

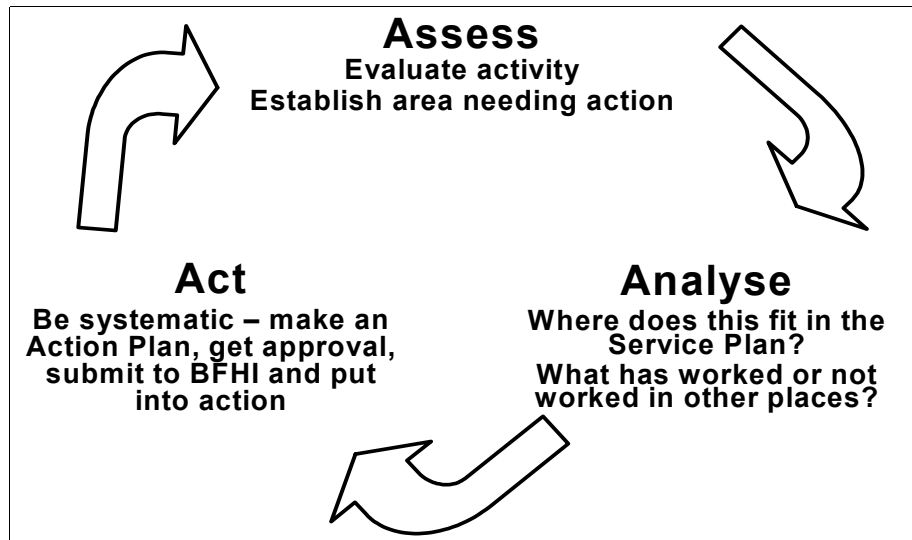
Issue 26
March 2006



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

HAVE YOU SUBMITTED YOUR BFHI ACTION PLAN FOR 2006?



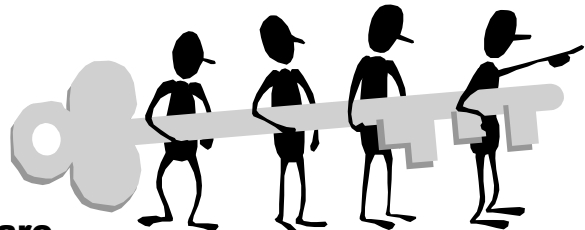
An Action Plan provides answers to:

- ⇒ Where are you starting from? What is currently happening - or not happening? Why?
- ⇒ What is your target? What do you want the situation to be?
What are your SMART objectives:
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Timed
- ⇒ How will you get to your goal? Who will do what, when and by what activities?
- ⇒ How will you know that you have achieved your goal? Plan the evaluation from the start.
- ⇒ How will you sustain the activity and how will it become routine practice?
- ⇒ What resources are needed - people, time, money?

A Plan that is

- **Appropriate**
- **Agreed**
- **Applied**

is key to quality care.



Focus this issue:

Birth Practices and Breastfeeding

Step 4 of the Ten Steps to Successful Breastfeeding states:
Help mothers to initiate breastfeeding within a half-hour of birth.

To focus on the importance of skin-to-skin contact and watching for infant readiness, this step is now interpreted by the revised UNICEF/WHO Global Criteria as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

✓ **Practices that result in a woman feeling competent, in control, supported and ready to interact with her alert baby, help to put this Step into action.**

These supportive practices include:

- ⇒ Support during labour
- ⇒ Assisting to find comfortable positions during labour
- ⇒ Offering light foods and fluids during early labour
- ⇒ Attention to the effects of pain medication on the baby
- ⇒ Birth practices that help the mother to feel in control
- ⇒ Avoidance of unnecessary caesarean sections
- ⇒ Early mother-baby contact



X **Take care that practices that may hinder mother and baby early contact and establishing breastfeeding are only used if medically necessary.**

These practices include:

- ⇒ Lack of support
- ⇒ Requiring the mother to lie in bed during labour and birth
- ⇒ Withholding food and fluids during early labour
- ⇒ Giving pain medications without discussing its effects on mother and baby
- ⇒ Induction, episiotomy, IV lines, continuous electronic fetal monitoring and other interventions used as routine
- ⇒ Wrapping the baby tightly after birth
- ⇒ Separating the mother and baby after birth.

