Babies who
can't, *won't* or just plain *don't*
take the breast—
Paradigms and solutions

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Objectives

1. The participant will list at least 3 different phrases commonly used by lactation consultants to describe the challenging baby who is not yet taking the breast, and use these 3 examples to illustrate how the paradigms we use to frame a problem can limit our ability to find solutions.
2. The participant will list at least 3 different reasons why a baby might have difficulty learning to breastfeed, and describe how the approach to a solution will differ with each of these situations.
3. The participant will describe the right-brained nature of mother-baby learning, and explain how this can help us with a variety of challenging breastfeeding situations.
4. The participant will demonstrate how to individualize an approach to mothers and infants, to take advantage of newborn competence to help the challenged baby who isn't yet breastfeeding.

The baby who *can't*, *won't* or *doesn't* **take the breast**

Breast refusal ***Non-latching baby***
Breast distress ***Reluctant nurser***

Mothers say…
He doesn't know how
He just plays with it
He gets too upset
He wants the bottle
He doesn't like the breast
He hates the breast
He doesn't like me

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Case #1, slide 1, **LS: 9 day old term female**

"Refuses to nurse.
Gets very angry and frustrated when it's time to nurse."

Hospital
- Vaginal birth. Not induced. No epidural. Birthweight 6#6
- Breastfed 2x/first 24 hrs; then "too upset"
- Lots of help from LCs and nurses
- Nipple shield also upsets her
- Switched in hospital to pumping and bottles, all EBM

Home
- Mother excellent easy pumper, no formula
- Weight 6#15 at 9 days. Baby handles bottle feeding well
- Mother offers breast before each bottle feed
- Baby "0 to 60" calm to very upset. Mom doesn't push once upset.
- Took breast once at home after relaxed by bath
  10 minutes easy comfortable suckling

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Case #1, slide 2, **LS: 9 day old term female**

"Refuses to nurse.
Gets very angry and frustrated when it's time to nurse."

First visit
Exam:
Normal, no tongue tie, torticollis, tight jaw, or other oromotor issues.
Vigorous hungry tense baby.

Feeding observation:
- Baby calmed by 1 oz EBM by bottle
- Calmly rooted and moved towards breast
- Gape wide but did not draw nipple in—
  quickly became much more tense
- Mother remained calm with good instincts—
  stopped as the baby showed rapid signs of distress

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Case #2, slide 1, **AP: 16 day old term male**

Hospital issues
"Inverted nipples" & sent home on nipple shield

Hospital
- Induced, epidural, long labor, vacuum extraction
- Birth weight 7 lbs 10 oz
- Conflicting advice in hospital
  - 1st nurse—"inverted nipples"—gave nipple shield
  - 2nd nurse—nipples "fine"—no shield necessary
    "helped" by aggressively pushing baby to breast

Home
- Sent home with shield
- Baby frustrated/upset if offered breast without shield.
- Last days before visit, mother crying, overwhelmed,
  shield feeding very frequently, plus ~4 oz EBM/day.

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Case #2, slide 2, **AP: 16 day old term male**

Hospital issues
"Inverted nipples" & sent home on nipple shield

First visit
Exam:
- Baby: Healthy vigorous, normal exam, no oromotor issues.
- Mother: Teary initially. Nipples normal. No inversion.
- Left nipple slightly dimpled; becomes erect with expression.

Feeding observation:
- With shield, calmly took breast, vigorous active suckly.
- Took 2.7 oz by ac/pc weights.
- Without shield, gapes widely
- Didn't draw in enough breast to stimulate full grasp.
- Alternately too relaxed or too tense to organize.

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Case #3, slide 1, **JW: 6 ½ week term male**

Frustrated baby never latched
C-sect; "shoved to the breast" in hospital

Hospital
- Induced, epidural, c-sect, 39 ½ weeks
- Birthweight 8#7
- Frustrated baby, never took breast in hospital
- Night nurse "took my baby, took my breast, and shoved the baby on." Mother, baby and dad all crying.

