



## Rates : How are we doing?

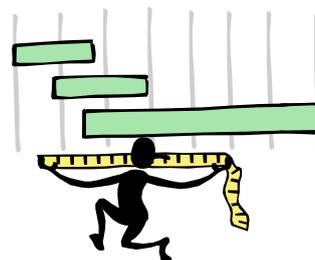
The BFHI started in Ireland in 1998 though hospitals did not start to return detailed statistics until 2002. The initiation rate rose over the years, most noticeable at the lower end of the range. In 2009, the average initiation rate was 57.8% with only one hospital reporting an initiation rate below 50%. A great achievement.

Differences in the method of collecting rates at time of discharge does not facilitate accurate reporting of an average exclusive and partial rate and thus the number breastfeeding in any amount is reported here.

**In 2009, 52% - the majority - of babies went home breastfeeding!**

Along with the rise in those breastfeeding there has been a worrying rise in the number who start breastfeeding and have stopped all breastfeeding before they leave the maternity facility. In 2002, approximately 2500 women ceased breastfeeding and this rose to 4500 women in 2009. These women knew breastfeeding was important; they started but were not able to continue.

- ◇ Do these women fail at breastfeeding or does the health services fail to assist them to carry out a widely promoted practice?
- ◇ When these women talk with their friends does their experience encourage others to breastfeed?



2009 did not show the level of increase of previous years.

- ◇ Were there less mothers from cultures with higher breastfeeding rates than Ireland?
- ◇ Did health services change?
- ◇ Did pregnant women listen to their friends' experiences?
- ◇ Is it acceptable that 4500 women stop breastfeeding before discharge and their infants did not receive their milk ?
- ◇ Is it ethical to promote breastfeeding if we can't assist mothers to do so for even the first two days?
- ◇ Was 2009 just an unusual year or does something need to be done?

**Now is the time of year to plan for 2011. Let's plan to reduce the number who stop breastfeeding before discharge.**

* no report from one facility	2002	2005	2008 *	2009 *
Births	60286	61268	72652	73274
Breastfeeding Initiation average % (Range)	47.4 (29-61)	50.8 (39-59)	57.2 (46-67)	57.8 (45-70)
Any breastfeeding at Discharge % (Range)	43 (26-53)	45.8 (34-57)	50.1 (38-64)	52.1 (41-61)
Ceased breastfeeding before discharge	2494 (9%)	3081 (10%)	4450 (11%)	4532 (11%)



### Inside this issue:

- Ideas for National Breastfeeding Week
- Steps to Supporting Breastfeeding
- News and Research Update
- Parent's Handout:
  - What to expect in a Baby Friendly Hospital

## How will you celebrate National Breastfeeding Week October 1<sup>st</sup> to 8<sup>th</sup>?

### Participate

Mark each day of National Breastfeeding Week with a slogan.

Post it on notice boards or include it on emails that you send. Here are some ideas for slogans:

- ◆ Breastfeeding...A gift that lasts a lifetime.
- ◆ Affordable health care begins with breastfeeding.
- ◆ Quality health care begins with breastfeeding.
- ◆ Breastfeeding...A Natural Resource.
- ◆ Colostrum is the first immunization.
- ◆ Breastfeed babies for a healthy future.
- ◆ Human milk for human babies.
- ◆ Our hospital supports breastfeeding mothers and babies!
- ◆ What did YOU do today to help a mother and baby breastfeed happily?
- ◆ Mother's milk is better than any udder milk.
- ◆ Ask me about your free baby gift - breastfeeding.
- ◆ Keep the carbon footprint low ... breastfeed.
- ◆ Today's babies are tomorrow's workforce. Breastfeeding is an investment.

### Watch your language

The language we use can indicate to parents and colleagues that we consider breastfeeding the norm or the exception. Think about and discuss with colleagues:

- ◆ *Does breastfeeding help babies to be healthier?* If breastfed babies are healthier, then what is the baseline (or normal situation) which these babies are more healthy than? Consider using the phrase: breastfeeding helps babies to be healthy.
- ◆ *Does breastfeeding have advantages?* Similarly to the previous point, breastfeeding is just ordinary - the biological norm; not an extra benefit above normal health.
- ◆ *Do mothers need to decide to breastfeed?* Breasts develop milk-producing structures and when the placenta comes away milk starts to flow; these are normal physiological processes. Mothers do not need to decide to produce milk; though some may decide not to give the milk to the baby.
- ◆ *Does a mother need to request best practice?* The practices encouraged by the BFHI, such as early contact, rooming in and no artificial teats or fluids unless medically necessary, are evidence based best practices. These practices should be the norm, not as special requests.

### Decorate

- Free posters from Health Promotion, HSE. See article below for ordering details.
- Get ideas and materials from the web.



worldbreastfeedingweek.org



www.lactivist.co.uk

### Educate

**The World Alliance for Breastfeeding Action (WABA)** has Breastfeeding Week Posters and Action Folders to download plus links to more <http://worldbreastfeedingweek.org>

**HSE Breastfeeding Fact Sheets** for health workers to download on 16 topics [www.breastfeeding.ie](http://www.breastfeeding.ie)

**BFHI Link** has 39 previous issues with info and ideas. They can be downloaded and used for a staff update and parents handout page [www.ihph.ie](http://www.ihph.ie)



### HSE Theme: Breastfeeding Support Networks

The HSE's overall theme for National Breastfeeding Week is *Breastfeeding Support Networks*. As well as focusing on promoting supports such as [www.breastfeeding.ie](http://www.breastfeeding.ie) and breastfeeding support groups, this year the HSE will be adding a focus on the wider supporting environment such as public buildings/restaurants/shops etc.

Campaign elements will include:

- Online promotion of [www.breastfeeding.ie](http://www.breastfeeding.ie)

- Posters - Breastfeeding Support Network
- GP promotion – leaflet and posters
- Radio
- PR [focus highlighting public spaces (public sector organisations & private sector organisations) support for breastfeeding]

General breastfeeding information materials (including posters) are available to order on [www.healthpromotion.ie](http://www.healthpromotion.ie)



WABA World Breastfeeding Week [www.waba.org.my](http://www.waba.org.my)

### Ten Steps increase breastfeeding rates

More and more studies have shown that implementation of the Ten Steps with continued postnatal support contributes to increased breastfeeding initiation and exclusive breastfeeding at the local, national and global levels.<sup>1,2,3</sup>



The National Strategic Action Plan for Breastfeeding (2005) set the target that all maternity facilities would be active towards implementing the Ten Steps by 2010<sup>5</sup>. All the maternity facilities were active at one point during the five years, though unfortunately some facilities are not participating at present.

An estimated 28% of all the maternity facilities in the world have implemented the Ten Steps which has contributed to an encouraging increase in breastfeeding rates despite aggressive commercial promotion of infant formula and feeding bottles. However this is a far cry from the original goal of ALL maternity facilities practising the Ten Steps by 1995 as stated in the Innocenti Declaration (1990) on the protection, promotion and support of breastfeeding which had outlined what countries should do to support breastfeeding.



Studies have shown that with more of the Ten Steps in place, the more likely women are to achieve their breastfeeding goals.<sup>4</sup> This confirms the importance for every maternity facility and community to strive to increase the number of steps in place, even if they cannot achieve all ten steps immediately.

- 1 Merten S, Dratva J, Ackermann-Liebrich U: Do baby-friendly hospitals influence breastfeeding duration on a national level? *Pediatrics* 2005, 116(5);e702-708
- 2 Abrahams SW, Labbok M. Exploring the Impact of the Baby-Friendly Hospital Initiative on Trends in Exclusive Breastfeeding, *Int Breastfeed J*, 2009 Oct 29;4(1):1
- 3 Saadeh R and Casanovas M, Implementing and Revitalising the Baby-Friendly Hospital Initiative. *Food and Nutrition Bulletin* 2009, 30(2)p S225-9
- 4 Declercq E, Labbok MH, Sakala C, O'Hara M. The impact of hospital practices on women's likelihood of fulfilling their intention to exclusively breastfeed. *Am J Health* 2009 May; 99(5):929.
- 5 Breastfeeding in Ireland: A Five Year Strategic Action Plan for (2005). Dept Health & Children, Dublin. Staff training materials free to download [www.who.int/nutrition/publications/infantfeeding/](http://www.who.int/nutrition/publications/infantfeeding/)



### Ten Steps to Successful Breastfeeding

First published in a joint WHO/UNICEF statement in 1989 -

*Protecting, promoting and supporting breastfeeding : the special role of the maternity services.*

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers to initiate breastfeeding within a half-hour of birth.\*
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.
7. Practise rooming-in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

\*Revised in 2006 and now this step is interpreted as to place baby with mother in skin contact immediately after birth and assist to breastfeed when the baby shows signs of readiness.

**Every step counts!**



**RESEARCH HIGHLIGHTS**

**Bottle feeding may effect an infant's later ability to self-regulate food intake.** Study data from 1250 infants found that infants who had more bottle feeds in early infancy were two times more likely in late infancy to continue drinking until their bottle or cup was empty.

Findings were that 27% of infants fed exclusively at the breast in early infancy emptied the bottle or cup in late infancy, 54% of infants who were fed both at the breast and by bottle did so, and 68% of those who were fed only by bottle did so. There were similar dose-response relationships when formula or expressed mother's milk was in the bottle.

Self-regulation of feeding may be an important aspect of childhood obesity and this study provides further information on possible mechanisms between not breastfeeding and increased risk of obesity.

