



MODULE ONE

Before Birth

This workbook accompanies module one of the
Infant Feeding Coach™ Program

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Welcome to this new adventure and chapter in your own professional development. You have invested your hard-earned money and you have committed your most valuable asset - your time.

I am honoured to take you on this exciting Infant Feeding Journey, I can't wait to get to know and work with you.

Dee Bell



BEFORE BIRTH

This workbook is the first of three assessed workbooks and will become a record of your **Infant Feeding Coach™** Journey.

You will be asked to electronically submit your workbooks at the end of each module.

Please **do not** leave any sections blank, as these will be returned to you to fill in and will constitute a fail.

Before filling in each section of the workbook ensure you have watched the relevant course materials.

Please refer to the marking criteria and examples under 'pre-course prep/course expectations'.

SECTION ONE

What does the word 'Coach' mean to you in the context of becoming an **Infant Feeding Coach™**?





THE INFANT FEEDING CONTINUUM FRAMEWORK

Birth and Infant feeding is a very emotive subject, particularly for those that would have liked to have breastfed and for any reason did not meet their own feeding goals. Therefore, sensitive yet informative communication skills are essential.

Throughout your journaling as an **Infant Feeding Coach™** you will use **The Infant Feeding Continuum Framework** to guide you.

THE INFANT FEEDING CONTINUUM FRAMEWORK

In this section you are being asked to relate the 5cs specifically to each point of the parents' journey: Before Birth, Newborn Nurslings and the Fourth Trimester.

Please ensure you include your relationship to the mother as an Infant Feeding Coach™, as well as your relationship to the family and the wider supporting network ie, grandparents and other health professionals. Also consider how can the 5cs relate to mother/baby/partner and their relationships to their wider network and other healthcare professionals.

What do these aspects of the Framework mean for you and for the clients you will serve in regard to the 'Before Birth' period?

Connection



Compassion



Collaboration

Blank white box for notes under Collaboration.

Communication

Blank white box for notes under Communication.

Confidence

Blank white box for notes under Confidence.

AN INTRODUCTION TO LGBT+ INCLUSION

Reflection on inclusion training:

Use this page to reflect upon this session. Have you learnt anything new? How might it influence your practice in the future?



SECTION TWO

The 'Unicef Baby Friendly Initiative' Standards

Information:

Please [click here](#) to view this guide by the Unicef Baby Friendly Initiative.

"Having Meaningful Conversations with Mothers, A Guide to Using the Baby Friendly Signature Sheets"

As an International Board Certified Lactation Consultant, everything I teach is in alignment with 'Baby Friendly' advice. It's important for you to understand what this advice is based on, so as an **Infant Feeding Coach™**, you can be sure that your knowledge comes from a solid base.

The 'Unicef Baby Friendly Initiative' standards are designed to ensure that all mothers understand why breastfeeding is important and how to make it work.

They are also designed to ensure that healthcare staff don't do things that will interfere with breastfeeding but instead are able to inform and support parents.

This includes parents who intend to bottle-feed their babies with artificial formula milk.

WORKING WITH THE 'UNICEF BABY FRIENDLY' STANDARDS

BFI standards aim to enable services to support all mothers with feeding and to help parents to build a close and loving relationship with their baby.

These standards incorporate the previous standards specified in the **'Ten Steps to Successful Breastfeeding'** and the **'Seven Point Plan for Sustaining Breastfeeding in the Community'**.

The standards have been updated and expanded on to include **parent-infant relationships**, fully reflecting the evidence base on delivering care and ensuring the best outcomes for mothers and babies in the UK.

