



American Academy of Pediatrics

Breastfeeding

Residency Curriculum



Basic Breastfeeding Assessment

Breastfeeding Residency Curriculum

Prepared with information from the
AAP/ACOG Breastfeeding Handbook for Physicians

Breastfeeding Assessment

- Determine if there is a basic problem with breastfeeding by observing the mother breastfeeding the baby
- Tell the mother that you would like to observe how the baby is feeding
 - Helpful approach for pediatricians not comfortable with examining breasts
 - Makes the mother feel less self-conscious (you are assessing how the baby feeds, not how the mother feeds the baby)

Step 1 - Positioning

- Watch how the mother positions the baby for feeding and look for:
 - Maternal Comfort — suggest different positions, pillows, or nursing stools if positioning looks uncomfortable
 - How the infant is positioned — the head, shoulders, and hips are in alignment and the infant faces the mother's body. The head should not be turned to the side
 - Infant brought to the breast, not the breast to the infant
 - Pushing on the back of the infant's head — This should be avoided. It may cause the infant to arch away from the breast



Cradle Hold



Cross-cradle Hold



Photo © Joan Meek, MD, FAAP

Side-lying Hold



Photo © Roni M. Chastain, RN

Football Hold



Photo © Lori Feldman-Winter, MD, MPH, FAAP

Step 2 – Latch-on

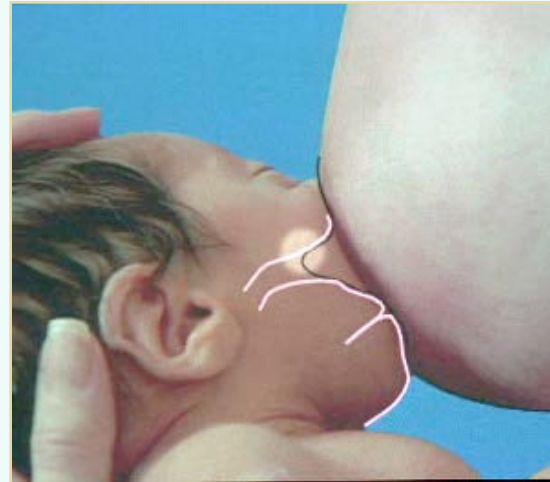
- Watch how the baby is latched to the breast and look for:
 - Use of the C-hold to make a sandwich for the baby to latch on
 - 4 fingers underneath and thumb on top of the breast
 - Mother's fingers should be parallel to the infant's jaw and well behind the areola
 - Acknowledgement of the rooting reflex
 - Middle of infant's lip stroked with nipple
 - Infant opens his mouth wide
 - Mother quickly draws the infant to her breast
 - Infant takes in an adequate amount of the breast, not just nipple

Step 2 – Latch-on (cont'd)

- Areola grasp
 - Infant grasps the entire nipple and as much of the areola as possible
 - The nose and chin of the infant will touch the breast
 - Lips will be flanged out
- Mother's comfort
 - Gentle undulating motion
 - No pain with each suck
- Proper release if infant does not release on his own
 - Mother inserts finger gently in corner of infant's mouth to release suction

Proper Latch

CORRECT



INCORRECT



- Nipple protected by positioning far back in infant's mouth
- Breast tissue inferior to nipple exposed to massaging action of tongue and lower jaw.

Signs of Incorrect Latch

- Immediate signs
 - Infant's cheeks indenting during suckling, clicking noises, lips curled inward
 - Frequent movement of the infant's head and lack of swallowing sounds
 - Maternal pain and discomfort
- Later signs
 - Trauma to mother's nipples and pain
 - Poor infant weight gain
 - Low milk supply

Step 3 – Milk Transfer

- Watch the baby as she sucks and swallows and milk is transferred. Look and listen for:
 - Audible swallowing
 - Sucking that begins with rapid bursts to stimulate milk let-down
 - A rhythm of sucking, swallowing, and pauses following establishment of milk flow
 - Becomes slower and more rhythmic
 - Approximately 1 suckle/swallow per second
 - Undulating action — no stroking, friction, or in-and-out motion of the tongue
 - Milk is extracted by a peristaltic action from the tip of the tongue to the base (not by negative pressure)

Next Steps

- Watch *Breastfeeding Management, Educational Tools for Physicians and Other Professionals* by Jane Morton, MD, FAAP, for a live demonstration of how to observe and assess breastfeeding.

<http://newborns.stanford.edu/Breastfeeding/FifteenMinuteHelper.html>

- See one, do one, teach one

Follow-up

- Refer to the Residency Curriculum presentations, *Management of Common Breastfeeding Problems* and *Management of Common Breastfeeding Situations*, to understand the next steps if breastfeeding issues are identified during the breastfeeding assessment

Reference

Schanler RJ, Dooley S. *Breastfeeding Handbook for Physicians*. Elk Grove Village, IL: American Academy of Pediatrics, Washington, DC: American College of Obstetricians and Gynecologists; 2006.

This resource may be purchased by visiting www.aap.org/bookstore.