

Keeping abreast

Issue 2 Spring 2003

National Breastfeeding Awareness Week

National Breastfeeding Awareness Week 2003 runs from 11-19 May and aims to communicate the message that breastfeeding is important to the health of both mother and baby. This year Northern Ireland has decided on a local approach to the production of materials.

Research soon to be published by the Health Promotion Agency for Northern Ireland on behalf of the Breastfeeding Strategy Implementation Group revealed that many expectant mothers in Northern Ireland had not been given the opportunity to discuss breastfeeding with a health professional. It also showed that the Northern Ireland public has clear ideas as to the kind of images that appeal in promoting breastfeeding, for example smiling babies were seen to be preferable to pictures of mothers breastfeeding. Also, it was found that if a breastfeeding mother was shown on a poster or leaflet, the preference was for discreet images of breastfeeding.

With this in mind, three posters have been produced: one featuring three local mothers breastfeeding their babies very discreetly, another showing a smiling baby and a third showing a mother and baby enjoying breastfeeding. It is hoped that the three mothers and babies will appeal to a wide range of women, particularly young mothers, as one of those featured is 16 years old.

As well as having appealing images, the posters outline some of the most significant health benefits of

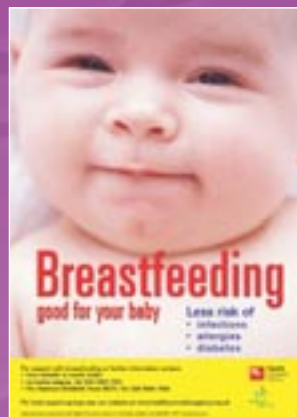
breastfeeding to mother and baby, aiming to get the message across that breastfeeding is good for baby and good for mum too.

A leaflet aimed at pregnant women has been produced to guide them to make an informed choice when it comes to breastfeeding. The leaflet and posters have been tested with pregnant women. Two focus groups were carried out with women who were pregnant for the first time and two with mothers who had previously fed their children on formula. Women of various age groups and social backgrounds were represented in these groups. Feedback from the focus groups has allowed the materials to be amended to meet the needs of mothers throughout Northern Ireland.

It is recognised good practice that all pregnant women should be given the opportunity to discuss breastfeeding and this should be provided on a one-to-one basis. It is intended that all expectant mothers will be given a copy of the leaflet and that health professionals will use the leaflet as a tool for discussion. The leaflet outlines some of the most significant health benefits of breastfeeding to both mother and baby. It also explains how to get off to a good start with breastfeeding by highlighting good practices such as skin-to-skin contact, demand feeding, 'rooming-in', avoidance of teats and dummies and exclusive breastfeeding.

Other promotional materials that will be available to accompany the leaflet and posters include pens and diary covers. The diary covers will feature the three mothers and babies and will also highlight the health benefits of breastfeeding. Contact numbers for local voluntary support organisations will also be printed on the reverse of the diary cover.

These materials will be distributed directly to Boards and Trusts during the month of April.



The Health Promotion Agency website www.healthpromotionagency.org.uk now features breastfeeding as an area of work. The website contains useful information about many issues relating to breastfeeding in Northern Ireland and beyond. It provides news about up and coming events and access to key publications. There are also links to the websites of various organisations and sources of breastfeeding information.



A list of local breastfeeding support groups with times and contact details will also be available on the website from National Breastfeeding Week onwards.

[2003 Breastfeeding Conference]

This year the regional conference will be held in the Armagh City Hotel on 13 May. Among the guest speakers will be Professor Mary Renfrew, Sue Ashmore, Dr Helen Ball and Dr Mary Hepburn. Topics to be presented include targeting social need and breastfeeding, prevention of hypoglycaemia, supporting drug users to breastfeed and bed-sharing. Book your place by sending your completed application

form, which is provided with this newsletter, enclosing your payment or invoice details to Ann Marie McCann at the Health Promotion Agency. Further application forms are available from the HPA website.

Breastfeeding Coordinator Forum

Membership of this group has grown significantly since the first meeting in August 2002.

