

Keeping abreast

Issue 4

Spring 2004

National Breastfeeding Awareness Week 2004

This year, National Breastfeeding Awareness Week runs from 9–15 May. New posters will be available, which continue last year's theme of highlighting the health benefits of breastfeeding. For the first time in Northern Ireland, the issue of social acceptability and embarrassment about breastfeeding will be addressed through a poster campaign.

A new breastfeeding website will also be launched during National Breastfeeding Awareness Week. Written and designed especially for parents in Northern Ireland, the site includes comprehensive sections on why breastfeeding is important, how to breastfeed, expressing breastmilk, solutions to common breastfeeding problems, weaning, returning to work and support contacts. One section which we hope will be particularly helpful will be the guide to positioning and attachment, which offers simple step-by-step explanations illustrated by specially commissioned photographs.

Other activities to promote breastfeeding are currently being explored for National Breastfeeding Awareness Week, but these will depend on securing additional funding.



2004 breastfeeding conference

The third regional breastfeeding conference will take place on 11 May 2004 at the Dunadry Inn near Templepatrick, County Antrim. The theme of the conference will be supporting and sustaining breastfeeding. This year's conference speakers will include:

- Gay Palmer, author and nutritionist, Cambridge (author of *The politics of breastfeeding*)
- Marie Timms, Infant Feeding Sure Start Adviser, Derby
- Jenny Warren, Adviser, Scottish Breastfeeding Group
- Genevieve Becker, WHO Irish National BFHI Coordinator, Galway
- Dr Carol Campbell, Community Paediatrician, Foyle Trust
- Mary McCormick, Breastfeeding Coordinator, North and West Belfast

An application form for the conference is included with this newsletter. Demand for places is always high, so book yours now!



Baby Friendly successes

Congratulations to all at Antrim Area Hospital, which formally became the third maternity unit in Northern Ireland to achieve full UNICEF UK Baby Friendly status on 5 December 2003. This means that 29% of babies in Northern Ireland are now being born in a Baby Friendly hospital. Antrim Hospital has been working towards full implementation of the WHO/UNICEF best practice standards in breastfeeding for several years, under the guidance of breastfeeding coordinator Gillian Anderson. Gillian said, 'We are delighted with our success and feel that this prestigious award is well deserved recognition for the hard work and commitment of all of the staff'.

Linda Cornhill, clinical services manager, also congratulated all involved and added, 'The award is a perfect example of a whole hospital team working together to bring about the necessary changes to gain Baby Friendly accreditation'.

Altnagelvin Area Hospital and Foyle Community Trust have also recently been successful in maintaining their UNICEF UK Baby Friendly Initiative accreditation. Both hospital and community services have managed to continue to implement best practice standards in breastfeeding since their initial awards in 2001. This challenge has been met because of the continued commitment of all involved and particularly senior lactation midwives, Audrey Moore and Deirdre Gill in Altnagelvin hospital and Marie Hutton, BFI project coordinator in Foyle Trust.

The Republic of Ireland now has its first WHO/UNICEF Baby Friendly hospital. This accolade goes to Portiuncula Hospital, Ballinasloe, County Galway. The Baby Friendly Initiative in Ireland is led by the Irish Health Promoting Hospitals executive committee and coordinated by Genevieve Becker.



Acknowledging Antrim's status are, from left:

Bernard Mitchell, Chief Executive, United Hospitals Trust
Janet Calvert, Regional Breastfeeding Coordinator, HPA
Linda Cornhill, Clinical Services Manager
Andrew Radford, Programme Director, UNICEF UKBFI
Gillian Anderson, Breastfeeding Senior Midwife
Harry McGuigan, Chairman, United Hospitals Trust

Tandragee mums share their experience



From left: Mary Conlon, Health Visitor, Ann Gallagher, Community Midwife, Tandragee mother Julie McCullough and her son Stuart.

