



Baby-Friendly Hospital Initiative

Ministry of Health Seychelles Infant Feeding Policy 2010

Policy Profile

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A. Acknowledgements

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A. List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
BFHI	Baby Friendly Hospital Initiative
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
NICU	Neonatal Intensive Care Unit
NIHSS	National Institute of Health and Social Studies
NGO	Non Governmental Organization
UNICEF	United Nations Children's Fund
WHA	World Health Organization Assembly
WHO	World Health Organization

B. Introduction

Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. No more than 35% of infants worldwide are exclusively breastfed during the first six months of life; complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate and unsafe. Because poor feeding practices are a major threat to social and economic development, they are among the most serious obstacles to attaining and maintaining health that face this age group.

Breastfeeding is known to be the unequalled way of providing ideal food for the healthy growth and development of infants. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods to meet their growing nutritional requirements while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production. Even though it is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system. They should also have access to skilled practical help from, for example, trained health workers, lay and peer counselors, and certified lactation consultants, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems.

The HIV pandemic and the risk of mother-to-child transmission of HIV through breastfeeding pose unique challenges to the promotion of breastfeeding, even among unaffected families. An estimated 1.6 million children are born to HIV-infected women each year, mainly in low-income countries. The absolute risk of HIV transmission through breastfeeding for more than one year – globally between 10% and 20% – needs to be balanced against the increased risk of morbidity and mortality when infants are not breastfed.

i. Aim

To improve, through optimal feeding, the nutritional status, growth, development and health of infants in Seychelles.

ii. **Objectives**

1. To ensure that the health advantages of breastfeeding are discussed with all women and their families as appropriate, so that they can make an informed choice about how they will feed their babies.
2. To implement best practice standards for breastfeeding. The UNICEF/ WHO Baby Friendly Hospital Initiative's Ten Steps to Successful Breastfeeding for Maternity Services are recognized as standard statements. We aim to provide best practice in the promotion and support of breastfeeding.
3. To create a conducive environment for women to breastfeed their babies; and where women are given support and information to enable them to breastfeed exclusively for 6 months, and then as part of their infant's diet through the first year, and beyond if they wish.
4. To enable all health staff who cares for mothers and their baby to provide accurate information about the benefits and management of breastfeeding; and to enable staff to support women to breastfeed their children confidently and successfully.
5. To foster liaison with all health care professionals to ensure a seamless delivery of care, together with the encouragement and support of a breastfeeding culture throughout the local community.
6. To increase the incidence and duration of both exclusive and continued breastfeeding in Seychelles.

C. Rationale

There is an overwhelming body of research evidence that breast milk is the optimal food for newborn infants, and that there are clear benefits to the health of both mother and baby. Low breastfeeding rates and preference for artificial infant feeding has resulted in increased prevalence of malnourished children and death due to infant illnesses. Childhood obesity, also linked to low breastfeeding rates is now also on the increase, making it a potential menace to a surge in adult chronic illnesses such as Diabetes and Hypertension.

Seychelles being a signatory party to many World Health Organization Resolutions on infant and young children is yet to take steps to adopt the Baby-Friendly Hospital Initiative. The initiative launched in 1991 by WHO and UNICEF is a global effort aimed at implementing practices that protect, promote and support breastfeeding. The 2009 Breastfeeding Evaluation at Victoria Hospital shows that only 62% of babies are being exclusively breastfed in the first few days of life on the Maternity Unit and that exclusive breastfeeding declines in the 2nd and 3rd months of life to only about one in four. Complementary feeding is reported to begin as early as the first month of life.

This mission began in December 2008 where a group of nine health professionals received training to become trainers in Infant and Young Child Feeding Counselling Skills. This course was facilitated by a WHO consultant and from there a total of approximately forty other health professionals have been trained. This includes nurses, midwives as well as General Practitioners and specialists. In August 2009, the Seychelles Baby-Friendly Hospital Initiative Committee (BFHI Committee) was launched and in April 2010 the Victoria Hospital was self appraised under the guidance of a WHO Consultant and recommendations to improve breastfeeding practices were made.