This group continues to meet four times a year and recently attended a training day organised by the Health Promotion Agency. This training, held on 4 February 2003, provided guidance on issues such as effective information-giving, supervised clinical practice, managing change and auditing practice.

The group aims to:

- promote best practice in breastfeeding promotion and support;
- facilitate networking among Breastfeeding Coordinators in Northern Ireland;
- identify the training needs of the Coordinators;
- promote networking;
- share resources.

Membership includes:

Monica Alsopp, Temporary Breastfeeding Coordinator, Craigavon & Banbridge HSS Trust
Gillian Anderson, Lactation Midwife, Antrim Area Hospital
Margaret Boyle, Temporary Health Visitor, Causeway HSS Trust
Brigid Dougan, Project Health Visitor, Baby Friendly Initiative (BFI), Homefirst Community HSS Trust
Eileen Friel, Breastfeeding Counsellor, Mater Hospital Maternity Unit
Catherine George, Community Breastfeeding Coordinator, Ulster Community & Hospitals Trust
Deirdre Gill, Lactation Midwife, Altnagelvin Area Hospital
Sandra Hewitt, Temporary Breastfeeding Coordinator, Craigavon & Banbridge HSS Trust
Marie Hutton, BFI Project Coordinator, Foyle HSS Trust
Siobhan Jackson, Breastfeeding Coordinator, South and East Belfast HSS Trust
Vera Kelso, Community Midwife, Armagh & Dungannon HSS Trust
Lorna Lawther, Parentcraft Coordinator, Ulster Community & Hospitals Trust
Mary McCormack, Breastfeeding Coordinator, North & West Belfast HSS Trust
Moya McCourt, Temporary Breastfeeding Coordinator, Craigavon & Banbridge HSS Trust
Ann McCrea, Milk Bank Coordinator, Irvinestown Health Centre
Ann Marie McDonnell, Breastfeeding Coordinator, Erne Hospital
Helen McIlroy, Breastfeeding Coordinator, Royal Jubilee Maternity Services
Brigid McKeown, Temporary Community Midwife, Causeway HSS Trust
Marion Moore, Breastfeeding Coordinator, Craigavon Area Hospital
Audrey Moore, Senior Lactation Midwife, Altnagelvin Area Hospital
Jackie Morton, Community Breastfeeding Coordinator, Down Lisburn HSS Trust

Exam congratulations

Congratulations to Sarah McCann who not only passed the International Lactation Consultant Examination last year but she also managed to obtain the highest score among all the candidates in Ireland. Sarah is a La Leche League leader, Assistant Coordinator of Professional Liaison, La Leche League, and a member of the Breastfeeding Strategy Implementation Group.

Congratulations also go to Gillian Anderson, Lactation Midwife at Antrim Area Hospital, on qualifying as an Internal Board Certified Lactation Consultant in October 2002.

Irvinestown Human Milk Bank

The Sperrin Lakeland Human Milk Bank, which was established in August 2000 and is the only human milk bank in Ireland, has had another successful year, with milk output continuing to increase. Ann McCrea (pictured), Health Visitor and Lactation Consultant at Irvinestown Health Centre and Coordinator of the Milk Bank, was awarded 'Nurse of the Year' in 2001. According to Ann, assistance was given to 100 babies in the past year, with milk being dispatched throughout not only Ireland but mainland UK too, including to one child in Essex with short gut syndrome and to two premature babies in the Wirral area.

The mainstay of the milk bank is donors. These are women who are breastfeeding their own babies but have excess milk that they can donate to the milk bank. However, despite having 110 women - from north and south of the border - donating breastmilk in 2002, there is a constant demand for donors. Donors are given clear instructions on the collection of milk and are screened in the same way as blood donors. Once the milk arrives in the bank it is stored until all the donors' blood results have been obtained, then each bottle is checked for the presence of bacteria, before and after pasteurisation (only milk which is free of bacteria can be issued from the bank). Each bottle of milk can be tracked from the donor to the recipient and back if necessary by a 'trackback' label: the receiving hospital only has to place the child's sticker on this label before it is returned to the bank.

