

SESSION 15

MAKING YOUR HOSPITAL BABY FRIENDLY

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 the role of maternity staff in promoting breastfeeding.
2. Explain what Baby-Friendly practices mean
3. Describe the process of BFHI assessment

1. The Role of Maternity Staff in Promoting Breastfeeding

Role of Maternity Staff

- Recognise what may affect a woman's decision to breastfeed
- Show that you value breastfeeding
- Build every woman's confidence in breastfeeding

Role of Maternity Staff

Recognise what may affect a woman's decision to breastfeed

- Cultural customs
- Feelings about pregnancy
- Earlier training and beliefs about breastfeeding
- Commercial messages about breastmilk
- Family and social support
- Antenatal education



Role of Maternity Staff

Show that you value breastfeeding

- serve as a role model.
- assume that all mothers will breastfeed.
- eliminate all bottle feeding messages



Role of Maternity Staff

Build every woman's confidence in breastfeeding

- Give assurance- verbally/body language
- Recognise when intervention not appropriate
 - Provide supportive, quiet atmosphere
- help mother to talk about feelings/worries
- Encourage self-esteem
 - Give approval and warmth
- Encourage her to learn about breastfeeding
- Ensure she knows who to contact if having difficulty

2. What does “Baby-Friendly Practices” Mean?



A Baby-friendly Hospital:

1. Implements the **Ten Steps to Successful Breastfeeding.**
2. Do not accept free supplies/ samples/ promotional material
3. Fosters optimal feeding and care for those infants that are not breastfed.

Step1:

Why is it important for a hospital to have a written policy that is visible?

Step 1: *Have a written breast feeding policy that is routinely communicated to all health care staff.*

Why?

- Requires a course of action and provide guidance
- To satisfy the requirements of the BFHI
- define what the staff and services are required to do as their routine practice as related to mothers who are not breastfeeding

Step2:

Why is it important for a hospital to train their staff?

Step 2: *Train all health care staff in skills necessary to implement this policy*

Why?

- Knowledgeable staffs are needed to:
 - make the necessary changes,
 - eliminate unsupportive practices
 - develop Baby-friendly practices that assist mothers and babies to breastfeed.

Step3:

Why is it important for a hospital to talk to pregnant women about breastfeeding?

Step 3: *Inform all pregnant women about the benefits and management of breastfeeding*

Why?

- Pregnant women need accurate info that does not promote a commercial product
- Info should be relevant to the specific woman
- If no discussion with a knowledgeable staff
 - May make decisions based on incorrect info

Antenatal education

Should include the importance of:

1. Breastfeeding to mother
2. Breastfeeding to baby
3. Skin-to-skin contact immediately after birth
4. Early initiation of breastfeeding
5. Rooming-in 24 hours a day
6. Feeding on demand or baby-led feeding
7. Feeding frequently to help assure enough milk
8. Good positioning and attachment
9. Exclusive breastfeeding for the first 6 months,
10. Continuing breastfeeding after 6 months while giving other foods.

Step4:

Why is it important for mother and baby to have immediate contact?

Step 4: *Help mothers initiate breastfeeding within 1 hour of birth*

- This step now interpreted as: place babies in skin to skin contact immediately after birth for at least 1 hour and
- Encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed

Why?

Importance of immediate skin-to-skin

- Warms and stabilises baby's breathing and heart rate
- Helps to colonise baby with maternal organism
- Provides colostrum to baby
- Babies can learn more effectively to start b'feeding
- Helps to increase duration of b'feeding
- Helps mother and baby get to know each other



How ?

- Keep mother and baby together
- Place baby on mothers chest (1 hour)
- Let baby suckle when ready
- Do not hurry or interrupt



Step5:

***Why is it important to show mothers
and babies how to feed?***

Step 5: *Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants*

Why?

- Some mothers have seen little breastfeeding among their family and friends
- Showing main points can help b'feeding to go well

When? What?



Help at initiation
and within 6 hours

If separated from infant :
teach expression and
how to handle EBM



Step 6:

Why is it important to give newborns only breastmilk?

