

Issue 54
May 2015



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK



Look inside this issue:

- ◆ News from BFHI Ireland
- ◆ BFHI activity fits with quality programmes
- ◆ Practice Ideas to share
- ◆ What's in mother's milk?
- ◆ Resources and Research Updates
- ◆ Parent Handout: Is my milk good enough?



Congratulations Portiuncula Hospital

On June 3rd
Portiuncula Hospital, Ballinasloe
will celebrate their continuing designation as a
Baby Friendly Hospital since first awarded in 2004.
Well done to all involved.

There IS Irish research about implementing Baby Friendly related practices.

The BFHI Web site has started a *Research page* to make this work more visible. Have a look and send the work from your hospital. www.babyfriendly.ie/research Assistance is available to format your work if needed.

On the way is a section for non-research posters for the *Gallery*, so send those also. Any questions? Email: contact@babyfriendly.ie



The BFHI Ireland web site is for you - use it

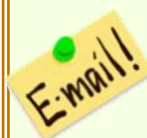
BFHI and Neonatal Care

A Nordic and Quebec working group developed an expansion of the Baby-Friendly Hospital Initiative to Neonatal Wards (Neo-BFHI). Focused on respect to mothers, a family-centred approach, continuity of care and linked with the BFHI Ten Steps. See details at <http://www.ilca.org>

Elements of these recommendations are being gradually incorporated into BFHI standards and information in Ireland, and into the updating of the HSE/BFHI Infant Feeding Policy for Maternity and Neonatal Units.



Watch for more details over the coming year.



**BFHI
email
is
changing**

New email is:
[contact@
babyfriendly.ie](mailto:contact@babyfriendly.ie)

The email
bfhi@iol.ie
will continue to
work for the
rest of the year.



**Are your healthcare services and information
free of commercial influence?**

**Are health workers protected from
commercial influence which may
distort their judgement and decisions?**



The *Look What They Were Doing in Ireland Report* from IBFAN Ireland shows examples of activities in 2014 that violate the International Code of Marketing of Breastmilk Substitutes.
<https://lwtdireland.wordpress.com/2015/02/20/a-look-back-at-2014/>

BFHI activities and National Standards for Safer Better Healthcare

Auditing helps maintain standards: Skin to Skin post C-section

Midland Regional Hospital Portlaoise

Aim: check if the standard is being met that 80% of mothers confirm they held their baby in skin contact soon after delivery and confirm this lasted for at least 60 minutes.

Method: 20 mothers (with any feeding method) randomly recruited post C-section and surveyed using an audit tool including interview and chart review.

Results: Initiation of skin to skin was recorded in 75% of cases with duration recorded in 40%. None of the women received a general anaesthetic. Of the 11 babies/mothers who had skin to skin contact, for 7 it lasted 60 minutes. The majority of women who did not have this contact replied that they would have liked to have had it. Seventeen of the twenty women had received information antenatally. Feedback of the results was provided to obstetric and theatre multidisciplinary team via Infant Feeding Steering Group meeting, presentation and written report.

Actions taken: Education continues to multidisciplinary team on the importance of skin to skin including presentation of scientific evidence to support the practice. A midwife is assigned to theatre to ensure parents and theatre staff are supported and informed in giving skin to skin for the appropriate time post operatively. Links were established with obstetricians providing private care to distribute information on skin to skin antenatally. Regular audits will monitor this practice.

Evidence for: Theme 1: Person-centred Care and Support Theme 2: Effective Care and Support

Practice Ideas to Share

Educate staff in consistent use of the Maternity Healthcare Record to document : University Maternity Hospital Limerick

There are three of the colour coded sections in chart where recording re Baby Friendly practice and/or infant feeding are requested entries thus reducing hand written notes and aiding consistency in communication. A care plan is used when there is a problem and more individualised care is needed (See the Dec 2014 BFHI Link article from Limerick).

Section 3: Antenatal Outpatients

- ◇ Social History: Antenatal classes are discussed, Information and Health Promotion pack is given and contents discussed.
- ◇ Infant Feeding Antenatal Checklist has topics for discussion and space for notes.
- ◇ Birth Plan lists skin-to-skin contact and the support in labour as points to consider.

Section 7: Labour & Delivery

- ◇ Birth Summary of Baby has place to note start and end time of skin to skin contact and reason if discontinued early.

