

ALCI Newsletter

June 2007

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*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 or membership, contact:
Caitriona Corcoran ALCI Administrator
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Or check www.alcireland.ie*

World Breastfeeding Week 2007 1st-7th August...

The message from WABA for World Breastfeeding Week is just one simple slogan which will effect over a million babies if implemented

"Begin breastfeeding within one hour of birth"

Woman need support from the health professionals and their families to achieve this aim.

A policy of not separating mother and baby after delivery is essential, also avoid the use of artificial nipples/teats and pre-lacteal feeds.

Council News Update

The EGM was held after the Spring Study and following on from the vote put to membership ALCI will renew its affiliation with ILCA. The ALCI Council would also like to welcome Lorraine O'Hagan and Frances Burke onto the Council. A big thank you to both.

We would also like to convey to all those taking the IBCLC exam in Dublin on Monday 30th of July our very best wishes. For further information on taking this exam see www.alcireland.ie



Ongoing Professional Development :ALCI West Workshop

Lactation consultants in the west came together in Tuam on the evening of May 3rd for a workshop from 4pm to 7pm, availing of the opportunity to meet and share experiences with Suzanne Campbell, PhD, APRN, WHNP, IBCLC and a member of the ILCA Board of Directors. Suzanne received her nursing degrees and PhD in Nursing in the USA and is presently a nurse educator and breastfeeding researcher at Fairfield University, Connecticut USA. It is this work that brought her to Galway where she has students on an exchange programme in UCHG, she presented her thoughts and research on 'Recurrent Plugged Ducts: the effect of traditional therapy versus ultrasound' and also 'Hyperlactation', other presentation included 'The value of breastfeeding support groups' by Camilla Barrett and 'Setting priorities for Implementation of National Strategic Action Plan for Breastfeeding' by Genevieve Becker. The evening was well attended, very informative and enjoyable, ending with a lovely meal and opportunity to network with colleagues. It is suggested that this will become a regular event and that other topics or case studies will be discussed in an environment of shared learning. It is also a wonderful way to accumulate cerps without having to travel long distance or arrange time off and you are encouraged to organise such events in your area for local IBCLCs to share knowledge and experiences.

Thanks to Suzanne Hetzel Campbell, PhD, APRN-C, IBCLC and Christina M. Smillie, MD, IBCLC submitted by Camilla Barrett ALCI professional Development Coordinator

Hyperlactation

Managing an abundant milk supply – 'Too much of a good thing'

Symptoms of mother:

Mother may present with any of the following complaints:

I have plenty of milk

I have breast problems - leaking or tender breasts, plugged ducts or mastitis

I have painful nipples – baby pinches or creases nipple, sore, pink or burning nipples, scabs or cracks on nipples, yeast or staph infection, nipple blanches or stings.

I think I don't have enough milk – baby is always hungry, baby pulls and tugs.

Symptoms of baby: Baby may present with any/many of the following:

Fussy and colicky, chokes and splutters at the breast. Baby pulls back, tugs at the nipple and fights the breast. Baby seems hungry all the time even though he is gaining weight, or baby is growing more slowly than others. Baby is gassy and has green explosive stools. Baby gobbles and slurps at the breast, burps and spits up a lot.

Explanation: Mother has such a wonderful supply of milk that baby is getting lots and lots of skim milk (approx ½ to 2% milk fat) but not getting enough cream.

At the beginning of each feed with the letdown large volumes squirt out causing baby to choke and splutter or to gobble and slurp in order to keep up.

With each milk release, hindmilk is squeezed into the ducts, but with the great rate of milk production the fat is diluted with the fore milk even with later milk letdowns

Baby fills up on low calorie 1% milk getting full before getting the smaller volume high calorie hind milk. If mother switches sides baby may be getting even more high volume low calorie milk and has to feed more often to meet growth and satiation needs. This may cause stomach ache from all the volume. As baby drinks more and more he/she drives up the milk production making the skim milk faster and faster and baby still unsatisfied.

