

UCSD Lactation Educator Counselor

Counseling Problems

Copy the counseling scenario onto the counseling problem form. Determine the chief concerns from the information given, possible physical causes for the situation, any psychosocial concerns you have, and what you would expect to find in a physical exam or interview.

Then fill in the attached form with your “hunch” of what the problems is or may be, list any questions you may ask to determine hidden factors, test your “hunch” by looking up subject in a textbook (site the pages), write 3 pieces of advice you would give this client.

- A. Statement of counseling problem or scenario
- B. List your chief or primary concerns
- C. Formulate your “Hunch” as to what you think is the main problems or concerns
- D. Look up in a textbook and give citation (Book title and pages)
- E. List any additional questions you may want to ask to test you “hunch”
- F. List what you would expect to find in exam or interview
- G. List at least 3 suggestions for the client (POC)

Counseling 1 2 Due date: _____

Counseling 3 4 Due date: _____

My assignment is problems: 4 11 15 23

This is a mandatory assignment to pass the course. We will review the counseling problems in class so they must be done by the due dates.

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Counseling Problems

Name: Heidi

Case 4:

Ms. Durham has a 3 day old baby girl. She states that the baby “can’t get a hold of the breast”. The breast is firm and sore to the touch.

Chief or primary clues/concerns/hunch:

Textbook and pages:

1. We want to make sure the baby is fed and that the mom can relieve the soreness.
2. It is probably engorgement.
3. The Breastfeeding Book of Answers pg 492-96

Additional questions you want to ask:

1. Does your breast feel like the hard part of your nose, or the soft end part? _____
2. How often you’re your baby nurse? And for how long? _____
3. Does your areola feel soft or hard? _____
4. Have you been able to see the baby swallowing? _____
5. _____

List what you would expect to find on exam of the baby and mom:

1. The mom would have hard, painful breasts and nipples—the nipples flattened by all of the pressure. _____
2. Baby would have a hard time latching onto the hard breast. _____
3. At this point the baby may be sleepy and not wanting to wake and eat. _____

At least 3 suggestions for the each mom, baby, and feeding session:

MOM	BABY	FEEDING SESSION
Have her use heat right before breastfeeding and massage the breast so that the milk is flowing and the breast is softer.	Get the baby fed. If the baby is not able to breastfeed, feed the baby some expressed breast milk.	Express a little milk so that the areola will soften.
Have the baby drain one breast before going to the other. Pump the second of there is still milk left.	Keep the baby awake while breastfeeding, so that he transfers efficiently.	Help the breast have the same shape as the baby’s mouth by using a C or U shaped hand.
Cold compresses may help relieve the swelling and pain (though she should avoid ice straight on the skin.)	Help the baby latch on by creating a ridge for the baby’s mouth, going nose to chin with mom’s nipple, and hugging the baby in.	Keep the baby awake and sucking by raising his arm or touching his ear.

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Counseling Problems Name: Heidi

Case 11:

Mrs. Karuzo has a 3 week old baby. Today her left breast is sore to the touch in the outer aspect under her arm. She calls because she thinks she is getting the flu.

Chief or primary clues/concerns/hunch: _____ Textbook and pages:

1. I wonder if she had a plugged duct. _____
2. I think she probably has mastitis. _____
3. The Breastfeeding Book of Answers pg 496-506 _____

Additional questions you want to ask:

1. When did this sore spot come? When did you start feeling sick? _____
2. Does the spot move positions ever? _____
3. Do you have a temperature? _____
4. Do you have any other redness or soreness on your breasts? _____
5. Does the sore spot feel warm to the touch? _____

List what you would expect to find on exam of the baby and mom:

1. Baby is fine. _____
2. Mom looks sick, like she has the flu. _____
3. The sore spot is getting worse (by the time she got to the clinic) and is red, hot and swollen.

At least 3 suggestions for the each mom, baby, and feeding session:

MOM	BABY	FEEDING SESSION
If the symptoms get any worse, call the doctor and get some antibiotics.	Continue to breastfeed.	Have the baby continue feeding on the affected side. It will help decrease pressure.
Massage the affected area and either breastfeed or hand express directly afterward.	Fix any latch issues. It could be that the infection got through damaged skin on the nipple.	Feed in different positions—often this helps relieve plugged ducts.
Rest. If possible tell her to spend the day, with her baby, breastfeeding, until she feels better.	Make sure the baby is effectively draining the breast of milk.	Feed often and for as long as the baby is willing.

