

Issue 12
March 2002



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

Focus on Paediatric Units

The importance of facilitating breastfeeding in maternity wards is well-established. However, breastfeeding also needs promotion and support in units that care for ill or injured babies. Knowing about breastfeeding is an essential skill for paediatric staff members. Often, they may not consider breastfeeding as their area of expertise or concern, as they care for sick children and do not deal with maternal issues.

However, the mother-baby relationship is an intimate bond and whatever affects the mother will in turn affect the baby — the paediatric patient. The education of all staff, the availability of information and supportive facilities in paediatric wards will enable staff to promote breastfeeding and support breastfeeding mothers and their babies in hospital.

Do you want to join the Breastfeeding Supportive Paediatric Unit project?

This project is open to paediatric hospitals as well as the paediatric units in general hospitals. First, request a Self-Appraisal form to evaluate your practices. 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. 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.



Action Plans



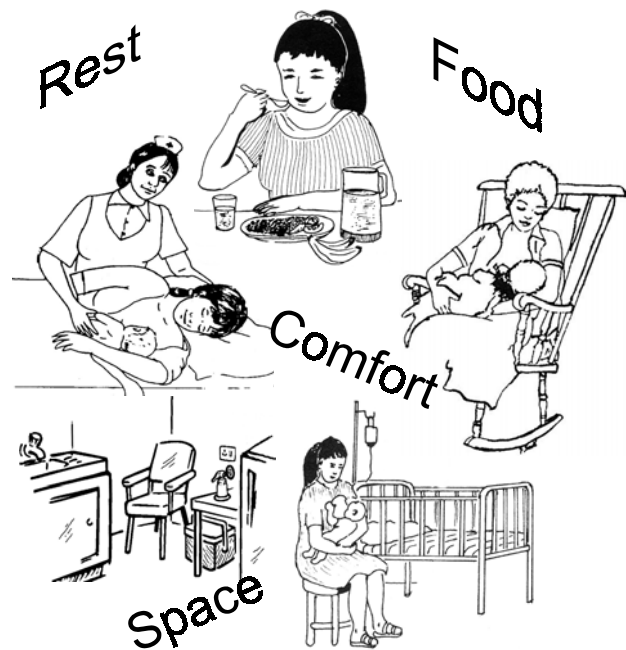
A formal structured plan of action helps to reach your goals. A plan includes specific, measurable realistic objectives. The activities to reach the goals are assigned to named people with target dates.

Vague hopes do not make clear goals.

Every hospital/unit that is a Member of the BFHI is required to submit an annual action plan and report. **Have you submitted your report for 2001 and plan for 2002?** If you need assistance or another copy of the forms, contact the BFHI office. (BFHI Link Issue 6, June 2000 focused on planning)

Create a comfortable environment for the mother to breastfeed or to express milk

- ◇ Assist mothers to have access to suitable food and beverages at all times.
- ◇ Have suitable chairs and a place to rest near their baby.
- ◇ Have a private and comfortable area available, dedicated to breastfeeding and expression of breast milk.
- ◇ Have well-maintained and sterile equipment for the safe expression and storage of breast milk at all times.
- ◇ Assist mothers to obtain an electric pump if required.



The 10 Steps to Supporting Breastfeeding in Paediatric Units

1. Have a written breastfeeding policy, which is formulated in conjunction with the maternity services (where relevant) and routinely communicated to all healthcare staff.
2. Train all health care staff caring for breastfeeding children in the skills necessary to implement the policy.
3. Provide parents with evidence-based written and verbal information about the benefits and management of breastfeeding and breast milk feeding.
4. Plan all nursing and medical care to minimise disturbance to the breastfeeding and parent-child relationship.
5. Support mothers in their choice of feeding method, assisting in the establishment and maintenance of breastfeeding and/or the safe expression and storage of breast milk.
6. Use alternative techniques conducive to breastfeeding, if a baby is unable to feed at the breast.
7. Provide facilities that allow parents and children to be together 24 h a day, in order to promote breastfeeding on demand.
8. Provide mothers with an environment and facilities that meet their needs for privacy, information and appropriate nutrition.
9. Give no dummies/soothers or bottles to breastfeeding children, unless medically indicated and with parents' permission.
10. Provide parents with information about breastfeeding support services and groups during admission and on discharge from hospital.

