

IYCF (Infant and Young Child Feeding)/BREASTFEEDING

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Objectives

After completing this session students will be able to:

- describe The Global Strategy for Infant and Young Child Feeding
- list the policy initiatives of The Global Strategy for infant and young child feeding
- state the current recommendations for feeding children from 0-24 months of age



The Global Strategy for Infant and Young Child Feeding

- Developed by WHO and UNICEF to revitalize world attention on the impact that feeding practices have on infants and young children
- Malnutrition has been responsible, directly or indirectly, for over 50% of the 10.6 million deaths annually among children <5 years
- Over two-thirds of these deaths occur in the first year of life

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Policy initiatives

- International Code of Marketing of Breast-milk Substitutes (1981)
- Innocenti Declaration (1990)
- Baby-friendly Hospital Initiative (1991)
- Global Strategy for Infant and Young Child Feeding (2002)



The International Code

- 1981 World Health Assembly adopted The Code, which aims to regulate promotion and sale of formula
- The Code is a code of **marketing**
- The Code covers all breast-milk substitutes – including infant formula, other milks or foods, including water and teas and cereal foods which are marketed for infants under 6 months, and teats and bottles
- October 20, 1986-President Aquino created the E.O. 51, commonly called the MILK CODE, setting the Philippine Code of Marketing breast milk substitutes



Exclusive breastfeeding

- Breastfeeding provides ideal food for the healthy growth and development of infants
- Infants should be exclusively breastfed for the first six months of life
- Exclusive breastfeeding for 6 months means feed the baby with only breastmilk, no extrafluids/food



Complementary feeds

- After six months all babies require complementary foods while breastfeeding continues for up to two years of age or beyond
- Complementary feeds should be:
 - timely
 - adequate
 - safe
 - properly fed



Feeding in exceptionally difficult circumstances

- Emergency situations
- Malnourished children
- Low-birth-weight babies
- Infants of HIV-infected mothers
- Orphans



Why breastfeeding is important

After completing this session students will be able to:

- state the advantages of exclusive breastfeeding
- list the disadvantages of artificial feeding
- describe the main differences between breast milk and artificial milk



Advantages of breastfeeding

- Breast milk
- Perfect nutrients
- Easily digested;
- efficiently used
- Protects against infection



- Breastfeeding
- Helps bonding and development
- Helps delay a new pregnancy
- Protects mothers' health

- Costs less than artificial feeding

Protection against infection

1. Mother infected

2. White cells in mother's body make antibodies to protect mother

4. Antibodies to mother's infection secreted in milk to protect baby

3. Some white cells go to breast and make antibodies there



Colostrum

- Property Importance
- Antibody rich - protects against allergy & infection
- Many white cells - protects against infection
- Purgative - clears meconium
 - helps to prevent jaundice
- Growth factors - helps intestine to mature
 - prevents allergy, intolerance
- Rich in Vitamin A - reduces severity of infection



Psychological benefits of breastfeeding

- Emotional bonding
- close, loving relationship between mother and baby
- mother more emotionally satisfied
- baby cries less
- baby may be more emotionally secure
- Development
- children perform better on intelligence tests



Disadvantages of artificial feeding

- Interferes with bonding
- More diarrhoea and persistent diarrhoea
- More frequent respiratory infections
- Malnutrition; Vitamin A deficiency
- More allergy and milk intolerance
- Increased risk of some chronic diseases
- Obesity
- Lower scores on intelligence tests
- Mother may become pregnant sooner
- Increased risk of anaemia, ovarian cancer, and breast cancer in mother



