# Breastfeeding assessment and red flags for intervention and referral, including a telehealth component

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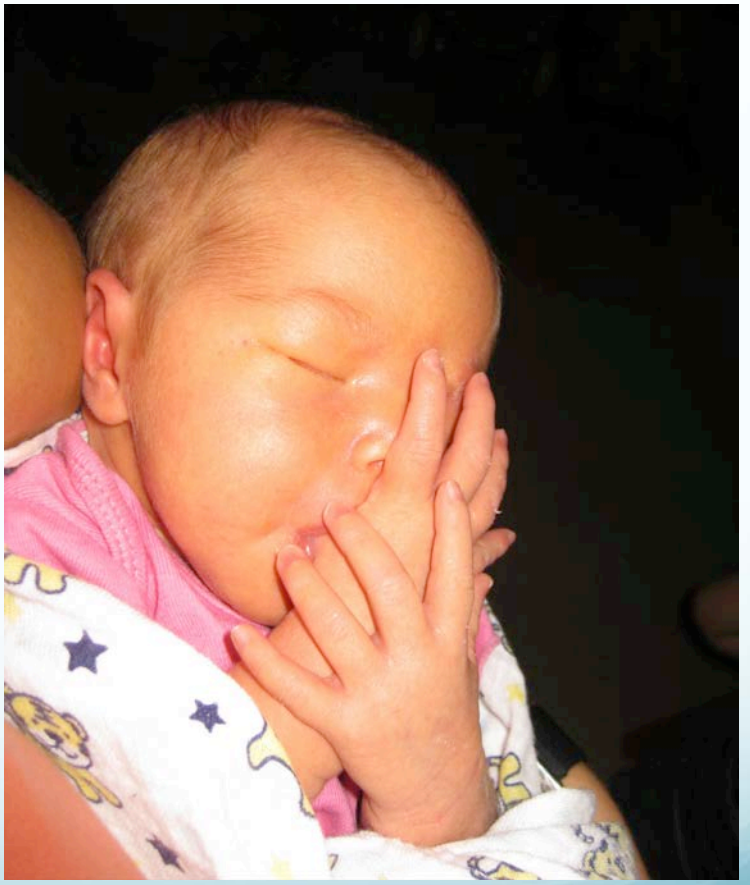
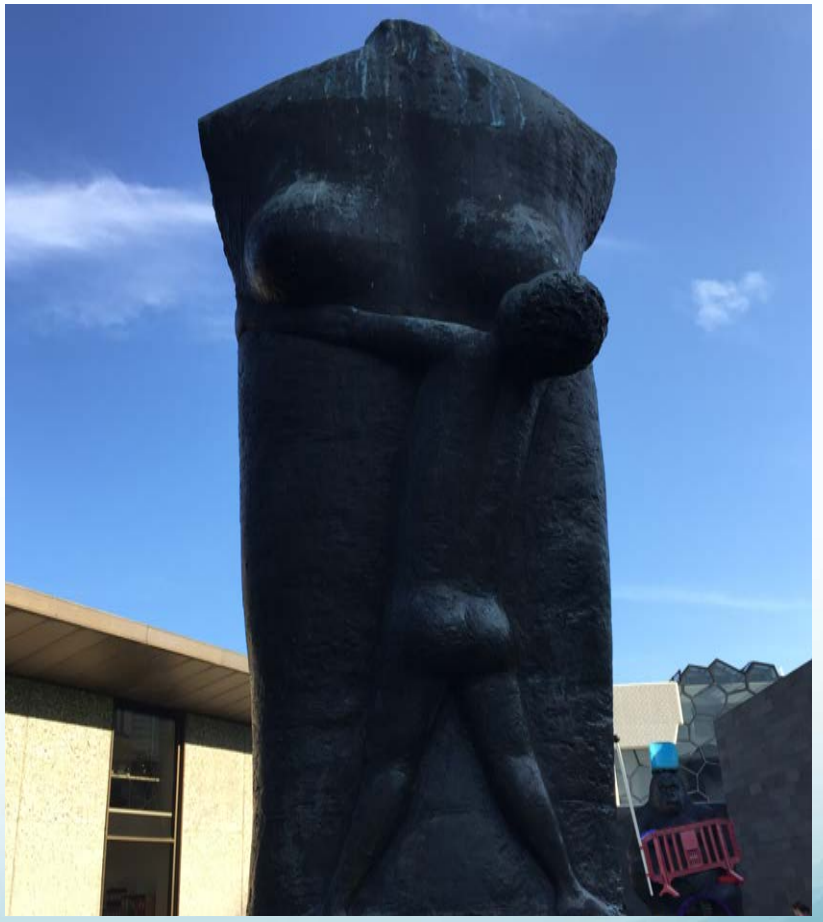
# Disclosures

I have no conflicts of interest to declare



# Learning Outcomes

1. To develop skills in performing a breastfeeding assessment
2. To identify red flags in lactation and knowing when to intervene or refer
3. To identify and overcome challenges presented in managing breastfeeding issues via telehealth



# Performing a breastfeeding assessment

- Taking a history
- Performing an examination of :

  - the mother
  - the baby
  - the breastfeed

# Taking a history

## The importance of taking a good breastfeeding history

- To obtain relevant facts to help resolve the patient's concerns
- It is a powerful diagnostic tool
- Listening to the details of the history can be a powerful therapeutic tool

# A guide to taking a history

- Opening the consultation (introduction, appropriate body language, establish rapport)
- Question asking (open-ended preferred, appropriate use of direct questions, show empathy)
- May continue some history taking while performing the examination
- Closing the consultation (defining problems, management plan, follow up)

# A guide to taking a history

- Ask appropriate questions
- Listen to and document the answers (chronological order)
- Clarify where necessary
- Don't overlook patient's main concerns

eg, Ask "What do you think is going on?"

"Is there anything else I should know?"

- Observe for non-verbal clues

# Types of questioning

## Open-ended questions

- Cannot be answered Yes/No
- Not leading
- Example: Tell me about how your breastfeeding  is going? How would you describe the pain?
- Useful to obtain information
- Avoids presuming answers
- May help obtain better understanding of patient's concerns
- Better elicits the story in patient's own words (this can give you the diagnosis)

# Types of questioning

**Direct questions**

- Usually elicits Yes/No response
- Example: Do you have shooting breast pain?
- Inappropriate use may bias the patient's response, closes off patient's story
- Appropriate use can help clarify or add to information already obtained. eg. In suspected low milk supply, "do you have a history of thyroid problems?"

