

Breastfeeding Challenges and Solutions

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Problem:
Mom Concerned About Milk Supply

Causes	Plan
<p>Infant takes formula after feeding.</p> <p>Appetite spurts commonly occur at 1 to 3 weeks, 6 to 8 weeks, and 3 months; and may occur as often as every 2 weeks.</p> <p>Air bubble. Infant acts full, but after burping is still hungry.</p>	<p>Suggest longer or more frequent feeding at the breast (at least every two hours) or burp and switch. Discourage formula supplementation, as breast milk supply will increase with frequent nursing.</p> <p>Explain to mom that more frequent nursing for a few days will increase her milk supply. Infant will return to previous pattern. Assure her that this is normal and she can anticipate appetite spurts at these times.</p> <p>Suggest burping whenever suckling slows down, so infant can drink more milk. Have mom nurse infant on first side until swallowing slows down, then burp and switch to second side. When swallowing slows down, burp and switch back to first side. Repeat until infant is full. This technique is called burp and switch.</p> <p>Provide information on understanding infant feeding cues. If mom feels her infant is still hungry after feedings, refer to LMS for further evaluation.</p>
<p>Decreased confidence about milk supply.</p>	<p>Encourage mom to do alternate breast massage. This is recommended when infant is doing non-nutritive negative pressure suckling (no swallowing). Mom massages back and middle portions of the breast, waits for infant to take several swallows and then alternates massage of another area of the breast with infant's swallowing. Alternate breast massage increases the volume and fat content of the milk.</p>
<p>Infant takes 50 minutes to nurse (nursing-pauser-sleeper-slurper).</p>	<p>Teach mom to listen for swallowing (soft "uh" sound--not gulping). When swallowing slows down, have mother take infant off the breast, burp, and switch sides--using both breasts at least twice. Or encourage alternate breast massage when swallowing slows down (as described above).</p>
<p>Mom can't express milk after feeding.</p>	<p>Reassure mom that infant can get plenty of milk out and that hand expression takes practice. Explain supply-demand response; infant's suckling controls milk production.</p>
<p>At 3 months, mom's breasts are suddenly soft and smaller.</p>	<p>Reassure mom that this is normal. This is a common concern at 3 months. Focus on the lack of change in the number of stools, wet diapers, and infant weight gain to reassure mom that she is producing enough milk for her infant. See "Appetite Spurts" earlier.</p>

Problem:
Refusing to Nurse

Causes	Plan
Baby unable to breathe because nose is blocked by breast or nasal congestion in infant.	Avoid blocking air passage by proper positioning, particularly pulling infant's bottom close to mom's tummy in cradle position. The football hold may work better for some moms.
Mother's anxiety transmitted to baby.	<p>If infant has nasal congestion, saline nose drops can be instilled in infant's nostrils before feeding per health care provider's recommendation. You may also adjust nursing position to keep baby as upright as possible, and shorten amount of time at breast, as well as intervals between feedings.</p> <p>Mother should make a concerted effort to relax before each feeding.</p>
Infant VERY upset (screaming, thrashing, pushing against the breast with hands).	<p>Instruct mom to:</p> <ul style="list-style-type: none"> - Create a ritual of calm music, comfortable position, quiet place to be in before and during each nursing. - Try nursing alone in a darkened room. - Use relaxation techniques learned in childbirth classes. - Massage her breast to help milk flow. <p>Review the 5 S's (swaddle, side/stomach position, shushing sounds, swinging, sucking). Don't recommend putting a screaming baby to the breast.</p> <p>Often mother needs to be seen in person, since mother's frustration compounds the problem. She needs to be reassured and calmed down. Refer to RD/RN.</p> <p>If infant is still extremely upset refer to health care provider to rule out illness.</p>
Nipple transfer problem (nipple confusion); infant used to and prefers rubber nipple with faster flow.	<p>Review positioning, especially the importance of holding the infant close, holding breast with thumb on top and fingers underneath (C-hold), pushing slightly toward the chest so nipple will protrude more. Avoid "stuffing" the breast in infant's mouth, since this may obliterate the nipple and make it hard for the infant to latch on.</p> <p>Have mom nurse the infant when the infant is drowsy and hungry. A good time is 30 minutes before feeding time when infant is hungry and relaxed.</p> <p>Express milk before nursing so milk is present for infant. Dribble liquid over breast (water, breast milk or formula) while baby is attaching to the breast. When the baby's mouth is widely open, a helper can squirt liquid from a baby bottle toward the roof of the baby's mouth. This will stimulate the baby to swallow and simultaneously attach to the breast.</p> <p>If infant is not nursing, have mother express milk every 2 to 3 hours and feed that to the infant.</p> <p>Support and follow up are essential.</p>
Mother is using nipple shield.	<p>Refer to LMS.</p>

