



Spoken Tutorial
IIT Bombay

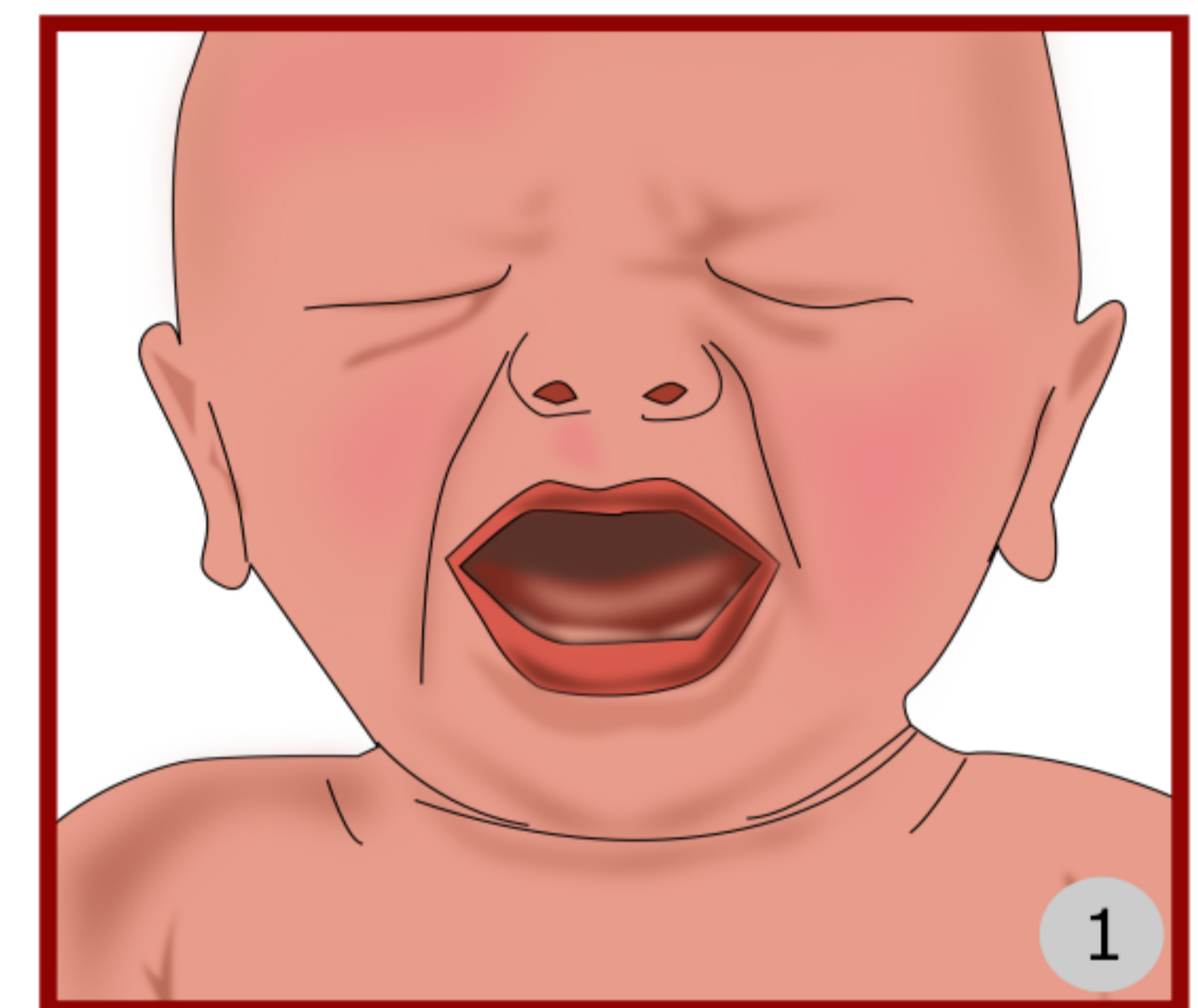
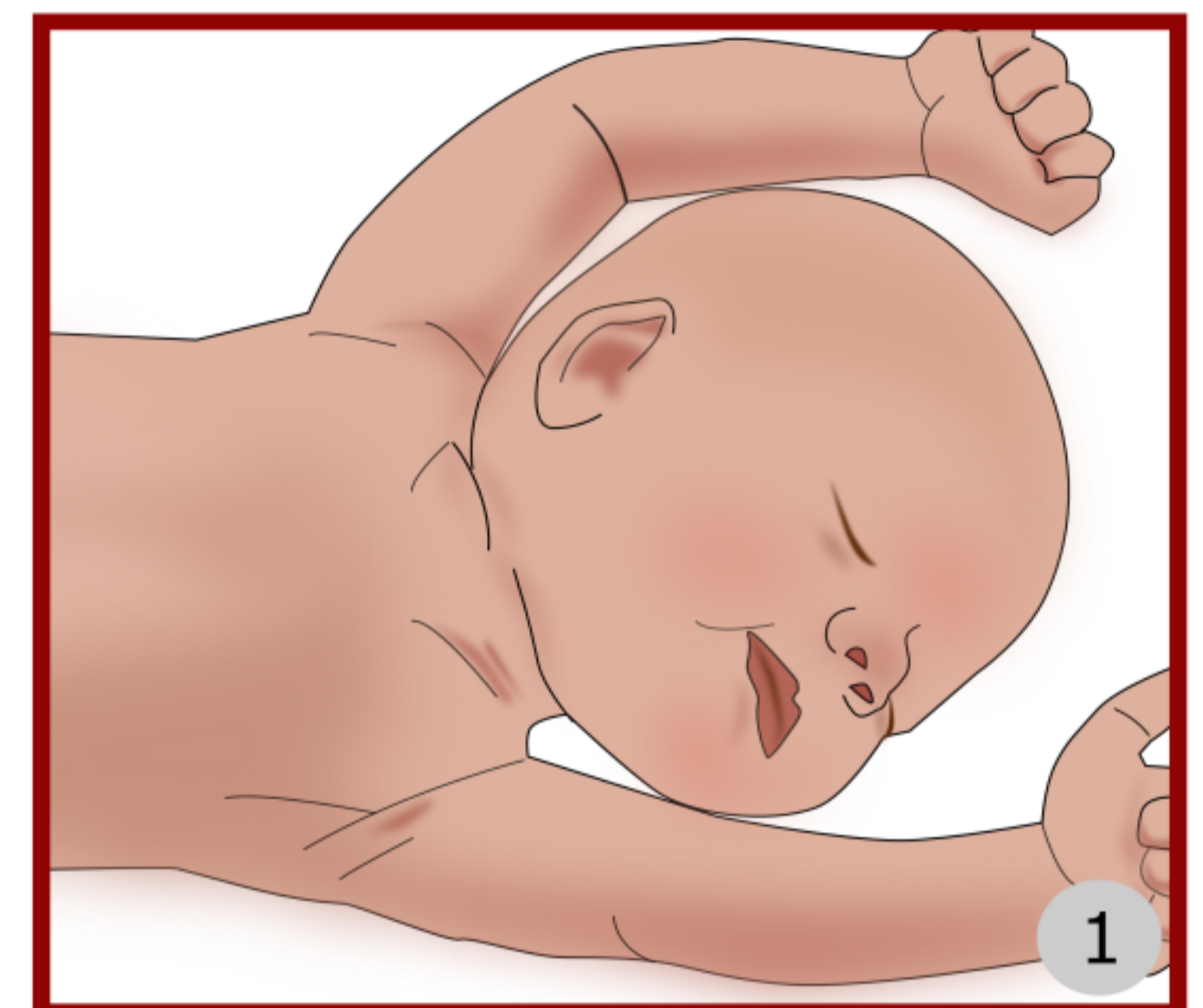
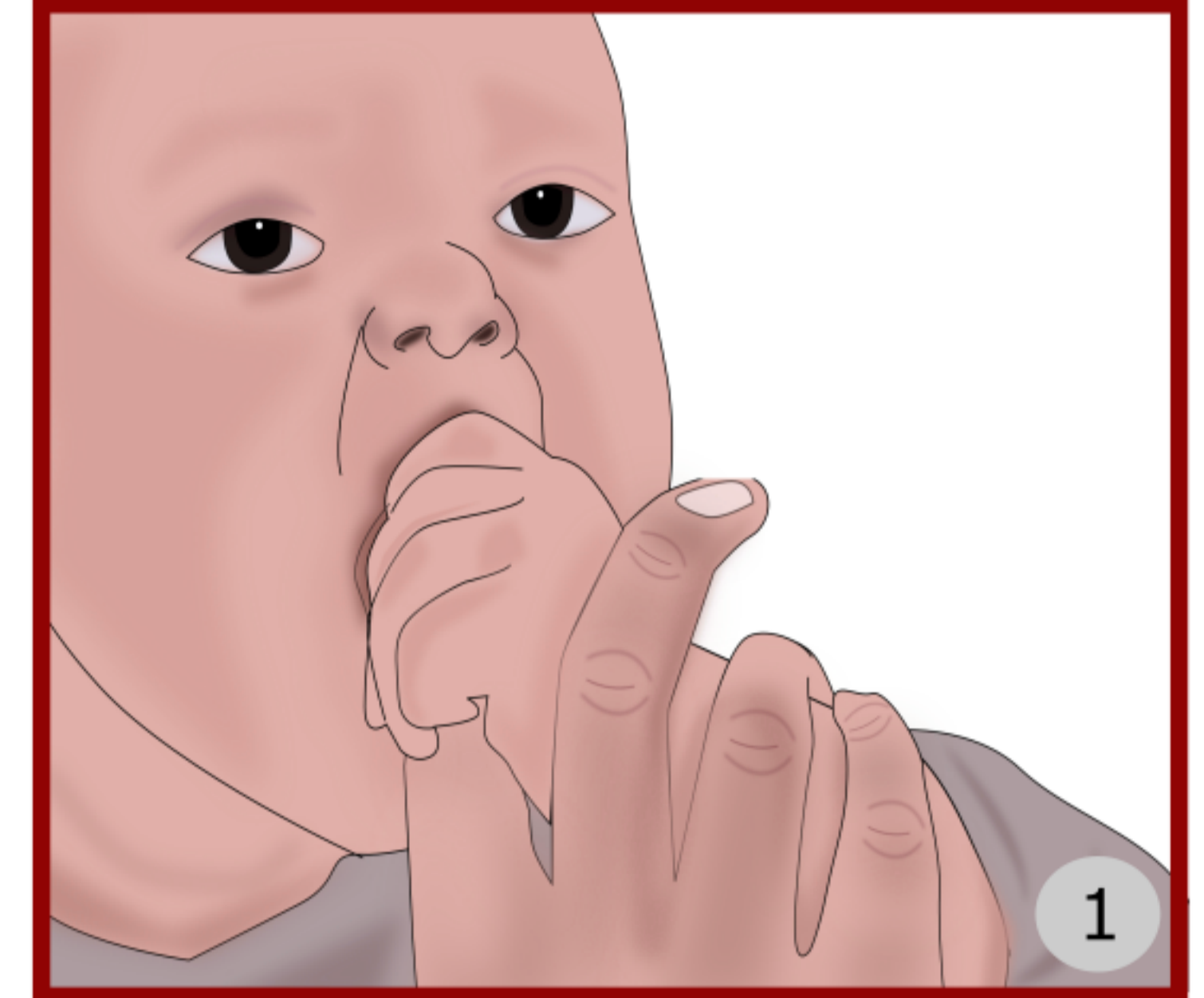
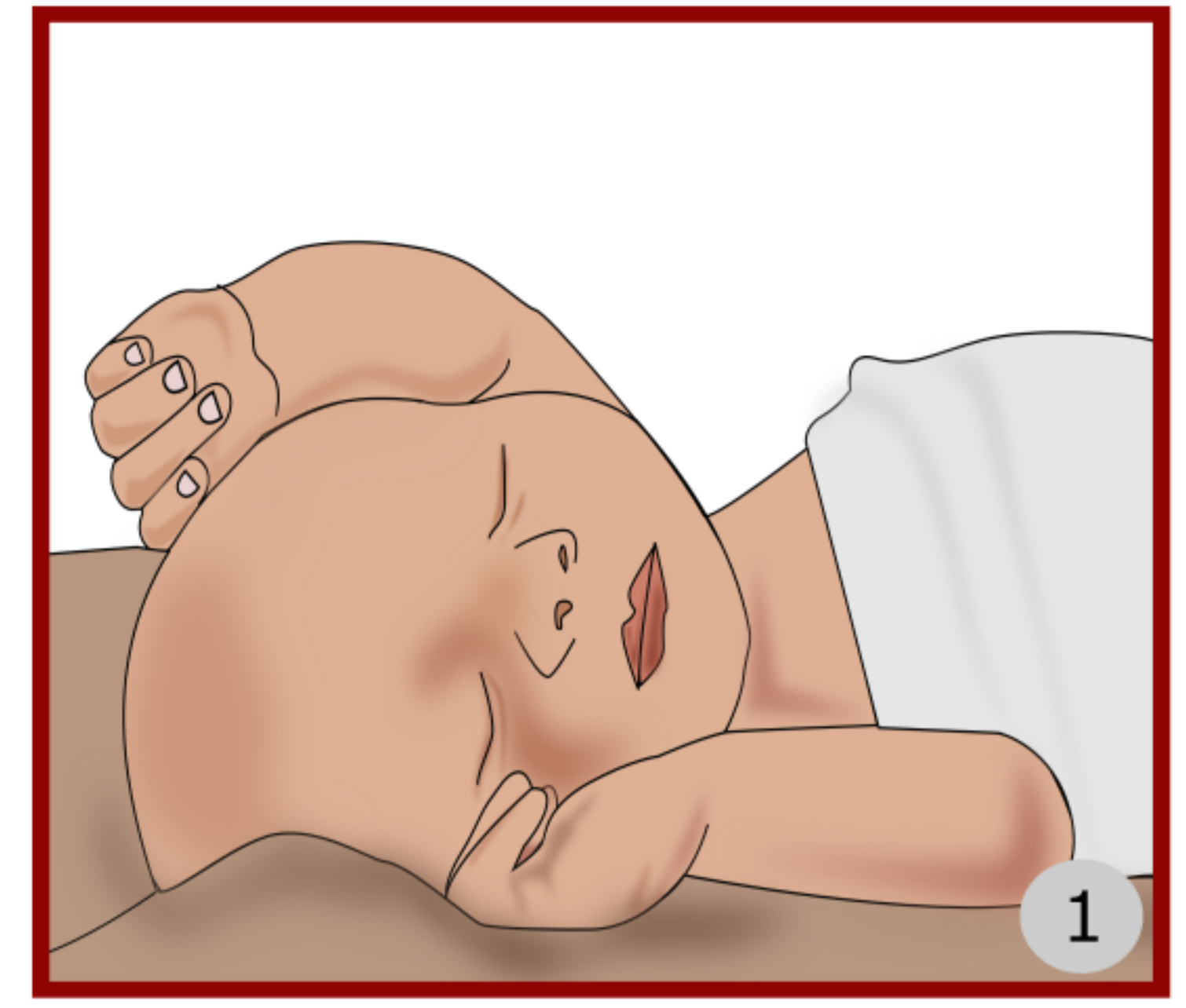
Mother and Infant Nutrition Campaign by the Spoken Tutorial Project, IIT Bombay



Effective Counselling - Effective Breastfeeding Cross Cradle Hold and 45 Counselling points for Breastfeeding



1. The first and the most important tip is to recognise the hunger cues of the baby. If the mother recognises the baby's early hunger cues, then she can breastfeed the baby using the cross-cradle hold easily. If she doesn't recognise the early hunger cues, the baby will become restless and start crying because of hunger. It won't attach deeply to the mother's breast. This will increase the mother's anxiety. Early hunger cues include the baby moving its body or head from side to side, yawning, opening its mouth, salivating, putting its hand in its mouth, etc.



Mother's preparation:

2. The mother must wash her hands thoroughly with soap and dry them.



3. She should drink boiled and cooled clean water.



4. She should sit comfortably on the floor, bed or a chair with her feet well-supported.



5. She should sit straight with her back well-supported. She should keep her shoulders relaxed in a comfortable position. She should not droop her shoulders.



6. The mother should remove both the blouse and the bra covering her breast because the pressure exerted by them can cause a lump in the breast.

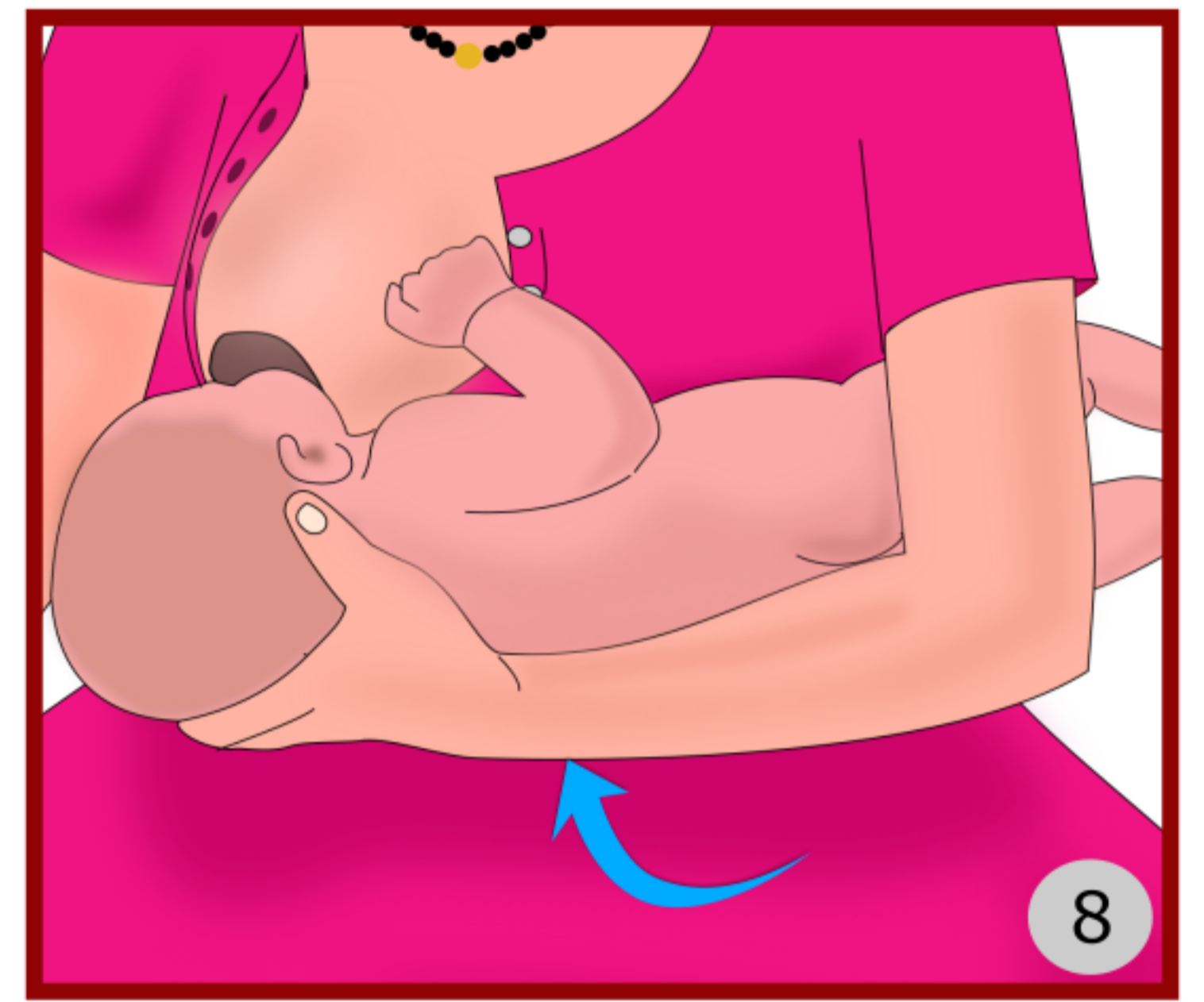
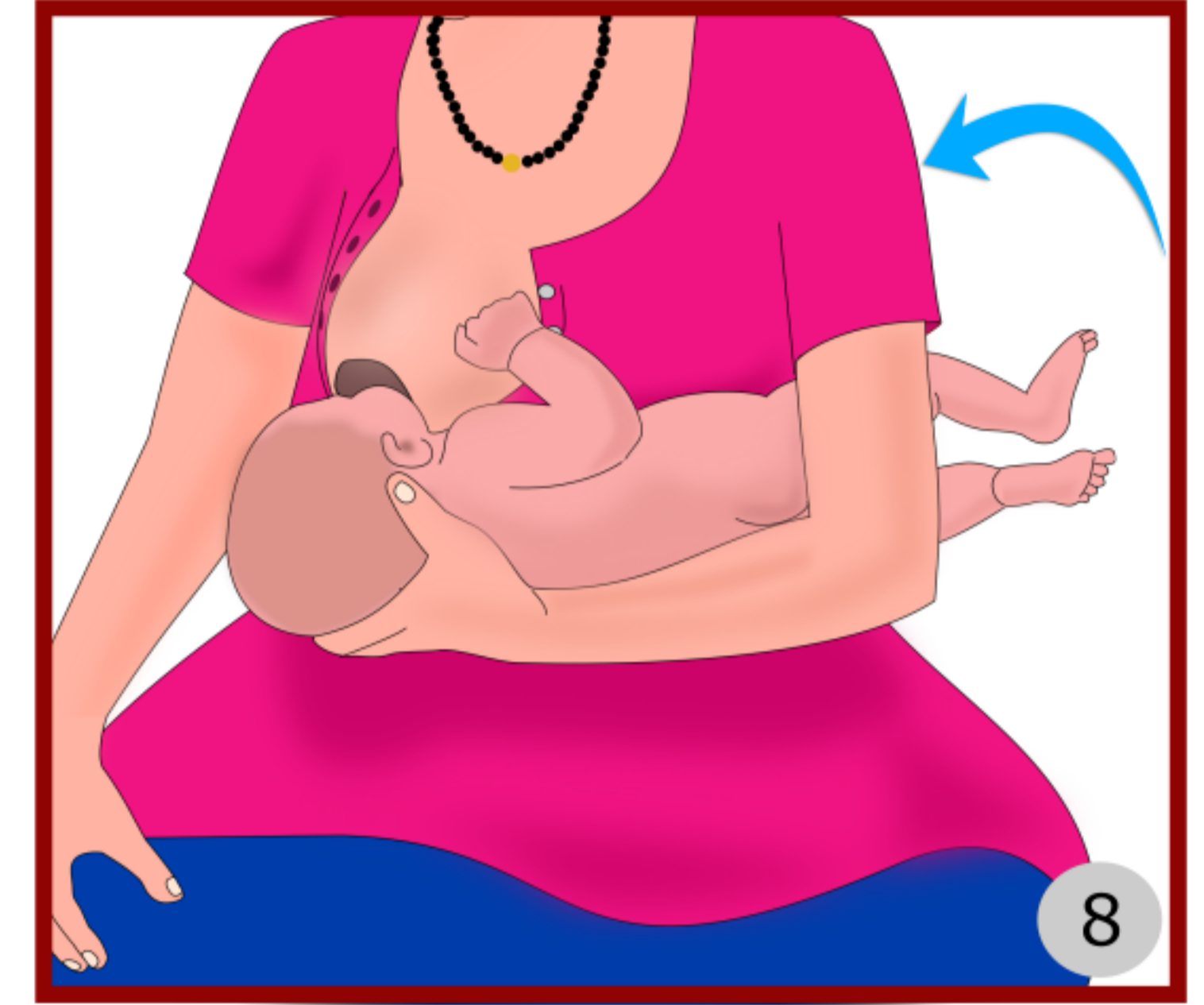


7. To breastfeed, the mother should remove the blanket or the bed sheet covering the baby. She should also remove the baby's caps, mittens & socks as well. In winter, she can dress the baby in warm clothes to breastfeed. She must not dress the baby in a very thick cloth because that cloth can become a barrier between the mother and the baby while breastfeeding. Once the baby is deeply attached to the mother's breast,



she can cover its body with a cloth.

8. The mother should hold the baby's head with the hand on the other side of the breast from which she wants to breastfeed. If she wants to feed from the right breast, she should hold the baby's head with her left hand. She should support the baby's body.



