Introduction to Maternal Infant Young Children Nutrition
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Lecture - 33
Session - 7

Breastfeeding Assessment Form

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Mother's name_____ Child's name _____

Date of assessment_____ Child's DOB_____

✓	Tick the observed favorable behaviour	✓	Tick the observed unfavorable behaviour /practice
	Mother		**Mother**
	Mother looks healthy and comfortable		Mother looks unhealthy and/or sick
	Mother is relaxed and sitting straight with the back support		Mother with tensed shoulder and is leaning over the baby and no back support
	Mother holds the baby securely and close to her		Mother holds her baby nervously and far from her
	Mother drinks one glass of water before breastfeedig		Mother does not take water/liquid before breastfeeding
	Mother is wearing loose clothes while breastfeedig		Mother is wearing tight clothes while breastfeeding the baby
	Baby		**Baby**
	Baby looks healthy		Baby looks sick and tired looking
	Baby is alert		Baby is sleepy
	Baby turns and searches for mother's breasts		Baby looks disinterested
	Breast		**Breast**
	Breasts are soft and filled before breastfeeding		Breasts are engorged and hard
	Breast tissue is healthy and rounded appearance		Breasts are streched/ dropped or bruised, cracks and redness
	Signs of milk ejection		No signs of milk ejection
	Position		**Position**
	Mother's stomach and baby's stomach are touching each other		Baby is held far away
	Baby's head, back, hips and leg is supported and in straight line		Only shoulders/head are supported and baby's body is twisted
	Nares of the nose is in line with the breast's nipple		Nares of the nose is not in line with the breast's nipple. It looks much higher up
	Mother brings the baby to the breast with chin forward		Mother does not bring baby to the breast with chin forward. Baby's mouth is coming straight to the nipple
	Baby's face is completely towards mother's breast		Baby's face is rotated upward and looking at mother's face

Hello, everyone. So, today in this session we are going to talk about Breastfeeding Assessment Form. I do recommend that this form we should fill out while mother is in the hospital during PNC time. She is generally in the hospital anywhere between 24 to 48 hours, depending upon which area she comes from. But by and large they are there till 48 hours or so. And this particular form will tell us whether she is capable of breastfeeding her baby or not when she goes home.

And what I experienced from our FMCH days that babies who had good latch, babies who had good positioning, those babies were definitely gaining good weight. But babies who had poor latch or just nipple latching, mothers were not holding the baby properly, those babies were gaining less than about 25 grams weight gain per day. And those babies were the one which we were not seeing good results on the growth chart.

So, what we did, basically, once we started using cross cradle hold in our program, we just added few points in this WHO breastfeeding assessment form. So, now we call it the modified breastfeeding assessment form. And extremely important, I also recommend to use this form not only during hospital time, but when baby goes home in the community. So, if you are running NGOs or if you are part of government organization, I would definitely recommend that you use this form at least for first 10 days or so.

Now, what we do in U.S. is once the baby go home, in U.S. generally by and large baby goes home by 24 hours. So, on day 2 or 48 hours of age, they come to the doctor for check, so for weight check they come for, they also come to check for jaundice. I am not going to talk about jaundice here, but I will talk about weight.

And then we continue to see that baby every 24 to 48 hours depending upon the weight and also jaundice, of course. But if suppose the weight gain is not tremendous and baby is not putting on a weight, obviously, we know that the latch is not good or mother is not feeding on time or all that, so this form will kind of tell you what is wrong with the baby and the mother, not just a baby, but basically the breastfeeding techniques and breastfeeding counseling.

So, what I recommend is, first you tell mother to show how she is breastfeeding, because this is a breastfeeding assessment form, means you are just watching the mother, how she is breastfeeding and then you are ticking whether it is correct or whether it is wrong. So, here on the left-hand side, you tick the observed favorite favorable behavior. And if it is not favorable, you will tick it over here. I will go through each and every point. But this is what I recommend.

