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Shifting the curve in challenging times...

Life in BfN has never felt busier. Just this week my role as Chief Executive started in Edinburgh at the breastfeeding summit and ended in a northern English city pitching to commissioners about continuing our work to support Mums and babies. However, with the review of many of our projects in England as health budgets are devolved to local authorities BfN never feels too far away from a risky situation, most recently seen in Sandwell where we are facing funding cuts. Next week, I look forward to meeting Tutors and Supervisors to co-present and consult on implementing recommendations from the membership survey.

March 11th marks the completion of my second year in this role for BfN and change has been steady as we sculpt BfN to be in better shape to weather the storm of continued public sector cuts, increased regulation, rising demand from mums and ambivalent attitudes towards breastfeeding. We have made good progress but we still have our work cut out to make BfN weather-tight.

Last year, we had many achievements; we successfully continued our work in Islington and other areas, diversified and strengthened the BfN Board with new members, launched our new cost-effective brand via a new website and social media, we ran our first ever fundraising campaign via social media in support of the Drugs in Breastmilk line, took 1000's of calls across our helplines and supported 1000's more across our projects. We challenged a number of relevant press and policy issues including 'No more Page 3', cancellation of the Infant Feeding Survey ([click here to view](#)) and 'Emma's Diary'.

The latter has helped us forge support with media savvy Glasgow based GP - Margaret McCartney who addressed BfN members at our AGM and Study Day in Glasgow. She was joined by other fantastic and inspiring speakers in the field of infant feeding including Mary Renfrew, Mary Whitmore and Bruce Whyte. We also shared challenges with our members and the public as we face the strain of continuing some of our most valued activities like our Drugs in Breastmilk Line. Other challenges include trying to start new work in Suffolk and Haringey but where we found ourselves pipped to the post by other providers leaving our members/volunteers without good organisational support.

Our focus this year continues to be on sustainability for Drugs in Breastmilk and the wider charity across several of our projects that are undergoing re-tendering. While we have been disappointed to see funding cuts in Sandwell (and are challenging these decisions) we have seen increases in fundraising for Drugs in Breastmilk and this month launch our **Friends Schemes** which will look to directly support this work. This year we will work hard to support the capacity we have created including our trained volunteers in areas outside of funded projects. This is being informed by the work of the Tutor Supervision Training Group led by Ann Kerr, BfN Director. We want our helplines to go from strength to strength and we are piloting some new online training to see if we can grow new capacity to extend our support to respond to even more Mums. This year we are looking forward to holding our

Conference and AGM at the Saddler's Wells Theatre in Islington on 7th October and planning is already underway.

We are doing all of this in what can best be described as a choppy political and financial time. Politically, it feels as though there is a difference between government approaches to breastfeeding in Scotland and in England. I was encouraged to hear Maureen Watt MSP addressing delegates at the 'Shifting the curve Summit' in Edinburgh, with strong rhetoric espousing determination to see breastfeeding rates increase in Scotland. This is in contrast to Dr Dan Poulter's (MP) address at Baby Friendly Conference in Newcastle last year where he spoke of 'baby routines and rocking chairs'! More recently, we have worked hard with other organisations to write and release a supplement highlighting the importance of breastfeeding that now sits alongside the [1001 Critical Days](#) manifesto.

Despite these challenges I am totally in awe of the daily work of staff and volunteers for mums and their families that is carried out in homes, hospitals and communities both face to face and on the phone, supported by a central team of staff. This is a very special network to be part of.

Shereen Fisher
Chief Executive for Breastfeeding
Network



Editorial

A time for reflection but also looking forward!

We're just on the cusp of springtime - daffodils just beginning to appear, evenings getting lighter, and finally being able to go outside without multiple layers on. This time of year always feels like emerging from hibernation and looking forward to what spring and summer might bring. It is a time of reflection - thinking about all the things I meant to do last year but didn't or could have done better. It's also a time to think about all the things I did do well, that I got right, all the people and things I am grateful for and all I hope to achieve this year.

In this edition of the Newsletter we are thinking along those lines too. We look back at some of the activity over recent months, including some fabulous Christmas parties. We then look forward to the rest of 2015 with information on a new Friends scheme to support the Drugs in Breastmilk line, details of our National Study Day and AGM 2015 and news of exciting new projects and new members of staff. We also have some interesting pieces on pain during breastfeeding.

We'll congratulate as always our new Helpers, Supporters, Tutors and Supervisors and hope that you enjoy the challenge of your new volunteering role.

Last but not least, we want to thank all BfN volunteers for the time, commitment, effort and dedication you put in week in, week out across the country, making a difference to families. You do a fantastic job, thank you so much.

Here's to 'spring'ing into action this year!

Clare Farquhar and Felicity Lambert

New Year New Faces

The start of 2015 signalled some changes within the central team. Veronika Tudhope left us in December and I am sure you will all join us in thanking Veronika for her support and hard work, particularly on the website and newsletter, but also for everything that she did to help our volunteers, staff team and members of the Board.

We were joined in February by Emma Brown and Saranya Ulaganathan. Emma will work as Systems and Finance Assistant supporting finance, HR, payroll, DBS, safeguarding and IG training. Saranya is now working as Membership Administrator and will be busy updating the website, compiling this newsletter and working on membership renewals. Both Emma and Saranya are based in the Paisley office.

In addition, we have appointed two Programme Managers, Alicia Cox who will cover projects based in the North and Anthea Tennant-Eyles who will cover the South. Alicia and Anthea were recruited following the departure of Jenny Stone. Again, many thanks go to Jenny for all that she did for BfN. Kim Abercrombie, HR Advisor is soon due to go off on maternity leave. I'm sure everyone will join me in thanking Kim for her hard work and in wishing her well for the arrival of her new baby which is due in April.

