



Look inside this issue:

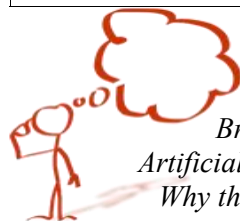
- ◆ Breastfeeding for sustainable development
- ◆ Making changes
- ◆ Irish research and maternity service activity
- ◆ Free resources, What's On
- ◆ Parent handout: Surviving the 2nd Night

RATES in 2015

- ♥ Majority of infants breastfeed in hospital.
- ♥ Rates are slowly continuing to rise and only one maternity unit had a breastfeeding initiation rate below 50% (at 49%).
- ♥ Unfortunately, slightly over 22,000 infants had not even one drop of their mothers milk.



Reported by hospitals to the BFHI	2002	2010	2014	2015
Births	60286	74275	66391	65302
Births in Baby Friendly awarded unit	0%	34%	42%	43%
Breastfeeding Initiation average (Range)	47% (29-61)	58% (45-68)	61% (47-70)	61.5% (49-73)
Number of infants with ANY breastfeeding during hospital stay	28588	43367	40483	39586
Number of infants with NO breastfeeding during hospital stay	31698	30908	25908	22241



Thought to ponder and discuss:

*Breastfeeding is the expected practice and national policy.
Artificial feeding has short and long term health risks and extra costs.
Why then is reducing artificial feeding rates not a national target?*

Governments agreed in 2015 to achieve 17 Sustainable Development Goals by 2030 and to aspire to tackle the root causes of poverty. Breastfeeding is linked to each of these goals.

- ◇ Not breastfeeding is associated with economic losses of about \$302 billion annually .
- ◇ 20,000 deaths due to breast cancer could be averted if mothers breastfed optimally.
- ◇ More than 4000 litres of water are needed to produce 1 kg of breastmilk substitute powder, and then more clean water needed to use the powder safely - in a world short of water.
- ◇ Increasing breastfeeding worldwide would prevent over 820,000 child deaths each year.
- ◇ Despite the importance, less than 40 percent of infants under six months of age are exclusively breastfed across the globe.



Read more at <http://worldbreastfeedingweek.org/>

Is Ireland as a country aware of the importance of breastfeeding in their international trade policies, Irish Aid programmes and training of health workers who will work abroad? Or more focused on increasing production here and profits from breastmilk substitutes in emerging economies?

Ask your politicians what are their goals for sustainable development.

Making changes

We think about self-efficacy and motivation in relation to mothers or to individual staff – an organisation needs attention to self-efficacy also

Collective Commitment: do organisation members collectively perceive that the change is necessary and/or important and/or beneficial? *Action if change is needed:*, highlight why the change is worth doing:

- ⇒ Importance of breastfeeding / human milk
- ⇒ What difference will the change make to practice / costs/ wellbeing in the situation
- ⇒ Address information that undermines the importance of breastfeeding
- ⇒ Use appropriate language (advantages versus norm, benefits of breastfeeding or risks of not breastfeeding)

Collective Efficacy: do organisation members share a perceived ability to achieve the proposed change? *Able to make this change? Action if change is needed,* highlight the capability to make the change:

- ⇒ How other health facilities have achieved standards
- ⇒ Provide skills training and mentored practice
- ⇒ Hold short frequent updates and case reviews
- ⇒ Audit practices and show improvements and achievements
- ⇒ Develop clear achievable plans to address gaps.

“Interventions focused on implementing the Ten Steps may benefit from improving collective efficacy and collective commitment.”

Applying organisation theory to understand barriers and facilitators to the implementation of baby-friendly: A multi-site qualitative study Nickel NC, Taylor EC, Labbok MH, Weiner BJ, Williamson NE. (2013) *Midwifery*, 29 (8),pp.956-964. [http://www.midwiferyjournal.com/article/S0266-6138\(12\)00229-X/abstract](http://www.midwiferyjournal.com/article/S0266-6138(12)00229-X/abstract)

What change are you seeking?

How can we implement Baby Friendly supportive practices?

or

How can we reduce the barriers that prevent Baby Friendly practices being normal care?

Most practices relating to support of breastfeeding are enabling normal mother-baby relationships – these practices are not interventions.

More on change in the next BFHI Link issue.



“What if we don't change anything at all ... and something magical just happens.”

Source unknown

Facilitate Change

- ◆ Acknowledge the fear of change
- ◆ Listen and respect viewpoints
- ◆ Present clear plans in manageable stages
- ◆ Recognise and praise
- ◆ Create opportunities for others to be involved and to lead

Dr. Raj K. Anand , Transforming Health Colleagues into Breastfeeding Advocates. WABA Activity Sheet 3. www.waba.org.my/resources/activitysheet/acsh3.htm

BFHI in Ireland works to standards too

The BFHI has fulfilled the requirements to be a charitable organisation registered with the Charities Regulatory Authority under the Charities Act 2009. <http://charitiesregulatoryauthority.ie/>

The BFHI has signed up to the national Governance Code for organisations working in the Community, Voluntary & Charity sector in Ireland and are on the journey towards being fully compliant with the Governance Code. <http://www.governancecode.ie/>

WHO guidance on HIV and infant feeding changes in response to new evidence.

