

Facilitator's Guide to accompany the DVD: Breast is Best

How to use this Facilitator's Guide

This Guide can assist in facilitating sessions using the DVD *Breast is Best* for participants to learn more about the importance of breastfeeding, practices that facilitate breastfeeding and how the environment affects breastfeeding.

The DVD is 45 minutes long. However, you will probably stop at sections and take time to discuss the questions and it will take longer than 45 minutes to complete all the sections. You may wish to divide your discussions into sections on the various topics, or you may decide to focus on specific topics most relevant to your group. The times suggested are the minimum time likely to be needed to watch that section of the DVD and briefly discuss the questions listed.

Each section has an introduction sentence or two, states what part of the DVD to watch, and then gives questions to discuss after watching the DVD section. For some topics you will need to add local information, particularly if your society is different from the society in Norway. These places are indicated in the text.

PowerPoint or a flipchart can be used to assist the presentation of information and highlight questions for discussion. However the topics can be discussed without using these aids. Text highlighted on the DVD is written here if you wish to use it.

There is a separate self-study module including multiple choice questions that you may wish to use. This self-study module can be downloaded in the Resource section at www.bestservices.ie. It is likely that participants will need to watch the DVD more than once before they can answer all the multiple choice questions correctly.

Learning Outcomes

The targeted learner is a health worker, volunteer counsellor, or other person assisting mothers and babies who has an existing awareness of breastfeeding and wants to increase their general knowledge and skills related to breastfeeding.

After watching the DVD and participating in the discussion, the learner should be able to:

1. List some reasons why breastfeeding is important to both mother and child;
2. Describe what practices can hinder and what practices can support breastfeeding both in the early days of establishing breastfeeding and later;
3. Provide basic techniques that can be helpful in supporting breastfeeding such as early contact after birth, assisting latch-on, dealing with a plugged duct / mastitis, and preterm birth;
4. Explain how long breastfeeding can continue for;
5. Relate the information presented in the DVD to the learner's local situation.

The DVD is available from:

Video Vital AS, PO 5058 Majorstua, 0301 Oslo, Norway

Tele:+ 47 22554588 Fax:+4722561991 Email: health-info@videovital.no

Norwegian Resource Centre for Breastfeeding

(Women and Children's Division) Oslo University Hospital, Rikshospitalet

P.O. Box 4950 Nydalen, 0424 Oslo, Norway Tele: +47 23075400

The DVD is also available from www.bestservices.ie as well as other stockists of breastfeeding resources.

The text of this Self-study module was prepared by Dr Genevieve Becker, IBCLC for the Norwegian Resource Centre for Breastfeeding/ Video Vital.

This module is available in English and Norwegian. Other languages are planned. Please contact the Norwegian Resource Centre for Breastfeeding to discuss translation rights.

The text and questions may not be re-formatted, or re-sold without permission of the Norwegian Resource Centre for Breastfeeding.

1. Introduction: Importance of breastfeeding and breastfeeding in our society (10 minutes)

This DVD shows Norwegian situation. As we watch this first section, consider the similarities or differences in our society or community and those shown here. (Watch DVD from start for 2.34 minutes: mother standing at door, close-up, black and white)

In our society:

- 1.1 Is breastfeeding seen as a normal, everyday activity that is done without comment?
 - Does the general community recognise breastfeeding as important to the baby; to the mother; to wider society?
 - Is a mother welcome to breastfeed anywhere?
 - Would a mother feel comfortable breastfeeding in her own home with friends and family present?
 - In a restaurant, on a train?
 - How would those people around a breastfeeding mother feel about her breastfeeding?

- 1.2 Is there any protection for breastfeeding in public places so the mother is not told to stop breastfeeding?
 - Any laws to protect a mother and baby from discrimination related to breastfeeding? (If so mention these.)

- 1.3 What are the current breastfeeding rates in your area?
(Initiation, at 3 months, at 6 months, later)
 - How is breastfeeding defined in the reporting of rates?
 - Were the breastfeeding rates different in the past?
(Lower, higher? More or less exclusive breastfeeding?)

PowerPoint or flipchart:

give local and/or national breastfeeding rates in the past and present

- 1.4 What are we doing / could we do in our area to help breastfeeding to be seen as the norm and supported?

How the community values breastfeeding is one of many influences on rates. Later we will discuss how hospital practices effect breastfeeding initiation and success. Next we look at the importance of breastfeeding to mothers.

