

# **SESSION 14**

## **ON GOING SUPPORT FOR MOTHERS**

### **Breastfeeding Promotion and Support**

A Training Course for Health Professionals



*Adapted from the Baby Friendly Hospital Initiative:  
Revised, Updated and Expanded for Integrated Care (Section 3)  
WHO/UNICEF 2009*



# Session Objectives:

At the end of this session, participants will be able to:

1. Describe how to prepare a mother for discharge
2. Discuss availability of follow-up and support after discharge
3. Outline ways of protecting breastfeeding for employed women
4. Discuss sustaining breastfeeding for the second year or longer
5. Discuss group support for breastfeeding



# **1. Preparing a Mother For Discharge**

## ***STEP 10***

***“Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.”***

“ The key to best breast feeding practices is continued day to day support for breast feeding mother within her home and community”.

*Saadeh RJ, editor. Breast-feeding: the Technical Basis and Recommendations for Action. Geneva, World Health Organization, pp. 62-74, 1993.*

***What does a mother need  
before she leaves the  
hospital to go home with her  
baby***



Session 14: Ongoing Support for Mothers  
Ministry of Health Malaysia



# PREPARING A MOTHER FOR DISCHARGE

*Before a mother leaves a maternity facility, she needs to:*

- Be **able to feed** her baby.
- **Understand** the
  - **importance of exclusive breastfeeding** for 6 months
  - and **continued breastfeeding** after the **introduction of complementary foods** to two years and beyond.
- Be able to **recognize** that **feeding is going well**
- Find out how to get the **on-going support** that she needs.

# ***Be able to feed the baby***

- A health worker trained in breastfeeding should:
  - Observe every mother **a breastfeeding**
  - make sure that the mother and baby know **breastfeed.**



## ***The mother should:***

- know about **baby-led, demand feeding & babies behaviour**
- be able to recognise her **baby's feeding signs**
- be able to position her baby for **good attachment**
- know the signs of **effective breastfeeding** and a **healthy baby**
- know what to do if she thinks that she **does not have enough milk**
- be able to **express her milk**.

## ***If a mother is not breastfeeding***

- assist with replacement feeding.
  - type of replacement feeding  
**Acceptable, Feasible, Affordable, Sustainable** and **Safe (AFASS)**
  - obtain the replacement milk in **sufficient quantities**
  - **safely prepare** and **feed** the replacement milk
  - **reduce risks** associated with replacement feeding

# ***If a mother is not breastfeeding***

- A health worker should **observe** that
  - **prepare a replacement**
  - **feed the baby in a safe**before the mother are discharged from the maternity unit



# ***Understand the importance of exclusive breastfeeding for 6 months***

- Anticipate possible pressures on mother to supplement her baby with foods or fluids other than breastmilk.
- **Before she leaves** the maternity facility, remind her of:
  - the importance of **exclusive b'fe** first six months
  - After six months, a baby **needs foods in addition to bre**



## ***Be able to recognise that breastfeeding is goinn well. Look for these signs:***

- Baby is **alert and active**, feeding **at least 8 times**/day.
- Baby **settles and sleeps** for **some periods** in 24 hours.
- Baby has **six or more wet diapers**/nappies in 24 hours with pale, diluted urine
- **passing stools 3 or more** times a day.
- Breasts are **fuller before feeds** than after feeds.
- Breasts and nipples are comfortable and not sore.
- Mother **feels confident** caring for her baby in general.

## *Have on-going support*

- A mother needs a **family member, friend, health worker** or other person support to become confident





# ***ON-GOING SUPPORT***

- A mother needs help when:
  - has many other demands - caring for other children and household tasks
  - first time mother
  - has difficulty feeding her baby,
  - needs to work outside the home and leave her baby,
  - is isolated with little contact with supportive people,
  - receives mixed advice from many people,
  - if she or the baby has a health problem

# ***ON-GOING SUPPORT***

- **Perception** of a mother on her ability:
  - able to do everything without needing any help.
  - if seeking help, she is a bad mother or cannot cope.
- Mothering is a **new skill to learn**:
  - encouragement to look for help and to use support



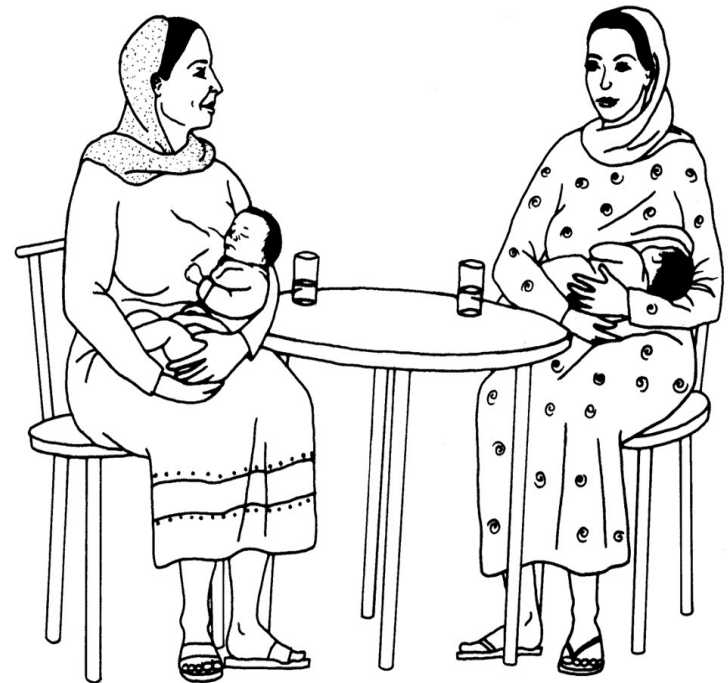
# ***ON-GOING SUPPORT***

- **Follow-up** of the mother who is **replacement feeding** :
  - She is using the option properly
  - She may change feeding option at any time
- When talking to a woman **during her pregnancy**:



## **2. Follow-up and Support after Discharge**

***Who in the community could provide ongoing support for a mother in feeding and caring for her baby?***



# Follow-Up and Support after Discharge

- Resources available in the local community
  - Family and Friends
  - Primary Care and Community Health Workers
  - Mother to Mother Support

# *Resources in the community*



## *Family and friends:*

- Importance of continuous support from friends and family for exclusive breastfeeding in first 6 months
- Support for mothers who practice replacement feeding.



# ***Resources in the community***



## ***Primary care and community health workers:***

- Any time a health worker is in contact with a mother and young child:
  - help & support the mother in feeding and caring for her baby.
  - refer the mother to someone else who can provide support.



# ***Resources in the community***

## ***Primary care and community health workers:***

- \_ Community health workers are able to spend more time with mother
- \_ Community Health Centre may offer:
  - \_ Lactation Clinic
  - \_ Mother Support Group
- \_ Health workers may set good example by breastfeed their own child.

# ***Resources in the community***

## ***Mother to Mother Support:***

- \_ This support is usually **community-based** and may be provided **one-to-one** or **group based**:
  - **An experienced mother** can provide individual support to a new mother. Ask the experienced mother for permission to give her name to new mothers in her area.
  - **A group** may be started by a few mothers or by a health or community worker. There may be **special support groups** for women who are HIV-positive.

# ***Mother to Mother Support (MMS)***

## **Criteria of MMS:**

- Easily accessible
- Free or very inexpensive
- Mother's own community
- Led by experience mother
- Pregnant women are welcome
- Build friendships and help each other outside group



# ***Mother to Mother Support***



# ***If Formal Support is Not Available***

- Discuss what family support she has at home
- Talk with the family
- Give contact person at the hospital
- Advice to bring baby on mother's 6 week postpartum check up
- Give written education material
- If possible, contact mother at home to learn how feeding is going



# ***Baby Friendly Communities***

- Health system, or local health care provision, is designated **“Baby-friendly”**
- Access to a **referral site** with skilled support for early, exclusive and continued breastfeeding
- Support is provided for **age-appropriate, frequent, and responsive complementary feeding** with continued breastfeeding
- **Mother-to-mother support system**, or similar,
- **No** practices, distributors, shops or

# **3. Protecting Breastfeeding for Employed Women**

# ***Employed women***

- Many mothers
  - introduce supplements or
  - stop breastfeeding
- because have to return to work
- Health workers can help mothers to continue giving their babies as much breastmilk as possible

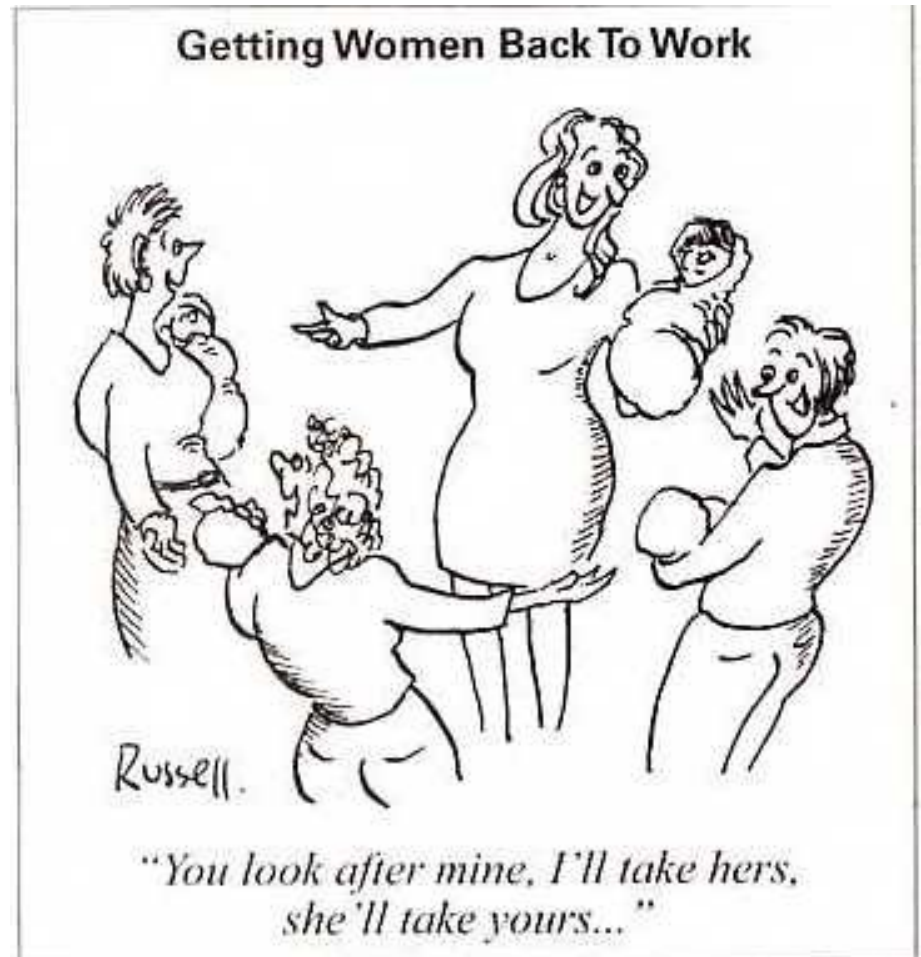


***Why is continuing to  
breastfeed after return to  
employment  
recommended?***

# ***breastfeeding for Employed women***

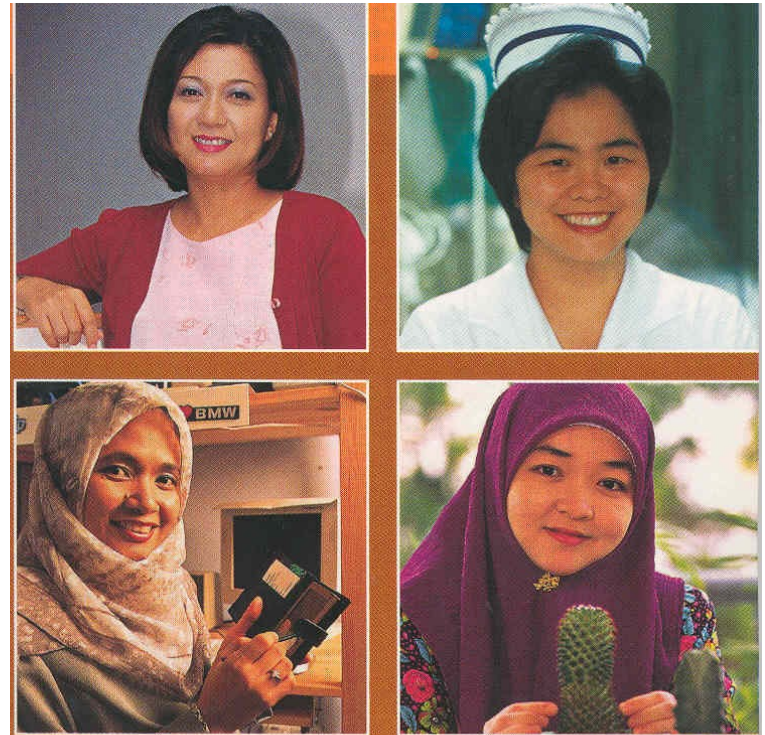
- Less illness in the baby - less absence to care for a sick child
- Ease of night feeds, thus mother gets more sleep
- Opportunity to spend time with the baby and continue the closeness to the baby.
- A chance to a rest while she feeds the baby
- A special, personal relationship with her baby.

***If an employer asked you why she or he should support a woman to breastfeed after she returns to employment, what could you say?***



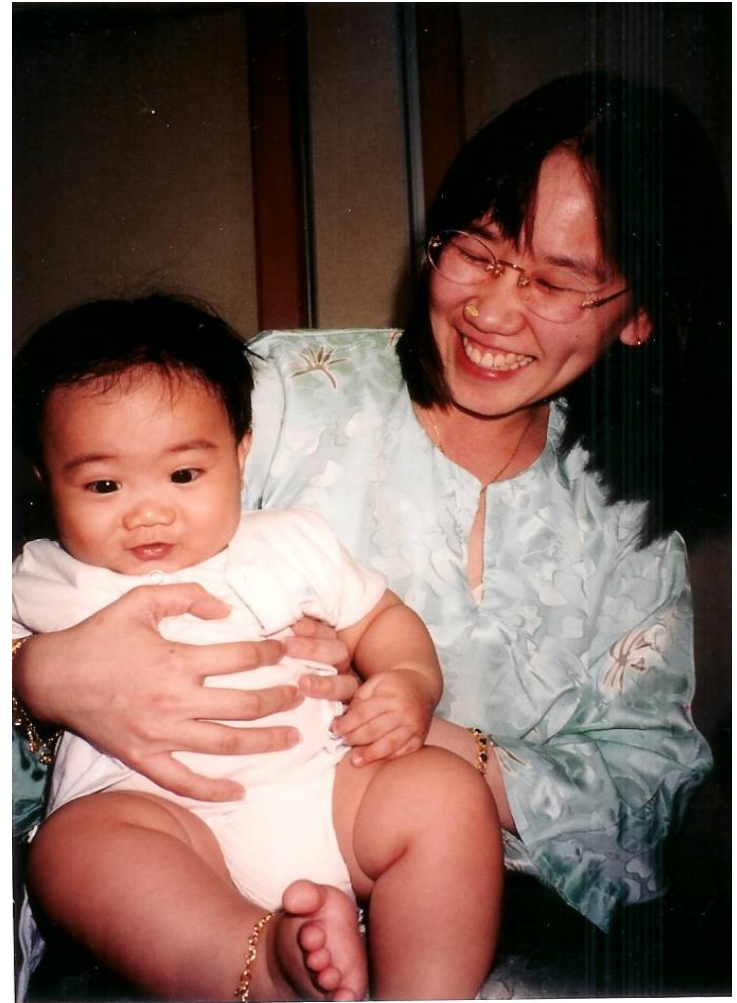
# ***Breastfeeding for the Employer***

- Mothers are away from work less because their children are healthy
- Mothers can concentrate on their work because they have less concern about their babies' health
- Employers retain skilled workers



# ***breastfeeding for the Employer***

- Women are more interested in working for employers who are supportive.
- Families and the community think well of the employers that are supportive.
- Breastfed babies grow up to be a healthy future workforce.







- ***What are the key points to discuss with a mother preparing to return to employment?***

# ***Key Points for Discussion***

- Some weeks before the mother is due to go back to work, discuss:
- Could the baby go to work with her?
- Could the baby be cared for near her workplace so that she could go to feed the baby at break times or could the baby be brought to her?
- Could the mother work shorter hours or fewer days until the baby is older?

# TRAINING FOR EXPRESSED BREASTMILK FEEDING

<b>Day Time</b>	<b>Day 1-3</b>	<b>Day 4-6</b>	<b>Day 7-9</b>	<b>Day 11-13</b>
<b>BREAKFAST</b> 7.30-9.00a.m	Expressed breastmilk	Expressed breastmilk	Expressed breastmilk	Expressed breastmilk
<b>MORNING DRINKS</b> 10.00-1.30 p.m	Breastfeeding	Expressed breastmilk	Expressed breastmilk	Expressed breastmilk
<b>LUNCH</b> 12.00-1.30 p.m	Breastfeeding	Breastfeeding	Expressed breastmilk	Expressed breastmilk
<b>TEA BREAK</b> 2.00-4.00p.m	Breastfeeding	Breastfeeding	Breastfeeding	Expressed breastmilk



# **4. Sustaining continued breastfeeding for 2 years or longer**

# ***Sustaining continued breastfeeding***

- Breastfeeding continues to provide closeness to the mother, protection from illness and good nutrition.
- Breastfeeding an older baby/young child can be valuable if the child becomes ill.
- Breastfeeding can be soothing to a child who is in pain or upset.

# ***Breastfeeding an older baby is different from breastfeeding a newborn***

- Baby becomes more alert - baby may be distracted easily during breastfeeds by noises and activity.
  - Feeding in a quiet place may limit distractions.
- Young children may breastfeed once or twice a day or more frequently.
- Some may breastfeed only if they are hurt or upset.
- Mothers may need **special support breastfeeding** without **discrimination** from workplace, family and community



# COMPLEMENTARY FEEDING

- After six months of age, **complementary feeding** complements the breastfeeding; it **does not replace it**.
- The period from 6-12 months of age is a time for learning how to eat a **wider range of foods** and textures.



# COMPLEMENTARY FEEDING



- To **maintain the milk supply**, encourage the mother to continue to offer the breast before the complementary food.
- A child stops breastfeeding when they are ready as a **natural part of their development.**
- Sudden wean may cause **distress** to the child and the mother.

# ***NATIONAL HEALTH PROGRAMS FOR MOTHER AND CHILD***

- 1. Safe Motherhood Programmes: mothers are seen through pregnancy to ensure safe birth.**
- 2. The Integrated Management of Childhood Illness (IMCI): child seen for recurrent illness.**
- 3. The Expanded Programme of Immunization (EPI): child is seen at frequent intervals**
- 4. Supplementation of full cream milk for hardcore poor mothers.**
- 5. Neonatal screening programmes.**
- 6. Early child development programmes: child is monitored for growth and development during the routine checks ups in child welfare.**
- 7. Family planning programmes: mother seen for family planning at any point of time, usually through health visitors.**

# THANK YOU