Home
- Next 2 weeks, mother attempted to breastfeed most feeds, but "gave up" when he cried, then offered bottle
- Hated making him cry; @ 2 wks stopped all attempts
- Continued pumping/bottle feeding fully EBM
- Called @ 6 weeks for help with plugged ducts

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The baby who *can't*, *won't* or *doesn't* **take the breast**

This is a NEW problem

NO mention of this issue in older discussions of breastfeeding problems—
- Jane Sharp, *The Midwives Book*, 1671
- Various anthropology texts
- *The Nursing Mother, a guide to successful breast feeding*, 1953, Frank Howard Richardson, MD
- Older editions of La Leche Leagues *Womanly Art of Breastfeeding*

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The baby who *can't*, *won't* or *doesn't* **take the breast**

This is a NEW problem

1970's: "Nursing strike," older babies
1980: Frantz "Reluctant nurser"
Late 1980s: "Nipple confusion"
  1990's: confusion about nipple confusion
1990: Newman: "Breast rejection"

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The baby who *can't*, *won't* or *doesn't* **take the breast**

This is a NEW problem

So what's new?
Hospital routines
Clocks, schedules, separation
Expectation that baby is crib if not feeding time
Expectation that baby should feed in first (x) hours.
Mothers' and family's inexperience, distrust
  with babies, with breastfeeding
Our views of what we see
Our responses to what we see

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The baby who *can't*, *won't* or *doesn't* **take the breast**

This is a NEW problem

Language itself can
- change the paradigm, how we understand it
- add to, or create a new problem:

Consider the 1 year old baby
  "The reluctant walker"
  "Walking strike"
  "Crawling confusion," "stroller confusion"
    or "baby-walker confusion"
  "Walking refusal"
  "The baby who refuses to walk"

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The baby who *can't*, *won't* or *doesn't* **take the breast**

"WON'T" Breastfeed

"Won't" implies willfullness. Could do it but refuses.
Baby has free will and chooses not to breastfeed.

Reluctant nurser—

When offered the breast
demonstrates disinterest, apathy or reluctance

Breast refusal—

Arches and cries when near the breast
Turns away and rejects breast
Cries and 'wants' bottle

Nipple preference, prefers bottle—

Baby had bottle and now prefers it
"Waits" for mother to offer bottle

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The baby who *can't*, *won't* or *doesn't* **take the breast**

"CAN'T" Take the breast
"Can't" implies disability. Baby tries, but is incapable.
Tongue-tie—
Baby tries to breastfeed but slips off, gets frustrated.
Nipple confusion—
baby has had bottle and now is confused about how to take the breast
Oro-boobular disproportion–
Baby tries to breastfeed but can't get on, gets frustrated
Breast distress—
Baby tries to breastfeed but his distress interferes with organization.

"DOESN'T" Breastfeed

"Doesn't" describes what we see, not what baby is thinking.
Non-latching baby—
Baby is not getting onto the breast.
Can mean baby is upset or not; "just plays," very disorganized

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Lots of variations: ***Too much to cover in 90 minute webinar***
Newborns just learning to breastfeed, who appear disorganized, shaking their heads and flailing their limbs.
Babies who may or may not have breastfed well in the first days of life, and who now appear to **resist or refuse** breastfeeding
Babies who become extremely **agitated at the breast, crying and arching,** often when just placed in a breastfeeding position.
Sleepy underweight babies who do feed, but fall asleep way too soon and resist all attempts to return to breast, but will bottle feed if offered.
Fussy babies who do go to the breast, but breastfeed fitfully, appear to get both relief and distress at the breast
Babies who've been **mixed bottle and breast** who begin to reject the breast.
Nursing strikes in older babies.
Older babies who **reject one breast.**

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Narrow focus of today's talk

Infants with breast distress, breast rejection, very negative distressed behavior

Can be most difficult situation

- Mostly because mother, baby (and you?) don't trust it to resolve
- Mother and baby both live in the moment
- Their only experience has been failure
- They keep doing the same thing over and over, and the same thing keeps not working

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Distress at the breast: Typical scenario

Baby's age:

- Usually 3 days to 6 weeks of age
- Can be any age

History of

- Never breastfeeding
- Breastfeeding only once or twice in hospital
- Or breastfeeding fine until lactogenesis
- Or, later onset, fine until this or that intervention

