

COMPETENCY VERIFICATION TOOLKIT

ENSURING COMPETENCY OF DIRECT CARE PROVIDERS TO IMPLEMENT THE BABY-FRIENDLY HOSPITAL INITIATIVE

WEB ANNEX F

**CASE STUDIES FOR KNOWLEDGE, SKILLS, AND
ATTITUDES VERIFICATION**



ISBN (WHO) 978-92-4-000940-0 (electronic version)

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Case study 1: International Code

Your colleague gives you a stack of leaflets explaining the importance of infant nutrition in the first thousand days. The layout is well designed, and the information is easy to read. He suggests that you distribute these materials to mothers in postpartum ward and prenatal outpatient clinics. You note there is an infant formula logo on it.

1: What should your response be? (PI #3)

- ☐ In order for a leaflet to be distributed to pregnant women and mothers, the information should:
 - be scientific and factual
 - free from commercial interests
 - state the superiority of breastfeeding
- ☐ Since this leaflet has the logo of the infant company, it should not be displayed or distributed to health workers or pregnant women/mothers.
- ☐ not imply an equivalency between breastfeeding and a breast-milk substitute.

Case study 2: International Code

You are a paediatric resident working in a sick baby nursery. A representative from an infant formula company comes to you, offering a free nutrition seminar conducted in a 5-star grand hotel. The main speaker is a well-known professor who will present updated information on Human milk oligosaccharide (HMO). There will be a free buffet after the seminar, and you are welcome to come with your colleagues.

1. Is this a violation of the International Code? (PI #4)

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Yes, the free buffet is a Code violation, according to Article 7<ul style="list-style-type: none">– Art. 7.3. No financial or material inducements to promote products within the scope of this Code should be offered by | <p>manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.</p> |
|--|---|

2. Can you list 2 other forms of financial or material inducement that might be offered to a direct care provider by a manufacturer and/or distributor of products within the scope of the WHO Code? (PI #4)

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Promotional items (e.g. pens, note pads, coffee mugs, measuring tapes, posters with company logos, mouse pads, badge holders).<input type="checkbox"/> Free meals.<input type="checkbox"/> Free seminars with or without continuing education credits. | <ul style="list-style-type: none"><input type="checkbox"/> Scholarships/grants/honoraria.<input type="checkbox"/> Free product or sample for personal use or distribution to patients, pregnant women, mothers of infants and young children, or members of their families. |
|---|--|

3. What may be the harm of a direct care provider accepting financial or material inducements? (PI #5)

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Appearance of product endorsement.<input type="checkbox"/> Potential obligation to favour that company's products over other products.<input type="checkbox"/> Ethical conflict of interest as direct care provider. | <ul style="list-style-type: none"><input type="checkbox"/> May be subtly influenced by the inducement and inadvertently undermine breastfeeding. |
|---|--|

Case study 3: Antenatal conversation about breastfeeding and transition after discharge

Caroline is a 28-year-old first time mother, now at 32 weeks of pregnancy who is coming to see you for a prenatal visit. As you discuss with her how she is going to feed her baby, she says she would like to breastfeed as she knows all the benefits for her and her baby. However, she expresses concerns about her ability to care for her infant given her history of depression. The psychologist has already discussed with her and they both planned to pursue her medication during breastfeeding.

1. How would you support this mother prenatally about her decision? (PI #16)

- ☐ Use Foundational Skills to discuss additional information on breastfeeding according to her needs and concerns
 - advantages of exclusive breastfeeding.
 - how to initiate and establish breastfeeding after birth.
 - the importance of skin-to-skin contact immediately after birth.
 - typical breastfeeding patterns.
 - responsive feeding and feeding cues.
 - rooming-in.
 - the importance of colostrum.
 - healthcare practices and the help that mother will receive after birth.
- ☐ Support in a respectful manner a woman who may not be considering breastfeeding to make an informed decision about feeding her infant.

2. What might you tell this mother about practices she would experience at the birthing facility that will support breastfeeding. (PI #17)

- ☐ Use Foundational Skills to discuss
 - Importance of a positive childbirth experience.
 - Immediate and uninterrupted skin-to-skin.
 - Breastfeeding initiation within the first hour.
 - Recognition of feeding cues.
 - Prompt response to feeding cues.
 - Basics of good positioning and attachment.
 - How breastfeeding functions.
 - Breast milk expression (why, how, practice touching her breast, get familiar with massage etc.)

