World Health Organization

Essential Newborn Care Modular Course

Second edition, interim version

Breastfeeding: Ensuring a good start



Facilitator Notes

Draft version for field testing

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Symbols



Pre-service



In-service


Self-paced learning


Critical reflection


Videos


Role play


Questions


Case study


Simulation


Clinical practice


Treasure Hunt


The situation


Summary


Quality improvement

Review slides for this module and decide which slides you will use based on the learners' needs. The decision depends on assessments or a pre-test and whether learners are pre-service or in-service.

Hide slides that will not be used. Decide which sections will be carried out as self-paced learning and give clear instructions. The choice should be made in advance as it will influence the time needed for each section. Time for each section will also depend on learners' level (basic or intermediate).

If learners carry out exercises as self-paced learning, remember to quickly show answers and to answer any questions learners may have. To save time, consider using a parking lot or online forum.



Pre-service
Activities placed in a blue box are for pre-service learners only.



In-service
Activities placed in a red box are for in-service learners only.



Self-paced learning
Sections marked with the self-paced learning symbol can be carried out by learners in various ways:

- as preparation in advance for the module
- facilitated during face-to-face sessions
- for reinforcement after facilitated face to face session
- online (WHO Academy) as part of blended learning
- using linked applications (apps).

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Session preparation

See equipment and materials checklist.

Key materials for demonstrations and simulations

One set for facilitator and one set per group of 2-4 learners:

- newborn mannequin
- model breasts
- shawl or cloth to cover breasts to ensure dignity and respectful care.

Session length

The times shown are only indictive. Update prior to running the module, depending on learners' needs. See time tables.

7. Breastfeeding: Ensuring a good start		
	Pre-service	**In-service**
Section	Duration (hr mins)	Duration (hr mins)
Goal and situation	0:05	0:05
Simulation	0:00	0:15
How breastfeeding works	0:15	0:10
Benefits	0:10	0:05
Support mothers	0:30	0:20
Key points	0:10	0:05
Give practical support	0:10	0:15
Treasure hunt	0:00	0:15
Clinical practice	1:30	1:00
Quality improvement	0:10	0:30
	3:00	**3:00**

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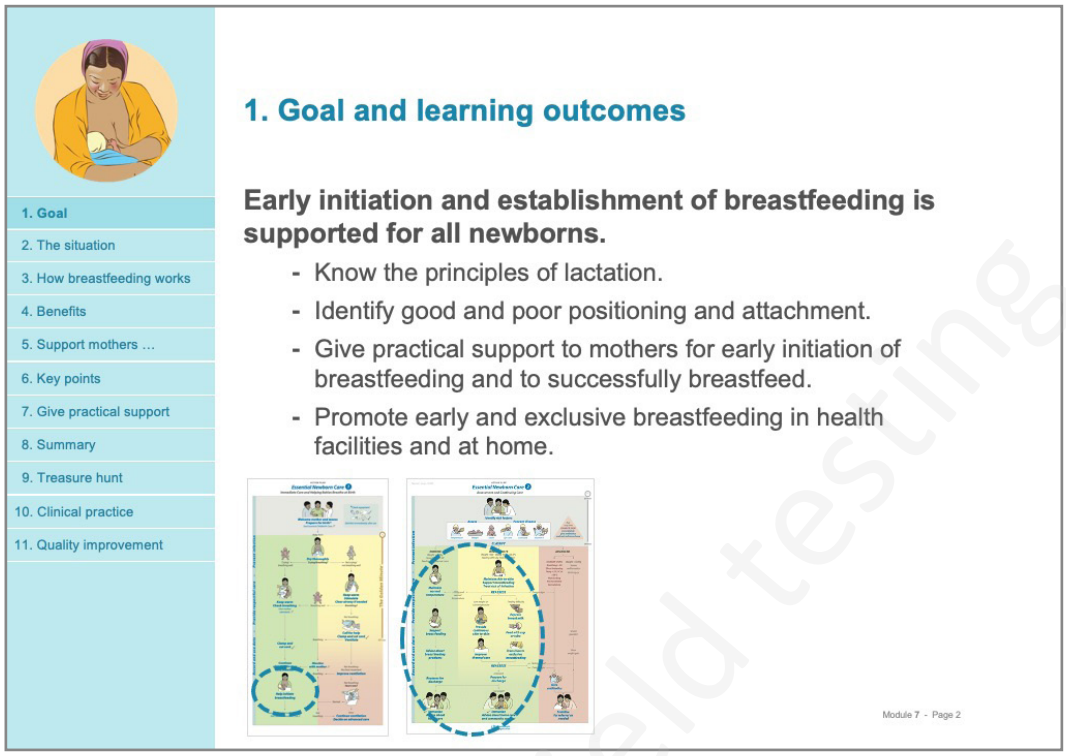
1. Goal



Go through slide.

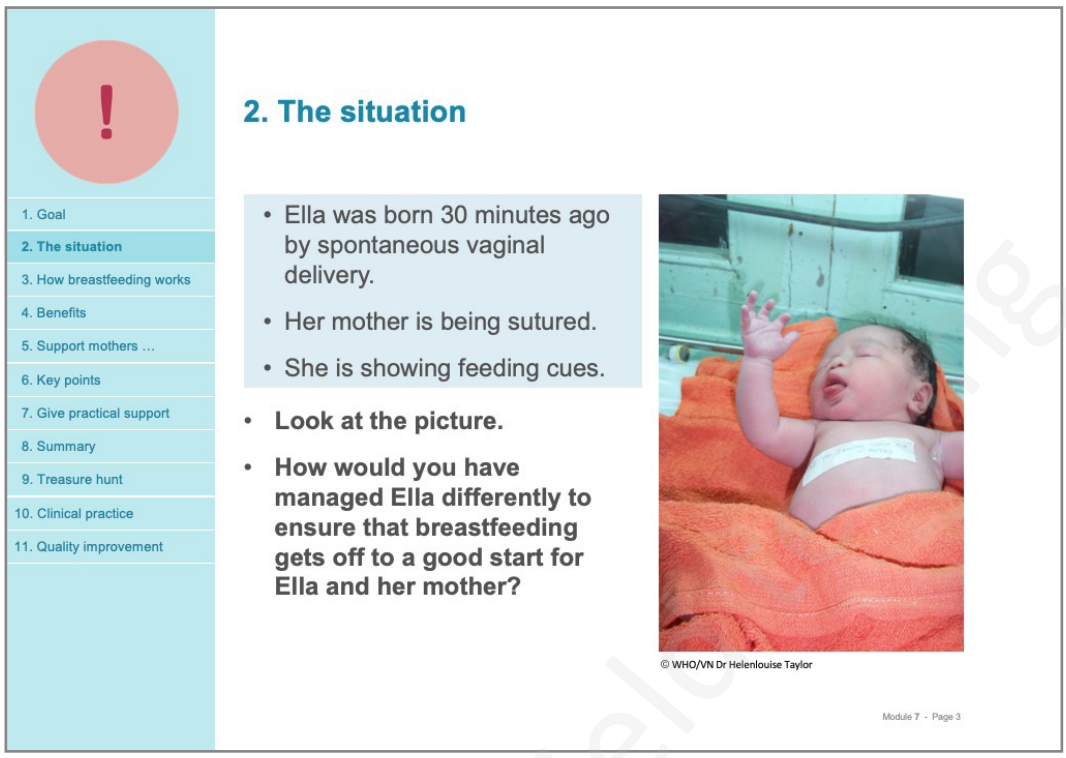
Explain

- During this module learners will practice communicating effectively about how breast feeding works and giving practical support to mothers and their newborns to ensure early initiation of breastfeeding.

Ask for and answer questions.

Draft version for field testing

2. The situation



Ask

- **How would you ensure evidence-based respectful care?**
  - *Reflect and discuss.*

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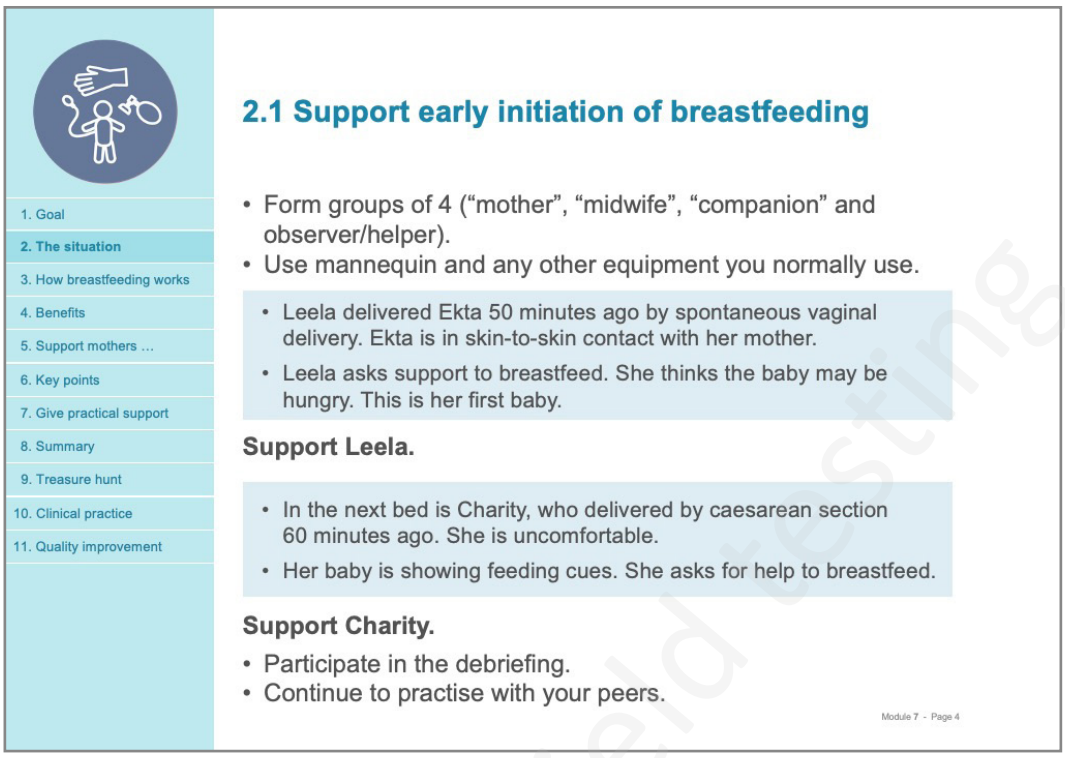

Brief and debrief following *Methodologies for facilitation*

Brief
Read scenario.

Skills and performance
Learners demonstrate:
1. *Communicating effectively how breastfeeding works to the mother and other family members.*
2. *Giving practical support to the mother and newborn to initiate and establish breastfeeding after birth (if required).*

Debrief
- *Address any issues relating to norms, behaviours or concerns about practices now, in this safe environment. Examples of issues could include:*
  - *Ignores concerns or worries of the mother or family members*
  - *Asks only closed questions*
  - *Uses judgment words (good-bad-wrong-normal)*
  - *Neglects to listen to or to look at the mother – non-verbal aspects*
  - *Tells the mother instead of listening, reflecting, responding*
  - *Neglects to take time for the mother*
  - *Gives the mother a handout and tells her to read it*
  - *Reacts without sensitivity or care*
  - *Uses complex technical or infantilizing language*
  - *Uses jargon inappropriately*
  - *Uses a hands-on approach without first asking consent*
  - *Doesn't help the mother to be comfortable before demonstrating and/or explaining*
  - *Gives theory and not practical help*

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- *Unaware of the importance of skin-to-skin contact and feeding within the first 1–2 hours for all infants*
- *Suggests/recommends set time for feeding and set duration for each suckling period*
- *Uses a hands-on approach touching the mother's breasts or infant's head/body*
- *Gives samples or advertising materials.*

Demonstrate

Show breastfeeding positions that mothers may prefer following normal vaginal delivery and post caesarian section. Emphasize areas where there are gaps or difficulties observed.



Go through slide.
Ask for and answer questions.

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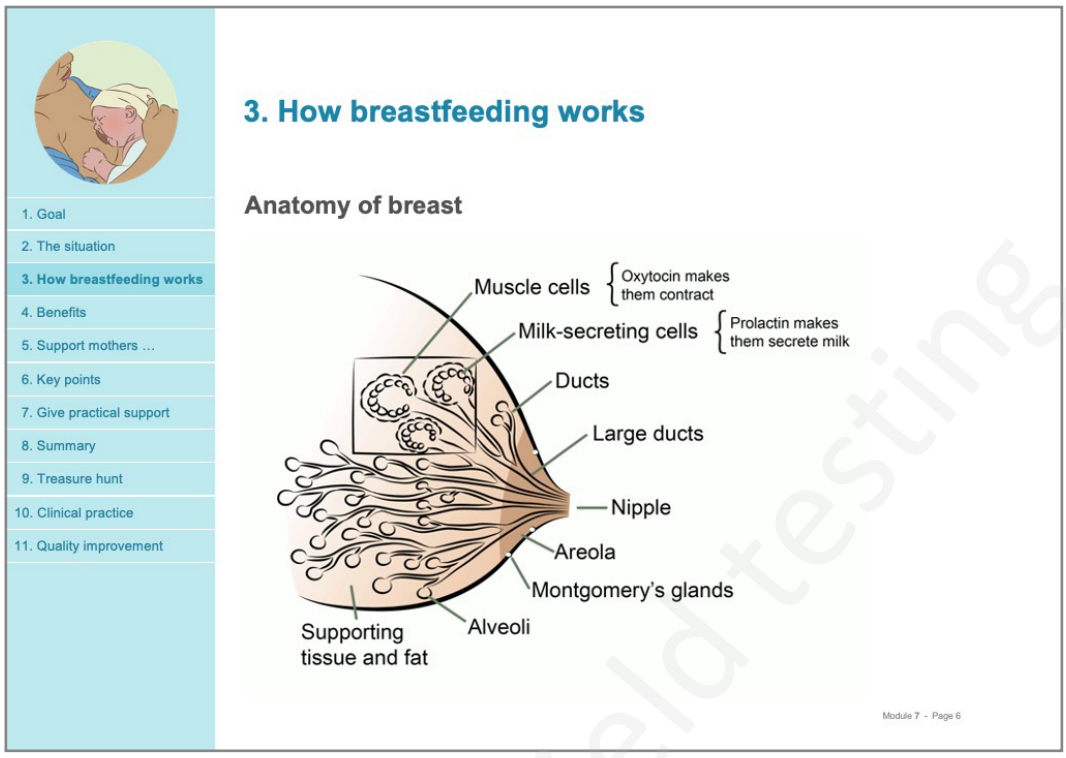
3. How breastfeeding works



If learners have attended the WHO/UNICEF breastfeeding training course, skip this section or use as a quick refresher.