And suppose you are seeing the baby every 24 to 48 hours if weight gain is good say around 30 grams, 35 grams, even 40 grams, in fact I recommend 40-gram weight gain, then you do not need to see that baby very often. Maybe then as per your HBNC guideline, then you can see the baby as and when. If you are in private practice then maybe at 2 weeks you want to see again, and then probably at 6 to 8 weeks for the first dose of vaccination.

But at least for first 10 to 12 days, till you are confirmed that baby is gaining 30 to 40-gram weight can per day, please see this baby every, frequently, very, very frequently. Very important for those first 10 days when mother is learning to latch the baby. So, let us see what we are going to examine.

So, the first thing you are going to examine, you are going to examine general examination of the mother. So, you want to see whether mother looks happy, healthy, comfortable, whether she is enjoying, so that is what you want to see. Lot of time when mothers come to us, they are like very stressed, sometimes they cry, sometimes they are sad, sometimes they are unhealthy, they have fever. So, you want to look at the general health of the mother, whether she is comfortable or not or whether she is unhealthy sick, of course, if she looks unhealthy, you want to take it over here.

If mother is relaxed, sitting straight to the back support, so while she is breastfeeding, you have to examine that also. These are basically checklist. So, again in U.S. we use all the checklists. So pretty much WHO has also created checklist, but we have just added few more points. So, you are going to see how mother is sitting, posture, whether she is sitting with tense shoulder, whether she is leaning over the baby, whether she is kind of bending forward without any back support. Because once you filling out this form, you will know exactly what points that you are going to counsel her and that is why you will not miss a single point. So, you do not have to remember a lot of those points. You have this checklist ready. So, just make copies and then use it on your program.

The third point is whether babies being held securely or not, close to her or not. So, you want to see that also whether baby is close enough to the mother or not. Also, you want to look at the confidence level, because lot of time mothers they do not feel confident especially in first few days, so you want to look at the confidence level also.

Whether she is, mother is holding their baby nervously and whether baby is kind of little bit far from the mother. Then you want to see whether she drank some water or not. So, of course, lot of time when she used to come to clinic she did not carry water or sometimes we did not have water, so obviously she did not do that, but an ideal situation you want to see whether she remembers to drink water or not.

Then also you want to look at if mother is wearing loose clothes or not while breastfeeding, because as I told you in my previous session that lot these mothers what they do is they just kind of lift up their bra and then tight clothes and then all the pressure comes on their breast. So, you want to kind of take that also because you will have to tell her if she is not wearing loose clothes,

if she is wearing tight clothes, then once you take it over here at the end of breastfeeding session, assessment session you will know what all things to tell her.

Now, once the mother's examination is done then you want to look at baby. So, baby whether baby looks healthy or not, whether baby looks sick, whether baby is alert, baby is sleepy, you want to look at that also, whether the baby keeps sleeping, whether very sleepy child, whether baby turns and searches for mother's breast, whether baby looks disinterested.

So, you want to look at general overall picture of the baby also. Then the breast examination is important. Breast examination what you are going to look at, you are going to look whether breast are soft, whether they are filled before breastfeeding or not, whether there is any milk not. You want to look at that. Sometime what happens that breast becomes very hard, they become very engorge, so you want to look at that also, whether breast engorge or not.

Breast tissue is healthy, rounded that also you want to see in breast examination. Breast is stretched, dropped, bruised, crack, any redness, any abscess, any inflammation, tenderness, does it hurt or not so all that you will have to look at breast also. Then in early part of breastfeeding, you will see that there will be milk ejection.

Now, generally we do not see make ejection after maybe probably post 6 weeks or so, because what happens that once the milk get adjusted as per baby's requirement, you do not necessarily feel lot of milk gushing out when the letdown reflex occurs. So, but in initial days and first 10, 12 days you will definitely see as soon as she starts breastfeeding, you will see that the other side of the breast is leaking too. Those are signs of milk ejection.

When there is no sign of milk ejection then, I mean, obviously, you want to make sure that psychologically mother is doing okay or not, because suppose if she is very, what do I say, kind of scared or lack any confidence or she is stressed about something, then she will not be able to have milk ejection or if she is in pain or she has a lot of crack nipples, she will not be able to see milk ejection. Then you want to look at the position. Now, in my last session I went through detail about positioning of the baby. So, again I have taken those exact same points for here also for this form.

