

Case Studies – Babies Who Don't Latch Companion to PowerPoint Presentation

Case #1:

Susan's baby is latching on her left breast, but not on her right. Her left nipple is sore, but she doesn't consider this a problem, since "breastfeeding is supposed to hurt."

What information do you need?

Infant History:

- Baby Jonathan is 3 days old.
- He has never latched to the right breast but is feeding 8 times a day, about every 3 hours, for 15 to 20 minutes on the left side.
- Baby Jonathan was calm after feedings, and has had 2 black bowel movements and 2 wet diapers in the past 24 hours.
- He weighed 6# 12oz at birth, 39 weeks gestation.

Mother history:

- NSVD to a 31 year old primipara mother.
- Unremarkable pregnancy.
- Labor was 20 hours, with one dose of Fentanyl IV, and an epidural given when she was 5 cm. dilated.
- Pushed 1 hour.

Infant assessment:

- Baby now weighs 6# 2oz. (he has lost 10% of his birthweight).
- He is awake and alert, with good tone and skin turgor.
- He is jaundiced to his waist.
- He has a moderate sized cephalohematoma on his right occiput.

Breast and Breastfeeding assessment:

- Left nipple has mild abrasion on upper outer edge.
- Breasts soft, areolae elastic, nipples short but everted.
- Drops of early transitional milk easily expressed.
- Mother used cradle hold (baby in crook of mom's left arm) to latch baby on left side.
- Baby latched asymmetrically with upper lip at edge of areola.
- Mother pressed her finger into her breast to create an airspace for baby's nose.
- LATCH score= 8 (L=2, A=2, T=2, C=1, H=1).
- You correct positioning and re-latch baby using X-Cradle hold, with verbal explanation of technique.
- Mother does not remember being shown any other holds.

What do you think is the problem?

- Probably, baby uncomfortable on right side in cradle hold due to cephalohematoma.
- Baby may have elevated bili levels—needs checking.
- Baby has borderline excess weight loss.



What do you do?

- Try football or sidelying holds for right side.
- Correct latch technique and positioning to keep left nipple from getting more sore.
- Encourage frequent feedings of unlimited length.
- Recheck weight and infant output in 24 hours.

Does this baby need to be supplemented?

- Probably not, but if you cannot get baby latched on right side, mother should pump that side and give baby any EBM yields.

What if the bili level is too high—would baby need to be supplemented with formula?

- He probably will not need any supplement if he nurses frequently and well.
- If a supplement is needed, expressed breast milk is still the first choice of supplementing.



Case #2:

It is 2 am. Baby Jared last fed at 10 pm. He is sleepy, has gagged several times with this latch attempt. His blood sugar was 59 at 10 pm, and now it is 51.

What information do you need?

Infant history:

- Baby is 16 hours old.
- He weighed 8# 6 oz. at birth.
- He nursed well in the first hour after birth, and has nursed well for 2 subsequent feedings, the last being at 10 pm.
- He gagged and spit up several times between feedings.
- The emesis was mostly mucous.
- He has had 3 mec stools and 1 wet diaper so far.
- He is due to be circumcised in the morning.

Mother history:

- Mother had gestational diabetes, controlled by diet.
- She is now G2, P2, and had an uneventful vaginal birth.
- She breastfed her first child for a year.
- She is confident in her ability to breastfeed, and thinks that the baby has breastfed well, and is just not ready to feed again yet.
- She reported uterine cramping when Jared has nursed.

Breast assessment:

- Nipples are everted, breasts are soft.
- Drops of colostrum are easily expressed.
- Infant assessment:
- Baby is in a deep sleep.
- He has good skin turgor and moist mucous membranes, his output is qs.
- His vital signs are normal.
- Breastfeeding assessment: You try to wake baby to feed, but cannot.

What do you think is the problem?

- Normal infant sleepiness.
- The blood sugar level is WNL.

What do you do?

- Put infant skin to skin on mother's chest, reassure her and yourself that the baby is just sleepy, and is not ready to feed at this time.
- Review early feeding cues with mother, and encourage her to respond to them.
- Return within 1 hour to check if baby has shown feeding cues, and try to wake baby again if he has not. May be repeated.
- If needed for reassurance, recheck blood sugar level.

Does this baby need to be supplemented? NO!!

Does mother need to pump? NO!!!



Case #3:

Baby Isabelle is 28 hours old and has never latched. She is a 36 week gestation infant who was in the NICU for observation for 12 hours after birth.

What information do you need?

