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| **Key Points*** Core skills and knowledge can be acquired in a single session or cumulatively through direct or indirect supervised experience during a normal working day or simulated activities.
* Core skills and knowledge to be completed by 12 month professional development review PDR. Follow up for midwives and nurses – staff development, Graduates – graduate coordinators
* It is recommended that staff complete the BFHI modules in Moodle (BF Introduction, BF Works, BF Health Benefits, BF Challenges – TBA).
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| **Core skills and knowledge requirements** |
| **Counselling skills** | **Date**  |
| 1. Use listening skills when counselling a mother;
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| 1. Use skills for building a mother’s confidence and giving support;
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| 1. Counsel a pregnant woman about breastfeeding
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| 1. Counsel a mother to make an informed and appropriate decision about infant feeding, suitable to her circumstances
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| **Establishing breastfeeding** |
| 1. Help a mother to recognise when her baby is ready to initiate breastfeeding while in skin-to-skin contact after birth
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| 1. Support a mother to position herself and her baby for breastfeeding
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| 1. support a mother to attach her baby to the breast, encouraging baby-led attachment
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| 1. Assess a breastfeed; including teaching a mother how to monitor milk transfer
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| 1. Explain to a mother about feeding cues and the optimal pattern of breastfeeding
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| 1. Using hands-off techniques, assist a mother to express her breast milk
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| 1. Explain to a mother how to know if her baby is getting enough milk
 |  |
| **Breastfeeding challenges**  |
| 1. Counsel a mother who thinks she does not have enough milk
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| 1. Counsel a mother with an unsettled baby
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| 1. Counsel a mother on selecting and using an alternative feeding method
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| 1. Counsel a mother whose baby is refusing to breastfeed
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| 1. Counsel a mother who has flat or inverted nipples
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| 1. Counsel a mother with engorged breasts
 |  |
| 1. Counsel a mother with sore or cracked nipples
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| 1. Counsel a mother with mastitis
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| 1. Support a mother to breastfeed a low-birth-weight, preterm or sick baby
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To be completed by Supervisor:

⃝ Completed **Date:**

Supervisor Name: Date:

Supervisor Signature: