



Recent BFHI National Coordination Activities

Support

- * Assisted hospitals with preparing and implementing action plans, and preparation for awards.
- * Discussed queries from hospitals regarding practices, Code, training, team working, audit process, and availability of translations.
- * Produced and distributed December BFHI Link. Updated and added resources on the BFHI web site.
- * Developed staff training session on assisting mothers who are not breastfeeding.

Collaborate

- * Participated in activities of the National Breastfeeding Strategy Implementation Committee. Chaired sub-committee on Education & Training of health workers for breastfeeding.
- * Developed links with BFHI Kuwait.

Network and promote

- * Presentations to students health workers in two universities.
- * Responded to communication from health workers, parents, students and media regarding BFHI related issues.
- * Participated in International BFHI Coordinators e-list.

Manage

- * Reviewed activities of 2009 and plans for BFHI in 2010.

Monitor and assess

- * Preparation for site visits and full assessments.
- * Began training of one new assessor.
- * Sought annual reports from hospitals.

**Evaluation of 2009 Action Plans and Action Plans for 2010 were due in March.
Are yours submitted?**



Focus in this issue:

- ◆ All staff have a role in protecting, supporting and promoting breastfeeding and best practice.
- ◆ Step Two: All staff need orientation and some staff need training.
- ◆ Three steps to providing effective training.

Plus:

RESEARCH UPDATE: *Is breastfeeding a benefit or is not breastfeeding a risk?*

PARENTS' HANDOUT: *Signs that feeding is going well*

All staff have a role in protecting, promoting, and supporting breastfeeding.

As an **obstetrician**, I discuss the importance of breastfeeding with pregnant women. I encourage the labour and birth practices that assist breastfeeding. Unless medically indicated, I avoid practices that might negatively impact on starting breastfeeding.



As a **postnatal health care assistant**, I can point out baby's signs of readiness to feed and assist mothers to be comfortable when feeding their baby. I remind visitors of the mother and baby's need for rest. I care for equipment such as pumps and storage of milk. I can notice but I do not diagnose or advise treatment if a mother is having difficulty or has concerns. I ask the midwife to come to the mother.



As a **receptionist, or ward clerk**, I ensure that posters or leaflets from formula companies are not displayed. I can assist a visitor to find a place where she can breastfeed comfortably, if requested.



As a **pharmacist**, I provide information on medication use when breastfeeding. I suggest alternative medications rather than restrict breastfeeding, unless the evidence shows the risk from breastfeeding is greater than the risk from not breastfeeding.



As a **social worker**, I recognise the emotional and financial importance of breastfeeding. I suggest to women to consider breastfeeding and to continue breastfeeding even if in difficult circumstances. I avoid offering formula as a solution.



As a **paediatrician**, I recommend that babies are breastfed and I encourage mothers to express if baby is unable to feed. I suggest bank human milk if own mother's milk is not available. I avoid restricting breast milk unless there is an overriding medical need.



As a **lactation consultant**, I keep my colleagues up-to-date and act as a resource person. I assist when additional time is needed to establish breastfeeding. I coordinate projects related to breastfeeding.



As a **dietitian**, I promote the nutritional importance of breastfeeding to both baby and mother in group talks and individual consultations. I support breastfeeding when baby or mother have a nutrition related condition and protect human milk as the norm for infant feeding.



As a **midwife, neonatal, or paediatric nurse**, I discuss the importance of breastfeeding and practices that support it. I assist mothers to learn the skills of breastfeeding.



As an **anaesthetist**, I help the mother to be comfortable during labour and birth, and the baby to be alert and ready to go to the breast. I can assist early skin to skin contact between mother and baby.



We all know where to refer women who need additional information or assistance.

We all abide by the International Code to protect mothers, babies and staff from infant formula marketing practices.

We all participate in training so that we can support mothers, babies and our hospital policy.

Step 2: Train all health care staff in skills necessary to implement the policy.

What is needed?

Orientation All staff in contact with pregnant women, infants and young children and their mothers, need orientation to the hospital policy and their role and responsibilities within that policy. This takes place when they commence employment and takes approximately 15 minutes.

Training All clinical staff members who have contact with mothers and/or infants should receive training, either at the hospital or prior to joining the staff, that covers:

- ◇ the Ten Steps to Successful Breastfeeding,
- ◇ mother-friendly labour and birth practices,
- ◇ the International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions,
- ◇ infant feeding support for non-breastfeeding mothers,
- ◇ communication skills.

For staff with direct care responsibilities for assisting breastfeeding, it is likely that at least 20 hours of targeted training will be needed to develop the knowledge and skills necessary to adequately support mothers and should include supervised clinical practice.



Three steps to providing effective training

1 Determine the responsibilities of the staff member.

Do their responsibilities require:

- *Awareness* of the importance of breastfeeding and practices that support or hinder it; and where to refer a woman for information and assistance?
- *General* skills for antenatal discussion, assisting to establish normal breastfeeding and assessing when there may be a difficulty needing more skilled help?
- *Specialist* knowledge and skills to assist in complicated situations that affect breastfeeding and to act as a referral source for others?

2 Assess the staff member's current knowledge, attitude and practice and establish if there are learning needs to be addressed.

