



Rates : Are we doing any better than last year?

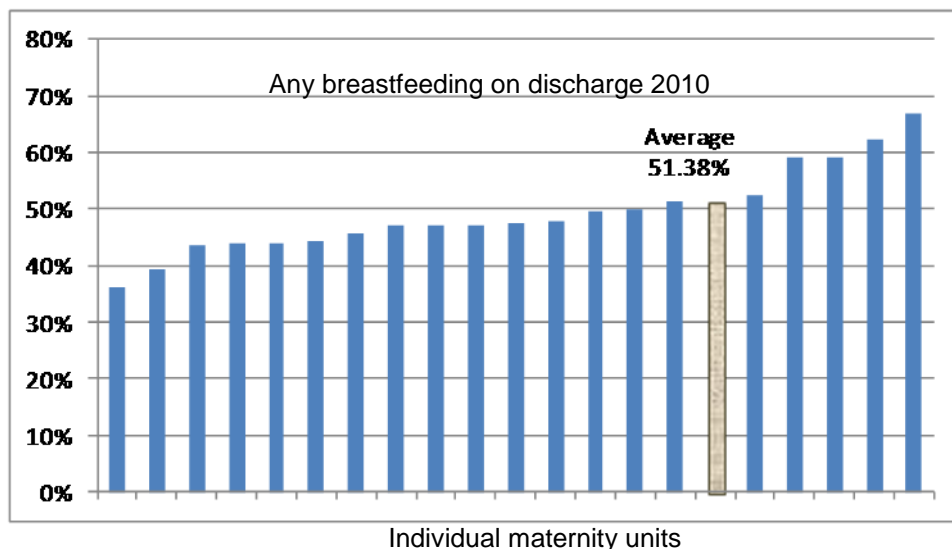
The slowing of increase in breastfeeding rates that was noted in the 2009 BFHI reports continued in the 2010 reports. Again, of particular concern is the high number of women who start breastfeeding and by the time they leave the maternity hospital they have ceased all breastfeeding.

In some hospitals 1.5% cease breastfeeding while other hospitals report cessation rates of 39%. Why is this happening and why is the number increasing? See BFHI Link Issue 40 Sept 2010 for some possible reasons to examine the causes in your hospital.

Reports by hospitals to BFHI * no report from one facility	2002	2005	2009 *	2010
Births	60286	61268	73274	74275
Breastfeeding Initiation average % (Range)	47.4 (29-61)	50.8 (39-59)	57.8 (45-70)	58.4 (45-68)
Any breastfeeding at Discharge % (Range)	43 (26-53)	45.8 (34-57)	52.1 (41-61)	51.38 (36-67)
Ceased all breastfeeding before discharge number of infants	2494 (9%)	3081 (10%)	4532 (11%)	5206 (12%)

Of those who initiate breastfeeding how many are exclusively breastfeeding? The range is 93% to 36%, or put another way, in some hospitals 64% of the breastfeeding babies get supplemental formula feeds while in others only 7% get supplements. Interestingly the hospital with the highest exclusive breastfeeding has the lowest cessation rate.

Now is the time to start thinking about an Action Plan for 2012. You may want to consider a return to the basics and ensure that mothers and babies who start breastfeeding go home breastfeeding and that exclusive breastfeeding is the norm.



Inside this issue:

Women who are not breastfeeding

- ⇒ Making an informed decision means having information
- ⇒ Knowledge and skill may be needed to carry out a decision
- ⇒ Parent Handout: What if I am considering formula feeding?

Research update and news

Formula feeding in a Baby Friendly Hospital

For many people “Baby Friendly” is only about breastfeeding and therefore it is confusing when formula feeding related practices are part of the criteria and assessment. The worldwide Baby Friendly Hospital Initiative was launched in 1992 and the WHO/UNICEF reviewed the criteria and process in 2004-2006. One of the reasons for the review and subsequent changes was the recognition that infants who were not breastfeeding were at higher risk of ill health and thus their needs should be included in a *Baby Friendly Hospital Initiative*. Most of the practices such as early contact, rooming-in, education, follow-up support and other practices apply to all mothers and babies regardless of feeding method.

The updated Global Criteria were reviewed for Ireland and phased in from 2008 to 2010. The criteria can be found on the BFHI Ireland website <http://www.ihph.ie/babyfriendlyinitiative/resources.htm>

There are two aspects to the criteria:

- assisting the woman who *is considering* not breastfeeding to make an informed decision,
- assisting the woman who *has decided* not to breastfeed to carry out that decision in as safe a manner as possible.

Staff should support women in their chosen method of infant feeding, regardless of method chosen.

However, clear evidence-based information includes discussion of the possible risks of a decision not to breastfeed and to use artificial formula.

