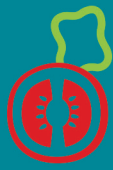


# BREASTFEEDING PEER COUNSELING PARTICIPANT MANUAL



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# BREASTFEEDING PEER COUNSELING PARTICIPANT MANUAL

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## Livelihoods and Food Security Fund



managed by  UNOPS

Arthors : Thelma Tun-Thein, MS, RDN, IBCLC,RLC  
Registered Dietitian/Nutritionist  
International Board Certified Lactation Consultant

Translator : Saw Eden

Illustrator : Wai Yan Win Zaw (Cartoon Wai Yan Taunggyi)

Photography

Design & copy edit : iD creative solutions

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## SECTION 1: Breastfeeding

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### Chapter 1: Importance of Breastfeeding

Breastfeeding saves babies' and mothers' lives. With improved breastfeeding, 823,000 babies and 20,000 mothers' lives could be saved. Non-breastfed babies have a 16x higher chance of dying than those who are breastfed.

WHO and Government of Myanmar Recommendations:

- Exclusively breastfed for first six months
- Start on complementary foods of local, high nutrient-dense foods at six months with continued breastfeeding till two years and beyond.

Globally, only 38% are exclusively breastfed till six months (WHO, 2019) Myanmar, only 51% are exclusively breastfed before six months (2017). This means that out of 100 babies, 49% are receiving water/fluids/foods before six months of age.

Babies who are not breastfed till six months:

- Have a higher chance of getting sick with illnesses and diseases
- Higher chance of dying (16X)
- Higher chance of being stunted and wasted for life
- Not being breastfed prevents babies and children from obtaining the best health.
- Breastfed babies have higher IQ ( intelligence/learning ability)

To promote, protect and support breastfeeding, health care professionals and breastfeeding peer counselors should:

- Help mothers start with breastfeeding (initiation )
- Help mothers to give only breast milk the first six months( exclusivity )
- Helping mothers to breastfeed as long as they can/want to ( duration )till 2 years and beyond

## Terms for Breastfeeding

**Exclusive Breastfeeding:** means giving a baby no other food or drink, including no water (except medicines and vitamin/mineral drops and expressed breast milk)

**Predominant breastfeeding:** means breastfeeding a baby and giving small amounts water or water based drinks such as tea

**Full breastfeeding:** means breastfeeding either exclusively or predominantly

**Bottle feeding:** means feeding a baby from a bottle, including expressed breast milk

**Artificial feeding:** feeding a baby on artificial feeds and no breastfeeding at all

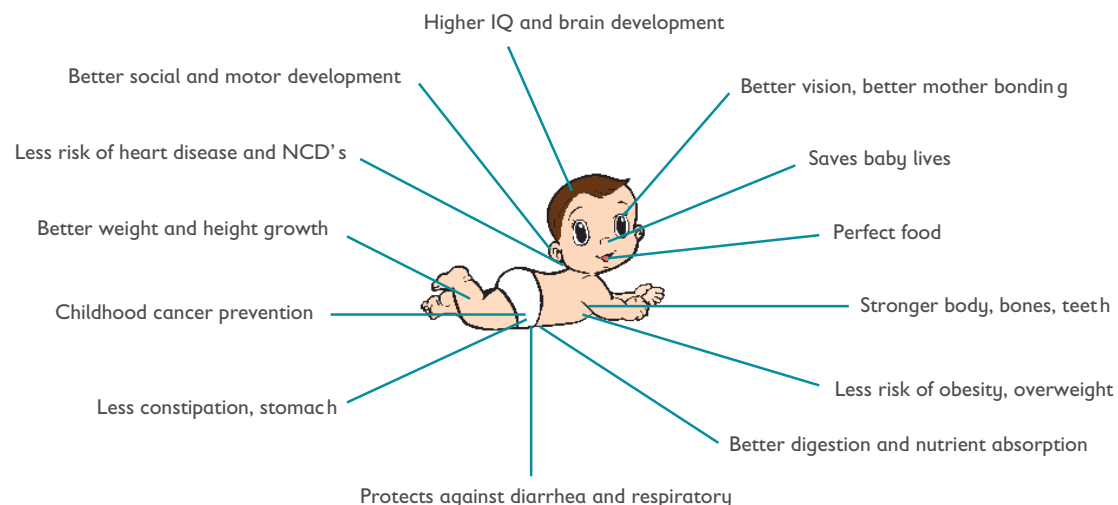
**Partial feeding:** means giving a baby some breastfeeds and some artificial feeds, either milk or cereal or other food

**Mixed feeding:** means giving a baby both breastfeed and other foods/drinks

## Why exclusive breastfeeding is important

1. Breast milk is food that acts like medicine for the baby
2. Breastfed babies suffer fewer illnesses and tend to recover faster
3. Breastfed babies less from diarrhea and respiratory infections
4. Breastfeeding helps babies and young children reach their optimal growth and health/ brain development
5. Breastfeeding helps develop: learning skills, emotional and social development in baby
6. Breastfeeding is calming for mothers and increases maternal/infant bonding
7. Breastfeeding builds a strong immune system for life and helps protect against illnesses/diseases
8. Breastfed babies have higher IQ and better learning ability than those that have not been breastfed
9. Breastfeeding helps babies develop the strongest bodies
10. Breastfeeding helps baby develop emotionally, psychologically, and socially
11. The illustration below shows the other benefits of breastfeeding and breast milk for the baby.

## Benefits of Breastfeeding for the Baby



## Why exclusive breastfeeding is important

- Higher IQ and brain development
- Better vision, better mother bonding
- Saves babies lives
- Perfect food and nutrients
- Stronger body, bones, teeth, organs
- Less risk of obesity/overweight
- Better digestion and nutrient absorption
- Protects against diarrhea and respiratory diseases
- Less constipation, stomach discomfort
- Childhood cancer prevention
- Better weight and height growth
- Less risk of heart disease and NCD's
- Better social and motor development

The breastfeeding experience is special and protective for mothers and babies. As breastfeeding and breast milk helps the baby grow and thrive, the mother gains more confidence in herself and recovers faster from pregnancy and childbirth.

## Benefits of Breastfeeding for Mother and Baby

### For the Baby

- Less likely to die
- Less diarrhea and respiratory infection
- Less ear infection, GI disorders, skin conditions and SIDS
- Improved growth and health
- Increased bonding
- Lower risk of chronic disease (diabetes, heart disease, asthma, allergies, some cancers)
- Lower risks of overweight/obesity
- Improved cognitive and motor development

### For the Baby

- Birth spacing\*\*\* (see note)
- Lower risks of maternal cancers (ovarian, breast), heart disease, obesity, diabetes, osteoporosis
- Faster maternal recovery and weight loss
- Less postpartum depression

Additional benefits include:

- Helps mother rest and sleep
- More convenient
- More time for mother( No need to prepare)
- Cost less ( no need for BMS/supplies ); more funds for family food/expenses
- Less medical costs due to less sickness/fewer medications
- No financial burden: free
- Healthier baby makes it easier for working mother
- Mother's is also healthier for life ( less non-communicable diseases )

\*\*\* Birth spacing: must be exclusively breastfeeding till six months, with night feedings and no supplementation of foods/fluids, if used as a contraceptive method

The benefits of breastfeeding are dose-related: mother and baby benefit more when they breastfeed longer.

## Benefits of Breastfeeding for the family/community

Healthier mothers, babies, families and communities

- Families spend less on health costs due to healthier babies/children
- Families have more money for food and education
- Less fuel costs (no need to boil water, etc.)
- Families/communities have more time to enjoy baby
- Less refuse in community ( milk cans )
- In the community, positive support for breastfeeding mothers and families help mother breastfeed more successfully and longer

## Benefits for the country

- Healthy families make a healthy nation
- Health care system saves money due to reduced childhood illnesses and medical visits/expenses
- Improves child survival: more children live due to decreased illnesses/disease
- Environmental protection: Protects the environment (trees are not used for firewood to boil water, milk and utensils, no waste from tins and cartons of breast milk substitutes).
- More households with money : no need to buy BMS and supplies
- Government support such as paid maternity and paternity leave helps mothers breastfeed longer
- Wealthier families and country

There are many health risks for mixed and artificial feeding, where the baby receives other fluids/foods besides breast milk in the first six months which have short-term and life-long consequences.

## Risks of Mixed and Artificial Feeding

### For the Baby

- Interferes with bonding
- More diarrhea and respiratory infections
- Persistent diarrhea
- Malnutrition risks, Vitamin A deficiency
- More likely to die
- More allergies and milk intolerance
- Increased risk of some chronic diseases
- Higher overweight and obesity risk
- Lower scores on intelligence tests

### For the Baby

- May become pregnant sooner
- Increased risks of non-communicable diseases
- Increased risk of anemia, ovarian and breast cancer



### Key Message

- Breastfeeding provides many health benefits for baby and mother that lasts a lifetime. Families, communities and the country benefit from exclusively breastfeeding babies for the first months and continued breastfeeding till two years and beyond with complementary feedings beginning at six months.
- Not breastfeeding or mixed and artificial feeding cause more illnesses, higher risk of baby's death, more risks of diarrhea, respiratory infections, pneumonia, illnesses, diseases, and more health problems in adulthood( overweight/obesity, cancer, heart disease ,diabetes, asthma and dental decay). Children are more likely to become malnourished due to frequent illnesses.
- Mixed feeding: decreases milk supply and interferes with successful breastfeeding.

*In babies of HIV positive mother, they are much more likely to be infected with HIV if they are not exclusively breastfed. The gut is damaged by mixed feeding of other liquids and foods and allows the HIV virus to enter the lining of the gut more easily.*

Although WHO recommends that women should breastfeed and babies should receive mother's milk, some situations exist where breastfeeding is not recommended such as: Mother who:

- Are undergoing radiation therapy
- Are undergoing chemotherapy
- Have active and untreated tuberculosis: can breastfeed after treatment
- Have HLVT 1 and 2: human lymphotropic virus
- Are taking illegal drugs: heroin, cocaine, amphetamines etc. which can cause irreparable damage for infants.
- Are HIV positive mothers-discuss WHO guidelines and countries guidelines (Exclusive breastfeeding only with ARV medications during pregnancy and breastfeeding)

## Chapter 2: Breastfeeding peer counseling and Breastfeeding Peer Counselor

Breastfeeding peer counseling is utilizing women in the community who have breastfed and received breastfeeding training to help and support other women breastfeed. Because of the peer approach in the community, counselors can relate socially and culturally and understand the environmental and cultural barriers to help improve breastfeeding outcomes.

Breastfeeding peer counseling has helped increase the number of mothers in many countries:

- To start breastfeeding
- To only give breast milk for first six months
- To breastfeed their babies longer
- To have better breastfeeding success
- Linked with babies to have less diarrhea

A Breastfeeding Peer Counselor is a woman in the community who:

- has breastfed
- has a passion to help other women breastfeed
- has received breastfeeding education/training
- is a paraprofessional

A Breastfeeding Peer counselor helps mothers:

- during pregnancy, after birth and months while breastfeeding
- in emergent and non-emergent situations

Breastfeeding peer counselors help mothers by doing the following:

- Encourage, educate, support and help mothers to breastfeed
- Give correct breastfeeding information so mothers can make informed choices
- Give correct information and to feed their babies safely and responsively
- Help with minor breastfeeding difficulties  
Help mothers find better solutions for themselves



- Continue to encourage breastfeeding and address their challenge, even if mother is giving BMS
- Work with families to support the mother
- Breastfeeding work in their scope of practice ( range of practice they can provide)

### Role, Responsibilities and Qualities of a Breastfeeding Peer counselor:

1. Respects mothers, families, staff and medical personnel
2. Educates, encourages and shares breastfeeding information
3. Is reliable, dependable, trust-worthy, non-judgmental, kind and friendly
4. Always compassionate and empathetic
5. Helps mothers with attachment, positioning
6. Helps mothers with common breastfeeding problems
7. Helps mothers solve simple breastfeeding issues
8. Answers questions and shares breastfeeding information
9. Always suggest, never orders
10. Always listens to mothers
11. Conducts home visits to pregnant and breastfeeding mothers
12. Teach breastfeeding classes
13. Empower mothers to make their own decisions
14. Respects mothers' decisions
15. Refers more complicated breastfeeding issues(Yield )to medical authorities
16. Works with families in helping mother
17. Keeps patient privacy
18. Dresses appropriately
19. Works within the guidelines of SCI / partners/medical personnel
20. Work smoothly with SCI manager/supervisor
21. Continues to train to improve own breastfeeding skills/knowledge

services BFPC's can provide. Breastfeeding peer counselors cannot:

1. Make medical diagnosis
2. Give medical advice
3. Prescribe medication
4. Give help/support not related to breastfeeding

All complicated situations must be referred to Referring authorities (medical/SCI/organizational). This is called "YIELD", which is Stop and Refer immediately.

### Stop and refer if:

1. Baby or mother has medical/health issues
2. Baby is not gaining weight or other health issues
3. Mother's milk supply is low
4. Baby continues to have difficulty with attachment and feeding
5. Breastfeeding problem remains unresolved after 24 hours despite BFPC help
6. Situation is beyond basic breastfeeding such as twins or very small/ill baby
7. Mother has a physical challenge or chronic/acute illness
8. Mother appears at risk nutritionally
9. Mother appears depressed or at risk for self-injury
10. Suspects maternal alcohol, smoking or drug abuse
11. Have problems and not following suggestion
12. Mother has decided to use BMS



### Key Message

- Breastfeeding peer counseling and counselors have helped more mothers breastfeed, breastfeed longer and help reduce diarrhea in many countries. Breastfeeding counselors are effective in helping with breastfeeding because they respect and care about mothers and babies. Breastfeeding counselors must stay within their scope of practice which is limited to breastfeeding issues. All medical and serious breastfeeding conditions must be immediately referred to medical authorities.

## Chapter 3: How the Breasts make milk

### The outer parts of the breast include:

#### The nipple

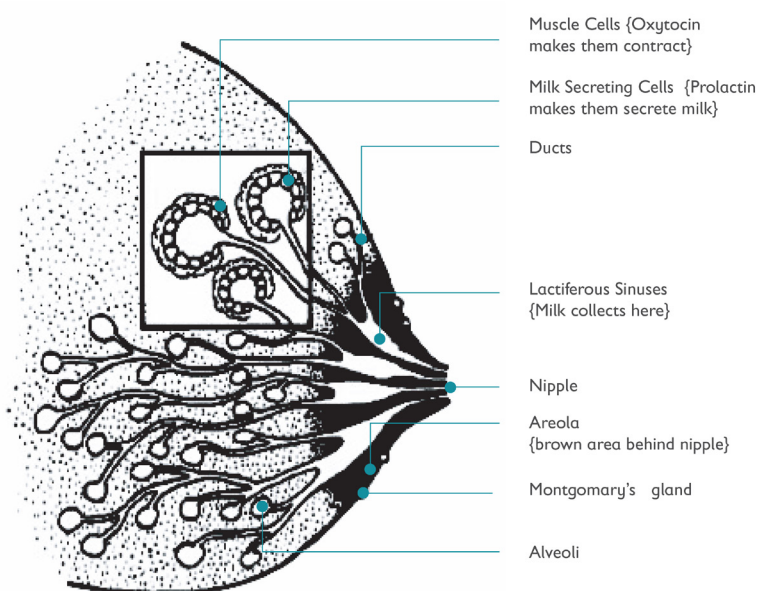
openings allow milk to flow out  
(5-10 openings)

#### Areola

dark area around the nipple

#### Montgomery glands

bumps on the areola that secrete an oil which helps baby breastfeed



### The inner parts of the breast include:

- Alveolus (milk making cells)
- Lobules: grapelike clusters of alveoli
- Ductules /ducts: takes milk from making cells to the nipple
- Lactiferous ducts: milk collection area behind the nipple openings
- Glandular tissue: contains milk making cell
- Fatty issue: gives the breast the shape
- Nerves: allows for touch sensation to increase milk production
- Blood: provides nutrients to make milk
- Lymph fluid: water and contains antibody factors

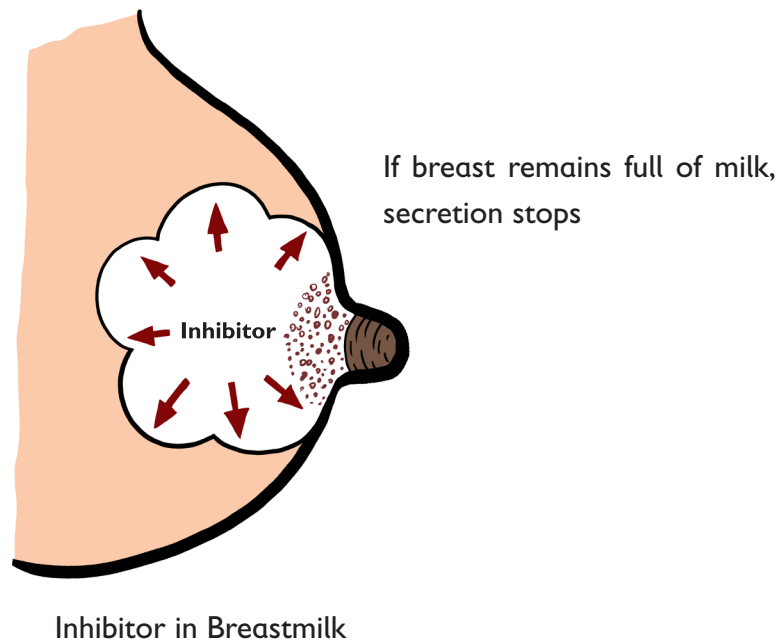
## Milk Production

1. As soon as the placenta is delivered, the brain starts producing two hormones: prolactin produces milk and oxytocin releases milk from the breasts
2. When baby suckles and empties the breasts, oxytocin and prolactin increases so that milk supply begins and increases with mother/baby contact and baby nursing
3. It takes 2-3 days for full milk production to begin( breast fullness/nipple tenderness are signs)
4. At birth, the baby gets the colostrum when suckling and gets nutrients; colostrum is in the breasts by 4th month of pregnancy
5. When the mother sees, hears, smells, touches her baby, thinks about her baby, prolactin and oxytocin increases and causes the “let down reflex”.
6. The signs are:
  - A tingling sensation in breasts and nipples
  - Milk flows (thinks about baby/see baby)
  - Milk drips from other breast ( when nursing)
  - Milk sprays from breast
  - Uterine contraction
  - Sometimes, mothers can feel nauseated/dizzy
7. Keeping mother with the baby increases milk supply. Separating them decreases milk supply.
8. Feeding the baby frequently, day and night (8-12 times at least per day) to increases milk production
9. The more the baby suckles and empties the breasts, the more milk is produced. Not feeding the baby or feeding infrequently decreases milk production and causes breastfeeding problems.
10. Although colostrum is in the breasts, it may not come out by squeezing but only by the baby suckling. Mothers/family members think there is “no milk” although the milk is in the breasts.

