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PROVINCE OF KWAZULU-NATAL

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MINUTE NO: 94/2012
REFERENCE: 29/10/2/P
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DATE: 17 September 2012

TO: DISTRICT HEALTH MANAGERS
HEADS OF ALL INSTITUTIONS
HEAD OFFICE MANAGERS
DISTRICT MCWH COORDINATORS
DISTRICT TRAINERS
DISTRICT DIETITIANS AND NUTRITIONISTS
PHC COORDINATORS
PHC SUPERVISORS

RE: KWAZULU-NATAL PROVINCIAL GUIDELINES ON MOTHER-BABY FRIENDLY INITIATIVE IMPLEMENTATION IN DEPARTMENT OF HEALTH HEALTHCARE FACILITIES

These guidelines replace the KZN Guidelines on Assessment of Facilities for Baby-Friendly Status (G13/2010) and the Role of Primary Healthcare (Antenatal Clinics) in the Baby-Friendly Hospital Initiative (G14/2009)

1. Objective

The guidelines will provide guidance on the implementation of the Mother-Baby Friendly Initiative (MBFI) in the Province.

2. Introduction

The Mother-Baby Friendly Initiative (MBFI) (previously known as Baby-Friendly Hospital Initiative - BFHI); was developed and implemented in the 1990's in response to the 1990 Innocenti Declaration on the protection, promotion and support of breastfeeding. However to ensure its success, it is clear that only a comprehensive, multi-sector, multi-level effort to protect, promote and support optimal infant and young child feeding can hope to achieve sustainable change in behaviour and practices that will allow every mother and family to give every child the best start in life.

Following the Tshwane Consultative meeting in August 2011, the National Nutrition Directorate developed the National Implementation Plan for Breastfeeding Promotion in South Africa. This plan highlighted that breastfeeding, especially exclusive breastfeeding, is central to achieving the Millennium Development Goal 4 for child survival.

MBFI as an initiative supports the implementation of the appropriate, safe infant feeding and mother-friendly practices at all levels of healthcare.

3. Facts

The 2008 Lancet series on maternal and child under nutrition provides information that breastfeeding support is the most cost-effective intervention, which can contribute effectively to decreasing child morbidity and mortality.

A review of child survival interventions that are feasible for delivery at high coverage in low-income settings in 42 countries showed that the promotion, support and protection of breastfeeding is effective in preventing death from diarrhoea, pneumonia and neonatal sepsis.

Breastfeeding prevents 13% of all under-five deaths in countries with a high under-five mortality rate. It far outweighs the number of deaths that can be prevented from any other single preventative intervention.

MBFI is an initiative that supports the implementation of the safe, appropriate infant feeding and mother-friendly care at all levels of healthcare as well as address the National Negotiated Service Delivery Agreement for the Health Sector, Outcome 2: "A long and Healthy Life for All South Africans". This is done through the 10 Ten Steps for Successful Breastfeeding and the Three Additional Items.

The launch of the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA) in KwaZulu-Natal, South Africa on the 4th and 5th of May 2012, further identified the role that MBFI has to play in reducing maternal mortality outcomes. Additional Item 3: Mother-Friendly Care promotes mother-friendly care during labour and delivery for better birth outcomes.

The MBFI has the potential to improve maternal and child mortality and health outcomes if implemented in a supported and coordinated manner. Continued support from management structures and health personnel within healthcare facilities, at sub-district, district and provincial levels can ensure effective implementation of MBFI.

4. Implementation

Implementation of these guidelines is a collaboration between the Maternal, Child and Women's Health (MCWH) and Nutrition Directorates. The guidelines will provide guidance to public health hospitals, community healthcare centres and primary healthcare facilities in KwaZulu-Natal Province on how to attain the MBFI status and maintain the practices following designation.

5. Recommendation

It is recommended that the Provincial Guidelines on Mother-Baby Friendly Initiative Designation for Healthcare Facilities should be brought to the attention of all public and private sector hospitals for implementation.

