Postpartum Care Part II

Point of Care summary

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This is the English summary. The complete guideline is available in Dutch and French at https://www.worel.be/home.

Hyperlink to source guideline: www.worel.be:
Dutch: Postpartumzorg in de eerste lijn (Deel 2)
French: Soins du postpartum en première ligne de soins (partie 2)

English translation by E-lango.com

1 General

1.1 Target

This guideline formulates recommendations regarding the follow-up of the new mother and newborn baby in the postpartum period, specifically around:

- the necessary information and support
- examinations and screening tests in the newborn
- mental health of the new mother and newborn
- sexual health of the new mother (family planning and contraception)
- feeding the newborn

This multidisciplinary guideline consists of 2 parts. This is the second part. The POC summary of the first part of the guideline is available at: Postparum Care in Primary Care (part I)

1.2 Target population

Healthy new mother and the healthy newborn during the postpartum period (up to 8 weeks after delivery; up to 1 year after delivery for mental and sexual health).

2 What information and support is needed during the postpartum period?

2.1 Provision of information and transfer of care

2.1.1 General principles

When providing information on maternal postnatal health, respond to the needs of the mother as well as those of her partner.

In addition to supporting good health, the information should allow parents to play an active part in decision-making regarding their care.

Adjust communication according to:
- the concerns, needs and preferences of the new mother and by extension the family (active listening, be attentive and respectful);
- the literacy and situation of the new mother (including communication).

Closer supervision and a lower threshold for further care or admission may be needed in women and babies from immigrant backgrounds and belonging to ethnic minorities (higher risk of mortality in that group). Also consider the baby's needs ('infant mental health').

2.1.2 Communication in the transfer of care

Several health care providers, often with different areas of expertise, take on the postnatal care of the new mother and newborn. Ensure, **in the interests of patient safety, that there are clear agreements regarding which caregiver is responsible for what** (follow up on all aspects of care and consistent advice)**.** Good communication is central to this.

2.1.3 Transfer to primary care

Before discharging the new mother from the hospital, discuss the time of discharge and the necessary precautions to be taken.

The following should be clear upon discharge:
- which midwife is visiting the home;
- where screening for metabolic disorders has occurred (in the hospital) or will occur (at home by the midwife);
- when and with whom the baby's seventh day examination will be scheduled;

- when the new mother is expected in the gynaecology department for a postpartum checkup;
- when a visit by Kind en Gezin will take place.

Discuss mental and social vulnerabilities (ideally already during prenatal follow-up) so that additional support and follow-up can be arranged.

In the case of a home birth, before the midwife leaves and in addition to the above, the following points of interest are important:

- the physical and psychological health of the new mother (bladder function, emotional well-being, social environment...);
- the health of the newborn (production of meconium) and its feeding schedule (including observation of at least 1 feeding moment);
- Can the new mother rely on sufficient support/resources?
- Are there other factors that may affect safe care, such as home environment/intra-family violence?

Provide the new mother and her partner with information about the postpartum period and what to expect (*see guideline part 1 and beyond)*.

It should be clear what kind of support and resources they can call on, e.g. who to contact in case of concerns/problems.

2.2 First visits/examination after transfer of care (from place of birth or after home birth)

2.2.1 Midwife's first postnatal visit

Aim to have the first postnatal visit by a midwife for medical follow-up of the new mother and newborn baby within 24 hours of transfer from the place of birth or after a home birth (**GRADE 2C**).

Below are the topics that cannot wait until a later consultation because serious complications could otherwise be missed.

