

## **STANDARD OPERATING PROCEDURE FOR POSTNATAL SUPPORT**

1. Follow-up and support after discharge from the facility is extremely important for a new mother going back home, the support she receives can determine whether she will feed her baby successfully.
2. Prior to leaving the facility health care personnel should conduct a discharge consultation with mothers around how much support she will have, the discussion should include the following:
  - a. Find out what family support she has at home.
  - b. If possible, include discussions with family members about what support they are able to provide.
  - c. Provide the mother with the name of a person to contact at the hospital/clinic or in the community such as community caregivers (CCG); to arrange a follow-up check in the first week at home, the PHC community care workers should visit the new mother to observe a breastfeed.
  - d. Linkage with community caregiver should be done by the healthcare facility by providing the mothers with the referral letter, a contact number and name. It is important to confirm that the mother has knowledge of her CCG.
  - e. Discuss the importance and arrange the routine 3-6 days & 6-week follow up appointment.
  - f. Inform the mother about any support groups in her area or the names of experienced breastfeeding mothers willing to support a new mother.
  - g. Remind breastfeeding mother of the key points about how to breastfeed and practices that will help her to succeed. Use the Mother, Child Health and Nutrition Booklet to guide the mother through the information and provide as a guide to the mother.
  - h. Non-breastfeeding mothers should be reminded about how to safely formula feeding including the type of infant formula, safe, hygienic preparation and safe cup feeding. Use the Mother, Child Health and Nutrition Booklet to guide the mother through the information and provide as a guide to the mother.
  - i. Ensure that mothers receives no written materials that market breastmilk substitutes, feeding bottles or designated products as defined in the Regulations pertaining to Infant and Young Child Feeding.
  - j. All mothers should be advised to refer back to the healthcare facility / clinic if they enquire any difficulties with feeding their babies.
3. Before the mother leaves the maternity facility, the health care provider should asses that she is able to feed her baby and that she recognises that feeding is going well or can identify problems.
4. Emphasise the importance of exclusive breastfeeding for 6 months and the risks associated with mixed feeding.
5. Review with breastfeeding mothers the importance of continued breastfeeding as per the postnatal health education checklist (Form 6).

Contact the mother after she is home to find out how she is coping with the feeding.

FORM 6:  
POSTNATAL CHECKLIST

INSTITUTION NAME: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Expected date of birth: \_\_\_\_\_

Topic	Discussed (Yes/No)	Signed	Date
<p><b>Importance of exclusive breastfeeding to the baby</b></p> <p>(protects against many illnesses such as chest infections, diarrhoea, 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)</p>			
<p><b>Importance of breastfeeding to the mother</b></p> <p>(protects against breast cancer and hip fractures in later life, helps mother form close relationship with baby, artificial feeding costs money)</p>			
<p><b>Importance of good positioning and attachment</b></p> <p>(Good positioning and attachment helps the baby to get lots of milk, and for mother to avoid sore nipples and sore breasts)</p>			
<p><b>Maintaining Baby-led Feeding</b></p> <ul style="list-style-type: none"> <li>- Baby-led feeding</li> <li>- Knowing when baby is getting enough milk</li> <li>- Importance of rooming-in / keeping baby nearby</li> <li>- Problems with using artificial teats, pacifiers</li> </ul>			
<p><b>No other food or drink needed for the first 6 months – only mothers breastmilk.</b></p> <ul style="list-style-type: none"> <li>- Babies below the age of 6 months have immature swallowing mechanisms so they cannot tell the difference between air and food when they swallow and may choke</li> <li>- The baby may not be able to digest and absorb the nutrients from the foods. This is because the gastrointestinal tract is still immature</li> <li>- This food may take the place of breastmilk, and so the baby may not get all the easily digestible nutrients needed</li> <li>- The baby will have an increased risk of diarrhoea because the foods may not be as clean as breastmilk and the baby's immune system is still immature</li> <li>- The baby will have a greater risk of illness because it is taking in less of the protective substances from breastmilk</li> <li>- There will be an increased risk of the baby developing wheezing or other allergic conditions because the baby cannot digest and absorb non-human protein well</li> </ul>			

<p><b>Hand Expression of Breastmilk</b></p> <ul style="list-style-type: none"> <li>- For continuing breastfeeding when returning to work or mother is away from baby</li> <li>- Allows other family members to help with cup feeding baby</li> <li>- Teach the correct hand expression technique</li> </ul>			
<p><b>Risks and hazards of not breastfeeding</b></p> <ul style="list-style-type: none"> <li>- loss of protection from illness and chronic disease</li> <li>- contamination, errors of preparation,</li> <li>- costs,</li> <li>- difficulty in reversing the decision not to breastfeed</li> </ul>			
<p><b>Importance of continuing breastfeeding after 6 months while giving other foods.</b></p> <ul style="list-style-type: none"> <li>- Mothers must be advised to breastfeed exclusively for the first 6 months and to continue breastfeeding to 2 years and beyond.</li> <li>- Complementary feeding is started when a baby is 6 months old. At this time frequent breastfeeding is continued and suitable foods are introduced.</li> <li>- A baby must have completed 6 full months of life before he or she is given foods or drinks other than breastmilk.</li> <li>- The risks of starting to introduce solid foods too early or too late</li> <li>- Key messages for complementary feeding</li> </ul>			
<ul style="list-style-type: none"> <li>- <b>Infant Feeding in the context of HIV</b></li> <li>- Importance of being regularly tested for HIV</li> <li>- All mothers, irrespective of their HIV status, to exclusively breastfeed their infants for the first six (6) months of life.</li> <li>- HIV infected women can breastfeed their infants up to 24 months of age with ARVs</li> <li>- Adherence of HIV positive mothers to ARV treatment</li> <li>- All HIV-exposed infants should receive continued breastfeeding up to 24 months with safe and appropriate complementary feeding starting at 6 months.</li> <li>- All confirmed HIV positive infants should continue breastfeeding for up to 24 months or longer.</li> <li>- Importance of medication adherence</li> <li>- Importance of avoiding new infection or staying HIV uninfected</li> </ul>			
<p><b>Further discussion</b></p> <ul style="list-style-type: none"> <li>❖ Leaflets given and discussed</li> <li>❖ Any-follow-up or referral needed</li> </ul>			