

**BABY-FRIENDLY HOSPITAL INITIATIVE**  
Revised, Updated and Expanded  
for Integrated Care

**SECTION 3**  
**BREASTFEEDING**  
**PROMOTION AND SUPPORT**  
**IN A BABY-FRIENDLY HOSPITAL**  
**A 20-HOUR COURSE FOR MATERNITY STAFF**



**Preliminary Version for Country Implementation**

**January 2006**

Original BFHI Course developed 1993



WHO Library Cataloguing-in-Publication Data

Baby-friendly hospital initiative [electronic resource] : rev., updated and expanded for integrated care. -- Preliminary version for country implementation.

1 web site.

Produced by the World Health Organization and UNICEF.

Contents: Section 1. Background and implementation -- Section 2. Strengthening and sustaining the baby-friendly hospital initiative : a course for decision-makers -- Section 3. Breastfeeding promotion and support in a baby-friendly hospital : a 20-hour course for maternity staff -- Section 4. Hospital self-appraisal and monitoring -- Section 5. External assessment and reassessment (Restricted document - available upon request).

1.Breast feeding. 2.Hospital administration. 3.Maternal welfare. 4.Program evaluation.  
I.World Health Organization. II.UNICEF.

ISBN 92 4 159501 9  
978 92 4 159501 8

(NLM classification: WQ 27.1)

Cover image "Maternity", 1963,  
© 2003 Estate of Pablo Picasso/Artists Rights Society (ARS), New York

© United Nations Children's Fund December 2005  
© World Health Organization 2006

Reproduction and translation: Applications for permission to reproduce or translate all or part of this publication should be made to the local UNICEF Representative. Consultation with UNICEF/PD/Nutrition is advisable when considering translation so as to prevent duplication of effort.

UNICEF contact email: [pdpimas@unicef.org](mailto:pdpimas@unicef.org) with the subject: attn. nutrition section  
WHO contact email: [nutrition@who.int](mailto:nutrition@who.int) Website: <http://www.who.int/nutrition>

Reference this document as: UNICEF/WHO. *Baby Friendly Hospital Initiative, revised, updated and expanded for integrated care, Section 3, Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff*, Preliminary Version, January 2006

## Acknowledgements

Development of the original 18-hour course was a collaborative effort among staff at the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), Wellstart International, and Breastfeeding Support Consultants. *BEST Services* under the leadership of Genevieve Becker, prepared this course revision for UNICEF and WHO.



*BEST Services*, 2 Kylemore Park, Taylor's Hill, Galway, Ireland      [bestservices@iol.ie](mailto:bestservices@iol.ie)  
*providing Breastfeeding Education Support and Training*

Acknowledgement is given to all the health professionals, scientific researchers, field workers, support groups, families, mothers, and babies who, through their diligence and caring, have contributed to the course content. Many BFHI national co-coordinators and their colleagues around the world responded to the initial User Needs survey and gave further input concerning revisions to the course. Extensive comments were provided by Ann Brownlee, Felicity Savage, Marianne Brophy, Camilla Barrett, Mary Bird, Gill Rapley, Ruth Bland, and Nicola Clarke. Reviews of full drafts were provided by BFHI experts from the various UNICEF regions, including Pauline Kisanga, Swaziland; Ngozi Niepuome, Nigeria; Meena Sobsamai, Thailand; Azza Abul-fadl, Egypt; Sangeeta Saxena, India; Veronica Valdes, Chile; Elizabeth Zisovka, Macedonia; Elizabeth Horman, Germany; Elisabeth Tuite, Norway, and Carmen Casanovas, WPRO.

Miriam Labbok and David Clark of UNICEF; and Randa Jarudi Saadeh of the Department of Nutrition and Health Development and colleagues at the Department of Child and Adolescent Health and Development, WHO, provided technical and logistical support and feedback throughout the process.

The course materials were field tested in Zimbabwe with a multi-disciplinary group. Support was provided by the UNICEF and WHO Country Offices, the Ministry of Health and Child Welfare, the course facilitators, and the staff of Chitungwiza Hospital and Nurse-Midwifery Training School.

These multi-country and multi-organizational contributions were invaluable in helping to fashion a course designed to address the current needs of countries and their mothers and babies, facing a wide range of challenges in many differing situations.

In addition to pictures and illustrations from the UNICEF and WHO collections:

Jenny Corkery created the illustrations of the 'story mothers';

Photographs were kindly provided by Dr Nils Bergman, Dr Ruskhana Haider, Barbara Wilson-Clay and Kay Hoover

**Preface for the 2005/6 BFHI materials:  
Revised, Updated and Expanded for Integrated Care  
Preliminary Version for Country Implementation**

Since the Baby-friendly Hospital Initiative (BFHI) was launched by UNICEF and WHO in 1991-1992, the Initiative has grown, with more than 19,600 hospitals having been designated in 152 countries around the world over the last 15 years. During this time, a number of regional meetings offered guidance and provided opportunities for networking and feedback from dedicated country professionals involved in implementing BFHI. Two of the most recent were held in Spain, for the European region, and Botswana, for the Eastern and Southern African region. Both meetings offered recommendations for updating the Global Criteria, related assessment tools, as well as the “18 hour course,” in light of experience with BFHI since the Initiative began, the guidance provided by the new Global Strategy for Infant and Young Child Feeding, and the challenges posed by the HIV pandemic. The importance of addressing “mother-friendly care” within the Initiative was raised by a number of groups as well.

As a result of the interest and strong request for updating the BFHI package, UNICEF, in close coordination with WHO, undertook the revision of the materials in 2004-2005, with Genevieve Becker of *BEST Services* taking the lead on revision of the course and Ann Brownlee, University of California/San Diego, spearheading the revision of the assessment tools. The process included an extensive “user survey” with colleagues from many countries responding. Once the revised course and tools were drafted they were reviewed by experts worldwide and then field-tested in industrialized and developing country settings.

The current BFHI package<sup>1</sup> includes:

Section 1: Background and Implementation, which provides guidance on the revised processes and expansion options at the country, health facility, and community level, recognizing that the Initiative has expanded and must be mainstreamed to some extent for sustainability, and includes:

- 1.1 Country Level Implementation
- 1.2 Hospital Level Implementation
- 1.3 The Global Criteria for BFHI
- 1.4 Compliance with the International Code of Marketing of Breastmilk Substitutes
- 1.5 Baby-Friendly Expansion and Integration Options
- 1.6 Resources, References and Websites

Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers, was adapted from WHO course "Promoting breast-feeding in health facilities a short course for administrators and policy-makers". This can be used to orient hospital decisions-makers (directors, administrators, key managers, etc.) and policy-makers to the Initiative and the positive impacts it can have and to gain their commitment to promoting and sustaining "Baby-friendly". There is a Course Guide and eight Session Plans with handouts and PowerPoint Slides. Two alternative session plans and materials for use in settings with high HIV prevalence have been included.

