

Issue 59
December 2016



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK



Look inside this issue:

- ⇒ The BFHI Ireland Web Site has lots of information
- ⇒ The BFHI and its supportive practices have value
- ⇒ Companion of choice during labour and childbirth
- ⇒ Alcohol and Breastfeeding
- ⇒ Updates and Resources, Diary Dates
- ⇒ Breastfeeding Apps for Health Care Providers

Good-bye

Thank you and best wishes to Pauline Treanor and Mary Kelly, independent members, on their retirement from the BFHI National Committee.

Genevieve Becker and Nicola Clarke represented the BFHI in Ireland at the WHO/UNICEF 25th Anniversary Global Summit. Watch the web site for the report and photos.



Any family considering feeding their baby artificially needs a clear specific discussion on risks posed by flood conditions and how to ensure safe conditions.

Read More:

http://www.babyfriendly.ie/bfhi_link.htm

The BFHI Ireland Web Site has lots of information - use it

<http://www.babyfriendly.ie/>

- ⇒ 59 issues of *BFHI Link* listed with their main contents
- ⇒ Separate page for easy access to the Parent Handouts
- ⇒ Irish research and activities related to Baby Friendly practices
- ⇒ Policies and supporting documents including Notes on Policy Orientation for new staff
- ⇒ Implementing and sustaining practices: Criteria for best practice and assessment standards, Self-Appraisal form, Audit summary template
- ⇒ Process Flow Charts - Introducing to Designation to Sustaining
- ⇒ Action Planning resources: why, how and examples
- ⇒ How BFHI activities can be linked with Health and Wellbeing Quality, Patient Safety and Risk Management Standards
- ⇒ Lots on the Code and Baby Friendly Hospitals
- ⇒ History of the BFHI in Ireland
- ⇒ Which hospitals are at which stage
- ⇒ How the BFHI National Committee functions
- ⇒ Links to other sites

And more - have a look soon!

What's New on the web site

Working Within The Code: A video with facilitated discussion outline from Dr Helen Crawley's presentation at the BFI UK 2015 conference. Gives a fascinating insight into how marketing activity aims to influence health workers and parents and how best to work within the International Code of Marketing of Breast-milk Substitutes.

Parent Summary of the Infant Feeding Policy now in Arabic added to versions in English, Irish, Lithuanian and Polish.

The BFHI and its supportive practices have value



Interventions that promote increased breastfeeding rates and breastfeeding duration among women: An umbrella review Nov 2016

M Sutton, E O'Donoghue, M Keane, L Farragher, J Long, Health Research Board (Ireland)

The Department of Health requested the Health Research Board to carry out a review of interventions which aim to increase initiation, exclusivity and duration of breastfeeding. The goal was to identify evidence of effective interventions from good quality systematic reviews to promote and increase breastfeeding rates. Research studies published from 2005 to May 2015 were included.

Conclusions (page 7): "While there are apparent gaps in research in relation to some interventions, there is nevertheless a substantial body of consistent evidence that provides a sound basis to proceed with education, counselling and support programmes. These should be of high intensity and continue over the antenatal, intrapartum and extended postnatal period in order to improve rates of breastfeeding among women in Ireland. The existence of structured programmes (such as UNICEF/WHO BFHI) in hospitals, including ... education and support, early mother-infant contact, rooming-in and avoidance of supplemental feeds has been shown to be effective ... **The prevalence of breastfeeding in Ireland on discharge from hospital indicates that there is a need to support UNICEF/WHO BFHI, in order to ensure that all promising and effective interventions are implemented in every public hospital.**"

Download the full review from <http://www.hrb.ie/publications/hrb-publication/publications//721/>

Did you notice that the National Maternity Strategy 2016-2026 "Creating a better future together" refers to the relevance of the Baby Friendly Initiative nine times?

More research findings

Fifty-eight reports from 19 different countries were included in this review. Key messages include:

- "The Ten Steps that form the basis of the Baby-friendly Hospital Initiative (BFHI) serve as a quality assurance system.
- There is a dose-response relationship between the number of BFHI steps women are exposed to and the likelihood of improved breastfeeding outcomes.
- Community support (step 10) is key for sustaining the short-term breastfeeding benefits obtained from the BFHI steps which require implementation only at the maternity ward.

This review strongly supports additional investments in the expansion and financing of quality implementation of BFHI globally."

[Pérez-Escamilla, R, et al \(2016\). Impact of the Baby Friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal & Child Nutrition](#)

"Women giving birth in hospitals that participated in the Baby Friendly Initiative were up to 15 percentage points more likely to initiate breastfeeding with the effect more noticeable among women with lower income and education."

[Del Bono E, Rabe B. Breastfeeding and child cognitive outcomes: Evidence from a hospital-based breastfeeding support policy. ISER Working Paper Series: 2012-29](#)

Focus groups of Australian midwives considered BFHI implementation achievable though would take commitment and hard work to overcome the numerous challenges including a number of organisational constraints.

[Schmied V, Gribble K, Sheehan A, et al \(2011\) Ten Steps or climbing a mountain: A study of Australian health professionals' perceptions of implementing the Baby Friendly Health Initiative to protect, promote and support breastfeeding. BMC Health Services Research 2011](#)

Is the media to be believed?

The US Preventative Services Task Force published its recommendations regarding primary care actions to support breastfeeding in the [JAMA Oct 25, 2016 issue](#). Despite the report stating that the BFHI was outside the scope of the review, there was an widespread media backlash suggesting that the BFHI could harm babies. Read the response on the [Breastfeeding Medicine blog](#).

100% of births in Northern Ireland now take place in Baby Friendly hospitals! Scotland is 88%, England 59%, and Wales 55%.

What are Northern Ireland and Scotland doing? Could we do it too? Share your thoughts .

Approximately 43% of babies are born in one of the nine Baby Friendly Hospitals in Ireland.

The Baby Friendly Hospital Initiative came to Ireland in 1998 when breastfeeding initiation rates were 34%; in 2015 the rate was 62%. This means thousands more babies got a healthy start and their mothers own health was protected.

Evidence to Action Brief : Companion of choice during labour and childbirth for improved quality of care. Reproductive Health, WHO (Oct 2016)

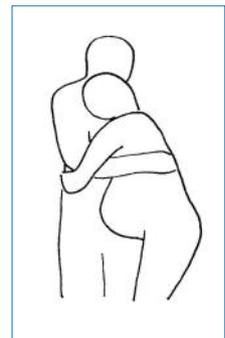
Quality of care provided during childbirth is an integral component of improving maternal and newborn health. **This evidence brief describes WHO recommendations** on companions of choice during labour and childbirth. It touches on the guiding principles behind this intervention and on who can act as such a companion. It looks at some of the barriers to its implementation and discusses what will be needed to ensure its successful introduction and implementation. Download the Evidence Brief, watch a video and read more at http://www.who.int/reproductivehealth/topics/maternal_perinatal/companion-during-labour-childbirth/en/

BFHI Link Issue 47 Dec 2012 focused on having a companion during labour and birth and included a Parent handout page on the topic. The info is still relevant - have a look <http://www.babyfriendly.ie/newsletter.htm> for the full newsletter and http://www.babyfriendly.ie/bfhi_link.htm for only the parent handouts. Note that the Cochrane review mentioned has been updated.

The BFHI assesses this practice through interviews with pregnant women about discussion on a support person, interviews with staff about supportive labour and birth practices, and review of hospital policies and documentation related to implementing and sustaining this practice.

Think about - how does this relate to your maternity service?

- ◇ Is the importance and role of the companion discussed during pregnancy so that the woman can make an informed decision who is best to support her?
- ◇ Can the support person change during the labour and birth period to get some refreshment or a rest?
- ◇ When the baby's father is not the companion during labour do policies facilitate him to be present immediately the baby is born in addition to the labour companion?
- ◇ Is there information available specifically for the support person on their role?
- ◇ Is the support person focused on the emotional support, comfort and advocacy of the labouring woman exclusively - separate from the medical care being provided?
- ◇ Could this aspect of your service better support families? How could this be done?



Alcohol and Breastfeeding

Key Points:

- * Alcohol (and the hangover) is likely to affect the carer's ability to safely care for a child regardless of feeding. Bed-sharing (or falling asleep with the baby on the sofa) is not safe after drinking. Arrange a sober person to have responsibility for the baby.
- * Only time will reduce the amount of alcohol in the milk. Alcohol passes easily from the blood stream into milk and from milk into the blood stream until the levels are the same in both. Pumping will result in alcohol coming into the breast if there is still alcohol in the blood stream. However pumping can be used if breasts are overfull and uncomfortable.
- * Mother's milk with small amounts of alcohol in it is generally better than artificial milk.
- * If having 1 or 2 standard drinks once a week, then time the drinks to have the least effect on the baby. It can take 2 hours for one standard drink to clear from milk. A small glass (100ml) of wine, a half pint of beer or a single measure (25ml) of spirits is one drink.
- * Drinking 3 or more drinks a day regularly or 5 or more drinks in one session can be harmful to mother's health and that of her baby
- * Preterm and young babies have immature livers and take longer to get rid of any alcohol. Try to avoid alcohol in the first month.

More information:

<http://breastfeedingtoday-illi.org/alcohol-and-breastfeeding/>

<https://www.breastfeedingnetwork.org.uk/wp-content/dibm/alcohol.pdf>

https://www.breastfeeding.asn.au/sites/default/files/imce/ABA_Alcohol_BF%20for%20website.pdf



UPDATES and RESOURCES

New on www.breastfeeding.ie

Breastfeeding & Expressing for your Premature or Sick Baby. Produced by HSE in conjunction with Irish Premature Babies, ALCI, Our Lady's Hospital Crumlin and NMH (Nov 2016). Lots of good info – just need to add a page with specific details of your individual unit procedures such as who to contact for help, where to store milk in your unit, or get the containers and similar.

Pointers on expressing can be found in the video with Rebecca O'Donovan, Cork <https://www.breastfeeding.ie/Getting-Started/Expressing/>



Animated short videos from Dr Amy Brown of Swansea University

- ⇒ *Why you might want to put the baby books down...* encourages new parents to put the books down and instead be more responsive to their own baby's needs.
- ⇒ *Should babies sleep through the night?* Research based video challenges the idea that babies should be sleeping through the night and also disproves the myth that stopping breastfeeding or giving more solid food to babies helps them to sleep longer at night.
- ⇒ *How you can Help Support a Breastfeeding Mum...* Creating a supportive environment where mums can breastfeed more easily is the responsibility of us all.

Watch all three videos at:

<https://www.youtube.com/playlist?list=PLofILgxNjBdyr7i2Zx-ArwTEU2PwXWgf4>

Protocols from the Academy of Breastfeeding Medicine - Revised 2016

Breastfeeding the Late Preterm (34–36 6/7 Weeks of Gestation) and Early Term Infants (37–38 6/7 Weeks of Gestation) Clinical Protocol #10

Nonpharmacological Management of Procedure-Related Pain in the Breastfeeding Infant Clinical Protocol #23

Breastfeeding the Hypotonic Infant Clinical Protocol #16

Free download www.bfmed.org/Resources/Protocols.aspx

Updated Cochrane Reviews Free download

www.cochranelibrary.com (*Irish authors)

- Interventions for promoting the initiation of breastfeeding*
- Methods of milk expression for lactating women*
- Early additional food and fluids for healthy breastfed full-term infants*
- Oral dextrose gel for treatment of newborn infants with low blood glucose levels (new in 2016)

Fascinating Fact

**The placenta is the
body's only
disposable organ.**

“The placenta is made from the same cells that make the baby - sperm and egg. The placenta does its job supporting and nourishing the baby and when it is no longer needed, it is expelled, making it the body's only disposable organ.”

See more fascinating facts and other interesting info and subscribe to the free Lamaze research blog at

<https://www.scienceandsensibility.org/>

BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI National Committee.

We welcome your news and suggestions.

Email: contact@babyfriendly.ie

Web site: www.babyfriendly.ie



Diary Dates

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Mar 3-5 **LLL Ireland Conference 2017** Ennis
www.lalecheleagueireland.com

Mar 25 **Association of Lactation Consultants in Ireland, Study Day** Dublin.
(Members only) www.alcireland.ie

Breastfeeding Apps for Health Care Providers

This list is based on suggestions from IBCLCs working in Ireland. The BFHI does not take responsibility for the content, endorse, guarantee or have any links with producers of these apps.

Information on an app about any clinical condition or treatment should not be used in place of consultation with an appropriate health care professional.

Breastfeeding questions

Texas 10-Step Program Health Care Provider's Guide to Breastfeeding FREE. Developed and maintained by the Texas Department of State Health Services. Guidance on lactation assessment, drug interactions and treatment of common maternal and infant conditions. <http://texastenstep.org/tools-and-resources/health-care-guide-to-breastfeeding/>



Breastfeeding Management 2 Cost \$1.99. From the Massachusetts Breastfeeding Coalition to help the clinician identify, triage, and manage common breastfeeding problems in the first weeks of life. Includes 5 calculators, and information on medications. <http://massbreastfeeding.org/2009/02/09/breastfeeding-management/>



Medications

LactMed FREE. US National Library of Medicine's Toxicology database of drugs and other chemicals to which breastfeeding mothers may be exposed. Includes maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs to consider. LactMed is updated monthly. <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>



Infant Risk Center Health Care Professional Mobile Resource Cost \$10. Developed by the Texas Tech University Health Sciences Center gives health care providers fast, convenient access to up-to-date and evidence-based information about prescription and non-prescription medications and their safety during pregnancy and breastfeeding. Drug Database on more than 20,000 drugs that is updated daily. <http://www.infantrisk.com/apps>



MommyMeds Cost \$3.99. From Infant Risk Centre for pregnant and breastfeeding mothers. Search or scan the barcodes of thousands of medications and receive immediate, easy to understand information on drug safety and ingredients. <http://www.infantrisk.com/apps>

Growth

Growth Charts UK-WHO FREE. Data used in this app has been provided by the Royal College of Paediatrics and Child Health (RCPCH), and is a combination of the Neonatal and Infant Close Monitoring Growth Chart (NICM), the UK WHO 0-4 years growth chart, and the UK Growth chart <https://appsto.re/ie/yeEO2.i> Can be used on-line at <http://www.paediatrics.co.uk/nicu/growth-charts>



Babyscale FREE. Simple app that assists in making a fast and accurate calculation of an infant's day to day weight loss displayed as a percentage of birth weight loss. <http://www.thebabyscale.com/>



Like more info sheets? Visit the BFHI web site