Li R, Fein SB, Grummer-Strawn LM. (2010) Do infants fed from bottles lack self-regulation of milk intake compared with directly breastfed infants? *Pediatrics* 125 (6): e1386-93. <http://pediatrics.aappublications.org/cgi/content/abstract/125/6/e1386>

**Including breastfeeding in the training for doctors increases breastfeeding rates.** A trial in six USA training programmes provided residents in paediatrics, family medicine, and obstetrics with knowledge and skills to provide supportive breastfeeding care.

Trained residents were more likely to show improvements in knowledge (odds ratio [OR]: 2.8 [95% confidence interval (CI): 1.5–5.0]), practice patterns related to breastfeeding (OR: 2.2 [95% CI: 1.3–3.7]), and confidence in providing care (OR: 2.4 [95% CI: 1.4–4.1]) than residents at seven control sites.

Infants born where the curriculum was implemented were four times more likely to breastfeed exclusively 6 months after intervention (OR: 4.1 [95% CI: 1.8–9.7]).

Feldman-Winter L, Barone L, Milcarek B et al. Residency curriculum improves breastfeeding care. *Pediatrics*. 2010; 126: 289-297. <http://pediatrics.aappublications.org/cgi/content/abstract/126/2/289>

**Moving On**

**Ms Maureen Fallon, National Breastfeeding Co-ordinator recently retired. Many improvements related to breastfeeding occurred during her eight years in this post and she will be missed. Best wishes to Maureen for an enjoyable future.**

**International Recognition**

Dr Genevieve Becker, national coordinator of the Baby Friendly Hospital Initiative in Ireland, was recognised as a Fellow of the International Lactation Consultant Association in July 2010. She is the first European to earn this designation and one of only thirty Fellows worldwide.

This designation recognises her long-term dedication to supporting breastfeeding and to the professional organisation of over 5400 members.

Dr Becker was in the first group in Ireland to become international board certified lactation consultants twenty-one years ago.



**Diary Dates**

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](mailto:bfhi@iol.ie) web site: [www.ihph.ie](http://www.ihph.ie)

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Oct 1<sup>st</sup>–2<sup>nd</sup>

**Association of Lactation Consultants in Ireland, Annual Conference, Citywest, Dublin.** Topics include the breastfeeding mother with diabetes, Vitamin D, cranio sacral therapy, birth practices and more. Info: [www.alcireland.ie](http://www.alcireland.ie)

Oct 1<sup>st</sup>–7<sup>th</sup>

**National Breastfeeding Week**

Oct 8<sup>th</sup>

**UK Association for Milk Banking Conference.** Solihull, near Birmingham. Research and practice. [www.ukamb.org](http://www.ukamb.org)

Oct 29<sup>th</sup>

**Cuidiu Conference on Depression in New Mothers, Dublin.** Main speaker Dr Kathleen Kendall Tackett. Contact: [denisegarde@gmail.com](mailto:denisegarde@gmail.com)



WABA World Breastfeeding Week [www.waba.org.my](http://www.waba.org.my)

**The Baby Friendly Hospital Initiative is a world-wide health promotion and quality programme.**

**Find out more at [www.ihph.ie](http://www.ihph.ie)**

- ◇ Does your local maternity unit or hospital take part in the Baby Friendly Hospital Initiative?
- ◇ Has it achieved an award as a Baby Friendly Hospital?
- ◇ Six of the twenty maternity hospitals or units in Ireland are designated as Baby Friendly; is yours one of them?

## What can you expect in a Baby Friendly hospital?

### For all mothers and babies:

- ◆ A discussion during pregnancy about feeding and supportive practices
- ◆ Mother-Baby supportive labour and birth practices
- ◆ Skin to skin contact at birth for at least 60 minutes
- ◆ An offer of help to start breastfeeding when your baby is ready
- ◆ Baby stays with mother at all times unless there is a medical need for separation
- ◆ Consistent correct information, assistance to learn skills of feeding and help if needed
- ◆ No supplements unless there is a medical need and this is discussed with you
- ◆ Links to on-going support after discharge
- ◆ Protection from marketing of breast milk substitutes, bottles, teats and soothers
- ◆ A whole hospital environment that supports families and good health

### If mother and baby are separated or ill:

- ◆ Extended contact between parents and infant including skin contact when stable
- ◆ Information on the importance of human milk for preterm or ill infants
- ◆ Mother is supported and cared for and assisted to establish her milk supply
- ◆ Expressed milk is valued, stored carefully and used
- ◆ Assistance to directly breastfeed when ready

### A Baby Friendly hospital has:

- ◆ a written policy stating the care that they provide
- ◆ staff trained to carry out the practices in the policy
- ◆ checks to see that the practices are happening



### Did you know? Breastfeeding support matters all around the world.

- ◆ 130 million babies are born every year around the world and 9.2 million will die before they reach age 5.
- ◆ Exclusive breastfeeding for the first 6 months can prevent more than a million avoidable deaths each year; in both rich and in poor families.
- ◆ Breastfeeding is important for mothers' health too. Obesity, diabetes, and some types of cancer are less likely in women who breastfeed.