**Breastfeeding / Chestfeeding**

National Midwifery Institute, Inc.

Study Group Coursework

*Syllabus*

Description:

This module explores the nourishment of newborn infants. It will cover both breastfeeding/ chestfeeding and formula feeding. It will cover normal, variations of normal, explore referrals as needed. It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

• Identify the nutritional requirements of newborns.

• Identify the nutritional aspects of a breast/chest milk diet.

• Identify the immunological benefits of breastfeeding/chestfeeding.

• Examine your own personal beliefs and bias about breastfeeding/chestfeeding.

• Identify the properties of colostrum and when a client might begin to see colostrum from their nipples.

• Identify the sucking and rooting reflexes in the newborn.

• Identify good positioning of the baby for nursing.

• Utilizing your knowledge and experience with good positioning and the baby’s nursing reflexes, understand good ‘latch on’.

• Identify the period of adjustment and learning for both mother/gestational parent and baby.

• Understand the necessity of positive reinforcement and careful language when giving breastfeeding/chestfeeding support to clients.

• Understand the need for persistence to accomplish breastfeeding/chestfeeding under difficult circumstances.

• Describe appropriate response to concern over “flat” nipples.

• Demonstrate good swaddling of a baby.

• Identify the usual time for milk to “come in” after a baby’s birth.

• Understand the concept of breastfeeding/chestfeeding on demand.

• Identify adequate breastfeeding/chestfeeding frequency.

• Understand the concept of co-sleeping.

• Identify helpful advice for living with sleep loss and exhaustion.

• Describe engorgement and ways of alleviating the discomfort.

• Identify support measures for resolving breastfeeding/chestfeeding difficulties associated with engorgement.

• Identify support measures for sore nipples.

• Identify how rest, stress, hydration and diet (including adequate calories) affect breastfeeding/chestfeeding, engorgement, milk fever and mastitis.

• Distinguish between a ‘milk fever’ and mastitis.

• Prepare a plan of action to help a client through a milk fever and avert the onset of mastitis.

• Prepare a further plan of action for treating mastitis.

• Identify herbal and nutritional galactagogues and the wise use of them.

• Understand the issues around tandem breastfeeding/chestfeeding of twins or siblings.

• Identify the issues of working clients regarding breastfeeding/chestfeeding.

• Identify the risks, benefits and difficulties of pumping milk and giving breast/chest milk bottles, and of formula supplementing.

• Identify the connection between breastfeeding/chestfeeding and vitamin K as it relates to increased risk of hemorrhagic disease of the newborn.

• Identify the medical community’s stance on infant supplements.

• Learn the basics of bottle feeding and a non-breast/chest milk diet.

• Consider the various theories regarding weaning.Specific to module

Learning Activities:

* Research and read appropriate study sources, seeking out additional study sources where needed
* Complete short answer questions in attached module document for assessment
* Complete long answer questions for deeper reflection in attached module document for assessment
* Complete learning activities listed in attached module document for assessment
  + Choose a book for clients
  + Research lactation professionals for referral in your community
  + List local resources for breastfeeding/chestfeeding support
  + List local resources for formula support
* Submit work to Study Group Course Coordinator
* Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources (print):

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using keywords from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

* Varney’s Midwifery
* Myles Textbook for Midwives
* Assessment and Care of the Well Newborn, Thureen, Deacon, O’Neill, Hernandez
* Bestfeeding, Arms
* Herbal for the Childbearing Year, Weed
* After the Baby’s Birth: A Woman’s Way to Wellness, Lim
* Naturally Healthy Babies and Children, Romm

Study Sources (online):

See NMI website Breastfeeding / Chestfeeding module web resources section for current online study sources for this module.

Related Modules:

* Postpartum Care
* Gender and Sexuality
* Nutrition
* Jaundice
* Twins and Multiples
* Holistic and Traditional Health and Healing
* Anti-Racism in Midwifery
* Pharmacology for Midwives

Submitting Module for Assessment:

Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please e-mail your completed Study Group module to:

Study Group Course Work Instructor nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been e-mailed to us, you will receive an e-mail confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module’s page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

* Your first initial and last name in title of PDF, along with name of module. Example: “ERyanFirstStage.pdf”
* Title of module on the document’s front page
* Your name on the document’s front page
* Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
* Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer…
* Please leave margin space for our comments!
* Don’t use script or cursive writing style text
* Font size not smaller than 12
* Credit sources of direct quotes

