BFHI IN IRELAND
HOSPITAL SELF-APPRAISAL

The Hospital Self-Appraisal Tool

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The WHO/UNICEF Global Criteria were reviewed and revised by WHO and UNICEF in 2005-2007 and also in Ireland.
The HIV and Infant Feeding global criteria and assessment are not being implemented in Ireland at this time.

This Self-Appraisal Form can be downloaded from www.babyfriendly.ie
A WORD version of this Self-Appraisal is available from the BFHI Coordinator

Keep a copy of the completed Self-Appraisal for the hospital file.

Only return the Hospital Data pages and the Summary Page.

If returning by email ensure your hospital name is in the document title
Any queries? Contact the BFHI Coordinator. bfhi@iol.ie

Return by post or email to:

BFHI in Ireland
c/o Health Promotion, HSE,
Block 4, Central Business Park
Clonminch
Tullamore, Co. Offaly

Using the hospital self-appraisal tool to assess policies and practices

Any hospital or health facility with maternity services that is interested in becoming Baby-friendly should - as a first step - appraise its current practices with regard to the *Ten Steps to Successful Breastfeeding*. This *Self-Appraisal Tool* has been developed for use by hospitals, maternity facilities, and other health facilities to evaluate how their current practices measure up to the *Ten Steps*, and how they practice other recommendations of the 1989 WHO/UNICEF Joint Statement titled *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. It also assists facilities in determining how well they comply with the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant World Health Assembly resolution, how well they support non-breastfeeding women and their infants, and whether they provide mother-friendly care.

In many cases, it is useful if the hospital decision-makers and policy-makers attend an orientation to the goals and objectives of the Baby-friendly Hospital Initiative (BFHI), before the self appraisal.

The *Self-appraisal tool* that follows will permit the director and heads of relevant units in a hospital or other health facility providing maternity care to make an initial appraisal or review of its practices in support of breastfeeding. Completion of this initial self-appraisal checklist is the first stage of the process, but does not in itself qualify the hospital for designation as Baby-friendly.

The *Global criteria*, including any adaptation for Ireland, which guide the external assessment of whether the hospital qualifies as Baby-friendly, should also be reviewed by staff when reflecting upon the effectiveness of their breastfeeding programme. For ease of reference, the *Global criteria* for each of the Steps, for the Code, and Mother-friendly care are reproduced with the respective sections in the *Self-appraisal tool.* The *Self-appraisal tool* also includes four Annexes.

Nationally determined criteria and local experience may cause national and institutional authorities responsible for BFHI to consider the addition of other relevant queries to this global self appraisal tool. Whatever practices are seen by a facility to discourage breastfeeding may be considered during the process of self-appraisal.

If it does not do so already, it is important that the hospital consider adding the collection of statistics on feeding and implementation of the Ten Steps into its maternity record-keeping system, preferably integrated into whatever information gathering system is already in place.

Analysing the Self-Appraisal Results

Under ideal circumstances, most of the questions in this tool will be answered as "yes". Numerous negative answers will suggest divergence from the recommendations of the *WHO/UNICEF Joint Statement* and its *Ten Steps to successful breastfeeding*. In addition to answering the questions in the *Self appraisal*, the hospital could consider doing some informal testing of staff and mothers, using the *Global criteria* listed for the various steps as a guide, to determine if they meet the required standards.

When a facility can answer most of the questions with "yes", it may then wish to take further steps toward being designated as a Baby-friendly Hospital. In some countries, a pre-assessment visit is the next step, with a member of the BFHI assessment team visiting the health facility and working with managers and staff to make sure the facility is progressing towards readiness for assessment.

Then a visit by an external assessment team is arranged, in consultation with the national BFHI coordination group. The external assessors will use the *Hospital external assessment tool* to determine if the hospital meets the criteria for "Baby-friendly" designation.

A hospital with many "no" answers on the *Self-appraisal tool* or where exclusive breastfeeding or breastmilk feeding from birth to discharge is not yet the norm for newborns in the maternity facility may want to develop an action plan. The aim is to eliminate practices that hinder initiation of exclusive breastfeeding and to expand those that enhance it.

Action

Results of the self-appraisal should be shared with the national BFHI coordination group, keeping a copy for the hospital. If improvements in knowledge and practices are needed before arranging for an external assessment, training may be required for the facility staff, facilitated by senior professionals who have attended a national or international training-of-trainers course in lactation management and/or have received national or international certification as lactation consultants.

In many settings, it has been found valuable to develop various cadres of specialists who can provide help with breastfeeding, both in health care facilities and at the community level. Through community-based health workers and mother support groups, mothers can be reached with education and support in their home settings, a vital service wherever exclusive and sustained breastfeeding have become uncommon.

It is useful if a BFHI committee or team is organized at the health facility at the time of the self-appraisal if this has not been done earlier. This committee or team can be charged with coordination of all activities regarding the implementation and monitoring of BFHI, including monitoring compliance with the *Code of Marketing*. The committee can serve as leader and coordinator for all

further activities, including arranging for training, if needed, further self-appraisal, external assessment, self-monitoring, and reassessment. Members should include professionals of various disciplines (for example, physicians such as neonatologists, paediatricians, obstetricians, nurses, midwives, nutritionists, social workers, etc.) with some members in key management or leadership positions including quality and health promtion, as well as community based health workers and mother support group leaders.

The facility can consult with the relevant national authority which may be able to provide more information on policies and training, which can contribute to increasing the Baby-friendliness of health facilities.

Preparing for the external assessment

Before seeking assessment and designation as Baby-friendly Hospitals needs to have:

- a written breastfeeding/infant feeding policy covering all *Ten Steps to Successful Breastfeeding* and compliance with the *Code*, as well as support for the non-breastfeeding infant and mother, and including breastfeeding supportive labour and birth care,
- a written curriculum for training given to hospital staff caring for mothers and babies on breastfeeding management including clinical practice, mother-friendly care and feeding of the non-breastfeeding infant,
- an outline of the content covered in antenatal health education on these topics.