Example, depending on the role and responsibility, can the staff member:

- State where they could find a copy of the policy and one way in which they can implement the policy in their role?
- List three reasons why breastfeeding is important to child and to mother?
- Describe key hospital practices that assist breastfeeding and what might hinder it?
- Assist a mother to learn skills of breastfeeding and assess effective feeding?

3 Provide training to address learning needs.

This training may include theoretical knowledge, supervised skills practice, discussion of attitudes, on-line learning, formal class room sessions, self-study, or informal updating during practice. Check that learning needs are being met.

Further reading

BFHI Ireland web site <http://www.ihph.ie/babyfriendlyinitiative/resources.htm> Scroll down to the Training section

BFHI Link past issues on training, particularly Issue 21. Available on the BFHI Ireland website

WHO, Model chapter for textbooks for medical students and allied health professionals. Free download from <http://www.who.int/nutrition/publications/infantfeeding/en/index.html>

RESEARCH UPDATE: Is breastfeeding a benefit or is not breastfeeding a risk?

Most infant feeding studies present infant formula use as standard practice and breastfeeding as the intervention

Researchers in the University of North Carolina examined studies indexed in PubMed and recalculated the odds ratio to communicate breastfeeding as the normative standard. For example, one recalculated study showed the risk of otitis media with formula use in the first six months was over four and half times that of breastfeeding. McNeil M, Lobbok M, Abrahams SW. What are the Risks Associated with Formula Feeding? A Re-Analysis and Review. *Birth* 37(1): 50-58 March 2010

Obstetricians' Role

In the same research cluster, Steube reviewed the association with formula feeding and adverse health outcomes ranging from infections to chronic diseases. She called on obstetricians to ensure that mothers receive appropriate evidence-based information and care. Stuebe, A. The Risks of Not Breastfeeding for Mothers and Infants. *Rev Obstet Gynecol.* 2(4): 222-231, 2009

Do journal titles and abstracts misinform about risks of not breastfeeding?

Effective promotion of breastfeeding is constrained if health professionals' knowledge on its importance is deficient. A review of 78 studies examines whether formula feeding is named as the risk factor in published research or whether it is considered the unspoken norm. Smith J, Dunstone M, Elliott-Rudder M. Health Professional Knowledge of Breastfeeding: Are the Health Risks of Infant Formula Feeding Accurately Conveyed by the Titles and Abstracts of Journal Articles? *J Hum Lact* 25: 350-358, 2009

Water may be too cool to reduce risks from formula powder

Safer preparation of powdered infant formula recommends using boiled water that has cooled to 70°C to reduce the level of pathogens that may be present in the powdered milk. Recent research in the UK highlighted that the guideline to let the water cool for 30 minutes only works if 1000 ml of water is boiled. If 250 ml of water is boiled and left to cool for 30 minutes it will on average be around 50°C, which is too cool to kill pathogens. As parents are advised to prepare only one bottle at a time, they are unlikely to boil a 1000 ml each time. The report from the UK Food Standards Agency provides a chart of volumes and times that may be useful. http://www.foodbase.org.uk/admintools/reportdocuments/395-1-697_b13010.pdf



Did you notice?

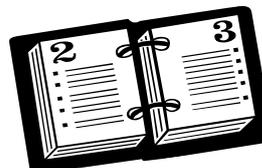
The National Breastfeeding Strategy for Ireland phrases breastfeeding as the norm and not breastfeeding as a risk. It can be downloaded from http://www.healthpromotion.ie/fs/doc/hpu_publications/ACTIONplan.pdf

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

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Diary Dates

- July 21-25 **International Lactation Consultant Association, Annual Conference**, Texas, USA. Contact: www.ilca.org
- July 26 International Board of Lactation Consultant Examiners certification exam. www.iblce-europe.org
- Oct 1-7 **National Breastfeeding Week**
- Oct 1-2 **Association of Lactation Consultants in Ireland Annual Conference and Workshop**. Citywest, Dublin. alci@ireland.com

Signs that Feeding is Going Well

- * **Mother is relaxed and feels happy feeding her baby.**
- * **Baby looks healthy, alert and is growing.**
- * **Baby is calm and reaches or roots for the breast if hungry.**
- * **Mother's breasts are comfortable.**



Baby's position is good



- Held close to mother's body.
 - Head and body in a line so baby does not need to turn his head to find the breast.
 - Whole body supported with head movement not restricted.
- Held close, in line and supported applies to all feeding positions.

Baby attaches to the breast comfortably

- Start with nose opposite nipple.
- Chin and lower lip touching breast below the nipple.
- Give baby a little time to find a good place.
- Baby tilts head back and opens mouth very wide with tongue down.
- Support baby close to mother's body without pushing baby's head.
- Baby takes a large mouthful of breast.
- Baby's lower lip is turned out and well below the nipple.
- Mother is comfortable and baby sucking.



Milk goes from mother to baby

- There are slow, deep sucks.
- Baby's cheeks are round, not sucked in.
- Baby lets go of the breast when finished.
- Mother may notice breasts feel softer after feeding.



If feeding is not comfortable, find help from someone who knows about breastfeeding. Feeding your baby should be happy for you and your baby.

If baby is bottle fed

- Hold baby close so that baby can see you.
- Support baby's back.
- Let baby decide when he has had enough milk. Do not shake the bottle to get baby to take extra milk.
- Always stay with your baby. Do not prop the bottle and leave baby alone.

