Issue 20
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Baby Friendly Hospital Initiative in Ireland

THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

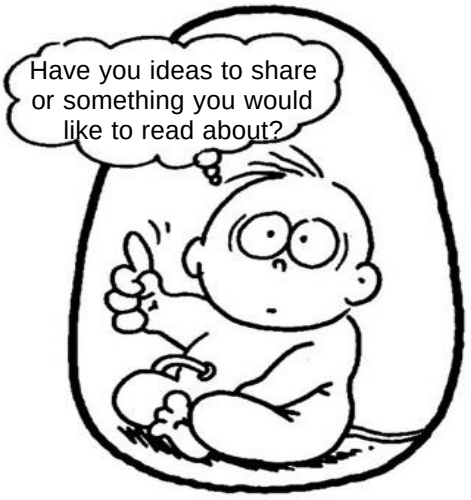
Is all your hospital breastfeeding supportive?

A breastfeeding supportive hospital facilitates mothers and babies to be together and to breastfeed in the maternity services, the paediatric services, as in-patients, out-patients, as visitors and throughout the hospital. This issue looks at how a breastfeeding mother can be supported during illness or treatment in any area of the hospital.

Audit your practices and policies. Check these points:

1. If a woman of childbearing age is admitted, seen in A&E or out-patients, does the history-taking include if she is breastfeeding? yes no
2. If there is no medical contraindication, is the mother supported to continue breastfeeding while in hospital by:
   - baby accommodated with the mother at all times yes no
   - baby visiting the mother frequently through out the 24 hours yes no
   - mother provided with an effective breast pump yes no
   - mother assisted to re-establish breastfeeding if needed yes no
   - treatments and medications chosen taking breastfeeding into account yes no
   - no advice to cease breastfeeding unless there is a documented risk to continuing to breastfeed that outweighs the benefits of breastfeeding yes no
3. Do staff working in non-maternity areas know where to obtain evidence based current information on illness, medications and breastfeeding? yes no
4. Do staff working in non-maternity areas know who to contact to assist with any breastfeeding difficulties? yes no
5. Is a visitor welcome to breastfeed anywhere in the hospital that they are entitled to be and to seek a private place to breastfeed if they wish privacy? yes no

Are your services supportive or is there need for some work?



Focus this issue:
When a breastfeeding mother is ill

Share this issue with pharmacists, anaesthetists, and all areas where women may receive care.

The Baby Friendly Initiative in Ireland is a project of the Health Promoting Hospital Network
This newsletter is funded by the Health Promotion Unit, Department of Health and Children, Dublin

When a breastfeeding mother is in hospital

Maternal illness is a frequent reason for ending breastfeeding earlier than planned. However, often the medical conditions, in themselves, do not preclude breastfeeding; it is the lack of knowledgeable support that results in unexpected breastfeeding cessation.

Breastfeeding can be calming and reduce stress levels as well as assisting the mother and baby to stay together. It can provide some normality in the midst of frightening situations. Recovery from an illness is easier if the mother can feed and sooth her baby lying down rather than needing to be up preparing formula feeds and cleaning bottles. In general, it is less effort to breastfeed than to express or pump milk.

Sudden weaning can have risks. The mother may become engorged and at risk of breast infections. A rise in temperature from a breast infection may confuse the picture of the illness for which she was hospitalised. If the mother has an infectious illness, the baby will have been exposed already. Weaning will mean the baby does not receive the antibodies to the infection that the mother is producing. In addition, the baby weaned onto infant formula is exposed to sources of allergens, increased risk of infection and the loss of the short and long term benefits of breast milk.

Remember—a breastfeeding woman will require more fluids and calories than a non-breastfeeding woman. If fasting is required, ensure the woman is kept adequately hydrated.

