

Help! What to do when the baby has not latched onto the breast yet or is not sucking effectively

I. Goals, objectives, and outline

- A. Goal: To provide multiple options for working with families whose babies are not sucking effectively.
- B. Objectives:
 1. Describe the appearance of the baby sucking at the breast indicating effective feeding.
 2. Describe visible signs of potential sucking problems.
 3. Write a discharge plan for the baby who is not yet sucking effectively.
- C. Outline
 1. Assessing the baby's sucking skills
 2. Designing a discharge plan for a family whose baby is breastfeeding ineffectively

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|------------------------------|
| Babies are abdominal feeders |
|------------------------------|

II. Assessing the baby's sucking skills

- A. Effective sucking
 1. Eyes wide-open at the start of the feeding when the baby is a week old
 2. Wide-open mouth (130-150 degree angle at the corner of the baby's mouth)
 3. Lips flanged
 4. Asymmetric latch with nose free (If nose is touching, be sure baby can breathe.)
 5. Count 10+ sucks in a row at the start of the feeding (Do not tell mom.)
 6. Pauses should be shorter than 10 seconds, at the start of the feeding.
 7. Baby should start sucking again on her own and continue this pattern for many minutes
 8. Cheeks should remain rounded, no dimpling
 9. There should be no clicking sounds
 10. After the milk ejection reflex (let-down), sucks should be one per second, and there should be audible swallows before discharge
 11. Sucking should feel like tugging or pulling, not pinching or biting (feel like a pump)
 12. Mother should not feel pain after the first 30 seconds
 13. Baby is able to drink an appropriate amount of milk (pre and post feeding weights)
 14. Baby is calm or asleep at the end of the feeding (not always a good indication)
- B. Ineffective sucking
 1. Narrow angle at the corner of the baby's mouth
 2. Sucks less than 10 times in a row before pausing at the start of the feeding
 3. Pauses greater than 10 seconds at the start of the feeding
 4. Dimpling of cheeks, pulling in of the cheeks (Remove baby from breast and start again, or wait for baby to figure out it does not work.)
 5. Overuse of the lips to keep the seal, pulling of the breast
 6. Motion is at the front, no movement of the ear or temporalis (Allow to suck on parent's finger with tip of finger at juncture of hard and soft palates.)
 7. Tongue not over lower gum
 - a. Charm hold
 - b. Breastfeed in a prone position for the baby
 - c. Imitate sticking tongue out and opening mouth wide
 - d. Lip tapping

- e. Cup feed or place milk on baby's chin to bring tongue forward
- f. Sucking on mom's finger, so can feel when tongue comes forward
8. Sucking tongue on roof of mouth (Suck on parent's thumb or provide chin support.)
9. Makes clicking sounds, breaks suction frequently. (Try latching on again.
Check palate and tongue. Try DANCER hand position to decrease intra-oral space and support the lower jaw, named by Sarah **Danner**, CNM and Edward **Cerutti**, MD)
10. Milk leaks out of the corner of baby's mouth
11. Weak suck, falls off breast, no suction. (Feed with cup/spoon/syringe until baby is stronger. At discharge switch to bottle, if the baby can suck some. Try the DANCER hand position.)
12. Wide jaw excursions (Try chin support.)
13. Pain throughout the feeding/nipple misshapen
14. Cannot hear swallowing
15. After one week, eyes closed at the start of the feeding
16. Baby does not drink enough milk during the feeding (pre and post feeding weights)
17. Incorrect tongue motion—suck training
 - a. Reverse suck
 - b. In and out saw motion
 - c. Up-down motion with the center of tongue (Check the frenulum)
 - d. Rubbing along the breast with the tip of the tongue
18. Baby fussy and unsettled at the end of the feeding while being held (not always a good indicator that the baby is not getting enough)
 - a. Some babies are fussy after a feeding because they need to burp
 - b. Or they drank too much and may spit up
 - c. Parents cannot distinguish satiation from exhaustion

III. Designing a discharge plan for a family whose baby is breastfeeding ineffectively

- A. Teach mom to hand express drops of milk for her baby
- B. Show her how to use the electric breast pump
- C. Find a comfortable way for her to feed milk to her baby
- D. If the baby cannot breastfeed with a supplementer at the breast or cannot latch with a nipple shield, use another alternative feeding method, such as spoon, cup, feeding syringe, finger feeding, or bottle
- E. Reassure the family that we will make sure the baby receives appropriate nourishment
- F. Inform the nurse and the pediatric care provider about the problem
- G. The goal is to get the baby to the breast eventually
 1. Time may resolve the problem
 2. Baby may need intervention
 3. The baby who is not sucking effectively, cannot at this moment in time, but may be able to in the near future
- I. In the mean time
 1. Pump
 2. Feed the baby mother's milk
 3. Hold baby skin-to-skin
- J. Before the mother is discharged from the hospitals
 1. Supply her with a list of places where she can rent an electric breast pump
 2. Refer to out-patient lactation services
 3. Be sure baby has an appointment to see the doctor the first day home

Discharge instruction for the family of a baby who is not sucking effectively

Hold the baby skin-to-skin as many hours per day as you possibly can.

