

Review and Evaluation of Breastfeeding in Ireland – A 5 year Strategic Action Plan 2005 - 2010

Summary Report

February 2014





Review and Evaluation of

Breastfeeding in Ireland: A Five Year Strategic Action Plan

2005-2010

Summary Report

**Developed by the Institute of Public Health in Ireland
& the Health Service Executive**

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Contents

Abbreviations.....	3
Take-home points.....	4
Overview.....	11
Context.....	11
Assessment of the high level targets of the Strategic Action Plan	12
Functioning of NBSIC	15
Progress on the 44 actions in the Strategic Action Plan	19
Literature Review.....	24
Recommendations.....	25

Abbreviations

BFHI	Baby Friendly Hospital Initiative
BFH	Baby Friendly Hospital
DCYA	Department of Children and Youth Affairs
DoH	Department of Health
GUI	Growing Up in Ireland – the National Longitudinal Study of Children
HSE	Health Service Executive
IPH	Institute of Public Health in Ireland
NBSIC	National Breastfeeding Strategy Implementation Committee
NPRS	National Perinatal Reporting System
NUIG	National University of Ireland Galway
MAC	Management Committee
PHN	Public Health Nurse
SPHE	Social, Personal and Health Education
WHA	World Health Assembly

Take-home points

- Breastfeeding plays an important role in promoting child health and development and in protecting children from significant communicable disease. Laying the foundations for health in a child's earliest years is a critical component to meeting the population health challenge posed by overweight/obesity and chronic disease. However, Ireland compares poorly with many other European countries for breastfeeding rates within the first 48 hours after birth.
- The new policy landscape for population health and for children has potential to support improvements in Ireland's breastfeeding rate. This landscape includes *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013- 2025* and *Better Outcomes, Brighter Futures – the National Policy Framework for Children 2014 – 2020* and the early years strategy anticipated for release in late 2014.
- In 2005, the Department of Health and Children published *Breastfeeding in Ireland: A Five Year Strategic Action Plan*. The Strategic Action Plan set out five overarching goals, 18 objectives and 44 actions to provide for more effective promotion, support and protection for breastfeeding in Ireland. In 2006 primary responsibility for overseeing its implementation was assigned to the Health Service Executive (HSE).
- In 2013, the Institute of Public Health in Ireland (IPH) was engaged to conduct a Review and Evaluation of the Strategic Action Plan. The Review employed a number of methods including: quantitative analysis of Irish datasets, qualitative analysis of interviews with key stakeholders and lead agencies as well as an online survey of stakeholder views and a literature review.

The Strategic Action Plan targets

- The Strategic Action Plan set targets for the development of child health information systems, improvements in breastfeeding initiation and duration, the appointment of regional coordinators and the coverage of the Baby Friendly Hospital Initiative.
- A comprehensive child health information system was not developed. The National Set of Child Wellbeing Indicators includes breastfeeding initiation but HSE Child Health key performance indicators do not. There are no health information systems suitable to assess breastfeeding duration at a population level on an ongoing basis.
- Over the term of the Strategic Action Plan (start 2005 to end 2010) breastfeeding on discharge from hospital/48 hours after birth increased:
 - ‘Any breastfeeding’¹ rates increased on average by 1.1 percentage points per year falling short of the target of a 2 percentage point annual increase. ‘Any breastfeeding’ increased from 47.6% in 2005 to 54% in 2010.
 - Exclusive breastfeeding increased on average by 0.3 percentage points per year falling short of the target of a 2 percentage point annual increase. Exclusive breastfeeding increased from 43.9% in 2005 to 45.9% in 2010.
- In 2007 a milestone was reached when ‘any breastfeeding’ became the predominant type of feeding on discharge from hospital/48 hours in Ireland for the first time. In 2011, a further milestone was achieved when rates of exclusive breastfeeding exceeded those of artificial feeding for the first time.
- Increases in rates of ‘any breastfeeding’ have been largely driven by increases in partial rather than exclusive breastfeeding. Rates of partial breastfeeding increased from 3.7% in 2005 to 8.1% in 2010. Partial breastfeeding was

¹ Any breastfeeding refers to the sum of exclusive and partial breastfeeding on discharge from hospital/48 hours after birth.

associated with shorter overall breastfeeding duration and a drop-off in breastfeeding occurring within the early days and weeks. The nature of partial breastfeeding is poorly understood.

- Rates of ‘any breastfeeding’ appeared to improve for preterm infants over the term of the Strategic Action Plan, although the reliability of infant feeding data may be an issue for such cases. Increases were driven by partial rather than exclusive breastfeeding.
- Breastfeeding duration in Ireland falls short of World Health Organization recommendations. Of mothers who initiated breastfeeding in 2008, 50% were still breastfeeding by around 3 months.
- ‘Any’ and exclusive breastfeeding rates on discharge from hospital/48 hours were patterned by mothers’ socioeconomic status, nationality/ethnicity and maternal age. Progress in rates of breastfeeding initiation at national level and the achievement of the target for a 4 percentage point annual increase in breastfeeding initiation among socioeconomic groups 5 and 6 have been significantly driven by an immigrant effect. Lower levels of ‘any’ and exclusive breastfeeding initiation were observed among mothers of Irish nationality, unemployed mothers, and younger mothers.
- In 2008, around 97% of mothers of nine month old infants reported that their infant had received an infant formula/follow-on milk product indicating that use of breast milk substitutes products is the norm in Ireland, even among mothers who initially breastfed their infant.
- No progress was evident with the target for appointment of ten regional breastfeeding coordinators.
- The target for 100% participation by Irish maternity hospitals in the Baby Friendly Hospitals Initiative (BFHI) by 2010 was not achieved. Of the 20

maternity hospitals in operation in 2010, two were not participating in the BFHI. However, 100% participation² was achieved between 2005 and 2007.