<p>Tongue thruster.</p>	<p>Encourage mother to keep trying to attach infant to the breast. Some infants will thrust the tongue and breast out of the mouth 15 or more times but will finally latch on when milk lets down. Have mother express some milk before nursing.</p> <p>Dribble liquid over breast (water, breast milk or formula) while baby attaches to the breast. When the baby's mouth is widely open, a helper can squirt liquid from a baby bottle toward the roof of the baby's mouth. This will stimulate the baby to swallow and simultaneously attach to the breast. Refer to LMS.</p>
<p>Milk not letting down immediately.</p>	<p>Express a few drops of milk before starting to nurse to encourage infant to nurse.</p>
<p>Incorrect positioning.</p>	<p>Review positioning, stressing the importance of holding the infant close.</p>
<p>Flat or inverted nipples.</p>	<p>Suggest holding breast with thumb on top and fingers underneath, pushing slightly toward the chest so nipple protrudes more. Mother may need to hold the breast in this position for the entire feeding. Avoid "stuffing" the breast in the infant's mouth, since this may obliterate the nipple and make it hard for the infant to latch on. Breast shells worn between nursing may help the nipple to protrude. Pre-pumping for a couple of minutes before feeds can help the nipple to protrude.</p> <p>Another option is to apply a cold, wet washcloth or crushed ice to the nipple for a few seconds before nursing. As the areola contracts, the nipple protrudes and becomes firm. Check for and address engorgement as this may cause retracted nipples. Refer to LMS.</p>
<p>Retracted nipple, secondary to engorgement.</p>	<p>Prevent engorgement by nursing frequently. Wake infant to nurse if longer than 3 hours. Hand express milk before nursing to soften areola, (see "Engorgement").</p>

**Problem:
Spitting Up**

<p>Causes</p>	<p>Plan</p>
<p>Not burping frequently enough.</p>	<p>Burp baby whenever sucking slows down.</p>
<p>Overfeeding.</p>	<p>Mother may need help in assessing infant's hunger cues. Suggest other ways she can comfort baby instead of nursing.</p>
<p>G.E. Reflux.</p>	<p>Try shorter, more frequent feedings and keep infant upright after feedings. Refer to health care provider.</p> <p>Explain etiology to mom, stressing that it is an anatomic problem not related to breastfeeding.</p>
<p>Allergy to food mother is eating.</p>	<p>This is rare. Most babies are not affected by mom's diet. Refer to RD/RN.</p>
<p>Sick Baby.</p>	<p>Infant with a cold or gastroenteritis may suddenly spit up more. NOTE: If projectile vomiting, refer to RD/RN or health care provider.</p>

Problem:

Fussy at Beginning of Nursing – Choking

Causes	Plan
<p>Overactive milk ejection reflex (letdown).</p> <p>Overproduction of breast milk (experiences almost constant engorgement).</p> <p>Slow milk ejection reflex (letdown).</p>	<p>Usually infant will adjust to milk ejection and do fine. If not, mother may need to have her initial letdown spray into a towel. Then she can put infant back on breast.</p> <p>Have mother recline in a rocking chair or lie down, so gravity slows the letdown.</p> <p>Have mom hold her breast with index and middle fingers (scissors hold) to control the flow of milk during initial letdown.</p> <p>Many women who have an overactive milk ejection reflex are also overproducers. Mom needs to let infant nurse on demand, then pump enough milk to keep herself comfortable.</p> <p>Use of breast shells should be discouraged as they can stimulate production.</p> <p>This condition usually is dramatically improved by the fourth week. These women are usually more prone to engorgement if feedings are missed or delayed. See "Engorgement."</p> <p>Encourage breast massage, nipple stimulation and expression of a few drops of milk prior to feeding.</p>

Problem:

