



**RATES**



- ♥ Majority of infants are breastfed in hospital.
- ♥ Breastfeeding initiation and discharge rates are static in the last few years however range shows improvement.
- ♥ Supplement rate is very high in some units.
- ♥ Hospitals awarded Baby Friendly designation show better outcomes.

| Reports by hospitals to BFHI<br>na = Not available  | 2002                 | 2005                 | 2010                       | 2011                       | 2012 (no data from one unit) |
|---|----------------------|----------------------|----------------------------|----------------------------|------------------------------|
| Births  | 60286                | 61268                | 74275                      | 73850                      | 69945                        |
| Births in Baby Friendly awarded unit  | 0%                   | 0%                   | 34%                        | 42%                        | 42%                          |
| Breastfeeding Initiation average (Range)<br>Baby Friendly vs not %  | 47%<br>(29-61)<br>na | 51%<br>(39-59)<br>na | 58%<br>(45-68)<br>61 vs 57 | 58%<br>(44-68)<br>59 vs 51 | 59%<br>(48- 70)<br>61 vs 58  |
| Any breastfeeding at Discharge (Range)<br>Baby Friendly vs not %  | 43%<br>(26-53)<br>na | 46%<br>(34-57)<br>na | 51%<br>(36-67)<br>54 vs 50 | 53%<br>(32-64)<br>53 vs 47 | 53%<br>(38-70)<br>56 vs 52   |
| Ceased all breastfeeding before discharge no. of infants<br>Baby Friendly vs not %                        | 2494<br>(9%)<br>na   | 3081<br>(10%)<br>na  | 5206<br>(12%)<br>12 vs 12  | 3716<br>(9%)<br>10 vs 8    | 3910<br>(9%)<br>8 vs 10      |
| Infants breastfeeding on discharge who received one or more supplements (Range)<br>Baby Friendly vs not % | na                   | na                   | 35%<br>(6-64)<br>32 vs 36  | 30%<br>(8-68)<br>30 vs 33  | 34%<br>(7-55)<br>29 vs 37    |

**What's in the Service Plan in your Hospital?**



Practices of the BFHI are also the practices of the HSE Infant Feeding Policy for Maternity and Neonatal Units. Are practices in your hospital reflecting the policy? Do they need more focus in Service Plans for 2014 to make them happen? Make sure the hospital governance process, including audit and risk management, is aware of the HSE policy and the required practices.

**Now is the time to get supportive practices in the plans.**



**Look inside this issue:**

- ◆ Action to reduce cost of formula feeds
- ◆ New guidelines in the UK
- ◆ News and Resources
- ◆ Parents Handout: Not happy - tell someone

## Action Plan Shows potential to Reduce Costs

### Monitoring the Appropriate Use of Formula

**Cavan Monaghan Hospital** is a Baby Friendly accredited hospital since 2008 and as part of this initiative strives to ensure full compliance with International Code of Marketing. Action was taken at Cavan

#### Exploration:

The actual amount of formula ordered each year was obtained from the hospital's stores department.

How much formula the unit should use was calculated based on an average hospital stay of three days and the percentage of mothers exclusively formula feeding, partial formula feeding and those who discontinued breastfeeding prior to discharge.

#### Findings:

A comparison between the two figures found that the formula ordered was greater than the amount that should have been used for the percentage of mothers exclusively or partially formula feeding.

#### Challenges:

- Mothers would ask staff for extra formula to take home; initially staff found it difficult not to facilitate these requests.
- Staff communication regarding recording of the number of bottles issued can be difficult as temporary staff may not always be familiar with the ward procedures.
- Close monitoring is needed to regulate the inappropriate use of formula.

#### Actions:

- > All formula was placed in a locked cupboard with access restricted to the Health Care Assistants only.
- > The actual amount of formula used was counted and recorded on a daily basis.
- > All formula feeding mothers received 6 bottles for the 24 hour period.
- > Any request for extra formula was directed to the midwife caring for the mother.
- > No formula was given to mothers for home.
- > Comparison made every 3-6 months to check if formula ordered is above required.
- > Sessions with all staff on the importance of regulating inappropriate use of formula and the impact this can have on the protection and promotion of breastfeeding.

#### Outcome:

- \* From 2008 to 2010, the excess formula used was dramatically reduced from 34% in 2008 to 27% in 2009 to 0.3% in 2010.
- \* In 2011 there was a rise in excess formula used again.
- \* Reminders and sessions with staff again reduced the excess formula used by the unit from 44.5% in 2011 to 10.7% in 2012.
- \* Since the strict monitoring, requests for formula to take home has reduced gradually.

#### Cost savings:

A box containing 24 bottles of formula cost €14.06 excluding the cost of teats. The cost of excess formula ranged from €42.28 to €6556.08 since 2008 when monitoring of bottles used began.

#### Conclusion:

Although the estimated costs are acknowledged as not completely accurate, they are still a useful guide to alert when formula is being inappropriately used and this action can be a cost saving measure.

### Here are some notes to help in your own calculations (does not include costs of bottle & teat disposal)

Average of 6 bottles & teats per day and 3 day stay = 18 bottles    Approx €1 per bottle & teat = €18 / baby  
1000 exclusively formula fed babies receiving 6 bottles & teats per day = €18,000

In 2012, approximately 70,000 births nationally and 47% exclusively formula feeding  
= 32,900 babies x 18 bottles = €592,200.    If each of these babies received 1 extra bottle = €32,900 extra

Plus 34% of the 37,100 breastfeeding babies received at least one bottle = €37,100 at a minimum

Minimum cost of formula used in during routine postnatal stay in hospital in 2012 = €662,200

Nationally, if the exclusive formula feeding rate fell by 2%, there would be a saving of €25,000 a year.

## WHO repeats its statement that follow-on milks are unnecessary

In 1986, the World Health Assembly stated that “the practice being introduced in some countries of providing infants with specially formulated milks (so-called ‘follow-up milks’) is not necessary”.

**“Follow-up formula is unnecessary.”**

In July 2013 it restated that: “WHO recommends exclusive breastfeeding for the first six months of an infant's life. Thereafter, local, nutritious foods should be introduced while breastfeeding continues for up to two years or beyond. Follow-up formula is therefore unnecessary.”

**Follow-up formula has protein content that is higher and iron content lower than recommended.**

WHO also states: “In addition, follow-up formula is not a suitable substitute for breast milk, due to its content. ... Current formulations [of follow on formula] lead to higher protein intake and lower intake of essential fatty acids, iron, zinc and B vitamins than those recommended by WHO for adequate growth and development of infants and young children.”

**Is follow-on milk within the scope of the International Code of Marketing of Breast-Milk Substitutes?**

WHO replies: “If follow-up formula is marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement for breast milk, it is covered by the Code. In addition, where follow-up formula is otherwise represented in a manner which results in such product being perceived or used as a partial or total replacement for breast milk, such product also falls within the scope of the Code.”

*Note:* The Irish legislation on infant formula marketing provides a lower level of protection for babies, parents and health workers than the International Code (with subsequent resolutions). Baby Friendly Hospitals are expected to abide by the International Code.

Read or download the statement at [www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf)

## News on standards from the UK

**Baby Friendly Initiative UK** have developed new standards for use in the UK Baby Friendly assessments. These standards are distinct from the global standards in use around the world and in Ireland; the UK standards do not apply in Ireland.

**Baby Friendly Initiative UK have developed new standards for use in the UK.**

The focus in the new standards is on the importance of nurturing and feeding in a baby's emotional development. The new UK standards and their new 170 page publication on the background to their new standards: *Entwistle FM (2013) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. UNICEF UK* can be downloaded for free from [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

**NICE (UK National Institute for Health and Care Excellence) update their quality standard for Postnatal Care (QS37 - July 2013).** It includes 11 Quality Statements designed to standardise and improve the quality of care provided, which includes statements on breastfeeding, safe infant sleep, bottle feeding, emotional wellbeing and infant attachment.

**Baby Friendly Initiative is the minimum standard. (NICE 2013).**

NICE clinical guideline 37 recommends that all maternity care providers (whether working in hospital or in primary care) should implement a coordinated externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard. All people involved in delivering infant feeding support should receive the appropriate training and undergo assessment of competencies for their role.

View or download from <http://publications.nice.org.uk/postnatal-care-qs37>  
A parents' summary and implementation guidance is also available.

**NEWS and RESOURCES**

# Congratulations!

To all in Cavan Monaghan and Our Lady of Lourdes Hospitals who worked to implement and to sustain the standards of care necessary to be awarded re-designation as a Baby Friendly Hospital recently.



**Every Breastfeeding Makes a Difference**

is the tag line of the new series of posters from the HSE launched for National Breastfeeding Week. See the posters and video clips on the recently updated [www.breastfeeding.ie](http://www.breastfeeding.ie)



You can download or order a copy of the leaflet **Breastfeeding A good start in life** there. This new leaflet was jointly written by the HSE, ALCI, BFHI, Cuidiu, La Leche League and Friends of Breastfeeding.



World Breastfeeding Week materials from [www.paho.org/childfeeding](http://www.paho.org/childfeeding)

**The Transfer of Drugs and Therapeutics Into Human Breast Milk:**

**An Update on Selected Topics.** Hari Cheryl Sachs and the American Academy of Pediatrics Committee on Drugs. *Pediatrics* 2013;132:e796-e809

Previous versions of this guidance focused on lists of specific medications. This report has a new structure that discusses general considerations and then categories of commonly used maternal medications. Includes galactagogues, over the counter medications, psychoactive drugs, drugs of abuse and much more. *Free to download.* <http://pediatrics.aappublications.org/content/132/3/e796.full.html>

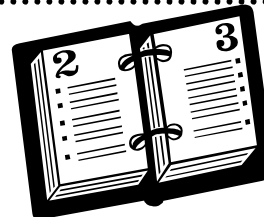
For individual drugs the AAP recommend LactMed <http://toxnet.nlm.nih.gov>



Do the health workers in your service know how to assist women who are considering formula feeding? *BFHI Link* Issue 43 Sept 2011 focused on this topic. A workshop outline for staff is available from the BFHI National Coordinator.

*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](mailto:bfhi@iol.ie) Web site: [www.babyfriendly.ie](http://www.babyfriendly.ie)

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Diary Dates



- Oct 1 - 7 **National Breastfeeding Week**
- Oct 4 - 5 **Association of Lactation Consultants in Ireland, Annual Conference** Dublin. [www.alcireland.ie](http://www.alcireland.ie)
- Nov 27 - 28 **BFI UK Conference**, Glasgow. [www.unicef.org.uk/BabyFriendly/](http://www.unicef.org.uk/BabyFriendly/)
- 2014 Mar 1 - 2 **La Leche League of Ireland Annual Conference**. Maynooth. Key speaker: Dr Jack Newman
- Mar 29 **ALCI Spring Education Event.**

## Not happy about the information and care provided? Tell someone.



You may be feeling confused, upset or angry. You may be afraid that if you say anything that it will make the situation worse. You feel so tired that you can't do anything more. You may feel it is your fault. *What can you do?*

### Immediate

**Tell a supportive friend or family member what you feel.** For example, you may be upset that your baby is not feeding well. Are you angry that when you asked for help in the hospital that you were told "later" but no-one came "later" to help? Or confused that each person you ask tells you something different? Can you think what would help fix the issue?

**Tell the person providing the service.** Try to stay calm and say how you feel. For example, "I am confused by that information. It seems different from what the last person said. Can you explain it clearly in a way that I can understand it?"

**Tell the local service management.** This might be a ward manager, a hospital or community services general manager, or the complaints officer. You may talk in person or put your complaint in writing. Both public and private hospitals have a complaints process. State the situation, what you feel and what you would like to happen.

If you aren't getting the immediate help or information you need to breastfeed, you can contact a trained breastfeeding counsellor in a group such as La Leche League or Cuidiu, or a lactation consultant (IBCLC) in private practice.

Other - these will register your comment and may look into it but cannot assist with an immediate need such as who can help you now if your baby isn't feeding.

**Tell the HSE.** You have the right to have your say and be listened to, and the right to complain if you are not happy about the care provided by a HSE service. Contact "Your Service, Your Say" on the HSE website or [yoursay@hse.ie](mailto:yoursay@hse.ie) or LoCall 1890 424 555.

**Tell BFHI.** If the hospital has been awarded full Baby Friendly status and you think it is below the standard of the BFHI criteria, you can send a copy to BFHI of a complaint that you make to the hospital. The complaint will be kept in the file for that hospital and the monitoring visits will pay more attention to that area. BFHI cannot examine a complaint for you. See a list of awarded hospitals and the standard expected at [www.babyfriendly.ie](http://www.babyfriendly.ie)

**Tell the regulator for the profession.** If you think a health professional is incompetent or negligent, make a complaint. For example, if it is a doctor, contact the Medical Council; or a midwife, contact the Nursing and Midwifery Board of Ireland.

**Tell the Ombudsman.** This is an independent organisation who can follow up on how complaints were handled by the HSE or other government services. There is a booklet, leaflet, sample letters and more places to get help. <http://www.healthcomplaints.ie/>

## Happy about the information and the help provided? Tell someone.



- ♥ Praise for a service or person helps it to continue.
- ♥ Be specific about what you liked.
- ♥ Tell the person providing the service or send a card.
- ♥ Tell friends, media and the BFHI.
- ♥ Write to the local manager or national level with your praise as this gets noticed. Good services can close down if managers don't know these services are valued by families.