

Issue 32
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HPH
Baby
Friendly
Hospital
Initiative
in Ireland



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

Congratulations

Cavan General Hospital has reached the standard required of a Baby Friendly Hospital (National Award). The presentation of their award is likely to take place in late January. The hospital will also be presented with their Breastfeeding Supportive Workplace Bronze Award.

Approximately 38% of babies are now born in the seven Irish hospitals with Baby Friendly status. This brings us nearer to the target in the National Breastfeeding Strategy of 50% by 2010. All the maternity units in the HSE Region Dublin North-East are now designated Baby-friendly !

The majority of mothers initiated breastfeeding in 2006 and rates rose.

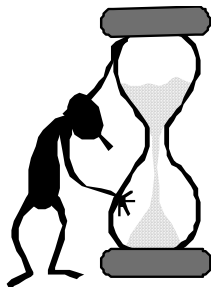
Breastfeeding rates from the information provided by hospitals to BFHI

Initiation	52.6 %	range 40 - 63%
Discharge (exclusive+partial)	47.5%	range 34 - 61%
% of births taking place in a in Baby-friendly hospital	34%	

Fourteen hospitals had a rise in initiation rates from 2005 and fifteen had a rise in discharge rates, though not always the same hospitals.

But all is not well ...

Though rates are rising, in 2006 approximately 3300 women ceased breastfeeding *before* hospital discharge. This is about 10% of those who initiate breastfeeding. The range was from 0 to 24.5% between hospitals. 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 2007 **BFHI Action Plans** and submitting your 2008 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.

Can you share your procedures on cleaning and sterilizing equipment for expressed breast milk to develop a national guideline? Send them to Maura Lavery, CMS Rotunda Hospital or Mary Toole, CMS Coombe Hospital.



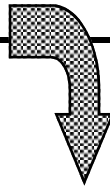
Focus this issue:
Antenatal: Revision to Step 3
Handout: What can a father do?

BFHI : Revised, Updated and Expanded for Integrated Care

The Baby-friendly Hospital Initiative (BFHI) was launched by UNICEF and WHO in 1991-1992 and as a result of the interest and strong request for updating the BFHI package, UNICEF with WHO, undertook the revision of the materials in 2004-2005. The National BFHI Advisory Committee then undertook a review of the updated materials and their use in Ireland.

The updated Global Criteria and a timetable for the implementation in Ireland during 2008-2009 can be found on the website www.ihph.ie/babyfriendlyinitiative

Step Seven (Rooming-in) and Step Nine (Avoiding artificial teats) had only small wording changes so those changes came into effect immediately. Step Three changes are relatively easy to implement and so will start from January 2008. Changes in assessment of Step 8, Step 10 and the Code will come into effect from July 2008 and an issue of *BFHI Link* in early 2008 will describe those changes. Other Step changes will be in 2009.



Step 3 What has changed ?

- Clarification that discussion of the pregnant women's thoughts and any concerns about breastfeeding is expected and not merely handing the pregnant woman a leaflet or telling her the "benefits".
- Both the importance of breastfeeding (including possible risks of non-breastfeeding) and the post-birth practices that support a good start are included in the discussion.
- The methods used to provide information and to discuss this with the pregnant woman need to be effective so that the mother remembers at least some of what was discussed.
- That a one-to-one discussion is not required if the pregnant woman has attended a group discussion at which adequate information was available and an opportunity for discussion was provided. However hospital audits should show that these group discussions do result in pregnant woman having sufficient knowledge. The hospital is still required to provide one-to-one information and discussion for women who do not attend group discussions or who need additional discussion.
- From January 2009, antenatal discussion will also need to provide information on labour and birth practices that support a good start for breastfeeding.
- The pregnant woman should be encouraged antenatally to explore the support services available to her. However information on support services is assessed as part of Step Ten.

BFHI Revision

STEP 3 Criteria

Inform all pregnant women about the benefits and management of breastfeeding.

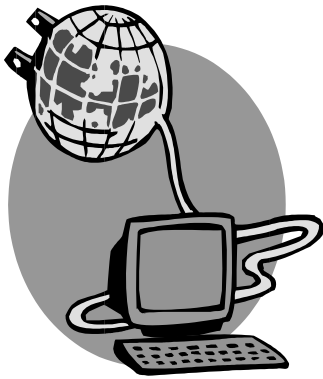
If the hospital has an affiliated antenatal clinic(s) and/or antenatal in-patients, the head of maternity or antenatal services reports that at least 80% of the pregnant women who are provided with antenatal care receive information about breastfeeding. Documentation of the antenatal discussion is encouraged.