Completion Requirements and Feedback:

In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated n the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10.**

|  | **Level 1**  **(0 Points)**  **Not Adequate** | **Level 2**  **(1 Point) Developing Adequacy** | **Level 3**  **(1.5 points)**  **Meets Basic Expectations** | **Level 3**  **(2 points) Exceeds Expectations** | **Student Score** |
| --- | --- | --- | --- | --- | --- |
| **Completion of module prompts and elements** | -Module not completed | -Major Elements of module are missing | -All aspects of module elements present, with some minor questions unanswered or missing | -All aspects of module elements present and answered completely |  |
| **Demonstrates Comprehension of module content and concepts** | - Lack of comprehension | - Responses are unclear and do not reflect basic comprehension of module concepts | - Responses are clear and reflect basic comprehension of module content and concepts | - Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity. |  |
| **Analysis** | - Key terms not defined | -Inaccurate definitions of key items  -Limited connections made between evidence, subtopics and clinical experience | -Accurate definitions of key items  -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experience  in responses where possible | - Accurate definitions of key items  -Strong connections made between evidence, subtopics and clinical experience |  |
| **Evidence** | - No research evidence used | -Research not used  -Research not clearly connected to questions asked in module | -Research is present but limited -Research presented is weak or not relevant to communities served by midwives | -Research is abundant -Research is compelling and relevant to communities served by midwives |  |
| **Engagement with Learning Resources** | -Evident study sources were not utlized | -Evident study sources were partially utlized | -Evident that study sources were fully utilized | -Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible |  |

Skills

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI forms *Form 52 - Assessment of Student’s Midwifery Skills* and *Form 53 - Student Self-Assessment of Midwifery Skills.*

1. Midwifery Counseling, Education and Communication:

A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other health care providers C. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment

F. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum

G. Applies the principles of informed consent

I. Advocates for the mother during pregnancy, birth and postpartum

J. Provides education, counseling and/or referral, where appropriate for:

4. Diet, nutrition and supplements

6. Situations requiring an immediate call to the midwife

9. Environmental risk factors

10. Newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.

11. Postpartum care concerning complications and self-care

F. Uses alternate health care practices (non-allopathic treatments) and modalities

1. Herbs

2. Hydrotherapy (baths, compresses, showers, etc.)

G. Refers to alternate health care practitioners for non-allopathic treatments

4. Labor, Birth and Immediate Postpartum

4. Labor, Birth and Immediate Postpartum

F. Assesses general condition of mother and newborn by:

8. Facilitating breastfeeding by assisting and teaching about:

a) positioning for mother and baby,

b) skin-to-skin contact,

c) latching on,

d) adequate maternal hydration,

e) adequate maternal nutrition, adequate maternal rest,

g) feeding patterns,

h) maternal comfort measures for engorgement,

i) letdown reflex,

j) milk expression

5. Postpartum

G. Performs maternal four- to six-week postpartum check-up assessing for:

1. Postpartum subjective history

2. Lochia

3. Return of menses

H. Treats thrush on nipples by encouraging/administering:

1. Drying nipples after nursing

2. Changing the pH of nipples by using non-allopathic remedies

3. Rinsing nipples before next nursing

J. Treats mastitis by:

1. Providing immune system support including:

a) nutrition/hydration,

b) vitamins,

c) non-allopathic remedies,

2. Encouraging multiple nursing positions,

3. Applying herbal compresses,

4. Applying warmth, soaking in tub or by shower,

5. Teaching mother to empty breasts at each feeding,

6. Providing/teaching gentle massage of sore spots,

7. Encouraging adequate rest/relaxation,

8. Wearing brassiere,

9. Assessing for signs and symptoms of infections

10. Consulting/referring to:

a) La Leche League b) Lactation counselor c) Other healthcare providers

7. Well-Baby Care

B. Assesses the general health and appearance of baby including:

1. Temperature,

2. Heart rate, rhythm and regularity,

3. Respirations,

4. Weight,

5. Length,

6. Measurement of circumference of head,

7. Neuromuscular response,

8. Level of alertness,

9. Wake/sleep cycles,

10. Feeding patterns,

11. Urination and stool for frequency, quality and color,

12. Appearance of skin,

13. Jaundice,

14. Condition of cord

G. Performs maternal four- to six-week postpartum check-up assessing for:

4. Physical condition by performing an examination including assessment of:

a) vital signs,

b) systems function,

c) breastfeeding, condition of breast and nipples,

d) muscle prolapse of vagina and rectum (cystocele, rectocele, etc.),

e) strength of pelvic floor,

f)condition of uterus, ovaries and cervix, g) condition of the vulva, vagina, perineum and anus

