

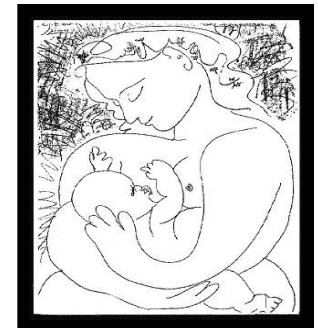
SESSION 14

ON GOING SUPPORT FOR MOTHERS

Breastfeeding Promotion and Support

A Training Course for Health Professionals

*Adapted from the Baby Friendly Hospital Initiative:
Revised, Updated and Expanded for Integrated Care (Section 3)
WHO/UNICEF 2009*



Session Objectives:

At the end of this session, participants will be able to:

1. Describe how to prepare a mother for discharge
2. Discuss availability of follow-up and support after discharge
3. Outline ways of protecting breastfeeding for employed women
4. Discuss sustaining breastfeeding for the second year or longer
5. Discuss group support for breastfeeding



1. Preparing a Mother For Discharge

STEP 10

“Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.”

“ The key to best breast feeding practices is continued day to day support for breast feeding mother within her home and community”.

Saadeh RJ, editor. Breast-feeding: the Technical Basis and Recommendations for Action. Geneva, World Health Organization, pp. 62-74, 1993.

***What does a mother need before she
leaves the hospital to go home with her
baby***



PREPARING A MOTHER FOR DISCHARGE

Before a mother leaves a maternity facility, she needs to:

- Be **able to feed** her baby.
- **Understand** the
 - **importance of exclusive breastfeeding** for 6 months
 - and **continued breastfeeding** after the **introduction of complementary foods** to two years and beyond.
- Be able to **recognize** that **feeding is going well**
- Find out how to get the **on-going support** that she needs.

Be able to feed the baby

- A health worker trained in breastfeeding should:
 - Observe every mother and baby at **a breastfeed**
 - make sure that the mother and baby know **how to breastfeed.**



The mother should:

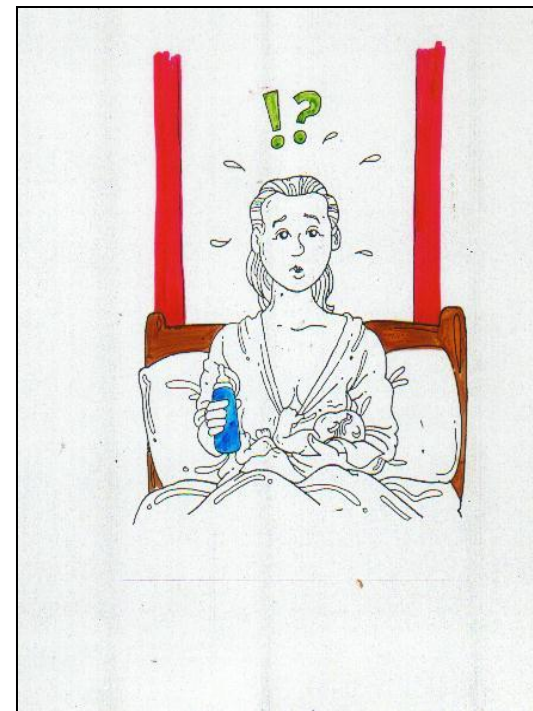
- know about **baby-led, demand feeding & babies behaviour**
- be able to recognise her **baby's feeding signs**
- be able to position her baby for **good attachment**
- know the signs of **effective breastfeeding** and a **healthy baby**
- know what to do if she thinks that she **does not have enough milk**
- be able to **express her milk.**

If a mother is not breastfeeding

- assist with replacement feeding.
 - type of replacement feeding **Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS)**
 - obtain the replacement milk in **sufficient quantities**
 - **safely prepare** and **feed** the replacement milk
 - **reduce risks** associated with replacement feeding

If a mother is not breastfeeding

- A health worker should **observe** that the mother (or other caregiver) is able to :
 - **prepare a replacement feed**
 - **feed the baby in a safe manner**before the mother and baby are discharged from the maternity unit.