## Control of milk production

When breasts are full,

- Milk production decreases.
- Feedback inhibitor of lactation (FIL) in breast milk increases to prevent overproduction and decreases milk supply
- Keeping breasts emptied increases milk production
- Engorgement decreases milk production



### Key Message

- The breasts produce colostrum in 4th month of pregnancy
- Milk production starts with delivery and continues throughout lactation period
- It takes 2-3 days for milk production but baby has colostrum in breasts from time of birth.
- Emptying the breasts often by frequent increases milk supply by stimulating hormones that make milk ; keeping the breasts full or engorged decreases milk supply.
- The breasts continue to make milk while the baby is suckling so the breasts never run “dry”, even if the breasts feel soft.

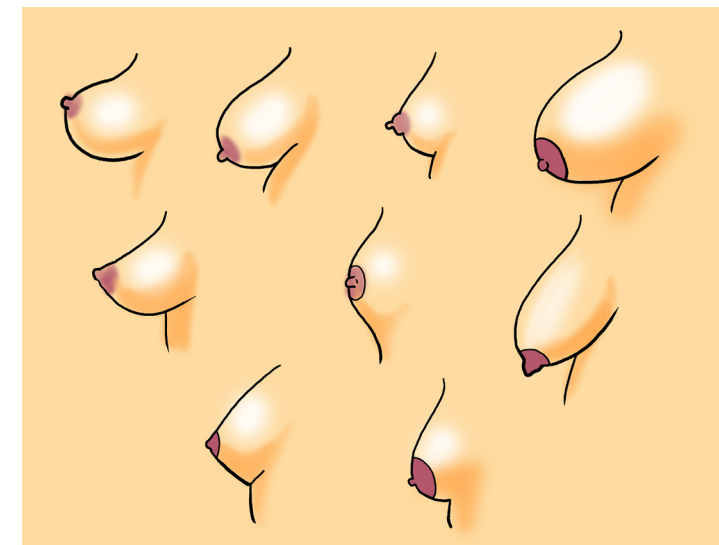
## Types of Breasts and Nipples

Breastfeeding peer counselors can help mothers with different shape and size breast/nipples by working with attachment and positioning. By working with mothers with encouragement, solutions can be found for different situations.

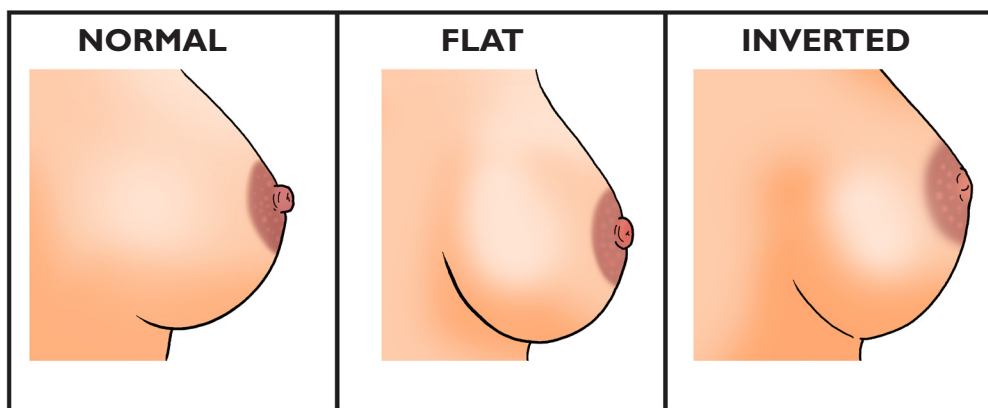
- Most women can breastfeed their babies and produce enough milk regardless of the shape/size of breasts/nipples and age of mother
- Size/shape of breasts and nipples shape, size does not determine milk production and ability to breastfeed
- Larger breasts have more fat and are larger; larger size does not mean more milk production
- Smaller breasts may produce milk quicker since storage amount is smaller
- Asymmetrical breast are at different levels. Adjust position to breastfeed.
- In some women, each breast or nipple may be different: one larger; smaller; different shape breast or type of nipple
- Larger nipples: mother may have to express milk at first till baby grows
- Small nipples: babies feed at the breasts and not the nipples so baby can feed adequately
- Flat nipple: may be due to getting too much IV fluid in labor or from being engorged.

## Size and Shape

There are many different shapes and sizes of breast and nipple. Babies can breastfeed from almost all of them







There are many types of nipples:

- normal/common
- short or long
- Split ( bifurcated)
- Inverted
- no nipple
- flat

### Inverted Nipple

Having inverted nipples do not mean that mothers cannot breastfeed. Many mothers with inverted nipples have successfully breastfed their babies.

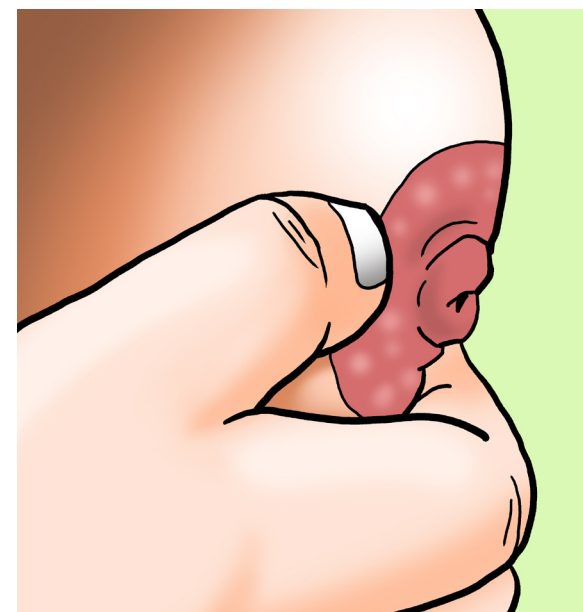
There are different degrees of inverted nipples:

**Grade 1:** (nipple sticks out with stimulation)

**Grade 2:** ( nipple sticks out with stimulation and then goes back in)

**Grade 3:** ( never sticks out; stays within breasts)

With inverted nipple, teach mother to form the breast in sandwich or tea-cup hold to breastfeed. This takes practice and can help mothers with inverted breastfeed their babies.



Sandwich/teacup Hold

Breasts and nipples change in pregnancy and lactation so some inverted nipples resolve after delivery. Do not use rough and inappropriate handling of breasts and nipples. Interventions like syringes and nipple pullers can cause nipple pain/damage and breasts and areola pain, interfering with mother's ability to breastfeed. Do not pull at the nipple and areola. This causes pain and damage, making breastfeeding uncomfortable.

Some mothers with severe retraction ( the nipple stays inside ) may need to express their milk and feed by spoon or cup.

Some babies may have difficulty feeding on long nipples or large nipples in the first few weeks. As the baby grows older, most babies are able to adjust accordingly.



## Key Message

- Regardless of the shape/size of breast or nipple, most mothers can breastfeed their babies adequately. Breasts and nipples change in size and shape after delivery. Women with inverted nipples should not be warned not to use syringes and nipple pullers to evert their nipples. Helping mothers with attachment/positioning provides solutions to concerns with different shape breasts and nipples.
- Using soap and creams on nipples can cause dryness and irritation.
- The mother's willingness to keep trying determines success with breasts and nipple issues.

## The Composition of Breast milk

Breast milk is a living, changing life-giving fluid that:

- Saves baby's lives
- Promotes optimal health and healing for baby
- Contain over 100,000 factors that cannot be duplicated
- Is mostly water (87%); babies do not need water even in hot weather
- Provides all the nutrients in correct amounts for baby's needs
- White blood and disease-fighting cells
- Is immune building
- Oligosaccharides prevent microorganisms entering the gut lining
- Bioactive factors (kills bacteria to prevent illness)
- Enzymes help with digestion, absorption and utilization of nutrients from food
- Contains hormones for growth and development
- Even in severe, prolonged starvation, breast milk is still nutritious but may be less in amount
- Has cancer-fighting cells

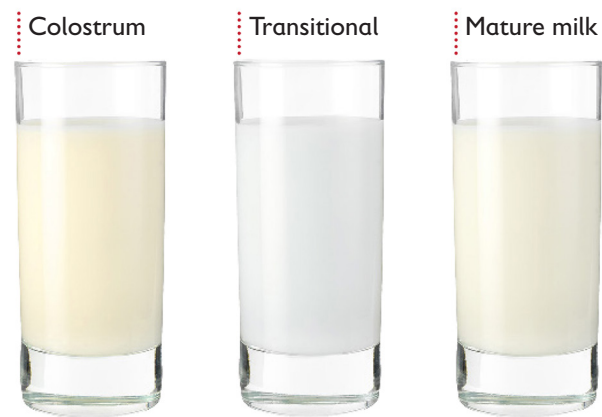
## Breast milk Changes

Breast milk is nutritious for babies, regardless of how it looks like and provides health and protective benefits, regardless of the age of baby. To meet the baby's needs, the breast milk changes from day of birth throughout time of lactation.

The production of milk matches the size of the baby's stomach: when the stomach is small in the first days, the thick colostrum in small amounts meets the baby's needs.

Age of Baby	Day 2-4	4 <sup>th</sup> day to 2 weeks	2 weeks and beyond
Type of Milk	<b>Colostrum</b> Laxative to prevent jaundice Perfect food for newborn	<b>Transitional</b> Has colostrum and milk	<b>Mature milk</b> <b>Fore milk:</b> first milk from breast high in water soluble vitamins, minerals and protein <b>Hind milk:</b> higher in fat, looks thicker, comes towards the end of feed Both fore and hind milk are important Baby needs both types
Appearances	Thick, yellowish	Looks more white	Whiter, thinner: many vitamins/protein; with longer feeding, milk changes to higher fat content to satisfy baby

<b>Qualities</b>	Many antibodies to kill bacteria/Vitamin A; matures the intestines;		
	<b>Baby's stomach</b>	5 ml	Size increase from ping pong to egg



### Size of the Stomach

The baby's stomach is small on Day 1 and increases in size to match the mother's increasing milk supply. It increases from the size of a small marble to the size of an egg by ten days. Overfeeding with BMS and fluids/water causes the unnatural stretching of the stomach which can lead to further problems.

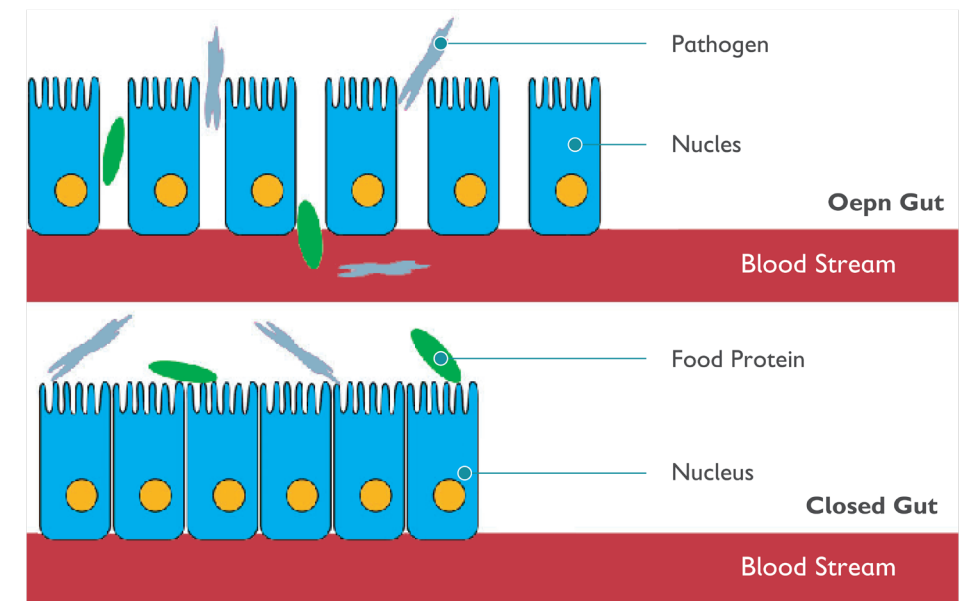


### The Composition of Breast milk

- Antibiotic rich-protects against infection and allergy
- Many white cells: kills dangerous bacteria
- Purgative: clears meconium; helps prevent jaundice
- Growth factors: helps intestines to mature prevents allergy, intolerance
- Vitamin A rich: reduces infection; prevents eye disease; antioxidant
- Coats the gut to prevent dangerous bacteria from entering
- Colostrum color ranges from clear, white to yellow and orange
- Colostrum in the early days is enough to fill the baby's small stomach

Exclusive breastfeeding till six months is recommended because the infant gut is immature and open till about the sixth month.

- Colostrum coats the gut in the early days to protect against infection and microbes entering the gut
- Feeding baby BMS and other foods before six months allows foods/food protein to enter the gut and blood stream, possibly promoting allergies/asthma
- Oligosaccharides in breast milk surround the pathogen (dangerous bacteria) to prevent entry



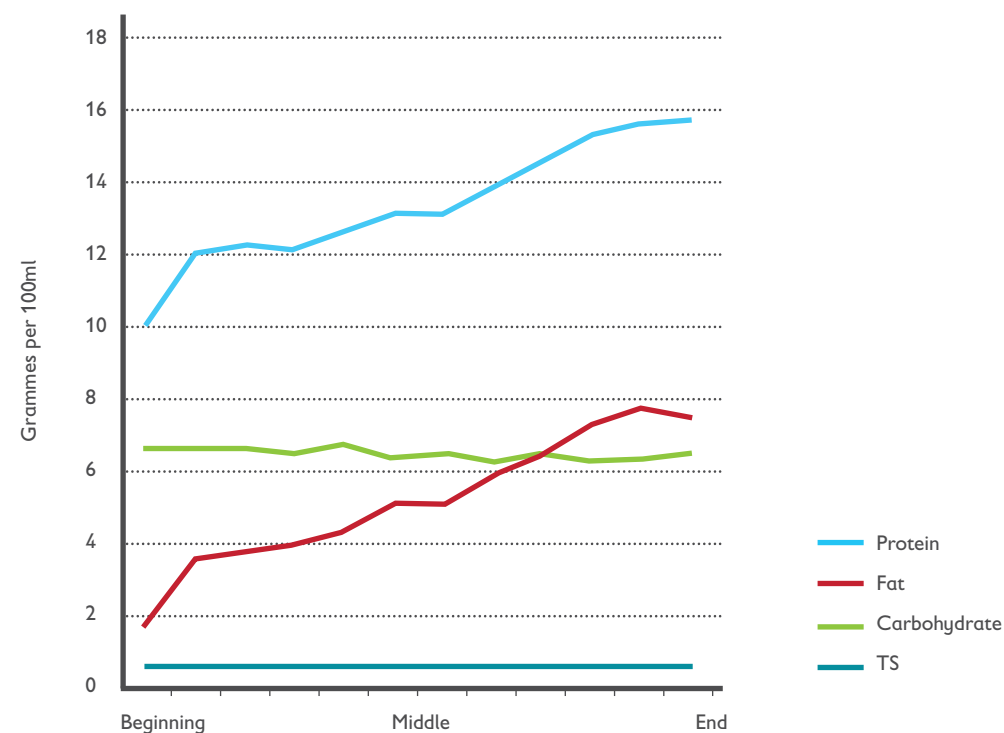
Comparing the gut walls of children under and above six months

Breast milk changes accordingly to meet the specific needs of the baby. Although the nutrient composition of the breast milk stays consistent, the following factors affect breast milk composition:

- Baby's age: higher fat with older age
- The length of the feed: the longer the feed, higher fat but protein and carbohydrate stay the same
- Time between feeds: longer the time, higher fat
- Time of day or night
- Sex of baby
- Mother's diet (omega fatty acids): diet determines type of fatty acid in milk
- Preterm birth: higher protein (first month )
- Taste and smell: changes with mother's diet
- Color: change due to foods and medications taken by mother
- If baby is ill: more antibodies to fight the infection and the color may change

The mother's body works hard to ensure that the baby gets the needed nutrients; even in malnourished mothers, the quality of milk is adequate but may be lower in quantity.

