



Görüş

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The evaluation / Observation of Breast-feeding; by Armstrong Scale *

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Acknowledgement

This statement is first configured at the responsible person office for the patient notifications and International Patient Service Pınar Ünersoy, at Eskişehir Acıbadem Hospital, Turkey

The behavior and tutorial are main indication of the evaluation. "I love my baby", but how about the bruises? This will not be an indication of the process, breast feeding, is at positive concepts. The best confirmative aspect must be love to the baby, even for the nurse, at the Neonatology Intensive Care Unit. But how, is the evaluation at the positive confirmative scales, ad mentioned Armstrong Scale, under the perspective of Observation perspective.

Medicine not only grounding the scientific evidences, but mainly the humanistic and individual diversity and unique and subjective considerations. But at Neonatology, especially at the preterm infants, the person has only some observational and continuous evolutionary findings, thus, the only statue is with the family, mainly with the mother. Mother can learn and even do the best to the baby, thus, an obligatory and in oppressional or by love and respect? So, the differentiation, not by asking, just observational and listening standpoints.

Thus, if the health status and the conditioned will not be cured or solved in medicine, the family have reflections, and be claim, sometimes accusation state, therefore, the breast-feeding evaluations must be achieved by a team, breast feeding team or Mentor or Coach Office. Thus, mainly be not accepted as a blame/fine from the legal and at the basis of Patient Right, but reducing and lowering the astonishing to family and the medical staff. mmm

In this Unit, we have considered the Observation status at the breast-feeding, under the Scale of Armstrong, under the socially considerations of Observation and Listening Concept.

Outline

The evaluation / Observation of Breast-feeding; by Armstrong Scale

AIM: Breast-feeding evaluation is not just looking, observing and making decision and medical critic, there must be all the communication parameter considerations must be seeing. This Unit is considering for the cooperative aspects, rather the Armstrong Scale constraints.

Grounding Aspects: The science of communication and their parameters to be consider is that basic grounding considerations.

Introduction: The communication: basic interrogative way, the commutative state, the stages, verbal and non-verbal statement, and written relations. Medical specifications at the communication, thus, ethical, cultural and personal believes, social influences, some barriers, and the cooperative considerations, that as a human is discussed. The specifically consideration of the observation method, at the Armstrong scale parameters, the love and respect concept and informative consent as a communication constraint at the breast-feeding team.

General Considerations: Ethical Considerations can be indicated as; a) Basically be on: 1-Thrust, be on the truth and reality, 2-Loyalty, high fidelity, 3-Confidence, secret saving; b) Ethical application Principles: 1- Not to be any harm, primum non nocere, 2-Benefit, usefulness, 3-Respect the autonomy, civil liberties, 4-Justice, not only be on common sense, but for individual aspect

Proceeding: The general perspectives of humanity. Reasoning of the observation can be indicated as: 1-Why concept, why required for observation/listening, 2-What will be the given, earning? 3-How it will be given stage? 4-What will it be understandable medium? 5-What he/she understands? 6-Is it really being on the same frequency? 7-What for the conversation/cooperation for observation required? 8-Can it be circling/repeated? The communication states can be summaries as; a) The communication state, b) For informed consent, c) For humanistic relation, d) Biosemiotics for evaluation and interpretation.

Notions: The communication must be based on ethical principles. Communications Stages must be all grounding on the Human Rights, indicating at the Medical and Universal Ethical Considerations.

Conclusion: Understanding and to be evaluate the breast-feeding, mother and infant must be at the core/center, all the structures confirmed and create and launched according to them, for a year, at least 6 months breast-feeding will be performed, must be creating.

Key Words: The science and the philosophy of communication and cooperation, considering breast-feeding

Özet

Emzirmenin Değerlendirmesinde Armstrong Skorunun Kullanılması

Amaç: Emzirme sadece bakarak, gözleyerek ve bebeğin fiziksel boyutları ile karar verilecek ve tıbbi kritik yapılacak bir boyut değildir. Tüm iletişim parametrelerin irdelenmesi yerinde olacaktır. Armstrong Emzirme Değerlendirme Skalası temel alınarak, iletişim konusu gündeme getirilmektedir.

Dayanaklar/Kaynaklar (Materyal ve Metot): İletişim Bilimi parametreleri dayanak alınarak irdelene yapılmıştır.

Giriş: İletişimde; temel sorgulama yöntemi, iletişim durumları, kültürel ve kişisel inanışlar, sosyal etkileşimler, bazı engellemeler, iş birliği esasları, emzirme bir insancıl boyut temelinde ele alınmıştır. Armstrong Skalası gözlemsel metot ile ele alınmış, sevgi ve saygı boyutu ile aydınlatma ve onam/rıza ile iletişim kurulması emzirmedeki önemi ele alınmıştır.

Genel Yaklaşım: İlke, temel olarak etik yaklaşımları: a) Temel dayanaklar: 1-Dğru ve gerçeğe dayanan güven, 2-Sadakat ve emin olma durumu, 3-Sır saklama, bireyin özelliklerine saygı; b) Etik uygulamalardaki esaslar: 1- primum non nocere, zararının öncelikle dokunmaması, 2-Fayda ve yarar temelinde olmalı, 3-Oonomiye saygı, bireye saygı, 4-Adaletli olmak, hak edişe göre yaklaşım, birey ve anne olarak doğal haklarını sağlama, koruma ve gözetme.

Başlıca boyutlar: 1) Nedensellik, 2) Ne sağlanmaktadır, 3) Nasıl verilmektedir, 4) Anlaşılma ve algılama durumu, 5) Bireyin algısı ile bize sundukları, geri dönüş, 6) aynı frekansta, duygu ve anlayışta olma durumu, 7) yenilebilir, tekrarlanabilir olması, İletişim boyutu da a) ilişkilerin oluşması, b) aydınlatma, bilgilendirme ve rıza, c) insancıl ilişkiler, d) bio-semiotiks, doğal ilişki boyutu. Değerlendirme ve anlaşma aşaması olarak

Sonuç: İlişki ve iletişimlerin amacı İnsancıl olmasıdır. **Yorum:** Emzirme boyutunda anlaşma, iletişim ve ilişki irdelenmesi, emzirmenin bir yıl, en az 6 ay sürmesi ve doğrusal, yarar temelinde oluşması ile sonuç alınabilir. Bu

sondan değil, emzirme eyleminde etkin ve yeterli iletişim, ilişki oluşması ile sağlanabilecektir. Temel boyutu da sevgi ve saygı olmalıdır.

