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Keeping abreast



Mothers, babies and staff of Colin Sure Start and Down Lisburn Trust celebrate their certificate of commitment with Project Coordinator Joe Vallely (back row, centre), Chair of Down Lisburn Trust Denise Fitzsimons (back row, second from right) and Regional Breastfeeding Coordinator Janet Calvert (back row, far right).

Baby Friendly keeps on growing

Several UNICEF UK Baby Friendly Initiative Certificates of Commitment have recently been awarded in Northern Ireland. These include:

- Royal Jubilee Maternity Services, Belfast
- Colin Sure Start, Dunmurry
- Erne Hospital, Enniskillen
- Sperrin Lakeland Community Trust

Being awarded a certificate of commitment means that a healthcare facility has agreed an action plan and made a commitment to work towards fully implementing recognised

best practice standards for breastfeeding, in the form of the Ten Steps to Successful Breastfeeding for maternity services and the Seven Point Plan for community settings. Congratulations to all involved for progress to date and for their continued commitment to improving breastfeeding support in Northern Ireland.

Staff at Antrim Area Hospital have recently met the challenge of being reaccruited and have been successful in maintaining their Baby Friendly Status. Antrim first became a Baby Friendly hospital in 2003.

Breastfeeding welcome here scheme

» The **Breastfeeding welcome here** scheme now has 29 full members and a further 41 currently going through the accreditation process. The list of businesses involved now includes shopping centres, coffee shops, restaurants, hotels, playgroups, churches and council facilities, as well as an optician's and a pharmacy.

Encouragingly, Craigavon and Banbridge Borough Councils have recently signed up all their facilities which are open to the public to the scheme.

Cathy Devlin, Investing for Health Officer with the Southern Area IfH Partnership, has worked with local



Managers of Craigavon Borough Council facilities receive their membership certificates along with Cathy Devlin, and Councillor Robert Smith, Deputy Mayor of Craigavon (front row, centre) and Lynne Smart and Monica Allsop of Craigavon and Banbridge Trust (back row, far right)

health visitors, health promotion professionals and the HPA to help the facilities gain membership of the scheme.

A full list of scheme members can be found on www.breastfedbabies.org and is updated regularly. Professionals

and mothers involved with breastfeeding throughout Northern Ireland have been actively promoting the scheme. If you are interested in promoting the scheme in your area please call Janet Calvert at the HPA on 028 9031 1611.

Supporting breastfeeding across Northern Ireland

The Northern Ireland Breastfeeding Coordinators Forum was first established in 2002 and now has 23 members. This group is chaired by Janet Calvert, Regional Breastfeeding Coordinator with the HPA. The primary aim of the Breastfeeding Coordinators Forum is to support health professionals who have a lead role in improving breastfeeding promotion and support in hospital and community settings. Present members include breastfeeding coordinators, midwives, health visitors and key individuals involved in breastfeeding initiatives.

The forum affords important opportunities for networking and sharing, particularly for members who are undertaking UNICEF UK Baby Friendly Initiative accreditation and those who have already achieved accreditation and are helping ensure best practice standards are maintained.

The role of Trust breastfeeding coordinator can be challenging and extremely rewarding. In summary, the job usually involves:

- writing policies and guidelines based on evidence based best practice;
- managing change and the implementation of new policies;
- devising and providing an effective ongoing training programme for health professionals and support workers;
- developing educational materials and resources for parents;
- advising on approaches to antenatal education on infant feeding;
- carrying out regular clinical audit;
- providing clinical support with challenging breastfeeding problems;
- maintaining a breastfeeding helpline;
- collecting and collating statistics on the incidence and duration of breastfeeding;
- supporting breastfeeding in special circumstances, eg ill or premature babies;
- developing and supporting breastfeeding peer support initiatives;
- liaising with voluntary and community breastfeeding groups;
- acting as media spokesperson on all

