



ALCI Newsletter

December 2006

Update from the Council

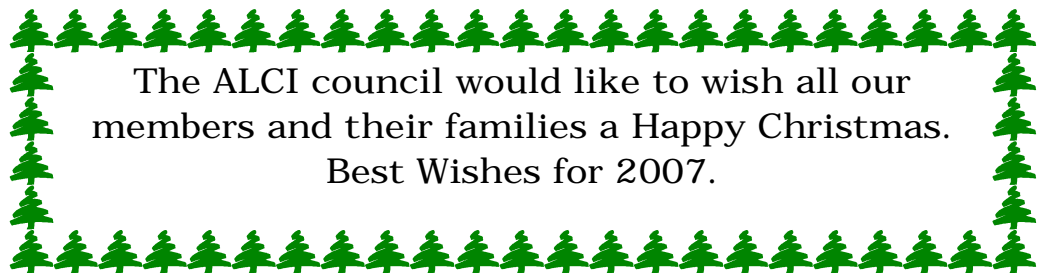
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The council of ALCI would like to thank Mary Healy, Christine Mc Cafferty, Mary O Connor, Ger Thompson, Angela Ryan and Anne Keaney for the contribution they have made to the council. Thank you all for a job well done.

The new council had its first meeting on November 4th and welcomed Gay Williamson and Veronica Daly. As there are three vacant positions on the new council we need members to become involved to ensure a bright future for our association. Please seriously consider this request. We need people from different backgrounds with varied experience as this will make our planning of events more effective. The positions are secretary, financial planner/assistant treasurer and event planner. Becoming involved in the ALCI council will not guarantee you any executive perks but it looks well on the CV and is good exposure to the workings of a committee. Council Members are required to be IBCLC certified. A big welcome also to our new members who joined in the last year.

Following on from the AGM in October last, as members of ALCI are aware the organisation is running in breach of our constitution. The issues are changes in our membership year; moving our annual conference to Sep/Oct each year; affiliation with ILCA and the roles within council. At the AGM members felt we need to address these issues and we need to move on from there. So the council decided to hold the EGM in March at the Spring Study Day.
Eileen O'Sullivan ALCI President.



The ALCI council would like to wish all our members and their families a Happy Christmas.
Best Wishes for 2007.

Also in this Issue
ALCI Member's Mailing:

BFHI Link

Updated Members

Directory

Membership Renewal Form



The Association of Lactation Consultants in Ireland provides support, education and networking for those who specialise in assisting breastfeeding women and their babies.

For information on the Association, membership, contact
Caitriona Corcoran ALCI Administrator
cdcorcoran@eircom.net

CERPS CERTIFICATES

Cerps will no longer be issue at ALCI study days or conferences, instead a certificate of attendance will be provided on ALCI headed note paper.

When wishing to re-certify, you must submit original certificates of attendance and copies of course content of all breastfeeding relevant related study days or courses attended to Nicky Clarke who will then allocate CERPS accordingly. There is no charge for this service when all materials are submitted together, more than one submission of materials will incur a fee.

Members are encouraged to keep their "Blue Books" up to date and remember to keep certificates of attendance (only originals are acceptable, no photocopies) and course content together in a safe place as this can be a great help when wishing to re-certify after 5 years. 75 CERPS are required for recertification after 5 years. (1 hour= 1 CERP) Further information available at cerps@iblce.org

Any queries to Camilla Barrett ALCI Education Officer,
camilla.barrett@mailn.hse.ie

Upcoming Events

Please let ALCI know when your organisation is having a conference as we understand many of our members are involved in other professional and voluntary organisations and we do not want to clash. E-mail cdcorcoran@eircom.net (ALCI Administrator)

- ◆ La Leche League of Ireland Annual Conference 10th-11th March 2007
Venue: The Westport Woods Hotel, Westport, Co. Mayo.
Keynote Address 2.15pm Saturday
My Child Won't Eat! How to Prevent and Solve the Problem
Carlos Gonzales M.D. For further information
<http://www.lalecheleagueireland.com>

- ◆ ALCI Spring Study Day — 31st March 2007
Venue: Pillar Room, Rotunda Hospital, Dublin.
"Keeping It Going" Issues around the support of breastfeeding and also
Clinical Competencies For IBCLC Practice. The ALCI website will also be launched.
(next year ALCI will move to the west for the Spring Study Day).

