



Norwegian National Advisory Unit
on Breastfeeding

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Baby-friendly Initiative

In Community Health Services

INTRODUCTION TO PROFESSIONAL GUIDELINES FOR BREASTFEEDING COUNSELLING	3
Background	3
Professional guidelines for breastfeeding counselling at Community Health Services.....	4
Designation process towards becoming a "Baby-friendly Community Health Service"	5
At the start of the project.....	5
After the development of a policy for breastfeeding counselling.....	6
One year after implementation of the "Professional guidelines"	6
 PROFESSIONAL GUIDELINES FOR BREASTFEEDING COUNSELLING AT COMMUNITY HEALTH SERVICES	 7
 SELF-APPRAISAL QUESTIONNAIRE.....	 13
 FORM FOR REGISTERING BREASTFEEDING STATUS.....	 20
 SUMMARY FORM FOR REGISTERING BREASTFEEDING STATUS.....	 22

Introduction to professional guidelines for Breastfeeding Counselling

Background

In the early 1990s WHO/UNICEF launched the world wide concept “The Baby Friendly Hospital Initiative” (BFHI). With reference to research-based knowledge, WHO/UNICEF developed "10 steps to successful breastfeeding". Tools were developed making it possible to assess and designate hospitals as "Baby-friendly". The introduction of this concept in labour/maternity units has proven to be an important initiative in supporting and promoting breastfeeding in many countries. The planning of the Norwegian follow-up began in 1992 under the name “Mor-barn-vennlig initiativ (MBVI)”. Today more than 90% of all Norwegian babies are born in a Baby-friendly Hospital.

From 2005 an effort was made to extend this concept to include Neonatal Units and Community Health Services. A customized quality standard for Neonatal Units was developed and the first designation of Baby-friendly Neonatal Units took place in 2005. Internationally, Canada, Great Britain and Denmark have customized the Baby Friendly Hospital Initiative to their Community Health Services.

In 2004 the EU launched a European plan of action to protect, promote and support breastfeeding in Europe¹. Norway, represented by the Norwegian Resource Centre for Breastfeeding (NRCB), participated in the work-group responsible for this plan. In the European plan of action, the WHO/UNICEF’s Baby Friendly Hospital Initiative is considered a model and a standard for the best procedures within the field of breastfeeding and breastfeeding counselling.

In 2005, commissioned by the Norwegian Directorate for Health and Social Affairs, the National Council on Nutrition and Physical Activity published “*Diet for a healthy life*”². This document contains recommendations to the Government regarding the prioritization of efforts in various sectors. Emphasis is made on increased focus with regards to nutrition in antenatal care and at Community Health Services. Specifically mentioned is that staff at Health Centres must have sound knowledge about breastfeeding and that skills must be reviewed and kept updated. The plan applies to 2005-2009.

Furthermore, in December 2005, the Government decided to develop a plan of action for an interdepartmental initiative to improve the nutrition of the Norwegian populace. “*Recipe for a healthier diet*” is a plan for the years 2007-2011. This plan emphasizes the continued realization of the Baby Friendly Hospital Initiative by providing professional guidelines for both breastfeeding counselling and Baby-friendly Community Health Services.³

¹ Protection, promotion and support of breastfeeding in Europe: a blueprint for action.

http://europa.eu.int/comm./health/ph_projects/2002/promotion/promotion_2002_18_en.htm

² Diet for a healthy life. National advisory committee on nutrition. The Norwegian Directorate for Health and Social Affairs, 2005.

³ Recipe for a healthier diet. Norwegian Action Plan on Nutrition (2007-2011) Norwegian Ministries 2007.

Professional guidelines for breastfeeding counselling at Community Health Services

A work group at the NRCB has drafted guidelines for breastfeeding counselling at Community Health Services. The guidelines are based on the WHO/UNICEF's "10 steps to successful breastfeeding" and the Baby-friendly Initiative. Adjustments were made with regard to conditions at the Community Health Services such that the guidelines outline six points which collectively describe a quality standard for breastfeeding counselling. The intention is for the Health Centres to develop a written policy that specifically describes how professional guidelines for breastfeeding counselling should be introduced at each Community Health Service.

