



Have you considered seeking a Certificate of Commitment to the Baby Friendly Initiative?

If your hospital/unit is meeting most of the criteria for the Ten Steps, you should consider applying.

The Certificate of Commitment recognises that a hospital is working to bring its practices into line with the Ten Steps to Successful Breastfeeding. It is also the hospital's statement of commitment to make improvements to the service it provides to mothers and babies.

The process for a hospital seeking a Certificate of Commitment:

- Complete the Baby Friendly Hospital Initiative Self-Appraisal form so that it reflects current practices. Steps 1 and 10 from the Ten Steps to Successful Breastfeeding must be fully in place and the remaining Steps substantially adopted.
- An informal site visit is conducted followed by a discussion with key staff involved.
- Within 12 weeks of the site visit and discussion/report, develop a plan and schedule to address all points needing attention;
- Commit to show continued improvement and to work towards full assessment within 24 months.

Prior to the site visit, the following needs to be sent:

- Updated Self-Appraisal form;
- Copy of breastfeeding policy and information on how it is monitored;
- Curriculum used in training relevant staff in lactation management and in orientation of staff not directly responsible for assisting mothers with breastfeeding;
- Outline of antenatal education for mothers on breastfeeding including copies of any materials routinely given to mothers;
- Information on the mechanism for recording breastfeeding statistics;
- Documentation indicating that any breastmilk substitutes required are purchased and not obtained free or at low-cost from the manufacturers.

Awards are re-assessed each year. Hospitals are required to provide an audit of their progress and their breastfeeding statistics each year. Any drop in standards could lead to the hospital being re-assessed and asked to bring its practices back into line with the BFHI requirements. Awards can be withdrawn if requirements of the BFHI are not met.

Interested? Contact the BFHI Co-ordinator to discuss it.



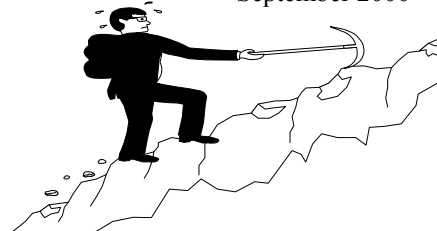
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Recognising feeding signals

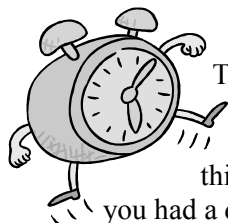
What are the challenges to implementing this Step?



How frequent is 'normal'?

In a large Swedish study, at 2 weeks the mean frequency of feeds was 8 feeds in 24 hours. However the range was 4 to 15 feeds. So there is great individual variation. Hornell A et al. Breastfeeding patterns in exclusively breastfed infants. *Acta Paediatr*, 1999, 88:203-11.
A two-day old baby has an average stomach capacity of only 4 ml/kg body weight, so he needs frequent small feeds.

Don't babies need a routine?



The idea of bringing up babies by a clock arose in the early 20th century and parents have battled with it since. Babies cannot read a clock. All they know is they have a need and it is not being met. If you were thirsty, would you like to wait until another person decided it was time you had a drink? And someone else decided how much you could then drink and how quickly you had to drink it? Some adults like leisurely meals, some like a big meal in the middle of the day rather than the evening. We accept this as normal for adults, so why not for babies?

What if the baby doesn't 'demand'?

There is no evidence that long intervals between feeds adversely affect healthy term newborns who are kept warm and who are breastfed when they show signs of hunger. At-risk infants should not go more than 3 hours between feeds. Hypoglycaemia of the Newborn: a review of the literature. WHO/CHD/97.1
Some babies are sleepy from the effects of maternal analgesics and may need to be encouraged to wake up. Mothers may need to initiate a feed at times if their breasts are becoming overfull.

Does frequent feeding cause sore nipples?

No. Research as far back as 1952, showed that duration of a feed was not related to sore nipples. Illingworth RS, Stone DGH. Self-demand feeding in a maternity unit. *Lancet* (6710): 683-687, 1952. Sore nipples are mainly caused by poor attachment to the breast and even short feeds can damage the nipple if attachment is poor.

