Breastfeeding Still Best feeding

The Northern Area Health Board and The Rotunda Hospital
Breastfeeding Policy and Practice Guidelines
The benefits of breastfeeding are well recognised. It is recommended that more mothers breastfeed because breastfeeding provides health benefits for both baby and mother and is important in the bonding process.

Compelling evidence now shows that breastfeeding can have a significant impact on establishing the foundation for a lifetime of optimal health. The World Health Organisation (WHO) states that breastfeeding is the best form of nutrition for infants and recommends exclusive breastfeeding for the first 6 months of life. The latest published data shows that only 37% of Irish mothers commence breastfeeding (ERSI, 1999).

In 2002 the Health Promotion Service of the Northern Area Health Board, in partnership with The Rotunda Hospital, established a multi-disciplinary, multi-sectoral breastfeeding steering group. The group includes representation from Public Health Nursing, La Leche League, Cuidiú–Irish Childbirth Trust, Community Mothers Programme, an Area Medical Officer and a Domiciliary Midwife.

This group has developed a breastfeeding policy and accompanying practice guidelines. The aim is to increase breastfeeding rates in the region through supporting, promoting and protecting breastfeeding. The steering group will draw up an action plan for the implementation and monitoring of the policy that will include targets, time frames and specific areas of responsibilities.

This policy will guide the work that is necessary to promote breastfeeding as a cultural norm in our region. The Health Promotion Service wishes to acknowledge the contribution of all agencies involved.

Maria Lordan-Dunphy
Director of Health Promotion Service
May 2004
Mission Statement:

“The Northern Area Health Board and The Rotunda Hospital endorse breastfeeding as the most healthy way for a mother to feed her baby.”

POLICY

1. This breastfeeding policy will be communicated to all health care staff.

2. Our health care staff working with pregnant women, mothers, infants and young children will receive appropriate training in the skills necessary to implement the breastfeeding policy.

3. Pregnant women and their partners attending antenatal services provided by The Rotunda Hospital or the Northern Area Health Board will be informed of the benefits and management of breastfeeding.

4. Within a half-hour of birth babies will be placed skin-to-skin on their mothers chest regardless of feeding intention for at least 30 minutes in an unhurried environment.

5. All breastfeeding mothers will be given assistance to learn how to breastfeed when necessary. They will also be helped to maintain lactation even if mother and baby are separated.

6. Newborn infants will be given no food or drink other than breast milk, unless clinically indicated or there is fully informed parental choice.

7. Rooming-in is hospital policy and unless clinically indicated a mother and her baby will not be separated.
8. Mothers will be encouraged to breastfeed based on the baby’s feeding cues.

9. Health care staff will not recommend the use of artificial teats, nipple shields or soothers during the establishment of breastfeeding.

10. The Northern Area Health Board and The Rotunda Hospital support co-operation between health care professionals and groups that support breastfeeding.

11. Public Health Nurses will be informed promptly of the discharge of a mother and baby from the maternity hospital/domiciliary midwifery service. They will aim to visit mothers and babies within 48 hours of discharge notification.

12. Our health care settings will provide a welcoming atmosphere for breastfeeding mothers.

13. Public awareness of breastfeeding and its importance will be improved through media campaigns, education in schools and other activities.


15. Lactation breaks and facilities for expressing milk will be provided for staff returning to work during the breastfeeding period.
Policy point 1
This breastfeeding policy will be communicated to all health care staff.

PRACTICE GUIDELINES
• This breastfeeding policy will be communicated to all health care staff that have any contact with pregnant women, mothers, infants and young children. These staff will receive a copy of the policy as soon as they commence work.
• The policy will be displayed in all areas that serve pregnant women, mothers, infants and young children.

Policy point 2
Our health care staff working with pregnant women, mothers, infants and young children will receive appropriate training in the skills necessary to implement the breastfeeding policy.

