

# Overhead Figures



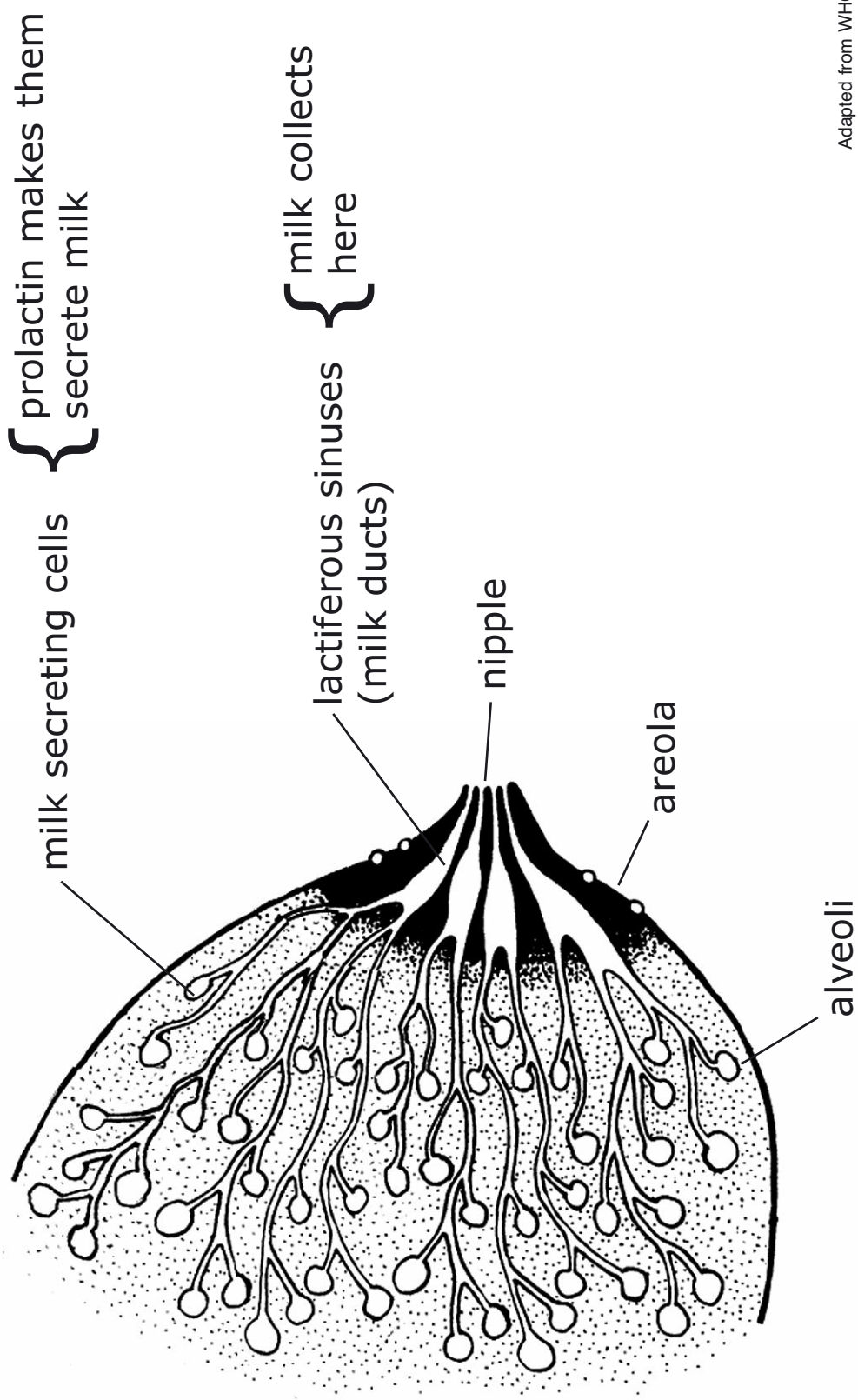
Kent Page, UNICEF, DRC, 2003





# Inside the breast

IFE2/1

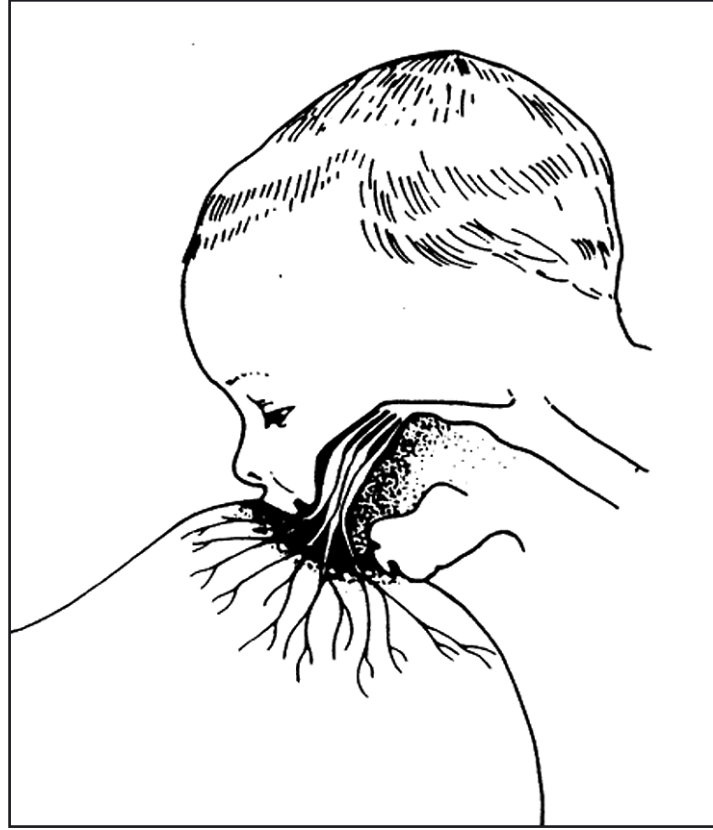




# Inside the baby's mouth

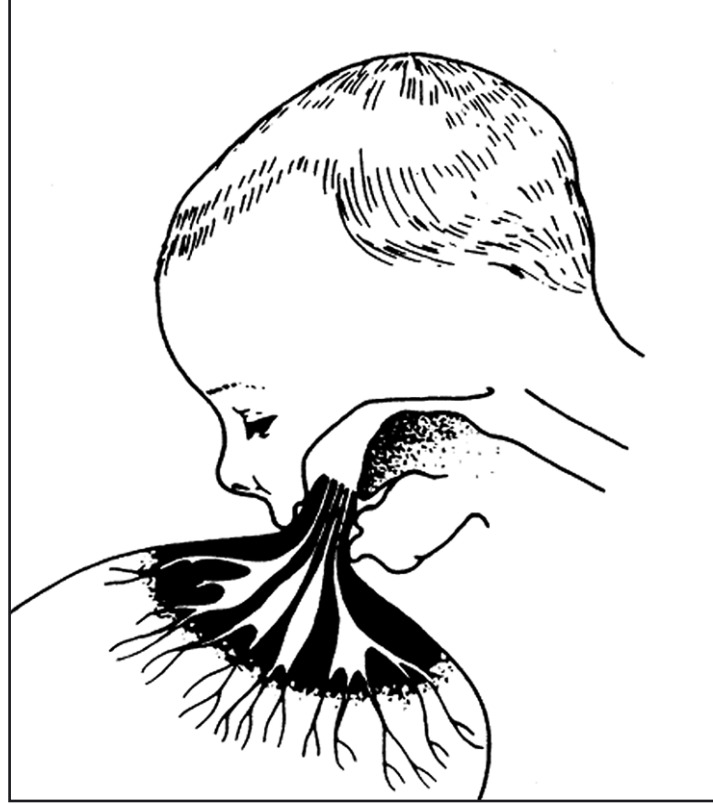
IFE2/2

1



Good attachment

2



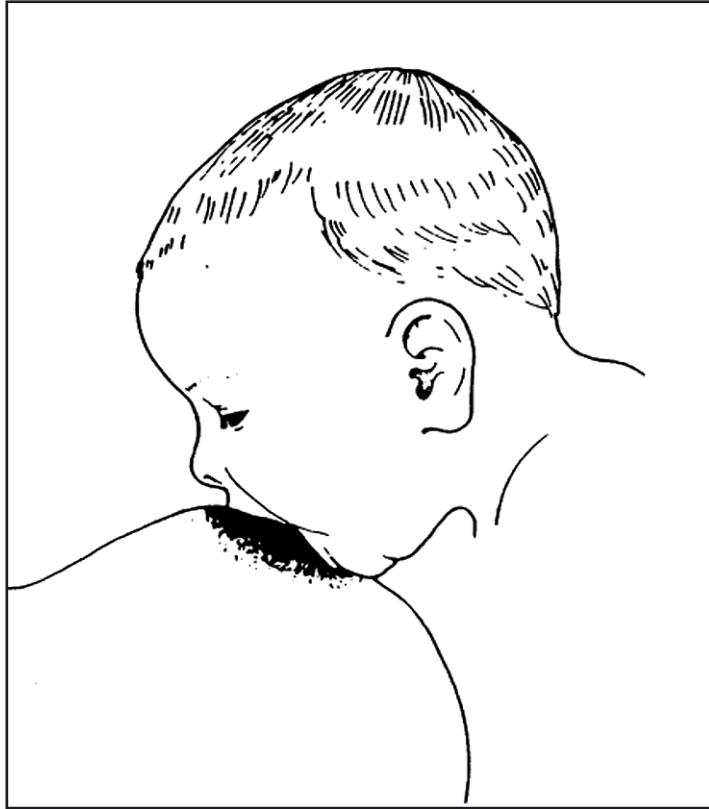
Poor attachment



# Observing attachment at the breast

IFE2/3

1



2



Areola, mouth, lower lip, chin

