



Being Baby Friendly saves taxpayers' money!

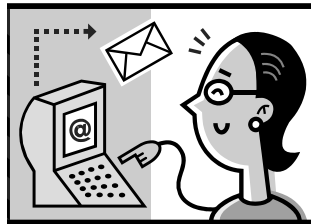
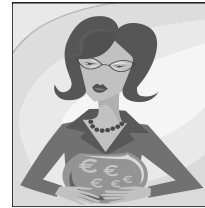
Formula costs approximately €18 per infant during the average postnatal stay - currently about €67000 per year nationally.

Participation in the BFHI helps to increase the breastfeeding rates in a hospital.

A high breastfeeding rate mean low formula use.

A 2% increase in breastfeeding rate is a 2% saving in formula purchases; and that is just the immediate direct costs, not to mention the lower health costs as the child gets older.

Watch for more on financial aspects of baby friendly practice



"I thought you should know ..."

The BFHI Coordinator receives positive comments (that are passed on to the hospital mentioned) and some complaints about maternity services and asking what the BFHI is going to do about these services.

Unless the initial communication is very specific a generic reply is sent along the lines of:

There is a complaints procedure for HSE services that can be found at www.hse.ie/eng/services/ysys/Complaint/ The non-HSE hospitals each have their own complaints procedure which can be found on the hospital's web site or by contacting the hospital.

If a mother feels the hospital (which is one of the 6 Baby Friendly designated hospitals) is below the standard of the BFHI criteria and makes a complaint to the hospital she can copy the complaint to BFHI Ireland. When the BFHI Coordinator receives a copy it indicates that the mother has given permission for the BFHI to ask the hospital about the incident and to then assist the hospital to improve their practice as needed. The Coordinator also pays particular attention during monitoring to any practices that appear to be below standard from complaints received.

The BFHI criteria only covers some aspects of care. For example, it does not have criteria that multiple support people are facilitated to be with the woman in labour, or that a certified lactation consultant is available to all mothers at all times 24/7.

Participating hospitals and level of awards as well as the assessment criteria and monitoring process can be seen at www.ihph.ie/babyfriendlyinitiative/

Hospitals are encouraged to make their users aware of the feedback process in the hospital.



In this issue:

- Infant weight change in the first few days
- Milk for preterm infants - donor banks
- Hands-On Milk Expression
- News and Research update
- Handouts for Parents from BFHI Ireland

Infant weight change in the first few days - what is “normal”?

There are differing views of what is a normal weight loss or gain for a healthy infant in the first few days.

Though 7-10% weight loss is often used in textbooks and clinical practice guidelines, the evidence supporting this number is limited.

The systematic review by Noel-Weiss et al (2008) explains some of the issues to consider when reviewing this topic: how many infants in the study, how was breastfeeding defined, were they weighed each day to determine lowest weight or once or twice a week, was it the mean weight change per infant or the mean of the group, was the day of birth counted as day 0 or day 1 and many more issues. They conclude that there is insufficient evidence to answer the question “What is normal physiological weight loss for full-term breastfed infants in the first 2 weeks following birth?”

Noel-Weiss et al also raise the point that weight loss may not only be related to inadequate intake. Birthing practices including IV fluids to the mother and hospital routines may contribute to iatrogenic weight loss. Noel-Weiss has her own study in progress to provide data on physiological weight changes in the first 14 days.

Noel-Weiss, J, Courant, G, Woodend, A. Physiological weight loss in the breastfed neonate: a systematic review. *Open Medicine*, North America, 2, Oct. 2008. Available at: <http://www.openmedicine.ca/article/view/183/204>. Date accessed: 28 Nov. 2010.

The daily intake of colostrum was estimated at 15 ± 11g divided into 10 breastfeeds

How much colostrum does a baby ingest?

Ninety healthy term newborns were test-weighed in the first 24 hours using a scale with 0.5g sensitivity. Across each three eight hour period of observation the mean number of feeds at the breast was 3.4 ± 1.0 (range 0 to 6) and the mean weight gain was 5.0 ± 3.4 g (range 0 to 17.6). The mean weight gain per breastfeeding was 1.5 ± 1.1 g (range 0 to 6.6g). The daily intake of colostrum was estimated at 15 ± 11 g divided into 10 breastfeeds, calculated from the sum of the mean values.

The amount of milk ingested in the first 24 hours was not associated with exclusive breastfeeding at 4 months. The researchers report that there was no variation in mean weight gain between the three observation blocks of eight hours, contrary to their expectation that milk intake would increase gradually over the first 24 hours.

Santoro W, Martinez FE, Ricco RG, Jorge SM. (2010) Colostrum Ingested during the First Day of Life by Exclusively Breastfed Healthy Newborn Infants. *J Pediatr* 2010;156:29-32

What about weight charts?

A cohort of 490 term infants were weighed at Day 5. The mean weight loss was 50 g, just over 1% below birth weight, one-third at birth weight and 3% more than 10% below birth weight. Infants with low birth weights showed little or no weight loss and higher birth weights showed greater loss. Breastfeeding infants showed greater weight loss; however after adjustment for birth weight this trend was no longer significant. Over 80% of the infants had regained their birth weight by Day 12.