---

<sup>1</sup> Sections 1 through 4 are available on the UNICEF Internet at [http://www.unicef.org/nutrition/index\\_24850.html](http://www.unicef.org/nutrition/index_24850.html), or by searching the UNICEF Internet site: <http://www.unicef.org> or the WHO Internet at [www.who.int/nutrition](http://www.who.int/nutrition)

Section 3: Breastfeeding Promotion and Support in a Baby-Friendly Hospital, a 20-hour course for maternity staff, which can be used by facilities to strengthen the knowledge and skills of their staff towards successful implementation of the Ten Steps to Successful Breastfeeding. This section includes:

- 3.1 Guidelines for Course Facilitators including a Course Planning Checklist
- 3.2 Outlines of Course Sessions
- 3.3 PowerPoint Slides for the Course

Section 4: Hospital Self-Appraisal and Monitoring, which provides tools that can be used by managers and staff initially, to help determine whether their facilities are ready to apply for external assessment, and, once their facilities are designated Baby-Friendly, to monitor continued adherence to the Ten Steps. This section includes:

- 4.1 Hospital Self-Appraisal Tool
- 4.2 Guidelines and Tools for Monitoring

Section 5: External Assessment and Reassessment<sup>2</sup>, which provides guidelines and tools for external assessors to use to both initially, to assess whether hospitals meet the Global Criteria and thus fully comply with the Ten Steps, and then to reassess, on a regular basis, whether they continue to maintain the required standards. This section includes:

- 5.1 Guide for Assessors
- 5.2 Hospital External Assessment Tool
- 5.3 Guidelines and Tool for External Reassessment

---

<sup>2</sup> Section 5: External Assessment and Reassessment, is not available for general distribution. It is only provided to the national authorities for BFHI who provide it to the assessors who are conducting the BFHI assessments and reassessment

**SECTION 3**  
**BREASTFEEDING PROMOTION AND SUPPORT**  
**IN A BABY-FRIENDLY HOSPITAL**  
**A 20-HOUR COURSE FOR MATERNITY STAFF**

	Page
<b>3.1 Guidelines for Course Facilitators</b>	
Course objectives	1
Length of the course	2
Preparing for the course	3
Course materials	4
Presentation of the course	6
Annex 1: Course Planning Checklist	8
Annex 2: Example of a course timetable	11
Annex 3: Resources for further information	12
Annex 4: Instruction to make a cloth breast model	17
Annex 5: Assessment of Learning Tools	18
Annex 6: Picture credits	19
Annex 7: Notes for an orientation session for non-clinical staff	20
<b>3.2 Session Outlines</b>	
<b>3.3 PowerPoint Slides for the course</b>	

Each Section is a separate file and may be downloaded from UNICEF Internet at [http://www.unicef.org/nutrition/index\\_24850.html](http://www.unicef.org/nutrition/index_24850.html), or by searching the UNICEF Internet site: <http://www.unicef.org> or the WHO Internet at [www.who.int/nutrition](http://www.who.int/nutrition)

## 3.1 GUIDELINES FOR COURSE FACILITATORS

The original “18 Hour” course was widely used and translated into many languages. This revision takes into account new research on supportive practices as well as the HIV situation. These are guidelines for experienced course facilitators and are not intended as a word-by-word course. This course focuses on the application of the health workers’ knowledge and skills in their everyday practice rather than providing a large amount of theory and research findings.

### **The Key Points from this course are:**

- Breastfeeding is important for mother and baby
- Most mothers and babies can breastfeed
- Mothers and babies who are not breastfeeding need extra care to be healthy
- Hospital practices can help (or hinder) baby and mother friendly practices
- Implementing the Baby-Friendly Hospital Initiative helps good practices to happen.

### **Course objectives**

The short-term objectives of this course are:

- to help equip the hospital staff with the knowledge and skill base necessary to transform their health facilities into baby-friendly institutions through implementation of the Ten Steps to Successful Breastfeeding and
- to sustain policy and practice changes.

This course is suitable for staff who has contact with pregnant women, mothers and their newborn infants. The staff may include doctors, midwives, nurses, health care assistants, nutritionists, peer supporters and other staff. It is also suitable for use in pre-service training so that students are prepared with the knowledge and skills to support breastfeeding when they begin work. A hospital may use sections of the course to provide short in-service sessions for staff on specific topics.

The course by itself cannot transform hospitals, but it can provide a common foundation for basic breastfeeding management that will lay the basis for change. These health workers in contact with the women and her child, along with hospital administrators, policy makers, and government officials will then have the bigger task of ensuring long-term implementation of appropriate policies that support optimal infant feeding.

On completion of this course, the participant is expected to be able to:

- use communication skills to talk with pregnant women, mothers and co-workers;
- practice the Ten Steps to Successful Breastfeeding and abide by the International Code of Marketing of Breast-milk Substitutes;
- discuss with a pregnant woman the importance of breastfeeding and outline practices that support the initiation of breastfeeding;
- facilitate skin-to-skin contact and early initiation of breastfeeding;
- assist a mother to learn the skills of positioning and attaching her baby as well as the skill of hand expression;
- discuss with a mother how to find support for breastfeeding after she returns home;
- outline what needs to be discussed with a women who is not breastfeeding and know to whom to refer this woman for further assistance with feeding her baby;
- identify practices that support and those that interfere with breastfeeding;
- work with co-workers to highlight barriers to breastfeeding and seek ways to overcome those barriers.

This course is NOT designed to train trainers to teach courses, to provide training in on-going support for infant feeding after discharge from the maternity service, to train specialist workers in assisting with breastfeeding difficulties, to train infant feeding counsellors working with women who are HIV-positive, or to train administrator's and those involved in policy development. There are other specialised courses for those health workers that give fuller training than this short course can provide such as:

*Breastfeeding Counselling: a training course*, WHO/UNICEF (1993)

*HIV and Infant Feeding Counselling: a training course*, WHO, UNICEF, UNAIDS (2000)

*Infant Feeding in Emergencies*, Emergency Nutrition Network (ENN) in conjunction with WHO/UNICEF (2003)

*Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers*, WHO/Wellstart, revised 2005

*Integrated Infant Feeding Counselling: a training course*, WHO/UNICEF (2005)

## Length of the course

The decision to develop the course to 20 hours is based on several factors. It is recognised that intensive in-service training such as this course necessitates some interruption of clinical care. The 20 hours may be presented in three intensive days or in shorter segments over a longer period, whichever is most suitable for the facility. It is intended that every hospital staff member who has direct patient care responsibility for mothers and babies will attend the course. It is kept short in anticipation that it will need to be repeated within the same hospital in order to reach all staff from all shifts.

A 20-hour syllabus allows much of the essential information to be presented. There are 15.5 hours of classroom time focused on skill-oriented training including discussion and pair practice. The 4.5 hours of clinical practice provides time with pregnant women and new mothers. A formal opening or closing, if needed, and breaks are not included in the 20 hours. Additional time needs to be added for the clinical practice if participants must travel from the classroom to another site where the mothers are available.

The amount of time anticipated for the individual topics within each session is indicated. This time allows the core material to be presented, however additional time will be needed if there is additional discussion and debate on the topic. Additional time will be needed for some of the activities printed in boxes, as indicated. Aim to allow a five-minute break between sessions for a 'stretch' if a longer break is not scheduled for that time.

At the end of the course, participants need to be clear about what action they need to take to implement the practices and skills into their every day work. Information on developing an "action plan" is given in the final session. However, additional time will be needed to develop a detailed plan, which is important for change to occur and be sustained.