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Typical history

May or may not have obstetric or neonatal interventions, interfering or delaying with feeding cues

Often a history of being "shoved" to the breast

- Mother shudders as she describes it
- May have been only once but quite memorable
- Or multiple times

History of episodes of crying and tension at the breast

Mother may be repeatedly trying to make baby breastfeed before "giving up," and giving baby bottle

- May be fighting with baby every feeding

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Typical breastfeeding observation

- Mother may have difficulty relaxing baby
- Mother may hold baby awkwardly with tense arms
- Baby, once calmed, when placed skin on skin on mother's chest,
  - Twists, searches and moves toward the breast
  - Follows the feeding sequence, until…

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Typical breastfeeding observation

BUT, once at breast, near nipple, the baby might

- Arch, pull away, and begin crying immediately, *OR*
- Make frantic disorganized attempts to grasp nipple, *OR*
- Grasp breast too shallowly, not filling mouth fully with breast enough to stimulate suckling, *OR*
- Begin suckling too shallowly, not reinforced by milk flow or a mouthful of breast

All causing increased stress and disorganization

Meanwhile mother also is stressed, and may

- Freeze, tense up, or simply stare at baby
- Try to help by pushing frantic baby to breast
- Stop talking and reassuring her baby, feeling helpless

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This is classical pavlovian conditioning

- At breast, both mother and baby associate breast with distress
  - Expect distress and failure
- Both expect bottle feeding to work
  - Relax when assume bottle feeding posture

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So what to do?

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Some assumptions to reconsider about babies

- Piaget's concept of object permanency?
  How do babies know to "wait" for the bottle?
- Is bottle feeding "easier" than breastfeeding?
- Can babies be "lazy"?
- Does it help a baby to be coerced and pushed to feed?
- What does that teach a baby?
- Are newborns fragile, and must feed within hours of birth or risk dehydration, hypoglycemia, even seizures; thus they must be pushed to the breast.

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Some assumptions to reconsider about mothers

- How do mothers learn? By instruction or by doing?
- What underlies any mother's apparent incompetence?
- What do we do to mothers when we ask them to pay strict attention to be sure to get a perfect 'latch'?

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Alternative assumptions

#1. Babies are competent (and mostly not fragile)
#2. Breastfeeding works
#3. Mothers need to feel competent and confident
#4. Mothers and babies affect each other
#5. Mothers and babies learn by association
#6. Anxiety and hunger interfere with learning
#7. Fumbling and fiddling around are normal ways of learning.
#8. Squirming to comfort is a helpful way to correct course.
#9. Mothers do not need to be lactation consultants to feed their babies.

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Maternal infant interaction

The "motherbaby"
A single psychoneurobiological system

Two people, interacting
Communication between them
Feedback between them
Physical proximity & contact

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Just by her intuitive interaction with her baby,
the mother **co-regulates** her baby's nervous system.

- Mother's nervous system is mature, well developed
- Baby's is immature and still developing

So mother's intuitive responses…

- Help baby organize for new learning
- Help the baby cope with stress
- Lay down brain pathways

(Allan Schore on "affective synchrony")

A mother doesn't have to know anything about Allan Schore or the right brain– she does this all intuitively, because she loves her baby.

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The key

Key to seeing infant competence

What any mother knows
Observe the baby in *interaction* with another
Calm infant, alert, communicative state

Donald Winnicott:
There's no such thing as a baby.
There's a baby and someone.

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Keys
to competent infant behavior
Mother helps steady the baby—
keeps the baby calm and secure.

1. **Emotionally**
She calms and steadies the baby with her voice, and her intuitive responses to her baby's behavior.

2. **Physically**
She steadies the baby, keeping his body feeling snug and secure.

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Whole brain solutions

Left brained problem solving

Consider physical causes
- Breasts, nipples, flow
- Ankyloglossia, tight jaw
- One/both breasts problem?

Instincts and reflexes
- What is infant's state?
- Developmental state
- How is mother responding?

Right brained problem solving

- Principles of classical conditioning
- Relearning positive associations
- Understand
  - Mother's experience
  - Baby's experience
  - Mother-baby interactions
- Skin on skin, asleep vs. awake-"subliminal learning"

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Quick review, left vs. right!

