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MIDWIFERY BASICS: Infant feeding

Skills to support infant feeding

Infant feeding: is the twelfth series of 'Midwifery basics' targeted at practising midwives. It aims to provide information to raise awareness of the impact of the work of midwives on women's experience and encourage midwives to seek further information through a series of activities. In this third article Joyce Marshall considers the skills needed by health professionals and others to support breastfeeding women.

Scenario

Jenny looked down at her 8 day old baby David who was sleeping peacefully. 'I must be doing something wrong', she thought to herself, 'otherwise why would he be feeding for such a long time and so often?' She heard a knock at the door and went to greet Amanda the community midwife. Jenny had called to ask if the community midwife could visit because she was worried that breastfeeding was not going so well. She was not sore but she was now becoming concerned about how often he was feeding and she felt exhausted. As they walked back into the lounge chatting David started to wriggle, suck on his fist and he began to murmur. Jenny lifted him up and holding him close said 'and now he is wanting another feed'.

Introduction

Most women in the UK choose to breastfeed their babies but many do not continue for as long as they would have liked (Bolling *et al.* 2007). There are multiple reasons why women face challenges with breastfeeding and do not find it as easy as they anticipated. Many women have never seen a baby breastfeeding and this lack of embodied knowledge has over the years led to a loss of practical skills. The changing role of women and working away from the home since the industrial era has led to women being separated from their babies and motherhood being hidden from the public gaze (Palmer 2009). Additionally, advances in science and technology have led to safer formula feeding to the point where it is often believed to be equivalent to breastfeeding. This is not the case as formula is not a complex living fluid containing antibodies, hormones and enzymes that enhance the health of the baby.

Whilst midwives and other health professionals must support women's choices in relation to infant feeding they have a responsibility to ensure that women have up-to-date information in order to make these choices (Nursing and Midwifery Council 2008). As breastfeeding should be considered to be the normal way to feed babies it may be useful to think about the risks of not

breastfeeding (rather than the benefits of breast feeding) for mother and baby. In developed countries babies who are not breastfed are at increased risk of a range of problems including: gastrointestinal infection, otitis media, high blood pressure, overweight and obesity and necrotising enterocolitis and mothers have increased risk of getting breast and ovarian cancer, type 2 diabetes and postnatal depression. A useful summary collated from a number of reviews is provided by Hoddinott (2008). To maximise the health of mothers and babies worldwide the World Health Organisation (WHO) has recommended exclusive breastfeeding for 6 months and continuing to give some breastmilk up to two years of age (World Health Organisation 2003). However, few women in the UK achieve this even if this is their intention and women have reported feeling unsupported in the postnatal period (Dykes 2005).

Teaching women how to breastfeed

Learning to breastfeed is a practical skill that has been likened to learning to dance with a partner because it depends not just on one person learning it but two people getting it right at the same time (Renfrew *et al.* 2004). As many mothers are aware, it is also a skill that must be learned quickly because it is life-giving for the baby. However women sometime describe feeling pressure to breastfeed and guilty if they choose not to do so (Hoddinott *et al.* 2012). It is therefore important that midwives have the skills to enable them to teach mothers how to breastfeed and to assess whether or not a baby is breastfeeding effectively in a way that is sensitive to women's feelings.

If a baby is not attached and positioned so that he can breastfeed well this can lead to range of problems for both mother and baby, such as sore and damaged nipples, milk stasis that can lead to engorgement, blocked ducts, and mastitis. Any stasis of milk will result in a build up of Feedback Inhibitor of Lactation (FIL) and this will reduce the production of milk. Coupled with this a baby who is not attached well and feeding effectively is likely to feed often and for long periods of time because he will not obtain the more fatty milk that he would normally get later in the feed. This can lead to a mother losing confidence in her ability to breastfeed and/or to provide sufficient milk for her baby (UNICEF Baby Friendly Initiative UK 2009).

Attachment

Attachment is the process of the baby taking the breast into his mouth to enable him to breastfeed. Babies are born with three reflexes that enable them to attach to the breast and feed. These are: the rooting reflex – where a baby turns his head and opens his mouth when something touches his cheek; the sucking reflex – when something touches the roof of his mouth he sucks and draws it into his mouth and the swallowing reflex – when his mouth fills

with milk he swallows. Therefore healthy term babies will attach to the breast and feed using these innate behaviours.

It is important that anyone supporting breastfeeding mothers can recognise when a baby is well attached to the breast. The main signs that a baby is attached well are listed in Table 1.

Signs of good attachment at the breast

The baby's mouth is open wide with tongue beneath the breast

The baby has a large amount of breast tissue in his mouth

The baby's chin is against and indents the breast

The baby's lower lip is curled outwards and the top lip neutral

The baby's cheeks are rounded and appear full (not sucked in)

More of the mother's areola is visible above the baby's top lip than the bottom

Table 1: Signs of good attachment adapted from (UNICEF Baby Friendly Initiative UK 2009)

Although these technical aspects of recognising good attachment and efficient milk transfer are important and can reduce the problems and challenges women encounter, it is equally important to consider a woman's concerns and emotional well-being. A crucial part of this is to listen to each woman and respond in a way that builds her confidence in her ability to breastfeed; so that she learns how to do it herself and feels good about it.