Report on the All Ireland Breastfeeding Conference
"Breastfeeding in a Bottle Feeding Culture" (6/10/06)
Susan O' Driscoll—IBCLC—Cork

The keynote speaker was Dr. Jack Newman. He founded the first hospital based breastfeeding clinic in Canada in 1984. He has also been a consultant for UNICEF for the Baby Friendly Hospitals Initiative. His presentation was witty and uplifting. With the use of numerous slides he explored "the bottle feeding mentality" and identified the various factors that resulted in health care professionals not being better prepared in their training. He discussed some prevalent myths about breastfeeding which arise from this mentality and how these myths interfere with the understanding of breastfeeding. He summarized by saying "that children will copy what they see – breastfeeding has to be visible to be copied". He suggested that breastfeeding by numbers does not work i.e. that rather than getting numerous people to start breastfeeding we should concentrate on what we have and give them excellent support and insure they maintain breastfeeding with help and encouragement.

He discussed the benefits of weighting infants and suggested that often mistakes are made with the scales. He summarized by saying he is well experienced he has seen over 40,000 nipples! Dr. Newman was inspiring. He concluded saying breastfeeding to two years and beyond is not a long time in the life of a child. True so True!

After coffee Roslyn Tarrant spoke on early infant feeding practices in Ireland. Roslyn has worked as a Clinical Nutritionist in Dublin and is currently doing her PhD, which involves an over all investigation of the diet of infants born in Ireland during their first six months of life, aiming to obtain a comprehensive, up to date profile of current infant feeding and weaning practices in Ireland. This is based on the recruitment of up to 562 mothers and babies. "WOW" Her objectives are to determine the prevalence of breastfeeding during the first six months of life and to identify the factors that may influence the mother's decision to commence breastfeeding describing some weaning practices and frequencies. She concluded (even though her research is ongoing) that breastfeeding rates are low with short duration rates. Partner's preference and involvement in the infant feeding decision are important determinants suggesting the need to include both par-

ents in antenatal education. She also found that 75% of mothers didn't adhere to the minimum time of introduction solids. Roslyn's presentation was indeed shocking especially the early introduction of solids and their types. It was obvious the preparation and hard work that Roslyn was putting into her Ph.D.

The final presentation was by Dr. Madga Sachs on weight monitoring of breastfeeding babies. Magada qualified as a volunteer breastfeeding supporter in 1988. She was granted her PhD in 2005 on her study entitled "Following the line: An Ethnographic Study of the Influence of Routine Baby Weighing on Breastfeeding Women in a Town in The Northwest of England".

Asking "Why do we weight babies?" She suggested some answers which were, birth weight, weight loss and regain, monitoring once a problem has been identified, plotting weight on a chart to make abnormal growth visible and agree an intervention etc. Her question on whether routine weighting impacted negatively on breastfeeding produced a good response from the delegates.

Sachs (2005) stated women expect babies to follow the line of the centile and see deviations from the line as a threat to infant health. Supplements are an "obvious response. Continuing to weight is not the "problem" but a symptom of the understanding of breastfeeding as a milk production system, rather than as part of a relationship between woman and baby. The WHO growth chart 2006 was mentioned in response to concerns that previous international charts showed the growth patterns of artificially fed infants as the norm. Breastfed babies weight gain pattern is different.