The researchers discuss if the weight at Day 5 indicates an initial weight loss followed by a weight gain, and ask if this is important to know if the infant is now gaining. They conclude that weight charts that do not take account of the early weight changes (first 2-3 weeks) may give a misleading picture. [Note that the WHO weight charts start from 2 weeks of age and use a percentage loss before this.]

Wright CM, Parkinson KN. Postnatal weight loss in term infants: what is “normal” and do growth charts allow for it. *Arch Dis Child Fetal Neonatal Ed* 2004;89(3):254–7. <http://fn.bmjournals.com/content/89/3/F254.abstract>



Application to Practice

- Some weight loss is usual with birth weight regained by 2 weeks. A sustained weight loss of more than 10% of birth weight is unusual.
- Observe feeding and consider the history of birth practices including maternal IV, early skin to skin contact and frequency of feeding.
- Healthy babies normally ingest small amounts of colostrum, about 15g in the first 24 hours. If a supplement is medically indicated for excessive weight loss the volume should be small.

Human milk protects preterm and ill infants - and donor milk banks help infants to get milk



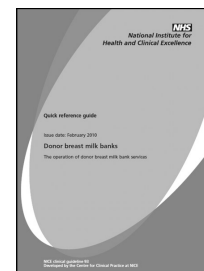
Informal sharing of milk has always been there when milk from the infant's own mother was not available. Formal milk banks have existed for over a hundred years. In the 1930s the milk bank in the Rotunda was established and in 1958 collected 2,078 pints, though closing in the early 1960s. Queen Charlotte's and Chelsea Milk Bank in London was founded in 1939 and is still going strong as the world's oldest continually operating donor milk bank.

About 50% of the milk donated to the Irvinestown Human Milk Bank in Co. Fermanagh (which opened in 2000) originates in the Republic. At the bank it is tested, pasteurised and stored. Donor mothers have a health screening including blood tests. The milk bank helps around 700 infants a year and is always looking for more donors. For information on donating or obtaining milk phone 048 6862 8333. Visit www.ukamb.org

Neonatal and infant surgical units in Northern Ireland keep some frozen donor milk to have ready for immediate use when needed. Units in the Republic tend not to keep donor milk in stock and the milk bank sends milk when requested with about one-third of the output coming to infants in the Republic last year.

In February 2010 the National Institute for Health and Clinical Excellence (NICE) UK published a clinical guideline on donor milk banks to provide recommendations on the safe and effective operation of such services, and to help ensure that good practice is consistent. The guideline covers how milk banks should recruit, screen and support women who donate milk and how milk banks should handle and process the breast milk they receive from donors.

National Institute for Health and Clinical Excellence (2010) Donor breast milk banks: the operation of donor breast milk bank services. London.
Available from: www.nice.org.uk/guidance/CG93

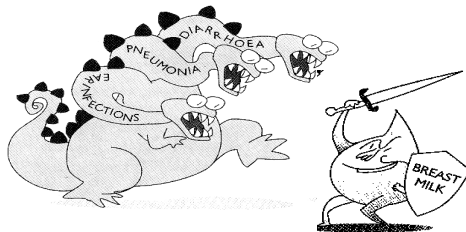


Further Reading:

BFHI Link Issues 12 and 35

Renfrew MJ, Craig D, Dyson L et al. (2009) Breastfeeding promotion for infants in neonatal units: a systematic review and economic analysis. *Health Technol Assess.* 13: 1–iv. <http://www.hta.ac.uk/project/1611.asp>

Rice, SJC; Craig, D; McCormick, F; Renfrew, MJ; Williams, AF. Economic evaluation of enhanced staff contact for the promotion of breastfeeding for low birth weight infants. *International Journal of Technology Assessment in Health Care*, 2010;26(2)133-140
<http://journals.cambridge.org/action/displayJournal?jid=THC>



“Hands-On” Milk Expression is Best

Mothers, whose infants are not nursing, that use hand expression of colostrum and then continue with hand expression and pumping are likely to have significantly greater milk volumes than using a pump alone. Massage, breast compression and other “hands-on” breast stimulation should be encouraged. Early pumping (before 72 hours) may not be helpful in initiating milk supply and may negatively effect duration of breastfeeding according to a RCT by Chapman et al.

Morton J, Hall J Y et al. (2009). Combining hand techniques with electric pumping increases milk production in mothers of preterm infants. *J Perinatol* 29(11): 757-764.

Foda, M I, T. Kawashima, et al. (2004). Composition of Milk Obtained From Unmassaged Versus Massaged Breasts of Lactating Mothers. *Journal of Pediatric Gastroenterology & Nutrition* 38(5): 484-487.

Jones, E., P. W. Dimmock, et al. (2001). A randomised controlled trial to compare methods of milk expression after preterm delivery. *Archives of Disease in Childhood: Fetal & Neonatal Edition* 85(2): F91-5.

Chapman, D. J., S. Young, et al. (2001). Impact of Breast Pumping on Lactogenesis Stage II After Cesarean Delivery: A Randomized Clinical Trial. *Pediatrics* 107(6): e94-.