With reference to this, the NRCB has chosen "**Baby-friendly Community Health Services**" as the term for a health centre that meets the requirements for designation.

The work group has consisted of the following members:

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Edvardsen, Sonja, RN, Public Health Nurse, National Organization of Public Health Nurses

Huitfeldt, Anette S, RN, Midwife, IBCLC*, Norwegian Resource Centre for Breastfeeding

Myklebust, Signe, RN, Public Health Nurse, Norwegian Directorate for Health and Social Affairs

Støre, Elisabeth Gahr, RN, Public Health Nurse, Norwegian Resource Centre for Breastfeeding

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Designation process towards becoming a “Baby-friendly Community Health Service”

At the start of the project

Mapping breastfeeding prevalence – preliminary study

The Community Health Service conducts a "baseline" survey of breastfeeding prevalence. Over a 4 week period the Health Centre maps the breastfeeding prevalence for all infants who come for their 5-month control. The same is done for all infants who come in for their 1- year control during this period. The Community Health Service does this by manually ticking off on the form for registering breastfeeding prevalence. One can then calculate the percentage of exclusively breastfed infants at the age of 5 months and the percentage of infants who receive mother's milk in addition to other nutrition at the age of 1 year. Smaller Community Health Services may have difficulty getting a large enough number of infants in the survey over the 4 week period. It is recommended that these Centres continue monitoring beyond 4 weeks until there are 20 infants in each group.

The intention is for the Community Health Service themselves to be able to chart the factors underlying an infant's breastfeeding status. In the form a brief comment is requested concerning causes of partial or no breastfeeding. Such reasons might be: prior negative breastfeeding experiences, breastfeeding problems such as too little milk, blocked milk ducts, mastitis, prior breast operations etc. This registration may help the Community Health Service to pick up on trends in the breastfeeding prevalence in the municipality and thus enable them to adjust their procedures in breastfeeding counselling.

A copy of the survey form should be submitted to the NRCB when it is completed. (Several copies can be made of the second page if necessary). The Community Health Service will keep the original.

Self-assessment questionnaire

The Community Health Service should fill out a self-assessment questionnaire. The self-assessment should be done before the Health Centre begins developing a written breastfeeding policy. The self-assessment does not affect any subsequent designation as a "Baby-friendly Community Health Service". It is intended as an aid to determine what breastfeeding policies already exist at the Health Centre. It can also help to increase awareness of and bring to light what the Health Centre must focus on in order to be designated a "Baby-friendly Community Health Service". The self-assessment is based on “Professional Guidelines for Breastfeeding Counselling at Community Health Services”

A copy of the completed self-assessment questionnaire should be sent to The NRCB. The Community Health Service keeps the original.

Development of a written breastfeeding policy

After the self-assessment, the Community Health Service will initiate work on the breastfeeding policy. Within 6 months to a year, the Health Centre should develop a written policy that specifically describes the implementation of the six points in the Professional Guidelines for Breastfeeding Counselling. Smaller Community Health

Services might benefit by cooperating on this. One of the goals of this work is to ensure quality and uniformity with regards to all breastfeeding counselling given to pregnant women and mothers. An additional goal is to develop effective routines for follow-up of infants and families after the return home from the hospital. This is in line with the report "*...and it's going to get better!*"⁴. This report addresses some common criteria which would help keep the focus on the user's/patient's needs in their journey through a system which may be organized to suit the needs of professional specialists.

It is important that the Community Health Service spends time to familiarize themselves with the professional basis of the breastfeeding policy. Many Community Health Services already have policies and routines relating to breastfeeding. However, it would still be beneficial to review these to ensure that current practice is in accordance with new research-based knowledge about breastfeeding.

A work group should be assigned to be in charge of the written policy, but all relevant healthcare professionals should be involved and informed of the progress during the process. It is important that the breastfeeding policy takes into account the local conditions at the Health Centre.

