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 The Infant Feeding Academy

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WELCOME!

**Dee Bell**

RM. IBCLC.  
Specialist Tongue-tie  
Practitioner



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**Workshop Goals:**

- Understand the common reasons for non-latching in babies.
- Learn a variety of strategies and techniques to support non-latching infants.
- Develop the skills required to guide parents through the process of encouraging successful breastfeeding.
- Collaborate with other Infant Feeding Coaches to expand and deepen your understanding of this topic.

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**Breakout**

Define 'non-latching' and briefly discuss common causes

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Reasons why newborn babies might find it difficult to latch on at the breast:

- A difficult labour or birth
- Medication used during labour
- Separation from the mother after birth
- Early unpleasant breastfeeding experiences
- Discomfort due to a birth injury or bruising

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- Premature birth
- Birth trauma
- Mother's milk supply
- Stress or anxiety
- Nipple shape or size
- Tongue-tie

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# Breakout

How would you assess a baby that is not latching?

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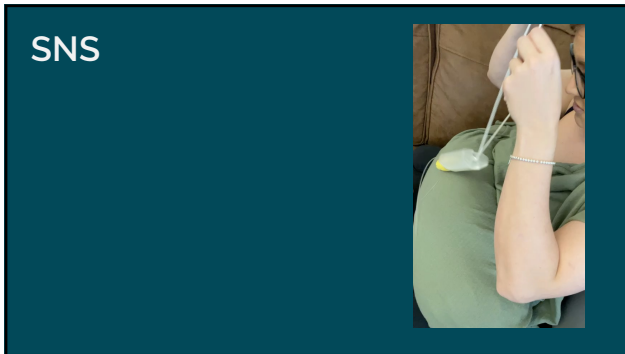
## Biological Nurturing

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SNS

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### Case Study

Baby's DOB 10.12.23  
 Age today 7 days  
 Feeding goal: To exclusively Breastfeed

**SUMMARY:** Baby exclusively breastfed for the first 5 days, then weighed and displayed 14% weight loss.

Checked over by paediatricians – NAD

Baby given formula up to 90mls responsively, over the last 36 hours and baby has gained 300g  
 Midwives queried posterior tongue-tie due to weight loss.

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## Breakout

Discuss your course of action...

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### Case Study

**ORAL EXAMINATION:** baby very tense. Unclear assessment, tension felt in tissues, but not clear assessment of posterior tongue-tie. Physically assessed before and after feed, tension remains. Advised if feeding still an issue, the baby should be reassessed in one week.

(The baby is not too young to be assessed for tongue-tie. Just, in this particular case, a frenulotomy would not be the best course of action, at this time. Rather it would be best for the baby to follow the plan as discussed below and be reassessed in a week if feeding is still an issue).

**FEED OBSERVED:** Baby seen at the breast, angry and frustrated and unable to latch. Given nipple shield instead of a bottle to get the baby feeding and empty breast.

Shown how to improve positioning with baby's head back and nose free, tucked in close to the body. Mum didn't find this position easy to maintain. Tried 'laid back', but too painful on scar at the moment.

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## Breakout

Create an plan!

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### Case Study

**CONSULTATION:** There is a lot going for you at the moment, too much to address everything in this one visit.

Kit woke up very hungry and ready to feed. You mentioned fighting with his hands. This is because he is hungry. If you rouse him before he gets to this point you will find it easier to latch him. I would recommend rousing him no longer than 2 hours after his last feed finished.

As tongue-tie has been mentioned, everyone is now looking at this to be the issue, but we should start with positioning and attachment. In this case tongue-tie is unlikely to be the cause of the weight loss. I believe that Kit was not latching as well as he could have and had not been transferring milk at the breast, due to a shallow latch. When he was latched well with a shield, he was able to transfer milk and you were able to identify good swallows, (although he only transferred about half a feed, because your milk supply had not been stimulated).

We discussed a feeding plan going forward, but you felt that this may be unachievable at this time, and therefore, we made a modified plan to follow for the next few days, before moving on to the next steps. In view of a breastfeeding goal, please follow the recommendations below.

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### Case Study

**SHORT TERM RECOMMENDATIONS (Plan):** The baby needs to be fed, this can be done directly at the breast, followed by a 'top-up'. The baby should be fed responsively, meaning as frequently as he shows early feeding cues to feed, but for the time being, he needs to be roused so that you get AT LEAST 8 good feeds in, quite possibly 10-12 in order for milk supply to increase, the breast needs to be simulated to produce milk by regular milk removal. This needs to be done by the baby and the pump, or just the pump, but needs to happen frequently (as often as the baby feeds). Infrequent milk removal will lead to a decrease in milk supply.

1. Feed the baby no less than 8 in times in 24 hours
2. Express no less than 8 times in 24 hours
3. If and when you feel you want to, feed the baby at the breast (without shield if he will latch well and transfer milk, if not use the shield) and then express afterward.

If giving milk by bottle instead of a breastfeed... pace feed him to appetite  
If the baby is going to the breast and actively swallowing... 'top up' approx 40 mls. after a breastfeed and express to provide the milk for after the next feed.

When giving milk, always give the expressed breast milk (EBM) first, followed by formula, so that any discarded milk is formula not EBM.

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### Case Study

RE-EVALUATE PLAN: Monday/Tuesday

1. Book an appointment with me over Zoom for Monday/Tuesday2.
2. Reassessment of feeding and examination of baby at clinic in one week

If you would like to breastfeed you need consistent skilled advice. This could be with your midwives, with a private IBCLC at home, or I am willing to see you if you would like to keep your care with me. Please remember that positioning and attachment at the breast is Key. The baby's chin needs to be the first thing that touches the breast to get a nice deep latch. If using the shield, the baby must fully latch to the base of the shield, not feed like it is a straw, the baby's cheeks need to touch the breast.

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### Resources

<https://www.amazon.co.uk/Supporting-Sucking-Skills-Breastfeeding-Infants/dp/1449647367>

<https://www.net.org.uk/baby-toddler/feeding/common-concerns/why-my-baby-refusing-breast-8-tips-help>

<https://kellymom.com/ages/newborn/nb-challenges/back-to-breast/>

<https://lilili.org/breastfeeding-info/back-to-breast/>

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### IFA Hub

All our program participants have access to the **IFA Hub** on The Infant Feeding Academy website, accessed easily by phone or pc/mac.

The IFA hub contains links to a variety of invaluable Infant Feeding and Tongue-tie resources to support your learning and business, including websites, videos, and documents to download and share with clients.

Videos

Resources

Resources

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