Breast Feeding: Practical Problems of Technique

Clinical Procedures

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<**Dr N Griffin to camera**>

The advantages of breast feeding young babies are now well recognised. Most paediatricians recommend breast feeding and we try to ensure that mothers can successfully feed their babies by this method once they have decided to do so. To achieve this it is, of course, necessary that all those involved in the care of mothers and their babies should be well versed in the practical problems that breast feeding mothers encounter. But for medical students and trainees in the paramedical professions, this knowledge and experience may be difficult to obtain.

In this tape, I'm going to demonstrate some of the commoner problems associated with breast feeding. But first, let's begin by looking at a normal, successfully feeding mother.

<**Griffin over short film showing a mother breast feeding her baby, then close-up shots of the baby feeding from the mother's breast and being winded**>

The baby fixes promptly and begins sucking rhythmically and strongly. His occasional pauses gradually become more frequent and prolonged as his hunger is satisfied. Mothers usually learn by experience how long the baby will take to complete his feed and how long he will suck before he needs winding. Winding is often associated with the regurgitation of a small quantity of milk. This is sometimes called possetting and should not be confused with vomiting for it is a normal phenomenon in babies whether they are fed by the breast or the bottle.

Though it is often assumed that establishing breast feeding is an automatic and reflex process, there are often quite ordinary practical skills that mothers must learn.

<**End of film clip**>

<**Griffin to camera, then over short film showing two mothers breast feeding, one more experienced than the other, giving her advice**>

The first one we shall consider is that of finding the most comfortable position for the baby to suckle and for the mother to remain comfortable. Let's listen for a moment to a couple of mothers discussing this.

On the left is an experienced mother whose baby of 6 months is well used to the routine. On the right is a mother feeding her baby in the first few days of life. Notice how this infant takes longer to get comfortably fixed to the breast. One of the obvious things about the very young infant is that the head control will be very poor so that babies will always need more support to keep them on the breast.

<**Experienced mother**>

You can't get your hand under her head can you?

<**New mother**>

Above it will this make any difference do you think?

<**Experienced mother**>

Yeah, I find if I hold his head, so let go of that, you can push her right round, that's it, like that …

<**New mother**>

Yeah.

<**Experienced mother**>

… push her right round, with both your hands, take, yeah, like that, and just really push her to it and then it's awkward, it makes your back ache, but then once you get her to it then you can relax yourself after. See? And then relax after once she's there. Push her and she'll start sucking.

<**New mother**>

Like that?

<**Experienced mother**>

That's it and then once she's taken it then you can get more comfortable yourself.

<**New mother**>

Yeah…

<**Experienced mother**>

Makes your arms ache for a while but once she gets used to it …

<**New mother**>

… she seems to close her mouth. Once she's holding it she can't get her mouth open wide and then I can put her onto …

<**Experienced mother**>

… probably because your nipple's not extended, see how mine is? Once you get used to it, look, it gets extended …

<**New mother**>

… yeah, this is it, mine will go like that, yeah …

<**Experienced mother**>

… because you've got so much milk, you've got so much milk it flattens it, once she's taken some of it off, then the nipple will extend and then she'll be able to take it.

<**New mother**>

Yeah, yeah.

<**Experienced mother**>

'Cos I found I had to do that with him. I used to make my arms ache and my back but I used to have to push his face …

<**New mother**>

That's right, yeah …

<**Experienced mother**>

… because I wasn't as big as you, I used to have to hold. Once she gets used to it then you can, after a couple of days you can find a more relaxed position.

<**New mother**>

Yeah.

<**Experienced mother**>

You know what would help? If you had a cushion …

<**New mother**>

… cushion …

<**Experienced mother**>

… she needs a cushion on her lap. We used to use a cushion and it gives you a bit of height…

<**New mother**>

… oh I see, yeah …

<**Experienced mother**>

… 'else it makes your arms hurt so much …

<**New mother**>

Ah, she's got it now.

<**End of film clip**>

00:04:34:00

<**Griffin to camera, then over short film showing a mother breast feeding a baby whilst lying in a bed**>

Some mothers after their confinement cannot sit up normally. However, having to stay in bed need not be a reason not to attempt breast feeding since a convenient position can usually be found. This is not an ideal position if delivery has been by caesarean section but with a flexible and positive attitude, practically any difficulty in finding a satisfactory position can be overcome.