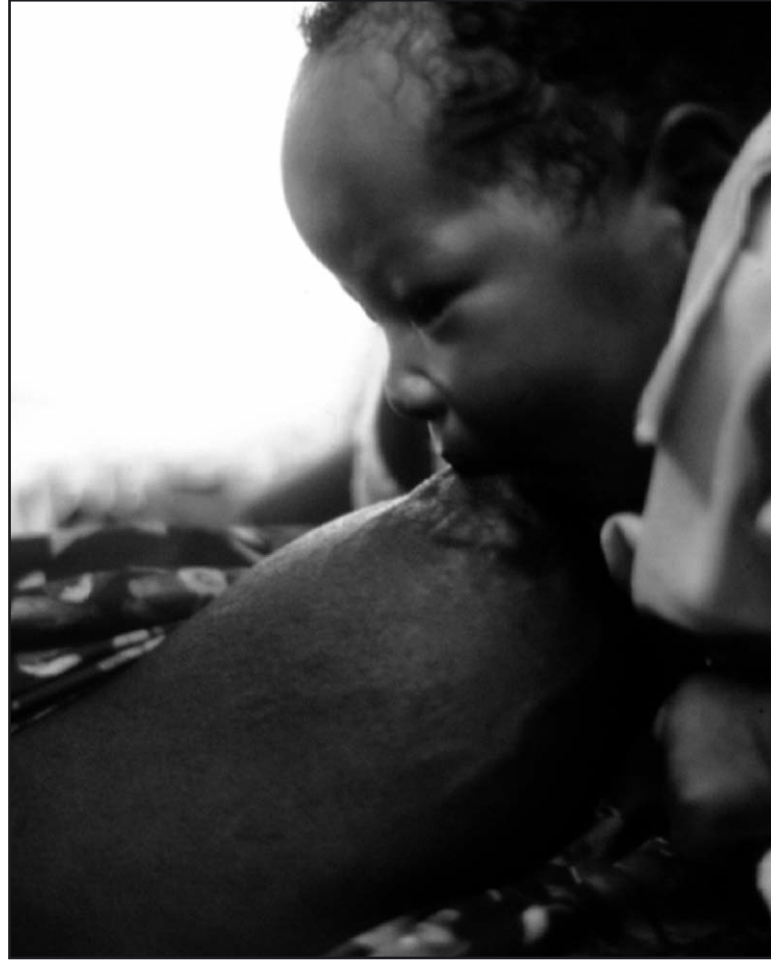




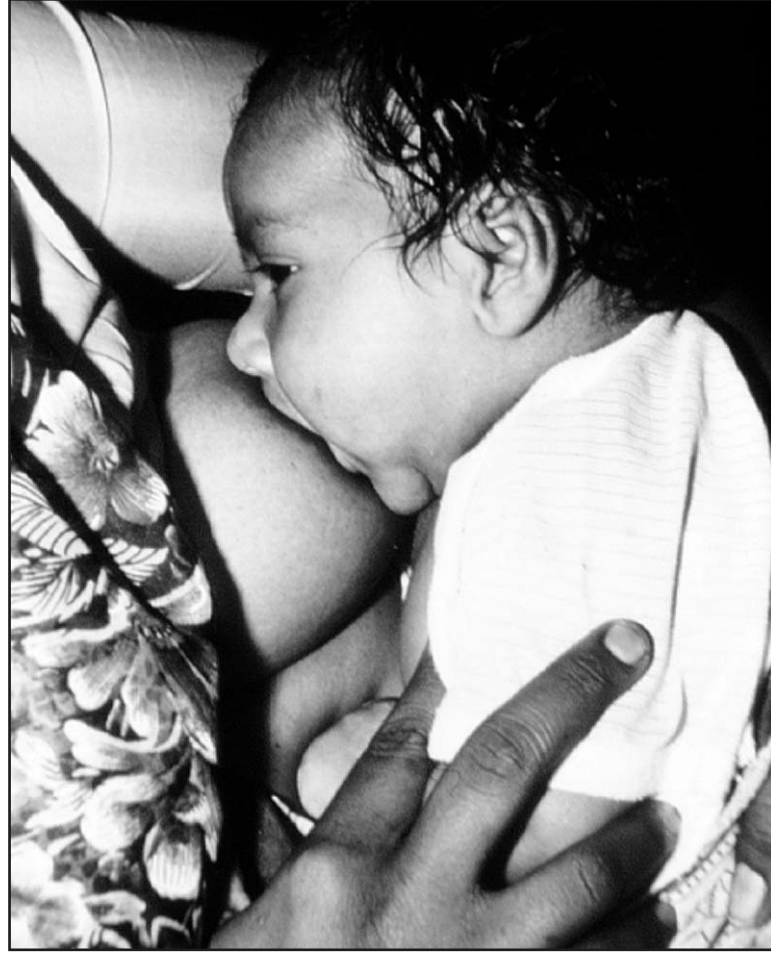
# Evaluating attachment at the breast

IFE2/4

1



2

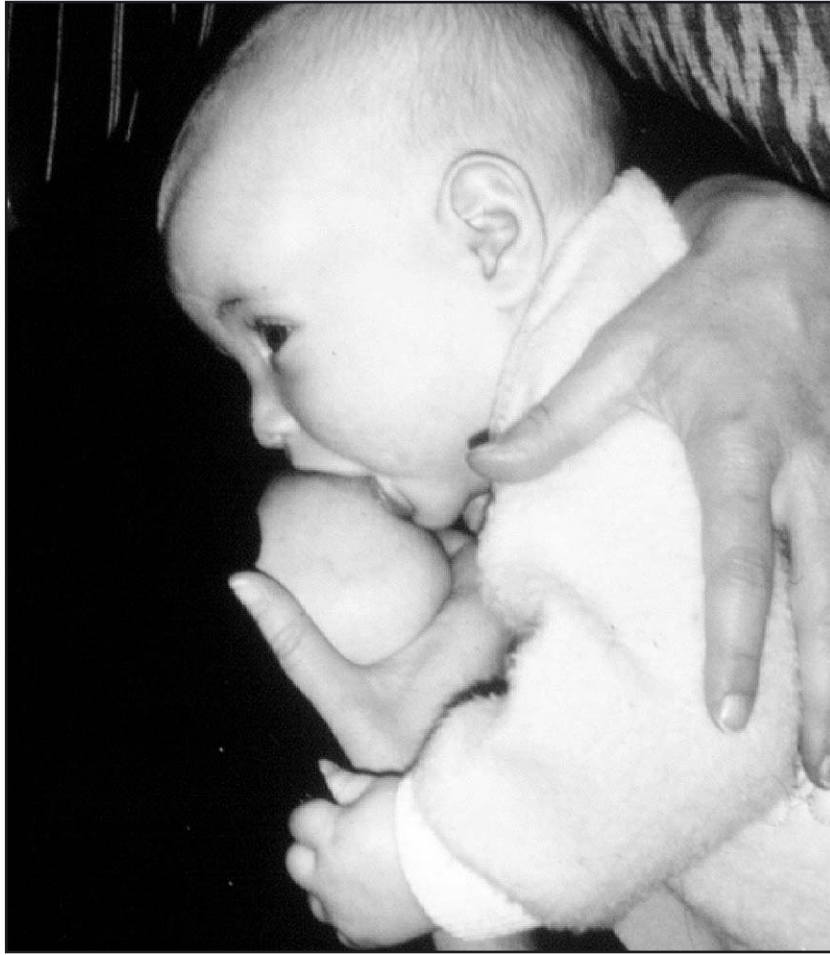




# Evaluating attachment at the breast

IFE2/5

1



2

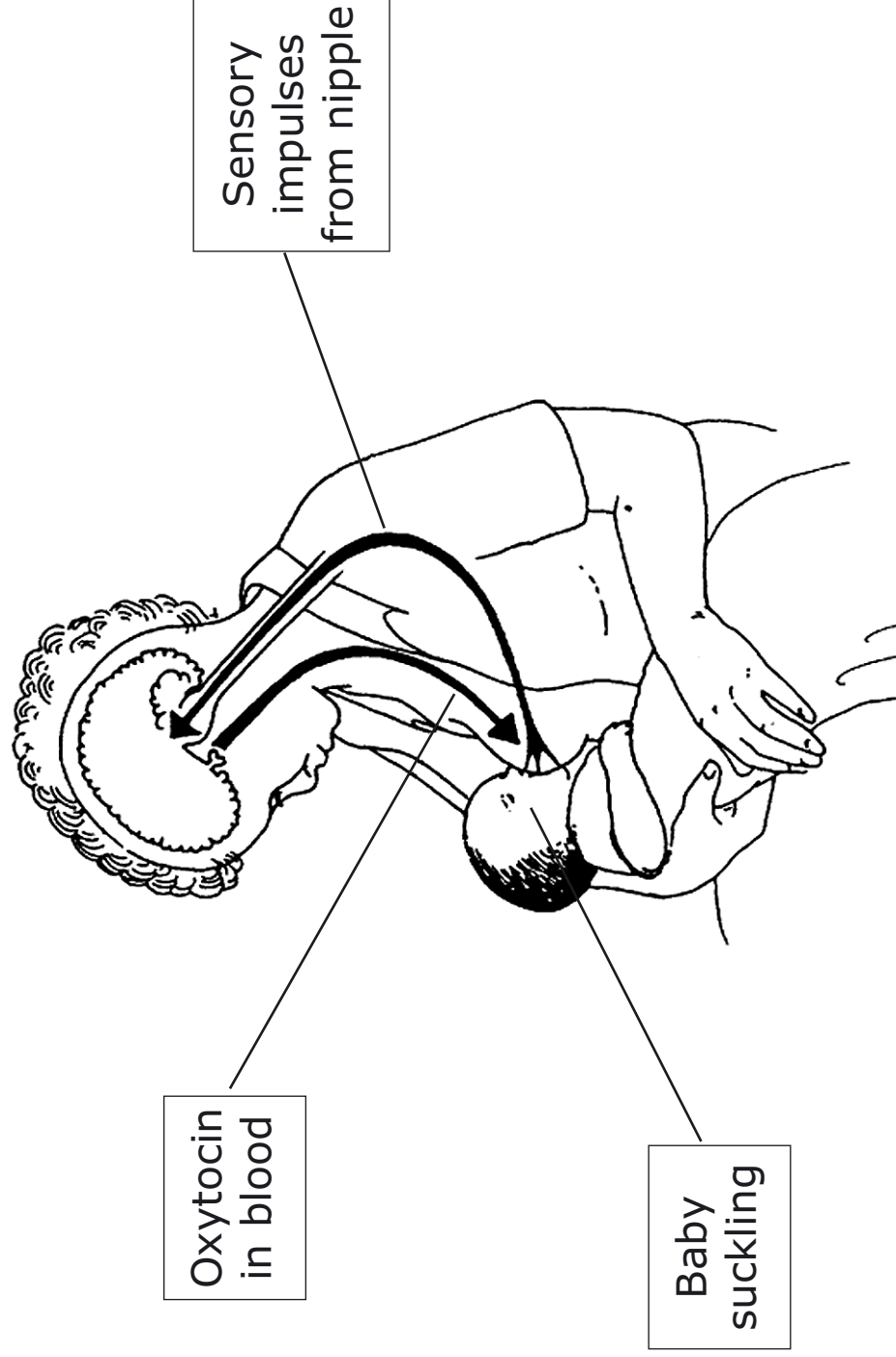




# Milk flow: the oxytocin reflex

IFE2/6

Works before or during feed to make milk flow





