



BFHI Link

The newsletter of the Baby Friendly Hospital Initiative in Ireland

Issue 5, March 2000

Current status - March 2000

- 24 maternity units/hospitals in total in Ireland
- 20 expressed interest in the BFHI
- 13 returned Self-Appraisal forms and action plans and awarded Membership status
- 2 in addition, awarded a Certificate of Commitment to work towards becoming Baby Friendly accredited within two years.

If your hospital isn't a member of the Initiative, talk to us about becoming one.

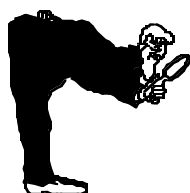
You do not need to meet all Ten Steps to become a member, you just need to be working towards them.

Congratulations

The average breastfeeding rate in Northern Ireland is low by international standards, however the rates are comparable to the Republic of Ireland's average.

Congratulations to the **Ulster Hospital, Dundonald, Co. Down** who recently was presented with the Baby Friendly accreditation award by the UK BFI.

The Ulster Hospital is the first hospital in Northern Ireland to be accredited thus demonstrating it is possible to establish supportive practices in an area with a history of low breastfeeding rates.



**Focus in this issue:
Training**

What is the breastfeeding rate?

It may be 20% or 40% or 60%, but what are you counting? Generally, when we talk about breastfeeding rates in Ireland we do not know if those rates refer to infants who are exclusively breastfeeding with no water, formula or solids; include infants who have some breastmilk and some formula; or count any infant whom ever went to the breast, even once. Perhaps intention to breastfeed is what is being counted. We don't know!

To standardise data reporting, the BFHI is requesting hospitals to collect breastfeeding data as:

Breastfeeding initiation - the number of women who start breastfeeding at all in the hospital

Exclusive breastfeeding in hospital - infant receives only breastmilk, either by breastfeeding or expressed breastmilk

Partial breastfeeding in hospital - infant receives supplements of formula or water in addition to breastfeeding/ receiving breastmilk

Artificial feeding in hospital - infant receives no breastmilk

Breastfeeding on discharge home - divided into exclusive and partial

Each year a hospital/unit participating in the BFHI is sent an audit sheet and is requested to complete it indicating their breastfeeding rates.

Give particular attention to the drop-off between initiation rate and discharge rate. A large drop-off can indicate practices may need more attention.

BFHI Advisory Committee

The new Advisory Committee is:

Paula Campbell, North Eastern Health Board
Freda Horan, Eastern Health Board
Joan Phelan, South Eastern Health Board
Mary Healy, Midland Health Board
Mary Kelly, North Western Health Board
Linda Hogan, Southern Health Board
Maria Molloy, Mid Western Health Board
Mary Boyd, Western Health Board
Mary Bird, La Leche League of Ireland
Nicola Clarke, Ciudiu/Irish Childbirth Trust

The members include the professions of nursing/midwifery, health promotion, dietetics and lactation consultants as well as community mother-to-mother support. Dr Kevin Connolly, paediatrician, a member of the previous advisory Committee has agreed to continue in an advisory role as needed. We are still seeking an obstetrician member.

The next meeting of this advisory committee will be held in mid - June. In addition to assisting maternity units/hospitals in their BFHI activities, plans for the next few months include outlining a self-appraisal form of breastfeeding support for paediatric units/hospitals.

If your paediatric units/hospital is interested in assisting in the piloting of this self-appraisal form, please contact the BFHI Co-ordinator at the address below.

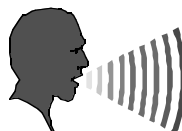
Does your Health Board Service Plan and Strategic Plan include specific mention of breastfeeding and involvement in the BFHI?



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.



Good Ideas, Suggestions and Comments

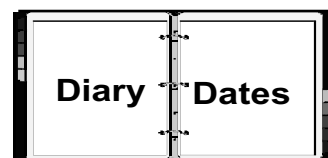
Please share your activities

World Breastfeeding Week is marked internationally each year as August 1st to 7th. The theme starting August 2000 for the following twelve months is

Breastfeeding: it's your right

Breastfeeding is a right of mothers and is a fundamental component in assuring a child's right to food, health and care.

For more information contact the World Alliance for Breastfeeding Action (WABA) at their web site: <http://www.waba.org.br/>



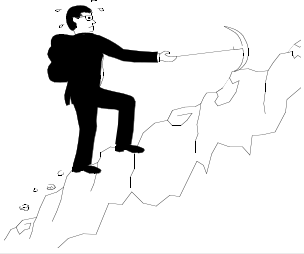
April 1st-2nd: La Leche League of Ireland Annual Conference, Bundoran, Co. Donegal
Guest Speaker - Dr Michel Odent.
Contact: Joy Harper, tel: 056-65734.

May 13th: Association of Lactation Consultants in Ireland, Study Day, Galway.
Guest Speaker - Dr Colm Wilde, Scotland. *When breastfeeding doesn't go as planned.* Details: Yvonne Healy, tel: 069-77705.

July 26th-30th: International Lactation Consultant Assoc. Conference, Washington, DC. - *Supporting Breastfeeding with Evidence-Based Practice.* Details: ILCA Tel: 00-1-919-787-5181, email: ilca@erols.com

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?

Attitudes can be a barrier to training

A health worker may avoid training if they are :

- uncomfortable with breastfeeding
- unaware of the important differences between breastfeeding and artificial feeding
- worried that their lack of competence will be discovered
- bound by hierarchial situations that prevent cross-discipline training
- assuming that they know enough already.

Training may need to be marketed as latest techniques or new information rather than basics of breastfeeding in order to attract participants.

Attitudes of management may also be a barrier to training if management believe:

- a motivated health worker would seek their own continuing education at their own expense
- there is no need to allocate staff time to breastfeeding support
- inconsistent or inaccurate uinformation does not make a difference to a client s care.

Time for training

Updating skills and changing attitudes does not have to be done solely by sitting in a classroom. A specific topic may be addressed on the ward as it arises. Case reports may include breastfeeding topics. Journal articles can be circulated or posted. Self-study modules are available. Much can be learnt by observing someone more skilled in counselling and assisting breastfeeding.

In student pre-service training, breastfeeding may need to be integrated into existing topics. For example, in studying the anatomy of the breast, is the normal lactating breast included or just the pathological conditions?

Training only focuses on knowledge

Improving knowledge may not be effective in changing practices if there is no underlying change of attitude or increase in skills.

Further reading: *Evidence for the Ten Steps to Successful Breastfeeding*, WHO 1998, provided to all participating hospitals.

**If you think education is expensive,
try ignorance.**

Who does this training?

Some hospitals and health boards have their own breastfeeding training teams. Other providers of breastfeeding training for health professionals include:

BEST Services, 2 Kylemore Park, Taylor's Hill, Galway (also training of trainers)

Lactation Training Team, 8, Pinegrove Road, Swords, Co. Dublin

Department of Health Promotion, National University of Ireland, Galway

Association of Lactation Consultants in Ireland, c/o Ardkillly , Ballinderry, Mullingar, Co.

Westmeath (Annual conference, regular study days and resource library for members)

Step Two: Train all health care staff in skills necessary to implement the policy.

Why is training needed?

Health workers have a great influence on infant feeding practice. Even when they are in favour of breastfeeding, health workers may not know how to promote it, how to assist mothers to initiate and maintain breastfeeding and how to change policies that interfere with it.

Health workers initial training may have included very little on breastfeeding and on-going education may have relied on marketing information from companies.

One of the most common complaints from mothers is that of receiving conflicting information from health workers.

Who needs training?

All professional staff as well as ancillary staff, administrators and volunteer workers need to be *aware* of the importance of breastfeeding, the health service policy and their role in promoting, protecting and supporting breastfeeding. Depending on their responsibilities, staff may require *general* training with some staff trained to a more *specialised* level.

What should training include?

Learning about breastfeeding helps the health worker to understand how interaction between two people (mother and baby) affects each of them and the breastfeeding relationship.

Training for staff with responsibility for assisting breastfeeding should include:

Importance of breastfeeding in their context including risks from not breastfeeding
Lactation management to initiate and sustain breastfeeding

Counselling and communication skills

Time to discuss their own attitudes to breastfeeding and their influence on the mother

Responsibility for adherence to the International Code of Marketing

Practical training as well as classroom theory

Learning about breastfeeding is more than just assisting the transfer of milk.

Training needs to address attitudes and skills as well as knowledge.



What are the assessment criteria for this Step?

The senior nursing officer should report that all health care staff who have contact with mothers, infants and/or children have received instruction on the implementation of the breastfeeding policy and be able to describe how this instruction is given.

A copy of the curricula or course outlines for training in breastfeeding and lactation management for various types of staff should be available for review and a training schedule for new employees should exist. The training should be at least 18 hours in total, including a minimum of 3 hours of supervised clinical experience, and cover at least 8 steps.

The senior nursing officer should report that all staff caring for women and infants have participated in breastfeeding and lactation management training, or if new, have been oriented on arrival and scheduled for training within six months. Out of 10 randomly selected maternity staff members, at least 80% should confirm that they have received the described training or, if they have been on the maternity ward less than 6 months, have at least been oriented. 80% should be able to answer 4 out of 5 questions on breastfeeding management correctly.

Did you know?
An infant feeding decision has long-term effects

A breastfed baby may have lower risk of being an overweight child. Childhood obesity is a risk factor for **heart disease** in adulthood.

Von Kries, R, et al. (1999) Breastfeeding and obesity: cross sectional study. Brit Med J 319:147-150.

Wilson A, et al. (1998) Relationship of infant diet to childhood health. Brit Med J 316, 21-5.

Breastmilk is brain food. Breastfeeding is associated with intellectual development and **educational achievement** with differences continuing to age 18.

Horwood JL, Fergusson DM (1998) Breastfeeding and later cognitive and academic outcomes. Pediatrics 101(1) 01-07.

Women who breastfed may have a reduced risk of **breast cancer**.

Enger SM et al. (1997) Breastfeeding history, pregnancy experience and risk of breast cancer. Br J Cancer 76(1):118-23

Chilvers, CE ed. (1993) Breastfeeding and the risk of cancer in young women. Br Med J 307, 17-20

Newcombe PA et al. (1994) Lactation and a reduced risk of premenopausal breast cancer. NEJM 330, 81-87

Six months of artificial feeding one baby results in 4.3 kg of **waste** - cartons, tins, bottles, teats, etc. Ammelhjelpen, Norway, 1997

Ireland has approximately 35,000 artificially fed infants each year, contributing 150 tones of waste to be disposed of.

Sore nipples are frequently caused by poor attachment at the breast, a situation that can be remedied with skilled assistance.

Woolridge MW. (1986) Aetiology of sore nipples. Midwifery 2, 172-176.

The majority (84%) of people have "no problem" with a woman breastfeeding in public.

Research by Community Nutrition Service, Eastern Health Board, Dublin 1998

Breastfeeding makes a difference
Make time to discuss it during pregnancy