

## Common Breastfeeding Difficulties

Difficulty or Condition	Prevention	Solutions
Engorgement	<ul style="list-style-type: none"> <li>• Correct positioning and attachment</li> <li>• Breastfeed immediately after birth</li> <li>• Breastfeed on demand (as often and as long as baby wants) day and night: 10 – 12 times per 24 hours</li> <li>• Allow baby to finish first breast before switching to the second breast</li> </ul>	<ol style="list-style-type: none"> <li>1. Apply cold compresses to breasts to reduce swelling; apply warm compresses to “get milk flowing.”</li> <li>2. Breastfeed more frequently or longer periods of time</li> <li>3. Improve infant positioning and attachment</li> <li>4. Massage breasts</li> <li>5. Express some milk</li> <li>6. Apply a warm bottle (demonstrate use of warm bottle)</li> </ol>
Sore or Cracked Nipples	<ul style="list-style-type: none"> <li>• Correct positioning of baby</li> <li>• Correct latch-on</li> <li>• Do not use bottles, dummies or pacifiers</li> <li>• Do not use soap on nipples</li> </ul>	<ol style="list-style-type: none"> <li>1. Make sure baby is positioned well at the breast</li> <li>2. Make sure baby latches on to the breast correctly</li> <li>3. Apply drops of breast milk to nipples and allow to air dry</li> <li>4. Remove the baby from the breast by breaking suction first with your small finger</li> <li>5. Begin to breastfeed on the side that hurts less</li> <li>6. Do not stop breastfeeding</li> <li>7. Do not use bottles, dummies or pacifiers</li> <li>8. Do not use soap or cream on nipples</li> <li>9. Do not wait until the breast is full to breastfeed. If full, express some milk first</li> </ol>
Plugged Ducts and Mastitis	<ul style="list-style-type: none"> <li>• Get support from the family to perform non-infant care chores</li> <li>• Ensure correct attachment</li> </ul>	<ol style="list-style-type: none"> <li>1. Apply heat before the start of breastfeeding</li> <li>2. Massage the breasts before breastfeeding</li> <li>3. Increase mother’s fluid intake</li> <li>4. Rest (mother)</li> </ol>

Difficulty or Condition	Prevention	Solutions
	<ul style="list-style-type: none"> <li>• Breastfeed on demand</li> <li>• Avoid holding the breast in scissors hold</li> <li>• Avoid sleeping on stomach (mother)</li> <li>• Avoid tight clothing</li> <li>• Use a variety of positions to rotate pressure points on breasts</li> </ul>	<ol style="list-style-type: none"> <li>5. Breastfeed more frequently</li> <li>6. Seek medical treatment; as mastitis antibiotics may be necessary</li> <li>7. If mother is HIV-positive: express milk and heat treat or discard</li> <li>8. Position baby properly</li> </ol>
<p>Insufficient Breastmilk</p> <p>Mother “thinking” she does not have enough milk</p>	<ul style="list-style-type: none"> <li>• Breastfeed more frequently</li> <li>• Exclusively breastfeed day and night</li> <li>• Breastfeed on demand at least 10-12 times during the day and night</li> <li>• Correct positioning of baby</li> <li>• Encourage support from the family to perform non-infant care chores</li> <li>• Avoid bottles and pacifiers</li> </ul>	<ol style="list-style-type: none"> <li>1. Stop use of any supplement, water, formulas, tea, or liquids</li> <li>2. Feed baby on demand, day and night</li> <li>3. Choose a quiet place and comfortable position to breastfeed. Do not rush.</li> <li>4. Increase frequency of feeds</li> <li>5. Wake the baby up if baby sleeps throughout the night or longer than three hours during the day</li> <li>6. Make sure baby latches-on to the breast correctly</li> <li>7. Reassure mother that she is able to produce sufficient milk</li> <li>8. Ensure that the baby empties one breast before taking the other to get the fore and hind milk</li> <li>9. Explain growth spurts</li> </ol>

