

SESSION 3: **PROMOTING** **BREASTFEEDING DURING** **PREGNANCY**

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. Outline what information needs to be discussed with pregnant women
2. Help pregnant women to understand how breast milk is unique
3. Explain what kind of antenatal breast preparation women need for breastfeeding, what is effective and what is not
4. Identify women who need extra attention
5. Discuss breastfeeding with a pregnant women

1. Outline information that needs to be discussed with pregnant women

Discussion with pregnant women

- Important to:
 - educate women about breastfeeding as early as possible
 - Identify mothers and babies who may be at risk of breastfeeding difficulties
- To make informed decision, a woman needs:
 - **Information:** *accurate and factual*
 - **Understanding:** *of the info in her situation*
 - **Confidence:** *to breastfeed or find replacement feeding method as alternative*
 - **Support :** *to carry out her feeding decision*

What do you think are the main points to include in a group talk about feeding a baby?

Antenatal group talk

- **STEP 3** of **10 steps** to successful breastfeeding states:

“Inform all pregnant women of the benefits and management of breastfeeding”

Inform all pregnant women of the benefits and management of breastfeeding

1. The importance of breastfeeding **to the baby**
2. The importance of breastfeeding **to the mother**
3. The importance of **skin-to-skin contact**
4. The importance of **early initiation of breastfeeding**
5. The importance of **rooming in 24 hours a day**
6. The importance of **feeding on demand or baby-led feeding**
7. The importance of **feeding frequently**
8. The importance of **good positioning and attachment**
9. The importance of **exclusive breastfeeding**
10. The importance of **continuing breastfeeding after 6 months**

1. The importance of breastfeeding to the Baby

Human milk:

- Provides ideal nutrition
- Protects against many infections
- Prevent some infant deaths
- Reduces risk of allergies
- Reduces risk of conditions such as juvenile-onset diabetes, (*in families with a history of these conditions*)
- may assist in blood pressure regulation
- Reduction of obesity in later life
- Readily available, no preparation , suited to the child's need

Children who **DO NOT** breastfeed or receive breastmilk may be at increased risk of:

- Infections such as diarrhea and gastrointestinal infections, respiratory infections and urinary tract infections
- Eczema and other atopic conditions
- Necrotising enterocolitis, in preterm infants
- Lower developmental performance and educational achievement, thus reducing earning potential
- Ear Infections (otitis media)

*Children who **DO NOT** breastfeed or receive breastmilk may be at increased risk of:*

- Developing juvenile onset insulin dependant diabetes mellitus,
- higher blood pressure
- obesity in childhood
- later heart disease
- dying in infancy and early childhood

2. The importance of breastfeeding to the Mother

Women who **DO NOT** breastfeed may increase risk of:

- Breast cancer, and some forms of ovarian cancer
- Hip fractures in older age
- Retention of fat deposited during pregnancy which may result in later obesity
- Anaemia due to low contraction of the uterus and early return of menses,
- Frequent pregnancies due to lack of child-spacing effect of breastfeeding
- Fewer opportunities to be close to their babies



3.The importance of skin-to-skin contact immediately after birth

- Keeps baby warm and calm
- Promotes bonding, helps breastfeeding get started
- Helps the baby learn that the breast is a safe place
- Enables colonization of the baby's gut with the mother's normal body bacteria gut
- Assists with metabolic adaptation and blood glucose stabilization in the baby

4. The importance of early initiation of breastfeeding

- To ensure the success of exclusive breastfeeding
- To ensure baby get enough colostrum

5. The importance of rooming -in 24 hours a day

- Babies sleep better and cry less
- Mother-baby sleep/awake rhythm would be disrupted if separated
- B'feeding is well established, continues longer and baby gains weight quickly
- Feeding in response to a baby's cues
- Mother becomes confident
- Mother can observe their baby all the time
- Baby get fewer infections compare to stay in a nursery
- promotes bonding between mother and baby



6. The importance of feeding on demand or baby-led feeding

- Babies get more immune-rich colostrum
- Faster development of milk supply
- Faster weight gain
- Less neonatal jaundice
- Less breast engorgement
- Mother learns to respond to her baby
- Easy establishment of breastfeeding
- Less crying – less temptation to supplement
- Longer breastfeeding duration



7. The importance of feeding frequently

To ensure baby will get enough milk

- Feed on demand and not the clock
- Nurse every chance mother have
- Express milk after feeding the baby
- Get enough rest, calories and fluids
- For working mothers, nurse baby the last thing in the morning and the first thing in the evening

7. The importance of feeding frequently

To ensure baby will get enough milk

- Do not use pacifiers
- If possible, use double pump.
- Pump on one side while feeding baby on the other
- Pump more at work.
- Relax.
- Spend your weekends by direct feeding child fully. *Especially for relactating.*
- Co-sleep at night.



8. The importance of good attachment and positioning

Position for Mother

- Comfortable
- Back, feet and breast supported (as needed)



Position for baby

- Body in line
- close to mother's body, facing breast, nose opposite nipple
(Baby brought to breast, not breast to baby)
- Head, shoulders supported
- (whole body supported for premature baby)

9. The importance Exclusive Breastfeeding for first 6 months, giving no other liquid or food

- provides all the nutrients and water that a baby needs to grow and develop in the **first six months**
- First 6 months means:
 - to the end of **6 completed months** or **28 weeks** or **180 days** (not the start of 6 months)
 - **NO** drinks or food given to baby **other than breastmilk**
- Most exclusively breastfed young infants feed at least eight to twelve times in 24 hours, including night feeds.
- Vitamins, mineral supplements or medicines can be given, **if needed**.