3. Describe warning signs for a mother to call a healthcare professional after discharge. (PI #64)

- ☐ Persistent painful latch.
- ☐ Breast lumps.
- ☐ Breast pain.
- ☐ Fever
- ☐ Doubts about milk production.
- ☐ Aversion to the child.
- ☐ Profound sadness.
- ☐ Any doubt about breastfeeding self-efficacy.

Case study 4: Birth and Immediate Post-Partum

Georgina and Giuseppe come to the birthing facility as contractions are becoming regular and strong. They are installed in a room and the direct care provider examines her and then evaluates the couple's knowledge about the birthing process and post-partum procedures.

1. What information could she give this couple about the importance of immediate and uninterrupted skin-to-skin right at birth for the mother? (PI #18)

- ☐ Temperature within normal limits.
- ☐ Placenta expelled in a timely manner following the surge of maternal oxytocin, so less postnatal anaemia.
- ☐ Surge of oxytocin resulting in adequate uterine involution, secured milk production.
- ☐ Serum gastrin remains low, meaning less stress for the mother.
- ☐ Breastfeeding is facilitated because of the hormones involved with skin-to-skin contact.
- ☐ Bonding is facilitated (visual contacts, touch, facing forwards, affectionate behaviours).
- ☐ Mother's voice and movements are soft, she shows patience in her attempts to latch or to stimulate her baby.
- ☐ Maternal feeling of well-being (oxytocin and endorphins are elevated).
- ☐ Fewer postnatal depressive symptoms.
- ☐ Less maternal negligence and baby abandonment.
- ☐ Mutual reciprocity; maternal sensitivity is increased.
- ☐ Mother can calm her baby more easily.

2. What information could the direct care provider give this couple about the importance of immediate and uninterrupted skin-to-skin right at birth for the baby? (PI #19)

- ☐ Microbiota is colonized with mother's flora.
- ☐ Temperature is maintained within normal limits.
- ☐ Oxygenation and arterial gases are maintained within normal limits.
- ☐ Heart rate is maintained within normal limits and initial tachycardia is reduced soon after birth.
- ☐ Stress of being born is reduced (plasma gastrin remains low).
- ☐ Glycemia is maintained within normal limits.
- ☐ Cortisol level is low, promoting low stress post-birth and pre-feeding behaviours.
- ☐ Promotes normal neuromotor organization.
- ☐ Breastfeeding is facilitated following hormonal surge, proximity to breast (odours, breast massage with baby's fists, placement of the tongue) and facility to follow instinctive 9 stages (pre-feeding behaviours leading to adequate milk production, efficient sucks, exclusivity, smooth transition to breastfeeding).
- ☐ Initial weight loss and gain are within normal limits in early postnatal period.
- ☐ Pain reduced during painful procedures such as heel stick and intramuscular injections.
- ☐ Baby is not in distress (cries less after initial cry).
- ☐ Bonding is facilitated (visual contacts, en-face position, alertness, vocalizations, calm).

3. How can the direct care provider describe to the future parents how skin-to-skin is performed? (PI #20)

- ☐ Naked baby is immediately placed prone on the mother's bare chest and not placed under the warmer or elsewhere before this contact.
- ☐ Baby is not dried before being placed on the mother. When the baby has been placed skin-to-skin, his head and back are well dried to prevent evaporation.
- ☐ Valid for vaginal births or caesareans under regional anaesthesia.
- ☐ Baby is assessed while on his mother as the skin-to-skin contact will reduce his stress of being born.
- ☐ Stability of the baby (e.g. absence of apnoea, desaturation and bradycardia) is assessed after it is placed on the mother.

4. The future parents seem concerned about the safety of their infant during skin-to-skin on his mother. How do you explain to them how direct care providers will make sure the baby is safe? (PI #21)

- ☐ Observation of the newborn (colour, breathing and free movement of head and chest).
- ☐ Observation of the mother (well-being, alertness, pain level).
- ☐ Description to parents of what to observe and who to contact.
- ☐ Observation is done regularly by one designated healthcare professional according to written procedure (may be called policy, protocol, procedure or guideline).
- ☐ Support of the baby in case of caesarean section, to avoid falls.

Georgina gives birth to a healthy term baby and both parents are very happy about the birth process. They want to know what will happen now for the next few hours and how they can make sure their baby is all right.

