



### RATES in 2013



- ♥ Majority of infants breastfeed in hospital
- ♥ Two maternity units had breastfeeding initiation rates above 70%
- ♥ Only two maternity units had breastfeeding initiation rates below 50%
- ♥ Percentage initiating breastfeeding and ceasing all breastfeeding before discharge is reducing

Reports by hospitals to BFHI	2002	2010	2012	2013
Births	60286	74275	69945	68653
Births in Baby Friendly awarded unit	0%	34%	42%	42%
Breastfeeding Initiation average (Range)	47% (29-61)	58% (45-68)	59% (48-70)	59% (44-70)
Any breastfeeding at Discharge (Range)	43% (26-53)	51% (36-67)	53% (38-70)	54% (41-70)
Ceased all breastfeeding before discharge no. of infants	2494 (9%)	5206 (12%)	3910 (9%)	3039 (8%)

### Did you know?

In 1986, 1 out of 3 mothers/babies who started were still breastfeeding at 12 weeks



In 2013, 2 out of 3 mothers/babies who started were still breastfeeding at 12 weeks



1986, McSweeney 2013, HSE Performance Indicators



Groups, one to one help, information, and families and friends can support new parents. Look inside for more.



### Look inside this issue:

- ♦ Step 10: on-going support
- ♦ Research update, news and free resources
- ♦ Parent handout: Supports help answer new parent questions

## Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them.

### Why is on-going support needed?

Support that builds confidence in breastfeeding and links new mothers with experienced mothers can answer most common queries with ways that continue breastfeeding.

Where breastfeeding is less common or of short duration, mothers, families and health workers may lose confidence in breastfeeding. Any challenge of being a new mother may be offered the solution of "why don't you stop breastfeeding".

### What can a health service do to assist mothers and families with support?

- ⇒ Build links and network with sources of support and know what they offer.
- ⇒ Identify and maintain a file of support sources.
- ⇒ Encourage mothers and families to explore supports during pregnancy, after baby is born, and on-going.
- ⇒ Follow up with mothers and families to ensure continuity of care.

### Implementing Step 10 benefits the health facility by enhancing:

- *Client-centred care*: Taking the time during pregnancy and before maternity discharge to discuss possible support needs and available supports increases the likelihood that individual needs will be met and personal goals achieved for parenting, infant feeding and care.
- *Safety*: Early follow-up can pick up difficulties with child or maternal health, feeding and child care that might become significant if left unaddressed. Support services provide timely support at critical points.
- *Efficiency*: Continuity of care runs from antenatal primary care, through birth care and on to postnatal care and family care. Establishing communication and systems of referral among the different supports in a community assists clients to find relevant supports thus reducing the personal and health service costs of resolving difficulties.
- *Equity*: Encouraging and supporting a range of services can help meet needs of women and families of different cultures, language, location and situations.



**Linking of supports and continuity of care reduces confusion**

### Audit your practices

\_\_\_ % of pregnant women who can recall information provided on sources of support .

\_\_\_ % of about to be discharged mothers who can recall a postnatal discussion on their support needs and support sources

\_\_\_ % of staff in antenatal and postnatal services that can show where the information on support sources is.

\_\_\_ % of mothers who use the hospital post-discharge support services

Who is responsible for keeping the support sources file up to date and accessible?

Is the support file up to date? (Contact details and venues current etc.?)

### More Resources

BFHI Link newsletters and Parent handouts *Before you go home, make sure that: ....* Issue 21 on discussion before discharge [www.babyfriendly.ie](http://www.babyfriendly.ie)

Information and listing of support groups around the country at the HSE web site [www.breastfeeding.ie](http://www.breastfeeding.ie)

Nation wide support organisations:  
[www.lalecheleagueireland.com](http://www.lalecheleagueireland.com)  
[www.cuidiu-ict.ie/](http://www.cuidiu-ict.ie/)

List of the IBCLCs (certified lactation consultants) in private practice at [www.alcireland.ie](http://www.alcireland.ie)