This graph shows that breast milk changes from higher protein content to higher fat content as the baby continues to feed. If mothers switch breasts during feeds before the milk gets higher in breast milk, the baby may gain weight at a slower rate. Mothers should feed at one breast and alternate the breast at the next feed. The protein and the carbohydrate (lactose) stay consistent from the beginning to the end of the feed.



### Note:

- Breast milk quality is good regardless of the color or appearance
- There is such thing as “hot” and “cold” breast milk: the temperature of breast milk is body temperature
- When the baby feeds at one breast per feeding, baby gets more fat at end of feed (see illustration)
- Always reassure mothers that their breast milk is adequate for baby's needs
- The baby does not need water since breast milk is high in water

### Protective Quality of Breast milk

When the mother's body detects infection in the body or dangerous microbes in the environment, her white cells start producing antibodies which enter the breast milk, providing protection babies against infections and illnesses. These antibodies specifically fight the microbe that is causing the illness. Breast milk helps babies to be protected from the microbes in their environment and prevents infections/illnesses.

## Protection against infection

1. Mother has infection or environmental microbes
2. White cells make antibodies
3. White cells go to breast and make antibodies
4. Antibodies secreted in milk to protect baby

## The Uniqueness of Breast Milk

The nutrients, bioactive factors and ingredients in breast milk ensure that the baby grows and develops optimally, have best brain development and immune system. Other milks and BMS do not contain the ingredients needed by the baby and contain true protective factors against illnesses/diseases.

### Nutrient breakdown of breast milk



F& CO. FAMILY & CO. NUTRITION

Breastfeeding peer counselors should remind mothers that breast milk is mostly water (87%) and that even on hot days, babies do not need water. Giving babies water before 6 months increases the risks of infections and diarrhea.

Ingredients in Breast milk and breast milk substitutes are very unique: nothing compares to breast milk in meeting baby's nutrition and health needs and building the immune system.

Ingredients	Breast Milk	Formula/BMS
Protein	Easily digested and absorbed; different types for best growth	Harder to digest to cause more stomach upsets
Fat	Easily digested to promote growth; Essential fatty acids for: brain growth and development	Man-made processed oils Palm oil lowers absorption of calcium
Vitamins	Easily digested and absorbed	Artificially made Lower absorption
Minerals	Perfect types and amount	High level so hard on the baby's kidneys
DHA,ARA	Fatty acid and fat needed for brain and vision development	From algae and mushrooms; man- made
Cholesterol	For brain development	None
Probiotics and prebiotics	Develops immune system; helps good bacteria grow	None Man-made and may not be effective
Enzymes	Digest nutrients for better digestion and absorption	None-harder to digest food
Hormones	To promote growth and development, Makes baby systems work better	None

Melatonin	Helps baby sleep	None
Growth factors	Helps baby's organs grow	None
Hamlet cancer fighting cells	Provide cancer protection	None
Immune factors (IF) Antibodies	Anti-viral, anti-bacterial, anti-fungal and anti-parasitic to support the child's immune system	None
Artificial colors, additives, flavors	None	Many
Water	Sterile	Can get contaminated with bacteria during preparation, cleaning

## Breastfeeding during illness

If Mother is ill:

- needs to continue to breastfeed
- listen to medical advice about medications for illness
- Rest and get adequate fluids/foods

If Baby is ill:

- breastfeed more frequently
- babies need breast milk more
- Mother makes more antibodies to fight infection
- Take care for at least 2 weeks to continue to breastfeed more; with older children, they need to eat more food after the illness

## How baby and mother communicate needs?

As baby suckles at the breast and creates a vacuum which mixes baby saliva and breast milk.

This goes into the nipple and mother's body know the antibody to produce for baby. ("baby spit backwash") mechanism. The best practice is to nurse at the breast. Babies fed BMS/other foods do not have this type of communication with the mother.

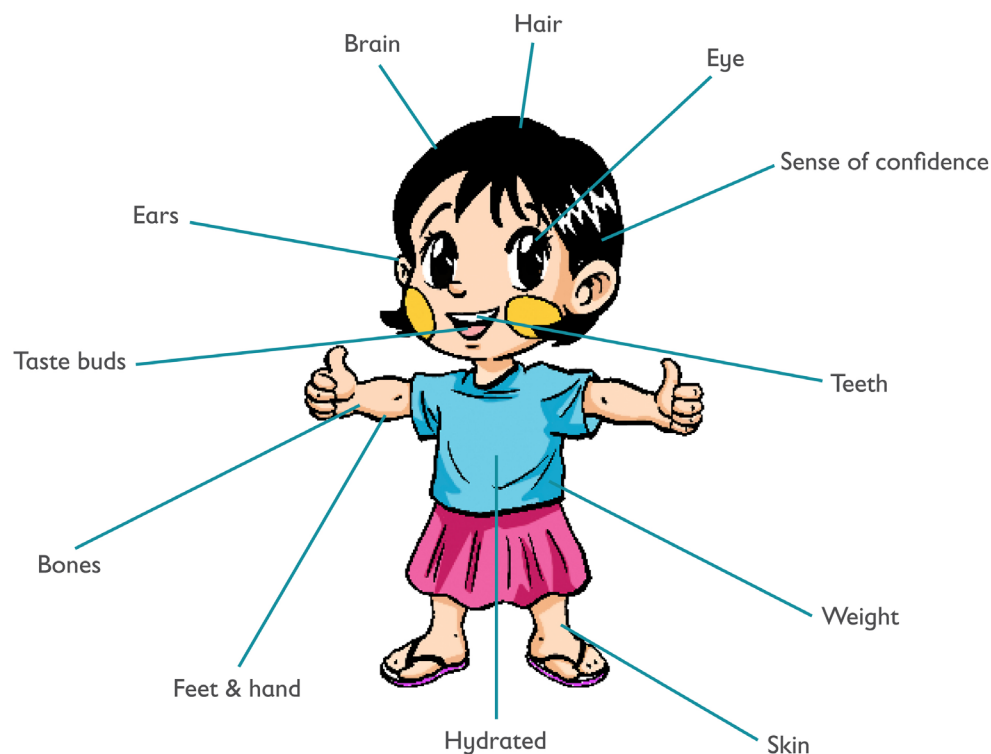


### Key Message

- Breast milk changes with needs of the baby. No food/fluid /BMS can replicate like breast milk.
- The size of baby stomach is in synch with mother milk supply.
- There are 100,000 ingredients in breast milk to promote best growth, health and immune system of the baby
- Keep breastfeeding during times of illness

## How baby and mother communicate needs?

- Young children still do not have complete immune system
- Breast milk protects against illnesses/diseases and brain growth/development regardless of child's age
- More illnesses without breast milk, leading to stunting, and wasting
- At 2 years, breast milk can provide : 30% of the calories, 55% from protein, 10% of iron, and 75% of vitamin
- Continued promotion for brain growth and development
- Helps promote stronger body, bone structure, teeth, skin
- Better weight gain
- Builds strong immune system to protect against illnesses/infection
- Better sense of confidence
- Provides hydration



## Weaning from the Breasts

Breastfeeding recommended till 2 years and beyond.

### Abrupt weaning

Stopping breastfeeding quickly: not recommended since mother can get engorged/ risk of mastitis.

### Gradual

Overtime, mother and baby feed less frequently so that supply decreases

Weaning is stressful for mother and baby.

## Chapter 4: Early Initiation of Breastfeeding

Breastfeeding is:

- a natural process
- best way to help babies grow and develop physically, emotionally, socially and psychologically
- mothers have to learn the correct way
- mothers succeed with proper help and support

### Feed baby only breast milk for the first six months

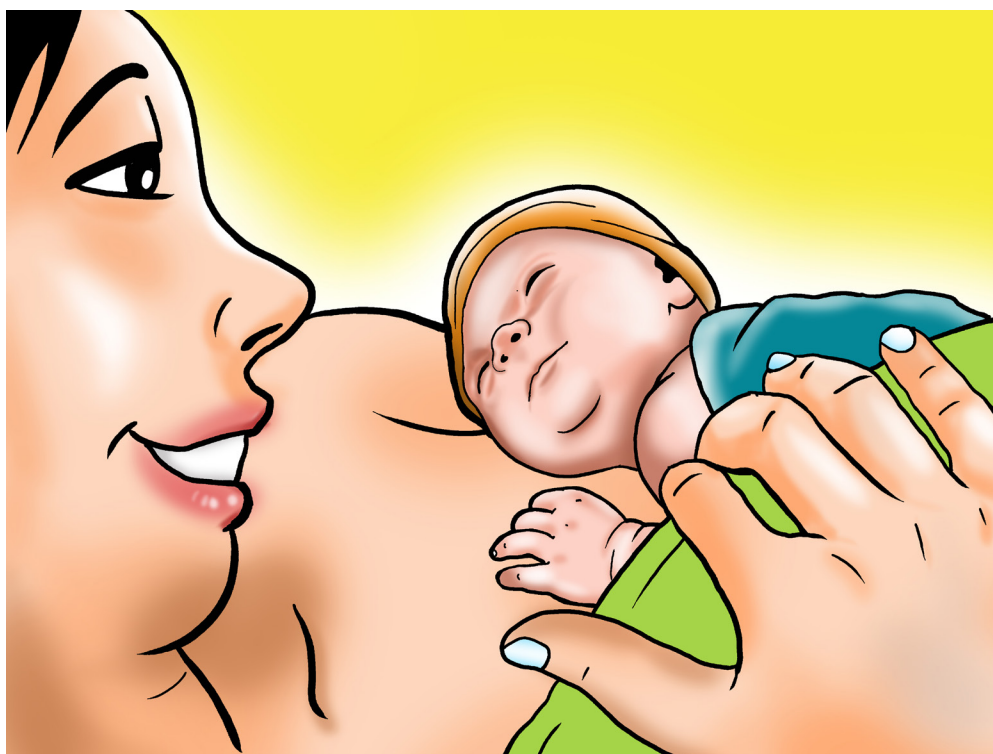
When should mothers start to breastfeed?

- Start breastfeeding as soon as possible, at least within 10 minutes ( best by 2nd and 3rd minute )(WHO, 2019)
- Skin to skin contact for at least the first 2 hours
- Early initiation within the first hour (most babies show hunger sign within first 15-20 minutes. Others start later but encourage as soon as possible).
- Skin to skin: use a hat for baby and blanket over mother



Early initiation and skin to skin is beneficial for mother and baby because:

- Provides Colostrum for the baby
- Protects against illnesses, infections, diseases (good bacteria on the mother's skin)
- Helps mothers breastfeeding better
- Milk "coming in" faster
- Higher milk production
- Helps baby transition to the outside environment after birth
- Less crying, less stress for baby



### Note: (UNICEF 2019)

- Breastfeeding within hour of birth and skin to skin saves baby's lives.
- Newborns who began breastfeeding between two and 23 hours after birth: had a 33% greater risk of dying compared with those who began breastfeeding within one hour of birth. Among newborns who started breastfeeding a day or more after birth, the risk was more than twice as high (66%). Delay in first feed and no skin-to-skin increases infant infection and death rates.

## Benefits of Skin to Skin

### STS benefit for baby:

- Keeps baby warm
- Develops brain
- Prevents infection
- Builds strong immune system
- Better weight gain
- Heart beats better
- Prevents baby low blood sugar
- Helps baby breath better
- Calms better: less stress
- Promotes mother/baby bonding

### STS benefit for mother:

- Calms mother; decrease stress
- Helps with recovery/healing from childbirth
- Promotes better breastfeeding
- Milk comes in sooner; higher milk supply
- Mother and baby learn about each other
- Lowers mom's risk of postpartum mood disorder
- Creates bonding that last a lifetime

**Pre lacteal feed:** the practice of giving baby water, honey, mashed rice, rice water, tea or other foods and fluids in the first days.

This traditional practice can be due to:

- Belief that honey is healthy/beneficial for baby's health
- Belief that colostrum is not good for baby
- Baby needs water/food first days, not just breast milk
- Mother has "no milk" after delivery

**Supplementation:** giving baby BMS at any time after birth due to:

- Fear of "no milk", not enough milk
- Breast milk is not good enough
- Medical reason/medical staff suggestion
- No awareness of the benefits of breast milk by family/friends
- No understanding of the health risks of BMS and dangers of not breastfeeding



Both pre lacteal and supplementation can have negative outcome for the baby and mother’s ability to breastfeed. Breastfeeding counselors must help mothers understand both the benefits of breastfeeding as well as: the risks of pre lacteal feeds, supplementation and mixed/artificial feeding.

### Pre lacteal Feeds and Supplementation

#### Pre lacteal Feeds Dangers

- Can cause diarrhea, septicemia and meningitis
- No priming of gut (colostrum)
- Increase risk of stunting, wasting and death
- Sucking problems
- Delays milk coming
- Engorgement and breastfeeding problems
- Protein intolerance, allergies, eczema

#### Breast Milk Substitutes Risks

- Promote growth of bad bacteria
- Weaker immune system
- Cause stomach discomfort
- Decrease milk production
- Interferes with breastfeeding
- Increases risks infections/ illnesses /diseases
- Cause nipple confusion/ preference
- Many artificial ingredients

Using a bottle, pacifier, nipple causes baby to have nipple preference/confusion and baby can refuse to breastfeed. Even giving the baby bottle and nipple one time can change this preference and cause nipple confusion.

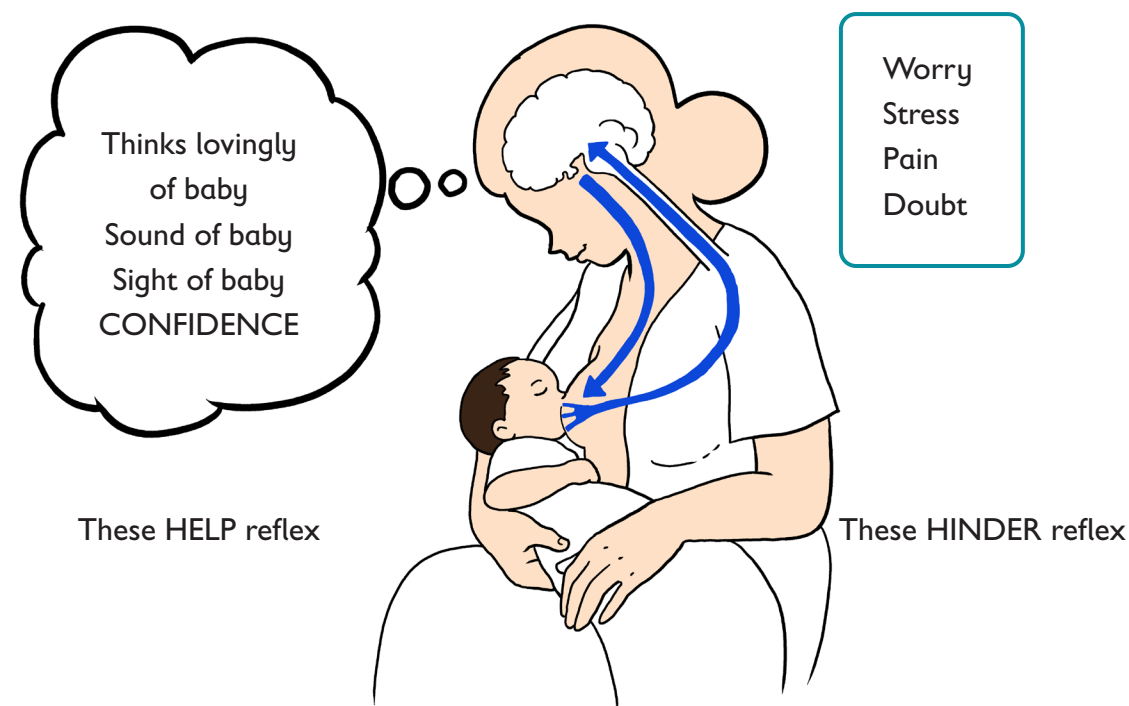
### Milk production and supply

There are many reasons for milk supply to decrease but there are many ways mother can prevent and change low supply. Breastfeeding peer counselors can share the various things mothers can do to increase milk supply. The most common reason that mothers stop breastfeeding is their perceived conception of low milk supply.

