

Session 5: Becoming “Baby-friendly”

Objective

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

- Develop a plan for building staff enthusiasm and consensus for working to become “Baby-friendly”
- Identify actions necessary to implement at least four of the “Ten steps to successful breastfeeding” in their health facilities
- Identify at least five common concerns related to instituting the Ten Steps and practical solutions for addressing them

Duration

Discussion and brainstorming: 15 minutes

Introduction to group work: 5 minutes

Group work: 30-45 minutes

Presentations and discussion: 40-55 minutes

Total: 1 ½ to 2 hours

Teaching methods

Small group work

Presentations in plenary

Discussion

Preparation for session

- Review the WHO document, *Evidence for the ten steps to successful breastfeeding*. Geneva, Switzerland, 1998 (WHO/CHD/98.9). (http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO_CHD_98.9.htm). Read the section on “combined interventions” (pp. 93-99) that gives evidence that the *Ten Steps* should be implemented as a package. Also review the WHO/UNICEF document, *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland, 2003(<http://www.who.int/nut/publications.htm> - inf). Read in particular sections 30, 31 and 34, pages 13-19, which focus on the importance of continuing to support the *Baby-friendly Hospital Initiative* and implementation of the *Ten Steps to Successful Breastfeeding*, as well as monitoring and reassessing facilities that are already designated.

- If possible, the group work for this session should be scheduled as the last activity for the first day of the course. Since it involves active participation by course participants, it is more likely to keep their attention than a lecture-type session at the end of an intensive day. If this plan is followed, the group reports and discussion can come first on the schedule the next day, giving participants the flexibility to do some final work, if necessary, to prepare for their reports the evening before.
- The group work for this session should focus only on four to five of the *Ten Steps* since there is not enough time during either the group work or the reporting and discussion period to adequately cover the concerns and solutions for all Ten Steps. Preparation for this session should include an analysis, by the trainers, of which steps tend to be most difficult to implement and thus on which it would be most important to focus in a session of this type. Indications of which steps need the most work may come from trainers' experience with BFHI assessments and training. A review of the forms participants were asked to complete prior to arriving at the course, indicating what difficulties they have had, or think they will have, in assisting their institutions to become Baby-friendly, should also be helpful. Consider including "Step Ten" as one of the steps chosen for group work, since it appears to be a challenge for health facility personnel almost everywhere.
- Before the session, the trainers also need to organize the working groups and assign facilitators to each of them. Consideration should be given during the formation of working groups to insuring that each group includes some participants who are good at problem solving and supportive of BFHI. Facilitators should be made aware that their role is not to "lead" the working groups but rather to make sure the groups understand the assignment, offer help if the group is having difficulty, and make suggestions if there are important issues the group hasn't considered. The facilitators should review the sections of Handout 5.3 which deal with the steps the groups will be working on, as they may provide ideas on important points the facilitators should mention, if they are not discussed, during the group work or the group reports.
- Once the four or five Steps have been selected for the group work, it would be useful to make enough copies of the Handout 5.2 "sample sheet" for each of the groups, with one of the Steps and wording for the Step inserted on each of the four or five sheets.
- Consider whether participants should be provided with copies of the completed Handout 5.2 sheets developed by the working groups, so they can refer to them for ideas as they implement their action plans on their return home. The completed sheets can be copied "as is" or, if there is time, the course secretary can be asked to prepare typed versions for copying.
- Review Handout 5.3 and decide whether to distribute it at the end of the session. If the Course will be given a number of times, consider adapting this Handout to the country situation, eliminating concerns and solutions that aren't applicable and possibly adding others.

Training materials

Handouts

- 5.1 Presentation for session 5
- 5.2 The Ten Steps to Successful Breastfeeding: Actions, Concerns and Solutions – Sample Worksheet
- 5.3 The Ten Steps to Successful Breastfeeding: Summary of Experiences

Slides/Transparencies

- 5.1-2 The Ten Steps to Successful Breastfeeding: Actions, concerns, and solutions -- Worksheet, Example for Step 1: Have a written breastfeeding policy (blank copy)
- 5.3-7 The Ten Steps to Successful Breastfeeding: Actions, concerns, and solutions -- Worksheet, Example for Step 7: Practice rooming-in (filled in)

The website featuring this Course contains links to the slides and transparencies for this session in two Microsoft PowerPoint files. The slides (in colour) can be used with a laptop computer and LCD projector, if available. Alternatively, the transparencies (in black and white) can be printed out and copied on acetates and projected with an overhead projector. The transparencies are also reproduced as the first handout for this session, with 6 transparencies to a page.

References

US Committee for UNICEF, *Barriers and Solutions to the Global Ten Steps to Successful Breastfeeding*: Washington D.C., 1994. (To obtain a copy, send \$9.00 US to Baby-Friendly USA, 327 Quaker Meeting House Road, E. Sandwich, MA 02537, USA (Tel. 508-888-8092, Fax. 508-888-8050, e-mail: info@babyfriendlyusa.org, (<http://www.babyfriendlyusa.org>).

WHO. *Evidence for the ten steps to successful breastfeeding*. Geneva, World Health Organization, 1998 (WHO/CHD/98.9) (http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO_CHD_98.9.htm).

WHO/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, World Health Organization, 2003 (<http://www.who.int/nut/publications.htm> - inf).

UNAIDS, FAO, UNHCR, UNICEF, WHO, WFP, World Bank, UNFPA, IAEA. *HIV and infant feeding: Framework for priority action*. Geneva, World Health Organization, 2003.

Outline

Content	Trainer's Notes
<p>1. Discussion on building consensus for “Becoming Baby-friendly”</p>	<p>Mention that a mini-version of the slides is reproduced in Handout 5.1 and included in the participants’ folder.</p>
<ul style="list-style-type: none"> ■ Discussion and brainstorming session on strategies for gaining support within the health facility for becoming Baby-friendly and drafting a policy and plan of action. <ul style="list-style-type: none"> ■ The importance of “thinking strategically” ■ How best to gain support within the participants’ culture and institutional administrative system for a policy and plan of action ■ How best to convince those staff members likely to be most resistant 	<p>Discussion: 15 minutes</p> <p>Discuss the importance for health facility administrators and policy-makers of “thinking strategically” about how best to gain support within the health facility for making the changes necessary to become Baby-friendly.</p> <p>Ask the participants to brainstorm concerning how, within their culture and institutional administrative system, they can best work to gain the support needed to develop a breastfeeding policy and plan.</p> <p>Before the session starts, review the “Actions” suggested for “Step 1” in Handout 5.3 and, if necessary, mention the strategies suggested under the first four bullets as examples, to help get the participants thinking about what would work best in their own settings.</p> <p>Record the suggestions made by the participants either on a flip chart or board or on transparencies 5.1 and 5.2. Emphasize that these strategies are part of the Actions needed to successfully implement “Step 1” in a way that is most likely to have full administrative and staff support.</p>
<p>2. Group work on implementing the Ten Steps</p> <ul style="list-style-type: none"> ■ Small group work to identify actions necessary to implement four or five of the most challenging of the Ten Steps and address common concerns. 	<p>Introduction: 5 minutes</p> <p>Describe the group work, explaining that participants will be divided into four or five small groups, with each group assigned one of the Ten Steps that experience has shown can be a challenge, as health facilities work to become Baby-friendly. For the step it is assigned, each group should identify:</p> <ol style="list-style-type: none"> 1) common concerns or problems related to instituting the step and possible solutions, and 2) actions necessary to implement the step. <p>(The worksheet for each step starts with “Actions</p>

