Issue 47
December 2012

Baby Friendly Hospital Initiative in Ireland

THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

Mother's milk has nurtured babies for thousands of years. Happy Christmas

Evaluate Your Action Plan

It is the time of year to evaluate your hospital's 2012 action plan so as to be able to report on it early in 2013 and to assist in developing your 2013 action plan.

Evaluation examines a broad range of information. It looks at:

- *Process or implementation:* Did the action happen as it was intended? What helped or hinder the implementation? What did those involved think of the implementation?
- *Outcome:* Did the project achieve its stated objectives and targets? Where there unplanned outcomes? What did those involved think of the outcomes?
- *Cost-benefit:* What was the cost of the action in time and/or money? Was the outcome good value for the cost?
- *Future:* Will this action become routine practice? Is the action finished? Does the action need to be re-planned for next year?

Hospitals with designation as Baby Friendly are also required to audit at least two Steps each year. Audit measures how well the service is meeting the BFHI standard. It is also called performance measurement. Audit is not the same as evaluation though an evaluation may have an audit component within it.

If you need assistance with evaluating your action plan or audit and this help is not available within your hospital, contact the BFHI National Coordinator at bfhi@iol.ie

ESRI Infant Feeding Rates 2011

This report is now available at www.esri.ie It indicates that the artificial feeding (AF) rate continues to fall with 44.8% AF in 2011, 46% in 2010 and 58.4% in 2001.

Current Postal Address for BFHI

Baby Friendly Initiative
in Ireland
c/o Health Promotion, HSE,
Block 4, Central Business Park,
Clonminch,
Tullamore, Co. Offaly

Look inside this issue:

The Baby Friendly Initiative in Ireland is grant-aided by the Health Service Executive
BFHI Link is on-line at www.ihph.ie/babyfriendlyinitiative

Companion or support person during labour and birth makes a difference

Historically women have received continuous support from other women during labour and birth, though this support is less common in current hospital care. A recently updated review included 22 randomised control trials and 15,288 women in 16 countries, Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews 2012, Issue 10.

This review indicated that women allocated to the continuous support group were more likely to have:

- a spontaneous vaginal birth (RR 1.08, 95% confidence interval (CI) 1.04 to 1.12)**^**
- shorter labour (Mean Difference -0.58 hours, 95% CI -0.85 to -0.31)

less likely to have:

- postpartum depression and difficulties in mothering*****
- any intrapartum analgesia/anaesthesia (RR 0.90, 95% CI 0.84 to 0.96)
- regional analgesia (RR 0.93, 95% CI 0.88 to 0.99)
- instrumental vaginal birth, (RR 0.90, 95%CI 0.85 to 0.96)
- a caesarean birth (RR 0.78, 95%CI 0.67 to 0.91)
- a baby with a low five-minute Apgar score (RR 0.69, 95% CI 0.50 to 0.95), or
- to report negative feelings about the labour and birth experience (RR 0.69, 95% CI 0.59 to 0.79)

*Trials reporting depression and difficulty in mothering were not combined due to differences in the trials. Two trials reported on postpartum depression and the direction of effect was similar, with 8 out of 74 in the supported group having depressive symptoms compared to 44 out of 75 in the control group, (RR 0.18, 95% CI 0.09 to 0.36) and 245 out of 2816 in the supported group had depressive symptoms, compared to 277 out of 2751 in the control group; (RR 0.86, 95% CI 0.73 to 1.02). Three trials reported on difficulty in mothering, with two trials indicating difficulties less likely in the supported group and one trial showing no apparent impact of support: 41 out of 75 in the continuous support group reported difficulty mothering, compared to 67 out of 75 in the control group; (RR 0.61, 95% CI 0.49, to 0.76); 11 out of 292 in the support group compared to 38 out of 265 in the control group; (RR 0.26, 95% CI 0.14 to 0.50); 873 out of 2836 in the support group compared to 853 out of 2765 in the control group (RR 1.00, 95% CI 0.92 to 1.08).

There was no apparent impact of continuous support on:

- breastfeeding at 1-2 months postpartum (only 3 trials reported this)
- the use of oxytocin during labour
- admission to the special care nursery
- likelihood of serious perineal trauma
- severe labour pain
- low post-partum self-esteem
- prolonged neonatal hospital stay

The full text of this review can be accessed at http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003766.pub4/abstract

The available research indicates clear benefits of continuous support and absence of adverse effects.

The authors conclude that all women should have continuous support during labour and birth as standard practice.

^ Research Note

RR = Risk Ratio or relative risk. Indicates the ratio of the risk of the outcome occurring in the intervention group to the risk in the control group. A RR of 1.0 indicates equal risk or no difference. A RR greater than 1.0 indicates increased risk of occurrence, and less than 1 indicates reduced risk of occurrence.