Fussy After First Five Minutes of Nursing

Causes	Plan
<p>Infant needs to burp.</p> <p>Infant has thrush.</p> <p>Infant has bowel movement during feeding.</p> <p>Initial letdown has slowed down, and infant prefers the fast flow.</p>	<p>Some breastfed infants need to be burped every 5 minutes or so.</p> <p>Refer to health care provider.</p> <p>Some infants prefer to do one thing at a time. Take infant off the breast until finished with bowel movement.</p> <p>Burp and switch or do alternate breast massage and breast compressions.</p>

Problem:

Fussy Between Feedings – Colic

Causes	Plan
<p>Air bubble.</p> <p>Chronic allergic reaction to something in breast milk.</p>	<p>Lay baby on crossed knees, holding his abdomen with one hand while head rests against your arm. Gently rub baby's back with an upward motion, using free hand.</p> <p>Milk and dairy products are the most common allergens in babies. Soy products, eggs, wheat, and citrus are also allergenic and may cause problems in some highly sensitive infants. This is rare. If there is a family history of allergy to certain foods, they may also cause problems in the infant. Refer to RD/RN or health care provider.</p>

Acute 24-hour colic.	Have mom assess whether she has consumed anything different or in increased amounts before the baby's fussiness started. Strong vegetables such as Brussels sprouts, broccoli, beans, onions, garlic or rhubarb have been reported to cause crying a few hours after ingestion. Have mom discontinue the suspected substance for a few days and then resume consumption to see if that is the cause.
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There are many other reasons why babies may be fussy between feedings that are not related to breastfeeding. If the infant is very irritable, a health care provider should rule out illness. You may need to refer to other resources for help.

**Problem:
Refuses One Breast**

Causes	Plan
Mother is more coordinated on one side.	Reassure mother that this is common, and to continue trying to nurse on rejected breast. If not successful, mom and baby should be referred to the LMS. <i>See "Note" below.</i>
Baby has an earache or teething discomfort.	Change baby to rejected breast without changing baby's position; i.e., use football hold.
Breast infection may have changed taste of milk in infected breast.	Refer to health care provider for treatment of infected breast, instruct mom to continue to nurse on that side through strategies listed below and/or express milk to prevent engorgement and maintain milk supply.
One nipple harder to latch-on.	See "flat or inverted nipple," and/or "engorgement."
Milk comes out very fast due to overactive letdown reflex.	See "overactive milk ejection reflex."
Milk comes out in an unusual direction.	Try new positions that change angle of nursing.

NOTE: It is preferable to nurse from both breasts at a feeding to ensure an abundant milk supply. However, it is possible to feed a baby totally from one breast if the mother is:

- Not going to be disturbed by one breast being larger than the other during lactation;
- Willing to nurse more frequently.

Additional suggestions for getting baby on the breast are:

- Offer accepted breast first to stimulate letdown in the rejected breast;
- Nurse in a darkened room or when infant is drowsy;
- Continue offering the rejected breast except when baby is fussy or frantic.
- The milk supply in the rejected breast must be maintained by regular expression.

Problem:
Not Sleeping Through the Night

Causes	Plan
Hunger.	<p>Check weight—if weight gain inadequate, refer to RD/RN or health care provider immediately.</p> <p>Feed infant on demand every 1½ to 3 hours. Newborns commonly have days and nights reversed, and have their longest sleep stretch during the day. Recommend waking the infant for daytime feedings every 2 to 3 hours so the 4 to 5 hours sleep stretch occurs at night. Infants usually do not sleep all night before 8 weeks. Then some infants may sleep for 6 hours. Four- to 12- month-old infants may wake at night due to teething. Reassure mom this is normal.</p> <p>May be an appetite spurt.</p> <p>Discuss normal sleep patterns of breastfed infants to correct unrealistic expectations.</p>

Problem:
Sore Nipples (NOTE: For severely sore or bleeding nipples, refer mom to LMS)