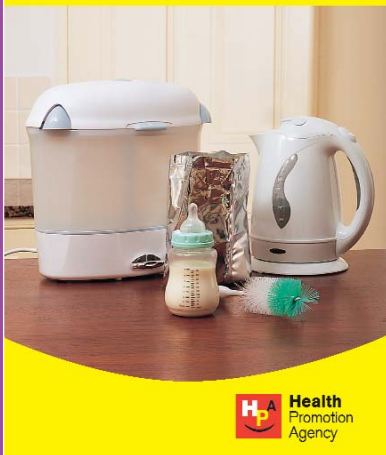
- issues relating to breastfeeding;
- raising awareness about the importance of breastfeeding to health.

Audrey Moore and Deirdre Gill job share the role of breastfeeding coordinator in Altnagelvin Area Hospital. Audrey started the job in 1999 and was joined by Deirdre in 2001. Audrey explains "The job is extremely varied and challenging. In the last seven years we have made significant improvements to how we care for breastfeeding families. There have been many changes such as early skin contact for all new mothers, cup feeding for those breastfed babies that can't breastfeed and, of course, improvements to staff skills in helping mothers with establishing breastfeeding." Deirdre adds "Altnagelvin became a UNICEF UK Baby Friendly Hospital in 2001 and maintaining such high standards of care has been hard work. We are due to be reassessed in June this year and very much hope that once again we meet the required standards for a third time."

New bottlefeeding leaflet for parents

The HPA has produced a leaflet on bottlefeeding, aimed at new parents who have made an informed choice to bottlefeed their babies. It contains new safety information on the preparation and storage of infant formula.

Bottlefeeding



Revised guidance on bottlefeeding recently issued by the Department of Health, Social Services and Public Safety and the Food Standards Agency states the following.

- Infant formula powder is not sterile.
- Formula feeds should be made up with hot water at a temperature of above 70°C. In practice, this means boiling a kettle and leaving it to cool for no longer than 30 minutes.
- Formula milk should be made up fresh for each feed. Storing infant formula should be avoided as this may increase the risk of infection.
- After each feed any left over milk should be thrown away.
- Mothers who require a feed for later are advised to keep water they have just boiled in a clean, sealed flask and then to make up fresh formula when needed.

New breastfeeding coordinator for Homefirst

Bernie Hartley talks about her new role within Homefirst Community Trust.

I began my nursing career in 1981 in Belfast City Hospital. I obtained my diploma in health visiting in 1989 and gained experience as a health visitor in South Belfast and Causeway Health and Social Services Trusts until February 2005, when I joined Homefirst Community Trust as a health visitor.

Breastfeeding has always been an integral part of my health visiting practice and I have been an advocator, facilitator and supporter of breastfeeding and breastfeeding mothers for many years. Since joining Homefirst Community Trust as breastfeeding coordinator in October 2005, I have had the pleasure of working with multi-disciplinary teams to promote, facilitate and support breastfeeding. I work part-time as a breastfeeding coordinator for 15 hours a week, and as a health visitor for the other 22½ hours each week, based in Ahoghill health centre.

As breastfeeding coordinator for Homefirst Community Trust, I am responsible for the coordination of breastfeeding activity within Community Children's Nursing, with a view to increasing the overall



Bernie Hartley, the new breastfeeding coordinator for Homefirst Community Trust

breastfeeding rates for the Trust and maintaining the Trust's UNICEF Baby Friendly status. This involves developing and fostering good working relationships with the various disciplines and professions within the Trust as well as those in other areas. Our reassessment for the Baby Friendly award is due to take place in April 2006 and this is expected to prove a busy time for all staff involved in breastfeeding activity.

I have recently had the pleasure of coordinating the establishment of a breastfeeding support group in Ballymena in conjunction with Sure Start, and those mothers who have been attending have given some very positive feedback so far!

Although fairly recently appointed I am enjoying the challenges and rewards I have encountered to date and look forward to those to come!