DR SM ZUNGU
HEAD OF DEPARTMENT: HEALTH

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

KwaZulu-Natal Provincial Guidelines on Mother-Baby Friendly Initiative Designation for Healthcare Facilities

KwaZulu-Natal Nutrition Directorate

September 2012

Table of Contents

1. Introduction

The Mother-Baby Friendly Initiative (MBFI) (previously known as Baby-Friendly Hospital Initiative - BFHI); was developed and implemented in the 1990's in response to the 1990 Innocenti Declaration on the protection, promotion and support of breastfeeding. However to ensure its success, it is clear that only a comprehensive, multi-sector, multi-level effort to protect, promote and support optimal infant and young child feeding can hope to achieve sustainable change in behaviour and practices that will allow every mother and family to give every child the best start in life. These efforts include legislative protection, social promotion as well as healthcare worker and health system support. [1]

The 2002 WHO / UNICEF Global Strategy for Infant and Young Child Feeding, called for renewed support for exclusive breastfeeding from birth until 6 months, and continued breastfeeding with timely and appropriate complementary feeding for two years and longer. [1]

On 22 and 23 August 2011, the National Department of Health under the leadership of the Minister of Health, Dr Aaron Motsoaledi held a National Breastfeeding Consultative Meeting to discuss the following concerns: [2]

• Infant and child mortality rates in South Africa remain unacceptably high and the Millennium Development Goals (MDGs) target of reducing the rate of under-five mortality by two-thirds may not be achieved;

• Breastfeeding rates in South Africa, and especially exclusive breastfeeding rates, remain very low;

• Breastfeeding practices have been undermined by aggressive promotion and marketing of formula feeds, social and cultural perceptions and the distribution of formula milk in the past to prevent Mother to Child Transmission (MTCT) of HIV;

• Formula feeding, which is very frequently practiced by mothers in South Africa, increases the risk of death from diarrhoea, pneumonia and malnutrition.

The Committee on Morbidity and Mortality in Children under-five years (CoMMiC) report 2011 reports that the under-five mortality (U5MR) is 59.8/1000 live births in South Africa and 56.6/1000 live births in KwaZulu-Natal Province. This is in stark contrast with the 2015 Millennium Development Goal for U5MR of 20/1000 live births. [3]

The Saving Mothers report 2011 report that institutional maternal mortality (MMR) in South Africa is 176.22 / 100 000 live births (2008-2010). This is an increase since the 2005 – 2007 (151.77/100 000 live births) Saving Mothers report and remain above the Millennium Development Goal of 38/100 000 live births. [4]

Release of the World Health Organisation (WHO) Guidelines on HIV and Infant feeding in 2010 [5] and the revised Clinical Guidelines on Prevention of Mother-to-Child Transmission of HIV (PMTCT) [6] by the Department of Health (DoH) necessitated the country to reassess its position on infant feeding.

The Consultative Meeting in Tshwane was in response to the challenges that face South Africa to achieve the Millennium Development Goals by 2015 for child mortality (Goal 4) and improve maternal health (Goal 5) and as part of the Negotiated Service Delivery Agreement for the Health Sector, Outcome 2 - "A Long and Healthy Life for All South Africans". This is reflected in all four output areas for the health sector:

- Output 1: Increasing Life Expectancy
- Output 2: Decreasing Maternal and Child Mortality
- Output 3: Combating HIV & AIDS and decreasing the burden of disease from Tuberculosis

- Output 4: Strengthening Health System Effectiveness [7]

As an outcome of the Tshwane Consultative meeting, the National Nutrition Directorate developed the National Implementation Plan for Breastfeeding Promotion in South Africa. This plan highlighted that breastfeeding, especially exclusive breastfeeding, is central to achieving the Millennium Development Goal 4 for child survival.

