

# Breastfeeding and the promotion of breastfeeding

## Curriculum for the basic course

**FOR HEALTH PROFESSIONALS**



# Breastfeeding – what else?

Expectant parents have time to prepare for breastfeeding during pregnancy.

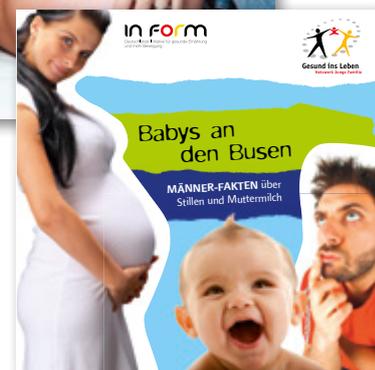
## Flyer to promote and prepare for breastfeeding

The leaflet informs expectant parents about the benefits of breastfeeding. It meaningfully addresses questions of relevance to the life worlds of young couples, motivating them to prepare for breastfeeding even during pregnancy.

The summarised information focuses on well-known and less familiar facts about breastfeeding and mother's milk. What makes it special: issues relating to men and women are addressed on different pages of the leaflet, therefore considering the question of breastfeeding from the expectant mother's perspective and from the perspective of her partner.

In addition, expectant parents find out where to obtain support during the period of breastfeeding.

Format: 21 x 21 cm, 20 pages  
Free, order no. 0340



## Poster to promote and prepare for breastfeeding

The poster charts the benefits of breastfeeding. It is particularly suitable to reinforce younger couples in their decision to breastfeed.

Format: DIN A2, folded to DIN A4  
Free, order no. 3466

## Table of contents

<b>Introduction</b>	<b>4</b>
Preparation of the curriculum	4
Potential providers	5
Aims	5
Target groups	6
<b>Quality guidelines</b>	<b>7</b>
Implementation of the curriculum	7
Evaluation	7
Qualification and tasks of the course managers	8
Course duration	9
Sequence	10
<b>Organisational information</b>	<b>12</b>
Number of participants	12
Course materials	12
Equipment at the venues	12
Participant list	12
Certificate of participation	12
Course credits	12
<b>Curriculum</b>	<b>13</b>
Contents	13
Structure	14
<b>1. Basics</b>	<b>15</b>
<b>2. Breastfeeding in practice</b>	<b>21</b>
<b>3. Particular breastfeeding situations</b>	<b>27</b>
<b>4. Additional information</b>	<b>32</b>
<b>Media by the network for use in advice</b>	<b>37</b>
<b>Bibliography</b>	<b>39</b>
<b>Imprint</b>	<b>41</b>

## Introduction

Breastfeeding is the best source of nutrition for infants. Not only does it have numerous health benefits for the mother and child, it also strengthens their close bond. The Healthy Start – Young Family Network recommends that infants are breastfed exclusively at least until the beginning of the fifth month and no longer than until the beginning of the seventh month<sup>1</sup>, and that breastfeeding should continue after introduction of complementary food. The duration of exclusive breastfeeding depends on the child's development and maturity.

In Germany, the prevalence of breastfeeding has risen slightly in recent years. The results of the KiGGS study – first follow-up survey (KiGGS Wave 1, 2014) – show that the proportion of infants in Germany that have received any form of breastfeeding (born in the years 2002 to 2012) is approximately 82%. This represents a rise of over 4% compared to the base KiGGS survey (2003 to 2006; born in the years 1996 to 2002). But the average duration of breastfeeding remains unchanged at 7.5 months. Moreover, KiGGS Wave 1 indicated that 34% of infants are exclusively breastfed for at least four months, while 47.7% are fully breastfed, which means that additional liquids are provided. Another 17.7% of children are fully breastfed for six and more months. This means that the majority of infants do not receive the recommended period of exclusive breastfeeding, which is until at least the beginning of the 5th month.

Although the general proportion of women breastfeeding their children has developed positively in recent years, there is still an increased need for measures that promote and support breastfeeding – especially among educationally disadvantaged mothers and young mothers, women who smoke during pregnancy, women experiencing a multiple birth or a premature birth. The decision to breastfeed or not to breastfeed is reached during early pregnancy. It is therefore imperative to start providing information on breastfeeding at this time and to consistently continue with the promotion of breastfeeding after the child is born. After all, many mothers stop breastfeeding or start to provide additional infant formula in the first six to eight weeks after childbirth. This is why mothers ought to receive the necessary support from qualified professionals at this sensitive time.

Especially health professionals who maintain regular contact with young families and who enjoy their trust are suitable persons to support and accompany young mothers. Among others, they include midwives, gynaecologists, paediatricians, medical assistants in gynaecology and paediatric practices, (paediatric) nurses, prevention assistants, nutritional experts, specialists in pregnancy advice centres and (social) education workers.

## Preparation of the curriculum

The members of the various professional groups have very heterogeneous levels of prior knowledge on the topic of breastfeeding. So it is all the more important that the relevant professional groups are taught **uniform basic knowledge** in order to advise expectant women, mothers and parents. But so far there has been no standardised training concept to achieve this aim.

This has prompted the Healthy Start Network, an IN FORM initiative by the Federal Ministry of Food and Agriculture, in cooperation with all institutes in Germany that train health professionals in the issue of breastfeeding and those that advocate the promotion of breastfeeding, to develop the first curriculum for a one or half-day **basic course in 'Breastfeeding and the the promotion of breastfeeding'**. This is a **uniform, nationwide training concept** to define the necessary basic knowledge, contents and competencies that health professionals in various occupational fields must possess.

1. Exclusive breastfeeding: the infant exclusively receives mother's milk without any water or tea.  
 Predominant breastfeeding: additional provision of water and tea, etc. (not including infant formula).  
 Full breastfeeding: a term that includes both exclusive and predominant breastfeeding.

### The following institutions contributed to the development of the curriculum:

- Academy of Public Health in Düsseldorf
  - German Association of Independent Breastfeeding Groups (AFS)
  - Working Group Obstetrics and Perinatology (AGG) at the German Society of Gynaecology and Obstetrics (DGGG)
  - German Lactation and Breastfeeding Training Centre
  - Professional Association of German Lactation Consultants IBCLC (BDL)
  - Professional Association of Gynaecologists in Germany (BFV)
  - German Training Institute for Breastfeeding (DAIS)
  - German Midwifery Association (DHV)
  - European Institute for Breastfeeding and Lactation
  - Training Centre Bensberg at Vinzenz Pallotti Hospital
  - German Association for Birth Preparation, Family Education and Women's Health (GfG)
  - La Leche League Germany
  - National Breastfeeding Committee at the Federal Institute for Risk Assessment
  - Austrian Agency for Health and Food Security
  - Swiss Committee for UNICEF
  - St. Joseph Hospital Berlin
  - University Clinic Freiburg
  - Association to support the WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI) in Germany
- The curriculum is based on a consensus between all participating institutions, professional organisations and associations.

## Potential providers

The curriculum is designed for all providers of further training and course managers who would like to offer a basic course for health professionals on breastfeeding and the promotion of breastfeeding.

## Aims

### The curriculum has the following aims:

- Health professionals (see target groups, p. 6) should be taught uniform and scientifically validated basic knowledge in the advice and accompaniment of expectant women and mothers on the issue of breastfeeding.<sup>2</sup>
- The course participants should be enabled to pass on practical and proactive information to families.
- The curriculum should contribute to the dissemination of uniform information.
- The communication of uniform information to mothers and (expectant) parents should give them clarity and certainty.

**In this way, the curriculum, the course providers and the health professionals will make an important contribution to the promotion of breastfeeding.**

2. This course does not communicate any specialist knowledge to advise women with health issues. Health professionals should provide these women with information on additional advice services.

## Target groups

In order to satisfy the different informational needs and advice requirements of everyday practice, the curriculum was designed for three distinct target groups among health professions:

- **Various professional groups with no prior knowledge of breastfeeding:**  
They include professions in which the topic of 'breastfeeding' is not part of their training, e.g. medical assistants, prevention assistants, (social) education workers, psychologists and other social education specialists who encounter young families within the framework of early support.
- **Various professional groups with prior knowledge of breastfeeding:**  
This addresses professional groups for which the topic of 'breastfeeding' is part of their training. They include midwives, nurses, paediatric nurses, ecotrophologists, nutritional scientists and dietary assistants.
- **Doctors with prior knowledge of breastfeeding:**  
e.g. gynaecologists, paediatricians, nutritionists.

# Quality guidelines

Quality guidelines were developed for the organisation and implementation of the training in order to provide the greatest possible uniformity of quality standards.

