

This document represents a translation of the ASUGI official document "*La protezione dell'Allattamento nel Percorso Nascita: il Modello di Assistenza di ASUITs, 2019-2020*," accessible in Italian at the following link: [doc modello assistenza ASUGI protezione allattamento nel percorso nascita 2019-2021](#).

The aim of this translation is to make the information and directives in the original document accessible to a wider audience, overcoming language barriers and facilitating the dissemination of relevant knowledge in the field of breastfeeding protection, promotion, and support.



Breastfeeding protection in the Birth Care Pathway: the ASUITs¹ Model of Care

2019-2021

¹ In 1/1/2020 the Local Health Authority has changed its name from Azienda Sanitaria Universitaria Integrata di Trieste in Azienda Sanitaria Universitaria Giuliano Isontina. The policy was still current to 2021.

Preface

The present document describes the **Care Model for Breastfeeding protection**, encompassing all activities and services designed and managed to **protect breastfeeding** during the prenatal and postnatal phases. It begins with the pregnant woman's access to district facilities (*by the 34th week*), continuing beyond the child's second year, as long as the mother and child desire.

The Model implements the principles and management guidelines outlined in the Health Company Policy for Breastfeeding.

Within the Model:

- **categories of health care professionals** working in the **Birth Care Pathway** are identified, along with their competencies and responsibilities;
- various **phases** of the **Birth Care Pathway** related to breastfeeding are outlined;
- **documents** supporting effective internal and external **information and communication** are specified (procedures and operational protocols translating *Standards* into operational practice);
- **monitoring** of indicators and appropriate **records** are established for **continuous improvement** of the provided service.

The **Model** is applied for the assistance of pregnant women, mothers with new-borns, and family members seeking help from **Community** health care professionals.

Changes and additions compared to the previous version of the Model are *highlighted in italics*.

Abbreviations and Symbology

WHA: World Health Assembly

BFCI: Baby Friendly Community Initiative

CODE: International Code on the Marketing of Breastmilk Substitutes

COMMUNITY: Baby Friendly Community for Breastfeeding and Infant Nutrition

HCP: Health Care Professional

GP: General Practitioner

FP: Family Pediatrician

POLICY: Local Breastfeeding Policy

CAWF-HU: Children, Adolescents, Women and Families Health Unit

STANDARDS: Standards for Good Practices for the Community

LHA: Local Health Authority

CHSF: Community Health Services for Families

PROCEDURE	a procedure is documented
OPERATING INSTRUCTION	an operating instruction is documented
CHECKLIST	a checklist is documented
TRAINING COURSE	a training course is prepared

Goals

The adoption of all **BFCI Standards** aims to maintain to *ASUITs* recognition by UNICEF as a **Baby-Friendly Community for Breastfeeding**. In this initiative, all service operators in contact with pregnant women, mothers, and children adhere to the **Standards** aimed at protecting the initiation and duration of breastfeeding and promoting healthy nutrition in early childhood.

Support is ensured for women who have chosen not to breastfeed, their partners, and women who, for medical reasons, cannot breastfeed, providing information independent of commercial interests and practical assistance.

Another objective and absolute commitment is the adherence to the **Code** and subsequent relevant resolutions of the **WHA**.

Policy on breastfeeding and infant nutrition

The *ASUITs* Management has approved the contents of the **Policy**, prepared and periodically revised by the **multi-professional working group** specifically established for this purpose.

Adherence to the Standards outlined in the **Policy** is mandatory for all operators involved in the Birth Care Pathway with the goal of protecting, promoting, and supporting the initiation and duration of breastfeeding.

The **Policy** is made accessible to all operators and parents through the availability of the text, in its *printed form*, at every district location and, in its *electronic form*, on the website and corporate intranet.

The visibility of the **Policy** is also promoted through the dissemination of information within the **Local Community** served by *ASUITs* facilities, including the IRCCS Birth Point, the outpatient clinics of the Family Pediatricians and GPs, the University, Municipalities, Child Services (day care centres, nurseries, kindergartens), Associations, Volunteer Organizations, and Pharmacies.