- examination of and care for the new mother (physical):
  - comprehensive assessment of the mother's physical well-being;
  - assessment of urinary incontinence and bowel function;
  - assessment of healing of a perineal wound, perineal pain and perineal hygiene.
  - gauging any physical complaints or concerns;
  - checking whether the new mother is suffering from chest pain, uterine sensitivity and abnormal lochia (quantity and odour).
- examination of and care for the new mother (psychosocial well-being):

    - assessment of symptoms of depression and anxiety and appropriate support for both;
    - referral for further assessment if serious depression is suspected (*see below)*;
- examination of and care for the newborn:
    - assessment of nutrition and diet;
    - assessment (at each contact) of presence of warning signs (*see Table 2*).
    - Observation of risks, signs and symptoms of intrafamily violence.
- advice/information on:
    - health and well-being of the mother and newborn, so that the new mother and her partner can recognize and respond appropriately to issues that are/were of concern;
    - breastfeeding, with active breastfeeding support;
    - neonatal screening for congenital disorders (heel prick);
- specific attention to subgroups:
    - Adolescent new mothers:
        - in case of problems: provide targetted breastfeeding support and tailor support to the mother's individual needs and circumstances;
    - New mothers in high-risk environments (dysfunctional family):
        - in cases of conflict, abuse or neglect: consider referral to appropriate community services.

2.2.2 First postnatal visit by a nurse from Kind en Gezin

The first home visit by a Kind en Gezin nurse takes place around two weeks after birth (**GPP**).

Kind en Gezin tries to make the first home visit around the 2nd week after birth.

It is important that the midwife and Kind en Gezin coordinate with each other, and with other health care providers that may be involved (especially in the case of vulnerable families, families without health insurance, etc., and according to concerns). More info at: https://www.kindengezin.be/nl/kind-en-gezin-diensten/contactmomenten

This first home visit is for the purposes of:

- an initial introduction,
- building a relationship of trust,
- making further arrangements (e.g. hearing screening, developmental monitoring, vaccinations, etc.),
- answering parents' questions (e.g. about Kind en Gezin services, vaccinations, nutrition, (mental) health, baby's development and education, parenting, as well as resources, financial circumstances, etc.),

- guiding parents through their experiences and the changing partner relationship, getting to know their baby, their baby's growth, learning how to handle their baby, putting their baby to sleep safely, support from a midwife or other partners,...

2.3 Further care contacts in the postpartum period

2.3.1 What does the midwife discuss with the new mother?

At the first postnatal contact, inform the new mother about symptoms and signs (*Table 1*) that may indicate a potentially serious condition and ask her to seek medical advice immediately if they occur (**GPP**).

Table 1: Symptoms/signs of potentially serious conditions.

Complaint/symptom	**Possible condition**
Abdominal pain	• Endometritis • Postpartum bleeding • Pre-eclampsia
Abnormal vaginal discharge - odour - quantity	• Postpartum bleeding o Uterine o Cervical o Vaginal o Episiotomy • Endometritis
Fever, chills, malaise	Endometritis Mastitis
Headache	Pre-eclampsia, post-dural puncture headache
Nausea, vomiting, visual complaints	Pre-eclampsia
Calf pain, discolouration of painful area, calf swelling	Deep vein thrombosis (DVT)
Chest pain	Pulmonary embolisms
Tachypnoea	Pulmonary embolisms, postpartum haemorrhage
Tachycardia	Postpartum haemorrhage, pulmonary embolisms, endometritis, mastitis,...
Hypoperfusion	Postpartum haemorrhage
Changes in consciousness	Postpartum haemorrhage, sepsis
Painful perineum	Infection episiotomy
Anuria >6 hours after delivery	Urinary retention

Discuss with the new mother what kind of vaginal bleeding she can expect to experience after delivery (lochia) and advise her to seek medical advice if certain symptoms occur or if she is concerned about them (**GPP**).

- Ask the new mother to seek medical advice in the cases below:

- sudden and very heavy vaginal bleeding;
  - increasing vaginal bleeding;
  - clots/clots of placental tissue or membranes;
  - strong or unpleasant odour of vaginal bleeding or discharge (possibility of infection);
  - other infection symptoms: fever, chills, abdominal pain, headache or muscle pain.
- Be aware that the effects of postpartum haemorrhage may be worse in new mothers with anaemia and/or a body weight of <50 kg at the start of pregnancy.
- Always refer a new mother with postpartum haemorrhage to a physician (general practitioner or gynaecologist).

