

Floor Tools

1. Crib Cards
2. Breastfeeding Assessment, Education and Communication Tool
3. Teaching Points
4. Baby Calming Tool
5. Breastfeeding Script for Mom's Requesting Formula

6. Script for Exclusive Breastfeeding

I'm Learning to Breastfeed!



Take me to my MOM when I am Hungry!

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Tips for Breastfeeding

- 🌸 Nurse your baby within the first hour of birth.
- 🌸 Keep your baby with you.
- 🌸 Watch for feeding cues.
- 🌸 Nurse at least 8 to 12 times in 24 hours.
- 🌸 Visit www.breastfeedingpartners.org
- 🌸 Questions? Call: The Birthplace- 841-7314
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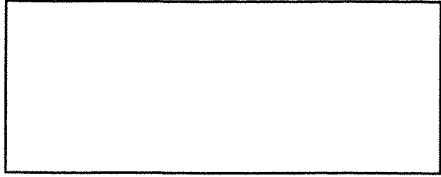
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**BREASTFEEDING ASSESSMENT, EDUCATION,
AND COMMUNICATION TOOL**



First 24 hours: is Mom using appropriate positioning?

- a) sitting up as much as possible
- b) baby facing Mom
- c) chin up Y / N
(baby with head in sniffing position)

Further teaching comments:

NUMBER ONE

Taught positions

- cradle
- football
- cross cradle
- side lying Y/N

Taught nipple holds

- "c" hold
- scissors hold Y/N

(OK to use what works as long as Mom knows and tries them all.)

Is Mom attempting to nurse every 2-3 hours with an occasional successful nursing?

Y / N

Further teaching comments:

NUMBER TWO

Taught how to wake a sleepy baby by unwrapping and stimulation Y / N

Using skin-to-skin Y / N

Taught feeding cues

- hand to mouth
- eye movements
- limb movements Y / N

Has baby latched and nursed at all by age 6-8 hours?

Y / N

Further teaching comments:

NUMBER THREE

If baby shows no interest in sucking and you think baby will take a while to nurse, you may need to facilitate Mom pumping.

Y / N

If no successful latching, even with assistance, may need to cup feed breast milk for energy.