Hospitals designated Baby-Friendly have increased worldwide. Since the BFHI began, more than 15,000 facilities in 134 countries have been awarded Baby-Friendly status. In many areas where hospitals have been designated Baby-Friendly, more mothers are breastfeeding their infants, and child health has improved. For example in Cuba, 49 of the country's 56 hospitals and maternity facilities are baby-friendly. The rate of exclusive breastfeeding at four months almost tripled in six years - from 25 per cent in 1990 to 72 per cent in 1996.

Given the risk of transmission of the HIV virus through breast milk and thus to Prevent-Mother-To-Child-Transmission of HIV, The *Seychelles HIV and AIDS Policy* (2000) recommends that all pregnant women in Seychelles are encouraged to undergo an HIV test. All tests are preceded by counseling and performed after the consent of the patient has been obtained. Anti-retroviral drugs are made available to all known HIV-infected pregnant women and newborns for the prevention of mother to child transmission of HIV and for the management of the infected pregnant women. Furthermore, all HIV-infected mothers

receive counseling on the risks of different infant feeding methods to enable them to make an informed decision whether or not to breast-feed their babies. The HIV-infected mothers are given the necessary support, whatever decision they make, including the provision of free infant formula for a 6 months period and/or feeding equipment to those who are unable to afford. However, it is felt that the care given to these mothers and their babies need to be strengthened particularly in the community.

An Infant Feeding Policy for Seychelles Maternity and Child Health Services provides a framework to standardize procedures and improve practices at all maternity and community maternal and child health services by eliminating all practices that discourage breastfeeding as the norm. It also helps to support advocacy and resource mobilization to support breastfeeding practices.

D. Scope of the Policy

All staff within the Ministry of Health should be familiar with and adhere to the policy document.

The policy is directed to mothers and healthy babies born at term. In cases where a baby is sick, born pre-term, requires other medical interventions or the mother is unable to breastfeed for medical reasons, it is the responsibility of the medical team taking care of the baby, infant or mother if deviation from the policy is required.

Any deviation from the policy should be clearly documented in the baby's, infant's or mother's notes.

E. In support of this policy

The Ministry of Health will uphold the Code of the Marketing of Breast-milk Substitutes and subsequent WHA Resolutions by prohibiting:

- the display of posters or other materials provided by manufacturers or distributors of breast milk substitutes or any material that promotes the use of such products.
- any direct or indirect contact between employees of these manufacturers or distributors and pregnant women or mothers in the facility
- distribution of samples or gift packs with breast milk substitutes or of marketing materials for these products to pregnant women or mothers or members of their families while in the facility
- acceptance of free gifts (including food), non-scientific literature, materials or equipment, money or support for in-service education or events from these manufacturers or distributors by the hospital

- demonstrations of preparation of infant formula for anyone that does not need them, and
- acceptance of free or low cost breast-milk substitutes or supplies. Proof of purchase should be recorded.

Compliance with this policy will be audited every two years by use of the WHO Self Appraisal Tool. The results of this audit will be used to ensure full implementation of the 10 Steps.

Once Baby-Friendly status is accredited, re-assessment will be carried out every 3 years to maintain the status.

Parents who have made a fully informed choice to feed their babies with artificial milk should be shown how to prepare formula feeds correctly, individually, in the postnatal period. No routine group instruction on the preparation of artificial feeds will be given in the antenatal period. It is recognized that for a small number of women it may be of benefit to discuss preparation of artificial feeds antenatally. This should be done on an individual basis.

Data on infant feeding showing the prevalence of exclusive and continued breastfeeding will be collected at the following ages: initiation in the first 48 hours, at 6 weeks and at each well baby clinic thereafter.

Yearly data on breastfeeding prevalence will be documented in the Ministry of Health Statistics Bulletin.

The UNICEF/ WHO Baby Friendly Hospital Initiative: Ten Steps to Successful Breastfeeding

All providers of maternity services should:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in the skills necessary to implement the Infant Feeding Policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

G. Principles

The Ministry of Health believes that breastfeeding is the healthiest way for a mother to feed her baby, and the important health benefits known to exist for both the mother and her child are recognized worldwide.