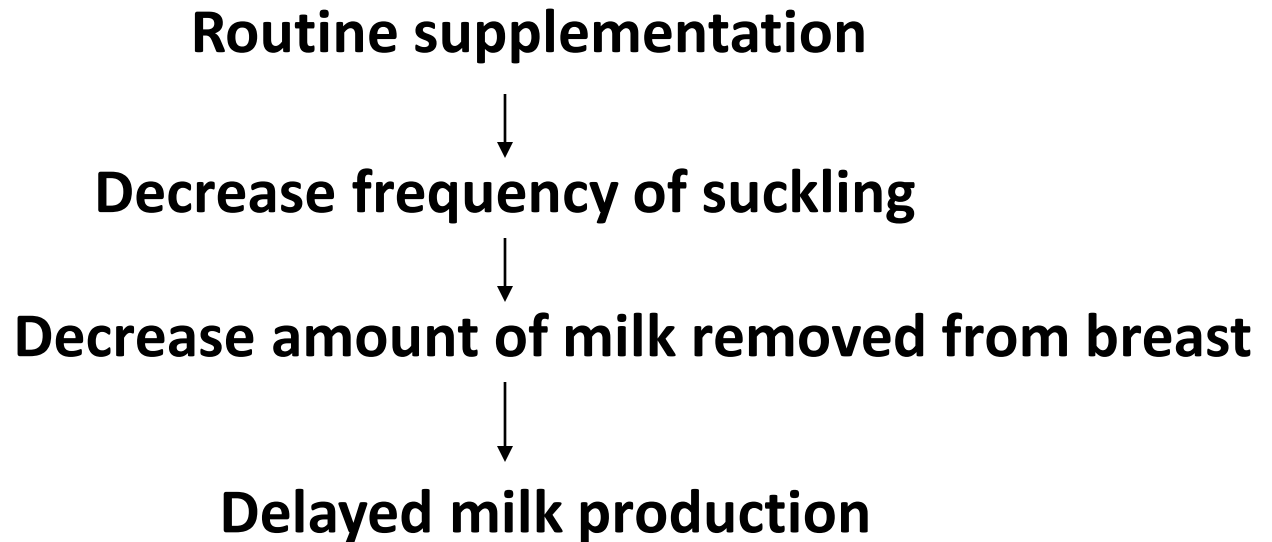
Step 6: *Give newborns infants no food or drink other than breast milk unless medically indicated*

Why?

- Breastmilk coats the baby's stomach to protect it
- Giving other fluids or foods
 - can wash this away
 - Introduce infections

Other benefits

1. Benefits of colostrum
2. Supplementation may delay milk production



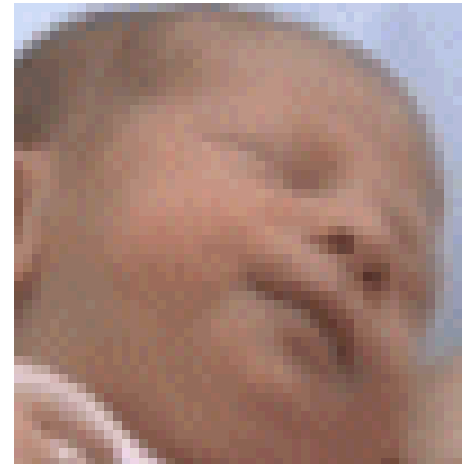
Step7:

Why is it important for mothers and babies to be together 24 hours a day?

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

Why?

- Helps mother to learn feeding cues of baby and how to care for baby
- Helps feeding in response to the cues (on demand)



Other benefits

1. Reduce cost
2. Minimal equipment
3. No additional personnel
4. Reduce infection
5. Help establish and maintain lactation
6. Facilitates bonding



Step 8:

Why is it important to encourage mothers to breastfeed on demand?

Step 8: *Breastfeeding on demand*

Why?

- 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 baby

Step 8: *Encourage breast feeding on demand (no limit on frequency or duration)*

- 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.

Step 9:
***Why is it important to avoid giving
artificial teats?***

Step 9: *Give no artificial teats or pacifiers to breast feeding infants*

Why?

- **Nipple confusion – poor latching**
- **Less sucking on breast –affect milk production**
- **Indicate that the mother / health workers finds it is hard to care for baby and needs assistance**

Artificial teats



Alternatives to artificial teats:

- Cup
- Spoon
- Dropper
- syringe



Step 10:

Where in the community could a mother get support for breastfeeding after she leaves the birth facility?

Step 10: *Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic*

Why?

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

Support can include:

- Early postnatal check up
- Home visits
- Telephone calls
- Community services
 - Out patient breast feeding clinics
 - Peer counselling programmes

Support can include:

- Mother support groups
 - Help set up new groups
 - Establish a working relationship with existing ones
- Family support



ADDITIONAL CRITERIA

Mother Friendly Care

Practices that may help a woman to feel competent, in control, supported and ready to interact with her baby who is alert

- Emotional support during labour
- Attention to the effects of pain medication on the baby to avoid opiates analgesia, epidural analgesia *if applicable.*
- Offering light foods and fluids during early labour
- Freedom of movement during labour
- Avoidance of unnecessary caesarean sections
- Birthing position of mother's choice
- Early mother-baby contact
- Facilitating the first feed

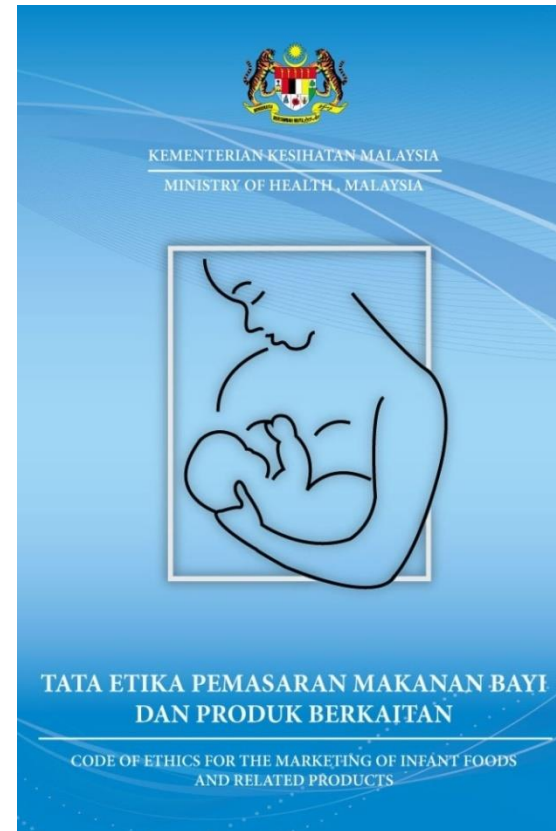
ADDITIONAL CRITERIA

HIV AND INFANT FEEDING

1. State the National Policy
2. Understand the problems of HIV in infant feeding
3. Explain the risk of mother-to-child transmission of HIV
4. Describe factors which influence mother-to-child transmission
5. Outline approaches that can prevent mother-to-child transmission through safer infant feeding practices
6. State infant feeding recommendations for women who are HIV-positive and for women who are HIV-negative or do not know their status
7. Describe elements to be considered on infant feeding with relations to HIV

Additional Criteria

- Hospitals must abide by the Code Of Ethics For The Marketing Of Infant Foods & Related Products in order to be recognised as Baby-friendly.
- The overall aim of the **Code** is the safe and adequate nutrition of all infants.



