# lssue 15 June 2003



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# **Breastfeeding Initiation Rates are Increasing**

The most recent national data indicates that 37% of mothers are breastfeeding on discharge. (1999 births, ESRI 2002) The range across hospitals was 25.6% to 59.2%. This is an increase from the 1993 rate of 34% breastfeeding on discharge with a range of 17.8% to 54.3%. Particularly heartening, is that no hospital had an annual average breastfeeding initiation rate under 25% in the 1999 figures.

As part of the BFHI, participating hospitals are asked to return their breastfeeding rates each year to BFHI. This would provide a much quicker idea of the rates. Alas, not every participating hospital sends their rates.

Based on the participating hospitals who returned their reports, the majority of women in 2002 were breastfeeding on discharge (either exclusive or partial) in:

Erinville/St Finbarr's, Unified Maternity Services, Cork

Rotunda Hospital, Dublin

National Maternity Hospital, Dublin

Our Lady of Lourdes, Drogheda

Well done.

Breastfeeding gives a healthy start to babies and mothers. Hopefully, we will soon be able to say, the majority of babies in Ireland start off breastfeeding. It can be done!

# Breastfeeding rates in paediatric units

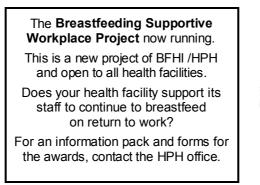
In maternity units and in neonatal units, a *high* breastfeeding rate is a positive aim. However, in paediatric units, it may be a good sign to have *low* breastfeeding rates. Low rates could indicate less breastfeeding babies admitted and those who are admitted, stay shorter times. Due to the myriad of reasons why a baby might be in a paediatric unit it is difficult to collect data on breastfeeding.

Can any of the paediatric units that have a system to do this, please let the BFHI co-ordinator know how they collect data as many other paediatric units are finding it difficult to collect data?



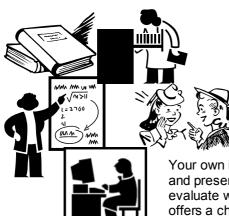
Do you want to know more about BFHI, a copy of a Self-Appraisal form, or to read a back issue of *BFHI Link?* Visit www.hphallireland. org go to News or Resources, find BFHI and click on the link.

At present, the BFHI site is 'under construction'. We hope to include articles on how you implemented new practices, ideas and resources from hospitals around Ireland so please share. Your thoughts are also welcome on the discussion board.



Focus in this issue: Breastfeeding Information

The Baby Friendly Initiative in Ireland is a project of the Health Promoting Hospital Network This newsletter is funded by the Health Promotion Unit, Department of Health and Children, Dublin



# Where do you get your information?

Families rely on health workers to provide information and offer suggestions regarding their health. This information needs to be accurate, up-to-date and relevant to the individual's needs.

Your own information may come from textbooks and journal articles, lectures and presentations, the internet, colleagues and from other sources. How do you evaluate what you are hearing/reading? The parents' insert page in this issue offers a checklist for evaluating a web site. The checklist can also be used to evaluate printed text such as an article or book or even a presentation.

#### If you are new to using the Internet,

a basic guide can be found at www.quick.org.uk Moving on from the basic level, a resource guide to evaluated, high quality Internet resources in Nursing, Midwifery, Health Visiting and Allied Professions and tutorials on how to use the internet for health searches can be found at http://nmap.ac.uk

In any site you visit, look for the Links section. This usually provides you with many other sites to visit just by clicking your mouse.

Every health board has a librarian to help you find resources on paper or on the net. Many university libraries have internet resources on finding and using information that are accessible to anyone.

# Types of papers

**Review articles** can be simple narrative reviews -the author looked through the literature on a topic, included what fit their criteria and excluded what did not fit. A review may be very through or may be quick and cursory. On the other hand, the review can be systematic - articles that are identified and analysed in a standardised and objective way. The Cochrane Collaboration is an example of systematic reviews. A systematic review (conducted to an explicit methodology) is considered to be the most reliable and accurate type of paper.

**Case reports**, while they may be thought provoking, are generally not used as the sole basis for changing a practice.

The purpose of **guidelines for practice** is to make evidence based standards explicit and accessible; to make decisions easier and more objective, and to educate about current best practice. Guidelines also have drawbacks which include that they may reflect 'expert opinion' rather than research evidence, may standardise to 'average' rather than to best practice, and may not reflect local situations. (adapted from Greenlagh)

#### How is breastfeeding defined?

Take note, particularly in research articles on the benefits of breastfeeding, of the definition used for 'breastfeeding'. Ever breastfed, partial or exclusive breastfeeding can give very different outcomes.

Labbok M, Krasovec K. Towards consistency in breastfeeding definitions. *Stud Fam Plann 1990; 21;226-30.* 

# Advanced information on looking for information:

Greenlagh T. *How to read a paper the basics of evidence based medicine.* BMJ 1997. This comprehensive book includes sections on how to search the literature in an electronic data

base as well as how to understand what you find. The chapters first appeared in the British Medical Journal. Some chapters are available at http://bmj.com/collections/read.shtml

A computer and the internet are not magicthey are just tools which may be helpful. Many journals have a web site where you can search for, read and download full articles or abstracts.

# **Breastfeeding Reviews and Guidelines**

Fairbank et al Systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding, *Hlth Technol Assess* 2000:4(25) can be downloaded from www.ncchta.org This is a large document

de Oliveria et al. "Extending breastfeeding duration through primary care: a systemic review of prenatal and postnatal interventions" J Hum Lact 17(4) 326-343, 2001.

Renfrew et al *Enabling women to breastfeed - a review of practices which promote or inhibit breastfeeding with evidence based guidance for practice* (a book) The Stationary Office, London 2000. (structured review)

Effective Health Care bulletin No. 6. Promoting the initiation of breastfeeding, July 2000 www.york.ac.uk/inst/crd/ehcb.htm

International Lactation Consultant Association, *Evidence-based guidelines for Breastfeeding Management during the first Fourteen* Days 1999. The main points can be downloaded from http://www.guideline.gov/

# Useful sites for information on breastfeeding and with useful Links to other sites:

International Lactation Consultant Association www.ilca.org Australian government http://www.health.gov.au/pubhlth/ strateg/brfeed/

World Health Organizationhttp://www.who.int/child-adolescent-health/publications/pubnutrition.htm

World Alliance for Breastfeeding Action http://www.waba.org.br La Leche League International www.lalecheleague.org

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# Where do your parents get information?

## Leaflets alone are not enough

Informed Choice in Maternity Care: An Evaluation of Evidence Based Leaflets, reports the results of a large scale evaluation of a series of patient information leaflets used to promote informed choice during pregnancy and childbirth. The research found that whilst nearly all of the women who received each leaflet reported that it was helpful or very helpful, there was no evidence that the leaflets were effective in increasing the proportion of women who reported having exercised informed choice.

The report outlines several reasons why the leaflets did not promote informed decision making including:

- "The lack of a coherent strategy for leaflet distribution or for the promotion of informed decision making.
  A number of working practices hindered the distribution of leaflets and rendered them invisible to most women.
- · 'Informed choice' was simply equated with having the leaflets.
- · Different, and often incompatible understandings of the concept of informed choice were articulated by midwives, childbearing women and obstetricians. "

Kirkham M, Stapleton H, eds. Informed choice in maternity care: an evaluation of evidence based leaflets. York: NHS Centre for Reviews and Dissemination, 2001 http://www.york.ac.uk/inst/crd/crdrep.htm

Providing information is only one part of informed choice in health care. Clients need also:

- to understand the choices,
- to be free from constraints and coercion, and
- to have the actual ability to make a decision.
  - Informed compliance is not the same as informed choice.

High quality information is essential for promoting informed choice but is insufficient on its own discussion, availability of options and nondirective support are also needed. Pause for thought:



What happens if the client has access to evidence-based research but the health service does not provide a service that reflects the evidence base? For example, if the mother reads how important breastfeeding is and then is offered a bottle of formula for her baby?

"The cold, hard fact is that formula companies produce "breastfeeding materials" for one purpose only to increase sales of their products. Any other purpose would be illegal and stupid. It's a matter of economics." (Linda Smith)

#### Resources on developing client materials:

Health and Literacy, National Adult Literacy Agency, 76 Gardiner St, Dublin 1, Tel: 01-855 4332 email: literacy@nala.ie www.nala.ie/projects/

Using in Plain English www.plainenglish.co.uk/guides.html

North Western Health Board, 2001, *Seven Steps to Producing Quality Health Information*, Health Promotion Dept, Ballyshannon, Co. Donegal Tel: 072-52000

Hough EM, *Quality of Health Information Materials—user guidelines and checklist*, Dept of Health Promotion, Western Health Board, May 2001

Smith, LJ. A Score Sheet for Evaluating Breastfeeding Educational Materials. J Hum Lact 11:307-311, 1995 and Linda's web site www.bflrc.com/



#### **News Update**

The National Committee for Breastfeeding continues to meet regularly. The first year of their work has resulted in an interim report reviewing the 1994 Policy. Though not all the targets of that policy have been met, some have been achieved and the BFHI receives frequent mention as one of the successful activities of the last few years. The climate for breastfeeding promotion, protection and support in Ireland is certainly more favourable as a result of the influence of the 1994 Policy and it provides a good foundation on which to build. In its second year of operation, the Committee will proceed towards the development of a strategic framework for breastfeeding in pursuit of the goal of creating a truly breastfeeding supportive culture in Ireland.

**Breastfeeding Support in the Workplace will shortly be included in legislation.** The Maternity Protection (Amendment) Bill 2003 provides for "time off from work for the purpose of breastfeeding in the workplace where facilities are provided by the employer, or a reduction in working hours for the purpose of breastfeeding otherwise than in the workplace." These are paid breaks/reduction in hours. However, the present draft of the Bill only allows for this support until the baby is 4 months old. *Now is the time to contact the Employment Law section of the Department of Justice Equality and Law Reform and lobby Senators and TDs* to ask them to propose that the Maternity Protection (Amendment) Bill 2003 extend to at least 6 months and beyond if possible. The full draft of the bill and its progress can be seen at http://www.gov.ie/bills/2003/2003/default.htm

#### **Research update**

Mother-infant skin-to-skin contact lasting for longer than 20 minutes after birth increases the duration of exclusive breastfeeding.

Mikiel-Kostyra K, Mazur J, Boltruszko I (2002). Effect of early skin-to-skin contact after delivery on duration of breastfeeding: a prospective cohort study. *Acta Paediatr* **91**(12):1301-6.

Breastfeeding protects bone mineral density. Women who breast-fed have higher adjusted total-body bone mineral content (P = 0.005), total-hip bone mineral density (P = 0.04), and lower fat mass (P = 0.01) than did parous non-breast-feeders.

Paton LM et al (2003). Pregnancy and lactation have no long-term deleterious effect on measures of bone mineral in healthy women: a twin study. *Am J Clin Nut* **77**: 707-14

If you have an email account, you can receive research updates automatically from UNICEF UK Baby Friendly Initiative. Visit their site at www.babyfriendly.org.uk and sign up for the mailings.

We welcome your news items and suggestions.

Contact the BFHI Co-ordinator, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15, email: bfhi@iol.ie

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**BFHI LINK** is also available at www.hphallireland.org and via the Resources or News section.



# **Diary Dates**

July 31st-Aug 3rd	International Lactation Consultant Association Conference, Milk, Mammals and Marsupials, Syndey, Australia Contact: www.ilca.org or 01-4589532
Nov 8th	Association of Lactation Consultants in Ireland, Autumn Study Day, Cork/Kerry. Contact: 01-8406489 or alci@iolfree.ie
Nov 18- 19th	HPH National Conference, NEHB region Contact: 01-6465077 or ihphnet@iol.ie
Nov 18- 19th	<b>BFI UK Conference,</b> Contact: 00-44-207312 7652 or www. babyfriendly.org.uk
Feb 2003	Association of Lactation Consultants in Ireland, Annual Conference, Maynooth. Contact: 01-8406489 or alci@iolfree.ie

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# Looking for breastfeeding information on the internet?

Anyone can set up a web site and publish any kind of information. How do you decide what information is accurate and that you can trust?

The NHS Health Development Agency www.quick.org.uk has a colourful simple site to help you understand information on the internet. If you want a more detailed site, visit the international Health on the Net Code of Conduct for web sites www.hon.ch The checklist below is based on these two sources.



# Web site checklist:

# 1. Is it clear who has written the information?

Who is the author? Is it an organisation or an individual person? Is there a way to contact the web site?

### 2. Are the aims of the site clear?

What are the aims of the site? What is it for? Who is it for? Is it a commercial site marketing a product or service, a personal site with an individuals' personal opinions, or the site of an established and recognised organisation or government department.

### 3. Is the site relevant to me?

Each person may look for different information, so a site might be useful to you but not to your friend who wants different information.

## 4. Can the information be checked?

Is the author qualified to write the site? Has anyone else said the same things anywhere else? Is there any way of checking this out? If the information is new, is there any proof?

# 5. When was the site produced?

Is it up to date? Can you check to see if the information is up to date and not just the site?

# 6. Is the information biased in any way?

Has the site got a particular reason for wanting you to think in a particular way? Is it a balanced view or does it only give one opinion? Where does the site get funding? Any advertising should be clearly marked as an advertisement.

# 7. Does the site tell you about choices open to you?

Does the site give you advice? Does it tell you about other ideas? Does the site make any claims about health benefits? Are any claims supported by appropriate, balanced evidence and the source of the evidence given?



The information provided on a web site is designed to support, not replace, the relationship that exists between a patient / site visitor and his/her existing health care providers.

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