



## Presentation of Ireland's First Baby Friendly Hospitals becomes an event of the EU Presidency



The EU Conference on the Promotion of Breastfeeding in Europe, June 18<sup>th</sup>, 2004 was the EU Presidency event at which Mr Micheál Martin, Minister for Health and Children awarded Baby Friendly status to Portiuncula Hospital, Ballinasloe and to Waterford Regional Hospital. Our setting was St. Patrick's Hall, one of the most significant and prestigious rooms in Dublin Castle. Here the inaugurations of the Presidents of Ireland take place, as do other important State functions including State Banquets for visiting Heads of State. Pictures will appear in due course on the BFHI in Ireland web site. Great thanks go to Maureen Fallon, National Co-ordinator of Breastfeeding and the Health Promotion Unit for their assistance in arranging this event.

Our colleagues in breastfeeding and Baby Friendly from many European countries joined us in celebrating as the main event of the day was the launch of *Protection, promotion and support of breastfeeding in Europe: a Blueprint for Action*. This document was the result of two years work of an EU-wide project group. Three documents resulted from the project - *Current Status*, *Review of Interventions*, and the *Blueprint*. These documents will appear on the EU health website in a few weeks.

The Blueprint for Action will be incorporated in the Breastfeeding Strategy currently being developed by the National Breastfeeding Committee.

Picasso's *Maternity* is used world-wide in the Baby Friendly award. The Baby Friendly Hospital Initiative in Ireland commissioned a ceramic incorporating the picture, then framed with details of the award. Each ceramic is individually made by Christine Courtney of Autumn Pottery, Loughrea, Co. Galway.



Ireland now joins the 148 countries with facilities that meet the criteria of the WHO/ UNICEF Baby Friendly Hospital Initiative. Over 19,000 hospitals worldwide and 300 hospitals in the European Union (25 countries) have received Baby Friendly status.

### Percentage of births that take place in Baby Friendly Hospitals

Scotland	48%	Wales	36%
Northern Ireland	29%	England	9%
Belgium, Portugal, Greece	0%	Sweden	100%
<b>Ireland 6%</b>			

***We are not the worst but plenty of room for improvement***



### Focus this issue:

Research Update  
Skin-to-Skin Contact and Kangaroo Care  
and *When your grandchild is breastfed*



## Are you keeping up-to-date?

*BFHI Link* Issue 15, June 2003  
focused on sources of information.

Past issues of *BFHI Link* can be found on  
the BFHI in Ireland web site  
[www.iphp.ie/babyfriendlyinitiative](http://www.iphp.ie/babyfriendlyinitiative)

### [www.nurse2nurse.ie](http://www.nurse2nurse.ie)

This on-line information exchange for nurses and midwives in Ireland provides timely and simplified access to resources including databases, full text journals, e-books and discussion groups. This service is provided by the Irish Nurses Organisation. To register, visit the web site or tel: 01-6640615

### The Cochrane Library

The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. The Cochrane Library consists of a regularly updated databases of evidence-based medicine, which provide high quality information to people providing and receiving care and those responsible for research, teaching, funding and administration at all levels.

*Cochrane Reviews* are full text articles reviewing the effects of healthcare. The reviews are highly structured and systematic, with evidence included or excluded on the basis of explicit quality criteria, to minimise bias. Data are often combined statistically (with meta-analysis) to increase the power of the findings of numerous studies, each too small to produce reliable results individually.

The *Database of Abstracts of Reviews of Effects* (DARE) includes structured abstracts of systematic reviews from around the world, which have been critically appraised by reviewers at the NHS Centre for Reviews and Dissemination at the University of York, England. DARE also contains references to other reviews which may be useful for background information.

Thanks to an agreement reached between the Cochrane Collaboration, which produces the library, Update Software, which is responsible for the library software, the Health Research Board in Dublin and the Research & Development Office for Health and Personal Social Services in Belfast, the Cochrane Library is now available to anyone on the island of Ireland. This is the first time that any country in the world has offered free subscription to all its residents. This means both the abstracts and the full text of *Cochrane Reviews* are available without charge, and can be browsed or searched, as well as the other information on the site. Visit [www.hrb.ie](http://www.hrb.ie) to use this excellent research tool.

You can have research direct to your email inbox from the Baby Friendly Initiative in the UK. Sign up at [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) You can also read the updates on the website.



Most journals have a web site where you can read abstracts and some full text articles. Many will email you the list of articles automatically for each issue once you register.

### Breastfeeding reduces the risk of infant death in USA

Breastfed children in the United States are 20% less likely to die during the first year of life than those who are not breastfed. The reduction in risk rises to 38% if babies are breastfed for 3 months or more. The study compares nationally representative samples of 1204 infants who died between 28 days and 1 year from causes other than congenital anomaly or malignant tumour with 7740 children who were still alive at 1 year.

The researchers acknowledge that the protective effect appears to come from the "package of child care skills" that goes along with nursing as well as the benefits of the milk. Nevertheless, they note that increased breastfeeding rates would have the potential to save or delay around 720 postneonatal deaths in the United States each year.