Also needed for the assessment are:

- proof of purchase of infant formula and various related supplies,
- a list of the staff members who care for mothers and/or babies and the numbers of hours of training they have received on required topics.

The external assessment teams may request that these documents be assembled and sent to the team leader before the assessment. A checklist is available from the BFHI Coordinator to assist with planning an external assessment.

The Self Appraisal Questionnaire

Hospital data sheet TO BE RETURNED to BFHI Coordinator

Date filled in: _____ Contact person: _____

Hospital name: _____

The hospital is: *[Tick all that apply]*

☐ a maternity hospital ☐ a HSE hospital
☐ a general hospital ☐ a privately run hospital
☐ a teaching hospital ☐ other (specify:)

Name and title of hospital director or administrator: _____

Telephone or extension: _____ E-mail address: _____

Name and title of the head/director of maternity services: _____

Telephone or extension: _____ E-mail address: _____

Name and title of the head/director of antenatal services/clinic: _____

Telephone or extension: _____ E-mail address: _____

Number of postpartum maternity beds: _____

Average daily number of mothers with full term babies in the postpartum unit(s): _____

Does the facility have unit(s) for infants needing special care (LBW, premature, ill, etc.)? ☐Yes ☐No

[If "Yes":] Name of unit: _____ Average daily census: ____

Name of head/director(s) of this unit: _____

Name of unit: _____ Average daily census: _____

Name of head/director(s) of this unit: _____

What percentage of mothers giving birth at the hospital attends the hospital's antenatal clinic? __%
☐No antenatal clinic run by the hospital

Does the hospital hold antenatal clinics at other sites outside the hospital? ☐Yes ☐No

[If yes:] Please describe when and where they are held: _____

_____

_____

What percentage of women arrives for birth without antenatal care? _____% ☐ Don't know

Are there beds designated for antenatal in-patients?
☐Yes ☐No *[If "Yes":]* How many?__

The following staff has direct responsibility for assisting women with learning skills of breastfeeding (BF) and with learning safe use of breast-milk substitutes (BMS). *[Tick all that apply.]*

	BF	BMS		BF	BMS
Nurses	☐	☐	Obstetricians	☐	☐
Midwives	☐	☐	Health Care Assistants	☐	☐
SCBU/NICU nurses	☐	☐	Infant feeding counsellors	☐	☐
Dietitians/Nutritionists	☐	☐	Lay/peer counsellors	☐	☐
Lactation consultants	☐	☐	Other staff (specify):		
Paediatricians	☐	☐	_____	☐	☐
General physicians	☐	☐	_____	☐	☐

Are there BFHI, breastfeeding and/or infant feeding committee(s) in the hospital? ☐Yes ☐No
[If "Yes":] Please describe membership:

_____

_____

Is the BFHI a part of hospital-wide programmes/committees on:

Quality and standards ☐Yes ☐No Health promotion ☐Yes ☐No

[If "Yes":] Please describe status/involvement of BFHI in these programmes:

_____

_____

Recent data: (last calendar year 20___)

Total live births in the last year was _____ of which:

____% were by C. Sec <u>without</u> general anaesthesia

____% were by C. Sec <u>with</u> general anaesthesia

____% infants were admitted to the SCBU/NICU or similar units (births in this hospital/unit)

Number of infants admitted to the neonatal/SCBU unit from births in other units/hospitals:
_____ (if relevant)

Total number of infants discharged from the hospital:

	in the calendar year _____	in the last month:____
of these: percentage initiated breastfeeding*:	……%	……%
percentage exclusively breastfed* from birth to discharge:	……%	……%
percentage breastfeeding* at discharge home who received at least one feed of formula or water in hospital (partial bf)	……%	……%
percentage with no breastfeeding from birth to discharge* (exclusive formula feeding)	……%	……%

* or receiving expressed breast milk

Please describe sources for the above data: _____

_____

_____

Self-appraisal Summary TO BE RETURNED to BFHI Coordinator

Hospital name:	**YES**	**NO**
Does your hospital fully implement all **10 STEPS** for protecting, promoting, and supporting breastfeeding? *List any questions for each of the 10 Steps where answers were "NO":*		
Does your hospital provide infant feeding information and support for **non-breastfeeding mothers** (postnatal)? *List any questions concerning non-breastfeeding mothers where answers were "NO":*		
Does your hospital fully comply with the **International Code of Marketing of Breast-milk Substitutes and subsequent related WHA resolutions**? *List any questions concerning the Code where answers were "NO":*		
Does your hospital provide breastfeeding **supportive labour and birth care** (mother-friendly)? *List any questions concerning mother-friendly care where answers were "NO"*		
If the answers to any of these questions in the "Self-Appraisal" are "NO", what improvements are planned? If improvements are needed, would you like some help? If yes, please describe:		

This form is provided to facilitate the process of hospital self-appraisal. The hospital is encouraged to study the Criteria as well. If it believes it is ready and wishes to request a pre-assessment visit or an external assessment to determine whether it meets the global criteria for Baby-friendly designation, the completed form may be submitted in support of the application for external assessment.

If this form indicates a need for substantial improvements in practice, hospitals are encouraged to spend several months in readjusting routines, training staff, and establishing new patterns of care. The self-appraisal process may then be repeated. Experience shows that major changes can be made in three to four months with adequate planning and involvement.