The accuracy of reading the weight, then recording and plotting correctly was emphasized. The best idea of the day, weigh the baby prone and naked. Weigh at the same time, same scales, same person and that the scales should be regularly standardized.

Madga concluded with "Optimal growth is not necessarily maximum growth" (WHO working group).

Over all it was a very informative morning. We left for lunch inspired with a wealth of knowledge from our colleagues.

Removal of IBLCE Register from the WEB

IBLCE is currently revising its data protection policy. As a result the list of names of IBCLC's will not be published on the website of the IBLCE Office in Europe. Please send in a copy of your most recent recertification with your membership renewal. Please cross your cheques.
Catriona Corcoran—ALCI Administrator

Extract from a literature review on breastfeeding supports undertaken as requirement for MSc in Nursing, Year I.

Submitted by Margaret Murphy, BSc (Hons), RM, RGN.

The health benefits of breastfeeding for mothers and infants have long been established in the literature. Despite the available evidence, breastfeeding rates in developed countries and in Ireland in particular have failed to reach recommended levels. The World Health Organisation recommends exclusive breastfeeding for the first six months of an infant's life. The message that "Breast is Best" has permeated all strata of society and the notion of a woman choosing not to breastfeed, leaves her open to the charge that she is somehow a "bad mother" for choosing her own wishes over the accepted benefits of breastfeeding and what is best for her baby.

I was concerned that women are failing to establish breastfeeding or discontinuing the practice at a time when professional support is at its strongest. In order to adequately support, breastfeeding mothers it is vital to unearth the kinds of support they require. To achieve this it is necessary, therefore to explore women's perceptions of professional breastfeeding support and identify interventions that assist women in establishing and maintaining breastfeeding.

The aim of this paper is to explore the available literature on the impact professional intervention has on mother's duration of breastfeeding. For this purpose I looked at professional breastfeeding support under the umbrella of Social Support e.g. emotional, informational, and instrumental and appraisal support. Sikorski et al (2002) in their Cochrane Review found that professional support had a positive effect on breastfeeding. They concluded that all types of professional support correlated with improvements in breastfeeding rates.

EMOTIONAL SUPPORT Dykes (2005) described an organisational culture in which midwives operate and the fact that the majority of breastfeeding encounters take place within a lack of time. Her research starkly portrayed the limited time available for midwives to establish meaningful relationships with women and for women to have their supportive needs met. Midwives are constrained by time factors and obsessive about information giving to the detriment of other supportive behaviours. Women's needs went unmet and even information imparted was not checked for relevance to the women's individual situations. Professionals who were seen as approachable, had time to listen and were open were identified as helpful (Shakespeare, Blake & Garcia, 2004). Svedulf et al (1998) found that if a woman perceived that she received good support and assistance with her first breastfeed she was six times more likely to be exclusively breastfeeding at two and four months. These findings have implications for the development of midwifery education programmes. It is important that educators foster the ability of midwives to support and empower women in their infant feeding choices.

INFORMATIONAL SUPPORT

Graffy & Taylor (2005) found that women highlighted the need for practical advice and information tailored to their individual needs as well as acknowledgement and validation of the women's lived experience as breastfeeding mothers. Information to suit women should be tailored to their individual needs according to many authors.

INSTRUMENTAL SUPPORT

Mozingo et al (2000) identified professional practices detrimental to the successes of these women. These included when nurses (there were no midwives in her study) when trying to assist these women in latching the baby on, physically touched them. The women were uncomfortable with this intrusion and described the experiences in vivid detail. These women also identified inconsistent advice, lack of practical instruction or the early introduction of bottles as major hurdles in establishing breastfeeding. Rooming-in was not practised and one woman expressed a sense of betrayal that her infant was fed formula in the nursery without her consultation or consent. The women who decided to discontinue breastfeeding did so after many exhausting days of tiredness, bewilderment and the fear that their infants were not receiving adequate nutrition. All of these issues have implications for professionals providing support to lactating women.