Explain

- Show each part of the breast in turn.
  - Nipple
  - Areola: dark skin surrounding the nipple, a baby needs to have a large amount of the areola in its mouth to feed well
  - Montgomery's glands: secrete an oily fluid to keep the skin healthy, clean and lubricated. They are the source of the smell of the mother's breasts, which helps the baby to find the breast and recognize her.
  - Alveoli: small sacs made of milk-secreting cells. A hormone called prolactin makes these cells produce milk.
  - Muscle cells: surround the alveoli contracting and squeezing the milk out. A hormone called oxytocin makes the muscle cells contract.
  - Ducts: Small tubes, or ducts, carry milk from the alveoli to the outside.

- Between feeds, milk is stored in the alveoli and small ducts. The ducts join to form 7 to 10 larger ducts that pass through the nipple. The larger ducts beneath the areola dilate during feeding and hold the breast milk temporarily during the feed. The secretory alveoli and ducts are surrounded by supporting tissue and fat.

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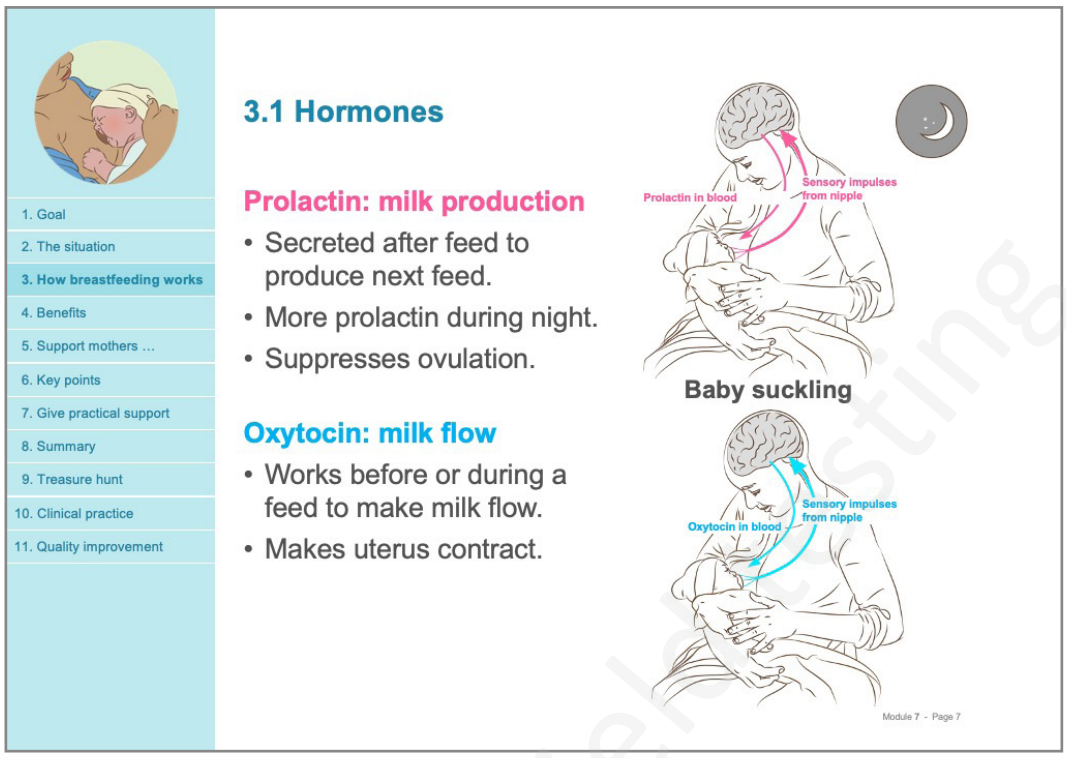

(For pre-service and in-service learners with no breastfeeding training.)

Ask

- **Which hormones are involved in milk production?**

Explain

- There are 2 hormones involved in milk production and milk flow.
- For milk production it is the hormone prolactin, which is secreted after a feed to produce the next feed.
- For milk flow it is the hormone oxytocin. It works before or during a feed.

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1. Goal
2. The situation
3. How breastfeeding works
4. Benefits
5. Support mothers …
6. Key points
7. Give practical support
8. Summary
9. Treasure hunt
10. Clinical practice
11. Quality improvement

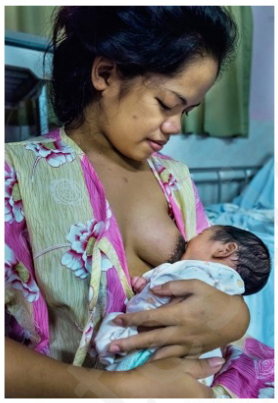
3.2 Oxytocin reflex for milk flow

What helps the reflex?

- Thinking lovingly of the baby
- Sound of the baby
- Sight of the baby
- Touch of the baby
- Confidence

What hinders the reflex?

- Worry
- Stress
- Pain
- Doubt
- Separation of the baby from the mother



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Explain

Explain content of slide.

- The attitudes and behaviour of the health worker can both help and hinder the reflex.
- Be supportive.



1. Goal
2. The situation
3. How breastfeeding works
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3.3 What are the signs and sensations of oxytocin reflex?

- A squeezing or tingling sensation in her breasts just before she feeds her baby, or during a feed.
- Milk flowing from her breasts when she thinks of her baby or hears the baby crying.
- Milk dripping from her other breast, when her baby is suckling.
- Milk flowing from her breast in fine streams, if her baby comes off the breast during a feed.
- Pain from uterine contractions, sometimes with a rush of blood, during feeds in the first week.
- Slow deep sucks and swallowing by the baby, which show that breast milk is flowing into their mouth.

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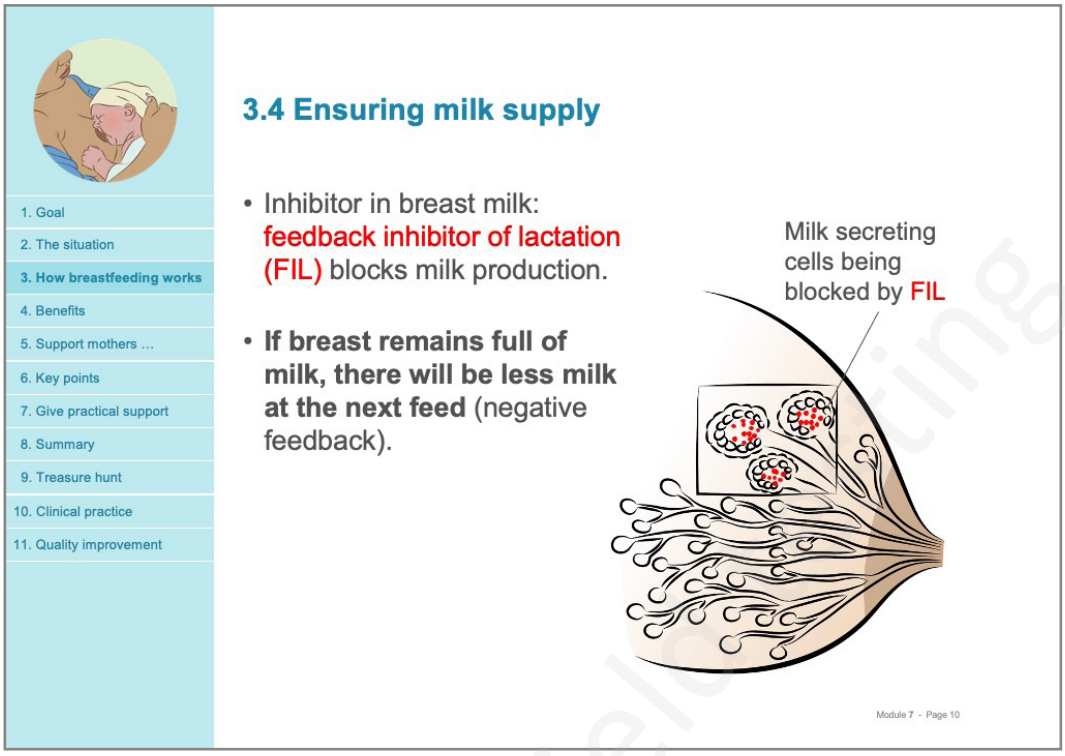
Ask

- **What are the signs and sensations of oxytocin reflex?**
  - *Go through slide.*
  - *Ask for and answer questions.*

Draft version for field testing



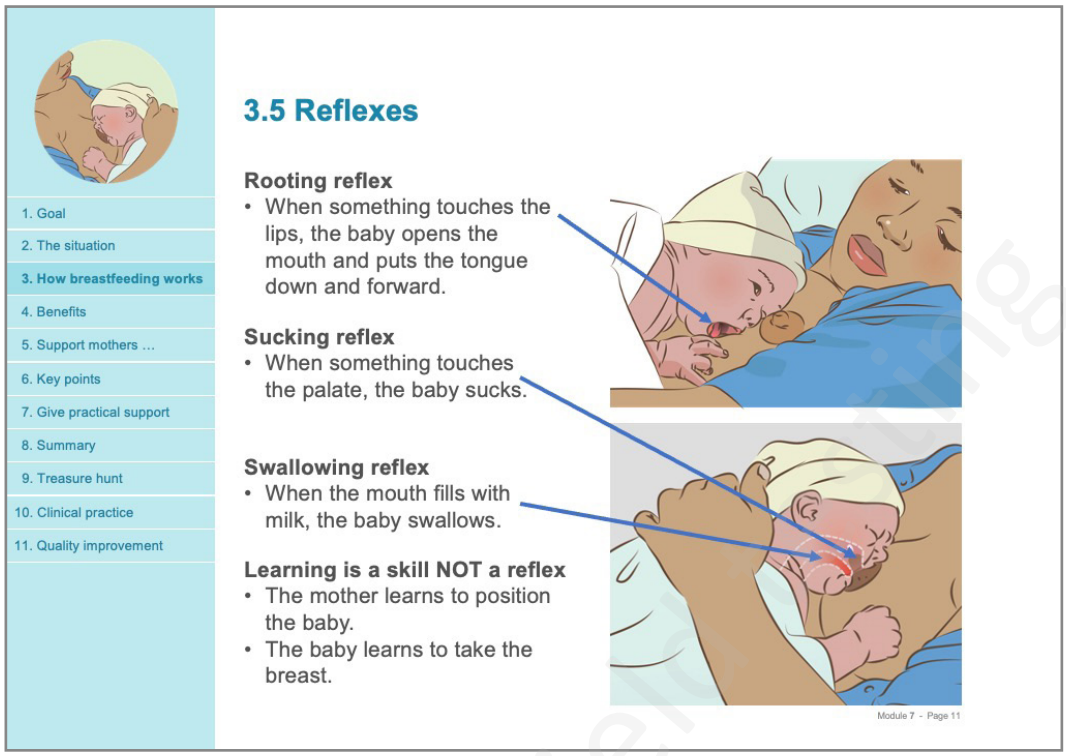
Ask

- **What is FIL – feedback inhibitor of lactation?**

Explain

- Production of breast milk is also controlled within the breast itself.
- Milk contains different factors which control or inhibit milk production. One main factor is called the feedback inhibitor of lactation (FIL).
- If milk is not removed and the breast is full, this inhibitor decreases production of milk.
- If milk is removed from the breast, then the inhibitor level falls and milk production increases. Thus, the amount of milk that is produced depends on how much is removed.
- If a baby stops suckling from one breast, that breast stops making milk.
- If a baby suckles more from one breast, that breast makes more milk and becomes larger than the other.
- For a breast to continue to make milk, the milk must be removed.
- If a baby cannot suckle from one or both breasts, the breast milk must be removed by expression for production to continue.
- This local control of breast-milk production is especially important after the first few weeks, when the level of prolactin decreases.

Draft version for field testing



Ask

- **What reflexes do you know related to breastfeeding?**
  - *Check answers.*
  - *Show correct answers by clicking through slide.*

Explain

- **Rooting reflex**: When something touches a baby's lips or cheek, the baby turns their head towards it. The baby then opens their mouth, especially if the upper lip is touched. This is the "rooting" reflex.

- **Sucking reflex:** When something touches a baby's palate, they start to suck it. This is the sucking reflex. When the mother moves the open-mouthed baby closer onto the breast so that the nipple touches the soft palate, this stimulates the baby's sucking reflex.

- **Swallowing reflex:** When the baby's mouth fills with milk, they swallow.

- **Learning a skill is NOT a reflex**. The mother learns to position the baby and the baby learns to take the breast.

- Taking the breast far enough into the mouth is NOT completely automatic for the baby.
  - A baby should be held close to the breast and approach the breast from underneath the nipple.
  - Most healthy term infants can attach themselves to the breast instinctively in the first hour after birth.
  - Mother and baby must be kept together in a comfortable, supportive environment that helps the reflexes. Mothers need to learn how to avoid uncomfortable positions and ways of holding the baby that inhibit the reflexes.
  - Health workers need not interfere if things are going well.
  - However, they should be aware of those mothers who do need help.
  - Some babies need more help than others to learn to attach and suckle effectively.

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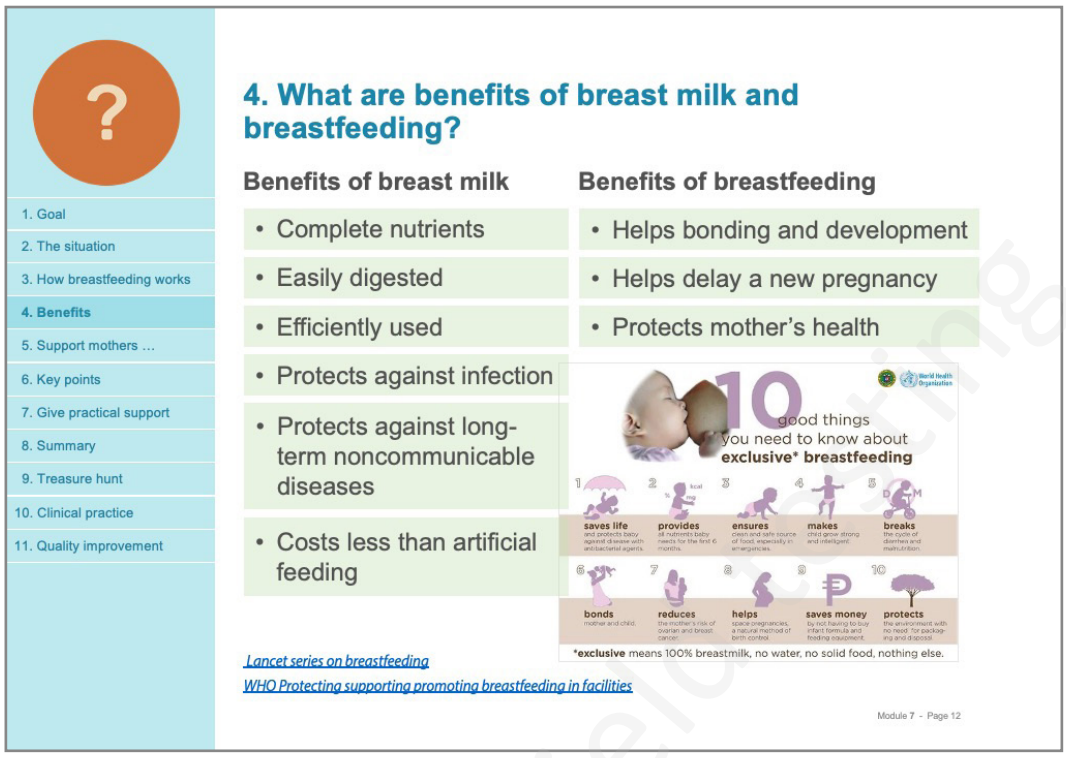
4. Benefits



Ask

- **What are the benefits of breast milk and breastfeeding?**
  - *Check answers.*
  - *Show correct answers by clicking through slide.*

Learners should review additional references in their own time.

Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva: World Health Organization; 2017.

Lancet series on breastfeeding.

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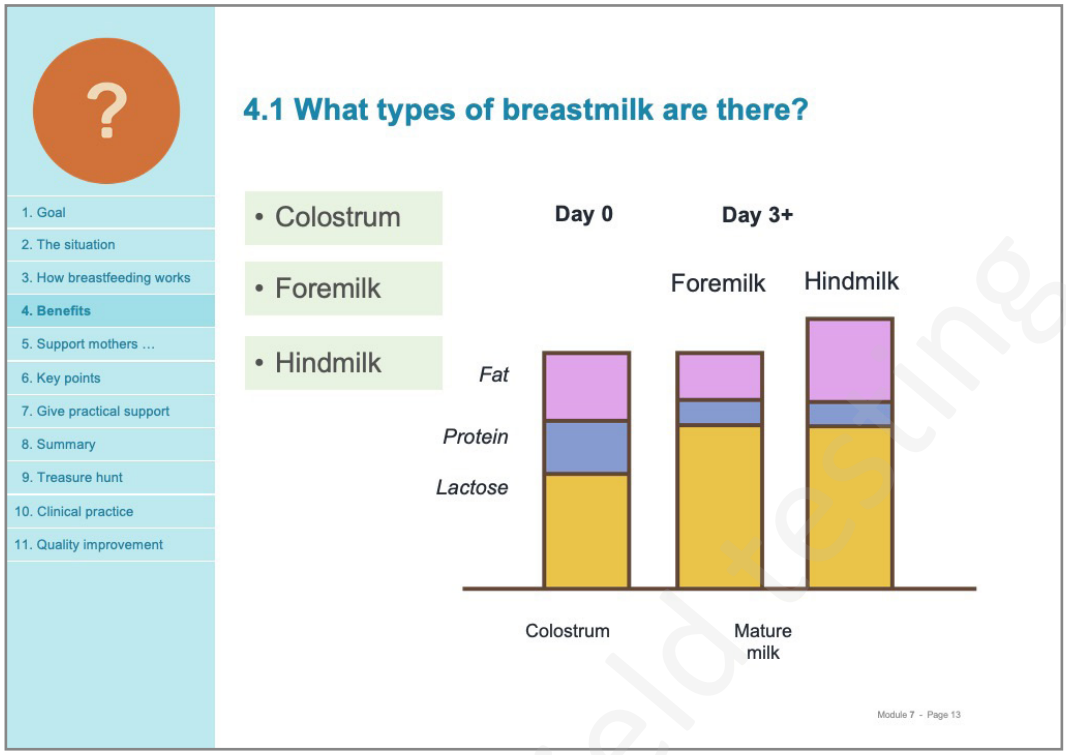

Learning objectives: learners know types of breast milk.

Ask

- **What types of breastmilk are there?**
  - *Check answers.*
  - *Show correct answers by clicking through slide.*
- **Is the content of the types of breastmilk the same?**
  - Point out on slide.
- *Now ask:* **what is colostrum?**

Explain

- Colostrum is the first milk a newborn consumes immediately after birth. The amount of colostrum in the first few feeds is very small, approximately 2–10 ml.
- Colostrum contains immune factors to protect a baby. It has more antibodies and other anti-infective proteins than mature milk. This is part of the reason that colostrum contains more protein than mature milk.
- Colostrum contains more white blood cells than mature milk. Colostrum helps to prevent dangerous bacterial infections and provides the first immunization against many diseases.
- Colostrum has a mild laxative effect, which helps to clear the baby's gut of meconium (the first dark stools). This also clears bilirubin from the gut and helps to keep the levels low, which prevents severe jaundice.
- Colostrum contains many growth factors to develop a baby's immature intestine. It also provides a protective lining to the baby's gut. This helps to prevent the baby from developing future allergies and intolerance to other foods.

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- Colostrum is rich in vitamin A, which helps to reduce the severity of infections. The first feeds help this protection.
- Colostrum is present in the breasts before a baby is born. Babies should not be given any drinks or food before they start breastfeeding. Artificial feeds given before a baby has colostrum increase the risk of allergies and infection.

Ask
- **What is foremilk?**

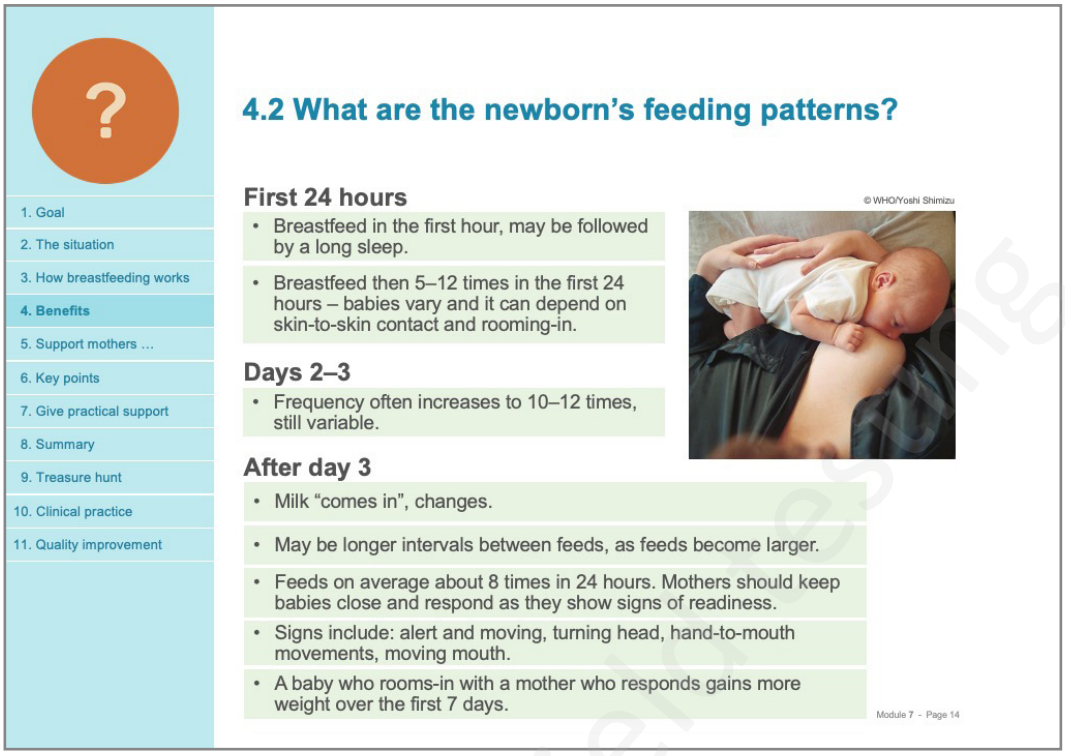
Explain
- Foremilk is the watery breastmilk that is produced early in a feed.

Ask
- **What is hindmilk?**

Explain
- Hindmilk is the fat rich breastmilk that is produced later in a feed.

Discuss
Ask for and answer questions

Draft version for field testing



Learning objectives: learners know patterns of newborn feeding and support breastfeeding.

Ask

- **What is feeding pattern for a newborn within 24 hours after birth?**
- **What about in days 2–3 and after day 3?**
  - *Check answers.*
  - *Show correct answers by clicking through slide.*

Explain

- The first breastfeed during the first 24 hours may be followed by a long sleep, then breastfeeding 5–12 times.
- Newborns vary. This will also depend on whether skin-to-skin care and rooming-in are taking place and if the mother is able to respond to cues.
- During days 2–3, frequency often increases to 10–12 times or more, but again this is variable.
- As milk "comes in", there may longer intervals as feeds are larger – on average 8 times in 24 hours.
- Mothers observe and respond to signs of readiness: alert and moving, turning head, hand-to-mouth movement, moving mouth.
- A baby who rooms-in with a mother who responds, gains more weight over the first 7 days.
- This was a quick reminder of newborn feeding behaviour. It will help you assess newborn feeding behaviour and whether it is normal or if there is cause for concern.

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Explain

- A few days after delivery, colostrum changes into mature milk. There is an increased amount of mature milk. A woman's breasts feel full, hard and heavy. Some people call this the milk "coming in", but this can be confusing to a new mother. It is better for health care workers to describe the changes in her milk in the first week.
- Foremilk is the thinner milk which is produced in greater amounts early in a feed. It provides protein and lactose.
- **Do NOT give substitutes as this will DECREASE and delay production.**
- **Remember how milk is produced. Good attachment and frequent feeding will increase milk production.**
- **NOT all babies feed every 3 hours!**

Ask for and answer questions.

References

- Wight N, Marinelli KA, Academy of Breastfeeding Medicine. ABM clinical protocol# 1: Guidelines for blood glucose monitoring and treatment of hypoglycemia in term and late-preterm neonates, Revised 2014. Breastfeed Med. 2014;9(4):173–179.
- Holmes AV, McLeod AY, Bunik M. ABM clinical protocol #5: peripartum breastfeeding management for the healthy mother and infant at term. Breastfeed Med. 2013;8(6):469–473. doi:10.1089/bfm.2013.9979.

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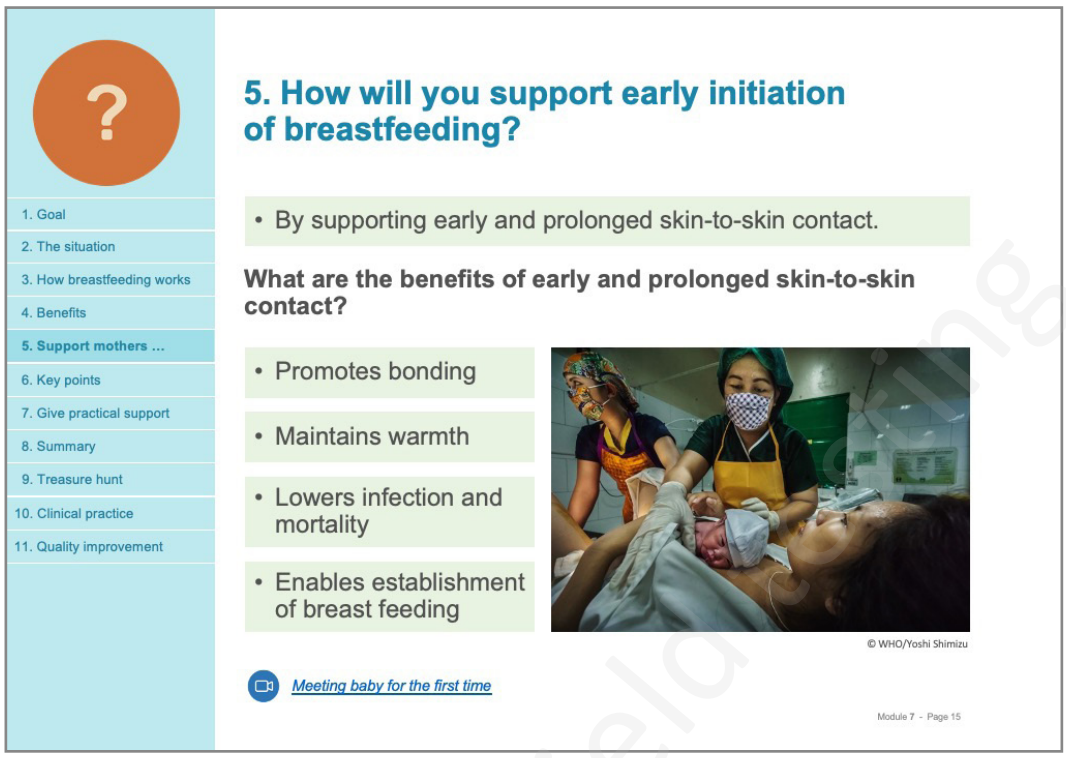
5. Support mothers



Ask

- **How will you support Leela or Charity for early initiation of breastfeeding?**

Explain

- Encourage uninterrupted and prolonged skin-to-skin contact with no interference.