Content	Trainer’s Notes
	<p>Necessary to Implement the Step”, but ask the groups first to identify “Concerns and Solutions” and record them on the back of the worksheet, as some of the “solutions” may be useful to include in their list of “actions”.</p> <p>If it seems necessary to use an example to show participants how to complete the group work, display transparencies showing how to complete Handout 5.2 for one of the steps that will not be assigned to the working groups. Transparencies (5.3-5) have been prepared using “Step 7” (rooming-in) as an example. If necessary, the trainer can prepare other transparencies, focusing on a different step. Use the transparencies to explain how to complete the worksheet for both sections on “Concerns and Solutions” and “Actions”.</p> <p>Emphasize that during this session the groups won’t be making “Action Plans” for their own health facilities, but will be working to identify common concerns and solutions. Outline the actions that are necessary to implement the steps they are assigned to work on. Later in the course the participants from the same facility will work together to develop specific “Action Plans” that identify the activities needed for BFHI in their own facilities.</p> <p>Ask if there are any questions.</p> <p><i>Group work: 30-45 minutes</i></p> <p>Divide participants into four or five working groups, assigning a facilitator to each group, if possible. Assign each working group one of the Ten Steps to work on. Distribute one of the Handout 5.2 worksheets (with “Concerns and Solutions” on one side and “Actions” on the other) to each group, with the Step and the wording for the Step that the group will be working on inserted at the top.</p> <p>Ask each group to record its work on the worksheet and summarize results on transparencies or flip charts, and to assign one of its members to present the work during the reporting and discussion period to follow.</p>

Content	Trainer's Notes
<p>3. Presentations and discussion</p> <ul style="list-style-type: none"> ■ Presentation of group work. ■ Discussion of issues raised after each group's presentation. 	<p><i>Presentations and discussion: 40-55 minutes</i></p> <p>Ask each group to present its work. Lead a discussion on each presentation, making sure major points are covered.</p> <p>Collect the group work on each step at the end of the session. If feasible and not too costly, make copies and distribute them to all participants before the course is over. In addition, include copies of this group work in the course report.</p> <p>Distribute Handout 5.3, which summarizes experience in a number of countries at the end of the session as a “reference document”. Explain that since the material in this handout comes from many countries not all the concerns and solutions will be relevant. The handout may be helpful, however, as its review of experience worldwide in implementing the Ten Steps may give participants some new and creative ideas concerning what to do in their own situations.</p>

Handout 5.1

Presentation for session 5

**The Ten Steps to successful breastfeeding:
Actions, concerns and solutions - worksheet
Example**

STEP 1: Have a written breast-feeding policy that is routinely communicated to all health care staff

Actions necessary to implement the step

Transparency 5.1

STEP 1: Have a written breast-feeding policy that is routinely communicated to all health care staff

Common concerns and solutions

Concerns	Solutions

Transparency 5.2

**The Ten Steps to successful breastfeeding:
Actions, concerns and solutions - worksheet
Example**

STEP 7: Practice rooming-in.

Common concerns and solutions

Concern	Solutions
It's difficult to supervise the condition of a baby who is rooming-in. In the nursery one staff member is sufficient to supervise several babies.	<ul style="list-style-type: none"> ■ Assure staff that babies are better off rooming-in with their mothers, with the added benefits of security, warmth, and feeding on demand. ■ Stress that 24-hour supervision is not needed. Periodic checks and availability of staff to respond to mothers' needs are all that are necessary.

Transparency 5.3

Concern	Solutions
Infection rates will be higher when mothers and babies are together than when they are in a nursery.	<ul style="list-style-type: none"> ■ Stress that danger of infection is reduced when babies remain with mothers than when in a nursery and exposed to more caretakers. ■ Provide staff with data showing that infection rates are lower with rooming-in and breastfeeding, for example, from diarrhoeal disease, neonatal sepsis, otitis media, and meningitis.

Transparency 5.4

Concern	Solutions
Babies will fall off their mothers' beds.	<ul style="list-style-type: none"> ■ Emphasize that newborns don't move. ■ If mothers are still concerned, arrange for beds to be put next to the wall or, if culturally acceptable, for beds to be put in pairs, with mothers placing babies in the centre.

Transparency 5.5

Concern	Solutions
Full rooming-in, without more than half-hour separations, seems unfeasible because some procedures need to be performed on the babies outside their mothers' rooms.	<ul style="list-style-type: none"> ■ Study these procedures well. Some are not needed. (Example: weighing baby before and after breastfeeding.) Other procedures can be performed in the mothers' rooms. ■ Review advantages to mother and time saved by physician when infant is examined in front of mother.

Transparency 5.6

**The Ten Steps to successful breastfeeding:
Actions, concerns and solutions - worksheet
Example**

STEP 7: Practice rooming-in.

Actions necessary to implement the step

- Make needed changes in physical facility. Discontinue nursery. Make adjustments to improve comfort, hygiene, and safety of mother and baby.
- Require and arrange for cross training of nursery and postpartum personnel so they all have the skills to take care of both baby and mother.
- Institute individual or group education sessions for mothers on mother-baby postpartum care. Sessions should include information on how to care for babies who are rooming-in.

Transparency 5.7

Handout 5.2

**The Ten Steps to Successful Breastfeeding
Worksheet: Concerns and solutions**

STEP ____:	
Concern <i>(List concerns, problems or challenges your maternity services face in implementing this Step.)</i>	Solutions <i>(List possible solutions to each of the concerns, including both actions that have been successful and other approaches you think might be useful.)</i>

The Ten Steps to Successful Breastfeeding Worksheet: Actions necessary to implement the step

STEP ____:

(List key actions you think are necessary to successful implement this Step within maternity services that do not yet follow the Step.)