If it is possible to arrange more than 20 hours, certain topics could be presented in greater depth, and more time would be available for discussion. Additional role-play practice would also be of benefit to the participants.

It is expected that clinical learning will continue with supervision by the more experienced and knowledgeable hospital staff. This ongoing clinical practice will be essential to providing continuity of care to breastfeeding mothers and babies and to ensuring the implementation of the Ten Steps to Successful Breastfeeding.

## **Preparing for the course**

*An overall course planning checklist is provided in Annex 1.*

### **Choosing facilitators**

Facilitators should be knowledgeable about breastfeeding and health care practices (including birth procedures) that are Baby-Friendly. The facilitators should be experienced in presentation skills and in techniques of assisting learning. At least one of the course facilitators should have a high level of breastfeeding knowledge so they are able to answer questions and find further references. The number of facilitators will depend on the number of participants and the format of the course. Participation in this course does not qualify the person to become a facilitator for this course.

If this course is given as an intensive three days course, no one facilitator should have primary responsibility for teaching more than three sessions in a day. Aim for a change of facilitators frequently - at least for each session. Sessions may be divided with two or more facilitators taking different sections to provide variety. Each facilitator should have at least one hour of teaching responsibility daily. One facilitator can do all the teaching if only one session is held on a single day, as may be likely in hospital in-service training.

In order to learn effectively from the clinical practice and to safe guard the mothers and babies, there should be sufficient facilitators to supervise the practice. Additional facilitators may be available if there are skilled staff on the wards or clinic already who can assist. Each facilitator should ideally have four and no more than six participants to supervise during clinical practice. If the course is conducted in short sessions over a period in one facility, clinical practice can be done by a small group of not more than six people with a facilitator at a time convenient to their work.

### **Clinical practice requirements**

A minimum of four and a half hours of clinical experience forms part of the training course. The facilitators will need to meet with hospital administration and maternity staff before the course begins to discuss the best way that each clinical practice can be carried out. Read the session through carefully to see how it can be conducted effectively in your setting.

Facilitators will need to help the hospital maternity staff decide how to select appropriate women for participants to talk with, to observe and to assist. It is likely that the nurse or physician in charge of the maternity ward will work together with the facilitators on this activity.

It is expected that this course will be used primarily for hospital in-service training, with the wards easily accessible for clinical practice. The clinical work is an essential part of the training and the three clinical practices allotted are an absolute minimum. It is anticipated that course participants will need ongoing supervised clinical practice to ensure that the new management becomes routine.

## Preparing the timetable

Find out what are the best times to conduct the clinical practices and build the classroom sessions around these visits to the wards/clinics. If there are a large number of participants, it may be possible to divide the group so that some are talking with pregnant women while other participants are assisting breastfeeding or hand expression. Ensure the classroom knowledge on a topic comes before the clinical practice for that topic. For example, to talk to a pregnant woman about practices that support breastfeeding such as early contact and rooming-in, these sessions will need to be covered before the clinical practice with pregnant women.

The number of facilitators and their particular skills also needs to be taken into account. Planning the timetable may mean shifting facilitators or topics around so that no facilitator is overburdened at the start and unused later.

The timetable may also need to consider when equipment is available, when meal breaks need to be taken and whether travel time is needed for clinical practices. An example of a timetable is provided in Annex 2.

## Room requirements

The course will need:

- A classroom big enough for the whole group.
- Tables and chairs that can be moved for individual learning activities.
- A blackboard, white board or flipchart (and chalk or markers) in the front of the room for writing.
- A notice board or wall to display materials and tape or other system for attaching notices to the wall.
- Easy access to data projector for PowerPoint, extension cords, and screen or suitable wall or equipment to produce colour printed overhead transparencies
- 2-3 large tables to hold the projector, display materials and for the facilitator's use;
- Simple room-darkening arrangements.

## Course materials

### Facilitator's materials

- Session Outlines containing the points to be covered for each topic and illustrations where relevant.
- PowerPoint containing the pictures and illustrations. Colour printouts or transparencies of the PowerPoint can be made if PowerPoint is not available.
- Annex 3: Resources for Further Information, which includes web sites for further information and resource materials.
- Section 4.1, which includes the Hospital Self-Appraisal Tool is a separate document in the set of Baby-Friendly Hospital Initiative materials.

### Other teaching aids

- Dolls. Choose or make dolls that range in size from newborn to a few months old. At least one doll is needed for each group of 3-4 participants.
- Cloth breast model. See Annex 4 for instructions on how to make a breast model. At least one breast is needed for each group of 3-4 participants.

The one to two page summaries of each session can be used as a Participants' Manual if required. Participants are not expected to need to take extensive notes.

## **Session Outlines**

### **The cover page for each session sets out:**

- The learning objectives for the session, which are numbered as section headings.
- The overall time allocated for the session.
- Any additional materials or preparation the facilitator will need for the session.
- A list of Further Reading for the facilitators. The items listed can be downloaded from the Internet unless stated otherwise. Details of the web sites are in Annex 3. Additional material may be available from local UNICEF or WHO offices.

### **Teaching outline**

Topics are listed under each main heading. To the left of the main heading is the objective number that corresponds with the topic. To the right of the main heading is the time suggested for teaching that topic. Class activities appear in boxes. Facilitators are expected to check the material is still suitable and up-to-date before each session.

### **Knowledge check**

A knowledge check appears at the end of each session. Participants can be asked to complete each test in their own time, in pairs or in groups. Facilitators may offer to review any material that is still unclear. If facilitators wish, and if time allows, the knowledge check may be used for class discussion. When preparing the session, facilitators should review these knowledge checks and prepare possible answers. Answers to the questions are generally provided in the text for that session.

### **Session summary**

At the end of each session is a short summary of the main points. The summary may be given to participants at the start of the session so that the participants can refer to this page and add additional notes if needed. The summaries may be photocopied for use outside the course.

### **Additional information section**

The core material in each session aims to cover the practice situations for the majority of participants. The facilitator may want additional information to answer questions or to cover a topic in greater depth. Presenting this additional information is not included in the session time.

### **Language of the course**

The course can be translated into the native language of the country, but should always be reviewed by one or more people qualified in lactation management to ensure accuracy of the information provided.

### **Assessment of learning**

A self-assessment of learning tool is included in Annex 5. This can be used as a post-test; or to assist the participants to continue to develop their knowledge and skills; or to assess if a new staff member has adequate knowledge and skill from a previous employment or training. This tool can be modified so the facilitator can assess the learning as well as the participant's self-assessment.

## Presentation of the course

### Interactive facilitation

The session outline provides the key points to include in each section. It is best if the facilitator does not read all the points word by word as a lecture but uses a more interactive style:

- The facilitator can ask participants a question that will lead into a section – for example, “How might birth practices affect breastfeeding?” Let participants comment first and then present the points in the text for this section.
- The facilitator can ask about their experiences to also involve participants - “When do women in this area have an antenatal discussion about feeding their baby”?
- It can be helpful to ask a question after the key points have been presented, - “How do you think this practice would work here?”
- Help participants to relate theory to practice, - “If a mother came to you with sore nipples, what might you watch for when you observe the baby feeding?”
- If you want participants to study a picture and comment on it, keep silent for a moment to give them time to think.

