

# SESSION 8

## PRACTICES THAT ASSIST BREASTFEEDING

### **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)  
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# Session Objectives:

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

1. Describe their role in practices that assist rooming-in
2. Describe their role in practices that assist baby led (demand) feeding
3. Suggests ways to wake a sleepy baby and to settle a crying baby
4. List the risks of unnecessary supplements
5. Describe why it is important to avoid the use of bottle and teats
6. Discuss removing barriers to early breastfeeding.

# **1. Health Worker's Role in Practices that assist Rooming-in**

# ROOMING - IN

***Step 7: Practise rooming - in : allow mothers and infants to remain together 24 hours a day***

Routine separation should be avoided.

Separation should only occur for an individual clinical need.



***What can you say to explain the importance of rooming-in?***

# Importance of Rooming-In

- Babies sleep better and cry less.
- Before birth the mothers and infant have developed a sleep/awake rhythm that would be disrupted if separated.
- Breastfeeding is well established and continues longer and the baby gains weight quickly.
- Feeding in response to a baby's cues is easier when the baby is near, thus helping to develop a good milk supply.

# Importance of Rooming-In

- Mothers become confident in caring for their
- Mothers can see that their baby is well and
- Baby is exposed to fewer infections when
- It promotes bonding between mother and

***What barriers are sometimes  
seen to rooming-in as the  
routine practice?  
What might be the solution?***

# ***Barriers to Rooming-in***

## ***Concerns that mothers are tired***

- Ward routine need to facilitate the mother's rest.
  - No cleaning
  - no visitors
  - no medical rounds or procedures
- Review birth practices to determine if:
  - long labours
  - inappropriate use of anesthesia & episiotomies
  - lack of nourishment and stressful conditions are resulting in mothers being extra tired and uncomfortable.

# ***Barriers to Rooming-in***

## ***Taking the baby to nursery for procedures***

- Baby care should generally take place at the **mother's bedside** or with the mother present.
- Provide **reassurance** and **teaching** opportunities for the mother.



# ***Barriers to Rooming-in***

## ***Belief that newborns need to be observed***

- A baby can be **observed next to the mother**
- A **mother is very good** at observing her own baby.
- **Close observation is not possible** in a nursery with many babies.

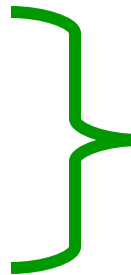


# Barriers to Rooming-in

## *No space on the ward for baby cots*

- Bed sharing or co-sleeping:
  - mother & baby **get more rest**
  - **breastfeed frequently.**

- **The bed may need**
  - side rail
  - chair against the bed
  - bed against the wall

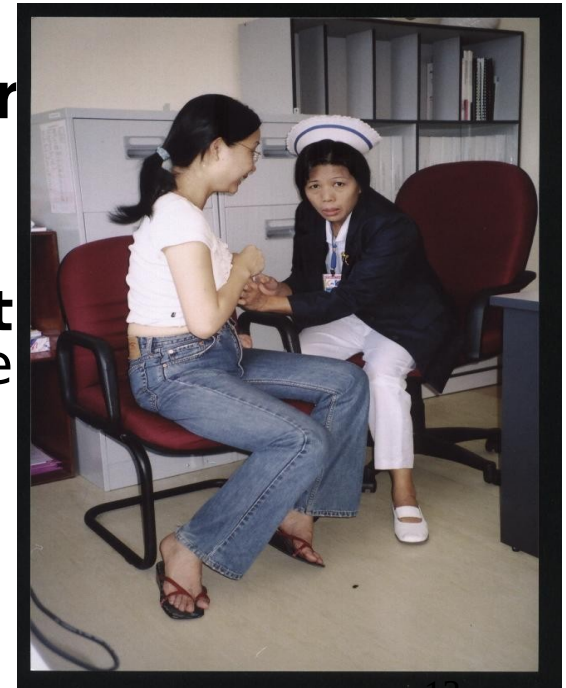


**reduce the risk of  
the baby falling  
out of bed.**

# ***Barriers to Rooming-in***

***Staff do not know how to assist mothers in learning to care for their baby***

- Soothing and **caring** for a baby is an important part of mothering
- **Helping** a mother to **learn to care** baby at night is more useful
- Taking the baby away:
  - **reduce the mother's confidence** that she can cope with being a mother