So, here you want to look at mother's kind of body is close to baby's body. So, basically, tummy to tummy this is what that one of the point of positioning, whether baby's tummy is touching mother's tummy also. And if it is not then basically the body is probably twisted. The stomach is lying upward towards the sky. And baby is probably held too far.

Baby's head, back hip and leg is supported in straight line. So, not only in the straight line, but you want to make sure that they are fully supported, and which is pretty, it is definitely possible in cross cradle hold. Only shoulders, heads are supported and baby's body is twisted. So, you want to make sure that you look at very, very important examination again is look at the positioning of the baby.

Those four points are, as I had mentioned to you earlier, four points are really important. That is what we are going through right now. Then third point is your nare of the nose. So, nare of the nose is in the line of nipple. So, make sure that the nose does not come right in front of the nipple, it should be nare of the nose, so nare of the nose coming in front of the nipple. Lot of time what happens I again explain to you in my last session is if the nose is coming directly on the nipple or if the nose is too high up, too lateral to the nipple, lateral means more on the side like this, because baby is in a horizontal position, so if baby is too high up than nipple, then what would happen that baby will have to flex the neck.

So, you want to make sure in that situation what you do, you just pull the baby more towards the other side so the neck will get flexed. So, that is important. Also, you want to make sure that when mother brings the baby to the breast, the chin is forward. Chin forward means the neck is backward, so the neck is extended backward. This is chin forward. So, you want to make sure that mother brings a baby chin forward. And of course, a negative sign you will see that the chin does not come forward, the whole face comes to at the same time. So, the chin does not come forward, baby comes just like that straight.

Baby's face is completely towards mother's breast. Now, this is very important point, because somehow, I see all the mothers, even healthcare workers they have this tendency to tell mothers or, they put the baby more, the face is more towards mother's face, and that will not give a good attachment. So, just to make sure that baby's faces looking directly at the breast and not looking up. So, this is another point that you want to mention.

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If the baby is feeding on the right side, upper lip is at 9 o'clock and lower lip is at 3 o'clock position thus lips are absolutely vertical	Baby's lips are not coming on in the vertical position on the areola
Latching and suction	**Latching and suction**
Mouth is wide open – minimum 120 degree	Mouth is not open wide – less than 120 degree
Lower lip is at the border of areola or on the breast when areola is small	Lower lip is sitting just below the nipple
Baby's lips & chin are embedded in the breast	Lips and chin are not embedded in the breast
Baby grasps a lower part of areola in the mouth and upper areola is seen with lower lip at the border of areola and breast or beyond if areola is small	Baby grasps only a nipple or upper part of the areola in the mouth and both upper and lower part of areola seen equally outside the mouth. Lower lip is just near the nipple
Cheeks with rounded appearance & there is no dimple	Cheeks are tensed or hollow and there is a dimple
Baby explores the breasts with tongue	Baby is not interested in the breast
Baby is calm and alert at the breast	Baby is restless or crying or sleeping
Important counseling points for Breast Feeding	**Important counseling points of Breast Feeding**
Mother knows how to check the latch of the baby by pressing the breast near lower lip	Mother doesn't know how to check for the latch of the baby
Mother fingers are placed parallel to baby's lips on the breast 3 fingers away from the nipple	Mother fingers are not parallel to baby's lips on the breast too close to nipple or too far from areola
Mother knows early hunger cues like squirming, opening of the mouth, putting finger in the mouth	Mother feeds the baby when baby cries
Mother waits for the baby to open the mouth wide (120 degree) by stimulating baby's upper lip with her nipple	Mother does not wait for the baby to open the mouth wide by stimulating baby's upper lip with her nipple
Mother feeds the baby 10-12 times in 24 hours	Frequency of breastfeeding is less than 10 times in 24 hours
Mother feeds the baby completely from one breast before switching to the other breast	Mother offers both breasts for less than 5 minutes , without emptying breasts.
Mother expresses milk from the 1st breast to check if she has thin milk or thick milk coming out	Mother offers other breast without checking if she still has thick milk remaining in that breast
Mother breast feeds the baby 3-4 times at night	Night breastfeeding is less than 3 times

