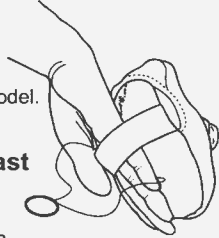


Cloth Breast Model

Directions for Use

For ease in teaching, slip your fingers inside the elastic band across the back of the breast model.

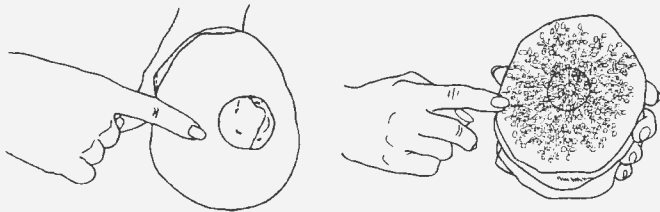


Anatomy and Physiology of the Breast

Areola and Nipple: Begin by differentiating the nipple and areola. Mention that the shape and color of areolas may differ from woman to woman.

Montgomery Glands: Point out the knots of thread on the areola of the breast model. The knots represent the Montgomery glands. Explain that these glands become bigger and more noticeable during pregnancy and lactation.

Breast Changes: Describe the changes in areola color and size and the normal growth of breast tissue during pregnancy and lactation. You can mention that the size of a woman's breast is generally determined by the amount of fatty tissue rather than the number of milk-producing glands. Breast size is not related to a woman's ability to breastfeed.



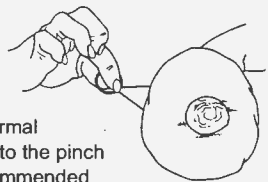
Inner Structure: Peel back the "skin" layer to reveal the inner structure of the breast: the glandular tissue (made up of alveoli and small ducts), the lactiferous ducts, and the multiple nipple openings.

When discussing sucking, point out the circle of dashed lines on the inner structure. These lines represent the approximate edge of the areola. Use your thumb and first two fingers to represent the sucking action of the baby's mouth. Discuss the importance of positioning the nipple and areola well into the baby's mouth so that the baby's gums can compress the breast.

Preparation for Breastfeeding

Types of Nipples: With the "skin" layer in place, locate the plastic ring attached to the clear threads on the back of the model. Pulling on this ring will retract the nipple to varying degrees. Use this feature to simulate flat and truly inverted nipples.

Demonstrate the differing reactions of a normal nipple, flat nipple, and truly inverted nipple to the pinch test for protractedness. Follow up with recommended correction techniques for flat or inverted nipples. Show how breast shells can be positioned over the areola.

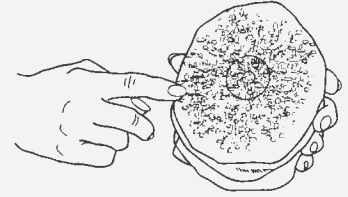


Preparation Techniques: Demonstrate Hoffman's maneuvers or nipple rolling if you recommend these techniques in your practice. There is a bead in the end of the nipple to make nipple rolling easy to demonstrate.

Getting Started at Breastfeeding

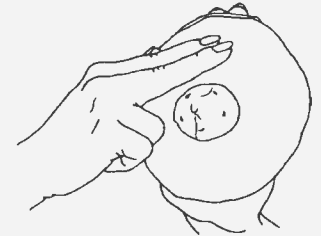
Breastmilk Production/Let-Down:

Reveal the inner structure of the breast model, and describe how the baby's suckling stimulates the pituitary gland to release the hormones responsible for milk let-down and milk production. Emphasize the principle of "supply and demand."



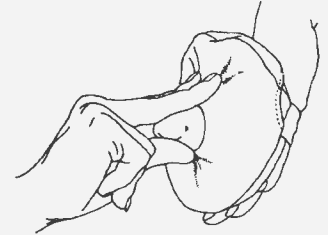
Breast Massage:

Cover the inner structure with the "skin" layer to demonstrate breast stimulation, hand massage, and areolar expression techniques that may be helpful prior to a feeding or pumping session.



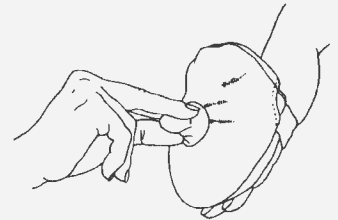
Rooting Reflex and Latching On:

Use your thumb and fingers to simulate the baby's mouth, and demonstrate how to tickle the baby's lips with the nipple to elicit the rooting reflex. Show how to bring the baby to the breast as the baby opens wide and latches on. Reinforce the importance of getting as much of the areola into the baby's mouth as possible, and point out that both of the baby's lips will be flared out onto the breast when effectively latched on. You can also use your thumb and fingers to show how a nursing baby draws both the areola and nipple well into the mouth.



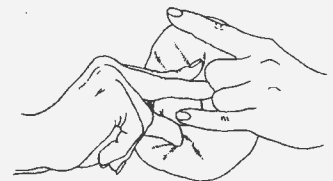
Improper Latch/Nipple Confusion:

Use your thumb and fingers to show that sore nipples can result from an improper latch. On the nipple only, demonstrate how a baby sucks on a bottle nipple differently and why a baby may become confused between bottle and breast if a bottle is introduced too soon.



Ending a Feeding:

Demonstrate how to insert a finger into the corner of baby's mouth to release suction before taking the baby off the breast. Discuss how releasing suction will prevent the baby from clamping down on the nipple and causing bruising and soreness.



Cloth Breast Model

Breastfeeding Problems—Prevention and Relief

Engorgement: Peel back the “skin” layer, and place the foam insert over the inner layer. Position the cut in the foam over the clear threads. Hold the foam in position with one hand while you pull the “skin” layer up over the foam insert. Doing so will make the breast model simulate an engorged breast. Pull the ring on the back, and show how engorgement flattens the areola and nipple, making it difficult for the baby to latch on to the breast. Teach prevention measures for engorgement such as nursing soon after delivery and nursing at frequent intervals. Talk about relief measures such as a warm washcloth or shower, areolar expression before feeding, and breast massage.



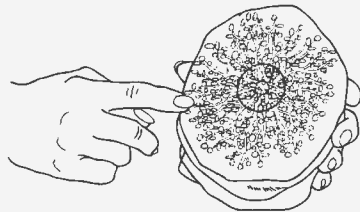
Areolar Expression/Manual Expression: After removing the foam insert and with the “skin” layer in place, use your thumb and index finger to demonstrate proper techniques for areolar expression. Teach manual expression techniques for breastmilk storage. Emphasize the importance of rotating finger positions behind the areola during expression.



Sore Nipples: Stress prevention measures for sore nipples by emphasizing proper latch and the importance of changing nursing positions so that the baby’s gums put pressure on different parts of the areola. Mention relief measures such as ice, breast shells, etc. Talk about the use and misuse of breast creams, soap, and ointments on the nipples. Point out the healing effects of gently rubbing breastmilk onto the nipple at the end of a feeding. You can use the breast model to demonstrate the consequences of using nursing nipple shields and begin a discussion of their appropriate use.

Leaking: Use the breast model to teach how to put pressure on the breast or nipple to stop leaking during or between feedings. Demonstrate the use of unlined breast pads or breast shells to absorb or collect leaking milk.

Plugged Ducts/Mastitis: Peel back the “skin” layer, and point out the plugged duct. (A hard bead can be felt underneath the plugged duct.) Describe the warning signs of mastitis versus a plugged duct, and discuss the various treatments for each.



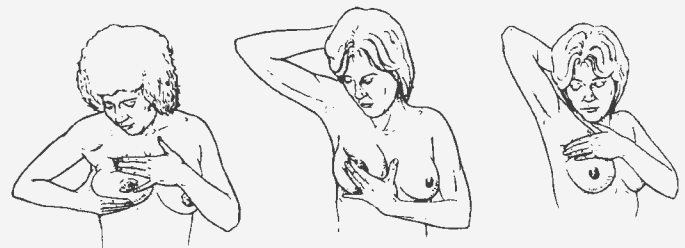
Other Breastfeeding Concerns

Electric Pumping and Breastmilk Storage: With the “skin” layer in place, use the breast model to demonstrate selection of proper breast pump flange size and placement of the flange on the areola and breast. (Note: The fabric of the breast model will not allow you to create actual suction with manual and electric pumps.) Talk about proper milk storage and labeling methods.

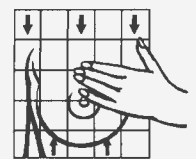
Supplementary Nursing: Use tape to attach the tubing of a supplementary nursing device to the breast model. Discuss how and when these devices are useful for sick or premature infants or re-lactation.

Teaching Breast Self-Examination

Breast Self-Examination: The breast model comes with two beads imbedded in the filling. One bead is under the plugged duct, and the other is located in the upper, outer quadrant of the breast—a typical area for tumor development. Teach women how to position their fingers properly for BSE and how to examine the breast and underarm area. Reinforce the importance of mammograms, clinical breast exams, and BSE, especially for women in high-risk categories.



Teaching almost any topic related to breastfeeding can be enhanced with your breast model. Be innovative. Please share any creative uses of the breast model that you find helpful in your teaching or practice. Good luck in your work.



Care and Cleaning

The *Cloth Breast Model* has been treated with fabric protector to help keep it clean. If you wish to apply additional fabric protector, avoid applying it to the painted areas. Fabric protector will damage and discolor the painted surface. If your model becomes soiled, you may wash it by hand with a mild liquid soap. Allow the model to air-dry; do not place it in a dryer. The *Cloth Breast Model* may not be dry-cleaned. The cleaning fluid will damage the model’s painted surface.