

جامعة
الملك سعود
King Saud University



Maternal & child health

Focus on breast feeding positioning,
counseling, growth chart

FEMALE Group

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WABA | WORLD BREASTFEEDING WEEK 2019

Objectives

- ▶ Demonstrate counselling skills for promotion of breast feeding (focused on benefits of breast feeding for the mother and child, and correct way of breast feeding, advise on prevention on breast engorgement and breast abscesses)
- ▶ Demonstrate skills to plot growth charts of children

Aim

- ▶ Every student will be confidently support mothers with early and exclusive breastfeeding.
- ▶ Every student can help in movement towards achieving Baby-friendly hospitals and communities.





Infant and Young Child Feeding



unite for children

Global targets 2025

To improve maternal, infant and young child nutrition

- 1 STUNTING** 
- 2 ANAEMIA** 
- 3 LOW BIRTH WEIGHT** 
- 4 OVERWEIGHT** 
- 5 BREASTFEEDING** 
- 6 WASTING** 

Global nutrition targets 2025: Policy briefs

Global Nutrition Targets 2025
Policy Brief Series



Overview



Stunting

TARGET: 40% reduction in the number of children under-5 who are stunted



Anaemia

TARGET: 50% reduction of anaemia in women of reproductive age



Low birth weight

TARGET: 30% reduction in low birth weight



Childhood overweight

TARGET: No increase in childhood overweight



Breastfeeding

TARGET: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%



Wasting

TARGET: Reduce and maintain childhood wasting to less than 5%



Factors Influencing Saudi Mothers' Success in Exclusive Breastfeeding for the First Six Months of Infant Life: A Cross-Sectional Observational Study

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ABSTRACT

Introduction: Although breastfeeding has been shown to have dual benefits for both infants and their mothers, the global rate of breastfeeding has been declining, especially in Middle Eastern countries. This decline necessitates an urgent exploration of the determinants of breastfeeding practices. **Objectives:** This study was conducted to evaluate the breastfeeding practices of Saudi mothers, compare them to the guidelines and recommendations of the World Health Organization and to examine the possible determinants of success in exclusive breastfeeding for the first six months of life. **Methods:** A quantitative observational cross-sectional study was conducted in 322 selected mothers of children between 6 months and 24 months of age who attended the well-baby clinic at King Saud University Medical City, Riyadh (2015). **Results:** Although 94.4% of the 322 Saudi mothers were successful in initiating breastfeeding on the first day of delivery, only 13.7% of all infants were exclusively breastfed at the age of 6 months. Factors predicting exclusive breastfeeding for the first six months of life in the study sample were previous experience with exclusive breastfeeding and the intention to exclusively breastfeed. In addition, the frequency of breastfeeding on demand at day and night was found to be significant. Sources of breastfeeding support are of great concern. **Conclusion:** The majority of Saudi mothers have suboptimal breastfeeding practices. A cohort study enrolling a larger number of exclusively breastfed infants is needed to gain a full understanding, as are actions to bridge the gap between current breastfeeding practices and the World Health Organization recommendations.

Keywords: Breastfeeding, Saudi mothers, World health organization recommendations

سيقدم النظام الدعم والمساندة للأفراد عندما يعانون من مشكلات طارئة، من خلال تزويدهم بالخدمات العلاجية الضرورية في المكان والوقت المناسبين، فضلاً عن دعم المرضى للعودة إلى منازلهم ولخدمات المجتمع

سيقدم النظام المرضى لتمكينهم من الحصول على نتائج ممتازة و متكاملة لعملياتهم المخططة، من خلال توفير الرعاية الضرورية والفاعلة، والنوعية

سيقدم النظام الدعم والمساندة للنساء لتمكينهن من إنجاب الأطفال بكل يسر من خلال تقديم الدعم المتواصل بدءاً من مرحلة ما قبل الزواج وقبل الحمل وصولاً إلى مرحلة ما بعد الولادة وخلال سنوات الطفل الأولى

سيقدم النظام الدعم والمساندة للأفراد لتمكينهم من البقاء بصحة جيدة، وللمعودة للصحة الجيدة بعد المرض، من خلال تزويدهم بالمعرفة اللازمة وتوفير المجتمعات الصحية

سيقدم النظام الدعم والمساندة للمرضى وعائلاتهم خلال المرحلة الأخيرة من حياتهم، من خلال تزويدهم بالرعاية الرحيمة، وتمكينهم من قضاء أيامهم الأخيرة بأقصى قدر ممكن من الراحة

سيقدم النظام الأفراد لتمكينهم من التعامل مع أمراضهم المزمنة، من خلال تقديم خدمات الرعاية المتكاملة، فضلاً عن تسهيل تدفق المرضى بين مختلف مرافق الرعاية، إلى جانب تعزيز مستوى خدمات الرعاية في المرافق المناسبة



- 
مشاركة القطاع الغير ربحي
- 
القوى العاملة
- 
الصحة الإلكترونية
- 
الحكومة والتنظيم
- 
التمويل
- 
مشاركة القطاع الخاص

What will the new Model of Care deliver? *42 coherent interventions*

Interventions that cut across all systems of care



<i>Keep Well</i>	<i>Planned Procedure</i>	<i>Safe Birth</i>	<i>Urgent Problem</i>	<i>Chronic Condition</i>	<i>Last Phase</i>
Health Coach Program	One-Stop Clinics	Prenatal Screening	Resource Control Center	Chronic Disease Screening	Patient and Family Support
Community-Based Wellness Programs	Pathway Optimization	Preconception Care Services	Urgent Care Clinics	Case Coordination	Hospice Care Services
Workplace Wellness Programs	Length of Stay Reduction Initiatives	Maternity Care Services	Population-Based Critical Care Centers	Continuing Care Services	Multidisciplinary Team Development
School Wellness Programs	Step-Down and Post-Discharge Services	National Birth Registry			
Healthy Food Promotion		Postnatal Care Services			
Health Edutainment Programs		Neonatal Care Services			
Promoting the Saudi CDC		Well Baby Clinic			

The Baby - Friendly Hospital Initiative A Part Of The Global Strategy



BFHI

70
60
50
40
30
20
10
0

1993

2001

2016

2019

YEARS

1

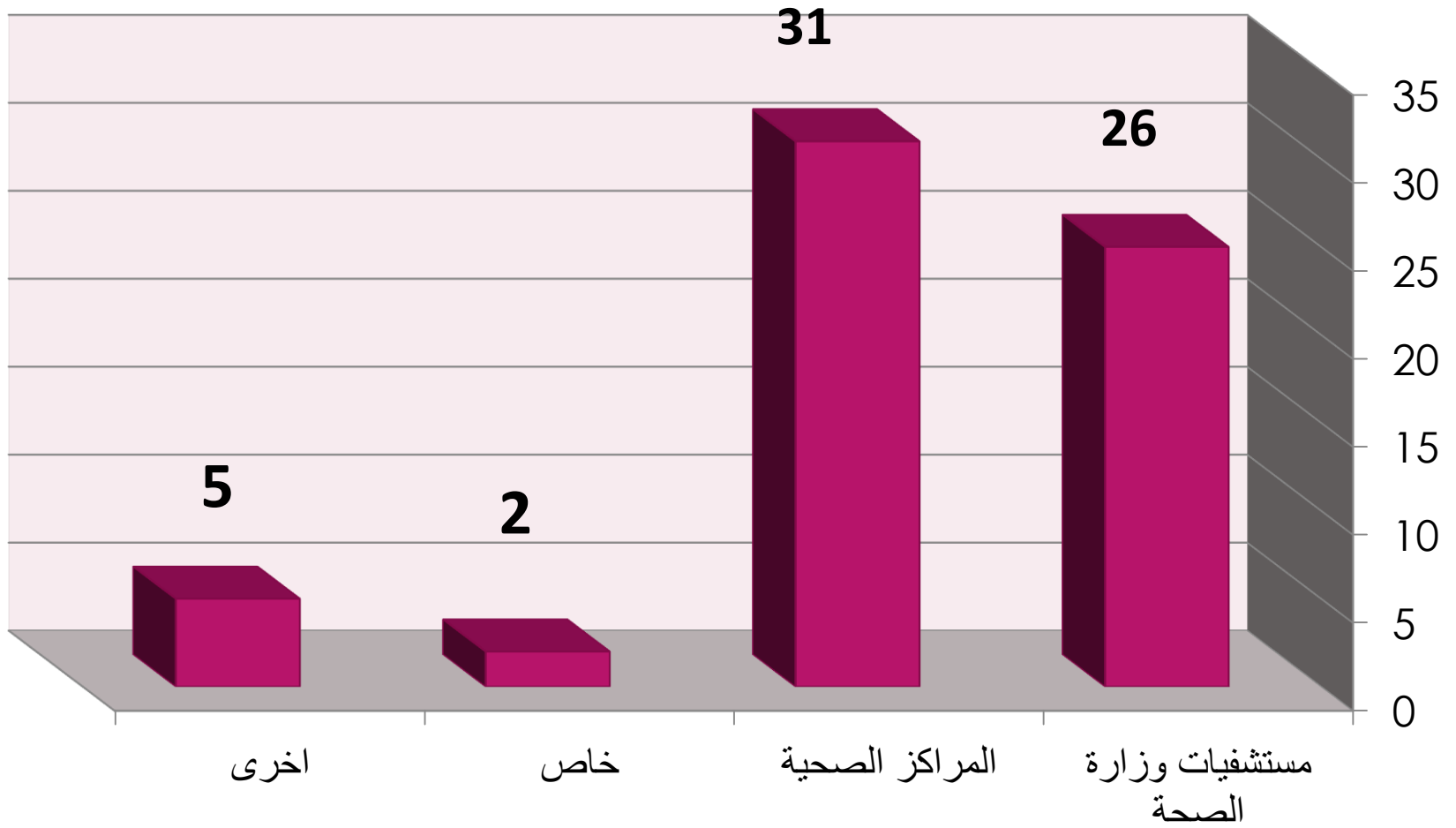
27

60

64

سلسلة 3

عدد المستشفيات صديقة الطفل في المملكة



WHAT IS NEW ON THIS TOPIC: BREASTFEEDING

A 2015 systematic review and meta-analysis of 17 studies found that breastfed infants performed better on intelligence tests later in life than those who were not breastfed, even after controlling for maternal IQ.