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

		YES	NO
1.1	Does the health facility have a written breastfeeding/infant feeding policy that addresses all 10 Steps to Successful Breastfeeding in maternity services including breastfeeding supportive labour and birth care, and information and support for non-breastfeeding mothers?		
1.2	Does the policy protect breastfeeding by prohibiting all promotion of breastmilk substitutes, feeding bottles, and teats?		
1.3	Does the policy prohibit distribution of gift packs with commercial samples and supplies or promotional materials for these products to pregnant women and others, as well as free gifts for the staff and hospital?		
1.4	Is the breastfeeding/infant feeding policy available so all staff who take care of mothers and babies can refer to it?		
1.5	Is a summary of the breastfeeding/infant feeding policy, including issues related to the 10 Steps, The International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions, and support for non-breastfeeding mothers posted or displayed in all areas of the health facility which serve mothers, infants, and/or children?		
1.6	Is the summary of the policy posted in language(s) and written with wording most commonly understood by mothers and staff?		
1.7	Is there a mechanism for auditing the effectiveness of the policy?		
1.8	Are all policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards?		
1.9	Is breastfeeding permitted in all public areas of the hospital and a more private area found if a mother asks for it?		

Note: *See "Annex 1: Hospital Breastfeeding/Infant Feeding Policy Checklist" for a useful tool to use in assessing the hospital policy.*

Criteria

The health facility has a written breastfeeding or infant feeding policy that addresses all Ten Steps and protects breastfeeding by adhering to the International Code of Marketing of Breast-milk Substitutes. It also requires that mothers* who are not breastfeeding receive information on infant feeding and guidance on selecting options likely to be suitable for their situations.

A process is in place to regularly audit implementation and compliance with the policy.

The policy is available so that all staff who take care of mothers and babies can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, the Code and subsequent WHA Resolutions, and support for mothers who are not breastfeeding, are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children. These areas include the antenatal care, labour and delivery areas, maternity wards and rooms, all infant care areas, including well baby observation areas (if there are any), and any infant special care units. The summaries are displayed in the language(s) and written with wording most commonly understood by mothers and staff.

*Mothers = postnatal, not pregnant.

STEP 2. Train all health care staff in skills necessary to implement the policy.

		YES	NO
2.1	Are all staff members caring for pregnant women, mothers, infants and young children oriented to the breastfeeding/infant feeding policy of the hospital at the start of their employment?		
2.2	Are staff members who care for pregnant women, mothers, infants and young children both aware of the importance of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding?		
2.3	Do training records indicate that staff members caring for pregnant women, mothers, infants and young children (or all staff members, if they are often rotated into positions with these responsibilities) receive training on breastfeeding promotion and support, and support for mothers of infants who are not breastfeeding, within six months of commencing work, unless they have received sufficient training elsewhere?		
2.4	Does a curriculum exist indicating that the training covers all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breast-milk Substitutes?		
2.5	Does training for clinical staff include a minimum of 3 hours of supervised/guided clinical experience?		
2.6	Is training for non-clinical staff sufficient, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants?		
2.6	Does a curriculum exist indicating that training is provided either for all or for designated staff caring for mothers, infants and young children on feeding infants who are not breastfeeding and supporting mothers who have made this decision?		
2.7	Are clinical staff members who care for pregnant women, mothers, and infants able to answer basic questions on breastfeeding promotion and support and care for non-breastfeeding mothers?		
2.8	Are non-clinical staff such as care attendants, social workers, and clerical, housekeeping and catering staff able to answer basic questions about breastfeeding and how to provide support for mothers on feeding their babies?		
2.9	Does the healthcare facility support the specialized training in lactation management of specific staff members?		

Criteria

The head of maternity services reports that all health care staff members who have any contact with pregnant women, mothers, and/or infants, have received orientation on the breastfeeding/infant feeding policy.

A copy of the curricula or course session outlines for training in breastfeeding promotion and support for various types of staff is available for review, and a training schedule for new employees is available.

Documentation of training indicates that 80% or more of the clinical staff members who have contact with mothers and/or infants and have been on the staff 6 months or more have received training, either at the hospital or prior to arrival that covers all 10 Steps, and the Code and subsequent WHA resolutions. It is likely that at least 20 hours of targeted training will be needed to develop the knowledge and skills necessary to adequately support mothers including supervised clinical practice.

Documentation of training also indicates that non-clinical staff members have received training that is adequate, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants.

>> continued on next page

Training on how to provide infant feeding support for non-breastfeeding mothers is also provided to staff. A copy of the course session outlines for training on supporting non-breastfeeding mothers is also available for review. The training covers key topics such as:

- the risks and benefits of various feeding options,
- helping the mother choose what is acceptable, feasible, affordable, sustainable and safe (AFASS) in her circumstances,
- the safe and hygienic preparation, feeding and storage of breast-milk substitutes,
- how to teach the preparation of various feeding options, and
- how to minimize the likelihood that breastfeeding mothers will be influenced to use formula.

The type and percentage of staff receiving this training is adequate, given the facility's needs.

Out of the randomly selected clinical staff members*:

- at least 80% confirm that they have received the described training or, if they have been working in the maternity services less than 6 months, have, at minimum, received orientation on the policy and their roles in implementing it
- at least 80% are able to answer 4 out of 5 questions on breastfeeding support and promotion correctly
- at least 80% can describe two issues that should be discussed with a pregnant woman if she indicates that she is considering giving her baby something other than breastmilk

Out of the randomly selected non-clinical staff members**:

- at least 70% confirm that they have received orientation and/or training concerning breastfeeding since they started working at the facility
- at least 70% are able to describe at least one reason why breastfeeding is important,
- at least 70% are able to mention one possible practice in maternity services that would support breastfeeding.
- at least 70% are able to mention at least one thing they can do to support women so they can feed their babies well.

* *These include staff members providing clinical care for pregnant women, mothers and their babies.*

** *These include staff members providing non-clinical care for pregnant women, mother and their babies or having contact with them in some aspect of their work.*

STEP 3. Inform all pregnant women about the importance and management of breastfeeding.