Mother knows the technique of burping the child	Mother does not know the technique of burping the child
Mother knows the technique of waking up the baby	Mother does not know the technique of waking up the baby
Mothers know techniques of manual expression	Mothers does not know the techniques of manual expression

Now, here there is another point which I have put in is basically about if baby is feeding on the right side, upper lip is at 9 o'clock position and lower lip is at the 3 o'clock position. So, suppose this is my right side, so I want to make sure that when I bring the baby to my right breast, the upper part, the upper lip will be more at the 9 o'clock position and the lower lip will be at 3 o'clock position. So, and in this position your lips are completely vertical and this vertical lips are important because you will be holding your, mother will be holding the pressed in a 3 o'clock and 9 o'clock position.

So, you want to make sure that in that position, your lips, upper lip is right in front of the thumb and your lower, your thumb is in front of your fingers. So, in that position they have to be parallel. So, obviously, both of them have to be at 3 o'clock and upper part should be at 3 o'clock and the lower lip should be at the 9 o'clock position.

And then about the latching part, latching, while actually one more thing I want to also mention too while we are talking about 3 o'clock and 9 o'clock position, supposed the baby is kind of oblique, so in an oblique position, you will notice that the upper lip will be at around say 10 o'clock position on right side and the lower lip will be at 5 o'clock position. So, you want to make sure that they are not oblique or they are not in a in a different angle. Just keep the baby absolutely horizontally, so the lips fall on 3 o'clock and 9 o'clock position.

Now, let us talk about latching part, latching and mouth positioning, not mouth positioning, but basically kind of suctioning of the, suctioning action of the mouth. So, latching basically you want to make sure that your mouth is wide open minimum 120 degrees. So, we recommend between 120 to 160 degree, but minimum should be at least 120. Mouth is not opened, believe me in my experience when babies did not open their mouth wide, those baby landed up only on nipple and babies did not have enough suctioning of this thing, so the latch was not good, latch was very superficial. So, that is important that you tell mother to wait till baby has that big wide mouth then only you latch the baby.

Second point in latching is basically look at the lower lip. Now, remember I told you that you have to examine the latch. I do not see many healthcare workers or medical officers examining the latch just because they are not used to it. I do not blame them. But just make sure to, it is like how, in medicine we always examine. The physical examination is very, very important.

So, while you actually examining the latch, just by looking at the mouth, you would not know. You have to put, basically you will have to examine by pressing the breast where the lower lip is, you deeply kind of push that breast inside and look at where the lower areola, lower lip is. So, here the lower lip is at the border of areola or on the breast when the areola is small.

Why, like lot of time there are different sizes of areola? So, if we have a small areola you're your lower lip will be coming on the breast. If you have a big areola then by and large you will see that the full lower areola is in the mouth and so the lip is sitting at the border of areola. And in a negative behavior, you will see the lower lip is sitting just below the nipple or it will may not be just below the nipple, but it will not cover the full areola latch. So, this is important that what you are looking at.

Then third point is I find it kind of very crucial in my practice, I want to make sure that when the baby is latch, baby is so deeply attached that the lips and your chin is not at all visible. That means you have a very deep attachment. So, what you can do is you tell mother to push the baby more into the breast so that the full breast kind of covers the lip and chin.

But when do you tell that, only when there is a deep attachment. Because if suppose if baby has a poor attachment, suppose babies shallow attachment and baby is only latching on the nipple, you will see that even when you push it, you may not realize that it is only small mouth, like 45

degree and it is only a nipple which is latching. So, that is why it is important to examine the latch with your eyes.

And in that examination, three things are important. One is how big is a mouth? Where exactly is the lower areola and lower lip? And then also once you are done with that, you want to make sure that baby is very deep enough, close to mother, so that the lip and the chin is not visible. WHO had only recommend the chin is not visible, but it is, what I have noticed that babies who are much closer to mothers, those babies are definitely gaining more weight.

