

Issue 55
Sept 2015



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK



Look inside this issue:

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Congratulations South Tipperary General Hospital

STGH has met all the criteria to be designated as a Baby Friendly Hospital.

Well done to all involved.

STGH celebrated World Breastfeeding Week in August with the award presentation.

There are now nine maternity services that have met the criteria.

RATES in 2014



- ♥ Majority of infants breastfed in hospital
- ♥ Rates are slowly continuing to rise and only one maternity unit had a breastfeeding initiation rate below 50%
- ♥ Unfortunately, nearly 26,000 infants had not even one drop of their mothers milk.

Reports by hospitals to BFHI	2002	2010	2012	2014
Births	60286	74275	69945	66391
Births in Baby Friendly awarded unit	0%	34%	42%	42%
Breastfeeding Initiation average (Range)	47% (29-61)	58% (45-68)	59% (48-70)	61% (47-70)
Number of infants with ANY breast-feeding during hospital stay	28588	43367	42034	40483
Number of infants with NO breast-feeding during hospital stay	31698	30908	27911	25908

Interested in other years - look in the Sept issue of BFHI Link each year

BFHI email has changed

New email is: contact@babyfriendly.ie

The email bfhi@iol.ie will continue to work for the rest of the year but please put new address in your contact list.

Use www.babyfriendly.ie rather than the www.ihph.ie site



Feeding babies in times of emergency, homelessness, refugee migration - mothers milk is available and sustainable and protects health.



In times of emergency all mothers should be supported to breastfeed from birth and it is possible to re-start breastfeeding after it has stopped.

The International Code and international guidelines on emergency situations requires that any charitable donations of infant formula continue for as long as the child needs the donation. Can the donated formula continue without a break in supply into the child's second year if the emergency situation still exists - and be used safely in the situation? Or is the donation increasing the risks to the child? Well run charities do not seek nor accept artificial milk donations.

Mother's milk is a sustainable source of food, warmth and comfort as well as protection from illness.

See BFHI Link Issue 38 for more information and links. <http://www.babyfriendly.ie/newsletter.htm>

What supplies are needed for a baby in an emergency?

"Seven days emergency supplies needed for a five month old breastfeeding baby are 100 disposable nappies and 200 nappy wipes.

For a baby who is not breastfed, and using ready-to-use liquid infant formula, an emergency kit should include: 56 serves of ready-to-use liquid infant formula, 84L water, storage container, metal knife, small bowl, 56 feeding bottles and teats/cups, 56 ziplock plastic bags, 220 paper towels, detergent, 120 antiseptic wipes, 100 nappies and 200 nappy wipes.

For a baby who is not breastfed, and if powdered infant formula is used, an emergency preparedness kit should include: two 900g tins powdered infant formula, 170L drinking water, storage container, large cooking pot with lid, kettle, gas stove, box of matches/ lighter, 14kg liquid petroleum gas, measuring container, metal knife, metal tongs, feeding cup, 300 large sheets paper towel, detergent, 100 nappies and 200 nappy wipes. These items need to be transported and stored."

Read more about these needs and how to calculate local needs in the article by Karleen Gribble: *Emergency preparedness for those who care for infants in developed country contexts*. It is free to download from <http://www.internationalbreastfeedingjournal.com/content/6/1/16>

Did you know?

Estimated that 60% of the artificial milk provided in Irish maternity units becomes food waste?

This is a cost to taxpayers (who pay for the milk purchased by the HSE and the disposal cost) as well as the artificial milk waste can pollute the environment.

How is artificial milk waste dealt with in your unit? Is it poured down the drain into sewage recycling? Does it go as liquid food waste to a bio-digester?

Mothers' milk has no such costs.



BFHI Ireland Audit Tools were recently circulated to each hospital BFHI contact person. If not received, please contact Genevieve contact@babyfriendly.ie

Ideas to Share

St Luke's Hospital Kilkenny maternity staff use a "What's Up" app to communicate news and events including lactation conferences and breastfeeding courses.

Use an email signature line message to raise awareness of breastfeeding and supportive practices during National Breastfeeding Week or every week.

