

Supporting mothers to breastfeed – correct breastfeeding techniques

REPUBLIC OF KENYA



MINISTRY OF HEALTH



University of Nairobi



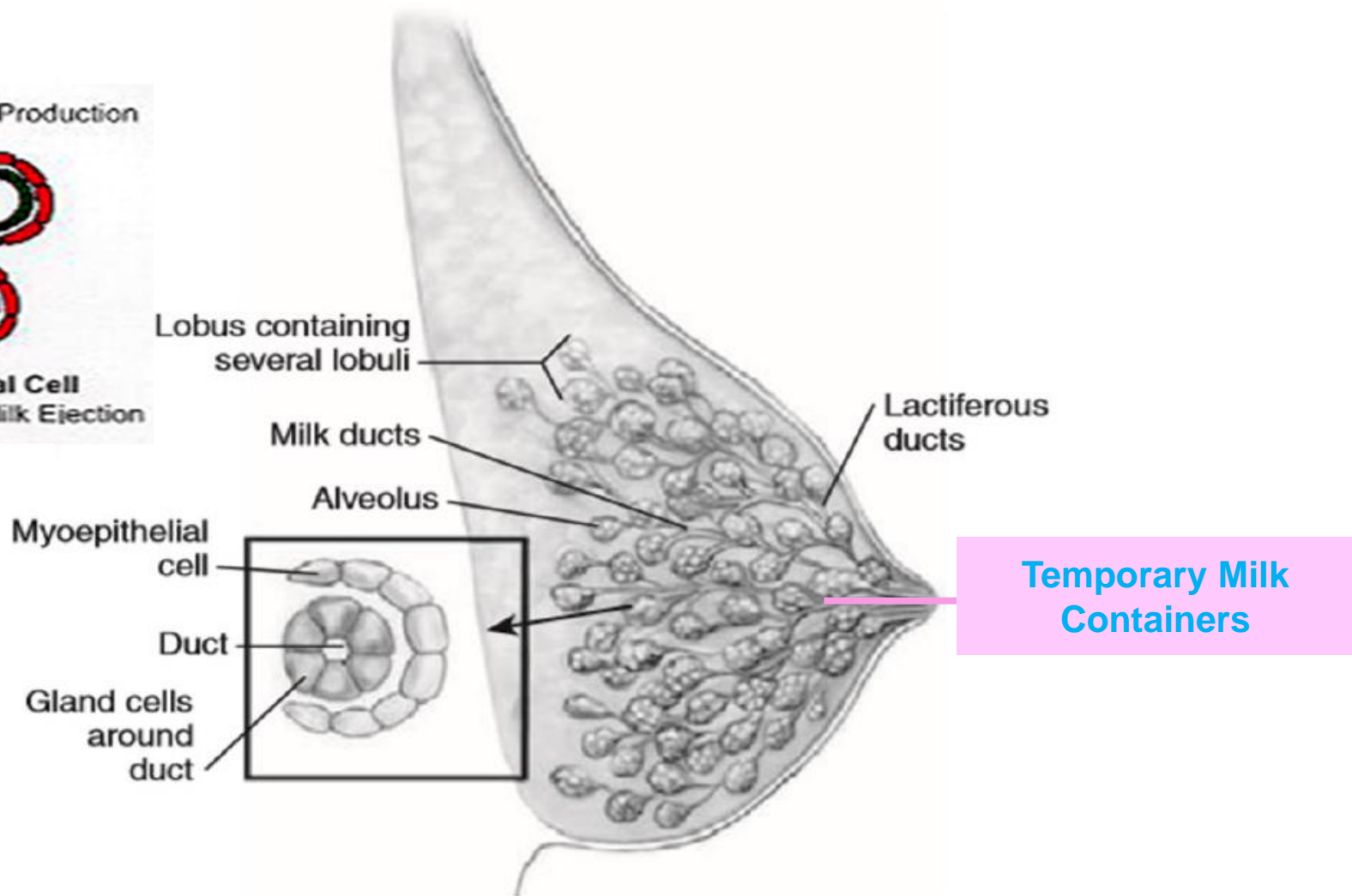
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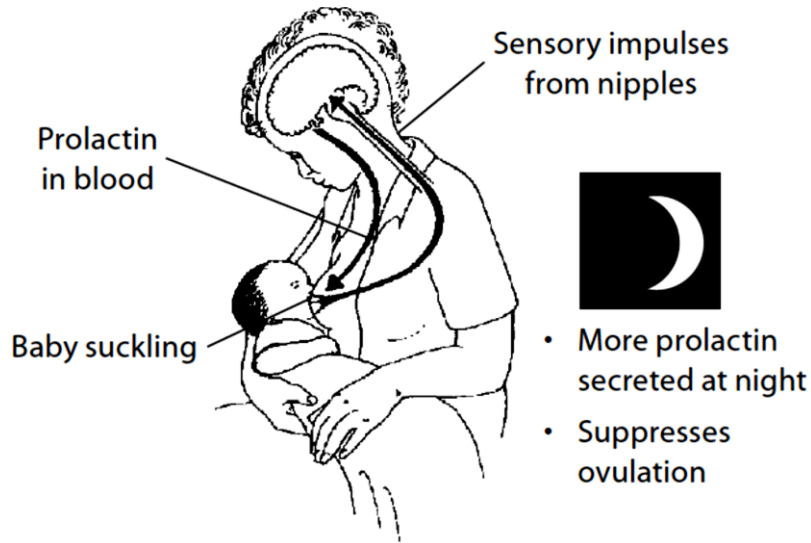
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The Lactating Breast



Physiology of breastfeeding

Prolactin



Secreted after every feed to produce next feed

Suckling is a POWERFUL stimulant of Prolactin

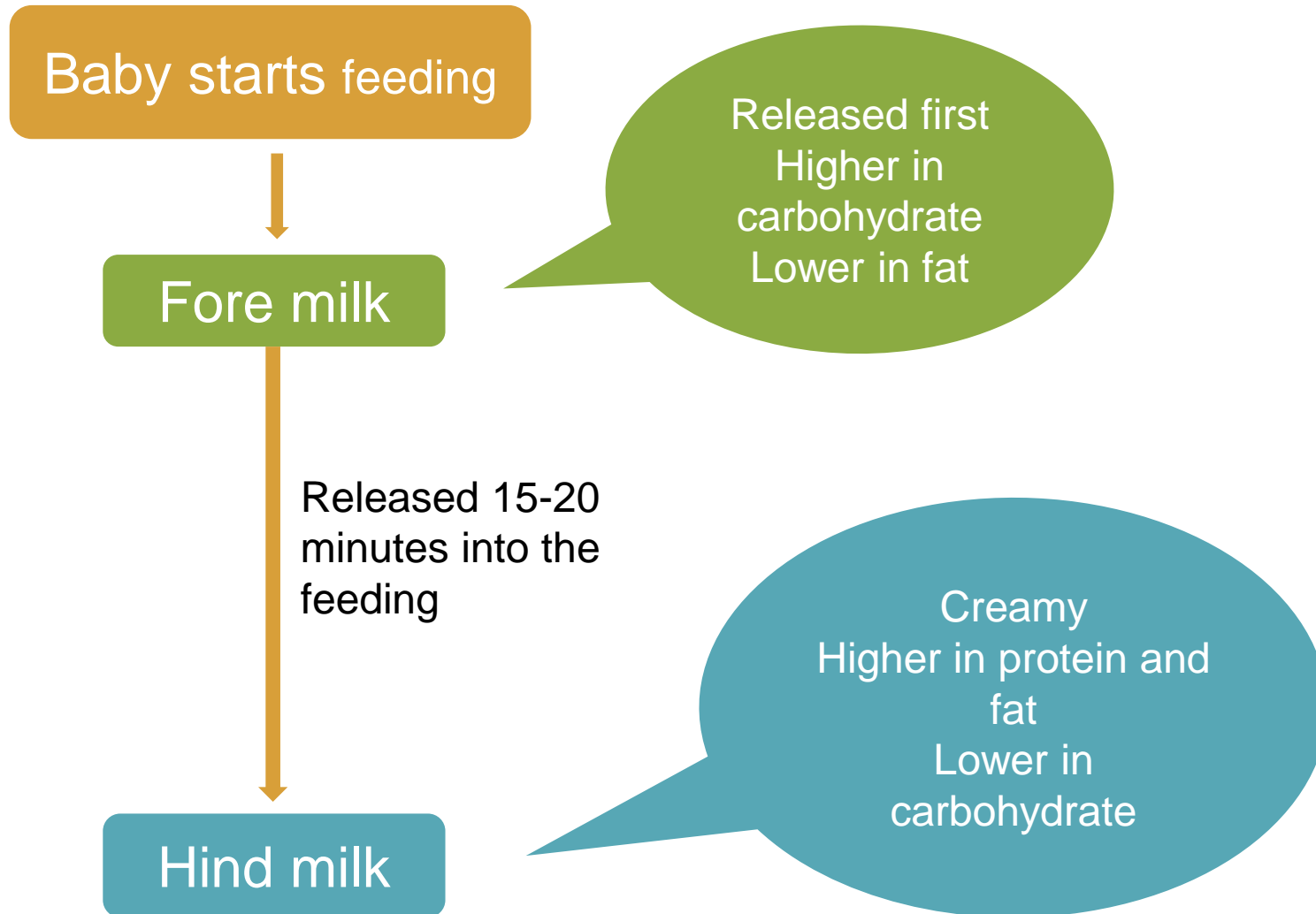
Other stimulants of oxytocin are tactile auditory and visual

