

Issue 18
March 2004



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

*We have a
Baby Friendly Hospital*

Portiuncula Hospital, Ballinasloe, Co. Galway is the first maternity service to meet the criteria of the WHO/UNICEF Baby Friendly Hospital Initiative and thus to be awarded Baby Friendly (National) status. Congratulations to all in Portiuncula Hospital for all their dedication and hard work to achieve this goal.

Only a few weeks after Portiuncula Hospital, the maternity services in the Regional Hospital, Waterford also met the criteria to be awarded Baby Friendly (National) status. Congratulations to everyone there.

About 7% of Irish babies are now born in a Baby Friendly maternity unit. In Northern Ireland this is 29%, and in Norway 75% of births are in a Baby Friendly unit. It is hoped that many more hospitals will follow Portiuncula and Waterford Regional in meeting the criteria. The award ceremony will take place in June.

What is Baby Friendly Status?

Full implementation of the Ten Steps to Successful Breastfeeding and relevant articles of the International Code of Marketing of Breast Milk Substitutes (and its subsequent resolutions) as assessed by a BFHI assessment team is required.

Global Award requires a minimum exclusive breastfeeding rate of 75% of mothers breastfeeding their babies on discharge home. The National Award will be given when less than 75% are exclusively breastfeeding on discharge.

Hospitals/maternity units must agree to :

- Collect breastfeeding statistics and audit compliance with their policy and to make changes needed to ensure standards continue to be implemented. These reports are returned to the BFHI co-ordinator on an annual basis.
- Participate in monitoring visits which provide support for the maintenance of BFHI best practice standards.
- Be re-assessed approximately every two years after the initial award. If the reassessment shows that any of the standards are no longer being fully implemented the hospital is required to act to bring practices back into line with the requirement of the BFHI.
- Cease to use the designation as an Accredited Baby Friendly Hospital, if due to falling standards that are not remedied, the National BFHI Committee informs the hospital that the award has been withdrawn.

A w a r d s

Certificate of Commitment
University College Hospital, Galway

Presented March 2004



Focus this issue:
Maternal Nutrition and Breastfeeding

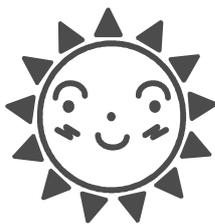
Antenatal care and post-natal discharge information needs to include accurate, individualised nutritional information to women.



Nutritional preparation for breastfeeding begins in pregnancy if not before.

The baby's iron stores are deposited during pregnancy and depend on the mother's iron status and length of gestation. Breast milk contains the same amount of iron if the mother is iron sufficient or if anaemic. A breastfeeding woman taking iron supplements will not increase the iron content of her milk, though she may feel better and thus more confident about breastfeeding.

The infant's vitamin D stores depend on the maternal stores both during pregnancy and breastfeeding. Sunlight (an average of 20 minutes a day with exposed hands and face) and foods high in vitamin D (oily fish, eggs, fortified margarine and fortified milk) provide vitamin D for the mother. Pregnant women with little sunlight or vitamin D foods may need supplements. Supplementing only the at-risk baby and not the mother results in the next baby being more deficient, and the mother at greater risk of vitamin D-related problems. As well as vitamin D rich foods, a daily walk outside is a good source of vitamin D and good for both mother and baby. Over-supplementation with vitamin D is toxic.



Do breastfeeding women have increased nutritional needs?



Breastfeeding is a normal physiological process and special diets or special foods are not needed.

The recommended daily energy intake based on mathematical calculations is 2700 kcals. However, many women do not reach this amount and remain active and healthy with an abundant milk supply. Lactation increases the body's efficiency in its use of energy and uptake of nutrients.

Mothering is hard work and all mothers of young children need to eat well, not just breastfeeding mothers. Encourage women to make their food choices based on the Food Pyramid.

Discuss healthy eating choices with regard to money available, distance from shops, cooking facilities and abilities and other demands on time. Explore the availability of home help for the mother who is at particular nutritional risk.



