Having all the Right Tools; Breastfeeding Assessment, Support and Documentation

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Objectives

- Review LATCH-R assessment tool
  - How to assess effectiveness of latch and milk transfer
  - Some strategies to improve latch and milk transfer
  - Documentation
- Suck assessment
  - When to do a suck assessment
  - What a suck should feel like
  - How to assist with suck issues
- Case studies
- Questions/comments

LATCH-R Breastfeeding Assessment Tool and Intervention Strategies 2000

- "Developed by Kathy Hamelin and Jean McLennan, in conjunction with the Newborn Care Map Team Women's Health Program, WRHA Public Health LATCH-R Assessment Tool 2003". Adapted by C. Hill-Carroll, M. MacKay, K Hamelin, S. Corvino
- Adapted from the LATCH Tool, Sacred Heart General Hospital, Oregon and HSC Women's Hospital, LATCH Breastfeeding Assessment and Intervention Guideline 1996
- WRHA Breastfeeding Guidelines, 2013, pages 85-94

Breastfeeding assessment with the LATCH-R Tool

- Objective assessment of BF is standard of care for all BF families
- First BF and a **minimum** of q8hours, until discharge
- Promotes early identification of BF problems
- Facilitates appropriate and timely intervention as required
- Assists in determining discharge readiness from hospital
- Facilitates communication among care providers across the care continuum

Breastfeeding assessment with the LATCH-R Tool

- L = latch / attachment at breast
- A = audible swallows / transfer of milk
- T = type of nipple
- C = comfort of nipple / breast
- H = hold / position at breast
- R = responsiveness to baby / BF confidence

L: Latch

- Gum line on areola
- Lips flanged
- Jaw movement up to temple area/ear
- Tongue down
- No cheek dimpling
- Rhythmic suckling

L: Latch

- L = 2 assessment and interventions
  - Al criteria met
  - Reinforce

L = 1 Latch

- L = 1 Assessment
  - Repeated attempts
  - Assistance required
  - Baby requires repeated stimulation to suck
- Interventions
  - Reinforce the positives
  - Hands on assistance
  - Position adjustment
  - Sublingual pressure to support the tongue placement
  - Attempt to stimulate suck
  - Empathy

L = 0 Latch

- Assessment
  - Baby is too sleepy or reluctant to latch
  - No latch is achieved
- Interventions
  - Reinforce normal behaviors
  - Waking techniques
  - Assess for wellness
  - Follow algorithm
  - Avoid soothers, bottle nipples
  - Breast stimulation, milk removal
  - Empathy
  - Lactation Consultant if available

A: Audible Swallowing

- Expectations
  - Necessary part of breastfeeding
  - **Seen as a "wide-open pause" while sucking**

    AND/OR
  - **Heard** as a "short forceful expiration of air"
  - Spontaneous and intermittent first 24 hours
  - Spontaneous and frequent after 24 hours of age
  - Suck-swallow ratio at 3-4 days after birth 1-2/second as milk volume increases

A = 2 Audible Swallows

- A = 2 assessment and intervention
  - All criteria are met
  - Reinforce the importance of swallowing
  - Reinforce how to assess for swallows

A = 1 Audible Swallows

- Assessment
  - Swallows are seen or heard infrequently and/or with stimulation
- Intervention
  - Reinforce what is good
  - Assist with latch and position as needed
  - Gentle sublingual pressure
  - Hand express to stimulate suck
  - Breast compressions
  - Provide education for parents: cues, dehydration signs, waking techniques, where and when to ask for help
  - Arrange follow-up
  - Empathy

A = 0 Audible Swallows

- Assessment
  - No audible swallows seen **and/or** heard
- Intervention
  - As in A1
  - Suck assessment
    - Good suck-SNS
    - Poor suck-drops of Mom's EBM, tsp/cup/finger feeding
  - Stimulate milk production if supplement is needed
  - Lactation Consultant as necessary
  - Empathy

