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Baby  
Friendly  
Health  
Initiative  
in Ireland



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK



## Look inside this issue:

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- ◆ The International Code is 35 years old
- ◆ What's new on the BFHI Ireland web site
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- ◆ **Parent Handout:** Feeding your baby is your decision – but who is influencing you?

### Feeding Choice? But where does the information come from to make an informed feeding decision? Can women carry out their decision?

A mothers "choice" may be limited:

- \* If she cannot easily get correct information and she is bombarded by marketing of products and attitudes;
- \* if the health workers receive their information through company marketing and pass this on as evidence; and
- \* if laws to protect mothers and their babies are not enforced.

Merely telling women to breastfeeding is best or acknowledging their right to do so, while not removing the obstacles and ensuring that they receive the necessary information and skilled support to breast-feed, is not enabling "choice".

Read more [http://www.babyfriendly.ie/bfhi\\_link.htm](http://www.babyfriendly.ie/bfhi_link.htm)

### One Thousand Days can build a strong foundation for a child, their family and their community

- or it can increase profits for a multinational food company

The original *One Thousand Days* campaign launched in 2010 with partners including Concern, Save the Children, UNICEF, Irish Aid, Gates Foundation, and other non-commercial agencies committed to reducing global malnutrition of pregnant women and infants. <http://thousanddays.org/>

*First 1000 Days* is marketing campaign set up more recently with a similar name from a company that owns formula brands. The sole purpose of spending company profits on marketing campaigns is to further increase those profits.

Welcome

Welcome to new members of the  
Baby Friendly Health Initiative in  
Ireland national committee :

Elizabeth Mitrow, Cuidiu representative, Aileen Breen, ALCI representative, and Agnes Fitzgerald, independent member.

Thank you and best wishes as Patricia Marteinson, ALCI representative, Angela Cahill, Cuidiu representative and Claire Hawkes, independent member, retire from the Committee.

What does the National Committee do? Find out  
[www.babyfriendly.ie](http://www.babyfriendly.ie)

Good-bye

## What were some Action Plans in Maternity Units and Hospitals in 2015 ?

### Improved support for milk production for mothers of preterm infants

#### ***Our Lady of Lourdes Hospital Drogheda***

*Aim:* that at least 70% of those mothers with preterm babies in special care who are breastfeeding or intending to do so, report that they have been offered help with the initiation of lactation to protect the supply within six hours of their babies birth or, when deemed medically able. At least 70% of those breastfeeding, or intending to do so, report that they have been shown how to express their breastmilk by hand. (Action Plan 2015, Step 5)

*Action:* Staff education sessions, documentation, lactation team visited antenatal and postnatal ward and NICU daily to identify women at risk of preterm delivery or those who have delivered a pre term infant and have individual sessions with these mothers, breast milk log given to mothers.

*Evaluation of the plan:* All staff welcomed the additional education and support provided which assisted them in delivery of improved care to mothers of preterm infants. Same was determined by verbal feedback from staff and this was reflected in care delivered. Mothers appreciated all support given; using the breast milk expressing log identified mixed feedback in relation to its value to mothers. It was identified that this tool would continue to be in circulation to those mothers who wished to use it. Action plan was forwarded to the quality and risk department in the hospital as evidence to support the National Standards for Safer Better Healthcare.

*Outcomes:*

Lactation support provided to mothers of preterm infants. Retrospective chart examination audit.	JAN-MARCH 2015	AUGUST- NOV 2015
% women commenced expressing within 6 hrs	22%	42%
% women commenced expressing within 6 hours or as soon as medically able	Data not recorded in charts	67%
% of women assisted with hand expressing after birth.	67%	100%
Written documentation of hand expressing noted.	89%	100%

### Quick Fun Quiz improves antenatal breastfeeding discussions

#### ***University Hospital Waterford***

*Aim:* increase mother's knowledge re the benefits of skin to skin, rooming-in and health importance to mother and baby of breastfeeding. (Action Plan 2015, Step 3)

*Action:* Explore methods of information sharing with mothers and identify ways to communicate better. A one-page quiz sheet with six multiple choice questions was developed and given to women waiting in the antenatal clinic.