MBFI is an initiative that supports the implementation of the safe, appropriate infant feeding and mother-friendly care at all levels of healthcare as well as address the National Negotiated Service Delivery Agreement for the Health Sector, Outcome 2: "A long and Healthy Life for All South Africans".

The launch of the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA) in KwaZulu-Natal, South Africa on the 4th and 5th of May 2012, further identified the role that MBFI has to play in reducing maternal mortality outcomes.

The role the three streams of PHC Re-Engineering play in addressing maternal and child mortality should be noted. The National PHC MBFI Self-Assessment Tool allows for healthcare facilities without maternity beds to evaluate their mother, child and women's' health practices. This will ensure that MBFI can be implemented at this level.

Healthcare facilities are guided by the Ten Steps to Successful Breastfeeding and the three Additional Items as the minimum criteria and by adopting the steps and additional items, a facility can be assessed and accredited as Mother-Baby Friendly. The Ten Steps to Successful Breastfeeding are evidence based best practice standards developed by UNICEF and the World Health Organisation (WHO).

The MBFI has the potential to improve maternal and child mortality and health outcomes if implemented in a supported and coordinated manner. Continued support from management structures and health personnel within healthcare facilities, at sub-district, district and provincial levels can ensure effective implementation of MBFI.

2. Purpose of the guidelines

The purpose of the guidelines is:

- To inform healthcare facilities of the MBFI designation process and steps to follow to be assessed and designated as Mother-Baby Friendly
- To ensure that healthcare facilities are given sufficient support to ensure appropriate, sustainable implementation before designation takes place
- To provide healthcare facilities with guidance on how to sustain mother and baby friendly practices
- To ensure that facilities understands their roles and responsibilities before and after designation
- To define and describe how Provincial MBFI Assessors must support healthcare facilities to attain and sustain MBFI practices

3. Facts

About 55 000 children die daily because of poor infant feeding practices. [8] Many children suffer long-term effects from poor infant feeding practices including impaired development, malnutrition, and increased infectious and chronic illness and now at the other end of the scale there are now evidence increased rates of obesity in children can be linked to lack of breastfeeding. [8] Research have indicated that exclusive breastfeeding for six (6) months may reduce the risk of obesity, chronic diseases, cancer and improved educational levels and cognition later in life. [9] [10]

A review of child survival interventions that are feasible for delivery at high coverage in low-income settings in 42 countries showed that the promotion, support and protection of breastfeeding is effective in preventing death from diarrhoea, pneumonia and neonatal sepsis. Breastfeeding prevents 13% of all under-five deaths in countries with a high under-five mortality rate. It far outweighs the number of deaths that can be prevented from any other single preventative intervention. [11]

In South Africa, infant feeding practices are sub-optimal, with rates of breastfeeding, especially exclusive breastfeeding, remaining low. Data from the 2003 South African Demographic and Health Survey (SADHS), and other studies show that although breastfeeding is common practice in South Africa, and initiated early post-delivery, mixed feeding rather than exclusive breasting is the norm. [12]

The SADHS in 2003 found that only 11.9% of children aged 0-3 months were exclusively breastfed, and 20.1% of children age 0 – 3 months were not breastfed at all. Only 1.5% was exclusively breastfed at 4 – 6 months. [12]

Studies have shown that inadequate support for infant and young child feeding is the main contributing factor to inappropriate feeding practices globally. It is therefore very crucial for healthcare personnel to received up to date evidence based knowledge and skills on appropriate infant feeding and young child feeding practices to provide quality counselling and adequate support to mothers and caregivers. [13]

4. Designation Stages

The facility needs to follow certain stages before full designation can take place. This will ensure that a facility makes required changes strategically and efficiently. This will also ensure that facilities fully understand what the Mother-Baby Friendly Initiative entails. The process will happen for at least 12 months or more if by the end of 12 months the facility is not ready to be designated following District and Provincial monitoring.

a. Informing District Health Office and Provincial Office of Intent

The facility must inform the District Health Manager in writing of their intention to apply to be designated as a Mother-Baby Friendly facility. This communication must be copied to the District Integrated Nutrition Programme Manager, the Mother, Child and Women's Health (MCWH) Coordinator and PHC Coordinator; The district management team can also identify facilities they think should apply to become Mother-Baby Friendly.

