

Prenatal Breastfeeding Education – A Guide for You and Your Baby

Instruction Sheet

Timely, targeted, effective prenatal education can assist parents to make informed, and hence, better decisions. Step 3 of the Baby-Friendly Hospital Initiative is to inform all pregnant women about the benefits and management of breastfeeding. The *Baby-Friendly USA Guidelines and Criteria* emphasize that “Education about breastfeeding, including individual counseling, should be made available to pregnant women for whom the facility or its associated clinics provide prenatal care. The education should begin in the first trimester, whenever possible.” Include family and support people whenever possible.

The education should cover:

1. The importance of exclusive breastfeeding
- 2. The importance of early skin-to-skin contact**
3. Early initiation of breastfeeding (first hour)
- 4. Rooming-in on 24 hour basis**
5. Feeding on demand or baby-led
6. Effective positioning and attachment
7. Non-pharmacologic pain relief methods for labor
8. Frequent feeding to help assure optimal milk production
- 9. Exclusive breastfeeding for 6 months**
10. Breastfeeding continues to be important after 6 months when other foods are given

Why use the *Prenatal Breastfeeding Education* booklet as a part of your prenatal breastfeeding education plan?

Many excellent prenatal breastfeeding education materials do not directly address the 3 main Baby-Friendly prenatal survey points, **bolded above**. *Prenatal Breastfeeding Education – A Guide for You and Your Baby* is designed to address these 3 key survey points and ensure adherence to the Baby-Friendly Criteria for Evaluation. The Criteria demand that “of the randomly selected pregnant women in the third trimester who are using the facility prenatal services:

- At least 80% will confirm that a staff member has talked with them or offered group talk that includes information on breastfeeding.
- At least 80% are able to adequately describe what was discussed about two of the following topics: **importance of skin-to-skin contact, benefits of rooming-in, risks of supplements while breastfeeding in the first 6 months.**”

What other topics need to be covered?

In order to address all of the 10 points listed above, this booklet should be used with other educational resources that cover effective positioning and attachment such as the Department of Health and Human Services [“Your Guide to Breastfeeding.”](#) For non-pharmacologic pain relief methods for labor consult with your childbirth educator.

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How to use the Prenatal Breastfeeding Education Booklet and Provider Talking Points:

1. The patient is handed the booklet opened to a specific page (depending on the visit), and is asked to please read this while waiting in exam room.
2. Provider or other staff initiate discussion and give key message (**see Provider Talking Points**).
3. Before discharge, staff asks mother an open ended question about what she read or what the provider said.

Everyone can provide education! The MD/CNM/NP can give short, key messages (putting up a mini-poster of provider messages by the Doppler can serve as a helpful reminder). The CPHW/RN/LVN/MA can ask open-ended questions and have a discussion as part of the discharge process.

Example for Visit I (Page I in booklet):

- Patient asked to read “What Are the Benefits of Breastfeeding for me?”
- Provider or other staff gives key message about maternal benefits (**see Provider Talking Points**).
- Before discharge, staff asks “which of these benefits for mothers is most important to you?”
- Staff reinforce and commend as much as possible.

What if mother has questions or concerns about breastfeeding?

- Example – Patient says “My mom died of breast cancer, so less breast cancer is the benefit I like. But my sister’s nipples just about fell off when she breastfed. I can’t do that.”
- You have now identified one of this mother’s barriers to breastfeeding. Document this on **Provider Talking Points**.

Addressing Perceived Barriers:

- Validate her feeling of fear “Oh I can see why you would be worried about breastfeeding! Nobody wants bleeding nipples.”
- Go to the “Myths” pages in the booklet and ask her to read the first paragraph on sore nipples.
- Reassure that sore nipples are a common but solvable problem. Use visual aids or hands to illustrate deep latch.
- Chart the education you provided on her barrier so this can be revisited later in pregnancy by other staff.
- Continue to utilize the *Prenatal Breastfeeding Education* booklet at each visit, using the open ended questions to start a discussion and noting concerns and barriers for follow up.

Do YOU know the benefits of skin-to-skin and rooming-in, and the risks of supplementing? Do you know them well enough to teach them confidently? Give your staff time to familiarize themselves with all of the points in the booklet, to practice open-ended questions, validating feelings, and explaining how breastfeeding works.

If you need help, contact BreastfeedLA for assistance.

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