The UK Infant Feeding Survey of 2010 found that concerns about insufficient milk supply (31%), inadequate latch (19%), and painful nipples or breasts (12%) were the top three reasons women stopped breastfeeding.

TABLE 1

Maternal and Infant Health Benefits of Breastfeeding

Maternal health benefits

Decreased risk of breast and ovarian cancers, cardiometabolic disease (type 2 diabetes mellitus, hypertension, cardiovascular disease), and postpartum depression

Infant health benefits

Decreased risk of atopic dermatitis and intestinal gastroenteritis

Higher IQ later in life

Potential infant health benefits based on cohort studies

Decreased risk of childhood leukemia, hypertension, necrotizing enterocolitis, obesity, otitis media, respiratory illnesses such as asthma, severe lower respiratory infections, sudden infant death syndrome, and types 1 and 2 diabetes

Information from references 2 through 5.

Topic	Discussed or note if mother declined discussion	Signed	Date
<p>Importance of exclusive breastfeeding to the baby (protects against many illnesses such as chest infections, diarrhoea, ear infections; helps baby to grow and develop well; all baby needs for the first six months, changes with baby's needs, babies who are not breastfed are at higher risk of illness)</p>			
<p>Importance of breastfeeding to the mother (protects against breast cancer and hip fractures in later life, helps mother form close relationship with the baby, artificial feeding costs money)</p>			
<p>Importance of skin-to-skin contact immediately after birth (keeps baby warm and calm, promotes bonding, helps breastfeeding get started)</p>			
<p>Importance of good positioning and attachment (good positioning and attachment helps the baby to get lots of milk, and for mother to avoid sore nipples and sore breasts. Help to learn how to breastfeed is available from ...)</p>			
<p>Getting feeding off to a good start</p> <ul style="list-style-type: none"> - baby-led feeding; - knowing when baby is getting enough milk; - importance of rooming-in / keeping baby nearby; - problems with using artificial teats, pacifiers. 			
<p>No other food or drink needed for the first 6 months – only mother's milk</p> <p>Importance of continuing breastfeeding after 6 months while giving other foods</p>			
<p>Risks and hazards of not breastfeeding</p> <ul style="list-style-type: none"> - loss of protection from illness and chronic diseases; - contamination, errors of preparation; - costs; - difficulty in reversing the decision not to breastfeed. 			



Other points discussed and any follow-up or referral needed:





LA MATERNITE

NESTLÉ

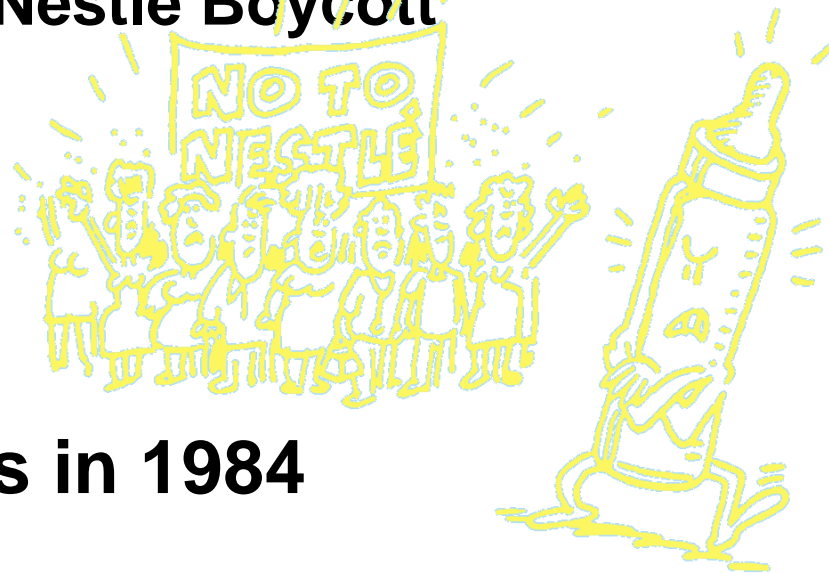
VUE PAR RAPHAËL

How the Code came about

- **Nestlé** marketing of breast milk substitutes particularly in less economically developed countries
- **Groups in US and later outside the United States, particularly in Europe started Nestlé Boycott**
1988 - present

Longest
Consumer
Boycott
Ever

- **Some changes in 1984**
- **Not enough, even today**





STAY AWAY FROM STUFFERS
~~NESTLE~~

SAVE BABIES
DON'T BUY NESTLE

Nestle's
Baby
Stuffer
IS

STAY AWAY FROM STUFFERS
~~NESTLE~~

SAVE BABIES
DON'T BUY NESTLE

A Newborn's Stomach

www.babiesfirstlactation.com

Babies First



Lactation and Education



Day one
Size of a cherry
5 - 7 ml
1 - 1.4 teaspoons



Day three
Size of a walnut
22 - 27 ml
0.75 - 1 oz



One week
Size of an apricot
45 - 60 ml
1.5 - 2 oz



One Month
Size of a large egg
80 - 150 ml
2.5 - 5 oz

© Babies First Lactation and Education

TABLE 2**Recommended Milk Intake and Stooling Patterns for Breastfed Infants**

Age	Intake (mL per feeding)	Stooling patterns (stools per day)	Stool description
0 to 24 hours	2 to 10	1	Dark green to black, sticky
24 to 48 hours	5 to 15	2	Dark green to black, sticky
48 to 72 hours	15 to 30	6 to 8	Green
72 to 96 hours	30 to 60	6 to 8	Green
> 5 days	60 to 120	6 to 8	Light mustard-seed yellow

Information from references 23 and 24.

HOW TO ASSESS A BREASTFEED

1. Look at the mother herself
2. Look at how the mother holds her baby
3. Look at the baby's condition
4. Observe how the baby responds to the breast
5. Observe how the mother holds her breast for the baby
6. Observe the baby's attachment and suckling
7. Notice how the breastfeed finishes
8. Observe the condition of the mother's breasts

How the mother holds her baby

- ▶ ? mother supports the baby's whole body
- ▶ ? calm and relaxed ? Nervous
- ▶ the four signs of good positioning of the baby are:
 - ▶ the baby should be **straight, facing** the breast, **close** to the mother, and **supported**.

Baby's Position

Remember 4 key points :

1. IN LINE – ear, shoulder, hip in a straight line; neck not twisted/bent forward or backward
2. FACING – the breast with baby's nose to nipple
3. CLOSE to mum's body – baby to breast
4. SUPPORTED – at head, shoulders; newborn – support whole body

Breastfeeding Positions

7/1

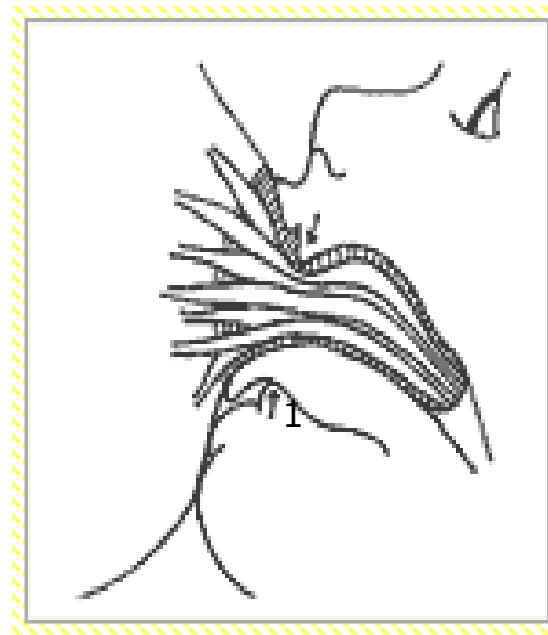
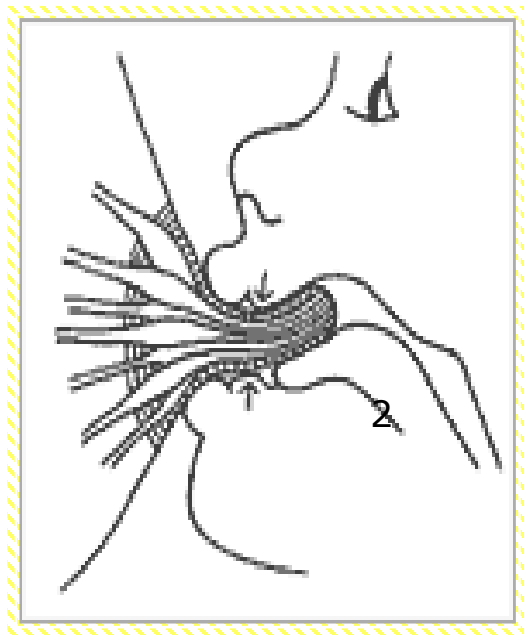


**In line
Close
Supported
Facing**



Breastfeeding Counseling: a training course,
WHO/CHD/93.4, UNICEF/NUT/93.2

Observe the baby's attachment and suckling

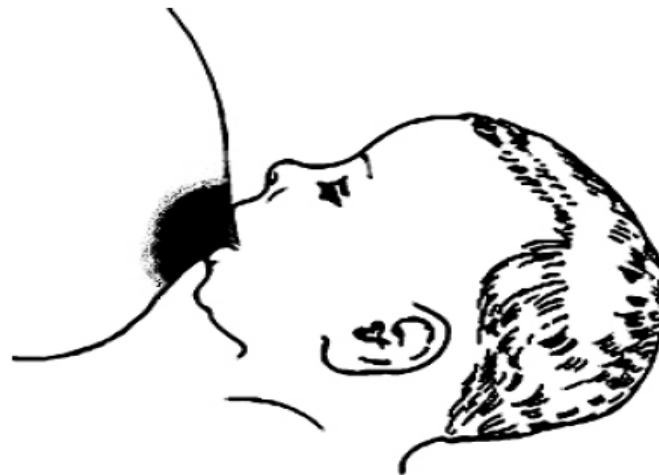


What can you see?

