

SESSION 4

ADVANTAGE OF BREAST FEEDING

Learning objective

By the end of the session, participants will be able to:

1. Describe the benefits of breastfeeding for the infant, the mother, the family, and the community/nation.

Overview

Activity 4.1 Benefits of Breastfeeding (30 minutes)

Total Time 30 minutes

Materials needed

✓ Flipchart papers, markers and masking tape

Advance preparation

Hand-out

Benefits of Breastfeeding for the Infant/Young Child

Detailed activities

Activity 4.1. Benefits of Breastfeeding (30 minutes)

Methodology

- Divide participants into 4 groups. Four flipcharts are set-up throughout the room with the following titles: 1) Benefits of breastfeeding for the infant, 2) Benefits of breastfeeding for the mother, 3) Benefits of breastfeeding for the family, and 4) Benefits of breastfeeding for the community/nation
- Each group has 3 minutes at each flipchart to write as many benefits as they can think of (without repeating benefits already listed), then the groups rotate to the next flipchart and repeat the exercise
- Discussion and summary in plenary
- Refer to Hand-out # 3 and discuss

BENEFITS OF BREASTFEEDING FOR THE INFANT/YOUNG CHILD

Breastmilk:

- Saves infants' lives
- Is a complete food for the infant because it contains balanced proportions and sufficient quantity of all the needed nutrients needed during the first 6 months?
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- The infant benefits from the colostrum, which protects him/her from diseases.
- The colostrum acts as a laxative cleaning the infant's stomach.
- Promotes adequate growth and development, thus preventing stunting.
- Is always clean.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed.
- Protects against allergies. Breastmilk antibodies protect the baby's gut, preventing harmful substances from passing into the blood.
- Contains the right amount of water to meet the baby's needs (up to 80%).
- Helps jaw and teeth development; suckling develops facial muscles.
- Frequent skin-to-skin contact between mother and infant leads to better psychomotor, affective, and social development of the infant.

BENEFITS OF BREASTFEEDING FOR THE MOTHER

1. Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
2. Reduces risks of bleeding after delivery.
3. When the baby is immediately breastfed after birth, breastmilk production is stimulated.
4. Immediate and frequent suckling prevents engorgement.
5. Breastmilk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
6. It is economical.
7. Stimulates the bond between mother and baby.

8. Reduces the mother's workload (no time is involved in boiling water, gathering fuel, or preparing milk).
9. Reduces risks of pre-menopausal breast and ovarian cancer.
10. Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months provided that breastfeeding is exclusive and amenorrhea persists.

BENEFITS OF BREASTFEEDING FOR THE FAMILY

- No expenses in buying formula, firewood or other fuel to boil water, milk or utensils. The money saved can be used to meet the family's other needs.
- No medical expenses due to sickness that formula could cause. The mothers and their children are healthier.
- As illness episodes are reduced in number; the family encounters fewer emotional difficulties associated with the baby's illness.
- Births are spaced thanks to the contraceptive effect.
- Time is saved.

BENEFITS OF BREASTFEEDING FOR THE COMMUNITY/NATION

- Not importing formula and utensils necessary for its preparation saves hard currency that could be used for something else.
- Healthy babies make a healthy nation.
- Savings are made in the health area. A decrease in the number of child illnesses leads to decreased national expenses of treatments.
- Improves child survival. Reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water, milk and utensils, thus protecting the environment). Breastmilk is a natural renewable resource.

SESSION 5

OPTIMAL BREASTFEEDING PRACTICES

Learning objectives

By the end of the session, participants will be able to:

1. Explain the optimal breastfeeding practices
2. Explain the importance of each practice
3. Demonstrate proper positioning and attachment

Overview

Activity 5.1	Optimal breastfeeding messages (30 minutes).
Activity 5.2	How health and health extension workers support the health of women and children. (30 minutes)
Activity 5.3	Proper positioning and attachment (45 minutes)

Total Time 1 hour 45 minutes

Materials needed

- ✓ Flipchart papers, markers and masking tape
- ✓ Large cards (½ A4 size)
- ✓ Dolls and/or babies
- ✓ Breast models

Advance preparation

Hand-outs

Key messages on optimal breastfeeding 0 – 6 months

Illustrations of Common Breastfeeding Positions & Proper Attachment

Note: If possible, make arrangements in advance to have breastfeeding women present at the activity to demonstrate proper positioning and attachment.