Hospital meals are designed for ill patients, not healthy women. Access to food may be limited with a long gap at night, though some hospitals now provide additional food for mothers. Mothers should not need to choose between feeding their baby or eating their own meals; flexibility in meals times is needed.

The more milk that is removed from the breast, the more that is made.

Extra food and fluids are only likely to increase milk supply if the mother is severely malnourished, i.e. at famine level. Extra food or fluids will not increase the milk supply if milk is not removed by the baby suckling or milk expression.

If women think that they need to eat a special diet in order to breastfeed, particularly if they think expensive foods are needed, they may decide not to breastfeed.

Does avoiding foods reduce allergies?

Some breastfed infants with atopic eczema may benefit from maternal dietary antigen avoidance of foods such as cow milk, egg, peanut, fish and chocolate, however the evidence is based on small studies and larger trials are needed. (Kramer MS, Kakuma R. Cochrane Review Issue 4, 2003)

Adherence to an antigen avoidance diet requires considerable effort and this should be fully discussed. If the baby's mother, father, or siblings have hay fever, asthma, eczema or diagnosed food allergies, it is recommended the mother avoid peanuts and peanut products while breastfeeding. (UK Food Standards Agency)

Further reading:

Dewey KG, Heinig MJ, Nommsen LA. Maternal weight loss patterns during prolonged lactation. *Am J Clin Nutr* 58: 162-66, 1993.

Illingworth PJ et al. Diminution in energy expenditure during lactation. *BrMedJ* 292: 437, 1986.

Institute of Medicine: *Nutrition during lactation*. Washington, DC: National Academy Press, 1991.

Prentice A. Calcium requirements of breastfeeding mothers. *Nutrition Reviews* 56(4Pt1): 124-7, 1998.

Specker BL, Valanis B, Hertzberg V, Edwards N, Tsang RC. Sunshine exposure and serum 25 hydroxy vitamin D concentration in exclusively breast fed infants. *J Pediatr* 107:372-376, 1985

UK Scientific Advisory Committee on Nutrition (SACN). Briefing paper on Vitamin D deficiency in children. Jan 2003.

Van Raaij J et al. Energy cost of lactation and energy balances of well-nourished Dutch lactating women. *Am J Clin Nutr* 53:612-619, 1991

When you are discussing nutrition with a woman, ensure your information and your suggestions are compatible with the woman's lifestyle and beliefs, and within her ability to carry out.



Check this by using open questions, listening and discussion. Telling the woman what she should do and assuming that she will then obey your advice rarely works.



Remember to praise practices that are beneficial, so that these are continued.

Culture and Maternal Nutrition

We are all part of a culture and view food within that cultural background. This may be a view that meat, potatoes and vegetable is a 'proper dinner' or a view that foods have 'hot' or 'cold' effects on the body's internal balance. Food may form an important part of celebrations and rituals.

When in hospital, some women may avoid eating the food served if they do not know what it contains. Muslims avoid eating foods containing pork, blood, gelatine and animal fats (in processed foods), meat must be slaughtered in a prescribed manner or else avoided, as well as foods containing alcohol, for example, sherry trifle or some fruit cakes. Vegetarians may avoid all animal foods and vegans will also avoid animal products such as eggs and milk. Some women may say they are a vegetarian though they only avoid red meat. Check what foods the individual woman eats or avoids. A useful question when talking with a mother is: "Are there any foods that you specially eat or that you avoid eating?"

Some religious groups have periods of fasting. Generally, pregnant and breastfeeding women are not required to fast, though some will choose to do so. Breastfeeding women that restrict their water intake may become dehydrated. Discuss with the woman if she would be willing to drink water and suggest that she discuss this with her religious leader if needed. Religious leaders are usually very willing to provide information to health workers on the customs and practices related to their beliefs.