5. Demonstrate aspects of safe care of the newborn in the first 2 hours post-birth. (PI #26)

- ☐ Mother is in a semi-recumbent position (elevate the head of the mother's bed/stretcher to 30 degrees or more to avoid the baby's flat prone position).
- ☐ Position the newborn on the mother to facilitate visual contact and recognition of the baby's awakening and hunger cues by the mother.
- ☐ Ensure the infant can spontaneously lift his head at all times to facilitate optimal breathing and first sucking.
- ☐ Visually check the infant's breathing, colour, responsiveness to stimulation when checking the mother's vital signs and without removing the blanket to avoid a decrease in temperature.
- ☐ Ensure the infant's nose and mouth are visible at all times.
- ☐ Ensure the mother is responsive.
- ☐ Ensure both mother and support person know what to assess and how to get help if needed.

6. Discuss with the parents why suckling at the breast is important in the first 2 hours. (PI #25)

- ☐ Use Foundational Skills to discuss reasons why sucking at breast in the first 2 hours is important
- ☐ Triggers the production of breast milk.
- ☐ Facilitates the progress of milk production.
- ☐ Increases uterine contractions.
- ☐ Reduces risk of infant mortality.
- ☐ Mother learns how to recognize her infant's cues and effective latch.

Giuseppe asks when he will be able to hold his baby skin-to-skin with him.

7. How do you explain to him why skin-to-skin should not be interrupted with the mother for the first 2 hours, before anyone else can have the baby skin-to-skin? (PI #22)

If skin-to-skin is interrupted,

- ☐ Hormonal secretion of oxytocin and endorphins has to be re-started later on.
- ☐ Baby's cortisol will be higher indicating a higher level of stress.
- ☐ Temperature is not maintained within normal limits, especially if ambient room temperature is cold which will then affect the baby's glycemia (blood glucose level).
- ☐ There is a risk of microbiome being "contaminated" by germs other than the mother's.
- ☐ The human innate sequence of the newborn (instinctual pre-feeding behaviours) will be affected.
- ☐ There will be a delay in the completion of this innate process (instinctual pre-feeding behaviours).

Giuseppe worries for the safety of his baby if Georgina is not well enough to keep him skin-to-skin. How do you make sure he understands what the direct care providers will do if it ever happens?

8. How do you explain to Giuseppe when skin-to-skin could be interrupted? (PI #23)

The professional staff will interrupt skin-to-skin:

- ☐ If there is a critical medical issue.
- ☐ Georgina is not feeling well (fainting, dizziness, etc).
- ☐ Baby is unstable as per WHO/UNICEF definitions (e.g. apnoea, desaturation and bradycardia).
- ☐ If Georgina specifically requests to be separated from her baby.

Case study 5: Essential issues for a breastfeeding mother, helping mothers and babies with special needs, Care at discharge

Anna gave birth to her first baby three days ago and they both went home on the second postpartum day. She received very little instruction on breastfeeding while she was in the postpartum ward. Today, she came to the outpatient clinic because her baby has yellow skin and eyes.

Background information

Baby's birth weight was 3200g and it is now 2750g.

Mother explains that he had scant tea-coloured urine and no stool in the past 24 hours.

Baby was breastfed every 4 hours. She adopted a strict 4-hour schedule following her sister's advice so that the baby will be trained appropriately while having enough milk. Baby was fussy between each feeding at the beginning but now he can sleep longer than 4 hours.

Baby is admitted to sick baby nursery for jaundice requiring phototherapy.

1. Has the baby received enough milk? Why ask that? (PI #63)

No, the baby did not get enough milk and is dehydrated. Signs of this are:

- | | |
|---|--|
| <input type="checkbox"/> Usually sleeping for more than 4 hours in the early weeks. | <input type="checkbox"/> Most feeds last more than 30 minutes. |
| <input type="checkbox"/> Baby apathetic. | <input type="checkbox"/> No signs of swallowing with at least every 3–4 sucks. |
| <input type="checkbox"/> Irritable or weak cry. | <input type="checkbox"/> Scant amount of urine per day. |
| <input type="checkbox"/> Always awake. | <input type="checkbox"/> No stools per day. |
| <input type="checkbox"/> Never seeming satisfied. | <input type="checkbox"/> Fever. |
| <input type="checkbox"/> Inability to suck. | |
| <input type="checkbox"/> More than 12 feeds per day. | |

2. Can you explain what is the probable cause of insufficient milk intake? (PI #30, 37)

- | | |
|--|--|
| <input type="checkbox"/> Fixed feeding time | <input type="checkbox"/> Mother's lack of knowledge. |
| <input type="checkbox"/> Non-responsive feeding in-between set times | |