Understand the importance of exclusive breastfeeding for 6 months

- Anticipate possible pressures on mother to supplement her baby with foods or fluids other than breastmilk.
- **Before she leaves** the maternity facility, remind her of:
 - the importance of **exclusive b'feeding** first six months
 - After six months, a baby **needs foods in addition to breastmilk**



Be able to recognise that breastfeeding is goinn well. Look for these signs:

- Baby is **alert and active**, feeding **at least 8 times**/day.
- Baby **settles and sleeps** for **some periods** in 24 hours.
- Baby has **six or more wet diapers**/nappies in 24 hours with pale, diluted urine
- **passing stools 3 or more** times a day.
- Breasts are **fuller before feeds** than after feeds.
- Breasts and nipples are comfortable and not sore.
- Mother **feels confident** caring for her baby in general.

Have on-going support

- A mother needs a **family member, friend, health worker** or other person support to become confident



ON-GOING SUPPORT

- A mother needs help when:
 - has many other demands - caring for other children and household tasks
 - first time mother
 - has difficulty feeding her baby,
 - needs to work outside the home and leave her baby,
 - is isolated with little contact with supportive people,
 - receives mixed advice from many people,
 - if she or the baby has a health problem

ON-GOING SUPPORT

- **Perception** of a mother on her ability:
 - able to do everything without needing any help.
 - if seeking help, she is a bad mother or cannot cope.
- Mothering is a **new skill to learn**:
 - encouragement to look for help and to use support



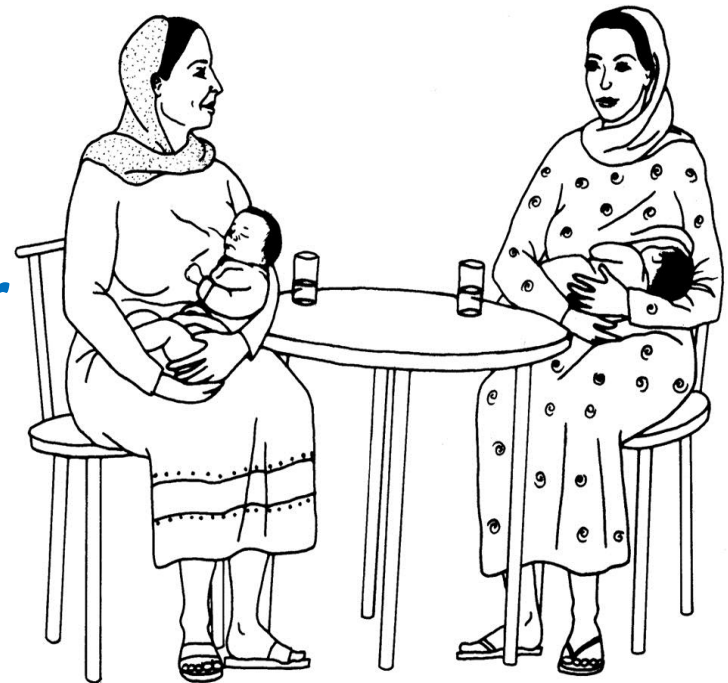
ON-GOING SUPPORT

- **Follow-up** of the mother who is **replacement feeding** :
 - She is using the option properly
 - She may change feeding option at any time
- When talking to a woman **during her pregnancy**:
 - mention that there are support services available



2. Follow-up and Support after Discharge

Who in the community could provide ongoing support for a mother in feeding and caring for her baby?



Follow-Up and Support after Discharge

- Resources available in the local community
 - Family and Friends
 - Primary Care and Community Health Workers
 - Mother to Mother Support

Resources in the community



Family and friends:

- Importance of continuous support from friends and family for exclusive breastfeeding in first 6 months
- Support for mothers who practice replacement feeding.

Resources in the community



Primary care and community health workers:

- Any time a health worker is in contact with a mother and young child:
 - help & support the mother in feeding and caring for her baby.
 - refer the mother to someone else who can provide support.

Resources in the community

Primary care and community health workers:

- Community health workers are able to spend more time with mother
- Community Health Centre may offer:
 - Lactation Clinic
 - Mother Support Group
- Health workers may set good example by breastfeed their own child.