Clare Farquhar

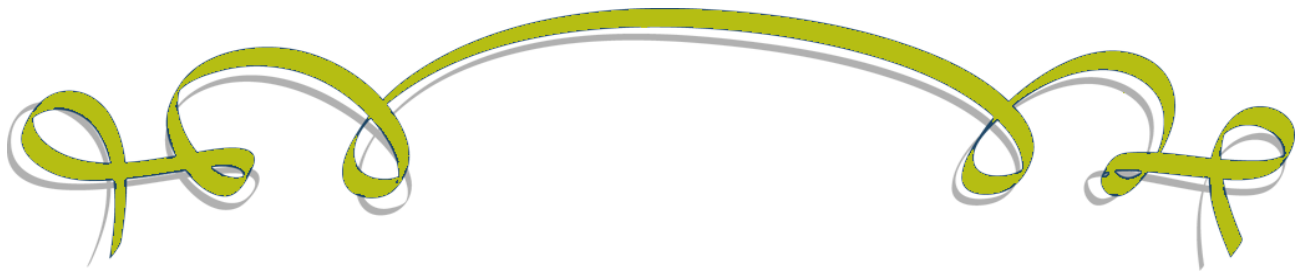


Shereen and Floss at our stand at the CPHVA Conference

It was interesting to be there, and to share our message with health visitors. We sold a lot of NBH diary covers which you can see below.



You can purchase these on our website by clicking [here](#). We also had interesting chats with neighbouring stalls including the Lullaby Trust and STEPS - who support children with hip dysplasia.



Congratulations And Well Done

New Tutors/Supervisors

Kate Ludley
Anthea Tennant-Eyles

Probationary Supporters and Tutors

Eliza Wilson, Holly Jepps
- Jane Neesam
Anne-Marie Barrow -
Sukie Woodhouse
Rachel Priestley - Lesley
Backhouse

Full Supporters and Tutors

Kate Ludley - Mary
Whitehouse
Caroline Clayton -
Claire Davis

Thank you and good bye to

Jennifer Price, Antonia McConnell Smith and Toni Howard

Thank you to Beverley Smith who is currently on maternity leave and we wish her well with the new baby



Did you count down to Christmas with us?



Hopefully you will have seen the NBH countdown to Christmas on Twitter, Facebook and on our website. This was a series of tips and comments about breastfeeding over the festive period.

Overall the countdown reached over 30,000 people via Facebook alone. The most shared story was the

one written by Shereen Fisher, our CEO, posted on

23rd December which reached more than 12500 people, had 246 'likes' and was shared 100 times on Facebook. For those of you that missed it here it is:

'Speaking to a Mum who knew about breastfeeding on the National Breastfeeding Helpline was a lifeline. You answered after a few tries and you listened. Your wisdom and attentiveness helped me make sense of my situation, with practical support on pain and concerns about my son's feeding needs. YOU helped me when no one else was around, when other services were closed, you listened and said some soft, calm words that kept me going, helping me to understand that what I was doing was important for us and that we were not alone. Oscar turned 7 last week and we both say thank you to NBH volunteers!'

Shereen Fisher, CEO

[The Breastfeeding Network \(UK\)](http://www.breastfeedingnetwork.org.uk)



New Helpers in Portsmouth

Congratulations to Katie, Laura, Kerry, Emma, Cassie, Tasha, Bev, Sasha, Leanne who qualified as new helpers in January.

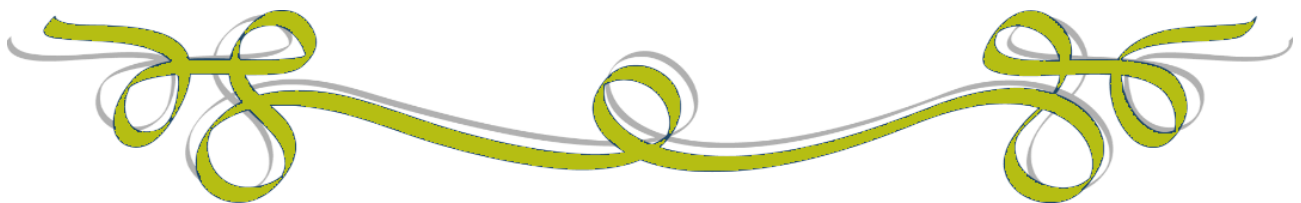
Thanks to tutor Eleanor Johnson



New Glasgow Helpers

A huge welcome to Molly Trusdale, Rose Woolnough, Michele Smith, Anne Small, Louise Gorham, Katie Kennedy, Kirsty Huddleston and Chantal Jarem (not pictured). Thank you for all of your hard work and contribution to the course in Bridgeton and Well done!

Thanks to tutor Kate Bovill



Breastfeeding Library Project

'It doesn't matter if your story took place a long time ago, or for how long you Breastfed for, we would love to share it. We are interested in your story rather than any personal information so feel free to anonymise, it's your story you decide how it gets told!'

With this request on the Portsmouth Facebook page mums began to share their Breastfeeding stories.

So far we have collected more than 20 unedited first person accounts and our library has been on tour at our local study day and awareness event. The articles will also be circulated around the Portsmouth libraries.

It was suggested, that titles should start 'I Breastfed...'

As we were particularly interested in acquiring thought-provoking stories which challenge established norms that surround Breastfeeding we suggest examples like the following

- * 'I Breastfed an older child'
- * 'I Breastfed twins'
- * 'I Breastfed in the navy'
- * 'I Breastfed as a teenager'

However all stories are valuable and will be greatly received.'

We are so grateful for everyone who has taken the time to write theirs down, and given permission for it to be shared. We have received lots of very positive feedback and we are hoping the project will grow and grow.

