

Session 31

(Additional session)

WOMEN'S NUTRITION, HEALTH AND FERTILITY***Objective***

At the end of this session, participants will be able to:

- advise a breastfeeding mother what to eat;
- help a mother who is ill to continue breastfeeding;
- decide if a drug that a breastfeeding mother is taking may be unsafe for her baby;
- inform mothers about how breastfeeding can help family planning;
- help breastfeeding mothers to find a method of contraception which does not interfere with breastfeeding.

Session outline

(60 minutes)

Participants all together for presentation by one trainer

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|------|--------------------------------|--------------|
| I. | Introduce the topic | (3 minutes) |
| II. | Present Overheads 31/1 to 31/8 | (30 minutes) |
| III. | Answer participants' questions | (7 minutes) |

Participants work in small groups of 4-5 with one trainer

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| IV. | Group discussion (Exercise 23) | (20 minutes) |
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Preparation

Refer to pages 9-11 in the Introduction, for general guidance about how to show overhead transparencies, and to pages 13-14 for guidance on conducting discussion in groups.

Make sure that Overheads 31/1 to 31/8 are in the correct order. Study the overheads and the text that goes with them so that you are able to present them.

Read the **Further information** sections. so that you are familiar with the ideas that they contain.

As you follow the text, remember:

- indicates an instruction to you, the trainer
- indicates what you say to participants

Do not present the **Further information** sections. Use them to help you to answer questions.

I. Introduce the topic

(3 minutes)

- Explain what the session will be about:
 - When you help a mother to breastfeed, it is important to remember her own health, and to care for her as well as her baby.
 - You need to think about the mother's nutrition, because this affects her health, energy and well-being.
 - You need to know how to help a mother to breastfeed if she becomes sick. You may be concerned about whether her illness or the drugs that she is taking can affect her baby.

- Breastfeeding and family planning help each other. You need to be able to give mothers the information that they need about breastfeeding and family planning.
- Refer back to the list of reasons for stopping breastfeeding or for starting complementary feeds early from Session 2, 'Local breastfeeding situation'. Remind participants if they identified factors such as pregnancy, sickness or malnutrition of the mother as important in their situation.

II. Present Overheads 31/1 to 31/8

(30 minutes)

- As you show each overhead transparency, point on the projector or on the screen to the place where it shows what you are explaining.

Overhead 31/1 Source of energy and nutrients in breastmilk

- This diagram shows a woman's body, with an extra layer of fat drawn around it. This is the extra fat that a well-nourished woman builds up during pregnancy. The fat will be used during the first few months of lactation to make breastmilk.

A poorly nourished woman builds up a smaller store of fat.

Making breastmilk uses about 700 Calories a day. The diagram next to the woman shows that in a well-nourished woman about 200 Calories come from her fat stores, and about 500 Calories must come from the food that she eats during breastfeeding.

In addition to energy, breastmilk contains protein, minerals, and vitamins.

If a woman eats a variety of foods, and is not hungry, she will normally eat more protein, minerals and vitamins than her body needs. A breastfeeding mother uses these extra nutrients to make breastmilk.

If a mother is on a very poor diet, there may not be enough extra nutrients. If she has any stored nutrients, she uses these to make breastmilk. If she has no stores, the nutrients come from her own body tissues, and she becomes malnourished.

Overhead 31/2 Effect of mother's nutrition on breastmilk production

- This overhead shows the probable effect of malnutrition of the mother on breastmilk production.

Ask: *What differences do you see in the amount of breastmilk produced by well nourished and malnourished mothers?*

With moderate malnutrition, breastmilk production is adequate and of good quality. It is only with severe malnutrition that breastmilk production is reduced.

A severely malnourished woman may continue to produce perhaps 500 ml of breastmilk if her baby suckles frequently. Her breastmilk may contain less fat and less of some vitamins than breastmilk from a well nourished mother, but is otherwise of good quality.

Key point:

- *Even when there are smaller amounts of some nutrients, breastmilk is always better than any artificial food.*

Overhead 31/3 Mothers' nutrition needs for breastfeeding

- A breastfeeding mother should eat enough food to provide nutrients to make breastmilk, and to prevent her own body tissues from being used up. She needs enough food to help her to feel well and strong enough to care for her family.

This overhead gives an example from one country of the extra food that a breastfeeding mother is advised to eat, in addition to her usual food.

She needs to eat food which provides about 500 Calories extra. If this is from a variety of foods, then the extra protein and vitamins and minerals will automatically be provided.

Women who can afford to eat freely, increase their food intake in response to their appetite. They do not usually need advice to eat more, though they may need advice to eat a variety of foods.

Women who are poor may need help if they are to eat any extra food at this time. Probably the most useful recommendation for a mother is to eat an extra helping of her usual food each day. Different or special foods are unlikely to be available.

If you give any food or vitamin supplements during breastfeeding, give them to the mother, and not to the baby. Give them to the mother through the whole breastfeeding period - not just for the first few months.

It is equally important for a woman to eat enough before and during pregnancy. This will help her to keep strong, and to build good stores of energy and nutrients which her body can use to make breastmilk. Also if she is well nourished, her baby is less likely to be low-birth-weight.

Further information

It is not certain whether or not increased food intake during breastfeeding increases breastmilk production. The purpose of giving supplements to the mother is to improve her own nutrition, and to ensure that there are enough vitamins in her breastmilk. Encourage her to build up her breastmilk supply by feeding her baby often. Try to avoid suggesting early complements for a baby, especially in a family which may be having difficulty in buying enough food.

Overhead 31/4 Breastfeeding when a mother is ill

- Discuss the question for a few minutes before you show the overhead.

