



Level 2 Clinical Summary

Problem Solving Common Infant Issues

Infant Problem	Signs	Causes	Questions to Ask	Tips/Solutions	When to Yield
Latch Difficulties	<p>Baby might:</p> <ul style="list-style-type: none"> ▪ Latch but not stay latched. ▪ Fall asleep after latching. ▪ Struggle to latch and cry. ▪ Turn head and refuse to latch. <p>Mom might:</p> <ul style="list-style-type: none"> ▪ Be frustrated. ▪ Have sore nipples. ▪ Be engorged ▪ Have low milk production. 	<ul style="list-style-type: none"> ▪ Uncomfortable positioning. ▪ Use of artificial nipples before breastfeeding is established. ▪ Baby's preference for one breast over the other due to comfort or amount of milk available. ▪ Overstimulation. ▪ Baby's congestion. ▪ Baby ill. ▪ Baby's oral thrush. ▪ Baby's teething. ▪ Distractibility. ▪ Breast refusal for unknown reason. 	<ul style="list-style-type: none"> ▪ Tell me how you know when it is time to feed your baby. ▪ How are you positioning and latching your baby? ▪ Describe how your baby acts when you try to latch. ▪ What have you already tried? ▪ What concerns you the most? ▪ What else is your baby receiving besides your milk? ▪ Are you using bottles or pacifiers? ▪ Tell me about your baby's wet and dirty diapers. ▪ What are your breastfeeding goals? ▪ Who is available to support you? 	<ul style="list-style-type: none"> • Review basic positioning and latch. <ul style="list-style-type: none"> • Facing the breast. • Back/hips in straight line. • Angled to take in more of bottom part of areola in mouth; top part of areola (above upper lip) may be visible. • Chin touching the breast. • Nose aligned to nipple. • Wide open mouth. • Give skin-to-skin contact. • Vary breastfeeding positions. • Start feeding on preferred breast, then slide baby over to the other breast. • Hand express drops of milk. • Avoid artificial nipples. • Maintain milk production. • Address engorgement. • Minimize distractions. • Be patient! 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Basic solutions offered do not improve baby's latch. • Parent reports unresolved sore nipples or engorgement. • Lactating parent wants alternative ways to feed the baby. • Mom has concerns about anatomical issues. • Parent is concerned about baby's weight and output.
Slow Weight Gain	<ul style="list-style-type: none"> ▪ Baby not returned to birth weight by 2 weeks. 	<ul style="list-style-type: none"> ▪ Baby not feeding often or long enough. ▪ Poor positioning and latch. ▪ Maternal factors. 	<ul style="list-style-type: none"> ▪ Tell me about your baby's feeding patterns. ▪ How do you know when it's time to feed your baby? 	<ul style="list-style-type: none"> ▪ Ensure correct positioning and latch to improve milk transfer. ▪ Vary positions. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Baby gains weight slowly.

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	<ul style="list-style-type: none"> ▪ Baby stooling <3 times every 24 hrs. ▪ Baby sleepy; must be awakened to eat. <p>Baby's Warning Signs:</p> <ul style="list-style-type: none"> ▪ Uninterested in feedings. ▪ Overly sleepy. ▪ Scant stools. ▪ Apathetic or weak cry. ▪ Lethargy ▪ Avoids interacting with parents. 	<ul style="list-style-type: none"> • Insufficient glandular tissue. • Prior breast surgery. • Medical conditions (thyroid disease, diabetes). • Postpartum hemorrhage. • Certain meds ▪ Infant factors <ul style="list-style-type: none"> • Jaundice • Hypoglycemia • Preterm/late preterm (34-37 wks.) • Tongue tie • Weak suck • Medical conditions • Illness • Infection • Allergies 	<ul style="list-style-type: none"> ▪ How long does your baby usually breastfeed? ▪ How do feedings end? ▪ Describe your baby's weight and dirty diapers.. ▪ What is your biggest concern about your baby? ▪ What is your baby's HCP telling you about your baby's weight? 	<ul style="list-style-type: none"> ▪ Increase feeding frequency (8-12 every 24 hours). ▪ Provide skin-to-skin contact. ▪ Offer both breasts at feedings. ▪ Wake baby between breasts to increase interest. ▪ Feed as long as baby wants on each breast. ▪ Follow baby's feeding cues to feed. ▪ Use breast compressions to deliver milk. 	<ul style="list-style-type: none"> • Mom is concerned about baby's weight. • Parent is concerned about ability to produce sufficient milk. • Lactating parent reports breast problems (e.g., surgery, anomalies, or hormonal conditions). • Mom reports infant medical concerns. • Baby's output is less than recommended.