A written description of the minimum content of the antenatal education is available. The antenatal discussion covers: the importance of breastfeeding, the importance early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24 hour basis, feeding on demand or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, and that breastfeeding continues to be important after 6 months when other foods are given.

Out of the randomly selected pregnant women in their third trimester who have come for at least two antenatal visits:

- at least 70% confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding
- at least 60% are able to adequately describe what was discussed about 3 of the topics listed above.

What you can find on the BFHI Ireland web site:



Go have a look

The criteria for awards and self-appraisal forms
Forms to apply for workplace awards
Information on the BFHI revision
Frequently Asked Questions (and answers) about the initiatives in maternity services, paediatric services and breastfeeding supportive workplaces
A list of hospitals and their awards (including press releases and some photos)
Back issues of *BFHI Link* including handouts for parents
Information on why the Code of Marketing matters
Notes on training
Links to breastfeeding support services
Links to BFHI activities in other countries

And more added
each month

➔ www.ihph.ie/babyfriendlyinitiative

Resources for Antenatal Discussions

from BFHI Ireland (Starred items are parent handouts)

Did you know? An infant feeding decision has long-term effects. BFHI Link Issue 5, March 2000

Implementing Step 3. * A father can help breastfeed* BFHI Link Issue 6, June 2000

Attitudes to Infant Feeding. BFHI Link Issue 9, February 2001

Informed choice means knowing both sides – what may happen if you do breastfeed and what may happen if you do not breastfeed. BFHI Link Issue 11, November 2001

Exclusive breastfeeding for six months and continued with complementary foods. *Exclusive Breastfeeding provides all your baby needs.* BFHI Link Issue 13, September 2002

Where do parents get information? BFHI Link Issue 15, June 2003

Breastfeeding at the heart of health promotion. BFHI Link Issue 17, December 2003

Your pregnancy is a good time to discuss... BFHI Link Issue 22, March 2005



Providing information without marketing. BFHI Link Issue 24, Sept 2005

Letter to my mum. BFHI Link Issue 25, March 2006

Composition of breast milk. *Mother's Milk is Magic.* BFHI Link Issue 27, June 2006

Other issues of BFHI Link contain information of specific practices such as rooming-in, baby-led feeding and other topics to discuss antenatally.

Sources of materials in languages other than English

BFI UK <http://www.babyfriendly.org.uk/page.asp?page=95>

La Leche League International

www.la lecheleague.org then click on Welcome in the language you are looking for or the web site of that country. Also ask your local La Leche League Leader about materials.

WABA <http://www.waba.org.my/otherlanguages/index.htm>



Contents of the publication may vary slightly from the English language version or version in Ireland. For example, the BFI UK publication *Breastfeeding Your Baby* is not exactly the same as the BFHI Ireland publication by the same name. Terms such as community midwife and health visitor may be used in UK information, and visits to paediatrician in US materials where we would take the baby to a GP or PHN.

- **Information from other countries may lack contact details for support in Ireland so ensure there is a information added that gives local contacts.**
- **Ensure the information is accurate and supportive, including illustrations. Wrong information in the mother's own language may be more harmful than no information.**

**New Review from WHO: Edmond K, Bahl R (2007)
Optimal feeding of low-birth-weight infants: technical review**

The Department of Child and Adolescent Health, in collaboration with the epidemiology unit of the London School of Hygiene and Tropical Medicine, conducted this systematic review of issues in feeding of low birth weight infants.

The review addresses the following key questions:

- what to feed,
- when to start feeding,
- how to feed,
- how often, and
- how much.

The review clearly shows the benefits of exclusive breast milk feeding for low birth weight infants.

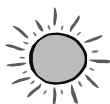
These questions are answered for three subgroups of low birth weight infants - preterm infants of less than 32 weeks gestations, preterm infants of 32-36 weeks gestation and term low birth weight infants. The outcomes considered are mortality, severe morbidity, growth and development.