Try one interesting fact, or a slogan, or an image. Some ideas:

- ◇ *Support breastfeeding because it makes a difference*
- ◇ *Protect the long term health of child and mother - support breastfeeding*
- ◇ *Mothers' milk has nurtured babies for over 200,000 years - the original and tested by time*
- ◇ *Milk from mummy is yummy*

Some thoughts on “supplement” use

Why is artificial milk offered to breastfeeding babies?

- Because some health workers, parents and families have little confidence in a woman’s ability to continue to nourish her baby after birth - even though her body nourished her baby fine for the last nine months in the womb.
- Marketing by formula producers/distributors attempts to convince people that artificial milk is so close to human milk and it is so nearly as good that there is no concern about using it instead of mother’s milk, or suggest that many women aren’t able to do the physiologically normal acts of lactation and caring for their baby.
- Textbook, training courses, information leaflets and other education materials from sources other than formula producers may be written by people with attitudes and knowledge formed by artificial formula marketing and thus suggest non-exclusive breastfeeding is good enough.
- Staff may not have the knowledge, skill and time to effectively assist exclusive breastfeeding.

Is there actually insufficient mother’s milk?

- There may be plenty of milk but the baby is not effectively at transferring the milk. This may be due to lack of access to the breast or a difficulty around suckling skills. Assist the mother to acquire skills of hand expression to use mother’s milk while suckling issues are being addressed.
- Insufficient milk may be a result of poor healthcare practices around labour, birth and the early days, which can be overcome by providing good practices to improve milk production and baby’s access to the milk.
- An “unsettled baby” does not necessarily mean lack of milk. Many newborn babies feel most secure when next to their mother’s skin with her smell, heartbeat, voice and warmth. In the womb a baby receives constant nutrition and it can take a few days for the baby to realise what to do when they feel thirsty or hunger, and that they are expected to leave gaps between “meals”.
- Means of soothing and settling the baby should be offered to the mother before artificial milk is offered as a solution to an “unsettled baby” who wants to be at the breast.

Does the term “supplement” or “top-up” further undermine the use of mother’s milk?

- If the term “supplement” or “top-up” is used for anything other than feeding at the breast, even if the milk is mother’s milk, is there a sub-conscious message that mother’s milk is generally lacking? If baby is not transferring milk effectively at the breast and is given expressed mother’s milk in a cup-feed this is not a “supplement”, it is mother’s milk fed by other means.
- If the baby is separated from his/her mother then the “supplement” or “top-up” may not be in addition to mother’s milk but instead of mother’s milk, and not insufficient milk production.

Further Reading:

- ◇ Why is exclusive breastfeeding recommended?(Just One Bottle) handout, challenges to implementing exclusive breastfeeding in the maternity services and risks of adding artificial milks in BFHI Link Issue 8 http://www.babyfriendly.ie/bfhi_link.htm
- ◇ Discussion document circulated at the BFHI Action Planning workshops March 2015

Thinking of participating in a Baby Fair or Award Scheme or Education Event that is sponsored by a company associated with artificial feeding (including formula, bottles and teats)?

- Will colleagues and parents perceived you as more interested in publicising your own name than in protecting the wellbeing of mothers and babies?
- Are you aware the costs of the award publicity is added to the price of the formula or other products and parents and taxpayers (for the health service supplies) pay for this marketing?
- Do you know the hospital name may not be used in any connection with marketing of an artificial feeding related product?

Read more at <http://www.babyfriendly.ie/resources.htm> Scroll down to The “Code” section

NEWS and RESOURCES

Breastfeeding: love and health for life campaign posters www.paho.org



Infographics from Lamaze designed to promote safe and healthy birth Variety of topics to downloaded for free from www.lamazeinternational.org/infographics



The Competence Framework for Breastfeeding Support provides health workers with a list of core competencies at Awareness, Generalist and Specialist level. Its use will enable individual health workers to engage in self assessment and peer review and for managers to ensure their teams have appropriate knowledge and skills. Download from <http://www.alcireland.ie/competence-framework-for-breastfeeding/>