Detailed activities

Activity 5.1 Optimal Breastfeeding Messages (30 minutes)

Methodology

- Divide participants into five groups, giving each participant one card
- Each participant will write 1 optimal breastfeeding practice on their card
- Have each of the small groups , discuss among themselves and make a list of optimal breastfeeding messages
- Each group tapes their breastfeeding messages on the wall
- Discussion and summary in plenary
- Distribute and discuss hand outs (HO # 6)

Activity 5.2 How health workers and health extension workers support the health of women and children (30 minutes)

Methodology

- Divide participants into 4 groups; assign each group one of the following questions to answer and present:
 1. How can a HW & HEW help mothers or caretakers achieve optimal breastfeeding?
 2. Which questions must a HW or HEW ask pregnant mothers?
 3. Why should Iron supplementation be continued after delivery?
 4. What must be done when a child under 6 months is sick? And which immunization should the child received before the age of six months?
- Presentations by the groups
- Discussion and summary in plenary

Possible Answers:

Question 1: How can a HW & HEW help mothers or child caretakers achieve optimal breastfeeding?

- Discuss the benefits of breastfeeding and birth spacing with the mother, her husband, and family (if possible)
- Help the mother to **breastfeed immediately after delivery** at hospital, at home, or at the midwife's, and **give colostrum to the baby**:

- Colostrum protects infant from disease by providing the infant's first vaccine
- Helps expel the placenta more rapidly and reduce blood loss
- Helps expel meconium, the infant's first stool
- Stimulates breastmilk production
- Keeps newborn warm through skin-to-skin contact



- Promote **exclusive breastfeeding from 0 - < 6 months** because:
 - Breastmilk contains all the water and nutrients that an infant needs to satisfy hunger, thirst, and growth.
 - No other foods or liquids should be given during the first six months.
 - Infants are likely to have fewer diarrhoea, respiratory, and ear infections.
 - Exclusive breastfeeding helps space births by delaying the return of fertility.

Demonstrate the proper positions and attachments (Activity 5.3)

- **Mention the importance of initiating complementary foods at 6 months but continue breastfeeding for two years.**

- From 6 months breastmilk alone cannot meet all the nutritional needs for baby's growth and development.
- Mother or caregiver begins complementary feeding by adding available affordable local foods to staple foods.
- Mother continues to give breastmilk to the child for two years and it will continue to protect the child against illness.



Also

- Answer mother or caregiver's questions.
- Congratulate and encourage the mother/caregiver.
- Encourage mother/caregiver to go to a community support group if she encounters breastfeeding difficulties.
- Refer her to community support groups or the Health Centre for other FP methods.
- Remind mother or caregiver to immunize the child.

Question 2: Which questions must a HW or HEW ask pregnant mothers?

- How will you feed your baby?
- If the mother does not plan to breastfeed her baby, ask why.
- Have you heard of exclusively breastfed? **Reinforce the key points about exclusive breastfeeding (0 – < 6 months).**
- Did you encounter and difficulties breastfeeding with other children? What?
- Have you already been to a health centre for ANC and for Iron/Folic Acid supplementation? Do you take the supplements every day?
- Did you get your tetanus vaccination?
- If HIV Testing and Counselling is available: have you thought of taking an HIV test?

Question 3: Why should Iron supplementation be continued after delivery?

- The iron/folate supplementation should be given to the mother for a total of 6 months. After delivery the mother has to continue the supplementation to complete the six months to prevent anaemia.
- Because the mother has lost blood during delivery, she needs to **increase her Iron stores** for the sake of her health and the baby's (Iron passes into breastmilk).
- Breastfeeding mothers should be encouraged to eat food rich in Iron (greens, meat, liver, legumes).

Question 4: What must be done when a child under 6 months is sick? And which immunization should a child receive before the age of six months?

- Mother should increase breastfeeding frequency during illness.
- After each illness, increase the frequency of breastfeeds for 2 weeks so that the child may regain strength and weight.
- Ensure that the child receives their immunizations.
- If the child has fever or convulsions take them to the health centre.

Immunization before six months

BCG, Oral polio 0 (at birth)

pentavalent 1, Oral polio 1, PCV 1,Rota1(at 6 weeks)

pentavalent 2, Oral polio 2, PCV 2,Rota2(4 weeks after penta1)

pentavalent 3, Oral polio 3, PCV 3 (4weeks after penta 2)

Activity 5.3. Proper positioning and attachment (45 minutes)

Methodology

- Facilitator demonstrates incorrect positioning and attachment using doll
- Mother and baby (if available) demonstrate proper positioning and attachment, or facilitator uses a doll.
- Facilitator asks participants to explain the difference between the two ways of position and attachment.
- Facilitators add additional explanations on the difference between the two ways of position and attachment.
- In small groups of 5 (with a mother and baby), participants practice good positioning and attachment and receive feedback from each other.
- If no mothers and babies are available, participants practice in triads with dolls: mother, counsellor and observer. Each participant rotates each role.
- Two pairs demonstrate good positioning and attachment in plenary with baby or doll.
- Feedback and discussion.
- Refer to hand-out # 6 & 7