Causes	Plan
<p>Newborn suckling-first 2 weeks.</p> <p>Baby chewing or sucking nipple into mouth.</p> <p>Baby nursing on end of nipple.</p> <p>Nipple pulled out of baby's mouth at end of feeding.</p> <p>Engorgement causing baby to nurse on the end of the nipple.</p>	<p>Check to ensure baby is put on the breast properly, with the baby's mouth open wide and mother's breast centered in the baby's mouth.</p> <p>Check positioning.</p> <p>Break suction before removing baby from breast by inserting index or small finger into baby's mouth or by pulling down on baby's chin.</p> <p>Express breast milk and let dry on nipple. Air-dry nipples 10 to 15 minutes after each nursing.</p> <p>Alternate nursing positions.</p> <p>Review positioning. Make sure infant's mouth is open wide before he is pulled in close and that infant gets as much of the areola as possible in his mouth.</p> <p>Ensure baby's mouth on breast includes as much areola as possible.</p> <p>Check for "Inverted Nipple."</p> <p>Check for "Engorgement."</p> <p>Remove baby from breast by first breaking suction. Insert index or small finger into baby's mouth or pull down on baby's chin.</p> <p>Nurse frequently.</p> <p>Express enough milk to make areola soft before nursing. Discuss hand expression and/or use of a breast pump.</p> <p>Avoid skipping feedings and using supplemental bottles.</p>

<p>Baby overly eager to nurse.</p> <p>Too much non-nutritive, negative pressure suckling.</p> <p>Inadequate milk ejection reflex (letdown).</p> <p>Nipple sticking to bra or breast pad.</p> <p>Washing nipples with soap and water or antiseptic.</p> <p>Thrush symptoms:</p> <p>White patches in infant's mouth (tongue, cheeks, or lips) that mom cannot wipe off.</p> <p>Nipple soreness throughout the feeding.</p> <p>Sore nipples developed quickly after initial postpartum nipple tenderness has resolved.</p> <p>Nipple pain radiates to entire breast and occurs even when mom is not nursing.</p>	<p>Assure mother that her milk supply will adjust to baby's needs and engorgement will subside.</p> <p>Breast shells can be worn in bra just before nursing to promote leaking and keep areola soft. See "Engorgement." Refer to LMS if engorgement is severe.</p> <p>Nurse more often.</p> <p>Pre-express milk to hasten letdown, avoiding vigorous sucking Pre-express milk to hasten letdown, avoiding vigorous sucking. Have mother start the letdown reflex before putting baby to breast. Use alternate breast massage to promote more nutritive suckling. If this fails to elicit nutritive suckling try burp and switch nursing.</p> <p>Use massage and relaxation prior to feedings.</p> <p>Condition milk ejection reflex (letdown) by setting up routine for putting baby to breast.</p> <p>Put a thin layer of Vaseline or other lubricant such as USP modified lanolin on bra pad.</p> <p>Moisten bra or breast pads before taking off so as not to remove skin.</p> <p>Discontinue use of that type of pad.</p> <p>Have mother express breast milk and let breast milk dry on the nipples.</p> <p>Discontinue soap or antiseptic as these are drying agents.</p> <p>Rinse nipples with water only once daily when bathing.</p> <p>If any of these symptoms are present, both mother and baby need to be referred to a health care provider for evaluation and treatment. Both mom and baby should be treated even if only one has symptoms. Refer to LMS for further evaluation.</p>
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<p>Nipples not allowed to dry.</p> <p>Nipple skin not resistant to stress: Mother has unusually sensitive skin. Mother's nutritional status is compromised.</p> <p>Tight, restrictive bra or underwire bra.</p> <p>Nipple irritated by going braless under clothing or by rubbing against bra during exercise.</p> <p>Residue of laundry products in clothing.</p> <p>Teething/biting.</p> <p>Baby falls asleep at breast and clamps down on breast</p> <p>Mother menstruating or pregnant.</p>	<p>Air-dry breasts completely after nursing.</p> <p>Remove plastic liners from nursing pads or use pads without plastic liners.</p> <p>Change nursing pads frequently.</p> <p>Eliminate synthetic fabrics in bra and clothing; wear cotton or cotton blends.</p> <p>Suggest using white handkerchiefs or homemade pads made from diapers.</p> <p>Air-dry 10 to 15 minutes after each nursing. Expose breasts to the sun for short periods.</p> <p>Improve diet, especially adding fresh fruits and vegetables.</p> <p>Suggest continuing vitamin/mineral supplements during lactation. Counsel on dietary needs while breastfeeding. Eliminate or decrease use of sugar, alcohol, caffeine, and cigarettes.</p> <p>Suggest a comfortable, loose fitting supportive bra or remove underwire from bra.</p> <p>Wear a bra or change to one with more support (jogger's bra).</p> <p>Wear softer fabrics.</p> <p>Use less detergent and rinse twice.</p> <p>Stop feeding after the first incident of biting, and resume when the baby is hungrier.</p> <p>Keep finger ready to break suction and stop feeding when infant stops swallowing at end of feeding.</p> <p>Use soothing techniques instead of nursing to comfort baby. Offer cool, smooth things for infant to chew or rub gums with fingers. Extra holding, rocking, or walking can comfort baby.</p> <p>Avoid "snack" nursing.</p> <p>Remove baby when areola begins to slip out of his mouth before he falls asleep.</p> <p>During menstruation, discomfort will last several days.</p> <p>If pregnant refer to health care provider.</p>
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Problem:**Cracked or Bleeding Nipples****(NOTE: Severely sore or bleeding nipples, refer mom to LMS)**

