A Breast Feeding Policy for Malta

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Health Division
Malta
FORWARD

There is no doubt that breastfeeding benefits mother, child and society at large. This was primarily the reason for a working party to study the issue of breastfeeding at a national level.

In fact in 1996 a working group composed of health professionals from primary health care, health promotion, maternal care as well as breastfeeding counsellors, started designing a policy statement on the issue of breastfeeding in Malta. This was done in an effort to encourage more mothers to experience one of nature's gifts which unfortunately has been threatened during the last half of the twentieth century.

This document is the result of an in-depth study into the reasons many mothers find breastfeeding a challenge. It also outlines the health services required to empower mothers with knowledge and support whilst it serves as a tool for all health care professionals to enable them to protect and promote breastfeeding through the course of their daily work.

Our national breastfeeding policy expands on the significance of breastfeeding which had been mentioned in an earlier health document, Health Vision 2000 (1993). Our dedication towards the health of future generations of newborns, lies in our responsibility to preserve breastfeeding as the mainstay of infant nutrition.

Hon. Dr. L. Deguara
Minister of Health
Valletta
ACKNOWLEDGMENTS

The Health Promotion Department would like to thank the following persons for their assistance in completing this document:

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1.0 Introduction

The Innocenti Declaration of 1967 appeals to many governments all over the world to support, protect and promote breast feeding. This decision has been further strengthened by the nations participating in the World Conference on Nutrition (1997). For these reasons the Health Division needs a policy on breast feeding which it can implement on a national level through its six departments. In fact, the rationale for formulating and implementing a breast feeding policy lies in the following considerations:

- Benefits to the health of the infant and mother.
- Benefits to the mother-infant relationship.
- Economic benefits.
- Malta’s low level of breast feeding which is the lowest in Europe, alongside Ireland.

The following table shows the % rates of breast feeding mothers at the time of discharge from hospital:

<table>
<thead>
<tr>
<th>Year</th>
<th>1996</th>
<th>1997</th>
<th>1998</th>
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<tr>
<td>Rate of breastfeeding</td>
<td>45</td>
<td>49</td>
<td>46</td>
</tr>
<tr>
<td>Rate of mothers who bottle feed</td>
<td>41</td>
<td>38</td>
<td>40</td>
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(source: Health Information Department)

- A mother’s right to make an informed choice about the method she chooses to feed her infant.

1.1 Goal

To re-establish and reinforce a breast-feeding culture.

1.2 Aim

To formulate a local breast feeding policy that will be implemented in various settings within the health system, workplace and community.

1.3 Objectives

- to increase the percentage of mothers practising exclusive breast feeding when leaving the hospital
- to enable mothers to exclusively breast feed their infants for the first six months of life
- to ensure the protection and promotion of breast feeding in the community.

1.4 Issues for Implementation

- enact legislation controlling the marketing of breast milk substitutes
- enforce a breast feeding policy in maternity hospitals based on the principles of the Baby Friendly Hospital Initiative (BFHI) (Appendix 3)
- establish a breast feeding policy at a community level including the role of mother-to-mother support groups
- train health care professionals in the promotion and management of breast feeding
- develop strategies for the promotion and support of breast feeding in the community
- set targets, implement and monitor this policy
6.5 Priority Target Areas involved in Policy Implementation
- Maternity Hospitals
- Neonatal and Paediatric Intensive Care Unit
- Paediatric Wards
- Ante-natal Classes and Clinics
- Labour Ward
- Post-Natal Ward
Primary Health Care
- Health Centres and Immunisation Schemes
- Community Midwives (MMEDNA) Scheme
- Mothers-to-Mother Voluntary Support Groups (CANA Group)
- Health Promotion Department
- Strategic campaigns in the various settings namely schools, workplace and localities in the community
- Training of Health Care Professionals
- Doctors
- Community Pharmacist
- Midwives and MMEDNA workers
- Nurses
- Voluntary groups

2.0 Promoting Breastfeeding in Maternity Hospitals & Units - Baby Friendly Hospital Initiative

Establishing a breastfeeding culture in the maternity hospitals is the first step in promoting community care policies that may support a woman's decision to breastfeed and continue once she has left the hospital.