Oxytocin



Oxytocin inhibited by : cold, pain and emotional stress

Fore milk and hind milk



Essentials of correct breastfeeding technique

☑ Mothers position

• Baby position

• Holding the breast

• Attaching the breast into baby's mouth



Common positions for holding a breastfeeding baby

Baby's position



Breastfeeding for 5th years (WBCNB) June 2019



Football hold

It's hard to control a newborn's head using the cradle hold.



Cradle hold

line

y

Cross-cradle or modified clutch hold

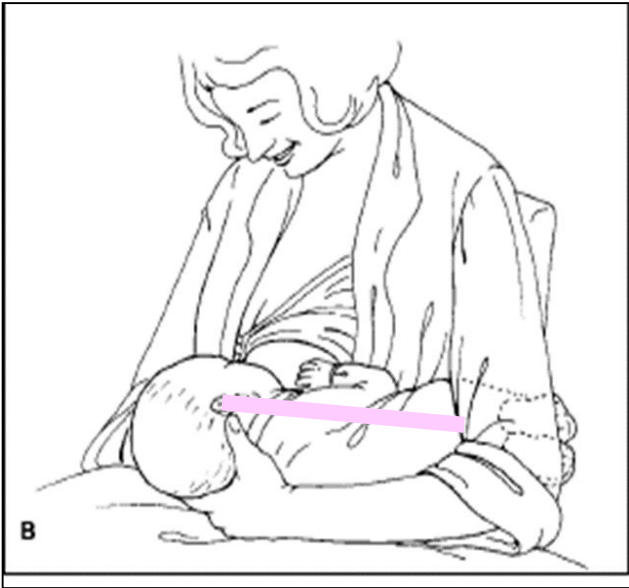


- Baby is close to the mother
- Baby's nose is at the level of the breast
- Baby's head, neck and body in a straight line
- Baby's whole body supported