Activity 1

Watch the short video clip of a graphic of a baby attaching well at the breast

<http://www.bestbeginnings.org.uk/fbtb-attaching-graphic>

Compare this to the graphic of how poor attachment happens and can cause nipple trauma.

<http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Ineffective-attachment/>

Consider whether these clips would be useful for you to show women in your area of work.

Think about the language you use when you support a woman to breastfeed, do you use non-technical language that is easy to follow that is sensitive to a woman's feelings and emotional well-being? Search the internet using a phrase like pressure to breastfeed and read what women are saying about the support they have/or have not received to help them to breastfeed.

Positioning

Positioning is how the mother holds her baby for breastfeeding. There is no right or wrong way to hold a baby for breastfeeding and women find a range of positions that are comfortable for them. However, whatever position is adopted there are some principles that are helpful to enable a baby to feed easily and efficiently and to ensure the mother is comfortable. These are listed in Table 2.

Principles of positioning that will make breastfeeding easier

Baby's head and body in line (i.e. head not twisted to the side whilst lying on his back)

Head free so that the baby can tilt his head back to feed

Baby's body held close to mother

Before attaching to the breast the baby's nose is level with mothers nipple

Once the baby is feeding the position should be sustainable

Table 2: Principles of positioning adapted from (UNICEF Baby Friendly Initiative UK 2009)

In the UK a bottle feeding culture exists, and women sometimes try to breastfeed holding their baby as they would if the baby was feeding from a bottle but this does not work for breastfeeding. Using these principles can help midwives to teach women how to position their baby optimally but this should be carried out in a way that is sensitive to a woman's learning needs and emotional well-being. Often using a doll (with a flexible neck) or a soft toy is helpful to demonstrate various positions without the need to touch the mother or baby. This can enable the mother to learn more easily. Illustrations of range of different positions can be found in several resources (e.g. Pollard 2012). It may be useful to encourage mothers to adopt a laid back position and to have the baby skin-to-skin if the baby is reluctant to feed or is refusing the breast as this will bring all the baby's innate reflexes into play (Colson 2005).

Activity 2

Do you have access to a doll/soft toy to demonstrate to mothers the various ways they might hold and position their baby? You may wish to use the DVD clip at:

<http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Positioning-and-attachment/>

Teaching hand expression

Learning to hand express breastmilk is useful for mothers because it can enable them to work out ways to solve some common breastfeeding challenges, such as blocked milk ducts or difficulties breastfeeding due to engorgement and can be empowering for mothers (UNICEF Baby Friendly Initiative UK 2009). One study concluded that women who expressed breastmilk were more likely to breastfeed to six months (Win *et al.* 2006). It is easy to teach and does not take long.

First the mother should be encouraged to wash her hands with soap and water and massage the breast, either by gently rolling her fist over it or by massaging towards the nipple without dragging or pulling the breast tissue. This tactile stimulation will encourage the release of oxytocin and prolactin that will help the mother's milk to flow and increase milk production (Marshall 2012). She should be shown using a model or knitted breast how to hold the breast with her hand in a 'C' shape, to gently feel behind the nipple to feel a change in consistency and squeeze rhythmically holding a clean container beneath the breast to catch the expressed milk. If the mother is expressing in the early days after birth it is important to explain that colostrum will be present in small quantities and will not squirt from the breast. It may be helpful to play some relaxing music and if separated from her baby the mother may find an item of clothing or a photograph of the baby helps the release of oxytocin and therefore the flow of milk or colostrum. Many mothers find hand expressing more effective than electric pumps but this tends to depend on how they feel about it. If using an electric pump, starting with hand expression can be helpful. A recently updated Cochrane review suggests that hand expression or low cost pumps may be as effective as large electric pumps (Becker *et al.* 2011).

Activity 3

Watch the DVD clip at: <http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expressing1/> You may like to either knit or ask someone to knit you a breast to use as a teaching aid. A pattern can be found at: <http://www.lcgb.org/images/shop/knittedbreastpattern.pdf>

Reflection on the scenario

This scenario has been based on a situation encountered in practice as part of a research study (with all names changed). Amanda listened to Jenny, she watched her baby feed and recognised that he was not properly attached and was therefore not feeding effectively. Amanda explained to Jenny that he was almost there but just needed to be a little further on and discussed the signs she should look for to know that he was attached well at the breast. Jenny later described how this had helped her: "...before she came, I was thinking, you know 'I'll have to see what she says, but if, you know, if nothing comes of it then perhaps I'll have to start, I'll

think about giving up' ... And then once she'd been and sort of explained to me, I felt a lot more positive...And able to continue really."

Conclusion

Midwives have a responsibility to ensure they have the basic skills to enable them to support breastfeeding women. However, it is essential to listen to women's concerns and convey these skills to women in such a way that they gain confidence in their ability to breastfeed; that they feel supported in their efforts rather than pressurised. Good support from midwives can make a real difference to women.

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