The District Health Office must inform the Provincial Nutrition Directorate of the facility's intent to become a Mother-Baby Friendly Institution.

b. Advocacy Meeting

The district management team will then visit the facility to meet with facility management and all relevant staff to conduct an advocacy meeting. The aim of this meeting is to ensure a support from management and staff. The Provincial MBFI Coordinator should be invited to the meeting.

The following role players should attend the meeting:

- Hospital Management
- Maternity Services
    - Antenatal
    - Postnatal
    - Labour

- Primary Healthcare Supervisors
- PHC referral facilities
- Paediatric and Neonatal Services
- Dietetics
- Infection Control
- Stores

The meeting will involve presentations on MBFI global and national strategy, Provincial and Districts roles, Provincial and Districts achievements and challenges. It will also provide a platform for addressing any questions and concerns around MBFI.

c. Infant Feeding Committee

A facility infant feeding committee should be convened and chaired by Nursing Services within the facility. The committee should comprise of the Nursing manager, head of maternity, sisters-in-charge of maternity unit, paediatric unit, neonatal unit, manager or sister from infection control, PHC supervisor and dietitian. Other interested parties that would add to the successful implementation of MBFI in the facility can also be invited to attend the meetings. This may include representation from theatre, obstetrics & gynaecology and paediatric medical staff, stores, community support groups and referral facilities.

The committee will after the advocacy meeting complete a self-appraisal to evaluate the current practices within the facility. Facilities with maternity beds are advised to utilise the WHO/UNICEF 2009 Self-appraisal tool [14] to conduct the self-appraisal, while facilities without maternity beds should use the South African Primary Health Care (PHC) Self-Appraisal Tool. Both these tools are available on the Provincial Department of Health Nutrition Directorate Intranet webpage.

Following completion of the self-appraisal tool, the facility should develop an action plan with a timetable to address gaps identified by the self-appraisal exercise. The plan must also identify any expenditure and resource requirements for implementation of certain activities.

The committee should meet monthly before designation and on a quarterly basis thereafter.

The role of the committee is to:

- Coordinate all activities regarding the implementation and monitoring of MBFI and
- Monitor statistics around Infant & Young Child Feeding.

The committee will serve as coordinator for arranging training, self-appraisal and monitoring.

d. Policy Development and Training

i. Policy Development

The facility can start to develop an Infant Feeding policy using the self-appraisal tool as a guide, if a policy is not available. The facility then evaluates the policy against the minimum criteria by using the infant feeding policy checklist as found in the self-appraisal tool.

All staff members in facility should receive orientation on the Institutional Infant Feeding Policy within six months of joining the facility, once it is developed and accepted as a policy within the facility.

ii. Training

All clinical staff that has direct and indirect contact with mothers and infants within the facility must be trained on the WHO/UNICEF Section 3: Breastfeeding promotion and support in a

baby-friendly hospital: A 20-hour course for maternity staff 2009. [15] The 20-hour manual is available on the Provincial Department of Health Nutrition Directorate Intranet webpage.

All new staff members should be trained within six months of joining the facility, whilst staff members that have been employed for longer than six months should be prioritised to undergo training first.

The 20-hour course must include a minimum of 3 hours practical exposure, whilst 17 hours theory. The facility is at liberty to enhance the training by including additional information without deviating from the 20-hour course as minimum requirement.

Non-clinical staff that have direct and indirect contact with mothers and infants must receive a minimum of 8 hours training. The training must be adapted from the 20-hour course and focus on the principles of infant feeding (benefits of breastfeeding and risks of not breastfeeding), breastfeeding practices and support (including HIV and infant feeding, mother-friendly care and the International Code of Marketing of Breastmilk Substitutes), and their role in MBFI.