Then another point which is, I have mentioned over here, baby grasps the lower part of areola in the mouth and the upper areola is seen with the lower lip. So, here this what I am saying is that, again, this is one of the WHO point of good latch is that because the lower areola is in the mouth, obviously, you will see upper areola outside, so this is called asymmetrical latch. So asymmetrical latch means that upper areola is out, you can see through your naked eyes, while a lower areola is in the mouth, obviously you cannot see it. So, that here important.

Another thing is also that upper lip, when you have a good attachment, upper lip is sitting just at the border of nipple, and the lower lip is sitting at the areola border. So, that is what I have mentioned over here. When there is a good attachment, the chicks are rounded and there is no dimple. Now, this is one point that I want to discuss a little bit further, because many times you would see that babies have dimple. So, when they breastfeed they are having like dimple. Now, once you see dimple then there are three things which could go wrong. Which are the three things, which again I have mentioned in last session. First is nipple latch.

Only nipple latch, even though baby is very like close to the mother with that superficial latch, which is your nipple latch, baby will have dimple. Second thing, if baby is having lot upper areola in the mouth, so you will definitely notice that when you examine you say, oh my god, this is upper areola is much more in the mouth so that is when you will see that baby is having dimpling off the face.

And third thing is if baby is too far, so even though the lower areola is there in the mouth, but if baby is too far, you can see the lips very clearly, even those baby will have a kind of dimple in the cheek. So, remember the three points. If you are seeing dimple, something is wrong. You need to get that. Of course, I do not recommend to delatch the baby every time. Suppose if baby

has a good mouth opening and if baby is just a little bit further away from the areola, you just push the baby in as long as the mouth is big and lower less than the mouth. But if there is only nipple fading, if upper areola is in the mouth, then I may delatch.

Now, one more thing I may do if upper areola is in the mouth, if the face is, if the mouth is opened 120 degree, then I may just pull the baby a little bit towards the other side to see if baby can glide and try to get lower areola in the mouth. But I mean depends, that is all basically that will come with experience when you start helping mothers, but see what works.

Now, another point which I wanted to mention about basically as soon as babies latch then you will see kind of babies, baby will start sucking. So, you will see that tongue movement little bit. And then obviously maybe baby is calm, baby is alert. You want to see make sure that baby is alert at breast, because many times we see that lot of these babies they asleep, mother feel that oh baby is still feeding but it is more of a non-nutritive sucking and they keeps, and mothers get tired, babies get tired.

I do not, I, while baby is active at sucking and if baby is tired, not tired, I would say if you feel that baby has slowed down a little bit and you feel that baby is not now getting more milk and just kind of relaxing or just resting, you wake up the baby, because I do not want this session to last for hours and hours, because mothers will get so tired when babies sitting there for like, half an hour, one hour, two hours, mothers they do not know what to do. So, I like that active sucking.

So, what you do, you wake up the baby. Immediately, like as I have mentioned in my earlier session, you wake up the baby. If baby is still not getting up, you delatch the baby by putting finger in the mouth. You make the baby sit. Again, in my experience, I have seen that once you make the baby sit, again, I have shown the technique, immediately, within a minute or two, baby will open the eyes. They will open the eyes, they look around and they will open the eyes. And then again you can put the baby back.

Now, when you put the baby back, you want to make sure that mothers know that whether hind milk is there or not, then again, we have explained. But make sure that baby completely finished on one side. But that active baby is very important. So, if baby goes to sleep again, again you put the baby in a sitting position, feed the baby. Sometime it may take 2 or 3 times that you want to wake, you may have to wake up the baby, but believe me those babies, they finish it fast, you

wake up the baby, feed them probably as long as they want, but if, as soon as the active sucking slows down you remove the baby. And that is what like I have seen great results with just active sucking.

And some of these babies are so lot and so active by 4 minutes, 5 minutes, they are done. And if they are done and if you feel there is no breast milk left on that side, just kind of put the baby in a sitting position, make sure that baby has, if baby as burping, which is good. But if they do not, do not worry, because if you have a good lunch, baby will not have a lot of sucking of air. If you do not have a lot of sucking of air, they will not burp. So, do not freak out if they do not burp, please do not worry.