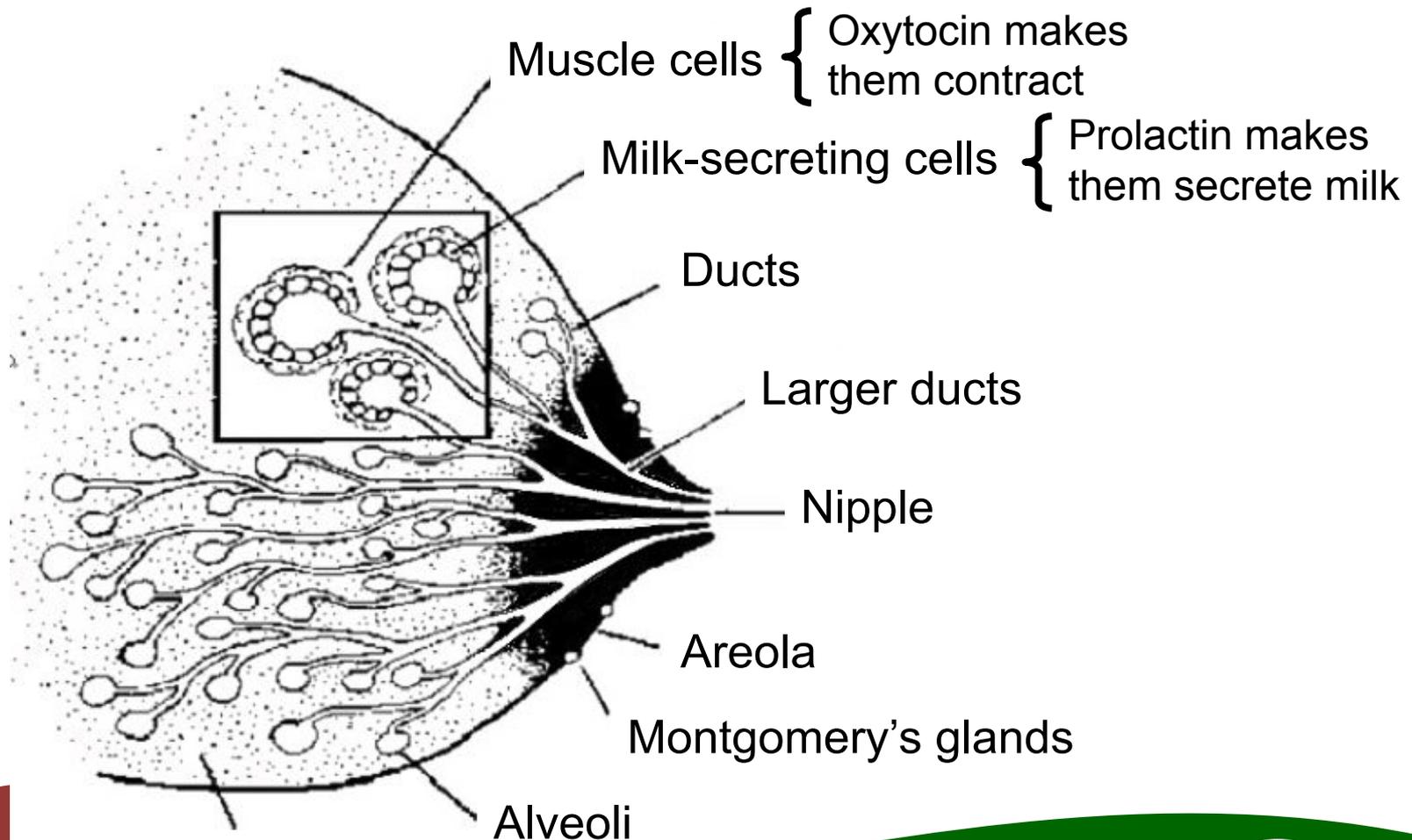
How breastfeeding works

After completing this session students will be able to:

- name the main parts of the breast and describe their function
- describe the hormonal control of breast milk production and ejection
- describe the difference between good and poor attachment of a baby at the breast
- describe the difference between effective and ineffective suckling



