

Issue 16
August 2003



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

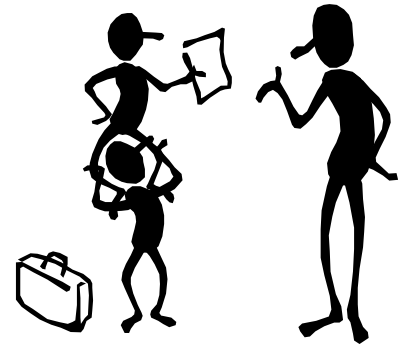
Do you have a Plan?

2004 is not that far away and now is the time to plan for next year. Is breastfeeding included in the **Service Plan** for your unit or department? It can be difficult to get funding and support for activities that are not in the hospital service plan.

Hospital/health board service plans reflect the Dept of Health and Children *Quality and Fairness, Health Strategy*. There are 121 actions listed in this strategy—how many can you relate to breastfeeding and BFHI activities? There are at least 24 that

could have a breastfeeding/BFHI aspect. These include population health, health promotion, responsive, timely and appropriate care delivery in appropriate settings, quality systems, evidence based care, human resources, organisational reform and information. Think broadly and creatively.

As well as including breastfeeding in your hospital's Service Plans, you need to have at least one **Action Plan** for BFHI/HPH each year. This Action Plan details how you plan to implement at least one activity in the year 2004. This activity can relate to breastfeeding for service users, staff or the wider community. Your Action Plan is due by January 1st each year. If you wish, you can send a draft plan to the BFHI Co-ordinator earlier and discuss it. Examples of detailed Action Plans are available. Please submit each activity as a separate plan.



Awards

Certificate of Membership

Breastfeeding Supportive Paediatric Unit

The Adelaide and Meath Hospital, Dublin incorporating
The National Children's Hospital, Tallaght

Presented June 2003

Workplace Support for Breastfeeding

Applications for awards need to reach the BFHI/HPH office by October 30th in order to be presented at the HPH Annual Conference in November. See *BFHI Link Issue 14, Dec 2002*. Details from the HPH office or bfhi@iol.ie

BFHI in Ireland
is on the web
www.hphallireland.org

On World Breastfeeding Day, August 1st 2003, the Dept of Health and Children announced the new recommendation of exclusive breastfeeding for 6 months and continuing with appropriate complementary foods for at least two years.

A copy of the press release is available at www.healthpromotion.ie or from Maureen Fallon, National Breastfeeding Co-ordinator Tel. (01) 6354712.

BFHI Link Issue 13 Sept 2002 provided information on why exclusive breastfeeding for 6 months makes a difference.



**Focus in
this issue:
Mothers with
a disability**

References, Resources and Reading

Specific to breastfeeding

Bowles BC. **Breastfeeding consultation in sign language.** *J Hum Lact* 1991;7:21

Dunne G, Fuerst K. **Breastfeeding by a mother who is a triple amputee: a case report.** *J Hum Lact* 1995, 11:217-218

Thomson VM. **Breastfeeding and mothering one-handed.** *J Hum Lact* 1995;11:211-215. Discusses one mothers experiences of feeding and caring for her two children with one hand.

Martin, DC LLL and the **Mother Who Is Blind** *LEAVEN*, Vol. 28 No. 5, Sept-Oct 1992, pp. 67-69 available at www.lalecheleague.org
Discusses how to involve a mother who is blind in peer support activities as well as general suggestions for breastfeeding when blind.

Halbert L. **Breastfeeding in the women with a compromised nervous system.** *J Hum Lact* 1998; 14:327-331. Spinal cord injury at and above T6 level, may result in lack of sympathetic nervous system feedback and a decrease in milk production after 6 weeks postpartum. Adequate nipple stimulation is needed to release prolactin from the pituitary (T4-6 nerves). A stroke may also affect sensory pathways. Article reviews literature on spinal cord injury, multiple sclerosis and stroke. Highlights need for further research.

Mohrbacher N, Stock, J. **The Breastfeeding Answer Book.** *La Leche League International*, 3rd ed 2003



Audio Tapes for mothers

Breastfeeding— a beautiful gift. Audio tape produced by and available from the National Maternity Hospital, Cuidiú –Irish Childbirth Trust, La Leche League of Ireland. 2001. Describes the benefits of breastfeeding and getting breastfeeding off to a good start.

Womanly Art of Breastfeeding - audio tape available from La Leche League.

Many La Leche League local groups would have audio tapes from conference sessions on a variety of parenting topics. Audio tapes can be used while travelling, exercising, resting and many other places.

General mothering with a disability

Culley L, Genders N. **Parenting by people with learning disabilities: the educational needs of the community nurse.** *Nurse Educ Today*. 1999 Aug;19(6):502-8.

Rogers JG , **Perinatal education for women with physical disabilities.** *AWHONNS Clin Issues Perinat Womens Health Nurs*. 1993;4(1):141-6.

Sheerin F. **Parents with learning disabilities: a review of the literature.** *J Adv Nurs*. 1998 Jul;28(1):126-33.

Wates, M. **Disabled Parents—dispelling the myths.** National Childbirth Trust, 1997

Organisations:

Irish Deaf Society, 30 Blessington Street, Dublin 7 Fax: 01 8601960 email: ids@indigo.ie
www.irishdeafcommunity.org IDS has an information pack for health workers on working with deaf persons. Irish Deaf Women's Group. Gives deaf women the opportunity to explore and make decisions about issues which concern them. May be able to offer informal help to Deaf mothers from their peers.

Email: irishdeafwomensgroup@eircom.net

Model School for the Deaf Project (MSDP) - Tel/fax 01-4605697, email msdp@indigo.ie

The MSDP run a parent's group of Deaf/hearing parents

National Council for the Blind of Ireland. Whitworth Road, Drumcondra, Dublin 9. Tel: 01 - 8307033

Save Phone: 1850 33 433 53 Fax: 01 - 830 7787 www.ncbi.ie

Community resource workers and rehabilitation workers are employed by NCBI to act as a local resource and support for parents who have vision impairment. There is a selection of books available from NCBI library that may be of benefit to mothers with vision impairment. Library has the facility to source a book in an accessible format on a specific topic upon request.

Web sites for parents with a disability :

www.nctms.co.uk National Childbirth Trust

www.lookingglass.org particularly useful information on adaptive equipment

www.disabledparents.net

Assisting Breastfeeding Mothers who have a disability

Some pregnant women and mothers may have a disability. This could be a sensory disability such as deafness, blindness or unable to speak. A disability may involve mobility impairment or physical weakness including cerebral palsy, multiple sclerosis, paralysis, arthritis, or loss of a limb. A mother may have a learning disability. The disability may be present from birth or recent. A mother with a broken arm or leg has a disability, though temporary. A disability may be visible (such as a wheelchair user) or not visible, such as deafness. No two people with the same disability are the same or have the same needs.

Breastfeeding helps build a close emotional bond between mother and baby that might be more difficult to develop if others take over the baby's care.

Breastfeeding may show how a mother with a disability is capable of nourishing her baby without assistance.

The choice about who helps and what form that help takes should be the choice of the individual mother.

What helps:

- Provide encouragement rather than focusing on difficulties;
- Support the mother's way of doing things rather than trying to make the mother fit your way;
- Help to find solutions to practical challenges rather than to do the activity for her;
- Know what resources are available, including peer support.

Women who have a disability for some time have many skills of assessing a situation, finding ways of doing things, finding equipment and making adaptations. Empower them to use their knowledge and experience in this new situation.

Staff who are specialists in a particular condition or impairment may know very little about mothering, and staff concerned with childbirth may have little experience of disability. Work with the mother to meet her needs. Continuity of care is valuable.

Focuses on the person not the impairment.

Access, inclusion and equality are basic entitlements, for people with disabilities as for people without.

Occupational therapists may have good suggestions on mothering with a disability.

Situations where a mother has a condition that requires medication, that might be of concern when breastfeeding, will be covered in a future issue.

"While tiredness is a problem for any new mother, midwives should guard against 'taking over' too much responsibility from the disabled mother in the mistaken belief that they are 'helping'."

Nolan M. Choice and control for the disabled mother. Mod Midwife. 1994 Apr;4(4):10-2

Pause for thought:



Imagine a mother who is blind. If she does not breastfeed, who prepares the bottles, how does she know how much the baby has taken from the bottle, how does she know if the bottle is fully cleaned of milk residues? Then imagine her breastfeeding—easier, isn't it? Which way is empowering and fostering independence?

Imagine a mother with muscle weakness or pain in movements. If she breastfeeds, she can lie next to her baby with no pressure on her joints, no need to lift the baby or to hold a bottle for extended periods and no need to lift a heavy kettle and hold bottles steady while preparing feeds.

Imagine a mother with a learning disability. How does she manage to read the instructions on the tin, count out the scoops of formula and the amount of water, read the directions for sterilising, decide if the length of time since the last feed is related to the baby crying or if there is another reason? With breastfeeding, all she needs to do is put the baby to the breast. Much less to read and to learn.

If the mother is caring for her baby herself, then breastfeeding is easier than artificial feeding in virtually all situations.

Sharing Good Practice

Regional Maternity Hospital, Limerick carried out a project to promote breastfeeding to all antenatal women attending the clinic. An antenatal checklist was used to ensure all women receive a one-to-one discussion. This checklist was attached to the women's notes. In addition, antenatal videos were shown in the waiting area and women were encouraged to attend the antenatal classes. Women were also informed of the support available from International Board Certified Lactation Consultants on the staff. Evaluation indicated an increase in breastfeeding on Day 2 of 20%. Limerick Maternity Hospital had 4371 births in 2002, and a midwife was allocated for 12 hours per week to carry out this project.