1. Place your baby naked in only his diaper on your bare chest, upright between your breasts with shoulders touch your chest, the baby's head turned to the side, and his chin elevated.
2. Keep baby's back warm with the equivalent of 4 baby blankets (your bathrobe, your shirt, 2-3 yards of material tied around you, sheet, baby carrier, etc.)

Feed your baby at least 8 times in 24 hours. The estimated per feeding volumes are below.

1. Feed the baby with his cheek skin-to-skin on your bare chest.
2. Keep a record of the baby's intake and diapers.
3. Volume by age recommendations from the Academy of Breastfeeding Medicine

Feed 8+ times in 24 hours

| Age | Intake in mL per feeding |
|--------------------------|--------------------------|
| 1 st 24 hours | 2-10 |
| 24-48 hours | 5-15 |
| 48-72 hours | 15-30 |
| 72-96 hours | 30-60 |

Remove milk from your breasts with a pump and by hand expression.

1. Check with your insurance company to find out what coverage you have for breastfeeding supplies.
2. Rent a hospital-grade electric breast pump
3. The phone number of the three closest pump rental locations are
 - a.
 - b.
 - c.
4. Express your milk 8 to 10 times each 24 hours.
5. Keep a record of the milk you express.

Resources in our community.

1. Lactation consultant
2. WIC breastfeeding helper
3. Home care nurse
4. Pediatrician's office
5. Breastfeeding mothers' groups
6. Phone numbers for breastfeeding helpers in our community
 - a.
 - b.
 - c.

Next appointment for your baby _____

Below are old guidelines from Memorial Hospital in Colorado Springs, Colorado. Has your hospital had guidelines about the non-latching baby or the baby who is ineffectively sucking since the 1990s? Does the hospital currently have guidelines about such babies? Do you think there is a need for guidelines such as below?

Guidelines for the baby who does not latch on or is not sucking effectively

| 0-24 Hours | 24-48 Hours | 48 Hours until breastfeeding |
|--|---|--|
| <p>For a baby with good assessment, no food is OK</p> <ol style="list-style-type: none"> 1. Periods of awake and quiet 2. VS WNL 3. BS \geq 40 <p>Attempt to breastfeed during quiet, alert times or at least every 4 hours.</p> | <p>In hospital attempt to breastfeed every 3 hrs. If unsuccessful after 10 minutes, feed baby: Expressed breastmilk + sterile water = 5 to 15 cc Formula if no breastmilk is available</p> <p>After discharge attempt to breastfeed every 3 hours. If unsuccessful after 10 minutes, feed baby: Expressed breastmilk = 5 to 15 cc or Expressed breastmilk + formula = 5 to 15 cc</p> <p>Use alternative feeding method per pediatric provider's preference: cup, spoon, finger feed, slow flow nipple</p> | <p>Attempt to breastfeed every 3 hours. If unsuccessful after 10 minutes, feed baby: Expressed breastmilk = 15 to 30 cc or Expressed breastmilk + formula = 15 to 30 cc</p> <p>Use alternative feeding method per pediatric provider's preference: cup, spoon, finger feed, slow flow nipple</p> |
| <p>Have parent hold baby skin-to-skin</p> <p>Help parents to have a quiet environment</p> <p>18-24 hours— instruct mother in use of pump and teach hand expression</p> | <p>Continue skin-to-skin contact</p> <p>Continue quiet environment</p> <p>Continue pumping 8 to 10 times in 24 hours</p> | <p>Continue skin-to-skin contact</p> <p>Continue quiet environment</p> <p>Continue pumping 8 to 10 times in 24 hours</p> |

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Boston and Janoka 9/99

This policy is not researched based. They have been pleased with the policy and continue to use it today.

The Feeding Log below may be reproduced. The intended use is for the parents to record the baby's intake the first few days after discharge, and then bring the feeding log to the first doctor's appointment.

Today's Date: _____

| Time | Amount pumped | Breastmilk Eaten | Formula Eaten | Wet Diapers | Soiled Diapers | Stool Color | Skin-to-Skin time |
|----------|---------------|------------------|---------------|-------------|----------------|-------------|-------------------|
| Midnight | | | | | | | |
| 1 am | | | | | | | |
| 2 am | | | | | | | |
| 3 am | | | | | | | |
| 4 am | | | | | | | |
| 5 am | | | | | | | |
| 6 am | | | | | | | |
| 7am | | | | | | | |
| 8 am | | | | | | | |
| 9 am | | | | | | | |
| 10 am | | | | | | | |
| 11 am | | | | | | | |
| Noon | | | | | | | |
| 1 pm | | | | | | | |
| 2 pm | | | | | | | |
| 3 pm | | | | | | | |
| 4 pm | | | | | | | |
| 5 pm | | | | | | | |
| 6 pm | | | | | | | |
| 7 pm | | | | | | | |
| 8 pm | | | | | | | |
| 9 pm | | | | | | | |
| 10 pm | | | | | | | |
| 11 pm | | | | | | | |
| TOTALS | | | | | | | |

Today's successes:

The goal is to feed the baby and pump in less than one hour

After the first 24 hours

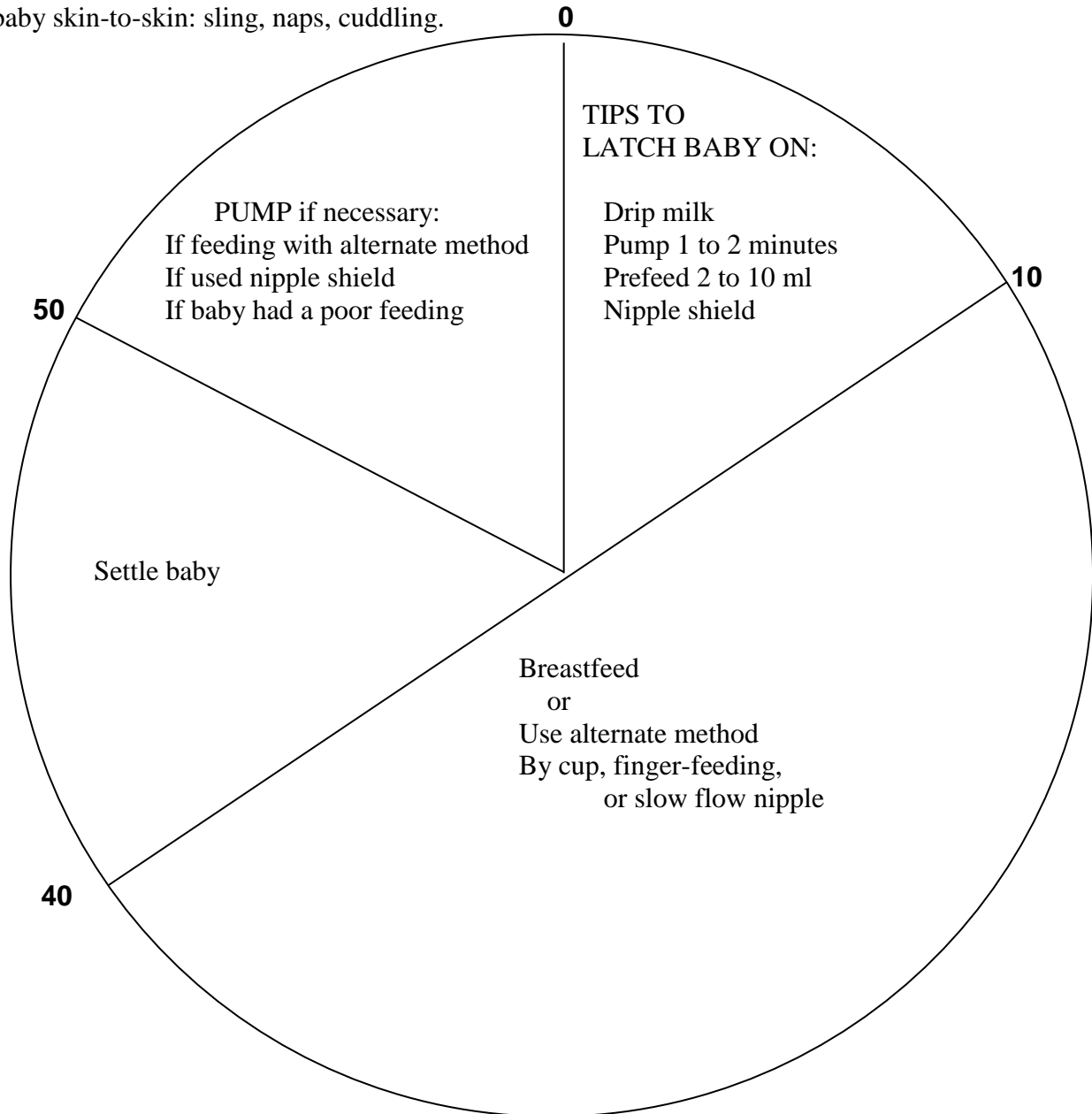
Feed your baby every 2 to 3 hours:

Wake if necessary; spend less than 10 minutes with the baby at breast sucking ineffectively.

Use an alternate feeding method to be sure the baby consumes enough milk.

Offer your breast whenever you see feeding cues.

Keep baby skin-to-skin: sling, naps, cuddling.



Goals:

Feedings: 8 to 10 times in 24 hours with 20+ minutes of sucking

Urine after the 3rd day: 6+ wet diapers

Bowel movements after the 3rd day: 3 to 4 yellow seedy stools

Barbara L. Boston 1994

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