



Preventing hypernatremic dehydration in the breastfed baby

Lorraine O Hagan RN, RM, IBCLC, BsC Midwifery(Hons), Diploma in social studies, certificate in nurse prescribing

4 Wellesley Manor, Greatconnell, Newbridge, Co. Kildare, Ireland.

Phone number: 045- 449875-

Land line home: 087-9776888

Mobile: 01 6373251

E-Mail: lor_ohagan@eircom.net / lohagan@nmh.ie

Biography

I work as a clinical midwife specialist in breastfeeding at the National Maternity Hospital in Dublin a tertiary hospital with 9000+ deliveries annually. I am an occasional lecturer at University College Dublin on the undergraduate direct entry of midwives, postgraduate higher diploma in midwifery and the higher diploma in public health programmes.

I facilitate the preparation course for the IBCLC exam

annually. I teach the 20 hour breastfeeding course and one day refresher courses in a joint venture with the 3 major Dublin maternity hospitals.

Focal activities of my work is preparing the hospital for the baby friendly hospital initiative. My post is 60% clinical and 40% educational. Clinically I review all complex problems on the wards before discharge from hospitals and follow up in the breastfeeding clinic. I prepare pregnant women antenatally for breastfeeding by facilitating a breastfeeding workshop 3 times a month within the hospital setting.

Abstract

Recognising that there was a significant number of breastfed babies being admitted annually to the Special Care Baby Unit of a large tertiary hospital with weight loss and hypernatremia this author set about in 2007 providing a safety net by identifying risk factors, from the literature, in both the mother and baby for infant dehydration.

All breastfeeding mothers were given a safety net leaflet, adapted from Neifert, Clinics in Perinatology, on discharge from hospital to identify factors that may cause infant dehydration.

Mothers were encouraged to complete the questionnaire on day 4-6 following delivery and if they found on completion of the questionnaire there were any ticks on the left hand column they were encouraged to contact the breastfeeding support service at the hospital for follow up.

Postnatal midwifery staff were educated on the risk factors to infant dehydration and a flagging system with a list of maternal and infant markers was displayed in the postnatal ward offices.

Mother and infant dyads with 3 or more markers were flagged by postnatal midwifery staff and they then requested for the mother to be reviewed on the postnatal ward by the lactation nurse specialist and were given a follow up visit within 2 days of discharge from the hospital, at the hospital breastfeeding clinic.

At the breastfeeding clinic, which is led by the midwife specialist in breastfeeding, mothers and babies were followed up with an assessment of baby's weight and an assessment of breastfeeding. A plan was then put in place depending on the problem identified with follow up visits until breastfeeding was satisfactorily established.



Following the introduction of the safety net leaflet and the flagging system and follow up of the mothers and babies at the breastfeeding clinic there was a 100% reduction in admissions of babies with weight loss and hypernatremia to the special care baby unit having no admissions in 2008 and 2009 with this problem.

Footnote to abstract

As part of my work on a joint research committee with University College Dublin and the National Maternity Hospital I have been asked to present this clinical work at next meeting in April with a view to looking at it been developed for publication .I Also been asked to present a lecture on this topic in September of this year at the National Council for the development of Nursing and Midwifery in Dublin.,

This lecture will be presented as a PowerPoint presentation with a presentation of statistics showing a before and after of the admission of breastfed babies to the Special Care Baby Unit. The safety net will be discussed and the details of the flagging system used. The profile of the flagged cases referred to the breastfeeding clinic and there outcomes will be discussed.