Left Brain	Right Brain
Logical	Intuitive
Sequential	Holistic
Rational	EMOTIONAL
Analytical	Synthesizing
Objective	Subjective
Looks at parts	Looks at wholes
Verbal language	Body language

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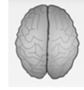
Right-brained problem solving



Working with mothers

- Individualize care: There's no one right answer
- Ooze confidence
  - Show mother you LIKE her
  - Help her feel competent and confident
- Empower mother –this is her plan, not yours
  - Find out the real issues affecting motherbaby and feeding
  - Give her real choices
- Has to work with mom's real life
  - Importance of sleep, mood
  - Help her listen to her body
- When your instructions become confusing—start over, her way.

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Right brained strategies

Explain in "intuitive" ways, analogies and stories
- Demonstrate, model for mother.
- If you give instructions, demonstrate too.
- Reinforce with touch, tone of voice, body language

Show pleasure in mother and baby
- Talk to baby, model those interactions

Careful written instructions
- To reinforce any verbal instructions
- Beware of how you may be misunderstood
- Allow room for intuitive adjustment to plan

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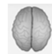
Right brained strategies

Keep your language accessible and ordinary
- "Across your lap"
- "Under your arm"
- Baby "grasps" or "takes" the breast.
- Or simply "feeds"

Avoid professional language
- "football hold"
- "C-hold"
- "latch-on"
- "self-attach"

Do mothers have names for the ways they hold their babies?

Do mothers have names for bottle feeding positions?



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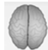
Right brained strategies empower the mother

Let her feel normal
- It takes time, everyone feels awkward at first
- Analogies to learning to drive, learning to ride a bike
- "If it's so natural, why is it so hard?"
  - But we missed out on childhood experience
  - Skipped generations
    - No modeling from mother
    - Poor advice from health care providers
- Problems are not her fault or theirs, just history
  - Result of culture, childhood, hospital events



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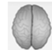
Right brained strategies empower the mother

Let her do it her way
- **Focus more on mother–baby relationship** and interactions
  - Less on details of positions
  - Avoid unnecessary advice

    Limit suggestions to problem solving
    - Issues that she sees
    - As they come up



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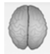
Right brained strategies empower the mother

Let her do it her way

- As much as possible, **use demonstration** to reinforce or replace oral instruction
  - Use a doll
  - Or her own body



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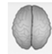
Right brained strategies empower the mother

Let her do it her way

- Even as you do offer suggestions, **use analogies** and explanations that
  - Draw on the mother's personal experience
  - Let her identify with her baby
  - Help with her own comfort
  - **Reinforce her instincts, her baby's behavior**



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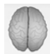
Right brained strategies empower the mother

Let her do it her way

- Avoid pushing her into her left brain, and/or stressing her
- If mother is becoming more and more awkward, **as she's trying to follow your new advice,**
  - **STOP**
  - Encourage her to "forget what I just said"
  - Start over, her way, using only any suggestions that she thinks might be helpful



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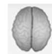
Right brained strategies empower the mother

Ooze confidence

- **Encourage mom to the enjoy process** of learning, recognize that it will take time
- Model patience and calm
  - Help mom feel calm, relaxed, competent
  - Help baby feel calm, relaxed, competent
- Model flexibility: many ways to do this



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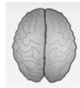
Individualize care



Working with mothers

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- Has to work with mom's real life
  - Importance of sleep, mood
  - Help her listen to her body
- When your instructions become confusing—start over, her way.

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That said….

Now what?

How do we help that stressed out dyad?

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First, *build positive associations*

- *TIME OFF from all attempts to breastfeed*
- Express milk, increase or maintain production
- Use an alternative feeding method

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First, *build positive associations*

Lots of skin on skin time AFTER feeding,
- when baby is relaxed, satiated, asleep
- and NOT searching for the breast

Difference in purpose between
- Skin on skin ASLEEP
  and
- Skin on skin AWAKE

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First, *build positive associations*

Skin on skin, Asleep vs. Awake
ASLEEP
- Better deep sleep which promotes better active sleep
  - Positive learning happens in active (REM) sleep
  - Brain rewiring
- Build positive associations
  - Chest is where baby is calm, relaxed, satiated, content
  - "Reboot" the baby

AWAKE
- Promotes the innate reflex cascade to breast…
  - Must WAIT 'til baby is ready for this!