# Companionship and protection help milk flow

IFE2/7



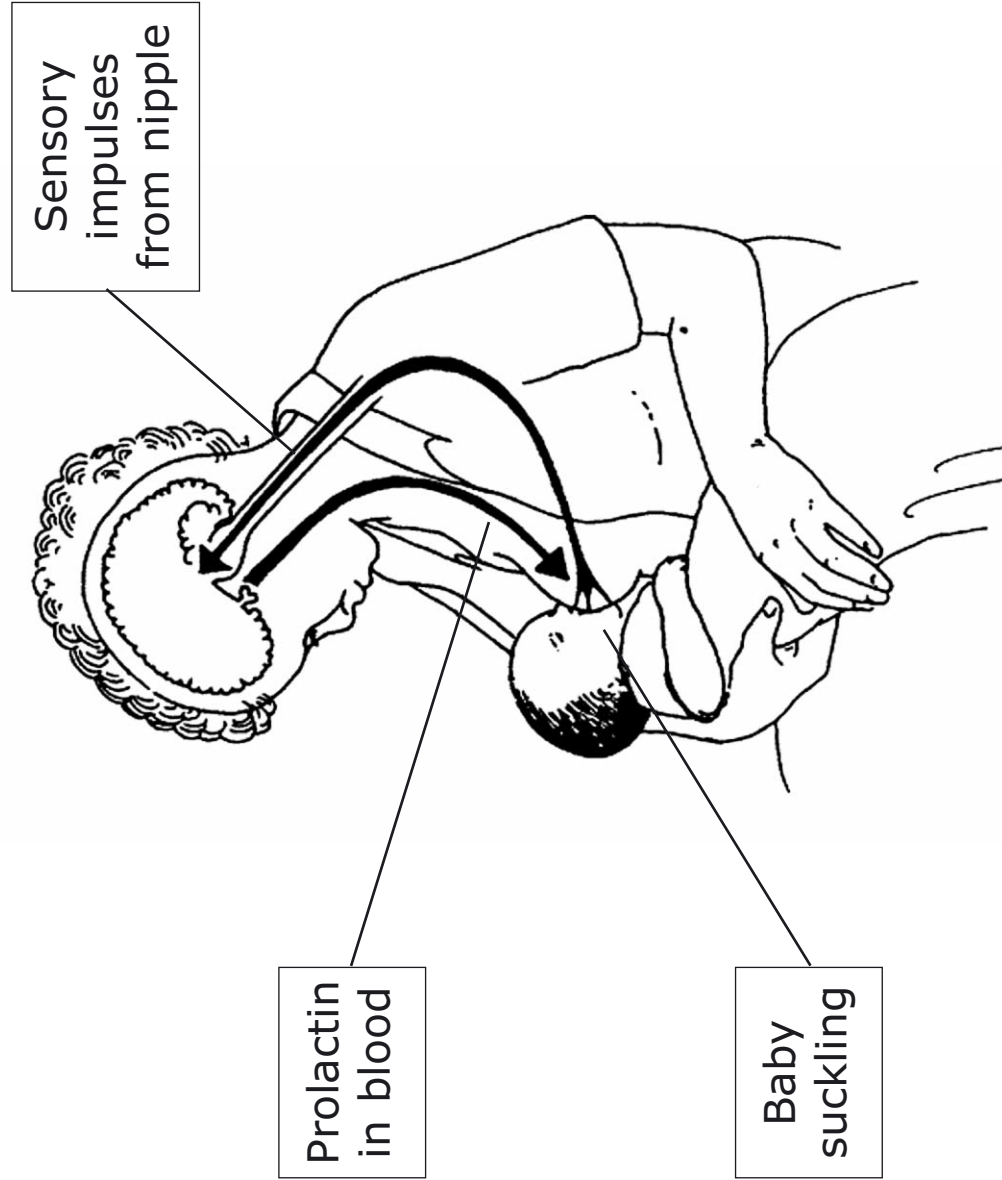
Janet Griffin/Nepal, from IFE, WEMOS/BFAN





# Milk production: the prolactin reflex

IFE2/8





# Breastfed twins: Swaziland and Angola

IFE2/9



By F. Savage, Swaziland

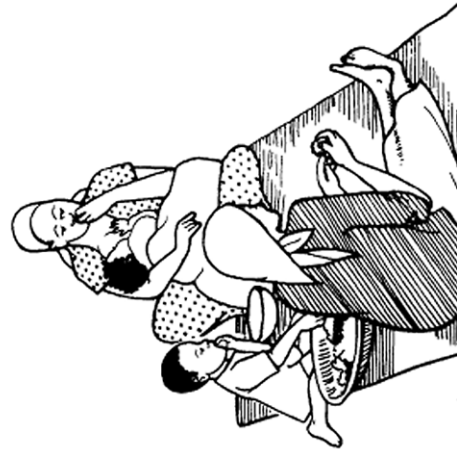


Mary Lungaho, Cubal, Angola



# Four elements of supportive care

IFE2/10



Adequate nutrition



© Joyce Kelly (ENN) 2001



Continuing assistance and social support



Appropriate health services

Helpful maternity services

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



Sierra Leone, 2001



## Feed the mother and let her feed the infant

Monitor the weight and urine output.

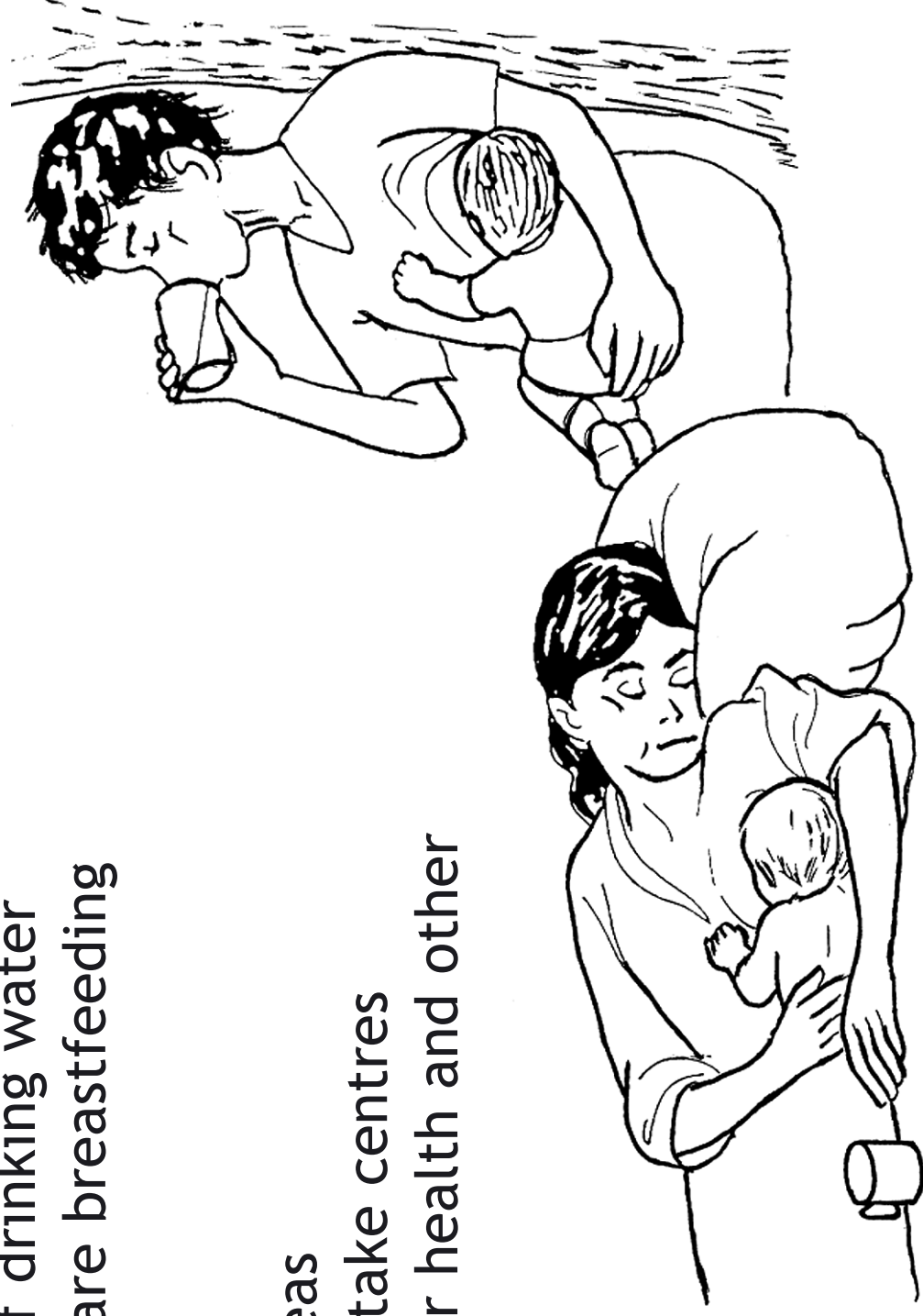
Temporary supplements by cup may be needed while the mother's milk production increases.





