

Issue 53  
December 2014



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

## Look inside this issue:

- ◆ BFHI National structure changes
- ◆ How BFHI activities help achieve the National Standards for Safer Better Healthcare.
- ◆ Over-fullness and engorgement; preventing and relieving
- ◆ Research update, news and free resources
- ◆ Parent handout: If your breasts feel over-full



## Changes at BFHI National Level

- ♥ Re-named the Baby Friendly Health Initiative to allow for activity broader than hospitals
- ♥ New Constitution with a new governance structure. Made clearer that the health facilities are the 'client' who BFHI supports in order that they may support the families.



- ♥ New national committee formed dividing out day to day management, strategic planning and the education, monitoring and assessment functions. Expressions of interest to be on the committee are welcome.

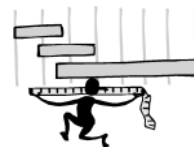
- ♥ The Constitution with the committee structure is on the web site for greater transparency, as is the complaints procedure.
- ♥ Web site is being re-vamped with more general info on the first page and a map of participating hospitals, Parent handouts on a separate page divided by topic and with QR codes for easy access, more details about contents of Link newsletters and an Audit Summary Template on the Resources page. To come: more project resources divided by Step, sharing of resources produced by hospitals and more audit tools on the way.

Visit the web site and have a look [www.babyfriendly.ie](http://www.babyfriendly.ie)

Let the National Coordinator know what else you would like the BFHI National committee to do to assist you to implement and to sustain best practices.

## Do you know the difference between audit and evaluation?

**Audit** is designed to answer the question: does this service reach a pre-defined standard? It measures against a standard such as the BFHI standard. It is used to inform delivery of best care, check progress, take remedial action, and update plans. Audit may be part of on-going monitoring. An audit can provide a baseline showing the need for a project and be repeated to show an outcome measure.



**Evaluation** is designed to answer the question: Does this project, practice, or action function the way it was intended? It is an assessment and understanding of the efficiency of the process, acceptability, impact, and sustainability of the project, or lack of these. Evaluation provides broad learning applicable to other projects and provides accountability to the stakeholders.



Remember the difference when evaluating your 2014 Action Plans and developing your 2015 Plans.

## BFHI activities and National Standards for Safer Better Healthcare

Each year hospitals participating in the BFHI develop and carry out an action plan of their choice to improve care and to better implement the standards of the Baby Friendly Health Initiative.

The reports of the actions can also show evidence of achieving the National Standards for Safer Better Healthcare.

Some examples of recent activities are briefly described below.



### **Infant Feeding Care Planning University Maternity Hospital Limerick**

**Aim:** Commence use of an individual care plan, when a problem is identified with infant feeding and lactation in postnatal wards.

**Action:** Care plan form was drafted, discussed and piloted with postnatal staff and revised based on feedback. Care plan to record Identification, Situation, Background, Assessment/care given, Recommendation/plan with time frame, with a section for further support needed and evaluation/outcome.

Infant Feeding Care plan was used for all infants (respecting preferences and diversity of mothers, Theme 1) and avoiding the implication that feeding problems only related to breastfeeding.

**Evaluation of plan:** Highlighted the need for ongoing consultation and adaption of the care planning tool and the value of fitting with ISBAR framework. Need for up-skilling staff in assessing feeding and in consistent use of Care Planning is being provided through short focused on-going training.

**Outcome:** Individual needs are assessed and a plan recorded by an identified mid-wife and monitored to ensure continuity of care is provided. Care plan is accessible in mother's chart.

**Evidence for:**

**Theme 1: Person-centred Care and Support**  
**Theme 2: Effective Care and Support**



*Include in your annual report how your BFHI Action Plan links with the National Standards for Safer Better Health Care.*

### **Highlight BFHI activities linking with the National Standards for Safer Better Health Care**

#### **Cork University Maternity Hospital**

**Aim:** Raise awareness of how BFHI activity can link with other quality actions and value of BFHI activity in providing evidence towards the National Standards for Safer Better Health Care.

**Action:** Establish people involved in reporting on the Standards, comply a report for the Standards committee under Themes 1 and 4 related to BFHI activities, discuss links at the CUMH Clinical Directorate meeting and (Cork University Hospital Group) CUHG Hospital Standards Committee.

**Outcome:** Raised awareness of the activities. Evidence to be included in the Standards reports includes: Theme 1: survey conducted of service user experiences in OPD breastfeeding support, mothers can breastfeed in all public areas of the hospital and a private space is also available as well as a facility in NNU, a lactation room is provided for CUMH staff, a checklist facilitates 1 to 1 antenatal discussion and material are available in various languages, discussion and informed consent takes place regarding use of donor milk, access to an IBCLC, support helpline and CUMH support group.

Theme 4: ongoing audits monitor compliance with the infant feeding policy and procedures, collaboration with the voluntary breastfeeding support groups, and action plans developed.

