilk may be 'drying up'?*

(She breastfeeds only morning and evening. This is not enough to keep up her milk supply.)

*What is Mrs U doing right, that you would praise?*

(She continues to breastfeed when she is at home, and she is expressing some breastmilk.)

*What could you suggest that Mrs U could do to continue breastfeeding?*

(Suggest that she breastfeeds more often, and that she let her baby sleep with her to breastfeed at night. She could give her baby complementary foods from a cup or spoon, and not use a bottle. Her baby may be more interested in breastfeeding if he has not sucked on a bottle while she is out.)

**Mrs V's** baby is 10 weeks old. She says that her breastmilk is decreasing. She has given her baby juice from a bottle and one cereal feed a day since he was 4 weeks old. A midwife recommended this because the baby was crying a lot. Mrs V breastfeeds about 4-5 times a day, and sometimes once in the night. The baby still cries a lot but usually settles when he suckles on a pacifier.

He weighed 2.8 kg at birth, 3.4 kg at one month, and now weighs 3.8 kg.

*Is Mrs V's baby getting enough breastmilk? Why?*

(He is not getting enough breastmilk. He has only gained 400 grams in 6 weeks. This is because Mrs V has given supplements early, and uses a pacifier, so that her baby does not breastfeed often enough.)

*What three things would you suggest that Mrs V does?*

(Suggest that she:

1. Breastfeeds more often, including at night.
2. Stops using a pacifier, and offers her breast for comfort instead.
3. Gives the complementary feeds by cup, not bottle, and tries to reduce the amount.)

Give participants Answer Sheets for Exercise 16.

## Session 24

### CLINICAL PRACTICE 3

#### Taking a breastfeeding history

##### *Objectives*

Participants practise 'taking a breastfeeding history' with mothers and babies in a ward or clinic.

Participants continue to practise the skills from Clinical Practice 1 and 2.

They practise using these skills with mothers in some of these situations:

- after normal deliveries;
- after Caesarian section;
- with difficulty in breastfeeding;
- with different breast conditions;
- with low-birth-weight babies and twins;
- with sick children;
- who have brought a baby for immunization or growth monitoring;
- in family planning clinics;
- in antenatal clinics.

##### *Session outline*

(120 minutes)

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

Participants work in pairs in a ward or clinic. Each trainer supervises the 2-3 pairs in her group.

- |      |                               |              |
|------|-------------------------------|--------------|
| I.   | Prepare the participants      | (10 minutes) |
| II.  | Conduct the clinical practice | (90 minutes) |
| III. | Discuss the clinical practice | (20 minutes) |

***Preparation***

Make sure that you know where the clinical practice will be held. Visit the various wards or clinics that you will go to if you have not done so before.

Study the instructions in the following pages, and ask other trainers to study them also. Make sure that you are clear about how this clinical practice differs from Clinical Practice 1 and 2.

Arrange for different groups to see mothers in different situations - for example, some can go to maternity wards, to see mothers after normal or Caesarian deliveries, or to paediatric wards, or special care units; some can go to outpatient clinics or health centres to see mothers with sick or well children, or women receiving antenatal care or family planning services.

Make available a copy of the Breastfeeding History Form for each participant and trainer.

Make a copy of the **COUNSELLING SKILLS CHECKLIST** available for each participant and trainer, and also have some spares.

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

**I. Prepare the participants**

(10 minutes)

*Explain the objectives of the clinical practice:*

- During this session, you practise taking a breastfeeding history.

You continue to practise 'assessing a breastfeed', 'listening and learning', and 'building confidence and giving support'.

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

Give each participant a copy of the **COUNSELLING SKILLS CHECKLIST** and explain what it is:

- This checklist is a summary of all the counselling, assessing and history-taking skills that you have learnt.

Refer to it during clinical practice and counselling exercises to remind you of the different skills to practise.