## What happens if there ARE breastfeeding supportive practices?

**Babies are more likely to breastfeed and more likely to exclusively breastfeed.**

- ◇ Women giving birth in hospitals that participated in the UK Baby Friendly Initiative were up to 15 percentage points more likely to initiate breastfeeding and 8 - 9 percentage points more likely to breastfeed exclusively at 4 and at 8 weeks than comparable mothers giving birth in non-participating hospitals. (1)
- ◇ Early skin to skin contact results in higher maternal breastfeeding self-efficacy which increases exclusive breastfeeding duration. (2)
- ◇ Proactive follow-up support over the first four weeks improves breastfeeding duration among first time mothers. (3)
- ◇ Cup feeding significantly increased the likelihood of late preterm infants being exclusively breastfed at discharge and at 3 and 6 months after discharge, and cup feeding did not increase the length of hospital stay. (4)

- 1) Del Bono E, Rabe B. (2012) Breastfeeding and child cognitive outcomes: Evidence from a hospital-based breastfeeding support policy. ISER Working Paper Series:12-29 <https://www.iser.essex.ac.uk/publications/working-papers/iser/2012-29.pdf>
- 2) Aghdas, K., et al. (2014) Effect of immediate and continuous mother–infant skin-to-skin contact on breastfeeding self-efficacy of primiparous women: A randomised control trial. *Women Birth* 27. Pp 37-40.
- 3) Fu, ICY, et al (2014) Professional breastfeeding support for first-time mothers: a multicentre cluster randomised controlled trial. *BJOG: An international Journal of Obstetrics and Gynecology*. DOI: 10.1111/1471-0528.12884
- 4) Yilmaz et al (2014) Effect of cup feeding and bottle feeding on breastfeeding in late preterm infants: A randomized controlled study. *J Hum Lact*. 2014; 30(2): p. 174-179

## What happens if we do NOT support women with breastfeeding?

**It may increase the risk of post natal depression.**

Research with UK data indicates that women intending to breastfeed who did not breastfeed were at increased risk of post-natal depression compared to those women who intended to breastfeed and did go on to breastfeed.

Researchers highlight that providing expert breastfeeding support may also improve mental health outcomes for mother and child, and that specialist support when breastfeeding doesn't work out is also important. Read the full article on Open Access Borra C, Iacovou M, Sevilla A (2014) New Evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions. *Maternal Child Health Journal*. <http://link.springer.com/article/10.1007%2Fs10995-014-1591-z>

### Support across disciplines

University Maternity Hospital, Limerick includes **audiology staff** in the orientation to the infant feeding policy and roles in supporting the policy.

The **IT midwife** in the Coombe Women & Infants University Hospital participates in staff breastfeeding programmes, which contributes to better understanding of the practices and highlights the relevance of the data collected.



**Healthy Hearing Program**

is proud to support the  
Baby Friendly Health Initiative (BFHI)

**The Healthy Hearing Team** aim to:

- Keep mother and baby together, screening at the bedside where possible
- Maintain **skin-to-skin** contact between you and your baby
- Encourage feeding or cuddling to settle your baby during the screen if needed

We can take free hearing/visual checks on your baby

Screenings are shared to be clinically relevant, with information available on request

For more information regarding your baby's FREE hearing screen call

[www.health.qld.gov.au/breastfeeding/documents/hh\\_bf\\_poster.pdf](http://www.health.qld.gov.au/breastfeeding/documents/hh_bf_poster.pdf)



## NEWS and RESOURCES



### Infant in a vegan family? Can an vegan diet meet the nutritional needs of infants and young children?

Yes it can - with some thought and planning. Colourful easy to read resource material is free to download for health workers and parents. That includes advice on breastfeeding when a mother is a vegan, key principles of eating well, examples of vegan foods for 6 months onwards, recipes and additional info.

