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HPH Baby Friendly Hospital Initiative in Ireland

THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

Congratulations to Naas General Hospital – a Breastfeeding Supportive Workplace

Naas General Hospital received a Bronze award in September for their support for staff returning to work after maternity leave. Lactation breaks, a place to express, and flexible schedules can help mothers to continue breastfeeding. Mothers of breastfeeding babies are less likely to miss work because of an ill child; an important thought for employers and co-workers.

This is a HPH/BFHI initiative for any health care facility that has staff who take maternity leave. The facility does not need to have maternity services. It is a staff health and wellness project and can be run by the human resources department, health promotion, occupational health office, or a staff benefits committee.

This initiative helps employers to implement the legislation on workplace support for breastfeeding. Information on participating in this initiative from the BFHI Ireland web site or HPH office (see back page for contact details).

Breastfeeding Rates in 2007

Usually, the December issue of *BFHI Link* reports the rates for the previous year from the information provided by the maternity units to BFHI. The industrial action in spring 2007 resulted in some hospitals not collecting feeding data during that period, and shortage of time for some hospitals this year meant reports were not provided to BFHI. This makes the data incomplete. Thus, there will be no report from BFHI of 2007 breastfeeding statistics. From the data that was received, the initiation rate appears to be rising, though the fall-off rate before discharge also is rising with one in five mothers totally ceasing breastfeeding before discharge in some units.

Focus in this issue:
Preterm infants need mothers' milk

Human milk is important for preterm and low-birth-weight infants

Preterm and low-birth-weight infants who do not receive human milk may have more infections, increased rates of necrotizing enterocolitis (NEC), higher mortality rates, higher medication use, reduced feed absorption, and may have longer hospital stays and increased re-admission rates. These infants are more likely to come from less advantaged backgrounds and thus need maximum opportunities to get a good start in life.

Human milk is a live substance and it provides for immune protection, nutrition and development of the infant. For example, mothers in contact with their baby can produce antibodies in response to infections in the neonatal environment and transfer this protection through her milk. Human milk contains direct-acting anti-microbial agents, anti-inflammatory factors, epithelial growth factors, gut maturation factors, anti-oxidants, and immunomodulators that are not present in manufacturered human milk substitutes.

The importance of human milk extends beyond the immediate neonatal period and has long-term beneficial effects on cardiac risk factors, obesity, neuro- and cognitive development. Providing milk also helps to establish the mother's importance to her infant, and helps the mother and infant to cope with the stress of the infant in a neonatal unit.

Does human milk meet nutritional needs?

Pre-term infants <1500 g fed unsupplemented mother's own milk may have slower weight and length gains in the short term, but the implications of this slower growth are unclear. There is no evidence to indicate that rapid growth in infancy is beneficial in the longer term.

There may be specific need of additional minerals and vitamins for LBW and preterm infants during certain periods of life. These may be provided as single components or with a multi-component fortifier when clinically indicated for the individual infant. As with all powdered formula products, care is needed to reduce risks of contamination.

Donor human milk

Own mother's milk is the first choice for an infant and pasteurised human milk from a donor bank is the second choice.

However, the availability of donor milk should not reduce support for providing own mother's milk. Emmerson (2007) points out that "... donor milk is better than formula but perhaps this is the wrong question to be asking. Rather than investing heavily in a network of donor milk banks should we not be investing in the support of mothers to enable them to achieve expression of their own milk ... in every neonatal unit? Should the cost effectiveness of this strategy not be assessed against the cost effectiveness of the donor milk banks?"

References and further reading

Becker, G, McCormick, F & Renfrew, M (2008) Methods of milk expression for lactating women. *The Cochrane Library,* 4. Access in Ireland to full article via ww.hrb.ie

Edmond K, Bahl R (2007) Optimal feeding of low-birth-weight infants: technical review WHO Geneva www.who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159509_4.htm

Emmerson A (2007) Investing in human milk (letter) *Arch Dis Child Fetal Neonatal Ed*. http://fn.bmj.com/cgi/content/full/92/3/F158#responses

Gonzalez KA, Meinzen-Derr J, Burke BL et al (2003) Evaluation of a lactation support service in a children's hospital neonatal intensive care unit. *J Hum Lact* :19, 286-292

Jones E & King C (eds). *Feeding and nutrition in the preterm infant*, Elsevier, 2005

McGuire W, Anthony MY. (2003) Donor human milk versus formula for preventing necrotizing entero-colitis in preterm infants: systematic review. *Arch Dis Child* 88:F 11-14,

Schanler RJ, Hurst NM, Lau C. (1999) The use of human milk and breastfeeding in premature infants. *Clinics in Perinatology* 26:2:379-398

Williams AF, Kingdon CC, & Weaver G. (2007) Banking for the future: investing in human milk *Arch Dis Child* 92: F158 - F159

BFHI Link - Issue 10: Cup feeding, Issue 19: Kangaroo care in neonatal unit, Issue 25: Hand expression of milk, Issue 12: Breastfeeding in paediatric units.