T: Type of Nipple

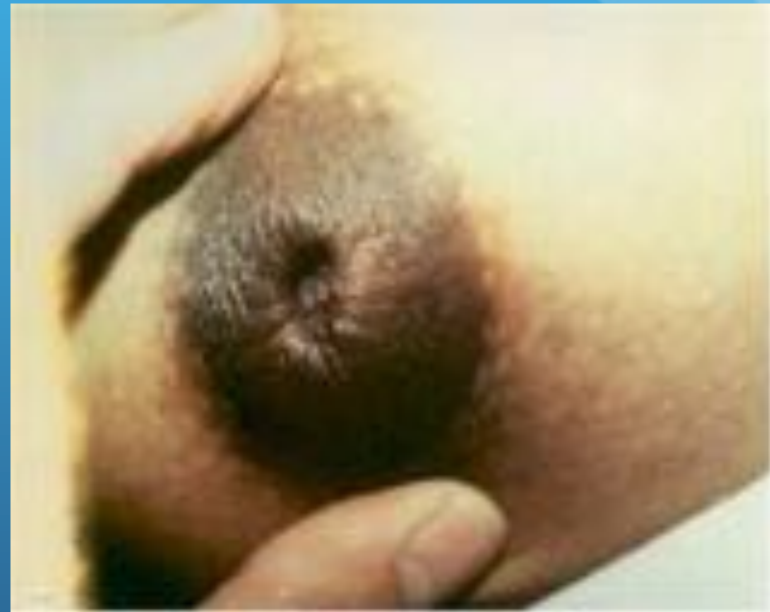
- T = 2
  - Nipple is evert or everts with breastfeeding
  - Stimulated the palate and suck reflex during breastfeeding

T = 1 Type of Nipple

- Assessment
  - Nipple is flat, does not evert or everts minimally with breastfeeding
- Intervention
  - Mom to stimulate nipple before feeding
  - Reverse pressure softening if edema is the cause
  - Everter syringe, breast shells
  - Reinforce correct latch
  - Empathy

T = 0 Type of Nipple

- Assessment
  - Nipple is inverted
- Intervention
  - True inversion is uncommon
  - Pinch test
  - Teach manual stimulation
  - Shells, everter syringe if appropriate
  - Reinforce correct latch
  - Lactation Consultant as necessary
  - Empathy



C: Comfort of Breast and Nipple

- Adequate latch and effective breastfeeding will prevent sore nipples and engorgement
- Promote breast health
- Nipple and breast assessments to assess and promote baby's ability to achieve adequate latch

C = 2 Comfort

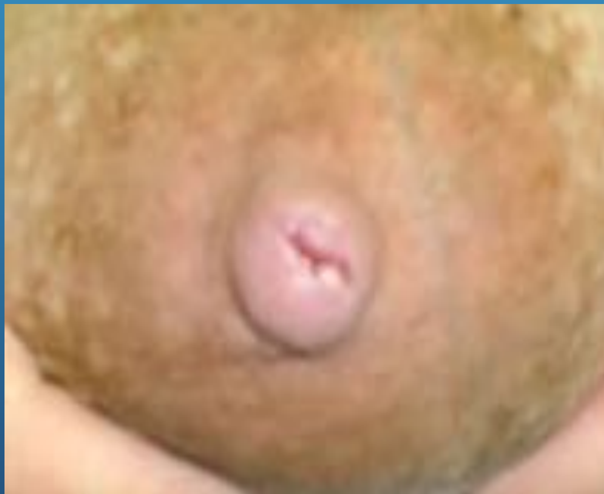
- Assessment
  - Breasts are soft, or full and non-tender
  - No bruising, redness, excessive heat
  - No signs of nipple bruising, cracks, bleeding
  - No discomfort reported by Mom
- Intervention
  - Reinforce fullness without pain is normal and will decrease after breastfeeding
  - Initial discomfort may occur but subside quickly (subside after 20-30 seconds)
  - Seek assistance if initial pain continues after first 7 days
  - **Breast and nipple pain is not normal**