- The target for 50% of births occurring in designated Baby Friendly Hospitals (BFH) by 2010 was not achieved. In 2005 around one in seven babies born in Ireland were born in a designated BFH. By 2010, around one in three babies were born in a designated BFH.

Functioning of the National Breastfeeding Strategy Implementation Committee (NBSIC)

- Stakeholders considered that the NBSIC terms of reference were comprehensive and well-defined and the Strategic Action Plan was perceived as an important step for breastfeeding policy in Ireland.
- NBSIC was successful in overseeing the development of some enhancements in information and research resources, standardised policy on infant feeding within the HSE and improvements in breastfeeding education and training.
- The establishment of NBSIC was delayed, occurring during the establishment of the HSE, while the placement of breastfeeding leadership in the Health Promotion section of the HSE may have limited the mandate to effect change. Embedding breastfeeding as a priority across a range of health services was challenging and it was considered to suffer from a lack of priority across the system.
- The functioning of NBSIC was aided by a committed core membership and the pivotal role of the National Breastfeeding Coordinator. However there was a lack of engagement among some of the committee representatives and a lack of continuity among others which hindered effectiveness. There was limited financial and human resources for implementation of the Strategic Action Plan and the non-appointment of the intended regional coordinators hindered the roll-out of policy.

² The term participation refers to involvement at certificate of commitment, membership or designated levels.

Progress with implementation and the barriers and enablers to progress

- Assessing progress with the goals, objectives and actions of the plan was challenging as there was no defined indicators or monitoring framework. Assessment relied principally on the subjective assessment of key stakeholders as there was little documentary evidence such as evaluations or audits of practice or pre- and post- strategy surveys of families experiences.
- Of the five high level goals in the Strategic Action Plan, stakeholders reported that most progress had been made in relation to Goal 2 (health sector policies and practice), followed by Goal 1 (knowledge, skills and support for informed infant feeding decisions).
- The most significant achievements of implementation of the Strategic Action Plan relate to (i) the development of standardised policy to guide consistent service development and monitoring within HSE maternity services (ii) enhancements in training for nurses and midwives (iii) the expansion of appropriately trained community-led peer support programmes (iv) the development of more appropriate media messages to promote breastfeeding (v) the development of more consistent and readily available information including the www.breastfeeding.ie website.
- The most significant deficits in implementation relate to (i) the cascade of national policy to the ‘coalface’ due in part to not appointing regional coordinators (ii) the development of fit for purpose data collection systems relating to breastfeeding duration and evaluation/audits of practice (iii) making any significant impact on infant feeding cultures among Irish women and addressing inequalities (iv) under developed practice in engaging with fathers/grandmothers within breastfeeding support approaches (v) securing engagement with implementation within key departmental and public health leadership contexts and within clinical specialties.

- At maternity service level pressures relating to staff time and availability were perceived as a major impediment to enhancing practice in breastfeeding support.
- Stakeholders expressed concern that women from nationalities where breastfeeding is the cultural norm risked having this culture eroded over time. Stakeholders also believed that although public attitudes had improved, breastfeeding remains outside the cultural norm in Ireland.
- Stakeholders were concerned about health inequalities in breastfeeding, citing little progress in this area in addition to inadequate progress with supporting social breastfeeding networks such as grandparents and partners.
- Stakeholders considered that managing commercial interest remains a significant issue with concerns relating to advertising, sponsorship and the availability of free infant formula. Some progress was perceived in relation to restricting the distribution of marketing materials within maternity hospitals.

Findings from the literature review

- Higher self-efficacy, positive attitudes towards breastfeeding and determination to breastfeed were strongly related to breastfeeding intent, initiation and duration. However, negative perceptions of breastfeeding including significant embarrassment issues, even within the maternity hospital setting, remain a feature of studies with mothers in Ireland.
- Most infant feeding decisions were formed during or before pregnancy or based on previous infant feeding experience. Appropriate antenatal discussion of infant feeding intentions that incorporates the family can be effective in positively influencing breastfeeding intent. When feeding at the breast or hand expressing is not acceptable to the mother, providing access to breast pumps may help to encourage breast milk feeding.
- Motivators to breastfeed for women in Ireland include health benefits, convenience, and bonding. 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. Evidence is lacking on both current practice for breastfeeding at work in Ireland and the effectiveness of interventions in this setting. Early and inappropriate weaning remains a common feature of infant feeding patterns in Ireland.