The review clearly shows the benefits of exclusive breast milk feeding for the three subgroups of low birth weight infants. Where this is unavailable, donor human milk would be the next best choice. It summarizes the evidence for micronutrient supplementation for the different subgroups. Further, the review identifies safe alternative methods of feeding low birth infants who cannot yet breastfeed directly.

http://www.who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159509_4.htm

LATEST NEWS: New guidance on developing hypoglycaemia policies.

Download from UNICEF UK Baby Friendly Initiative www.babyfriendly.org.uk/pdfs/hypo_policy.pdf



Recommendations for a National Policy of Vitamin D Supplementation for Infants

from the Food Safety Authority of Ireland (FSAI) recommends the implementation of a national policy of vitamin D supplementation in all infants aged 0-12 months in Ireland. It can be downloaded from <http://www.fsai.ie/publications/reports/vitaminD.pdf>

Implementing Baby Friendly Hospital Initiative policy: the case of New Zealand public hospitals

Focuses on the barriers encountered in implementing the first Two Steps of the BFHI: developing BFHI policy, communicating it to staff; and training. Moore T, Gauld R, Williams, S. *International Breastfeeding Journal* 2007, 2:8 www.internationalbreastfeedingjournal.com/content/2/1/8/abstract

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

- Feb 23rd **Association of Lactation Consultants in Ireland, Spring Study Day, Breastfeeding: a real experience.** Castlebar, Co Mayo Contact: alci@iol.ie
- March 8th-9th **La Leche League Conference,** Ennis. Contact: 074-91322003 jan Cromie@ireland.com
- March 28th-29th **Lactation Consultants of Great Britain, Annual Conference and Master Classes.** Leeds. Contact: www.lcgb.org
- May **Breastfeeding Week UK** for events in Northern Ireland see www.healthpromotionagency.org.uk
- July 23rd-27th **International Lactation Consultant Association, Annual Conference,** Las Vegas, USA. Contact: www.ilca.org
- Oct 1st-7th **National Breastfeeding Week Ireland**
- Oct 1st-3rd **International Lactation Consultant Association, Europe Conference,** Vienna, Austria. Contact: www.ilca.org
- Oct 3rd-4th **Association of Lactation Consultants in Ireland, Annual Conference, Cork** Contact: alci@iol.ie
- Oct 21st **HPA & HSE All-Ireland Breastfeeding Conference,** Northern Ireland venue. Contact 048-90311611 Health Promotion Agency NI

What can a father do?

- **Tell your partner** and your family and friends **that you are proud of her** and that your baby is fed mothers milk.
- **Sit and talk to your partner** when she is feeding or just be there beside her so that she knows you care.
- **Take care of the baby for an hour or two** while your partner has some time to herself. She may want to lie in the bath or sleep or go for a walk.



- **Spend time close with your baby** - rock, cuddle, sing, play and go for walks together. Learn games and songs such as Incy-wincy Spider to play with your baby, even from very young.
- **Find out** how mother's milk is made and how to help your baby to feed well. Remember it takes both baby and mother time to learn these new skills.

Remember

- Your baby will grow up very quickly. Enjoy your baby.
- It can be sad for both the mother and the baby if they have to stop this natural feeding and close contact before they are ready. Help to find ways to solve problems and continue feeding.
- There is help and support such as groups run by other mothers and groups run by the health services. Find out what is in your area and how to contact them. Women are welcome at the support groups during pregnancy.



- All new mothers (and fathers) get tired and are awake at night. Take it easy and don't try to do everything that you did before the baby came.
- Baby can feed without anyone seeing a bare breast. Help your partner try different clothes so that she can attach the baby with a top that pulls up rather than opens from the top.
- It does not help if you doubt that your partner will be able to feed the baby.

Mother's milk is important to your baby, your partner and to you.

Mother's milk is all the food a baby needs for the first six months.

A baby who does not get mother's milk is more likely to have allergies and illness both as a baby and when older. Giving mother's milk means less cost of doctors and medicines and less time off work with a sick child.



Feeding her baby with her own milk can help a mother to be more loving towards her baby. It also helps her body to tone-up after the pregnancy and birth. It reduces the risk of breast cancer too.

Mother's milk is free - no cost of buying formula milk and keeping equipment clean. It is always there and ready. No rush to the shops in the rain.

Human milk is made for human babies. It helps the baby's brain grow so your child can think and learn well. It is easy to digest - less smelly nappies.

Mother's milk is 'green'. It does not cause pollution when it is made and it has no tins to dispose of. It does not need to travel miles using fuel.