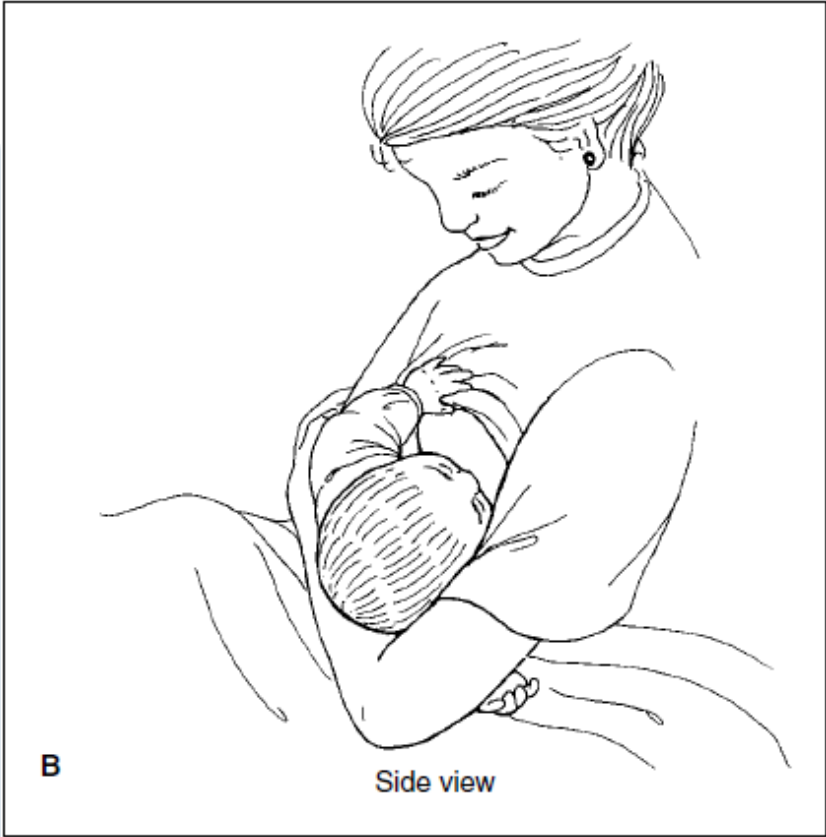
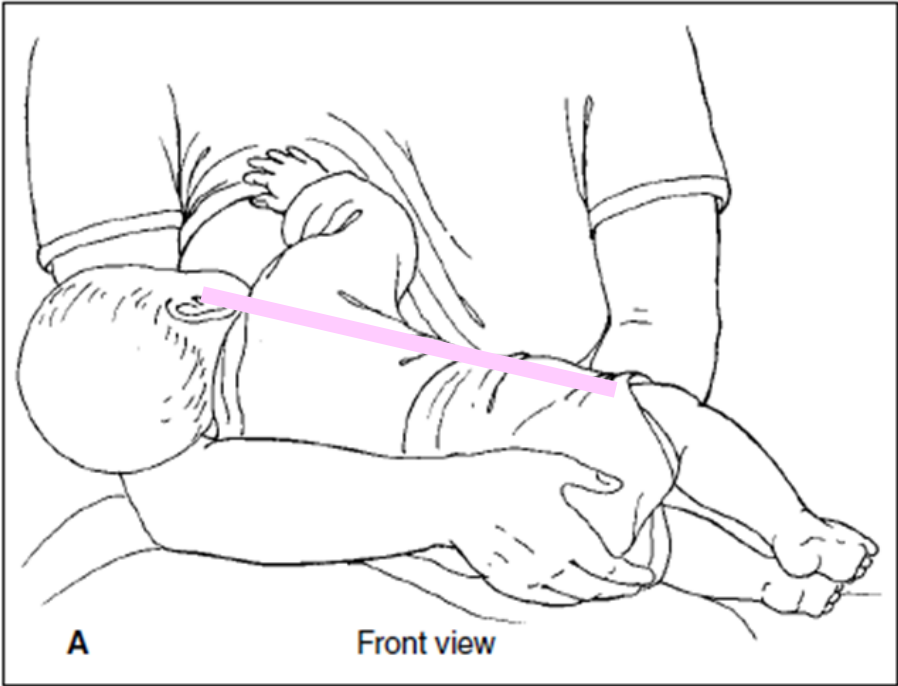
Football Hold



- Baby is close to the mother
- Baby's nose is at the level of the breast
- Baby's head, neck and body in a straight line
- Baby's whole body supported



Cradle/Madonna Hold



It's hard to control a newborn's head using the cradle hold.