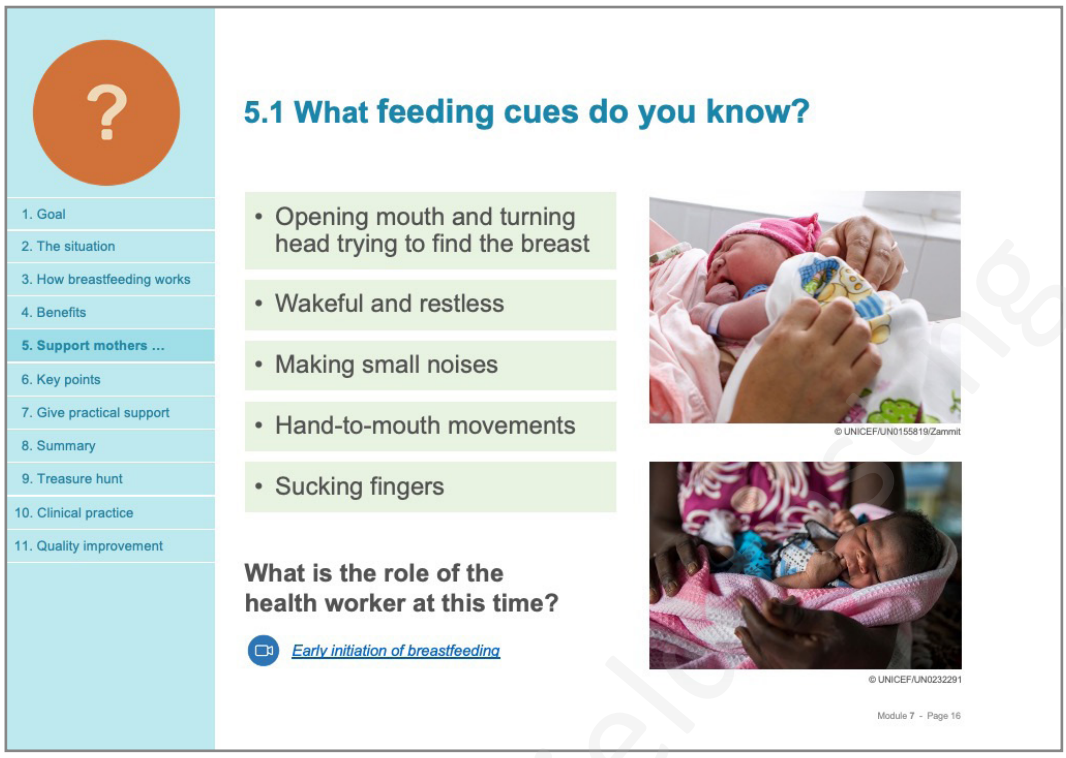
Ask

- **Why do we support immediate skin-to-skin care?**

Explain

- Immediate skin-to-skin care:
  - promotes bonding
  - maintains warmth
  - lowers infection and mortality
  - enables establishment of breastfeeding.

Draft version for field testing



Ask

- **What feeding cues do you know?**

Explain

- These are the feeding cues:
  - opening mouth and turning head trying to find the breast
  - wakeful and restless
  - making small noises
  - hand-to-mouth movements
  - sucking fingers.

- It is important to help a mother to recognize pre-feeding behaviours or cues.
- When a mother and baby are kept quietly in skin-to-skin contact, the baby typically works through a series of pre-feeding behaviours. This may be a few minutes or an hour or more.

Show video

- ***Early initiation of breastfeeding***

- **Did you notice the behaviours and cues in the video?**

Explain

- You may see:
  - A short rest in an alert state to settle to the new surroundings.
  - Bringing his or her hands to the mouth and making sucking motions sounds. Touching the nipple with the hand.
  - Focusing on the dark area of the breast, which acts like a target.
  - Moving towards the breast and rooting.
  - Finding the nipple area and attaching with a wide-open mouth.

Draft version for field testing

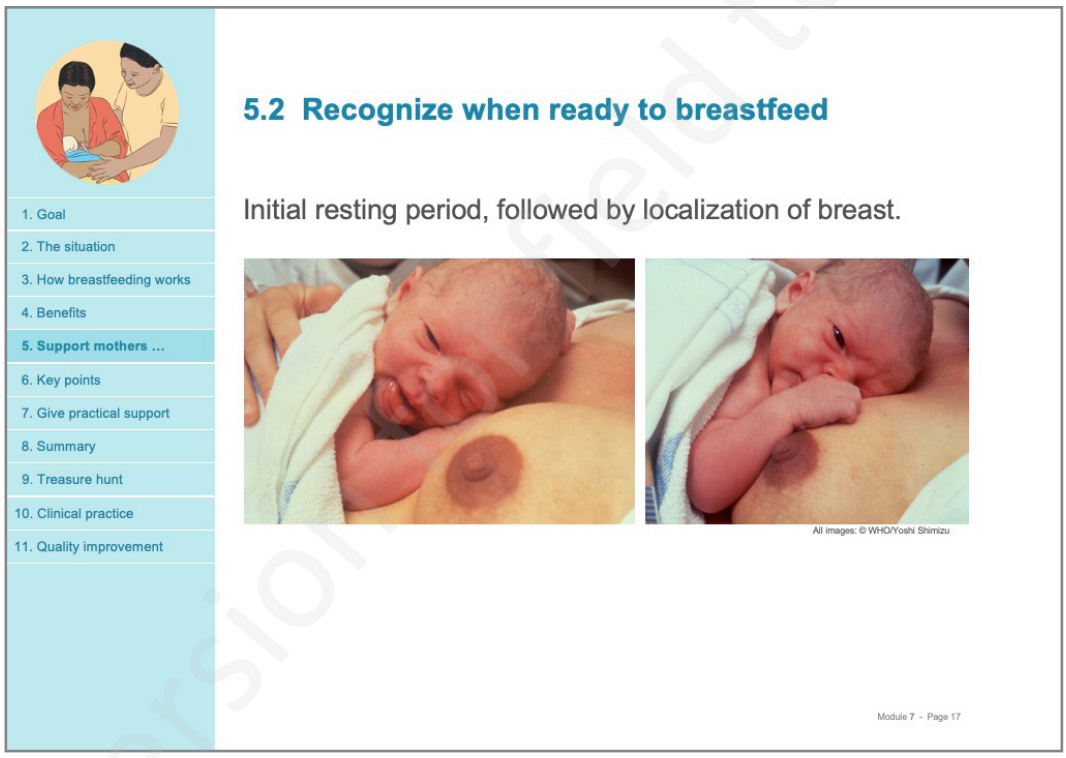
Ask

- **What is the role of the health worker at this time?**

Explain

- Provide time and a calm atmosphere.
- Help the mother to find a comfortable position.
- Point out positive behaviours of the baby such as alertness and rooting.
- Build the mother's confidence.
- Avoid rushing the baby to the breast or pushing the breast into the baby's mouth.

Discuss.
Ask for and answer questions.



Ask

- **What is the baby in the left picture doing?**

Explain

- Her baby is just resting. Most babies do this for between 10 and 60 minutes. The mother should just let her baby take as much time as needed, until the baby is ready to suckle. Babies may take between one and two hours.

Ask

- **What is the baby in the next picture doing?**

Explain

- In the second picture, notice the baby has become more alert and is opening his eyes and starting to respond to the smell of his mother's breast. At this point, the baby may try to self-attach to the breast.

Draft version for field testing



Explain

- Most babies slowly crawl toward the breast while they are in skin-to-skin contact with their mothers.
- If the mother has received medication, the baby may take much longer to respond.
- When a mother and baby are in skin-to-skin contact without interruption, the baby will typically work through a series of instinctual pre-feeding behaviours called the 9 stages:
  - birth cry
  - relaxation
  - awakening
  - activity
  - crawling
  - first resting
  - familiarizing
  - suckling
  - sleeping.
- A longer period of skin-to-skin contact is recommended if the baby has not suckled by one hour after birth.

Ask

- **What is your experience of breast crawl?**

Draft version for field testing



Ask

- **What can you see in this picture?**

Explain

- This baby has attached to the breast by himself and has started suckling and touching the nipple with his hand. Many babies attach to the breast and suckle very well **without help**.

Ask

- **What happens if we separate the mother and baby? Discuss.**

Explain

- If the mother and baby are separated, the baby's pattern of behaviour hanges.
  - The baby is less organized and takes longer to start to breastfeed. This makes it more difficult to establish breastfeeding.
  - Unless there is a known medical reason for not breastfeeding, all mothers should be encouraged to let their baby suckle at the breast.

Important points

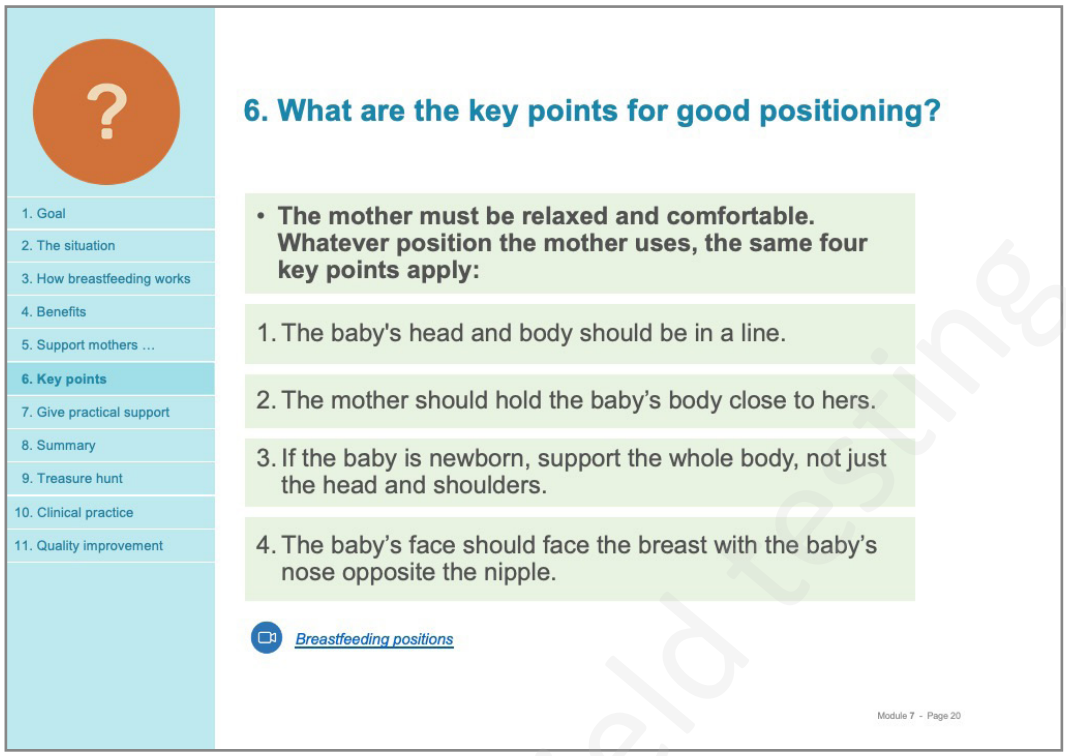
Explain

- The first time the baby suckles at the breast should be considered an introduction to the breast rather than a feed. This is key in providing encouragement and building the mother's confidence.

- There should be NO pressure on the mother or baby regarding:
  - how soon the first feed takes place
  - how long a first feed lasts
  - how well attached the baby is
  - how much colostrum the baby takes.

Draft version for field testing

6. Key points



Learning objectives: learners support the mother for good positioning and attachment.

Ask

- **What are the key points for good positioning?**
  - *Show correct answers by clicking through the slide.*

Demonstrate

Explain and show on mannequin at same time.

The mother must be relaxed and comfortable. Whatever position the mother uses the same four key points apply:

- *The baby's head and body should be in a line.*
- *The mother should hold baby's body close to hers.*
- *If the baby is newborn, support the whole body, not just the head and shoulders.*
- *The baby's face should face the breast, with the baby's nose opposite the nipple.*

Help mothers for positioning and attachment AFTER the first feed if the mother requests.

Ask

- **Do mothers and newborn need additional support after caesarian section?**

Explain

- Help caesarean mothers find a comfortable position for breastfeeding. The IV drip may need adjustment to allow for positioning the baby at the breast.

Demonstrate

Demonstrate some comfortable positions using a mannequin.

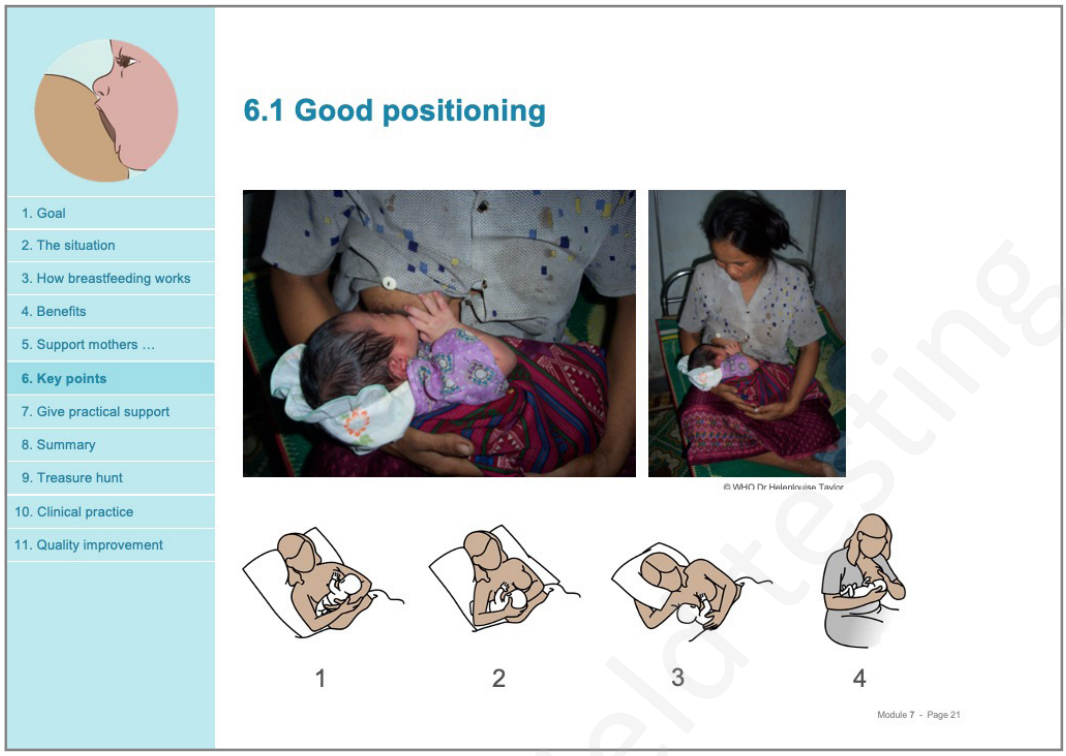
- *Side-lying in bed. This position helps to avoid pain in the first hours and allows breastfeeding even if the mother must lie flat after spinal anesthesia.*
- *Sitting up with a pillow over the incision or with the baby held along the side of her body with the arm closest to the breast.*
- *Lying flat with the baby lying on top of the mother.*
- *Support (for example, a pillow) under her knees when sitting up, or under the top knee and behind her back when side-lying.*

Show video

- ***Breastfeeding positions***

Ask for and answer questions

Draft version for field testing

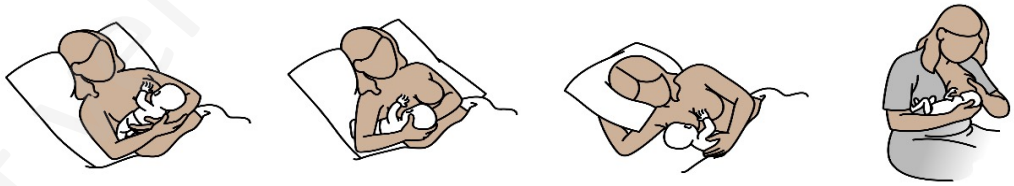


Pre-service

Explain

- The baby's head and body are in a line.
- The mother holds the baby's body close to hers.
- If the baby is newborn, the whole body is supported, not just the head and shoulders.
- The baby's face should face the breast, with the baby's nose opposite the nipple.