9. She should hold the baby's legs properly under the armpit of the same hand with which she is holding the baby's head so that it's body doesn't slide downwards. If possible, she should try to place the baby's hip joint in her elbow.



10. Now, the mother must hold the baby in the correct position and bring it to her breast. She should not bend down. She should bring the baby up to her breast.

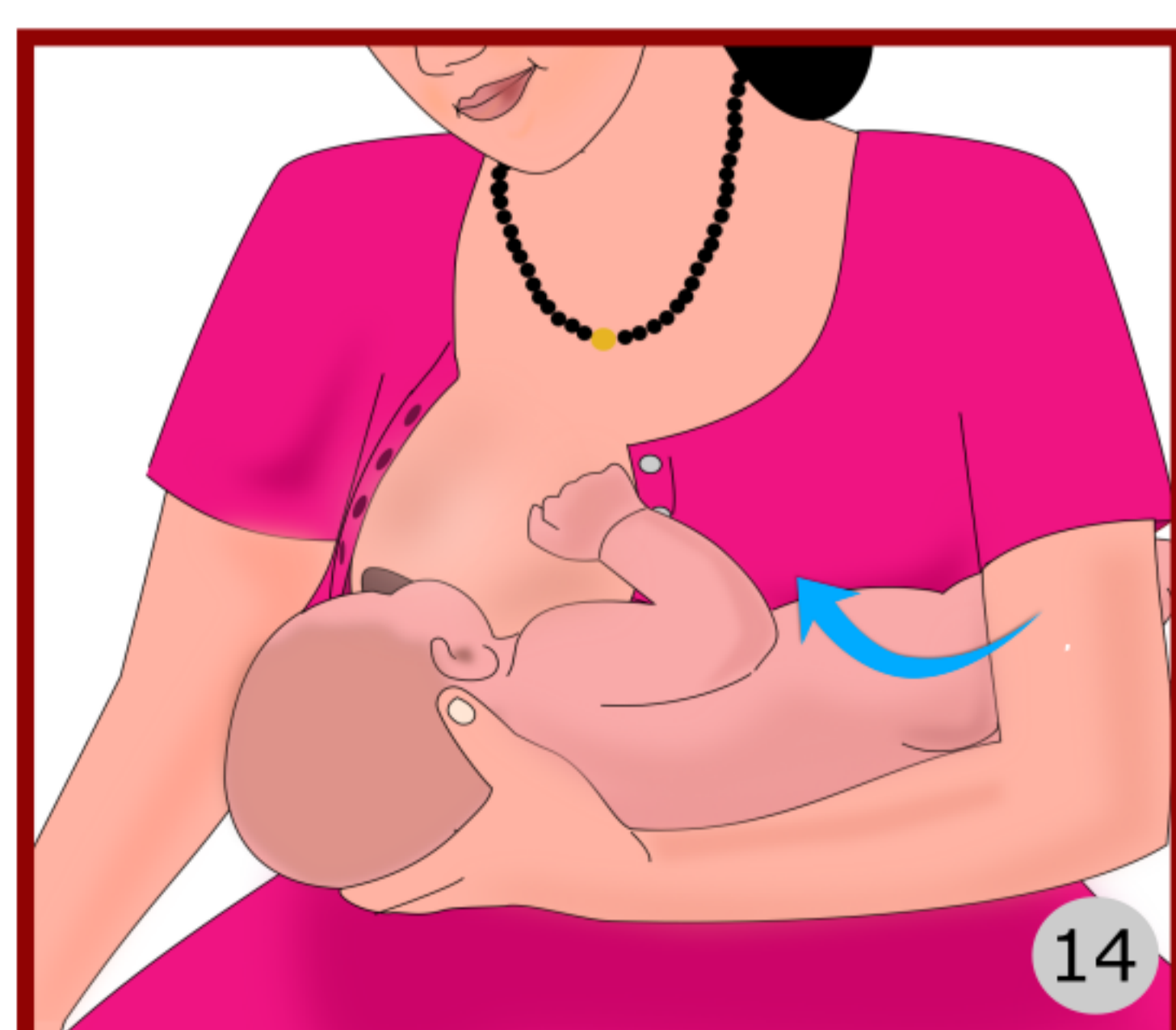
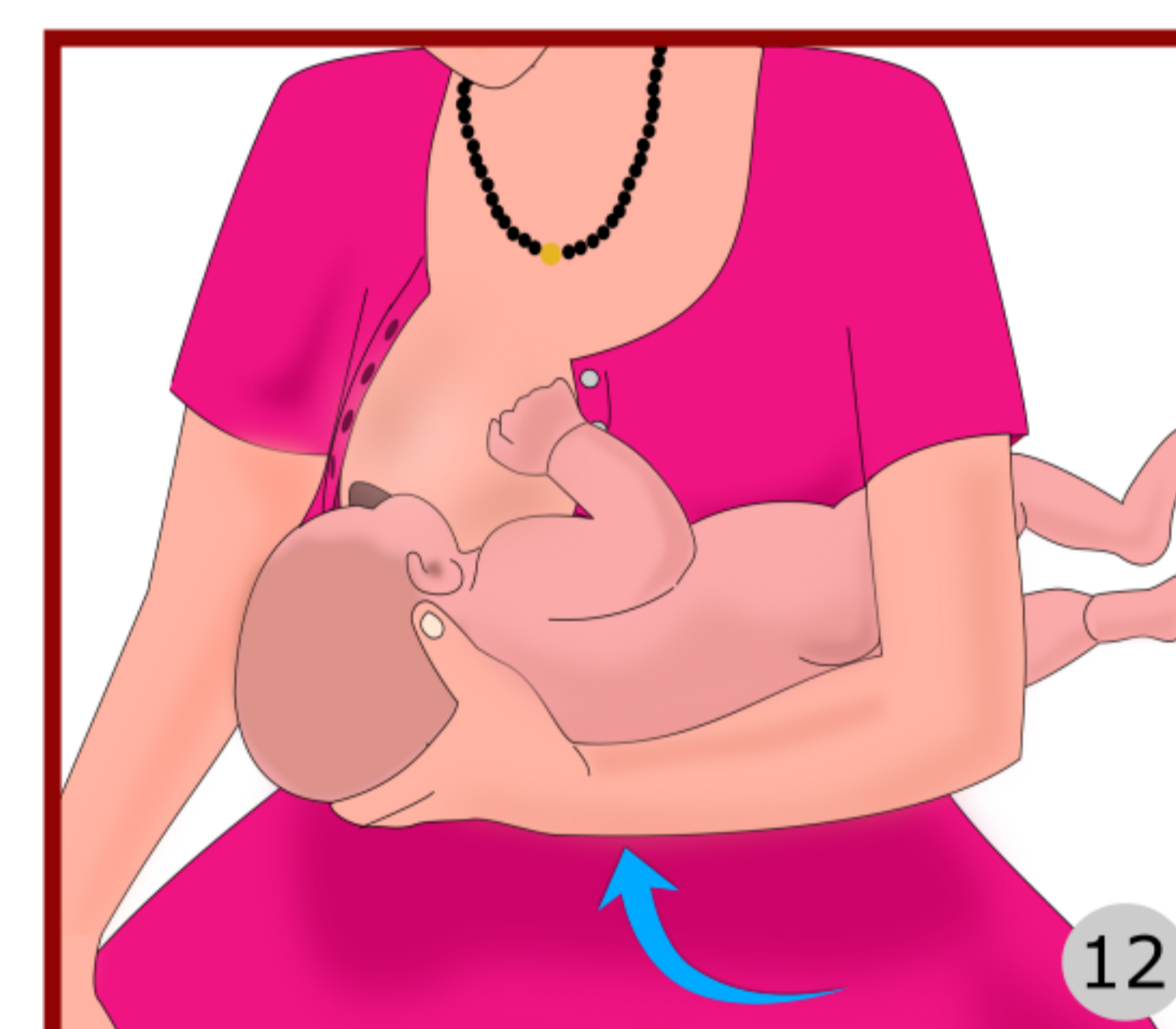
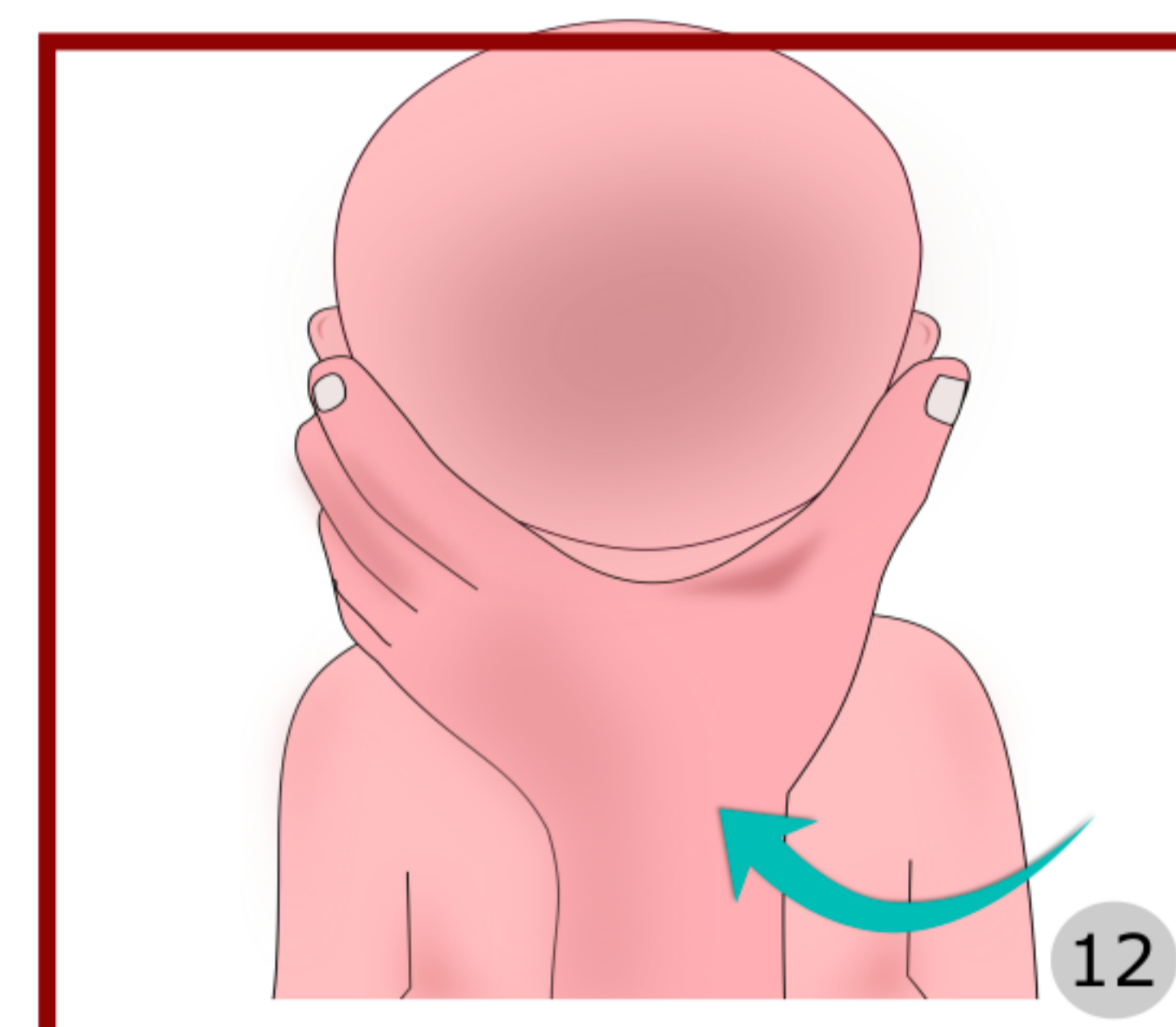
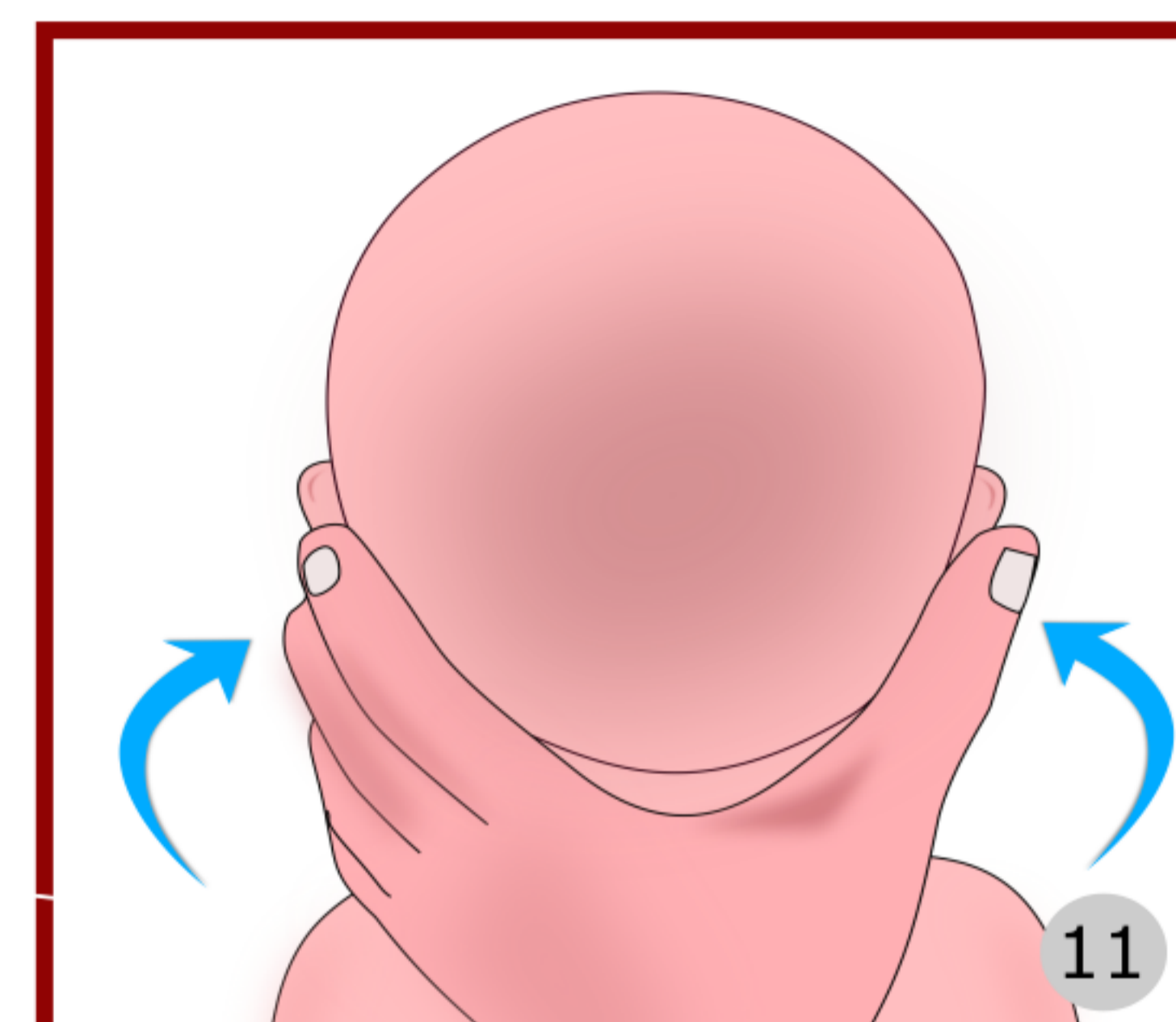


The correct position of the thumb and the fingers of the mother's hand with which she is holding the baby:

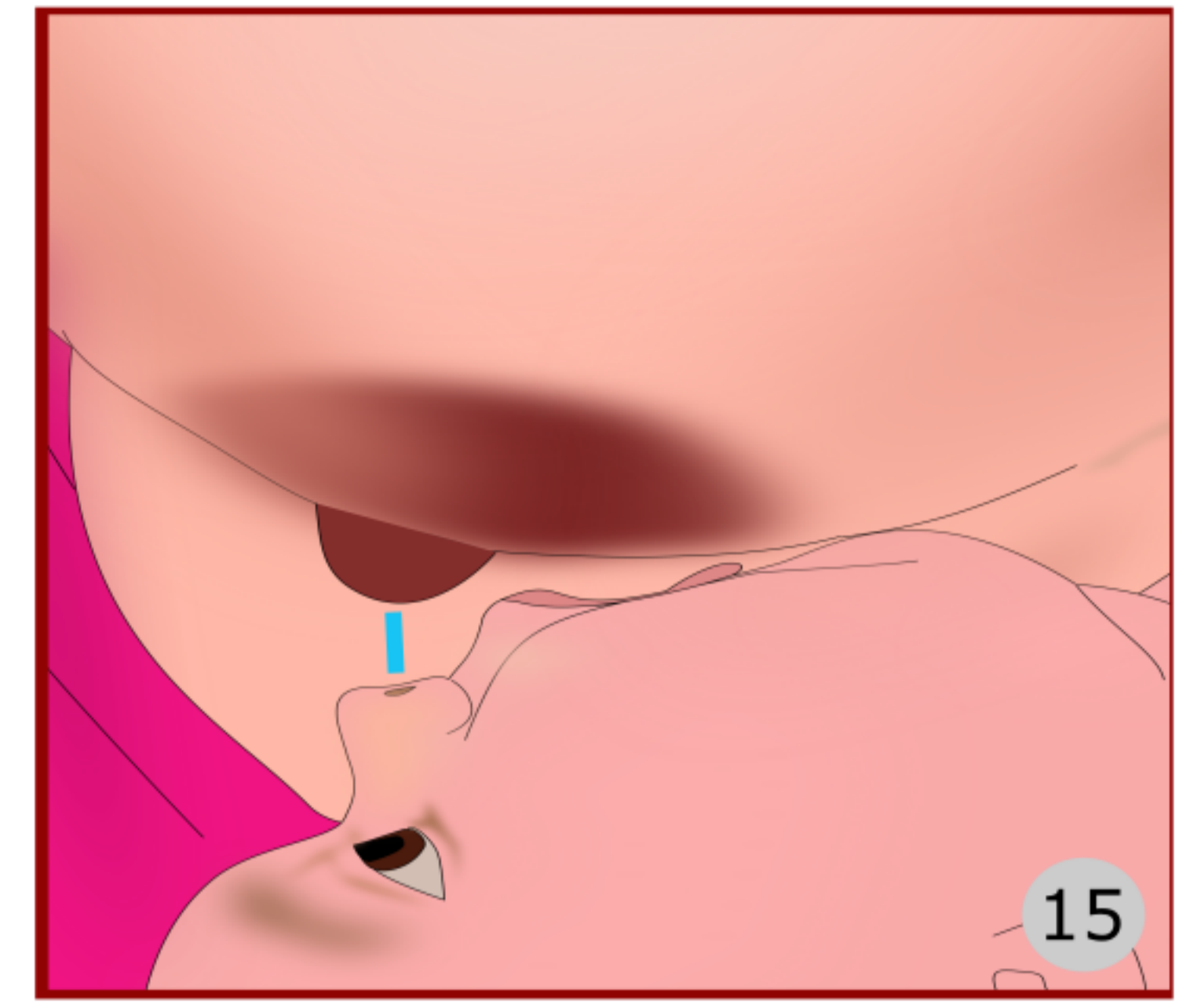
11. The mother's thumb should be on the bone behind the baby's one ear, and her fingers should be on the bone behind the baby's other ear.
12. The wrist of the mother's hand with which she is holding the baby's head should rest between the baby's shoulder blades. The mother must support the baby's entire body with the hand with which she is holding the baby.

What should be the position of the baby's body for breastfeeding?

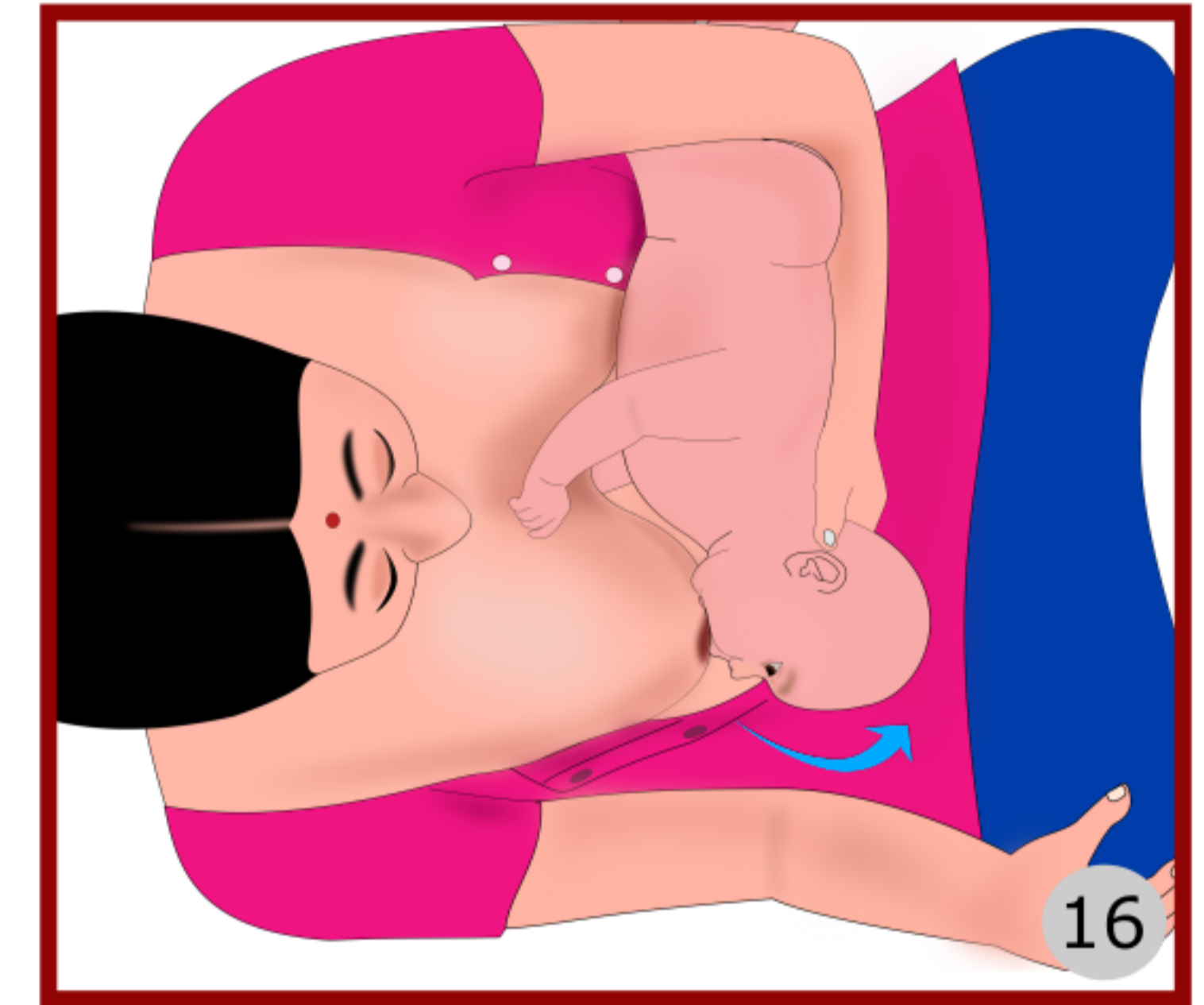
13. The baby's ear, shoulder and hip should be in a straight line.
14. The baby's stomach should gently press against the mother's chest.



15. The baby's nostrils should be in line with the mother's nipple. The baby should be facing the breast & not the mother's face.