Causes	Plan
All causes of sore nipples carried to extreme.	<p>Use all comfort measures for "Sore Nipples."</p> <p>Improve nutritional status. Review healthy diet.</p> <p>If pain of breastfeeding is intolerable refer to LMS or health care provider for further evaluation. As necessary, have mother discontinue breastfeeding for 24 to 48 hours and express milk every 3 hours. She can feed this milk to baby in a bottle.</p> <p>Reassure mother that small amounts of blood will not harm her infant. Remind her that she might see blood in the infant's bowel movements.</p>

Problem:**Blistered Nipples**

Causes	Plan
Poor positioning.	<p>Review positioning.</p> <p>Vary nursing positions.</p> <p>Be sure infant is held closely so that nipple does not slip in and out of infant's mouth.</p>
Baby overly eager.	<p>Nurse more frequently.</p> <p>Express some milk before infant is put to breast to stimulate quicker letdown.</p> <p>Nurse in a position that does not aggravate blister.</p> <p>Soak blister in saline solution ($\frac{1}{4}$ teaspoon salt in 8 oz of water) to soften before nursing.</p> <p>See other "Sore Nipple" comfort measures, refer to LMS.</p>

Problem:**Persistent Sore Nipples**

Causes	Plan
Positioning.	Evaluate positioning.
Infant biting. Nipples are usually blanched after the nursing.	Have mother try putting downward pressure on infant's chin with her index finger that is holding the breast.
Other sucking problems.	Refer to LMS.
Thrush.	Refer to health care provider.
	If pain of breastfeeding is intolerable, have mother discontinue breastfeeding for 24 to 48 hours and express her milk every 3 hours.

Problem:
Obstructed Ducts

Causes	Plan
<p><i>Symptoms:</i> One or both breasts are sore; soreness localized to one area with a lump; mom has normal temperature and feels fine. Refer to LMS.</p>	
<p>Breasts overfull; missed feedings, irregular nursing patterns, engorgement.</p> <p>Incomplete emptying of the breast.</p>	<p>Nurse more frequently on affected breast.</p> <p>Put moist hot packs on affected area before nursing.</p> <p>Massage area prior to and during nursing.</p> <p>Offer infant affected breast first.</p> <p>Nurse in different positions.</p> <p>Position baby so that baby's sucking is directed toward occluded duct.</p> <p>Avoid missed feedings or have mom express milk if feedings missed. Nurse at least 10 minutes per side while infant is swallowing actively.</p> <p>Alternate nursing positions.</p> <p>If baby does not empty breasts, pump or express enough milk for mom to be comfortable.</p>

Problem:
Mastitis

Causes	Plan
<p><i>Symptoms:</i> One or both breasts are sore localized to one area; mother has fever and flu-like symptoms. Refer to LMS and health care provider immediately.</p>	

Problem:
Engorgement
(NOTE: If severe engorgement, refer to LMS)

Causes	Plan
<p><i>Symptoms:</i> Soreness, constant and generalized to entire breast. Breasts are warm and hard, skin is shiny and transparent. Nipples may be sore and difficult for infant to grasp.</p>	
<p>Milk just came in.</p>	<p>Frequent and effective nursing as often as the baby will nurse.</p> <p>Express enough milk to soften areola.</p> <p>In an acute situation mother can use an electric pump to express enough milk to soften the areola so that baby can attach.</p> <p>Use warm packs on breasts prior to nursing and cold packs after a feeding.</p> <p>Wear breast shells just before nursing to promote leaking and to keep areola soft. Constant wearing of breast shells may contribute to engorgement with additional stimulation to areola.</p> <p>Massage breast prior to nursing. Apply gentle pressure using a circular motion. Move around the breast, working from chest toward nipple. Use fingertips to stimulate nipple.</p>