It is acknowledged that all mothers have the right to make fully informed choices as to how they feed and care for their babies. They will be equally supported in their decision to breastfeed or give their baby artificial formula milk.

Breastfeeding may be contraindicated in certain medical conditions. For this reason infant feeding should be discussed at antenatal clinics and mothers provided with sufficient information to make decision on how to feed their babies as healthily as possible.

STEP 1: Communicating the Policy

- 1.1. This policy will be communicated to all healthcare staff who have any contact with pregnant women, mothers, and babies. A copy of this policy will be available within the MOH: Delivery Suites, Antenatal Wards, Postnatal Wards, Antenatal Clinics, Paediatric Wards, Neonatal Intensive Care Unit (NICU) and community health care facilities in Primary Care. It will also be disseminated in all private health facilities.
- 1.2. This policy will be available on the MOH Intranet System.
- 1.3. All healthcare staff will be familiar with the key principles for successful breastfeeding as laid down in the UNICEF/WHO Baby Friendly Hospital Initiative Recommendations.
- 1.4. All new staff will be orientated to this policy during their induction period.
- 1.5. A Parent's Guide to the Policy will be accessible to women and their families. Copies will be displayed in designated areas.
- 1.6. A Parent's Guide to the Policy will be translated into Creole.

STEP 2: Training all Healthcare Staff in the Skills Necessary to Implement the Policy

- 2.1 The responsibility for providing mandatory training will lie with the BFHI Coordination Team (Family Health and Nutrition Section and Maternity Unit)
- 2.2 All clinical and non-clinical staff, and students in training, who have contact with pregnant women, mothers and babies, will receive mandatory training in breastfeeding at a level appropriate for their professional group.
- 2.3 Training in Infant and Young Child Feeding will be incorporated within the pre-service (NIHSS) curriculum.
- 2.4 All new staff will be orientated on the policy within 6 months of taking up their posts.
- 2.5 All clerical and ancillary staff will be aware of the policy and receive training to enable them to refer breastfeeding queries appropriately.
- 2.6 Written curricula which clearly cover all of the Ten Steps will be available for staff training.
- 2.7 At least two maternity staff will be trained to work full-time as Lactation Consultant.

STEP 3: Informing Pregnant Women of the Benefits & Management of Breastfeeding

- 3.1 All pregnant women will be given the opportunity to discuss infant feeding on a one-to-one basis, in the antenatal period, with a midwife. Such discussion should not solely be attempted during a group parent craft (*Sophrologie*) class, as it is recognized that not all women attend parent craft sessions.
- 3.2 Women will not routinely be asked their feeding intention antenatally. Instead, all women will be given evidence-based information about the health benefits of breastfeeding, to mother and baby.
- 3.3 The Ministry of Health Baby Friendly Hospital Initiative leaflet “Feeding Your New Baby – Important Information for Mothers-to-be”, will be provided for all women, and discussed antenatally.
- 3.4 Information leaflets on “Breastfeeding your Baby Exclusively for the first six months” and “Positioning and Attaching your baby at the breast” will be available in English and Creole in all antenatal, postnatal and paediatric outlets.
- 3.5 All information on breastfeeding will be discussed by 32 weeks’ gestation. Antenatal checklists within the Antenatal Record Card will be provided to facilitate this.
- 3.6 Postnatal checklists will be provided for use in hospital and in the community, for the midwife to use.

STEP 4: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.

- 4.1 All mothers who have delivered vaginally or by caesarean section **without** general anaesthesia, regardless of their feeding intention, should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery, in an unhurried environment, until after the first feed, provided there are no emergency procedures.
- 4.2 Feeding intention should not be asked during labour. Instead, mothers should be asked their feeding intention after the baby has had skin-to-skin contact, and help offered with a first breastfeed unless the mother states that she has chosen to artificially feed her baby.
- 4.3 All babies benefit from skin-to-skin contact as it has the effect of regulating the baby's temperature, breathing, calms the baby and promotes instinctive behaviour.
- 4.4 If skin-to-skin contact is interrupted during this time for clinical reasons, it should be recommenced as soon as mother and baby are able.
- 4.5 If, for clinical reasons, the mother is unable to hold her baby in skin-to-skin contact immediately after delivery, the partner may be given the opportunity to do so. This should be done prior to leaving the Delivery Suite; or, this should be done as soon as the mother is responsive and alert.
- 4.6 For babies who are in NICU, skin-to-skin contact should be encouraged as soon as the baby's condition allows.

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

5.1 Within 6 hours of delivery, all mothers will be advised that further assistance will be available with a second breastfeed when the baby shows signs of being ready to feed. This offer of assistance should be documented on the Postnatal Checklist.

5.2 Throughout the mother's stay in hospital, assistance will be offered on a continuing basis as necessary. The midwife must ensure that the mother is confident in feeding her baby prior to discharge.

5.3 Postnatal checklists will be used to ensure that all women are given information about their chosen feeding method. Any difficulties will be highlighted and communicated to the community midwife by filling the Infant Feeding Summary.

5.4 Infant feeding summaries included in Child Health Card (milestones) will be available to be completed upon discharge, and communicated to community midwives, to ensure a seamless transition of care. If there are any infant feeding problems, these should be communicated to the community midwives prior to the first postnatal visit.

i. For mothers who have chosen to breastfeed:

5.5 The leaflets "Breastfeed your baby exclusively for the first six months" and "Positioning and attaching your baby at the breast" will be provided for all mothers antenatally. These leaflets will be available in English and Creole.

5.6 Mothers will be taught at antenatal and assisted at postnatal on how to position and attach their baby to feed, and how to recognize when their baby is latched on well, suckling effectively and receiving enough breast milk.

5.7 Mothers will be given information at antenatal and taught at postnatal how to express their milk by hand or demonstrate an acceptable technique for this. Information outlining the process will be provided.

5.8 Information about the safe storage of expressed breast milk will be available for all mothers who are breastfeeding.

5.9 All breastfeeding mothers returning to work should be given information and support to continue breastfeeding and maintain their milk supply at this time.

ii. Maintaining lactation for mothers and babies who are separated

5.10 If a mother and baby are separated, it is the responsibility of those health professionals caring for both mother and baby to ensure that the mother is given support to express her milk and maintain lactation.

5.11 Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after delivery.

5.12 Mothers who are separated from their babies should be encouraged to express milk at least 8 times in a 24-hour period, including at least once at night.

5.13 Mothers should be taught how to hand express or how to use a breast pump. The facility should ensure the provision of breast pumps and breast milk storage facility.

5.14 Prior to discharge from NICU, mothers who intend to breastfeed should be encouraged and taught how to position and attach the baby onto the breast to gain confidence with breastfeeding.

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

- 6.1 Antenatally, parents will be informed of the benefits of exclusive breastfeeding for the first 6 months and continued breastfeeding for at least one year
- 6.2 In hospital, no water or artificial feeds (infant formula, glucose, teas) should be given to a breastfed baby, except in cases of medical indication or after fully informed parental choice
- 6.3 It is recognized that there are times when artificial milk is medically indicated for a breastfed baby. In these circumstances the reasons for this should be fully discussed with the parents. This must be clearly documented in the mother's and baby's notes.
- 6.4 In cases where parents of a breastfeeding baby request artificial milk supplement, they must be made fully aware of the effect supplementation may have on successful breastfeeding. This must be clearly documented in the mother's and baby's notes.
- 6.5 Alternatives to giving artificial milk should be discussed with parents and support given to continue to breastfeed. Possible consequences should be clearly explained to the mother and this must be clearly documented in the mother's and baby's notes.
- 6.6 Mothers who have made an informed choice to stop breastfeeding or not to breastfeed, should be fully supported to artificially feed their baby as safely and enjoyable as possible. Information and support should be given as outlined in **Section J**, "Supporting mothers who are artificially Feeding", and the artificial feeding Postnatal Checklist completed.
- 6.7 Expressed breast milk should be the first choice of supplement if the baby is unable to breastfeed. Where appropriate, prior to giving the baby artificial milk, the mother should be supported to express her breast milk so that this can be given to the baby as an alternative.
- 6.8 For normal, term healthy babies, all complementary feeding information should reflect the ideal of 6 months exclusive breastfeeding, and continued breastfeeding for at least the first year.

a. Complementary Feeding

When breast milk is no longer enough to meet the nutritional needs of the infant, complementary foods should be added to the diet. The transition from exclusive breastfeeding to family foods is referred to as *complementary feeding*. It typically covers the period from 6 to 18-24 months of age, and is a very vulnerable period. It is the time when malnutrition starts in many infants, contributing significantly to the high prevalence of malnutrition in children less than five years of age world-wide. Complementary feeding should be *timely*, meaning that all infants should start receiving foods in addition to breast milk from 6 months onwards. It should be *adequate*, meaning that the nutritional value of complementary foods should parallel at least that of breast milk. Foods should be prepared and given in a safe manner, meaning that measures are taken to minimize the risk of contamination with pathogens. And they should be given in a way that is *appropriate*, meaning that foods are of appropriate texture and given in sufficient quantity. Hence:

6.9 All community health workers caring for mothers and their babies will be trained in timely complementary feeding.

6.10 All community health care workers caring for mothers and their babies will be required to provide information on complementary feeding, outlining the dangers of untimely introduction of complementary foods and what to offer at what age.

6.11 It is recognized that for premature babies, the time of starting complementary feeding may be different, and that babies should be managed individually. Complementary feeding should start between five and seven months old actual age from birth however premature the baby was. That is, at their 'chronological' or 'uncorrected' age.

6.12 Mothers with babies born pre-mature should be taught to recognize signs that the baby might be ready to start complementary feeding.

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

7.1 In hospital, all mothers will be encouraged to keep their babies by their bedside 24 hours a day from birth onwards.

7.2 Babies will not be routinely separated from their mother's bedside at night.

7.3 All babies (breast and artificially fed), will be cared for by the mother's bedside, so that the mother can get to know her baby and recognize his/her hunger cues.

7.4 If a baby is unsettled and a mother asks a member of staff to settle the baby, once settled the baby should be returned to the mother's bedside. Skin-to-skin contact by the mother should be encouraged as a way of settling a baby.

7.5 At home, mothers should be encouraged to continue to keep their babies near them so that they can interpret their babies' needs and feeding cues.

7.6 At home parents should be advised that the safest place for a baby to sleep at night is in the parent's room, for at least the first 6 months.

In NICU:

7.7 Parents will be encouraged to stay with their baby for as often as they are able to do so.

7.8 Parents will be encouraged to be involved in the care of their baby.

7.9 When mothers are expressing milk for their baby they will be encouraged to do so near their baby to encourage their milk production.

7.10 Skin-to-skin contact should be actively encouraged as soon as the baby's condition permits.

STEP 8: Encourage breastfeeding on demand.

- 8.1 Mothers will be encouraged to feed their babies on demand, without restrictions on the frequency and duration of feeds, unless clinically indicated.
- 8.2 Mothers will be helped to recognize pre-feeding cues, signs that her baby is waking and becoming ready to feed.
- 8.3 Mothers should be encouraged to initiate a feed if she is concerned about the length of time since the previous feed, particularly in the early days.
- 8.4 Mothers should be encouraged to initiate a feed or express if her breasts are full and uncomfortable.
- 8.5 Hospital procedures and visiting should not interfere with the principle of feeding on demand.
- 8.6 A *breastfeeding room* will be provided for mothers who wish to breast feed in privacy.
- 8.7 It is recognized that for some babies in NICU, feeding on demand will not always be appropriate. However, as soon as baby's condition allows mothers should be encouraged and supported to feed their baby on demand.
- 8.8 For all babies in NICU the aim is that they are breastfeeding on demand by the time they go back to post natal ward.
- 8.9 Parents should be advised that the baby should not go for longer than 5 hours between feeds, and should be feeding at least 8 times in a 24 hour period.