<b>COUNSELLING SKILLS CHECKLIST</b>	
<p><i>Listening and learning</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Helpful non-verbal communication</li> <li><input type="checkbox"/> Ask open questions</li> <li><input type="checkbox"/> Respond showing interest</li> <li><input type="checkbox"/> Reflect back</li> <li><input type="checkbox"/> Empathize</li> <li><input type="checkbox"/> Avoid judging words</li> </ul>	<p><i>Assessing a breastfeed</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Body position</li> <li><input type="checkbox"/> Responses mother and baby</li> <li><input type="checkbox"/> Emotional bonding</li> <li><input type="checkbox"/> Anatomy of breast</li> <li><input type="checkbox"/> Suckling</li> <li><input type="checkbox"/> Time spent suckling</li> </ul>
<p><i>Confidence and support</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accept what mother says</li> <li><input type="checkbox"/> Praise what is right</li> <li><input type="checkbox"/> Give practical help</li> <li><input type="checkbox"/> Give relevant information</li> <li><input type="checkbox"/> Use simple language</li> <li><input type="checkbox"/> Make one or two suggestions</li> </ul>	<p><i>Taking a history</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Baby's feeding now</li> <li><input type="checkbox"/> Baby's health, behaviour</li> <li><input type="checkbox"/> Pregnancy, birth, early feeds</li> <li><input type="checkbox"/> Mother's condition and FP</li> <li><input type="checkbox"/> Previous infant feeding</li> <li><input type="checkbox"/> Family and social situation</li> </ul>

Explain what participants should take with them:

- Take with you:
  - one copy of the Breastfeeding History Form;
  - one copy of the **COUNSELLING SKILLS CHECKLIST**;
  - pencil and paper to make notes.

You do not need to take anything else.

- Use the Breastfeeding History Form for taking a history.  
Use the **COUNSELLING SKILLS CHECKLIST** instead of the other three forms (the lists of **LISTENING AND LEARNING SKILLS** and **CONFIDENCE AND SUPPORT SKILLS**, and the **B-R-E-A-S-T-FEED** Observation Form).

*Explain how participants will work:*

- You work in pairs in a ward or clinic. Each trainer circulates between the pairs in her group, to observe, comment and help where necessary.

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

- Take a full breastfeeding history from the mother, using the Breastfeeding History Form.  
Try to ask the most relevant questions, and ask something from each section of the form.

Use your listening and learning skills, and try not to ask too many questions. Practise your confidence and support skills, and avoid giving a lot of advice.

If a mother has a breastfeeding difficulty, try to decide the reason, and how to help the mother. However, before you give the mother any help, or suggest what she should do, talk to the trainer.

## **II. Conduct the clinical practice**

(90 minutes)

*Take your group to a ward or clinic:*

Different groups go to different parts of the health facility to meet breastfeeding mothers and babies in as many situations as possible. Depending on the numbers of mothers available, and the distance between different areas, a group may visit more than one area during the session.

Conduct the session in the same way as Clinical Practice 1 and 2, except that participants work in pairs from the beginning.

Help pairs to find mothers in different situations to talk to. Look out for any situation in which you may find a mother with a breast condition which would help participants to learn.

*Discuss how to help mothers*

If a mother needs help with breastfeeding, let participants help her. However, first discuss with them what they plan to do, to make sure that it is appropriate.

If necessary, take participants where the mother cannot hear what you are saying while you discuss what to do. Then return to the mother to give the help.

Discuss the difficulty and its management with the staff in charge of the ward or clinic. It is important that you and the staff say the same things to the mother, so that you do not confuse her. The staff will be responsible for following up the mother and baby.

*Discuss the participants' performance:*

When a pair have finished, take them away from the mother, and discuss what they did, and what they learnt.

- Ask them to tell you about the mother, what she is doing well, if she has any difficulties, and what they would suggest to help her.
- Go through the **CLINICAL PRACTICE DISCUSSION CHECKLIST** to help you to conduct the discussion.
- Discuss what they learnt from the mother, and if her situation is common or unusual. Discuss what else it might be possible to do in other, similar situations.

**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:*

Ask them to report on the most interesting situations that they observed among the mothers and babies whom they saw, and what they learnt from them.

