

# BREASTFEEDING: OVERCOMING DIFFICULTIES

## Select the objective:

1. Observe health worker assessing a breastfeed, identifying a difficulty, and giving relevant practical support.
2. Assess a breastfeed, identify any difficulty and give relevant practical support.

Mother's name: ..... Date: .....

Baby's name: ..... Age of baby: .....

Name of observer: .....

SIGNS THAT BREASTFEEDING IS GOING WELL		SIGNS OF POSSIBLE DIFFICULTIES	
<b>GENERAL OBSERVATIONS</b>			
Mother looks healthy .....	<input type="checkbox"/>	Mother looks ill or depressed .....	<input type="checkbox"/>
Mother relaxed, comfortable, back supported .....	<input type="checkbox"/>	Specify .....	
Signs of bonding between mother and baby .....	<input type="checkbox"/>	Mother looks tense and uncomfortable .....	<input type="checkbox"/>
		No mother/baby eye contact .....	<input type="checkbox"/>
Baby looks healthy .....	<input type="checkbox"/>	Baby looks sleepy or ill .....	<input type="checkbox"/>
Baby calm and relaxed .....	<input type="checkbox"/>	Specify .....	
Baby reaches or roots for breast if hungry .....	<input type="checkbox"/>	Baby is restless or crying .....	<input type="checkbox"/>
		Baby does not reach or root .....	<input type="checkbox"/>
Breasts look healthy .....	<input type="checkbox"/>	Breasts look red, swollen or sore .....	<input type="checkbox"/>
No pain or discomfort .....	<input type="checkbox"/>	Breast or nipple painful .....	<input type="checkbox"/>
Breast well supported with fingers away from nipple .....	<input type="checkbox"/>	Breast held with fingers* on areola .....	<input type="checkbox"/>
<b>BABY'S POSITION</b>			
Baby's head and body in line .....	<input type="checkbox"/>	Baby's neck and head twisted to feed .....	<input type="checkbox"/>
Baby held close to mother's body .....	<input type="checkbox"/>	Baby not held close .....	<input type="checkbox"/>
Baby's whole body supported .....	<input type="checkbox"/>	Baby supported by head and neck only .....	<input type="checkbox"/>
Baby approaches breast, nose to nipple .....	<input type="checkbox"/>	Baby approaches breast, lower lip/chin to nipple .....	<input type="checkbox"/>

## SIGNS THAT BREASTFEEDING IS GOING WELL

## SIGNS OF POSSIBLE DIFFICULTIES

### BABY'S ATTACHMENT

More areola seen above baby's top lip ..... ☐

More areola seen below bottom lip ..... ☐

Baby's mouth open wide ..... ☐

Baby's mouth not open wide ..... ☐

Lower lip turned outwards ..... ☐

Lips pointing forward or turned in ..... ☐

Baby's chin touches breast ..... ☐

Baby's chin does not touch breast ..... ☐

### SUCKLING

Slow, deep sucks with pauses ..... ☐

Rapid, shallow sucks ..... ☐

Cheeks round when suckling ..... ☐

Cheeks pulled in when suckling ..... ☐

Baby releases breast when finished ..... ☐

Mother takes baby off the breast ..... ☐

Mother notices signs of oxytocin reflex ..... ☐

No signs of oxytocin reflex noticed ..... ☐

What difficulty was identified? .....

Explained problem and underlying cause .....

Counselled and supported mother appropriately for her breastfeeding problem  
(painful nipple, blocked duct, mastitis, etc.) .....

Was pain treated correctly? Describe .....

*Observers should know that fingers on areola could obstruct the ducts if held too strongly.  
Any position in which the mother feels comfortable to breastfeed is totally acceptable.*

### Discuss together

What did you observe?

What was done well?

Problems identified?

Change needed?

Complete QI template