Parents receive the **short version of the Policy**, illustrating the **Seven Steps** for the **Community** based on the **Standards** supported by current scientific evidence. The short version, included in the brochure "*Breastfeeding, a Choice for Life*", is handed to mothers in printed form during their first contact with the operators. Additionally, it is displayed in public district areas where assistance is provided to pregnant women and mothers with newborns.

The contents of the **Policy** are also communicated in a concise form in the languages most widely spoken among families using the services.

The documents are located in the dedicated breastfeeding section on the health company's website.

All operators must attend an **Orientation Course on the Policy** within one week of starting their service to:

- Understand what is expected of them in the performance of service
- Internalize and share the meaning of the **Standards**.

TRAINING
COURSE

The **Policy** is updated every *three years*, and its contents, expressed in clear and unambiguous terms, are translated into service improvement objectives.

To this end, the multi-professional working group is tasked with **monitoring** the implementation of the **Policy** in district facilities, using appropriate indicators and conducting periodic and regular qualitative and quantitative data analyses.

International Code on the Marketing of Breastmilk Substitutes

ASUITs commits to respecting the principles and objectives of the **Code** and all subsequent relevant resolutions of the **WHA**, even in the event that they are not incorporated into national or regional legislation.

There is a **procedure for verification**:

- to ensuring compliance with and application of the principles and provisions of the **Policy** and the **Code** within ASUITs, including a check on the presence of complimentary packages or publications provided by external companies, to protect mothers from direct or indirect advertising of breast milk substitutes, bottles, teats, nipple shields, or pacifiers contrary to the **Code**;
- to monitoring contact between operators and representatives or employees of manufacturing or distributing companies;
- to overseeing the purchase of breast milk substitutes, including special formulas and other equipment required by the facility.

PROCEDURE

The **procedure** includes recommendations and prohibitions that must be observed by all staff, as well as the frequency of checks on compliance with the **Standards**.

The **Code** and subsequent relevant resolutions of the **WHA** are made known to **General Practitioners** (*Involved Operators*) and **Family Pediatricians** (*Dedicated Operators*).

