

Chapter 7 Case Studies – Answer Sheet

CASE #1

Kim, a breastfeeding mother, calls your local health unit requesting formula. She states: “I don’t think I’m making enough milk for my baby. I nurse him but he doesn’t seem satisfied. He cries all the time and in an hour he’s ready to eat again. I let him nurse on both breasts but he must not be getting very much milk because my breast don’t get full like they use to. I’m drinking lots of fluids and eating healthy foods. Last night I decided to give him 2 ounces of formula and he gulped it down so fast that I knew he must have been hungry. I thought all I needed to do was nurse on demand. Do I need to give the baby some formula after breastfeeding?”

The three most important issues to address are:

- A. Baby not satisfied, cries and nurses all the time.
- B. Breasts not feel full.
- D. Baby took formula.

Background information for correct response:

- ⇒ Address the measurable concerns the mother has. She knows the baby is crying and nursing all the time and how her breasts feel. She knows she gave formula.
- ⇒ Low or inadequate milk supply may be her perception-but at this point you do not have enough information to verify that perception.
- ⇒ Ineffective nursing cannot be determined at this point.
- ⇒ Mom’s diet; fluid intake or healthy foods, would have no significant effect on the volume of milk she is producing.

The best initial response to affirm the mother’s feelings about the situation is.

- C. “I frequently hear this very concern from breastfeeding mothers.”

Background information for correct response:

- ⇒ Let Kim know she is not alone, that this has happened to other mothers and her concern is normal.
- ⇒ Options A & B are education points and not completely accurate information.

The next step you should is:

- D. Elicit more information with probing questions.

Background information for correct response:

- a. More probing questions will help you know what to look for when observing the nursing.
- b. You don’t know yet if the positioning and latch-on need correcting.
- c. You do not yet have enough information to thoroughly evaluate this situation and develop a care plan.

The best assessment of the cause of this problem is:

C. The baby is likely experiencing its first growth spurt at the anticipated age.

Background information for the correct response to assessment:

- ⇒ This is a growth spurt. The baby's age is a key to typical growth spurt times. During a growth spurt the baby will nurse more often to signal to the breasts that an increase in milk production is needed to meet the baby's rapidly growing needs.
- ⇒ The increased fussiness is the baby's way to communicate to the mother to put him to the breast more often. Though the baby is receiving lots of milk, he is truly not satisfied with the amount because the volume of milk is temporarily less than he needs. If allowed to nurse on demand and frequently empty the breasts, the milk production will increase to the need of the baby within 2 -3 days.
- ⇒ A baby with a good birth-weight and term healthy delivery would be expected to be able to adequately stimulate a good milk production.
- ⇒ The multiple wets and stools are the most reassuring sign of intake adequacy at this age when the baby's weight may only be back to birth-weight or just above.
- ⇒ The mother's breasts would not feel full when breastfeedings are as frequent as every 1-2 hours and the breast changes over time so that the fullness may only occur when feedings are missed.
- ⇒ Many young babies will take milk or formula from a bottle even when they are full because sucking is calming and they have not established cues for fullness. Giving formula during a growth spurt interferes with the process for increasing the milk production and can result in a true state of inadequate milk production.
- ⇒ The evidence does not support colic or diarrhea.

The best plan of care is:

C. Discuss the normal breastfeeding changes and reassure the mother that all parameters suggest that breastfeeding is occurring as expected.

Background information for the correct response for plan of care:

- Give anticipatory guidance about other typical age at other growth spurts, possible decrease in stooling at 6 to 8 weeks, gradual decreases in feeding duration and frequency etc.
- Discuss the normal breast changes that occur over lactation – softer, more normal feel, no fullness unless several feedings missed, less or no leaking, letdowns in response to emotions etc.
- Encourage mother to continue to exclusively nurse on demand.
- Make a weight check available to mother for reassurance if desired.
- Note: Infant colic does not occur suddenly and is typically observed at specific times during the day - late afternoon & early evening. It gradually increases in intensity with a peak at about 6 weeks & resolution at around 12 weeks of age.
- Note: Milk in maternal diet has been shown to possibly be the culprit in about 1/3 of colicky breastfed babies, not 1/3 of all breastfed babies and takes 2 to 3 weeks to resolve when milk is eliminated. If fussiness only lasts 2 to 3 days, then it's not likely due to colic or milk allergy.
- Lactose intolerance is rare in children under age two years, but may be a temporary occurrence after an illness or severe irritation to the gut.

