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HPH Baby Friendly Hospital Initiative in Ireland

THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

Revisions to BFHI Assessment Criteria

The WHO/UNICEF Global revisions are starting to take effect in Ireland. Make sure you are aware of the changes particularly if your hospital is planning an assessment soon.

Since January 2008 the assessment criteria is more specific about the antenatal discussion needed on baby-friendly practices (Step 3). From July 2008, the criteria asks that all mothers can recognise feeding cues (Step 8); that all mothers are given information on support services after discharge (Step 10); and that staff members can give reasons why it is important not to market breast milk substitutes and related products (Code). Details are on the BFHI Ireland web site under self-appraisal tools.

Give your input
At the workshops to discuss regional implementation of the National Strategic Action Plan for Breastfeeding

The remaining workshops are scheduled for:
HSE South 5th June in Cork University Maternity Hospital
HSE Dub mid Leinster 6th June in Palmerstown, Dublin
HSE Dub North East 30th June – Drogheda.
Contact Maureen Fallon if you wish to attend. Remember the value of BFHI in helping to meet the strategic plan objectives.

Emergencies do not need formula donations

Following the 2006 Yogyakarta earthquake infant formula donations contributed to a six-fold increase in rates of diarrhoea. Diarrhoea is the second biggest killer of children in developing countries. Read more http://www.unicef.org/malaysia/media_8022.html

World Breastfeeding Week: August 1 -7 2008

Mother Support : Going for the Gold

In conjunction with the Olympics next August, WBW 2008 calls for greater support for mothers in achieving the gold standard of infant feeding: breastfeeding exclusively for six months, and providing appropriate complementary foods with continued breastfeeding for up to two years or beyond.

For more information on the theme, activities & materials for download, visit: www.worldbreastfeedingweek.org

Inside this issue:

When mother is a hospital patient
Research update on maternal illness
Parent's Handout: Learning baby signs
Also Issue 7, September 2000 for more on baby-led feeding

The hospitalised lactating mother

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Continued breastfeeding through maternal illness or hospitalization is important for the well being of both the mother and the baby. A lactating mother who is acutely or chronically ill will require help and support to assess both the risks and benefits of either initiating breastfeeding or in the continuation of established breastfeeding during her illness. Furthermore, as a hospital in-patient, the mother will have additional risk factors that may impact on her ability to breastfeed her baby effectively.

All healthcare professionals are responsible for supporting women to breastfeed. Staff caring for a breastfeeding mother in a general hospital setting do not necessarily have the knowledge and skills to provide this support and assistance. Additionally, they may not know where to access relevant information – hence the need for clear, concise guidelines which also provide information about other resources available.

The AMNCH Hospital multidisciplinary breastfeeding support committee, which also has members that represent the voluntary support groups La Leche League and Cuidiu, developed guidelines to assist general nursing staff with best practice and identification of any risks. This process should include an assessment of maternal medications in addition to the disease process and treatment for each individual mother.

These guidelines contain information on:

- The importance of breastfeeding for both the mother and the baby.
- The nurse's role in promoting and supporting breastfeeding
- Maternal risk factors which include but are not limited to:
  - Separation from baby which will result in disruption of normal feeding pattern
  - Unrelieved fullness or engorgement (leading to high risk of complications such as blocked ducts or mastitis or breast pain)
  - Maternal medication use
  - Thrush as a side effect of antibiotic therapy
  - Reduced maternal oral intake due to illness/fasting
- The need for temporary or permanent weaning to allow treatment, investigations or surgery

The nurse caring for the lactating mother should identify possible risk factors and plan appropriate and timely interventions to reduce their impact on breastfeeding. This will include providing additional support for breastfeeding due to illness and hospitalization. All interventions and treatments that may affect the breastfeeding relationship should be discussed, and 'breastfeeding friendly' alternatives explored to reduce the likelihood of early weaning. If temporary weaning is unavoidable, this can be planned and managed to reduce the complications of engorgement for the mother.

These guidelines aim to increase awareness among all staff that AMNCH should be a Baby Friendly Hospital recognising the importance of breastfeeding and providing support for mothers and staff.

Further reading:

BFHI Link Issue 20, September 2004, which contains a self-appraisal to check how supportive your hospital is, further information list and a mother's handout on continuing breastfeeding when ill.

