



## Well done

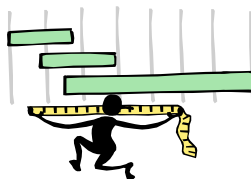
This year, approximately 36,000 babies were breastfeeding on discharge from maternity units. Your information and support during the antenatal visits, birth and postnatal stay helped these babies (and their mothers) to get a good start.

### Action Plans

Try to give a thought to evaluating your 2011 Action Plan for improving breastfeeding and baby-friendly practices. Also give a thought to your 2012 Action so you have it ready when the annual request for reports and plans arrives in February. Remember that a small action that is relevant and sustained can make a big difference.

**Both audit and evaluation are important but different.**

*Audit* measures the achievement or result against a target or standard. It gives numbers but no info on how or why the action worked or did not achieve its aim.



*Evaluation* asks if the action was successful, what helped, and if not successful, why it was not. It also looks at how the action was carried out and the views of those involved.



### *Congratulations to*

The Adelaide and Meath Hospital incorporating the National Children's Hospital, Tallaght on achieving a Breastfeeding Supportive Workplace Bronze level award.



#### Focus in this issue:

Recommendations for exclusive breastfeeding  
Starting complementary feeding: Avoiding nutrient displacement by early complementary feeds  
Responsive feeding  
News and Research Update and What's On  
Parents' Handout: Is my baby ready for solid foods?  
and Sources of leaflets on complementary feeding.

## Policy Exclusive Breastfeeding for 6 months: Department of Health and Children

5 August 2003

To coincide with World Breastfeeding Week, the Department of Health and Children today announced a policy change in breastfeeding guidelines to bring Ireland into line with recommendations contained in the World Health Organisation's (WHO) Global Strategy on Infant and Young Child Feeding. (endorsed by 55th World Health Assembly, Geneva, May 2002). The new Strategy, which is based on a WHO commissioned worldwide systematic review of research evidence on breastfeeding, showed that there are added advantages to delaying the introduction of complementary solid foods. Therefore breastfeeding mothers are now being encouraged to delay the introduction of any food or drink, other than breast milk, until their babies are 6 months old. They are also being encouraged to continue breastfeeding after that in combination with appropriate complementary foods (solids) up until the age of 2 years or beyond.

Press Release <http://www.dohc.ie/press/releases/2003/20030805.html>

### Exclusive breastfeeding until when? Introducing solids when? Is there a change of recommendation?

**There is no change in the recommendation for exclusive breastfeeding for 6 months.**

An article in the British Medical Journal in January 2011 received a high level of media attention with its call for a change in UK guidelines when to start solids. Contrary to how the article was portrayed by the media, this BMJ article did not provide any new research and was not a systematic review of existing evidence; it was the personal viewpoint of the authors (Fewtrell M, Wilson DC, Booth I, Lucas A). It caused confusion and anxiety among some parents and health workers which is still continuing despite clarifications from the authors and health organisations that there is no change to the recommendation for exclusive breastfeeding for 6 months.

UK Scientific Advisory Committee on Nutrition (SACN) is currently undertaking a review regarding the timing of complementary feeding and the recommendations for UK infants and details of the scope of the review is available on the web site [www.sacn.gov.uk/meetings/sub\\_groups/maternal\\_child\\_nutrition/19012011.html](http://www.sacn.gov.uk/meetings/sub_groups/maternal_child_nutrition/19012011.html)

During 2010-11 the Food Safety Authority of Ireland examined updating the publication *Recommendations for a national infant feeding policy* (1999) however information on the process or outcome is not publicly available at this time.

#### Further reading:

Fewtrell M, Wilson DC, Booth I, Lucas A. Six months of exclusive breast feeding: how good is the evidence? BMJ 2011; 342:c5955 (free access) <http://www.bmj.com/content/342/bmj.c5955.full>

Also read the rapid responses (letters) linked from that paper especially the response from Williams & Prentice on behalf of the UK Scientific Advisory Committee on Nutrition (SACN).

The authors of the BMJ article issued a clarification statement through their employer's web site that is not included in the BMJ rapid responses [http://www.gosh.nhs.uk/pressoffice/pressrelease\\_00899](http://www.gosh.nhs.uk/pressoffice/pressrelease_00899)

Statement from UK Baby Friendly Initiative in response to BMJ article [http://www.babyfriendly.org.uk/pdfs/unicef\\_uk\\_response\\_to\\_BMJ\\_article\\_140111.pdf](http://www.babyfriendly.org.uk/pdfs/unicef_uk_response_to_BMJ_article_140111.pdf)

Statement from World Health Organisation in response to BMJ [http://www.who.int/mediacentre/news/statements/2011/breastfeeding\\_20110115/en/index.html#](http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/index.html#)

#### Systematic reviews:

Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. Cochrane Database of Systematic Reviews 2002, Issue 1. Art. No.: CD003517. DOI: 10.1002/14651858.CD003517. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003517/abstract>

Becker GE, Remington S, Remington T. Early additional food and fluids for healthy breastfed full-term infants. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: D006462. DOI: 10.1002/14651858.CD006462.pub2 <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006462.pub2/abstract>

The European Food Safety Authority December 2009 report on the age for introduction of complementary foods (as regards consistency of legislation on labelling of infant food products) stated that:

*"On the basis of present knowledge, the Panel concludes that the introduction of complementary food into the diet of healthy term infants in the EU between the age of 4 and 6 months is safe and does not pose a risk for adverse health effects".*

ESFA Panel on Dietetic Products, Nutrition and Allergies (NDA), Scientific Opinion on the appropriate age for introduction of complementary feeding of infants. EFSA Journal 2009; 7(12): 1423 <http://www.efsa.europa.eu/en/efsajournal/pub/1423.htm>

**Note that stating that early complementary foods "does not pose a risk" is not the same as evidence that it is beneficial to introduce complementary foods between 4 and 6 months .**

**Spoon feeding a young baby may reduce the amount of milk the baby takes.  
Take care that mother's milk is not displaced by lower nutrient foods.**

Guiding principles for complementary feeding of the breastfed child. (2003, PAHO/WHO)  
[http://www.who.int/child\\_adolescent\\_health/documents/a85622/en/index.html](http://www.who.int/child_adolescent_health/documents/a85622/en/index.html)

Nutrients	Mother's Milk 50 ml	Rice cereal with milk 2 tbsp reconstituted	Nutritional effect
Energy	38	20	Energy loss
Protein	0.45	0.4	Lower quality protein
Fats	2.25	0.24	Loss of essential fatty acids
Carbohydrates	Lactose	Starch	Loss of protective properties of lactose

Adapted from INFACT Canada <http://infactcanada.ca/Winter%202004%20Newsletter.pdf>

***Optimal young child feeding is more than just providing food.***

**Responsive Feeding**

- ◇ Respond to the child's developmental and nutritional needs.
- ◇ Help children learn to eat.
- ◇ Feed in response to child's cues or signals.
- ◇ Have a positive relationship between child and parent/caregiver.
- ◇ Provide a suitable feeding environment.

**When talking with parents about complementary feeding :**

- Include information about normal infant behaviour which is not necessarily signs of hunger (chewing fingers, waking at night, watching others eat).
- Explain why the recommendations say exclusive breastfeeding for 6 months.
- Involve 'significant others' to deliver the information - fathers, grandmothers, friends.
- Provide food based information (including shopping and cooking skills) that does not include free samples or marketing information.
- Show healthy babies who breastfeed exclusively for 6 months to model expectations.

**More information**

BFHI Link Issue 13, September 2002 [http://www.ihph.ie/babyfriendlyinitiative/bfhi\\_link.htm](http://www.ihph.ie/babyfriendlyinitiative/bfhi_link.htm)

Complementary Feeding Counselling: a training course WHO 2004.

<http://www.who.int/nutrition/publications/infantfeeding/9241546522/en/index.html>

Black MM, Aboud FE. *Responsive Feeding Is Embedded in a Theoretical Framework of Responsive Parenting*. The Journal of Nutrition. 2011;141(3):490-4.

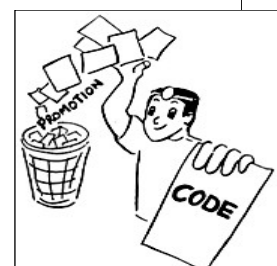
<http://jn.nutrition.org/content/141/3/490.abstract>



**Marketing of weaning foods**

Take care that you are not acting as a marketing agent for infant food companies. Be aware of the effect of distributing marketing materials to parents.

If you want information for yourself about the nutritional content of commercial infant foods, ask for information that is accurate, scientific, factual and tells the possible negatives (cost, contaminates, nutrients not included or not absorbed, allergy etc) and not only the "benefits" of their product.



## Research Update



Smith et al describe **an approach to c-section** that mimics the situation at vaginal birth by allowing (i) the parents to watch the birth of their child as active participants (ii) slow delivery with physiological autoresuscitation and (iii) the baby to be transferred directly onto the mother's chest for early skin-to-skin. They call for trials to test the safety and feasibility of this approach. Smith J, Plaat F, Fisk N. The natural caesarean: a woman-centred technique. *BJOG* 2008;115:1037-1042. <http://www.youtube.com/watch?v=m5RlcaK98Yg>

**Breastfeeding can reduce the impact of social inequality** according to research by the UK Institute for Social & Economic Research. They concluded that:

- less educated and more economically disadvantaged mothers are more likely to breastfeed if they give birth in a Baby Friendly designated hospital;
- approximately half of diarrhoea hospitalisations and a quarter of respiratory infection hospitalisations could have been prevented by exclusive breastfeeding; and that
- controlling for a wide range of factors, children breastfed for four weeks or more do better than children breastfed for less than four weeks, which loosely translates to a difference of about 3 IQ points. More details at <http://www.iser.essex.ac.uk/projects/breastfeeding>



## News



**In the USA**, new private health insurance plans from August 2012 will be required to cover breastfeeding support, supplies, and counselling without a co-payment or deductible.

The federal "Break Time for Nursing Mothers" law (March 2010) requires employers to provide a break time for ONE YEAR and a suitable place to express

<http://www.dol.gov/whd/nursingmothers/>

Breast pumps and other related supplies that assist lactation are now tax deductible as a medical expense.

Early skin to skin contact and other baby friendly practices keep babies warm and **reduce risks of hypothermia**. Watch this 10 minute video from the Ukraine on how to keep the Warm Chain intact. <http://www.youtube.com/watch?v=hP5XMBppokU>

**Caring for your baby at night: a guide for parents** (Nov 2011). This updated leaflet, endorsed by the RCM and FSID offers practical advice on coping at night. It covers getting some rest, night feeding, safe sleeping environments and helping baby to settle. Also a Health Workers' version looking at the underpinning evidence and discussing each page of the parents' guide.

<http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Caring-for-your-baby-at-night/>

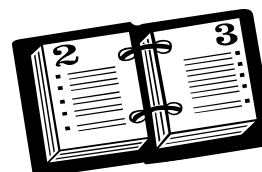


*BFHI Link* is written by Dr Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI Advisory Committee.

**We welcome your news and suggestions.**

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## Diary Dates

March 3-4 **La Leche League of Ireland Annual Conference.** Sligo.  
[www.lalecheleagueireland.com](http://www.lalecheleagueireland.com)

July 25-29 **International Lactation Consultant Association Annual Conference,** Orlando, USA. Contact: [www.ilca.org](http://www.ilca.org)

Sept 29 **Association of Lactation Consultants in Ireland, Annual Conference.** Maynooth.  
Contact: [alci@ireland.com](mailto:alci@ireland.com)

## Is my baby ready for solid foods?

### When?

Exclusive Breastfeeding provides all your baby needs for the first six months (26 weeks).\* Readiness for foods other than milk is a stage in your baby's development. Your baby may be ready for other foods if your baby:

- can stay sitting upright without support and hold his head steady,
- has the hand control to pick up a small item and move it to his mouth all by himself,
- can move food around his mouth with his tongue.



These are NOT good signs of readiness for (complementary) solid foods - as they could mean other things:

- |  |   |
|--|---|
| ◇ Teething, drooling, or chewing fists               | ◇ Watching other people eating                  |
| ◇ Low weight gain                                    | ◇ "Looking hungry"                              |
| ◇ Waking more frequently at night or being unsettled | ◇ Parents seeking a new activity for their baby |

### What?

Foods given in addition to breastfeeding are called *complementary foods*. This means they complement mother's milk or formula milk rather than replace it.

The food a mother eats gives a flavour to her milk. The baby is familiar with these tastes and ready to try well mashed family foods. This can motivate the whole family to eat healthy foods. Avoid giving sweet food as a treat or to soothe baby.

Mother's milk or manufactured infant formula continues to be the main drink in the first year. Babies can continue on infant milks if not breastfeeding and do not need special follow-on milks.

### How?

*How* the baby is fed is as important as *what* the baby is fed. Smiles and patience help the baby to learn this new skill of eating.

Feeding the baby is a time to interact with the baby rather than only focus on the amount of food baby eats. Include the baby in family meals so the baby sees other people eating.

Some babies may prefer foods after they have had a milk feed rather than when they are very hungry. Go at the baby's speed and stop feeding when the baby shows they have had enough. Don't force the baby to eat more than they want.

\*Sometimes a baby may have a special health need that may require early or extra food in addition to breastfeeding. Your dietitian and doctor will discuss this with you if needed. Some parents give small quantities of food before 6 months but do not give foods other than mother's milk or formula before your baby is 17 weeks old as it can make baby ill. Talk with your Public Health Nurse about foods to avoid before 6 months.

### Information leaflets on starting complementary feeding

*Introducing complementary foods*. Factsheet 7 (2008), HSE.

<http://www.breastfeeding.ie/uploads/files/factsheet07.pdf>

*Starting to Spoonfeed your baby* (HSE 2006) <http://www.healthpromotion.ie/publication/>

*Weaning made easy: moving from milk to family meals* (2011). Public Health Agency Northern Ireland. Available in English, Lithuanian, Polish, Portuguese and Russian.

<http://www.publichealth.hscni.net/publications/weaning-made-easy-moving-milk-family-meals>

*Introducing Solid Foods, giving your baby a better start in life* (2011). UNICEF UK Baby Friendly Initiative and UK Department of Health/NHS

[http://www.unicef.org.uk/Documents/Baby\\_Friendly/Leaflets/3/introducing-solid-foods.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/3/introducing-solid-foods.pdf)