**BABY-FRIENDLY HOSPITAL INTIATIVE**

* WHO / UNICEF
* Aims to give every baby the best start in life by creating a healthier care environment that supports breastfeeding as the norm
* The aim of BFHI is to implement the Ten Steps to Successful Breastfeeding and to end the distribution of free and low-cost supplies of breast milk substitute to health facilities

**COMMUNICATION SKILLS**

* Verbal communication – can be what we say
* Non-verbal – the body language that we use and what we observe

1. **Use helpful non-verbal communication** 
   1. Mother can help her feel calm and able to listen
   2. Ways of providing helpful non-verbal communication during a discussion with mothers are:
      1. Sit at the same level and close to the mother
      2. Remove any physical barriers such as desk or folders in your arms
      3. Pay attention to the mother, avoid getting distracted, and show you are listening by nodding, smiling and other appropriate gestures
      4. Take time without hurrying or looking at your watch
      5. Only touch her in appropriate way

* Demonstration:

*In this demonstration the health worker is greeting the mother using the same words but in various ways.*

1. **Ask open Questions**
   1. Open questions are usually most helpful. They encourage a mother give more information. Open questions usually start with “How? What? When? Where? Why?”.
   * Demonstration:

|  |  |
| --- | --- |
| Health worker | Good morning, how are you and you baby today |
| Mother | We are well |
| Health worker | Tell me, how are you feeding your baby? |
| Mother | I breastfeed her often with one bottle in the evening |
| Health worker | What made you decide to give a bottle in the evening |
| Mother | My baby wakes during the night, so my milk must not be enough for her/him |

* 1. Closed questions can be answered by yes or no and may not give you very much information.
  + Demonstration:

|  |  |
| --- | --- |
| Health worker | Good morning, are you and your baby well today? |
| Mother | Yes, we are well |
| Health worker | Do you have any difficulties? |
| Mother | No |
| Health worker | Is baby feeding often? |
| Mother | Yes |

1. **Encourage the mother to talk – show interest and reflect back**
   1. Demonstration:

|  |  |
| --- | --- |
| Health worker | Good morning, how are you both today |
| Mother | I am very tired; the baby was awake a lot |
| Health worker | Oh, dear*(looks concerned)* |
| Mother | My sister says he should be still waking at night, that I’m spoiling him |
| Health worker | Your sister says you are spoiling him? |
| Mother | Yes, my sister is always making some comment about how I care for him |
| Health worker | Mmm*(nods)* |
| Mother | I don’t see why it is her any of her business how I care for my baby |
| Health Worker | Oh, Tell me more. |

1. **Empathize to show you are trying to understand her feelings**
   1. Demonstration A:

|  |  |
| --- | --- |
| Health worker | Good morning, Erika, how are you and your baby Jamaica today |
| Mother | Erika is no feeding well for the last few days, I don’t know what to do |
| Health worker | I understand how you feel, when my child does not feed, I get worried. I know exactly how you feel. |
| Mother | What do you do when child doesn’t feed? |

* 1. Demonstration B:

|  |  |
| --- | --- |
| Health worker | Good morning, Erika, how are you and your baby Jamaica today |
| Mother | Erika is no feeding well for the last few days, I don’t know what to do |
| Health worker | You are worried about Erika |
| Mother | Yes, I am worried she might be sick if she is not feeding well. |

1. **Avoid words which sound judging**
   1. Demonstration A:

|  |  |
| --- | --- |
| Health worker | Good morning, did your baby gain enough weight since she was last weighed? |
| Mother | Well, Im not sure. I think so. |
| Health worker | Well, does she feed properly? Is your milk good? |
| Mother | I don’t know… I hope so, but I am not sure (looks worried) |

* 1. Demonstration B:

|  |  |
| --- | --- |
| Health worker | Good morning, how is you baby growing this month? Can I see her grow chart? |
| Mother | The nurse said she has gained half a kilo this month, so I am pleased |
| Health worker | She is obviously getting the breastmilk she needs. |
|  |  |

1. **Accept what a mother thinks and feels**
   1. Demonstration A:

|  |  |
| --- | --- |
| Mother | I give my baby a bottle of formula every evening because I don’t have enough milk for her |
| Health worker | Yes, a bottle fed in the evening seems to settle some babies |

* 1. Demonstration B:

|  |  |
| --- | --- |
| Mother | I give my baby a bottle of formula every evening because I don’t have enough milk for her |
| Health worker | I see. You think you may not have enough milk in the evening |

