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THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

B F H I LINK

**WELCOME**

## **National Breastfeeding Co-ordinator**

Maureen Fallon, the first National Breastfeeding Co-ordinator took up her post in June. Maureen is based in the Health Promotion Unit of the Department of Health and Children. High on her list of priorities is to implement an effective system for collecting and analysing data on breastfeeding initiation and duration. The first step in action planning is to know where you are starting from! The BFHI looks forward to working with Maureen to support breastfeeding in Ireland.

### *A w a r d s*

#### **Certificate of Commitment**

Maternity Unit, Waterford Regional Hospital

#### **Certificate of Membership**

Maternity Unit St. Joseph's Hospital, Clonmel

Maternity Unit, Sligo General Hospital

Paediatric Unit, Waterford Regional Hospital

Paediatric Unit, Our Lady of Lourdes Hospital, Drogheda

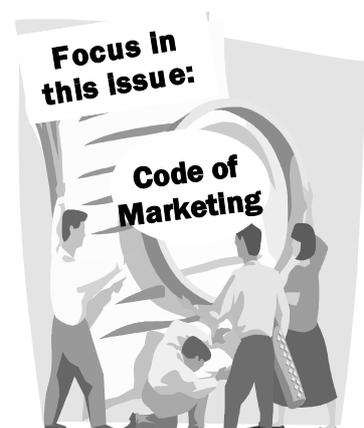
Paediatric Unit, Sligo General Hospital

## **Are you a Breastfeeding Supportive Paediatric Unit?**

Would you like to be one? There is now a Self-Appraisal form to evaluate your practices. Similar to the maternity unit BFHI, the paediatric unit examines its practices and prepares an action plan to address at least one area. When you submit the completed forms the unit becomes a member of the project. Three units have evaluated their practices, developed an action plan and become members of the project. Will you join them?

Ireland is the only country to have such a project as part of its BFHI. In due course, it is hoped there will be a Certificate of Commitment stage and further awards. This project is open to paediatric hospitals as well as the paediatric units in general hospitals.

*Congratulations to the new International Board Certified Lactation Consultants who received their exam results this month. There are now nearly 100 IBCLCs in Ireland.*



## Health Professionals have a responsibility in relation to protecting, promoting and supporting breastfeeding.

"It is the right of every mother to make an informed choice about how she wishes to feed her baby. Information about the benefits of breastfeeding and the risks associated with choosing not to breastfeed must be provided in order for a mother to make an informed choice. A mother may then choose to breastfeed or not to breastfeed, rather than choosing between formula milk or breast milk. **Midwives** have a clear role, both legally and professionally, in this regard."

GUIDELINES TO MIDWIVES, 3rd edition, September 2001. An Bord Aitranais

"... the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best development and psychosocial outcomes for the infant. Enthusiastic support and involvement of **pediatricians** in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth and development."

American Academy of Pediatrics, Work Group on Breastfeeding and the use of human milk. *Pediatrics*, 1997, 100, 1035-1039.

"The **International Board Certified Lactation Consultant** ... in the exercise of professional accountability, must ... adhere to those provisions of the International Code of Marketing of Breast-milk Substitutes which pertain to health workers." Code of Ethics for IBCLCs.

### **Does YOUR professional association have a policy on supporting and protecting breastfeeding and the health of infants?**



The Irish Government supported the International Code and its subsequent resolutions at the World Health Assemblies.

***The International Code is just a tool. It will not protect infant health unless it is put into practice.***

#### ***Are you receiving independent scientific and factual information or marketing material?***

All infant formulae on sale in Ireland must conform to recognised standards. So, how can one product be closer to breast milk than another? The breast milk substitutes are all similarly distant from breast milk.

Professional organisations and health authorities need to provide independent information that is as easily available as the materials from companies.

#### **Further reading**

Philipp BL, Merewood A, O'Brien S. Physicians and Breastfeeding promotion in the United States: a call for action. *Pediatrics*, 107 (3), 584-588, March 2001

Margolis LH. The effects of accepting gifts from pharmaceutical companies. *Pediatrics* 88 (6), 1233-1237, 1991. and Commentaries, p 1279-1281.

Howard FM, Howard CR, Weitzman M. The physician as advertiser: the unintentional discouragement of breastfeeding. *Obstet Gynecol* 81:1048-1051, 1993.

Howard C et al. Office prenatal formula advertising and its effect on breast-feeding. *Obstet Gynecol* 95(2):296-303, Feb 2000.

Food Safety Authority of Ireland. *Recommendations for a National Infant Feeding Policy*. Dublin 1999

World Health Assembly, *International Code of Marketing of Breast-Milk Substitutes* (1981) and *Subsequent Resolutions* (particularly) WHA39.28 (1986), WHA43.3 (1990), WHA45.34 (1992), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001).

Protecting Infant Health—a health workers' guide to the International Code of Marketing of Breastmilk Substitutes. IBFAN.

Baby Milk Action web site [www.babymilkaction.org](http://www.babymilkaction.org)

## Baby Friendly Hospitals must comply with the International Code of Marketing of Breast-milk Substitutes and its subsequent resolutions.

This Code is more inclusive than the Irish Code (Statutory Instrument 243 of 1998).

### *Does this mean we can't give information on artificial feeding so parents can make an informed choice?*

In order to make an informed choice, information should also be provided on the risks of making that choice – do you provide information on the risks of not breastfeeding? Is the information they get free of any advertising for a particular product?

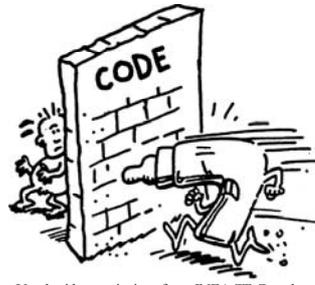
The mothers of babies most at risk from improper use of infant formula are the least likely to attend antenatal classes. This group is also more likely to have literacy problems. An individual discussion on infant feeding is needed for all mothers.

Instruction needed by formula feeding mothers on preparation of breast milk substitutes should be provided on the post natal ward when it is immediately relevant to their needs, not months earlier in an antenatal class.

### *What about the money the hospital receives from the companies?*

There is no such thing as a free lunch. In return, the health workers act as intentional or unintentional marketing agents for the products.

This sponsorship money comes from sales of the product – so the parents (or the tax payer) are paying for the 'free lunch'. Many hospitals have refused sponsorship and provided funds to cover study days and equipment needs.



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The goal of marketing is to increase profits for the company and its shareholders. Most mothers continue to use the brands they were introduced to in hospital.

### *Providing Information*

"Informational and educational materials, whether written, audio or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:

- the benefits and superiority of breastfeeding,
- maternal nutrition,
- the preparation for and maintenance of breastfeeding,
- the negative effect on breastfeeding of introducing partial bottle-feeding,
- the difficulty of reversing the decision not to breastfeed, and,
- where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

When such materials contain information about the use of infant formula, they should include:

- the social and financial implications of its use,
- the health hazards of inappropriate foods or feeding methods; and, in particular,
- the health hazards of unnecessary or improper use of infant formula and other breast milk substitutes.

Such materials should not use any pictures or text which may idealize the use of breast milk substitutes." Article 4.2 of the International Code

### *What are you marketing?*

Look around your health facility. What items can you see from companies that produce infant formulae, or other drinks/foods for use as breast-milk substitutes? Or from companies that produce feeding bottles and teats? Go and look.

- |   |   |
|---|---|
| <input type="checkbox"/> Cot cards      | <input type="checkbox"/> Measuring tapes              |
| <input type="checkbox"/> Calendars      | <input type="checkbox"/> Free information phone lines |
| <input type="checkbox"/> Pictures/signs | <input type="checkbox"/> Baby club and other offers   |
| <input type="checkbox"/> Pens           | <input type="checkbox"/> Changing mats                |
| <input type="checkbox"/> Note pads      | <input type="checkbox"/> Invitations to events        |
| <input type="checkbox"/> Diary covers   | <input type="checkbox"/> Equipment                    |
| <input type="checkbox"/> Leaflets       |   |
| <input type="checkbox"/> Weight charts  |   |

"No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families." Article 7.3 of the International Code

**The International Code aims to protect ALL babies (and their families) from inappropriate marketing and unsafe products, not just breastfeeding babies.**



## Supportive Activities

**St Munchin's Regional Hospital, Limerick** provided a session during the orientation day for new house officers and registrars. This session discussed how the obstetric team can communicate the importance of breastfeeding in the antenatal period and sought their commitment towards BFHI practices.

**One in five babies in Scotland is born in a Baby Friendly Hospital**

**St Joseph's Hospital, Clonmel** looked at the role of catering staff in supporting breastfeeding. Catering staff discussed the value of breastfeeding and how their positive support helped mothers and babies. Keeping meals until the baby finished feeding was also included.

The **Midland Health Board** produced a 100-page report on breastfeeding in the health board region. Contact Health Promotion Service, Midland Health Board, The Mall, Tullamore, Co. Offaly. Tel: 0506-46730. They also produced cot cards, pens, sticky note pads and leaflets to replace items with product advertising.

The **North Western Health Board** produced a review of Antenatal Education in Sligo/Leitrim. Contact the Health Promotion Service, Ballyshannon, Co. Donegal. Tel: 072-52000 or email [health.promotion@nwhb.ie](mailto:health.promotion@nwhb.ie)

The **Eastern Health Board Region** has produced weight conversion charts as well as breastfeeding posters. Contact the Community Nutrition Service, East Coast Area Health Board.

The **South Eastern Health Board** held a Breastfeeding Awareness Week including media cover, colouring competitions and many other events for the whole community.

**Diary covers** (A4) are available from the Baby Friendly Initiative UK with weight conversion chart and useful see through pockets. Cost £1.50 sterling. BFI UK have a new **bed sharing leaflet** and hospital guidelines on their web site [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)



**Guidelines to Midwives**, 3rd ed Sept 2001, An Bord Altranais includes a section on the responsibilities in relation to protecting, supporting and promoting breastfeeding.

**Expected Date of Birth Wheels** are available without advertising any company or product. Contact Maureen Fallon, Health Promotion Unit, Department of Health and Children, Dublin.

**Congratulations to Altnagelvin Area Hospital and Foyle Community Health Trust on achieving the UK National Baby Friendly Award**

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



### Diary Dates

- 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](http://www.babyfriendly.org.uk).
- Feb. 15-16 2002 **Association of Lactation Consultants in Ireland, Annual Conference**. Maynooth. Contact: 069-68199
- March 2-3 **La Leche League Annual Conference** Westport, Co. Mayo. Contact: 074-32003 [jan Cromie@ireland.com](mailto:jan Cromie@ireland.com)
- May (date not yet confirmed) **Association of Lactation Consultants in Ireland, Spring Study Day**. Maynooth. Contact: 069-68199

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.



## **Informed choice means knowing both sides - what may happen if you do breastfeed and what may happen if you do not breastfeed.**

### ***Breastfeeding's proven advantages***

Breast milk is for human babies. It has been used for thousands of years. It cannot be duplicated. It contains a blend of the right ingredients in the right amounts and changes to meet the baby's needs.

Breast milk contains factors that help the baby to absorb nutrients to help the baby grow.

Factors in the breast milk and the extra contact help the baby to develop a higher IQ than if not breastfed.

Immune factors help protect from disease both as a baby and as an adult. A healthy baby means less days off work for parents.

Breast milk helps the gut of a premature baby to develop and reduces the risk of serious diseases.

Breastfeeding uses up the mother's fat stored in pregnancy. It helps the mother to adjust to motherhood.

Breastfeeding reduces the risk of some cancers in the mother.

Family costs are lower with no formula to buy and lower medical costs.



### ***Possible disadvantages of breastfeeding***

In the beginning, you may have some discomfort while you both are learners.

In the first few weeks your baby may feed more often than a formula fed baby because breast milk is so easy to digest.

You may spend more time with your baby— some mothers learn to express their milk so others can feed their baby.

Some mothers may feel uncomfortable feeding away from home until they gain confidence.

There are rare diseases (such as HIV) when breastfeeding may not be recommended.

### ***Questions to ask:***

**What help is available for women who breastfeed, before and after hospital discharge?**



Please read both sides →

Adapted from the leaflet jointly produced by Australian College of Midwives, Australian Lactation Consultants' Association and Nursing Mothers Association of Australia



## **Informed choice means knowing both sides - what may happen if you do breastfeed and what may happen if you do not breastfeed.**

### ***What is formula?***

Formula is artificial milks for a baby, made from mixtures including cow's milk and vegetable proteins, oils from fish, animals, and plants, with various sugars and starches, with added trace nutrients. All infant formula sold in Ireland must meet a government standard, so no company can claim their formula is 'best'.

### ***Possible advantages of artificial feeding***

Other people can prepare formula and feed the baby. The baby may feed less often as it takes longer to digest the formula. However some babies may be unsettled if they find formula hard to digest.

### ***Proven disadvantages of artificial feeding***

Artificially fed babies are more likely to suffer diarrhoea, chest infections, ear infections, and kidney infections. They are more likely to develop eczema or wheeze if they come from a family with allergies.

They are more likely to develop diabetes as a child and to develop orthodontic problems. Premature babies are more likely to suffer a rare but potentially fatal condition called necrotising enterocolitis.

Women who do not breastfeed are at higher risk of some cancers, hip fractures and perhaps mood disorders.

Other people may take over the care of the baby, leaving the mother to do the housework. The mother cannot lie down and rest while feeding a bottle to the baby.

It is difficult to make up the feed exactly as it should be. Formula that is contaminated, too weak, too strong or too hot, can harm the baby.

The baby is more likely to cry as a result of illness, reflux, allergies, and constipation and need medical care.

The water used for making up the feeds needs to be safe, free of contaminants such as lead, excess chemicals such as chlorine and fluoride, and free of bacteria. It can cost over £600 to artificially feed a baby for the first six months plus the cost of extra medical attention.

Artificial feeding is more work because of shopping, washing, sterilising and making up feeds.



### ***Questions to ask:***

**How do I choose an infant formula and suitable equipment? How much will this cost over a year?**

**How can I find out if my water is safe for making up feeds? If it isn't safe, what water can I use?**

**Who will teach me how to prepare and feed formula and how to sterilise equipment?**

**What help is available to dry up my milk and for how long will my breasts be painful?**

Please read both sides →

Adapted from the leaflet jointly produced by Australian College of Midwives, Australian Lactation Consultants' Association and Nursing Mothers Association of Australia