The stories depict the highs and lows of breastfeeding, they are all different but the common theme throughout appears to be the very real need for support and information.

Readers select a story from the library based on the title alone. We hope that by presenting stories in this way the reader

will be forced to challenge the prejudices that surround Breastfeeding. The library demonstrates that every mother-baby Breastfeeding relationship is unique and there is no such thing as the typical Breastfeeding mother.

If you would like to participate please email BfNPortsmouth@hotmail.com

We appreciate the efforts of Charlie Raw who started this venture. Thank you to all mothers who have graciously shared your story so far. It must have been so hard. Congratulations on your perseverance which reminds us not only of the trials and challenges but also the love, hope and how wonderful, lovely and honest mums are.

Eleanor Johnson



Volunteers in Fareham & Gosport and Havant & Waterlooville modelling their new T-shirts with the new branding.

Interns at the Breastfeeding Network

Online Support - Reaching women when others can't



In the autumn of 2013 we found out that our application to host an Intern had been successful. This was fully funded by Third Sector Internships Scotland (TSIS) in conjunction with the Scottish Council for Voluntary Organisations (SCVO) which meant that we could recruit a student currently studying at a Scottish University to work on a defined project within a clearly defined role to offer distinct and varied learning opportunities. The project we identified was the re-development of our website which began with the recruitment and selection process. The successful candidate, Lynsey McCulloch, started working with us in January 2014.

The first stage of the project involved some detailed research into what people thought of the existing site and what they would like to see from our new website. This confirmed our feelings that although the existing site contained a wealth of information and some people really liked it, in general people found the information difficult to find, the site was tricky to navigate and it was difficult to use on a Smartphone or tablet. Once we had identified what people wanted, we then got to work on the exciting bit, designing and developing a new site, building on the excellent existing information while incorporating the new logo and

branding. We also added some new functions such as a drop-in finder, an online shop to promote our leaflets and publications and the ability to sign up for membership online.

Our new website was launched in August 2014. It has a fresh, modern feel with new features and functionality. It is also easier to maintain and can be updated by multiple administrators. Since launching we have received over 70 orders worth more than £2500 via the shop and over 57 people have used the site to sign up for or renew their membership. Since the website was launched on the 17th August 2014 it has been viewed by 110,406 users. These visitors have recorded over 345,000 pageviews over the period, the busiest day was the 7th of January with 2904 pageviews. The top three pages (excluding the Homepage) have been Drugs in Breastmilk Factsheets (28,914 pageviews), Expressing and Storing (24,799 pageviews) and Drugs in Breastmilk – Is it Safe? (23,731 pageviews). The project is widely regarded as huge success and this is largely down to the Internship programme.

There is a feel-good factor associated with working with an Intern. It is a win-win situation whereby we get specific, up-to-date technical skills to help us develop valuable improvements to a system or process which would otherwise be out of our reach due to the financial cost. In return we are in a position to provide a valuable, paid, learning experience to the Intern to help them on their journey into further employment.

Based on our experience with Lynsey we have since been successful in securing a second Internship with TSIS which is 50% funded to develop our membership database. This has huge potential in helping us to connect with our members, keep our information safe, expand our membership and evidence all the work that goes into our training which can be so important when seeking further funding. Gary McLean started working on this in January 2015 and is aiming to complete the project by the end of June 2015

And, as if that wasn't exciting enough, we have just discovered that we have again been successful in applying to host a third Intern to develop an Intranet system to improve our internal communication, particularly with our volunteers. This project will be undertaken with the support of SCVO's Business Growth Graduate Internship programme funded through the European Regional Development Fund (ERDF), Scottish Government and Creative Scotland. This will be open to unemployed graduates in Scotland who will work with us for 10 weeks to complete this piece of work.

So, it's all systems go!

What has this got to do with mums and babies breastfeeding?

This is a question I have been asked several times. And well, it's all connected. Our website is a valuable source of information to mums, to our volunteers, to health professionals and good information enables mums and families to make the right choices about feeding their babies. A good system of connecting our volunteers and staff as well as various methods of recognising,

measuring and celebrating our work helps keep us motivated to carry on doing what we do to support mums and families. So these central systems, while invisible to most, are really important to help support everything that happens out in your local communities.

What do our Interns think of working with BfN?

[Lynsey McCulloch](#), Web Design graduate from the University of West of Scotland.



I applied for a few jobs however as I was not a graduate yet I was unsuccessful. Then my university lecturer sent out an email about TSIS (Third Sector Internships Scotland). They offer internships to anyone studying at a Scottish university. I applied for a Web Developer role at the Breastfeeding Network and I'm pleased to say I was successful. The project was allocated a set number of hours to be completed by. It involved me working with BfN staff and stakeholders to review the existing website and then develop and implement a fresh, modern website with a refreshed BfN brand for the site. The project was overseen by my line manager Clare Farquhar, without Clare's guidance and help the project wouldn't have been as successful. I gained valuable communication, working as part of a team and independent working

skills whilst working on the project. This project wouldn't have been possible, enjoyable or successful if it wasn't for the staff at the Breastfeeding Network. I would like to thank everyone involved for all their help, support and faith."

Lynsey graduated from University whilst working on the website project and is currently working on developing the Moodle site to support the new, pilot Fast-Track Helpline Supporters course.

[Gary McLean, Bachelors in Engineering from Glasgow Caledonian University](#)



"Whilst studying at the Caledonian University in Glasgow, I quickly developed an interest for information management and security. My degree BEng digital security and forensics helps develop my interest in this area with classes such as regulating information governance. During this time I found, I'd need to put my academic experience into hands on, practical experience. This is where I found 3rd sector internships and was lucky enough to be invited for an interview with Clare (Technical and finance manager) and Kim (HR Advisor).