*Evaluation of the plan:* Frontline staff found the quiz very valuable as it acted as yet another prompt for them, and they found it useful as a way of introducing a discussion on feeding. Mothers were very interested in participating in the quiz. Answers were discussed at weekly ward meeting to highlight any topics needing more consideration.

*Example quiz question:* Newborn baby's stomach is the size of a: Cherry, Football, Orange.

### Supportive learning environment for postnatal women

#### ***University Maternity Hospital Limerick***

*Aim:* To provide a quiet area in a post natal ward, where mother and baby can get additional support and knowledge. (Action Plan 2015, Step 5)

*Action:* Discuss with stakeholders, find a suitable space, purchase comfortable seating, laminate breastfeeding posters, purchase TV/DVD for education videos, evaluate with stakeholders.

*Evaluation of the plan:* Positive response from mothers. Frontline staff/managers: difficulty getting full agreement on "location" in the ward rather than agreement on "idea", which greatly delayed the initiation of the action plan. All discussions took place at ward level between the staff midwives, ward managers and the staff midwife primary driver of the project. The original screen, for privacy, was deemed not safe for purpose and replaced prior to any reported incident. Voluntary staff time and fundraising provided equipment.

*Outcomes:* Nice environment with comfortable seating and breastfeeding friendly educational material.

**Are you using the draft BFHI Ireland Audit Tools? Any queries or feedback?**

## Baby Friendly Neonatal Update

It was planned in 2016 to role out materials, tools, standards and support towards expanding BFHI Ireland to include more on implementing breastfeeding supportive practices in neonatal units. This plan was in-line with global BFHI expansion and the updated HSE infant feeding policy. Unfortunately the requested funding wasn't granted; maybe next year. *Meanwhile:*

- ⇒ The 2015 HSE Infant Feeding Policy update included more related to neonatal. Are all relevant people in your unit aware of this update and that it is HSE policy?
- ⇒ The global Neo-BFHI project can downloaded from <http://www.ilca.org/main/learning/resources/neo-bfhi> This global project contains more criteria and standards that are initially planned by BFHI Ireland. The Core Document provides the research evidence for baby friendly neonatal practices.
- ⇒ Keep up to date with research:

Newly born low birthweight infants stabilise better in skin-to-skin contact than when separated from their mothers: a randomised controlled trial. Chi Luong, K., Long Nguyen, T., Huynh Thi, DH., Carrara, HPO. and Bergman, NJ. (2016), Acta Paediatrica, 105:381–390. doi:10.1111/apa.13164 2016. Newly born infants in skin-to-skin contact showed better transition to extra-uterine life with higher stabilisation scores ( $p < 0.0001$ ). and significantly less need for respiratory support, intravenous fluids and antibiotic use during the remainder of the hospital stay. By preventing instability that requires subsequent medical treatment, it may be life-saving in low-income countries. Free download: <http://onlinelibrary.wiley.com/doi/10.1111/apa.13164/epdf> Dr Nils Bergman presented some of this research on his recent conference tour to Ireland.

Perceptions of European medical staff on the facilitators and barriers to physical closeness between parents and infants in neonatal units. Dykes, F., Thomson, G., Gardner, C., Hall Moran, V. and Flacking, R. (2016), Acta Paediatrica. doi:10.1111/apa.13417 <http://onlinelibrary.wiley.com/doi/10.1111/apa.13417/epdf> This study explored perceptions and experiences of consultant neonatologists and senior nurses in five European countries. Highlighted how neonatal units were at different stages in achieving a humanising care agenda. Facilitators and barriers are discussed and the need for political motivation, appropriate policy planning, legislation and resource allocation to increase measures that support closeness in neonatal units.

### What's New on the BFHI Ireland Web Site

#### Research

<http://www.babyfriendly.ie/research.htm>

O'Donovan R. *To investigate the effects of lactation support on the initiation and establishment of breastfeeding for first time mothers in an Irish maternity hospital setting.* Abstract MPH thesis, University College Cork

Mahon M, Joyce P. *Implementing Maternal-Infant Skin-to-Skin Contact Following Caesarean Birth: BFHI Step 4*, Portiuncula Hospital

Healy, F. *Clinical Audit of Midwives' Documentation of Skin-To-Skin Contact on Delivery Suite.* University College Cork

#### In the Gallery

<http://www.babyfriendly.ie/gallery.htm>

*Improving the Provision of Expressed Breast Milk in the Neonatal Unit: A Quality Initiative.* Galway University Hospital

*Every Breastfeed makes a difference.*

A project by the University of Limerick 2012 BSc Midwifery students. This display of baby vests in increasing size visually shows how every breastfeed makes a difference .with a point to remember for each stage.

Submit your work to [contact@babyfriendly.ie](mailto:contact@babyfriendly.ie)  
Editing assistance available.

### The International Code of Marketing of Breast-milk Substitutes is 35 years old. If you missed celebrating on May 21st you can still join in.

\* See ways to celebrate at [www.babyfriendly.ie/resources.htm](http://www.babyfriendly.ie/resources.htm) in the Code section

\* Read and discuss:

*Scientific and factual? A review of breastmilk substitute advertising to healthcare professionals* [www.firststepsnutrition.org](http://www.firststepsnutrition.org) The aim of this new resource is to expose the weak scientific evidence often used by companies to support claims they make about breastmilk substitutes. Legally companies can provide information to healthcare professionals about infant milks providing it is 'scientific and factual' – but is this what is provided?

**WHO/UNICEF/IBFAN joint report "Marketing of breast-milk substitutes: National implementation of the International Code – Status report 2016"**, includes tables showing, country by country, which Code measures have and have not been enacted into law.

[http://www.who.int/nutrition/publications/infantfeeding/code\\_report2016/en/](http://www.who.int/nutrition/publications/infantfeeding/code_report2016/en/)

**Encourage your professional organisation to pass a policy similar to the Royal College of Paediatrics and Child Health (2016 AGM):** "In order for RCPCH as a professional body to avoid institutional conflicts of interest and thus maintain its reputation as an unbiased, independent educator and advocate for child health, the College should decline any commercial transactions or any other kind of funding or support from all companies that market products within the scope of the WHO Code on the marketing of breast milk substitutes".

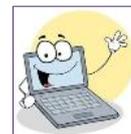
## NEWS and RESOURCES



**Latest Infant Milks in the UK report** (Feb 2016) This report is designed for health professionals, researchers and policy makers and contains all the background info anyone would need about infant milks: composition, cost, evidence (or lack of) for claims. Reports also available about specialised milks and milk drinks for over age 1. Independent research. Sign up for their free email newsletter [www.firststepsnutrition.org](http://www.firststepsnutrition.org)

**Academy of Breastfeeding Medicine Clinical Treatment Protocols:** New #26 Persistent Pain with Breastfeeding (2016) Revised #20: Engorgement (2016). *ABM Clinical Protocols* include evidence review and clinical application, and are included in the USA National Guideline Clearinghouse collection. Free download from <http://www.bfmed.org/Resources/Protocols.aspx>

**The Breastfeeding Medicine blog** is lively reading and don't miss the readers' comments - sign up to receive email notice of new blogs <https://bfmed.wordpress.com/>



**Zika Virus Guidelines During Pregnancy and Breastfeeding, from WHO.** Key points:

- ◇ "Mothers with suspected, probable or confirmed Zika virus infection, during pregnancy or postnatally, should receive skilled support from health care workers to initiate and sustain breastfeeding, like all other mothers. Likewise, mothers and families of infants with suspected, probable or confirmed Zika virus infection should receive skilled support to adequately breastfeed their infants.
- ◇ There are currently no documented reports of Zika virus being transmitted to infants through breastfeeding. In light of available evidence, the benefits of breastfeeding for the infant and mother outweigh any potential risk of Zika virus transmission through breastmilk." <http://www.who.int/csr/resources/publications/zika/breastfeeding/en/>

**Ending Childhood Obesity Report,** The World Health Organization Commission on Ending Childhood Obesity has presented its final report to the director general, offering six recommendations to governments for reversing the trend of children younger than 5 years becoming obese or overweight. Recommendations include promoting the intake of healthy foods, preconception and pregnancy care, early childhood and school-age diet, physical activity guidance, and weight management, including several actions to protect, promote, and support breastfeeding. <http://www.who.int/end-childhood-obesity/news/launch-final-report/en/>

**HSE new guidance on Management of Tongue Tie in Infancy.** <http://www.hse.ie/eng/about/Who/clinical/natclinprog/paediatricsandneonatology/resources/TongueTieinEarlyInfancy.pdf>  
And <http://www.hse.ie/eng/health/az/T/Tongue-tie/>