Exclusive breastfeeding for First 6 months

Any of these will interfere:

- If baby is given:
 - any drinks or foods other than breastmilk.
 - Given pacifier/dummy/soother
- Limits placed on number of breastfeeds
- Limits placed on sucking time/ length of breastfeed



Exclusive breastfeeding for First 6 months

Few points why it is important

- Reduce diarrhoea and infectious diseases
 - Reduce infant deaths
- Reduce risk of respiratory infection for baby
- Get the right antibodies to protect baby from illness
- Develop jaw, teeth and speech development



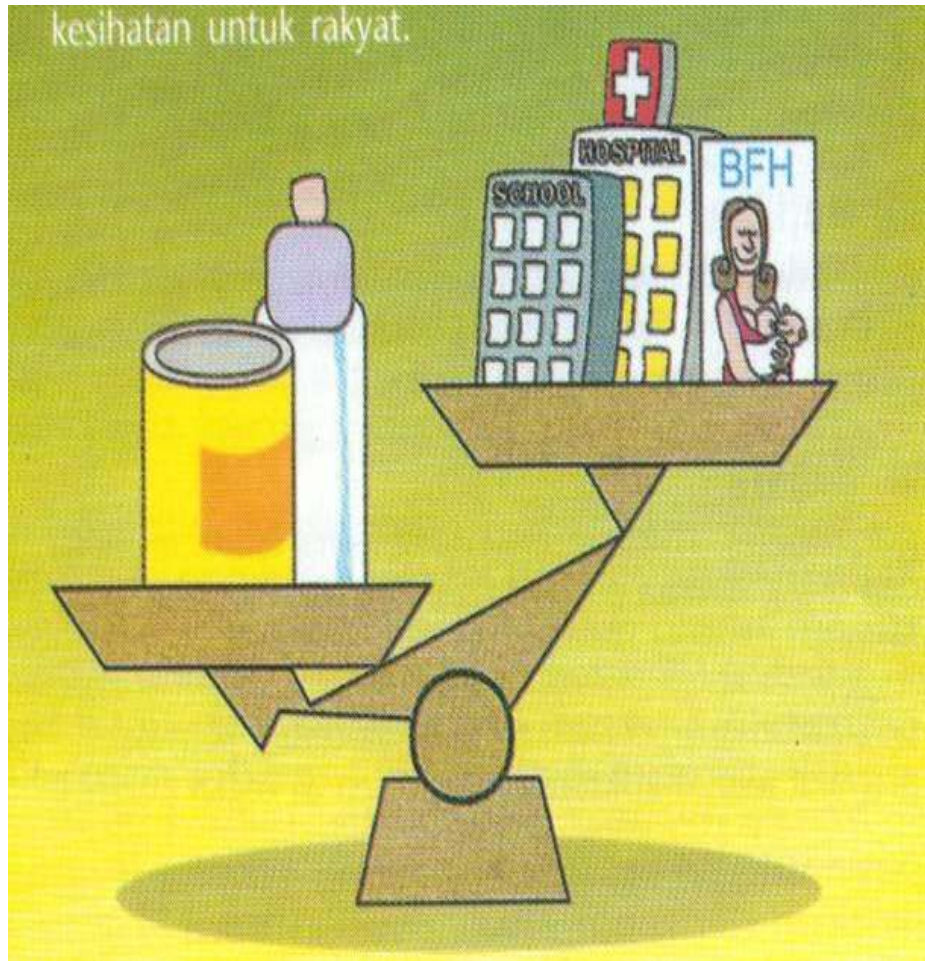
10. The importance of continuing breastfeeding after 6 months

After 6 months:

- children should receive **complementary food**
- and continue to breastfeed
- Breastmilk continue to be important, providing 1/3 to 1/2 the calories for the child at 12 months
- Should be continued **up to 2 years and beyond**



Other benefits of breastfeeding



- Economic
- Readily available
- Simple; with no equipment or preparation needed

Other benefits of breastfeeding

- If a baby is **NOT** breastfed:
 - Need to buy replacement milk
 - *expensive*
 - Need time to prepare milk
 - Need to keep feeding equipment clean
 - Loss of income through absence from work to care for ill child