CI = confidence interval, a range of plausible values that accounts for uncertainty in a statistical estimate, e.g. 95% confidence that the true value lies within the range or interval. A narrow confidence interval implies high precision, a wide interval implies poor precision. If the confidence interval for a RR includes 1.0, then it is not statistically significant.

Mean Difference = method used to combine measures of the means (or average value) from similar studies.

Who provides the labour and birth support?

Mother's husband or partner? Friend or family member? Independent doula? Hospital staff?

Subgroup analyses in the Hodnett et al review suggested that continuous support was most effective when the support person was neither part of the hospital staff nor from the woman's own social network.

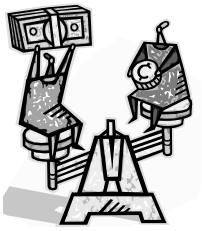
Additional duties besides labour support, divided loyalties, work rotas, and constraints of hospital policies and practices may affect the support provided by hospital staff. Partners, family members or friends may be beneficial though involve longstanding and more complex relationships. Experienced caregivers, such as doulas, who are not employees of the hospital and can focus solely on the needs of the woman (and her partner) appear to be more effective.

Labour companionship: Every woman's choice

Available from the WHO Reproductive Health Library, this video made in South Africa can be used with staff to discuss care practices and the value of continuous support during labour.

The implementation and outcomes of a doula service is one of the programmes described .

http://apps.who.int/rhl/pregnancy_childbirth/childbirth/routine_care/cd0003766_amorimm_com/en/index.html



Cost effectiveness of support

Longer labours, analgesia, instrumental births, C-sections, infants with low Apgar scores, and mothers with depression, all have costs for the health service and these outcomes are less likely with continuous support during labour.

Encouraging support by a friend or family member and providing education for the support person is a low cost action. Covering the costs of a trained independent doula should be considered by policy makers so that this service is not restricted to only those women who can afford to pay a doula.

Like to share your activities and research?

Two places to consider for your BFHI annual action projects, audits, research and poster presentations on Baby Friendly practices are Lenus and the NIHS Research Bulletin. Remember to add BFHI as a keyword when you are submitting.

LENUS is health repository managed by the HSE Library and Information Service at Dr. Steevens' Hospital, Dublin. It can include any research projects or reports that have an impact on Irish healthcare. Items are on public access and you can cite the web link to the item.

An abstract or report can be uploaded, slides from a presentation, the full article, or a link to a full article can be included.

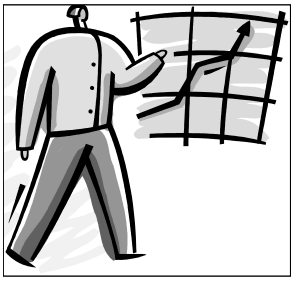
It is a *repository*. Items can be submitted making them accessible where an organisation no longer exists, such as reports from old health board areas.

Contact the Lenus administrator before you submit for the first time, and the team are helpful about getting items into the database. www.lenus.ie

National Institute of Health Sciences (NIHS) Research Bulletin is a bi-annual publication of current clinical, population health and health systems research. The Bulletin serves to share information widely among the Irish healthcare community, add to the knowledge base and facilitating a research culture. The Bulletin accepts abstracts of unpublished and published work from any part of the country.

You can read the past Bulletins on-line and the instructions for submitting an item are there also. www.hse.ie/go/nihs

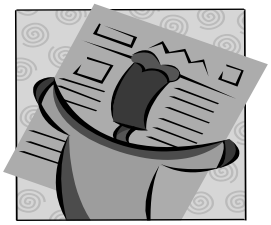
NEWS and RESOURCES



Growth Charts. Babies born from the 1st of January 2013 are to have their weight, length and head circumference plotted on the new UK-WHO growth charts. The (Ireland) UK-WHO 0-4 years (boys/girls) chart is to be used for babies born at term, this chart also has a section for pre-term babies born after 32 weeks gestation. The Neo-natal and Infant Close Monitoring chart (NICM) (boys/girls) is to be used for pre-term babies born before 32 weeks gestation, and for sick neonates. The national implementation group recommends 3 hours self-directed or delivered training in the use of the charts. For access to view the charts and for further information and comprehensive training materials please link to www.hse.ie/growthmonitoring The new charts are to be ordered from Medicharts www.medicharts.ie. Further training material is available on www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-who-growth-charts.

What does it mean to be the first time father of a preterm infant in a neonatal intensive care unit?

This was the research question asked by Liz Crathern in the UK in a qualitative study. Using a biographical disruption as an explanatory framework she offers implications for policy, including overnight accommodation for fathers in NICU, practice to improve access to consultants and teaching for fathers who may be at work during the day, early holding by fathers; education for staff on psychosocial care of fathers on delivery suite and NICU; and research on fathers and grand-parents role in NICU. Can be downloaded from Bliss Briefings Dec 2012 www.bliss.org.uk/wp-content/uploads/2012/11/bliss_briefings_v10_web.pdf



Does the BFHI make a difference in Ireland? The next issue of the National Institute of Health Sciences research bulletin (due in December) contains an article indicating that it does. Breastfeeding initiation is more likely in a hospital meeting the standards and designated as a Baby-friendly Hospital and between 2008 and 2011 the overall increase appears to be largely attributed to Baby friendly Hospitals. Any breastfeeding at discharge has also risen and again the rise is more noticeable in a designated Baby Friendly Hospitals. www.hse.ie/eng/staff/Leadership_Education_Development/National_Institute_of_Health_Sciences/Research_Bulletin/

Infant Milks in the UK: A guide for health professionals, by First First Steps Nutrition Trust has been updated. It contains information on their composition and key points about their use from an independent organization. Available for free download from www.firststepsnutrition.org

Kangaroo Mother Care video from WHO is a 12-minute description of why Kangaroo Mother Care makes a difference, how to carry out the practice, plus comments from staff and mothers. Shows middle income hospitals in South Africa. View at http://apps.who.int/rhl/videos/en/index.html

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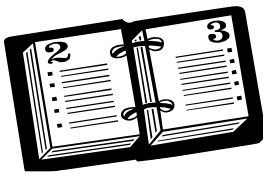
BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI National Committee.

We welcome your news and suggestions.

Contact the BFHI Co-ordinator,
email: bfhi@iol.ie
Web site: www.ihph.ie/babyfriendlyinitiative



Diary Dates

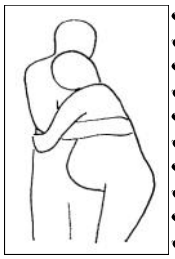
Mar 2nd - 3rd ***La Leche League of Ireland Annual Conference.*** Cork. www.lalecheleagueireland.com

Apr 20th ***Association of Lactation Consultant in Ireland, Spring Study Day.*** Drogheda. alci@ireland.com

July 25-29th ***International Lactation Consultant Association Annual Conference,*** Melbourne, Australia www.ilca.org

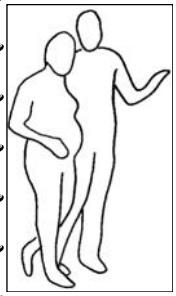
Having a support person during your labour and birth

Why have a support person?



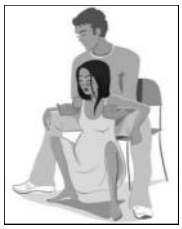
A support person can help you to feel safe, calm and more in control. They can help pass the time during early labour and provide practical help. Your support person can talk on your behalf to hospital staff while you are busy labouring. Continuous support during labour can reduce the need for pain medications; the labour may be shorter, and there may be a lower risk of a c-section. A woman who is supported in her labour is more confident in caring for her baby.

Who is a good person to chose?



It needs to be someone you can trust, with whom you are comfortable and can be with for hours. The person needs to focus on you and the baby. A companion who is focused on taking a video, gets annoyed if you shout at them, panics at the thought of pain, blood or needles, or does not want to be there, is not a good choice for support. It could be your husband or partner, your sister, mother or a friend. You can also hire a trained support person called a doula. Some hospitals allow both your partner and a doula or other support person. Think about what you want and discuss it during your antenatal visits.

What does a support person do?



Advocate, reassure, provide physical comfort, and encourage you. During pregnancy talk with your support person about what you want and do not want during labour and birth. Write it down so your support person can show it to midwives and doctors if needed. Discuss how your support person can help you make a decision if your views change or there is an unexpected situation. Bring your support person to antenatal classes or share material with them that you are reading about labour and birth. Practise comforts that your support person can assist with such as massage, breathing, positions for labour and birth, ways to support you when walking around, and encouraging words in a calm voice. Your support person needs to take care of themselves so that you are not worrying about them. Talk about taking breaks, food and fluids that they can bring and comfortable clothing.

What if a C-section is needed?

For most c-sections the anaesthesia used allows the woman to be awake and therefore she needs support. If section is planned for you discuss before the birth how support will be best used. An emergency c-section can be frightening. Continuing the support being provided during labour can be calming.

When your baby is born your support person can assist you to hold your baby in skin to skin contact.

This is general information. Discuss your specific needs with your midwife or doctor.