

Infant States and Baby Language

Video: Baby Talk



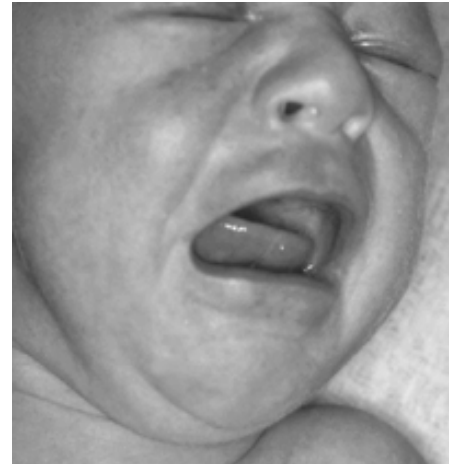
Infant States and Baby Language

- **Sleep**
- **REM Sleep**
- **Quiet, semi-awake**



Infant States and Baby Language

- **Alert, awake**
- **Active, awake**
- **Crying**



Infant States and Baby Language

Infant feeds best in quiet, semi-awake; alert, awake or active, awake states



Non-latching Due to Maternal Flat or Inverted Nipples

- **Flat or inverted nipples do not mean that a mother cannot breastfeed**
- **Nipple exercises (Hoffman technique) have not been shown to be effective in correcting during pregnancy**



Non-latching Due to Maternal Flat or Inverted Nipples

- **A severely inverted nipple may have fewer ducts or abnormal ducts**
- **Breast shells may or may not help**



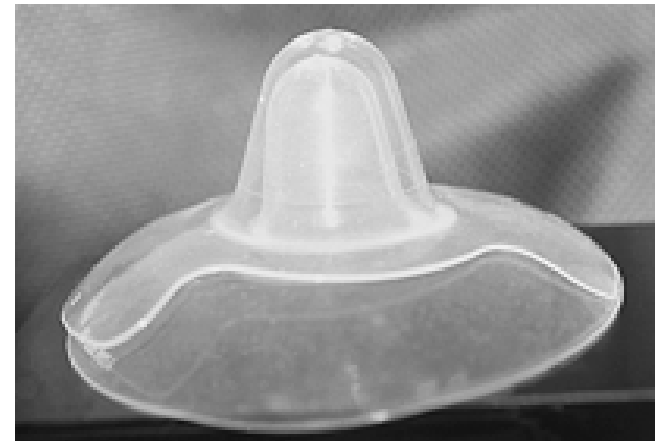
Interventions

- **Nipple rolling to stimulate nipple to become erect**
- **Pumping on low setting before nursing may help shape the nipple**
- **“Tea Cup” hold to facilitate latch**



Interventions

- **Nipple shields may help give the baby something longer and firmer to latch onto**
- **Shields should not be used as an initial intervention**
- **Usually used as more milk comes in**



Nipple Shields



**Correctly applied
shield with milk
filling the
reservoir**

Nipple Shields

- **Infant will need frequent weight checks and breastfeeding assessments to assure adequate milk intake**
- **The shield is a temporary device to achieve latch**
- **Mother will most likely still need to pump**
- **Support and post-discharge follow-up is necessary**

Nipple Shields

- **Other indications for nipple shield use include:**
 - Babies who are unable to maintain a latch due to poor intraoral suction, such as pre-term or near-term infants, or infants with poor tone (Downs Syndrome infants)
 - Babies with sensory integration problems

Nipple Shields

- **Shields usually are NOT helpful in the following situations:**
 - Mother's nipples are too large for baby's mouth
 - Severe engorgement
 - Severely damaged nipples

Non-latching due to Engorgement or Areolar Edema



Engorgement is caused by swelling of the breast due to milk accumulation and/or excess interstitial fluid in the mother's breast tissue

Causes of Engorgement

- **Supplements**
- **Delayed initiation of breastfeeding**
- **Infrequent feedings**
- **Time limitations of breastfeedings**
- **Removing baby from the first breast to ensure feeding from both breasts at every feeding**

Engorgement

Engorgement may cause the nipples to flatten, making it difficult for the baby to latch



Engorgement

- **May be very painful for the mother**
- **Is temporary (12-72 hours)**



Engorgement

- **Proper assessment and treatment will protect and encourage successful breastfeeding**
- **Assess degree of engorgement by physical exam**



Engorgement Management

- **Apply moist heat, breast bath or warm shower for a few minutes before feedings**
- **Encourage frequent feedings of unlimited length, letting baby soften the first side before offering the second**
- **Instruct mother on breast massage and manual expression to draw out a flattened nipple and soften the areola if needed to facilitate a better grasp by the baby**

Engorgement Management

- **If an electric pump is used (for extreme cases), it should be one providing intermittent minimum pressure**
- **Limit pumping time to a maximum of 10 minutes to avoid traumatizing the distended breast tissues**

Engorgement Management

- **Severe engorgement may respond better to ice packs or cold compresses, or cabbage leaf applied to breasts**
- **This will bring down the swelling and allow the milk to start to flow**
- **The goal should be to “move the milk out” and breastfeeding the baby is usually the best way to accomplish this.**

Areolar Edema

- **Assess for areolar edema by pressing with fingertips on the areola, around the nipple. Apply steady pressure for about 10 seconds**
- **If indentations are left in the tissue, areolar edema is present**



Areola Edema



Assist mother to continue pressing fingertips around areola with steady pressure for 1-3 minutes, working outward from the nipple, to “push” edema out of the areolar tissue

Areolar Edema

This technique may be repeated before each feeding as needed to soften the areola and facilitate a good latch



Support for the Mother and Baby

- **Start mother pumping her breasts if the infant cannot latch**
- **Supplement if needed by alternative methods**
- **Pumped breast milk is the first choice of supplement**

Refer to a Lactation Consultant



Alternative Feeding Methods

- **Spoon feeding**
- **Advantages: small amounts of colostrum can be easily given**
- **Drawbacks: slow and doesn't give infant practice sucking**



Spoon Feeding



Alternative Feeding Methods

- **Cup feeding**
- **Advantages:** small amounts of colostrum can be easily given
- **Drawbacks:** messy, doesn't give the infant practice sucking



Alternative Feeding Methods

- **Finger feeding**
- **Benefits:** infant gets practice sucking, milk flow can be controlled
- **Drawbacks:** infant's jaw angle is narrow, baby can develop preference to method



Finger Feeding with a Dental Syringe



Alternative Feeding Methods

- **Bottle feeding**
- **Benefits: easy for infant, convenient for mom**
- **Drawbacks:**
 - She doesn't have to open mouth wide
 - He uses his mouth & tongue differently during bottle feeding
 - Flow of milk is fast and steady
 - Baby can develop nipple preference



Supplementing at Breast

- **Supplemental nursing systems**
- **Advantages: all of infant's sucking is at the breast**
- **Drawbacks: infant must be able to latch well. May get used to continuous even flow**



Supplementing at Breast