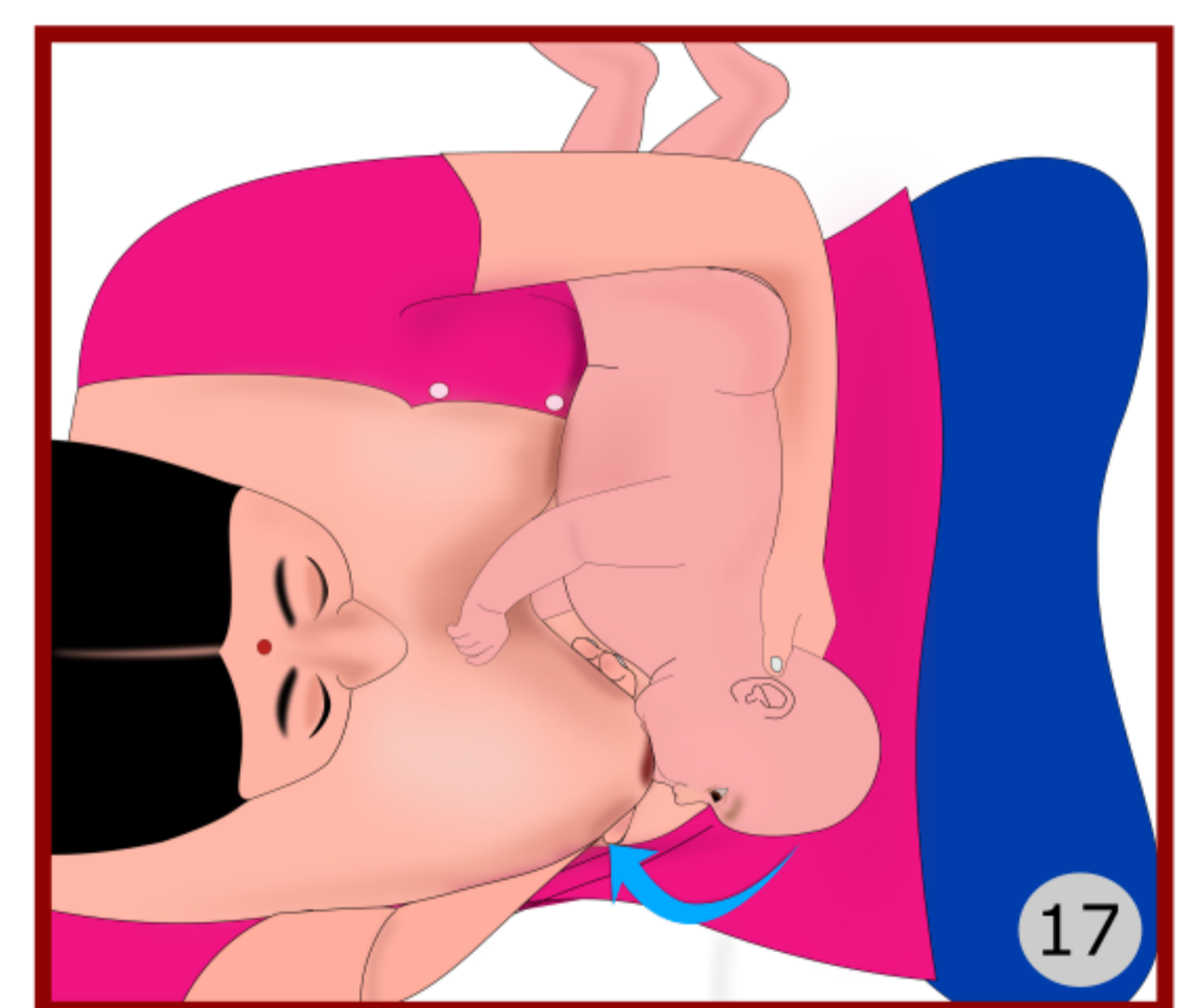


16. Just like how adults extend their neck backwards while drinking water, the mother must extend the baby's neck backwards by tilting its face upwards and bringing its chin close to the breast. This movement will bring the baby's nare to the mother's nipple.

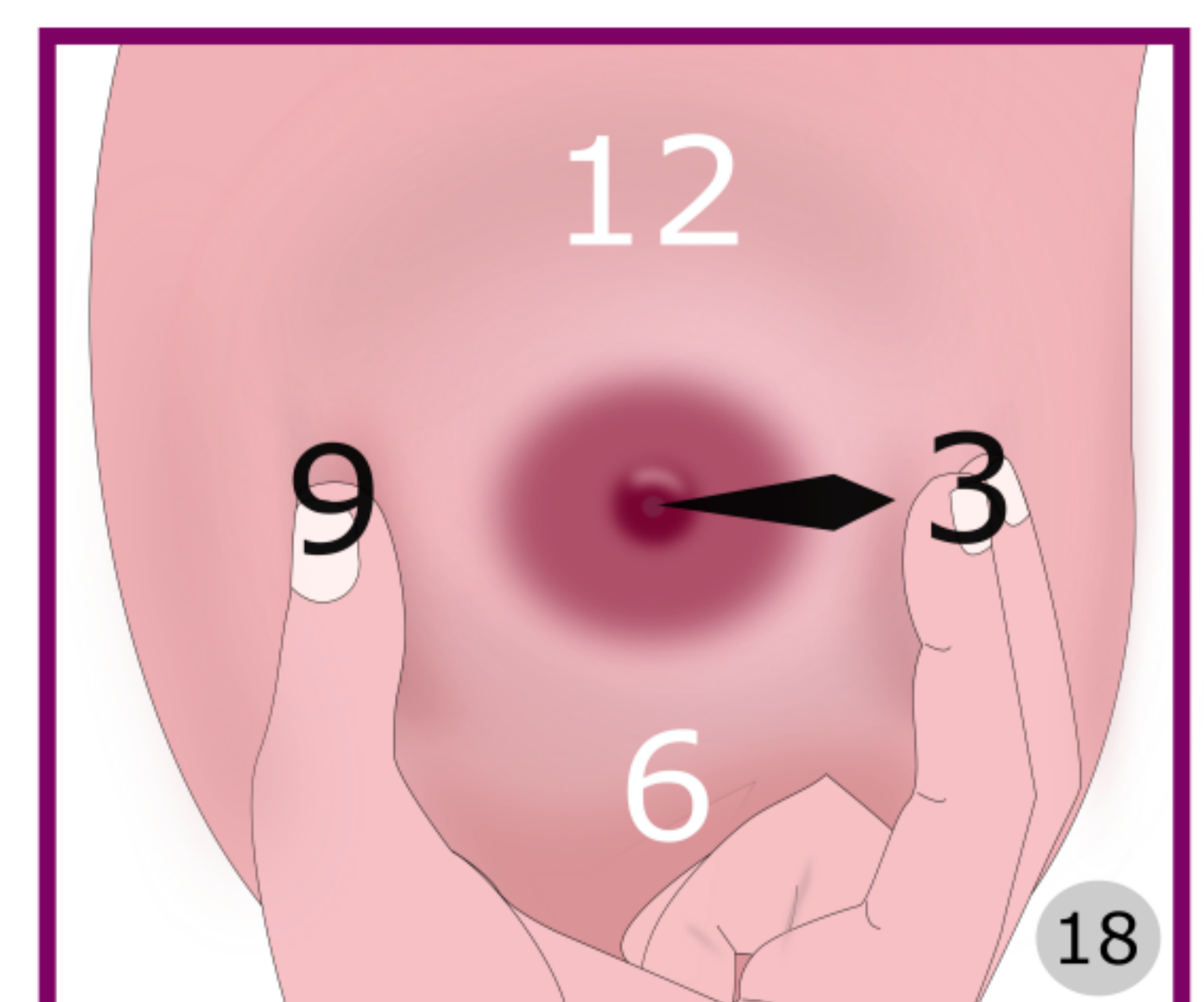


Holding the breast:

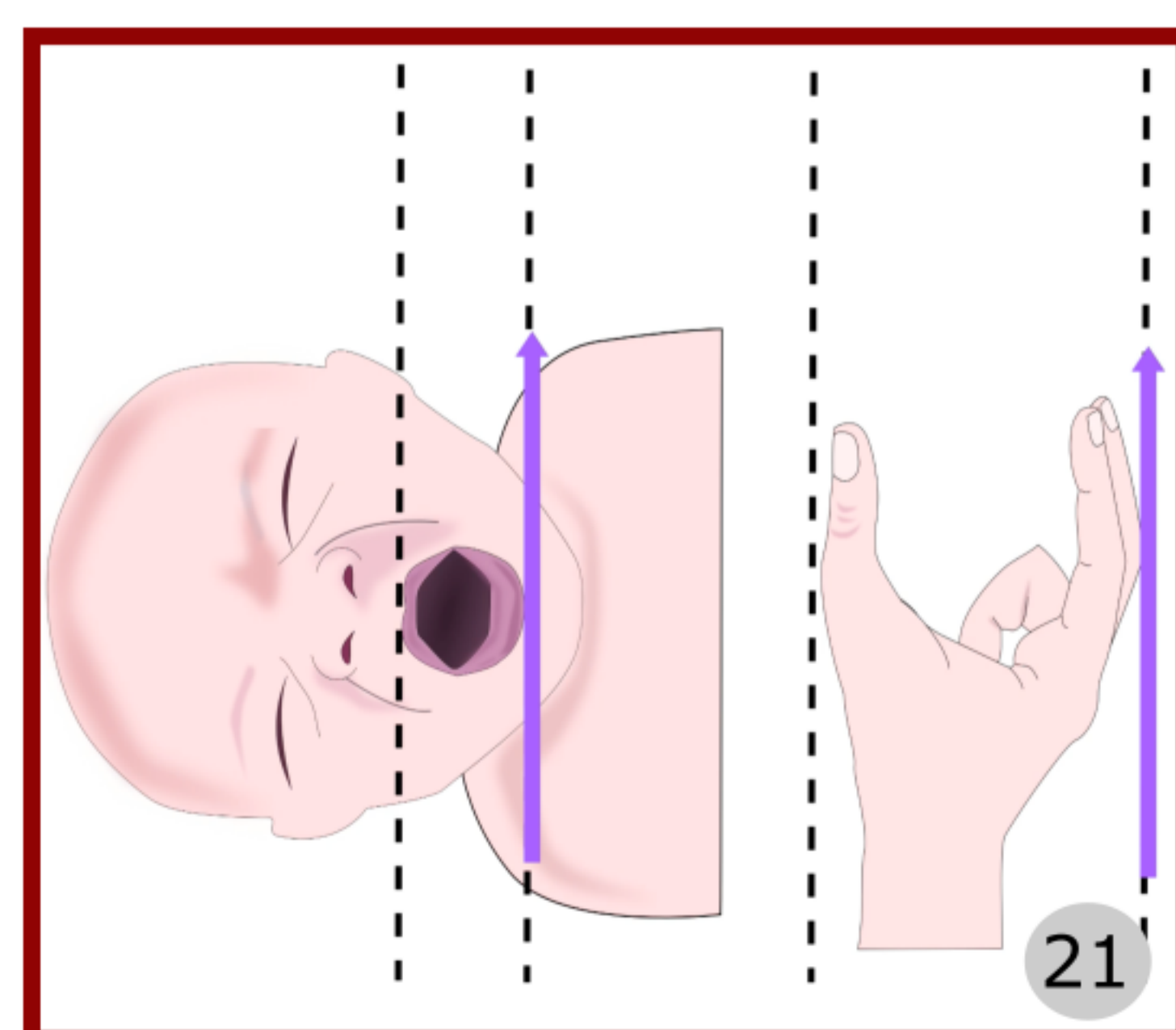
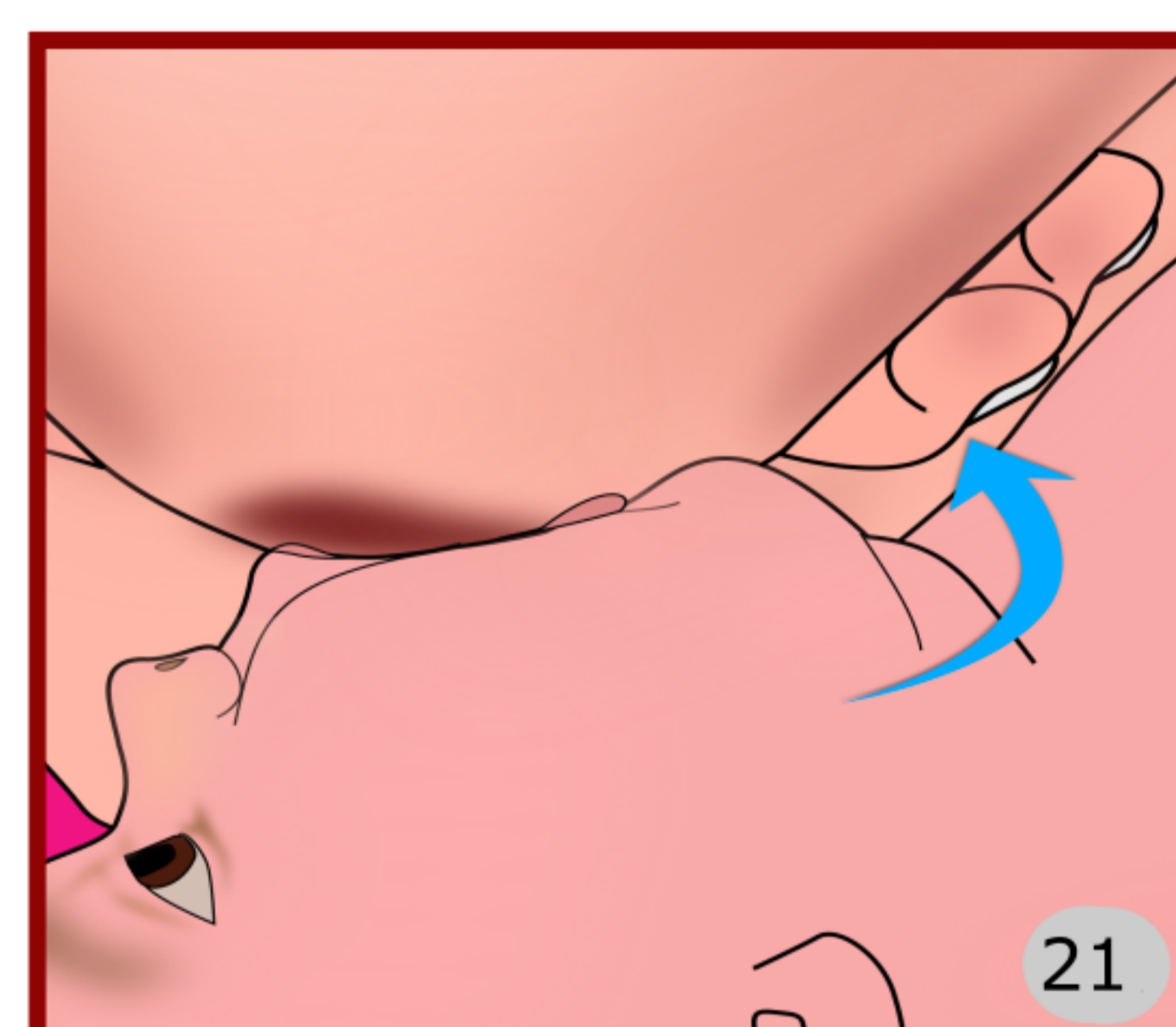
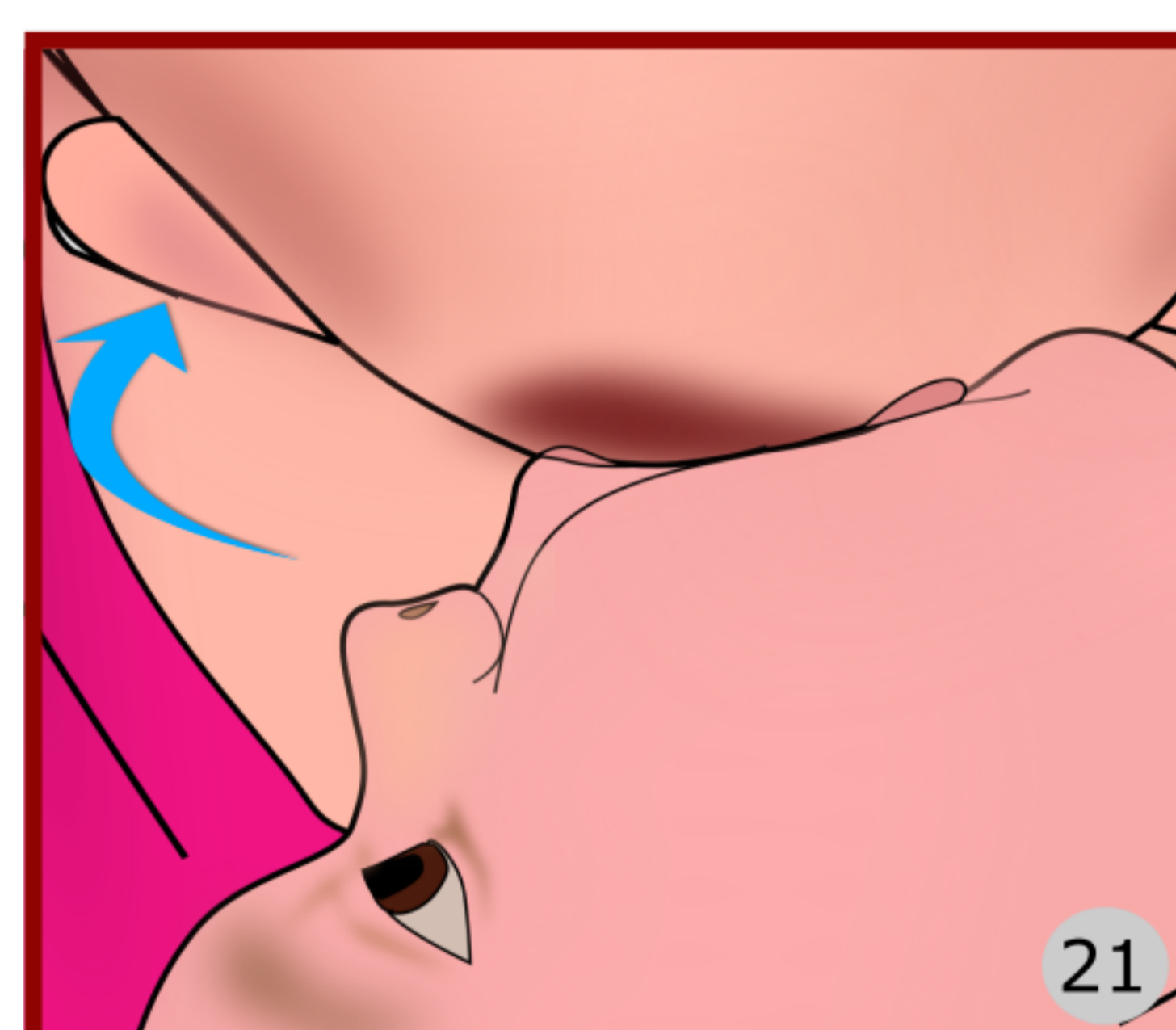
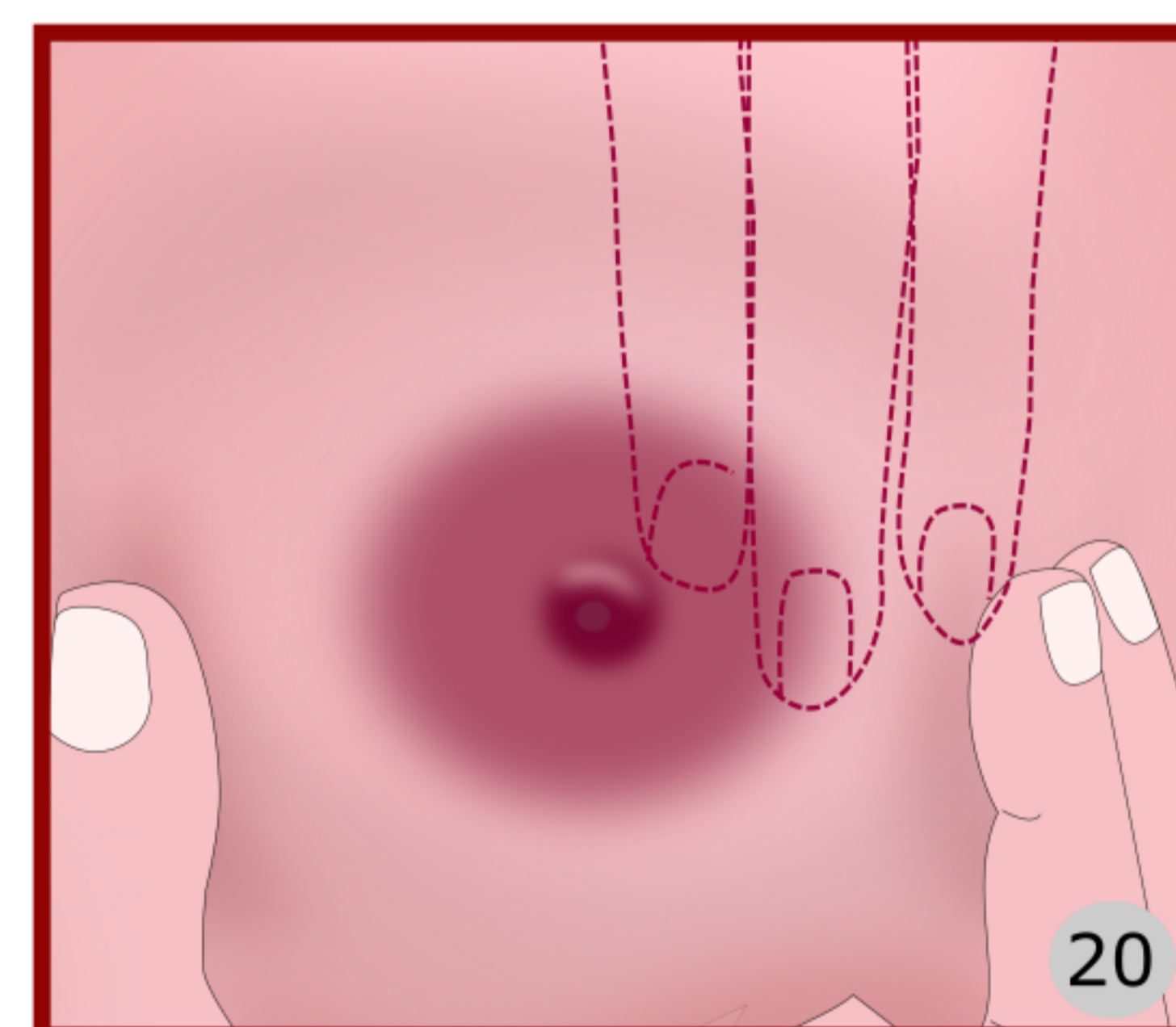
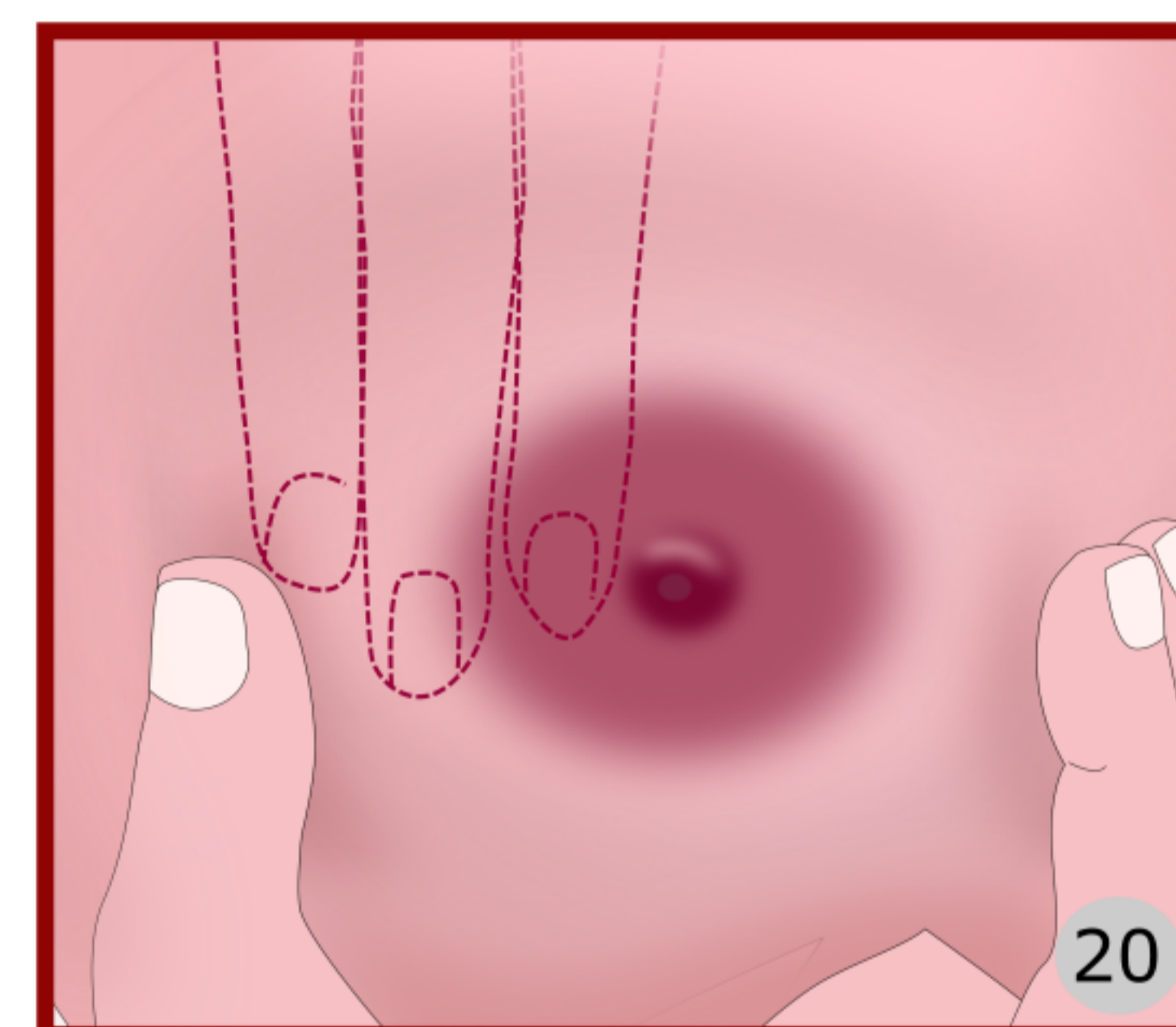
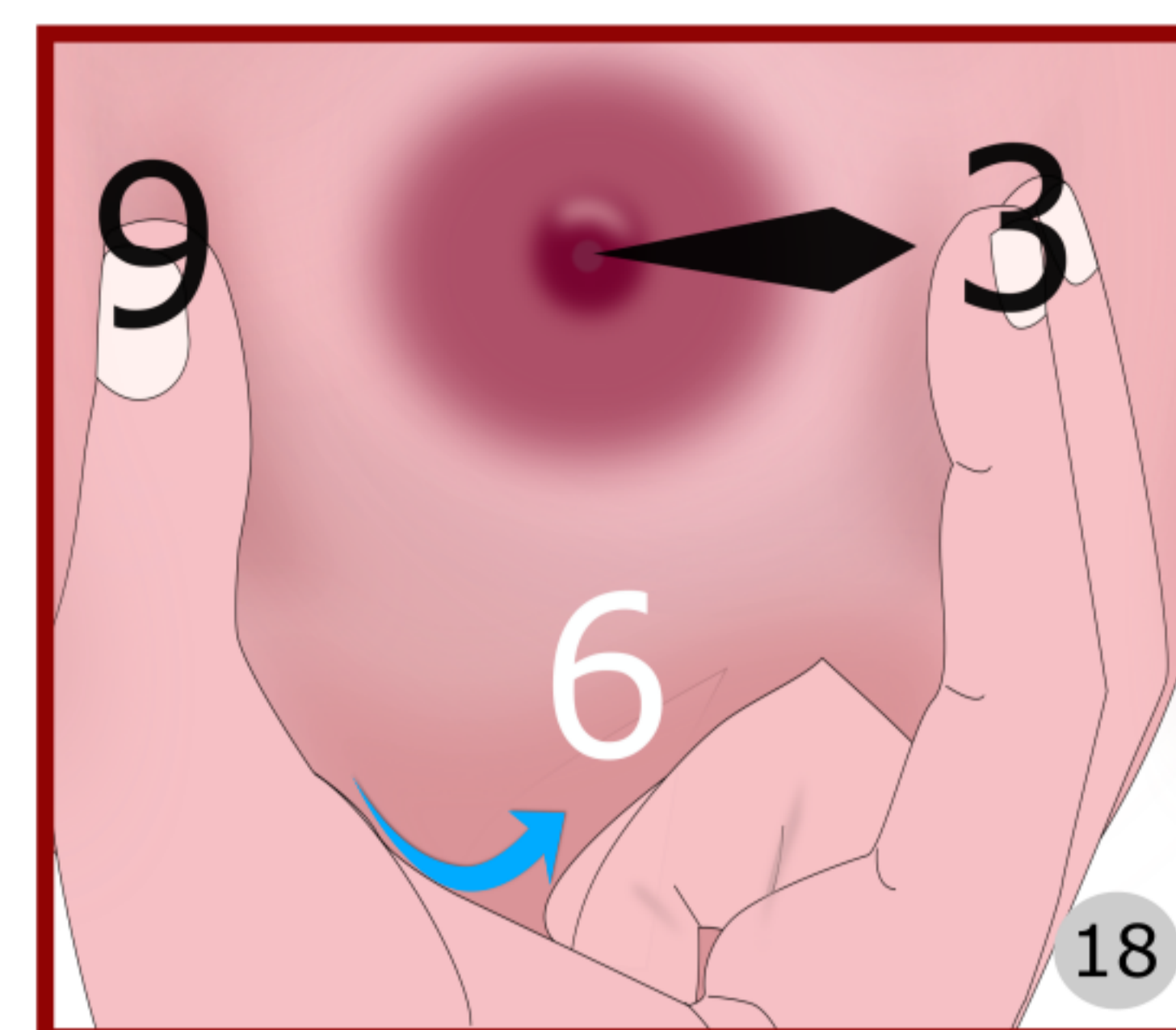
17. The mother should hold the breast in a U-shape hold from the bottom with the hand on the same side of the breast from which she wants to feed the baby.



18. Imagine that there's a clock on the mother's breast. The mother's nipple is the centre of this clock. If the baby will be breastfeeding from the right breast, then the tip of the thumb of the mother's right hand should be at the 9 O'clock

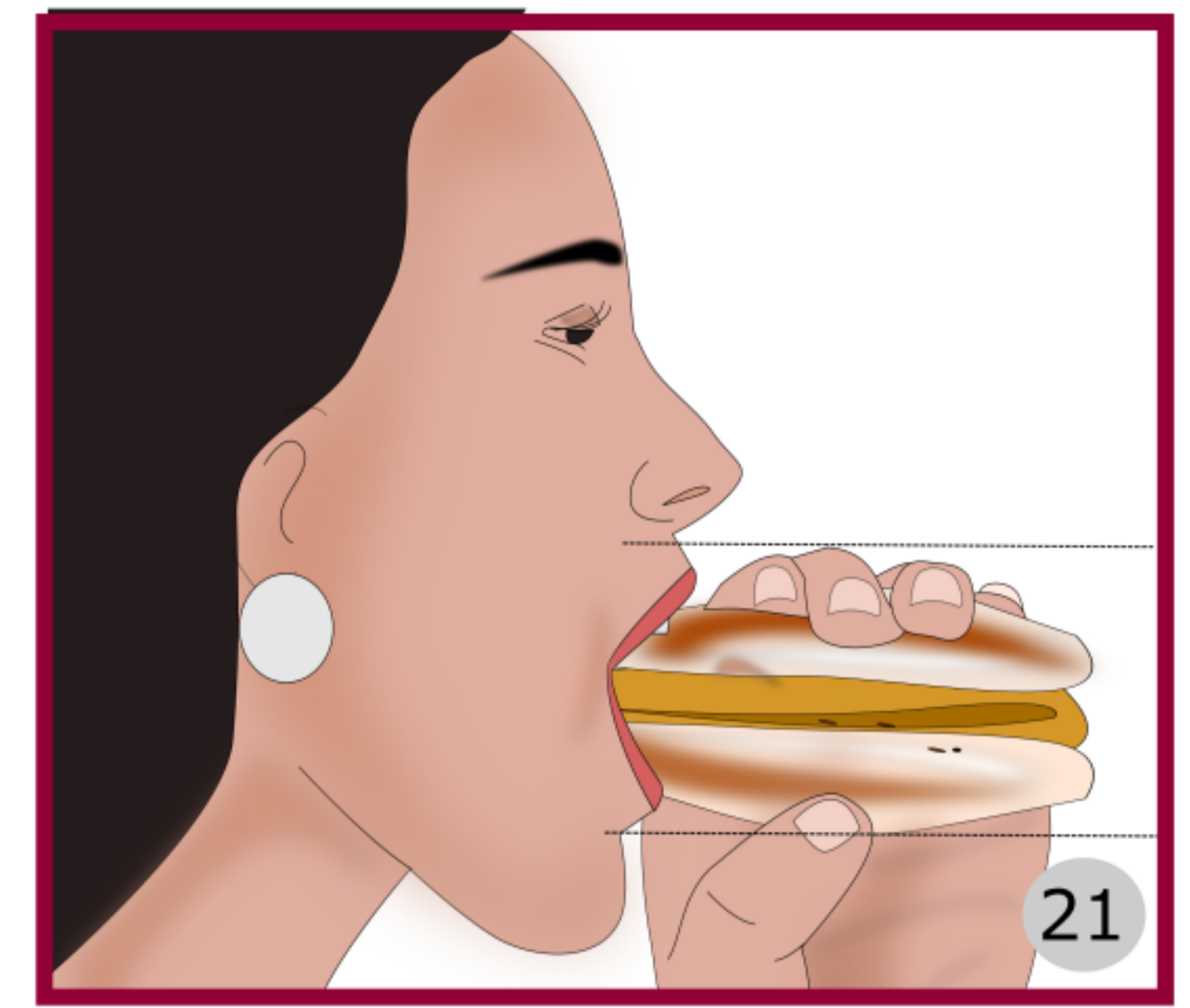


position on this clock. The tips of the other fingers of the mother's right hand should be at the 3 O'clock position on this clock. The dip of the U shape should fall at 6 O'clock position on this clock. This is how the mother should hold the breast in a U-shape hold from the bottom.

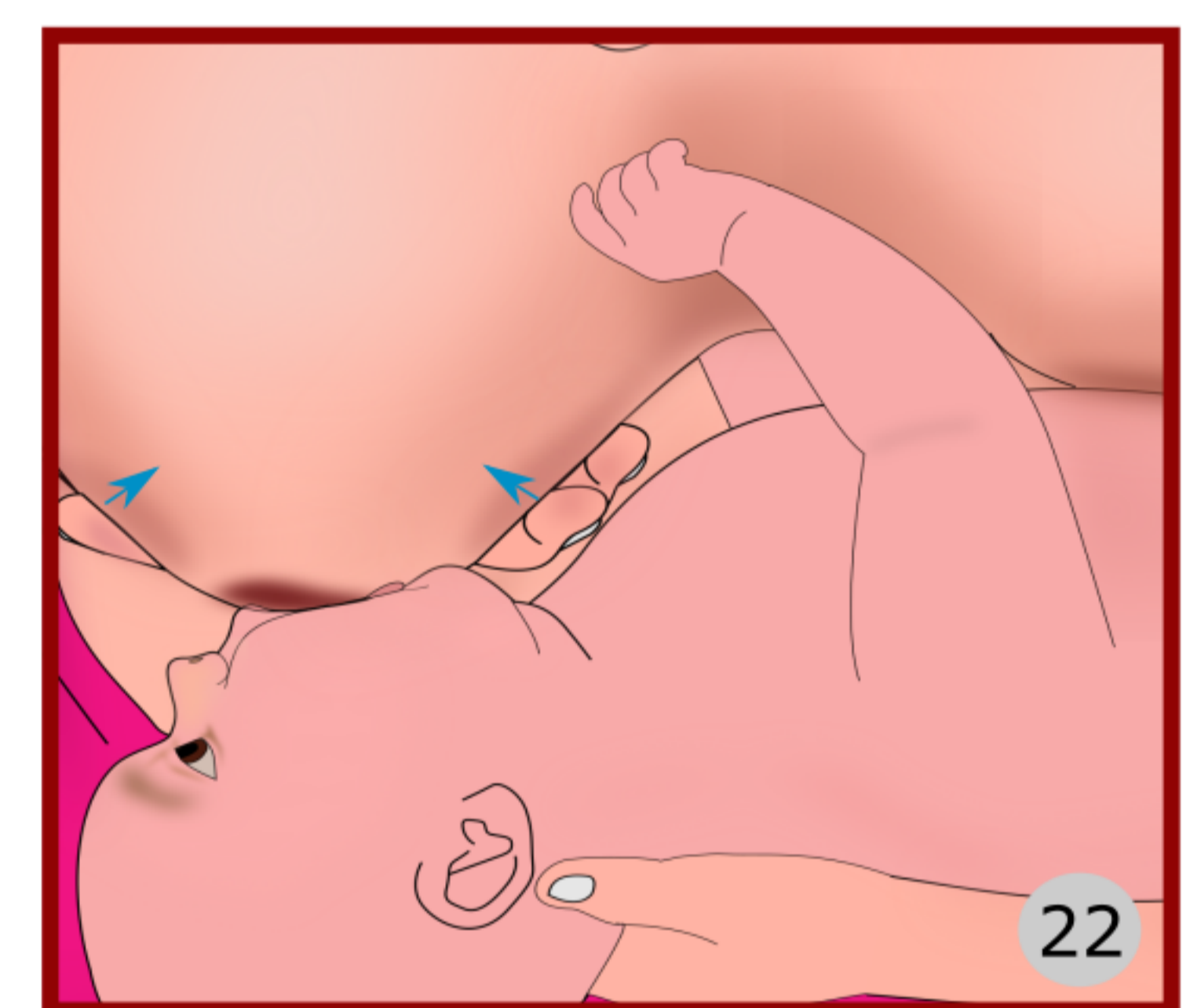
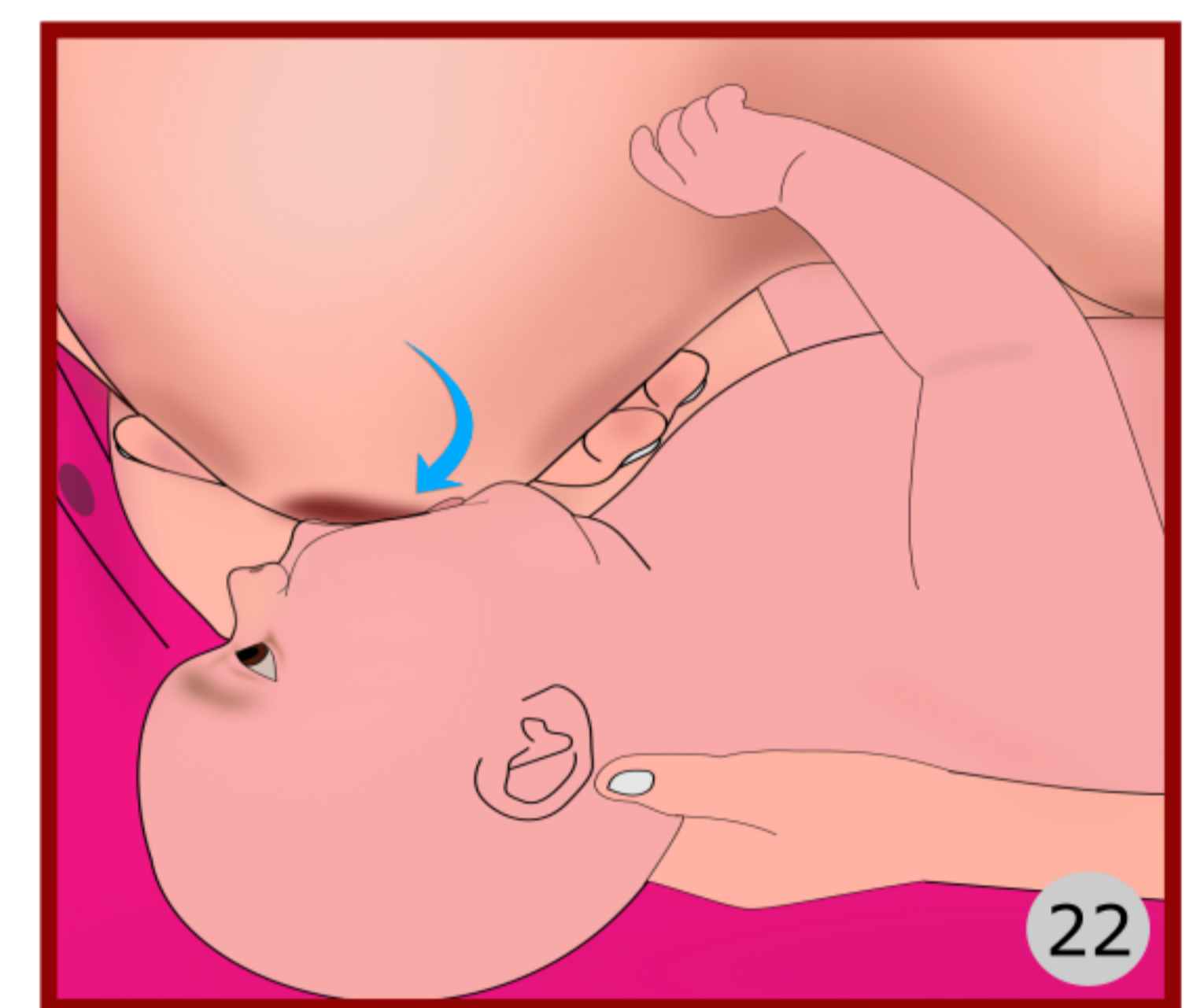
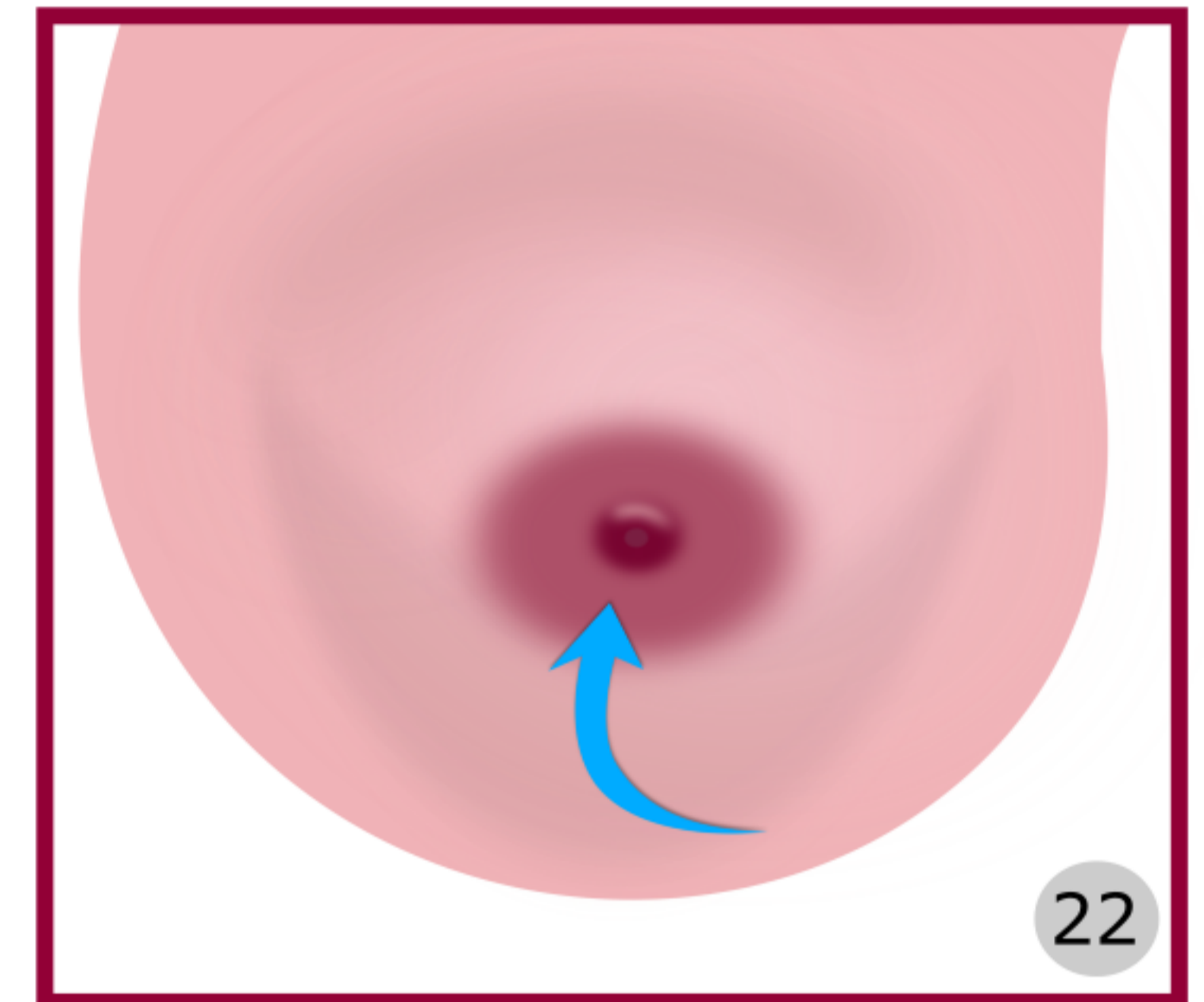


19. The mother's thumb and her fingers must be placed at an equal distance from the nipple.
20. There should be a distance of 3 fingers between the mother's nipple and her thumb and between her nipple and her other fingers.
21. At this point, it is important to keep holding the baby's body in a completely horizontal plane so that the baby's upper lip is at 9 O'clock and its lower lip is at 3 O'clock position on the clock on the right breast or vice versa on the clock on the left breast. In this position, the mother's thumb will be in front of the baby's upper lip and her fingers will be behind the

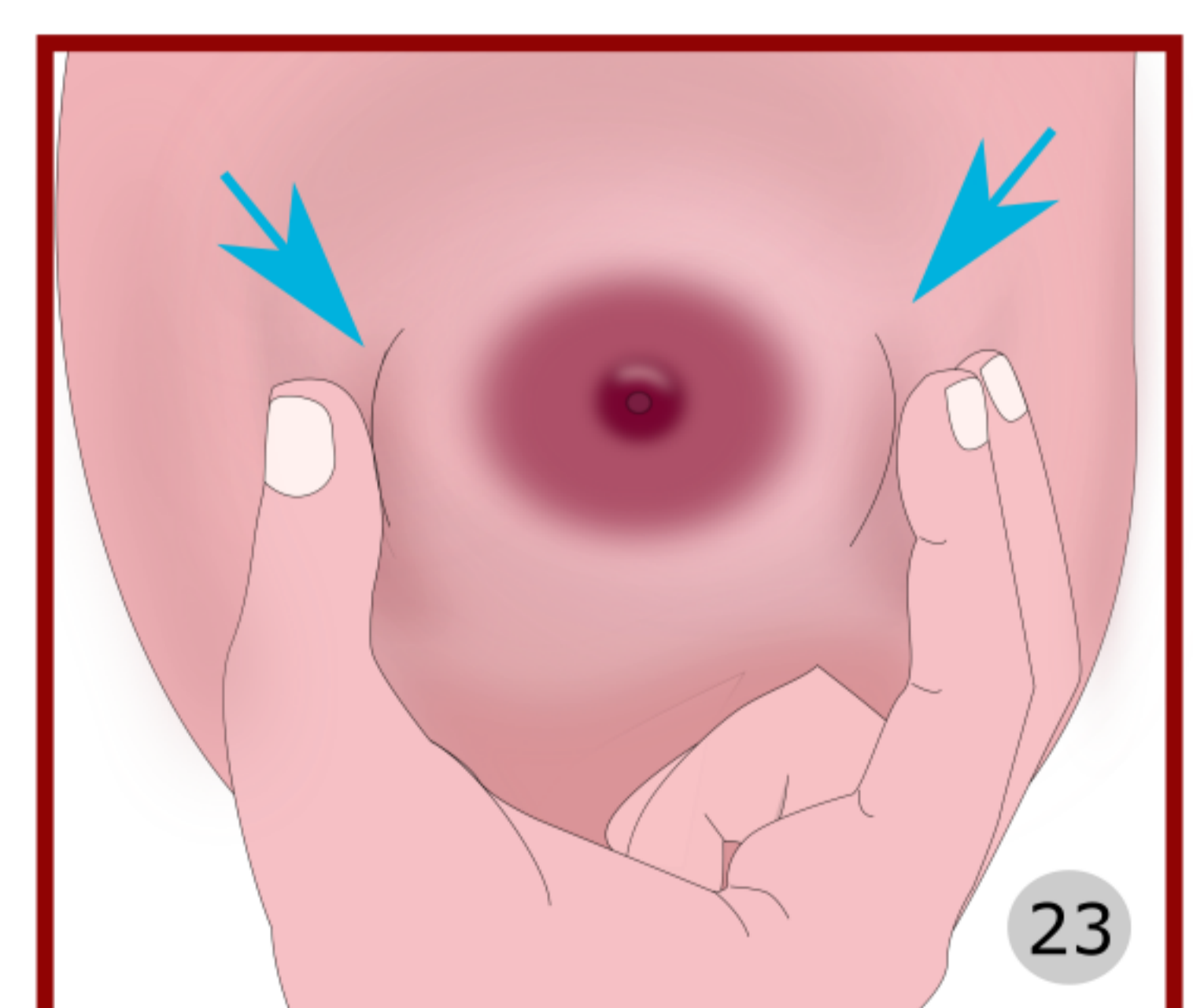
baby's lower lip. Mother's fingers on the breast should be placed parallel to baby's lips.