Anatomy of the breast



Supporting
tissue and fat

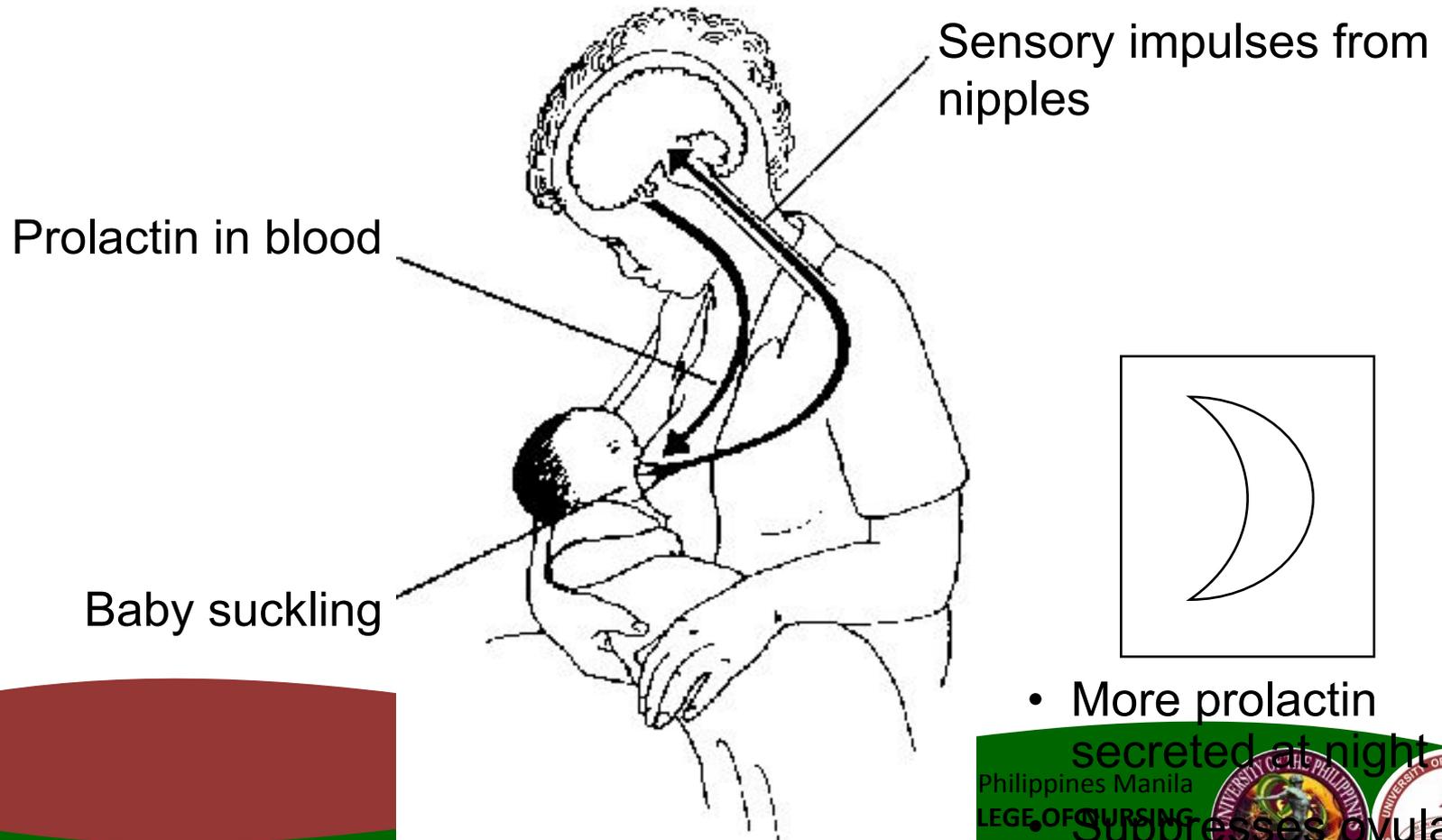
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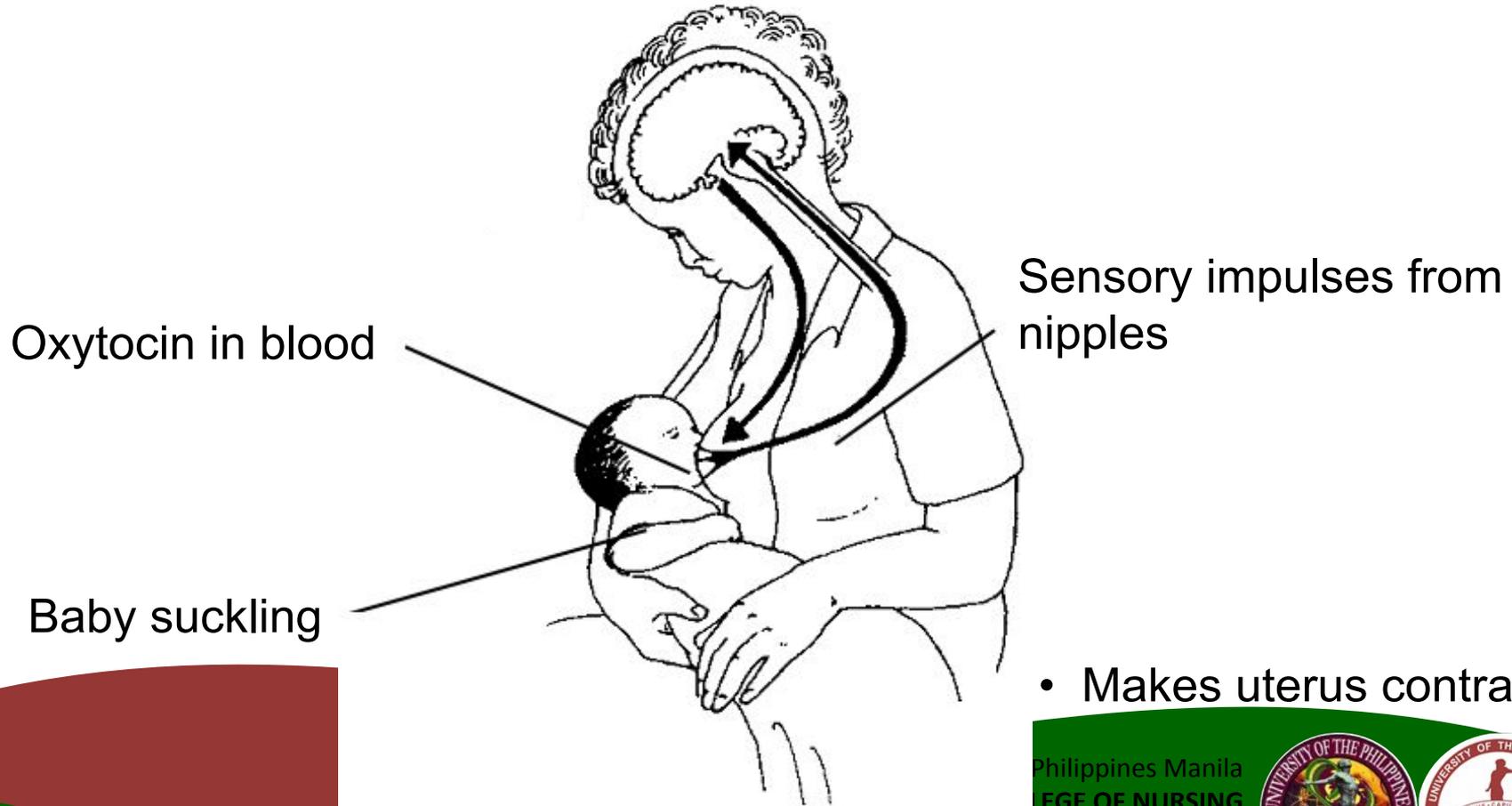
Prolactin