Case #2

Judy, who is nursing her 4-day-old breastfed baby, called the health unit wanting to send her husband to come in to pick up formula today because she was concerned that the baby is not satisfied. She started to cry and said, "My breasts really hurt and more so when the baby tries to latch on. He acts as if he doesn't want to nurse. He pulls away, cries so I know he is hungry. I want to make sure he is getting enough."

The three primary issues or concerns to address are:

- B. Painful breasts.
- C. Baby frustrated with nursing.
- E. Mother wants formula.

Background information for correct response:

- ⇒ Again, address the measurable issues Judy has shared. She knows her breasts are painful, the baby is frustrated and she wants formula.
- ⇒ You don't know about the breast size or size of baby's mouth.
- ⇒ You can't make an assessment about the volume of milk at this point.

The best initial response to affirm the mother's feelings about the situation is:

- A. "I hear this concern a lot from mother's with a baby your age."

Background information for the correct response:

- ⇒ While options B & C may be factual, they are educational statements and do not validate the mother's current feelings.

Assuming the mother cannot come to the health unit, the group of questions that would best help assess this problem by phone is:

Group C

- ⇒ How did breastfeeding go in the hospital?
- ⇒ When did the problem first begin?
- ⇒ How often has the baby been nursing?
- ⇒ How many wet and dirty diapers since this time yesterday?
- ⇒ Describe the breast pain.

Background information to support correct response:

- ⇒ Group C is the best response and best to clarify the information already known.
- ⇒ Group A & B fail to get more information about the breast pain before clarifying details.

Assuming the mother is able to come to the health unit within the hour, the most important steps you should take are:

- B. Weigh the baby, look at the breasts, observe a feeding and ask probing questions.

Background information for correct response:

- ⇒ In order to adequately assess this situation, observing a nursing session is critical. This will give you information about the latch, positioning, baby's response, and the mother's breasts and nipples.

- ⇒ To increase your comfort level and skills, start with mothers and babies who come in for certification who are breastfeeding without a concern. Recognizing what normal breastfeeding looks like will enhance your ability to see a problem. Explain to the mother that you are learning to be able to help other mothers. You'll be surprised at how willing mothers are to teach you something.

The best assessment of the cause of this problem is:

D. Engorgement

Background information for the correct response:

- ⇒ The pain began on day 3 post partum, which is the average time when the more abundant milk comes in with first time mothers.
- ⇒ Engorgement is due to a rapid increase in the fluid and blood circulation to the breast in response to the milk making hormones. This can be a sudden change resulting in very tight hard breasts that flatten the areola & nipple making latch-on difficult & frustrating for the baby. Can sometimes occur even when mother's breastfeeding management has been optimal.
- ⇒ The baby may not have satisfied his sucking or hunger needs if unable to effectively empty the breast.
- ⇒ The baby's output of wet and dirty diapers falls within appropriate ranges for age and stool color even though baby is not completely satisfied with the amount & frequency of feeds.
- ⇒ The mother's breasts may feel very warm or hot due to the normal temperature elevation during early postpartum.

The current recommended plan of care is:

A. Breastfeed or pump and:

- Warm wet breast soaks or shower before nursing.
- Cold breast treatments after nursing.
- Breast massage during nursing.

Background information for the correct response for plan of care:

- ⇒ Resources for management:
 - See Tip Sheet #602 for Severe Engorgement
 - Tip Sheet BF Help #6.
 - Handout FM- 518 Engorgement During Breastfeeding.
- ⇒ Follow-up with mom in 24 hours to ensure resolution of pain with breastfeeding and infant satisfaction.

Case # 3

Samantha brought in her 3 week old, term baby boy from his doctor's appt today for WIC certification to get some formula. Her baby's doctor said the baby should have gained a little more weight but was otherwise healthy. He suggested she breastfeed more often. Mom states she is now feeling overwhelmed because the baby already wants to nurse all the time. Now that she knows the baby has not gained much weight, she states she has lost confidence in the breastfeeding. The baby weighed 6# 11 oz at birth and today weighed 6# 12 oz at the doctor's office and WIC clinic. How would you help this mom regain her confidence to continue breastfeeding?

The three primary issues to address are:

- A. Formula request
- C. Infant's weight gain
- D. Mother's feelings

Background information for the correct response:

- ⇒ Again focus on the identified measurable concerns.
- ⇒ Nothing has been said yet about urine & stool output and you don't have enough information about the baby's feeding routine to know if the physician's recommendation is appropriate.
- ⇒ Research has shown that maternal diet has little or no effect on the volume of milk.

The best initial response to affirm the mother's feelings about the situation is:

- B. "Sometimes this happens. All babies gain weight and grow a little differently."

Background information for the correct response:

- ⇒ Remember to always affirm before educating!
- ⇒ The other two options are educational type statements that may leave the mother feeling she did something wrong.

The two most important actions to take next are:

B. Ask the following primary questions:

- How well do you think breastfeeding went in the hospital and at home?
- How many wet and dirty diapers does the baby have each day and how large are the stools?
- What was the baby's lowest known weight?
- How often does the baby nurse and what is length of active suckling during a feed?

C. Observe a breastfeeding for the following signs:

- Good latch – flared lips, breast deep in baby's mouth.
- Ear, shoulder, hip alignment of baby's body.
- Swallowing heard during a feeding.
- Signs of fullness after nursing – fist opens, body relaxes, releases the breast.

Background information for the correct response:

- ⇒ Before developing a care plan, more information needs to be gathered through asking probing questions.

- ⇒ Again, you must observe a nursing to adequately assess the problem. Is there anything about the breast or the baby that might hinder the baby's ability to breastfeed? Is positioning appropriate for mother & baby body proportions? Are there signs of a good latch & milk transfer?

The best assessment of the primary cause of this problem is:

D. Weak ineffective suck

Background information for correct response:

- ⇒ A weak or ineffective suck would be the most likely cause of the slow weight gain resulting from poor milk transfer.
- ⇒ The prolonged feedings (one hour or more), falling asleep at the breast and baby's floppy body (due to low muscle tone) are clues that suggest a weak ineffective suck.
- ⇒ Though jaundice was a possible concern from the hospital staff, it was not the cause of the problem.
- ⇒ There is no evidence that; the mother's milk supply was low initially, the mother lacked an interest in breastfeeding, or the problem is engorgement.

The best initial plan of care is:

C. Breastfeed every 2 to 3 hours and:

- Pump after breastfeeding.
- Limit nursing to 20 minutes per feeding.
- Breastmilk supplement at afternoon and evening feedings.
- Keep a record of supplement taken, wets & stools.
- Weight check in 3 days.

Background information for correct response:

- ⇒ Pumping will do two things: 1) Help maintain and or rebuild the milk supply, 2) provide expressed breastmilk to supplement the baby.
- ⇒ Limiting the nursing is a temporary strategy to not prolong the duration of each nursing until the baby has gained enough weight to improve his overall body tone & strength. For this problem, the extra time is best utilized by the mother to pump and supplement the baby with breastmilk if available.
- ⇒ Having the mother to maintain a record of the nursings, supplements and urine & stool outputs will make the follow-up assessment quicker and more accurate for needed changes.
- ⇒ A follow-up weight check in a short period of time is best to determine if the plan of care is effective or a modification is needed. Normal growth for newborns is rapid and critical to resolve in as short a time period as possible.

Case # 4

Danielle is a 28-year-old first-time mother who is one month postpartum. She has been exclusively breastfeeding daughter Gabrielle and is returning to work full-time in two weeks. She works as an aide at a local clinic.

The open-ended question(s) you would ask Danielle to help her plan for her return to work is/are:

B. Tell me about your feeding plans for Gabrielle when you return to work?

Background information for correct response:

- ⇒ Option B is correct, non-leading and open ended to allow Danielle to share her plans.
- ⇒ Option A is closed ended and limits sharing.
- ⇒ Option C is closed ended and judgmental.

The best initial response to affirm the mother's feelings about the situation is:

A. "Danielle, you have obviously given this a great deal of thought. That's great!"

The four most helpful points you would want to include in your education are:

A. 1) Double electric pump options from WIC, how to use. 2.) When to introduce a bottle. 3) Management of milk supply and leaking. 4) Milk storage & handling.

Background information on the correct response:

- ⇒ Danielle will be in an environment where she can plug in her pump, so will get better results with the pump supplied by WIC.
- ⇒ A double electric pump can save a mother time by removing milk from both breasts at the same time.
- ⇒ She needs instructions on how to use a pump, obtain a letdown and a realistic idea of how much milk to expect from pumping.
- ⇒ She needs instructions on introducing the bottle during the next 2 weeks - have someone else give Gabrielle a bottle of pumped milk once a day.
- ⇒ She should expect and manage leaking milk at work - encourage use of bra pads, print tops to disguise leaks if it occurs. Crossing arms and applying pressure to breasts to help halt letdown & leaking.
- ⇒ Expect to have more milk on Monday with gradual decline through the week. Nurse frequently in evenings, mornings, and on weekends to build milk supply back up.
- ⇒ Milk storage and handling guidelines can be reviewed from "Cold Facts on Milk Storage" - FM# 521.

The most appropriate follow-up care plan for Danielle and her baby is:

B. Give her resources to call if she has questions and encourage recertification at 6 months.