

Implementing Point Four

Requirements for Point Four

Health services should support mothers to establish and maintain *exclusive breastfeeding* to six months.

The clinical focus of Point Four applies to the Level 3 and Level 4 workers in the service. Level 2 workers have a clinical role, however the primary focus of their work is unrelated to infant feeding. The Level 2 clinician should refer to the 'Specialist' or 'Expert' level service worker for any components of care relating to Point Four.

During the assessment process, the health service should be able to demonstrate a consistent approach to supporting mothers in learning about initiating, establishing and maintaining exclusive breastfeeding. This includes provision for antenatal and postpartum education, breastfeeding assessment and assistance, referrals where required and connecting mothers with support in the community.

Breastfeeding is instinctive on the part of the baby but it is a learned skill for the mother. A common pitfall in ensuring that mothers are equipped with the practical skills of positioning and attachment is the assumption that they already possess them.

Whilst the most likely time for a mother to cease breastfeeding is within the first week of her baby's life, it should not be assumed that mothers who are continuing to breastfeed beyond this time have mastered the necessary skills, indeed it is often not until two weeks or later that problems such as ineffective attachment begin to have a marked impact upon milk supply. For this reason, service providers in both the maternity facility and community services need to be ready to provide effective support to mothers to establish and maintain the practical skills necessary to establish and maintain *exclusive breastfeeding*.

Establishing breastfeeding

Many factors contribute to the successful establishment and continuation of breastfeeding. *The Ten Steps* and the BFHI provide evidence-based guidance for the initiation of breastfeeding in maternity facilities and can provide health services in the community with a foundation upon which to base their education. Moreover, health services in the community can influence the establishment of breastfeeding by:

- ensuring that mothers and babies are achieving optimal position and latch;
- educating parents on the importance of avoiding bottles, teats and dummies;
- educating parents about the negative effect that the introduction of partial feeding has on breastfeeding and the challenges of re-establishing breastfeeding after early weaning;
- educating parents about the importance to breastfeeding, of keeping the baby near to the mother, and ways to facilitate safe co-sleeping; and
- ensuring that mothers know how to express their breastmilk and to manage

separation from their babies, should it be necessary, ensuring that mothers and their families are connected with breastfeeding support networks and services in their community.

Exclusive breastfeeding

The World Health Assembly urges member states:

'to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods with continued breastfeeding for up to two years of age or beyond emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices'

Exclusive breastfeeding definition: The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

* Prescribed as per the Medicines Act 1981

Health services in the community are well positioned to help mothers to breastfeed exclusively for six months and avoid non-medically indicated supplementation. Early cessation of breastfeeding is associated with the feeding of non-medically indicated formula. WHO and UNICEF have outlined specific medical indications for using formulas. Health services can assist mothers in making the transition to *fully breastfeeding* once a situation requiring supplementation has been resolved.

Position, Aligning & Attachment of Baby to Breast

Incorrect position and latch are associated with sore nipples and poor milk transfer. New Zealand women report that sore nipples and concerns about milk supply are common reasons for early weaning prior to three months and can also lead to early supplementation. Health service providers need to be able to assess that the baby is latched effectively and that milk transfer is occurring. This ensures that breastfeeding is progressing well, while reassuring the mother and her family/whanau which in turn builds confidence.

A full breastfeeding assessment should be carried out, by a Level 3 or Level 4 service worker, with each mother at their first postnatal face-to-face contact by a member of the community health service team. This should be accompanied by a discussion on:

- Knowledge of, and confidence in, positioning, aligning and attaching her baby for breastfeeding
- How to recognise effective breastfeeding, both by observing for milk transfer during a breastfeed and by monitoring factors such as the baby's urine output, stooling, behaviour and general condition (including weight)
- How to detect when breastfeeding is not going well, for example by absence of the signs that it is effective and by the condition of the mother's

breasts and nipples

- How and where to access help if this is needed.
- Mastitis is a common cause of early cessation of breastfeeding and it is therefore important to equip mothers to identify and manage this condition early.

Health worker training is key to the successful establishment of breastfeeding

Following the assessment, the Level 3 or 4 staff member should assist the mother to develop an individualised care plan, incorporating appropriate follow-up, review and amendment.

