PREVIOUSLY APPROVED in Module 2: Referenced again in Mod 5 for those reviewing out of order

History Script for Breastfeeding Mother – "Normal"

Could we add how a person might use this script in the classroom and have a discussion afterwards? Would it be most beneficial to have the script without the Notes in it? Or are the notes helpful?

Physician: Hello! I'm Dr. XX. Congratulations on your new baby! What are your preferred names and pronouns for you and the baby?

Mom: Please call me XXX and the baby XXX. Our pronouns are XXX and XXX.

Physician: I'm excited to hear the story of your breastfeeding journey. How has breastfeeding been going for you two?

Mom: Everything is going well I think, but I'm not sure.

Physician: Well let's start at the beginning. It will help me to know some of your history as we work together to reach your breastfeeding goals.

Mom: OK, sure

Physician: Is this your first baby? How old is the baby today? (If other children, ask - How old are your other children?)

Note: Physicians should listen for the number of children. Delay in lactogenesis II is more common in primiparas.Additionally, Advanced Maternal Age can be a risk for low supply.

Mom: XX is our first baby and she is XX weeks old.

Physician: Prior to pregnancy, have you had any chronic health conditions such as: diabetes, high blood pressure, thyroid disease, problems with ovulation such as polycystic ovarian syndrome?
Note: All of these conditions have an increased risk for breastfeeding difficulties.

Mom: Nope, none of those conditions.

Physician: Did you have any difficulty getting pregnant?

Mom: Thankfully we had no problems getting pregnant.

Note:If this mom had reported she had difficulty with infertility, she may be more at risk for low milk supply unless it was due to male infertility.

Physician: Have you ever experienced anxiety or depression?
Note: Anxiety and depression can also be risk factors for breastfeeding difficulties.

Mom: No, not so far.

Physician: Do you take any medications, vitamins, or over-the counter products regularly or daily?

Mom: Just my prenatal vitamins.
Note: Some medicines are associated with decreased milk supply, and some are not advised during lactation. Use the resource LactMed for the most up to date research and recommendations.

Physician: Are you currently drinking alcohol, or using tobacco, e-cigarettes, marijuana, or cocaine?

Mom: No, none of those!
Note: **Learn more about screening for substance use here: https://www.drugabuse.gov/taps/#/**

Physician: Have you had any breast surgeries?

Mom: No breast surgeries.
Note: Most common difficulties seen with breast reductions, but rarely also augmentation if related to insufficient glandular tissue.

Physician: Has any provider told you that you might have difficulty breastfeeding due to anything that has been found on an examination of your breasts?
Note: Insufficient glandular tissue is rare but can be associated with inability to make full milk supply. Nipple shape may not create a problem for the baby, but should alert the need for support and evaluation of breastfeeding.

Mom: No, no one has mentioned anything.

Physician: Great! Now how about during pregnancy… Did you feel any changes in your breasts? Tenderness, growth in size, etc.?

Mom: Oh yes! That's how I first knew I might be pregnant! They seemed so tender at first and I had to change bra sizes multiple times during pregnancy!
Note: No breast changes noted in pregnancy is a red flag for possible low milk supply.

Physician: That shows us that your breasts were preparing to breastfeed your baby! Did you have any complications during pregnancy? Was your blood sugar or blood pressure high?

Mom: No, I was always right on target during my prenatal checkups.

Physician: Tell me about XX's birth?.
Note: **Listen for answers about due date, whether labor was induced or augmented, delivery vaginally or by Cesarean section, and type of anesthesia.**

Gestational age can affect breastfeeding. Late preterm or early term babies are at risk for ineffective milk removal leading to low maternal milk supply and slow weight gain.
Augmentation of labor, epidural anesthesia, Cesarean section can all play a role in difficulties with breastfeeding, due to excess fluid administration, some difficulties with latch, etc.

Mom: I went into labor on my own at about 39 weeks at the grocery store! I delivered 12 hours later vaginally, at the hospital without medication.

Physician: I'm glad you got there on time! Did you get to put the baby against your chest right after delivery, and if so did the baby latch in the first hour?

Mom: Yes, the baby went right to my breast and latched on! It was amazing!
Note: Babies who don't latch in the first hour may have more difficulty with breastfeeding.

Physician: Did you have any complications after the baby was born such as a lot of bleeding? Or problems with your blood pressure?

Mom: No, I didn't have any problems like that.
Note: Postpartum hemorrhage can lead to a rare condition known as "Sheehan Syndrome" which is a cause of failure of lactogenesis II. Pre-eclampsia pre or post partum can be associated with delays in lactogenesis.
Also moms with continued bleeding postpartum could have a retained placenta which can cause a delay in lactogenesis II.

Physician: Let's talk more about your breastfeeding experience after delivery. Have you had any pain with latch, more than a tugging sensation?

Mom: Well, it felt a little funny, but no severe pain.
Note: Pain with latch, more than a tug, is usually a sign that the latch is not deep enough. (Refer to Global Health Media Attachment video)

Physician: Great! Now let's talk about your concerns for your visit today.

Mom: Well, my baby seems to want to nurse "all the time" and I just want to be sure she is getting enough milk.

Physician: Of course! We can help with that. Tell me how you are feeding the baby?
Note: **Listen for frequency of feedings per 24 hours, length of typical feeding, whether parents feed on one or both breasts each time, and how the breasts feel after feeding.**
Newborns should feed at least 8-12 times per 24 hours. Length of time of feeding is important to know to assess possible non-nutritive time, for instance, if moms say they are feeding for an hour, it is likely not all nutritive feeding. Short feedings can be associated with efficiency, or with babies who are sleepy and not emptying the breast well. Many babies will cluster feed often in the evenings before a longer stretch between feedings which follow.

