

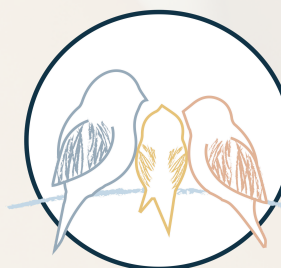
LATCH ASSESSMENT

& MILK SUPPLY MANAGEMENT



FEEDING FAMILIES
education + consulting

hope feeds
families



Disclosures

- I have no conflicts of interest to disclose related to this presentation topic

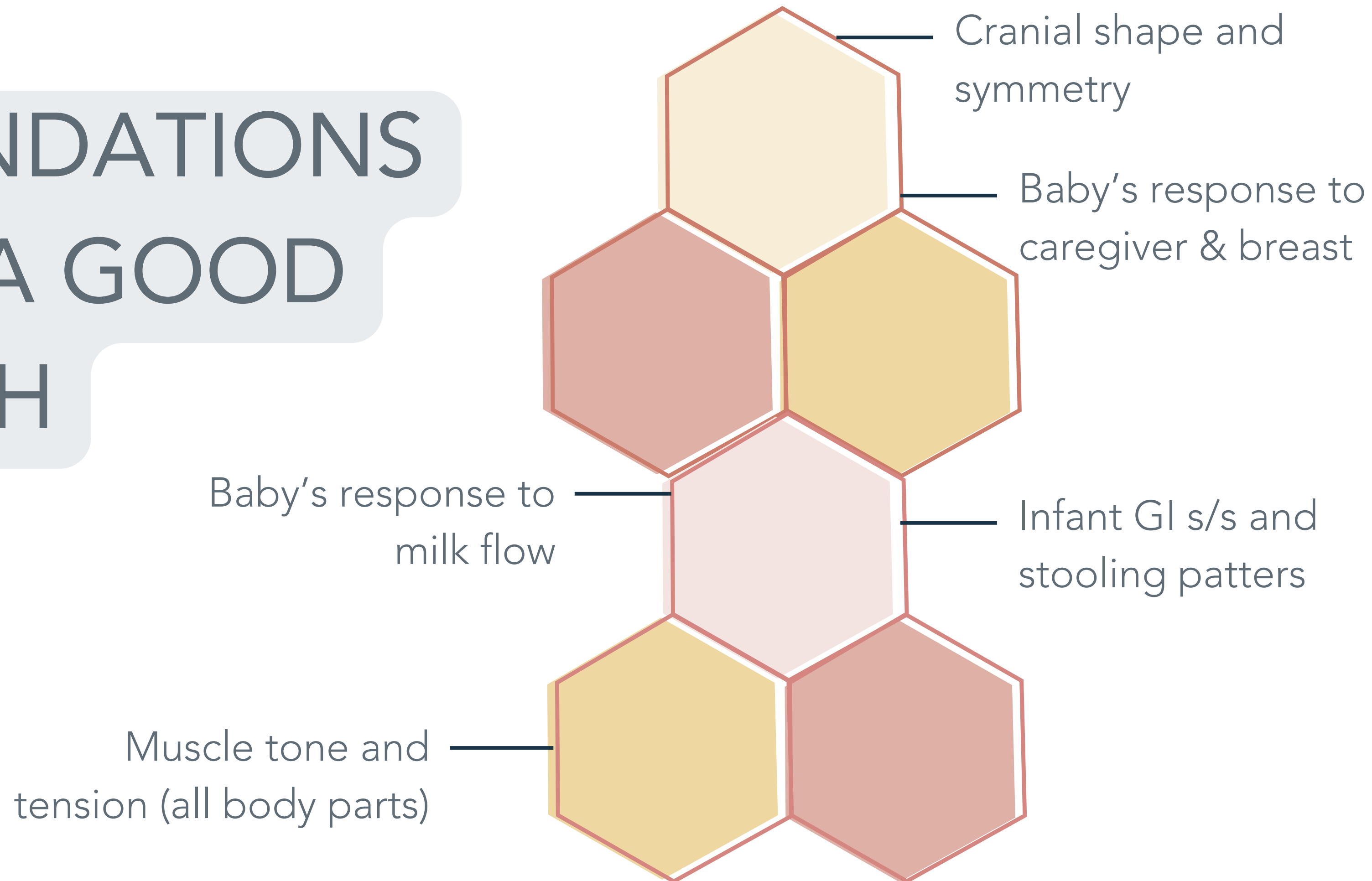
Objectives

- Discuss the key features identified in an infant global assessment
- List at least 3 indicators of a “good latch”
- Describe infant oral anatomy that is within normal limits
- Identify oral restrictions based on infant oral assessment
- Assess the impact of infant oral restrictions on milk supply
- Create a care plan for managing low milk supply