Anahtar Kelimeler: Emzirmede iletişim ve ilişki

The reasoning of using Armstrong Scale for Breast-feeding/Communication

Communication

Wikipedia

Communication is for a purpose of sharing something, that you have, you can share. The sharing for breast feeding is not the knowledge, simple just saying sole breast-feeding at least for 6 months is satisfactory and best for the sign to give

So, what is required to share, what need to communicate?

Procedures, the Breast-Feeding, is not simple just putting the nipples to the mouth of the newborn. The result nearly over 80% at the Neonatology Period, later reduced at the 6th month to 19%. There is quite clear and obvious some problems at the communication.

The basic steps of communication in interrogative way; are:

- Why concept. The mother's Milk is superior and no alternative way for it, so mother breast-feeding is had to be done. It is a Natural Right for each infant, so why?
- What will be given? The breast feeding is not given the breast nipples to the mouth of the infant, so mother mostly search for alternative food, for the baby for satisfaction the feeding.
- How it will be given stage. Simple hold and give the breast, thus, there are a lot of holding techniques for the babies, which one is suitable. Each condition must be arranged different holding, which one is proper?
- What will it be understandable medium? Physician and nurse, only give orders, not considered what is happening, not even listen and observed, and I am quite anxious, whether they feed the infant or not. Maybe they feed well at the hospital, but I should do it, at home.
- What he/she understands? Accepting condition, reception state. The baby is my baby, I must understand it, he/she is unique and not same as others. I must be act specifically for the infant. The team must confirm the situations according an adaptation of my traditions, believes and family perceptions.
- Is it on the same frequency? The message they are trying to give me, is completely in medical aspects. How can I be understanding 15 mL of milk?
- What for the conversation required? Interpretation and given or meaning any messages, must for all my family, thus, each time I am in conflict of my mother, so, please talk with my family, my mother. The mother has two mothers, sometimes they are in conflict, one says must do, the other can indicate never. What will be the mother decision, must have a solution, that she cannot herself find. Only the medical breast-feeding team at the each one together has a joint meeting can solve this kind of problems. If not, the family is near to divorce.
- Can it be circling? The turnover is continuing, go on and on. If you indicate for 6 or 12 months, whatever the growing and the baby is acting differently, not at the same condition, and cognitive as the newborn period.

Why we are in communicative state? The study of communication perspective:

- Information for consent: For each meeting, there must be a reasoning to give some information according the findings and situations of the family. Answering for informative state to the questions.
- For humanity purpose: The groundings must be leading of love and happiness, Human beings are not solid, they have inferior feelings and attitudes, believes, they are all human.
- Communication studies, for a definitive purpose, not as commercial, not obligatory or pressure, just give examples and answering and informative and consent attitudes. May be used some graphics, pictures, but not as an obligatory commercial concept.
- Biosemiotics; the person, the mother is Human, a biological person, needs some, for gratitude and respect affairs. If you will not show a good attention and behavior of love concept, the mother will not be wanting to communicate to you.

Communication Stages;

- **Non-verbal; (NB: Considering aspects are in Bold)**

(55% of human communication occur through non-verbal facial expressions, 38% through para-language)

- **Background and furniture's/music**, the room that mother enter, must a medical and family home office arrangement. Mother must feel, safe, care and taking considerations in several aspects of the baby. Not only a physician examination is not satisfactory, other nurse, and maid considerations be arranged. Can easily change the diapers, cleaning the baby and proper disregard the diaper etc. The temperature must be high as 24 - even 26°C, without flowers, but, with pictures full of the walls etc. The music must be low, hard, rock or no music, some voices from the patients and doctors or assistants, secretaries, but not high, below 70 decibels.
- Environmental noise. Noise that physically produce form the incubators, ventilators etc., might disrupts communication, the person communications can be hear, for giving a satisfaction, there are some people, when she calls any help, thus not complete quietness, but low noise, person speaking, not understandable.
- Physiological-impairment noise. Physical maladies as deafness must be taken in considerations, so, each side some informative guidelines, even color-coded signals must be arranged.
- Semantic noise. Different interpretations of the meanings of certain words must be forbidden to talk, for the medical staff. They must have trained even for the speeches.
- Syntactical noise. Mistakes in grammar can disrupt communication, such as "*it's done*" means "*it will be done or it is planning to be done?*"
- Organizational noise. Poorly structured and crowded places are not for communicational status, just for aggression performed or fighting or hated situations. Mother do, the opposite after such conversational status.
- Cultural noise. Stereotypical assumptions can cause with loudly saying hello, how are you or etc. in several people and at several medium. People needs good and familiar salutations and friendship with respect and gratitude.
- Psychological noise. Speak in loudly assume to be accepted condition, but mostly reject the indication, because like a shouting speech, so, soft, lovely and indicating the signs of respect by the voice and hand, behavior.
- **The body language and artifacts/dress** is the main concept to be indicated: gestures, facial expressions, eye contact and dress; tie or free style. Physicians are now not in white, a special appearance with familiar, thus, each day changing and the body smell must be a perfume or suitable good scent.
- **Voluntary or forceful**, by demonstration of your interior as stressful. So, friendship is the only considerations and humanistic approach, not said good or bad, or any accusation, just act so, *we can change to better one*, or *we will disregard it* will be the answer, or the communication.