# ***Barriers to Rooming-in***

## ***Mothers ask for their babies to be taken to Nursery***

- Explain to the mother why the hospital encourages rooming-in as:
  - a **time to get to know** her baby and
  - beneficial to her baby and herself.
- **Discuss the reason** why the mother wants the baby taken to the nursery
  - see if the difficulty could be solved without taking the baby away.
- Address the **benefits of rooming-in** during antenatal contacts.

# ***Barriers to Rooming-in***

## ***If separation due to medical reasons***

- Document the reason for separation
- Review frequently, ensure as short as possible
- Encourage mother to
  - see and hold baby
  - Express breastmilk



## **2. Health Worker's Role in practices that assist Baby-Led (Demand) Feeding**

# BABY-LED FEEDING

## *Step 8: Encourage Breastfeeding on Demand*

Also called baby-led feeding

This means the frequency and length of feeds is determined by the baby's needs and signs.

***How can you explain why Baby-Led Feeding is recommended?***

# ***Importance of Baby-Led feeding***

- Baby gets more immune rich colostrum and therefore more protection from illness.
- Faster development of milk supply.
- Faster weight gain.
- Less neonatal jaundice.
- Mother learns to respond to her baby.
- Easy establishment of breastfeeding.
- Less crying so less temptation to supplement.
- Longer breastfeeding duration.

***What are the signs to watch for  
in a newborn baby to indicate  
when to feed the baby?***

# *Signs of Hunger*

- The time to feed the baby is when baby shows signs of hunger
- **Increases eye** movements under closed eye lids or opens eyes.
- **Opens his or her mouth**, stretches out the tongue and turns the head to look for the breast.
- Makes **soft whimper sounds**.
- **Sucks or chews** on hands, fingers, blanket or sheet, or other object that comes in mouth contact.



# *Other Signs*

Later hunger signs:

- Baby is crying loudly, **arches his or her back.**
- **Difficulty** attaching to the breast.

Underfeeding

- Some babies are **very calm** and wait to be fed or go back to sleep if not noticed

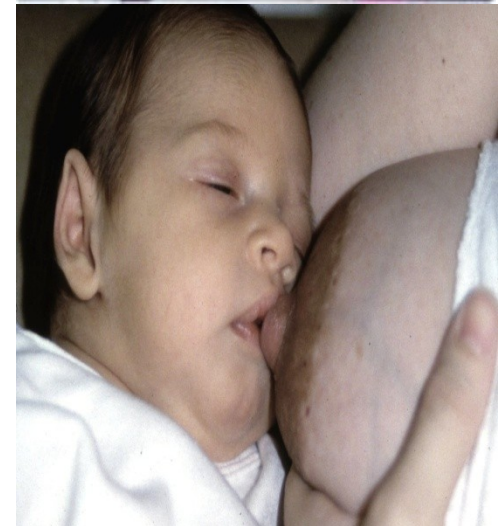


# ***Signs of Satiety***

- At the start of a feed, most babies have a tense body.
- As they get full, their **body relaxes**.
- Most babies **let go of the breast** when they have had enough.
- Some continue to take small gentle sucks until they are **asleep**.

## ***Explain to the mother:***

She should let her baby finish one breast before she offers the other breast in order to feed the **rich hind milk** and to **increase milk supply**.



# ***Feeding Pattern***

- Some babies feed for a **short time** at **frequent intervals**.
- Other babies feed for a **long time** and then **wait a few hours** until the next feed.
- Babies **may change their feeding pattern** from day to day or during one day.

