

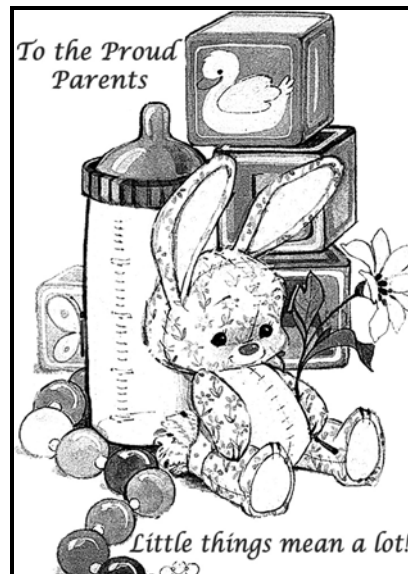


Attitudes to Infant Feeding

Where do people - parents, health workers, the general public, - get their attitudes to infant feeding?

Attitudes are influenced by our family's and friends' views, education, media and the general culture in which we live.

Frequent subliminal portrayal of artificial feeding as the norm can form the attitude that breastfeeding is the exception. How many baby dolls (and even baby animals) come complete with a bottle or dummy? Ads and programmes on television often show a baby using a bottle.



Look around you – how often do you see pictures referring to babies in which a bottle or dummy is part of the illustration? For example, in this birth congratulations card?

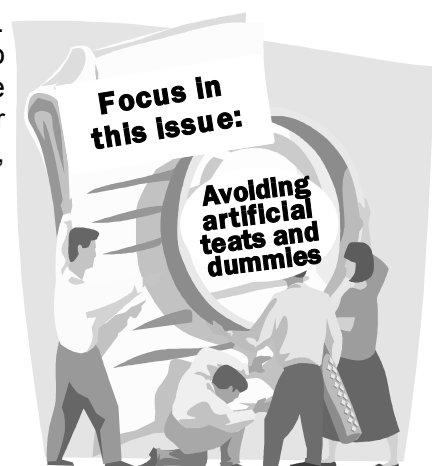
How do you discuss infant feeding with a pregnant woman? The question – “are you going to breast or bottle feed?” gives the message that your attitude is that they are equivalent. If you ask the question – “what are your thoughts on breastfeeding?” – this indicates that you think breastfeeding

is the normal way of feeding a baby. This type of ‘open’ question also makes it easier to discuss the woman’s view and to provide information. Mothers still have a choice – to breastfeed or to not breastfeed. However, the attitude conveyed is that they will breastfeed unless they decide not to, instead of expecting them to artificially feed, unless they make a choice to breastfeed. This is an important point, think about it.

In a similar way, if parents see the health service advertising breastmilk substitutes and see the name or logo of the companies on calendars, pens, notepads and so on, then parents form the attitude that the health service endorses these companies and products.

Attitudes to caring are also important. Babies need to be held and loved. Do the images you see show this or are babies portrayed in cots and other equipment, playing by themselves, and with little contact with people?

Have a good look around your health facility. What images do parents, visitors and staff see? Do they see breastfeeding and parent-child contact portrayed as normal? If not, why not?



What are the challenges to implementing Step Nine?



Mothers ask for a dummy.

One of your roles as a health professional is to provide care and information and assist the mother to make an informed choice. Parents wishing to use dummies or artificial teats, should be informed about the possible detrimental effects of using them. Parents also need to learn other means of soothing their baby.

Staff do not recognise that dummies and teats may cause problems.



