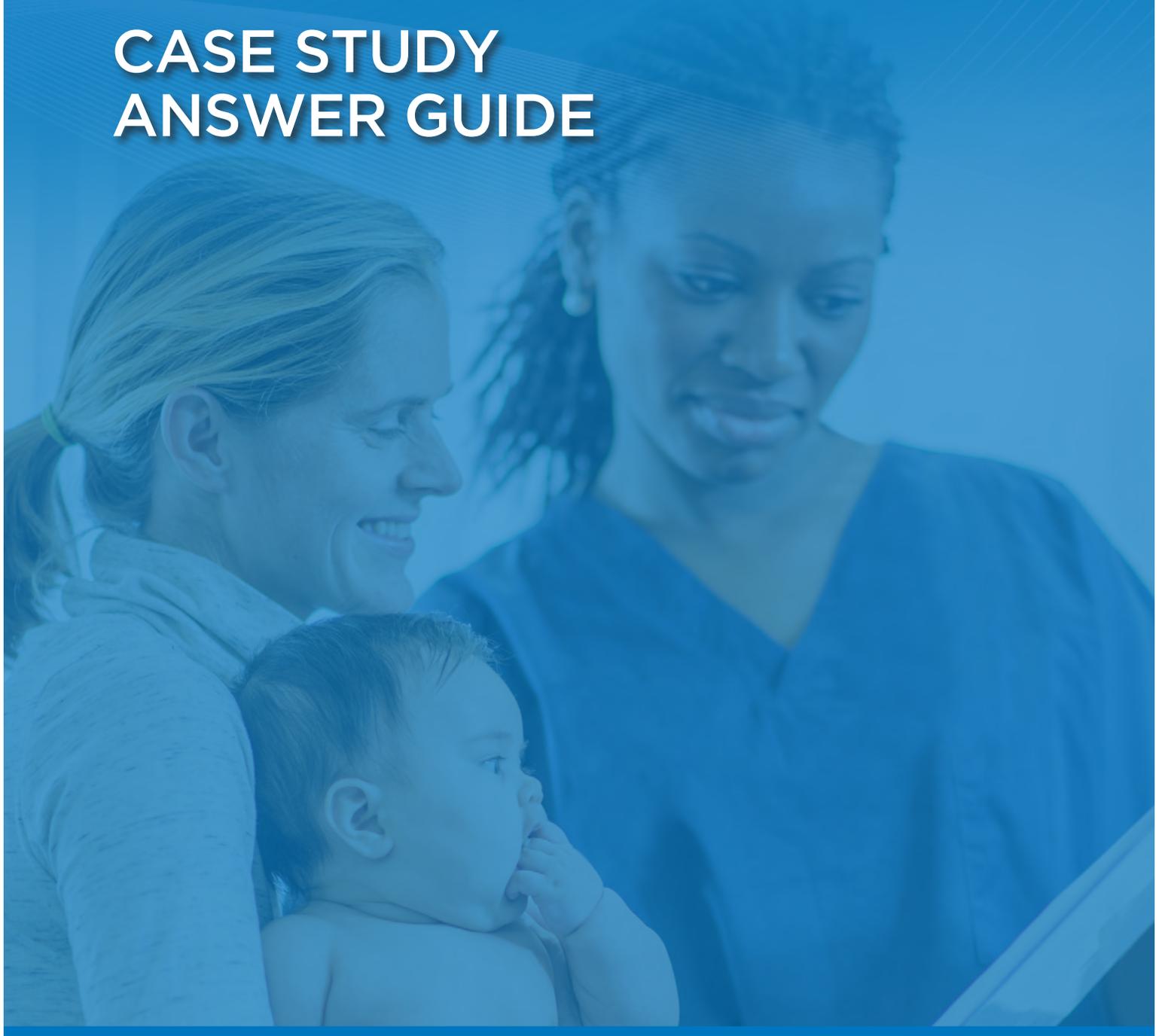


BFI 20-Hour Course: Clinical Practice Options

CASE STUDY ANSWER GUIDE



BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide

This *BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide* is intended to be used with a companion document, the *BFI 20-Hour Course: Clinical Practice Options*. Case studies contained in Part C of the *BFI 20-Hour Course: Clinical Practice Options* have been designed to be completed by a learner and reviewed by a breastfeeding mentor.