Mom: Well, usually I feed her about every 2-3 hours, and usually just on one breast, usually for about 15-20 minutes. I offer the other side, but usually she is full and not interested. My breasts feel much softer after feeding.

Physician: I know it seems like you are feeding all the time, but this is normal for new babies. This will change over time. Does the baby seem satisfied after a feeding?

Mom: Yes, she does. Often she goes right to sleep at the end of the feeding.

Physician: That is a sign she is getting enough. Are you doing any pumping or bottle feeding in addition to nursing?

Mom: Yes, I usually pump after the morning feeding and get about 4-5 oz. Sometimes her father feeds her this milk later in the day if I have an errand to run, or I freeze excess milk that I have.
Note: Many mothers pump their milk in addition to nursing directly and it is important to gauge her milk supply by how many total feedings per day, pumpings per day and bottles per day, as well as milk stored per day. Pumping more than what the baby needs may lead to an oversupply which can make the feedings more difficult for baby as well as create problems for moms such as clogged ducts, mastitis, etc.

Physician: Let's talk about her wet and dirty diapers. How many of those does she have in a 24 hour period?

Mom: Well she used to have a dirty diaper every time I fed her, but now usually 1-2 per day. She still wets her diaper with every feeding.
Note: On average, once milk comes to volume, babies usually have at least 6-8 urine voids per day and 3-4 stools by day 4-5. By about 4-8 weeks of age, the stools decrease to 1 or less per day, but there is a wide degree of variability.

Physician: Well this all sounds really good. What was the baby's most recent weight? Let's weigh her and get ready for a feeding. First we will weigh her naked as her baseline weight. Then we will weigh her with her diaper on as a "pre-feeding" weight. That way if she has any urine or stool during the feeding, she will get full credit!

[STAGE DIRECTION: Mom takes baby to exam table to undress. Doctor weighs baby naked, gives baby back to mom and records weight. Mom places a clean diaper on, and the doctor weighs the baby again, recording the weight. The next scenes are done with the baby on exam table]

Note: Physician has just taken the baseline naked weight, as well as a "pre-feeding" weight with diaper on. This will allow for any output that occurs during the feeding to be captured as full amount taken in during the feeding at the time of the post-feeding weight.

Physician: OK, let's have a look at this beautiful baby! I'm going to look at her mouth to check her tongue function.
[STAGE DIRECTION: Physician uses gloved finger and sees if the baby will suckle on finger, as well as assessing tongue lift, side-to-side motion, and examines for tongue tie]

Physician: Do you see the baby make a "hot dog bun" around my finger while suckling? See how she is bringing her tongue out over the lower gum? Can you see her tongue chase my finger from side to side and to the roof of her mouth? Let's look underneath her tongue. The attachment of her tongue is at the very back and not restricting her tongue's movement. Also, see how she has a little attachment of her upper lip, but it stretches to her nose? All normal!

Note: For more information see the curriculum section on Oral Assessment and Section on Ankyloglossia.

Physician: Everything looks good here. Is it alright if I examine your breasts? Do you have any areas that don't seem to drain well, or bother you in any way? Any areas of firmness or clogging?

Mom: No, they are full before feedings, but soften after feeding, and thankfully no pain.
[STAGE DIRECTION: Physician examines mom in a rocking chair. Physician examines mom's breasts in a circular fashion, palpating around the entire breast. The physician looks carefully at nipples for any cracks, fissures, scabs, and for the shape and size of nipples.

Note: Sometimes moms will identify clogged areas, or firm areas prior to feeding that the physician can recheck after feeding to assess whether it goes away. A persistent clog or firm area will need special attention. See section on breast pain for more information.

Physician: All right! Let's get started on a feeding! I'm going to watch how Baby XX latches and starts to feed. I will help you if needed. Which position do you usually feed the baby in?

Note: It's best to watch how the mother positions and latches the baby first, and then help with adjustments as needed. See the curriculum section on a good latch.

Mom: I usually use the Across the Lap position with my breastfeeding pillow.
[STAGE DIRECTION: Mom positions baby and baby latches well, with wide open mouth, lips everted like a fish, and begins active suckling with audible swallows and deep jaw drops.]

Note: Moms may use a variety of pillows, folded blankets, or anything to help bring the baby to the level of the breast will help support the mother's back and shoulders as the baby feeds. All of mom's body parts should be supported so that all she has to do is guide the baby onto the breast deeply. Mothers with large breasts may not need as many props.

Physician: Look at her go. She has a nice wide latch, with lips turned out like a fish, and, look, her jaw drops down near her chest. Listen to those swallows! Are you feeling any pain?

Mom: No, all feels good.

[Baby continues for about 15 minutes, and may go to the second side or be satiated.]

Physician: Well look at that happy baby. Let's get the post-feeding weight and see how much milk she took.
[STAGE DIRECTION: Physician weighs baby with diaper and notes the volume transferred.]

Note: Although intake volumes may vary by time of day, interval since last feeding, frequency of feedings, etc., a range of normal volume intake for a baby in the first few weeks of life is about 150-180 mls/kg/day divided by 8-12 feedings per day.

Physician: That was a great amount of milk transfer. Let's look at the baby's weight gain per day from her last pediatrician visit. She is gaining about 30 grams per day.
Note: 20-30 grams per day is an ideal weight gain for the first few months of life.

Physician: Well it looks like breastfeeding is going well for you two. You are doing a wonderful job breastfeeding your baby! It can seem like you are feeding her all the time, but this frequency of feedings is normal for the first months. She will stretch out her feedings in the next few months, so don't worry. Her weight gain is right on target, and your milk supply is excellent. Can I help you with any other questions?

Mom: Oh I'm relieved that she is getting enough! Thanks for your encouragement.