

Hello All

How are you?

A special welcome to all who are receiving this for the first time. Feel free to forward it onto your colleagues.

I had a wonderful time at the VELB/ILCA conference. Met so many interesting and dedicated people. Many thanks to all those involved with the organising of the event.

If you would like to see the poster "Who supports breastfeeding" and presentation I gave on "How IBCLCs can plan and implement their own research projects", they are available at <http://www.phcris.org.au/publications/presentations.php#431>

Regards

Ellen McIntyre

Chair, IBLCE

Research update from the Baby Friendly Initiative

Incidence and management of mastitis in Glasgow

A large prospective study of 420 breastfeeding mothers was undertaken to establish the incidence of mastitis within the population and also to assess the appropriateness of the support and management provided by health professionals. Cases of mastitis were either reported directly at the time to the researchers or identified at routine telephone follow-up at 3, 8, 18 and 26 weeks. Mastitis was defined as a red, hot, tender, swollen area of the breast, with one or more of: an elevated temperature, symptoms of fever, diagnosis by a medical practitioner. Symptoms had to have lasted for at least 24 hours. 74 mothers (18%) experienced at least one episode of mastitis with 53% occurring in the first month after the birth. Most women received advice which was consistent with current recommendations, however 10% of mothers received inappropriate advice from a health professional, either to stop breastfeeding from the affected breast or to cease breastfeeding altogether. The authors point out that whilst this may seem a relatively small number, should this be replicated throughout the whole of the breastfeeding population of Scotland this would equate to approximately 680 mothers per year. In addition, of the mothers who were prescribed an antibiotic and could recall its name almost half were prescribed an antibiotic which was inconsistent with current practice guidelines, which are to use a penicillinase-resistant penicillin such as flucloxacillin as the first choice treatment with cephalexin or clindamycin for mothers who are allergic to penicillin. The authors conclude that a small but significant number of women continue to receive advice from health professionals which may lead to early cessation of breastfeeding.

Scott JA, Robertson M, Fitzpatrick J et al (2008) Occurrence of lactational mastitis and medical management: a prospective cohort study in Glasgow. International Breastfeeding Journal 2008, 3:21

Breastfeeding offers protection against gall bladder disease in middle age

The Million Women Study was set up to study outcomes prospectively in a very large cohort of middle-aged women (1.3 million) recruited between 1996 and 2001. Participants were followed-up for admissions to hospital for gall bladder disease (cholelithiasis, cholecystitis or cholecystectomy) and the findings were analysed with reference to their parity, breastfeeding, age at menarche and age at menopause. Of the women studied, in excess of 25 000 were admitted to hospital with gallbladder disease, with 87% undergoing cholecystectomy. It is recognized that the risk of gallbladder disease increases with increasing parity by 8% for each birth. Related to parity, breastfeeding was found to reduce the risk of gallbladder disease by 7% per year of breastfeeding, in other words the risk of gall bladder disease increases the more children

a woman has had, but decreases the longer she breastfeeds.

[Liu B, Beral V, Balkwall A \(on behalf of the Million Women Study Collaborators\) \(2008\) Childbearing, breastfeeding, other reproductive factors and the subsequent risk of hospitalization for gallbladder disease. International Journal of Epidemiology, doi:10.1093/ije/dyn174](#)

Breastfeeding protects against childhood overweight and obesity

The Millennium Cohort Study is prospectively studying a large group of infants born in the new millennium from around the UK. 13,188 of these infants were followed up aged 3 years, to assess individual, family, community or local area factors (described as an ecological systems approach) which were likely to increase the risk of childhood obesity. 23% of 3-year-old children were found by the study to be overweight (18%) or obese (5%). A range of individual and family factors were found to influence this, including not breastfeeding, breastfeeding for 4 months or less and introduction of a solid diet before 4 months of age. The study was able to monitor the cumulative influence of risk factors, such as infant feeding practices or maternal employment patterns, on later overweight. The authors suggest that most risk factors for early childhood overweight are modifiable and they recommend policies and interventions which provide parents with an environment to support healthy behaviours for themselves and their children. They acknowledge current international support to increase breastfeeding rates with the aim for mothers to exclusively breastfeed for six months. They also acknowledge the development of the WHO Child Growth Standard and the endorsement of the adoption of this standard by the cross-government Obesity Strategy for England.