2. How is breastmilk unique

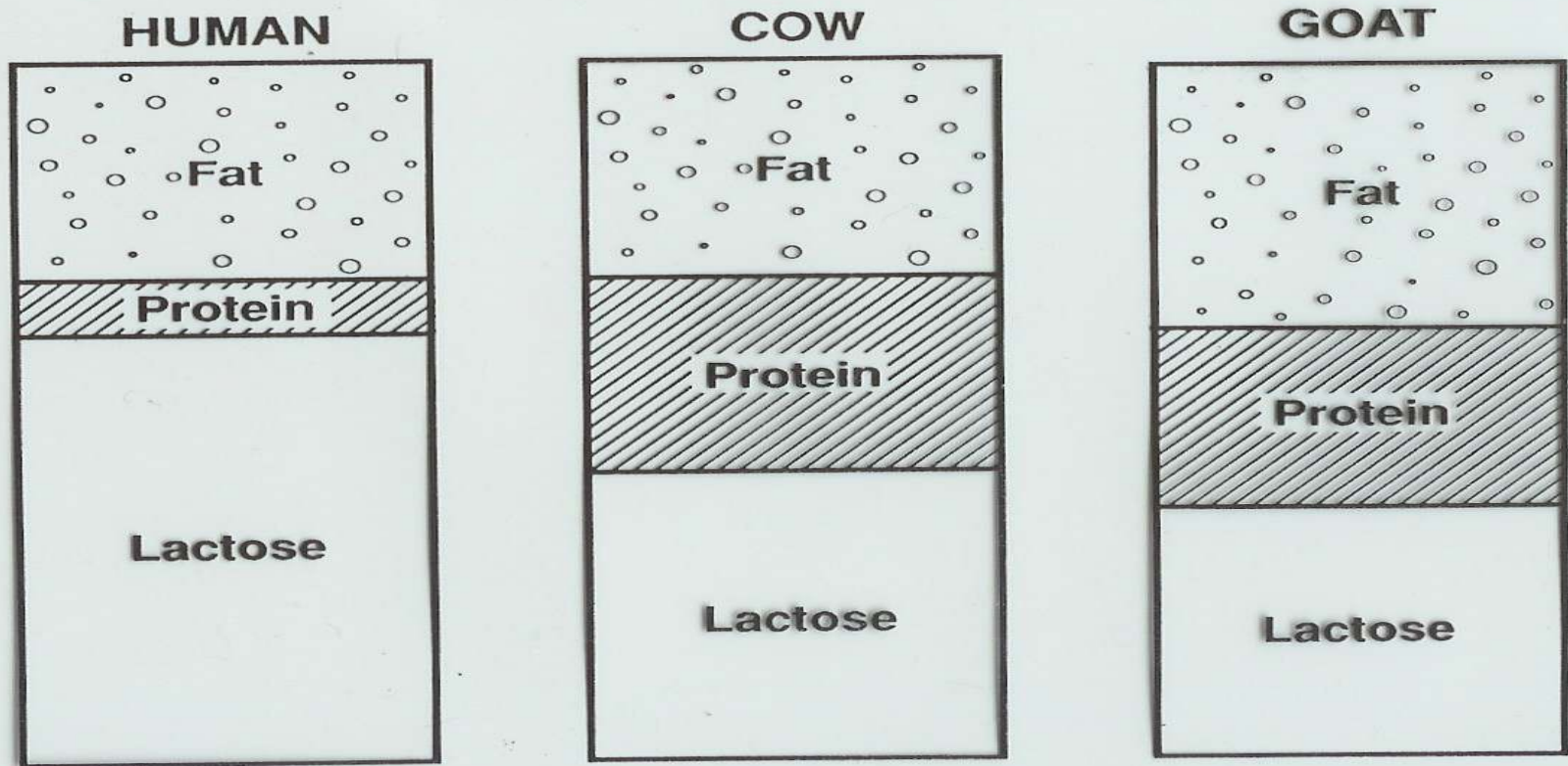
Superiority of breastmilk

- Human milk is the "gold standard" for preterm and term infants
- most complete form of nutrition for infants.
- Protects against bacteris
- All breastmilk not alike , contents changes
- A mother's milk has just the right amount of
 - Fat
 - Carbohydrate
 - Protein
 - Minerals
 - Vitamins
 - WaterFor baby's growth and development

Composition Of Breast Milk

	Breastmilk	Formula milk
Contaminants	Absent/minimal	High risk
Anti-infective factors	present	Absent
Growth factors	present	absent
Protein	1%-low quality	1.5%-poor quality
Casein	low	high
Fat	Adequate (4%) good quality, has enzymes	Inadequate, no enzymes
Iron	Adequate	Adequate
Vitamin	Adequate	Adequate
Water	Adequate	Adequate

What can you say about the differences between these milk?

