



# **Home Visiting Curriculum** **Talking about Lactation**

## **Part 4:** **Postpartum**

# Part 4: Postpartum

## Postpartum Curriculum

Home Visitors can make a positive difference in their clients' lactation experiences. The lactation conversations about postpartum goals and expectations can help clients focus and meet the personal goals they have set.

### Outline

1. Postpartum expectations
  - a. Feeding Frequency and Diaper Changes
  - b. Sleep Schedule
  - c. Breast Changes and Milk Production
2. Complications
  - a. Parent
    - i. Illness
    - ii. Nipple Soreness
    - iii. Engorgement
    - iv. Mastitis
    - v. Inadequate Supply
    - vi. Perinatal Mood Disorder
    - vii. Sleep Deprivation
    - viii. Body Image
  - b. Infant
    - i. Illness
    - ii. Latch Ineffectiveness
    - iii. Poor Weight Gain
    - iv. Sleepy Baby
    - v. Alternative Feeding Methods
3. Troubleshooting Interventions-Medical Provider Referral Indicators
4. Goals
5. Support
6. Parenting Partner Roles and Expectations
7. Resources
8. Home Visitor Role
9. Postpartum Evaluation

# Part 4: Postpartum

## Postpartum Curriculum

### Objectives:

Home visitors will

- increase their knowledge regarding postpartum lactation challenges
- know when to refer families for lactation expertise.

### Activity:

Discuss case scenarios of postpartum challenges utilizing Home Visitor Triage for Lactation Interventions for when to refer and/or support.

### Supplies:

Curriculum Slideshow and binder handouts



## Part 4: Postpartum

### Information for breastfeeding families **Newborn Feeding Log**



<p><b>Day 1</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 Black tarry stools 1 Notes:</p>	<p><b>Day 4</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 Yellow stools 1 2 3 Notes:</p>
<p><b>Day 2</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 Black/brown stools 1 2 Notes:</p>	<p><b>Day 5</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 Yellow seedy stools 1 2 3 Notes:</p>
<p><b>Day 3</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 Brown stools 1 2 Notes:</p>	<p><b>Day 6</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6 Yellow seedy stools 1 2 3 Notes:</p>
<p><b>Day 7</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6 Yellow seedy stools 1 2 3 Notes:</p>	<p><b>Day 10</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6 Yellow seedy stools 1 2 3 Notes:</p>
<p><b>Day 8</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6 Yellow seedy stools 1 2 3 Notes:</p>	<p><b>Day 11</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6 Yellow seedy stools 1 2 3 Notes:</p>
<p><b>Day 9</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6 Yellow seedy stools 1 2 3 Notes:</p>	<p><b>Day 12</b> Feed 8 or more times</p> <p><i>Circle the hours</i> 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6 Yellow seedy stools 1 2 3 Notes:</p>

Wet diapers may exceed those indicated in this chart in the first few days. The numbers of stools per day is a better indicator of adequate intake than wet diapers.

# Lactation Interventions

## Talking about Triage for Lactation Interventions

The **Talking about Lactation Curriculum** focuses on increasing home visitors' confidence and skill in educating and supporting families in lactation, and in collaborating with families' healthcare providers.

These triage categories can guide you in knowing what action to take. It's okay for you to not know the answers. This curriculum does not qualify you to make medical diagnoses or recommend medications. Please refer to your program's policies to know the specific scope you are required to practice under.

### Refer Family for Immediate Medical Care

#### Infant Symptoms

- Severe lethargy (lack of attention to sounds and visual cues)
- Unable to be woken up
- Severe floppy body
- Severe stiff body
- Repetitive jerking movements, seizure-like activity
- Noticeably sunken anterior fontanel (soft spot on top of head)
- Fever higher than 100°F (37.7°C) in infant younger than three months
- Fever above 101°F (38.5°C) in infants older than three months
- Circumoral cyanosis (blue color around the lips) while feeding or crying

#### Lactating Parent Symptoms

- Visible red areas on the breast(s)
- Severe lethargy, difficult to understand speech, or delirium
- Postpartum mental health concerns (including lack of interest in infant, thoughts of self harm or harming others, hallucinations)
- High blood pressure may be related to headaches, blurred vision, pain under right breast
- Increase in vaginal bleeding
- Substance use disorder

# Lactation Interventions

## Talking about Triage for Lactation Interventions

Refer Family for Medical Care  
(consider lactation-infant feeding expertise)

### Infant Symptoms

- Severe irritability (won't calm with holding or changing environment)
- Sudden decrease in activity
- Sudden decrease in feeding
- Sleepy infant
- Dark-colored urine (after mature milk comes in)
- Brick dust (red-orange color) urine after 3 days of life (caused by uric acid crystals)
- No wet diapers in 6 hours after 4 days of life
- Fewer than 4 wet diapers/24 hours after 5 days of life
- Fewer than 3 stools/24 hours after 2 days of life and in the first month of life
- No transitional stools by 3 or 4 days of life
- Meconium stools after 5 days of life
- No mature milk stools by 14 days of life
- Feeding fewer than 8 times or more than 12 times/24 hours
- Sleeping more than 4-5 hours at a time in a 24-hour period
- Weight loss or no weight gain
- Severe weight loss (greater than 10% loss at onset of milk/day 3-4)
- Less than 1 ounce (20-30 grams) of weight gain per day
- Infant below birth weight at 10-14 days of life
- Worsening jaundice or yellow color of the skin

### Lactating Parent Symptoms

- No transition to large amounts of transitional milk by the end of day 4 afterbirth
- Fever higher than 101°F (38.5°C)
- Severe breast discomfort
- More than one mastitis infection
- Illness that prevents feeding infant breastmilk

# Lactation Interventions

## Talking about Triage for Lactation Interventions

### Refer Family for Lactation-infant Feeding Expertise

#### Infant Symptoms

- Premature infants or Infants with special health needs
- Difficulty latching
- Unusual sleep cycles
- Unusual infant feeding frequency
- Sudden disinterest in feeding at one or both breasts
- Not satisfied after feeding (clenched fists, fussy, gassy, irritable)
- Less weight gain than expected
- Supplementation suggested by healthcare provider
- Supplementation indicated

#### Lactating Parent Symptoms

- Indications or request for information about pumping and/or hand expression
- Concerns regarding milk supply
- Persistent bleeding from nipple(s)
- Cracked and/or painful nipples
- Breast pain or discomfort
- Hard breasts that do not soften
- Request for human milk storage guidelines
- Request for supplementation information (including safety, quantity, alternative feeding methods and paced feeding)
- Request for resources for medication and lactation
- Request for information about returning to work/school
- Request for information about lactation and pregnancy

Adapted from BFFCI Lactation Triage Chart [www.breastfeedingnm.org](http://www.breastfeedingnm.org)

### Information for Breastfeeding Families

## *Is My Baby Getting Enough?*



Often a new parent's biggest concern is about how much and how often the baby breastfeeds.

Here are some guidelines to help you know if your baby is getting enough:

- ✓ Your newborn baby should nurse on demand, 8 or more times in 24 hours during the first 2 - 3 weeks. As your baby gets older feedings will become more efficient and may be less frequent.
- ✓ Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't awaken to feed within 3 hours during the day. Night time feedings can be less frequent.

Typical patterns for wet diapers are

- 1 wet diaper on day one
- 2 wet diapers on day two
- 3 wet diapers on day three
- 4 wet diapers on day four
- 5 wet diapers on day five
- 6 wet diapers on day six and from then on.

Look for light yellow to clear urine.

Typical patterns for stools are several per day

- Day 1 Meconium (dark & tarry)
  - Day 2 Brownish
  - Day 3 Brownish yellow
  - Day 4 Dark yellow, soft
  - Day 5 Yellow, semi-liquid
- Some newborns stool after every feeding. Stools taper off and may not even occur every day as your baby gets older.