**Evidence for:**

**Theme 1: Person-centred Care and Support**  
**Theme 4: Better Health and Wellbeing**



## Engorgement

(also read the Parent Page of this issue of BFHI Link)

*What is it:* There is normal breast fullness in the first days after birth. The breast is soft and the baby can latch on. With over-fullness or engorgement the breast is hard and does not compress easily. This over-fullness can result in the baby only sucking on the nipple tip thus increasing the risk of sore nipples and of little milk being transferred. Continued pressure from over-full breasts will reduce or stop the milk production, and can damage milk producing cells for later lactation. Most cases of engorgement can be prevented.

*Prevention of over-fullness:* avoid excess fluids when in labour; ensure skin to skin contact and early suckling, frequent feeding, attention to positioning and attachment for effective milk removal; avoid non-mother's milk supplements, and ensure regular checks for breast comfort and effective feeding by a skilled person, to reduce the likelihood of over-fullness occurring.

### Breast Oedema and Cabbage Leaves

Oedema may be present in various parts of the body after giving birth - breasts, feet, face, hands - which may be linked to receiving excess fluids during labour and/or epidural use, as well as the normal re-balancing of blood, lymph and other fluids. It reduces in a few days.

Chilled cabbage leaves have been used successfully to reduce swelling for sprained ankles or other soft tissue trauma and can be used to help speed the reabsorption of this excess fluid in breast tissue. Cabbage leaves can also be used by new mothers who are not breastfeeding. Read more (with reference list) at The Cabbage Cure, Marie Davis, IBCLC [www.lactationconsultant.info/cabbagecure.html](http://www.lactationconsultant.info/cabbagecure.html)

This oedema in the breasts is fluid between the milk ducts (interstitial), not in the milk ducts. Lactogenesis II (milk "coming in") usually occurs 2-4 days after birth when the naturally small volume of colostrum is changing to the larger volumes of mature milk.

### Reverse Pressure Softening (PRS) can soften the areola to help attachment

RPS uses gentle positive pressure immediately before each attempt to latch to soften a 1-2 inch area of the areola surrounding the base of the nipple. It temporarily moves excess interstitial fluid slightly backward and upward into the breast in the direction of natural lymph drainage and reduces distention. RPS also stimulates nerves under the areola that trigger the milk ejection reflex.

Pumping may attract oedema into the flange area, especially at high vacuum settings, which may "bury" the nipple and the milk ducts. If using a pump with oedematous breasts ensure it is at a comfortable pressure and only used for about 10 minutes at a time to avoid damaging the distended breast tissue.

RPS is best performed immediately before each attempt to latch for as many feedings as needed. RPS may be applied by the health care provider, and/or taught to the mother/significant others, if necessary, over the telephone.

Illustrated directions from K. Jean Cotterman at [http://kellymom.com/bf/concerns/mother/rev\\_pressure\\_soft\\_cotterman/](http://kellymom.com/bf/concerns/mother/rev_pressure_soft_cotterman/)

### Therapeutic Breast Massage

Breast massage techniques can be used as a treatment for engorgement and are common in Russia and some Asia cultures. While the mother is reclining the techniques are used to aid lymphatic drainage from the breast thus reducing swelling, softening the areola, and facilitating milk removal.

Bolman, M et al. Recapturing the Art of Therapeutic Breast Massage during Breastfeeding *J Hum Lact* 2013 29: 328-33 <http://jhl.sagepub.com/content/29/3/328> and video of the technique at <http://vimeo.com/65196007>

### Anticipatory Guidance

When any overfullness or engorgement resolves mothers may worry that their milk is gone. Provide some anticipatory guidance to explain the normal stages of breasts after birth, what is overfullness, how to prevent it and how to relieve it if it occurs. Point out the normal fullness before a feed and softer breasts after a feed as the breasts settle into meeting the baby's needs.

### Further Reading

Academy of Breastfeeding Medicine, Clinical Protocol # 20 Engorgement. <http://www.bfmed.org/Resources/Protocols.aspx>

WHO, Infant and young child feeding, Model chapter for textbooks for medical students and allied health professionals. Session 7. [http://who.int/maternal\\_child\\_adolescent/documents/9789241597494/en/](http://who.int/maternal_child_adolescent/documents/9789241597494/en/)



## NEWS and RESOURCES



**Eating Well for New Mums** answers many questions new mothers have such as what is a healthy diet, how do I make quick healthy meals and snacks, what if I'm not eating dairy, do I need supplements and much more.

**A simple guide to infant formula, follow on milk and other infant milks** ensures simple, clear evidence-based information if parents are not breastfeeding. Includes choosing a milk, sorting out marketing-speak from evidence, and why the safety guidance is important to follow. Companion resource to the health professional version.

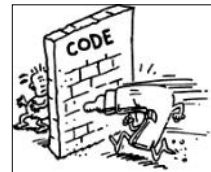


**Both these easy to read, independent non-commercial resources are free to download from [www.firststepsnutrition.org](http://www.firststepsnutrition.org)**

### The formation of an IBFAN Ireland

A group of concerned individuals have formed as IBFAN Ireland, which aims to uphold the International Baby Food Action Networks 7 Principles:

1. Infants and young children everywhere to have the right to the highest attainable standard of health.
2. Families, and in particular women and children, to have the right to access adequate and nutritious food and sufficient and affordable water.
3. Women have the right to breastfeed and to make informed decisions about infant and young child feeding.
4. Women have the right to full support to breastfeed for two years or more and to exclusively breastfeed for the first six months.
5. All people have the right to access quality health care services and information free of commercial influence.
6. Health workers and consumers have the right to be protected from commercial influence which may distort their judgement and decisions.
7. People have the right to advocate for change which protects, promotes and supports basic health, in international solidarity.