6/4



Good attachment



Poor attachment

Breastfeeding Counseling: a training course,
WHO/CHD/93.4, UNICEF/NUT/93.2

How a baby latch

Good attachment

- ▶ The baby's **mouth** is wide open.
- ▶ The **lower lip** is turned out.
- ▶ The **chin** is touching the breast (or nearly so).
- ▶ More **areola** is visible above the baby's mouth than below

Poor attachment

- ▶ The **mouth** is not wide open.
- ▶ The **lower lip** is pointing forward (it may also be turned in).
- ▶ The **chin** is away from the breast.
- ▶ More **areola** is below the baby's mouth (you might see equal amounts of areola above and below the mouth)

Signs of effective suckling

- ▶ The baby takes slow deep sucks.
- ▶ Then he pauses and waits for the ducts to fill up again.
- ▶ Then he takes a few quick sucks to start the milk flow.
- ▶ As the milk flows, his sucks become deeper and slower again.
- ▶ You may see or hear swallowing.
- ▶ The babies cheeks are round.

Signs of ineffective suckling

- ▶ The baby taking quick shallow sucks all the time.
- ▶ The baby may make smacking sounds as he sucks.
- ▶ The baby's cheeks may be tense or pulled in as he sucks.
 - ▶ that mean the baby is not getting much breast milk.

What Are Ways to Ensure an Adequate Latch?

TABLE 3

Signs of Good Positioning and Latch for Successful Breastfeeding

The infant's nose is free from the breast

The infant's chin is pressed against the breast

The infant's cheeks are rounded, not sunken in or dimpled

The infant's mouth is open wide like a yawn

If any areola is visible, more is seen above the infant's top lip, with little to none showing near the chin

The infant's lower lip is flanged outward

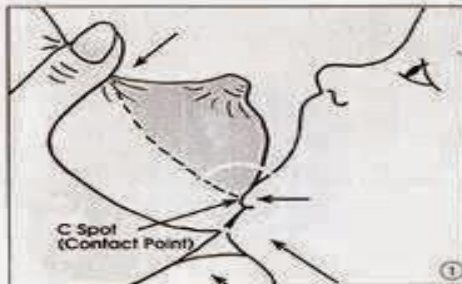
The infant's body is in line with the head and facing toward the mother ("tummy to tummy")

Feeding is not painful to the mother after the initial 30 seconds to one minute after latching

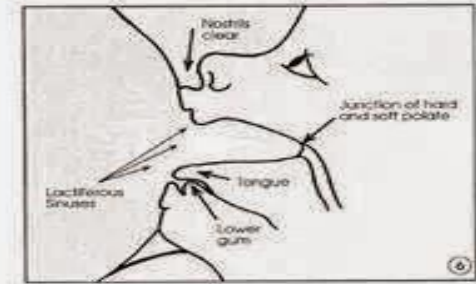
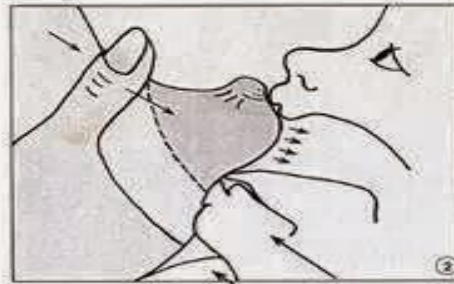
The infant has a rhythmic suck and swallow pattern

Information from references 26 and 27.

ATTACHMENT - The Key to Successful Breastfeeding.



Bring baby's chin and chest forward onto the breast.



Train of The Trainer in breastfeeding counseling
course

SESSION 5

OBSERVING A BREASTFEED



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Family Medicine

International Board Certified Lactation Consultant
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College of Medicine (KSU)



Objectives

At the end of this session, participants will be able to:

- Recognize the four key signs of good or poor attachment
- Recognise good and poor positioning of the baby according to the 4 key points
- Assess a breastfeed using the **BREASTFEED OBSERVATION JOB AID**
- Recognise a mother who needs help using the **breastfeed observation job**

BREASTFEED OBSERVATION JOB AID

Mother's name _____

Date _____

Baby's name _____

Baby's age _____

Signs that breastfeeding is going well:

Signs of possible difficulty:

GENERAL

Mother: Mother:

- Mother looks healthy Mother looks ill or depressed
 Mother relaxed and comfortable Mother looks tense and uncomfortable
 Signs of bonding between mother and baby No mother/baby eye contact

Baby: Baby:

- Baby looks healthy Baby looks sleepy or ill
 Baby calm and relaxed Baby is restless or crying
 Baby reaches or roots for breast if hungry Baby does not reach or root

BREASTS

- Breasts look healthy Breasts look red, swollen, or sore
 Mother says no pain or discomfort Mother says breast or nipple painful
 Breast well supported, fingers away from nipple Breast held with fingers near nipple
 Nipple stands out, protractile Nipple inverted, large or long

BABY'S POSITION

- Baby's head and body in line Baby's neck and head twisted
 Baby held close to mother's body Baby not held close
 Baby's whole body supported Baby's whole body not supported
 Baby approaches breast, nose to nipple Baby approaches breast, lower lip to nipple

BABY'S ATTACHMENT

- More areola seen above baby's top lip More areola seen below bottom lip
 Baby's mouth open wide Baby's mouth not open wide
 Lower lip turned outwards Lips pointing forward or turned in
 Baby's chin touches breast Baby's chin not touching breast

SUCKLING

- Slow, deep sucks with pauses Rapid shallow sucks
 Cheeks round when suckling Cheeks pulled in when suckling
 Baby releases breast when finished Mother takes baby off the breast
 Mother notices signs of oxytocin reflex No signs of oxytocin reflex noticed

Time spent suckling minutes

BFC 5/1





BFC 5/2

BFC 5/3



BFC 5/4



BFC 5/5



BFC 5/7



BFC 5/12



<https://www.youtube.com/watch?v=wjt-Ashodw8>



GLOBAL HEALTH MEDIA PROJECT

Breastfeeding Series



Attaching Your Baby at the Breast

for mothers



00:14/10:06

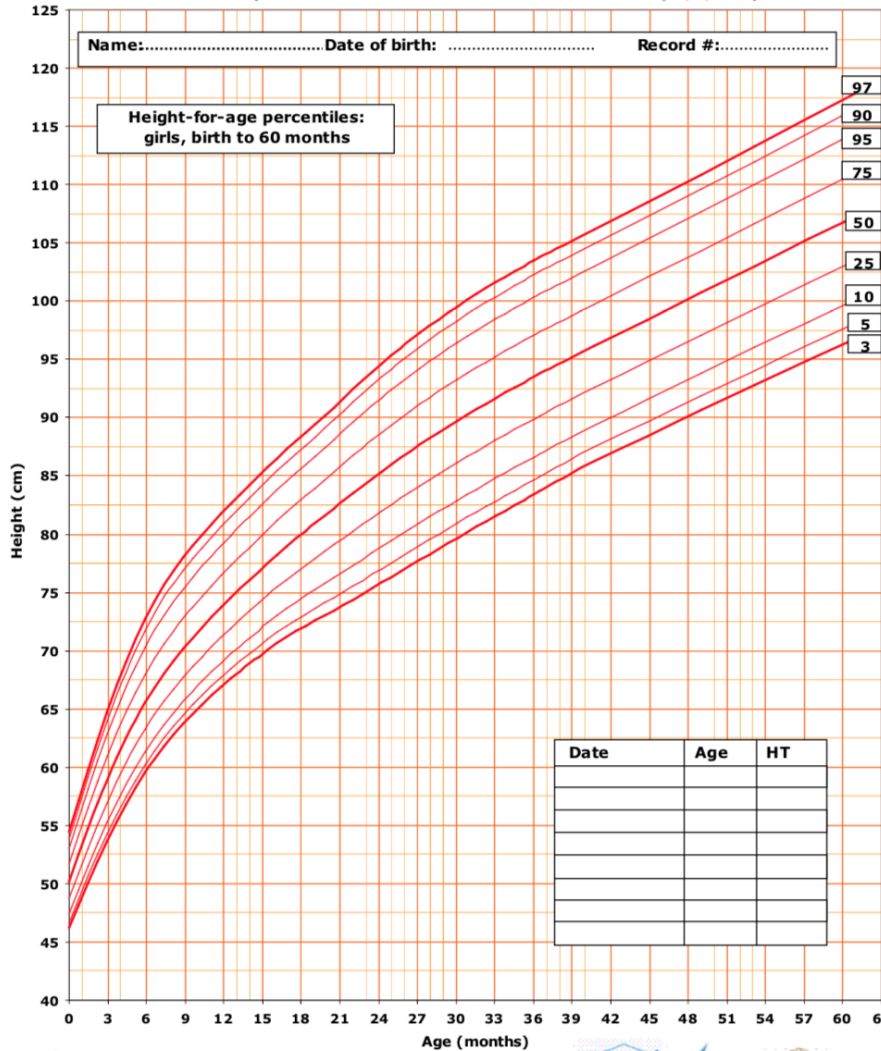


The Growth Charts for Saudi Children and Adolescents

Endorsed by The Health Services Council of Saudi Arabia No. 29 (24/6/2007)

