



Five Golden Rules to Support Breastfeeding

WABA World Breastfeeding Week 2008 materials www.waba.org.my

1. Address each mother and baby situation as individual and unique; be sensitive to the needs of a breastfeeding mother.
2. Listen empathetically to learn a mother's concern; refrain from talking except to ask questions for clarity; provide just enough information for her to make her own choices.
3. Ensure that fathers and families are well informed so that they can support each woman in breastfeeding.
4. Hold governments, workplaces, and society responsible to create an environment in which every woman is fully enabled to have the choice to breastfeed and to act on her decision.
5. Believe that a mother can successfully breastfeed and tell her that; on the other hand, recognise when a mother needs more help than you can offer.

The 3 Fives

For the Olympics, the Chinese Ministry of Health in conjunction with WHO distributed a leaflet to athletes and the general public:

**Five keys to safer food - Five keys to a healthy diet
- Five keys to appropriate physical activity**

The first key to a healthy diet? Breastfeeding, of course!
Leaflet and poster at www.who.int/foodsafety

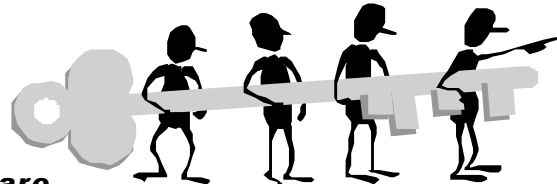
Are activities to implement and maintain Baby-friendly practices in your business/service plans for 2009?

Baby-friendly practices are evidence-based internationally agreed best practice that help to provide a quality service.

A Plan that is

- **Appropriate**
- **Agreed**
- **Applied**

is key to quality care.



Plan an action that is specific, measureable, small enough to be achievable, and sustainable.



Focus this issue:

**Using the website resources of BFHI
Breastfeeding is Green**

The *BFHI Link* can help a hospital to implement best practice

Information to support the WHO/UNICEF Ten Steps to Successful Breastfeeding

Step 1: Policy

A policy gives an overview of expected practice. It needs to be specific and measurable, i.e. that it is clearly worded so that it can be acted on and be audited. See *BFHI Link* Issue 3 on policies as well as Issue 6, 16, and 26 on action planning. A Breastfeeding Supportive Whole Hospital is the cover article in Issue 20.



Step 2: Staff training

If staff are to adequately assist mothers and babies they need to know what they are doing. Issues 5 and 21 look specifically at training. Issue 15 and 19 discuss where information comes from. All Issues would have some relevance.

Step 3: Antenatal discussion

Pregnancy is a key time for discussing the importance of breastfeeding and how to establish it. Issues 5, 6, 11 and 27 provide staff information and parent handouts on the importance of breastfeeding and what's in breast milk. Issue 22 provides an overview of what to discuss during pregnancy. Attitudes to infant feeding is the cover article in Issue 9. A review of Step 3 is provided in Issue 32 including how to obtain materials in languages other than English.

Step 4: Early contact

Supportive labour and birth practices help mother, baby, and breastfeeding to get off to a good start. Issues 2 and 26 focus on these areas. Contact at birth and kangaroo care in the neonatal unit is in Issue 19.

Step 5: Show how to breastfeed

Breastfeeding is natural but a mother may need to learn the skills. Hand expression is a useful skill for general breast care as well as if baby cannot breastfeed - find out about this in Issue 25. Issue 26 provides a letter from baby to mother outlining the practices that help establish breastfeeding in the first few days.

Step 6: Exclusive breastfeeding

Are there reasons to supplement - see Issues 8 and 31. Why exclusive breastfeeding for six months - see Issue 13. What about infant growth charts and "enough milk" - see Issue 28. Some babies may not be breastfed. Information on discussing formula feeding can be found in Issues 11 and 24.

Step 7: Rooming-in

Rooming-in helps mother and baby to get to know each other, makes feeding easier, and is more secure. *BFHI Link* Issue 1 looked at this topic.

Step 8: Cues for Feeding

Feeding "on demand" or in response to the infants cues is a topic in Issues 7 and 33.

Step 9: Avoiding artificial teats

Young infants who regularly use soothers may have difficulty in learning to breastfeed. Lower weight gain, as well as infection and oral difficulties are also risks. Soother use may indicate parents have difficulty in coping. See *BFHI Link* Issue 9 for more on this topic. Cup feeding - Issue 10 tells you why and how.

Step 10: On-going Support



Hopefully breastfeeding continues long after leaving the hospital and community supports have an important role. It is also helpful if pregnant women know of these supports before the birth. Issue 21 provides a handout on what to discuss before discharge. Issue 23 covers breastfeeding an older baby. Support from fathers and grandparents is covered in Issues 3, 6, 19, 32. Siblings can colour in a picture about their new baby breastfeeding in the handout in Issue 29.

Code of Marketing of Breast-milk Substitutes

This Code helps to protect babies, families and staff from marketing practices that can undermine breastfeeding. Issue 11 and 24 provide information on this topic.

***BFHI Link* can be downloaded from the *BFHI* Ireland web site**

Have you seen what the BFHI web site provides?

BFHI Link

A newsletter 3-4 times a year to inform knowledge and practice of health workers and of parents. It includes:

- ◆ research updates
- ◆ Ideas and discussion
- ◆ new resources reviewed
- ◆ a diary of events
- ◆ parents' handouts.

The contents related to the Ten Steps and Code is described elsewhere in this issue.

BFHI Link also has discussed:

- ◆ Paediatric units supporting breastfeeding in Issue 12. A review of the publication Optimal Feeding of Low-birth Weight Infants (WHO), is found in Issue 32.
- ◆ Breastfeeding and employment in Issue 14 and 30, related to supporting staff mothers back at work also.
- ◆ Mothers who are ill or hospitalised is a topic in Issue 20 and 33.
- ◆ Maternal disability is a topic in Issue 16.
- ◆ Grieving while breastfeeding is the topic in Issue 29.
- ◆ Maternal nutrition – see Issue 18
- ◆ Breastfeeding in emergencies or times of disaster - see Issue 22, 33
- ◆ Breastfeeding rates in hospital - see Issues 15, 19, 29, and 32
- ◆ Breastfeeding is green - the parents' handout in this current issue.
- ◆ If hospital administrators and budget controllers do not know the value of breastfeeding, Issue 17 may help them understand how it fits in a health promotion framework.

32 back issues on the site for you to download read and share!

Links to ...

- Breastfeeding assistance
- BFHI in other countries
- WHO and UNICEF BFHI related sites
- Resources on the International Code of Marketing
- Other programmes of the Health Promoting Hospitals Network.

Information on the BFHI

- What can you expect from a maternity service designated as Baby Friendly?
- Have a question? Look at the FAQ: Frequently Asked Questions for the maternity, paediatric and breastfeeding supportive workplace initiatives. These come ready to download and share.
- Each award level - what do they mean?
- What does the national coordinator and the advisory committee do?
- Does BFHI Ireland provide training courses?
- Which hospitals are participating and what level have they reached?

www.ihph.ie/babyfriendlyinitiative



Documentation for participation in the BFHI in Ireland

- Self-appraisal forms for the hospital practices in maternity and in paediatric services, and for workplace support. For a checklist to see if your whole hospital is breastfeeding supportive, see BFHI Link Issue 20.
- A specific checklist to assess your maternity services policy.
- Application forms for participation
- The revised (2007) BFHI assessment criteria (maternity) - there are changes, so have a look. Also see BFHI Link Issues 30 and 33.
- Action Planning templates and guidelines.
- A BFHI award isn't forever. Monitoring and re-assessment materials are there.

In the News

The National Coordinator participated in the fifth **bi-annual meeting of BFHI Coordinators in industrialised countries** at WHO, Geneva in June 2008, and presented on two topics as well as displaying posters. Thirty-three countries were represented. Participation means we have the contacts to ask questions, can contribute in working groups, and share resources. It provides useful supporting information, updates on programmes, materials and research, and highlights the many ways that other countries are implementing BFHI, including administration, documents, funding, and expansion into community health services, health service workplaces, training centres for health workers and paediatric services. The collective experience suggests that successfully BFHI implementation is enabled by:

- ◆ some form of official recognition for BFHI by government
- ◆ a strong National Breastfeeding Committee and national plan of action which supports BFHI
- ◆ financial support for the initiative.

The **importance of donor milk was reinforced** when the World Health Assembly WHA 61.20 (May 2008), adopted the following clause, which urges Member States to:

“to investigate, as a risk-reduction strategy, the possible use and, in accordance with national regulations, the safe use of donor milk through human milk banks for vulnerable infants, in particular premature, low-birth weight and immunologically compromised infants, and to promote appropriate hygienic measures for storage, conservation, and the use of human milk;”

Mothers still should be encouraged and effectively assisted to provide their own milk. It may seem a “quick fix” for the unit to obtain donor milk for vulnerable infants rather than assist the mother to provide her own milk, however this can further undermine the mother and is not sustainable.

Breastfeeding, particularly when exclusive, may be associated with lower blood cholesterol concentrations in later life. Owen CG, Whincup PH, Kaye SJ et al (2008) Does initial breastfeeding lead to lower blood cholesterol in adult life? A quantitative review of the evidence. *Am J Clin Nutr*; 88: 305-14

Breastfeeding has a significant positive impact on both systolic and diastolic blood pressures of mothers. Jonas W, Nissen E, Ransjo-Arvidson AB, et al (2008) Short- and long-term decrease of blood pressure in women during breastfeeding. *Breastfeed Medicine*; 3: 103-9.

General indicators suggesting difficulties in establishing breastfeeding are fewer than 4 soiled nappies on day 4 and delay of lactogenesis stage II for 72 hours or longer. However, there is a wide range of normal and these are only two indications to consider. Nommsen-Rivers LA, Heinig MJ, Cohen RJ, Dewey K (2008) Newborn Wet and Soiled Diaper Counts and Timing of Onset of Lactation as Indicators of Breastfeeding Inadequacy. *J Hum Lact*; 24:27-33

UK government to provide an extra **£2 million to support breastfeeding** in England. Read the press release at www.babyfriendly.org.uk/items/item_detail.asp?item=535



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.

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Web site: www.ihph.ie/babyfriendlyinitiative



Diary Dates

Oct 1st-7th **National Breastfeeding Week** Ireland

Oct 10th-11th **Association of Lactation Consultants in Ireland, Annual Conference, Cork**
Contact: alci@iol.ie

Oct 21st **HPA & HSE All-Ireland Breastfeeding Conference**, Belfast. Contact 048-90311611 Health Promotion Agency NI www.healthpromotionagency.org.uk

Nov 26th-27th **Baby Friendly UK Annual Conference, Glasgow.** www.babyfriendly.org.uk

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Your milk is more valuable than gold to your baby. Did you know that it is also GREEN?

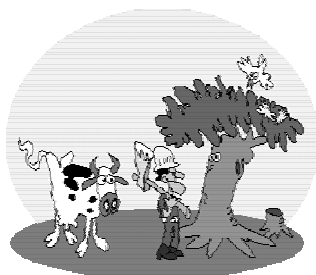
Your milk gives your baby the best food to grow and to develop.

Your milk gives your baby protection from ill health now and later in life also. It is good for your health too, and you do not need to buy anything.

Mothers have given their milk to their babies for thousands of years.



When you feed your baby your milk it is also good for the whole world.



There are no trees cut down to provide land for cows to graze on or to grow grain to feed the cows. Land is used to grow food for people.

There are no extra cows needed that would pollute the air and the water.

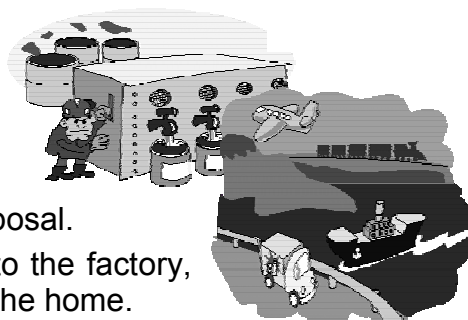
No trees are cut down to provide paper to advertise formula.

There is no oil or other energy used to power the factories that process the cow's milk into formula.

No tins are needed, so metals do not need to be mined or energy used to produce the tins.

There are no tins or cartons or plastics for waste disposal.

No oil is needed for the transport to bring the milk to the factory, the formula from the factory to the shop and then to the home.



Mother's milk does not need:

- clean water to make-up feeds.
- water to wash the equipment.
- electricity or other energy to heat the water.

Even if there is no clean water or no power, the baby has food if mother is there.

Mother's milk is safe, sound and sustainable.

Mother's milk - protecting babies, mothers and the world.

*If you want information or help with feeding your baby,
talk to your midwife, nurse, lactation consultant,
doctor, dietitian, breastfeeding counsellor
or mother support group.*



Illustrations from WABA