Handout 5.3

The Ten Steps to Successful Breastfeeding Summary of experiences¹

STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.
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Actions necessary to implement the step

- Identify a core group of people who will provide the primary source of support for developing a hospital breastfeeding policy and plan.
- Ask the core group to develop a rough first draft of a breastfeeding policy and a plan for making the necessary changes to implement it. Work with the group as they develop the first draft, providing whatever guidance is needed.
- Establish a multi-disciplinary in-house committee or task force to whom the policy and plan will be presented for input. Include representatives from all appropriate units or departments. When the policy and plan are discussed, ask committee members to identify barriers to implementing specific policies, as well as potential solutions. If necessary, form smaller working groups to work on specific barriers or problems.
- Finalize and display written hospital breastfeeding policy and work with designated staff to initiate changes needed to implement it.
- Policy may include guidelines on topics such as:
 - How the "Ten steps to successful breastfeeding" will be implemented
 - Maternal nutrition issues that should be addressed
 - Breastfeeding of low-birth-weight infants and infants delivered by C-section
 - Purchase and use of breast-milk substitutes
 - Acceptable medical reasons for supplementation (See WHO/UNICEF list)
 - Hazards of bottle-feeding education. How to provide counselling for women who choose to formula-feed without lessening hospital support for breastfeeding.

¹ This handout summarizes experiences from a variety of countries.

- Code related issues (e.g., prohibiting donations of free and low-cost [under 80% of retail price] breast-milk substitutes, distribution of samples of breast-milk substitutes, gifts or coupons, use of materials distributed by formula companies)
 - Prohibiting the practice, if it exists, of giving names of pregnant or recently delivered mothers to companies producing or distributing breast-milk substitutes
 - Storing any necessary hospital supplies of breast-milk substitutes, bottles, etc., out of view
 - Allocating staff responsibilities and time related to the implementation of the breastfeeding policy
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- Work with designated staff to develop plans for monitoring implementation of the policy and the effects of the initiative on staff knowledge and practices, patient satisfaction and quality of care. Publicize positive results to reinforce support for changes made, and use information concerning problem areas to assist in determining whether further adjustments are needed.

STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.

Common concerns and solutions

Concern	Solutions
<p>Resistance to introducing new breastfeeding policies. Concern that policies will be inappropriate, dangerous to infant health, difficult to implement considering other tasks, etc.</p>	<ul style="list-style-type: none"> ■ Provide scientific evidence of the soundness of the new policies through presentations such as one on “The Scientific Basis of the Ten Steps” or shorter session on key concerns. (See Session 4.) ■ Organize a task force to develop the policies, including representatives of all the departments that will be affected. If necessary, provide orientation for the task force so it is well informed about potential policies, their scientific basis, and how they will affect hospital practices before beginning work. ■ Arrange for presentations by administrators or department heads from hospitals that have model breastfeeding policies or have key staff visit other institutions with good policies in place. ■ As the policies are being developed, make sure that input is obtained from all influential parties, even if opposition is anticipated, so that plans can be made to address concerns identified. ■ Present the new policies as the “current state of the art” and highlight other hospitals in the country or region that have already successfully implemented the BFHI. ■ If resistance is high, make just a few changes at a time, starting with those for which support is greatest. Consider addressing just a few of the “steps” at a time to prevent staff from becoming overwhelmed.
<p>Economic concerns related to potential costs of policy changes (e.g. costs of conversion to rooming-in, loss of formula company support, cessation of free and low-cost supplies.)</p>	<ul style="list-style-type: none"> ■ Work with key staff to identify both the costs and savings to hospital and larger health system that will result from the changes and weigh the trade-offs. (See Session 6.)

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 2: Train all health care staff in skills necessary to implement this policy.

Actions necessary to implement the step

- Identify who will be responsible for planning and implementing an on-going training program for breastfeeding and lactation management. Work with the designated individual or group to develop a training strategy which will include:
 - Identifying who needs to be trained in departments providing maternal/infant services and what their training needs are (both knowledge and clinical skills)
 - Identifying the types and content of training for each target group
- Obtaining existing training materials. Available courses include, for example:
 - WHO and UNICEF breastfeeding courses:
 - “Breastfeeding Promotion and Support in a Baby-Friendly Hospital: A 20-hour Course for Maternity Staff” (Section 3 of the revised BFHI documents), New York, UNICEF, 2006.
 - ”Breastfeeding Counselling: A Training Course” (40 hours), Geneva, World Health Organization, 1993.
 - “Infant and Young Child Feeding Counselling: An Integrated Course” (5 days), Geneva, World Health Organization, 2006.
 - Other training materials developed within the country or region
- Selecting appropriate training materials and making any necessary adaptations to them.
- Identifying trainers with the help of appropriate government breastfeeding, nutrition and MCH authorities
- Developing a training schedule, considering the need for initial training, refresher training and training of new staff, as well as for training of trainers.
- Allot the necessary budget and staff time.

STEP 2: Train all health care staff in skills necessary to implement this policy.

Common concerns and solutions

Concern	Solutions
Little or no time for training.	<ul style="list-style-type: none"> ■ Reassess priorities. ■ Consider time saved by staff in the long run if breastfeeding problems are prevented and health of infants improved, thus decreasing time and resources necessary for caring for sick infants. ■ Consider scheduling breastfeeding-related training in conjunction with staff meetings or other on going training activities or integrating training into daily routines through apprenticeships or on-the-job training when appropriate. ■ Consider requiring staff to read selected materials or complete a self-guided course and then test their knowledge. Combine with clinical practice sessions and performance assessment. ■ Provide a resource collection where staff can borrow books, articles, and videos on breastfeeding, lactation management, and related topics.
Lack of faculty/trainers/resources	<ul style="list-style-type: none"> ■ Identify training resources. Contact national, regional, or international organizations such as UNICEF; WHO; IBFAN; LINKAGES, Wellstart and its Associate network; Institute of Child Health, University of London; La Leche League International, ILCA, WABA, etc., for assistance, if necessary. (See list of addresses on page 5-36.) ■ Consider initiating a training strategy in which key health staff members are first trained as trainers and then used to train the rest of the staff. Choose strong candidates to be the trainers, if possible including staff from the various service units and shifts. ■ Ask the training coordinator to identify good training videos already prepared or videotape training sessions and have new employees view the tapes. Supplement with clinical practice sessions.
Staff members do not understand the importance of breastfeeding support and thus see little need for training in this	<ul style="list-style-type: none"> ■ Consider holding an orientation or advocacy session for staff before the training cycle begins. Introduce the hospital's breastfeeding policy and review

Concern	Solutions
area.	<p>evidence of the importance of breastfeeding support, linking the policies with increased breastfeeding and lowered morbidity and mortality.</p> <ul style="list-style-type: none"> ■ Identify times when staff can gather for informal reviews of case studies of mothers with breastfeeding problems and how they were resolved. Follow by discussion on how to address similar situations in the future. ■ Arrange for bulletin board displays or include items in newsletters featuring BFHI progress, new articles, letters from patients, results from surveys, etc. ■ Establish an employee breastfeeding support program to increase the number of staff members with positive personal breastfeeding experiences.
Attendance at training sessions is low or health staff members are pulled out of the training to go back to the unit.	<ul style="list-style-type: none"> ■ Stress the importance of breastfeeding support skills along with other areas of expertise and require attendance at training sessions. ■ Bring the training to staff on each shift. ■ Offer continuing education credits for the training or other incentives such as recognition for new skills. ■ Arrange for several hospitals to sponsor joint training in an attractive site. ■ Work with hospital management to insure that training is considered a priority.
Hospital and its health staff members rely on funding from companies selling breast-milk substitutes for training activities, conference attendance, etc.	<ul style="list-style-type: none"> ■ Convince staff of the hidden agenda of the formula industry and the moral issues involved in accepting its funding. ■ Calculate the cost to hospital and families of illnesses due to feeding breast-milk substitutes. ■ Search for alternative sources of funding.

