

SESSION 8

PRACTICES THAT ASSIST BREASTFEEDING

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)
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Session Objectives:

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

1. Describe their role in practices that assist rooming-in
2. Describe their role in practices that assist baby led (demand) feeding
3. Suggests ways to wake a sleepy baby and to settle a crying baby
4. List the risks of unnecessary supplements
5. Describe why it is important to avoid the use of bottle and teats
6. Discuss removing barriers to early breastfeeding.

1. Health Worker's Role in Practices that assist Rooming-in

ROOMING – IN

Step 7: Practise rooming – in : allow mothers and infants to remain together 24 hours a day

Routine separation should be avoided.

Separation should only occur for an individual clinical need.



What can you say to explain the importance of rooming-in?

Importance of Rooming-In

- Babies sleep better and cry less.
- Before birth the mothers and infant have developed a sleep/awake rhythm that would be disrupted if separated.
- Breastfeeding is well established and continues longer and the baby gains weight quickly.
- Feeding in response to a baby's cues is easier when the baby is near, thus helping to develop a good milk supply.

Importance of Rooming-In

- Mothers become confident in caring for their baby.
- Mothers can see that their baby is well and they are not worried that a baby crying in a nursery is their baby.
- Baby is exposed to fewer infections when next to his or her mother rather than in a nursery.
- It promotes bonding between mother and baby even if mother is not breastfeeding.

***What barriers are sometimes seen to
rooming-in as the routine practice?
What might be the solution?***

Barriers to Rooming-in

Concerns that mothers are tired

- Ward routine need to facilitate the mother's rest.
 - No cleaning
 - no visitors
 - no medical rounds or procedures
- Review birth practices to determine if:
 - long labours
 - inappropriate use of anesthesia & episiotomies
 - lack of nourishment and stressful conditions are resulting in mothers being extra tired and uncomfortable.

Barriers to Rooming-in

Taking the baby to nursery for procedures

- Baby care should generally take place at the **mother's bedside** or with the mother present.
- Provide **reassurance** and **teaching** opportunities for the mother.



Barriers to Rooming-in

Belief that newborns need to be observed

- A baby can be **observed next to the mother**
- A mother is **very good** at observing her own baby.
- **Close observation is not possible** in a nursery with many babies.

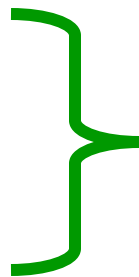


Barriers to Rooming-in

No space on the ward for baby cots

- Bed sharing or co-sleeping:
 - mother & baby **get more rest**
 - **breastfeed frequently.**

- **The bed may need**
 - side rail
 - chair against the bed
 - bed against the wall



**reduce the risk of the
baby falling out of bed.**



Barriers to Rooming-in

Staff do not know how to assist mothers in learning to care for their baby

- Soothing and **caring** for a baby is an important part of mothering
- **Helping** a mother to **learn to care** for her baby at night is more useful
- Taking the baby away:
 - **reduce the mother's confidence that she can cope with being a mother.**



Barriers to Rooming-in

Mothers ask for their babies to be taken to Nursery

- Explain to the mother why the hospital encourages rooming-in as:
 - a **time to get to know** her baby and
 - beneficial to her baby and herself.
- **Discuss the reason** why the mother wants the baby taken to the nursery
 - see if the difficulty could be solved without taking the baby away.
- Address the **benefits of rooming-in** during antenatal contacts.

Barriers to Rooming-in

If separation due to medical reasons

- Document the reason for separation
- Review frequently, ensure as short as possible
- Encourage mother to
 - see and hold baby
 - Express breastmilk



2. Health Worker's Role in practices that assist Baby-Led (Demand) Feeding

BABY-LED FEEDING

Step 8: Encourage Breastfeeding on Demand

Also called baby-led feeding

This means the frequency and length of feeds is determined by the baby's needs and signs.

***How can you explain why Baby-Led Feeding
is recommended?***

Importance of Baby-Led feeding

- Baby gets more immune rich colostrum and therefore more protection from illness.
- Faster development of milk supply.
- Faster weight gain.
- Less neonatal jaundice.
- Less breast engorgement.
- Mother learns to respond to her baby.
- Easy establishment of breastfeeding.
- Less crying so less temptation to supplement.
- Longer breastfeeding duration.

What are the signs to watch for in a newborn baby to indicate when to feed the baby?

Signs of Hunger

- The time to feed the baby is when baby shows signs of hunger
- **Increases eye** movements under closed eye lids or opens eyes.
- **Opens his or her mouth**, stretches out the tongue and turns the head to look for the breast.
- Makes **soft whimper sounds**.
- **Sucks or chews** on hands, fingers, blanket or sheet, or other object that comes in mouth contact.