<**End of film clip**>

<**Short film clip showing a woman breast feeding twins, one on each breast, while sitting up in a bed. She talks to a male, off-camera, possibly Griffin[?]**>

<**Male, off-camera**>

You're obviously being very successful in feeding both twins at once. Did you find any problem in the early days in getting them both established on the breast?

<**Mother**>

No, they both sucked very well and I had a lot of help in the hospital. And I suppose it seemed a bit strange at first but it's very easy to get the hang of it. I think provided you keep their heads supported and then you can manipulate them around quite well. It doesn't seem to present any problems.

<**Male, off-camera**>

And is it comfortable for you too?

<**Mother**>

Yes, one tends to lean over a bit, but it doesn't matter because feeding's fairly short anyway. But I found if you have a pillow under their heads, you've got so much bulk on your lap that it's much easier to either push your knees up or just bend over a little.

<**End of film clip**>

<**Griffin to camera, then over short film showing close-up of feeding baby, then back to camera**>

One small trick that mothers have to learn is the knack of keeping the baby's nose clear of the breast, especially at the beginning of a feed when the breast is full.

Keeping the nostrils unobstructed enables the baby to breathe continuously during the feed, so he can carry on sucking without a break.

One of the commonest problems is that of the baby not fixing properly to the breast. For normal, successful feeding the nipple has to be drawn into the baby's mouth to the back of his palette, and the areola at the base of the nipple is held between the babies gums. If the baby is fixed properly, the areola has almost disappeared into his mouth.

In the term infant, the taking of the nipple into the mouth and the correct positioning of it is an instinctive, or reflex, action and is often better performed in the few minutes after birth than for some days thereafter. We encourage mothers to breast feed at this time because of this and because it helps to establish lactation and encourages maternal bonding. And by causing the release of oxytocin, it helps the uterus to contract.

In one series, mothers who fed their babies at this time were more likely to be still breast feeding at 8 weeks than mothers who fed at the more usual of some hours after birth.

<**Griffin over brief clip showing baby rooting for a finger, then to camera**>

The rooting reflex, as shown here, is the deviation of the baby's head and mouth to a sensory stimulus on the cheek. Failure to fix may be caused by a problem in the infant such as prematurity or ill-health or a mechanical problem such as cleft palette. Often, however, the problem resides with the mother who has small or inverted nipples.

Inverted nipples should be detected antenatally and treated by the use of nipple shields. A small nipple, by itself, is not usually a cause of failure to fix. But listen to this mother describing her problems.

<**Short film clip showing Griffin, seated with a mother describing her problems with breast feeding**>

<**Mother**>

He just won't take to my breast at all. Nothing at all.

<**Griffin**>

But he seems to be hungry …

<**Mother**>

He is very hungry, he is a hungry baby. But he just won't take to me at all.

<**Griffin**>

Do you think you've got enough milk for him there?

<**Mother**>

Yes. I have got the milk. But I've got a very small nipple and he hasn't got anything he can get a grip onto and he just won't at all, he just screams and hollers.

<**Griffin, narrates in voice over whilst close-up shots of the mother attempting to feed the baby are shown, then back to him and the mother speaking in situ**>

If we go on to observe this mother actually attempting to feed her baby, we can see how difficult it is for him to get his gums right around the base of the nipple to suck the tip back to the palette.

<**Griffin**>

Hmmm, there's not very much for him to get hold of there is there?

<**Mother**>

No, no there's not.

<**Griffin**>

Do you try and pinch out the nipple for him?

<**Mother**>

Yes, I've tried, yes I've made myself very sore.

<**Griffin**>

Is it sore to do that?

<**Mother**>

Yes, yes.

<**Griffin, over same film, in voice over**>

Although the nipple is small, the principal problem is that the breast tissue is so tense and swollen around the nipple that the baby cannot draw it into his mouth in the correct way. The tense, swollen, tender breast provides the clue to the diagnosis. These breasts do not contain too little milk, they are too full; they are, in fact, engorged. Some improvement may be achieved by massaging the nipple to make it more prominent although this treatment only goes so far. Much more important in this case is to relieve some of the pressure in the tissue by drawing some of the milk off. This can be done in two ways.