Community Health Services that are developing a written policy will be assigned a permanent contact person at the NRCB. This contact person will be a resource and a support for the centres during their work with the policy.

After the development of a policy for breastfeeding counselling

A copy of the breastfeeding policy should be sent to The NRCB for review. All written material concerning the policy for breastfeeding counselling, the plan for continuous education and information given to pregnant women should also be included.

The NRCB evaluates and approves the written policy. After approval the Community Health Service implements the breastfeeding policy.

Two to three months after the policy has been implemented a user survey will be conducted at the Community Health Service. The NRCB has prepared a questionnaire to be handed out to pregnant women and parents with six-week-old infants. The purpose is to evaluate the information and follow-up that pregnant women and parents of infants have received.

Final designation as a "**Baby-friendly Community Health Service**" is based on the approval of the documented breastfeeding policy as well as the results of the user survey.

One year after implementation of the "Professional guidelines"

The Community Health Service conducts a new survey showing breastfeeding prevalence at the age of 5 months and the age of 1 year.

⁴ ...AND IT'S GOING TO GET BETTER! National Strategy for Quality Improvement in Health and Social Services (2005-2015) Norwegian Directorate for Health and Social Affairs, 2005.

Professional guidelines for breastfeeding counselling at Community Health Services⁵

A Community Health Service which works to protect, promote and support breastfeeding should:

- 1. Have a written breastfeeding policy that is routinely communicated to all health care staff at the Health Centre.**

As part of its institutional policy the Health Centre should have a written breastfeeding policy. The breastfeeding policy should describe how the professional guidelines for breastfeeding counselling are implemented at the Health Centre. The head of the Centre is responsible for ensuring that all staff working with pregnant women, mothers and infants are informed about the Health Centre's breastfeeding policy. The head of the Centre is also responsible for ensuring that the policy is adhered to and that it is revised regularly.

This point shall describe:

- *Information about who is responsible for the development of the policy*
- *Information on where to find the policy*
- *Routines for revising and evaluating the Health Centre's breastfeeding policy*

- 2. Train all health care staff in the knowledge and skills necessary to practice in accordance with the breastfeeding policy.**

The head of the Centre is responsible for the existence of a training plan. The plan will ensure that all who counsel pregnant women and mothers have updated and consistent knowledge concerning lactation and breastfeeding. The training should have a minimum duration of 12 hours of which 3 hours should be devoted to clinical practice under supervision. During practical training, group work could be set up and used in a breastfeeding counselling situation demonstrating, for example, how to provide guidance in hand milk expression. Practical training may also involve internship at a hospital. New employees should have undertaken the training within three months of commencing employment. The head of the Centre must be able to document that the staff have completed training on breastfeeding counselling. This can be done in the form of a checklist with boxes to tick when the literature and curriculum have been covered. The training should be tailored to the individual employee's area of responsibility.

Physicians associated with the Health Centre should be informed about the breastfeeding policy. The Municipal physician or District physician should also be informed about the Health Centre's breastfeeding policy. The Community Health Service should strive to inform the regular GPs about the breastfeeding policy.

A training plan should also indicate how a continued revision of knowledge will take place.

⁵ Based on WHO/UNICEFs "10 steps to successful breastfeeding"

This point shall describe:

- *Who is responsible for the training of the staff*
- *How practical and theoretical training should be conducted*
- *The curriculum and topics in training:*

EDUCATION AND TRAINING CURRICULUM/DOCUMENTATION

All professional staff providing breastfeeding counseling to pregnant women and mothers should receive 12 hours training of which minimum three hours should be devoted to training in practical skills.

New employees should receive training within three months of starting their position.