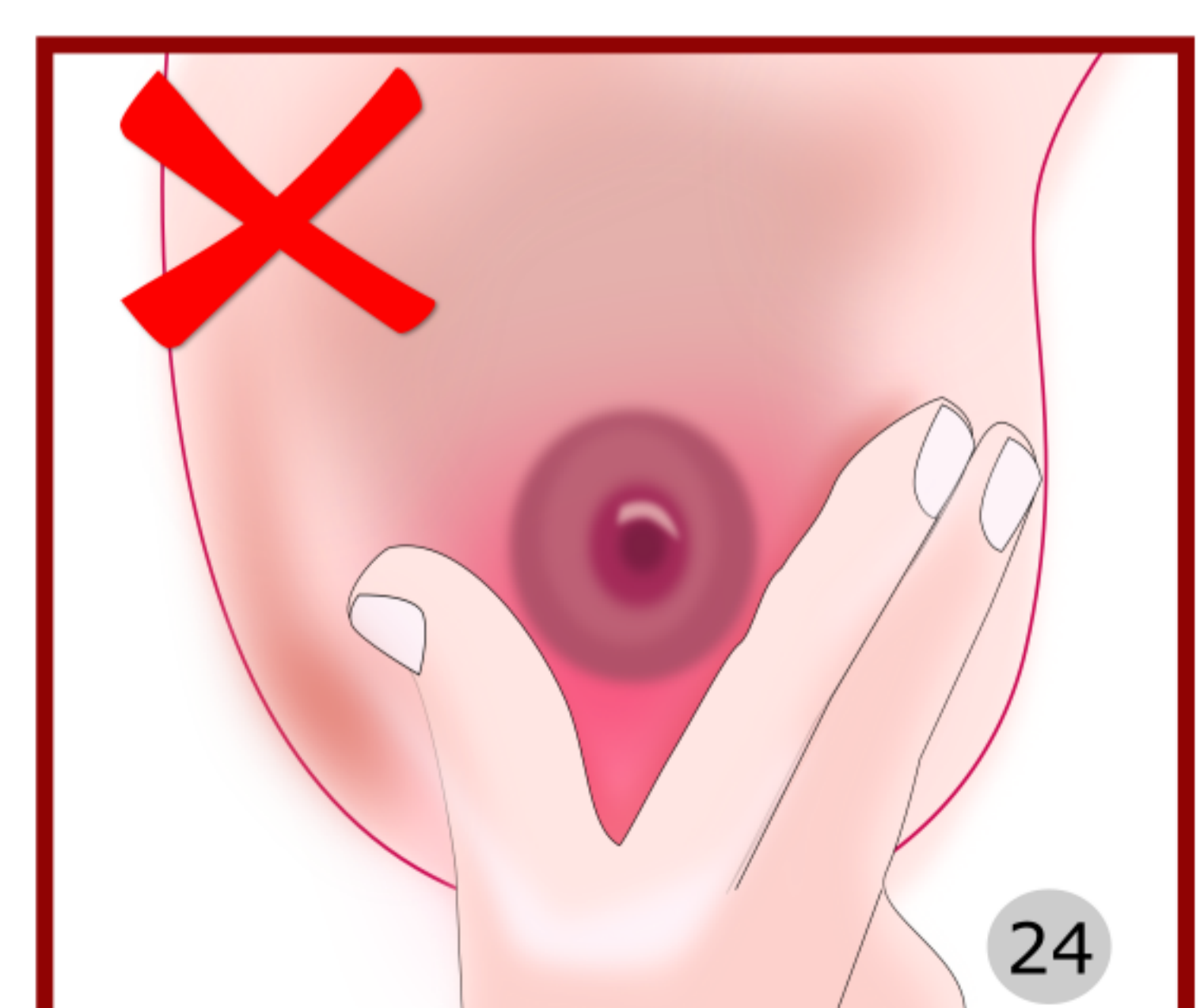
22. The black area around the nipple is called the areola. When the baby opens its mouth widely, the mother must bring the baby to the breast and compress her breast. This will make sure that the lower part of the areola, where the baby's lower lip is placed, will easily go into the baby's mouth. Holding the breast correctly and compressing it at the right time in the right way will ensure that the baby attaches deeply to the lower part of the areola.



23. It is important that the breast is evenly compressed by the mother's thumb and the fingers. The mother should not hold only the nipple and put it in the baby's mouth.



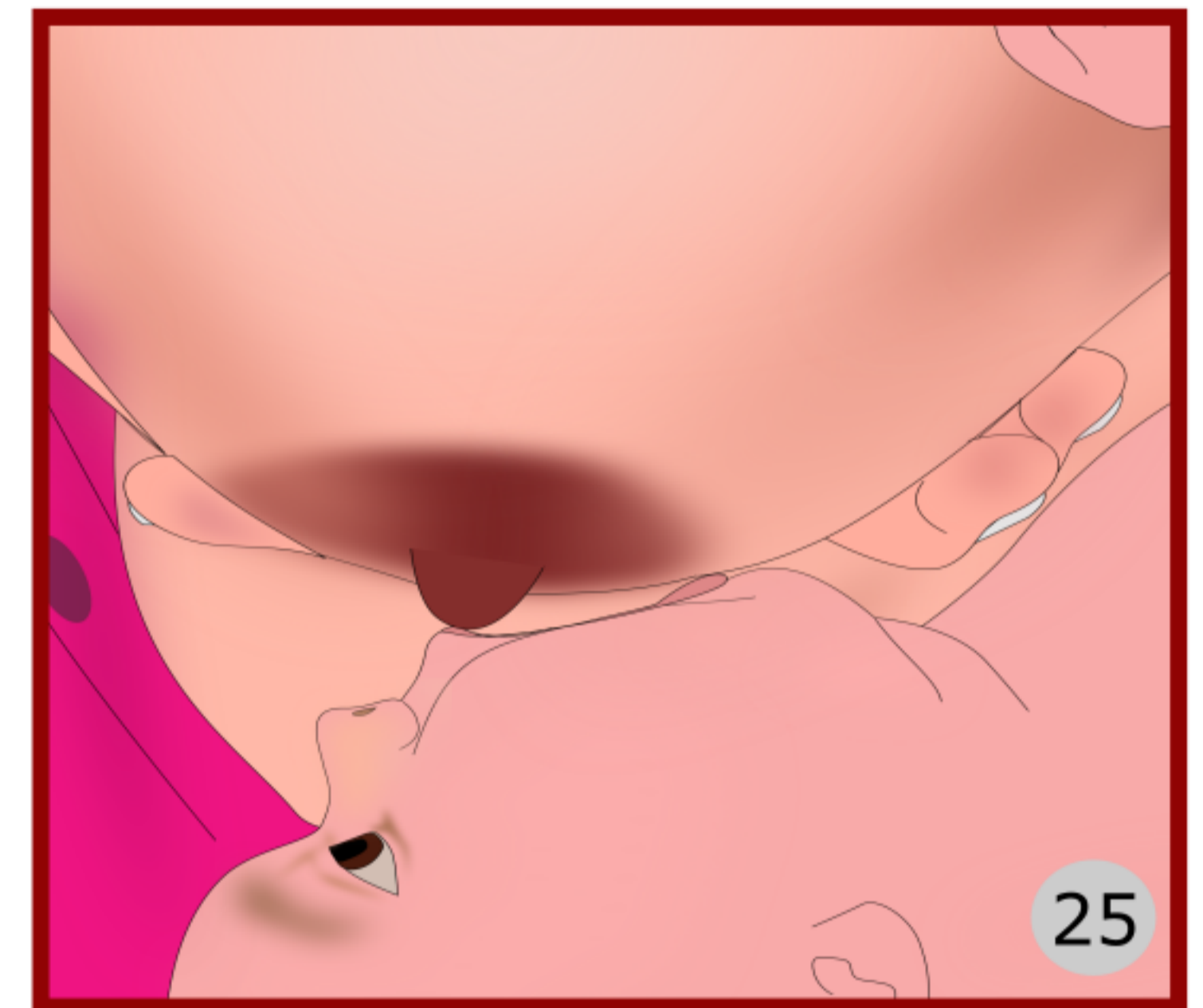
24. The mother should not compress her breast in a V-shape hold. The baby will only attach to the nipple in this hold and will get very little



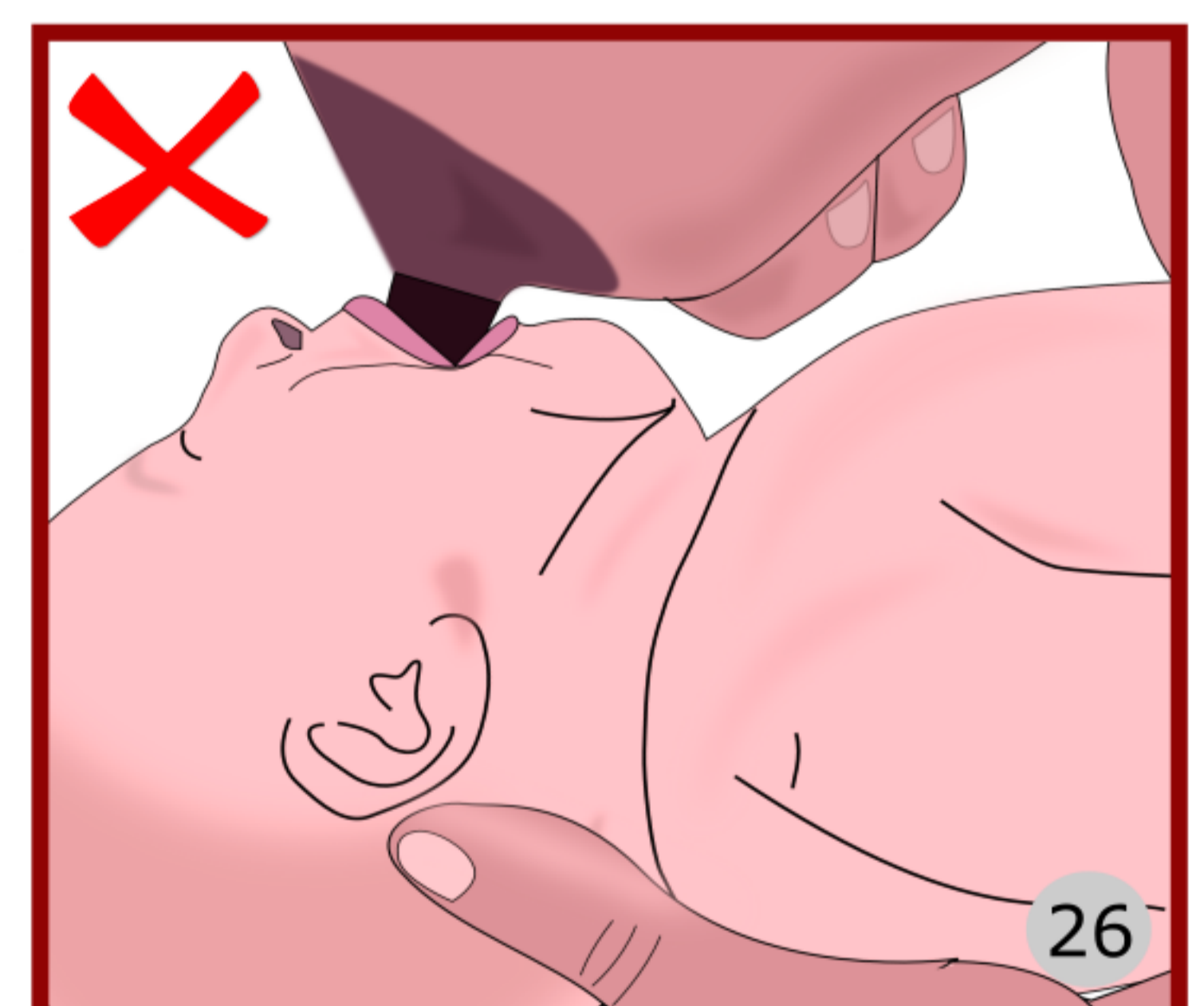
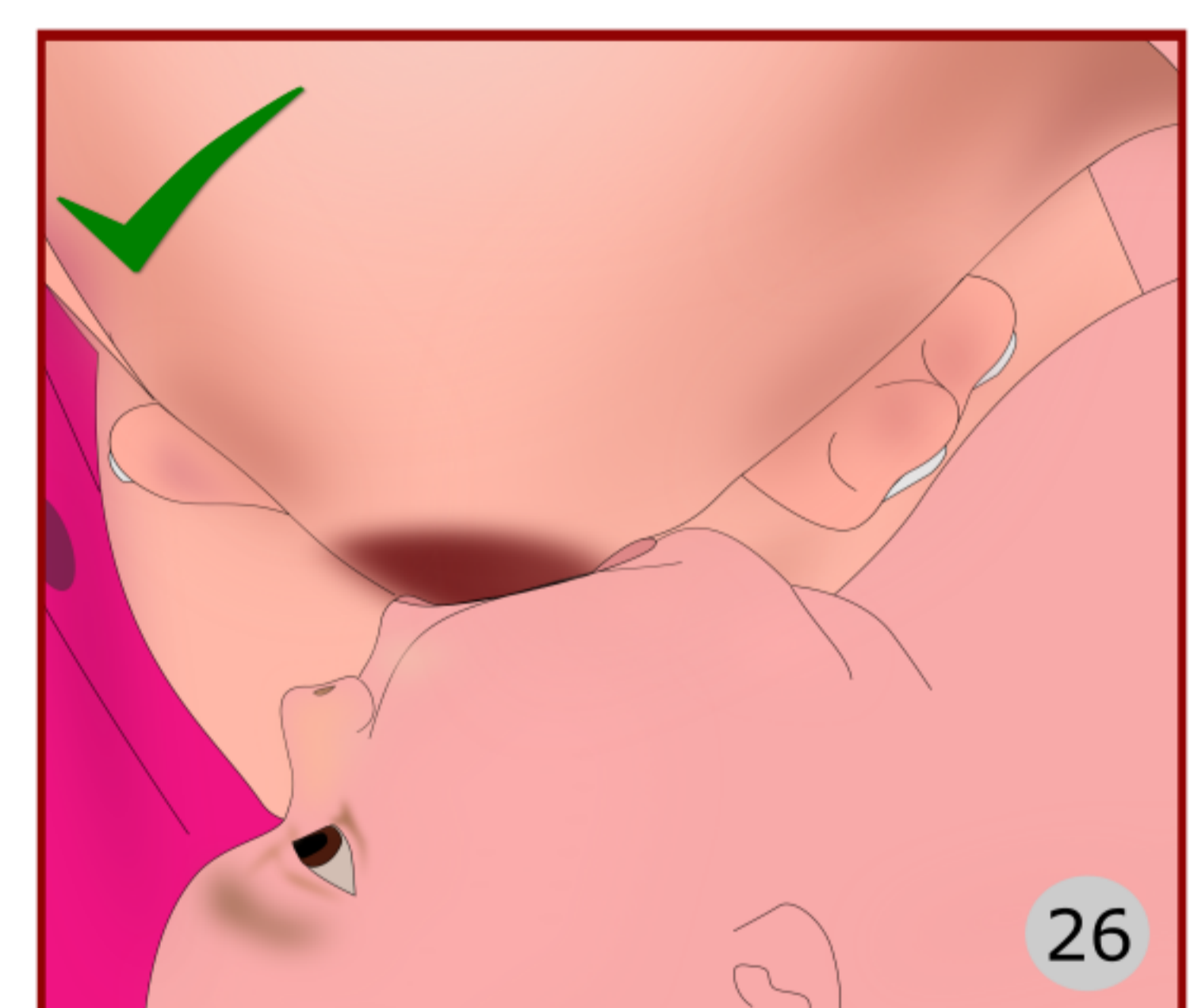
milk while breastfeeding.

Latching- The baby's attachment to the significant portion of lower part of the areola is called latching.

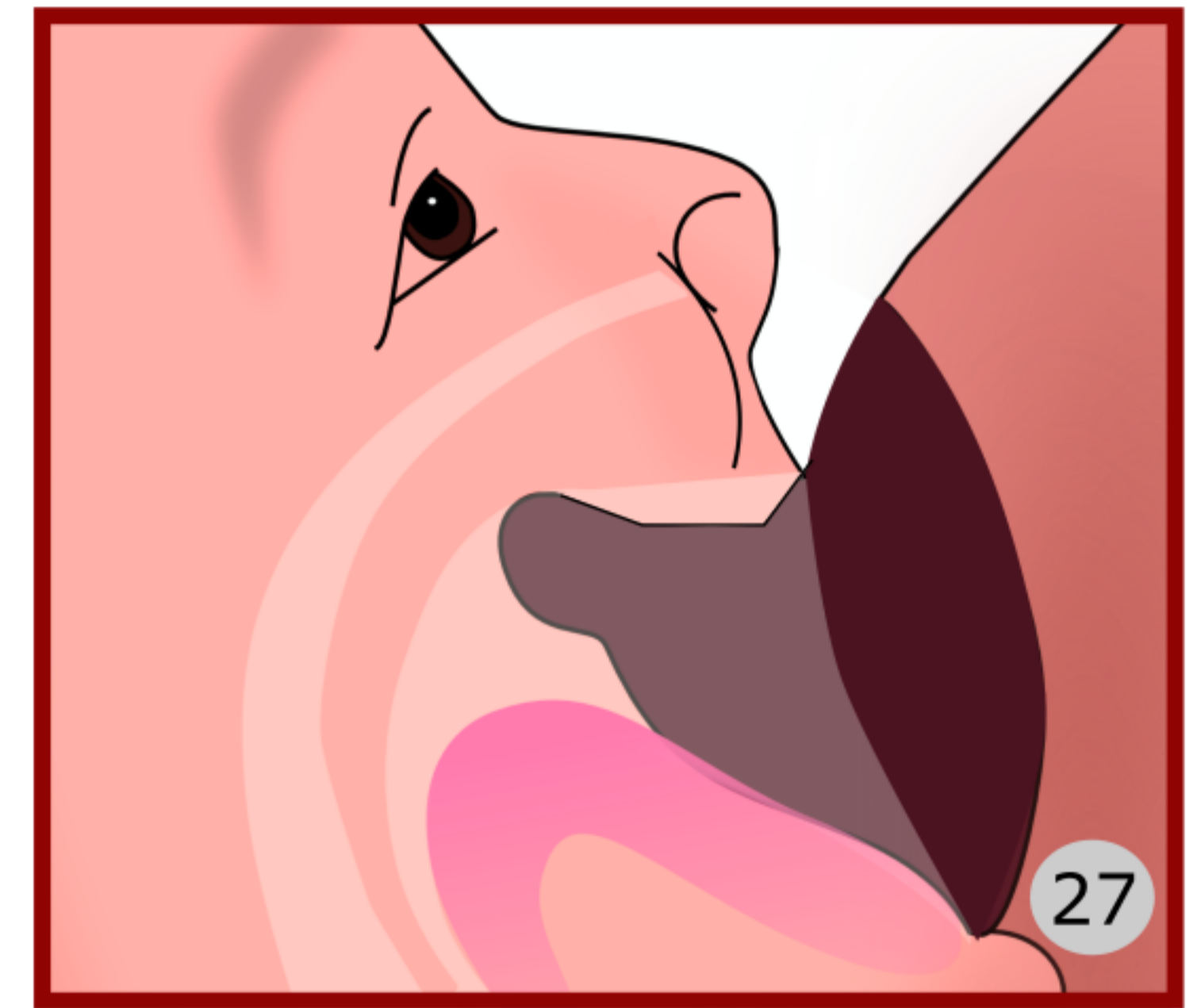
25. The mother should lightly brush her nipple against the baby's upper lip so that the baby opens its mouth widely.



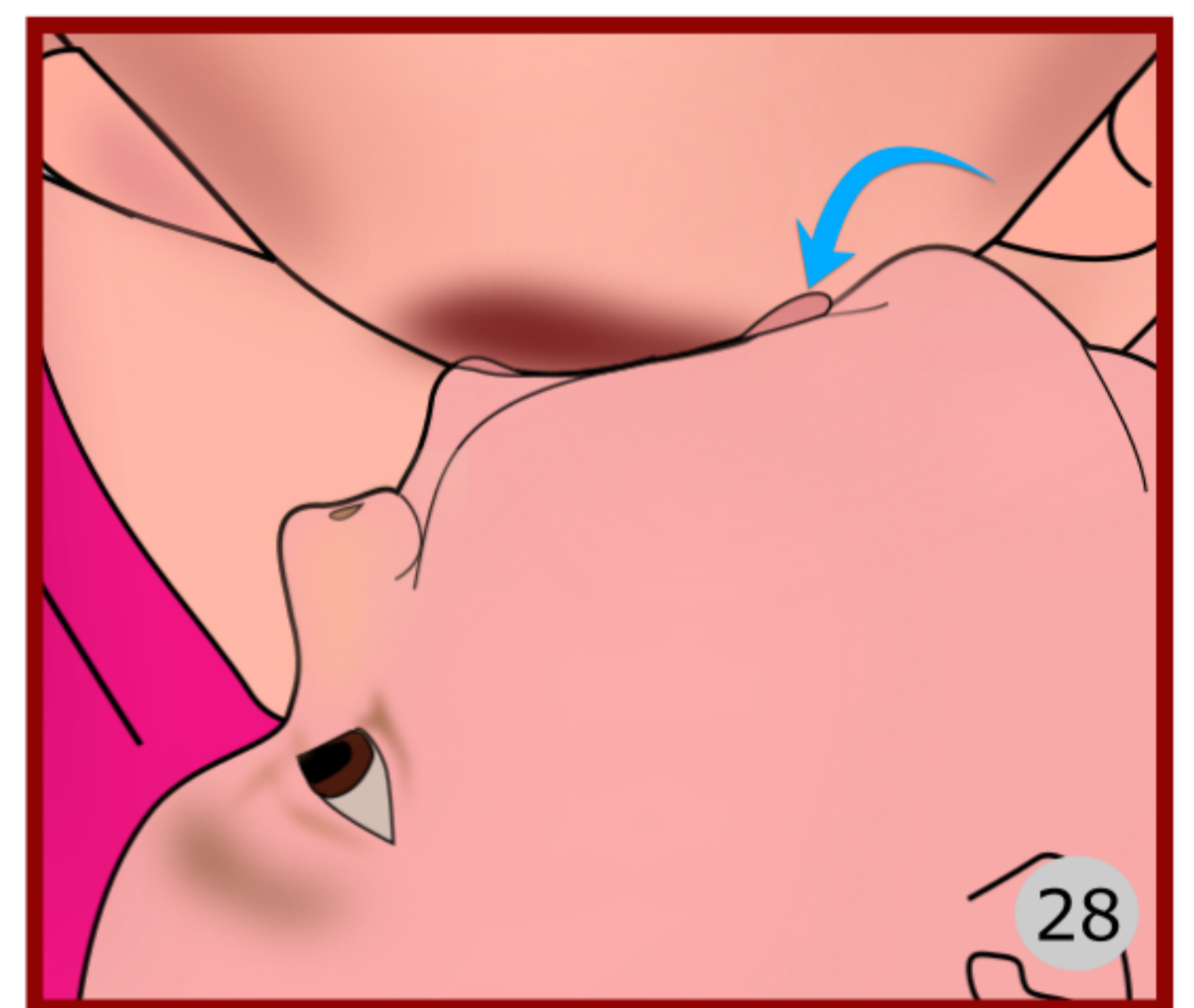
26. When the baby opens its mouth between 120 and 160 degrees wide, the mother should put the lower part of the areola of her breast inside the baby's mouth. This can take around 2 to 3 minutes, but it is important to wait until the baby opens its mouth widely. In a hurry, if the mother tries to put the areola into the baby's mouth, which is not widely open yet, then the baby will only attach to the nipple and will not get enough milk while breastfeeding. If the baby does not open its mouth widely for more than 10 minutes, it means that the baby is not hungry.