The infant feeding committee must coordinate all training by developing a yearly training plan that is communicated well in advance to unit managers and referral facilities to ensure staff members are able to attend the training.

Attendance registers must be kept of each day as well as the practical sessions. Following each training cycle, the Infant feeding committee must compile and update the training records. The training records must report the time spent on theory and practicals as well any additional training underwent, the month and year of the training and the name of the participant. Orientation to the Infant Feeding Policy and any other in-service updates should also be captured in the training records. It is advised that the training records are completed electronically if possible. This makes it easier to review and update on a regular basis, especially in bigger facilities. Hand written training records are accepted. A template of the training record is available on the Provincial Department of Health Nutrition Directorate Intranet webpage.

It is essential that the training records be updated following each training or when there is a change in the staff establishment. This refers to when a staff member leaves the facility or retires; this change should be indicated on the training record.

All staff members that were trained in the facility or another facility more than 2 years ago must undergo a refresher course. The refresher course should be based on the 20 hour course and provide an update on recent information.

The facility must ensure that a master trainer (10-day trained) supports 5-day trained team members to deliver training. This will strengthen the quality of the training. 20 hour trained staff members cannot deliver 20 hour training.

The Provincial Nutrition Directorate facilitates and coordinates ten-day and five-day integrated Infant and Young Child Feeding in the province. Districts can also deliver five-day training utilising ten-day trained team members as facilitators.

5. First Monitoring and Support Visit

A district team of assessors will conduct a monitoring and support visit three (3) months after the advocacy meeting to evaluate the progress of the facility in implementing the action plan.

This monitoring will include checking:

- The Infant Feeding policy
- Display of the policy in all areas
- Minutes of Infant Feeding committee meeting (s)

- Mechanisms of recording infant feeding choices within the facility – infant feeding records
- The training curriculum used for the clinical staff training and the non-clinical staff training
- The mechanism for allocating and recording staff training attendance – training records
- The mechanism of educating all pregnant women including use of minimum health education checklist
- The mechanism for ensuring that new mothers receive information and support to breastfeed successfully
- Written information for pregnant women and new mothers
- Implementation of the International Code of Marketing of Breastmilk Substitutes
- Area where mothers are shown how to prepare replacement feeds
- Review of infant feeding practices

The district team will provide verbal feedback at the end of the facility monitoring and support visit that will include achievements, recommendations and an agreed action plan. A written report will be submitted to the facility within 10 working days detailing the findings and action plan.

The facility is required after the visit to implement the required actions and provide a report to the district on the achievements of the actions within 3 months.

6. Second Monitoring and Support Visit

A district team of assessors will conduct a second monitoring and support visit six (6) months after the first monitoring and support visit at the facility.

The aim of the second monitoring and support visit is to conduct interviews and observations of the practices implemented in the facility. The aim is also to observe if mothers are given information about the support available to them in the community.

Formal constructed interviews will be held with postpartum mothers, but clinical staff, non-clinical staff, pregnant women and support group members may be interviewed.

The district team will provide verbal feedback at the end of the facility monitoring and support visit that will include achievements, recommendations and an agreed action plan. A written report will be submitted to the facility within 10 working days detailing the findings and action plan.

The facility is required after the visit to implement the required actions and provide a report to the district on the achievements of the actions within 3 months.

Once the facility has achieved the recommendations of the report, it should be communicated to the health district management. The District Health Management Team should then inform the Provincial Nutrition of the facility's readiness for a Provincial Monitoring and Support.

7. Provincial Nutrition Directorate Monitoring and Support Visit

At receipt of the facility's request to receive a provincial monitoring and support visit, the Provincial Nutrition Directorate will inform the facility of the visit date. This monitoring and support visit will take one (1) full day. The Provincial Monitoring and Support Visit will be conducted 3 months prior to National External Assessments.