This *Case Study Answer Guide* is to assist a breastfeeding mentor in evaluating the learner's answers to case study questions. The suggested answers presented here are not the only possible answers and are meant to serve as a guide. When evaluating answers, it is expected that mentors will use their clinical judgement as to how appropriate and complete answers are.

Communication skills and self-reflection

1) Empathy

- a) What are the four qualities of empathy mentioned in the video?
 1. Perspective taking – looking at the situation from another person's viewpoint.
 2. Staying out of judgement. Not being judgemental.
 3. Recognizing emotion in other people.
 4. Communicating that you recognize another person's emotion. Feeling with the person.
- b) Write two sentences that show empathy with a mother in relation to an infant feeding concern she may have.
 1. I hear that you are concerned about your baby.
 2. You sound worried.
- c) What is a word choice Brené Brown suggests to avoid?

“At least...”
- d) What ultimately makes someone feel better?

Connection with the other person's feelings.

2) Boundaries, Empathy, and Compassion

- a) What are some tips you heard in this video?
 - Compassionate people have clear boundaries.
 - Boundaries are what is OK and what is not OK.
 - When I assume people are doing the best they can, it makes my life better.
 - To assume the best about people is inherently a selfish act, because the life you change is your own.
 - Consider what boundaries need to be in place to be in integrity and make the most generous assumptions about others.
 - We are often not comfortable setting boundaries, because we want people to like us, and to not disappoint. However, boundaries are the key to self-love and to sustainably treating others with kindness.
 - Compassion is a deeply held belief that we are inextricably connected to one another.

- Empathy is the skill set to bring compassion to life. We can have a deep love for people so they know they are not alone.
 - Empathy is not feeling for somebody but feeling with them, so others are not alone. It's sustainable.
 - Empathy minus boundaries is not empathy; compassion minus boundaries is not genuine; vulnerability without boundaries is not venerability.
 - Boundaries are not fake walls, they are not division, they are respect where we say what is OK for me and what is not.
- b) What do you think of Brené Brown's perspectives and what difference these could make in your situation?
Answers will vary greatly. Look for evidence of self-reflection.
- c) Consider how boundaries are key within empathy and compassion. How could this apply to your work life?
Answers will vary greatly. Look for evidence of self-reflection.

3) Blame. Who's in control?

- a) Can you think of a situation where you have used blame in your life? What was the impact?
For this question, the answers will vary greatly. Look for evidence of self-reflection.
- c) In your work life, how might you use accountability to find opportunities for empathy?
For this question, the answers will vary greatly. Look for evidence of self-reflection.

Case Study Beckie: Informed decision-making conversations

Beckie is a client that you meet when she is pregnant (early, middle, or late pregnancy as fits your work environment).

- 1)** You are not aware of how she is planning to feed her baby. How might you start a conversation to find out?
What are your thoughts about how to feed your baby?
- 2)** Respond to Beckie. In your response, consider her opinions about formula and let her know she has been heard.
I know that many of your family members and friends have formula fed their babies. It sounds like you are concerned about your sleep.
- 3)** Write two questions that might help to evaluate her knowledge of infant feeding.
- What have you heard about breastfeeding?
 - Have you already had conversations with a knowledgeable professional about breastfeeding? What topics did you discuss?
 - Studies show that mothers who breastfeed get more sleep than those that don't breastfeed. Many mothers that I have talked with have found this interesting. What have you heard?
- 4)** Write an open-ended question or statement to see how receptive she may be to learning more.
- I am here to ensure you have all the information that you need to make an informed decision about feeding your baby.
 - Let's talk about what you've heard about feeding babies.