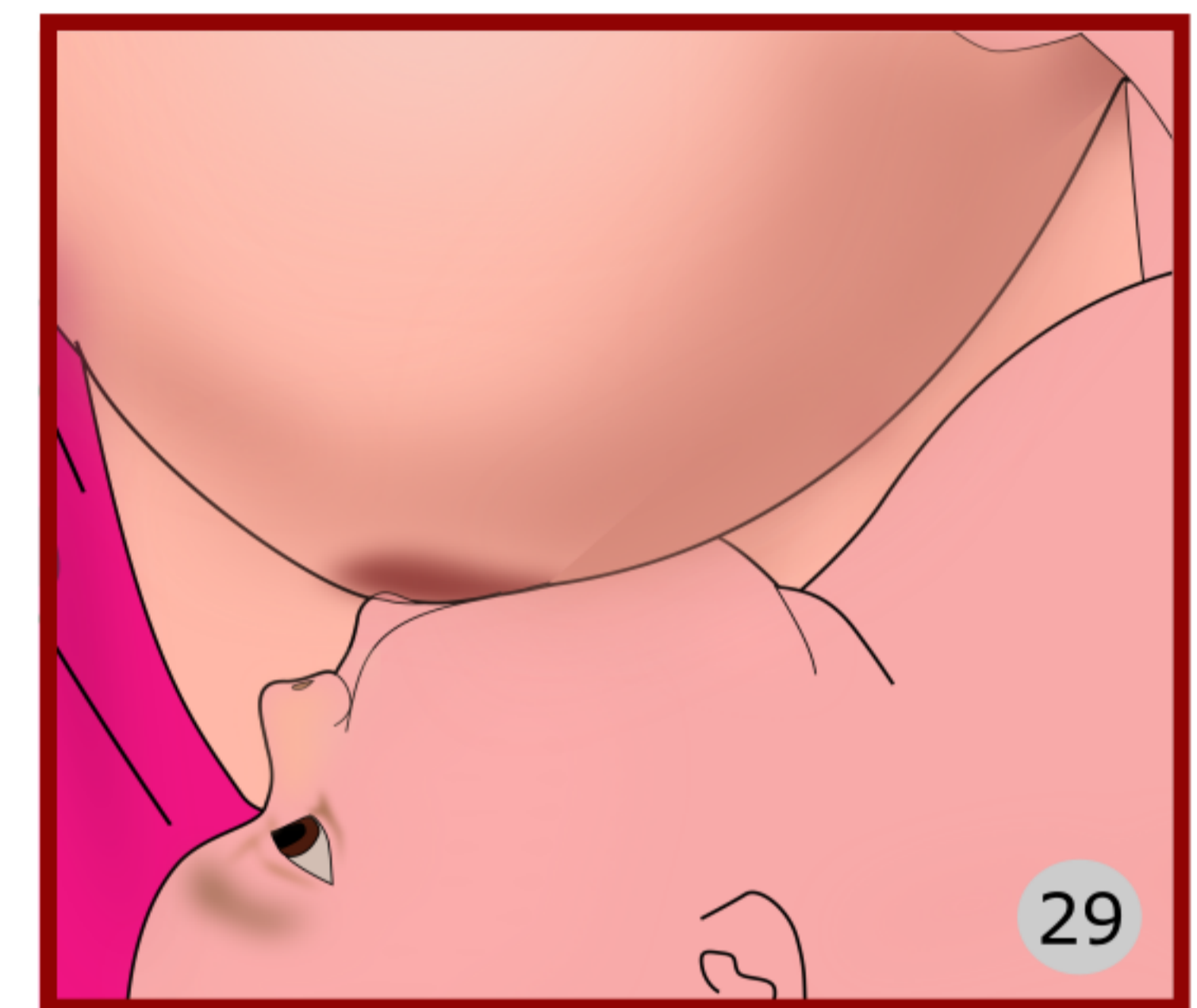
27. The baby's upper lip should be a little above the mother's nipple. The baby's lower lip should be at the border of the areola. If the mother's areola is small, then the baby's lower lip will be beyond the border of the areola. This is the correct and deep attachment of the baby to the breast.



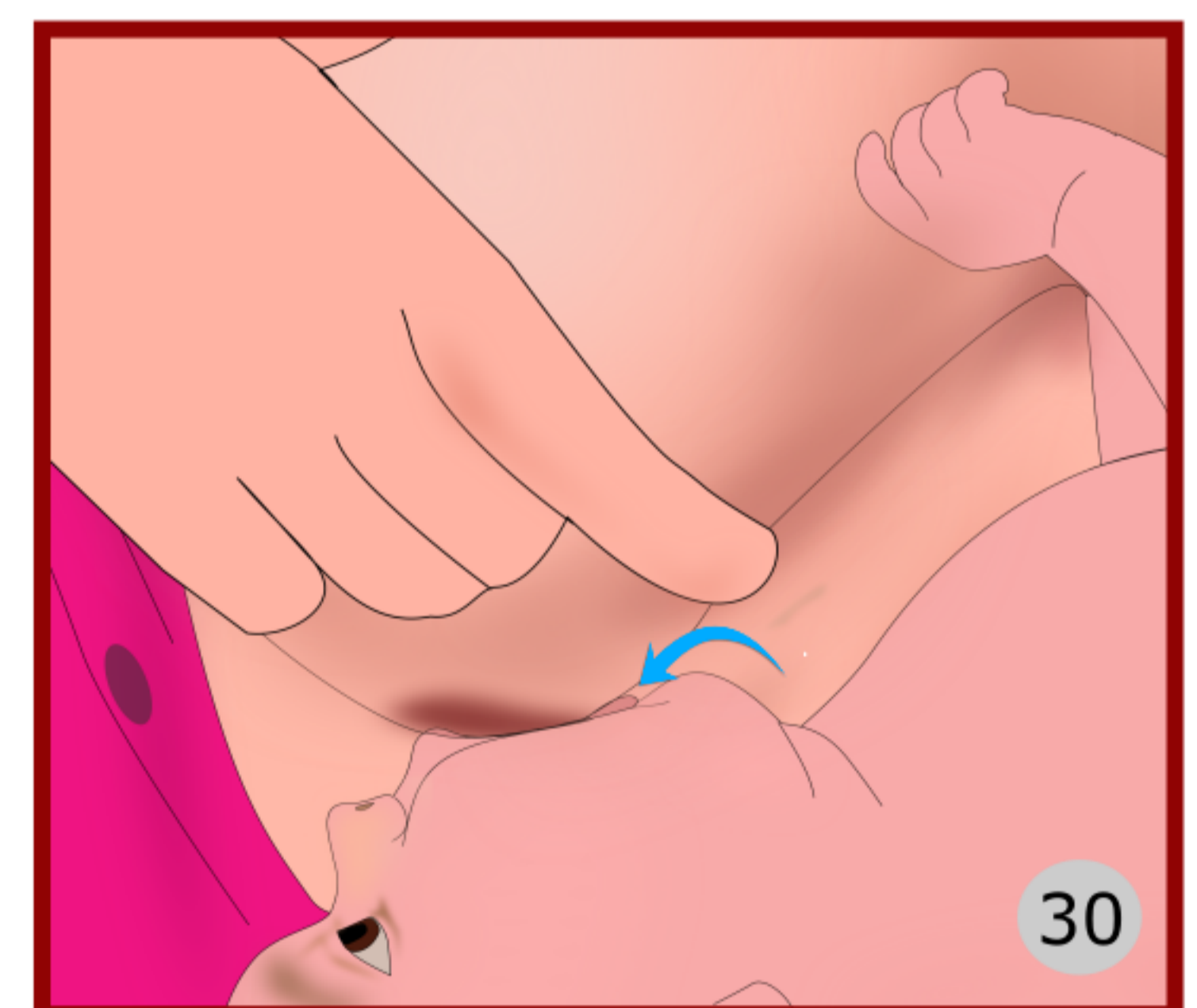
28. The baby's lower lip should be curled in the outward direction.



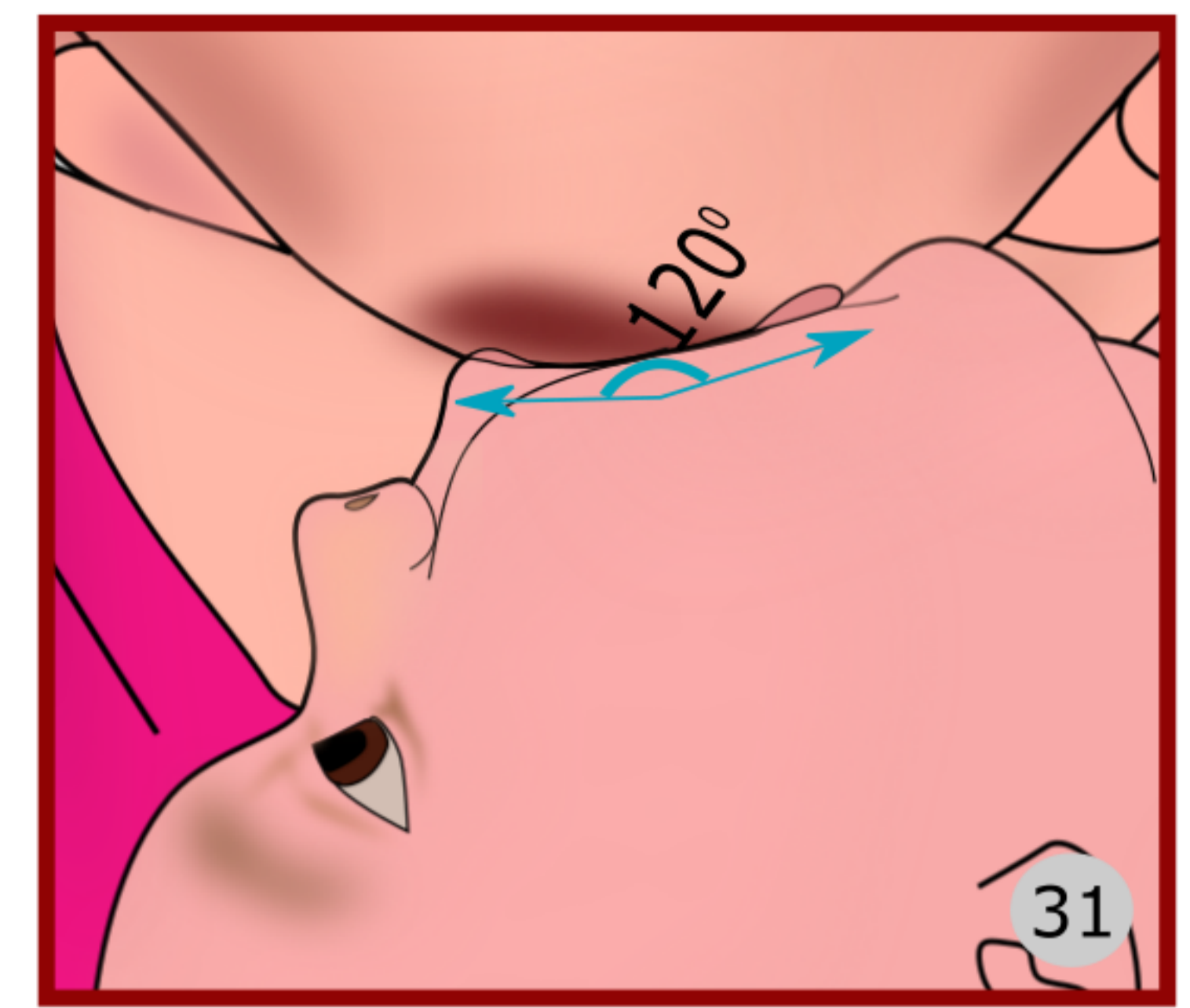
29. The baby's lips and chin should be completely embedded into the mother's breast.



30. To check if the baby is deeply attached to the mother's breast, the mother should lightly press her breast upwards near the baby's lower lip. Then, she must check whether the lower part of the areola is entirely inside the baby's mouth or not and whether the baby's lower lip is curled in the outward direction or not.



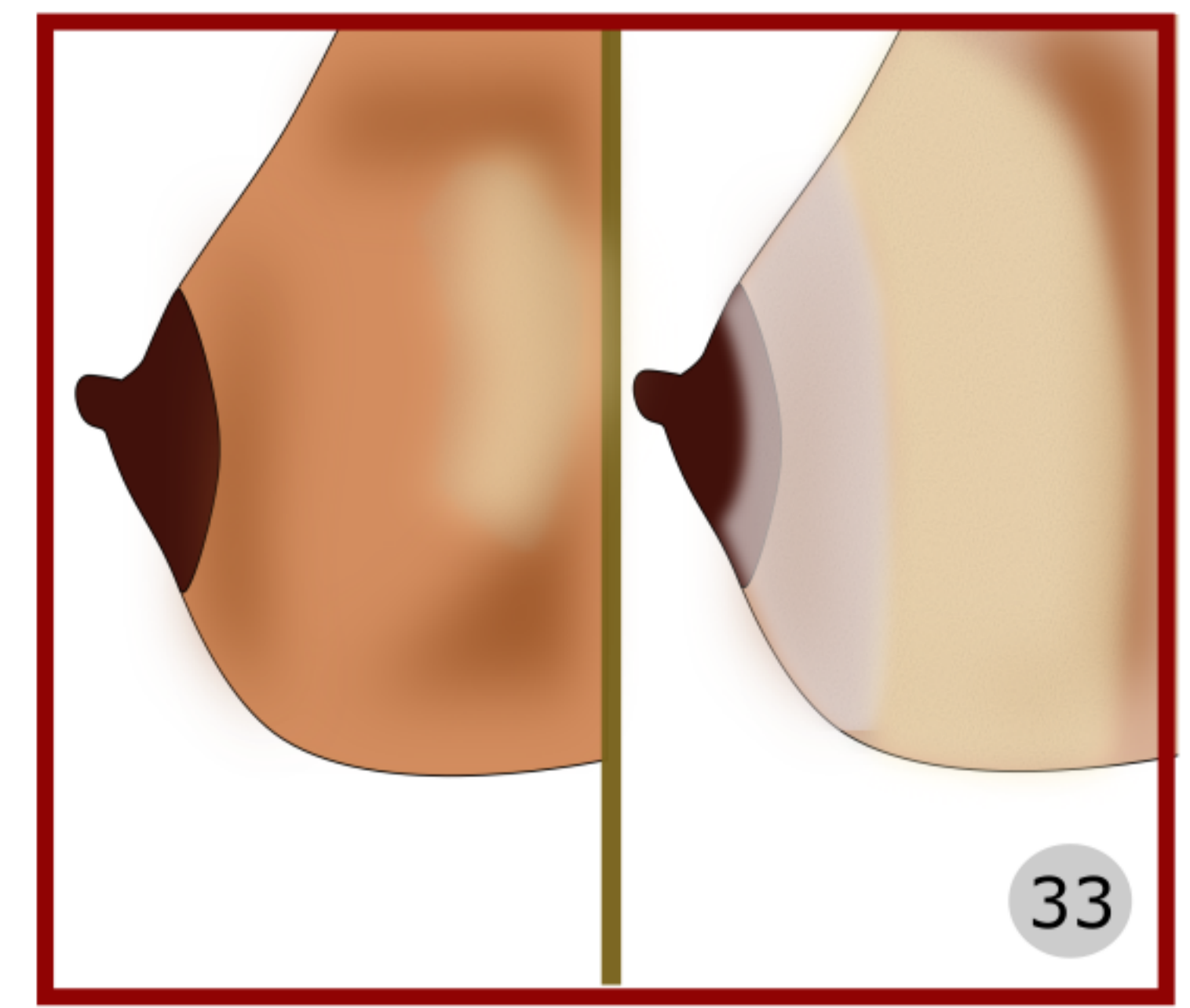
31. She must also check whether the baby's mouth is open at least 120 degrees wide or not. It is essential to check these three points. The mother must be taught to check them.



32. Once the mother confirms deep attachment of the baby to the lower part of the areola of her breast, she can release her breast from her hand and place that hand on the baby's back for support. But she should not move the hand with which she is holding the baby's head. If a mother has a very big or heavy breast and she releases it from her hand after deep attachment, then the areola can slide out of the baby's mouth. In such cases, after releasing the breast from her hand, the mother can use her elbow to support her breast. Another option for such mothers is to not release the breast from her hand after deep latching but support that hand by keeping 2 to 3 pillows below it.



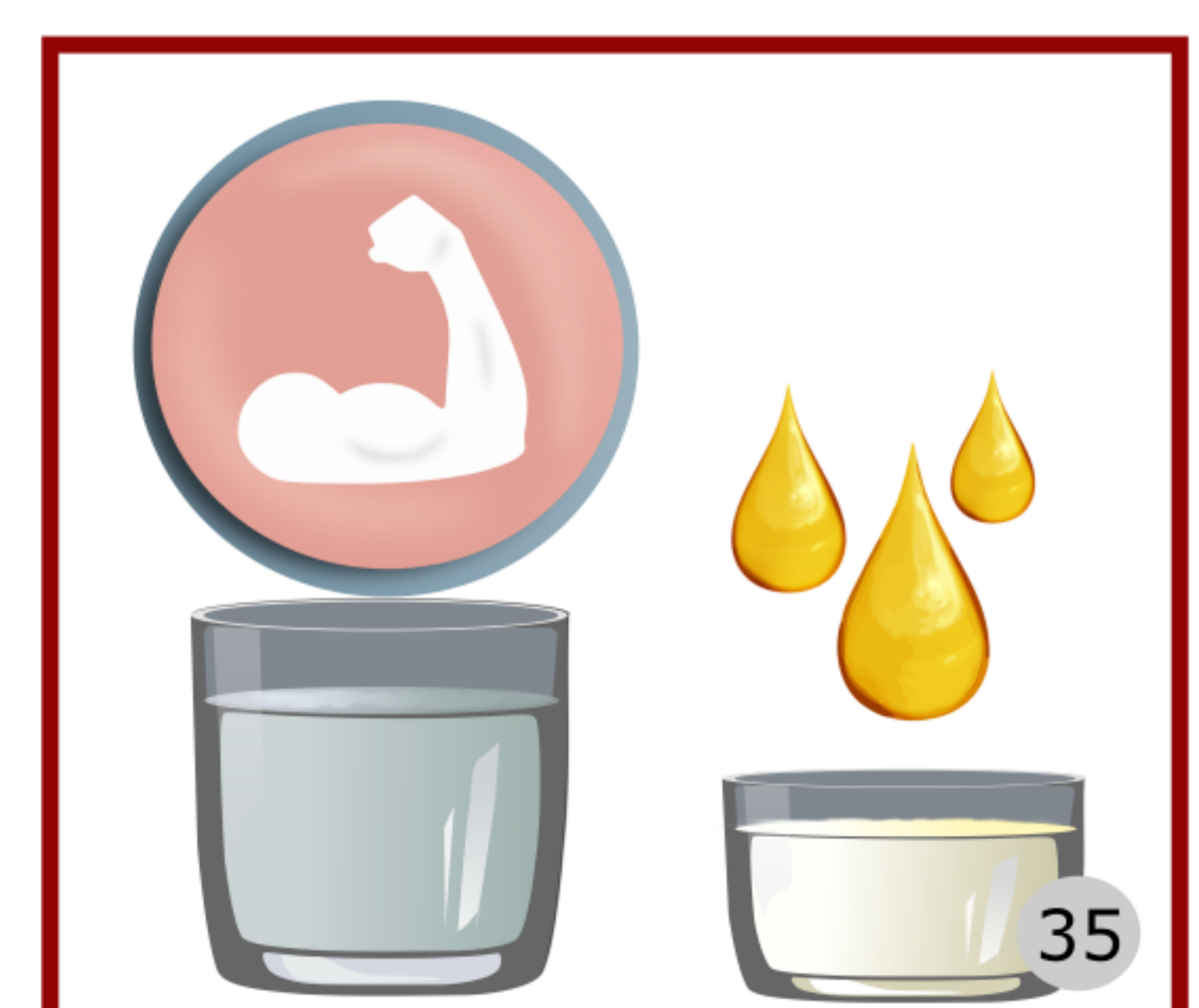
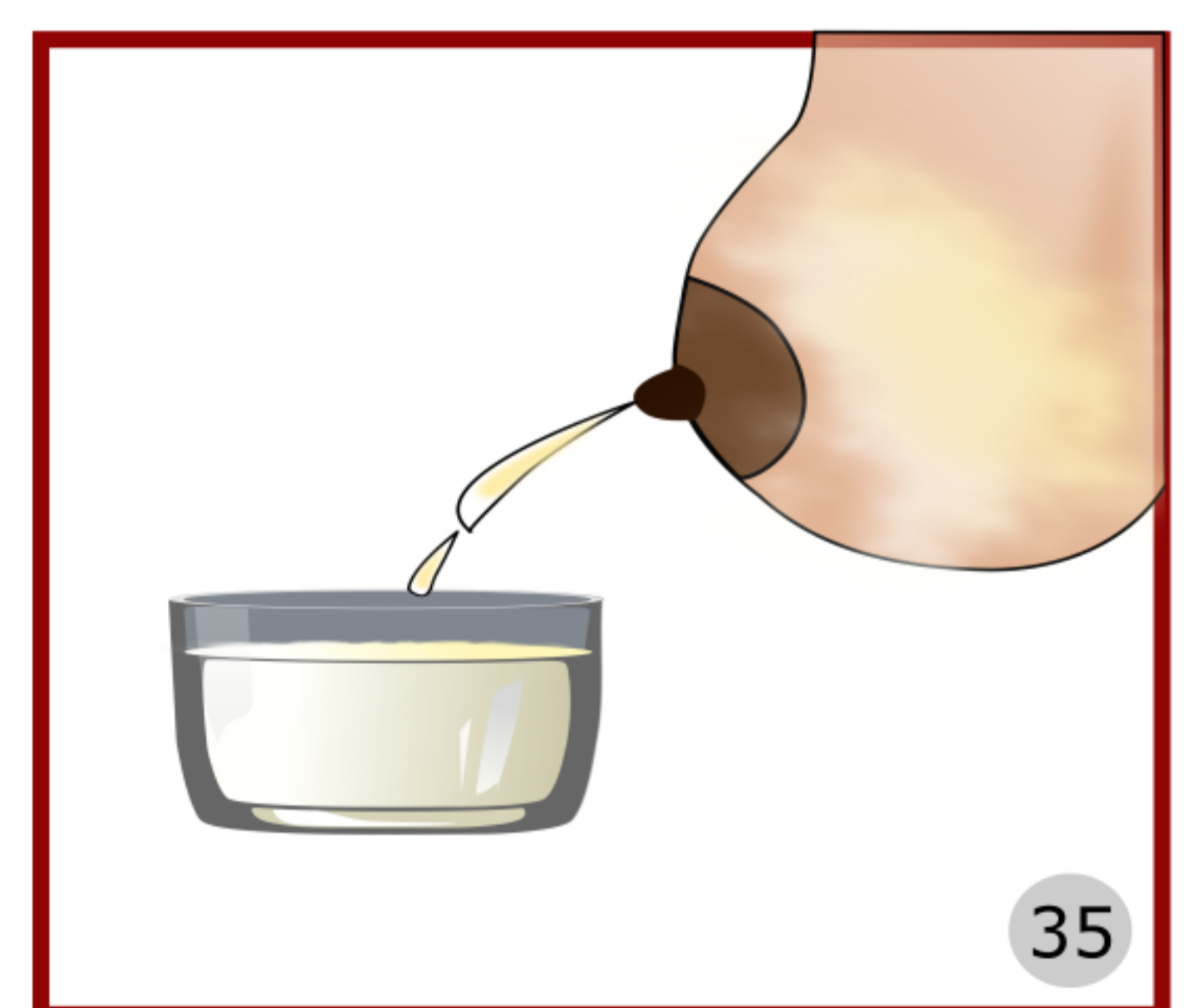
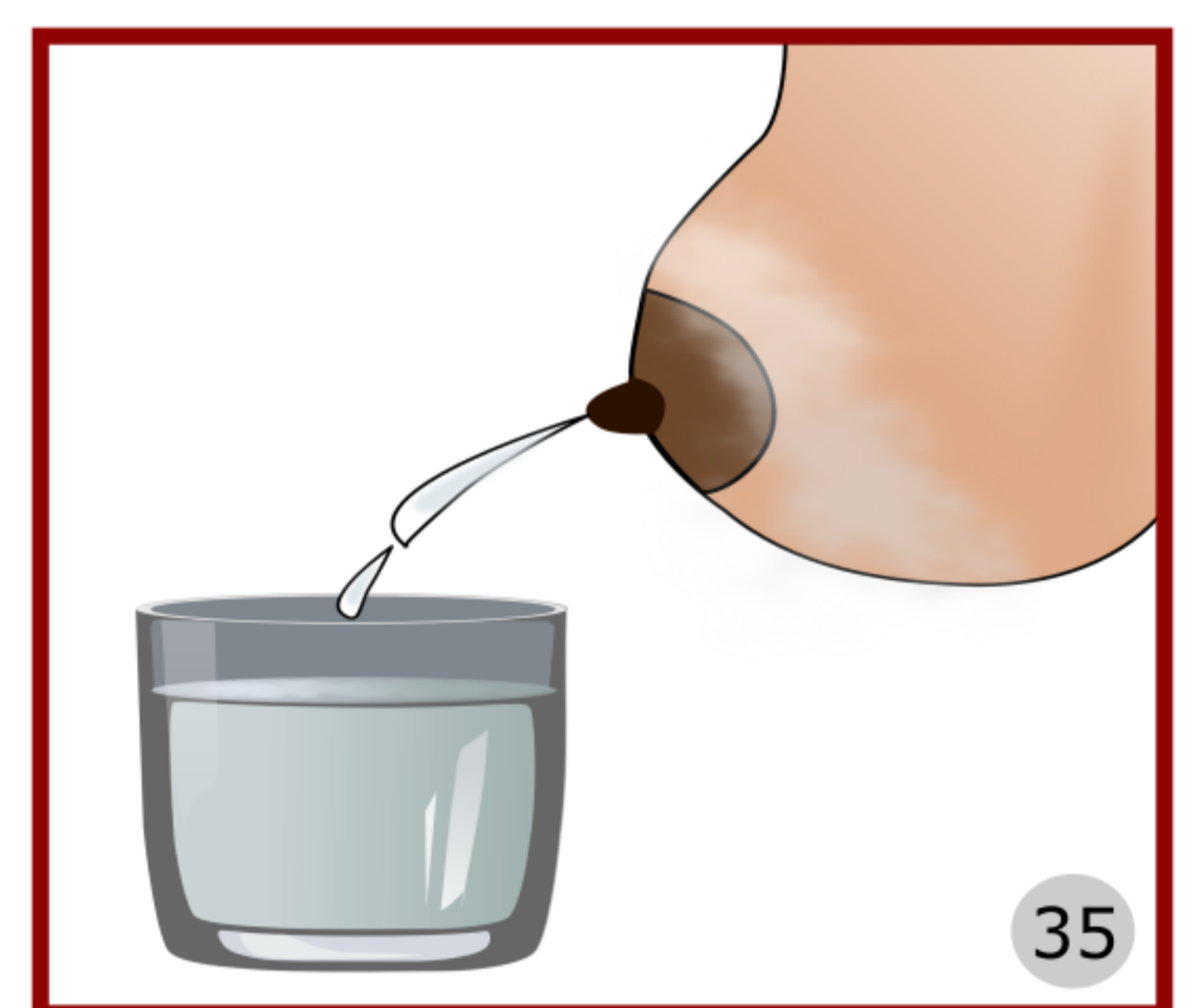
33. The mother should breastfeed from one breast completely before offering the other breast to the baby.