	YES	NO
3.1 Does the hospital include an antenatal clinic, satellite antenatal clinics or antenatal in-patients? *		
3.2 If yes, are the pregnant women who receive antenatal services informed about the importance and management of breastfeeding?		
3.3 Do antenatal records indicate whether breastfeeding and supportive practices has been discussed with pregnant women?		
3.4 Does antenatal education, including both that provided orally and in written form, cover key topics related to the importance and management of breastfeeding?		
3.5. Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding?		
3.6. Are the pregnant women who receive antenatal services able to describe the importance of breastfeeding and risks of giving supplements while breastfeeding in the first six months?		
3.7 Are the pregnant women who receive antenatal services able to describe the importance of early skin-to-skin contact between mothers and babies and of rooming-in?		
3.8 Are staff in the facility aware of the effect on breastfeeding when deciding on the use of a sedative, an analgesic, or an anaesthetic, (if any) during labour and delivery?		

*** Note:** *If the hospital has no antenatal services or satellite antenatal clinics, questions related to Step 3 and the Global Criteria do not apply and can be skipped.*

Criteria

If the hospital has an affiliated antenatal clinic and/or antenatal in-patients, the head of maternity or antenatal services reports that at least 80% of the pregnant women who are provided with antenatal care receive information about breastfeeding. Documentation of the antenatal discussion is encouraged.

A written description of the minimum content of the antenatal education is available. The antenatal discussion covers the importance of breastfeeding, the importance early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24 hour basis, feeding on demand or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, and that breastfeeding continues to be important after 6 months when other foods are given.

Out of the randomly selected pregnant women in their third trimester who have come for at least two antenatal visits or are antenatal in-patients for at least two days:

- at least 70% confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding
- at least 60% are able to adequately describe what was discussed about three of the following topics: the importance of breastfeeding, the importance early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on demand or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, and that breastfeeding continues to be important after 6 months when other foods are given.

Mother-friendly labour and birth care

		YES	NO
MF.1	Do hospital policies require mother-friendly labour and birthing practices, including:		
	Encouraging women to have companion(s) of their choice to provide constant or continuous physical and/or emotional support during labour and birth, if desired?		
	Allowing women to drink and eat light foods during labour, if desired?		
	Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women?		
	Encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother?		
	Care that avoids invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, caesarean sections unless specifically required for a complication and the reason is explained to the mother?		
MF.2	Has the staff received orientation or training on mother-friendly labour and birthing policies and procedures such as those described above?		
MF.3	Are women informed during antenatal care (if provided by the facility) that women may have companion(s) of their choice during labour and birth to provide continuous physical and/or emotional support, if they desire?		
MF.4	Once they are in labour, are their companion(s) made welcome and encouraged to provide the support the mothers want?		
MF.5	Are women given information and an opportunity to discuss during antenatal care (if provided by the facility) ways to use non-drug comfort measures to deal with pain during labour and what is better for mothers and babies?		
MF.6	Are women told that it is better for mothers and babies if medications can be avoided or minimized, unless specifically required for a complication?		
MF.7	Are women informed during antenatal care (if provided by the facility) that they can move around during labour and assume positions of their choice while giving birth, unless a restriction is specifically required due to a complication?		
MF.8	Are women encouraged, in practice, to walk and move around during labour, if desired, and assume whatever positions they want while giving birth, unless a restriction is specifically required due to a complication?		

The Criteria for mother-friendly care are on the following page.

Mother-friendly labour and birth care Criteria

A review of the hospital policies indicates that they require mother-friendly labour and birthing practices and training for relevant staff is provided to implement these practices, including:

- encouraging women to have companion(s) of their choice to provide continuous physical and/or emotional support during labour and birth, if desired, and no medical/clinical contraindication exists
- allowing women to drink and eat light foods during labour, if desired
- providing antenatal information and encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women
- encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother
- care that does not involve invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, or caesarean sections unless specifically required for a complication and the reason is explained to the mother

Out of the randomly selected clinical staff members:

- at least 80% are able to describe at least two recommended practices that can help a mother be more comfortable and in control during labour and birth
- at least 80% are able to list at least three labour or birth procedures that should not be used routinely, but only if required due to complications
- at least 80% are able to describe at least two labour and birthing practices that make it more likely that breastfeeding will get off to a good start

Out of the randomly selected pregnant women:

- at least 70% report that the staff has told them that women can have companion(s) of their choice with them throughout labour and birth and at least one reason it could be helpful
- at least 70% report that they were told at least one thing by the staff about ways to deal with pain and be more comfortable during labour, and what is best for mothers, babies and breastfeeding.

This applies to all women not just those planning to breastfeed. Information on pain relief should include any risks/side effects for infant and mother including affects on breastfeeding.

STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

This Step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.

	YES	NO
4.1 Are babies who have been delivered vaginally or by caesarean section without general anaesthesia placed in skin-to-skin contact with their mothers immediately after birth and their mothers encouraged to continue this contact for at least an hour?		
4.2 Are babies who have been delivered by caesarean section with general anaesthesia placed in skin-to-skin contact with their mothers as soon as the mothers are responsive and alert, and the same procedures followed?		
4.3 Are all mothers helped, during this time, to recognize the signs that their babies are ready to breastfeed and offered help, if needed?		
4.4 Are the mothers with babies in special care encouraged to hold their babies with skin-to-skin contact unless there is a justifiable reason not to do so?		

Criteria

Out of the randomly selected mothers in the maternity wards who had vaginal births or caesarean sections without general anaesthesia:

- at least 70% confirm that their babies were placed in skin-to-skin contact with them immediately or within five minutes after birth and that this contact continued for at least an hour, unless there were clinically/medically justifiable reasons for delayed or discontinued contact, or mother requested contact to end.
- at least 70% also confirm that they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help, if needed. (The baby should not be forced to breastfeed but, rather, supported to do so when ready.)