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Counseling Problems Name: Heidi

Case 15:

Ms. Oshinski has a 4 week old infant. She will be returning to work at 6 weeks postpartum and wants to wean her baby to milk.

Chief or primary clues/concerns/hunch: _____ Textbook and pages:

1. Regular cows' milk is not appropriate for a 4 week old! _____
2. I'm not sure what else to say. Though I am worried about how she will feed her baby.
3. The Breastfeeding Book of Answers pg 187 _____

Additional questions you want to ask:

1. Do you have access to an electric breast pump? _____
2. How many hours will you be going back to work? _____
3. Are you a WIC client? _____
4. Would you have a time and a place to pump at work? _____
5. Who is your baby's babysitter going to be? _____

List what you would expect to find on exam of the baby and mom:

1. Hopefully breastfeeding going well. _____
2. Mom would probably not know a lot about nutrition. _____
3. Mom would be stressed trying to get everything ready to go back to work. _____

At least 3 suggestions for the each mom, baby, and feeding session:

MOM	BABY	FEEDING SESSION
If she is going back to work for 20 hours and bfing is going well and she is committed to bfing, I would give her a single user pump to pump at work.	Feed the baby—either by breastfeeding, expressed breast milk, or formula.	Feed the baby either breast milk or formula.
If she wanted to try to see if it would work first, I would issue her another pump, and wait on the single user pump.	Help the baby transfer from bfing to bottle feeding better with bottles with shorter nipples and slower flow.	Explain that she doesn't have to give up breastfeeding altogether. She can bf at home and then pump or even just do formula.
If she is not able to pump at work, I would give her advice on partial breastfeeding—feeding at home and formula while she's at work.	Have the baby start practicing drinking with the bottle.	I would also do a bit more education on what babies can and cannot eat before age 6 months and 1 year.

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Counseling Problems

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Case 23:

Sheila Wainwright calls and says she wants to know how to get more formula because her baby isn't gaining weight. Her baby is 3 weeks old.

Chief or primary clues/concerns/hunch:

Textbook and pages:

- I want to know if this is real or perceived lack of weight gain. _____
- If her baby is really not gaining enough weight, we should look at baby's latch and also at the mom's milk supply to know which we need to fix. _____
- The Breastfeeding Book of Answers pg 150-166 _____

Additional questions you want to ask:

- What was the baby's birth weight? What is it now? _____
- What was the baby's lowest weight after birth? _____
- Does the baby latch on? _____
- Can you see and hear the baby swallowing? _____
- How many wet and messy diapers does your baby have? _____

List what you would expect to find on exam of the baby and mom:

- Baby is not latching well, or if he is he is not transferring milk well. _____
- Baby will stay on for a couple of seconds or will not really latch on at all. _____
- Baby will be lethargic and not willing to work long to get milk out of mom's breasts. _____

At least 3 suggestions for the each mom, baby, and feeding session:

MOM	BABY	FEEDING SESSION
Assuming the mother doesn't have adequate supply, I would suggest that she pump and hand express to get milk for her baby.	Assuming the baby doesn't latch, and the mom has enough milk, I would help the baby latch by hand expressing milk to entice the baby on and help him latch.	Make sure that the baby is getting adequate calories. If he is not by bfing, then advise giving EBM or formula.
I would advise her to get some medication or herbal supplement to help her to increase her milk supply.	Feed the baby often—making sure that baby's lips are flanged out and chin is into the breast, and has a good latch.	Try breastfeeding at every feed—catch the baby in the early feeding cues so that he isn't starving.
Tell her to relax and realize that feeding her baby takes a lot of time. It will take 7-8 hours of her day for the next couple of months.	If the baby won't calm down to feed, I would feed him a little EBM or formula so that he settles down.	If after bfing baby is still hungry, give him EBM or formula.

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Telephone and Short Visit Counseling

Case 1:

Mrs. Aguilar has a 3 day old baby boy. She left the hospital at 36 hours postpartum. She calls and is complaining that “it hurts” each time she puts the infant to breast. She thinks she should stop breastfeeding.

Case 2:

Ms. Basi, a 16 year old single mother, has a 4 week old baby. She is complaining that her nipples burn every time she puts the infant to breast. She wants to know what to do.

Case 3:

Mrs. Currazoarrasi has a 5 day old infant. She has a blister on her left breast. She has blood on her breast pad that she keeps in her bra. Her mother is telling her to quit breastfeeding.