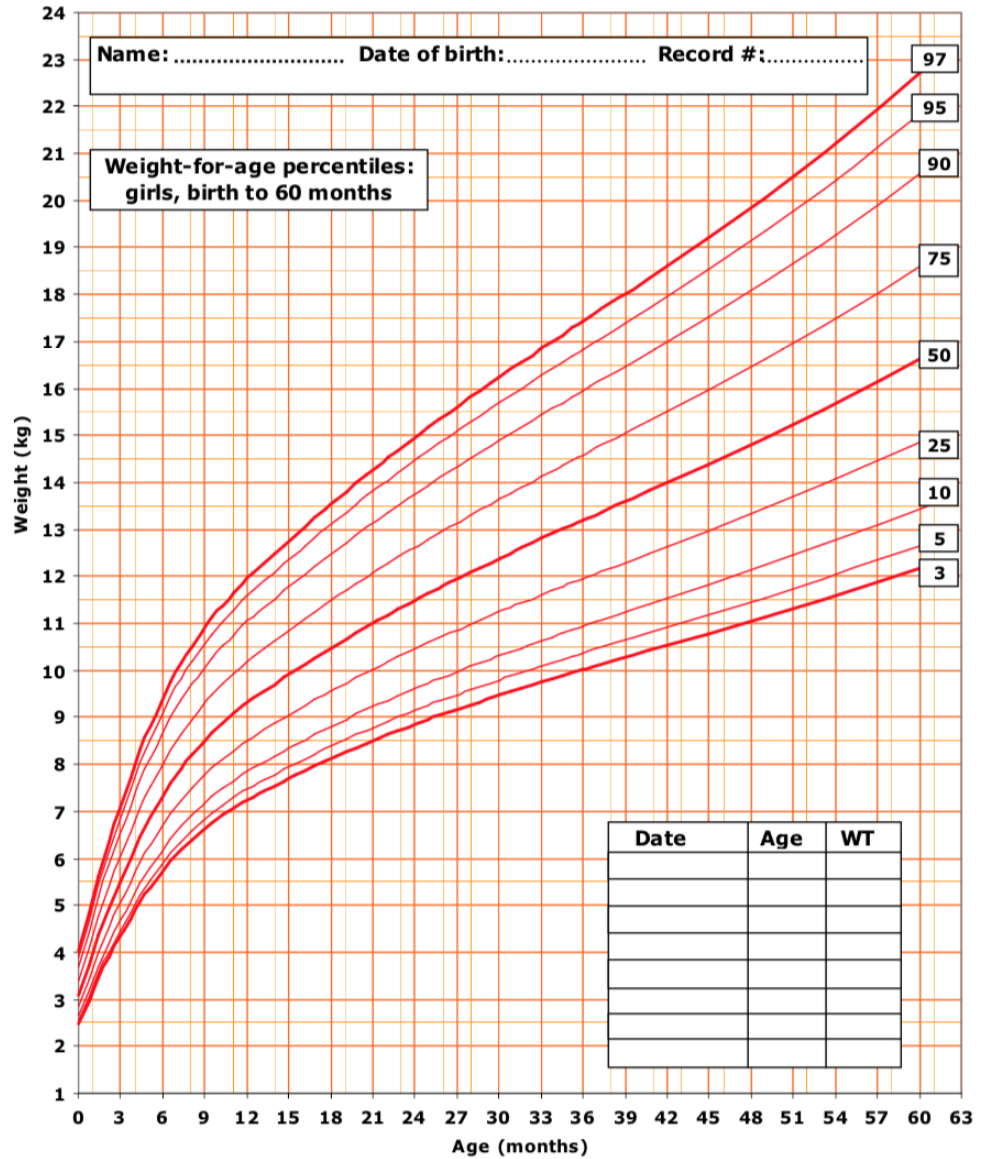
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NB: The age is based on Gregorian calendar.



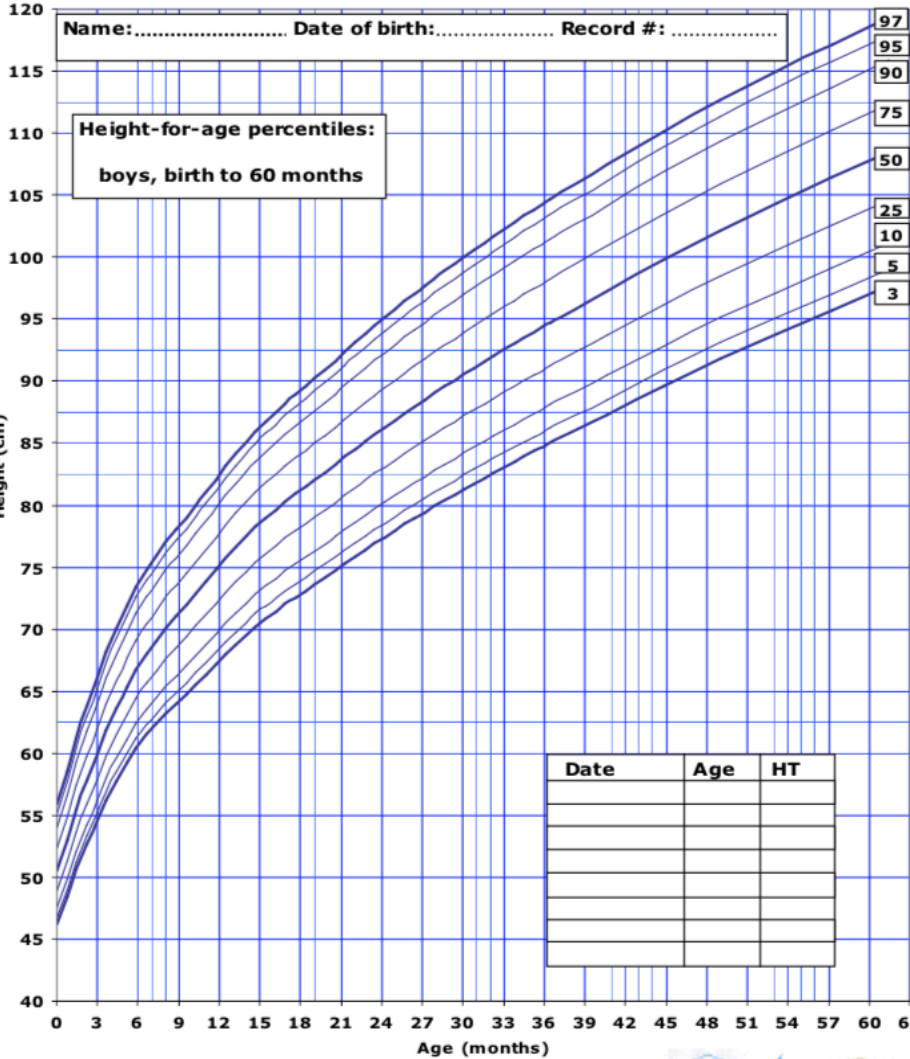
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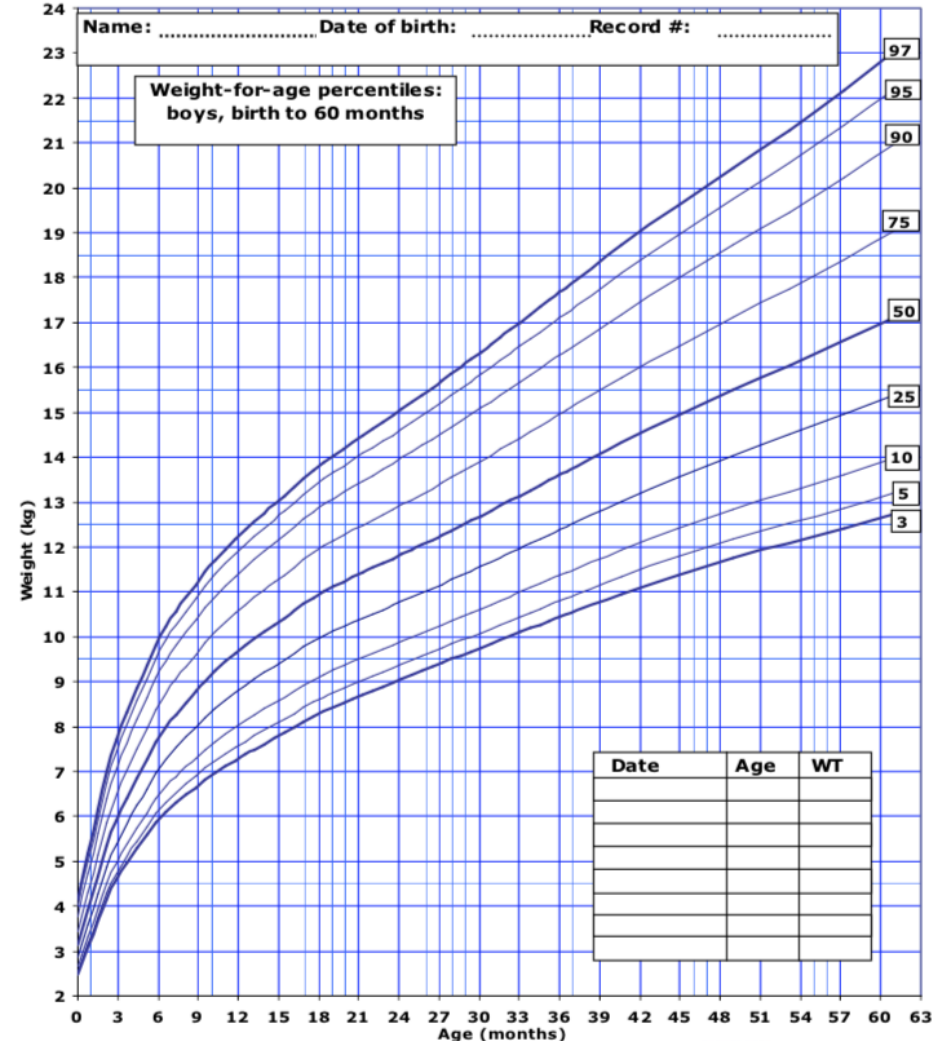
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BREASTFEEDING HISTORY JOB AID