(Note: Mothers may have difficulty estimating time immediately following birth. If time and length of skin-to-skin contact following birth is listed in the mothers' charts, this can be used as a cross-check.)

If any of the randomly selected mothers have had caesarean deliveries with general anaesthesia, at least 50% should report that their babies were placed in skin-to-skin contact with them as soon as the mothers were responsive and alert, with the same procedures followed as above.

At least 70% of the randomly selected mothers with babies in special care report that they have held their babies skin-to-skin for an appropriate length of time, if not, the staff could provide justifiable reasons why they could not.

Observations of vaginal and caesarean deliveries without general anaesthesia, if necessary to confirm adherence to Step 4, show that in at least 80% of the cases babies are placed with their mothers to hold skin-to-skin within five minutes after birth for at least 60 minutes, and that the mothers are shown how to recognize the signs that their babies are ready to breastfeed and offered help, or there are justified reasons for not following these procedures.

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

	YES	NO
5.1 Does staff offer all breastfeeding mothers further assistance with breastfeeding their babies the next time they fed or within six hours of delivery?		
5.2 Can staff describe the types of information and demonstrate the skills they provide both to mothers who are breastfeeding, to assist them in successfully feeding their babies?		
5.3 Can staff describe the types of information and demonstrate the skills they provide both to mothers who are not breastfeeding to assist them in successfully feeding their babies?		
5.4 Does the staff offer information on other feeding options and breast care to mothers with babies in special care who have decided not to breastfeed?		
5.5 Are breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding?		
5.6 Are breastfeeding mothers shown how to hand express their milk or given information on expression and advised of where they can get help, should they need it?		
5.7 Do mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the staff of the healthcare facility, both in the antenatal and postpartum periods?		
5.8 Are mothers who are not breastfeeding shown individually how to prepare and give their babies feeds and asked to prepare feeds themselves, after being shown how?		
5.9 Are mothers with babies in special care who are planning to breastfeed helped within 6 hours of birth to establish and maintain lactation by frequent expression of milk and told how often they should do this?		

Criteria

The head of maternity services reports that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support both in the antenatal and postpartum periods.

Observations of staff demonstrating how to safely prepare and feed breast-milk substitutes confirm that in 75% of the cases, the demonstrations were accurate and complete, and the mothers were asked to give "return demonstrations".

Out of the randomly selected clinical staff members:

- at least 80% report that they teach mothers how to position and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques for both, or can describe to whom (on that shift) to refer mothers for this advice.
- at least 80% report that they teach mothers how to hand expression and can describe or demonstrate an acceptable technique for this, or can describe to whom (on that shift) to refer mothers for this advice.
- at least 80% report that they teach mothers who are not breastfeeding how to prepare their feeds and describe adequately what they would discuss, or can describe to whom (on that shift) they can be referred for this advice.

Out of the randomly selected mothers (including caesarean):

- at least 70% of those who are breastfeeding report that nursing staff offered further assistance with breastfeeding the next time they fed their babies or within six hours of birth (or of when they were able to respond).
- at least 80% of those who are breastfeeding are able to demonstrate or describe correct positioning, attachment and suckling
- at least 70% of those who are breastfeeding report that they were shown how to express their milk by hand or given written information and told where they could get help if needed *>>> continued*

- at least 70% of the mothers who are not breastfeeding report that they have been offered information on preparing and giving their babies' feeds, and have been asked to prepare feeds themselves after being shown how, and can describe the information that they were given.

Out of the randomly selected mothers with babies in special care:

- at least 70% of those who are breastfeeding or intending to do so report that they have been offered help to start their breastmilk coming and to keep up the supply within 6 hours of their babies' births
- at least 70% of those breastfeeding or intending to do so report that they have been shown how to express their breastmilk by hand
- at least 80% of those breastfeeding or intending to do so can adequately describe and demonstrate how they were shown to express their breastmilk by hand
- at least 70% of those breastfeeding or intending to do so report that they have been told they need to breastfeed or express their milk 6 times or more every 24 hours to keep up their supply.
- at least 70% of the mothers who are not breastfeeding and whose babies are within 48 hours of discharge, report that they have been offered information on preparing and giving their babies' feeds, and have been asked to prepare feeds themselves after being shown how, and can describe the information that they were given.

STEP 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.

	YES	NO
6.1 Does hospital data indicate the percentage of babies discharged in the last year have been exclusively breastfeed (or exclusively fed expressed breastmilk) from birth to discharge or, if not, that there were documented acceptable medical/clinical reasons or fully informed maternal choices?		
6.2 Are babies' breastfed, receiving no food or drink other than breast milk, unless there were acceptable medical/clinical reasons or fully informed choices?		
6.3 Does the facility take care not to display or distribute any materials that recommend feeding breast milk substitutes, scheduled feeds, or other inappropriate practices?		
6.4 Do mothers who are not breastfeeding report that the staff discussed with them the various feeding options, and helped them to decide what was suitable in their situations?		
6.5 Does the facility have adequate space and the necessary equipment and supplies for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers?		

Criteria

*Hospital data indicate that at least 75%** of the infants born in the last year have been exclusively breastfed or exclusively fed expressed breast milk from birth to discharge, and, if not, that there were documented medical/ clinical reasons or fully informed maternal choices.*

Review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines.

No materials that recommend feeding breast milk substitutes to breastfeeding infants (unless for individual medical reasons), scheduled feeds or other practices unsupportive of baby friendly practices are distributed to mothers. *>>> continued*

The hospital has an adequate facility/space and the necessary equipment for giving demonstrations to mothers who are not breastfeeding in how to prepare formula and other feeding options in a way that does not influence breastfeeding mothers.