At every postnatal contact, ask the new mother if she is worried about the perineal wound (as part of perineal wound healing) and be alert for warning signs (**GPP**).

- Early identification and treatment of perineal pain can prevent long-term consequences (infections, complications) and improve the new mother's experience of postnatal care.

- Actively ask about perineal problems, give practical advice on proper perineal hygiene (daily showering of the perineum, frequent changing of pads and washing hands before and after).
- In case of symptoms, assess the perineum, give timely recommendation for appropriate analgaesia and urgently refer women with perineal wound breakdown to the maternity clinic for further treatment to avoid complications and possible long-term adverse effects.

If necessary, provide appropriate information about available analgaesics, taking into account whether or not the new mother is breastfeeding (**GPP**).

A new mother without pain has more energy for her baby.

- Discuss with/give information to the new mother about:
  - the main etiologies of pain after childbirth;
  - the options in terms of pain relief;
  - the available analgaesics (ibuprofen, paracetamol, diclofenac) and their safe use (breastfeeding or bottle feeding);
  - the maximum dose according to need (c-section versus vaginal delivery) and intake options (specified intake or only when required).
- Ask the new mother always to discuss the use of painkillers with you.
- Check the use and dosage of painkillers at each postnatal contact.

At each postnatal contact, ask the new mother about her health, whether she has any concerns, and assess her general well-being (**GPP**).

- At every postnatal contact, give each new mother the opportunity to talk about her childbirth experience.
- If necessary (e.g. after a traumatic delivery) provide information to the new mother about relevant supports and resources.
- At each postnatal contact, take time to discuss topics that may affect the new mother's everyday life.

2.3.2 The newborn: what to check and/or discuss with the parents?

2.3.2.1 Concerns and advice in case of fever

- At every postnatal contact, ask the parents if they have any concerns about their baby's general well-being, nutrition or development. Review the history and assess the baby's health, including a physical examination and observation. In case of concerns, take appropriate action (**GPP**).
- Listen carefully to the parents' concerns about their baby's health and treat their concerns as an important indicator of a possible serious illness in their baby (**GPP**).
- Advise parents to always contact a physician (paediatrician or family physician experienced with neonates) when their baby under 3 months of age has a fever (≥38°C) or too low temperature (<36°C) (**GPP**).

The risk of illness and death is greatest in the baby's first 6 months of life.

Early recognition and prompt treatment of warning signs are important to help reduce disease severity and prevent death (*Table 2*).

Table 2: Non-exhaustive list of warning signs.

Complaint/symptom	**Pathology specific to the newborn in postpartum that should not be overlooked**
Extensive jaundice or jaundice arising within 24 hours or yellowness worsening, yellowness arising after 8 days, or still present after 28 days	Kernicterus
Persistent diaper rash after initial treatment of diaper dermatitis	• Contact allergy • Atopic dermatitis
Persistent moist and bad-smelling umbilical stump with redness around the navel	Navel infection with risk of sepsis
Persistent fluid discharge from the eyes or 'pus eyes' that develops	Infection with Neisseria gonorrhoeae or Chlamydia trachomatis