Ask: *Is it necessary for a mother to stop breastfeeding when she is ill?*

(Let a few participants give their opinions, or mention experiences. Then continue.)

- It often happens that a mother stops breastfeeding when she is ill, for a variety of reasons. She may fear that her baby will catch the illness; someone may have advised her to stop; she may be admitted to hospital, and separated from her baby.

However, it is rarely necessary for a sick mother to stop breastfeeding.

With most common infections, breastfeeding does not increase the chance of the baby becoming ill. Antibodies in breastmilk may be the best protection for the baby.

It is no longer considered necessary to separate mothers with TB or leprosy from their infants. If necessary, treat both mother and baby together.

The main difficulty arises when a mother is so sick that it is difficult for her to care for her baby.

Show Overhead 31/4. Reveal it line by line, starting from the top.

■ This overhead summarizes what you can do to help a sick mother to continue to breastfeed.

1. When you treat a sick woman, remember to ask if she has a breastfeeding baby. Reassure her that she can continue to breastfeed, and that you will help her.
2. If a mother is admitted to hospital, admit her baby with her, so that she can continue to breastfeed.
3. If she has a fever, encourage her to drink plenty, so that her breastmilk does not decrease because of dehydration.
4. If she is unwilling to breastfeed, or feels too unwell, suggest that she expresses her breastmilk to keep up the supply. Help her to express her milk as often as her baby would feed, or about every 3 hours. Feed the baby his mother's EBM if possible, or artificial milk if necessary. Feed him from a cup, so that he is willing to breastfeed again when she is well.
5. If she is so ill that she is unable to care for her baby at all (for example if she is unconscious) it may be possible to express her milk for her. Feed the baby by cup, until his mother is well enough to start breastfeeding again.
6. If she is mentally ill, try to keep the baby with her, and look after them together. Let the mother breastfeed if she can. If possible find a helper who can stay with her to make sure that she does not neglect or injure her baby.
7. When the mother is well again, help her to increase her breastmilk or relactate if necessary.

Further information

The question of advising a mother with HIV infection about breastfeeding will be discussed separately, according to recent WHO recommendations. If participants ask, give them the following information. There is a small risk of transmitting HIV infection by breastfeeding. For most mothers and babies, the risk of artificial feeding is greater than the risk of transmitting HIV. Only mothers who can bottle feed safely, and who can afford to buy enough formula, should be advised to stop breastfeeding if they know that they are HIV positive. Women who cannot bottle feed safely, and women who do not know their HIV status, should breastfeed normally.

Overhead 31/5 Mother's medications

■ If a mother is taking medicines, a health worker sometimes advises her not to breastfeed. The health worker fears that the medicine may pass into the mother's breastmilk and harm her baby.

However, most drugs pass into breastmilk in only small amounts. Few of them affect the baby. In most cases, to stop breastfeeding is more likely to be dangerous than the medicine. There are a few drugs which may cause side-effects. Problems are more likely with babies less than one month old, and less likely in older babies.

It is usually possible to give the mother an alternative which is less likely to cause a problem. It is rarely necessary to stop breastfeeding because of a mother's medication.

This overhead summarizes the information available.

- *In a very few situations, breastfeeding is contraindicated.*
If a mother is taking anticancer drugs, it may be necessary to stop breastfeeding. If she is treated with radioactive substances, she should stop breastfeeding temporarily. These drugs are not used commonly.

- *A few drugs can cause side-effects which sometimes makes it necessary to stop breastfeeding.*
If a mother is taking psychiatric drugs or anticonvulsants, these sometimes make her breastfed baby drowsy or weak. This is especially likely with barbiturates and diazepam, and if the baby is less than one month old.

Sometimes it is possible to change to an alternative drug which is less likely to affect the baby. However, it can be dangerous to change a mother's treatment quickly, especially for conditions such as epilepsy.

- If there is no alternative, continue breastfeeding and observe the baby.
- If side-effects occur, it may be necessary to stop breastfeeding.

- *Some antibiotics should be avoided if possible.*
Most antibiotics given to a breastfeeding mother are safe for her baby. It is better to avoid chloramphenicol and tetracycline if possible, and also metronidazole. However, if one of these antibiotics is the drug of choice for treating a mother, continue breastfeeding, and observe her baby. In most cases there will be no problem.

Avoid giving a mother sulphonamides, especially if her baby is jaundiced. If treatment with cotrimoxazole, Fansidar, or dapsone is necessary, give the drug and continue breastfeeding. Consider an alternative method of feeding if the baby is jaundiced, especially if he becomes jaundiced while his mother is taking the drug.

- *Drugs which may decrease breastmilk should be avoided if possible.*
Avoid using contraceptives which contain estrogens (but see also Overhead 31/8).
Avoid using thiazide diuretics, such as chlorthiazide. These drugs may reduce the breastmilk supply. Use an alternative if possible.

- *Most other commonly used medicines are safe in the usual dosage.*

If a breastfeeding mother is taking a drug that you are not sure about:

- Check the list in your manual (see page 170)

- Encourage the mother to continue to breastfeed while you try to find out more.

- Watch the baby for side-effects such as abnormal sleepiness, unwillingness to feed, and jaundice, especially if the mother needs to take the drug for a long time.

- Try to ask the advice of a more specialized health worker, for example, a doctor or pharmacist.

- If you are worried, try to find an alternative drug that you know is safe.

- If a baby has side-effects and you cannot change his mother's medication, consider an alternative feeding method, temporarily if possible.

□ Ask participants to look at the table **BREASTFEEDING AND MOTHERS' MEDICATION** on page 170 of their manuals. This is similar to Overhead 31/5, but with more details. It includes a list of the kinds of commonly used drugs that are usually safe.