The new guidance is necessary to help minimise the potential risk of serious illness and fatalities from bacteria such as *Enterobacter sakazakii* and *Salmonella*. According to the European Food Safety Authority *Enterobacter sakazakii* has been found to be present in between 4% and 14% of powdered baby milks.¹ Infants most at risk are low birth weight and premature babies, and babies under six weeks old. When young babies are being bottlefed outside the home it is safer

to use sterile ready-to-feed formula.

The HPA bottlefeeding leaflet is currently being distributed to maternity units and the central health promotion resource services in the four Health and Social Services Board areas.

1. *Opinion of the Scientific Panel on Biological Hazards on a request from the Commission related to the microbiological risks in infant formulae and follow-on formulae. The European Food Safety Authority Journal, 2004:113; 1-34.*

New breastfeeding action plan

At the end of 2005 the Republic of Ireland published its new strategy *Breastfeeding in Ireland. A five year strategic action plan*. The mission statement of this new action plan is "to improve the nation's health by ensuring that breastfeeding is the norm for infants and young children in Ireland". The document links the overarching goals of the Ottawa Charter (WHO, 1986) with the action areas:

- developing personal skills;
- reorienting the health services;
- strengthening community action;
- building healthy public policy; and
- creating environments that support health.

National breastfeeding strategic goals and specific objectives have been outlined as follows.

- **To ensure that all families have the knowledge, skills and support to make and carry out informed infant feeding**

decisions, particularly those least likely to breastfeed.

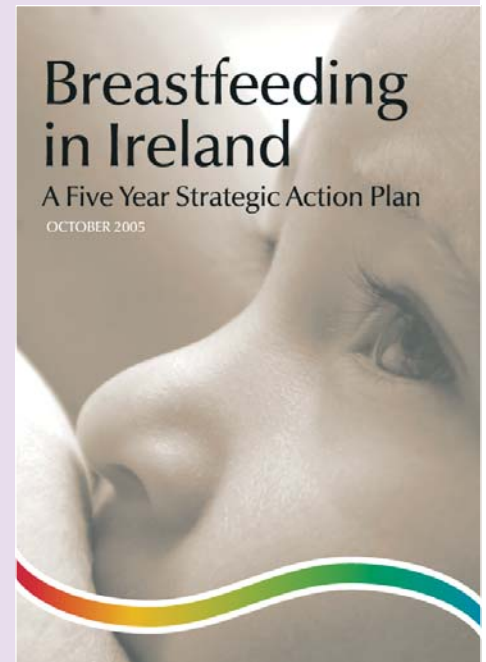
- **To ensure that the health sector takes responsibility for developing and implementing evidence based breastfeeding policies and best practices.**
- **To ensure that communities support and promote breastfeeding in order to make it the normal and preferred choice for families in Ireland.**
- **To ensure that legislation and public policies promote, support and protect breastfeeding.**
- **To ensure that Irish society recognises and facilitates breastfeeding as the optimal method of feeding infants and young children.**

Each objective is clearly laid out in terms of actions, expected outcomes and the lead agencies responsible for it. Targets have been specified for data collection, breastfeeding rates

(initiation and duration), participation in the Baby Friendly Hospital Initiative, and the establishment of ten regionally based breastfeeding coordinators.

A copy of the action plan can be found at:

http://www.healthpromotion.ie/uploaded_docs/ACTIONplan.pdf



National Breastfeeding Awareness Week

14 – 20 May 2006

The HPA is producing three new posters for National Breastfeeding Awareness Week 2006.

The first poster will feature a new mother and baby in skin-to-skin contact and will be primarily for maternity units with the aim of promoting early skin-to-skin contact for all mothers and babies.

The second will feature a group of mothers breastfeeding their babies and is intended to be used to promote breastfeeding groups in the community. The poster will have a blank space so that contact details and times of local breastfeeding groups can be filled in.

The third poster has been requested by health professionals working in the community. It aims to support health centres and GP surgeries to provide a welcoming atmosphere for breastfeeding families. The wording on the poster will state that mothers are welcome to breastfeed and also that if a mother would prefer privacy to please ask.

Other new resources will include a pen promoting the breastfed babies website and an updated diary cover. These resources will be made available in early April and will be distributed to members of the breastfeeding coordinators forum, maternity units, breastfeeding support group leaders, voluntary breastfeeding groups and the central health promotion resources services in the four Board areas.



Breastfeeding

Getting off to a good start with breastfeeding involves:

- skin-to-skin contact
- positioning and attachment
- baby-led feeding
- exclusive breastfeeding
- rooming in
- avoiding teats and dummies

Research in brief



Dummy use and SIDS

The BMJ published a paper in December 2005 which claimed that the use of a dummy seems to reduce the risk of Sudden Infant Death Syndrome (SIDS) and may even lower the impact of other risk factors in infants' sleeping environment.¹ The study by Li and colleagues reported that the risk of SIDS was reduced by 90% when infants used a dummy during their sleep in comparison with not using one. Dummy use was also suggested to lower the impact of such known risk factors as sleeping on side or front, sleeping with a mother who smokes and sleeping on soft bedding. Not surprisingly, the study received great media attention promoting the use of dummies.

However, responses in the BMJ and by UNICEF caution against the exaggerated protective effect of dummy use in infants.^{2, 3} The study showed an association but **not** a causal link. Although discussed in the paper, this was misrepresented in both the study abstract and the media reporting.^{1, 2} In addition, the suggested relationship to other known risk factors was not significant.¹ Methodological issues such as small sample and low response rate of eligible participants do not warrant the authors' conclusion.²

SIDS studies show a discrepancy in the protective effect of dummy use, with the effect being less marked in routine dummy use as compared to last sleep.^{3, 4} Evidence of a risk-reducing effect of dummy use on SIDS is increasing.^{4, 5} However, there is well-established evidence of the risks of dummy use (eg Otitis media, dental malocclusions, breastfeeding interference) which needs to be balanced against the benefits.^{3, 4, 5} Currently there are two reviews (one still in press) available, with one recommending dummy use and the other one concluding to not discourage it.^{5, 4} Together these reviews give a good basis for discussion around the issues of dummy use. Giving advice to not discourage dummy use and debate the issue is intrinsically different from a carte blanche recommendation to encourage an artificial practice upon foundations of mere association and ignorance of contra-indications outside the field of SIDS.

Thus, if parents decide to give a dummy to their baby, the following evidence-based guidelines should be followed: dummy should be given at every sleep/nap but infrequently otherwise; it should only be given after establishing breastfeeding (ie post neonatal period); and only within the first year of life.^{4, 5} Parents must be made aware that using a dummy creates an artificial environment

and a false sense of security: "infants are at greater risk of SIDS if they routinely use a dummy but have not been given their dummy on a particular night".^{3, 2} Since the mechanism of the risk-reducing effect of dummy use has not been established, the role of other sources of comfort sucking (eg thumb sucking, breastfeeding when bed-sharing), the wider sleep environment and infants' sleep behaviour in the prevention of SIDS warrants exploration.^{3, 4}

Summary by Diana Gossrau-Breen, Health Development Officer, HPA.

References

- 1 Li D-K, Willinger M, Pettiti DB, Odouli R, Liu L and Hoffman HJ. Use of a dummy (pacifier) during sleep and risk of sudden infant death (SIDS): population-based case control study. *British Medical Journal* 2005; 332: 18-22.
- 2 Rapid responses to Li et al. in *BMJ* 2005: Soltani H; Cates CJ; Young H; Buzetti R; Blair PS.
- 3 UNICEF response to Li et al., 2005.
- 4 Mitchell EA, Blair PS and L'Hoir MP. Should pacifiers be recommended to prevent SIDS? *Pediatrics* (in press).
- 5 Hauck FR, Omojokun OO and Siadaty MS. Do pacifiers reduce the risk of sudden infant death syndrome? A meta-analysis. *Pediatrics* 2005; 116: e716-723.



Promoting breastfeeding for mothers returning to work

A guide for employers



Breastfeeding and returning to work

» Work Well is a healthy workplace initiative developed by the HPA which supports small businesses to develop and implement workplace health programmes.

As part of the initiative, a series of guides is being produced to help support employers. The latest is *Promoting breastfeeding for mothers*

returning to work: A guide for employers which provides information to employers on the business benefits of supporting mothers returning to work who want to continue breastfeeding and advice on how, as an employer, they can support employees to do this. The guide can be viewed on the HPA's website and is also available from the central health promotion resource services in each of the Board areas.

Conferences and courses

La Leche League of Ireland Conference

11-12 March 2006
Bundoran, Donegal
Contact Siobhan Ward at
siobhanward@eircom.net
or 00353 404 41773

National Childbirth Trust Conference

20 March 2006
London
For full details see
www.events.nct.org.uk/breastfeeding or
telephone 0870 770 3236 ext 2311

UNICEF UK Baby Friendly Initiative three day breastfeeding management course

26-28 April 2006
Clotworthy Arts Centre, Antrim
Contact Emily Robinson at 020 7312
7648 or www.babyfriendly.org.uk

Successful breastfeeding: the evidence and the practice

4, 11, 18 May 2006
Craigavon
Contact Liz McGourty on 028 9056 1353

Sustaining breastfeeding: peer support – half day seminar

10 May 2006
Ross Park Hotel, Kells
Contact Lesley Blackstock on 028 9031
1611

All Island Breastfeeding Conference

6 October 2006
Croke Park, Dublin
Organised by the Health Service
Executive, Republic of Ireland, Association
of Lactation Consultants in Ireland and
the Health Promotion Agency for Northern
Ireland.
For further details contact Maureen Fallon
on Maureen_Fallon@health.irlgov.ie

UNICEF UK Baby Friendly Conference

28-29 November 2006
Cardiff International Arena
For further details see
www.babyfriendly.org.uk

La Leche League Peer Counsellor Programme in Northern Ireland

Jill Dye, Training Coordinator



Newtownabbey's new breastfeeding peer supporters pictured with Jill Dye (far left) and Janet Calvert, Regional Breastfeeding Coordinator (far right).

It was a proud day on 8 September 2005 when seven women graduated in the first group of breastfeeding peer supporters trained by the La Leche League Peer Counsellor Programme (PCP) in Northern Ireland. I was first involved in November 2004, when Sarah Gill (Director of PCP) and I travelled to Newtownabbey to provide the Administrator Training for Sure Start employees. These are an enthusiastic group of women who use their training primarily to support Sandra Gordon in her role of training and supporting the local women. In May 2005 I came to look around Rathcoole and meet the women who were planning to train as peer counsellors. It was a tremendous experience to meet women who are so committed to breastfeeding that they want to help other mothers.

A couple of years ago, La Leche League Great Britain (LLLGB) was approached by Newtownabbey Sure Start and asked what we could do to help provide breastfeeding peer support in Northern Ireland. LLLGB has delivered a successful peer support model in England and Wales since 1990 and we are confident that the model will work well in Northern Ireland. The PCP model involves training local administrators in

the running of the programme, use of the PCP curriculum and basic breastfeeding management to ensure understanding of the information that is in the curriculum.

PCP training coordinators are committed to supporting the programme and helping to adapt the model to meet the needs of the mothers in Newtownabbey. They will make two support visits a year over three years and are available by phone or email whenever needed. If you would like information about the programme, please write to LLLGB/PCP, PO Box 29, West Bridgford, Nottingham NG2 7NP or phone/fax your request to 0115 974 6658. If you would like a chat to see if the PCP is right for your area, you can phone me, Jill Dye, on 020 8590 0824 or email jill.dye@btopenworld.com



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