2. Importance of breastfeeding – advantages for mothers (10 minutes)

As we watch the next piece of the DVD, think about the pregnant women, new mothers and their families that you are in contact with and what they know about the importance of breastfeeding to the mother.

(Watch DVD from 2.35 to 4.16 minutes - to end of breast cancer sentence and text points on screen).

PowerPoint or flipchart:

Breastfeeding advantages for mother

Quicker back to normal

Less stress hormones

Better mood, sounder sleep

Later in life:

Less diabetes

Less cancer of breast/ovaries

- 2.1 Consider the information presented on the importance of breastfeeding to mothers. Do you hear mother-focused benefits discussed in your area or are the benefits to the baby more of the focus?

- 2.2 Are clinical health benefits (e.g. related to illness) promoted more than practical aspects such as convenience, cost, more content baby and mother?

- 2.3 Do you see breastfeeding mentioned in initiatives to prevent cancer, particularly breast cancer?

Next we look at practices that assist mothers and babies to benefit from breastfeeding.

3. Practices to support breastfeeding (20 minutes)

Breastfeeding does not just start when the mother is comfortably in her bed on the postnatal ward. Her first contacts with the health service during her antenatal visits as well as the birth practices can support a good start for breastfeeding.

As we watch, listen and observe the practices that can be supportive.

(Watch DVD from 4.19 to 9.50 minutes – to first sentence of graphic of breast with milk ducts).

Preparation

- 3.1 During the antenatal visits it can help to answer a pregnant woman's questions. Do you discuss the questions of each woman (and her partner) or do you just talk at her with the same information given to each woman?

The antenatal visits are also a time to discuss the practices that assist breastfeeding and mothering to get a good start.

Newborn Contact

- 3.2 Imagine that you are a baby warm and safe in your mother's womb, hearing the sounds of her heart. The time comes to be born! The world can be a noisy and bright place with many strange smells.

- If you were the baby, what would you most want at this frightening time?
(To hear the sounds of your mother, to be warm and secure, to smell your mother's smell – her areola smells like her amniotic fluid, to suck)

- 3.3 What happens in your birth facility?

- Is the newborn baby in skin-to-skin contact with mother?
- Is baby dried well and covered – but not wrapped as that would put a barrier between mother and baby?
- Does the father or other support person hold the baby in skin contact until the mother is able to do so?

- 3.4 Did you notice the baby making calling sounds, moving towards the breast, searching for the nipple – all by itself?



Caesarean section

3.5 In your hospital are practices related to early contact between mother and baby different if the birth is by caesarean section?

(If there are different practices for caesarean section births)

- How are they different?
- Are these differences in practice for medical reasons or to do with the way that the mother and baby are “processed” through the system?
(*Discuss each practice that group participants mention*)
- What effect do the practices have on the baby? On the mother?

3.6 If a parent asked you why early contact and skin to skin contact is important for the newborn infant and mother, what would you reply?
(Baby is calmed by familiar sounds and smells and has an early start to suckling.

Baby uses less of baby’s own energy stores to keep warm and this plus less crying, which uses energy, means less risk of low blood sugar.

Mother is more relaxed and the contact with her baby helps her breasts to start producing milk.)

4. Mother's Milk – Good for Baby (10 minutes)

Antenatal preparation and supportive practices immediately after birth are good. There can be times when we may need to remember how important mother's milk is to her baby. As you watch this section of the DVD, listen to the list of reasons why breastfeeding is important to the child.

(Watch DVD from 9.51 to 12.51 minutes - after back of thin and chubby women, text on screen and face of Dr. Morten Groenn summarising).

PowerPoint or flipchart:

Mother's milk:

- Tailor-made for human babies
- Easily digestible, matures the gut
- Changes with baby's need through each meal and the time of the day
- Changes with the age of the child
- Fatty acids especially benefits brain

Documented lower risk of

- Diarrhoea, urinary infections
- Meningitis
- Pneumonia, bronchitis,
- Colds, ear-infections
- Septicaemia

Studies indicate lower risk of:

- SIDS
- Later in life less:
 - Childhood cancer
 - Obesity / diabetes
 - Illness of the gut

- 4.1 Do you think most expectant parents in your area would be aware of all of these benefits of breastfeeding to the baby?
(If no), What information would be new information to the parents?
- 4.2 This DVD refers to the benefits of breastfeeding compared to formula use, with statements such as "babies who are breastfed are much less likely to get serious diarrhoea and urinary tract infections." If the comparison was the other way around and we said "babies who do not breastfeed and more likely to get serious diarrhoea and urinary tract infections," what would be the effect?
- How would parents think about formula use being described as a risk to the baby?
 - How would you as health workers feel about saying to parents that there were risks if the baby was not breastfed?

