

UNICEF UK BABY FRIENDLY INITIATIVE

GUIDANCE FOR VIRTUAL INFANT FEEDING SUPPORT DURING THE CORONAVIRUS (COVID-19) OUTBREAK



GUIDANCE SHEET 3: POSTNATAL CONVERSATIONS

Delivering Baby Friendly services at this time can be difficult. However, babies, their mothers and families deserve the very best care we can provide. This document on postnatal conversations is part of a series of guidance sheets designed to help you provide care remotely.

PREPARING FOR THE CONVERSATION

- Refer to [Guidance Sheet 1](#) before you start
- Plan a mutually agreed appointment with the mother and consider her history and circumstances prior to the call if possible
- Be aware that parents may be feeling vulnerable and frightened due to Covid-19 so sensitive and active listening is important.

THE POSTNATAL CONVERSATION

- Introduce yourself, gain verbal consent to continue and let the mother know how much time you have
- Ask the mother to tell you her feeding journey so far. If she is fully or partially breastfeeding, follow **scenario 1**. If she is formula feeding, follow **scenario 2**.

USEFUL RESOURCES

- [Early postnatal signature sheet](#)
- [Later postnatal signature sheet](#)
- [Breastfeeding assessment tools](#) (midwives, health visitors, neonatal or mothers)
- [Bottle feeding assessment tool](#)
- Knitted breast and doll (if video call)

SCENARIO 1: MOTHERS WHO ARE BREASTFEEDING

- Carry out a full feeding assessment with the mother using the correct [breastfeeding assessment tool](#)
- Provide positive feedback on the [value of breastfeeding](#)/breastmilk in providing food, comfort and protection, developing baby's immunity and fighting infectious diseases (particularly at this time)
- Based on the mother's story, revisit information on how to achieve effective breastfeeding:
 - Discuss the role [skin-to-skin](#) plays in calming both mother and baby, boosting lactation hormones, developing baby's immunity and helping to support the [mother-infant relationship](#)
 - Encourage parents to keep babies close and to respond to their need for love and comfort
 - Revisit [positioning](#) and [attachment](#)
 - Ensure [CHIN principles](#) (see right) are in place and that baby has free access to the breast
 - Encourage the mother to recognise and respond to feeding cues (mouth opening, turning head, seeking and rooting, sucking fists, etc.)
 - Discuss using [hand expression](#) to tempt baby to feed or if breasts are full and/or have a blocked duct (see [breastmilk expression checklist](#))
 - Discuss with the mother how she can assess if her baby is getting enough milk (see right)
- Introduce guidance on [sleep](#) and how to [care for baby at night](#)
- If the mother is partially breastfeeding, discuss the importance of [maximising breastmilk](#) and/or a return to full breastfeeding (depending on circumstances, a discussion on re-lactation may be helpful)
- Signpost to the [breastfeeding checklist for mothers](#).

CHIN PRINCIPLES

- C**lose
- H**ead free to tilt back
- I**n line
- N**ose to nipple

IS BABY GETTING ENOUGH MILK?

- Starting when baby is 3-4 days old, the mother should be able to hear frequent swallowing during the feed
- In the first week, contents of nappies will begin to change. This helps indicate successful feeding. The [breastfeeding assessment tool](#) can help assess if the urine/ stool output is appropriate to the baby's age.

SCENARIO 2: MOTHERS WHO ARE FORMULA FEEDING

1. Carry out a full feeding assessment with the mother using the [bottle feeding assessment tool](#)
2. Revisit information on how to responsively bottle feed and what infant formula to use:
 - Discuss the importance of [skin-to-skin](#) and the role it plays in calming both mother and baby, developing baby's immunity and helping to support the [mother-infant relationship](#)
 - Talk through [responsive bottle feeding](#) and how to recognise early feeding cues (mouth opening, turning head, seeking/rooting, licking and nuzzling)
 - Remind parents to pace feeds and to limit the initial number of caregivers to just the mother and partner to begin with
 - Parents should be advised that stage 1/first infant formula should be used for infants in the first year of life (see right)
 - Remind parents to always make up infant formula as per manufacturer's guidance and that adding more water to make it last longer could endanger baby's health
 - Review hand hygiene and washing feeding equipment in hot, soapy water before sterilising
 - Review how to make up feeds as safely as possible and guide parents to [information online](#).

STAGE 1/INFANT FORMULA

- If the mother cannot get her usual brand of first infant formula, she can use any first infant formula as they all have a similar nutritional composition to comply with legislation
- Use only first infant formula for babies under 6 months, not stage 2 follow on
- If parents use follow on formula for a baby older than 6 months and cannot access this, use first infant formula
- If parents use anti-reflux milk, comfort milk, etc. and cannot access these, use first infant formula.

FOR ALL MOTHERS

1. Allow the mother to talk with some prompting from you
 - Avoid expressing your opinion or contradicting what she is saying
 - Reflect what she is saying back to show you are listening
 - Keep information succinct and don't overload
 - Use leaflets or props to re-enforce key messages
 - Don't expect a commitment straight away; provide links to additional information
2. Bring the conversation to a close
 - Ask the mother how she feels about your discussion and if there is anything else she would like to know
 - Inform the mother what happens next
3. Record the conversation in line with trust guidance and make a referral as appropriate.

IF PARENTS/CARERS ARE INFECTED

1. Review with parents how to take precautions to limit the spread of [Covid-19](#) to the baby:
 - Wash hands thoroughly before and after contact with the baby and routinely clean and disinfect any surfaces touched
 - Wash all feeding equipment in hot, soapy water and sterilise as per manufacturer's guidelines
 - Practice respiratory hygiene, e.g. avoid coughing/sneezing on baby during feeding and wear a face mask or suitable alternative if available.
2. If a breastfeeding mother is feeling unwell, continuing to breastfeed rather than expressing may be easier and less stressful during this time. Alternatively, she may prefer for someone who is well to feed expressed breastmilk to the baby.
3. If a baby is being bottle fed with formula or expressed milk, wash equipment in hot, soapy water and sterilise carefully before each use.
4. If the mother is too unwell to breastfeed/express, she may be supported to once well enough. Consider using donor milk if available or applicable.