



Breastfeeding in a Healthy Ireland

Health Service Breastfeeding
Action Plan 2016 - 2021



Every Breastfeed Makes a Difference







Contents

Introduction	5
Breastfeeding Action Plan (2016 – 2021)	
- Vision	8
- Aims & Objectives	8
- Actions	9
Appendices	
Appendix 1: Breastfeeding Initiatives in 2015	17
Appendix 2: Evidence and Best Practice	18
Appendix 3: Review of Breastfeeding in Ireland Strategic Action Plan	20
Appendix 4: Glossary of Terms	21
References	22

Foreword

I welcome the publication of Breastfeeding in a Healthy Ireland: the HSE Breastfeeding Action Plan 2016 - 2021.

Breastfeeding gives a child the optimum start in life. It is important for normal growth and development, it provides nourishment and health protection, it strengthens bonding and nurturing between mother and infant, and promotes infant mental health. Research indicates that improving our breastfeeding rates will contribute to improvements in child and maternal health, and reductions in childhood obesity and chronic diseases. The publication of the Lancet series on breastfeeding this year, highlighted that the evidence in relation to breastfeeding and health is stronger than ever.

The Healthy Ireland framework for Improved Health and Well-being 2013-2025 and the HSE Healthy Ireland in the Health Services Implementation Plan seek to improve the health and well-being of the population by increasing the proportion of the population that are healthy at all stages of life, and reducing health inequalities. The promotion, support and protection of breastfeeding is a key element of the HSE Healthy Childhood Policy Priority Programme and the Nurture – Infant Health and Wellbeing Programme.

Breastfeeding initiatives are also reflected in the Creating a Better Future Together National Maternity Strategy 2016-2026 (DoH, 2016); Better Outcomes, Brighter Future The national policy framework for children and young people 2014-2020 (DCYA, 2014), and A Healthy Weight for Ireland Obesity Policy and Action Plan 2016-2025 (DoH, 2016) supports the implementation of the Breastfeeding Action Plan.

The Breastfeeding Action Plan 2016 – 2021 sets out the priority areas to be addressed over the next 5 years to improve breastfeeding supports, to enable more mothers in Ireland to breastfeed and to improve health outcomes for mothers and children in Ireland. The Action plan outlines the actions needed to enhance breastfeeding rates and provide skilled support to mothers, through our maternity services, hospitals, primary care services and in partnership with voluntary breastfeeding organisations and other stakeholders.



The implementation of the Action Plan will enable us to promote, support and protect breastfeeding in Ireland within the Healthy Ireland framework and across HSE Health and Wellbeing, Primary care and Acute Services divisions as well as within non-HSE community and voluntary structures.

I would like to thank working group members for their input and work in bringing this document to completion. I would like to acknowledge the contributions of the many staff members across the Health services and voluntary sector who engaged in the consultation process and provided valued input and information, contributing to the formation and redrafting of the Action Plan.

The HSE Breastfeeding Action Plan 2016-2021 is an important step in ensuring that all children in Ireland get the best possible start in life. It is a valuable resource, providing direction for all of us who are working to promote and improve the health of the population, in supporting families who are breastfeeding their babies.

Cate Hartigan

Head of Health Promotion & Improvement
Health & Wellbeing Division, HSE.

ACKNOWLEDGEMENTS

The authors are grateful for the cooperation of all those who contributed to the development of the HSE Breastfeeding Action Plan 2016-2021. To the many staff members across the Health services and members of the voluntary sector who engaged in the consultation process and provided valued input and information, contributing to the formation and redrafting of the Action Plan. To Dr. Cate Hartigan, Head of Health Promotion and Improvement, and Janet Gaynor, Functional Manager, Health Promotion and Improvement for their assistance in advancing the consultation at senior management level across the HSE Divisions. To Kathleen Pardy for proof reading, printing and assistance throughout the project.

The Action Plan was compiled by:
Working Group Members

Siobhan Hourigan, National Breastfeeding Co-ordinator
Margaret O'Neill, National Dietetic Advisor
Dr. Teresa Bennett, Senior Health Promotion Officer
Laura Molloy, National Co-ordinator Health Promoting Health Service

The development of the Action Plan involved a wide consultation across HSE Health & Well-being, Acute Hospitals and Primary Care Division, with the voluntary & community sector and other stakeholders. The HSE Breastfeeding Action Plan 2016-2021 was approved by Health and Wellbeing Senior Leadership Team in September 2016.

Breastfeeding is the biologically normal feeding method for infants and young children and ensures optimum growth and development.

The promotion, support and protection of breastfeeding are a priority for children's health in Ireland. Breastfeeding is the biologically normal feeding method for infants and young children and ensures optimum growth and development. There is considerable evidence to demonstrate the importance of breastfeeding for the health of both mothers and infants. Children who are not breastfed have a higher incidence and severity of many illnesses including respiratory tract and urinary tract infections, gastroenteritis, otitis media, and diabetes (Victora et al. 2016; Ip et al, 2007, AHRQ, 2007), SIDS and childhood cancers (Ip et al, 2007, AHRQ, 2007).

Breastfeeding is also a significant protective factor against obesity in children (Yan et al 2014). The protective role of breastfeeding extends beyond childhood and is important in the prevention of chronic diseases in adulthood including diabetes (Victora, 2016). Being breastfed has been identified as providing a reduced risk of obesity and Type 1 & Type 2 diabetes (Hector et al, 2010). Breastfeeding also reduces a mother's risk of ovarian and breast cancer and diabetes (Victora et al. 2016). Breast milk is vital in preventing Necrotising Enterocolitis (NEC) in preterm infants, which is associated with increased morbidity and mortality, and neurodevelopmental impairment (AAP, 2012).

A key policy priority for Irish Government and the Irish health service is to increase the proportion of

people who are healthy at all stages of life through the Healthy Ireland Framework, Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025 (Department of Health, 2013). This involves addressing risk factors and promoting protective factors at every stage of life, including the period from the pre-natal stage and through childhood, to support health and wellbeing.

The Department of Health and Children and the World Health Organisation (WHO) recommend exclusive breastfeeding of infants for the first 6 months, after which mothers are recommended to continue breastfeeding, in combination with suitably nutritious and safe complementary foods – semi-solid and solid foods – until their children are 2 years of age or older (Department of Health, 2005; WHO/UNICEF, 2002).

The National Maternity Strategy 2016-2026: Creating a Better Future Together (DoH, 2016) outlines the responsibilities of the Department of Health, HSE and the National Women & Infants Health Programme in relation to the promotion, support and protection of breastfeeding. Actions include improvements in support for breastfeeding both within the hospital and in the community; compliance of all maternity units with the Baby Friendly Hospital Initiative; implementation of the WHO Code; and breastfeeding promotion campaigns.

A number of recent national policy framework documents provide commitment to advancing child health and support in the early years, including a great emphasis on breastfeeding supports. Right from the Start -The Report of the Expert Advisory Group on the Early Years Strategy (DYCA, 2013) recommends that the new Early Years Strategy improves breastfeeding rates by building on the progress already achieved as a result of the Breastfeeding in Ireland Strategic Action Plan (DoH&C 2005) through a combination of hospital and community-based measures, including antenatal education; supportive health service policies; consistency of approaches by healthcare workers; provision of high quality support; progressive maternity leave policies and education; and regulation of employers to provide facilities for nursing mothers (DCYA, 2013).

Better Outcomes Brighter Futures: The national policy framework for children and young people 2014-2020 (DYCA, 2014) focuses on early healthy development prioritising the under-2-year-olds, and commits to strengthening prenatal and antenatal supports, addressing maternal health and wellbeing, and raising breastfeeding rates in line with international norms.

Despite gradual increases over the last ten years, Ireland's breastfeeding rates continue to be the lowest in international comparisons (Victora et al. 2016; EuroPeriStat, 2013) with implications for maternal and child health. Most recently published NPRS data reports 56.9% any breastfeeding on discharge from maternity services, 46.3% exclusive breastfeeding (HSE, 2016). Breastfeeding initiation rates in Ireland are currently among the lowest in the world, compared to initiation rates of 90% in Australia, 81% in the UK and 79% in the USA (HSE, 2016; NHS, 2011; PHAA, 2010, CDC, 2014). Breastfeeding rates strongly correlate to maternal education and social class. The Growing up in Ireland study found that 79% of mothers who breastfed had a third-level degree breastfed compared to 29% who left school at Junior Certificate level (Williams et al, 2010).

The WHO Global Targets to improve maternal, infant and young child nutrition include the target of an increase, by 2025, to a rate of at least 50% exclusive breastfeeding in the first six months. Current exclusive breastfeeding rates in Ireland on discharge from maternity hospital are 46.3% (HSE, 2016). According to WHO World Health Statistics 2013, 15% of children in Ireland are exclusively

breastfed for the first 6 months compared with the global average of 38% and WHO European average of 25% (WHO, 2013).

International studies have outlined the significant cost savings to the health service to be achieved through even gradual increases in breastfeeding rates (Rollins et al, 2016; Renfrew et al, 2012).

The Breastfeeding Action Plan 2016 – 2021 sets out the priority areas to be addressed over the next 5 years to improve breastfeeding supports, to enable more Irish mothers to breastfeed and to improve health outcomes for mothers and children in Ireland. The actions include the implementation of policies at hospital and community level; investment in breastfeeding training and skills development for healthcare staff; the provision of additional lactation specialist posts (CMS / CNS Lactation); and partnership working to promote a culture that accepts and supports breastfeeding.



Breastfeeding Priorities 2016 – 2021

The Action Plan Consultation process identified the following Priorities:

- Breastfeeding Training for Healthcare Professionals
- Staffing and resources for breastfeeding support within maternity services and primary care
- Timely skilled Assistance for mothers
- Implementation of Breastfeeding Policies
- Governance and structures to support breastfeeding
- Implementation of the WHO Code of Marketing of Breast milk Substitutes and subsequent relevant WHA Resolutions
- Antenatal education
- Audit & collation of breastfeeding KPIs



Targets

The overall targets to be achieved are:

1. An annual 2% increase in breastfeeding duration rates between 2016 and 2021 (exclusive and not exclusive)
2. 100% of Hospital Groups and Community HealthCare Organisations implementing standardised breastfeeding policies.

These targets will be achieved through the investment in resources, personnel, training and governance structures to implement the action plan.

The Action Plan supports and reflects the values of the HSE Corporate Plan 2015 -2017 (HSE, 2015).



Breastfeeding Action Plan (2016 – 2021)

The Vision of the Breastfeeding Action Plan 2016 – 2021, is to achieve:

A society where breastfeeding is the norm for individuals, families and communities in Ireland resulting in improved child and maternal health outcomes, where all women receive the support that they need them to enable them to breastfeed for longer.

Aims & Objectives

The overarching aim of the Breastfeeding Action Plan 2016 – 2021 is to increase breastfeeding initiation and duration rates, by supporting and enabling more mothers to breastfeed.

This will be achieved through:

- Improved Governance and health service structures
- Breastfeeding training and skills development
- Health service policies and practices
- Support at all stages of the breastfeeding continuum (Figure 1)
- Research, monitoring and evaluation

The objectives are:

Governance and Health Service Structures,

- To create national HSE governance structures to oversee the implementation of the Breastfeeding Action Plan 2016 – 2021 and to report on progress
- To ensure that service structures to support breastfeeding are established within the Health Services

Breastfeeding Training & Skills Development

- To develop the skills and knowledge of health service staff and service providers, ensuring that they receive on-going training to enable them promote and support breastfeeding.

Health Service Policies and Practices

- To ensure that evidence based practices are implemented within health services
- To provide quality breastfeeding support services at each point of contact with health workers and with services for expectant mothers and mothers of infants and young children

- To promote and support breastfeeding among all pregnant women and mothers with a focus on groups where rates of breastfeeding are low.
- To implement the International Code of Marketing of Breast milk Substitutes and subsequent WHA (World Health Assembly) Resolutions.

Research, Monitoring and Evaluation.