- **International movements**, shaking the hand, indicating yourself, by the table notification of your name and status is preferred, thus, according to the traditions, this kind of salutation may be restricted, so if not, not any obligations, just from away.
- **Paralanguage/paroling**, the way of speaking, softly, understandable, showing the love and respect as rhythm, intonation, tempo, and not stressful in calm manner, waiting to her/him speech for recording the complaints
- **Keeping the same level**, a round table can see the eye and reaching with an arm movement distance, (not a distance with the physician as table or other barriers)
- **Responsibility is for the person**, thus, the medically each person is responsible for their act, by decisional and informative perspective. Thus, for the harm or unacceptable health applications, the mother cannot right to do, the Human Right is obligatory taken care, the baby form the mother, family, for taking care and serve. No one can indicate reasoning the autonomy or tradition, to be on harmful act to anyone, especially to the baby. If the medical staff not in considerations, they will be judged for prison at the Punishment Law.
- **Proxemics**, speaking slowly or so fast, the space element between the communication, let them to think and ask questions is important concepts. In emergency state, slow speaking must be cancelling, just an ordered position for performing to save and care the baby.
- **Chronemics**, time aspects, let them time or give time for expression the feelings, desires, expectations. The duration is more than to be a medical examination. If needed extra time may be given. The other mother can be indicated to another team. There will not be one team.
- **Special kinesics**, a part of the meaning, indicating some special concepts, as nurse, physician and statute dress as professor or etc. The communication must have a kinetics, this is love and respect.
- **Verbal**
 - **The language**, to be in the same frequency, the system and the words, the symbols may differ, due to economics, believes and education. In speaking grammar properties, mostly non-suitable to indicate. Using language be more soft, humanistic and empathic way.
 - **Dialect**, mostly the status differs, as physicians to physician talking, not can be understandable with the patient, for patient it must be translated or in different way it must be indicated or information given. Talking to the mother, feeling, humanistic concepts also at the behavior, and application must be directly and obviously being encountered. Mother easily broken, subjective perspective sure to be considered.
 - **The person understands, what she wants to hear**, not discriminate the detailed concept, that you are talking to mother.
 - **Responsible one is the mother mainly, and the application performed is the baby**, the words quickly passed from the mouth but cannot be return, and may cause very serious problems. You must be careful when talking to mother, especially preterm infant mother.
 - **Just ask questions to answer, or free indication of the problems, answering from a standard questioner and later be verbal communication**. When asking a question, mother might be taken as an accusation, so, be careful not to be in accusation or even blaming.

Written communication

- **Pictured written communication are more effective**, thus, the main only for ineffective breast-feeding is not gaining weight. Thu, breast fed infants takes less

weight than bottle fed infants. So, even as usual written ones, can be useful or not much contributed as estimation.

- **The report summary and discharged report are not understandable.** The report cannot give any contribution to the mother, it is medical progress. Therefore, the information given and consent is differing than the progress in medicine.
- **Electronic message is also a legal perspective.** For emergent operation consent, or just to give an information, using e-mail or other communication way is also accepted by the ethical committees, since Paris Declaration in 2007. The phone communication, the sending pictures of the patient, the condition, the skin problem, is considered as physical examination and evaluation as a physician. Therefore, given phone number and indicating to call, whatever there will be a question to answer, be on the line is important for considering care and safe for the mother.
- **Asking some information,** some ideas and some concepts can be send by the mother to the Intensive Care Unit, not by phone, that is so taking time to the nurse and doctors, so just a message as “*how is my baby*” like note and “*quite fine, tolerate it*” the answers might be. So, there will be no other false or good knowledge, if you consider all the thing are perfect, the baby might die in an hour.
- **Continuous messaging at the new generations.** The nurse on call writing is most legitimate and indicates the truth, not the physician’s indications, so, physicians must have explained the nurse indications. All must say the same truth to the mother. *The baby rejects the milk* and other mentioned *take well, noticed the bottom of the bottle*, is obligatory damaging the communication. One is old evidence, the other is new aspect, so be consider, take the condition from the nurse.
- **Responsibility is the evaluation of the conditions and the cases in expert opinion.** Responsibility is all together, physician and nurse is differing but, share the responsibility. In communication, first nurse and doctor be in continuous communication.

Medical Communication

First line responsibility is the physician on call, later on the expert, Neonatology Profession. In case of congenital heart disease, other professions like Pediatric Cardiology must be consider, sharing the responsibility and Surgery, Cardiovascular must be in the team. Thus, Perinatology and Pediatric Genetics must be also in line.

These conditions directly be in close correlation, to be in the same team, sharing the responsibility.

Physician responsible for the medical perspective, nurse for caring and giving medicine, the pharmacist for the drug given and induced, and the others for the patient. The focus is the patient, physician is not giving an order just an advice, the nurse will not have performed, e.g. feed, then distention not feed. The drug must have required a special profession signature as Neonatologist, then refused from the pharmacist, except the urgent ones.

This means a complex way of communication and cooperation, indicated at another Unit.

If the behavior is not suitable to the medical strategies, the person can be dismissed because of unwanted communication.

Believes and Political Perspectives

Commercial and propaganda is not legal in medicine. Just informed consent is the primary action.

The physician role as advocate of the preterm infants, “*Right to Life*” is dominant and *primum non nocere* (not to make/be harm) so sometimes not informative consent, just give the information, the emergency or other life considerations indicated by the medical science. This

is of course exceptional state. In science, there is no voting, just the medical science indications to perform, evidence based medicine even in legal concepts.

The reaction might be, a) refusal, b) acceptance, c) in hesitation but obey, not in perception.

The society influences as; a) individual aspects, b) informal, considering the traditions etc., c) cognitive using mind, education and internal affairs and make a combination of

In their act, behavior and tutorials.

The believes and poetical perspectives not questionable not ask, it is personal self-secret and in dignity be free.

Family

This is an effective aspect and consideration of the traditions, the leader or other cultural standpoints.

In some case family rules and roles must be neglected in case of the right to Life in preterm infants and in harm causing situations the infant can be in legal, taken from the family, no one have right to be cruelty and oppression on the health.

Interpersonal

Interpersonal communication is an art of the communication status. It is often referred to as face-to-face communication between mother and baby, nurse to infant etc.

There are some contributions on this communicational state as, a) relational distance, b) closeness, c) cultural concepts balancing, d) value and ideological differences, e) civil liberties perspective. Selective perception, information overload, emotions, language, silence, communication apprehension, gender differences and political correctness are the main problems on this communication.

Barriers to effectiveness

- Physical barriers- Physicians take the history and the admission indications on a desk, and this means a barrier with the patient. The breast-feeding communications must be at the roundtable condition. Privacy important factor.
- System design- Organizational structure in medicine can allow to take the communication directly, by fact e to face aspect routinely, roles are united from the same patient focus, core on the medicinal procedures.
- Attitudinal barriers- Attitudinal barriers come about because of problems, therefore, mostly non-physician team is main concept, thus, education on communication at the physician, can be benefit with the doctor in the team, group.
- Ambiguity of words/phrases- Words using mostly are the order form, thus, will be disregard and be listening, and supporting attitude. Physician must speak proper, royal English, not street English, thus be in communication at the collegial English.
- Individual linguistic ability- The use of some jargon, as in Turkish, cigarettes cannot be drinkable means, not smoke is allowed meaning. Autistic person is stricter ability but high intelligence capacity, so, the individual state is important. In the communication, taken care what the receiver understands.
- Physiological barriers- illness and other stress conditions, preterm infant is some vital problems, the mother cannot confirm what is going and what is telling her. Not force especially to preterm infant mother's; "*give at least 6 months breast-feeding*, just indicate "*try to give mother's milk as you can perform, we will help you*" is the application, that can be acceptable.
- Bypassing-These happens when you are just listen few words, you directly get a result, but it is not acceptable for the mother. Mother wants to tell her problems, indicate the aspects. Not cut and summaries, be let to listen, even nurse or another communicable person will listen the mother. In some situations, the physician assistant, not MD and nurse, will be

arrange for such communication, thus, they take notes and even voice recording for evaluation and even later considered the problem, not disregard.

