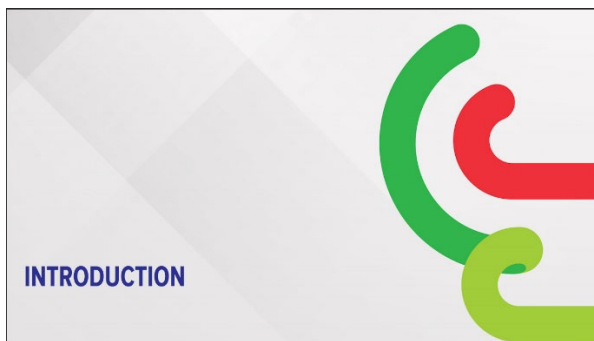




## **GENERAL INSTRUCTIONS**

---

*Facilitators: Use this discussion guide as a companion to the Breastfeeding Complications Code 603 video for the group training session. The session is divided into topic sections when the video is paused while you facilitate discussion about the topic. Discussion questions are designed to generate ideas among WIC staff about how the information and associated WIC codes apply to working with participants and what staff experiences have been.*



## **VIDEO PART 1: Introduction**

---

This is an introduction to the video and overview of risk code 603: Breastfeeding complications or potential complications that affect infants.

This training video will address the complications included in risk code 603:

- Jaundice
- Difficulty latching onto mother's breast
- Weak or ineffective suck
- Inadequate stooling (for age, as determined by a physician or other healthcare professional), and/or less than 6 wet diapers per day

For each complication, the video reviews the causes, who is at risk, what actions to take, and when referrals are appropriate.

*Facilitator: Much of the content of this video should be review, especially for more experienced staff. However, if participants in your group are less experienced, it may be helpful to review the benefits of breastfeeding with them as an introduction to this topic. You can use the summary of benefits below, share your own expertise, or ask others in the group to share what they know.*



### **Overview of the Importance of Breastfeeding**

It is well documented that breastfeeding provides benefits to the baby well beyond optimal nutrition. Babies that are provided breastmilk have fewer health problems than babies who are not. The effects of breastfeeding can last a lifetime, thus leading to a greater chance for a healthier life as an adult.

Breastfeeding not only helps to ensure a healthier body, but also helps mental and cognitive development for the infant. Breastfeeding allows babies to regulate their intake, thus growing their autonomy or self-regulation. Research also attributes breastfeeding to helping children to be more emotionally secure and more protected against mental health problems and addictions compared to children who were not breastfed.

Mothers also receive benefits from breastfeeding and producing breastmilk. Breastfeeding immediately after birth reduces uterine bleeding and also helps the uterus return to its pre-pregnancy size. Moms also receive the long-term benefit of decreased risk of breast and ovarian cancer depending on their length of breastfeeding experience. Breastfeeding women return to their pre-pregnancy weight sooner than those who are not.

Research also shows that moms that breastfeed actually get better sleep than those who bottle feed. They also have fewer incidences of postpartum depression, especially in the first two months of breastfeeding. Breastfeeding moms also release oxytocin, which has a relaxing effect and can help reduce feelings of stress. Moms who primarily breastfed their babies at six months had lower levels of the stress hormone cortisol than those who primarily formula-fed their babies.

The act of breastfeeding is a strong means for mothers to bond with their infant. While it is not the only means to form a strong bond, research has shown nursing mothers hold their babies more than bottle-feeding mothers even when they are not nursing. These are just a few reasons why breastfeeding is an integral part of a health community.

Many organizations support breastfeeding. The American Academy of Pediatrics recommends exclusive breastfeeding for six months, and then to continue breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mom and child.



In Arizona, over 80% of babies are breastfed at least once. However, the number drops to about 55% at six months, and drops further to 35% at one year. Almost 16% of babies receive formula before they're two days old. Sometimes formula is unavoidable, and the reasons for providing formula vary. Support for working through complications may help moms meet their breastfeeding goals and avoid providing formula unnecessarily. Moms who reach their breastfeeding goals tend to be more self-confident and more empathetic. This leads their children to feel secure, trusting, and confident in themselves.



### DISCUSSION POINT 1: Your Questions

In your current work, what complications related to Risk Code 603 do you see most often? Which complications do you see least often with participants? What challenges or questions do you have when working with participants with breastfeeding complications that you hope will be addressed during this training?

*Facilitator: Listen for any differences between what staff share. This doesn't need to be a long discussion, but it may help you identify how much people already know about this topic so you can adjust for later discussions if needed. Make a list of any questions or challenges that your group identifies to address during later discussion points or at the end of the training.*

*When you are finished discussing these questions with your group, click NEXT to continue to the next video.*



*Facilitator: If during discussion, staff share different experiences, especially about client concerns or confusion, encourage them to share what they have found helpful in addressing client needs.*

*If they don't bring up different experiences, ask them if their experience is the same or differs from what other staff share.*



### **VIDEO PART 2: Jaundice**

---

This section of the video explains jaundice, a common complication which usually doesn't require treatment. The three common types of jaundice are physiological, breastmilk, and blood group incompatibility. Babies who are fed more often are at lower risk of jaundice. For immediate care for jaundice, assess for effective latch and milk transfer.