Three Provincial MBFI assessors visit the facility to assess the implementation of the Ten Steps to successful Breastfeeding and the Three Additional Items using The Global criteria.

The internal assessments involve interviews, observations, review of written materials and hospital data sheet. The facility is expected to obtain 80% to qualify for National External MBFI Assessments.

8. National External Assessments

The National External assessments will only be scheduled when a facility has demonstrated that it has fully implemented the Ten Steps and the Three Additional Items as per the Global Criteria.

National MBFI Assessors using the global criteria conduct national external assessments. MBFI assessors from different Provinces conduct these assessments. A multi-disciplinary assessment team of three (3) assessors will visit the facility. The National external assessments can take two (2) days.
The facility will have to achieve 100% to be designated as a Mother-Baby Friendly facility.

9. Monitoring of Designated MBFI Facilities

District or provincial monitoring and support will be conducted in every MBFI designated facility annually to ensure compliance and implementation of MBFI practices.

The facility should conduct quarterly MBFI Self-appraisals to ensure that they are aligned to the global criteria. This allow for obstacles and challenges in care and services to be identified and addressed timeously.

The National Nutrition Directorate will conduct four (4) National External Reassessments within KwaZulu-Natal randomly annually without prior notice.
A MBFI designated facility should attain 100% to remain designated as a mother-baby friendly facility.
The facility can request support from the District Team and / or Provincial Nutrition Directorate on MBFI implementation. This can include a facility visit or technical support through communication.

10. Conclusion

Optimal nutrition in the first two years of life is critical to address child health and development. Exclusive breastfeeding for the first six (6) months of life and continued breastfeeding after 6 months with appropriate, safe complementary feeding can reduce infant mortality.
This will support South Africa's efforts to lower its under-five mortality as well as morbidity to achieve Millennium Development Goal 4 (reduction of child mortality by two-thirds by 2015).
The MBFI is an initiative that coordinates the promotion, protection and support of breastfeeding and safe infant feeding practices within healthcare facilities. It can, when optimally implemented, assist in increasing safe infant feeding practices amongst the KwaZulu-Natal population.
Healthcare facilities are encouraged to implement MBFI in a team-managed approach to ensure sustainability and to influence child health outcomes.

11. TOOLS AND FORMS

a. Training Record Template
b. Infant Feeding Record Template
c. Topics covered during Antenatal Health Education
d. Antenatal Health Education Checklist – Infant Feeding

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PROVINCE OF KWAZULU-NATAL

PROVINCE OF KWAZULU-NATAL
HEALTH DISTRICT: _____

INSTITUTION: _____

TRAINING PERIOD: _____

STAFF TRAINING RECORD (MBFI)

FACILITY UNIT: _____

	Surname, Initials	Rank (Nursing)	When did this staff join this ward? *(dd/mm/yyyy)*	Shift/Duty Day=D Night=N	Infant Feeding Training undertaken to date including clinical practice (enter month & year on suitable column)					If not trained or needs update; then scheduled to be trained on this day	Comment
					18/20-hr MBFI	40hr IYCF & PMTCT	PMTCT	IMCI	Other eqv		
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INSTITUTION: _____ **FACILITY UNIT:** _____ **MBFI: Training Record**

	Surname, Initials	Rank (Nursing)	When did this staff join this ward? *(dd/mm/yyyy)*	Shift/Duty Day=D Night=N	Infant Feeding Training undertaken to date including clinical practice (enter month & year on suitable column)					If not trained or needs update; then scheduled to be trained on this day	Comment
					18/20-hr MBFI	40hr IYCF & PMTCT	PMTCT	IMCI	Other eqv		
26											
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INSERT FACILITY CONTACT DETAILS

INSTITUTION: ____________________

INFANT FEEDING SUMMARY

MONTH & YEAR: ______________________________

Date infant discharged	Surname, Name	File No.	DOB	Gender		Delivery		Feeding		Referred to Support
				M	F	NVD	C/S	Breast feeding	Formula	

TOPICS COVERED DURING ANTENATAL CLASSES

All of the following should be discussed with all pregnant women by 32 weeks of pregnancy.