### Factors that can help or hinder milk supply

The mother’s emotions have an impact on her body’s ability to make breast milk. When mothers are close to the baby, thinking loving thoughts, and being happy, her brain produces more oxytocin to increase milk supply and her confidence also increases. When the mother is feeling unhappy, worried, stressed or afraid, the breasts make less milk.

Breastfeeding peer counselors’ role is to help mothers increase their confidence by positive words and actions. Family members need to give positive support to help the mother breastfeed better.



Breastfeeding peer counselors should also understand causes for milk supply and ways to increase milk supply.

## Increasing milk supply

There are many actions that mothers can take to increase milk supply. Families support and care can decrease her stress so that her body makes more milk. Correct support and suggestions by the breastfeeding peer counselors reassures mothers so that they adjust and make more milk.

### What causes Low Milk Supply

- Not feeding frequently; not emptying the breasts when feeding
- Feeding timed feeding vs. hunger cue feeding
- Going long time without feeding (more than 3 hours)
- Engorged breasts
- Separating mother and baby
- Wrong attachment and position
- Using bottle (nipple confusion)
- Giving water, BMS, other milk/food
- Some medications for mother
- Some illnesses (retained placenta, thyroid problems)
- Smoking and alcohol
- Mother's stress level, fear, anxiety, pain

### Other factors include:

- Missing feedings
- Binding breasts
- Estrogen containing birth control pill
- Depo medroxyprogesterone ( get shot before 6 weeks after delivery)
- Smoking
- Alcohol
- High dose steroid
- Antihistamine/ Allergy /cold medicine

## What can delay milk production?

Delay means that milk has not come in the first 5 days and possible causes include:

- Fluid overload in labor
- C-section
- Stressful vaginal birth ( long stage 2 labor)
- Type I Diabetes ( not enough insulin )
- Mother obesity ( high BMI)
- Hypoplasia ( less glandular tissue)
- Sheehan's( severe postpartum hemorrhage)
- Retained placental fragment ( prevents prolactin production)
- Brain disease /conditions which affect the pituitary gland

## How to increase milk supply?

1. Skin to skin immediately after birth and up to two hours
2. First breastfeed as soon as possible
3. Breastfeed night and day (8-12 times at least)
4. Breastfeed on demand: baby feeds often and as long as desired
5. Breastfeed at one breast: alternate breast next feed (to empty breast each feed)
6. Baby discontinues feed when full (lets go of nipple) Not mother stopping feed
7. Correct attachment and position
8. Breast massage and hand expression (to stimulate milk production)
9. NO pre lacteal feeds and no supplementation in the first 6 months
10. Mother and baby stays together
11. Few visitors in the first days
12. Adequate rest for mother
13. Adequate nutritious food and fluids for mother
14. Family support and health care worker help and encouragement

## Helpful tips for early initiation and breastfeeding?

- Skin to skin for 2 hours (WHO, 2019)
- Feed as soon as possible after birth, within one hour
- Mother and baby together (rooming in)
- Kind compassionate care for mother
- Fewer visitors
- Family support
- Quiet/calm environment
- Frequent feedings day and night to empty breasts
- Correct attachment and positioning

## Hunger signs

Babies need to be fed frequently and mothers need to be able to identify baby hunger signs. Do not wait till the baby cries to feed. Watch the baby's face, hands and movements to determine if baby is hungry. A hungry baby will hold their hands in a fist but a full baby has relaxed hands. A calm baby breastfeeds better than a crying, angry baby.

### EARLY CUES ("I'm hungry")



Stirring



Mouth opening



Turning head/  
Seeking Rooting

### MID CUES ("I'm really hungry")



Stretching



Increasing physical  
movement



Hand to mouth

### LATE CUES ("Calm me, then feed me")



Crying



Agitated body  
movement



Colour turning red

## Chapter 5: Attachment and Positioning

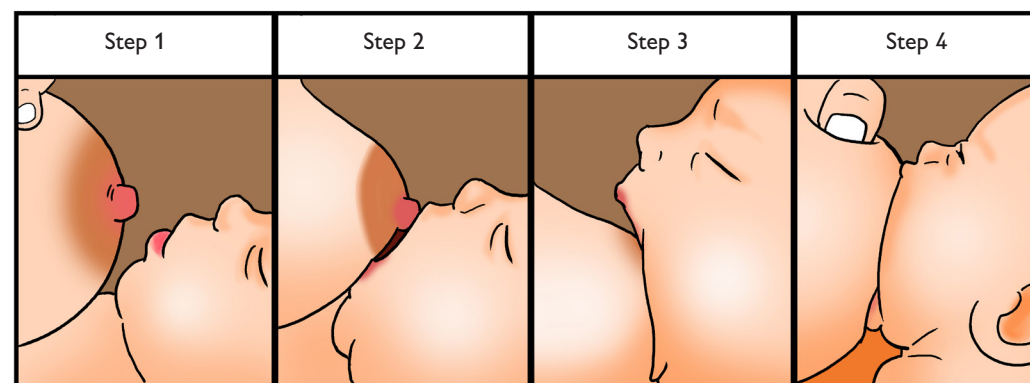
Correct breastfeeding position and attachment is:

- essential for breastfeeding success
- increases milk supply
- promotes baby weight gain
- prevents problems like cracked nipple /nipple pain
- prevents engorgement, plugged duct, mastitis

Incorrect position and attachment causes:

- pain and discomfort for mother which can lead to cessation of breastfeeding
- decrease milk supply
- less milk for baby
- less weight gain
- nipple pain/damage
- engorgement and other complications

With breastfeeding attachment and positioning, breastfeeding can be comfortable and enjoyable for mother and not a painful/stressful experience. Breastfeeding peer counselors should show mothers best ways to attach and position baby, making sure that mothers backs are supported when feeding in an upright position.



Bring baby's nose to  
mother's nipple

Touching nipple to  
the nose will signal  
baby to open  
mouth wide. Aim  
the nipple to the  
roof of the mouth  
and direct baby  
towards the breast

When baby has  
attached and nurses,  
there should be no  
pain

Check for good  
attachment

## Attachment and Positioning

### Four signs of good attachment

- The CHIN should touch the breast
- You should see more Areola above the baby
- The baby's lower LIP is turned outwards
- The baby should be close to the breast with Mouth wide open

### Four signs of good positioning

- The baby's body should be in a straight
- The baby's body should be facing the breast
- The baby's stomach should be next to the mother's stomach
- The mother should support the baby's whole body

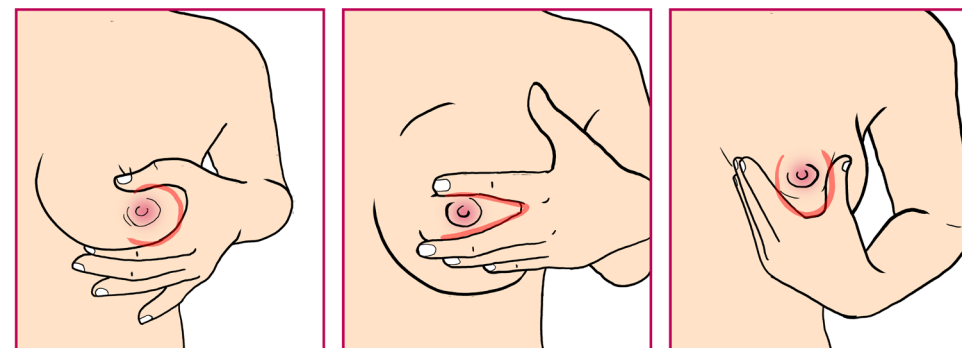
### Other Signs of effective attachment:

- See and hear baby swallowing
- Sucks are long with pauses
- Baby's cheeks are rounded, not dimpled
- There is a double chin
- When the baby releases the nipple, it is rounded and not pinched nor pointed
- Baby falls asleep when full; let's go of nipple
- Baby stomach is not visible since baby/mother are close

## Breast hold

When attaching to the breasts, some mothers find that holding their breast is helpful. However, breast hold should be in the C-Hold and U-hold positions so allow milk flow. The V-hold presses on the milk duct and decreases milk flow.

### Correct Breast Hold



Correct

Incorrect

Decrease Milk Flow

### Result of poor attachment

- |                                    |   |   |
|------------------------------------|---|---|
| Pain and damage of nipples         | → | Sore nipples, Fissures  |
| Breastmilk not removed effectively | → | Engorgement   |
| Apparent poor milk supply          | → | Baby unsatisfied, wants to feed a lot<br>Baby frustrated, refuses to suckle |
| Breasts make less milk             | → | Baby fails to gain weight   |

### Ineffective latch also causes:

- **Nipple damage:** discomfort interferes with ability to breastfeed
- **Painful breastfeeding:** discouraged mother: quits
- **Low weight gain:** baby cannot extract milk
- **Engorgement:** breastfeeding more difficult
- **Mastitis risk**
- **Stressed and tired Baby:** difficult to breastfeed

## Breastfeeding Positions

There are many breastfeeding positions for mothers and babies but NO ONE correct position suits every mother. Breastfeeding peer counselors can help mothers find the best position for her and her baby.

Breastfeeding is comfortable when the mother sits straight with back supported and not hunched down.

Incorrect breastfeeding positioning causes:

- Discomfort for mother
- Promotes incorrect latch
- Makes breastfeeding difficult
- Prevents baby from suckling effectively
- Decreases milk production
- Causes breastfeeding problem
- Can cause baby low weight gain

### Tip

**Swaddling baby and covering hands with gloves interferes with breastfeeding. Babies feed better with free hands and body is unbound. Swaddle baby only when asleep. Swaddling baby when breastfeeding causes ineffective latch and interferes with breastfeeding positioning**

Breastfeeding peer counselors should explain the signs of correct attachment and positioning with mothers. For new mothers, teach the cross-cradle position first and mother will adjust to the cradle position. When babies touch the mother's breasts, the mother makes more milk.

## Breastfeeding Positions

### Tips

#### Cradle position

- Cradle
- Mother is comfortable with back support
- Most common position
- Holds breast in C position for attaching
- Mother supports the baby's neck and back, baby's head with the crook of her arm
- Mother's stomach touches the baby's stomach
- Mother can see the baby's ear, shoulder and hip in a straight line
- If the mother can see the baby's full face/stomach, the position is incorrect



Cradle position



Cross-cradle position



Under-arm position  
(football/clutch position)



Lying-down position



Breastfeeding twins  
with under-arm position

#### Cross-cradle position

- Cross cradle
- Mother sits in a comfortable position
- Baby lies facing mother on her side
- Baby's body and side rest on mother's forearm, opposite of the nursing breast
- Mother's arm supports baby's shoulders and neck
- Mother's stomach touches baby's stomach
- Baby's ear, shoulder and hip are in straight line



## Under-arm position (football/clutch position)

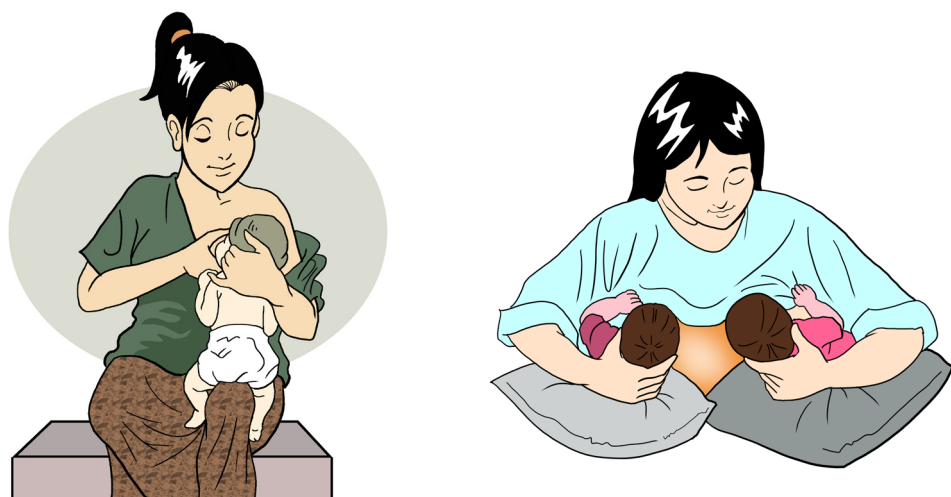
- Football/clutch hold
- Mother sits in comfortable position
- Can be used after a C-section, sore nipples, breastfeeding twins, smaller babies
- Position helps control milk flow in mothers with fast or abundant supply
- The baby's body passes by the mother's side and the baby is at breast level
- Baby faces mother

## Lying down Hold

- Allows mother to rest and feed
- The mother and baby should be lying on their side facing each other
- Mother supports her head with her arm
- A Towel/pillow should support the baby's back to maintain the position

## Biological Hold

- Mother can rest
- Baby lies stomach down on the mother's stomach
- Mother body supports



Visual aid 3.4.5

## Australian hold

- For older babies
- Mother has oversupply
- Milk ejection is strong
- Baby has stuffy nose

## Breastfeeding Twins With under-arm position

- Breastfeeding Twins
- Mothers can make enough milk to feed their babies
- Family may need help with positioning in the early weeks
- Twins can be fed individually or at the same time

## Tips

1. The baby's stomach touches the mother's stomach and the baby's stomach is not visible.
2. The baby is supported by the mother's arms
3. The baby's body is in a straight line against the mother's body
4. Baby's mouth is wide open, the lips are flared, chin touches the breast, and lower part of areola is not seen

The traditional Myanmar position is supporting the baby's head only in the mother's hand and laying the baby flat/supine so that the baby's stomach is visible. This position causes wrist, shoulder and back pain for mothers and ineffective attachment and decreases ability to extract milk, causing the baby to gain less weight

## Reminders for mothers:

- Never push the back of baby's head towards the mother
- Don't pull the nipple and push into baby's mouth
- With good attachment, breastfeeding is pain free for mother
- With good positioning, baby's stomach is not visible since baby is close to mother
- Do not give any food/fluid (water, BMS, honey, tea, etc.) before 6 months
- Don't let the baby go without feeding for a long time: 3 hours maximum; wake baby up
- DO seek advice with breastfeeding concerns
- Seek medical attention if mother has fever/flu-like symptoms/reddened breast with breast lumps

## Ways to establish and maintain breast milk supply

Helping the mother's body establish milk supply begins from the moment of birth with skin to skin and breastfeeding as soon as possible, within the first hour. Other suggestions include:

- Keeping the mother and baby together with frequent feedings
- Allowing baby to breastfeed as long and as much as they want
- Giving only breast milk and no water/fluids/foods/bottles/nipples/BMS

Making sure that latch and position is correct for effective feeding

## Helpful steps to establish and maintain breast milk supply

- Place baby skin to skin immediately after birth
- Breastfeed as soon as possible
- Check good attachment ( 4 signs)
- Check good breastfeeding position (4 signs)
- Breastfeed as frequently as possible: the more the baby suckles, the more milk be produced
- Breastfeed day and night ( at least 8-12 times per day)
- Continue to keep baby skin to skin to promote breastfeeding
- Give only breast milk ( no other fluids, water or food for baby)
- Let baby finish first breast before offering the other
- Express milk for baby for time away and to prevent engorgement
- Mothers should get adequate rest, nutritious food and drink

## How to know baby is getting enough milk?

1. The best sign is that the baby is gaining weight.
2. Baby lets go of nipple at the end of the feed
3. Baby 's swallowing can be heard
4. Baby's stooling and urination increases from Day 1
5. Colors of stool change from black to yellow, starting at Day 4 of 5 and baby stools more.
6. Baby urinates more from and the color is a pale yellow.
7. Baby seems satisfied after feeds and is not fussy

Day	Urine times per day	Stools
Day 1 (1st 24 hours)	1-2	1 time Black, sticky
Day 2 (2nd 24 hours)	2-3 or more	1-2 or more Dark brown/dark green
Day 3 (3rd 24 hours)	3 or more	3-4 times or more Greenish turning yellow
Day 4 (4th 24 hours)	4 or more	3 or more Yellow with seeds, sometimes watery
Day 5-30 days	6 or more	3 or more Will go more quickly after 2 weeks Sometimes after every feed/ small amounts
Call your doctor/ medical personal	If baby has fewer than 4 urines after the 6th day	If baby's stools are still dark brown or black after the 6th day

Colour and frequency of stools and urine of a normal baby

## Note: seek medical advice if:

- Baby is not stooling or urinating.
- If the stools stay black without changing or if it becomes black at a later time
- If the baby has fewer urines and is very dark in color
- Mother sees signs that baby may not be getting enough milk

## Chapter 6: Best breastfeeding practices

Correct breastfeeding position and attachment is:

Breastfeeding peer counselors must continue to stress best practices with breastfeeding mothers. As baby and mother become used to each other and used to breastfeeding, taking action with breastfeeding helps mothers breastfeed longer and helps babies grow and develop better.