PRACTICE GUIDELINES
• An educational programme will be developed and implemented and a record will be kept of attendance at training sessions. Three Levels of training will be available.
  Level 1: 1 hour awareness session for ancillary health care staff including receptionists, porters, housekeeping, catering staff and other appropriate staff.
  Level 2: 3 hour session for staff that may be providing non-clinical support to breastfeeding mothers e.g. care workers, physiotherapists, speech therapists and other appropriate staff.
  Level 3: 18 hour breastfeeding training session (over 2-3 days) for key staff responsible for the promotion of breastfeeding and provision of support to breastfeeding mothers e.g. midwives, public health nurses, paediatric nurses, dietitians, doctors and other appropriate staff.
• There will be annual refresher courses for all levels of training.
• The training will be evaluated.
Policy point 3

Pregnant women and their partners attending antenatal services provided by The Rotunda Hospital or the Northern Area Health Board will be informed of the benefits and management of breastfeeding.

PRACTICE GUIDELINES

• Health care professionals at first point of contact will discuss the value of breastfeeding to mother and baby.

• At the antenatal clinic women will have time to discuss infant feeding with their health professional on a one-to-one basis. Women will not be asked to state a feeding choice prior to the baby’s birth.

• In the antenatal period the physiological basis of breastfeeding will be clearly and simply explained to all pregnant women, together with good management practices and some of the common experiences they may encounter. The aim should be to give women confidence in their ability to breastfeed.

• During the antenatal visits women will be informed about the benefits of skin-to-skin contact, rooming-in, baby led feeding, importance of exclusive breastfeeding and other basics of breastfeeding management and care practices. The woman’s antenatal record will indicate what information has been discussed.

• All materials and teaching will reflect the WHO/UNICEF Baby Friendly best practice standards.

• No routine instructions on the preparation of artificial feeds will be given in the antenatal period, as this can undermine confidence in breastfeeding.

Policy point 4

Within a half-hour of birth babies will be placed skin-to-skin on their mothers chest regardless of feeding intention for at least 30 minutes in an unhurried environment.

PRACTICE GUIDELINES

• All mothers will be encouraged to hold their babies in skin-to-skin contact after delivery in an unhurried environment.

• All women will be encouraged to offer the first breastfeed when mother and baby are ready, ideally within half-an-hour after birth. Supervision of the first breastfeed will be available from the midwife.
**Policy point 5**

All breastfeeding mothers will be given assistance to learn how to breastfeed when necessary. They will also be helped to maintain lactation even if mother and baby are separated.

**PRACTICE GUIDELINES**

- A midwife will be available if necessary to assist a mother when breastfeeding during her hospital stay.
- Midwives and health care staff will ensure that mothers are offered the support necessary to acquire the skills of positioning and attachment. They will be able to explain the necessary techniques to the mother, thereby helping her to acquire this skill for herself.
- All breastfeeding mothers will be given assistance to learn how to hand express their milk or to use a breast pump when necessary. A leaflet outlining the process will be provided for mother’s reference.
- Health professionals caring for both mother and baby will ensure the mother is given help and encouragement to express her milk and to maintain her lactation during periods of separation from her baby.
- Mothers who are separated from their babies should be encouraged to express milk as many times as appropriate in a 24 hour period.
- Alternative methods e.g. cup feeding should be encouraged when the baby is unable to be breastfed.

**Policy point 6**

Newborn infants will be given no food or drink other than breast milk, unless clinically indicated or fully informed parental choice.

**PRACTICE GUIDELINES**

- While in hospital no water or artificial food or fluids will be given to breastfed infants, unless clinically indicated.
- Breastfeeding mothers and their partners will be advised that unless clinically indicated, exclusive breastfeeding (i.e. no foods or fluids except breast milk) for the first 6 months of life will meet all their babies’ food and fluid needs. They will also be advised that by exclusively breastfeeding for the first 6 months and thereafter continuing to breastfeed in combination with suitably nutritious solid and semi-solid foods up until the age of 2 years or beyond they will optimise their own and their babies’ benefits from breastfeeding.
• Parents who decide to supplement their babies’ breastfeeds with formula milk or other fluids will be made aware of the health implications and of the harmful impact supplementation will have on breastfeeding, to allow them to make a fully informed choice.