- Secreted *during* and *after* feed to produce *next* feed



Oxytocin reflex

- Works *before* or *during* feed to make milk flow



- Makes uterus contract

Helping and hindering of oxytocin reflex

These *help* reflex

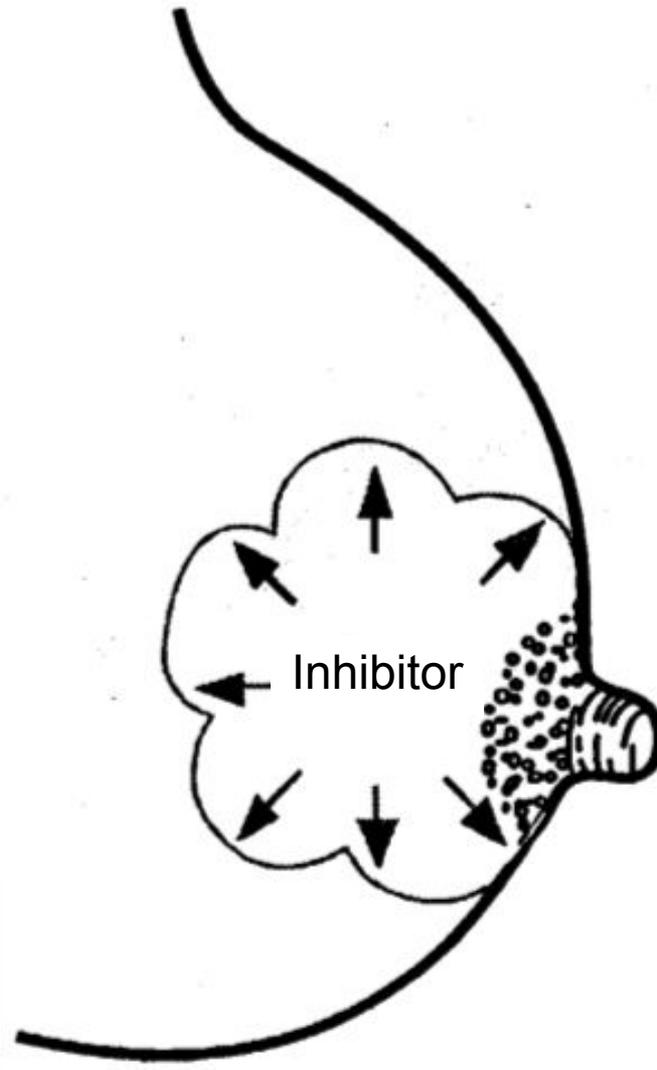
- Thinks lovingly of baby
- Sounds of baby
- Sight of baby
- Touches baby
- Confidence