- Tailored face-to-face support for breastfeeding appears to be more successful than a problem-response/reactive model. Telephone or electronic support is useful for women who are already breastfeeding, but small groups/individual support provided by peers or professionals that is face-to-face appears to offer the best results to support initiation and sustain breastfeeding. Community based peer support approaches appear to be particularly useful in the context of low income communities.
- International studies confirm the effectiveness of the BFHI as an evidence-based approach to supporting the establishment of breastfeeding in the early postpartum period. Extension of Baby Friendly approaches to the community and other health care settings appears promising.
- The wider influence of the current marketing of breast milk substitutes on infant feeding decisions made by families in Ireland has not yet been subjected to rigorous research.

Future Policy Priorities

- A wide range of future priorities were identified by stakeholders as requiring greater attention within any future breastfeeding strategy/policy. A core issue related to fostering greater engagement with the issue across a variety of sectors and investing in community level as well as health service-led approaches. The other priority themes proposed for future action related to enhancements in messaging, training, community support, maternity service staffing, antenatal care and education, managing commercial interests and breastfeeding education in schools.

Overview

Breastfeeding in Ireland - a Five Year Strategic Action Plan was published as government policy on the promotion, support and protection of breastfeeding by the Department of Health and Children in 2005. Responsibility for overseeing its implementation was transferred to the Health Service Executive (HSE), a National Breastfeeding Coordinator and a National Breastfeeding Strategy Implementation Committee (NBSIC). The HSE commissioned the Institute of Public Health in Ireland (IPH) to conduct a Review and Evaluation of the Strategic Action Plan in 2013. This report is a summary of the full report which is available at www.breastfeeding.ie and www.publichealth.ie.

IPH completed the Review in five phases:

1. Definition of the policy landscape in Ireland relating to infant feeding, and incorporating information from previous policies and reviews.
2. Assessment of the high level targets of the Strategic Action Plan with regard to child health information systems, breastfeeding rates, coverage of the Baby Friendly Hospital Initiative (BFHI), and the appointment of regional breastfeeding coordinators.
3. Assessment of the functioning of NBSIC.
4. Assessment of progress in terms of the 44 actions in the Strategic Action Plan.
5. A literature review of the evidence for what works in the promotion, support and protection of breastfeeding.

Context

Breastfeeding plays an important role in supporting child health and development and protecting children from communicable and non-communicable disease. As Ireland faces significant population health challenges including obesity and chronic disease, attention must focus on laying the foundations for health in a child's earliest years - yet our breastfeeding rates continue to compare poorly with many European countries. Enhancing Ireland's breastfeeding rate is a long-term population health commitment. A 2003 interim review of the 1994 breastfeeding policy noted that targets for initiation and duration were not achieved. Implementation deficits were evident in

terms of health information systems, progressing breastfeeding at community care level and in enhancement of positive portrayals and attitudes within Irish services and wider society. The content of this Review was informed by reviews of breastfeeding policies across the UK as well as European and international guidance on the promotion, support and protection of breastfeeding.

The Strategic Action Plan's mission statement was:

To improve the nation's health by ensuring that breastfeeding is the norm for infants and young children in Ireland.

The Strategic Action Plan set out five overarching goals, 18 objectives and 44 actions to provide for more effective promotion, support and protection for breastfeeding within the health services and at a wider societal level.

The goals of the Strategic Action Plan were as follows:

Goal 1 - All families have the knowledge, skills and support to make and carry out informed infant feeding decisions, particularly those least likely to breastfeed.

Goal 2 - The health sector takes responsibility for developing and implementing evidence-based breastfeeding policies and best practice.

Goal 3 - Communities support and promote breastfeeding to make it the normal and preferred choice for families in Ireland.

Goal 4 - Legislation and public policies promote, support and protect breastfeeding.

Goal 5 - Irish society recognises and facilitates breastfeeding as the optimal feeding method of infants and young children.

Assessment of the high level targets of the Strategic Action Plan

The target for development of a comprehensive child health information system including infant feeding indicators was not achieved.

Data analysis was undertaken using the National Perinatal Reporting System (NPRS) and the Growing Up in Ireland Longitudinal Study of Children (GUI) to comment upon and, where possible, access the targets for breastfeeding initiation and duration. Published data from the 2008 Infant Feeding Survey was also considered. Data from HSE administrative systems was not suitable for providing population-based estimates.

A 22% increase in births occurred between 2005 and 2010 and there was a significant change in the ethnic/national diversity of mothers. Over the term of the Strategic Action Plan (2005-2010), the rate of ‘any breastfeeding’ on discharge from hospital/within the first 48 hours after birth increased from 48% to 54%. The rate of exclusive breastfeeding on discharge from hospital increased from 44% to 46%. The overall target for an annual two percentage point increase in breastfeeding initiation was not achieved for either any or exclusive breastfeeding. Figure 1 presents trends in artificial, exclusive and partial infant feeding on discharge from hospital/within the first 48 hours for the years 2005 to 2012. Table 1 presents the figures for ‘any breastfeeding’ at the beginning and end of the term of the Strategic Action Plan, as well as for 2012.

