



BFHI Seminar and Workshops, Maynooth, May 1999

This event was well attended with participants from nearly all maternity hospitals/units as well as from community health services and supports. Patricia McKenna, MEP, noted for her personal commitment to breastfeeding including the attendance of her baby at the EU Parliament, opened the conference and presented Membership Certificates to eight hospitals.

Dr Gro Nylander, an obstetrician in the National Maternity Hospital, Oslo and National Breastfeeding Co-ordinator for Norway, first spoke on *How Birth Practices Affect Breastfeeding*, pointing out the continuance of contact and nurturing between mother and baby in the journey from womb to breast.

Later in the day, she spoke of *Making the Change to Baby Friendly* and how Norway's breastfeeding figures (at 3



months) had risen from 23% in 1970 to 92% in 1998. At 12 months, 40% of Norwegian babies are receiving some mother's milk – higher than the breastfeeding initiation rate in Ireland! The increase in breastfeeding in Norway was assisted by:

- changing to more supportive health care practices,
- implementation of the International Code of Marketing of Breastmilk Substitutes,
- the involvement of the mother-to-mother support groups,
- work with the politicians resulting in slowly increasing the maternity level up to 10 months with full pay and 1 hour off daily for breastfeeding after returning to work.

Close to 80% of Norwegian babies are born in hospitals that have passed the assessment for the Global Baby Friendly Award.

Participants also attended a choice of two workshops to discuss ways of overcoming barriers and implementing supportive breastfeeding practices.

Status Update

Since the May edition of this newsletter, two more hospitals/ units have expressed their interest in joining the BFHI bringing the number to 18 (from a total of 24). A hospital can become a member of the Initiative at any time.



The *BFHI Link* comes 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. We welcome your news items, suggestions and comments.

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



Focus this issue: Early Contact

Step Four – Help mothers initiate breastfeeding within a half-hour of birth

What are the benefits of early skin to skin contact?

- Skin to skin contact reduces infant heat loss¹. Infants placed on their father's chest following elective caesarean section also showed better heat stabilisation.²
- Newborns who have skin to skin contact also have higher blood glucose levels, and more rapid metabolic adaptation.³
- Separated infants exhibit a specific crying signal, the "separation distress call" similar to other infant mammals. This distress call is immediately stopped on skin contact with the mother and her smell, sound and touch.⁴
- Early skin contact colonises the baby with the normal, harmless bacterial flora of the mother, to which he gets immune factors, rather than the flora of the staff and visitors.
- Early touch of the nipple and areola may influence mother/child bonding.⁵ When the infant touches the breast, oxytocin is released in the mother's brain, creating a surge of emotional attachment by the mother. Early contact may be more beneficial to women with little social support, assisting them to become more involved with their infants.⁶
- Early contact with the nipple can increase postpartum uterine activity and may reduce the risk of postpartum haemorrhage.⁷ Ergometrine use has been associated with early cessation of breastfeeding.⁸

- Infants placed skin to skin and allowed time to find the breast and self-attach are more likely to show correct suckling techniques than those who are separated.⁹
- Early contact has a positive effect on breastfeeding duration ($p < 0.05$)¹⁰ and on exclusive breastfeeding without supplements at 2-3 months.¹¹



Mother and child contact is important. The actual taking of milk will happen in its own time.

Non-sedated infants show a predictable pattern of prefeeding behaviour when in skin to skin contact with the mother immediately after birth.¹²

Infants have a 'resting' period for about 15 - 45 minutes then rooting movements with licking and nuzzling start with spontaneous suckling with good attachment at 27 to 71 minutes. The average time to suckling is 55 minutes, however some babies do not suck in the first hour and may need more time to adjust.

If the mother and baby are in continuous, undisturbed skin to skin contact from a few minutes after birth, the infant will take the breast at his own speed.

This early contact should be viewed as an introductory time rather than a feed, with no elaborate positioning or judgement of success.

If the nipple is manipulated into the infant's mouth because he was not sucking spontaneously, this may result in ineffective suckling later.¹³

¹ Karlsson H. *Arch Dis Child* 75:F130-32, 1996

² Christensson K. *Acta Paediatr* 85:1354-60, 1996

³ Christensson et al, 1992 and 1995

⁴ Christensson k et al, 1995

⁵ Widstrom et al, 1990 and Rosenblatt JS, 1994

⁶ Anisfeld E, Lipper E. *Pediatrics* 72:79-83, 1983

⁷ Chua et al, 1994

⁸ Begley CM, *Midwifery* 6:60-72, 1990

⁹ Righard & Alade, 1990

¹⁰ Sosa et al, 1976, De Chateau & Wiberg, 1977, Ali&Lowry, 1981,

¹¹ Thomson, Hartsick, Larson, 1979

¹² Widstrom et al, 1987

¹³ Widstrom & Thingstom-Paulsson, 1993)

Early contact may have important effects on maternal behaviour and bonding. All mothers should be encouraged to hold their babies in skin to skin contact as soon as possible after birth in an unhurried environment, regardless of their feeding intention.



What are the challenges to implementing this Step?

Labour ward is too crowded

In crowded and rushed labour wards there may be pressure to get the mother to the postnatal ward quickly. Mother and baby can stay in skin contact during transportation or if this is not possible, contact can resume on the ward.

Midwife is too busy to stay with the mother and baby

Leaving the new family alone in a quiet atmosphere can be a positive action, with the midwife available near-by if needed.