# ***Typical Feeding Pattern for a Full Term healthy Newborn***

- Newborns :
  - **every 1 to 3 hours** in the first 2 to 7 days, but it may be more frequent.
- **Night feeds** are important to ensure adequate stimulation for milk production and milk transfer, and for fertility suppression.
- Once lactation is established (the milk supply 'comes in'),
  - **8 feeds in 24 hours** is common.
  - There are usually some longer intervals between some feeds.

# ***Typical Feeding Pattern for a Full Term healthy Newborn***

- During **periods of rapid growth**, a baby may be hungrier than usual and feed more often for a few days to increase milk production.
- Let babies **feed whenever they want**.
  - This satisfies the baby's needs if hungry or thirsty and the mother's needs if her breasts are full.



# ***Feeding Pattern***

## **Very long feeds:**

(more than 40 minutes for most feeds)

## **Very short feeds:**

(less than 10 minutes for most feeds)

## **Very frequent feeds:**

(more than 12 feeds in 24 hours on most days): baby is not well attached at the breast

# ***SPECIAL SITUATIONS***

The mother may need to lead the feeding for a day or two and wake the baby for feeds if:

- A baby is very sleepy due to
  - **prematurity**
  - **jaundice**
  - the effects of **labour medication**
- Mother's breasts are **overfull** and **uncomfortable**.



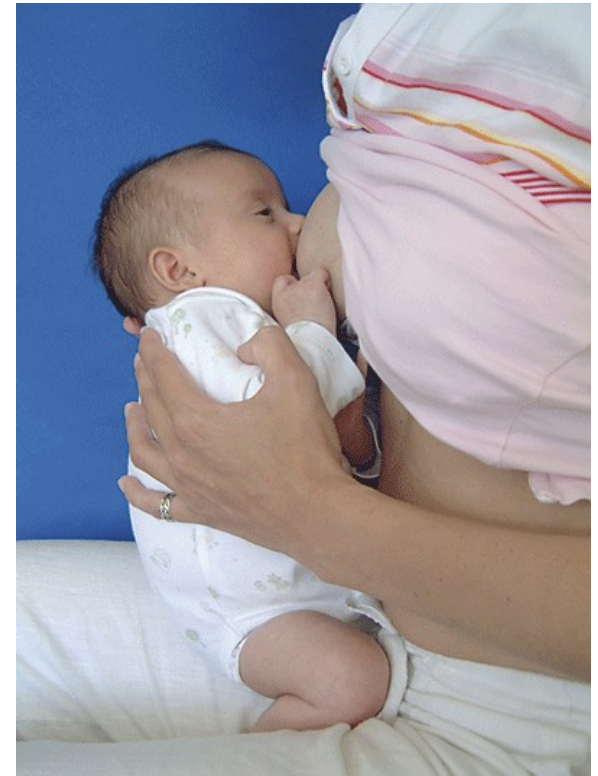
# *Special Situations*

- Babies who are replacement fed also need to be fed in response to their needs rather than to a schedule.
- Sometimes there is a tendency to push the baby to finish a feed because the milk is prepared. This can lead to overfeeding.
- A mother can watch her baby for signs of fullness – turning away, reluctance to feed.
- A replacement feed should be used within one hour of the baby starting the feed and not kept for later as bacteria will grow in the milk.
- If baby does not finish the milk in one feed, this can be mixed into older sibling's meal

# **3. Ways to wake a sleepy baby and to settle a crying baby**

# ***Waking a Sleepy Baby***

- Remove blankets and heavy clothing and let her baby's arms and legs move.
- Breastfeed with her baby in a more upright position.
- Gently massage her baby's body and talk to her baby
- Wait half an hour and try again.
- Avoid hurting the baby by flicking or tapping on the cheek or feet.



# *Settle a Crying Baby*

- **Build the mother's confidence in her ability to care for her baby and give her support:**
  - Listen and accept what the mother is feeling.
  - Reinforce what the mother and baby are doing right/what is normal.
  - Give relevant information.
  - Make one or two suggestions.
  - Give practical help.



