**Health Assessment**

**Latching Breastfeeding Problems**

**Introduction**

 Latching as a breastfeeding problem is an extension of discomforts that the mother might experience the baby is not held appropriately. New mothers often complain of pain if they are not familiar with holding the child as required. If the child feels discomfort, he might respond by trying to use the breast as a supportive agent, or decline in feeding patterns and preferring formula milk as compared to the natural milk. Increase in popularity of formula milk has attracted significant debate on the authenticity of non-milk towards breastfeeding children. It is important to investigate this problem since many mothers prefer unnatural formula milk over breastfeeding, and this might be unethical, cost prohibitive or even weaken the child immune systems. This also further disconnects the infant from the mother, the natural occurring feature of the breastfeeding relationship. Given the nature of breastfeeding problems such as latching which might lead to body discomfort, the PICOT question instructs a hybrid of the qualitative and quantitative survey to unveil the how these problems could be defeated.

**PICOT Question**

**Latching leads to Breastfeeding Discomforts True or False**

***Literature Review***

 Goyal et al. (2011) quantitative research investigating the correct position of effective breastfeeding infants shows that latching problems can be minimized if young mothers are guided on how to interact with the infant, especially regarding sitting positions. The study conducts an experimental research design to attest the claim of latching. A technique WHO BREAST-Feed was established to attain the positioning, attachment and suckling trends of the score of different characteristics. Two groups of infants, 15% and 85% of one week old and late neonatal period were correctively were assessed. Conditions include primipara, multipara of 24% to 12.5%, and second tests were Primipara 30% and multipara 20.9%. Results indicated that poor breast feeding was higher by 42.8% where the neonatal period was 32.9%. Supportive evidence Centre for Disease Control and Prevention US (2011) qualitative research indicates 36 percent of women can be able to protect women against diarrhoea. A further national survey indicated that US public agreed that feeding a baby with formula milk reduced the immune systems. While combined, it is clear that poor positioning motivated growth of latching, encouraging parents to consider formula milk.

 Svensson et al. (2013) quantitative research investigate the usefulness of skin-to-skin contact, specifically directing the research on how latch on problems grow. The methodology applied included observations where data was recorded from a skin-to-skin contact experimental group of breastfeeding mothers. Statistical analysis was computed using median, mean, standard error and quartiles. A Kaplan-Meier method was used to present and compare the curves. Results indicated that children who were latched had lower probability of median period from regular latching and control infants. The strong response that occurred during hands-on-latch intervention proved 2 weeks in comparison to 33% for the control newborns. There existed positive breastfeeding knowledge as presented through the emotional level and involvement of mothers and control group. Further qualitative evidence from Lucas and Cutler (2015) shows children diagnosed with autism spectrum disorder (ASD) had their mothers give them formula milk. Infants' weight gain and parallel behaviour were also noted to be key problems, alongside deregulated feeding patterns. It is therefore clear that breastfeeding accelerated skin to skin contact which had more telepathic nature towards bonding of a mother and child, while ultimately reducing the chances of ailment.

 Chaput et al. (2016) quantitative investigation analyzing breastfeeding difficulties such as latching and postpartum depression shows that mothers succumbing to latch had a higher possibility of maternal stress which contributed to future psychological risks and even difficult relationships between the child and the parent. For this study, an experimental research methodology overseeing the recruiting of 442 women who breastfed within 72 hours provided full-term singleton to infants. The questionnaire was administered during birth with six weeks and six months postpartum. A default average post-depression score was identified at 10 or higher indicated that self-reported analysis of depression for the first six months of postpartum. Results from the 386 women (87.3%) highlighted moderate-severe breastfeeding challenges. It was further proved that those who did not experience breastfeeding difficulties had decreased risks of depression. Supportive qualitative research from Hoddinott et al. (2012) provides a philosophical point showing how breastfeeding idealism boosts women confidence as parents. Global policy goals of exclusive breastfeeding illustrate a more family centred narrative approach where values, meanings, and emotions are generated and cemented through breastfeeding. It is therefore clear latching discomfort should be defeated if family values are to be considered first.

**PICOT Feedback**

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| P | Problem | Latching, lack of emotional attachment when formula milk is provided, sitting positions and pain.  |
| I | Intervention | Clinical procedures, counselling, experimental procedure, medication |
| C | Comparison  | Positive anti-latching results in all mothers requested to adjust their breastfeeding, negative results for mothers not included not advised on the usefulness of sitting positions, especially skin-to-skin contact |
| O | Outcome | Latching can be defeated if appropriate clinical tests are adopted and encouraged. Defeating perennial problems such as sitting discomforts, itchiness, and pain that might lead to breast rejection and eventually defeat the need for the alternative of term consequences such as the physical or emotional health of both the child and the parent. |
| T | Time | The 3 tests are between 5-15 minutes on each study per individual, time appropriate to record existing evidence.  |

**Conclusion**

Evidently, breastfeeding management in line with reducing latching and breast rejection is a clinically accepted challenge given the consequences established in this report. Records of the literature review further illustrated that latching leading to positioning problems further disconnects the natural bond between mother and infant. Further evidence has illustrated that latching and positioning problems affect both the child and the mother, hence it is important for the woman to understand the consequences of latching as they result to difficulties in feedings, and eventually motivating the child and the mother to consider alternative options. However, the six studies as illustrated suggest training of how a mother should come up with latching discomfort. It is revealed that when the mother holds her breast with one hand and hold the child with the other hand, latching is greatly reduced. This way, the mother will be in a position to hand express the child allowing more expressive drops of breast milk from the nipple to place on the infant wide mouth gape. As well, the infant will be free from sucking reflex as well as ensure that adequate breastfeeding will be sustained while encouraging the mother to alternative breastfeeding. Besides, timing is important. A normal breastfeeding should take up to around 15 minutes with 5- 10 sucks a swallow before alternating the sitting positions. The overall records of the three studies as presented in the PICOT results should be

* Baby latch without difficult
* Pausing brief and baby resuming in sucking again without being moved and prodded
* Parent requiring help with positioning on the latch on
* Avoid nipple discomfort

Future research should, therefore, investigate the usefulness of latching in controlling perennial problems such as cradle hold, football hold, crossover hold, laid back position, gentle tickle and side laying. Evaluating the efficiency of these methodologies reduces possible chances of breast rejection, fatigue, tiring and pain associated with poor breastfeeding methods. **References**

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