APPRAISAL SUPPORT has been identified as an aspect of care desired by many women during their breastfeeding experience and adaptation to motherhood. Leahy Warren (2005) found a statistically significant relationship between appraisal support and maternal confidence. Indeed Simmons (2002) discovered that a mother's confidence in her ability to breastfeed could be diminished by conflicting professional advice. It was evident from the study that the information offered by the midwives was more anecdotal than research-based. Mothers perceived communication as a linear process with information being imparted at them rather than them taking an active role in the process.

SUPPORTIVE FACTORS

Taking time and touching base as described by Dykes (2005) resulted in women feeling more valued and understood. In fact Rossiter (1998) found that where the woman's partner, family and peers valued breastfeeding, there was a sense of achievement and reward for the woman. Hong et al (2003) noted that behaviours found to be of benefit to the mothers were reassurance and concern displayed by the nurses (midwives were not practicing in the country where this research took place). Mothers felt that the nurses remaining with them while they established feeding was very beneficial. The mothers also appreciated the nurses' respect for their personal space. The nurses' willingness to help, allowed mothers to voice their concerns regarding their knowledge deficit without feeling inadequate. Mothers appreciated the professionalism of the nurses and the respect afforded to them with regard to their feeding choices. The educational support taught the women problem-solving techniques and as a result empowered them.

NON-SUPPORTIVE FACTORS

Dykes & Williams (1999) discovered that the most common reason for discontinuing breastfeeding in the first few weeks was perceived breast-milk inadequacy. These authors identified several practices by professionals perceived as detrimental by the mothers involved. These were described as conflicting advice, frequent weighing of the infants and lack of professional support. Though women were given contact numbers for support they failed to utilise them. Hong et al (2003) identified non-supportive behaviours as those, contrary to supportive behaviours previously mentioned.

The literature has identified the importance of professional support for breastfeeding mothers. Themes continually emerging from the literature highlight the need for research-based, women-centred, consistent advice. The literature emphasises the importance of creating realistic expectations for first-time breastfeeding women by educating, informing and supporting them. The decision to breastfeed in a predominantly bottle-feeding society may sometimes not be an easy one. It is the responsibility of the midwife to ensure authentic professional support for the women who choose to breastfeed so that their experience will be a positive one. It is these women who will be the role models for our future generations of breast feeders. In order to effectively support breastfeeding women we must first ask them what it is they need.

Evaluation of Breastfeeding Skills Workshop

Submitted by

Margaret O'Leary C.M.S. Lactation (IBCLC) and Margaret Hynes C.M.S. Lactation (IBCLC)

The skills of breastfeeding are learned skills, which were lost due to the decline in breastfeeding. Many mothers encountered difficulties on admission to hospital & in order to address this, once a month breastfeeding skills workshops for pregnant women commenced in October 2003, in St.Munchin's Regional Maternity Hospital, Limerick.

These classes were in addition to existing antenatal classes. The aim was to provide workshop type, specialist training to mothers who had planned to breastfeed and were now in the later stages of their pregnancy (Generally > 35/40). The groups differ from antenatal class groups – being much smaller and all attending were focused on their plan to breastfeed and wanted to learn more about management of breastfeeding.

Well-designed posters were sent to all General Practitioners, Obstetric Consultant private rooms and antenatal clinics, and also displayed in the hospital.

In order to evaluate the workshops mothers were asked for consent to allow follow up at a later stage, following the birth of their babies, either by questionnaire or telephone call.

Questionnaires were sent out on 10th February 2005 to 19 mothers. These mothers had been delivered at least 3 months, had initiated breastfeeding and had attended workshops during pregnancy. The medical records of all women who received questionnaires were checked to ensure the mothers and babies were well on discharge.

2 women were excluded due to poor foetal or maternal outcomes.

6 more were excluded due to incorrect recording of address details.

