



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Leadership		
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Title:	Breastfeeding and Infant Feeding		
Applies To:	All Healthcare Workers		
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1. PURPOSE:

- 1.1 To increase the rate of exclusive breastfeeding for 6 months duration and continued breastfeeding with complementary food for 2 years by:
 - 1.1.1 Practical application of the ten steps to successful breastfeeding
 - 1.1.2 Implementation of the regulations related to marketing of breast milk substitutes

2. DEFINITONS:

- 2.1 **Exclusive breastfeeding:** Breastfeeding or expressed breast milk (EBM) only, without other fluids or foods, from birth to six months of age
- 2.2 **Predominant breastfeeding:** Breastfeeding or expressed breast milk (EBM) as the predominant source of nourishment, with additional liquids (water, and water-based drinks, fruit juice, ORS) only during the first six months of baby age
- 2.3 **Partial breastfeeding:** Breastfeeding or EBM with additional food or artificial milk during first six months of baby age
- 2.4 **Artificial feeding:** Artificial milk only without breastfeeding or EBM during the first six months of baby's age
- 2.5 **Breastfeeding with complementary food:** Breastfeeding or EBM with complementary food from the end of the sixth month until end of 2 years of age
- 2.6 **Mixed feeding with complementary food:** Breastfeeding or EBM and artificial milk feeding with complementary food from the end of the sixth month until end of 2 years of age
- 2.7 **Artificial feeding with complementary food:** Artificial milk feeding with complementary food from the end of the sixth month until end of 2 years of age

3. POLICY:

- 3.1 All managers and staff will implement this policy based on the **Ten Steps For Successful Breastfeeding**
 - 3.1.1 Have a written breastfeeding policy that is routinely communicated to all health care staff
 - 3.1.2 Train all health care staff in skills necessary to implement this policy
 - 3.1.3 Inform all pregnant women about the benefits and management of breast feeding
 - 3.1.4 Help mothers to initiate breastfeeding within a half-hour of birth (interpreted on 2006 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.)
 - 3.1.5 Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
 - 3.1.6 Give new-born infant no food or drink other than breast milk, unless medically indicated.
 - 3.1.7 Practice rooming in - allow mothers and infants to remain together 24 hours a day
 - 3.1.8 Encourage breastfeeding on demand

- 3.1.9. Give no artificial teats or pacifiers (also called dummies or soothers) to a breastfeeding infant.
Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic(breastfeeding support groups expanded to include any form of post discharge breastfeeding support)
- 3.1.10 Promote and support exclusive breastfeeding for six months and continued thereafter with appropriate complementary food for 2 years
- 3.2 All managers and staff will implement and follow the regulations related to marketing of breast milk substitutes:
- 3.3 Hold an annual celebration of World Breastfeeding Week the third week of first school semester.