Position and attachment techniques

1. Preparation and how to breastfeed (Proper positioning)

- The mother must be comfortable.
- Hold the infant in such a way as to have his/her face at the mother's breast level (The infant should be able to look up at the mother's face, not flat to her chest or abdomen).
- The infant's stomach should be against the mother's stomach.
- The infant's head, back, and buttocks are in a straight line.
- The infant needs to be close to the mother.
- The infant is brought to the breast; the baby's whole body should be supported, not just the head and shoulders.
- The mother should hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below. Fingers should not be in scissor hold because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.

2. Signs of proper attachment

Good attachment is important to enable the infant to suckle effectively, to remove the milk efficiently, and stimulate an adequate supply.

- Tease the infant's lower lip with the nipple, in order for the infant to open wide his/her mouth.
- The infant's mouth covers a large part of the areola (there is more areola showing above rather than below the nipple).
- The areola and the nipple will stretch and become longer in the infant's mouth.
- The infant's chin touches the breast.
- Both lips are turned outwards



Poor attachment results in incomplete removal of milk, which can lead to sore nipples, inflammation of the breast and mastitis.

3. Signs of efficient suckling

- Slow and regular sucking at the following rhythm: 2 suctions and one swallowing.
- The infant takes slow deep sucks, sometimes pausing.
- Suckling is comfortable and pain free.
- The mother hears her baby swallowing.
- The breast is softer after the feed.

Demonstration of different breastfeeding positions

1. Sitting position

- Usual position of most mothers
- Make sure infant's and mother's stomachs are facing each other



2. Side-Lying

- This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
- The mother and infant are both lying on their side and facing each other.



3. American Football

- This position is best used:
 - after a Caesarean section,
 - when the nipples are painful, or
 - to breastfeed twins.
- The mother is comfortably seated with the infant under her arm. The infant's body passes by the mother's side and his/her head is at breast level.
- The mother supports the infant's head and body with her hand and forearm.
- Ask one or two participants to demonstrate this position with a doll and a breast model.

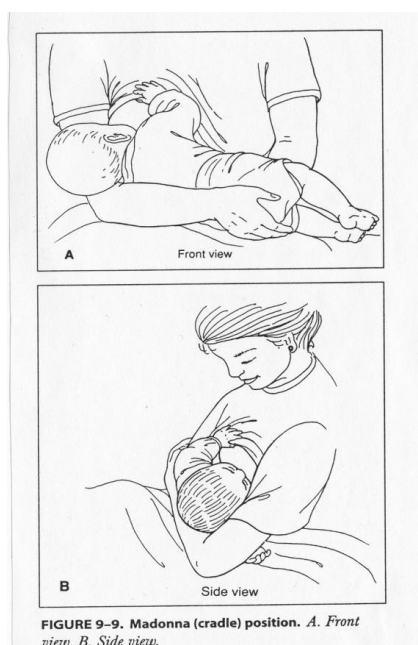
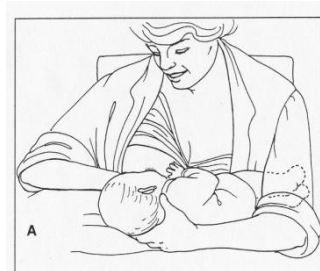


FIGURE 9-9. Madonna (cradle) position. A. Front view. B. Side view.

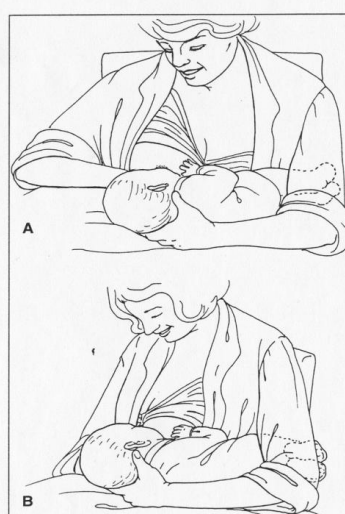


FIGURE 9-10. Football position. A. Modified clutch position. B. Clutch hold.

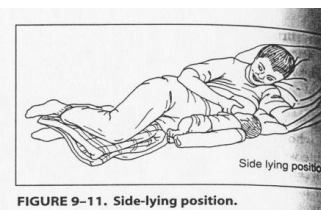


FIGURE 9-11. Side-lying position.

Note

Regardless of the position chosen, the mother must be comfortable. She should not lean toward the infant but rather draw him/her towards herself. For example, sitting position: back resting on the chair's back or cushion, feet crossed or raised on a stool.