



BFHI Link

The newsletter of the Baby Friendly Hospital Initiative in Ireland

Issue 6, June 2000

What is your target?

Planning is a key component of most breastfeeding projects. There are a number of different models for planning projects however they all contain similar basic activities:

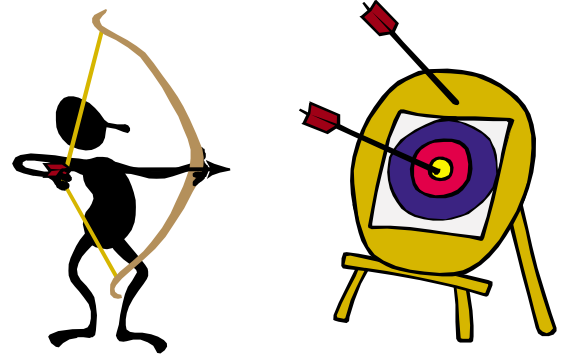
Where are you starting from?

Where do you want to end up?

How will you get to where you want to be?

How will you know you are on the right path?

What was the outcome and is there more to be done?



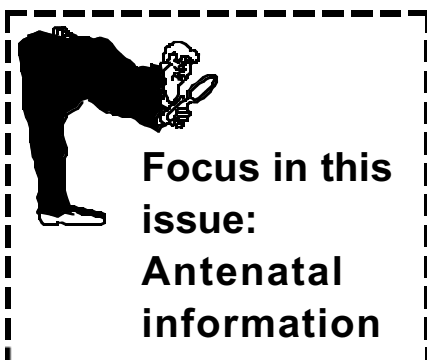
Let us look at these activities related to a BFHI project - Hospital Planwell aims to improve the information women have antenatally regarding breastfeeding.

First, they found out where they are starting from -

the current situation. The women giving birth in Hospital Planwell all attend a minimum of a booking clinic visit plus two later clinic visits. About 30% of first time mothers attend the hospital antenatal classes. Hospital Planwell's BFHI project team asked twenty new mothers what information they had about breastfeeding before their baby was born and found most of the women had some information about breastfeeding. However those who did not attend the antenatal classes had little opportunity to discuss how breastfeeding would work for them or how they could overcome what they saw as barriers.

Next, they decided what they would like the situation to be. While their aspiration was that every pregnant woman would have all the information she needed, they decided a realistic target in the first year would be that 40% of all the women (not just those attending classes) received information and an opportunity to discuss that information.

How would they get to their target? Well, they could give a leaflet to the women with the information in it and hope 40% of the women understood the information. However there had always been leaflets around the clinic but they didn't seem to be working. So adding more leaflets might not help. Hospital Planwell asked the BFHI co-ordinator for suggestions. She suggested using the visits to the clinic since all the women came there at least three times during their pregnancy. A checklist was available that could be placed in the women's notes to check all the key points of information were discussed over the various visits. The BFHI co-ordinator also put Hospital Planwell's team in touch with another hospital that was using the checklist already.



**Focus in this
issue:
Antenatal
information**

The checklist seemed a good idea so Hospital Planwell decided they would try using it for six months. They explained and discussed the need for the checklist and the way of using it to the staff involved. They printed the checklist on a coloured page so it would be seen in the women's clinical notes.

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What is your target? (cont d from front page)

To see if they were heading on the right path they decided they would review how the checklists were being used after one week and then again after three months and at six months. They would check it was being filled in as well as asking some of the women if they had been given the information and opportunity to discuss it.

What was the outcome? Hospital Planwell reviewed the project after 6 months. The forms were being filled in for most of the women and the women they asked remembered discussing the information. Many of the women said they found the information useful and liked having time to discuss it. They felt they were more confident about breast-feeding and knew there was more help available if they needed it.

Was there more to do on their project? Well, their target was 40% of the women to receive and discuss the information and they reached that number. So they planned for sustaining the activity. Firstly they shared the findings of the project with the staff involved and thanked them

for their help in reaching the target set. Hospital Planwell will continue to audit by seeing if the checklists are filled in and occasionally asking the women what they thought about the discussions. They want to expand it so it eventually reached 100% of the women - so they write another plan with a new target!

Hospital Planwell were very proud of their achievement, so they shared their experience with other hospitals by writing an article for the *BFHI Link*. Their project was a Health Promoting Hospital project also, so they submitted an abstract for the HPH conference and shared their experiences there. Now other hospitals contact them to discuss putting a similar project into place.



What was a key part of the project in Hospital Planwell?

A plan that consisted of:

Where from? Where to?

How to get there? Are we there?

How do we sustain it?

Try a plan for your project!

Is your project SMART?

In setting the objectives for your project, make sure they are:

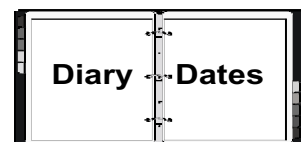
Specific

Measurable

Attainable

Reasonable and

Timed



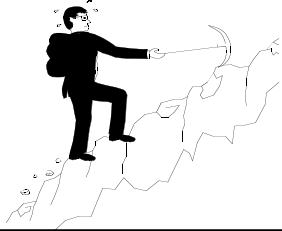
You may photocopy *BFHI LINK* for further distribution.

