



BFHI –Progress Report

Interest in the Initiative has increased this year to include all twenty-four maternity units/hospitals in the country. Nineteen of these hospitals have reached Membership stage indicating that they have assessed their practices and are taking action towards putting supportive practices in place.

Two hospitals have Certificates of Commitment and they are progressing well towards the BFHI National/Global Award. Hopefully at least two more hospitals will decide they are ready for Commitment level during 2001. This stage is difficult to achieve and requires widespread involvement in making changes to the service.

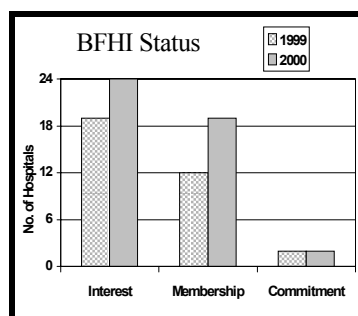
A wide variety of activities are in progress, including staff education, parent support services, antenatal groups, rooming-in, reducing supplement use, skin-to-skin contact and policy development.

Hospitals/units continue to have difficulty in developing measurable project plans and auditing them. A workshop was held for the four hospitals in the North Eastern Health Board area to assist in developing project plans for the activities they are undertaking in the Initiative.

Workshops will be planned for the other areas over the coming year.

BFHI Link continues as a regular newsletter to participating hospitals and other interested HPH members. The Advisory Committee to the BFHI Co-ordinator is now directly representative of each health board area and meetings are held as needed.

Breastfeeding support in paediatric units is a focus for 2001. A Self-Appraisal form is being developed and a meeting of interested paediatric hospitals/units is planned.



Support for hospital employees who are breastfeeding is another area of interest. An information pack is being developed for launch early in 2001. Hospitals that support their staff to breastfeed are actively showing the value they put on both breastfeeding and the well being of their employees.

The BFHI in Ireland has regular contact with the Initiative in other countries and is part of an international network of BFHI Co-ordinators. The BFHI Co-ordinator also has served as a consultant to the BFHI projects in Macedonia.

Membership Certificates

Tralee General Hospital
Portlaoise General Hospital
Coombe Women's Hospital
Rotunda Hospital
Longford/Westmeath
General Hospital



What are the challenges to implementing Step Six?



What about dehydration?

Healthy babies who are exclusively and effectively breastfeeding do not require extra fluids to prevent dehydration. Assessment of effective breastfeeding can indicate a baby at risk of dehydration, rather than using dehydration as an indicator of ineffective breastfeeding. Water / glucose-water supplementation can result in increased weight loss and does not reduce bilirubin levels. Becker G & Kelleher CC. Breastfeeding Promotion and Support—materials for health professionals. Unit 8. UCG 1997.

“Water, glucose/dextrose should have no place in the nutrition of breastfed babies at this time.”

National Breastfeeding Policy for Ireland

Will a ‘top-up’ help the baby to settle?



It might, but at the risk of undermining the mother’s confidence in her ability to care for her baby. What will she do the next time her baby is unsettled? Teach parents alternative ways to settle their baby such as skin contact or rocking. Praise the mother for responding appropriately to infant cues (learning to distinguish between hunger and unsettled).

What if a mother asks for a bottle?

Provide education antenatally and postnatally on the potential problems of early supplementation and the benefits of exclusive breastfeeding. Ensure that a parental decision to supplement is based on *fully informed* choice.

Are there risks to using supplements?

Supplements can:

- ◇ Displace nutrients from breast milk
- ◇ Expose to infection and/or allergens
- ◇ Confuse sucking skills (if given by bottle)
- ◇ Cause engorgement
- ◇ Reduce milk supply
- ◇ Undermine mother’s confidence
- ◇ Shorten duration of breastfeeding
- ◇ Cost unnecessary expense



If a supplement is needed, what one should be used?

If the mother’s own expressed colostrum or milk is not available, milk from a milk bank is the next best choice. Formula supplementation can expose the infant to potential allergens. Infants with cow’s milk intolerance may also have soya intolerance. Extensively hydrolysed formula may reduce allergic outcome, however partially hydrolysed formula does not.

Food Safety Authority of Ireland, Recommendations for a National Infant Feeding Policy. 1999

Step Six : Give newborn infants no food or drink other than breastmilk, unless medically indicated.

What if there is a medical need for the supplement?

A supplement given for an acceptable medical reason does not appear to reduce the duration of breastfeeding. Blomquist HK et al. Acta Paediatr, 1994, 83:1122-6.

If a supplement is needed for a medical reason, explain the reason to the mother, use a suitable supplement (expressed breast milk if possible), and give by non-bottle means. The need for the supplement, what is given and by what method, should be recorded in the notes and signed. When supplementing, the mother's milk supply should be maintained in most cases.

Acceptable medical reasons for supplementation include very low birth weight (<1500g); a small for gestational age infant with potential severe hypoglycaemia; mother who is severely ill, e.g. psychosis, eclampsia, shock; inborn errors of metabolism; acute water loss; mother taking medication contraindicated when breastfeeding (rare).

WHO (1992) Annex to the Global Criteria for the BFHI.

What about using donor breast milk?

If own mother's milk is not available, milk from another mother is the next best choice. Pasteurised, bacteriologically tested donor breast milk that meets the standards of the UK milk banking guidelines is available from the Northern Ireland Milk Bank at Irvinestown, Co. Fermanagh. To order milk or for information, contact Ann McCrea, Tel: 048-686-22912

Is supplementation a cause or a marker for early cessation of breastfeeding?

If supplements are requested by the mother, this may indicate difficulties with breastfeeding, a fear of becoming too attached to the baby, or the inability to cope with the infant's demands. It is difficult to reduce supplement use without addressing these issues with the mother.

Exclusive breastfeeding:

- ◇ Provides optimal nutrition
- ◇ Protects from illness and allergy
- ◇ Establishes a good milk supply
- ◇ Builds mother's confidence
- ◇ Increases duration of breastfeeding

If supplements are being suggested by staff, this may indicate lack of knowledge about the importance of exclusive breastfeeding, lack of skills in assisting breastfeeding, or an overall stressful atmosphere where a quick temporary solution is chosen in preference to solving the underlying problem.

Becker G & Kelleher CC. Breastfeeding Promotion and Support - materials for health professionals. Unit 8. UCG 1997.



What are the assessment criteria for this Step?

Ask 15 randomly selected mothers in the maternity wards (including 5 caesarean) if their babies have received food or drink other than breastmilk in the hospital. For any breastfeeding babies given food or drink other than breastmilk, ask the staff to indicate why. In at least 80% of the cases there should be acceptable medical reasons, unless the mothers specifically refuse to breastfeed exclusively for reasons outside the control of the hospital.

No promotion for infant foods or drinks other than breastmilk should be displayed or distributed to mothers, staff, or the facility.

A country where all the maternity units meet the global criteria for the Baby Friendly Award – is it possible?

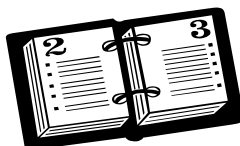
This is the goal in Macedonia. They plan to have all 24 maternity units fully implementing Baby Friendly practices by mid-2001. They hope to be the first country in the world to reach this standard.

Breastfeeding is widely accepted as valuable and virtually all babies are now exclusively breastfeeding in the early months. Artificial milks are no longer advertised or promoted. Early skin contact and 24-hour rooming-in are newly introduced practices and are very well received by both mothers and staff.

All staff including midwives, nurses, paediatricians and obstetricians attend at least 18 hours of sessions on breastfeeding including clinical practice. Service staff on the wards attend a 2-hour session where they discuss breastfeeding supportive practices and their role in facilitating these practices.