If participants have not finished seeing mothers and babies at the end of the 90 minutes allowed for 'II. Conduct the clinical practice', they can 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**:*

They record on the form each mother and baby that they talked to during the Clinical Practice 3.

- Check individual participants' progress:*

By the end of the next clinical practice, (Clinical Practice 4), each participant should have seen mothers in as many as possible of the different situations listed in the Objectives for Clinical Practice 3 and 4.

To follow the progress of individual members of your group, go through their **CLINICAL PRACTICE PROGRESS FORM** sometime during or after the session. Check that they have practised all the different skills. Help them to meet mothers in as many different situations as possible.

**Session 25****COUNSELLING PRACTICE*****Objectives***

Participants practise the counselling skills that they have learnt in Session 6, 'Listening and learning', and Session 11, 'Building confidence and giving support'; and combining them with the skill of 'Taking a breastfeeding history', Session 17.

***Session outline***

(75 minutes)

Participants work in pairs within the groups of 4-5 with one trainer.

The session is given 75 minutes, but it is useful to take longer if time is available.

If there are not enough mothers and babies in any of the Clinical Practice sessions, use the time to do more Counselling Skills Practice exercises.

I. Prepare for the exercise (15 minutes)

II. Conduct the pair practice (Exercise 17) (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 Counselling Stories 1-10 from Exercise 17 are available, on cards or paper. You will need one set of copies for each group of participants.

Choose the stories most relevant to your situation.

Stories 1-8 are the most important at this stage in the course. The situations in them have been covered in previous sessions.

Stories 9-10 present situations that would be more appropriate after Sessions 31 and 32.

Fill in a local growth chart for the baby in each of the histories, to give to the participant with that story.

Make available some spare copies of the **COUNSELLING SKILLS CHECKLIST**.

Study the 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 17, so that you can guide the pair practice.

Read the section **Comments on the counselling stories** which you will find after Story 10. These comments may help you to guide the pair practice, and the discussion afterwards.

Decide how you will conduct the exercise.

In some situations, participants may have difficulty in reading the story 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**

(15 minutes)

- Give each participant a copy of one of the counselling stories and a growth chart for the baby in the story.

Explain what they will do:

- You will now use role-play to practise the counselling skills 'Listening and learning' and 'Building confidence and giving support'. You will also practise deciding how to help a mother using the skill 'Taking a breastfeeding history'.
- You will work in pairs, and take it in turns to be a 'mother' or a 'counsellor'. When you are the 'mother', play the part of the mother in the story on your card. You consult your partner, who counsels you about your situation.
- You do not need to practise observation of a breastfeed in this exercise. You will find all that you need to know in the written story. In a real situation, you should always observe as well.
- You are the only one in the group who has a copy of your story. Conceal it from the others, especially from your 'counsellor'.
- 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.

- Ask participants to read their stories through, and to study the growth chart. Allow 5 minutes.

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

- Make sure that each participant has a copy of the **COUNSELLING SKILLS CHECKLIST**.
  
- 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.
    - Use your counselling skills. Try to use at least one example of each of the skills.
    - Use your history-taking skills. Practise asking the most relevant questions. Ask at least one question from each section of the history.
    - Practise learning all about the mother and baby, and giving her whatever help you decide is necessary.
  
  - If you are the 'mother':
    - Answer one of the 'counsellor's' open questions with your reason for coming. This is the sentence at the top of the story. For example, for Counselling Story 1, say "My milk is not good. (Baby's name) cries too much."
    - Then respond to what your 'counsellor' says. If she asks you some questions, answer them from what is written. If you cannot answer a question from what is written, make up an answer to fit with your story.
    - If your 'counsellor' uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.
  
  - If you are observing:
    - Use your **COUNSELLING SKILLS CHECKLIST**, and observe which skills the 'counsellor' uses, and which she does not use. Mark on your checklist in pencil when you observe the 'counsellor' using a skill correctly.
    - Try to decide if the 'counsellor' has understood the 'mother's' situation correctly, and if she has asked the most relevant questions and given appropriate help.
    - 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 17. *Counselling skills practice*****How to conduct the exercise**

☺ Ask one pair in the group to practise one of their stories. Ask them 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 they are doing well, let them go on until they finish. If they make a lot of mistakes, or get confused, or do not follow the story, stop them, and give them a chance to correct themselves. Ask them how they feel they are doing, and what they think has gone wrong.