Members of Tandragee breastfeeding support group recently got together to produce a leaflet entitled *The 'B' Code* to promote the benefits of breastfeeding. Health visitor Mary Conlon and community midwife Ann Gallagher encouraged local mothers to undertake the project. The leaflet contains information that the Tandragee group felt would appeal to other mothers. Involving women in the development of support materials is seen as an important way of promoting breastfeeding and has been used effectively in other countries which enjoy high breastfeeding rates.

Easier access to HPA website

You can now access the breastfeeding section of the HPA's website directly on www.healthpromotionagency.org.uk/breastfeeding

The site contains useful information including the HPA's breastfeeding publications, details of public information campaigns, news about forthcoming events, and links to other websites and sources of information about breastfeeding. Information about local breastfeeding support groups in Northern Ireland is also available, including meeting times and contact details.

Breastfeeding training seminar

On 13 January 2004, 45 key individuals involved in breastfeeding promotion, support and education

attended a seminar at the Millennium Community Outreach Centre, Belfast. Jane Britten from the PEACH (Pediatric Epidemiology and Child Health) unit in Glasgow University provided a session on the distribution of formula milk and sale of reduced cost formula through the NHS. She explained the conflicts between distribution of formula and promotion of breastfeeding and raised concerns about discrimination against mothers who breastfeed and non-compliance with WHO Code of Marketing of breastmilk substitutes.

It was noted that for some years now several Trusts in Northern Ireland have ceased the sale of reduced cost formula and exchange of tokens, but for others sale of reduced cost formula in Trust premises remains a barrier to full compliance with WHO Code of Marketing and full implementation of the UNICEF Baby Friendly Community Initiative.

Jane outlined some of the proposals within *Healthy Start*. This document puts forward proposals for changes to the present Welfare Food Scheme. While the specifics of the changes are not yet known, they may include wider access to the scheme using a fixed face value voucher and equivalent benefits for breast and formula feeding mothers. However, this may be at the lower rate which is equivalent to seven pints of milk. It is hoped that the legislation required for these changes will be completed by the end of 2004.

Jane also provided a second presentation on peer support in Scotland. She reminded the group that the evidence for peer support increasing breastfeeding rates within the UK is unclear. The most effective peer support programmes worldwide are the ones carried out in areas with a breastfeeding initiation rate of more than 80%. Peer support was defined as a health service programme which recruits, trains or pairs mothers who have breastfed with pregnant or breastfeeding women, for support.

Jane explained that, while in Scotland as a whole, recruitment of supporters is not a problem, it can be more of a challenge in deprived areas with very low breastfeeding rates. Initial training of between 12-24 hours is followed by ongoing support and follow-up. Training programmes included UNICEF, BEST workshops and the La Léche League Peer Counsellor Programme. Teaching methods need to be practical and interactive rather than theoretical. Training times need to be negotiated with mothers and crèche facilities made available.

Jane spoke of the process of peer support and explained that ante-natal contact was a way of allowing a relationship between mothers to develop and providing information. It was also recognised that establishing ante-natal contact can be difficult and requires referral from those who have routine contact with pregnant women. Post-natal contact often needs to be instigated by the supporter once a safe delivery has been confirmed. Issues relating to peer support requiring further investigation include:

- How does peer support influence feeding behaviour?
- Is peer support effective in areas with very low breastfeeding rates?
- What is the impact of peer support on health professional satisfaction and practice?

In Scotland, further work is being undertaken to examine the effectiveness of a specific kind of breastfeeding support group facilitated by midwives and health visitors. A pilot project of a similar model has been shown to be effective.

Janet Calvert provided a presentation on breastfeeding and weaning. In it she outlined the evidence supporting the recommendation for six months' exclusive breastfeeding with continued breastfeeding to beyond the first year of life. Some mothers' experiences of early and delayed weaning collected by NCT were shared with the group, with some of them reporting that they felt pressured to introduce solids around four months. Mothers who had delayed weaning until their babies showed definite signs of developmental readiness such as sitting alone, able to reach and grab, taking everything to their mouths, seemed to have a much more positive experience. If weaning is delayed until around six months it is possible to omit the pureed food stage and go directly to lumpy foods. The need to support parents and revise current guidance accordingly was recognised. It was also said that a clear policy line will soon be communicated for Northern Ireland.

Training was also provided on practical skills. Janet explored new ways of teaching hand expression of breastmilk with the delegates, incorporating new information which has recently become available on the anatomy of the lactating breast. Participants were shown how to teach positioning and attachment with Janet using various slides and videos to assist with teaching this process to others.



Delegates at the breastfeding training seminar in January

Minister meets Breastfeding Coordinator

During her recent visit to the HPA, the Minister with responsibility for health, Angela Smith, met with several of the staff, including Janet Calvert, Regional Breastfeding Coordinator. This was a good opportunity to share some details of the ongoing work being undertaken to promote and support breastfeding in Northern Ireland.



Conferences and courses

UNICEF UK BFI Course in Breastfeding Management

Homefirst Trust
6, 7 and 22 April 2004
For details contact
Cherie on 028 2563 5683

Annual Regional Breastfeding Conference Supporting and sustaining breastfeding

Dunadry Inn, Templepatrick
11 May 2004
For details see programme included with this issue of *Keeping abreast*, or visit the HPA website at www.healthpromotionagency.org.uk/breastfeding or contact Janet Stange on 028 9031 1611.

Breastfeding update

Enniskillen
9 June 2004
Contact Liz McGourty on 028 9056 1353

Breastfeding peer support: making it happen

Clotworthy Arts Centre, Antrim
21 September 2004
A workshop for health professionals and managers involved in establishing and maintaining breastfeding peer support programmes. For details contact Janet Stange on 028 9031 1611.

UNICEF UK BFI Conference

Glasgow
10-11 November 2004
Contact Liz Craig on 020 7312 7648

Local research news – supporting breastfeeding

Motivating women to breastfeed

A study is being undertaken to assist midwives, health visitors and researchers understand what motivates women to breastfeed. At present few studies exist that use psychosocial theory to explain the role of culture and motivation in relation to breastfeeding. Over the last decade there have been a number of applications of the 'Theory of planned behaviour' (Ajzen & Madden 1986), a psychological theory that compares attitudes, influences and control of one group (those intending to breastfeed) with another group (those intending to bottle-feed). This has helped to explain why some women are motivated to breastfeed and others are motivated to bottle-feed. However, there is little evidence to explain how to motivate women to breastfeed.

The purpose of this research is to test a motivational programme for breastfeeding promotion and, in doing so, take a step forward in answering the question 'How do we motivate?'. A programme of motivation based on an 'expectancy-value model' will be devised. When faced with a choice of actions, a thought process takes place, from which expectations are formed about the consequences of each choice available (expectancy aspect). Depending on whether those expectancies are liked or disliked (value aspect) the behaviours in question will be commenced or not.

In this research one group of first-time mothers who receive the motivational programme will be compared with a control group who will receive the usual programme. If proven effective, this motivational approach may be offered throughout Northern Ireland and recognised as an effective intervention with the potential to increase breastfeeding initiation rates here.

The researcher is Janine Stockdale, a midwife who is based at the Ulster Hospital, supervised by the University of Ulster and funded by the Research and Development Office for Northern Ireland.

Moments study – mothers mentoring to succeed

The Moments study is a three year research project being conducted to examine how pregnancy and early infancy outcomes in socially deprived areas of Belfast can be improved through an intervention using mentors. Part of this study involves promoting breastfeeding. The primary aim of this study is to find out if the use of peer group mentors (trained mothers) can improve the outcome of pregnancy and early infancy in first-time mothers from socially deprived areas. It is hoped that this study will confirm that such interventions can have a positive impact on various aspects of parenting behaviour and child outcomes.

The study will involve 700 first-time mothers, with each mentor being responsible for 15-18 women. The mothers will receive a home visit within a few weeks of their booking visit and then contact every two weeks by telephone, home visit or small group meeting. Information will be provided by the mentors on diet, nutritional supplementation, breastfeeding, and lifestyle factors such as smoking, alcohol and drug abuse.

The control group in this study will be a group of first-time mothers from deprived areas who will receive routine ante-natal care without any mentor input. Outcomes will be measured by assessing the physical and mental wellbeing of the mother and child one year after the intervention. Assessment of secondary outcomes such as mothers' dietary habits, smoking and alcohol use, stress levels etc will be made at several time points during pregnancy and post-natally.

This study is being led by Professor Henry Halliday of the Royal Group of Hospitals Trust and is being funded by the Health and Personal Social Services Research and Development Office under the Targeting Social Need programme.

Breastfeeding and work

by Sarah McCann

Is breastfeeding work? Is breastfeeding valuable to society and if so how should it be supported? These are questions that have been raised over the years but are now coming more to the forefront in Northern Ireland, as breastfeeding exclusively for six months has been endorsed by the UK Government. This has also raised many questions regarding working practices and breastfeeding.



What has really changed though? It's true that maternity leave has recently been extended, but not enough to allow mothers to stay at home with their babies for six months' exclusive breastfeeding. Babies' needs haven't changed. Mothers' needs haven't changed. Society is changing though, and much debate is needed in the UK and Ireland about how better to meet the needs of mothers and babies. Useful resources to fuel the debate are to be found at www.waba.org.my There is much to explore on this website, in particular the 'Quezon City Declaration' and WABA activity sheets 4 and 6.

Women are resourceful and there are as many solutions to combining paid work and breastfeeding as there are mothers and babies. Female executives have pumped milk on business trips and posted it home by airmail. Women fire fighters on 24 hour shifts have successfully expressed their milk and maintained the breastfeeding relationship. Others utilise reverse cycle feeding, in which the baby feeds little or not at all when separated from mum but makes up for this when they're together. Many illustrative stories of how mothers have combined breastfeeding and paid employment can be found at www.la lecheleague.org La L che League International's philosophy that in the early years the baby has an intense need to be with its mother which is as basic as its need for food, has been put into practice in the organisation's offices in Illinois with toddlers present in the workplace over the years.

It is my hope that the further information available at the suggested websites will give some food for thought about what changes to society will be necessary in the light of an increased rate in breastfeeding in Northern Ireland.

Sarah McCann is an Internal Board Certified Lactation Consultant, leader of the La L che League of East Antrim, and Assistant Coordinator of Professional Liaison, La L che League of Ireland. She is also a member of the Breastfeeding Strategy Implementation Group.

Useful websites

www.waba.org.my
www.la lecheleague.org
www.maternityalliance.org.uk
www.nctpregnancyandbabycare.com
www.babyfriendly.org.uk

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Bed-sharing and sudden infant death

A recent study published in the Lancet¹ suggested a slight increase in the risk of sudden infant death among babies of less than eight weeks old who bed-shared all night with non-smoking mothers. As a result, a meeting of the National Patient Safety Agency was convened on 9 February 2004 to consider current guidance on bed-sharing. Experts in this area have requested an independent review of the statistical analysis in the Lancet study. In the meantime, local guidance on reducing the risk of cot death will remain unchanged. The DHSSPS leaflet, *Reduce the risk of cot death*, already states, "It's safest for your baby to sleep in a cot in your bedroom for the first six months". The leaflet also outlines the contra-indications to bed-sharing and has been endorsed by the Foundation for the Study of Infant Deaths (FSID). The co-branded UNICEF/FSID leaflet, *Sharing a bed with your baby*, continues to be endorsed by both organisations.

1. Carpenter RG et al. (2004) Sudden unexplained infant death in 20 regions of Europe: case control study. *Lancet* 363: pp. 185-91.