The 8th NORDIC BREASTFEEDING CONFERENCE
October 3-4 2019 in Copenhagen

Danish Committee for Health Education
If a **NEW VACCINE** became available that could prevent one million or more child death a year, and that was moreover cheap, safe, administered orally, and required no cold chain, it would become an immediate public health imperative.

**BREASTFEEDING** can do all this and more, but it requires its own “warm chain” of support - that is, skilled care for mothers to build their confidence and show them what to do, and protection from harmful practices. If this warm chain has been lost from the culture or is faulty, then it must be made good by health services.

Ref: *A Warm Chain for Breastfeeding.*
*Lancet 1994;344:1239-41*
On behalf of the Danish Committee for Health Education we would like to welcome you to the 8th Nordic Breastfeeding Conference in Copenhagen.

Delegates from the Nordic countries have all had the opportunity to contribute to the programme by sending abstracts for oral and poster presentations. We are happy to say that 27 delegates accepted this invitation.

The conference planning group has therefore been able to put together a diverse programme, which addresses a range of issues related to breastfeeding counselling in different settings. Thanks to all the contributors for making this possible.

Many people have been involved in the planning of this conference. We would like to thank the conference planning group for support and fruitful discussions to qualify the Nordic Breastfeeding Conference 2019. The group consists of representatives from the board of the Danish Association of Certified Lactation Consultants, DACLC, Danish Association of Gynaecological and Obstetric Nurses, Danish Association of Health Care Nurses, The Danish Association of Midwives, and Knowledge Centre for Breastfeeding Infants with Special Needs. We would also like to thank Wonderful Copenhagen for support and the Municipality of Copenhagen for hosting a reception for the delegates and serving the famous city hall pancakes.

It is our hope that you will all benefit by the conference during the sessions as well as by networking during the breaks. We hope that you will take your time to enjoy Copenhagen too.

Ingrid Nilsson
Chief Consultant

Charan Nelander
Director
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| 17 – 18.30 | **RECEPTION** at Copenhagen City Hall  
Rådhuspladsen 1, Copenhagen |

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<tr>
<td>9.00 - 10.00</td>
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| 10.30 - 12.00 | **SESSION 1 • Breastfeeding recommendations**  
João Breda, WHO and Kim Fleischer Michaelsen (DK) (10.30-11.30)  
Recommendation of exclusive breastfeeding 6 months versus 4 months - presentation and discussion of the evidences  
Ragnhild Maastrup (DK): Compliance with the “Baby-friendly Hospital Initiative for neonatal wards” in 36 countries (11.30 - 12.00) |
| 12.00 - 13.00 | Lunch                                                                                         |
| 13.00 - 14.30 | **SESSION 2 • Ethics in breastfeeding counseling**  
Gillian Thomson (UK): Shame if you do, shame if you don’t (13.00 - 14.00)  
Lisa Amir (AUS): Identifying design solutions to increase women’s comfort with breastfeeding in public (14.00-14.30) |
| 14.30 - 15.15 | Break with coffee/tea and cake/fruit                                                           |
| 15.15 - 17.15 | **ABSTRACT SESSION**  
Eva-Lotta Funkquist (S): The use of Intervention Mapping to improve breastfeeding care and support  
Ina Landau Aasen (N): Advice on breastfeeding frequency during the first 24 hours after delivery |
Ikonen Riikka (FIN): Supplementation during maternity ward stay and breastfeeding full-term infants at the age of 4 months

Jannie Skovlund Rasmussen (DK): The impact of two-sided benefits. An Interpretative Phenomenological Analysis of young primiparous mothers' breastfeeding experience

Emilie Marqvorsen (DK): Systematized review indicates beneficial effects of breastfeeding for women with mental health issues

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<td>17.30 - 18.30</td>
<td><strong>CANAL CRUISE</strong> along the main harbour and adjoining canals in Copenhagen</td>
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<td>18.30 - 21.00</td>
<td><strong>RECEPTION</strong> at WHO including a light meal</td>
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**OCTOBER 4TH**

WHO, Regional Office for Europe UN City, Marmorvej 51, Copenhagen

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<td><strong>SESSION 3  •  Responsive feeding</strong></td>
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<td>Netalie Shloim (UK): Responsive feeding (9.00 - 9.45)</td>
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<td>Marion Hetherington (UK): Understanding infant eating behavior (9.45 -10.30)</td>
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<td>Break with coffee/tea and bread</td>
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<td>11.00 - 13.00</td>
<td><strong>ABSTRACT SESSION</strong></td>
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<td>Sisse Walløe (DK): Percieved Breastfeeding Problems among Mothers of Preterm Infants</td>
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<td>Ragnhild Måstrup (DK): Nipple shield use in preterm infants: results from a national cohort study</td>
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<td>Anne Bærug (N): What factors explain socioeconomic inequalities in exclusive breastfeeding in Norway?</td>
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<td>Sofia Zwedberg (S): Pediatricians' experiences of working with breastfeeding: An interview study</td>
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<td>Bente Thorup Dalsgaard (DK): Breastfeeding and skin-to-skin contact as non-pharmacological prevention of neonatal hypoglycemia in infants born to women with gestational diabetes; a Danish quasi-experimental study</td>
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<td>13.00 - 14.00</td>
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SESSION 4 • Tongue-tie

Solveig Thorp Holmsen (N): What do we know about breastfeeding and tongue-tie? (14.30 -15.00)

Tine Greve (N) and Alison Higgs (AUS): The “Non-expert” experts. Filling the information gab regarding tongue-ties (abstract presentation) (15.00 -15.25)

Charlotte Giuliani (DK): Examination of tongue function, tongue-tie and aftercare (15.25 -16.10)

Panel: Solveig Thorp Holmsen (N), Tine Greve (N) and Charlotte Giuliani (DK) (16.10 -16.30).
Moderator: Ingrid Nilsson (DK)

GOODBYE and see you in Iceland 2021
Recommendation of exclusive breastfeeding 6 months versus 4 months – presentation and discussion of the evidence

**Dr. João Breda**
(WHO). Dr. João Breda is PhD, MPH, MBA and Head of WHO European Office for Prevention and Control of Noncommunicable Diseases & a.i.

He is the Programme Manager of Nutrition, Physical Activity and Obesity, Division of Noncommunicable Diseases and Promoting Health through the Life-course.

“**Dr. João Breda will present the evidence for 6 months exclusive breastfeeding, followed by a debate where João Breda and Kim Fleischer Michaelsen have a conversation about 6 versus 4 month recommendation.**

**Kim Fleischer Michaelsen** (DK). Kim Fleischer Michaelsen, MD, DrMedSci, is professor emeritus in Paediatric Nutrition at Department of Nutrition, Exercise and Sports, Faculty of Science, University of Copenhagen. He has established the research group: Paediatric and International Nutrition at the department.

The focus of his research include effects of breastfeeding and complementary feeding on growth, development and risks of diseases later in life, both in high and low-income countries.

He is advisor to the Danish Health Authority on infant and young child feeding (IYCF) and has been temporary advisor and consultant for WHO.
Compliance with the “Baby-friendly Hospital Initiative for neonatal wards” in 36 countries

**RAGNHILD MAASTRUP** is a clinical nursing researcher and clinical nurse specialist in the neonatal intensive care unit at Rigshospitalet, Copenhagen. Has special interest in breastfeeding of preterm infants, skin-to-skin contact and Baby-friendly Hospital Initiative for Neonatal wards (Neo-BFHI). Member of the Nordic and Quebec working group that developed the Neo-BFHI and one of the principal investigators of the Neo-BFHI Survey.