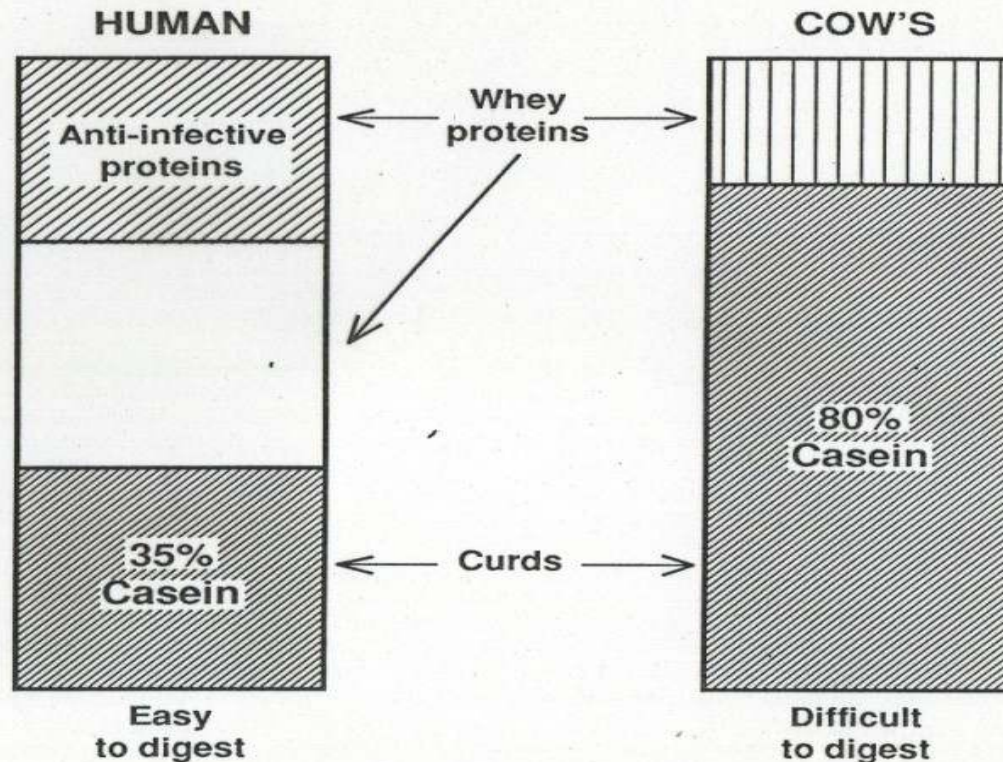


Protein in breastmilk

- Perfect for infant growth and brain development
- It is easy to digest and quickly supply nutrients to baby
- The level of protein in breastmilk is not affected by the mother's food consumption.

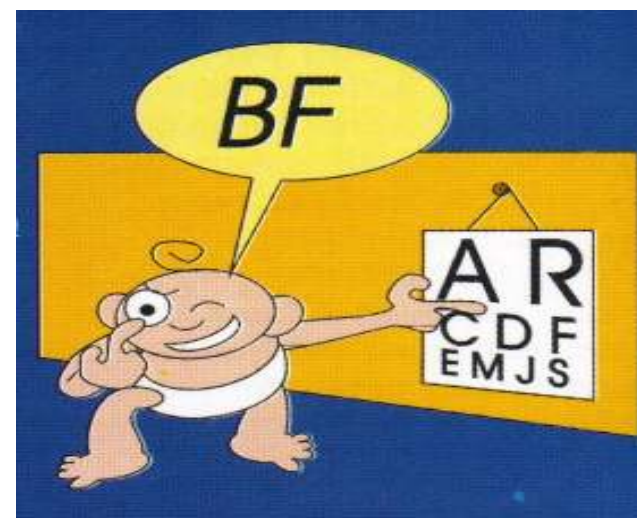
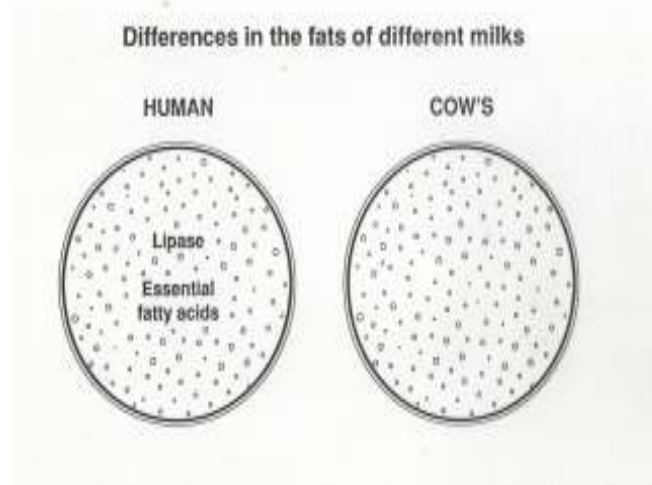
Protein in breastmilk

Differences in the quality of the proteins in different milks



Fat in breastmilk

- Main source of **energy**
- Enzymes (**lipase**) help in digestion of fat to make it quickly available to baby for energy
- Very **long-chain fatty acids**
 - for brain growth and eye development
 - cholesterol and vitamins.
- High level of **cholesterol** may help the infant to develop body systems to handle cholesterol throughout life.



Fat in breastmilk

- **Foremilk**
 - Low level of fat - baby's thirsty.
- **Hindmilk**
 - Higher level of fat - satiety.

Fat in breastmilk



- **Fat content vary from feed to feed.**

Fat in breastmilk

- The **type** of fat can be affected by the mother's diet but the **total fat** is not unless mother is malnourished.



Fat in Artificial Formula

- Lacks digestive enzymes
- Little or no cholesterol
- Fatty acids added (some brands only)



