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THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

B F H I LINK

Breastfeeding Rates are Rising

All your hard work DOES make a difference

Well at least they are in most of the hospitals who returned their breastfeeding statistics for 2000 to the BFHI office. Thank you to those who did. If you didn't, we would still like them now. If you need the form sent again, just ask.

Particular congratulations to the staff and mothers in Our Lady of Lourdes, Drogheda. In the two years of their participation in the BFHI, they have increased their breastfeeding rate on discharge by over one-third. Also special congratulations to the Neonatal Unit in Erinville, Cork where nearly 100% of their babies under 1250 gms received breast milk.

If you don't know what your breastfeeding rates are, ask your hospital HIPE person. They return hospital breastfeeding rates on discharge to the Dept of Health and Children based on the paper Birth Notification form or the computer record.

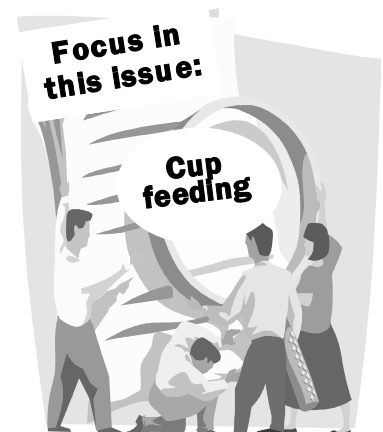


Languages

Does your hospital have any breastfeeding materials in languages other than English? If so, please let us know.

Do you need materials in other languages — if so which ones? Contact your local La Leche League for a list of their materials available in many languages. Or look on their web site www.lalecheleague.org. The video Breast is Best can be obtained in over 20 languages, contact *BEST Services*, Galway. The WABA materials come in 6 languages—address on back page.

Illustration adapted from material in the WABA World Breastfeeding Week pack 2001



Cup Feeding

Advantages

- ◇ Provides a positive non-invasive oral experience
- ◇ Does not interfere with sucking at the breast
- ◇ Satisfies the baby's suck reflex
- ◇ Baby expends minimal —less tiring
- ◇ Reduces the need for naso and orogastric
- ◇ Minimises fat loss—higher calorie intake
- ◇ Stimulates lingual —more effective digestion
- ◇ Assists development of baby's tongue and jaw
- ◇ Facilitates parent/baby eye contact and parental
- ◇ Cost effective—little equipment, shorter length of
- ◇ Enables the baby to pace own intake in time and —less stressful



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Disadvantages

- ◇ Milk can be lost if the baby
- ◇ Term babies can prefer to cup feed if they do not go to the breast
- ◇ Cup feeding may be used instead of breastfeeding as it is so easy to do

A few more points:

There are also benefits to cup feeding a baby who will never breastfeeding.

A cup feed should not replace a breastfeed if the mother is and the baby is able to

Parents can learn to cup feed.

Measure the baby's intake over 24 hours rather than at each

Like all new procedures, a cup feeding introduction programme needs to include the fits of this method, explicit descriptions of the process and supervised practice opportunities.

Further reading

Becker & Kelleher, *Breastfeeding Promotion and Support — materials for health professionals*, Unit 9. UCG, 1997 and Video 2

Lang, S. *Breastfeeding Special Care Babies*. Balliere Tindall, London. 1997

Lang S et al. *Cup feeding: an alternative method of feeding*. Arch Dis Child, 71:365-369, 1994
BFHI News, UNICEF, NY May/June 1999

Hedberg K & Strandell E. *A cup feeding protocol for neonates*. J Neonatal Nurs 5(2):31-36, 1999

Howard CR et al. Physiological stability of newborns during cup and bottle feeding. Pediatrics (5):1204-1207, 1999.

Step Nine: Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

If the baby can't feed at the breast, what do we use?

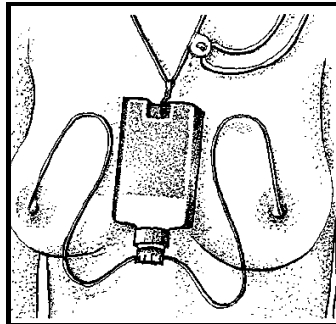
Feeding at the breast may not be possible if:

- ◇ the baby is sleepy, too weak to suck, very premature or if ill;
- ◇ the baby tires before taking a full feed;
- ◇ the baby has difficulty in learning the skills of breastfeeding;
- ◇ the baby has oral abnormalities;
- ◇ the mother is very ill;
- ◇ the mother cannot be with her baby.

In these situations, breast milk can be given by spoon, syringe or dropper, nasal/oro gastric tube, nursing supplementer or cup.

A **spoon** can be used if the baby is taking only very small amounts. Spoon feedings take longer than cup feeding. This may mean the person feeding the baby gets tired and stops before the baby is finished, or pours the milk into the baby's mouth which could result in choking. Also it is difficult to hold the baby, the spoon and the container of milk all at the same time!

A **syringe or dropper** can be put inside the baby's mouth. It is important to squeeze the plunger or dropper as the baby is sucking, not while swallowing. Aim the milk towards the baby's cheek rather than towards the tongue or back of the throat. Hold the baby in an upright position, not lying back. Sometimes a finger is placed in the baby's mouth to judge the suck. However, the sucking technique on a finger is similar to that of a bottle teat, and should therefore be used with caution if breastfeeding is the desired outcome.



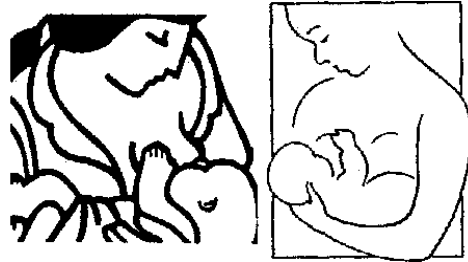
Tube feeding is often used when the baby is very small or ill. A small bore tube should be used to reduce the amount of fat that sticks to the side, reducing the calorie content of the milk received. Preterm babies who progress from tube to breast without any bottle use are more likely to be breastfeeding on discharge and at 3 and 6 months. Kliethermes PA et al. J Obstet Gynecol Neonatal Nurs 28 (3):264-73, 1999

A **nursing supplementer** provides additional milk while the baby feeds at the breast. They may be used if the mother has a low milk supply, if the baby has little energy to suck, or to assist a baby to suck effectively. If the baby cannot attach to the breast, a supplementer may not solve the problem. The supplementer may be a short term measure or its use may be necessary throughout the breastfeeding relationship.

A **bottle and teat** may be the appropriate method of alternative feeding for a particular baby after reviewing the baby's needs and the resources available including time and motivation of staff and parents. The range of teats is large and none can imitate the dynamic shape of the nipple. The most suitable type of teat and bottle should be chosen for the situation. For a baby with sucking difficulties, the assistance of a speech therapist/dietitian knowledgeable about suck/swallow/feeding mechanisms in babies may be valuable. Wolf LS, Glass RP. Feeding and swallowing disorders in infancy—assessment and management. Therapy Skill Builders, Texas 1992.

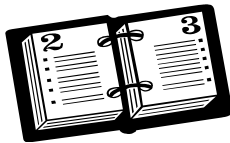
BFHI Logo

We are pleased you like the logos of the BFHI, however they may not be used to illustrate materials that your hospital or health board may produce. The logo belongs to UNICEF/WHO and the Baby Friendly Hospital Initiative internationally. The logo also forms part of the plaque given to accredited hospitals. If the logo was used on other materials it could cause confusion as well as undermine the value of the awards. This applies to the logos shown here (and their mirror image).



Hospitals that are awarded *Baby Friendly* status under the full global criteria may request permission to use the logo on specific materials. Applications need to be submitted with a copy/sample of the way in which it will be used. The artwork and wording must remain unchanged and the logo's trademark status is indicated.

Some hospitals/health boards commission an artist to produce a unique logo for them. A source book of breastfeeding images from around the world is available from WABA – World Alliance for Breastfeeding Action, PO Box 1200, 10850 Penang, Malaysia. secr@waba.po.my Some downloadable pictures are also available on their web site www.waba.org.br




Diary Dates

- August 1-7 **World Breastfeeding Week** — Breastfeeding in the Information Age. Materials: www.waba.org.br
- October 6 **Association of Lactation Consultants in Ireland, Study Day**, Kilkenny. Breastfeeding in the Information Age. Contact: 069-77705
- October 18-19 **National Health Promoting Hospitals Annual Conference — Partnerships**. Galway. Contact 01-6465077 or ihphnet@iol.ie
- Nov 14—15 **UK BFI Conference**, Birmingham. Topics include hypoglycaemia, neonatal breastfeeding, bed-sharing, drug users, low income. Contact 001-44-20-731-27652 or www.babyfriendly.org.uk.
- Feb. 15-16 2002 **Association of Lactation Consultants in Ireland, Annual Conference**. Maynooth. Guest speaker—Jane Heinig (DARLING project, California) on growth of breastfeeding babies and resources needed for optimal breastfeeding support. Contact: 069-77705.
- March 2-3 **La Leche League Annual Conference** Westport, Co. Mayo. Contact: 074-32003 jancromie@ireland.com

News and Views

The North Western Health Board includes both a father and a teacher of CSHE on their breastfeeding strategy group as well as volunteer mother-to-mother support groups and health professionals from community and hospital. How inclusive is your group?

Code of Marketing issues are the topic for the next BFHI Link. What is happening in your hospital? Share your thoughts, experiences, difficulties and questions. Send them to the BFHI Co-ordinator by August 23rd.

 You may photocopy *BFHI LINK* for further distribution. We welcome your news items and suggestions.

Contact the BFHI Co-ordinator, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15.

Have you changed a practice to be more supportive of breastfeeding? Tell us about it!

Cup Feeding

What is cup feeding?

Cup feeding is a way to feed the baby without using a bottle and teat. It may be used if the baby is too weak to suck due to illness or if born early and very small. It is also used if the mother is ill or cannot be with her baby for some reason. Usually the mother's expressed milk is in the cup. However, if there is a medical reason to supplement the baby, a cup can also be used.

Why use a cup?

Cup feeding helps the baby to learn to put his/her tongue forward to lap the milk, which will promote good attachment at the breast.

Sucking on a bottle teat is a different action and a baby can get confused if moving from breastfeeding to bottle feeding and back again.

Cups are easy to keep clean so there is less risk of illness.

A cup cannot be propped—the caregiver needs to hold the baby and pay attention while feeding. This means the baby gets contact during feeding.



What kind of a cup?

Cup feeding does not need special equipment. You need a small plastic or glass cup with no top or spout. The cup should have a rolled rim with no sharp edge. It should be smooth, so it easy to clean. Flexible cups can be used too.

How to cup feed:

The baby needs to be awake and alert.

Hold her/him sitting upright in your lap.

Have the cup half-full of milk

Aim the edge of the cup at the corners of the upper lip with it gently touching the lower lip.

Do not press on the baby's lips.

Tip the cup so the milk just touches the baby's lips. **DO NOT POUR** the milk into the baby's mouth. Let the baby sip or lap the milk.

Let the cup stay in position with the milk just touching the baby's lips throughout the feed. Do not remove the cup if the baby pauses sucking.

When the baby has enough, she/he will close her mouth, pull away or otherwise show she/he wants to stop. If a very little was taken, after a short rest she may be willing to take some more. Watch the baby and go at her/his pace.