- 5) Read the informed decision-making information in *Breastfeeding Matters*. Beckie tells you she wants to hear more. How might you share factual information about formula feeding and breastfeeding?
- In the past, formula and breast milk were talked about as equal but we now know that this is not true. For example, babies that do not breastfeed are at higher risk for some infections like colds and ear infections.
 - The least expensive kind of formula costs about \$1000 for one year. That can be a significant expense especially when your baby will need other things too. What are your thoughts about that?
 - Babies who do not breastfeed are at higher risk of SIDs, obesity, and infections. Mothers that don't breastfeed their babies are at increased risk of Type 2 diabetes and postpartum bleeding.
- 6) How might you respond if she tells you (for these answers look for evidence of statements that are supportive and that give important information):
- a) She wants to formula feed?
- I am here to support you however you decide to feed your baby. I will make sure you have all the information you need to prepare and feed formula safely. If at any time you change your mind and want to breastfeed that is okay too. It doesn't have to be all or nothing.
- b) She wants to mix feed, that is, give some formula and do some breastfeeding?
- I am here to support you however you decide to feed your baby. We can talk about how to get breastfeeding off to a good start. I will also make sure you have all the information you need to prepare and feed formula. When mothers mix feed, it is important that they build and maintain a plentiful milk supply. We can talk about ways to help you do that too.
- c) She wants to exclusively breastfeed?
- Breastfeeding is the healthiest choice for your baby. We can spend some time going over ways to help breastfeeding get off to a good start. Many mothers also find it helpful to know what to expect during the first few days after their baby is born. How does that sound?
- 7) Beckie gives birth to her baby and, even though it is not medically needed, on day 2 she decides to partially formula feed.
- a) Which babies are at greatest risk of infections from powdered infant formula?
- Babies at greatest risk of infections from powdered infant formula are those who:
- Are premature.
 - Had low birth weight and are under two months of age.
 - Have a weakened immune system.
- b) After the water has been at a rolling boil for two full minutes, for safest use of powdered formula, what is the minimum water temperature needed when mixing it?
- The water must be at least 70°C (1 litre of water cools to about 70°C after about 30 minutes). This is hotter than people want to touch.
- c) Name key types of safe water sources. For concentrated liquid and powdered formulas, it is safe to use these waters after they have been sterilized:
- Tap water from your village, town or city.
 - Bottled water that you can buy.

- Well water that has been tested regularly.
- Water from the cold water tap not from the hot water tap.

Do not use specialty waters like softened water, mineral water, or carbonated waters.

d) Is the following statement true or false? “There is no known safe age to stop, so it is recommended to sterilize feeding supplies and water as long as formula is being used.”

True

e) Any bottle of prepared formula that was partially fed or that was prepared and not immediately stored in the fridge should be used within two hours. The can or bottle of formula may say the formula is good for one hour and mothers may safely follow that direction.

Beckie may not want to waste formula and may try to get her baby to feed the whole bottle. How can she prevent overfeeding her baby? Think of infant feeding cues for hunger and being full.

- Babies will feed when they are hungry, including overnight.
- Early signs or feeding cues are: stirring, moving arms, lip smacking, turning head toward something touching the cheek.
- Mid-feeding cues are: hands going to her mouth, sucking or lip movements, restlessness, and sighing sounds getting louder.
- Late-feeding cues are: fussing, crying, being exhausted, and falling asleep.
- When the baby stops sucking, remove the bottle. Babies often pause during the feeding. The baby may begin showing cues again and need to finish the feeding.
- Watch for signs of stress when feeding, for example, milk leaking, breathing fast, pushing the bottle away, or a stressed look on the baby’s forehead.
- Use responsive feeding, that is, follow the baby’s cues.
- Teach signs of satiety. If, for example, the mother paused a feed to burp, do not force the baby to feed when there are no further feeding cues. Some cues may be:
 - The baby does not open his mouth when the bottle nipple is touching his cheeks or lips.
 - The baby, when offered a bottle, turns his head away, stops sucking, pushes the bottle away, or falls asleep.
- Since Beckie is also breastfeeding, breastfeed first and then offer small volumes by bottle but feed according to baby’s cues.

8) What are three reasons to use responsive bottle feeding?

- The parent has made an informed decision to use this method.
- The parent or baby may not manage cup feeding or spoon feeding.
- The baby may need to take larger volumes of milk. (Larger volumes could also be given with a lactation aid at the breast.)

9) What are some tips to share with Beckie and other mothers on normal feeding habits of a young baby and how to be responsive?

- Feed whenever a baby is hungry, about 8 or more times in 24 hours.
- Follow your baby’s cues. Do not force a baby to finish a certain amount.
- It is better to feed small amounts more often.

