HEALTH PROMOTION UNIT

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

RECEPTION AND INTEGRATION AGENCY

Infant Feeding Guidelines

for DIRECT PROVISION CENTRES in IRELAND

Treoirlínte Chothaithe Leanaí in Ionaid Cothabhála Díreach in Éirinn

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FOREWORD

As Regional Health Promotion Manager for the Health Service Executive North Eastern Area, I am delighted to support the publication of the Infant Feeding Guidelines for Direct Provision Centres in Ireland. These guidelines are a resource for all relevant stakeholders such as parents, health professionals, managers and staff of these Centres.

Direct Provision in reception and accommodation centres means that all meals and food requirements are provided for residents, and this includes supplying infant formula.

The early years of childhood, especially the first year, provide a critical window of opportunity for the establishment of good dietary habits in order to ensure optimal future health. In this regard, breast milk is the food of choice for all infants and young children. Research evidence shows there are major health and nutritional advantages associated with breastfeeding. Except in rare situations when breastfeeding is contraindicated for medical reasons, all mothers in Ireland should be advised to breastfeed their babies for as long as possible. Exclusive breastfeeding is recommended for the first six months (26 weeks) with breastfeeding continuing to be encouraged after that in combination with nutritious complementary foods (solids) until babies are two years of age or older. This way, the health and nutritional advantages of breastfeeding for both mothers and babies can be maximised.

Despite the known benefits of breastfeeding, the majority of Irish parents currently choose not to breastfeed their babies. Residents in accommodation centres often come from countries with strong traditions of prolonged breastfeeding. However, mothers in Direct Provision Centres have the same right as Irish mothers to choose how to feed their infants. Irish research shows that the availability of free infant formula milk in these Centres is having an adverse effect on the prevalence, exclusivity and duration of breastfeeding among this group.

In order to ensure better health for children in Direct Provision Centres, an important goal is for all concerned to actively work to achieve a situation where the requirement for the provision of infant formulae will become the exception rather than the rule. It is intended that these guidelines will be incorporated into parenting courses and peer-led support for optimal infant feeding. It is also important to provide appropriate nutritious complementary foods (solids) for infants and young children to ensure continuing health. This will enable parents to make the best food choices for their infants and young children. It is recommended that the food provided for both adults and young children resident in Direct Provision Centres be of a high nutritional quality and as far as possible meets their

cultural dietary needs. These guidelines will enable the managers and staff of these Centres to provide the best possible food choices for the resident infants.

Staff of Direct Provision Centres will need regular training and updates on nutrition in order to maintain high standards of nutrition for infants and children. Training is best provided by impartial health professionals skilled in the area of infant nutrition.

All infants and young children in Ireland deserve our best efforts to ensure they get the best possible start in life.

Finally, I would like to congratulate everyone involved in drawing up these guidelines.

Dr. Nazih Eldin
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Brollach

Mar Bhainisteoir Réigiúnach don Chothú Sláinte i Réigiúin an Oirthuaiscirt, is cúis mór áthas dom tacú leis an fhoilseacháin seo - Treoir do chothú Leanaí in Ionad Cothabhála Díreach in Éirinn. Is foinse iad na treoirlínte seo do gach duine a bhfuil baint acu leis na h-ionaid seo, tuismitheoirí, proifisiúnithe sláinte, bainisteoirí agus foirne na n-ionaid.

S'éard atá i gceist le chothú díreach sna hionad fáiltithe agus dídean ná go bhfuil cineál bia agus dí atá á sholáthraítear do na áitritheoirí, foirmle naíonáin san áireamh.

Tá sé tábhachtach an deis a thapú i mblianta tosaigh an pháiste, go mór mhór i rith an chéad bhliain, nósanna maithe aiste bia a chothú chun an tsláinte is fearr agus is féidir a chinntiú. Ina leith seo, is bainne brollaigh an bheatha is fearr do gach naíonán agus páiste óg. Aithníonn toradh taighde go bhfuil buntáistí móra sláinte agus cothaithe ag baint le cothú brollaigh. In ainneoin go mbíonn corr eisceacht ann nach moltar an nós de bharr tinneas éigin, ba chóir comhairle a chur ar gach máthar in Éirinn, leanúint leis an chothú brollaigh chomh fada agus is féidir. Moltar an chothú brollaigh amháin ar feadh tréimhse nach lú ná sé mhí (26 seachtain) agus ina dhiaidh sin, moltar go leanfar leis an chothú brollaigh in éineacht le bia deá-chothaitheach sa mbreis go dtí aois an dá bhliain. Sa chaoi seo, bainfear amach an leas is mó agus is féidir ó thaobh luach cothaithe agus sláinte de, don mháthair agus don leanbh.

In ainneoin fios ar bhuntáistí an chothú brollaigh, roghnaíonn formhór de tuismitheoirí na hÉireann gan a bpáistí a chothú le bainne brollaigh. Go hiondúil, bíonn nósmhaireacht an chothú brollaigh go láidir ins na tíortha as a dtagann na daoine atá ag fanacht sna hIonaid. Mar sin fhéin, tá an rogha céanna ó thaobh cothú na leanaí de ag máithreacha atá ag fanacht sna hIonaid Cothabhála Díreach is atá ag máithreacha na hÉireann. Léiríonn taighde Éireannach nach roghnaítear an chothú brollaigh go minic, má roghnaítear chor ar bith é, agus nach leantar leis an chothú brollaigh an fhad céanna mar go bhfuil bainne foirmle á sholáthar saor in aisce sna h-ionad seo.

Ar mhaithe le sláinte na bpáistí a fheabhsú ins na hIonaid Cothabhála Díreach, is sprioc thábhachtach í a bhaineann le gach duine atá ag obair ann, ná a chinntiú go dtiocfaidh an lá gur minice go mór a bheas nósmhaireacht an chothú brollaigh agus gur beag foirmle a úsáidfear ann. Tá sé i gceist go mbeidh na treoirlínte seo mar chuid de na cúrsaí tuismitheoiréachta agus tacaíocht aoisghrúpa chun an chothú brollaigh a uasmhéadú. Tá sé tábhachtach freisin go mbeidh gnáth bhia cothaitheach ar fáil do leanaí agus paistí óga chun sláinte leanúnach a chinntiú. Cuideoidh seo le

tuismitheoirí na roghanna cothaithe is fearr a dhéanamh ar mhaithe lena leanaí agus a bpáistí. Moltar go mbeidh an bheatha a sholáthraítear d'óg agus aosta a bhfuil cónaí orthu sna hlonaid Cothabhála Díreach a bheith ar luach ard cothabhála agus chomh fada agus is féidir go mbeidh an bheatha ag luí lena gcultúr. Tabharfaidh na treoirlínte seo deis do na bainisteoirí agus foirne na nlonaid, an aiste bia is fearr agus is féidir a chur ar fáil do na naíonáin atá ag fanacht ann.

Ní mór oiliúint rialta agus tuairisciú chun dáta a thabhairt don fhoireann chun an chaighdeán ard na gcothaithe a choimeád do naíonáin agus páistí. Is fearr proifisiúnithe sláinte neamhspleách a bhfuil eolas ar chothú naíonáin acu a fháil chun an oiliúint seo a chur ar fáil.

Tá tús maith tuillte ag leanaí agus páistí óga na hÉireann chun a chinntiú go bhfaigheann siad an deis is fearr.

Tréaslaím le gach duine a ghlac páirt i gruthú na dtreoirlínte seo.