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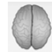
After time off…

First times returning to breast, *"on impulse"*
- Impulsive decision makes it right-brained, not planned, but when conditions are best
- More difficult if "by appointment"
  - Not on "baby time"
  - When by appointment, will need plenty of time to allow mom and baby to calm, perhaps to feed baby partially, if needed to achieve calm baby
- Most of the way through the alternative feed
- Baby relaxed, calm, social, "more grown up than usual"
- Must be good time for mom, too



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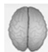
After time off…

First several times returning to breast
"Play" with breastfeeding (right brained strategy)
- Don't "try" to "get" baby to breastfeed
- Don't "work" at it
- Keep it fun, and relaxed
- Keep it short if baby doesn't grasp breast right away
  - Baby usually takes breast fairly quickly, or else not at all
  - Even if baby is relaxed and willing, if s/he doesn't begin suckling relatively soon, baby will fatigue and begin to get frustrated
  - Listen to instincts (right brain) to know when to stop—doesn't feel like "playing" anymore



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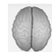
After time off…

*To **allow** baby to breastfeed*
Help mother follow her instincts to calm her infant:
- Talk to baby
- If baby becomes upset, *respond immediately* in any instinctive way—
  - Probably move baby away from breast, to calm on shoulder or upper chest
  - Teaches baby positive association—*distress will be calmed*
  - OK to return to breast if baby easily calms
- Help mother relax her own body
  - Relax arms and shoulders



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*To **allow** baby to breastfeed*

Lounging, "laid back" position can be helpful.

- This lets baby support himself, so he's not falling away from mother.
- Allows baby to move freely and easily.
- Find the position that lets both mom and baby feel comfortable.

Mom's job is to give the baby:

- **Physical support:** Snug baby's body against you, no flailing legs!
- **Emotional support:** Reassure baby, respond to and talk to your baby, help baby stay calm.

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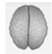
*To **allow** baby to breastfeed*

Help them find a comfortable position

- Their own positions
- Suzanne Colson: "Find the place where mother and baby fit together like two pieces of a puzzle"
- Laid back or not, mother and baby comfort guides



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Help them find a comfortable position

Point out how she holds her baby when NOT breastfeeding

- Rump support
- Neck and shoulder support
- NO pressure on back of head
- These calm baby and give stability needed to feed

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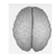
Help them find a comfortable position

Comfort, not rules, should be their guide

Point out baby's instinctive behaviors

- Chest to chest sends him looking for breast
- Cheek to breast makes him turn down toward nipple, mouth opening widely
- Chin on breast makes baby reach up and open widely



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Help them find a comfortable position

- Unlearn "bull's-eye" approach
- Watch for other "taught" behaviors— these often work better when intuitive than taught— positions, stroking baby's upper lip or philtrum, etc
- Point out how baby wants to tilt head back
  - Move baby way over so baby can start with head back, nose "sniffing" nipple, and chin far from base of nipple
  - Head back allows mouth to open more widely

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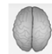
Help them find a comfortable position

- **Mom may or may not need to support breast,** whatever comes naturally
- Mom may **instinctively move** to help baby with last step of grasping breast, following infant's lead, to help baby reach over nipple



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Interpret baby's behavior

If baby shakes head back and forth at breast
- – Point out baby is looking for breast
- – Baby needs to anchor chin firmly against breast
- – Baby knows breast by feel, not by sight

If baby gets on, but comes right off
- – This is not purposeless "play"
- – Baby did not get good mouthful of breast or did not get milk flow that gives feedback
- – So baby is coming off to do it again right
- – Interpret infant's behavior to mom: baby knows how

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Interpret baby's behavior

If baby arches away from breast
- – Baby is not trying to get away from breast
- – Baby arches when distressed
- – Baby is upset because he can't find breast
- – Baby lives in the moment
  - May become upset even if he took himself off the breast
- – Calm baby, perhaps by moving away, or perhaps just by allowing baby's cheek to touch breast again

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Keep the breast a happy place to be

If baby gets even a little tense, mom
- Calms him/her; talk to him, do anything, to show that she noticed.
- It's her immediate intuitive responses that tell him that everything's ok.
- It's important for baby to learn that the breast is safe, that you'll always respond.
- So whether the baby takes the breast right away or not, just her intuitive responses if he's not in the mood can help him regain comfort in the breast.