• Breast milk substitutes will not be sold by the Northern Area Health Board or The Rotunda Hospital.

• Mothers who have had Caesarean births and mothers of multiples (twins, triplets) will be reassured they can breastfeed and will be given any extra help they require to do so.

Policy Point 7

Rooming-in is hospital policy and unless clinically indicated a mother and her baby will not be separated.

PRACTICE GUIDELINES

• During the antenatal period pregnant women will receive information on the importance of rooming-in following the birth of their babies.

• Mothers will be encouraged as soon as possible after the birth to take primary responsibility for the care of their babies.

• There will be no designated nursery space in the hospital postnatal areas.

• Separation of a mother and her baby while in hospital will only occur if the health of either the mother or her baby requires it.

• Where separation is necessary, the mother will be helped to establish and maintain breastfeeding.

• Babies will not be routinely separated from their mothers at night. This will apply to both breastfeeding and artificially feeding babies.

• Mothers who have delivered by Caesarean section should be given appropriate care, but the policy of keeping mother and baby together should normally apply. An explanation will be recorded in the mother’s notes if mother and baby need to be separated.

• Mothers will be encouraged to continue to keep their babies near them when they are at home. They will be given appropriate information about the benefits of and contraindications to bed sharing.
Policy point 8
Mothers will be encouraged to breastfeed based on the baby’s feeding cues.

PRACTICE GUIDELINES
• Ward routines and care practices will be flexible around baby led breastfeeding.
• Mealtimes will be flexible and ensure that mother’s receive adequate nourishment.
• Information on the value of breastfeeding on demand in terms of the physiology of lactation will be provided to mothers.

Policy point 9
Health care staff will not recommend the use of artificial teats, nipple shields or soothers during the establishment of breastfeeding.

PRACTICE GUIDELINES
• Nipple/teat confusion and its detrimental effect on breastfeeding will be explained to mothers.
• Nipple shields will not be recommended except in circumstances of clinical need. The mother using a nipple shield will be under the care of an experienced healthcare worker or an International Board Certified Lactation Consultant (IBCLC) and a care plan will be made to address the difficulties.
• Cup feeding will be used if the baby is unable to breastfeed. This will make transfer to the breast easier when the baby is ready.

Policy point 10
The Northern Area Health Board and The Rotunda Hospital support co-operation between health care professionals and groups that support breastfeeding.

PRACTICE GUIDELINES
• Mothers will be provided with verbal and written information on breastfeeding supports in the hospital, their local health centre, including voluntary groups (La Leche League and Cuidiú-Irish Childbirth Trust), community mothers, IBCLC’s and GP’s.
• All health centres will have details on local voluntary support groups.
• Pregnant women during the antenatal period will be asked to make contact with their local public health nurse and health centre and voluntary groups.
Policy point 11
Public Health Nurses will be informed promptly of the discharge of a mother and baby from the maternity hospital/domiciliary midwifery service. They will aim to visit mothers and babies within 48 hours of discharge notification.

PRACTICE GUIDELINES
• Current discharge procedures will be reviewed with the aim of improving care and support for breastfeeding mothers, particularly in the crucial early days post-discharge.
• The current Monday to Friday delivery of the public health nurse child health service will need to be reviewed with the aim of achieving a visit to all mothers within 48 hours of discharge from hospital / domiciliary care.

Policy point 12
Our health care settings will provide a welcoming atmosphere for breastfeeding mothers.

PRACTICE GUIDELINES
• There will be no commercial promotional materials for breastfeeding on display or available to customers in any health care settings.
• The Rotunda Hospital will continue to participate in the WHO/UNICEF Baby Friendly Hospital Initiative and work towards full Baby Friendly status.
• It will be indicated to mothers that they are welcome to breastfeed in public areas in health care settings and there is an option for privacy. All new health care centres will, at the design phase, incorporate into the plans a breastfeeding and baby changing room.

Policy point 13
Public awareness of breastfeeding and its importance will be improved through media campaigns, education in schools and other activities.

PRACTICE GUIDELINES
• Presentations will be provided on promoting breastfeeding to women’s groups in the Northern Area Health Board region.
• School children and young people will be given an opportunity to explore the benefits of breastfeeding.
Policy point 14
The Northern Area Health Board and The Rotunda Hospital support and endorse the International Code of the Marketing of Breast-Milk Substitutes (WHO, 1981) and subsequent resolutions.

PRACTICE GUIDELINES
• Staff will abide by the International Code of Marketing of Breast-Milk Substitutes and subsequent resolutions.
• There will be no use or display of literature, samples, gifts or other promotional materials from companies associated with breast milk substitutes, bottles, teats or soothers in any Northern Area Health Board premises or The Rotunda Hospital in accordance with the Code.
• The Code covers gifts to health workers. To implement the Code therefore means no lunches, dinners or other gratuities from companies. Any information provided to staff on products must be scientific and not marketing material.

Policy point 15
Lactation breaks and facilities for expressing milk will be provided for staff returning to work during the breastfeeding period.

PRACTICE GUIDELINES
• The Northern Area Health Board and The Rotunda Hospital will endeavour to provide suitable accommodation for staff who wish to breastfeed on return to work.
• Line managers will support lactation breaks during the working day for mothers who wish to breastfeed.
**Monitoring and Evaluation of the Policy and Practice Guidelines**

The practice guidelines reflect the current National Breastfeeding Policy (1994). The measures outlined in the practice guidelines will form the basis for the evaluation and the Baby Friendly Hospital Initiative audit tools will be used to monitor the success of the policy.

**Breastfeeding Steering Group**

The Breastfeeding Steering Group will continue to meet on a regular basis to review and discuss policy implementation and future development pertinent to breastfeeding within the region.

Process evaluation will identify barriers to the uptake of breastfeeding within the region. The General Managers will be kept informed of progress and any barriers to progress will be discussed with them on an ongoing basis.
Acknowledgements

To all who supported and helped with this project.

To the Northern Area Health Board and The Rotunda Hospital Breastfeeding Steering Group:

Jo O’Rourke, Chair, representing Director of Health Promotion Service
Sarah McEvoy, Co-ordinator, Senior Health Promotion Dietitian, Health Promotion Service
Theresa O’Connor, La Leche League Leader, La Leche League of Ireland
Charlotte O’Brien, Breastfeeding Counsellor, Cuidiú – Irish Childbirth Trust
Claire Allcutt, Antenatal Teacher, Cuidiú – Irish Childbirth Trust
Aisling Wilson, Lactation Specialist, The Rotunda Hospital
Mary Walsh, CNM II Neonatal / Infant Ward, The Children’s University Hospital
Philomena Canning, Domiciliary Midwife
Teresa Keegan, Family Development Nurse, Community Mothers Programme
Aileen Mooney, Communications Department, Northern Area Health Board
Sheena Rafferty, Dietitian Manager, Health Promotion Service (until August 2003)
Sylvia Jenkinson, Assistant Director of Nursing, CCA 6 (until March 2003)
Elizabeth Doyle, Director of Public Health Nursing, CCA 8 (from March 2003)
Agnes Flynn, Public Health Nurse, CCA 7
Dr. Brian McLaughlin, Senior Area Medical Officer, CCA 7

To all others who were involved.

Many thanks.

References and Reading Material


Report on Perinatal Statistics for 1999, HIPE & NPRS Unit, ESRI (December 2002)


A National Breastfeeding Policy for Ireland, Department of Health (1994)

Interim Report of the National Committee on Breastfeeding, Health Promotion Unit (May 2003)


Implementing the Baby Friendly best practice standards, UNICEF UK Baby Friendly Initiative (2001)

Evidence for the ten steps to successful breastfeeding, WHO (1998)

Useful websites:

www.lalecheleague.org
www.cuida-ict.ie
www.hphallireland.org(then go to BFHI)
www.healthpromotion.ie/breastfeeding
www.who.int/child-adolescent-health/