

# **BFHI Link**

The newsletter of the Baby Friendly Hospital Initiative in Ireland

Issue 1, May 1999



## Welcome to **BFHI Link**

We hope this new publication will keep you up-to-date with the Baby Friendly Hospital Initiative and the development of supportive practices.

The *BFHI Link* will come out every second month as a newsletter for staff plus an insert that can be displayed where parents can read it. You may photocopy these for further display and distribution.

*BFHI Link* aims to:

- publicise examples of good;
- inform readers on key issues relating to standards and
- assessment procedures;
- provide updates on the process of BFHI, awards, workshops, and other news items.

We welcome your contributions, news items, suggestions and comments.



**Focus  
this issue:  
Rooming-in**

## Status Update

The BFHI in Ireland is part of a worldwide initiative by the World Health Organisation and UNICEF to promote and support breastfeeding.

In the few months since the BFHI was launched in Ireland, 16 maternity units/hospitals (from a total of 24) have expressed their interest in participating. A hospital may apply to join the Initiative at any time.

## Breastfeeding - a Health Promoting Activity

The BFHI is an ideal project for a hospital that is part of the National Health Promoting Hospitals Network.

The successful implementation of the Ten Steps to Successful Breastfeeding ensures that the hospital/ maternity unit supports and promotes informed parental choice through the provision of appropriate, accurate and unbiased information and discussions.

## Membership Certificates awarded in May

- National Maternity Hospital
- St Munchins Regional Maternity Hospital and the maternity units in
- Louth County Hospital
- Letterkenny General Hospital
- Portuncula Hospital
- Wexford General Hospital
- Waterford Regional Hospital
- St Luke's General Hospital, Kilkenny
- University College Hospital, Galway

The BFHI can also be viewed as a quality initiative implementing research based best practices. The format of the assessment process for BFHI is easily linked to existing quality programs in the hospital.



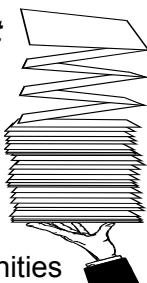
Contact the BFHI c/o  
The National Health  
Promoting Hospitals  
Network, James  
Connolly Hospital,  
Blanchardstown,  
Dublin 15.

## Marketing Infant Formula

**Did you know there is new legislation regarding infant formula?**

It is Statutory Instrument No. 243 of 1998 European Communities (Infant Formulae and Follow-on Formulae) Regulations, 1998.

These regulations cover the composition, labelling, and marketing, of infant



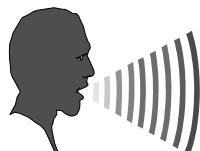
formula and the provision of information on infant and young child feeding.

Information and educational materials in relation to feeding infants should include clear information regarding the benefits and superiority of breastmilk, as well as other points.

If information is provided on the proper use of infant formula, it shall include information on the social and financial implications

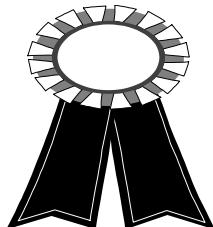
of its use; the health hazards of inappropriate foods or feeding methods; and the health hazards of improper use of infant formula.

Health workers are encouraged to read these regulations. They are available from the Government Stationery Office, Molesworth St, Dublin 2 for a small charge.



## Lactation Breaks for Health Board Staff

The Mid Western Health Board has developed a co-ordinated health board-wide breastfeeding policy. One initiative being piloted at seven sites is the provision of lactation breaks for staff and work site facilities for expressing and storing milk.



## Good Ideas, Suggestions, Comments

Please share what you are doing, too.

### Resources

All maternity units were sent a resource list in the initial mailing outlining the BFHI.

Hospitals participating in the BFHI have been sent the *Evidence for the Ten Steps to Successful Breastfeeding*, a WHO publication. Further copies are available for £5 each.

*Breastfeeding in Paediatric Units, guidance for good practice*, from the Royal College of Nursing (UK) has also been sent.

The next mailing to participating hospitals will include *Implementing the Ten Steps to Successful Breastfeeding* from the UK Baby Friendly Initiative.

**What resources would you find helpful in working towards Baby Friendly? Let us know and we will try to help.**





## What about sleep?

**Research has not supported the view that rooming-in leads to less sleep.**

Keefe<sup>7</sup> found that infants rooming-in cried for 1.4 minutes during an eight hour night period versus 20.75 minutes for the nursery care group.

Nurseries also tend to be noisier and brighter lit than the mother's bedside.

Mother's reported they slept an average of 5.35 hours with the infant in the nursery versus 5.5 hours with the infant by the bedside in the Keefe study. A Swedish study<sup>9</sup> also found rooming-in did not effect the amount of maternal sleep.

## What are the challenges to implementing this Step?

**Staff and mothers need to know the benefits of rooming-in and to develop the skills to practice this.**



Review labour and birth process to see if changes could reduce stress and tiredness.

**Infant taken to nursery for procedures**

Infant care/procedures should generally take place at mother's bedside and/or with the mother present. This can provide reassurance and teaching opportunities for the mother as well as providing comfort for the baby if distressed.

