Overhead Figures

Kent Page, UNICEF, DRC, 2003
Inside the breast

- Milk secreting cells: prolactin makes them secrete milk
- Lactiferous sinuses (milk ducts): milk collects here
- Nipple
- Areola
- Alveoli

Adapted from WHO/UNICEF BFC, 1993
Inside the baby’s mouth

1. Good attachment

2. Poor attachment
Observing attachment at the breast

1. Areola, mouth, lower lip, chin

2. Areola, mouth, lower lip, chin

WHO/UNICEF BFC, 1993
Evaluating attachment at the breast
Evaluating attachment at the breast
Milk flow: the oxytocin reflex

Works **before** or **during** feed to make milk **flow**
Companionship and protection help milk flow

Janet Griffin/Nepal, from IFE, WEMOS/IBFAN
Milk production: the prolactin reflex

Sensory impulses from nipple

Prolactin in blood

Baby suckling
Breastfed twins: Swaziland and Angola

Mary Lungaho, Cubal, Angola

By F. Savage, Swaziland
Four elements of supportive care

- Adequate nutrition
- Continuing assistance and social support
- Helpful maternity services
- Appropriate health services

Adapted from F. Savage, A. Burgess - Nutrition for Developing Countries. 1993

© Joyce Kelly (ENN) 2001
A malnourished mother breastfeeds

Sierra Leone, 2001

Feed the mother and let her feed the infant

Monitor the weight and urine output. Temporary supplements by cup may be needed while the mother’s milk production increases.
Prevent dehydration

Provide plenty of drinking water wherever there are breastfeeding women in:

- transit rest areas
- registration/intake centres
- long queues for health and other services.
Skin-to-skin contact immediately after birth

A newborn shows that he is ready to feed and actively seeks the nipple. He is in full skin-to-skin contact with his mother. The mother and baby are kept warm together.
If 100 women breastfeed where HIV is prevalent

- H = 30 of these women are HIV-positive and untreated
- ☣️ = 10 of the HIV-positive women transmit the virus before/during birth
- ☒️ = 4 of the HIV-positive women transmit the virus by breastfeeding

UNAIDS/UNICEF/WHO. HIVC. 2000
Supportive arrangements and personal attention

- reduce isolation
- provide privacy if culturally required
- encourage age-appropriate feeding
- educate family and community members
- remove conflicting messages
- listen
- build confidence.

Adapted from F. Savage, A Burgess - Nutrition for Developing Countries. 1993
Deciding who needs help

Simple rapid assessment → Continuing supportive care

Full assessment → Basic aid

Full assessment → Further help
Simple Rapid Assessment (SRA): Age-appropriate feeding

Ask:

1. How old is the baby? Age______months
2. Are you breastfeeding him her?
3. Is the baby getting anything else to drink or eat?

Reasons to refer for Full Assessment:

- not breastfed
- breastfed but feeding not age-appropriate
  - under 6 months, not exclusively breastfed
  - over 6 months, given no complementary food.
Simple Rapid Assessment (SRA): Breastfeeding ease

**Ask:**

4. Is the baby able to suckle the breast?
5. Have you any other difficulties with breastfeeding?

**Reasons to refer for Full Assessment:**

- baby not able to suckle
- mother has other difficulties with breastfeeding
- mother requests breastmilk substitute.
Look:

6. Does the baby look very thin?
7. Is the baby lethargic, perhaps ill?

Reasons to refer for Full Assessment:

- looks very thin
- lethargic, perhaps ill.
Full assessment Step 1: Observing a breastfeed

- **Attachment**
  - areola, more above
  - mouth wide open
  - lower lip turned out
  - chin close to or touching breast
  - no nipple pain or discomfort.

- **Suckling**
  - slow, deep sucks, sometimes pausing
  - audible or visible swallowing.

- **Mother confident**
  - enjoyment, relaxation (not shaking breast or baby)
  - signs of bonding (stroking, eye contact, close gentle holding).

- **How the feed ends**
  - baby comes off the breast by itself (not taken off by mother)
  - baby looks relaxed and satisfied, and loses interest in the breast
  - mother keeps the breast available, or offers the other breast.
Full Assessment Step 2: Listening and learning

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>(Using a pacifier?)</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Other drinks and foods?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>What drinks?</td>
<td></td>
<td></td>
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<tr>
<td>How given?</td>
<td></td>
<td></td>
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<tr>
<td>How many times a day?</td>
<td></td>
<td></td>
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<tr>
<td>What sort of family foods?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times a day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beliefs and worries about feeding; how mother/caregiver decided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is mother/caregiver physically and emotionally?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in increasing breastmilk or relactation</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
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This transparency summarizes the topics to cover in learning from the mother or caregiver. But it cannot show how to ask open questions, to listen attentively and to be sensitive to each woman in accord with her culture and her feelings.
Appropriate help restores breastfeeding and growth

Ella at four weeks

Ella at four months

Source: Felicity Savage
Basic Aid for breastfeeding

Step 1. Ensure effective suckling

- improve attachment
- help with positioning, if necessary
- avoid distractions
- remove interference with suckling (bottles, pacifiers).