Chen A & Rogan WJ (2004). Breastfeeding and the Risk of Postneonatal Death in the United States. *Pediatrics* 113: e435-e439

## Research Update on skin-to-skin contact

**Early skin to skin contact was the topic for BFHI Link, Issue 2, July 1999. That issue included the benefits of early contact and ways to overcome barriers to putting this practice into place. The information in that issue is still relevant, and the evidence base for this practice continues to increase.**

### Skin-to-skin contact at birth



Early skin-to-skin contact involves placing the naked baby prone on the mother's bare chest at birth or soon afterwards. Routine separation shortly after hospital birth is a uniquely Western cultural phenomenon that may be associated with harmful effects including discouragement of successful breastfeeding.

A systematic review of seventeen studies found significant benefits of early skin-to-skin contact between mother and baby on breastfeeding, behaviour and physiology in mothers and their healthy newborn infants. Statistically significant and positive effects of early skin-to-skin contact were found in relation to breastfeeding incidence at one to three months of age, breastfeeding duration, maintenance of infant temperature, infant blood glucose, infant crying and maternal affection. **Early skin-to-skin contact appears to have some clinical benefit and has no apparent short or long-term negative effects.** Anderson GC, Moore E, Hepworth J, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants (Cochrane Review). In: Cochrane Library, Issue 2 2003. Oxford: Update Software.

A study of 1250 Polish children followed up for 3 years found **early skin-to-skin contact** (for at least 20 minutes) **significantly increased mean duration of exclusive breastfeeding** for 1.35 months longer and any breastfeeding for 2.10 months longer than those with no early skin-to-skin contact. Mikiel-Kostyra K, Mazur J, Boltruszko I. Effect of early skin-to-skin contact after delivery on duration of breastfeeding: a prospective cohort study. *Acta Paediatr* 2002; 91:1301-6.

In a randomised, controlled trial, the skin contact infants slept longer, were mostly in a quiet sleep state, exhibited more flexor movements and postures, and showed less extensor movements. **Skin contact might be used as a beneficial clinical intervention to reduce the stress associated with birth** and to pave the pathway for the increasingly independent self-regulation of the newborn in face of the inevitable overload with environmental stimulus. Goldstein-Ferber S, Makhoul IR The Effect of Skin-to-Skin Contact (Kangaroo Care) Shortly After Birth on the Neurobehavioral Responses of the Term Newborn: A Randomized, Controlled Trial *Pediatrics* 2004;113:858-865

### Kangaroo care in the neonatal unit

Extended skin to skin contact as a care practice is increasing in neonatal units. A US study found that VLBW premature infants (30-37 weeks gestation) can maintain a stable temperature in their mothers' arms (vs. in incubator) without evidence of increased metabolic activity (which can increase energy use). They conclude **mothers can be encouraged to hold their infants without fear of cold stress or weight loss.** Mellien AC. Incubators Versus Mothers' Arms: Body Temperature Conservation in Very-Low-Birth-Weight Premature Infants *JOGNN*, 30, 157-164; 2001.



### Kangaroo Care—a practical guide

This publication from the Dept of Reproductive Health, World Health Organisation, 2003, refers mainly to preterm infants. It can be downloaded from [http://www.who.int/reproductive-health/pages\\_resources/listing\\_maternal\\_newborn.en.html](http://www.who.int/reproductive-health/pages_resources/listing_maternal_newborn.en.html)



[www.kangaroomothercare.com](http://www.kangaroomothercare.com)

Dr Nils Bergman's web site provides an entry to a large array of materials on the topic of care for preterm infants including close mother contact.



**Kangaroo Care poster** from BLISS-the premature baby charity in the UK, can be downloaded from their web site [www.bliss.org.uk](http://www.bliss.org.uk)



## Share your hard work at the Health Promoting Hospitals Annual Conference October 19th & 20th, 2004, Enniskillen

The conference theme this year is *Creating Healthy Environments*, so there is plenty of scope for your BFHI projects to fit into this theme. Environments can be economic/social, organisational, physical/structural, clinical/therapeutic, or ecological. Share how the activities in your health service setting can create and contribute to the development of supportive environments for health. Abstracts can be submitted for oral or poster presentation. Have labour ward changes to facilitate early contact made a difference? Or a nursing room? A phone-in service? Share what you did, how you did it and how it made a difference. Closing date for submission of abstracts is JULY 30th. Forms are available from [conference@ihph.ie](mailto:conference@ihph.ie) or Tel:01-6465077.

Other 'Drag and Brag' opportunities will be available at the ALCI autumn seminar on October 2nd, the ALCI spring seminar in April and the HPH International Conference (Dublin) in May, 2005. So prepare a good poster, drag it around and brag to everyone about your achievements!