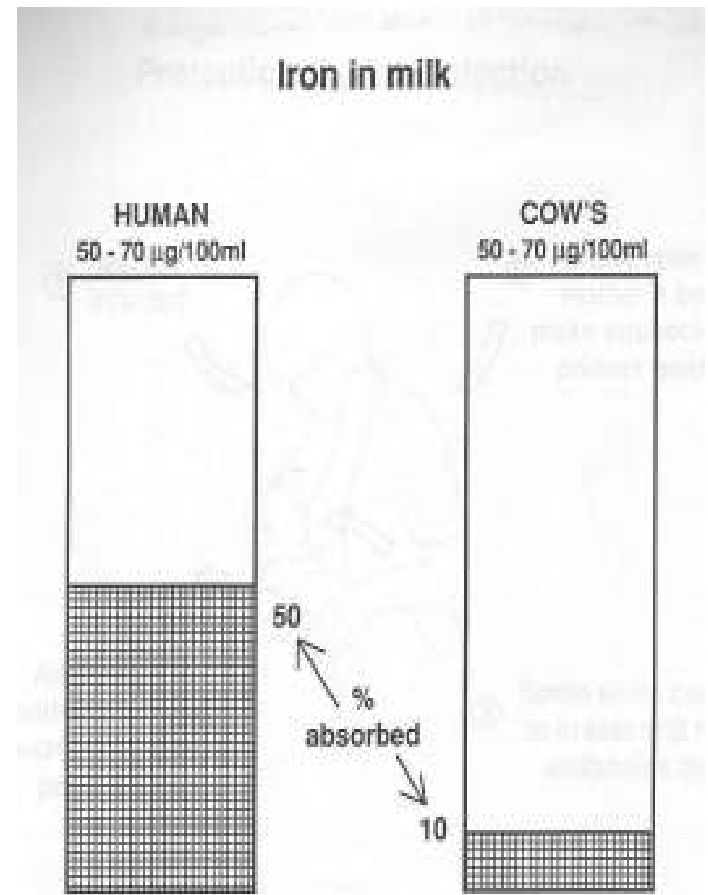
Carbohydrate in breastmilk

- Lactose is the main carbohydrate:
 - constant through out the day.
 - helps calcium absorption
 - provides fuel for brain growth
 - retards the growth of harmful organisms in the gut.
 - digested slowly.
 - lactose in the breastfed baby's stool is not a sign of intolerance.
 - **Not all** artificial formulas contain lactose.

***What can you say about the differences
between these milk?***

Iron in breastmilk

- The amount of iron in breastmilk is **low** :
 - **well absorbed** from the baby's intestine if the baby is exclusively breastfed
- A **high** level of iron added to formula
 - **NOT absorb well.**
 - The excess added iron can feed the growth of harmful bacteria.
- Iron-deficiency anaemia is **rare** for 6-8 months exclusively breastfeed baby, healthy and full term



Water in breastmilk

- Breastmilk is very rich in water (88%)
 - no supplemental water even in hot, dry climates.
 - does not overload a baby's kidneys and the baby does not retain unnecessary fluid
- Giving water or other fluids such as teas, may **disrupt** breastmilk production

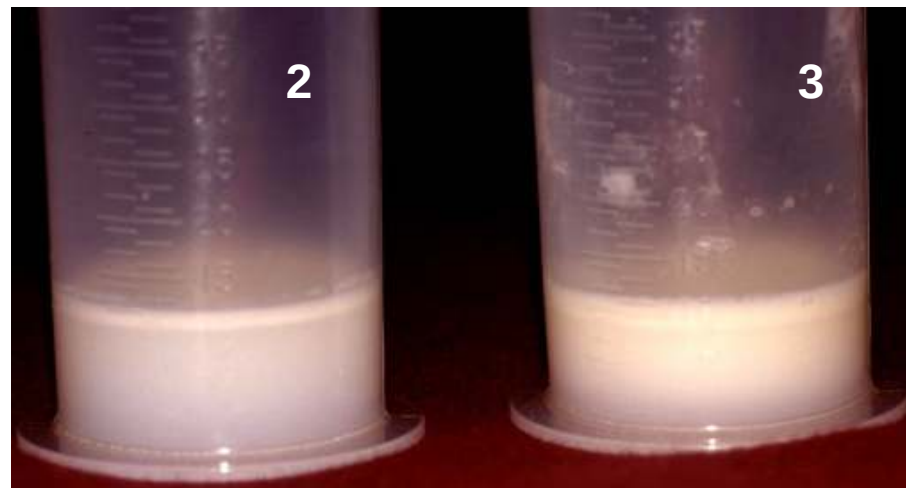


Flavour in breastmilk

- Affected by what mother eats.
- The variation in flavour can help the baby get used to family foods.
- Artificial formula tastes the same for every feed, and throughout the feed.
- The taste of formula is not related to any foods.

Stages of breastmilk

- The content of breastmilk changes over the course of baby's development.
- There are **essentially 3 stages** of breastmilk:
 - *colostrum*
 - transitional milk
 - mature milk.



Colostrum

- Produced from the 7th month of pregnancy to first few days after baby's birth.
- Thick, sticky and clear to yellowish in colour.
- Produced in very small amounts to suit baby's small stomach
- Is the perfect food for newborn baby (*more protein and vitamin A*)