Y / N

****Nurse: Any Comments, please sign and date.**

Teaching Points to Use with Mothers Requesting Formula

Mother's Concerns	Reason for requesting formula	What you can say	Teaching opportunities/ How you can help
<p>I'm afraid my baby isn't getting enough...</p> <p>My baby doesn't seem satisfied...</p> <p>My baby is hungry after I feed him...</p>	<p>Perceived insufficient supply.</p> <p>Lack of knowledge regarding baby's stomach capacity.</p> <p>Lack of knowledge about other ways to soothe crying baby.</p>	<p>I can see that you are worried about your baby.</p> <p>Can you tell me why you feel your baby isn't getting enough breast milk?</p> <p>How is your baby letting you know he is hungry?</p> <p>(Might need to move to another row based on answer)</p>	<p>Reassurance, help with breastfeeding & education regarding physiology of breastfeeding.</p> <p>NB stomach capacity: Day 1: 7 ml, Day 2: 27 ml</p> <p>Milk Production: minimal for 1-2 days postpartum, increases by day 2-3.</p> <p>Hunger cues, satiation cues</p> <p>Ways to calm a fussy baby</p>
<p>I just can't do it...</p>	<p>Lack of confidence in parenting.</p> <p>Lack of confidence in body's ability to feed her baby.</p>	<p>Yes, many mothers find these first few days frustrating and frightening. We are here to help you.</p> <p>You are doing such a great job taking care of your baby! I can tell you really love him (or her). How can I help you be successful?</p> <p>Women often feel they are not able to make enough milk. You made a beautiful baby and your body will also be able to feed it.</p> <p>(Might need to move to another row based on answer)</p>	<p>Look at how your baby looks at you and molds to your body when you hold him.</p> <p>Be a cheerleader! If she is on WIC and she has a breastfeeding peer counselor help her make contact.</p> <p>Refer to Public Health Nursing, local support groups, provide IBCLC contact.</p>
<p>My baby is fussy/crying and nothing helps.</p> <p>My baby pulls (or pushes) away when I try to feed him.</p>	<p>Reading baby cues incorrectly.</p>	<p>Yes, mothers are often confused at first with what their baby is saying. You are such a good mom already! You are recognizing that your baby is not happy.</p> <p>Did you know that babies communicated all their needs through fussing and crying? And fussing/crying doesn't always mean that your baby is hungry. Your baby might be trying to tell you he (or she) wants something to be different.</p> <p>Sometimes babies "bob" their heads to find the breast and mothers might think the baby is pulling away from the breast. This is a normal newborn behavior.</p>	<p>Education regarding baby cues. http://www.secretsofbabybehavior.com/ www.babybehaviorist.com</p> <p>Normal infant feeding reflexes include "bobbing" their heads to find the breast. Learn more about the many feeding reflexes we can trigger with just positioning change, making breastfeeding much easier for mother, baby and nurse at http://www.biologicalnurturing.com/</p>
<p>I don't think I'm making enough milk.</p>	<p>Perceived insufficient supply.</p>	<p>Many mothers have that concern when they first start to breastfeed, but their supply turns out to be fine. Can you tell me why you might think you aren't making enough milk?</p> <p>(Might need to move to another box based on answer)</p>	<p>Education regarding normal stages of milk production (colostrum to transitional to mature milk) and normal physiologic amounts (See Academy of Breastfeeding Medicine Protocol # 3), intake / feeding:</p> <p>1st 24 hours 2-10 ml 24-48 hours 5-15 ml 48-72 hours 15-30 ml 72-96 hours 30-60 ml</p>
<p>My baby won't wake up to breastfeed</p>	<p>Fear baby may be starving.</p>	<p>I can see that you are concerned about your baby, as you have been told he needs to eat very often.</p>	<p>Some newborns have long periods of sleep after their first feeding, then they wake up more often. Education regarding normal newborn sleep patterns. http://www.medscape.com/viewarticle/729432 Normal newborn breastfeeding patterns, cluster feeds, etc. We can put your baby skin to skin and see if being near the "cafeteria" will interest him in nursing, even if he's asleep.</p>
<p>I'm having a lot of pain...</p>	<p>Pain</p>	<p>It must be difficult to be in so much pain and have a new baby. Tell me where your pain is... (Then) Let me check when you last received your pain meds!</p>	<p>Ensure proper pain management. Education regarding safety of pain meds for her & baby. Alternative positions: laid back breastfeeding http://www.biologicalnurturing.com/</p>

Ways Nurses Can Help or Educate Families To Calm Their Babies

White noise- machine or DVD- possibly a crib add-on, there will be DVD players in patient rooms when renovations are done.

Swaddling, swaying, swinging, shushing

Rocking-you can rock the baby in mom's room while she rests if time allows, then quietly place baby back in crib.

Running water or the sound of it

Harvey Karp DVD- use DVD players in new rooms

Music (radio, CD, or music box)

Sucking- gloved finger, clean finger, own fist or fingers

Burping

Walking

Gentle bounce

Change baby's diaper

Decrease sensory overload-low lights, decreased noise level, less "pass the baby", brief visitor sessions

FEED! Babies tend to cluster feed late evening-to early night

Warmed blanket placed on bed before placing baby to avoid cold sheets (extra blanket should be removed before baby placed in crib).

Gentle placement in bed with "hands on" and gentle, slow withdrawal of hands over a couple of minutes.

Gentle massage

Football/colic hold (facedown over forearm), but don't use the word 'colic' with parents

For formula fed babies, tell parents pacifiers are okay

Don't worry about bathing quickly, save bath for evening with parents; babies tend to eat and then sleep after a bath. They can all settle together

Nurses need to demonstrate correct way to do all of above, "modeling" for parents, and supporting them while they learn to do it.

Nurses should spend as much time in room with family as possible to help them whenever possible for as long as possible.

Nurses should not offer to take the baby, but need to be empathetic to patient needs, we do need to be family friendly as well as baby friendly.

If baby goes out with nurse, once nurse has settled baby well, it should be wheeled back into room. Let mom know you will do this ahead of time.