- Technological multi-tasking and absorbency- individuals condensed communication in the form of e-mail, text, and social updates, by simple words in place of long words. This will be free to write, not stricter or not be short. Outline can be short, not the writings.
- Fear of being criticized-Some families are very anxious from criticize by the physician, so make a role, as if understands it. “*Do you agree, yes, what are you agreeing, I have no idea*” is a simple example. Not consider the promise, just be learn her status, idea and estimation. Agreement might be considering as brain washing.
- Gender barriers- mother cannot indicate the feelings and the status to a man/or other gender symbol person. Physician must be non-gender position, unisex, not any indication of women or man, ordinary dress, not extra sex indicative signs, symbols.

Cultural aspects

- In community culture, the boss, the leader gives the advice, people must obey, like in military force. So, mother is under influence of older people. So please consider the old ones, mothers at the communication team.
- In agriculturalize culture, the traditions more important, because the process is on and be need some advices, thus in re-concepts are indicated in this community. Mostly depend on religion but rarely have a document on holy books. You must consider the traditions, each tradition has some facilities for breast-feeding, so, use them.
- Industrial culture the administrative regulations is the utmost important, so, try to consider milk free time to be establishing and be effective at the duty.
- In rights to life and civil liberties, the only and sole responsibility is the individual and informative consent, thus, be care, support and be with the family, near and side by side with the mother.

Ethical Consideration

- Basically, be on:
 - Thrust, be on the truth and reality,
 - Loyalty, high fidelity,
 - Confidence, secret saving;
- Ethical application Principles:
 - Not to be any harm, primum non nocere,
 - Benefit, usefulness,
 - Respect the autonomy, civil liberties,
 - Justice, not only be on common sense, but for individual aspect, give what is earning, except the humanity, natural rights, thus, they must obligatory earning.

Nonhuman

In some situations, at the playground in the hospital, and some dolls or some coloring apparatus, can be more help for a close and true correlation with the child and the physician.

The family also not be stressful at the waiting hall, with the infant and the kid.

Plants

There will be sanitation problem for the plant in hospitals, but fake and ornamental figure of plant will be useful.

The flowers are not as a plant, they must indicate; love, respect and happiness. In some cultures, yellow color is indicating the illness, not suitable for the hospital. So, the Ikebana/the art of flower arrangements and other cultural considerations must be considered.

Cooperativeness

Introduction

To be a cooperative, according to what, whom? First, we consider the standard, the way of looking the aspects, the parameters. Everything should be on Humanity principles with ethical considerations, universal point of view is the basis to be taken. It is simply, by giving breast-feeding for at least 6 months.

Medicine is trying to overcome the problems, solving the barriers, just be united nipples and baby.

Table 2: Components: The positive and negative considerations must be on side by side as;

Status	Socially	Acceptance	Empathic	Charity	Compassionate
Positive	Principles Breast-feeding	Tolerant Adapt the mother and infant	Empathies Motherhood feelings	Helpful Family has good support	Compassion Mother has feelings of empathy
Negative	Selfish Not any harm to breast	Intolerant Mother must be in feeding condition	Disinterest Not accepted to have a baby	Unhelpful Mother feels lonely	Revengefulness My duty is just allowed to bear a baby

Table 3: Additional components: Some additions are confirmed by our estimations, as;

Status	Feelings	Respect	Knowledge/Learning	Discrimination
Positive	Love, empathy	Esteem	Continuous Education, be best	Civil liberties, infant liberty
Negative	Hate to be mother, assume as maid	Like slaves, people forced pregnancy	I know the best, this is not to be mother	Rule or Obey, be in order

Table 4: Eysenck's model of personality: describes the traits that are associated with the three dimensions.

Psychoticism	Extraversion	Neuroticism
Aggressive	Sociable	Anxious
Assertive	Irresponsible	Depressed
Egocentric	Dominant	Guilt Feelings
Unsympathetic	Lack of reflection	Low self-esteem
Manipulative	Sensation-seeking	Tense
Achievement-oriented	Impulsive	Moody
Dogmatic	Risk-taking	Hypochondriac
Masculine	Expressive	Lack of autonomy
Tough-minded	Active	Obsessive

There are some indications at the Wikipedia; Zuckerman's [Alternative five](#) model and the [Eysenck Personality Questionnaire](#) respectively considered but not mentioned detailed at this Unit. Mother is a Human, therefore has some reactions to have a baby, be mother. Not a moment, but for her life, she is mother, to be a mother of a baby/child/person, until dying day. Some indications stated below:

- **Neuroticism–anxiety:** Lack of self-confidence and sensitivity to criticism, so, not forced or mentioned as an order for *breast-feeding at least 6 months*.
- **Aggression–hostility vs.** The factor is associated with rudeness, thoughtless and antisocial behavior, vengeance, quick temper and impatience. “*I am not a good mother, I cannot feed my baby, not taking much weight*”, is some indications for self-accusation, thus, some meaningless considerations.
- **Impulsive sensation-seeking:** The sensation seeking items describe a liking for thrills and excitement, novelty and variety, and unpredictable situations and friends. *Cannot sleep, try*

to be the best mother for her child, is like an impulsive and degeneration sensation, must be balanced.

- **Sociability:** measures affiliation, social participation, extraversion, some facts to be on social person. Assesses liking for big parties and interactions with many people, as well as a dislike of isolation in sociable people versus a liking for the same in unsociable people. Mother obligatory be isolated or just visiting the baby, not the mother.
- **Activity:** measures energetic behavior and persistence. This factor is associated with need to keep active and feelings of restlessness when there is nothing to do. Thus, increase in weight and be obesity. So, exercise at home is essential, not only for weight balance, but also, for psychological be in balance.

Observation

Wikipedia

“Observation is the active acquisition of [information](#) from a [primary source](#). In living beings, observation employ the [senses](#). In science, observation can also involve the recording of data via the use of instruments. The term may also refer to any [data](#) collected during the scientific activity. Observations can be [qualitative](#), that is, only the absence or presence of a property is noted, or quantitative if a numerical value is attached to the observed [phenomenon](#) by [counting](#) or [measuring](#)” as indicating at Wikipedia.