Some of the problems that may result from dummy use include:

- missed feeding cues and lower weight gain, tendency to breastfeed infants fewer times per day, mothers report breastfeeding as inconvenient and that they had insufficient milk. Howard C et al. *Pediatrics* 103(3) e33, 1999.
- increased risk of otitis media, wheezing, vomiting, fever, diarrhoea and colic as well as more frequent contact with the health services. North K, Fleming P, Golding J, ALSPAC Study Team. *Pediatrics*, 103(3) e34, 1999.
- increased incidence of thrush and can be a factor in later dental problems. Manning DJ et al. *Arch Dis Child* 60:381-382, 1985. Sio JO et al. *Arch Dis Child* 62: 406-420, 1987
- may be a marker for breastfeeding and mothering difficulties. Dummy users are about 3 times more likely to stop breastfeeding early. Clements MS, Mitchell EA, et al. *Acta Paediatrica* 86(1)51-6, 1997. Victora CG, et al. *Pediatrics* 1997;99(3) 445-453.
- may contribute to infants receiving less developmental stimulation and thus effect later intelligence. Or their use may indicate a home where less parental attention is available and thus less encouragement to maximise the child's potential. Gale CR, Martyn CN. *Lancet* 1996; 347:1072-75

Do babies really get confused?

If a dummy or bottle teat is introduced into the baby's mouth this gives a supernormal stimulus. In some infants this can lead to a preference for this super-stimulus and result in refusal to suck on the normal sized mother's breast. Lawrence & Lawrence, *Breastfeeding: a guide for the medical profession*, 1999

Nipple shields:

- ◇ Do not allow direct stimulation of breast and nipple
- ◇ Interfere with milk production and let-down
- ◇ Increase the risk of low weight gain and dehydration
- ◇ May cause sucking confusion for the baby
- ◇ Bacteria or thrush may develop on the shield
- ◇ May cause irritation and rubbing to the nipple
- ◇ Mother, baby (and health worker) may become dependent on the shield and find it difficult to do without it.

Stop and think before you recommend this intervention.

If used as a temporary measure, ensure you are able to follow-up the mother and provide assistance with withdrawal from the nipple shield.



Step Nine: Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Do dummies have a place?

No

- ◇ Dummies may confuse sucking skills resulting in sore nipples and low milk supply
- ◇ Dummies reduce time spent at the breast resulting in less milk intake and decreased stimulation leading to reduced supply.
- ◇ Baby can be left alone with a dummy with no interaction or stimulation.

and Yes

- ◇ Sucking soothes and relaxes babies and mother's breast isn't always available.
- ◇ Dummies can calm a harassed caregiver.
- ◇ Dummies may stimulate the sucking reflexes of premature infants and help them to associate sucking with food when being tube-fed.



“Only use a soother when absolutely necessary and wean your baby off it as soon as possible. Otherwise it may have long term ill effects on the way your baby's teeth grow.” *A Winning Smile Starts Here*, Health Promotion Unit, Dept of Health Dublin.

Who needs a dummy?

Does the baby need a dummy?

Probably not, he has his mother to soothe and cuddle him.

Does the mother need a dummy?

Maybe. Giving a dummy to the baby may give the mother a chance to calm herself.

Does the health worker need a dummy?

Widespread use of dummies in hospital may indicate that staff do not have the time to assist mothers to learn skills of caring for their babies or that staff lack knowledge about the risks of indiscriminate pacifier use.

If a dummy is being used frequently, assess the parent's ability to cope as well as the baby's intake of milk.

Alternative Feeding Techniques

If a baby needs alternative feeding, there are techniques of feeding that do not involve the use of artificial teats. These methods include cup feeding, using a syringe, spoon or nursing supplementer. These methods will be discussed in the next issue of *BFHI Link*.



What are the assessment criteria for this Step?

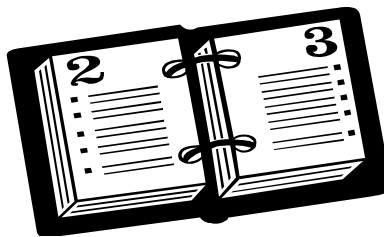
Out of 15 randomly selected postpartum mothers (including 5 caesarean), at least 80% of those who are breastfeeding report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats nor allowed to suck on pacifiers.

The nursing officer in charge of the maternity ward reports that breastfeeding infants are not given bottles with artificial teats or pacifiers. No more than two breastfeeding infants are observed using them during two hours observation in the maternity ward. None are observed using them during one hour in the well-baby nursery (if there is one).

Have you return your BFHI Status Report?

All BFHI participating hospitals were sent a report form before Christmas seeking a status report on their projects. By knowing how your project is going, the BFHI co-ordinator is better able to provide information and to offer suggestions. You can also be helpful to other hospitals with a similar project by sharing the information.

This form also was checking that the contact person's address was correct. If you haven't returned your form, please do so as soon as possible. If you are a hospital contact person and you didn't receive a form, let the BFHI Co-ordinator know.



Diary Dates

- Feb. 23 **Breastfeeding - Changing Practices.** Maynooth. Association of Lactation Consultants in Ireland Conference. Contact: 069-77705.
- March 1 W'shop for BFHI project hospital co-ordinators. By invitation.
- March 31-April 1 **La Leche League Annual Conference** Ennis, Co. Clare. Contact: 074-32003 or 061-362625
- May 19 **Association of Lactation Consultants in Ireland Study Day**, Kilkenny. Contact: 069-77705
- May 16-18 **European Health Promoting Hospitals Conference.** Copenhagen. Contact HPH Network, 01-821-3844.
- July 18 - 21 **International Lactation Consultant Association Annual Conference** Mexico. Contact: 001-919-7875181 or ilca@erols.com



News and Views

Elizabeth Heffernan, Tralee Hospital, studied the effect of specific prenatal information on the incidence of exclusive breastfeeding at two weeks post delivery. Using a RCT and controlling for significant predictors, the study found that first time mothers in the intervention group were 4.79 times ($p=0.05$) more likely to be breastfeeding exclusively at 2 weeks. The intervention caused no significant effect for women having their second or subsequent baby, or in the number of women breastfeeding on discharge from hospital.

Cup Feeding and other alternative methods of feeding are a topic for the next issue of *BFHI Link*. What is happening in your hospital? Share your thoughts, experiences and questions. Send them to the BFHI Co-ordinator by March 23rd.



You may photocopy *BFHI LINK* for further distribution. We welcome your news items and suggestions.

Contact the BFHI Co-ordinator, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15.

Have you changed a practice to be more supportive of breastfeeding? Tell us about it!

When Baby Cries

Why do babies cry?

Crying always means the baby needs or wants something. Babies do not cry just to be bold or to give you trouble.



Your baby may be crying because he is:

Lonely
Hungry
Windy

Too hot or cold
Frightened
Sleepy or overtired

What can you do when your baby is crying?

There are many things you can do. Try one idea for 10-15 minutes rather than doing them all at once. Different things may help at different times. Fathers and other people can also help to calm the baby.

Put her to your **breast** for food or the comfort of sucking.

Carry her and cuddle her using a firm hold, a baby sling may help.

Change her **nappy** and check for any tight clothing.

Talk or **sing** to her or listen to music together.

Wrap the baby firmly in a light blanket and rock her in your arms or the pram in a quiet, dark place.

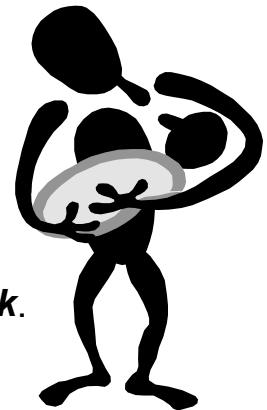
Go for a **car** ride (using a safety seat).

Massage your baby gently with unscented oil.

Put your baby in the pram or baby sling and go for a **walk**.

Lay your baby on your lap and **rub her back** gently.

Give her a clean finger to **suck** while you hold her.



If you feel you can't cope, ask someone else to care for the baby or put the baby in a safe place (such as her cot) and go into another room. Take some deep breaths, have a cup of tea and rest for a few minutes. Talk to your public health nurse or doctor about how you feel.

If you think the crying is associated with how you are feeding the baby – either to do with your milk or the way the baby takes the milk, talk to your nurse, lactation consultant or voluntary breastfeeding support person.

If your baby has a high temperature, a high-pitched cry, blood in the nappy, is vomiting, seems ill or is crying all the time, contact your doctor.