

11. to bring the baby in, across his/her shoulders, so that he/she is 'uncurled'. This will have the effect of bringing his/her tongue closer to the breast
12. to aim the baby's bottom lip and jaw as far away as possible from the base of the nipple when the baby gapes, so that he/she scoops in as much breast as possible with his/her tongue
13. to wrap the baby so that his /her arms are lying parallel with his/her body before s/he is brought to the breast, so the he/she can be closer to the breast
14. to change hands, and hold the baby with the hand opposite the breast being fed from, while learning
15. to hold the baby under her arm on the less easy side, so as to do the same job with the same hands for both breasts
16. to apply petroleum jelly or purified lanolin to the nipple (or use a small piece of paraffin gauze) to prevent the damaged area from forming a hard scab which sticks to the pad or clothing

Issued by the  
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**Information for the Health Professional caring for:**

Name.....

This mother and baby were seen in the Breastfeeding Clinic today.....

**The presenting problems were:**

**Mother:**

**Baby:**

- |                     |  |   |
|---------------------|--|---|
| 1. Sore nipples     | a. Weight loss                             | b. Static weight  |
| 2. Damaged nipples  | c. Poor weight gain                        | d. Growing but unhappy  |
| 3. Engorgement      | e. Infrequent feeds                        | f. Frequent feeds   |
| 4. Mastitis         | g. Prolonged feeds                         | h. Possetting<br>(bringing up a mouthful of milk after feeds) |
| 5. Breast pain      | i. 'Vomiting'                              | j. 'Colic'  |
| 6. Oversupply       | k. Noisy feeding                           | l. 'Windy'  |
| 7. Thrush           | m. Excessive flatus<br>(farting a lot)     | n. Explosive stools   |
| 8. Unable to latch  | o. Unsatisfied after feeds                 |   |
| 9. Inverted nipples | p. Not coming off the breast spontaneously |   |
| 10. Other           | q. Restless at the breast                  |   |
|                     | r. Other                                   |   |

**The mother's feeding technique was studied and the following observations made:**

she was:-

- a. not placing the baby in front of the breast
- b. placing the baby square onto her body instead of her breast
- c. trying to aim the nipple to the `centre' of the baby's mouth
- d. putting the breast into the baby's mouth instead of bringing the baby to the breast
- e. flexing the baby's head as he/she comes to the breast
- f. bringing the baby to the breast with the nose instead of the chin making the first contact
- g. not eliciting a proper gape before applying the baby to the breast
- h. not bringing the baby to the breast quickly enough having elicited the gape
- i. twisting her body towards the baby instead of slightly away
- j. pushing her breast into the midline
- k. 'chasing' the baby with her breast
- l. 'flapping' her breast up and down
- m. using a scissor grip to hold the breast
- n. providing no breast support
- o. holding the breast away from the baby's nose
- p. pushing the baby's chin down to open the mouth
- q. trying to attach the baby while he/she was crying

**The following recommendations were made:-**

1. to find somewhere to sit at home that will reproduce the posture adopted in the clinic, i.e. straight back and almost flat lap
2. to use a pillow to take the baby's weight while learning
3. to sit with her back well supported and straight, and her trunk facing forwards
4. to support the baby or place him/her on a pillow in such a way that his/her nose (not mouth) is opposite the nipple before the feed begins (before the baby comes up to the breast).
5. to lie the baby's body in such a way that the baby comes up to the breast from below, so that the baby's upper eye could make eye contact with the mother's.
6. to support the breast by placing the fingers flat on the ribcage at the junction of the breast and ribs, with the thumb uppermost, thus firming the inner tissue - *and keep the breast still.*
7. to support the breast with a tubigrip `sling' as well as the fingers before feeding
8. to move the baby against the breast so that his/her mouth/ inside top lip touches the nipple in order to elicit the gape
9. having elicited the gape, to move the baby quickly but gently to the breast so that his/her mouth makes contact with the breast at the height of the gape
10. to support the baby's head and shoulders in such a way that the head is free to extend slightly as the baby is brought to the breast, so that the chin and lower jaw reach the breast first and the nose never touches.