Colostrum

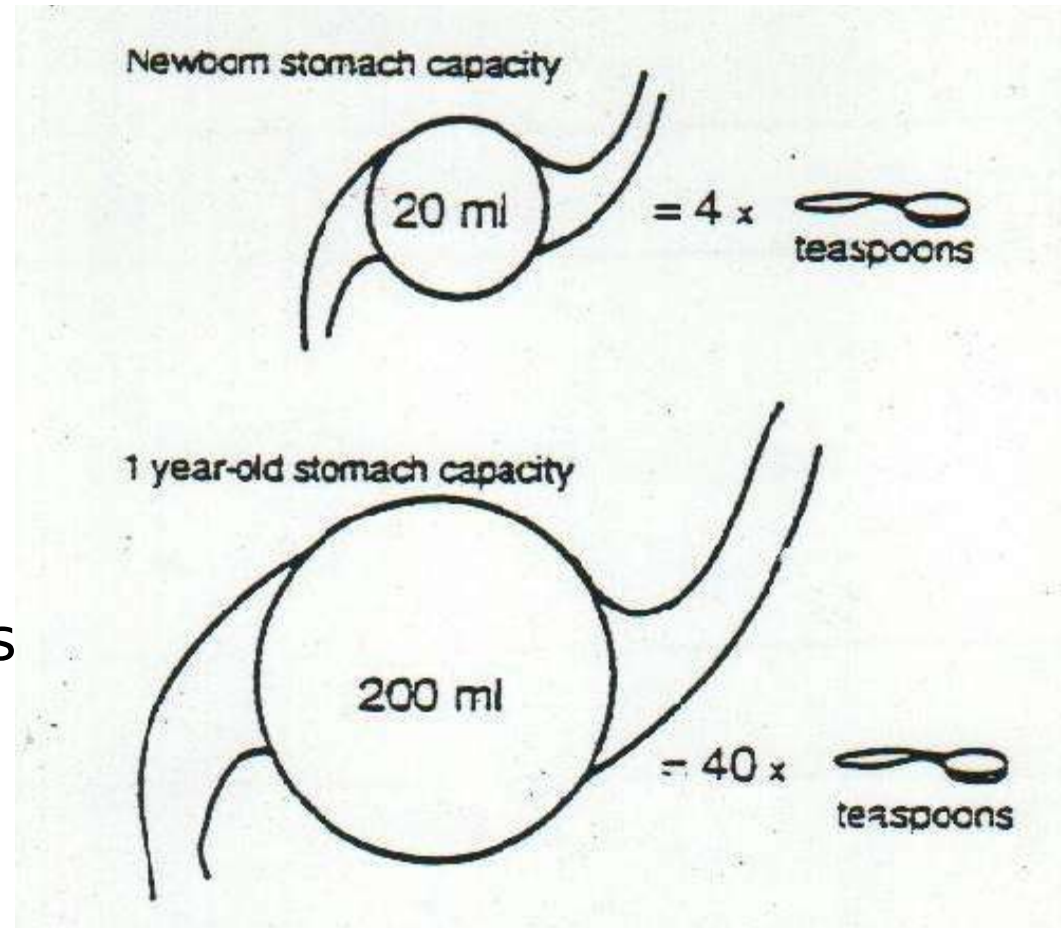
Functions:

- _ Acts like “paint coating”
 - _ Protect baby’s gut from infections
- _ *Acts as first immunisation* against many bacteria
- _ Helps establish good bacteria in baby’s gut.
- laxative and helps the baby to pass meconium- to prevent jaundice.

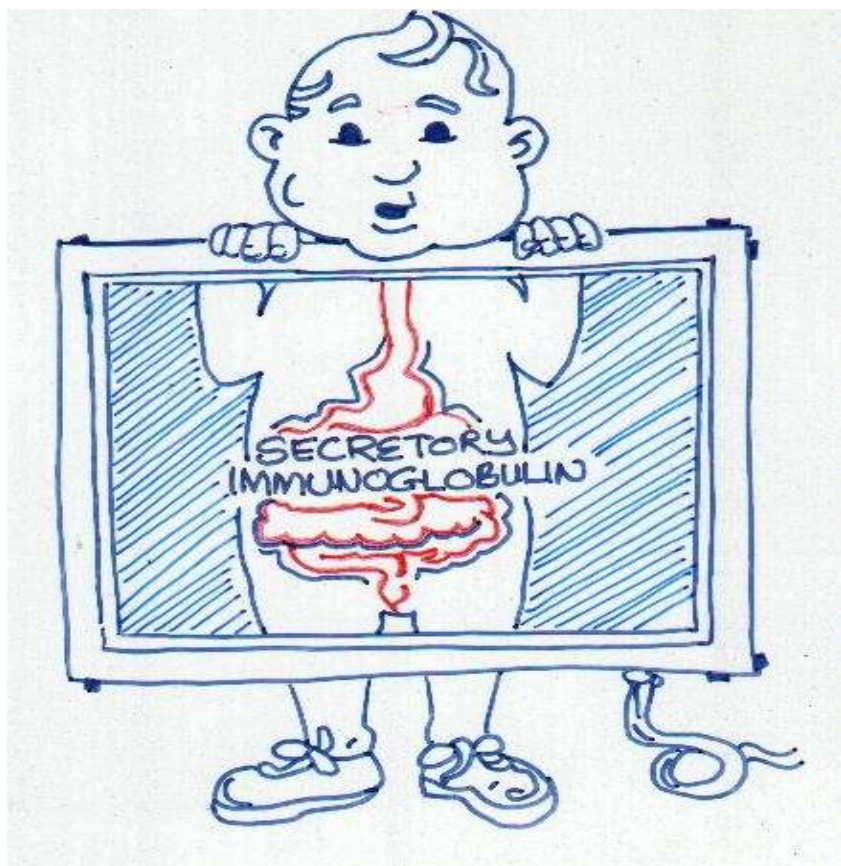




- The volume is approximately 100 cc's
- (3 oz.) in a 24-hour period.



Preterm breastmilk



- Milk from mother who give birth before 37 weeks gestation has MORE **protein**, **Ig A**, **lactoferrin** than mature milk - more suited for the needs of a premature baby.
- A mother's milk can even be used before the baby is able to breastfeed. She can express her milk, and feed her baby by cup or spoon.

