Issue 56
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Baby Friendly Health Initiative in Ireland

BFHI LINK

THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

Look inside this issue:

What's in the News

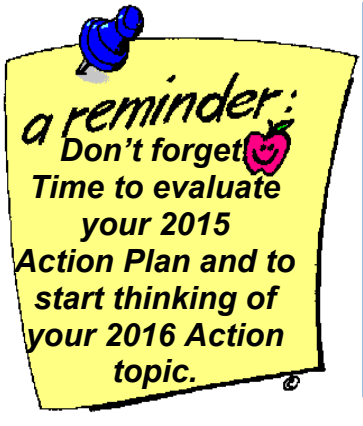
- ◊ Antimicrobial resistance. Breastfeeding reduces the need for antibiotics in the baby thus reducing the risk of developing resistance.
- ◊ 2016 marks 25 years of the global WHO/ UNICEF Baby Friendly Hospital Initiative. Watch for events and new materials.

What is the norm and what is the intervention?

Are early and continued contact between a newborn and mother interventions to be implemented in Baby Friendly hospitals? Or is mother and baby together the biological norm to be facilitated and protected?

What is the evidence for early contact and for rooming-in, or should we ask what is the evidence for separation?

Does the language of your guidelines, education materials and discussions suggest norms, options a mother might choose or be offered, or the practices as interventions?



Do you have a copy of the:

- ◊ The updated Infant Feeding Policy for Maternity and Neonatal Services? Download from www.babyfriendly.ie/resources
- ◊ Audit tools from BFHI Ireland? If you are the BFHI link person in a participating hospital, request the tools contact@babyfriendly.ie

New member of the Baby Friendly Health Initiative in Ireland national committee :

⇒ Dr Fionnuala Cooney, Public Health Specialist

What does the National Committee do? Find out www.babyfriendly.ie

The Baby Friendly Initiative in Ireland is grant-aided by the Health Service Executive
BFHI Link is on-line at www.babyfriendly.ie

Step One: Have a policy

The BFHI is based on Ten Steps. The coming issues of BFHI Link will look at why and how to implement each Step.

Why

A written mandatory policy assists in providing consistent care by all the healthcare team to all mothers and babies. Mothers are not required to ask for best practices to occur. An "official" policy serves as a reminder that other policies and guidelines in the service need to work with the infant feeding policy and not conflict with each other.

How

There is a National Policy so individual hospitals do not need to develop their own.

The National Infant Feeding Policy for Maternity and Neonatal Services (2012) was drafted, following a consultation process that included consultation with all maternity units, and review by the Clinical Leads of the National Neonatology Clinical Programme and the Obstetrics and Gynaecology Clinical Programme. It was signed off by the then National Director Integrated Services Directorate and the National Director of Clinical Programmes, and approved by the National PPPG committee. It was signed off by the National Director Quality and Patient Safety in July 2012.

◊ ***The National Infant Feeding policy was updated in 2015***

The 2015 version was the result of the scheduled review and drew on the feedback received since the 2012 version, newer research and international materials. The multi-disciplinary National Breastfeeding Strategy Committee, Baby Friendly Health Initiative in Ireland National Committee, and the Clinical Midwife/Nurse Specialists / IBCLCs in hospitals assisted in reviewing and updating the policy with a consultation process with the services. Mary Mahon, CMS Lactation Portiuncula Hospital, Dr Genevieve Becker, National BFHI Co-ordinator, and Siobhan Hourigan, National Breastfeeding Coordinator formed the core working group to compile the changes and additions. Download the updated policy at www.babyfriendly.ie/resources

◊ ***Expanded neonatal section***

The main change in the 2015 policy update is that Section 7 is expanded in line with global activities to make the neonatal unit an environment that is supportive of parental involvement, breastfeeding and the use of mother's milk. Some of the elements of the neonatal section will become part of the BFHI assessment criteria in the next year or two. Specific details will be notified well in advance of any changes affecting assessment.

◊ ***Challenging but worthwhile***

When the policy was introduced in 2012 some hospitals thought items in it were very challenging however over time they see the importance of their implementation and ways to achieve this care. Similarly with the enhanced neonatal section, when first read the practices may seem a challenge and then ways to achieve the practices are found. Supporting material such as staff training materials, guidance documents, parent materials and audit tools are under development to assist in the implementation of these practices. Would you be interesting in assisting with developing these supporting materials?