IBFAN Ireland will be using the Facebook Page [Monitoring the Code in Ireland](#) as a place to raise awareness on current issues (at both a National and International level), and as a point of contact for people who may be interested in getting involved with the organisation, or for those who may have a general query/concern or a Code violation to report.

#### Updated: Cochrane Review

**Early additional food and fluids for healthy breastfed full-term infants** (Becker GE, Remington T). No evidence of benefit to give routine supplementation in first week, or to introduce other foods or fluids before 6 months. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006462.pub3/abstract>

#### Updated: NICE Intrapartum care

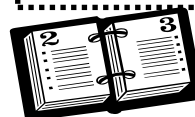
New recommendations include choosing place of birth, care during the latent first stage of labour, management of the third stage of labour, and safe sleep. [www.nice.org.uk/guidance/CG190](http://www.nice.org.uk/guidance/CG190)

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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#### Diary Dates

Feb 27 **Annual reports for 2014 and plans for 2015 due.** [bfhi@iol.ie](mailto:bfhi@iol.ie)

Feb 28 **Association of Lactation Consultants in Ireland, Spring Study Day, Galway**  
[www.alcireland.ie](http://www.alcireland.ie)

Mar 7-8 **La Leche League of Ireland, Annual Conference. Portlaoise**  
[www.lalecheleagueireland.com](http://www.lalecheleagueireland.com)

## If your breasts feel over-full

**Normal fullness.** In the first 2- 5 days after giving birth your breasts get very active as they start their work to produce milk. (You do not choose to produce milk, your body does this automatically once the baby is born). Extra blood and other fluid come into the breast area to provide the ingredients of the milk. Both breasts gradually become larger and feel swollen during these days, though soft. The swelling may extend into your armpit. It takes a day or two for the breasts to adjust and the fullness to reduce.

Your breasts don't know if your baby is small or large, if you have twins, or how much milk is needed. The amount of milk that is taken out of the breast sets the amount of milk that will be produced. An early start for baby at the breast and baby-led feeding in the first days helps the breasts to adjust to the amount of milk needed. It is ok to wake a sleepy baby if your breasts are getting full.

**Over-fullness or engorgement.** May occur between day 3 and 10. Sometimes there is too much of the extra fluid (oedema) or more milk is made than needed. One or both breasts can get overfull, tight, shiny skin, warm, hard and painful, and the nipple may be pushed flat by the engorgement and feel firm (like the tip of your nose, not soft like your earlobe). The mother generally feels well and there is no breast infection.



**Relieving over-fullness.** Some of these ideas can also be used by a mother who wants to be more comfortable when stopping milk production.

Use gentle massage, hand expressing and "reverse pressure softening" if the nipple area is overfull and baby can't attach. (More information in other pages of this issue of *BFHI Link*).

Feed the baby often taking care that baby latches with a wide mouth and is swallowing milk. If baby is not latching and swallowing milk, or if breastfeeding is painful, get help.



Dark green cabbage leaves, washed, thick vein removed, chilled and placed all over the engorged breast. Leave on for about 20 minutes. Repeat every 2-3 hours if needed. Do not use on irritated skin or if allergic to sulfa or cabbage.

Cold packs (frozen peas) can reduce swelling. Wrap the cold pack in a dry cloth so the ice is not placed directly on the skin. Warmth on your back may help the milk to flow.

A well-supporting bra that is not tight can help. If pain relief is needed, ask your pharmacist about taking an anti-inflammatory such as ibuprofen.

**What doesn't help over-fullness:** Epsom salts or diuretics, restricting what you drink, binding breasts, antibiotics if there is no infection, stopping breastfeeding.

### Sore breasts after the early days

**An overfull breast** can occur at any stage if a feed is missed or if the baby is not feeding well.

**Blocked duct:** One breast has a tender spot or sore lump and the rest of the breast is soft. The tender spot may move. A blocked duct may be caused by a tight bra, continued finger pressure on one area, or any reason that blocks the flow of milk along a duct. It can lead to an infection if the duct stays blocked.

**Mastitis:** A vague, general term for a sore breast, that may, or may not, indicate an infection. Not all sore breasts need antibiotics. With a true breast infection there is redness in one part of the breast that is sore and hot to touch, the mother feels like she has flu (aches, raised temperature). Usually the infection is in the breast (between the milk ducts) and not in the milk ducts.

**For all sore breasts:** Keep the milk moving by frequent feeding or expressing. Try the ideas for engorgement. Rest and drink plenty of fluids. The milk will build up more if you stop feeding abruptly; if stopping, then do so gradually. If a sore breast is not improving after 24 hours of care, contact your midwife, lactation consultant, PHN, GP or breastfeeding supporter for more individual help.

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

Like more info sheets? Visit the BFHI web site →