Further Reading

Kroeger M & Smith L. *Impact of Birthing practices on breastfeeding – protecting the mother and baby continuum*. Jones & Bartlett Publishers. 2004

Coalition for Improving Maternity Services (CIMS) www.motherfriendly.org

Royal College of Midwives, (2005) *Evidence based guidelines for midwifery-led care in labour*. Midwifery Practice Guideline No:1 www.rcm.org.uk/info/pages/introduction.php?id=1

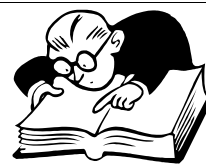
Reviews from The Cochrane Database of Systematic Reviews Issue 1, 2006 www.cochrane.org/reviews/

Hodnett ED, Gates S, Hofmeyr G J, Sakala C. *Continuous support for women during childbirth*. Continuous labour support reduces a woman's likelihood of having pain medication, increases her satisfaction and chances for 'spontaneous' birth, and has no known risks.

Gupta JK, Hofmeyr GJ *Position in the second stage of labour for women without epidural anaesthesia*. Women should be encouraged to give birth in comfortable positions, which are usually upright

Anim-Somuah M, Smyth R, Howell C *Epidural versus non-epidural or no analgesia in labour*. Epidurals relieve pain better than other types of pain medication, but they can lead to more use of instruments to assist with the birth. Further research on reducing the adverse outcomes with epidurals would be helpful.

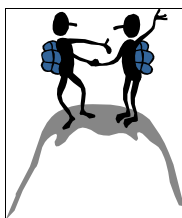
Anderson GC, Moore E, Hepworth J, Bergman N *Early skin-to-skin contact for mothers and their healthy newborn infants*. Early skin-to-skin contact appears to have some clinical benefit especially regarding breastfeeding outcomes and infant crying and has no apparent short or long-term negative effects.



Early contact can have important effects on infant health, maternal behaviour and bonding. All mothers should be encouraged to hold their baby in skin-to-skin contact as soon as possible after birth in an unhurried environment, regardless of feeding intention.

Many of the barriers to skin-to-skin contact are related to common practices rather than to a medical concern. Some changes to practices can facilitate early skin-to-skin contact.

- **Concern that the baby will get cold.** Dry the baby with warmed towels and place baby naked on the mother's chest. Put a dry cloth or blanket over both the baby and the mother. If the room is cold, cover the baby's head also to reduce heat loss. Babies in skin-to-skin contact have better temperature regulation than those under a heater.
- **Baby needs to be examined.** Most examinations can be done with the baby on the mother's chest where baby is likely to be lying quietly. Weighing can be done later.
- **Mother needs to be stitched.** The infant can remain on the mother's chest if an episiotomy or caesarian section needs to be stitched.
- **Baby needs to be bathed.** Delaying the first bath allows for the vernix to soak into the baby's skin, lubricating and protecting it. Delaying the bath also prevents temperature loss.
- **Delivery room is busy.** If the delivery room is busy, the mother and baby can be transferred to the ward in skin-to-skin contact, and contact can continue on the ward.
- **No staff available to stay with mother and baby.** A family member can stay with the mother and baby.
- **Baby is not alert.** If a baby is sleepy due to maternal medications it is even more important that the baby has contact as he/she needs extra support to bond and feed.
- **Mother is tired.** A mother is rarely so tired that she does not want to hold her baby. Contact with her baby can help the mother to relax. Review labour practices such as withholding fluid and foods, and practices that may increase the length of labour, which can tire the mother.
- **Mother does not want to hold her baby.** If a mother is unwilling to hold her baby it may be an indication that she is depressed and at greater risk of abandonment, neglect or abuse of the baby. Encouraging contact is important as it may reduce the risk of harm to the baby.



It may be helpful to add an item to the mother's labour/birth chart to record the time that skin-to-skin contact started and the time that it finished. This is an indication that skin contact is an important practice of which a record is required.

Overcoming barriers to early skin-to-skin contact



NEWS and VIEWS

The **guidance document** of the National Institute for Health and Clinical Excellence (NICE) for England and Wales is in the final stages of preparation. It examines the effective actions in the initiation and duration of breastfeeding and Postnatal Care practices. In the current consultation drafts, both these documents highlight that participating in and implementing Baby-friendly practices provides an externally evaluated structured programme to promote and support breastfeeding and it is likely to be a cost-effective health initiative resulting in lower treatment costs. <http://www.publichealth.nice.org.uk/>

Hui-Ling Lai et al (2006) **Randomized controlled trial of music during kangaroo care** on maternal state anxiety and preterm infants' responses. *International Journal of Nursing Studies* 43 (2):139-146

