SESSION 5
BIRTH PRACTICES AND BREASTFEEDING - STEP 4

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 the actions during labour and birth can support early breastfeeding.
2. Explain the importance of early contact for mother and baby.
3. Explain ways to help initiate early breastfeeding.
4. List ways to support breastfeeding after a caesarean section.
5. Discuss how BFHI practices apply to women who are not breastfeeding .

1. Actions in Labour and Birth can support early Breastfeeding

The Special Role of Maternity Services

- A woman's experience during labour and delivery affects her motivation towards breastfeeding and the ease with which to initiate it

  - ***WHO/UNICEF 1989 Promoting, Protecting and Supporting Breastfeeding: The Special Role of the Maternity Services***

- **Step 4** of the 10 Steps to Successful Breastfeeding :

  "Help mothers to initiate breastfeeding within half hour of birth."

- ***New interpretation:***
- ***"Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed."***

- The current implementation in Malaysia is:

  to place babies in skin-to –skin contact with their mothers immediately following birth for at least 10 minutes, however longer period up to one hour is recommended and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

What practices may help a woman to initiate breastfeeding soon after birth?

Mother Friendly Care

Practices that may help a woman to feel competent, in control, supported and ready to interact with her baby who is alert

- Emotional support during labour
- Attention to the effects of pain medication on the baby to avoid opiates analgesia, epidural analgesia ***if applicable.***
- Offering light foods and fluids during early labour
- Freedom of movement during labour
- Avoidance of unnecessary caesarean sections
- Birthing position of mother's choice
- Early mother-baby contact
- Facilitating the first feed

What practices may hinder early mother and baby contact?

Current labour practices

- Mother lie in bed during labour and birth
- Lack of support
- IV lines/CTG monitoring
- No food and drinks
- Pain medication
- Episiotomy

- Wrapping babies tightly after birth
- Baby separated from mother immediately after birth

Implications

- All these practices:
  - hinder mother and baby early contact
  - Hinder the establishment of breastfe

How might it make a difference to a patient if her husband stays with her during labour and birth?

Support during labour : Why

- A companion can:
  - Reduce perception of severe pain
  - Encourage mobility
  - Reduce stress
  - Speed labour and birth
  - Reduce need for medical intervention
  - Increase mother's confidence in her body and ability

The support can result in:

- Less pain relief drugs used
  - Increased alertness of baby
- Baby less stressed , use less energy
  - Reduced risk of infant hypothermia
  - Reduced risk of hypoglycaemia
- Early and frequent breastfeeding
- Easier bonding with the baby

Support during labour : Who

- husband, mother, sister, family member
- friend
- member of the health facility staff.

****needs to remain continuously with the woman through labour and the birth.***

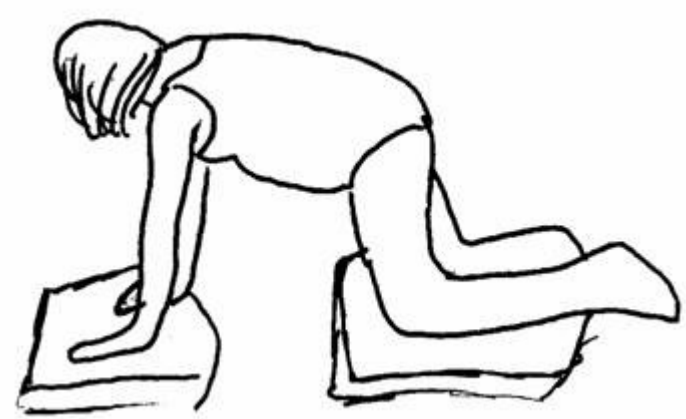
Support during labour : What

- non-medical support :

- Encouragement to walk and move in labour
- Offering light nourishment and fluids
- Building the mother’s confidence by focusing on how well she is progressing
- Suggesting ways to keep pain and anxiety manageable
- Providing massage, hand holding, cool cloths,
- Using positive words (Practice ritual individual religion needs).