Human Milk Bank (Sperrin Lakeland Trust), Irvinestown, Co Fermanagh, http://www.sperrin-lakeland.org/services/milk_bank.php

Kangaroo Mother Care www.kangaroomothercare.com Bliss-premature charity www.bliss.org.uk

What assists breastfeeding in neonatal units?

Policy

Breast milk Early Saves Trouble. A Level III NICU in Utah implemented a programme to use human milk for the first 7 days, to encourage mothers to provide milk, and to use banked donor milk if needed, and these three aspects resulted in more infants receiving human milk.

Montgomery D, Schmutz N, Baer VL et al (2008) Effects of Instituting the "BEST Program" (Breast Milk Early Saves Trouble) in a Level III NICU. J Hum Lact; 24: 248-251

Outcomes	Year before programme n=130	After 1 year of programme n=115	
Use human milk only for all feedings of infants <2 kg birth weight during their first 7 days of feeding	33% of infants exclusive breast milk 74% 'some' breast milk	50% of infants exclusive breast milk 82% 'some' breast milk	P=.009 P=.046
Mothers of all infants < 2 kg encouraged to provide breast milk for at least 7 days.	1% planning to bottle feed who changed to breastfeed	4%	P=.08
Donor bank milk used if own mother's milk not available	2%	33%	P≥ .001
Discharged home breastfeeding	44%	53%	P=.09

Skin-to-skin contact and postnatal support are effective

Variations in the type of study and outcomes measured resulted in a lack of clarity about what would be likely to work best in UK settings. However, researchers were able to conclude that skin-to-skin contact (for a shorter time than Kangaroo Mother Care) and additional postnatal support from a trained person (peer or professional) seemed to be most effective in supporting breastfeeding outcomes. The researchers were unable to identify a significant effect from other practices, such as cup-feeding, mainly because of a lack of research and because few studies followed up beyond discharge from the unit.

McInnes RJ, Chambers J (2008) Infants admitted to neonatal units-interventions to improve breastfeeding outcomes: a systematic review 1990-2007. Maternal and Child Nutrition; 4: 235.

PRACTICE

Additional attention needed following maternal corticosteroid treatment and preterm birth

Delivery at extremely preterm gestational ages can result in a significant delay in the onset of copious milk production. The volume of milk was reduced further when maternal corticosteroids were administered 3 to 9 days before birth. Additional support with lactation is needed for these mothers.

Henderson JJ, Hartmann PE Newnham JP et al (2008) Effect of Preterm Birth and Antenatal Corticosteroid Treatment on Lactogenesis II in Women. Pediatrics: 121; e92-e100

The parents' handout in this issue provides key points on breastfeeding the preterm or low-birth weight infant.

Neonatal units support breastfeeding by:

- Valuing the importance of human milk
- Providing accurate information and assisting parents to make informed decisions
- Having staff who are supportive, skilled with assisting breastfeeding, with time to assist
- Assisting mother to express milk frequently, starting soon after birth
- Facilitate prolonged skin-to-skin/kangaroo care
- Feeding babies in ways that aid transition to feeding from the breast
- Helping mother learn skills of breastfeeding and self-confidence for discharge
- Providing adequate follow-up after discharge

News and Views

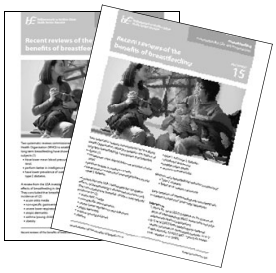
Best Beginnings DVD: From Bump to Breastfeeding, follows real mothers' stories about breast-feeding. Made for families expecting a baby and with a new baby, it shows breastfeeding as natural and normal as well as including info on overcoming challenges. English, British sign language and Polish are among the languages available. It is given free to every pregnant woman in the UK and can be viewed at http://www.bestbeginnings.info/video/

BFHI practices make a difference. A US study with a sample of 1907 mothers who planned to breastfeed found that practices most consistently associated with breastfeeding beyond six weeks were initiation of breastfeeding within one hour of birth, giving only breastmilk, and not using a pacifier. Mothers who experienced none of the Baby-friendly practices were 13 times more likely to cease breastfeeding than those who experienced them. DiGirolamo AM, Grummer-Strawn LM, Fein SB Effect of Maternity-Care Practices on Breastfeeding *Pediatrics* 2008;122;S43-S49

