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THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND
BFHI LINK

DEVELOPING PARTNERSHIPS AND QUALITY: BFHI GOES TO SLOVAKIA

The 10th International Conference on Health Promoting Hospitals was held in Bratislava, Slovakia in May. There was a poster display area for breastfeeding projects. Irish posters included *Developing the Baby Friendly Hospital Initiative at Longford/Westmeath General Hospital* (Eileen Earley) which won a prize; *Assessment of Current Breastfeeding Rates* (Dolores Booth) and *Providing Breastfeeding Training* (Angela Dunne) both of Portlaoise Hospital; *Cup Feeding* (Elisabeth Heffernan), Tralee General Hospital; *Working Together to Protect, Promote and Support Breastfeeding in the NWHB region—a partnership in reality – pathway to health gain* (Mary Kelly). Other posters included the Northern Ireland Milk Bank, a HPH assisted project of Sperrin Lakeland Trust, and posters from Italy, Lithuania and Slovakia. BFHI was also the subject of a presentation from Hungary in the session on empowering patients.

A workshop, co-ordinated by Genevieve Becker, was held on how BFHI activities can link with Health Promoting Hospitals. The workshop included input from projects in Ireland (North and Republic), Slovakia, Hungary, Israel and Italy.

These breastfeeding events attracted interest from many health promotion co-ordinators. Particular interest was in exploring how initiatives which support staff breastfeeding and mother-friendly workplaces could fit into any health facility.

Picture: Ann McCrea, Northern Ireland Milk Bank, Genevieve Becker, BFHI Ireland Co-ordinator and Dr Viera Halamova, BFHI Co-ordinator for Slovakia



A w a r d s

Certificate of Commitment

- Maternity Unit, General Hospital, Wexford
- Maternity Unit, St Luke's Hospital, Kilkenny

Certificate of Membership

- Our Lady's Hospital for Sick Children, Crumlin
- National Children's Hospital, Temple St, Dublin
- Paediatric Unit, General Hospital, Wexford

Presented May 2002



What is needed to make the recommendation of six months exclusive breastfeeding attainable in Ireland?

- ◇ Consistency of information from health workers that is based on evidence rather than personal opinion;
- ◇ Adequate information given to and discussed with parents regarding their baby's individual needs;
- ◇ Adequate social support to pregnant and to lactating women.

What is the evidence that infant's health (on a population basis*) will benefit from the introduction of solids between four and six months of age?

There is no evidence that either breastfeeding or formula fed infants (as a population) would benefit from the introduction of solids before 6 months. Formula manufactured within the Codex Alimentarius and used correctly, should provide for similar nutrition and growth as that provided by exclusive breastfeeding.

*Sometimes a baby may have a particular health need that may require early or extra food in addition to breastfeeding. The dietitian and doctor would discuss this with the parents if needed.

Did you know?

At 12 months of age, breast milk can provide half the nutritional needs of the baby.

Further reading:

American Academy of Pediatrics. Policy Statement - Breastfeeding and the Use of Human Milk *Pediatrics* Volume 100, Number 6 December 1997, pp 1035-1039

Brown K, Dewey K, Allen L. *Complementary Feeding of Young Children in Developing Countries: a review of current scientific knowledge*. Geneva: WHO, 1998 WHO/NUT/98.1

Butte N, Wong WW et al. Energy requirements derived from total energy expenditure and energy deposition during the first 2 years of life. *Am J Clin Nutr* 2000; 72:1558-69

Complementary Feeding – family foods for breastfed children WHO/NHD/00.1 2000

Dewey KG. Nutrition, growth and complementary feeding of the breastfed infant. *Pediatr Clin North Am* 48(1):87-104, 2001 (special issue on breastfeeding)

ESPGAN Committee on Nutrition 1982. Guidelines on Infant Nutrition III Recommendations for infant feeding *Acta Paediatr Scand* Suppl 302

Food Safety Authority of Ireland. *Recommendations for a national infant feeding policy* (1999), Dublin. Pp 14-16.

Kramer MS, Kakuma R. The Optimal Duration of Exclusive Breastfeeding – a systematic review. WHO/NHD/01.08, WHO/FCH/CAH/ 01.23

Michaelsen KF, Weaver L, Branca F, Robertson A. Feeding and Nutrition of Infants and Young Children – guidelines for the European Region with emphasis on the former Soviet countries. WHO Euro Publication No. 87, Copenhagen 2000. WHO Regional Office for Europe, Scherfigsvej 8, DK 2100, Copenhagen, Denmark. Sw Fr 82.