3. How will you start the conversation with this mother to help her understand the actual situation? (PI #11, 12, 13, 14)

Use Foundational Skills

- | | |
|---|---|
| <input type="checkbox"/> Ask open ended questions about what she knows. | <input type="checkbox"/> Avoid words which sound judging (good-bad-normal-wrong). |
| <input type="checkbox"/> Use responses and gestures which show interest (smile, nod head, etc.) | <input type="checkbox"/> Elicit respectfully what she knows about breastfeeding and about jaundice. |
| <input type="checkbox"/> Give time to the mother to explain her concerns so to get the clear picture of what to emphasize | <input type="checkbox"/> Acknowledge what she thinks and feels. |
| <input type="checkbox"/> Reflect back what the mother says. | <input type="checkbox"/> Address her concerns with factual information provided in a sensitive and respectful manner. |
| <input type="checkbox"/> Empathize – express that you understand how she feels in a culturally appropriate manner. | <input type="checkbox"/> Recognize and affirm what is going well for the dyad. |

- ☐ Determine with her what needs improvement.
- ☐ Assist her to identify workable solutions responsive to her specific concerns and circumstances.
- ☐ Give practical help after having assessed a breastfeed (competency 5.3).
- ☐ Give relevant information especially in the actual situation of a jaundiced baby.
- ☐ Use simple, non-technical language.
- ☐ Make one or two suggestions (e.g. small “do-able” actions), not commands.

4. Does the baby need supplementation? (PI #48)

- ☐ Possibly, depending on how fast mother could build up her milk supply and how effectively could the baby suck at the breast.
- ☐ Mother’s milk supply may be low due to the restricted feeding schedule. Baby may have poor sucking power due to high bilirubin and dehydration. (The baby sleeps more than 4 hours now.)
- ☐ The appropriate intervention may then be to make sure milk transfer is effective and correct latch if necessary, to increase breast milk intake. It may be necessary to give the baby some additional donor milk or formula as well as increasing the times at the breast.

5. If after thorough assessment, the baby needs to be supplemented, how will the supplement be given? (PI #55)

- ☐ Open cup or spoon.
- ☐ Dropper or syringe.
- ☐ Tube-feeding device with finger.
- ☐ Tube feeding device at the breast.
- ☐ Bottle and teat /or feeding bottle with teat

6. What practical support will you give to mother to cup feed her infant? (PI #53)

- ☐ Use Foundational Skills to demonstrate the following after bringing the mother the needed amount of formula in a cup:
 - Hygienic measures for preparation (hands and utensils).
 - Ensure the baby is fully awake, alert and interested in feeding
 - Hold baby fairly upright for feeds.
 - Tip the cup so the milk just reaches the baby’s lips.
 - Let the baby lap the milk at his own pace.
 - When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind.
 - Observe and respect satiation cues.

7. How do you explain to the mother the typical pattern of breastfeeding and support her to recognize and respond to her baby’s feeding cues?

Explain to the mother what is meant by responsive feeding (PI #39)

- ☐ No restrictions on the frequency or length of the infant’s feeds.
- ☐ Respond to infants’ cues for feeding, closeness and/or comfort.
- ☐ Part of nurturing care.
- ☐ Important not to impose a schedule to the baby.

Describe to her early and late feeding cues (PI #37)

Early cues:

- ☐ Baby is waking up slowly.
- ☐ Salivating or rooting.
- ☐ Putting fingers or fist in or around his mouth.

- ☐ Vocalizing.

Late cues:

- ☐ Crying.
- ☐ Going back to sleep.

Explain to her why responsive feeding is important (PI #38)

- ☐ Breastfeeding is facilitated following hormonal surge.
- ☐ Faster development of milk supply (No delay in lactogenesis II).
- ☐ Less breast engorgement.
- ☐ Initial weight loss and gain are within normal limits in early postnatal period.
- ☐ Mother learns to respond to her baby
- ☐ Less crying so less temptation to supplement.
- ☐ Avoids triggering stress (elevated cortisol levels).
- ☐ Baby learns to self-regulate intake.

8. How could you prevent such a condition happening in another mother? (PI #30, 31, 32, 39, 60, 62, 63)

- ☐ Supporting mothers to initiate and maintain breastfeeding and manage common difficulties
 - Evaluating a full breastfeeding session
 - Explaining to the mother infant feeding patterns in the first 36 hours of life
 - Describing to a mother adequate transfer of milk in the first few days.
- Describing to a mother warning signs of undernourishment or dehydration in the infant, important for contacting a healthcare professional after discharge.
- ☐ Supporting mothers to recognize and respond to their infants' feeding cues.
- ☐ Coordinating discharge so that parents and their infants have timely access to ongoing support and care.