The mother shown in the picture is blind. **Mothers with disabilities may need extra support for positioning and attachment.**



Ask

- **Look at the mothers at the bottom of the slide. When may some of the positions be helpful?**

Optional
Demonstrate

- Show the positions using mannequin.

Draft version for field testing

Explain

1. Helps a mother to rest. It is comfortable **after a caesarean section.** Take care that the baby's nose is on a level with mother's nipple and that the baby does not need to bend his or her neck to reach the breast.

2. **Many situations:** The baby's lower arm is tucked around the mother's side, not between the baby's chest and the mother. Ensure that the baby's head is not too far into the crook of the mother's arm so that the breast is pulled to one side, which makes it difficult to stay attached.

3. Useful for a **small or ill baby**. The mother has good control of the baby's head and body, so it may be useful when learning to breastfeed. Take care that the baby's head is not held too tightly, which prevents movement.

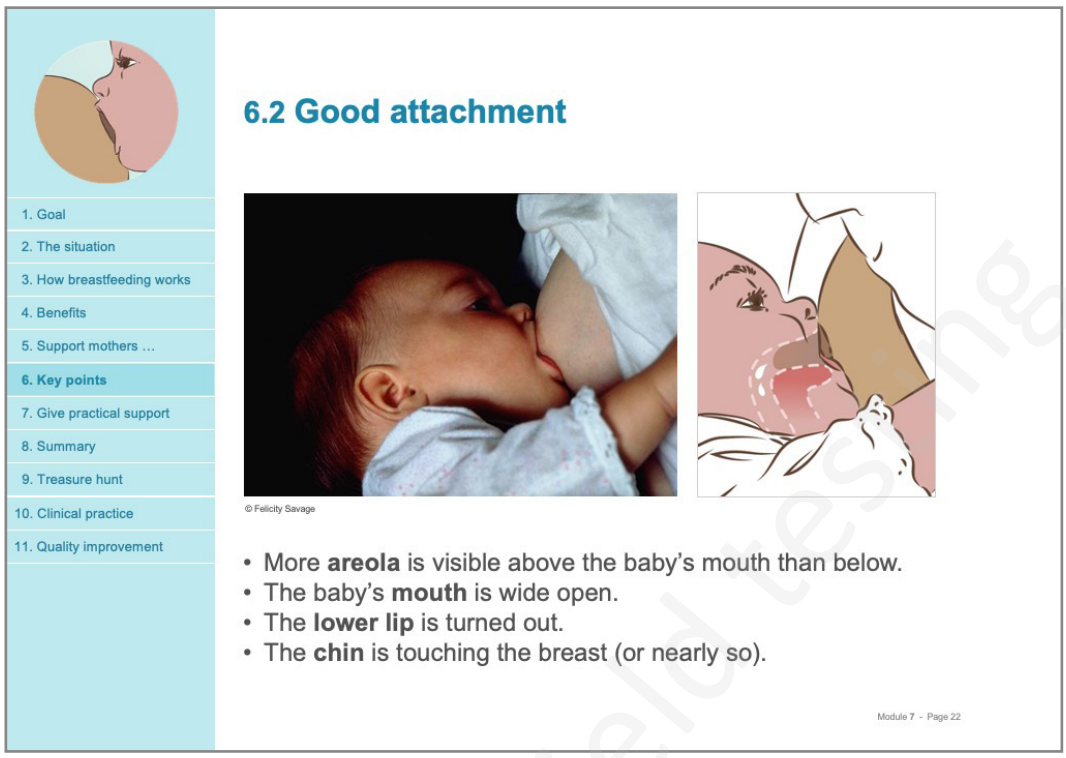
4. **Useful for twins** or to help to drain all areas of the breast. Gives the mother a good view of the attachment. Take care that the baby is not bending his or her neck, forcing the chin down to the chest.

Game to verify good positioning

- *Form group in circle.*
- *Play music on phone or similar.*
- *Pass the baby mannequin to the person beside you.*
- *When the music stops, person holding baby demonstrates good positioning.*
- *Peers give feedback. Continue till everyone has had a turn.*

You can pass several mannequins around at once to ensure the game does not take too long.

Draft version for field testing



Ask

- **What are the signs of good attachment?**

Explain

- The signs of good attachement are:
  - More **areola** is visible above the baby's mouth than below.
  - The baby's **mouth** is wide open.
  - The **lower lip** is turned out.
  - The **chin** is touching the breast (or nearly so).

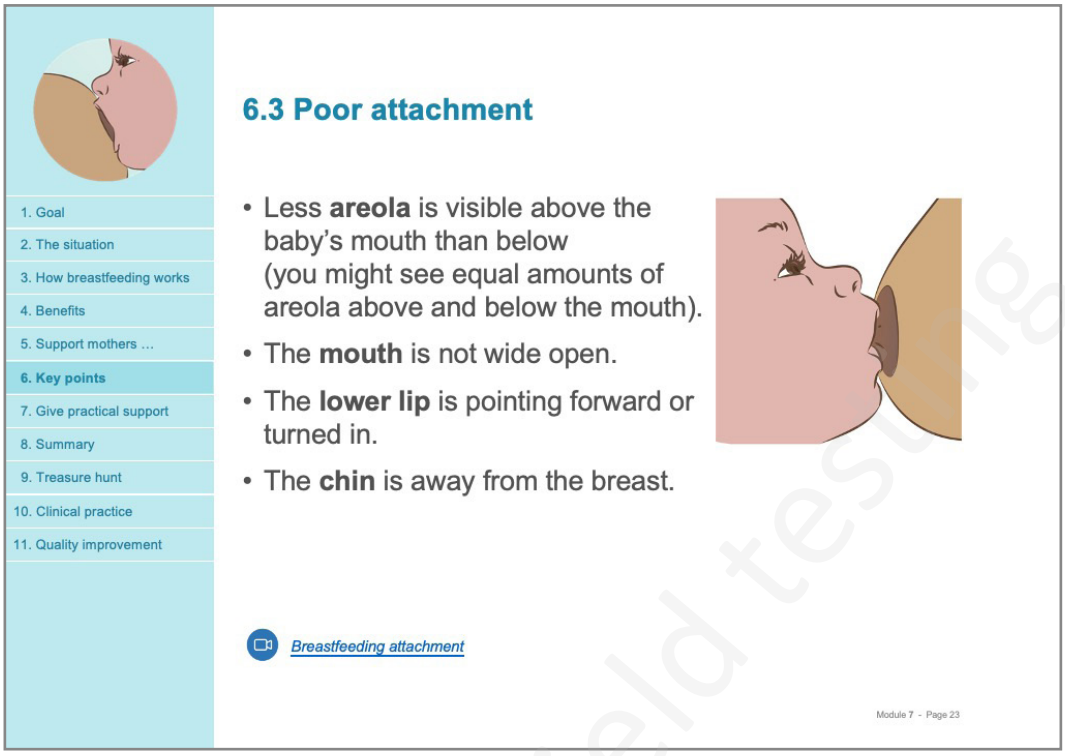
Ask

- **What do you see in the pictures on the slide?**

Explain

- The large ducts that lie beneath the areola are inside the baby's mouth.
- The baby's tongue reaches forward over the lower gum, so that it can press the milk out of the breast (suckling).
- When a baby takes the breast into his or her mouth in this way, the baby is well attached and can easily get the milk.

Draft version for field testing



Ask

- **What do you see?**
  - *Check answers.*
  - *Show correct answers by clicking through slide.*

Explain

- Less areola is visible above the baby's mouth than below (you might see equal amounts of areola above and below the mouth).
- The mouth is not wide open.
- The lower lip is pointing forward or turned in.
- The chin is away from the breast.

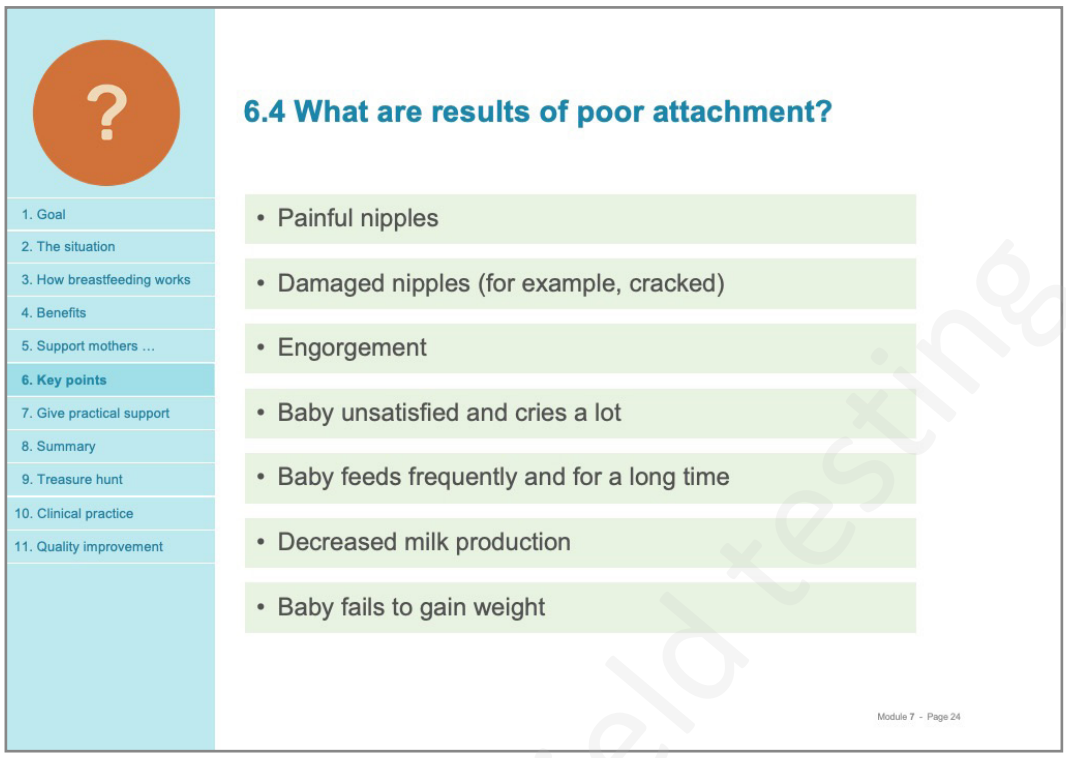
Show video

- ***Breastfeeding attachment***

Ask

- **What is new knowledge for you from this video?**
- **Are there any skills or practices that are different from your current practice?**
- **What provider behaviours are different from your current practice?**
- **Does this video highlight a quality gap in your setting?** If yes, update the POCQI form for breastfeeding.

Draft version for field testing



Ask

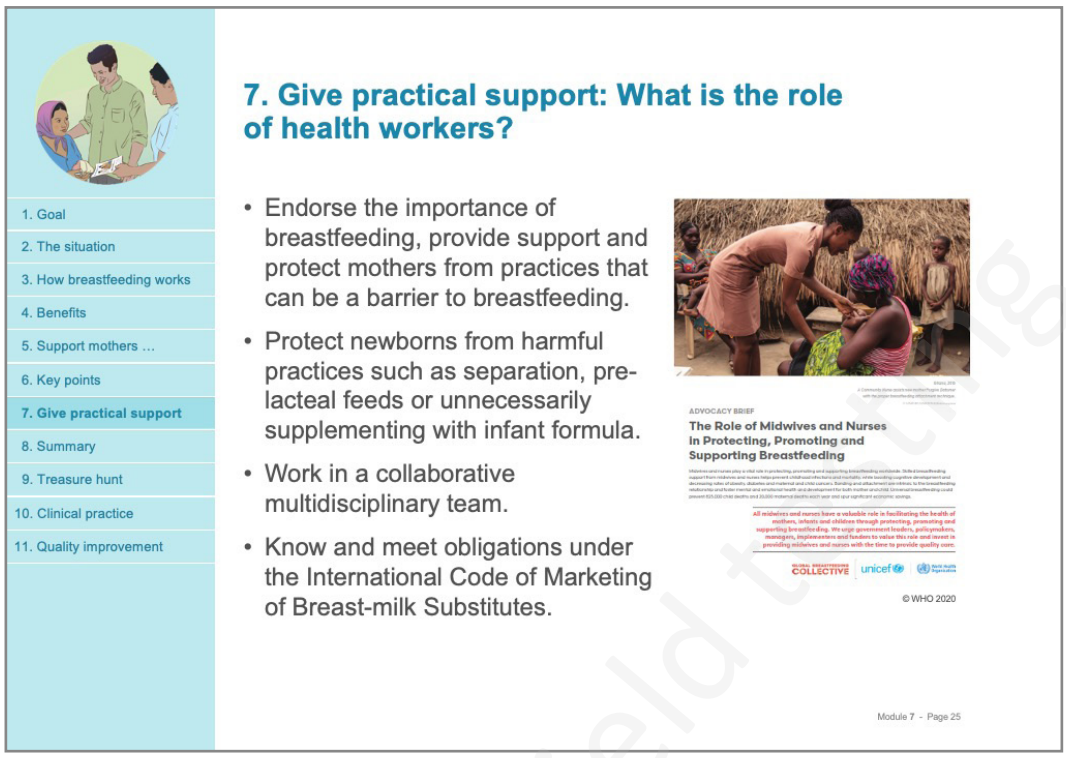
- **Are there any consequences of poor attachment?**
  - *Check answers.*
  - *Show correct answers by clicking through slide.*

Explain

- This is why mothers may need practical support for good attachment.
- You will learn more about breastfeeding difficulties in another module.
- Many problems can be prevented by good positioning and attachment.

Draft version for field testing

7. Giving practical support



Ask

- **What is the role of nurses and midwives and other health workers in protecting and promoting breastfeeding?**

Explain

- Midwifery and nursing care include protection from harmful practices such as separating babies from their mothers, giving pre-lacteal feeds or unnecessarily supplementing them with infant formula, which are barriers to breastfeeding.
- A collaborative multidisciplinary approach among midwives, nurses, neonatal nurses, doctors, paediatricians, neonatologists, obstetricians and all neonatal providers is especially vital for small and sick newborns.
- Health workers should know and meet their obligations under the International Code of Marketing of Breast-milk Substitutes.

