

MBFHI PRIMER

Hospital Policy on MBFHI:

1. The breastfeeding and rooming-in policy is regularly communicated and efficiently carried out.
2. All health care staffs are competently trained to employ necessary skills in relation to this policy.
3. Pregnant women are informed of the advantages and managements of breastfeeding.
4. Mothers are assisted to initiate breastfeeding immediately after birth.
5. mothers are taught about how to breastfeed and maintain lactation despite being separated from their infants.
6. Newborn infants are not given any food or drink other than breast milk unless medically indicated.
7. The staff ensures that infants are roomed-in with their mother 24-hours a day.
8. Breastfeeding on demand is advocated.
9. Artificial teats or pacifiers are not offered to breastfeeding infants.
10. Infant formula or any breast milk substitute is not allowed within the hospital premises.
11. Medical representatives are restricted from promoting breast milk substitutes and giving of gifts, posters or samples.
12. Breastfeeding mothers are referred to support groups upon discharge.
13. HIV positive mothers are cared for by trained personnel and assisted to meet informed choices.
14. Mother-friendly care products are advocated such as:
 - A. Encouraging women to have companions of their choice to provide physical and/or emotional support during labor at scheduled time. If the situation permits.
 - B. Allowing women to drink and eat light foods during labor.
 - C. Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anesthetic drugs are necessary because of complications, respecting the personal preferences of women.
 - D. Encouraging women to walk and move about during labor.
 - E. Care that avoids invasive procedures such as rupture of the membrane, episiotomies, acceleration or induction of labor, instrumental deliveries, cesarean section unless specifically required for a complication and the reason is explained to the mother.

10 steps to successful breastfeeding:

- 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 policy.
- Step 3. Inform all pregnant women about the benefits and management of breastfeeding.
- Step 4. Help mothers initiate breastfeeding within a half-hour of birth.
- Step 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

- Step 6. Give newborn infants no food or drink other than breast milk unless medically indicated.
- Step 7. Practice rooming-in. Allow mothers and infants to remain together - 24 hours a day.
- Step 8. Encourage breastfeeding on demand.
- Step 9. Give no artificial teats or pacifier (also called dummies or soothers) to breastfeeding infants.
- Step 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

EO 51 (Milk Code) - Main Points:

1. Health workers should promote and protect breastfeeding, and help women initiate, sustain and maintain breastfeeding (private and public).
2. No donations of products(breast milk substitutes and other products) covered by the law.
3. No promotion in the health care system (private and public).
4. No free samples to mothers.
5. No gifts to health workers (private and public).
6. No company personnel/med rep to advise, educate and inform mothers and pregnant women.
7. All advertising of breast milk substitutes and other milk products should be covered to the public.
8. Information to the health workers should be scientific and factual.
9. No pictures of infants and young children, or other pictures idealizing artificial feeding on the labels of the products.
10. In information on artificial feeding including that on labels, should explain the benefits of breastfeeding and the cost and dangers associated with the artificial feeding.

RA 7600 (Rooming Act) - Mother and baby together 24-hours a day.

RA 10028 (Expanded Breastfeeding Act of 2009) - Lactation break and lactation room to our hospital employee's.

EO 51 (Milk Code) - No milk formulas, bottles, and teats in the hospital premises.

How to support breastfeeding program:

- A. Management staff - provide resources, support programs, help in the advocacy.
- B. Technical staff (MD's, RN's, MW's, Nutritionist, Pharmacist) - Ensure implementation of EO 51, provide information on the benefits, encourage breastfeeding.
- C. Auxiliary staff (Guard, Utility, Nursing Aid) - promote breastfeeding, encourage breastfeeding, ensure EO 51 implementation.

Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital or clinic.

- The staff discusses the plans with mother who are close to discharge for how they will feed their babies after returning home.

- Follow-up support for mothers through post discharge coordinator.

For HIV-positive mothers - receive counseling including information about the risks and benefits of various infant feeding options and specific guidance in selecting what is best in their circumstances.

Staff providing support to HIV-positive women receive training on HIV and infant feeding.

All mother and babies receive:

- Skin-to-skin contact immediately after birth for at least 90 minutes.
- Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.
- All mothers are taught hand expression, positioning and attachment.

Mothers of babies in special care units are:

- Offered help to initiate lactation. Offered help to start their breast milk coming and to keep up the supply within 6 hours of their babies birth.
- Show them how to express their breast milk.

All mothers and babies room-in together, including at night. Separations are only for justifiable reasons with written documentation.

Importance of Rooming-in:

1. Facilitates bonding.
2. Permits breastfeeding on demand.
3. Closer contact with the father and family.

Hours babies are roomed-in after delivery:

Normal delivery- immediately (unless medically indicated)

Cesarean delivery - once baby is cleared by the Physician, on average of 4-6 hours.

If not roomed-in - medically indicated for observation or intermediate care at NICU.

BENEFITS OF ROOMING-IN and BREASTFEEDING:

Step 4: Practice rooming- in allow mothers and infants to remain together 24hrs a day.

- a. Babies sleep better, cry less
- b. Continuation of sleep/awake rhythm developed before birth
- c. BF is well established, continues longer, baby gains weight quickly
- d. Feeding on cues is easier, develops good milk supply
- e. Mother becomes confident in caring for the baby
- f. Baby exposed to fewer infection
- g. Promotes bonding

BARRIERSTO ROOMING-IN:

1. Concerns that mothers are tired.
2. Taking the baby to nursery for procedures

3. Beliefs that newborn babies need to be observed
4. No space in the ward for baby's cot
5. Staff do not know how to assist mothers in learning to care for their babies
6. Mothers ask for their babies to be taken to the nursery.