34. To check whether she has fed the baby from one breast completely, the mother should express milk from that breast with her hand. If thin watery milk comes out of the breast or if there is a good flow of thick milk on expression, it means the baby has not completely breastfed from that breast. The mother should continue breastfeeding from the same breast.

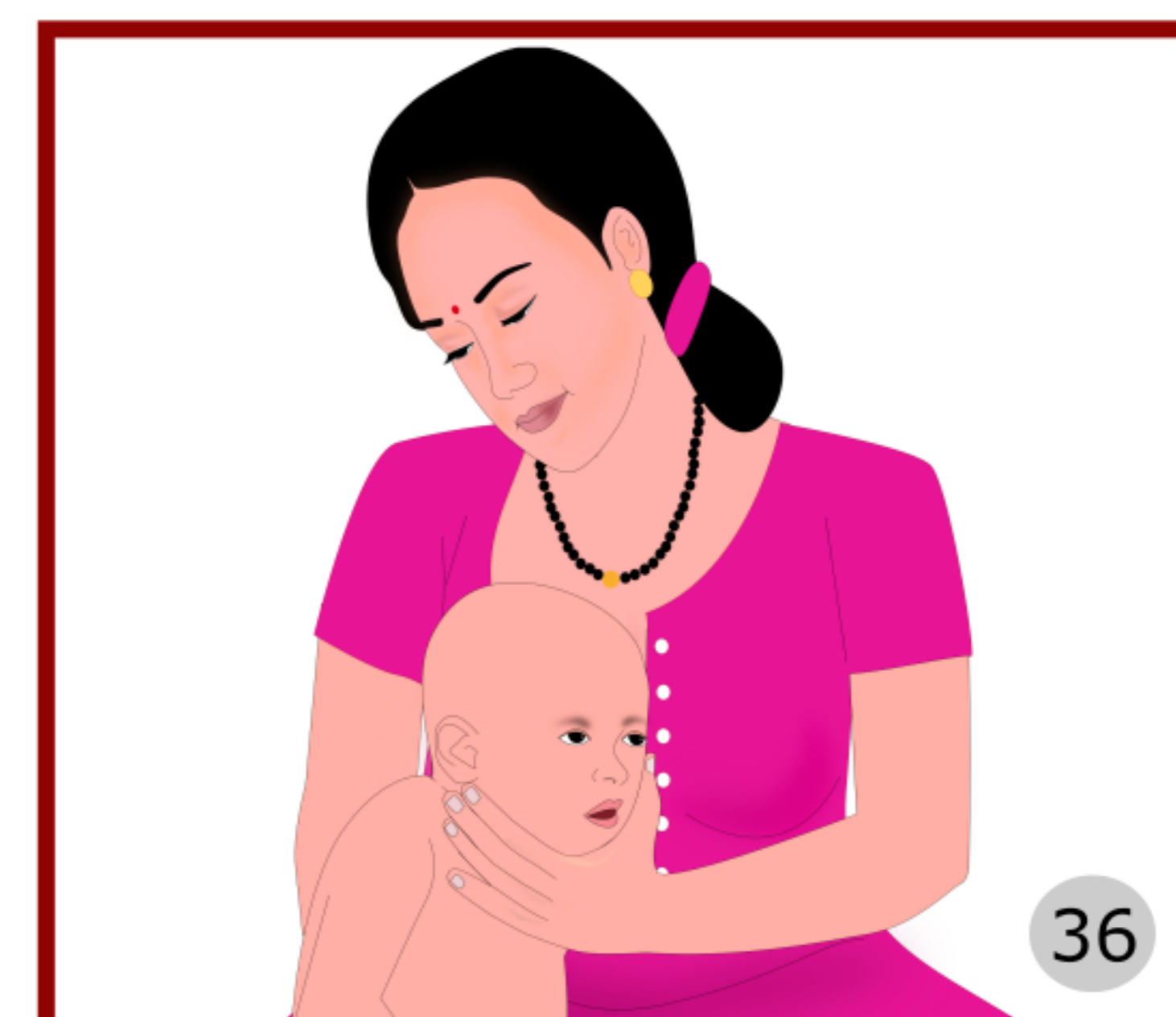


35. The mother should feed the baby from each breast completely - this includes the thin watery milk rich in protein that comes first and the thick milk rich in fats that comes later. Both foremilk and hindmilk are necessary for the baby's growth. The baby should be offered the other breast only after breastfeeding from one breast

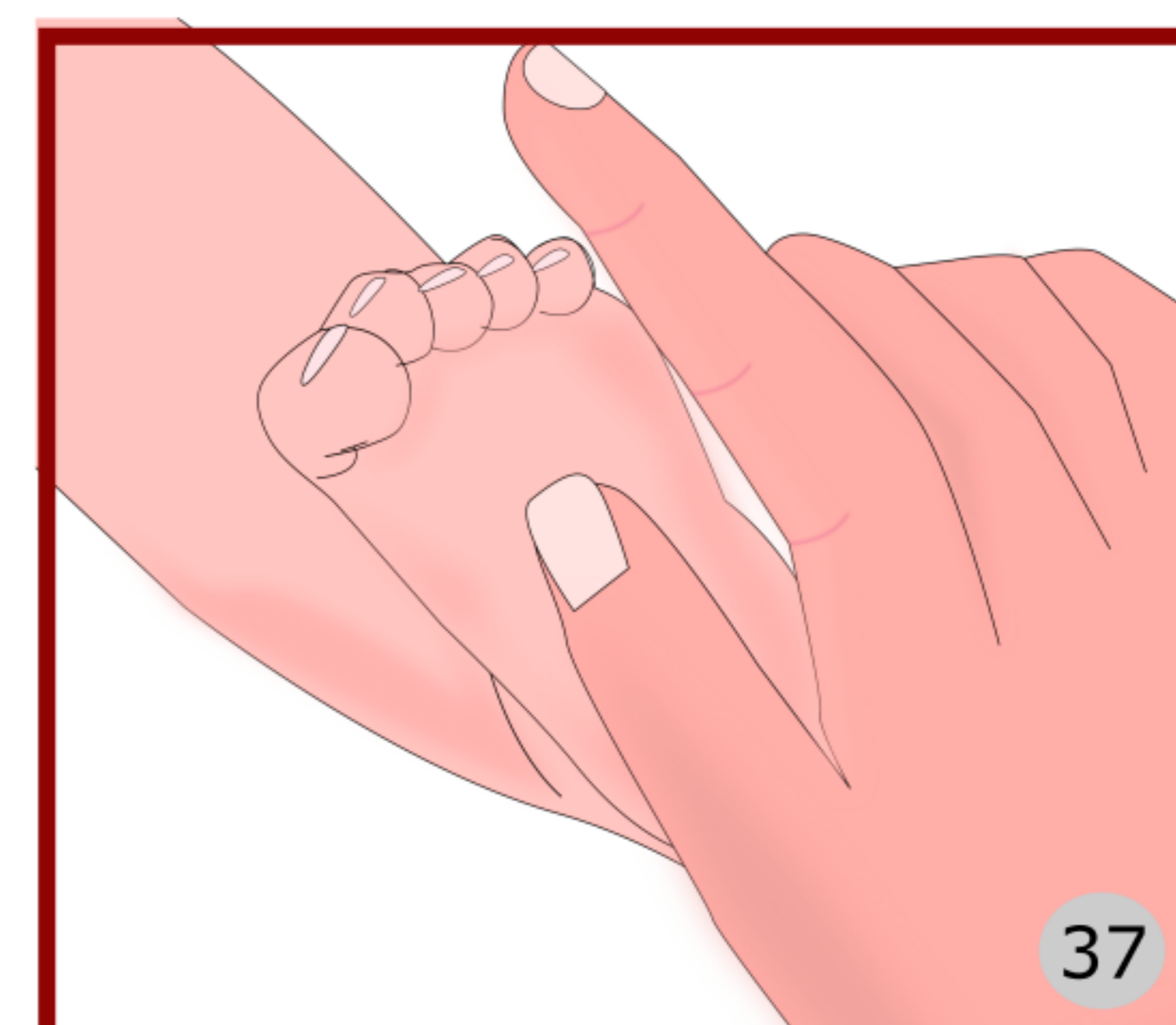


completely. If the baby is still hungry, it will breastfeed from the second breast too.

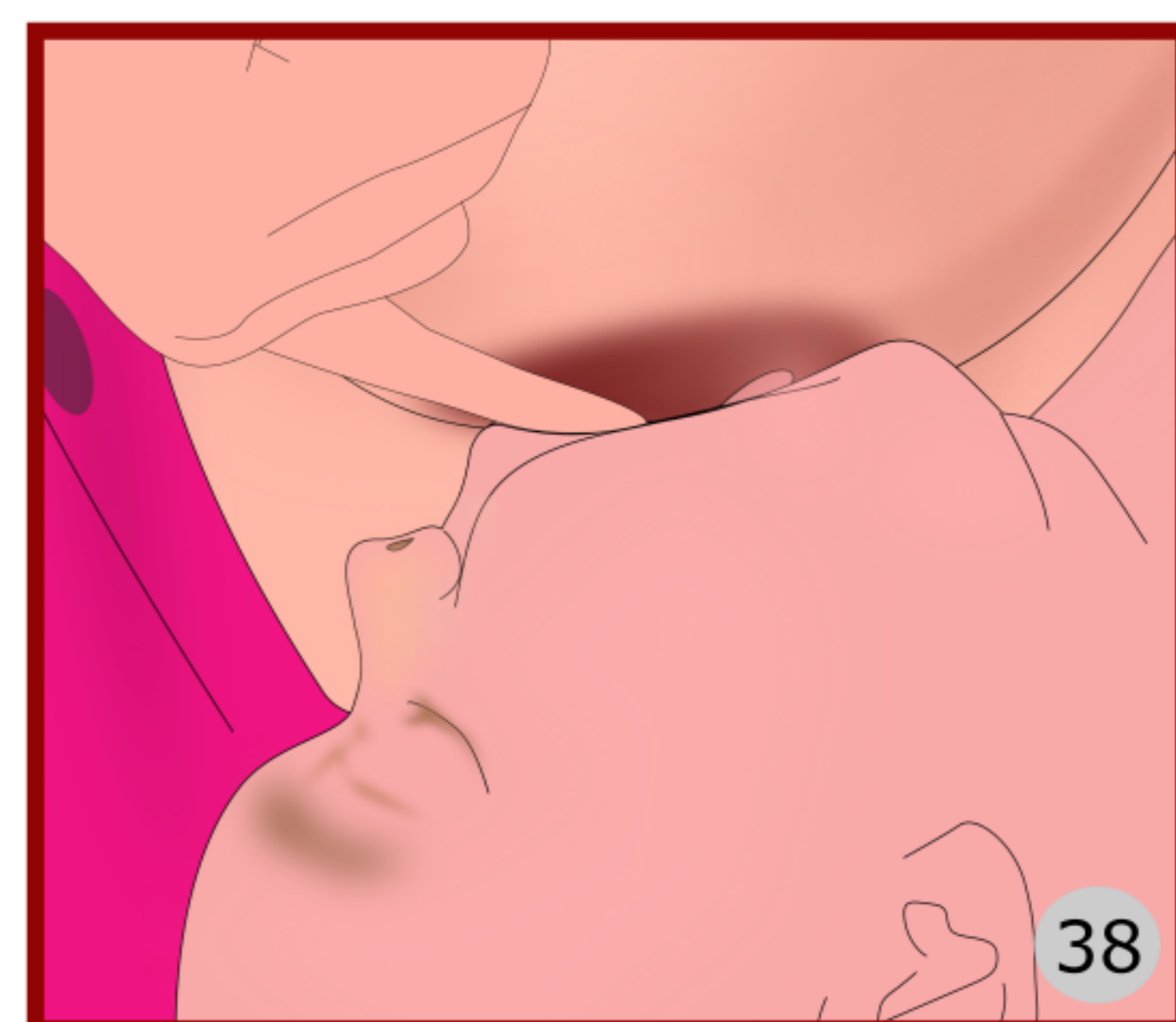
36. The mother must make the baby burp before offering the second breast. To do so, the mother should make the baby sit on her lap comfortably. Then, the mother should cup the baby's jaw with her hand, keep her other hand on the baby's back and slightly bend the baby's torso forward. The baby will burp within 2 to 3 minutes. The baby will also open its eyes.



37. If the baby falls asleep while breastfeeding, the mother should caress its back or tickle feet. The mother can also make the baby sit in the position of burping.

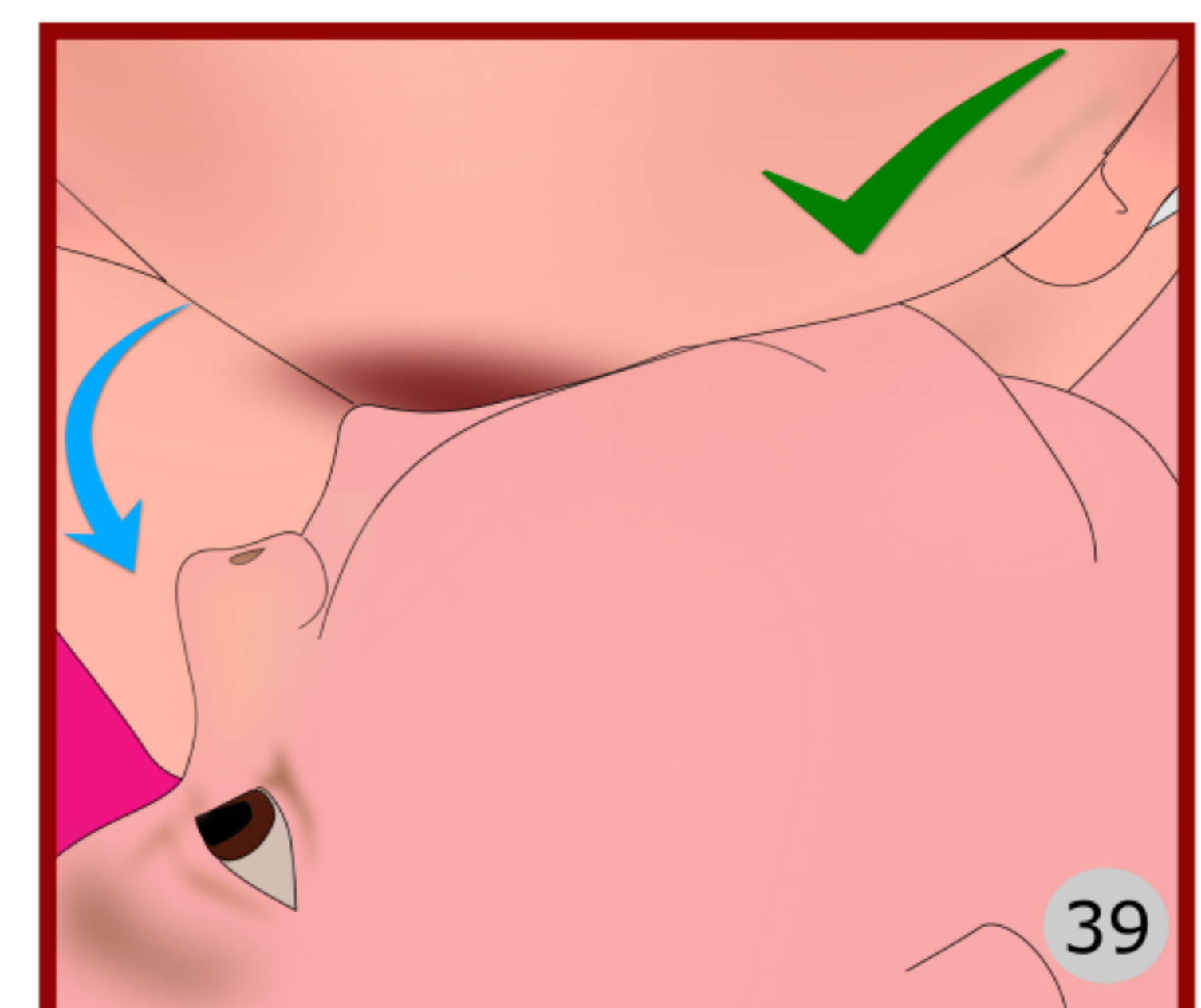
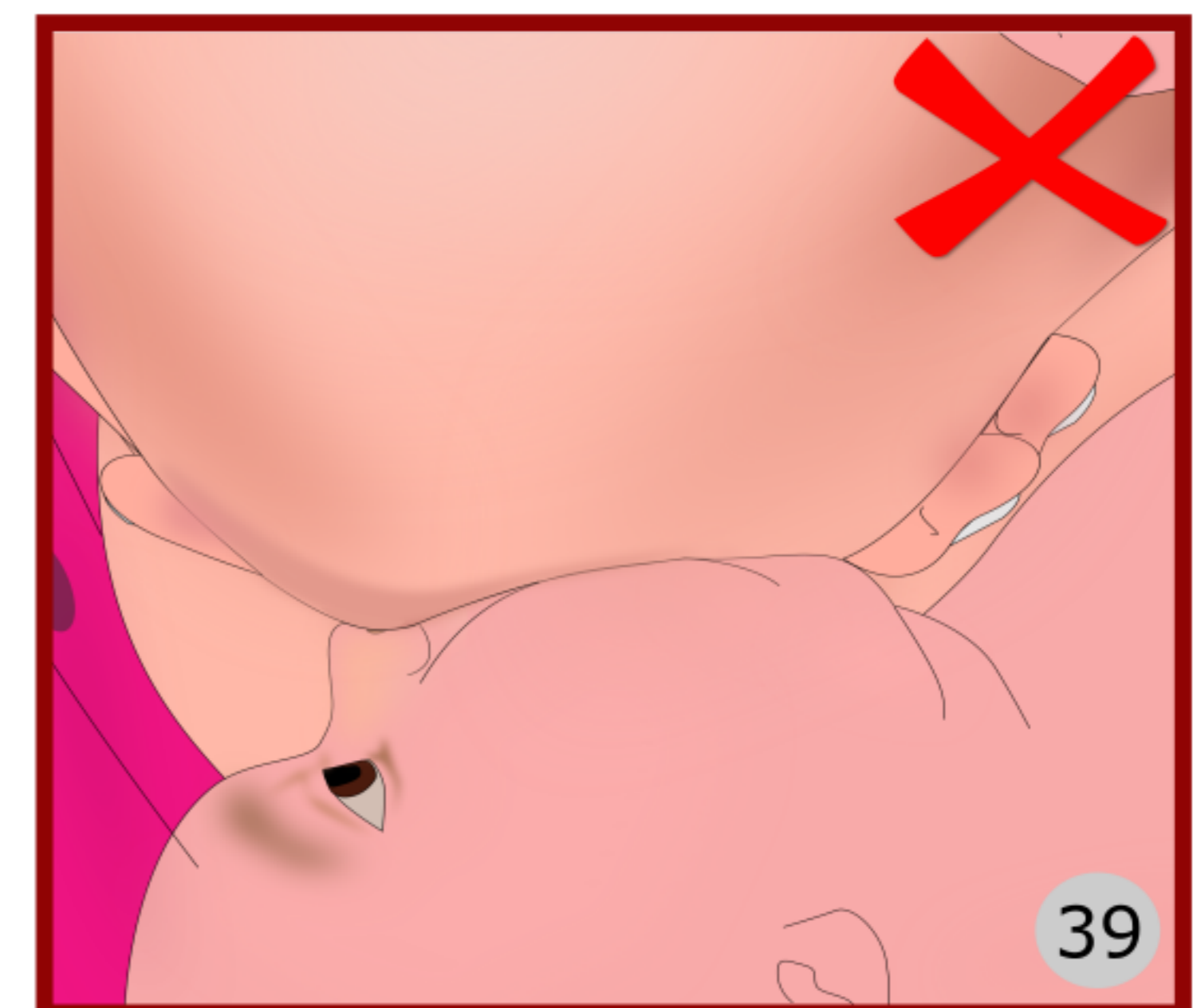


38. If the baby is attached only to the nipple or if the baby goes to sleep while breastfeeding, then the mother can put her clean little finger in the baby's mouth to remove her breast from the baby's mouth.