# Structuring your history taking

- Previous lactation history
- History of pregnancy and birth
- Breastfeeding in hospital? At home?
- Medical problems in mother or baby
- Medications
- Allergies
- Explore mother's (family's) goal with breastfeeding

# Example: Nipple and breast pain

- History of pain – character, location, severity, radiation, duration, aggravating/relieving factors, associated symptoms
- Nipple trauma or lesions eg. white spot/bleb
- History of antibiotic use
- History of thrush (breast or vaginal)
- Association with cold exposure
- History of nipple colour change/blanching
- History of skin dermatitis
- Who have they seen?
- Treatment so far, response achieved

# Considering the diagnosis/problem

- Avoid “diagnostic momentum”
- Take a fresh look at what’s going on; don’t be entirely influenced by what others, including the patient or other health professionals have thought
- More than one problem or diagnosis may be present eg. Nipple thrush and vasospasm
- Is the mother happy with the diagnosis and management plan?
- Discuss the option of follow up/review

# Final points on taking a history

- Good history taking takes a lot of practice
- Knowledge of lactation facts are of little use unless you are able to extract accurate and relevant information from the patient
- Taking a relevant history will often provide the diagnosis, whilst the examination and further tests may merely confirm this

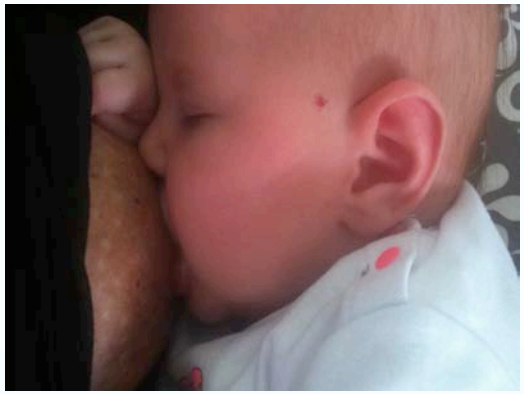
# Performing an examination

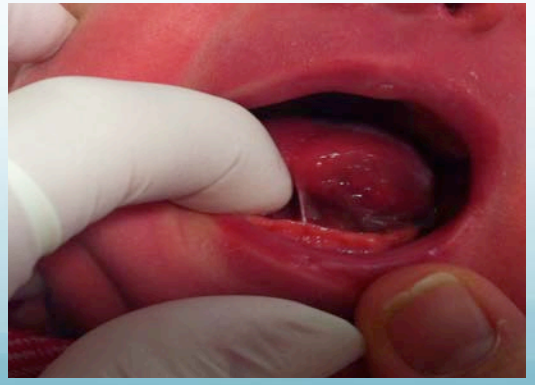
- The examination of :

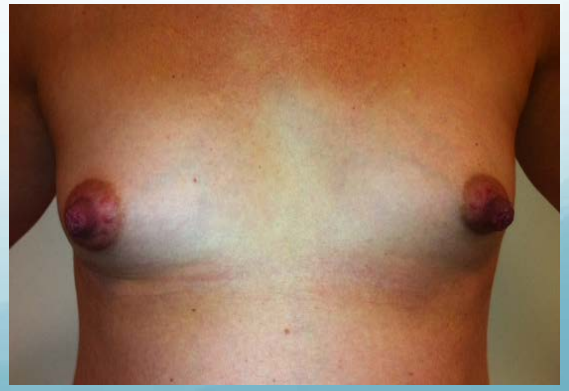
  - the mother

  - the baby

  - the breastfeed





# Examination of the mother

- General appearance (eg mood/teary, pale, exhaustion)
- Appearance of nipples, areola, breasts, axillae
- Physical examination (palpation) especially breasts (where appropriate)

# Examination of the baby

- General appearance (eg alert/sleepy, content/unsettled, dehydrated, head symmetry, jaundice, subcut fat coverage etc.)
- Focused examination (for a breastfeeding assessment)

- oral examination (video)

- others may include heart, lung, abdominal (depending on presenting problem)

- weight, length, HC

# The oral assessment of the baby

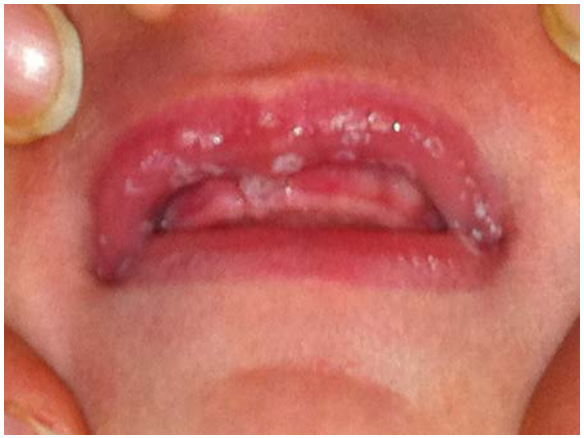
Issues:

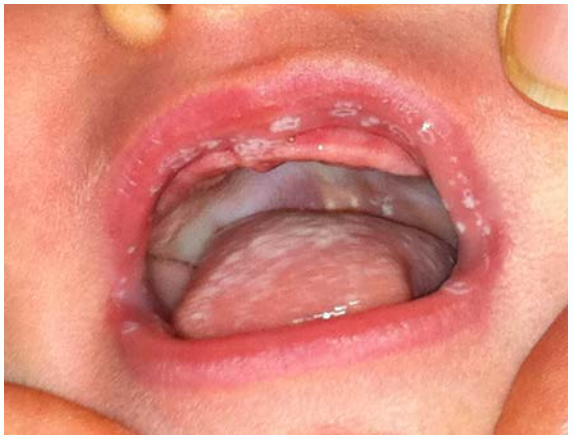
- Current inconsistencies as to whether an oral assessment is part of a newborn check
- Training/feeling competent to perform
- Scope of practice
- Knowing what you are looking for
- Ability to discuss finding with parents
- What to do with those findings
- Note : discussions and decisions on referrals related to tongue tie are time consuming and controversial due to limited evidence on this topic. Suggest trying to give consistent evidence-based advice within your centre