<**Griffin over film showing woman having breast milk pumped from her breasts by a nurse, then close shots of a woman using a hand pump to extract milk from her breast**>

The first method is to use an electric suction pump which produces a rhythmic gentle vacuum to draw the milk into a sterile jar. The suction is provided by a small motorised pump and this system is comfortable enough to be left running for many minutes at a time. This type of machine is readily available in hospital or can be hired at low cost for a mother's use at home.

Simpler and more economical, however, but not so efficient is the hand pump. This has a similar funnel to fit over the nipple, but the suction in this case is provided by a simple rubber bulb.

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<**Griffin to camera**>

As well as relieving engorgement of the breast, expressing milk has other possible uses. For instance, if the baby cannot feed at the breast due to ill-health or because of soreness of the nipple, the expressed milk may be saved and fed to the baby via a bottle or a nasogastric tube. And surplus milk may be saved for use by sick infants in premature baby units.

Whatever the methods used, mothers usually find it easier to express milk after they've had a warm bath, or if the milk is not to be saved, while they are standing under a hot shower. The trigger to the release of the mother's milk is the let-down reflex. This reflex is initiated by the baby sucking at the nipple and the afferent part of the loop is nervous from the sensory nerve endings around the nipple and areola. The efferent part of the loop is hormonally mediated via the release of oxytocin from the hypothalamus. Like most reflexes which are in constant use, this reflex may become conditioned by time.

<**Short film showing earlier two mothers breastfeeding; one experienced and one a new mother**>

Let's return to a couple of the earlier mothers and listen to them discussing their feelings.

<**Experienced mother**>

You'll find in a few days, just before the feed's due, even now if I go over that four hours you'll find a drawing sensation.

<**New mother**>

Oh I see, yeah.

<**Experienced mother**>

You'll feel, just be five minutes, maybe minutes before, you'll find, sometimes if you hear another baby crying, the milk comes out.

<**New mother**>

Really? Yeah?

<**Experienced mother**>

It just oozes out. Yeah, so if you can catch it just before then it'll stop you having that feeling. Because do you find when she's taking it, after a couple of minutes, you get a funny feeling, like a drawing, drawing, you can feel, perhaps it's a bit too early I can't really remember …

<**New mother**>

… It's a bit too early 'cos the milk's just coming more...

<**End of film clip**>

<**Griffin to camera**>

This let-down reflex can be inhibited by pain or anxiety on the part of the mother and so the baby will get no milk and will stop sucking and appear restless. And so it may appear that the baby senses when the mother is in pain or upset. One cause of acute discomfort to the other when feeding is cracked nipples which are caused by small breaks in the epidermis which are probably perpetuated by superficial infection. They manifest themselves as localised areas of acute tenderness on the nipple although there may be no lesion to be seen to the naked eye. Listen to the next mother's experience.

<**Short film showing a mother breast feeding, a female and a male voice can be heard off-camera**>

<**Female voice, off-camera**>

It looks as if the feeding's going fine, Mrs Granby.

<**Feeding mother**>

Well, it is on the left-hand side, I mean it's super, but the right nipple's very cracked.

<**Female voice, off-camera**>

Yes, what happened at the beginning? How soon did it get cracked?

<**Feeding mother**>

Well I've been like it now for about 3 days and it's his 8th day and they were both very, very sore but only the right one's cracked so of course I have to use a shield, but this side I could feed now for hours and it wouldn't bother me but, of course, you can't do this. The problem is now, he'll take off of this side but he doesn't really like the shield and, of course, this breast gets engorged and then I have to take it off on the pump.

<**Male voice, off-camera**>

So are you noticing any improvement at all?

<**Feeding mother**>

No, I can't bear him to touch it, it's so painful still, you know. But this side is marvellous so I just do this side, a shield on this side if he'll take it, if not I pump it off and then give it to him in a bottle.

<**Griffin in voice over, whilst a close shot of a nipple shield used whilst breast feeding is demonstrated**>

The shield this mother is talking about looks like this. The rubber teat has a large enough base to fit completely over the nipple to reduce the discomfort of direct contact. This baby begins to suck at the shield enthusiastically enough but soon loses interest. The sucking technique required for the rubber teat is different from that needed for the real nipple. Babies may, therefore, find it difficult to master both techniques so they often develop a marked preference for one or the other. Though this baby finds the teat less than satisfying, in some cases it works quite well.