Mothers living with HIV who are adherent to anti-retroviral therapy should breastfeed exclusively for the first 6 months and then continue with complementary feeding until 24 months of age or beyond.

Updated guidance, FAQ and supporting research at: http://www.who.int/maternal_child_adolescent/documents/hiv-infant-feeding-2016/en/

What were some activities in Maternity Units and Hospitals in 2015 ?

Action Plan reduces costs by nearly €6000, reduces waste and infection risk, improves efficiency as well as improves breastfeeding supportive practices.



St Luke's Hospital, Kilkenny

Aim: introduce a structured system to deliver and dispose of infant formula to reduce cost and waste and to better support the International Code of Marketing of Breast Milk Substitutes.

Actions: Spreadsheet developed to highlight usage and costs; awareness raising and education of staff; communication; involvement of stores and waste manager; processes implemented to reduce inadvertent marketing of formula, better support for breastfeeding, and handling of formula related waste; follow-up; address barriers; audit and share experience.

Evaluation and outcomes of the plan: The change was accepted by all groups. The project resulted in improved care for women and infants, large cost savings, improved work efficiency for midwives and HCAs, reduced infection risk through correct waste formula and used bottle handling and reduced risk of out of date formula on the ward. The number of formula bottle numbers unaccounted for was down from 12,480 to 4,676 in less than a full year of the project with a saving of nearly €6000. This project was short-listed for the Health Management Institute Leaders Awards for initiatives which have delivered change and improved the experience of patients and service users.

This project provided evidence of implementing National Standards for Safer Better Healthcare under Themes 1, 2, and 6. *More details of the project on the BFHI website* www.babyfriendly.ie/research.htm

Milk expression initiatives

Cork University Maternity Hospital

Aim: Increase awareness of the value of hand expression of milk amongst staff and parents.

Action: Audit existing staff skills in assisting expression using a tool; provide staff education sessions/skills w'shop; develop DVD; audit knowledge and skills of mothers.

Evaluation and outcomes of the plan: Project was an effective and appropriate use of staff time. Staff participated particularly in short lunchtime "blitz" sessions (sandwiches provided). Mothers on realising the importance of hand expression for all reasons are now happy to become competent in the skill. Staff are now more aware of the value of this skill. It was empowering both for staff and mothers. A DVD to be launched in Oct 2016.

This project provided evidence of implementing National Standards for Safer Better Healthcare under various Themes.



In an associated research study, a multi-disciplinary team developed a protocol focussed on expression of milk by mothers of very preterm infants. A pre- and post-study intervention indicated birthweight was regained earlier in the post intervention cohort) and there was a reduced length of stay in the neonatal unit.

More details can be found on the BFHI website www.babyfriendly.ie/research.htm

Donor milk is widely used

Fourteen units reported in their annual BFHI reports that they used donor banked human milk in 2015. Those who did not use it were smaller units with few very preterm or ill infants remaining in their units.



Remember to suggest milk donation also.

Is any unit using donor milk with full term infants if they need extra milk?

What's New on the BFHI Ireland Web Site

Research

Structured promotion of breastmilk expression is associated with shortened hospitalisation for very preterm infants. Healy DB, Brennan AM, O'Donovan R, Daly V, Doolan A, Dempsey EM. <http://www.babyfriendly.ie/research.htm>

History

2016 is the 25th Anniversary of the beginning of the UNICEF/WHO Global Baby Friendly Initiative. As part of marking this anniversary countries were asked to submit a case study of the BFHI in their country. Read Ireland's report <http://www.babyfriendly.ie/index.htm>



2.8% of newborn babies had issues with tongue-tie during their hospital stay in a 5 month period. What did the Lactation Team in Our Lady of Lourdes Hospital do about this?

More details can be found on the BFHI website www.babyfriendly.ie/research.htm

FREE RESOURCES to DOWNLOAD

Keep up to date with research. Recent research and reviews include:

- ◇ exclusive breastfeeding led to shorter parenteral nutrition courses, quicker achievement of full enteral feeds and a much **earlier discharge from hospital** compared with babies who received formula;
- ◇ breastfeeding premature babies had a positive impact on their **heart** shape and function as adults, on **total brain tissue volume** and cortical surface area, and protection from NEC;
- ◇ infants who were exclusively formula fed or received a mixed diet were at higher risk of developing **NEC** compared with breastfed infants; and
- ◇ quality of breastfeeding support is important for breastfeeding and also for maternal **mental health**.

Baby Friendly (UK) News and Research newsletter www.unicef.org.uk/Signup/Subscriptions/

Perinatal Mental Health Toolkit from the UK Royal College of General Practitioners is a broad collection of resources and links to assist members of the primary care team to deliver the highest quality care to women with mental health problems in the perinatal period including graphics, video, research, waiting room posters, and even resources on treatments and infant feeding. www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx

The University at Albany free webinars with free continuing education credits:

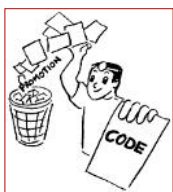
- * **Using "Baby Behaviour" to Support Informed Early Infant Feeding Decisions** (Dr Jane Heinig) provides an overview of normal newborn development and behaviour (specifically early cues, crying and sleep patterns) and research-based counselling techniques to identify and address challenges during the early postpartum.
- * **Optimizing Support for Breastfeeding as Part of Obstetric Practice** (Prof Alison Stuebe) reviews the new ACOG recommendations and the role of obstetric providers in supporting women.
- * **Building a Continuum of Care to Support Exclusive Breastfeeding** (Dr Ruth Lawrence and others) describe initiatives in New York state to improve breastfeeding as a public health priority.

Watch, listen and learn: www.albany.edu/sph/cphce/prevention_agenda_bf.shtml

First Steps Nutrition Trust (UK) updated many of their reports in July 2016: Infant Milks in the UK; Specialised Infant Milks 0-6 months; Infant Milks - a simple guide; Websites and organisations funded by the formula milk industry. Plus a new resource: Good Food Choices and Portion Size for 1-4 year olds - a pictorial guide. Independent research. Sign up for their free email newsletter www.firststepsnutrition.org

Big reductions in sugar and pesticides in baby foods and prohibitions on labelling and marketing processed foods for use before 6 months of age were passed by the European Parliament vote in January 2016 (P8_TA (2016)0015). Now for countries to put this into force.

"Follow-on formulae" and "growing up milks" should be treated as "breastmilk substitutes" and fall under the marketing restrictions of the International Code. The World Health Assembly (WHA)



May 2016 Resolution now clarifies and affirms that these processed, expensive milks, often sweetened and flavoured, are nutritionally unnecessary and contribute to the rising rates of childhood overweight and obesity. The WHA is attended by delegates from Member States (including Ireland) and representatives from many agencies, organizations, and other groups who discuss resolutions in committee before formally adopting them in the plenary session at the end of the Health Assembly. Though agreed by Member States WHA resolutions are not binding on Member States.

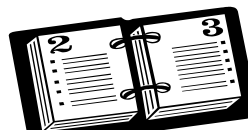
BFHI Link is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the BFHI National Committee.

We welcome your news and suggestions.

Email: contact@babyfriendly.ie

Web site: www.babyfriendly.ie

BFHI LINK may be photocopied for further distribution. Please credit BFHI in Ireland if you use any items in another publication or presentation.



Diary Dates

- Oct 1-7 **National Breastfeeding Week.** HSE Breastfeeding Facebook page, Irish breastfeeding videos and a Webchat to be launched www.breastfeeding.ie
- Sept 30 - Oct 1 **Association of Lactation Consultants in Ireland, Annual Conference** Dublin. Guest speaker: *Cathy Watson Genna* www.alcireland.ie
- Mar 3-5 **LLL Ireland Conference 2017** Ennis www.lalecheleaqueireland.com

Surviving the Second Night

The first day after your baby is born you may be on a high. You cuddle your baby, baby suckles a bit, he sleeps and you sleep. You have a shower, do your hair and maybe some make-up. Visitors congratulate you, and you re-tell your story to many people.



Then comes the second night! Baby wants to be on your breast the whole time and won't settle. You are exhausted and your high of yesterday is gone. You may be going home in the morning and start to panic that you won't be able to cope.



Someone suggests that maybe you don't have enough milk and your baby is hungry and offers you a bottle. That is not a solution to help you to feel that you can cope with caring for your baby yourself. Your first milk, colostrum, gives your baby what he needs - food, water, immune factors, and in small amounts for his small tummy.

What is happening?

The world is a frightening place for a new baby. There are so many noises and smells and bright lights and each breath on his skin is a new sensation !!!! He is poked and turned over and has painful things done to him. Baby is overwhelmed and wants his nice safe, quiet and warm womb back.

Being at the breast is the nearest he can get to feel safe again. There he can lie still and hear the same heartbeat that he heard in the womb. The sucking helps him to relax and get all the new sensations organised in his mind.



What to do?

Know that this day two behaviour is normal. It doesn't mean that you do not have enough milk. Don't fight it. Get into a comfortable position and cuddle your baby skin to skin. When baby falls asleep gently move your nipple out of his mouth and let baby use your breast as a pillow. Check that you can see baby's nose and mouth and they are not buried in your breast. Then relax. After about 20 minutes baby is in a deeper sleep and can be moved if needed. Move too soon and baby wants to start over again to get to feeling safe.

Baby can feel unsettled and scared at other times when in a new place or handled too much. Quiet, calm, cuddling can help baby and mother then too. Your baby sucked his hands in the womb so make sure they are unwrapped so he can find them.

Learn your baby's signs of when he is tired, overwhelmed or hungry. Get to know what helps him to settle. See the BFHI Link parent handout Issues 9, 33 and 50 for more ideas.



This is general information. Discuss your specific needs with your midwife, nurse, lactation consultant or doctor.

Like more info sheets? Visit the BFHI web site