If hospitalisation is planned, take time to discuss:

- **Are other treatments available that do not involve hospitalisation?**
- **Could the treatment be carried out as a day patient/out-patient?**
- **Is the treatment necessary at this time, or could it be delayed until the baby is older?**
- **Is early discharge with care at home possible?**
- **What are the hospital facilities for assisting breastfeeding?**
- **Would another hospital/doctor in the area be more supportive of continuing to breastfeed?**

Protocol for Supporting Breastfeeding in a general hospital

If admission is planned, discuss how breastfeeding can be supported. This may include:

Discuss a plan for breastfeeding prior to admission with a suitable person, the maternity unit's Clinical Midwife Specialist for Breastfeeding or the Clinical Midwifery Manager for the ward to which she will be admitted. A written plan of care regarding breastfeeding will be inserted in the mother's notes.

Treatment plans will take into account that the mother is breastfeeding. If weaning is recommended, the evaluation of the risk/benefit for this will be included in the mother's notes. The evaluation of the risk/ benefit will include a discussion with the mother (or her partner if mother is very ill) about her feelings and expectations regarding breastfeeding and weaning.

As far as possible, the general principle will be that mother and baby are accommodated together.

If mother is unable to care for her baby, another adult is expected to stay as the baby's carer.

Staff caring for the mother should avoid handling the baby to minimise the risk of cross infection.

Consideration should be given to caring for the mother within the maternity unit.

If the baby does not stay in the hospital but comes for visits, the mother will be assisted and supported to feed at these visits. Visiting by the baby will be at any time.

If the mother is very unwell, or the baby cannot be cared for beside the mother, the mother should be assisted to maintain her lactation through expression/pumping. The mother will be assisted to obtain a suitable pump and sterilising equipment if needed. Milk storage containers and a means of storing milk until it can be brought to the baby will be provided. Information on feeding the baby by non-bottle means will be offered as needed.

Before discharge, review breastfeeding and provide on-going support and knowledgeable assistance to increase milk supply or re-establish feeding at the breast, if needed.

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Maternal illness or medication use is not an automatic contraindication to breastfeeding. Each situation needs to be evaluated individually.

Is the medication harmful to the baby?

Most drugs are only excreted to a minimal extent in breast milk, and usually levels are well below the therapeutic dose for the infant. There are few drugs that are of sufficient problem that they outweigh the benefits of continued breastfeeding.

When deciding on a treatment for a breastfeeding mother, consider:

- Is this treatment necessary?
- Could this treatment be delayed until the baby is older and breastfeeding finishes naturally?
- What treatment would facilitate continuing to breastfeed?

If a medication is needed for a breastfeeding mother, aim for a drug that has:

- Short half-life (1-3 hours rather than 24 hours)
- Low milk:plasma ratio (<1.0)
- Highly protein bound (typically >90%)
- Long time on the market (so well tested in use)
- Least toxic to the baby

Given :

- By a route that minimises concentration
- In the smallest effective dose for the shortest time
- In a manner to co-ordinate nursing with lowest peak concentrations.

Observe the baby for changes in sleeping or feeding, rash, and gastro upset. If there is concern, the baby's blood levels can be monitored.

Where does your information on breastfeeding and medications come from?

In evaluating information, consider:

- Is the information referenced? How current is it?
- Was the study done on animals or humans?
- Was it a controlled study, a single case report or an estimation of likely effect?
- How was the milk/plasma sampling done — single random sampling or linked to infant ingestion?
- Who did the research—drug manufacturer or independent body?

Frequently product information produced by the manufacturer states that the drug should be used with caution during breastfeeding. This is often a medico-legal statement and recommendations on the safety of the drug to the infant should not be based on this statement alone.

An effect is not the same as a contraindication though it means the baby may need to be monitored.

Is weaning harmful?

It can be. Weaning carries risks to the baby and the mother. The stress of being unable to nurse at the breast may affect them physically and emotionally.

Physically the mother may become engorged and at risk for breast infections. This may compound her illness.

The mother may worry about the baby who is now at increased risk of illness and other hazards of artificial feeding.

She and the baby may mourn the loss of their close relationship.