Observation in Breast-feeding is prime important

In medicine, at breast-feeding evaluation, even qualitative and quantitative and information, given and taken, the quality of the action can be established by observation of the breast-feeding of the mother to her baby.

The stages of observation, as;

- The evaluation/questioning of physiology and the physio-pathology of the case and condition, discrimination of the breast-feeding.
- Making observations of the breast-feeding, as mentioned some parameters at the Armstrong Scale.
- Hypothesizing an explanation for the breast-feeding, some education, some facilities and some holding and presenting the nipple to the infant is trying to theory, the knowledge at the applicational state.
- Predicting logical, observable consequences of the hypothesis that have not yet been investigated, so be united and be sole act to the baby and mother situation, a new perspective for special to them.
- Giving the application or procedures, a real educational status, making and learning facilities. Cleaning and putting diaper, cream application to skin etc.
- Testing the hypothesis’ predictions by an [experiment](#), [observational study](#), [field study](#), or [simulation](#). Some aspects are strongly demand, or even they will perform, without your permission, so, you must find a solution. Some are indicated below:
 - [Mother wants to put a gold medal to the infant dress, so, you must find a suitable and safe place to be needled by safe-needle and away of the mouth and other aspects.](#)
 - [Traditionally grandfather wash with cold water, like a Muslim and even Cristian holly spirits, so, you cannot resist this demand. Taken to hand, means somehow be heated, and splash in drops to body, will be a solution.](#)
 - [Salting, covering the body with slat, is contrary, thus, by putting the salt in water, making physiologically saline water, you can even wash the baby.](#)

- Forming a [conclusion](#) from data gathered in the experiment knowledge, or making a revised/new hypothesis and repeating the process, something as olive oil is similar or same as mothers mil, so, give the infant olive oil is some information, not acceptable but indicated at the Television program. So, this cannot be used or applied to the infant, thus, 1 mL natural virgin olive oil can be given to infant for helping passing stool, thus, if considered the physician advice.
- Writing out a description of the method of observation and the results or conclusions reached, especially at medicine ones, for drugs and creams, special shampoo washing etc. Written ones, can be read, more and more times.
- Review of the results by nobles with experience researching the same love and respect phenomenon, thus, breast-feeding must consider as a humanistic action.

Communication Concept

What is the meaning of communication, that is indicated must be also evaluated under a quick perspective as indicated below lines?

In a perspective, a message sending form sender to receiver, even by nonverbal, verbal or writing whether several systematic ways, but in a core of structure of the message. The four-sided model is indicated below.

The communication Parameters

The given and taken are not the same especially due to the message confrontation.

- Sender
- Message
 - ▶ Truthful, accurate, correct or not; Information
 - ▶ Self-revelation, expose, confronting yourself
 - ▶ Appeal, demand, request
 - ▶ Relationship, connection, bind and bonding
- Receiver:

The four sides of communication

- Content *What I inform about*: The *matter layer* contains statements which are matter of fact like data and facts, which are part of the news.
- An individual/Person indicates/tells themselves, discredited himself/herself *What I reveal/make known about myself*: In the [self-revealing](#) or [self-disclosure](#) the speaker - conscious or not intended - tells something about himself, his motives, values, emotions etc.
- Thoughts, mind and heart connection, love and respect unification *What I think about you (you-statement) and how we get along (we-statement)*: In the [Relationship](#)-layer is expressed resp. received, how the sender gets along with the receiver and what he thinks of him.
- Desires to be *What I want to make you do*: The [Appeal](#) contains the desire, advice, instruction and effects that the speaker is seeking for.

Principles at Listening/observing at Armstrong Scale

In Neonatology Period, especially the preterm infant, the primum and most important way of communication between them is a kind of listening/observation of the conditions. The treatment must be an evaluation to be confirmed. You give oxygen, but the importance to be oxygenated the cells, the mitochondria to be the physiological be in stable and functional one.

The evaluation cannot be indicated as Yes or No process, therefore some evaluative parameters can be established.

Balancing and evaluation parameters, effected the contour person, feedback considerations:

Evaluation: As in Likert item, the evaluation can be classified as:

- a) Strongly disagree,
- b) Disagree,
- c) Neither agree nor disagree,
- d) Agree,
- e) Strongly agree.

Additionally: Let be for autonomy:

- There must be another concept to be indicated. The using words and termination is not accepted, they must be misunderstanding perspective. *May be helpful* is not the same as *benefit indication* or *you can use, but I will not advise* are some examples of them.
- *Not to be use, if you will not be satisfactory in mind and heart.* If any expectation of harm, you can have cancelled, but for vital importance, take precautions.

Psychopathology: Pathologic ones are forming and making the harm and destruction, even at the Right of Humanity as civil liberties. This must not be in our consideration, they are legal perspective and required punishment, fine or penalty codes for the court.

The Principles of Observing/listening Process

1. **Love concept.** The only way and the unique to be a physician is to be in love; the humanity, the patient, in caring and serving to people, as an individual and as a common/society.
2. **Respect concept.** Everyone is the same one as a member of Human, unique, equal rights, even the tiny, very small preterm. Everyone have a respect to Right to Life, and be required the healthy applications and procedures, not to be limited in any manner.
3. **Ethical Considerations:**
 1. Basically, be on
 1. Thrust, be on the truth and reality.
 2. Loyalty, high fidelity.
 3. Confidence, secret saving.
 2. Ethical application Principles
 1. Not to be any harm, *primum non nocere*,
 2. Benefit, usefulness
 3. Respect the autonomy, civil liberties
 4. Justice, not only be on common sense, but for individual aspect
4. **Reasoning of the observation (4 Wh... and individual specific)**
 1. Why concept, why required for observation/listening, per laboratory, objective evidences? Is it really being on the same frequency? Can it be circling/repeated?
 2. What will be the purpose, aiming? What will it be understandable medium? What he/she understands? What for the conversation/cooperation for observation required?
 3. When and Where it will be given phase, for the breast-feeding?
 4. Who, Whom, the person/the baby and mother? Specifications, properties must be in consideration. They are unique and sole.
5. **The communication states at the breast-feeding**
 1. For informed consent to the mother/father/family
 2. For humanistic relation, at the medicine team
 3. Biosemiotics for evaluation and interpretation the breast-feeding action
6. **Communications Stages** must be all grounding on the Human Rights, indicating at the Medical and Universal Ethical Considerations.