after 10 days or is persistent for longer than 14 days	
Bile vomiting or vomiting with weight loss	• Pylorus stenosis • Volvulus
No meconium discharge within 24 hours	• Hirschsprung's disease • Intestinal obstruction
Weight loss of >10%	• Dehydration • Congenital heart defect
Fever ≥38 °C Low temperature <36°C	• Sepsis • Meningitis • Pneumonia • Urinary tract infection • Other infection
Blue colouring of the skin	• Cyanosis • Congenital heart defect
Persistent body temperature <36.2°C despite warming up	• Hypothermia/hypothermia • Sepsis
Blood or mucus in the stool	• Gastroenteritis • Cow's milk allergy • Necrotizing enterocolitis • Invagination • Infection with Clostridium
Bloated abdomen	• Hirschsprung's disease • Volvulus • Gastrointestinal obstruction
Airway and respiratory problems	• Pneumonia • 'Wet Lung' syndrome • 'Respiratory Distress' syndrome • Congenital heart defect
Lethargy	• Encephalopathy (due to hypoxia, infection, metabolic disease, ...) • Kernicterus • Congenital heart defect • Sepsis,...
Convulsions, abnormal movements	• Neonatal epilepsy • Encephalopathy (due to hypoxia, infection, metabolic disease, ... • Other brain abnormalities
Stretched fontanelle	• Infection • Meningitis • Overpressure due to intracranial haemorrhage, hydrocephalus, ...

2.4 Emotional attachment

- Discuss with parents the importance of attachment and emotional attachment (**GPP**).
- Recognize that for some parents, additional attachment and emotional attachment support may be needed (**GPP**).

- Discuss with them that 'quality time', skin-to-skin contact and positive interactions can help in the process of bonding with their baby.
- Some parents may be more susceptible to bonding problems with their child (e.g. parents with (bonding) problems and/or trauma in the past history; parents with complex psychosocial needs; parents with severe disabilities....). They may need more support.

3 What examinations and screening tests are needed for the newborn during the postpartum period?

Advise parents to participate in **neonatal screening** for congenital disorders (**GPP**).

- The 'population-based birth defect screening' (formerly the heel prick or the Guthrie test) aims to detect a number of diseases that are present before birth but cannot be clinically diagnosed immediately after birth. This examination is not mandatory for parents, but is strongly recommended.
- Take the blood sample preferably 48 hours after birth and at the latest 96 hours after birth (in maternity ward or by the midwife in a home or outpatient delivery).
- Refer parents to www.aangeborenaandoeningen.be for more information. The road map for midwives can be found on the population screening website.

Make sure the **'seventh-day assessment'** of the baby is performed by the doctor (paediatrician or family physician experienced with neonates) on day 7 to 10 after birth (**GPP**).

- Certain conditions cannot be detected within 24 hours of delivery. This is why the seventh-day assessment is important.
- In case of abnormalities, refer the baby for further diagnosis (or exclusion of serious disorders) and treatment.

The physician always performs an appropriate **clinical examination** during consultations in the postpartum period and is attentive to particular external features and growth monitoring (**GPP**).

- This examination (Van Wiechen examination) is usually performed by the doctor at the Kind en Gezin centre, but can also be carried out, if desired, by a paediatrician or a family physician with experience.
- For more information, go to: Van Wiechenonderzoek (VWO) | Nederlands Jeugdinstituut (nji.nl)

Perform a **hearing test** within the first weeks of life and preferably before the 21st day (**GRADE 1C**).

- The test is very reliable.
- The earlier the test takes place, the sooner counselling or treatment for a hearing impairment can begin (preferably before 6 weeks) with a beneficial impact on speech development.
- The test is administered in Flanders by Kind en Gezin.
- Parents receive information, usually from the Kind en Gezin nurse, on how to prepare their baby for the test. See Gehoortest | Kind en Gezin).

4 What kind of follow-up is needed to ensure mental health and psychosocial well-being during the postpartum period?

4.1 All new mothers

- At the first postpartum visit, extensively evaluate the mother's psychosocial well-being (**GPP**).
- During postpartum visits, routinely discuss the mental well-being of the new mother and her partner. If necessary, provide psycho-education, self-care tips and appropriate support. Name the signs of (postnatal) mental health problems and provide information on where to find help. If you feel unable to do so, refer the new mother to a health care provider with suitable skills (**GPP**).