Mother's name

Baby's name

Age of child

Particular concerns about feeding of child
(or reason for consultation)

Date

Feeding

Breast milk; Other milk (formula, cow's milk, other)

Frequency of breastfeeds

Length of breastfeeds/one or both breasts

Night feeds

Quantity and frequency of other milk feeds

Other fluids in addition to milk (when started, what, quantity, frequency)

Other foods in addition to milk (when started, what, quantity, frequency)

Use of bottles and how cleaned

Feeding difficulties (breastfeeding/other feeding)

Health

Growth chart (birth weight, weight now)

Urine frequency per day (6 times or more), if less than 6 months

Stools (frequency, consistency)

Illnesses

Behaviour (feeding, sleeping, crying)

Pregnancy, birth, early feeds (where applicable)

Antenatal care

Feeding discussed at ante-natal care

Delivery experience – early contact, first breastfeed within first hour

Rooming-in

Prelacteal feeds

Postnatal help with feeding

Mother's condition and family planning

Age

Health – including nutrition and medications

Habits – coffee, smoking, alcohol, drugs

Breast health

Family planning

Motivation to breastfeed

Previous infant feeding experience

Number of previous babies

How many breastfed and for how long

If breastfed – exclusive or mixed fed

Other feeding experiences – ever used bottle feeds

Family and social situation

Work situation

Economic situation, education

Family's attitude to infant feeding practices (baby's father, grandmother)

Help with baby at home

BREASTFEED OBSERVATION JOB AID

Mother's name _____

Date _____

Baby's name _____

Baby's age _____

Signs that breastfeeding is going well:

Signs of possible difficulty:

GENERAL

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 Baby releases breast when finished Mother takes baby off the breast
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BREASTFEED OBSERVATION JOB AID

- ▶ It summarizes the key points for assessing a breastfeed.
- ▶ You will use this form to practise observing breastfeeds with mothers and babies.
 - ▶ The signs are in 6 groups: General signs of the mother, and of the baby; Condition of the breasts; the baby's position; the baby's attachment; and suckling. There are 3 signs each for mother and baby, and four signs in each of the other groups.
- ▶ Notice that the signs on the left all show that breastfeeding is going well. The signs on the right indicate a possible difficulty.
- ▶ Beside each sign is a box to mark with a tick ✓ if you have seen the sign in the mother and baby that you are observing.

BREASTFEED OBSERVATION JOB AID

- ▶ As you observe a breastfeed, mark a ✓ in the box for each sign that you observe. If you do not observe a sign, do not make a mark.
- ▶ If all ✓s are on the left hand side of the form, breastfeeding is probably going well.
- ▶ If there are some ✓s on the right hand side, then breastfeeding may not be going well. This mother may have a difficulty, and she may need your help.



Management of common problems can affect Breastfeeding

Management of Common Conditions That Can Affect Breastfeeding

Condition	Presentation	Treatment
Dermatoses		
Bacterial infection	Erythema, purulent discharge	Most cultures are positive for <i>Staphylococcus</i> Topical mupirocin (Bactroban) applied three times per day
Candidiasis	Salmon-colored nipples, flaky or shiny skin with associated itching or burning within the duct during feeding	Topical or oral antifungals Oral fluconazole (Diflucan; two 150-mg doses given 48 hours apart or 100 mg per day for 10 days) is more effective than oral nystatin Topical mupirocin applied three times per day for five to seven days can be considered because it may have antifungal properties and help prevent secondary bacterial infections Gentian violet can be used with caution because of the risk of infant mucosal ulcerations: gentian violet 1% is applied to the nipple with a cotton swab (this is messy and will stain clothing and skin) followed by a feeding at the treated breast, then this is repeated on the other side; this process is continued daily for three or four days, and up to seven days if there is improvement
Dermatitis/eczema	Pruritic, erythematous, scaly rash	Remove offending agent Rinse older infant's mouth between eating solids and breastfeeding Class IV medium-potency topical corticosteroid, such as hydrocortisone valerate 0.2%, triamcinolone 0.1%, or fluocinolone 0.025% (Synalar) applied twice per day for seven days
Nipple damage	Erythema, broken skin, ulcerations, bruising	Adjustment of latch and infant position or pump flange size to stop trauma to the nipple Expressed breast milk applied to the nipple after feedings and as needed between feedings Lanolin, all-purpose nipple ointment, breast shells, or glycerin pads can be used but are no more effective than expressed breast milk; hydrogel dressings have been shown to manage pain more effectively than lanolin

APPLY A THIN LAYER TO THE NIPPLE
AFTER EACH FEEDING - THIS WAS
COMPOUNDED BY THE PHARMACY.
INGREDIENTS: NYSTATIN OINT,
MUPIROCIIN OINT, BETAMETHASONE
VALERATE OINT 0.1, CLOTRIMAZOLE
CREAM 15 GRAMS EACH - STORE AT
TEMP

NYSTA/CLOTR/MUPIR/BETAM

Discard by : 12/06
2.00 REFILLS OF 60 UNTIL 12/04
Mfg: 61515-003

APPLY TO THE NIPPLE AFTER EACH FEEDING - THIS WAS COMPOUNDED BY THE PHARMACY. INGREDIENTS: NYSTATIN OINT, MUPIROCIIN OINT, BETAMETHASONE VALERATE OINT 0.1, CLOTRIMAZOLE CREAM 15 GRAMS EACH - STORE AT TEMP

Milk flow issues

Blocked milk ducts

Tender nodule confined to one or more ducts

Check breast pump flange sizes (during expression phase of pumping, the nipple and a small amount of areola should be pulled into the tunnel; the nipple should be centered and move freely in the tunnel)

Check the latch of the infant

Massage area or apply vibration (e.g., with an electric toothbrush or massager)

Improve/increase drainage of the breast by removing constricting clothing (e.g., underwire bras, tight sports bras), increasing the frequency of feedings, or pumping more often or between feedings; hand express to focus on one area for complete emptying

Dangle feeding: the breast is dangled over the infant, often with the infant lying flat or inclined and the mother leaning over the infant so that milk flows forward by gravity

Heat therapy: apply warm compresses or a heating pad to the breast for 20 minutes

Feed with the chin toward the blockage to increase suction on that area and improve drainage (this may require assistance from a support person to hold the infant in position or can be done with dangle feeding)

Reduce pain and inflammation with nonsteroidal anti-inflammatory drugs such as ibuprofen, 600 to 800 mg three times per day

The herbal remedy lecithin, 1,200 mg three or four times per day, can be considered for recurrence