[Sherburne Hawkins S, Cole TJ, Law C \(2008\) An ecological systems approach to examining risk factors for early childhood overweight: findings from the UK Millennium Cohort Study. J. Epidemiol. Community Health published online 18 Sep 2008; 10.1136/jech.2008.077917](#)

Two papers from the USA highlight importance of Baby Friendly practices

As part of a wider study (1), researchers reviewed the impact of a number of factors including six “Baby-Friendly” practices (breastfeeding initiation within one hour of birth, giving only breastmilk, rooming-in, breastfeeding on demand, no pacifiers, fostering breastfeeding support groups) on a sample of 1907 mothers who planned to breastfeed for more than two months. The main outcome measure was breastfeeding cessation before six weeks. Only 8% of the mothers experienced all of the above practices. The practices most consistently associated with sustained breastfeeding beyond six weeks were initiation of breastfeeding within one hour of birth, giving only breastmilk, and not using pacifiers. Mothers who experienced none of the above practices were 13 times more likely to cease breastfeeding than those who experienced them all.

A second paper (2), using findings from the same study, analysed data collected by questionnaire from 1323 mothers at around 2, 3, 4, 5, 6, 7, 9, 10.5 and 12 months following the birth. At each time point mothers were asked to rate the importance of a potential total of 32 reasons for their decision to stop breastfeeding. The researchers found that one of the most common reasons (consistently in the top three) for breastfeeding cessation, regardless of the age of the baby, was the perception that their infant was not satisfied by breastmilk alone. This was particularly notable amongst mothers from low income groups. They suggest that this knowledge should be helpful to health-care professionals in helping mothers to overcome barriers to breastfeeding.

[1. DiGirolamo AM, Grummer-Strawn LM, Fein SB \(2008\) Effect of Maternity-Care Practices on Breastfeeding. Pediatrics; 122\(Supplement 2\): S43-S49](#)

2. Li R, Fein SB, Chen J, Grummer-Strawn LM (2008) Why Mothers Stop Breastfeeding: Mothers' Self-reported Reasons for Stopping During the First Year. *Pediatrics*; 122(Supplement 2): S69-S76

Systematic review of interventions to support breastfeeding in neonatal units

A review was carried out to identify interventions which support breastfeeding or breastmilk feeding for infants in neonatal units. 86 studies were identified of which 27 fulfilled the inclusion criteria and were culturally applicable in the UK. The authors found that variations in the type of study and outcomes measured resulted in a lack of clarity about what would be likely to work best. However they were able to conclude that skin-to-skin contact and additional postnatal support seemed to be most effective in supporting breastfeeding outcomes. It was noted that use of galactogogues in mothers who are unable to produce sufficient milk for their baby may help to increase milk supply. The researchers were unable to identify a significant effect from other practices, such as cup-feeding, on breastfeeding mainly because of a lack of research but also because few studies followed up the population beyond discharge from the unit. They conclude that further research is needed to explore the barriers to breastfeeding in this group of babies, and to identify which interventions are most likely to lead to an improvement in breastfeeding outcomes.

McInnes RJ, Chambers J (2008) Infants admitted to neonatal units--interventions to improve breastfeeding outcomes: a systematic review 1990-2007. *Matern Child Nutr*; 4: 235.

From the journals...

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J Community Health. 2008 Sep 27;.

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Interventions in primary care to promote breastfeeding: an evidence review for the U.S. Preventive Services Task Force.

Chung M, Raman G, Trikalinos T, Lau J, Ip S.

Ann Intern Med. 2008 Oct 21;149(8):565-82.

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U.S. Preventive Services Task Force

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Summaries for patients. Health care strategies to promote breastfeeding: U.S. Preventive Services Task Force recommendations.

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