

Issue 21  
December 2004



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

B F H I I N I T I A T I V E

# Congratulations

**St Munchin's Regional Maternity Hospital, Limerick** has reached the standard of a Baby Friendly Hospital. It is the first midwifery teaching hospital in Ireland to meet the criteria for this award. Approximately 15% of babies are now born in the three Irish hospitals with Baby Friendly awards.

St Munchin's Regional Maternity Hospital, Limerick also support their staff returning to work while continuing to breastfeed with breastfeeding facilities as well as lactation breaks. The hospital holds a *Breastfeeding Supportive Workplace* Bronze award.



Awards presented at the  
Irish Health Promoting Hospitals Network  
Forum meeting, October 18th, Enniskillen

***Certificate of Commitment - Maternity***

Our Lady of Lourdes Hospital, Drogheda  
Cavan General Hospital  
Midland Regional Hospital at Mullingar  
Midland Regional Hospital at Portlaoise

***Certificate of Membership - Maternity***

Mount Carmel Hospital, Dublin

***Certificate of Membership - Paediatric***

University College Hospital, Galway

***Breastfeeding Supportive Workplace  
Bronze Award***

University College Hospital, Galway  
Regional Maternity Hospital, Limerick  
Rotunda Hospital, Dublin  
St Luke's Hospital, Kilkenny  
Our Lady of Lourdes Hospital, Drogheda

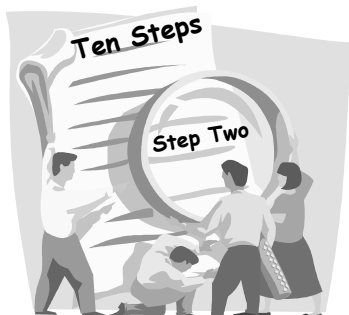


Reports of 2004 Action  
Plans and Action Plans  
for 2005 are due in  
January.  
Are yours ready?



**Focus this issue:**  
**Staff Training  
and  
Discharge information**

**Step Two of the Ten Steps to Successful Breastfeeding states:  
Train all health care staff in the skills necessary  
to implement the hospital breastfeeding policy.**



**Who needs training?**

All staff in contact with pregnant women, mothers, infants and young children, need to be aware of the importance of breastfeeding and their role in implementing the policy in order to promote, protect and support breastfeeding and provide optimal care. Staff with clinical care responsibilities require the knowledge and skills to assist women to breastfeed. Unless specified otherwise, the rest of this article refers to these clinical care staff.

**What does a health worker need to be able to DO?**

**Discuss breastfeeding with a pregnant woman.**

*This requires the health worker to have:*

- ◇ Knowledge about the importance of breastfeeding and the risks of a decision not to breastfeed;
- ◇ Knowledge of the practices that support breastfeeding such as supportive labour practices, skin to skin contact, rooming-in, baby-led feeding;
- ◇ Skills to discuss rather than just lecture, skills to ask open questions and respond to the woman's questions, skills to offer information, not commands.



**Assist breastfeeding in labour and delivery**

*This requires the health worker to have:*

- ◇ Knowledge of and skill to use supportive labour practices such as facilitating the mother's support person(s), providing light food and fluid in early labour, encouraging methods of pain relief that do not affect the ability of the baby to respond;
- ◇ Skills to facilitate skin to skin contact immediately after birth and sustained contact;
- ◇ Skills to facilitate the baby to self-attach to the breast when ready.



**Assist the mother to learn skills of breastfeeding**

*This requires the health worker to have:*

- ◇ Knowledge of anatomy and physiology related to breastfeeding leading to an understanding of how breastfeeding works;
- ◇ Knowledge of supportive practices such as rooming-in, baby-led feeding, avoiding supplements and artificial teats, and the skill to explain the value of these practices to the mother and co-workers;
- ◇ Knowledge of value of hand expressing and how it works;
- ◇ Skills of assisting learning in the mother, including knowledge that assisting learning is different from teaching or giving a leaflet.



**Discuss with the mother how to find support**

*This requires the health worker to have:*

- ◇ Understanding of the need for support;
- ◇ Knowledge of the sources of support available;
- ◇ Skills to discuss with the mother the need for support and that it is ok to ask for support.

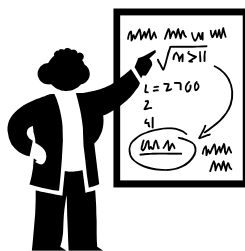
**Work with co-workers to highlight barriers to breastfeeding and seek ways to overcome those barriers.**

*This requires the health worker to have:*

- ◇ Knowledge of evidence based practices;
- ◇ Skills to share information/skills and discuss difficulties;
- ◇ Willingness to make changes;
- ◇ Support from management.



## Where do knowledge and skills come from?



Increasing knowledge, updating skills and changing attitudes can occur in many settings aside from a formal course in a classroom.

### Other settings include:

- ◇ Ward discussions and case reports.
- ◇ Journal articles posted and discussed.
- ◇ Talking with mothers and visiting a support group to listen.
- ◇ Supervised skill practice.
- ◇ Attendance at study days and conferences.
- ◇ Observation of someone more skilled in counselling and assisting breastfeeding.
- ◇ Self-study, from printed resources, on-line materials, audio and visual resources.
- ◇ Offer to present a topic to colleagues as an update for both you and your colleagues.
- ◇ Observing in a different area, for example, a post natal midwife seeing how a preterm infant receives expressed milk, or a antenatal midwife observing current birth practices, or accompanying a community health worker.



- ◇ Networking through the professional association for those working with breastfeeding, the Association of Lactation Consultants in Ireland.
- ◇ Develop an Action Plan for a new practice in your work, follow its progress and write a report at the end on the project.
- ◇ If you are studying for a degree, share your literature review and research project findings by publishing it in a journal, newsletter, or health board collection of research.



**It is vital that health workers are thoroughly familiar with normal breastfeeding before they look at special situations. Focusing on the normality of breastfeeding puts abnormal situations and experiences into perspective.**

### Some useful web sites

- BFHI in Ireland <http://www.ihph.ie/babyfriendlyinitiative/>  
 Health Promotion Unit, Dept of Health and Children <http://www.healthpromotion.ie/breastfeeding/>  
 Northern Ireland breastfeeding web site [www.breastfedbabies.org](http://www.breastfedbabies.org)  
 Scotland's Breastfeeding web pages <http://www.nhsis.co.uk/breastfeed/welcome.htm>  
 UK's BFHI program <http://www.babyfriendly.org.uk/>  
 WHO site for downloading lots of useful materials <http://www.who.int/child-adolescent-health/NUTRITION/infant.htm>  
 Australian National Breastfeeding Strategy <http://www.health.gov.au/pubhlth/strateg/brfeed/>  
 IBFAN <http://www.ibfan.org/english/gateenglish.html>  
 Kangaroo Mother Care <http://www.kangaroomothercare.com>  
 International Lactation Consultant Association (ILCA) <http://www.ilca.org>  
 International Board of Lactation Consultant Examiners (IBLCE) <http://www.iblce.edu.au/>  
 La Leche League International (LLL) <http://www.lalecheleague.org/>  
 World Alliance for Breastfeeding Action (WABA) <http://www.waba.org.my/>

**Congratulations to the nine new International Board Certified Lactation Consultants, who passed the 2004 exam. This brings the number of IBCLCs in Ireland to over 150. Use the expertise.**

**NEWS and VIEWS**

**Lactation breaks are now the law.** For the first 6 months after birth, a woman who is employed is entitled to a lactation break of one hour per normal working day, or where there are not suitable workplace facilities, a reduction in working time of one hour. The time may be divided into two breaks of 30 minutes or whatever is agreed between mother and employer. The Irish Congress of Trade Unions has published a booklet on negotiating lactation breaks that includes a sample letter to notify the employer of the intention to take the breaks on return to work. The booklet can be downloaded from [www.ictu.ie](http://www.ictu.ie) For the full text of the legislation, which also includes time off to attend antenatal classes for both prospective mothers and fathers, can be found at [www.gov.ie](http://www.gov.ie)



Graphic by Paulo Sannos, Brazil

**Bed-sharing.** The Royal College of Midwives' have issued a statement and guidance on mother-infant bed sharing, which will help give a consistent message to midwives on what constitutes best practice. In a recent edition of RCM Midwives Journal, the RCM has re-affirmed its belief that "all women and their partners should be informed of the benefits and contraindications of bed sharing to enable them to make informed choices and decisions about co-sleeping or bed sharing with their babies." Visit [www.rcm.org.uk](http://www.rcm.org.uk) for a copy of the statement and guidance note.