The baby may be difficult to console and feed when abruptly weaned.

Weaning should never be recommended without careful thought.

Can treatment wait until the baby is older?

The safety of certain drugs also depends on the age of the infant. Premature babies and infants less than 1 month of age have a different capacity to absorb and excrete drugs than older infants. In the first two weeks after birth, the intracellular junctions between the alveolar cells may allow medication to pass into breast milk that would not pass when these junctions tighten by the second week.

An older baby may be taking complementary foods as well as breastfeeding and thus take in less breast milk (and any traces of medication) than an infant exclusively breastfeeding. Therefore, in general, extra caution is needed for young infants.

Further information on medications and breastfeeding

Hale, T. *Medications and Mothers' Milk,* . Pharmasoft Publishing, 2004

Merewood A & Philipp BL. *Breastfeeding: Conditions and Diseases.* Pharmasoft Publishing, 2001

Hale T & Berens P. Clinical Therapy in Breastfeeding Patients. Pharmasoft Publishing, 20012002

WHO/UNICEF. *Breastfeeding and Maternal Medications, 2002* www.who.int/child-adolscent-health/

Becker G & Kelleher CC. *Breastfeeding Promotion and Support—materials for health professionals*, Unit 10 Centre for Health Promotion Studies, University College Galway, 1997.

Regular review articles are published in *The Galacto-pharmacopedia* in the Journal of Human Lactation

A learning pack on breastfeeding management for pharmacists by the Pharmaceutical Society of Australia. www.health.gov.au/pubhlth/strateg/brfeed/index.htm

National Breastfeeding Week October 1st to 7th will be marked by the Department of Health and Children, Health Promotion Unit with various activities. Restaurants and cafés nationwide will be encouraged to support breastfeeding by having a customer policy of welcoming breastfeeding mothers into their restaurant / hotel and facilitating them to breastfeed as necessary. A "babies who lunch" initiative similar to the "Happy Heart Eat Out" campaign is planned whereby subscribers would be recognised as being breastfeeding-friendly and would be given a door decal acknowledging this. The TV and radio ads from last year will also be re-aired.

Last year many maternity units had displays and quizzes about breastfeeding. St Luke's Hospital, Kilkenny marked the week by presenting a small present to every baby born. The gifts were provided by local business which further promoted breastfeeding and gained community support. Share your ideas and activities.

Research update

Breastfeeding and cardiovascular health. An examination of the relation between having been breastfed and the risk of adult cardiovascular events among 87,252 women born between 1921 and 1946 suggests a small reduction in risk of ischemic cardiovascular disease in adulthood among those who had been breastfed. Rich-Edwards JW et al (2004). Breastfeeding During Infancy and the Risk of Cardiovascular Disease in Adulthood. Epidemiology 15: 550-556. This is a research update from the UNICEF UK Baby Friendly Initiative.

No difference in sleep period lengths was found between formula –fed and breastfed infants, however breastfed infants were more easily arousable from active sleep than formula fed infants. Arousal from sleep is believed to be an important survival mechanism that may be impaired in SIDS. Horne RS, Parslow PM et al. Comparison of evoked arousability in breast and formula fed infants. Arch Dis Child 2004; 89;22-5.

Breastfeeding effectively reduces the term infant's response to pain during minor invasive procedures such as venous puncture. The study compared infants who were breastfed, held by other without breastfeeding, given a placebo, or given glucose and a pacifier. Carbaji R et al. analgesic effect of breastfeeding in term neonates: randomised controlled trail. BMJ 2003; 326:13.

Safe management of expressed breast milk

The importance of expressed breast milk is becoming more accepted in Irish hospitals resulting in the increased use of mother's own expressed milk and donor bank milk. There is the potential for babies to receive incorrect breast milk in any clinical area where mothers and babies are separated and/or expressed breast milk is dispensed, if adequate processes and controls are not in place to prevent this occurrence. An evidence based and well presented document on the safe management of expressed breast milk, developed by the NSW Department of Health, Australia can be found at www.health.nsw.gov.au/pubs/s/pdf/safety_ad_7.pdf

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.