- Mental problems that are not treated (on time) can pose a risk to both the new mother and her child, and by extension the entire family.
- Always give new mothers (and their partners) the opportunity to talk about their mental health problems and advise the new mother to consult her family doctor in case of (suspected) mental health problems or decreased emotional well-being for further clarification and referral if necessary.
- Provide psycho-education (information) about the possible mental health problems that a new mother (and her partner) may experience in the

postpartum period: clarify when help should be sought (e.g. for signs that indicate postpartum depression).

- A healthy lifestyle is essential for feeling fit. That's why tips for self-care are important:
  - a healthy diet,
  - relaxation,
  - physical activity,
  - a healthy lifestyle,
  - setting boundaries,
  - asking for help,
  - how to safeguard 'me-time' and time with partner,...

Possible tools can be found in the full guideline.

4.2 Specific target groups

Healthcare providers should pay extra attention to mental health problems in (**GRADE 1C**):

- women with a psychiatric history;
- women with pregnancy complications;
- women who had an unwanted pregnancy;
- women with lack of social support;
- women who have experienced intrafamily violence in the family;
- women belonging to an ethnic minority;
- women of lower socioeconomic status;
- women with language difficulties, refugee or asylum seeker status;
- LGBTQ2S+ persons;
- teenage mothers.

- Perinatal mental health problems often go undetected and thus under-treated.
- Estimate risk factors for mental health problems and screen for them as required.
- Make sure you know about the perinatal networks and the social map of referral options to provide appropriate assistance to a new mother.

Tools for asking questions about risk factors related to psychosocial well-being can be found in the full guideline.

4.3 Depression and anxiety disorders

Use the tiered screening model to screen for depression and anxiety disorders in the postpartum period (**GRADE 1C**).

Any health care provider (gynaecologist, midwife, family doctor, paediatrician, Kind en Gezin consultation centre...) can offer this screening.
Screening is ideally done on at least two occasions:

- around 6 weeks after delivery (to avoid the effect of the baby blues);
- again 6 months after delivery.

This screening model is simple, quick (<1 minute) and helps rule out depression and anxiety problems. It includes the following questions from:

- Whooley questions:
  - Have you often experienced dejection, feeling depressed or despondent during the past month?
  - During the last month, have you had less pleasure or interest in what you do?
- Generalized Anxiety Disorder (GAD)-2 questions:
  - Have you often felt nervous, uncomfortable or tense in the past two weeks?
  - Have you been unable to stop brooding or gain control over brooding in the past two weeks?

If at least 1 x yes to the 2 Whooley questions or yes to both GAD-2 questions, then further screening using the Edinburgh Depression Scale (EDS) is indicated.
A flow chart showing the proposed tiered screening protocol and screening questionnaires, can be found in Figure 1.

If perinatal mental disorders, such as major depression or anxiety disorder, are suspected (based on tiered screening or clinical expertise), refer the new mother for diagnosis and appropriate treatment (**GPP**).

- A suspicion based on clinical expertise and/or a positive screening result means there is an increased likelihood of mental health problems.
- Then refer the new mother for diagnosis and appropriate treatment (to the general practitioner, psychiatrist or psychologist).
- Referral options may vary by region in Belgium.
- Treatment is determined by professionals with expertise in mental health.

4.4 Intrafamily violence

Be alert for signs of intrafamily violence and, if necessary, offer the woman appropriate help or referral (**GPP**).

- Violence is a risk factor for anxiety and depression (in the perinatal period).
- Violence negatively affects both partners, the (unborn) child and other family members.
- Contact moments with caregivers and home visits are prime times to screen for intrafamily violence (by questioning).
- Signs are only a tool; their interpretation requires caution and care.
- Tips and tools are available at http://www.geweldenzwangerschap.be.

- Is there family violence? Offer appropriate assistance to the new mother (and newborn) and refer them on.

For more information, refer to Domus Medica's guidelines 'An approach to suspected child abuse' and 'Detection of partner violence, a recommendation for the general practitioner' .