- To collect and report on breastfeeding rates and infant feeding practices through maternity and child health information systems
- To audit and evaluate breastfeeding policies and support services.
- To support research to inform the promotion, support and protection of breastfeeding in Ireland.

Figure 1

Breastfeeding Continuum

(adapted from the Australian National Breastfeeding Strategy)



Ante-natal & Peri-natal
Time before Birth. Labour & Birth



Immediate Postnatal
0-3 days Hospital setting



Medium Postnatal
3 days – 3 months Transition to Community setting



Longer Postnatal
3 months – 6 months



Beyond 6 months
Recommended Introduction of complementary foods

Health Service Breastfeeding Action Plan 2016 – 2021

1. Governance and Health Service Structures

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
1.1	Create national governance structure for the implementation the Health Service Breastfeeding Action Plan 2016 - 2021.	National Governance structure in place with agreed Terms of Reference and reporting mechanisms.	National Governance structures oversee the implementation of the Action Plan and report on progress.	Q4 2016	Health & Well-being Division	Theme 1 – Governance & Policy
1.2	Develop governance structure for breastfeeding in primary care and acute hospitals divisions.	Governance structures in place.	Governance is in place across Health & Well-being, Acute hospitals and Primary Care Divisions.	Q4 2017	Acute hospitals & Primary Care Divisions	Theme 1 – Governance & Policy Theme 4 – Health & health reform
1.3	Appoint Clinical Midwife/Nurse Specialist Lactation Consultants (IBCLC) within all Irish maternity hospitals and paediatric hospitals, according to a determined births-to-support staff ratio, with dedicated CMS/CNS Lactation in NICUs.	Proportion of CMS/ CNS WTEs per births in Maternity units and per admissions / activity under 2 yrs in paediatric units.	Breastfeeding specialist posts are in place in all hospital groups, with adequate provision per number of births / paediatric admissions & activity.	Q4 2018	Acute hospitals Division	Theme 4 – Health & health reform
1.4	Appoint dedicated full-time Lactation Consultants (IBCLC) posts in each of the 9 Community Health Organisations (CHOs), according to population need.	Number of full-time Lactation Consultant (IBCLC) posts in each CHO.	Breastfeeding specialist posts are in place in all CHOs with a role in policy development, staff training / mentoring and clinical case load.	By end Q4 2019	Primary Care Division	Theme 4 – Health & health reform

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
1.5	Develop a model for breastfeeding support in all Maternity Hospitals.	Model for breastfeeding support developed and implemented in all Maternity Hospitals.	Breastfeeding support structures are in place in all Maternity Hospitals including specialist posts and team structure.	By end Q4 2020	Acute hospitals Division	Theme 4 – Health & health reform
1.6	Develop a model for breastfeeding support in CHOs.	Model for breastfeeding support developed and implemented in all CHOs.	Breastfeeding support structures are in place in all CHOs including specialist posts and team structure. Areas of social disadvantage and low breastfeeding rates are prioritised.	By end Q4 2020	Primary Care Division	Theme 4 – Health & health reform
1.7	Establish breastfeeding committees, within each Hospital Group, to include maternity hospital, primary care, voluntary/community and service user representatives.	Number of breastfeeding committees in place. Committee plans support the implementation of the Action Plan and address local priorities.	Breastfeeding committees are in place.	By end Q4 2018	Acute hospitals and Primary Care Divisions	Theme 1 – Governance & Policy Theme 4 – Health & health reform

Health Service Breastfeeding Action Plan 2016 – 2021

2. Breastfeeding Training & Skills Development

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
2.1	Develop a framework and implementation plan for breastfeeding training and skills development for health care professionals.	Framework developed and implemented.	<p>Health workers working with families & young children have the appropriate knowledge & skills to support breastfeeding.</p> <p>There is investment in training and skills development to ensure effective skills for relevant health workers and consistency of information across all health care disciplines working with pregnant women, infants and their mothers.</p>	Q1 2016 – Q4 2021	<p>Child Health, Health & Well-being</p> <p>All Health Service Divisions</p>	Theme 4 – Health & health reform
2.2	Provide breastfeeding training at undergraduate and postgraduate level across relevant disciplines.	Number of courses delivering agreed learning outcomes.	Under graduate and postgraduate education programmes deliver on agreed learning outcomes to required quality standards in relation to breastfeeding.	Q4 2018	Health & Well-being Division	Theme 4 – Health & health reform

3. Health Service Policies & Practices

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
3.1	Implement, audit & review the Infant Feeding Policy for Maternity and Neonatal services.	HSE Infant Feeding Policy and relevant guidelines implemented. Audits of the implementation of the policy. % of babies breastfed on discharge from maternity hospital.	Maternity hospitals that deliver evidence -based care and supportive practices. Mothers receive skilled support, appropriate to their needs, to initiate & maintain breastfeeding following the birth of their babies.	Q4 2020	Acute hospitals Division	Theme 4 – Health & health reform
3.2	Implement, audit and review the Baby Friendly Hospital Initiative (BFHI) in all maternity services.	Numbers of maternity units/hospitals implementing the WHO/UNICEF 10 Steps to Successful Breastfeeding, and meeting the standards to be designated as Baby Friendly Hospitals.	All maternity services implementing the WHO/UNICEF 10 Steps to Successful Breastfeeding.	Q 4 2021	Acute hospitals Division	Theme 4 – Health & health reform
3.3	Implement, audit and review the Breastfeeding Policy for PCTs, in each CHO.	HSE Breastfeeding Policy and relevant guidelines implemented. Audits of the implementation of the policy. % of babies breastfed at first PHN visit, 3 month & 7-9 month PHN assessments.	A primary care system that delivers evidence-based care that promotes and supports breastfeeding Mothers receive skilled support, appropriate to their needs, to maintain breastfeeding in the early weeks after the birth of their babies, and to enable continued breastfeeding.	Q4 2020	Primary Care Division	Theme 4 – Health & health reform

Health Service Breastfeeding Action Plan 2016 – 2021

3. Health Service Policies & Practices

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
3.4	Implement National Standards including: <ul style="list-style-type: none"> National Standards for Safer Better Healthcare and National Standards for Safer Better Maternity Care 	Implementation Plans and audits.	Compliance with Standards.	End Q4 2021	Acute hospitals & Primary Care Divisions HIQA	Theme 4 – Health & health reform
3.5	Provide infant feeding antenatal education for all pregnant women.	Development and implementation of models of Antenatal education / services.	Equitable and accessible antenatal infant feeding education.	Q2 2017	Acute hospitals & Primary Care Divisions	Theme 4 – Health & health reform
3.6	Develop a clear referral pathway for mothers requiring additional breastfeeding support before and after birth, to Lactation Consultants (IBCLCs).	Development and implementation of referral pathway. Monitoring of uptake.	Mothers requiring additional breastfeeding support before and after birth are referred to specialist support.	Q4 2017	Primary Care Division	Theme 4 – Health & health reform
3.7	Develop policies and practice in breastfeeding support in neonatal intensive care (NICU), paediatric settings & other settings for mothers of preterm and hospitalised infants.	Numbers of preterm and hospitalised infants receiving breast milk.	Mothers of preterm and hospitalised infants receive skilled support, appropriate to their needs, to initiate & maintain breastfeeding following the birth of their babies.	Q4 2018	Acute hospitals Division	Theme 4 – Health & health reform
3.8	Provide access to suitable breast pumps, free of charge, to all mothers of preterm and hospitalised infants, and breastfeeding mothers hospitalised after maternity /paediatric discharge.	Uptake of breast pumps. Numbers of preterm and hospitalised infants receiving breast milk.	Mothers of preterm and hospitalised infants have the required access to suitable breast pumps to provide breast milk for their babies.	Q4 2017	Acute hospitals & Primary Care Divisions	Theme 4 – Health & health reform

3. Health Service Policies & Practices

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
3.9	Provide breastfeeding support groups in all CHO areas through: <ul style="list-style-type: none"> • Maternity and public health nursing services, • Grant agreement with voluntary organisations La Leche League and Cuidiu. Provide social support groups through grant agreement with Friends of Breastfeeding.	Number and distribution of support groups. Audit of support groups including service user feedback.	Mothers are supported to continue to breastfeed through the provision of breastfeeding support groups in the community. Equitable provision of support groups.	Q1 2016– Q4 2021	Health & Well-being and Primary Care Divisions	Theme 4 – Health & health reform Partnership & cross sectoral working
3.10	Develop and implement breastfeeding policies in all paediatric hospitals & units and in all acute hospitals.	Development and implementation of policies Audits of the implementation of the policies.	Health system integration of breastfeeding supportive practices.	Q4 2021	Acute hospitals Division	Theme 4 – Health & health reform
3.11	Implement evidence informed programmes and initiatives to promote breastfeeding, provide support and address barriers for women least likely to breastfeed.	Numbers and types of programmes and initiatives. Implementation and evaluation of programmes and initiatives.	Women least likely to breastfeed, including Traveller women, younger women and women from lower socio-economic groups are supported to breastfeed.	Q4 - 2021	All health service Divisions	Theme 2 – Partnership & cross sectoral working Theme 3 – Empowering people & communities
3.12	Develop and implement a HSE breastfeeding supportive workplace policy - to support employees to continue to breastfeed on return to work following maternity leave.	Policy developed and implemented.	Mothers are enabled to continue to breastfeed after they return to work, and continue to breastfeed for as long as they wish.	Q1 2016 – Q4 2021	Health & Well-being Division	Theme 4 – Health & health reform
3.13	Strengthen compliance with the International Code of Marketing of Breast Milk Substitutes and subsequent WHA resolutions.	Measures developed to improve and monitor compliance.	The International Code & WHA resolutions are policy for all Government departments, the HSE & contracted agencies.	Q2 2016 – Q4 2021	Health & Well-being Division	Theme 2 – Partnership & cross sectoral working

Health Service Breastfeeding Action Plan 2016 – 2021

4. Social Marketing, Support and Advocacy

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
4.1	Provide an on-line breastfeeding support service through the website www.breastfeeding.ie .	Evaluation of service. Website, Service metrics.	Credible on-line breastfeeding information and support is available through the breastfeeding.ie website.	Q1 2016– Q4 2021	Health & Well-being Division	Theme 4 – Health & health reform
4.2	Implement Breastfeeding campaigns to include various media. Implement a campaign to promote support for breastfeeding within family networks.	Development, implementation & evaluation of campaigns.	Increased acceptability of, and support for, breastfeeding in Irish society. Immediate and wider family networks support breastfeeding mothers and families.	Q4 2017	Health & Well-being Division	Theme 4 – Health & health reform
4.3	Advocate for the extension of entitlement to breastfeeding / lactation breaks for all breastfeeding mothers returning to work, until their child is one year of age, and the provision of supportive policies and suitable facilities in all workplaces.	Legislation and standards in place.	Mothers are enabled to continue to breastfeed after they return to work, and continue to breastfeed for as long as they wish.	Q4 2016 – Q4 2021	Health & Well-being Division	Theme 2 – Partnership & cross sectoral working
4.4	Develop a service user panel to support the integration of the experiences and views of expectant and new mothers and their families into policy development on an ongoing basis.	Service user Panel developed and supported.	A health service that listens to the needs and experiences of breastfeeding mothers and their families.	Q2 2017	Health & Well-being Division	Theme 3 – Empowering people & communities
4.5	Establish an inter-agency group to address cultural barriers to breastfeeding in Ireland.	Working group established. Development & implementation of working group recommendations.	There is a cultural shift to view breastfeeding as the norm. Barriers to breastfeeding are understood and appropriate action undertaken to address issues.	Q1 2017 – Q4 2021	Health & Well-being Division	Theme 3 – Empowering people & communities