Case study 6: Breastfeeding a preterm baby

Adrienne is a 30-year-old first time mother who had a caesarean section 6 hours ago following her uncontrollable hypertension. Baby is 29 weeks gestational age, weighs 1050gm, and was admitted to the intensive care unit immediately after birth. You are the nurse taking care of the mother in the post-partum unit and will give her some support and education related to infant feeding.

Background information

The baby is under nasal CPAP following respiratory distress, so no oral feeding is possible at the moment.

Mother does not smoke or drink alcohol. She is under epidural pain control.

She feels guilty for not keeping the baby in her womb long enough.

She planned to breastfeed and now she is not sure if she could still breastfeed.

Her partner is present and admits he has no opinion about infant feeding but hopes Adrienne could have enough rest.

1. How will you start the conversation with the mother? (PI #11, 12)

- ☐ Initiate the conversation about infant feeding in an open manner.
- ☐ Use helpful non-verbal communication (sit down with the mother, avoid crossing arms over chest, use or avoid eye contact as culturally appropriate, etc...)
- ☐ Ask open ended questions.
- ☐ Use responses and gestures which show interest (smile, nod head, etc.)
- ☐ Give time to the mother to explain her concerns so to get the clear picture of what to emphasize
- ☐ Reflect back what the mother says.
- ☐ Address her concerns with factual information. provided in a sensitive and respectful manner.
- ☐ Empathize – express that you understand how she feels in a culturally appropriate manner.
- ☐ Avoid words which sound judging (good-bad-normal-wrong).

2. Do you think the mother can breastfeed? (PI #47)

- ☐ Yes, there is no contraindication for her to breastfeed even when she received analgesia through epidural during the birth.

3. What information will you give the mother about the special importance of breastfeeding a preterm baby? (PI #15)

- ☐ Provide important nutrients and bioactive food especially for her preterm infant
- ☐ Help baby develop a better cognitive potential
- ☐ Decrease the risk of
 - Necrotizing enterocolitis.
 - Acute diseases (respiratory infections, diarrhoeas, otitis, dermatitis).
 - Allergies and infections.
 - Chronic diseases (asthma, diabetes, obesity).
 - Cancers during infancy, leukaemia.
 - Death before 2 years old from all causes.
 - SIDS (sudden infant death syndrome).

4. Since the baby is not ready for oral intake, what will you discuss with the mother about breastfeeding? (PI #40, 41, 44)

How to establish and maintain lactation until breastfeeding directly at the breast is possible:

- ☐ Facilitate prolonged skin-to-skin to improve stabilization of temperature, breathing and heart rate.
- ☐ Suggest frequent hand expression and explain how to do it
- ☐ Use Foundational Skills to discuss the importance of:
 - Creating a comfortable environment to facilitate the let-down reflex
 - Washing hands thoroughly.
 - Having a clean bowl/container to catch the milk.
 - Massaging the whole breast gently.
 - Put her thumb on her breast above the nipple and areola, and her first finger or first two fingers on the breast below the nipple and areola, opposite the thumb.
 - Press her thumb and first finger or first two fingers slightly inwards towards the chest wall.
 - Press her breast behind the nipple and areola between her fingers and thumb
- ☐ Press and release, press and release.
- ☐ Avoid rubbing or sliding fingers along the skin or squeezing the nipple.
- ☐ Expressing milk from both breasts.
- ☐ Expecting that a session will last 10-20 minutes as milk flow decreases.
- ☐ Giving the baby the expressed breast milk by tube if possible. If not, then explain to her appropriate storage of expressed breast milk:
 - Labelling and dating of the expressed milk
 - Container options for storage (bags, plastic or glass bottles).
 - Hygienic storage.
 - Temperature and duration of storage.
 - Signs of improper storage and spoilage.

5. What could you say to encourage her to stay with her infant in the intensive care unit as often and as long as possible? (PI #45)

- ☐ She will help her baby heal and grow better.
- ☐ She will be able to breastfeed sooner and better.
- ☐ She will be able to express breast milk more easily
- ☐ She can feed her baby (using tube or other means)
- ☐ Her baby needs her touch, her warmth and her voice.
- ☐ When she is not able to be present, a significant other can be present.