## Implementation of the curriculum

### Contents

The curriculum contains the mandatory contents and competencies relating to all topics (cf. p. 15–36). In particular, the **recommendations 'Infant nutrition and nutrition for breastfeeding mothers'** by the Healthy Start Network provide the specialist foundation for the curriculum. They were drafted and endorsed by the professional and scientific organisations of gynaecologists, midwives, paediatricians and others. The recommendations address a broad range of issues that are also taught in this course, e.g. general recommendations, start of breastfeeding, duration of breastfeeding, intensity of breastfeeding and nutrition for breastfeeding mothers, also alcohol, tobacco and medication during breastfeeding (download: <https://www.gesund-ins-leben.de/fuer-fachkraefte/handlungsempfehlungen/>). Moreover, a technical foundation is provided by the current scientific insight as listed in the Bibliography (cf. p. 39). The index numbers in the curriculum point to the relevant bibliographical reference.

## Evaluation

The basic course will only be accepted and successful if it provides adequate quality. It is advisable to perform an evaluation, e.g. using a variety of questionnaires, in order to enable assessment and improvement of the courses:

- A knowledge test can be used to identify knowledge acquisition among the participants (e.g. the same test before and after the course. It should comprise around ten multiple-choice questions).
- The contents and teaching methods in the units can be assessed based on a questionnaire on satisfaction with the course, and the general satisfaction with the course manager can then be identified.

You will find suggestions for preparing evaluation questionnaires, for instance in the Course Manager Manual for the health professionals' course 'Nutrition for infants' by the Healthy Start Network (Appendices 4 and 5).

(Download: [http://www.gesund-ins-leben.de/fileadmin/SITE\\_MASTER/content/Dokumente/Downloads/Fortbildungen/nwjf\\_fortbildung\\_se\\_referentenhandbuch.pdf](http://www.gesund-ins-leben.de/fileadmin/SITE_MASTER/content/Dokumente/Downloads/Fortbildungen/nwjf_fortbildung_se_referentenhandbuch.pdf))

## Qualification and tasks of the course managers

The qualifications of the course managers differ, depending on the professional target group attending the course.

### 1. Course managers for professional groups with prior breastfeeding knowledge and professional groups without prior breastfeeding knowledge.

An interdisciplinary duo of course managers from different vocational fields will be used for these two professional target groups. They will both be experienced in working with expectant women and mothers, as well as in giving courses for health professionals:

#### Qualification of course manager 1:

- Medical specialist with additional qualifications in breastfeeding and lactation advice IBCLC or a specialist for breastfeeding promotion, lactation advisor/breastfeeding officer in a clinic.
- Additional experience as a course manager teaching groups, as well as experience in adult education.

#### Tasks of course manager 1:

*Communication of topics with a medical/scientific focus (cf. Tab. 1, p. 10).*

#### Qualification of course manager 2:

- Lactation advisor or breastfeeding support worker with a structured education in breastfeeding/lactation, e.g. from La Leche League (LLL), German Training Institute for Breastfeeding (DAIS), German Association of Independent Breastfeeding Groups (AFS) or equivalent training/qualification.
- Practical experience in breastfeeding advice and in running a breastfeeding group.
- Additional experience as a course manager teaching groups, as well as experience in adult education.

#### Tasks of course manager 2:

*Communication of topics focusing on practical aspects of breastfeeding (cf. Tab. 1, p. 10), possibly moderation (cf. p. 9).*

### 2. Course manager for the target group of physicians

One course manager will be appointed for this target group.

#### Qualification:

- Doctor with an additional qualification as a breastfeeding and lactation advisor IBCLC.
- Additional experience as a course manager teaching groups, as well as experience in adult education.

#### Tasks of the course manager:

*Communication of all course contents (cf. Tab. 2, p. 11); possibly moderation (cf. p. 9).*

## Moderation

One course manager or the organiser should be responsible for moderating the course. They will be in charge of the following tasks, e.g.:

- Welcome
- Information on the agenda
- Instruction for exercises, group work as required
- Distribution of the participant list, certificate of participation, possibly knowledge test, etc.
- Organisation of the feedback session on satisfaction with the seminar
- Coordination with the organiser for break times/catering
- Possibly procurement of visual aids (e.g. breastfeeding aids such as a milk pump and nipple shields, media, ...)
- Closing words

## Course duration

### Target group: Professional groups without prior knowledge of 'breastfeeding'

In most cases these professional groups will not provide extensive advice on breastfeeding. Considering that most of these specialists will possess no prior knowledge of breastfeeding, this course will focus heavily on communicating a basic understanding. Therefore, the course for these groups should be a whole-day event.

**Whole-day course:**  
*approx. 7.5 h*

### Target group: Various professional groups with prior knowledge of 'breastfeeding'

In most cases these professional groups will provide a lot of advice to mothers/expectant women. The contents ought to be more detailed and involve practical instruction. Therefore, the course for these groups should be a whole-day event.

**Whole-day course:**  
*approx. 7.5 h*

### Target group: Doctors with prior knowledge of 'breastfeeding'

Doctors conduct regular preventative check-ups and therefore have frequent contact with expectant women/mothers/young families and their children; they have significant influence on a decision to breastfeed. Therefore they offer substantial potential to promote breastfeeding. Considering their prior medical knowledge and their role in parent advice, the course for doctors should last half a day.

**Half-day course:**  
*approx. 4.5 h*

## Sequence

Tab. 1: Proposal for the sequence of events at the basic course for professional groups with/without prior breastfeeding knowledge.

Topics for course manager 1: (medical specialists + additional qualification IBCLC or equivalent)	Topics for course manager 2: (breastfeeding advisors/support workers with additional qualification in breastfeeding/lactation)	Duration for professional groups without prior knowledge of breastfeeding (min.)	Duration for professional groups with prior knowledge of breastfeeding (min.)
<b>Unit 1 Basics</b>		<b>3 h 30 min.</b>	<b>3 h 25 min.</b>
Breastfeeding habits in Germany		10	10
Importance of breastfeeding and a diet of mother's milk		30	40
Importance and constituents of mother's milk		45	35
Dietary habits for breastfeeding mothers		10	10
Anatomy of the breast and physiology of lactation		85	80
The child's sucking and sucking instinct		30	30
<b>Unit 2 Breastfeeding in practice</b>		<b>1 h 55 min.</b>	<b>2 h 10 min.</b>
	Preparing for breastfeeding during pregnancy	15	15
	Promotion of breastfeeding	5	5
	Bonding, first presentation	15	40
	The child's weight development	30	20
	Breastfeeding positions	45	45
	Breastfeeding and work	5	5
<b>Unit 3 Unusual breastfeeding situations</b>		<b>60 min.</b>	<b>55 min.</b>
	Discomfort during breastfeeding	10	10
	Breastfeeding problems	10	10
	Separation of mother and child	20	10
Inflammatory breast diseases		10	10
Alternative feeding options		10	15
<b>Unit 4 Additional information</b>		<b>55 min.</b>	<b>45 min.</b>
Medication during breastfeeding		15	5
Alcohol, nicotine, drugs, pollutants		15	5
WHO Codex		0	10
Frequently asked questions		10	10
Information for women who do not breastfeed		10	10
Further information for health professionals and parents		5	5
<b>Duration of Units 1 to 4</b>		<b>7 h 20 min.</b>	<b>7 h 15 min.</b>

The times stated here are guide values. The actual time devoted to each topic can differ, depending on the knowledge and need for information among the participants.

Tab. 2: Proposed sequence at the basic course for doctors

Topics for the course manager (doctor + additional qualification IBCLC)	Duration for the professional group of doctors (min.)
<b>Unit 1 Basics</b>	<b>2 h 10 min.</b>
Breastfeeding habits in Germany	5
Importance of breastfeeding and mother's milk nutrition	20
Importance and constituents of mother's milk	20
Nutrition for breastfeeding mothers	5
Anatomy of the breast and physiology of lactation	60
The child's sucking and sucking instinct	20
<b>Unit 2 Breastfeeding in practice</b>	<b>45 min.</b>
Preparing for breastfeeding during pregnancy	5
Promotion of breastfeeding	10
Bonding, first presentation	10
The child's weight development	10
Breastfeeding positions	5
Breastfeeding and work	5
<b>Unit 3 Unusual breastfeeding situations</b>	<b>45 min.</b>
Discomfort during breastfeeding	5
Breastfeeding problems	10
Separation of mother and child	10
Inflammatory breast diseases	15
Alternative feeding options	5
<b>Unit 4 Additional information</b>	<b>40 min.</b>
Medication during breastfeeding	5
Alcohol, nicotine, drugs, pollutants	5
WHO Codex	5
Frequently asked questions	5
Information for women who do not breastfeed	15
Further information for health professionals and parents	5
<b>Duration of Units 1 to 4</b>	<b>4 h 20 min.</b>

The times stated here are guide values. The actual time devoted to each topic can differ, depending on the knowledge and need for information among the participants.

# Organisational information

## Number of participants

The recommended number of participants is 12 to 25 persons.

## Course materials

It is advisable to give the participants a handout of the PowerPoint presentations (e.g. 3 slides per page with a placeholder for notes).

## Equipment at the venues

The room should be adequate for the number of participants. The following equipment is needed:

- Chairs and possibly a table for the participants
- A beamer
- A laptop
- A flipchart and board, moderation materials

## Participant list

A participant list with the following information ought to be kept:

- Date and venue
- Name and professional titles of the participants
- Name of the course manager

## Certificate of participation

Each participant ought to be given a certificate of attendance at the end of the course. The organiser is responsible for issuing the certificates.

## Course credits

The individual professional groups can be awarded course credits for attending. The course organisers can contact the Healthy Start Network's office to enquire about how many credits can be awarded for attending the course.

Moreover, attendance of the basic course in breastfeeding can also be credited toward certification as a baby-friendly facility according to WHO/UNICEF.

# Curriculum

## Contents

<b>Unit 1 Basics</b>	<b>15</b>
• Breastfeeding habits in Germany	15
• Importance of breastfeeding and a diet of mother's milk	16
• Importance and constituents in mother's milk	17
• Dietary habits for breastfeeding mothers	18
• Anatomy of the breast and physiology of lactation	19
• The child's sucking and sucking instinct	20
<b>Unit 2 Breastfeeding in practice</b>	<b>21</b>
• Preparing for breastfeeding during pregnancy	21
• Promoting breastfeeding	22
• Bonding, first presentation	23
• The child's weight development	24
• Breastfeeding positions	25
• Breastfeeding and work	26
<b>Unit 3 Unusual breastfeeding situations</b>	<b>27</b>
• Discomfort during breastfeeding	27
• Breastfeeding problems	28
• Separation of mother and child	29
• Inflammatory breast diseases	30
• Alternative feeding options	31
<b>Unit 4 Additional information</b>	<b>32</b>
• Medication during breastfeeding	32
• Alcohol, nicotine, drugs, pollutants	33
• WHO Codex	34
• Frequently asked questions	34
• Information for women who do not breastfeed	35
• Further information for health professionals and parents	36

## Structure

This modular curriculum proposes the topics, i.e. contents that ought to be addressed and how detailed they should be for the three target groups of health professionals.

The following contains information on the structure and use of the curriculum.

<p><b>Contents:</b> Contents of the teaching.</p>	<p><b>Competencies:</b> Learning objectives that will be taught in the individual subtopics.</p>
---	--

<b>1. Basics</b>		17			
Importance and constituents of mother's milk					
Contents	Method	Competencies	Professional target group		
<p><b>Composition of the mother's milk</b></p> <ul style="list-style-type: none"> <li>• changes in the composition during a breastfeeding meal and as the child grows older</li> </ul> <p><b>Comparison with the composition of cow's milk and infant formula</b></p> <ul style="list-style-type: none"> <li>• mother's milk = product; breastfeeding = process, behaviour</li> <li>• composition of mother's milk: variable and always just right, many constituents, individual immunisation, contact between mouth and breast</li> <li>• development of taste preferences due to taste variations in the mother's milk, depending on the mother's diet (therefore early familiarisation with different tastes, greater acceptance of various complementary food ingredients/foods) (2, 7, 22, 23, 26)</li> </ul>	<p>Presenta- tion or quiz</p>	<ul style="list-style-type: none"> <li>• Awareness of the composition of mother's milk and its variability.</li> </ul>	Breastfeeding knowledge: no 45 min.	Breastfeeding knowledge: yes 35 min.	Doctors 20 min.
			Facts	in detail	in detail

**Bibliography:**  
The index numbers point to the literary sources for the content. The sources are found on p. 39.

**Methods:**  
Proposal of which methods are best suited to convey knowledge in the given topic.

**Detail:**  
Proposal of the depth to which the contents should be addressed for the respective target groups.

## Breastfeeding habits in Germany

Contents	Method	Competencies:	Professional target group		
			Breastfeeding knowledge: no* 10 min.	Breastfeeding knowledge: yes** 10 min.	Doctors*** 5 min.
<b>Definitions for breastfeeding</b> (2, 7, 22, 23, 26, 30)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of definitions for different intensities of breastfeeding.</li> <li>• Knowledge that partial breastfeeding is also valuable.</li> </ul>	Facts	Facts	Facts
<b>Recommendations for the duration of breastfeeding</b> • Consensus opinion by the Healthy Start Network (2, 3, 7, 16, 19, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of recommendations for the duration of breastfeeding.</li> <li>• Knowledge that the time to introduce complementary food differs individually (no earlier than the beginning of the 5th month, no later than the beginning of the 7th month); every drop counts.</li> </ul>	Facts and issue	Facts, reasoning, issue	Facts, reasoning, issue
<b>Continue breastfeeding after introduction of complementary food</b> (1, 2, 3, 7, 10, 16, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge that mother's milk is the main source of nutrition throughout the 1st year in the child's life.</li> <li>• Knowledge of how long the child should be breastfed exclusively and awareness of the importance that breastfeeding should continue after introduction of the complementary food.</li> </ul>	in detail	in detail	in detail
<b>Breastfeeding statistics in Germany</b> • KiGGS Study – First follow-up survey (KiGGS Wave 1), SuSe Study, Bayernstudie • Discontinuation rates (24, 30, 32)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of breastfeeding statistics in Germany.</li> <li>• Knowledge that mothers need support in order to breastfeed exclusively until the beginning of the 5th month, especially in the first 6 to 8 weeks.</li> </ul>	Facts and conclusions	Facts and conclusions in detail	Facts and conclusions in detail

\* e.g. medical assistants, prevention assistants, (social) education workers, psychologists and other specialists who are involved in advising young families.

\*\* e.g. midwives, nurses, paediatric nurses, ecotrophologists, nutritional scientists, dietary assistants.

\*\*\* e.g. gynaecologists, paediatricians, nutritionists.

## Importance of breastfeeding and a diet of mother's milk

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 30 min.	Breastfeeding knowledge: yes 40 min.	Doctors 20 min.
<b>Breastfeeding: The most normal and best thing for the mother and child</b> <ul style="list-style-type: none"> <li>• ideal composition (the whole is greater than the sum of its parts)</li> <li>• hygiene, practicability, no additional costs (resources can be invested in other needs such as increasing mobility and flexibility)</li> <li>• breastfeeding interrupts sleep to a lesser extent</li> <li>• address prejudices: pregnancy affects the shape of the breasts; it is not affected by breastfeeding or not breastfeeding</li> </ul> (2, 3, 17, 19, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Awareness of the various positive effects of breastfeeding for the mother and child.</li> <li>• Awareness of the benefits of breastfeeding from an economic and practical perspective.</li> </ul>	Facts	Facts and most important studies	Facts and most important studies
<b>Importance for the physical and mental health of the mother</b> <ul style="list-style-type: none"> <li>• reduction in the risk of breast and ovarian cancer</li> <li>• promotion of postpartum uterine regression</li> <li>• weight reduction after childbirth</li> <li>• prevention of osteoporosis</li> <li>• reduction in the risk of cardiovascular diseases</li> <li>• reduction in the risk of type II diabetes</li> <li>• prevention of metabolic syndrome</li> </ul> (2, 3, 17, 19, 22, 23, 26)	Quiz	<ul style="list-style-type: none"> <li>• Awareness of the positive health aspects of breastfeeding for mothers.</li> </ul>	Facts	Facts	Facts
<b>Importance for the health and development of the child</b> Reduction in the risk of <ul style="list-style-type: none"> <li>• sudden infant death syndrome (SIDS)</li> <li>• infections (e.g. gastrointestinal, middle ear)</li> <li>• obesity</li> <li>• type II diabetes mellitus</li> <li>• cardiovascular diseases</li> <li>• allergies</li> </ul> (2, 3, 5, 8, 17, 19, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Awareness of the positive health aspects of breastfeeding for the child.</li> </ul>	Facts	Facts	Facts
<b>Promotion of the bond between mother and child</b> <ul style="list-style-type: none"> <li>• strengthens the relationship</li> <li>• plenty of contact with the child (warmth, security, sleep, pacification, etc.)</li> <li>• breastfeeding hormones</li> <li>• reduced risk of neglect and mistreatment</li> </ul> (2, 3, 7, 21, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of how breastfeeding can strengthen the bond between mother and child.</li> </ul>	Facts	Facts	Facts

## Importance and constituents of mother's milk

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 45 min.	Breastfeeding knowledge: yes 35 min.	Doctors 20 min.
<p><b>Composition of the mother's milk</b></p> <ul style="list-style-type: none"> <li>• changes in the composition during a breastfeeding meal and as the child grows older</li> </ul> <p><b>Comparison with the composition of cow's milk and infant formula</b></p> <ul style="list-style-type: none"> <li>• mother's milk = product; breastfeeding = process, behaviour</li> <li>• composition of mother's milk: variable and always just right, many constituents, individual immunisation, contact between mouth and breast</li> <li>• development of taste preferences due to taste variations in the mother's milk, depending on the mother's diet (therefore early familiarisation with different tastes, greater acceptance of various complementary food ingredients/foods)</li> </ul> <p>(2, 7, 22, 23, 26)</p>	<p>Presentation or quiz</p>	<ul style="list-style-type: none"> <li>• Awareness of the composition of mother's milk and its variability.</li> </ul>	<p>Facts</p>	<p>in detail</p>	<p>in detail</p>

## Dietary habits for breastfeeding mothers

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 10 min.	Breastfeeding knowledge: yes 10 min.	Doctors 5 min.
<b>aid Nutrition Pyramid</b> (2, 7, 19, 20, 22, 23, 26)	Exercise: What does your pyramid look like?	<ul style="list-style-type: none"> <li>Awareness of the recommendations on a balanced diet and the ability to explain it using the aid Nutrition Pyramid.</li> </ul>	Most important facts	in detail	Most important facts
<b>Energy/nutrient requirements</b> (2, 7, 19, 20, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Knowledge that energy and nutrient requirements increase during breastfeeding.</li> </ul>	Most important facts	in detail	Most important facts
<b>Iodine as a critical nutrient</b> (2, 7, 19, 20, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Awareness of iodine as a critical nutrient, and knowledge that iodine deficiency can harm the child's development.</li> </ul>	Most important facts	in detail	Most important facts
<b>Fluid intake</b> (2, 7, 19, 20, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Knowledge that sufficient fluid intake during breastfeeding is important, but that the volume and type of drink (e.g so-called milk-maid teas, etc.) have no influence on milk production.</li> </ul>	Most important facts	in detail	Most important facts

## Anatomy of the breast and physiology of lactation

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 85 min.	Breastfeeding knowledge: yes 80 min.	Doctors 60 min.
<b>Breast development during pregnancy and breastfeeding.</b> (7, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Awareness of breast development from embryonal construction until pregnancy/breastfeeding.</li> </ul>	n/a	in detail	in detail
<b>Anatomical structures of the breast</b> (7, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Awareness of the anatomical structures and their importance for milk production, the flow of milk and breast discharge.</li> </ul>	simply	in detail	briefly
<b>Physiology of milk production</b> <ul style="list-style-type: none"> <li>Importance of the breastfeeding hormones oxytocin and prolactin</li> <li>Hormonal regulation of milk production (2, 7, 22, 23, 26, 29)</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Awareness of lactogenesis and the stimulating and inhibiting hormones involved in the process.</li> <li>Awareness of the importance of oxytocin and prolactin. Awareness of the positive effects of these hormones on the well-being and health of the mother.</li> <li>Awareness of the factors that control production of mother's milk.</li> </ul>	briefly	in detail	in detail
<b>Structure and establishment of milk production, time frame</b> <ul style="list-style-type: none"> <li>Colostrum (rich in calories, antibodies) – transitional milk – 'mature' mother's milk (milk production begins pre-partum) (7, 22, 23, 26)</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Awareness of the structure and establishment of milk production over time following childbirth.</li> </ul>	in detail	in detail	in detail
<b>Initial swelling of the mammary glands</b> (1, 9, 16, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Knowledge of what can be done to prevent an initial swelling of the mammary glands.</li> </ul>	only prevention	in detail	in detail
<b>Importance of needs-based breastfeeding</b> (2, 7, 13, 16, 17, 18, 22, 23)	Presentation	<ul style="list-style-type: none"> <li>Awareness of the importance of needs-based breastfeeding in order to regulate the production of mother's milk.</li> <li>Knowledge that each child has individual drinking and satiation habits that can vary from day to day.</li> <li>Knowledge that a breastfeeding rhythm needs to develop.</li> </ul>	in detail	in detail	in detail

## The child's sucking and suckling instinct

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 30 min.	Breastfeeding knowledge: yes 30 min.	Doctors 20 min.
<b>The child's sucking instinct</b> (1, 2, 3, 7, 10, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that the child's desire to take the breast varies substantially at different times.</li> <li>• Knowledge that the child's desire to take the breast is not just about feeding.</li> </ul>	in detail	in detail	briefly
<b>Sucking process on the breast</b>	Presenta- tion	<ul style="list-style-type: none"> <li>• Awareness of the process of sucking on the breast.</li> <li>• Awareness of the difference to the sucking process on a bottle.</li> </ul>	simply	in detail	briefly
<b>Signals of hunger/satiation, frequency of breastfeeding</b> <ul style="list-style-type: none"> <li>• signs that milk flow is sufficient</li> <li>• needs-based breastfeeding</li> <li>• the child's early breastfeeding signals</li> <li>• the child's signals of satiation</li> <li>• frequency of breastfeeding, breastfeeding times, breastfeeding at night</li> </ul> (1, 2, 3, 7, 10, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that the quantity of milk is usually sufficient if breastfeeding is managed correctly.</li> <li>• Knowledge that needs-based breastfeeding is important.</li> <li>• Awareness of guide values for breastfeeding frequency and (early) signs of hunger and satiation.</li> </ul>	in detail	in detail	in detail
<b>Sleeping patterns</b> (1, 2, 3, 7, 10, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that the physiologically of an infant means it will not sleep through the night and will exhibit different sleeping patterns to older children.</li> </ul>	in detail	in detail	in detail
<b>Changes in milk constitution during breastfeeding</b> <ul style="list-style-type: none"> <li>• the fat content in the mother's milk rises as the breastfeeding meal continues</li> <li>• short and frequent breastfeeding: more liquid</li> </ul> <b>Providing additional water</b> <ul style="list-style-type: none"> <li>• no additional water is necessary, also during hot weather</li> </ul> <b>Self-regulated feeding</b> <ul style="list-style-type: none"> <li>• the child knows how much liquid and fat it needs</li> </ul> (1, 2, 3, 7, 10, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that fluids or other foods should only be given in addition to mother's milk on the advance of a doctor.</li> </ul>	in detail	in detail	in detail
<b>Cluster feeding</b> <ul style="list-style-type: none"> <li>• definition and importance: frequent feeding in a short period, e.g. after work when the mother spends time with the baby</li> </ul> (1, 2, 3, 7, 10, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that cluster feeding sometimes occurs.</li> </ul>	in detail	in detail	briefly

### Preparing for breastfeeding during pregnancy

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no* 15 min.	Breastfeeding knowledge: yes** 15 min.	Doctors*** 5 min.
Factors that influence breastfeeding (1, 2, 3, 7, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Awareness of the factors that influence breastfeeding and its duration, also target groups that require particular advice</li> </ul>	in detail	in detail	in detail
Preparation of the breast, hardening measures (1, 7, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Knowledge that the breast usually does not need preparation for breastfeeding and that materials used for this purpose may cause damage.</li> <li>Awareness of qualified additional information services on the topic of breastfeeding that can be passed on to parents.</li> <li>Awareness of contact persons and addresses for parents in the event of questions.</li> </ul>	in detail	in detail	in detail

\* e.g. medical assistants, prevention assistants, (social) education workers, psychologists and other specialists who are involved in advising young families.

\*\* e.g. midwives, nurses, paediatric nurses, ecotrophologists, nutritional scientists, dietary assistants.

\*\*\* e.g. gynaecologists, paediatricians, nutritionists.

### Promotion of breastfeeding

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 5 min.	Breastfeeding knowledge: yes 5 min.	Doctors 10 min.
<b>Measures to promote breastfeeding</b> <ul style="list-style-type: none"> <li>during pregnancy</li> <li>around the time of birth</li> <li>postpartum</li> <li>in medical practices, advice centres for mothers, nurseries, public facilities</li> </ul> (1, 2, 3, 7, 13, 17, 18, 22, 23, 26)	Presenta-tion	<ul style="list-style-type: none"> <li>Awareness of measures to promote breastfeeding during pregnancy and after childbirth.</li> <li>Knowledge of where it is sensible to promote breastfeeding and how the topic can be addressed when speaking with the mother.</li> </ul>	in detail	in detail	in detail
<b>Examples of measures to promote breastfeeding</b> <ul style="list-style-type: none"> <li>information on breastfeeding in early pregnancy (breastfeeding evening while preparing for childbirth, organised as a partner evening with the father)</li> <li>WHO/UNICEF mark 'Baby-friendly' (birth setting offering demonstrably favourable conditions for the start of breastfeeding)</li> <li>bed sharing</li> <li>inclusion of the father ('bystander, active partner'), integration of the father in advice on breastfeeding</li> <li>relief from household chores</li> <li>encouragement to attend breastfeeding groups</li> <li>accompaniment during breastfeeding (referral to specialist groups)</li> <li>avoidance of dummies and rubber nipples, unnecessary feeding assistance</li> <li>methods of motivating mothers to prolong breast-feeding</li> <li>exercise (optional): discussion with the mother on the promotion of breastfeeding; e.g. with handout of the flyer Breastfeeding – what else? (cf. p. 38)</li> </ul> (1, 2, 5, 8, 17, 18, 22, 23, 26, 31)	Presenta-tion, possibly exercise	<ul style="list-style-type: none"> <li>Awareness of the B.E.ST.<sup>®</sup> criteria by BFHI, i.e. the ten steps to successful breastfeeding by WHO/UNICEF and how they are implemented.</li> <li>Awareness of the main risk factors for SIDS: smoking, not breastfeeding, baby sleeping on its belly; statistics.</li> </ul>	Ten steps, not in detail	in detail	in detail

### Bonding, first presentation

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 15 min.	Breastfeeding knowledge: yes 40 min.	Doctors 10 min.
<p><b>Importance of bonding</b></p> <ul style="list-style-type: none"> <li>• skin contact immediately after birth until after the first breastfeeding meal</li> <li>• delayed separation of the umbilical cord</li> <li>• skin contact in the following</li> <li>• promotion of the child's self-regulation</li> <li>• prompt, intuitive and adequate response possible for mother and child, 'breast crawl'</li> <li>• hormonal support (oxytocin, prolactin)</li> <li>• 'breast crawl' and provision of colostrum even for mothers who will not breastfeed</li> <li>• 'breast crawl' even with C-section</li> <li>• 24h rooming-in (also at home, also the father)</li> <li>• initiate re-bonding as soon as possible if there are any problems</li> <li>• separation of mother and child, consequences               <ul style="list-style-type: none"> <li>- for the mother</li> <li>- for the child</li> <li>- for lactation</li> </ul> </li> </ul> <p>(1, 2, 7, 13, 17, 18, 21, 22, 23, 26)</p>	<p>Presenta- tion, video</p>	<ul style="list-style-type: none"> <li>• Awareness of the importance of initial skin contact after birth for the mother (father)-child relationship and a good breastfeeding relationship.</li> <li>• Awareness of the 'breast crawl' and how it can be put into practice.</li> <li>• Awareness of the importance of delayed separation of the umbilical cord in a context with the iron status.</li> <li>• Awareness of how to foster bonding immediately after a C-section-</li> <li>• Knowledge of how to promote bonding among women who do not breastfeed and of the importance and possibilities of giving the colostrum to the child without initiating a start of breastfeeding against the mother's wishes.</li> <li>• Awareness of the importance of bonding and re-bonding and how they can be promoted in the postnatal ward, as well as the separation of mother and child.</li> </ul>	<p>Facts</p>	<p>in detail</p>	<p>in detail</p>
<p><b>Sensitive breastfeeding</b></p> <p>(7, 17, 18, 22, 23, 26)</p>	<p>Presenta- tion</p>	<p>Knowledge of how sensitive breastfeeding can strengthen the bond between mother and child.</p>	<p>in detail</p>	<p>in detail</p>	<p>in detail</p>

### The child's weight development

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 30 min.	Breastfeeding knowledge: yes 20 min.	Doctors 10 min.
<b>Development in the infant's weight after birth</b> • weight loss • regain of weight • growth curves according to WHO (1, 2, 3, 7, 9, 16, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of which postpartum weight loss is physiological, and by when the birth weight should be regained.</li> <li>• Awareness of the growth curves according to WHO.</li> </ul>	in detail; growth curves: briefly	in detail	in detail
<b>Development of the child's weight in the 1st year of life</b> (1, 2, 3, 7, 9, 16, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of how the infant's weight will develop in the first days and weeks after birth, and by when its weight should have doubled, i.e. tripled.</li> </ul>	briefly	in detail	in detail
<b>Growth spurts</b> (1, 2, 3, 7, 9, 16, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of when growth spurts occur and that the mother's milk production will adapt to the needs of the infant.</li> </ul>	briefly	in detail	in detail
<b>Infant excretions</b> (1, 2, 3, 7, 9, 16, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Awareness of the excretions expected of a breastfed and non-breastfed infant, and their normal frequency.</li> </ul>	in detail	in detail	in detail

### Breastfeeding positions

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 45 min.	Breastfeeding knowledge: yes 45 min.	Doctors 5 min.
<b>Correct positioning</b> <ul style="list-style-type: none"> <li>• grasping the breast</li> <li>• breastfeeding positions</li> <li>• changing positions (2, 7, 10, 16, 17, 22, 23, 26)</li> </ul>	Presentation, possibly exercise (with a doll)	<ul style="list-style-type: none"> <li>• Knowledge of how to present the breast to the infant so that it can grasp it ideally and to prevent breastfeeding issues such as sore nipples.</li> <li>• Knowledge of how to check that the infant is sucking correctly on the breast.</li> </ul>	simply	in detail	briefly

### Breastfeeding and work

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 5 min.	Breastfeeding knowledge: yes 5 min.	Doctors 5 min.
<b>Maternity Protection Act</b> <ul style="list-style-type: none"> <li>provisions of the Maternity Protection Act for breastfeeding mothers: Work and breaks for breastfeeding, Workplace Ordinance (ArbStättV)</li> <li>how the Maternity Protection Act can be put into practice in any organisation</li> <li>benefits for the employer: child will be ill less frequently, fewer absences, improved bond with the employer, satisfied mothers</li> </ul>	Presenta-tion	<ul style="list-style-type: none"> <li>Awareness of the provisions contained in the Maternity Protection Act (MuSchG) concerning the compatibility of breastfeeding and work.</li> </ul>	in detail	in detail	in detail
<b>Practical aspects</b> <ul style="list-style-type: none"> <li>creating awareness among health professionals that breastfeeding mothers have a right to a profession</li> <li>external facilities for breastfed children: nurseries</li> <li>maintain milk production by pump extraction/manual drainage of the breast (cf. p. 29)</li> <li>milk pumps, shelf life, transport, storage, specialists (cf. p. 29)</li> <li>information material on milk production when the mother and child are separated (2, 7, 9, 17, 22 ,23, 26)</li> </ul>	Presenta-tion	<ul style="list-style-type: none"> <li>Knowledge of how breastfeeding and work can be combined in practice.</li> </ul>	in detail	in detail	in detail

## Discomfort during breastfeeding

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge*: no 10 min.	Breastfeeding knowledge: yes** 10 min.	Doctors*** 5 min.
<b>Causes</b> (1, 2, 7, 10, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that the most frequent cause of pain while breast-feeding is an incorrect position</li> <li>• Knowledge that only rectifying the causes can produce lasting success in treatment, and that individual solutions need to be found together with the women.</li> </ul>	in detail	in detail	in detail
<b>Recommendations</b> (1, 2, 7, 10, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Check causes, especially positioning technique, and the child's sucking technique.</li> </ul>	none	with	with

\* e.g. medical assistants, prevention assistants, (social) education workers, psychologists and other specialists who are involved in advising young families.

\*\* e.g. midwives, nurses, paediatric nurses, ecotrophologists, nutritional scientists, dietary assistants.

\*\*\* e.g. gynaecologists, paediatricians, nutritionists.

## Breastfeeding problems

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 5 min.	Breastfeeding knowledge: yes 10 min.	Doctors 10 min.
<b>Sore nipples</b> (4, 7, 9, 16, 17, 18, 22, 23, 26)	Work groups	<ul style="list-style-type: none"> <li>• Knowledge that the prevention and identification of causes are the most important measures.</li> <li>• Awareness of treatment and breastfeeding management for sore nipples, and knowledge that the principles of moist wound treatment should be applied.</li> <li>• Awareness of the S3 Guideline by AWMF on this issue.</li> <li>• Knowledge that the personal situation of the affected mother-child-couple needs to be recorded and included in the advice and support.</li> </ul>	Knowledge that these problems exist and that they should only be accompanied and resolved by specialists	in detail	in detail
<b>Insufficient milk</b> (1, 7, 9, 16, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge that the first step in the case of low milk production is to check breastfeeding management.</li> </ul>		in detail	in detail
<b>Frenulum too short</b> (1, 7, 17, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge that an excessively short frenulum of the tongue can cause pain when breastfeeding and possibly sore nipples, that it can also inhibit the baby's flourishing and in this case needs to be separated.</li> </ul>		in detail	in detail
<b>Handling nipple shields</b> (4, 7, 17, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Awareness of the special factors in the use of nipple shields, and knowledge that they should only be used in special situations and on the advice of experienced breastfeeding advisors.</li> </ul>		in detail	in detail

## Seperation of mother and child

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 20 min.	Breastfeeding knowledge: yes 10 min.	Doctors 10 min.
<b>Methods of extracting milk by:</b>	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of how mother's milk is extracted and stored.</li> <li>• Knowledge that mother's milk should not be warmed up in the microwave.</li> </ul>	in detail	in detail	briefly
<ul style="list-style-type: none"> <li>• emptying the breast by hand</li> </ul>	Possibly exercise	<ul style="list-style-type: none"> <li>• Knowledge of how to empty the breast if the child is unable to manage itself.</li> <li>• Knowledge of the physiological processes that must be supported and used in this context, and that they help to maintain milk production.</li> </ul>	Information	in detail	Information
<ul style="list-style-type: none"> <li>• using an electric milk pump prescription for a milk pump (1, 2, 7, 17, 18, 22, 23, 26)</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of when a prescription for an electric pump is indicated and which information it must contain.</li> <li>• Knowledge that this is not charged to the doctor's budget.</li> </ul>	briefly	in detail	in detail
<b>Skin contact, sensitive handling</b> (7, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>• Knowledge of how to strengthen the bond between mother and child, despite separation.</li> </ul>	in detail	in detail	in detail

## Inflammatory breast diseases

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 10 min.	Breastfeeding knowledge: yes 10 min.	Doctors 15 min.
Glactostasia, mastitis, abscess (1, 4, 9, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Awareness of the clinical symptoms of inflammatory breast diseases and knowledge that specialist treatment must be organised.</li> <li>• Knowledge that in most cases, breastfeeding can continue even during antibiotic treatment of mastitis or an abscess.</li> <li>• Knowledge that the personal situation of the affected mother-child-couple needs to be determined and included in the advice.</li> </ul>	Facts	Facts plus lancing of an abscess	Facts plus lancing of an abscess

## Alternative feeding options

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 10 min.	Breastfeeding knowledge: yes 15 min.	Doctors 5 min.
<b>Feeding assistance methods</b> <ul style="list-style-type: none"> <li>• mug</li> <li>• spoon</li> <li>• feeding assistance on the breast</li> <li>• finger feeding</li> </ul> (1, 3, 6, 7, 14, 16, 17, 18, 22, 23, 26)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that there are various alternative feeding options that suitable specialists can explain.</li> </ul>	Facts	Facts	Facts

### Medication during breastfeeding

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no* 15 min.	Breastfeeding knowledge: yes** 5 min.	Doctors*** 5 min.
<b>Information on the administration of medication</b> <a href="http://www.embryotox.de">www.embryotox.de</a> (pharmacovigilance and advice centre for embryo toxicology); only for health professionals! (1, 2, 25, 28)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that the information on this issue contained in the package leaflet enclosed with medication or in the Red List is not meaningful for advice, but that it is read by mothers.</li> <li>• Knowledge that medication should only be taken on doctor's orders during breastfeeding and that there are suitable medicines, compatible with breastfeeding, for the treatment of almost any condition.</li> <li>• Knowledge of where the relevant information on breastfeeding can be found for the medicament, and that it is imperative to adhere to this information before advising if there is any doubt.</li> <li>• Optional: Knowledge of the most frequently used medicaments and whether they can be used during breast-feeding.</li> </ul>	briefly	in detail	in detail

\* e.g. medical assistants, prevention assistants, (social) education workers, psychologists and other specialists who are involved in advising young families.

\*\* e.g. midwives, nurses, paediatric nurses, ecotrophologists, nutritional scientists, dietary assistants.

\*\*\* e.g. gynaecologists, paediatricians, nutritionists.

## Alcohol, nicotine, drugs, pollutants

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 15 min.	Breastfeeding knowledge: yes 5 min.	Doctors 5 min.
<b>Contaminant situation in mother's milk</b>  <b>Nicotine</b>  <b>Alcohol</b>  <b>Drugs</b> (1, 2, 7, 9, 11, 12, 15, 17, 22, 23, 28)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that despite possible environmental contamination, the use of mother's milk is still recommended without any limitation.</li> <li>• Knowledge that alcohol and smoking while breastfeeding should be avoided on all accounts. Smokers ought still to breastfeed.</li> <li>• Knowledge of the information that women who occasionally drink alcohol ought to receive and how the issue can be handled with the lowest risk for the baby.</li> <li>• Knowledge that breastfeeding is possible during exclusive methadone substitution.</li> </ul>	briefly	in detail	in detail

### WHO Codex

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 10 min.	Breastfeeding knowledge: yes 10 min.	Doctors 5 min.
International Codex for the Marketing of Breast-milk Substitutes (7, 17, 18, 22, 23, 26)	Presentation	<ul style="list-style-type: none"> <li>Awareness of the importance and scope of the WHO Codex, and knowledge of how it must be implemented in a baby-friendly facility.</li> </ul>	briefly	in detail	in detail

### Frequently asked questions

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 0 min.	Breastfeeding knowledge: yes 10 min.	Doctors 5 min.
Dental treatment (1, 28)  Inoculations (27)  Hair dyes (1, 28)  Anaesthetics (1, 28)	Presentation	<ul style="list-style-type: none"> <li>Knowledge that dental treatment with local anaesthetic, hair dyes with standard colouring agents, and necessary inoculations (apart from yellow fever), can be carried out during breastfeeding, without placing the infant at risk.</li> <li>Knowledge that a mother can start breastfeeding her child without danger after a general anaesthetic as soon as she is able.</li> </ul>	n/a	in detail	in detail

### Information for women who do not breastfeed

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 10 min.	Breastfeeding knowledge: yes 10 min.	Doctors 15 min.
<b>Causes</b> (2, 19)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge that it is very rare for a mother to be unable to breastfeed at all.</li> </ul>	Facts	in detail	in detail
<b>Infant formula</b> (2, 19)	Presenta- tion	<ul style="list-style-type: none"> <li>• Awareness of the composition of infant formulae and in which periods they are used.</li> </ul>	simply	in detail	briefly
<b>Formula for an elevated allergy risk</b> (2, 19)	Presenta- tion	<ul style="list-style-type: none"> <li>• Awareness of the properties of HA formula, and knowledge that they are the only recommended infant formulae for children with an elevated risk of allergies that are not breastfed.</li> </ul>	simply	in detail	briefly
<b>Preparation</b> (2, 19)	Presenta- tion	<ul style="list-style-type: none"> <li>• Knowledge of which water is suitable for the preparation of infant formula.</li> <li>• Awareness of correct preparation.</li> <li>• Knowledge of why it is important to pay attention to precise ingredient dosage.</li> </ul>	in detail	in detail	n/a
<b>Cleaning the bottles and nipples</b> (2, 19)	Possibly exercise	<ul style="list-style-type: none"> <li>• Knowledge of how bottles and nipples are cleaned correctly.</li> </ul>	in detail	in detail	n/a
<b>Sensitive presentation of the bottle</b> (2, 19)	Presenta- tion	<ul style="list-style-type: none"> <li>• Awareness of the ideal drinking position for sensitive bottle feeding.</li> <li>• Knowledge of how it can be used to strengthen the bond between the parents and the child.</li> </ul>	in detail	in detail	briefly
<b>Problems with bottle feeding</b> (2, 19)	Presenta- tion	<ul style="list-style-type: none"> <li>• Awareness of frequent problems during feeding, their causes and possible solutions</li> </ul>	simply	in detail	briefly

### Additional information for health professionals and parents

Contents	Method	Competencies	Professional target group		
			Breastfeeding knowledge: no 5 min.	Breastfeeding knowledge: yes 5 min.	Doctors 5 min.
Information for health professionals (2, 17)	Presentation	• Awareness of additional information and courses for health professionals.	briefly	briefly	briefly
Information and advice for parents (2, 16, 17)	Presentation	• Awareness of additional information and advice services for parents.	briefly	briefly	briefly

## Media by the network for use in advice

The Healthy Start Network/aid infodienst e.V. offers a range of media for use in the advice of expectant women, mothers and parents.

They are available to health professionals to assist in their work with these groups. Course managers can make the participants aware of the following and other media that they can use in their everyday advice.

### Media for specialists:



#### Recommendations for infant nutrition and nutrition for breastfeeding mothers

This special issue also includes the standardised recommendations for the advice of young families on breastfeeding, duration and frequency of breastfeeding, on infant formula and on the introduction of complementary food. The relevant professional organisations, associations and institutions endorse their contents.  
**Free, order no. 3291**



#### Recommendations on nutrition during pregnancy

The recommendations contain important messages on nutrition and lifestyle, as well as on preventing allergies during pregnancy. The relevant professional organisations, associations and institutions endorse their contents.  
**Free, order no. 3589**



#### Breastfeeding – what else?

##### Poster (folded) to promote and prepare for breastfeeding

Expectant parents can prepare for breastfeeding at leisure. The poster charts the benefits of breastfeeding. It is particularly suitable to reaffirm younger couples in their decision to breastfeed.

**Free, order no. 3466**



#### Nutrition roadmap for babies

##### Poster (folded)

The first year is critical to ensure a healthy life. The illustrative poster charts the three nutritional phases – breastfeeding, continued breastfeeding + complementary food, transition to family food – in the first year of life.

**Free, order no. 3771**



#### Diet and exercise during pregnancy

##### Presentation boards for parent advice

These presentation boards focus on lifestyle during pregnancy. They provide simple and practical messages for parents. In addition, advisors have access to useful additional information.

**€20, order no. 3668**



#### Infant nutrition: Presentation boards for parent advice

The presentation folder is ideal for dietary advice in the first year of life. The boards offer parents simple, clear messages for everyday family life, while advisors have additional access to useful information.

**€40, order no. 3331**

## Media for parents:



### **Baby & Eating Parent's app for the 1st year**

The 'Baby & Eating' app gives parents an easily accessible and detailed nutritional roadmap for the 1st year in life. It provides dietary tips for breastfeeding mothers, and there is an additional daddy mode with information for fathers. The checks, calculator and recipes are helpful assistants in everyday tasks.

**Free, download**



### **The Best Food for Babies – flyer**

Giving their baby the best food is one of the most important topics for parents. Rightly so. After all, the first year is critical to ensure a healthy life. The compact information leaflet provides basic information. It also contains a complete nutritional roadmap for the first year in life.

**Free, order no. 0329**

The flyer can also be downloaded free of charge in Turkish, Russian and Arabic.



### **Infant nutrition Recommendations for the first year in life (booklet)**

It is easier than many would think to provide infants with the right diet. This booklet provides parents with detailed information, scientifically validated facts and plenty of tips for the first year in life. It is also intended as a source of encouragement if a few things don't work out immediately.

**€2.50, order no. 1357**



### **Breastfeeding – what else? Flyer to promote and prepare for breastfeeding**

The leaflet informs expectant parents about the benefits of breastfeeding. It meaningfully addresses questions of relevance to the life worlds of young couples, motivating them to prepare for breastfeeding even during pregnancy.

**Free, order no. 0340**



### **What babies need Sticker for the child's check-up booklet**

All parents want their babies to have a healthy start in life. And there is plenty that each family can do to make sure it happens. This sticker comes with seven easily understandable, practical messages that tell the parents what exactly that is. Including recommendations for breastfeeding.

**Free, order no. 3805**

## Additional information on the media:

- [www.gesund-ins-leben.de/fuer-fachkraefte/medien-materialien/erstes-lebensjahr/](http://www.gesund-ins-leben.de/fuer-fachkraefte/medien-materialien/erstes-lebensjahr/)
- Orders: [www.aid-medienshop.de](http://www.aid-medienshop.de)
- Shipping: €3

## Bibliography

1. Academy of Breastfeeding Medicine: Clinical Protocols & Statements [www.bfmed.org](http://www.bfmed.org)
2. aid infodienst Ernährung, Landwirtschaft, Verbraucherschutz e. V.: Ernährung von Säuglingen – Referentenhandbuch zur Multiplikatorenfortbildung, 2012  
<https://www.gesund-ins-leben.de/fuer-fachkraefte/fortbildungen/saeuglingsernaehrung/fortbildungsunterlagen/>
3. American Academy of Pediatrics: Breastfeeding and the Use of Human Milk, Policy Statement, Pediatrics, March 2012  
<http://pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf>
4. Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e. V. (AWMF): S3-Leitlinie: Therapie entzündlicher Brusterkrankungen in der Stillzeit  
[http://www.awmf.org/uploads/tx\\_szleitlinien/015-0711\\_S3\\_Therapie\\_entz%C3%BCndlicher\\_Brustentz%C3%BCndungen\\_Stillzeit\\_2\\_\\_2013-02\\_01.pdf](http://www.awmf.org/uploads/tx_szleitlinien/015-0711_S3_Therapie_entz%C3%BCndlicher_Brustentz%C3%BCndungen_Stillzeit_2__2013-02_01.pdf)
5. Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e. V. (AWMF): S1-Leitlinie: Plötzlicher Kindstod  
[http://www.awmf.org/uploads/tx\\_szleitlinien/063-0021\\_S1\\_Pl%C3%B6tzlicher\\_S%C3%A4uglingstod\\_2012-01.pdf](http://www.awmf.org/uploads/tx_szleitlinien/063-0021_S1_Pl%C3%B6tzlicher_S%C3%A4uglingstod_2012-01.pdf)
6. Arnold, L. D. W.: Human Milk in the NICU, 2010, Jones and Bartlett
7. Biancuzzi, M.: Stillberatung, Elsevier Verlag, Urban und Fischer, 1. Auflage 2005
8. Blair, P.: SIDS Prävention und Forschung, <http://www.scienceofmom.com/tag/peter-blair>,  
<http://journals.plos.org>, <http://www.bristol.ac.uk>
9. Bundesinstitut für Risikobewertung: Stillen: Informationen zum Stillen für Fachpersonal und Mütter/Eltern  
[http://www.bfr.bund.de/de/informationen\\_zum\\_stillen\\_fuer\\_fachpersonal\\_und\\_muetter\\_eltern-10207.html](http://www.bfr.bund.de/de/informationen_zum_stillen_fuer_fachpersonal_und_muetter_eltern-10207.html), Themen: Gewichtsentwicklung gestillter Säuglinge, Zufütterung bei gestillten Säuglingen, Stillprobleme, Stillen und Erkrankungen der Mutter, Stillen und Erkrankung des Kindes, Stillen und Berufstätigkeit, Rückstände in der Muttermilch
10. Bundesinstitut für Risikobewertung: Stillen; Richtiges Anlegen und Saugen, Empfehlung der Nationalen Stillkommission vom 1. August 2007  
[http://www.bfr.bund.de/cm/343/stillen\\_richtiges\\_anlegen\\_und\\_saugen.pdf](http://www.bfr.bund.de/cm/343/stillen_richtiges_anlegen_und_saugen.pdf)
11. Bundesinstitut für Risikobewertung: Rückstände von Fremdstoffen in Muttermilch  
[http://www.bfr.bund.de/de/rueckstaende\\_von\\_fremdstoffen\\_in\\_muttermilch-127262.html](http://www.bfr.bund.de/de/rueckstaende_von_fremdstoffen_in_muttermilch-127262.html)
12. Bundesinstitut für Risikobewertung: Stillen und Alkoholkonsum ? – Besser nicht, Empfehlung der Nationalen Stillkommission am BfR vom 27. August 2012  
<http://www.bfr.bund.de/cm/343/stillen-und-alkoholkonsum-besser-nicht.pdf>
13. Bundesinstitut für Risikobewertung: Stillförderung in Krankenhäusern, Information der Nationalen Stillkommission vom 2. November 1998 mit aktualisiertem Kommentar aus dem Jahr 2007  
[http://www.bfr.bund.de/cm/343/stillfoerderung\\_in\\_krankenhaeusern.pdf](http://www.bfr.bund.de/cm/343/stillfoerderung_in_krankenhaeusern.pdf)
14. Bundesinstitut für Risikobewertung: Zufütterungstechniken für gestillte Säuglinge, Empfehlungen der Nationalen Stillkommission am BfR vom 8. Januar 2004, aktualisiert am 21. August 2015  
[http://www.bfr.bund.de/cm/343/zufuetterungstechniken\\_fuer\\_gestillte\\_saeuglinge.pdf](http://www.bfr.bund.de/cm/343/zufuetterungstechniken_fuer_gestillte_saeuglinge.pdf)
15. Bundesinstitut für Risikobewertung: Schwegler, U., Kohlhuber, M., Roscher, E., Kopp, E., Ehlers, A., Weißenborn, A., Rubin, D., Lampen, A. und Fromme, H.: Alkohol in der Stillzeit – Eine Risikobewertung unter Berücksichtigung der Stillförderung  
<http://www.bfr.bund.de/cm/350/alkohol-in-der-stillzeit-eine-risikobewertung-unter-beruecksichtigung-der-stillfoerderung.pdf>
16. HAG: Hamburger Stillempfehlungen 2010
17. Deutscher Hebammenverband: Praxisbuch: Besondere Stillsituationen, Hippokrates Verlag 2012
18. International Lactation Consultant Association (ILCA): Journal of Human Lactation, ILCA Leitlinien 2014, [www.ilca.org](http://www.ilca.org)

19. Koletzko, B. et al.: Säuglingsernährung und Ernährung der stillenden Mutter. Handlungsempfehlungen – Aktualisierte Handlungsempfehlungen des Netzwerks Gesund ins Leben – Netzwerk Junge Familie. Monatsschrift Kinderheilkunde Sonderdruck 2013  
<https://www.gesund-ins-leben.de/fuer-fachkraefte/handlungsempfehlungen/erstes-lebensjahr/>
20. Koletzko, B. et al.: Ernährung in der Schwangerschaft – Handlungsempfehlungen des Netzwerks Gesund ins Leben – Netzwerk Junge Familie. Deutsche Medizinische Wochenschrift Sonderdruck Juni 2012  
<https://www.gesund-ins-leben.de/fuer-fachkraefte/handlungsempfehlungen/schwangerschaft/>
21. Lang, C.: Bonding, Elsevier Verlag, Urban und Fischer, 1. Auflage 2009
22. Lauwers, J., Swisher, A.: Counselling the nursing mother – A lactation consultant's guide, 5. Auflage 2011
23. Lawrence, R.: Breastfeeding, A Guide for the Medical Profession 2011
24. von der Lippe, E. et al.: KiGGS Study Group: Einflussfaktoren auf Verbreitung und Dauer des Stillens in Deutschland, Ergebnisse der KiGGS-Studie – Erste Folgebefragung (KiGGS Welle 1), Bundesgesundheitsbl 2014 · 57:849–859, Springer-Verlag Berlin Heidelberg 2014  
<http://edoc.rki.de/oa/articles/re42cwjXfkWc6/PDF/29igfi1HxxNZU.pdf>
25. Pharmakovigilanz- und Beratungszentrum für Embryonaltoxikologie der Charité – Universitätsmedizin Berlin:  
<http://www.embryotox.de>
26. Riordan, J.: Breastfeeding and Human Laktation, 4. Auflage 2010
27. Robert Koch Institut: Kann in der Schwangerschaft und Stillzeit geimpft werden?  
[http://www.rki.de/SharedDocs/FAQ/Impfen/AllgFr\\_AllgemeineFragen/FAQ-Liste\\_AllgFr\\_Impfen.html#FAQId2407242](http://www.rki.de/SharedDocs/FAQ/Impfen/AllgFr_AllgemeineFragen/FAQ-Liste_AllgFr_Impfen.html#FAQId2407242)
28. Schaefer, C., Spielmann, H., Vetter, K., Weber-Schöndorfer, C.: Arzneimittel in Schwangerschaft und Stillzeit, Elsevier Verlag, Urban und Fischer, 8. Auflage 2012
29. Uvnäs-Moberg, K., M.D., Ph. D: Oxytocin, das Hormon der Nähe, Springer Verlag 2015
30. WHO, <http://www.who.int/nutrition/gina/en>
31. WHO/UNICEF-Initiative „Babyfreundlich“: Grundsatzklärung zu „B.E.St.“-Bindung – Entwicklung – Stillen  
[http://www.babyfreundlich.org/fileadmin/user\\_upload/download/verein\\_und\\_vorstand/Grundsatzerklaerungen/Grundsatzerklaerung-BEST.pdf](http://www.babyfreundlich.org/fileadmin/user_upload/download/verein_und_vorstand/Grundsatzerklaerungen/Grundsatzerklaerung-BEST.pdf)
32. Weissenborn, A. et al: Stillhäufigkeit und Stilldauer in Deutschland – eine systematische Übersicht; Das Gesundheitswesen 10, Thieme Verlag 2015  
<https://www.thieme-connect.de/products/ejournals/pdf/10.1055/s-0035-1555946.pdf>

#### **Additional information: E-learning programmes**

- Early Nutrition Academy (ENA): <http://www.early-nutrition.org> (free)
- The Baby Friendly Initiative: <http://www.unicef.org.uk> (charged)

# Imprint

## 1666/2015

Published by  
aid infodienst Ernährung Landwirtschaft, Verbraucherschutz e. V.  
Heilsbachstrasse 16  
53123 Bonn  
with funding by the Federal Ministry for Food and  
Agriculture, by resolution of the German Parliament  
[www.aid.de](http://www.aid.de)  
[aid@aid.de](mailto:aid@aid.de)

### Editing:

Hedda Thielking, Maria Flothkötter (both aid)

### Artwork:

[www.berres-stenzel.de](http://www.berres-stenzel.de)

### Images:

Cover: Monkey Business (fotolia)

Reprinting – also in excerpts – or dissemination with supplements,  
labels or stickers is only permitted with the prior consent of aid.

### Curriculum designed by:

Prof. Michael Abou-Dakn, St. Joseph Hospital Berlin, Working Group  
Obstetrics and Perinatology (AGG) at the German Society of Gynaecology  
and Obstetrics (DGGG)  
Julia Afgan, La Leche League Germany  
Elke Bretzigheimer, German Association of Independent Breastfeeding  
Groups (AFS)  
Dr Christine Bruni, La Leche League Germany  
Cornelia Conzelmann, Swiss Committee for UNICEF  
Sandra Deissmann, Professional Association of German Lactation  
Consultants IBCLC (BDL)  
Birgit Dieminger, Austrian Agency for Health and Food Security  
Sabine Friese-Berg, Training Centre Bensberg at Vinzenz Pallotti Hospital  
Dörte Freisburger, Training Centre Bensberg at Vinzenz Pallotti Hospital  
Edith Gätjen, Training Centre Bensberg at Vinzenz Pallotti Hospital  
Prof. Claudia Hellmers, University of Osnabrück, Faculty of Business  
and Social Sciences  
Monika Jahnke, Professional Association of German Lactation Consultants  
IBCLC (BDL)  
Thea Juppe-Schütz, Hamburg  
Katharina Manderla, La Leche League Germany  
Gisela Meese, Association to support the WHO/UNICEF Baby-Friendly  
Hospital Initiative (BFHI) in Germany  
Heike Menzel, European Institute for Breastfeeding and Lactation  
Erika Nehlsen, German Lactation and Breastfeeding Training Centre  
Gabriele Nindl, European Institute for Breastfeeding and Lactation  
Monika Pleiss, German Association for Birth Preparation, Family Education  
and Women's Health (GfG)  
Dr Regine Rasenack, University Clinic Freiburg  
Elien Rouw, German Training Institute for Breastfeeding (DAIS)  
Dr Michael Scheele, German Association of Gynaecologists  
Adjunct Professor Erika Sievers MPH, National Breastfeeding Committee  
at the Federal Institute for Risk Assessment, Academy of Public Health  
in Düsseldorf  
Dr Gudrun von der Ohe, European Institute for Breastfeeding and  
Lactation  
Aleyd von Gartzten, German Midwifery Association (DHV)  
Katja Weeber-Häring, German Association for Birth Preparation,  
Family Education and Women's Health (GfG)  
Dr Anke Weissenborn, National Breastfeeding Committee at the Federal  
Institute for Risk Assessment



IN FORM is Germany's initiative  
to promote healthy diet and more  
physical activity. It was initiated in  
2008 by the Federal Ministry of Food and Agriculture (BMEL)  
and the Federal Ministry of Health (BMG) and has since been  
active nationwide in all areas of life in cooperation with project  
partners. The aim is to bring about lasting improvements in  
dietary and exercise habits. For more information visit  
[www.in-form.de](http://www.in-form.de).

Gefördert durch:



aufgrund eines Beschlusses  
des Deutschen Bundestages



[www.gesund-ins-leben.de](http://www.gesund-ins-leben.de)