# The oral assessment of the baby

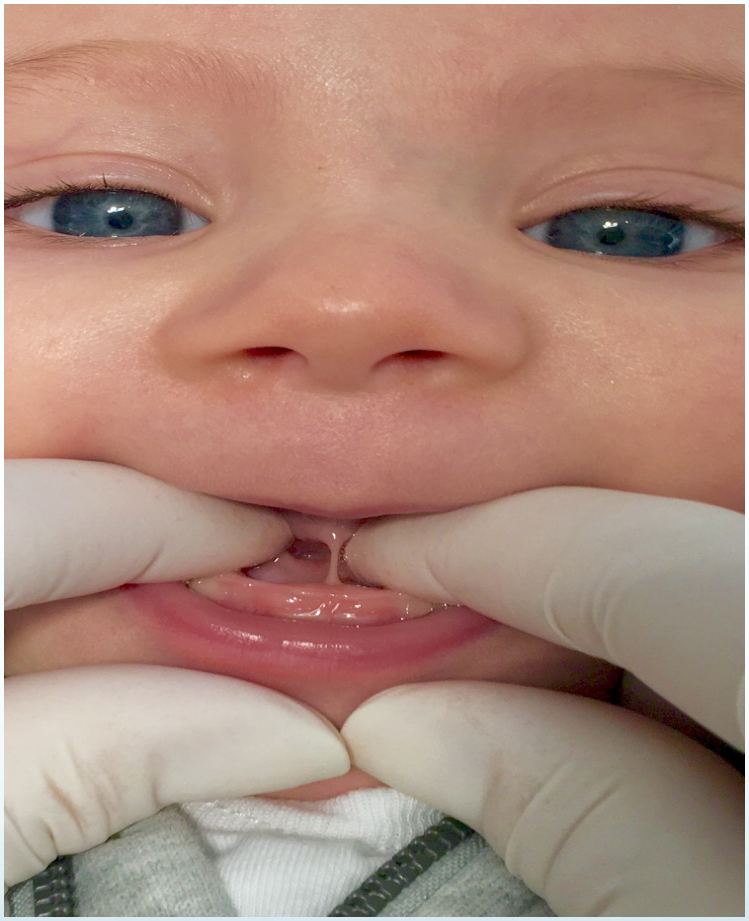
- Common findings:  coated tongue, Bohn's nodules, Epstein pearls, normal labial and lingual frenulae
- Less common findings: oral thrush, natal tooth, tongue tie, recessed lower jaw
- What not to miss: cleft palate, submucosal cleft

# Oral thrush (candidiasis)





# Tongue tie



# Assessment of the breastfeed

- Position
  - Mother led
  - Baby led

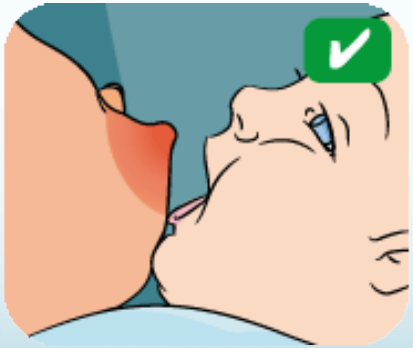
- Latch

# Mother-led attachment positions

Cradle/
Cross cradle

Underarm/football

Side lying

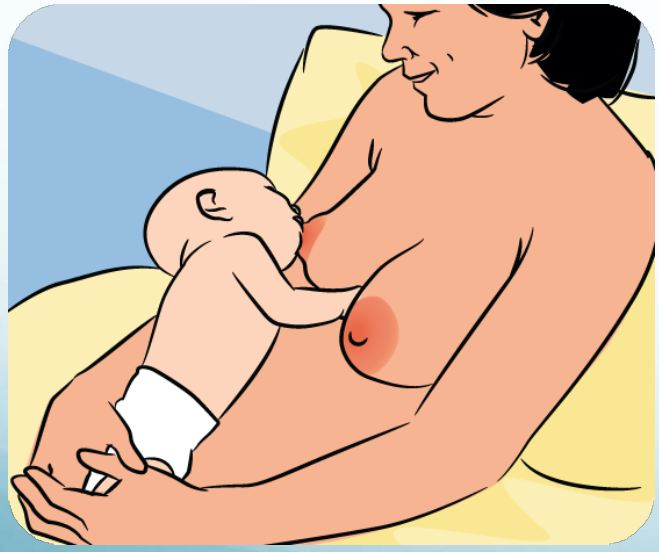


http://raisingchildren.net.au/articles/breastfeeding_techniques.html/context/204

# Baby-led attachment positions (laid back breasfeeding)

- semi-reclined maternal postures interacting with neonatal positions
- releasing instinctive behaviours and primitive neonatal reflexes (PNRs) to stimulate breastfeeding

(Dr Suzanne Colson – Biological nurturing)



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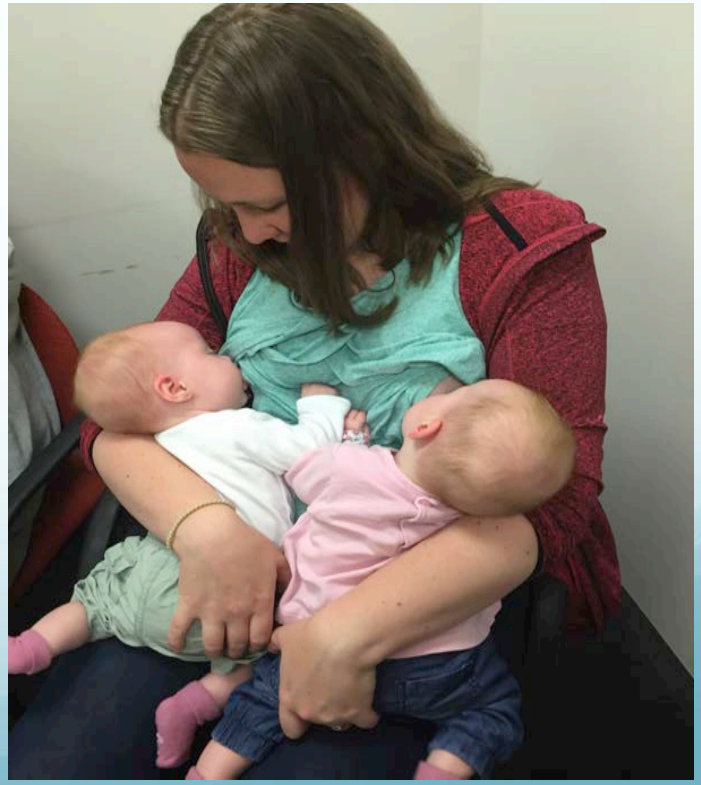


# Breastfeeding in practice

In practice, a mother-baby dyad may use both baby-led and mother-led attachment techniques, according to:

- Mother's preference
- What feels more comfortable
- Physical surroundings
- Baby's age and stage of development

# Features of poor attachment

- Discomfort for mother
- Baby's body held too far from mother
- Shallow latch
- Lower lip position too close to nipple
- Upper lip curled inwards
- Cheeks hollow(sucking in) as baby sucks
- Noisy feeding eg clicking, slipping, easily detaching
- Nipple compressed eg lipstick shape after a feed

# Assessing the attachment

Regardless of the method, when assessing the attachment we need to consider:

- What does the attachment look like?
- How does the attachment feel for the mother? (more important)
- Is the attachment contributing to nipple pain or damage?
- Is the attachment allowing effective milk transfer to the baby?