4. PROCEDURE:

- 4.1 Breastfeeding Support Administration will do the following:
 - 4.1.1 Support the hospitals to implement the rule and executive decisions of Saudi Arabia Code of Marketing Breast Substitutes
 - 4.1.2 Organize training courses for health workers so that they are able to implement this policy and complete the accreditation forms for the Saudi health commission for CME hours (application of Rule 1 from Article 12) of national rules:
 - 4.1.2.1 To train health workers for 2 days using WHO/UNICEF Section 3 *Promotion and support in a baby friendly hospital: A 20- hour course for maternity staff (2009)* with an additional one hour session on complementary feeding. To provide a third day to train female staff in clinical practice.
 - 4.1.2.2 To train the coordinator in the hospital in external sectors and nurses in breastfeeding counseling clinics (health education clinic) for 5 days using WHO/UNICEF *Breastfeeding Counseling: A training course (2012)*, with an additional session on complementary feeding
 - 4.1.2.3 Follow up the application of the policy by scheduled visits to hospitals to provide continuous training including complementary feeding and supporting non-breastfeeding mothers.
 - 4.1.2 Ensure the breastfeeding and infant feeding policy is implemented in hospitals:-
 - 4.1.2.1 Hold an annual meeting with the nurses that coordinate the program in hospital in external sectors to discuss the success and challenges of implementation of this policy.
 - 4.1.2.2 Carry out unscheduled visits to evaluate the program success standards in hospitals.
 - 4.1.3 Support the annual celebration of World Breastfeeding Week (WBW) by:-
 - 4.1.3.1 supervisors and breastfeeding coordinators in hospitals inside the city and all external health sector to find the best activities for WBW, including pamphlets, education films, and power point presentations on the educational questions (application of Rule 2 from Article 12 of national code)
 - 4.1.3.2 Visit to some hospitals inside the region during WBW
 - 4.1.3.3 Carry out unscheduled visits to the stores of the Regional Administration for Medical Supply and to the medical supply store at the hospitals.
 - 4.1.4 Regional Administration of Statistics will do the following:
 - 4.1.4.1 Receive feeding statistics from all hospitals in the region which have maternity services which is added as last page to the booklet of Activity of hospital have OB/GYNE service according to announcement of Regional General Director Assistance for development and training
 - 4.1.4.2 Corporation with employee from the Administration of Breastfeeding Support to enter the breastfeeding data collected from all hospitals into the specific computer program and to obtain regional indicators of breastfeeding and infant feeding.
 - 4.1.4.3 To provide breastfeeding administration with a copy of this indicators.

- 4.1.3 Regional Administration for Medical Supply will do the following:-
 - 4.1.3.1 Follow-up that the monthly quantities of artificial milk distributed to hospitals does not exceed the quantities approved by hospital directors as requested by the administration for Breastfeeding Support
 - 4.1.3.2 Follow-up the monthly quantities of milk stored in medical supply so the stocks do not exceed the needs of hospitals in the region
 - 4.1.3.3 Cooperate with the employee of Regional Administration for Breastfeeding Support during the monitoring visits to the stores and to provide the necessary information
- 4.1.4 Hospital Director will do the following:
 - 4.1.4..1 Ensure there is a team approach to supporting best practice in infant feeding
 - 4.1.4.1.1 Form a Breastfeeding Support Committee headed by the hospital director and with membership from heads of related departments and the breastfeeding coordinator at the hospital.
 - 4.1.4.1.2 Hold regular meetings with the breastfeeding committee to monitor feeding statistics and activities to implement the policy.
- 4.1.5 Promote and support this policy and ensure protection from marketing.as follow:-
 - 4.1.5.1 Inform all staff and ensure the implementation the regulations related to marketing of breast milk substitutes.
 - 4.1.5.2 Monitor that the marketing regulations are being followed in all areas of the hospital: no marketing materials, no gifts or supplies from companies, no marketing personnel contacting families or staff members, and that any violations are reported.
- 4.1.6 Determine the monthly hospital requirement of artificial formula milk bottles and send a copy to the Regional Administration of Breastfeeding support
- 4.1.7 Establish a breastfeeding support clinic (mother and child health clinic) to educate pregnant women and to provide solutions to the early problems in lactation to be held daily in maternity hospitals and twice weekly in general hospital.
- 4.2 Hospital Breastfeeding Support Committee will do the following:.
 - 4.2.1 The Chairman of the Committee (hospital Director) will announce this policy to all heads of the departments.
 - 4.2.2 Committee members (heads of departments) will communicate the policy to all staff in their departments and ensure all staff are aware of the policy and able to implement the policy as follow :-
 - 4.2.2.1 Inform all current hospital staff to implement the hospital breastfeeding and infant feeding policy, give a copy of the policy, and keep a copy where it can be easily accessed.
 - 4.2.2.2 Provide an orientation session to the policy for all new staff within one week of their starting work in the hospital
 - 4.2.2.3 Facilitate all staff to participate in relevant training related to this policy within 6 months of their starting work, and to participate in on-going updates of training as needed.
- 4.3 Heads of Hospital departments will do the following:
 - 4.3.1 Monitor implementation of the Hospital Breastfeeding and Infant Feeding Policy
 - 4.3.2 Ensure that the marketing regulations are being followed in all areas of the hospital: no marketing materials, no gifts or supplies from companies, no marketing personnel contacting families or staff members, and that any violations are reported.
 - 4.3.3 Display a wall poster with a summary for parents of the breastfeeding and infant feeding policy in Arabic and in English in all hospital areas that provide services for pregnant women, infants and young children and their parents.
 - 4.3.4 Prepare activities to celebrate World Breastfeeding Week to raise awareness of the health workers and patients
- 4.4 Hospital staff (doctors and nurses) will do the following:

- 4.4.1 Antenatal Clinic nurse and doctor
 - 4.4.1.1 Explain to all pregnant women about the breastfeeding support clinic (mother and child health clinic) and refer the women there using the education form
 - 4.4.1.2 Attach the education form into the pregnant woman's follow-up file of the hospital OPD
- 4.4.2 Nurse of breastfeeding support clinic (mother and baby health clinic) or antenatal clinic nurse
 - 4.4.2.1 Educate all pregnant women during follow- up visits to their Ob&Gyn doctor covering all the Educational Information. Record the education in the form received from OB&Gyn clinic
 - 4.4.2.2 Give pregnant women educational leaflets and the maternal support contact number.
 - 4.4.2.3 Record the statistics for the breastfeeding support clinic (mother and baby health clinic) and give it to the Department of Statistics
- 4.4.3 Doctors and Nurses in the antenatal wards
 - 4.4.3.1 Educate of inpatient pregnant women about breastfeeding
 - 4.4.3.2 Ensure attachment the education form in all pregnant women files
- 4.4.4 Doctors and Midwives in the delivery ward
 - 4.4.4.1 Give special attention to creating an atmosphere suitable for the physical and psychological comfort for the mother during labor and birth.
 - 4.4.4.2 Discuss pain management with the pregnant woman on an individual basis taking into account the effect on the baby and breastfeeding
 - 4.4.4.3 Ensure mother and baby skin to skin contact begins immediately after birth and continues for at least one hour
 - 4.4.4.4 Start skin to skin contact as soon as the mother is awake from the general anesthesia for a cesarean delivery; without a general anesthesia the contact is immediate.
 - 4.4.4.5 Encourage the mother to recognize when her baby is ready to start breastfeeding, without forcing baby to the breast by the midwife
 - 4.4.4.6 Register skin to skin contact and initiation of breastfeeding in the mother file, and record the reason if skin to skin contact does not occur by using the international approved form of checklist delivery practices in mother file and, also to register time of second feed in the same
 - 4.4.4.7 If the delivery ward is crowded , the mother and baby can be transferred in skin to skin contact to the postnatal ward
 - 4.4.4.8 Not to give formula milk to a new-born baby except for acceptable medical reasons must be a prescription
- 4.4.5 Nurses in the post-natal wards
 - 4.4.5.1 Receive mother and baby together from the delivery ward, take vital signs and record in the daily nurses' note.
 - 4.4.5.2 Help mothers to learn how to breastfeed with comfortable positions and effective attachment and to record that in the daily nurses' note by using approved form in observation a breastfeed in the mother's file
 - 4.4.5.3 Do not give the baby any food or fluid other than mother's milk except for medical reasons. If formula milk is given there must be a prescription
 - 4.4.5.4 Practice rooming in: Keep the baby and mother together in the same room 24 hours a day.
 - 4.4.5.5 Encourage the mother to breastfeed whenever the baby shows signs of looking for the breast, or if her breasts are overfull
 - 4.4.5.6 Help mothers who her baby admitted to NICU to start milk expression within 6 hours after delivery according to and to register date and time of delivery and time of starting milk expression in mother file the best way to collect the precious colostrum drops in this period is by using (1cc)syringe

- 4.4.5.7 Avoid offering or encouraging the use of a pacifier or artificial nipples (feeding bottles). These can carry infection and the baby may find it harder to learn to breastfeed.
- 4.4.6 Doctors and Nurses at NICU
 - 4.4.6.1 Help mother to learn how to express milk and to know its importance to help her baby's health(within 6 hours) after delivery by using the approved form in baby's file.
 - 4.4.6.2 The nurse responsible for the baby help the mother to have skin to skin contact with her baby as soon as her baby is stable, which may be before his ability to breastfeed but may able to feed EBM by cup and in baby's file
 - 4.4.6.3 Ensure that mother receives enough containers for her EBM. The nurse responsible for the baby should attach the sticker with the baby data on all expressed milk containers,
 - 4.4.6.4 Explain to mother how to bring EBM from home to the NICU frozen, or kept cold in containers packed with ice cubes
 - 4.4.6.5 When The nurse responsible for the baby receive EBM containers from the mother or baby relatives she should write the date and time, and place of milk expression on the sticker of the baby data and to put all that baby EBM containers in a plastic box in the refrigerator or freezer for easy access to the correct EBM.
 - 4.4.6.6 Register the quantity of EBM received and its location in the fridge in the infant feeding form
- 4.4.7 Store EBM safely: -
 - 4.4.7.1 Newly expressed breast milk EBM can be stored in a fridge for 2 days and in the freezer for 3 months
 - 4.4.7.2 If EBM was received from parents cold, which kept at home fridge for one day before bringing next day to NICU in ice cube to keep it cold , it can be stored in the nursery fridge for 1 more day
 - 4.4.7.3 If frozen EBM is received from parents, it can be saved in the freezer for 3 months
 - 4.4.7.4 If frozen milk is thawed by placing it in the refrigerator milk, it must be used within 24 hours and not re- frozen.
 - 4.4.7.5 If frozen milk is thawed outside a refrigerator milk it must be used immediately and not re-frozen or put back into the refrigerator for later use.
 - 4.4.7.6 Keep records of feeding. Fill the number of opened EBM containers in the infant feed form during each shift and have a written prescription for total formula milk bottles each day, if any are used.
 - 4.4.7.7 Give the milk by a cup or tube in the absence of the mother; do not feed a newborn with a feeding bottle.
 - 4.4.7.8 In case of error in giving the baby breast milk from another mother, inform the nursing supervisor of the department.
 - 4.4.7.9 Give the mother information on how to get assistance in the breastfeeding clinic after baby is discharged from the NICU
- 4.5 Nurses that supervise breastfeeding support in hospital wards will do the following in their daily rounds:
 - 4.5.1 In the delivery and OR ward:
 - 4.5.1.1 Follow-up midwives in the application of the policy through assisting skin-to- skin contact immediately after birth for at least one hour duration of contact so baby start breastfeeding by himself , and to register time of delivery and time of starting and ending of skin to skin contact and time of baby starting breast feeding in the approved form of checklist delivery practices in the mother file.
 - 4.5.1.2 Follow-up the midwives in the implementation of the policy to help mother to start second breastfeeding and to register it in the same form
 - 4.5.1.3 Record daily breastfeeding daily & monthly statistics in the delivery room on form and to give it to the head nurse to give to Statistics Department at the hospital with a copy to hospital breastfeeding coordinator

