**WHAT DO I DO WITH A FUSSY BABY AT BREAST OR WHO WON'T STAY LATCHED??**

**WHO**
- Newborn? Bottle feeding? Sleepy/jaundiced?
- How old is babe? Mature milk in yet?
- Old Baby? Easily distractible?
- Bottle fed at all? Sick?
- 1st time mom?
- Experienced mom, but this babe is different?
- Did mom start meds/BCPs/period?

**HELP!**

**WHEN is this happening?**
- At start of the feeding or end?
- At let-down?
- In day or evening?
- When did this behavior start?

**WHAT?**
- Get Momma’s perspective
  - Is babe fussy at breast?
  - On & off the breast and won’t stay latched?
  - Is babe pulling & kneading at the breast?
  - “Tell me about your delivery”

**Become an Investigator**
- View the answers as pieces of the puzzle that will get you to the big picture

**WHY??**
- Why is baby like this?
- GOAL: help mom’s understand the big picture = put the puzzle pieces together.
- The “Why” leads us to the “How” to deal with it
The WHYs with a fussy baby

- At let down = related to fast let down
- Before let down = huge physiological state gratification?
- At feed = Burt? Done? Wants to suck without flow of milk?
- Switch sides?
- In morning = faster than usual let down (more full)?
- In evening = normal fuzzy time?
- Overtired? Overstimulated?
- Diapers?
- Colic?
- Starts ~2-3 weeks, peaks @ 6 weeks, gone by 9-12 months.
- Lasts ~24 hours/day
- Same time of day with same intensity & responds to the same things

Why else could baby be fussy?

- Teething/Sick?
  - Stuffy nose = hard to suck/swallow/breathe
  - Sore throat = hurts to swallow
  - Ear infection = hurts to lay down
- Growth spurts?
  - 1st few days at home, 7-10 days, 2-3 weeks, 4-6 weeks, 3 mo., 6mo., 9mo. ~ 1x more frequently to increase mom’s supply
- Positioning
  - Newborn = brused head?
  - Can baby swallow easily?
  - Good latch?
  - Comfortable?
  - Chin off chest?
  - Lips flanged?

Older baby fussy at breast

(Easily distracted)
- 2 months = quiet, easy
- 4-6 months = starts solids, active
- 6-9 months = “hysteric (he/she wants to sleep)”(sleeping rarely happens before 9 months)

WHY could bottles be the culprit?

Tongue movements required for bottle feeding are different than those required at breast.

Bottles drip milk without any help when turned upside down = faster, consistent flow with less work

Breasts must be stimulated → fast flow (quick let down) → then slows → then fast, etc. = less consistent flow → self-stimulate forces forth = frustrating/confusing for baby

Is it mom?

- Is one breast preferred?
  - Most moms have 1 side that has a faster let down & more milk
- Is mom tired, stressed or “short”?
- What did she eat recently?
- Is mom pregnant?
  - Aborted hormones
  - Recently exercised?
  - Salty milk
- Is she taking a decongestant? Birth control? How many times/day is she emptying her breasts? (Magie #)
  - Decreased supply

HOW do we help?

Go back and look at the WHY for guidance – and then start with the basics...
Latch & Positioning reminders

1. Is it effective?
   - Audible swallows?
   - Weight increasing?
   - Transferring milk appropriately?
   - *If baby is latching onto only the nipple shaft, they are cutting off nipple openings & will pull at nipple (ouch) & get frustrated = sore momma

2. Is it comfortable?
**Hand Expression**
- Keep baby the sleepest to empty the breast effectively, this is your best friend early on (protect supply)
- Express into spoon & feed baby directly
- Hand express after BF to fully empty breasts initially
- Early & Often = supply/demand - like freezer makes for later
- Great for Mom's psyche!

**“Prime the Pump”**
- Breast massage
- Nipple rolls
- Lean over & let gravity help
- Hand express
- Moist heat

This helps babies who don’t want to suckle long enough to stimulate let down. (Fussy at beginning of feeding)

**Breast Compressions**
Dr. Jack Newman – videos
Keep milk flowing to keep babe interested

Think of water balloons with a hole in them

**How do we fix fussy at breast?**

**More How-to’s**

**Fussy in Evening**
- “Cluster feeding”
- Try to nurse while moving and shaking
- Watch baby’s personality

**Bruised head**
Make sure positioning isn’t jarring pressure on a sore spot

**Don’t force head**
We at first back when surf heads are showed forward

**Diaper Rash**
- Use an appropriate barrier cream/Barrier protectant

**How-to’s continued…**

**Teething**
- Use a cold teething ring
- Avoid teething creams

**Sick**
- Keep nose cleared
- Use soother, more frequent meals
- Use upright BF positions
- Offer breast every hour
- Feed EBM via cup, spoon, syringe

**Distractible**
- What does she do by mouth during feedings?
- Try to get in a few dessert feedings during day
- Pump (in need to protect supply)
- Nurse in a quiet place free from distractions, use covered up颦
- Minimize time feeding/stop feeding if baby when chew/throwing
- Talk to quiet towns, keep all noise in motion, try new variables
Forceful Let down

- Grip, raise eyebrows, cheeks while nursing, contract masseter/parotid muscs, jaw off breast
- Crying sound
- May clamp down on nipple to slow flow
- If oversupply, may need to adjust milk supply down
- Bag frequently/diadetism air
- BF more frequently = decreases amount accumulating between feedings

Forceful Let Down “Fixes”

- Nurse “spin” head & throat are above the level of nipple - given based on control
- Relaxation
  - Rocking forward, lean back
  - See Nancy Neal’s mentor videos
  - Side lying position - w/ baby above nipple and mouth when coming too fast
  - Wait until let down occurs, then hold baby off & replace with baby, then put baby back down once flow starts

Let down too slow?

- Pulls off breast
- Baby fusses
- Slows let down more
- Pulls off for slow let down
- Mom tenses up

Help for slow let down

Use Relaxation Techniques
- Soothing/Ocean sounds/dim lights
- Warm bath w/ baby & BF there
- Massage breast/nipple rolls

“Prime the Pump”

Use Let Down Cues (Think of Pavlov’s dog experiment)
- Deep breathing
- Drink cup of tea before you BF
- Milk then let down in response to BF

Supplemental Nursing System (SNS)

Pace any bottle feedings!!!
(see “Paced Bottle Feeding” videos on Youtube)
- Feed in an upright position
- Keep bottle horizontal with nipple ¼ full (enough to cover nipple holes)
- Empty nipple when baby takes pauses to breathe (lower bottle, leaving nipple in mouth)

Remember:
Ask questions to find the answers:
- WHO?
- WHAT?
- WHEN?
- WHY?
- HOW?
Resources:

- Dr. Jack Newman [https://ibconline.ca/]
- Kellymom [https://kellymom.com/]
- Nancy Mohrbacher [http://www.nancymohrbacher.com/]
- Dr. Thomas Hale’s medication reference [https://www.infantrisk.com/]
- Lactation Education Resources [https://www.lactationtraining.com]
- Dr. Jane Morton [http://www.breastmilkssolutions.com/about.html]
  - [https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html]

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