Human donor milk is now used for the care of babies undergoing surgical repair for congenital abnormalities of the gastrointestinal tract, such as gastroschisis, intestinal obstruction, colostomy reversal and diaphragmatic hernias. The availability of banked milk has drastically reduced the time babies have to be kept in the neonatal unit, thus saving nursing time and NHS costs, and it has also been shown to have a beneficial effect on gut healing and prevention of malabsorption difficulties. Furthermore, neonatal units are now also supplied with human donor milk when mothers' own milk is unavailable due to poor supply or maternal drug therapy, which would be detrimental to the premature baby.

For further information on the Sperrin Lakeland Human Milk Bank, please contact:

Ann McCrea
Human Milk Bank
Health Centre
Church Street
Irvinestown
Co Fermanagh
Northern Ireland
Tel: 028 6862 2912



Breastfeeding Strategy Implementation Group Update

The following priority areas for action for the period 2003-2004 have been identified by the Breastfeeding Strategy Implementation Group:

- agreeing a work plan for the Regional Breastfeeding Coordinator;
- supporting breastfeeding education and training with professionals and young people;
- linking the Breastfeeding Strategy with other DHSSPS strategies and those of other departments;
- targeting health inequalities;
- improving the collection of breastfeeding statistics;
- developing networks to enable sharing of information;
- promoting north/south and east/west links to encourage and support breastfeeding;
- supporting the Coordinator in developing mechanisms for promoting best practice, including the promotion of the Baby Friendly Initiative;
- assisting the Coordinator in developing mechanisms for communication.

At the launch of the Colin Breastfeeding Support Group at Footprints Women's Centre are, left to right, Janet Calvert, Regional Breastfeeding Coordinator for Northern Ireland, Carol Keane, a local breastfeeding mother, and Mairead Mulligan, Sure Start Midwife based at Colin Neighbourhood Sure Start office, Stewartstown Road, Belfast.



The National Breastfeeding Committee (ROI) at the inaugural meeting in March 2002 with Micheál Martin TD, Minister for Health and Children.

Conferences and courses

- **Lactation Consultants of Great Britain (LCGB) conference**

Durham, 29 March 2003.
For more information, contact Rosie Keaveney on 01293 403680

- **UNICEF BFI Course in Breastfeeding Management**

University of Ulster, Jordanstown, 7, 8 and 29 May 2003.
For details, contact Marina Bigger, Lecturer in Health Visiting, on 028 9036 8356

- **Annual Regional Breastfeeding conference**

Armagh City Hotel, 13 May 2003.
For details, contact Ann Marie McCann on 028 9031 1611

- **UNICEF UK BFI conference**

Purbeck Hall, Bournemouth International Centre, 18-19 November 2003.
For details, contact Liz Craig on 0207 3127648

- **Successful Breastfeeding the Evidence and the Practice**

Beeches Management Centre, Nursing and Midwifery Education, Dundonald.
For details of the next available course, contact 028 9056 1353

Preventing obesity

The following letter written by Dr Carol Campbell, Clinical Medical Officer, Community Paediatrics, Foyle HSS Trust and member of the Breastfeeding Strategy Implementation Group, was recently published in the *British Medical Journal* (*British Medical Journal* 2003; 326:102). This has been reproduced by permission from the BMJ Publishing Group.

Prevention starts in infancy

EDITOR --- Crawford in his editorial on population strategies to prevent obesity has not mentioned an important factor in the aetiology of obesity: the method by which infants are fed.¹

Von Kries et al found that a history of three to five months of exclusive breastfeeding was associated with a 35% reduction in obesity at the age of 5 to 6 years, which was not accounted for by social factors, lifestyle, etc.² They discuss the evidence for a programming effect of breastfeeding in preventing obesity and being overweight in later life. Gilman et al found that infants who were fed breastmilk more than infant formula milk, or who were breastfed for longer periods, had a lower risk of being overweight during older childhood and adolescence.³

These results are consistent with those of the DARLING study, which showed that infants who received no milk other than breastmilk in the first 12 months were lighter than formula fed infants, though of similar length and head circumference.⁴ This study also found that energy intake of breastfed infants was lower than that of formula fed infants, even after the introduction of solids; the authors say that comparatively low energy intakes are a function of self-regulation in breastfed infants.

Breastfeeding mothers also lose weight after pregnancy more effectively than those who feed artificially, an advantage seen over at least the first 12 months of breastfeeding.⁵

Vigorous marketing of junk food is often implicated in the obesity epidemic. What about inappropriate marketing of infant formula milk? In the United Kingdom, with its limited legal restraints, manufacturers can and do actively promote infant feeding bottles, teats, and follow-on formula milk to the public in contravention of the international code of marketing of breastmilk substitutes. This recently drew comment from the UN Committee on the Convention on the Rights of the Child. In its observations of 4 October 2002 the committee recommended that the United Kingdom takes all appropriate measures to promote breastfeeding and to adopt the international code of marketing of breastmilk substitutes in light of its low rates of breastfeeding.

Measures to promote and support breastfeeding, including legislation restricting the promotion of artificial feeding, seem to be a rational approach to preventing obesity.

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1. Crawford D. Population strategies to prevent obesity. *British Medical Journal* 2002; 325: 728-729.
2. Von Kries R, Koletzko B, Sauerveld T, von Mutius E, Barnert D, Grunert V, et al. Breast feeding and obesity: cross sectional study. *British Medical Journal* 1999; 319: 147-150.
3. Gilman MW, Rifas-Shiman SL, Camargo CA, Berkey CS, Frazier AL, Rockett HRH, et al. Risk of overweight among adults who are breastfed as infants. *Journal of the American Medical Association* 2001; 285: 2461-2467.
4. Dewey KG, Heinig MJ, Nommsen LA, Pearson JM, Lonnerdal B. Growth of breastfed and formula fed infants from 0-18 months: the DARLING study. *Pediatrics* 1991; 89: 1035-1041.
5. Dewey KG, Heinig MJ, Nommsen LA. Maternal weight loss patterns during prolonged lactation. *American Journal of Clinical Nutrition* 1993; 58: 162-166.

Recent research in brief

Breastfeeding and allergies

Two recent studies provide further evidence regarding the protective effect of breastfeeding against allergy. An Australian study of 2,187 children followed from birth to six years of age revealed that babies fed milk other than breastmilk before four months were at significantly increased risk of asthma (odds ratio 1.25; 95% CI 1.02-1.52) following adjustment for confounding factors.¹ Giving milk other than breastmilk to babies before four months is also strongly associated with wheeze, sleep disturbance due to wheeze and skin allergy.

A second study from Sweden published in 2002 that was carried out on 4,089 children found that babies exclusively breastfed for the first four months had less asthma, atopic dermatitis and allergic rhinitis by age two.²

1. Oddy WH et al. *Maternal asthma, infant feeding and the risk of asthma in childhood. Journal of Allergy and Clinical Immunology* 2003; 101: 65-67.
2. Kull I et al. *Breastfeeding and allergic diseases in infants - a prospective birth cohort study. Archives of Diseases in Childhood* 2002; 87: 478-481.

Breastfeeding and growth

A historical cohort study based on long-term follow-up of diet and health in pre-war Britain

A total of 4,999 children from 1,352 families were surveyed between 1937 and 1939. Information on infant feeding and childhood anthropometry was available for 2,995 subjects. This study examined the differences in childhood and adult anthropometry between breast and bottle-fed individuals. Results showed that breastfed children were significantly taller than bottle-fed children, even after controlling for socioeconomic variables. Leg length, but not trunk length, was the component of height associated with breastfeeding, particularly among males. It can be concluded that infants born in the 1920s and 1930s were taller in childhood and adulthood. As stature is associated with health and life expectancy the effects of artificial feeding on adult mortality needs further exploration.

Martin RM et al. Association between breastfeeding and growth: the Boyd-Orr cohort study. Archives of Diseases in Childhood 2002; 87 (3): 193-201.

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The views expressed do not necessarily represent those of the Agency.

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