Name of employee _____

CURRICULUM

Theoretical knowledge:

Date/ signature

All staff should read:

- *Breastfeeding- a handbook for health professionals 2013*
 With study questions, - equivalent to eight hours training

All staff should know of the book: *Breastfeeding counseling 2009*

All staff should watch the DVD: *Breast is Best*

All staff should have knowledge of the courses 1-2-3-4 in *Breastfeeding counseling* arranged by the *Norwegian National Advisory Unit on Breastfeeding*

Practical skills:

All staff should know how to do a *Breastfeeding Observation* using a *Breastfeeding Observation Form*

All staff should be able to show a mother how to hand express

All staff should be able to show a mother how to cup feed

Practical training may also involve group work with colleagues demonstrating how to assemble breast pumps

Practical training may involve internship at a hospital

Head of Community Health Service/ Responsible for staff training:

Date:

- *Routines and schedule for training of new employees*
- *How completed training is documented*
- *Routines for providing information about the breastfeeding policy to the Health Centre's physicians*
- *Routines for providing information about the breastfeeding policy to regular GPs*
- *Routines for revising knowledge*

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

Community Health Services that have antenatal care should have a written checklist of what issues need to be addressed when giving counselling on breastfeeding to pregnant women. Conversation with the pregnant woman should shed light on the advantages of breastfeeding for mother and infant, and provide information about the key factors that induce the best possible start of breastfeeding. The pregnant woman should also receive written information about breastfeeding.

Issues that should receive added emphasis:

- The importance of being with the infant as much as possible 24/7
- The importance of skin-to-skin contact
- Correct positioning and attachment at the breast
- The importance of feeding on demand
- Principles of how a mother can increase and sustain milk production
- The importance of avoiding the use of formula, pacifier and bottle feeding until breastfeeding is well established
- Breastfeeding's beneficial effects for the mother
- Breastfeeding's beneficial effect for the infant

Written information distributed to pregnant women should be quality controlled and not contain advertisements for formula. It should also not contain advertisements for pacifiers or bottles. Community Health Services should be familiar with the routine at the local labour/maternity units and provide information about what the mother can expect after birth. All information should be given based on the individual pregnant woman's knowledge and possible earlier breastfeeding experience. If the pregnant woman has previously had breastfeeding problems, these should be documented and described in a letter that accompanies the woman to the labour/maternity unit. Special circumstances and previous breastfeeding problems should be documented in the pregnant woman's chart. In cooperation with the woman a plan should be outlined on how previous breastfeeding problems can be prevented this time around. When the conversation with the pregnant woman has taken place, this should be documented in the woman's chart. Information to the pregnant woman should be given around the 28th week of pregnancy.

This point shall describe:

- *In which week of pregnancy the pregnant women will receive information about breastfeeding*
- *An overview of the issues raised in conversation with pregnant women*
- *Routines for assessment and follow-up of women with previous breastfeeding problems*

- *Documentation of information given to pregnant women*
- *What kind of written information the woman receives*

4. Establish a reliable system of communication to ensure continuity of care between antenatal care, hospitals and community health services. The community health services should give mothers contact details of breastfeeding support groups.

Short stays on the maternity ward result in many mothers leaving the hospital before breastfeeding is well established. The Community Health Services and maternity/neonatal units should cooperate on routines when mother and infant are discharged from hospital. When the Health Centre has been given oral or written notice that mother and infant have been discharged, contact should be made with the mother within 48 hours (working days). It should be clearly established which health care provider is responsible for contacting the mother. On first contact with the family, a checklist of questions should be used which allows staff to reveal early breastfeeding problems. The Community Health Service should be able to provide information about who the mother can contact if she needs counselling outside the Health Centre's opening hours. If required, the Health Centre should have routines for cooperation with mother/infant's regular GP. Such cooperation must only be undertaken with the mother's consent.

This point shall describe:

- *Routines for cooperation between the labour/maternity/neonatal units and the Community Health Service*
- *Who receives the birth announcement and how it is communicated to the person responsible for following up the mother and infant*
- *Who is responsible for the first contact with the mother after she is discharged from the hospital*
- *The time taken from when the Health Centre has been informed that mother and infant have returned home and contact is made with the family*
- *Routines and a checklist to assess breastfeeding problems and the need for help at first contact with the family*
- *The Health Centre's opening hours and who the mothers can contact outside of working hours*
- *Routines for working with the mother/infant's regular GP*

5. Show mothers how to breastfeed and how to maintain lactation.

Breastfeeding should be a topic at the Community Health Service's first contact with the mother and infant after coming home. The infant should be weighed frequently until the mother's lactation is stable and the infant has a satisfactory weight gain. Close follow-up is especially important during the first six weeks.

The Health Centre should have routines for follow-up of infants who have shown insufficient weight gain in the hospital or after their return home⁶.

⁶ National professional guidelines for weighing and measuring in Child Health Centre's and School Health Services. The Norwegian Directorate of Health 2011.

Breastfeeding status should be assessed at all the infant's controls up to termination of breastfeeding. The Community Health Service should have routines for what should be addressed concerning breastfeeding counselling. The Health Centre should have a checklist of points describing the specific observations that should be emphasized in a breastfeeding situation. Counselling should be given after discussion and assessment of the breastfeeding situation and should be adapted to the mother's needs and knowledge about breastfeeding. If the mother has other children, the health care provider should discuss earlier breastfeeding experiences with her. Knowledge-based guidelines should be used for solving issues concerning breastfeeding problems. (Use the "Breastfeeding Counselling Manual" for example). If the mother decides not to breastfeed the health care provider should check that she has made an informed decision.

A checklist for assessing the breastfeeding situation may include items that assess and shed light on:

- Breastfeeding position, the infant's position and effective latching on
- How the mother can interpret early signs that the infant wants feeding
- The feeding length and frequency, the importance of feeding on demand
- How a mother can know her infant is suckling effectively. Signals from the infant/mother.
- Use of pacifier and bottle
- Hand milk expression and cup feeding
- Symptoms of blocked milk ducts and mastitis

This point shall describe:

- *Routines to observe the mother's breastfeeding position and the infant's latching on. How to make a breastfeeding observation?*
- *Checklist of topics to be discussed at the first meeting with the family, (see points above)*
- *Information and guidance on what mothers can do to increase and maintain lactation*
- *Use of aids such as nipple shields and supplemental nursing systems. Information provided about hand-milk expression, cup feeding. Information about pumping routines and where one can rent pumping equipment*
- *Routines for assessment and early follow-up of infants with insufficient weight gain. The measures to be taken. Indications requiring the use of formula*
- *Routines for assessment and follow-up of the mother's breastfeeding problems*
- *What the Public Health Nurse should know about medical breast complications and treatment procedures, also in those cases where a physician is responsible for treatment.*
- *Routines for assessment and follow-up of mothers who do not wish to breastfeed*
- *Routines for documenting breastfeeding status in the infant's chart*

6. Give mothers appropriate information and support to maintain exclusive breastfeeding for the first six months. After introduction of solid foods breastfeeding should be sustained up to the end of the first year and beyond as long as mutually desired by mother and child.

WHO and the Norwegian health authorities recommend exclusive breastfeeding for the first 6 months. All mothers should receive information about the nutritional and immunological benefits of mother's milk. The mother should be supported to feel secure that infants with satisfactory growth and well-being do not need the addition of formula or solid food before six months of age. The introduction of solid foods should then take place gradually and breastfeeding should continue throughout the first year of life.

The Community Health Service should have knowledge about conditions that may impact the ability to breastfeed exclusively. Mothers who partially breastfeed or who give formula should receive support and guidance so that the infant is assured good nutrition. When formula is used, the Health Centre should give advice on the proper preparation of this and the use of pacifiers and bottles.

Based on WHO's international code of marketing of breastmilk substitutes⁷ there should be no advertisements for formula at the Community Health Service. Neither should there be advertisements for pacifiers or bottles.

