

## BREASTFEEDING COMPLICATIONS/INFANT

(603)

<b>PARTICIPANT TYPE</b> .....	<b>INFANTS</b>
<b>HIGH RISK</b> .....	<b>No</b>

### RISK DESCRIPTION:

A breastfed infant with any of the following complications or potential complications for breastfeeding:

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

### ASK ABOUT:

- Typical feedings (if possible, observe a feeding to assess positioning, latch, evidence of the let-down reflex, and the quality of infant sucking and swallowing)
- Number of wet and dirty diapers per day; color of wet diapers, and stool characteristics (color, consistency and amount)
- Infant conditions that may contribute to weak or ineffective suckling such as prematurity, low birth weight, a sleepy baby, physical or medical conditions (e.g., cleft lip/palate, short frenulum, developmental delay, heart disease, respiratory illness, infection)
- Supplemental bottle feedings of formula
- Pacifier use
- Use of a nipple shield during feedings
- Infant's temperament, i.e., a non-demanding infant or a "good baby" that sleeps for long periods of time
- Maternal complications that may result in difficulty latching on such as flat or inverted nipples, breast engorgement, incorrect positioning, sore nipples, and mastitis
- Maternal report of pre-feeding breast fullness, post-feeding softening, evidence of an effective let-down reflex
- Maternal diet, sleeping pattern, smoking habits, medication use, drug or alcohol use, and medical conditions
- Emotional status of the mother and the psychosocial atmosphere in the home
- Breastfeeding management strategies that mother is using to cope with the current complication
- Primary care provider's recommendations

## **NUTRITION COUNSELING/EDUCATION TOPICS:**

- Mother's support system (e.g., family, partner and peer support; worksite issues)
- Explain that although breastfeeding is natural, it is still a learned skill for mothers and infants. Provide how-to information relevant to the breastfeeding complication she is currently experiencing.
- Encourage her to ask family and friends for help and identify specific kinds of help she could request (e.g., food preparation, shopping, laundry, other housework, caring for older children) so that she can focus her attention and energy on breastfeeding.
- Review the principles of milk supply and ways to tell if her infant is getting enough to eat. Discuss the importance of frequent feedings and allowing the infant to end the feeding.
- Discuss alternative methods of milk expression as needed to maintain or build milk supply.
- If stooling and wetting patterns are inadequate, encourage the mother to get as much breast milk into her infant as possible. Discourage the use of nipple shields and pacifiers or other gadgets to calm a fussy baby

## **POSSIBLE REFERRALS:**

- If the mother has not shared information about the breastfeeding complication with her primary care provider, refer to the infant's provider for follow-up.
- If the infant is not receiving well child care or keeping appointments, refer the child (if on medical assistance) to Health Tracks (<http://www.nd.gov/dhs/services/medicalserv/health-tracks/>), the local public health department, or primary care providers in the community.
- If appropriate, provide access to an electric based on WIC policies to help the mother maintain or increase her milk supply.
- If she could benefit from peer support, refer her to the peer counseling program or other community-based breastfeeding support program.