### Exclusive Breastfeeding: the gold standard

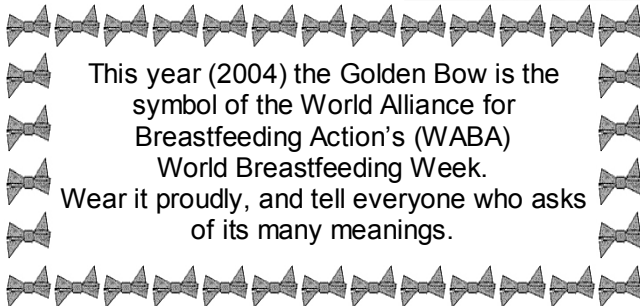
*Safe, Sound, Sustainable*

This is the theme for WABA World Breastfeeding Week August 1-7, 2004. The theme continues through the coming year. Information and ideas for action can be found on [www.waba.org.my](http://www.waba.org.my)



**The Golden Bow** is a lesson in the protection, promotion and support of breastfeeding. The gold colour symbolises that six months of exclusive breastfeeding, and continued breastfeeding, is the gold standard for infant feeding, against which any other alternative should be compared and judged.

Each part of the bow carries a special message: One loop represents the mother. The other loop represents the child. The ribbon is symmetrical, telling us the mother and child are both vital to successful breastfeeding. The knot is the father, the family and the society. Without the knot, there would be no bow; without support, breastfeeding cannot succeed. The ribbons are the future: one for continued breastfeeding for 2 years or more with appropriate complementary feeding, and the other for the delay of the next birth, and to give the time to provide active care for the health, growth and development of this child.



This year (2004) the Golden Bow is the symbol of the World Alliance for Breastfeeding Action's (WABA) World Breastfeeding Week.

Wear it proudly, and tell everyone who asks of its many meanings.

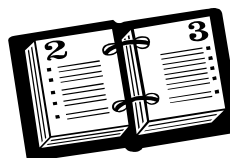
### Breastfeeding Ad on TV

The Health Promotion Agency in Northern Ireland marked Breastfeeding Awareness Week with a regional conference on May 11th. There was also a TV ad made at this time to address the issue of social acceptability. You can see (and hear) the ad if you visit their new web site at [www.breastfedbabies.org](http://www.breastfedbabies.org)

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: [bfhi@iol.ie](mailto:bfhi@iol.ie) [www.ihph.ie/babyfriendlyinitiative](http://www.ihph.ie/babyfriendlyinitiative)

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### Diary Dates

- Oct 2nd **Association of Lactation Consultants in Ireland, Autumn Study Day.**  
Limerick *Gold Standards in Practice*  
Contact: [alci@iol.ie](mailto:alci@iol.ie) or 091-527511
- Oct 19-20th **Health Promoting Hospitals All Ireland Conference, Enniskillen.**  
*Creating Healthy Environments*  
Contact: 01-6465077 or [info@ihph.ie](mailto:info@ihph.ie)
- Nov 10-11th **BFI UK Conference, Glasgow**  
Contact: 00-44-207312 7648 or [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)
- March 11-12th, 2005 **La Leche League of Ireland Annual Conference, Kilkenny.** Contact: 0404-41773 or [siobhanward@eircom.net](mailto:siobhanward@eircom.net)



## When your grandchild is breastfed

You can be very proud that your daughter or daughter-in-law is breastfeeding your new grandchild. Breastfeeding helps your grandchild to be healthy, smart and grow well. It is also good for the mother's health and saves money.

But you may feel left out if you planned to help by giving a bottle to the baby or taking care of the baby for long periods. Your grandchild has a close bond with his/her mother because they are breastfeeding, however there are many things you can still do to help:



If you make positive comments about how well they are doing, this can make the new parents feel good about themselves and the baby.

Sometimes new parents just want someone to listen and acknowledge that it is hard work being a new parent. They do not need you to have an answer or to solve every problem for them.

The new parents may need you to help with the boring housework while they spend time getting to know their new baby. Looking after the new parents can help them feel more able to care for their baby.

Grandparents are very useful to sing to and rock a young baby and to bring the baby for short outings. Giving the new parents a regular short break of an hour may be more welcome than a day long break when they are too tired to appreciate it.

### Did you know that:

- Breast milk is the ideal food for babies. They do not need anything else, not even water, for the first six months.
- Breast milk acts like a "paint", lining the baby's tummy to protect from infections and allergies. Giving water or other fluids can wash away this "paint."
- Breast milk is easy to digest so a young baby may want to feed often. This is normal. It does not mean there is not enough milk.
- Delaying a feed to "give time for the breasts to fill up" is not the way breasts work. More milk is made when the baby feeds.
- Not every baby "problem" is due to breastfeeding. Babies cry for many reasons. Look at all the other reasons - tiredness, wet nappy, boredom, too many strange faces - before blaming breastfeeding.
- There are many supports available to new parents. Help to find those that suit best.
- Most new parents are tired, even those who do not breastfeed.

How your own children were fed will effect how you feel about your grandchild breastfeeding. Times change and situations change. If your own children were not breastfed, it may be because there was little encouragement to do so. You can be an encouragement now, so that your grandchild gets a healthy start in life.