### **DISCUSSION POINT 2: Jaundice**

---

Rosa has a 10-day-old son. During your assessment, she explains, "I'm actually getting more rest than I expected. Arturo is a pretty quiet, calm baby. He's always so sleepy. Mama told me to never wake a sleeping baby, so I only feed him every 4 to 6 hours when he wakes up."

What follow-up questions would you ask? What educational messages would you share?

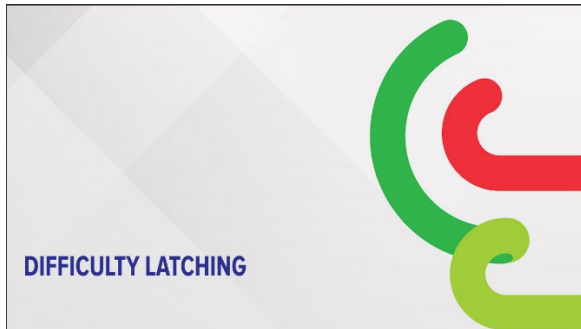
**Answer:** Ask follow-up questions about the number of diapers and what the doctor has said. Look to see if the baby's skin or eyes are yellow. For educational messages, share typical sleep patterns. Babies under six weeks old should be eating every two to four hours and waking to eat.

*Facilitator: Listen for any differences between what staff share. If you have LCs in your group, ask them to share what they would do in addition to the immediate care that other staff might provide.*



*Facilitator: The additional information provided below may be of interest to RDs/DTRs or to LCs. You can share this information or skip it depending on what would be helpful to your group.*

An IBCLC can assess the latch and milk transfer. Next, review the feeding plan and determine if supplementation is warranted. Refer the mom to her PCP if underlying breastfeeding issues are unresolved and supplementation is needed or if the jaundice is not resolving and the baby is not adequately gaining weight.



### **VIDEO PART 3: Difficulty Latching**

---

The video shares prenatal and postnatal anticipatory guidance, assessment questions, signs and symptoms, action care, and impact of difficulty latching.



### **DISCUSSION POINT 3: Difficulty Latching**

---

You're working with Angela who says her son is fussy and pulls back at the breast. You observe that his latch looks like this.

What actions do you take to help Angela and her son?



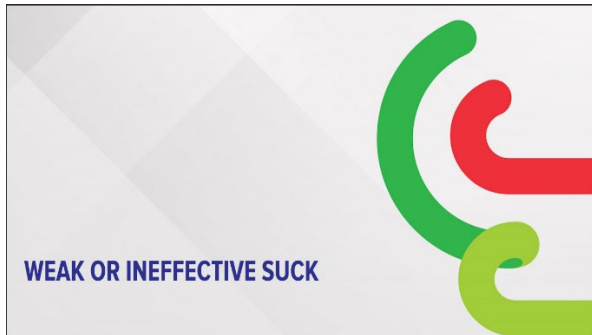
**Answer:** This is a poor latch. His lips are at less than a 90-degree angle, and his lower lip is just below the nipple. A good latch would look more like the image below, where the lips are open to greater than a 120-degree angle.

You can help by teaching Angela techniques for getting a deeper latch.



Images from <https://med.stanford.edu/newborns/professional-education/breastfeeding/abcs-of-breastfeeding/getting-started---position-and-latch.html>

*Facilitator: Techniques for facilitating a deeper latch may be review for your audience. However, it may be helpful to have more experienced staff share tips on teaching latch techniques with the group. Dr. Jane Morton's website also has detailed directions and images for those who would like to learn more.*



#### **VIDEO PART 4: Weak or Ineffective Suck**

---

A weak or ineffective suck may be caused by several underlying physical, developmental, or medical issues. Babies who start using artificial nipples before establishing breastfeeding are also at risk. Watch for babies who don't have enough diapers, aren't gaining adequate weight, have trouble staying awake during a feed, or are fussy at the breast. Evaluate the milk intake and weight gain, and refer participants to an IBCLC for additional support.



#### **DISCUSSION POINT 4: Premature Baby**

---

Catherine's baby, Julia, was born at 35 weeks. Julia spent two weeks in the NICU. During that time, she got bottles of Catherine's pumped milk for more than half of her feedings. Julia is now 4 weeks old. Her pediatrician noted that she isn't gaining weight as fast as expected.

What questions would you ask? What actions would you take?