In addition, sometimes baby drinks so much low fat milk, getting more calories from the human milk sugar, lactose, than from milk fat; that the baby can temporally get ahead of the continuous production of lactase, the enzyme that digests the milk sugar. When this happens, not all the lactose can be digested, and the baby will have stomach ache from the undigested sugar, and may get green stools as a result. (This is NOT lactose intolerance: All babies can digest lactose, lactose intolerance is a problem of older children and adults, NOT infants)

Plan (this is not forever but may take a week or so)

Slow down high milk production

1. 'Empty' each breast really well **once or twice a day, to do this pump well right before (or after) nursing well.**
 - a. This helps avoid blocked ducts and keeps breasts more comfortable. Massage breasts during pumping to help 'empty'
 - b. This allows the infant get more cream and be more satisfied and comfortable.
 - c. If more milk is pumped than your baby needs, set aside an ounce or two of the watery skim milk to freeze and keep the creamier to feed to baby between breastfeeds
2. **In between the times of significant 'emptying' the breast is going to be left a little bit fuller for longer than usual**
 - a. This slows the rate of milk production
 - b. Feed the baby the earlier pumped milk so as to leave the breast full
 - c. Or first nurse a little and then top off with pumped creamy milk
 - d. Check breasts carefully, if either breast becomes uncomfortable express or nurse 'to comfort', that is taking enough off to go from *uncomfortably full to comfortably full* (small pumpings)
 - e. **Expect to nurse primarily on only one side at a time for most feeds.** If the baby acts hungry 'too soon', under one hour, offer the 'emptier' side again. When baby cluster feeds expect to stay on the same side for most of the cluster.
 - f. Switch sides only if baby is no longer feeding easily, stay on the same side as long as baby is content and you are comfortable.
 - g. **During this transition period, if one breast begins to feel uncomfortably full:**
 - h. Hand express, nurse or pump just enough to make breast comfortable.
 - i. **If baby begins to act fussy, or have any uncomfortable symptoms at the breast:**
 - j. Stop the breastfeeding
 - k. Top baby off with some of the creamy pumped milk. Leave breast 'full' or hand express to comfort

This plan should be overruled at any time by the mother's comfort or instinct or the baby's behaviour or comfort.

Explanation of Plan:

- ◆ When the breast is making lots of milk rapidly
- ◆ The baby is always leaving the breast still full of milk
- ◆ The baby is drinking mostly skim milk 'off the top'
- ◆ Mother is more prone to blocked ducts
- ◆ Baby may be distressed by the high flow, high volume, or low fat content
- ◆ The breast can never really be 'empty', but when it feels emptier
- ◆ The baby has the best access to the cream
- ◆ It helps protect against blocked ducts
- ◆ When the milk ducts are full the baby is drinking mostly skim milk
- ◆ When the milk producing glands are left full, they begin to make skim milk more slowly than when they are being emptied all the time
- ◆ When the baby drinks high calorie cream he feels satisfied

Getting back to nursing only: little by little

- ◆ The baby is more comfortable more of the time
- ◆ Mother does not need to hand express for comfort as often
- ◆ Mother gets less milk when she expresses to empty
- ◆ The expressed milk looks creamier

At this point, begin the following gradually

- ◆ Stop skimming off the first ounce or two, when you pump to 'empty' phase
- ◆ Cut back on pumping, even though you won't have enough for a bottle feed
- ◆ Instead of topping off with a bottle, finish the feed on the 'emptier' breast, i.e. the one the baby last fed on.
- ◆ Stop all pumping and bottle feeding
- ◆ Just alternate between breasts, usually one breast per feed, as instinct and comfort allow.