Figure 1: Trends in infant feeding on discharge from hospital 2005-2012 (NPRS)

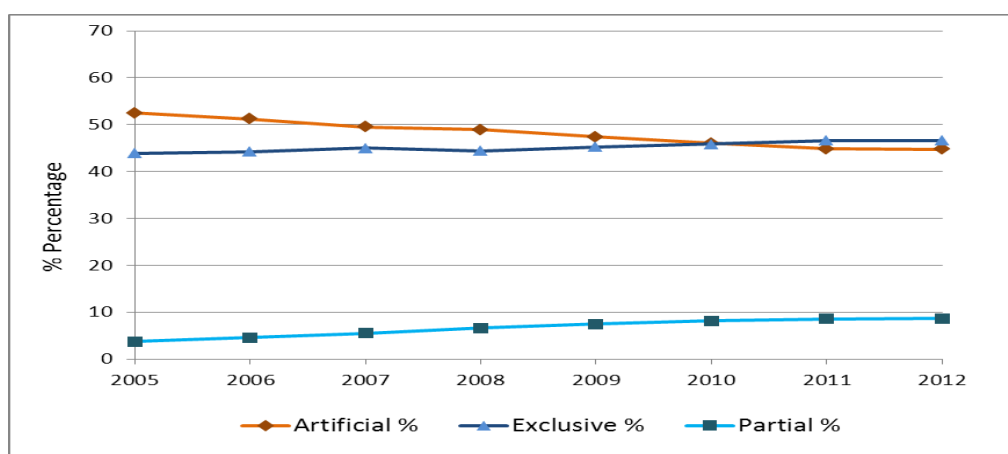


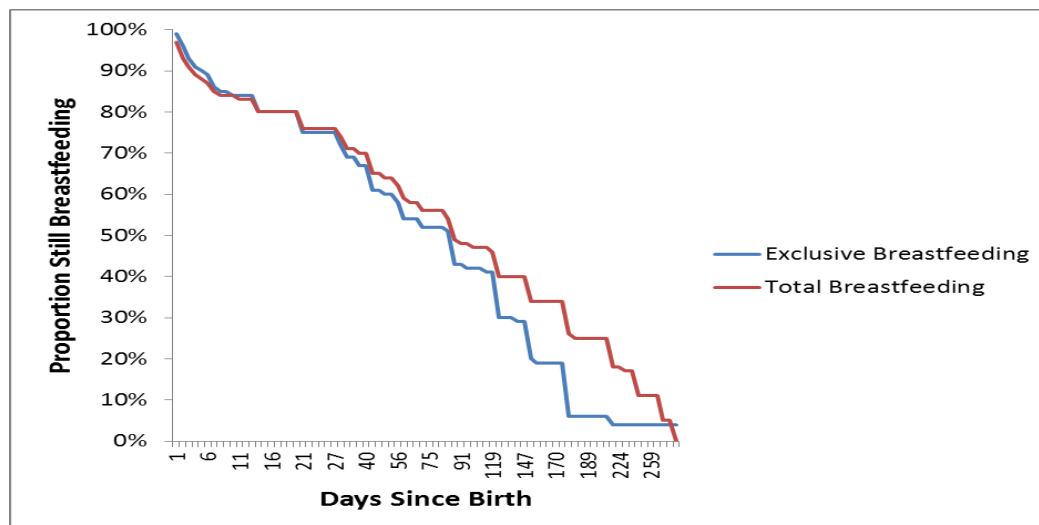
Table 1: Trends in infant feeding on discharge from hospital/ 48 hours (NPRS)

	Any breastfeeding	Exclusive breastfeeding	Partial breastfeeding
2005	47.6%	43.9%	3.7%
2010	54.0%	45.9%	8.1%
2012	55.3%	46.6%	8.7%

Two significant milestones were noted. In 2007, ‘any breastfeeding’ became the predominant type of infant feeding on discharge from hospital in Ireland and in 2011 rates of exclusive breastfeeding exceeded rates of artificial feeding. Increases in rates of ‘any breastfeeding’ were driven by increases in partial feeding which doubled over the term. The target for an annual four percentage point increase in breastfeeding initiation among lower socio-economic groups was achieved. Progress in rates of breastfeeding initiation at national level and particularly for socioeconomic groups 5 and 6 were associated with changes in the nationality of mothers giving birth over the term. Unemployed women reported the lowest level of breastfeeding.

Current information systems did not allow for an assessment of the national target for annual increases in breastfeeding duration. Analysis of nationally representative data from GUI provided a ‘snapshot’ of breastfeeding duration for infants born in Ireland in 2007/2008 for this Review. Among mothers who undertook partial breastfeeding soon after birth, a sharp drop-off in breastfeeding was observed within the first 3 months. Recent analyses estimate that of women who initiated breastfeeding, half were still breastfeeding at 3 months, and a quarter of women who initiated breastfeeding were still breastfeeding at 6 months with a sharp drop-off at the six month point (see Figure 2). Breastfeeding duration in Ireland fell considerably short of World Health Organization recommendations on exclusive breastfeeding for the first six months. Around 97% of mothers of 9 month olds reported that their infant had received an infant formula/follow-on milk product at some stage.

Figure 2: Proportion of mothers' breastfeeding by type and days since birth of child³



The target for 100% participation⁴ of maternity hospitals in the Baby Friendly Hospitals Initiative by 2010 was not reached. Of the 20 maternity hospitals in operation in 2010, two were not participating in BFHI. However, 100% participation was achieved between 2005 and 2007. In 2005, around one in seven babies born in Ireland were born in a designated Baby Friendly hospital.⁵ By 2010, this had increased to around one in three babies. The target for 50% of births occurring in a designated Baby Friendly hospital was not achieved.