Drugs in Lactation, Bulletin 8(4) 2002 National Medicines Information Centre, St James Hospital, Dublin. www.nmic.ie

United States National Library of Medicine (NLM) website: http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT

WHO/UNICEF. *Breastfeeding and Maternal Medications, 2002* www.who.int/child_adolescent_health/documents

Becker G & Kelleher CC. *Breastfeeding Promotion and Support—materials for health professionals*, Unit 10. Centre for Health Promotion Studies, University College Galway, 1997.

Hale, T. *Medications and Mothers' Milk* . Pharmasoft / Hale Publishing, 2006 (new edition August 2008)

Hale T & Berens P. *Clinical Therapy in Breastfeeding Patients.* Pharmasoft / Hale Publishing, 2002

Buescher, SE . *Breastfeeding and Diseases.* Hale Publications August 2008 ISBN 10: 0-9815257-1-7

Academy of Breastfeeding Medicine www.bfmed.org
Clinical Protocol #15: Analgesia and Anaesthesia for the Breastfeeding Mother. 2006
Clinical Protocol #18: Use of Antidepressants in Nursing Mothers 2008

Mastitis

Mastitis is an inflammation that occurs in the connective tissue of the breast. There maybe redness, breast tension not relieved by milk removal, breast pain and lumpiness, and maternal fever and/or flu -like symptoms. High bacterial counts in the milk did not correlate with severity of symptoms in a study by Kvist et al, of 192 cases where women sought care and 466 control women who were milk donors. Most of the women with mastitis recovered spontaneously with only 15% treated with antibiotics. These researchers question the extensive use of antibiotics as a first line treatment for mastitis during lactation.

Antibiotics may be overused in the treatment of mastitis. Frequent effective feeding, rest and reassurance are most important.

Recommendations for care:

Supportive counselling: Mother may be ill and in pain. Reassure her that breastfeeding is not harmful to her infant and that she will recover more quickly if she continues to breastfeeding.

Milk removal: Keep feeding frequently and with effective suckling, or express milk. Milk stasis or stopping breastfeeding may worsen symptoms.

Symptomatic treatment: anti-inflammatory analgesic; rest (with baby near); sufficient fluids; warm or cool packs on the breast if mother finds these soothing.

Antibiotic treatment: Antibiotic treatment is not automatic. Daily follow-up to measure the subsidence of symptoms can help identify those in need of antibiotic treatment. Bacterial culture of milk may be of value for choice of antibiotic. An antibiotic, if needed, should be compatible with continued breastfeeding.

Reducing the risk of mastitis:

Good breastfeeding management including early initiation of breastfeeding, effective milk transfer, frequent feeds, and avoidance of supplements and pacifiers as these may reduce milk removal.

Prompt attention to any engorgement, blocked ducts or milk stasis, nipple pain or cracks.

Prevention of infection: hand washing, early skin to skin contact and rooming-in.

Mastitis: Causes and Management. http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/WHO_FCH_CAH_00_13.PDF

The role of bacteria in lactational mastitis and some considerations of the use of antibiotic treatment Kvist L, Wilde Larsson B, Hall-Lord M, Steen A, Schalen C. *International Breastfeeding Journal*, 2008 3:6 (7 April 2008) http://www.internationalbreastfeedingjournal.com

Best care for babies of mothers with diabetes

The UK Confidential Enquiry into Maternal and Child Health (CEMACH) have highlighted concerns about the care of newborn babies of diabetic mothers. A neonatal enquiry was established in order to gain further understanding of care and to make relevant recommendations based on the findings. A number of recommendations were made and include:

- All hospitals should have a written policy for the management of the baby, which assumes that babies will remain with their mother in the absence of complications
- Women with diabetes should be informed during pregnancy of the beneficial effects of breastfeeding on metabolic control for their babies
- Skin to skin contact and breastfeeding within one hour of birth should be encouraged
- Blood glucose testing for term babies who are otherwise well with no clinical signs of hypoglycaemia should not be carried out until at least two hours following birth. Any blood glucose measurements should be performed before a feed, using a reliable method
- Staff to receive training in all of the above with midwives being made aware that supporting early breastfeeding is especially important for women with diabetes.

These recommendations fit well with implementing baby friendly practices.

The Confidential Enquiry into Maternal and Child Health (CEMACH). Diabetes in pregnancy: caring for the baby after birth. Findings of a National enquiry: England, Wales and Northern Ireland. CEMACH London; 2007 http://www.cemach.org.uk/Publications.aspx

Information provided by BFI UK. Sign up for their research updates at http://www.babyfriendly.org.uk/

In the News

Breastfeeding can reduce the risk of cot death

The Foundation for the Study of Infant Deaths (UK) recently launched new information leaflet for parents which advises that breastfeeding can reduce the risk of cot death. The advice is based on research which showed that babies who were at least partly breastfed were one-third less likely to die of a cot death than babies who were never breastfed. http://www.fsid.org.uk/breastfeeding-news.html

Cord clamping after 2-3 minutes improves infant's iron status in the first six months, but may increase risk of jaundice

This review of 11 trials showed no significant difference in postpartum haemorrhage rates when early and late cord clamping were compared. For neonatal outcomes it is important to weigh the growing evidence that delayed cord clamping confers improved iron status in infants up to six months after birth, with a possible additional risk of jaundice severe enough to require phototherapy.

McDonald SJ, Middleton P. Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD004074.

Full Cochrane Reviews may be accessed via www.hrb.ie then click on Cochrane

Academy of Breastfeeding Medicine has issued new protocols: Guidelines for Breastfeeding Infant with Cleft Lip, Cleft Palate, or Cleft Lip and Palate; Use of Antidepressants in Nursing Mothers; Co-sleeping and Breastfeeding. These protocols and others can be downloaded from: www.bfmed.org

Chemicals in feeding bottles. The chemical Bisphenol A can be released from plastic feeding bottles when boiling water is poured into the bottle to make up formula feeds. The chemical is associated with changes in behaviour, the brain, mammary gland and the age at which females attain puberty. Suggest that parents look at bottle labels for safer plastics or use glass bottles (or breastfeed). www.environmentcalifornia.org:80/reports/environmental-health/environmental-health-reports/toxic-baby-bottles

A children's colouring picture was included in the Dec 2006 issue of *BFHI Link*. This was used in a colouring competition by the Health Promotion services in Bray. Congratulations to Muireann Neville, age 9, Poppy Dunne Fleming, age 6 and Lily Dunne Fleming, age 4. *Share what you do with BFHI Link*.

Breast Crawl

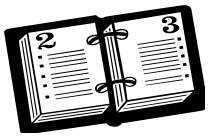
Every newborn when placed on the mother's abdomen soon after birth has the ability to find its mother's breast on its own and to decide when to take the first breastfeed. This is called the 'Breast Crawl'.

Download video of Breast Crawl - in many languages http://breastcrawl.org The button on the bottom left Dossier contains the information, references and other single elements all in one document.

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

We welcome your news and suggestions.

Contact the BFHI Co-ordinator,
c/o Health Promoting Hospitals Network,
Connolly Memorial Hospital, Blanchardstown,
Dublin 15, email: bfhi@iol.ie
Web site: www.ihph.ie/babyfriendlyinitiative



Diary Dates

July 23rd-27th	***International Lactation Consultant Association, Annual Conference,*** Las Vegas, USA. Contact: www.ilca.org
Aug 1st-7th	**World Breastfeeding Week:** ***Going for Gold.*** See front page
Oct 1st-7th	**National Breastfeeding Week** Ireland
Oct 1st-3rd	***International Lactation Consultant Association, Europe Conference,*** Vienna, Austria. Contact: www.ilca.org
Oct 10th-11th	***Association of Lactation Consultants in Ireland, Annual Conference, Cork*** Contact: alci@iol.ie
Oct 21st	***HPA & HSE All-Ireland Breastfeeding Conference***, Belfast. Contact 048-90311611 Health Promotion Agency NI

Baby Signs

You can learn the signs that your baby is tired, hungry or full.

I am starting to get hungry
Sucks or chews on hands and blanket
Turns head looking for the breast
Opens mouth and puts out tongue

I am hungry NOW
As well as the signs above
Makes small noises and starts to fuss

You have not fed me
Crying loudly
Arching back, tense body
Tongue up, not pushing out
What to do: calm baby by holding close and talking softly. When calm, feed baby.

A crying baby is hard to feed.
Feed your baby when baby shows early signs of hunger.
Crying for a long time is not good for a baby. It also uses up energy and baby is then more hungry.

I am full
Body relaxed, arms fall to side
Sucks only very lightly or stops sucking

I am tired or bored
When put to the breast, baby sucks for a short time and then falls asleep or is calm. A hungry baby sucks strongly and for a longer time. Cuddling, rocking, walking settles the baby.

Keep your baby near to you so you can see the signs.
Watch your baby not the clock. But sometimes a baby is sleepy all the time and does not show signs of hunger. Then you need to wake your baby every 2-3 hours and encourage baby to feed.

If you use a soother, you may not see your baby's signs of hunger.