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

IFE2/13

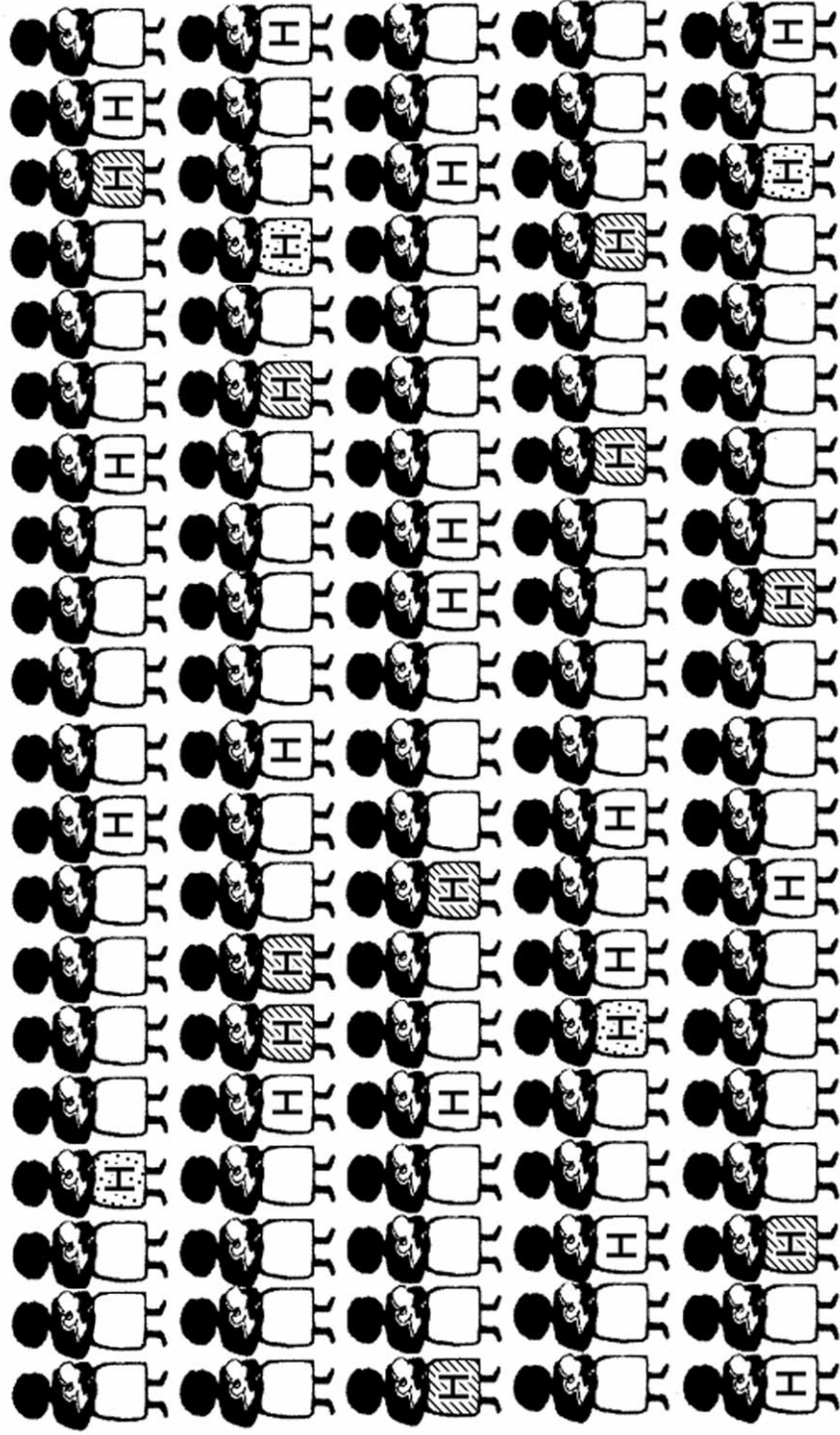


R. Lemoyne/UNICEF C-95 Thailand



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 IFE2/14



UNAIDS/UNICEF/  
WHO. HIVC. 2000

- 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

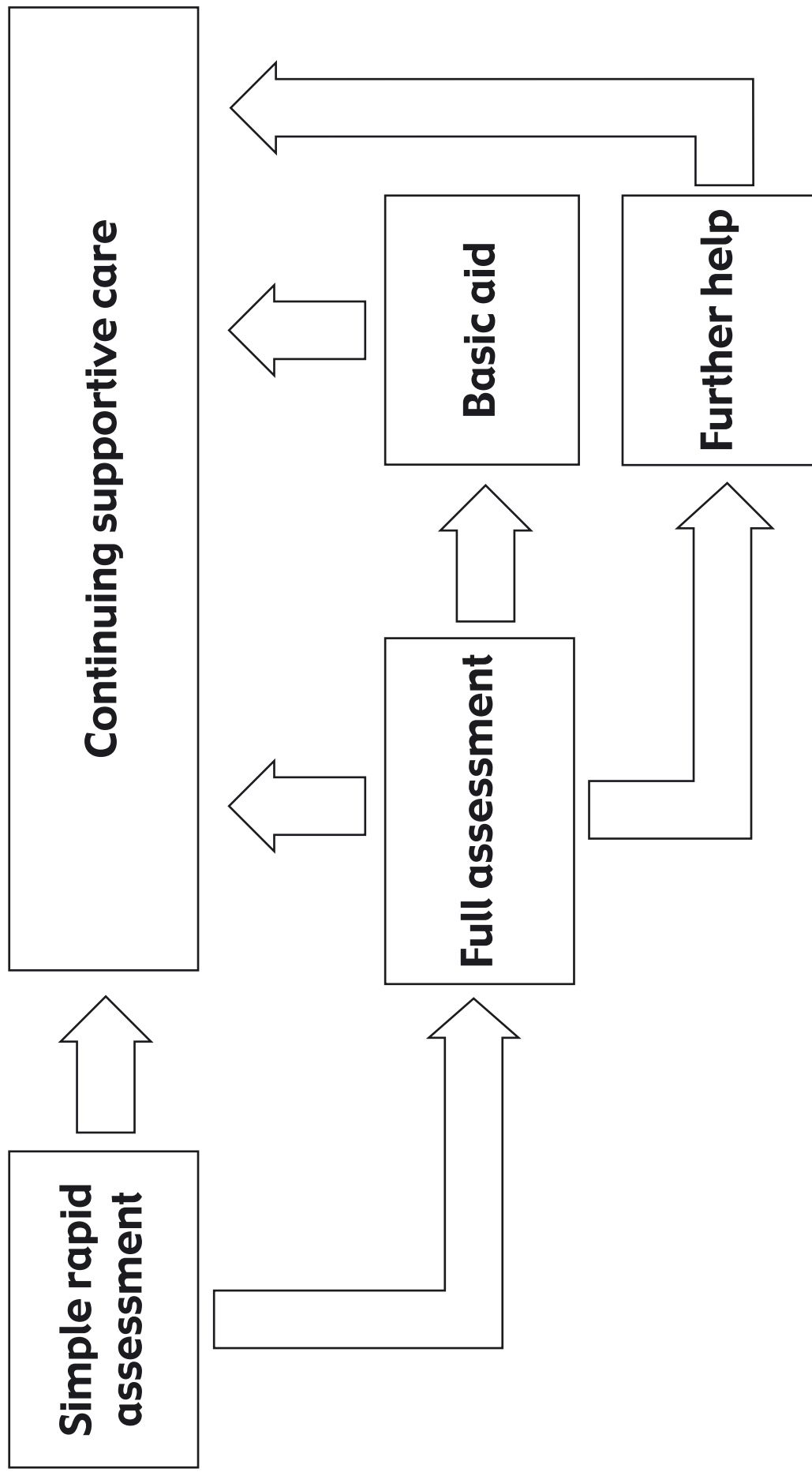


- reduce isolation
- provide privacy if culturally required
- encourage age-appropriate feeding
- educate family and community members
- remove conflicting messages
- listen
- build confidence.











**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.



## 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

IFE2/20

- **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

IFE2/21

**Breastfeeding?**      \_\_\_yes \_\_\_no      **How often by day?** \_\_\_      **by night?** \_\_\_

**(Using a pacifier?)**      \_\_\_yes \_\_\_no

**Other drinks and foods?** \_\_\_yes \_\_\_no

**What drinks?** \_\_\_\_\_ **How given?** \_\_\_\_\_

**How many times a day?** \_\_\_\_\_

**What sort of family foods?** \_\_\_\_\_

**How many times a day?** \_\_\_\_\_

**Beliefs and worries about feeding; how mother/caregiver decided**

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**How is mother/caregiver physically and emotionally?**