**Mother requests baby be taken to the nursery**

The mother has a right to make an informed choice for their baby to be cared for in the nursery. Explain to the mother why the hospital encourages rooming-in as a time for getting to know her baby and as beneficial to her and her baby.

Discuss if the reason for the request could be solved without taking the baby away.

Normally the separation would be for a short period with the understanding that baby returns to rooming-in as the normal care practice.

Address the benefits of rooming-in during antenatal contacts.

- **Staff need to develop their skills of assisting mothers in learning how to care for their babies.**

Helping a mother to care for her baby in the night is more useful to the mother than taking the baby away to a nursery. Taking the baby away may undermine the mother's confidence in her ability to care for her baby.

- **Mothers are tired.**

Ward routines need to facilitate the mother's rest - quiet time on the ward, reduce visitors and visiting times, provide an area for seeing visitors if they disturb other mothers.

Observe how often a mother is disturbed by such events as rounds, procedures, and room cleaning, while resting and see if this can be reduced.



## What are the assessment criteria for this Step?

At least 80% of a randomly selected sample of mothers with normal babies, report that since delivery (or since being able to respond to their babies in the case of caesareans) their infants have stayed with them in the same room day and night, unless there is a medical reason for separation.

All normal postpartum mothers in the maternity ward should be observed to have their babies with them or in cots by their bedside, unless separation is indicated.

## Step Seven - Practise Rooming-in - Allow mothers and infants to remain together 24 hours a day

### ***Is rooming-in a new idea?***

**Traditionally, babies and mothers were together after birth.**

Mothers and their infants routinely remained together in Irish hospitals until the 1950s and one US hospital instigated rooming-in based on the experiences of Irish hospitals.<sup>8</sup>

Reduced infection rates, increased

breastfeeding and the psychological value of mother-baby togetherness where the reasons for encouraging rooming-in.

Over the last few decades, rooming-in fell out of practice. Narcotic analgesic use may have resulted in the mother less able to care for her baby; widespread antibiotic use may have reduced the concern of infection spreading through nurseries. Now, rooming-in is reviving as a routine practice.

### ***What are the benefits of rooming-in?***

**There are many benefits to the mother, the baby and to the hospital.**



- Mothers are more confident about their mothering ability and learn the skills of caring for their baby (day and night) while the hospital staff are readily available to assist.
- More confident mothers at discharge reduces calls back to the ward and the need for assistance from community health services.
- Higher maternal attachment,<sup>1</sup> less parental abuse<sup>2</sup> and less abandonment<sup>3</sup> have been linked with rooming-in independent of feeding method.
- Mother's have peace of mind when they can see their baby rather than worrying if he is crying in a nursery.

- Breastfeeding is well established and continues longer<sup>4</sup>; infants gain more weight in the early days<sup>5</sup> and jaundice is less frequent.<sup>6</sup>
- Feeding in response to the baby's cues is easier when the baby is near, thus aiding development of good milk production.
- Babies sleep better, cry less often and are responded to quicker<sup>7</sup>, thus using less of their energy, and reducing the temptation to give artificial feeds.
- Reduced infection rates as fewer staff has contact with the baby plus the mother colonises her infant with her bacteria at the same time as giving antibodies through her milk.
- Reduced infection rate, reduced use of artificial feeds, and reduced need for nursery space all save the hospital money. Staff are less stressed when babies are cared for by their mothers rather than crying in a nursery with insufficient staff.



<sup>4</sup>Wright et al, 1996

<sup>5</sup>Yamauchi and Yamanouchi, 1990

<sup>6</sup>Mapata et al, 1988

<sup>7</sup>O'Keefe, 1988

<sup>8</sup>McBryde A, 1951

<sup>9</sup>Waldenstrom and Swenson, 1991

Full references can be found in the resource material *Evidence for the Ten Steps*, WHO, 1998, provided to each hospital.

<sup>1</sup>Norr et al, 1989

<sup>2</sup>O'Connor et al, 1980

<sup>3</sup>Buranasin, 1991

## **Rooming-in with Your Baby**

### **Mother and baby staying together is good because:**

- You get to know your baby quicker.
- You learn how to care for your baby while help is available from the staff.
- You are more confident going home. No shocks on the first night home.
- Breastfeeding is easier when the baby is close to you.
- Baby cries less because you can quickly meet his needs.
- Baby sleeps better. Your bedside is quieter and less bright at night than a nursery.
- You worry less when you can see your baby is safe beside you.
- There is less risk of infections when baby is cared for by her mother rather than in a large nursery.

### **Rooming-in is encouraged for all mothers and babies.**

If you need your baby to go to the nursery for a while, you can ask the midwife about this. Normally, your baby will come back to your bedside when you are able to care for him again.

If you ask for the baby to be taken away because he is crying, see can the midwife help you to settle the baby beside you. Some suggestions are:

- Put your baby on your chest skin-to-skin. Your heartbeat, your voice and your smell help him to feel safe and secure.
- Talk or sing to your baby. Hold her close and rock her. Gently stroke her back, arms and legs.
- Put baby to your breast. She may be hungry or thirsty or sometimes baby just wants to suck a little more because this makes her feel happy.

### **Rooming-in is good for both mothers and babies**