These *hinder* reflex

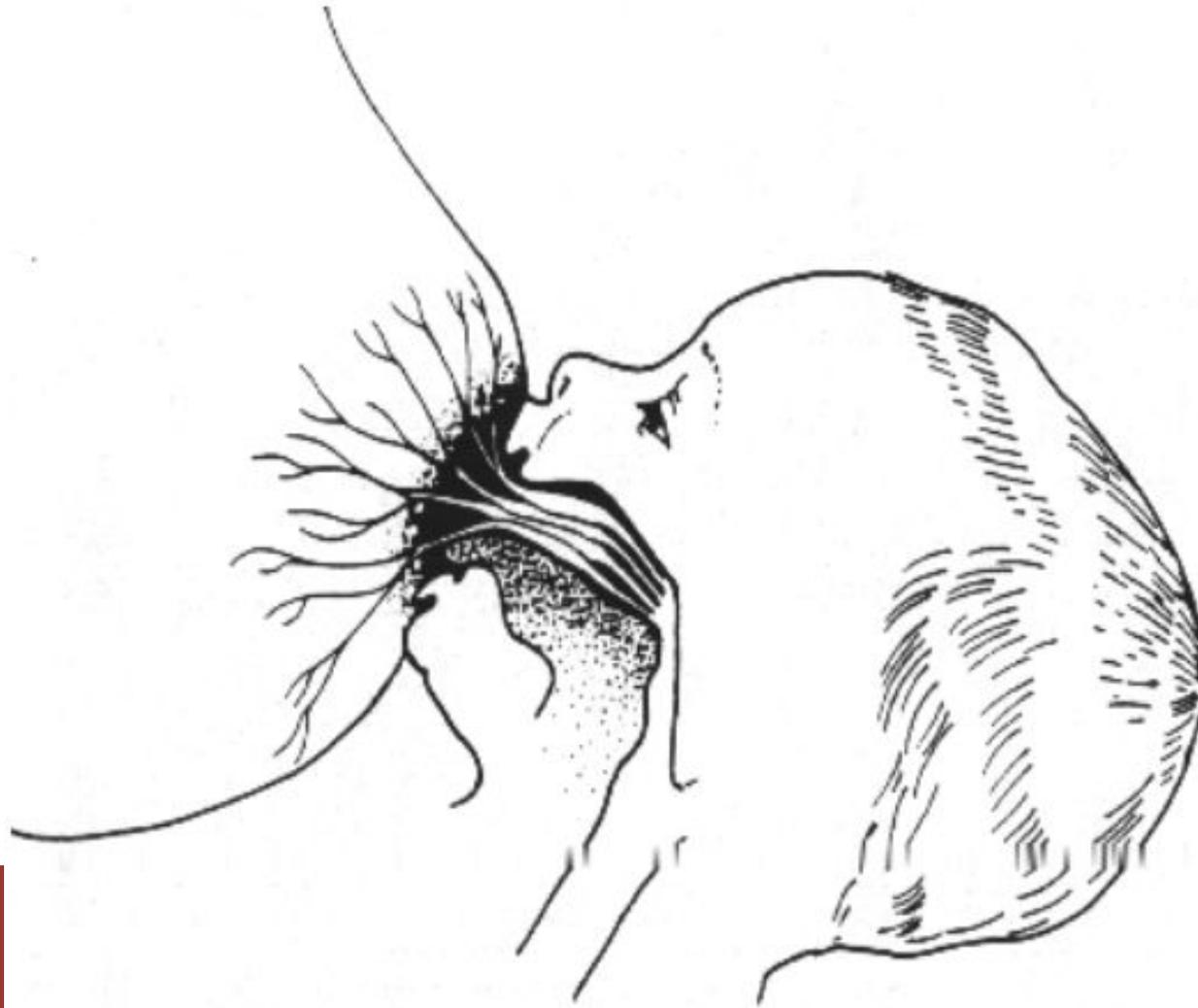
- Worry
- Stress
- Pain
- Doubt

Inhibitor in breast milk



If breast remains
full of milk,
secretion stops

Attachment to the breast



Good and poor attachment

- What differences do you see?