After Birth	<ul style="list-style-type: none"> <li>• Skin to skin up to 2 hours</li> <li>• Breastfeed as soon as possible, within one hour</li> <li>• Give only breast milk, no BMS, water, other foods/fluids</li> <li>• Do not throw away colostrum</li> </ul>
Correct Attachment	<ul style="list-style-type: none"> <li>• Baby's mouth wide open</li> <li>• More of areola on top seen; lower areola not seen</li> <li>• Baby's chin touches breast</li> <li>• Lower lip is turned out</li> <li>• *** No pain</li> <li>• *** No flattened/pointed nipple</li> <li>• *** No nipple damage</li> </ul>
Correct position	<ul style="list-style-type: none"> <li>• Mother's Back should be straight and supported</li> <li>• Mother should find position best for her</li> <li>• Mother and baby's stomach touches</li> <li>• Baby's stomach is not visible</li> <li>• Baby's body is aligned to the mother in a straight line</li> <li>• Mother supports the baby's body, not just the head</li> </ul>
Responsive feeding	<ul style="list-style-type: none"> <li>• Mother should look, touch, talk to baby</li> <li>• Baby and mother stay together, day and night</li> </ul>

Signs of good attachment and positioning

- Baby's jaw moves up and down
- Can hear swallowing ( after few days )
- No smacking sounds when feeding
- Mother experiences no pain
- Nipple is round shape after feeding, instead of flat
- Mother breasts feel less full after feeding

Breastfeed on demand

- Feed baby with hunger signs
- Crying is a late sign of hunger.
- Frequent feedings, as much as baby wants and as long as baby wants
- Do not limit time at the breasts
- Baby ends the breastfeeding session, not mother: baby lets go of nipple when done

Feed frequently

- Breastfeed at least 8 to 12 times/day
- Frequent breastfeeding produce more breast milk.
- Alternate breasts with each feeding
- Applying colostrum/milk to nipple/areola helps with pain

Breast changes

- After birth, breast will feel full and get larger as breasts are producing milk
- When baby nurses, production increases
- Emptying breasts with frequent feedings increases and oxytocin for milk production
- At 2-5 days, breasts will be fuller and colostrum changes to milk
- Breast changes continue till about 2 weeks
- First few weeks: breasts will produce more milk but adjust later and produce what baby needs



Don'ts	<ul style="list-style-type: none"> <li>• Don't Push the back of baby's head towards the mother</li> <li>• Don't pull the nipple and push into baby's mouth</li> <li>• Do not give any food/fluid (water, BMS, honey, tea, etc.)</li> <li>• Don't let the baby go without feeding for along time: 3 hours maximum; wake baby up</li> <li>• DO seek advice with breastfeeding concerns</li> </ul>
Breast massage and hand expression	<ul style="list-style-type: none"> <li>• Increases milk supply</li> <li>• Brings in milk faster</li> <li>• Prevents engorgement</li> <li>• Provides relieve from pain</li> <li>• Milk for storage when mother away from baby</li> </ul>
First week	<ul style="list-style-type: none"> <li>• Milk comes in about 2 to 5 days; some mothers earlier</li> <li>• Feed often to prevent engorgement</li> <li>• Expressing milk and rubbing on nipple/areola helps with pain/swelling, Makes it easier to find nipple</li> <li>• Feed often day and night</li> </ul>
Second to six weeks	<ul style="list-style-type: none"> <li>• Feed often day and night</li> <li>• Wake baby to nurse if baby sleeps a long time (more than 3 hours)</li> <li>• Weight gain is sign that baby is feeding enough</li> <li>• Baby may cluster nurse ( very frequent to constant nursing) usually evenings: this is normal</li> <li>• Some days, nursing pattern may vary</li> <li>• Baby feeds for long time, some days</li> </ul>

Growth Spurts	<ul style="list-style-type: none"> <li>• Baby nurses more often than usual for several days and may act very fussy.</li> <li>• Common growth spurt: 4 – 6 weeks., 3-4 months, 5-6 months</li> <li>• Baby feeds more often, sometimes every hour</li> <li>• Mother feels she does not have “enough milk”</li> </ul>
Alert Signs REFER to medical clinic	<ul style="list-style-type: none"> <li>• If breastfeeding mothers have redness or breast lumps with fever, chills, aching has flu-like symptoms, seek medical advice</li> <li>• Baby has no wet or dirty diapers</li> <li>• Baby has dark colored urine after day 3 (should be pale yellow to clear)</li> <li>• Baby has dark colored stools after day 4 (should be mustard yellow, not dark color)</li> <li>• Baby pattern changes: few urines/stools and nurses less frequently</li> <li>• Baby is ill</li> <li>• Mother has serious breastfeeding problem</li> </ul>
Care of Mother	<ul style="list-style-type: none"> <li>• Family support</li> <li>• Family help with household chores</li> <li>• Adequate rest</li> <li>• Adequate food and fluids, nutritious diet</li> </ul>

### Weaning from the Breast

Breastfeeding is recommended for 2 years and beyond and breastfeeding peer counselors should encourage breastfeeding for as long as the baby and mother wants. Mothers should not be pressured to wean against her will.

#### Weaning should be:

- Gradual so that one feed is decreased gradually
- Abrupt weaning ( immediate ) can cause engorgement and breast problems

## Chapter 7: Breast massage and hand expression

Every breastfeeding mother should be taught breast massage and hand expression. In the early days, breast massage and hand expression stimulates milk supply and is needed for times of mother/baby separation and when mother returns to work.

Breast massage offers these benefits:

- Helps relieve soreness and engorgement
- Helps milk come in sooner
- Helps increase milk production
- Mothers should do breast massage and hand expression in the first days after delivery and continue practice to maintain supply
- Breast massage should always be done before milk expression



### Key Message

- Breast massage should never be painful; do not use bottles and hard objects to push down the breast or rough handling of the breasts. Use care in not hurting the mother with breast massage.

Breastfeeding peer counselors need to show mothers breast massage and hand expression.

### Hand Expression Usefulness

Hand Expressions is useful to:

1. Relieve engorgement
2. Relieve blocked duct or milk stasis
3. Feed baby while baby is learning to suckle with inverted nipple
4. Feed a baby who is having difficulty with suck coordination/cannot suck
5. Feed a baby who refuses to suck
6. Feed a low birth or premature baby who cannot breastfeed
7. Keep up milk supply if mother or baby is ill
8. Leave breast milk for baby while mother goes out/is separated
9. Useful for working mothers

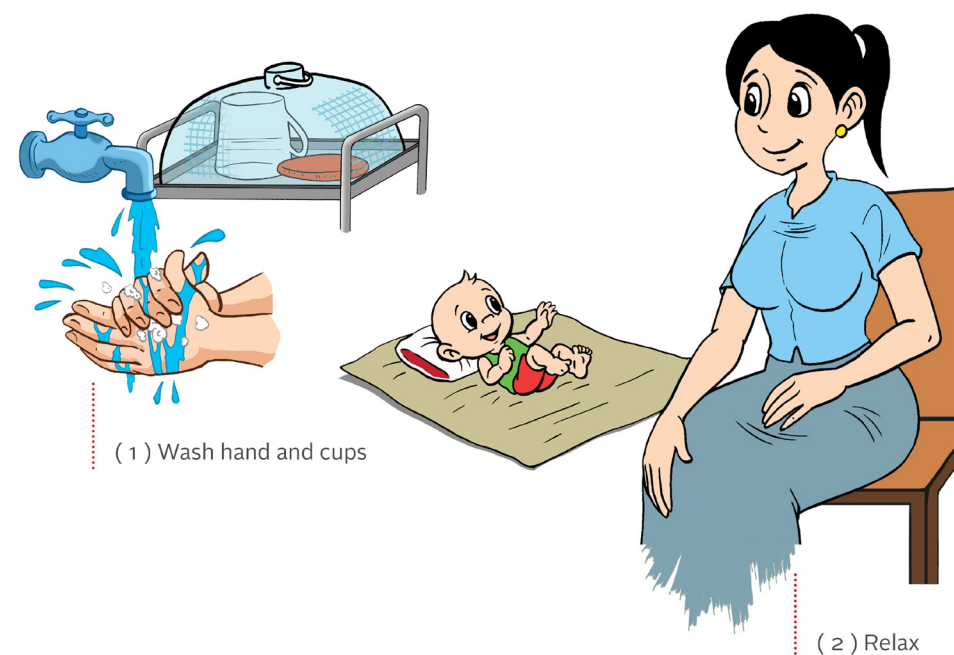
### How to prepare a container for expressed breast milk (EBM)(4)

- Choose a cup, jar with a wide mouth
- Wash with soap/water
- Pour boiling water into the cup to kill germs

Empty the cup before using for milk expression

### Steps for Breast massage and hand expression

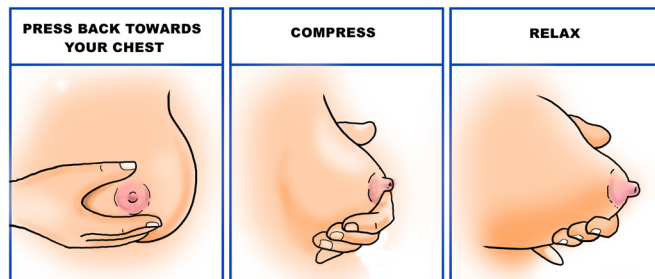
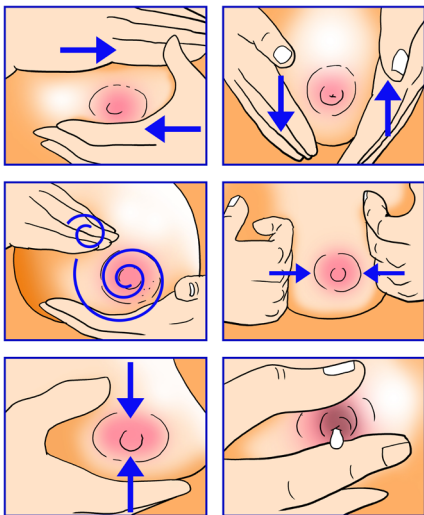
1. Wash hand and cups
2. Relax
3. Smell the scent of the infant
4. Listen to the sound of the infant
5. Massage the breasts
6. Position hands to express milk
7. Press towards the chest wall
8. Press towards the areola
9. Release hands
10. Reposition the hand and repeat the actions



## Steps for Breast massage and hand expression

1. Teach Mothers to do themselves
2. Wash hands thoroughly with soap and water
3. Sit or stand comfortably and hold a clean container near her breast
4. Do breast massage on both breasts, gently applying slight pressure on the lumps and harder areas of the breast.
5. Put her thumb on her breast above the nipple/areola and first finger on the breast below the nipple/areola, opposite her thumb. She supports breast with her fingers
6. Press her thumb and first finger inwards towards the chest wall.
7. She should not put too much pressure since it can block the milk duct
8. Press her breast behind the nipple/areola between her finger and thumb and press beneath the areola
9. Press, compress and release, repeat.

If the milk flow slows down, then breast massage and try expressing again



## Handling and Storage of Breast Milk

- Always store breast milk in a clean cup, covered or in special breast milk storage bags
- Store in the coolest part of the room
- Use within 6-8 hours (Myanmar cYCF) or 4-5 hours (WHO)
- Can store in the coolest part of refrigerator Myanmar 1-3 days) or WHO (4-5 days)
- Never boil breast milk
- Never refreeze thawed breast milk



## Chapter 8: Working Mothers

Mothers who want and need to work should consider options during pregnancy, such as discussing breastfeeding options with employers. Many working mothers continue to breastfeeding. The advantages for breastfeeding mothers include:

- Providing immunity for baby
- Less illness for baby
- Continued maternal/baby bonding
- Mother can work better because baby is healthy
- Less costs

Breastfeeding counselors should help mothers find ways to make breastfeeding work for them when they return to work.

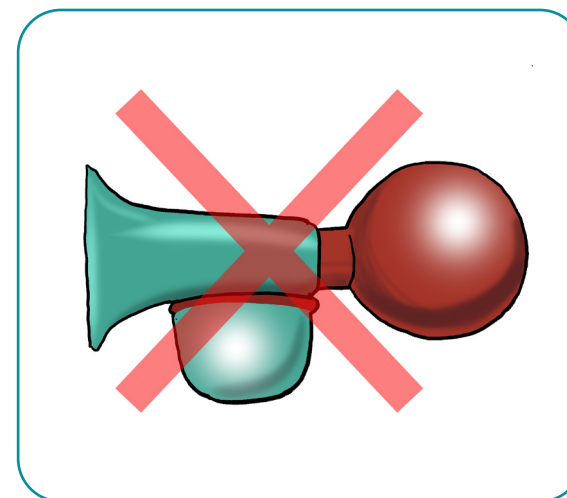
### Tips for mothers include:

- Learn breast massage and hand expression as soon as baby is born
- Breastfeeding exclusively and frequently when with baby
- Take extra time before leaving to feed baby and on return home
- Express breast milk for baby before leaving home so caregiver can give the baby
- Express breast milk when away from even if you cannot keep it: this keeps up the milk production
- Teach caregiver correct milk storage technique to keep covered in a clean cup
- If possible, have caregiver bring baby to work or have someone bring baby to feed
- Mothers should express at work, every 3 hours; collect and store the milk safely to a bring home. During pregnancy, mother should start preparing for breastfeeding upon returning to work

## Use of Manual and Electric Breast Pumps

Here are tips for using Breast pumps:

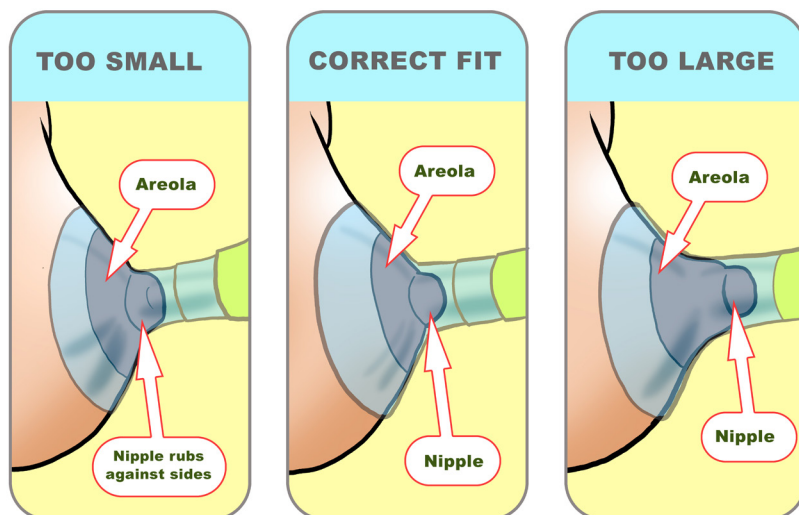
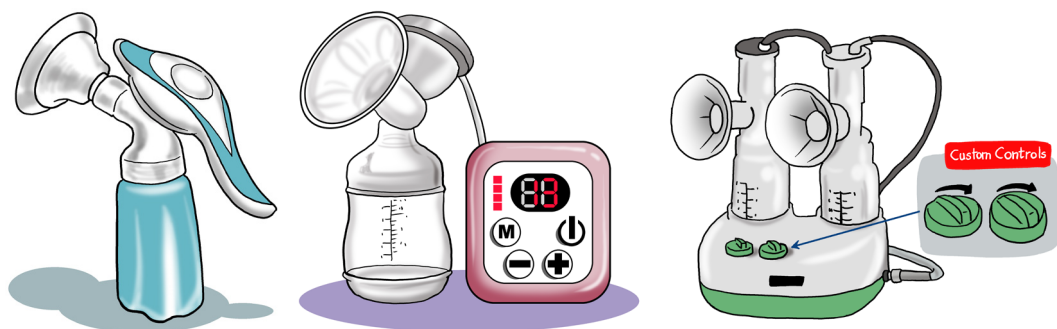
- Many types are available: manual/electric
- No breast pump, regardless of price, is as effective as a baby in extracting breast milk
- Many have weak suction and makes mothers feel that they “have no milk”
- Hygiene is important: correct cleaning/care is important
- Always breast massage and hand express before using a pump
- Do not overuse the pump: one time every 3 hours, 20 minutes maximum at a time
- Do not use a breast pump the first few weeks after delivery, unless directed by medical personnel. Using breast pump the first few weeks can cause engorgement and plugged ducts.
- Incorrect use of pumps, ill-fitting pump, early use of pumps, overuse of pumps can cause many breastfeeding problems: plugged ducts, engorgement, nipple damage, breast pain, sore nipples.