Useful contact points:

- Center for General Welfare (CAW).: central gateway for addressing intrafamily violence.
- 1712: for violence-related questions by phone, chat and email (available anonymously, free of charge and discreetly).
- Safe Home or Family Justice Center (FJC): umbrella term for initiatives in several Flemish regions that target vulnerable families in this area. In Flanders, 2 centres have already been established (Antwerp and Kempen region).

5 What kind of care is needed to ensure the mother's sexual health (including contraception/family planning) during the postpartum period?

5.1 Sexual health

5.1.1 Sexual functioning

Inform the new mother and her partner that postpartum sexual functioning is affected by biological, psychological and social factors that may give rise to decreased sexual desire, dyspareunia and sexual dissatisfaction, and provide them with information about possible solutions (**GRADE 1C**).

- Sexuality is a multidimensional theme defined by:
  - the context (postpartum period, family life...);
  - physical changes of the new mother;
  - hormonal changes (also in the partner);
  - psychological changes and relationship and lifestyle changes due to caring for the baby and finding a new balance within the family.
- When discussing the topic of sexuality, whenever possible, consider possible sensitivities on the part of the new mother (cf. previous experiences, cultural differences, religious beliefs, etc.).

- There are educational tools that make it easier to discuss sexuality (see full guideline).

Inform the new mother and her partner that physical recovery (cervical repair, cessation of lochia, repair of a tear or episiotomy) is necessary before resuming penetrative sex. Recovery is usually after 6 to 8 weeks, but it can vary (**GPP**). In addition to physical recovery, it is equally important for the couple to be mentally or relationally ready to resume penetrative sex.

5.1.2 Penetrative sex

- Penetrative sex should not be resumed until 6 to 8 weeks after delivery. This period is necessary for the recovery of the female body. Penetrative sex before this deadline poses a risk of infection and complications in wound healing.
- Other factors affecting resumption of penetrative sex are:
  - biological factors in women: perineal trauma, breastfeeding (vaginal dryness, increased sensitivity of nipples, leakage of milk).
  - psychological factors in the woman and her partner: postpartum depression; anxiety (about waking or not hearing the baby, about dyspareunia, about an unplanned pregnancy); negative self-image due to an altered body after pregnancy; fatigue; interpersonal relationship between the partners (desire associated with feeling intimacy and experiencing practical and emotional support, among others).
  - social factors in the woman and her partner: changed role and adjustments to parenthood; increased responsibility; changed lifestyle.

5.1.3 Dyspareunia

Inform the new mother and her partner that dyspareunia is common in postpartum, regardless of the mode of delivery, but diminishes with time (**GRADE 1B**).

- Dyspareunia is a major cause of sexual dysfunction and is common in the postpartum period.
- Severe perineal delivery trauma due to episiotomy, tearing (3rd and 4th degree) and anal sphincter trauma increase the risk of dyspareunia, as do physical and psychological delivery traumas such as instrumental delivery (use of ventouse and/or forceps).
- Pelvic floor muscle training by the physiotherapist may have a beneficial effect on sexual dysfunction in the postpartum period.
- Any scar after episiotomy or tear may be painful during sexual intercourse. Sufficient sexual arousal and build-up (foreplay) are essential to avoid falling into a circle of pain.

- Massage of the scar tissue (internal and external) can help to improve the burden during penetration.

5.1.4 Discussion and referral

Make sexuality a point of discussion and refer the new mother to specialized help (**GPP**) if there are problems.

- In case of problems, refer the new mother to specialized help (gynaecologist, sexologist).
- Pelvic floor muscle training may have a beneficial effect on sexual functioning in the postpartum period. Stress the importance of pelvic floor exercises, explain how to do them or refer to the physiotherapist.

5.2 Family Planning

Discuss with the mother and her partner the possible contraceptive methods, her preference, expected compliance and personal situation (**GPP**).