Book reviews by Claire Boyle

What mother's do- especially when it looks like nothing. By Naomi Stadlen (2004) published by Piatkus. Hallelujah!! We have a worthy opponent for the "The Contended Little Baby" book. I don't know about you, but I constantly have to fight breastfeeding's corner in response to questions from that book and the infamous "R" word, routine. "What mother's do – Especially when it looks like nothing" is a wonderful, warm, compassionate and wise discussion of what mothering a newborn baby realistically entails. Naomi Stadlen who for 12 years has talked with mothers at La Leche groups and at the Active Birth Centre in London is also a mother and psychotherapist. She has put together a book using excerpts from mothers own experiences and her own observations over the years. She very astutely points out that we don't really even have the words or descriptions for a lot of the work that mothers do and puts forward a few suggestions such as a new mother learns to be "instantly interruptible". I was very moved with some of the writing and I wish I had had this book when my children were babies. I also felt compelled to read out an excerpt from chapter 6 "I get nothing done all day" in the mothers group I run. This in turn generated a very interesting discussion about what is viewed as "important" about mothering a young baby; sitting and holding the baby versus getting the dishes done and which of those two tasks are seen as valid "work". Stadlen repeatedly points out that new mothers need to learn about their own baby, what works or doesn't work for their own baby and that this process takes time and a few mistakes. By emphasizing this point she gives new mothers the confidence to learn about their own baby and to find their own mothering style. This is the beauty of the book and is in direct contrast to books that insist on following a set formula or rigid set of recommendations.

I cannot recommend this book highly enough. According to Anne Karpf who wrote a glowing review of the book for the Guardian newspaper it took six years to get it published and this could be because it doesn't have a handy formula for mothering. Nevertheless, this book is an easy read and even sleep deprived mothers should be able to manage it because there is affirmation on every page that this new journey she has embarked upon is wonderful, difficult, challenging, beautiful, joyous, boring, happy, lonely, frustrating, irritating, breathtaking – in short, it is mothering.

A History of the Breast by Marilyn Yalom (1998) Published by Pandora.

This book is written by Dr Marilyn Yalom who is a scholar and founder of the Institute for Research on Women and Gender at Stanford University. The book follows the breast throughout history beginning with the Palaeolithic Goddess cultures who revered womens' ability to create and sustain life the book then progresses through the ages. During each age there is a discussion about breastfeeding and how it was perceived by society at large. Wet nursing is discussed in detail, the high mortality rate and the impact it had on the upper and lower classes as well as the beliefs that surrounded it, such as the belief that the character traits of a wet nurse could be infused into the baby along with the breast milk, so a wet nurses character was important part of her resume. Wet nursing started in earnest in the medieval times and continued right up to the late 1800's when it became less socially acceptable, about this time pasteurisation made cow's milk "safe" for infants. From then on cow's milk took over from wet-nursing, thus it seems that breastfeeding has always had competition! The book also discusses who the breasts "belonged" to, because at various times through the ages they have been claimed by the state, the church, the men and the baby, with breasts finally being reclaimed in the 1960's by their rightful owners – the women! This is an easy and interesting read although disappointingly I felt it didn't really address the issues surrounding breastfeeding from the 1950's on and thus there was very little about La Leche League and nothing about ILCA and IBCLC's. However, the book is more of a social commentary and in that light it makes for a fascinating read – little nuggets of information such as the first brassiere wasn't invented until the 1930's and that was by a socialite asking her maid to pin together two hankies and bingo the bra was born!



Resource Review

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

Contact verondaly@hotmail.com

Spring Study Day Report: 31st March Dublin Submitted by Liz Clancy IBCLC and Veronica Daly IBCLC

Eileen O'Sullivan, President ALCI opened a very exciting and different Spring Study Day.