BREASTFEEDING AND MOTHERS' MEDICATION

| | |
|---|---|
| <i>Breastfeeding contraindicated</i> | Anticancer drugs (antimetabolites); Radioactive substances (stop breastfeeding temporarily) |
| <i>Continue breastfeeding:</i> | |
| <i>Side-effects possible Monitor baby for drowsiness</i> | Psychiatric drugs and anticonvulsants |
| <i>Use alternative drug if possible</i> | Chloramphenicol, tetracyclines, metronidazole quinolone antibiotics (e.g. ciprofloxacin) |
| <i>Monitor baby for jaundice</i> | Sulphonamides, cotrimoxazole, Fansidar, dapsone |
| <i>Use alternative drug (may decrease milk supply)</i> | Estrogens, including estrogen-containing contraceptives Thiazide diuretics |
| <i>Safe in usual dosage Monitor baby</i> | Most commonly used drugs: analgesics and antipyretics: short courses of paracetamol, acetyl salicylic acid, ibuprofen; occasional doses of morphine and pethidine; most cough and cold remedies. antibiotics: ampicillin, cloxacillin and other penicillins erythromycin, anti-tuberculars, anti-leprotics (see dapsone above) antimalarials (except mefloquine), antihelminthics, antifungals; bronchodilators (e.g. salbutamol), corticosteroids, antihistamines, antacids, drugs for diabetes, most antihypertensives, digoxin, nutritional supplements of iodine, iron, vitamins. |

□ Tell participants that this table is a summary of the most important information. Explain that the reference "Annex on Breastfeeding and Maternal Medication: Recommendations for Drugs in the Essential Drugs List" contains a more detailed list of drugs, which they can refer to if necessary. Make sure that participants all have a copy of this annex.

Overhead 31/6 Breastfeeding to delay a new pregnancy

- The next three overheads are about breastfeeding and family planning.

Breastfeeding can delay the return of ovulation and menstruation, so it can be a useful way to help space pregnancies.

Breastfeeding can protect against a new pregnancy only if the mother is not menstruating, that is, while she still has *amenorrhoea* after delivery. If she is menstruating, her fertility is back to normal, and breastfeeding does not protect her.

Breastfeeding can give good protection for the first 6 months after delivery, if the mother breastfeeds fully. If she gives complementary feeds, protection is less. Protection is probably best if she breastfeeds frequently, both during the day and at night.

After the age of 6 months, breastfeeding gives less protection. At this age, all babies should have complementary food. However, if a baby continues to breastfeed frequently, in addition to complementary food, his mother is partly protected against a new pregnancy. This partial protection can be useful, if she is unable for social or other reasons to use another family planning method.

Further information

In most women, menstruation returns before conception. So menstruation is the main sign that a woman is fertile again. However, a few women ovulate and can conceive BEFORE they start to menstruate again. This is more likely to happen when the baby is more than 6 months old. This is why the risk of pregnancy before menstruation is greater after a baby is 6 months old.

Overhead 31/7 The Lactational Amenorrhoea Method (LAM)

- This overhead summarizes the *Lactational Amenorrhoea Method* of child spacing, or *LAM*.

If a mother's menstruation has not returned, AND her baby is less than 6 months old, AND he is fully breastfed, and breastfeeding on demand, the chances of a new pregnancy are very small (less than 2%). In this situation, it is not necessary to use another family planning method.

If a mother's menstruation has returned, OR if her baby is more than 6 months old, OR if he has started to have complementary feeds, it is advisable for her to use another method of family planning.

If a woman does not want to rely on breastfeeding for family planning (for example, because she is returning to work, and she does not breastfeed her baby while she is away from home) she should be prepared to start another method *not later than six weeks after delivery* - that is, no later than her final postnatal check.

Overhead 31/8 Other methods of family planning and breastfeeding

- This overhead summarizes other family planning methods which can be used while a mother is breastfeeding.

Family planning is important to help breastfeeding to continue. Many mothers stop breastfeeding if they become pregnant again. So it is important to discuss family planning with breastfeeding mothers. Make sure that the method that a mother chooses is suitable to use with breastfeeding.

All *non-hormonal methods* are suitable. They have no effect on lactation. The IUD is very suitable. Condoms, diaphragms, and spermicides are also suitable, provided the couple can use them correctly. They may help to supplement the partial protection provided by breastfeeding after the baby is 6 months old.

The *progestogen-only* hormonal methods are also suitable with breastfeeding. These include *depo-provera*, and the newer *norplant*, or the progestogen-only pill. These have either no effect on lactation, or they possibly increase the breastmilk supply slightly.

The least suitable group are the *combined estrogen-progestogen* hormonal methods, such as the 'combined pill', or the newer monthly injection. These methods sometimes decrease the breastmilk supply, so it is best to avoid them during breastfeeding if possible. Avoid them at any time, including after the baby has started complementary foods. However, if no other method of family planning is available, it is better for both mother and child if the mother uses the combined pill, than that she risks an early pregnancy. Encourage her to continue breastfeeding frequently, to make sure that her breastmilk supply does not decrease.

No hormonal method should be used during the first 6 weeks after delivery.

Further information*Sterilization*

This is another method of family planning that it is important to consider. Sterilization does not affect lactation. However, it is important not to interrupt breastfeeding while a mother is undergoing the operation. Keep the baby near her, and let her breastfeed as soon as possible after the operation.

Natural methods

Methods such as the rhythm method are complicated to use during breastfeeding, when menstruation has not returned.

III. Answer participants' questions

(7 minutes)

- Ask participants if they have any questions, and try to answer them.