Importance of breastfeeding on demand/ Baby- led feeding:

1. More immune-rich colostrums
2. Faster development of milk supply.
3. Faster weight gain.
4. Less neonatal jaundice.
5. Prevents breast engorgement.

Milk variation/composition:

1. Colostrum - produced in the breast at 7th month of pregnancy.

- Thick, sticky, clear to yellowish in color.

- Rich in immunoglobulin, laxative effect and bifidus flora establishment in digestive tracts.

2. Foremilk - bluish in color, move water (thirst quencher).
3. Hindmilk - Whiter than foremilk. High in fat content.

Proper positioning:

1. Baby's head and body in line.
2. Baby is held close to mother's body.
3. Baby's whole body is well supported.
4. Baby approaches breast, nose to nipple.

Proper attachment:

1. Chin touching the breast or nearly so.
2. Mouth wide open.
3. Lower lip turned outwards.
4. Areola more visible above than below the mouth.

Signs of Effective Suckling:

1. Slow, deep sucks and swallowing sounds.
2. Cheeks full and not drawn in.
3. Baby feeds calmly.
4. Baby finishes feeding by him/herself and seems satisfied.
5. Mother feels no pain.

HUNGER SIGNS:

1. Eye movement/opens eyes
2. Opens mouth/ stretches tongue or tongue movement
3. Soft whimper sounds
4. Sucks/chews hands
5. Crying loudly/arches back
6. Calm and wakes/ back to sleep
7. Wakes quickly/ becomes very annoyed

Management of inverted nipple:

1. Cut needle part of syringe (according to nipple size).

2. Transfer plunger to rough side.
3. Attach to nipple.
4. Pull plunger to maintain steady gentle pressure.
5. Push plunger back to reduce suction - if there is pain.
6. Do it for 30 secs to 1 minute, several times a day.

Massage and Manual expression:

1. Spiral movement massage from outer to inner breast in rotation motion.
2. Piano like massage from outer to inner breast in rotation motion.
3. Shake - shake breast with proper hand position.
4. C - cup hold of the breast.
5. Push breast to the chest wall.
6. Press the areola area.
7. Release. Repeat as necessary.

Cup feeding

1. Caregiver sits comfortably.
2. Position the baby up straight on the lap and properly supported.
3. Bring the cup with EBM under the lower lip.
4. Slowly tilt the cup and let the baby lick the milk, until the EBM is consumed.
5. Burped the baby in between or after feeding.

Milk volume

1. From birth to 24 hours- colostrum averages about 37 ml.
2. 24 to 96 hours - slow rise in volume.
3. Day 5 - approximately 500 ml/day
4. 3 to 5 months - 750 ml/day
5. 6 months - 800 ml/day

Storage guidelines:

1. Room temperature - 20C-37C = 4 hours
- 15C-25C = 8 hours
2. Refrigerated - 2C-4C = 8 days\
- Freezer compartment (1 door) = 2 weeks
- Freezer compartment (2 door) = 3 months
- Deep freezer = 6 months

How long to express?

1. To get colostrum - 5 to 10 mins = a teaspoon
 2. To increase production - 20 mins/6 hours
 3. To soften areola - compress 3 to 4 times
 4. To clear blocked ducts - compress until cleared
 5. For storage - 15 to 30 minutes
- TOPICS or main points to include in a group talk with pregnant women:
 - a. Experience
 - b. Difficulties & how to prevent it
 - c. Cultural issues
 - d. Teaching of proper position/attachment by using dolls and breast models
 - Advantages of breastfeeding to the family:

- a. Readily available
- b. No lost of income or economical
- c. Reduced absences of parents from work
- d. Simple. No equipment needed

- Give 3 factors that causes low breast milk production:

1. Infrequent feeds
2. Poor attachment
3. Scheduled feeds
4. Psychological factors
5. Short feeds
6. Lack of confidence
7. Poor suckling
8. Feels tires, worried and overwhelmed

- Elements necessary in normal breastfeeding process:
Breast and baby

- Ways on how to feed an infant with expressed breast milk:

1. NGT/OGT
2. Syringe or dropper
3. Spoon
4. Cup
5. Direct expression into the baby's mouth

Definition of TERMS:

1. **ARTIFICIAL FEEDING** - the infant is given breast milk substitute and not breast milk at all.
2. **EXCLUSIVE FEEDING** - the infant takes only breastmilk & no additional food, water or other fluids with the exception of medicines and vitamin or mineral drops.
3. **BOTTLE FEEDING** - the infant is feeding from a bottle regardless of its content, including expressed breast milk.
4. **PARTIAL/MIXED FEEDING** - the infant is given some breast feed and some artificial feeds, either milk or cereal, or other food or water.
5. **REPLACEMENT FEEDING** - the process of feeding a child of an HIV (+) mother who is not receiving any breast milk with a diet that provided all the nutrients the child needs.
6. **COMPLIMENTARY FEEDING** - the process of giving an infant food in addition to breast milk or infant formula, when either because insufficient to satisfy the infant's nutritional requirements.

ANATOMY OF THE BREAST:

