

BABY-FRIENDLY HOSPITAL INITIATIVE

Revised, Updated and Expanded for Integrated Care



"Maternity", 1963, © 2003 Estate of Pablo Picasso/Artists Rights Society (ARS), New York

Global Strategy for Infant and Young Child Feeding

The aim of the Global Strategy is to improve – through optimal feeding – the nutritional status, growth and development, health, and thus the survival of infants and young children.

It supports exclusive breastfeeding for 6 months, with timely, adequate, safe and appropriate complementary feeding, while continuing breastfeeding for two years and beyond.

It also supports maternal nutrition, and social and community support.

The aim of the Baby Friendly Hospital Initiative

To implement
the Ten Steps to Successful Breastfeeding
and
to end the distribution of free and low-cost
supplies of breastmilk substitutes
to health facilities.

Course Aims

The aim of this course is that every staff member will confidently support mothers with early and exclusive breastfeeding,
and that this facility moves towards achieving Baby-friendly designation.



Original illustration by Jenny Corkery

Infant Feeding Recommendation for HIV-positive Women

Exclusive breastfeeding is recommended for HIV-infected mothers for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for them and their infants before that time.

When replacement feeding is acceptable, feasible, affordable, sustainable and safe avoidance of all breastfeeding by HIV-infected mothers is recommended.



Original illustration by Jenny Corkery

The overall aim of the
International Code of Marketing
of Breast-milk Substitutes
is the safe and adequate nutrition
of all infants.

Skin to Skin Contact and Early Breastfeeding

5/1



Skin to Skin Contact and Early Breastfeeding

5/2

UNICEF/HQ92-0369/ Roger Lemoyne, Thailand



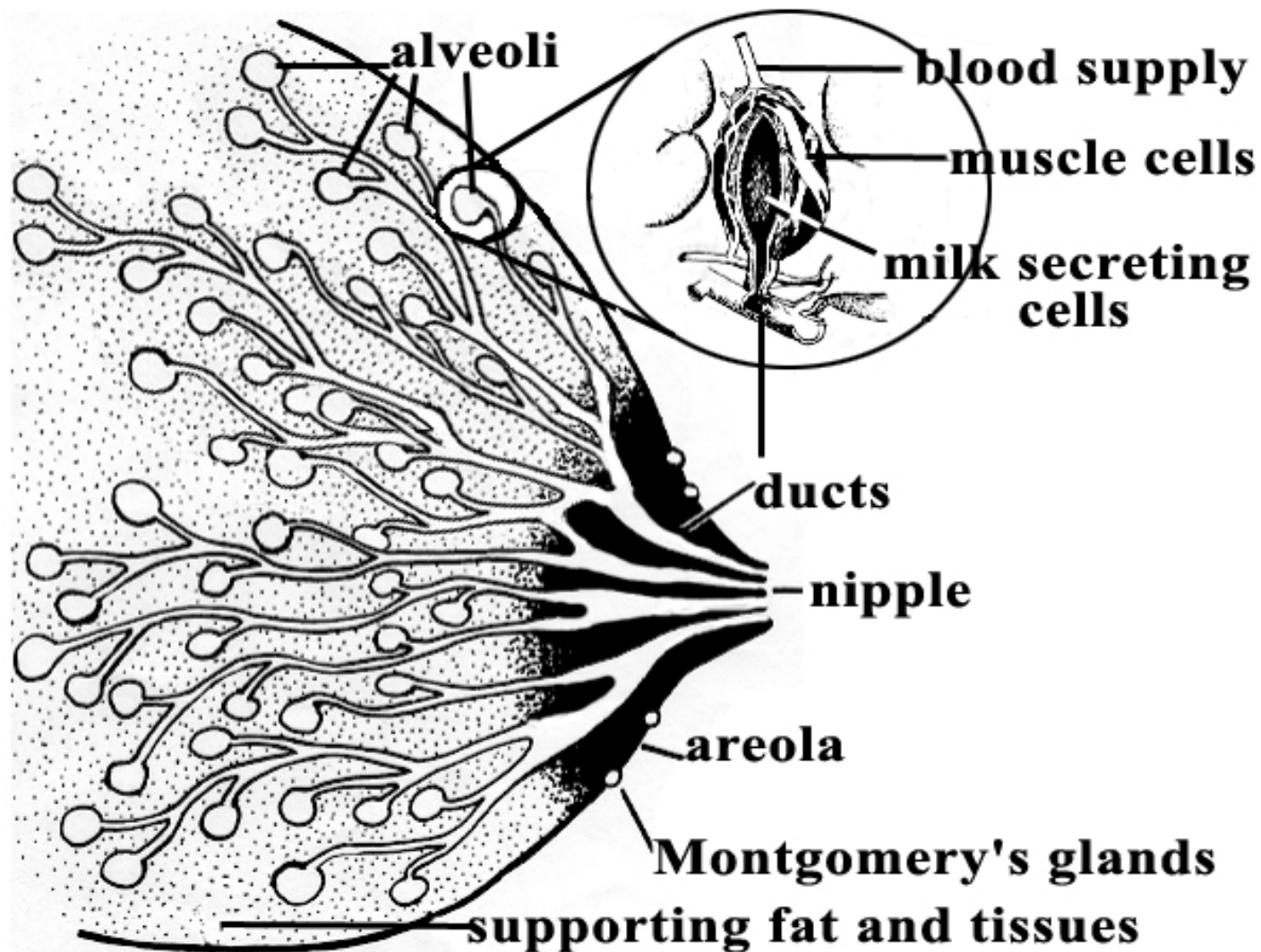
First Skin to Skin Contact

5/3

Dr Nils Bergman, Cape
Town, South Africa



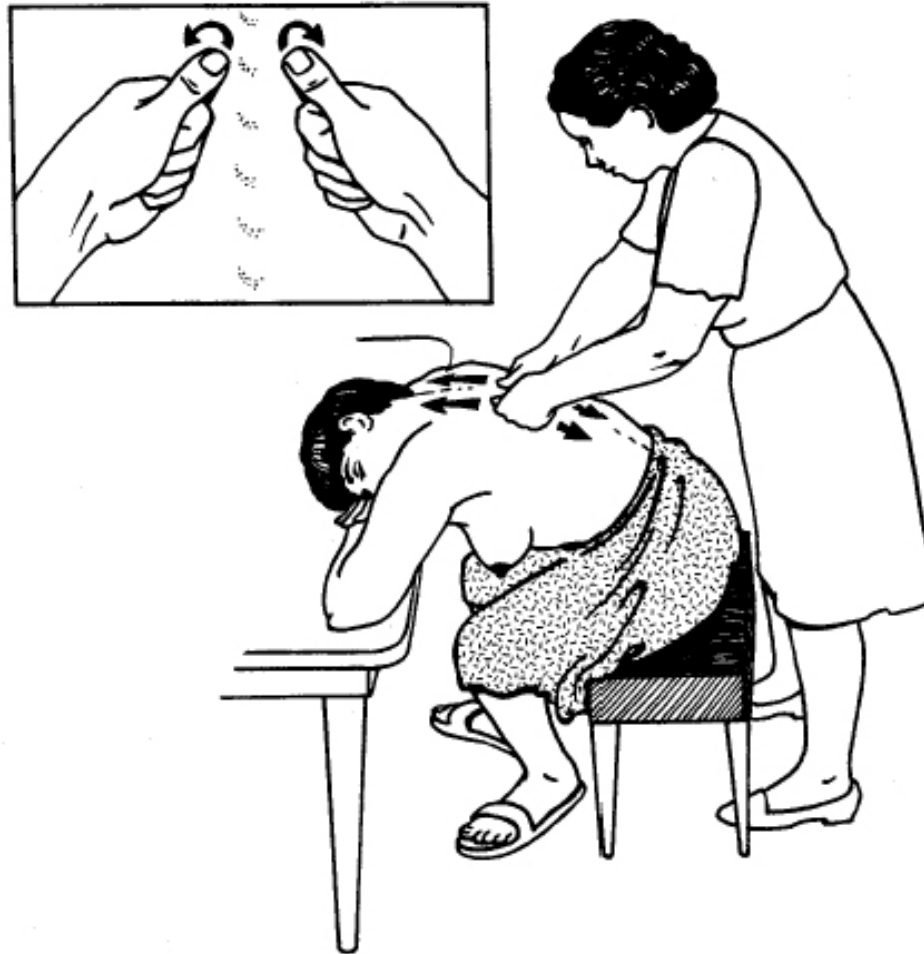
Parts of the Breast



Adapted from *Breastfeeding Counselling: a training course*,
WHO/CHD/93.4, UNICEF/NUT/93.2

