



# MODULE THREE

## The Fourth Trimester

This workbook accompanies module three of the  
Infant Feeding Coach™ Program

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Welcome to Module Three's workbook.

Now you have a good understanding of how milk synthesis works and how babies are hard-wired to feed, it is time to acquire the skills needed to support the dyad to sustain their chest/breastfeeding relationship and to feed comfortably.

Take this opportunity to learn all you can about feeding a Fourth Trimester baby so that, in time, you can become the 'go-to' person to teach about comfortable and sustainable breastfeeding.

With love

*Dee x*



## THE FOURTH TRIMESTER

On completion of this module, you will have been introduced to how to support a nursing parent to position their baby comfortably at the chest/breast.

You will understand why some positions may be more suitable than others, depending on factors such as body and breast size or shape.

Building on the knowledge and information you acquired in Module One and Two, you will be able to provide person-centred and baby-friendly support for your clients.

You will continue to expand your knowledge around what constitutes effective attachment at the breast, with an in-depth understanding of how this impacts on milk transfer.

You already have a good understanding of the role of hand expressing both pre and post-birth and the need to ensure early and frequent feeds to establish milk supply in the early postnatal period. You will now expand on what you have learnt and apply the principles to the establishment of breastfeeding so that this relationship can thrive.

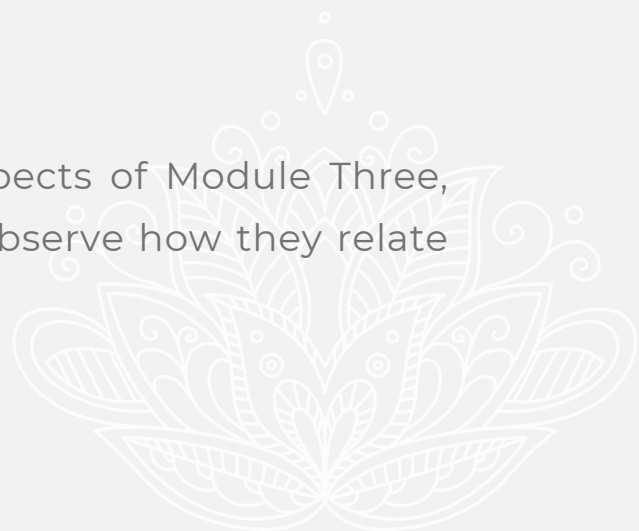
You will also explore mix and artificial feeding, enabling you to support your clients with all their feeding choices.



# THE INFANT FEEDING CONTINUUM FRAMEWORK



As you work through the online aspects of Module Three, use the headings of the five C's to observe how they relate to the topics covered in this module.





# THE INFANT FEEDING CONTINUUM FRAMEWORK

Remember to think about yourself as the practitioner as well as your relationship with the mother. Consider also her relationship with the baby, her relationship with the wider family network, and the family's interactions with other Health Professionals

How can you apply the IFCF **specifically to this time period?**

Connection



Compassion



# THE INFANT FEEDING CONTINUUM FRAMEWORK

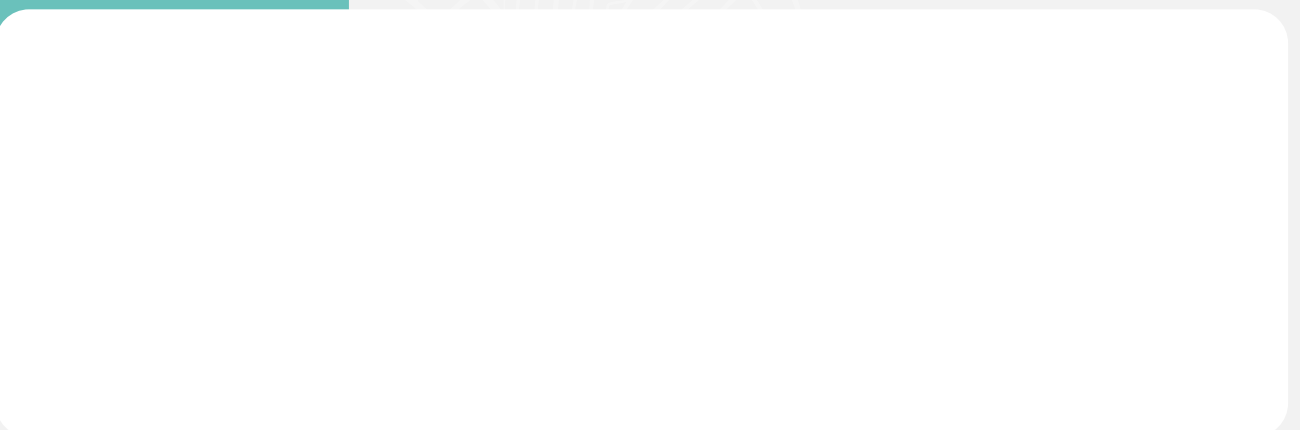
Collaboration



Communication



Confidence



# THE IMPORTANCE OF GOOD POSITIONING...

...to influence baby's attachment

is what the baby does to enable them to feed effectively from the breast.  is what the mother does to enable the baby to attach effectively.

Ineffective  often leads to ineffective milk transfer.



Effective Positioning

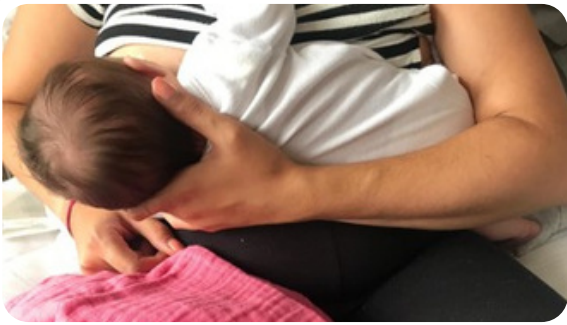


Ineffective Positioning



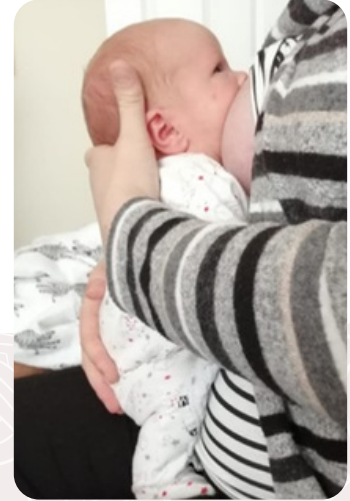
# UNDERSTANDING GOOD POSITIONING FOR EFFECTIVE MILK TRANSFER

Name each of the positions below and describe, in as much details as you can, the circumstances for when they might be the most appropriate position to use:



# UNDERSTANDING GOOD POSITIONING FOR EFFECTIVE MILK TRANSFER

Name each of the positions below and describe, in as much detail as you can, the circumstances for when they might be the most appropriate position to use:



## Laid Back Feeding

Name five benefits to a laid back feeding position:

1.

2.

3.

4.

5.

Describe five of the main points you need to convey to clients when teaching them how to use the laid back feeding position:

1.

2.

3.

4.

5.



## Rugby Ball Hold

Name five benefits to the rugby ball hold:

1.

2.

3.

4.

5.

Describe five of the main points you need to convey to clients when teaching them how to use the rugby ball hold:

1.

2.

3.

4.

5.

## Cross Cradle Hold

Name five benefits to the cross cradle hold:

1.

2.

3.

4.

5.

Describe five of the main points you need to convey to clients when teaching them how to use the cross-cradle hold:

1.

2.

3.

4.

5.

# UNDERSTANDING EFFECTIVE MILK TRANSFER

What do you understand by effective milk transfer?

Please list five ways new parents can identify if their baby is getting enough milk:

1.

2.

3.

4.

5.



## UNDERSTANDING EFFECTIVE MILK TRANSFER

How could you explain to a client why good positioning is important to enable the baby to attach effectively?

List five principles of good positioning for every feeding posture?

1.

2.

3.

4.

5.

# BOTTLE FEEDING A BREASTFED BABY

List six important principles for bottle-feeding a breastfed baby and briefly explain why they are important?

1.

2.

3.

4.

5.

6.

# BOTTLE FEEDING A BREASTFED BABY

Many parents combine bottles with breastfeeding – whether this is because they want to, or they feel they have to due to supplementing, or occasional separations – bottle and teat selection can be confusing.

