

Issue 22
March 2005



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

Breastfeeding needs support in times of disaster.

If you are asked to support an aid programme, find out if your money will improve the health of babies or cause them harm. Inappropriate use of formula and dried milks can cause illness and death. Charities and agencies are encouraged to support breastfeeding and only distribute formula in accordance with clear guidelines. In a message at the end of December, UNICEF Nutrition Section Chief Rainer Gross said:

“Dear Colleague:

In light of the Tsunami disaster that has hit primarily the Asian populations, the Nutrition Section would like to remind you that donations of powder milk carry special concerns. Given poor infrastructure and living conditions in emergencies, and in other settings in need, all necessary measures must be taken to ensure the safe use of any donation. Lack of potable water and lactose intolerance means that the use of powdered milks can in fact lead to increased risk of diarrhoeal disease and increased risk of fatalities amongst children.

1. Peoples of Asia have high levels of lactose intolerance, i.e. drinking increased quantities of milk can cause diarrhoea.
2. Breastmilk substitutes, including Dried Skim Milk should NEVER be part of a general distribution of foods
3. Milks can be distributed if they are not given as a single commodity but are mixed with a milled staple food
4. All products should be labeled in accordance with the International Code of Marketing of Breastmilk Substitutes (i.e. describing health messages and instructions printed using local languages)
5. Systems must be in place to monitor the distribution and use of the product, and to monitor health impacts.”

Further information, guidelines, and training materials are at:
Infant and Young Child Feeding in Emergencies, www.enonline.net

December 31st, 2004

Baby Friendly Hospital Initiative

Participation by 20/21 Maternity units
Baby Friendly Status National - 3
Certificate of Commitment – 10
Certificate of Membership - 7

Breastfeeding Supportive Paediatric Unit

Participation by 10 Paediatric units

Breastfeeding Supportive Workplace

Participation by 9 hospitals (Bronze Level)



Focus this issue:

Research Update

Articles in Past Issues of BFHI Links

Parents Handout: Pregnancy is a good time to discuss...

Past Issues of BFHI LINK

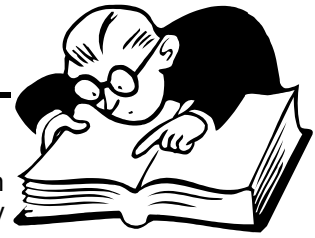
BFHI Link can be downloaded and distributed. Items from **BFHI Link** can be used in non-commercial publications provided that BFHI in Ireland is credited. Each issue contains pages for health workers and a page that can be used as a handout for parents. Check that the two issues marked * say 6 months breastfeeding not 4-6 months, if you are using the original copies.

Web site: www.hphallireland.org then go to Links, then to Resources



Research Update Link Issue March 2005	Parent Handout—Pregnancy is a good time to discuss ...
Staff Training for Breastfeeding Link Issue 21 December 2004	Parent handout - Discharge Information
When a Breastfeeding Mother is Ill and Is Your Whole Hospital Breastfeeding Supportive Parent handout - When breastfeeding mother is ill, breastfeeding can continue Link Issue 20 September 2004	
Research Update: Skin to Skin contact and Kangaroo Care Parent handout - When your grandchild is breastfed Link Issue 19 June 2004	
Maternal Nutrition and Breastfeeding Link Issue 18 March 2004	Parent handout - Healthy Eating while breastfeeding
Breastfeeding is Health Promoting Link Issue 17 December 2003	Special Insert for Hospital Administrators
Mothers with a disability Link Issue 16 August 2003	Parent handout - Mothers with a disability and breastfeeding
Breastfeeding Information on the Web Parent handout - Looking for Breastfeeding Information on the Internet? Link Issue 15 June 2003	
Breastfeeding Support at Work Link Issue 14 Dec 2002	Parent handout - Balancing breastfeeding and employment
How Long to Breastfeed Link Issue 13 Sept 2002	Parent handout - Exclusive Breastfeeding for Six Months
Breastfeeding in Paediatric Units Link Issue 12 March 2002	Parent handout - Breastfeeding your baby in hospital
Code of Marketing Link Issue 11 November 2001	Parent handout - Informed Choice
Cup Feeding - Step Nine Link Issue 10 July 2001	Parent handout - Cup Feeding
Avoiding Artificial Teats and Dummies - Step Nine Link Issue 9 February 2001	Parent handout - When Baby Cries
Exclusive Breastfeeding - Step Six Link Issue 8 November 2000	Parent handout - Just One Bottle
Baby-led Feeding - Step Eight Link Issue 7 September 2000	Parent handout - Baby-led or Demand Feeding
Step Three: Antenatal Information Link Issue 6 June 2000	Parent handout - Father can help with breastfeeding
Step Two: Training Link Issue 5 March 2000 *	Parents - Importance of Breastfeeding
Step Ten: Ongoing Support Link Issue 4 January 2000 Not available on the web at present	Sample sheet for support information
Step One: Policy Development Link Issue 3 October 1999 *	Sample Parent's Guide to the Policy
Early Initiation - Step Four Link Issue 2 July 1999	Parent handout - Skin to Skin Contact because ...
Rooming-in - Step Seven Link Issue 1 May 1999	Parent handout - Rooming-in with your baby

RESEARCH UPDATE



Baby Friendly accreditation leads to higher breastfeeding rates

Researchers in Glasgow looked at breastfeeding data for 445,623 babies born in Scotland between 1992 and 2002. Babies born in a hospital with the UK Baby Friendly Hospital Initiative standard award were 28% ($p < 0.001$) more likely to be exclusively breast fed at 7 days of postnatal age than those born in other maternity units after adjustment for mother's age, deprivation, hospital size, and year of birth. From 1995, breast feeding rates had increased significantly faster in hospitals with Baby Friendly status by 2002: 11.39% (95% confidence interval 10.35 to 12.43) v 7.97% (95% confidence interval 7.21 to 8.73). *Conclusion:* Hospitals should be involved in the Baby Friendly Initiative

Broadfoot M et al (2005). The Baby Friendly Hospital Initiative and breast feeding rates in Scotland. *Archives of Disease in Childhood Fetal and Neonatal Edition* 90: F114-F116

Does breastfeeding affect breast shape?

Four hundred and ninety-six Italian women were interviewed 18 mo after the birth of their first baby in May 2002. Seventy-three percent of the mothers reported that their breasts were different compared with before pregnancy; enlargement and loss of firmness representing the most common changes. The prevalence of changes among the mothers who had and had not breastfed was 75% and 69%, respectively (relative risk: 1.09, 95% CI: 0.96-1.23). Bra cup size before pregnancy was neither associated with the frequency of breastfeeding nor with the occurrence of changes in the appearance of the breasts. *Conclusion:* In Italy, mothers frequently report that the size and the shape of their breasts have changed after childbirth, but these changes do not seem to be associated with breastfeeding.

Pisacane A & Continisio P. (2004) Breastfeeding and perceived changes in the appearance of the breasts: a retrospective study. *Acta Paediatrica* ;93:1346-1348

Human milk significantly reduces the risk of late-onset septicemia

Among a group of extremely premature infants, the overall most influential risk factor for late-onset septicemia (LOS) was the number of days without establishment of full enteral feeding (FEF) with human milk, with an adjusted relative risk of 3.7 (2.0–6.9) for LOS if FEF was not established within the second week of life.

Rønnestad A. et al (2005) Late-Onset Septicemia in a Norwegian National Cohort of Extremely Premature Infants Receiving Very Early Full Human Milk Feeding *Pediatrics* (115) 3: e269-e276

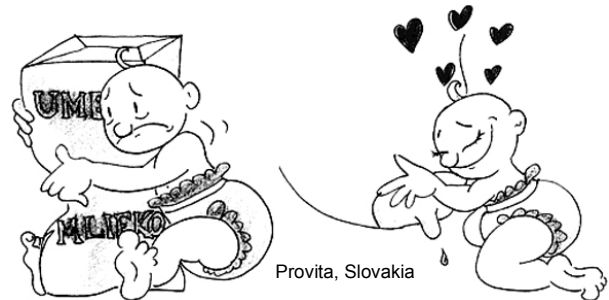


Skin to skin helps baby to recognize mother's smell

Infants with early skin to skin contact (group A) demonstrated a larger difference in mouthing movements between their own and another mother's milk odour at 4 d of age compared to infants without early skin to skin contact (group B) $p=0.01$. Infants in group A were breastfed an average of 1.9 mo longer than the others.

Conclusion: This study provides evidence that mother-infant skin-to-skin contact for more than 50 min immediately after birth results in enhanced infant recognition of their own mother's milk odour and longer breastfeeding duration.

Mizuno K et al (2004) Mother-infant skin-to-skin contact after delivery results in early recognition of own mother's milk odour. *Acta Paediatrica* (93) 12: 1640-45



Provita, Slovakia

Skin to skin keeps babies warm and mothers happy

In a north of England study of 204 mother-baby pairs, The mean temperature 1 hr after birth was higher with skin-to-skin than routine care. The difference in means was 0.15°C; 95% CI (0.03, 0.28); $P=0.02$. In addition, a larger proportion of mothers (87/97 [90%]) were very satisfied with skin-to-skin care, compared with 60 out of 102 (59%) in the control group.

Carfoot, S. et al (2005) A randomised controlled trial in the north of England examining the effects of skin-to-skin care on breast feeding. *Midwifery* (21),1: 71-79

NEWS UPDATE



Combining Breastfeeding and Work, a poster and leaflet, was launched on March 1st, Work/Life Balance Day, by the Health Promotion Unit. The 20-page leaflet provides guidelines for employers, employed parents, and co-workers on how to facilitate combining breastfeeding and working. It includes a sample form for requesting breastfeeding breaks, a sample workplace breastfeeding policy, key points of the legislation, advantages of supporting breastfeeding, as well as information on how to express. Copies are available from local Health Promotion Departments and can be downloaded from www.healthpromotion.ie/breastfeeding/

Peer support as an intervention to increase the incidence and duration of breastfeeding in Northern Ireland: what is the evidence?

Health Promotion Agency, Dec 2004. This 12 page document presents the evidence base for the use of peer support programmes to increase the incidence and duration of breastfeeding, examines the possible models of interventions and outlines the initiatives currently taking place in Northern Ireland. The report can be downloaded from www.healthpromotionagency.org.uk/Resources/breastfeeding/peersupport.htm



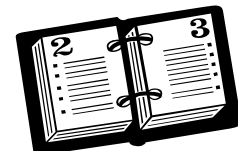
The **American Academy of Pediatrics** recently updated its **statement on Breastfeeding and the Use of Human Milk** in light of the considerable advances in scientific knowledge since their 1997 statement. The importance of breastfeeding for the infant, the mother, and the community are summarised and referenced, and recommendations to guide the pediatrician and other health care professionals in assisting mothers of both healthy term infants and high-risk infants are presented. The role of the pediatrician and other health care professionals in protecting, promoting and supporting breastfeeding in education, clinical practice, research and wider society is also covered. The statement is printed in *Pediatrics* 2005;115:496-506 and can be downloaded from <http://www.pediatrics.org/cgi/content/full/115/2/496>

**World Health Day
7 April 2005:
Make every mother
and child count**



Visit the World Health Day web site
www.who.int/world-health-day/2005/en/

Diary Dates



- March 22nd **BFHI Hospital Co-ordinator's Workshop.** Contact: 01-6465077
- April 23rd **Association of Lactation Consultants in Ireland, Spring Study Day.** Cavan. Contact: alci@iol.ie or Martina Barry, 049-4334561
- May 17th **All Island Breastfeeding Conference,** Belfast. Main Speaker: Dr Nils Bergman. Contact: Janet Stange: 048-90311611 www.healthpromotionagency.org.uk
- May 18-20th **Health Promoting Hospitals International Conference, Empowering for Health.** Dublin. Contact: 01-6465077
- July 7-12th **International Lactation Consultant Association Annual Conference,** Chicago, USA. Contact: www.ilca.org
- August 1st -7th **World Breastfeeding Week** Details www.waba.org.my

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 and suggestions.

Contact the BFHI Co-ordinator, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15, email: bfhi@iol.ie Web site: www.hphallireland.org then go to Links



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Your pregnancy is a good time to discuss:

The birth

Talk to your midwife and doctor about choosing pain relief so that your baby is awake, alert, and ready to get to know you. Holding your baby with skin-to-skin contact immediately after birth keeps your baby warm and calm. After a little rest on your chest, your baby will start to look for your breast naturally.

Keeping your baby near (rooming-in)

When you and your baby stay near, you learn your baby's signs of hunger or when your baby wants a cuddle. Feeding is easier when your baby is not crying while waiting to come from the nursery to you. Your baby is less likely to get infections from other people if your baby is with you. You are more confident about caring for your baby when you go home.



Breastfeeding your baby

Both you and your baby can enjoy breastfeeding. It is healthy and helps to protect your baby from many serious illnesses and allergies as a baby and also later in life. It helps your baby to develop well. Breastfeeding can help to protect you from breast cancer and hip fractures in later life. It also uses up the fat that your body stored during pregnancy helping you to get back in shape. Breastfeeding is free and needs no preparation.



While you are pregnant, talk to mothers who have breastfed, your midwife, and other health workers about any concerns that you have about managing to breastfeed. If you are not planning to breastfeed this baby, find out what are the differences between formula (whey or casein base), the cost of using formula, the safety of your water supply, and the equipment needed. On the postnatal ward you will learn how to prepare and give formula safely, and how to sterilise the feeding equipment.

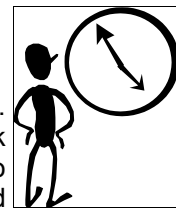
How to feed your baby

You need to be in a comfortable position for feeding. Your baby needs to be positioned turned towards you so that it is easy for him or her to take a big mouthful of breast without turning his or her head. Bring your baby to your breast rather than bringing the breast to the baby.

The way that your baby is positioned and attached to your breast is important. It helps your baby to get enough milk and helps your nipples and breast to be comfortable. The midwives will help you when your baby is born, just ask.

When to feed your baby

Your baby cannot read a clock. When your baby is hungry, she or he wants to feed - now. This is called "demand feeding" or "baby-led feeding". Baby-led feeding helps your milk supply to develop and helps your baby to gain weight. In the first few weeks it is easier to go with your baby's feeding style. Each feed may be a different length. Let your baby feed until he or she is finished and lets go.



Avoiding bottles, teats and dummies

Your milk is all that your baby needs for the first six months. Giving baby extra feeds of formula can result in your breasts making less milk. Some babies have problems digesting formula. A baby may find it hard to learn to suck both at the breast and on a bottle teat and may be hard to feed. If your baby is sucking on a dummy, baby may not spend enough time feeding to gain weight well. During your pregnancy, talk to mothers about other ways of soothing a baby than with a dummy. Learn some calming songs or how to massage your baby.



What support is available

During your pregnancy try to meet your public health nurse at your local child health clinic. Visit a mother support group. Talk to your partner and family about what they expect after the baby comes and what you expect.