List of training resources

Institute of Child Health
University of London
30 Guilford Street
London WCN 1EH
United Kingdom
Tel: [44] (171) 242-9789
Fax: [44] (171) 404-2062

International Baby Food Action Network
(IBFAN)
P.O. Box 781
Mbabane
Swaziland
Tel: [268] 45006
Fax: [268] 44246

International Lactation Consultant
Association (ILCA)
200 North Michigan Avenue, Suite 300
Chicago, IL 60601-3821
USA
Tel: (312) 541-1710
Fax: (312) 541-1271
Email:
71005.1134@COMPUSERVE.COM

La Leche League International
1400 N. Meacham Road
P.O. Box 4079
Schaumburg, IL 60168-4079
USA
Tel: (847) 519-7730
Fax: (847) 519-0035

LINKAGES Project
Academy for Educational Development
1825 Connecticut Avenue, N.W.
Washington, DC. 20009
Tel: (202) 884-8086
Fax: (202) 884-8977
E-mail linkages@aed.org
Website: www.linkagesproject.org

UNICEF Headquarters
3 United Nations Plaza
New York, NY 10017
USA
Tel: (212) 326-7000
Fax: (212) 326-7336

Wellstart International
PO Box 80877
San Diego, CA 92138-0877
Tel: (619) 295-5192
Helpline: (619) 295-5193
Fax: (619) 574-8159
E-mail: info@wellstart.org
Website: www.wellstart.org

World Health Organization
Department of Nutrition
20, Av. Appia
CH-1211 Geneva 27
Switzerland
Tel: [41] (22) 791-3315
Fax: [41] (22) 791-4156
E-mail: nutrition@who.int
Website: http://www.who.int/nut

World Health Organization
Department of Child and Adolescent
Health and Development
20, Av. Appia
CH-1211 Geneva 27
Switzerland
Tel: [41] (22) 791-2633
Fax: [41] (22) 791-4853
E-mail: cah@who.int
Website: http://www.who.int/child-adolescent-health/

World Alliance for Breastfeeding Action
PO Box 1200 19850
Penang, Malaysia.
Tel: [60]-(4)-658-4816
Fax: [60]-(4)-657-2655
Websites: www.waba.org.my
www.waba.org.br

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 3: Inform all pregnant women about the benefits and management of breastfeeding.

Actions necessary to implement the step

- Insure routine scheduling of prenatal classes that cover essential topics related to breastfeeding. Ask the staff to keep records of the classes held and their content.
- Review (or prepare) written guidelines for individual prenatal counselling to insure that key breastfeeding topics are covered and time is allowed to address concerns of individual mothers.

Essential topics that are important to address during prenatal education and counselling include:

- Benefits of breastfeeding
- Early initiation
- Importance of rooming-in (if new concept)
- Importance of feeding on demand
- How to assure enough milk
- Positioning and attachment
- Importance of exclusive breastfeeding
- Risks of artificial feeding and use of bottles and pacifiers

(Prenatal education should **not** include group education on formula preparation.)

- Determine if any special strategies are needed to encourage women to attend prenatal classes or counselling sessions (for example, holding late-evening classes for working mothers, providing special incentives for attendance, etc.)
- Take away all literature and posters about bottle-feeding and promotion of breast-milk substitutes.
- Ensure that formula companies do not provide breastfeeding promotion materials.
- Discontinue distribution in prenatal clinics of samples of breast-milk substitutes or coupons.

STEP 3: Inform all pregnant women about the benefits and management of breastfeeding.

Common concerns and solutions

Concern	Solutions
<p>Promotional materials are free from the formula industry. It's difficult to find replacement materials and the funds to purchase them.</p>	<ul style="list-style-type: none"> ■ Determine what promotional materials are available free or at low cost from the government, NGOs or other agencies. If there is a BFHI national authority, ask what materials it has available. ■ Pressure local and national health authorities to make materials available. ■ Ask the health facility staff to develop low-cost promotional materials with appropriate breastfeeding messages, adapting materials from elsewhere, when appropriate. ■ Seek other sources of support, including donations from local businesses and volunteer organizations to support the development and production of educational materials.
<p>There's no staff time in busy prenatal clinics for individual counselling or group sessions related to breastfeeding.</p>	<ul style="list-style-type: none"> ■ Convince staff of importance of such sessions. ■ Show how this will save time in the future, due to fewer breastfeeding problems and reduction in levels of illness. ■ Seek volunteer help from local NGOs, mother-support groups, etc., for conducting classes or providing counselling. ■ Integrate breastfeeding material into other prenatal classes such as those on childbirth education, infant care, and nutrition.
<p>Promotional and educational materials are often not well adapted to different educational, cultural and language groups.</p>	<ul style="list-style-type: none"> ■ Ask the staff to produce or adapt promotional or educational materials to meet local needs, as necessary. ■ Form a network with other health facilities in the area and share materials or work together to develop them.
<p>Busy mothers are reluctant to spend time to receive information or instructions, or don't know the information is available.</p>	<ul style="list-style-type: none"> ■ Ask the staff to arrange group counselling while mothers are waiting to be seen.

Concern	Solutions
	<ul style="list-style-type: none"> ■ Ask the receptionist or registrar at the health facility to encourage participation in breastfeeding classes. ■ Obtain support of clinical staff in assuring time allocation for counselling and stressing its importance during consultations. ■ Ask the staff to prepare written materials that mothers can take with them when they leave the health facility. Include breastfeeding guidelines, overview of the “Ten steps” and hospital breastfeeding support services, invitation/announcement of breastfeeding classes, list of mother-support groups and other community resources, etc. ■ Hold an extra prenatal class in late evening for working women. ■ Arrange for a resource centre or area where mothers can look at or borrow breastfeeding-related books, articles, videos, or other materials, at their own convenience. ■ Hold a “breastfed baby parade” or a “beautiful breastfed baby contest” at a park, marketplace, or other public area. ■ Ask private practitioners to refer their clients to breastfeeding classes and other support services.