IV. Group discussion

(20 minutes)

- Gather your group of 4-5 participants in a corner of the classroom.
(Other trainers do the same).
- Explain what you will do:
 - For Exercise 23, you will read and discuss some stories about breastfeeding mothers who need family planning help.
 - First read **How to do the exercise**. Then read one of the **Stories to discuss**. Then discuss the questions after the story.

EXERCISE 23. *Breastfeeding and family planning***How to do the exercise:**

Read the following short stories about women who have come for help with family planning.

After each story, discuss with the group how to answer the questions.

When you are ready, discuss your suggestions with the trainer.

Stories to discuss:

Meena had her second baby two weeks ago. Her firstborn son Arun is 12 months old. Meena breastfed Arun partially, but also gave him 3 bottles of formula a day from the age of 1 month, because she thought that she did not have enough milk. She wants a rest now, and does not want to get pregnant again for a long time. But her husband is unwilling to use family planning. She does not have a job, and stays at home.

What could you say to empathize with how Meena feels?

("You feel tired with two babies so close together."

"You want a rest from being pregnant now.")

What information would you give Meena, about how to delay another pregnancy?

(Explain the LAM method of family planning. Explain that if her periods have not returned, and if she breastfeeds her new baby fully, with no complementary feeds, she will have good protection against another pregnancy for 6 months. She will continue to have partial protection as long as her menstruation has not returned.)

What could you say to give her confidence that she has enough breastmilk?

(Frequent breastfeeding should ensure that her baby gets plenty of breastmilk, so artificial feeds should not be necessary.)

What would you suggest that she does about family planning at the end of 6 months, or if her menstruation returns?

(Suggest that she thinks again about using another method. Offer to talk to her husband.)

Donna has to go back to work in 2 weeks' time. Her baby will then be 8 weeks old. She will be away from her baby for 9-10 hours each day. She will breastfeed when she is at home. Her helper will give the baby expressed breastmilk and some formula feeds by cup while Donna is at work. She wants another baby one day, but not for at least 3 years.

What information would you give Donna about breastfeeding and family planning?

(She cannot rely on breastfeeding to prevent a pregnancy, as she will be away from her baby for most of each day.)

What would you suggest that she does about family planning?

(Suggest that she starts another method soon. An IUD or a progestogen-only contraceptive would be suitable, and should not interfere with breastfeeding.)

What would you suggest that she does to keep up her milk supply?

(Breastfeed her baby whenever she is at home, and sleep with him so that he can breastfeed at night. Express her breastmilk while she is at work.)

Lisa has a 7-month-old baby, whom she breastfeeds exclusively. Her menstruation has not returned. She sells fruit in the market and takes her baby with her all the time, so that she can breastfeed frequently. She could not cope with another baby until this one can walk and no longer needs to be carried.

What information would you give Lisa about breastfeeding and family planning?

(Breastfeeding is not a reliable method of family planning after the baby is 6 months old. She only has partial protection, and could conceive before her menstruation returns.)

What could you say to praise what she is doing well?

(Frequent breastfeeding is a good idea, and her baby has grown well on her breastmilk alone for six months.)

What information would you give about feeding?

(Babies of this age are usually ready for food as well as breastmilk.)

What would you suggest to her about family planning?

(Suggest that she consider another family planning method, if she wants to be sure of not becoming pregnant. An IUD, or one of the progestogen-only methods would be suitable, and should not affect breastfeeding.)

Give participants Answer Sheets for Exercise 23.

Recommended reading:

Helping Mothers to Breastfeed Chapter 8.

Annex on Breastfeeding and maternal medication: Recommendations for drugs in the Essential Drugs List.

Session 32

(Additional session)

WOMEN AND WORK***Objectives***

At the end of this session, participants will be able to:

- counsel women about continuing to breastfeed when they return to work;
- show women how to give their babies as much breastmilk as possible when they are away from home;
- explain how to give any necessary supplements safely.

Session outline

(60 minutes)

Participants work in groups of 8-10 with two trainers.

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|------|--|--------------|
| I. | Introduce the session | (3 minutes) |
| II. | Discuss participants' own experiences | (15 minutes) |
| III. | Read and discuss 'Advice to give to mothers who work away from home' | (20 minutes) |
| IV. | Conduct the role-play 'Helping a mother who works away from home' | (12 minutes) |
| V. | Conduct the discussion | (10 minutes) |

Preparation

Before the course

Find out about local maternity entitlements (such as the duration of paid and unpaid maternity leave) and about how the legislation works in practice.

Find out also about whether any places of employment have creches.

Find out what happens to shift workers, such as nurses, when they return from maternity leave. All these are important for long-term improvement.

Before the session

Ask participants to review Session 1, 'Why breastfeeding is important', especially the benefits of breastfeeding and partial breastfeeding, and the dangers of complete artificial feeding.

Ask two participants to do the role-play of Sophie and her counsellor, in the role-play 'Helping a mother who works away from home' which they will find on page 177 of their Participants' Manual. Ask them a day or two before, so that they can think about it and prepare.

Adapt the story if you wish, or if the participants wish, to fit your local situation better.

Decide how you will conduct section III. **Read and discuss 'Advice to give to mothers who work away from home'**. You can either ask participants to read it, and then discuss it, or you can read it out aloud together and discuss it.

As you follow the text, remember:

- indicates an instruction to you, the trainer
- indicates what you say to participants

I. Introduce the session

(3 minutes)

- Explain what the session is about:
 - Many mothers introduce early supplements or stop breastfeeding because they have to return to work.
 - This is something that many of us have had to deal with in our own lives. So it is a very important issue for all of us.
 - There are ways in which health workers can support working mothers, and help them to give their babies as much breastmilk as possible. We will discuss what health workers can do now, under existing conditions.
 - We cannot discuss changing maternity entitlements. That is desirable, but it is not something that it is easy to do anything about immediately.