# **Red flags** – for intervention and referral

MOTHER:

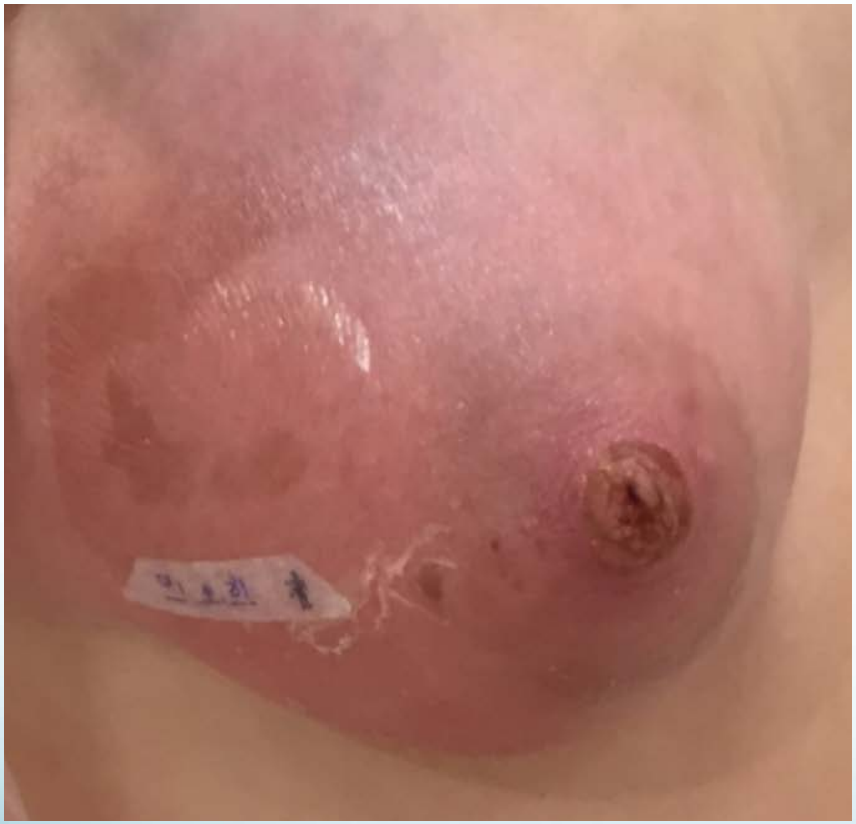
- Nipples – persistent pain or damage, infection eg thrush, herpes, dermatitis, vasospasm, white spot/bleb, shield use
- Breasts – recurrent mastitis, abscess, persistent breast lump, insufficient glandular tissue(IGT), past breast surgery
- Postnatal depression/anxiety/psychosis, dysphoric milk ejection reflex (DMER)
- Lack of social supports, past abuse, current domestic violence
- Medication, alcohol, drugs

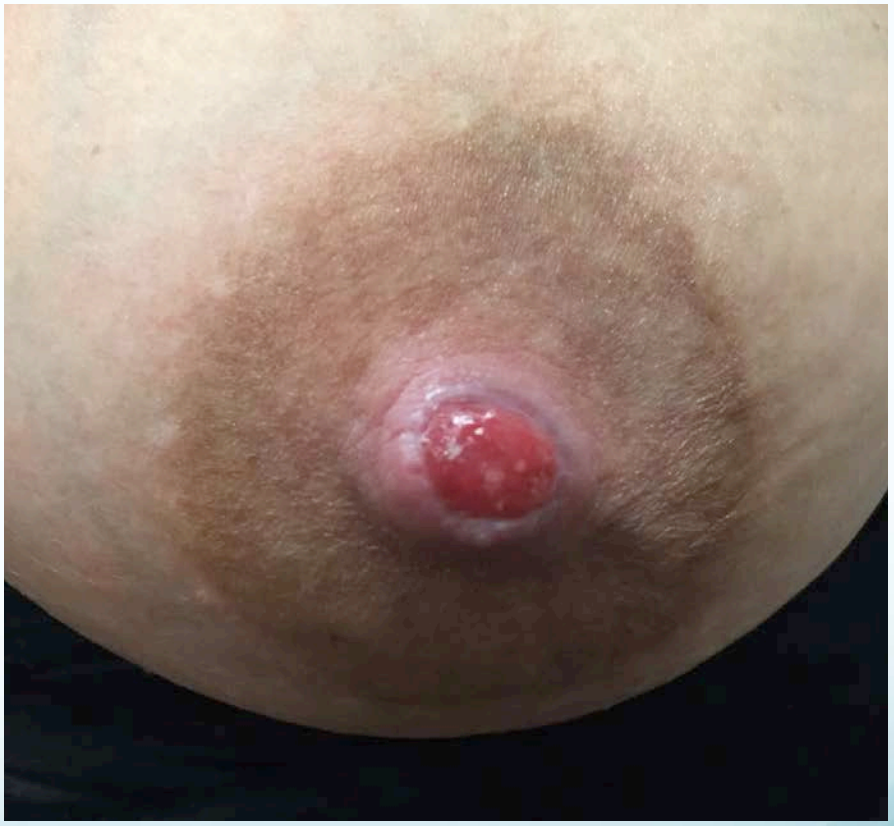
# Nipple pain

- 79% noted pain before hospital discharge
- At 8 weeks 20% still experiencing nipple pain
- Nipple pain and damage are associated with early cessation breastfeeding, depression and anxiety