In 1994 at the International Paediatric Association Conference, WHO and UNICEF launched the Baby Friendly Hospital Initiative (BFHI) with the following goals:

- to enable mothers to make an informed choice about how to feed their newborns
- to support exclusive breastfeeding for the first 6 months of life
- to ensure the cessation of free and low cost infant formula supplies to hospitals.
- to include, possibly at a later stage and where needed, other mother and infant health care issues.

All hospitals that house maternity wards are invited to participate in the BFHI. The "Ten Steps for Successful Breastfeeding" (Appendix 3) provide the basis and minimum requirement for hospitals that wish to be designated as baby friendly.

Anecdotal reports to midwives indicate that most mothers have already decided on their method of feeding before delivery. In fact the mother's wish is included in the baby's notes. Therefore hospital activity should be primarily oriented to support the mother's chosen feeding practice. However this might be an opportunity to influence the feeding decision of some mothers who might still be doubtful as to whether they should breastfeed or bottle feed.

Consequently those mothers who have selectively chosen breast feeding, should be given support by knowledgeable hospital staff that can make this a successful experience.

Recommendations

2.1 A Breastfeeding Policy
The breastfeeding policy at Karen Grech Hospital conforms with the BFHI. This needs to be routinely circulated to staff and strictly enforced.

2.2 Hospital Staff
Even though breastfeeding is partly instinctive, it is an acquired experience. In fact, successful breastfeeding depends on what the mother learns and is highly dependent on skilled teaching and support that she receives during her stay in hospital.

It is therefore recommended that health care professionals working in the Maternity Department are well prepared to encourage, support and advise mothers on the successful management of the breastfeeding at least the first 6 months of the infant's life.

It is recommended that hospital personnel, especially midwives, are sufficiently skilled in the practical management of breast feeding problems. This advice should be provided within the context of positive and supportive attitude from the staff.

All the staff should be thoroughly familiar with the breastfeeding policy within the maternity wards.

2.3 Hospital Routine
The following points should be considered:

a) Skin-to-skin contact should be encouraged as early as possible and initiation of breast feeding should follow within the first half hour of life. Many studies have shown that women who commence breast feeding early rather than late enjoy a longer duration of breast feeding. Therefore hospital staff should facilitate and support the mother to initiate skin-to-skin contact immediately following a normal delivery, and breast feeding be initiated within the first hour of birth or so.

b) Rooming-in of the child with the mother facilitates the continuation of breast feeding. This should be encouraged by the staff and be established as the norm. However where the mother objects or feels too tired, her requests should be respected.

c) Breast feeding is only successful when the baby is fed on demand i.e. the frequency and duration of the feed is determined by the baby.

This is usually every 2-3 hours thereby ensuring successful breast feeding. Many health workers and mothers need guidance and reassurance that this is the most appropriate way to feed the child. The frequency of feeds will vary according to the baby's needs. Night feeds should be encouraged since these help to maintain the prolactin level which is released in larger amounts during the night.

It is recommended that mothers are instructed to recognize cues from the baby when feeding is required. Some babies will feed from both breasts and therefore both should be offered even if the second breast is not required. Correct latching of the baby onto the breast along with frequent feeds will prevent sore or cracked nipples and breast engorgement.

d) Supplementing breast feeding with either water, glucose or artificial milk is a common practice amongst Maltese mothers. This very often happens when the mother feels uncertain whether her baby is getting enough milk solely from breast feeding. Such misconceptions are a result of doubts arising from comments from health care professionals, neighbours, family and friends. It is therefore recommended that--
Within the maternity wing no supplementary feeds should be given unless medically indicated (this is very rare, arising in <1% of cases).

- To avoid nipple inversion, the use of artificial teats and soothers should be discouraged within maternity wards until breast feeding is well established.

- Correct positioning of the baby on the breast should be ensured from the first feed since this is the best way to prevent cracked nipples.

e) Expressing milk is a convenient method for the mother to maintain breastfeeding if she is temporarily separated from her baby. Expressed milk is preferably fed to the baby by cup or spoon.

f) Promotion of In-Home Feeding Products including the donation of free samples and literature of infant formulas to hospitals and maternity wards is prohibited by the International Code of Marketing of Breast Milk Substitutes (Appendix 2). In fact there should be no such distribution in other public health care facilities like health centres and clinics. Any literature on infant feeding for distribution in the maternity ward and hospital should be approved either by WHO or the Health Division or produced by the Health Promotion Department itself.

g) Successful maintenance of breast feeding once the mother is discharged from hospital depends on the support the mother receives at home. It is very common for the mother to encounter difficulties with breast feeding when she goes back home. Currently the community midwives visit the mothers postnatal visits three times over a period of ten days. They offer assistance to the mother but it is recommended that other services are in operation so that the mother can fall back on these for support, counselling and advice.