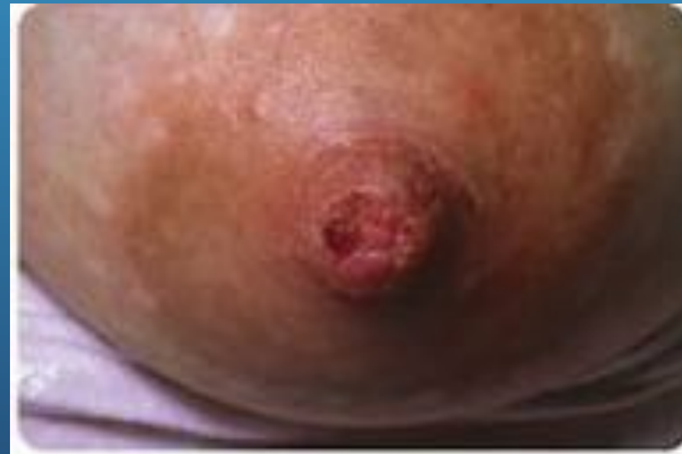
C = 1 Comfort

- Assessment
  - Breasts fuller, rounder, firmer
  - Nipples reddened, may have small blisters, cracks or bruises
  - Mild to moderate discomfort
- Intervention
  - Education and support related to normal fullness vs pathological engorgement
  - Assist with latch and positioning
  - Frequent, effective breastfeeding
  - Discourage regular pumping if breastfeeding well
  - Nipple care with breast milk and lanolin
  - Empathy

C = 0 Comfort

- Assessment
  - Breasts are red, hot, and hard
  - Nipples are cracked, bleeding and/or very reddened
  - nipples have large blisters or areas of bruising
  - Mother reports severe discomfort





C = 0 Comfort

- Intervention
  - Assess latch and position, improve as needed
  - Reassurance, deep latch should be more comfortable
  - Application of warmth and gentle massage to induce “let-down” to soften breast
  - If engorged, short period of pumping, expression to soften breast
  - Pump to comfort after feeding if still engorged
  - Pump to empty if unable to latch
  - Cold compresses
  - Nipple care as above
  - Consider requesting prescription nipple ointment
  - Lactation Consultant as necessary
  - Empathy

H: Hold/Position

- Expectations
  - Mother is independently able to position and latch baby with effective breastfeeding
  - Mother should be comfortable

H = 2 Hold

- Assessment
  - Position baby without assistance
  - Demonstrates optimal positioning
  - Comfortable with good support
  - Baby’s head aligned, facing the breast,
  - Baby flexed, relaxed
  - Pillows/rolls as needed
- Intervention
  - Reinforce

Hold/Position

H = 1 Hold

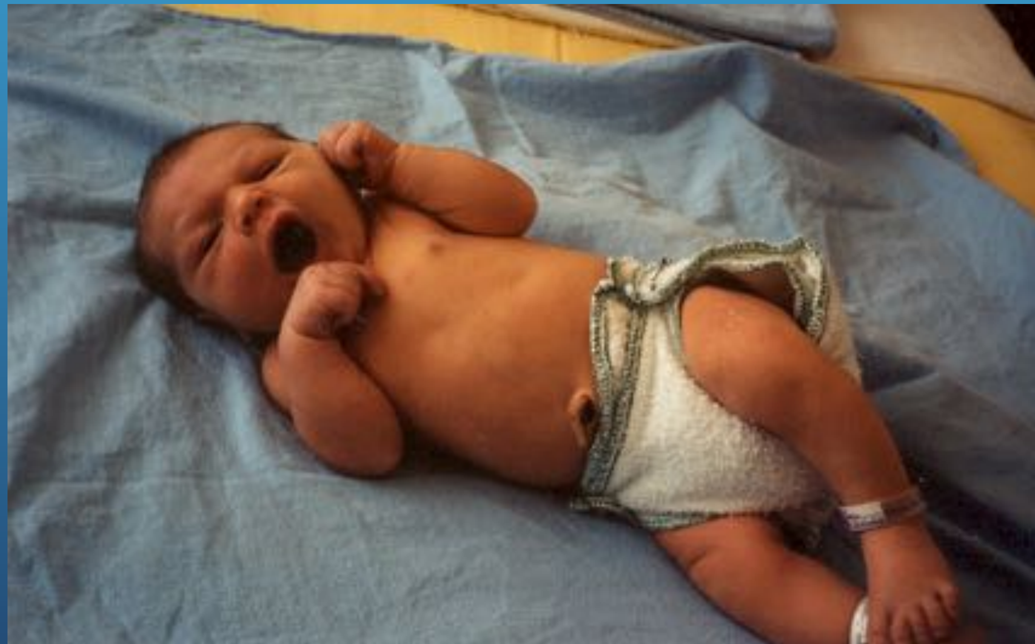
- Assessment
  - Mother requires assistance to latch and position baby
  - Assistance is required initially but Mom can continue on her own and switch sides with minimal assistance
- Intervention
  - Assist and reinforce teaching
  - Arrange for follow-up assessment
  - Empathy