An Dr. Nazih Eldin
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Managers and staff, Direct Provision Centres
Residents of Direct Provision Centres
Catering staff, Direct Provision Centres
Community Dietitians from all HSE areas
Directors of Public Health Nursing and Public Health Nurses from all HSE areas
GP working with Refugees
Midwifery, Nursing and Medical Staff, Rotunda Hospital, Dublin
Irish Refugee Council
Other HSE staff/Voluntary Groups

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GLOSSARY OF TERMS

WHO	World Health Organisation
UNICEF	United Nations Children's Fund (Formerly: United Nation's International Children's Emergency Fund).
RIA	Reception and Integration Agency, Department of Justice, Equality and Law Reform
HSE	Health Service Executive
Exclusive Breastfeeding	Infants receive only breast milk, with no other fluids or foods for the first six months
Infant Formula	Infant formula milk, follow-on formula, artificial milk or breast milk substitutes
Formula Feeding	The practice of giving infant formula to an infant as its source of nutrition
Mother	Throughout this document, the term mother will be used to refer to the parent. The infant will be referred to as 'him' rather than him/her.
GP	General Practitioner (Family Doctor)
PHN	Public Health Nurse

INTRODUCTION

Children are an extremely important population group in any society. Good nutrition and nurturing in early childhood is crucial for optimal health and well being[1]. There is a risk that the well being of infants of immigrant parents residing in Direct Provision Centres can be adversely affected by the social and environmental upheaval their move to Ireland brings[2]. Ensuring that a high standard of nutrition is maintained for infants and young children in this context is an essential requirement.

Direct Provision:
Direct Provision is a system whereby persons seeking asylum are accommodated in centres facilitated by the Department of Justice, Equality and Law Reform. Under this system, accommodation and meals are provided free[3]. Infant formula is provided for babies based on need up to one year of age in all Direct Provision Centres in the Republic of Ireland.

National Policy on Breastfeeding:
To ensure optimal child and maternal health, the Department of Health and Children and the World Health Organisation (WHO) recommend that all mothers be encouraged to exclusively breastfeed their babies for the first six months and thereafter continue breastfeeding in combination with nutritious spoon-feeds until their children are two years old or older[4].

Research carried out in Ireland, as well as anecdotal evidence (from Health Service personnel, voluntary agencies and staff working in accommodation centres), shows that mothers who come from countries with a culture of breastfeeding are being influenced by their experiences in Ireland in a way that may reduce their likelihood of breastfeeding[2]. This evidence shows that although these mothers are continuing to breastfeed, they tend to mix breastfeeding with infant formula from very early on, which reduces the length of exclusive breastfeeding and shortens the overall duration of breastfeeding, both of which can have adverse effects on their children's health[2].

Concern over these practices led to the formation of a multidisciplinary working group of key stakeholders to draw up guidelines for managers and staff in Direct Provision Centres in order to provide them with the best evidence-based information on how to achieve optimal feeding for infants and young children.

It is acknowledged that managers and staff are not responsible for the education of parents on infant feeding practices in Direct Provision Centres. However, such staff are well placed to provide information that can have a very positive effect on the health of infants and young children resident in their centres. They can also ensure that a breastfeeding-friendly environment exists.

Staff who distribute infant formula and other commercial infant foods and prepare spoon-feeds for older children should be aware of the guidelines and be supported to implement them.

Relevant healthcare personnel should also have knowledge of the guidelines and be facilitated by the provision of resources, both monetary and personnel, in implementing them.

The working group acknowledges the diversity of cultures among residents in Direct Provision Centres, but it is not possible to address all cultural dietary patterns within the remit of this document. Due to the lack of relevant nutritional information, comparisons cannot be drawn between Irish dietary norms and the dietary norms of other cultures. Where available, contact information for various relevant organisations is provided in the Appendices.

Réamhrá

Tá páistí fíor thábhachtach i ngach sochaí. Ní mór do phaiste an deá-chothú a fháil go luath sa saol ionas go mbeidh chun an deá-shláinte a bhaint amach. Nuair a bhogann clann iasachta chuig an tír seo, tá baol ann do shláinte na leanaí de bharr anró sóisialta agus timpeallachta sna hlonad Cothabhála Díreach. Dá bhrí sin, tá sé thar a bheith tábhachtach ard caighdeán cothaithe a chur ar fáil do leanaí agus páistí óga ar bhonn leanúnach.

Soláthar Díreach:

Córas ionaid cónaitheach do dhaoine atá ag lorg dídean atá faoi choimirce An Roinn Dlí agus Cirt, Comhionannas agus Athchóirithe Dlí is ea an tsoláthair díreach. Soláthraítear béilí saor in aisce faoin gcóras seo. Soláthraítear de réir gá, foirmle do naíonáin suas go dtí bliain d'aois i ngach Ionad Cothabhála Díreach sa Phoblacht.

Polasaí Náisiúnta ar Chothú Brollaigh:

Molann An Roinn Sláinte agus Leanaí agus Eagraíocht Sláinte Domhanda (WHO) an chothú brollaigh amháin do gach máthair don chéad sé mhí agus ina dhiaidh sin, meascán den chothú brollaigh agus bia spúnóige folláin suas go dtí dhá bhliana d'aois nó níos sinne chun an sláinte is fearr a chinntiú don pháiste agus don máthar.

De réir taighde Éireannach, chomh maith le fianaise teagmhasacha (ó fhoireann Sláinte, gníomhaireachtaí dheonacha agus oibrithe in ionaid coireacht cónaithe), de bharr a dtaithí in Éireann agus in ainneoin go dtagann siad ó thíortha ina bhfuil nósmhaireacht an chothú brollaigh go láidir iontu, gur lú seans go leanfaidh siad leis an chothú brollaigh anseo. De réir an taighde seo, in ainneoin go leanann siad leis an chothú brollaigh, táthar á mheascadh le foirmle naíonáin ó aois an-óg, rud a laghdaíonn an fhaid a bhíonn an páiste ag fáil cothú brollaigh amháin agus freisin a laghdaíonn an tréimhse iomlán chothú brollaigh. D'fheadfadh droch thionchar a bheidh ag an dá phointe seo ar shláinte a bpáistí.

De bharr imní faoi na cleachtais seo, bunaíodh grúpa oibre ildisciplíneach de dhaoine a bhfuil baint díreach acu leis, chun treoirlínte a chur le chéile do bhainistíocht agus foirne in Ionaid Cothabhála Díreach, agus chun eolas atá bunaithe ar an bhfianaise a sholáthar chun an chothú is fearr a bhaint amach do naíonáin agus páistí óga.

Aithnítear nach bhfuil bainisteoirí ná an fhoireann oibre freagrach as oiliúint na dtuismitheoirí maidir le cleachtais cothaíochta a bpáistí sna h-Ionaid Cothabhála. É sin ráite, tá an-deis ag an fhoireann seo eolas a dháileadh a bheadh tionchar an-dearfach aige ar shláinte na naíonáin agus na páistí óga a bhfuil cónaí orthu sna hIonaid. Is féidir leo timpeallacht cairdiúil don chothú brollaigh a chothú.

Ní mór don fhoireann a réitíonn beatha foirmle na naíonáin agus beatha tirim na bpáistí níos sinne, a bheith ar an eolas maidir le na treoirlínte agus cabhair tugtha dóibh chun iad a chur i bhfeidhm.

Ní mór na proifisiúnithe cúram sláinte a bheith ar an eolas maidir le na treoirlínte, agus áiseanna curtha ar fáil dóibh i bhfoirm airgid agus acmhainne daonna chun iad a chur i bhfeidhm.

Aithníonn an ghrúpa oibre éagsúlacht na gcultúir i measc na áitritheoirí in Ionaid Cothaithe Díreacha, ach ní féidir gach saghas mian ó thaobh beatha dúchasacha de a lua sa gcáipéis seo. De bharr easpa eolais cothaitheacha cuí, ní féidir comparáid a dhéanamh idir aiste beatha coitianta na hÉireann agus nósmhaireacht beatha cultúir eile. Nuair atá fáil air, tá eolas teagmhála na heagraíochtaí éagsúla ar fáil sna Aguisín.

'BREAST IS BEST' - BENEFITS OF BREASTFEEDING

Studies undertaken worldwide have shown that breast milk is the ideal food for infants and that breastfeeding also has benefits for mothers[5]. This has led the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) to formulate a number of evidence-based global initiatives to promote, support and protect breastfeeding and thereby optimise the health of children and their mothers[6]. These initiatives, such as the WHO International Code of Marketing of Breast Milk Substitutes[7] and the WHO/UNICEF 'Baby Friendly' Hospital (Breastfeeding) Initiative[6] (Appendix 1), have been endorsed by the Department of Health and Children and form the basis of infant feeding information and practices in all hospitals and community healthcare settings in Ireland. All hospitals and community care settings in Ireland are encouraged to promote and foster breastfeeding.

It is well recognised that breast milk is the perfect food for infants[8]. Breastfeeding offers benefits to babies that cannot be replicated by giving infant formula. Research evidence shows that breastfeeding offers many health advantages such as protection against ear, chest, kidney infections and gastroenteritis, and offers some protection against asthma, eczema, diabetes, as well as helping to prevent obesity and heart disease later in life. It also benefits the mother's health by reducing her risk of developing ovarian cancer, pre-menopausal breast cancer and osteoporosis in later life[5]. There is also evidence that tooth decay is lower in children and adolescents who were breastfed in early childhood when compared with those who were fed infant formula.

Availability of Infant Formula

Many refugees and asylum seekers come from countries with supportive breastfeeding cultures and would not have experienced the free availability of infant formula through their maternity services, as happens in Ireland. Infant formula is also freely available in Direct Provision Centres. This can create an impression that Ireland does not value or promote breastfeeding.

Supplementation

The supplementation of breastfeeding with water and infant formula is not an uncommon practice in Ireland, despite the fact that it is not recommended. Research shows that this type of supplementation interferes with the establishment and duration of breastfeeding [2, 5, 9, 10]. To ensure best health for mothers and babies in Direct Provision Centres and in society generally, it is strongly recommended that mothers do not use infant formula, water, other fluids or foods for their infants while breastfeeding during the first six months[5].

Social Support

Social support has been found to be an important factor in the decision to breastfeed and in extending the duration of breastfeeding [2, 9].

Many mothers in Direct Provision Centres come from countries where a lot of social support is given following the birth of an infant [2, 11]. This level of support is often not available to these mothers in Ireland, and as a result, many may feel very isolated and alone. It is important for managers of accommodation centres to be aware of this. Identifying possible sources of support for these mothers could be a way of relieving the isolation.

It is also important that managers and staff of Direct Provision Centres offer encouragement to mothers to breastfeed and to continue doing so for as long as possible by providing a breastfeeding-friendly and supportive environment.

Traditional Ethnic Diets

Studies suggest that when mothers are provided with their traditional diet post-migration, some continue to breastfeed for longer[12] (Appendix 2). As far as possible, the food provided in Direct Provision Centres should correspond to dietary norms as well as the nutritional needs of the different ethnic groups represented in these Centres.

PRACTICAL TIPS FOR MANAGERS & STAFF

Promote and Support a Positive Infant Feeding Environment:[6, 7, 13]

- Inform residents on how to make contact with:
  - Public Health Nurses,
  - GPs,
  - Local health centres,
  - HSE-run breastfeeding support groups,
  - La Leche League,
  - Cuidiú-Irish Childbirth Trust support groups.
- Display posters encouraging breastfeeding
- Keep infant formula supplies out of public view and not openly displayed on shelves.
- A simple notice on how to request supplies of infant formula, if not breastfeeding, should be provided by the RIA. (See Appendix 3). This notice should only be displayed in the area where infant formula is distributed.
- Distribute infant formula supplies to parents at scheduled times only, rather than in an ad hoc manner.
- Representatives from infant formula companies should not be allowed to meet with or give information to pregnant women, mothers of infants and young children and their families. Staff should not accept, use or distribute information materials, free samples, gifts, equipment, stationery items, pens, posters, calendars or mugs, etc, supplied by infant formula companies. (Appendix 1)
- As far as possible, offer new mothers and families with young children accommodation close to each other. In this way, a supportive environment can be fostered so that newer mothers have the opportunity to learn from and be supported by more experienced mothers.
- Provide comfortable chairs with good back support in both public and private areas. This can make feeding an infant more relaxing.
- Ensure that proper facilities are available to clean and sterilize feeding utensils (bottles, teats, etc.) so that infant formula can be used safely and correctly. Advice from health professionals should be sought if necessary[14].
- Provide mothers with a well-balanced and nutritious diet.
- Provide extra nutritious snacks as required to breastfeeding mothers and also make them available at night.
- Provide flexible mealtimes for mothers who are feeding their babies. If a mother misses a meal, food should be made available for her to eat later.

WHAT IS GOOD INFANT FEEDING PRACTICE?

The World Health Organisation (WHO) and the Department of Health and Children recommend that to ensure optimal infant health, growth and development, exclusive breastfeeding is advisable for the first six months. Exclusive breastfeeding means that infants receive only breast milk, with no other fluids or foods for the first six months. The WHO and the Department of Health and Children further recommend that breastfeeding be continued in combination with suitably nutritious foods for up to two years and beyond[4]. Support and information on best infant feeding practice is provided through relevant healthcare workers. Breastfeeding support can also be sourced from Health Service Executive (HSE) breastfeeding support groups, La Leche League of Ireland, Cuidiú-Irish Childbirth Trust and other mother-to-mother support groups and individuals [15, 16, 17, 18].

- If a mother needs to express and store her breast milk, suitable accessible refrigeration for the expressed milk, hand pumps, storage containers, labels and sterilisers should be made available on the advice of healthcare staff.
  Breast milk can be safely stored [19]:
  - At room temperature (19 to 22^{0}C) for six hours. If the expressed breast milk is not intended for use within this time, it should be put in a cool bag containing previously frozen ice blocks or in a refrigerator immediately after expressing it.
  - In a refrigerator (4^{0}C or lower) for up to five days - on a high shelf and to the back of the refrigerator.
  - In a separate freezer compartment or a chest freezer for up to three months.
  - In an icebox compartment inside a refrigerator for up to two weeks - this reduced time is due to the variations in temperature caused by the frequent opening and closing of refrigerator doors.

- Unless medically indicated, extra water, infant formula or any other drinks are not necessary while breastfeeding, during the first six months. If these are combined with breastfeeding, they can reduce the mother's milk supply[5].

- If a mother decides not to breastfeed or not to breastfeed exclusively, a suitable infant formula should be given. Infant formula is required up to one year of age for these infants. After that it should be replaced by ordinary cow's milk in combination with a varied nutritious diet of everyday foods (Appendices 4, 5, & 6).

- Mothers who are feeding infant formula to their infants should know the correct way to make up feeds in accordance with the instructions on the infant formula box[14]. A health professional can provide guidance on this.

- If a mother decides to use infant formula, all feeding utensils (e.g. bottles, teats, spoons, brush etc) must be washed thoroughly and sterilised before use[14].

- For safety reasons, and to reduce tooth decay, an infant should not be left with a bottle in the cot or bed[14]. "Children should be fed and put to bed - NOT put to bed and fed."

- An infant should be encouraged to drink from a cup/beaker without a lid from six months of age. Suitable feeding cups should be used for all infants from this age. The use of feeding bottles should be discouraged from about one year of age[14].

- Infants who are being fed infant formula should not have any other food (e.g. rusks, cereal, sugar) added to their bottles as this over-concentrates the feed and can be harmful for the infant[14].

- Follow-on infant formula milks should not be given to infants under six months of age. If infants over six months are getting a nourishing well-balanced diet containing iron-rich foods, follow-on milks are not necessary for the majority of infants[1]. It is important, therefore, that Direct Provision Centres provide a variety of nutritious iron-rich foods for infants taking spoon-feeds (Appendices 6 & 7).

- Spoon-feeds should not be introduced before four months of age but should be introduced by the end of the sixth month[1] (Appendix 6).

- The correct quantity (see guide table below) and in general the same brand of infant formula should be supplied each time-unless a change is recommended by a health professional. Supplies of infant formula should continue until the child is one year of age. Over one year of age, infant formula or follow-on formula is usually not necessary and should be discontinued by 13 months of age or as soon as possible.

- The quantity of infant formula given should be based on the age and requirement of individual infants. The following table is a guide only and mothers' opinions on their children's needs should also be taken into consideration. If excessive supplies are being requested, refer the mother for advice to the Public Health Nurse or GP.

Table 1: Suggested length of time 900g of infant formula should last.

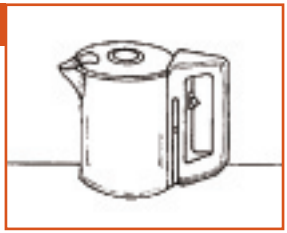
Approximate Age	Number of Days
Birth	11
2 weeks	8
2 months	6
4 months	5
6 months	6
7-12 months	9

Source: Manufacturers' instructions

Based on the above table, the suggested maximum infant formula requirement for most infants would be 1350g per infant per week (e.g. one 900g tin and one 450g tin). Some babies may require more than this amount, and in such cases, this can be discussed with the PHN or GP.

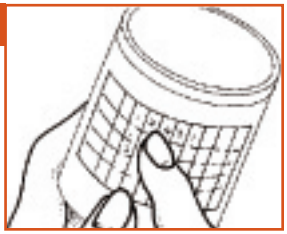
Preparing a Bottle Feed Using Baby Milk Powder

1



Boil some fresh tap water in a kettle or saucepan and let it cool. Do not use bottled or artificially softened water.

2

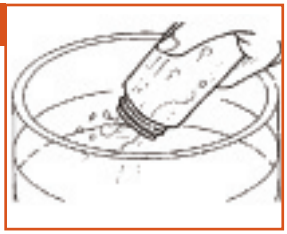


Read the tin or packet to find out how much water and powder you need. You should make up a fresh bottle for each feed.

3

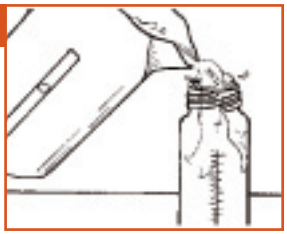
Wipe clean an area on which to prepare the feed. Wash your hands very well with soap and water.

4



If using a steriliser, remove the lid and turn it upside down. Remove the teat and cap and place them on the upturned lid. If you wish to rinse them, use cooled boiled water, not tap water.

5



Remove the bottle, rinse if wished (with cooled boiled water), stand on a clean flat surface and pour cooled boiled water into the bottle up to the required mark.

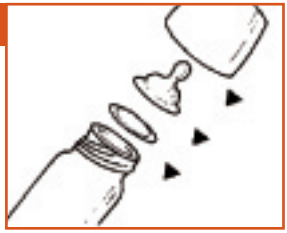
6

Measure the exact amount of powder using the scoop provided with the milk. Level the powder in the scoop using the plastic knife or the spatula supplied with the milk powder or steriliser.

7

Add the powder to the water in the bottle. All baby milks in Ireland now use one scoop to 1oz (30mls) water. *Never use more than this or you will make your baby ill.* Do not add anything else to the feed.

8



Place the disc supplied on the top of the bottle, followed by the teat and cap.

9

Screw the cap on tightly and shake well until all the powder has dissolved.

10

Check the temperature of the feed by dripping a little onto the inside of your wrist before giving it to your baby.

11 After the feed, throw any unused milk away and clean the bottle. Don't make up more than one feed at a time.

Additional tips:

- The amount of milk per feed suggested on the tin or packet is only a guide. Your baby may want more or less according to appetite.
- If your powder does not come with a spatula, you should sterilise a plastic knife and dry it on clean tissue paper. You can then keep it in the powder with the scoop.
- Almost all baby milk powders are made from cows' milk which has been processed to make it suitable for babies. Whey based (first) milks are more easily digested by a young baby. Casein based (second) milks take longer to digest and are not recommended for young babies.
- Ordinary cows' milk should not be given until your baby is at least a year old.
- Do not use soya or goat milk formulas without medical advice.

Breastfeeding is the healthiest way to feed your baby and it doesn't cost anything. If you use baby milk, it is very important for your baby's health that you follow all instructions carefully.
It is possible, but difficult, to reverse a decision not to breastfeed or to re-start breastfeeding once you have stopped. Introducing partial bottle feeding will reduce a mother's breastmilk supply. Breastfeeding mothers don't need to eat any special foods but, just like everyone else, they are advised to eat a healthy diet. (Infant formula & follow-on formula regulations 1995)

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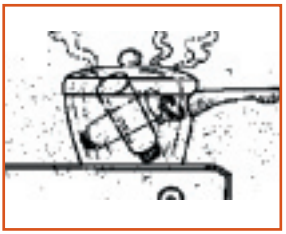
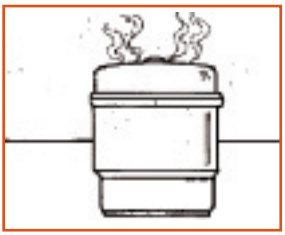
Sterilising Baby Feeding Equipment

It is very important to keep any equipment used for feeding your baby either formula or breastmilk (such as bottles, teats and breast pumps) completely clean. This will help to protect your baby against infection, particularly tummy bugs (diarrhoea and vomiting). To do this you need to sterilise your equipment after you have washed it thoroughly. You will need to continue to do this until your baby is one year old.
There are several ways of sterilising equipment. You could use:



a saucepan

a chemical steriliser
(not suitable for metal items)



a steam steriliser

You could also use a special microwave bottle steriliser in a microwave oven, but this is not suitable for metal items or certain types of plastic.

1

Wash all bottles and other equipment thoroughly in hot soapy water using a bottle brush. Scrub the inside and outside of the bottle to remove fatty deposits. Pay particular attention to the rim.

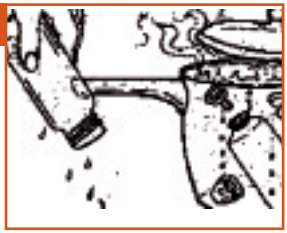
2

Use a small teat brush to clean the inside of the teat; or turn it inside out and wash in hot soapy water. Salt, if used to clean latex teats, should always be rinsed off completely.

3

Rinse all your washed equipment thoroughly before sterilising.
Check teats and bottles regularly for signs of deterioration. If you are unsure about a bottle or teat, it's safer to throw it away.

4a



To sterilise by boiling:
Put the equipment into a large pan filled with water. Make sure there is no air trapped in the bottles or teats. Cover the pan with a lid and bring to the boil. Boil for at least 10 minutes. Make sure that the pan does not boil dry.
Keep the pan covered until the equipment is needed.

4b **To use steam or microwave sterilisers:**
Follow the manufacturer's instructions.

4c

To sterilise with chemicals:
Make up the solution, using tablets or liquid, following the manufacturers' instructions. Submerge the equipment in the solution, making sure there is no air trapped in the bottles or teats. Your sterilising tank should have a plunger to keep all equipment under the water - or you can use a plate. **Leave in solution for at least 30 minutes.**
If you wish to rinse your equipment before using, use water that has been boiled and allowed to cool.
Make up a fresh solution every 24 hours.

5

Always wash your hands before removing equipment from your steriliser. Take care when handling equipment which may be hot.

Breastfeeding is the healthiest way to feed your baby and it doesn't cost anything. If you use baby milk powder, it is very important for your baby's health that you follow all instructions carefully. It is possible, but difficult, to reverse a decision not to breastfeed or to re-start breastfeeding once you have stopped. Introducing partial bottle feeding will reduce a mother's breastmilk supply. Breastfeeding mothers do not need to eat any special foods but, just like everyone else, they are advised to follow a healthy diet. (Infant formula & follow-on formula regulations 1995)

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INTRODUCTION OF SPOONFEEDS

There are nutritional and developmental reasons why infants need to be introduced to spoon-feeds by the end of the sixth month of age. As infants grow, there are a number of particular developments that show they are ready to take spoon-feeds. For example, they have learned to sit upright and hold their head steady; their digestive systems have matured to enable them to digest new foods; and they show signs of being able to chew and swallow foods other than milk. It is essential that infants be given the opportunity to develop these new skills[14].

The purpose of the first spoon-feeds or solid foods is to provide the infant with a variety of new tastes and textures and to teach the skill of taking food from a spoon as well as sucking milk from the breast or bottle. Initially, the food should be quite smooth and soft. Once the infant is well used to taking these early spoon-feeds, then foods that are more varied in taste and texture (i.e. more lumpy) should be introduced. From about six months of age, the infant begins the process of learning to chew. If foods are liquid for too long, this stage of development may be missed and the child may be reluctant to eat anything that requires much chewing. This can lead to food refusal, malnourishment and possibly delayed speech development later on[14].
It is important that infants do not start spoon-feeds too early (before four months of age) as it may lead to problems such as obesity, persistent cough, wheeze and skin problems later on. It is equally important that weaning is not delayed beyond the end of six months of age (Appendix 6).

The following is a guide to promote good weaning practice:

1. Solid foods (e.g. rusks, rice, cereals) should never be added to bottle feeds as they over-concentrate the feed and can be harmful to the infant. Putting food into the milk bottle also deprives the infant of the opportunity to learn to take food from a spoon[14].

2. Salt or sugar should not be added to infant foods as these are not required and can be harmful[1].

3. In their second six months of life infants need to be introduced to a wide variety of tastes, textures and flavours, which nourishing homemade foods should provide[14].

4. Direct Provision Centres should provide nourishing homemade spoon-feeds using appropriate recipes without the addition of salt, salty foods (e.g. packet soups, stock cubes) and sugar. Chefs should know how to prepare nutritionally correct spoon-feeds and 'finger foods' for infants and young children, e.g. soft fruit, cooked vegetable pieces. Different consistencies need to be provided, e.g. smooth/mashed/lumpy depending on the age of the child. These should be labelled and displayed appropriately so mothers know which consistency is suitable for their child.

5. To encourage good infant feeding practice and to provide a choice for mothers, hand-operated food blenders should be made available when necessary to facilitate mothers in preparing food for their infants.

6. It is advisable that commercial packets and jars of weaning foods should only be available when circumstances require it, e.g. travelling away from the centre for medical or other official appointments. This is to ensure that infants become familiar with, and accept nourishing family foods that offer a wide variety of tastes and textures and are not limited to the taste of commercial foods.

7. Everyday foods have the advantage of introducing infants to family foods and should be the food of choice. Every effort should be made to incorporate at least some of the culturally acceptable foods into the food choices provided for both adults and children resident in Direct Provision Centres. Consultation with parents may help to make this achievable.

8. Iron deficiency can be a problem for some children and it is important for catering staff to regularly provide foods on their menus that are good sources of iron, e.g. lean red meat (Appendix 7).

9. Where commercial infant foods (jars, tins or packets) are provided, they should be offered in a wide variety of flavours and appropriate to the age of the child as per the manufacturer's guidelines (e.g. jars/packets labelled as suitable for 7-9 month old infants should only be given to infants of that age group). This applies to all infant foods.

10. Commercial infant food, when used, should be discontinued for infants over one year of age as they should be getting all their dietary requirements from normal table foods[14]. Food can be cut into bite size pieces with the infant feeding at least some of this food to himself.

How to Start Spoonfeeds[1]:

- First foods should be puréed and of a soft runny consistency, without lumps, and should be introduced one at a time, leaving a few days before the addition of each new food.
- Infants who start spoon-feeds at six months of age move rapidly from puréed foods to mashed, lumpy and finger foods.
- As an infant's iron stores are reduced after six months of age, foods containing iron, including meats and iron-fortified cereals, should be started as soon as spoon-feeding is introduced.
- Cereals (gluten-free to the age of six months), fruits or vegetables are also suitable first foods. Expressed breastmilk, infant formula or cooled boiled water can be used to mix spoon-feeds.
- From about eight months onwards, infants can also be given finger foods as part of their diet, e.g. pieces of carrot, celery, hard cheese, apple, etc., cut into finger size portions that infants can take themselves. Mothers should be advised never to leave their infants or toddlers alone while they are taking finger foods or spoon-feeds as they could choke.
- Infants and young children have high-energy needs. Full-fat dairy products should be used until age two. However, high fat/high sugar processed foods should be used sparingly.
- During this period of introducing spoon-feeds, infants are learning the skills of how to eat more solid food, so be patient. Gradually as they perfect their skills, they will take more of their diet from foods and less from breast milk or infant formula. Suitable utensils such as plastic cutlery, plates and high chairs should be provided and adequate time for meals should be allowed.
- Breastfeeds or infant formula feeds should not be reduced until the infant is eating enough solid foods or is about 12 months old. Continuing to breastfeed has nutritional and health advantages for children up to two years of age or older. However, after 12 months, infant formula is usually not necessary and should be discontinued by 13 months of age and replaced with full fat cow's milk. Approximately 600mls or one pint of milk a day is sufficient for children who are not breastfed.

Snacks[1]:

- Remember that giving sugary snacks and drinks can spoil a child's appetite, leaving them feeling too full to eat healthier, more nutritious foods.
- Furthermore, sugary snacks and drinks cause tooth decay. If they are used as occasional treats, offer them with a meal instead of between meals.
- In the table below, choose from the JUICY, THIRSTY, SMOOTH, CRUNCHY and CHEWY snack choices to ensure a wide variety of foods in the child's diet.
- Dried fruits (currants and raisins) used in recipes are a good alternative sweetener to sugar for the older children. They are not recommended as snack foods between meals because of their sugar content and the risk of dental cavities.
- Whole nuts and popcorn are not recommended as snacks for children under the age of five because of the risk of choking.

Juicy Snacks	Thirsty Snacks	Smooth Snacks	Crunchy Snacks	Chewy Snacks
- Orange - Pineapple chunks - Plum - Pear - Tomato	- Milk - Home-made soup	- Banana - Yoghurt, natural or fruit - Milk pudding, unsweetened	- Raw vegetable slices, sticks or wedges e.g. try them with yoghurt dip - Apples - Toast - Non sugar/ chocolate coated breakfast cereal - Crackers without salt on top	- Bread e.g. rolls, baps, pitta, baguettes - Scones e.g. plain, fruit or whole meal - Cheese slices, cubes or strings

Source: Adapted from Food and Nutrition Guidelines for Pre-school Services. Health Promotion Unit, 2004.

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APPENDICES

The following appendices provide information on a range of topics relating to infant nutrition such as breastfeeding, bottle-feeds, weaning foods and food customs. They have all been taken directly from the relevant expert report. The source document is listed with each.

Efforts were made to include culturally appropriate recipes. However, it was beyond the remit of this document to provide comparable cultural age appropriate weaning foods for the vast number of cultures residing in the Direct Provision system. In the appendices, information is provided in relation to cultures that form the majority of residents in Direct Provision Centres. Website addresses are also provided for further information.

APPENDIX 1

WORLD HEALTH ORGANISATION'S SUMMARY OF INTERNATIONAL CODE OF MARKETING OF BREAST MILK SUBSTITUTES.

The Code seeks to encourage and protect breastfeeding by restricting the marketing practices promoting the use of infant formula and related products.

The Code applies to: artificial milks for babies; other products used to feed babies, especially when they are marketed for use in a feeding bottle. The Code also applies to feeding bottles and teats.

The code includes these ten important provisions:

1. No advertising of all these products to the public.
2. No free samples of these products to expectant mothers or families with young children.
3. No promotion of products in healthcare facilities.
4. No company representatives to advise mothers.
5. No gifts or personal samples to healthcare workers.
6. No words or pictures idealising artificial feeding, including pictures of infants, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for infants.
10. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.

APPENDIX 2

FOOD CUSTOMS

Some food customs are listed in the table below. This is not a comprehensive list and there may be differences in food choices between families of the same ethnic community. If the exact source of the food is not known, such as the source of the fat in a product, families following a particular practice may avoid this food.

DIET OF MAJOR RELIGIONS

FOOD	HINDUS/BUDDHISTS	SIKHS	MUSLIMS	JEWS
Eggs	Some*	Yes	Yes	Yes
Milk and Yoghurt	Yes	Yes	Yes	Yes
Cottage/Curd cheese	Yes	Yes	Yes	Yes
Chicken	Some*	Some	Halal#	Kosher+
Mutton	Some*	Some	Halal#	Kosher+
Beef	Hindus-No Buddhists- Some*	No	Halal#	Kosher+
Pork	Some*	Rarely	No	No
Fish	Some*	Some	Yes	Yes
Butter/Ghee	Yes	Yes	Yes	Yes
Margarine/Vegetable Oils	Yes	Yes	Yes	Yes

* Very strict followers avoid this

\# Halal meat must be killed, dedicated and prepared in a special way.

\+ Kosher meat for Jews requires special rituals and butchering procedures in preparation.

Source: Philomena Costigan, Intercultural and Anti-Racism Training Consultant, Encompass Training, encompass@email.com

ETHNIC DIETARY INFORMATION

This section provides information on ethnic diets only and does not form part of the recommended food guidelines.

ANGOLA: The diet of people from Angola is similar to that of the Portuguese. The main meals are generally made up of gravy with 'fumge', dry fish and meat. Other common foods are rice, potatoes and various tropical fruits such as mango.

DEMOCRATIC REPUBLIC OF CONGO: Common staple foods include cassava, plantain, rice maize, vegetables and fish.
NIGERIA: There is no specific diet in Nigeria and no specific foods are forbidden. The most common foods used are rice, yams, cassava, meat, fish and vegetable stews, which are prepared according to one's own taste. People of the Muslim faith do not eat pork or pork products. Each ethnic group has particular foods for particular special occasions.
(Above information provided by Access Ireland- Refugee Social Integration Project)

EASTERN EUROPE

Eastern European cooking often consists of foods such as goulash, sausages, dumplings, groats and schnitzel, but is also well known for its use of soups, game, forest products like mushrooms and wild berries and extravagant pastries. More details of some of the eastern European countries are outlined below: *(Source: Lonely Planet Guide to Eastern Europe)*

ROMANIA: After many years of food shortages a wide variety of foods are now available in Romania but often at prices that most people cannot afford. The main influences are Mediterranean, Greek and Russian. Potatoes, maize, pork and chicken are the usual staples. Traditional dishes are sarmale, bors, tochitura, tocanita, mamaliga and ciorba de burta.
ROMA: Roma gypsies eat a diet similar to the Romanian diet. All foods are allowed unless it is specifically prohibited by their religion; for example if they are Muslim, they do not eat pork.
(Above information provided by Access Ireland- Refugee Social Integration Project)

UKRAINE: Much of Ukraine's cooking is based on grains and vegetables such as potato, cabbage, beet and mushroom. Beef, pork, chicken and fish are widely used, and most dishes are boiled, fried or stewed. Desserts are usually laden with honey and fruit and baked into sweet breads. *(Source: Lonely Planet Guide to Eastern Europe)*

RUSSIA: The essential components of Russian cooking provide more carbohydrates and fat than proteins because of their long cold winters. Fresh fruits and vegetables are rarely used in food. The top five components of a Russian meal are:
Potato (boiled, fried, baked, potato chips, potato pancakes, potato soup, smashed potato)
Bread (bread, toasts, bread-crumbs)
Eggs (boiled, fried)
Meat (pork and beef - chops, steaks)
Butter (usually added to all meals and spread on bread)

Also popular: cabbage, milk, sour cream, curds, mushrooms, lard, cucumbers, tomatoes, apples, berries, honey, sugar, salt, garlic, onions.

Source: www.waytorussia.net/WhatIsRussia/RussianFood.html

APPENDIX 3

RIA NOTICE

HEALTHY EATING FOR INFANTS

Breastfeeding

Breast milk is the best food for infants. Breast milk is an ideal blend of nutrients, which provides everything a baby needs for growth and development in the first six months of life. Fully breastfed babies do not need any extra water.

Formula Feeding

Infants who are not being breastfed should be given a suitable infant formula.

Follow-on formula can be used for infants over six months of age or they can continue with regular infant formula.

Breast milk or formula milk should be the main drink for infants for the first year.

Infant formula is available here at the following times and days:

_____

_____

Signed: _____
Manager

APPENDIX 4

MILK DRINKS

Types of Drinks-Milks	Suitability
Breast Milk	A mother should be encouraged to continue breastfeeding as long as she wishes, with appropriate solids introduced from six months of age. Breastfeeding into the second year continues to benefit the infant and mother.
Infant Formula	Where infant formula is used, it can be used from birth throughout the first year of life. For children over 12 months of age, there is no need to use infant formula if they are receiving a healthy balanced diet containing iron-rich foods. Ordinary pasteurised milk can be used as a drink after one year of age.
Follow-on Formula	Follow-on formula is a modified cow's milk suitable for infants from about six months of age. It is not necessary in most cases where an infant over six months is eating a varied, nutritious diet with adequate iron-rich foods. For children over 12 months of age, there should be no need for follow-on formula if they are receiving a diet containing sufficient iron-rich foods.
Specialised Infant Formula	Soya-based infant formula or other specialised infant formulae include vitamins and minerals needed by infants. They should be used only after discussion with a dietitian or doctor. Soya formula is different from soya drinks.
Whole Cow's Milk	Suitable as the main drink for most children from 12 months of age.
Semi-skimmed (low fat) Cow's Milk	Not suitable as the main drink for children under two years of age. Young children need some fat in their diet. Low fat milks can be introduced gradually after the age of two years, provided that the child is a good eater and has a varied diet.
Skimmed (fat free) Cow's Milk, (including dried skimmed milk)	Not suitable as the main drink for children under five years due to the low fat content.
Goat's/Sheep's Milk	Not suitable for children under 12 months of age due to their inappropriate nutrient content. Although these drinks may be seen as less allergenic than cow's milk or providing special nourishment, there is no scientific evidence to support these claims, and they may be more problematic than cow's milk for some children.
Flavoured Milks	Not suitable for infants under 12 months of age. If given to children over 12 months of age, they are best given with meals, rather than between meals as they are usually sweetened.
Soya Drinks (Non-formula)	Not suitable for infants under 12 months. If children over 12 months are given soya drinks, make sure the drink has added calcium and is only given at mealtimes because of the high sugar content. Soya drinks are different from soya formula.

Source: Adapted from Food and Nutrition Guidelines for Pre-School Services. Health Promotion Unit, 2004.

APPENDIX 5

NON-MILK DRINKS

Types of Drinks	Suitability
Tap Water	Under 12 months of age, cooled boiled tap water can be given in addition to milk. Over 12 months of age, tap water is a suitable drink for children.
Bottled Water	These can contain high levels of some minerals such as sodium, which can be harmful to young children. For this reason, it is not advisable to use bottled waters to make up infant formula. If used, choose a bottled/ mineral water with less than 20mg of sodium (Na) per litre. This will be on the label. Fizzy water taken frequently can harm teeth, as it is acidic.
Pure Unsweetened Fruit Juice	Useful source of vitamin C. Children should be encouraged to have a glass with breakfast or their main meal to help the body absorb iron. Fruit juices contain natural sugars and are acidic, therefore, for oral health it is recommended that fruit juices are diluted (1 part juice to 4-5 parts water) and given with meals.
Fruit Drinks, Juice Drinks and Squashes	Should be avoided as they contain a lot of sugar and acid, which is harmful to teeth. Sugar-free drinks and squashes contain artificial sweeteners and are generally not recommended for infants and young children. If used, they are suitable only in moderation after two years of age. Dilute squash well with water - 1 part squash to 8 parts water and give with meals.
Fizzy Drinks - Minerals	Should be avoided as they contain a lot of sugar and acid, which is harmful to teeth. 'Diet' minerals contain artificial sweeteners, which should not be given to infants and young children.
Tea and Coffee	Not suitable drinks for young children as they contain tannin, which interferes with iron absorption. Caffeine is a stimulant.

Source: Adapted from Food and Nutrition Guidelines for Pre-School Services. Health Promotion Unit, Department of Health and Children, 2004.

APPENDIX 6

GUIDELINES FOR INTRODUCING SPOON-FEEDS

	Stage 1- Introducing spoon feeds *4-6 months for formula fed babies* *6 months for exclusively breastfed babies*	Stage 2- *Over 6 months*	Stage 3- *9 to 12 months*
Suitable foods	Puréed meat, peas & beans Puréed fruit and vegetables Puréed potato Gluten-free cereals e.g. baby rice Purée with breast milk, formula milk, boiled water or water from cooking vegetables	As before, but you can now include: Well cooked eggs Other breakfast cereals (containing gluten) Bread and pasta Cheese (pasteurised) e.g. grated cheddar Yoghurt Pasteurised cow's milk can be used in small amounts in foods	Increase the variety of foods in the baby's diet Most family foods are now suitable
Consistency	Puréed and of a soft consistency without lumps. Start with a thin purée and make thicker as baby learns to take food from a spoon.	Minced or mashed to a less fine texture	Chunky mashed texture, moving to food chopped into bite-sized pieces. Serve some finger foods that can be picked up for self-feeding
Suitable drinks	Breast milk Formula milk Cool boiled water (if necessary)	Continue to give breast milk/ formula milk Cooled boiled water (if necessary) Well-diluted pure fruit juice at mealtimes. Dilute 1 measure of pure juice to 4 or 5 measures of cooled, boiled water	Continue to give breast/formula milk Cooled, boiled water (if necessary) Well diluted unsweetened pure fruit juice at mealtimes
Foods to be avoided	Gluten-containing foods e.g. bread, pasta, wheat, rye, oats, barley and breakfast cereals. Cow's milk Yoghurts, fromage frais, cheese Peanuts, Eggs	Peanuts Unpasteurised cheese (will state made with 'raw milk' on label) Undercooked eggs	Peanuts and all whole nuts to be avoided to five years of age Unpasteurised cheese Undercooked eggs

Source: Food and Nutrition Guidelines for Pre-School Services. Health Promotion Unit, Department of Health and Children, 2004.

APPENDIX 7

FOOD SOURCES OF IRON

Too little iron in the diet causes anaemia, which can affect the child's development. Good sources of iron are liver and red meat (beef, lamb or pork), chicken and sardines. Iron is also found in eggs, cooked lentils and beans, green vegetables, dried prunes, apricots, raisins and iron-fortified breakfast cereals. Iron from non-meat sources is harder for the body to use. Give foods or drinks that are high in vitamin C, e.g. orange segments or juice, at the same meal, to help iron absorption (see diagram below). Tea and coffee contain tannin, which reduces the absorption of iron. These are not suitable drinks for young children.

INCREASING IRON ABSORPTION

Non-meat Sources of Iron		Foods Rich in Vitamin C		More Iron Absorbed
Eggs Beans and lentils Green vegetables Dried fruit Breakfast cereals	+	Mandarins Oranges Kiwi fruits Tomatoes Pure fruit juice-diluted	=	

Source: Food and Nutrition Guidelines for Pre-School Services. Health Promotion Unit, Department of Health and Children, 2004.

APPENDIX 8

FOOD SAFETY AND HYGIENE INFORMATION

Food Purchase

- Buy food from a reputable source where it is stored in a clean and safe manner.
- Buy food that is clean and undamaged.
- Read the labels on foods. The ingredients are listed by order of weight with the largest amount first. Check for added sugar and salt as well as animal products and nuts if you wish to avoid these.
- Note the 'use by' or 'best before' date. 'Use by' means the product must be used before that date and should not be on sale after that date. 'Best before' means the product is safe after that date, but the food may no longer be at its best.
- Keep cold foods cold on the way home from shopping or check that delivery trucks do so.

Food Storage

- Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a refrigerator or cool place below 5^{0}C.
- Insulated cool boxes, or a cool box with cool packs, should be used for carrying food when taking children on trips or outings.
- Cool leftovers as quickly as possible. Cover, and when steam has evaporated, put in the refrigerator. Avoid putting large quantities of warm food in the refrigerator as it raises the temperature of the whole refrigerator.
- Cover foods in the refrigerator.
- Eggs should be kept in the refrigerator, separate from other foods.
- Raw meat and raw fish should be stored on a different and a lower refrigerator shelf to other foods. Check the raw food is not dripping.
- Food stocks should be rotated and food beyond its 'use by' date discarded.
- Do not leave food in cans or packaging once opened. Empty into another container for storage.
- Do not re-freeze foods.
- Wash refrigerator frequently.

Kitchen Hygiene

- Work surfaces should be thoroughly cleaned with disinfectant after each meal preparation.

- People who are unwell should not prepare food for others.
- Cover cuts and sores with waterproof dressings.
- Tea towels and dishcloths should be boil-washed daily.
- Chefs and caterers should always wash their hands with soap and water before preparing food, between handling raw and cooked foods, and before serving meals.
- Uneaten food should be removed from the table and disposed of. Any milk remaining in an infant's bottle after a feed should be thrown away.

Food Preparation

- Separate chopping boards should be used for raw meat and fish, for cooked foods and for raw fruit and vegetables.
- Fruit and vegetables should be washed well and peeled. Root vegetables such as carrots and parsnips should always be peeled and topped and tailed.
- Discard the skins and cuttings from preparation to prevent contamination of the prepared product.
- Do not leave food around the kitchen uncovered.
- Eggs given to infants or toddlers should be cooked until both the yolk and the white are solid.
- If you are serving food from a can or a jar and the child is unlikely to eat all the contents, spoon a portion into a separate dish or container before serving it to the child. Store any unused portions according to the manufacturer's instructions. If food is served straight from the jar and the child does not finish it, the remainder should be thrown away.
- Thaw frozen food completely before cooking unless instructions state, "cook from frozen". Thaw in the refrigerator rather than at room temperature.

Re-heating Food

- If food is to be eaten warm, it should be re-heated until piping hot and then cooled down before serving. Re-heat food only once.
- Avoid keeping food hot for long periods.
- Stir foods, if possible during re-heating to ensure all parts are heated.
- Do not heat an infant's bottle in a microwave as hot spots can occur and burn the infant's mouth.

Safety

- Never leave children or infants alone while they are eating in case they choke.
- Children must be supervised while in high chairs.
- High chairs must have a safety harness.

Source: Food and Nutrition Guidelines for Pre-School Services. Health Promotion Unit, Department of Health and Children, 2004.

APPENDIX 9

REFUGEE AND ASYLUM SEEKER RESOURCE ORGANISATIONS IN IRELAND

Access Ireland Refugee Social Integration Project,
Dominick Court,
41, Dominick Street Lower
Dublin 1.
Tel: 01 8780589
accessireland@connect.ie

African Refugee Network,
90 Meath Street, Dublin 1.
Tel: 01 4734523

Amnesty International,
48 Fleet Street, Dublin 2.
Tel: 01 6776361
info@amnesty.iol.ie

ARASI - Association of Refugees and Asylum Seekers in Ireland,
1 The Mews, 213 North Circular Road,
Dublin 7.
Tel: 01 8381142
arasi@indigo.ie

Bosnian Community Development Project,
40 Pearse Street, Dublin 2.
Tel: 01 6719202
bcdp@iol.ie

Refugee Language Support Unit
83 Waterloo Lane, Dublin 4.
Tel: 01 667 2479/2112
Email:info@rlsunits.com

Equality Authority,
Clonmel Street, Dublin 2.
LocalI 1890 245545
info@equality.ie

INTERACT Ireland,
(Access to Employment for Refugees)
Abbey House, 15 -17 Upper Abbey Street, Dublin 1.
Tel: 01 8747099

Irish Council for Civil Liberties,
Dominick Court, 40-41 Dominick Street, Dublin 1.
Tel: 01 8783136
iccl@iol.ie

Irish Red Cross,
16 Merrion Square, Dublin 2.
Tel: 01 6765135

Irish Refugee Council,
88, Capel Street, Dublin 1. Or 1, Bank Place, Ennis, Co. Clare
Tel: 01 8730042/8782854 065 6822026
refugee@iol.ie

National Consultative Committee on Racism and Interculturalism,
26 Harcourt Street, Dublin 2.
Tel: 01 4785777

Psychology Services for Refugees and Asylum Seekers, (For former Eastern Health Board Region)
St. Brendan's Hospital, Grange Gorman, Dublin 7.
Tel: 01 8680166 Fax: 01 4183271

Reception and Integration Agency,
Block C, Ardilaun Centre, 112-114 St. Stephen's Green, Dublin 2
Tel: 01 4183200 Fax: 01 4183271
info@justice.ie

Refugee Applications Centre,
Timberley House, 79-83 Lower Mount Street, Dublin 2.
Case Processing Tel: 01 6028116
Appeals Tel: 01 6028008
Administration 01 6028054

Refugee Information Service,
North Brunswick Street, Dublin 2.
Tel: 01 8090437
refinfo@eircom.net

Refugee Legal Service -
Registration Dept;
Timberley House, 79-83 Lower Mount St., Dublin 2.
Tel: 01 6310800 Freephone: 1800 229 222

United Nation High Commission for Refugees (UNHCR),
27 Fitzwilliam Street Upper, Dublin 2.
Tel: 01 6328675/79
iredu@unhcr.ch

Vincentian Refugee Centre,
St Peter's Church, Phibsboro, Dublin 7.
Tel: 01 8389708
refugeecentrephibsboro@eircom.net

Women's Refugee Project,
West Tallaght Resource Centre, 17 Glenshane Close, Tallaght, Dublin 24.
Tel: 01 4522486/4522533

Comhlamh,
10 Upper Camden Street, Dublin 2.
Tel: 01 4783490

Comhlamh,
55 Grand Parade, Cork.
Tel: 021 275881

Philomena Costigan, Intercultural and Anti-Racism Training, Encompass,
8 The Mews, Knocklofty House, Clonmel, Co. Tipperary
Tel: 052 38994 Mob: 087 9104637 email: encompass@email.com

SUPPORT GROUPS

The following Support Groups are contactable via ***Comhlamh*** at 10 Upper Camden Street, Dublin (as above):

Africa Consortium, Algeria Solidarity Group, Anti-Racism Campaign, Bhutanese Refugee Support Group, Irish Black and Migrant Women's Association, Burma Action Ireland, Congo Solidarity Group, Ireland Action for Bosnia, Irish Sudanese Solidarity Group, Kosovar Ireland Solidarity, Kurdistan Information Network, Middle East Solidarity Group, Pan African Organisation Ltd., Residents Against Racism, Romanian Community Group, Somali Community in Ireland, Association of Nigerian Asylum Seekers in Ireland.

APPENDIX 10

ADDITIONAL RESOURCES

- Food and Nutrition Guidelines for Pre-school Services. Health Promotion Unit, Department of Health and Children (2004). Available to download from www.healthpromotion.ie

- Food and Nutrition Guidelines for Primary Schools. Health Promotion Unit, Department of Health and Children (2004). Available to download from www.healthpromotion.ie

- Breastfeeding Your Baby. Important information for new mothers. Health Promotion Unit.

- Breastfeeding Out and About. Leaflet jointly produced by the Health Promotion Unit and the Equality Authority. Available from the Health Promotion Unit.

A range of leaflets, booklets and magazines on healthy eating are available from your local Health Promotion department. These include booklets such as:

- 'Healthy Eating for Children' leaflet.
- Starting to Spoon-feed Your Baby.
- Food for Young Children.

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