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This is play

Avoid language of "try" or "work."
- Mother doesn't **"try."**
- She doesn't "work" at it.
- It's play. Keep it fun and easy.
- As soon as it doesn't feel like play, no learning will happen.

Babies don't learn well under pressure.

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Next few times at the breast will probably NOT be all in a row.

- Each of the next several times will still be impulsive on mom's part, more baby's idea, etc.
- So not necessarily even once a day, though it could be three all in one day. Random. Doesn't matter if it's quick or not. Just when it happens to work out.
- **As his experiences at breast remain low stress,** (because he either goes to the breast easily or mom's stopping as soon as it's not play), **everything gets easier and easier.**
- Baby's no longer tensing at the breast. It's starting to feel safe to him.
- At that point she could offer the breast even when the baby's upset, because now the breast can calm him.

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***Review Case #1,* LS: 9 day old term female**

**"Refuses to nurse.
Gets very angry and frustrated when it's time to nurse."**

History
- Uncomplicated vaginal birth.
- Breastfed 2x/first 24 hrs --then "too upset"
- Nipple shield upsets her too.
- Switched to pumping and bottles, all EBM.
  - Mother offers breast before each bottle feed
  - Baby "0 to 60" calm to very upset. Mom doesn't push.
- Took breast once at home after relaxed by bath.

Feeding observation:
- Baby calmed by 1 oz EBM by bottle
- Calmly rooted towards breast
- Gape wide but did not draw nipple in—quickly became much more tense

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Plan, Case #1, **LS: 9 day old term female**

"Refuses to nurse.
Gets very angry and frustrated when it's time to nurse."

Care Plan
- Lots of happy time at or near breast
  - No agenda, no rules
  - No crying
- Keep her calm
  - Talk, sing
- Recline, skin to skin, baby asleep
- Wait for time when she's engaged, "more grown up"

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Follow-up, Case #1, **LS: 9 day old term female**

"Refuses to nurse.
Gets very angry and frustrated when it's time to nurse."

Phone call, ten days after first visit
- About 4 days before, baby especially relaxed and alert,
  - Mother offered nipple shield
  - Baby took it repeatedly and easily
- Continuing calm strategy,
  - Baby nursed that day without shield or stress

Office visit, 4 weeks after first visit, 5 ½ weeks old
- Baby exclusively breastfeeding, with/without shield

Phone follow-up, few days later, 6 weeks old
- Fully exclusively breastfeeding, no shield

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Review, Case #2, **AP: 16 day old term male**

Hospital issues
"Inverted nipples" & sent home on nipple shield

History
- Induced, epidural, long labor, vacuum extraction
- Conflicting advice in hospital:
  - Shield for "inverted nipples" vs "fine"; & shoved to breast
- Sent home with shield
- Baby and mother both frustrated and crying

Exam
- Left nipple slightly dimpled; erect with expression.

Feeding observation
- Breastfed well with shield, without shield unable to organize

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Plan and f/u, Case #2, **AP: 16 day old term male**

Hospital issues
"Inverted nipples" & sent home on nipple shield

Care Plan
- Give him good experiences at breast, even with shield
- No rush to get him to breast, follow his lead
- Enjoy happy relaxed skin on skin time, especially when baby's full and asleep
- Try reclined position for full contact with breast & body.
- Most likely to take breast when calm, alert & only mildly hungry: engaged, "more grown up"

Phone f/u, 19 days old
- Cancelled follow-up appt 5 days later:
- Baby off shield and nursing fine.