Macedonia is situated in the south-east of Europe – above Greece and below Kosovo. It was formerly part of Yugoslavia. It is an emerging economy and the project has been assisted by funding from the European Community Humanitarian Organisation (ECHO) and UNICEF with the support of the Macedonian Ministry of Health.

Ireland is considered a “developed” country with a booming economy in comparison to Macedonia yet they are way ahead of us in valuing breastfeeding, mothers and babies. Perhaps we could learn from them?



Diary Dates

- Feb. 23 **Breastfeeding - Changing Practices**
Maynooth. Association of Lactation Consultants in Ireland Annual Conference. Contact: 069-77705.
- March 31- April 1 **La Leche League Annual Conference**
Ennis, Co. Clare. Contact: 074-32003 or 061-362625
- Mid-May **Association of Lactation Consultants in Ireland Study Day**, Kilkenny.
Contact: 069-77705.
- May 16-18 **European Health Promoting Hospitals Conference**. Copenhagen. Contact HPH Network, 01-821-3844.
- July 18 -21 **International Lactation Consultant Association Annual Conference**
Acapulco, Mexico. Contact: 00-1-919-787-5181 or ilca@erols.com

News and Views

New appointments:

Nicola Clarke in the National Maternity Hospital is the first midwife to be appointed at the new grade of Clinical Midwife Specialist (Breastfeeding).

The South-Eastern Health Board recently appointed Ann Ellis as Project Officer for Breastfeeding. This position is the first in any health board. Best wishes to Nicola and Ann in their new posts.

The position of National Breastfeeding Co-ordinator, as recommended by the National Breastfeeding Policy, has been advertised. We look forward to this position being filled.

The **Cuidiu Infant Feeding Survey 2000** was recently distributed to all maternity units. It will shortly be available on their web site.

Congratulations to the IBCLCs who recently received their exam results. The majority of maternity units now have one or more IBCLCs on staff.



You may photocopy *BFHI LINK* for further distribution.

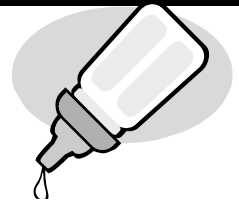
We welcome your news items, comments, and suggestions.

Contact the BFHI Co-ordinator, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15.



*Have you changed a practice to be more supportive of breastfeeding?
Tell us about it!*

Just one bottle:



Can reduce the protective affect of breastfeeding

The first milk, colostrum, 'paints' the baby's stomach, which provides a barrier to keep out infections. Giving water or formula can 'wash-off' that protection.

Can overfill your baby's stomach

Colostrum comes in small amounts because your baby's stomach is very small at birth. Adding a top-up bottle can stretch baby's stomach. He doesn't feel full after the next breastfeed and so is unsettled, thus encouraging another top-up.

Can reduce your milk supply

If the baby is full of water or formula, then he will not want to suck at the breast. This may cause your breasts to become overfull and sore. Less sucking at the breast means less milk is produced for the next feed.

Can confuse the way the baby sucks

Sucking a bottle teat and a breast are different. If a baby gets used to the easy flow of the teat, he may find it harder to learn to work at getting milk from the breast. This confusion may also result in sore nipples.

Can expose the baby to possible allergens

Eczema and asthma are more common in children who receive formula feeds. Early introduction of cow's milk formula may also increase the risk of diabetes where there is a family history of this disease.

Can reduce your confidence

If a bottle is seen as the solution every time the baby is unsettled, this means you are not learning other ways of settling your baby. The early days are a time of building your confidence as you learn how to meet your baby's needs by breastfeeding, cuddling, rocking and other comforting skills.

Can make the situation worse

Giving a supplement or 'top-up' to a breastfeeding baby may cause problems. Consider if there is another way of dealing with the solution.

Sometimes a baby may need a supplement for a medical reason. If this is the case, ask your doctor or midwife to explain the reason to you.