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**Interest in increasing breastmilk or relactation** \_\_\_yes \_\_\_no

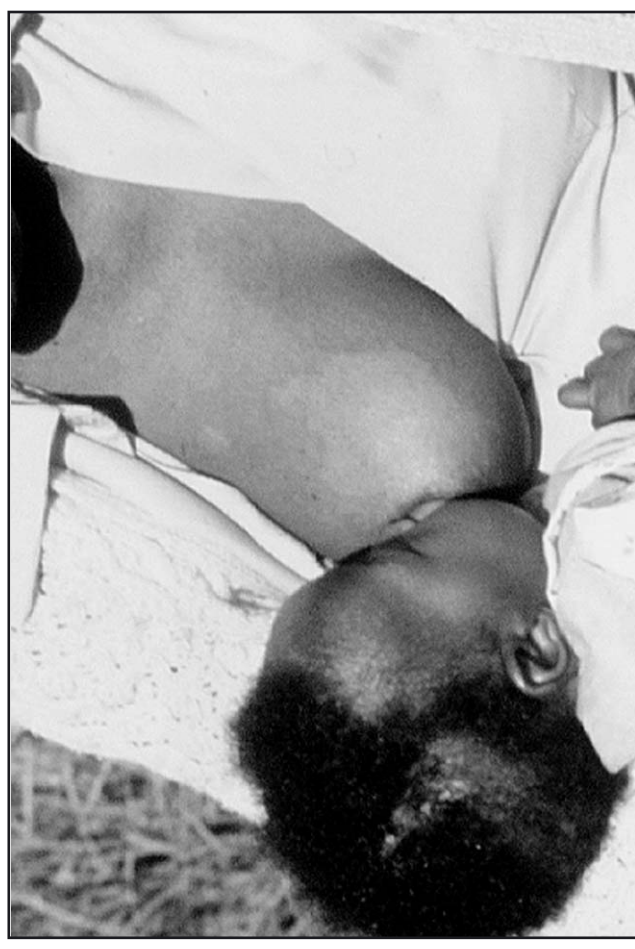
This transparency summarizes the topics to cover in learning from the mother or caregiver. But it cannot show how to ask open questions, to listen attentively and to be sensitive to each woman in accord with her culture and her feelings.



# Appropriate help restores breastfeeding and growth IFE2/22



Ella at four weeks



Ella at four months



## 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.





**includes starting complementary foods at the age of 6 months**



Brian Gleeson, CRS Angola

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

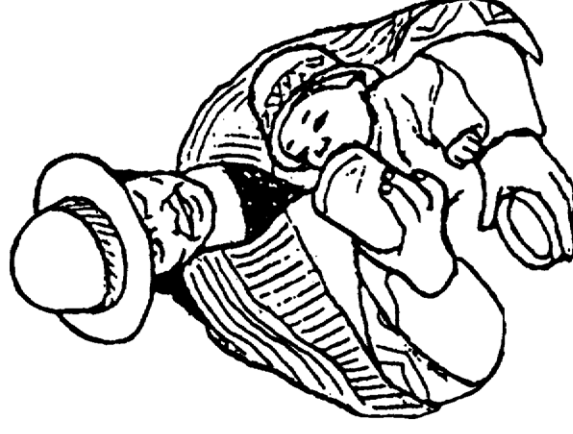
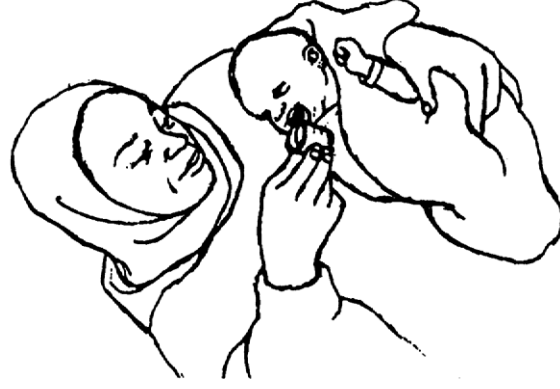
- If necessary help the mother to re-establish exclusive breastfeeding until the baby is six months old.
- If milk supplements are needed, teach her to give them by cup, not bottle.
- Show her how to prepare and give adequate complementary foods from six months of age.