Naylor AJ, Morrow AL. Eds. Developmental Readiness of Normal Full Term Infants to Progress from Exclusive Breastfeeding to the Introduction of Complementary Foods. Wellstart International and Linkages Project/ Academy for Educational Development, Washington DC USA April 2001 <http://www.wellstart.org/publications.asp>

Sheard NF & Walker WA 1988 The role of breast milk in the development of the gastro intestinal tract. *Nutrition Reviews* 46(1):1-7

WHO Global Strategy for infant and young child feeding, the optimal duration of breastfeeding. 54th World Health Assembly, May 2001 <http://www.who.int/inf-pr-2001/en/note2001-07.html>

Wilson AC, Forsyth JS, et al (1998) Relation of infant diet to childhood health: the Dundee infant feeding survey. *British Medical Journal* 316, 21-25.

European Plan of Action on Nutrition <http://www.euro.who.int/Nutrition>

**Baby Friendly Hospitals support exclusive breastfeeding for six months
and continued breastfeeding with appropriate complementary foods
for up to two years or more.**

What is 'complementary' feeding?

Complementary feeding means giving foods in addition to breast milk. These other foods are called complementary foods. These foods are *complementary* to breast milk rather than a replacement for breast milk.

During the period of complementary feeding, the young child gradually becomes accustomed to eating family foods. Breast milk continues as an important source of nutrients and protective factors until the child is at least two years old.

Are there risks to starting solids too early?

Yes. These risks include:

- ◇ Increased solute load on the infant's kidneys;
- ◇ Increased risk of obesity;
- ◇ Increased risk of wheezing;
- ◇ Antigen's may be introduced into the immature gut;
- ◇ May precipitate allergic conditions / coeliac disease;
- ◇ Displacement of more nutritious food;
- ◇ Increased risk of gastrointestinal infection from contaminants in food;
- ◇ Increased risk of illness due to reduction in immunological protection of breastfeeding;
- ◇ Increased risk to mother of breast cancer, obesity, osteoporosis and early return of fertility.

Are there risks to starting solids too late?

Yes. These risks include:

- ◇ Infant does not receive needed nutrients and growth and development slows;
- ◇ Risk of deficiencies, primarily, iron and zinc.
- ◇ Malnourished child is at increased risk of ill health.



What is the "right" age to start complementary foods?

On a worldwide population basis, the evidence would indicate 6 months of age. At this stage, the infant's gastrointestinal and renal system is more mature; their mucosal barrier to foreign antigens is developing; enzymes for starch digestion are developing; their neuromuscular control is maturing.



Who supports the 6 months exclusive breastfeeding recommendation?

In May 2001, all member countries of the World Health Assembly including Ireland, supported Resolution 542 emphasising exclusive breastfeeding for six months as a global public health recommendation. The European Plan of Action for Nutrition recommends 6 months also.

What groups of infants may be at risk from a population basis recommendation to start complementary feeding at 6 months?

- ◇ Preterm or small for gestational age infants
- ◇ Baby who receives little or no breast milk or formula
- ◇ Baby/mother who receive little sunlight
- ◇ Mother has BMI <18.5
- ◇ Severe maternal anaemia during pregnancy
- ◇ Isolated/depressed mother
- ◇ Mother with eating disorder

The health professional needs to weigh these possible risks against the possible risks from earlier introduction of complementary foods and decide if foods or selective supplementation is the way to address the risk.



BFHI Hospital Co-ordinators Workshop Kilkenny, May 8th, 2002

The third annual workshop was attended by representatives from 16 of the 19 maternity units/hospitals participating in the BFHI plus representatives from one prospective member unit; representatives from the five units/hospitals participating in the Breastfeeding Supportive Paediatric Unit Project; as well as members of the BFHI National Advisory Committee.

The workshop commenced with the presentation of Certificates of Commitment to two maternity units and Certificates of Membership to three paediatric units. Ann O’Riordan, Network Director, explained how BFHI fits into the wider HPH network. Genevieve Becker, BFHI National Co-ordinator, gave an update on BFHI numbers and activities in the European and global BFHI network. The representatives of each hospital outlined their activities and the breastfeeding projects they were currently focusing on. There was general discussion on the common barriers many units/hospitals faced in promoting and supporting breastfeeding, and ideas on how to overcome some of these barriers; and the merits of using structured action plans. The participants divided into groups to look in more detail at their action plans with those who were experienced at developing action plans assisting those who were newer to this activity.