- Keep in mind:
  - The new mother's medical history,
  - breastfeeding;
  - a possible desire for more children.
- In principle, a woman who gave birth <21 days ago does not need to use contraception.
- In contrast, a woman who gave birth > 21 days ago may be fertile again.
  - To avoid an unplanned or successive pregnancy soon after, the couple should use some form of contraception (hormone preparation, intrauterine device (IUD), the barrier method, natural family planning method or sterilization).
- Ideally, choose the contraceptive according to the preference of both the new mother and her partner. In this way, the couple takes joint responsibility for family planning.
- Discuss with the new mother the action and use of the contraceptives and their respective Pearl Index (*Table 3*).

Table 3: Reliability of contraceptive methods (Pearl index) and areas of concern.

	Pearl Index	**Points of interest**
Combination preparations	• Combination pill (COC) (0.3-0.5) • Vaginal ring (0.7) • Plaster (0.7)	NOT <6 weeks if • breastfeeding • increased risk of deep vein thrombosis
progestogen preparations	• Mini pill (1-5) • Hypodermic pill (0.3-0.6) • Implanon (0.03)	Birth control pill >6 weeks if breastfeeding

Natural Family Planning (NFP)/traditional methods.	• Calendar method (25) • Method Billings (15-35) • Temperature method (2-7) • NFP/symptothermal (7-16) • Coitus interruptus (6-38)	
Barrier method	• Condom (2-28) • Female condom (5-15)	
IUD	• Hormone IUD (0.1- 0.2) • Copper IUD (0.2-0.5)	
LAM method	• 0 to 4 months(0.3) • 5- 6 months (3-16)	Strict rules: • Excluding breastfeeding • Breastfeeding on demand • Amenorrhea • <6 months postpartum

Useful choice cards for patients:

- choice card for contraceptives that protect well against pregnancy
- choice card for a contraceptive without hormones
- Contraception help - Sexuality
- Contraception | allesoverseks.be - by Sensoa

6 What information and follow-up on feeding the newborn is needed during the postpartum period?

6.1 General principles

Discuss breastfeeding before and after birth: provide information about it and offer support so parents can make an informed choice about this. When discussing newborn feeding, acknowledge parents' emotional, social, financial and environmental concerns about feeding options and respect their choices (**GRADE 1C**).

- Encourage exclusive breastfeeding for 6 months and continued breastfeeding until the age of 2 years or longer because of its many health benefits for mother and baby.
- Discuss the facilitators of and barriers to breastfeeding with the new mother. This will help them understand the importance of breastfeeding and better support the initiation and continuation of breastfeeding.
- Despite the importance of breastfeeding, bottle feeding is an alternative when breastfeeding is not desired and/or not possible.

- It is the new mother's choice; respect it.
- Treat families who choose bottle feeding equally, with adequate attention to information and practical support.

6.2 Breastfeeding

6.2.1 Provide support

If desired, the partner can also be informed about how to provide support for breastfeeding (**GRADE 2C**).

- Encouraging the partner to play a supportive role starts with imparting knowledge about the importance of breastfeeding.
- Offer that knowledge before you start the conversation about how the partner can provide support to the breastfeeding new mother and how they can bond with the baby.
- Teach the partner to provide support in other ways, e.g., by taking on other tasks and valuing the time the new mother spends breastfeeding.

Inform women and their partners of their rights regarding breastfeeding, i.e. the right to breastfeed in public, the right to breastfeeding breaks during work, up to 9 months after giving birth (**GPP**).

- In Belgium, women have the right to breastfeed anytime and anywhere (in public places).
- The young mother is entitled to the support of the midwife in the first year postpartum, including in resuming work by, for example, establishing a breast pump schedule.
- Other health care providers can also provide information and discuss pumping options. Kind en Gezin has advice on this.

- Encourage the new mother to establish early skin-to-skin contact with her baby so that breastfeeding can start when both are ready (**GRADE 1B**).
- Offer breastfeeding support and education by using a variety of interventions (**GRADE 1B**).
- Provide face-to-face breastfeeding care tailored to the individual needs of the new mother, supported with written, digital or telephone information, and ensure continuity (**GRADE 1C**).