Positions for resting during labour

Physiologic Positions for birth



Mother friendly birthing room

What can you tell a patient about pain relief?

Pain relief

- Offer non-medication methods of pain relief before offering pain medications.
  - Labour support
  - Walking and moving around
  - Massage, warm water
  - Verbal and physical reassurance
  - Quiet environment/no bright lights
  - Labouring and birth positions of mother's choice

Pain medications: Risks

- Longer labour
- Operative interventions
- Delayed start to mother-baby contact and breastfeeding
- Separation of mother and baby after birth
- Sleepy, hard to arouse baby
- Diminished suckling reflex
- Reduced milk intake
  - Increased risk of jaundice/hypo/ low weight gain

What effect might giving fluid or witholding fluid have on patient's labour?

Foods and fluids during labour

- Labour and birth needs energy
- Restriction of food and fluid can be distressing
- Increase length of labour
- *Should light food and drinks be withheld from low risk women in labour?*
- IV fluids should only be used for a clear medical indication
- Following delivery, food should be available at any time

IV fluids

- Intravenous (IV) fluids for woman in labour need to be used only for a clear medical indication.
- Fluid overload from the IV can lead to
  - electrolyte imbalance in the baby,
  - high weight loss as the baby sheds the excess fluid
- An IV drip may limit the woman's movement.

What birth practices might help and what practices are better avoided unless there is a medical reason?

Helpful Birth practices

- A skilled attendant present
- Minimal use of invasive procedures such as episiotomy
- Universal Precautions to prevent transmission of HIV and blood borne infections
- being mobile during early labour with access to fluids and food, and by being in an upright or squatting position for birth
- Caesarean sections or any other intervention only used when medically required.

Unhelpful Birth practices

- Instrumental delivery (forceps or vacuum extraction)
  - can be traumatic, disrupt the alignment of the bones in the baby's head and affect nerve and muscle function, resulting in problems with feeding.
- Episiotomy
  - result in pain and difficulty in sitting
  - can affect early skin-to-skin contact, breastfeeding, and mother-baby contact.
- Early cord clamping
  - should not be clamped until pulsing reduces for baby to receive sufficient additional blood to boost iron stores.

What are important practices immediately after birth that can help a mother and baby?

Skin–to-skin Contact

- Ensure uninterrupted, unhurried skin-to-skin contact between every mother
- unwrap healthy baby.
- Start immediately, even before cord clamping, or as soon as possible in the first few minutes after birth.
- Arrange that this skin-to-skin contact continue for at least one hour after birth.


First Skin to Skin Contact

2. Importance of Skin-to-Skin Contact

Skin-to-skin contact

- Calms the mother and the baby and helps to stabilise the baby's heartbeat and breathing.
- Keeps the baby warm with heat from the mother's body.
- Assists with metabolic adaptation and blood glucose stabilization in the baby.

