



## *Congratulations*

### **Regional Maternity Hospital, Limerick has achieved re-designation as a Baby Friendly Hospital**

Designation as a Baby Friendly Hospital is not forever. Hospitals must actively monitor and maintain standards as well as to go through a formal reassessment process every five years.

Congratulations to all in Limerick for maintaining and improving their standards since their initial designation in 2004. A celebration is planned for May 28th marking their 50 years of providing maternity services.

#### **Welcome**



Siobhan Hourigan has recently taken up the post of National Breastfeeding Coordinator. Siobhan has worked as a health promotion officer with HSE West for the past 10 years. She recognises the important work of the BFHI and looks forward to working closely with BFHI to promote, protect and support breastfeeding.

#### **Best wishes**

Ann O'Riordan was lead person for the last nearly 18 years for the Health Promoting Hospitals (HPH) Network. She supported the development and integration of this World Health Organisation concept (initially piloted in Connolly Hospital and later sponsored by the Health Promotion Unit of the DoHC) into the Irish Health Service. Ann was a key person in linking the BFHI with the HPH so that BFHI had a home for which all those involved in BFHI are very grateful.



Ann left the HSE in December. Best wishes to her future directions and activities.



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## Reports from 2010 Action Plans

### Tracking Expressed Mother's Milk

#### Neonatal Unit, Rotunda Hospital

The LacTrack system is a commercial software solution to ensure the right milk gets to the right infant. It was introduced in the neonatal unit in June 2010.

Mothers are provided with bar-coded labels to put on expressed milk containers. Prior to feeding the milk, the bar codes on the milk container, infant's cot card and on the staff identification are scanned with a hand-held PDA and a label is produced to attach to the infant chart. An alert sounds if the milk and infant bar codes do not match. The CMM must check these alerts before milk can be fed to the baby.

Usage and alerts are automatically logged. An audit after 6 months use and 5124 "begin feed" transactions showed 127 alerts mostly related to the system not recognising twins.

The LacTrack system has been well received in the unit and staff became comfortable operating the system within a short time.

*Orla O'Byrne CMM3 and Hazel Cooke CMM2, submitted by Maura Lavery, IBCLC and Aisling Bhreathnach, IBCLC, CMS-Lactation*

### Materials used in Irish Maternity units to support education of mothers Portiuncula Hospital, Ballinasloe and Regional Maternity Hospital, Limerick joint project

Questionnaires containing 16 questions were developed and sent to all 20 maternity units with 15 replying. Some main results were:

- All used HSE and BFHI materials and also printed own materials. 1 unit used formula company sponsored material in their NICU.
- 13 had EU Mom pack, 1 had Big into Baby, and 1 had no commercial pack; 7 had a pregnancy/mother-baby magazine. 10 replied that the packs or magazines are reviewed prior to use in the hospital, most commonly by the CMS Lactation or parent education team.
- Several hospitals did not seem aware of existing resources.

This survey raised some questions:

- Could hospitals share development of materials to reduce duplication of work?
- Could hospitals jointly request code compliant materials (in packs and magazines) rather than separately negotiating with companies?
- Can we establish a list of topics for which materials are needed and how to obtain them?

On evaluation of this action project, factors that contributed to its success were dedicated project time, an active group, and communication.

*Mary Mahon, IBCLC, Margaret Hynes, IBCLC and Margaret O'Leary IBCLC, CMS-Lactation*

### To enhance information to expectant mothers Our Lady of Lourdes Hospital Drogheda

The aim was for the Parentcraft Lactation Consultants to attend the antenatal clinic weekly to provide information on breastfeeding management in small groups or in a one to one basis. It was also planned to support staff in imparting education.

To standardise the written information given we compiled folders based on the information from the Baby Friendly Hospital Initiative Link and placed in all antenatal clinical areas. We continued to provide education through antenatal classes.

At beginning of the year 60% women said they received breastfeeding information antenatal. End of 2010, 84% of antenatal clients audited confirmed that breastfeeding information had been discussed by a midwife, which indicates an increase in standards. Although the pregnant women's recall of specific information discussed about breastfeeding supportive management issues was much improved it was not at required standard in some areas.

We identified our shortfalls:

Reduction in staffing levels in our department prevented us from attending clinics as often as planned as our ward workload took priority.

We failed to adequately communicate our project to all relevant staff; we took full responsibility for its implementation.

The folders we provided vanished from clinical areas and folders were not replaced.

On evaluation of our project our standards have improved, however we have room for further improvement. We have learned that our approach to this project requires some change to allow more positive outcome, including a link person in each area and short ward level education sessions for staff to facilitate wider participation. We are enthusiastic and envisage improving and maintaining standards.