Assisting the woman who has decided not to breastfeed to carry out that decision in as safe a manner as possible

When the mother has had information and an opportunity to discuss it and has decided not to breastfeed, individually on the postnatal ward :

- ✓ Check that the mother knows which formula is appropriate for a newborn infant and which types are not suitable.
- ✓ Explain about sizes of teat and rate of flow and how to choose a suitable type.
- ✓ Review the costs involved and that she can afford to buy formula in adequate amounts and has shops nearby that stock the brand she wants to use.
- ✓ Ask if the home water supply is suitable and there is a means to boil the water. Explain how to judge the correct water temperature for safer use of powdered formula.
- ✓ Check that mother has a means to clean and sterilise equipment and knows how to do so.
- ✓ Provide a suitable non-commercial instruction leaflet and check the mother can understand it. Some leaflets are available in various languages.
- ✓ Offer the mother an opportunity to prepare a feed to ensure she can do so safely and accurately.
- ✓ Discuss how to hold the baby and the bottle and feed in a safe and loving manner.
- ✓ Review signs of needing a feed and signs of fed enough. Explain amounts to give and remind of the risks of overfeeding and obesity.
- ✓ Give the mother information on how to care for her breasts if they become engorged.
- ✓ Consider the journey home from hospital and how the mother will give a feed while travelling. Some hospitals suggest a family member bring in ready-to-feed formula and a sterilised bottle when the mother is being discharged if there is a long journey home. Bottles of ready-to-feed should not be given from hospital stocks.
- ✓ Check the mother is comfortable with her decision and that any questions she has are answered. Ensure the mother knows where to get help if needed after discharge.

Further information

- BFHI Link Issue 24, September 2005, *Providing Information on formula without marketing*, and parents handout on types of formula www.ihph.ie/babyfriendlyinitiative/bfhi_link.htm
- BFHI Link Issue 11, November 2001, *Informed Choice means knowing both sides*. (Note this parent handout is two sides of the page). www.ihph.ie/babyfriendlyinitiative/bfhi_link.htm
- *How to prepare your baby's bottle feed*. SafeFood Ireland. <http://www.safefood.eu/en/Publication/Consumer-Information/>
- *Infant Milks in the UK*. Caroline Walker Trust 2011. http://www.cwt.org.uk/pdfs/infantsmilk_web.pdf
- Parents handout in *this issue of BFHI Link*

Assisting the woman who is considering not breastfeeding to make an informed decision

All pregnant women should receive information and an opportunity for individual discussion on the normality and importance of breastfeeding and how breastfeeding fits in their situation. Using an open question such as: "What are your thoughts on breastfeeding your baby?" can start a discussion, reinforce good knowledge and address any concerns the woman may have about making breastfeeding possible for her.

As breastfeeding is the normal and expected practice, information and discussion on formula feeding does not need to be provided to women/parents who do not request/need this information.

If the pregnant woman requests information on formula feeding, or is adamant that she does not intend to breastfeed, the following information should be given and discussed:

- Partial breastfeeding, partial formula use; expressed mother's milk; donor bank milk (for an ill infant) are options to consider if full feeding at the breast is not possible.
- Some situations that seem a barrier to breastfeeding may be overcome with information and assistance (such as medications, illness, or separation).
- There are possible risks from not breastfeeding including a higher incidence of some illnesses in the child such as chest and tummy infections, as well as obesity. Formula has *not* been proven to provide protection from infection and to develop an immune system similar to breastfeeding. Mothers may be at higher risk of obesity, heart disease and breast cancer if they do not breastfeed.



A woman should NOT be asked to state a feeding intention before her baby is born, she has skin to skin contact and sees her baby's natural instinct to seek the breast.

- Using formula takes time to prepare safely and to feed the baby. It is safest to prepare each feed only when it is needed. Bottles should not be propped nor the baby fed by a child. Is time available to prepare and safely feed the baby? Formula use requires planning when away from home to ensure it is used safely and sufficient is brought for the period away.
- Infant formula is expensive. Tins of powdered formula will cost over €500 for the first year. Also there will be costs of bottles and teats, cleaning and sterilising equipment as well as electricity or gas for boiling water. There may be higher costs of doctor visits and medicines. Are there any concerns about meeting these costs for one year or longer? (Cow's milk should not be used as a main drink before one year of age).



- There are different types of infant formula and the brand chosen by the mother should be suitable for newborn infants; labelled newborn or from birth. All brands of infant formula sold in Ireland meet the EU requirements similarly. If any added ingredients were shown to be effective and important then all brands would be required to include that ingredient.
- Infant formula requires clean and safe water. Is the local supply suitable? If not, only use bottled water with a sodium (Na) content less than 20mg (1mmol) on the label. This water will need to be purchased and carried home.
- Infant formula needs to be prepared, stored and given in a clean and safe manner. Will a clean preparation area be available? Instructions on formula preparation will be given on the postnatal ward.
- Most mothers in Ireland start breastfeeding and there is wide promotion of the value of breastfeeding. Will formula feeding a newborn be commented on? Will the mother need an answer if someone asks why she is not breastfeeding?



An informed decision means also considering the risks of that decision.

A very small number of women or infants will have a medical reason for avoidance of all breastfeeding that would be known during the antenatal or immediate postnatal period. In these uncommon situations, detailed information on breastfeeding does not need to be discussed though it should be clear that breastfeeding is recommended for the general population.