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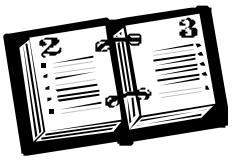


Diary Dates

October 1st -7th	***National Breastfeeding Week***
Oct 2nd	***Association of Lactation Consultants in Ireland, Autumn Study Day.*** Limerick *Gold Standards in Practice* Contact: alci@iol.ie or 01-8406489
Oct 19-20th	***Health Promoting Hospitals All Ireland Conference***, Enniskillen. *Creating Healthy Environments* Contact: 01-6465077 or info@ihph.ie
Nov 10-11th	***BFI UK Conference,*** Glasgow Contact: 00-44-207312 7648 or www.babyfriendly.org.uk
March 11-12th, 2005	***La Leche League of Ireland Annual Conference,*** Kilkenny. Contact: 0404-41773 or siobhanward@eircom.net
March	***BFHI Hospital Co-ordinator's Workshop.*** Details to follow
End April	***Association of Lactation Consultants in Ireland, Spring Study Day.*** NEHB area. Details to follow

Past issues of BFHI Link can be downloaded from www.ihph.ie/babyfriendlyinitiative

When a breastfeeding mother is ill– breastfeeding can continue

You may be breastfeeding and become ill or need treatment. For most illness or treatments, breastfeeding can continue.

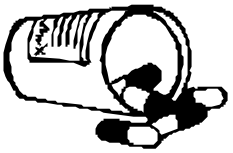
Why continue breastfeeding:

* Breastfeeding can be restful and calming for both you and your baby.
* Your body makes healing antibodies when you have an infection and your baby gets these antibodies in your breast milk.
* Breastfeeding is less work than preparing formula, sitting up to feed and sterilising bottles. Your baby can lie beside you and feed as needed without you moving.
* You and your baby stay together, so you know your baby is safe and happy.
* Sudden weaning can lead to sore breasts and you may have a fever.
* Your baby can feel sad and lonely if suddenly weaned, as well as at risk of illness and allergy from formula.
* Your baby continues to receive the benefits of breastfeeding—healthy, best nutrition, good for growth and development, less risk of obesity and later health problems.

Discuss with your doctor how your treatment can fit with breastfeeding. Ask for a second opinion from another doctor if you want more information.

Key questions about maternal medications or treatments and breastfeeding

◊ Is this medication or treatment necessary at this time, or could it wait until my baby is older?
◊ What will happen if I do not have this medication or treatment at this time?
◊ Is there evidence that this medication or treatment will harm my baby?
◊ What are the risks to my baby and to me from weaning and giving artificial milk?
◊ Is there an alternative treatment that would facilitate breastfeeding?
◊ Do the benefits of using this medication or treatment outweigh the risks to my baby from possible drug intake or from weaning?



If you need to go into hospital

Many hospitals will help you to continue breastfeeding if you need to be in hospital. Your baby may be able to stay with you or come to visit frequently. If your baby stays with you, you may need to have another adult to care for the baby if you are not able to lift and to change the baby. Usually it is easier to breastfeed than to express or pump your milk, however expressing your milk and sending it home to your baby is an option to think about if your baby is not with you.

Some questions to ask before you go into hospital:

- Are other treatments available that do not involve staying in hospital?
- Could the treatment be carried out as a day patient or out-patient?
- Is the treatment necessary at this time, or could it be delayed until the baby is older?
- Is early discharge with care at home possible?
- What are the hospital facilities for assisting breastfeeding?
- Would another hospital/doctor in the area be more supportive of continuing to breastfeed?

If your stay in hospital is sudden and unplanned, make sure the staff know that you are breastfeeding and that you want to continue breastfeeding. If the staff do not know that you are breastfeeding they cannot help you to continue.

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