- Consider infant feeding cues to know if a baby is hungry.
- Stop feeding when the baby shows signs of fullness such as:
 - Slowing down or stopping sucking.
 - Closing his mouth.
 - Turning his head away.
 - Pushing away from the bottle or the person feeding him.
 - Falling asleep and no longer interested in feeding.

10) What additional tips could you share with Beckie on how to bottle feed?

- Ensure the baby is in a sitting position, so the head is much higher than the body.
- Have the bottle nipple touch the baby's face and wait for a wide open mouth.
- Keep the bottle nipple fairly horizontal, so the baby can easily manage the flow.
- It is important for the baby to be held and touched during a feeding. Do not prop the bottle to feed.
- Enjoy feeding time together.

Case Study Yasmin: Position, latch, milk transfer

Yasmin wants to latch her new baby who is now 5 days old.

Position

1) All breastfeeding positions are options to consider with breastfeeding mothers. Name some breastfeeding positions.

Sitting up, lying down, laid-back.

Cross-cradle, football, side-lying.

2) From page 17 of *Breastfeeding Matters*, what are four positioning tips to keep in mind for a mother and her baby?

- Mother's back is well supported.
- Mother is comfortable.
- Baby's ear, shoulder, and hip are in a fairly straight line.
- Baby's head is slightly tilted back, allowing the baby to latch deeply and swallow easily.

3) Describe 3 benefits of this position.

- Uses gravity to help baby latch while lying on the mother.
- Comfortable position for right after birth.
- Baby is more involved in latching.
- Uses baby's own reflexes to help latch.
- Helps support a deep latch.
- Is relaxing for the mother.

4) Describe how you would teach this breastfeeding position to a mother.

- Sit comfortably, leaning back.
- Your baby's tummy rests on you, with your baby's head near your breast.

- Your baby will turn its head or bob to look for your nipple.
- Support your baby's back and hips. This will help her tilt her head back a little to help her latch.
- Your baby may first touch your nipple with her hand.
- After a few tries babies often push their chin into their mother's breast with an open mouth and latch.
- Once latched, adjust your position and baby's position to make sure you are both comfortable.

Latch

1) What are main points to teach a mother to help her with latching?

- Bring your baby's head to the same level as your breast. Your baby may start skin-to-skin mid chest and you are encouraged to "allow" him to drift down to your breast.
- In a laid back breastfeeding position your baby can also crawl up your chest to your breast/nipple. Please specify that this is for laid back breastfeeding position.
- Tummy to mommy, meaning your baby's belly is facing your body, and his head is not turned.
- When latching, your nipple is aimed to your baby's nose, and then the roof of his mouth.
- Wait for a big mouth which happens after good skin contact. When the mouth is wide open, bring your baby in closer by his shoulders (not pushing the head).

2) What would you teach a mother to recognize baby is latched effectively?

- Breastfeeding is comfortable and baby stays latched.
- Baby has a strong, slow, regular suck. Initially baby may suck quickly to get a letdown.
- Swallowing may be heard or seen.
- Baby's mouth is wide open with flared/flanged lips.
- Baby's ears or temple may move while sucking.
- When baby is finished feeding:
 - Nipples will have a normal, rounded shape and are not pinched.
 - Breasts may feel softer.
 - Baby is relaxed and content.

3) What helps a good latch with deep attachment as described in this video?

- Baby has a wide open mouth.
- Nipple goes in toward the roof of the baby's mouth.
- Chin touches the breast.
- More areola in the baby's mouth at his chin than above his mouth.
- Nipple deep into the mouth.
- A push on the back of the shoulders can deepen the attachment.
- Breastfeed in the early hours after birth.