Observations in the postpartum wards/rooms and any well baby observation areas show that at least 80% of the breastfeeding babies are being fed only breastmilk or there are acceptable clinical/medical reasons for receiving something else.

At least 80% of the randomly selected mothers report that their breastfeeding babies had received only breast milk or, if they had received anything else, there were documented medical or clinical reasons.

At least 70 % of the randomly selected mothers who are not breastfeeding report that the staff discussed with them the various feeding options and helped them to decide what were suitable in their situations.

At least 70% of the randomly selected mothers with babies in special care who have decided not to breastfeed report that staff has talked with them about risks and benefits of various feeding options.

Informed maternal choice is in the 20%. Documented – reason, amount, method, and signed by staff member
(**75% rate is not required for National designation)

STEP 7. Practice rooming-in - allow mothers and infants to remain together – 24 hours a day

	YES	NO
7.1 Do the mother and baby stay together and/or start rooming-in immediately after birth?		
7.2 Do mothers who have had caesarean sections or other procedures with general anaesthesia stay together with their babies and/or start rooming in as soon as they are able to respond to their babies' needs?		
7.3 Do mothers and infants remain together (rooming-in or bedding-in) 24 hours a day, unless separation is fully justified?		

Criteria

Observations in the postpartum wards and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and babies are rooming-in or, if not, have documented medical or clinical reasons for not being together.

At least 80% of the randomly selected mothers report that their babies have stayed with them since they were born, or, if not, there were documented medical or clinical reasons.

Informed maternal choice is in the 20%. Documented – reason, time in/time out, and signed by staff member

STEP 8. Encourage breastfeeding on demand.

	YES	NO
8.1 Are mothers taught how to recognize the cues that indicate when their babies are hungry?		
8.2 Are mothers encouraged to feed their babies as often and for as long as the babies want?		
8.3 Are breastfeeding mothers advised that, if their babies sleep too long they should wake their babies and try to breastfeed, and that if their breasts become overfull they should also try to breastfeed?		

Criteria

The nursing officer in charge of the maternity services confirms that no restrictions are placed on the frequency or length of infant feeds, unless there is a medical indication.

Out of the randomly selected mothers:

- at least 70% report that they have been informed how to recognize when their babies are hungry and can describe at least two feeding cues.
- at least 70% report that they have been informed to feed their babies as often and for as long as the babies want or something similar.

STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

	YES	NO
9.1 Are breastfeeding babies being cared for without any bottle feeds?		
9.2 Have mothers been given information by the staff about the risks associated with feeding milk or other liquids with bottles and teats?		
9.3 Are breastfeeding babies being cared for without using pacifiers?		

Criteria

Observations in the postpartum wards/rooms and any well baby observation areas indicate that at least 80% of the breastfeeding babies observed are not using bottles or teats or, if they are, their mothers have been informed of the risks.

At least 80% of the randomly selected breastfeeding mothers report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats (nipples).

At least 80% of the randomly selected mothers who have their breastfeeding babies with them on the ward report that, to the best of their knowledge, their infants have not sucked on pacifiers.

STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

		YES	NO
10.1	Do staff discuss plans with mothers who are close to discharge for how they will feed their babies after return home?		
10.2	Does the hospital have a system of follow-up support for mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, phone support, effective referral to primary care services?		
10.3	Does the facility foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their babies?		
10.4	Are mothers referred for help with feeding to the facility's system of follow-up support and to mother support groups, peer counsellors, and other community health services such as primary health care or MCH centres, if these are available?		
10.5	Is printed material made available to mothers before discharge, if appropriate and feasible, on where to get follow-up support?		
10.6	Are mothers encouraged to see a health care worker or skilled breastfeeding support person in the community soon after discharge (preferably 2-4 days after birth and again the second week) who can assess how they are doing in feeding their babies and give any support needed?		
10.7	Does the facility allow breastfeeding/infant feeding counselling by trained mother-support group counsellors in its maternity services?		

Criteria

The head/director of maternity services reports that:

- mothers are given information on where they can get support if they need help with feeding their babies after returning home, and the head/director can also mention at least one source of information
- the facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and this same staff member can describe at least one way this is done.
- there is a referral system in place so that mothers and babies are seen soon after discharge (preferably 2-4 days after birth and again the second week) in the community or at the facility.

A review of documents indicates that printed information is distributed to mothers before discharge, if appropriate, on how and where mothers can find help on feeding their infants after returning home and includes information on at least one type of help available.

Out of the randomly selected mothers at least 80% report that they have been given information on how to get help from the facility or how to contact support groups, peer counsellors or other community health services if they have questions about feeding their babies after return home and can describe at least one type of help that is available.

Compliance with the International Code of Marketing of Breast-milk Substitutes

	YES	NO
Code.1 Does the healthcare facility refuse free or low-cost supplies of breastmilk substitutes, teats and other feeding related products, purchasing them for the wholesale price or more?		
Code.2 Is all promotion for breastmilk substitutes, bottles, teats, or pacifiers and other feeding related products, absent from the facility, with no materials marketing these products displayed or distributed to pregnant women or mothers?		
Code.3 Are employees of manufacturers or distributors of breastmilk substitutes, bottles, teats, pacifiers, or other feeding related products, prohibited from any contact with pregnant women or mothers?		
Code.4 Does the hospital refuse free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of products within the scope of the Code?		
Code.5 Are all infant formula cans and prepared bottles kept out of view?		
Code.6 Do staff members understand why it is important not to give any free samples or promotional materials from companies producing breastmilk substitutes, teats and other feeding related products to mothers?		

