Training for The Baby Friendly Hospital Initiative
Presented by First Latch Resources
Learning Plan for Nursing Staff

Learning Objectives:
At the end of the 15 hours of online training, the learner will be able to:
- Explain the Baby Friendly Hospital Initiative's 10 Steps to Successful Breastfeeding
- Recommend prenatal educational activities to prepare for breastfeeding
- Assist mothers in initiating breastfeeding during their hospital or birth center stay
- Troubleshoot common breastfeeding problems
- Instruct mothers in continued breastfeeding according to the recommendations of the U.S. Surgeon General
- Interact successfully with the Baby Friendly Hospital Initiative assessment team

Section 1
THE BIG PICTURE
- Pre-test
- Introduction
- History of BFHI
- Benefits of breastfeeding
- Biochemistry of breastmilk
- Counseling skills
- Prenatal education
- Culture

Section 2
INITIATING BREASTFEEDING
- Anatomy & physiology
- Breast Assessment
- Initiating breastfeeding
- Positioning and latch-on
- Bonding
- Breastfeeding multiples
- Pacifiers

Section 3
MANAGING LACTATION
- Sore nipples
- Flat nipples
- Maintaining lactation during separation
- Hypoglycemia
- Excessive weight loss
- Supplementing
- Formula feeding

Section 4
MATERNAL ISSUES
- Engorgement
- Nutrition
- Previous breast surgery
- Maternal disease
- Medications
- Substance abuse
- Breastfeeding in disasters

Section 5
INFANT ISSUES
- Late preterm infant
- Congenital anomalies
- Jaundice
- Marketing of breastmilk substitutes
- Outpatient follow up services
- Employed mothers
- Conclusion
- Post-test
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<th>Objectives</th>
<th>Content</th>
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</table>
| 1. Discuss the rationale for professional, government and international policies that promote, protect and support breastfeeding in the United States. | **The BFHI – a part of the Global Strategy**  
- The Global Strategy for Infant and Young Child Feeding and how the Global Strategy fits with other activities  
- The Baby-Friendly Hospital Initiative  
- How this course can assist health facilities in making improvements in evidence based practice, quality care and continuity of care | 1 / Introduction  
1 / History of BFHI  
5 / Conclusion |
| 2. Demonstrate the ability to communicate effectively about breastfeeding. | **Communication skills**  
- Listening and Learning  
- Skills to build confidence and give support  
- Arranging follow-up and support suitable to the mother’s situation | 1 / Counseling skills  
1 / Prenatal Education  
2 / Initiating Breastfeeding  
5 / Outpatient Follow-up Clinical Competencies |
| 3. Describe the anatomy and physiology of lactation and the process of breastfeeding. | **How milk gets from the breast to the baby**  
- Parts of the breast involved in lactation  
- Breastmilk production  
- The baby’s role in milk transfer  
- Breast care | 1 / Biochemistry of Breastmilk  
2 / Anatomy & Physiology  
2 / Initiating Breastfeeding  
2 / Breast Assessment  
3 / Maintaining Lactation Through Separation  
3 / Sore nipples, Flat nipples |
| 4. Identify teaching points appropriate for prenatal classes and in interactions with pregnant women. | **Promoting breastfeeding during pregnancy**  
- Discussing breastfeeding with pregnant women  
- Why breastfeeding is important  
- Antenatal breast and nipple preparation  
- Women who need extra attention | 1 / Prenatal Education  
1 / Counseling Skills  
1 / Benefits of Breastfeeding  
1 / Culture  
2 / Bonding  
2 / Breast Assessment  
2 / Initiating Breastfeeding  
3 / Sore Nipples, Flat Nipples  
4 / Previous Breast Surgery |
### Objectives

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| 5. | Discuss hospital birth policies and procedures that support exclusive breastfeeding. | **Birth practices & breastfeeding**  
- Labor and birth practices to support early breastfeeding  
- The importance of early skin-to-skin contact  
- Helping to initiate breastfeeding  
- Ways to support breastfeeding after a Cesarean birth  
- BFHI practices and women who are not breastfeeding | 2 / Initiating Breastfeeding  
2 / Positioning and Latch-on  
2 / Bonding  
2 / Breastfeeding multiples  
3 / Formula Feeding  
3 / Excessive Weight Loss |
| 6. | Demonstrate the ability to identify the hallmarks of milk transfer and optimal breastfeeding. | **Helping with a breastfeed**  
- Positioning for comfortable breastfeeding  
- How to assess a breastfeeding  
- Recognize signs of optimal positioning and attachment  
- Help a mother to learn to position and attach her baby  
- When to assist with breastfeeding  
- The baby who has difficulty attaching to the breast | 2 / Initiating Breastfeeding  
2 / Positioning and Latch-on  
2 / Breastfeeding Multiples  
2 / Pacifiers  
3 / Flat Nipples  
3 / Sore nipples  
4 / Engorgement  
3 / Excessive Weight Loss  
5 / Late Preterm Infants  
5 / Jaundice  
Clinical Competencies |
| 7. | Discuss hospital postpartum management policies and procedures that support exclusive breastfeeding. | **Practices that assist breastfeeding**  
- Rooming-in  
- Baby-led feeding  
- Dealing with sleepy babies and crying babies  
- Avoiding unnecessary supplements  
- Avoiding bottles and teats | 1 / Introduction  
1 / Biochemistry of breastmilk  
2 / Anatomy & Physiology  
2 / Positioning and latch-on  
2 / Initiating breastfeeding  
2 / Pacifiers, Bonding  
3 / Sore Nipples  
3 / Hypoglycemia  
3 / Supplementing  
5 / Late Preterm Infant  
5 / Jaundice  
Clinical Competencies |
### Objectives