Breastfeeding in Paediatric Units

Why is breastfeeding important to the hospitalised child?

The importance of breastfeeding for the child in hospital relates to the value of human milk and the emotional closeness of mother and baby. Breastfeeding during hospitalisation maintains a normal routine during unusual circumstances.

“The baby who is hospitalised is already traumatised by the separation, the strange surroundings and people, and the discomfort of the disease process itself ... If the baby is to be fed orally, feeding at the breast should be as often as possible... The baby should not be subjected to the added trauma of weaning from the breast.” (Lawrence, 1999)

The human milk diet is best for the baby and can rarely be improved upon. The antibodies in human milk help to protect the baby from infections in the hospital environment. Breastfeeding babies will often nurse even when they are unwilling to accept other food or drinks. Breast milk is easily digested. Breastfeeding aids the recovery process. Wagner et al. (1996)

“ Parents should not have to fight for the right to establish or to maintain breastfeeding.” (Lawrence, 1999)

Staff need to be aware of the role of breastfeeding in pain control and the reduction of stress. This soothing role should be explained to parents. Not only for the child, but also for the mother, breastfeeding has been identified as one of the most beneficial stress reducers available. (Popper, 1998)

Nursing on a pre-pumped breast may be soothing while allowing little milk transfer.

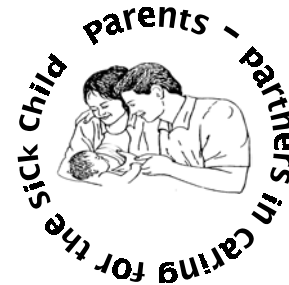


What about fasting times for breastfeeding babies before surgical procedures?

In the event of surgical procedures, fasting times for breastfed babies should be shorter than those for formula fed infants.

(Litman et al., 1994, Cavell, 1981).

This is due to the unique constitution of breast milk, which the American Society of Anesthesiologists (1999) treats as being in-between clear liquids and non-human milk. Research indicates fasting for three hours for breastfed babies and six hours for formula fed babies (Litman et al. 1994).



Further Reading

American Society of Anesthesiologists (ASA); Practice Guidelines for Preoperative Fasting; *Anesthesiology* (1999) 90(3):896-905

Burr S. Children First. (1999) *Nurs Mang* 6 (4) 18-23

Cavell, B.; Gastric emptying in infants fed human milk or infant formula; *Acta Paediatr Scan* (1981) 70(5):639-4

Lawrence RA and Lawrence RM (1999) *Breastfeeding a guide for the medical profession*. 5th ed. Mosby.

Levin A. (1999) Humane Neonatal Care Initiative. *Acta Paediatr* 88:353-5

Litman, R., Wu, C. and Quinlivan, J. Gastric Volume and pH in Infants Fed Clear Liquids and Breastmilk Prior to Surgery; *Anesthesia & Analgesia* (1994); 79:482-85

McKune I. (1999) Supporting breastfeeding mothers. *Paed Nurs* 10 (10) 17-18

Popper, BK (1998); *The Hospitalised Nursing Baby*; La Leche League International, Lactation Consultant Series Two, Unit 1

Turnbull F (1999) Promoting health: breastfeeding in PICU. *Paed Nurs* 11(3) 39-41

Wagner, C.L., Anderson, D.M. and Pittard, W.B.; Special Properties of Human Milk; *Clin Pediatr* (1996) 35:283-94



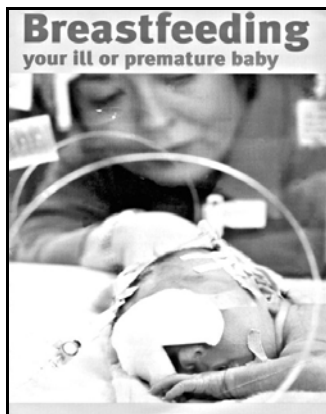
Ideas and Activities

Regional Maternity Hospital, Limerick is using the **antenatal checklist**. They have further improved on it by adding information about skin to skin and breastfeeding in the delivery room. Then the checklist is placed at the end of the mother's bed. Any information section not completed antenatally can be followed up during the in-patient stay.