- Baby's whole body supported

Attaching breast into the infant's mouth

1. Hold the breast in a **C- grip**



Cross-cradle



Football hold

2. Stimulating baby to **open mouth wide** by touching the upper lip with the nipple

3. Introduce breast into the mouth with the **nipple aiming the upper lip**, chin touching breast first

Assessing Attachment



Signs of good attachment

- More areola seen above baby's top lip
- Baby's mouth open wide
- Lower lip turned outwards
- Baby's chin touches breast

Good latch -- lips are $>120^\circ$ angle, lower lip covers more areola.



Signs of poor attachment

- More areola seen below bottom lip
- Baby's mouth not open wide
- Lips pointing forward or turned in
- Baby's chin not touching breast

Poor Latch -- lips are $<90^\circ$ angle, lower lip is just below nipple.

Assessing if suckling is effective

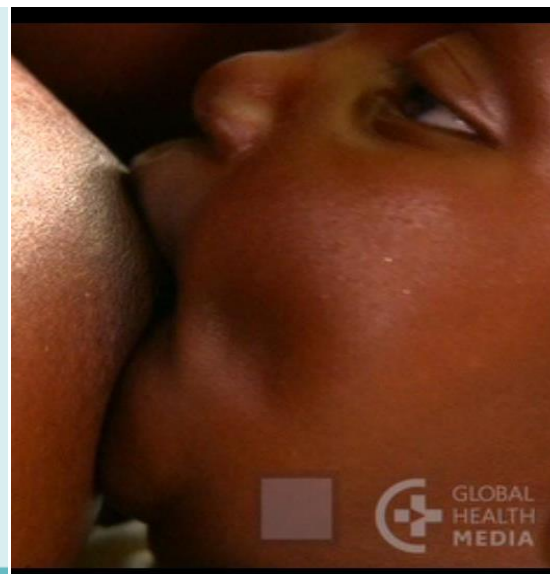
SUCKLING IS EFFECTIVE

- Slow, deep sucks with pauses
- Cheeks round when suckling
- Baby releases breast when finished
- Mother notices signs of oxytocin reflex



Poor suckling

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed



Breastfeeding attachment

Assessing for correct breastfeeding technique

Correct technique

BABY'S POSITION

- Baby's head and body in line
- Baby held close to mother's body
- Baby's whole body supported
- Baby approaches breast, nose opposite nipple

BABY'S ATTACHMENT

- More areola seen above baby's top lip
- Baby's mouth open wide
- Lower lip turned outwards
- Baby's chin touches breast

SUCKLING

- Slow, deep sucks with pauses
- Cheeks round when suckling
- Baby releases breast when finished
- Mother notices signs of oxytocin reflex

Incorrect technique

- Baby's neck and head twisted to feed
- Baby not held close
- Baby supported by head and neck
- Baby approaches breast, lower lip to nipple

- More areola seen below bottom lip
- Baby's mouth not open wide
- Lips pointing forward or turned in
- Baby's chin not touching breast

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed

1.3 Breastfeeding Techniques - Good Positioning And Attachment



Clean hands

(do not wash breasts for purpose of breastfeeding)

Mother position

Mother relaxed and comfortable.
Pain controlled

Baby in correct position

- Baby's nose at the level of the breast
- Baby close to the mother
- Head and the trunk in a straight line
- Baby's whole body supported

Breastfeeding Techniques (2)



Attaching breast into the infant's mouth

1. Hold breast using a C- grip
2. Stimulate baby to open mouth wide
3. Introduce breast into the mouth



Signs of good attachment

- Chin touching breast,
- Mouth open (more than 120°),
- More areola above nipple,
- Lower lip turned out,

No to any ONE



Break the feed. Check mother's and baby's position

YES to all

Effective suckling.

- Baby takes slow deep suckles sometimes pausing and you may be able to see or hear baby swallowing.
- No dimpling
- Suckling is comfortable and pain free for mom.

No to any ONE

Drills













Questions?

Summary



•Correct breastfeeding techniques are learned skills

Mother should be taught and supported to acquire correct breast-feeding techniques

Its important for the health worker and the mother to understanding the anatomy of the breast and physiology of breastfeeding

Correct baby's position and correct breast attachment are essentials for effective suckling