

Complex Infant Problems Quick Reference Guide

Infant Problem	Signs	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
Latch Difficulties	<ul style="list-style-type: none"> ▪ Inability to latch ▪ Inability to maintain seal once attached ▪ Arching, screaming, pushing away ▪ Latches but poor sucking 	<ul style="list-style-type: none"> ▪ Oral aversion ▪ Weak suck due to hypotonia, tongue tie, jaundice, sleepy, ill, preterm, malnourishment ▪ Disorganized suck due to delaying first feedings, late preterm/early term, GERD, fatigue from heart condition, neurological challenges ▪ Oral anomalies (tongue tie, cleft lip/palate, bubble palate, Pierre Robin, large tongue, cranial defects) 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Learn about maternal anomalies or conditions ▪ Clicking noises during suck ▪ Audible swallowing ▪ Baby's behaviors at breast ▪ How mom responds to baby's behaviors 	<ul style="list-style-type: none"> ▪ What has the baby's HCP said about the baby's medical condition and breastfeeding? ▪ What have you already tried? ▪ How does your baby behave when trying to latch? ▪ What do your nipples look like after feeding? ▪ How does your baby's suck compare to other children? ▪ What are your greatest concerns? ▪ Tell me more about your baby's weight patterns since birth. 	<ul style="list-style-type: none"> ▪ Vary feeding positions <ul style="list-style-type: none"> • Use cross-cradle or football to maintain seal. • Use laid-back for deeper latch. • Use sandwich and Dancer hold for better support. ▪ Supplementation might be needed, preferably at the breast and using mom's own milk or with an alternative feeding device. ▪ Temporarily use a nipple shield. ▪ Gradually transition back to the breast using a nipple shield, syringe, finger 	<ul style="list-style-type: none"> ▪ Refer to HCP if baby is unable to latch. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.

					feeding, or other devices as needed. ▪ Monitor baby's weight and output.	
Underweight	<ul style="list-style-type: none"> ▪ Low output ▪ Scant bowel movements ▪ Excessive sleepiness ▪ Unable to wake for feedings ▪ Weak suck ▪ Long periods of non-nutritive sucking 	<ul style="list-style-type: none"> ▪ Weak or disorganized suck ▪ Oral anomalies ▪ Neurological problems ▪ Congenital heart problems ▪ GER or GERD ▪ Illness ▪ Lactose overload ▪ Maternal anatomical breast issues ▪ Prior breast surgery ▪ Chronic medical conditions 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Rule out breast anomalies or surgery ▪ Infant illness or conditions ▪ Learn about inadequate milk intake by infant and feeding pattern ▪ Basic breastfeeding practices (such as feeding frequency and length of feedings, offering both breasts, positioning and latch basics, etc.) 	<ul style="list-style-type: none"> ▪ Tell me more about how breastfeeding is going. ▪ What does the baby's HCP say about weight patterns? ▪ What does the baby's HCP say about any illness affecting breastfeeding? ▪ How does your baby act before, during, and after feedings? ▪ How do your breasts feel before and after feedings? 	<ul style="list-style-type: none"> ▪ Supplement with mom's own milk, if possible. ▪ Feed expressed milk in alternative device. ▪ Express milk after nursing to collect milk with extra calories/fat. ▪ Allow fatty part of expressed milk to rise to the top and feed to baby. ▪ Use nursing supplementer for larger amounts of supplements needed. ▪ Gradually wean from supplements when weight gain stabilizes. ▪ Monitor wet and dirty diapers. 	<ul style="list-style-type: none"> ▪ Refer to HCP if baby is underweight or shows signs of dehydration. ▪ Refer to CPA to tailor food package and monitor weight trends. ▪ Refer to PC for ongoing support.

