



## How are Baby-friendly activities going?

Cut-backs, management changes, and insecurity all take their toll on activities in hospitals and nationally. Some hospitals needed to reduce their BFHI activity levels. Those participating hospitals who were active last year carried out projects to:

- ◇ change practices to start mother-baby contact quicker after birth and to go on for longer, particularly following c-section birth;
- ◇ explore with mothers why supplements are given in hospital and address ways to reduce their use;
- ◇ monitor bottles of formula given out to reduce unnecessary use and to reduce costs;
- ◇ survey practices across hospitals regarding sterilisation of breast pump equipment to develop agreed guidelines;
- ◇ improve supports to mothers who are not breastfeeding;
- ◇ develop structured clinical experience for student midwives, and
- ◇ review policies.

Many of the activities arose from the update of the WHO/UNICEF global criteria that are now in place in Ireland.

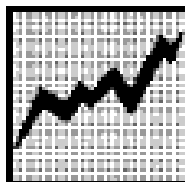
In recessionary times, remember that breastfeeding is cost-effective to the family as well as to the health service.

- ◇ Breast milk protects the preterm infant from infection, thus reducing costs of antibiotics and reducing length of stay in the unit.
- ◇ For families, a baby with a respiratory or gastro infection means one or more doctor visits, perhaps a prescription, time off work for a parent; all costs that are more likely if the baby is not breastfeeding.
- ◇ Long-term health costs with diabetes, obesity and some cancers, are all more likely when breastfeeding did not occur or was very short term.



***Cutting back on breastfeeding support in hospital leads to increased costs in other health services.***

### Breastfeeding rates in 2008



Based on the returns received from maternity units, breastfeeding initiation rates are still rising. Well done. However the supplementation rate is also rising, which is a cause for concern. Data is awaited from three hospitals and fuller details will be presented then.

#### Louth County Hospital, Dundalk

**is awarded a Breastfeeding Supportive Workplace Bronze Award**

This award indicates that a health facility is aware of the importance of breastfeeding and how they can support staff members who are breastfeeding to continue after returning to work.

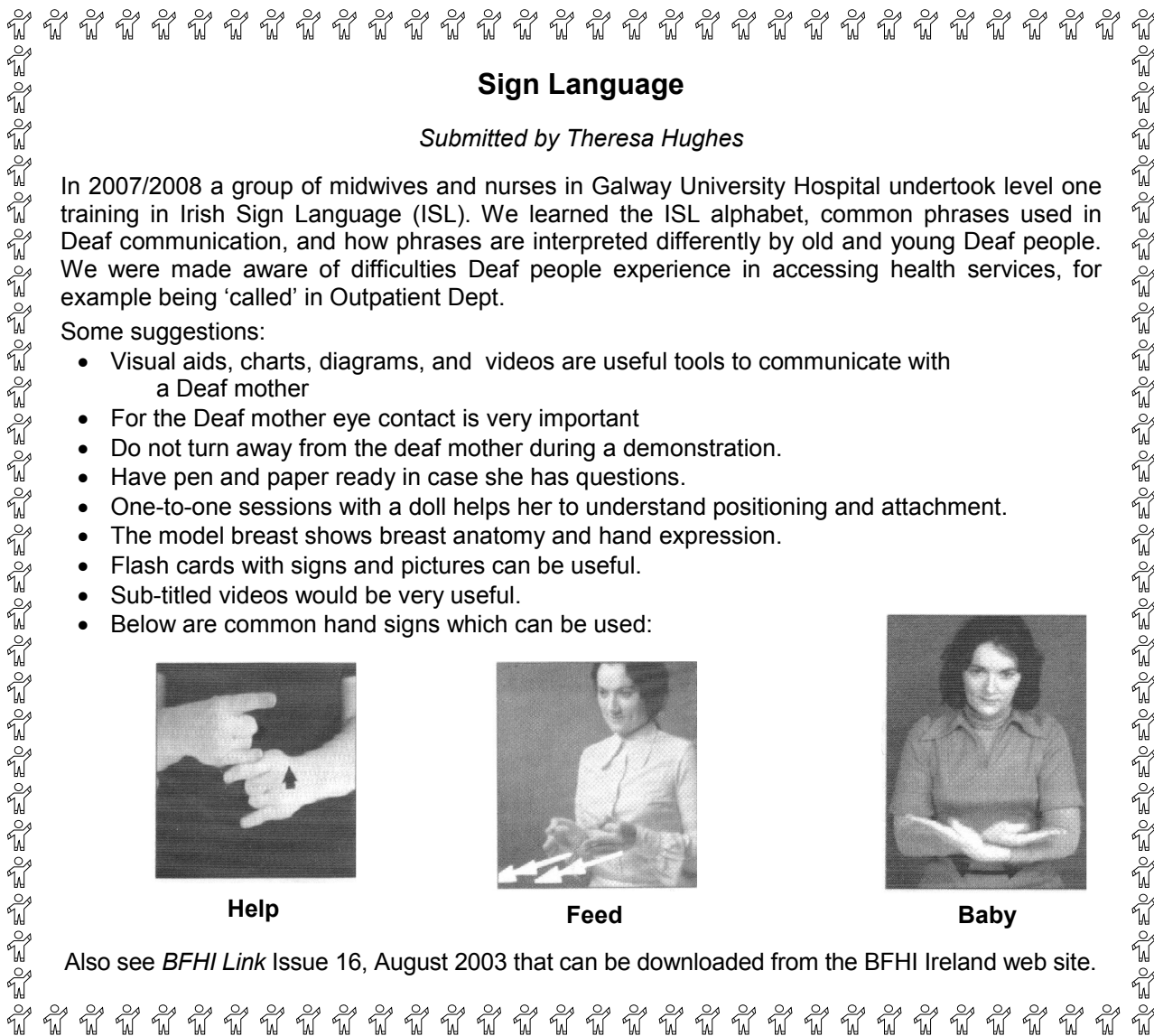
Any health facility may apply for a workplace award; they do not need to have a maternity unit. This is a staff well-being project.

Information on participating in the Workplace project is available on the BFHI website or from the HPH office.



#### ***In this issue:***

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Parents' Handout: Discussing pain relief for labour



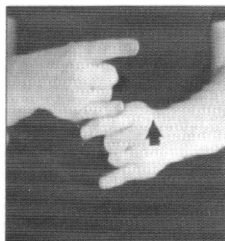
## Sign Language

Submitted by Theresa Hughes

In 2007/2008 a group of midwives and nurses in Galway University Hospital undertook level one training in Irish Sign Language (ISL). We learned the ISL alphabet, common phrases used in Deaf communication, and how phrases are interpreted differently by old and young Deaf people. We were made aware of difficulties Deaf people experience in accessing health services, for example being 'called' in Outpatient Dept.

Some suggestions:

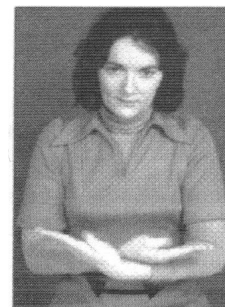
- Visual aids, charts, diagrams, and videos are useful tools to communicate with a Deaf mother
- For the Deaf mother eye contact is very important
- Do not turn away from the deaf mother during a demonstration.
- Have pen and paper ready in case she has questions.
- One-to-one sessions with a doll helps her to understand positioning and attachment.
- The model breast shows breast anatomy and hand expression.
- Flash cards with signs and pictures can be useful.
- Sub-titled videos would be very useful.
- Below are common hand signs which can be used:



Help



Feed



Baby

Also see *BFHI Link* Issue 16, August 2003 that can be downloaded from the BFHI Ireland web site.

### BFHI criteria update: Mother-friendly Birth practices

The 2006 WHO/UNICEF update of the BFHI criteria included a new section on supportive practices during labour and birth. These practices help a mother and baby to be more able to interact and breastfeed soon after birth.

Pain relief during labour and its effect on the alertness of mother and baby, and on breastfeeding, is one item that now is required to be discussed with pregnant women. The parent handout in this issue can be used to discuss this. The information in the handout comes from the National Institute for Health and Clinical Excellence, UK. Both a parents' guide and more detailed guidance for health professionals is available to download at [www.nice.org.uk](http://www.nice.org.uk)

For details of BFHI criteria for mother-friendly birth practices visit the BFHI Ireland web site. Also see *BFHI Link* Issue 26, March 2006.

### Mother and baby contact is important for caesarean births too

Placing the baby on the mother's chest in the first few minutes after birth helps to:

- \* Stabilise the baby's breathing, heartbeat and temperature
- \* Reassure both mother and baby
- \* Stabilise mother's blood pressure
- \* Colonise the baby with the mother's bacterial flora rather than that of the staff

This early contact can be assisted by placing the monitor leads so as to leave the centre of the chest clear. Baby is safer (and warmer) on mother's chest rather than holding at the side.

Remember the baby can lie across mother's chest or with baby's feet next to mother's head.



### Near-term or late preterm infant

Infants born between 34 weeks and 38 weeks may look like just smaller versions of full-term infants but they have missed out on a period of development and maturation of many of their organ and body systems.

These infants are at higher risk of some health conditions including respiratory distress, sepsis, dehydration, and jaundice. They have lower levels of nutrient stores such as fat, iron and vitamin D. Early birth can present a challenge to establishing breastfeeding as there may be low muscle tone, immature sucking, supplementation, longer hospital stay/readmission, and if the mother is not expressing, low milk supply. The number of these late preterm / early term infants is increasing.

Over 20% of the infant's brain development occurs from 36-40 weeks. Milk components such as oligosaccharides, lactose, and the blend of fatty acids assist optimal brain development.

The immature nervous system may result in the infant over-reacting to stimuli with breathing and heartbeat irregularity, or the infant may shut down and be hard to rouse.

Low fat stores at birth affect thermoregulation. Skin-to-skin contact and the warmth of milk from the breast help maintain temperature.

Breast milk helps the passage of meconium thus reducing the build-up of bilirubin. Extra attention may be needed to assist frequent feeding for this to happen.

Some infants need a semi-structured feeding pattern if they are not yet able to self-regulate waking to feed.

If infant is not sucking well, the mother will need to start expressing within a few hours of birth.

Own mother's milk should be used for any additional feeds as it helps the gut and other systems to develop.

**Skin-to-skin contact can help the infant to stabilise.**



Further reading

- Walker, M. *Breastfeeding the late preterm infant: improving care and outcomes*. Clinics in Human Lactation, Hale Publishing 2009. (Includes a comprehensive reference list)
- California Perinatal Quality Care Collaborative. *Care and management of the late preterm infant toolkit: nutrition*. [www.cpqcc.org/quality-improvement/qi-toolkits/care\\_and\\_management\\_of\\_the\\_late\\_preterm\\_infant\\_toolkit](http://www.cpqcc.org/quality-improvement/qi-toolkits/care_and_management_of_the_late_preterm_infant_toolkit)
- Academy of Breastfeeding Medicine. *Protocol #10: Breastfeeding the near-term infant (35-37 weeks gestation)*. [www.bfmed.org](http://www.bfmed.org)
- BFHI Link Issue 19 discusses Kangaroo Care, Issue 35 discusses assisting breastfeeding in neo units.

#### Establishing breastfeeding in the infant born at 35-38 weeks

- ⇒ **Skin-to-skin contact** on mother's chest as soon after birth as possible. Dry baby, use hat and cover with warm blanket.
- ⇒ **Breastfeed within one hour** of birth and hourly for first 3-4 hours, then 2-3 hourly for next 12 hours, then at least 8 times per 24 hours.
- ⇒ **Watch for swallowing** occurring and use breast massage and compression if no swallowing after every 1-3 sucks.
- ⇒ **If baby is not swallowing well**, hand express colostrum and give by 2 teaspoonfuls (10 ml) each time using the above timeline.
- ⇒ **Keep in skin contact** as much as possible to maintain temperature and physiological stability.
- ⇒ **Position carefully**. Infant may feed better in a position with slight neck extension; avoid traditional cradle hold, and positions where the breast rests on the baby's chest. Dancer hand position may help stabilise the infant's jaw.
- ⇒ **Ensure skilled assistance** is available at all feeding times to assess feeding skills and provide individualised advice regarding aids to sucking, maintaining milk supply and supplementation if needed.
- ⇒ **Before discharge**, ensure infant is able to feed effectively and supports are available to mother.

Based on Walker, M. Breastfeeding the late preterm infant: improving care and outcomes. Clinics in Human Lactation, Hale Publishing 2009.

## Financial incentive to hospitals who are Baby-friendly?

In many countries, financial incentives are used to increase immunisation coverage, reduce drug spend, and to increase activity in health promoting activities. The Friuli Venezia Giulia region in the northeast of Italy encouraged all hospitals to establish breastfeeding data collection systems and undertake activities. Their health funding would be reduced if they did not achieve their own work plans and targets. There was a marked shift from supplemented to exclusive breastfeeding following this.

Cattaneo A, Borgnolo G, Simon G. Breastfeeding by objectives. *Eur J Public Health* 2001;11(4):397-401.

A proposal in Massachusetts, USA is to provide a monetary bonus for

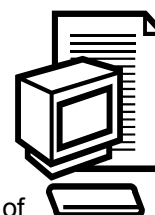
- ◇ hospitals who maintain a supplementation rate of less than 15%, or who decrease their supplementation rates by at least 15 percentage points per year;
  - ◇ hospitals that have achieved designation as a Baby-Friendly Hospital;
  - ◇ office providers who are compliant with the International Code of Marketing of Breast-milk Substitutes.
- <http://massbfc.org/index.php/2008/reducing-health-care-disparities-by-providing-incentives-for-evidence-based-practices-around-breastfeeding/>

When a Belgian hospital achieves designation as a Baby-friendly hospital, it receives a financial incentive from the Federal Health Services of €10,000.



**Would an incentive make a difference to breastfeeding rates and supportive practices in Ireland?**

**Send your views!**



**Swine flu**, similar to many infections, spreads mainly by droplets. Thus frequent hand washing and covering the nose/mouth if coughing or sneezing reduces the risk of spreading infection.

By the time symptoms of the flu are evident in the mother, her baby has already been exposed. Continuing to breastfeed provides antibodies and other protective factors through breastfeeding that help protect the baby from infection.

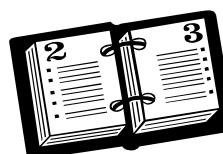
Ceasing breastfeeding removes these protective effects to the current infection, in addition to increasing the risks of other illness related to not breastfeeding.

### **The Academy of Breastfeeding**

**Medicine** is a worldwide organisation of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation through education, research, and advocacy.

**Recent protocols** include use of antidepressants in nursing mothers and breastfeeding promotion in the prenatal setting, in addition to previous protocols on hypoglycaemia, supplementation, clefts, mastitis and more topics.

The protocols can be downloaded from <http://www.bfmed.org/Resources/Protocols.aspx>



### **Diary Dates**

July 22<sup>nd</sup> - 26<sup>th</sup> **International Lactation Consultant Association Annual Conference** Florida, USA. Contact: [www.ilca.org](http://www.ilca.org)

July 27<sup>th</sup> **International Board Certified Lactation Consultant Exam** [www.iblce-europe.org](http://www.iblce-europe.org)

**World Breastfeeding Week**  
Theme: Breastfeeding: A Vital Emergency Response. Are you ready?  
[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

Oct 1<sup>st</sup> - 7<sup>th</sup> **National Breastfeeding Week**

Oct 2<sup>nd</sup> - 3<sup>rd</sup> **Association of Lactation Consultants in Ireland, Annual Conference**, Maynooth  
Contact: [alci@iol.ie](mailto:alci@iol.ie) [www.alcireland.ie](http://www.alcireland.ie)

*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.**

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## Coping with pain during labour

Most women use some pain relieving methods to help them during labour. Discuss with your midwife or doctor the advantages and disadvantages of each so that you can make an informed decision about what is right for you and your baby.

Pain-relieving method	Effects
Breathing and relaxation techniques	May help you cope with labour No unwanted effects
Being in water during labour, in a bath or birthing pool	Provides good pain relief You can leave the water at any time Reduces the need for an epidural No unwanted effects
Massage by your birth partner	May relieve pain No unwanted effects
Gas and oxygen ('Entonox'), a drug which you breathe in	Gives some pain relief Can be used while you are in water, can be stopped easily if you don't like it and side effects quickly wear off Could make you feel sick and light-headed
Pethidine, or similar drugs which are given by injection	Gives limited pain relief Could make you feel drowsy Could make you feel sick but you will be offered a drug to help this You will not be able to get into water for 2 hours or longer if you feel sleepy Could affect your baby's breathing immediately after birth Could make the baby drowsy for several days which may interfere with breastfeeding
Epidural – a local anaesthetic that is injected into your spine to numb your lower body. A fine tube is left in place in your spine which makes it easier for the anaesthetist to give you more pain relief if needed. An anaesthetist must be available to give it	The most effective type of pain relief; it should give total pain relief within 30 minutes You and your baby will need careful monitoring Does not increase your chances of a longer first stage of labour or caesarean section Could make the second stage of your labour longer and increase the chance of assisted birth (for example, using forceps) Is not linked to long-term backache If your epidural is in place for a long time, it could affect your baby's breathing immediately after birth and make your baby drowsy

Some women find acupuncture, acupressure, or hypnosis helpful. Usually the women will arrange this for themselves after discussion with the midwife or doctor.

Adapted from: NICE clinical guideline 55: *Intrapartum care: care of healthy women and their babies during childbirth: Understanding NICE guidance*. National Institute for Health and Clinical Excellence, UK.  
September 2007 [www.nice.org.uk](http://www.nice.org.uk)