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Review, Case #3, JW: 6 ½ week term male

Frustrated baby never latched
C-sect; "shoved to the breast" in hospital

History
- Healthy term baby: Induced, epidural, c-sect, 39 ½ weeks
- Frustrated & upset, never took breast in hospital
- Nurse "took my baby, took my breast, and shoved the baby on." Mother offered breast before bottle most feeds for 2 weeks
- Then stopped trying completely.
- Continued pumping/bottle feeding fully EBM
- Called @ 6 weeks for help with plugged duct

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Plan & f/u, Case #3: **JW: 6 ½ week term male**

Frustrated baby never latched
"Shoved to the breast" in hospital

Physical exam
- Healthy baby, no tongue tie
- 3 pound weight gain since birth

Breastfeeding observation
- Placed on mother's chest
- No signs of distress
- Baby immediately moved to breast and began breastfeeding

Follow-up by phone, age 7 weeks
- After a single day of transition, nursing some feeds and not others, baby now exclusively breastfeeding, mother stopped pumping
- Plugged duct resolved

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Bonus Case #4 GS: 16 day old term female

Frustrated baby "refuses to go back to breast"
after hospital readmission for excessive weight loss

Hospital
- Vaginal delivery, 38 ½ weeks; epidural
- Birthweight 5#12; Jaundice, no phototherapy
- Sleepy baby, took breast but did not feed well.

Home & readmission
- Day 4: 5#0 at pedi; 4#15 oz after feeding.
- ? Hypoglycemia by heelstick triggered admission
- Bottle fed in hospital
- 5#4 and discharged next day; baby now refusing breast.

Home again
- 6#6 11 days later, still not taking breast; tries 1-2x/d
- Mother bottle feeding ~ half EBM, half ABM
- Baby slept and did not feed in our office that day

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Bonus Case #4 GS: 16 day old term female

Frustrated baby "refuses to go back to breast"
after hospital readmission for excessive weight loss

Physical exam
- Healthy baby, 6#8 at 16 days, 12 oz over birthweight, NO TT, torticollis or other jaw or oromotor issues

Initial Care Plan — *Questions for you:*
- Emphasis on increasing production — *Why?*
- Keep breast happy place, don't "try." — *Why not? Do you agree?*

First f/u visit, 6 days later, 3 weeks old
- Gained 11 oz/6 days.
- Taking about 2/3 formula — *Did she "need" that much?*
- Mother tries 1-4x day, but no dice. — *Was this too often?*

Plan
- Push production (galactagogues, pump, hands) — *Why?*
- Wait for baby to offer breast — *Why?*
- When at breast, reinforce with mother's voice, breast compression

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Bonus Case #4 GS: 16 day old term female

Frustrated baby "refuses to go back to breast"
after hospital readmission for excessive weight loss

Next f/u visit, a month later, 7 wks old
- Baby nursing 10x/day, loves being at breast
- 9#15 @7 weeks (4# > birthweight)
  - ↑ 2 ¾ lbs/4 weeks
  - Still taking about 2 oz/d EBM, 5 to 8 oz/day ABM

Did she "need" that much?
- Mother gung ho, very sore nipples
- Plan—time off from nursing to heal nipples

Follow-up 2 weeks later, 2 months old
- Baby now breastfeeding 8-10 times a day
- Mother no longer pumping, still gives 5 oz formula Why?

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Bonus Case #5 AY & BY: 3 month old preterm twins

Never breastfed in hospital

Healthy preterm fraternal twins
- Birthweights 2#13 and 3# 2 at 29 weeks.
- Hospital course unremarkable except for jaundice first days
- Mother pumped and first gavaged then bottle fed
- Babies never took breast despite daily attempts and 1 hour kangaroo care each baby most days.
- Discharge bottle feeding expressed milk @ age 6 wks (i.e., 35 wks)
- Discharge weights were 4# and 4#2 — *Implications for feeding?*

Multiple visits to our office
- Baby A breastfed first at age 4 months ("corrected" age 6 weeks)
- Baby B at 5 months ("corrected" age 10 weeks)
- Baby B was exclusively breastfeeding by 5.5 mos, A by 6 mos.

Suggest a care plan that might have achieved this.
Discuss possible reasons for babies' discrepancy

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