
 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGO0087(P)-E
		Last review date	Mar 2016
	Subject Breastfeeding – Self assessment after home	Next review date	Mar 2019
		Approved by	Obstetrics Team, QMH
		Page	Page 1 of 6

Breastfeeding - Self assessment for early identification of problems


Congratulation! You have made a good choice for your baby. However, to enhance you to have successful breastfeeding, we would like to advise you to perform self assessment on breastfeeding, so as to have early identification of problem(s) and to solve them accordingly.

Please do it according to the list below. You are recommended to seek advice from breastfeeding hotlines if any problems or suspected ineffective breastfeeding conditions arise.

Assessment Criteria	Effective Breastfeeding	Ineffective Breastfeeding
1.Latch on and positioning	<input type="checkbox"/> Able to position baby at breast and with successful latch on response	<input type="checkbox"/> Unable to position baby at breast and without appropriate latch on response <i>Management, see Appendix item '1'</i>
2. Suckling pattern	<input type="checkbox"/> Fast, frequent & shallow suck at beginning of feeding and change to slower and stronger suck as milk volume per suck increase after let down initiated. <input type="checkbox"/> Pause between sucks become more frequent and of longer duration	<input type="checkbox"/> Fast, frequent & shallow suck (no change in suckling pattern) during the whole course of the feeding. <i>Management, see Appendix item '2'</i>
3. Suckling behavior	<input type="checkbox"/> Baby spit out the nipple , contented and satisfied after breastfeeding. <input type="checkbox"/> Baby sleep for one and half hour to three hours before ask for another feed.	<input type="checkbox"/> Baby is irritable or restless during feeding. <input type="checkbox"/> Cries and fussy right after feeding. 'Breast refusal' including refuse to breastfeed & falls asleep at breast. <input type="checkbox"/> Non-sustained suckling at the breast. <i>Management, see Appendix item '3'</i>
4. Frequency & Time of feeding	<input type="checkbox"/> 8 to 12 times a day with deep and stronger suck for 10-20 minutes at each breast. (Can offer one breast each time alternatively after you feel breasts become heavier and full)	<input type="checkbox"/> Less than 8 times a day & less than 10 minutes per feed. <i>Management, see Appendix item '4'</i>

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		Last review date	Mar 2016
	Subject Breastfeeding – Self assessment after home	Next review date	Mar 2019
		Approved by	Obstetrics Team, QMH
		Page	Page 2 of 6


5. Let down reflex	<input type="checkbox"/> Mother feels the milk-ejection reflex like tangling sensation; uterine contraction pain <input type="checkbox"/> Milk drip from another breast.	<input type="checkbox"/> Mother does not has the signs and sensation of milk-ejection reflex <input type="checkbox"/> Baby cry, irritable and frustrated after/during the feeding. <i>Management, see Appendix item '5'</i>			
6. Baby elimination	Important indicator for baby getting enough breastmilk.				
	Hours after birth	Adequate elimination		Inadequate elimination	
		Urine	Stool	Urine	Stool
	The 3 rd day after birth (from 49 to 72 hours after birth)	<input type="checkbox"/> 3 - 4 times or more (light yellowish urine)	<input type="checkbox"/> ≥ one time (light greenish to yellowish color wet stool)	<input type="checkbox"/> < 3 times (dark yellowish scanty urine)	<input type="checkbox"/> No stool / Passing scanty, dry stool. (dark greenish meconium)
	The 4 th day after birth (from 72 to 96 hours after birth)	<input type="checkbox"/> 4 -5 times or more (light yellowish urine)	<input type="checkbox"/> ≥ 2 times (wet & light greenish or yellowish color stool)	<input type="checkbox"/> < 4 times (scanty dark yellowish color urine)	<input type="checkbox"/> < 2 times (Passing scanty dry or greenish stool)
Fifth day onward (from 96 hours onward)	<input type="checkbox"/> 5 - 6 times or more (light yellowish urine)	<input type="checkbox"/> ≥ 2 times, (light yellowish color wet stool)	<input type="checkbox"/> < 5 times (scanty dark yellowish color urine)	<input type="checkbox"/> < 2 times (Passing scanty dry or greenish stool)	
If baby's elimination is not satisfactory, for <i>management please see Appendix item '6'</i>					