5. The Start – Feeding Cues (10 minutes)

A new baby can be hard work. As we watch the next piece of the DVD, think about the information and practices that might make it easier for a mother starting to breastfeed. (Watch DVD from 9.52 to 16.30 minutes - after feeding cues, mother and baby resting on bed “I’m ready”).

- 5.1 How often do mothers, families and health workers expect a newborn baby to want to feed?
 - Is this expectation based on the normal physiological behaviour of the baby, or on a wish that the baby fits into an adult routine, or an expectation based on behaviour of formula fed babies?

- 5.2 What are some ways to help the mother respond to the baby’s need in these early days?
(Mother gets rest, keeping baby close, short frequent feeds to build milk supply, learning feeding cues, explain to mother that this is normal)

- 5.3 What feeding cues can you notice and point out to the mother?

6. Mother's Position and Baby's Position (15 minutes)

There are many different positions for the mother when breastfeeding: lying down, sitting in a chair, sitting on the floor, leaning over the baby, and others.

As we watch this section of the DVD, observe the positions of the mothers.

- What can you observe about the mother's back, her neck, her feet, and her arms?

There are many different positions for the baby too. As we watch this section of the DVD, also look at the positions of the baby in various sections.

- What can you observe about the baby's back/body, neck, head, and arms?
- Where is the baby in relation to the mother's body?

(Watch DVD from 16.31 to 19.34 minutes – after other mammals and hold breast back from nose).

6.1 How would you feel yourself in these positions as a mother holding her baby?

- Try various positions. Use a heavy doll or even a bag of rice or other item that has a similar weight to a newborn baby and hold in a position for 20-30 minutes so that you can feel how your arms, neck, back etc react to the weight.

7. Baby latching on, sleepy baby, tongue-tie (10 minutes)

As we watch this section, look at the baby latched on to the breast.

- What can you see of the mother's areola?
- What do you notice about the baby's lips, the angle at the corner of the mouth, where is the baby's chin and nose relative to the breast?

(Watch DVD from 19.35 to 22.55 minutes - end of tongue-tie section "breastfeeding is going much better")

7.1 Is it useful to say to a mother to "get all the areola into the baby's mouth"?

7.2 Does the mother attach her baby to her breast or does a baby self-attach?

- You can encourage a baby to latch-on but can you make the baby latch-on if the baby does not want to?

A mother can help her newborn baby without rushing the baby:

PowerPoint or flipchart:

Tempting

Sniffing

Searching

Coaxing again

Searching underneath nipple

Big gap

Good latch

Sleepy babies

7.3 What are some ways that a sleepy baby can be helped to feed?

Tongue-tie

Practices related to tongue-tie vary in different places. If it is not usual in your area to assess for tongue-tie and clipping if needed, inform the participants where they can get more information on this condition, and discuss further as needed.

8. Take good care of the breast and nipples (15 minutes)

(Sore nipples, Flat or inverted nipples, Big soft breasts, A few tips, Engorgement)

Breasts are working very hard and need some care. This section of the DVD looks at some ways of caring for breasts and nipples.

(Watch DVD from 22.53 to 28.53 minutes - end of engorgement: “just how much milk is needed”).

8.1 What do you see mothers in your community do to care for their breasts and nipples?

8.2 What might help a sore nipple?

8.3 Breasts come in many shapes and sizes. What are some ways that a mother with a large soft breast could help her baby to latch-on effectively?

8.4 A large soft breast is different from a hard, tender engorged breast. What are some ways that a mother with an engorged breast could help her baby to latch-on effectively?

8.5 Are there practices that you might suggest are not helpful to care for breasts and nipples?

9. **Supplementation (15 minutes)** (Cup-feeding, Bottles and dummies/pacifiers)

Sometimes a supplement is offered as a solution to a difficulty. This section of the DVD looks at why a supplement might be offered and how it might be given. (Watch DVD from 22.54 to 30.41 minutes: after dummy, “signal the need to increase milk-production”)

9.1 How much milk do you expect a healthy term newborn to take in the first day or two? (The small amounts of colostrum are enough for most babies.)

9.2 What do you do if the baby needs more than this?
(Expressed own mother’s milk or donor human milk is ideal).

Review cup-feeding techniques: alert baby, sitting upright, bring milk to baby’s lips and let baby control rate of swallowing. If cup-feeding is a new practice to the participants allow more time to explain in detail why it is preferred to supplementing with a bottle and teat and how to cup-feed safely.

Review using a tube at the breast techniques: baby needs to be able to latch-on for this technique to work.

9.3 Which comes first – a bottle or a dummy (pacifier) is used and the milk supply reduces or there are sucking difficulties (bottle/dummy is cause), or there are difficulties already and the bottle or dummy are seen as a solution to the difficulties?

9.4 What do you say if a mother of a newborn baby asks about using a dummy (pacifier) or a bottle?
(Take care as this may be an indicator of difficulties with breastfeeding or with being a new mother. It needs more response than a simple statement that using a dummy (pacifier) or a bottle is not recommended.)

9.5 Do you hear health workers suggesting using a dummy (pacifier) or a bottle to the mother of a newborn baby?

- Might this indicate that the health worker is lacking in knowledge about the effects of using a dummy (pacifier) or a bottle, or that the health worker is having difficulties in assisting the mother adequately?
- Would it be enough if you just told the health worker not to suggest using a dummy (pacifier) or a bottle?
- Does there need to be discussion about what to do instead to assist the mother and baby?

9.6 What could you do if another health worker was telling a mother that her baby needed a supplement and you thought this was not the best solution in that situation?

10. Premature babies (10 minutes)

Some babies are born early. In this section of the DVD, watch how skin to skin contact can help these babies. Then there is a piece on expressing milk.

(Watch DVD from 30.42 to 33.32 minutes - end of milk storage text).

- 10.1 Do you see early skin to skin contact in the premature baby units (Special Care Baby Unit or neonatal Intensive Care Unit) that you know?
- 10.2 What are some benefits of this skin contact for premature babies? (smell and warmth stimulates baby, can lap drops of colostrum, oxygen intake higher, connects feeling full with being at the breast, baby at breast stimulates milk production and can calm mother as described earlier for a full term baby).
- 10.3 In your experience, is the mother seen as a vital part of the premature infant's care, or as a visitor to the neonatal unit?
- 10.4 How could mother-baby contact be facilitated in the local unit?

Pumping /hand expression/ storage

Once a mother has the basic principles of expressing milk she can find ways that suit her best. If the baby is not feeding at the breast, frequent expressing or pumping will help milk production.

Recommended storage times vary. If the times on the DVD are different from the times general given in your area discuss this with participants.

PowerPoint or flipchart:

When the baby can't suckle

Best: 8 times per 24 hrs

A total of 2 hrs per 24 hrs

Both breasts simultaneously: quicker, more milk

Expressed milk can be stored at home up to:

5 days in refrigerator at v 4.C/ 39.F

3 months in freezer at -18.C/ 0.F

- collected in sterile container

11. Milk supply (10 minutes)

(Not enough milk, Night feeding)

Is the baby getting enough milk is a very common question of parents and the people supporting them. This section of the DVD looks at coping with “fussy days” and night feeding. In the DVD, also observe how the baby is kept safe when co-sleeping.

(Watch DVD from 33.34 to 36.17 minutes - to end of text, baby awake in middle of bed)

11.1 Earlier we discussed observing feeding cues of the baby; that observation continues now. Often the baby gives signs of needing more milk. What signs might a mother notice?
(Slowing of weight gain, baby looking to feed more often, baby unsettled)

11.2 What can you suggest to the mother when she notices these signs?
(Stay near baby, put to breast frequently, relax and respond to the baby for a day or two while milk supply builds up).

Night feeds

11.3 In the DVD, what did you observe of how the baby is kept safe when co-sleeping?
Position of baby, face clear, position of other people relative to the baby, blankets, pillow?

PowerPoint or flipchart:

Babies who are breastfed at night may co-sleep as long as:

Parents are non-smokers

Parents are not under the influence of alcohol or drugs

Baby does not get too hot:

has plenty of room,

has own cover and fresh air

11.4 Are there any guidelines for parents from hospitals, health authority or in your general community about co-sleeping? (If so, make participants aware of these.)

12. Plugged ducts / mastitis (10 minutes)

Earlier we looked at care of the breasts. Sometimes the breast can develop a blocked area or mastitis. This section of the DVD discusses what mastitis is and how to deal with it.