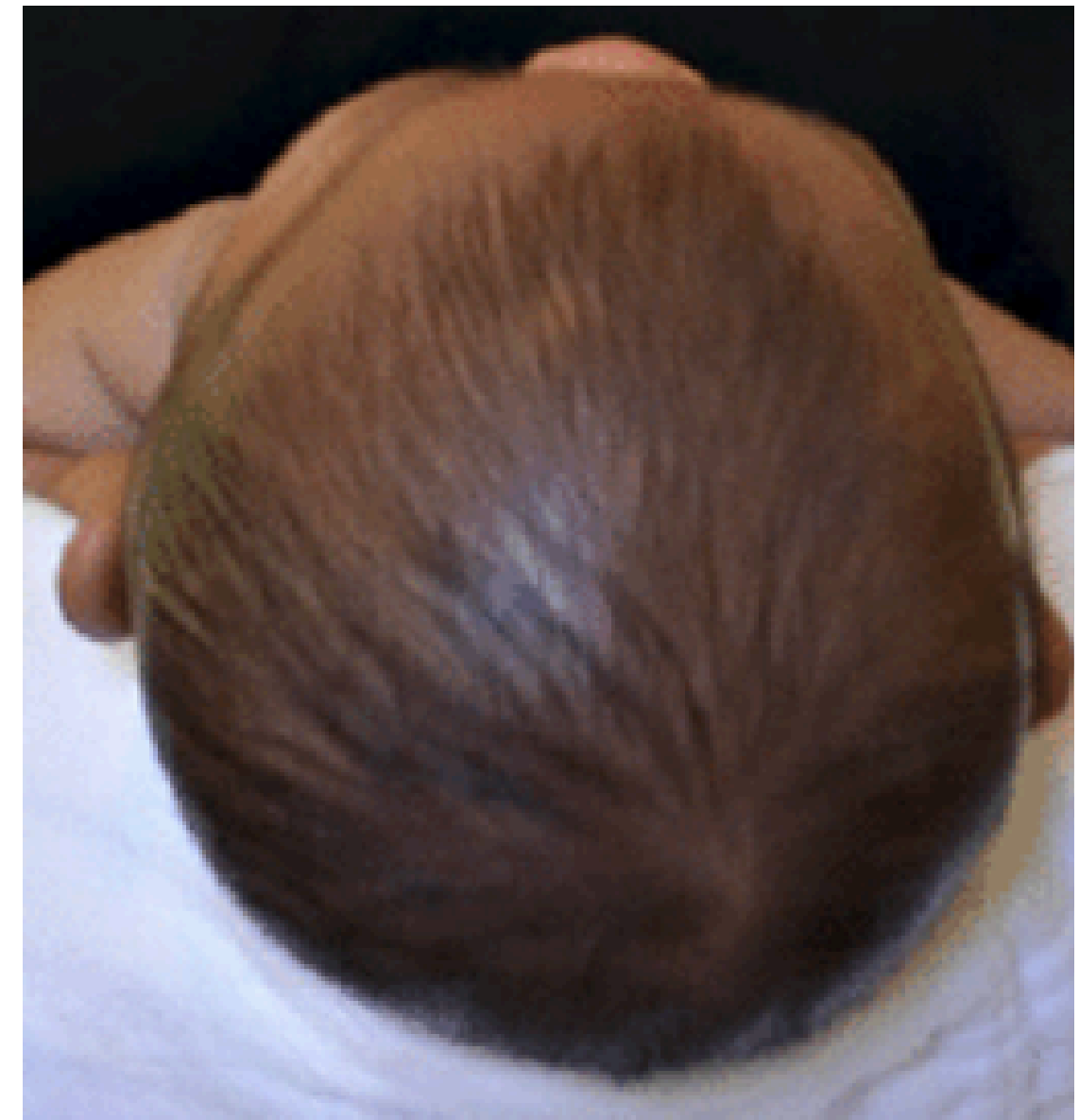
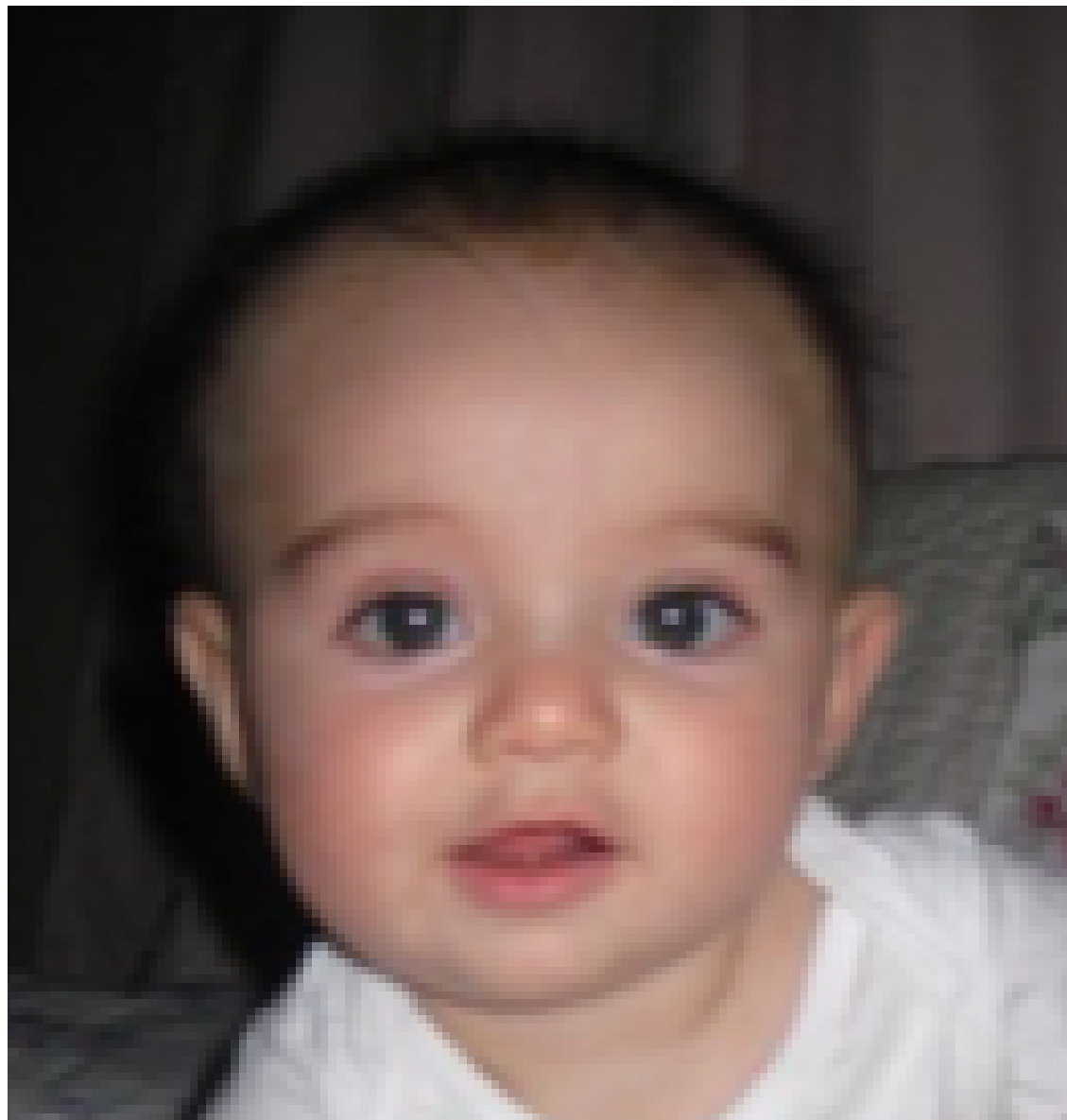
A photograph of three young children sitting on the floor. From left to right: a young girl with dark curly hair, a young boy with short dark hair, and a young boy with light skin and short hair. They are all wearing white diapers. The image is semi-transparent, allowing the text to be clearly visible over it. The text is in a bold, blue, outlined font.