Step 2. Build the mother’s confidence and help milk flow

- encourage skin-to-skin contact, face-to-face interaction
- have a reassuring, friendly manner, without criticism or commands
- praise what mother and baby are doing well
- give her relevant information in an encouraging way
- try to find warm companionship for her.
Age-appropriate feeding

includes starting complementary foods at the age of 6 months

From six months to two years of age, children should receive appropriate complementary foods in addition to continued frequent breastfeeding.
Step 3. Increase milk production

- Encourage the mother to let the baby suckle frequently.
- Explain how to let the baby suckle longer at each feed.
- Help the mother to get enough water to drink. (Supportive care assures mother gets enough food.)
- Remove any interference; reduce supplements by 30-60 ml/day.

Step 4. Encourage age-appropriate feeding

- If necessary help the mother to re-establish exclusive breastfeeding until the baby is six months old.
- If milk supplements are needed, teach her to give them by cup, not bottle.
- Show her how to prepare and give adequate complementary foods from six months of age.
Feeding with a cup

If an infant can
• suck (or lap milk with the tongue) and
• swallow
he or she can be fed with any open cup

Use of feeding bottles increases risks of illness.
The milk just reaches the infant’s lips. The caregiver does not pour the milk into the baby’s mouth. The infant takes up the milk with his/her tongue, sucks or sips.
Cup feeding a Low-Birth-Weight (LBW) infant with expressed breastmilk

A mother in Kenya feeds her own freshly expressed breastmilk to her low-birth-weight baby.

In this maternity facility, mothers help each other to learn the skills of hand expression and cup feeding until their babies are ready to suckle.

LBW infants are discharged exclusively breastfeeding.
Kangaroo Care

To reduce heat loss when very cold cover the infant’s head with a cap or the mother’s shawl.

The infant is kept in full skin-to-skin contact with the mother day and night, and breastfeeds as much as his/her condition allows.
Bonding is improved by Kangaroo Care

The infant’s hands should be left free so he or she can move them in or out of the warmth.

Kangaroo Care infants may regulate their own temperature in this way.
Stress, trauma, grief, or sexual violence do not spoil a mother’s breastmilk, but she needs care that helps to restore her emotional balance.
“Household” conditions when there is no house

UNHCR/C. Sattleberger. From WHO. Reproductive health during conflict and displacement. 2000
Full Assessment Step 3: Observing artificial feeding

What resources are available in the household?

**Breastmilk substitute**
- [ ] Suitable breastmilk substitute (or ingredients and recipe)
- [ ] Expiry date clear, not past
- [ ] Instructions in user’s own language
- [ ] Household member able to read instructions
- [ ] Supply assured until need no longer exists.

**Storage**
- [ ] Safe storage for ingredients, feeds
- [ ] Water boiled (special clean container, cover)
- [ ] Refrigeration available (if feeds made in advance).

**Preparation facilities**
- [ ] Adequate fuel for preparation
- [ ] Adequate drinking water for preparation
- [ ] Adequate other water, soap for utensils, hands
- [ ] Clean surface, clean cloth to cover utensils
- [ ] Means of measuring milk and water (not bottle).

**Extra time**
- [ ] Time to prepare 6-8 fresh feeds/day.
### Full Assessment Step 3: Observing artificial feeding

How does the caregiver manage the feeding?

#### Preparation
- ___Caregiver washes hands
- ___Cup washed with soap, water
- ___Bottle, teat washed and boiled before this use
- ___Caregiver measures milk, water correctly.

#### Feeding technique
- ___Infant fed with cup, takes most of milk
- ___Infant fed with bottle, artificial teat
- ___Infant fed with another method: _____________

#### Interaction and end
- ___Infant is held throughout feed
- ___Caregiver interacts lovingly during feed
- ___Infant finishes milk
- ___None of feed kept for giving to infant later.

#### Adequacy of milk feeds
- ___Correct number and amount of milk feeds for age or weight.

#### Age-appropriate feeding
- ___Under 6 months, only milk is given
- ___Over 6 months, milk and complementary foods are given.
The drop and drip technique
Using a breastfeeding supplementer
Mother using breastfeeding supplemener
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