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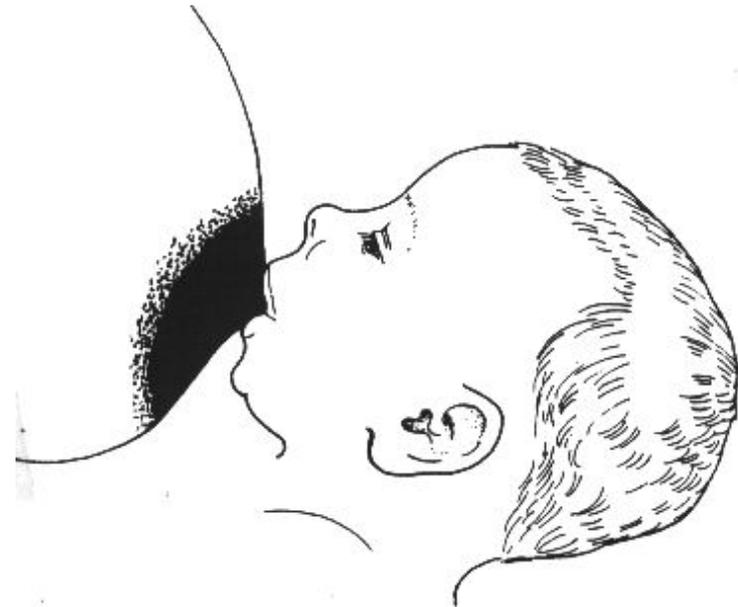
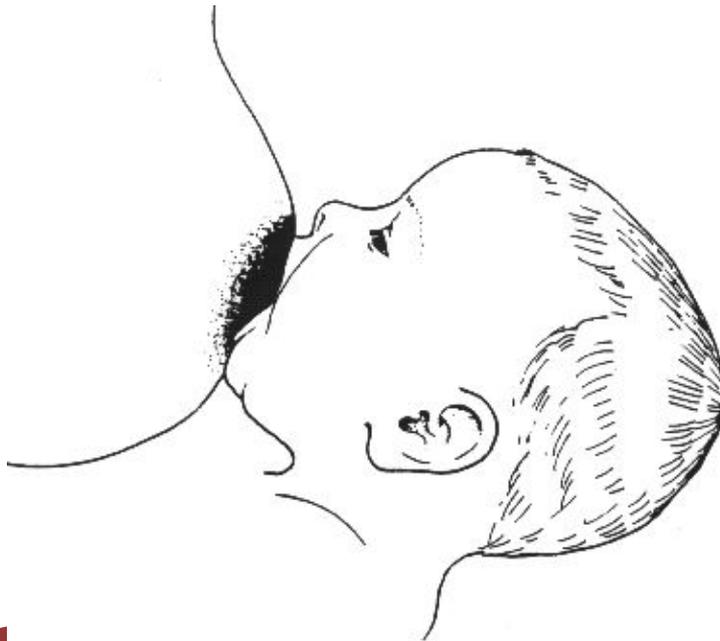
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Attachment (outside appearance)

- What differences do you see?



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Results of poor attachment

- Painful nipples
- Damaged nipples
- Engorgement
- Baby unsatisfied and cries a lot
- Baby feeds frequently and for a long time
- Decreased milk production
- Baby fails to gain weight