**CONTENT OF THE PRESENTATION**

In 2012, the Baby-friendly Hospital Initiative for Neonatal Wards (Neo-BFHI) began providing recommendations to improve breastfeeding support for preterm and ill infants.

This cross-sectional survey aimed to measure compliance on a global level with the Neo-BFHI’s expanded Ten steps to Successful Breastfeeding and three Guiding Principles in neonatal wards.

In 2017 the Neo-BFHI Self-Assessment questionnaire was used in 15 languages to collect data from neonatal wards of all levels of care. Answers were summarized into compliance scores ranging from 0 to 100 at the ward, country and international levels. A total of 917 neonatal wards from 36 low, middle and high-income countries from all continents participated. The median international overall score was 77, and median country overall scores ranged from 52 to 91.

Guiding Principle 1 (respect for mothers), Step 5 (breastfeeding initiation and support), and Step 6 (human milk use) had the highest scores, 100, 88, and 88, respectively. Steps 3 (antenatal information) and 7 (rooming-in) had the lowest scores, 63 and 67, respectively. High-income countries had significantly higher scores for Guiding principle 2 (family-centered care), Step 4 (skin-to-skin contact) and Step 5. Neonatal wards in hospitals ever-designated Baby-friendly had significantly higher scores than those never designated.

**Sixty percent of managers stated they would like to obtain Neo-BFHI designation.**

Currently, Neo-BFHI recommendations are partly implemented in many countries. The high number of participating wards indicates international readiness to expand Baby-friendly standards to neonatal settings.

**Hospitals and governments should increase their efforts to better support breastfeeding in neonatal wards.**

Co-author: Dr Laura Haiek.
Shame if you do, shame if you don’t

CONTENT OF THE PRESENTATION

In this presentation I draw on the sociological underpinnings of shame to highlight how irrespective of how women feed their infants, they can face judgement and blame during interactions with health professionals and within community contexts, leading to feelings of failure, inadequacy and isolation. Strategies and support that address personal, cultural, ideological and structural constraints of infant feeding are highlighted.

DR. GILLIAN THOMSON

is a Reader (Associate Professor) in Perinatal Health at the University of Central Lancashire, UK. Gill’s research interests relate to psychosocial influences and impact of perinatal care, with a particular focus on factors that impact upon maternal wellbeing.
Identifying design solutions to increase women’s comfort with breastfeeding in public

**Method** • We conducted interviews and focus groups with breastfeeding mothers at the Royal Women’s Hospital in December 2018 to understand their experiences of public space when breastfeeding outside the home (n = 28).

We ran specific focus groups: one for Aboriginal women, and one for women speaking Amharic, Arabic, Cantonese and Vietnamese. Our interviews also included women with a range of disabilities.

**Results** • Many participants reported that they avoided breastfeeding in public spaces due to social expectations, modesty or physical comfort. Mothers reported that the best spaces for breastfeeding were dignified, safe, comfortable, accessible, compatible with their other needs and responsibilities and offered a high level of amenity. Using the data, we developed design guidelines that outlined how a range of everyday shared spaces could become breastfeeding-friendly as well as the optimal design characteristics for dedicated breastfeeding spaces.

**Recommendations** • We recommend use of our new design guidelines for public institutions, councils, shopping centres, or other organisations designing or managing shared spaces.

**LISA AMIR**, MBBS MMed PhD IBCLC FABM FILCA, Associate Professor, is a general practitioner and lactation consultant. She has been continually certified as an IBCLC since 1989. She works in breastfeeding medicine at The Royal Women’s Hospital in Melbourne, Australia, and in private practice. She is a Principal Research Fellow at the Judith Lumley Centre, La Trobe University, Australia. She is the author of over 100 peer-reviewed articles, and the primary author of the Academy of Breastfeeding Medicine’s clinical protocol on mastitis. She is the Editor-in-Chief of International Breastfeeding Journal.

**CONTENT OF THE PRESENTATION**

**Introduction** • Breastfeeding is a crucial first step in preventative health for all infants, but many mothers do not achieve their own breastfeeding goals. Some mothers find it challenging to breastfeed outside the home, and difficulties finding appropriate public and semi-public spaces for feeding contributes to cessation of breastfeeding earlier than planned.

To date, breastfeeding women have not been included in most public space design, such as parks, shopping centres or public buildings. This project set to out explore design features that invite or deter breastfeeding in public.
The use of Intervention Mapping to improve breastfeeding care and support

A before and after design was chosen using Intervention Mapping (IM) as the framework for development and implementation of the intervention.

Result • The program was designed in two parts. The first one aimed at providing parents with useful and correct information about breastfeeding and the newborn’s needs and behaviour. The second part was an education material for health care staff. It was planned as a two part program.

The first part consisted of eight ten minutes long web-lectures that the staff watched at work. Thereafter one day or half-day courses were given with process-oriented training.

Conclusion • IM may be useful in development of a breastfeeding implementation program, ensuring the development is comprehensive enough, accepted in the clinical context, efficient, context specific with a solid theoretical base.

Co-authors: Oras P, Ljunberg T and Hellström-Westas L.

ABSTRACT

Background • The breastfeeding prevalence in Sweden peaked during 1990s when more than 40% of infants were exclusively breastfed for six months, a result of the Baby Friendly Hospital Initiative implementation. Even though the implementation was successful, less efforts have been spent on the maintenance of the guidelines and during the last decades the breastfeeding prevalence has decreased in Sweden.

Aim • The aim of the current project was to develop and implement a complex intervention program in order to increase the rates of successful breastfeeding, and to improve the care and support that is given to breastfeeding mothers and their infants using intervention mapping.

Methodology • The project aims to revive the ten steps to successful breastfeeding through patient information and a process-oriented breastfeeding staff training in two Swedish regions with different socio-demographic profiles.
Advice on breastfeeding frequency during the first 24 hours after delivery

ELLEN CECILIE ANDRESEN, NUTRITIONIST, MSC,
INA LANDAU AASEN, RM/RN, MNSC, IBCLC

ABSTRACT

Background • The information from health personnel to mothers regarding recommended breastfeeding frequency during the first 24 hours after delivery is inconsistent.

The current recommendation from the Norwegian National Advisory Unit on Breastfeeding is to breastfeed minimum 3-4 times the first day after delivery.

The Norwegian National Advisory Unit on Breastfeeding has reviewed the evidence for the advice about breastfeeding frequency in the first 24 hours after birth.

Aim • The aim of the review was to identify observed breastfeeding frequency during the first 24 hours after delivery in healthy term newborns, and whether frequency is related to timing of secretory activation, early milk production, early weight development, bilirubin levels and breastfeeding rates.

Methods • We searched PubMed, textbooks and relevant websites for available literature on the subject.

Only studies undertaken in hospitals or birthing facilities practicing rooming-in and on-demand feeding were included.

Results • In the included studies, mean observed breastfeeding frequency during the first 24 hours after delivery ranged from 4 to 13. Higher breastfeeding frequency was associated with earlier secretory activation, milk production, as well as breastfeeding exclusivity and duration.

• Breastfeeding frequency during the first 24 hours after delivery further seemed to positively affect bilirubin levels and weight change in the newborn.

• Anaesthesia or oxytocin to the mother during labour may affect the newborn’s alertness and thus the babies demand for the breast.