Draft version for field testing



1. Goal
2. The situation
3. How breastfeeding works
4. Benefits
5. Support mothers ...
6. Key points
7. Give practical support
8. Summary
9. Treasure hunt
10. Clinical practice
11. Quality improvement

7.1 Give practical support: Ensure rooming-in



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- Mothers and babies are together day and night.
- Mother can respond to baby and feeding cues.
- Mother is more confident about breastfeeding.
- Babies gain weight more quickly.
- Breastfeeding continues longer.
- Helps bonding and breastfeeding.

Module 7 - Page 26

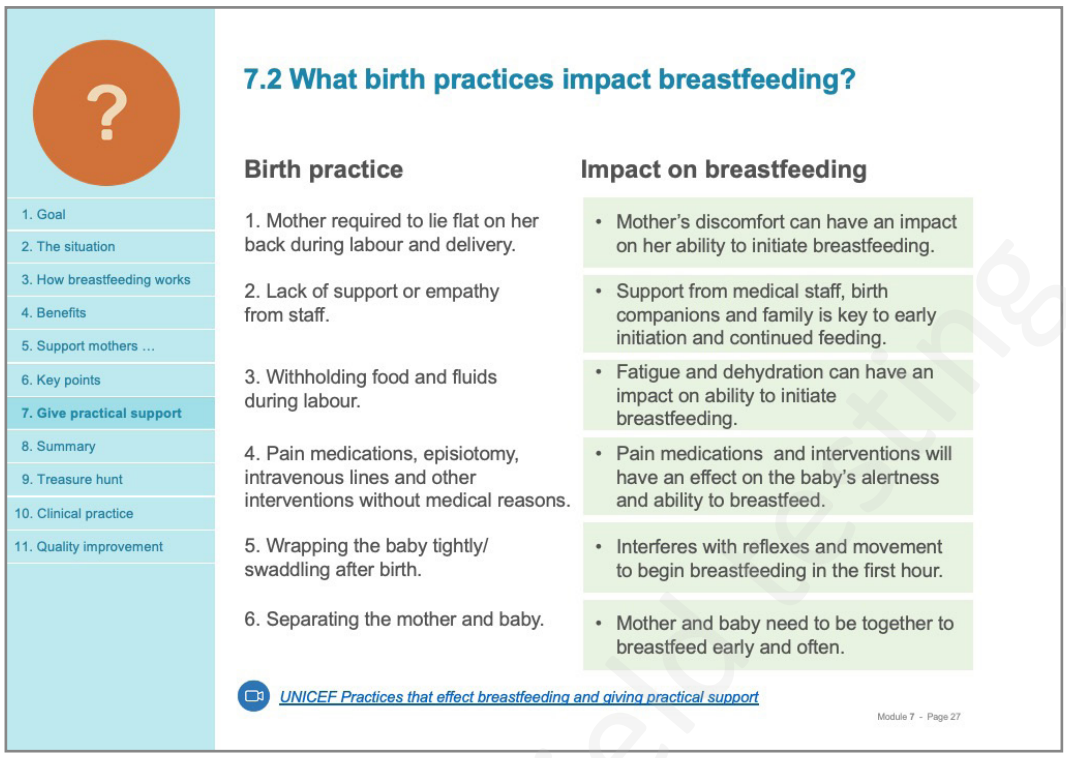
Ask

- **What is rooming-in?**
- **Why is rooming-in recommended?**

Explain

- Ensure rooming-in:
  - Mothers and babies together day and night.
  - Mother can respond to baby and feeding cues.
  - Mother is more confident about breastfeeding.
  - Babies gain weight more quickly.
  - Breastfeeding continues longer.
  - Helps bonding and breastfeeding.

Draft version for field testing



Ask

- **What birth practices influence and have an impact on breast feeding?**
  - *Check answers.*
  - *Show correct answers by clicking through slide.*
  - *Ask for and answer questions.*

Show video

UNICEF Practices that effect breastfeeding and giving practical support

Ask

- **What practices are new for you in this video?**
- **Does this video show any gaps in your setting?** If yes, update your POCQI form.

Reference:

Baby-Friendly Hospital Initiative: revised, updated and expanded for integrated care 2010. Geneva: World Health Organization and UNICEF; 2010.

Draft version for fieldtesting



Ask

- **How can we communicate effectively when supporting mothers to breastfeed?**
- **You have learned about effective communication. What are the key issues when supporting a mother to breastfeed?**

Explain

- Empathy and kindness are important for mothers especially when they are having difficulties. Do not be judgmental.
  - *Show answers on slide.*

This short video is an example of good communication for breastfeeding.

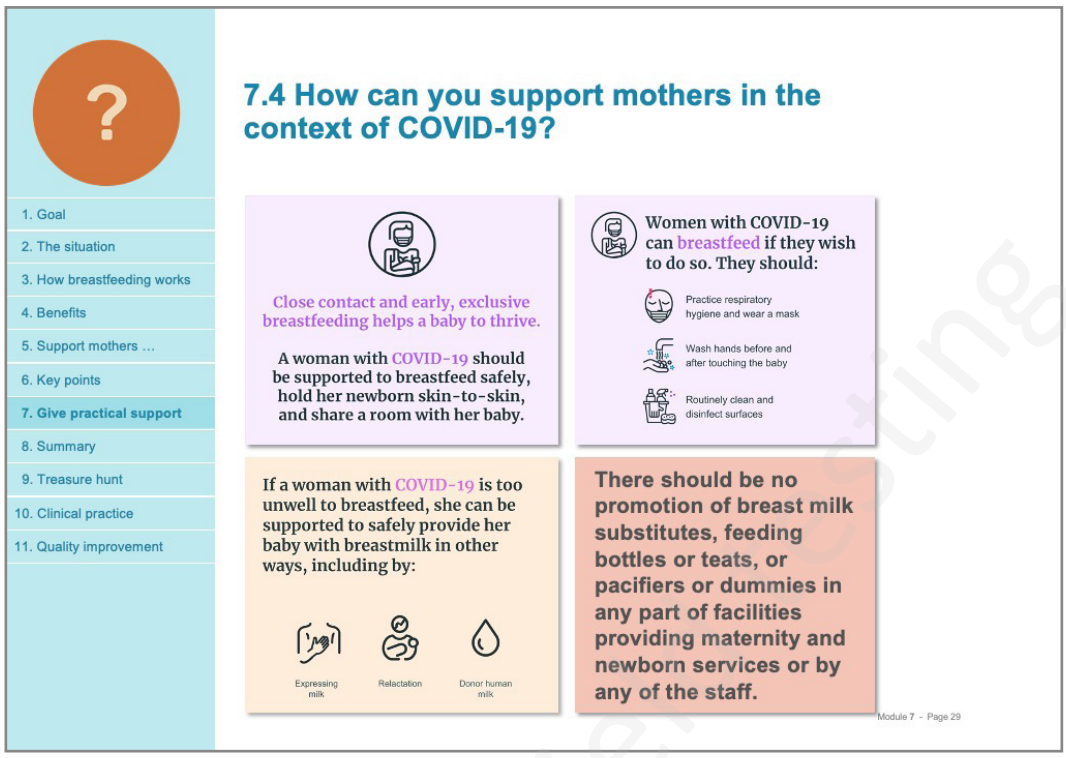
Show video

- ***Breastfeeding Masterclass UNICEF***

Ask

- **What is new knowledge for you from this video?**
- **Are there any skills or practices that are different from your current practice?**
- **What provider behaviours are different from your current practice?**
- **Does this video highlight a quality gap in your setting?** If yes, update the POCQI form for breastfeeding.

Draft version for field testing



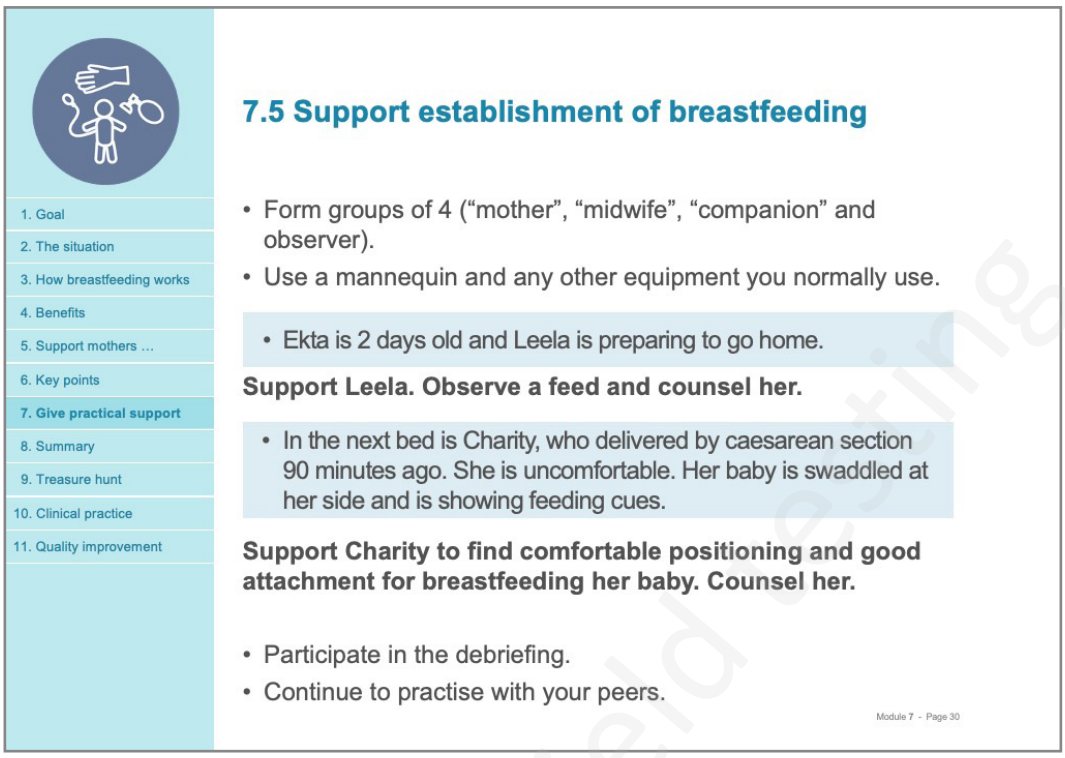
Ask

- **Can women breastfeed during COVID-19?**
- **How will you support them?**
  - *Show correct answers by clicking through slide.*

Explain

- WHO recommends that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed.
  - Mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks for transmission.
  - Mother and infant should be enabled to remain together while rooming-in throughout the day and night and to practice skin-to-skin care, including kangaroo mother care, especially immediately after birth and during establishment of breastfeeding, whether they or their infants have suspected or confirmed COVID-19.

Draft version for field testing



This is repeat simulation to observe progress.

Brief and debrief following *Methodologies for facilitation*

Brief

- *Simulation using a breast model. Treat them like real breasts. Ensure respectful behaviour and cover breasts with cloth.*

Read scenario

Skills and performance

Learners demonstrate:

1. *Support mother in good positioning and attachment (related to mode of delivery spontaneous vaginal delivery or caesarean section).*
2. *Counsel mother if she has any concerns.*

Debrief

Address any issues relating to norms behaviours or concerns about practices now, in this safe environment. Examples of issues could include:

- *Ignores concerns or worries of the mother or family members*
- *Asks only closed questions*
- *Uses judgment words (good-bad-wrong-normal)*
- *Neglects to listen to or to look at the mother – non-verbal aspects*
- *Tells the mother instead of listening, reflecting, responding*
- *Neglects to take time for the mother*
- *Gives the mother a handout and tells her to read it*
- *Reacts without sensitivity or care*
- *Use complex technical or infantilizing language*
- *Uses jargon inappropriately*
- *Uses hands-on approach without first asking consent*
- *Doesn't help the mother to be comfortable before demonstrating and/or explaining*

Draft version for field testing

- *Gives theory and not practical help*
- *Unaware of the importance of skin-to-skin contact and feeding within the first 1–2 hours for all infants*
- *Suggest/recommend set time for feeding and set duration for each suckling period*
- *Uses a hands-on approach touching the mother's breasts or infant's head/body*
- *Gives samples or advertising materials.*

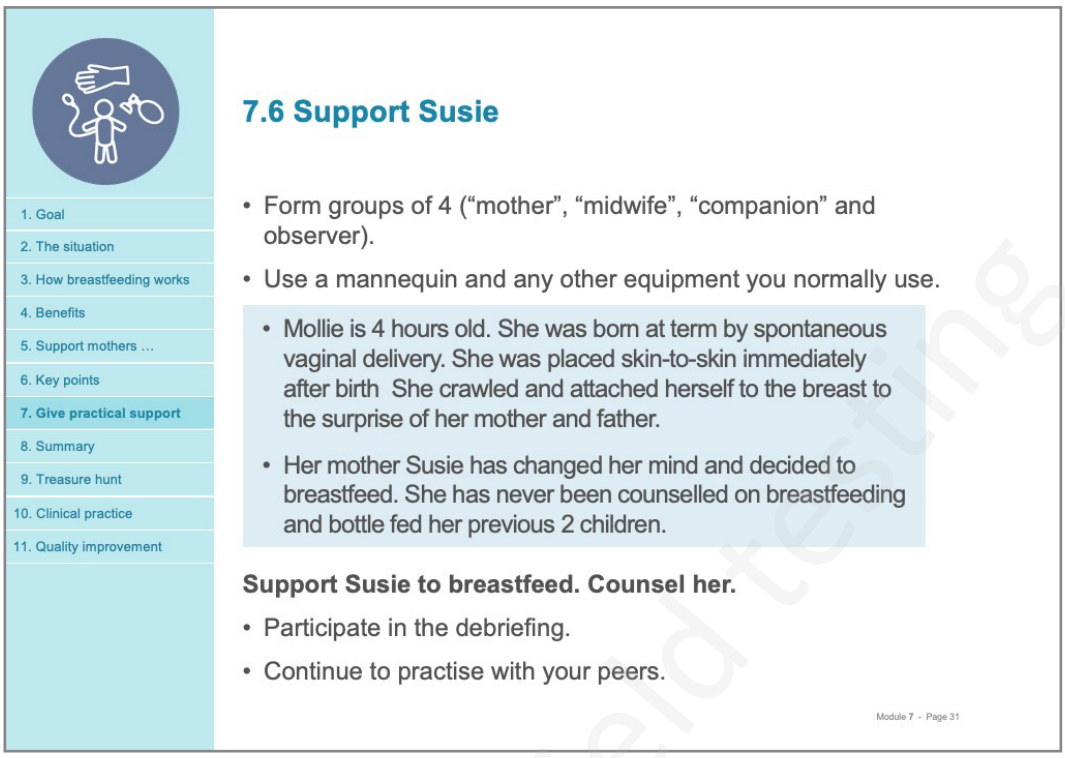
Demonstrate

Demonstrate key points as necessary:

- *Positions that mothers may prefer following normal vaginal delivery and post caesarian section. Emphasize areas where gaps or difficulties observed.*

Learners should continue practicing with peers using mannequins until confident. Then, with clinical mentor or supervisor, learners should practice supporting mothers and their babies in the clinical setting.

