



Congratulations to

South Tipperary General Hospital, Clonmel on achieving a Silver level award as a Breastfeeding Supportive Workplace, Regional Maternity Hospital, Limerick for renewing their Bronze level award.

Remember that a policy allowing a lactation break is only of use if the worker mother can actually leave her work to take the break and if her workload is reduced to take account of her time on break.

Action Plans

Try to give a thought to evaluating this year's Action Plan for improving breastfeeding and baby-friendly practices. Also give a thought to next year's Action so it is in your service plan.

Audit measures the achievement / result against a target or standard. It gives numbers but no info on how or why the plan worked or did not work.



Evaluation asks if the activity or plan was successful, what helped, and if not successful, why it was not. It also looks at how the action was carried out and the views of those involved.

Swine flu

- ◆ Swine flu is not thought to be transmitted through breast milk and there is no need to stop breastfeeding if the mother has swine flu.
- ◆ By the time the mother feels ill, her baby has already been in contact with the infection.
- ◆ Continuing to breastfeed provides antibodies to the infection and may help protect the baby from developing swine flu.
- ◆ Ceasing to breastfeed increases the risk of illness in the baby.
- ◆ Provide care for an ill mother so that she can continue to feed her baby.
- ◆ Women who are breastfeeding should continue to breastfeed while receiving antiviral treatment or vaccination.
- ◆ Hand washing and using a clean tissue reduces risk of spreading the infection.

Further information:

HSE Swine Flu web site www.hse.ie

International Lactation Consultant Association
Fact sheets on Influenza A(H1N1) www.ilca.org



In this issue:

- ◆ **Materials in languages other than English**
- ◆ **Antenatal discussion and checklist**
- ◆ **Research update: medications in labour, and effective care in neonatal units**

FIRST FOOD BEST FOOD



মাতৃদুগ্ধদান

NYONYESHA MAZIWA
YA MAMA

ALLAITEMENT

哺育母乳

Грудное
Вскармливание

الرضاعة الطبيعية

Borstvoeding

ALLATTAMENTO AL SENO

Amning

Amamantamiento

Stillen

Breastfeeding

World Alliance for Breastfeeding Action
PO Box 1200, 10850 Penang, Malaysia.
Tel: 604-6584816 • Fax: 604-6572655
email: secr@waba.po.my
www.waba.org.br • www.waba.org.my
WABA 10th ANNIVERSARY (1991-2001)

Information in languages other than English

Sources:

Cuidiú-Irish Childbirth Trust have translated their breastfeeding support pages into 7 languages: Chinese (Mandarin), French, Irish, Latvian, Lithuanian, Polish and Romanian. Topics include Why Breastfeed, The Early Days, and Frequently asked Questions. www.cuidiu-ict.ie

La Leche League International Go to www.lalecheleague.org then click on Welcome in the language you are looking for or choose the web site of that country or go to www.llli.org/globalpublications.html Includes French, German, Spanish, Ukrainian, and others. Also ask your local La Leche League Leader about materials.

BFHI in other countries. See the BFHI Ireland web site for links to web sites of other countries and their materials. www.ihph.ie/babyfriendlyinitiative/links.htm

BFI UK. www.babyfriendly.org.uk has leaflets in 23 languages on some or all of these topics (depending on language):

- Breastfeeding your baby
- Feeding your new baby
- Off to the best start (BFI UK and Department of Health)
- Preparing a bottle feed using baby milk powder
- Sterilising baby feeding equipment
- Sharing a bed with your baby
- You are welcome to breastfeed here (poster)

Note:

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 public health nurse.

Information from other countries may lack contact details for support in Ireland so ensure there is a sticker or other information that gives local contacts.

Remember it is better to give no leaflet than to give a leaflet in the person's own language that has incorrect information or incorrect illustrations.

Do not give out leaflets if you do not know what is written in them.

If you are thinking of translating BFHI materials for use in Ireland, please check first with the BFHI National Coordinator. This ensures you are using the most recent version and not duplicating work already done. Copyrighted materials should not be translated without permission from the holder of the copyright.