# ***Suggestions and Practical Help to settle a Crying Baby***

- Make the baby **comfortable**
  - dry, clean nappy, warm, dry bedding, not too warm.
- Put the baby to the breast. The baby may be hungry or thirsty or sometimes just wants to suck because this makes the baby **feel secure**.



# ***Suggestions and Practical Help to settle a Crying Baby***

- Put baby on mother's chest, skin to skin. The warmth, smell, and heartbeat will help to soothe the baby.



# ***Suggestions and Practical Help to settle a Crying Baby***

- Talk, sing and rock the baby while holding close.
- Gently stroke or massage the baby's arms, legs and back.
- Give one breast at each feed; give the other breast at the next feed. If the breast
- Not used at that feed becomes overfull, express a small amount of milk.
- Reduce the mother's coffee and other caffeine drinks.

# ***Suggestions and Practical Help to settle a Crying Baby***

- Do not smoke around the baby and smoke after a feed, not before or during, if a smoker.
- Have someone else carry and care for the baby for a while.
- Involve other family members in the discussion so the mother does not feel pressure to give unnecessary supplemental feedings.
- Hold the baby in a manner that wraps around and supports head, body, legs and arms so the baby feels secure.

## **4. List the Risks of Unnecessary Supplements**

# Avoid Unnecessary Supplements

***Step 6: Give newborn infants no food or drink other than breast milk unless medically indicated***

- Healthy full term babies rarely have a medical need for supplements or prelacteal feeds.
- They do not require water to prevent dehydration.
- The needs of babies who are premature or ill and medical indications for supplements are discussed in a later session.



# DANGER OF SUPPLEMENTS

*Exclusive breastfeeding is recommended for the first 6 months. Supplements can:*

- Overfill a baby's stomach so the baby does not suckle at the breast,
- Reduce milk supply because the baby is not suckling, resulting in over fullness of the breasts.
- Cause the baby to gain insufficient weight if feeds of water, teas, or glucose water, are given instead of milk feeds.

# **DANGER OF SUPPLEMENTS**

- Reduce the protective effect of breastfeeding thus increasing the risk of diarrhea, and other illnesses.
- Expose the baby to possible allergens and intolerances that could lead to eczema and asthma.
- Reduce the mother's confidence if a supplement is used as a means of settling a crying baby.
- Be an unnecessary and potentially damaging expense.

# ***Why Supplement use is NOT recommended***

- A mother who is looking for a supplement may be indicating that she is having difficulties feeding and caring for her baby.
  - ***It is better to help the mother to overcome the difficulties than to give a supplement and ignore the difficulties.***
- A health worker who offers a supplement as the solution to difficulties may be indicating a lack of knowledge and skill in supporting breastfeeding.
  - ***Frequent use of supplements may indicate an overall stressful***

# **5. The use of Bottles and Teats**

# Bottles and Teats

***Step 9: Give no artificial teats or pacifiers  
(also called dummies or soothers)  
to breastfeeding infants.***



# ***Why is it important to avoid using Bottles and Teats?***

# ***AVOID BOTTLES AND TEATS***

- Sometimes babies develop a preference for an artificial teat or pacifier
  - refuse to suckle on the mother's breast.
- If a hungry baby is given a pacifier instead of a feed
  - the baby takes less milk and grows less well.



# ***AVOID BOTTLES AND TEATS***

- Teats , bottles, and pacifiers can carry infection and are not needed, even for the non breastfeeding infant.
  - Ear infections and dental problems are more common with artificial teat or pacifier use and may be related to abnormal oral muscle function.
- If a supplement is needed, feeding with an open cup is recommended, as
  - as a cup is easier to clean
  - also ensures that the baby is held and looked at while feeding.
  - It takes no longer than bottle-feeding.

# **DISCUSSION - REMOVING BARRIERS TO EARLY BREASTFEEDING**

# Summary

1. Rooming-in and baby-led feeding help breastfeeding and bonding
2. Help mothers to learn skills of mothering
3. Prelacteal and supplemental feeds are dangerous
4. Artificial teats can cause problems

**THANK YOU**