This type of pump is unhygienic and can cause plugged ducts.

## Pumps are useful for:

- Preterm infants: mothers can pump to stimulate their milk supply when the infant cannot latch
- For use when mothers return to work
- For use to stimulate milk supply
- For use with inverted: helps with everting the nipple
- For use to relieve engorgement/plugged duct (use caution: many with swelling )
- Breast pumps should not be used by mothers with full term babies in the first few weeks



## Chapter 9: Low Birth Weight Baby Care

Breast milk is important for all babies but especially for:

- Sick babies
- Low birth weight (less than 5.5 lbs.)
- Preterm (before 37 weeks)

Sometimes, full term babies can be low birth weight. Breast milk and breastfeeding provides the added immune protective factors to prevent illnesses/diseases, gain weight faster and best for brain growth and development.

These babies have:

- Higher risk of getting ill and having infections
- Higher risk of hospitalizations
- Higher risk of death
- Low birth weight babies can have higher chance of delayed learning

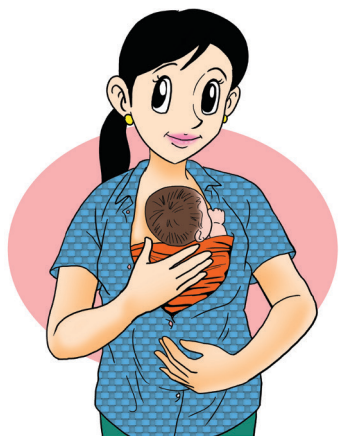
Breast milk is especially designed to meet the nutritional needs of low birth weight and premature infants.

### Special considerations for feeding low-birth weight infants include:

1. Use Kangaroo Mother Care to promote: Skin to skin contact to promote exclusive breastfeeding
2. Frequent feedings since they can tire easily
3. Some feedings may be longer; this helps with increasing mother's supply
4. Baby may sleep longer: unwrap baby or take off some clothes to awaken baby to feed
5. Breastfeed baby before he/she cries; know hunger signs
6. For some babies, direct breastfeeding may not be possible; cup feeding may be needed
7. Father and family can also do Kangaroo Care
8. Breastfeeding: suggested position is the clutch/underarm position
9. Babies gain weight faster with Kangaroo Care



## Kangaroo Mother Care



## Cup Feeding

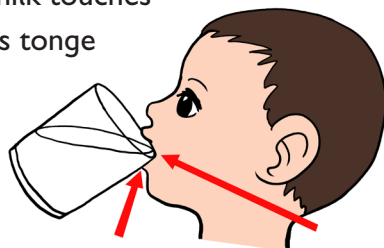
Babies born preterm may not be able to be fed at the breast and should be fed by a cup:

- Baby's head must be upright, supported by the carer
- Tilt the cup just far enough that the cup touches the baby's tongue
- Baby's bottom lip is in contact with the cup
- The cup should touch the corner of the baby's mouth
- Never pour the milk into the babies mouth
- Babies should be fed slowly
- Never feed the baby lying flat on his/her back

## Placing the Feeding Cup Correctly

Tilt the cup just far enough that the milk touches baby's tongue

Baby's head must be upright



Baby's entire bottom lip is in contact with the cup

The cup should touch the corners of baby's mouth

## Re-lactation

Re-lactation is the process of starting breastfeeding in women who have breastfed before. Examples for this may be:

- Mother wants to stop using BMS and start breastfeeding again
- Babies in Disaster/conflict/emergent situations needing milk
- Working mother: grandmother decides to feed grand children
- Adopting a child: adoptive mother wants to breastfeed
- Deceased mother: family/friend decision

## What is needed to re-lactate?

- Motivation
- Desire to breastfeed
- Baby to suckle frequently
- Skilled staff or woman who have re-lactated to support

## What is the length of time needed?

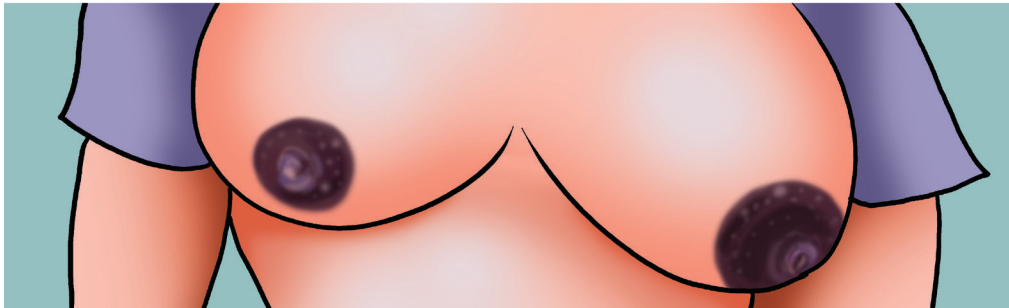
- Depends on motivation/commitment
- Willingness of baby to suckle
- If baby is breastfeeding, may take a few days; if baby has stopped, may be a few weeks
- Easier if baby is less than 2 months

Postmenopausal mothers can relactate so grandmothers can breastfeed their grandchildren, if they choose.

## Chapter 10: Breastfeeding Conditions

Many mothers stop breastfeeding due to breastfeeding difficulties and conditions. Breastfeeding peer counselors need to recognize breastfeeding condition and help solve the minor ones while functioning within the scope of practice. Refer immediately to medical staff for serious cases.

### Breast engorgement



#### Symptoms:

Occurs on both breasts, Swelling, Tenderness, Warmth, Slight redness, Pain, Occurs ( 3-5th day), Skin: shiny, tight, nipple flat

#### To prevent

STS and feed as soon as possible after birth( one hour)  
Feed frequently (8-12 times at least)

#### What to do

Check/correct attachment, Help baby attach, Reverse massage, Breastfeed more frequently, Apply warm compress and Breast massage, Hand express

### Breast engorgement



#### Symptoms:

Breast/nipple pain  
Cracks on nipple/breast  
May bleed  
May become infected

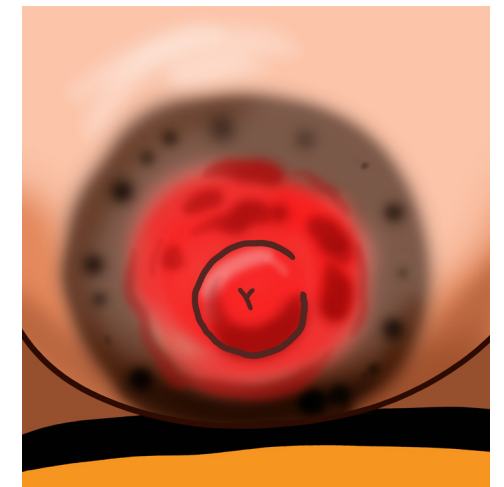
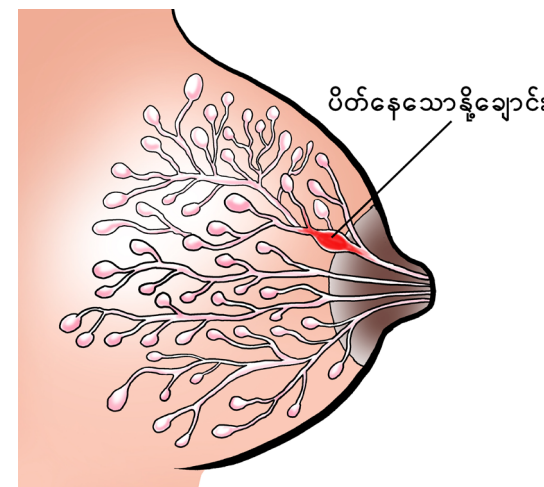
#### To prevent

Good attachment, No using: bottles; can cause nipple confusion, Use soap/creams  
Apply milk to breasts before and after feeds, Prevent engorgement

#### What to do

Continue breastfeeding, Check and improve attachment, Baby(wide mouth)  
Breastfeed on side less pain, Feed on less painful breast  
Apply milk on the nipple/areola after feeding

### Plugged duct/mastitis



#### Symptoms:

Lump, tender, localized redness, feels well, no fever

### To prevent

Feed frequently, Feed fully( baby lets go of nipple), Good attachment/positions  
Avoid tight bra/tight clothing, Do not go long periods without feeding baby  
Missed feedings

### What to do

Continue breastfeeding, To prevent mastitis/abscess, Use warm towel  
Breast massage and hand express every 2-3, When baby feeds, massage the lump  
to help release clot of milk, If no improvement refer to medical care

### Mastitis



#### Symptoms:

Hard swelling, Severe pain  
Redness in one area  
Generally not feeling well  
Fever, Chills, Flulike symptoms  
Milk tastes salty; baby may refuse

### To prevent

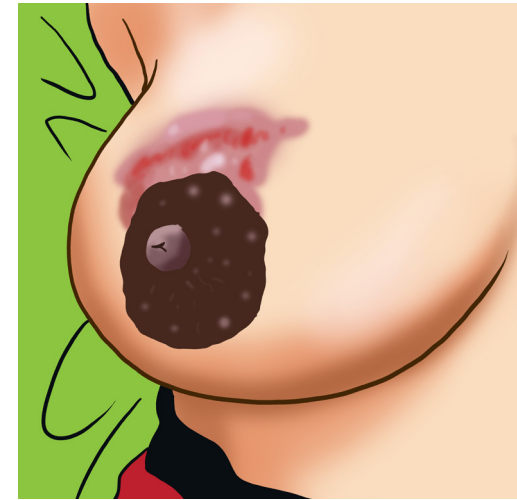
Frequent feedings, Empty breasts when feeding, Good attachment/position  
Breast massage and hand express, C-hold, not V-hold  
Do not give any other fluids/foods, Seek medical attentions

### What to do

Continue breastfeeding to prevent abscess risks  
This is an infection

**Seek Immediate Medical Attention**

### Abscess



### To prevent

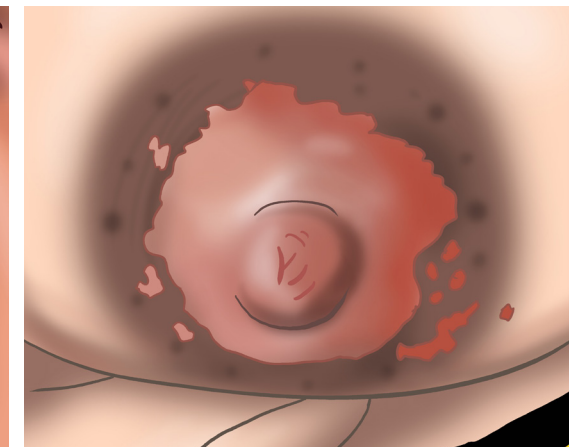
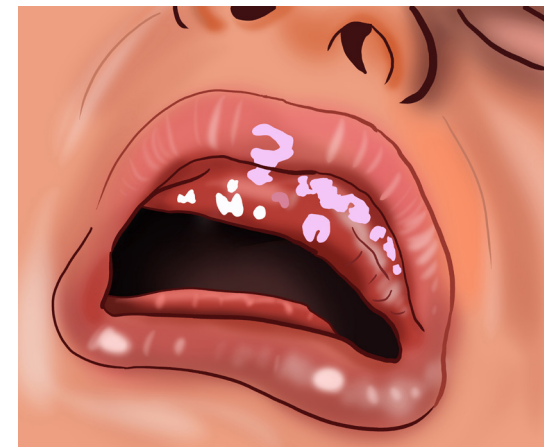
Caused by infection from: infrequent feedings, ineffective latch, nipple damage  
Do not touch the abscess (contamination risk)  
Do not break the skin  
Do not apply traditional medicine

### What to do

**This is a medical condition: seek immediate help**

May be too painful to latch, Keep breasts drained with massage/expression  
Can breastfeed if breast milk is not purulent

### Yeast infection



### Symptoms:

Itchy skin, Sharp shooting in the breasts, Shiny areola, Baby may have white spots on tongue/mouth, Baby's mouth: Thrush-see medical attention, White spots in the mouth, gums, lips, tongue



## To prevent

Antibiotic use can cause yeast infection

## What to do

Refer to medical clinic, Encourage mother to follow their suggestions

Encourage good hand washing

## Differences between blocked duct and mastitis

- Mastitis involves infection the breasts.
- Blocked ducts , if not treated can lead to mastitis.
- Blocked or plugged : are localized lumps from milk not being emptied and left in the lobes
- Pain may be the only symptom
- No flu-like symptoms or fever
- With mastitis, mothers feel ill with flu-like symptoms and have pain and fever

Seek immediate medical attention for mastitis since this is a serious medical condition; insist that mothers do not wait to seek medical care

## How to help a mother with engorgement

1. Feed more often, not demand but every 2 hours to prevent worse engorgement
2. Gently breast massage from the chest wall toward the nipple before nursing
3. Moist warmth before feeding helps milk flow
4. Try reverse pressure softening before nursing to help with latch( do about 5 minutes) till areola is soft enough to attach
5. Breast massage and Hand expression of milk
6. Be careful using a pump when engorged; can be painful and cause plugged ducts
7. If breasts feel too full between feed, express milk

### Reverse pressure massage

- a. Soften the areola using one or two hands, gently push toward the chest
- b. Press firmly, gently and move fingers towards the nipple
- c. This should not be painful
- d. Move  $\frac{1}{4}$  turn and repeat so that areas around areola become soft

## Treating Engorgement

Softening the areola to help baby latch

Press gently toward the chest:

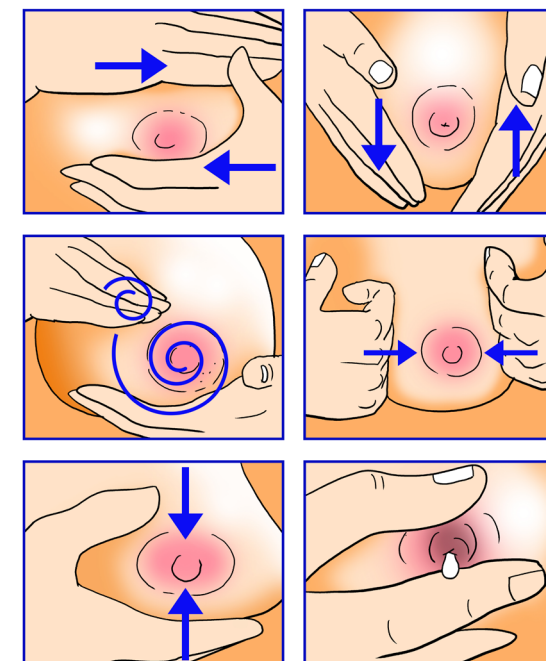
- Using one hand
- Using both hands

OR

**Severe engorgement:** apply cabbage to relieve engorgement

Use of Cabbage Leaves

Not scientifically proven but mothers have found it to be useful.



### Alert:

Wash cabbage thoroughly; cut the center so nipple/areola do not touch cabbage leaves; place on breast for 10-15 minutes only; can try 2-3 times but using too many times can decrease milk supply

## How to help a mother with plugged ducts

- Apply warm packs to breast before feeding and massage the breast
- Nurse more frequently and for longer periods
- Position baby so during feeding, baby's chin can further push on the clogged duct
- Feed frequently and for longer period; feed on the affected side
- Seek medical care if not better within 24 hours or gets worse
- \*\*\*Warn mother about tight bra/clothing which may press milk ducts

## How to help a mother with mastitis

- Symptoms: similar to plugged/blocked but with fever, chills, nausea, vomiting, flu-like aches
- Cracked nipples may lead to mastitis
- Seek immediate medical attention
- Do not stop breastfeeding
- Weaning is stressful for mother and baby; if possible, express breast milk to prevent further engorgement and relieve pain
- Take the medication given by doctor
- Do not use traditional method of treatment: can cause severe infection and negative health outcome
- Do not push on the mastitic area
- Do not try to break the skin on the mastitic area

## How to help mother with a abscess

- **Seek immediate care; this is a serious medical condition**
- Continue breastfeeding
- Do not use traditional method of treatment: can cause severe infection and negative health outcome
- Do not break the skin on the swollen area; Do not touch the area; do not apply anything to the area

## NOT enough Milk

One of the most common reasons for mothers to stop breastfeeding or give other foods/fluids is their perception that they “have no milk”. Even if the baby is getting all the milk needed, mothers and families still they there is not enough milk.