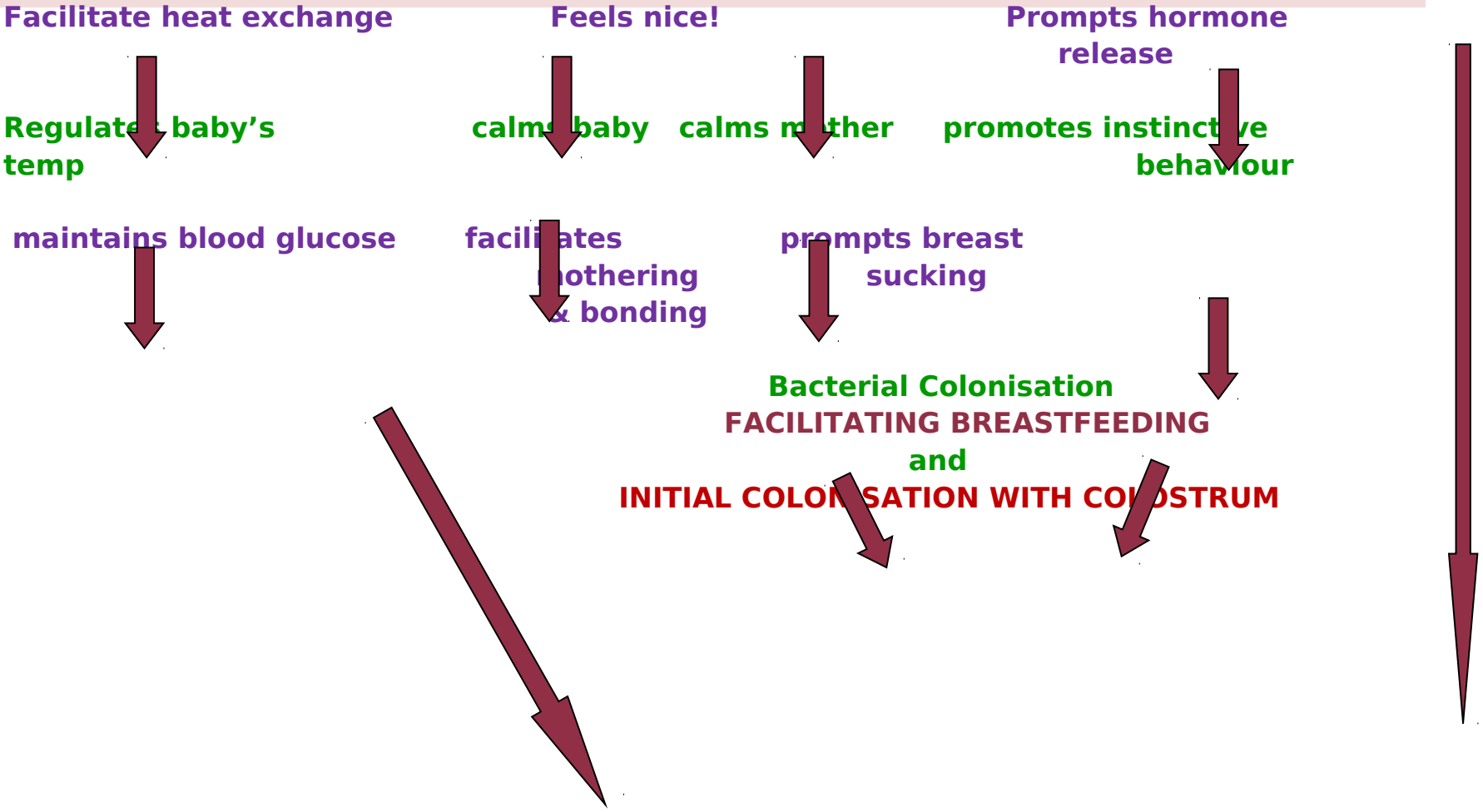
Skin-to-skin contact

- Reduces infant crying, thus reducing stress and energy use
- Enables colonization of the baby’s gut with the mother's normal body bacteria gut
  - provided that she is the first person to hold the baby and not a nurse, doctor, or others, which may result in their bacteria colonising the baby.

Skin-to-skin contact

- Facilitates bonding between the mother and her baby
  - the baby is alert in the first one to two hours.
  - After two to three hours, it is common for babies to sleep for long periods of time
- Allows the baby to find the breast and self-attach
  - more likely to result in effective suckling than when the baby is separated from his or her mother in the first few hours.
- Allows the right baby to the right mother.

Benefits of skin-to-skin contact



Skin-to-skin contact

- All stable babies and mothers benefit from skin-to-skin contact immediately after birth.
- All babies should be dried off as they are placed on the mother's skin.
  - The baby does not need to be bathed immediately after birth.
- Holding the baby is not implicated in HIV transmission.
  - It is important for a mother with HIV to hold, cuddle and have physical contact with her baby so that she feels close and loving.
- Babies, who are not stable immediately after birth can receive skin-to-skin contact later when they are stable.