<**Film clip showing a mother in conversation with Griffin and a nurse, all seated**>

<**Griffin**>

How long have you been using the shield now?

<**Mother**>

About 2 days.

<**Griffin**>

And it's improving now is it, quite a lot?

<**Mother**>

Oh yeah, it's much better, it's smashing.

<**Griffin**>

Yes.

<**Mother**>

You've still got the baby near you, still giving the benefit of your own milk.

<**Griffin**>

And you haven't had to give him any cow's milk at all?

<**Mother**>

No, not at all.

<**Griffin**>

That's very nice.

<**Nurse**>

It's marvellous isn't it? It's very satisfying to be able to do the best for the baby and to be successful at it really, even if at the moment you're using a nipple shield, the baby is still getting your breast milk …

<**Mother**>

… you can still feel it, pumping through…

<**Nurse**>

… you can still feel it drawing, yes …

<**Mother**>

… it's sort of the same feeling without the pain.

<**Nurse**>

That's right <*laughs*>

<**End of film clips**>

00:15:38:00

<**Griffin to camera**>

Some babies who have received feeds from a rubber teat on a shield or bottle may be reluctant to return to the breast. That this need not be so, however, is shown by the next lady whose baby was unwell in the first few days of life and so was slow to feed for that reason.

<**Film clip showing breast feeding mother explaining how she overcame a problem with breast feeding, as she speaks she begins to feed her baby. A nurse and Griffin are present, first off-camera, then visible to the edge of the frame**>

<**Mother**>

On the first day I had her and fed her. On her second night she had an exchange transfusion and I stayed up to feed her after that and then went over to special care every 4 hours. But because she was jaundiced she had no suck anyway and she was very feeble , so, <*to baby*> come on button …

<**Nurse**>

So you found she was very drowsy…

<**Mother**>

So she was very very sleepy and it was difficult…

<**Nurse**>

… to stir her…

<**Mother**>

And it was only after she came back to the ward and, <*to baby*> over here love, and had a more normal routine, that she started being able to suck very strongly and she does suck very strongly. But she was also exceedingly hungry and it took me a while to adjust to her capacity because I'd been taking into account the other babies capacities in the ward which was slightly less.

<**Nurse**>

And you'd been comparing this with your own …

<**Mother**>

… I was confused, yes …

<**Griffin**>

And she had had to have some foster milk while on the baby unit, hadn't she, because of the medical problems of her jaundice it was felt …

<**Mother**>

…yes, yes …

<**Griffin**>

Did you find the transition back from the bottle to the breast was difficult to make?

<**Mother**>

Not at all, because she actually hates rubber and loves skin <*laughs*>, I think the people who tried the bottle had the problem rather than me.

<**End of film clip**>

<**Griffin to camera, then over film clip showing mother feeding her baby, then back to camera**>

A frequent cause for anxiety among nursing mothers is whether they will be able to establish a proper routine for feeding the baby.

The first mother we met had established an exact and satisfactory routine by the clock. In her case, she had settled down to 10 minutes on each breast at fixed times every day. The arrangement seems to work well for both mother and baby. But it is bound to take a little while for such a regular routine to be established, and most mothers find that their babies are best satisfied feeding them when they indicate that they are hungry without paying too much attention to the frequency or interval between feeds.

Listen, for a moment, to some other mothers describing feeding their babies in the first few days of life.

<**Short film showing mothers feeding babies and describing their routines**>

<**1st mother**>

In the very beginning she tended to sleep for long periods, now it varies, again tremendously. I have some periods when she sleeps a lot, but in the evening time I find that she wakes up quite a lot, all the way through the night and so I'm getting up perhaps every 2 hours or 3 hours to feed her. And then she doesn't always sort of oblige and take enough and you find that a couple of hours later you've got to get up again and feed. So there's really, as far as I'm concerned personally, no pattern at all from the very beginning, either established itself in the first days or now that she's 6 days old.

<**2nd mother**>

Well, you get one day when you perhaps think you're making a great deal of progress and then the next day when the baby's rather unsettled, you get the feeling that you're going back. But I'm hoping this will even out in a few weeks time and we'll get on a level pegging.

<**Griffin, off-camera**>

How often is she demanding a feed at the moment?