*Brenda Pieper-Callan & Geraldine Gordan, IBCLC Parentcraft*

**Breastfeeding is important for the health and wellbeing  
of the child, mother and wider society.**

**Supportive practices such as trained staff, antenatal discussion,  
early contact, rooming-in, and other practices make a difference to the  
initiation and continuation of breastfeeding.**

**Participation in the Baby Friendly Hospital Initiative helps provide a  
supportive health service environment to ensure breastfeeding happens.**

**Is the BFHI associated with increased  
breastfeeding rates?**

Births in Baby Friendly accredited hospitals versus births  
in non-accredited units:

- 10% more likely to initiate breastfeeding.  
UK, n=17359 infants in 248 maternity units. Bartington
- 14% more likely to initiate breastfeeding.  
USA, 28 Baby Friendly Hospitals and national data. Merewood
- 28% more likely to be exclusively breastfed at 7 days.  
Scotland, n=464,246 infants in 33 maternity units. Broadfoot
- 11% more likely to exclusively breastfeed to 3 months.  
Switzerland, n=3032 mothers in 145 maternity units. Merten
- 36% more likely to exclusively breastfed at 3 months.  
RCT Belarus, n=17,046 mother-infants in 31 maternity units. Kramer

**Are practices without BFHI  
accreditation enough?**

Breastfeeding rates are improved in units  
in the process of becoming Baby-friendly  
accredited though not as high as those  
accredited. Switzerland, Merten

Breastfeeding rates are lower and similar  
in units actively working towards meeting  
BFHI criteria (but not accredited) and in  
those not actively participating in the  
Initiative. UK, Bartington

“Mostly identical” practices without  
accreditation may not show higher rates.  
Germany, Dulon

Bartington, S., L. J. Griffiths, et al. (2006). Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK? *Int. J. Epidemiol.* 35(5): 1178-1186.

Broadfoot M et al (2005). The Baby Friendly Hospital Initiative and breast feeding rates in Scotland. *Archives of Disease in Childhood Fetal and Neonatal Edition* 90: F114-F116

DiGirolamo AM, Grummer-Strawn LM, Fein SB, (2008) Effect of maternity-care practices on breastfeeding *Pediatrics* 122;S43-S49

Dulon M, Kersting M, Bender R. (2003) Breastfeeding promotion in non-UNICEF-certified hospitals and long-term breastfeeding success in Germany. *Acta Paediatrica.* 92 :653 –658

Kramer, M., B. Chalmers, et al. (2001). Promotion of breastfeeding intervention trial (PROBIT): A randomized trial in the Republic of Belarus. *Journal of the American Medical Association* 285(4): 413-420

Merewood, A., S. D. Mehta, et al. (2005). Breastfeeding rates in US Baby-Friendly Hospitals: results of a national survey. *Pediatrics* 116(3): 628-634.

Merten S, Dravta J, Ackerman-Lieblich U.(2005) Do Baby-Friendly hospitals influence breastfeeding duration on a national level? *Pediatrics.* 116 (5); e702-708.

**How do we compare?**

**% of births in BFHI awarded hospitals** (May 2010 country reports to BFHI coordinators meeting)

Israel, Greece, Cyprus	0%
USA, Italy, Belgium, Canada, France, Germany, Spain, Russia	< 10%
Australia, Austria, UK	10-20%
Denmark, Lithuania, <b>Ireland</b>	20-40%
Croatia, Luxembourg, Ukraine, Switzerland	40-60%
Netherlands, Turkey, Norway	60-80%
Sweden, Belarus, Macedonia, Serbia, New Zealand	> 80%

Over 20,000 hospitals in 156 countries around the world are designated as Baby Friendly.

**Auditing your practices?**

Remember to use the BFHI Ireland criteria.  
Audit tools from other countries may not  
be based on the same criteria.

**Breastfeeding in other cultures?**

Free short presentations at  
[http://www.health-e-learning.com/resources/  
breastfeeding-cultures](http://www.health-e-learning.com/resources/breastfeeding-cultures)

## IRISH RESEARCH UPDATE

**The relationship between early breastfeeding exposure and children's academic test scores at nine years of age** was examined for 8226 nine-year-old school children participating in the first wave of the Growing Up in Ireland study. In unadjusted analysis, children who were breastfed scored 8.67 percentage points higher on reading and 7.42 percentage points higher on mathematics compared to those who were never breastfed. When adjusted for a range of child, maternal, socio-economic and socio-environmental characteristics, children who were ever breastfed continued to show advantage of 3.24 ( $p < 0.001$ ) and 2.23 ( $p < 0.001$ ) percentage points on reading and mathematics respectively compared to those who were never breastfed. The most socially disadvantaged groups seemed to derive the greatest cognitive benefit from breastfeeding, postulated that socio-economic advantage may partially compensate for negative effects of not breastfeeding. McCrory, C., & Layte, R., The effect of breastfeeding on children's educational test scores at nine years of age: Results of an Irish cohort study, *Social Science & Medicine* (2011)

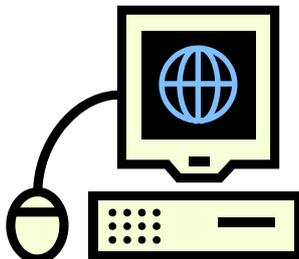
**Growing Up in Ireland** is a government study that follows two groups of children; 8500 nine-year-olds and 11,000 nine-month-olds, and takes place over seven years. The main aim of the study is to paint a full picture of children in Ireland and how they are developing in the current social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services which will ensure all children will have the best possible start in life. Information, study methods and early reports are available at [www.growingup.ie](http://www.growingup.ie)

Press Release 21st February, 2011: all babies in Ireland aged from birth up to 12 months, both breastfed or formula fed, should be given a daily supplement of 5 micrograms (5µg) of Vitamin D advises the Health Service Executive (HSE), the Food Safety Authority of Ireland (FSAI) and the Department of Health and Children.



An oral supplement containing only vitamin D should be used, not a multi-vitamin product. Note that the dose is 5 micrograms not 5 milligrams.

Further information, leaflet and poster for health workers and for parents is available in various languages from HSE publication supply and on-line [www.hse.ie/go/vitamin D](http://www.hse.ie/go/vitaminD)



**Multi-language BFHI Link Parent Handouts** available to download from the web site [www.ihph.ie/babyfriendlyinitiative/bfhi\\_link.htm](http://www.ihph.ie/babyfriendlyinitiative/bfhi_link.htm)

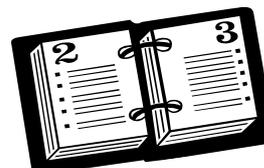
- *Issue 22: Pregnancy is a good time to discuss...* in English, French, Polish, Lithuanian, German and Arabic. Use this one page as take home information linked to the BFHI Antenatal Checklist.
- *Issue 21: Before you go home, make sure ...* in English, Polish, and German. Use as a take home reminder of discharge information.

*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,  
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### Diary Dates

July  
13-  
17<sup>th</sup>

**International Lactation Consultant Association Annual Conference**, San Diego, USA. Contact: [www.ilca.org](http://www.ilca.org)

Aug  
1<sup>st</sup>- 7<sup>th</sup>

**World Breastfeeding Week. "Talk to me! Breastfeeding a 3D experience"**. Communication, cross-generation, cross-gender, cross-sector. Ideas and materials for sharing knowledge and experience [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

Sept  
16<sup>th</sup>

**Association of Lactation Consultants in Ireland, Annual Conference**. Limerick. Contact: [www.alcireland.ie](http://www.alcireland.ie)

## When you are minding a breastfed baby

Some people are unsure about minding a baby who is breastfed. They may think it would be easier if the baby was not breastfed. This can make it hard for the mother to leave her baby without worrying.



### Helpful hints for the minder:

- Cuddle and rock the baby if the baby needs to be settled. Only give a pacifier if the parents have asked for it to be used. Not every baby “problem” is due to breastfeeding. Babies cry for many reasons. Look at these other reasons also - tiredness, wet nappy, boredom.

If the baby will need feeding when the baby is with you:

- Respect the parents’ decision to feed their baby mother’s milk and do not give infant formula without their consent.
- Store mother’s milk in the fridge. Put the container of milk in a jug of hot water to warm it or in a bottle warmer. Do not heat in a microwave or pour the milk into a saucepan to heat it.
- Hold the baby close when feeding. Some babies like to feel the skin of your arm, face or neck when feeding.
- If the parents want the baby fed by cup or spoon rather than by bottle, make sure you know how to feed this way.
- Mother’s milk is unlikely to be a risk to you, however wash your hands well before handling the milk and feeding the baby.
- Mother’s milk may look slightly blue when fresh and the cream may rise to the top. It may turn pale yellow after freezing. Shake the container before using the milk.
- Check with the parents to see if they would like you to try and time feedings so their baby is hungry when collected and ready to fed from the mother.
- If the mother would like to feed her baby while she is with you, offer her a comfortable place to feed, a glass of water and a place to wash her hands.



### Did you know that:



- Mother’s milk is the ideal food for babies. They do not need anything else, not even water, for the first six months.
- Mother’s milk acts like a “paint”, lining the baby’s tummy to protect from infections and allergies. Giving water or other fluids can wash away this “paint”.
- Mother’s milk is easy to digest so a young baby may want to feed often. This is normal. It does not mean that the mother does not have enough milk.

You can read more information pages at [www.ihph.ie/babyfriendlyinitiative/bfhi\\_link.htm](http://www.ihph.ie/babyfriendlyinitiative/bfhi_link.htm)