There was no progress with regard to the target to appoint ten regional breastfeeding coordinators.

Functioning of NBSIC

A review of the functioning of NBSIC was undertaken using a documentary review and interviews with NBSIC members. Key themes from these interviews were: governance and resourcing, membership and engagement, policy and practice support, implementation barriers and future directions. The Strategic Action Plan's goals are

³ Courtesy of Richard Layte; Layte and McCrory (2014).

⁴ Participation refers to involvement at any level including certificate of commitment, membership or externally assessed as meeting the Baby Friendly criteria (i.e. designated).

⁵ For the purposes of the analysis a hospital was considered designated if it had been externally assessed as fully meeting the Baby Friendly criteria or was in the process of re-designation.

outlined below, with a consideration of NBSIC progress in relation to achieving these goals.

Goal 1. All families have the knowledge, skills and support to make and carry out informed infant feeding decisions, particularly those least likely to breastfeed

NBSIC provided input into:

- The establishment and updating of a national breastfeeding website (see www.breastfeeding.ie).
- Coordination and collaboration on the development of joint information resources from the statutory and voluntary service providers.
- The development of standardised policy on appropriate information provision in the antenatal and postnatal periods through the *HSE Infant Feeding Policy for Maternity and Neonatal Units* (2012) and the piloted *Breastfeeding Policy for Primary Care Teams and Community Healthcare settings* (2013).
- The development and dissemination of the *Families Supporting Breastfeeding* resources.
- Liaison with media stakeholders to advance work on breastfeeding promotion and the development of a three year national promotion campaign including National Breastfeeding Week.

Goal 2. The health sector takes responsibility for developing and implementing evidence-based breastfeeding policies and best practice

NBSIC provided input into:

- Improvements in breastfeeding education and training. Training of midwives and PHNs is now provided through the 20 hour breastfeeding and lactation management courses and updates.
- The development of antenatal teaching packs for distribution to statutory and voluntary providers of antenatal breastfeeding education.
- Supporting the maintenance and development of BFHI.
- A review of existing breastfeeding support services provided by Public Health Nurses (PHNs).
- The commissioning of research to inform policy and practices including the

development of a database of Irish infant and young child feeding research evidence collated by the Health Promotion Research Centre, National University of Ireland, Galway (NUIG) and the Infant Feeding Survey in 2008.

- The formation of a data collection sub-group to progress the development of appropriate data collection mechanisms and to influence appropriate ICT strategies in the HSE.
- A watching brief on the development of information systems and proposals to enhance the visibility of breastfeeding within health service infant/child feeding performance indicators.
- The improved timeliness of infant feeding data from NPRS.

Goal 3. Communities support and promote breastfeeding in order to make it the normal and preferred choice for families in Ireland

NBSIC provided input into:

- Commissioning of research on the barriers to breastfeeding for individuals, families and communities with particularly low breastfeeding rates in 2010. The recommendations of this report related to policies in maternity units and other health care facilities, culture and community.
- A needs assessment to identify local breastfeeding needs and gaps in service provision.
- The continued grant-aiding of voluntary organisations and the expansion/integration of community breastfeeding support services provided by voluntary breastfeeding organisations and HSE PHNs.
- Coordination and development of the annual national breastfeeding campaign and integration of local activities with this campaign during National Breastfeeding Week, with support from the HSE's communications section.
- The development of themes and messages in the breastfeeding campaign in line with findings from consumer research and the activities of existing stakeholders.

Goal 4. Legislation and public policies promote, support and protect breastfeeding

NBSIC provided input into:

- The development of an independent Baby Feeding Law Group in Ireland in 2012, in order to advance Action 30 Objective 4.4 of the Strategic Action Plan.
- Review of the legal protections against discrimination afforded to mothers who are breastfeeding outside their homes in light of developing case law.
- The development and dissemination of best practice guidelines on supporting and protecting breastfeeding in public places.
- Involvement with the protection of breastfeeding within ongoing changes within Maternity Protection Legislation, family friendly workplace initiatives and social partnership.

Goal 5. Irish Society recognises and facilitates breastfeeding as the optimal feeding method of infants and young children

NBSIC provided input into:

- The development of a Breastfeeding Education Resource Pack for Junior Cycle students, disseminated by Social, Personal and Health (SPHE) coordinators and teachers with in-service training provided by SPHE Regional Managers.
- Liaison with the National Parents Council (Primary) with regard to the development of appropriate information materials for primary school children.
- Seeking agreement with the relevant publishing companies/bodies to have breastfeeding-friendly portrayals of infant feeding incorporated where appropriate into schoolbooks and other materials used in school settings.
- Development of an information booklet to inform employers, co-workers and employed parents of the key requirements to support workplace breastfeeding.
- Areas of concern in relation to media reporting and development of appropriate responses.