- Refer back to the list of reasons for stopping breastfeeding or giving complementary foods early from Session 2, 'Local breastfeeding situation'.

Remind participants if they identified employment outside the home as an important reason in their situation.

(Note: If participants want to discuss maternity entitlements further, try to arrange another time in an evening or a lunch break, outside the course hours.)

II. Discuss participants' own experiences

(15 minutes)

- ☺ Ask participants if they are willing to talk about their own experiences.

Put these questions to participants who agree:

How long was your maternity leave?

What arrangements were you able to make about child care?

How did you decide to feed your children?

How do you feel about that now?

Is there anything that could have made your experience more satisfactory?

Encourage the group to use their counselling skills as they talk, so that participants who share their experiences feel supported and not criticized.

- Summarize the information that you have collected about local maternity leave, child care facilities, and the conditions of employment for women.

Discuss with the group how this relates to their own experience.

III. Read and discuss 'Advice to give to mothers who work away from home'

(20 minutes)

- ☺ Ask participants to read **ADVICE TO GIVE TO MOTHERS WHO WORK AWAY FROM HOME**, on pages 175-177 of their manuals.

Let them take 10 minutes to read it to themselves, and then discuss the points.

If you and the participants prefer, read the section aloud together and discuss it. Let participants take turns and read aloud the first three paragraphs, and the first line after the bullet (●) of the other paragraphs. You read and explain the notes, which follow each of the first lines.

Discuss how practical the ideas are for the local situation.

ADVICE TO GIVE TO MOTHERS WHO WORK AWAY FROM HOME

If possible, take your baby with you to work. This can be difficult if there is no creche near your work place, or if the transport is crowded.

If your work place is near to your home, you may be able to go home to feed him during breaks, or ask someone to bring him to you at work to breastfeed.

If your work place is far from your home, you can give your baby the benefit of breastfeeding in the following ways:

- *Breastfeed exclusively and frequently for the whole maternity leave.*
This gives your baby the benefit of breastfeeding, and it builds up your breastmilk supply. The first two months are the most important.
- *Do not start other feeds before you really need to.*
Do NOT think "I shall have to go back to work in 12 weeks, so I might as well bottle feed straight away."
It is not necessary to use a bottle at all. Even very small babies can feed from a cup. Wait until about a week before you go back to work. Leave just enough time to get the baby used to cup feeds, and to teach the carer who will look after him.
- *Continue to breastfeed at night, in the early morning, and at any other time that you are at home.*
 - This helps to keep up your breastmilk supply.
 - It gives your baby the benefit of breastmilk - even if you decide to give him one or two artificial feeds during the day.
 - Many babies 'learn' to suckle more at night, and get most of the milk that they need then. They sleep more and need less milk during the day.
- *Learn to express your breastmilk soon after your baby is born.*
This will enable you to do it more easily.
- *Express your breastmilk before you go to work, and leave it for the carer to give to your baby:*
 - Leave yourself enough time to express your breastmilk in a relaxed way. You may need to wake up half an hour earlier than at other times. (If you are in a hurry, you may find that you cannot express enough milk.)
 - Express as much breastmilk as you can, into a very clean cup or jar. Some mothers find that they can express 2 cups (400-500 ml) or more even after the baby has breastfed. But even 1 cup (200 ml) can give the baby 3 feeds a day of 60-70 ml each. Even ½ cup or less is enough for one feed.

- Leave about ½ cupful (100 ml) for each feed that the baby will need while you are out. If you cannot express as much as this, express what you can. Whatever you can leave is helpful.
- Cover the cup of expressed breastmilk with a clean cloth or plate.
- Leave the milk in the coolest place that you can find, in a refrigerator if you have one, or in a safe, dark corner of the house.
- Do not boil or reheat your breastmilk for your own baby. Heat destroys many of the anti-infective factors.

EBM stays in good condition longer than cow's milk, because of the anti-infective factors in it. Germs do not start growing in EBM for at least 8 hours, even in a hot climate, and outside the refrigerator. It is safe to give to the baby at least throughout one working day.

- *Breastfeed your baby after you have expressed.*
Suckling is more efficient than expressing, so he will get breastmilk that you cannot express, including some hindmilk.
- *If you decide to use cow's milk for some or all of the feeds:*
 - To make 1 cup (200 ml) of feed, boil ¾ cup (150 ml) of cow's milk and ¼ cup (50 ml) of water. Add 1 level spoonful of sugar (15 g).
 - Leave ½ to 1 cup (100-200 ml) of mixture for each feed.
 - Leave the mixture in a clean covered container.
- *If you decide to use formula:*
 - Measure the powder for a feed into one clean cup or glass.
 - Measure the water to make up the feed into another clean glass.
 - Cover them both with a clean cloth, or put them in a covered pan.
 - Teach the baby's carer to mix the milk powder and water when she is going to feed the baby. She must mix and use the formula immediately, because it spoils quickly after it is mixed.

Note: There are many different ways to leave milk for a baby. These are satisfactory methods. You may find that a different method is better for you in your situation.

- *Teach the carer properly and carefully:*
 - Teach her to feed your baby with a cup, and not to use a bottle. Cups are cleaner, and they do not satisfy the baby's need to suckle. So, when you come home, your baby will want to suckle at the breast, and this will stimulate your breastmilk supply.
 - Teach her to give all of one feed at one time. She must not keep it to give later; and she must not give a small amount every now and again.
 - Teach her not to give the baby a pacifier but to calm him with other attention.