This RCT investigated the influences of music during kangaroo care (KC) on maternal anxiety and preterm infants' physiologic responses (heart rate, respiratory rate, and O₂ saturation). Subjects in the treatment dyads listened to their choice of a lullaby music during KC for 60 min/section/day for three consecutive days. Control dyads received routine incubator care. The results revealed that there were no significant differences between the two groups on infants' physiologic responses and the values were all in the normal range. However, infants in the treatment group had more occurrence of quiet sleep states and less crying ($p < 0.05-0.01$). Music during KC also resulted in significantly lower maternal anxiety in the treatment group ($p < 0.01$). The findings provide evidence for the use of music during KC as an empirically-based intervention for behavioural state stability and maternal anxiety in mother-infant dyads.



Breastfeeding may be associated with a **reduced incidence of type 2 diabetes in the mother**. The longer the duration of breastfeeding the lower the incidence of diabetes according to Stube A et al (2005). Duration of Lactation and Incidence of Type 2 Diabetes. *JAMA* 294: 2601-2610. Over 150,000 mothers were studied (part of the Nurses Health Study). An analysis of those who had given birth in the past 15 years revealed that for each additional year of lactation, women had a decreased risk of diabetes of 14-15% after controlling for body mass index and other risk factors. The authors concluded that lactation may reduce the risk of type 2 diabetes in young and middle aged women by improving glucose homeostasis. Type 2 diabetes is a rapidly growing health concern in Ireland and one that might be reduced by promoting



The Innocenti Declaration is 15 years old

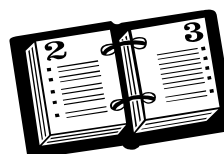
An international group met in November 2005 to celebrate the Innocenti Declaration, to review its achievements and to set new targets. Though much progress has been made, the original four targets still need attention in some settings. An additional five targets were added. http://innocenti15.net/Innocen15_Key_Messages_Eng.pdf

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.

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Diary Dates

- March 31st **Association of Lactation Consultants in Ireland, Master Trainers Workshop**, Cork. Contact: alci@iol.ie
- April 1st **Association of Lactation Consultants in Ireland, Spring Study Day, Antenatal and birth practices that support breastfeeding**. Cork. Contact: alci@iol.ie
- May 14th-20th **Breastfeeding Week UK** for events in Northern Ireland see www.healthpromotionagency.org.uk
- July 12-16th **International Lactation Consultant Association Annual Conference**, Philadelphia, USA. Contact: www.ilca.org
- Oct 1st-7th **National Breastfeeding Week** including Conference Oct 6th, Dublin.
- Mid-Oct **Health Promoting Hospitals National Conference**. Cork. Contact: 01-6465077



Thank you for taking good care of me. Soon I will be out of your womb. I would like to tell you about some things that can help me in the first few days.

The world can be a very scary place. Even your breath on my skin is a new feeling. Did you know that *your* body will warm up or cool down in response to *my* needs when we are in skin-to-skin contact? A blanket can cover both of us together. If you hold me close to your heart I can hear your heartbeat the same as I heard inside. This comforts me.

The first milk in your breasts smells like the fluid around me in your womb. I will move towards your breasts to get nearer to that smell that I know. I need to learn how my body moves so it takes me a while to get there. You can help by giving me time and just a little help if I need it. If I am pushed onto your breast, this can scare me and confuse me, more so if the hands that are pushing me smell of chemicals or do not smell like you.

When I find your breast I might lick or nuzzle it for awhile and even take a little rest. It could take me an hour before I am together enough to start to suck, so please don't rush me. A little time now makes everything easier for both of us.

When I am at your breast I am warm, I hear your heartbeat and your breathing, my tummy is getting full, and your arms are holding me safe. What more could I ask for? Holding me helps you to relax too.



It is so nice to be at your breast that I may want to be there all the time. Your first milk is special milk to line my tummy to keep me safe from germs. My tummy is very small, just the size of my fist. I need to eat little amounts often.



The more that I suck, the more milk that you will make. Your breasts don't know how much milk to make until I show them how much that I need. Your milk is all that I need.

I have heard your heartbeat and breathing all the time for months. I cannot hear you if you put me in a cot away from you. I won't know that you will be back to get me so I may get scared and cry. It makes me feel safe to be near you. Also I like to be held close by my dad and other important people.

In a few days I will be less scared of the world. I will start to be able to be away from you a little bit. Please help me to get to know the world gently with you beside me.

You are my Number 1 mum!

With all my love,

Your Baby