10 STEPS TO SUCCESSFUL BREASTFEEDING

- 1 Have a written breastfeeding policy that is routinely communicated to all health-care staff.
- 2 Train all health-care staff in the skills necessary to implement the policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Help mothers initiate breastfeeding soon after birth.
- 5 Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- 6 Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- 7 Practise rooming-in – allow mothers and babies to remain together 24 hours a day.
- 8 Encourage breastfeeding on demand.
- 9 Give no artificial teats or dummies to breastfeeding infants.
- 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital.

www.theinfantfeedingacademy.co.uk info@theinfantfeedingacademy.co.uk

THE SEVEN POINT PLAN FOR SUSTAINING BREASTFEEDING IN THE COMMUNITY

- 1 Have a written breastfeeding policy that is routinely communicated to all health-care staff.
- 2 Train all health-care staff involved in the care of mothers and babies in the skills necessary to implement the policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Support mothers to initiate and maintain breastfeeding.
- 5 Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods.
- 6 Provide a welcoming atmosphere for breastfeeding families.
- 7 Promote co-operation between health-care staff, breastfeeding support groups and the local community.

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STAGE 1 - Building a Firm Foundation

1. Have written policies and guidance to support the standards
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff

STAGE 2 - An Educated Workforce

Educate staff to implement the standards according to their role and the service provided

STAGE 3 - Parents' Experiences

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby

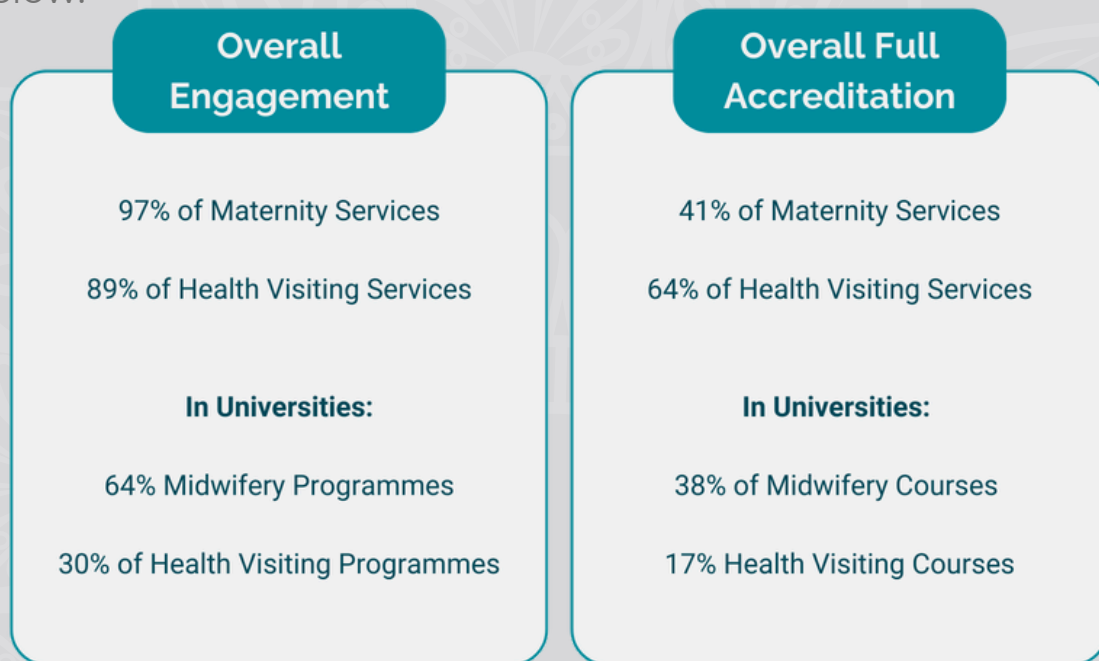
WORKING WITH THE 'UNICEF BABY FRIENDLY' INITIATIVE STANDARDS

Please use this page to reflect upon and explain how you can help to incorporate the 'Unicef Baby Friendly' standards into your work. Be specific about what actions you will take.

