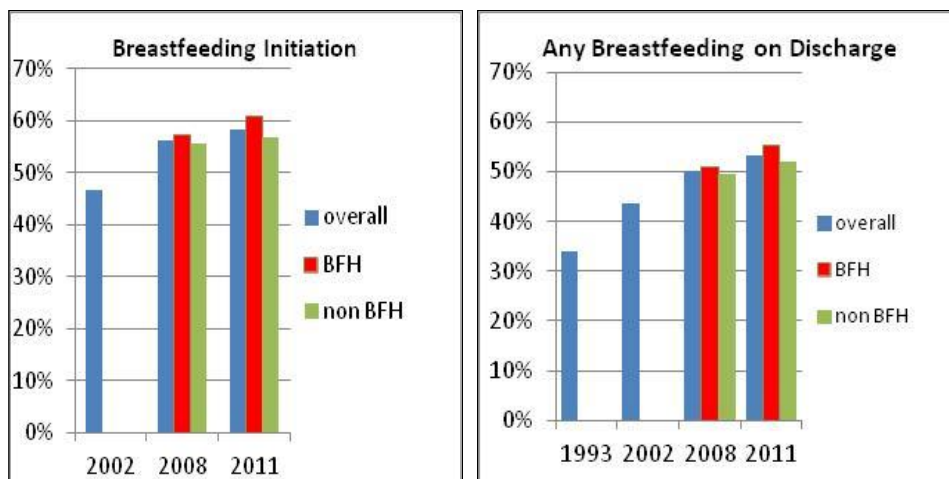




BFHI makes a difference

Breastfeeding initiation is more likely in a hospital meeting the standards and designated as a Baby Friendly Hospital (BFH). Between 2008 and 2011 the overall increase appears to be largely attributed to BFHs. Any breastfeeding at discharge has also risen and again the rise is more noticeable in Baby Friendly Hospitals.

While changes in rates can provide some information, it may be more enlightening to examine the leadership in maternity facilities - what facilitates the implementation and sustaining of the practices, and what facilitates participation in a quality initiative such as the BFHI?

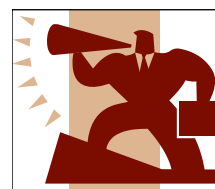


| Reports by hospitals to BFHI | 2002 | 2005 | 2010 | 2011 |
|---|--------------|--------------|--------------|--------------|
| Births | 60286 | 61268 | 74275 | 73850 |
| Breastfeeding Initiation average % (Range) | 47.4 (29-61) | 50.8 (39-59) | 58.4 (45-68) | 58.2 (44-68) |
| Any breastfeeding at Discharge % (Range) | 43 (26-53) | 45.8 (34-57) | 51.4 (36-67) | 53.2 (32-64) |
| Ceased all breastfeeding before discharge number of infants | 2494 (9%) | 3081 (10%) | 5206 (12%) | 3716 (9%) |

It is Service Plan time

Practices of the BFHI are also the practices of the HSE Infant Feeding Policy for Maternity and Neonatal Units. Are practices in your hospital reflecting the policy? Do they need more focus in Service Plans for 2013 to make them happen?

Make sure the hospital governance process, including audit and risk management, is aware of the policy and required practices.



Look inside this issue:

Reports of hospitals' activities: Survey of education materials for mothers

Do you facilitate marketing?

News and Updates: new resources to download

Parents' Handout: Guide to Infant Feeding Policy





Materials Used to Educate Women in Irish Maternity Hospitals : Survey Findings

As their joint BFHI Action Project in 2010, the Regional Maternity Hospital Limerick and Portiuncula Hospital, Ballinasloe, sought to establish what materials are used to provide information to pregnant and postnatal women. A written questionnaire was sent to the CMS Breastfeeding or similar person in all twenty Irish maternity units/ hospitals in June 2010 with 15 units (75%) replying.

Sources of information

All 15 use HSE Material, *BFHI Links* and material from LLL and Cuidiu, distributed by staff and some on display racks. All print some own material, 2 are supported by advertising. (1 stated "Code Compliant")
Web sites given to mothers: BFHI website 7 HSE website 11 LLL and Cuidiu websites 9
Other sites listed: ALCI, Dr.Jack Newman, Kellymom

Commercially supported

None use material produced by bottle, teat or soother manufacturers.
14 do not use material produced by infant formula or food company, 1 does in nicu.
10 use material produced by pump companies.
3 use materials on cups, spoons, feeder mugs, 2 of these only in nicu.
1 occasionally uses materials from commercial companies or shops, 12 do not.
7 use pregnancy/mother baby magazine. 14 have contracts with commercial companies providing a pack and no hospital has a contract with more than one company. 13 -"EU mom pack" 1- "Big baby"

Reviewing of commercial material

When: Prior to use in hospital: yes:10 no: 2 didn't reply: 3.
After material delivered to hospital: yes: 5 no: 3 didn't reply: 7
Further reviews: yes: 3 routinely, 4 randomly; no or didn't reply: 8
By whom: 7- CMS Lactation/parent-education team, 3- midwifery management, 1-baby friendly group.

What are hospitals printing themselves

| | |
|---|--------------|
| Ante natal class information | Pain Relief |
| Breastfeeding twins | Rooming in |
| 20 good reasons for breastfeeding | Skin to skin |
| Chart for recording milk expressed | |
| Infant feeding | |
| Sterilising feeding equipment | |
| Post natal care | |
| Post natal support | |
| Guidelines for expressing, storing, transporting milk | |
| Physiotherapy and Dietician advice | |

Being developed by individual hospitals

(9 units replied, but 3 didn't specify the topics)
Breast care following death of baby.(1)
Flagging system for infant weight loss.(1)
Bottle feeding booklet(1)
Rhesus negative information leaflets(1)
Hospital info booklets, including services provided (5)
Maternity magazine (1)

HSE Publications currently used

Breastfeeding your baby Feeding your baby
Guide to pregnancy Pregnancy and Listeria
Post natal depression Give Baby a breather
Healthy eating for pregnancy Safe sleep
Breastfeeding your ill or premature baby
Breastfeeding out and about
Combining breastfeeding and work
How to prepare your baby's bottle feed

Educational materials that hospitals feel they need but don't have

9 yes and 5 no Topics listed as needed:
Gestational wheels Skin to skin DVDs
Post natal depression Listeria
Newborn screening test (PKU) Mastitis
Breastfeeding out and about
Family support for breastfeeding
Breastfeeding late premature babies
Multilingual versions

Conclusions from the survey

- All 15 use printed information, all use HSE material and all also print own material.
- 11 hospitals print their own *Hospital Information Booklet* and others are developing this.
- 5 hospitals said that it can be difficult to source sufficient HSE leaflets.
- Several hospitals don't seem to be aware of what material is available from HSE.
- The way in which commercial packs are reviewed varies.

The Way Forward

- Could hospitals share development of own materials?
- Should we jointly ask for code compliant materials rather than each hospital negotiating individually with commercial companies?
- Can we establish needs for materials provided nationally by HSE?

Margaret O'Leary, Margaret Hynes, Mary Mahon, all IBCLCs and CMS Breastfeeding

When you participate in a Baby Fair or Award Scheme that is sponsored by a formula company, what impression do you give to parents and to colleagues?

Consider the following and discuss it with your colleagues

- ◆ If a health worker accepts an award or speaks at a formula event what impression does it give? What does it do to your credibility as a professional who is expected to support international and national health recommendations and implement best practice?
- ◆ When a health worker links with a company they may become influenced themselves by the marketing and perceive the company and its products as beneficial to infant well-being – generating good will towards the company is one of the aims of marketing.
- ◆ By displaying posters, circulating their emails, nominating people or products for awards, exhibiting, giving presentations at fairs etc, you are assisting this marketing.
- ◆ When you think well of a company this may make it difficult to refuse to use the marketing materials from that company, and may be reflected in recommendations made regarding suitable products for infants who are not breastfeeding.



- ◆ You may be pictured at the event and your picture used in marketing materials. For some events, by signing the registration form you are agreeing that your name/picture can be used.

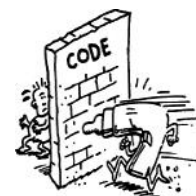
Who pays for marketing?

- ◆ These fairs, awards, and other events are marketing activities by the companies with the end purpose of increasing sales of their products. Their shareholders do not allow money to be spent unless it shows an increase in profits.
- ◆ Marketing costs money. The cost is added to the price of the formula or other products. Parents and taxpayers (for the health service supplies) pay for this marketing. Even the glossy materials add to the price of the products.



Your responsibility

- ◆ Most codes of ethics/conduct of health professional associations discourage involvement in marketing to patients/clients and encourage providing high standards of care.
- ◆ Whilst individual health workers may do what they wish in their own time, the name of a hospital may not be used for marketing Code related products if it is a designated Baby-friendly hospital. This means an individual may not use the name of their hospital in their profile, publicity, sign on their stand etc.
- ◆ The International Code says "5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code." Subsequent resolution Forty-ninth World Health Assembly May 1996 says that governments should "ensure that ...financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative."
- ◆ Unfortunately, the EU Directive and thus the Irish legislation do not include all the protective elements of the International Code and its subsequent relevant resolutions, thus leaving parents and health workers open to inappropriate marketing, increased costs and babies at risk of ill health.



More information:

<http://www.ihph.ie/babyfriendlyinitiative/resources.htm> and scroll down to The Code.
BFHI Link Issue 11, November 2001

NEWS and RESOURCES

Requiring a breastfeeding baby to fast for an operative procedure is stressful for baby and parents. Prolonged fasting can result in hypoglycaemia, anxiety, oxygen desaturation with cyanosis and bradycardia from long crying; pulmonary aspiration is a risk from short fasting times. The Academy of Breastfeeding Medicine publication reviews the background, risks and research based recommendations for practice comfort as well as areas for future research. ABM Clinical Protocol #25 Recommendations for Pre-procedural Fasting for the Breastfed Infant: NPO Guidelines. <http://www.bfmed.org/Resources/Protocols.aspx>



Medications for increasing milk supply in mothers expressing breastmilk for their pre-term hospitalised infants was the topic of a recent Cochrane Review. The authors found two trials (n=59) with domperidone (10 mg three times per day) with a duration of seven days and 14 days in the other trial, commencing ≥ 14 days post birth and following insufficient EBM supply with other lactation supports. There was a modest increase in volume of expressed breastmilk of 99.49 mL/day (95% confidence intervals -1.94 to 200.92) in mothers given domperidone. Neither trial showed significant improvements in longer-term outcomes of breastfeeding



in a preterm population and no adverse effects were reported. The authors state: "Currently, no studies support prophylactic use of a galactagogue medication at any gestation." Donovan TJ, Buchanan K. Medications for increasing milk supply in mothers expressing breastmilk for their preterm hospitalised infants. Cochrane Database of Systematic Reviews 2012, Issue 3. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005544.pub2/pdf>

Baby Friendly Practices are More than Breastfeeding - *Thermal Regulation of the Newborn, The Warm Chain*

This 10 minute staff teaching video on You Tube clearly explains how to prevent hypothermia by drying, using skin-to-skin contact, warm room and ensuring best practice including baby-led breastfeeding. Memorable graphics. <http://www.youtube.com/watch?v=hP5XMBppokU&feature=related>

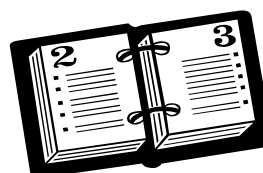


BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI National Committee.

We welcome your news and suggestions.

Contact the BFHI Co-ordinator,
email: bfhi@iol.ie
Web site: www.ihph.ie/babyfriendlyinitiative

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Diary Dates

Oct 1st - 7th **National Breastfeeding Week**, visit www.breastfeeding.ie for events

Oct 6-7th **Cuidiu National Conference**, Cork.

Dec 5-6th **BFI UK Annual Conference, Cardiff**. <http://www.unicef.org.uk/BabyFriendly>

Dec 6-9th **World Breastfeeding Conference, Delhi, India. "Babies need MOM-made not Man-Made"**. www.waba.org.my

Mar 2nd - 3rd **La Leche League of Ireland Annual Conference**. Cork. www.lalecheleagueireland.com

Apr 20th **Association of Lactation Consultant in Ireland, Spring Study Day**. Drogheda. alci@ireland.com

July 25-29th **International Lactation Consultant Association Annual Conference**, Melbourne, Australia www.ilca.org

Parents Guide to the Infant Feeding Policy



- ◆ During your pregnancy, you and your family will be able to discuss supportive labour and birth practices and infant feeding individually with a Midwife, Doctor, or Nurse.
- ◆ You are encouraged to attend Antenatal Classes for further information and discussion. Classes are available that are free of charge.
- ◆ After the birth you will have the opportunity to hold your baby in skin to skin contact for a minimum of one hour. The Midwife/Nurse will show you how to observe your baby for feeding cues and assist you with breastfeeding, if assistance is needed.
- ◆ A midwife or other trained person will be available to assist you at all feeds during the postnatal stay, if needed. You will be shown how to express your breast milk.
- ◆ Rooming-in is practiced in this hospital. You and your baby will remain together at all times during your hospital stay. If separation is necessary for medical reasons, you will be supported to maintain contact with your baby and continue breastfeeding.
- ◆ Most babies do not need to be given anything other than their mother's milk for the first six months. If supplements are required, this will be discussed with you and your consent obtained.
- ◆ You will be shown how to recognize the early signs indicating that your baby needs feeding and signs that your baby has had sufficient milk. You will be encouraged and supported to feed your baby in response to your baby's needs.
- ◆ We recommend that you avoid using bottles, teats or soothers while you and your baby are learning to breastfeed.
- ◆ If you are considering not breastfeeding, information will be provided to assist you to make an informed decision. If you are formula feeding, you will be assisted to learn about safe formula use when you are on the post natal ward.
- ◆ Before you leave the hospital, a midwife will discuss any queries you have. You will receive written information regarding whom you can contact for further support with infant feeding at home.
- ◆ If you or your baby has a medical condition that requires care different from this policy a staff member will explain the reason and the care needed.

This hospital does not supply any material marketing infant formula, bottles or teats and does not recommend any brand in particular.

We support the International Code of Marketing of Breast Milk Substitutes and its subsequent resolutions.

If you have any questions, please ask.

All health care staff who have contact with pregnant women and new mothers receive training in support of this policy at a level appropriate to their role. The full Infant Feeding Policy is available on request and is audited regularly.

The HSE Infant Feeding policy can be found at <http://www.ihph.ie/babyfriendlyinitiative/resources.htm>