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 4: Help mothers initiate breastfeeding within a half-hour of birth.

Actions necessary to implement the step

- Work with staff to reprioritise perinatal routines for infant care immediately after birth to allow time for immediate mother/baby contact.
- Institute temperature control in labour, delivery, and recovery areas to insure infant temperature regulation.
- Arrange for continuous mother/baby contact after delivery.
- Assign staff responsibility for seeing that early initiation occurs for mothers who have chosen to breastfeed and insure that staff has the skills to give mothers required support.
- Train staff in the importance of suctioning a normal newborn only if necessary (if initial assessment [APGAR] are good and baby is crying lustily it is NOT necessary). If necessary to suction, do so gently as micro trauma to the mucus membranes of the newborn's throat and upper airway (oropharynx) can interfere with breastfeeding.
- Allot staff time if necessary for breastfeeding support.
- Allow support person (family member, "doula", etc.) to stay with the mother during and immediately after delivery and participate in providing breastfeeding, as appropriate.
- When reviewing delivery-room policies, consider issues such as the mother/baby pair's need for privacy, a tranquil environment, subdued lighting, a minimal number of health personnel in room, reduced reliance on sophisticated technology for low-risk births, etc.

STEP 4: Help mothers initiate breastfeeding within a half-hour of birth.

Common concerns and solutions

Concern	Solutions
<p>It is routine to suction all babies immediately after delivery and this is what health staff learned in school.</p>	<ul style="list-style-type: none"> ■ Discuss the anatomic and physiologic reasons for why a normal, crying, newborn will clear its own airway. ■ Review with the head of the maternity, what the current protocol is for babies who do need suctioning and what equipment is used. Suggest that a mucus “bulb” (ear) syringe, may be the cheapest, most effective and least traumatic to use for this purpose.
<p>Not enough staff or personnel time to assist with breastfeeding initiation, considering number of deliveries and other procedures scheduled immediately after birth. Prescribed duration of skin-to-skin contact (at least 30 minutes) is of special concern.</p>	<ul style="list-style-type: none"> ■ Ask key staff to reassess which procedures are necessary immediately after birth. Reorganize “standing orders” to allow time for immediate contact and breastfeeding for mothers who have chosen to breastfeed. For example, review with staff the 5 Steps of the WHO “Warm Chain” recommendations for newborn care that include “immediate drying, skin-to-skin contact, breastfeeding, and postponing weighing and bathing” ■ Reinforce the positive aspects of this change: time savings, no need to warm infant up, minimal separation of the mother and infant, etc. ■ Arrange for staff to be taught how to examine the baby right on the mother’s chest. ■ Arrange for a voluntary breastfeeding counsellor to help mothers to breastfeed right after birth, if staff is too busy. The mother and baby can be left by themselves, part of the time, to get to know each other, while the staff continues its work. ■ If space in labour and delivery is needed right away for another birth, determine if staff can move mother and baby to a nearby empty room and have nurse do charting and exam there, if necessary.
<p>Mother is too tired after delivery to feed infant.</p>	<ul style="list-style-type: none"> ■ Explain that this is often a misconception. If the mother is given her baby to hold, and encouraged, she will almost always become engaged. ■ Arrange to have a breastfeeding support person help her.

Concern	Solutions
	<ul style="list-style-type: none"> <li data-bbox="762 412 1445 544">■ Ensure that breastfeeding mothers receive instruction during pregnancy about the importance of early feeds and the fact that mother and baby usually remain alert during this period.

Concern	Solutions
<p>The beds in the delivery room are too narrow. If the infant is placed with the mother (who may be very tired) and there is not constant supervision, the infant may fall.</p>	<ul style="list-style-type: none"> ■ Place the infant on the mother’s chest. Elevate the mother’s head with pillow, blanket or even her own clothing. If there is danger of the infant falling from a narrow bed, consider wrapping the mother and baby together, lightly, with a sheet or cloth. ■ Alternatively, roll the mother on her side and tuck the newborn next to her to breastfeed.
<p>Need to monitor mothers and babies -- therefore need light, personnel, equipment.</p>	<ul style="list-style-type: none"> ■ Ask that delivery room staff consider clustering procedures, for example, assessing maternal and infant condition and vital signs all at the same time and then leaving mother and infant alone.
<p>If the delivery room is cold, it is too chilly for immediate breastfeeding and the baby must be transferred either to the nursery or mother’s room for the first feeding.</p>	<ul style="list-style-type: none"> ■ Review with staff the 5 Steps of the WHO “Warm Chain” recommendations (see Step 4 above) ■ Show staff, by using a thermometer under the baby’s arm, that skin-to-skin contact with the mother provides enough heat to keep baby warm. ■ If the delivery room is cold, consider whether it is possible to raise the temperature.
<p>Perinatal personnel think that breastfeeding within 30 to 60 minutes after birth is a lower priority than other procedures.</p>	<ul style="list-style-type: none"> ■ Briefly review with the staff the key research on WHY the very early first breastfeeds are linked to ongoing breastfeeding success, (i.e., baby is awake, alert state in first hour, baby’s keen sense of smell and crawling reflexes, mother’s readiness in first hour, etc.) ■ Convince delivering physicians to routinely suggest to mothers “Let’s get you started with breastfeeding right now”. ■ Ask the staff responsible to add “time of breastfeeding initiation” to the baby’s chart. ■ Make sure that the physiologic and psychological advantages of early breastfeeding are stressed during staff training. When labour and delivery staff are trained, emphasize their critical link to breastfeeding management and that the first hour is a very important and special time in this connection.

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 5: Show mothers how to breastfeed and maintain lactation even if they should be separated from their infants.

Actions necessary to implement the step

- Train staff on milk-expression techniques and safe handling and storage of breast milk.
- Designate staff time for individual or group counselling of mothers on breastfeeding management and maintenance of lactation when mother and baby are separated.
- Designate areas for mothers to breastfeed and for milk expression and milk storage. Purchase equipment (e.g. milk-storage containers, cups and spoons).
- Facilitate sleeping accommodations that allow mothers to stay with their babies if hospitalised. Likewise, allow healthy breastfed babies to stay with hospitalised breastfeeding mothers.

STEP 5: Show mothers how to breastfeed and maintain lactation even if they should be separated from their infants.