Mother states that she thinks her baby “knows that there is no milk there”. The father says that the baby is “just lazy.”

Infant history: Baby weighed 5# 5oz. at birth.

- She was separated from mother due to Cesarean delivery, and near term status.
- She was fed 1oz formula in the ICN at 1½ hours age, due to low blood sugar (44).
- She was given 3 more formula feedings of 1 oz. at 5 hours, 8 hours, and 11 hours age, since mother was unable to come down to the nursery to breastfeed.
- Blood sugar levels have been in the 60’s before the subsequent feedings.
- She has had 2 meconium stools and voided 3 times since birth.
- Baby came out to mother at 12 hours.
- Two nurses have assisted with latch attempts but baby has not latched.
- Baby has been crying or fussy when put to breast, then stops and goes to sleep.
- The nurse reports that the mother has flat nipples.

Mother history:

- Mother presented in early labor with PIH and ruptured amniotic membranes.
- Labor was augmented with Pitocin, but she failed to dilate past 5 cm. so C-section was done after 18 hours of labor.
- This is her first baby.
- The nurse helped her use the hospital breast pump once, but it hurt, and she did not get any milk out, so she has not pumped again.
- She was helped to position the baby in football hold for the unsuccessful latch attempts.

Infant assessment:

- Baby is in crib, pink, crying, and trying to suck on her fist.
- Her current weight is 5# 3oz.
- Vital signs have been stable.
- She was last fed 3 hours ago, and was given 1 oz. formula by finger-feeding after unsuccessful latch attempts.

Breast and breastfeeding assessment:

- Mother has large, pendulous breasts, with large areolae and flattish nipples.
- Her breasts were very sensitive in early pregnancy, and her nipples and areolae have darkened and enlarged.
- You try to hand express but cannot get any drop of colostrum.
- Her areolae have very little elasticity, and mother reports that they don’t usually look like they do now.
- You find there is pitting edema of the areolae.



What do you think are the problems?

1. Areolar edema.
2. Near term baby
3. Initial separation from mother.
4. Infant has received large amounts of formula by bottle, possibly leading to expectation of fast milk flow, or nipple confusion.
5. Infant may have been shoved onto breast with latch attempts and is now actively resisting breastfeeding.

What do you do?

- Swaddle baby and show father how to hold infant and let her suck on his clean finger to calm, while you show mother how to do reverse pressure softening.
- The areola softens and the nipple everts better with some nipple rolling.
- You try again to hand express a drop of colostrum, but are unable to get a drop.
- Get mother into a comfortable upright position, in a chair if possible.
- Assess her pain level, and medicate if needed.
- Get her clothing out of the way, and use pillows to support baby at breast level.
- Unwrap infant to position skin-to-skin for latch attempts.
- Try variations of football holds, including the one where baby is semi sitting in front of mother and coming up from underneath breast (good position for small or near-term infant and large breasted mother).
- Have mother support her breast with a cupped or flat hand underneath, or use a rolled diaper or small towel under breast.
- Be gentle, and make sure that baby has her neck slightly extended and is brought to the breast by bringing in her chest so her nose is free to breathe.

The baby latches but only for 3 or 4 sucks, then she lets the nipple go. She does this repeatedly. There are several things that you could do at this point:

1. Wet mother's nipple with drops of formula to entice baby.
 2. Try fingerfeeding a few swallows of formula, then try to latch again.
 3. Place infant on mother's chest skin to skin and have her keep baby calm, then come back in 15 to 30 minutes to go through the whole sequence again.
 4. Have mother pump with hospital grade pump and supplement any breastmilk yields.
- Teach mother about early hunger cues and encourage her to respond to them.
 - Review with parents what baby is doing right.
 - Address parents' concerns:
 - Baby is vigorously trying to latch but has not figured it out yet.
 - Babies do not have inborn laziness.
 - The breast that has had changes in early pregnancy is beginning to make colostrum by 18 weeks gestation.
 - Trust that it is there, even if we cannot see it.
 - Sometimes it takes the baby sucking to stimulate the hormone changes that make the milk flow.
 - Consider trying a nipple shield if baby is still not latching when more milk comes.



Does this baby need to be supplemented?

- Not at this moment, we can wait and come back and try again if mother is willing.
- But this baby will probably need some supplemental feedings until she is consistently latching and getting milk.
- Encourage alternative methods of supplementing if possible.

Does mother need to pump?

- Yes, mother should pump after every feeding, even if baby latches, until we know that baby is consistently getting enough from the breast.