<p>Multiples</p>	<ul style="list-style-type: none"> ▪ Parent gives birth to more than 1 baby. ▪ Parent wanting to breastfeed two babies of different ages (<i>tandem nursing</i>). 	<ul style="list-style-type: none"> ▪ Concerns about milk production. ▪ Concerns about positioning more than one baby. 	<ul style="list-style-type: none"> ▪ How are you positioning and latching your babies? ▪ What do you feel is most comfortable for you and your babies? ▪ How do you know when it is time to feed your babies? ▪ Tell me about your babies' wet and dirty diapers. ▪ What are your breastfeeding goals? ▪ What kind of support do you have to help you right now? 	<ul style="list-style-type: none"> ▪ Anticipatory guidance: <ul style="list-style-type: none"> • Women <i>can</i> make sufficient milk for multiples. • Try basic solutions for getting a good start (e.g., skin-to-skin contact, early feedings). • Encourage timely milk expression if babies are born prematurely. ▪ After babies are born: <ul style="list-style-type: none"> • Continue skin-to-skin contact. • Try creative positions (e.g., both babies in football hold, one baby in football hold and one baby in cradle hold, laid- back breastfeeding). • Feed separately or simultaneously. • WIC staff offer support. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Mom needs further assistance with positioning and latch. • Lactating parent has weight gain concerns. • There are milk production concerns. • Babies are preterm and need specialized follow-up after discharge from NICU. • Parent needs help managing feeding schedules.
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Allergies	<ul style="list-style-type: none"> ▪ Diaper rash ▪ Eczema (atopic dermatitis). ▪ Hives or other rash. ▪ Vomiting and/or diarrhea ▪ Wheezing ▪ Congestion ▪ Red, watery eyes ▪ Bloody or mucous stools. 	<ul style="list-style-type: none"> ▪ Sensitivity to certain foods the parent eats. ▪ Reactions to new foods once complementary foods begin. ▪ Rare for exclusive breastfed infants to have allergy to parent's milk 	<ul style="list-style-type: none"> ▪ What changes have you noticed in your baby? ▪ Tell me about other children or family members who had allergies. ▪ What has the baby's HCP said? 	<ul style="list-style-type: none"> ▪ Continue breastfeeding exclusively. ▪ Delay solid foods until baby is around 6 months of age. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Lactating parent has family history of allergies. • Mom reports that baby has symptoms of allergies. • Parent asks about solid foods. • Mom believes certain foods in her diet are causing problems in her baby.
Reflux	<ul style="list-style-type: none"> ▪ Excessive spitting up. ▪ Excessive fussiness or gas. 	<ul style="list-style-type: none"> ▪ Spitting up is normal. ▪ Valve between baby's esophagus and stomach not fully developed. ▪ Stomach acid coming up and irritating baby's esophagus (GERD). 	<ul style="list-style-type: none"> ▪ Tell me more about the baby's behavior after he feeds. ▪ What do you think might be happening? ▪ how much does your baby spit up? ▪ Does your baby still act hungry after spitting up? ▪ What has the baby's HCP said? 	<ul style="list-style-type: none"> ▪ Feed in a more upright position. ▪ Keep baby upright 15-20 minutes after feedings. ▪ Work with baby's HCP on diagnosis of GERD and solutions. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Parent reports baby is "gassy" or seems to be in pain. • Parent worries about baby's weight.

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<p>Jaundice</p>	<ul style="list-style-type: none"> ▪ Yellowing of baby’s skin and eyes. ▪ Baby excessively sleepy. ▪ Baby not staying interested in feedings. 	<ul style="list-style-type: none"> ▪ Breakdown of red blood cells into bilirubin released into the blood. ▪ Bilirubin not removed through stools. 	<ul style="list-style-type: none"> ▪ Tell me more about how your baby acts during the feedings. ▪ How often does your baby nurse? ▪ How do you know when your baby is ready to breastfeed? ▪ How do the feedings end? ▪ Describe your baby’s wet and dirty diapers. 	<ul style="list-style-type: none"> ▪ Breastfeed early and often with correct positioning and latch to transfer milk. ▪ Hold baby skin to skin to increase feedings. ▪ HCP might place baby under phototherapy lights to break down bilirubin. ▪ Continue breastfeeding. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Parent reports baby has yellow skin or eyes. • Baby’s stools are less than recommended or still excreting meconium stools after hospital discharge, • Baby is very sleepy or not actively suckling.

Adapted October 2023 from WIC Breastfeeding Curriculum 2020 – Clinical Summary Level 2 Handouts

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