Many bottles are advertised as “easing the transition from breast to bottle” and back again. These claims are very misleading. Just as every mother’s breast has a unique shape and flow, every baby has a unique suck/swallow cycle. What works well for one baby might be terrible for another. Parents need to observe their own baby sucking on a bottle teat and analyse if the latch and swallow look similar to that on the breast.

What factors do you need to consider when choosing a bottle/teat to bottle feed a breastfed baby?

1.

2.

3.

4.

5.

6.

7.

# HOW CAN YOU TELL IF A BOTTLE FED BABY IS GETTING ENOUGH?

Name four signs that a bottle fed baby is getting enough milk

1.

2.

3.

4.

## Settling babies

Many parents feel that their baby has colic. However, there are lots of things that can be done to reduce the symptoms of colic without medication?

Name five things that can be done to support a baby with colic.

1.

2.

3.

4.

5.

A breastfeeding client comes to see you with very sore and slightly damaged nipples. She reports that the baby is feeding 'constantly' throughout the day and therefore her partner is giving a bottle of formula around 8 pm so that she can have a break. He then feeds the baby again around 11 pm and she will resume breastfeeding around 2/3 am when the 'constant' feeding begins again.

The baby makes a 'clicking' sound at the breast and she gives feeds a pain score of around 8/9 out of 10. She has a firm red area on the outside of her left breast. The baby last had a dirty nappy 2 days ago.

What questions do you need to ask? And what actions will you take?



## OBSERVING A BREASTFEED

The aim of this exercise is to facilitate an accurate, close observation of a breastfeed, as a learning exercise on positioning and attachment, prior to undertaking clinical practice.

You should aim to observe a complete chest/breastfeed, from before the start of the feed until after it is concluded.

The aim of this exercise is to observe rather than intervene, although you may need to offer your support, depending on the situation.

### Beginning of the Feed

Baby's age:

What number baby is this to be breastfed?:

Situation/location of observation:

# OBSERVING A BREASTFEED

## Beginning of the Feed

Describe the appearance of the nipple(s) and areola(e) before the start of the feed. (Note particularly the shape of the nipple and areola and whether the nipple is centrally positioned).

How does the nursing parent hold their baby to bring them to the breast?

How do they encourage the baby to turn towards the breast?  
Is it by turning their head or their body towards themselves?

Describe what the baby does when approaching the breast.  
What do you notice about:

The baby's arms and hands?:

The baby's mouth and tongue?:

The angle of the baby's head?:

The baby's demeanour/mood?:

## During the Feed

Describe the nursing parent's body posture. Do any areas appear tense, if so, which ones?

Which parts of the body are touching the nursing parent's body (i.e. her chest/abdomen/breast)?

Chest    Hips/tummy    Thighs/knee    Other

Do the baby's knees point in the same direction as her/his nose?

Yes    No

If not, where is her/his body twisted?

At the neck    At the waist    Somewhere else

Which parts of the baby's face are touching their parent's breast during the feed?

Nose    Chin    Lips

Describe the appearance of the baby's:

Top lip:

Lower lip:

Cheeks:

Is any of the mother's areola visible?

Yes    No

If yes, where do you see more of it?

More by the baby's top lip    More by the bottom lip  
 None is visible

## During the Feed - continued

Does the baby appear to let go or pull away during the feed?

Yes     No

Is there any movement of the mother's breast tissue or skin during the feed?

Yes     No

If you answered yes above, please describe what you observed:

How does the mother interact with her baby during the feed (e.g. eye contact, talking, stroking)?

What is the baby's suckling pattern like?

Constantly     In bursts     Long (15 seconds plus)

If in bursts, are the gaps between bursts short (i.e. a few seconds)

How would you describe the baby's sucks?

Rapid/short     Slow/long

Does the pattern change during the feed?

Yes     No

Please describe what you observed?

Who ends the feed?

Mother       Baby

How was it ended?

Describe the appearance of the nipple(s) and areola(e) immediately after the feed. Note particularly any changes in colour or shape.

How does the mother feel about the feed? Does she report any discomfort? What is her impression of how the baby experienced the feed?

Did you make recommendations? If so what were they? If not what recommendation would you like to have made?

What new insights could you apply to this feeding scenario?

**NAME:**

**DATE:**