<**2nd mother**>

Well at rather erratic stages really, for instance, she may go 6 hours without a feed, then perhaps only 2. And also she still seems to be requiring a great deal of boiled water.

<**Griffin, off-camera**>

Have you had any worries about whether you're producing enough milk for the baby?

<**2nd mother**>

Yes, this does come into … because now that the milk is coming through, my breasts seem to appear softer now. I usually put it down to when I can feel the lumps that there is milk in my breasts but at the moment it seems to be maybe she's not quite getting sufficient.

<**Griffin, off-camera to 3 mother**>

And how many times a day has she been demanding feeds?

<**3rd mother**>

Umm, well it's usually about 5 times but today it's been 7 <*laughs*> so what it'll be by the end of the day I don't really know. Hopefully she'll be satisfied by the end of the day.

<**Griffin, off-camera**>

Is she satisfied at the end of a feed normally?

<**3rd mother**>

Normally yes, she usually just eats and sleeps all the time so she's normally quite good really. But today it's been a bit juggly really, she's gone 5 minutes on one side, nothing on the other, then an hour later she'd wake up and then I'd have to give her 10 minutes on one and, you know, 8 on the other. It's been very up and down all day really. But the last feed was 10 and 12 but she still didn't seem satisfied after that, so obviously my breasts, there wasn't anything there for her to have really, she just kept sucking away.

<**Griffin, off-camera**>

How was she letting you know that she wasn't satisfied?

<**3rd mother**>

Umm, well she just wouldn't settle down after I put her down and she's carrying on sucking her thumb afterwards and I'd pick her up and she'd go straight to the breast again. I tried her with the water today as well but she wouldn't take that and so far she's been asleep and I don't know what's going to happen when she wakes up <*to baby*> do I? Eh?

<**End of film clip**>

00:21:40:00

<**Griffin to camera**>

What these mothers have been working towards is a balance between their milk supply and the demand for feeding expressed by the baby. The matching of the two, especially in prima gravida, will inevitably take some time at first and will be constantly changing throughout the period of lactation. The most important principle is to maintain a flexible attitude to the problem. Babies vary widely in the amount of milk, frequency of feeds and amount of sleep they require and any routine that suits the mother and leaves the baby contented and growing normally is the right one for that couple. This is best achieved by demand feeding.

It's true to say that any mother, especially one who has not breast fed before, will experience some problems or anxiety about the establishment of breast feeding. The commonest reason for mothers giving up breast feeding is the feeling that they have not got enough milk to satisfy the baby. This simple lack of confidence is often enough to make them give up the attempt even in the face of such contradictory evidence as the babe gaining weight normally and remaining healthy. Test weighing, the weighing of the child fully clothed, before and after feeds, to see how much difference there is in weight and hence, how much milk has been taken, can often provide reassuring evidence in this situation although I never advise mothers to test

weigh routinely or too frequently as variations in the milk supply from one feed to another may create more worries than are solved by test weighing.

It's important when advising lactating mothers to maintain a confident and optimistic attitude to their problems. With the right sort of advice and support, practically any mother who wishes to can successfully breast feed and can gain the considerable satisfaction from the knowledge that she herself is providing all that the child needs for healthy growth and development. And we, as doctors, can gain satisfaction from the knowledge that the child is receiving the best possible form of infant nutrition.

Let's end with some comments from the mothers themselves.

<**Short sequence of clips showing various mothers featured earlier, talking about breast feeding in general**>

<**Mother from earlier, breast feeding twins**>

That so many people said 'you are not going to do it, are you?' made me even more determined and I think if you think you can do it, you can do it.

<**Griffin off-camera**>

Yes, that's right.

<**Mother from earlier, breast feeding twins**>

There's no reason why you shouldn't be able to.

<**Mother with cracked nipple from earlier**>

You can feel it, there's a drawing sensation down the breast, it's a fantastic feeling …

<**Female off-camera**>

… it's a pleasurable experience isn't it?

<**Mother with cracked nipple from earlier**>

… it is, it's relaxing, this is why I don't want to give up. You know, it's super, and you feel so close. Anybody that hasn't breast fed I think is very silly.

<**3rd mother from earlier series of mothers describing routines**>

Oh, it's marvellous, I feel very close to her. She always holds my hand when I'm breast feeding, looks up into my eyes, you know. It's really lovely, I feel very close.

<**End of film clip**>

<**End credits**>