What about the visitors?



Many maternity units have instituted a rest period with no visitors or activity on the ward which mothers appreciate. Some units have a breastfeeding room where mothers can go to feed in privacy if needed. Information can be provided antenatally and on the ward on the importance of limiting visitors so mother and baby get both learning and resting time.

But the baby is brought to the mother whenever he cries.

Crying is a late sign of hunger. An infant cannot suckle until he has calmed and stopped crying. Crying uses energy (reducing weight gain) as well as tiring the baby. A crying baby often goes to sleep when put to the breast. Early hunger signs need to be recognised – sucking on hands or sheet, opening mouth and reaching out with his tongue and turning his head as if seeking the breast.

Step Eight : Encourage breastfeeding on demand

What happens if feeds are restricted?

Restricted frequency and length of breastfeeds has been associated with :

- ◇ poor weight gain,
- ◇ insufficient milk supply,
- ◇ sore nipples,
- ◇ engorgement, and
- ◇ early supplementation or cessation of breastfeeding.

WHO, Evidence for the Ten Steps, 1998.

Renfrew MJ, Lang S. Feeding Schedules in hospitals for newborn infants. Cochrane Review, Issue 3, 1999. Oxford.

Infants who are allowed to control the frequency and duration of a feed also learn natural hunger and satiety cycles which may reduce the risk of later obesity.

Mothers who facilitate infant self-regulation of feeds, experience more confidence in being able to recognise their baby's cues.

Becker G & Kelleher CC. Breastfeeding Promotion and Support—materials for health professionals. Unit 8. UCG 1997.

Do your own research

The time of birth may affect the frequency of suckling in hospital. Infants born between midnight and 6 am were nursed more frequently than infants born between 1 pm and midnight.

Yamauchi Y & Yamanouchi I. Breastfeeding frequency during the first 24 hours after birth in full-term neonates.

Pediatrics 86(2) 171-175, 1990.

This may reflect hospital practices such as rooming-in and night feeding. The practice of removing babies to the nursery the first night after birth may particularly limit the suckling of infants born in the afternoon and in the evening.

In your hospital, do you see any differences in time of birth and frequency of suckling?



Crying is a late sign of hunger.

Help parents learn to recognise early hunger signals.



What are the assessment criteria for this Step?

Out of 15 randomly selected mothers of normal babies (including 5 caesarean), at least 80% of those who are breastfeeding report that no restrictions have been placed on the frequency or length of their babies' breastfeeds. In addition, out of the 15 mothers, at least 80% report that they have been advised to breastfeed their babies whenever they are hungry or as often as the baby wants and that they should wake their babies for breastfeeding if the babies sleep too long or the mother's breasts are overfull.

The nursing officer in charge of the maternity ward confirms that no restrictions are placed on the frequency or length of breastfeeds.

It is difficult to assess this Step separately from Step 7 - Rooming-in, as true unrestricted feeding is only possible with practices that enable the mother to respond when her infant shows signs of readiness to feed.

It's not a crime to breastfeed in public

This is one of a series of posters marking the theme of World Breastfeeding Week 2000:

Breastfeeding: It's your Right.

For details of how to purchase the posters contact: INFACCT Canada, 6 Trinity Square, Toronto M5G 1B1, Canada. Infact@ftn.net
www.infactcanada.ca



Baby Friendly Initiative makes a difference

According to a survey by BFHI –UK, baby friendly hospitals increase their breastfeeding rates. The Ulster Hospital, Belfast, has gone from 29% in 1995 to 55% now.

Hospitals with traditional high rates, such as Royal Surrey Hospital, Guildford, showed a rise from 74% in 1995 to 86% now.