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

Praise what they do right, and then comment on these things:

- How well the 'counsellor' used her counselling and history-taking skills.
- If she understood the mother's situation correctly, and gave appropriate help.

Use the **Comments on the counselling stories** to help the discussion. They tell you:

- The main points in the story that the participants should learn about.
- The most important skills that the 'counsellor' should practise.

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

Try to finish with them 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.

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**Counselling Story 1**      **"My milk is not good. (Baby's name) cries too much."**

Age of baby: 3 months      Weight aged 2 weeks: 2.9 kg  
 Weight today: 3.7 kg

*Baby's feeding now:* Exclusive breastfeeding. Baby sleeps with you at night, and breastfeeds when he can during the day - maybe 3 times.

*Baby's health and behaviour:* He is well. He seems to cry a lot. Your 7-year-old daughter carries him round a lot, and he sucks on a pacifier. You have no idea how many times he urinates - you are not there to see. You wash about 3 or 4 nappies or cloths a day, but he may not get changed every time he wets.

*Pregnancy, delivery, early feeds:* Baby born at home. Breastfed from soon after delivery.

*Mother's condition:* You are aged 32, and healthy. You do not smoke or drink. You are not using any family planning method. You feel tired, and think that bottle feeding might help.

*Previous infant feeding:* 5 babies, all breastfed. 3 at present under 5 years of age.

*Family and social situation:* You are very busy with housework and work in the fields. Your mother-in-law expects you to do everything, and it is difficult to find time to feed the baby.

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**Counselling Story 2**      **"I will bottle feed this next baby. I am not able to breastfeed."**

Antenatal visit.

*Mother's condition:* You are aged 28, and healthy. You are 6 months pregnant. Before you had your first baby you wanted very much to breastfeed. Your breasts and nipples are average in size.

*Previous infant feeding:* You have 2 children already. Your first baby was born by Caesarian section, after an obstructed labour. The baby was put into the nursery for 5 days, and was given some bottle feeds. You tried to breastfeed him after 5 days, but he did not want to suckle, and cried every time you put him to the breast. You could not get him to suckle properly, and the nurses advised you to continue giving bottles. You were very disappointed, and felt that you had failed. The baby was often ill with diarrhoea during the first year of life.

Your second baby was born vaginally. You put him to the breast during the first day, but you had very sore nipples. You struggled on despite the pain, for 4 weeks. Then your nipples were so cracked and bleeding that you gave him a bottle for a few days to allow the nipples to heal. Then he refused to start breastfeeding again.

*Family and social situation:* You are a nurse in a children's ward. You will take your maternity leave, and you have saved up some more leave, so that you can stay home for 4 months after the baby is born. You live very near the hospital, and your sister stays with you and looks after the children while you work.

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**Counselling Story 3** "(Baby's name) is always crying and my breastmilk is drying up."

Age of baby: 3 months	Weight aged 1 month: 4.0 kg	Weight now: 4.8 kg
Birth weight: 3.0 kg	Weight aged 2 months: 5.0 kg	

*Baby's feeding now:* You breastfeed 4-5 times a day and sometimes once in the night. You also give two bottle feeds of formula each day. You put 1-2 scoops of milk powder into each bottle. You started this when the baby was 2 months old.

*Baby's health and behaviour:* The baby cried a lot when he was small. He still cries a lot, but usually quietsens when you give him a bottle. He had diarrhoea for a few days last month, but that has stopped. He suckles less at the breast now than he did before.

*Pregnancy, delivery, early feeds:* Delivered at home. Breastfed from the first day.

*Mother's condition:* You are aged 17 and healthy. You had an IUD fitted at 6 weeks.

*Previous infant feeding:* This is your first baby.

*Family and social situation:* You are a housewife. Your mother lives nearby and helps. Your husband complains when the baby cries. He wants you to give bottle feeds to keep the baby quiet so that he can sleep at night. A friend of his at work suggested it.