Draft version for field testing





Counsel and support establishment of breastfeeding
Brief and debrief following *Methodologies for facilitation*

Skills and performance
1. *Counsel mother.*
2. *Support mother for good positioning and attachment.*

Brief
Read Scenario

Debrief
Address any issues relating to norms, behaviours or concerns about practices now, in this safe environment. Examples of issues could include:
- *Ignores concerns or worries of the mother or family members*
- *Asks only closed questions*
- *Uses judgment words (good-bad-wrong-normal)*
- *Neglects to listen to or to look at the mother – non-verbal aspects*
- *Tells the mother instead of listening, reflecting, responding*
- *Neglects to take time for the mother*
- *Gives the mother a handout and tells her to read it*
- *Reacts without sensitivity or care*
- *Uses complex technical or infantilizing language*
- *Uses jargon inappropriately*
- *Uses a hands-on approach without first asking consent*
- *Doesn't help the mother to be comfortable before demonstrating and/or explaining*
- *Gives theory and not practical help*
- *Unaware of the importance of skin-to-skin contact and feeding within the first 1–2 hours for all infants*

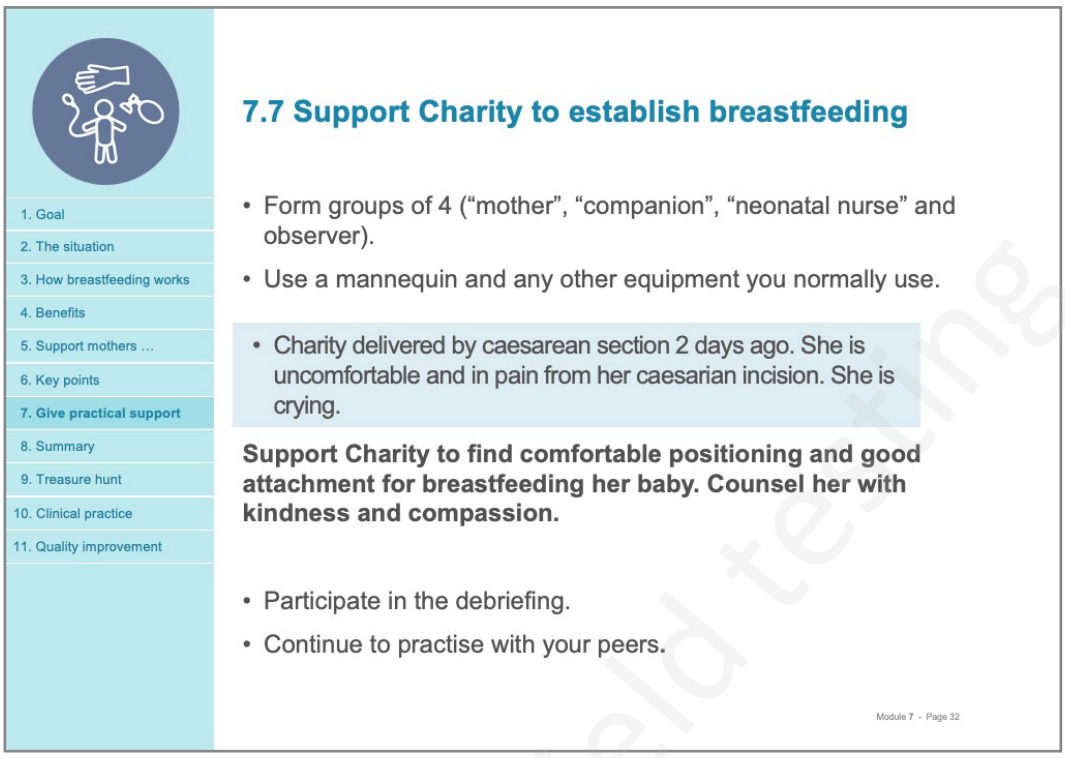
Draft version for field testing

- *Suggests/recommends set time for feeding and set duration for each suckling period*
- *Uses a hands-on approach touching the mother's breasts or infant's head/body*
- *Gives samples or advertising materials.*

Demonstrate

Positions which mothers may prefer following normal vaginal delivery. Emphasize where gaps or difficulties were observed.

Draft version for field testing



Pre-service

Support establishment of breastfeeding

Skills and performance

Learners demonstrate:

1. *Support mother for good positioning and attachment (related to post caesarean section).*
2. *Counsel mother using communication skills learned during communication module (effective communication respectful care).*

Brief

Read Scenario

Debrief

- *Ask: How did you feel when you were the mother?*
- *Address any issues relating to norms behaviours or concerns about practices now, in this safe environment. Examples of issues could include:*
  - *Ignores concerns or worries of the mother or family members*
  - *Asks only closed questions*
  - *Uses judgment words (good-bad-wrong-normal)*
  - *Neglects to listen to or to look at the mother – non-verbal aspects*
  - *Tells the mother instead of listening, reflecting, responding*
  - *Neglects to take time for the mother*
  - *Gives the mother a handout and tells her to read it*
  - *Reacts without sensitivity or care*
  - *Use complex technical or infantilizing language*
  - *Uses jargon inappropriately*
  - *Uses hands-on approach without first asking consent*
  - *Doesn't help the mother to be comfortable before demonstrating and/or explaining*
  - *Gives theory and not practical help*

Draft version for field testing

- *Unaware of the importance of skin-to-skin contact and feeding within the first 1–2 hours for all infants*
- *Suggest/recommend set time for feeding and set duration for each suckling period*
- *Uses a hands-on approach touching the mother's breasts or infant's head/body*
- *Gives samples or advertising materials.*

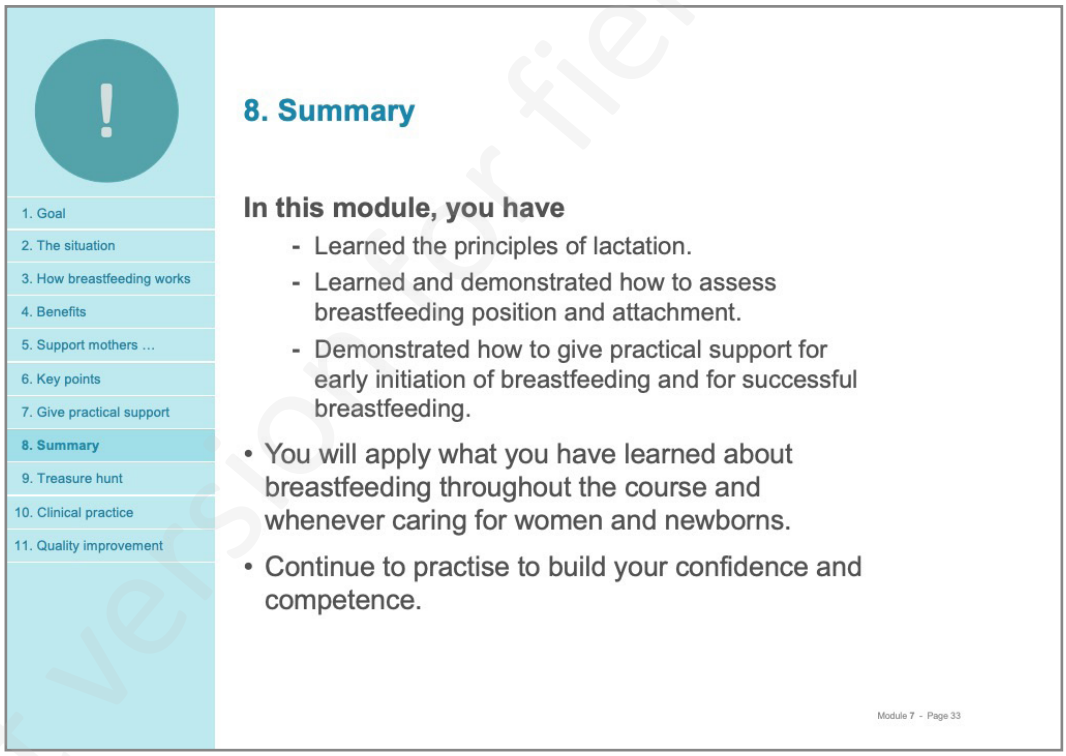
Demonstrate

Demonstrate using mannequin

- *Positions which mothers may prefer following caesarian section.*
- *Emphasize areas where gaps or difficulties are observed.*

Learners should continue practicing with peers using mannequins until confident. Then, learners should practice with a clinical mentor or supervisor supporting mothers and their babies in the clinical setting.

8. Summary



- *Learners should continue practicing their new skills with peers using mannequins until confident.*
- *They should then practice with a clinical mentor or supervisor supporting mothers and their babies in the clinical setting.*
- *Learners should review relevant videos in their own time.*

Draft version for field testing

9. Treasure hunt



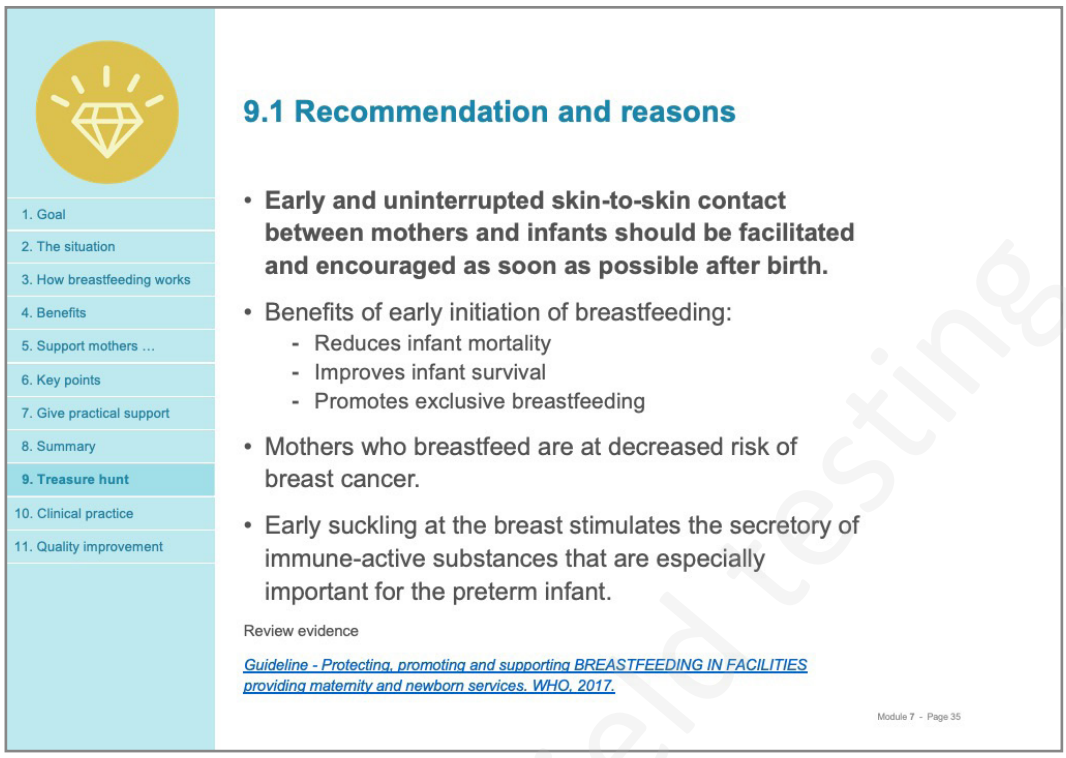
Learning objective: learners find the evidence and apply the recommendations appropriately.

Explain and organize following *Methodologies for facilitation*

Ask

- **Why do we support mothers to initiate breastfeeding as soon as possible after birth?**

Draft version for field testing



Ask finder to show and explain the recommendation and evidence.
Learners should apply the recommendations whenever caring for newborns..

Explain

- A recent review noted a 33% increase in infant mortality if breastfeeding initiation was delayed over one hour and 100% increase if breastfeeding was started more than 24 hours after birth.
- Breastfeeding within the first hour after birth may improve survival to 3 months and to 6 months, compared to those who initiate breastfeeding later.
- Compared to infants who initiate breastfeeding within 1 hour of birth, those who initiate breastfeeding at 2–23 hours after birth, or those who initiate breastfeeding after the first day after birth, are more likely to die in the first 28 days after birth.
- Initiating breastfeeding after the first hour after delivery probably increases non-exclusively breastfeeding at 1 month and at 3 months, compared to initiating breastfeeding in the first hour after birth.
- Early suckling at the breast stimulates lactogenesis (secretory activation) and transfers colostrum, which is rich in immune-active substances and especially important for the preterm infant.

Ask

- **Do learners have any concerns about implementing this recommendation? Discuss.**
- **Does this recommendation highlight a quality gap in your setting?** If yes update the POCQI form.

Review the evidence

Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva: World Health Organization; 2017.

Draft version for field testing



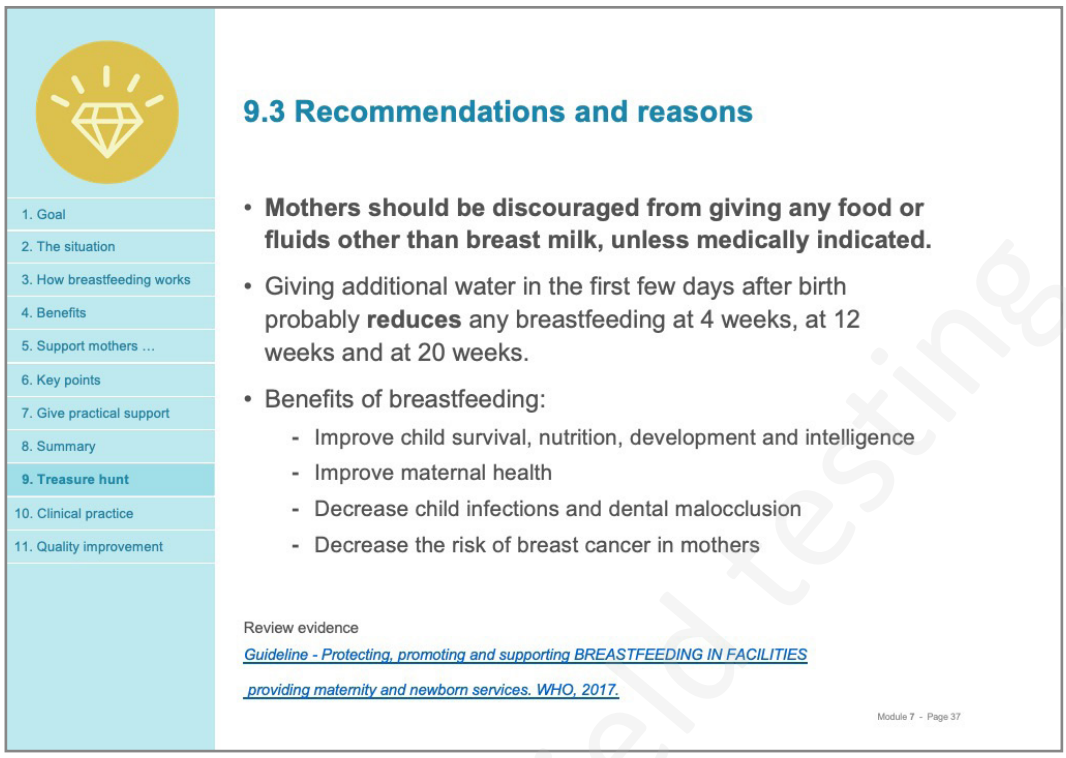
Learning objective: learners find the evidence and apply the recommendations appropriately.