- *While you are at work express your breastmilk 2-3 times (about 3-hourly):*
 - If you do not express, your breastmilk supply is more likely to decrease. Expressing also keeps you comfortable, and reduces leaking.
 - If you work where you can use a refrigerator, keep your expressed breastmilk there. Carry a clean jar with a lid to store your breastmilk, and to take it home for the baby. If you can keep it cold at home, it will be safe to use the next day.
 - If you cannot keep your EBM, throw it away. Your baby has not lost anything - your breasts will make more milk.

If you are a health worker, make sure that your patients know and see how you manage. Then, they can follow your example.

IV. Conduct the role-play

(12 minutes)

☺ Ask two participants to role-play Sophie and her counsellor, as they discuss how to express breastmilk, and how to feed it to the baby when Sophie is at work. If you or the participants wish, adapt the story to illustrate the local situation better.

Ask the role-players to emphasize these points:

- The practical difficulties faced by Sophie, with so much to do, getting to work, and looking after her family.
- How the counsellor helps Sophie to think through what she will do that is really possible for her.
- The value of breastfeeding at night, and of cup feeding instead of bottle feeding when Sophie is away from the baby.
- How the counsellor supports Sophie, using confidence building techniques. She should help Sophie to feel good about whatever she can manage.

Role-play: Helping a mother who works away from home

Sophie had her third baby 4 weeks ago.

Sophie works in a shop. She will have to return to work when her baby is 2 months old. She stopped breastfeeding her other children at 6 weeks, and bottle fed them, because of returning to work. They were often ill, and she missed the closeness of breastfeeding.

Sophie would prefer to breastfeed this baby, and a friend said that some women do, but Sophie does not know how. She is worried about leaking and smelling at work - it would be embarrassing, and might upset her employers and customers. She is worried about trying to breastfeed, work, and care for her other children and their father.

She will be away from home for about 10 hours altogether, five days a week. Her younger sister will be caring for the baby, and is quite reliable. There is no refrigerator. Sophie has bought two new feeding bottles.

V. Conduct the discussion

(10 minutes)

Ask the group to discuss these questions:

1. What did the story of Sophie suggest about how health workers can help a mother who works away from home to breastfeed?
2. What could you in your situation do to help mothers who work away from home to breastfeed as much as possible?

Recommended reading:

Helping Mothers to Breastfeed Chapter 6, section 6.5, and Chapter 12.

Session 33

(Additional session)

**COMMERCIAL PROMOTION OF BREASTMILK
SUBSTITUTES*****Objectives***

At the end of this session, participants will be able to:

- describe the dangers of commercial promotion of formula;
- calculate the cost to a family of using the common brands of formula;
- list the major provisions of the International Code of Marketing of Breastmilk Substitutes, including the resolution on free supplies and follow-on milks;
- list their own responsibilities for complying with the code.

Session outline

(60 minutes)

Participants work in groups of 8-10 with two trainers.

- | | | |
|------|--|--------------|
| I. | Introduce the topic | (3 minutes) |
| II. | Discuss how manufacturers promote formula | (10 minutes) |
| III. | Describe the International Code of Marketing of Breastmilk Substitutes | (15 minutes) |
| IV. | Conduct the role-play 'Choosing the best formula' | (15 minutes) |
| V. | Facilitate the written exercise (Exercise 24) | (15 minutes) |
| VI. | Summarize 'Commercial promotion of breastmilk substitutes' | (2 minutes) |

Preparation

Refer to pages 13-15 in the Introduction for general guidance on how to conduct work in groups.

Study the session notes so that you are clear about what to do.

Before the course:

Find out the status of the International Code of Marketing of Breastmilk Substitutes in the country. Learn all that you can and be prepared to explain its status to participants. If possible, ask an expert on the subject to help you to prepare what to say.

Obtain six tins of commonly used brands of formula, or other complementary foods used as breastmilk substitutes. Empty tins would be suitable, and should be kept for reuse at future courses. Find out the current price of each brand, and mark each tin with its price.

Obtain copies of local magazines or papers which advertise formula, or any other materials distributed by formula manufacturers, for example, health education materials for mothers, posters, calendars, or free gifts such as pens with the brand name on it.

Find out the minimum wages for agricultural and urban workers in the country.

Before the session:

Ask three participants to prepare the role-play 'Choosing the best formula'.

They will find the scene on page 180 of their manuals. Make sure that they have time to prepare.

Make sure that participants have copies of *The Health Worker's Guide to the International Code of Marketing of Breastmilk Substitutes*.

As you follow the text remember:

- indicates an instruction to you, the trainer
- indicates what you say to participants

I. Introduce the topic

(3 minutes)

- Tell participants what the session is about:
 - All manufacturers *promote* their products, to try to persuade people to buy more of them. Formula manufacturers also promote their products, to persuade mothers to buy more formula.
 - This promotion undermines women's confidence in their breastmilk, and makes them think that it is not the best for their babies. This harms breastfeeding.
 - If formula is available in maternity hospitals, or easily available to mothers in shops or health centres from soon after delivery, this also can reduce a mother's confidence and interfere with breastfeeding.
 - Breastfeeding needs to be *protected* from the effects of formula promotion. One essential way to protect breastfeeding is to regulate the promotion of formula, both internationally and nationally.
 - Individual health facilities and health workers can also protect breastfeeding, if they resist letting companies use them to promote formula. This is an important responsibility.

II. Discuss how manufacturers promote formula

(10 minutes)

Develop lists of ways in which manufacturers promote formula to the public and to health workers.

Ask: *In what ways do manufacturers promote formula to the public?*
(Let participants give their ideas.)

→ Write on the board the title 'PROMOTION TO THE PUBLIC' and make a list of participants' ideas.

The list should include most of the following:

- Manufacturers *stock shops and markets with formula* and feeding bottles, so that mothers can always see them when they go shopping.
- They *give free samples of formula* to mothers. Sometimes this is part of another gift. We know that even mothers who intend to breastfeed, are more likely to give up if they receive a free sample.
- They give *coupons* to mothers for a discount on formula.
- They *advertise* on radio, television, videos for hire, billboards, buses, and magazines.

Ask: *In what ways do manufacturers use health workers and health facilities to promote formula?*
(Let participants give their ideas.)

→ Write on the board the title 'PROMOTION THROUGH HEALTH SERVICES' and make a list of participants' ideas.

The list should include most of the following:

- They give *posters and calendars* to health facilities to display on the walls. These are very attractive and make the place look better.
- They give *attractive information materials* to health facilities to distribute to families. Often, there are no other materials to give to families, and some of the information is useful.
- They give *useful bits of equipment*, such as pens or growth charts, with the company logo on it. Sometimes they give larger items such as television sets, or incubators to doctors or health facilities.
- They give *free samples and free supplies of formula to maternity units*.
- They give *free gifts to health workers* which are sometimes very big.
- They advertise in *medical journals* and other literature.
- They *pay for meetings or conferences*, workshops or trips, or they give free lunches for medical, nutrition, or midwifery schools.
- They *fund and sponsor* health services in many other ways, and give grants.

- Show examples of the promotional material that you have collected.

If you do not have a complete set for each group, circulate what you have between the groups. Put all the materials on display after the session.

III. Describe the International Code of Marketing of Breastmilk Substitutes (15 minutes)

- Introduce the idea of the Code with these points:
- Breastmilk and breastfeeding need to be protected from formula promotion activities. This requires regulation of the promotion and sale of formula.
 - In 1981, the World Health Assembly (WHA) adopted The International Code of Marketing of Breastmilk Substitutes, which aims to regulate promotion and sale of formula. This Code is not extreme - it is a minimum requirement to protect breastfeeding.
 - The Code is a code of *marketing*. It does not ban infant formula or bottles, or punish people who bottle feed. The Code allows baby foods to be sold everywhere, and it allows every country to make its own specific rules.
 - The Code covers both breastmilk substitutes, and bottles and teats used to feed babies.
Breastmilk substitutes include:
 - infant formula;
 - any other milks or foods which mothers perceive or use as breastmilk substitutes.

- Summarize the Code:

Ask participants to find page 178 of their manual, where they will find the box **SUMMARY OF THE MAIN POINTS OF THE INTERNATIONAL CODE.**

- ☺ Ask participants to read out each point in turn.

With each point, ask participants to say if they have ever observed the Code's being broken in this way.

Explain any points which are not clear.

SUMMARY OF THE MAIN POINTS OF THE INTERNATIONAL CODE

1. No advertising of breastmilk substitutes and other products to the public.
2. No free samples to mothers.
3. No promotion in the health service.
4. No company personnel to advise mothers.
5. No gifts or personal samples to health workers.
6. No pictures of infants, or other pictures idealizing artificial feeding, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

Read and explain **NO MORE FREE SUPPLIES**.

Ask participants to look at the box **NO MORE FREE SUPPLIES** on page 179 of their manuals.

☺ Ask participants to read out each point in turn.

Explain any points which are not clear.

NO MORE FREE SUPPLIES

In May 1986, governments at the World Health Assembly urged a ban on donated supplies of baby milk. They urged ministries of health:

"To ensure that the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement [that is, purchasing] channels and *not through free or subsidized supplies.*" (WHA 39.28)

Ending of free supplies in all countries is a target of the WHO/UNICEF 'Baby Friendly Hospital Initiative'. A hospital cannot be 'Baby Friendly' if it receives free supplies of breastmilk substitutes.

Make these points:

- This new resolution became necessary because of confusion about when it was and was not permitted to give free supplies to hospitals. Originally the Code allowed free supplies to be given to orphanages, or in cases of serious need.
- However, some companies gave free supplies to hospitals, which were sometimes used as samples. Samples are not permitted under the Code.
- The same new resolution also states that follow-on milks are not necessary. Some companies were promoting follow-on milks, which mothers sometimes use for feeding younger babies.

Introduce the idea of a national code, with these points:

- WHO and UNICEF recommend that countries prepare a national code based on the International Code.
- To be legal, a national code must be adopted by the nation as law. There should be sanctions written in to punish manufacturers who break the law, and there should be specific mechanisms to enforce the code. In the meantime, however, companies are required to follow the International Code even if governments have not passed a law.

Describe the status of the national code in this country.

Use the information that you found out about and prepared before the course.

- Discuss health workers' responsibility in relation to the code:

Ask: *What can individual health workers do about the International Code?*

(Let participants look at the box **SUMMARY OF THE MAIN POINTS OF THE INTERNATIONAL CODE** and give their ideas. Help them to think of the ways listed below.)

Health workers should resist all commercial promotion of formula in the following ways:

- Remove from the health facility and destroy any advertisements, and/or promotional literature or other items bearing a brand name, including old formula tins used for other purposes.
- Refuse to accept free samples of formula, or of equipment such as bottles, pacifiers, and toys.
- Refuse to accept or to use other gifts, for example pens, calendars, or diaries.
- Avoid using growth charts and other equipment with a brand name on it, especially if mothers may see it.
- Avoid eating meals provided by formula companies.
- Do not give free samples or promotional material to mothers.
- Make sure that any formula that is used in a hospital (for example, for orphans) is kept out of sight of other mothers.

(Participants may think of or find other ways to resist commercial promotion of formula, relevant to their own situation.)

IV. Conduct the role-play

(15 minutes)

☺ Ask the three participants whom you have prepared to role-play the following scene:

Role-play: Choosing the best formula

Pearl and Stan are parents of 4-week-old baby Andy. Stan has a job in town.