NOTES:

WORKING WITH THE 'UNICEF BABY FRIENDLY' INITIATIVE STANDARDS

During the presentation, I explained that the vast majority of units are engaged with Baby Friendly. However, engagement is not the same as accreditation, as you can see by these figures below:



How are the hospitals in your area doing? And what can your clients expect?

List ALL the hospitals that feed into your geographical practice area?

1.

2.

3.

What stage of BFI accreditation are they currently at?

<https://unicefbfi.secure.force.com/Events/Awards> ▶

1.

2.

3.

SUPPORT FOR FAMILIES IN YOUR AREA

Name 5 of your nearest International Board Certified Lactation Consultants - regardless of distance ([Find an IBCLC](#)):

These can be found via google searches and the [IBCLC website](#): ►

	Name:	Phone Number:	Website:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of your 3 nearest local Private Tongue-tie Practitioners, regardless of distance.

These can be found via the [Association of Tongue-tie Practitioners website](#): ►

	Name:	Phone Number:	Website:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION THREE

Why Breastfeeding is Important.

Breastfeeding is important for mothers' health, and the short and long-term health of babies. It therefore has important benefits for society.

Use these pages to help you identify and remember some of the key benefits of breastfeeding.

THE BENEFITS OF BREASTFEEDING



For the baby



For the mother



For Society

KEY DIFFERENCES BETWEEN HUMAN MILK AND INFANT FORMULA

Features of Human Milk

EFFICIENT DIGESTION

- Enzymes
- Transfer Factors

ANTI-INFECTIVE ACTION

- Bifidus Factor
- White Cells
- Oligosaccharides

PROTECTION FOR GUT

- Growth Factors
- Secretory Ig A
- Anti-inflammatory molecules

EVERYDAY HEALTH

- Ready-made antibodies
- Entero & Broncho-mammary
- Viral fragments

Efficient digestion

There are Enzymes that aid digestion, for example, babies rely on lipase in breastmilk to help them digest fat. Some enzymes like lysozyme, are also bactericidal.

Transfer factors

Transfer factors assist the baby to absorb the nutrients in the milk – e.g. lactoferrin assists the absorption of iron. Although there are relatively small amounts of iron in breastmilk the presence of lactoferrin ensures that the baby gets what he needs.

Lactoferrin also has a bactericidal effect. The presence of lactoferrin, therefore, makes the gut less conducive to bacterial growth.

KEY DIFFERENCES BETWEEN HUMAN MILK AND INFANT FORMULA

Protection for the gut:

- Epidermal growth factor helps the gut to mature, so becoming more resistant to pathogens. A newborn baby's gut is porous, allowing pathogens to pass into their system.
- Secretory IgA coats the inside of the gut, providing a barrier to prevent pathogens from crossing over into the baby's system.
- Anti-inflammatory molecules dampen down the inflammatory response of the gut to pathogens. This may be a key factor in reducing morbidity in necrotising enterocolitis.

Anti-infective action:

- Bifidus factor facilitates the growth of lactobacillus bifidus, which creates an acidic environment (low pH). Bacteria prefer a high pH (alkaline).
- Living white cells engulf/destroy bacteria.
- Oligosaccharides are simple carbohydrates that help to prevent pathogens from adhering to the gut wall.

Everyday health:

- 'Ready-made' antibodies are present to fight against any infections that the mother has had in the past.
- Entero-mammary and broncho-mammary pathways provide updated antibodies.
- Viral fragments are thought to trigger the baby's immune response in a similar way to later immunisations.

Some features of formula milk which may be detrimental to a baby's health are:

1.

2.

3.

4.

5.

6.

How do you think that formula companies promote formula within the health care system?

How do formula companies break regulation 21 of the Code?

[Please click here to read the code](#)

SECTION FOUR

Anatomy and Physiology of milk production

After reading the article below, how might you explain to a client the benefits of learning how to hand express during pregnancy. Write down the actual things you would say.

[Click here for the La Leche League Article "The Power of Expression":](#) 

NAME:

DATE: