

Issue 31
August 2007



THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

Congratulations

- ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
- ★ Our Lady of Lourdes Hospital, Drogheda ★
★ has reached the standard required of a Baby ★
★ Friendly Hospital (National Award). The staff work ★
★ hard to meet the BFHI standards amidst a rapidly ★
★ increasing birth rate. Their diverse ★
★ population is evident by their breastfeeding ★
★ policy displayed in many languages. ★
- ★ Our Lady of Lourdes Hospital supports their staff ★
★ returning to work while continuing breastfeeding ★
★ with facilities as well as lactation breaks and ★
★ flexible schedules. The hospital will also be ★
★ awarded a Breastfeeding Supportive Workplace ★
★ Silver Award. ★
- ★ The presentation of their awards is likely to take ★
★ place during National Breastfeeding Week. ★
- ★ Approximately 35% of babies are now born in the ★
★ six Irish hospitals with Baby Friendly status. ★
- ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Implementing and Sustaining
Baby-friendly Practices
Workshop for Hospital BFHI Coordinators
September 13, 2007, Dublin
Further details enclosed with this mailing



**Focus in this issue:
Reasons for Supplementing
the Breastfeeding Baby**

Exclusive breastfeeding is ideal, but what about when...?

There is an infant medical indication?

Sometimes breastfeeding is not started or it is stopped without a clear medical indication. In a small number of situations there may be a medical indication for supplementing breastmilk or for not using breastmilk at all. It is useful to distinguish between:

- ◇ **Infants who cannot be fed at the breast but for whom breastmilk remains the food of choice** may include infants who are very weak, have sucking difficulties or oral abnormalities, or are separated from their mother who is providing expressed milk. These infants may be fed expressed milk by tube, cup, or spoon.
- ◇ **Infants who may need other nutrition in addition to breastmilk** may include very low birth weight or very preterm infants, i.e., those born less than 1500 g or 32 weeks gestational age; infants who are at risk of hypoglycaemia because of medical problems, when sufficient breast milk is not immediately available; infants who are dehydrated when breastmilk alone cannot restore the deficiencies. These infants require an individualised feeding plan, and breastmilk should be used to the extent possible. Efforts should be made to sustain maternal milk production by encouraging expression of milk. Milk from tested milk donors may also be used. Hind milk is high in calories and particularly valuable for low birth weight infants.
- ◇ **Infants who should not receive breastmilk, or any other milk, including the usual breast-milk substitutes** may include infants with certain rare metabolic conditions such as galactosemia who may need feeding with a galactose free special formula or phenylketonuria where some breastfeeding may be possible, partly replaced with phenylalanine free formula.
- ◇ **Infants for whom breastmilk is not available** may include when the mother had died, or is away from the baby and not able to provide expressed breastmilk. Milk from tested milk donors may be possible, or the need for a breastmilk substitute may be only partial or temporary.

There is a maternal medical indication?

- ◇ A **weak mother** may be assisted to position her baby so her baby can breastfeed.
- ◇ If mother is taking a small number of **medications** such as anti-metabolites, radioactive iodine, or some anti-thyroid medications, breastfeeding should stop during therapy. Some medications may cause drowsiness or other side effects in the infant. Check medications with an up-to-date reference specific to lactation, and where possible choose a medication that is safer and monitor the infant for side effects while breastfeeding continues.
- ◇ In situations of **tobacco, alcohol and drug use**, breastfeeding remains the feeding method of choice for the majority of infants. If mother is an intravenous drug user, breastfeeding is not indicated.
- ◇ **Infections** such as mastitis, flu, gastrointestinal infections, respiratory infections, TB, or Hepatitis B are not contraindications to breastfeeding. A mother with a fever needs sufficient fluids.
- ◇ When replacement feeding is acceptable, feasible, affordable, sustainable and safe, (AFASS) avoidance of all breastfeeding by **HIV-infected mothers** is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life, and should then be discontinued as soon as the specified conditions are met. Mixed feeding (breastfeeding and giving replacement feeds at the same time), is not recommended.

Further reading

Supplement use and the challenges to implementing Step Six were also addressed in *BFHI Link* Issue 6, November 2000. This issue included a handout for parents *Just One Bottle*, which outlined the risks of using supplements. *BFHI Link* Issue 20, September 2004 focused on breastfeeding when the mother is ill including medication use, hospitalisation and general care. These issues can be downloaded from www.ihph.ie/babyfriendlyinitiative

The baby is dehydrated?

In an otherwise healthy full term infant, hypernatraemic dehydration is most likely the result of underfeeding.

Routine assessment of feeding (with lactation management assistance as needed) by a skilled person at least twice a day in the first few days would reduce the risk of an infant developing dehydration.

If early signs of a potential problem are not noticed and addressed, then additional feeding may be needed if the condition has become serious. See the section on what to give as a supplement.

The mother asks for a bottle?

A mother who is looking for a supplement may be indicating that she is having difficulties feeding and caring for her baby. It is better to help the mother to prevent or overcome the difficulties than to give a supplement and ignore the difficulties.

Formula feeding has well-established risks to the infant and mother. Information and discussion of these risks during pregnancy can help the parents to make an informed decision.

Breastfeeding supportive birth and postnatal practices can help a mother to become confident at feeding and caring for her baby.

The staff have no time?

The frequent offering of supplements by health workers may indicate an overall stressful atmosphere where a quick temporary solution is chosen in preference to preventing or solving the problem.

Adequate staffing is needed to enable best practice to take place as well as management support for using time effectively to prevent later problems.

Staff skills are poor?

A health worker who offers a supplement as the solution to difficulties may be indicating a lack of knowledge and skill in supporting breastfeeding. Book knowledge is not enough. Clinical practice with a person skilled in assessing feeding and assisting mothers is also needed.

Regular audit of skills and practice can indicate areas that need attention.

The mother has a DVT?

Generally the diagnosis and treatment of venous thrombosis and pulmonary embolism cause no problems related to breastfeeding. Practices to reduce risks of DVT such as avoidance of dehydration during labour and postnatally, not smoking, and early mobilisation are good practices for all mothers.

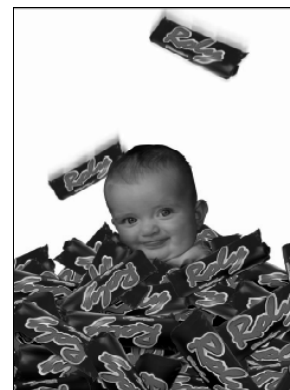
Diagnosis: Blood tests are not affected by breastfeeding. X-rays and Duplex ultrasound scans do not need to interrupt breastfeeding. If radiopaque and radio-contrast diagnostic agents are used these will need to be assessed for use in breastfeeding women. For the most part, organic iodine radio-contrast agents are rapidly excreted and the amount of elemental iodine is minimal. Breast milk concentrations are extremely low and virtually none is bioavailable to the infant as these agents are unabsorbed orally. Interruption of breastfeeding is unlikely to be needed. Radiopharmaceuticals or radioisotopes are different compounds and the exposure to the radiation hazard as well as to the chemical hazard needs to be considered, including the risk to the breast tissue from radioactive iodine uptake. For specific details of an agent, consult an up-to-date reference such as Hale, T. Medications and Mother's Milk.

Treatments: Heparin is a large molecule and does not pass into milk. Even if it did, it would not be absorbed from the baby's gut. Low molecular weight heparin is still too large to pass into milk in clinically relevant amounts. Warfarin has been used widely in breastfeeding women and several studies have documented its safety. It is highly protein bound and does not pass into the milk at any appreciable level.

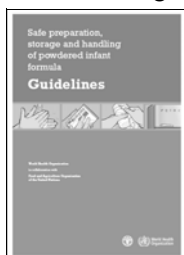
Cautions: During any long term anticoagulant therapy of a breastfeeding mother her baby should be monitored for any signs of abnormal bleeding. Though very low levels appear in milk, antiplatelet medications use in breastfeeding mothers may require some caution as they are less understood and there is a possible risk to the infant. Patients taking warfarin should avoid taking cranberry juice or other cranberry products unless the health benefits are considered to outweigh any risks. *Therapeutics Today* January 2007 No.1 <http://www.stjames.ie/ClinicalInformation/NationalMedicinesInformationCentre>

NEWS and VIEWS

Baby Milk Action (UK) is active in providing news, resources and ideas for assisting parents and health workers to make informed decisions regarding infant feeding, and for campaigning to reduce inappropriate formula marketing pressures. Visit their site www.babymilkaction.org/action/ukaction07 and view the animated story of Baby Jack and his mother's confusion about formula marketing information. Download or send for their poster on Infant Feeding and Obesity, <http://www.babymilkaction.org/shop/posters.html#obesity> including the information that **an artificially fed infant consumes 30,000 more calories than a breastfed infant by 8 months - equivalent to 120 chocolate bars.**



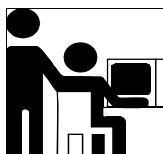
The **Food Safety Authority of Ireland (FSAI)** has been active in efforts to reduce contamination risks to formula fed infants. They collaborated in the development of new **Guidelines for the safe preparation, storage and handling of powdered infant formula (PIF)**, published by the World Health Organization, and the Food and Agriculture Organization. These guidelines were developed on the basis of the outcome of the FAO/WHO risk assessment of *E. sakazakii* in PIF, and in response to a request from the World Health Assembly (WHA resolution WHA/58.32). The WHO/FAO guidelines, colourful, easy-to-follow booklets and a poster for preparation in the home and in care settings can be downloaded from <http://www.who.int/foodsafety/publications/micro/pif2007/en/>



Guidance Note No. 22 - Information Relevant to the Development of Guidance Material for the Safe Feeding of Reconstituted Powdered Infant Formula can be downloaded from the following link: http://www.fsai.ie/publications/guidance_notes/gn22.pdf

The **FSAI May/June newsletter on the risks of *Enterobacter sakazakii* and *Salmonella enterica* in powdered infant formula** provides additional information. (on the web site)

FSAI also have an **on-line survey** to gather information on **parents' experiences of marketing** of formula. (via Rollercoaster) www.rollercoaster.ie/survey/survey_poll.asp.



The Association of Lactation Consultants in Ireland have a new website www.alcireland.ie



Diary Dates

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

We welcome your news and suggestions.

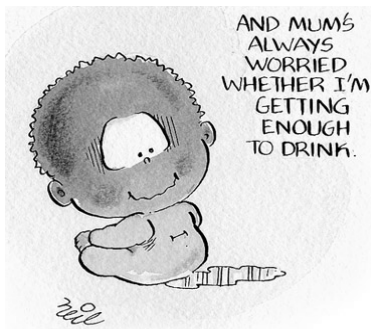
Contact the BFHI Co-ordinator,
c/o Health Promoting Hospitals Network,
Connolly Hospital, Blanchardstown, Dublin 15,
email: bfhi@iol.ie
Web site: www.ihph.ie/babyfriendlyinitiative

Due to budget constraints there will be only three issues of *BFHI Link* in 2007 instead of four issues.

***BFHI LINK* may be photocopied for further distribution. Please credit BFHI in Ireland if you use any items in another publication or presentation.**



- Aug 1st-7th **World Breastfeeding Week.**
Breastfeeding in the First Hour. Info and resources: www.waba.org.my
- Sept 13th **Workshop for BFHI Coordinators.**
Venue: Rotunda Hospital, Dublin
- Oct 1st-7th **National Breastfeeding Week**
Better Support for Breastfeeding
- Oct 5th-6th **Association of Lactation Consultants in Ireland, Annual Conference.** Mullingar Park Hotel.
Contact: alci@iol.ie
- Oct 8th **Challenges in Lactation Management Conference.**
The National Breastfeeding Centre, Copenhagen. Details: www.videncenterforamning.dk



Does your new baby need more than mothers milk?

Mothers milk with nothing added can meet the needs of most babies for the first six months. Giving formula, other fluids or foods if the baby does not need them may cause problems. Get more information so you can make an informed decision.

Sometimes parents think their baby is not able to breastfeed or needs more than just mothers milk. Or a baby may need a supplement for a medical reason. If this is the case, ask your doctor, midwife, nurse or dietitian to explain the reason to you.

A baby who is very small or weak may not be able to feed at the breast yet. These babies can be fed expressed mothers milk by tube, cup, or spoon. Mothers milk is best to protect these little babies from illness. Hind milk has a high fat content to help the baby grow.

A very few babies have conditions that mean their body cannot process a sugar or a protein in milk. These babies may need part or complete feeding with a special breastmilk substitute specific to their condition and regular follow-up by a specialist team.

In most cases a mother taking medications or with an illness can breastfeed. In a few cases a medication is changed to one that is more suitable with breastfeeding.

Most mothers can produce enough milk for their baby. Some babies and mothers may need a bit of help to learn to breastfeed, so ask for help if you have any worry about your milk.



What milk to choose for your baby?

1. The first choice for a baby is his/her own mothers milk at the breast.
2. The second best choice is own mothers milk expressed and given by cup, tube or bottle.
3. Next comes mothers milk from another mother. If your baby is ill, there is a donor milk bank with milk from tested women, like a blood bank.
4. If no human milk is available, then a baby will need milk from an other animal. This milk is processed to be used for a human baby. The brands of infant formula are similar to each other. They must be made to the same minimum standard.



Further reading

BFHI Link comes out 3-4 times a year and has information for health workers and a handout for parents. They can be downloaded from www.ihph.ie/babyfriendlyinitiative if your maternity unit does not have copies available. Some topics are:

BFHI Link Issue 6, November 2000 talked about supplement use and included a handout *Just One Bottle*, which outlined the risks of using supplements.

BFHI Link Issue 16, August 2003 looked at breastfeeding if the mother has a disability.

BFHI Link Issue 20, September 2004 was about breastfeeding when the mother is ill including medication use, hospitalisation and general care.