

Notes on orientation to the breastfeeding/infant feeding policy

Target audience: any new staff to the facility and existing staff that do not have clinical responsibility for assisting breastfeeding/infant feeding.

Time: 20 minutes

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

- Indicate where a copy of the facility's breastfeeding/infant feeding policy can be found;
- List two reasons why supporting breastfeeding is important;
- List two practices in the facility that support breastfeeding;
- List two things that they can do (or avoid doing) as part of their own work that can help implement the policy and support breastfeeding.
- State who to contact if they have a question about the policy, their role or about supporting breastfeeding

This session is about awareness of the policy and their role. Separate (longer) sessions are needed for training in the knowledge and skills of implementing the practices.

Supporting materials: available on the BFHI Ireland web site. www.babyfriendly.ie

- BFHI Link Issue 39 focus on staff roles
- Parents' summary of the policy (various languages)
- HSE Infant Feeding Policy for maternity and neonatal hospitals (updated 2015)
- Parent handouts and full BFHI Link issues from BFHI Ireland web site to show range of material available. For example Issue 43 and Issue 51

Key points:

- Breastfeeding is important to the short and long term health and well being of mother and child. Exclusive breastfeeding is recommended for the first six months, this means no other food or drinks aside from breastmilk. Following the introduction of other foods from six months, breastfeeding is still important. It can continue into at least the second year.
- Children who are not breastfed are at higher risk of gastric and respiratory and other illness as well as higher risk of obesity and diabetes later. Mothers who do not breastfeed are at higher risk of some cancers, obesity and some other conditions. Mothers and babies who are not breastfeeding need extra care to be healthy.
- Using substitutes for mother's milk costs the family and the health service (taxpayers) money.
- Most women are able to breastfeed when they are supported to do so.
- If a pregnant woman or a mother has a question about feeding her baby, suggest that she talk to (*whoever is relevant in this facility such as the midwife or paediatric nurse or the relevant doctor or the lactation consultant*).
- This health facility works to support breastfeeding as the norm and has a policy which you are required to abide by. (Same as you abide by policies about confidentiality, safety, hand hygiene, timekeeping and other policies). This policy includes: ... (*mention some practices such as antenatal information, rooming-in, and responsive feeding*)
- Hospital practices can help (or hinder) baby and mother friendly practices. Implementing the Baby Friendly Hospital Initiative helps good practices to happen. (*This hospital is working towards/ designated as meeting the Baby Friendly standards and it is important to us to maintain those standards.*)

In your general work, this means:

- All health facility materials will promote breastfeeding and keeping mother and baby together as the normal and optimal way to care for a baby. Mothers who decide not to breastfeed will be supported in their decision.
- Mothers will be supported to breastfeed if they are patients, staff or visitors. No mother will be asked to leave a public area or made to feel uncomfortable if she is breastfeeding. If a mother would like a private place to feed, she can be directed to (*tell where*).
- Staff mothers will be supported to continue breastfeeding after returning to work by (*explain policy and supports such as information during pregnancy on breastfeeding, maternity leave, time and a place to express milk on return, support group for staff, etc.*) Discuss this with your supervisor before you go on maternity leave.
- No advertising/marketing of formula, bottles, or teats is allowed in the health facility. This includes no bottles of formula given on discharge; no pens, calendars, magazines or other printed marketing materials from companies around the wards or used at work; no samples of bottles or teats or soothers given to mothers; no equipment with labelling that markets (refers to) a formula related product.
- No displays of bottles in ward areas, visible stores or returns area - watch for window sills that are visible from outside, and bottles stacked in wards. When parents see these products displayed in the hospital, they think the hospital supports their use. While the health facility realises these products are needed at times, it does not want to be seen as endorsing particular brands. Your help is requested to keep the health facility a marketing-free zone.
Contact (*names*) if you see marketing of these products in the health facility. (Main point to get across is that marketing is the concern, not if the use of the product is good or bad.)
- Similar to other supplies and equipment that is used in the hospital, staff members may not seek or accept gifts, free meals, conference or research support etc, from companies related to formula, bottles, teats, or pacifiers.
- Staff may not use their position in the hospital or the hospital name to endorse or support the marketing of any product. If staff decide to attend an event or accept a gift in their personal capacity outside their hospital role the hospital name should not be used (not when registering, not on name badge, not in a photo caption).
- If your work brings you into contact with a breastfeeding mother or child, be supportive. A smile, maybe an offer of help such as a drink of water or a seat.
- If you work in maternity or paediatric areas more specific information will be provided on your role in supporting the policy. (For example what to say if a mother asks you to get her formula, if you notice a mother with feeding difficulties, or labour ward practices.)
- If you want further information or someone asks you a question, information is available from (*give specific names*)

Answer any questions from the participants.

Notes:

Keep the session very brief, informal and related to their work, rather than a theory classroom session. The participants at a brief orientation session do not need to know how breast milk is made, how to position a baby, detail on Ten Steps or the Code for their work role – this would be included in a training session appropriate to their role. If they want more information personally, this can be provided afterwards.

Further information on the importance of breastfeeding and how supportive practices can be implemented can be found in course: *Breastfeeding Promotion and Support in a Baby-friendly Hospital* available on the BFHI in Ireland web site.

Examples of specific roles:

Catering:

If a mother is caring for her baby (feeding, changing, soothing) when her meal arrives, support her to care for her baby and herself. Arrange the bedside table near to her so she can eat her meal. If she is unable to eat a hot meal at that time inform her that an alternative hot meal will be provided later, and how to get this meal. If it is a cold meal, inform the mother how to get hot tea when she is ready. Inform the ward staff of any meals/hot tea to come later. The catering manager will explain the procedure regarding how long a meal can be kept hot on the ward before a new meal needs to be obtained.

Household:

Understand that a mother may prefer privacy when breastfeeding. Ask is it ok to clean or should you come back later. Try not to disturb sleeping mothers, come back later. If unable to carry out duties on your shift because of a mother requesting privacy or sleeping, report this to supervisor and inform the person taking over from you. Ensure used formula bottles are disposed of and not left around lockers and windowsills.

Non-maternity/paediatric medical staff:

Protect breastfeeding as the normal and optimal practice. Do not suggest reducing or ceasing breastfeeding or supplementing with formula without a prior discussion with the lactation consultant or other staff member trained in lactation. Breastfeeding is a relationship with life-long effects for child and mother, not only provision of nutrition. Support that relationship.

See also BFHI Link 39