We welcome your news items, comments, and suggestions.

Contact the BFHI, c/o Health Promoting Hospitals Network, James Connolly Memorial Hospital, Blanchardstown, Dublin 15.

August 4th-6th: La Leche League European Conference, Nottingham. Details: LLL GB, Box 29, Nottingham NG2 7NP, England

October 6th: Joint Study Day, Belfast. *Milk Banking*. Details: Dr C Campbell, 37 Ballyquin Road, Limavady, Co Derry BT49 9EY.



What are the challenges to implementing this Step?

If breastfeeding is a worldwide recommended practice and the policy of the hospital, why are women asked to *chose to breastfeed*?

It would make more sense if women were *expected to breastfeed* unless they express a decision to do otherwise.

What about information on artificial feeding?

Parents who request information on artificial feeding can be provided with accurate and impartial *information*. However there should not be *promotion* of formula, feeding bottles, teats or dummies. Leaflets and other materials promoting a particular product or brand should not be distributed.

There are regulations regarding the provision of information regarding infant feeding (SI 243, 1998). Article 11.3 of the regulations states:

" material containing information about the use of infant formulae shall include: the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and the health hazards of improper use of infant formulae."

These are national regulations coming from the Department of Health and Children based on an EU Directive. The regulations apply to everyone not just to hospitals in the BFHI.

A copy of SI 243, 1998 can be obtained from Government Publications Office, Molesworth St, Dublin 2, for a small charge. The regulations are also in the appendix to the National Infant Feeding Policy, Food Safety Authority of Ireland, 1999.

Doesn't every mother need to know how to make up an artificial feed?

If we tell a group of pregnant women they all need to learn how to use artificial feeds are we telling them we expect they will give up breastfeeding soon? Is group instruction on using artificial feeds the way to teach any mother?

The BFHI aims to ensure that all mothers receive clear, accurate and relevant information on infant feeding. Ensuring that mothers have the opportunity to discuss feeding individually with a health professional and if needed, receive instruction on how to prepare feeds and sterilise equipment in a way appropriate to their needs, will reduce the risks of incorrectly prepared feeds.

If this instruction is provided postnatally it may be more relevant to the mother, preparation can be supervised and mothers are more likely to remember. If a breastfeeding mother needs to use artificial feeds at a later stage she can discuss this with her public health nurse rather than relying on remembering information she heard many weeks ago in a group class.

Information regarding feeding choice that is accurate, factual and research based must also provide information on the risks associated with a decision not to breastfeed.

Step Three: Inform all pregnant women about the benefits and management of breastfeeding.

Do not ask women at booking about their feeding intention

If women are asked early in pregnancy about their feeding intention, they are being asked to make a decision before they have received information and had an opportunity to discuss it. It is better to ask - What have you heard about breastfeeding your baby? This open question gives the health worker an opportunity to provide information based on the women's needs and to correct mis-perceptions.

What information is needed?

Information on both the benefits and the management of breastfeeding is needed antenatally. Education for labour and birth should include information on practices that support the initiation of breastfeeding.

Provide information in manageable pieces to avoid parents thinking there is just too much to learn about breastfeeding.

What about fathers and other support people?

Feeding is often seen as the main way of bonding with the baby and as a way to help the mother. Education for parenthood needs to offer suggestions of other ways the father and other support people can be involved aside from feeding. Perhaps a class to teach lullabies to fathers and a tape to take home? Knowledge of the benefits and basic management of breastfeeding also may help fathers to better support the mother.

Remember the antenatal in-patients

Ensure information is provided to antenatal women who are in-patients. Anticipatory guidance may be helpful if a special care situation is likely for the baby.



What are the assessment criteria for this Step?

If the hospital has an affiliated antenatal clinic or antenatal ward, the senior nursing officer in charge should report that breastfeeding counseling is given to most pregnant women using those services. A written description of the minimum content of the antenatal education should be available, or appropriate senior staff asked to prepare it. The antenatal discussion should cover the importance of exclusive breastfeeding for the first 6 months, the benefits of breastfeeding, and basic breastfeeding management.

Out of at least 10 randomly selected pregnant women of 32 weeks or more gestation who are using the hospital antenatal service, at least 80% should confirm that the benefits of breastfeeding have been discussed with them and are able to list at least two of the following benefits:

- o Nutritional
- o Protective, including the role of colostrum
- o Bonding
- o Health benefits to the mother

Additionally, at least 80% of these antenatal women should confirm that they have received no group education on the use of infant formula. They should be able to describe at least two of the following breastfeeding management topics:

- o Importance of rooming-in
- o Importance of feeding on demand
- o How to assure enough milk
- o Positioning and attachment

A father can help breastfeed



Things to Do

Tell your partner you are proud of her and happy she is breastfeeding
Spend time in close contact with your baby - rocking, cuddling, playing and walking

Suggest your partner have a short break while you care for the baby
Help her to ignore any negative comments from visitors or family
Talk to each other about anything that is bothering you

Things not to do

Don't ask if she is sure her milk is good enough
Don't show doubt that she will be able to breastfeed
Don't make it difficult for her to breastfeed away from home or when friends visit
Don't act left out when the baby is breastfeeding
Don't make it hard for her to rest and take care of herself