Keep in mind that the time is very limited and ensure the discussions are relevant to the topic, brief, and helpful to the group. Concentrate on covering the topics that apply to most women rather than spending a long time discussing unusual or rare situations.

If participants are looking for more information, direct them to the Further Reading materials, or encourage them to attend a more specialist course as listed earlier.

Babies are both male and female, therefore the phrase "she or he," is used when the baby is referred to in this course. Facilitators do not need to say she or he each time, they are encouraged to use “she” sometimes and “he” sometimes for the baby as they facilitate the course. In the story, one baby is a boy and one baby is a girl, so he or she is used depending on which baby is referred to.

### Discussions

These discussions give an opportunity for participants to share ideas and raise questions. The facilitator will need to guide the discussion and keep participants focused. If one participant dominates discussion, the facilitator will need to intervene. If the facilitator dominates, it becomes a lecture or question-and-answer session, and is not a discussion.

Working in small groups gives participants an opportunity to share ideas and experiences. These small group discussions are very important for changing attitudes, not just to share facts. Facilitators can rotate from group to group to ensure the information shared supports baby-friendly practices. In general, do not spend time reporting back from the groups, especially if all groups were discussing the same topic.

Each group should have a reporter who summarizes the main points and questions on a large card or sheet of paper to post for all to see. The facilitator can provide relevant information as the course continues and discuss the questions raised.

### Pair practice

Pair practice allows participants to practice communication skills with one another. Let participants choose their own partners or mix participants so that they have an opportunity to work with different people. If someone ends up alone, a facilitator can pair with the extra person. In addition to the activities identified as pair practice, this technique can be used with any of the Case Studies.

## **Role plays**

When facilitators use role-plays and demonstrations as a learning tool, they should rehearse the general direction of the role-play before the session. As an alternative, selected participants can be asked to participate in a role-play/demonstration with a facilitator. Role-play/demonstrations should be informal, small dramas that take only a few minutes. Role-play/demonstrations can be used to stimulate discussion, to model certain kinds of interaction, and to introduce a case study for further role-playing between participants.

Role-plays and demonstrations are suggested at several points throughout the course. However, it is hoped that individual facilitators will utilise their own teaching skills and talents to present material in creative ways. Have fun with role-plays, and provide as many opportunities as possible for participants to join in.

## **Case studies**

The case studies present a situation that the participants are asked to discuss or to use as the basis for a role-play. Participants may want to adapt their case study to fit particular national, cultural, or management situations. Names and character details can easily be changed. If class time does not permit the use of a case study, participants may be asked to do a homework assignment based on it.

## **Forms**

Forms are used for activities in several sessions. One copy of each form is provided at the end of the session plan where it will be used. The necessary number of copies can be made for the session so that every person has one form. The forms may also be copied for clinical use outside the course.

## **Illustrations**

Illustrations are referred to within the outlines. They may be used to make overhead transparencies or flipcharts if the PowerPoint is not available.

## **Photographs and illustrations**

While topics may be presented without the use of PowerPoint slides, they are helpful whenever possible. The facilitator should explain what the participants are to look for in the picture. Participants can be asked to come to the front of the room to point out what they see in a picture. Where electricity and room darkening are available only in the evenings, scheduling of topics will need to be adjusted. If PowerPoint is not available, the pictures can be printed, preferably in colour, for the participants to look at as a group.

## **HIV and infant feeding**

If the course is held where there is a high rate of HIV infection among pregnant women, and participants' knowledge on mother-to-child transmission of HIV is limited, additional information related to HIV may be provided as additional sessions. Sessions from *HIV and Infant Feeding Counselling: a training course*, UNAIDS/WHO/UNICEF (2000) or *Integrated Infant Feeding Counselling: a training course*, WHO/UNICEF (2005) can be used to provide information on:

- Basic facts on HIV and on Prevention of Mother-to-Child Transmission (PMTCT)
- Testing and counselling for HIV
- Locally appropriate replacement-feeding options
- Risks of "spill over" of replacement feeding to the general population

## Annex 1: Course Planning Checklist

### Initial planning

1. Visit the health facility that you will use for clinical practices.
  - Confirm the hours during which it is possible to talk with pregnant women and new mothers. If you plan to visit more than one facility at each practice time, it is important to make sure they are available at the same time. Each participant will need to talk with at least one pregnant women and one breastfeeding mother. For example, in a course with 12 participants, there would need to be at least 20 pregnant women at the antenatal clinic and/or antenatal in-patient ward or waiting mother facility, to provide sufficient women to talk to allowing for some women to be unwilling to talk.
  
2. Choose a classroom site. Ideally, this should be at the same site as the clinical practice sites. Make sure that the following are available:
  - Easy access from the classroom to the area for the clinical practice.
  - A large room that can seat all participants and facilitators for sessions, including space for guests invited to opening and closing ceremonies. There should be space for a group of four participants and a facilitator to sit at a table.
  - For the facilitators' preparation day before the participants' course, you will need one classroom that can accommodate 8 people.
  - Adequate lighting and ventilation, and wall space to post up large sheets of paper in each of the rooms.
  - At least one table for each group of 4 participants and additional table space for materials.
  - Freedom from disturbances such as loud noises or music.
  - Arrangements for providing refreshments.
  - Space for at least one clerical or logistic support staff during participants' course.
  - A place where supplies and equipment can be safely stored and locked up if necessary.
  - When you have chosen a suitable site, book the classroom space in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
  - Confirm the times of the clinical practice visits with the clinical sites.
  - Make arrangements for transporting participants and facilitators to the clinical practice site.
  
3. Decide exact dates of the course and prepare a timetable.
  - Decide the course schedule, for example, a whole course on consecutive days or 1-day each week.
  - Allow 1 day for the preparation of facilitators.
  - Allow 3 days for the course for participants.
  - Course Director available 1-2 days before the facilitators' preparation session, as well as during all of the facilitators' preparation session and the course itself.
  - If the clinical practice site is a different venue than the classroom you need to allow extra time to travel to and from the clinical practice site.
  - Ideally allocate no more than 6.5 teaching hours per day with meal and break times in addition.
  - Prepare the course timetable allocating clinical practice times, classroom times, and meal and break times.

- If participants have long distance to travel, consider a later start on Day 1 and an early finishing time on Day 4, if the course is held on consecutive days.
4. Choose lodging for the participants and facilitators if needed. If lodging is at a different site from the course, make sure that the following are available:
    - Reliable transportation to and from the course site.
    - Meal service convenient for the course timetable.
    - When you have identified suitable lodging, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
  5. Select and invite facilitators. It is necessary that:
    - Facilitators are experienced in course facilitation and are knowledgeable about breastfeeding and health care practices that are Baby-Friendly.
    - Facilitators are able and willing to attend the entire course, including the preparatory day before the course.
    - Facilitators receive materials at least three weeks before the start of a course so they have an opportunity to read them.
    - There is at least one facilitator per 4 participants during the clinical practice visits. Additional facilitators may be available if there are skilled staff on the wards or clinic who can assist.
  6. Identify suitable participants, and send them letters of invitation stating:
    - The objectives of the training and a description of the course
    - The desired times of arrival and departure times for participants
    - That it is essential to arrive in time and to attend the entire course
    - Administrative arrangements, such as accommodation, meals, and payment of other costs.
  7. Arrange to send travel authorisations to facilitators, course director, and participants.
  8. Arrange to send materials, equipment, and supplies to the course site.
  9. Invite outside speaker for opening and closing ceremonies, if needed.