The first speaker was **Sharon Foley**, who discussed her "**Report on structures to support and promote breastfeeding within the former health board regions**", this examined the existing regional initiatives and activities while making recommendations for the development of new arrangements, which would operate under the HSE national structures. The main findings of this research are that structures vary within each region, with no unified structure to act as a model for future developments. The main persons involved with supporting breastfeeding are employed within the hospital sector. However, hospital based lactation consultations often carry other duties. There is also no single source of funding, either for general activities or for training for breastfeeding. She recommends time and process to allow uniformity at regional levels, with involvement of other directorates. Also recommended were the development of a standard infant feeding/breastfeeding policy, and the appointment of four regional co-coordinators to support development at a local level. Performance indicators should be used at regional planning level, which will be collected at local level, while the Baby Friendly Initiative resources should be used to produce an annual report on breastfeeding. The establishment of the National Steering Group in April of this year will hopefully drive to aid these developments.

Margaret Murphy, discussed "**First time mothers experience of professional breastfeeding support; An Irish Study**" From research into the fall off in breastfeeding rates and from personal experience as a midwife Margaret became aware of the necessity of support for mothers from healthcare professionals. Her presentation on the day was a literature review on the concept of support under the dimensions of informational, appraisal, emotional and instrumental support. She was interested to see if mothers were supported in their choice of infant feeding. The recommendations from the literature identified the need for research-based, maternally focused, consistent advice. However, in providing this support we firstly must ask and listen to women, about their experiences. Maybe it is not what we say to women but what we should be taking from listening to them that will help establish breastfeeding. Margaret is at the stage of data collection in her research and so her findings will be awaited with great interest. Hopefully she will return to present these results at a later study day.

Dr. Niamh O'Brien, discussed "**GP support of breastfeeding mothers**" Niamh carried out research into whether women in the ante-natal period had discussed breastfeeding with their GP and the amount of breastfeeding support if any that they had received. This research was carried out in the early post-natal period in the Galway University Maternity Hospital. The results were not as impressive as the presentation, which was warm, informative and thought provoking. Niamh has also reported this research back to her GP colleagues with different responses but at least she is increasing awareness of breast feeding among this very important group of professionals who have such an influence on mothers feeding decisions.

The second half of the morning was different from other study days. Firstly was the launch of the new **ALCI website www.alcireland.ie** It was launched by **Stephen O'Sullivan and Veronica Daly**. The initial planning was by Stephen, son of Eileen O'Sullivan. It was further developed by **Kieran Daly**. ALCI sincerely appreciates their time and hard work. Secondly, the auction of ALCI books and materials was carried out, it was regrettable to dismember the ALCI Library but became a necessity as it was not been used by members. Our appreciation to Genevieve Becker who chaired the auction in a lively manner.

The afternoon saw the welcome return of two familiar faces who are both fountains of knowledge. **Genevieve Becker** spoke on "**Assisting Mothers' Learning versus Teaching Patients**". The main points explored were as adult learners Mothers need to be able to relate why they need to learn a task and its relevance to them before they can visualize themselves doing it. Adult learners are also responsible for their own learning and bring prior knowledge and experience. Self efficacy or a confidence must exist in the learner so that they can succeed. The facilitator should use the best methods as different people will learn through different methods visual, oral aural and tactile. The idea of whose agenda is been worked on who learns and who leads. Communication skills are valued in problem solving sessions but are often undervalued in assisted learning. In conclusion evaluate the process and outcome, can the mother carry out the new skill.

Ann Mc Crea spoke on "**How to reduce the infections in your breastmilk**" This was referred to as a consistent fight in the human milk bank. Bugs that are unacceptable in human milk are streptococci, staph aureus enterococci and Ecoli. Breast shells lead to particular problems with coliforms. Milton leads to thrush and the fat floats on the sterilizing solution. Steam sterilizers are not suitable for multiuse as the moisture sits in the sterilizer in a warm atmosphere leading to pseudomonas growth. The Wirral Hospital recommendations are simple but effective, firstly wash hands thoroughly, secondly dry on paper towels. Thirdly wash all pumping equipment in hot water with a detergent (fairy liquid preferred) using a bottle brush. Fourthly the tubing does not need to be washed only stored dry. Lastly dry with a paper towel and store in a plastic box (individual use and disposed of after each use, could also be plastic bag such as a ziplock bag). Overall the study day was a great success and thanks to all who contributed to this end.