Now, you want to look at the important counseling points of breastfeeding. What are the important counseling points that you guys already know. But again, I am going to go, quickly go through it. Mothers know how to check the latch of the baby. So, again obviously we teach healthcare workers, we teach nurses how to check the latch. But it is important that mothers know, because once mother goes home, she would not have a nurse to check the latch.

So, teach this technique to mothers also to how to check the latch. And if mothers do not do the latch check, you mark it over here on the right-hand side that mothers they do not know or she forgot, because that is an important point. Every time that she latches the baby, at least in first few days, she has to examine. Because once she knows what it is like, then she does not have to keep doing it, but she has to know what it is.

Then when she puts a breast, when she holds the breast, she will have, you will have to make sure that how fingers are parallel to lips. Now, here I have made it very common to all the holds, whether it is cross cradle, cradle, whether it is sidelying hold or laidback or whatever hold that you would want to recommend, just make sure that when mother is pressing the breast, it is parallel to baby's lips. So, if baby is in a completely horizontal position, the lips will be vertical. So, you want to make sure that your fingers also vertical or just a parallel to baby's lips.

And a negative behavior of what you will see is that you will see that mother is not keeping her fingers parallel to baby's lips. What she is doing is she is keeping it perpendicular. And most likely, believe me in your practice or in your program, you will see mothers are always holding their breasts, not in parallel to lips, but they are perpendicular. It is like eating your burger not

like this, but eating your burger like this. You would, anybody would laugh if you do that in, when you go to say fast food joint to eat your sandwich or something and you are not eating this way, you are eating this way. So, I mean, we would make a fool of ourselves. So, I think we will do the same if we allow mothers to do that.

Then second point is basically three fingers away. So, one thing you want to make sure that when mother is holding the breast, make sure that her fingers are three fingers away from nipple, so it is not too close or it is not too far and it is just a tip which is not touching the breast and not the whole finger, because if the whole finger touches then those fingers will come in the way.

So, it should be like literally a round shape. The dip of the u should be at 6 o'clock position and it should be just a tip touching and the tip of the finger should be at 3 o'clock and 9 o'clock position, not at above or not below, exactly at 3 o'clock and 9 o'clock position. We are just standardizing the process, so it becomes easier for everybody to understand.

Now, mothers know early hunger cues. So, of course, some of these questions you can ask that when do you breastfeed the baby. So just kind of make sure that whenever you have explained her all these important counseling points, that she remembers all these points, so while she is nursing, you can ask all these questions so that you know whether she knows or not.

So, what are those early hunger cues squirming, opening of the mouth, putting finger in the mouth, all that. Putting finger in the mouth becomes a little bit later. So, it will be made hunger cues, but mainly squirming and looking at the breast and all that. And then if she says, I feed the baby when baby is crying, that means it is a negative behavior.

Then you also want to look at if mother is waiting for baby to open the big mouth, so that is important, so 120 degree. And how does she open the mouth, because that is another point which I explain is that she has to brush the upper lip with her nipple and that is how baby will open the mouth, because a lot of mothers do not know that. So, they keep waiting and they keep waiting. So, just remember to tell her to just basically brushed a nipple with upper lip.

And one more thing which I want to reiterate again, which I mentioned earlier also, that tell mother to be ready, hold the head properly, hold the breast properly, keep the baby very close. As soon as baby opens a mouth 120 degree just immediately kind of glide that mouth in the breast,

because lot of times what mothers do sometimes they are on the phone, sometimes they are talking to somebody, sometime, I do not know, they are not focused. So, baby opens her mouth and she does not do anything. As soon as baby close the mouth she starts pushing baby in the breast. So, tell her to be very kind of wide awake, and alert, and then just be ready.

Now, how many times do breastfeed? So, we have mentioned baby feeds 10 to 12 times in 24 hours. This is important because again we always say how many times in a day, how many times at night, so do not use the word day, because when you use a day word that means is probably 12 hours from 6 am to 6 pm, so always use the word 24 hours.