The overall goal of the workshop was to value the activities that are going on around the country; to share experiences and resources; and to build partnerships between hospitals/units working on similar projects. Participants welcomed the opportunity to meet and hoped that similar events could be held regularly.

 ★
 ★ **Congratulations to** ★
 ★ BirthCare Auckland ★
 ★ on becoming New Zealand’s first ★
 ★ Baby Friendly Hospital in July and ★
 ★ Christchurch Women’s Hospital the second. ★
 ★
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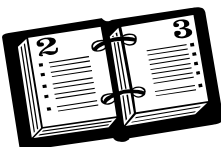
National Breastfeeding Committee

The new National Breastfeeding Committee held its first meeting in March. The committee is inter-sectoral, multi-disciplinary and geographically varied. The Committee’s Terms of Reference are to review the 1994 National Breastfeeding Policy, to identify other relevant areas requiring support, and to provide recommendations to the Minister of Health & Children on what further action is required.

BFHI is represented on it by Genevieve Becker, the National BFHI Co-ordinator. As a member of the BFHI would you like to share your views with this committee? Please let Genevieve know.



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,
 email: becker@iol.ie



Diary Dates

- Oct 4th **Breastfeeding in Ireland: The Way Forward Conference**, Dublin. Contact: Sinead_Bromley@health.irlgov.ie
- Oct 17-18th **HPH National Conference**, Co. Donegal. Contact: 01-6465077
- Nov 9th **Association of Lactation Consultants in Ireland, Autumn Study Day**. Newry. Contact: 069-68199
- Nov 13-14th **BFI UK Conference**, Harrogate. Contact: 00-44-207312 7652 or www.babyfriendly.org.uk
- Feb 21st-22nd **Association of Lactation Consultants in Ireland, Annual Conference**, Maynooth. Contact: 069-68199
- March 22nd-23rd **La Leche League of Ireland Annual Conference**, Killarney. Contact: 074-32003

Exclusive Breastfeeding provides all your baby needs for the first six months.

Babies can grow and thrive on breast milk alone. They do not need water, formula, juice, tea or any foods until six months old.* Some parents start to introduce small quantities of food from 4 months, but this is not essential. Foods given in addition to breastfeeding are called *complementary foods*. This means they complement breastfeeding rather than replace it.

How do I know when my baby is ready for more than breast milk?

You might notice some of these developmental signs:

- ◇ Baby can stay sitting upright without falling over,
- ◇ Baby can control her/his jaw and tongue to move up and down and side to side,
- ◇ Baby can pick up small objects and get them to his/her mouth,
- ◇ Baby seeks to nurse more that is unrelated to illness, teething or a change in routine.



What about learning to chew?

Babies who are introduced to complementary foods from 6 months, quickly learn to take lumpy foods. They just spend less time at the thin, runny foods stage. Have you ever heard of anyone who didn't learn to chew?

Will giving my baby early solids make him/her sleep better?

Some babies are good sleepers and some are not, no matter how they are fed. Giving early solids may just replace the goodness of milk with hard to digest foods. Adding other foods and drinks too early may cause a baby health problems such as overweight, tummy problems, chest problems, and increased risk of allergies.



How long can we keep on breastfeeding?

Breastfeeding continues to be good for mother and baby for as long as it continues. Baby gets cuddles, good food and protection from illness. Mother has an easy way of settling the baby, uses up weight put on during pregnancy and has a reduced risk of breast cancer. Many mothers and babies continue for 12 months, some for much longer.

What if I want to stop breastfeeding earlier?

Breastfeeding should reduce gradually so you, your breasts and your baby get used to the changes. Remember to find other ways of keeping in contact with your baby when not breastfeeding. If you are thinking of stopping because of a problem with breastfeeding, talk to a breastfeeding counsellor or other health worker who knows about breastfeeding. Often the problem can be solved without stopping breastfeeding.

*Sometimes a baby may have a special health need that may require early or extra food in addition to breastfeeding. Your dietitian and doctor will discuss this with you if needed.