Reflexes in the baby

Rooting Reflex

When something touches lips, baby opens mouth, puts tongue down and forward

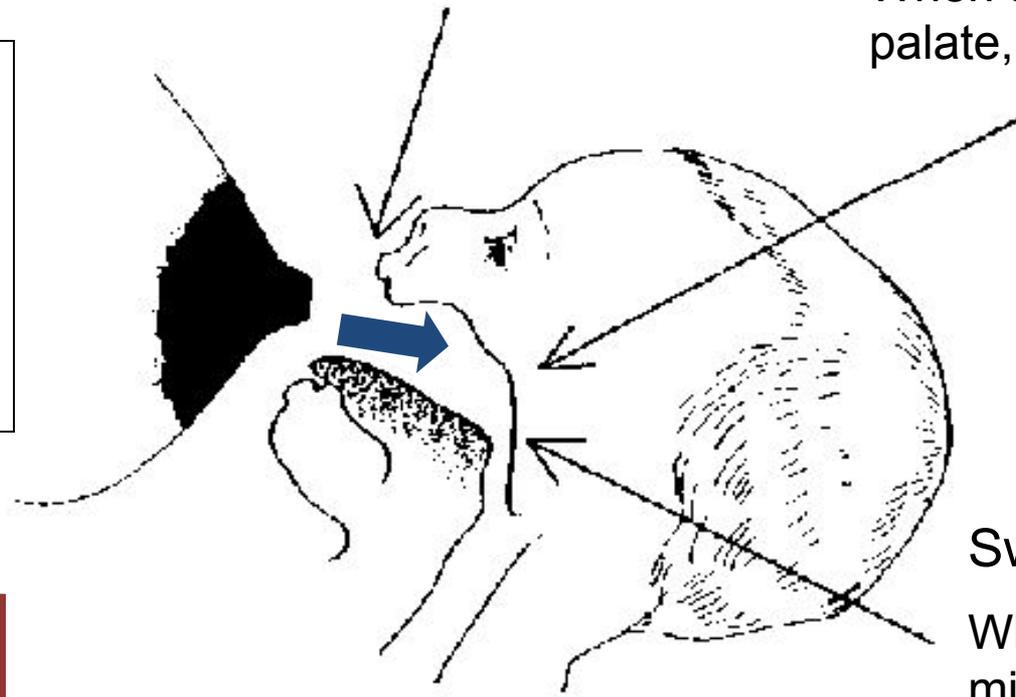
Sucking Reflex

When something touches palate, baby sucks

Skill

Mother learns to position baby

Baby learns to take breast



Swallowing Reflex

When mouth fills with milk, baby swallows

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Assessing a breastfeed

After completing this session students will be able to:

- explain the 4 key points of attachment
- assess a breastfeed by observing a mother and baby
- identify a mother who may need help
- recognize signs of good and poor attachment and positioning



















The 4 key points of ATTACHMENT

- More areola above baby's top lip than below bottom line
- Baby's mouth wide open
- Lower lip turned outwards
- Baby's chin touches breast



Positioning a baby at the breast

After completing this session students will be able to:

- explain the 4 key points of positioning
- describe how a mother should support her breast for feeding
- demonstrate the main positions – sitting, lying, underarm and across
- help a mother to position her baby at the breast, using the 4 key points in different positions



The 4 key points of positioning

- Baby's head and body in line
- Baby's held close to mother's body
- Baby's body supported by head and neck
- Baby approaches breast, nose to nipple



How to support her breast

- With her fingers against her chest wall below her breast
- With her four fingers supporting the breast
- With her thumb above
- Her fingers should not be too near the nipple



How to help the baby to attach?

- Touch the baby's lips with her nipple
- Wait until her baby's mouth is opening wide
- Move her baby quickly onto her breast, aiming his lower lip below the nipple



Common breastfeeding difficulties

After completing this session students will be able to identify causes of, and help mothers with, the following difficulties:

- 'not enough milk'
- a crying baby
- breast refusal



'Not enough milk'

- This is one of commonest reasons for stopping breastfeeding
- Usually when a mother **thinks** she does not have enough breast milk, her baby is getting all he needs
- Sometimes a baby does **not** get enough breast milk. But this is usually because of ineffective suckling. It is rarely because his mother cannot produce enough



Reliable signs that a baby is not getting enough milk

- Poor weight gain
- less than 500 grams per month

- Small amount of concentrated urine
- less than 6 times per day



Possible signs that a baby is not getting enough breast milk

- Baby not satisfied after breastfeeds
- Baby cries often
- Very frequent breastfeeds
- Very long breastfeeds
- Baby refuses to breastfeed
- Baby has hard, dry, or green stools
- Baby has infrequent small stools
- No milk comes out when mother expresses
- Breasts did not enlarge (during pregnancy)
- Milk did not 'come in' (after delivery)



Reasons why babies refuse to breastfeed

- Baby ill, sedated or in pain
- Difficulty with breastfeeding technique
- Change which upsets the baby
- Apparent, not real, refusal



Breast conditions

- After completing this session students will be able to recognize and manage these common breast conditions:
 - flat and inverted nipples
 - engorgement
 - blocked duct and mastitis
 - sore nipples and nipple fissure







Management to reduce the engorgement

- Warm shower or warm moist packs may help the mother relax and enhance milk flow
- Gentle massage, hand expression or minimal use of a breast pump
- More frequent and effective feedings
- Cold packs can be applied after each feeding to relieve congestion and pain
- Anti-inflammatory drugs may also be helpful
- Use of breast pump or hand expression will resolve engorgement as well





Management of flat and inverted nipples

- Build the mother's confidence
- Help the mother to position her baby
- If a baby cannot suckle effectively in the first week or two help his mother to feed with expressed milk
- Hoffman's technique
- Nipple everter/syringe everter
- Nipple shield





What can be done to relieve the obstructed duct?

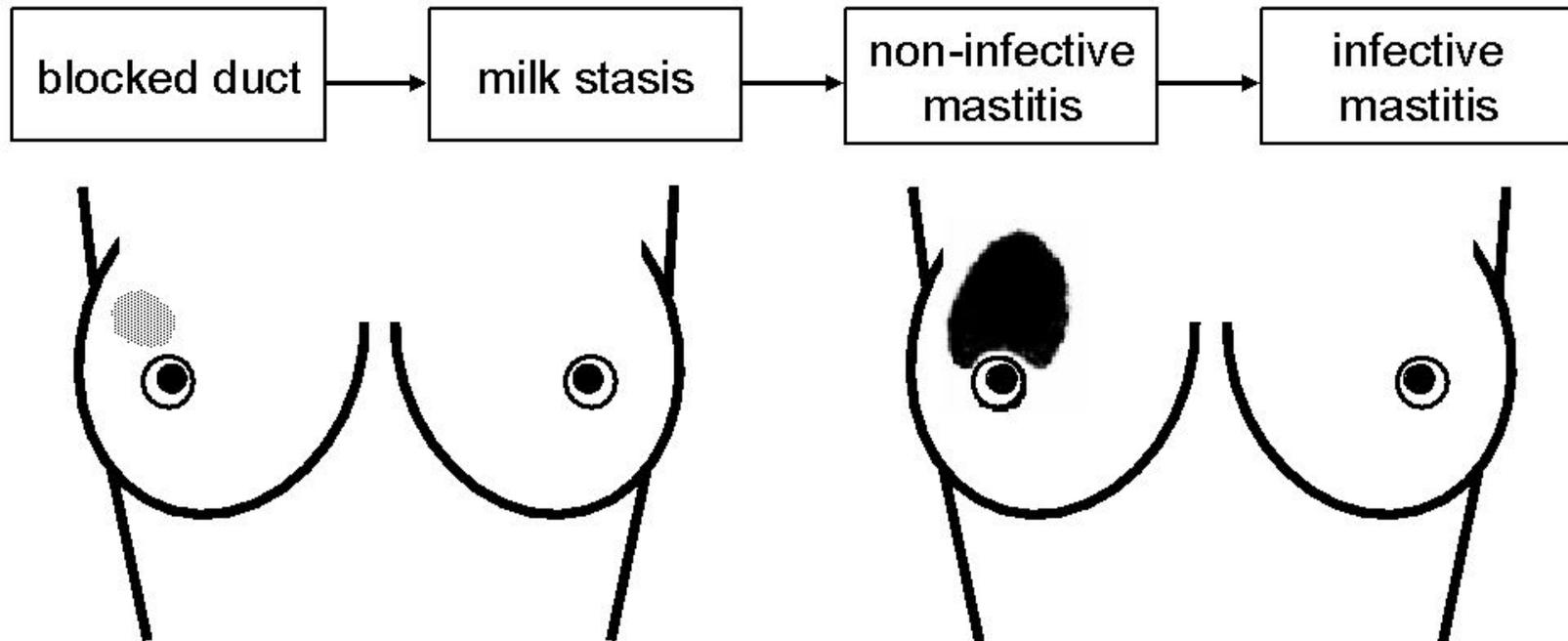
- Start feeding from the affected breast first
- Change the position of the position of the baby at each feeding to encourage more complete emptying of the ducts and increase the chance of removing the obstruction
- Cease wearing underwire bras and any other constructive clothing
- Empty the affected breast as completely as possible, either by feeding or milk
- Warm moist compresses to area 3-5 minutes before feeding







Symptoms of blocked duct and mastitis



- Lump
- Tender
- Localised redness
- No fever
- Feels well

Progresses to



- Hard area
- Feels pain
- Red area
- Fever
- Feels ill

How to manage a case of mastitis?

- Continue breastfeeding
- Apply warm, moist compresses to the area 3 to 5 minutes before feeding or pumping
- Frequent milk removal (every 2 1/2 to 3 hrs or sooner) by feeding, hand expression
- Encourage the mother to rest as much as possible for 24 hours
- Encourage the mother to drink extra nursing fluids and water to meet her thirst need
- Ensure proper positioning and attachment



- Instruct the mother to continue breastfeeding frequently
- Take antibiotic therapy as prescribed
- A mild analgesic such as acetaminophen or ibuprofen is helpful in relieving pain if needed



References

- WELLSTART International, Lactation Management Study Modules Level 1
- Infant and Young Child Feeding , Trainings of Trainors Manual , DOH



(Thank you)

BFF

Breast friends forever