- 4) What feeding cues are mentioned in this video? List at least one early, one mid, and one late feeding cue. What action can a mother take with each?
- Early feeding cue: Stirring, moving arms, yawning, smacking, turning head towards the mother or something touching the baby's cheek. Action: Feed the baby.
 - Mid feeding cue: Hand to mouth movements, sucking or licking, restlessness, sighing sounds getting louder. Action: Feed the baby.
 - Late feeding cue: Fussing, crying, agitated movements, falling asleep. Action: Calm the baby by cuddling, rocking, talking, singing, holding skin-to-skin. If he falls asleep allow him several minutes of sleep before trying again.
- 5) What are the three things the mother in this video adjusted to help make the latch more comfortable?
- She moved her body to be reclined.
 - She changed her baby's body to be more *tummy to tummy with mommy*. As the baby was moving her feet, possibly searching for support, the mother also followed the baby's cues by giving some foot support.
 - She shaped her breast a little to help the baby get a deep latch.
- 6) Why do you think the baby started swallowing more milk after this adjustment?
- The baby's hips and shoulders were pulled closer to the mother. With the baby's chin and lower jaw tucked in closer, the baby could milk the ducts more deeply and was then able to get more milk. This position supports a deeper latch and is an easy way to improve comfort and increase milk intake.
- 7) Approximately how many of the checklist topics have you already covered?
- General observation of mother and baby.
 - Breasts.
 - Baby's position.
 - Baby's latch.
 - Suckling.

Milk transfer

- 1) For these babies, how can you tell milk is transferring and that swallowing is happening?
- Strong, regular suck.
 - Jaw drops down with pauses.
 - Hear swallows.
 - Baby is active, not sleepy.
- 2) What is the mother doing with her hands to get more milk into her baby?
- Breast compressions.
 - Uses her whole hand to squeeze her breast gently but firmly.
 - Uses compressions when more milk flow is needed.
- 3) In the same video, note how the baby started cueing to latch and how the mother gently responded. At what point in the video do you see most of the swallowing?
- Around one minute.

Case Study Nadine: Breast milk supply, skin-to-skin, and supplementation

- 1) How would you describe expected feeding patterns in the first 1-4 days?
 - Babies have a small stomach size and need to feed often in the first days.
 - It is normal to feed 8 or more times in 24 hours.
 - Babies often feed more frequently in the second 24 hours.
 - After a mother's milk supply increases, babies may eat frequently for approximately another 24 hours.
- 2) What suggestions would you give Nadine to support her in building an adequate milk supply? Name multiple ways.
 - Skin-to-skin can help you recognize when your baby is ready to feed.
 - While breastfeeding, use breast compressions to help the milk flow.
 - Hand expression after a feed helps to remove milk from your breast and gives your baby a little extra.
 - Feed your baby when he shows signs of wanting to feed, as these are feeding cues.
- 3) Later in the day, Nadine is tired, her baby is wide awake, and Nadine wants to give some formula. How can you support her emotionally and physically, and provide factual information?
 - Reassure her that it is normal to feel tired.
 - Ask her if she has any concerns with breastfeeding or the baby. Assess feeding, voiding, and stooling to ensure adequate intake and output.
 - If there are no issues with intake and output, reassure that her baby's behavior is normal.
 - You might state, "I will support you in your feeding decision, and I also need to ensure that you are aware that giving formula when not medically needed has risks."
 - You may discuss:
 - How giving formula decreases stimulation of her breasts and can affect milk production.
 - It is easiest to get a full supply quickly with exclusive breastfeeding in the early days.
 - That giving some formula may make the baby feel full and miss feeds.
 - Offer to show her how to hand express and see if giving the baby some extra breast milk might settle her baby.
 - Ask if there is a family member who could take her baby for a walk or cuddle the baby in another room while she rests.
 - Show her how to breastfeed lying down.
 - Ask, "What would you like to do?" If she still wants to offer formula, discuss appropriate volumes, and alternative feeding methods that continue to support breastfeeding.
- 4) In the video, what practices are in place to help mothers and babies be skin-to-skin early in the postpartum period?
 - Babies are cared for and stay with the mother. This is called rooming in.
 - Babies are transferred skin-to-skin with their mother on a stretcher or wheelchair.
 - Partners may do skin-to-skin to allow the mother to nap.
 - Mother and baby assessments are completed while skin-to-skin.
 - Any baby procedure, such as a blood test, is done while skin-to-skin (and preferably while breastfeeding) which decreases pain for the baby.

5) Name three other benefits to skin-to-skin.

- Warms the baby.
- Stabilizes breathing, heart rate, and blood glucose.
- Helps the baby recover from the stress of being born.
- Decreases crying.
- Stimulates the baby's brain, encouraging connection of neurons.
- Sends messages to mother's brain to release oxytocin with the soft touch of the baby.
- Reassures the baby.
- Helps encourage latching and breastfeeding.
- Helps all babies, regardless of feeding method.

Case Study Lila: Hand expression

1) Read about hand expression in *Breastfeeding Matters* (pages 13 -14). What are three basic steps to hand expression?

- Press.
- Compress.
- Relax.

2) What impact will starting early hand expression have on Lila's milk supply?

- Lila had a difficult delivery which means the baby may be sleepy or not latch easily. Having early, effective, and frequent breast stimulation by hand expression will help her milk supply. Any expressed milk can be fed to her baby.
- Frequent and early breast stimulation and milk removal is important in building a normal milk supply for any mother, and hand expression can help build supply and give important nutrition to a baby.

3) What are four additional purposes for hand expression?

- Expressing after a feeding can help build milk supply.
- Expressed breast milk on a mother's breast can be used to encourage a baby to feed.
- Hand expression can be used to soften engorged breasts.
- Expressed breast milk can be used to soothe or heal sore nipples.
- Expressed breast milk can be used for a feeding if a mother needs to be away.

4) Name three tips about hand expression that you could share with a mother.

- Hand expression should not hurt.
- It is important not to pinch the base of the nipple as this can cause pain and stop the flow of milk.
- Express the firmer parts of the breast to remove more milk.
- If the baby is not able to latch within the first hour, start hand expression.

5) What is a strength of each of these videos?

Answers may vary.

- Discusses why hand expression is important and how to do it.
- Discusses anticipatory guidance to avoid problems.
- Repeats steps to reinforce the message.
- Uses simple, easy to follow steps.

6) Describe your experience practicing this skill (hand expressing) even if it is with a model.

- _____
- _____
- _____

7) What different ways could Lila give her expressed milk to her baby?

- Spoon feeding.
- Cup feeding.
- Lactation aid at the breast
- Syringe feeding.

Case Study Charmaine: Supplementing, spoon/cup feeding, responsive bottle feeding

1) Consider how you would have an informed decision-making conversation with a mother about soothers/pacifiers. What are some key points you would discuss with a mother?

- A baby will spend less time sucking at the breast, which could decrease a mother's milk supply.
- A soother is not nutritious and can impact a baby's growth if used to replace breastfeeding.
- A baby could develop a preference to the soother and refuse to breastfeed, making exclusive breastfeeding more difficult.
- If not cleaned properly, soothers carry germs.
- Ear infections and dental problems are more common with soother use.
- Using a soother can interfere with exclusive breastfeeding. It can make the Lactation Amenorrhea Method (LAM) an ineffective choice of contraception.
- If not used properly or old, soothers can be a choking hazard. If tied by a cord or ribbon to baby's outfit, it could be a strangulation concern.

2) What are three or more points that need to be taught to parents about cup feeding?

- Feed the baby whenever he signals his hunger. Do not feed a sleeping baby.
- Hold the baby in an upright position. Do not feed in a lying down position.
- Keep the milk level with the rim of the cup. Do not pour milk into the baby's mouth.
- Gently touch the cup to the baby's lower lip or edge of his mouth. Avoid putting pressure on the lower lip or putting the cup far into his mouth.
- Cups (like spoons) are easily accessible and easy to clean in most environments.

3) What are key teaching points for spoon feeding for Charmaine and other mothers?

- Colostrum comes in small volumes, and a spoon is appropriate for the milk volume likely to be expressed in the first day or two.
- Spoon feeding is easy to learn for both mother and baby.
- Spoons are easily accessible.

4) How can you support Charmaine to fully breastfeed her baby?

- Encourage her to take a day, two, or three to wean off the expressed breast milk supplement. Follow her baby's cues as to whether he wants more breast milk supplement or not.
- Try breast compression during slower phases of feeding to increase intake.
- Switch sides frequently if needed to keep her baby more alert and actively feeding.
- Keep breastfeeding until her baby is fully satisfied.
- Encourage her to continue to pay attention to her baby's pees and poops (number, colour, and volume).
- Follow her and her baby closely in the early days/weeks.

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Contact information:

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