Many cultures have beliefs about galactogues—these are foods or fluids that are believed to make milk. Soup (often chicken) may be used, milky drinks, herbs such as fenugreek, brewer's yeast, even Guinness! Sour or acid foods may be viewed as reducing milk supply. Some women may avoid cold drinks and cold foods, preferring boiled water and hot meals. Families may attempt to bring these special foods into the new mother in hospital if hospital catering does not meet her needs. Due to food hygiene regulations, many hospitals do not allow food to be brought into the hospital. This may result in some women not eating during their hospital stay or in believing that their breast milk will not 'come in' until they eat special foods.

Cheung, Ngai Fen. Diet therapy in the post natal period—from a Chinese perspective. *Midwives*. 109 (1302), 190-193, 1996.

Cultural practices that are beneficial, such as giving the mother special nourishing foods, should be encouraged.

As long as the belief is not harmful, there is no benefit in interfering with the belief.

Possible risk factors in a breastfeeding woman that require referral for detailed assessment and discussion with a dietitian/nutritionist in the hospital or community:

- ⇒ A Body Mass Index (BMI) of less than 19 (underweight)
- ⇒ A BMI greater than 29 (obese)
- ⇒ Excessive recent weight gain or weight loss
- ⇒ Breastfeeding triplets or higher order multiples
- ⇒ Closely spaced pregnancies (including miscarriages)
- ⇒ Self-diagnosed allergies or other special diets that exclude a major food group
- ⇒ Conditions such as diabetes, malabsorption, metabolic diseases, or eating disorders
- ⇒ Teenager within less than four years of menarche (the adolescent diet is frequently low in iron)
- ⇒ Poverty, cultural beliefs, physical disability, limited intellectual disability or physiological problems that might restrict food choices.



NEWS REVIEW

Nutritional Support of the Very Low Birth Weight Infant: Part I is a Quality Improvement Toolkit from the Perinatal Quality Care Collaborative of the California Association of Neonatologists. This toolkit can be downloaded from www.cpqcc.org



BFHI in Ireland's website can now be reached via the resource section on the main HPH site www.hphallireland.org or through its own new address at www.ihph.ie/babyfriendlyinitiative/ Come and visit, download past issues of *BFHI Link*, self-appraisal documents, and Frequently Asked Question sheets on the maternity, paediatric and workplace projects that can be used as handouts to explain the projects. Also links to other BFHI related resources. Do participate in the discussion board—anyone can join in, just chose a name and password yourself. Let us know what you would like added to the site.

Recommendations not to bed-share may have risks too. There has been much media coverage in the last few months on risks of bed-sharing. There is also concern that simply advising parents against bed sharing without giving practical information about how to cope with a very young baby at night may increase risk. If mothers feel that they must not bed share there is a least a theoretical risk that they will sit on a sofa or chair and fall asleep there, putting their babies in far more danger than if they had shared a bed. There is an additional concern that the sleep deprivation caused by sitting up for large parts of the night will drive mothers to eventually either ignore the recommendation and take their baby into bed when they are excessively tired (a known risk factor) or to give up breastfeeding. Parents may be less likely to raise the subject for fear of disapproval. It is essential that the benefits, risks and alternatives to bed sharing are carefully weighed and that parents be given full information appropriate to their needs in order to encourage safe practice and to protect breastfeeding. This information would include:

- the circumstances under which co-sleeping should be discouraged (parental smoking, alcohol or drug consumption, excessive tiredness, inappropriate sleep surfaces such as sofas, etc)
- the use of bed sharing as a care strategy for breastfeeding mothers and babies
- the additional risk of accidents if a baby sleeps in an adult bed, coupled with support to avoid or minimise these risks



For some of the recent studies, there is serious disagreement among the study authors about the statistical methods employed, the significance of the findings and their implications for parents. Further information, parent information leaflets and hospital sample policies are available from the UNICEF UK Baby Friendly Initiative www.babyfriendly.org.uk



Workplace Support for Breastfeeding

The first Staff Health Fair was held in the Rotunda Hospital, Dublin on 9th of October 2003. There were a total of 17 stands promoting all aspects of health, hosted by internal and external volunteers. The breastfeeding stand was aimed at promoting breastfeeding amongst staff and highlighted the availability of a designated expressing room for hospital staff returning to work following maternity leave. There was a lot of interest in the stand on the day with staff getting information for themselves as well as for relatives. It is hoped to continue this as an annual event. *Maura Lavery CMS Lactation.*

How does your hospital support staff to breastfeed? Please share your ideas.