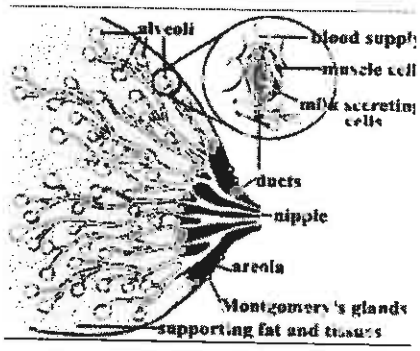
1. **Importance of exclusive breastfeeding to the baby**
   - Protects against many illnesses such as chest infections, diarrhea, ear infections;
   - Helps baby to grow and develop well;
   - All baby needs for the first six months, changes with baby's needs,
   - Babies who are not breastfed are at higher risk of illness

2. **Importance of breastfeeding to the mother**
   - Protects against breast cancer and hip fractures in later life,
   - Helps mother form close relationship with baby,
   - Artificial feeding costs money

3. **Importance of skin-to-skin contact immediately after birth**
   - Keeps baby warm and calm,
   - Promotes bonding,
   - Helps breastfeeding get started

4. **Importance of good positioning and attachment**
   - Good positioning and attachment helps the baby to get lots of milk, and for mother to avoid sore nipples and sore breasts.
   - Help to learn how to breastfeed is available from this hospital/clinic

5. **Getting feeding off to a good start – How to assure enough breastmilk production**
   - Baby-led feeding / Feeding on demand
   - Knowing when baby is getting enough milk
   - Importance of rooming-in / keeping baby nearby
   - Problems with using artificial teats, pacifiers



6. **No other food or drink needed for the first 6 months – only mothers milk**
7. **Hand expression of breastmilk**
   - Useful for continuing breastfeeding when returning to work or away from baby
   - Allows other family members to participate in feeding the baby with a cup
   - Teach the correct hand expression technique

8. **Risks and hazards of not breastfeeding**
   - Loss of protection from illness and chronic diseases
   - Contamination,
   - Errors of preparation,
   - Costs,
   - Difficulty in reversing the decision not to breastfeed
   -

9. **Importance of continuing breastfeeding after 6 months while giving other foods**
10. **Infant feeding in the context of HIV/AIDS incl treatment options**
    - HIV infected women can breastfeed their infants up to 12 months with ARVs or Nevirapine
      Importance of being regularly tested for HIV especially if you do not know your status
    - Importance of medication adherence
    - Importance of avoiding new infection or staying HIV uninfected

11. **Mother Friendly Care Practices**
    - Alternative pain methods
    - Alternative birthing positions
    - Companionship
    - Eating small snacks and drinking fluids during birth
    - Limiting invasive procedures except if medically indicated