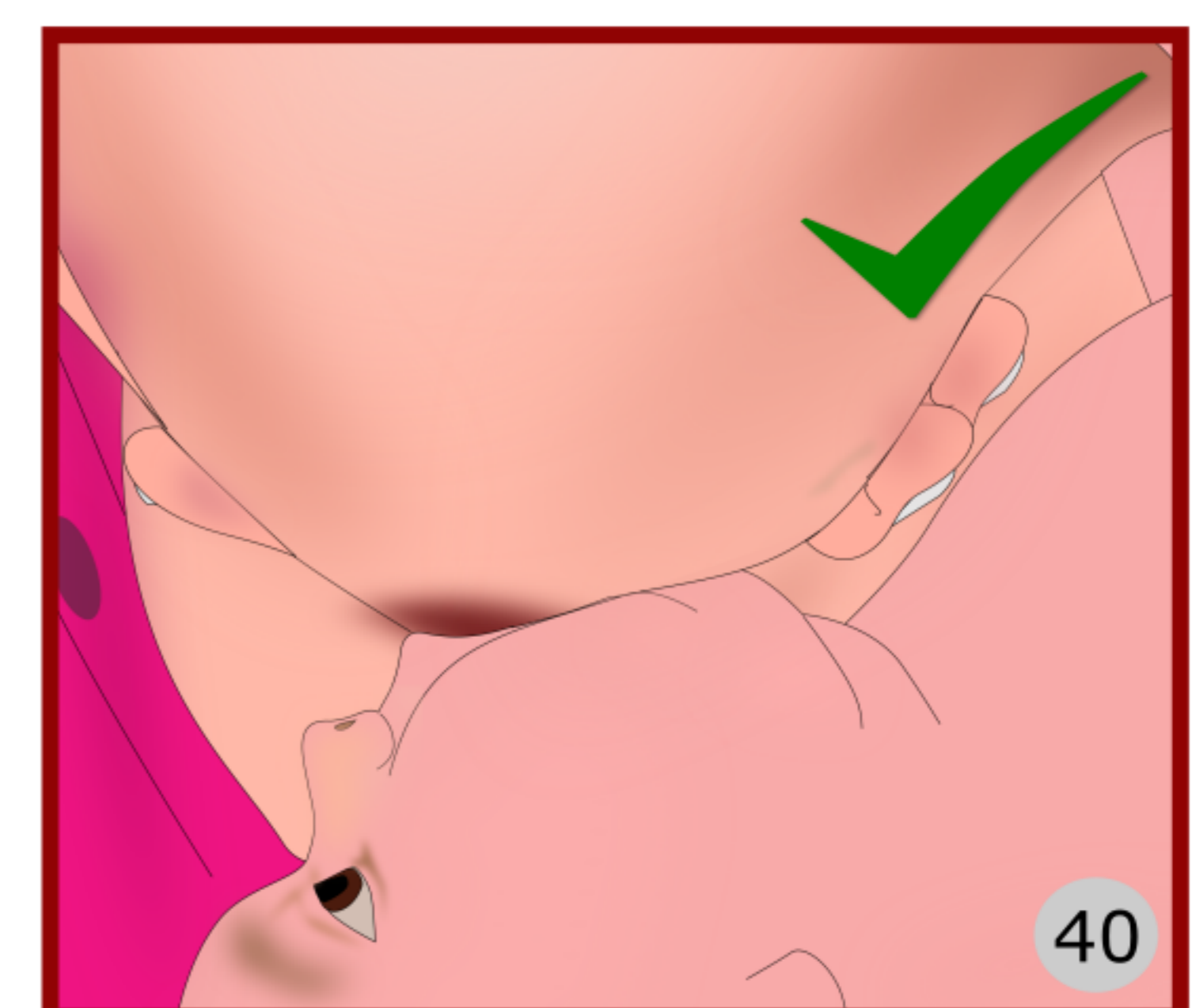


This will open the baby's clenched mouth, and the mother can easily take her areola out of the baby's mouth.

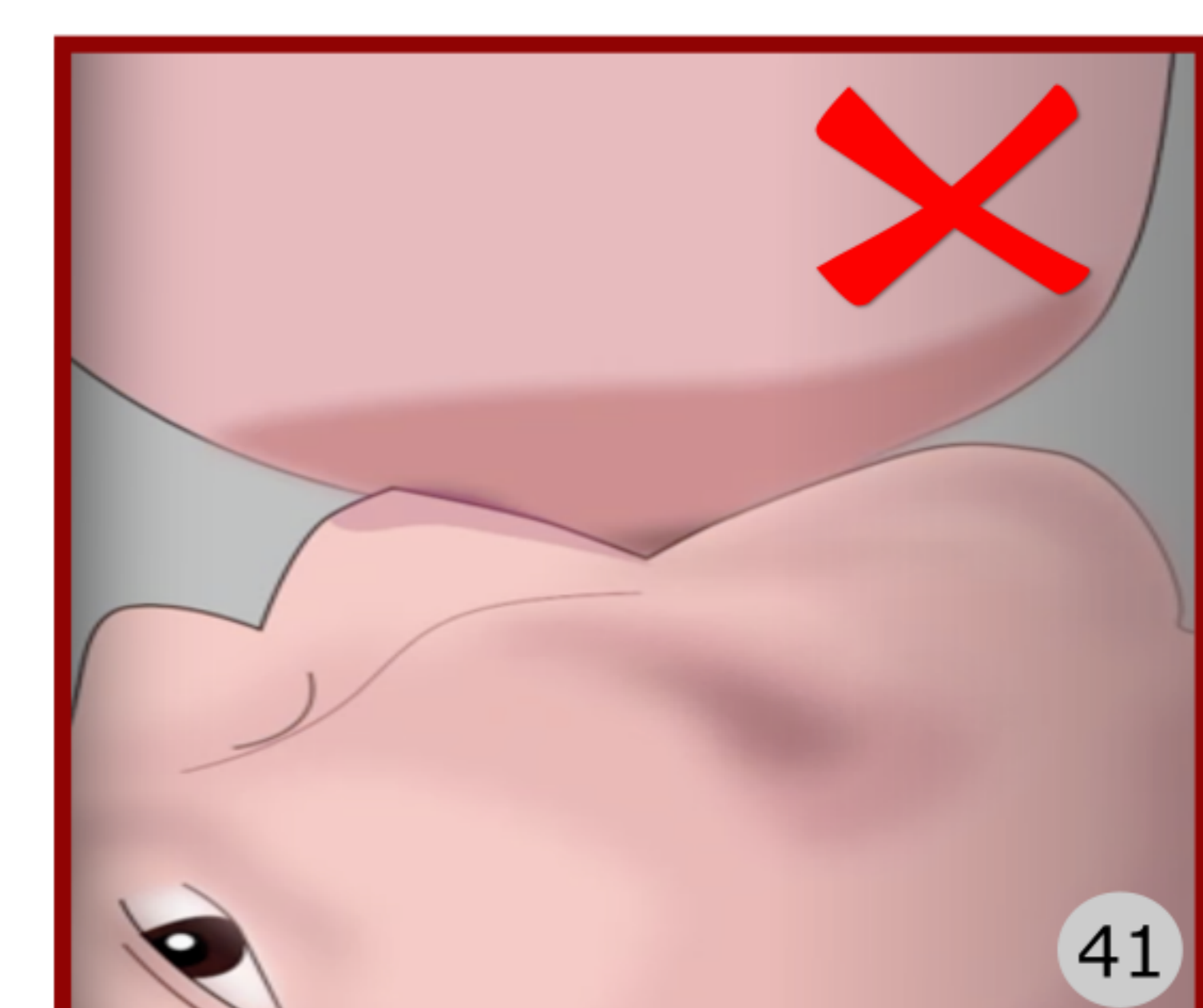
39. If the baby's nose is pressed tightly into the mother's breast, then the mother can gently extend the baby's neck in the outward direction so that the baby's chin is pressed further into the mother's breast and the baby's forehead is pulled away from the mother's breast.



40. If the baby is breastfeeding correctly, then the baby's cheeks will appear round and full. There will be no dimple in its cheeks. The baby won't make fast swallowing sounds. When swallowing milk, the baby's jaw will slowly and distinctly drop down.



41. If dimples appear in the baby's cheeks while breastfeeding, then it means that the baby is feeding only from the nipple. There is more of the upper part of the



areola than the lower part of the areola in the baby's mouth. Or the baby's lips & chin are not completely embedded into the mother's breast.

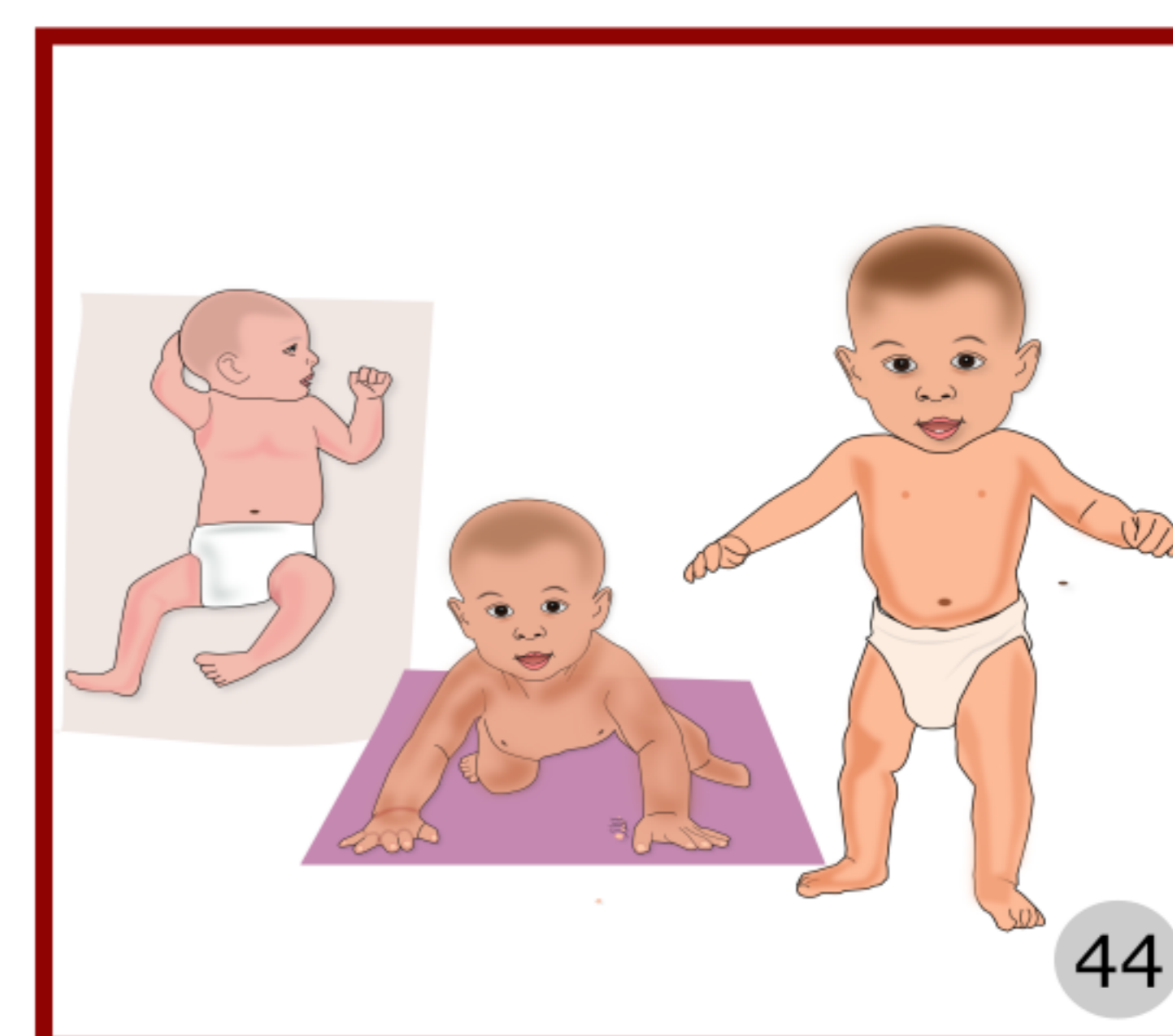
42. Every 24 hours, the mother must breastfeed 10 to 12 times out of which she must feed at least 3 to 4 times at night.



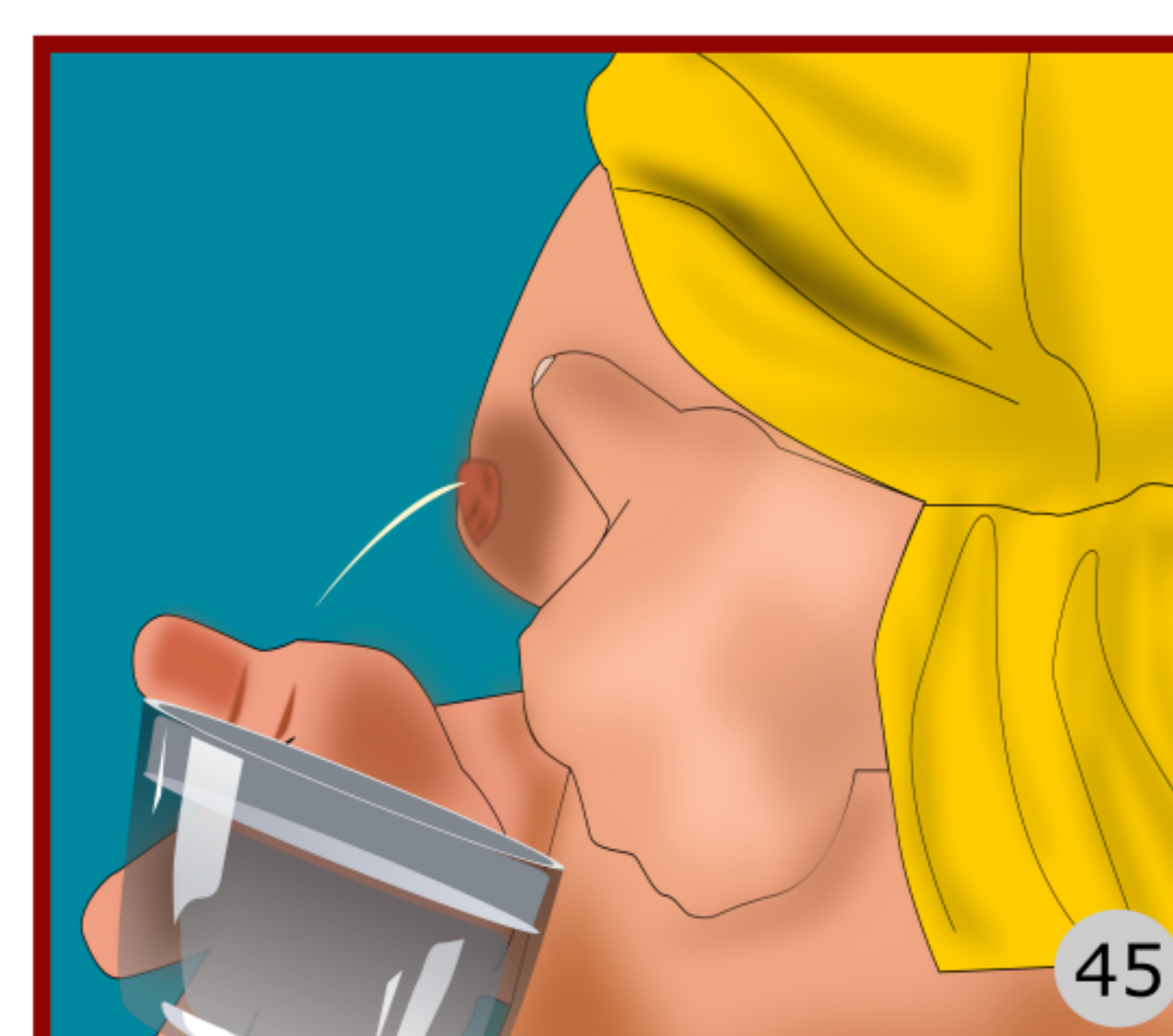
43. The baby must be exclusively breastfed for 6 months. After 6 months, continue breastfeeding along with complementary feeding until 2 years of age.



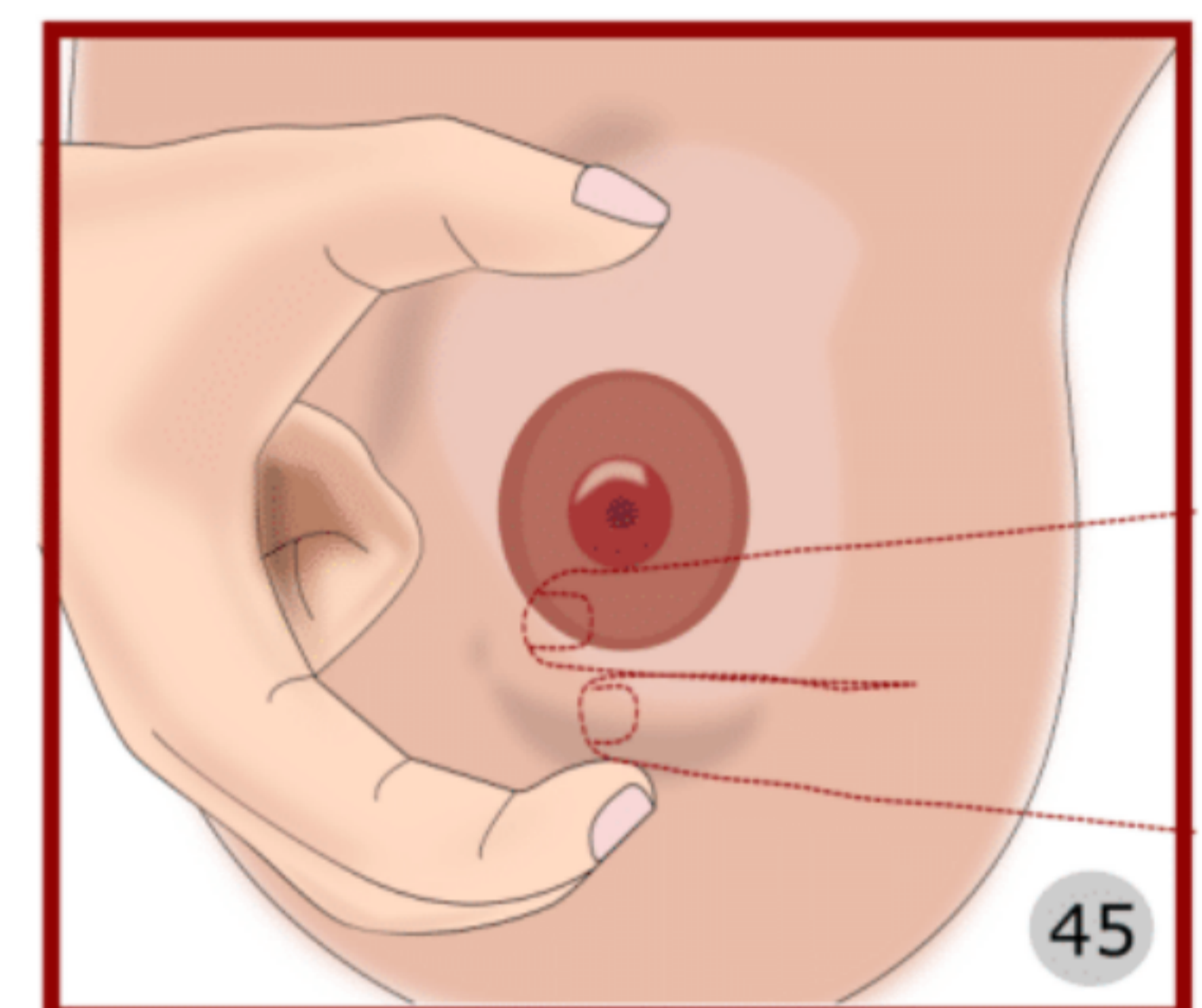
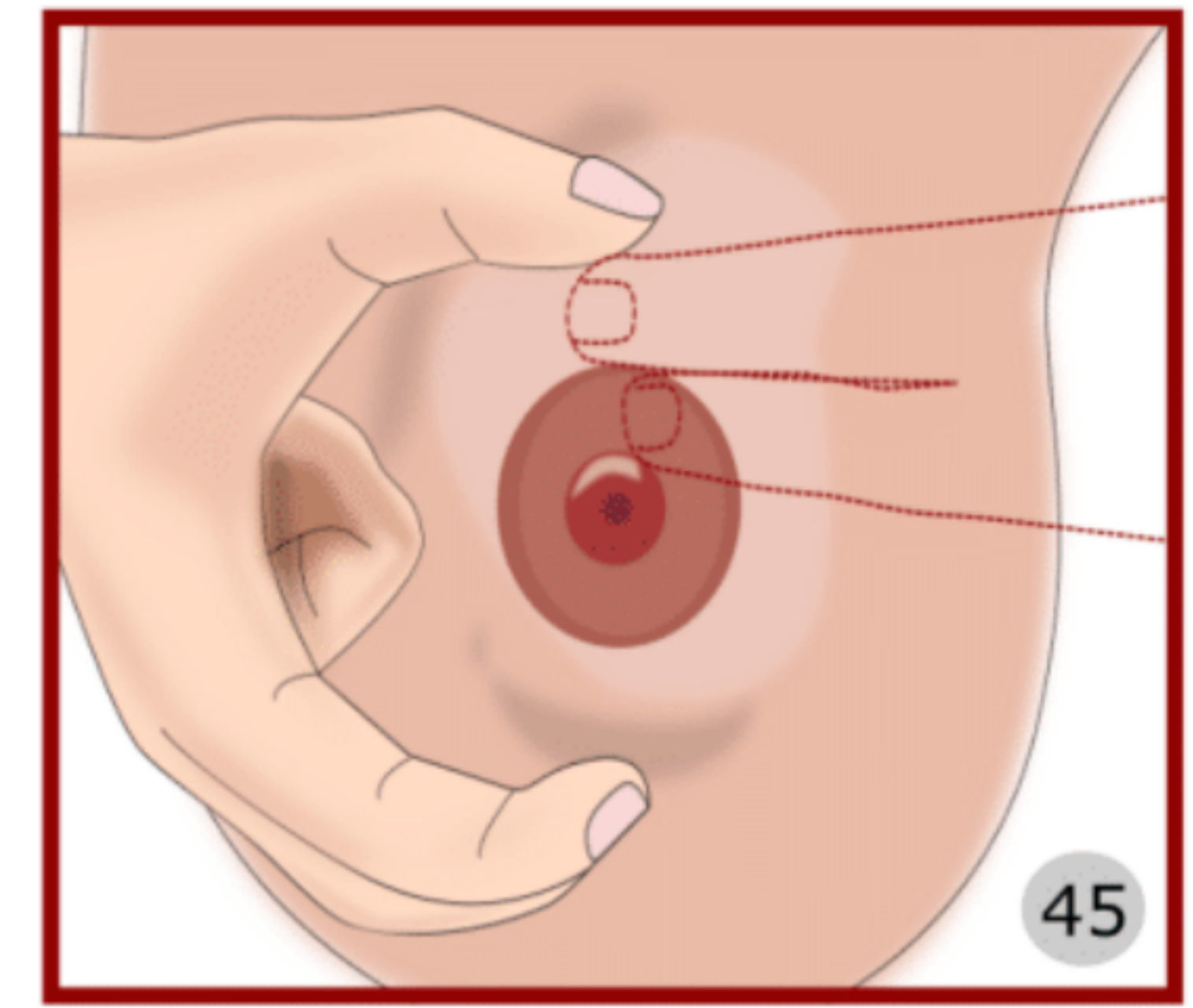
44. The baby grows very fast at 2 weeks, 6 weeks and 3 months of age. During these days, the baby needs more milk. That's why the mother must breastfeed more frequently, and each session should be for a longer duration. The mother must also learn the correct technique of breastfeeding.



45. If the mother wants to express breastmilk using her hands, then



her thumb, nipple, and fingers must be kept in a straight line. The nipple should be in the middle of the thumb and the forefinger or the middle finger, and there should be a distance of 2 fingers between the thumb and the nipple and between the finger and the nipple. The mother must constantly and gently press the breast towards her chest. Then, without moving her hand, she should gently compress the breast with her thumb and fingers and then release the pressure. The mother can express her breastmilk in this way and check whether it is thin or thick.



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