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Breastfeeding Observation and Parent Counselling

Practical 03 / Communication role-play

Aim

Observe a feed or model demonstration and identify positioning, attachment and effective transfer.

Principle

Comfortable alignment and deep attachment support effective milk transfer. Feeding assessment combines observed swallowing with the infant's output and growth.

Materials and Requirements

- Infant and breast models or a consented supervised observation
- Growth record and practice counselling card

Procedure

1. Ask permission and establish the caregiver's concerns, feeding pattern, discomfort, wet nappies and weight trend.
2. Establish the infant's age, feed frequency, weight trend and recent wet nappies. Offer privacy and ask permission to observe a feed or demonstrate with the model.
3. Observe how the infant is aligned and supported. Look for a wide mouth, chin close to the breast and visible or audible swallowing.
4. Observe from before attachment through several sucks. Look for ear, shoulder and hip alignment, a close supported body, a wide mouth and swallowing or a sustained effective suck.

Continue with step 5 on the next page.

Procedure Continued

Breastfeeding Observation and Parent Counselling

5. Note signs of a shallow latch, such as persistent pain, slipping or clicking. Ask before demonstrating adjustments on the model.
6. Note repeated sliding, clicking, caregiver pain or early fatigue and ask what is usually different at home. Check whether the model or observed findings require additional clinical assessment.
7. Explain and demonstrate one adjustment at a time. Ask the caregiver to show how they would support the infant and recognise swallowing.
8. With permission show one practical change on the doll, such as supporting the body closer. Ask for a return demonstration and reassess comfort, latch and swallowing or the ability to describe them.
9. Discuss follow-up and when poor feeding, reduced output or inadequate weight gain needs clinical review.
10. Agree on a plan to review feeding, output and weight. Give the service and timing for review if feeding remains ineffective or the infant becomes less alert.

Precautions

- Protect privacy, obtain consent and use a feeding model where real observation is inappropriate.
- A sleepy infant with poor feeding or dehydration signs needs clinical review.

Observations and Interpretation

Breastfeeding Observation and Parent Counselling

Observations and Record

Item	What to record	What it tells you
Position	Alignment, closeness and support	Helps infant attach effectively
Attachment	Mouth opening, chin position and discomfort	Identifies potentially shallow latch
Transfer and monitoring	Swallowing, nappies and weight trend	Supports feeding assessment

Worked Example

There is nipple pain and audible clicking. With model-guided positioning the caregiver brings the baby closer and observes a more comfortable attachment in the supervised exercise.

Result and Interpretation

The initial feed suggests poor attachment. Reassess swallowing, discomfort and growth after the adjustment.

Viva Questions and Answers

What is one sign of effective transfer during a feed?

Visible or audible swallowing after attachment.

Why assess weight and output alongside the latch?

They help judge feeding over time.

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