A standard breastfeeding assessment tool is required to ensure effectiveness for all mothers and babies and consistency between staff.

The value of observing babies at the breast cannot be over-emphasised and staff need to understand the importance of this, both as part of routine support for mothers in hospital and in the community and as a tool to assist in the solving of breastfeeding problems.

All mothers need to be provided with information and support until they are able to breastfeed effectively and confidently. There are no shortcuts to this process.

Hand Expressing Breastmilk

Knowing how to express milk by hand can help a mother manage breastfeeding more easily during times of separation from her baby. While a breast pump will remove milk from the breast, a woman who can do this by hand has a readily available, economical way of obtaining milk. Hand expressing can enable a mother to:

- Understand how breastfeeding works;
- Gain confidence in her ability to produce milk;
- Produce a few drops of milk to tempt her baby to feed;
- Soften a full breast to ease discomfort or enable the baby to attach;
- Clear a blocked duct (and thus help to prevent mastitis);
- Provide milk for her baby when they are separated, or when the baby is unable to breastfeed;
- Increase her milk supply.

Hand expressing is particularly useful in the early postnatal period, when volumes of colostrum/milk are small and breast pumps are ineffective. In some circumstances, a mother's ability to hand express can be the key to her sleepy or sick baby avoiding the need for a formula feed. Community services should ensure that all breastfeeding mothers have been offered the opportunity to learn hand expressing and be prepared to provide this if not. They should also ensure that mothers understand why it may be useful to them to have this skill, as a means of preventing and/or managing common breastfeeding complications such as engorgement and blocked ducts, which may lead to mastitis.

Introducing formulas or other milks can have an adverse effect on the establishment of breastfeeding

Bottles, teats, dummies and nipple shields

There is evidence to suggest that avoiding the use of teats may have a positive effect on the duration of breastfeeding¹.

The use of dummies may reduce the amount of time suckling at the breast and thereby responsive feeding and breastmilk supply. Several research studies have suggested that the use of dummies may lead to early weaning from the breast, while other studies suggests that the use of dummies 'is a marker of breastfeeding difficulties or reduced motivation to breastfeed, rather than a true cause of early weaning'. It would be prudent for health practitioners to explore the underlying breastfeeding concerns that may have led to the use of dummies, and to advise mothers accordingly.^{2,3,4}

If, for sound clinical reasons, supplementation is necessary during the early establishment of breastfeeding, there are alternatives to using a bottle and teat, for example, cup feeding or the use of a lactation device at the breast.

When breastfeeding challenges arise nipple shields may be appropriate, as a short-term measure, under the supervision of a knowledgeable and skilled practitioner. Health care providers should use caution in recommending their use and must first ensure that position and latch are satisfactory and breastmilk supply is adequate.

1. 'Effect of Cup Feeding and Bottle Feeding on Breastfeeding in Late Preterm Infants: A Randomized Controlled Study'. Yilmaz G, Caylan N, Karacan CD, Bodur I, Gokcay G. *J Hum Lact*. 2014 Jan 17.
2. 'Pacifier Restriction and Exclusive Breastfeeding.' Laura R. Kair, Daniel Kenron, Konnette Etheredge, Arthur C. Jaffe and Carrie A. Phillipi *Pediatrics* 2013;131;e1101
3. 'Pacifier Use and its Association with Breastfeeding and Acute Respiratory Infection (ARI) in Children Below 2 Years Old'. Z M S, S J, J KN, M N B, A T. *Med J Malaysia*. 2013 Apr;68(2):125-8.
4. 'Pacifiers and breastfeeding.' Simona Di Mario. *IBFAN Breastfeeding Briefs* N° 54, March 2013

Avoiding the introduction of formulas or other fluids or foods

The introduction of infant formula, other milks, water, herbal teas or other fluid or food can have adverse effects on the establishment of breastfeeding. All women benefit from anticipatory guidance about ways to establish and maintain ample breastmilk. It is important that when women are concerned about the adequacy of their supply, they receive timely assistance. Health services can ensure that mothers receive appropriate guidance and assistance before they feel the need to wean prematurely or to supplement with infant formula. Women also need to understand that once premature weaning has occurred it can be very difficult to reverse the process, though not impossible. Health services need to provide good support to help a mother to re-lactate.