H = 0 Hold

- Assessment
  - Mother is unable to position herself and baby at breast
  - Mother requires constant assistance to establish and maintain correct position and latch
- Intervention
  - Assist Mom to position herself comfortably with back support
  - Assist Mom to position baby at the breast
  - Reinforce principles of good position and latch
  - Maintain constant presence during the feeding
  - Lactation Consultant as necessary
  - Follow-up
  - Empathy

R: Maternal Responsiveness to Infant Cues and Maternal Confidence to Breastfeed

- Expectation
  - Mother responds appropriately to early infant feeding cues
  - Mother feels confident about her ability to breastfeed



R = 2 Responsiveness/Confidence

- Assessment
  - Mother is attentive and responsive to early infant feeding cues
  - Mother feels confident about her ability to breastfeed
- Intervention
  - Reinforce importance of early feeding cues
  - Congratulate mother on her early breastfeeding success

R = 1 Responsiveness/Confidence

- Assessment
  - Mother requires help to identify/interpret early feeding cues
  - Mother requires confidence building
- Intervention
  - Reinforce teaching about early feeding cues and the importance or responding
  - Point out the positives to build Mother's confidence
  - Empathy

R = 0 Responsiveness/Confidence

- Assessment
  - Mother does not respond to early feeding cues
  - Mother does not feel confident about her ability to breastfeed
- Intervention
  - Education
  - Reassurance that practice will increase her ability and confidence
  - Assess family for knowledge and support, as well as barriers
  - Empathy

Documentation

When I eat too much dessert, I don't post about it on Facebook.

Because if it isn't charted, it didn't happen.

Robb Hillman Coaching - Life Coaching for Nurses

Documentation

- Newborn Feeding Record
  - Feeding assessment
    - Duration of breastfeeding in minutes
    - LATCH-R score
  - Skin to skin check mark if done
  - Hand expression check mark if done
    - Document drops of EBM if given and how
  - Pumping
    - Document if EBM was given and how
  - Voids/Stools
    - Amount and colour

Newborn Feeding Record

Type: BR - Breast EBM - Expressed Breast Milk GL - Glucose Water F - Formula
Method: SNS - Supplemental Nursing System FF - Finger Feeding C - Cup B - Bottle
Amount: Breast: time and side Formula: mL

DATE (dd/mm/yyyy)	TIME	GLUCOSE READING	FEEDING (Type, Amount, Method)	Breast Fed Infants Only LATCH-R SCORE							STS	HAND EXPRESSION	PUMPING	COMMENTS (e.g., visible jaundice ac or pc glucose, glucometer or true blood sugar)	VOID	STOOL	INITIAL
				L	A	T	C	H	R	Total							

Mother received information to make an informed decision for non-medical formula supplementation Date: D D M M M Y Y Y Y ______ Initials

LATCH-R BREASTFEEDING ASSESSMENT GUIDE

	0	1	2
LATCH	• too sleepy or reluctant • no latch achieved	• repeated attempts • hold nipple in mouth	• grasps breast

Documentation

- Record of Postpartum Patient Education
  - Breastfeeding section
    - Breast care
    - Latching/Positioning
    - Milk intake/Adequate Hydration
    - Burping
    - Expression/Collection/Storage
    - Production/Engorgement
  - Infant Care
    - Normal stools/voids
  - **Response to early feeding cues and initiates infant care**
  - **Understanding indicated by verbal response, task performed safely, repeat, re-demonstrate, Remind, Needs Confidence Building**