BFHI Link Issue 25 includes a handout on hand expressing techniques.



NEWS and UPDATES

Kangaroo Mother Care (KMC) improved physical growth, breastfeeding rates and was well accepted by both mothers and staff. A RCT of KMC for at least 6 hours per day for 110 low birth weight infants in a neonatal unit and continued at home found significant greater mean weight gain, length gain, mean head circumference, and exclusive breastfeeding at 3 months (all $p < 0.05$). Gathwala G, Singh B, Singh J. (2010) Effect of Kangaroo Mother Care on physical growth, breastfeeding and its acceptability. *Tropical Doctor*. ; 40(4):199-202.

US health care associated costs could be reduced by \$10.5 billion per year and prevent an excess 741 deaths if 80% of children breastfed exclusively for 6 months. Diseases included in the analysis were: necrotizing enterocolitis, otitis media, gastroenteritis, hospitalization for lower respiratory tract infections, atopic dermatitis, SIDS, childhood asthma, childhood leukaemia, type 1 diabetes mellitus, and childhood obesity. Direct health care costs and indirect costs such as time taken off work by parents were considered. Breastfeeding rates and 2007 costs were used. Researchers concluded that investment in strategies to promote longer breastfeeding duration and exclusivity may be cost-effective. Bartick M, Reinhold A (2010) The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis. *Pediatrics* 2010;125:e1048–e1056.

What would a study using Irish data conclude?

Like an Auto Alert for new research published? Sign up to a free alerting system that scans Medline (PubMed) daily and sends you an email listing new entries for the terms that you set. This service was developed by Ken Woulfe's lab in the Genetics Dept, Trinity College Dublin and is known as PubCrawler because it searches while you go to the pub! <http://pubcrawler.gen.tcd.ie/>



Point to ponder

There is robust research evidence for skin to skin contact to keep infants warm at low cost plus supporting breastfeeding and this practice is in use for thousands of years. Is there evidence that incubator use keeps the infants warmer, or is more cost-effective, or better facilitates breastfeeding?

Why are we asked for the evidence for normal rather than for the technical intervention?

Congratulations to the 23 new IBCLCs and to the 6 who recertified by exam in 2010.

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

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Diary Dates

- Jan 14th **Athlone Institute of Technology, Lactation Studies.** Module Quality in Breastfeeding Care starts. www.ait.ie/lactation/
- March 5-6th **La Leche League of Ireland Annual Conference.** Gorey, Co Wexford. Speaker: Dr Kathy Dettwyler
Contact: deemcdee@gmail.com
- March 26th **Association of Lactation Consultants in Ireland, Spring Workshop,** Dublin. Contact: alci@ireland.com
- July 13-17th **International Lactation Consultant Association Annual Conference,** San Diego, USA. Contact: www.ilca.org

Baby Friendly Hospital Initiative Leaflets

Ask your midwife or doctor for a copy or download from
http://www.ihph.ie/babyfriendlyinitiative/bfhi_link.htm

During your pregnancy find out about the importance of mother's milk
 and practices to assist you *BFHI Link Issue 22*

Antenatal checklist *Issue 37*

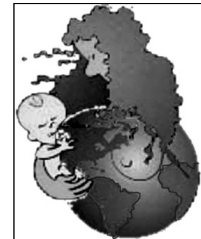
Mother's milk is magic *Issue 27*

Your milk is green *Issue 34*

Informed choice means knowing both sides *Issue 11*

An infant feeding decision has long-term effects *Issue 5*

What to expect in a Baby Friendly Hospital *Issue 40*



Supportive labour and birth practices help mother, baby, and feeding to get off to a good start. Early contact *Issue 2*

Coping with pain during labour *Issue 36*

Letter from baby to mum *Issue 26*

Why exclusive breastfeeding is recommended *Issue 8*

What about "enough milk" - *Issues 28 and 31*

Feeding for six months *Issue 13* and feeding an older baby *Issue 23*

Signs that feeding is going well *Issue 39*

Milk expression *Issue 25*

Avoiding artificial teats and dummies *Issue 9* and Cup-feeding *Issue 10*

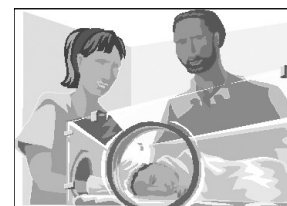


Rooming-in helps mother and baby to get to know each other, makes feeding easier, and is more secure. *Issue 1*

Baby-led Feeding *Issues 7 and 33*

Breastfeeding **your baby in hospital** *Issue 12*

Mother's Milk is important for **preterm infants** *Issue 35*



Some babies may not be breastfeeding *Issues 11 and 24*

What to discuss before discharge *Issue 21*



Fathers: *Issues 6 and 32*

Grandparents: *Issue 19*

Siblings colouring page *Issue 29*



Feeding babies during emergencies such as floods, heavy snow, electricity cuts and other events *Issue 38*

When a breastfeeding mother is ill *Issue 20*



And more - visit the BFHI Link web site