Babies generally lose a little weight in the first few days after birth and then begin to gain. This is a normal pattern. Ten percent is considered the maximum acceptable weight loss. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A weight check is the only sure way to determine adequate intake. Once your baby has regained birth weight, at about 2 weeks, you can relax and let your baby set the pace for the feedings.

Sometimes babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short "top off" feeding and your baby will drop off to sleep.



### Is My Baby Getting Enough?

<p><b>Signs of hunger</b></p> <ul style="list-style-type: none"> <li>Rooting</li> <li>Mouthing movements</li> <li>Tense appearance</li> <li>Grunting, other sounds</li> <li>Hand-to-mouth activity</li> <li>Kicking, waving arms</li> <li>Crying</li> </ul>	<p><b>Signs of a good latch-on</b></p> <ul style="list-style-type: none"> <li>Relatively comfortable, latch-on pain subsides quickly</li> <li>Lips at the breast at least 140° angle or greater</li> <li>All or most of the areola in the baby's mouth with more areola covered from the area near chin (asymmetrical latch-on)</li> <li>Lips flanged (rolled out)</li> </ul>
<p><b>Signs the Baby is Full</b></p> <ul style="list-style-type: none"> <li>Drowsiness, sleepiness</li> <li>Baby comes off the breast spontaneously</li> <li>Relaxed appearance</li> <li>Hands and shoulders are relaxed</li> <li>Sleeps for a period of time before arousing to feed again</li> </ul>	<p><b>Signs of a good feeding</b></p> <ul style="list-style-type: none"> <li>Easy latch-on, stays latched-on</li> <li>Swallowing you can hear</li> <li>Noticing that the breasts are softer after feedings</li> <li>Feeling strong, deep, "pulling" sucking</li> <li>Seeing milk in your baby's mouth</li> <li>Leaking from the other breast or feeling of a "let-down" reflex</li> <li>Vigorous sucking</li> <li>Wide jaw movements and consistent sucking</li> </ul>

Please see the advice of a Lactation Consultant or another healthcare provider if:

1. Your baby has not begun to gain weight by his fifth day after birth or has not regained birth weight by 2 weeks
2. Your baby is not voiding at least 6 - 8 times per day
3. Your baby is not having several stools per day

These signs can indicate inadequate feedings and can become a serious concern if not corrected quickly. You may wish to keep a written record of when your baby voids, stools, and feeds for a few days so you can accurately report this to your health care provider. Please seek help if your problem does not resolve quickly.

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Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.



## Part 4: Postpartum

### BREASTFEED OBSERVATION AID

Mother's name \_\_\_\_\_ Date \_\_\_\_\_  
Baby's name \_\_\_\_\_ Baby's age \_\_\_\_\_

#### Signs that breastfeeding is going well:

#### Signs of possible difficulty:

##### GENERAL

###### Mother:

- Mother looks healthy
- Mother relaxed and comfortable
- Signs of bonding between mother and baby

###### Mother:

- Mother looks ill or depressed
- Mother looks tense and uncomfortable
- No mother/baby eye contact

###### Baby:

- Baby looks healthy
- Baby calm and relaxed
- Baby reaches or roots for breast if hungry

###### Baby:

- Baby looks sleepy or ill
- Baby is restless or crying
- Baby does not reach or root

##### BREASTS

- Breasts look healthy
- No pain or discomfort
- Breast well supported with fingers away from nipple
- Nipple protractile

- Breasts look red, swollen, or sore
- Breast or nipple painful
- Breasts held with fingers on areola
- Nipple flat, not protractile

##### BABY'S POSITION

- Baby's head and body in line
- Baby held close to mother's body
- Baby's whole body supported
- Baby approaches breast, nose to nipple

- Baby's neck and head twisted to feed
- Baby not held close
- Baby supported by head and neck only
- Baby approaches breast, lower lip/chin to nipple