Discussing baby friendly practices and infant feeding during pregnancy

What information can be given on formula feeding?

Pregnant women can be given information so that they can make an informed choice. This information can include:

- ◆ Types of formula suitable for young infants, and those unsuitable;
- ◆ The cost of infant formula, cleaning and equipment;
- ◆ If the local water supply is safe or if bottled water will be needed;
- ◆ Feeding safely away from home;
- ◆ Increased health risks associated with not breastfeeding;
- ◆ Social and emotional concerns and costs if not breastfeeding.

All information needs to be accurate and free from advertising for any brand of formula or equipment.

What information can't be given?

Group antenatal demonstrations on preparing formula feeds are not allowed in Baby Friendly hospitals. These demonstrations undermine breastfeeding, do not aid informed decision making and are an ineffective and inadequate way of teaching.

Postnatal mothers who are formula feeding should learn individually how to prepare and give a feed correctly before discharge.

BFHI Link Issue 11 includes a handout to assist with informed choice.

BFHI Link Issue 24 discusses the difference between giving information and advertising or promoting formula and associated equipment, and provides a handout for parents on types of formula.

All pregnant women should have a one-to-one discussion on infant feeding with a health professional as a routine part of their antenatal care, to ensure that mothers are in a position to make a fully informed choice. This issue of BFHI Link includes a sample check list that can be used to guide and record antenatal discussions.

Normally there is no need to ask a woman to make a feeding decision during pregnancy. After birth when baby is in skin contact and showing signs of going to the breast, encourage and offer to assist if needed. If mother does not want to breastfeed she can say so then.

Contraindications to breastfeeding known during pregnancy

In a few rare situations it is known during pregnancy that breastfeeding is contra-indicated for a particular woman. In most chronic conditions, medications can be adjusted so that breastfeeding is supported. Even when cytotoxic chemotherapy or radical bilateral mastectomy is scheduled to take place after birth it is unlikely to start immediately, thus allowing the baby to receive colostrum and breastfeed for the first few days.

If a pregnant woman is HIV-positive she may still have skin-to-skin contact and rooming-in. She will need a discussion during pregnancy so that she can decide what way to feed her baby that is acceptable, feasible, affordable, sustainable and safe in her situation (AFASS).

The risk of HIV transmission is increased if formula feeding and breastfeeding are used together, unless it is expressed milk that is heat-treated to kill the virus. Discussion may be needed during pregnancy on ways to comfort her baby, particularly at night. If the mother (and those close to her) would expect to put a baby to the breast to settle the baby, to not do so would risk disclosure of the mother's HIV status.



Information and materials to assist in counselling women who are HIV-positive on infant feeding are available at

www.who.int/child_adolescent_health/topics/

Research Update

Drugs routinely used in labour were associated with lower breastfeeding rates at 48 hours in a retrospective cohort study of 48,366 healthy women and their healthy term infants in Wales. These drugs included epidural analgesia, intramuscular opioids (such as pethidine), or ergometrine. The researchers concluded that prospective studies on drugs in labour are needed to examine potential causative effects between intrapartum medications and breastfeeding, as these are possibly modifiable practices.

S Jordan, S Emery, A Watkins, JD Evans, M Storey, and G Morgan. Associations of drugs routinely given in labour with breastfeeding at 48 hours: analysis of Cardiff Birth Survey. *BJOG*, Nov 1 2009; 116(12):1622-9; discussion 1630-2.

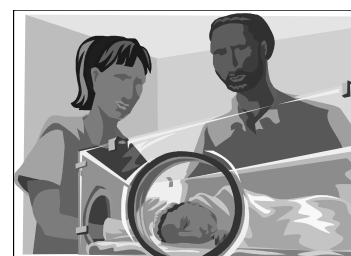


A major systematic review and economic analysis evaluated the effectiveness and cost-effectiveness of interventions that promote or inhibit breastfeeding (or feeding with breast milk) for infants admitted to neonatal units.

The authors concluded that practices shown to be effective are:

- ◇ kangaroo skin-to-skin contact,
- ◇ peer support,
- ◇ simultaneous breast milk pumping,
- ◇ multidisciplinary staff training and
- ◇ the Baby Friendly accreditation of the maternity unit.

Skilled support from trained staff in hospital has been shown to be potentially cost-effective.



They concluded that many of these interventions inter-relate and are unlikely to be effective if used alone, particularly in the absence of staff training or where the environment is not encouraging and supportive to breastfeeding and expressing breast milk and where mothers are not afforded close contact with their infants.

Renfrew M, Craig D, Dyson L et al (2009) Breastfeeding promotion for infants in neonatal units: a systematic review and economic analysis. *Health Technol Assess* 13(40) <http://www.hta.ac.uk/project/1611.asp> (free download)



Want to keep up to date with breastfeeding research? Subscribe to the free BFI UK service and receive updates direct to your email.
www.babyfriendly.org.uk/subscribe/

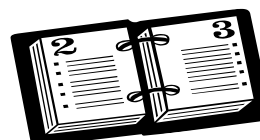
BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI Advisory Committee.

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

Generic National Hospital Policy

Thank you for the review comments received for the draft version. A final version should be available soon.



Diary Dates 2010

March 6-7th **La Leche League of Ireland Annual Conference.** Maynooth.
www.lalecheleagueireland.com

March 13th **Association of Lactation Consultants in Ireland, Spring Study Day,** Galway.
www.alcireland.ie

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ANTENATAL DISCUSSION CHECKLIST

All pregnant women and their partners should receive information and opportunities for one-to-one discussion before 32 weeks of pregnancy on the following:

| Topic to discuss | Signed and dated by midwife / doctor | Notes for follow-up/ handouts used |
|---|--------------------------------------|------------------------------------|
| Supportive labour and birth practices have a positive effect on mothers and infants. These include: <ul style="list-style-type: none"> • having a companion for support, • moving about and using positions that are comfortable, • choosing pain relief that allows baby and mother to be alert. | | |
| Skin to skin contact at birth, and for at least one hour helps mother and baby to bond with each other and helps mother to relax after birth. It helps baby: <ul style="list-style-type: none"> • to stabilise breathing and heartbeat, and to stay warm, • to be protected from hospital infections (colonised with mother's bacterial flora), • to start breastfeeding. | | |
| Breastfeeding is the normal way to feed and care for a baby. It is important to the health of the baby and the mother. <ul style="list-style-type: none"> • Babies are at less risk of chest and tummy infections, SIDS, allergies, obesity and diabetes. • Mothers who breastfeed are at less risk of breast cancer, obesity and heart disease. • It provides all the baby needs for the first 6 months. • Breastfeeding continues to be important after 6 months when other foods are given. | | |
| Breastfeeding in the first hour after birth provides: <ul style="list-style-type: none"> • a good start to baby's immune system, • food and comfort. | | |
| Keeping baby near (rooming-in): <ul style="list-style-type: none"> • helps the mother to learn about her baby, • is safer, and with less risk of infection from others. | | |
| Good positioning, attachment and suckling help <ul style="list-style-type: none"> • the baby to get enough milk and • mother to be comfortable when feeding. | | |
| Feeding on demand or baby-led feeding , and frequent feeding are needed to develop a good milk supply | | |
| Giving formula or water supplements or using a soother in the early weeks can reduce the milk supply and effect baby's health. Discuss with midwife or other health professional before any supplements are given. | | |
| If considering formula feeding , know the type for young infants, the cost of using formula, the safety of local water supply, equipment needed, and the risks of incorrect use of formula. | | |
| The midwives on the postnatal ward will help with learning to feed and care for baby. Most parents have questions and midwives expect to be asked. | | |
| The Public Health Nurse, other health services and support groups are in the community . It is good to meet these people during pregnancy. <ul style="list-style-type: none"> • Contact details given | | |
| Information given on antenatal classes | | |
| If there are concerns or previous poor experience, arrange for a discussion with lactation consultant, CMS, voluntary supporter or other knowledgeable person. | Referral arranged: | |

See *BFHI Link* Issues 22, 24, 32 and other Issues for more information on antenatal discussions.