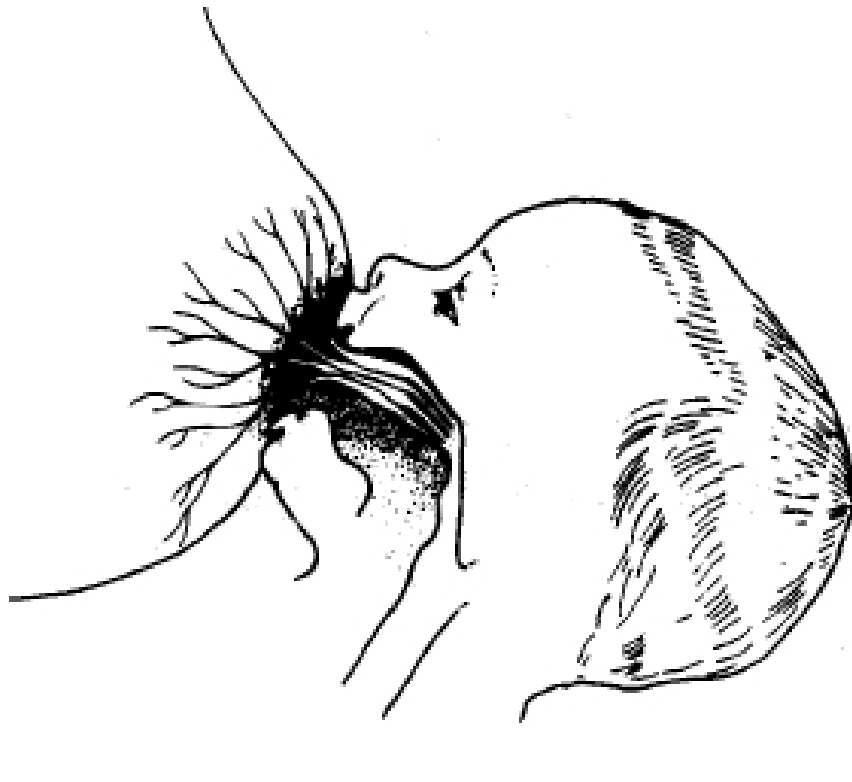
Helping the Oxytocin Reflex

6/2

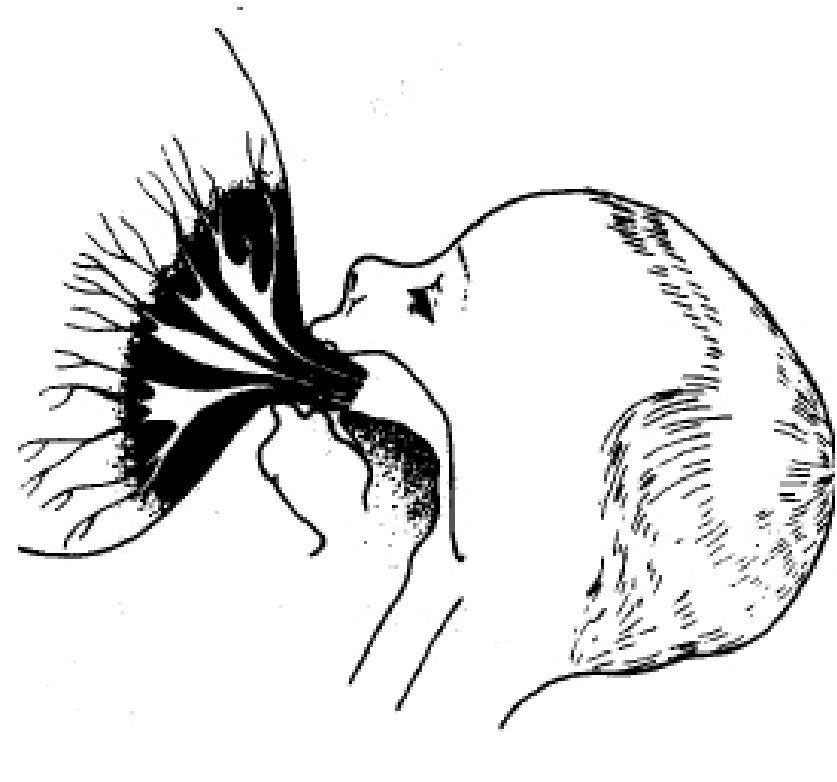


*Breastfeeding Counselling: a training course,
WHO/CHD/93.4, UNICEF/NUT/93.2*

What can you see?