Record of Patient Education

Mom Self Care: Involution
Sitz bath / Ice packs
After pains

13 - 24 Hours Postpartum

Mom Self Care: Diet
Activity / rest
Elimination
Medications

Breast Feeding: Breast care
Latching / Positioning
Frequency / Duration
Milk Intake / Adequate Hydration
Burping
Expression / Collection / Storage
Production / Engorgement

Formula Feeding: Frequency / Amount
Burping
Non-propping
Preparation

Infant Care: Bathing / Cord care / Swaddling
Diapering
Normal stools / voids
Sleep position

25 - 48 Hours Postpartum

Mom Self Care: Incision care
Emotional: PP blues / depression
Resuming Intercourse / Family Planning (method)

Documentation

- Newborn Care Map
  - Assessment Section
    - Signs of health and hydration
  - Nutrition Section
    - Whether outcomes have been met
    - Describes frequency of activities
    - Provides criteria for days of age
    - Provides criteria for discharge readiness

Newborn Care Map

ASSESS

ASSESSMENT OUTCOMES (q12h & prn as necessary)

- Vital signs stable
- Skin: warm to touch, color normal for race and age
- Mucous membranes: pink and moist
- Tone: normal tone, flexion of extremities or reflecting intrauterine position
- Behavior: sleeping with some alert periods, active, consoles easily
- Cry: normal-pitched cry
- Cord: clean and drying with routine cord care
- Chest: no signs of respiratory distress
- Abdomen: soft and round
- Pain: no evidence of pain, normal reponse to stimulation, no potential reasons for pain

NUTRITION

- Breast or formula feed on demand (document all feedings on the Newborn Feeding Record)

LATCHR Score to be documented on feeding record a minimum of q8h and prn

On Discharge

- Weight loss no greater than 8% of birth weight unless feeding plan established, follow-up in place, & discharge approved by physician or midwife
- Gestational age ≥ 37 wk and weight ≥ 2500 g
- Stooling appropriately per guideline
- Voiding appropriately per guideline
- Effective feeding established: There have been at least two independently managed feedings observed in which:
  - Breastfed Infant: Minimum score of "one" in each category (except "T") on the LATCH-R tool
  - Formula fed Infant: Feeds 6 - 10 times a day on demand and consumes

Case Study 1

- 28 year old, G2 P2, SVD at 39+3 weeks, BW 3254gms, Apgar scores 9+9
- Breastfeeding failure with first baby. Was not able to get baby to latch well, gave up after first week. Has regret, wants to breastfeed
- Baby is eager to latch, rooting and shows good feeding cues. Mom struggles with positioning herself and baby. Needs full assist.
- L=2 A=2 T=2 C=1 H=0 R=0 Total=7

Case Study 1

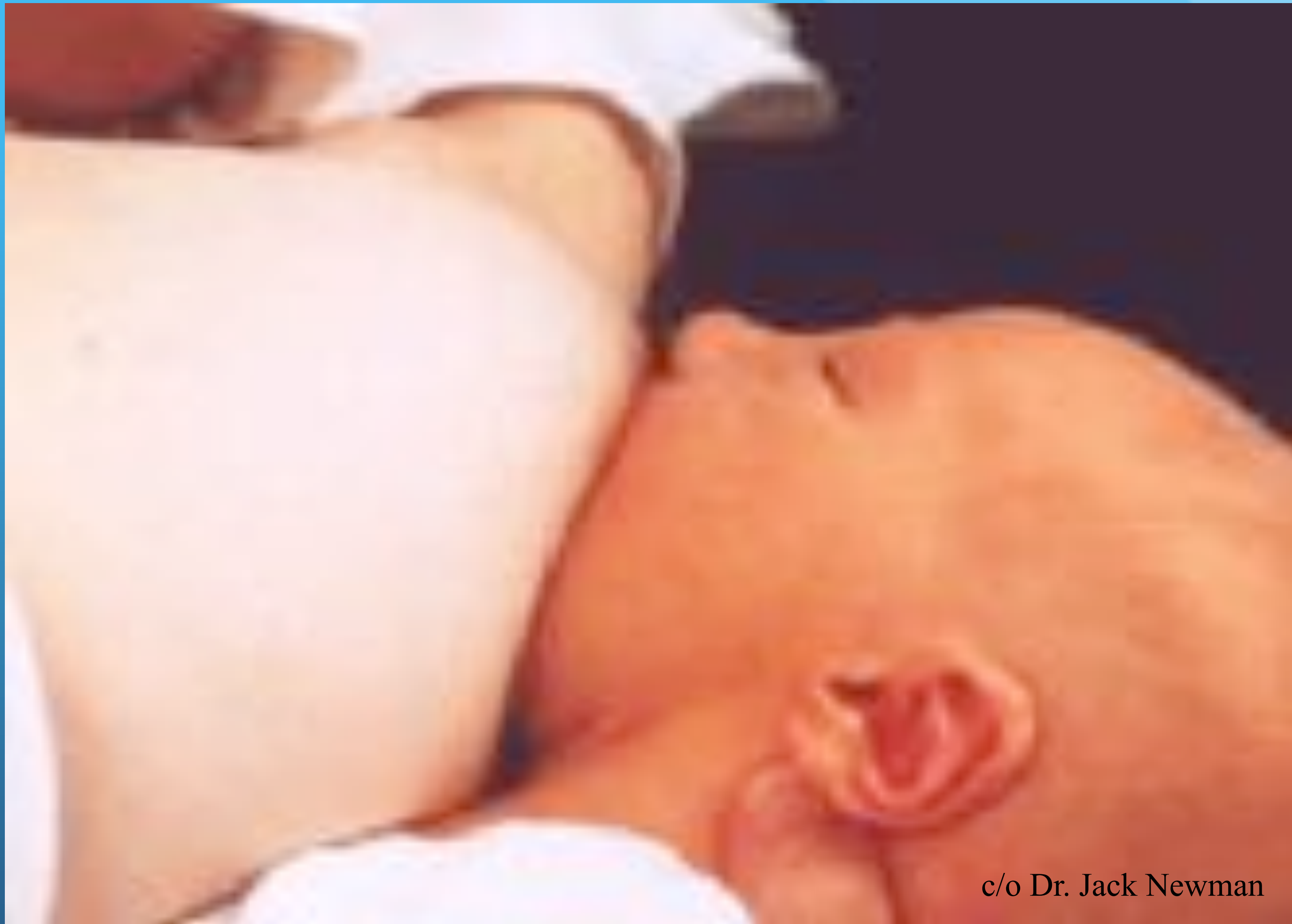
- Position
  - Mom
    - Comfortable
    - Back supported
    - Shoulders relaxed
    - Baby to the breast
  - Baby
    - Ear, shoulder and hip in line
    - Close to Mom
    - Support head and shoulder with pillows, rolls
    - Facing the breast, nipple to nose

Case Study 1

- Latch
  - Nipple to nose
  - Mouth wide open
  - Tongue down
  - More areola from bottom than top
  - Chin imbedded into breast
  - Nose away from breast

c/o Dr. Jack Newman

Asymetrical position ….



Results in better latch

Case Study 1

- Discussion
  - Importance of skin to skin
  - Early feeding cues
  - Normal infant behavior
  - Normal output
  - Satiety cues
  - Community resources

Case Study 2

- 32 years of age, G1 P1, 41+2 weeks, spontaneous labour, augmented
- Fentanyl then Epidural
- C/S for non-reassuring fetal heart tracing, BW 3425gms, Apgars 8+9
- STS after delivery and breastfed within the first 45 minutes, not since
- Frantic then falls asleep at the breast, not maintaining latch
- Nurses report nipples are flat
- **L=1 A=0 T=1 C=2 H=2 R=1 Total= 7**

Case Study 2

- Find out what family does before the feeding
- Sleepy baby:
  - is baby wrapped at the breast
  - Taken from a sleep to the breast
  - Roused with minimal stimulation

  - Frantic baby
    - Sleeping to screaming in seconds
    - Diaper change and over-stimulated
    - To the breast already upset
    - Lots of unsuccessful forceful attempts

Case Study 2

Sleepy Baby

- Watch for early feeding cues, even while sleeping
- Rousing techniques
  - Changing the diaper, massage and stroking, time away from warm body
- Undress the baby
- Hand express to entice baby to the breast
- Breast compressions during suckling phase
- Switch sides when baby loses interest
- Stimulation during the feeding

Case Study 2

Fussy/frantic Baby

- Watch for early feeding cues
- Minimal handling prior to bringing baby to the breast
  - Don't change the diaper
  - Don't undress the baby (keep baby undressed)
  - Have Mom and her pillows ready for the baby to come to her
  - Hand expression to entice baby
  - Skin to skin to settle
  - Do not force baby to the breast when upset

  Keep the breast a happy place

Case Study 2

- Breast Assessment day 1
  - average size
  - Normal breast changes in early pregnancy
  - Areolar tissue slight edematous
  - Nipples evert with stimulation, Mom reports they are shorter that usual
  - Mom was augmented with oxytocin and had significant IV fluids in labour
- Intervention
  - Reverse pressure softening

Case Study 2

- Reverse Pressure Softening
  - Prior to breastfeeding
  - Pushes fluid out of the tissue, softening the areola
  - Allows nipples to evert more

Developed by K. Jean Cotterman
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Case Study #2
Reverse Pressure Softening

Method 1: Two step method, use the straight fingers of both hands, placed with the knuckles touching the nipple: Count to 50 in each position. If very swollen, **count very slowly**.

All drawings by Kyle Cotterman

1. Place fingers on each side of the nipple.

2. Place fingers above and below the nipple

Method 2: Soft Ring Method: cut off the bottom half of an artificial nipple to place on the areola and press with fingers. Count to 50. If very swollen, **count very slowly**.

Method 3: One handed "flower hold" fingernails short, fingertips curved, placed where the baby's tongue will go. Count to 50. If very swollen, **count very slowly.**

Case Study 3

- 35years old, G1P1, ROM for 12 hours, prolonged 2nd stage (pushed for 3 hours)
- Vacuum assisted vaginal delivery, Apgars 7+9, BW 3549gms
- Significant bruising and an abrasion to baby's scalp
- Baby shows no interest at the breast, biting, tongue bunches

L=0 A=0 T=2 C=0 H=2 R=1 Total=5

Case Study 3

- Suck Assessment
  - Gloved finger
  - Assess by feel, placement and movement of tongue, shape of palate
  - Assess strength, rhythm, coordination of the suck
  - Visual inspection of mouth and jaw
- https://www.facebook.com/kari.hodgemonrraga/videos/1314784118543050/

Case Study 3

- Tongue walking
  - Soft finger pad up towards palate
  - Gentle pressure downward against the tongue, pulling slightly out
  - Helps to teach baby to bring the tongue down and forward, beyond gum line
  - Done prior to breastfeeding practice

- Sublingual pressure
  - Baby at the breast, clicking or dimple in cheeks
  - Gentle pressure upward in the soft space under lower jaw
  - Presses tongue up against breast, then breast up against palate
  - Can strengthen the baby’s suck

Case Studies 1, 2 and 3

- Care
  - STS
  - Positive Breastfeeding practice
  - Feed the baby
  - Support milk supply
  - Support and empower Mom

What Does STS Do For Baby?

- Mom’s breast will keep baby at the perfect temperature
- Improved transition from womb to room
- Baby’s cry less
- Sleep better
- Wake better
- Less stressed
- Better brain development

Why Do STS After The First Day?

Babies in STS cry less

sleep

better

breastfeed better

Milk Expression/Manual

- http://newborns.stanford.edu/Breastfeeding/HandExpression.html
- Google « Stanford hand expression »

Milk Expression/pump

- http://newborns.stanford.edu/Breastfeeding/MaxProduction.html
- Google "Stanford maximizing milk production"
- Hands on Pumping

Questions?