### **Arrangements a week before the course begins**

10. Confirm arrangements for:
  - Lodging for all facilitators and participants
  - Classroom arrangements
  - Daily transportation of participants from lodgings to classroom and to and from clinical practice sites
  - The clinical practice site and that facility staff are briefed on the visits
  - Meals and refreshments.
  - Opening and closing ceremonies with relevant authorities. Check that invited guests are able to come.
  - A course completion certificate (if one will be given) and when a group photograph will be taken in time to be developed before the closing ceremony. (optional)
  - Arrangements for typing and copying of materials during the course (for example, timetables, lists of addresses of participants and facilitators).

11. Arrange to welcome facilitators and participants at the hotel, airport, or railway/bus station, if necessary.
12. Ensure course materials, supplies, and equipment, are available and ready to be delivered to the course site.

### **Actions during the course**

13. After registration, assign groups of 4 participants to one facilitator. Post up the list of names where everyone can see it.
14. Provide all participants and facilitators with a Course Directory, which includes names and addresses of all participants, facilitators, and the Course Director.
15. Arrange for a course photograph, if desired, to be taken.
16. Prepare a course completion certificate for each participant.
17. Make arrangements to reconfirm or change airline, train, or bus reservations and transportation to stations for facilitators and participants, if necessary.
18. Allocate a time for payment of per diem and for travel/lodging arrangements that does not take time from the course.

### **Add any other points you need to check:**

### **Equipment list:**

- Data projector and laptop for PowerPoint, extension cord, and screen or suitable flat white wall or equipment to produce colour printed overhead transparencies and an overhead projector.
- Dolls. Choose or make dolls that range in size from newborn to a few months old. At least one doll is needed for each group of 3-4 participants.
- Cloth breast model. See Annex 3 for instructions on how to make a breast model. At least one breast is needed for each group of 3-4 participants.
- Pens, pencils, erasers, and paper for the participants and facilitators
- A blackboard, white board or flipchart (and chalk or markers).
- Flip chart paper and means to attach sheets to the wall, markers.

## Annex 2: Example of a Course Timetable – held over 3 days

Time for core material is indicated, not including additional information sections or optional activities. Arrange clinical practices first and then fit the classroom sessions around these practices.

<b>Day 1</b>		
8.30-8.45	Welcome (Allow extra time for a formal opening, if desired)	15 minutes
8.45-9.15	Session 1: BFHI: a part of the Global Strategy	30 minutes
9.15-10.15	Session 2: Communication skills	60 minutes
10.15-10.30	Break	15 minutes
10.30-12.00	Session 3: Promoting breastfeeding during pregnancy – Step 3	90 minutes
12.00-12.45	Session 4: Protecting breastfeeding	45 minutes
12.45-1.45	Break	60 minutes
1.45-3.00	Session 5: Birth practices and breastfeeding - Step 4	75 minutes
3.00-3.15	Break	15 minutes
3.15-4.00	Session 6: How milk gets from breast to baby	45 minutes
4.00-4.30	Session 7: Helping with a breastfeed - Step 5 – sections 1-3	30 minutes
4.30-4.45	Summary of day and any questions	15 minutes
<b>Day 2</b>		
8.30-9.30	Session 7: Helping with a breastfeed - Step 5 – sections 4-7	60 minutes
9.30-10.00	Break (extra time if needed for Clinical Practice movement)	30 minutes
10.00-12.00	Clinical practice 1: observing and assisting breastfeeding	120 mins
12.00-1.00	Session 8: Practices that assist breastfeeding – Steps 6, 7, 8 and 9	60 minutes
1.00-2.00	Break	60 minutes
2.00-2.45	Session 9: Milk supply	45 minutes
2.45-3.30	Session 10: Special infant situations	45 minutes
3.30-3.45	Break	15 minutes
3.45-4.45	Session 11: If baby cannot feed at the breast – Step 5	60 minutes
4.45-5.00	Summary of day and any questions	15 minutes
<b>Day 3</b>		
8.30-9.30	Session 12: Breast and Nipple Concerns	60 minutes
9.30-10.30	Clinical practice 2: discussing breastfeeding with pregnant women	60 minutes
10.30 – 11.15	Break (extra time if needed for Clinical Practice movement)	45 minutes
11.15 – 12.45	Clinical practice 3: observing hand expression and cup feeding	90 minutes
12.45-1.45	Break	60 minutes
1.45-2.30	Session 13: Maternal health concerns	45 minutes
2.30-3.45	Session 14: On-going Support for Mothers – Step 10	75 minutes
3.45-3.55	Break	10 minutes
3.55-4.30	Session 15: Making your hospital Baby-friendly	35 minutes
4.30-4.45	Summary of day and any questions	15 minutes
4.45-5.00	Closing (Allow extra time for a formal closing, if desired)	15 minutes

### Annex 3: Resources for further information

#### Web sites:

Remember – web sites change frequently. Search for the key words ‘BFHI’, Baby-friendly, and breastfeeding in the sites search engine, and look under Resources, Publications and Links within the web site.

To download a pdf file without opening it, right click your mouse, then ‘Save Target As’ and file it in a suitable directory with a recognisable name.

Adobe Reader is free and can be downloaded from most sites that have pdf files or from [www.adobe.com](http://www.adobe.com)

#### UNICEF Headquarters. Additional materials may also be available from Country Offices

For more information on UNICEF’s work on infant and young child feeding support of country efforts to implement the targets of the Innocenti Declaration and the Global Strategy for Infant and Young Child Feeding, or on the Baby-friendly Hospital Initiative as a whole, and to download copies as materials are updated, please refer to

[http://www.unicef.org/nutrition/index\\_breastfeeding.html](http://www.unicef.org/nutrition/index_breastfeeding.html)

#### WHO Headquarters. Additional materials may also be available from Regional Offices

Documents listed may be downloaded unless stated otherwise.

#### Nutrition for Health and Development (NHD)

World Health Organization, 1211 Geneva 27, Switzerland e-mail: [nutrition@who.int](mailto:nutrition@who.int)  
<http://www.who.int/nut/publications.htm#inf>

*Global Strategy for Infant and Young Child Feeding*. World Health Assembly, May 2002. Full text in PDF in English, Arabic, Chinese, French, Russian, Spanish.

*Infant and Young Child Feeding. A tool for assessing national practices, policies and programmes*. 2003.

*The Baby-friendly Hospital Initiative. Monitoring and reassessment: Tools to sustain progress*, 1999 (Document WHO/NHD/99.2). World Health Organization and Wellstart International.

*International Code of Marketing of Breast-milk Substitutes* in English and French

*The International Code of Marketing of Breast-milk Substitutes. A common review and evaluation framework*. 1996 (Document WHO/NUT/96.2). Order from the WHO Bookshop

*The International Code of Marketing of Breast-milk Substitutes: summary of action taken by WHO Member States and other interested parties, 1994-1998*. 1998 (Document WHO/NUT/CHD/98.11).

*Infant formula and related trade issues in the context of the International Code* paper

*Follow-up formula in the context of the International Code* paper

*The Innocenti Declaration: Progress and achievements*, Parts I, II and III. Weekly Epidemiological Record, 1998, 73(5):25-32, 73(13):91-94 and 73(19):139-144.

*Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation*. Geneva, World Health Organization Technical Report Series, No. 916

*Nutrient requirements for people living with HIV/AIDS. Report of a technical consultation*. World Health Organization, Geneva, 13–15 May 2003.

*Feeding and Nutrition of Infants and Young Children. Guidelines for the WHO European Region, with Emphasis on the Former Soviet Countries*. WHO Regional Publications, European Series No. 87. <http://www.euro.who.int/nutrition/Publications/InfantFeeding/IFTop>

*Infant Feeding in Emergencies*. (English and Russian) WHO European Office 1997  
<http://www.euro.who.int/nutrition/Publications/InfantFeeding/IFTop>

**Department of Child and Adolescent Health and Development (CAH)**

World Health Organization

20 Avenue Appia, 1211 Geneva 27 Switzerland

Tel: +41-22 791 3281 Fax: +41-22 791 4853 Email: cah@who.int

<http://www.who.int/child-adolescent-health/publications/pubnutrition.htm>*Implementing the Global Strategy for Infant and Young Child Feeding: Report of a technical meeting**Evidence for the Ten Steps to Successful Breastfeeding* WHO/CHD/98.9 English, French and Spanish*Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life**The optimal duration of exclusive breastfeeding. Report of an expert consultation*  
WHO/FCH/CAH/01.24*The optimal duration of exclusive breastfeeding. A systematic review* WHO/FCH/CAH/01.23*Complementary feeding: Report of the Global Consultation, and Summary of Guiding Principles for complementary feeding of the breastfed child**Guiding principles for complementary feeding of the breastfed child* WHO, PAHO Spanish [http://www.paho.org/Spanish/AD/FCH/NU/Guiding\\_Principles\\_CF.htm](http://www.paho.org/Spanish/AD/FCH/NU/Guiding_Principles_CF.htm)*Complementary feeding of young children in developing countries: A review of current scientific knowledge* WHO/NUT/98.1*Health aspects of maternity leave and maternity protection**Breastfeeding and maternal medication: Recommendations for drugs in the eleventh WHO model list of essential drugs**Breastfeeding and maternal tuberculosis* UPDATE, N 23 February 1998*Breastfeeding and the use of water and teas* UPDATE, N 9 November 1997*Not enough milk* UPDATE, N 21 March 1996*Hepatitis B and breastfeeding* UPDATE, N 22 November 1996*Breastfeeding counselling: A training course* UPDATE, N 14 August 1994*Persistent diarrhoea and breastfeeding* WHO/CHD/97.8*Mastitis. Causes and management* WHO/FCH/CAH/00.13*Relactation. A review of experience and recommendations for practice* WHO/CHS/CAH/98.14*Hypoglycemia of the newborn. Review of the literature* WHO/CHD/97.1*Breastfeeding counselling: A training course* WHO/CDR/93.3-5*HIV and infant feeding counselling: A training course* WHO/FCH/CAH/00.2-4  
English and Spanish versions*HIV and Infant Feeding: Framework for Priority Action* English and French versions*HIV transmission through breastfeeding. A review of available evidence* ISBN 92 4 159271 4*HIV and Infant Feeding. Guidelines for decision-makers* ISBN 92 4 159122 6*HIV and Infant Feeding. A guide for health-care managers and supervisors* ISBN 92 4 159123 4*HIV and infant feeding counselling job aids* ISBN 92 4 159249 4*Statement on the effect of breastfeeding on mortality of HIV-infected women*

**Department of Reproductive Health and Research (RHR),**

World Health Organization, 1211 Geneva 27, Switzerland

Telephone: + 41 22 791 3372 Fax: + 41 22 791 4189 Email: reproductivehealth@who.int

[http://www.who.int/reproductive-health/pages\\_resources/listing\\_maternal\\_newborn.en.html](http://www.who.int/reproductive-health/pages_resources/listing_maternal_newborn.en.html)

*Pregnancy, childbirth, postpartum and newborn care - a guide for essential practice.* (2003)

*Kangaroo Mother Care - a practical guide* (2003)

**BFHI around the world**

Australia <http://www.bfhi.org.au/>

Canada (English and French) <http://www.breastfeedingcanada.ca/>

France <http://www.coordination-allaitement.org/L%27IHAB.htm>

Germany [http://www.stillfreundlicheskrankenhaus.de/who\\_unicef.html](http://www.stillfreundlicheskrankenhaus.de/who_unicef.html)

Ireland <http://www.ihph.ie/babyfriendlyinitiative/>

Netherlands <http://www.zvb.borstvoeding.nl/>

New Zealand <http://www.babyfriendly.org.nz/page.php?5>

United Kingdom <http://www.babyfriendly.org.uk/>

USA <http://www.babyfriendlyusa.org>

WHO- Western Pacific Region

[http://www.wpro.who.int/health\\_topics/infant\\_and\\_young\\_child\\_feeding/general\\_info.htm](http://www.wpro.who.int/health_topics/infant_and_young_child_feeding/general_info.htm)

WHO European Office [http://www.euro.who.int/nutrition/Infant/20020730\\_1](http://www.euro.who.int/nutrition/Infant/20020730_1)

Statistics on BFHI worldwide March 2002

[http://www.unicef.org/nutrition/files/nutrition\\_statusbfhi.pdf](http://www.unicef.org/nutrition/files/nutrition_statusbfhi.pdf)

Statistics on BFHI in industrialized countries (2005) <http://www.babyfriendly.org>

**Organisations, some with Protocols and Policies:**

**Academy of Breastfeeding Medicine (ABM)** is a worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation.

web site: <http://www.bfmed.org> ABM Protocols include:

Hypoglycemia (English) Hypoglykämie (German) Hipoglucemia (Spanish)

Going Home/Discharge (English) Alta (Spanish)

Supplementation (English) Alimentación suplementaria (Spanish)

Mastitis (English) Mastitis (Spanish)

Peripartum BF Management (English) Manejo en el Periparto de la Lactancia (Spanish)

Cosleeping and BF

Model Hospital Policy

Human Milk Storage Information

Galactogogues

Breastfeeding the Near-term Infant

Neonatal Ankyloglossia

Transitioning from the NICU to Home

**Australian National Breastfeeding Strategy** includes training outlines and guidelines

<http://www.health.gov.au/pubhlth/strateg/brfeed/>

**Coalition for Improving Maternity Services (CIMS)**

Established in 1996, the Coalition for Improving Maternity Services (CIMS) is a collaborative effort of numerous individuals and more than 50 organizations representing over 90,000 members. Their mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. web site: [www.motherfriendly.org](http://www.motherfriendly.org)

**The Cochrane Collaboration** is an international non-profit and independent organisation, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of controlled trials and other studies relevant to health care. Reviews related to breastfeeding are included.

web site: [www.cochrane.org](http://www.cochrane.org)

**Emergency Nutrition Network (ENN)** The Emergency Nutrition Network aims to improve the effectiveness of emergency food and nutrition interventions by providing a forum for the exchange of field level experiences between staff working in the food and nutrition sector in emergencies strengthening institutional memory amongst humanitarian aid agencies working in this sector helping field staff keep abreast of current research and evaluation findings relevant to their work better informing academics and researchers of current field level experiences, priorities and constraints thereby leading to more appropriate applied research agendas.

Produces a downloadable course on Infant Feeding in Emergencies

web site: <http://www.enonline.net/>

**European Union Project on Promotion of Breastfeeding in Europe**, Protection, promotion, and support of breastfeeding in Europe: a blueprint for action. European Commission, Directorate Public Health and Risk Assessment, Luxembourg, 2004. Available in many European languages

[http://europa.eu.int/comm/health/ph\\_projects/2002/promotion/promotion\\_2002\\_18\\_en.htm](http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm)

**IBFAN - the International Baby-Food Action Network** - consists of public interest groups working around the world to reduce infant and young child morbidity and mortality. IBFAN aims to improve the health and well being of babies and young children, their mothers and their families through the protection, promotion and support of breastfeeding and optimal infant feeding practices. Publications (not all can be downloaded) include *Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breastmilk Substitutes*, available in a variety of languages, and *The Code Handbook: A Guide to Implementing the International Code of Marketing of Breastmilk Substitutes*. <http://www.ibfan.org/>

**International Board of Lactation Consultant Examiners (IBLCE)** are the certifying agency for International Board Certified Lactation Consultants, offering an internationally recognised examination each year at sites around the world. <http://www.iblce.org/>

**International Lactation Consultant Association (ILCA)** is the professional association for International Board Certified Lactation Consultants (IBCLCs) and other health care professionals who care for breastfeeding families. Their vision is a worldwide network of lactation professionals. Our mission is to advance the profession of lactation consulting worldwide through leadership, advocacy, professional development, and research.

Web site: <http://www.ilca.org> The materials on the site include:

*Evidence-Based Guidelines for Breastfeeding Management during the First Fourteen Days* (1999) Translated into: Albanian, German, Lithuanian, Macedonian, and Serbian

*Position paper on HIV and Infant Feeding* (Revised 2004)

*Position paper on Infant Feeding* (Revised 2000)

*Position paper on Infant Feeding in Emergencies* (2005)

*Position paper on Breastfeeding, Breast Milk and Environmental Contaminants* (2003)

**Kangaroo Mother Care** web site has downloadable resources on the research supporting Kangaroo Mother Care and experiences of implementing this practice.

<http://www.kangaroomothercare.com>

**La Leche League International (LLLI)** is a volunteer mother to mother support organisation. Materials, translations and links to groups around the world. <http://www.lalecheleague.org/>

**LINKAGES** is a USAID-funded program providing technical information, assistance, and training to organizations on breastfeeding, related complementary feeding and maternal dietary practices, and the lactational amenorrhea method - a modern postpartum method of contraception for women who breastfeed. Linkages Project <http://www.linkagesproject.org/>

*Exclusive Breastfeeding: The Only Water Source Young Infants Need - Frequently Asked Questions.* Languages Available: English (2004), French (2004), Spanish, Portuguese (2002)

*Community-Based Strategies for Breastfeeding Promotion and Support in Developing Countries.* Languages Available: English (2004)

*Infant Feeding Options in the Context of HIV.* Languages Available: English (2004)

*Mother-to-Mother Support for Breastfeeding- Frequently Asked Questions.* Languages Available: English (2004), French (1999), Spanish (1999)

**World Alliance for Breastfeeding Action (WABA)** was formed on 14 February, 1991. WABA is a global network of organizations and individuals who believe breastfeeding is the right of all children and mothers and who dedicate themselves to protect, promote and support this right. WABA acts on the Innocenti Declaration and works in liaison with UNICEF. <http://www.waba.org.my/>

**Wellstart International's** mission is to advance the knowledge, skills, and ability of health care providers regarding the promotion, protection, and support of optimal infant and maternal health and nutrition from conception through the completion of weaning. Web site: [www.wellstart.org](http://www.wellstart.org)

### Searching for journal references

A university or other health training institute library, ministry of health library or health NGO library may be able to assist with finding references.

Medline--National Library of Medicine <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>

Google are developing a free web searcher <http://scholar.google.com/> that searches research journals on open access.

The publishers of most of the journals have a searchable web site where the abstract and sometimes the full text of an article can be viewed or downloaded.

Example, Journal of Human Lactation <http://jhl.sagepub.com/>

There are additional Committees, National Authorities and other useful sources of information that may be identified by a local UNICEF or WHO office.

If your committee would like to be listed, please let UNICEF know by email: Subject line: Attn. Nutrition Section at: [pdpimas@UNICEF.ORG](mailto:pdpimas@UNICEF.ORG)

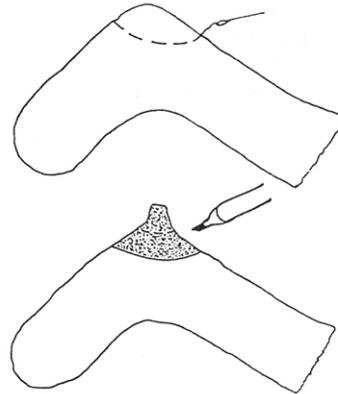
## Annex 4: Instructions to make a cloth breast model

Use two socks: one sock in a light brown or other colour resembling skin to show the outside of the breast, and the other sock white to show the inside of the breast.

### Skin-colour sock

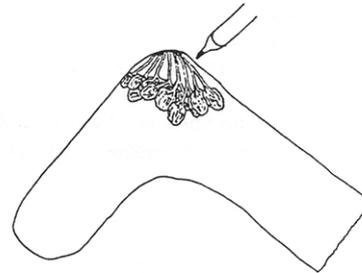
Around the heel of the sock, sew a circular running stitch (= purse string suture) with a diameter of 4cm. Draw it together to 1½ cm diameter and stuff it with paper or other substance to make a "nipple." Sew a few stitches at the base of the nipple to keep the paper in place.

Use a felt tip pen to draw an areola around the nipple.



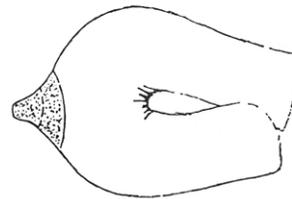
### White sock

On the heel area of the sock, use a felt tip pen to draw a simple structure of the breast: alveoli, ducts, and nipple pores. Be sure the main ducts will be in the areola area.



### Putting the two socks together

Stuff the heel of the white sock with anything soft. Hold the two ends of the sock together at the back and form the heel to the size and shape of a breast. Various shapes of breasts can be shown. Pull the brown sock over the formed breast so that the nipple is over the pores.



### Making two breasts

If two breasts are made, they can be worn over clothing to demonstrate positioning and attachment. Hold them in place with an old nylon stocking tied around the chest. The correct position of the fingers for hand expression and massage can also be demonstrated.

## Annex 5: Assessment of Learning Tools

### PARTICIPANT END OF COURSE ASSESSMENT

Please answer the following questions. Your answers will help us improve this course. Thank you.