Missed feedings or infrequent feedings.	Massage and hand express or pump when feedings are missed or when feeling of fullness develops in breast and baby is not available or unwilling to nurse.
Breasts not emptied at feedings.	Nurse long enough to empty breasts: 10 to 15 minutes on each side at each feeding. If infant does not nurse long enough to empty breasts, hand express or pump after feeding (just enough so that mother is comfortable).
Inadequate letdown.	Use relaxation techniques, massage and warm compresses during nursing. Relax in warm shower with water running over shoulders and breasts; hand express to relieve fullness. If due to anxiety, try to eliminate source of tension. Use rousing techniques. Pre-express milk onto nipple or baby's lips to entice baby. Avoid supplements (water or formula), which decrease baby's willingness to nurse.
Baby sleepy or not eager to nurse.	See "Sleepy Baby." See "Overproduction of Breast Milk."

**Problem:
Sick Mom**

(NOTE: Mom and baby should be managed by their health care provider.)

Causes	Plan
Mom has acute illness (infection, fever, flu, cold). If a breastfeeding woman has flu-like symptoms, mastitis should be considered first.	Continue breastfeeding as frequently as possible to prevent illness in baby. Refer to health care provider and LMS. If mom is taking medication that is contraindicated for breastfeeding, she should pump regularly at least every 3 hours during that time and discard the milk. Refer to RD/RN. Mom's milk supply may decrease while she is ill, but will return with frequent nursing. If mom is too ill to nurse, she should pump regularly and return to frequent nursing as soon as possible. She must balance the need to rest with the need to nurse. Suggest taking the baby to bed with her and arrange for help when baby is awake.
Mom is hospitalized.	In many hospitals, the infant can be brought to the mom for some breast-feedings. She should pump at other feeding times. Electric pumps are most efficient and stimulate milk production best. Some hospitals have pumps available, or she can rent one and bring it to the hospital. Make these arrangements with the hospital/ physician in advance. If mom is on medication that is contraindicated for breastfeeding, she should continue to pump and discard the milk temporarily. Her milk

	supply may decrease, but will return to previous levels with frequent nursing as she feels better. Refer mom to LMS and/or health care provider.
Other chronic or acute illnesses.	Diabetes and breastfeeding are compatible. Refer to RD/RN.
HIV positive mothers.	The Centers for Disease Control and the American Academy of Pediatrics recommend that HIV positive mothers NOT breastfeed their infants due to possible increased risk of transmission. Refer to RD/RN and/or health care provider.
Mom has hepatitis A.	Breastfeeding is permitted in a mother with hepatitis A who has received gamma globulin. Refer to RD/RN and/or health care provider.
Mom has hepatitis B.	Breastfeeding should not be discouraged. Breastfeeding is permitted after the infant receives hepatitis B specific immunoglobulin (HBIG) and the first dose of the series of Hepatitis B vaccine. Refer to RD/RN and/or health care provider.
Mom has hepatitis C.	The U.S. Public Health Service does not consider maternal HCV infection to be a contraindication to breastfeeding at this time. However, the decision to breastfeed should be made in collaboration with the infant's health provider.

Problem:

Hungry Baby

(NOTE: If baby's weight unknown, weigh baby as soon as possible. **Refer to RD/RN if weight gain inadequate.**)