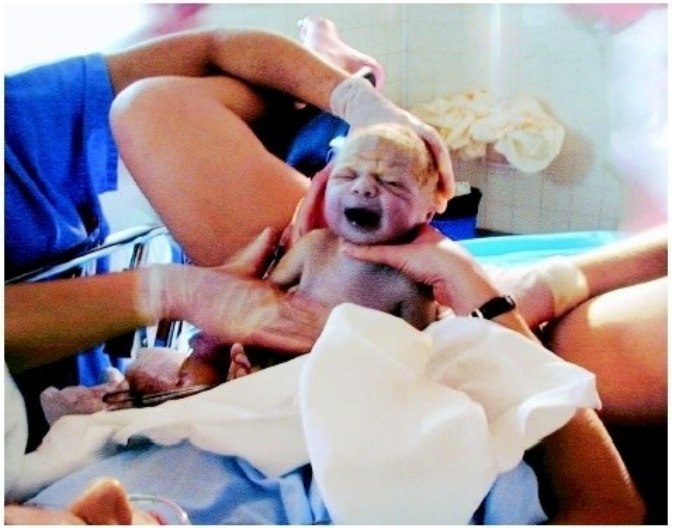
Skin-to-skin contact: *WHEN*

- ***Vaginal delivery***
  - Put the baby on mother's abdomen while delivering placenta and stitching epi
- ***LSCS***
  - If under epidural/spinal, skin-to skin and breastfeeding initiated immediately after baby out
  - If under GA – once mother able to respond/recovery room

What could be barriers to ensuring early skin-to-skin contact is the routine practice? How could these barriers be overcome?

Barriers to early skin-to-skin contact

- Related to common practices
- Not medical concern
- Some changes can facilitate skin to skin

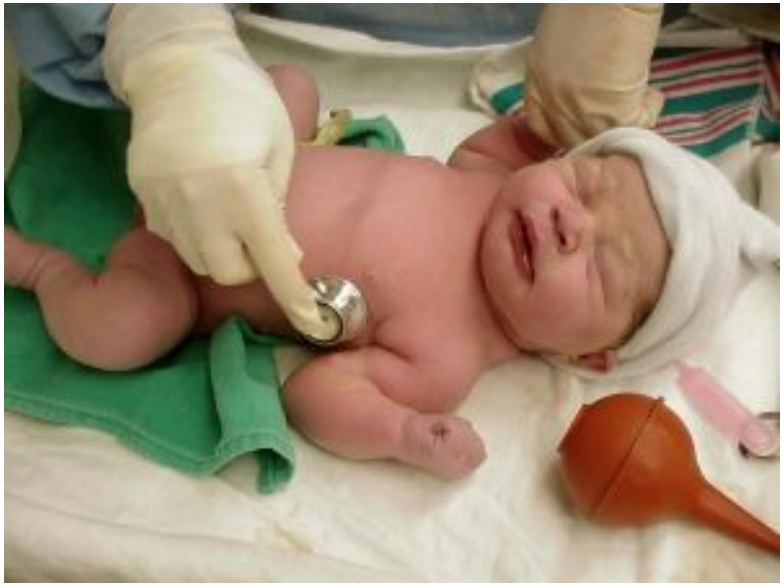


Overcoming barriers

- **Concern that baby will be cold**
  - *Dry the baby*
  - *Place naked on mother's chest*
  - *Put dry cloth over both baby and mother*
  - *If the room is cold, also cover baby's head to reduce*
  - *Skin to skin contact with mot provides better temp regul than heater*