1. Non-verbal, verbal, written, and other stages must be on ethical aspects.
2. Barriers and communication accidents can be overcome by again and again, repeated communications by correcting the blockades can be overcome by again and again, repeated communications by correcting the blockades. This is prime important for the success, to perform appropriate breast-feeding, mostly mentioned as mother's milk taking, even by cup or other bottles etc.
7. **Understanding the person as ethical developmental perspective**, as physician and the other/baby as Human
8. **Cooperativeness on listening and observing is basic consideration on communication concept under ethical parameters.** All the mother and baby with the team of breast-feeding will be in close cooperation for considering love and respect.

Informative Consent

In Turkey, there is a discriminative Law, explaining the informative consent, in Patient Right's Articles.

Informative

- ▶ **The Health Status:**
- ▶ **The reason of the problem/condition/disease:**
- ▶ **Diagnostic approaches:**
- ▶ **Applications that are arranged or thoughts:**
- ▶ **The benefit and side effects of the procedures:**
- ▶ **The medication, expectations, aim and purpose, follow up measures:**
- ▶ **Alternative Medication:** Medication can be evaluated as the groups; Group A/Done, Group B/Might be, C/expert opinion, D/Council decision, E/Ethical Committee evaluation. Group A is not the only way, the application one, thus, decision depending on the case.
- ▶ **The reasoning for searching alternative medication,** the estimations and the grounding estimation.
- ▶ **Expected complications, the estimation of the medical approach.**
- ▶ **The medical controls and evaluation, follow up, after the hospitalization.**
- ▶ **Where and why to follow up.**
- ▶ **If rejected the medical application, what will be done:** for individual conditions, autonomy will be acceptable, thus, for her baby and right to life conditions, it is illegal and the child will be taken from the family, by court order.
- ▶ **Patient must obey the regulations, not to by-pass the other patients, consider other rights also.**
- ▶ **Patient has right to change the physician, nurse and the team, or right to select the medical team.**

Consent

- ▶ **The Conscious state:**
 - ▶ **If child, parents/mother and father, takes the concern:** Up to 7 years, just told what will be happening, 8-12 years can explain and the grounding and reasoning aspects, over 15 years old children have right to opposition, thus, 18 years consider as adulthood.
 - ▶ **Legal representatives also can consider the responsibility:**
 - ▶ **Before losing the conscious, the evaluation mind, people can give legal statement considering only for his/her life and other concerns, except**

Eutenasia. DNRO (Legal Do Not Resuscitate Order for some countries) can only be applied after the heart and breath is stopped, not required.

- ▶ **People must know, physician cannot give any guaranties and warranties for healing and cure process.**
- ▶ **Complications are also not wanted situations and medically not responsible, thus, only precautions and care facilities makes them responsible.**
- ▶ **Ask whatever you wanted to ask, there will be no restrictions.**
- ▶ **İnformative consent, is the concept that you must know and can ask these perspectives, not meaning to ask other facts.**
- ▶ **All the knowledge must be in written, even non-planned but might be happened,** as cesarean section or hysterectomy must be indicated, if there will be an emergency conditions, these must be performed, and not to take informative consent, must be indicated.
- ▶ **Accepted as:**
 - ▶ Taken the information, decided later
 - ▶ I demand the medical procedure, want to perform, allow the approach
 - ▶ If my family give the permission, I will be accepted. (For over 15 years old marriage, the family must be agreeing, if not there will be no legal relation.)
 - ▶ I reject the medical application, and taken all the responsibility. know not any diversity is performed to me, just to done.
- ▶ **Un-accepted consent:**
 - ▶ **Taken consent without giving any information, knowledge**
 - ▶ **Patient Right legal considerations are omitted conditions**
 - ▶ **Without emergency situations/reasoning, delivery after 20 Gestational Week**
 - ▶ **Eutenasia, DNRO or other ending life decisions, or letting to die**
 - ▶ **Any pressure or any obligations performed for consent taking.**

Comment

Breast-feeding is not just an application of nourishing. The personal relations must under ethical considerations and the basically Humanism the applied regulations. The core is the baby and mother, so, all the knowledge and other considerations, under scientific evidences, relationship of brotherhood concept, with physiology approach is the structures around the core/center. Success is the breast feeding up to one year, at least six months. 1-2 times extra bottle feeding ought to consider as medication, and given under medical observation and permission. So, mother must be safe and be sure to care and serve the medical team to them, mother and infant. Be in love and respect, taken and given.

Slide/Sunum: Emzirmenin Gözlemi

Emzirme/Anne Sütü Kursu

19 Mart 2017, 1000 Gün

Ankara

The Observation for the Breast-Feeding

In the Newborn Period, the breast-feeding attitudes are discussed and indicated by these findings “*Training Guide in Lactation Management*”.

Armstrong Emzirme Gözlem Formu-1

EMZİRME GÖZLEM FORMU

Annenin adı : Tarih :
 Bebeğin adı : Bebeğin yaşı :

(Parantez içindeki belirtiler sadece yenidoğana aittir)

Emzirmenin iyi gittiğinin belirtileri Olası sorun belirtileri

VÜCUT POZİSYONU

- | | |
|---|--|
| <input type="checkbox"/> Anne gevşek ve rahat | <input type="checkbox"/> Omuzlar gergin, bebeğin üstüne eğiliyor |
| <input type="checkbox"/> Bebeğin vücudu yakın, memeye dönük | <input type="checkbox"/> Bebeğin vücudu anneninkinden uzak |
| <input type="checkbox"/> Bebeğin başı ve vücudu düz | <input type="checkbox"/> Bebeğin boynu eğri duruyor |
| <input type="checkbox"/> Çene memeye değiyor | <input type="checkbox"/> Çene memeye değmiyor |
| <input type="checkbox"/> Bebek alttan destekli | <input type="checkbox"/> (Sırf omuzlar veya baş destekleniyor) |

BEBEĞİN DAVRANIŞI

- | | |
|--|---|
| <input type="checkbox"/> Bebek acıkınca memeye uzanıyor | <input type="checkbox"/> Memeye uzanma yok |
| <input type="checkbox"/> (Bebek memeyi arıyor) | <input type="checkbox"/> (Arama gözlemlenmedi) |
| <input type="checkbox"/> Bebek diliyle memeyi keşfediyor | <input type="checkbox"/> Bebek memeye ilgilenmiyor |
| <input type="checkbox"/> Bebek memede sakin ve uyanık | <input type="checkbox"/> Bebek huzursuz veya ağlıyor |
| <input type="checkbox"/> Bebek memeye yerleştirilmiş duruyor | <input type="checkbox"/> Bebek memeden kayıyor |
| <input type="checkbox"/> Süt salgılanması bulguları var
(Süt akması, son ağrılar) | <input type="checkbox"/> Süt salgılanması bulguları yok |