Transitional milk



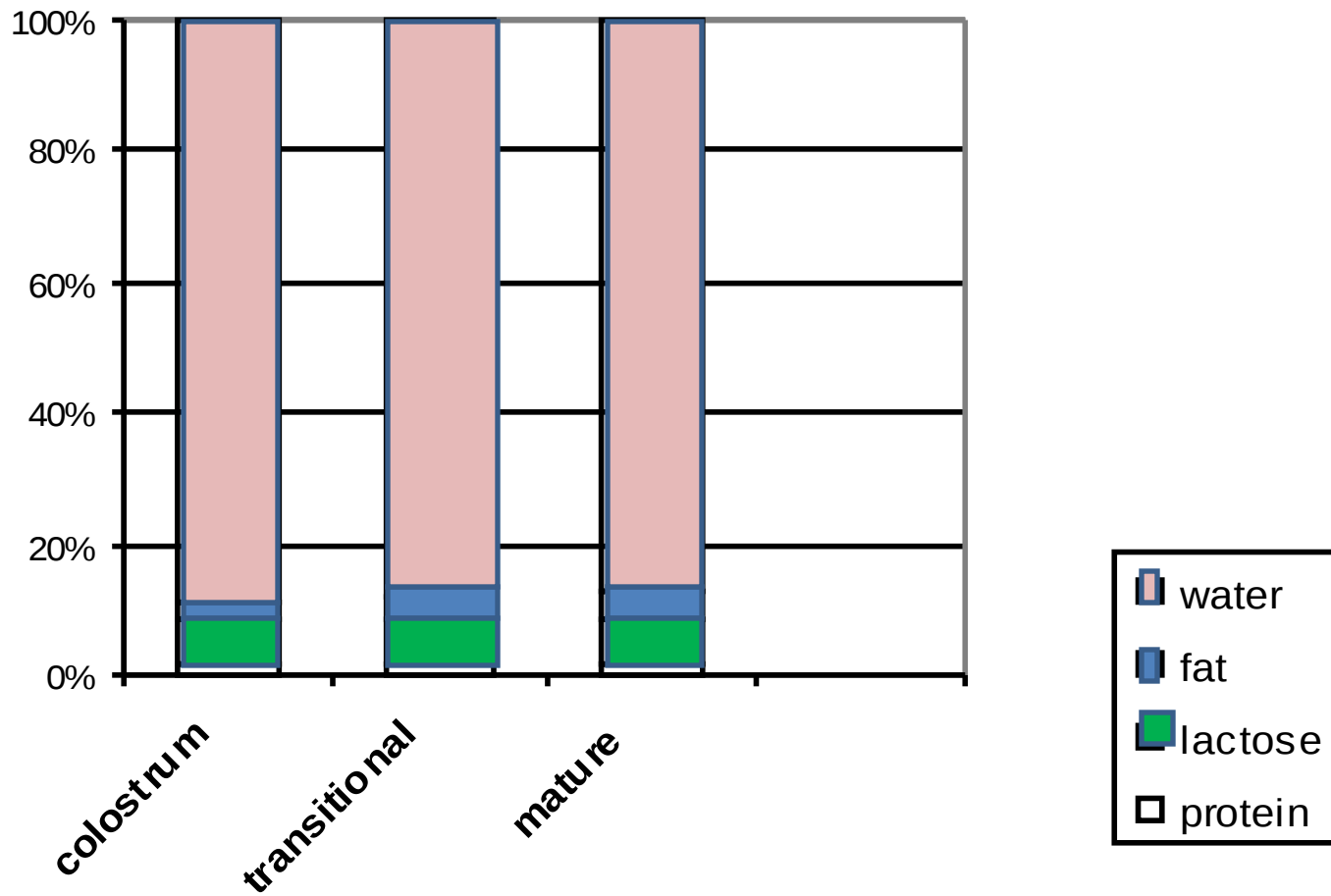
- Produced from 3 to 5 days after birth until the mature milk come in (2 -3 weeks).
- It is intermediate in composition in between colostrum and mature milk.
- The immunoglobulins and protein contents decrease whereas fat and sugar contents increase.