Before mothers are discharged, it is recommended that they are given contact telephone numbers of members from the Association of Breastfeeding Counsellors (ABC). This organization may offer hands-on advice either by phone or home visits on a 24 hour basis.

h) Caesarean Deliveries

Those mothers who deliver by Caesarean section should be given continuous assistance especially during the first 2-3 days postpartum. These mothers should be offered safe pain-relief medication that would not require them to stop breast feeding.

i) Special Care & Premature Babies

All mothers whose baby needs any kind of special care should be informed of how important breast milk is to these babies. It should be stressed that:

- Breast milk helps protect against infection and necrotizing enterocolitis, chest and urinary infections. All of these are serious threats to premature babies.

b) Mothers should be advised on:

   i) Initiating the milk supply
   ii) Expressing and storage of breast milk
   iii) Maintenance of lactation
   iv) Self care e.g. adequate nutrition and rest
   v) Correct positioning and latching-on when baby is ready to feed from the breast.

Mothers should be shown how to initiate milk supply, express milk and store it properly. Mothers also need help and support in latching the baby to the breast when the infant is ready to do so.

3.0 Promoting Breast Feeding at Community Care Level

All mothers-to-be and those who have delivered should find adequate support for breast feeding. In Malta ante-natal contact is well established with midwives who run ante-natal courses. Following discharge of mother and child from the post-natal ward, the mother has a total of three visits from an MDNADNA community midwife over a span of ten days. These visits are not sufficiently utilised for the establishment of breast feeding. One of the objectives of these visits should be the protection and support of breast feeding.

Recommendations

3.1 Ante-Natal Period

Throughout pregnancy, mothers-to-be are very sensitive to any health messages concerning the well-being of their baby. In fact many mothers decide on the choice of infant feeding during the ante-natal period. This provides an excellent opportunity for health professionals (obstetricians, pharmacists, nurses) who come in contact with the mother to reinforce the message that breast milk is best for mother and infant. At this stage information may be obtained from Parent Craft classes, Association of Breastfeeding Counsellors (ABC) and the Health Promotion Department.

3.2 Post-natal Period

The few days following discharge from hospital are crucial. They determine the success or failure in breast feeding. It is therefore crucial that the mother is aware of who can help her when problems arise with breast feeding. The following services could prove useful in helping mothers:

   a) A 24 hour help line is available through the Labour Ward, Postnatal Ward, Midwifery/ Nursing Staff and the ABC.
   b) Mothers are given proper advice and support during their brief stay in the Postnatal Ward. A positive attitude by the staff helps to dispel any fears.
   c) On discharge from hospital, mothers are given a list of contact persons available as need be.
   d) The health care staff within the health centres is informed of the breast feeding policy of the hospital and refer the mother to the above post-natal services.
   e) The Well Baby Clinic needs to evolve in a way that it will foster the maintenance of breast feeding.
   f) The health centres should ensure the protection and promotion of breast feeding. On no account should a mother encountering difficulties with breast feeding be advised by any of the staff to switch to bottle-feeding before an attempt is made to tackle the problem. When difficulties arise proper referral should be made.

3.3 Mother-to-Mother Support Groups

In Europe, the concept of mothers helping and motivating other mothers originally developed in Norway where throughout the years it has proved a successful and resourceful strategy in the promotion of breast feeding. Currently in Malta such a support group working in the community is the Association of Breastfeeding Counsellors run by Cana. This team of women is devoted to the protection and promotion of breast feeding. Amongst the various services that the organizers offer, is a helpline service. In fact those who seek their help are more likely to succeed in breast feeding over the first four months.
Recommendations

- The team should work in close liaison with hospital maternity services.
- The staff at the health centre should refer mothers to the support group for follow-up.
- The support group may advise the Health Division of any necessary changes which might encourage more mothers to breast feed.
- The Health Division should assist and support this group in any possible manner.