**Videos from the Baby Friendly Initiative UK** include the importance of developing close, loving relationships with babies in their early days and weeks, communicating in pregnancy to talk about the value of breastfeeding and facilitate informed decisions, maximising breastmilk, working within the International Code, public breastfeeding and more. Some aimed at health workers and some for parents. Watch at <http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/>

**Breastfeeding welcome here stickers? No Thanks! Breastfeeding welcome everywhere.** Read more about the campaign at <http://www.thehealthwell.info/breastfeeding-welcome-here-no-thanks-breastfeeding-welcome-everywhere> and <http://www.babymilkaction.org/archives/9821>

*Best wishes to Rebecca O'Donovan,  
in her new job as HSE Assistant National  
Breastfeeding Coordinator.*

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

**We welcome your news and suggestions.**

Email: [contact@babyfriendly.ie](mailto:contact@babyfriendly.ie)

Web site: [www.babyfriendly.ie](http://www.babyfriendly.ie)

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WORLD BREASTFEEDING WEEK 2016  
**BREASTFEEDING**  
A KEY TO SUSTAINABLE DEVELOPMENT  
[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)



### Diary Dates

Aug 1-7 **World Breastfeeding Week.**  
[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

Oct 1-7 **National Breastfeeding Week**

Sept 30 **Association of Lactation Consultants in Ireland, Annual Conference** Dublin.  
-Oct 1 Guest speaker: Cathy Watson Genna.  
[www.alcireland.ie](http://www.alcireland.ie)

## Feeding your baby is your decision – but who is influencing you?

Take this quiz (*Is each statement true or false?*)

- Advertisement and marketing can influence your decision
- No brand of manufactured milk for babies is the nearest to human milk
- It is your right to breastfeed anywhere you want
- There is a law in Ireland that limits marketing of manufactured milk for babies

Answers

- a. *True. Companies spend a lot of money on ads and marketing so that people think well of the company and more of their products are bought. If the marketing was not working then money would not be spent on it.*



Think of marketing that you see – for example, a tired mother relaxing in a bath. You may not rush out and buy the product but it may put the idea in your head that breastfeeding is hard work and that being a mother would be easier if you used a manufactured milk. You may think also that this is a nice company that cares about mothers. Pregnant or new mothers see this marketing and so do family, friends and health workers. Their attitudes can be influenced and they can influence your decisions.

- b. *True. If you stand on a ladder you are nearer to touching the moon than if you are on the ground – but can you touch the moon?*



All manufactured milk for babies sold in the EU must have the same minimum ingredients. If an added ingredient was proved to make a difference then that ingredient would be required in all milks. Ingredients change very frequently and marketing tells you the milk is new and improved, but didn't they say that last year's version was the nearest also? Manufactured milks are widely available only for the last 60 years. None of these manufactured milks are the same as milk made by human mothers for human babies for the last 200,000 years.

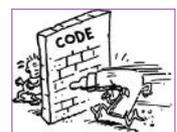
- c. *True. You do not need to ask permission to breastfeed in a café or public place.*

The café staff have a duty to protect your right to breastfeed free of harassment. If they do not protect your right they are allowing discrimination to occur on their premises which is against the law. Surveys in Ireland have shown that most people are ok with a baby feeding near them. If marketing campaigns are trying to suggest that it is not ok to breastfeed away from home pause and think. Is this campaign designed to influence attitudes and raise doubts about breastfeeding? If mothers don't breastfeed away from home does this result in more manufactured milk bought for babies?



- d. *True. Companies that provide manufactured milks for babies may not have direct contact with pregnant women, new parents or their families. The law also says that information about these milks must tell about the costs and risks of using them.*

The law is there to protect babies, whatever way they are fed, by having clear evidence-based information rather than marketing hype. The law is there for over 20 years – but is it enforced? The Irish law is less protective than the International Code of Marketing. Irish law only refers to the first six months.



**Your decision may be restricted if you cannot easily get correct information and if you are bombarded by marketing of an attitude or of a product; if the health workers also receive their information through company marketing; and if laws to protect you and your baby are not enforced.**

**Think about where your information comes from and make an informed decision**

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