If an infant can

- suck (or lap milk with the tongue) and
- swallow

he or she can be fed with any open cup



Adapted from UNICEF BFHI News

Use of feeding bottles increases risks of illness.



## How to cup feed

IFE2/27



F. Savage / Philippines & UK

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.



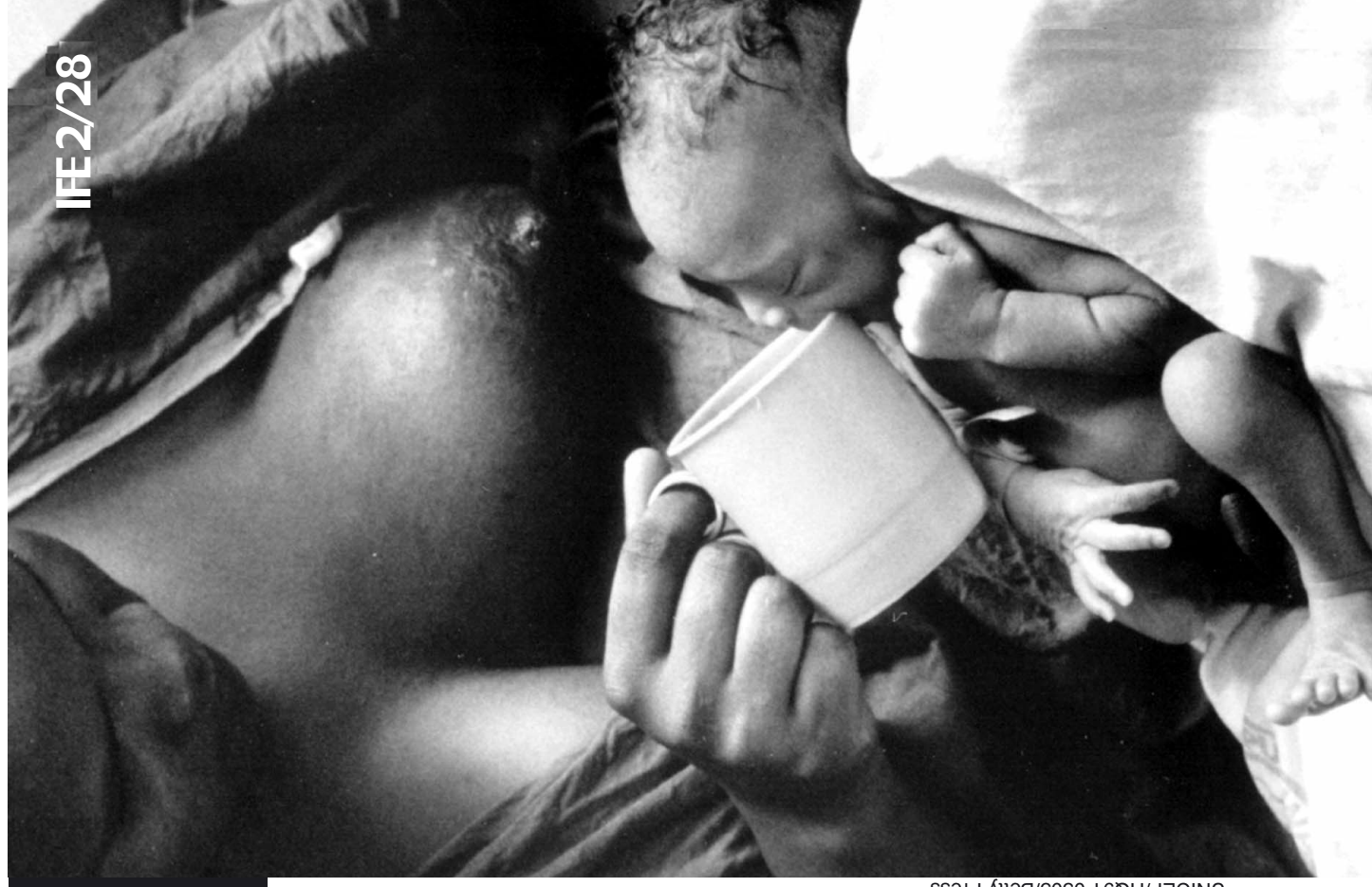


## Cup feeding a Low-Birth-Weight (LBW) infant with expressed breastmilk

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.

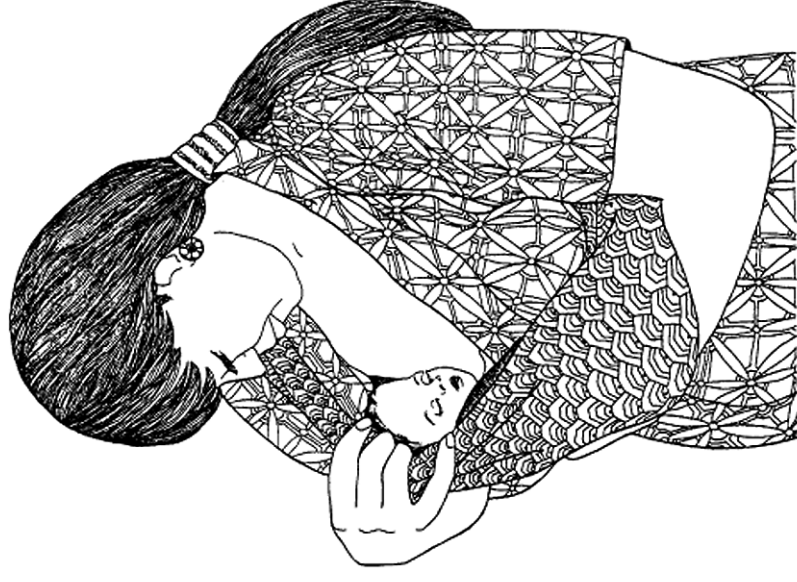
LBW infants are discharged exclusively breastfeeding.







**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

IFE2/30

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.



UNICEF/HQ94-0632/Dora Gutierrez





## The need for restorative care

Stress, trauma, grief, or sexual violence do not spoil a mother's breastmilk, but she needs care that helps to restore her emotional balance.



IFE2/31

UNHCR/Sudan/V. Sparre-Ulrich/10068





# “Household” conditions when there is no house

IFE2/32



UNHCR/C. Sattileberger. From WHO, Reproductive health during conflict and displacement. 2000



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.



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.