INFANT GLOBAL ASSESSMENT

FOUNDATIONS FOR A GOOD LATCH



CRANIAL SHAPE AND SYMMETRY



MANAGING CRANIAL TRAUMA



Cephalohematoma

- Blood between bone and periosteum
- Can occur with forceps
- What might be difficult for this baby and how can we adjust positioning?

Caput Succedaneum

- Fluid between skin and bone
- 20-40% of vacuum births
- What might be difficult for this baby and how can we adjust positioning?









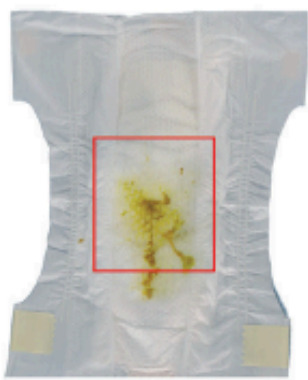




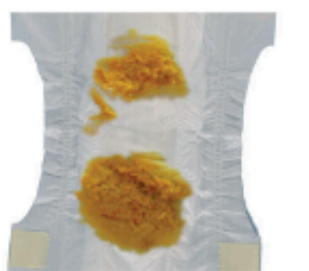








BABY'S RESPONSES

- How does baby react when they see the breast/chest?
- Is baby positionally unhappy?
 - Supine, prone, right side up, left side up, sitting upright

STOOL ASSESSMENT

DIAPERED INFANT STOOL SCALE

	TYPE 1 Hard/solid
	TYPE 2 Pasty, soft but takes a shape
	TYPE 3 Soft but spreadable
	TYPE 4 Mucousy, stringy, more fluid than soft
	TYPE 5A Watery with curds/solids
	TYPE 5B Watery without curds/solids

Amount	Consistency	Colour
 1: smear	 A: watery	 I
 2: up to 25%	 B: soft	 II
 3: 25-50%	 C: formed	 III
 4: >50%	 D: hard	 IV
		 V
		 VI

HEALTHY STOOL COLORS



Green



Mustard



Tan-Yellow



Brown

WORRISOME STOOL COLORS



Black



Red Streaks



White



Grey

OTHER OBSERVATIONS

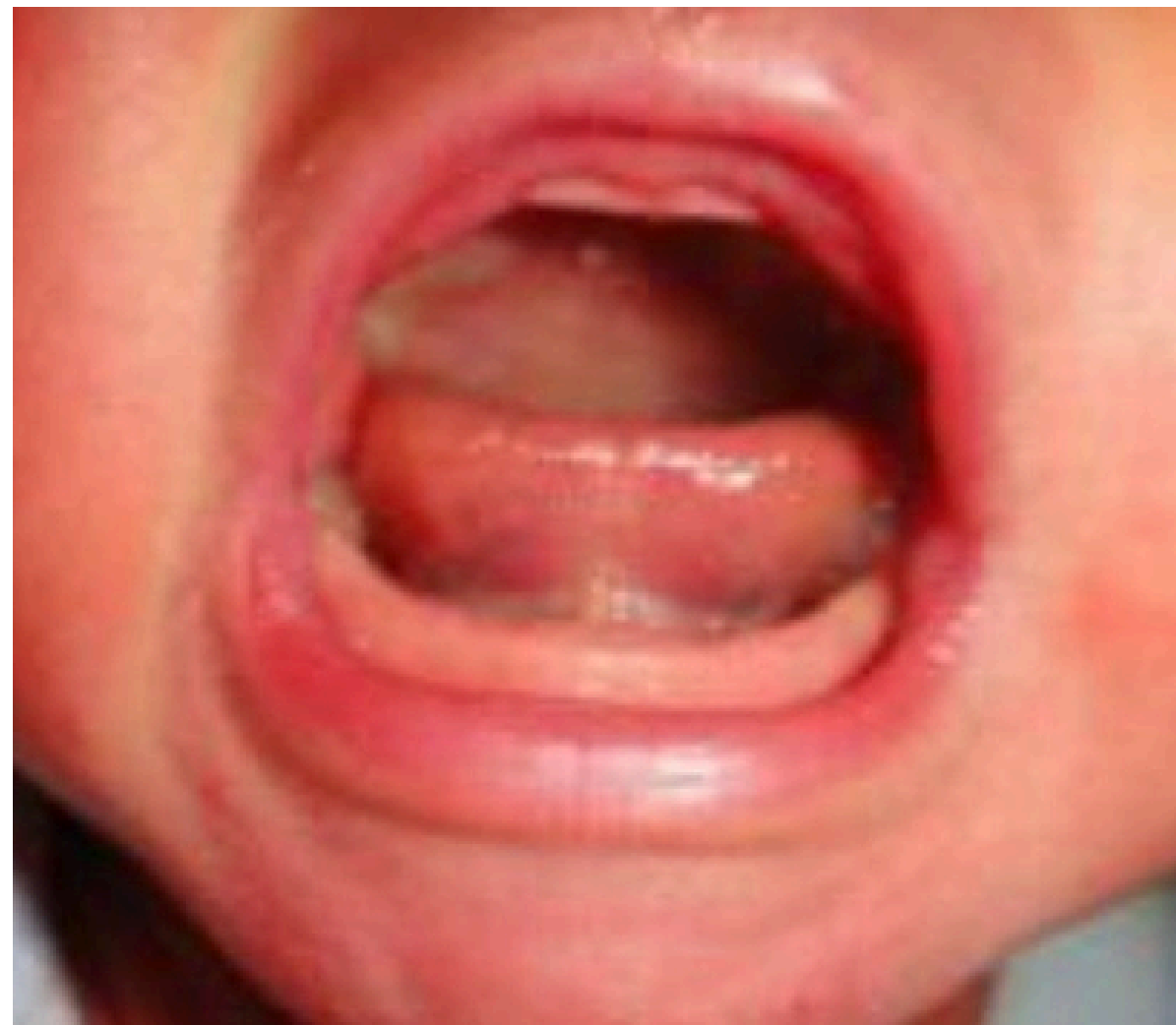
- Is baby having any reaction to parent's let down or flow during feeding?
- Is baby having difficulty with range of motion (neck, arms, legs)?
- Any hand splaying or toe curling with feeding?
- Is there family history of allergies or GERD?
- What is the amount and frequency of spit up?