Resources in the community

Mother to Mother Support:

- This support is usually **community-based** and may be provided **one-to-one** or **group based**:
 - **An experienced mother** can provide individual support to a new mother. Ask the experienced mother for permission to give her name to new mothers in her area.
 - **A group** may be started by a few mothers or by a health or community worker. There may be **special support groups** for women who are HIV-positive.

Mother to Mother Support (MMS)

Criteria of MMS:

- Easily accessible
- Free or very inexpensive
- Mother's own community
- Led by experience mother
- Pregnant women are welcome
- Build friendships and help each other outside group



Mother to Mother Support



If Formal Support is Not Available

- Discuss what family support she has at home
- Talk with the family
- Give contact person at the hospital
- Advice to bring baby on mother's 6 week postpartum check up
- Give written education material
- If possible, contact mother at home to learn how feeding is going

Baby Friendly Communities

- Health system, or local health care provision, is designated **“Baby-friendly”**
- Access to a **referral site** with skilled support for early, exclusive and continued breastfeeding
- Support is provided for **age-appropriate, frequent,** and **responsive complementary feeding** with continued breastfeeding
- **Mother-to-mother support system**, or similar,
- **No** practices, distributors, shops or services that **violate the International Code** are present in the community;

3. Protecting Breastfeeding for Employed Women

Employed women

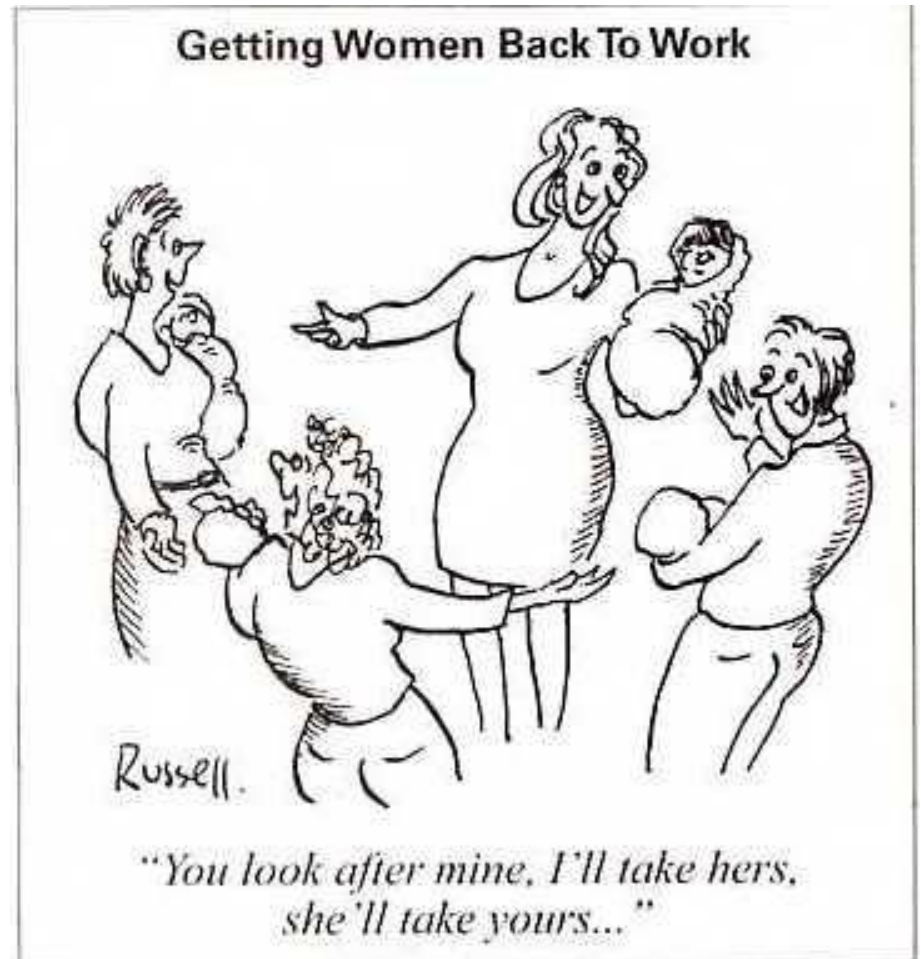
- Many mothers
 - introduce supplements or
 - stop breastfeeding
- because have to return to work
- Health workers can help mothers to continue giving their babies as much breastmilk as possible

Why is continuing to breastfeed after return to employment recommended?