(Watch DVD from 33.18 to 38.24 – text, music)

- 12.1 How is mastitis different from engorgement?
(Likely to be one area, redness, mother may have fever and flu-like symptoms.)
- 12.2 What is most important to reduce the pain and fever?
(Keep milk flowing so breast does not become overfull)
- 12.3 What are some techniques that you could suggest to a mother to get her milk flowing?

PowerPoint or flipchart:

Plugged ducts / mastitis

Get the milk flowing frequently for the next 24 hours:

Every 2 hours during the day

Minimum 2 times during the night

Still pain, high fever, hard breast?

See a doctor

Try bringing a milk sample

Be prepared to discuss the use of antibiotics for a breastfeeding mother or to refer participants to sources of information on medications when breastfeeding.

13. Mother-to-Mother Support Groups (5 minutes)

Support and assistance from health workers is very useful. Experienced mothers can be a good source also, as this section of the DVD explains. (Watch DVD from 38.25 to 38.58 minutes – mother on black background, “feeding tube on the breast”.)

13.1 Where would a new mother find mother-to-mother support in your area?

13.2 Are there differences to support from health professional to mother and from mother to mother?

- When might one of these supports be more useful than the other type?

Consider preparing a list of contact details of local mother support groups to give to participants.

14. Loving care without breastfeeding (10 minutes)

(Twins or more, Back to work)

Some mothers do not breastfeed. Consider what practices presented in this DVD would also apply to the mother and baby not breastfeeding.

(Watch DVD from 38.59 to 40.34 – mother and baby relaxing in hammock).

14.1 Is skin to skin contact beneficial just for breastfeeding babies and their mothers or for all newborn babies and mothers?

14.2 What other practices apply to all babies?

Multiple births

14.3 Do you hear women being told that they would not be able to breastfeed if they have more than one baby?

- If you hear this said what can you reply?

Back to work

Sometimes mothers or those around them think that going back to work means not being able to continue to breastfeed.

14.4 (In your country,) does a mother have rights to paid maternity leave and lactation breaks when she returns to work?

- How long can she stay at home with pay and no risk of losing her job?
- Do these rights apply to all women?
- Is the mother paid her full salary?
- When the mother goes back to work how much time is allowed for lactation breaks each day?
- Until what age of the baby do the lactation breaks continue?

You may wish to discuss other situations that are sometimes given as reasons for not breastfeeding at all or for stopping early such as medication use or maternal illness, busy lifestyle ...

15. How long (10 minutes)

Breastfeeding is beneficial for both short and longer periods. This section of the DVD discusses both adding other foods to breastfeeding and continuing to breastfeed an older baby.

(Watch DVD from 40.36 to 42.51 minutes - toddler with apple)

PowerPoint or flipchart:

How long?

Exclusive breastfeeding for 6 months

Continued together with other food up to at least 1 year of age

(Norway) adapt locally

The World Health Organization:

Mother's milk 2 years and beyond

15.1 If parents ask you for how many months should the baby breastfeed, what do you reply?

15.2 Sometimes the term weaning" is confusing. Do you differentiate between the time for exclusive breastfeeding, and the time for continuing to breastfeed after other foods are added?

15.3 What are the ministry of health (or other national or regional authority) recommendations about the length of exclusive breastfeeding and continuing breastfeeding after other foods are added?

15.4 Do you know women who have continued to breastfeed an older baby or child, or continued to breastfeed while pregnancy?

- And to breastfeed a baby and older child together?
- What do you think of this practice?
- Discuss why these mothers may feel it is beneficial to continue breastfeeding as a child gets older.

Answer any additional questions and make any further points.

Conclusion

Answer any additional questions and make any further points.

Watch conclusion on the DVD (42.52 to 44.40 minutes) and make your own concluding remarks, for example:

Humankind has existed for thousands of years. If being a mother was too difficult for many women, or breastfeeding did not nourish and protect babies, the human race would not have survived.

Breastfeeding has a physiological effect on a mother to reduce her stress hormones and help her to feel content. Breastfeeding also calms a baby.

However these natural physiological processes can be undermined by lack of knowledge about how breastfeeding benefits mothers and babies, by pressures on the mother of a young baby to act against the natural process such as separation from her baby or scheduled feeding, and by lack of support from those around her.

It is important for those around mothers, their families, friends, health providers, and the general community, to realise that breastfeeding is important and that their support is needed.