**TEN STEPS TO SUCCESSFUL BREASFEEDING**

|  |
| --- |
| 1. Have a written breastfeeding policy that is routinely communicated to all health care staff |
| 2. Train all health care staff in skills necessary to implement this policy |
| 3. Inform all pregnant women about the benefits and management of breastfeeding |
| 4. Help mothers initiate breastfeeding within an hour of birth |
| 5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants |
| 6. Give breastfeeding newborn infants no food or drink other than breastmilk unless medically indicated |
| 7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours per day |
| 8. Encourage breastfeeding on demand |
| 9. Give no artificial teats or pacifiers to breastfeeding infants |
| 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic |

STEP 1 - Have a written breastfeeding policy that is routinely communicated to all health care staff

STEP 2 - Train all health care staff in skills necessary to implement this policy

STEP 3 - Inform all pregnant women about the benefits and management of breastfeeding

**Why Breastfeeding is important?**

* It protects infants’ health
* Breastmilk is readily available, no preparation needed, cheaper.
* It is important to the mother
* mothers milk - exclusively breastfeeding is strongly recommended for the first 6 months

**Information about HIV testing**

* all women are offered voluntary and confidential HIV counseling and testing
* if women-HIV infected there is risk of transmission to the baby during the pregnancy and at birth, as well as during breastfeeding
* about 5 to 15 percent of babies – woman who are HIV infected will become HIV positive through breastfeeding

**Practices that can help breastfeeding to go well**

1. Have a companion with the mother during labor
2. Avoid labor and birth interventions such as sedating pain relief and caesarean sections unless they are medically necessary
3. Have skin-to-skin contact immediately after birth, which keeps the baby warm and gives an early start to breastfeeding
4. Keep the baby beside you (rooming-in or bedding-in), so that your baby is easy to fed as well as safe.
5. Learn feeding signs in your baby so that feeding is baby-led rather than to a schedule
6. Feeding frequently, which helps to develop a good milk supply
7. Breastfeeding exclusively with no supplements, bottles or artificial teats

During pregnancy:

* Antenatal discussion is important part of care
* The role of health worker is promoting and supporting breastfeeding.

**Encourage her that breastfeeding has no problems in majority of women**

* Other body parts, such as ears, nose, fingers, or feet, come in various shapes in sizes and no-one ask is if big ears hear better than small ears. Breasts and nipples can look different and still works perfectly well, except in rare occasions
* Antenatal practices such as wearing bras, using creams, performing breast massage or nipple exercises, or wearing breast shells, do not assist in breastfeeding
* Practices such as ‘toughening’ of the nipples by rubbing with rough towel or putting alcohol in nipples or excessive pulling are not necessary and may damage the skin and tiny muscles that support breastfeeding, and should not be encouraged.

**Women who need extra attention:**

* Had difficulties breastfeeding a previous baby and gave up and started formula feeding quickly
* Must spend time away from her baby she works away from home
* Has a family difficulty
* Is depressed
* Is isolated, without social support
* Is a young or single mother
* Has an intention to leave the baby for adoption
* Has previous breast surgery or trauma
* Is at risk of her baby needing special care after birth
* Is tested and shown to be HIV positive
* HIV positive women need counseling that includes:
  + - * information
      * guidance
      * Support
* If after counseling, a women who is HIV positive decides that for her replacement feeding can be AFASS - **a**cceptable, **f**easible, **a**ffordable, **s**afe and **s**ustainable
* A woman who is not planning to breastfeed needs to discuss:
* What she will need in order to use the method she chooses ( source of milk, water, equipment, cost, time)
* If commercial formula is used, the difference between types of formula and what types are suitable for her infants.
* Is the household water supply being accessible and safe
* Water will need to be boiled to mix formula and hot water is needed to wash the equipment
* How will she keep the equipment clean
* Who will help her learn to prepare and to feed the formula and when will she learn this things
* The woman who is HIV positive will also need to discuss avoidance of mix feeding and care of her breast until the milk is done

**ANTENATAL CHECKLIST – INFANT FEEDING**

**NAME:**

**EXPECTED DATE OF BIRTH:**

|  |  |  |  |
| --- | --- | --- | --- |
| TOPIC | Discussed or note if mother declined discussion | SIGNED | DATE |
| **Importance of exclusive breastfeeding to the baby**  (protects against many illnesses such as chest infections, diarrhea, ear infections; helps baby to grow and develop well; all baby needs for the first six months, changes with baby’s needs, babies who are not breastfed are at higher risk of illness) |  |  |  |
| **Importance of breastfeeding to the mother**  (protects against breast cancer and hip fractures in later life, helps mother form close relationship with the baby, artificial feeding costs money) |  |  |  |
| **Importance of skin-to-skin contact immediately after birth**  (keep baby warm and calm, promotes bonding, helps breastfeeding get started) |  |  |  |
| **Importance of good positioning and attachment**  (good positioning and attachment helps the baby to get lots of milk, and for mother to avoid sore nipples and sore breasts. Help to learn how to breastfeed is available from…) |  |  |  |
| **Getting feeding off to a good start**  -baby-led feeding;  -knowing when baby is getting enough milk;  -importance of rooming-in/keeping baby nearby;  -problems with using artificial teats, pacifiers. |  |  |  |
| **No other food or drink for the first 6 months – only mothers milk**  **Importance of continuing breastfeeding after 6 months while giving other foods** |  |  |  |
| **Risks and hazards of not breastfeeding**  -loss of protection from illness and chronic diseases  -contamination, errors of preparation  -costs  -difficulty in reversing the decision no to breastfeed |  |  |  |

Other points discussed and any follow-up or referral needed:

**The action of breastfeeding**

* helps the child’s jaw to develop as well as muscles such as the tongue and muscles of the Eustachian tube. This development:
  + - reduces the incidence of ear infection;
    - assists with clear speech;
    - protects against dental caries and reduces risk of orthodontic problems
* breastfeeding also provides warmth, closeness and contact which can help physical and emotional development of the child.

**Breastmilk is important for children**

* *Human milk:*
  + - Provides ideal nutrition to meet the infants need for growth and development
    - Protects against many infections and may prevent some infant deaths
    - Reduces risk of allergies and of conditions such as juvenile-onset diabetes, in families with a history of these conditions.
    - Is readily available, needing no preparation

**What is breastmilk?**

**Colostrum:**

* Is produced in the breast by the seventh months of pregnancy, and continues through the first few days after birth
* This is the perfect first food for babies

**Preterm breastmilk**

* Milk of a mother giving birth before 37 weeks gestation

**Mature breastmilk**

* Contains all of the major nutrients – protein, carbohydrates, fat, vitamins, minerals and water in the amounts the baby needs

**Exclusive breastfeeding for the first six months**

* Provides all the nutrients and water that the baby needs to grow and develop in the first six months
* Exclusive breastfeeding means that no drinks or foods other than breastmilk are given to a baby
* After six months , children should receive complimentary foods in addition to breastmilk

PROTECTING BREASTFEEDING

1. The effect of marketing on infants feeding practices
2. The international code of marketing of breast- milk substitutes
   * A Baby- friendly hospital abides the ICMBS
3. How health workers can protect families from marketing
   * What health workers can do
     1. Remove posters that advertise formula, teas, juices or baby cereal, as well as any that advertise bottles and teats and refuse any new posters.
     2. Refuse to accept free gifts from companies
     3. Refuse to allow free samples, gifts, or leaflets to be given to mothers
     4. Eliminate antenatal group teaching of formula preparation to pregnant women, particularly if company staff provides the teaching,
     5. Do individual private teaching of formula use if a baby has a need for it
     6. Report breaches of the Code to the appropriate authorities
     7. Accept only product information from companies for their own information that is scientific and factual, not marketing materials.
4. Donations in emergency situations
5. How to respond to marketing practices

STEP 4 – Help mothers initiate breastfeeding within an hour of birth

* Help mother to initiate breastfeeding within a half hour of birth

**Unang Yakap** –emphasize to need to breastfeed within the first sixty to ninety minutes

Republic Act 7600 (Rooming-in and Breastfeeding Act of 1992)

1. Labor and Birth Practices:
   1. **Support during labor and birth**

* a companion during labor and birth
  1. **Pain Relief**
* offer non medication method
  1. **Light foods and fluids during labor**
* woman needs energy to labor
  1. **Birth Practices**
* Minimal use of invasive procedure such as episiotomy

1. Importance of Early Contact
   1. **Skin-to-skin contact**
      * Start immediately even before cord clamping, or as soon as possible in the first few minutes after birth
2. Helping to initiate breastfeeding
   1. **how to assist to initiate breastfeeding**
      * when the baby is on the mothers chest with skin-to-skin contact the breast odor will encourage the baby to move towards the nipple
      * help a mother recognize these pre-feeding behaviors or cures
      * more assistance with breastfeeding can be provided at the next feed to help the mother learn
      * the role of the health worker at this time is to:
        + provide time and a calm atmosphere
        + help the mother to find comfortable position
        + point out positive behaviors of the baby such as alertness and rooting
        + build the mothers confidence
        + avoid rushing the baby to the breast or pushing the breast into the baby’s mouth

**BREAST MILK PRODUCTION**

Two hormones that helps in the production and flow of milk:

* PROLACTIN
  + - Hormones that make the alveoli produce milk
* OXYTOCIN
  + - Is produced more quickly than prolactin

**Good attachment**

* Baby’s mouth is wide open
* Lower lip is turned out
* Chin is touching the breast
* Areola is visible above the baby’s mouth than below

***Sign of Effective Suckling***

* Slow, deep sucks and swallowing sounds
* Cheeks full and not drawn in
* Baby feeds calmly
* Baby finishes feed by him/herself and seems satisfied
* Mother feels no pain

STEP 5 – Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants

1. Position for breastfeeding
   1. Mothers position
      1. Sitting on the floor or the ground
      2. Sitting on a chair
      3. Lying down
      4. Standing up
      5. Walking
   2. Baby’s position
      1. Along mothers arm
      2. Under the mothers arm
      3. Along her side

Four (4) key points about the position of the baby:

* + - * **In line** with ear, shoulder and hip in a straight line, so that the neck is neither twisted nor bent forward or back
      * **Close** to the mothers body so the baby is brought to the breast rather that the breast taken to the baby
      * **Supported** at the head, shoulders and if newborn, the whole body supported
      * **Facing** the breast with the baby’s nose to the nipple as she or he comes to the breast

**Breastfeeding Positions**

**Lying down on side position**

Helps a mother to rest. Comfortable after a

caesarean section.

Take care that the baby’s nose is on a level

with mother’s nipple, and that baby does not

need to bend his or her neck to reach the

breast.

**Cradle position**

The baby’s lower arm is tucked around the

mother’s side. Not between the baby’s chest

and the mother.

Take care that the baby’s head is not too far

into the crook of the mother’s arm that the

breast is pulled to one side making it difficult

to stay attached.



**Cross arm position**

Useful for small or ill baby. Mother has good

control of baby’s head and body, so may be

useful when learning to breastfeed.

Take care that the baby’s head is not held too

tightly preventing movement.

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**Underarm position**

Useful for twins or to help to drain all areas

of the breast. Gives the mother a good view

of the attachment.

Take care that baby is not bending his or her

neck forcing the chin down to the chest

1. How to asses a breastfeed
   1. Assessing a breastfeed involves watching what the mother and baby are doing and listening to what the mother tells you
   2. If the baby is wrapped in a heavy blanket
   3. Breastfeed observation aid can help health worker
   4. Look at the mother in general
   5. As the mother prepared to feed her baby; what do you notice about her breast
   6. Look at the position of the baby for breastfeeding
   7. Observe the signs of attachment during the feeding
   8. Observe the baby suckling
   9. Ask the mother how breastfeeding feels to her
2. Recognize sign of positioning and attachment

Demonstration - Get a participant

1. Help a mother to learn to position and attach her baby

STEP 6, 7, 8 & 9 – Practices that assist Breastfeeding

1. Rooming-in

***Practice rooming-in – allow mothers and infants to remain together 24 hours a day.***

**Importance of rooming-in**

• Rooming-in has many benefits:

- 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.

- 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.

**Barriers to rooming-in**

* Concern that mothers are tired
* Taking the baby to the nursery for procedures
* Belief that newborn babies need to be observed
* There’s is no space on the ward for the baby cots
* Staff do not know how to assist mothers in learning to care for their babies
* Mother ask for their babies to be taken to the nursery

1. Baby-led feeding

* Encourage breastfeeding on demand

**Signs of hunger**

* + - The time to feed a baby is when the baby shows early hunger signs. The baby:

- 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.

* + - if the baby is crying loudly, arches his or her back, and has difficulty attaching to the breast

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

**Wake a sleepy baby**

* + - If the baby seems too sleepy to feed, suggest that the mother:
      * 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.

1. Avoid unnecessary supplements

**Give newborn infants no food or drink other than breast milk unless**

**medically indicated.**

1. Avoid bottles and teats

**Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding**

**infants.**

**IF THE BABY CANNOT FEED AT THE BREAST**

HAND EXPRESS:

* + Express when the breast is sort rather than engorged and tender.
  + Length of time: depends on the mother, colostrum- 5-10mins

>express for 20 mins. At least six or more times in 24 hours

STEPS:

* + Encouraged the milk flow
  + Find the milk ducts
  + Compress the breast over the ducts
  + Repeat in all parts of the breast