Breastfeeding peer counselors must be able to understand how the mother feels but at the same time, be ready to provide correct information. The counselors can clarify by explaining to mothers about the reliable signs and unreliable signs of “not enough” milk.

## Reliable sign of Not enough milk

**Poor weight gain:** less than 500 grams per month, less than birth weight at 2 weeks of birth

**Passing small amount of urine:** less than 6 times per day (concentrated, yellow, strong smelling)

## Possible reasons for “ Not enough milk”

- Baby not satisfied after breastfeeding
- Baby cries a lot
- Very frequent breastfeeds
- Very long breastfeeds
- No milk when mother expresses
- Baby refuses to breastfeed
- Baby has hard, dry green stools
- Baby has infrequent hard stools
- Breast size did not increase during pregnancy and after delivery
- Milk did not come in

## Help mothers increase milk supply with back massage (WHO)



### Key Message

- Mothers with perceived and low milk supply need support/help of breastfeeding mothers. Much can be done to help them.

## How to help mothers with babies who cry

Mothers and babies get upset and worried with crying babies. Crying is the way babies communicate so crying is normal. Breastfeeding peer counselors can help mothers understand their crying babies.

Reasons that babies cry	
Discomfort	Hunger, cold, wet, hot, too much clothing
Tiredness	Too many visitors
Illness/pain	Crying pattern sometimes changes for this
Growth spurt	Increased hunger due to need for more feedings; can happen at 2 weeks, 4 weeks and 3 months
Mother's food	Different with each mother/baby; some substances in food gets into milk to upset baby; some babies more sensitive; No special food for mother to avoid Cow protein ,soy, egg can cause problems; even BMS 1 to 2 times can cause cow protein allergy
Mother's medication/ smoking/cigarettes	These items can upset baby
Oversupply	Due to poor latch, baby suckles too frequently and stimulates supply: high spray causes baby to stop feeding Mothers switching from breasts to breasts causes more foremilk: causes gas, green stools in baby and poor weight gain
Colic	Baby cries for unknown cause Have clear pattern ( same time each day) Improves after 3 months
High needs baby	Baby needs to be held more more time with mother



### Key Message

- Mothers and families understanding babies' behavior makes breastfeeding less stressful. Many times, they perceive that the baby cries because he/she does not like to breastfeed but they have not considered the other reasons.

## How to calm a colicky or crying baby

There are techniques to calm crying and colicky babies. Being held closely, gentle movement and gentle pressure on the abdomen comforts babies and makes them feel secure and safe. **Never shake a baby: this can cause brain damage.**

1. Sit and hold baby lying face down across the lap; gently rub the doll's back
2. Sit down and hold sitting on lap with baby sitting on lap. Hold the baby around the abdomen and gently pressing on the abdomen
3. Hold baby upright on the chest; head on the chest; hum gently and rub gently on the baby's back



### Key Message

- Showing and teaching soothing techniques to mothers/families helps families provide better baby care.

## How to help Mother with Baby who refuses the Breast

Sometimes, babies can refuse the breast, resulting in mothers feeling anxious, worried and rejected.

Providing encouragement, reassuring mother and working with mother can resolve this situation.

Causes of breast refusal	Some babies refuse breast for NO reason
Illness, pain, medication	Infection Pain from traumatic birth (bruise on head) Blocked nose (cannot breath) Sore mouth (thrush/teething)
Difficulty with breastfeeding technique	Use of bottles confuses feeding Not getting enough Mother puts pressure on back of head Mother shaking the breast Mother restricts feeding (time) Oversupply; milk spray scares baby Baby has difficulty coordinating suck
Change which upsets baby	Separation from mother Mother is ill Mother has mastitis Mother is menstruating Change in smell of mother
Apparent refusal	New born-rooting at breast-learning to breastfeed  Age 4-8 months: distraction

## What to do when baby refuses breast

- Check signs for illness: thrush can cause refusal to feed; mother with mastitis has different milk taste
- Refer baby if ill
- Can be linked to negative experience: pushing the back of the head; too much family
- Distractions during feeds
- Put baby skin to skin: contact with mother reassures the baby and puts in close proximity with mother
- Try different breastfeeding positions
- Wait for baby to be awake and hungry ( not crying) before offering breast
- Do not force baby to breastfeed
- Do not forcibly open the baby's mouth
- Do not shove the nipple into the baby's mouth
- Do not push the baby's head towards mother



### Key Message

- When the baby is refusing to breastfeed, do not force the baby. Staying calm, talking soothingly, and being gentle calms baby to accept breastfeeding.

## Chapter 11: Best Practices for breastfeeding

### Handout 11.1

### Best Practices for breastfeeding

After delivery	<ul style="list-style-type: none"> <li>• Skin to skin for 1-2 hours; first feed as soon as possible within 1 hour</li> <li>• Make sure baby gets colostrum</li> <li>• Feed often</li> <li>• Check position and latch</li> <li>• Responsive feeding( mother touches/looks/ talks to baby)</li> <li>• Decrease infection risks, brain development, calm baby/mother</li> <li>• Better growth for baby</li> <li>• No pre lacteal feeds</li> </ul>
Exclusive breastfeeding for 6 months	<ul style="list-style-type: none"> <li>• Saves babies lives and prevents illnesses/diseases</li> <li>• Giving water/foods/other fluids decreases mother's milk supply, increase risk of malnutrition</li> </ul>
Good position	<ul style="list-style-type: none"> <li>• Baby close to Mother, facing mother</li> <li>• Mother supports baby's whole body with her hand/forearm</li> <li>• Baby's body in a straight line</li> <li>• Baby's stomach touches mother's stomach</li> </ul>
Correct attachment	<ul style="list-style-type: none"> <li>• Baby's mouth wide open</li> <li>• More of areola on top seen; lower areola not seen</li> <li>• Baby's chin touches breast</li> <li>• Lower lip is turned out</li> </ul>
Signs of good latch and position	<ul style="list-style-type: none"> <li>• Baby 's jaw moves up and down</li> <li>• Can hear swallowing ( after few days )</li> <li>• No smacking sounds when feeding</li> <li>• Mother experiences no pain</li> <li>• Nipple is round shape after feeding, instead of flat</li> <li>• Mother breasts feel less full after feeding</li> </ul>

Size of stomach	<ul style="list-style-type: none"> <li>• Day 1-3: size of small marble</li> <li>• Day 3-10 day: size of ping ball</li> <li>• After day 10-14 days and after: size of egg</li> <li>• Babies need small amounts of breast milk but frequently</li> </ul>
Breastfeed night and day	<ul style="list-style-type: none"> <li>• After the first few days, most newborns want to breastfeed frequently, at least 8 to 12 times/day</li> <li>• More suckling (with good attachment) makes more breast milk.</li> </ul>
Breastfeed on demand	<ul style="list-style-type: none"> <li>• Feed baby at earliest sign of hunger</li> <li>• Crying is a late sign of hunger.</li> <li>• Teach mothers hunger signs</li> <li>• Baby lets go of nipple when full</li> </ul>
Breast Changes first weeks	<ul style="list-style-type: none"> <li>• After birth, breasts will get larger at Day 2-5</li> <li>• Emptying breasts with frequent feedings increases milk supply</li> <li>• Breast changes continue till about 2 weeks</li> </ul>
Prevention of problems	<ul style="list-style-type: none"> <li>• Correct attachment and positioning</li> <li>• Frequent feedings that empty breasts</li> <li>• No water, fluids, foods ( interferes with breastfeeding)</li> <li>• Breast massage and hand expression to prevent engorgement</li> <li>• Mothers need help with minor problems</li> <li>• Refer for complicated situations</li> </ul>
Good Care of mother	<ul style="list-style-type: none"> <li>• Eat 4**** Foods daily</li> <li>• Drink adequate water</li> <li>• No food restrictions: eat what mother wants</li> <li>• Eat extra two meals/snacks per day</li> <li>• Rest when the baby rest</li> <li>• Ask for support and help, when needed</li> <li>• Take medications recommended by medical staff</li> </ul>

Don't	<ul style="list-style-type: none"> <li>• Don't Push the back of baby's head towards the mother</li> <li>• Don't pull the nipple and push into baby's mouth</li> <li>• Do not give any food/fluid (water,honey/tea,etc. BMS( unless by HCP.)</li> <li>• Don't let the baby go without feeding for a long time: 3 hours maximum; wake baby up</li> </ul>
Hand massage and breast massage	<ul style="list-style-type: none"> <li>• Increases milk supply</li> <li>• Brings in milk faster</li> <li>• Prevents engorgement</li> <li>• Provides relieve from pain</li> <li>• Milk for storage when mother away from baby</li> </ul>
Stooling/urines	<ul style="list-style-type: none"> <li>• Day 1- 1 black stool per day; 1-2 urines</li> <li>• Day 2- 2 blackish brown stool per day; 2-4 urines</li> <li>• Day 3- 3 brownish green stools per day; 6-8 urines</li> <li>• Day 4 and 5 and beyond-4 or more yellow stools with seeds</li> <li>• Some babies stool every time they feed; this is normal</li> </ul>
Week 2 to 6 weeks	<ul style="list-style-type: none"> <li>• Feed often day and night</li> <li>• Wake baby to nurse if baby sleeps a long time (more than 3 hours)</li> <li>• Weight gain is sign that baby is feeding enough</li> <li>• Baby may cluster nurse (very frequent to constant nursing) usually evenings: this is normal</li> <li>• Some days, nursing pattern may vary</li> <li>• Baby feeds for long time, some days</li> </ul>
Is my baby getting enough?	<ul style="list-style-type: none"> <li>• Baby is gaining weight</li> <li>• Baby is stooling( 3-4 or more times), yellow with seeds; 6 or more times urinating; some stool small amounts after every feed</li> <li>• Breasts seem softer after feed</li> <li>• Baby falls asleep at breasts and lets go of nipple</li> </ul>

Growth Spurts	<ul style="list-style-type: none"> <li>• Baby nurses more often than usual for several days and may act very fussy.</li> <li>• Common growth spurt times in the early weeks are the first few days at home, 7-10 days, 2-3 weeks and 4-6 weeks.</li> <li>• Mother feels she does not have "enough milk"</li> </ul>
Illness	<ul style="list-style-type: none"> <li>• Continue to breastfeed when mother or baby are ill</li> <li>• With baby illness like diarrhea, breastfeed more often</li> </ul>
Alert signs REFER to medical clinic	<ul style="list-style-type: none"> <li>• If breastfeeding mothers have redness or breast lumps with fever, chills, aching has flu-like symptoms, seek medical advice</li> <li>• Baby has no wet or dirty diapers</li> <li>• Baby has dark colored urine after day 3( should be pale yellow to clear)</li> <li>• Baby has dark colored stools after day 4( should be mustard yellow, not dark color)</li> <li>• Baby pattern changes: few urines/stools and nurses less frequently</li> </ul>
Drooling and baby sticking out tongue	<ul style="list-style-type: none"> <li>• Not a sign at 4-5 months that baby wants to eat; this is normal behavior for baby</li> <li>• Normal Developmental milestone</li> </ul>
6 months	<ul style="list-style-type: none"> <li>• Start complementary feedings/continue to breastfeed on demand</li> <li>• Include 4**** food groups</li> <li>• Progress texture/consistency according to baby's ability</li> <li>• Correct amount</li> <li>• Correct number of feedings per day</li> <li>• Correct positioning ( no lying down to feed )</li> <li>• No chewing food for baby</li> <li>• Feed baby in supported sitting position, not supine( laying ) position</li> <li>• Correct responsive feeding care practices</li> </ul>



### Progression of diet

- Begin to feed at 6 months: 4\*\*\*\* foods
- Type of food: soft porridge, well mashed food
- How often: 2-3 times per day
- How much: 2-3 Tablespoon per meal

#### From 6-8 months

- Type of food: mashed food
- How often: 2-3 times each and 1-2 snacks
- How much: 2-3 tablespoon to ½ cup each meal (240ml cup)

#### From 9-11 months

- Type of food: finely chpped or mashed food and foods that baby can pick up with fingers
- How often: 3-4 times each and 1-2 snacks per day
- How Much: at least ½ cup at each meal

#### From 12-23 months

- Type of food: family food, chopped or mashed
- How often: 3-4 times per day and 1-2 snacks
- How much: ¾ cup to one cup per meal
- Every child eats differently and intake may vary daily
- Practice responsive care practices

### 1 year to 2 year

- Continue breastfeeding
- Continue with introduction of more solid food, family-type
- Start on cow/animal milk
- 4\*\*\*\* Foods daily
- Include meat/fish and plant proteins, fruits, vegetables
- Appropriate texture and variety
- Feed appropriate amount and timing
- Limit sweets and ready-made foods

## SECTION 2: Breastfeeding Peer counseling skills

- Chapter 1 LOVE Technique of Breastfeeding Counseling
- Chapter 2 Observation and Assessment of breastfeeding Mother/baby
- Chapter 3 Work Plan for Breastfeeding Peer Counselors



### Chapter 1: LOVE Breastfeeding Peer Counseling Technique

A breastfeeding peer counselor is a “change” agent: someone who is trusted by mothers and families so that they can make changes for an improved behavior. Counselors can help others make changes by suggesting, not by ordering or demanding change. Thus, it is important to understand barriers that mothers are experiencing and using counseling skills to help them.

**L=listen and learn**

**O=Observe**

**V=Value mother/validate her feelings**

**E=Empower and educate**

## The breastfeeding peer counselor must put the mother's choice and needs first.

Breastfeeding peer counseling is most effective:

- when effective counseling styles are developed
- when rapport is built with mothers
- when active listening is practiced
- when mothers build confidence from your help

Breastfeeding peer counselors:

- work to develop rapport with mothers
- do not tell mothers what to do, they suggest
- listen and try to understand how the mother is feeling
- help mothers make their own decisions/choices
- respects the mothers' decision

During pregnancy and after delivery, mothers can lose their confidence in themselves and ability to breastfeed due to:

- Emotional pressures after delivery,
- The physical and physiological changes after birth
- The overwhelming feeling of being a new parent
- Negative pressure from family to use BMS or bottles
- Fears she cannot make enough milk for the baby

There are **12** skills that Breastfeeding Peer Counselors must learn:

### Skill 1: Use helpful non-verbal communication

Non-verbal communication: showing your attitude through posture, expression, everything except through speaking. This communication is more powerful than words.

- Keep your head level with the mother/caregiver (they feel less threatened)
- Pay attention to what the mother is saying (makes mothers feel valued)
- Reduce physical barriers (open communication)
- Take time (they know you care)
- Eye contact
- Beware that your facial expression, body language/movement, tone of voice is positive

### Skill 2: Ask open questions

Open-ended questions help breastfeeding peer counselors get more information from mothers: makes mothers feel secure to talk about their feelings and situation so more information is shared

- Open-ended questions ask: "how? What? When? Where? Why?"
- Closed questions: have "yes" and "no" answers

#### Example

Open-ended:

- "How do you feel about breastfeeding your baby?"
- "When do you breastfeed your baby?"

Closed:

- "Do you like breastfeeding?"
- Do you breastfeed your baby?"

### Skill 3: Use responses and gestures which show interest Nod, smile and give response to show you were listening

- These gestures show a mother that you are interested in her.
- Make eye contact and look at her when she speaks to you

### Skill 4: Reflect back what the mother says

- Reflecting back means repeating back what a mother has said to you to show that you have heard her, and to encourage her to say more.

#### Example

- Mother says: "My baby was crying too much last night."
- You reflect: "Your baby kept you awake crying all night?"
- Mother says: "I am so tired that it's hard to breastfeed my baby"
- You reflect: "Breastfeeding is difficult because you feel so tired".

### **Skill 5: Empathize- show that you understand how she feels**

Empathy or empathizing means showing that you understand how a person feels.

#### **Example**

- Mother says: "My baby wants to feed very often and I don't think I am making enough milk"
- You could say: "You feel worried because you don't think the baby is getting enough milk"
- This shows that you understand that she feels worried, so you understand her feelings.
- If you respond with a factual question, for example, "How often is he feeding?" Have you been feeding him anything else? , then you are not empathizing.

