

# Course Activity Sheets

## Parent-Centered Approach to Counseling

A parent-centered approach to counseling involves sensitivity to the individual's needs, compassion, and shared decision-making. Shared decision-making allows the parent to determine her breastfeeding strategies and goals based on her values.

You are seeing a parent who is 2 weeks postpartum with their 4th child. The 3 older children are ages 4, 7 and 10. The baby was born at 37 weeks via vaginal delivery, no complications.

The baby has been sleepy since birth, and has not been gaining enough weight at the breast, according to the baby's physician. The parent notices that the baby falls asleep at the breast. They figured out that if they pump and bottle feed, the baby gains sufficient weight. They are seeing you because they really would rather breastfeed than pump. They are very busy with the 3 older children, and cannot find time to pump and bottle-feed the baby,

What are the parent's concerns?	
What are their goals?	
How can you demonstrate to them that you are listening? (verbal and nonverbal cues)	
How can you demonstrate empathy? (such as respect, support, and understanding?)	
Explain what is meant by shared decision making. Give some examples	

## Triage Tools – Session 2

### Clinical Case – The instructor is the parent

- She is a first-time parent
- Her baby is 3 weeks old, and has not stoolled for 3 days
- The baby seems hungry and wants to breastfeed all the time

She is worried about the constipation. She read that constipation can be a sign of not having enough milk.

## Infant Infrequent Stools

(Name of baby) is now '\_\_\_' (DAYS/WEEKS/MONTHS) old.

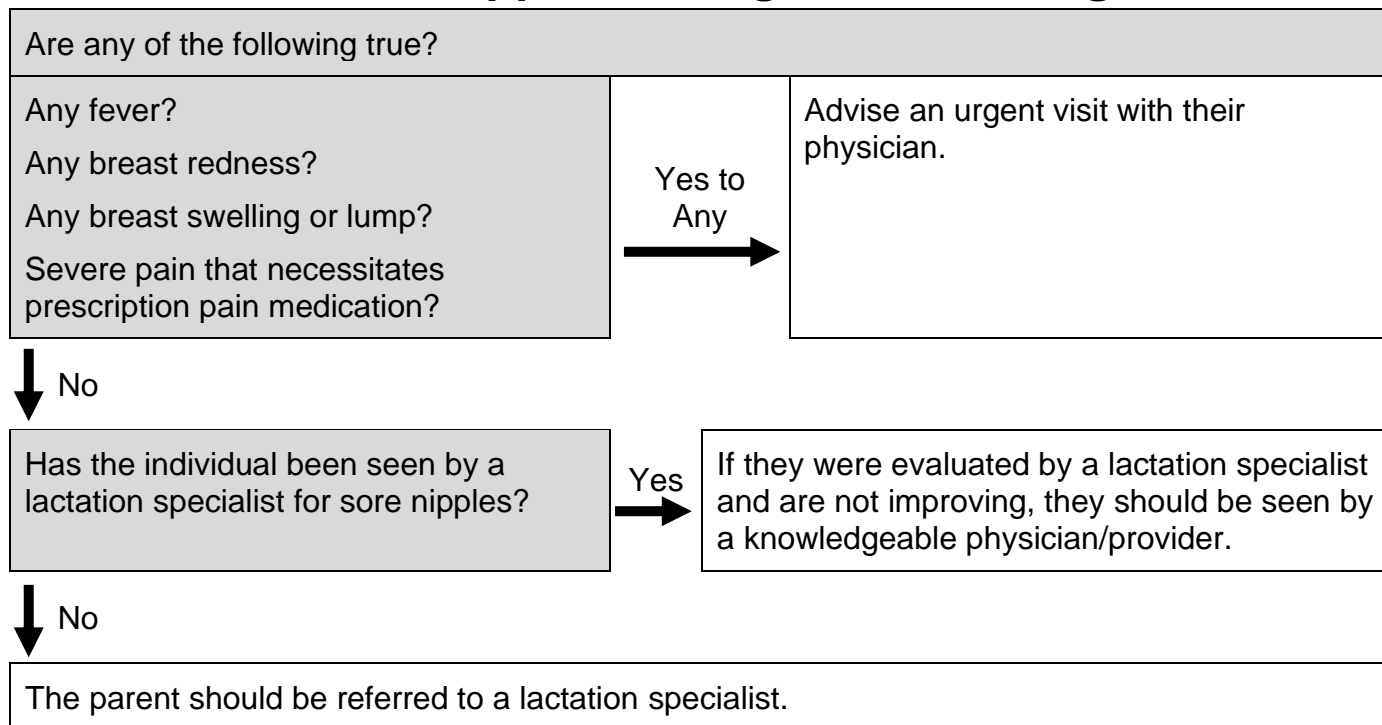
<b>Is the baby is under 2 weeks old?</b>			
No	Yes		
<b>Recommendation:</b> The baby needs to see their physician for a visit and weight check.			
<b>Are all of the following true?</b>			
<ul style="list-style-type: none"><li>• <b>Has the baby been eating well?</b></li><li>• <b>Is the baby content after feedings?</b></li><li>• <b>Has the number of wet diapers stayed the same?</b></li><li>• <b>Is the baby nursing at their normal frequency or more often?</b></li></ul>	Yes	Advise that a decrease in stools at 2-3 weeks, 5-6 weeks, and at around 12 weeks is common before a growth spurt. Usually the baby is hungrier than usual during these times. Recommend a weight check to verify adequate weight gain.	
No			
<b>If No to any of the above,</b> the baby should come in for a weight check. The concern is that infrequent stools in a breastfed infant can indicate insufficient breastmilk intake.			
<b>General Recommendations</b>			
<b>If the baby's weight gain is normal, and the baby does not stool every day-</b> as long as the baby is not fussy and eating well, no intervention is needed and infrequent stooling can be normal for some babies.			
<b>If the baby is generally fussier in association with infrequent stools-</b> the baby should be seen by the physician.			

## **Triage Tools – Session 4**

### **Sore Nipple Clinical Case – The instructor is the parent**

- This is her second baby
- Her baby is 3 weeks old
- She had cracks of your nipples in the hospital, then the pain seemed to improve, and now the nipples hurt again. The cracks are not healed yet. It hurts to latch the baby on. She doesn't know if she can keep nursing the baby with this degree of pain.
- She doesn't have a fever, redness or swelling

## **Sore Nipples During Breastfeeding**



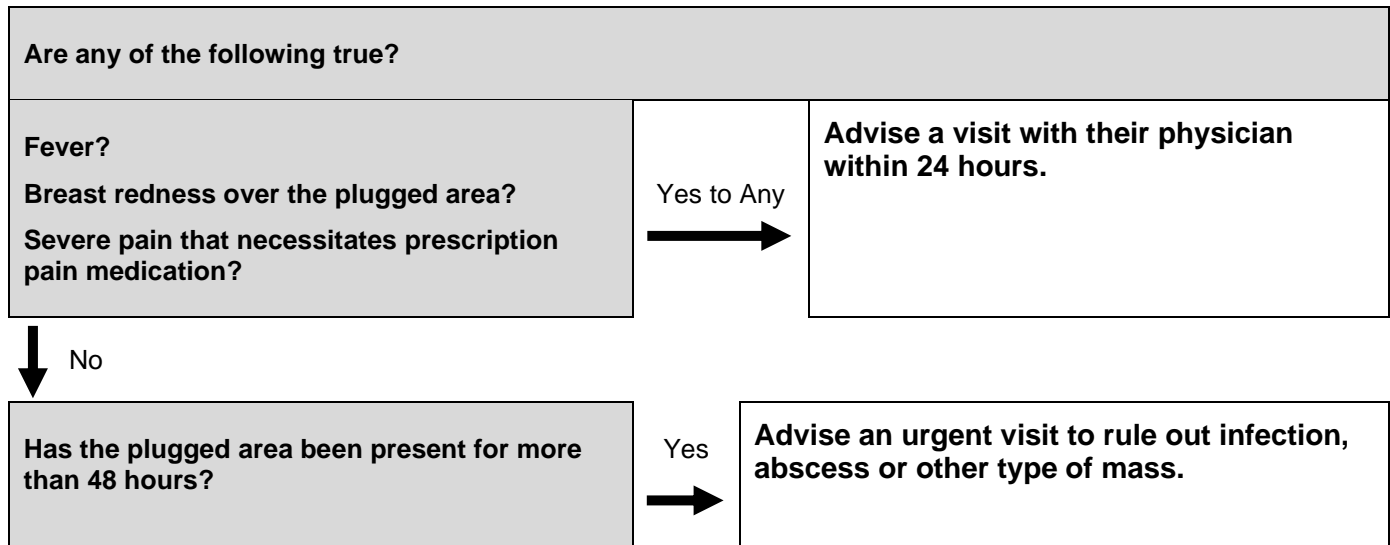
### **Advice until the parent is seen:**

- Do not allow raw sore nipples to stick to the bra or breast pads. Apply an ingestible oil (such as coconut or olive), nipple balm, or lanolin to nipples, and cover with a non-stick commercial adhesive dressing or parchment paper.
- Take a pain reliever such as ibuprofen or acetaminophen as needed for pain, if OK with their physician.
- Consider pumping and bottle feeding if feeding at the breast or chest is too painful.
- Apply warm compresses to breast and nipple for comfort.
- Advise deep latching to the breast.
- Break the seal of the baby's latch before taking baby off the breast.
- If the breasts are very full before latching the baby, hand express or pump a small volume of milk to soften the areola, allowing a deeper latch.

**Plugged Duct Clinical Case – The instructor is the parent**

- This is her first baby.
- Her baby is 3 months, and she returned to work 3 weeks ago.
- She noticed a hard spot in her L breast, and that area feels full and won't drain, for about a day.
- No fever, swelling, redness.

## Plugged Ducts During Lactation



**If the parent has a swollen painful region of the breast that is not resolving, and it has been less than 48 hours, advise the following:**

- Use heat or ice on the breast for 5-10 minutes before breastfeeding or pumping, whichever is more comfortable.
- Do not change frequency of breastfeeding or pumping. Increased frequency of breastfeeding or pumping will increase milk production, and can lead to more swelling with risk of infection.
- Apply gentle lymphatic massage to help alleviate the swelling. Please visit <https://www.youtube.com/watch?v=-0Uwx7L47cg> to learn lymphatic massage
- Use ibuprofen or acetaminophen as needed for discomfort, if approved with her physician.
- If pumping, see a lactation specialist to review flange size and pump settings.
- If there is overproduction of milk, see a lactation specialist for advice on decreasing milk production.
- If the area is not drained well by 48 hours, advise a visit with their physician and ideally a lactation specialist.

## Triage Tools – Session 5

### Supply Concerns Clinical Case – Group 1 is the parent

- Your baby is 10 days old
- The baby wants to breastfeed every hour when awake
- The baby falls asleep after nursing on one side, and you cannot get her to wake up to feed from the other side
- The baby has lots of wet diapers, and 3 poops a day
- Your breasts feel somewhat full at times, mainly at night
- You think that your baby's color is fine

## Supply - Is My Baby Getting Enough Human Milk?

### For Babies Who are 36-72 Hours:

Are all of the following true?		
<p>Is the baby nursing at least every 2-3 hours around the clock?</p> <p>Has the baby had at least 2 stools and 2 voids in the last 24 hours?</p> <p>Is the baby satisfied and resting comfortably after nursing?</p> <p>Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?</p>	Yes →	A weight check should be done to make sure the baby has not lost more than 10% of their body weight. Confirming a good weight gain will boost the family's confidence.
	No →	The baby should be seen by the physician.