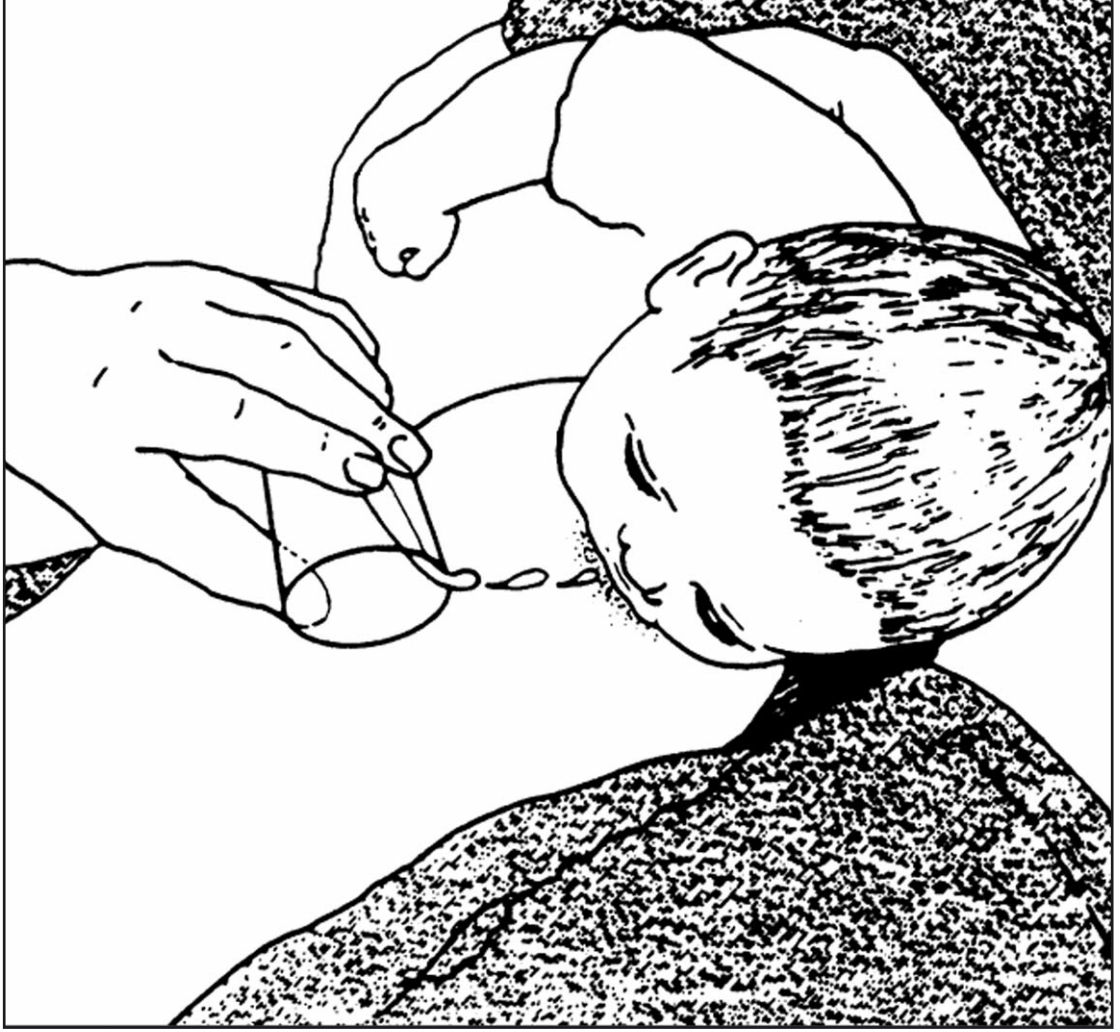
## Age-appropriate feeding

- \_\_\_ Under 6 months, only milk is given
- \_\_\_ Over 6 months, milk and complementary foods are given.



# The drop and drip technique

IFE2/35

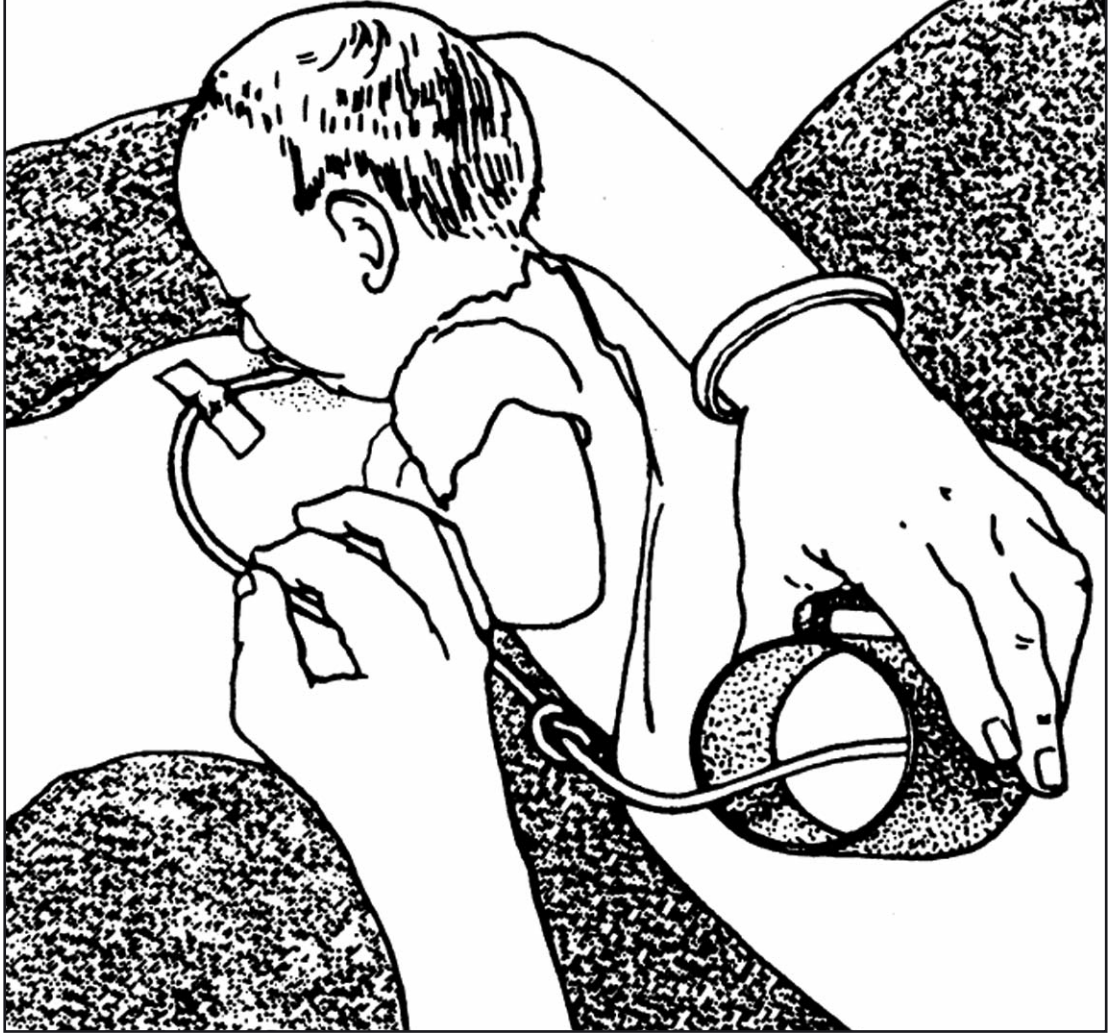






# Using a breastfeeding supplementer

IFE2/36





# Mother using breastfeeding supplementer

IFE2/37





The update to Module 2, v1.1 was funded by the UNICEF-led Inter-Agency Standing Committee (IASC) Nutrition Cluster.