So, again, just tell her 10 to 12 times in 24 hours. Now, after about say couple of months to three months, they may not feed 10 to 12 times, then they will go down to 8 times, then they will go down to 6 times. But at least in first couple of months, I would say 6 to 8 weeks, it is important to feed baby 10 to 12 times because we are catching up on growth, most of the babies are born small.

Then, of course, nighttime feeding, so nighttime feeding I have written over here that if baby feeds 3 to 5 times at night, it would be feeding less time that is your negative behavior. Then mother feeds a baby completely from one breast before switching to other. So, that hind milk is important. And it is also, it is crucial to tell mother how to examine the hind milk.

So, here I have given one point that she kind of, she has to express milk a little bit and see whether it is worth three or it is thick. And even if it is thick, if it is coming with force that means that hind milk is still there. So that it is important to ask mother that how does she examine, how does she know whether she has fed milk from the back part of the breast or not.

Another thing which is I have asked over here, whether mother knows the technique of burping the child. Now, there are some new latest recommendation is not to burp the child, no need for burping the child, but in my experience to be frank, many times baby do burp, especially if the latch is not good.

So, like I do recommend burping the baby. But more than that when you put the baby in a sitting position, the biggest advantage what I have seen is that all the sleepy babies they become very alert and active. They become so alert and active and they are ready to breastfeed again. So, just

remember that to kind of burp the baby, burp the baby in just couple of minutes, you can try baby is not burping, just leave the baby, but make sure the baby is awake.

This is another point I mentioned about waking up the baby. So, three ways you can wake up the baby; one by stroking the legs, one by stroking the back or the spine or one by kind of putting the baby in a sitting position. So, she needs to know all these 3, 4 points of how to make up the baby. And then of course how to manually express milk, because, remember, I mentioned you that mother needs to check whether she has hind milk left or not.

So, in that process, she will have to do a little bit of manual expression of milk. So, remember, it is press, compress, release. So, you press it towards the breast press, compress, release. So, it is you are basically pushing the breast a little bit inward towards the chest. And then you basically do not kind of, you do not milk the breast. You are not milking the breast. You are just basically pressing the breast towards the chest inside, again then press, compress and release.

So, that we have a beautiful tutorial which it will come in, now next, in this session particularly. So, this is our breastfeeding assessment form. Once you take on left hand side, say all your ticks on left hand side, and your baby is growing say 30 to 40 grams, my good as 40 grams, so your baby is gaining 40 grams a day, and then all the click on the left-hand side, you are fine.

Then you do not need to, maybe if you want to see baby once in couple of days just to make sure, then you can do it. But if baby is gaining weight, a couple of times you see baby is gaining weight and all mothers know everything you need to see baby for even 1 month, 2 months. Mothers know, babies know what to do. But again, of course, we will follow what HBNC guideline is.

So, an HBNC guideline you do you do see baby at day 3, day 7, 14, 21, 28 days, so although it obviously in government this thing, you will be checking those babies on time. But, again, do not wait from 0 to 7 days or 10 days, because those 10 days is time when mother is learning breastfeeding. So, if you can teach her properly then look at their baby growing fast, because they grow highest in first 3 months of age. And then to catch up is very, very difficult later on. So, try to get that catch up growth going as soon as possible.

One more thing that we have experience, again, I am getting lot of calls from lot of pediatrician that if they teach this proper technique of latching right from birth, then by day 3, day 4, those babies have already gain birth weight and they are on the upper trend. So, by the time, like by day 7 they already start gaining 200, sometime 300-gram weight gain.

And in fact, WHO, if you look at WHO growth rate, WHO table boy child they gain 200 gram by day 7. By day 7, 200-gram weight gain. And a girl child they gain about 100 gram by day 7. So, if your baby is not gaining weight 200-gram boy child by day 7 that means something is wrong. That means what is wrong, by and large these breast factors. So, that means you have, like you have not focused on breast feeding latching and that is why your baby is not growing well and that is unfair. So, thank you so much. And I am going to close the session now. And we will go with the next one. Thank you.