Good attachment

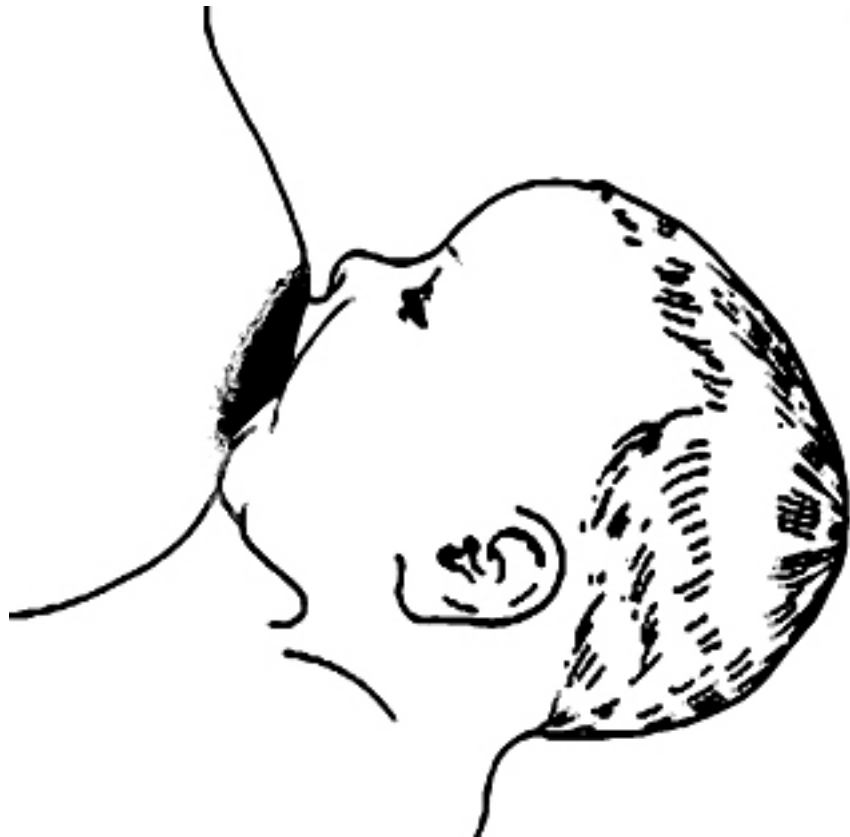


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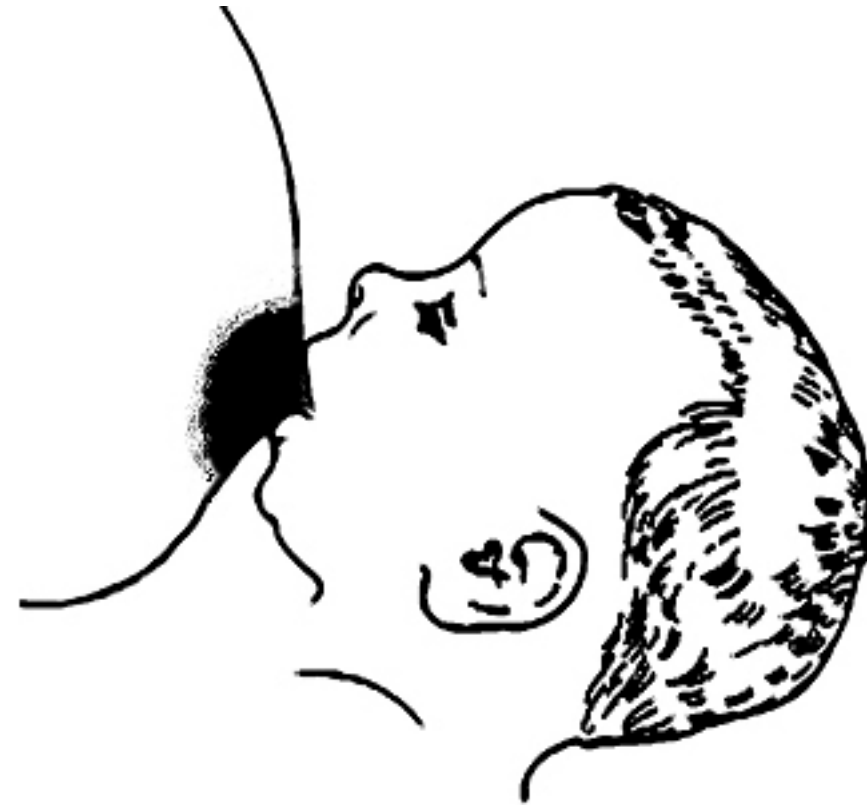
*Breastfeeding Counselling: a training course,
WHO/CHD/93.4, UNICEF/NUT/93.2*

What can you see?

6/4



Good attachment



Poor attachment

*Breastfeeding Counselling: a training course,
WHO/CHD/93.4, UNICEF/NUT/93.2*

Breastfeeding Positions



In line
Close
Supported
Facing



Breastfeeding Counselling: a training course,
WHO/CHD/93.4, UNICEF/NUT/93.2

BREASTFEED OBSERVATION AID

7/2

Mother's name _____

Date _____

Baby's name _____

Baby's age _____

Signs that breastfeeding is going well:

Signs of possible difficulty:

GENERAL

Mother:

- Mother looks healthy
- Mother relaxed and comfortable
- Signs of bonding between mother and baby

Mother:

- Mother looks ill or depressed
- Mother looks tense and uncomfortable
- No mother/baby eye contact

Baby:

- Baby looks healthy
- Baby calm and relaxed
- Baby reaches or roots for breast if hungry

Baby:

- Baby looks sleepy or ill
- Baby is restless or crying
- Baby does not reach or root

BREASTS

- Breasts look healthy
- No pain or discomfort
- Breast well supported with fingers away from nipple

- Breasts look red, swollen, or sore
- Breast or nipple painful
- Breasts held with fingers on areola
- Nipples flat, not protractile

- Nipples protractile

BABY'S POSITION

- Baby's head and body in line
- Baby held close to mother's body
- Baby's whole body supported
- Baby approaches breast, nose to nipple

- Baby's neck and head twisted to feed
- Baby not held close
- Baby supported by head and neck only
- Baby approaches breast, lower lip/chin to nipple

BABY'S ATTACHMENT

- More areola seen above baby's top lip
- Baby's mouth open wide
- Lower lip turned outwards
- Baby's chin touches breast

- More areola seen below bottom lip
- Baby's mouth not open wide
- Lips pointing forward or turned in
- Baby's chin not touching breast

SUCKLING

- Slow, deep sucks with pauses
 - Cheeks round when suckling
 - Baby releases breast when finished
- Mother notices signs of oxytocin reflex

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed

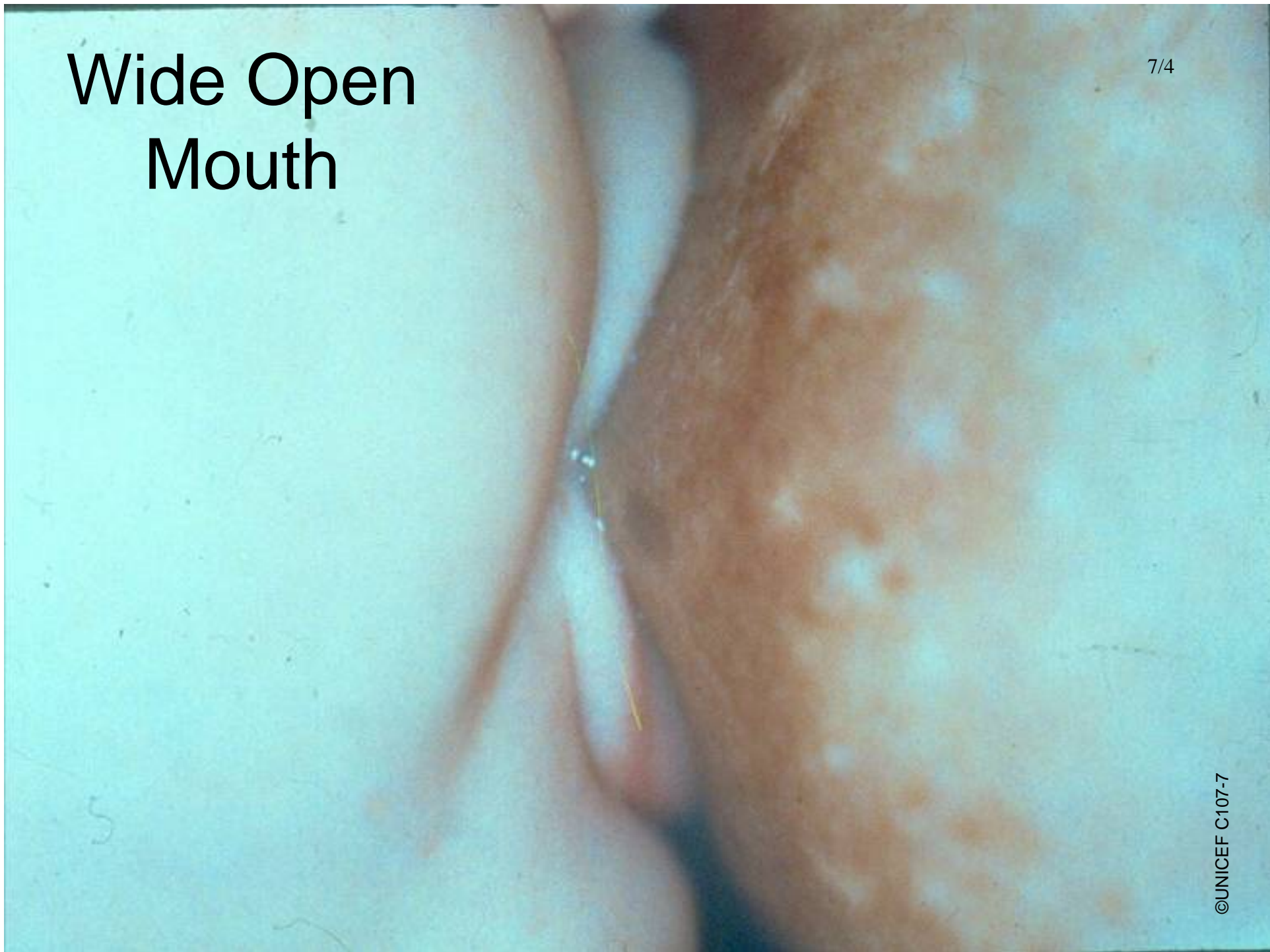
Notes:

