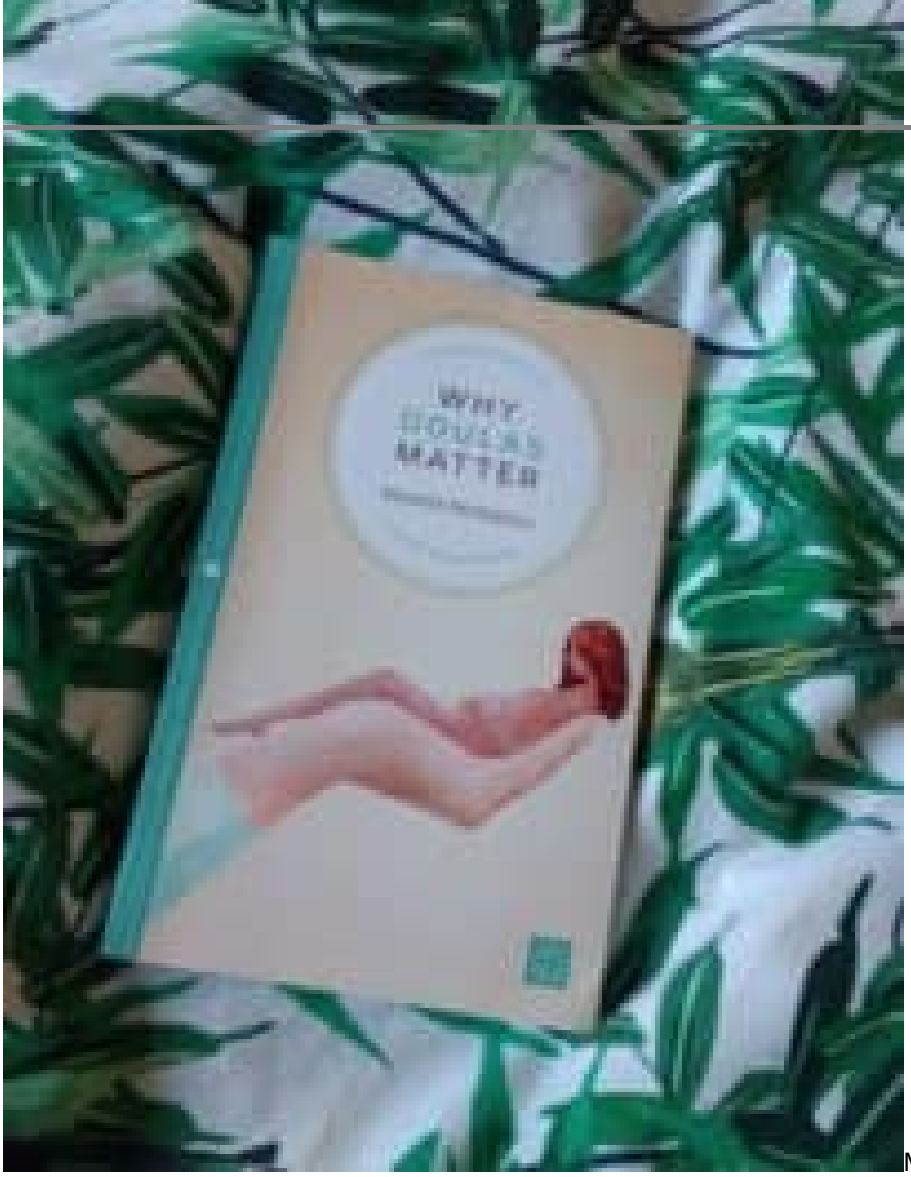


Description

Using an old bottle top and balloon as a breastfeeding educational tool

Maddie McMahon – Doula, Mentor and Breastfeeding Counsellor



Maddie McMahon is a Doula and author, having written 'Why Doula's Matter' and 'Why Mothering Matters'. She also a course leader at Developing Doula's a training course to assist new Doulas to support women and importantly get breastfeeding off to a good start. We'd like to thank Maddie – one of The Practising Midwives Editorial Board Members for writing this blog for All4Maternity.

So this simple little tool is always with me, wherever I go. Together with a small knitted breast, they live in my handbag! You can see how to make it on the Lactation Consultants of Great Britain website.

As far as I know, it was the brainchild of a wonderful IBCLC called Alison Blenkinsop. Alison is famous for her breastfeeding songs, all sung to famous tunes, that she is well known for making us sing at conferences. Many of her songs, together with a veritable smorgasbord of breastfeeding tips, are published in her book, Fit to Bust.

The bottle top mouth is a perfect way to show how, when a baby is positioned too far round the mother's body (in cradle or cross cradle hold) or is placed too far up the mother's body (in Biological Nurturing position) they will approach the breast nose first. When the baby latches nose first, the nipple lands on the tongue and causes compression and often damage. Nose first is not fun for baby either, making it more likely that breathing will be restricted and making swallowing more uncomfortable (put your chin on your chest and swallow – not very comfy is it?!)

Likewise, if the mother has been told to tickle the baby's lips with her nipple, or even just told to line her baby's nose up

with the nipple but not to bring the baby's chin onto the breast, the nipple might enter the mouth a little too centrally. This can also happen if the mother is using the cross cradle hold and is supporting or shaping her breast with her hand. Even if the baby is positioned wonderfully, sometimes mothers will move their breast to their baby, rather than bringing the baby to the breast. Even the slightest forward leaning movement of her shoulder or movement of the breast towards the baby can angle the nipple down towards the baby's tongue.

But when we show the bottle top coming to the breast from below, with the bottom lip landing far away from the nipple and the top lip skimming over the nipple, the correct asymmetry is clearly shown. Whilst the only true way to assess a latch is to ask the mother if it is comfortable and watch the baby for good, rhythmic milk transfer, we would usually expect to see areola above the top lip but not so much (if any) below the bottom lip. The baby's cheeks with be rounded and usually flush with the breast. The baby will be suckling in a rhythmic, coordinated fashion.

We probably can't see the lower lip, but it will be flanged out. The upper lip is neutral. Contrary to popular belief, if the upper lip is flanged out too, we call this 'duck lips' and can be the sign of a shallow attachment, especially if the mother reports discomfort and the nipple appears pinched after the feed.

Whatever position she chooses, leaning back so the weight of the baby is supported by her body, not her arms, will help. She may not feel the need to support her breast, enabling her to nurse with her hand(s) free and ensure gravity helps her baby come to the breast, rather than the breast coming to the baby!

This little tool can also be used to show how a restrictive lingual frenulum can prevent the baby achieving a deep attachment. By drawing the balloon back with a finger to make it shorter, we can show that even with good positioning, the tongue may find it difficult to reach down onto the breast tissue and may just flutter against the nipple instead. Obviously impeded extension is not the only way tongue tie can impact on breastfeeding – restricted elevation can have an effect too and we can use this tool to talk about how the tongue needs to rise up and down in a peristaltic movement to withdraw the milk.

Maddie offers workshops on breastfeeding for birthworkers. See her website for details:
https://developingdoulas.co.uk/on-going-learning-for-doulas-and-birthworkers/

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