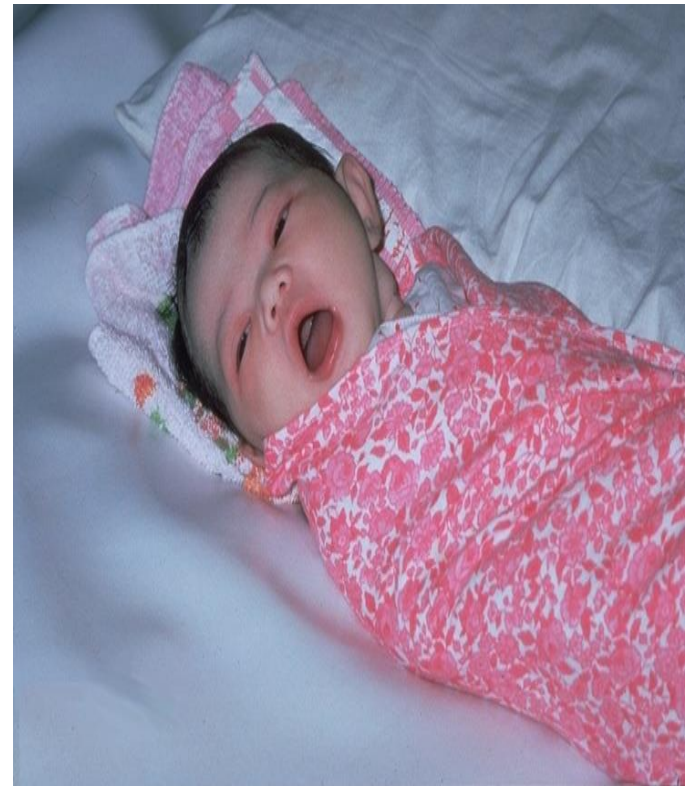
Other Signs

Later hunger signs:

- Baby is crying loudly, **arches his or her back**.
- **Difficulty** attaching to the breast.

Underfeeding

- Some babies are **very calm** and wait to be fed or go back to sleep if not noticed



Signs of Satiation

- At the start of a feed, most babies have a tense body.
- As they get full, their **body relaxes**.
- Most babies **let go of the breast** when they have had enough.
- Some continue to take small gentle sucks until they are **asleep**.

Explain to the mother:

She should let her baby finish one breast before she offers the other breast in order to feed the **rich hind milk** and to **increase milk supply**.



Feeding Pattern

- Some babies feed for a **short time** at **frequent intervals**.
- Other babies feed for a **long time** and then **wait a few hours** until the next feed.
- Babies **may change their feeding pattern** from day to day or during one day.

Typical Feeding Pattern for a Full Term healthy Newborn

- Newborns :
 - **every 1 to 3 hours** in the first 2 to 7 days, but it may be more frequent.
- **Night feeds** are important to ensure adequate stimulation for milk production and milk transfer, and for fertility suppression.
- Once lactation is established (the milk supply ‘comes in’),
 - **8 feeds in 24 hours** is common.
 - There are usually some longer intervals between some feeds.

Typical Feeding Pattern for a Full Term healthy Newborn

- During **periods of rapid growth**, a baby may be hungrier than usual and feed more often for a few days to increase milk production.
- Let babies **feed whenever they want**.
 - This satisfies the baby's needs if hungry or thirsty and the mother's needs if her breasts are full.



Feeding Pattern

Very long feeds:

(more than 40 minutes for most feeds)

Very short feeds:

(less than 10 minutes for most feeds)

Very frequent feeds:

(more than 12 feeds in 24 hours on most days):
baby is not well attached at the breast

SPECIAL SITUATIONS

The mother may need to lead the feeding for a day or two and wake the baby for feeds if:

- A baby is very sleepy due to
 - **prematurity**
 - **jaundice**
 - the effects of **labour medication**
- Mother's breasts are **overfull** and **uncomfortable**.



Special Situations

- Babies who are replacement fed also need to be fed in response to their needs rather than to a schedule.
- Sometimes there is a tendency to push the baby to finish a feed because the milk is prepared. This can lead to overfeeding.
- A mother can watch her baby for signs of fullness – turning away, reluctance to feed.
- A replacement feed should be used within one hour of the baby starting the feed and not kept for later as bacteria will grow in the milk.
- If baby does not finish the milk in one feed, this can be mixed into older sibling's meal.