**Scotland supports breastfeeding.** Members of the Scottish Parliament have voted in favour of a bill which will make it a criminal offence to harass or discriminate against a mother who feeds her baby in public. The bill seeks to make it an offence for venues which usually admit children to prevent mothers from breastfeeding or bottle feeding their babies. [www.scottish.parliament.uk](http://www.scottish.parliament.uk)



**BFHI in Australia newsletter.** You may wish to subscribe to the Australian BFHI electronic bulletin - no cost - just go to [http://www.bfhi.org.au/text/bfhi\\_bulletin.html](http://www.bfhi.org.au/text/bfhi_bulletin.html) and subscribe. It will arrive in your email box.

**Perinatal Statistics for 2000 are published.** The breastfeeding rate continues to rise will 38% exclusively breastfeeding on discharge and 40% for 'any' breastfeeding on discharge. Keep up the good work! Full report available from [www.esri.ie](http://www.esri.ie)



**News from the  
BFHI National Advisory Committee**

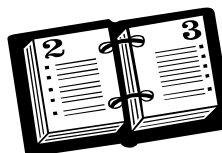
The Irish Paediatric Nurses Association is now represented on the BFHI Advisory Committee. Focus for 2005 will be the Breastfeeding Supportive Paediatric Unit project. Camilla Barrett is now a qualified external assessor having reached the required level of competency.

*BFHI Link* is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the National BFHI Advisory Committee.

**We welcome your news and suggestions.**

Contact the BFHI Co-ordinator, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15, email: [bfhi@iol.ie](mailto:bfhi@iol.ie) Web site: [www.hphallireland.org](http://www.hphallireland.org) then go to Links

**You may photocopy  
BFHI LINK for  
further distribution.  
Credit BFHI Link when  
you quote the material.**



**Diary Dates**

- March 12-13th **La Leche League of Ireland Annual Conference**, Kilkenny. Contact: 0404-41773 or [siobhanward@eircom.net](mailto:siobhanward@eircom.net)
- March **BFHI Hospital Co-ordinator's Workshop**. Details to follow
- April 23rd **Association of Lactation Consultants in Ireland, Spring Study Day**. Cavan. Contact: [alci@iol.ie](mailto:alci@iol.ie) or Martina Barry, 049-4334561
- May 17th **All Island Breastfeeding Conference**, Belfast. Main Speaker: Dr Nils Bergman. Contact: Janet Stange: 048-90311611 [www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk)
- May 18-20th **Health Promoting Hospitals International Conference, Empowering for Health**. Dublin. Contact: 01-6465077
- July 7-12th **International Lactation Consultant Association Annual Conference**, Chicago, USA. Contact: [www.ilca.org](http://www.ilca.org)

## Before you go home, make sure that:

### ***You can feed your baby***

- Are you able to position your baby for good attachment at your breast?
- Do you know the signs of effective breastfeeding?
- Do you know about baby-led, or demand feeding, and how your baby shows that he/she is hungry or has had enough milk?
- Do you know what to do if you think that you do not have enough milk?
- Are you able to express your milk?



*If you are not breastfeeding, you need to know:*

- What type of replacement feeding to use that is acceptable, feasible, affordable, sustainable and safe for your situation.
- How to obtain the replacement milk in sufficient quantities.
- How to safely prepare and feed the replacement milk to your baby.
- How to reduce the risks associated with replacement feeding.

### ***You know the importance of exclusive breastfeeding and continued breastfeeding***

- Breast milk provides all your baby needs for the first six months. After six months, your baby needs foods in addition to breast milk.
- Breast milk continues to provide good nutrition and protection from illness as well as closeness to the mother. Breast milk is valuable into the second year and longer.
- If your baby is not breastfed, infant formula should continue to be used until your baby is at least 12 months old. Though some parents give other foods early, most babies do not need any foods except breast milk or formula until after six months.

### ***You know how to get the support that you need***

- Mothers need support. When a mother goes home she needs a family member, friend, health worker or other person who will help her to become confident learn about caring for her baby.
- Sometimes a mother thinks that she should be able to do everything without needing any help. She may think that if she looks for help it will be thought that she is a bad mother or cannot cope.
- When any of us learn a new job or skill we need to take time to learn it and we may need to ask for help from other people. It is similar with learning to be a mother – there are new skills to learn, so ask for help to learn the skills.
- Find out:

What support the maternity unit can give after discharge.

Where to find your Public Health Nurse and baby clinic.

What support groups are in your area and how to contact these groups.

Who can provide one-to-one help with feeding your baby, if you have difficulty.



**If you need more information or help  
— ask for it.**