Health Service Breastfeeding Action Plan 2016 – 2021

5. Research, Monitoring & Evaluation

No.	Action	Indicator	Outcome	Timeframe (by end of)	Lead	Healthy Ireland theme
5.1	Support the development of an Infant Feeding Research Forum.	Research Forum developed and terms of reference agreed.	Infant feeding practices in Ireland are informed by national and international research.	Q4 2021	Health & Well-being Division	Theme 5 – Research & evidence
5.2	Implement the Maternal & Newborn Clinical Management System (MN-CMS) and NICIS child health information systems.	Implementation of information systems.	Accurate data collection & Information systems monitor progress in relation to breastfeeding.	Q4 2018	Health & Well-being Division	Theme 4 – Health & health reform
5.3	Monitor and report on breastfeeding data in Ireland.	Breastfeeding KPIs and datasets developed. Breastfeeding data collated and reported quarterly and annually.	Regular reporting and monitoring of breastfeeding statistics in Ireland.	Q4 2017 & on-going	Acute hospitals, Primary Care & Health & Well-being Divisions	Theme 4 – Health & health reform
5.4	Audit and evaluation of breastfeeding policies and practices at Hospital and CHO and Hospital level.	Compliance with and implementation of current policies and best practice.	Maternity hospitals and Community Healthcare Organisations that deliver evidence -based care and supportive practices.	Q4 2019	Acute hospitals, Primary Care Divisions	Theme 4 – Health & health reform Theme 5 – Research & evidence



Appendix 1

Examples of Breastfeeding Initiatives in 2015

- Competence Framework for Breastfeeding Support (Gallagher et al, 2015) <https://www.breastfeeding.ie/Uploads/files/Competence-Framework-for-Breastfeeding-Support.pdf>
- HSE Infant Feeding Policy for Maternity & Neonatal Services revised July 2015
- Breastfeeding Policy for PCT & Community Healthcare settings (2015) adopted as HSE policy <https://www.breastfeeding.ie/Resources/Health-professional/Policy.html>
- www.breastfeeding.ie website and Ask the Expert on-line Lactation Consultant service launched May 2015
- 259 Breastfeeding Support Groups provided throughout the country by Public Health Nurses, Lactation Consultants, La Leche League, Cuidiu & Friends of Breastfeeding
- Information Resources for Parents of Premature & Sick Babies developed, by ALCI, NMH, OLCCHC, Irish Premature Babies & HSE <https://www.breastfeeding.ie/Getting-Started/Premature-or-ill-baby/>

Appendix 2

Evidence and Best Practice

Effectiveness of Initiatives to Support, Promote and Protect Breastfeeding.

The promotion of breastfeeding includes the provision of accurate and timely information to expectant and new mothers, and information on supports available, as well as public information campaigns. Breastfeeding support includes the provision of support to the woman and her family from antenatal through to postnatal periods and beyond. The protection of breastfeeding includes protection from commercial marketing, through adherence to the WHO International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA Resolutions. Protection also includes policies that protect the practice of breastfeeding, such as maternity legislation and policies that protect rights to breastfeed in public, and facilitate breastfeeding on return to employment.

The 2014 review of the Breastfeeding in Ireland Strategic Action Plan (Mc Avoy et al, 2014) included a review of the effectiveness of breastfeeding interventions. The following information in this Appendix is adapted from the literature review undertaken by McAvoy et al (2014).

Breastfeeding support is most effective where it is face-to-face, scheduled and predictable and provided by trained health professionals and/or peer counsellors (Renfrew et al, 2012). Enhanced training and continued education were found to be associated with improvements in outcomes for breastfeeding initiation and duration. Community based peer support approaches are an effective intervention and may be particularly helpful with low income groups. Antenatal education, peer counseling, lactation consultation during pregnancy can help to increase breastfeeding duration (Lumbiagnon et al, 2011).

International studies were found to confirm the effectiveness of the Baby Friendly Hospital Initiative as an evidence-based approach to supporting the establishment of breastfeeding in the early postpartum period (Labbok et al, 2013; Nickel et al, 2013; Semenic et al, 2012; Zakarija-Grkovic et al, 2012). the Baby Friendly Hospital Initiative is based on the WHO/UNICEF evidence-based 10 Steps to Successful Breastfeeding (Table 1)

Antenatal support

The antenatal period provides opportunities for infant feeding discussions at both hospital and GP appointments. O'Brien et al (2008) stress the importance of infant feeding discussion during antenatal visits. Hoddinott et al (2012) recommend that health professionals should ask open questions about experiences and goals, and talk about how infant feeding will fit with family life. Irish studies have emphasised the need for continuing education and updates to breastfeeding knowledge for Irish healthcare professionals in the community and the provision of consistent information (Mulcahy et al, 2011; Whelan et al, 2011; Leahy-Warren et al, 2009)

Supporting Breastfeeding in the early postpartum period

Support for the establishment of appropriate techniques and positioning in the maternity hospital setting is critical. Evidence from systematic reviews shows that breastfeeding support that provides consistent information provided by appropriately trained and supported health professionals and/or peer counsellors, results in improvements in breastfeeding rates and duration (Renfrew et al, 2012; Labbok, 2012; Bignell et al, 2012; Hector et al, 2004). Enhanced training and continued education is associated with better outcomes for breastfeeding initiation and duration.

Supporting breastfeeding for preterm and sick infants is of particular importance. Extending BFHI to Neonatal ICUs (NICUs) is an approach with proven effectiveness (Parker et al, 2013).

Perceptions of the value of breast milk substitutes can influence infant feeding choices (Heinig, 2006). The wider influence of marketing breast milk substitutes and other strategies on infant feeding choices made by families in Ireland is not yet fully understood (McAvoy et al, 2014).

Effective Interventions to promote the duration of Breastfeeding

A combination of interventions at public health, public policy, clinical and community level are most effective to promote breastfeeding duration. Evidence based interventions at clinical level include changes to policy and practice within community and hospital settings in line with WHO recommendations and implementation of the WHO/ UNICEF Baby Friendly Initiative in maternity, paediatric and community services (Renfrew et al, 2012). The promotion and support of breastfeeding can enhance work on other public health issues. For example breastfeeding and introduction of complementary foods from 6 months has been found to assist in the prevention of obesity in children (Shribman and Billingham, 2009).