This point shall describe:

- *The routines for relevant healthcare staff which support the recommendation of exclusive breastfeeding for 6 months and then partial breastfeeding for at least one year*
- *When and in what manner this recommendation is imparted*
- *The knowledge the relevant healthcare staff have concerning the few conditions or situations where exclusive breastfeeding is not possible*
- *Guidelines for support and advice to mothers who partially breastfeed or who give formula*
- *Correct preparation and use of formula, pacifiers and bottles*

⁷ The International Code of Marketing of Breastmilk Substitutes. WHO, Geneva, 1981
http://www.who.int/nut/documents/code_english.PDF

SELF-APPRAISAL QUESTIONNAIRE FOR COMMUNITY HEALTH SERVICES

The Community Health Service's name: _____

Form completed by:

Name:

Position:

Who has primary responsibility for the Health Centre's routines and practice as concerns breastfeeding counselling?

- Departmental health nurse/Station head
- Designated breastfeeding counsellor
- All
- No one
- Other

Information about the Community Health Service

Date _____

The Health Centre's name:

Address: _____ **Tel:** _____

District: _____ **Municipality:** _____

County: _____

**The head of the Health Centre's service
(title/name):** _____

Opening hours (time/days): _____

Telephone hours: _____ **Staff available on mobile tel.?** Yes No

The number of children born in 20__ _____

**The number of pregnant women who had their antenatal check-ups at the Health
Centre in 20** _ _____

**Percentage of all pregnant women in the district who went to antenatal check-ups at the
Health Centre** _____%

A Baby-friendly Community Health Service should:

1. **Have a written breastfeeding policy that is routinely communicated to all healthcare staff**
 - 1.1 Does the Health Centre have a written breastfeeding policy covering all 6 points for well-functioning breastfeeding? Yes No
 - 1.2 Is the breastfeeding policy part of the Centre's formal system for quality control/internal control? Yes No
 - 1.3 Is the breastfeeding policy known to all staff who care for pregnant women, mothers and infants? Yes No
 - 1.4 Is the breastfeeding policy available to all staff who care for pregnant women, mothers and infants? Yes No
 - 1.5 When was the last time the breastfeeding policy was revised and updated? _____
2. **Train all healthcare staff in the knowledge and skills necessary to practice in accordance with the breastfeeding policy.**
 - 2.1 Do all the health care staff who give breastfeeding counselling have updated knowledge about mother's milk and practical breastfeeding counselling? Yes No
 - 2.2 Are all new employees informed about the Health Centre's breastfeeding policy? Yes No
 - 2.3 Are all new employees who give counselling given training in practical breastfeeding counselling and routines that promote and support breastfeeding? Are they trained in how to solve breastfeeding problems? Yes No
 - 2.4 Is training given within 3 months of commencing employment? Yes No
 - 2.5 Does the Health Centre have a written training plan for breastfeeding counselling? Yes No
 - 2.6 Have all staff who provide counselling had a minimum of 12 hours training in breastfeeding counselling and information about mother's milk? Yes No
 - 2.7 Has breastfeeding been the subject of internal training in the last year? Yes No

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

3.1 Does the Health Centre have antenatal care? Yes No

If no, go to item 4.

3.2 *If the Health Centre has antenatal care:*
Does the Health Centre have a routine that ensures that all pregnant women are informed about breastfeeding? Yes No

3.3 What does this routine consist of?

Discussion and clarification of what the pregnant woman already knows and her motivations and wishes Yes No

Does the Health Centre have a written overview of the topics the pregnant woman should be/is made aware of? Yes No

Does the pregnant woman receive written information about breastfeeding? Yes No

Does the Health Centre inform the labour/maternity unit if the pregnant woman has previously had breastfeeding problems? Yes No

Are notes made in the chart that information has been given? Yes No

Other; Specify

3.4 Does the Health Centre ensure that pregnant women are given information about:

The benefits of breast nutrition Yes No

The significance of calmness and skin contact with the infant right after birth Yes No

The importance of being with the infant as much as possible during the day Yes No

Demand feeding Yes No

Effective latching on Yes No

The importance of avoiding the use of formula, pacifier and bottle feeding until breastfeeding is well established Yes No

Other; Specify

3.5 Is particular emphasis placed on informing and encouraging pregnant women who have never breastfed or who have had prior breastfeeding problems? Yes No

4. Establish a reliable system of communication to ensure continuity of care between antenatal care, hospitals and community health services. The community health services should give mothers contact details of breastfeeding support groups

4.1 Does the Health Centre know the breastfeeding policies of the local hospitals? Yes No

4.2 Do the Health Centre and the labour/maternity/neonatal units coordinate their routines when the mother and infant are discharged from the hospital? Yes No

4.3 When the Health Centre has been notified of the discharge of the mother and infant, are there routines stating how long it should take before the Health Centre contacts the family?