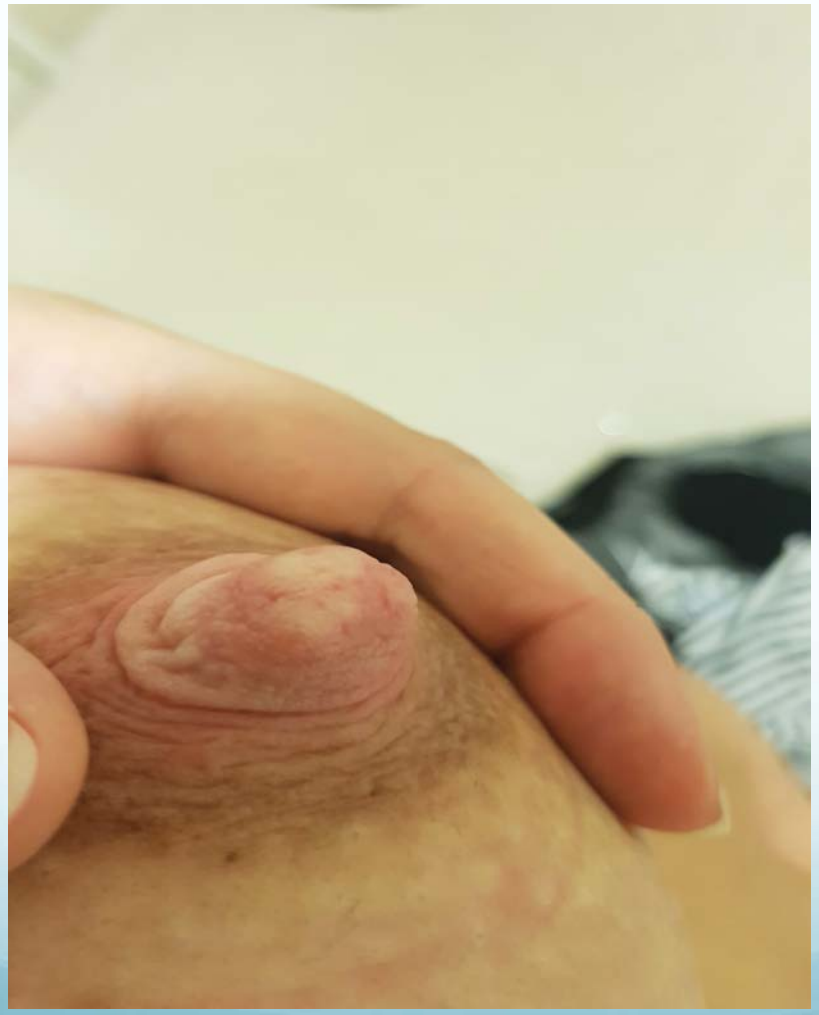
(CASTLE study 2014)