New breastfeeding research challenges traditional feeding positions

<http://www.spiritindia.com/health-care-news-articles-9304.html> submitted by Susan Vaughan

Breastfeeding newborn babies lying down or in a semi-reclined position may boost the chances of success, according to new research being unveiled at the Royal College of Nursing's 2007 International Research Conference in Dundee. Dr Suzanne Colson, senior midwifery lecturer at Canterbury Christ Church University, based her research on 40 healthy mothers and their healthy full-term babies, all of whom were breastfeeding at six weeks, as well as 14 bottle feeding mother-baby pairs.

She found that those mothers who breastfed their infants lying down or semi-reclined in positions that mirrored the feeding positions of other mammals had the greatest success.

She said: "I wanted to look at whether something called 'biological nurturing' where babies are placed lying close to the mother's breast, for example, while sleeping triggers primitive reflexes seen in many other mammals which encourage feeding. What was interesting to note is that when mothers were lying flat or semi-reclined babies could find the breast easier and in many cases attach themselves and feed whilst asleep. "While further research needs to be done in this area, this study does challenge the current wisdom of teaching mothers to breastfeed in a fixed system of positioning and attachment."

Dr Peter Carter, General Secretary of the Royal College of Nursing (RCN), said: "For many new mothers breastfeeding can be difficult and challenging. Not being able to do something which is supposed to be as simple and as natural as feeding their own child can leave many new mothers feeling disappointed. "By challenging conventional breastfeeding positions, this new research could go a long way to helping those mothers who are experiencing difficulties feeding their infants by suggesting other easy to adopt positions."

FOR YOUR INFORMATION

Nils Bergman's presentation at the ILCA conference in Chicago in 2005 is available on line on the ILCA website. His talk "[Skin to Skin contact and Perinatal Neuroscience](#)" is a fascinating explanation of the science behind skin-to-skin contact. He makes the presentation very interesting and accessible as he takes research results from the fields of neurobehavior, neurodevelopment and neurochemistry and applies it to newborn brain development – wonderful stuff! You can view the presentation by going to the ILCA website, www.ilca.org/, from the homepage go to Resource Room and under the heading Downloadable Publications is the Independent Study Module from there go to Conference Study Modules and it is available to members and non members. Well worth the visit, ([Clare Boyle](#)).



Dates To Note

- ◆ **Mothering in Contemporary Ireland: Issues, Images and Actions**
Venue UCC, Cork Saturday 9th June 2007
Conference is free, lunch 15 euro Contact ww.sandramcavoy@ucc.ie
before 4th June
Registration on the day may be possible.

- ◆ **Medicare Study Morning**
Venue Burlington Hotel Dublin Saturday 14th July admission free
Speakers Peter Hartman and Donna Geddis
contact Medicare directly

- ◆ **IBLCE Exam, Monday 30th July 2007 Dublin**

- ◆ **La Leche League 50th Anniversary Conference 20th-23rd July 2007**
Venue: Chicago, IL, USA. For Further Details see www.lalecheleague.org

- ◆ **World Breastfeeding Week 1st-7th August 2007**
For Further Details see www.waba.org.my

- ◆ **ILCA Annual Conference 15th-19th August 2007**
Venue: San Diego, California, USA. For Further Details www.ilca.org
To arrange a rendezvous with other Irish and European attendees please contact
Genieve Becker at becker@iol.ie before travelling to the US
As ALCI has re-affiliated with ILCA a small discount is available when booking.
Have a great trip.

- ◆ **National Breastfeeding Week October 2007**

- ◆ **ALCI Annual Conference Friday 5th/ Saturday 6th October 2007**
Venue Mullingar
Further Details will be available soon at www.alcireland.ie