Barriers to Breastfeeding

Barriers to continued breastfeeding among women in Ireland have been identified as factors such as poor latch, nipple pain, perceived insufficient milk supply, fatigue, lack of freedom, and return to work (Tarrant et al, 2009; Begley et al, 2008). Motivators to breastfeed for women in Ireland include health benefits, convenience, and bonding (Tarrant et al, 2009; Begley et al, 2008). Barriers to breastfeeding are particularly evident for women in Ireland on low income (McGorrian et al, 2010).

Higher self-efficacy, positive attitudes towards breastfeeding and determination to breastfeed are strongly related to breastfeeding intent, initiation and duration (Scarfe et al, 2012; O'Brien et al, 2009; Brodribb et al, 2007). However, negative perceptions of breastfeeding including significant embarrassment issues, even within the maternity hospital setting, remain a feature of studies of mothers in Ireland (Tarrant et al, 2009; Begley et al, 2008).

Breastfeeding in lower socio-economic groups

Low breastfeeding rates among lower socio-economic groups in Ireland contribute to the disadvantage experienced by children of families on lower income. The State of the Nation's Children reported marked social differences with extremely low breastfeeding rates among children of unemployed mothers (Department of Children and Youth Affairs, 2010). The 'Growing up in Ireland' Study (Williams et al, 2010) found that mothers who had not been born in Ireland were much more likely to breastfeed their infants than Irish-born mothers

(83% compared to 48%). McGorrian et al (2010) identified that in Ireland particular subgroups of the population are at most risk of never initiating or prematurely discontinuing breastfeeding, namely those mothers who are younger, have less formal education, and who are more likely to be economically deprived, and that their barriers must be addressed to promote and support breastfeeding among these groups.

Table 1: The WHO/UNICEF evidence-based 10 Steps to Successful Breastfeeding

- Step 1** Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Step 2** Train all health care staff in skills necessary to implement the policy.
- Step 3** Inform all pregnant women about the importance of and management of breastfeeding.
- Step 4** Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.
- Step 5** Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- Step 6** Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Step 7** Practice rooming-in - allow mothers and infants to remain together – 24 hours a day
- Step 8** Encourage breastfeeding on demand.
- Step 9** Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Step 10** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Appendix 3

Review of Breastfeeding in Ireland Strategic Action Plan

Ireland's activities in relation to breastfeeding for the last number of years have been guided by the Breastfeeding in Ireland: Strategic Action Plan (DoH&C, 2005). A recent review of this strategy (McAvoy et al., 2014), recommended that breastfeeding is positioned within a wider early years framework that is integrated with government nutrition, maternity and family / parenting policies and frameworks. In the interim an Action Plan was recommended to progress breastfeeding in Ireland within the Healthy Ireland framework and across the health service health & well-being, primary care and hospital divisions as well as non-health service community and voluntary structures. In response to this recommendation, this Breastfeeding Action Plan (2016 to 2021) was developed.

The Breastfeeding in Ireland: Strategic Action Plan (DoH&C, 2005), set targets in relation to data collection systems; breastfeeding rates; participation in the Baby Friendly Hospital Initiative (BFHI) and the appointment of regional breastfeeding co-ordinators. The Review and Evaluation of Breastfeeding in Ireland Strategic Action Plan, (McAvoy et al, 2014) found that during the lifetime of the strategy there were improvements in both breastfeeding rates and in the implementation of the Baby Friendly Hospital Initiative (BFHI), however the targets originally set out were not met. While there was progress on many of the actions, a number of issues posed barriers to progress, and the action plan was not fully implemented.

The Review also highlighted the most significant achievements of implementation related to

- the development of standardised policy to guide consistent service development and monitoring within HSE maternity services
- enhancements in training for nurses and midwives
- the expansion of appropriately trained community-led peer support programmes
- the development of more appropriate media messages to promote breastfeeding
- the development of more consistent and readily available information including the breastfeeding.ie website.

The most significant deficits in implementation related to

- limited cascade of national policy to the 'coalface' due in part to the absence of appointment of regional coordinators
- lack of fit for purpose data collection systems relating to breastfeeding duration and evaluation/ audits of practice
- lack of significant impact on infant feeding cultures among Irish women and addressing of inequalities
- lack of engagement with fathers/ grandmothers within breastfeeding support approaches
- the need for secure engagement with implementation within key departmental and public health leadership contexts and within clinical specialties.



The recommendations of the Review report are grouped under the following themes:

- Make breastfeeding everyone's business
- Make health information systems fit for purpose
- Develop strategic research on infant feeding in Ireland
- Enhance evaluation and quality control of services
- Invest in evidence-based service structures
- Value, support and develop the workforce
- Renew the approach on Ireland's infant feeding culture
- Protect breastfeeding by managing commercial interests.



ALCI	Association of Lactation Consultants in Ireland	MN-CMS	Maternal & Newborn Clinical Management System
BFHI	Baby Friendly Hospital Initiative / Baby Friendly Health Initiative	NICIS	National Immunisation and Child Health Information System
CHO	Community Healthcare Organisation, HSE	NICU	Neonatal Intensive Care Unit
CMS	Clinical Midwife Specialist	NMH	National Maternity Hospital
CNS	Clinical Nurse Specialist	OLCHC	Our Lady's Children's Hospital, Crumlin
DoH	Department of Health	PCT	Primary Care Team
GUI	Growing up In Ireland – The National Longitudinal Study of Children	UNICEF	United Nations International Children's Emergency Fund
HSE	Health Service Executive	WTE	Whole Time Equivalent post
IBCLC	International Board Certified Lactation Consultant	WHA	World Health Assembly
KPI	Key Performance Indicator	WHO	World Health Organisation