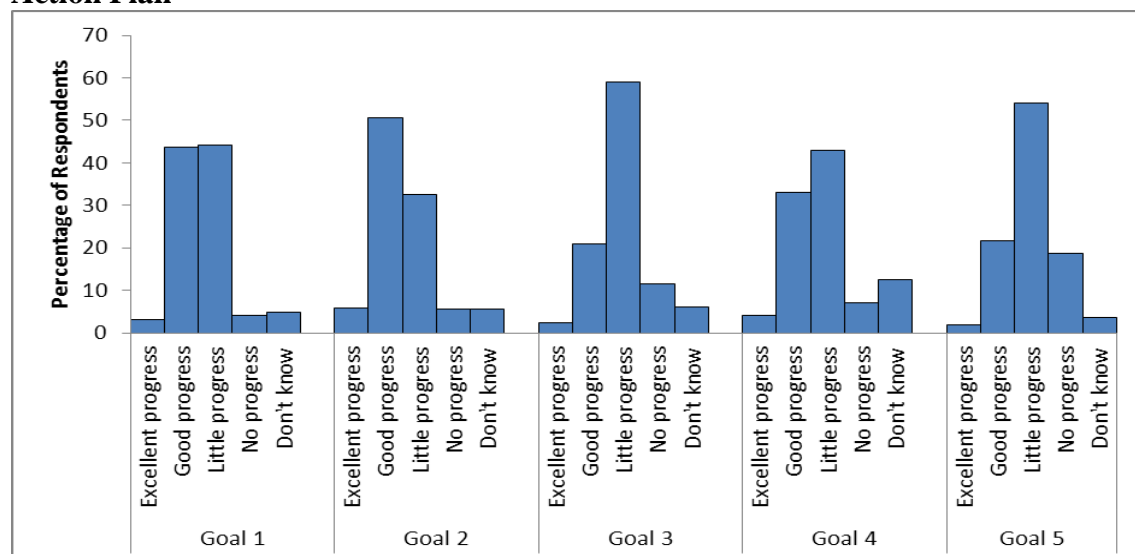
While many areas were progressed several of the objectives have not yet been addressed.

Progress on the 44 actions in the Strategic Action Plan

An overview of progress with the 44 actions was devised based on a blend of objective and subjective data sources. A detailed assessment of progress on all 44 actions is featured in the main report, while this summary report features key findings in terms of implemented actions. Objective measures of progress included documentary evidence of relevant developments in policy, resources, research and practice allied to the actions. Subjective measures of progress were attained through a process of structured engagement with lead agencies named in the Strategic Action Plan as well as identified stakeholders. Assessment of progress with the actions of the Strategic Action Plan was challenging as there was no pre-defined monitoring framework and few specific and measurable indicators of progress. There was little documentary evidence of what constituted routine practice in breastfeeding promotion, support and protection at the start and end points of the Strategic Action Plan. A series of interviews and an online survey explored barriers and enablers experienced in terms of implementation and invited stakeholder views on future priorities. Further detail on the methods employed can be sourced from the main report. The key themes from interviews were: policy structure, service structures, culture, messaging, and commercial interests.

Figure 3 provides an overview of stakeholder views on the level of progress achieved in respect of the 5 goals.

Figure 3: Views of respondents on progress with the five goals of the Strategic Action Plan



An online survey sought the views of stakeholders in relation to progress on the development of positive attitudes and normalising breastfeeding in Ireland since 2005. As Figure 4 illustrates the majority (88.1%) of respondents feel that breastfeeding is still not the cultural norm among mothers in Ireland. However respondents tended to report a shift in public attitudes to breastfeeding, with 61.3% of key stakeholders reporting that public attitudes to breastfeeding are more positive than before the Strategic Action Plan. However, over half (56.7%) of respondents reported that mothers in Ireland are no more confident about breastfeeding in public places now than in 2005.

Figure 4: Perception of progress on the development of positive attitudes and normalising breastfeeding in Ireland since 2005

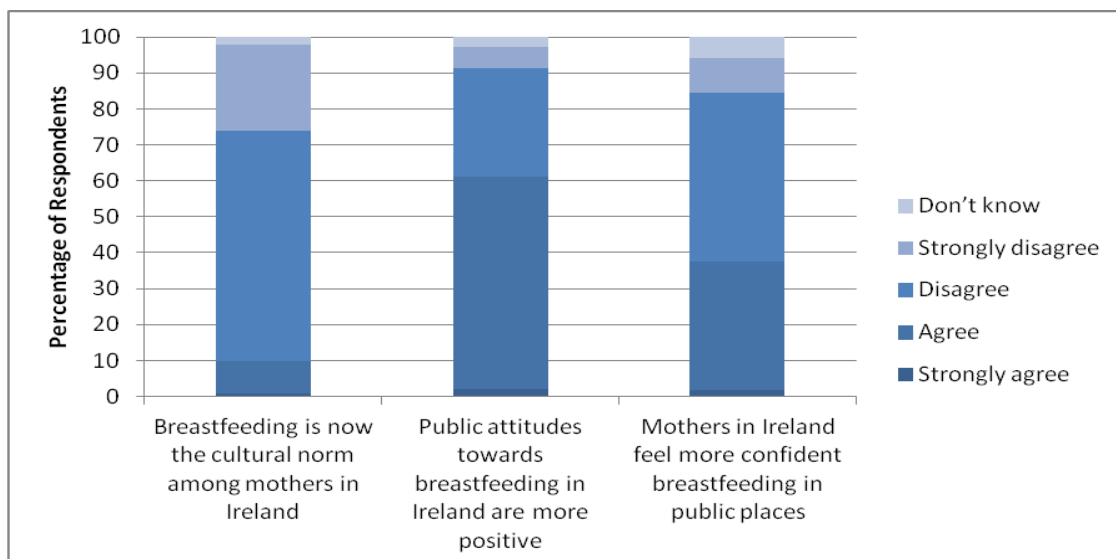


Figure 5 presents stakeholder views on progress with the protection of breastfeeding and the rights of breastfeeding mothers. There was a high level of agreement that maternity leave legislation better supports breastfeeding than previously. Less progress was perceived in relation to workplace support of breastfeeding. It would appear there is limited understanding with regard to the adequacy of both workplace supports and legislation to protect breastfeeding in public.