##### BABY'S ATTACHMENT

- More areola seen above baby's top lip
- Baby's mouth open wide
- Lower lip turned outwards
- Baby's chin touches breast

- More areola seen below bottom lip
- Baby's mouth not open wide
- Lips pointing forward or turned in
- Baby's chin not touching breast

##### SUCKLING

- Slow, deep sucks with pauses
- Cheeks round when suckling
- Baby releases breast when finished
- Mother notices signs of oxytocin reflex

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed

#### Notes:

Source: World Health Organization and UNICEF. 2009. Baby-friendly hospital initiative. Section 3, Breastfeeding promotion and support in a baby-friendly hospital: a 20-hour course for maternity staff. Page 120.

[http://www.who.int/nutrition/publications/infantfeeding/bfhi\\_trainingcourse\\_s3/en/](http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse_s3/en/)



Information for breastfeeding families

### *Help From Friends and Family*



New mothers need help and support in the early days of breastfeeding. Partners, grandparents, siblings, and friends all can play a critical role in meeting the needs of a new mother. Everyone needs to be on the same “wave length” when offering help and suggestions. Be aware of differences in culture and changes in parenting philosophy from generation to generation.

#### How to Help

- Watch for feeding cues and bring the baby to mom for feedings
- Change diapers
- Burp the baby
- Hold the baby skin-to-skin
- Walk, rock, swing, and cuddle the baby
- Take care of household duties
- Bathe the baby
- Take care of the other children
- Offer encouragement
- Be there!

#### What Has Changed

- No feeding schedules. Feed on demand.
- No “crying it out”
- Minimal pacifier use
- Continue breastfeeding while employed by using a breast pump at work

#### Notes from Dad to Mom

- Treat me like I know what I am doing; teach me when I don't
- Look at me like you used to
- Let me help when you are tired
- Spend some alone time with me
- Take my advice
- Be agreeable with my family
- Encourage me to be part of the special relationship you have with the baby
- Ask me what my concerns are and listen
- Ask for help if you need it

#### Notes from Mom to Dad

- Take the baby for awhile and give me a break
- Tell me I am doing a good job
- Be my “breastfeeding coach”
- Plan something special for the two of us
- Give me a massage
- Send me flowers
- Limit my visitors
- Make dinner or breakfast in bed
- Be agreeable with my family
- Don't question purchases to make breastfeeding easier/more comfortable
- Wash the pump kit
- Do some of the housework
- Plan time so I can sleep
- Just listen and offer support
- Be our advocate for nursing
- Get involved in our baby's care
- Ask for help if you need it
- Talk proudly to your friends about breastfeeding

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### Información para Familias Lactantes

## *Ayuda de Amigos y Familiares*



Las madres nuevas necesitan ayuda y apoyo en los primeros días de lactancia. La pareja, el esposo, los abuelos, los hermanos/hermanas y amigos juegan un rol crítico en satisfacer las necesidades de una nueva mamá. Todos necesitan estar en la “misma onda” cuando ofrecen ayuda o sugerencias. Sea consciente de las diferencias culturales y cambios entre generaciones en filosofías sobre la crianza de los niños.

#### Como ayudar

Traiga el bebé a la mamá para alimentarlo

Cambie pañales

Observe al bebé por señales de hambre

Saque eructos/chanchitos al bebé  
Sostenga al bebé en contacto piel a piel

Camine con el bebé, mézalo y abrácelo

Ayude con labores de la casa

Asegúrese que la mamá tenga ayuda las primeras 6 semanas

De un baño al bebé

Ofrezca aliento, apoye a la mamá

Esté presente!

#### Qué ha cambiado

Más lactancia, formula infantil limitada

Alimente al bebé 8-12 veces o más al día cuando el bebé muestre señales de hambre

No tenga un horario fijo de alimentación

Responda al bebé rápidamente, no lo deje llorando

Uso mínimo del chupete/chupón

Menos uso de niñera, traiga al bebé con Ud.