References

- AHRQ - Agency for Healthcare Research and Quality (2007). Effectiveness of Breastfeeding on Child and Maternal Health Evidence Report. U.S. Department of Health & Human Services: Washington
- Akobeng, AK, Ramanan, AV, Buchan, I and Heller, RF. (2006) Effect of breastfeeding on coeliac disease: a systematic review and meta-analysis of observational studies. *Arch Dis Child* 91 (1).
- American Academy of Pediatrics (2012) Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*, 129 (3). 827-841.
- American Academy of Pediatrics (2005) Breastfeeding and the Use of Human Milk. *Pediatrics*, 115 (2). 496-506.
- Begley, C. Gallagher, L. Clarke, M. Carroll, M. Millar, S. (2008). National Infant Feeding Survey 2008 Prepared for the Health Service Executive: UCD & TCD.
- Brodribb, W. Fallon, AB. Hegney, DG. O'Brien, ML. (2007) 'Identifying predictors of the reasons women give for choosing to breastfeed'. *Journal of Human Lactation* 23(4):338-344.
- CDC (2014) Breastfeeding Report Card United States. National Center for Chronic Disease Prevention and Health Promotion: Atlanta.
- Chapman, DJ. (2010). 'The costs of suboptimal breastfeeding'. *Journal of Human Lactation* 26(3):338-39.
- Commonwealth of Australia 2009 Australian Health Ministers' Conference 2009, The Australian National Breastfeeding Strategy 2010-2015. Australian Government Department of Health and Ageing, Canberra.
- Department of Children and Youth Affairs (2014) Better Outcomes Brighter Futures: The national policy framework for children and young people 2014-2020. Government Publications: Dublin.
- Department of Children and Youth Affairs (2013) Right from the Start -The Report of the Expert Advisory Group on the Early Years Strategy. Government Publications: Dublin.
- Department of Children and Youth Affairs (2010) State of the Nation's Children. Government Publications: Dublin.
- Department of Health (2016) Creating a Better Future Together: National Maternity Strategy 2016-2026: Government Publications: Dublin.
- Department of Health (2013) Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025. Government Publications: Dublin.
- Department of Health and Children (2005) Breastfeeding in Ireland: A five year Strategic Action Plan Government Publications: Dublin.
- Department of Health England. (2013). Infant Feeding Profiles 2010 to 2011. Available at <https://www.gov.uk/government/publications/infant-feeding-profiles-2010-to-2011>
- Department of Health, Social Services and Public Safety. (2013). Breastfeeding – A great start – a strategy for Northern Ireland 2013 -2023. DHSSPS: Belfast. <http://www.dhsspsni.gov.uk/index/breastfeeding-strategy-2013.htm>
- Dyson, L. McCormick, F.M. Renfrew, M.J. (2005). 'Interventions for promoting the initiation of breastfeeding'. *Cochrane Database of Systematic Reviews Issue 2*. Art. No.: CD01688.
- Eidelman, Al., Schanler, R.J. (2012) American Academy of Paeditrics, Section on Breastfeeding Executive Committee – Breastfeeding and the Use of Human Milk. *Pediatrics*, 129 – 827 -841.
- Europeristat Project with SCPE and EUROCAT. (2013). European Perinatal Health Report. Health and Care of pregnant women and babies in Europe in 2010. Co-funded by the Health.
- Programme of the European Union. [<http://www.europeristat.com/reports/european-perinatalhealth-report-2010.html>]
- Gallagher L., Muldoon K. and McGuinness D. (2015) Competence Framework for Breastfeeding Support. The University of Dublin, Trinity College Dublin.
- Hector, D. King, L. and Webb, K. (2004). Overview of recent reviews of interventions to promote and support breastfeeding New South Wales Centre for Public Health Nutrition: Australia.
- Heinig, MJ. (2006a). 'The international code of marketing of breast milk substitutes: The challenge is choice'. *Journal of Human Lactation* 22(3):265-66.
- HIQA (2012) National National Standards for Safer Better Healthcare. Health Information and Quality Authority: Dublin.

References

- Hoddinott, P. Craig, LCA. Britten, J. McInnes, RM. (2012). 'A serial qualitative interview study of infant feeding experiences: idealism meets realism'. *BMJ Open* 2:e000504
- Horta, B. and Victora, CG. (2013). Long-term effects of breastfeeding – a systematic review. World Health Organisation: Geneva.
- HSE (2015) HSE Corporate Plan 2015 - 2017. Health Service Executive: Dublin.
- HSE (2015) Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017 Health Service Executive: Dublin.
- HSE (2016) Perinatal Statistics Report 2014. Healthcare Pricing Office: Dublin.
- Ip S, Chung M, Raman G, et al. (2007) Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Reports/Technology Assessments, No. 153: Agency for Healthcare Research and Quality (US); Rockville (MD).
- Kramer MS and Kakuma R. (2002) Optimal duration of exclusive breastfeeding. *Cochrane Database of Systematic Reviews* Issue 1. Art. No.: CD003517. DOI: 10.1002/14651858.CD003517.
- Labbok, MH. Taylor, EC. Nickel, NC. (2013). 'Implementing the ten steps to successful breastfeeding in multiple hospitals serving low-wealth patients in the US: innovative research design and baseline findings'. *International Breastfeeding Journal* 8(5).
- Leahy-Warren, P. Mulcahy, H. Phelan, A. (2009). A review of the breastfeeding support services provided by Public Health Nurses in Ireland Health Service Executive and University College Cork.
- Lumbiagnon, P. Martis, R. Laopaiboon, M. Festin, MR. Ho, JJ. Hakimi, M. (2011). 'Antenatal breastfeeding education for increasing breastfeeding duration'. *Cochrane Database of Systematic Reviews* Issue 11.
- McAvoy, H., Cotter N., Purdy, J., Cleary, O. and Keating, T. (2014) Review and Evaluation of the Breastfeeding in Ireland Strategic Action Plan. Institute of Public Health in Ireland: Dublin.
- McCrorry, C. Layte, R. (2012). 'Breastfeeding and the risk of overweight and obesity at 9 years of age'. *Social Science and Medicine* 75(2):323-30.
- McGorrian, C., Shortt, E., Doyle, O., Kilroe, J. and Kelleher, C.C. (2010). An assessment of the barriers to breastfeeding and the service needs of families and communities in Ireland with low breastfeeding rates. UCD: Dublin.
- Mulcahy, H. Phelan, A. Corcoran, P. Leahy-Warren, P. (2011). 'Examining the breastfeeding support resources of the public health nursing services in Ireland'. *Journal of Clinical Nursing* 21:1097-1108.
- Natland, ST, Nilsen, TIL, Midthjell, K. Anderson, LF and Forsmo, S. (2012) Lactation and Cardiovascular risk factors in mothers in a population study: the HUNT Study. *International Breastfeeding Journal* 7 (8)
- NHS (2011) Infant Feeding Survey 2010. NHS Health & Social Care Information Centre: London.
- Nickel, NC. Labbok, MH. Hudgens, MG. Daniels, JL. (2013). 'The extent that noncompliance with the Ten Steps to Successful Breastfeeding influences breastfeeding duration'. *Journal of Human Lactation* 29(1):59-70.
- O'Brien, N. Becker, G. Barrett, C. Glynn, L. Naughton, D. (2008). 'Are GPs discussing breastfeeding with their pregnant patients – a pilot study of post-natal mothers?' *Journal of Human Lactation* 24(1):105-6.
- O'Brien, M. Buikstra, E. Fallon, T. Hegney, D. (2009). 'Exploring the influence of psychological factors on breastfeeding duration, phase 1: Perceptions of mothers and clinicians'. *Journal of Human Lactation* 25(1):55-63.
- Organisation for Economic Co-operation and Development (OECD) (2009) www.oecd.org/els/social/family/database
- Parker, M. Burnham, L. Cook, J. Sanchez, E. et al. (2013). '10 years after baby-friendly designation: Breastfeeding rates continue to increase in a US neonatal intensive care unit'. *Journal of Human Lactation* 23(3):354-58
- Peters, U, Schneeweiss, S., Trautwein, EA and Erbersdobler, HF (2001) A case-control study of the effect of infant feeding on celiac disease. *Ann Nutr Metab* 45 (4).