Section 9: Postnatal

- ◇ Postnatal Admission Record documents skin to skin contact and first feed (space for feed comments such as duration, nuzzles, sustained effective sucking), or type and amount if artificial feed.
- ◇ Daily Postnatal Observation Mother page includes breasts and nipples and breastfeeding confidence and skill.
- ◇ Daily Observation of Baby page includes feeding frequency, and space to note any supplements or concerns; and output.
- ◇ Mother Discharge Checklist (with copy for GP/PHN) includes support info given, method of feeding and place to mark if postnatal follow-up is needed with Lactation Consultant/feeding support clinic.
- ◇ Baby Checklist includes advice given re signs of effective feeding and discharge weight, with space for any concerns about feeding to be noted.

Sticker to insert in the chart each time a supplement is given to a breastfeeding infant : Cavan General Hospital

Printed 6 to a sheet of labels

Documentation for supplement

Date:/...../..... Time: hrs
 Reason for supplement: Maternal request
 Clinical Indication
 Informed consent given by mother following a full discussion/explanation for supplement: Yes No
 Type of supplement: 1st choice Expressed breast milk
 2nd choice - Formula
 Reason for 2nd choice:
 Amount of supplement given:
 Feeding method: 1st choice - spoon/cup
 2nd choice – bottle
 Reason for 2nd choice:
 Signature:.....

Key Messages about Human Milk for Human Babies

Human milk is:

- ♥ uniquely designed for human babies; "species specific"; the biological norm for babies
- ♥ individual to each woman; mother's milk matches more than 50% of baby's genetic material
- ♥ much more than nutrients; it is also a vast array of immune factors, hormones, bioactive enzymes, living cells and more.
- ♥ cannot be duplicated; research has not found all that it contains and how each factor interacts, and technology does not exist to produce the components if it was fully known what these were
- ♥ life-saving in times of earthquake, floods, homelessness and other emergencies



Human milk production:

- ♥ responds to milk removal; when milk is removed more milk is produced
- ♥ starts early; females are born with milk making structures which develop through puberty and pregnancy; a new mother does not need to choose to produce milk, it is there waiting to be given to her baby
- ♥ is kind to the environment, a renewable resource, uses no electricity or oil and produces no manufacturing waste disposal concerns
- ♥ is valuable to family economics, and to reducing health service costs

And More about Human Milk for Human Babies

Human milk is:

- ♥ produced by a woman's body and not the breast in isolation
- ♥ actively synthesised in the mammary cells from constituent precursors in maternal blood stream (from food, synthesised by other parts of her body)
- ♥ generally stable with regard to mother's diet; e.g. a high protein diet will not result in high protein milk or a low carbohydrate diet in low energy milk
- ♥ flavoured by what the mother eats and thus a "flavour bridge" to eating family foods
- ♥ nearer in composition to donkey and mare milk than to cow or goat milk
- ♥ designed to be well absorbed and used; iron in human milk is 50% absorbed, facilitated by the lactose and vitamin C levels provided by the milk, and with no excess iron to provide nutrients for pathogen growth, increasing the risk of infection.

Hierarchy of milk

Breastfeeding

Own mother's expressed milk

Milk from another lactating woman

Non-human milk



Further Reading

Milk Secretion: an overview, MC Neville <http://mammary.nih.gov/Reviews/lactation/Neville001/index.html>

Worries about Foremilk and Hindmilk <http://www.nancymohrbacher.com/blog/2010/6/27/worries-about-foremilk-and-hindmilk.html>

Feeding babies during emergencies, BFHI Link Issue 38 <http://www.babyfriendly.ie/newsletter.htm>

RESEARCH and RESOURCES

Not breastfeeding → greater risk of child hospitalization. A retrospective study in Scotland found a greater risk of hospitalization for childhood illness among formula-fed and mixed fed infants compared with infants exclusively breastfeeding for 4-6 weeks. This association was observed within the first year of life and beyond, including for gastrointestinal, respiratory, and urinary tract infections, otitis media, fever, asthma, diabetes and dental caries, and remained significant after adjustment for a range of socioeconomic factors. *Ajetunmobi OM et al Breastfeeding is Associated with Reduced Childhood Hospitalization: Evidence from a Scottish Birth Cohort (1997-2009) J Pediatr. 2015 Mar; 166(3): 620–625.e4.* Download the full article for free at [www.jpeds.com/article/S0022-3476\(14\)01065-8/pdf](http://www.jpeds.com/article/S0022-3476(14)01065-8/pdf)



A "NEC Free NICU" Through a Breastfeeding Quality Improvement Project carried out in University Maternity Hospital Limerick, found that through the adoption of quality initiatives, breastfeeding rates among premature infants could be optimized. This low-cost intervention resulted in significantly improved morbidity among premature infants. The five-year effort at UMHL saw the team win the “best educational programme” award at the international Excellence in Paediatrics conference in autumn 2014. Philip R, Ismail A, Quinn C, Dunworth M, Hannigan A, O’Leary M. Download from http://pediatrics.aappublications.org/content/135/Supplement_1/S13.1.full.pdf+html



Infant Sleep: Looking for easy to understand research about biologically normal sleep for human babies? Need to understand how infant sleep may vary due to cultural behaviours and expectations such as what babies are fed, where they sleep, and how we interpret their needs? Want evidence-based free information sheets, or a free App, for parents and for health workers that are endorsed by breastfeeding organisations? Visit the **Infant Sleep Information Source**, a project of the Durham University Parent-Infant Sleep Lab (Prof Helen Ball and colleagues) www.isisonline.org.uk

World Breastfeeding Week 2015



The theme on working women and breastfeeding revisits the 1993 WBW campaign on the Mother-Friendly Workplace Initiative with the key elements of Time, Space/Proximity and Support.

The Action Folder, Calendar, and Info sheets can be downloaded from <http://worldbreastfeedingweek.org/>

BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI National Committee.

We welcome your news and suggestions.

Contact the BFHI Co-ordinator:
contact@babyfriendly.ie www.babyfriendly.ie

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Updated Academy of Breastfeeding Medicine Protocols

Contraception during breastfeeding includes counselling about options, tables to compare advantages and disadvantages, LAM, hormonal methods, barrier methods, IUDs and more. Fully referenced.

Guidelines for Breastfeeding and Substance Use includes antenatal and postnatal counselling and management of situations. Discusses opioids, marijuana, alcohol, tobacco, and provides evidence based recommendations. Free download at www.bfmed.org/Resources/Protocols.aspx



Diary Dates

- Aug 1-7 **World Breastfeeding Week.** *Breastfeeding and Work: Let's make it work.* www.worldbreastfeedingweek.org
- Oct 1-7 **National Breastfeeding Week**
- Oct 2-3 **Association of Lactation Consultants in Ireland, Annual Conference** www.alcireland.ie

Is my milk good enough for my baby?

Advertising and marketing of infant formula and toddler milks can make people wonder if a mother's milk has everything a baby needs. Mother's milk has fed babies for thousands of years. We would not be here today without mother's milk.



Will my baby grow enough on only my milk?



Yes. Mother's milk can provide everything a baby needs for healthy growth in the first six months. Mother's milk continues to provide valuable nutrients for as long as the child has it. A healthy weight is best, not an overweight baby. An overweight baby can continue to an overweight child and adult.

Does my baby need the added iron from a processed formula?

No. A baby stores iron when in the womb and gets the right amount from mother's milk in the months after birth. The birth stores of iron start to get low in the second half of the first year. This is why iron rich foods are started from 6 months such as meat, fish, beans, eggs and green vegetables. Iron from mother's milk is easily used by the baby. Adding extra iron above what the baby needs can feed the bacteria in the baby's system and so they multiple and increase the risk of infections. Too much iron also can make digestive upset more likely.



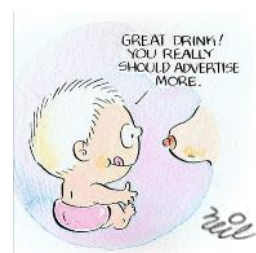
Can my milk disagree with my baby?



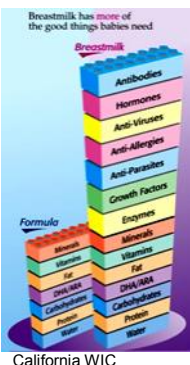
Most babies do not react to foods the mother eats. Around the world mothers eat cabbage, grapes, spices, beans and many other foods with no effect on the baby. Many babies have times of the day when they are unsettled and this can be normal. Drinking too fast or long crying can result in wind and spitting-up for some babies. Check for some simple things before changing what you eat.

Does my baby need to "move on" from breastfeeding to processed formula to grow and develop?

No. Millions of babies around the world grow and develop well with only mother's milk for the first six months and continue mother's milk plus increasing amounts of family foods until fully eating the family meals.



Does my milk have things in it that processed milk doesn't have?



Yes, lots. A mother's milk has a blend of nutrients that is not found in processed milks. A mother's milk also has compounds that fight infections that the baby comes into contact with and growth factors for a healthy system. It is ready to use with no preparation needed. And mothers milk comes with a warm hug and helps mother to be healthy too.

Is your milk good enough for your baby? YES, it's great for your baby



This is general information. Discuss your specific needs with your midwife, nurse, lactation consultant or doctor.

Like more info sheets? Visit the BFHI web site