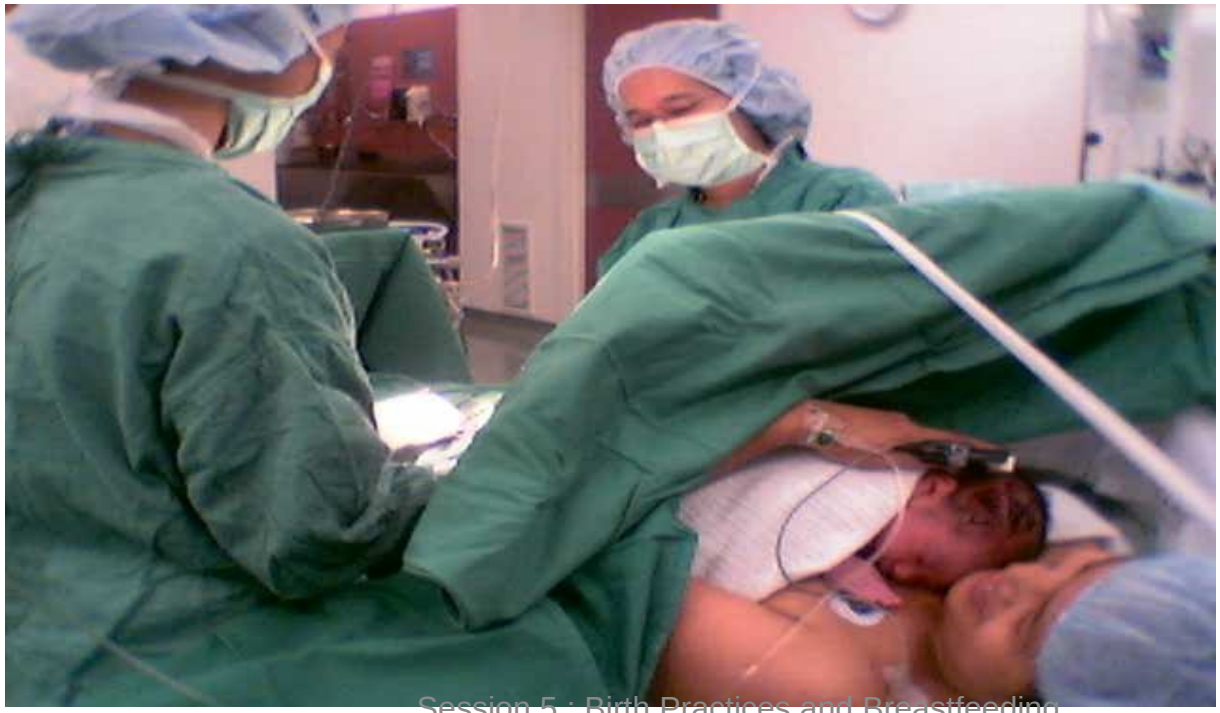
Overcoming barriers

- **Baby needs to be examined**
  - *Most examinations can be done with baby on mother's chest*
    - *Baby likely to be lying quietly*
  - *Weighing can be done later*



Overcoming barriers

- **Mother needs to be stitched**
  - *baby can remain on mother's chest for stitching of epi/ LSCS*



Overcoming barriers

- **Baby needs to be bathed**
  - *Delaying first bath allow vernix to soak into baby's skin*
    - *Lubricating*
    - *Protecting*
  - *Delaying first bath prevents temp loss*
  - *Baby can be wiped dry after birth*

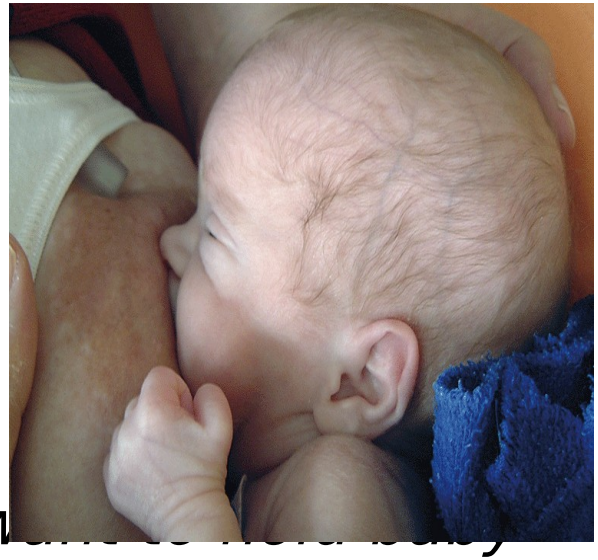
Overcoming barriers

- **Labour room is busy**
  - *Transfer mother and baby to the ward in skin-to-skin contact*
  - *Continue contact in ward*

- **No staff available to stay with mother and baby**
  - *Family member/companion can stay*

Overcoming barriers

- **Baby is not alert**
  - *More important to have contact*
  - *Sleepy baby due to pain medication needs extra support to bond and feed*



- **Mother is tired**
  - *Mother rarely so tired, does not w*
  - *Contact with baby helps mother relax*
  - *Review practices of withholding food/fluids*

Overcoming barriers

- **Mother does not want to hold baby**
  - *If mother unwilling to hold baby*
    - *Get to root of problem*
    - *Indication mother is depressed*
    - *Greater risk of abandonment/neglect/abuse*
  - *Encouraging contact increases bonding potential*
    - *Reduce risk of harm to baby*

Overcoming barriers

- **Twins**
  - interval between the births varies.
  - the first infant can have skin to skin contact until the mother starts to labour for the second birth.
  - The first twin can be held in skin to skin contact by a family member for warmth and contact while the second twin is born.
  - Then the two infants are held by the mother in skin to skin contact and assisted to breastfeed when ready.

3. Helping to Initiate Breastfeeding

How can you help a patient to initiate breastfeeding?

Helping to Initiate breastfeeding

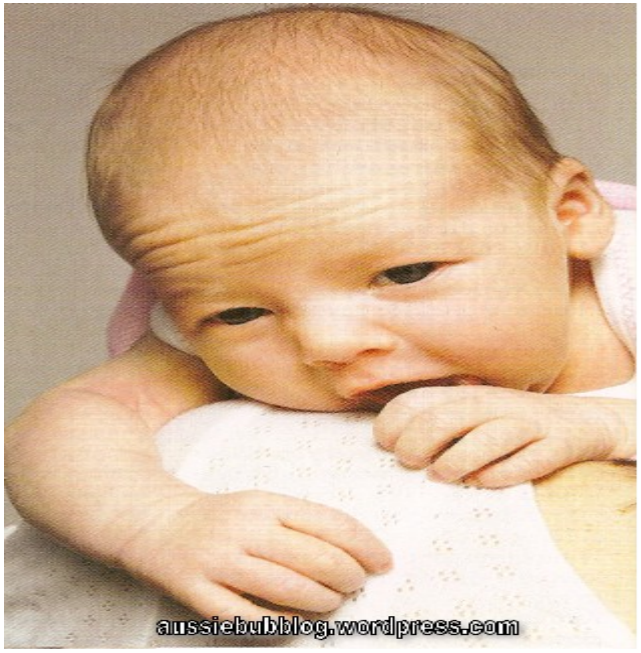
- Help mother to recognise ***pre-feeding behaviours or cues.***
  - When a mother and baby are kept quietly in skin-to-skin contact, the baby typically works through a se feeding behaviours.
  - may be a few minutes or ar or more.

Pre-feeding behaviours/cues

- a short rest in an alert state to settle to the new surroundings,
- bringing his/her hands to his/her 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.

Instinctive baby behaviour

- Rest period of 5 to 30 minutes
- Hand to mouth coordination



Instinctive baby behaviour

- Touch and feel

- Smell
  - Important for mother/infant bonding
- Oxytocin involved with

Further advantage

- Skin to skin and eye contact considered to optimise oxytocin release
- Coordinate suckling, swallowing and

Helping to initiate breastfeeding

Role of health care worker

- 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.

4. Ways to support breastfeeding after Caesarean Section

What effect could a Caesarean Section have on a Mother and her Baby with regards to breastfeeding?

Effect on mother

- Mother likely to be:
  - Frightened and stressed
  - Have IVD/CBD
  - Confined to bed with restricted movement
  - Restricted fluid and food intake
  - Altered levels of oxytocin/prolactin
  - Higher risk of infection, bleeding
  - Be separated from baby
  - Feel sense of failure not able to have normal birth

Effect on baby

- Baby likely to be:
  - High risk of not breastfeeding or breastfeed for short duration
  - May have more breathing problems
  - May need suction of mucus, can hurt mouth and throat
  - May be sedated from maternal medications
  - Less likely to have early contact
  - More likely to receive supplements
  - More likely to have nursery care increasing risk of cross infection, restricted breastfeding

How can you help a mother and her baby to initiate breastfeeding after a Caesarean Section?

Ways to support

- Presence of supportive health worker
  - Help initiate post Caesarean
- Encourage skin to skin as soon as possible
  - Spinal/epidural –immediate
  - GA –contact in recovery room if mother responsive
  - Skin to skin by father /family member while waiting for mother to return from OT
  - Prem/unstable baby – contact when stable

Initiating breastfeeding after a Caesarian section

- **Assist with initiating breastfeeding** when the baby and mother show signs of readiness.
- The mother does not need to be able to sit up, to hold her baby or meet other mobility criteria in order to breastfeed.
  - It is the baby who finds the breast and start suckling.
  - As long as there is a support person with the mother and baby, the baby can go to the breast if the mother is still sleepy from the anesthesia.

Initiating breastfeeding after a Caesarean section (cont.)

- **Help Caesarean mothers find a comfortable position for breastfeeding**
  - Adjust IVD to allow for positioning of baby at the breast
  - Side lying in bed –avoid pain in 1st few hours
  - Sitting up with pillow over the incision
  - Lying flat with baby on top sitting up
  - Support (e.g pillow) `
    - under the knees when sitting up
    - Under top knee/behind back when side lying

Initiating breastfeeding after a Caesarean section (cont..)

- **Provide rooming-in**
  - with assistance as needed until the mother can care for her baby
- **Supportive and knowledgeable staff**
  - may assist in establishing breastfeeding with the longer hospital stay

5. BFHI practices and women who are not breastfeeding

BFHI practices and women who are not breastfeeding

- All mothers should have support during labour and birth.
  - Harmful practices should be avoided.
  - Early skin-to-skin contact benefits all mother

BFHI practices and women who are not breastfeeding

- all mothers should be encouraged to let their baby suckle at the breast unless:
  - there is a known medical reason for not breastfeeding, (e.g that the woman has been tested and found to be HIV-positive and following counseling during pregnancy has decided not to breastfeed,)
  - If a mother has a strong personal desire not to breastfeed

BFHI practices and women who are not breastfeeding

- If the baby is not breastfeeding, replacement feeds should start with small amounts.
  - -Similar to colostrum in small amount in first few feeds
- make arrangements to ensure there are replacement feeds available for any infants who are not breastfeeding.

Summary

1. STEP 4 of the Ten Steps to Successful Breastfeeding states : Help mothers to initiate breastfeeding within half-hour of birth. This step is now interpreted as:
2. Practices that result in a woman feeling competent, in control, supported and ready to interact with her baby who is alert, help to put this Step into action
3. Supportive practices include:
    1. support during labour, facilitating early mother-baby contact
    2. limiting invasive interventions, attention to the effects of pain relief,
    3. offering light food and fluids,
    4. avoiding unnecessary caesarean sections

Summary

4. Early contact and assistance with breastfeeding can be routine practice after a caesarean section also.
5. Provide uninterrupted, unhurried skin-to-skin contact between every mother and her healthy baby.
6. Encourage the mother to respond to the baby's signs of readiness to go to the breast.

THANK YOU