Figure 5: Perception of progress with the protection of breastfeeding and the rights of breastfeeding mothers in Ireland since 2005

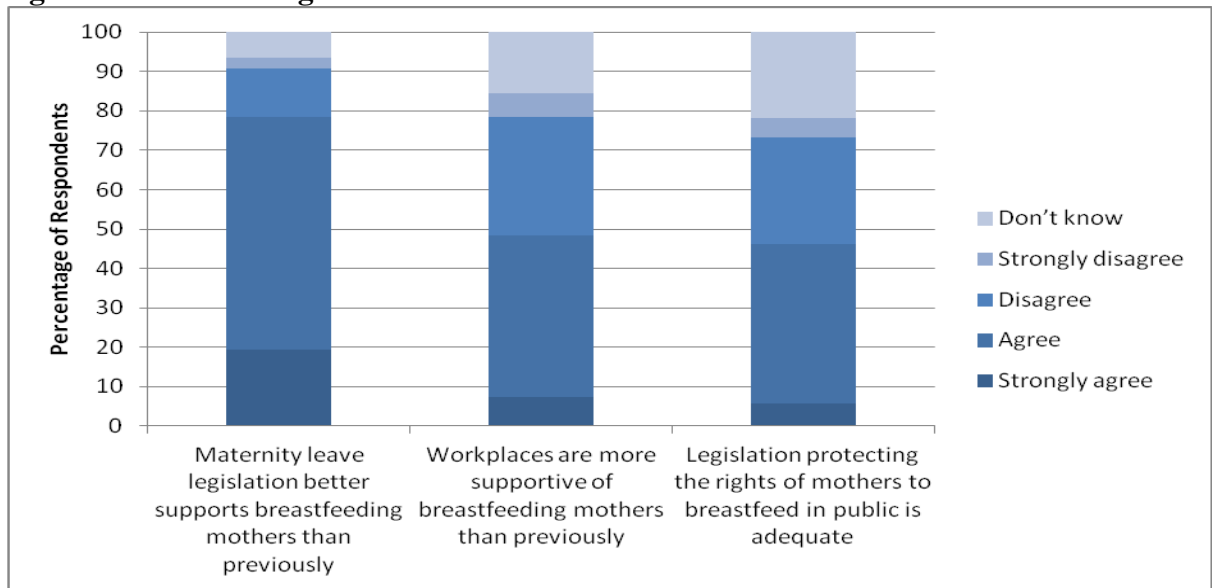
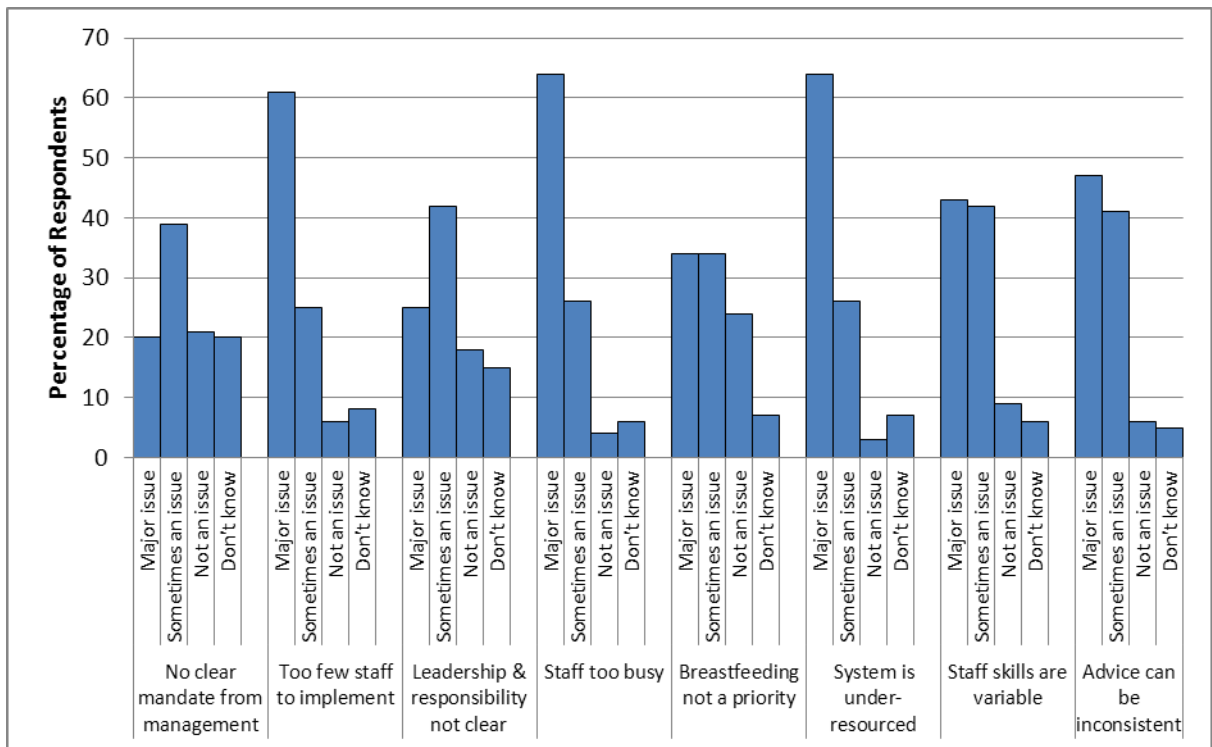