If lactational assistance devices are required the ideal is to use expressed breastmilk. A very fine tube can be taped to the breast with the outlet level with the nipple and the intake placed in the expressed breastmilk in a container. As the baby suckles, stimulating the mother's lactational response, the expressed breast milk is also drawn through the tube encouraging a suck swallow action by the baby.

The infant can also lap from a cup or be fed with a teaspoon and both are preferable to using a bottle and teat if breastfeeding is to be supported or established in the future.

Human milk from another mother can be used to avoid introducing artificial baby

Keeping baby near to mother and safe sleeping

When a mother keeps her baby near, she is better able to get to know her baby, to recognize hunger cues and to practice responsive feeding. All of these factors facilitate the establishment of breastfeeding and are especially important during the early weeks of breastfeeding.

The NZBA work alongside 'Change for Our Children' (www.changeforourchildren.co.nz) to encourage safe sleep practices with parents of young infants and children.

Breastfeeding mothers, in particular, are likely to feed their babies in their bed and it is well recognised that many will fall asleep with their baby. It is therefore very important that the NZBA incorporate, in their education, requirements for staff, pregnant women and mothers which cover safe and unsafe sleep practices. Health workers can gain one hour of education time by completing the 'Baby Essentials' and 'Through the Tubes' on-line education programme.

'Baby Essentials' can also be completed by women, mothers and their partners. Educators can access all information necessary on the topic from the website above.

Handouts and powerpoint presentations can be accessed to view or to use in classes.

The NZBA does not distribute safe or unsafe education packages as our role is to support the practices identified by the professionals at 'Change for Our Children'.

Support for establishing and continuing breastfeeding

Numerous studies have demonstrated that extra support by professionals with special skills in breastfeeding, results in improved breastfeeding duration rates. Peer breastfeeding support has been shown to be an effective strategy for increasing breastfeeding duration rates as has home visiting. Therefore, it is important that health services implementing The Seven Point Plan work towards developing community capacity to provide expert assistance (professional and peer) to address breastfeeding challenges. It is also important that mothers have access to breastfeeding assistance, at least by telephone, outside of normal office hours.

Satisfaction with the breastfeeding experience is an important determinant of continuation. In the postpartum period, service providers can ask questions about a mother's satisfaction with breastfeeding. Women who are less satisfied often have more problems. Early assessment and help in resolving concerns may lead to more satisfying and longer breastfeeding.

Related to satisfaction are social support networks - one of the determinants of health. Throughout the breastfeeding experience, all breastfeeding women and their families need reliable and culturally appropriate sources of social support to assist the mother to adjust to the changes brought about by motherhood.

Appropriate support from health services, the community and society at large will:

- assist the mother to adjust to the changes brought about by motherhood
- increase the mother's knowledge and skills
- address personal needs and expectations
- assist the mother to understand the baby's response to breastfeeding
- provide advice and support concerning the mother's return to work and travelling
- create a social norm in which the mother is comfortable to breastfeed the toddler.

During the assessment process, the health service should be able to demonstrate a consistent approach to supporting mothers in learning about initiating, establishing and maintaining *exclusive breastfeeding*. This includes provision for antenatal and postpartum education, breastfeeding assessment and assistance, referrals where required and connecting mothers with support in the community.

Nowadays, many first-time mothers return to work during their baby's first year and many others experience planned or unplanned periods of separation from their baby. All breastfeeding mothers should therefore be given information about the principles of maintaining breastmilk supply in these circumstances. For mothers who know they will be returning to work, this discussion should ideally take place antenatally. The exact arrangements will vary according to factors such as the mother's wishes for feeding and the hours she will be apart from her baby but the aim should be to help her to plan how she will express and store breastmilk and how she will fit in breastfeeds whenever possible. Planning ahead may involve expressing milk and storing it in a freezer but it should be explained that it is better to wait until both baby and mother are confident with breastfeeding before introducing a bottle and teat.

Staff Training

If staff are to provide effective practical support for mothers they first need to be trained themselves. It is not acceptable for health-care workers to “latch babies on” disempowering mothers in the process. Instead, their training should equip them not only with an understanding of the processes of positioning, alignment and attachment but with the skills to explain them effectively to mothers , so that mothers can achieve effective breastfeeding themselves.

The same applies to hand expressing, which staff should be able to teach without the need to touch the mother unless she requests this. Community staff should be equipped to carry out an effective assessment of breastfeeding and to explain to mothers how to recognise effective milk transfer.

Implementing Point Four

Key requirements to support mothers to establish and maintain exclusively breastfeeding to six months

1. The Service Manager can accurately describe the following:
 - the importance of exclusive breastfeeding for six months;
 - the importance of breastfeeding;
 - the implications of formula feeding;
 - infant feeding definitions;
 - the importance of skin-to-skin contact;
 - the importance of rooming-in;
 - responsive (cue-based) feeding;
 - supports services in the community; and
 - lactation consultancy services
2. Health service providers ensure breastfeeding mothers are able to correctly position and latch their babies and can assess for adequate hydration and milk intake.
3. Health service providers discuss and document breastfeeding progress at each contact with a breastfeeding mother.
4. Health service providers can accurately describe what they would do if breastfeeding difficulties arose and mothers are referred to the appropriate support (a Lactation Specialist) when breastfeeding problems occur.
1. Health service providers can accurately describe how the introduction of anything other than breastmilk can interfere with breastfeeding?
6. Health service providers can name the different support services available in the community and the type of service they offer. Information on support groups is given and discussed with mothers.
7. Health service providers can identify the Lactation Support Services available to women in the community and this information is offered and discussed with mothers.
8. Health service providers are able to accurately describe the infant feeding definitions.
9. The service can confirm that key family / whanau are provided with appropriate information that ensures the breastfeeding mother is well supported to continue breastfeeding at home.
10. Health service providers can accurately describe the implications of artificially feeding.
11. The service provides written information which is discussed with mothers on the following topics:
 - the importance of exclusive breastfeeding for six months;
 - the importance of breastfeeding;
 - the implications of formula feeding;

- the importance of skin-to-skin contact;
 - rooming-in
 - avoiding the use of dummies and teats while establishing breastfeeding;
 - hand expression, safe storage and handling of breastmilk;
 - safe and unsafe sleep practices;
 - importance of a smoke-free environment;
 - use of breastpumps
 - contraception compatible with breastfeeding including the Lactational Amenorrhea Method of contraception
12. Breastfeeding mothers can confirm that they were encouraged to practice and recognize responsive (cue-based) feeding and are educated about the importance of breastfeeding, the importance of exclusivity and keeping their babies near, including at night.
 13. Breastfeeding mothers can correctly position and latch their babies at the breast.
 14. Breastfeeding mothers were shown how to express their milk by hand or by using a breastpump, how to store and handle their milk and what to do if their breasts become uncomfortably full.
 15. Breastfeeding women confirm that they were offered assistance, if required, by their LMC/service worker to establish and maintain exclusive breastfeeding.
 16. Breastfeeding mothers are provided with current written information on how to access community based breastfeeding and parenting support and this is discussed with them.
 17. Written materials provided to mothers are current, accurate, ethically and culturally appropriate (including compliance with The International Code).
 18. Breastfeeding mothers receive information to help them make informed decisions regarding the use of formulas, the use of dummies or teats and the difficulty of reversing premature weaning.
 19. Breastfeeding mothers who use artificial feeding confirm that they have been shown how to safely prepare infant formula, handling and feeding techniques and that the demonstration was on a one-to-one basis.

Documentation required for Point Four prior to Assessment

1. Information given to women in relation to:
 - the importance of exclusive breastfeeding for six months;
 - the importance of breastfeeding;
 - the implications of formula feeding;
 - the importance of skin-to-skin contact;
 - rooming-in
 - avoiding the use of dummies and teats while establishing breastfeeding;
 - hand expression, safe storage and handling of breastmilk;
 - safe and unsafe sleep practices;
 - importance of a smoke-free environment;
 - use of breastpumps
 - contraception compatible with breastfeeding including the Lactational Amenorrhea Method of contraception
2. A list of the community support groups available to women.
3. Documented evidence of a care plan / checklist for women under the care of the service.
4. Documented evidence of a referral system for women under the care of the service – ensuring appropriate support is available and linked with the service.
5. Document used in the collection of infant feeding data