Out of 19 sent out 11 (58%) were returned

10 (1st time breast feeders)

1 (2nd time breast feeders)

There were 11 questions on questionnaire

Question 1: How did you find out about workshop?

5: Obstetric rooms (1 may be GP)

3: Antenatal clinic

3: Antenatal classes

Question 2: What did you hope to gain from attending workshop?

10: Tips/advice to help manage breastfeeding after delivery.

8: General information/Skills on breastfeeding

4: Additional information to that received at antenatal classes

1: Practical tips "you don't get from books".

Question 3: Did you breastfeed your baby?

11: Yes (100%)

Duration of breastfeeding

1: 1 day

2: 4-5 weeks:

1: 8 weeks:

2: 12 weeks:

3: 16 weeks: (1 still breastfeeding)

2: 22 weeks: (1 still breastfeeding)

Question 4: Was this your 1st experience of breastfeeding?

10: 1st time breastfeeding

1: 2nd time breastfeeding

Question 5: Did you experience sore nipples, insufficient milk, and other comments:

6: Sore nipples

3: Insufficient milk (one of these was supplemented once only day 2)

Other problems listed

1 (woman who feed for 4 weeks) – found breastfeeding very tiring and commented that with bottle feeding someone else could help

1 (who fed x 3 months expressed x 1 month) – small mouth/tongue tie.

Question 6: Did your baby receive formula?

2: no

1: day 2 (1 supp)

1: day 2 (BM)

1: weaned after 1 day

Of remaining 6, intervals at which formula was introduced, in addition to breast milk

3 weeks, 4 weeks, 5 weeks, 6 weeks, 8 weeks, 10 weeks.

Question 7: For what reason was supplement food given?

7: sore nipples, hungry baby/insufficient milk

2: tired mother

1: medical order, low blood sugar

1: weight loss

Questionnaire (Continued)

Question 8: Did information/skills at workshop prepare you for reality of breastfeeding?

- 7: yes
3: no
1: undecided but commented "enjoyed class" and "found it very helpful"

Question 9: What information was most beneficial?

- How to position and attach baby
- Benefits of breastfeeding for health
- Video shown during workshop
- Frequency of feeding
- Diet
- Choosing pain relief in labour
- How to recognise baby is feeding well
- How to be calm and enjoy baby
- Confidence to manage and continue breastfeeding despite once off supplement for medical reason
- Tips on poor feeders
- Information on how to source help if problems arise

Question 10: What other information do you feel would have benefited you?

- Other peoples experiences (note 90% were primip)
- That breastfeeding may be painful
- How often to feed? And recognise baby is getting enough
- More help at night (c/s mother)
- More help on ward after delivery (primip)
- More tips on positioning
- How to get breastfeeding infant take bottle of expressed breast milk
- Demo on expressing
- How to wean
- More use of aids – like doll.

Question 11: Would you recommend attending breastfeeding skills workshop to a friend if they were expecting a baby?

- 10: yes
1: commented "more workshop style would be preferable"
1: "best class I ever attended"
8: "enjoyed classes" and "very helpful"
2: praised the support of midwifery staff.

Additional comments – a lot of recognition for parent craft/lactation support in hospital. (Noted on medical records 15/19 had received support of parent craft or lactation team).

Conclusion on workshop:

Overall satisfaction was very high.
80%, of those who attended workshop & completed questionnaire, left hospital exclusively breastfeeding.
10% who supplemented were for medical reasons.

63% were still breastfeeding at 12/52.

Sore nipples and the perception of insufficient milk continue to be the predominant reason for supplementing babies and initiating combined feeding at a later stage (> 3 weeks).