Evaluate for milk blebs

Rest and hydration

Management of Common Conditions That Can Affect Breastfeeding

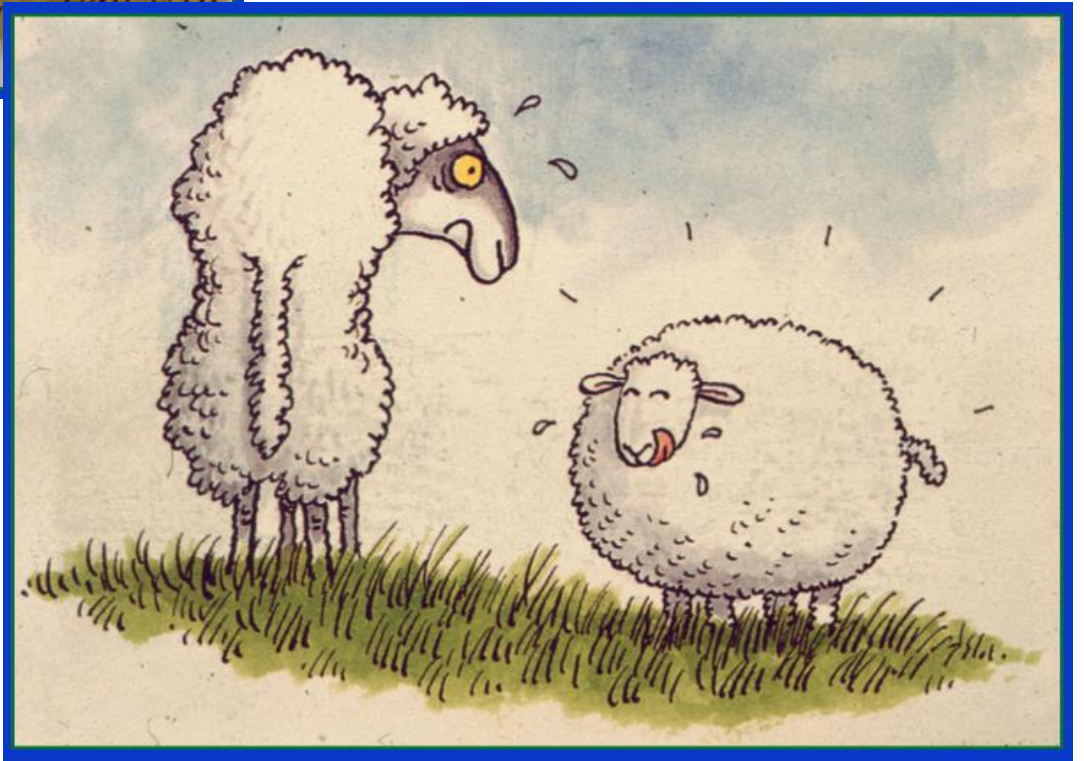
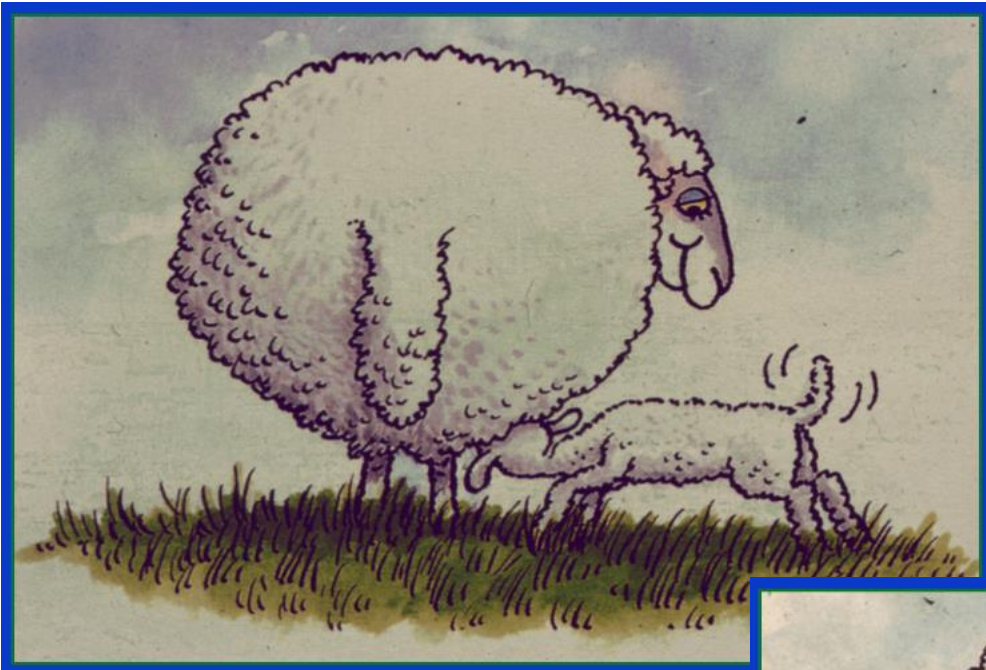
Condition	Presentation	Treatment
Milk flow issues <i>(continued)</i>		
Engorgement	Full, tender breasts; breasts are edematous and shiny, and nipples and areolae may appear similar to inverted nipple; difficulty with latching	Hot or cold packs, acupuncture, application of cabbage leaves, and massage therapy may be helpful to reduce discomfort Reverse pressure softening (positive pressure applied around the nipple and areola temporarily moving interstitial fluid deeper into the breast away from the areola, making the areola softer and more pliable) decreases edema around the nipple and areola to help the infant latch more easily; a video of this method is available at https://m.youtube.com/watch?t=15s&v=2_RD9HNrOJ8 Feed infant in a reclined position to reduce flow to infant Hand express or pump just enough to soften the breast and provide relief but not completely drain the breast
Milk blebs	Milk-filled blisters on the nipple	Soak the breast in warm salt water for five to 10 minutes, and then gently rub the nipple with a washcloth to abrade it and unroof the blister; if this is ineffective, a sterile 18-gauge needle can be used to unroof the blister
Oversupply	Forceful let down; infant may pull away from or clamp down on the breast while feeding; infant may have loose, green stools with some mucus	Follow recommendations for engorgement Reduce feedings or pumping sessions slowly to reduce milk production Block feeding: allow infant to feed off same breast for all feedings until supply regulates; this should be done with supervision of a physician and lactation consultant to ensure weight gain of infant and to prevent mastitis

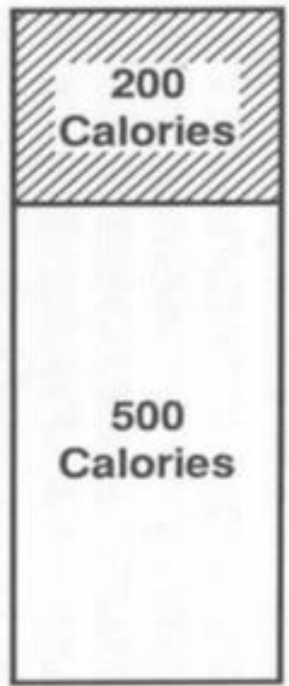
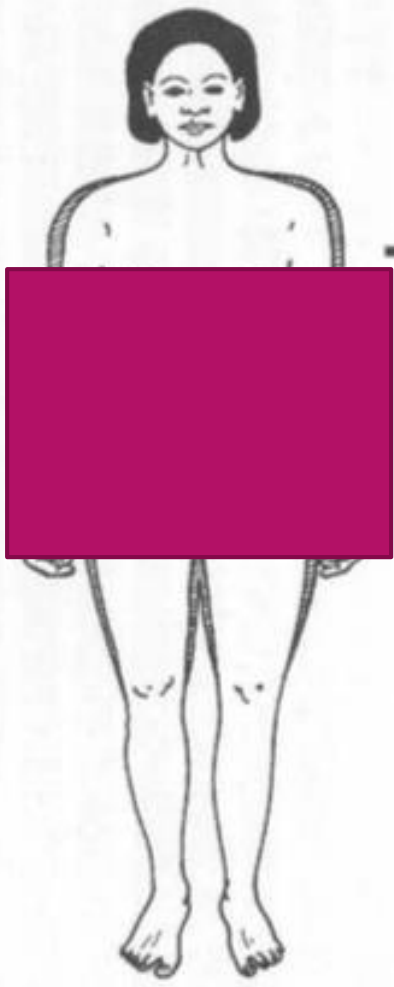
Serious infections

Breast abscess	<p>Tender, fluctuant nodule; erythema; induration; warmth</p> <p>Usually associated with the systemic symptoms of mastitis</p>	<p>Ultrasonography for diagnosis</p> <p>Incision and drainage plus appropriate antibiotic therapy based on culture results</p> <p>Because of the risk of sinus tract formation, referral to a breast surgeon or interventional radiologist for incision and drainage should be considered</p>
Mastitis without systemic symptoms	<p>Tender nodule within a duct plus erythema and warmth</p>	<p>Treat for blocked ducts, including massage, warm compresses, rest, hydration, and nonsteroidal anti-inflammatory drugs, for 24 hours</p> <p>If there is no improvement after 24 hours, start dicloxacillin, 500 mg four times per day for five days; add an additional five days if inflammation is still present</p>
Mastitis with systemic symptoms	<p>Symptoms of mastitis plus malaise, fatigue, and fever greater than 101°F (38.3°C)</p>	<p>Follow recommendations for mastitis without systemic symptoms</p> <p>If symptoms do not resolve in 48 hours, a milk sample should be cultured; most cultures are positive for <i>Staphylococcus</i></p> <p>If there is a concern for methicillin-resistant <i>Staphylococcus aureus</i>, the patient should be treated accordingly</p> <p>If symptoms are unresolved or there is an area of fluctuance, breast ultrasonography should be performed to evaluate for abscess</p>

Nutritional needs of breastfeeding women

- ▶ *What can you say to a woman who asks about what she should eat or avoid eating when she is breastfeeding?*





700 Calories
a day





LactMed

A TOXNET DATABASE

Drugs and Lactation Database (LactMed)

SEARCH LACTMED

BROWSE LACTMED

ADVANCED SEARCH

e.g. sertraline, SSRIs

Search

Search Term

singular/plural

Records with

all of the word!

Include Synonyms and CAS Numbers in Search

Support

Resources

- [User and Medical Advice](#)
- [Disclaimer](#)
- [LactMed Data Usage/Translation](#)
- [LactMed App](#)
- [LactMed Record Format](#)
- [Database Creation & Peer Review Process](#)
- [Help](#)
- [Fact Sheet](#)
- [Sample Record](#)
- [TOXNET FAQ](#)
- [Glossary](#)
- [Selected References](#)
- [About Dietary Supplements](#)
- [Breastfeeding Links](#)
- [Get LactMed Widget](#)

About LactMed

What is LactMed?

The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant.

Did you know



How do I obtain the full TOXNET dataset?

The following TOXNET datasets are available: ChemIDplus, CCRIS, GENE-TOX, HSDB, LactMed, and TOXLINE.

<https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>



LactMed 17+

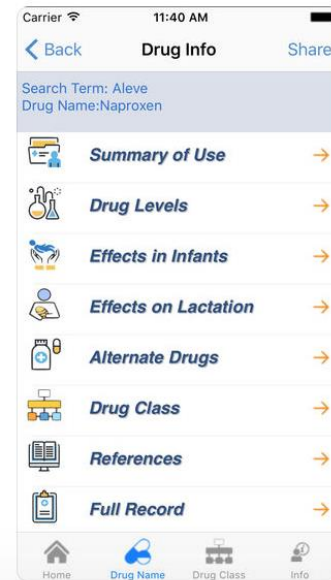
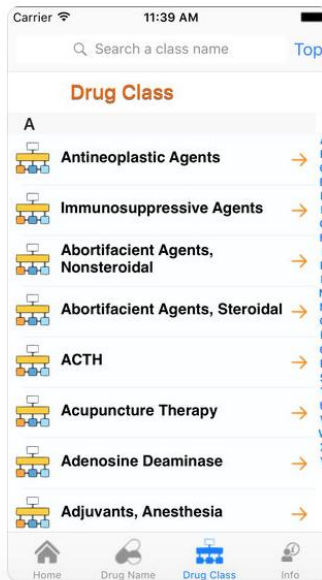
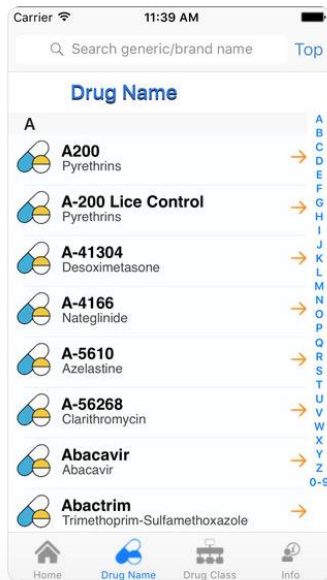
National Library of Medicine

#180 in Medical

★★★★☆ 3.7, 11 Ratings

Free

iPhone Screenshots





What is the situation in Saudi Arabia?

- ▶ Do we have a Code of Marketing here in Saudi ?

1

العين
Al-Ayn

معتمد من
أطباء
العلاج

Nuraloc

The advertisement is presented in a white rectangular frame. On the left side of the frame is a red and yellow cylindrical canister of Nuraloc eye drops. A silver stethoscope is draped over the bottom of the canister. To the right of the canister, there is Arabic text. At the top right, the word 'العين' (The Eye) is written in a stylized font, with 'Al-Ayn' written below it. In the center, the text 'معتمد من أطباء' (Approved by Doctors) is written, followed by 'العلاج' (Treatment) at the bottom right. The brand name 'Nuraloc' is printed on the canister. The background of the advertisement is a light, neutral color.

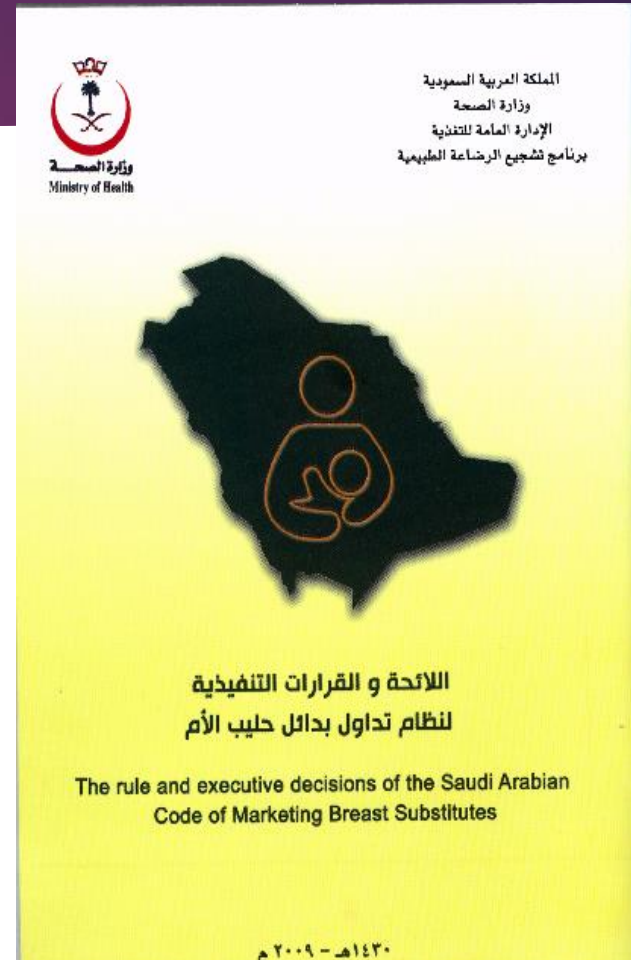


Currently in Saudi Arabia

- ▶ Yes! there is a Code of Marketing here in Saudi Arabia

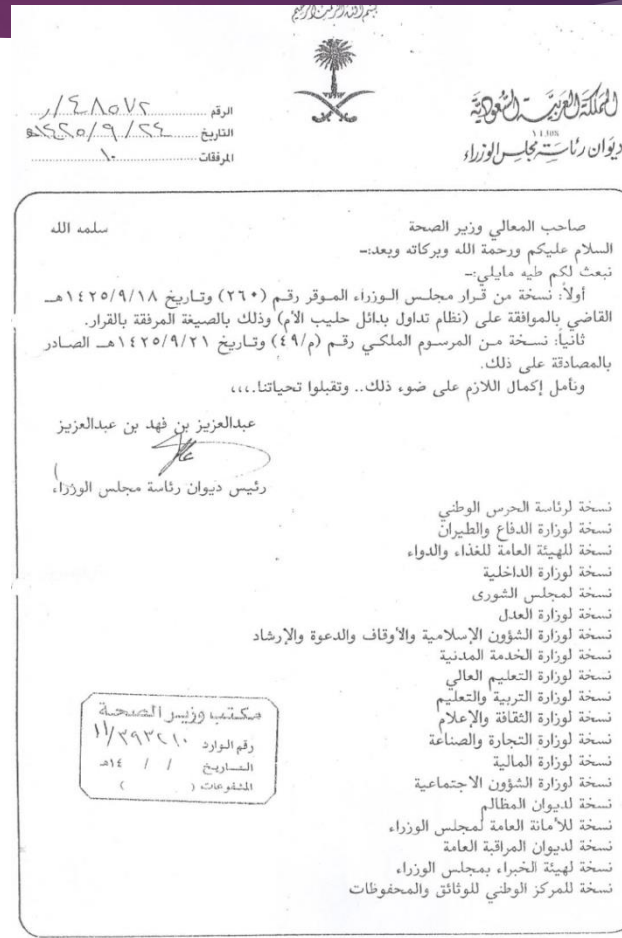
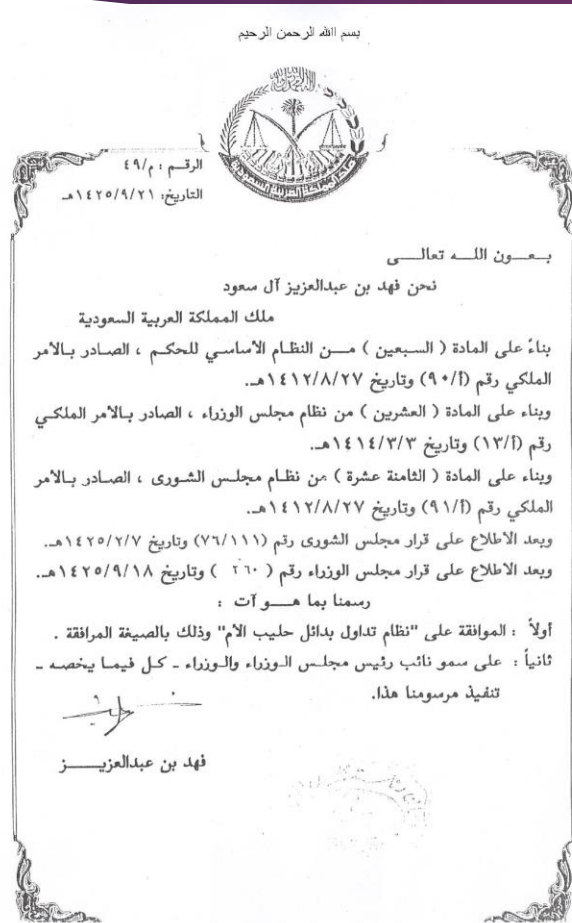
The Code and Local Implementation

- ▶ (individual countries) implement the Code, but they may implement it in the way that they think is best for their countries
- they can make their Code a law



The Code and Local implementation

- ▶ 2004: National Saudi law released by Royal decree



معاينة ممارسين صحيين روجوا للحليب الصناعي للرضع في مرافق صحية



اعتمد خالد الفلاح وزير الصحة 10 قرارات خاصة بمخلفات بعض العاملين الصحيين في صحة جازان لأحكام نظام تداول بدائل حليب الأم بترويج الحليب الصناعي للرضع في المراكز الصحية بقطاع أبوعريش.

وأوضح لـ «الرياض» مشاري الدخيل، رئيس لجنة النظر في المخلفات، المشرف العام على الإدارة العامة للتغذية بوزارة الصحة، المنسق الوطني لبرنامج تشجيع الرضاعة الطبيعية، أن القرارات تضمنت عقوبات تتراوح ما بين الإنذار والخصم من الراتب وقرارات أخرى بعدم ثبوت مخالفة، وذلك بعد أن أقرتها لجنة النظر في مخلفات أحكام نظام تداول بدائل حليب الأم ولأحته التنفيذية المشكلة بقرار وزير الصحة وفقاً للنظام الصادر بالمرسوم الملكي رقم م/49 بتاريخ 21/9/1425 هـ.

وأشار الدخيل إلى أن القرارات طبقت ما نصت عليه المادة الخامسة والعشرون من النظام الخاصة بأحكام نظام تأديب العاملين الصحيين المخلفين، وسبق أن تمت معاينة شركات لبدائل حليب الأم وصيديات لمخلفاتها النظام، وبين أن اللجنة تعد الأولى من نوعها عربياً للنظر في مخلفات أحكام نظام تداول بدائل حليب الأم وتطبيق العقوبات على المخلفين.

وتضم اللجنة في عضويتها ثلاث جهات حكومية هي وزارات (الصحة العدل و التجارة والصناعة)، و من اختصاصات اللجنة النظر في المخلفات الناشئة عن تطبيق نظام تداول بدائل حليب الأم ولأحته التنفيذية وإيقاع العقوبة المناسبة على كل من يثبت مخالفته للنظام من صناع بدائل حليب الأم أو مستورديها أو الموزعين أو الأفراد والمؤسسات والشركات والموظفين بالمؤسسات الصحية.



وشدد الدخيل على أن وزارة الصحة ملتزمة برفع شعار إعطاء الطفل حقه من الرضاعة الطبيعية وعدم التهاون في ذلك، إلا في الحالات الطارئة والطبية وحسب احتياجات الحالات الصحية التي يقرها الطبيب المختص.. مؤكداً أن اللجنة تضع حداً قانونياً لتجاوزات تضر بصحة الرضع والمستهلكين، وتوقع العقوبات على المخلفين مما يعزز حماية صحة الرضيع والأم.. وتحقيق حظر الترويج لبدائل حليب الأم بالمؤسسات الصحية بصورة مباشرة أو غير مباشرة.. ويتيح النظام للمنتجين والموردين والموزعين تقديم النشرات التوعوية عن فوائد الرضاعة الطبيعية وأغذية الرضاعة الصحية بعد اعتمادها من وزارة الصحة.

“الصحة” تشن حملة على شركات تسويق الحليب الصناعي وتحذرهما من المخالفات

شنت وزارة الصحة ممثله بالإدارة العامة للتغذية حملة على شركات توزيع وتسويق الحليب الصناعي.

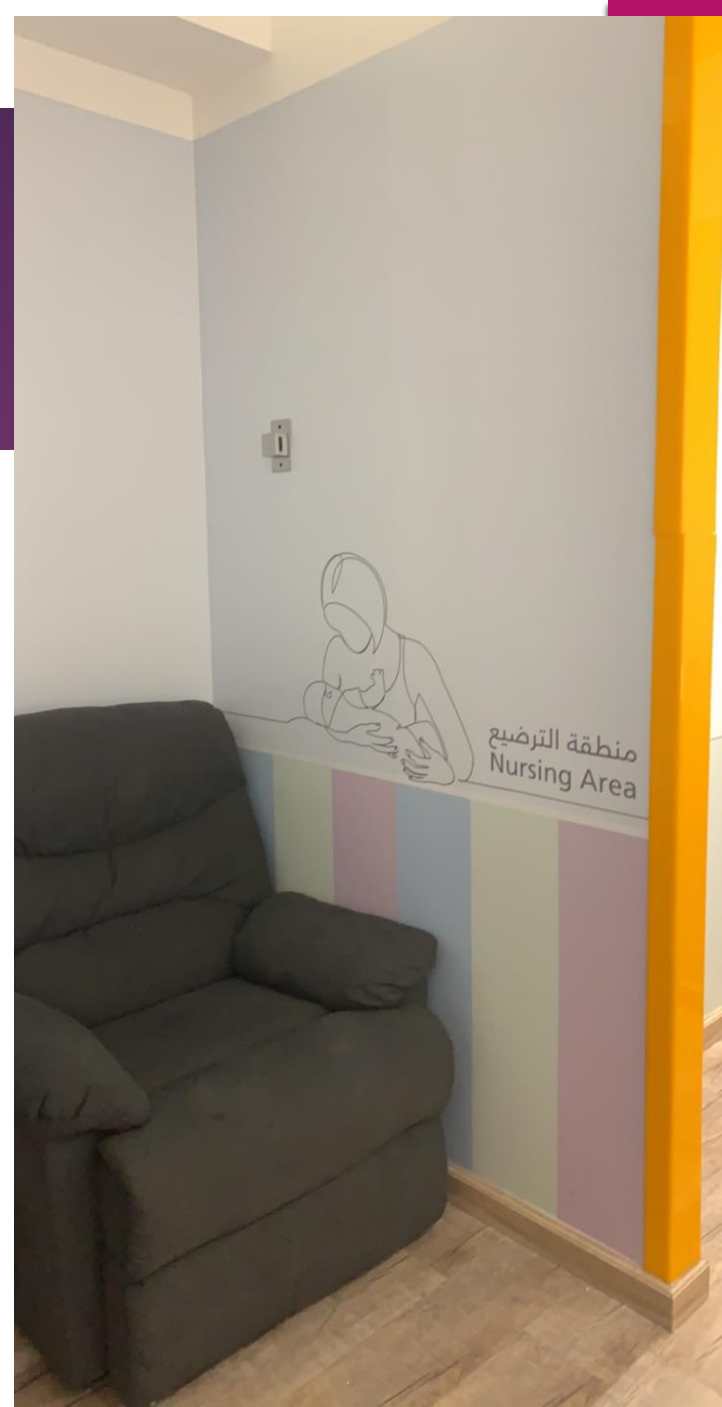
الأربعاء 21 / 03 / 2012



شنت وزارة الصحة ممثله بالإدارة العامة للتغذية حملة على شركات توزيع وتسويق الحليب الصناعي. وكشف المشرف العام على الإدارة العامة للتغذية مشاري بن حمد الدخيل أن النظام تضمن تكوين لجنة مخالفات بعضوية ممثلين من وزارات (الصحة والعدل والتجارة والصناعة) لدراسة وتطبيق المخالفات بلائحة النظام، وستقرر اللجنة معاقبة كل من تثبت مخالفته لأي من أحكام النظام من صناع بدائل حليب الأم أو مستورديها أو الموزعين أو الأفراد والمؤسسات والشركات بعقوبات حسب نوع المخالفة، ومن   التي تم إقرارها بمادة المخالفات والعقوبات باللائحة (الإنذار- غرامة مالية لا تقل عن 5 آلاف ريال ولا تزيد عن 15 ألف ريال- إغلاق المؤسسة لمدة لا تزيد عن 180 يوماً). كما يعاقب كل مخالف لأحكام النظام من مؤسسات الرعاية الصحية الخاصة أو أحد منسوبيها بعقوبة أو أكثر من العقوبات التالية (الإنذار- غرامة مالية لا تقل عن 5 آلاف ريال ولا تزيد عن 100 ألف ريال- إغلاق المؤسسة لمدة لا تزيد عن 60 يوماً) وقد ترى اللجنة توقيع غرامة مالية أكبر مما سبق ذكره أو إلغاء الترخيص فعليها رفع الموضوع إلى وزير الصحة لإحالاته إلى ديوان المظالم للنظر فيه وتقرير مايراه، ويجوز التظلم من قرار اللجنة لمن صدر ضده أمام ديوان المظالم خلال 60 يوماً من تاريخ الإبلاغ بقرار العقوبة.. ويتم نشر منطوق حكم قرار العقوبة من ديوان المظالم في إحدى أو أكثر الصحف المحلية على نفقة المخالف.

كما نصت مادة مخالفات النظام على أحكام بمعاقبة الموظف المخالف تأديبياً بعد التحقيق معه كتابياً وسماع أقواله ودفاعه، وتبوت مخالفته، وإحالة موضوع مخالفة الموظف والعقوبة المناسبة المقترحة من اللجنة بالكامل إلى الوزير لاعتماد قرار العقوبة، أو اختيار عقوبة ملائمة أو الإحالة إلى هيئة الرقابة والتحقيق، إذا كانت تستوجب عقوبة الفصل من العمل، ويحق للوزير إصدار التعديلات اللازمة على اللائحة، ويتم نشر هذا النظام ولوائحته وقراراته التنفيذية بالجريدة الرسمية ويعمل به بعد 90 يوماً من تاريخ نشره.

وقد عقدت الإدارة العامة للتغذية أمس الملتقى الأول مع ممثلي وكلاء وشركات توزيع وتسويق منتجات بدائل حليب الأم (الحليب الصناعي) للأطفال لتطبيق نظام تداول بدائل حليب الأم ولوائحته التنفيذية، لمناقشة تفعيل تطبيق نظام تداول بدائل حليب الأم في المؤسسات الصحية خاصة وبكافة النواحي العامة بالمجتمع.





WABA | WORLD BREASTFEEDING WEEK 2019



التحالف العالمي للرضاعة الطبيعية | الأسبوع العالمي للرضاعة الطبيعية 2019