Difficulty or Condition	Prevention	Solutions
<p>Insufficient Breastmilk</p> <p>Insufficient weight gain</p> <p>Fewer than 6 wet diapers/day</p> <p>Dissatisfied (frustrated and crying) baby</p>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>	<ol style="list-style-type: none"> <li>1. Same as above</li> <li>2. Refer mother and baby to nearest health centre</li> </ol>

### Special Situations

Special Situation	Solutions
Sick baby	<ul style="list-style-type: none"> <li>• Baby <b>under 6 months</b>: If the baby has diarrhoea or fever the mother should breastfeed exclusively and frequently to avoid dehydration or malnutrition.</li> <li>• Breastmilk contains water, sugar and salts in adequate quantities, which will help the baby recover quickly from diarrhoea.</li> <li>• If the baby has severe diarrhoea and shows any signs of dehydration, the mother should continue to breastfeed and provide ORS either with a spoon or cup.</li> <li>• Baby <b>older than 6 months</b>: If the baby has diarrhoea or fever, the mother should breastfeed frequently to avoid dehydration or malnutrition. She should also offer the baby bland food (even if the baby is not hungry).</li> <li>• If the baby has severe diarrhoea and shows any signs of dehydration, the mother should continue to breastfeed and add ORS.</li> </ul>
Sick mother	<ul style="list-style-type: none"> <li>• When the mother is suffering from headaches, backaches, colds, diarrhoea, or any other common illness, she <b>SHOULD CONTINUE TO BREASTFEED HER BABY</b>.</li> <li>• The mother needs to rest and drink a large amount of fluids to help her recover.</li> <li>• If mother does not get better, she should consult a doctor and tell the doctor that she is breastfeeding.</li> </ul>
Premature baby	<ul style="list-style-type: none"> <li>• Mother needs support for correct latch-on.</li> <li>• Breastfeeding is advantageous for pre-term infants; supportive holds may be required.</li> <li>• Direct breastfeeding may not be possible for several weeks, but expressed breastmilk may be stored for use by infant.</li> <li>• If the baby sleeps for long periods of time, he/she should be unwrapped to encourage waking and held vertically to awaken.</li> <li>• Mother should watch baby's sleep and wake cycle and feed during quiet-alert states.</li> </ul>

Special Situation	Solutions
	<ul style="list-style-type: none"> <li>Note: Crying is the last sign of hunger. Cues of hunger include rooting, licking movements, flexing arms, clenching fists, tensing body, and kicking legs.</li> </ul>
Malnourished mothers	<ul style="list-style-type: none"> <li>Mothers need to eat extra food at meals (“feed the mothers, nurse the baby”), and take extra meals and snacks.</li> <li>Mothers need to take micronutrients</li> </ul>
Mother who is separated daily from her infant	<ul style="list-style-type: none"> <li>Mother should express or pump milk and store it for use while separated from the baby; the baby should be fed this milk at times when he/she would normally feed.</li> <li>Mother should frequently feed her baby when she is at home.</li> <li>Mother who is able to keep her infant with her at the work site should take her baby to work and feed her infant frequently.</li> </ul>
Twins	<ul style="list-style-type: none"> <li>The mother can exclusively breastfeed both babies.</li> <li>THE MORE THE BABY NURSES, THE MORE MILK IS PRODUCED.</li> </ul>
Inverted nipples	<ul style="list-style-type: none"> <li>Examine breasts during pregnancy to detect the problem</li> <li>Try to pull nipple out and rotate (like turning the knob on a radio).</li> <li>Make a hole in the nipple area of a bra. When pregnant the woman wears this bra, the nipple protrudes through the opening.</li> <li>If acceptable, ask someone to suckle the nipple.</li> </ul>
Baby who refuses the breast	<ul style="list-style-type: none"> <li>Position the baby properly.</li> <li>Treat engorgement (if present).</li> <li>Avoid giving the baby teats, bottles, and pacifiers.</li> <li>Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.</li> <li>Gently tease the baby’s bottom lip with the nipple until he/she opens his/her mouth wide.</li> <li>Do not limit duration of feeds.</li> <li>Do not insist more than a few minutes if baby refuses to suckle</li> <li>Avoid pressure to potential sensitive spots (pain due to forceps, vacuum extractor, and clavicle fracture).</li> </ul>

Special Situation	Solutions
	<ul style="list-style-type: none"> <li>Express breastmilk, and give by cup.</li> </ul>
Medications	<p>Three things are known about drugs and human milk:</p> <ol style="list-style-type: none"> <li>Most drugs pass into breastmilk.</li> <li>Almost all medication appears in only small amounts in human milk, usually less than 1% of the maternal dosage.</li> <li>Very few drugs are contraindicated for breastfeeding women.</li> </ol>
Cleft lip and/or palate	<ul style="list-style-type: none"> <li>Let mother know how important breastmilk is for her baby.</li> <li>Try to fill the space made by the cleft lip with the mother's finger or breast.</li> <li>Breastfeed infant in a sitting position.</li> <li>Express milk and give to the infant using a cup or a teaspoon.</li> </ul>
<p>Mother who will be away from her infant for an extended period expresses her breastmilk. Caregiver feeds expressed breastmilk from a cup.</p>	<ul style="list-style-type: none"> <li>Mother expresses breastmilk by following these steps: <ol style="list-style-type: none"> <li>Washes hands.</li> <li>Prepares a clean container.</li> <li>Gently massages breasts in a circular motion.</li> <li>Positions her thumb on the upper edge of the areola and the first two fingers on the underside of the breast behind the areola.</li> <li>Pushes straight into the chest wall.</li> <li>For large breasts, first lifts and then pushes into the chest wall.</li> <li>Presses the areola behind the nipple between the finger &amp; thumb.</li> <li>Presses from the sides to express milk from the other segments of the breast.</li> <li>Repeats rhythmically: position, push, press; position, push, press.</li> <li>Rotates the thumb and finger positions.</li> </ol> </li> <li>Mother stores breastmilk in a clean, covered container. Milk can be stored 8–10 hours at room temperature in a cool place and 72 hours in the refrigerator.</li> <li>Mother or caregiver gives infant expressed breastmilk from a cup. Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.</li> </ul>

Special Situation	Solutions
HIV-positive mother who	<ol style="list-style-type: none"> <li>1. Mothers known to be HIV-infected should be provided with lifelong antiretroviral (ARV) therapy or ARV prophylaxis interventions to reduce HIV transmission through breastfeeding. In settings where national authorities have decided that the maternal and child health services will principally promote and support breastfeeding and ARV interventions as the strategy that will most likely give infants born to mothers known to be HIV-infected the greatest chance of HIV-free survival:</li> <li>2. Mothers known to be HIV infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided.</li> <li>3. Mothers known to be HIV infected who decide to stop breastfeeding at any time should stop gradually within one month. Mothers or infants who have been receiving ARV prophylaxis should continue prophylaxis for one week after breastfeeding is fully stopped. Stopping breastfeeding abruptly is not advisable.</li> <li>4. When mothers known to be HIV infected decide to stop breastfeeding at any time, infants should be provided with safe and adequate replacement feeds to enable normal growth and development.</li> <li>5. Mothers known to be HIV infected should only give commercial infant formula milk as a replacement feed to their HIV-uninfected infants or infants who are of unknown HIV status when specific conditions are met.</li> <li>6. Mothers known to be HIV infected may consider expressing and heat-treating breast milk as an interim feeding strategy.</li> <li>7. If infants and young children are known to be HIV infected, mothers are strongly encouraged to exclusively breastfeed for the first six months of life and continue breastfeeding as per the recommendations for the general population, that is, up to two years or beyond.</li> </ol>

## **SESSION 8**

### **COUNSELING AND REACHING AND AGREEMENT**

#### **Learning objectives**

By the end of the session, participants will be able to:

1. Explain the steps of negotiation (GALIDRAA)
2. Demonstrate the initial visit of negotiation with a mother of a infant 0 – < 6 months

#### **Overview**

Activity 8.1	Demonstration of negotiation to encourage mothers to try optimal breastfeeding practices: initial visit to mother with infant < 6 months; and group discussion (10 minutes)
Activity 8.2	Presentation of listening and learning skills and negotiation steps GALIDRAA (40 minutes)
Activity 8.3	Discussion of negotiation for follow-up visit(s) (20 minutes)
Activity 8.4	Use of visual in negotiation visit (20 minutes)
Activity 8.5	Practice negotiation in an initial visit to mother with infant < 6 months (1 hour)

**Total Time      2 hours & 30 minutes**

#### **Materials needed**

- ✓ Flipchart papers, markers and masking tape
- ✓ Case studies on cards

#### **Advance preparation**

#### Handout

General Case Studies of infant 0 - < 6 months



## Detailed activities

**Activity 8.1.** Demonstration of negotiation to encourage mothers to try optimal breastfeeding practices: initial visit to mother with infant < 6 months; and group discussion (10 minutes)

### Methodology

- Facilitators demonstrate the initial visit #1 of HW & HEW to Aster with 2-month son Dawit
- Participants discuss what happened in the demonstration visit

## Demonstration of Case Study of infant 0 - < 6 months: Aster & Dawit

### Visit #1: Initial visit

**Situation:** A HEW visits Aster whose son Dawit is 2 months old. Aster tells the HEW she does not produce enough milk, so she feeds Dawit other drinks.

**Activity 8.2.** Presentation of listening and learning skills and negotiation steps GALIDRAA (40 minutes)

### Methodology

- In plenary ask participants: What are the different steps of negotiation? How many visits are needed for the full process of negotiation? Write answers on flipchart
- Add any missing information
- Review listening and learning skills
- Presentation of the steps of negotiation: Asks, Listens, Discusses, Recommends and Negotiates, Agrees and Repeats agreed upon action, follow-up Appointment (GALIDRAA)
- Refer to hand out (HO # 9) and discuss: General Case Studies of infant 0 - < 6 months

## Listening and Learning Skills

1. Use helpful non-verbal communication
  - a. Keep your head level with mother
  - b. Pay attention
  - c. Nod head
  - d. Take time
  - e. Appropriate Touch
2. Ask open ended questions that start with what, why, how, where rather than questions that require a yes or no only.
3. Use responses and gestures that show interest
4. Reflect back what the mother says
5. Empathize – show that you understand how she feels
6. Avoid using words that sound judgemental.

## Observation Checklist: Negotiation Visit #1 (GALIDRAA)

1. **Greets** the mother and establishes confidence.
2. **Asks** the mother about current breastfeeding practices.
3. **Listens** to what the mother says.
4. **Identifies** feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.
5. **Discusses** with the mother different feasible options to overcome the difficulty.
6. **Recommends and negotiates doable actions:** Presents options and NEGOTIATES with the mother to help her to select one that she can try.
7. Mother **Agrees** to try one or more of the options, and mother **repeats** the agreed upon action.
8. Makes an **Appointment** for the follow-up visit.

## **How many visits are needed for the full process of negotiation?**

### **At least 2 visits:**

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible a 3<sup>rd</sup> visit to maintain the practice or negotiate another practice

### **Example of possible follow-up negotiation visits to Aster:**

#### **Visit # 2: Follow up**

**Situation:** The HEW visits Aster to ask her whether she has been able to EXCLUSIVELY breastfeed Dawit during the past week. Aster answers that it seemed to her that, for the first two days, Dawit suckled for the whole day. But she EXCLUSIVELY breastfed him. She says her mother is coming to see her the following week and will surely advise her to feed Dawit other things besides breastmilk.

#### **Visit #3: Maintain the practice and/or negotiate another practice**

**Situation:** Dawit is now 5 months old, and Aster has EXCLUSIVELY breastfed him for 3 months. She points out to the HEW that Dawit has had neither diarrhoea nor a cold.