**Counselling Story 4** "(Baby's name) is very thin and he is constipated."

Age of baby: 2 months	Weight at 1 month: 3.0 kg
Birth weight: 2.8 kg	Weight now: 3.1 kg

*Baby's feeding:* You feed the baby tinned milk from a bottle. You make about 3-4 bottles a day. You put about 2 spoons of tinned milk into each bottle. When you do not have any tinned milk, you make a feed from cereal and water. You breastfeed the baby sometimes, for comfort, but there is only a little milk coming out.

*Baby's health and behaviour:* Your baby cries a lot, but he is very small and weak. He does not pass stools very often, and they are small and dry. You think he is constipated. He urinates about 3-4 times a day. Sometimes only twice, and his urine is dark yellow.

*Pregnancy, delivery, early feeds:* Normal. Baby delivered in hospital at night. You put him to the breast the next morning, after the doctor checked him. There was no milk coming out, and the baby was not very interested in suckling. So you started bottle feeds while you waited for your breastmilk to come, but it did not come in properly.

*Mother's condition:* You are aged 19, and healthy. You do not smoke or drink. You will start on contraceptive pills when your periods start again.

*Previous infant feeding:* This is your first baby.

*Family and social situation:* You are a housewife. Your husband is a driver and is away from home a lot. Your mother has been helping you to bottle feed the baby.

**Counselling Story 5**      "(Baby's name) cannot suckle properly."

Age of baby:	4 weeks	Weight aged 3 weeks:	1.80 kg
Birth weight:	1.5 kg	Weight today:	1.95 kg

*Baby's feeding now:* Breastfeeding only.

*Baby's health and behaviour:* He suckles slowly and takes a long time, and he keeps stopping to rest in the middle of a feed.

*Pregnancy, delivery, early feeds:* He was born preterm, very weak, at about 32 weeks, and was in the special care unit for 2 weeks. He was fed by nasogastric tube for 1 week, and then by cup. You stayed in the hospital, and expressed your milk 3-hourly for your baby. You expressed enough for him at that time. He started breastfeeding about 1 week ago.

*Mother's condition:* You are 24 and only become pregnant after 3 years of marriage. You think that you do not have enough breastmilk - your breasts do not seem very full. You are very upset, and feel that you are failing as a mother.

*Previous infant feeding:* This is your first baby.

*Family and social situation:* Your husband is a farmer, and wants lots of children. He has not shown much interest in this sick, small baby.

**Counselling Story 6**      "My milk is drying up, and I will have to bottle feed (baby's name). Which formula is best?"

Age of baby:	2 months	Weight today:	5.0 kg
Birth weight:	3.5 kg		

*Baby's feeding:* Breastfeeding only until now.

*Baby's health and behaviour:* Very healthy. Now sleeps in a cot. You get up to feed him about once in the night, if he cries. He passes urine at least 6 times a day.

*Pregnancy, delivery, early feeds:* Normal pregnancy; delivered in hospital. Your baby stayed in the nursery. You did not see him for 24 hours. Then he was brought to you for 3-hourly for breastfeeding. He may have had a bottle while he was in the nursery.

*Mother's condition:* You are aged 18. You would not mind breastfeeding, if it is easy. But your friend bottle feeds and tells you that you are silly to bother. You are worried that if you continue to breastfeed your breasts may sag, and your boyfriend will lose interest in you. You want to be able to go out at night.

*Previous infant feeding:* This is your first baby.

*Family and social situation:* You live in town. Your baby's father has a job as a labourer, and he gives you money, but not very regularly. Your parents live far away, and you do not see them often.

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**Counselling Story 7**      "(Baby's name) often has diarrhoea - should I stop breastfeeding?"

Age of baby:	11 months		
Weight at 2 months of age:	4.5 kg	Weight at 8 months:	7.5 kg
Weight at 6 months of age:	7.5 kg	Weight today:	8.2 kg

*Baby's feeding now:* He breastfeeds on demand. He sleeps with you and breastfeeds at night. He is also taking rice and vegetables 3 times a day.

*Baby's health and behaviour:* Several times he has had diarrhoea, and the health worker has shown you how to make oral rehydration fluids. She has advised you to continue giving him rice and other food. The diarrhoea is better now, but you think that it is time to stop breastfeeding. Perhaps breastfeeding causes the diarrhoea.

*Pregnancy, delivery, and early feeds:* Born at home, and started breastfeeding soon after delivery. No problems.

*Mother's condition:* You are aged 29 and healthy. You have depo-provera injections for family planning. You are not worried about being pregnant.

*Previous infant feeding:* 4 previous children, all breastfed for about 2 years.

*Family and social situation:* Your husband is a subsistence farmer, and you live on cereals and vegetables. You get water from a nearby stream.

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**Counselling Story 8**      "My milk is drying up, so I will have to stop breastfeeding."

Age of baby:	4 months	Weight aged 3 months:	5 kg
Birth weight:	3.2 kg	Weight today:	5.3 kg

*Baby's feeding now:* Exclusive, unrestricted breastfeeding.

*Baby's health and behaviour:* Very well until now. Now he seems rather hungry and not satisfied after feeds. He passes urine about 3-4 times a day.

*Pregnancy, delivery, early feeds:* Normal delivery in hospital. You held him straight away, and he breastfed within half an hour. Breastfeeding has gone well until now.

*Mother's condition:* Aged 24, very healthy. You do not smoke, and only drink alcohol occasionally. You started to take contraceptive pills when your baby was 10 weeks old. Nobody asked if you were breastfeeding when you went for family planning advice. You think it may be the 'combined pill'. Your breasts do not seem full, even before a feed.

*Previous infant feeding:* You have one other child aged 18 months. You stopped breastfeeding at 5 months, when you became pregnant again. You want a longer space before you have another baby.

*Family and social situation:* You sell in the market, and take both children with you.

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### Optional Counselling Stories (to do now or after Sessions 31 and 32).

#### Counselling Story 9 "I cannot breastfeed (baby's name) because I have asthma."

Age of baby: 2 days      Birth weight: 2.9 kg

*Baby's feeding:* Bottle feeding, so far has only had glucose water.

*Baby's health and behaviour:* Normal so far.

*Pregnancy, delivery, and early feeds:* Normal delivery in hospital. Baby has not suckled at the breast at all.

*Mother's condition:* You often have to take medicines for asthma. A doctor said that the medicines would pass into your breastmilk and might make your baby sick. You would like to breastfeed very much.

*Previous infant feeding:* You bottle fed your previous baby, and he died of diarrhoea and malnutrition at 5 months of age.

*Family and social situation:* You are poor, and cannot afford to buy enough formula. You are hoping that the counsellor will give you a free sample of formula to help you to start off.

#### Counselling Story 10 "My breastmilk is getting less. What can I do?"

Age of baby: 3 months      Weight at 1 month: 5.0 kg      Weight now: 6.2 kg  
 Birth weight: 4.0 kg      Weight at 2 months: 5.6 kg

*Baby's feeding now:* You breastfeed whenever you are at home. When you are at work, he has bottle feeds of formula. You started bottle feeds when you went back to work last month. Sometimes he has bottle feeds at night too.

*Baby's health and behaviour:* He is very well at the moment.

*Pregnancy, delivery, early feeds:* He was born in hospital, delivered by forceps. He was kept in the nursery for about 6 hours, but then roomed in with you. You needed help to start breastfeeding, but since then there have been no problems.

*Mother's condition:* You are aged 23, and healthy. You smoke about 15 cigarettes a day. You had an IUD fitted soon after delivery. You want very much to breastfeed longer.

*Previous infant feeding:* You had one previous child now aged 5 years old. You tried to continue breastfeeding while you were at work. But you had leaking of breastmilk when you were on duty, and then your baby refused to suckle. You were really upset about this, and feel that you failed your baby, even though he did not get ill.

*Family and social situation:* You returned to work in an office when your baby was 2 months old. Your sister cares for your children while you are at work.