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INSTITUTION NAME: _____

ANTENATAL CHECKLIST – INFANT FEEDING

Patient's Name: _____

Expected date of birth: _____

Topic	Discussed (Yes/No)	Signed	Date
Importance of exclusive breastfeeding to the baby (protects against many illnesses such as chest infections, diarrhea, ear infections, helps baby to grow and develop well; all baby needs for the first six months, changes with baby's needs, babies who are not breastfed are at higher risk of illness)			
Importance of breastfeeding to the mother (protects against breast cancer and hip fractures in later life, helps mother form close relationship with baby, artificial feeding costs money)			
Importance of skin-to-skin contact immediately after birth (keeps baby warm and calm, promotes bonding, helps breastfeeding get started)			
Importance of good positioning and attachment (Good positioning and attachment helps the baby to get lots of milk, and for mother to avoid sore nipples and sore breasts)			
Getting feeding off to a good start - Baby-led feeding - Knowing when baby is getting enough milk - Importance of rooming-in / keeping baby nearby - Problems with using artificial teats, pacifiers			
No other food or drink needed for the first 6 months – only mothers breastmilk.			
Hand Expression of Breastmilk - For continuing breastfeeding when returning to work or mother is away from baby - Allows other family members to help with cup feeding baby - Teach the correct hand expression technique			
Risks and hazards of not breastfeeding - loss of protection from illness and chronic disease - contamination, errors of preparation, - costs, - difficulty in reversing the decision not to breastfeed			
Importance of continuing breastfeeding after 6 months while giving other foods.			
- **Infant Feeding in the context of HIV** - Importance of being regularly tested for HIV - HIV infected women can now breastfeed their infants up to 12 months of age with ARVs or Nevirapine - Importance of medication adherence - Importance of avoiding new infection or staying HIV uninfected			
Mother-Friendly Care Practices - Alternative pain methods - Alternative birthing positions - Companionship - Eating small snacks and drinking fluids during labour - Limiting invasive procedures unless if medically indicated			
Further discussion ❖ Leaflets given and discussed ❖ Any-follow-up or referral needed			

The above topics should be discussed with all pregnant women by 32 weeks(or at least 34 weeks) of pregnancy. The health worker discussing the information should sign and date the form.

Bibliography

[1] World Health Organisation, UNICEF and Wellstart International, *Baby-Friendly Hospital Initiative: Revised, updated and expanded for integrated care. Section 1: Background and Implementation.*, WHO, UNICEF & Wellstart International, 2009.

[2] "The Tshwane Declaration of Support for Breastfeeding in South Africa," in *Tha National Consultative Meeting on Breastfeeding, 22-23 August 2011*, 2011.

[3] CoMMiC, "First Triennial Report of the Committee on Morbidity and Mortality in Children under 5 Years 2011".

[4] S. A. D. o. Health, "Saving Mothers 2008 - 2010: Fifth Report on the Confidential Enquiries into Maternal Deaths in South Africa".

[5] World Health Organisation, *Guidelines on HIV and Infant Feeding 2010 - Principles and recommendation for Infant Feeding in the context of HIV and a summary of evidence,* Geneva: World Health Organisation, 2010.

[6] National Department of Health - South Africa, *Clinical Guidelines: Prevention of Mother-to-Child Transmission (PMTCT), 2nd Edition,* 2010.

[7] S. A. D. o. Health, "The Negotiated Service Delivery Agreement For Outcome 2: A Long and Healthy Life for all South Africans".

[8] World Health Organisation, Global Strategy for Infant and Young Child Feeding, Geneva: World Health Organisation, 2003.

[9] UNICEF, Infant and Young Child Feeding. Programming Guide, New York: UNICEF, May 2011.

[10] S. R. e. a. f. t. B. C. S. S. G. Jones G, "How many child deaths can we prevent this year," *Lancet,* Vols. 362: 65-71, 2003.

[11] WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality., "Effect of Breastfeeding on infant and child mortality due to infectious diseases in less developed countries: pooled analysis.," *Lancet,* Vols. 354:471-76, 2000.

[12] Department of Health, Medical Research Council, OrcMacro, South Africa Dempgraphic and Health Survey 2003, Pretoria: Department of Health, 2007.

[13] R. N. B. R. Sonal S, "Breastfeeding Knowledge among Health Workers in Rural South Africa," vol. 51, no. 1: 33 - 36, December 2004.

[14] World Health Organisation / UNICEF, *BFHI Revices, Updated & Expanded for Integrated Care: Section 4: Hospital Self-Appraisal and Monitoring,* Geneva: WHO / UNICEF, 2009.

[15] World Health Organisation / UNICEF, *BFHI Revised, Updated & Expanded for Integrated Care: Section 3 Breastfeeding Promotion and Support in a Baby-Friendly Hospital, A 20-Hour course for Maternity Staff,* Geneva: WHO/UNICEF.