Common concerns and solutions

Concern	Solutions
<p>In hospitals where the postpartum stay is very short or staffing is minimal, there's very little time for counselling.</p>	<ul style="list-style-type: none"> ■ Emphasize counselling during prenatal period. ■ Reassign nursery staff to do counselling. ■ If minimal time is available for individual counselling, arrange that most of the instruction is provided through group classes. ■ Require that hospital staff members observe at least one breastfeed before discharging each mother/baby pair. ■ Use volunteers to make rounds and provide advice. Arrange to train volunteers and provide them with guidelines concerning their roles and any restrictions. ■ Have breastfeeding education handouts available after delivery. ■ Have the staff arrange to show videos to reinforce proper breastfeeding techniques if the time for classes or bedside instruction is limited.
<p>Reluctance on the part of staff to provide breastfeeding counselling because of lack of competence.</p>	<ul style="list-style-type: none"> ■ Provide short instruction sheets concerning what advice to give for common breastfeeding problems. ■ Post a list of staff members that have completed breastfeeding practicums. Encourage other health personnel that ask for their assistance to watch as these experienced staff members give mothers advice. ■ Make sure an integral part of training includes clinical experience in working with breastfeeding mothers and dealing with common problems.
<p>Lack of understanding among staff of the importance of breastfeeding in the immediate postpartum period and the problems caused by inaccurate or inconsistent messages.</p>	<ul style="list-style-type: none"> ■ In discussions with staff, emphasize the importance of patient-centred care and the role breastfeeding education plays in this connection. ■ Encourage trainers, first, to conduct focus groups with nursing staff on what they were taught and why they do what they do, and then to tailor training to address identified problems.

Concern	Solutions
Fear on the part of staff and mothers of wet-nursing and use of stored breast milk for feeding other babies because of HIV transmission.	<ul style="list-style-type: none"> ■ Wet nursing and using breast milk from other mothers is acceptable in some settings and not acceptable in others. Local formative research will show whether or not mothers will choose these as alternative feeding methods. ■ Expressed breast milk from a donor will need to be heat treated per most current WHO recommendations. ■ Generally wet nursing is no longer encouraged as a feeding option, although there are exceptions to this in the case of a family member who is known to be HIV negative.
Lack of milk storage area and equipment.	<ul style="list-style-type: none"> ■ No sophisticated equipment is needed for milk storage. Only a refrigerator and clean collection containers for expressed milk are required. ■ Milk storage may not be needed if mothers have day-and-night access their hospitalised infants for breastfeeding.
Healthy infants will get sick if kept with their mothers when their mothers become sick and are admitted to the hospital.	<ul style="list-style-type: none"> ■ Offer information regarding the protective effects of breastfeeding and the health risks to newborns if <u>not</u> kept with their mothers and breastfed.
Mothers who are sick in the hospital will not be able to take care of their newborn infants who room in with them.	<ul style="list-style-type: none"> ■ Ask the staff to evaluate this problem case by case. Perhaps a relative or friend will need to room-in to care for the infant in some situations.

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 6: Give newborn no other food or drink other than breast milk unless medically indicated.

Actions necessary to implement the step

- Examine routine policies concerning the use of breast-milk substitutes. Make sure they conform with the WHO/UNICEF list of “acceptable medical reasons for supplementation”. (Should be included in hospital policy. See Step #1.)
- Arrange that small amounts of breast-milk substitutes be purchased by the hospital for use if medically indicated.
- Store breast-milk substitutes and related equipment and supplies out of sight.
- Develop policies that facilitate early breastfeeding of low-birth-weight infants and infants delivered by C-section, when there are no medical contraindications. (Can be included in hospital policy. See Step #1.)
- Ensure that adequate space and equipment is available for milk expression and storage. (See Step #5.)

STEP 6: Give newborn no other food or drink other than breast milk unless medically indicated.

Common concerns and solutions

Concern	Solutions
<p>Staff members or mothers worry that mothers' milk is insufficient for babies in the first few hours or days after birth because of delay in the "true milk" coming in.</p>	<ul style="list-style-type: none"> ■ Make sure that staff and mothers are provided information about the sufficiency and benefits of colostrums and the fact that nothing else is needed (e.g. water, tea, or infant formula) in addition to breast milk. Include the fact that it is normal for a baby's weight to drop during the first 48 hours.
<p>Staff members or mothers fear that babies will become dehydrated or hypoglycaemic if given only breast milk.</p>	<ul style="list-style-type: none"> ■ Establish a literature review committee and present findings related to this issue at a staff meeting. ■ Make sure that staff members are reminded of the signs that babies are getting all they need from breastfeeding, and encourage them to pass on this information to mothers who are worried that their milk is insufficient. ■ Consider arranging for brief in-service training sessions to demonstrate how to assess the effectiveness of a breastfeed and give nurses supervised practice in making their own assessments. ■ Remove glucose water from the unit, so it is more difficult to use routinely.
<p>Mothers request supplements.</p>	<ul style="list-style-type: none"> ■ Arrange for mothers to be informed during the prenatal and early postpartum period concerning the problems that arise from supplementation.
<p>Some mothers are too malnourished to breastfeed.</p>	<ul style="list-style-type: none"> ■ Make sure that staff members realize that even malnourished mothers produce enough milk for their infants if their infants feed on demand. ■ In cases where the family provides food for the mother while she is in the hospital, use the opportunity to inform family members about the importance of sound nutrition for the mother and inexpensive, nutritious dietary choices.
<p>The counselling and support necessary to achieve exclusive breastfeeding is too expensive.</p>	<ul style="list-style-type: none"> ■ Stress that costs will be more than offset by savings to the hospital when purchase, preparation and provision of breast-milk substitutes is minimized. Emphasize that savings will also accrue from reduction in neonatal infections, diarrhoea, etc.

Concern	Solutions
<p>Medications are being given to the mother that are considered contraindications to breastfeeding.</p>	<ul style="list-style-type: none"> ■ Ensure that staff members are familiar with the list of acceptable medical reasons for supplementation that are included in the revised Annex to the Global Criteria for the Baby-friendly Hospital Initiative and as Handout 4.5 in Session 4 of this course. ■ Ask the pharmaceutical department to prepare a list of drugs that are compatible and incompatible with breastfeeding.
<p>Mothers will feel they have been denied something valuable if distribution of samples or discharge packs is discontinued.</p>	<ul style="list-style-type: none"> ■ Consider replacing samples of breast-milk substitutes with a “breastfeeding pack”, which includes information on breastfeeding and where to get support and may include samples of products that don’t discourage breastfeeding.

The Ten Steps to Successful Breastfeeding: Summary of experiences

STEP 7: Practice rooming-in.

Actions necessary to implement the step

- Make needed changes in physical facility. Discontinue nursery for normal newborns. Make adjustments to improve comfort, hygiene, and safety of mother and baby.
- Require and arrange for cross training of nursery and postpartum personnel so they all have the skills to care for both baby and mother. (See Step # 2)
- Institute individual or group education sessions for mothers on mother-baby postpartum care. Sessions should include information on how to care for baby who is rooming-in.

STEP 7: Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.