• Many of the mother-infant-dyads observed in the included studies were exposed to medications during birth, but most studies did not adjust for this. Thus, we do not know how the observed frequencies were affected by medications. We will, however, assume that without any medication the infant would breastfeed more frequently.

Conclusion • Higher breastfeeding frequency during the first 24 hours after delivery seems to improve breastfeeding outcomes.

Co-author: Elisabeth Tuftø RN, RPHN, MPH, IBCLC.
Supplementation during maternity ward stay and breastfeeding full-term infants at the age of 4 months

ABSTRACT

Background • The Baby-Friendly Hospital Initiative, which recommends avoiding non-medically indicated supplementation, have an increasing impact on breastfeeding rates. Sociodemographic characteristics and delivery-related factors have also been associated with breastfeeding rates.

Aim • To study how sociodemographic and delivery-related factors are associated with supplementation during a stay in maternity ward and with exclusive breastfeeding from discharge to the age 4 months.

Methods • Data for this cross-sectional quantitative study were collected across six counties in Finland during fall 2017. The recruited families had an infant aged 3 to 4 months and had visited child welfare clinics during the study period.

Data were gathered via a questionnaire given to the infants’ mothers and via the Finnish Medical Birth Register (MBR). In total, 659 families (81%) agreed to participate.

For this study, only full-term, non-NICU-hospitalized infants that had information of their supplementation in MBR during their stay in the maternity ward and filled maternal questionnaire were included (n=212). Logistic regression with the enter method was used to study predictive factors for supplementation and exclusive breast-feeding.

Results • Mothers’ mean age was 30.3 years (SD=4.8). Most mothers were relatively highly educated (53%, n=112 had at least Bachelor’s degree) and most were married or cohabiting (98%, n=205). Almost half (47%, n=152) were primiparous. In total, 59% (n=124) rated their family’s economic situation as moderate or worse.

- The majority of the births were vaginal (84%, n=177). Four mothers out of 10 (44%, n=94) had epidural anesthesia and 19% (n=41) stated that their birth went worse than they had expected.

- Half of the infants (50%, n=106) had received supplementation during their time in hospital and 66% (n=139) were exclusively breastfed at 4 months.

- Cesarean delivery (OR=3.6, 95%CI=1.4-9.2), being primiparous (OR=4.8, 95%CI=2.4-9.5) and maternal older age (OR=1.1, 95%CI=1.0-1.2) predicted supplementation during hospital stay, while the mother’s education, the family’s experienced economic situation, epidural anesthesia, and birth experience did not. Only supplementation during hospital stay (OR=2.1, 95%CI=1.1-4.1) predicted non-exclusive breastfeeding from discharge to the age 4 months.

Conclusion • Supplementation rates were high and predicted the continuation of supplementation after discharge, leading to decreased prevalence of exclusive breastfeeding.

Co-author: Dr. Klemetti Reija.
The complexity of breastfeeding was manifest in the interactions between breastfeeding experiences and related feelings constituted under the four themes. Breastfeeding experiences that led to positive feelings facilitated a continuation of the breastfeeding period. It was found crucial to positive feelings about breastfeeding that the mothers experienced two-sided benefits:

1. That breastfeeding involved a feeling of positive bonding with the child and
2. That the child was experienced to benefit nutritionally from the breastfeeding

Barriers hindering the experience of these benefits could induce negative feelings towards breastfeeding and compromise the intention to breastfeed exclusively for six months.

Conclusion • It is crucial for young primiparous mothers’ initiation and maintenance of breastfeeding to experience benefits related to both bonding and nutritional values. Health professionals’ facilitation of this two-sided benefit might therefore increase effectiveness of their breastfeeding support and thereby contribute to reduce inequities in health.

Co-authors: Dr. Ingrid Nilsson, IBCLC and Dr. Katja Schröder.
Systematized review indicates beneficial effects of breastfeeding for women with mental health issues

One study suggested a dose-response relationship, and one large study of 14,500 women found that the women’s intentions of breastfeeding determines whether breastfeeding acts as a protective factor or a risk factor for postpartum depression. One study suggested a similar influence on postpartum anxiety. No influence of breastfeeding was seen on stress.

Discussion • Even though the included studies had some risk of bias and that a full systematic approach could not be applied since the review was conducted as a study assignment by the first author, important findings were made in the present review.

Conclusion • Evidence suggests that breastfeeding is associated with lower risk of postpartum depression and a greater decline in symptoms over time. The evidence suggests that it is highly important to take women’s intentions of breastfeeding into account. A similar association between breastfeeding and anxiety was suggested, but the evidence was limited. It is unclear whether, breastfeeding influences on stress. Further studies are needed.

Co-author: Vibeke Zaffmann, RN, MPH, PhD.
Responsive feeding

Netalie Shloim is a Lecturer in Counselling and Psychotherapy in the School of Healthcare. She is a trained psychologist and counsellor with more than 17 years’ experience of supporting clients with eating disorders, addictions, trauma and obesity. Her educational and research interest are in maternal well-being, body image and self-esteem, eating behaviours/eating disorders, attachment and mother-infant mealtime interactions. Prior to moving to the UK (2010), she was the creator and manager of an obesity prevention intervention in one of the largest hospitals in Israel (The Chaim Sheba Medical Center at Tel HaShomer) and studied obesity in Jewish Orthodox and non-Orthodox populations. She is continuing her scholarship work in Israel and is interested in international research.

Marion Hetherington is Professor of Biopsychology at the University of Leeds. She is an experimental psychologist with more than 30 years’ experience of conducting research on appetite across the life-span. Her recent interests include the ways in which infants communicate hunger, appetite and satiety as well as the ways in which mothers respond to these signals. She is also a trustee of the charity Give A Child A Hope which partners with the Revival Centre in Matugga, Uganda to provide education, shelter and support to disadvantaged children. She conducts research in Uganda investigating infant feeding practices.

Towards responsive feeding – using observational methods to understand how infants communicate hunger, appetite and satiety.

Background • To promote optimal growth and health in early life, mothers are encouraged to be responsive to their infants’ needs. Responsive feeding involves a bi-directional exchange between mothers and infant during mealtimes. Mothers who are able to “tune in” to their infant’s hunger, appetite and satiety cues and respond accurately and promptly to these cues are said to be responsive.

Aims and objectives:
1. To provide an overview of observational methods in assessing responsive feeding.
2. To assess stability and change in infant hunger and satiety cues across the first 2 years of life.
3. To characterise expression of appetite cues during the course of a meal.

Methods • A series of studies involved video recording mealtimes to assess the ways in which infants communicate hunger, appetite and satiety. Films have been coded for communication cues including the frequency and time at which each cue appeared within a meal, as well as how these change with development.

Results • Women who breastfed provided fewer distractions during the meal, a more ideal feeding environment and fed more responsively than those who did not. Following complimentary feeding the fre-
Frequency of hunger and satiety cues increased with development. Infants were more likely to communicate potent engagement cues such as babbling, mutual gaze and looking at mother with age with time.

**Some cues such as gazing at food or gazing at the caregiver decline over the course of a meal, and exploratory gaze increases, suggesting that gaze is an important indicator of attention and interest in food.**

**Discussion** • These studies provide sample evidence that infants are capable of communicating hunger, appetite and satiation. However, mothers may vary in their ability to identify and respond to these cues.