1. **On completion of this course:** (please put a X in the chosen column)

	<b>I am NOT able to</b>	<b>I am partly able to</b>	<b>I am fully able to</b>
Discuss with a pregnant woman at least: 2 reasons why breastfeeding is important for babies 2 reasons why breastfeeding is important for mothers 4 practices that support the initiation of breastfeeding			
Help mothers and babies to have: skin-to-skin contact immediately after birth an early start of breastfeeding			
Assist a mother to learn the skills of: positioning and attaching her baby for feeding hand expression of her milk			
Discuss with a mother how to find support for feeding her baby after she leaves the maternity unit			
List what needs to be discussed with a women who is not breastfeeding and know to whom to refer this woman for further assistance with feeding her baby (if you are not trained in HIV Infant Feeding Counselling)			
Identify practices in your facility that support and those that interfere with breastfeeding			
Work with co-workers to highlight barriers to breastfeeding and seek ways to overcome those barriers			
Follow the Ten Steps to Successful Breastfeeding			
Abide by the International Code of Marketing of Breast-milk Substitutes			

2. Overall I would rate this course as:            Excellent            Good            Poor
3. The educational level of these materials is:    Too simple            Suitable            Too difficult
4. Participant's self-evaluation  
The work I did during this course was:    Too much            Suitable            Very little  
I learned from this course:            Very much            Moderate            Very little
5. What have you learned from this course that would be most useful in your work with pregnant women, new mothers, and newborn infants?

---

Your comments are very important to us. Please write any additional comments or observations that you have about the training, including suggestions for improvements, on the back. Thank you.

## Annex 6: PowerPoint Picture credits

- Cover image “Maternity”, 1963, © 2003 Estate of Pablo Picasso/Artists Rights Society (ARS), New York
- Slide 3/1: Original illustration by Jenny Corkery, Dublin, Ireland
- Slide 5/1: ©UNICEF C107-2
- Slide 5/2: UNICEF/HQ92-0369/ Roger Lemoyne, Thailand
- Slide 5/3: Dr Nils Bergman, Cape Town, South Africa
- Slide 6/1: Adapted from *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 6/2: *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 6/3: *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 6/4: *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 7/1: *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 7/2: *adapted from Integrated Infant Feeding Counselling: a training course*, WHO/UNICEF (2005)
- Slide 7/3: ©UNICEF C107-5
- Slide 7/4: ©UNICEF C107-7
- Slide 7/5: ©UNICEF C107-9
- Slide 7/6: UNICEF/HQ91-0168/ Betty Press, Kenya
- Slide 8/1: Original illustration by Jenny Corkery, Dublin, Ireland
- Slide 9/2: *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 10/1: Dr Nils Bergman, Cape Town, South Africa
- Slide 10/2: Dr Nils Bergman, Cape Town, South Africa
- Slide 10/3: UNICEF/HQ93-0287/ Roger Lemoyne, China
- Slide 10/4: UNICEF/HQ92-0260/ Lauren Goodsmith, Mauritania
- Slide 10/5: ©UNICEF C107-21
- Slide 10/6: Kay Hoover and Barbara Wilson-Clay, from *The Breastfeeding Atlas*
- Slide 11/1: ©UNICEF 910164F
- Slide 11/2: *Promoting breastfeeding in health facilities: A short course for administrators and policy makers* WHO/NUT/96.3, Wellstart International.
- Slide 11/3: Dr Ruskhana Haider, Dhaka, Bangladesh
- Slide 12/1: *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 12/2: ©UNICEF C107-19
- Slide 12/3: ©UNICEF C107-25
- Slide 12/4: ©UNICEF C107-39
- Slide 12/5: ©UNICEF C107-31
- Slide 12/6: ©UNICEF C107-32
- Slide 12/7: *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2
- Slide 12/8: ©UNICEF C107-34
- Slide 12/9: ©UNICEF C107-33
- Slide 12/10: ©UNICEF C107-35
- Slide 13/1: Institute for Reproductive Health, Georgetown, Washington, DC
- Slide 14/1: Original illustration by Jenny Corkery, Dublin, Ireland
- Slides 15/1-15/6: Originally developed by Genevieve Becker for BFHI in Ireland

## **Annex 7: Notes for an orientation session for non-clinical staff**

Target audience: staff that do not have clinical responsibility for assisting breastfeeding. This may include clerical workers, catering staff, cleaners, laboratory staff, storeroom, porters or other staff.

Time: 15 to 20 minutes

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

- Indicate where a copy of the facilities breastfeeding/infant feeding policy can be found;
- List two reasons why supporting breastfeeding is important;
- List two practices in the facility that support breastfeeding;
- List two things that they can do (or avoid doing) as part of their own work that can help implement the policy and support breastfeeding.

Key points:

- Breastfeeding is important to the short and long term health and well being of mother and child. Exclusive breastfeeding is recommended for the first six months, this means no other food or drinks aside from breastmilk. Following the introduction of other foods from six months, breastfeeding is still important. It can continue into at least the second year.
- Mothers and babies who are not breastfeeding need extra care to be healthy
- Most women are able to breastfeed.
- If a pregnant woman or a mother has a question about feeding her baby, suggest that she talk to .... (Who ever are relevant in this facility such as the midwife or clinic nurse or the doctor).
- This health facility works to support breastfeeding and has a policy which you are required to abide by. (The same as you abide by policies about confidentiality, safety, timekeeping and other policies). This policy includes: ... (discuss some practices such as antenatal information, rooming-in, and demand feeding)
- Hospital practices can help (or hinder) baby and mother friendly practices. Implementing the Baby-Friendly Hospital Initiative helps good practices to happen.

In your general work, this means:

- No advertising/marketing of formula, bottles, or teats will be allowed in the health facility. This includes no pens, calendars, magazines or other printed marketing materials, no samples, no equipment marketing a formula related product, no presents, etc, from companies related to formula, bottles, teats, or pacifiers. No displays of bottles in ward areas, visible stores or returns area - watch for window sills that are visible from outside, and bottles stacked in wards. When parents see these products displayed in the hospital, they think the hospital supports their use. While the health facility realises these products are needed at times, it does not want to be seen as endorsing particular brands. Your help is requested to keep the health facility a marketing-free zone. Contact ... if you see marketing of these products in the health facility. (Main point to get across is marketing, not if the use of the product is good or bad.)

- All health facility materials will promote breastfeeding as the normal and optimal way to care for a baby.
- Mothers will be supported to breastfeed if they are patients, staff or visitors. No mother will be asked to leave a public area if she is breastfeeding. Staff mothers will be supported to continue breastfeeding after returning to work by ... (such as information during pregnancy on breastfeeding, maternity leave, time and a place to express milk on return, support group for staff, etc.) Discuss this with your supervisor before you go on maternity leave.
- If your work brings you into contact with a breastfeeding mother/child, be supportive. A smile maybe an offer of help such as a drink of water or a seat.
- If you work in maternity or paediatric areas more specific information will be provided on your role in supporting the policy. (For example what to say if a mother asks you to get her formula, if you notice a mother with difficulties, or labour ward practices.)
- If you want further information or someone asks you a question, information is available from .... (give specific names)

Answer any questions from the participants.

Notes:

Keep the session very brief, informal and related to their work, rather than a theory classroom session. The participants do not need to know how breastmilk is made, how to position a baby, detail on Ten Steps or the Code for their work role. If they want more information personally, this can be provided afterwards.

Further information on the importance of breastfeeding and how supportive practices can be implemented can be found in the main session of the course: *Breastfeeding Promotion and Support in a Baby-friendly Hospital*.