

## Implementing Point Three

### Requirements for Point Three

#### **Inform all pregnant women and their families about the benefits and management of breastfeeding.**

In the antenatal period, the LMC has the primary role to raise the topic of breastfeeding with the woman and their whanau and to also ensure that they receive evidence-based breastfeeding information regardless of the intended feeding method. This is an ideal time to educate the childbearing family / whanau about the importance of exclusive breastfeeding for the first six months of life. It is also important the pregnant women are informed on how to access group antenatal classes, lactation classes and breastfeeding support groups. Families need to be provided with all the information necessary to make an informed decision, and that they are well supported to do so and their decision is respected.

All pregnant women are to be given up-to-date information about the importance and management of breastfeeding within the first 32 weeks of pregnancy. Ideally this should be provided as part of a one-to-one discussion and backed up with leaflets or other written information.

A written description of the minimum content of the antenatal education should be available. The antenatal education will include:

- the importance of exclusive breastfeeding for the first six months.
- the importance of breastfeeding
- the importance of early skin-to-skin contact
- early initiation of breastfeeding
- rooming-in on a 24 hour basis
- safe and unsafe sleep practices
- feeding on responsive (baby-led) feeding
- good positioning and attachment of baby at the breast that breastfeeding continues to be important after six months when other foods are given,
- breastfeeding support services in the community
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

Information on the management of breastfeeding should include:

- the importance of skin-to-skin contact at birth;
- the importance of effective positioning;
- the importance of rooming-in;
- the importance of responsive feeding;
- the importance of exclusive breastfeeding (for ensuring optimal lactation);
- the importance of avoiding teats and dummies during the establishment of breastfeeding.

Antenatal information is to be accurate, free from advertising and is to comply with The International Code of Marketing of Breastmilk Substitutes. Women are

to confirm that they have not received group instruction nor any written promotional material on the use of infant formula.

Information provided to pregnant women, should be ethically and culturally appropriate and relevant to specific needs.

### **Helping to get off to a Good Start**

Women and their families should be given clear information on the basics of breastfeeding management. Early concerns should be addressed, workplace support during pregnancy and breastfeeding discussed, and community resources highlighted.

Information should have an emphasis on the optimal position and latch, early, frequent and unrestricted breastfeeding, prevention of engorgement, sore nipples and exaggerated physiological jaundice. Factors which promote success including early skin-to-skin contact, 24 hour rooming-in, safe and unsafe sleep practices, co-sleeping, (including bed sharing), responsive (cue based) feedings, avoiding the use of supplements, bottles, teats and dummies and ways to facilitate the participation of partners and other supporters should be accentuated.

Information on access to leave during pregnancy should be provided as well as information regarding support on return to work as a breastfeeding mother will help assist the family/whanau in planning for parental leave. This may include encouraging the woman to talk with her employer, reviewing the timing of the woman returning to work, reverse nursing and encouraging the woman to talk to other mothers who have returned to work.

Health services in the community should have a written outline of the type of breastfeeding information that is given to all pregnant women who are in contact with the service. The use of an appropriate checklist will facilitate this record keeping.

While antenatal classes play an important role in the successful implementation of Point 3, they often have limited attendance and should therefore be additional to the basic requirement of providing information to all pregnant women.

Encouragement to attend antenatal breastfeeding peer support groups is important as well as breastfeeding classes, which are run by some maternity facilities around New Zealand. Talking with other mothers and seeing babies being breastfed can enhance the woman's awareness, understanding and confidence.

Linking with someone more experienced in breastfeeding, such as a breastfeeding woman, La Leche League Group or a Lactation Consultant provides anticipatory guidance about some of the early breastfeeding challenges.

Women who have never breastfed or who have previously encountered breastfeeding problems are referred to lactation specialists for individual support as required.

## **Individual Instruction on the Preparation of Formula**

Discussion on the preparation of infant formula must be discussed on an individual basis. Written materials such as booklets, leaflets, handbooks and text books with general information on pregnancy, parenting, infant feeding and child care, should not be given to women antenatally if they contain information about the feeding of formulas. This information should be provided in a separate document only to those specific women who have made an informed decision in favour of *artificial feeding*.

Similarly electronic information, videos, DVD's etc, should not exhibit or suggest endorsement of formula manufacturing and marketing companies.