The only human milk bank currently in Ireland is operated by the Sperrin Lakeland Health and Social Care Trust, Co. Fermanagh. It operates in accordance with the United Kingdom Association of Milk Bank Guidelines. It is one of 14 milk banks in the UK. Donor mothers are screened. Donor milk is tested pre and post pasteurisation. Each bottle is from an individual donor—not pooled, and can be tracked through the process from donor to recipient baby. Milk is frozen and can be shipped anywhere in Ireland. For information about donating or receiving bank milk, contact Anne McCrea, Health Visitor/Lactation Consultant, Health Centre, Church St, Irvinestown, Co. Fermanagh, Tel: 048-6862 2912. See also <http://www.ukamb.org>

Both Our Lady of Lourdes Hospital, Drogheda and the North Western Health Board, have produced new **breastfeeding policies** that are specific and measurable.

This leaflet was originally produced by the Northern Ireland Breastfeeding Strategy Group and reprinted by the Health Promotion Unit, Department of Health and Children, Dublin. It has been circulated to all maternity and NICU units.




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



Diary Dates

- May 8th **BFHI Hospital Co-ordinators Workshop**, Kilkenny.
Contact: BFHI office, Blanchardstown.
- May 15th-17th **10th International Conference on Health Promoting Hospitals** Slovakia.
Contact HPH Office, Blanchardstown.
- May 25th **Association of Lactation Consultants in Ireland, Spring Study Day**.
Rotunda Hospital. Contact: 069-68199
- July 29th **IBLCE Exam**. Contact Nicola Clarke, 26 Violet Hill Park, Glasnevin, Dub. 11
- Nov 9th **Association of Lactation Consultants in Ireland, Autumn Study Day**.
Northern Ireland. 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. This issue was prepared with the assistance of Anika Aherns, during her student placement for a Masters in Health Promotion, NUIG.



Breastfeeding Your Baby in Hospital

Trust your instincts

You are experienced in the care of your child and can help in his/her care. Children recover faster and with fewer problems when cared for by parents.

Prepare yourself

Find out about breastfeeding support on the ward that can help you while your child is in hospital.



Questions and Answers

"When and how often should I breastfeed in the hospital?"

Stay as close to the normal home routine as possible. Each day, staff should discuss with you any tests and treatments. Together arrangements can be made for a feeding (or expressing) pattern that best suits the situation.

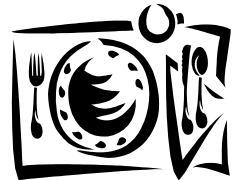
"What about measuring the baby's intake?"



The number of wet nappies is a good indication if the baby has enough fluid. Sometimes it is necessary to measure how much milk the baby is taking. Electronic scales can be used to weigh the baby before and after a feed. There is no need to feed from a bottle to measure the amount.

"What about caring for me?"

Ask the staff about meals and drinks. You are the baby's source of food, so good nutrition is important for breastfeeding as well as keeping you healthy.



"They want me to stop breastfeeding overnight before surgery or so a test can be done. What do I do about my milk and how do I get them to let me nurse?"

Young babies can be hungry in two or three hours, so overnight can be a long time. Sometimes parents are told "nothing after midnight" although surgery can be scheduled from 7 a.m. all the way up until the afternoon. Ask for the most likely time of the surgery or test, so that a realistic fasting time can be agreed upon. If the baby is unable to feed for more than 3-4 hours, express your milk to stay comfortable and keep up your supply.

"They say they want me to keep breastfeeding, but then so many people come to do things that I cannot settle the baby to nurse and I have no chance to rest!"

You might agree with staff to place signs on the door when you want privacy to nurse or express your milk without interruption. You can also help by asking that some routines (such as ward rounds) be made clear to you so that you do not start feeding just before them.