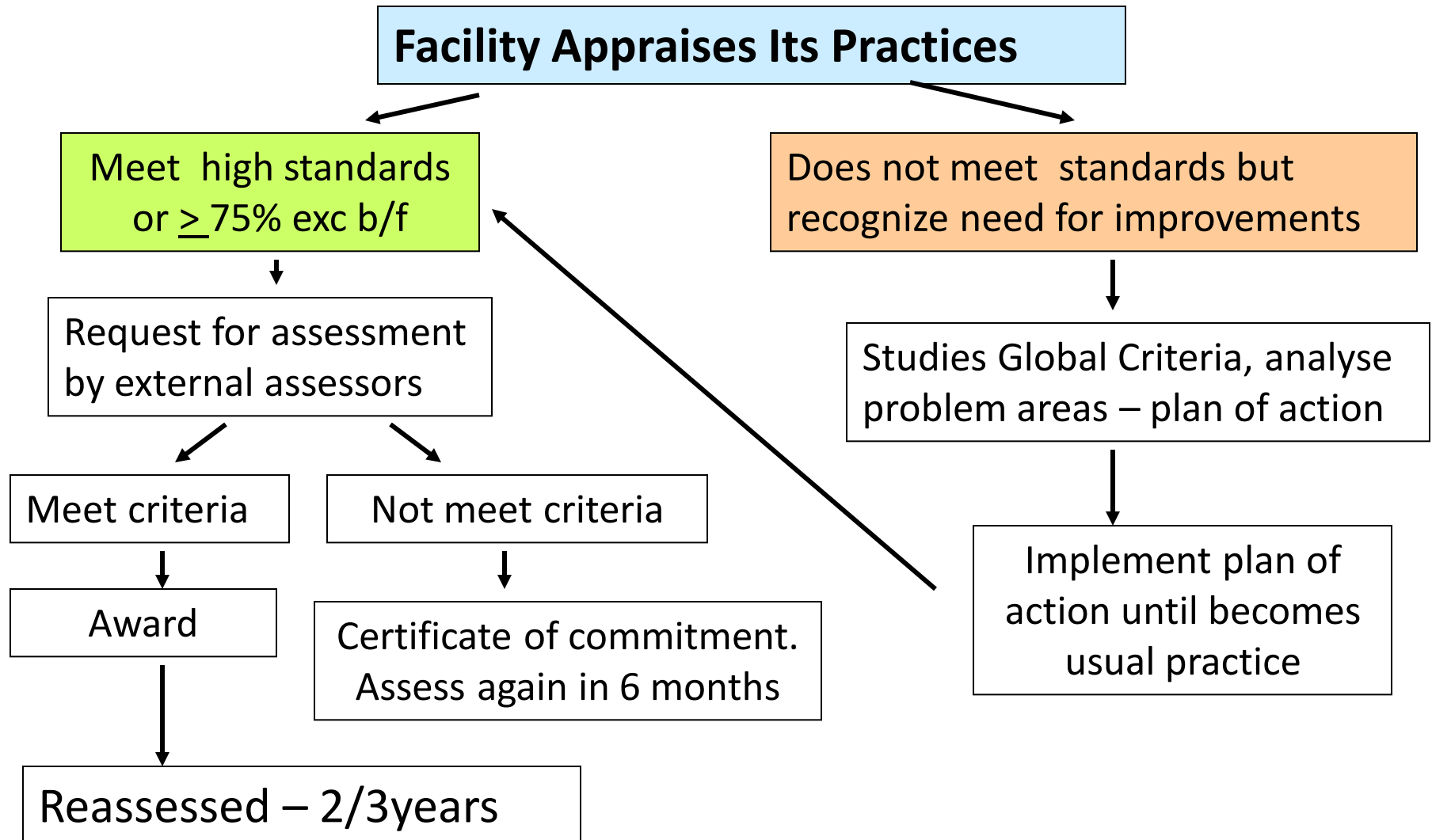
How can we achieve this aim?

To achieve this aim we must:

- Protect, promote and support breastfeeding.
- Ensure that breast milk substitutes (BMS) are used properly when they are necessary.
- Provide adequate information about infant feeding
- Prohibit the advertising or any other form of promotion of BMS.
- Report breaches of the Code to the appropriate authorities.

3. The Process of BFHI Assessment

Designation Process



SUMMARY

1. The BFHI Self-Appraisal:
 - helps a health to see what practices are in place and what areas need attention.
 - a structured plan for improvement can assist change.
2. On-going monitoring and re-assessment needed to keep standards high



THANK YOU