Benefits of continued breastfeeding for Employed women

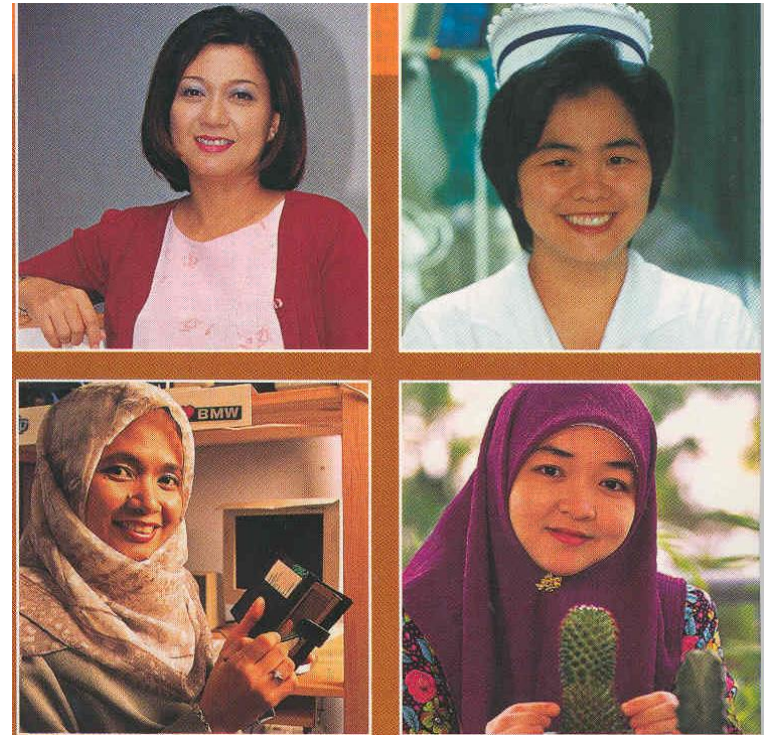
- Less illness in the baby - less absence to care for a sick child
- Ease of night feeds, thus mother gets more sleep
- Opportunity to spend time with the baby and continue the closeness to the baby.
- A chance to a rest while she feeds the baby
- A special, personal relationship with her baby.

If an employer asked you why she or he should support a woman to breastfeed after she returns to employment, what could you say?



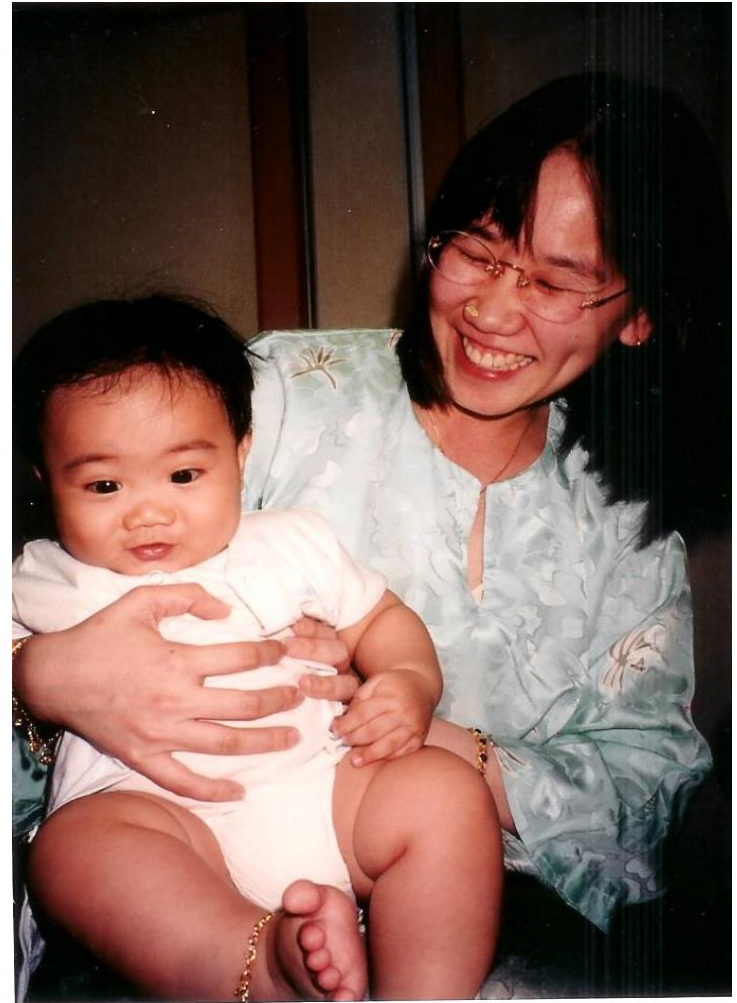
Benefits of continued Breastfeeding for the Employer