Have you applied for the Breastfeeding Supportive Workplace Award?



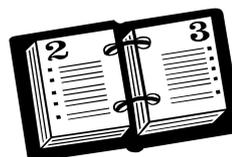
BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the National BFHI Advisory Committee.

We welcome your news items and suggestions.

Contact the National Co-ordinator of BFHI, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15, email: bfhi@iol.ie



**Please photocopy
BFHI LINK
for further distribution.**



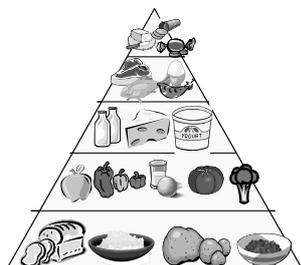
Diary Dates

- May 11th **Northern Ireland Regional Breastfeeding Conference**, Templepatrick, Co. Antrim. Contact: Health Promotion Agency 048-9031-1611 www.healthpromotionagency.org.uk
- Oct 2nd **Association of Lactation Consultants in Ireland, Study Day**, venue to be confirmed. Contact: 01-8406489 or alci@iol.ie

Healthy Eating When Breastfeeding

What do I need to eat when I am breastfeeding?

Breastfeeding is a normal process and special diets or special foods are not needed. A poor diet does not mean you will have poor milk.



Mothering is hard work. All mothers who are caring for young children need to eat well to take care of themselves. Aim to eat a variety of foods, choosing foods from the Food Pyramid's lower shelves.

Do foods I eat affect my baby?

Breast milk changes taste depending on what the mother eats. This helps the baby get to know the foods in the family's meals. Most babies do not react to foods that the mother eats. If you think a food is affecting your baby, avoid that food for a week, then eat it again and see if it makes a difference. If you are avoiding a major food group such as milk products, wheat or fruit and vegetables, discuss this with a dietitian so these foods can be substituted.



What about losing weight while I am breastfeeding?

Healthy food choices and increased physical activity can help you to lose weight. Weight loss should be slow and steady—about one pound a week (0.5kg). Very rapid weight loss (more than 7 pounds/3 kg per week) can make you feel tired and puts a stress on your body. If you are losing weight too fast or too much, eat more food from the lower shelves of the Food Pyramid—perhaps as small frequent meals rather than just one large meal.

How much fluid should I drink?

Drinking *more* fluid does not make more milk unless you are very dehydrated for a day or more. Drinking *less* fluid does not reduce over-fullness in your breasts. A glass of water or pure fruit juice next to you makes it easy to have a drink. If your urine is infrequent or if you often feel thirsty, you need to drink more fluid. Water, diluted pure fruit juice, fruit teas, milk and soups, all provide fluid. You do not need to drink milk to make milk.



What about caffeine?

Generally, up to 5 cups (not mugs) a day of tea/coffee/chocolate/cola/sports drinks that contain caffeine, does not affect the baby. High intakes of caffeine may cause some babies to be wakeful and restless.

How do I find time to eat?

Life with a new baby can be very busy. It may help if there is some food prepared in the fridge - for example a plate of sandwiches, casserole that can be re-heated, yoghurt and fruit. If someone asks what they can do to help you, suggest they fix a meal for you. Missing a meal does not affect your milk supply but it may make it more difficult to cope in general. Even if you are tired, take some time to eat as it will help you to feel better.



If you are worried about what you are eating or not eating, ask your doctor, midwife, practice nurse or public health nurse to refer you to a dietitian in the hospital or community services.