Common concerns and solutions

Concern	Solutions
<p>It is difficult to supervise the condition of a baby who is rooming-in. In the nursery one staff member is sufficient to supervise a number of babies.</p>	<ul style="list-style-type: none"> ■ Assure staff that babies are better off close to their mothers, with the added benefits of security, warmth, and feeding on demand. “Bedding-in”, if culturally acceptable, provides the best situation for gaining all these benefits and eliminates the need to purchase bassinets or cots. Mothers can provide valuable assistance when their infants are rooming-in or bedding-in, alerting staff if problems arise. ■ Stress that 24-hour supervision is not needed. Periodic checks and availability of staff to respond to mothers’ needs are all that is necessary.
<p>Mothers need to get some rest after delivery (especially at night) and babies still need to eat. Especially after caesarean sections, mothers need time to recuperate. Babies should be fed breast-milk substitutes during this period.</p>	<ul style="list-style-type: none"> ■ Ask staff to assure mothers that by “rooming-in” they are doing the best for their babies, that not much extra work is involved, and that health workers are available in the unit to assist them if needed. ■ Ask staff to discuss with mothers the fact that the more babies are with them the more they’ll understand what is normal and abnormal and how to provide good care. It is best to practice being with their babies (even during the night) while still in the hospital, when staff is around to help if necessary. ■ Suggest to the staff that after good breastfeeds mothers may even sleep better when their babies are with them. ■ Make sure that staff knows how to help mothers who have had Caesarean sections choose breastfeeding techniques and positions that are comfortable and effective. ■ If regional or local anaesthesia is used during Caesarean sections, early breastfeeding will be less of a problem. However, a mother who has had general anaesthesia can breastfeed as soon as she is conscious if a staff member supports her.
<p>Infection rates will be higher when mothers and babies are together than in a nursery.</p>	<ul style="list-style-type: none"> ■ Stress that the danger of infection is less when babies remain with their mothers than when in the nursery and exposed to more caretakers. ■ Provide staff with data that show that with rooming-in and breastfeeding, infection rates are lower, for example, from diarrhoeal disease, neonatal sepsis, otitis media, and meningitis.
<p>If visitors are allowed in the rooming-</p>	<ul style="list-style-type: none"> ■ Emphasize that babies receive immunity to infection

Concern	Solutions
<p>in wards, danger of infection and contamination will increase. In situations where visitors are allowed to smoke, it is a health hazard to mother and baby. Some mothers feel they need to entertain their visitors and that they will have time for their babies after discharge.</p>	<p>from colostrum, and that studies show infection is actually less in rooming-in wards than in nurseries.</p> <ul style="list-style-type: none"> ■ To support mothers further in doing the best for their babies, limit visiting hours and the number of visitors, and prohibit smoking.
<p>The rooms are too small.</p>	<ul style="list-style-type: none"> ■ No need to have bassinets for infants. No extra space is necessary for "bedding-in".
<p>Babies will fall off the mothers' beds.</p>	<ul style="list-style-type: none"> ■ Emphasize that newborns don't move. If mothers are still concerned, arrange for the beds to be put next to the wall or, if culturally acceptable, for the beds to be put in pairs, with mothers keeping their babies in the centre.
<p>Full rooming-in, without more than half hour separations, seems unfeasible because some procedures and routines need to be performed on the babies outside their mothers' rooms.</p>	<ul style="list-style-type: none"> ■ Study these procedures well. Some are not needed. (Example: Weighing baby before and after breastfeeding.) Other procedures can be performed in the mother's room. ■ Review advantages to mother and time saved by physician when he examines the infant in front of the mother.
<p>Private patients feel they have the privilege to keep their babies in nurseries and feed them breast-milk substitutes, receive expert help from nursery staff, etc.</p>	<ul style="list-style-type: none"> ■ Whatever is best for public patients is also best for private patients. ■ Consider pilot projects to "test" rooming-in in private as well as public wards.
<p>Some private hospitals make money from nursery charges and thus are reluctant to disband these units.</p>	<ul style="list-style-type: none"> ■ Explore the compensatory savings from rooming-in due to less frequent use of breast-milk substitutes, less staff time for bottle preparation and nursery care, less infant illness, etc. ■ Consider continuing to charge the same fees when the nursery is disbanded, reallocating the charges for mother/baby care on the wards.
<p>Babies more easily kidnapped when rooming-in than in the nursery.</p>	<ul style="list-style-type: none"> ■ Suggest to the staff that they ask mothers to request that someone (e.g., other mothers, family members, or staff members) watch their babies if they go out of the room. ■ Mothers need to know that there is <u>no</u> reason a baby should be removed without the mother's knowledge.

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 8: Encourage breastfeeding on demand.

Actions necessary to implement the step

- Introduce rooming-in. (See Step # 7.)
- Examine routine policies concerning infant procedures (e.g. blood drawing, physical examination, weighing, bathing, circumcision, cleaning of rooms, etc.) that separate mother and baby; conduct the procedures on the ward, whenever possible.
- Ensure that staff training includes the definition and benefits of on-demand feeding and key messages concerning this issue that mothers should receive during breastfeeding counselling. (See Step # 2.)

STEP 8: Encourage breastfeeding on demand.

Common concerns and solutions

Concern	Solutions
<p>On-demand feeding is good, but does not provide enough milk for the baby. Colostrum is insufficient and supplementation is necessary.</p>	<ul style="list-style-type: none"> ■ Remind staff that the infant’s stomach capacity is 10 - 20 ml at birth and the quantity of colostrum is physiologically matched.
<p>In situations where rooming-in is not practised, it saves on staff time and effort if babies are fed in the nursery instead of taking babies to mothers to breastfeed at unpredictable times.</p>	<ul style="list-style-type: none"> ■ Consider rooming-in, which will take less staff time than keeping babies in the nursery and feeding them breast-milk substitutes or transporting them back and forth for breastfeeding.
<p>When babies are taken out of the rooms for exams, lab tests, and measurement procedures this interferes with feeding on demand.</p>	<ul style="list-style-type: none"> ■ Encourage physicians to examine babies in mothers’ rooms. Emphasize that it is a time-saver since mothers’ questions can be answered and any education provided at the same time. Stress that patient satisfaction also increases as a result. ■ Arrange for staff to complete other procedures in mothers’ rooms, when feasible. For example, the weighing scale might be wheeled from room to room. ■ Ask the staff to try to schedule after feedings procedures that must be performed outside the rooms, or allow mothers to accompany their babies so they can breastfeed when required. ■ Inform the staff that babies are not to be supplemented while they are away for procedures. If necessary, mothers should be called to breastfeed.
<p>Visiting hours that are too long or unrestricted interfere with breastfeeding on demand. Mothers may be embarrassed to breastfeed in front of visitors, may be too busy entertaining visitors, or may be too exhausted afterwards to feed their babies.</p>	<ul style="list-style-type: none"> ■ Shorten visiting hours or limit them (i.e. 2 visitors per patient or only immediate family and grandparents). ■ Arrange for the staff to provide mothers with signs they can place on their doors (if they have private rooms) to ask that they not be disturbed if resting or feeding their babies. ■ Ask instructors in prenatal classes to emphasize the importance of limited visiting hours to allow more time for mother/baby learning, feeding and rest.