Information on conditions where breastfeeding may need to be avoided can be found in Appendix 5 of the Infant Feeding Policy <http://www.ihph.ie/babyfriendlyinitiative/resources.htm>

Research Update



Mothers who had an individual antenatal discussion on breastfeeding were approximately 55% less likely to cease fully breastfeeding before 6 months (HR 0.44, 95% CI 0.24-0.88) according to a longitudinal study in Perth, Australia of 587 women. Providing one-to-one discussion specific to the needs of the women may be effective at increasing duration even in a country with nearly universal breastfeeding initiation. Pannu PK, Giglia RC, Binns CW, Scott JA, Oddy WH. The effectiveness of health promotion materials and activities on breastfeeding outcomes. *Acta Paediatrica*. 2011;100(4):534-7.

The influence of maternal, fetal and child nutrition on the development of chronic disease in later life report (2011) from the UK Scientific Advisory Committee on Nutrition reviewed the evidence and considered implications for the UK. They concluded that there is cause for concern about later health consequences related to nutrient supply in fetal and infant life and that improving nutritional status of women would improve later child health. Full report at http://www.sacn.gov.uk/pdfs/sacn_early_nutrition_final_report_20_6_11.pdf



NEWS



National Breastfeeding Week is October 1-7. The focus this year is HSE facilities taking the lead in encouraging greater social acceptance and protecting the right to breastfeed in public places. HSE facilities will display 'Breastfeeding Friendly' posters demonstrating that they support breastfeeding and provide a welcoming atmosphere. Posters, stickers and other materials will be available in mid-September. Visit www.breastfeeding.ie for more news and events of the week.

The Multiple Birth Foundation (UK) has **booklets for feeding multiples** – one for parents and one for health professionals. Download from www.multiplebirths.org.uk

The UK Baby Friendly Initiative has launched their update website. Useful information on implementing Baby Friendly practices and materials to download www.unicef.org.uk/babyfriendly

- ⇒ Wondering about the BFHI Ireland assessment process and criteria?
- ⇒ Have a question about Baby Friendly practices?
- ⇒ Need parent or class handout to support a discussion?
- ⇒ Need Action Planning guidance?



Look on the BFHI Ireland web site
www.ihph.ie/babyfriendlyinitiative



Diary Dates

Sept 16th **Association of Lactation Consultants in Ireland, Annual Conference. Limerick.**
Info: www.alcireland.ie

Oct 1st-7th **National Breastfeeding Week**
www.breastfeeding.ie

BFHI Link is written by Dr 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

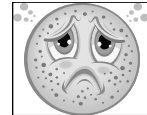
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What if I am thinking of formula feeding ?

Most women in Ireland start their babies with mother's milk. Hospital care is aimed at promoting good health for baby and mother so you hear a lot about breastfeeding. **If you are thinking of not breastfeeding, during your pregnancy talk with your midwife or doctor and your family about these points:**

Does formula feeding make a difference to a baby's health? Yes. Babies who do *not* breastfeed are at higher risk for many illness. These include chest infections, ear infections, diarrhoea, as well as later obesity and diabetes. This difference in health may be particularly important if a baby is preterm or there is a family history of some health problems.



Does formula feeding make a difference to a mother's health? Yes. Mothers who do *not* breastfeed are at higher risk of some types of breast cancer, diabetes, depression, high blood pressure and obesity.

Is formula feeding costly? Yes. The formula powder will cost about €500 for the first year. Bottles, teats, cleaning and sterilising equipment will be needed. Water must be boiled to make up feeds and hot water is needed for cleaning equipment. If a child is ill more often there will be costs for doctor visits and medicines.



Is formula feeding safe? It depends. Powdered formula may be contaminated in the tin which is why the temperature of the water used to make up feeds is so important. Bottles and other equipment needs to be cleaned carefully to reduce the risk of infection. Formula must be prepared carefully so it is not too weak or too strong.

Is one brand of formula better? No. Companies may put ingredients in their formula to sound good when marketing the formula. All infant formula sold in Ireland must meet the same EU standards. If any extra ingredient was proved to make an important difference then all brands would be required to include that ingredient. Use a newborn or first formula for a young infant.



Will I be shown to make up feeds safely? Yes. On the postnatal ward you will learn about making feeds, how to give feeds and how to care for the equipment.

Can every mother manage to breastfeed? Yes, nearly all mothers produce milk after their baby is born. If a mother has any difficulty most of the time this can be solved with help from a person who knows about helping breastfeeding mothers.

If I am taking medications can I breastfeed? Yes in most cases. Breastfeeding is ok with most medications and health conditions. Discuss with your doctor or midwife as sometime a medication needs to be changed to one that is better when breastfeeding.

Can I part breastfeed or use expressed milk? Yes. You can talk about this with your midwife, nurse, lactation consultant or breastfeeding supporter about doing this.



If I want to talk about this can I ask someone? Yes. Your midwife, public health nurse or GP nurse, lactation consultant, doctor and volunteer mother support groups are all happy to talk to you more.

It is your decision how you feed your baby. The hospital staff will support you in doing what you decide.

Be sure that you have the information and understand what it means for you, your baby and your family so that you are comfortable that you made the best decision in your situation.