INFANT ORAL ASSESSMENT

Aspect	What is "Normal"
Lip posture at rest	Closed
Tongue posture during crying and/or tongue lift capacity	At least to midline of mouth
Tongue shape when elevated	Round
Frenulum	Thin, attached at midline, visible only from sublingual caruncles
Tongue lateralization	Full range of motion along upper and lower gumline
Tongue extension	Beyond the lower lower lip
Labial flexibility	Lift with no blanching

FUNCTION VS. FORM

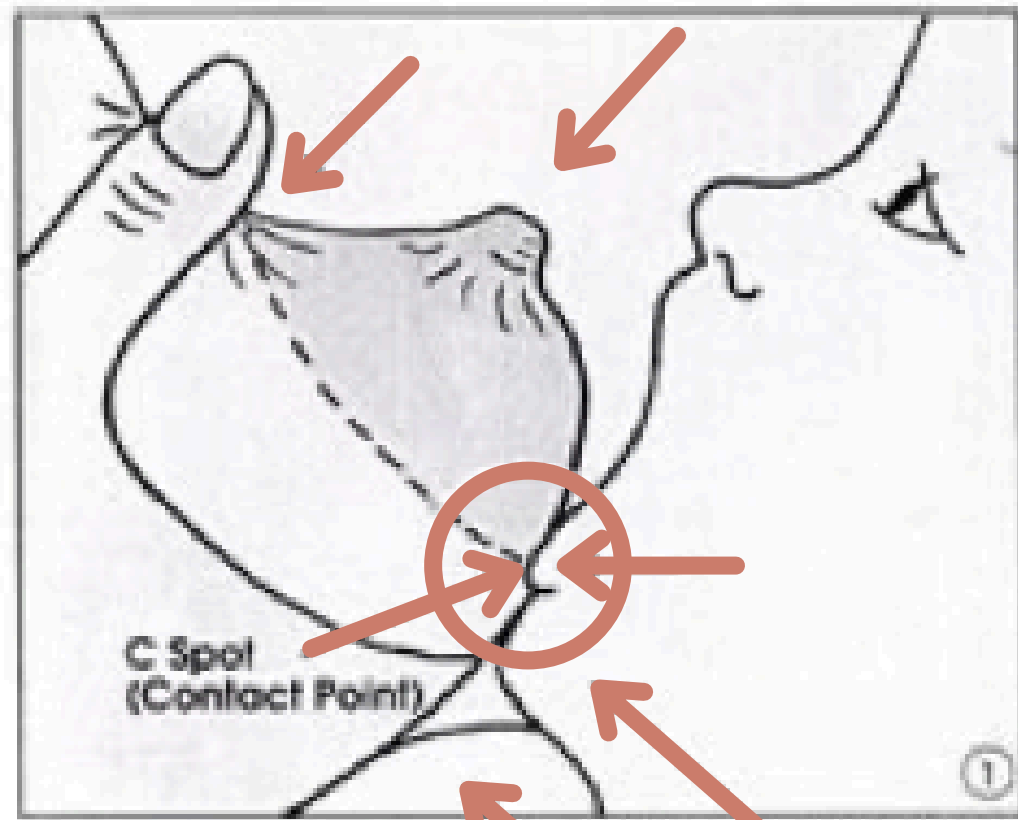


WHAT TO DO WHEN EVERYTHING FUNCTIONS WELL, BUT LOOKS ABNORMAL

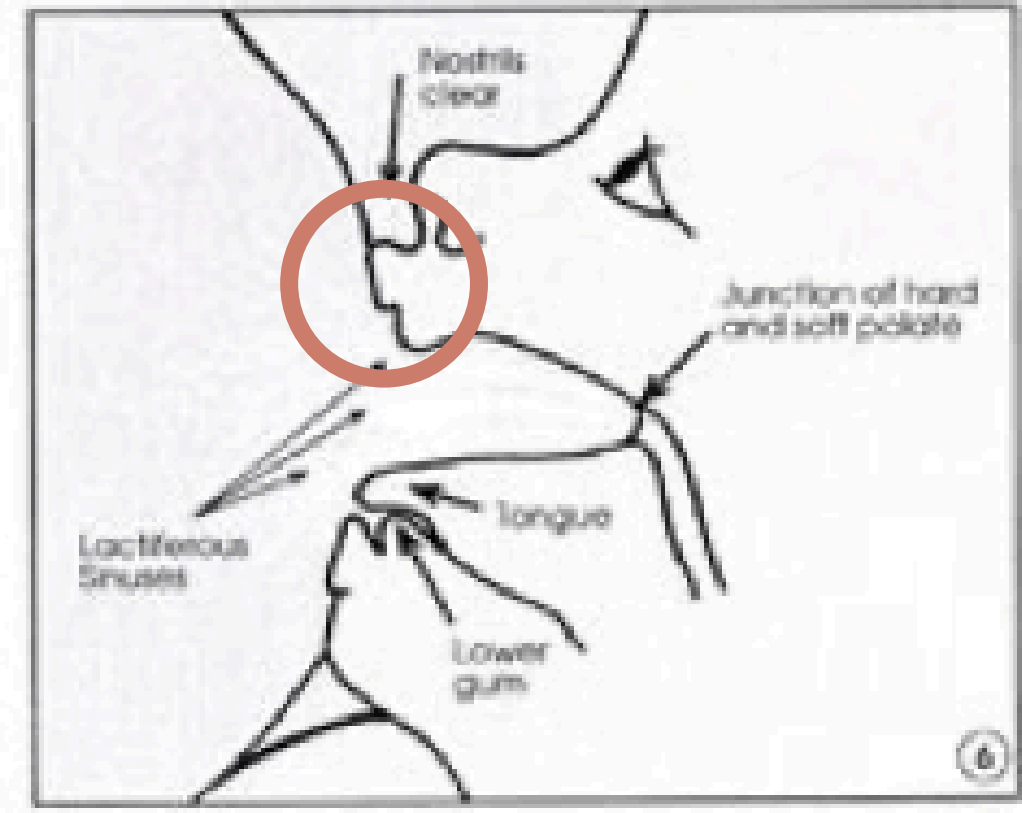
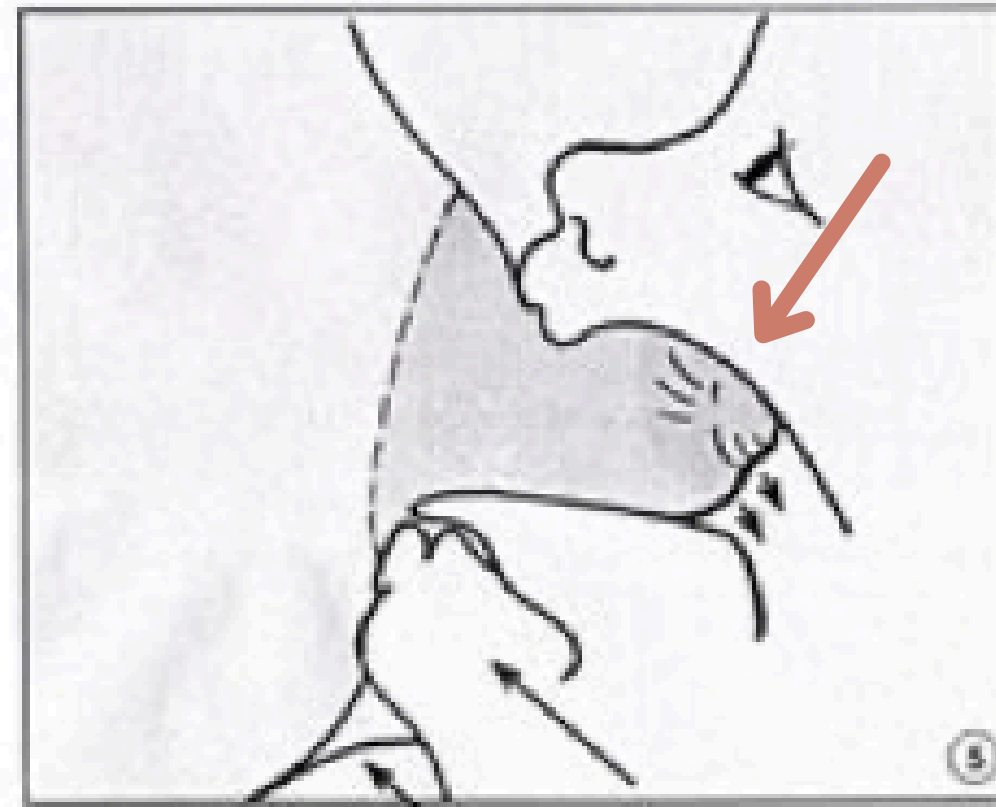
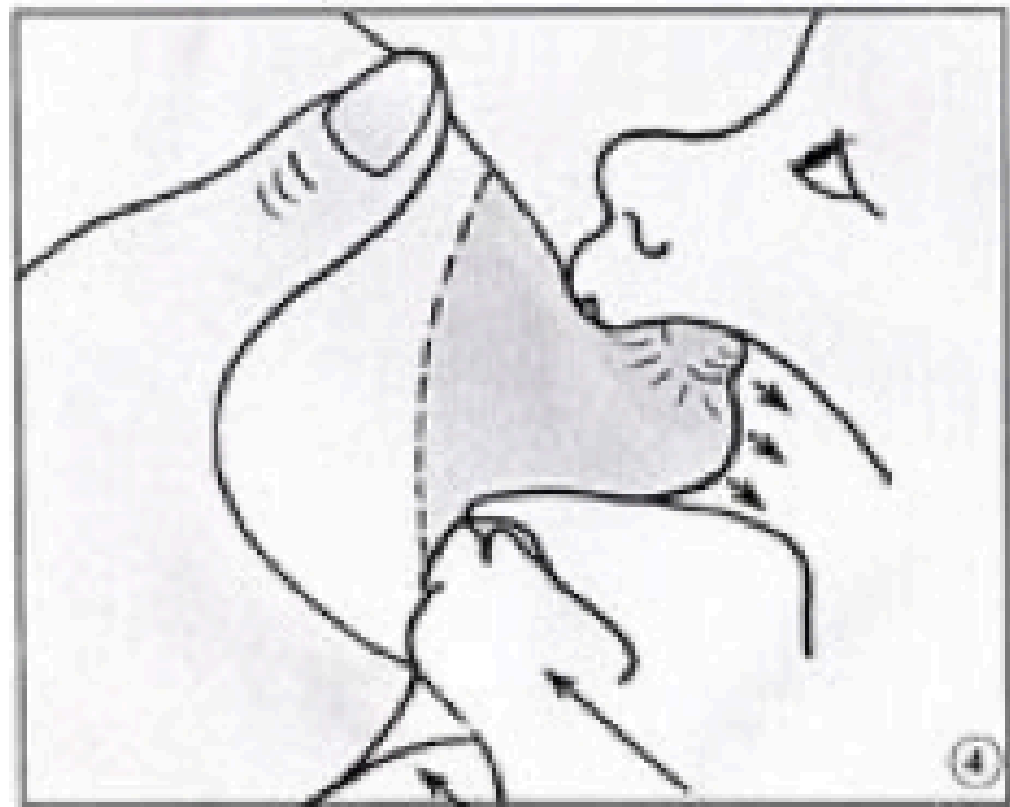
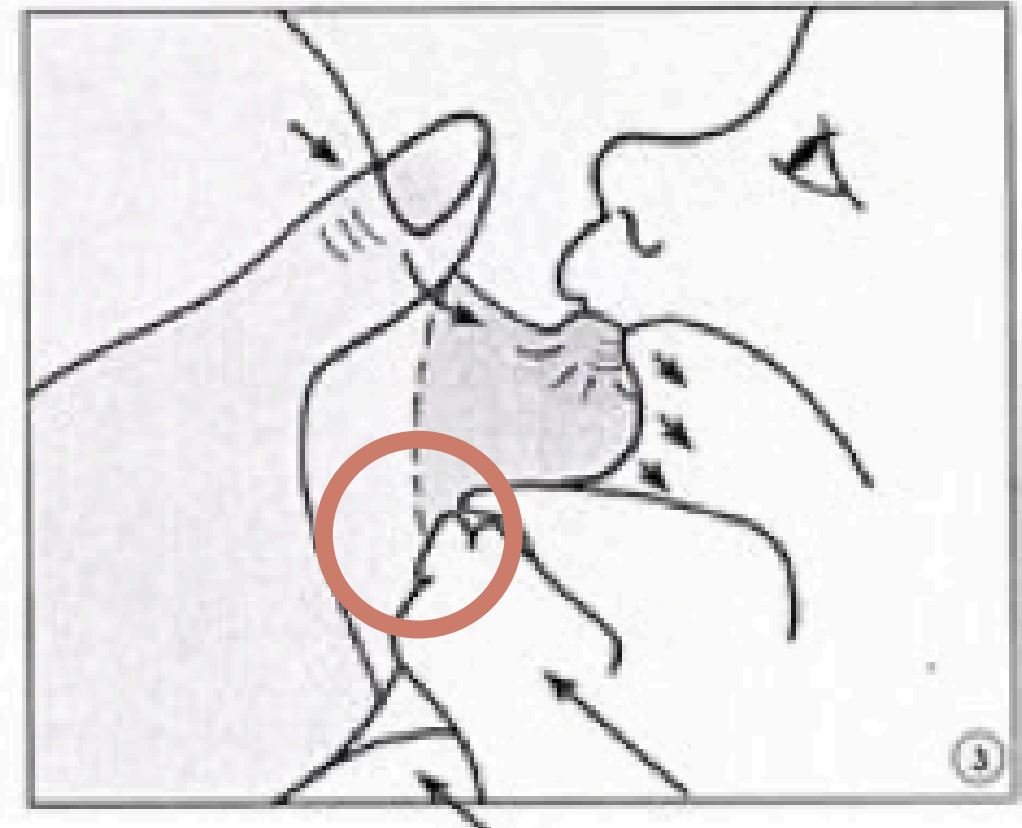
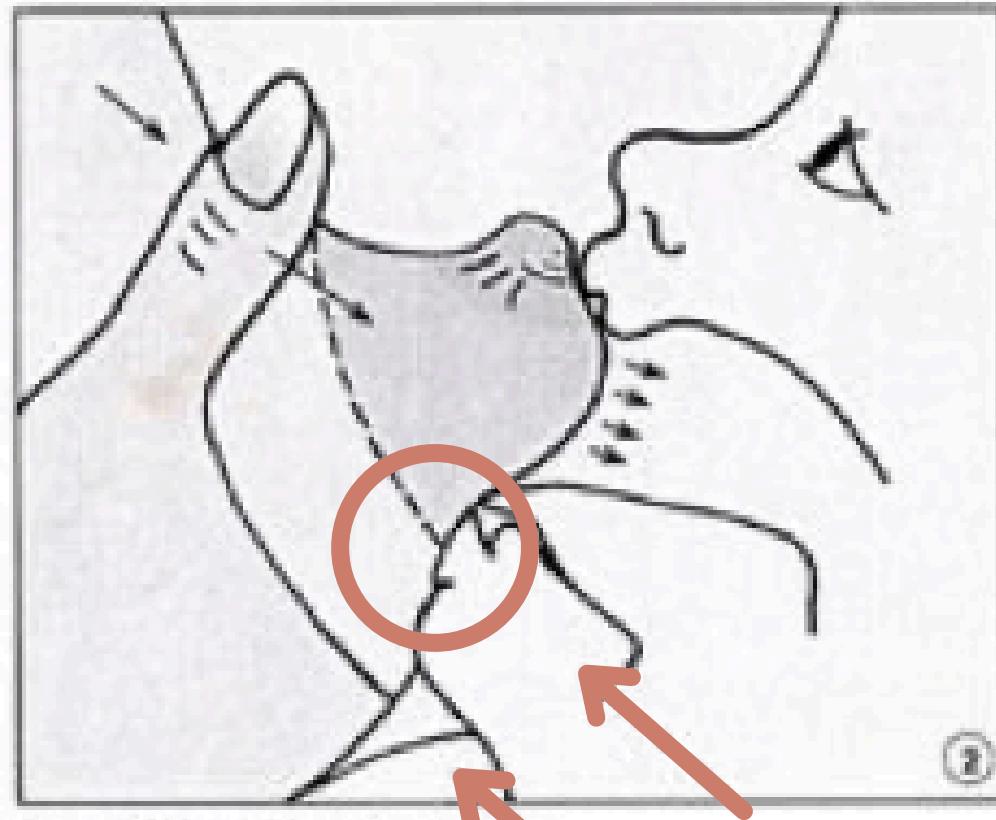
- Consider a re-check in a week or two, transfer may be appropriate now but may plateau
- Watch for fatigue with feedings; one feeding is a snapshot!
- Educate on s/s to watch for as infant ages
 - Pocketing foods
 - Speech issues
 - Body tension
 - Headaches & migraines
 - Continued GI s/s
 - Growth chart plateaus
 - Frequent feedings
 - Dental issues

**note: consider your scope of practice & refer to other professionals to assess for function within other scopes as needed*

DEEP LATCH



Bring baby's chin and chest forward onto the breast.

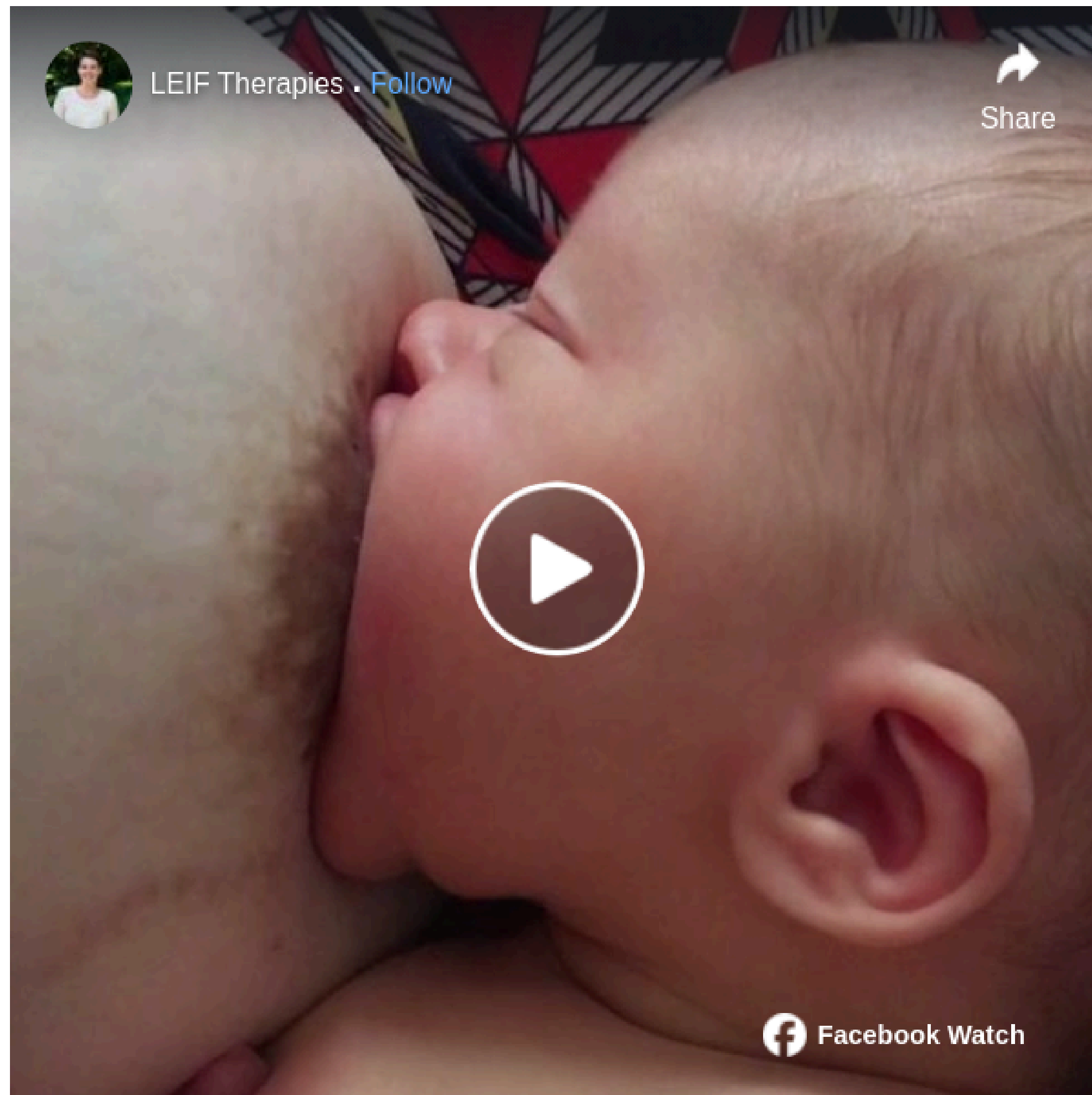


WATCH THE FEEDING!