### **Skill 6: Avoid words which sound judging**

### **Skill 7: Accept what a mother says, feels, or thinks**

How: be neutral (not agreeing, disagreeing)

- Reflect back her response
- Use phrase: "I understand how you feel..."

### **Skill 8: Praise her**

How: look for what mother /baby are doing and praise her

Statements like:

- Good, you are keeping track of the stools, urines
- Look how wide the baby opens his mouth
- Good that you know the baby hunger signs

### **Skill 9: Give practical advice**

How:

- Mother is tired/dirty/uncomfortable: help by making her comfortable
- She is hungry/thirsty: help by getting her food/drink
- She has had so much advice from everyone: help by holding her baby

### **Skill 10: Give little, relevant information**

How: Give useful, relevant information for NOW

- What mother can do today
- Give 1-3 pieces of information
- Give in positive manner

### **Skill 11: Use simple language**

How:

- Common terms that the mother understands in her own language/dialect
- No technical terms

### **Skill 12: Make one or more suggestions, not commands**

How:

- Make suggestion so she can take action with confidence and responsible for her choice and decision

## Chapter 2: Observation and Assessment of breastfeeding Mother/Baby

Assessing a breastfeed helps breastfeeding peer counselors decide if a mother needs help and how to help her. Observing the mother breastfeeding before asking questions is helpful.

### How to assess a breastfeed

#### Mother

- How does she hold her baby?
- How does she put baby to breast?
- How is the breastfeeding position?
- How does the feed end? Mother discontinues?

#### Baby

- How does the baby respond?
- Is the baby well attached?
- Is the baby sucking effectively?
- Does the baby let go? Seem satisfied?

- |  |                               |
|--|-------------------------------|
| - Mother looks at baby                         | - Mother looks away from baby |
| - Baby's body next to mother/<br>straight line | - Baby away from mother       |
| - Effective latch                              | - Ineffective latch           |

When observing and assessing, the breastfeeding peer counselor looks for:

**Body position:** how is the mother sitting? How is she holding the baby (far/close/correctly)? Positioning/Attachment? Baby's body in line with mother?

**Response of mother/baby:** how does the mother respond to baby? Calm / upset/ etc.

**Emotional bonding:** is she looking at baby? Smiling at baby? Does baby respond to mother?

**Anatomy:** observe size, shape nipple/breast. Is there something which may affect breastfeeding?

**Suckling:** how is baby's latch? (wide ?); hear swallow? Jaw moves up and down?

**Time spent at breast:** short feed? Long feed ? How often are the feedings?

### Taking a history and using the Field Breastfeeding Assessment and Counseling form

Breastfeeding peer counselors should take the time to complete the form thoroughly to obtain needed information to help the mother/baby. Ask the questions so that the mother understands. If her answers are unclear, re asks the questions.

The Field Breastfeeding Assessment and Counseling Form is a tool to help breastfeeding peer counselors get better information to help and support mothers with breastfeeding concerns/problems and find solutions.

## Village level Monitoring and Breastfeeding Counselling Checklist

Name \_\_\_\_\_ Counsellor Name \_\_\_\_\_ Date \_\_\_\_\_

Area/Village \_\_\_\_\_ Phone Number \_\_\_\_\_ Age of Child \_\_\_\_\_



C-section labor/ \_\_\_\_\_ Normal labor \_\_\_\_\_

Age \_\_\_\_\_

Any medical problems-

First Child/ Number of pregnancy

Frequency \_\_\_\_\_

Child body weight \_\_\_\_\_

Pre-term \_\_\_ Term \_\_\_

Any food before breastfed \_\_\_ Yes \_\_\_ No

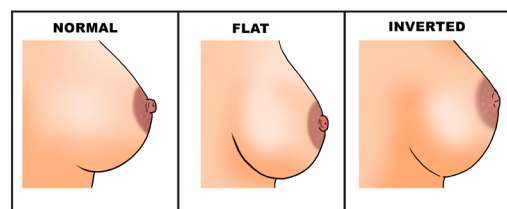
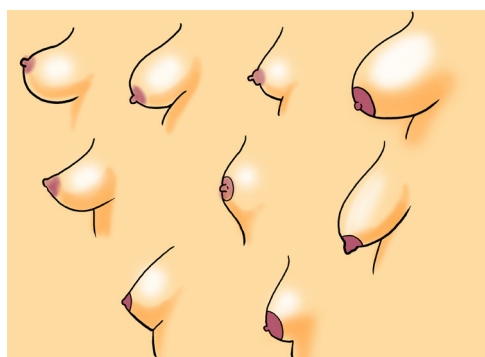
Skin-to-skin attachment \_\_\_ Yes \_\_\_ No

Breastfed within one hour after birth \_\_\_

Yes \_\_\_ No

Formula/other milk \_\_\_ Yes \_\_\_ No

Bottle feeding \_\_\_ Yes \_\_\_ No



Notes -  
Referral -  
Family Support -

The Breastfeeding peer counselor follows the three Step process in counseling mothers:

### Step 1: Ask

Using the LOVE Technique 12 points, the breastfeeding peer counselor asks the mother/ family questions

### Step 2: Assess

Observe and assess the mother/baby using the Breastfeeding Assessment and counseling form

### Step 3: Action

Using the steps in the LOVE technique, the breastfeeding peer counselor gives practical help and support so mother can solve her breastfeeding problems.

### Handout 14.1: Steps for observing and assessing breastfeeding to help mother ( Use LOVE Technique)

**Step 1: Listen/learn:** listen and learn about mother's concerns ( what is she worried about )

**Observation:** Assess a breastfeed: watch the mother breastfeed the baby

**Valid/Validate mother:** Use communication skills to build mother's confidence

**Step 2:** Take a history using the Field Breastfeeding Assessment Form

**Step 2: Educate:** After ASKING then ASSESSING, take ACTION to empower mother and educate and give suggestions regarding breastfeeding



### Ways Breastfeeding peer counselors can help mothers:

1. Remain calm and confident in helping mother
2. Tell Mom that comfortable attachment and positioning is possible
3. Ask open questions: “how is breastfeeding going for you”, “how have you been holding your baby?” ( helps mother explain situation)
4. Ask permission: “would you mind me helping you?” “Could we see try another positions?” (finding solution together)
5. Ask how she feels: Need answer so ask a closed question: “does that feel better” “is that more comfortable? “how is your pain level”
6. Praise her : “you made adjustment really well” “you baby seems to like that” “with practice, breastfeeding gets easier”
7. If needed, ask permission before touching her breast

## Chapter 3: Work Plan for Breastfeeding Peer Counselors

This work plan was developed by WHO to help breastfeeding counselors keep a schedule for helping and supporting breastfeeding mothers. The needs of the mother determine how the breastfeeding peer counselor will help but this work plan will serve as guide to cover the needed topics.

### Recommended Visits for up to 6 months for breastfeeding Counselors

#### To discuss with mother

Prenatal	<ul style="list-style-type: none"> <li>• Good attachment and positioning</li> <li>• Early initiation of breastfeeding (give colostrum)</li> <li>• Breastfeeding in the first few days</li> <li>• Exclusive breastfeeding from birth up to 6 months (avoid other liquids and food, even water)</li> <li>• Breastfeeding on demand– up to 8 12 times day and night</li> <li>• Mother needs to eat extra meals and drink a lot of fluids to be healthy</li> <li>• Attendance at mother-to-mother support group</li> <li>• How to access BFPC if necessary</li> </ul>
Delivery	<ul style="list-style-type: none"> <li>• Place baby skin-to-skin with mother</li> <li>• Good attachment and positioning</li> <li>• Early initiation of breastfeeding (give colostrum; avoid water and other liquids)</li> <li>• Breastfeed often ( 8-12 times or more per day)</li> <li>• Encourage and reassure</li> </ul>

Within 2-3 days  
and 6-7 days

- Good attachment and positioning
- Breastfeeding in the first few days
- Exclusive breastfeeding from birth up to 6 months
- Breastfeeding on demand– up to 12 times day and night
- Ensure mother knows how to express her breast milk
- Preventing breastfeeding difficulties (engorgement, sore and cracked nipples)
- Encourage and reassure

One month and  
6 weeks

- Good attachment and positioning
- Exclusive breastfeeding from birth up to 6 months
- Breastfeeding on demand– up to 12 times day and night
- Breastfeeding difficulties (plugged ducts which can lead to mastitis, and not enough breast milk)
- Increase breast milk supply
- Maintain breast milk supply
- Continue to breastfeed when infant or mother is ill
- Encourage and reassure
- Family planning discuss with HCP
- Prompt medical attention for problems

Up to 6 months

- BFPC should not try to change positioning if older infant is not having difficulties
- Prepare mother for changes she will need to make when infant reaches 6 months (AT 6 months)
- At 6 months, begin to offer foods 2 to 3 times a day - gradually introduce different types of foods (staple, legumes, vegetables, fruits and animal products) and continue breastfeeding
- Encourage continued to 2 years and beyond

6 months and 2  
years and  
beyond

- Encourage continued breastfeeding
- Nutritious 3 food group for baby
- Complementary food progression
- Hygienic preparation/wash hands
- Responsive feeding

## SECTION 3: WHO Guidelines

- Chapter 1 Ten Steps for Successful Breastfeeding
- Chapter 2 The WHO Code and Myanmar Order of Formulated Foods



### Chapter 1: Ten Steps for Successful Breastfeeding

#### Ten Steps for Successful Breastfeeding

The Baby-friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991 to protect, promote and support breastfeeding. The Ten Steps for Successful Breastfeeding was revised in 2018 to improve facility guidelines and health care workers to help mothers breastfeed.

## Chapter 2: The WHO Code and Myanmar Order of Formulated Foods

The Who International Code of Marketing Breast milk Substitutes was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breast milk substitutes, when necessary.

Breast milk substitutes include:

- Infant and follow-up formulas and any food/drink (tea, juices, waters, cereals and processed baby meals) for use for up to two years that would replace breast milk.

The Code does not say that these products cannot be sold but that the marketing of these products must follow the set guidelines. The marketing guidelines also include marketing to health care workers and families.

The Myanmar passed the Order of the Marketing of Formulated Foods is a law that breastfeeding counselors must follow. Breastfeeding peer counselors are required to follow this Order.

### The Key Points of the Order of the Marketing of Formulated Foods

- No advertising of BMS and other related products to the public
- No free sample to mothers or their families
- No promotion of products ( posters, calenders, distribution of promotional materials)
- No donation of free or reduced priced BMS
- No supplies of BMS or related products in any part of health care system
- No company-paid personnel to contact or advise mothers
- No free or personal samples to health workers
- No pictures of infants, pictures or text idealizing artificial feeding, on labels or products
- Information to health workers should be scientific and factual
- Information on artificial feeding should explain the importance of breastfeeding, health hazards of artificial feeding and the costs of using artificial feeding

All products should be high quality; do not promote unsuitable products such sweetened condensed milk

### With the CODE/Health Workers( breastfeeding peer counselors) have responsibilities to:

1. Encourage and protect breastfeeding ( know and be able to explain the code)
2. Know the superiority of breastfeeding
3. Know the role of maternal nutrition in breastfeeding
4. Preparer mother to start and maintain breastfeeding
5. Know the negative effect on breastfeeding of introducing partial bottle-feeding
6. Know the difficulty of reversing the decision not to breastfeed
7. Know where needed, the proper use of infant formula
8. Know and be able to the social and financial implications of its use
9. Understand the health hazards of unnecessary or improper use of BMS
10. Ensure that health facility is not displaying the products with posters
11. Refuse any gifts offered ( pens, mugs, post-its, entertainment or financial support)
12. Refuse formula samples
13. Not distribute samples to pregnant women, mothers of young children, families with young children
14. Understand the conflicts of interests between BMS companies and health professionals working in infant and young child feeding

Disclose contributions made by companies for fellowships, study tours, research grants, attendance at professional conferences

\*\*\*\*\*A Health worker is: a person working in the health care system, professional, nonprofessional, voluntary, paid, unpaid in public and private practice.

## SECTION 4: Maternal and Infant/ Child Nutrition

- Chapter 1 Stages of Pregnancy
- Chapter 2 Nutrition during pregnancy and breastfeeding





### Chapter 1: Stages of Pregnancy (3,5,6,7,8,9)

The first thousand days (1000 Days): from conception to baby's 2nd birthday.

Mother needs adequate nutrition for her health and baby's growth/development. Inadequate nutrition at this time can cause low birth weight babies, premature births and stunted children with life-long health consequences.

Breastfeeding peer counselors can help mothers understanding about the physiological changes in pregnancy and recommended safe practices: such as avoiding smoking/ alcohol/illegal drugs/beetle nut use (3, 7).

Period of pregnancy	Weeks	Mother	Child
First trimester	0-13	<ul style="list-style-type: none"> <li>• Extreme tiredness</li> <li>• Tender, swollen breasts and nipples might stick out</li> <li>• Cravings or distaste for certain foods</li> <li>• Mood swings due to hormonal changes in the body, fatigue or physical stress</li> <li>• Constipation (trouble having bowel movements)</li> <li>• Need to pass urine more often</li> <li>• Headache, Heartburn</li> <li>• Weight gain or loss</li> </ul>	<p>At 12 weeks the foetus is the size of a pea pod. It is about 3 inches long and weighs almost 30 grams.</p> <p>All the organs and systems are formed and hand and legs can move.</p> 
Second trimester	14-27	<ul style="list-style-type: none"> <li>• Many women find the second trimester of pregnancy easier than the first. She will suffer body aches, such as back, abdomen, groin, or thigh pain</li> <li>• Stretch marks on abdomen, breasts, thighs, or buttocks</li> <li>• Darkening of the skin around nipples</li> <li>• A line on the skin running from belly button to pubic hairline, increasing the breast sizes</li> <li>• Itching on the abdomen, palms, and soles of the feet</li> <li>• Minor swelling of the ankles, fingers, and face</li> </ul>	<p>At 12 weeks the foetus is the size of a pea pod. It is about 3 inches long and weighs almost 30 grams.</p> <p>All the organs and systems are formed and hand and legs can move.</p> 

Third trimester

28-40

- Heartburn
- Haemorrhoids (veins around the anus that are swollen and itchy)
- Navel, or belly button, may stick out
- Trouble sleeping (can't find a comfortable position)
- Increase frequency of urination

At 39 weeks, the foetus is considered full-term with average body weight of 6 to 7.2 lbs and 19 to 20 inches in length.



### Good practices in pregnancy

- Eat an extra meal of the most nutritious foods available every day to be well nourished and strong for childbirth. Include 4\*\*\*\* Star foods and drink adequate water.
- Take micronutrient supplements, including folic acid and iron tablets or any other medicines recommended by a health professional
- Keep antenatal visits
- After the first trimester, take the deworming medicine to avoid parasites, which can cause anemia.
- Practice good hygiene and sanitation every day to keep healthy and prevent illnesses
- Sleep under an insecticide-treated mosquito net every night to prevent malaria.
- Stop drinking alcohol, which can cause fetal alcohol spectrum disorders (FASDs)
- Stop smoking, chewing betel nut, and avoid 'second-hand' smoke to prevent low-birth-weight babies.



## Chapter 2: Nutrition in pregnancy and breastfeeding

The nutritional needs of the mother are increased in pregnancy and highest in breastfeeding. During pregnancy and breastfeeding, mothers need to eat from the 4\*\*\*\* food groups:

- More protein foods ( fish, eggs, meat, chicken, milk, lentils/beans)
- More fruits/vegetables ( vitamins/minerals)
- Starches

The breastfeeding peer counseling should encourage pregnant and breastfeeding mothers to make healthy food choices and eat adequately.

### During Pregnancy:

- Mothers should gain weight, at least 24 lbs. (GOM)(average : gain 25-35 lbs.); thin women should gain
- Eat an extra meal

### During Breastfeeding:

- Eat two extra meals per day from the 4\*\*\*\* food group
- Drink adequate water and fluids
- Breastfeeding mothers do not need to avoid foods
- Mothers need protein foods for the healing process from pregnancy/childbirth

### Food Taboos and BELIEFS

According to cIYCF, pregnant and breastfeeding women do not need to avoid specific foods in pregnancy and breastfeeding and should be encouraged to eat foods from the 4\*\*\*\* food group. Encouraging pregnant and breastfeeding women to avoid certain foods can cause inadequate intake of nutrients which can be harmful for mother and baby.

Eating the same food like hnin gha and dried fish/fried chicken is not enough variety. Pregnant and breastfeeding mothers do not need to avoid foods on the taboo lists.

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