**Answer:** Some questions to ask are:

- "How much weight does the pediatrician hope to see Julia gain each week?"
- "Is Julia still consuming pumped breastmilk, and if so, how much?"
- "Is Julia breastfeeding, and if so, how often?"
- "Is Julia consuming formula, and if so, how much?"





Catherine and Julia may benefit from support on breast milk supplementation, pumping, or hand expression. Offer a referral to an IBCLC for an ongoing care management plan, and continue to monitor Julia's weight closely.

*Facilitator: This discussion could get very involved, as this is a somewhat complicated case and not all the details are outlined in the scenario. Watch the timing for your group discussion, but try to allow the conversation to continue if staff are sharing helpful information with each other.*



*Facilitator: The additional information provided below may be of interest to RDs/DTRs or to LCs. You can share this information or skip it depending on what would be helpful to your group.*

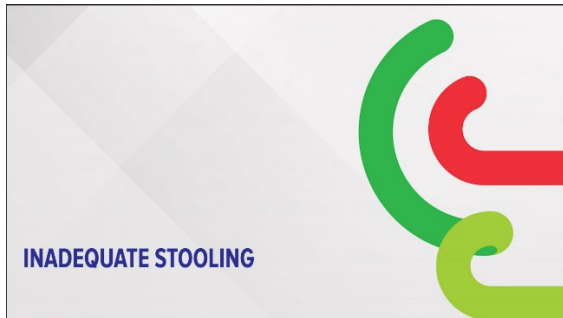
The IBCLC can evaluate the suck and underlying issues and refer to appropriate HCP. IBCLC can develop a management plan to ensure adequate nutrition, maintain or establish mom's milk supply, and establish breastfeeding once the underlying issues are resolved.

Infants who don't receive treatment for a weak or ineffective suck may be underweight, have respiratory problems, or have difficulties with speech later. Breastfeeding mothers of these infants may have difficulty with their milk production, a higher incidence of engorgement, mastitis, or fatigue.

"Many things can affect a baby's ability to suck and remove milk. Factors such as prematurity, jaundice, infection, heart disease, a mother's medicines and many others can affect a baby's ability to stay alert or coordinate the suck-swallow-breathe actions. Other mechanical issues that may play a role include tongue-tie or a cleft lip or cleft palate. These might directly interfere with a baby's ability to use the structures in the mouth for effective sucking."

Quoted from

<https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=90&contentid=P02650>



### **VIDEO PART 5: Inadequate Stooling**

---

Inadequate stooling or less than 6 wet diapers a day are signs of inadequate milk intake. Address any underlying issues affecting milk transfer and refer to an IBCLC if the situation doesn't improve within 24 hours. If intake issues aren't resolved, the baby is at risk of losing weight, dehydration, and failure to thrive.



### **DISCUSSION POINT 5: Inadequate Stooling**

---

Let's revisit the scenario from the very beginning of this training. Taylor has a one-week-old daughter, Emma. Taylor says, "Emma has about 3 or 4 wet diapers a day, and maybe one with green poop."

What questions would you ask? What actions would you take?

**Answer:** Ask how much poop is in the diapers. If Taylor says it's a scant amount, versus more than a quarter per diaper change, that's a good indicator that Emma isn't transferring milk well. Constantly green stools may be a red flag for either poor breastfeeding practices or a virus.

Another question to ask is how often Emma is feeding. Frequent feeding with low stooling is a red flag for inadequate milk transfer.

*Facilitator: Listen for any differences between what staff share. If your group includes any IBCLCs, ask them to share how they might approach this and what additional support they would be able to provide.*



*Facilitator: The additional information provided below may be of interest to RDs/DTRs or LCs. You can share this information or skip it depending on what would be helpful to your group.*

An IBCLC can evaluate for latch complications and initiate management care plan. If supplementation is necessary, utilize alternative feeding methods to avoid artificial nipple preference. If alternative feedings are necessary, encourage the mom to have other family members or friend handle alternative feedings that are not at the breast. Refer to supplemental care with HCP if necessary.

*Facilitator: Check the list of questions and challenges you noted during the first discussion point. Have all of those questions been addressed? If not, spend some time as a group helping each other. After the summary video, you may ask some or all of these reflection questions.*

- *What is one important thing you learned during this training?*
- *What do you still need to learn more about (or what are you confused about)?*
- *What is one thing you will change due to this training?*



## **Citations and Resources**

Academy of Breastfeeding Medicine, Clinical Protocol #2

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3903163/>

Dr. Jane Morton, ABCs of Breastfeeding. <https://med.stanford.edu/newborns/professional-education/breastfeeding/abcs-of-breastfeeding.html>

Dr. Jane Morton, Getting Started: Position and Latch.

<https://med.stanford.edu/newborns/professional-education/breastfeeding/abcs-of-breastfeeding/getting-started---position-and-latch.html>

Problems with Latching on or Sucking

<https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=90&contentid=P02650>