

Suggestions for the SOMAH2 app:

1. screen: Welcome
2. screen: Choose time slot – corresponding to the age of the child

Time slot	Recommended consultation in each time slot (according to Oslo Kommune ¹)	Child's age at the recommended consultation
1. During pregnancy	Breastfeeding counselling	Week 32 (5 th control)
2. 0-2 weeks	Home visit by midwife	First 1-3 days
	Home visit by public health nurse	Within 2 weeks
3. ½-2 months	Check-up at health station with PHN and MD	6 weeks
4. 3-4 months	Check-up at health station with PHN	3 months
	Check-up at health station with PHN	4 months
5. 5-6 months	Check-up at health station with PHN + vaccines	5 months
	Check-up at health station with PHN and MD	6 months
6. 7-9 months	Check-up at health station with PHN and dentist	8 months
7. 10-12 months	Check-up at health station with PHN	10 months
	Check-up at health station with PHN + vaccines	12 months
8. 13-15 months	Check-up at health station with PHN + vaccines	15 months
9. 16-26 months	Check-up at health station with PHN and MD	2 years

Commented [LET1]: These are the suggested times slots that will be shown on the second screen where the PHN/midwife can choose the appropriate slot according to the child's age

For developing this prototype app, we suggest focusing on the consultation **during pregnancy** where the aim is to prepare the mother for breastfeeding (time slot 1). The National guidelines for pregnancy care² states (our translation):

7.3 Preparation for breastfeeding

Pregnant women should be offered information on breastfeeding, either in groups or individually. Preparation for breastfeeding includes practical and theoretical information and education about breast milk and breastfeeding. Pregnant women who wish to breastfeed can get support and guidance from women with breastfeeding experience, such as Ammehjelpen. [A] Pregnant women who express constraints in their networks which may affect them to not breastfeed may benefit from additional information about the value of breastfeeding for her and the child. [D] If the woman has given birth previously, either she, the midwife or the MD should note her breastfeeding experiences on her health card in the first trimester. Likewise midwife or doctor should note when they have informed the mother about breastfeeding. Women with breast plastic surgery and/or negative breastfeeding experience from previous pregnancies may need extra support and guidance during

¹ <https://www.oslo.kommune.no/helse-og-omsorg/helsehjelp/helsestasjon/helsestasjon-for-barn-0-5-ar/>

² <https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/393/nasjonalt-faglig-retningslinje-for-svangerskapsomsorgen-fullversjon.pdf>

pregnancy. Furthermore, doctor or midwife should inform the pregnant women about what they can expect from Mother-child friendly hospitals in line with recommendations from the National Breastfeeding Center (NAS). V

Thus, content for the consultation **during pregnancy** could be (shown as a menu when selecting Time slot 1):

1. Benefits of breastfeeding– for infant and mother
 2. Preparation for breastfeeding
 3. Motivation for breastfeeding – for herself and from her network/family
 4. Anatomy of the breast
 5. Previous negative breastfeeding experiences?
 6. Has the mother had any operation of the breast?
 7. Information about Ammehjelpen
 8. Information about Mother-child friendly hospitals
 9. Maternal food intake during breastfeeding
- (Question for later: how much information should be included about breastfeeding in practice – find the breast, colostrum, positioning, latch (how the child should take the breast), use of mobile phones...)

(The guidelines stress that information should be both theoretical and practical – but it seems like only “preparation for BF” is practical..!?!)

- The guidelines states: “If the woman has given birth previously, either she, the midwife or the MD should note her breastfeeding experiences on her health card in the first trimester.” AND “Likewise midwife or doctor should note when they have informed the mother about breastfeeding.” Reminders about this could perhaps pop up somewhere in the app when selecting time slot 1!?! Perhaps these messages could appear x seconds after the midwife has selected this topic? ☺

From the suggested menu above, we suggest to give you content for the following topic(s):

1. Benefits of breastfeeding (copied in from: <http://www.webmd.com/parenting/baby/nursing-basics#1-2> with some modifications to be in line with Norwegian recommendations)
 - Benefits for the baby:
Breast milk provides the ideal nutrition for infants. It has a nearly perfect mix of vitamins, protein, and fat -- everything your baby needs to grow. And it's all provided in a form more easily digested than infant formula. Breast milk contains antibodies that help your baby fight off viruses and bacteria. Plus, babies who are breastfed exclusively for the first 4-6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhea. They also have fewer hospitalizations and trips to the doctor.

Breastfeeding has been linked to higher IQ scores in later childhood in some studies. What's more, the physical closeness, skin-to-skin touching, and eye contact all help

your baby bond with you and feel secure. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children. The Directorate of Health says breastfeeding also may play a role in the prevention of SIDS (sudden infant death syndrome). It's been thought to lower the risk of diabetes, obesity, and certain cancers as well, but more research is needed.

- Benefits for the mother:
Breastfeeding burns extra calories, so it can help you lose pregnancy weight faster. It releases the hormone oxytocin, which helps your uterus return to its pre-pregnancy size and may reduce uterine bleeding after birth. Breastfeeding also lowers your risk of breast and ovarian cancer. It may lower your risk of diabetes and cardiac heart disease, too.
Since you don't have to buy and prepare formula, it saves you time and money. It also gives you regular time to relax quietly with your newborn as you bond.

2. Preparation for breastfeeding (copied and translated from this publication: <https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/432/Hvordan-du-ammer-ditt-barn-noen-rad-den-forste-tiden-IS-2092.pdf>)
 - The most important preparation is that you know yourself that you want to breastfeed. It can be difficult starting, but there is advice for the most part.
 - If you have not breastfed before, you may have questions about certain things, such as whether the breasts or breast bud the shape does not matter, whether you can breastfeed despite breast operations, the ability to breastfeed can be inherited or what you can or should eat and drink. On most issues, there are answers.
 - Some women are worried about breast buds their are too big, too small or too flat to trouble breastfeeding. The shape of the breast buds does not really matter as long as they and tissue surrounding them are stretchy. On rare occasions they are called introverted and slips away when you try to pull them out. But this does not necessarily preclude successful breastfeeding.
 - Some women find that they get gestational streaks (striae) on the breasts, which you can also get the stomach and thighs. Some believe that such streaks can be prevented if one massaging the skin lightly with eg. olive oil or lotion. The effect is not scientifically proven, but this old wives' tale is at least both conveniently and harmless.