- Lactation consultants can play an important role in breastfeeding support, so preventing early discontinuation of breastfeeding.

    - On the website of the Belgian Association of Lactation Experts, there are details about lactation consultants in the region.
- Breastfeeding support includes aspects such as:
    - achieving skin-to-skin contact;
    - paying attention to personal experiences, preferences, emotions and values of the new mother;
    - offering reassurance;
    - providing sufficient time;
    - offering encouragement and positive reinforcement.
- Young new mothers and new mothers from low-income or disadvantaged backgrounds may need more support and encouragement to start and sustain breastfeeding.
- Peer support is also valuable for new mothers.

6.2.2 Breastfeeding review

Breastfeeding assessment:

- Ask about (**GPP**):
    - parents' concerns about their baby's nutrition;
    - how often and long the feeding times are;
    - whether the baby sucks rhythmically and swallows audibly;
    - whether the baby is satisfied after the feeding time;
    - whether the baby wakes up for feeding times;
    - the baby's weight gain or weight loss;
    - the number of wet and dry diapers;
    - the condition of the new mother's breasts and nipples;
    - whether the baby cries before or after breastfeeding;
    - whether the woman experiences pain while breastfeeding.
- Observe one feeding moment within the first 24 hours after birth, and at least one other feeding moment within the first week (preferably several) (**GPP**).

- UNICEF has several tools for assessing breastfeeding.
- We recommend observing 2 breastfeeding moments in the first week; take your time while doing this.

Take additional measures in case of persistent breastfeeding concerns (**GPP**).

In case of concerns, additional observations or measures may be necessary:

- anadjustment of positioning and docking at the breast;
- giving pumped milk;

- referral for additional support, such as lactation counselling or peer support;
- examination of the mouth (structure), general posture (possible torticollis or tongue tie too short);
- referral to a lactation consultant, midwife (at home) and/or (paediatric) physician.

6.3 Bottle feeding

- Discuss bottle feeding with parents who are considering or need to give bottle feeding, keeping in mind that infants may receive partial bottle feeding in addition to breastfeeding or pumped breast milk (**GRADE 1C**).
- Preferably provide face-to-face bottle feeding care tailored to the individual needs of the new mother, complemented by written, digital and/or telephone support (**GRADE 2C**).

- Breastfeeding is preferred, but exclusive bottle feeding or a combination of bottle and breastfeeding is also possible.
- Respect this choice and provide information about bottle feeding in a non-judgemental, supportive and neutral manner.
- Information regarding bottle feeding should include the following:
    - the differences between breast milk and bottled milk;
    - infant formula is the only bottle food babies need during their first year of life, unless there are specific medical needs;
    - method of sterilising equipment and preparing bottle milk safely, with a practical demonstration if necessary;
    - For women trying to breastfeed and considering supplemental feeding with bottle milk:
        - explain the possible effects of supplemental feeding on breastfeeding success and how to maintain adequate milk production.

Support parents considering supplementing breastfeeding with bottle feeding or switching from breastfeeding to bottle feeding in making an informed decision (**GRADE 1C**).

- Provide information regarding bottle feeding to women trying to breastfeed and considering supplemental feeding with bottled milk.
- Explain the possible effects of supplemental feeding on breastfeeding success and how to maintain adequate milk production.

6.4 Lactation suppression

If the new mother does not want to breastfeed or wants to stop breastfeeding, discuss lactation suppression: provide information and self-help advice (**GPP**).

- Midwives need to know how lactation works and how it can be suppressed and phased out.
- Consider what kind of emotional impact stopping breastfeeding has on them.
- Medication to suppress lactation is not recommended:
    - Effective only during lactogenesis;
    - Once milk production has started, medication is less effective and produces numerous side effects.