In the News

Evidence for the benefits of skin-to-skin contact

A review of seventeen studies, involving 806 participants, has found significant benefits of early skin-to-skin contact between mother and baby on breastfeeding, behaviour and physiology in mothers and their healthy newborn infants. Benefits included increased breastfeeding duration, maintenance of infant temperature in the neutral thermal range, infant blood glucose, less infant crying and better summary scores of maternal affection. Anderson GC, Moore E, Hepworth J, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants (Cochrane Review). In: The Cochrane Library, Issue 2 2003. Oxford: Update Software.

Breastfeeding reduces pain in neonates

A report in the British Medical Journal concludes that the analgesic properties of breastfeeding are at least as potent as the combination of sweet solutions and a dummy for healthy neonates undergoing painful minor procedures. Carbajal R, Veerapen S, Couderc S, Jugie M, Ville Y. Analgesic effect of breast feeding in term neonates: randomised controlled trial. *BMJ* 2003; 326:13-15. See also: Gray L et al (2002) Breastfeeding is analgesic in healthy newborns. *Pediatrics* 109: 590-3 Gray L et al (2000) Skin-to-Skin Contact Is Analgesic in Healthy Newborns. *Pediatrics* 105; e14

These two items come from the research update of the UNICEF UK Baby Friendly Initiative. You can be on their free research update e-mailing list—visit www.babyfriendly.org.uk

SMA fined in UK for illegal advertising of infant formula

SMA Nutrition, part of Wyeth, one of the world's largest manufacturers of infant formula milk, was recently fined a total of €37 200 and ordered to pay costs of more than £34 000 after being convicted of six separate breaches of illegal advertising direct to consumers in an action brought by Birmingham Trading Standards. SMA Nutrition, said it was considering an appeal. For more details see: www.babymilkaction.org

Interim Report of the National Committee for Breastfeeding (May 2003) is available at www.healthpromotion.ie/topics/

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



Diary Dates

- Oct 1-7 **National Breastfeeding Week**
- Nov 8 **Association of Lactation Consultants in Ireland, Autumn Study Day.** Waterford
Contact: Claire Allcutt, Tel:01-8406489 or alci@iolfree.ie
- Nov 18-19 **HPH National Conference**, Kingscourt, Co. Cavan. Contact: Cara at 01-6465077
- Nov 18-19 **BFI UK Conference**, Bournemouth
Contact: 00-44-207312 7652 or www.babyfriendly.org.uk
- Feb 20-21, 2004 **Association of Lactation Consultants in Ireland, Annual Conference**, Maynooth.
Contact: 01-8406489 or alci@iolfree.ie
- Feb 27-29 **La Leche League of Ireland Annual Conference**, Arklow. Contact: Siobhan
Tel:0404-41773 or siobhanward@eircom.net

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Link** with credit to
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BFHI LINK is also available at
www.hphallireland.org via the Resources section.

Mothers with a disability and breastfeeding

Why breastfeed?

Aside from all the important reasons for all mothers and babies, breastfeeding may be especially important for a mother with a disability because:

- * Breastfeeding, is something the mother can do for her baby that no one else can do.
- * Breastfeeding helps build a close emotional bond between mother and baby that might be more difficult to develop if others take over the baby's care.
- * Breastfeeding makes things simple - no bottles to wash, no feeds to measure, nothing to sterilise or pour.
- * Breastfeeding can increase a mother's self-confidence and independence.
- * Breastfeeding saves energy and helps the mother to rest.
- * Breastfed babies have less illness, thus less trips to the doctor.

What about ...?

Disabilities such as multiple sclerosis, blindness, deafness and other conditions, cannot be passed through breast milk.

Only a very few medications need to be avoided when breastfeeding. Talk with your doctor to find medications that are suitable, if needed.

No matter how a baby is fed, the first few weeks can be tiring, stressful and exciting.

How?

How the breasts make milk and how the baby suckles are the same for all mothers. The midwives will assist you to learn how to breastfeed.

Before or during pregnancy, discuss the hospital process. Explain any needs you have, for example, a low bed and suitable bathroom facilities for easy of access with a wheelchair. An IV line into the hand or a pulse monitor on the finger will limit signing for the mother who uses this means of communication.

Discuss how skin to skin contact and an early start to breastfeeding will help get you off to a good start. If there is any reason that you and baby may be separated at birth, ask what help you will have to learn how to express your milk.

Ideas that may be helpful to mothers with a disability

During your pregnancy and afterwards, contact organisations that support breastfeeding and organisations related to your condition for information, ideas and peer support.

Help family and friends find ways to assist you other than to take over feeding.

Use a sling or cushions when feeding to support the weight of your baby.

Do activities of the day on the floor with the baby, if unable to move your baby independently. Lie beside your baby to breastfeed.

Use a sling to leave hands free if you rely on touch (blind mothers), need to propel a wheelchair or to use sign language.

Remind those assisting you to use oral rather than visual cues if you are blind. For example, to say "You could try lying your baby across your knees to wind him", rather than say "You could hold your baby like this."

Use a mirror to see positioning and attachment of your baby if you are unable to bend your neck to look down.

Support your breast with a pillow, rolled cloth or a 'sling' made of a scarf, so you can have your hands free to use sign language.