[www.firststepsnutrition.org](http://www.firststepsnutrition.org)

First Steps Nutrition Trust provides a one-stop shop for useful and accurate evidence-based information on good nutrition from pre-conception to five years with no industry funding and marketing. Publications also include reports on what partially hydrolysed formula means and does it make a difference, review of infant milks on the market (updated each year), toddler milks and follow-on milks, and eating well for breastfeeding mums.

Sign up with First Steps Nutrition for notification of new reports. Free of commercial marketing.

### Two updated clinical protocols from the Academy of Breastfeeding Medicine

**Mastitis Protocol #4** updated in June 2014 with slightly expanded sections on MRSA, secondary candida infections, and a brief explanation of fluid mobilization for symptomatic treatment of a swollen breast. Useful bulleted lists and updated references.

**Monitoring and Treatment of Hypoglycemia in Term and Late-Preterm Neonates Protocol #1**, with additional table that more clearly describes how to translate blood glucose levels in at-risk babies into guidelines for clinical intervention, as well as updated references. For discussion of the update visit <http://bfmed.wordpress.com/2014/06/09/newly-published-abm-clinical-protocol-1-guidelines-for-blood-glucose-monitoring-and-treatment-of-hypoglycemia-in-term-and-late-preterm-neonates-revised-2014/#comments>

Both these updated protocols, as well as the existing protocols, are free to download from [www.bfmed.org/Resources/Protocols.aspx](http://www.bfmed.org/Resources/Protocols.aspx)



**Getting to know your baby - connecting from pregnancy onwards, What dads should know, and Off to a Good Start are some of the new resources from the Public Health Agency Northern Ireland [www.publichealth.hscni.net](http://www.publichealth.hscni.net)**

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](mailto:bfhi@iol.ie)  
Web site: [www.babyfriendly.ie](http://www.babyfriendly.ie)

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### Breastfeeding and Medication - Irish Resource update

The *National Medicines Information Centre* based in St James Hospital recently issued an updated bulletin Vol 20, No 2 **Medication Use in Breastfeeding Women. Available to download at <http://www.stjames.ie/GPsHealthcareProfessionals/Newsletters/NMICBulletins/>**

The NMIC also provides a free clinical enquiry answering service, providing evidence-based information and advice to healthcare professionals/agencies on all aspects of therapeutic use of medicines including indications, interactions, drug use in pregnancy/lactation etc.

## Pregnant women, new mothers and their families have many questions

Support services are there to help answer questions you have and to help build your confidence in being a parent.



### Where is this support?

Support may be provided by a variety of people: Friends and family, volunteer supporters, and health workers can provide support.

Support may be provided in different places: community groups, in your home, in the hospital or health clinic, GP office, or by phone, text and the internet.



**Support groups** are great to meet other mothers, socialise and learn from them about experiences of being a new mother. Pregnant women, new mothers and experienced mothers, babies and toddlers are welcome. Some groups are specifically for premature babies or multiple births. National support groups have web sites with information too.

Most support groups have someone trained in breastfeeding management who you can talk to one to one at the group, at any other time or by phone.

**Contact volunteer mothers who are trained counsellors/Leaders** at [http://cuidiu.ie/supports\\_breastfeeding\\_counsellors](http://cuidiu.ie/supports_breastfeeding_counsellors) and [www.lalecheleagueireland.com/](http://www.lalecheleagueireland.com/)

**Support groups are listed by county at the HSE web site** [www.breastfeeding.ie](http://www.breastfeeding.ie)

**Specific expertise** may be needed if you have a concern such as low weight gain, sucking difficulties, illness or medical condition of mother or baby. A lactation consultant (IBCLC) is a health professional specially trained to assist with breastfeeding related concerns. An IBCLC may work in a maternity hospital, in primary care or in private practice. A list of the IBCLCs in private practice is at [www.alcireland.ie](http://www.alcireland.ie)



This is general information. Discuss your specific needs with your midwife, nurse or doctor.

Like more info sheets? Visit the BFHI web site