Causes	Plan
Too few breastfeedings.	Encourage nursing of newborns 8 or more times in 24 hours with 2 to 3 hours between feedings.
Improper latch-on and attachment.	Mother needs to get as much of areola as possible centered in infant's mouth during latch-on. Encourage her to pull infant close during latch-on.
Not swallowing with each suckle at letdown.	Encourage alternate breast massage during feedings. Breast massage can increase milk volume and fat content.
Use of nipple shield.	Refer to LMS or health care provider.
Use of gadgets to pacify or comfort baby (pacifiers, swings, car rides, etc.).	Minimize use of gadgets. Put baby to breast when comforting is needed.
Mother has an overactive, busy stressful lifestyle.	Encourage mom to rest adequately and take time for nursing.
Poor diet.	Discuss mom's dietary intake. Review breastfeeding food guide pyramid and evaluate consumption of adequate protein, calories, and fluids to thirst. Refer to RD/RN, as appropriate.
Too much vitamin B in mother's diet.	Excessive doses of vitamin B ₆ (sixty times the RDA of 2.5 mg/day) have been shown to suppress lactation. Refer to RD/RN.
Severe engorgement for more than 48 hours.	Prolonged, severe engorgement, particularly when mother and baby are separated during the newborn period, may have detrimental effect on her potential milk production. Refer to RD/RN for further evaluation as soon as possible.

**Problem:
Sleepy Baby**

Causes	Plan
<p>Placid, sleepy infant who is difficult to wake for nursing every 2 to 3 hours.</p> <p style="text-align: center;">OR</p> <p>Infant falls asleep after a few sucks at the breast, or before a full feeding. May worsen as infant becomes increasingly weak.</p> <p>Infant takes an hour or longer to nurse (nursur-pauser-sleeper-slurper).</p> <p>Premature infant who has not reached due date.</p> <p>Maternal pain medication.</p>	<p>Stimulate the infant:</p> <ul style="list-style-type: none"> > Undress, change diaper. > Initiate an activity that will wake up the baby part way through feeding. > Change baby's position. > Stroke baby's cheek with your finger. > Wash infant's face. > Gently walk up infant's spine with fingers. > Let baby push his feet against mom's hands. <p>Explain that infant can be aroused most easily from an active sleep state (eye movement, movement of arms and legs, but still asleep). Infants go through this state every hour. Have mother watch for cues. Have mother massage and compress her breast when suckling slows down. Breastfeed skin-to-skin.</p> <p>"Burp and Switch"--Suggest burping whenever suckling slows down, so infant can drink more milk. Have mom nurse infant on first side until swallowing slows down, then burp and switch to second side. When swallowing slows down, burp and switch back to first side. Repeat until infant is full. This technique is called burp and switch.</p> <p>This problem usually resolves at due date when infant becomes more alert and easier to wake. Mom will need to continue to provide additional stimulation until infant becomes more wakeful. Refer to RD/RN or LMS.</p> <p>Some analgesics that mother is taking cause drowsiness and a poor sucking infant. Refer to RD/RN or LMS.</p>

**Problem:
Sick Baby**

(NOTE: Baby should be managed by his/her health care provider)

Causes	Plan
Symptom: Vomiting, diarrhea, jaundice.	Refer to health care provider.

**Problem:
Inadequate weight gain**

Causes	Plan
	Refer to RD/RN and health care provider.

**Problem:
Ineffective suckling**

Causes	Plan
	Refer to RD/RN and health care provider.

Problem:**Poor milk ejection reflex (letdown)/maternal anxiety**

Causes	Plan
<p>Fatigue, excessive caffeine intake, smoking, drugs, extremely tense mother.</p> <p>Mom notices none of the signs of letdown (mother may have normal milk ejection reflex without any of these signs, but should be seen in person for further evaluation):</p> <ul style="list-style-type: none"> > Tingling, fullness, or dull ache in the breasts at the beginning of the nursing; > Uterine contractions (1st week postpartum); > Milk dripping from opposite breast; > Feeling thirsty; > Sounds of infant swallowing (an "uh" sound) at the beginning of the nursing; > A feeling of well being or relaxation after nursing a few minutes. 	<p>Explain that letdown is a conditioned reflex and suggest she:</p> <ul style="list-style-type: none"> > Establish a nursing routine. > Nurse in a quiet place. > Breastfeed skin-to-skin. > Take a few deep breaths or practice relaxation techniques taught in childbirth classes. > Watch TV, read, or listen to music to relax. > Think about, watch, and hold baby when not nursing. > Nurse every 2 to 2½ hours during the day. > Drink something just before nursing (juice, water, or tea). > Nurse the baby if she has milk ejection reflex (letdown). > Rest adequately and decrease smoking. > Discuss drug use with RD/RN. <p>If the mother has any of these signs, reassure her that she has a normal letdown. If she does not or continues to have problems, refer to LMS, RD/RN or health care provider.</p>