Stan comes home from work, and Pearl tells him that she wants to buy some formula. She thinks that her breastmilk is not enough for Andy. Andy was given bottle feeds at night in hospital, so that Pearl could rest. Pearl saw some tins of formula in the nurses' office. Pearl wants to buy the same brand, because it is likely to be good and safe if the hospital uses it.

Stan does not know much about breastfeeding or formula. He is mainly worried about the cost, because his wages are low. He would prefer Pearl to breastfeed, because it is cheaper. If she does buy formula, he wants her to buy the cheapest brand, because he thinks they are all the same.

Stella is the shop assistant, who is selling the formula. She is a friend of Pearl's. She has the brand that they use in the hospital. She also has a different brand that the local doctor recommends to his patients. She says that he gives them free samples. There is also a cheaper, locally made brand that Stella gave to her baby, and he is now a healthy child. And there is a more expensive brand that is for children with diarrhoea.

Stella tells Pearl and Stan the prices, and tries to point out advantages of each brand - that it is sweeter, or that it is easier to mix in cold water. She points to the lovely picture of a smiling baby, the attractive label, or the convenient ant-proof tin or the measuring scoop that has so many uses.

Pearl and Stan discuss which would be best for Andy, and forget all about breastmilk. They wonder if they should buy the brand that the doctor recommends. However, they have not been to that doctor, and do not know him. Pearl wonders if they should buy the brand that is good for diarrhoea? It is expensive, so may be very good. It might prevent Andy from getting diarrhoea. Stan continues to argue that the cheap one is just the same. Stella used it. In the end, Pearl insists on buying the brand that they use in the hospital.

Pearl says that she will use the formula slowly, and that she will make one tin last for two months.

Discuss the role-play:

Ask participants what they think the role-play showed.

Try to bring out the following points in discussion:

- What happened in hospital had an important influence on Pearl's decision. Giving Andy bottle feeds at night reduced her confidence in her breastmilk. Also, it made her think that bottles and the formula they used in hospital must be good.
- Nobody thought about counselling Pearl to give her confidence, and to help her to breastfeed successfully.
- Nobody had talked to Stan about the dangers of bottle feeding, so he could not motivate Pearl to breastfeed exclusively. He only thought of the cost, and felt bad that he could not afford something important for his baby.
- Pearl and Stan found it difficult to decide which formula was best. There was no important difference between the brands except their prices. Stella, who is a friend, uses the cheapest brand, but the hospital and the doctor do not seem to recommend it. Is a brand that is more expensive really better?
- These points make it clear that the question of the cost of formula, as a reason for breastfeeding, is quite complicated.
- If a doctor gives free samples, he may influence the mothers who are in his care to bottle feed, and they are likely to buy the brand that he gives them. So manufacturers like to give free samples to doctors to give away. The manufacturers of the doctor's brand, and the manufacturer of the hospital's brand are competing with each other. Both give free samples, to get more mothers to use their brand.
- The manufacturers say that they are only competing for a *share* in the market. But whatever they say, the result will be that more mothers give their babies artificial feeds.

Conclude with these points:

- Health services have a responsibility not to promote formula, or the names of manufacturers. They should not appear to endorse the use of any brand of formula or bottles.
- They should use formula only when there is a clear medical indication, and they should do so without displaying the product to staff or mothers and families. They should use cups and not bottles to feed the babies.
- Health services have a responsibility to support exclusive breastfeeding, and to inform families about its benefits, and about the dangers of artificial feeding. They should inform all members of a family, including fathers, and not only mothers.

V. Facilitate the written exercise

(15 minutes)

Explain the purpose of the exercise:

- The purpose of this exercise is to find out what percentage of the minimum wage is needed to feed a baby artificially for six months.

Give each group of 8-10 participants 2-3 formula tins. Make sure that each tin has the price on it. Make sure that each participant knows which tin or brand they should use for the exercise.

→ Write on the board the minimum monthly wage for:

- 1) a female agricultural worker;
- 2) a female urban labourer or domestic worker.

EXERCISE 24. *The cost of formula*

Explain what to do:

- Read the instructions **How to do the task**, and then do the calculations
To answer.
When you are ready, discuss your answers with the trainer.

How to do the task

On average, to feed a baby artificially for the first 6 months, you need 44 x 500g tins of formula.

(You need about 5 tins in the first month, 7 tins in the second month, and 8 tins a month for the next 4 months.)

- From the price on your tin, calculate the cost of 44 x 500g tins of the formula.
- Compare the cost of 44 tins with the minimum wage for 6 months for a female agricultural worker, and for a female urban labourer or domestic worker.
- Discuss your answers with the trainer and the group.

To answer:

Brand of formula:

Cost of one 500g tin of formula =

Cost of 44 x 500g tins of formula =

*Minimum wage**Agricultural**Urban*

1 month:

6 months:

Cost of 44 x 500g tins formula x 100 =%
 Agricultural wage for 6 months

Cost of 44 x 500g tins formula x 100 =%
 Urban wage for 6 months

To feed a baby on formula costs:

.....% of the female agricultural wage.

.....% of the female urban wage.

VI. Summarize 'Commercial promotion of breastmilk substitutes' (2 minutes) Make these points:

- To feed a baby on formula costs a large part of an average woman's wages, which many families cannot afford.
- The promotion of formula to the public is not permitted under the Code.
- It is the responsibility of health services to ensure that they do not in any way promote or endorse the use of breastmilk substitutes.

Recommended reading: *Protecting Infant Health: A Health Worker's Guide to the International Code of Marketing of Breastmilk Substitutes.*

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