Armstrong Emzirme Gözlem Formu-2

DUYGUSAL BAĞLANMA

- | | |
|---|--|
| <input type="checkbox"/> Emin ve güvenli tutuş | <input type="checkbox"/> Sinirli veya gevşek tutuş |
| <input type="checkbox"/> Annenin yüz yüze dikkati | <input type="checkbox"/> Anne/bebek göz teması yok |
| <input type="checkbox"/> Annenin çok dokunması | <input type="checkbox"/> Az dokunmak veya |
| | <input type="checkbox"/> Sallamak veya dürtmek |

ANATOMİ

- | | |
|---|---|
| <input type="checkbox"/> Emzirmeden sonra yumuşak memeler | <input type="checkbox"/> Şiş memeler |
| <input type="checkbox"/> İleri uzanmış, dik meme uçları | <input type="checkbox"/> Meme uçları düz veya içe çökük |
| <input type="checkbox"/> Sağlıklı görünen deri | <input type="checkbox"/> Deride kızamıklık veya çatlaklar |
| <input type="checkbox"/> Emzirme esnasında yuvarlak memeler | <input type="checkbox"/> Gergin veya çekilmiş memeler |

EMME

- | | |
|--|--|
| <input type="checkbox"/> Geniş açık ağız | <input type="checkbox"/> Ağız aç açık, öne doğru uzanmış |
| <input type="checkbox"/> Alt dudak dışa dönmüş | <input type="checkbox"/> Alt dudak içe dönmüş |
| <input type="checkbox"/> Dil memenin etrafında kıvrılmış | <input type="checkbox"/> Dil gözükmüyor |
| <input type="checkbox"/> Yanaklar yuvarlak | <input type="checkbox"/> Yanaklar gergin veya içine göçmüş |
| <input type="checkbox"/> Ağız üzerinde daha fazla areola | <input type="checkbox"/> Ağız altında daha fazla areola |
| <input type="checkbox"/> Yavaş, derin emmeler ve arada dinlenme | <input type="checkbox"/> Sadece hızlı emme |
| <input type="checkbox"/> Yutkunma duyulabiliyor veya görülebilir | <input type="checkbox"/> Sadece şaplatma veya çatırdama duyuluyor. |

Armstrong Emzirme Gözlem Formu-3

EMME İÇİN HARCANAN ZAMAN

- | | |
|---|---|
| <input type="checkbox"/> Bebek memeyi bırakıyor | <input type="checkbox"/> Anne bebeği memeden ayırıyor |
| Bebek dakika emdi. | |

Il C Armstrong, "Training Guide to Lactation Management", New York, IBFAN ve UNICEF 1992'den değiştirilerek alınmıştır.

perspective

Öneriler

- ✓ Baby is planned
- ✓ Family demand to have baby
- ✓ The family position is ready
- ✓ The sister/brother is happy to have
- ✓ Grandfather/mother are ready to help
- ✓ To take care facilities are ready

- ✗ Baby is unexpected one
- ✗ Unacceptable pregnancy
- ✗ Family is not ready to have a baby
- ✗ The sister/brother has jealous
- ✗ Grandfather/mother are not ready to help
- ✗ To take care facilities are not prepared

- ✓ Colostrum is noticed and taken/given
- ✓ The first milk/watery is taken/given
- ✓ The canals are emptying/rich in lipids
- ✓ Breast canals are not stuck, opening

- ✗ Colostrum is not noticed/not given
- ✗ Watery first milk is disregard
- ✗ The last finishing canal milk is not given
- ✗ Breast canals are solid not opened

Body Functions

- Mother is cool and in comfort
 - Baby close to the breast, looking nipple
 - The head and body is straight
 - Chin is touching the breast
 - Baby supported from bottom
1. Stain in shoulders and aiming the baby
 2. Baby is away to the breast
 3. The baby's neck is bending, in curve
 4. Chin is not touching the breast
 5. Head and shoulder is supported

Behavior/Act of the Baby

- Baby forward when hungry
 - Baby searching the nipple
 - Try to hold by tongue to nipple
 - Baby is col and resting and awake
 - Stationary by sucking and in place
 - The sign of milk production and flowing
6. No approach to the breast
 7. Baby has no reaction for finding
 8. Not interested with the breast
 9. Nervousness and crying
 10. Slipping from the breast
 11. Not indication of flowing of milk

The Psychological Bindings

- Sure, with confident holding the baby
 - Face to face holding, on care and cautious
 - Close and more touching
12. Nervous, or floppy holding
 13. No face to face cooperation
 14. Scare or rare touching/poking, swinging

Anatomy

- After feeding the breast is softened
 - The nipple is upright, forward positioning
 - Skin is in healthy condition
 - During breast-feeding, breast oval/sphere
15. Breast swollen and encouragement
 16. Nipples are flat and inverted
 17. Source and fissures at the skin
 18. Tense and reverted breast

Breast-Feeding

- Mouth is open, widely
 - Lower lip exerts folding
 - Tongue covered the nipple
19. Slight open mouse, forward bending
 20. Lower lip inner folding
 21. Tongue not seen

- Cheeks are oval and noticed
- More areola over the mouth
- Deep, slow suction and rest
- Swallowing can be noticed
- 22. Cheeks tense and invert, empty
- 23. A lot areola at the lower of the mouth
- 24. Quick sucking
- 25. Mouth splashing and like kissing sounds

Spending Time/Duration

- Baby left the suction/feeding
- ---Minutes spending time
- 26. Mother is separating the baby
- 27. ----minutes spending for breastfeeding

Additional Comments

Some additional conditions are advised to be included this evaluation form as;

Emptying the breast

<ul style="list-style-type: none"> • Colostrum is noticed and taken/given • The first milk/watery is taken/given • The canals are emptying/rich in lipids • Breast canals are not stuck, opening 	<ul style="list-style-type: none"> • Colostrum is not noticed/not given • Watery firs milk is disregard • The last finishing canal milk is not given • Breast canals are solid not opened
--	---

Family and Community Perspective

<ul style="list-style-type: none"> • Baby is planned • Family demand to have baby • The family position is ready • The sister/brother is happy to have • Grandfather/mother are ready to help • To take care facilities are ready 	<ul style="list-style-type: none"> • Baby is unexpected one • Unacceptable pregnancy • Family is not ready to have a baby • The sister/brother has jealous • Grandfather/mother are not ready to help • To take care facilities are not prepared
---	--

Result

The breast-feeding success is the confrontation of these findings. This is not only the action of the suction but, the attitude of the mother.