I. Treats sore nipples with:

1. Application of lanolin,

2. Exposure to the air,

3. Suggestions for alternate nursing positions

4. Evaluation of baby’s sucking method,

5. Suggestion to use nursing brassiere

6. Application of expressed milk

**Breastfeeding / Chestfeeding**

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Study Group Coursework

*Short Answer Questions*

Short Answer Questions:

1. Why do some people use the term “chestfeeding”? What makes this term more inclusive of certain communities?

2. What does colostrum provide for a newborn?

3. What does the American Academy of Pediatrics recommend as the ideal source of nutrition for the first year of life?

4. Describe the sucking and rooting reflexes in the newborn.

5. Describe good positioning of the baby for breastfeeding/chestfeeding.

6. List 5 positions for breastfeeding/chestfeeding.

7. What position is best for breastfeeding/chestfeeding after a cesarean?

8. Describe how a baby latches on to the nipple.

9. What is the crucial period of adjustment and learning breastfeeding/chestfeeding for both parent and baby?

10. When do you expect someone’s milk to come in? Identify particular birth experiences that could delay the milk coming in.

11. What is an average timeline in which most babies should be gaining weight, and how much? When should a baby be back to their birth weight? How much weight should they gain daily and weekly with effective breastfeeding/chestfeeding?

12. What signs may alert you to a baby who is not breastfeeding/chestfeeding effectively? How might you know that a baby is needing support or supplementation?

13. What is tongue tie? Lip tie? How may this be diagnosed? What might it cause in the breastfeeding/chestfeeding relationship? What is the common treatment?

14. Related to newborn gut health, how do you feel about breastfeeding/chestfeeding? Formula feeding? Mixed feeding?

15. What advice would you give someone having a difficult time breastfeeding/chestfeeding?

16. How do you advise a client who is experiencing a lot of pain on latch and throughout the feed?

17. What are nipple shields? When might they be appropriate?

18. What is a supplemental feeding system? How and why might some families use them?

19. Can you spoon-feed a baby expressed breast/chest milk? Why might you do this?

20. How do breast pumps work? Why might some families use breast pumps? What different kinds are available?

21. In preparation for breastfeeding/chestfeeding, do you address “flat nipples”? If so what advice do you give?

22. Can a transgender client who birthed their baby lactate? Trans women? Trans men?

23. Can a transgender client lactate after surgery? After hormone treatments? What kind of support will be necessary?

24. Where can you look for professional support for a *chestfeeding* client? Who in your community is knowledgeable? Where else can you look?

25. Can a non-birthing parent induce lactation? An adoptive parent? Where can you refer interested clients for resources on inducing lactation?

26. How do you instruct parents regarding giving their baby water in addition to breastfeeding/chestfeeding?

27. What does it mean to breastfeed/chestfeed “on cue”?

28. How often do you expect a newborn to breastfeed/chestfeed?

29. What advice can you offer your clients regarding sleep deprivation and a new baby?

30. Your client, Tatiana, G1P1 gave birth two days ago. At the one day postpartum visit breastfeeding was going well, all vitals were normal and you had no concerns. Tatiana calls you at 11pm to report that her breasts are very large and hard now, and the baby doesn’t seem to be latching on at all. She describes her breasts as hot and tender.

1. What 2 situations are you considering here?
2. what other questions would you ask to figure it out?
3. what advice do you offer?

31. The recommendations you made worked very well and Tatiana has been feeling great for the past ten days. After a week with no problems, her mom decided to return home, and she has been on her own with her partner and baby for three days. Tonight she calls you to report she doesn’t feel well. She thinks she may have the flu or something.

1. what are you, as her midwife, primarily concerned with?
2. what questions do you ask her?

32. Tatiana informs you that her temperature is 100.2. Her breasts are tender and she can identify a quarter-sized firmness in one breast. She has been running errands today. Yesterday she attended a baby party given by her mother. She didn’t nap at all today and the baby is nursing about every four or five hours today. She skipped lunch. What advice do you give her?

33. Tatiana does everything possible to alleviate the onset of mastitis. She feels much better within four hours. However, she calls you in another week and reports that she has done all the stuff again, and now her fever is 102. Her right breast is very sore. What do you do?