6. While the mother is still hospitalized, you are taking care of the expressed breast milk. Please explain at least 3 aspects of handling of expressed breast milk. (PI #42)

- ☐ Proper care of containers and feeding devices.
- ☐ Order of milk use:
 - Fresh before stored
- ☐ If using stored/frozen milk, use oldest stored milk first
- ☐ Thawing and heating techniques.
- ☐ Handling of previously frozen and thawed human milk (do not refreeze).
- ☐ When to discard any remaining milk.

Case study 7: Crying Baby, Mother asked for supplementation

Miriam is a 28-year-old first-time mother. She gave birth to a male, full term health baby through vaginal delivery last night. The baby nursed well in the delivery room within an hour after delivery. He stayed in the same room with mother after then. The baby sucked at the breast for 5-10 minutes then fell asleep every 2-3 hours till tonight. He cried every time when mother tried to put him back to the crib after breastfeeding for more than one and half hour. The baby had passed urine once, and meconium twice since birth.

Background information

Mother knows the importance of breastfeeding. She plans to take maternal leave for one year and exclusive breastfeed for the first 6 months.

Mother-in-law thinks mother does not have enough milk in the first 3 days and baby should have some formula supplementation.

Father agrees with mother for her breastfeeding plan but worries that she does not have enough rest. He suggests exclusive breastfeeding after discharge.

Mother's concern:

The baby cries a lot and needs to be breastfed so frequently. She may not have enough milk as her mother-in-law said.

She stays in a double room. She worries baby's crying would annoy others.

1. What will you do before engaging in a conversation with this mother? (PI #48, 51)

- ☐ Elicit essential information and reflect back to the mother to confirm an accurate comprehension of her concerns and circumstances to intend to mixed feed, including:
 - Mother's expectations of how a baby behaves.
 - What she has tried before to calm her baby.
 - Mother's response to infant's cues for feeding.
 - Baby's needs for closeness and/or comfort.
 - Infant's feeding patterns.
 - Sleep-wake patterns.
 - Mother's level of anxiety or tiredness.
- ☐ Assess a breastfeed and evaluate the presence of medical indications for supplementation.
 - Signs of good positioning and effective latching.
 - Suckling, swallowing, and milk transfer.
 - Respond to the individual mother's and family's needs, concerns, preferences and values related to mixed feeding.
- ☐ Using fundamental counselling skills, engage in conversations with a mother regarding infant feeding decisions.
 - Mother's meaningful support in the home.

2. Does the baby get enough milk? (PI #28, 64)

- ☐ Yes, the urine and stool amount are as expected.

3. What may be the cause for his crying? (PI #58)

- ☐ He may need closeness and/or comfort.

4. What counselling skill will you use to accept mother's concern? (PI #12)

- ☐ Use helpful non-verbal communication (sit down with the mother, avoid crossing arms over chest, use or avoid eye contact as culturally appropriate, etc...)
- ☐ Ask open questions.
- ☐ Use responses and gestures which show interest (smile, nod head, etc.)
- ☐ Reflect back what the mother says.
- ☐ Empathize – express that you understand how she feels in a culturally appropriate manner.
- ☐ Avoid words which sound judging (good-bad-normal-wrong).

5. What supportive comments will you give to mother and family? (PI #12)

- ☐ Praise the mother because the baby is getting enough milk.
 - ☐ Recognize that the mother may be overwhelmed with the intense needs of her baby.
- Remind and reassure mother that the baby needs and likes to be close to her (in her arms), which is normal and appropriate.

6. What practical help will you give to mother and family? (PI #59)

Demonstrate calming or soothing techniques (by using a doll)

- ☐ Offering the breast again
- ☐ Skin-to-skin with mother or support person
- ☐ Holding infant.
- ☐ Walking, moving around
- ☐ Rocking.
- ☐ Singing.
- ☐ Interacting with the baby
- ☐ Massaging

7. What will you do if the mother still insists to get a bottle of formula? (PI #50, 55, 56)

- ☐ Describe to her other options of supplementation instead of formula, such as her own expressed milk or donor human milk, if available.
- ☐ Describe respectfully some of the risks of giving breastfed newborns food or fluids other than breast milk, in the absence of medical indication.
- ☐ Describe and demonstrate alternative feeding methods other than feeding bottles.
- ☐ Encourage her to continue breastfeeding for as often as she can and as long as she can, after her period of rest.
- ☐ Tell her you will support her whatever her decision.