Criteria

The head/director of maternity services reports that within the facility:

- No employees of manufacturers or distributors of breast milk substitutes, bottles, teats, pacifiers or other feeding related products have any direct or indirect contact with pregnant women or mothers.
- The hospital does not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast milk substitutes, bottles, teats, pacifiers or other feeding equipment.
- Staff members are encouraged to not accept gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast milk substitutes, bottles, teats, pacifiers or other feeding related products. Management is informed by the staff member and the company of any gifts or other items given to any staff member.
- No pregnant women, mothers or their families are given marketing materials or samples or gift packs by the facility that include breast milk substitutes, bottles/teats, pacifiers, other infant feeding related products or coupons.

A review of records and receipts indicates that any breast milk substitutes, including special formulas and other supplies, are purchased by the health care facility for the wholesale price or more.

Observations in the antenatal and maternity services and other areas where nutritionists and dieticians work indicate that no materials that promote breast milk substitutes, bottles, teats or dummies, or other designated products as per national laws, are displayed or distributed to mothers, pregnant women, or staff.

Supplies of infant formula cans and prepared bottles are kept out of view.

At least 80% of the randomly selected clinical staff members can give two reasons why it is important not to give free samples or other marketing materials from formula companies to mothers or to staff members.

"other feeding related products" includes pumps, sterilisers, feeding cups, for example.
Inclusion of marketing of "other feeding equipment" to be at a later date.

Annex 1: Hospital breastfeeding/infant feeding policy checklist

(Note: A hospital policy does not have to have the exact wording or points as in this checklist, but should cover most or all of these key issues. Care should be taken that the policy is not too long. Shorter policies (3 to 5 pages) have been shown to be more effective as longer ones often go unread.)A copy of the HSE Infant Feeding Policy can be found at: http://www.babyfriendly.ie/resources.htm

The policy should clearly cover the following points:		**YES**	**NO**
Step 1:	The policy and their role in upholding it is routinely communicated to all (new) staff when the commence work (orientation).		
	A summary of the policy that addresses the Ten Steps and support for non-breastfeeding mothers is displayed in all appropriate areas in languages and with wording staff and mothers can easily understand.		
	The process and frequency for auditing implementation and compliance with the policy.		
Step 2:	Training for all clinical staff (according to position) includes: Breastfeeding and lactation management (20 hours is likely to be needed to cover all essential topics, including 3 hours of clinical practice).		
	Feeding the infant who is not breastfed.		
	The role of the facility and its staff in upholding the International Code of Marketing and subsequent WHA resolutions.		
	New staff members are trained within 6 months of appointment.		
Step 3:	All pregnant women are informed of: Importance of breastfeeding Basic breastfeeding management and care practices.		
	The risks of giving supplements to their babies during the first six months. That breastfeeding continues to be important after 6 months when other foods are given		
Supportive labour and birth care (mother-friendly)	Policies require mother-friendly practices including: Encouraging women to have constant labour and birthing companion(s) of their choice		
	Allowing woman to drink and eat light foods during labour, if desired		
	Encouraging women to walk and move about during labour, if desired, and to assume the positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother		
	Not using invasive procedures such as rupture of membranes, episiotomies, induction or acceleration of labour, caesarean sections or instrumental deliveries, unless specifically required for a complication and the reason is explained to the mother		
	Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women		
Step 4:	All mothers and babies receive: Skin-to-skin contact immediately after birth for at least 60 minutes.		
	Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.		

The policy should clearly cover the following points also:		YES	NO
Step 5:	All breastfeeding mothers are taught hand expression (or given leaflet and referral for help).		
	All breastfeeding mothers are taught positioning and attachment.		
	All mothers who have decided not to breastfeeding are: Informed about risks and management of various feeding options and helped to decide what is suitable in their circumstances		
	Taught by effective learning means to prepare their feedings of choice		
	Mothers of babies in special care units are: Offered help to initiate lactation offered help to start their breastmilk coming and to keep up the supply within 6 hours of their babies' births.		
	Shown how to express their breastmilk by hand and told they need to breastfeed or express at least 6-8 times in 24 hours to keep up their supply.		
	Given information on risks and benefits of various feeding options and how to care for their breasts if they are not planning to breastfeed.		
Step 6:	Supplements/replacement feeds are given to babies only: If medically indicated		
	If mothers have made a fully informed choice after counselling on various options and the risks and benefits of each.		
	Reasons for supplements are documented		
Step 7:	All mothers and babies room-in together, including at night.		
	Separations are only for justifiable reasons with written documentation.		
Step 8:	Mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied.		
	No restrictions are placed on the frequency or duration of breastfeeding.		
Step 9:	Breastfed babies are not fed using bottles and teats.		
	Mothers are taught about the risks of using bottles, artificial teats/pacifiers		
	Breastfed babies are not given pacifiers or dummies.		
Step 10:	Information is provided on where to access help and support with breastfeeding/ infant feeding after return home, including at least one source (such as from the hospital, community health services, support groups or peer counsellors).		
	The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support.		
	Mothers are provided with information about how to get help with feeding their infants soon after discharge (preferably 2-4 days after discharge and again the following week).		
The Code:	The policy prohibits promotion of breastmilk substitutes		
	The policy prohibits promotion of bottles, teats, and pacifiers or other feeding equipment		
	The policy prohibits acceptance of free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events, from manufacturers or distributors of breastmilk substitutes, bottles, teats or pacifiers, or other feeding equipment.		

Health facilities are encouraged to provide supports for their own staff when they are breastfeeding on return from maternity leave.