#### 8. Identify teaching points appropriate for prenatal classes and in interactions with pregnant women.

**Practices that assist breastfeeding**
- Rooming-in
- Skin-to-skin contact
- Baby-led feeding
- Dealing with sleepy babies and crying babies
- Avoiding unnecessary supplements
- Avoiding bottles and teats

**Section / Lesson**
- 2 / Anatomy and Physiology
- 2 / Initiating Breastfeeding
- 2 / Positioning and Latch-on
- 2 / Bonding
- 2 / Pacifiers
- 3 / Supplementing
- 3 / Excessive Weight Loss

#### 9. Identify teaching points to include when educating or counseling parents who are using bottles and/or formula.

**Supporting the non-breastfeeding mother and baby**
- Counseling the formula choice: a pediatric responsibility
- Teaching/assuring safe formula preparation in the postpartum
- Safe bottle feeding; issues with over and underfeeding

**Section / Lesson**
- 1 / Prenatal Education
- 1 / Benefits of Breastfeeding
- 3 / Supplementing
- 3 / Formula Feeding
- Clinical Competencies

#### 10. Discuss contraindications to breastfeeding in the United States as well as commonly encountered areas of concern for breastfeeding mothers and their babies.

**Infants and Mothers with special needs**
- Breastfeeding infants who are preterm, low birth weight or ill
- Breastfeeding more than one baby
- Prevention and management of common clinical concerns
- Medical reasons for food other than breastmilk
- Nutritional needs of breastfeeding women
- How breastfeeding helps space pregnancies
- Breastfeeding management when the mother is ill
- Medications and breastfeeding
- Contraindications to breastfeeding

**Section / Lesson**
- 1 / Benefits of Breastfeeding
- 2 / Breastfeeding Multiples
- 3 / Excessive Weight Loss
- 3 / Maintaining Lactation During Separation
- 3 / Supplementing
- 3 / Sore Nipples
- 3 / Hypoglycemia
- 4 / Maternal Disease
- 4 / Nutrition
- 4 / Engorgement
- 4 / Medications
- 4 / Substance Abuse
- 5 / Jaundice
- 5 / Congenital anomalies
- 5 / Late Preterm Infant
- 5 / Out-patient Follow Up
- Clinical Competencies
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<td></td>
<td>- Examination of the mother’s breasts and nipples</td>
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<td>- Engorgement, blocked ducts and mastitis</td>
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<td>- Sore nipples</td>
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<td>12. Identify acceptable medical reasons for supplementation of breast fed babies according to national and international authorities.</td>
<td><strong>If the baby cannot feed at the breast</strong></td>
<td>1 / Introduction 3 / Supplementing 3 / Maintaining Lactation During Separation 4 / Breastfeeding in Disasters Clinical Competencies 5 / Employed Mothers</td>
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<td></td>
<td>- Learning to hand express</td>
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<td>- Use of milk from another mother</td>
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<td>- Feeding expressed breastmilk to the baby</td>
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<td>13. Describe essential components of support for mothers to continue breastfeeding beyond the early weeks.</td>
<td><strong>On-going support for mothers</strong></td>
<td>3 / Excessive Weight Loss 4 / Previous Breast Surgery 4 / Outpatient Follow Up Services 4 / Employed Mothers 5 / Late Preterm Infant 5 / Jaundice 5 / Conclusion Clinical Competencies</td>
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<td>- Preparing a mother for discharge</td>
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<td>- Follow-up and support after discharge</td>
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<td>- Protecting breastfeeding for employed women</td>
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<td>- Sustaining continued breastfeeding for 2 years or longer</td>
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<td>14. Describe strategies that protect breastfeeding as a public health goal.</td>
<td><strong>Protecting breastfeeding</strong></td>
<td>2 / History of BFHI 4 / Breastfeeding in Disasters 5 / Marketing of Breast milk Substitutes 5 / Conclusion</td>
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<td></td>
<td>- The effect of marketing on infant feeding practices</td>
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<td></td>
<td>- The International Code of Marketing of Breast-milk Substitutes</td>
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<td></td>
<td>- How health workers can protect families from marketing</td>
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<td>- Donations in emergency situations</td>
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<td>- The role of breastfeeding in emergencies</td>
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<td>- How to respond to marketing practices</td>
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### Objectives

15. Identify barriers and solutions to implementation of the Ten Steps to Successful Breastfeeding that comprise the Baby-Friendly Hospital Initiative.

### Content

**Making your hospital or birth center Baby-Friendly**
- The Ten Steps to Successful Breastfeeding
- What “Baby-Friendly” Practices mean
- The process of becoming a “Baby-Friendly” hospital or birth Center

### Section / Lesson

1 / Introduction
5 / Conclusion