That's me with my head in the clouds up Ben Lomond.

As the database intern I've been asked to review the current membership/volunteers database to ensure the data is used correctly, stored in a safe place and complies with the UK/EU's strict data protection laws. As you can imagine it's a difficult project with loads of different regulations which

Breastfeeding Network strictly follow. Although I've only just started working in the Paisley office I'm enjoying the challenge, learning how to manage a project this size and trying to develop my web programming, database and project management skills. Luckily the team here are very supportive and patient. The skills I learn during this time will help me gain a career in security information management and I'm grateful the Breastfeeding Network have given me this opportunity.

SHARED PARENTAL LEAVE

Shared Parental Leave is a new right that will enable eligible mothers, fathers, partners and adopters to choose how to share time off work after their child is born or placed. This could mean that the mother or adopter shares some of the leave with her partner, perhaps returning to work for part of the time and then resuming leave at a later date. While generally welcoming this, BfN and ABM have expressed some reservations about the accompanying social media campaign and consequently, whether Breastfeeding is adequately protected by this new legislation.

More information can be found through the below link

http://www.acas.org.uk/index.aspx?articleid=4911&gclid=CjwKEAiAyMCnBRDa0Pyex-qswB0SJADKNMKAiQ4I4d5wlb75PnKIP3fBWiNWu-nlSEhiOHw96DN0BRoCZHxw_wcB

NHS Change Day

Useful Link

Social media is changing NHS care for good

NHS Change Day #NHSChangeDay is on the 11th March and involves all of us whether we are working or volunteering within the NHS or are a patient or member of the public. See the website, Facebook or twitter for actions already happening to inspire improvements in the NHS.

Join in and help shape maternity experience: #MatExp
<http://changeday.nhs.uk/campaigns/matexp/>

This includes projects such as #skin-to-skin, (see last newsletter) with @JennytheM, #OCC optimal cord clamping, changing the language around birth with @leighakendall, Leigh is highlighting damaging words such as failure to progress, failed to breastfeed, incompetent cervix, the next item is for new mothers with EmmaJane @ESasaruNHS, Helen @heartmummy and Rosey @PNDandMe. And lots more things taken for granted but deeply unpleasant for women and their families.

Read more about #MatExp here:

whoseshoes.wordpress.com/2015/02/23/in-the-shoes-of-florence-wilcock-divisional-director-specialist-services-obstetrician-kingston-hospital-ft

NHS Change Day also includes #Sepsis toolkit. The most likely implication for us is in helping spot potential sepsis in mastitis. We may be aware that an increasingly high temperature, above 38.3 degrees as being serious but also a low temperature, below 36 degrees could also be serious. They also include becoming confused or altered mental

state.

changeday.nhs.uk/campaigns/sepsistoolkit

Dip into the website and share inspiring stories.

Phyll Buchannan
BfN Director for the board

BfN Islington Breastfeeding and Weaning Peer Support Project Christmas Party

Christmas celebrations started early for 20 Islington Peer Supporters and their tutors at the Archway Early Learning Centre on 17th December 2014. A delicious array of festive treats and nibbles were enjoyed. The party provided an excellent opportunity for new (and not so new) supporters to meet and mingle with each other.



All in all, a lovely afternoon filled with smiles and a feeling of excitement for the up and coming year. Roll on breastfeeding support in 2015!



By Erica Harris, Islington BfN Supporter (in training)

Beyond trauma- you can make a difference

We sometimes go through things in life that completely change us as a person.



Sometimes it changes things for the better, sometimes the worst and sometimes it's both! For me this is certainly true, when I had my first daughter and subsequent birth trauma it

changed me, in fact it changed not only me but my life. While a lot of those changes were for the worse, my trauma has led me on a path to a place I feel I am meant to be.

One of the main things that kept me sane and anchored after my trauma was breastfeeding, while separated from my daughter in those early days expressing for her while she was in NNU gave me the fight to survive, to continue living and although I could do nothing else for her I could provide her my milk, it was my connection to her, my life-line. I fought to feed her with every ounce in my body. When staff said that I would never produce enough milk due to my retained placenta and massive blood loss, I fought to prove them wrong.

When doctors said I would never exclusively breastfeed her and she most likely would not latch when they removed her NG tube I fought to prove them wrong. Prove them wrong I did and for 15 glorious months my traumatised, weak, wrecked body nourished and provided my baby with everything she needed.

The fight I had to feed my baby with no support and then seeing others struggle again with no support drove me to wonder why, it led me to finding the breastfeeding network, training with them, volunteering and then eventually working for the NHS as a paid breastfeeding peer support worker. To do my job I had to overcome a lot of my issues as I work on the ward and in the NNU where I had my trauma and where for a long time I couldn't go. I love my job especially working in NNU. Being able to give moms and babies the support I never had means everything. When I see the moms sat by their little ones incubators I remember those feelings well and how just a friendly face, a kind word and someone to talk to is often all that's needed and how it can make all the difference.

Without my trauma, without my time in NNU it would be an unknown world to me. Without my struggle, my fight to breastfeed, would I ever have trained to be a breastfeeding support worker? I just don't know. Yet I do know it is where I am meant to be, it gives me so much, I feel so privileged to do my job to see the difference it makes to families, to support them and be part of their journey. Yes my struggle was painful in many ways but without it maybe I wouldn't be doing my job and be reaping all the joy it brings me.

My trauma and subsequent struggle to get help for PTSD was a very painful and hard fight for many years. When I reflect on the struggle I have realised with time that it has been a fight that has given, as well as taken away. It has given me the determination to try to help others who have also had birth trauma, reaching out to offer support both in my work but

with charities and through social media. My experience drove me to train as a doula and postnatal doula which not only taught me that birth can be a positive experience and helped me in my healing but also how to support moms to help them understand how they can trust their bodies and work with it to make birth easier and more safe.

My trauma and struggle to get help also drives me to want to change things. I feel that experiencing the bad has given me something special, a voice!

This voice is able to speak out and sometimes shout loud about the need for things to change, both in the culture of birth and postnatal care but also the need for more support for perinatal mental health. I will always seek to use that voice to speak up for those that as yet are unable to speak up, to raise awareness of what trauma is and try to make sure things change and improve in the care of women in birth. I will also use that voice to speak out about the

importance of proper diagnosis and support for when things may go wrong. Recently I have been able to do this as part of the [NHS maternity experience workshops](#) that are striving to improve and change the care given to women at birth and also on twitter to raise awareness of birth trauma and perinatal mental health. I feel privileged to be a voice for those that need support and help health professionals see how they can improve their practice.

Yes I truly believe I am where I am meant to be! Sometimes bad things happen to us yes, but we can turn those experiences into opportunities to help others, change and improve things and give a voice to those that need help and support. Yes even trauma can lead us to something good, it provides us with a chance to make a difference and in turn helps heal ourselves. [\(Click here to view blog\)](#)

Emma Sasaru

AGM 2015 – A Date for your Diary

The National Study Day and AGM for 2015 will be held on Wednesday 7th October at Sadlers Wells Theatre in Islington, London. Thanks to funding from Awards for All England this will be a community conference and gathering open to Breastfeeding Network volunteers and the wider community, including parents and parents-to-be. Speakers are still being finalised but topics will include breastfeeding and infant nutrition, perinatal mental health, attachment and early parenting. More details and information on how to book will be posted on our website so watch this space!

Pain in Breastfeeding

Keep it Simple-Milk is all you need

Here is a review that challenges my thinking. A new Cochrane systematic review considers trials of treatments for painful and damaged nipples in breastfeeding women. Cochrane systematic reviews are the most reliable and transparent way to assess evidence. They are also free to read in the UK. They are important as they assess similar studies together and, where possible, summarise them in a meta-analysis. This gives us accurate information to make decisions.

In this review, studies were selected if they included breastfeeding women with painful and damaged nipples. All women in the studies had a teaching session on correct positioning. A total of 656 women were included in the review.

Of the 40 relevant studies only 4 met the inclusion criteria. One additional paper is being translated. These 4 trials compared glycerine gel dressings, lanolin, all-purpose nipple ointment or expressed breast milk against a control group of women. Some trials also compared two treatments as follows:

- glycerine gel dressings vs control
- lanolin with breast shells vs control
- glycerine gel dressings vs breast shells with lanolin
- lanolin vs control
- lanolin vs expressed breast milk
- expressed breast milk vs control
- lanolin vs all-purpose nipple ointment

Primary outcomes

Nipple pain (as defined by trial authors).

Secondary outcomes

Nipple trauma or nipple infection (as defined by trial authors).

Mastitis (as defined by trial authors).

Breastfeeding: duration and exclusivity.

Maternal satisfaction with treatment and with breastfeeding.

Findings

Applying nothing, or using expressed breast milk, may be as good or better than applying an ointment, such as lanolin, for both nipple pain and healing.

Whichever treatment was used, nipple pain, for most women, reduced to mild levels within 7 to 10 days after giving birth.

Quality of the evidence

The four trials were well designed although small. Overall quality of the evidence for preventing nipple pain was of low quality, mainly due to the small size of the studies.

In conclusion there was insufficient evidence to recommend any intervention for nipple pain or trauma. Applying nothing or using expressed breast milk may be better than any other treatment.

The researchers set out the focus for future research, including use of validated pain scales to accurately assess pain levels and healing.

Conclusion: The authors conclude that women should be informed that pain usually reduces by 7-10 days with help on positioning and attachment and this knowledge should reduce the stress associated with pain. Perhaps this gives us a better understanding of how unusual it is to experience continued pain and trauma beyond that time and encourage women to seek help for attachment and also to check there is no ongoing cause of pain such as tongue-tie. I would also add that there should be more research on the role of moist wound healing for persistently traumatised nipples to support granulating tissue healing without forming a hard scab.

The summary at evidently Cochrane has an interesting historical description of remedies for painful nipples.

<http://www.evidentlycochrane.net/simple-help-painful-nipples-breastfeeding-women/>

Full review:

Dennis CL, Jackson K, Watson J. Interventions for treating painful nipples among breastfeeding women. Cochrane Database of Systematic Reviews 2014, Issue 12. Art. No.: CD007366. DOI: 10.1002/14651858.CD007366.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007366.pub2/abstract> (accessed 23/02/2015)

Phyll Buchanan
BfN Director for the Board

BfN Family Christmas Party

We had a wonderful time at the BfN Family Christmas Party in Paisley on Sunday 7th December. Families came from all over Ayrshire and the Greater Glasgow & Clyde area to join in and get close up to an animal mini zoo. There were over 70 of us in total so it was a busy get together and catch up.



There was, of course, plenty of yummy nibbles and a really lovely opportunity to meet the older kids, Dads and Grannies too. Luckily, we were enabled to run the event with support from "awards for all" lottery funding which covered the costs of providing the zoo and the hall. Thanks to everyone for coming and for bringing their families and food contributions and for all the help with setting/tidying up.

Raynaud's Phenomenon for Breastfeeding Mothers

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.

Raynaud's phenomenon affects up to 10% of otherwise healthy women aged 21-50 years of age. It is 9 times more common in women than men. It was first described by Maurice Raynor 1862 who referred to "local asphyxia of the extremities" and "episodic digital ischaemia provoked by cold and emotion. Originally it was described as affecting mainly fingers and toes but it can affect ear lobes, nose and lips as well as parts of the body.



Fig. 1

Raynaud's Phenomenon in the fingers



White nipple
Pallor (vasoconstriction) Purple nipple
Cyanosis (deoxygenation of blood) Red nipple
Rubor (vasodilatation)

Fig 2 Tri colour changes in the nipple affected by Raynaud's disease (reproduced from Holmen 2009)

The first published study of the impact of Raynaud's phenomenon on breastfeeding was published by Coates (1992). The mother took the

photographs above on a camera phone. The mother was 25 year old and described pain in both breasts lasting 5-15 minutes after feeds. Symptoms began in the second week after her child's birth. She had no medical history of poor circulation but suffered migraines. She did not smoke and had never undergone breast surgery. Nipple pain began in pregnancy but resolved immediately after delivery at 38 weeks gestation. The baby weighed 2.8kg. Breastfeeding technique was checked at 2 weeks post partum when the unbearable pain began. Prescription of Nifedipine produced resolution of the pain totally within a week but it re-occurred when the drug stopped. The mother took nifedipine 30milligrammes daily for 12 months and breastfed for a total of 18 months

Lawlor-Smith and Lawlor-Smith (1997) studied 5 patients with severe, debilitating nipple pain. Three had had symptoms during other lactations: one gave up breastfeeding at 6 weeks, another breastfed for 14 months, and the third breastfed for 7 months despite the pain. In all women the cold precipitated pain. All five exhibited blanching during, after, and between feeds. None of them smoked and 2 had history of Raynaud's, 2 others had parents with Raynaud's.

There are other case reports where women have been diagnosed with thrush and treated with oral or topical antifungal medication (Barrett). Among the 22 patients with Raynaud phenomenon of the nipple studied, 20 (91%) had previously been treated for Candida with oral or topical antifungals without effect. Of the 12 patients who

tolerated a trial of nifedipine, 10 (83%) reported decreased or resolved nipple pain. All patients experienced marked improvement of symptoms with appropriate therapy involving treatment of Raynaud phenomenon. They reported that Nifedipine appeared to be an effective medication for the treatment of Raynaud phenomenon of the nipple and associated improvement of nipple pain.

One study suggested that a mother's stress increased the severity of symptoms.

Diagnostic features of Raynaud's phenomenon affecting breastfeeding
Pain which worsens in the cold e.g. passing fridges in the supermarket or even exposure of the nipple to feed
Bi or tri-phasic colour changes immediately after feeds
History of circulation problems or close family history of circulation problems
History of migraines
Early delivery of baby or small baby due to vasoconstriction of placental blood vessels

Optimisation of attachment should be undertaken before considering medical treatment.

Self help measures

- stop smoking- even 2 cigarettes a day are enough to increase constriction of blood vessels by 100% and reduce blood flow by 40%
- limit caffeine intake (both nicotine and caffeine constrict blood vessels). Caffeine is not just in tea and coffee but also in soft and energy drinks as well as some painkillers
- avoid getting cold, and try

moderate aerobic exercise (Cardelli 1989).

- rub the nipples gently with warm oil immediately after feeds or cover the breast immediately with a warm heat- retaining compress eg wheat bag.
- avoid decongestants (in cold remedies), the contraceptive pill and fluconazole which can make symptoms worse

Supplements

- High doses of vitamin B6 (Newman 2012), magnesium (Smith 1960, Turlapaty Leppert1994), calcium (DiGiacomo 1989), fatty acids (Belch 1985) and fish oil supplementation (DiGiacomo 1989) have also been suggested but take a minimum of 6 weeks to be effective.
- Ginger 2000mg-4000mg daily. Capsules usually contain 500mg. It may also be beneficial to add ginger to your diet, to drink ginger tea, or to put a spoonful of ground ginger in your bathing water - Royal Free hospital
www.royalfree.nhs.uk/pip_admin/docs/Raynaudsnatural_186.pdf

Medication

Symptoms can be successfully managed by the use of nifedipine 30milligrammes daily (10milligrammes capsules three times a day or long acting tablet 30milligrammes daily) for two weeks. Some women need ongoing medication but many find symptoms resolve by this stage. However the drug produces flushing particularly of the face and headaches which some women find intolerable.

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Wendy Jones

A BREAST PUMP AT THE OSCARS

We all know the Glitz and Glamour associated with the Oscars but this year there was a breast pump backstage.



Scarlett Johansson who has recently had a baby used a breast pump backstage and mentioned how breastfeeding helped her stay fit. More on this story can be found using the below link

<http://hollywoodlife.com/2015/02/23/scarlett-johansson-breast-pump-backstage-oscars-2015/>

NBH and BfN also got involved with the #ostentatiousbreastfeeding hashtag on social media in early December in response to media activity during that period (thanks largely to Nigel Farage!). During that week we reached over 100,000 people on Twitter, with the most popular NBH tweet being: "Whether you're practicing #ostentatiousbreastfeeding or just the regular everyday kind, we're here for you if you need support 0300 100 0212" being retweeted 76 times.



Follow @NBHelpline and @BFN_UK on Twitter, or find us on Facebook to join in!

Breast stress when feeding?-Could it be more serious?

PRESS RELEASE

By Raynaud's & Scleroderma
Association, Alsager.

February, 2015

Media contact:

tracey@raynauds.org.uk

www.raynauds.org.uk/loveyourgloves

Caroline, like most new mothers, struggled to get going with breast feeding and even when both got the hang of it, found it to be incredibly painful. After a series of visits from health visitors and to the GP she was eventually diagnosed with Raynaud's. This February, in aid of Raynaud's awareness month, Caroline wants to share her story so that other mothers understand the differences between the usual perils of breastfeeding and what are real symptoms of something more.

Caroline explains, "I started to get severe pain during and after breastfeeding and pumping. I would feel a spasm in my nipples then noticed they were white, then became purple/blue or very red. I didn't twig what it was because I didn't know it was possible to get Raynaud's in the nipples. I think it was the health visitor who said to go to the GP and she said it was either mastitis or thrush and it wasn't mastitis, so she gave me some Canesten."

Fortunately Caroline wasn't convinced by her treatment and refused to just settle for the explanation "I went to a GP who had seen Raynaud's of the nipple, only once before. He had had a patient who had been repeatedly treated for thrush until she worked it out for herself with the help of the internet. He told me to go away and look it up then come back for nifedipine if I wanted to. I did and it was like magic...and I didn't give up breastfeeding because of my Raynaud's."

Caroline, a former hospital doctor herself is convinced this condition isn't really on the radar of health visitors or GP's and they commonly mistake it as thrush.

"I find it frustrating to have to educate midwives, GP's and health visitors I meet. It has become a personal crusade to spread awareness of this excruciating condition!"

Whilst Caroline struck lucky with her GP, many new mothers give up breastfeeding for a number of reasons and this could be one of them.

"I believe that many women must have undiagnosed Raynaud's of the nipple which is either mistreated as recurrent thrush or causing them to give up breastfeeding. Raynaud's is common, especially in women, so it is strange

that so few people involved in caring for newborn babies and their mums seem to have come across it.”

Primary Raynaud's can be experienced in mild to very severe forms, it can exist in isolation and is often hereditary. Secondary Raynaud's is usually always more severe and can be linked to forms of arthritis, it can indicate heart/vascular problems or initial signs of more rare autoimmune, connective tissue diseases (connective tissue is everything between the skin and bone) such as scleroderma or lupus.

Do your hands or any other extremities always feel cold? Do your hands and fingers sometimes go blue or white and then red and sore? If you suffer from Raynaud's or know someone who does, please **DON'T IGNORE IT** because it could be something else!

Some of the above diseases have silent phases, so you have few symptoms or know no pain until the disease is in its later stages. A few simple tests may be able to diagnose the above conditions much earlier, so go to your local GP and discuss any concerns you have.

If you would like any more information on Raynaud's and the above conditions, want to know how you can help in research projects, raising awareness or want to get involved in fundraising email info@raynauds.org.uk or Freephone 0800 917 2494.

ENDS

Notes on the condition:

Raynaud's can affect people of any age – babies, young children,

adolescents, new mums, mature adults and older people - those of all ages can experience distressing symptoms and struggle to keep warm.

Scleroderma is the name given to a rare group of conditions that damage the skin, blood vessels and internal organs and is currently estimated to affect 8,000 people in the UK. Scleroderma as yet, has no cure.

Raynaud's Awareness Month (RAM) in February aims to highlight the problems associated with Raynaud's, that affects over 10 million people in the UK, (**that's 1 in 6 of us!**) and to help people with the condition.

During February 2015, the Raynaud's & Scleroderma Association (RSA) are running a campaign which you might see up in your GP's practice or your local hospital. We'll also be sharing stories like Caroline's via Facebook and twitter to encourage people to share their experiences of Raynaud's and/or to show support for those who have it. We will be tweeting throughout the month to keep you up to date and share tips to help deal with Raynaud's, so sign up at [#raynauds.org](https://www.raynauds.org)

Those of you who don't suffer may be wondering what it is and why it's an issue. Raynaud's symptoms occur when small blood vessels in the body's extremities become over-sensitive to even slight changes in temperature. The blood supply is temporarily disrupted – usually to fingers or toes although ears, nose but other parts can be affected too. A Raynaud's attack can happen suddenly – fingers quickly

become white and lifeless, turn blue and finally red again as the blood returns. Pain, numbness and tingling are common experiences in an attack, which can be precipitated by exposure to something cold or even a slight change in temperature. Even experiencing stress or strong emotion can a trigger a painful Raynaud's attack!

The condition has a real impact on daily life and can make everyday activities like shopping, using keys, holding cups, getting dressed - plus a myriad of other things most of us take for granted.

Those who have Raynaud's can find it upsetting and frustrating, particularly when others don't understand their condition. Lack of knowledge and awareness can mean the condition is trivialised by the public and the extent of how debilitating Raynaud's can be can leave sufferer's feel isolated and alone.

While there are various ways to help ease the severity of Raynaud's including medication to open up the blood vessels in more severe cases and natural products like ginger where it is milder - one of the best defences remains keeping warm. When even reaching into the fridge can cause a painful attack, this isn't always easy! Silver Fibre Gloves which reflect 95% of the bodies heat back into your hands and are perfect for people with Raynaud's or those who want to keep warm when cycling, fishing, riding or at work.

If you would like any more information on Raynaud's and the above conditions, want to know how you can help in research projects, raising awareness or want to get involved in fundraising email info@raynauds.org.uk or Freephone 0800 917 2494

For more information on the conditions please refer to these websites:

Raynaud's, scleroderma, autoimmune conditions www.raynauds.org.uk
<http://www.netmums.com/baby/breastfeeding/raynauds-syndrome>
<http://kellymom.com/bf/concerns/mother/nipple-blanching/>

Raynaud's & Scleroderma Association
112 Crewe Road, Alsager, Cheshire, ST7 2JA

Tel: 01270 872776

Email: info@raynauds.org.uk
www.raynauds.org.uk



Would you like to be a part our Drugs in breastmilk Helpline?

Friend of BfN's Drugs in Breastmilk Line

Our Drugs in Breastmilk helpline service has been providing non- judgemental, evidence based information and support for breastfeeding mums and healthcare professionals since 1998. We answer thousands of queries every year about the safety of medications and medical treatments for breastfeeding mothers. We do not receive any external funding for this service and we are working on new and innovative ways to help support this unique helpline and secure it for the future.

The line offers evidence based information about the safety of all sorts of medications, treatments and procedures, from every day things like painkillers and antihistamines, to anti-depressants and cancer therapies. People access the information via our website or ring or email to get more personalised information. Around a third of calls come from healthcare professionals looking for detailed information on managing medications for breastfeeding mothers. People tell us that without the Drugs in Breastmilk helpline, there would be nowhere to access this kind of help.

When we launched our #saveDrugsinBreastmilkhelpline campaign last year we received an overwhelming amount of support from parents and health professionals, and many people asked us what they could do to keep the helpline going. As the next step in this campaign we are asking people and organisations to show their support for the helpline and the information it offers by becoming an official 'Friend of the Drugs in Breastmilk

helpline.'

Anyone who becomes a Friend, will be helping the service continue and will receive some small benefits. See our website for details of exactly what each package includes.

<http://www.breastfeedingnetwork.org.uk/friends-drugs-breastmilk/>

There are two categories of Friends membership. The first is for individuals, this costs £25 a year and is ideal for parents, Lactation Consultants, breastfeeding supporters or counsellors, midwives, health visitors, doulas, pharmacists or any individuals working with new mums and their families.

The second option is for organisations and this costs £150 a year. This option would be perfect for local Health Care Trusts or boards, groups of GP surgeries or pharmacies, maternity units, third sector organisations or childrens' centres.

If you have any questions, or require any further information, don't hesitate to drop us an email on

FriendsofDIBM@breastfeedingnetwork.org.uk

Our Drugs in Breastmilk Friends Scheme Poster



Friends of Drugs in Breastmilk Helpline

Evidence based information and support about the safety of medication and medical treatments for breastfeeding women



Could you help support our Drugs in Breastmilk helpline by becoming a friend?

We receive over 7000 queries a year from families and professionals

10% of the calls are about maternal mental health

Over 40 factsheets available on our website

Evaluation shows information about breastfeeding and medication isn't easily available



What does becoming a 'Friend' mean?

Free copies of the Drugs in Breastmilk helpline factsheets book

Twice yearly newsletters

Digital Supporters badge to display online & a mention in our newsletter

The warm glow of knowing you are supporting a vital service for families!

Cost - £25 for individuals and £150 for organisations (annually)

Infant Feeding Survey

Working Together for Change

The Infant Feeding Survey (IFS) has been carried out every five years since 1975, providing vital data on infant feeding practices. At the end of 2014 it was reported that the IFS for 2015 is to be cancelled, signalling further slippage down the public health agenda. Breastfeeding Network (BfN), La Leche League GB (LLLGB) and the Association of Breastfeeding Mothers (ABM) issued a joint statement to MP's expressing our concerns. [click here to view](#)

Response

The Department of Health responded with a statement in which they said the information from the IFS, such as incidence, prevalence and duration of breastfeeding, was now available from other sources. DH said NHS England official statistics and the Maternity and Children's Dataset regularly captures data from all women using NHS services as opposed to using a survey sample, giving local service providers and commissioners up to date information about outcomes for their local populations. The Department of Health said that a consultation on the subject of the IFS had had a low response and only 8% of respondents felt the main purpose of the IFS was to inform policy.

The Department of Health has been working with NHS England and with UNICEF's National Infant Feeding Network to improve data and Infant Network leads are also helping the Department to understand how local demographic characteristics in different areas of England influence breastfeeding initiation rates. They are

also working with Public Health England to develop topical reports. Once implemented, there will be opportunities to increase the data items collected as part of the Maternity and Children's Dataset. In addition to expanding the dataset, these new approaches allow the capture of information on feeding practices after the first 6-8 weeks.

Follow-up from the Breastfeeding Organisations

BfN, LLLGB and ABM along with the National Childbirth Trust (NCT), are developing a further response to this. We welcome the fact that the focus of the Government's policy is to improve outcomes for women and their babies and also to improve data quality of NHS England breastfeeding data for 2013/14.

We questioned the validity of the two-month consultation process as we were not aware of any attempt to contact the voluntary organisations or University departments and academics who reference the Infant Feeding Survey (IFS) in their work. This must weaken conclusions about the value of the study.

Plans to improve the quality and quantity of infant feeding data are welcome but these will take some years to implement and this data is needed now. We need additional data on duration of breastfeeding at 6 months and 9 months and up to one year of age at least. Asking women themselves questions such as their reasons for choosing formula feeding, stopping breastfeeding, starting on solid foods, and their experiences of care, returning to work would provide

crucial information in developing the right information and support packages to respond to women's needs and to respond to the increasing prevalence of obesity – one in five children born in the UK are now found to be obese by the age of 11 (Connelly 2014).

We would like to explore the possibility of reducing the costs of the survey to see if it can still be achieved if outsourced. Although the scope of the questions may be reduced it should still give useful data to inform policy development. It can take several years to see a change in breastfeeding rates across a community and this is another reason why the five yearly Infant Feeding Survey is so important

We feel if Public Health England is serious about improving outcomes for families then the survey is a critical step in increasing the length of time women breastfeed and giving the NHS substantial savings by reducing infant hospital admissions for infections,

necrotizing enterocolitis and reduce the incidence of breast cancer (Pokhrel, 2014), This is important at a time when emergency admissions for under ones are increasing faster than any other age group under 15 years old. (Gill, 2013).

We will keep you posted as to any further developments with this, please check the BfN website for more details.

Shereen Fisher & Phyll Buchanan

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