First the relation of the mother and the infant, close together or apart of as a baby. Not oppression is meaning to be continued for the breast feeding.

The eight gaining as physical examination is not satisfactory for the evaluation of breast feeding, thus, it is not just a nutritional state, is has social, cultural and community benefit for all.

In order to be for one-year duration, at least 6 months exclusively by breast-feeding, the supportive concerns have vital importance.

Armstrong Emzirme Gözlem Formu

EMZİRME GÖZLEM FORMU

Annenin adı : Tarih :
Bebegin adı : Bebegin yaşı :

(Parantez içindeki belirtiler sadece yenidoğana aittir)

Emzirmenin iyi gittiğinin belirtileri Olası sorun belirtileri

VÜCUT POZİSYONU

- | | |
|---|--|
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| <input type="checkbox"/> Çene memeye değiyor | <input type="checkbox"/> Çene memeye değmiyor |
| <input type="checkbox"/> Bebek alttan destekli | <input type="checkbox"/> (Sırf omuzlar veya baş destekleniyor) |

BEBEĞİN DAVRANIŞI

- | | |
|---|---|
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| <input type="checkbox"/> (Bebek memeyi arıyor) | <input type="checkbox"/> (Arama gözlemlenmedi) |
| <input type="checkbox"/> Bebek diliyle memeyi keşfediyor | <input type="checkbox"/> Bebek memeye ilgilenmiyor |
| <input type="checkbox"/> Bebek memede sakin ve uyanık | <input type="checkbox"/> Bebek huzursuz veya ağlıyor |
| <input type="checkbox"/> Bebek memeye yerleştirilmiş duruyor | <input type="checkbox"/> Bebek memeden kayıyor |
| <input type="checkbox"/> Süt salgılanması bulguları var
(Süt akması, son ağrıları) | <input type="checkbox"/> Süt salgılanması bulguları yok |

Emptying

the breast

<ul style="list-style-type: none"> • Colostrum is noticed and taken/given • The first milk/watery is taken/given • The canals are emptying/rich in lipids • Breast canals are not stuck, opening 	<ol style="list-style-type: none"> 1) Colostrum is not noticed/not given 2) Watery first milk is disregarded 3) The last finishing canal milk is not given 4) Breast canals are solid not opened
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Family and Community Perspective

<ul style="list-style-type: none"> • Baby is planned • Family demand to have baby • The family position is ready • The sister/brother is happy to have • Grandfather/mother are ready to help • To take care facilities are ready 	<ol style="list-style-type: none"> 5) Baby is unexpected one 6) Unacceptable pregnancy 7) Family is not ready to have a baby 8) The sister/brother has jealous 9) Grandfather/mother are not ready to help 10) To take care facilities are not prepared
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Emptying the breast

<ul style="list-style-type: none"> • Colostrum is noticed and taken/given • The first milk/watery is taken/given • The canals are emptying/rich in lipids • Breast canals are not stuck, opening 	<ol style="list-style-type: none"> 11) Colostrum is not noticed/not given 12) Watery first milk is disregarded 13) The last finishing canal milk is not given 14) Breast canals are solid not opened
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Family and Community Perspective

<ul style="list-style-type: none"> • Baby is planned • Family demand to have baby • The family position is ready • The sister/brother is happy to have • Grandfather/mother are ready to help • To take care facilities are ready 	<p>15) Baby is unexpected one 16) Unacceptable pregnancy 17) Family is not ready to have a baby 18) The sister/brother has jealous 19) Grandfather/mother are not ready to help 20) To take care facilities are not prepared</p>
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DUYGUSAL BAĞLANMA

- Emin ve güvenli tutuş
- Annenin yüz yüze dikkati
- Annenin çok dokunması

ANATOMİ

- Emzirmeden sonra yumuşak memeler
- İleri uzanmış, dik meme uçları
- Sağlıklı görünen deri
- Emzirme esnasında yuvarlak memeler

EMME

- Geniş açık ağız
- Alt dudak dışa dönmüş
- Dil memenin etrafında kıvrılmış
- Yanaklar yuvarlak
- Ağızın üzerinde daha fazla areola
- Yavaş, derin emmeler ve arada dinlenme
- Yutkunma duyulabiliyor veya görülebiliyor

EMME İÇİN HARCANAN ZAMAN

- Bebek memeyi bırakıyor
- Bebek dakika emdi.

- Sinirli veya gevşek tutuş
- Anne/bebek göz teması yok
- Az dokunmak veya
- Sallamak veya dürtmek

- Şiş memeler
- Meme uçları düz veya içe çöktük
- Deride kırmızılık veya çatlaklar
- Gergin veya çekilmiş memeler

- Ağız aç açık, öne doğru uzanmış
- Alt dudak içe dönmüş
- Dil gözükmüyor
- Yanaklar gergin veya içine göçmüş
- Ağızın altında daha fazla areola
- Sadece hızlı emme
- Sadece şaplatma veya çatırdama duyuluyor.

- Anne bebeği memeden ayırıyor

II C Armstrong, "Training Guide to Lactation Management", New York, IBFAN ve UNICEF 1992'den değiştirilerek alınmıştır.

Önce dinle

Birisinin ne diyeceğini
Kalbinin içini okuyor musun ki bilesin
Tahinler ise doğru değil, varsayımlardır
Tümü hatalı ve yanlış iletişime neden olur

Bilinmeyen peşinde koşmak yerine
Onu bir dinlese
Ne dediklerine bir baksak
Anlamaya çalışmak
Kavramaya gayret göstersek

Aynı lisanı konuşsak bile
Aynı frekansta olunmaz ise
Kelimelerin tanımı aynı değilse
Anlaşamayız bilesin

First Listen

How can you know what their decision is?
Can you read their heart?
Even you estimate what their feeling is?

All of them is impossible
You can only be learning
If he/she can say something to you
If they speak really what they think

Maybe you have no real communications
Even talking the same language
But the meaning of the words be different
Not in the same frequency

Just smile

Bir gülüş, bir insancıl davranış yeterlidir
İşte bunlar temelde birliktelik ilk adımıdır

Acıbadem 2017

Be on humanistic act
Non-verbal communication is the primary
Humanist the only way to be get together

Acıbadem, 2017



Prof. Dr. Aksit / From Prof. MD. M. A. Aksit's collection