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 9: Give no artificial teats or pacifiers.

Actions necessary to implement the step

- Examine routine policies. Hospital policies should:
 - discourage mothers or family members from bringing pacifiers from outside for their babies' use;
 - prohibit use of bottles and teats or nipples for infant feeding within the hospital;
 - provide guidance for use of alternative feeding methods, for example, use of cups and spoons if breast-milk substitutes are used;
- Purchase supplies (e.g. cups, syringes, spoons) for use in feeding breast-milk substitutes to infants (without using teats or bottles) in cases where there are acceptable medical reasons for supplementation. (See Step # 5.)

STEP 9: Give no artificial teats or pacifiers.

Common concerns and solutions

Concern	Solutions
<p>When infants are upset, pacifiers will help quiet them. Also, infants may not be hungry, but still need to suck.</p>	<ul style="list-style-type: none"> ■ Babies may cry for a variety of reasons. Ask staff to explore alternatives to pacifiers (e.g. encouraging mother to hold baby, offering the breast, checking for soiled diaper), possibly through a group discussion.
<p>The nursing staff and/or mothers do not believe that pacifier use causes any problems.</p>	<ul style="list-style-type: none"> ■ Make sure that staff and mothers are educated concerning problems with pacifier use (e.g. interferes with oral motor response involved in breastfeeding, easily contaminated.) ■ Establish an ad hoc committee to review the literature and make a presentation to the administrative and medical staff on issues related to pacifier use. ■ Post a notice visible to both staff and patients -- "no more pacifiers for breastfed infants" -- and list the reasons why. ■ If the mother requests a pacifier, have staff discuss with her the problems it may cause. Consider asking her to sign a written informed consent form that discusses the risks of nipple confusion, impaired milk supply and contamination. ■ In settings where contamination of pacifiers can lead to diarrhoea and other illness, it is best to encourage calming the bay in other ways or to use a mother's or family member's washed finger as a pacifier.
<p>Pacifiers are provided free of charge for mothers requesting them.</p>	<ul style="list-style-type: none"> ■ Calculate the savings to the hospital from not buying pacifiers or artificial teats. ■ Establish a policy stating that the hospital will not supply free pacifiers and mothers, if they wish to use them, must bring their own.
<p>Infants may aspirate if fed by cup.</p>	<ul style="list-style-type: none"> ■ Provide the staff with examples (through video, slides, or visit) of infants being successfully fed by cup in other health facilities. ■ Emphasize the feasibility and safety of cup feeding.
<p>Purchasing cups, syringes, and spoons may be expensive.</p>	<ul style="list-style-type: none"> ■ Special types of cups, syringes and spoons are not necessary. They just need to be clean.

The Ten Steps to Successful Breastfeeding Summary of experiences

STEP 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Actions necessary to implement the step

- Work with key hospital staff to identify hospital and community resources for breastfeeding mother support.
- Make sure that the hospital provides follow-up support for breastfeeding, for example, through a postnatal clinic, and schedules the first visit within a week of discharge and insures that breastfeeding is assessed and any problems are identified and addressed.
- Explore ways to link mothers with community-level breastfeeding support resources, such as health centres, MCH clinics, and breastfeeding support groups (NGOs such as local La Leche League groups). One means would be to send a discharge/referral slip to the community clinic where the mother can go for postnatal care and at the same time tell the mother where she can receive breastfeeding support.
- Consider arranging for mother-support groups to make contact with mothers while still in the hospital. For example, volunteers can offer refreshments to mothers on the wards and at the same time provide information on where to go for breastfeeding support. Volunteers can help conduct hospital lactation clinics, give breastfeeding advice on wards, etc.
- Consider asking hospital personnel to organize breastfeeding support groups for which, at least initially, hospital staff serve as facilitators. Arrange training for hospital staff on organizing and facilitating mother-support groups and consider similar training for other potential mother-support group leaders.
- Make information (verbal and written) on breastfeeding support resources available to mother, family and community.

STEP 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Common concerns and solutions

Concern	Solutions
The hospital staff members are unfamiliar with good sources of breastfeeding support to which they can refer mothers.	<ul style="list-style-type: none"> ■ Form an ad hoc group with a representative from the hospital, the local MCH clinics, and any mother support groups that can be identified. Ask groups to develop a resource list and make it available to hospital staff, local physicians and mothers. ■ Encourage local mother-support groups to meet occasionally at the hospital, which can provide space and publicity free of charge. ■ Arrange for community breastfeeding support groups to provide a mini-training session to the staff on the services they offer.
There is a mistaken impression that health professionals aren't supposed to be involved in organizing or facilitating mother-support groups.	<ul style="list-style-type: none"> ■ If lay leaders are not available to organize and facilitate mother-support groups, explore using health staff for this purpose. If health staff members are involved, they need to be trained not to direct or dominate the groups, but to facilitate sharing and support among mothers. As lay leaders come forward, they can receive additional training and take over the group work.
Lay group leaders and their members may provide incorrect information.	<ul style="list-style-type: none"> ■ Make sure that potential mother-support group leaders are provided with adequate training and that the mothers themselves receive accurate prenatal and postnatal education on breastfeeding from the hospital staff.
Hospital administrators and staff already have too much to do; organizing support groups would be a serious imposition.	<ul style="list-style-type: none"> ■ Explore whether knowledgeable volunteer groups or individuals can help in, or even take full responsibility for, this activity.
Mother-to-mother support doesn't work in the local culture.	<ul style="list-style-type: none"> ■ Explore culturally appropriate support mechanisms for breastfeeding mothers. For example: ■ involving traditional or religious organizations for women in providing breastfeeding or more general mother support, ■ reinforcing the extended family role in supporting breastfeeding by providing updated information on breastfeeding to family members most likely to

Concern	Solutions
	provide advice.
<p>Post-discharge hospital follow-up is too costly. Home visits are either impossible or only possible in emergencies or for very high-risk patients. Phone contact is either not possible or, at best, unreliable.</p>	<ul style="list-style-type: none"> ■ Examine what follow-up mechanisms are most feasible in the local situation, considering constraints. For example: ■ arranging for breastfeeding assessment and support during postnatal visits; ■ arranging home visits at least for the mother at highest risk of breastfeeding failure; ■ referring mothers to community health centres, outreach workers, and/or volunteer groups that <u>can</u> provide support.