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

- 9.1 Health care staff should not recommend the use of artificial teats or dummies for babies who are breastfed.
- 9.2 The possible detrimental effects that teats and dummies may have on breastfeeding should be discussed antenatally. If parents wish to use these, this should again be discussed postnatally to allow them to make a fully informed choice.
- 9.3 Health care staff will be trained in the safety aspects of cup and syringe feeding. Staff should not feed a baby by these methods until they have been assessed as being competent to do so.
- 9.4 Where a supplement is indicated, either expressed breast milk or artificial formula, care should be taken to avoid the use of a teat. Cup feeding (or syringe feeding if small amounts) should be the methods of choice.
- 9.5 Cup and syringe feeding should be viewed as temporary methods of feeding a baby whilst they are learning how to breastfeed. They are not alternative methods of feeding a baby.
- 9.6 If parents wish to be involved in feeding their baby with syringe or cup, this should be done under close supervision by an experienced member of staff. Parents must be made aware of the safety aspects of cup and syringe feeding.
- 9.7 Expressed breast milk should be the first choice of supplement if the baby is unable to breastfeed. Where appropriate, prior to giving the baby artificial milk, the mother should be supported to express her breast milk so that this can be given to the baby as an alternative.
- 9.8 The use of nipple shields should not be routinely encouraged although in certain circumstances they may be used to help a baby to learn how to breastfeed. If the use of one is indicated, this should be done with the support of staff. There should be a documented plan of care.
- 9.10 In cases where a mother has difficulty to breastfeed her baby because of inverted nipple, the use of syringes to pull out the nipple should be utilized. This should be done with the support of staff. There should be a documented plan of care.

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

- 10.1 At discharge from hospital all mothers will be given information of whom to contact if they need help with feeding their babies. A helpline will be provided.
- 10.2 The Ministry of Health will facilitate the setting up of a breastfeeding support group and liaise with Non-governmental Organizations (NGOs), groups and/or individuals to establish breastfeeding support groups in the community.
- 10.3 Contact numbers for support groups and breastfeeding counselors will be displayed in all health care facilities and public places.
- 10.4 Contact numbers will be checked on a six monthly basis, to ensure that they are up-to-date and accurate.
- 10.5 The Ministry of Health will work with local breastfeeding support groups to raise society's awareness of the importance of breastfeeding, and support and encourage a breastfeeding culture in the local community.
- 10.6 Upon discharge from hospital, mothers and babies should be seen by a health care professional preferably within first two weeks after discharge.
- 10.7 Breastfeeding should be reinforced at six weeks and at each well baby clinic by a health care professional. Feeding status should be clearly documented on the *Nutrition Data Form* and babies' notes.

I. A welcome for breastfeeding families

- 11.1 Breastfeeding will be regarded as the normal way to feed babies and young children.
- 11.2 Mothers will be enabled and supported to feed their infants in all public areas of the health facility.
- 11.3 Comfortable facilities within the health facility will be made available for mothers who prefer privacy.
- 11.4 Breastfeeding mothers admitted to the hospital outside of the maternity unit will be supported to continue to breastfeed their baby, provided her condition allows.

J. Supporting mothers who are artificially feeding

- 12.1 In the postnatal period, mothers who are artificially feeding will, as necessary, be taught how to safely prepare a bottle of artificial milk for their baby on an individual basis.
- 12.2 Printed materials on “How to prepare a bottle feed and sterilizing baby feeding equipment” will be available in English and Creole.
- 12.3 Mothers will be given assistance, as required, to bottle feed their baby. This should be documented on the Postnatal Checklist.
- 12.4 Before discharge from hospital, postnatal checklists will be used to ensure that all women have been given information about their chosen feeding method. Any difficulties will be highlighted and communicated to the community midwife by filling the Infant Feeding Summary.
- 12.5 Where the use of artificial infant formula is indicated, health care staff should not promote one brand of formula milk over another brand. Brand of artificial milk used should be parental choice.
- 12.6 Parents should be advised that babies who are being artificially fed should be given a ‘first milk’, appropriate from birth onwards, unless another specialized milk is recommended for a medical reason.
- 12.7 For HIV-infected mothers who are not exclusively breastfeeding, the Government should provide free artificial milk for up to six months.

APPENDIX 1: Parents' guide to the Ministry of Health Infant Feeding Policy

Parents' Guide to the Ministry of Health Infant Feeding Policy

The Ministry of Health acknowledges and supports the rights of all parents to make fully informed choices as to how they feed and care for their baby. Evidence shows that breastfeeding is the healthiest way for a mother to feed her baby. We therefore encourage you to breastfeed.

During your pregnancy you will be able to talk about infant feeding with a midwife or a doctor who will provide you with information about the health benefits of breastfeeding and how to successfully breastfeed.

As soon as possible after your baby is born we will encourage you to hold your new baby against your skin for as long as you want to. All babies and new mothers benefit from this close contact, as it calms mum and baby, keeps baby warm, reduces stress levels in baby, and promotes bonding. During this time, when you are ready to feed your baby we will help you.

After you have had your baby, we suggest that you keep your baby with you so that you get to know each other and are able to feed your baby whenever he or she seems hungry. We do not have any nurseries.

The way you hold your baby and the way your baby latches to breastfeed is very important. We therefore encourage you to ask for help so that we can support you when learning how to do this.

We will teach you how you can express your breast milk. When breastfeeding your baby, we recommend that you avoid using bottles and dummies. This is because it might have an effect on establishing your milk supply.

Breast milk is all most babies need until they are 6 months old. If your baby requires a supplement this will be fully discussed with you.

We will provide you with a list of contacts that you can get in touch with for information and support with breastfeeding after discharge from hospital.

For mothers who have chosen not to breastfeed, or for whom breastfeeding is contraindicated, information and support will be given so that they are able to artificially feed their baby as safely and enjoyably as possible.

For more information please contact your Antenatal Clinic.

APPENDIX 2: Breastfeeding - Antenatal Checklist

The following topics should be discussed by the midwife caring for pregnant women by 32 weeks' gestation. (Please note if discussion declined)

Topic	Tick (✓) if discussed	Sign	Date
Health advantages of breastfeeding for the baby ○ Reduces risk of gastroenteritis, urinary tract infections, ear infections and chest infections. ○ May also protect against allergies, diabetes and childhood obesity. ○ Special fats in breast milk help the development of the baby's brain.			
Health advantages of breastfeeding for the mother ○ Reduces risk of breast and ovarian cancers, and hip fractures in later life. ○ Also helps to get figure back again more quickly.			
Importance of skin-to-skin contact after delivery ○ Keeps baby warm & calm, promotes bonding, helps breastfeeding. ○ All babies and mothers benefit from this as it helps to reduce stress in the baby.			
Importance of good positioning & attachment			
Early initiation of breastfeeding			
Rooming in ○ To help parents recognize their babies feeding cues and to reduce the risk of cot death, the safest place for a baby to sleep is in a cot by the parents' bed and in their parent's room until at least 6 months of age.			
Feeding on demand (baby-led feeding) ○ In the early weeks this is about 8 to 12 times in a 24 hour period. ○ It is normal for babies to feed frequently - they need to do this to ensure that they are getting enough milk and establish a good milk supply.			
Disadvantages of using dummies / teats ○ In the early weeks, using an artificial teat may make it difficult for a baby to learn how to breastfeed and dummies can interfere with demand feeding.			
Exclusive breastfeeding for around 6 months ○ Giving any food or drink other than breast milk before 6 months may reduce the long-term success of breastfeeding and reduce some of the health benefits. Occasionally babies require additional supplements but if they do this will be fully explained to you..			
Breastfeeding support groups where to get further information			

Leaflets given & discussed

Signature

Date completed

APPENDIX 3 : Infant Feeding – Postnatal Checklists

Instruction: Please indicate whether the following has been done to help the mother to breastfeed her baby confidently.