Routine practices do not include skin to skin contact

Evidence based practice supports the use of early contact. Staff may need education to change practices so every mother has this time with her baby unless there is a specific reason for this not to occur.

Infants are lethargic and do not want to suck

Infants who are depressed by the effects of maternal pain medication may exhibit delayed rooting and suckling behaviours.¹⁴ These infants may need to continue with skin to skin contact for longer before they start to breastfeed.

Infants need to be examined and weighed

Most examination can be done with the infant resting on the mother's abdomen where he is more likely to be calm and quiet. Weighing and washing can be done later after a period of contact.

Mothers are tired

Narcotic analgesics may effect the mother's responses, and leave her sleepy. Alternative types of pain relief can be encouraged. Hunger following a long labour may result in stress and low energy levels. Provision of a meal following birth may improve energy levels and well-being.

Mothers may relax better with their baby in close contact.

Mother wants to shower

Mothers can be informed antenatally of the importance of early contact and that she will be able to shower later.

Mother needs to be stitched

The infant can remain on the mother's chest while an episiotomy is stitched.

Mother or baby is unwell

If they are unable to have skin to skin contact immediately after birth, they will still benefit from this contact as soon as both are well enough.



What are the assessment criteria for this Step?

At least 80% of a randomly selected sample of mothers who have had normal vaginal deliveries should confirm that with-in a half-hour of birth they were given their babies to hold with skin contact for at least 30 minutes, and offered help by a staff member to initiate breastfeeding.

At least 50% of mothers who had caesarean deliveries should confirm that within a half-hour of being able to respond, they were given their babies to hold with skin contact for at least 30 minutes, and offered help to initiate breastfeeding.

¹⁴ Righard & Alade, 1990; Nissen E et al, 1995 and 1997

National Health Promoting Hospitals Conference

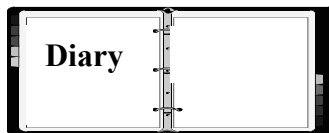
The National HPH Conference will be held in Dungarvan, Co Waterford on the 14th and 15th of October, 1999.

Main themes will be networking for health within the hospital, the local healthcare services and the local community; as well as the themes of Nutrition and Staff Health.



Why not submit an abstract for a poster presentation on your health promoting activities regarding breastfeeding?

Information from the Irish National HPH Network, c/o James Connolly Memorial Hospital, Blanchardstown, Dublin 15.



Sept. 25th: ALCI Open Study Day, *Establishing Breastfeeding; problems and solutions* and *Teaching Breastfeeding in Schools and Colleges*. Hillgrove Hotel, Monaghan. Contact: Mary Healy, 044-44792.

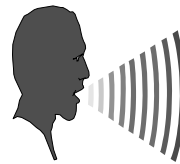
mid-Sept. New intake for the Distance Education, *Certificate in Health Promotion, Breastfeeding Specialisation*. Contact Jane Sixsmith, National University of Ireland, Galway, 091-524411, ext 3466.

Oct. 14th –15th. HPH Conference. See article above.

Nov 10th-11th – UK BFI Conference, Derby. Contact BFI UK, Tel: 00-44-171-8365901

March 3rd-4th. Association of Lactation Consultants in Ireland, Breastfeeding Conference, Cork.

April 1st-2nd. La Leche League Conference, Bundoran.



Good Ideas, Suggestions, Comments

Please share what you are doing.

The new publication, *Irish Practice Nurse*, got off to a good start by focusing for its first issue on how the practice nurse can assist the breastfeeding mother.

World Breastfeeding Week Theme *Breastfeeding: Education for Life*

World Breastfeeding Week runs from August 1st to 7th. This year's theme, which continues throughout the year, is *Breastfeeding: Education for Life*.

The theme addresses the need to integrate information on the significance of breastfeeding for human development into our education system at all levels – from pre-school to professional education.



A colourful action folder is produced by WABA and is available from Baby Milk Action, c/o 10 Upper Camden St, Dublin 8. Tel: 01-4622026. WABA web site is <http://www.elogica.com.br/waba>

Your hospital or community may choose to use a different time of year to raise awareness about breastfeeding.

Resources

The video *Breast is Best* made by Dr Gro Nylander and shown at the BFHI seminar in May attracted much interest. Gro has arranged for a limited number of copies to be available to hospitals participating in the BFHI at a reduced price of £22 including p&p. (usual price £37) They may be obtained from *BEST Services*, 2 Kylemore Park, Taylor's Hill, Galway.

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

Early Skin to Skin Contact with Your Baby because:

- Your baby is calm when he hears your heart beat and voice.
- Your baby stays warm with the heat from your body.
- Skin contact helps your baby to regulate his heartbeat and breathing.
- You can touch and stroke your baby and get to know him.
- Breastfeeding gets off to a good start when baby can take his time to attach to your breast.
- Your baby's contact with your breast helps your womb to contract reducing the risk of bleeding.
- You worry less when you can see your baby is safe with you.

Skin to skin contact is encouraged for all mothers and babies.

If you or your baby are unwell after birth, you can start skin to skin contact when you are both ready.

After a caesarean section, baby can rest skin to skin on his father's chest while waiting for you to wake up. Resting on father's chest is also good while you are taking a shower or not available.

Some babies may want to suck immediately, however some babies may take an hour or more to get organised. During this time baby may nuzzle or lick the breast or just rest on your chest.

Baby usually can be examined while he is lying on your tummy, calm and quiet. Weighing and dressing can be done after you have time together skin to skin.

Skin to skin contact is good for both mothers and babies