



End of the year means it is time to evaluate

Evaluate Your 2013 Action Plan

It is the time of year to evaluate your hospital's 2013 action plan so as to be able to report on it early in 2014 and to assist in developing your 2014 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 (staff, parents or others) think of the action?
- ♦ *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 standards. 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

Perinatal Statistics Report for 2012 is now available

www.esri.ie

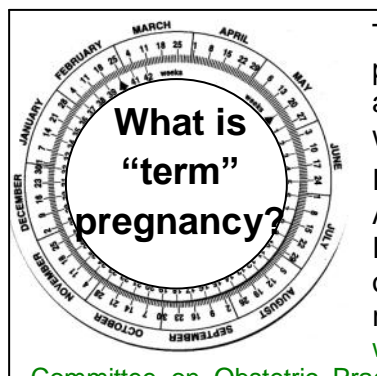
Some highlights:

- The majority of babies were breastfeeding on discharge - 39,557 babies (55.3%).
- The artificial feeding rate of 44.7% was similar to 2011.
- The percentage recording any breastfeeding has increased by 23.7% over the last decade.
- 98% of domiciliary births were reported as breastfeeding.
- 65% of multiple births were by caesarean section, and 27.5% of singleton births, resulting in 20,733 caesarean section births last year - 29% overall.
- 76% of births were to mothers born in Ireland and 57.5% of fathers were born in Ireland.
- The percentage of low birth weight babies (>2500 grams) was 5.4% an increase of 3.8% between 2011 and 2012.



Look inside this issue:

- ♦ What is "term" pregnancy?
- ♦ Late preterm or early term baby?
- ♦ Assisting the late preterm with breastfeeding
- ♦ News and resources
- ♦ Parent Handout: Baby signs of stress and relaxed



The rate of non-medically indicated births before 39 weeks of pregnancy has increased in recent years in many countries. Morbidity and mortality rates are greater for births before 39-41 completed weeks and after this time.

In recognition of this situation the World Health Organisation, the American College of Obstetricians and Gynecologists, the National Institute of Child Health and Human Development (US) and other organisations convened a meeting of experts and stakeholders. The recommendations from this group were published recently www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Obstetric_Practice/Definition_of_Term_Pregnancy and Definition of term pregnancy.

- The group recommended that the use of the label "term" to describe all births between 37 0/7 weeks of gestation and 41 6/7 weeks of gestation should be discouraged.
- The use of more acute labels to reflect the differences in outcomes.
- The need for communication, practice and research to be evidence based.

Classification of births from 37 weeks of gestation

- Early term: 37 0/7 - 38 6/7 weeks
- Full term: 39 0/7 - 40 6/7 weeks
- Late term: 41 0/7 - 41 6/7 weeks
- Post term: 42 0/7 weeks and beyond

Data from Spong CY. Defining "term" pregnancy: recommendations from the Defining "Term" Pregnancy Workgroup. JAMA 2013;309:2445-6.

Late preterm or early term?

Babies born between 34 and 38 weeks are often considered to be "just a bit early" or "nearly full term". They may look big when beside preterm babies of 27 to 34 weeks and they may respond nearly like a full term baby.

Parents and staff may not realise that in many ways these babies are still immature and these babies may receive less attention than a more obviously early baby.

Late preterm babies are at higher risk for breastfeeding and other problems than babies born after a full term pregnancy. Babies born a few weeks before term may be more sleepy and tire more easily when feeding, and have difficulties with controlling their temperature. Their latch, suck, and swallow may be less coordinated.

Immaturity may be mistaken for sepsis with unnecessary treatment and separation. Late preterm babies are also more likely to have weight loss, low blood glucose and jaundice and at greater risk of formula supplementation.

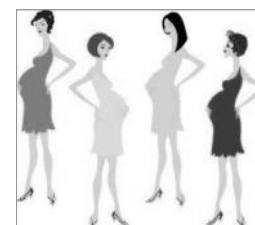


The baby's brain and respiratory systems are the last to mature.

At 36 weeks the brain is only 80% of the size of a full-term baby.

This can result in lack of coordination and sleepiness until the systems mature.

Each week matters



"Pregnancy is a marathon, and marathons are hardest at the end. Giving birth requires endurance, perseverance, and dogged determination to complete the gruelling yet rewarding weeks of pregnancy. Go the distance."

www.health4mom.org/a/go_the_distance_820

Assisting the late preterm baby to breastfeed

- ♥ Facilitate immediate and sustained skin to skin contact at birth, and at later times, to stabilise temperature, breathing and heart rate, and reduce stress (of the baby and of the mother/father).
- ♥ Encourage frequent small breastfeeds, at least 10-12 times per 24 hours. Colostrum is very valuable for an immature immune system, to maintain blood glucose levels, and to reduce bilirubin levels.
- ♥ Provide an easily accessible IBCLC for individualised breastfeeding assessment and daily on-going assistance until breastfeeding is established. Document so other care providers can follow the feeding plan.
- ♥ Teach parents how to recognise early feeding cues, though some late preterm babies will need to be woken for feeds at first.
- ♥ Help parents to notice when the baby is actually transferring milk as low muscle tone may result in poor vacuum though the baby looks attached well.
- ♥ Watch for uncoordinated suck/swallow/breathing which may not be seen until the milk supply increases.
- ♥ Have patience - late preterm babies may “turn off” during a feed if they are tired or over-stimulated, have a short rest, then ready to feed again - for a short time.
- ♥ Start hand expression of colostrum within 4-6 hours of birth if baby is not feeding well, and continue to express 6-8 times/24 hours including at night until the baby is feeding well.
- ♥ Support exclusive breastfeeding / human milk feeding. If any supplements are needed use non-bottle means and appropriate volumes.
- ♥ Teach appropriate positioning techniques if there is low muscle tone so as to support the airway, stabilise the jaw and to reduce infant becoming tired. Consider breast massage and compression to increase milk transfer.
- ♥ Avoid separation unless there is a medical need. Phototherapy and IV antibiotics can be provided to the baby at the mother's bedside. Arrange for mother to have frequent visits to the neonatal unit if separation is needed. Provide a seat next to the infant, access to food and fluids, and a comfortable place to express if needed.
- ♥ Refer to specialist staff if needed for feeding support, physiotherapy, social worker, early intervention, and others.
- ♥ Provide post-discharge monitoring, including feeding observation, 1-2 days after discharge and on-going care as needed.

Further Reading

Academy of Breastfeeding Medicine Clinical Protocol #10: Breastfeeding the Late Preterm Infant (34-0/7 to 36-6/7 Weeks Gestation) (2011) www.bfmed.org/Resources/Protocols.aspx

The Multidisciplinary Guidelines for the Care of Late Preterm Infants. National Perinatal Association (USA) *Journal of Perinatology* (2013), S5 – S22. www.nationalperinatal.org/lptguidelines.php

Walker, M. Breastfeeding management for the late preterm infant: practical interventions. www.clinicallactation.org/Volume/1/Issue/1



NEWS and RESOURCES

Small Wonders DVD from Best Beginnings UK is a series of 12 films that follow fourteen real families on their journey from the birth of their preterm or sick babies to one year one. The films, lasting from 7-24 minutes, aim to increase families' awareness of the importance of breast milk for babies and of parents having skin-to-skin contact with their babies.

The videos also contain expert advice and 'show how' examples of these practices, to build parents' confidence to be at the centre of their babies' care.

The DVD can be used as a resource for healthcare professionals to use to support and enhance hospital practice.

Watch the Small Wonders DVD (free) at www.bestbeginnings.org.uk
Inexpensive copies of the DVD can be purchased via the web site shop.

Have a look at their innovative posters and posters too, created by art students and future parents.



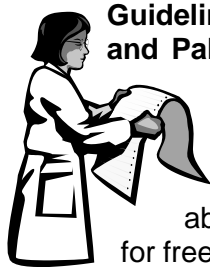
Introduction to a neonatal unit is a series of five short videos from BLISS, the UK organisation for babies in special care units. Aimed at parents, the videos describe some equipment and activities they may see in the neonatal intensive care unit through to going home, plus an additional video about life on a special care baby unit.

Bliss also has a free downloadable family handbook (90+pages) for when your baby is in the neonatal unit in English, French, Polish, Portuguese, as well as a range of other publications for free download.



Health professional education resources include a discussion paper by Liz Crathern on the research findings of the lived experience of first time fathers with a preterm infant in a neonatal intensive care unit.

Browse the resources at <http://www.bliss.org.uk>



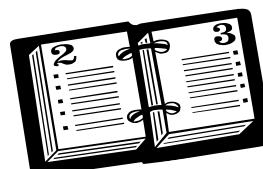
Guidelines for Breastfeeding Infants with Cleft Lip, Cleft Palate, or Cleft Lip and Palate from the Academy of Breastfeeding Medicine Clinical Protocol #18 (2013) was recently revised from the 2007 version. This protocol outlines the background to the condition and gives detailed practice-based recommendations including references and the quality of evidence for each recommendation. There is an appendix with Frequently Asked Questions about breastfeeding with a cleft. Download this protocol and 25 other protocols for free from <http://www.bfmed.org/Resources/Protocols.aspx>

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.babyfriendly.ie

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Diary Dates

March
1-2

La Leche League in Ireland, Annual Conference. Maynooth, Co Kildare.
Guest speaker: Dr Jack Newman.
www.lalecheleagueireland.com

March
29

Association of Lactation Consultants in Ireland, Spring Study Day
www.alcireland.ie

Baby signs of stress and relaxed

Signs that your baby is relaxed and ready to interact with you include:

- 😊 Arms bent, relaxed fingers and toes
- 😊 Smooth movements
- 😊 Rounded, flexed body
- 😊 Relaxed, happy face and mouth
- 😊 Regular breathing
- 😊 Eyes open and watching you
- 😊 Quiet and alert



Signs of stress and overstimulation include:



- 😞 Fingers wide then into fists
- 😞 Twitches or jerks of arms or legs
- 😞 Arching back
- 😞 Frown or worried look
- 😞 Uneven breathing or hiccups
- 😞 Looking away from you and “glazed over”
- 😞 Crying

How to reduce baby stress

All the sounds and lights and people can be overwhelming to a baby. They need some quiet time. You can try some of these ideas:

- ♥ Put your baby on your chest in skin to skin contact. It is warm and secure there. Baby hears your heartbeat and voices which he remembers from the womb. Your regular breathing helps the baby to steady their own breathing.
- ♥ Turn off bright lights or move away from sunlight to reduce the stimulation.
- ♥ Quiet music, humming or quietly singing a rhythmic song can block out background noises. Go to a quiet place.
- ♥ Hold your baby and rock slowing from side to side or rock in a rocking chair, keeping the movement steady and even, not jerky.

Feeding Signs - see BFHI Link Issue 33 www.babyfriendly.ie/bfhi_link.htm

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