<p>Lactose Overload</p>	<ul style="list-style-type: none"> ▪ Inadequate weight gain ▪ Fretful and unhappy ▪ Gassiness” ▪ Coughing when latching ▪ Frequently pulling off breast at MER ▪ Colic remedies unsuccessful ▪ Mom pumping to stockpile milk ▪ Recurrent engorgement , plugged ducts, or mastitis ▪ Green, explosive stools ▪ Overfull, leaking breasts 	<ul style="list-style-type: none"> ▪ Hyperthyroidism ▪ Pituitary concerns ▪ Prolactinoma ▪ Excessive pumping ▪ Galactagogue overuse ▪ Can lead to milk stasis which can lead to plugged ducts, mastitis, and abscess 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Pumping and breastfeeding patterns ▪ Baby’s behaviors at the breast ▪ Mom’s milk production ▪ Baby’s weight patterns and output ▪ Signs of overproduction of milk (e.g., forceful MER, uncomfortable fullness, excessive leaking, recurrent mastitis, infant behaviors) 	<ul style="list-style-type: none"> ▪ Tell me more about how you believe breastfeeding is going. What concerns you most? ▪ How do your breasts feel before and after feedings? ▪ When you first notice your milk releasing, how does your baby respond? ▪ How do feedings end? ▪ What changes have you noticed with your baby’s bowel movements? ▪ What have you already tried to deal with these concerns? 	<ul style="list-style-type: none"> ▪ Use therapeutic massage before feedings. ▪ Express some milk before feedings to slow the flow. ▪ Nurse in laid-back position. ▪ Nurse as long as baby wishes to access fatty milk. ▪ Consider block feedings. <ul style="list-style-type: none"> • Feed on one breast during 3-hour period. • Switch to second breast for 3-hour period. • Express from other breast to comfort. ▪ Monitor baby’s bowel movements for thickening. ▪ Avoid overuse of pumping. ▪ Keep nursing pads clean and dry. 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Baby’s weight is affected. • Baby has diarrhea and vomiting. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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<p>GERD</p>	<ul style="list-style-type: none"> ▪ Poor weight gain ▪ Faltered growth ▪ Coughing and wheezing ▪ Excessive crying or irritability ▪ Arching and pulling away ▪ Sleep problems ▪ Vomiting ▪ Persistent diarrhea ▪ GI bleeding 	<p>Babies at risk:</p> <ul style="list-style-type: none"> ▪ Prematurity ▪ Neurological impairment ▪ Respiratory disorders ▪ Genetic disorders (such as Down Syndrome) 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Baby's discomfort ▪ Information from HCP about baby symptoms ▪ What mom has already done to alleviate the concerns 	<ul style="list-style-type: none"> ▪ Tell me more about how your baby acts during and after feedings. ▪ What do you usually do with the baby after the feedings end? ▪ Why do you believe your baby is in pain? ▪ What have you already tried? ▪ What does your baby's HCP say about your baby's symptoms? 	<ul style="list-style-type: none"> ▪ Baby's HCP will diagnose and prescribe treatment. ▪ Help mom adjust feeding positions. <ul style="list-style-type: none"> • Use upright position. • Use laid-back position. • Keep baby upright 10-20 minutes after feed. ▪ If a small amount of supplements are required, give them after feedings or use a nursing supplementer 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Baby has poor weight gain. • Baby has a fever. • Baby coughs or wheezes. • Baby vomits or has diarrhea. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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<p>Chronic Infant Illness</p>	<ul style="list-style-type: none"> ▪ Congenital defects ▪ Faltered growth ▪ Fever ▪ Lethargy ▪ Respiratory distress ▪ Persistent vomiting or diarrhea ▪ Poor feeding ▪ Rapid breathing ▪ Jaundice ▪ Sleep issues ▪ Poor muscle tone 	<ul style="list-style-type: none"> ▪ Illness can require supplements ▪ May require medications not compatible with breastfeeding ▪ Suppressed appetite ▪ Inability to latch ▪ Tiring quickly, shortening feedings ▪ Lower milk production in mom 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Baby's HCP advice ▪ Mom's breastfeeding goals ▪ Discomfort in baby ▪ Strategies mom has already tried ▪ Mom's comfort using breast pump and devices to feed the baby 	<ul style="list-style-type: none"> ▪ What concerns you most about your baby and breastfeeding? ▪ What has the HCP said about your baby's condition and breastfeeding? ▪ What have you already done to help your baby breastfeed? ▪ What breastfeeding aids are you using? ▪ What alternative feeding devices have you used to feed milk to your baby? 	<ul style="list-style-type: none"> ▪ Medications may not be compatible with breastfeeding. ▪ Use short frequent feeds if baby tires easily. ▪ Burp baby frequently. ▪ Feed in laid-back or upright position. ▪ Use a nipple shield if baby is unable to maintain a seal. ▪ Use a nursing supplementer if baby latches and needs large amounts of supplements. 	<ul style="list-style-type: none"> ▪ Refer to HCP for follow-up and treatment. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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<p>Cleft Lip/Palate</p>	<ul style="list-style-type: none"> ▪ Baby's lip or mouth not formed properly ▪ Openings in lip or palate 	<ul style="list-style-type: none"> ▪ Inability to create suction ▪ Leak of air w/latch ▪ Baby wants to feed constantly ▪ Baby tires easily with feedings ▪ High risk of ear infections 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Baby's growth and weight trends ▪ Mom's milk production ▪ Baby's ability to transfer milk ▪ Feeding plan devised by HCP 	<ul style="list-style-type: none"> ▪ Tell me how you are feeling with these concerns. ▪ What happens when your baby latches and feeds? ▪ What worries you most about breastfeeding? ▪ What does the HCP say about your baby breastfeeding? ▪ What do you know about using breastfeeding aids to build your production? ▪ What are your thoughts about feeding your milk as a supplement? 	