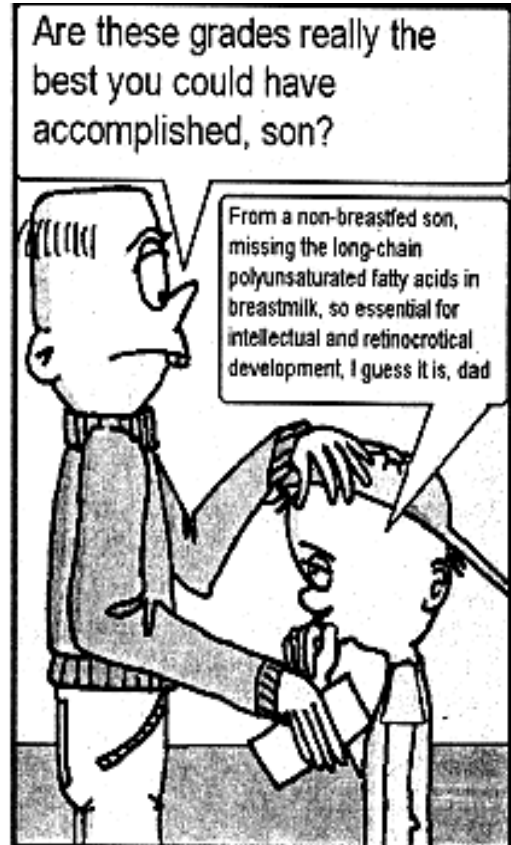
Maternal tiredness and the desire for more practical help in the early postnatal periods for primigravida were strongly emphasised.

The appreciation of support and the feeling of achievement for mothers who breastfed came through on the comments.

The Way Forward

- ◆ Workshop has continued, 1st Thursday of each month, time increased (10.30 – 12.30), Room Outside, Regional Maternity Hospital Limerick.
- ◆ New posters distributed to GP and PHN, to encourage attendance.
- ◆ More use of practical props in workshop.
- ◆ Introduction of UNICEF UK baby friendly video.
- ◆ Plan to invite back a breastfeeding mother to workshop; initiated February 2006.

Concluded December 2005.



Date to Note

Deadline for next issue:
February 9th 2007



Resource Review

Share your views on a book, video, or other resource.

As you are aware the newsletter is a voluntary effort. We would appreciate it if you have any reviews of books or articles that would be of interest we would be delighted to received them.

Please e-mail to
verondaly@hotmail.com or
susvaughan@gmail.com



Extract from "Implementation of the Regulations of the Maternity Protection Act (Amendment 2004)" in relation to lactation breaks

Breastfeeding Breaks for Employees in the Civil Service

Recommendations contained in the Government's policy statement on breastfeeding, 'Breastfeeding in Ireland' A Five-Year Strategic Action Plan, published in October 2005 by the Department of Health and Children state that mothers should continue to breastfeed their children up to the age of two years, to maximise the potential health benefits for themselves and their children. This is in accordance with the guidelines issued by the World Health Organisation.

In line with Government policy on this issue it is proposed that entitlement to breastfeeding or 'lactation' breaks for Civil Servants be extended to when the child who is being breastfed reaches the age of 2. Therefore a mother who is breastfeeding her child/children is entitled to, without loss of pay until the child is 2 years of age, either an adjustment of working hours or where breastfeeding facilities are provided by the employer, breastfeeding breaks. Where such facilities are provided, breaks may be taken in the form of one break of 60 minutes, two breaks of 30 minutes each, three breaks of 20 minutes each, or in such other manner as to number and duration of breaks as may be agreed by her and her employer.

An employee who is breastfeeding is entitled, if preferred, to the option outlined above and without loss of pay, to have her working hours reduced by 1 hour each day. That reduction may comprise one period of 60 minutes, two periods of 30 minutes, 3 periods of 20 minutes each or such other periods as may be agreed by her and her employer.

Time off from work or a reduction in working hours should be calculated on a pro rata basis for work sharing staff. Employees who wish to exercise this entitlement in either the form of breastfeeding breaks or reduced hours must notify her employer in writing of her intention to do so and should furnish, if so requested by her employer, the birth certificate of the child concerned.