Continúe dando de lactar mientras trabaja con la ayuda de un saca-leche



### Notas de Papá a Mamá

- ✓ Trátame como que sé lo que estoy haciendo, cuando no lo sepa hacer, enséñame
- ✓ Mírame como me mirabas antes
- ✓ Déjame ayudarte cuando estás cansada
- ✓ Planifica pasar tiempo a solas conmigo
- ✓ Haz algo especial para mi
- ✓ Cuidemos juntos al bebé hasta que yo me sienta cómodo haciéndolo solo
- ✓ Escucha mis consejos
- ✓ Sé agradable con mi familia
- ✓ Anímame a ser parte de la relación especial que tienes tu con el bebé
- ✓ Llámame "Papá"
- ✓ Pregúntame cuales son mis preocupaciones y escúchame
- ✓ Pide ayuda si la necesitas

### Consejos para los abuelos:

<http://www.parentingstartshere.com/index.php/2011/09/07/8-ways-grandparents-can-offer-support-to-a-new-family/>

### Notas de Mamá a Papá

- ✓ Llévate al bebé por un rato y dame un
- ✓ Dime que estoy haciendo un buen trabajo
- ✓ Se mi "Entrenador de Lactancia"
- ✓ Dame un masaje
- ✓ Envíame flores
- ✓ Limita la cantidad de visitantes
- ✓ Tráeme la cena o el desayuno a la cama
- ✓ Sé agradable con mi familia
- ✓ No me cuestiones cosas que compro para hacer la lactancia más fácil o más cómoda
- ✓ Lava el equipo saca-leche
- ✓ Haz algo del trabajo de la casa
- ✓ Planifica tiempo para que yo pueda dormir
- ✓ Llámame "Mamá"
- ✓ Simplemente escúchame y dame tu apoyo
- ✓ Sé nuestro defensor de lactancia
- ✓ Tráeme al bebé para alimentaciones nocturnas
- ✓ Alimenta al bebé con la leche que guardamos con el saca-leche
- ✓ Participa del cuidado de nuestro bebé
- ✓ Pide ayuda si la necesitas





# Conversations & Goals

## Postpartum: Family Lactation Goals Worksheet 1

Use this worksheet to talk about lactation goals and expectations in the first 6 weeks

Pregnant Parent Name \_\_\_\_\_ DOB \_\_\_\_\_ EDD \_\_\_\_\_  
Parenting Partner Name \_\_\_\_\_ DOB \_\_\_\_\_

1. What are your breastfeeding goals? If previously stated on a worksheet, have they changed?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

2. Who will be your support in the first weeks? What support do you think you will need for breastfeeding?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

3. During the first weeks, what expectations do you have about a parenting partner's role related to breastfeeding?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_



# Conversations & Goals

## Postpartum: Family Lactation Goals Worksheet 2

Use this worksheet to talk about lactation goals and expectations in the first 6 weeks

4. What breastfeeding resources have been helpful? What resources might you need during the first weeks?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

5. During the first few weeks, how can I, your home visitor, support your family with breastfeeding?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

Home Visitor Signature \_\_\_\_\_

Date \_\_\_\_\_

# Role Play Scenarios

## Postpartum Lactation Role Play Scenarios

Please see your Part 2: Role Play Scenarios link to complete this section's activities.

# Role Play Scenarios

## Postpartum Lactation Role Play Scenarios

In groups of 3, practice making intervention decisions using the **Home Visitor Triage for Lactation Interventions** with the 3 scenarios below. Take turns as the lactating parent, the home visitor and the third person present. The baby doll is also part of these scenarios. Before you start roleplaying, choose the ethnicity of each person.

You won't have all the information needed to make triage decisions, so you'll get to make up whatever information might be missing to answer the questions.

You may need to consider a way to ask the questions without the 3rd person present. Consider how you would do this for each scenario. If the third person is asked to leave, they should remain to the side to observe and listen to the roleplay interaction.