## **Exploring feelings and Attitudes**

Early pregnancy is an ideal time for women and their partners to explore their attitudes to breastfeeding and its impact on anticipated co-parenting roles. Health services in the community should help parents focus on the positive aspects of breastfeeding and regard it as a learning process for families. Women need the opportunity to verbalise and address the conflicting feelings that are sometimes involved in the decision to breastfeed. Partners, too, need to discuss how they can develop a relationship with their breastfed child in ways other than feeding. Engaged partners will be more supportive of sustained breastfeeding than partners who are waiting for their child to finish breastfeeding before developing their parenting connections.

During antenatal education opportunities, it may be helpful to ask women to share their breastfeeding goals and discuss perceived barriers. For example, fear of failure may be due to the woman's lack of confidence that her body may not sufficiently produce enough breastmilk for her baby. When women respond in this way, they often mean that they are not familiar with breastfeeding. Some women and their whanau need a lot of information on breastfeeding; some will only need reassurance; others, because of previous breastfeeding problems or personal / social issues such as a history of sexual abuse, may require much more assistance.

Assisting a woman to resolve her perceived difficulties will help build her confidence and play a key role in promoting success. Discussion with the woman and the family/whanau in the antenatal period should be based on the individual needs of both the woman and the family/whanau.

*A written antenatal curriculum should exist describing how the standards are met*

## **Implementing Point Three**

### **Key requirements for the development of the Antenatal Education Programme**

1. The organisation has a written description of the antenatal education programme.
2. The content of the programme includes the following:
  - the importance of exclusive breastfeeding for the first six months.
  - the importance of breastfeeding
  - the importance of early skin-to-skin contact
  - early initiation of breastfeeding
  - rooming-in on a 24 hour basis
  - safe and unsafe sleep practices
  - feeding on responsive (baby-led) feeding
  - good positioning and attachment of baby at the breast
  - that breastfeeding continues to be important after six months when other foods are given,
  - breastfeeding support services in the community
  - the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding
3. The antenatal handouts cover the following:
  - the importance of exclusive breastfeeding for the first six months.
  - the importance of breastfeeding
  - the importance of early skin-to-skin contact
  - early initiation of breastfeeding
  - rooming-in on a 24 hour basis
  - safe and unsafe sleep practices
  - feeding on responsive (baby-led) feeding
  - good positioning and attachment of baby at the breast
  - that breastfeeding continues to be important after six months when other foods are given,
  - breastfeeding support services in the community
  - the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding
  - frequent feeding to help ensure enough breastmilk;
  - that breastfeeding continues to be important after six months when other foods are given;
4. Health workers can identify at least two issues that should be discussed with a pregnant woman, irrespective of her chosen method of feeding, that can enhance the mother / infant relationship.
5. The service ensures pregnant women accessing the service:
  - are informed of the basics of breastfeeding management including the advantages of 24 hour rooming-in, early skin-to-skin contact and responsive (cue-based) feeding;
  - receive appropriate written information about the importance of breastfeeding, especially exclusive breastfeeding to six months with

- sustained breastfeeding to 2 years and beyond;
  - are informed of the implications of artificial feeding;
  - are not shown formula preparation in a group setting during their pregnancy;
  - are encouraged to attend breastfeeding peer support groups and are aware of the breastfeeding support /groups services available to them in the community.
  - who have never breastfed or who have previously encountered breastfeeding problems are referred to lactation specialists for individual support as required.
6. Written materials about breastfeeding, made available to women, are current, appropriate, ethically and culturally appropriate and separate from information about artificial feeding.
  7. The service and all affiliated sites are free of promotional material that does not comply with The International Code.
  8. The organization has:
    - a Breastfeeding Policy which includes information for pregnant and breastfeeding staff / workers about the support that is available to them in the workplace.
    - a parent's guide to the service's Breastfeeding Policy which is also available in Māori
  9. There is evidence in the policy of the services commitment to enable lactating staff to breastfeed or express.
  10. There is documentation used in the service to identify which breastfeeding topics have been discussed with pregnant women.

*Women should be given information about the importance of  
breastfeeding for them and their baby*

### **Documentation required for Point Three prior to Assessment**

1. A copy of the written antenatal education curriculum as it relates to Point Three.
2. A copy all antenatal handouts given to pregnant women and their whanau.
3. The list of community support groups offered to pregnant women.
4. A copy of the documentation used to identify which breastfeeding topics have been discussed.
5. The service referral form - used when women who have never breastfed or who have previously encountered breastfeeding problems are referred to lactation specialists for individual support.

*Breastfeeding should be discussed as part of each woman's individual antenatal care*