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		Last review date	Mar 2016
	Subject Breastfeeding – Self assessment after home	Next review date	Mar 2019
		Approved by	Obstetrics Team, QMH
		Page	Page 3 of 6

7. Breast condition	<input type="checkbox"/> Breast weight heavier and full before breastfeed, become soft and lighter after breastfeed. <input type="checkbox"/> Breast is soft to touch. No redness, swollen and tenderness over breast.	<input type="checkbox"/> Breast weight heavier and full before breastfeed and has no change after breastfed. (May indicates breast milk not transfer to baby's stomach effectively.) <input type="checkbox"/> Breast engorged and hard with redness over skin, swollen and tenderness over breast. <input type="checkbox"/> A tender spot or lump in the breast comes on gradually. The pain is localized. Redness of the skin over the lump. <input type="checkbox"/> Mother develop chill, rigor with high fever > 38.5 C <i>Management, see Appendix item '7'</i>
8. Nipple condition	<input type="checkbox"/> Healthy skin over nipple, no sore and redness.	<input type="checkbox"/> Nipple flatten and become short, nipple and areola become hard and tender to touch <input type="checkbox"/> Redness, soreness and bleeding over nipple <input type="checkbox"/> Fissures over nipple <i>Management, see Appendix item '8'</i>
9. Mother's feeling	<input type="checkbox"/> Feel content and satisfy with the breastfeeding	<input type="checkbox"/> Feel doubt and unsatisfactory breastfeeding experience ✧ Seek help from Maternal child health center or call Breastfeeding Hotlines.


If you identified any problems or signs of ineffective breastfeeding according to the list, please refer to the hints below which may help you to solve the problems. You are also advised to seek help from Maternal Child Health centre or call to supportive Hotline service for advices as soon as possible:


- ☺ QMH Breastfeeding Hotline: 73069687 (08:00 to 20:00)
- ☺ Baby Friendly Hospital Initiative HK Association: 28387727
- ☺ Department of Health Hotline: 29618868
- ☺ HK Breastfeeding Mothers' Association: 25403282
- ☺ Department of Health Breastfeeding Peer Support Scheme: 61943359



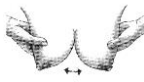
 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGO0087(P)-E
	Subject Breastfeeding – Self assessment after home	Last review date	Mar 2016
		Next review date	Mar 2019
		Approved by	Obstetrics Team, QMH
		Page	Page 4 of 6


Hints to solve the problems identified in Self assessment


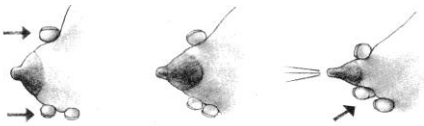
Appendix 1

Items	Factors that may contribute to unsatisfactory breastfeeding & its management	
1	<p><u>Proper latch on & position:</u></p> <ol style="list-style-type: none"> 1. Baby on his side with face, chest and knee facing mother. 2. Baby's mouth widely open with upper and lower lips are pulled out 3. Chin pressed into the breast, lower lip takes more of the areola (one inch away from the nipple). 4. Mother can see or feel areola pull in while baby suckle due to vacuum force created. 	
2	<p>If no change in suckling pattern during the course of breastfeeding, please look for the underlying cause:</p> <ol style="list-style-type: none"> 1. Improper latch on & position 2. 'Let down reflex' hindered by emotion stress or pain. Try relaxation method: hot bath, hot compress, light music and pain killer. 	
3	<p>If there is ineffective or unsatisfactory baby's suckling behavior, please look for the underlying cause:</p> <ol style="list-style-type: none"> 1. Improper latch on & position 2. 'Let down reflex' hindered by emotion stress or pain. Try relaxation method: hot bath, hot compress, light music and pain killer 3. Breast engorgement, hardening of areola which affect proper latch on. Try hot compress for few minutes, expression of milk to soften areola then breastfeed immediately. 4. 'Nipple confusion' after taking bottle. Avoid teats & bottles, use spoon, syringe or cup feeding (must be trained and assessed by medical staff when using cup feeding) to supplement baby with some milk then try to latch on again when baby is not agitated. 	
4	<p>During the first few days after birth, baby is easily felt asleep when being held close to mother. However, neonatal jaundice can be a cause of sleepy baby. In order to enhance in decreasing the jaundice, mother should maintain more frequent feeding (at least every 3 hourly). Mother can express milk by hand or pump and supplemented baby by using spoon, syringe or cup feeding temporary after breastfeeding.</p>	
5	<p>'Let down reflex' can be hindered by emotion stress or pain. Try relaxation method: hot bath, hot compress, light music and pain killer. Let down reflex can be triggered</p>	

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		Next review date	Mar 2019
		Approved by	Obstetrics Team, QMH
		Page	Page 5 of 6

	<p>by using the following 3 steps:</p> <ol style="list-style-type: none"> 1) Use patches of fingers to message whole breast in small circular motion. 2) Use finger tips to stroke the breast from outward to inward toward the nipple. 3) Leaning forward and shake the breast gently with both hand. <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> <div style="text-align: center;"> <p>1.</p>  </div> <div style="text-align: center;"> <p>2.</p>  </div> <div style="text-align: center;"> <p>3.</p>  </div> </div>
6	<p>If the elimination of baby is not satisfactory, please look for the underlying cause:</p> <ol style="list-style-type: none"> 1. Breast engorgement causes hardening of areola which affect proper latch on. Try hot compress for few minutes, expression of milk to soften areola then breastfeed immediately. 2. Improper latch on & position affecting milk transfer. 3. ‘Let down reflex’ hindered by emotion stress or pain. Try relaxation method: hot bath, hot compress, light music and pain killer 4. Delay in milk comes in can be due to delay in initiate breastfeeding, infrequent breastfeeding and supplementation. <p>*Please consult medical staffs (specialty) for assessment and determine the necessity of supplementation, feeding alternative and subsequent follow up.</p>
7	<p><u>Breast engorgement/block ducts/ mastitis</u></p> <ol style="list-style-type: none"> 1. Frequent feeding of 10 to 12 times per day including night time. 2. Hot compress applied on breast before feeding 3. Express milk for a short while may soften the areola and helps baby to latch on. 4. Gently massage on the lump or tender area during feeding. 5. If engorgement persists after feeding, apply cold compress 6. Avoid drinks that enhance production of milk e.g. milk, fish soup, but drink to thirst only 7. Take pain-killer if necessary. 8. Adequate rest 9. If suspected mastitis (usually fever over 38.5 C) and condition cannot be improved after 24 hours, seek medical advice from medical staffs (specialty). <p style="text-align: center;">(To be continue next page)</p>

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		Approved by	Obstetrics Team, QMH
		Page	Page 6 of 6

7	<p><u>Manual expression method:</u></p> <ol style="list-style-type: none"> Put the first segment of the thumb at 12 o'clock, around 1-1.5 inch away from the nipple, and put first segment of the index & middle finger at 6 o'clock, around 1-1.5 inch away from the nipple (location of large ducts). Milk ducts can be emptied by switching thumb and index finger to other area for compression e.g. 3 o'clock against 9 o'clock. <div style="text-align: center;">  <p><i>Correct Incorrect</i></p> </div> <ol style="list-style-type: none"> Press the thumb and index finger slightly inwards the chest wall. The thumb and the index finger compress together at 1-1.5 inch beneath the areola. <div style="text-align: center;">  <p><i>Press inward Compress fingers together & milk ejection</i></p> </div> <ol style="list-style-type: none"> Repeat step 2 & 3, collect the milk with container.
8	<p>Redness & Soreness:</p> <ol style="list-style-type: none"> Ensure the proper position in latch on Starting on the side with less soreness and to change breastfeeding positions Stop suckling by inserting your clean small finger to open baby's mouth Apply small amount of breast milk on nipples after feeding If soreness is too severe for feeding, express breast milk manually to maintain the supply and supplement breast milk by spoon or syringe. Try latch on with proper position when sore healed. Take pain killer as prescribed by doctor.

*We hope the self-assessment and hints are useful to you!
We wish you all the success in breastfeeding!*