During feeding, is baby:

- Experiencing fatigue?
- Chewing instead of sucking?
- Slipping off the nipple easily?
- Making clicking noises?
- Organized in their suck/swallow/breathe pattern?

What does a
good feeding
look like?



A close-up photograph of a hand holding a breast pump. The pump is white and clear, with a clear tube leading to a clear plastic bottle containing a small amount of yellowish milk. The background is softly blurred, showing a person wearing a teal polka-dot shirt. The overall lighting is bright and natural.

MANAGING MILK SUPPLY

How much
milk is the
parent
making?

How much is
the baby
transferring?

How much
milk does the
baby need?

How do we
increase
parent milk
supply to
meet needs?

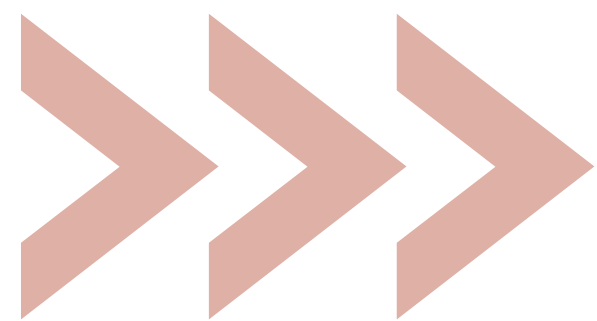
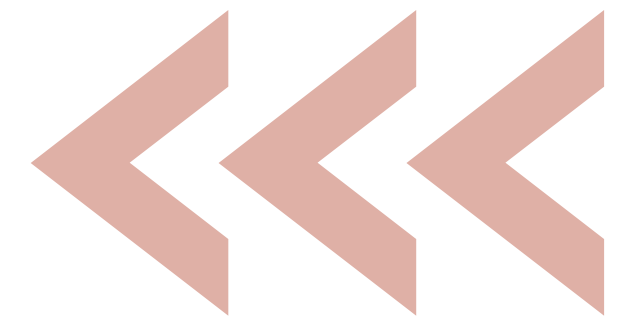
ASSESS
THE
NEEDS

STEP 1: HOW MUCH
DOES THE BABY NEED?

$$\frac{\text{weight (kg)} * 100 - 120}{20} = \text{oz/day}$$

STEP 2: HOW MUCH IS THE BABY GETTING?

low concern about weight gain trajectory:
weighted feed and estimate 24 hour intake



high concern about weight gain trajectory:
24 hour weighted feeds

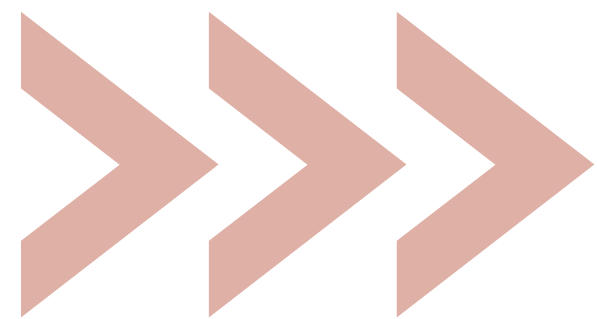
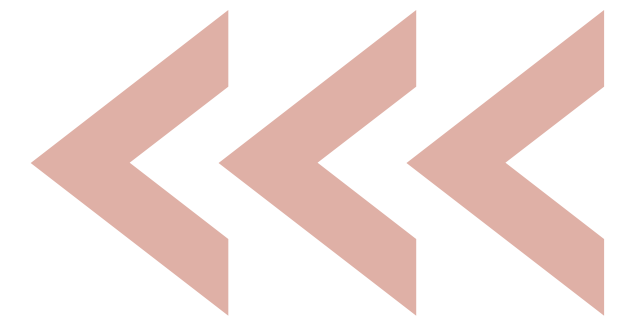
STEP 3: HOW MUCH NEEDS TO BE SUPPLEMENTED?

$$\frac{\text{total needs (oz)} - \text{total intake (oz)}}{\text{number of feeds a day}} = \text{oz/feed}$$

STEP 4: PARENT

OUTPUT COMPARISON

if parent is making enough, protect the supply with adequate post-feed emptying



if parent is not making enough, discuss options for increasing supply



What does success look like to the parent?

OPEN COUNSELING

- Do they feel more strongly about baby being at the breast/chest or receiving human milk?
- What feelings does bottle feeding bring up for them?
- What feelings does pumping bring up for them?
- What is their support system like?
- How do they feel their mental health is doing?
- Is there a certain time of day that they are feeling more confident with infant feeding?



SIMPLIFY

THE CARE

PLAN

How often to feed the baby & modality of feeding

How often to supplement the baby & modality of supplement

Does parent need to pump & if so, how frequently

What parent can do on their own to work on improving latching

Referrals to appropriate support providers (bodywork, SLP, etc.)

**24-48
hours**

High risk infants, dyads working on exclusive breastfeeding, or infants who have plateaued on growth chart

**3-5
days**

Dyads working on increasing supply and supplementing with expressed milk


**5-7
days**

Infants gaining appropriately, dyads seeking bodywork/seeing another provider, or supplementing with BMS

**7+
days**

Infants whose function is WNL and are currently gaining appropriately, but form may indicate a possible issue

FOLLOW UP



*Together we can
normalize breastfeeding.*

Hope Lima, PhD, RDN, IBCLC
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