References

- Public Health Association of Australia (2010) PHAA Breastfeeding Policy. PHAA: Canberra.
- Renfrew, MJ, Pokhrel, S., Quigley, M., McCormick, F., Fox-Rushby, J. Dodds, R., Duffy, S., Trueman, P., and Williams, A., (2012) Preventing Disease: Saving Resources the potential contribution of increasing breastfeeding rates in the UK.. UNICEF, UK: London.
- Renfrew, MJ. McCormick, FM. Wade, A. Quinn, B. Dowswell, T. (2012a). 'Support for healthy breastfeeding mothers with healthy term babies'. Cochrane Database of Systematic Reviews Issue 5.
- Rollins, N.C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C.K., Martines, J.C., Piwoz, E.G., Richter, L.M. and Victora, C. G. (2016) Why invest and what will it take to improve breastfeeding practices. *The Lancet*. Vol. 387 Jan 30th 2016
- Scharfe, E. (2012). 'Maternal attachment representations and initiation and duration of breastfeeding'. *Journal of Human Lactation* 28(2):218-25.
- Semenic, S. Childerhose, JE. Lauziere, J, Groleau, D. (2012). 'Barriers, facilitators, and recommendations related to implementing the Baby-Friendly Initiative (BFI): An integrative review'. *Journal of Human Lactation* 28(3):317-34.
- Shortt, E. McGorrian, C. and Kelleher, C. (2012). 'A qualitative study of infant feeding decisions among low-income women in the Republic of Ireland'. *Midwifery* <http://dx.doi.org/10.1016/j.midw.2012.03.001>
- Shribman, S and Billingham, K. (2009) Healthy Child Programme – Pregnancy and the first five years of life. Department of Health: London.
- Tarrant, RC. Younger, KM. Sheridan Pereira, M. White, MJ. Kearney, JM. (2009). 'The prevalence and determinants of breast-feeding initiation and duration in a sample of women in Ireland'. *Public Health Nutrition* 13(6):760-70.
- United Nations Convention on the Rights of the Child (1989) United Nations Commissioner for Human Rights: Geneva.
- US Department of Health & Human Services (2010) Surgeon General's Call to Action to Support Breastfeeding. US Department of Health & Human Services office of the Surgeon General: Washington.
- Victora, C.G., Bahl, R., Barros, A.J.D., Franca, G.V.A., Hotron, S., Krusevec, J., Murch, S., Sankar, M.J., Walker, N., Rollins, N. C. (2016) Breastfeeding in the 21st Century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*. Vol. 387 Jan 30th 2016
- Wambech, K and Riordan, J. (2015) Breastfeeding and Human Lactation. Fifth edition. Jones and Bartlett: Burlington.
- Whelan, B. McEvoy, S. Eldin, N. Kearney, J. (2011). 'What primary health professionals need to promote breastfeeding'. *Practice Nursing* 22(1):35-9.
- Williams, J., Greene, S., McNally, S., Murray, A., and Quail, A (2010) Growing Up In Ireland: National Longitudinal Study of Children The Infants and Their Families. Office of the Minister for Children and Youth Affairs: Dublin.
- World Cancer Research Fund / American Institute for Cancer Research (2007) Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective. AICR: Washington.
- World Health Organisation (2013) World Health Statistics. WHO: Geneva
- World Health Organisation and UNICEF (2009) Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care. WHO: Geneva.
- World Health Organisation, UNICEF (2003) Protecting, promoting and supporting breast-feeding: The special role of maternity services. WHO: Geneva
- World Health Organisation and UNICEF. (2003). Global Strategy for Infant and Young Child Feeding.
- World Health Organisation (1981) WHO International Code of Marketing of Breast Milk Substitutes. WHO: Geneva.
- Yan, J., Lin, L, Zhu, Y., Huang, G. and Peizhong, PW. (2014) The Association between Breastfeeding and Childhood Obesity: A Meta-analysis. *BMC Public Health* 2014, 14:1267 <http://www.biomedcentral.com/1471-2458/14/1267>
- Zakarija-Grkovic, I. Segvic, O. Bozinovic, T. Cuze, A. et al. (2012). 'Hospital practices and breastfeeding rates before and after the UNICEF/WHO 20-hour course for maternity staff'. *Journal of Human Lactation* 28(3):389-99.