34. What are the causes of the different types of mastitis?

35. What is the risk of not thoroughly treating mastitis?

36. What may hamper a let down reflex? Does your advice change if the baby is older than one month?

37. List herbs to avoid while lactating.

38. How much liquid does a lactating person need to drink in a day?

39. What are some particular concerns for a person nursing twins or siblings?

40. What are some concerns of clients returning to work after birth?

41. Give examples of when breast/chest feeding is contraindicated.

42. Your client is HIV-positive and interested in their options around breastfeeding. If they want to breastfeed, how can mother/gestational parent-to-child transmission be safely prevented? If they are not able to follow HIV-positive breastfeeding protocols, what other options do they have for feeding their baby?

43. What is the current medical community’s stance on infant vitamin supplements? What is your midwifery community’s stance? What is your stance?

44. Describe safe collection and storage of breast/chest milk.

48. What is the recommended method of thawing frozen breast/chest milk?

49. Is it advisable to microwave breast/chest milk?

50. Is it advisable to add fresh milk to a container of milk already in the refrigerator?

51. How long may breast/chest milk stand at room temperature before needing chilling?

52. Why might a client choose not to breast/chestfeed? Why might a client not be able to breast/chestfeed?

53. How can a client who is deciding not to breast/chestfeed or to stop breastfeeding/chestfeeding help their lactation to cease?

54. What is milk sharing and milk banking? Why might a client seek this out? How can you connect clients with donated breast/chest milk? How can clients with excess breast/chest milk donate?

55. Is cow’s milk an appropriate replacement for breast/chestmilk? Why or why not?

56. Is goat’s milk an appropriate replacement for breast/chest milk? Why or why not?

57. What is infant formula composed of?

58. Are formula-fed infants deficient in any key things that breast/chest milk provide? How can that be made up for?

59. What options do people have if they choose to make their own formula instead of buying formula at the store?

60. What are the risks, benefits and difficulties of pumping milk and giving breast/chest milk bottles? Of formula supplementing? Of formula feeding?

61. Describe a breast/chestfed baby’s stool.

62. What determines that a baby is constipated?

63. What determines that a baby has diarrhea?

64. How do you identify and treat newborn thrush?

65. What position is recommended for babies to sleep after they’ve eaten?

66. Why might you swaddle a baby for nursing?

67. What is co-sleeping? Explain how to safely co-sleep.

Continued ….

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*Long Answer Questions for Deeper Reflection*

Questions Requiring Longer, More Thoughtful Answers:

68. What particular challenges, biologically and socially, may a chestfeeding trans-identified client experience while feeding their baby? How can you, as a midwife, support their efforts holistically?

69. Discuss racial and ethnic disparities in breastfeeding/chestfeeding. Do some ethnicities have lower rates of breastfeeding than others? Why?

70. Reflect on the US legacy of black slave women as wet nurses for white babies. How might this still be affecting attitudes toward black breastfeeding/chestfeeding?

68. Discuss the connection between breastfeeding/chestfeeding and vitamin K as it relates to increased risk of hemorrhagic disease of the newborn.

69. Describe the safe preparation and storage of infant formula.

70. Based on your own experience/observation, what is the most precious advice you can offer a newly postpartum breastfeeding/chestfeeding client?

71. What are the current theories about weaning? When and how do you observe parents making the decision? What do you think about weaning?

Continued …….

**Breastfeeding / Chestfeeding**

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Study Group Coursework

*Projects/Learning Activities*

Projects(send completed projects with the rest of your course work for this module)

(number continued from previous section).

72. Choose a book about breastfeeding/chestfeeding to recommend to your clients. Write a review about your recommendation, include title, author, publisher and date of publication.

73. Research the different kinds of lactation professionals in your community. What experience, trainings, and certifications are available? Who would your refer clients to?

74. List local resources for breastfeeding/chestfeeding support. Include community meetings and breast/chest milk pump rentals.

75. List local resources for formula-feeding support. Where can clients get coupons? Which food banks or other public services in your area provide infant formula?

Personal Assessment

(send completed Personal Assessment with the rest of your course work for this module)

What is your bias? What are your own personal beliefs about:

1. breastfeeding?
2. chestfeeding?
3. co-sleeping
4. tandem nursing with a toddler?
5. bottle feeding? with formula or breast/chestmilk?
6. milk donating and milk sharing?

How would you advise a client who was making very different choices than you might make for yourself?