**Conclusion** • Raising awareness of feeding cues may encourage more responsive meal-time interactions. Future research is needed to examine the unique contribution of parental and child factors, to better integrate knowledge and to provide further insight into the complex mechanisms involved in children’s eating behaviour and appetite regulation.
Perceived Breastfeeding Problems among Mothers of Preterm Infants

SISSE WALLØE, BSCM, MASTER IN SCIENCE OF HEALTH, IBCLC

ABSTRACT

Background • Some mothers do not succeed in continuing to breastfeed after discharge from the Neonatal Intensive Care Units (NICU). There seems to be a lack of knowledge regarding breastfeeding problems of preterm infants, and the effect on breastfeeding cessation.

Research Aim/Questions • The aim was to explore what breastfeeding problems mothers of preterm infants experience at discharge from NICU, what factors in clinical practice these problems were associated with, and the association between breastfeeding problems and breastfeeding 1 month after discharge.

Methods • Data from a prospective survey of 1,221 mothers of 1,488 preterm infants with a gestational age of 24-36 weeks were used. Questions regarding breastfeeding problems were thematically analyzed and categorized. Adjusted associations were analyzed using multiple logistic regression.

Results • Thirty-six percent rated breastfeeding problematic on the days of discharge. Mothers with a higher education (42%, p=0.004) and mothers of infants born at an earlier gestational age (50%, p=0.005) were more likely to rate breastfeeding as problematic. Nipple shield use was positively associated with problematic breastfeeding (OR 1.67, 1.23;2.27). The most frequent problem was infant lack of stamina (10%). Mothers experiencing low milk production (OR 5.37, 2.51;11.47), breast or nipple pain (OR 3.81, 1.24;11.74), or infant unsettledness at the breast (OR 4.96, 1.85;13.35) were more likely to cease breastfeeding 1 month after discharge.

Conclusion • Mothers who perceive breastfeeding as problematic because of low milk production, breast or nipple pain, or unsettled infant may need additional support to continue breastfeeding after discharge from NICU.

Co-author: Dr. Ragnhild Maastrup, IBCLC.
Nipple shield use in preterm infants: results from a national cohort study

ABSTRACT

Background and aim • Prevalence and reasons for nipple shield use are not well studied in preterm infants and recommendations of nipple shield use in preterm infants are inconsistent.

The aim was to determine the prevalence of nipple shield use, explore the reasons of nipple shield use and the association with exclusive breastfeeding in preterm infants.

Methods • The study was part of a prospective survey of a Danish national cohort of preterm infants based on questionnaires answered by the 1221 mothers of 1488 preterm infants with gestational age of 24–36 weeks. Data on nipple shield use was available for 1407 infants.

Results • Nipple shields was used by 54% of the mother-infant dyads for many different reasons and was more related to problems in the infant than in the mother. The most common reason for nipple shield use was “infant slipped the nipple” (52%). The lower the gestational age the more frequently nipple shields were used for reasons related to the infant.

For those using a nipple shield, only the reason “infant fell asleep at the breast” was associated with higher risk of not breastfeeding exclusively at discharge (OR (95% CI) 1.89 (1.17; 3.05), p=0.009), and “breast too engorged” with lower risk of failure (OR (95% CI) 0.40 (0.22; 0.74), p=0.004), but overall nipple shield use was associated with failure of exclusive breastfeeding.

Conclusion • The present study does not give justifiable reasons for nipple shield use, except for “breast too engorged”. It is likely that nipple shield use in preterm infants is more related to problems in the infant than in the mother.

Nipple shields should not be recommended for infants falling asleep at the breast, instead, staff and mothers should be patient.

The results indicate that the use of a nipple shield does not promote exclusive breastfeeding in preterm infants.

Co-authors: Sisse Walløe, BM, MSC, IBCLC and Dr. Hanne Kronborg.
What factors explain socioeconomic inequalities in exclusive breastfeeding in Norway?

ABSTRACT
Background and objective • Socioeconomic inequalities in health emerge in early life. In high-income countries, breastfeeding rates are highest among high-income, better-educated women. What are the factors that explain socioeconomic inequalities in breastfeeding, and are they amenable to interventions?

Our objective was to examine the association between socioeconomic position and exclusive breastfeeding, and to explore whether socioeconomic inequality in exclusive breastfeeding could be explained by other sociodemographic characteristics, e.g. maternal age and parity, smoking habits, birth characteristics, quality of counselling, and breastfeeding difficulties.

Methods • We used data from a questionnaire sent to mothers when their infants were 5 completed months, as part of a trial of a breastfeeding intervention in Norway. We used maternal education as an indicator of socioeconomic position. Analyses of 1598 mother-infant pairs were conducted using logistic regression to assess explanatory factors of educational inequalities in breastfeeding.

Results • Socioeconomic inequalities in exclusive breastfeeding was present from the beginning and persisted for 5 completed months, when 22% of the most educated mothers exclusively breastfed compared to 7% of the least educated mothers: OR 3.39 (95% confidence interval (CI) 1.74 to 6.61).

After adjustment for all potentially explanatory factors, the OR was reduced to 1.49 (95% CI 0.70 to 3.14). This decrease in educational inequality seemed to be mainly driven by sociodemographic factors, smoking habits and breastfeeding difficulties, in particular perceived milk insufficiency.

Conclusion • Socioeconomic inequalities in exclusive breastfeeding are largely explained by other socioeconomic factors, and modifiable factors such as smoking habits and breastfeeding difficulties. Offering breastfeeding support to mothers who continue to smoke, and preventing perceived breast milk insufficiency may contribute to reduced inequalities.

Co-authors: Petter Laake, Beate Fossum Løland, Thorkild Tylleskär, Elisabeth Tufte and Atle Fretheim.
ABSTRACT

Background • The breastfeeding rate in Sweden has declined since the mid-1990s. Factors increasing the risk of a mother not exclusively breastfeeding her infant at the age from one to three months includes the mother having delivered by caesarean section or experienced breastfeeding problems and for the infant having received formula or glucose during the first week of life. If initiation of breastfeeding is difficult for a mother, it is known that caring support and competence around her are very important factors. In Sweden little is known about how pediatricians experience their work in supporting, protecting and promoting breastfeeding.

The aim of the study was to investigate Swedish pediatricians’ experiences of working with breastfeeding.

Method • Semi-structured interviews were conducted with 12 pediatricians working at hospitals in Stockholm County. The interviews were recorded, transcribed and analyzed using content analysis and an inductive approach.

Results • All pediatricians saw their role in working with breastfeeding as an important one, but their primary role as pediatricians was to ensure that infants received good nutrition. They delegated the practical aspects of breastfeeding to midwives, who were seen as experts, although the pediatricians believed they had a greater understanding of the necessity for supplemental feeding than did midwives.

"They also expressed the need for a common strategy regarding supplemental feeding and better teamwork with the midwives."

Some respondents noted that it was difficult to advocate for breastfeeding without seeming critical of mothers who experienced problems with it or who did not want to do it. The results comprised a general theme, that breastfeeding is a genuine and difficult task, and five categories: factors decreasing breastfeeding, competence, roles of the professionals, supplemental feeding, the healthcare system’s responsibility.

Conclusions • Pediatricians have an interest in breastfeeding. However, they perceive inadequate communication with midwives and a need for better collaboration with them regarding breastfeeding. The study also identified a need for a national breastfeeding strategy and for improved conditions that create a breastfeeding-friendly environment.

Co-authors: Amanda Melin, RM and Philicia Björklund, RM.
Breastfeeding and skin-to-skin contact as non-pharmacological prevention of neonatal hypoglycemia in infants born to women with gestational diabetes; a Danish quasi-experimental study

ABSTRACT

Background • The worldwide incidence of maternal gestational diabetes mellitus (GDM) is increasing and in Denmark, approximately 2.3% of women develop GDM during pregnancy. Their infants are breastfed shorter than the national mean. The practice in Denmark regarding prevention of neonatal hypoglycemia in infants at risk has been ingestion of weight-adjusted formula (60 ml/kg/day the first 12–24 h starting one-hour post-partum and repeated every two-three hours).

Aim • To investigate the effect on infant blood glucose levels of an intervention consisting of early, frequent breastfeeding and two hours of immediate uninterrupted skin-to-skin contact following birth of term infants born to mothers with diet-treated GDM.

Study design • Quasi-experimental study design with a historical control group (n=132) and an intervention group (n=401) testing a procedure to prevent neonatal hypoglycemia. Main outcome measures: blood glucose levels 2 and 4 hours after birth, hypoglycemia with a cut-off of < 2.5 mmol/l, breastfeeding within the first two hours after birth, breastfeeding frequency within the first six hours, and amount of formula given to hypoglycemic infants.

Results • Mean blood glucose levels in the intervention group at two and four hours were within safe limits: 3.37 mmol/l (95% CI: [3.30, 3.44]) and 3.40 mmol/l (95% CI: [3.34, 3.46]), respectively. Infants suffering a hypoglycemic event within four hours after birth decreased from 22.7% (n=30/132) in the control group to 10.2% (n=41/401) in the intervention group. The mean number of breastfeeds in the intervention group (within six hours) was 2.41 compared to 1.34 in the control group (within seven hours), an increase of 80%.

Conclusion • Maintaining skin-to-skin contact for infants of mothers with diet-treated GDM, and encouraging early frequent breastfeeding is a safe strategy to prevent hypoglycemia.

Co-authors: Dr. Maria Rodrigo-Domingo, Dr. Hanne Kronborg and Dr. Helle Haslund.
What do we know about breastfeeding and tongue-tie?

**Dr. Solveig Thorp Holmsen, MPH**

Solveig Thorp Holmsen graduated from University of Oslo, Faculty of Medicine in 1997. She obtained a Masters degree in Public Health from Johns Hopkins University in 1998. Surgical residency and continuing work in the Oslo Emergency Room a department of Oslo University Hospital since 2001 where she is currently working as a Consultant Doctor.

Solveig wanted to offer better treatment to mothers suffering from lactational mastitis in her clinic and to work with the health system to prevent this condition among mothers.

She started as a medical advisor in the Norwegian National Advisory Unit on Breastfeeding in 2011 and she is currently specializing in community medicine. She is working on a National level to increase the knowledge on breastfeeding and prevention and treatment of lactational mastitis. She has experience in evaluating and treatment of medical conditions that can be a challenge for breastfeeding.

Observe the association between tongue ties and lactational mastitis in her daily practice she started addressing this problem. She is organizing the work developing a knowledge based National guidance document on the diagnosis and treatment of tongue-tie among infants in Norway. She has also received funding for research on tongue-ties in Norwegian infants.

**Content of the Presentation**

Tongue tie in infants may cause breastfeeding problems. The lecture will present an overview of the literature and the evidence for treatment. How a tongue tie can affect breastfeeding and suckling adversely.

**Diagnosis of tongue tie in infants with breastfeeding and nutritional problems and treatment on right indication and timing is of importance as well as multidisciplinary treatment and support of the breastfeeding dyad.**

Breastfeeding support in dyads with tongue tie complicating the feeding will be discussed.
The “Non-expert” experts.  
Filling the information gab regarding tongue-ties

ABSTRACT

Background • Australia and Norway are on opposite sides of the globe, yet families in both these countries struggle with the same problems when health professionals and policymakers fail to provide consistent evidence-based information to parents, and eventually, treatment to babies with tongue-ties.

Common misconceptions are perpetuated, and parents are left floundering for information and support. In desperation, they have turned to social media in attempt to fill that gap. This seems to have created a “Non-expert” expert community.

Aim • The aim is to describe what information and support parents experience from “Non-experts” when they have a suspicion of a tongue-tied baby and how they view and evaluate their experiences regarding contact with healthcare professionals concerning tongue-tie issues.

Methods • A week in the life of tongue-tie support groups on Facebook in Norway and Australia. Number of users, common themes, complaints, questions and stories were analysed over one week in Norway and in Australia. Australia has three main tongue tie support groups on Facebook. Norway has one.

Results • We compared the types of enquiries, similarities or dissimilarities in stories and experiences in the two countries. We looked at what kind of responses and support they got from other parents and from the “Non-experts” experts in the groups. We found that there was an overall similarity in the experiences, FAQs and responses. It seems like parents have the same struggles and experiences on both sides of the globe. This will be presented in more details at the conference.

Conclusion • Parents in both countries have a desire for accurate and supportive information, and this is not always being provided by health professionals, so they seek information elsewhere.

There appears to be a significant level of distrust of health professionals regarding knowledge about tongue ties and how this can affect breastfeeding, and particularly how, and where, to get it treated.

We have focused on parents requiring information about tongue-ties in primarily breast-fed babies up to one year of age.
Charlotte has practiced in private practice in Holland and Denmark since she graduated from Anglo European College of Chiropractic (AECC) in 1994.

Since she completed her Master in Pediatric Musculoskeletal Health at Bournemouth University in 2014, she has build-up an interdisciplinary pediatric clinic receiving more than 1000 new pediatric patients a year.

Inspired by the work carried out at the Interdisciplinary Midwifery and Chiropractic Newborn Breastfeeding Clinic at AECC/ Bournemouth University, she has set up an interdisciplinary clinic "Din ammeklinik" receiving mother-infants dyads with suboptimal feeding issues.

Charlotte is a frequent guest lecturer on the subject Paediatric Oral Motor Dysfunction and she is currently participating in the development of interdisciplinary National Clinical Guidelines on “Examination and Treatment of Tongue Tie in Breastfeeding Infants” in Denmark.

CONTENT OF THE PRESENTATION
Research has shown, that not all infants with tongue tie have breastfeeding problems and that not all infants with breastfeeding problems and tongue tie, respond to frenectomy.

Research has also shown that a large percentage of infants with suboptimal suckling techniques respond well to manual treatment.

So when is frenectomy indicated and when is manual treatment appropriate? Presentation of a research evidenced based clinical approach to suboptimal feeding and empirical considerations about clinical indications for frenulotomy.
The posters will be visible for the participants during the entire conference. A poster walk will take place on October 4 between 2 and 2.30 pm.

During the poster walk the authors will present their posters in a 2 minutes’ speech and afterwards there will be time for a few questions from the audience.

You can choose between the poster walk in group A, B or C. The video film will be shown in the Lounge area.