Annex 2[1]: The International Code of Marketing of Breast-milk Substitutes

Summary of the Main Points

- No advertising of breast-milk substitutes and other products to the public
- No donations of breast-milk substitutes and supplies to maternity hospitals
- No free samples to mothers
- No promotion in the health services
- No company personnel to advise mothers
- No gifts or personal samples to health workers
- No use of space, equipment or educational materials sponsored or produced by companies when teaching mothers about infant feeding
- No pictures of infants or other pictures idealizing artificial feeding on the labels of the products
- Information to health workers should be scientific and factual.
- Information on artificial feeding, including labels, should explain the benefits of exclusive breastfeeding and the costs and dangers associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

The role of administrators and staff in upholding the Code

- Free or low-cost supplies of breast-milk substitutes should not be accepted in health care facilities.
- Breast-milk substitutes should be purchased by the health care facility in the same way as other foods and medicines, for at least wholesale price. Promotional material for infant foods or drinks other than breastmilk should not be permitted in the facility.
- Pregnant women should not receive materials that promote artificial feeding.
- Feeding with breastmilk substitutes should be demonstrated by health workers only, and only to pregnant women, mothers, or family members who need to use them.
- Breastmilk substitutes in the health facility should be kept out of the sight of pregnant women and mothers.
- The health facility should not allow sample gift packs with breastmilk substitutes or related supplies that interfere with breastfeeding to be distributed to pregnant women or mothers.
- Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.
- Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient.

[1] Adapted from *Promoting breastfeeding in health facilities: A short course for administrators and policy-makers.* World Health Organization and Wellstart International, Geneva, Switzerland, revised as Section 2 of this BFHI series.

Annex 3: Acceptable medical reasons for supplementation

Exclusive breastfeeding is the norm. In a small number of situations there may be a medical indication for supplementing breastmilk or for not using breastmilk at all. It is useful to distinguish between:

- infants who cannot be fed at the breast but for whom breastmilk remains the food of choice;
- infants who may need other nutrition in addition to breastmilk;
- infants who should not receive breastmilk, or any other milk, including the usual breastmilk substitutes and need a specialised formula;
- infants for whom breastmilk is not available;
- maternal conditions that affect breastfeeding recommendations.

Infants who cannot be fed at the breast but for whom breastmilk remains the food of choice may include infants who are very weak, have sucking difficulties or oral abnormalities, or are separated from their mother who is providing expressed milk. These infants may be fed expressed milk by tube, cup, or spoon.

Infants for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period may include very low birth weight or very preterm infants, i.e., those born less than 1500 g or 32 weeks gestational age; infants who are at risk of hypoglycaemia because of medical problems, when sufficient breastmilk is not immediately available; infants who are dehydrated or malnourished when breastmilk alone cannot restore the deficiencies. These infants require an individualised feeding plan, and breastmilk should be used to the extent possible. Efforts should be made to sustain maternal milk production by encouraging expression of milk. Milk from tested milk donors may also be used. Hind milk is high in calories and particularly valuable for low birth weight infants.

Infants who should not receive breast milk, or any other milk, including the usual breastmilk substitutes may include infants with certain rare metabolic conditions such as galactosemia who may need feeding with a galactose free special formula or phenylketonuria where some breastfeeding may be possible, partly replaced with phenylalanine free formula.

Infants for whom breastmilk is not available may include when the mother had died, or is away from the baby and not able to provide expressed breastmilk. Breastfeeding by another woman may be possible; or the need for a breastmilk substitute may be only partial or temporary.

Maternal conditions that may affect breastfeeding recommendations include where the mother is physically weak, is taking medications, or has an infectious illness. Whenever stopping breastfeeding is considered, the importance of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed.

Mothers who may need to avoid breastfeeding

HIV-infected mother : Exclusive breastfeeding is recommended unless replacement feeding is acceptable, feasible, affordable, sustainable and safe, (AFASS), when avoidance of all breastfeeding by HIV-infected mothers is recommended. Mixed feeding (breastfeeding and giving replacement feeds at the same time), is not recommended.

Mothers who may need to avoid breastfeeding temporarily

Severe illness that prevents a mother from caring for her infant, for example sepsis. In less severe illness, a weak mother may be assisted to position her baby so her baby can breastfeed, and a mother with a fever needs sufficient fluids.

Herpes Simplex Virus Type I (HSV-1) – direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved.

Maternal medication

- sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression in the infant and these medications are better avoided if a safer alternative is available;
- radioactive iodine-131 is better avoided given that safer alternatives are available – a mother can resume breastfeeding about two months after receiving this substance; excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and their use should be avoided;
- cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.

Mothers who can continue breastfeeding, although health problems may be of concern

Breast abscess - feeding from the affected breast is not recommended but milk should be expressed from the breast. Feeding can be resumed once the mother's treatment with antibiotics has commenced. Breastfeeding should continue on the unaffected breast.

Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition. In general, continued breastfeeding is recommended during antibiotic therapy.

Hepatitis B: Infected mothers should continue breastfeeding as usual. Infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter.

Hepatitis C

Tuberculosis: Breastfeeding by the TB-positive mother should be continued as usual. Mother and baby should be managed according to national tuberculosis guidelines.

Substance use:

- maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies;
- alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.

Mothers should be encouraged not to use these substances and given opportunities and support to abstain. Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.

References:

Available from Child and Adolescent Health, WHO, Geneva
http://www.who.int/child-adolescent-health/publications/pubnutrition.htm

Hypoglycaemia of the newborn: review of the literature. Geneva, World Health Organization, 1997

HIV and infant feeding: update based on the technical consultation held on behalf of the Inter-agency

Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Infants, Geneva, 25–27 October 2006. Geneva, World Health Organization, 2007

Breastfeeding and maternal medication: recommendations for drugs in the Eleventh WHO Model List of Essential Drugs. Geneva, World Health Organization, 2003.

Mastitis: causes and management. Geneva, World Health Organization, 2000 (WHO/FCH/CAH/00.13;

Additional:

Background papers to the national clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn. Commissioned by the Ministerial Council on Drug Strategy under the Cost Shared Funding Model. NSW Department of Health, North Sydney, Australia, 2006. http://www.health.nsw.gov.au/pubs/2006/bkg_pregnancy.html

Further information on maternal medication and breastfeeding is available at the following United States National Library of Medicine (NLM) website: http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT