

Issue 38
December 2009



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

B F H I LINK

Congratulations

Portiuncula Hospital, Ballinasloe has achieved re-designation as a Baby Friendly Hospital

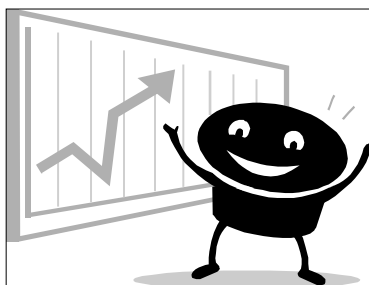
Designation as a Baby Friendly Hospital is not forever. Hospitals must actively monitor and maintain standards as well as to go through a formal reassessment process at least every five years.

Congratulations to all in Portiuncula Hospital for maintaining and improving their standards since their initial designation in 2004.

2007 National Perinatal Statistics

On hospital discharge 44.9% infants were exclusively breastfeeding plus 5.5% combined feeding. This means the majority of infants left hospital breastfeeding in some way (50.4% is over 50%, so the majority!)

Feeding method by the mother's county of residence and makes for interesting discussions. The report also has statistics on c-section rate, birth weight, and much more.



These statistics relate to the births of all infants in Ireland (71,570 in 2007) and were published recently by the ESRI. The report can be read or downloaded at www.esri.ie

Growth Charts for Children in Ireland

The HSE and Department of Health and Children held a national information and planning event in September. International and national speakers presented the evidence-base and experiences of using growth charts based on the WHO Child Growth Standards. The DOHC is establishing a national implementation group for new growth charts for Ireland.



Blocked roads, contaminated water, no electricity, moving out of home, shops shut, income reduced, distress and fear are some effects of floods.

Breastfeeding is a shield that protects infants in an emergency.

Read more inside And Parents' Handout

Emergencies and disasters can happen anywhere

We think of earthquakes, hurricanes, conflicts, pandemics and other disasters as happening in other countries, but they can occur anywhere. Fire, floods, storms and strikes in Ireland can result in families without electricity, clean water, roads, transport, homes and income.

Consider the mother who has just given birth in an area of Ireland affected by the recent flooding. Her home is flooded with water contaminated by sewage and her family has lost all their possessions including their car. There is no clean drinking water in the area and the family's income from their tourist industry business is gone. The family will be living in temporary accommodation and dependent on emergency allowances for many months.

*Which response to this emergency is most helpful to this infant and mother?
Which is most sustainable? Which will best protect infant health?*

Response A:

The mother formula feeds in hospital and a health worker provides the mother with six bottles of ready-to-feed formula on discharge from hospital as a special consideration. On the way home, the mother goes to the community welfare officer who provides funding towards the initial purchase of bottles, teats and other feeding equipment that she has lost in the flood. There is no extra allowance for formula feeding and the on-going cost of the formula will need to come from the overall emergency allowance to the family. The next day the flooding is worse and a local charity distributing bottles of water agree to try to bring extra water each day to make up the formula and clean the bottles as the water supplies in the local shops have run out, the roads are flooded and there is no public transport to the shops in next town.

Response B:

A health worker discusses the risks of formula feeding and assists the mother to establish breastfeeding before she leaves hospital. The mother is visited in the community by an experienced breastfeeding mother. Her public health nurse contacts her by mobile phone as due to the floods she cannot visit. Both these support people reassure the mother and father that she can feed her baby well and that they are available to assist her if needed.



Wherever the emergency, breastfeeding is vital to infants. Breastfeeding provides the baby with comfort, food, water, warmth and protection from illness. The mother and family are less stressed knowing the baby is cared for. There are no costs, equipment or supplies needed to feed the baby. It is sustainable for many months.

Is support and protection for breastfeeding included in your hospital's emergency response plan?



Further information

World Alliance for Breastfeeding Action (WABA) materials for World Breastfeeding Week 2009 theme: Breastfeeding a vital emergency response. www.waba.org.my

Emergency Nutrition Network guidelines, training materials, research, links. www.enonline.net

International Lactation Consultant Association, position paper on Infant Feeding in Emergencies www.ilca.org/files/resources/ilca_publications/InfantFeeding-EmergPP.pdf

American Academy of Paediatrics www.aap.org/disasters/index.cfm

Do you realise that donations of infant formula, bottles and teats in an emergency situation can increase the rate of infant illness and death?