**Group A:**

1. Emma Gerhardsson (S): Mother’s adaptation to a late preterm infant when breastfeeding

2. Helle Berg Sandfeld (DK): A quality improvement project in NICUs focusing on consistent breastfeeding counselling based on the Neo-BFHI


4. Ina Landau Aasen (N): Electronic monitoring of Baby-Friendly - Hospital standards

**Group B:**

5. Tine Greve (N): Breastfeeding counselling and tongue-ties

6. Laura Merivirta (FIN): Impact on breastfeeding after lip tie and/or tongue-tie release parents experiences in Finland


8. Dorrit Vitzel (DK): Starting Over!

**Group C:**


10. Ingrid Nilsson (DK): Determinants of Early Negative Breastfeeding Experiences and Low Breastfeeding Self-Efficacy One Week Following Birth

11. Tove Ebbesen (DK): Ammehjælpen

12. Leena Hannula (FIN): Can reflexology treatment help infants with infantile colic - results of a pilot study

**Video presentation in the Lounge area:**

Karin Österman: Embrace; an artvideo of skin-to-skin care
Mother’s adaptation to a late preterm infant when breastfeeding

EMMA GERHARDSSON, RN, MNSC

ABSTRACT

Aim • The aim of this study was to psychometrically test the Adaptation to the Late Preterm Infant when Breastfeeding Scale (ALPIBS). An additional aim was to test how mothers’ self-efficacy predicts adaptation to a late preterm infant (LPI) when breastfeeding.

Design • This study had a longitudinal and prospective design and the data collection was consecutive.

Methods • A total of 105 mothers were included and data were collected between September 2012 and July 2015 using questionnaires. The ALPIBS was developed using exploratory factor analysis and the association between breastfeeding self-efficacy and ALPIBS score was examined using linear regression analysis.

The Breastfeeding Self-Efficacy Scale - Short Form (BSES-SF) instrument was used to measure self-efficacy in breastfeeding.

Results • We identified four separate underlying factors measured by eleven items in the ALPIBS:
A. Breastfeeding is a stressful event (four items);
B. The infant should breastfeed as often as he or she wants (three items)
C. A mother has to breastfeed to be a good mother (two items)
D. It is important to ensure control over the infant’s feeding behaviour (two items).

Conclusion • A higher degree of self-efficacy was significantly associated with a higher degree of adaptation to the LPI’s breastfeeding behaviour.

Breastfeeding is an investment in future health for both mother and infant and self-efficacy is an important and modifiable factor that influences breastfeeding.

Co-authors: Dr. Andreas Rosenblad, Dr. Elisabet Mattsson, RN, RMA and Dr. Eva-Lotta Funkquist, RN, RM.
A quality improvement project in NICUs focusing on consistent breastfeeding counselling based on the Neo-BFHI

ABSTRACT

Background • Parents have experienced differences in breastfeeding counselling and information when their infants are transferred between neonatal intensive care units (NICUs). Establishment of breastfeeding in preterm infants is challenging and requires parental guidance from skilled health care professionals. In 2015 the Baby-friendly Hospital Initiative for neonatal wards (Neo-BFHI) was launched with standards and recommendations.

Aim • To ensure consistent, evidence-based breastfeeding counselling for parents to preterm infants in Region Midt and Region Nord, and to ensure individual focus on each family.

Method • Denmark has five regions. In two of these, Region Midt and Region Nord, a network for IBCLCs in NICUs was established in 2014 supported by the head nurses. The six members of the working group are neonatal nurses and IBCLCs. Attending Neo-BFHI in Uppsala in 2015, the group was inspired to prepare a breastfeeding policy based on the Neo-BFHI.

Group members met quarter-annual for a whole day with an agenda ensuring maximal participation from all group members. At the meetings each of the Ten Steps in Neo-BFHI were thoroughly discussed in relation to practice-related-improvements. Group members were responsible for implementing the breastfeeding policy in their own wards.

Results • All Ten Steps and three guiding principles in the Neo-BFHI have been examined and a full breastfeeding policy prepared, which is implemented among all the nurses in the NICUs.

During the implementation more improvements have been made in the NICU’s. More mothers are able to remain close to the infant 24/7 either in a bed next to the incubator or in a separate family room with the infant (step 7) which encourage to more and prolonged skin-to-skin contact (step 4). Early hand expression of breastmilk and establishment of milk supply is now well implemented (Step 5) in collaboration with the delivery wards, and therefore less infants need supplementation with formula for acceptable medical reasons (Step 6).

When transferred between NICUs we experience that parents value consistent breastfeeding counselling with respect for the individual family’s needs and as a result, we hope to increase our breastfeeding rates in the future.

Conclusion • Implementation of the Neo-BFHI recommendations are progressing in Region Midt and Nord in Denmark.

Co-authors: Birgit Dam, RN, IBCLC, Lene Hedegaard, RN, IBCLC, Susanne Kabel, RN, IBCLC and Anne-Marie Pedersen, RN, IBCLC.
Handexpressing in pregnancy

KAREN LASSEN, BM
JOHANNE TRABJERG JENSEN, RM

ABSTRACT

Background • In “Amning - en håndbog for sundhedspersonale”, 2018, we learn about a new initiative advising women to handexpress from GA 36, if the woman’s child is in risk of developing hypoglycemia, which is the case for babies of women with GDM.

We would like to investigate the evidence behind this initiative, how women experience to handexpress in late pregnancy and finally how midwives can work with these women from a health promoting point of view.

Aim • How do women diagnosed with GDM experience handexpressing during pregnancy and how can midwives, from a health promotion point of view, use this knowledge in their future work with these women?

Method • In order to have an evidence-based foundation of discovering how women experience handexpressing in pregnancy we validated the article “Advising women with diabetes in pregnancy to express breastmilk in late pregnancy (Diabetes and Antenatal Milk Expressing [DAME]): a multicentre, unblinded, randomized controlled trial”.

Furthermore we interviewed three women diagnosed with GDM about their experiences with handexpressing in pregnancy. These data were analyzed using Bandura’s theory Self-efficacy to clarify the women’s Self-efficacy with handexpressing. This, along with the validation of the article mentioned above, made the foundation for answering how midwives can work in more health-promoting ways with the women handexpressing during pregnancy.

Results and conclusion • Women with GDM are motivated towards handexpressing during pregnancy because they want to be able to offer their own milk to their baby in case of hypoglycemia. They experience handexpressing as a good way to prepare themselves for breastfeeding. However, the evidence shows, that these women do not breastfeed for a longer period despite having handexpressed during pregnancy.

If midwives help women to make individual and realistic goals for handexpressing they can help facilitate handexpressing having a health promoting effect.
Electronic monitoring of Baby-Friendly - Hospital standards

INA LANDAU AASEN, RM/RN, MNSC, IBCLC

ABSTRACT

Background • In 2018 WHO launched the revised Baby-Friendly Hospital Initiative (BFHI) to promote breastfeeding. All facilities providing maternity care need to monitor their own activities to see if they are working according to the 10 steps for successful breastfeeding (BFHI). In Norway we have performed an electronic monitoring of almost all the facilities since 2013, to see if they were working according to the BFHI.

In 2016, 40 hospitals agreed to electronic monitoring performed by the Norwegian National Advisory Unit on Breastfeeding. Our presentation focuses on Step 6: Mothers should be discouraged from giving any food or fluids other than breast milk, unless medically indicated.

Method • Mothers received a link to an electronic questionnaire after birth asking about breastfeeding information provided to them during their stay. The aim was to evaluate alignment of that information with the BFHI 10 steps. The health staff registered all use of supplements given in the same period using Opinio software. 1066 mothers answered the questions, and more than 3000 registrations were performed by the staff.

Findings • On average, 31% of healthy newborn babies received supplementation; many without a medical reason. Both the mothers and personnel reported concerns such as insufficient milk, baby is fussy and too much weight loss.

Many hospitals did not pass WHO’s BFHI requirement that ≥ 80% of infants should not receive any other food but breast milk throughout their stay at the facility, absent a medical reason.

Conclusion • Continuous electronic evaluation is a reliable, efficient and cost effective way of monitoring the Hospitals. It gives a realistic picture of the hospitals’ key clinical practice regarding mothers’ answers and staffs’ registration. It should be implemented in the Hospitals’ ongoing internal adherence monitoring for clinical practices according to the 2018 WHO recommendation.
ABSTRACT

**Background** • During the last couple of years there has been an increasing focus on breastfeeding difficulties due to tongue-ties.

**Aim** • How can the breastfeeding counsellor provide the support and guidance that secures the baby’s need for mother’s milk?

**Method** • In this presentation I will focus on the different challenges a tongue-tie can present for the breastfeeding dyad. Based on experience from my clinical practice as an IBCLC, I will describe when and how the symptoms present in various cases and how to examine and evaluate what specific counselling they need.

**Conclusion** • Breastfeeding dyads experiencing breastfeeding difficulties due to a tongue tie need an individualized counselling based on the origin of their problem in order to provide the baby with breastmilk.

Many mothers experience challenges in the breastfeeding situation and sometimes an unwanted, and maybe unnecessary, breastfeeding cessation. Often, we see that the standard practice in breastfeeding counselling does not meet these dyad’s needs.

"I will look at how to maintain a good milk production if the baby is not able to facilitate that and how to secure the baby’s milk intake if it struggles to do so at the breast."
Impact on breastfeeding after lip tie and/or tongue-tie release parents experiences in Finland

LAURA MERIVIRTA, PUBLIC HEALTH NURSE, IBCLC

ABSTRACT

Background • Breastfeeding has enormous benefits for the child, mother and society. From the point of view of health promotion, breastfeeding is one of the best ways to promote the health of mothers and children. The success of breastfeeding is influenced by many things, in this thesis the focus is on lip ties and tongue-ties.

Objective • The purpose of this thesis was to describe the experiences of families with lip tie and / or tongue-tie release and its effect on breastfeeding, and what kind of assistance families received in breastfeeding difficulties caused by lip tie and / or tongue-tie.

Methods • A retrospective study conducted in Finland. The data was collected by an electronic questionnaire in spring 2019 on Facebook’s Tongue-tie Support Group, which offers peer support.

Results • According to the results, lip ties and tongue-ties are not yet well recognized in Finland. Lip and tongue-ties caused many problems in families. All respondents had problems with breastfeeding.

Nearly all families (96.2%) received a lip tie and/or tongue-tie release to help with problems. In support of the procedure, assistance was obtained from breastfeeding and activating the lip and tongue. The problems described before the operation were significantly reduced after the operation.

Conclusions • Healthcare staff should be trained to identify lip ties and tongue-ties to help families more effectively. The release of the lip tie and / or tongue-tie is a safe and effective aid to the problems caused by tendons, it also requires breastfeeding counseling and activating the lip and tongue.

Co-author: Dr. Leena Hannula, PhD.

The questionnaire was compiled on the basis of a previous reliable measure. The data (n=185) was analyzed by using statistical methods and content analysis.

"The survey was aimed at families whose baby had undergone lip tie and/or tongue-tie release at 0-12 months. Questionnaire included structured and semi-structured questions and an open question."
ABSTRACT

Background • In 2007 Ammenet was created as an online forum for mother-to-mother support for women breastfeeding beyond 1-2 years. Quickly a need for breastfeeding counselling became evident and so the forum evolved. At first a small group of women offered counselling to others based on their own experience and self-acquired knowledge.

The need for counselling grew and in response the work of creating a training programme for breastfeeding counsellors began.

In 2014 the first volunteers completed the programme, and the programme has since been updated to a 160 hour evidence-based structured training programme, regularly edited by volunteers with an IBCLC certification.

In 2017 Ammenet became a registered organisation, recognised by the IBLCE as a Breastfeeding Support Counsellor Organisation.

Aim • The aim of Ammenet is 1) to provide support and guidance to families who wish to breastfeed and 2) to provide knowledge of breastfeeding as the biological and cultural norm to the public.

Methods • Ammenet administers one facebook group and a contact form on the website, each providing the opportunity to seek guidance from a trained breastfeeding counsellor once a week. Three other facebook groups provide the opportunity to seek mother-to-mother support for mothers of breastfeeding children <2 years, for mothers of breastfeeding children >2 years and for mothers who pump at a daily basis, respectively.

Ammenet also administers a blog, wiki, Facebook page and an Instagram account.

Results • Ammenet has 33 volunteers, of whom 16 are trained breastfeeding counsellors (2 IBCLCs), 6 are counsellors in training, 7 moderate the Facebook support groups, and 4 have administrative tasks.

At the moment our counsellors answer upwards of 20 questions per week and around 250 questions are being asked each week in the three support groups. The wiki provides evidence based information to 24,000 visitors per month on more than 70 different breastfeeding related topics written by volunteers and edited by IBCLCs.

The Facebook page, blog and Instagram account provide breastfeeding-related knowledge to the public and shows pictures of breastfeeding in all forms.

Conclusion • Ammenet exists due to a growing need for online breastfeeding related information and guidance from trained breastfeeding counsellors.
ABSTRACT

Background • The role of psychosocial factors such as breastfeeding intention and self-efficacy could explain early cessation of breastfeeding. Success after a previous complicated breastfeeding experience is strongly associated with intention and self-efficacy when breastfeeding a future child.

Therefore, it is crucial to explore psychosocial factors that impact duration of breastfeeding in women with previous breastfeeding complications, resulting in early cessation.

Interventions should include elements to improve self-efficacy and a mother’s resources. Antenatal education can increase confidence in breastfeeding during pregnancy and provide knowledge about breastfeeding after birth.

A focused breastfeeding program which contains information about skin to skin contact, frequent breastfeeding, good positioning of mother and baby, and involvement of the partner, has been proven to improve breastfeeding success 4. The first five weeks after birth is especially important for breastfeeding as a large portion of breastfeeding cessation occurs in this time frame.

Research Question (Aim) • Should mothers with a previous complicated breastfeeding experience, be offered antenatal consultation in their current pregnancy, using a focused breastfeeding program, to impact their breastfeeding self-efficacy, perception of success and breastfeeding exclusivity 5 weeks after birth?

Methods • A qualitative explorative project, aiming to investigate if a focused breastfeeding program, delivered during the third trimester of pregnancy, can impact a breastfeeding experience, in women with previous difficult experiences.

Each woman with a previous complicated breastfeeding experience, is asked to fill out a questionnaire, before the consultation. The consultation is performed by a lactation consultant at the breastfeeding clinic. During the consultation the woman explores her previous experience and receives a consultation, based on the breastfeeding program.

The lactation consultant will call each participant 5 weeks after birth and perform a structured telephone interview, where her subsequent experience and breastfeeding self-efficacy is investigated.

Perspectives • We expect that women with a previous complex breastfeeding experience will express higher breastfeeding self-efficacy after receiving a focused breastfeeding education program antenatally. These women will report a sense of success and are expected to breastfeed exclusively 5 weeks after birth.

Co-authors: Jane Tvedegaard Jensen, IBCLC, Camilla Ejlertsen RN, cand scient san publ PhD. student.
ABSTRACT

Objectives • Breastfeeding problems are common and associated with early cessation. Still length of postpartum hospital stay has been reduced. This leaves new mothers to establish breastfeeding at home with less support from health care professionals.

The objective was to explore mothers’ perspectives on when breastfeeding problems were the most challenging and prominent early postnatal. The aim was also to identify possible factors associated with the breastfeeding problems.

Methods • In a cross-sectional study, a mixed method approach was used to analyse postal survey data from 1437 mothers with full term singleton infants. Content analysis was used to analyse mothers’ open text descriptions of their most challenging breastfeeding problem. Multiple logistic regression was used to calculate odds ratios for early breastfeeding problems according to sociodemographic - and psychosocial factors.

Results • Up to 40% of the mothers had experienced early breastfeeding problems. The problems were associated with the mother, the infant and to lack of support from health care professionals. Most prominent problems were infant’s inability to latch on (40%) and mothers having sore, wounded and cracked nipples (38%).

Pain often occurred when experiencing breastfeeding problems. Factors associated with the problems were primiparity, lower self-efficacy and lower self-perceived knowledge of breastfeeding. Mothers with no or short education reported less frequently breastfeeding problems.

Conclusions • Breastfeeding problems occurred frequently in the early postnatal period and often caused breastfeeding to be painful.

Health care professionals should prepare mothers to deal with possible breastfeeding problems. New support options should be reviewed in an early postnatal discharge setting.

Co-authors: Mette Jørgine Kirkeby, Marianne Thygesen, Dr. Dorthe B. Danbjørg and Dr. Hanne Kronborg.
Determinants of Early Negative Breastfeeding Experiences and Low Breastfeeding Self-Efficacy One Week Following Birth

ABSTRACT

Background • Breastfeeding self-efficacy is an important psycho-social determinant, which is influenced by earlier as well as new experiences (Dennis, 1999). Maternal breastfeeding self-efficacy is especially unstable in the early postpartum period where breastfeeding is established however, little is known about which experiences in the early postpartum period, that affect BSE negatively.

Aim • To identify determinants of early negative breastfeeding experience and low BSE in the first week following birth, and determinants that reduce the level of BSE from the late pregnancy to the early postpartum period.

Method • A descriptive cohort study was performed from April 2013 to August 2014, including 2804 mothers from 9 maternity facilities in Denmark. Women were eligible if they expected a single healthy infant, intended to breastfeed and expected to be discharged less than 50 hours following birth. Statistical analysis was performed to estimate the associations between outcomes and study variables.

Results • Almost 10% (n=265) of the study population reported having negative breastfeeding experiences, 36% (n=995) reported having low BSE one week postpartum, and 26% (n=735) had a decreased BSE from 35-36 weeks of gestation until one week postpartum. Significant determinants for negative breastfeeding experiences in the first week postpartum were having labor epidural analgesia, interruption of the first breastfeeding postpartum, short previous breastfeeding duration and having no social support.

The strongest determinants for low breastfeeding self-efficacy one week postpartum were intention to breastfeeding less than one month, short previous breastfeeding duration, and negative breastfeeding experiences in the first week postpartum.

Significant determinants for a decrease in breastfeeding self-efficacy from 36 weeks of gestation until 1 week postpartum were negative experiences in the first week postpartum and Cesarean section.

Conclusion • Early negative breastfeeding experiences in the first week following birth play an essential role in maternal BSE one week following birth.

In order to impact maternal early breastfeeding experiences positively and thereby also BSE, it is important to identify and support mothers at risk of negative experiences and offer evidence-based early breastfeeding support including immediate, continuous uninterrupted SSC with the mother following birth to increase the probability of an early successful breastfeeding.

Co-authors: Keren Rahbek, MSc, Dr. Hanne Kronborg and Dr. Katrine Strandberg-Larsen.
Ammehjælpen

ABSTRACT

Ammehjælpen • We would like to present a breastfeeding clinic we started in 2012. We are working in Denmark’s second largest city Aarhus. After passing the IBCLC exam we found that a special clinic for mother and babies with breastfeeding problems was needed. During the years we have registered all the individual consultations and found that the breastfeeding clinic has become a success, with more than 1000 consultations a year. Data will be presented.

The reason why we would like to make this poster presentation is because we have made this clinic at low cost and with big positive results for the family with a breastfeeding mother. We aim to reach the WHO goal, breastfeeding babies the first 6 months.

With the IBCLC knowledge we poses, it is evident that there can be many obstacles related to breastfeeding both for mothers and the newborn/breastfeed. We have found in our practice that an extra support for mothers in Aarhus can be the key to solving a breastfeeding problem.

We would like to present how we run the breastfeeding clinic Ammehjælpen in the municipal off Aarhus and which breastfeeding problems we meet.

Since January 2019 pregnant mothers with earlier breastfeeding problems, have the opportunity to meet an IBCLC lactation consultant in Ammehjælpen before giving birth, as an additional support to reach their breastfeeding goals in the future. This data will also be presented.
ABSTRACT

Background • About 20 % of the infants under four months suffer from infantile colic. Infantile colic is a condition where an infant between two weeks to 4 months of age is crying for at least 3 hours a day and at least 3 times a week for at least for 3 weeks. There is no explanation or cure for the condition. Infants’ colic symptoms cause stress to the parents and put a strain to the marital relationship.

In Finland, social media discussion groups on colic often advice parents with infants with colic symptoms to try reflexology treatment for the infant.

However, this has been unofficial advice since there has been no studies in Finland that would support the practice. To get more information about this therapy we conducted a pilot study.

Aim • The aim of study is to describe:
1. What kind of feedback of the reflexology treatment parents of infants with colic give?
2. How does the reflexology treatment effect the colic symptoms and breastfeeding?

Methods • We conducted a pilot study in southern Finland. The data was collected from parents of 35 infants diagnosed with Wessel’s criteria to have colic. The reflexologists, who all were also health care professionals, treated infants 3-4 times each during 1.5 weeks with modern reflexology treatment in a standardised manner.

Results • Parents’ feedback of the treatment was very positive. For 43 % of the infants their colic symptoms disappeared after the treatments and 57% of the infants still had some symptoms but they were less severe.

All infants cried for shorter periods and slept better. Parents stated that the treatment relaxed the infant, decreased body tensions, colic cry and restless movements.

Before treatment, 30 of the 35 infants were breastfed. Before reflexology treatment there was no difference in how easy or difficult mothers experienced breastfeeding. After treatment mothers of infants whose colic continued found breastfeeding more difficult than those mothers whose infants’ colic symptoms had disappeared.

Conclusion • The study concludes that reflexology treatment seems to be pleasant and safe way to treat infants with infant colic but more studies are needed.
Embrace; an artvideo of skin-to-skin care

KARIN ÖSTERMANN

"The video will be presented during the breaks in the big lounge where food is served.

ABSTRACT

Background • The newborn human baby is, by necessity due to the large brain, born extremely immature, fragile and vulnerable and thus dependent on immediate care from the parents to be able to adapt to life outside the womb.

Skin-to-skin care is in newborn associated with cardio-respiratory stability, increased postnatal b-glukos levels, stable body-temperature and improves breastfeeding.

Method • After written consent from both parents an infrared camera was used to photograph mothers and fathers in skin-to-skin care with their babies.

Result • An 6 minutes long artvideo made by the unique collaboration of an artist an a midwife.

Conclusion • All newborn babies need skin-to-skin contact to find balance in the rythms of life.