3. Ways to wake a sleepy baby and to settle a crying baby

Waking a Sleepy Baby

- Remove blankets and heavy clothing and let her baby's arms and legs move.
- Breastfeed with her baby in a more upright position.
- Gently massage her baby's body and talk to her baby
- Wait half an hour and try again.
- Avoid hurting the baby by flicking or tapping on the cheek or feet.



Settle a Crying Baby

- **Build the mother's confidence in her ability to care for her baby and give her support:**
 - Listen and accept what the mother is feeling.
 - Reinforce what the mother and baby are doing right/what is normal.
 - Give relevant information.
 - Make one or two suggestions.
 - Give practical help.



Suggestions and Practical Help to settle a Crying Baby

- Make the baby **comfortable** – dry, clean nappy, warm, dry bedding, not too warm.
- Put the baby to the breast. The baby may be hungry or thirsty or sometimes just wants to suck because this makes the baby **feel secure**.



Suggestions and Practical Help to settle a Crying Baby

- Put baby on mother's chest, skin to skin. The warmth, smell, and heartbeat will help to soothe the baby.



Suggestions and Practical Help to settle a Crying Baby

- Talk, sing and rock the baby while holding close.
- Gently stroke or massage the baby's arms, legs and back.
- Give one breast at each feed; give the other breast at the next feed. If the breast
- Not used at that feed becomes overfull, express a small amount of milk.
- Reduce the mother's coffee and other caffeine drinks.

Suggestions and Practical Help to settle a Crying Baby

- Do not smoke around the baby and smoke after a feed, not before or during, if a smoker.
- Have someone else carry and care for the baby for a while.
- Involve other family members in the discussion so the mother does not feel pressure to give unnecessary supplemental feedings.
- Hold the baby in a manner that wraps around and supports head, body, legs and arms so the baby feels secure.

4. List the Risks of Unnecessary Supplements

Avoid Unnecessary Supplements

Step 6: Give newborn infants no food or drink other than breast milk unless medically indicated

- Healthy full term babies rarely have a medical need for supplements or prelacteal feeds.
- They do not require water to prevent dehydration.
- The needs of babies who are premature or ill and medical indications for supplements are discussed in a later session.



DANGER OF SUPPLEMENTS

Exclusive breastfeeding is recommended for the first 6 months. Supplements can:

- Overfill a baby's stomach so the baby does not suckle at the breast,
- Reduce milk supply because the baby is not suckling, resulting in over fullness of the breasts.
- Cause the baby to gain insufficient weight if feeds of water, teas, or glucose water, are given instead of milk feeds.

DANGER OF SUPPLEMENTS

- Reduce the protective effect of breastfeeding thus increasing the risk of diarrhea, and other illnesses.
- Expose the baby to possible allergens and intolerances that could lead to eczema and asthma.
- Reduce the mother's confidence if a supplement is used as a means of settling a crying baby.
- Be an unnecessary and potentially damaging expense.

Why Supplement use is NOT recommended

- A mother who is looking for a supplement may be indicating that she is having difficulties feeding and caring for her baby.
 - ***It is better to help the mother to overcome the difficulties than to give a supplement and ignore the difficulties.***
- A health worker who offers a supplement as the solution to difficulties may be indicating a lack of knowledge and skill in supporting breastfeeding.
 - ***Frequent use of supplements may indicate an overall stressful atmosphere where a quick temporary solution is chosen in preference to solving the problem.***

5. The use of Bottles and Teats

Bottles and Teats

***Step 9: Give no artificial teats or pacifiers
(also called dummies or soothers)
to breastfeeding infants.***



Why is it important to avoid using Bottles and Teats?

AVOID BOTTLES AND TEATS

- Sometimes babies develop a preference for an artificial teat or pacifier
 - refuse to suckle on the mother's breast.
- If a hungry baby is given a pacifier instead of a feed
 - the baby takes less milk and grows less well.



AVOID BOTTLES AND TEATS

- Teats , bottles, and pacifiers can carry infection and are not needed, even for the non breastfeeding infant.
 - Ear infections and dental problems are more common with artificial teat or pacifier use and may be related to abnormal oral muscle function.
- If a supplement is needed, feeding with an open cup is recommended, as
 - as a cup is easier to clean
 - also ensures that the baby is held and looked at while feeding.
 - It takes no longer than bottle-feeding.

DISCUSSION – REMOVING BARRIERS TO EARLY BREASTFEEDING

Summary

1. Rooming-in and baby-led feeding help breastfeeding and bonding
2. Help mothers to learn skills of mothering
3. Prelacteal and supplemental feeds are dangerous
4. Artificial teats can cause problems



THANK YOU