Activity/Subject	Tick (✓) if done	Sign	Date
Positioning and attachment taught ○ Shown how to hold her baby ○ Shown how to attach her baby ○ Told how to recognize when her baby is attached well ○ Told how to recognize when her baby is feeding well and taking in enough breast milk			
Observed the mother breastfeeding her baby			
Hand expressing taught			
Feeding on demand explained ○ In the early weeks this is about 8 to 12 times in a 24 hour period. It is normal for babies to feed frequently - they need to do this to ensure that they are getting enough milk and establish a good milk supply.			
Exclusive breastfeeding (up to around 6 months) ○ Giving any food or drink other than breast milk before 6 months may reduce the long-term success of breastfeeding and reduce some of the health benefits. ○ Occasionally babies require additional supplements, but if they do this will be fully explained to you.			
Disadvantages of using teats and dummies ○ In the early weeks, using an artificial teat may make it difficult for a baby to learn how to breastfeed and dummies can interfere with demand feeding			
Rooming -in ○ To help parents recognize their babies feeding cues and to reduce the risk of cot death, the safest place for a baby to sleep is in a cot by the parents' bed and in their parent's room until at least 6 months of age.			
Storage of breast milk and sterilizing equipment			
Support groups & where to get further information			

Signature

Date completed

APPENDIX 4: Artificial Milk Feeding – Postnatal Checklist

It is recommended that artificial formula ‘first’ milk is used to feed young babies. Using any other type of milk to feed a baby should only be done on medical advice. Please indicate whether the following has been done to help the mother to artificially feed her baby confidently.

Item	Tick (✓) if done	Sign	Date
Shown how to bottle feed the baby			
Mother confident bottle feeding her baby			
Baby’s safety whilst feeding ☐ Holding your baby & not leaving your baby unattended (by propping up) whilst feeding			
Feeding on demand and how much to offer baby at a feed			
Disadvantages of using dummies ☐ Dummies can interfere with demand feeding.			
Rooming-in baby ☐ To help parents recognize their babies feeding cues and to reduce the risk of cot death, the safest place for a baby to sleep is in a cot by the parents bed and in their parent’s room until at least 6 months of age.			
Making up artificial formula feeds correctly ☐ It is recommended that a fresh bottle is made for each feed.			
Sterilizing baby feeding equipment			
Exclusive milk feeding up until about 6 months			
At home do you have: ☐ Bottles, teats & milk for feeding ☐ Sterilizing equipment			

Signature

Date completed

APPENDIX 5: Postnatal Checklist – for mothers whose baby is in NICU

Instruction: Please indicate whether the following has been done to help the mother to maintain her milk production if she wishes and to eventually breastfeed her baby confidently.

Item	Tick (✓) if done	Sign	Date
Been taught how to hand express breast milk			
Shown how to use the breast pump ○ Setting up equipment ○ How long to use breast pump ○ How often to use breast pump			
Expressing chart given and explained			
Washing & sterilizing equipment discussed			
Storage of breast milk			
Other information that will help you to breastfeed your baby <u>Positioning & attachment taught</u> ○ Shown how to hold your baby ○ Shown how to attach your baby ○ How to recognize when your baby is attached well ○ How to recognize when your baby is feeding well and receiving enough breast milk			
How often to feed your baby			
Exclusive breastfeeding (up to around 6 months) ○ Giving any food or drink other than breast milk before 6 months may reduce the long-term success of breastfeeding and reduce some of the health benefits. ○ Some babies require additional supplements, but if they do this will be fully explained to you.			
Disadvantages of using teats and dummies ○ In the early weeks, using an artificial teat may make it difficult for a baby to learn how to breastfeed and dummies can interfere with demand feeding.			
Rooming –in after discharge from NICU ○ To help parents recognize their babies feeding cues and to reduce the risk of cot death, the safest place for a baby to sleep is in a cot by the parents' bed and in their parent's room until at least 6 months of age.			
Support groups and where to get further information			

Signature

Date completed

APPENDIX 7: Infant Feeding Summary (to be inserted in milestone)

Handover of care to Community MCH nurse

Infant Feeding summary

Please state the early feeding history, current feeding status of the baby and highlight any problems encountered with feeding prior to discharge.

Signature Date