### Comments on the counselling stories

These notes emphasize the main points of each story, to help you to comment on participants' pair practice.

#### *Counselling Story 1.*

The baby is gaining less than 500 g a month, so he is not getting enough milk. The mother is too busy to respond to the baby, so she does not breastfeed him often enough.

Participants practise empathizing about the difficulties she is under at home, and they should learn that she is thinking of giving bottle feeds. They can practise making suggestions - for example that she takes her baby with her, or that the 7-year-old bring the baby to her mother instead of giving him a pacifier. They may offer to talk to her family about her baby's needs.

#### *Counselling Story 2.*

This story emphasizes the importance of finding out about a mother's previous experience of breastfeeding during an antenatal visit. This mother has had bad experiences and is at risk of failing to breastfeed, so she needs extra support. Participants practise giving the mother information, and building her confidence that she can breastfeed this time, without making her feel criticized.

#### *Counselling Story 3.*

This baby gained weight well when exclusively breastfed, but has not done well since he started bottle feeds. The mother is very young, and at special risk of failing, so she needs extra help. She is also under pressure from the baby's father to bottle feed. Participants practise suggesting that the mother stops bottle feeding, without making her feel criticized. They should also offer to discuss the situation with the family. Talking to the mother alone may not help.

#### *Counselling Story 4.*

This baby is 'failing to thrive' because breastfeeding was not established in the postnatal period. The mother and baby were both perfectly healthy.

Participants practise encouraging a young and inexperienced mother to try to relactate. They practise giving her confidence that she can have enough breastmilk to feed her baby without using tinned milk.

#### *Counselling Story 5.*

This is a low-birth-weight baby who is getting enough milk, and doing well. His slow suckling is normal, but it worries his mother. She lacks confidence partly because she has a fertility problem, and this baby took a long time to conceive. She needs lots of extra support, especially as her husband is not very helpful.

Participants practise building her confidence that she does have enough milk, and that her baby is growing and will be bigger and stronger before long. It is important to avoid telling her that everything is alright, and that she should not worry. They should empathize with her worry.

*Counselling Story 6.*

This is another young mother. Her baby is doing well, but she is at risk of pressures to bottle feed, this time from her friend. She feels insecure in her relationship with the baby's father, and is worried about not being able to go out at night, and about losing her figure. Participants practise giving support, and talking about the mother's social concerns. The counsellor should not just explain the benefits of breastfeeding.

*Counselling Story 7.*

This story illustrates the need to encourage mothers to continue and increase breastfeeding both when a child is sick and until a child is 2 years old or more. The diet of this family is poor, and breastmilk is helpful both to provide essential nutrients, and to help the baby to recover from diarrhoea.

Participants practise accepting the mother's ideas about her child's illness, informing her that breastfeeding is helpful for a child with diarrhoea, to encourage her to continue.

*Counselling Story 8.*

This mother has a genuinely poor breastmilk supply because she is taking an oestrogen-containing contraceptive.

Participants practise thinking this situation through logically. They should ask all the questions about how the mother feeds her baby, and find that she is doing everything right. Then they should think about possible physical reasons for a poor milk supply, in this case, the oestrogen-containing contraceptives.

*Counselling Story 9.*

This story illustrates the problems that can result from being too cautious about letting mothers breastfeed when they are taking medication. Asthma treatment for a mother is not harmful for her breastfeeding baby.

Participants practise giving a mother confidence that she can safely breastfeed, even when she does need treatment, and despite what the doctor said. They practise being careful not to make her feel criticized or guilty about her first baby.

*Counselling Story 10.*

This story illustrates some of the problems of working mothers. A mother's breastmilk supply may decrease when her baby starts having bottles of formula. This mother had problems with a previous baby also. She is well motivated to try to express breastmilk for this baby, and to ask her sister to feed him by cup.

Participants practise explaining to the mother how to express her breastmilk and feed it by cup; and about the importance of expressing while she is at work to help keep up the supply, even if she cannot save it for her baby. The counsellor can also suggest that the mother tries to give up smoking.