Case 4:

Ms. Durham has a 3 day old baby girl. She states that the baby “can’t get a hold of the breast”. The breast is firm and sore to the touch.

Case 5:

Mrs. Erickson has a 24 hour old baby boy. She has been unsuccessful getting the baby to attach to the breast and she is getting ready to go home from the hospital. She is to be followed by the WIC clinic.

Case 6:

Ms. Fuigi is pregnant and wants to know about breast pumps. She is due in a month and can’t decide about breastfeeding. She thinks she might just pump and feed a bottle to the baby.

Case 7:

Mr. and Mrs. Gonzales come to the clinic worried about their 3 week old baby. Mom tells you that the baby seems to attach to the breast. The baby is 10 ounces under birth weight.

Case 8:

Ms. Hermanos has a 4 week old baby. She says the baby has a “white coating” in her mouth. She also says the baby is “fussy” and has lots of “gas”.

Case 9:

Ms. Igni has a 2 week old baby boy. She has 3 other children at home. The youngest one still nurses at the breast. She wonders if her new baby is getting enough.

Case 10:

Mrs. Jacob has a newborn, 6 hours old that just was admitted to the special care nursery for observation. She wants to continue breastfeeding.

Case 11:

Mrs. Karuzo has a 3 week old baby. Today her left breast is sore to the touch in the outer aspect under her arm. She calls because she thinks she is getting the flu.

Case 12:

Ms. Lorenzo is 38 weeks pregnant. Two years ago she had breast augmentation. Her left nipple is quite flat on observation. She wants to know about breastfeeding.

Case 13:

Mrs. Moore has a 2 week old infant. She states “the baby wants to eat all the time and I don’t think I have enough milk”. The infant has fed 16 times in the last 24 hours.

Case 14:

Mrs. Narrano has a 10 day old infant that cries all the time”. She feels her milk is not “rich enough”. The husband has been giving the baby a bottle at night so she can sleep.

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Case 15:

Ms. Oshinski has a 4 week old infant. She will be returning to work at 6 weeks postpartum and wants to wean her baby to milk.

Case 16:

Mrs. Purguski had implants 2 years ago. Her baby was born SGA (Small for gestational age) and is in the NICU. She wants to know about breastfeeding.

Case 17:

Mr. and Mrs. Quam are going on a trip and are going to leave their 10 week old baby at home with relatives. They want to know how to arrange for feeding the baby.

Case 18:

Irma Rodriguez, a 15 year old WIC participant is having her first baby in 3 weeks. She doesn't want to breastfeed because it will tie her down and she won't be able to have Depo.

Case 19:

Madeline Suez has a 10 day old infant who never acts hungry, sleeps most of the day, and is sleeping 6-7 hours at night. The baby rarely cries. The baby is 7% below birth weight.

Case 20:

Mrs. Tao calls to rent a breast pump because the pediatrician at the clinic says her baby isn't gaining weight fast enough. Her baby is 16 days old and she supplements with traditional juice.

Case 21:

Mr. Uri calls to tell you his wife just delivered but the baby "didn't make it". He is concerned because his wife's breasts are full and milk is dripping. He wants to know if you can get her a "pill" to dry her up.

Case 22:

Mrs. Victor has a 4 day old infant and her breasts are "rock hard". She has been using a shield she bought at the hospital pharmacy to bring her nipple out so the baby can latch. She wants to know if she should get the shells.

Case 23:

Sheila Wainwright calls and says she wants to know how to get more formula because her baby isn't gaining weight. Her baby is 3 weeks old.

Case 24:

Mrs. Xavier had a breast reduction 6 years ago. She was unable to make enough milk for her baby who is now 4 years old. She is pregnant and due next week and says she won't even "try" breastfeeding because of her past experience.

Case 25:

Mrs. Yokoui has twins that are 8 days old. She is so tired she "needs" to give formula. She wants to know which one is best.

Case 26:

Gorgianna Zukov calls and says it hurts when she breastfeeds her 7 week old baby and gets worse as she pumps. She is worried as she had a lot of trouble getting pregnant.

Case 27:

Mrs. Anderson has a 3 week old infant that breastfeeds "all the time." The infant feed for about 5-6 minutes and falls asleep. The baby wakes after 35-45 minutes and wants to breastfeed again. The infant was 8 ounces over birth weight at the 2 week checkup.

Case 28:

Mrs. Banner has a 7 day old infant that has a white coating in her mouth. The baby eats 12 times in 24 hours and is afraid she has given the infant a disease.