Diary Dates

- Sept 23rd ***Breastfeeding Babies with a Cleft Palate***, Dublin. Contact Medicare, Tel: 01- 676-7737.
- Oct. 6th ***Human Milk Banking***. Ulster Hospital, Belfast. Association of Lactation Consultants in Ireland Study Day. Contact: 069-77705.
- Oct 19th and 20th ***Health Promoting Hospitals Annual Conference***, Bunratty, Co. Clare. Contact: 01-8213696, ext 5077
- Nov 9th and 10th ***BFHI UK conference***. Derby, UK. Contact: 00-44-20-7836-5901.
- Feb. 23rd ***Marketing Breastfeeding***. Maynooth. Association of Lactation Consultants in Ireland Annual Conference. Contact: 069-77705.
- March/ April, ***La Leche League Annual Conference***. Ennis, Co. Clare.
- May ***Association of Lactation Consultants in Ireland Study Day***, Kilkenny.
- July ***International Lactation Consultant Association Annual Conference***, Mexico.



You may photocopy *BFHI LINK* for further distribution. We welcome your news items, comments, and suggestions.

Contact the BFHI Co-ordinator, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15.

News and Views

Implementing Rooming-in

Our Lady of Lourdes Hospital introduced rooming-in two years ago. Miriam Kelly, Post Natal Sister, shares their experience -

Following consultations with the multi-disciplinary team and mothers, a date was set for the introduction of 24-hour rooming-in for all babies. Information on the benefits for mother and baby as well as the health and safety issues, was disseminated to pregnant women through antenatal classes and clinic visits.

Primigravidae appeared to adapt well to the new innovation, however multiparis mothers required additional support and education from staff.

Younger members of staff adapted quickly to the practice but some of the longer serving staff found the changes more difficult to adjust to. This was overcome through discussion at ward level and orientation of staff to evidence based literature available on the ward. Rooming-in is now the normal practice in the postnatal ward.



Breastfeeding is a community issue

Midwives from the **Regional Maternity Hospital, Limerick** are out and about. The end of August is time for the Limerick Agricultural Show and as usual the midwives had an area at the show promoting and supporting breastfeeding. Margaret O'Leary-Ryan also told us about plans for a radio programme discussing breastfeeding on 95FM.

Baby-led or Demand Feeding



How often do **you** eat or drink something? Probably more than 5-6 times a day. If it is acceptable for adults to eat when they want, why do we try to make babies eat by a timetable? Some babies want to nurse only 6- 8 times a day and some are 'snackers' and want to nurse 12-14 times a day.

Many parents try to get their baby into a feeding routine. However, babies thrive best when they are allowed to feed in response to their cues or signals. This is called baby-led or demand feeding or cue-feeding.

Early signals of wanting to feed that your baby shows:

- ◇ Sucks on his hands, blanket or other things that touch his mouth
- ◇ Turns his head as if looking for the breast
- ◇ Opens his mouth and reaches out with his tongue.

If these signals are ignored, your baby may

- ◇ Start to make small noises and fuss a little, and then,
- ◇ Go to a full cry to indicate his needs.

Some babies are a little harder to understand. They may wake-up and cry immediately or they may lie calmly and if not fed, go back to sleep. Keeping your baby near you helps you to notice his signals.

A crying baby is hard to feed for both mother and baby.

Learn the early signals of hunger that your baby shows and respond.

You may be missing your baby's hunger signs if your young baby:

- ◇ Breastfeeds less than 7-9 times a day
- ◇ Often wakes up and goes back to sleep without feeding
- ◇ Sleeps for more than 4-5 hours at a time.

If these happen, you need to wake your baby every 2-3 hours and encourage him to feed.

Finished feeding signals are:

- ◇ Body relaxed and arms are at rest
- ◇ Lets go of the breast, though some babies like to go on sucking gently until they fall asleep.

A newborn baby's stomach is only the size of a golf ball.

As well as food, breastfeeding gives your baby comfort and contact as well as immune factors to help prevent infections. If your milk supply is low, your baby will want to nurse more often so that your breasts make more milk. This is the way babies and mothers are designed. Ignoring nature can result in low weight gain and a baby who learns that his signals get no response.