# Nipple damage

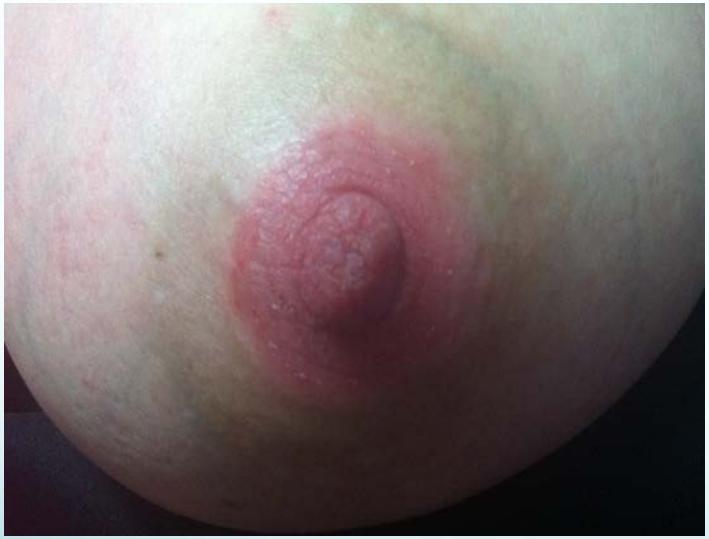


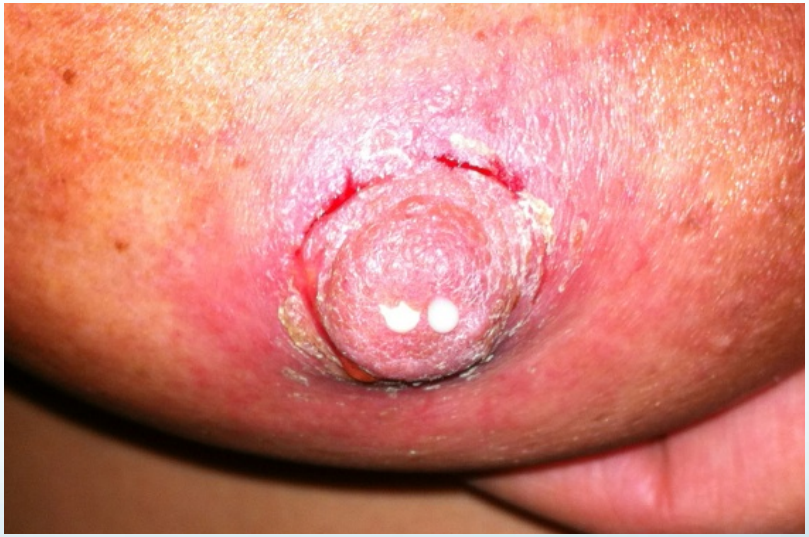


# Nipple vasospasm

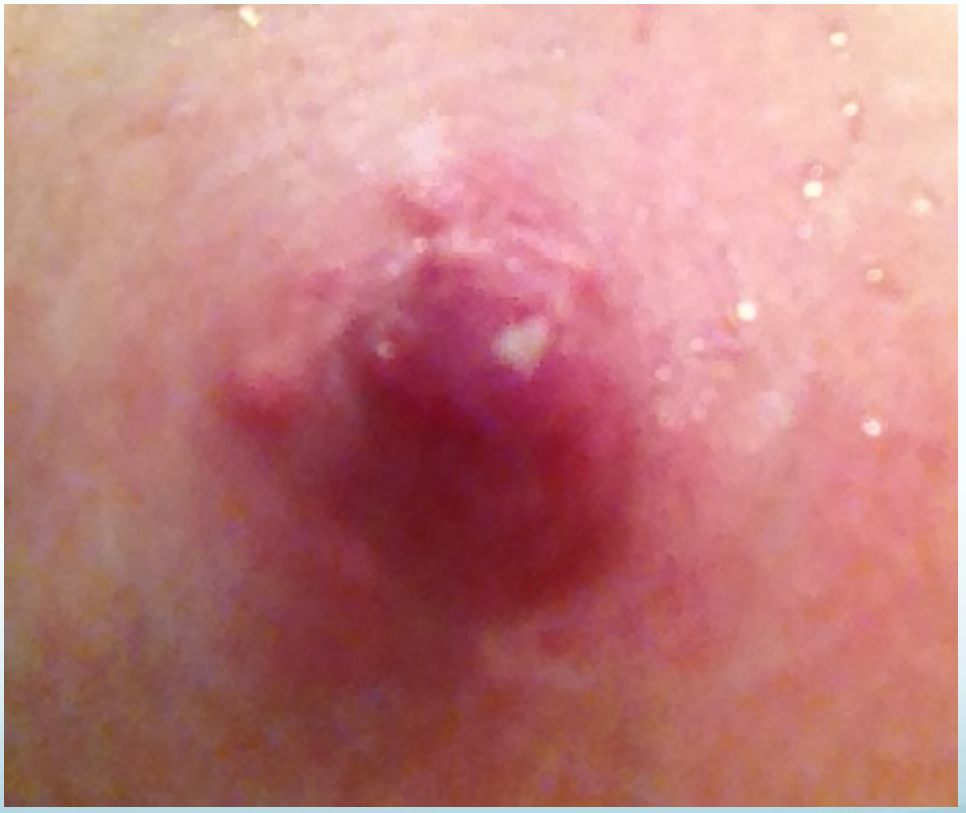


# Nipple dermatitis

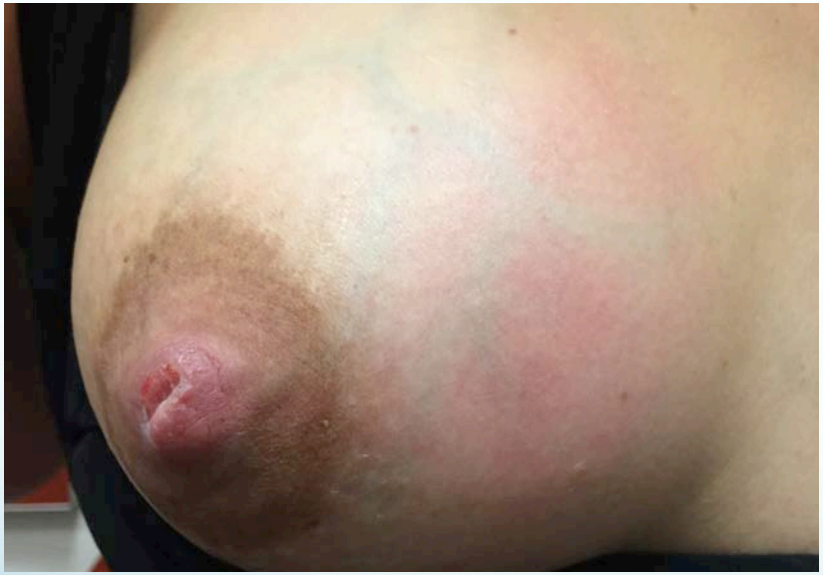


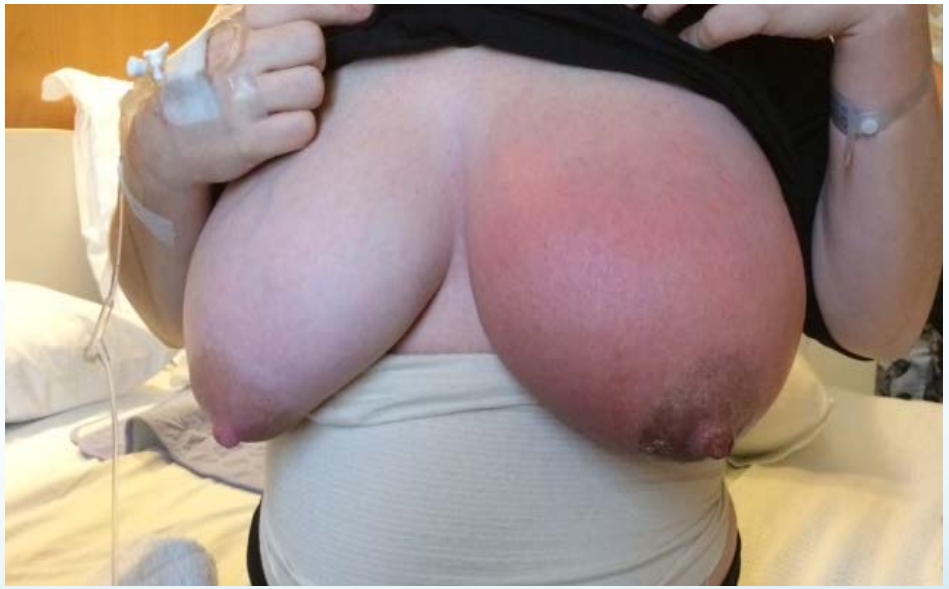


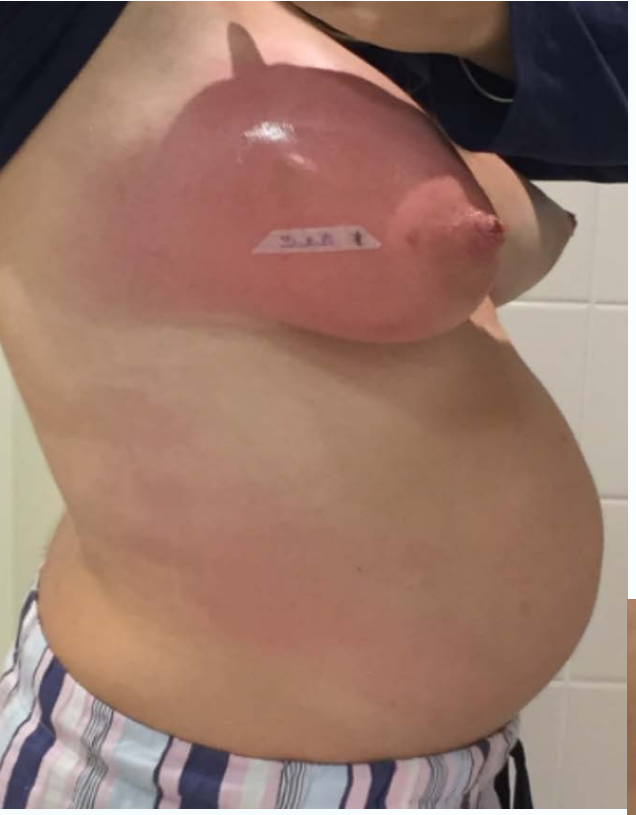
# Nipple white spot/bleb

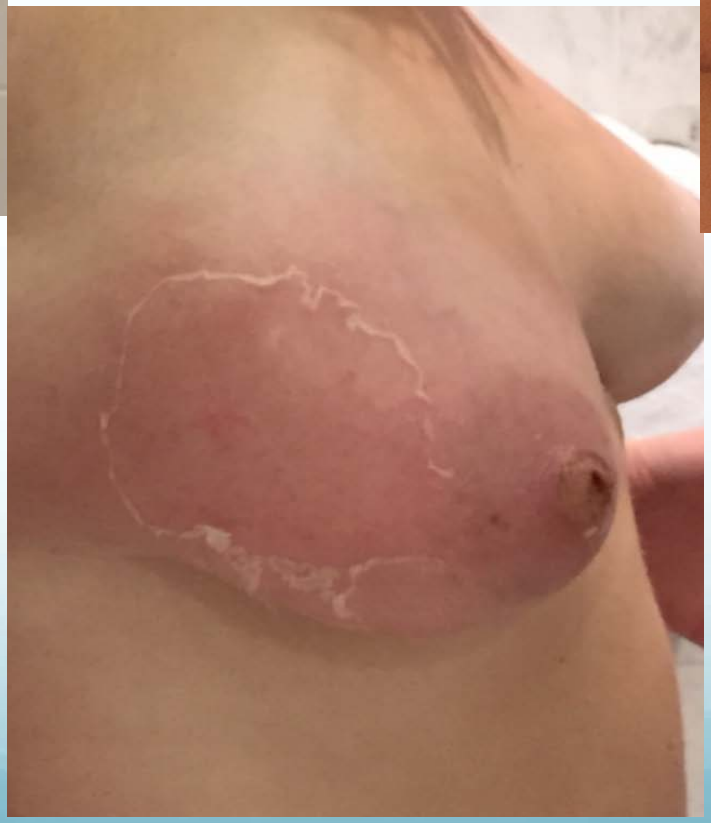


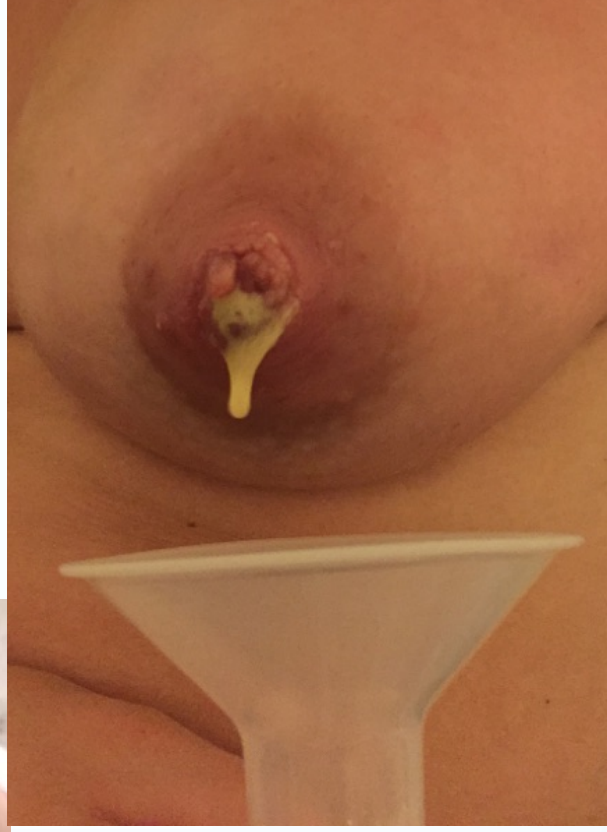
# Mastitis



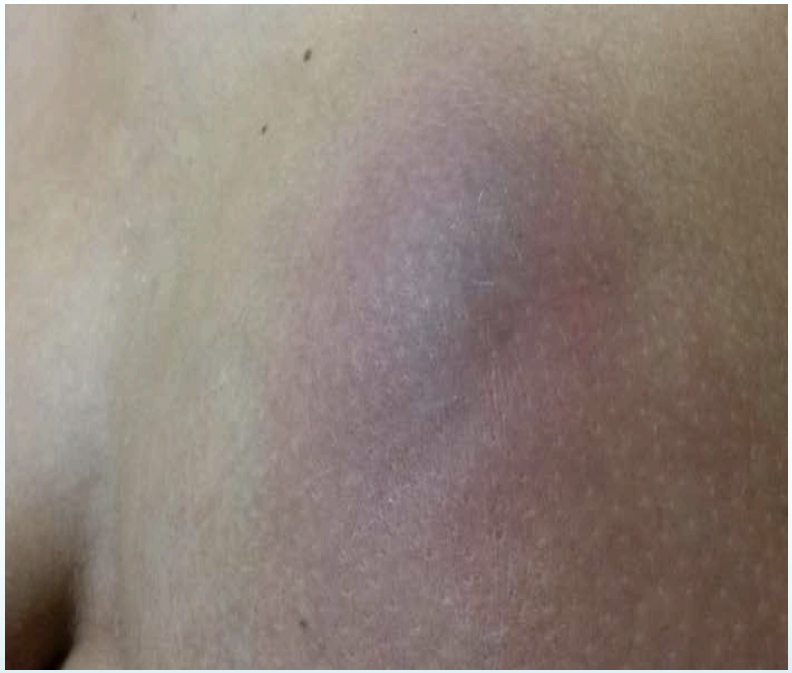








# Breast abscess

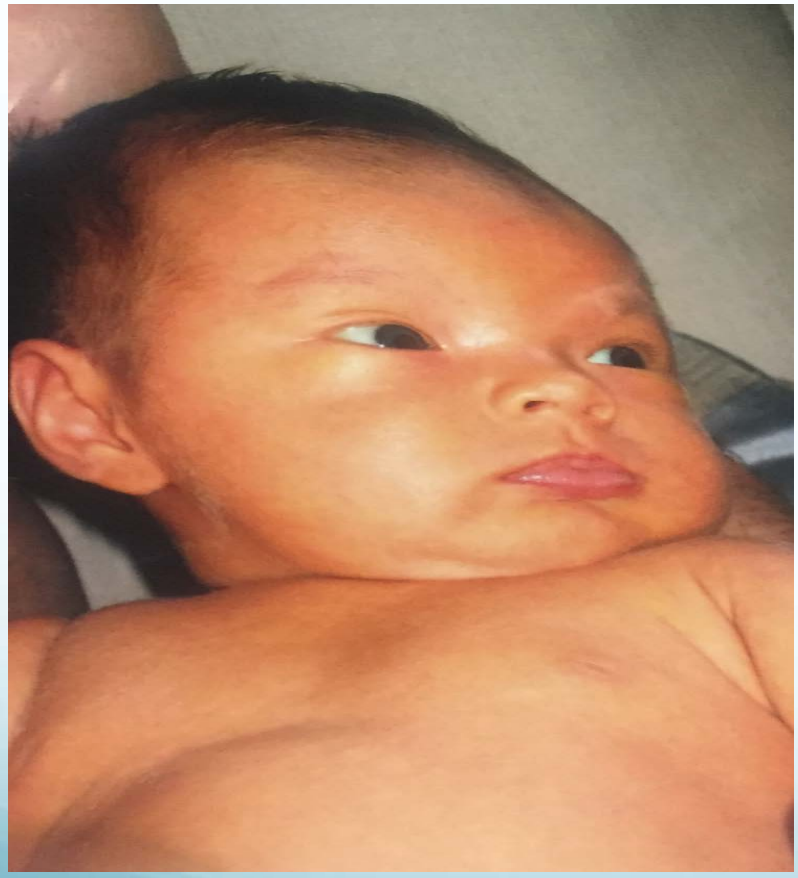


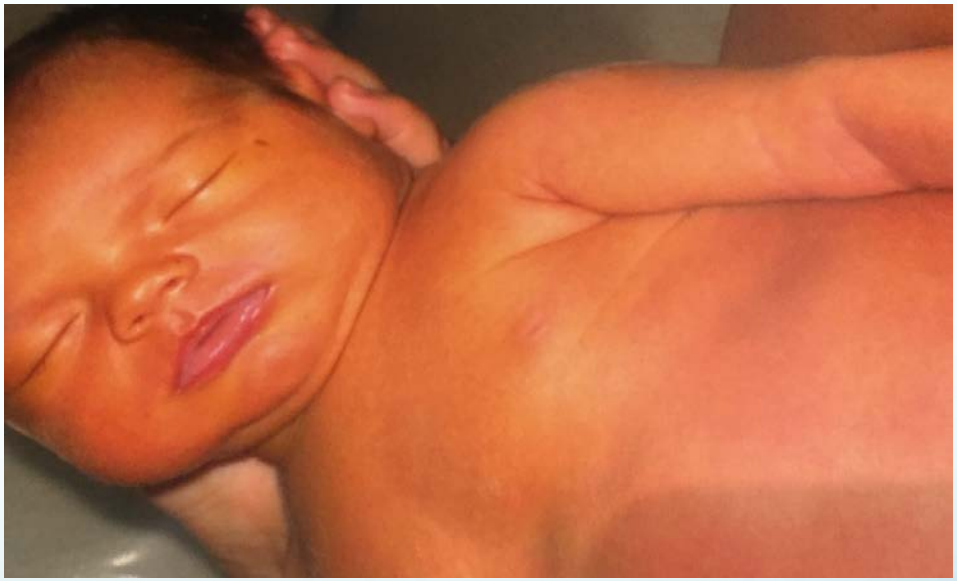
# **Red flags** – for intervention and referral

BABY:

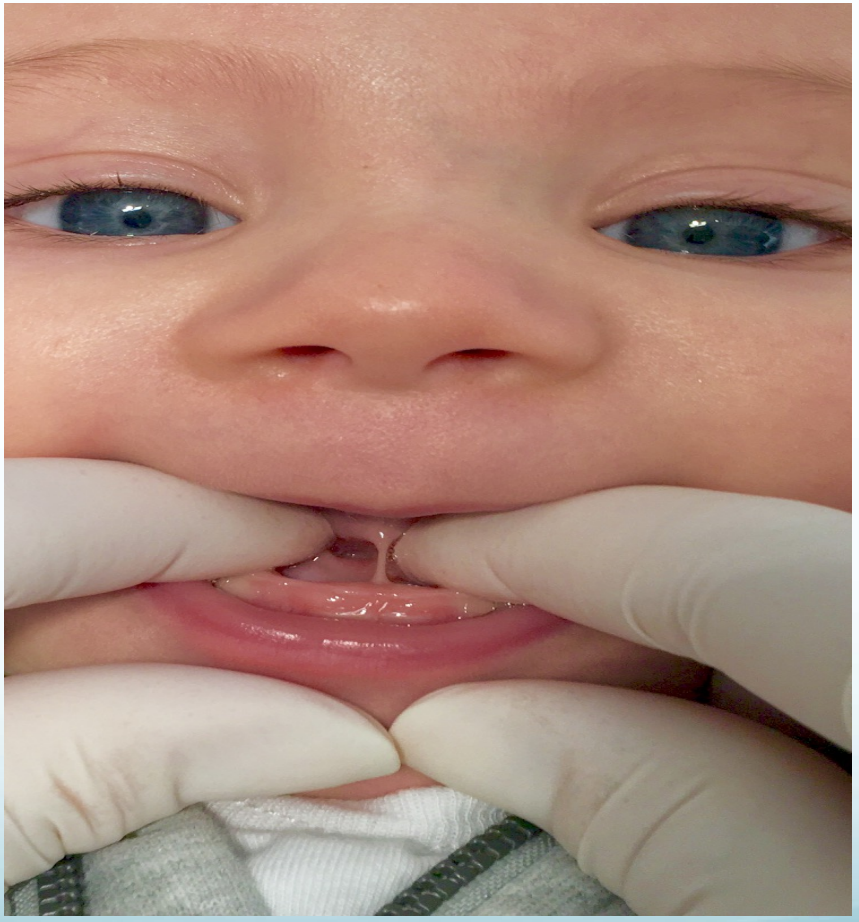
- Sleepy baby
- Jaundice
- Poor output (urine inc urates, stools)
- Poor growth ( especially if wt not responding to increased feed, need to exclude underlying issue eg cardiac, UTI, others)
- Persistently unsettled
- Cleft, submucosal cleft
- Tongue tie affecting latch and feeding
- Noisy breathing/feeding eg stridor, laryngomalacia
- Projectile vomiting eg pyloric stenosis