Explain and organize following *Methodologies for facilitation*

Ask

- **Why do recommend to give only breastmilk to newborns?**

Draft version for field testing



Ask finder to show and explain the recommendation and evidence.
Learners should apply the recommendations whenever caring for newborns.

Explain

- Mothers should be discouraged from giving any food or fluids other than breast milk, unless medically indicated.
- In some cultural contexts, other foods or fluids are thought to have some functions such as cleaning of the stomach, a positive effect on health or prevention of afflictions. Other foods include water, honey, glucose water, herbal soup and artificial milk, etc.
- Giving additional water in the first few days after birth probably reduces any breastfeeding at 4 weeks, at 12 weeks and at 20 weeks, compared to not giving any additional water.
- The benefits of breastfeeding include improving child survival, nutrition, development and intelligence, as well as decreasing child infections and dental malocclusion. Breastfeeding also improves maternal health and decreases the risk of breast cancer.

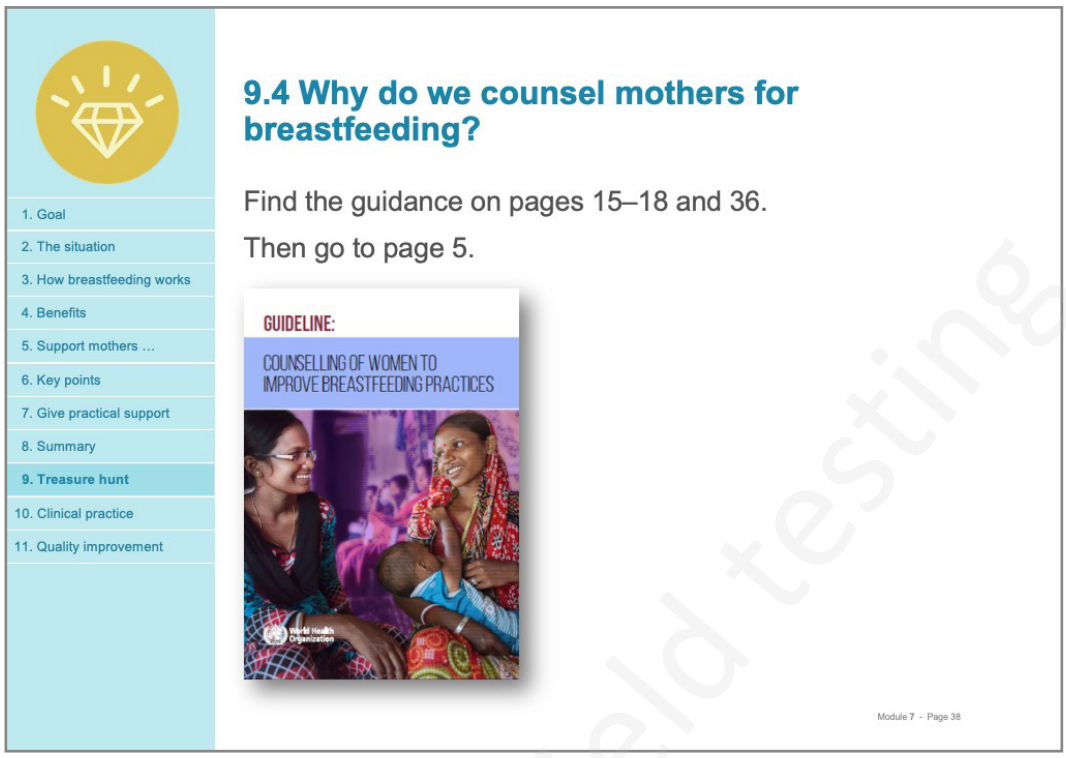
Ask

- **Do learners have any concerns about implementing this recommendation? Discuss.**
- **Does this recommendation highlight a quality gap in your setting?** If yes, update the POCQI form.

Review the evidence

Guideline - Protecting, promoting and supporting BREASTFEEDING IN FACILITIES providing maternity and newborn services. WHO, 2017.

Draft version for field testing



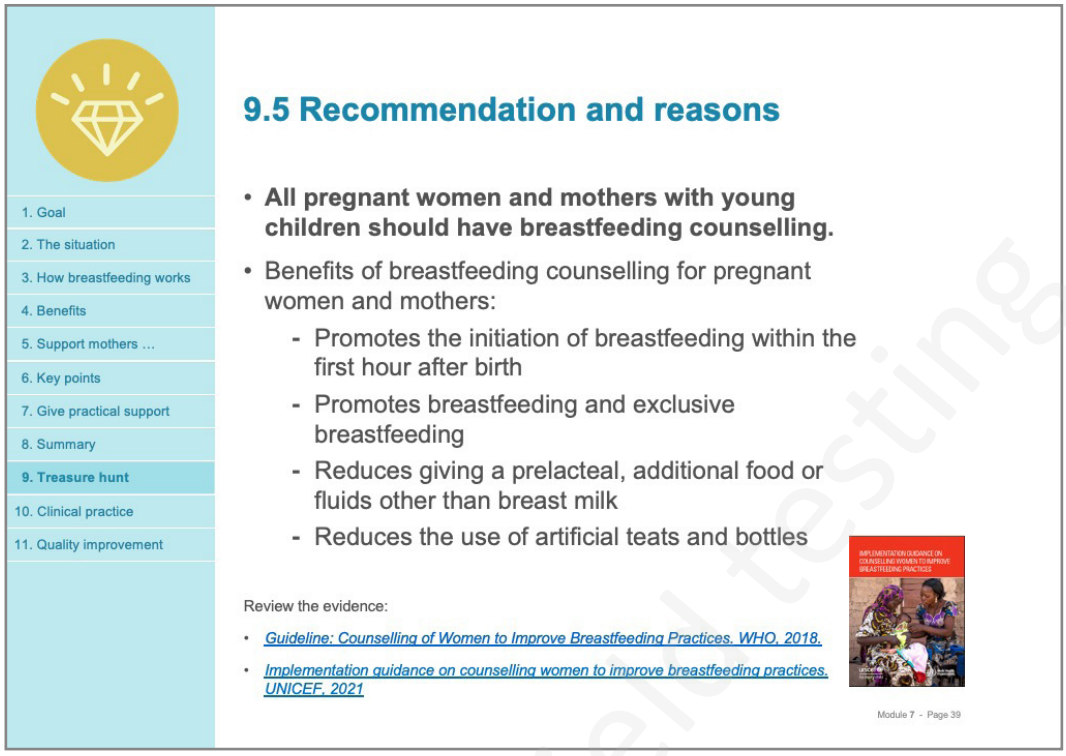
Learning objective: learners find the evidence and apply the recommendations appropriately.

Explain and organize following *Methodologies for facilitation*

Ask

- **Why do we counsel mothers for breastfeeding?**

Draft version for field testing



Ask finder to show and explain the recommendation and evidence. Learners should apply the recommendationswhenever caring for pregnant or lactating women.

Explain

- Sensitive and effective counselling can assist mothers who are considering breastfeeding or who are already breastfeeding to overcome challenges.
- By emphasizing that breastfeeding provides protection and comfort as well as food, counselling can respond to the particular barriers that individual mothers face.
- There is overwhelming evidence of the positive impact of breastfeeding on child survival, health and development, and maternal health.
- Because breastfeeding counselling probably improves breastfeeding rates, it follows that counselling probably impacts positively on the child's and mother's health.
- Breastfeeding counselling should anticipate and address important challenges and contexts for breastfeeding, in addition to establishing skills, competencies and confidence among mothers.

Common challenges and contexts include:

- *mothers of infants with special needs, for example, low birth weight or disability;*
- *mothers who deliver by caesarean section;*
- *breastfeeding in public spaces;*
- *breastfeeding in humanitarian emergencies, and others such as returning to work or school;*
- *the specific needs of mothers who are obese, adolescent girls, primiparous (first-time mothers) or carrying multiple pregnancies (when the mother is pregnant with two or more babies);*
- *mothers with psychiatric or mental health issues such as anxiety and depression.*

Draft version for field testing

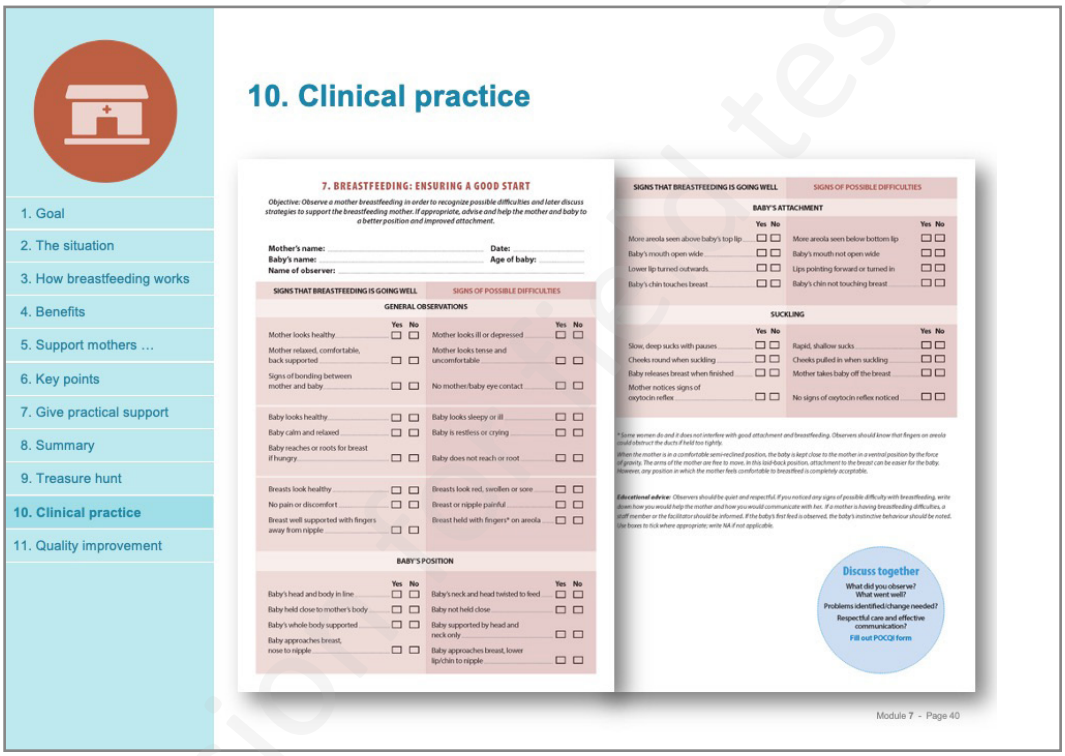
Ask

- **Do learners have any concerns about implementing this recommendation? Discuss.**
- **Does this recommendation highlight a quality gap in your setting?** If yes, update the POCQI form.

Review the evidence

Guideline: counselling of women to improve breastfeeding practices. World Health Organization; 2018.

10. Clinical practice



Organize, brief, run practice, debrief, demonstrate and explain following Methodologies for facilitation.

Ensure learners have the breastfeeding observation checklist, communication checklist and the POCQI form. Give feedback after clinical practice during a debriefing that is held away from the ward.

Learning objectives

1. *Observe mothers breastfeeding newborns. Document any difficulties and discuss possible solutions.*
2. *Counsel and support mothers for positioning and attachment.*

Draft version for field testing

Debrief

Address any issues relating to norms, behaviours or concerns about practices now, in this safe environment. Examples of issues could include:

- *Ignores concerns or worries of the mother or family members*
- *Asks only closed questions*
- *Uses judgment words (good-bad-wrong-normal)*
- *Neglects to listen to or to look at the mother – non-verbal aspects*
- *Tells the mother instead of listening, reflecting, responding*
- *Neglects to take time for the mother*
- *Gives the mother a handout and tells her to read it*
- *Reacts without sensitivity or care*
- *Uses complex technical or infantilizing language*
- *Uses jargon inappropriately*
- *Uses a hands-on approach without first asking consent*
- *Doesn't help the mother to be comfortable before demonstrating and/or explaining*
- *Gives theory and not practical help*
- *Unaware of the importance of skin-to-skin contact and feeding within the first 1–2 hours for all infants*
- *Suggests/recommends set time for feeding and set duration for each suckling period*
- *Uses a hands-on approach touching the mother's breasts or infant's head/body*
- *Gives samples or advertising materials.*

Demonstrate

Demonstrate if any gaps are observed or there are communication issues.

Draft version for field testing

11. Quality improvement



Learning objective: Learners reflect on gaps in quality of care and prioritize actions.

Quality improvement for breastfeeding: ensuring a good start

Explain and review the POCQI template and organize discussion *Methodologies for facilitation*

For pre-service learners:

- *Document gaps or practices observed needing to change.*
- *Reflect on practical solutions.*
- *Discuss and prioritise one simple achievable step.*

For in-service learners:

- *If trained in POCQI, link to full Plan-Do-Study-Act cycle.*
- *If not trained, document gaps prioritize and discuss as above.*

Ask

- **What quality gaps have you noted for breastfeeding?**
- **What are your concerns?**
- **What are possible solutions and challenges?**
- **Choose one achievable action and prioritize it.**
- **In your group of 4, review relevant standards/recommendations for breastfeeding, prioritize a problem to tackle first, make sure it is achievable and then fill out the POCQI tool.**

Reference: The full POCQI quality improvement template

Draft version for field testing



Further reading

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Draft version for field testing