### For Babies Who are 4 Days-14 Days Old:

Are all of the following true?		
<p>Is the baby nursing at least every 2-3 hours?</p> <p>Does the baby have at least 4 yellow seedy stools a day?</p> <p>Is the baby wet at least every 2-3 hours around the clock?</p> <p>Does the baby seem satisfied after nursing for at least 1.5 hours?</p> <p>Does the parent notice that their breasts feel full before it is time to nurse the baby?</p> <p>Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?</p>	Yes →	A weight check should be done to make sure the baby is gaining approximately 1 ounce a day or more. Confirming a good weight gain will boost the family's confidence.
	No →	<b>The baby must be seen soon</b> for a visit with the physician.

## For Babies Who are More than 2 Weeks Old:

Are any of the following true?		
<b>Has there been a decrease in the number of stools per day?</b>	Yes →	The baby should be seen by the physician or lactation specialist with mom soon.
<b>Has there been a decrease in the number of wet diapers per day or a noticeable difference in the amount of urine?</b>		
<b>Does the baby still seem hungry after feedings?</b>	No →	The parent and baby may be scheduled for a weight check with the breastfeeding champion.
<b>Does the parent notice that their breasts are less full?</b>		
<b>Is there any new breast or nipple pain?</b>		

**Regardless of responses** baby needs a weight check to confirm normal growth and boost breastfeeding confidence.

**Sleepy Baby Clinical Case: - Group 2 is the parent:**

- This is your second baby
- The baby is 3 weeks old, and has always been sleepy since birth
- The baby takes 40 minutes to finish each side
- It is hard to wake the baby up after nursing on one side
- The baby breastfeeds every 3 hours
- He has 5 stools a day
- Nothing has really changed in terms of # of stools or voids
- Mom does not have breast pain

**Sleepy Breastfed Baby**

***For Babies Who are 36-72 Hours Old:***

Is the baby nursing at least every 2-3 hours around the clock?  
Has the baby had at least 2 stools and 2 voids in the last 24 hours?  
Is the baby satisfied and resting comfortably after nursing?  
Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?

No to Any!

Yes to All

A weight check should be done by the breastfeeding champion to make sure the baby has not lost more than 10% of their body weight.

The baby should be seen by the physician.

***For Babies Who are 4 days-14 Days Old:***

Is the baby nursing at least every 2-3 hours?  
Does the baby have at least 4 yellow seedy stools a day?  
Is the baby wet at least every 2-3 hours around the clock?  
Does the baby seem satisfied after nursing for at least 1.5 hours?  
Does the parent notice that their breasts feel full before it is time to feed the baby?  
Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?

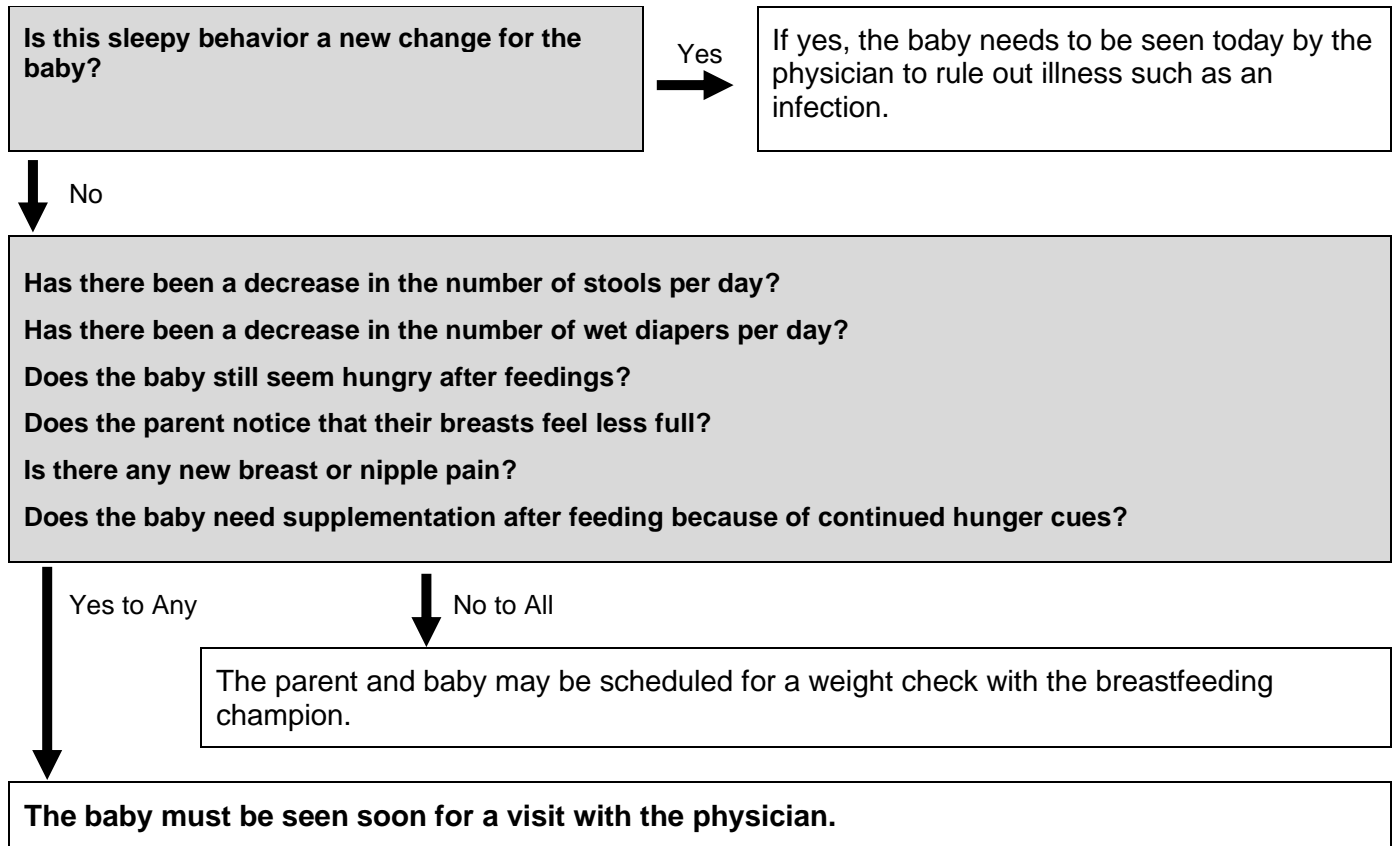
No to Any!

Yes to All

A weight check should be done by the breastfeeding champion to make sure the baby is gaining approximately 1 ounce (30 grams) a day or more.

The baby must be seen soon for a visit with the physician.

## For Babies Who are More Than 2 Weeks Old:



Regardless of responses, the baby needs a weight check to confirm normal growth and provide confidence for the parent.

### **Advice Given:**

- Keep the baby awake at the breast by tickling the feet, back and neck.
- Wake the baby by taking off clothing and changing the diaper before feeding.
- Advise that sedating medications or substances can cause infant drowsiness, such as:
  - Antihistamines (e.g. Benadryl)
  - Narcotics (e.g. hydrocodone, oxycodone),
  - Benzodiazepines (e.g. lorazepam, diazepam, alprazolam)
  - Alcohol
- Advise breast compressions while the baby is feeding to assist with milk flow to the baby.
- If the baby needs supplementation after feeding due to persistent hunger cues, advise pumping or hand expression to maintain milk production.

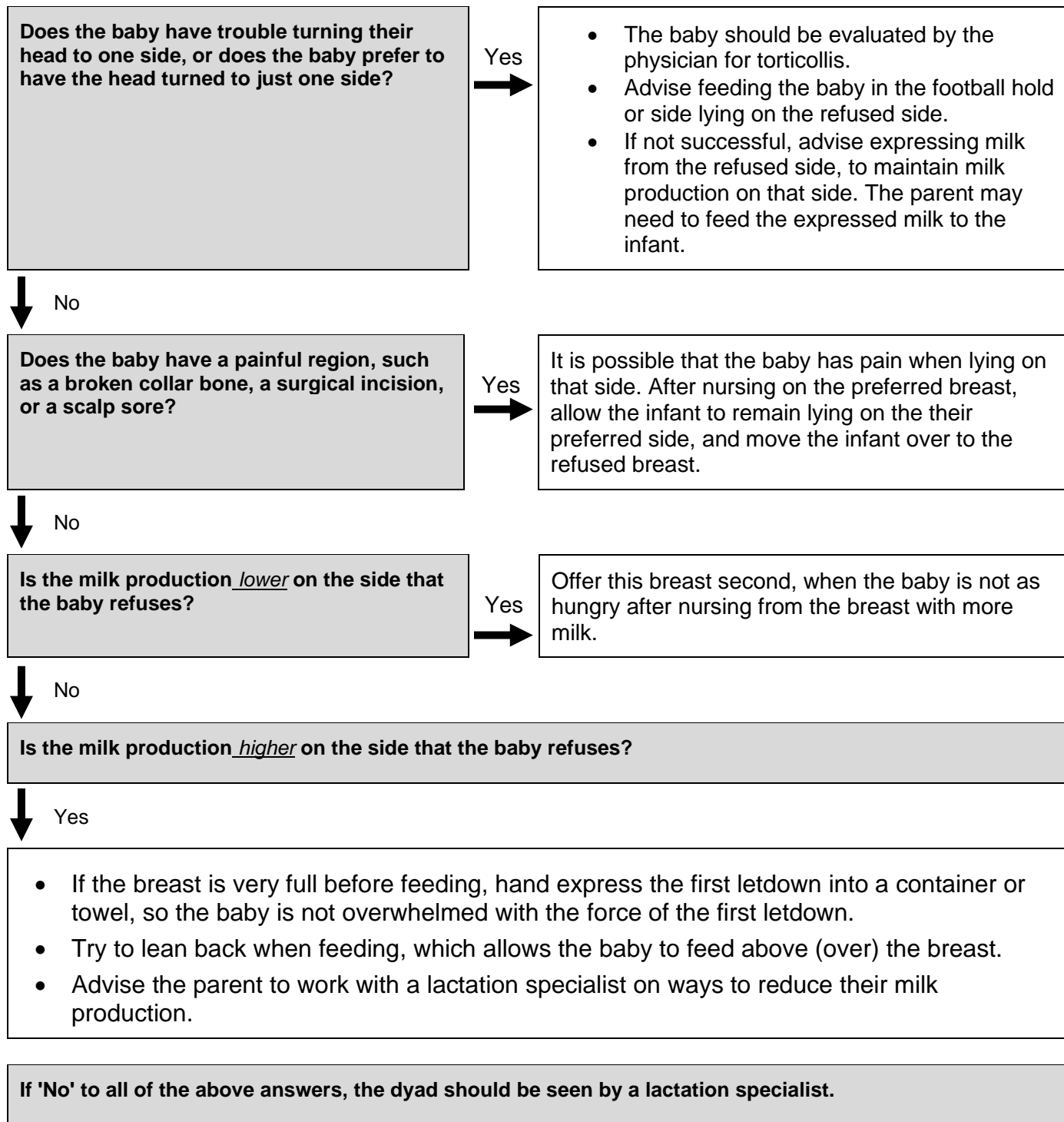


## Triage Tools – Session 6

### Breast Refusal Clinical Case – Group 2 is the parent

- This is mom's 3rd baby.
- The baby is 9 days old, and won't take the R breast. This started on day 4.
- Mom is not sure if the baby has a preference of keeping the head to one side or not.
- Mom is not aware of any sort of birth injury.

### Refusal (Infant) of One Breast



For all mothers and other lactating parents, advise the following:

Maintain milk production on the side the baby won't feed from. Pump or hand express every 3 hours in the day with no more than a 5-hour break at night.

## Fussy Baby Clinical Case – Group 1 is the parent

- This is mom's 4th baby.
- The baby is now 7 weeks old.
- The baby is very fussy at the breast. He squirms, pops on and off, and cries after feeding, but not for every feeding.
- She feels that her milk supply is normal, not too high, not too low.
- The baby is somewhat spitty between feedings.
- The baby does not have mucous or blood in the stool.
- The baby is fussy all the time, but more at night.

### Fussy Baby at the Breast

Does the parent feel that their milk production may be low in one or both breasts?

No

Yes

#### Recommendations

- It is possible that the baby is looking for more milk or a faster let-down. If the parent believes their production is low, follow the triage tool for low milk production.
- Babies are more likely to fuss in the evening when milk production is lowest. Reassure that this can be normal behavior. If the behavior is difficult to manage, they can express milk after the first morning feeding, when production is highest, and supplement with this expressed breastmilk in the evening after feeding at the breast or chest.
- If the baby is fussy at the breast for much of the day, the baby needs to be seen for a weight check by the physician and/or a lactation specialist.

Does the milk production feel too high or do the breasts feel too full?

No

Yes

#### Recommendations

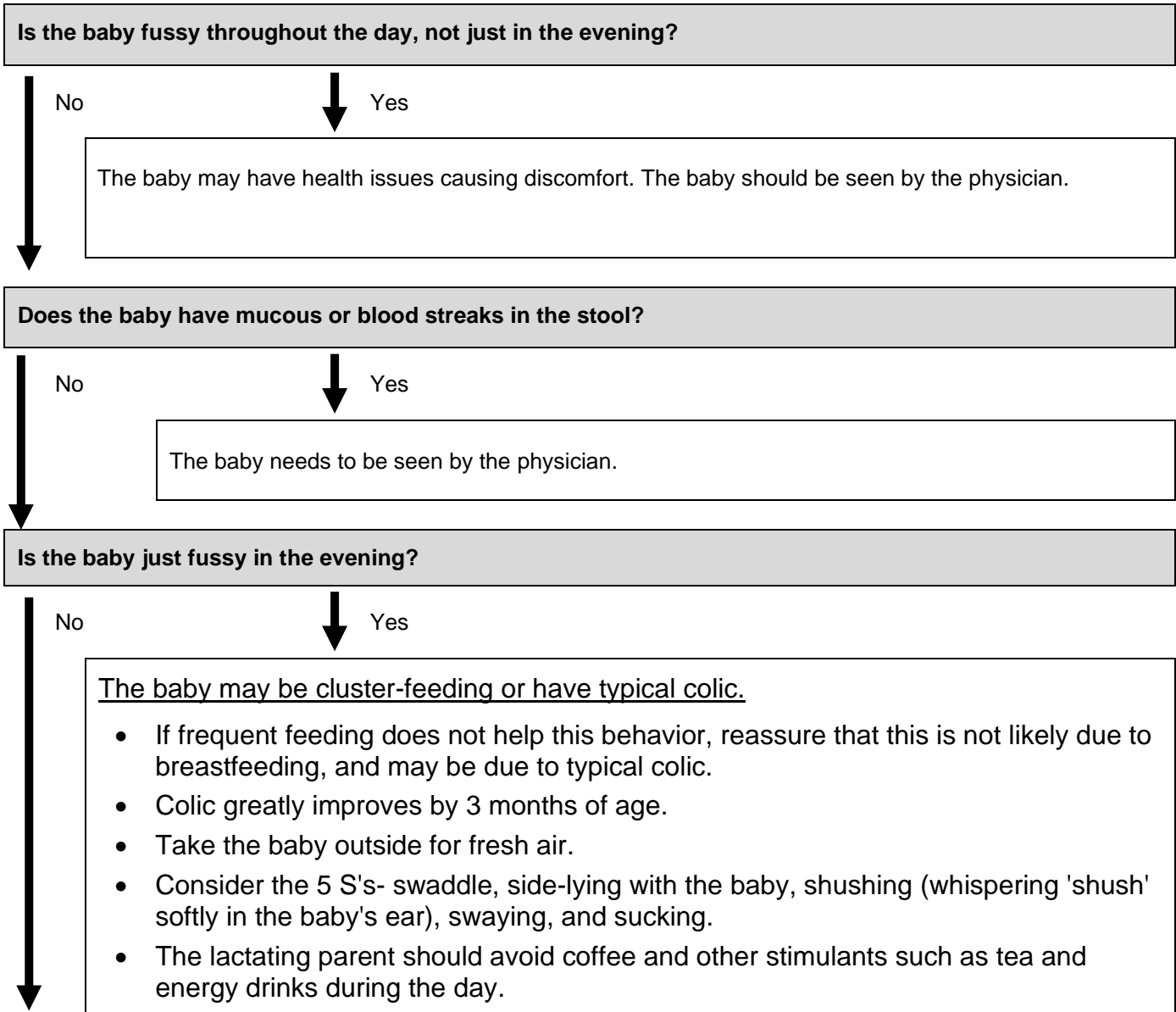
- If the production is too high, then the baby might become fussy because of difficulty managing the heavy letdown. Refer to a lactation specialist.
- If the baby is only fussy at the end of feeding, the baby may want to comfort feed, but does not want the milk. The baby could be given a pacifier.

Does the baby have gastro-esophageal reflux symptoms such as spitting up, crying when lying down, gagging between feedings?

No

Yes

It is possible that gastroesophageal reflux is causing fussiness at the breast, due to nausea and GI discomfort with eating. The baby should be seen by the physician.



**If the above questions and advice don't help, the baby needs to see the physician.**

## Incorporating Diversity in a Community Breastfeeding Project

As the breastfeeding champion for your place of work, you are the contact person for parents and families who have breastfeeding questions and problems. You decide that it would be helpful for breastfeeding parents to get to know each other in your community, for peer support.

You decide to send a letter to all breastfeeding parents and invite them to a Tuesday evening parent-baby breastfeeding support group. You will be the moderator for the group.

<p><b>PEOPLE:</b> Which people are positively and negatively affected by this peer support program?</p> <p>What are the barriers for certain groups of people to attend?</p>	
<p><b>PLACE:</b> How does the location account for parents' comfort and safety?</p>	
<p><b>PROCESS:</b> How does the structure of the program affect different parents? Is a support group going to encourage certain groups of parents and dissuade others from attending? How?</p>	

# Session 8 Counseling the Breastfeeding Parent

## **Case #1- Group 1 is the Parent**

You are 3 weeks postpartum, and your baby has not latched yet. You are just pumping, and your milk supply is low. Your baby never latched well in the hospital, and so you started pumping on day 2 postpartum. The baby was tongue tied and had the tongue clipped, but this didn't help the baby latch.

You are pumping every 3 hours and your supply is low. You are pumping about 1.5 oz. every 3 hours, and the baby takes that plus another 1.5 oz. of formula at each feeding.

You've tried to breastfeed the baby a few times at home, but the baby just screams at the breast.

You are feeling overwhelmed by pumping and bottle feeding, esp. since your supply is low. You are not sure that you want to continue to do this. Does it really matter that her baby is on formula rather than human milk?

## **Case #2 – Group 2 is the Parent**

You are 3 mo. postpartum and you call because you have gone back to work. You notice that your supply has gone down a bit, but you are still able to produce enough milk. You have to pump 3 times a day at work which is stressful, and the baby seems to pull and tug more at the breast in the evening. The baby is also waking up more at night to breastfeed. You are worried re the baby's weight, and wonder if you should supplement the baby or give solids. You are not sure if you can keep up with the pumping at work.

Sometime later in the conversation you disclose that you, your partner, and his extended family are going to his family reunion, and you are not sure how they will feel about you nursing in public.