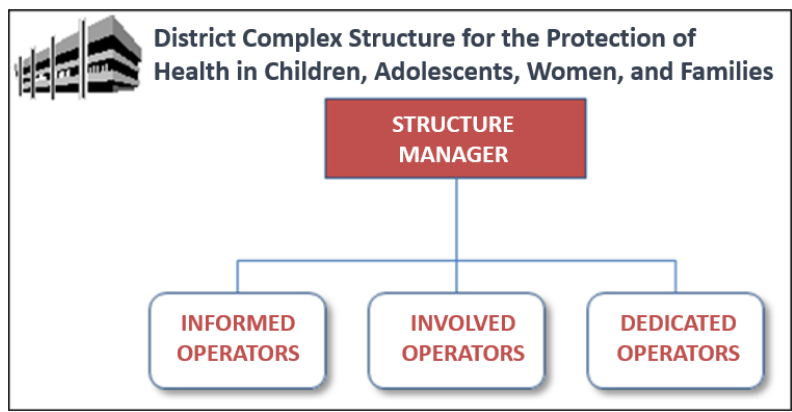
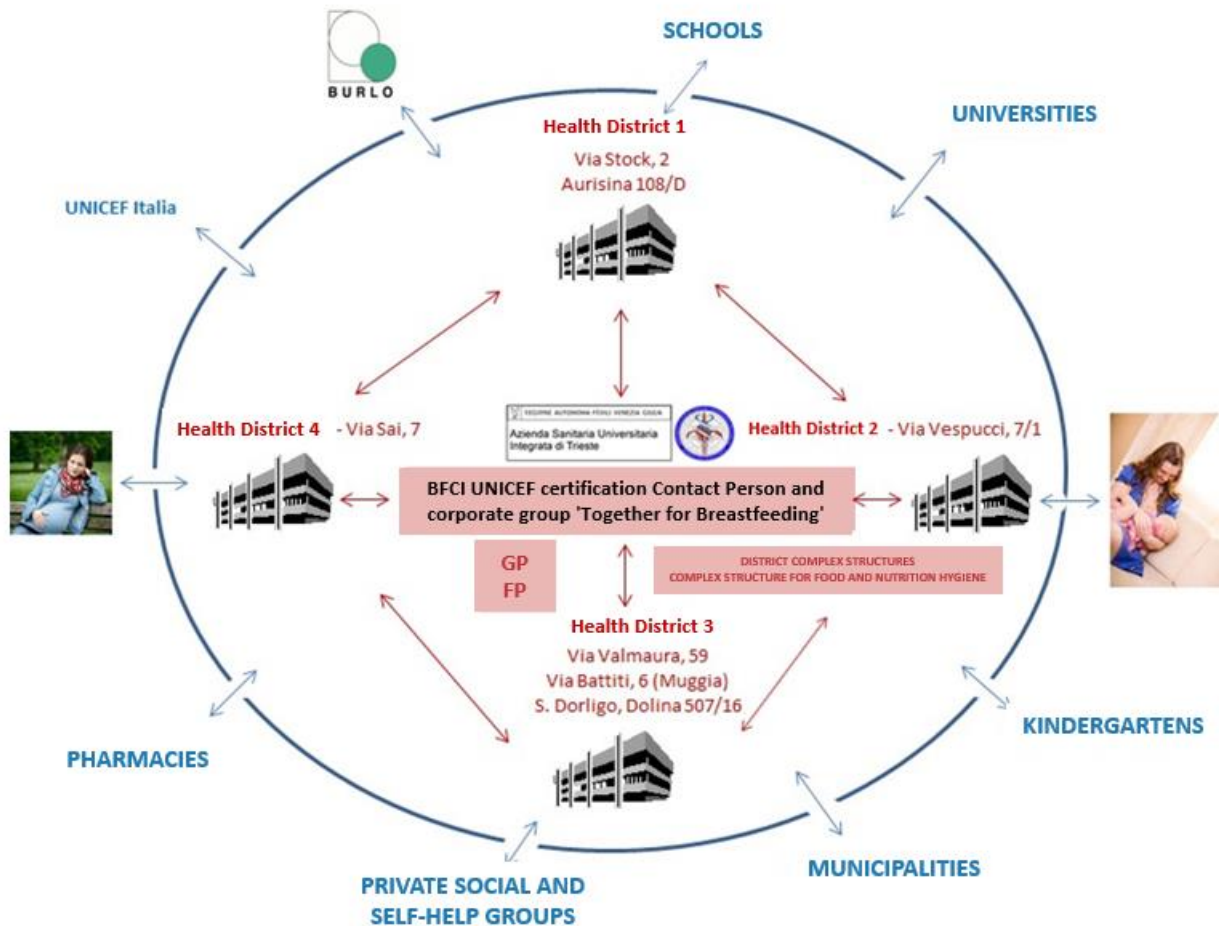
Within each Complex Structure "Child, Adolescent, Women, and Family Health Protection" of ASUITs, a designated representative responsible for monitoring compliance with the **Code** is identified.

Responsibilities

Operators in district facilities working in the Birth Care Pathway are divided into **three categories** based on the competencies related to their roles. Each category of operators is assigned specific responsibilities based on the degree of involvement in the following **2 macro-phases**, pre and post-natal, of the Birth Care Pathway related to activities that protect, promote, and support breastfeeding.

CATEGORY	WHO ARE	ACTIVITIES	RESPONSIBILITIES AND SKILLS
NEWLY HIRED OPERATORS	Newly hired operators (including those newly transferred from other facilities) from all professional backgrounds.	–	They are planned based on the role they will have and their level of involvement (informed, involved and dedicated operators).
INFORMED OPERATORS	This category includes operators from various professional backgrounds who, in different capacities, have significant interactions with pregnant women and mothers. They are capable of guiding them towards relevant services and/or influencing the breastfeeding journey. Therefore, administrative staff or other front office personnel should also be considered in this category.	Reception Information	They must have general skills to guide the mother to the appropriate figure.
INVOLVED OPERATORS	All operators who, with their expertise, participate in the various activities of the Birth Care Pathway. General practitioners are among the involved operators.	Reception Information Counseling Assistance and clinical support	They possess theoretical knowledge of breastfeeding and know whom to refer to for further insights.
DEDICATED OPERATORS	All operators involved in activities related to the protection, promotion, and support of breastfeeding Family Pediatricians are included among the dedicated operators.	Reception Information Counseling Assessment Taking charge Assistance and clinical support Monitoring Measurement and data collection	In addition to theoretical knowledge, they have practical skills to assist mothers.

The **Model** is implemented within an open system where different actors (structures and personnel) interact through internal and external communication processes, aiming to protect, promote, and support breastfeeding.



At the 4 district Complex Structures of ASUITs, the **Training Coordinators** maintain and update, in the Training Register, the **Table of professional figures** that lists the names of all operators belonging to the "informed," "involved," and "dedicated" categories.

The district Complex Structures coordinate with the **Complex Structure for Food and Nutrition Hygiene of the Prevention Department**.

Execution methods

1. STAFF TRAINING

There is a **procedure for managing training** that includes:

- Annual planning of content and the number of hours dedicated to various categories of operators.
- Coverage of the Seven Steps, the Global Strategy, and the Code.
- Mandatory for all operators in the Birth Care Pathway.
- Monitoring, recording, and verification training through appropriate documentation.
- Progressive training extension to external structures to ASUITs.

PROCEDURE

2. INFORMATION FOR PREGNANT WOMEN AND MOTHERS

There are two **procedures for managing information for pregnant women and mothers**, ensuring consistent methods and content of information at all district locations.

PROCEDURE

The minimum content of information and the available checklists for operators are listed in the following table:

	INFORMATION CONTENT	
<p>TO PREGNANT WOMEN (and their families)</p>	<p>Topics of prenatal checklists</p> <p>Policy for breastfeeding</p> <p><i>Assistance practices that promote breastfeeding</i></p> <p><i>How, where, and when to manage breastfeeding and its positive effects</i></p> <p>Risks of supplement administration in the first 6 months</p> <p>How to receive personalized counseling on infant feeding</p>	<p>CHECKLIST</p> <p>Prenatal – Infant Feeding (<i>individual and group</i>)</p> <p>Information for pregnant women oriented towards using breast milk substitutes by personal choice</p> <p>Information for pregnant women who will need to use breast milk substitutes for medical reasons</p>
<p>TO MOTHERS (and their families)</p>	<p>Topics of postnatal checklists</p> <p>Support networks and sources of help for breastfeeding</p> <p>How to continue breastfeeding for two years and beyond</p> <p>How and where to breastfeed in public places</p>	<p>CHECKLIST</p> <p>Postnatal – Information for breastfeeding mothers (<i>individual and group</i>)</p> <p>Postnatal – Information for mothers using breast milk substitutes</p>

At the **Complex Structures "Child, Adolescent, Women, and Family Health Protection"** informative **brochures** on breastfeeding and child nutrition are available for pregnant women, mothers, and families to be distributed in the pre and post-natal phases.

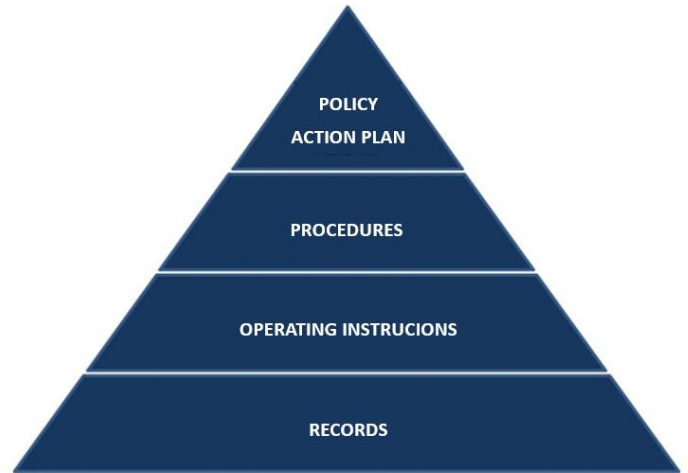
3. DOCUMENTS AND RECORDS

The document pyramid of the **Model** places at the top the documents that plan activities: the **Policy** and the **Action Plan**.

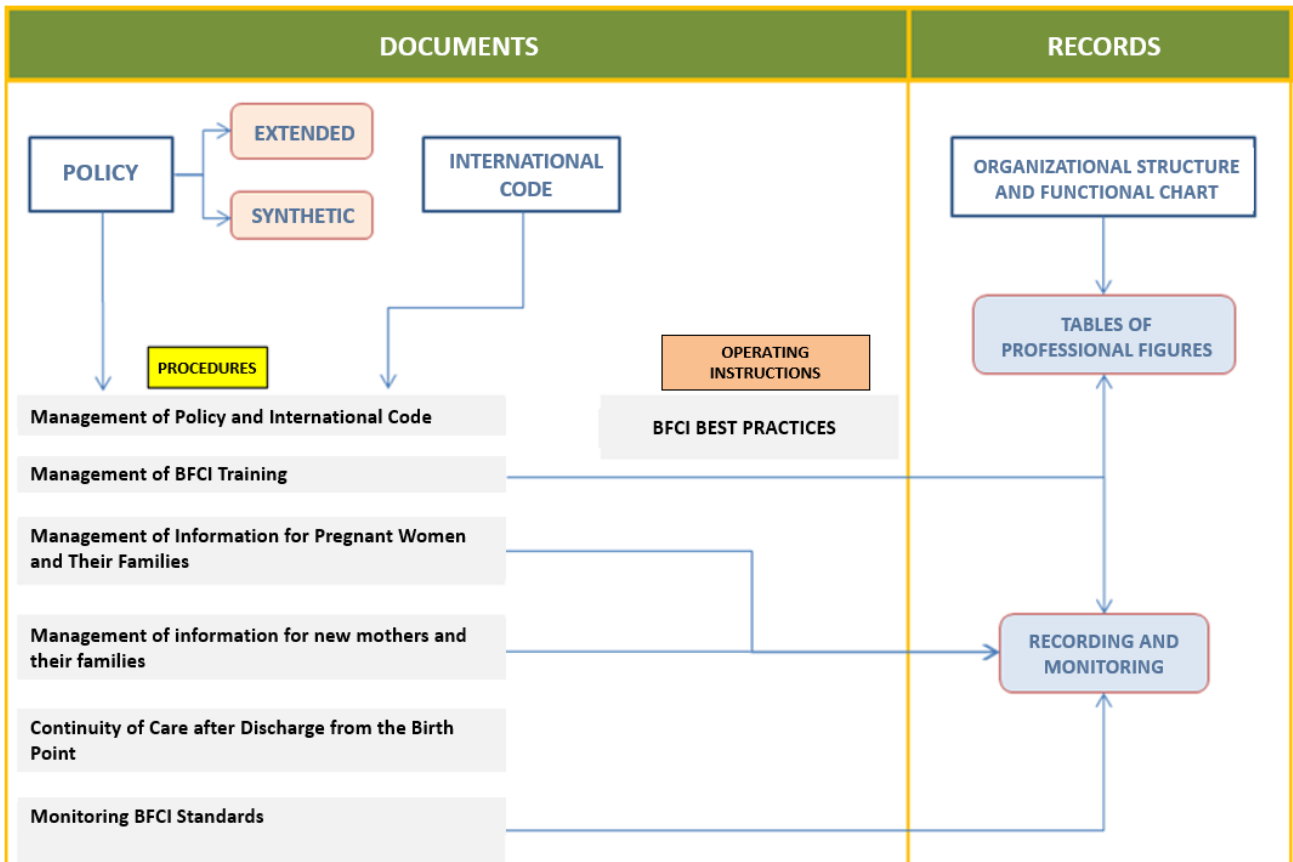
The delivery of the service relies on prescriptive documents, **procedures**, and **protocols** that align with **BFCI** standards and evidence-based guidelines.

Records involve training activities prepared for personnel, monitoring of breastfeeding indicators, and verification of compliance with standards.

The results obtained generate the **annual Action Plan**, which foresees, according to identified priorities, interventions on the Seven Steps and related standards and on the Code, with a view to the continuous improvement of the system.



The following chart illustrates the set of documents and records used in the **Model**.



4. THE MACRO-PHASES OF THE MODEL

The **Model** temporally places activities along a **continuum** that starts from the beginning of pregnancy and concludes at the child's two years of age (it is recommended that breastfeeding continue beyond two years if the mother and child desire).

By the 34th week of pregnancy, all pregnant women must receive clear, comprehensive, updated, and commercially independent information on the topics of the prenatal Checklist.


The **Model** involves the management of **2 macro-phases**:

1. **PRENATAL PHASE (Reception and taking charge)**
2. **POSTNATAL PHASE (Reception and taking charge for breastfeeding)**

For each macro-phase, the following are identified:

- **objectives**;
- main **actions** to be carried out;
- **operators** who intervene with their skills and competencies;
- **support documentation** for the execution of services: all procedures and/or protocols on breastfeeding and child feeding comply with **BFCI Standards** and evidence-based scientific guidelines
- required **records**.

BREASTFEEDING PROTECTION IN THE BIRTH CARE PATHWAY - PRENATAL period						
RECEPTION AND TAKING CHARGE						
	Within the 12th week	13th - 30th week	30th - 32th week	34th week	35th - 40th week	Within the 12th week ± 2W
GOALS	Inform pregnant women about dedicated services.	Personalize access to Antenatal Group Meeting (AGM)	Initiate Antenatal Group Meeting (AGM) (individual/group)	Inform pregnant women and their families about the benefits and practice of breastfeeding and the Breastfeeding Policy	Reinforce the conveyed information (especially on how to breastfeed, mother-child innate reflexes, manual expression); conduct individual meetings for those who cannot/will not breastfeed; involve families.	Prepare women for labor, childbirth, and hospitalization; provide information on Mother-Friendly Care and "hospital delivery room visits"
ACTIONS	Deliver the brochure "Breastfeeding, a Choice for Life" at the time of the exemption from pregnancy fees and at the first contact with the district Birth Point service.	1st midwife interview	Initiate individual/group paths managed by the midwife	Organize a dedicated AGM meeting for groups/individual interviews	Conduct demonstrations and practical exercises individually and in groups	Continue group or personalized meetings
WHO	INFORMED, INVOLVED, AND DEDICATED OPERATORS	DEDICATED OPERATORS	Provide a schedule of Antenatal groups; inform about self-help meetings and the availability of Peer Counselor groups	Inform about the topics of the Prenatal Checklist	Inform about the 7 BCFI steps	Provide a schedule of meetings about birth analgesia and visits to the delivery room
DOCUMENTS	Brochure "Breastfeeding, a Choice for Life"	1st midwife interview Form	DEDICATED OPERATORS	Brief health company Policy	Recommend selected websites	Information on birth analgesia meetings and delivery room visits
RECORDS AND MONITORING	Number of pregnant women followed by CHSF (health/psychosocial); recordings.	Priority access to AGM; criteria for individual paths	DEDICATED OPERATORS	PROCEDURE "Management of information for pregnant women and their families"	DEDICATED OPERATORS	Information on birth analgesia meetings and delivery room visits
				OPERATING INSTRUCTIONS for "Good BFCI Practices"	Prenatal Checklist	
				Information about the health company's website		
				Records: number of Antenatal groups / number of participating women		
				Paper record: number of women accessing the individual path		

	BREASTFEEDING PROTECTION IN THE BIRTH CARE PATHWAY - POSTNATAL period			
	RECEPTION AND TAKING CHARGE		BREASTFEEDING SUPPORT	
	1th week	6th week	7th week	2 years
GOALS	Ensure continuity of care between hospital and community		Promote exclusive breastfeeding until 6 months of age, the introduction of appropriate complementary foods beyond 6 months, and extended breastfeeding	
	Maintain exclusive breastfeeding			
	Encourage enrollment in the Family Pediatrician and the first health assessment		Facilitate health assessments and the completion of the regional pediatric health booklet	
ACTIONS	Conduct a comprehensive assessment of breastfeeding progress at the first visit (mother-child reception) within the first month of life.		Direct mothers to self-help groups. Provide information on support networks and rights.	
	Inform about postnatal Checklist topics			
	Develop a personalized care plan and offer counseling/support as needed			
	Provide information for initiating and maintaining breastfeeding, support mother's skills, offer information on complementary feeding at the appropriate time, and provide information on the 7 life-saving actions			
	Maintain contact with the Family Pediatrician; provide information on continuing breastfeeding in kindergartens			
	Continue group and personalized meetings			
	Facilitate access to Peer Counselor support groups			
WHO	DEDICATED OPERATORS		INVOLVED OPERATORS AND DEDICATED OPERATORS	
DOCUMENTS	Continuity flyer from hospital to community to be delivered at discharge			
	natal CHECKLIST and personalized plan (for breastfeeding and non-breastfeeding mothers) - initiation within the 1st month, to be completed within the 6th mo			
	Individual mother's file - Regional pediatric health booklet			
	PROCEDURE "Continuity of care after discharge from the Birth Point"			
	OPERATING INSTRUCTIONS for "Good BFCI Practices"			
	Brochures "Breastfeeding, a Choice for Life" and "From Good Milk to Good Food"			
RECORDS AND MONITORING	Number of deliveries and number of births (Hospital Discharge Form); number of health assessments - 1st Mother-Child Reception		Vaccination coverage rate (2nd dose)	
	Breastfeeding rates at discharge		Breastfeeding rates at the 2nd vaccination	

Records and monitoring

The **continuous improvement** of the service necessitates regular and consistent monitoring, measurement, and recording of **qualitative data** that significantly impact customer satisfaction. In addition to these, identified **quantitative data** related to overall performance allows the assessment of the effectiveness of the breastfeeding promotion and support action and evaluates the cultural spread of such practice.

For each of the 2 macro-phases in which the **Model** unfolds, indicators are assigned, and their values are periodically monitored (**Procedure "Monitoring of BFCI Standards"**) by the personnel of the Complex Structures for Child, Adolescent, Women, and Family Health Protection. District site personnel are responsible for regularly transmitting the required data to the multi-professional group to monitor breastfeeding promotion and support activities and assess the achievement of annual objectives.

References

The UNICEF reference documentation of the **Model** is as follows:

Come preparare la Politica aziendale per l'allattamento al seno e l'alimentazione dei bambini - 2009 Edition.

Standard per le Buone Pratiche per la Comunità – 2015 Edition.

Allegati per la BFHI/BFCI - 2015 Edition.

Guida all'applicazione dei Passi - 2015 Edition.

Monitoraggio degli Ospedali&Comunità Amici dei Bambini – 2015 Edition.

It is possible to access the original document from which this translation has been derived at the following link: [doc modello assistenza ASUGI protezione allattamento nel percorso nascita 2019-2021](#).