When donating to a relief organisation ensure that they follow the international Operational Guidelines on infant and young child feeding in emergencies.

What is an Emergency?

An emergency is any extraordinary or unplanned situation or event that puts the health and well-being of human beings at risk. This can be:

- ◇ Natural disasters (floods, earthquakes, hurricanes, snow storms)
- ◇ Man-made catastrophes (war, terrorism, chemical spill, water contamination)
- ◇ Medical (pandemic flu)
- ◇ Individual (house fire, economic or other crisis)

During and after an Emergency

There are some common effects whatever the emergency:

- ◇ Confusion, panic and fear
- ◇ Contaminated environment
- ◇ Lack of shelter and basic resources
- ◇ Increased risk of disease

Worldwide, 90% of deaths in infants and young children after an emergency are due to diarrhoea. Infant formula increases the risks of diarrhoea and illness.



Key Messages in an Emergency

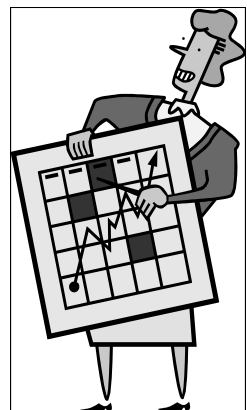
- ◆ The safest food for babies in an emergency is mother’s milk.
- ◆ Nearly every woman CAN breastfeed. Stress does not stop milk production. Skin-to-skin contact and breastfeeding lowers stress levels for both mother and baby.
- ◆ Keep mother and baby together and feeding frequently.
- ◆ Babies need nothing but mother’s milk for the first 6 months.
- ◆ Breastfeeding can be restarted even after it has stopped.
- ◆ Provide a safe space for mothers and children.
- ◆ Provide skilled breastfeeding support, when needed.
- ◆ Feed the mother so that she can feed her baby. Moderate malnutrition has little or no effect on milk production.
- ◆ Mother’s milk has water, vitamins, minerals that help prevent dehydration plus antibodies to fight infection and disease. Continue to breastfeed if baby is sick.

Share your activities

Health Service Quality and Safety Conference

“Integration: People at the heart of service delivery/governing through integration for safer quality of services”.

May 13th with main speakers in Dublin and via Webinar in 10 other centres around the country plus local speakers and events. Abstract submission by Jan 30th on topics related to integration for a safer quality service and environment for service users and providers. This theme gives scope for sharing, learning and getting recognition for your BFHI related activities. See www.qualityandsafetyconference.ie/2010 for details.





Research Update: Breastfeeding is important for mothers

Not breastfeeding is associated with increased risk of premenopausal breast cancer

A large prospective study carried out in the USA using data from 60,075 parous women found that among women with a family history of breast cancer, women who had ever breastfed were less likely to suffer premenopausal breast cancer compared with women who had never breastfed. Stuebe AM, Willett WC, Michels KB (2009) Lactation and incidence of premenopausal breast cancer: a longitudinal study. *Archives Internal Medicine*; 169 (15): 1364-71.

The UK Million Women Study recruited middle aged women with an aim of examining the relationship between childbearing and breastfeeding and subsequent body mass index (BMI). Parous women who breastfed had significantly lower BMIs than their non-breastfeeding counterparts and this remained significant even after adjusting for confounding variables. The mean BMI decreased as lifetime duration of breastfeeding increased: compared with women who never breastfed, mean BMI decreased by 0.8 (95% CI 0.71 to 0.82)kg/m² in those with a lifetime breastfeeding duration of more than 9 months. This relationship was statistically significant (p<0.0001) and maintained at each parity level.

Bobrow K, Quigley M, Green J et al (2009) The Long Term Effects of Childbearing and Breastfeeding on Body Mass Index in Middle Aged Women: Results from the Million Women Study. *J Epidemiol Community Health*; 63 (Suppl_2): 56 http://jech.bmj.com/content/63/Suppl_2/56.full

***Not
breastfeeding
increases risk
of obesity in
mothers***

Hypertension, diabetes, or hyperlipidemia more likely if didn't breastfeed

Parous women who had never breastfed were more likely to have hypertension, diabetes, or hyperlipidemia than were those who had lactated according to a prospective study with data from 139,681 postmenopausal women in the US. Even after adjusting for family history, BMI and sociodemographic variables, women who reported a lifetime history of more than 12 months of lactation were 10–15 per cent less likely to have risk factors for cardiovascular disease.

Schwarz EB Ray RM, Steube AM et al. (2009) Duration of lactation and risk factors for maternal cardiovascular disease. *Obstet Gynecol May*; 113:974.



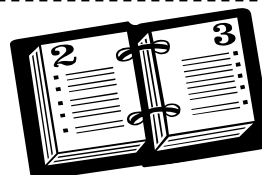
Want to keep up to date with breastfeeding research? Subscribe to the free BFI UK service and receive updates direct to your email.
www.babyfriendly.org.uk/subscribe/

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,
c/o Health Promoting Hospitals Network,
Connolly Hospital, Blanchardstown, Dublin 15,
email: bfhi@iol.ie
Web site: www.ihph.ie/babyfriendlyinitiative

BFHI LINK may be photocopied for further distribution. Please credit BFHI in Ireland if you use any items in another publication or presentation.



Diary Dates

March 6-7th ***La Leche League Ireland Annual Conference***, Maynooth.
www.lalecheleagueireland.com

March 13th ***Association of Lactation Consultants in Ireland, Spring Study Day***, Galway.
www.alcireland.ie

May 13th ***Health Service Quality and Safety Conference***, Dublin and ten regional centres through Webinar. Abstract submission by Jan 30th.
www.qualityandsafetyconference.ie/2010

Feeding babies during emergencies

Floods, fire, heavy snow, blocked roads, strikes in key services, lack of money, homelessness, flu epidemics and other sudden emergencies put babies at risk.

Mother's milk provides food, water, warmth and comfort for the baby. The mother knows her baby is safer, so breastfeeding also reduces the mother's distress.



- If your house is flooded and you have no clean water, no electricity, and the roads are blocked, how does a baby get fed? When you are breastfeeding, feeding the baby is not a worry. You have all the baby needs.
- If you need to leave your home suddenly and in a panic, what do you bring for the baby? When you are breastfeeding, the baby needs only you. Baby does not need bottles, tins, water, steriliser, and other equipment in order to be fed.
- If you are travelling and roads are blocked, planes diverted, or trains cancelled, breastfeeding means no worry about feeding the baby.
- If money is short, there is no cost of formula and bottles when you are breastfeeding .



In an emergency situation mothers need...

- ◇ Reassurance and support
- ◇ Safe place to breastfeed
- ◇ Access to food, water and shelter
- ◇ Skilled help with feeding if there are any difficulties

In an emergency situation babies need...

- ◇ Their mother and her milk
- ◇ Protection from unneeded donations of formula

Myths about breastfeeding

Myth: Stress prevents mothers from producing milk

Fact: Stress does not prevent milk production, but may temporarily reduce the flow.

Solution: Stay near your baby, find a comfortable place, put your baby to the breast often and be assured your milk and the comfort of your arms are all your baby wants.

Myth: Once a mother stops breastfeeding, she can't start again.

Fact: A mother can restart breastfeeding, there is no time limit.

Solution: Put baby to breast often and ask for skilled assistance and support if you need it.

Myth: Some women can't breastfeed.

Fact: Very few women do not produce milk after their baby is born. Most medications, if they are in the milk, are not a risk to the baby.

Solution: Stay near your baby, find a comfortable place, put your baby to the breast often, ask about medications that are suitable when breastfeeding.

Breastfeeding is the one safe and secure source of food for babies. It is instantly available, provides active protection against illness, keeps infant warm and close to mother, and needs no money or equipment.



Breastfeeding is a shield to protect baby and mother in times of emergency.