

GRENADA

BREAST-FEEDING POLICY

The Government of Grenada reaffirms its commitment to the implementation of the International Code of Marketing of Breast Milk Substitutes (WHO, Geneva 1981)

HOSPITALS

1. INITIATION OF BREAST-FEEDING

Each woman, by the time of delivery, must be fully prepared emotionally and physically to begin exclusive breast-feeding from the first feed within one hour of delivery up to at least the first 4 months of her baby's life. All healthy, normal, full-term babies should be put on the breast within 15-30 minutes after delivery with the mothers' consent.

No breast milk substitutes must be given to any infant except on the advice of the attending physician. Caesarean section babies must be put to the breast as soon as mother is able to breast-feed. All mothers and particularly mothers of premature babies are to be shown how to hand-express breast milk or be given access to a breast pump. Babies requiring cup and spoon feeding with expressed breast milk should be encouraged to suckle as soon as possible.

The first feed must be supervised by the qualified health professional to establish proper positioning of mother and infant for good latching and suckling. Should medication be necessary for any reason, medical practitioners should prescribe drugs that facilitate rather than inhibit lactation.

2. ROOMING-IN

All healthy normal newborn infants must stay in the room or ward with their mothers for the duration of their stay in the maternity ward or unit unless maternal conditions indicate otherwise.

3. BREAST MILK SUBSTITUTES

Breast milk substitutes and feeding bottles should not be allowed on the maternity and Paediatric wards. Should a substitute be needed; it should only be given on the instruction of a senior physician or at the discretion of the senior nurse until the doctor had been contacted. A cup and spoon should be used for feeding the infant instead of a bottle.

4. POST NATAL CARE

Visits must be made to mother and baby within 24 hours after home delivery and within 48-72 hours after discharge from hospital. Follow-up visits should also be undertaken as follow:

Hospital Delivery:	First Visit -	24-48 hours after discharge
	Second Visit -	within 10 days after discharge
Home Delivery:	First Visit -	24 hours after delivery
	Second Visit -	48-72 hours after delivery
	Third Visit -	5-10 days after delivery

A postnatal check must be done at 6 weeks for every mother and baby.

Emphasis should be placed on breast-feeding and techniques of breast-feeding during home visits. Mother should be observed while breast-feeding.

The advantages and the common problems of breast-feeding should be discussed and assistance given.

5. REFERRAL SYSTEM

Health Centers and medical stations must be notified within 24-48 hours of all deliveries that occur in hospital.

Obstetric history should be sent from hospital to the health district and other relevant health personnel.

6. BREAST MILK SUBSTITUTES

No breast milk substitutes should be advertised or distributed at health facilities.

If breast milk substitutes are needed, guidance must be given for preparation and introduction. Education on preparation and administration of breast milk substitutes must be given only to mothers using them.

Agents providing breast milk substitutes must be prohibited from advertising or providing samples at health facilities.

The promotion of breast milk substitutes through advertising, such as printed material and visit by representatives of milk companies, must not be allowed at hospitals and maternity units (International Code of Marketing of Breast Milk Substitutes).

7. RECORD KEEPING

A proper record keeping system should be established and maintained for each patient. It should contain relevant data such as:

- (a) Intention to breast-feed
- (b) Breast history/examination
- (c) Breast-feeding history, including:
 - previous breast-feeding problems
 - duration and frequency of past breast-feeding
- (d) Drugs used during pregnancy and delivery

8. NURSING STAFF

Nursing staff should provide information on breast-feeding, give demonstrations and continuously give support and encouragement.

HEALTH CENTERS

1. ANTENATAL CARE

Antenatal care must be available for all pregnant women. It is recommended that first visit be no later than 12 weeks.

A complete physical examination must be given to all pregnant women with emphasis on breast assessment as early as possible.

Advice should be given to all pregnant women on breast-care and preparation for breast-feeding.

A follow-up breast examination must be carried out on all pregnant women.

Nutritional information must be given to all pregnant women and their breast-feeding history must be documented. Home visits should be made to antenatal mothers who plan to deliver at home.

EDUCATION

1. Educational material, including print and electronic media, used for public education or information should be channeled through the Health Education Department of the Ministry of Health.
2. The slogan "Breast is Best" should be used on all printed materials which promote breast-feeding.
3. Breast-feeding information must include:
 - (a) The benefits and superiority of breast-feeding.
 - (b) The importance of maternal nutrition in preparation for breast-feeding.
 - (c) That bottle feeding has a negative effect on breast-feeding.
 - (d) The difficulty of reversing the decision not to breast-feed.
 - (e) The health hazards of breast milk substitutes, and the need to ensure their proper use when necessary.
4. Information on breast-feeding must be included in the curriculum for teachers, health professionals and students of all categories.
 - (a) The breast-feeding component of the nursing curriculum should be continually updated.
 - (b) Breast-feeding information should be introduced into the curriculum for senior classes of primary schools and at secondary and tertiary institutions.
5. In-service training on breast-feeding should be given to all categories of health care workers. Doctors in all specialities should be knowledgeable about breast-feeding.
 - (a) The knowledge and skills of field-workers should be continuously updated and upgraded.

- (b) Nurses should be required to attend refresher courses on all aspects of breast-feeding.
 - (c) All auxiliary workers on the maternity ward or unit such as maids and orderlies who regularly come in contact with pregnant and lactating women should be trained to advise on the importance of breast-feeding.
6. Every opportunity should be taken to educate pregnant and lactating women about breast-feeding using teaching aids such as audio-visuals where available.
7. Breast feeding information should be disseminated to the general public.
- (a) All forms of media should be used in the dissemination of this information.

LEGISLATION AND NATIONAL PLANNING

1. Legislation should be revised to ensure that women be granted additional no-pay maternity leave for breast feeding after the current legal limit of three months, if they request it.
2. Legislation should be enacted to ensure that free and low cost breast-milk substitutes are not distributed or accepted at government health centers and medical stations.