



Congratulations

The following awards were presented at the Network of Health Promoting Hospitals Annual Conference in Wexford, October 2006

Certificate of Commitment to implement Baby Friendly practices:
Sligo General Hospital
Letterkenny General Hospital

Breastfeeding Supportive Workplace - Bronze Award
Mater Misericordiae University Hospital, Dublin

Breastfeeding Supportive Workplace - Silver Award
Sligo General Hospital
University College Hospital, Galway
Rotunda Hospital, Dublin

Well done to all those involved. For more information on how a health facility can achieve an award contact bfhi@iol.ie or the HPH office. Address on the back page.

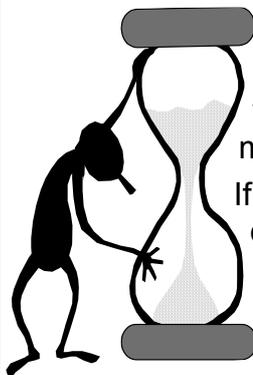


The majority of mothers initiated breastfeeding in 2005

Breastfeeding rates from the information provided by hospitals to BFHI

Initiation	50.8 %	range 58.9 - 39%
Discharge (exclusive+partial)	45.79%	range 55.6 - 33.5%
% of births taking place in a in Baby-friendly hospital	30%	

Though rates are rising, in 2005 just over 3000 women ceased breastfeeding *before* hospital discharge. This was a rise from 2630 women in 2004. It is a worrying problem as in theory these women had skilled support easily available to them 24 hours a day. Hospitals could examine the reasons for this very early cessation in their particular hospital.



The time is getting near for the audit or evaluation of your 2006 BFHI Action Plans and submitting your 2007 Action Plans. Each participating hospital must have at least one Action Plan each year.

If you need assistance in deciding on an action, developing a plan or evaluating the activity, contact your hospital Health Promotion Co-ordinator or the National BFHI Co-ordinator.



Inside this issue:
Grieving while lactating

Health workers may encounter a breastfeeding mother in a grieving situation.

This article will focus on the issues specific to breastfeeding.

The breastfeeding mother may suffer a bereavement of a family member, relative or friend. Or there may be a stillbirth, Sudden Infant Death syndrome, death of a preterm or ill infant, or the death of one baby of twins or higher multiples. When a baby dies, it is also a future child that dies and the grieving process does not end quickly.

There is general information on counselling grieving families available which may be helpful for the health worker to refer to for assistance in recognising their own feelings about death, understanding the grieving process, providing support, and respecting the cultural, social and religious beliefs of the parents.

When one baby of a multiple birth dies

“The death of a baby is not acceptable, no matter how many other babies have lived. Once a mother knows how many babies she is expecting, she begins to attach to those babies - all of those babies. ... It is difficult to grieve and form attachments at the same time, and many mothers postpone one or the other for a period of time.”

Gromada, K.K. *Mothering Multiples*. La Leche League International. Rev ed. 1999.

- There may be issues of oversupply (see facing page).
- The mother may be prescribed medication for depression and need accurate information regarding which medications are compatible with breastfeeding.
- If the mother viewed one breast as “belonging” to each of the twins, she may be unhappy about using both breasts for the surviving baby.
- If the babies fed simultaneously the mother may need to learn new positions, while recognising that the memory of nursing two may be painful.

Bereavement other than her baby

The death of a close relative or friend may also raise breastfeeding concerns.

- Avoid suggesting that it would be easier if the mother weaned her baby and the baby stayed with someone else for a few days. This would be another loss, aside from the engorgement that would result. It can be comforting for the mother to sit and nurse a baby in the midst of stress. The hormones help the mother to relax. It also ensures the mother has to take time to sit down, and gives her a reason to care for herself.
- Help the mother to be aware that with many people around to hold the baby and being busy, she may miss feeding cues and suddenly realise she is overfull, sore and the baby has not fed in hours.
- Depression or withdrawal may occur after a loss. Encourage the mother to interact with her baby.

Coping with milk leaking at a funeral or memorial service

- Hugging may trigger leaking and may be uncomfortable if the breasts are overfull. Offer suggestions such as sitting while people come to console her or other ways of reducing chest contact.
- Consider hand expressing some milk just before the funeral to reduce leaking during the funeral if this is likely to be a problem.
- Wear suitable clothing as mentioned on the facing page.

Irish Stillbirth and Neonatal Death Society
Carmichael House,
4 North Brunswick Street, Dublin 7.
Tel: (01) 872 6996. e-mail info@isands.ie
<http://www.isands.ie/>

Irish Sudden Infant Death Association
Carmichael House
4 North Brunswick Street
Dublin 7
Tel: 01 873 2711 Helpline: 1850 391391
<http://www.iol.ie/%7Eisidansr/home.htm>

When a baby dies

Suggestions to offer the mother specific to breastfeeding

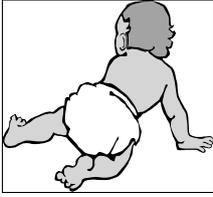
If the baby dies before or at birth

- The milk supply may still appear three days or more later. Offer the mother suggestions, maybe also written down, for when her milk comes in.
- Gentle breast massage in the shower may help to release fullness. Hand express just enough milk to relieve discomfort. Pumping is rarely recommended in this situation as this may increase the supply.
- Express a small amount at the stage when the breasts are firm. It is difficult to get the milk to flow when the breasts have become hard and painful.
- Breast shells can exert gentle press to relieve fullness as well as catching leaking milk.
- Prepare for milk leaking by wearing breast pads, top with a dark print or pattern, carry a spare top when away from home, or a cardigan or jacket to cover damp patches, if necessary.
- Cabbage leaves applied to the breast may reduce engorgement. Change the leaves every two hours.
- Apply cold packs to the breast. Heat can increase blood flow and swelling.
- A back massage may also help the milk to flow and reduce pressure in the breasts. Have the mother sit at a table leaning forward with her head on her folded arms and her breasts hanging loose.
- An analgesic, such as ibuprofen or paracetamol, may be used for the relief of breast pain. Remind mother to check if she is using other medications to avoid interactions.
- Sage tea may help to reduce milk supply. This can be purchased as loose tea or tea bags in a health shop or made from garden sage.
- Pharmacological treatments such as bromcriptine (Parlodel), Cabergoline (Dostinex), or Stilboestrol (diethylstilbestrol) are sometimes prescribed, however their side effects should be considered. Pharmacological treatments may have a rebound effect a few days after treatment stops when milk may appear again.
- Reducing fluid intake may be uncomfortable for the mother and has little effect on milk supply.
- Support the breasts well but avoid binding the breasts tightly as this can cause physical pain and stress.

Additional points if the mother was exclusively breastfeeding or expressing milk when her baby dies

- Expressing/pumping may need to continue and pumping reduced gradually to avoid problems with over fullness.
- Some mothers may wish to give this milk to the human milk bank. If so, suggest that she freeze the milk that she collects for a few days and then contacts the milk bank to arrange this when she feels able.
- It may take a few days to a week or more for the breasts to stop producing milk. There may be over fullness and leaking. You can suggest the same comfort measures as for engorgement.
- Watch for plugged ducts and mastitis and treat accordingly if they occur.
- If menses has not resumed yet after birth, they may resume soon after stopping breastfeeding. This may raise issues regarding return of fertility or pre-menstrual syndrome.

Research Update



Breastfeeding is associated with a reduced risk of developmental delay

The UK Millennium Cohort Study is following nearly 15000 children born in the UK in the years 2000 – 2001. Findings indicate that breastfeeding is positively associated with the attainment of gross motor milestones at 9 months of age. Infants who had never been breastfed were 50% more likely to have gross motor coordination delays than infants who had been breastfed exclusively for at least 4 months (10.7% vs 7.3%).

The data suggests this positive effect is attributable to some component(s) of breastmilk or feature of breastfeeding. The study controlled for social position, education and parenting style, and these factors did not explain any of the observed association between breastfeeding and the attainment of developmental milestones. Sacker A, Quigley M, Kelly Y. Breastfeeding and Developmental Delay: Findings from the Millennium Cohort Study. *Pediatrics*. 2006;118: e682-e689

Lack of breastfeeding is associated with higher health care costs.

A study in northern Italy followed a cohort of 820 healthy full-term newborns for 12 months to directly measure their health care expenditure. The study found that “infants fully breastfed at 3 months had 4.90 episodes of illness requiring ambulatory care and 0.10 hospital admissions per infant/year compared with 6.02 and 0.17, respectively, in infants not or not fully breastfed.” Each extra month of breastfeeding reduced the cost of health care. The cost of infant formula for an infant formula feeding from birth ranged from €470 to €2038 with a median cost of €976.

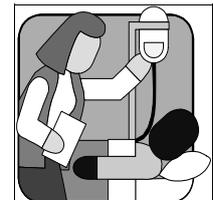


These were healthy infants and the costs associated with preterm or sick infants are likely to be higher. The authors conclude “lack of breastfeeding and higher use and cost of health care are significantly associated.” This study was conducted in a high income area with universal access to NHS financed health services. The authors highlight that “in particular where the lack of social insurance and/or a fee-for-service system put the burden of payment for health care on the shoulders of the worse-off, the protection, promotion and support of breastfeeding should be seen not only as an effective health intervention, but also a strategy to achieve better equity.” Cattaneo A, et al, Infant feeding and the cost of health care: a cohort study. *Acta Paed*, 2006 95: 540-546.

Infant feeding and analgesia in labour: the evidence is accumulating.

In a thought provoking commentary Jordan reviews the evidence and asks questions such as if the association between analgesia and ‘failure to breastfeed’ could be considered an adverse drug reaction. She concludes that strategies for mitigating the impact of these medications on infants should be considered and in particular that additional breastfeeding support needs to be available as well as information to help mothers understand some of the reasons underlying their difficulties.

Jordan S. *International Breastfeeding Journal* 2006 1:24. This journal is open access <http://www.internationalbreastfeedingjournal.com/content/1/1/24>

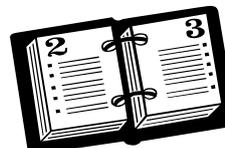


BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI Advisory Committee.

We welcome your news and suggestions.

Contact the BFHI Co-ordinator,
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email: bfhi@iol.ie
Web site: www.hphallireland.org then go to Links

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Diary Dates

March 10th – 11th **La Leche League of Ireland Annual Conference**, Westport, Co. Mayo. Contact: 021 4776197

mid-May **Breastfeeding Week UK** for events in Northern Ireland see www.healthpromotionagency.org.uk

Aug 1st–7th **World Breastfeeding Week**. Information: www.waba.org.my

Aug 15th–19th **International Lactation Consultant Association Annual Conference**, San Diego, USA. Contact: www.ilca.org