- Mothers are away from work less because their children are healthy
- Mothers can concentrate on their work because they have less concern about their babies' health
- Employers retain skilled workers



Benefits of continued breastfeeding for the Employer

- Women are more interested in working for employers who are supportive.
- Families and the community think well of the employers that are supportive.
- Breastfed babies grow up to be a healthy future workforce.





- ***What are the key points to discuss with a mother preparing to return to employment?***

Key Points for Discussion

- Some weeks before the mother is due to go back to work, discuss:
- Could the baby go to work with her?
- Could the baby be cared for near her workplace so that she could go to feed the baby at break times or could the baby be brought to her?
- Could the mother work shorter hours or fewer days until the baby is older?

TRAINING FOR EXPRESSED BREASTMILK FEEDING

Day Time	Day 1–3	Day 4-6	Day 7-9	Day 11-13
BREAKFAST 7.30–9.00a.m	Expressed breastmilk	Expressed breastmilk	Expressed breastmilk	Expressed breastmilk
MORNING DRINKS 10.00-1.30 p.m	Breastfeeding	Expressed breastmilk	Expressed breastmilk	Expressed breastmilk
LUNCH 12.00-1.30 p.m	Breastfeeding	Breastfeeding	Expressed breastmilk	Expressed breastmilk
TEA BREAK 2.00-4.00p.m	Breastfeeding	Breastfeeding	Breastfeeding	Expressed breastmilk

4. Sustaining continued breastfeeding for 2 years or longer

Sustaining continued breastfeeding

- Breastfeeding continues to provide closeness to the mother, protection from illness and good nutrition.
- Breastfeeding an older baby/young child can be valuable if the child becomes ill.
- Breastfeeding can be soothing to a child who is in pain or upset.

Breastfeeding an older baby is different from breastfeeding a newborn

- Baby becomes more alert - baby may be distracted easily during breastfeeds by noises and activity.
 - Feeding in a quiet place may limit distractions.
- Young children may breastfeed once or twice a day or more frequently.
- Some may breastfeed only if they are hurt or upset.
- Mothers may need **special support breastfeeding** without **discrimination** from workplace, family and community



COMPLEMENTARY FEEDING

- After six months of age, **complementary feeding** complements the breastfeeding; it **does not replace it**.
- The period from 6-12 months of age is a time for learning how to eat a **wider range of foods** and textures.



COMPLEMENTARY FEEDING



- To **maintain the milk supply**, encourage the mother to continue to offer the breast before the complementary food.
- A child stops breastfeeding when they are ready as a **natural part of their development**.
- Sudden wean may cause **distress** to the child and the mother.

NATIONAL HEALTH PROGRAMS FOR MOTHER AND CHILD

- 1. Safe Motherhood Programmes: mothers are seen through pregnancy to ensure safe birth.**
- 2. The Integrated Management of Childhood Illness (IMCI): child seen for recurrent illness.**
- 3. The Expanded Programme of Immunization (EPI): child is seen at frequent intervals**
- 4. Supplementation of full cream milk for hardcore poor mothers.**
- 5. Neonatal screening programmes.**
- 6. Early child development programmes: child is monitored for growth and development during the routine checks ups in child welfare.**
- 7. Family planning programmes: mother seen for family planning at any point of time, usually through health visitors.**



THANK YOU