Chemical residues can accumulate in the body fat which is used to produce breastmilk. However this does not mean mothers should not breastfeed. Exposure before and during pregnancy is a greater risk to the baby. Breastmilk helps the child develop a strong immune system, gives protection against environmental pollutants and pathogens, and can help limit the damage caused by foetal exposure. An easy to read fact sheet based on the recognition that breastfeeding promotion should take place alongside efforts to eliminate toxic chemicals from the environment is at http://www.env-health.org/IMG/pdf/FAQ_anglais.pdf

100% of Tasmania's maternity units have Baby-friendly designation - around 6,000 births in eight units, according to the BFHI Australia Sept/Oct 2008 newsletter. Tasmania and Ireland are a similar sized islands (68,500 sq km). Dublin North East is the only HSE region with 100% of its three maternity units (Cavan, Drogheda and Rotunda) designated Baby-friendly with around 15,000 births. Could we get our whole island baby-friendly?

Congratulations to the twelve new International Board Certified Lactation Consultants from the 2008 exam. The number of current IBCLCs in Ireland is approximately 145. IBCLCs must participate in continuing education to remain certified. 2009 will mark 20 years of this qualification in Ireland.

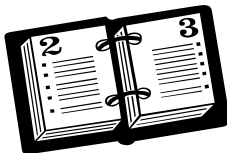


Breastfeeding factsheets for GPs and Pharmacists written by Dr Lucia Gannon and published by the HSE can be downloaded from www.breastfeeding.ie/factsheets.php They provide information on the most common problems presenting in primary care, as well as an outline of benefits of breastfeeding, physiology of lactation, strategies for promotion and sources of further information and support.

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



Diary Dates

21st March ***Association of Lactation Consultants in Ireland, Spring Study Day,*** Coombe Hospital, Dublin. Contact: alci@iol.ie

7-8th March ***La Leche League of Ireland Conference*** Maynooth. Contact 01-4947316 or deemcdee@esatclear.ie

July 22-26th ***International Lactation Consultant Association Annual Conference,*** Orlando, USA. Contact: www.ilca.org

July 27th ***Lactation Consultant Exam.*** Applications by end February. www.iblce-europe.org for details.

Mother's milk is important for a premature baby

Mother's milk is important for all babies.
It is even more important when a baby is born early or with a low birth weight.

- Mother's milk protects the baby from infections.
- Mother's milk helps the baby's gut and brain to develop well.
- The mother has a close link with her baby when she provides her milk.
- Even a few days of milk makes a difference to the baby's health.

Before your baby is born:

If you know that your baby is expected to be in the special care or neonatal unit, visit the unit and find out how they support you to breastfeed or to express milk.

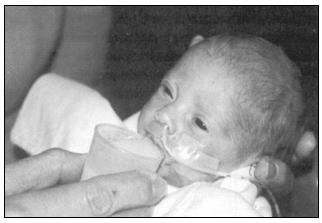
Talk with your doctor, midwife, lactation consultant or neonatal nurse about giving your baby mother's milk.

When your baby is born it may help to:

Put your baby to your breast as soon as your baby is stable. This helps you both.

If your baby cannot suck, try to start hand expressing your milk within the first 6 hours of birth. Aim to express at least 6-8 times a day. This first milk paints your baby's gut and helps to protect it.

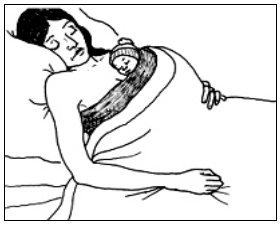
When milk production increases, an electric pump can be used in conjunction with hand expression. Make sure the neonatal unit knows that you are bringing milk for your baby.



If you are unwell, or only decide to give your milk to your baby after a few days, you can still start to express at that time.

Your baby may be able to suck at your breast or may be fed by tube or cup.

Have patience. At first your baby may only nuzzle the breast, then take a few sucks when stronger. Gradually baby will be able to take more feeds at the breast and less from the tube.



Have your baby on your chest in skin-to-skin contact for as many hours as you can each day. Your heart beat calms baby, and baby stays warm.

If you are not breastfeeding, ask about using milk from the milk bank. Mothers donate their milk and this is tested and pasteurised before use. It is like using blood from a blood bank.

Prepare for discharge so you feel that you can cope at home, and so baby is breastfeeding well. Find out what support is available after discharge.

You are important too. Take care of yourself.