◊ ***Orientate all staff to the Policy that they are expected to work with***

There needs to be a process that when a new policy comes into effect or when a new staff member commences work so that all staff in contact with pregnant women, infants and their mothers are aware of the policy and their role in implementing it. Notes for a orientation session www.babyfriendly.ie/resources

◊ ***Let Parents know the hospital has a policy***

The BFHI website has a Parents Summary of the national policy in multiple languages. A Word version is available if a hospital is providing a Parents version in a different layout.

◊ ***Audit implementation of the Policy***

The policy has measureable actions that can be audited. The BFHI in Ireland has standards and audit tools for the items included in the BFHI assessment. Information on audit is on the BFHI Ireland web site. A hospital designated as Baby Friendly is required to audit at least two full Steps each year and to take action if the audit findings are below standard.

Obesity and Infant Feeding

Based the findings of high quality studies in both high-income and low- or middle-income settings, breastfeeding decreased by 13% the odds of a child being overweight or obese.

A systematic review and meta-analysis of 105 studies found that breastfed subjects were less likely to be classified as obese/overweight [pooled odds ratio: 0.74 (95% confidence interval: 0.70; 0.78)].

The evidence also suggests that breastfeeding may reduce the odds of type 2 diabetes.

Horta BL, De Mola CL, Victora CG. Long-term consequences of breast-feeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and meta-analysis. Acta Pædiatrica 2015 (104) 30-37. *Open Access*

"Infant weight gain might be associated not only with type of milk consumed but also with mode of milk delivery. Regardless of milk type in the bottle, bottle-feeding might be distinct from feeding at the breast in its effect on infants' weight gain."

Li R, Magadia J, Fein SB, Grummer-Strawn LM. Risk of bottle-feeding for rapid weight gain during the first year of life. Arch Pediatr Adolesc Med. 2012;166(5):431-6. http://archpedi.jamanetwork.com/article.aspx?articleid=1151630

Li R, Fein SB, Grummer-Strawn LM. Do infants fed from bottles lack self-regulation of milk intake compared with directly breastfed infants? *Pediatrics*. 2010;125(6):e1386-e1393 http://onlinelibrary.wiley.com/doi/10.1111/apa.13133/abstract

"Mothers reported engaging in other activities during 52% of bottle feedings; television watching was the most prevalent activity reported. Further research on the impact of distraction on feeding outcomes is needed."

Golen RP Ventura AK. What are mothers doing while bottle-feeding their infants? Exploring the prevalence of maternal distraction during bottle-feeding interactions. Early Human Development (2015) 91(12) 787–791. http://www.earlyhumandevelopment.com/article/S0378-3782(15)00190-5/abstract

If using a bottle, paced feeding in response to baby's signals may protect the baby's natural appetite regulation and thus reduce the risk of later obesity.

See Parent Handout in this issue and read more on paced feeding:

http://www.peelregion.ca/health/family-health/breastfeeding/pdf/paced-bottle-feeding.pdf

http://kellymom.com/bf/pumpingmoms/feeding-tools/bottle-feeding/

Bottle-feeding as a tool to reinforce breastfeeding by Dee Kassing, from J Hum Lact. 2002 Feb;18 (1):56-60.http://www.bfar.org/bottlefeeding.pdf

https://www.youtube.com/watch?v=1cvF1nawMNI (theory with doll) https://www.youtube.com/watch?v=F2XsAqAUCSw (live baby)

http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/simple%20formula%20guide.pdf

Tip: If baby is feeding both at the breast and with a bottle, let baby take 2-3 sucks with the bottle held so the teat is empty. If there is milk on the first suck baby may come to expect the same at the breast and be impatient when it takes a few sucks at the breast before the milk flows.

NEWS and RESOURCES

Acta Paediatrica has published a Special Issue on the Impact of Breastfeeding on Maternal and Child Health (Dec 2015) coordinated by WHO, which examined the importance of breastfeeding, harms from not breastfeeding and interventions that are effective.

Five key messages emerge from the analyses presented. (from editorial by Grummer-Strawn LM)

1. The health benefits of breastfeeding are substantial: infant mortality, otitis media higher when not breastfed; lower risk of obesity, higher IQ, reduced malocclusion and less asthma among those breastfed. Breastfeeding mothers have lower rates of breast cancer, ovarian cancer, type II diabetes and postpartum depression.
2. It is critical to examine the breadth of the literature on an outcome of interest before drawing any conclusions. The public health community should not jump to conclusions on the basis of a single study.
3. The mechanisms by which breastfeeding affect health are extremely varied, and different metrics of breastfeeding behaviour must be utilised to truly understand the relationships of interest (milk composition, maternal hormonal effects, milk from the breast or from a cup or bottle, intensity, duration, timing of feeds etc
4. Most of the literature on health effects of breastfeeding is based on cross-sectional retrospective studies. Studies may have different definitions, adjust for varying confounders and these methodological aspects limit the ability to make firm conclusions.
5. The largest effects of interventions are achieved when interventions are delivered in combination across settings.

Together, these papers demonstrate again the major contribution that breastfeeding makes to maternal and child health, and the strong justification for investment and commitment to protect, promote, and support breastfeeding. The supplement is free to download and discuss with co-workers. http://onlinelibrary.wiley.com/doi/10.1111/apa.2015.104.issue-S467/issuetoc

"A Guide for Health Workers to Working within the International Code of Marketing of Breastmilk Substitutes" from BFI UK has been updated.

It is well worth reading as most of the situations also apply to Ireland.
Free to download from http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/guide_int_code_health_professionals.pdf

Get an App to make it easy to report violations of the Code. *www.ibfan-icdc.org*

Hypoallergenic formula marketing may be using research that has been discredited.

The British Medical Journal announced on 29 Oct 2015 that it had finally acted to retract a fraudulent study published in 1989 by Ranjit Chandra in Canada. The study that he conducted for a formula company concluded that families with a history of allergy should use hypoallergenic formula feeds if not breastfeeding. Professor Chandra was found to have invented some of the data in the study. http://www.bmj.com/content/351/bmj.h5683

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

Diary Dates

Feb 2016	***BFHI Ireland action w'shops*** Various venues and dates. Invitation only.
Mar 5-6	***La Leche League 50th Anniversary Conference*** Sligo. Dr Nils Bergman, Nancy Mohrbacher, Marian Thompson (LLLI founder) and more. www.lalecheleagueireland.com
Apr 16	***Association of Lactation Consultants in Ireland, Spring Study Day*** Limerick *Members only; you do not need to be an IBCLC to join.* www.alcireland.ie

Responsive Feeding

A breastfeeding baby actively controls the rate of the feed.

A baby knows when he is hungry and gives signs to the parent or caregiver. A newborn baby moves his lips, puts out his tongue searching towards the smell of his mother's milk.

A newborn baby can coordinate sucking, swallowing and breathing. She can use a variety of sucking patterns to start the milk ejection reflex (short, rapid sucks), to transfer milk (deep, slower sucks), or when sucking for comfort (small, intermittent sucks).

A baby stops sucking when he has had enough and lets go of the breast. You cannot force a baby to suck at the breast if the baby does not want to. The baby actively leads the feed and the mother responds to the signals from the baby.

A baby fed by bottle has little control of the rate of feeding.

It can be difficult for the baby to control their suck, swallow and breathe cycle if the milk keeps flowing from the teat whether the baby wants it or not. The baby may seem very hungry and gulping down the milk when in fact she is trying to swallow rapidly so she does not choke.

The baby's inborn ability to stop feeding when he has had a enough (appetite regulation) is over-ridden if a caregiver jiggles the bottle to get more milk into the baby and does not respond to the baby's signs of satiety.

If a baby needs to be fed with a bottle, responsive or paced bottle feeding is more comfortable for the baby and can reduce the risk of later obesity.

- Watch the baby for signs of hunger rather than feeding to a strict schedule.
- Hold your baby upright, not lying back, and support her head and neck with your hand. Feed your baby skin-to-skin if possible.
- Gently stroke lips with the teat and let baby draw teat into his mouth, rather than pushing the teat into his mouth.
- Hold the bottle so only the teat tip is full of milk, aiming to keep the bottle level.
- Pause frequently, turn teat slightly and withdraw from baby's mouth. Let baby take a few breaths and when she roots again for the teat, let baby take the teat into her mouth. A bottle feed should take about 10-20 minutes. It is not a race to see how fast you can feed baby.
- If baby does not show interest in feeding more, respect what baby is telling you. Do not jiggle the teat to get the baby to finish the bottle.
- Remember to hold your baby close at times other than feeding also so that baby learns that holding doesn't always mean food.

More info: http://kellymom.com/bf/pumpingmoms/feeding-tools/bottle-feeding/

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 →

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