Contact the same day

Within 48 hours

Within 1 week

Within 2 weeks

No routines

4.4 Is it clearly established who is responsible for contacting the family? Yes No

4.5 Is there a checklist of how the breastfeeding situation should be assessed when the Health Centre first contacts the family? Yes No

4.6 Does the Health Centre have routine controls of the infant during the first 6 weeks? Yes No

If yes describe the kind of control:

Is the infant weighed during these controls? Yes No

- 4.7 Do breastfeeding mothers receive information about which services are appropriate to contact outside of the Health Centre's working hours? Yes No

5. Show mothers how to breastfeed and how to maintain lactation

- 5.1 Does the Health Centre have a checklist of which topics should be brought up with respect to breastfeeding counselling at the first meeting of the Public Health Nurse and the family? Yes No
- 5.2.1 Can all relevant healthcare staff provide guidance in favourable breastfeeding positions and effective latching on? Yes No
- 5.2.2 Are the mother's breastfeeding position and the infant's latching on routinely observed at the first meeting of the Public Health Nurse and the family? Yes No
- 5.3 Are mothers informed about how demand feeding functions? Yes No
- 5.4 Are mothers informed about what they can do to increase their milk supply if required? Yes No
- 5.5 Do all the relevant staff have knowledge about hand expression and cup feeding, and can they provide guidance in this? Yes No
- 5.6 Does the Health Centre have routines for follow-up of infants with insufficient weight gain during the first few months after birth? Yes No
- Describe how the Health Centre defines "unsatisfactory weight gain":

Describe which measures are taken:

5.7 Do all relevant health care staff have knowledge that ensures mothers who have breastfeeding problems will receive follow-up in accordance with knowledge-based guidelines? Yes No

Is the "Breastfeeding Counselling Manual" used in solving breastfeeding problems? Yes No

5.8 Is breastfeeding status assessed at all the infant's controls until the breastfeeding is terminated? Yes No

5.8 Is breastfeeding status documented on the infant's chart Yes No

5.9 Are there statistics on the prevalence of breastfeeding in the district? Yes No

6. Give mothers appropriate information and support to maintain exclusive breastfeeding for the first six months. After introduction of solid foods breastfeeding should be sustained up to the end of the first year and beyond as long as mutually desired by mother and child

6.1 Are all relevant staff familiar with the recommendation about exclusive breastfeeding for 6 months? Yes No

6.2 Does the written information given out by the Health Centre support exclusive breastfeeding for 6 months? Yes No

6.3 Do relevant staff have knowledge about the conditions or situations in which exclusive breastfeeding is not possible? Yes No

6.4 Does the Health Centre have routines which ensure that mothers who breastfeed partially or who give formula are given information about the proper use of formula? Yes No

6.5 Are there advertisements for formula at the Health Centre ? Yes No

6.6 Are there advertisements for pacifiers or bottles at the Health Centre ? Yes No

Summary form for registering breastfeeding status

Registering breastfeeding status at _____ Community Health Service

Registration started _____ Registration closed⁸ _____

Number of 5-month-old infants who have been in to control in the period

Number exclusively breastfed _____

Number partially breastfed _____

Number not breastfed _____

Exclusively breastfed in % _____

Number of 1 year old infants who have been in to control during the period

Number receiving mother's milk besides other nutrition _____

Number not receiving mother's milk besides other nutrition _____

Number receiving mother's milk besides other nutrition in% _____

Date _____

Signature _____

⁸ Small health centers may have problems acquiring a large enough sample for the survey and are expected to continue the survey past 4 weeks until there are 20 children in each group.