Give each other feedback about how the intervention suggestions were for all 3 of you! Consider how/if the ethnicity of the persons impacted the roleplay interactions.



# Role Play Scenarios

## Scenario 1

**Home Visitor** (ethnicity \_\_\_\_\_) **Naomi** has been a home visitor for 5 years with positive breastfeeding experiences with her three children. She visited Patty several times during her pregnancy. This is her first visit with Patty since the birth of her baby, Johnny.

**Pregnant Client** (ethnicity \_\_\_\_\_) **Patty** is a 23 year old woman who gave birth to her second child 12 days ago. She has been exclusively breastfeeding. She really wanted to breastfeed this child after she was not able to breastfeed her first. She lived in a shelter for victims of domestic violence during her pregnancy, but has recently moved back in with her partner, Rob, after leaving him due to his abusive behavior. During her pregnancy she opened up with Naomi about her previous methamphetamine use. Her drug tests in the hospital did not show use of meth and she had not had positive drug tests during her pregnancy.

Patty has a black eye and handprint bruise on her right arm. She talks and moves very fast during this visit and seems irritated. She picks up her baby, Johnny, frequently during this visit and offers her breast. Johnny cries throughout the visit, but does not take the breast and is not soothed by being held by Patty. Patty relays that Johnny was below his birth weight at his pediatric appointment yesterday.

**Third person present** (ethnicity \_\_\_\_\_) **Patty's partner, Rob.** He is distracted watching television and yells at Patty to shut the baby up several times during the visit.

What lactation and/or other referrals would you make?

Roleplay Feedback:

# Role Play Scenarios

## Scenario 2

**Home Visitor** (ethnicity \_\_\_\_\_) **Nancy** has been a home visitor for 2 years and has never had client partners in same sex relationships nor with nonbinary identities. She did not breastfeed her 2 children but would have liked to. Nancy visited weekly since their first trimester.

**Pregnant Client** (ethnicity \_\_\_\_\_) **Bailey** is a 31 year old pregnant nonbinary person 1 month postpartum with their first baby. They and their partner, Sue have been chestfeeding Ronnie, their new baby, and they state they are not sure they have a good milk supply. They have had an increase in dark red vaginal bleeding for two weeks. Baby Ronnie looks healthy and pediatric appointments have shown good weight gain.

**Third person present** (ethnicity \_\_\_\_\_) **Sue** is Bailey's 26 year old parenting partner who identifies as a cis female. She is also chestfeeding their baby and states she has milk but her nipples are very sore.

What lactation and/or other referrals would you make?

Roleplay Feedback:

# Role Play Scenarios

## Scenario 3

**Home Visitor** (ethnicity \_\_\_\_\_) **Barbara** has been a home visitor for 15 years. She has been visiting with this family since the 2nd trimester. She has breastfed her 2 children and is skilled at including father in lactation conversations as appropriate.

**Pregnant Client** (ethnicity \_\_\_\_\_) **Irene** is a 36 year old first time mother 2 days postpartum. Her mother had told her many times during her pregnancy that she shouldn't plan on breastfeeding her baby because she herself never had milk for her children. Irene wanted to breastfeed, but had thought she might breast and formula feed. She has not given her newborn, Sophie, any formula at this time, but worries because Sophie has had an red-orange color in her urine. Irene states that she has had some small amount of leaking from both breasts and that they feel fuller.

**Third person present** (ethnicity \_\_\_\_\_) **Daniel** is the 28 year old father of 3 but this is his first baby with Irene. He was not supportive of his other partner breastfeeding their children, and they were not breastfed. He is uncomfortable with Irene breastfeeding because breasts are sexual and should not be exposed in public. He says however, that he appreciated being shown how to assist with hand expression in the hospital and was excited to see drops of colostrum!

What lactation and/or other referrals would you make?

Roleplay Feedback:

# Evaluation

## Part 4: Postpartum Evaluation

Please see your Part 4 Evaluation link to complete Part 4: Postpartum Evaluation.