Exclusive breastfeeding in first 24-48 hours are more likely to be breastfeeding at 6 months

1003 postpartum English-speaking women with a healthy singleton term infant, who intended to breast feed from three maternity hospitals in Melbourne, Australia. Findings: Infants who had fed only at the breast in first 24-48 hours were more likely to be continuing to have any breast milk at 6 months than those who had received any EBM and/or infant formula (76% vs 59%; adjusted OR 1.76, 95% CI 1.24 to 2.48) (adjusted for parity, type of birth, breastfeeding intention, breastfeeding problems at recruitment, public/private status, epidural for labour or birth, maternal body mass index and education). **Conclusion: Support and encouragement to initiate breastfeeding directly at the breast is important.** Forster D.A. Johns H.M. McLachlan H.L. Moorhead A.M. McEgan K.M. Amir L.H. *BMJ Open*. 5 (5) , 2015 Free download <http://bmjopen.bmj.com>

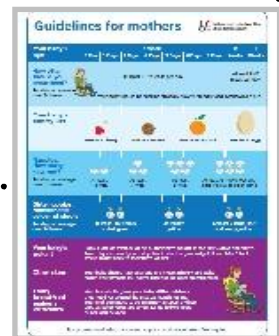


HSE Breastfeeding website www.breastfeeding.ie/ is restyled

It contains contact details for community support groups, information, Ask the Expert, sign up for text messages of support and info and more.

Videos on frequency of feeding and skin to skin contact from Brenda Piper Callan and Geraldine Gordon, IBCLCs in Our Lady of Lourdes Hospital, as well as videos of mothers talking about their feeding experiences.

Posters on tummy size and output and others can be ordered and can be downloaded from <https://www.healthpromotion.ie/publication/fullListing?category=Breastfeeding>



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.

Email contact@babyfriendly.ie



Oct 1-7

National Breastfeeding Week
www.breastfeeding.ie

Oct 2-3

Association of Lactation Consultants in Ireland, Annual Conference Horse & Jockey Hotel, Thurles, Co. Tipperary.
Key speaker Prof Lisa Amir, Melbourne.
www.alcireland.ie

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Position of mother and baby for comfortable and effective feeding

Mothers often say they receive conflicting information about how to position their baby. There are basic principles which remain the same in any technique.

Principles:

1. **Mother in a comfortable position**

- ⇒ Back supported and legs not dangling or tense.
- ⇒ Able to support the baby's weight without a strain and to have at least one arm free to use.
- ⇒ Leaning back rather than leaning forward.



2. **Baby is a comfortable position**

- ⇒ Close to mother so that baby does not need to stretch his/her neck to stay attached.
- ⇒ Facing chest to chest without baby's neck or body twisted or falling away from the breast.
- ⇒ Supported so baby feels stable, secure and not hanging loose. The weight of baby's body is supported at the shoulders and hips and the baby can freely move his/her head without restriction. Many babies like their feet to touch something rather than hanging in mid-air.



3. **Bring baby to breast, not breast to baby**

- ⇒ Breasts and nipples are different shapes and can point different directions. Look in the mirror to see what direction your breasts point.
- ⇒ Position your baby so that her/his nose is where your nipple is when your breast is in its natural place.
- ⇒ Baby will tip his/her head back and use her/his mouth and chin to feel for the areola and its distinctive smell. The chin touching the breast first helps the baby to feel stable. Avoid bending forward trying to put the nipple to where the baby's mouth is. Let the baby attach to the breast her/himself.

Techniques:

Use the basic principles to find a technique that suits you and your baby in different situations and mothers-babies. A laid back technique may suit you in bed or when relaxing in the sitting room, and a more upright position may be more suitable when out with friends in a café. There is no one best technique for everyone.

Watch some videos and read more - and find techniques to suit you and your baby.

Position to Breastfeed <http://breastfeedingtoday-llli.org/position-to-breastfeed/>

Feeding positions <https://www.breastfeeding.ie/>

Your Baby the Mammal <http://www.normalfed.com/mammal/>

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

Like more info sheets? Visit the BFHI web site