- Blood in stools
- No/infrequent stooling eg Hirschsprung's dis.

# Jaundice





# Tongue tie



# Blood in stool

# Referral options

- Council (MCH) lactation consultants
- Hospital lactation consultants
- Private lactation consultants
- GP
- GP / Lactation consultants
- Paediatrician
- Hospital Emergency Department
- Allied health professionals

# Telehealth

Considerations:

- Phone vs video
- Video platform options, security
- Confidentiality
- Medical or lactation students sitting in

# Performing a breastfeeding assessment via telehealth

- Introduction
- Taking a history
- Examination of mother and baby
- photos/videos sent via email (worked well, consent)
- Observing a breastfeed (2 devices helpful)
- Management – medication scripts, referrals for tests, or to see specialists

# The challenges of telehealth

- Trying to feel connected with patients, to establish and maintain rapport
- Less able to gauge mother's mood eg teary
- Less able to assess interaction between mother and baby
- Trying to get the full picture once a patient has several telehealth consults in a row (I would then offer F2F)

# The benefits of telehealth

- Improved follow up (review consults)
- Convenience
- Options to see remote/rural/interstate patients

# Telehealth – Beyond the pandemic

- Likely to remain part of my breastfeeding medicine practice
- Patients likely to see ongoing benefit
- Still some fine tuning needed
- Benefits outweigh challenges

# Useful links

- The Royal Women's Hospital protocols and fact sheets: www.thewomens.org.au
- ABM Protocols: www.bfmed.org/Resources/Protocols.aspx
- Australian Breastfeeding Association (ABA): www.breastfeeding.asn.au
- Kellymom: www.kellymom.com
- Infant feeding guidelines: www.nhmrc.gov.au/guidelines/publications/n56
- Victorian Breastfeeding guidelines: www.education.vic.gov.au/childhood/professionals/health/Pages/breastfeed.aspx
- Australian Breastfeeding Association (ABA) breastfeeding helpline (24hr phone support)

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# THANK YOU




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