Assess a Breastfeed



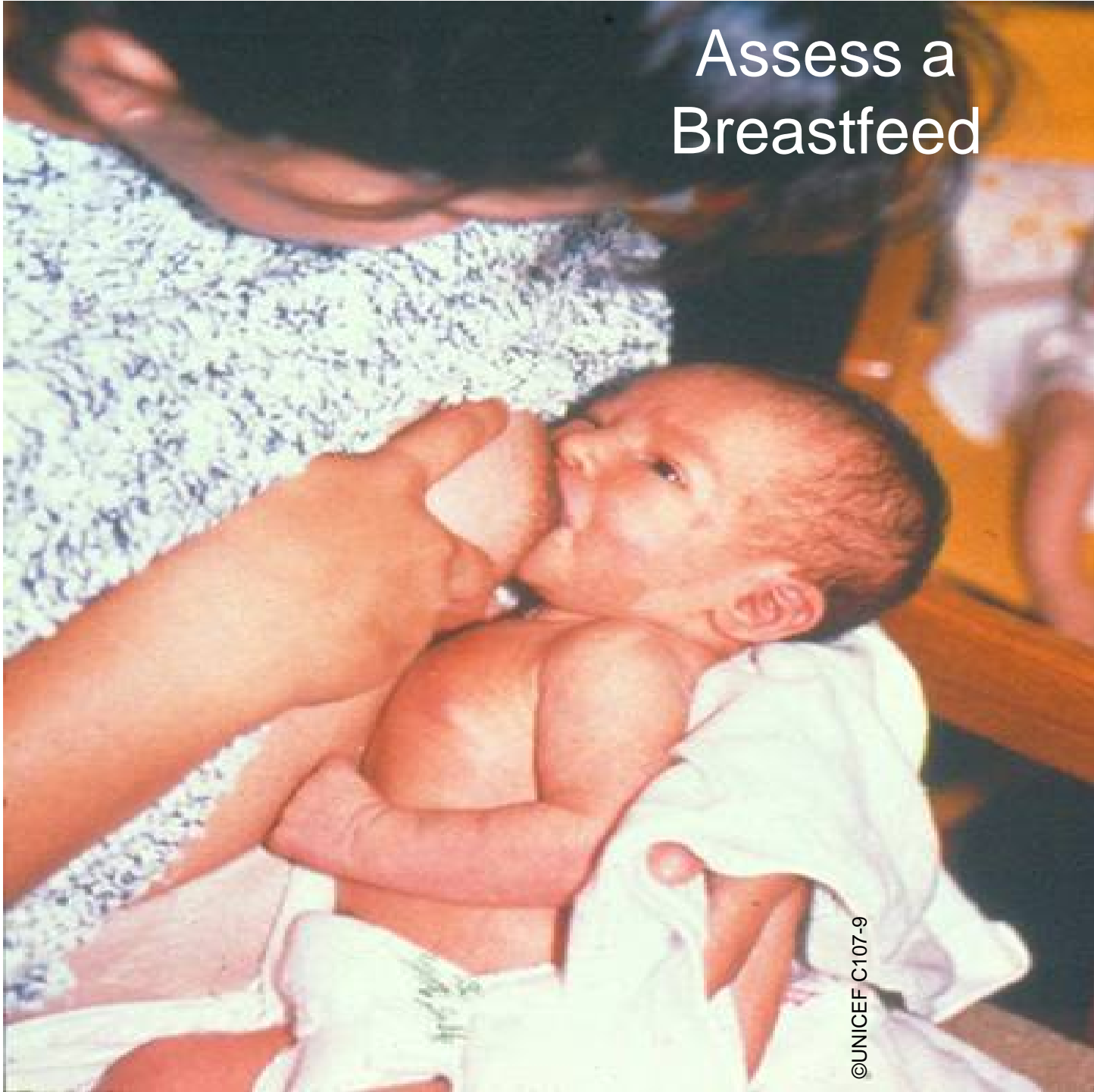
Wide Open Mouth

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Assess a Breastfeed

7/5

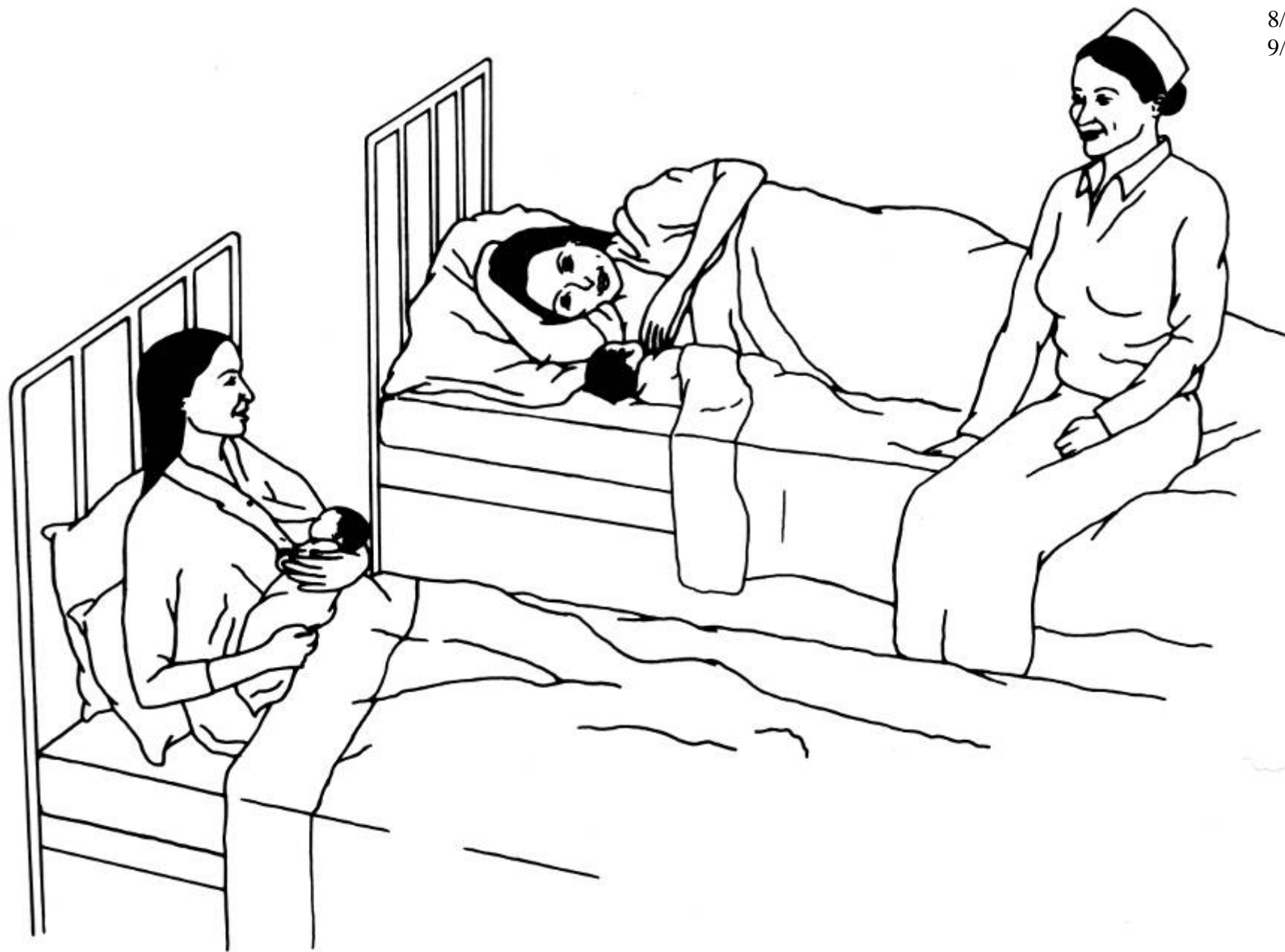


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Assess a Breastfeed

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Case study



2 weeks old
Healthy at birth
Discharged Day 2

“Sleeping all the time”

“Refusing” the breast

3 stools in week

12% under birth weight

Bottle with honey and
water twice yesterday

Kangaroo Mother Care



Dr Niis Bergman,
Cape Town,
South Africa

Kangaroo Mother Care

10/2



Dr Nils Bergman, Cape Town, South Africa

Positioning a preterm infant



Twins Grow Well on Breastmilk

10/4

UNICEF/HQ92-0260/ Lauren Goodsmith, Mauritania



DANCER Hand Position

10/5



Chin Support

10/6



Hand Expression



Cup Feeding

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*Promoting breastfeeding in health facilities:
A short course for administrators and policy makers WHO/NUT/96.3, Wellstart International*

Supplementer



Size and Shape

There are many different shapes and sizes of breast and nipple.

Babies can breastfeed from almost all of them.



Full Breast

12/2



Engorged Breast



Mastitis

12/4



Sore Nipple

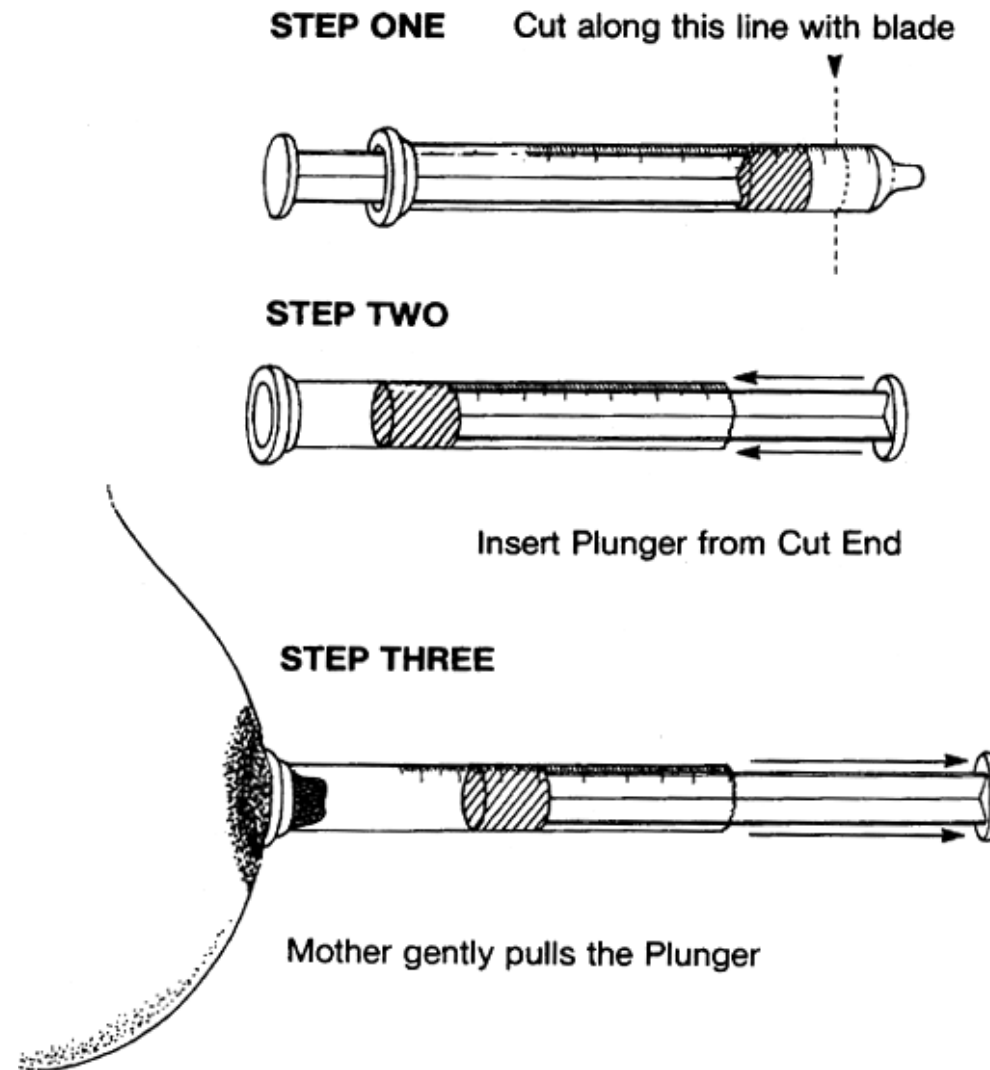
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Sore Nipple



Syringe method for inverted nipples



Candida on the nipple

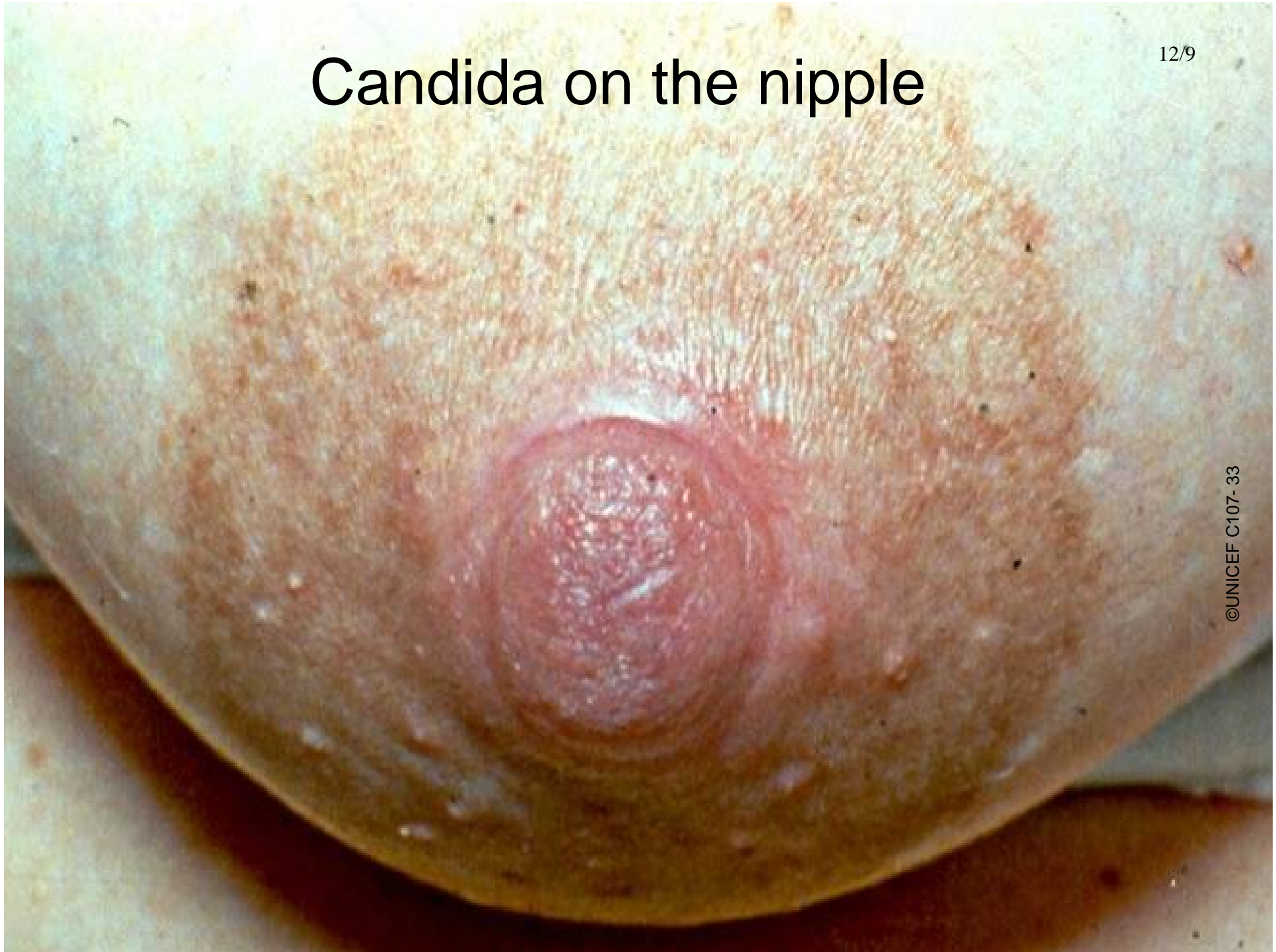
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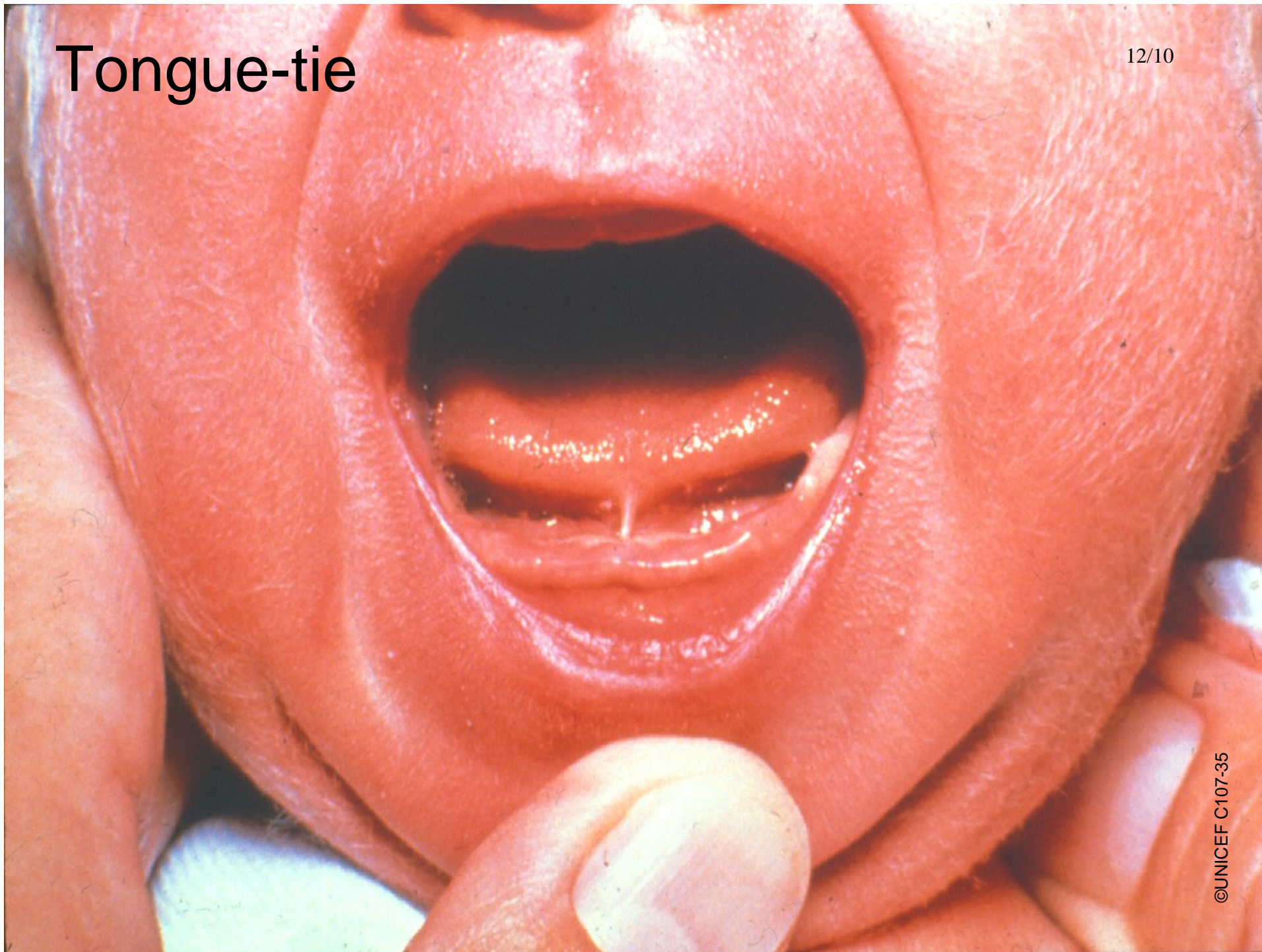
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Candida on the nipple

12/9

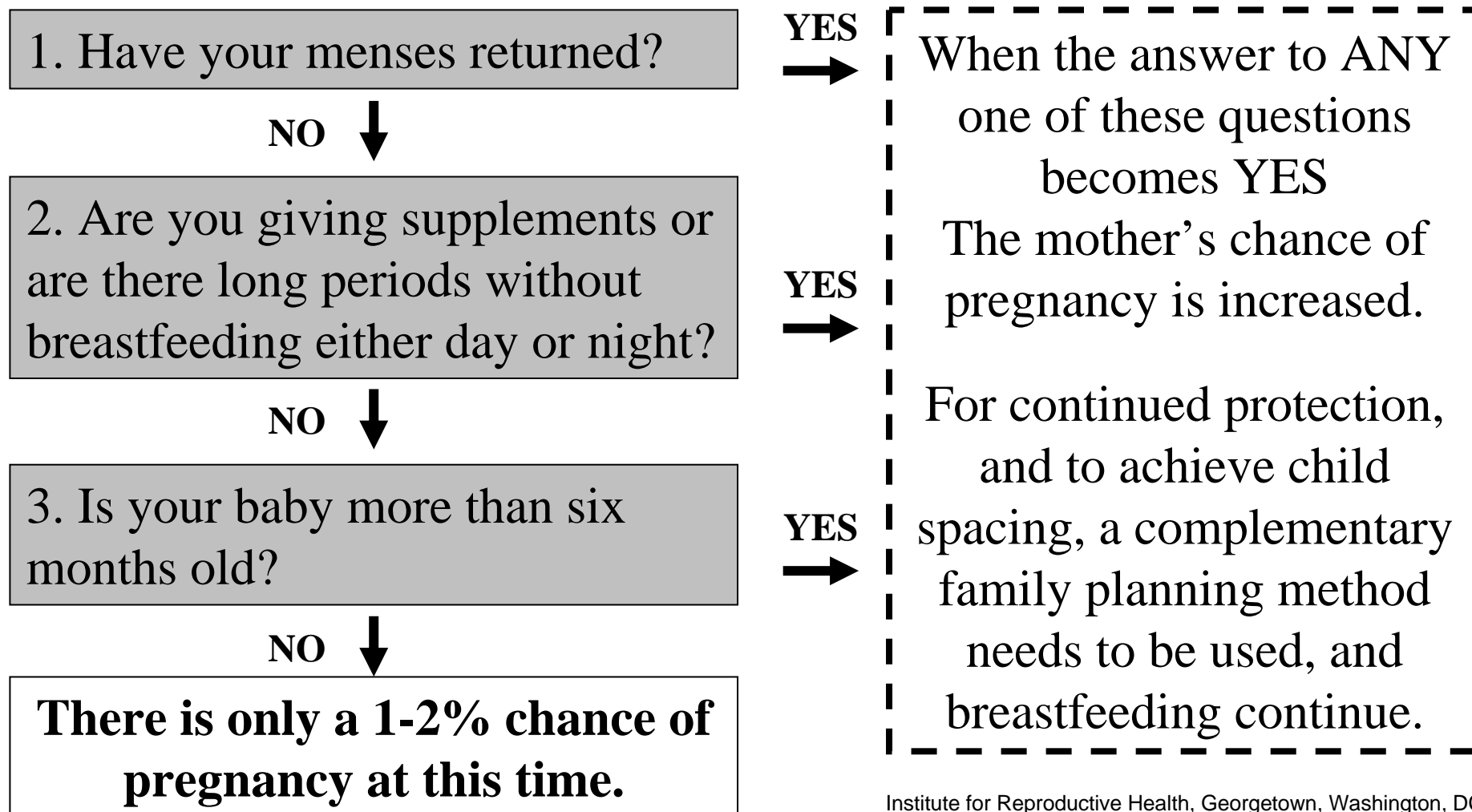


Tongue-tie



Lactational Amenorrhea Method (LAM)

Ask the mother or advise her to ask herself these three questions:



Institute for Reproductive Health, Georgetown, Washington, DC

UNICEF/WHO/UNAIDS

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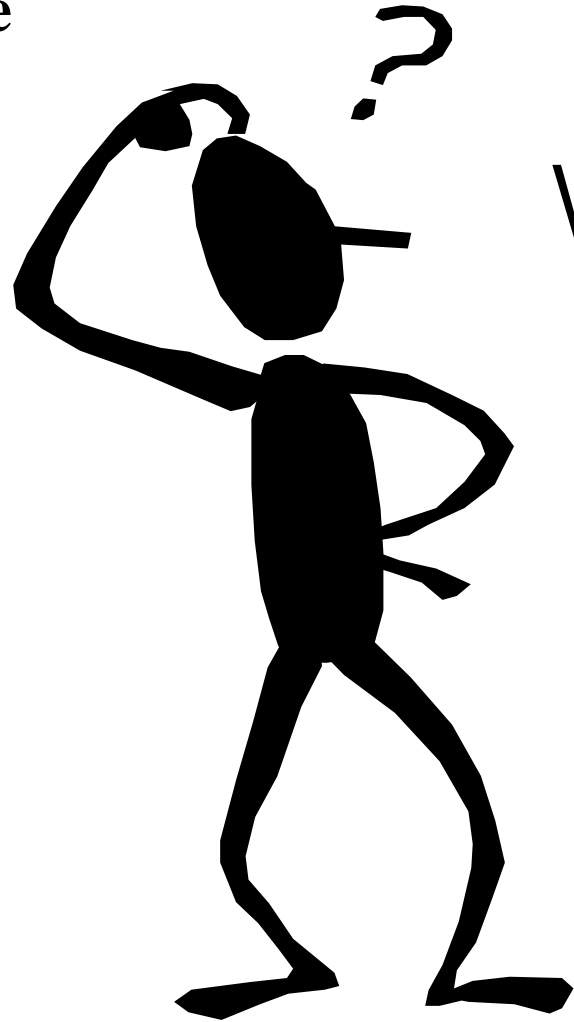
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Developing a Plan:

15/2

Step One

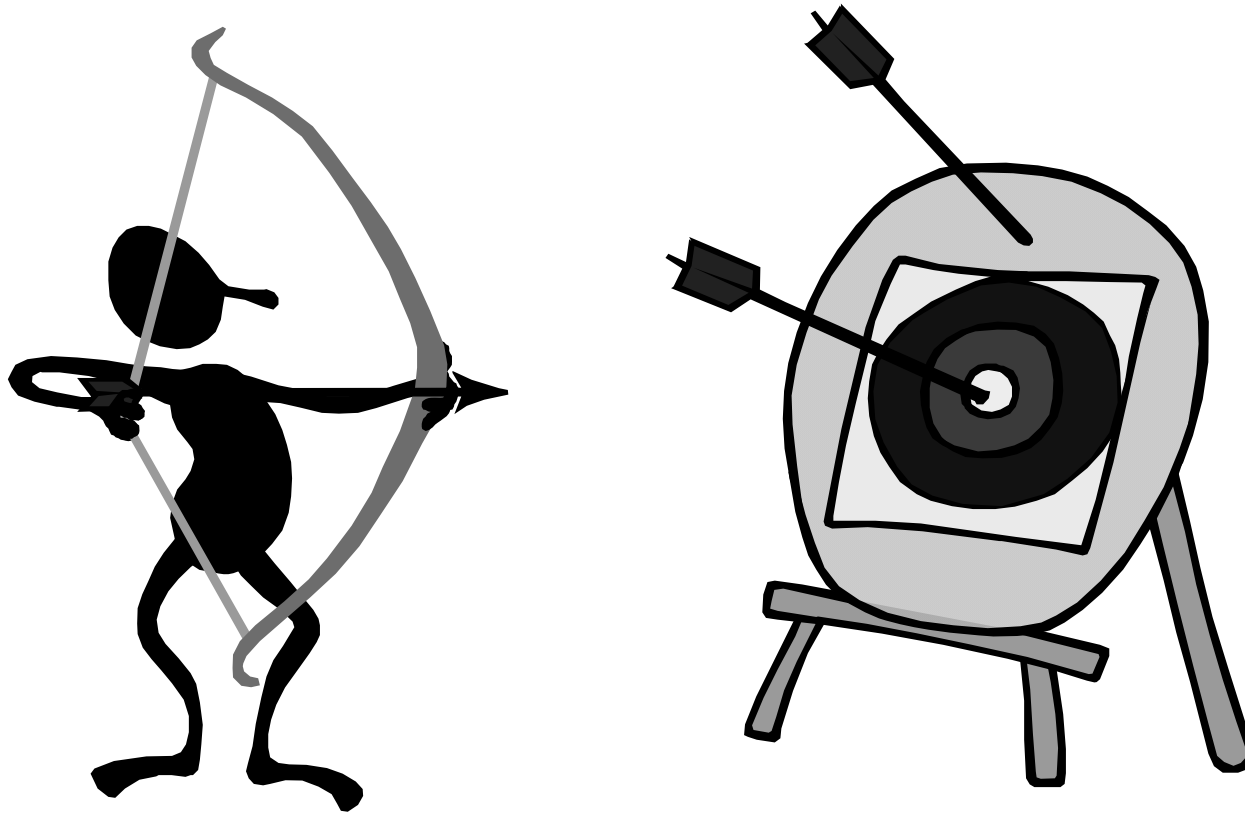


Where are we
now?

Developing a Plan:

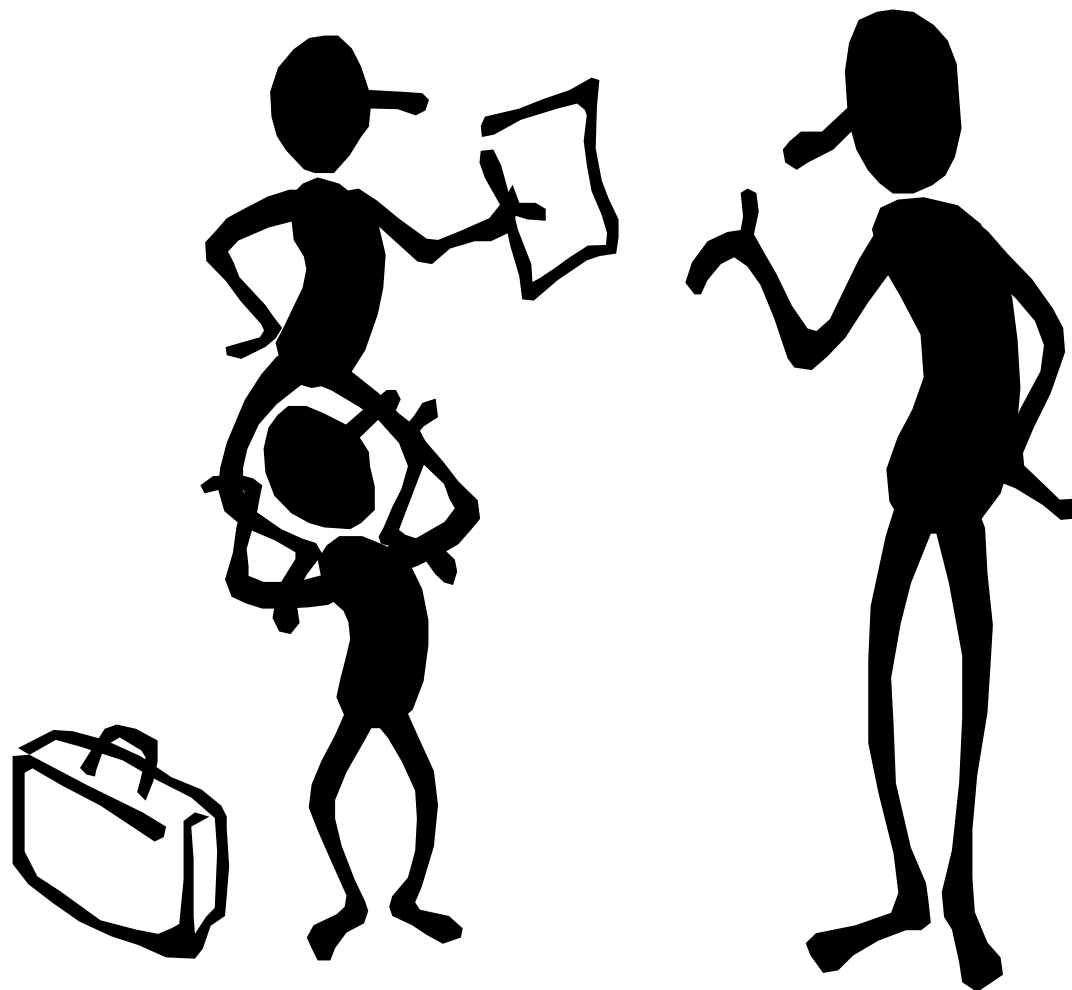
Step Two

Where do we want to be?

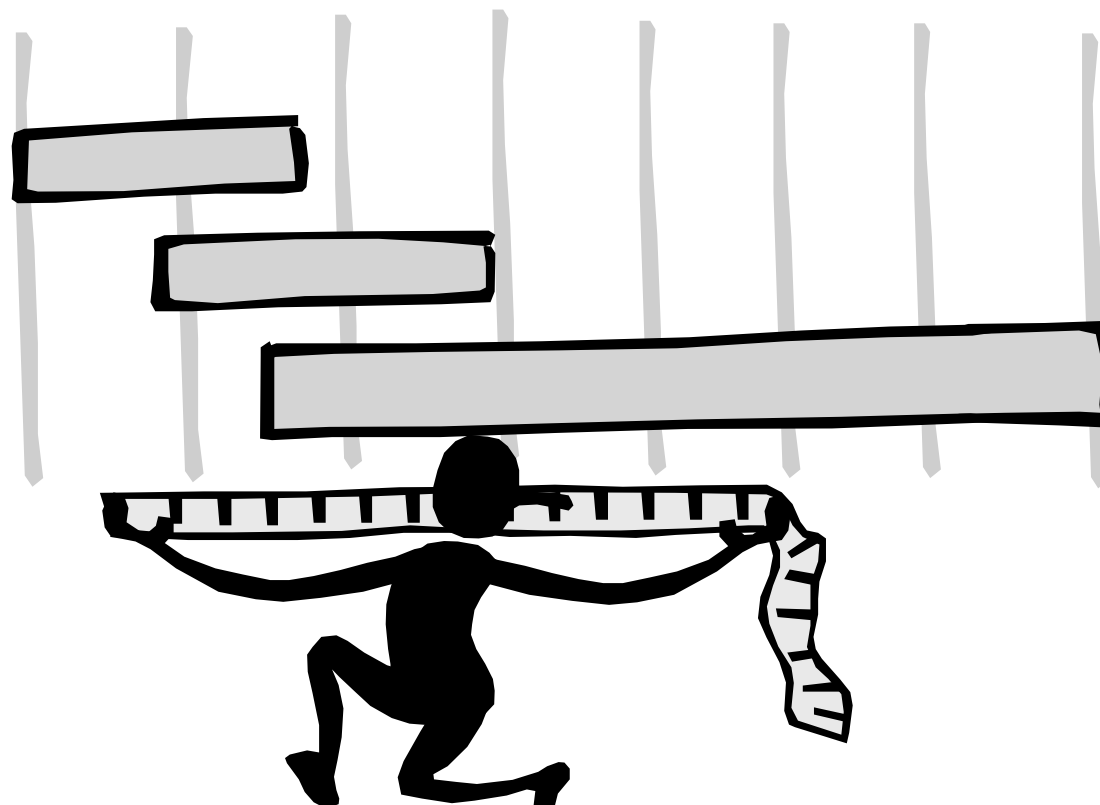


Developing a Plan: Step Three

How will
we get
there?

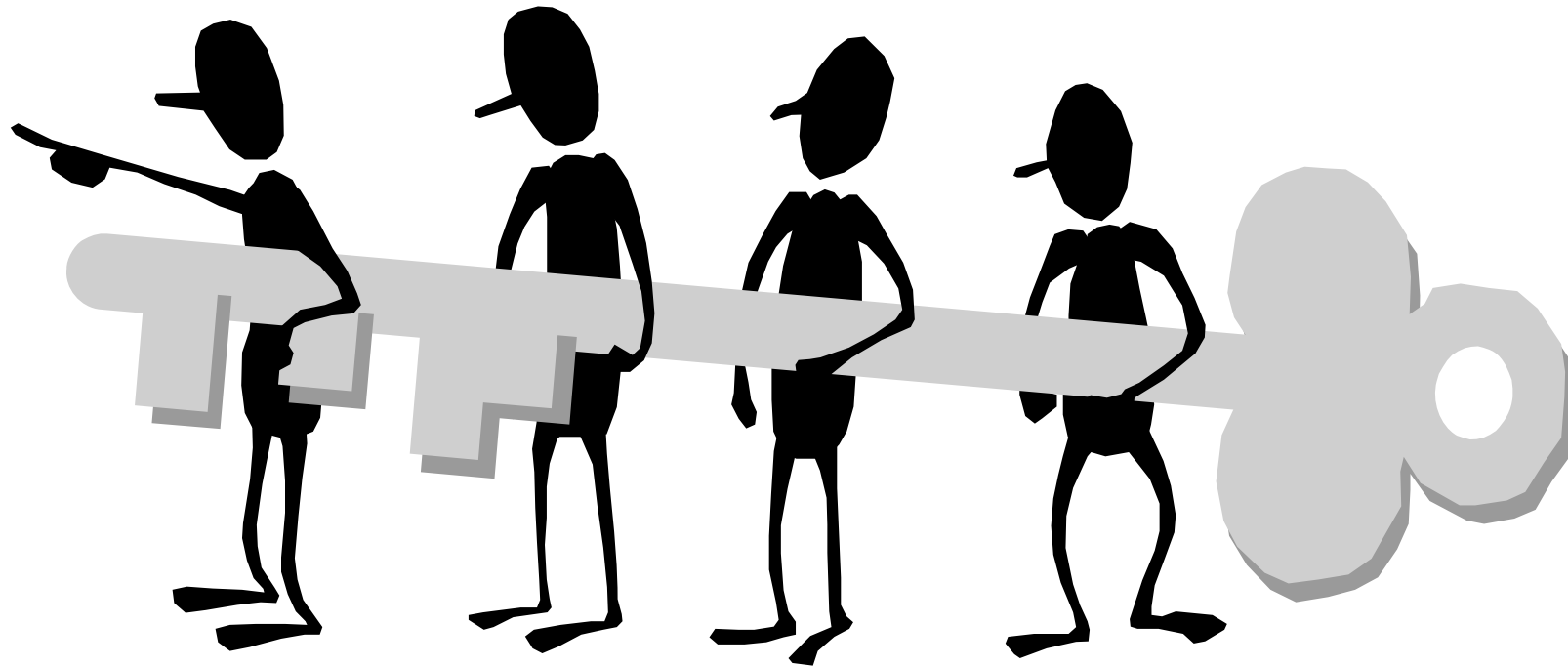


Developing a Plan: Step Four



How will we know if
we are there?

Developing a Plan: Step Five



How will we sustain it?