<ul style="list-style-type: none"> ▪ Use breastfeeding positions to encourage a better seal: <ul style="list-style-type: none"> • Upright or seated in straddle position • Football hold • Dancer hand hold ▪ For cleft lip, press two sides of baby's lip to create seal during feeding. ▪ Keep feedings short if baby tires; express after feedings to feed baby later. ▪ Use breast compressions if baby falls asleep too soon. ▪ Burp baby frequently. ▪ Express milk for supplements. 	<ul style="list-style-type: none"> ▪ Refer to HCP if baby's weight is affected. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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Cranial Defects	<ul style="list-style-type: none"> ▪ Baby's neck appears twisted ▪ Jaws may be asymmetrical ▪ Baby's eyes and ears appear misaligned ▪ Baby might prefer feeding on one side ▪ Plagiocephaly - flat head ▪ Pierre Robin Syndrome - receding jaw 	<ul style="list-style-type: none"> ▪ Torticollis - can develop in utero or due to birth trauma ▪ Plagiocephaly - lying in one position or limited "tummy" time ▪ Can cause: <ul style="list-style-type: none"> • Weak suck • Painful latch • Breast preference • Low milk production • Poor milk transfer • Weight loss 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Observe facial structures ▪ HCP's feeding plan ▪ Signs of low milk production ▪ Baby's weight trends 	<ul style="list-style-type: none"> ▪ How do you feel breastfeeding is going? ▪ How does your baby react when you feed in different positions? Which ones does your baby prefer? ▪ How do your breasts feel during and after feeds? ▪ What changes have you noticed in the way baby feeds? ▪ What has the HCP said about baby's condition? ▪ What do you know about how your baby's condition can affect breastfeeding? 	<ul style="list-style-type: none"> ▪ Educate about importance of feeding on both breasts and supervised tummy time to lower risk of plagiocephaly. ▪ Vary positions for feeding: <ul style="list-style-type: none"> • Use football or side-lying position to support baby's neck. • Use laid-back position. • Use Dancer hand hold to fill gap on weaker side. ▪ Use nipple shield to improve latch. ▪ Use nursing supplementer if baby is unable to transfer milk well ▪ Breast pump to maintain production. 	<ul style="list-style-type: none"> ▪ Refer to HCP for treatment and possible physical therapy. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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Neonatal Abstinence Syndrome (NAS)	<ul style="list-style-type: none"> ▪ Shaking and tremors ▪ Poor feeding or sucking ▪ Crying ▪ Fever ▪ Diarrhea ▪ Vomiting ▪ Sleep problems 	<p>an cause:</p> <ul style="list-style-type: none"> ▪ Fretfulness when latching ▪ Hypertonia (which can lead to nipple trauma) ▪ Arching at latch ▪ Inability to stay latched ▪ Disorganized suck ▪ Poor milk transfer 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ HCP recommended feeding plan for baby ▪ Mom's goals for her recovery treatment plans ▪ Baby's weight and growth trends ▪ Baby's ability to transfer milk 	<ul style="list-style-type: none"> ▪ Tell me how you are doing with your recovery. ▪ What has the HCP advised? ▪ How does your baby act when trying to latch? ▪ How long your baby stay latched? ▪ What have you already tried to calm and relax your baby for feedings? 	<ul style="list-style-type: none"> ▪ Hold baby skin to skin contact. ▪ Swaddle the baby. ▪ Use gentle swaying movements to help baby relax and calm. ▪ Reassure mom that neonatal abstinence syndrome symptoms are temporary. 	<ul style="list-style-type: none"> ▪ Refer to HCP if baby's weight issues do not improve. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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Neurological Issues	<ul style="list-style-type: none"> ▪ Hypotonia (low muscle tone) ▪ Hypertonia (high muscle tone) ▪ Down Syndrome ▪ Neural tube defects ▪ Hydrocephalus ▪ Damaged nervous system 	<ul style="list-style-type: none"> ▪ Hypotonia - weak suck, poor seal, inability to keep breast in mouth. ▪ Hypertonia - tight mouth/tongue, disorganized suck, overactive gag, arching. ▪ Down Syndrome can cause sucking issues, hypotonia, and tongue protrusion. ▪ Neural tube defects can cause positioning issues and poor oral-motor control. 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Learn about ability to latch and maintain seal, sleepiness ▪ Baby's weight and growth trends ▪ What mom has already tried ▪ HCP advice 	<ul style="list-style-type: none"> ▪ Tell me what the baby's HCP says about breastfeeding. ▪ What positions have you already tried? ▪ What seems to work best for you and your baby? ▪ How does your baby act throughout the feeding? ▪ What concerns you about baby's weight? ▪ What breastfeeding aids do you use already? ▪ What are your thoughts about using an alternative device to feed extra milk to baby? 	<ul style="list-style-type: none"> ▪ For hypotonia: <ul style="list-style-type: none"> • Use the football or upright position. • Use the Dancer hand to support baby's chin. • Position with baby's throat higher than nipple to prevent choking and gagging. • Stimulate milk before baby latches. • Swaddle baby. ▪ For hypertonia: <ul style="list-style-type: none"> • Nurse in an upright position. • Massage around lips before latching to relax baby's tone. • Avoid pushing on baby's head (triggers arching behaviors). 	<ul style="list-style-type: none"> ▪ Refer to HCP if baby's weight is affected. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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					<ul style="list-style-type: none"> ▪ For neural tube defects, use side-lying position. 	
Ankyloglossia (Tongue Tie)	<ul style="list-style-type: none"> ▪ Frenulum is tight or restricted ▪ Inability to extend tongue forward beyond gum line ▪ Heart-shaped appearance to tongue 	<ul style="list-style-type: none"> ▪ Affects 10% of infants, more common in males, and runs in families ▪ Can cause: <ul style="list-style-type: none"> • Nipple pain • Poor milk transfer • Low weight gain • Low milk production 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Learn more if mom reports nipple pain ▪ Family history of tongue tie ▪ Baby's ability to transfer milk ▪ Advice from HCP 	<ul style="list-style-type: none"> ▪ Tell me how the latch feels. ▪ How would you describe your pain? ▪ What have you already tried? ▪ Has anyone in your family been diagnosed with tongue-tie? ▪ What has the HCP said? ▪ What did the hospital staff say about your baby's latch? 	<ul style="list-style-type: none"> ▪ DBEs do not diagnose. ▪ HCP might recommend frenotomy. ▪ Use positions to gain a deeper latch (laid-back, football). ▪ Address nipple pain. ▪ Use a nipple shield if baby is unable to maintain a seal. ▪ Monitor baby's weight and output. ▪ Assist mom with low milk production that resulted from the condition. 	<ul style="list-style-type: none"> ▪ Refer to HCP if baby's weight is affected or mom needs treatment for damaged nipples. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.

<p>Common Infant Illness</p>	<ul style="list-style-type: none"> ▪ Low appetite ▪ Stuffy/runny nose ▪ Pulling on the ear ▪ Vomiting ▪ Diarrhea ▪ Fever ▪ Rashes ▪ Fussiness/ crying ▪ Lethargy 	<p>Causes feeding challenges:</p> <ul style="list-style-type: none"> ▪ Pulling off breast to breathe or cry ▪ Not finishing feedings ▪ Insufficient breast emptying ▪ Excessive sleepiness ▪ Maternal engorgement 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Signs of illness in the baby ▪ Mom's concerns about her baby ▪ HCP advice ▪ What mom has already tried ▪ Mom's milk production ▪ Signs of engorgement 	<ul style="list-style-type: none"> ▪ What are your concerns about how your baby feels? ▪ How is your baby's stuffy nose affecting feedings? ▪ What have you already tried to help baby? ▪ What is your baby's output since the illness began? ▪ What has your HCP said about breastfeeding? ▪ How do your breasts feel? 	<ul style="list-style-type: none"> ▪ Encourage breastfeeding to provide immune factors. ▪ Position baby in more upright position. ▪ Feed expressed milk to baby in cup or dropper. 	<ul style="list-style-type: none"> ▪ Refer to HCP when baby has signs of illness. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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Jaundice	<ul style="list-style-type: none"> ▪ Yellow coloring to skin or eyes ▪ Sleepiness ▪ Lethargy ▪ Weak suck ▪ Weight loss 	<ul style="list-style-type: none"> ▪ Insufficient breastmilk intake ▪ Late preterm or early term delivery 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Baby's output and weight patterns ▪ Issues with low milk production or milk transfer ▪ HCP advice and feeding plan for baby 	<ul style="list-style-type: none"> ▪ Tell me more about how breastfeeding is going. ▪ What worries you most about how your baby feeds? ▪ What does the HCP say? ▪ When was the jaundice first diagnosed? ▪ How is the HCP managing the baby's jaundice? ▪ How does your baby act when latching and feeding? ▪ How do your breasts feel? ▪ How are baby's stools changing? 	<ul style="list-style-type: none"> ▪ Adjust positioning/latch to ensure good milk transfer. ▪ Express milk after feedings to remove milk and build production. ▪ Feed expressed milk in alternative ways. 	<ul style="list-style-type: none"> ▪ Refer to HCP if signs of jaundice appear. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to PC for ongoing support.
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