4.0 Training Health Professionals

Health professionals who are directly involved with mothers and infants, such as paediatricians, obstetricians, GPs, nurses, midwives, lactation counsellors and hospital administrators, have the responsibility to promote and encourage the Health Division's policy that breast milk is the most satisfactory nutrition for infants.

Many of these health professionals come in contact with mothers during the antenatal, intrapartum and post-natal period. These contacts should provide opportunities for the promotion of breast feeding. It is therefore essential that such professionals are appropriately trained for this role. Such training should form an integral part of the respective curricula at the Institute of Health Care and the Medical Schools. Such training should be further enhanced by a comprehensive programme of continuing professional development. The adequacy of training and the heightened awareness of health professionals is considered to be a critical success factor for the establishment of successful breast feeding.

4.1 Recommendations

At Undergraduate Level

The ten steps for successful breast feeding (Appendix 3) should form the basis of an education programme for nurses, midwives and medical personnel. The curriculum should also include:

1. physiological and rationale for breast feeding;
2. effective management of lactation;
3. familiarization with the Code on Breast Milk Substitutes (Appendix 2);
4. baby-friendly hospital initiative (BFHI).

The Medical School and Institute of Health Care should be the two institutions from which health care professionals emerge with the necessary knowledge and positive attitudes regarding breast feeding. Professional organizations should be encouraged to get involved in the breast feeding issue and act as advocates in the pursuit of a breast feeding culture.

In-Service Training

Nurses, midwives and medical personnel caring for the pregnant women, mothers and infants in maternity hospitals and units as well as in the community, require training in the skills necessary to promote and facilitate successful breast feeding.

These should include communications and counselling skills, training sessions and workshops.

5.0 Promoting Breast Feeding in the Wider Community

The decision taken by a mother on the feeding methods suitable for her child depends on many factors such as:

- attitudes prevailing in the wider society;
- attitudes of the more immediate network of family and friends e.g. grandmother, neighbours, colleagues at work;
- socio-cultural variables associated with the female physiology and sexuality.

- the attitude of the baby's father;
- possible embarrassment felt by the mother because of the need for privacy.

5.1 Recommendations

Community

No discrimination should be made against breast feeding in public places e.g. restaurants, shopping areas, and banks.

Education about breast feeding should not be solely directed at women but must also address the whole community. The media has a significant role to play in this context so as to promote and support a positive image of breast feeding, thereby portraying it as the norm.

Schools

To ensure that women are less apprehensive about breast feeding it is essential to increase female self-confidence and awareness on the basic physiology of the breast. This could be a component of a "social and health education programme" in primary and secondary schools, with the objective of promoting from an early age the value of breast feeding. In fact, health education and life-skills curricula should foster a positive body image with the eventual result that both males and females are comfortable with the idea of breast feeding. Schools that have joined the European Network of Health Promoting Schools could be amongst the first to implement projects focusing on increasing awareness of breast feeding.

Workplace

Women's needs in today's world must be balanced between the family and work outside the home. Therefore from a practical aspect maternity leave entitlement and work-place facilities should encourage breast-feeding. As structural support this would relate to partial/full maternity leave, entitlement to paternity leave, nursing breaks and workplace facilities for expressing and storing milk. Such initiatives as creche facilities and lactation breaks should be promoted by the health sector.

6.0 Targets

6.1 Long Term

An increased initiation rate of breast feeding on discharge from hospital to at least 90% of babies. An increased proportion of infants still breast fed at 4 months of age to at least 80%.

6.2 Medium Term

- Establish a breast feeding policy in the maternity hospital by 2000.
- Health care centers to identify a breast feeding resource person by 2001.
- The Health Division to include provisions for the designation of a national breast feeding resource centre starting at £m 1,000 and increasing by £m 500 annually.
- To incorporate the recommendations on professional training (Section 4.9) in all Health Promotion/ Public Health courses by 2002.
- With eventual EU membership review EU directive on maternity leave and therefore extend to at least 16 weeks.
- The Health Education programme in primary and secondary schools to contain a breastfeeding component by the year 2001 as recommended in this policy document.
- To make available workplace creche facilities and lactation breaks within the health sector by 2005. This is to be followed by similar provisions in the public and private sector.
- The Health Information Department to establish a system of monitoring breast feeding rates following discharge from hospital at 15 days, 2 months, 3 months and at 1 year by 2003.