Mature Milk

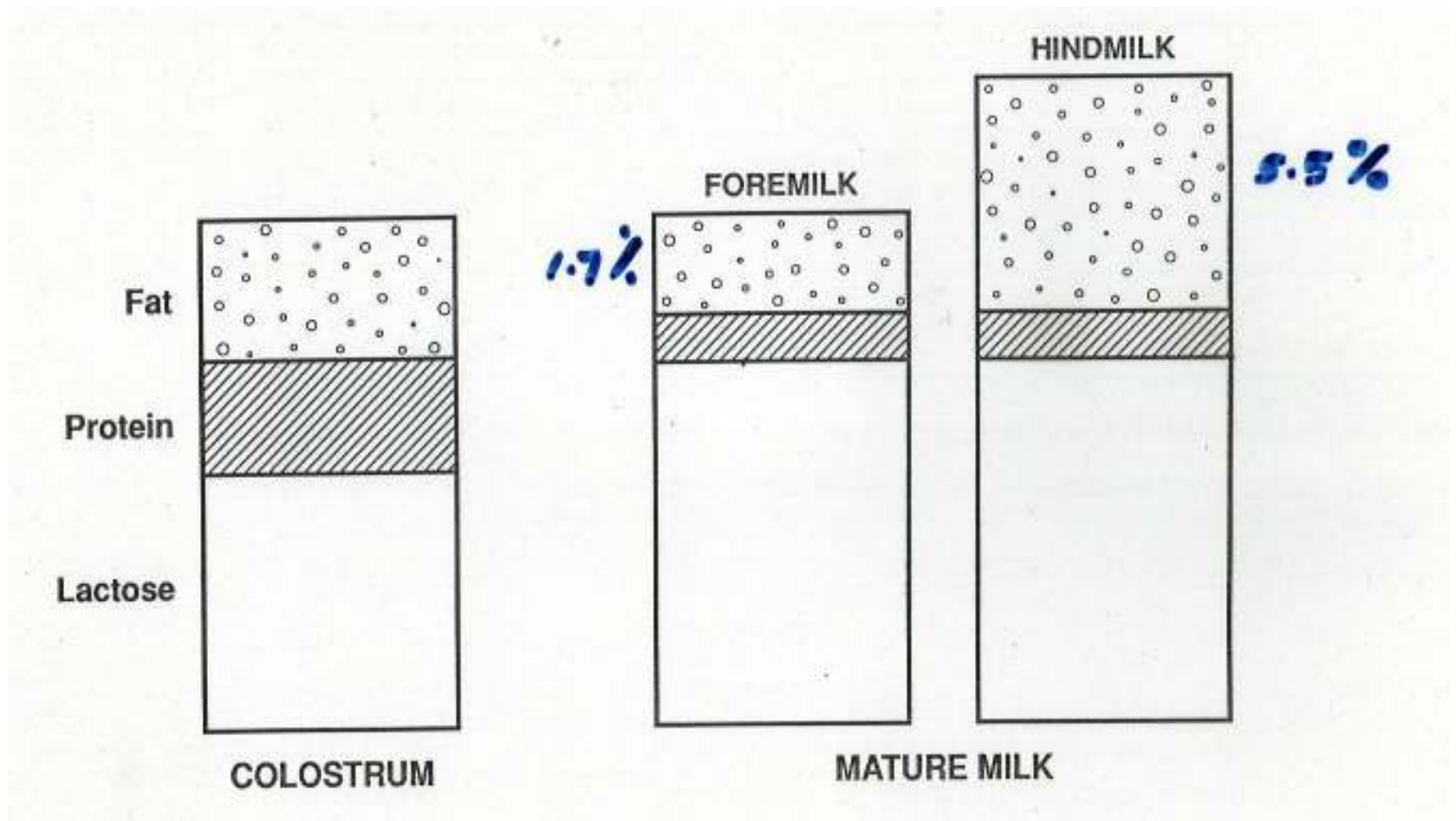
- Contains **ALL** major nutrients:
 - *Proteins/carbohydrates/fats*
 - *Vitamins and minerals*
 - *water*
- Changes in relation to:
 - *the time of day*
 - *the length of breastfeed*
 - *the needs of the baby*
 - *diseases with which the mother has had contact*



Figure 1: Composition of colostrum, transistional and mature milk



Composition: Colostrum vs Mature Milk



3. Explain what kind of antenatal breast preparation women need for breastfeeding

***What can you say to mothers
who are concerned if her
breasts are correct for
breastfeeding?***

Antenatal Breast and Nipple preparation

- Breasts and nipples can look different and still work perfectly well, except in very rare cases
- Breasts are increasing in size due to blood flow and changes in sensitivity; sign for the readiness to breastfeed
- Antenatal practices like wearing a bra, creams, breast massage, nipple exercise, wearing breast shells **DO NOT** assist breastfeeding
- Practices like ‘toughening’ of the nipples by rubbing with rough towel, putting alcohol or excessive pulling are **NOT NECESSARY** – *may damage skin and tiny muscle*

Breast examination during pregnancy can be helpful if it is used to:

- Point out to a woman:
 - how her breasts are increasing in size
 - there is more blood flow to them and changes in sensitivity,
 - how these are all signs that her body is getting ready to breastfeed,
- Check for any previous chest or breast surgery, trauma or other problem (e.g. lumps in breast),
- Talk to the mother about regular breast self-examination and why it can be useful

Breast examination during pregnancy can be harmful if it is used to:

- judge a woman's nipples or breasts as suitable or unsuitable for breastfeeding.
 - It is very rare for a woman to be unable to breastfeed due to the shape of her breasts or nipples.

Antenatal preparation

- use the time to discuss the woman's knowledge, beliefs and feelings about breastfeeding
- to build the woman's confidence in her ability to exclusively breastfeed her baby.



***What do mothers need to know
about caring for their breasts
when breastfeeding?***

Breast care

- Teach mothers how to care for their breasts.
- Clean the breasts with water only and use a morning towel.
- No soaps, lotions, oils, and vaseline - interfere the natural lubrication of the skin.

Breast care

- Wash the breasts once a day as part of general body hygiene is sufficient.
- It is not necessary to wash the breasts directly before feeds:
 - removes protective oils and alters the scent that the baby can identify as his or her mother's breasts.
- Brassieres are not necessary, but can be used if desired:
 - Choose a brassiere that fits well and is not too tight.

4. Identify women who need extra attention

***Which pregnant women may
need extra counselling and
support on feeding their babies?***

Women who need extra attention

- Had difficulties to breastfed baby in the previous baby
- Works place is far away
- Unsupportive family's members
- Depressed
- Isolated without social support
- Young or single mother
- Has an intention to leave the baby
- Previous breast surgery /trauma
- Chronic illness or needs medication
- Twin pregnancy
- HIV positive



5. Practice to discuss breastfeeding with a pregnant woman

Summary

1. Pregnant woman need to understand;
 - Importance of breastfeeding
 - What is exclusive breastfeeding
 - Beneficial practices in breastfeeding
1. Breast and nipple preparation is not needed and can be harmful
2. Some women need extra attention if they have previous poor experiences of breastfeeding

THANK YOU