- 4.5.1.4 Follow-up that formula milk is given only for specific medical cases and with a written prescription
- 4.5.2 In the post-natal ward:
 - 4.5.2.1 To follow up the responsible nurse in assessing the effectiveness of breastfeeding & and registering it in the approved form in mother file and to help mothers to breastfeed if they are not receiving assistance from the responsible nurse and to inform the head nurse if repeated
 - 4.5.2.2 To fill the of the first section of and to fix in breast feeding mother's file
 - 4.5.2.3 Help mothers to express milk and give them education pamphlets
 - 4.5.2.4 Ensure that any mother who is not breastfeeding is clear about her decision and learns how to prepare and give replacement feeding safely. And to fill the second section of and to fix it in non-breast feeding mother's file
 - 4.5.2.5 Give an OPD follow up appointment after 3 days of discharge from hospital
 - 4.5.2.6 Record daily & monthly statistics of breastfeeding in the postnatal ward and to give it to the head nurse to give to Statistics Department at the hospital with a copy to hospital breastfeeding coordinator
 - 4.5.2.7 Use the form to report violations of the Rule and Executive Decisions of the Saudi Arabia
- 4.5.3 In the NICU(neonatal intensive care unit)
 - 4.5.3.1 To follow up the baby responsible nurse in helping mother to express breast milk & and registering it in the approved form in baby file and to help mothers to express breast milk if they are not receiving assistance from the responsible nurse and to inform the head nurse if repeated
 - 4.5.3.2 To follow up the the baby responsible nurse in giving express breast milk to the baby by cup and registering that in the approved form in baby file.
 - 4.5.3.3 Give an OPD follow up appointment for the breastfeeding support clinic (mother and baby health clinic) within one day of discharged from the nursery.
 - 4.5.3.4 Check the nurse responsible for the baby in NICU fills in all the data on the baby feeding sheet.
 - 4.5.3.5 Check that the form (Appendix 13) is used by responsible employee for all formula milk bottles requested from the medical supply at the hospital.
 - 4.5.3.6 Follow up using the form to report violations of the Rule and Executive Decisions of the Saudi Arabia.
 - 4.5.3.7 Record daily & monthly breastfeeding statistics for discharge from N.I.C.U and give it to the head nurse to give and to give it to the head nurse to give to Statistics Department at the hospital with a copy to hospital breastfeeding coordinator
- 4.6 Department of Medical Supply in the hospital will do the following
 - 4.6.1 Supply formula milk requested by any hospital department only when the approved form is used for weekly request of formula milk from the hospital medical supply
 - 4.6.2 Receive formula milk prescriptions for the total formula milk bottles used and compare with total bottles received in past week
 - 4.6.3 Do monthly statistics for the amount of formula bottles used by all hospital departments and give a copy to the hospital breastfeeding coordinator
Send a copy of the total number of formula milk bottles requested monthly to the statistic department at the hospital
- 4.7 Department of Statistics in the hospital will do the following:
 - 4.7.1 Receive statistics of baby friendly hospitals program from the department of breastfeeding support in the hospital and to complete statistic data of the regarding rate of formula bottle used per monthly full term and rate of formula use for premature new
 - 4.7.2 Sent a copy of the monthly statistics to the Regional Administration for Statistics to enter in the program and find out breast feeding indicators in the region
 - 4.7.3 Other hospital departments will do the following:

- 4.7.4 All health workers ensure the implementation of the policy and make all efforts to ensure the success of the program and use the form(to report any national code violations) if needed

5. MATERIALS AND EQUIPMENT:

- 5.1 Educational pamphlets
- 5.2 Educational posters
- 5.3 Breast models and baby size dolls
- 5.4 Computer and printer
- 5.5 Electric pump for hospital use
- 5.6 Disposable small cups and small sterilized containers for expressed milk (EBM)
- 5.7 Plastic boxes to hold EBM containers for each baby in the refrigerator
- 5.8 Refrigerator to store expressed breast milk
- 5.9 Thermometer to measure the temperature of the refrigerator

6. RESPONSIBILITIES:

- 6.1 All Health Care Workers
- 6.2 Breastfeeding Department

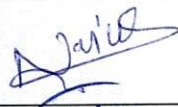

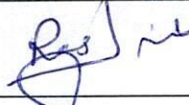



7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 The Royal Ordinance of the Code for Marketing Breast Milk Substitutes no. M / 49 Date 21/9/1425 H.
- 8.2 The Rule and Executive Decisions of the Saudi Arabian Code issued by Minister of Health no. 77185/1/12 Date 14/8/1428 H.
- 8.3 Infant feeding the physiological basis Bulletin of the World Health Organization, Geneva
- 8.4 Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services, a joint WHO/UNICEF statement, Geneva (1989)
- 8.5 WHO & UNICEF, Breastfeeding Counselling: A Training Course (2012)

9. APPROVALS:

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