Evaluation And Recommendation Of Midwifery Practice On Breast Feeding

Posted on October 17, 2019

At the time of a baby's birth, his or her mouth is almost empty of microorganisms. When a baby is delivered via the birth canal, the baby first goes through the vaginal canal and is fully exposed to the mother's vagina and its microorganisms. The bacteria that occupy in the vaginal opening may have spread from the anus through the perineum. When the baby is born, and the mother is in the state of giving birth to a child, the microorganisms that are present on the surface of the mucous membrane of the vaginal canal become a part of the baby's first bacterial flora. So the baby is first exposed to the bacterial flora of the mother. Most of the bacteria in a baby's mouth are received from the mother's mouth. A baby can get bacteria when the mother blows on the baby's food or tastes the baby's food with the same spoon.

The baby can get bacteria from other places and people, for example, when he or she is kissed, when other children interact with them, and from daycare facilities, etc. The baby's mouth has various types of habitats for microorganisms. These habitats are available on the surfaces of the tongue, teeth, gingival sulcus, other oral mucosal surfaces, and the mandibular labial vestibule. The first teeth erupt after approximately six months of birth, creating a new habitat for microorganisms. The bacteria received by the baby's mouth become part of the normal bacterial flora.

When the baby reaches the stage of the first tooth eruption, the baby's diet changes, which results in alterations to the normal bacterial flora in their mouth. The normal flora of a baby's mouth is important for preventing pathogenic microorganisms from colonizing. The normal bacterial flora also helps with the maturation of the immune system, promotes resistance to infections, and assists in the digestion of food.

The normal bacterial flora present in the human mouth normally acts as commensal microorganisms. The bacteria in the oral cavity are colonizers and do not harm the host. When a person has an impaired immune system or other risk factors, the bacteria can become pathogenic. These bacteria are then able to cause dental caries, periodontal disease, and other infections.

The baby can also get bacteria from the environment. One of the main microorganisms that causes dental caries is Streptococcus mutans. It can be passed from a mother or another caregiver to a baby. A caregiver can transmit these microorganisms through saliva, such as through shared spoons, tasting food, or kissing on the lips. Parents and caregivers should therefore maintain good oral hygiene and should avoid activities that unnecessarily transfer saliva to young children.

Breastfeeding and the Baby Friendly Initiative

The UK's Baby Friendly Initiative is a worldwide program by UNICEF and the World Health Organization (WHO). It is based on a universal accreditation programme that supports breastfeeding and parent-infant relationships by working with public services to improve the standards of care. It was introduced in 1994 and has been successful in improving breastfeeding rates.

The Baby Friendly Initiative focuses on the importance of promoting and supporting breastfeeding. Breastfeeding has several benefits for mothers and babies. Breast milk provides nutrients and antibodies that support infant growth and immunity. It can reduce the risk of some infections in babies and is associated with health benefits for mothers. However, breastfeeding decisions should be supported without blame. Some mothers cannot or choose not to breastfeed, and they should receive accurate information and respectful care.

The Baby Friendly Initiative has a number of standards that maternity, neonatal, health visiting, and children's centre services work toward. These standards focus on staff education, supporting informed infant-feeding decisions, helping mothers initiate and maintain breastfeeding, supporting close parent-infant relationships, and creating environments in which feeding support is consistent.

The Baby Friendly Initiative also follows the same acts on Human rights and human rights for pregnant women. (WHO, 2018) It recognizes that women have the right to receive evidence-based information, respectful care, and support that allows them to make informed decisions about feeding their babies. Services should avoid coercion and should ensure that women who formula-feed receive safe preparation guidance.

Exclusive Breastfeeding and Public Health Goals

The World Health Organization and UNICEF recommend exclusive breastfeeding for the first six months of life, followed by the introduction of nutritionally adequate complementary foods while breastfeeding continues up to two years or beyond. Exclusive breastfeeding means that the infant receives breast milk without other foods or liquids, except for medicines, vitamins, or mineral supplements when required.

The Baby Friendly Initiative supports health services in improving breastfeeding initiation and duration. However, targets should not be interpreted as judgments about individual mothers. Population-level breastfeeding rates are influenced by maternity care, paid leave, employment conditions, family support, social attitudes, health inequalities, and access to skilled help.

The Baby Friendly Initiative has been associated with improved breastfeeding outcomes. The original essay states that the initiative aims at increasing breastfeeding by 20%, which is the main vision of UNICEF and WHO on exclusive breastfeeding. (UNICEF, 2015) A more accurate interpretation is that

Baby Friendly programmes support evidence-based standards designed to increase breastfeeding rates and improve feeding support, while specific numerical targets can vary across policies and countries.

Accreditation in Health Services

Baby Friendly accreditation involves assessment of whether health services meet defined standards. Staff are expected to receive training and demonstrate knowledge and skills. Mothers and families may be interviewed to assess whether care is consistent with the standards. Services also collect data and monitor practices.

The accreditation process encourages organizations to integrate breastfeeding support into routine care rather than depending on individual staff members. It also helps identify gaps in training, communication, and policy. Accreditation should not become a paperwork exercise; its purpose is to improve the actual experience of mothers and babies.

Breastfeeding services across the UK embrace and work towards Baby Friendly Accreditation. (UNICEF, 2018) Hospitals, community services, universities, and neonatal units may seek different forms of accreditation according to their role.

Supporting Mothers in Practice

Staff should support mothers in recognizing feeding cues, positioning and attachment, expressing milk, and managing common breastfeeding difficulties. Skin-to-skin contact after birth can support bonding and early feeding when medically appropriate. Mothers whose babies are premature or ill may need additional support with expressing and maintaining milk supply.

When breastfeeding problems occur, women need practical assessment rather than generic encouragement. Pain, poor attachment, tongue-tie, low milk transfer, mastitis, medication, maternal illness, or infant health problems may require individualized care. Access to trained lactation support can make a major difference.

Formula Feeding and Informed Choice

Baby Friendly care includes support for parents who use infant formula. They should receive information on safe preparation, responsive feeding, sterilization, and appropriate quantities. Formula marketing should not influence professional advice or undermine informed decisions.

Parents should not be made to feel guilty. The aim is to support infant nutrition and close relationships while respecting individual circumstances. Health professionals should distinguish

population-level breastfeeding promotion from the care needs of a particular family.

Conclusion

The baby's oral microbiome begins developing soon after birth through exposure to the mother, caregivers, food, environment, and later the eruption of teeth. Normal bacteria contribute to oral health, but some organisms can cause disease under certain conditions. Caregivers can reduce the transmission of caries-associated bacteria by maintaining good oral hygiene and avoiding unnecessary saliva-sharing practices.

Breastfeeding and the Baby Friendly Initiative are also important parts of early infant health. The initiative supports evidence-based maternity and community care, staff training, breastfeeding support, informed choice, and parent-infant relationships. Its standards should be applied respectfully so that mothers receive accurate help whether they breastfeed, express milk, combine feeding methods, or use formula. Supporting infant health requires both microbiological knowledge and compassionate, rights-based care.

References

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