Very important to chart correctly. Chart at the end of your shift only, then make sure to **chart all 3 parts** of rooming-in if baby has been out at all.

Charting zeros is as important as charting time out with nurse or in nursery.

Can we send some staff to Harvey Karp Educator/Certification programs?

Harvey Karp website- **happiestbaby.com**

Understand the *Phases of Sleep*

Even before birth your baby's days were divided between periods of sleep and wakefulness. By the eighth month of pregnancy or earlier, her sleep periods consisted of the same two distinct phases that we all experience:

1. Rapid eye movement (or REM) sleep, the times during which she does her active dreaming. During these periods, her eyes will move beneath her closed lids, almost as if she were watching a dream take place. She also may seem to startle, twitch her face, and make jerking motions with her hands and feet. All are normal signs of REM sleep.
2. Non-REM sleep, which consists of four phases: drowsiness, light sleep, deep sleep, and very deep sleep. During the progression from drowsiness to deepest sleep, your baby becomes less and less active, and her breathing slows and becomes very quiet, so that in deepest sleep she is virtually motionless. Very little, if any, dreaming occurs during non- REM sleep.

Each sleep periods will include relatively equal amounts of REM and non-REM sleep, organized in this order: drowsiness, REM sleep, light sleep, deep sleep, and very deep sleep.

An infant who falls asleep in arms will settle better if put down in the deep or very deep phase of sleep. Muscles are relaxed, fists unfold, and arms and legs dangle weightlessly. This is the "limp-limb" sign of deep sleep. Laying baby in bassinet will be most successful now.

SCRIPT for staff nurse if breastfeeding mom requests baby to be fed Formula (or water):

ACKNOWLEDGE MOM'S REASONS:

To me it seems that you are:

- frustrated, and need a break from attempting to latch
- tired, and need to sleep
- concerned that baby needs food and your milk isn't in

IT IS MOM'S CHOICE:

- it is your choice and we will follow your decision
- I do not want to change your mind or to make you feel guilty

WHAT DO YOU ALREADY KNOW?

I just want to be sure that you do know certain facts about breastfeeding.

- ARE YOU AWARE OF any risks associated with giving your baby formula??????
- DID you know that the AMERICAN ACADEMY of PEDIATRICS says that routine supplements of formula for breastfed infants should NOT be used????????

FACTS ABOUT EXCLUSIVE BREASTFEEDING

FACT: formula is made from cow's milk

FACT: research shows that even small amounts of cow's milk may:

- increase the likelihood of serious allergy to cow's milk
- increase the chance of bowel infection and diarrhea by changing the pH of the bowel
- decrease the protection breast milk offers against the risk developing of cancers, diabetes, and obesity

Scripting for Exclusive Breastfeeding L&D Staff

- * Your milk is perfect for your baby and is all he needs right now
- * Your baby will want to eat often for the first few days to establish your supply
- * To ensure that your baby gets as much as he needs we will help you make sure your baby latches well onto the breast- the better latched he is the more milk he will be able to drink.

If mother is asking for supplement out of frustration or fatigue:

Goal 1: Help her identify what her concern is and verbalize it aloud so that you can talk with her about it

Goal 2: Review with her normal newborn behavior

Goal 3: Make sure baby really is nursing well- help mother also identify signs of good feedings and intake- refer to LC if baby not nursing well

- I am hearing you when you are saying you are worried that you aren't sure if your baby is getting enough to eat on your breast. Let's review together how we know that he really is getting what he needs:
 - the baby's stomach is the size of a small marble the first few days so we only want him to eat small amounts each time so that his stomach doesn't get over-stretched
 - Babies are often night time eaters on the 2nd and 3rd nights so it is normal for them to eat a lot on those nights- it doesn't mean you don't have enough milk- it just means they baby is finally hungry
 - Babies are so smart when they are born. The first day they sleep a lot to recover from birth. The 2nd day they eat really often to bring in your milk fast.
- Let's make sure he is really latching and nursing well. If he is not that can effect the amount of milk he can drink each feeding
 - Tease apart a feeding together
 - Review of baby's diapers previous 24 hours
 - Help her identify drinking sounds when baby eats
 - Help her hand express milk to show her visible signs of milk