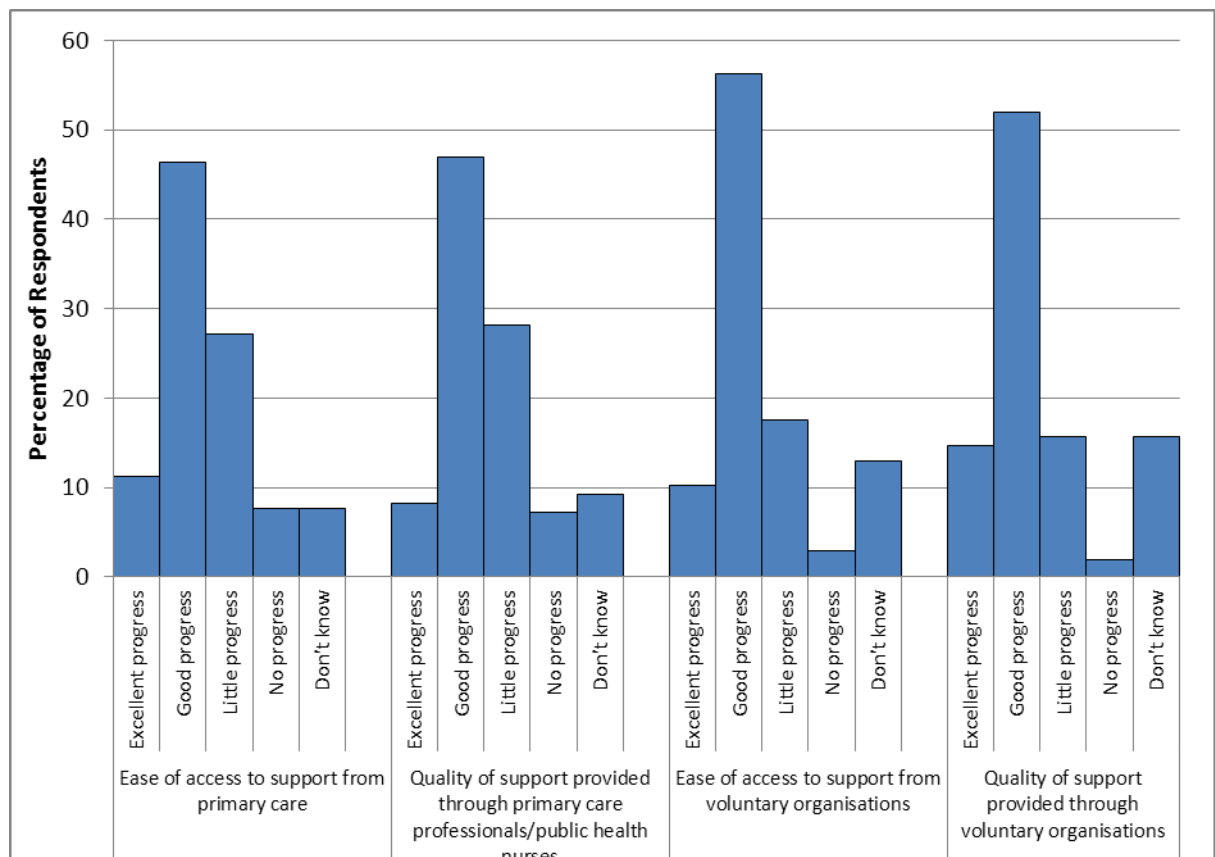
Figure 6 outlines respondent views on potential barriers to implementing evidence-based practice supporting breastfeeding in the maternity hospital setting. The major issues identified as potential barriers included too few staff being too busy and the system being under-resourced.

Figure 6: Perception of the extent to which potential barriers existed to implementing evidence-based practice supporting breastfeeding in the maternity hospital setting



There was a perception of significant developments in the support from voluntary organisations and this was reflected in data provided on the expansion of numbers of local groups. Good or little progress was reported in relation to the support provided from primary care professional/PHNs (see Figure 7).

Figure 7: Perception of progress with community supports for breastfeeding mothers since 2005



The most significant achievements of implementation relate 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 continually refined media messages to promote breastfeeding
- The development of more consistent and readily available information including the national breastfeeding website.

The most significant deficits in implementation relate to:

- Incomplete dissemination of national policy to the ‘coalface’
- The non-appointment of regional coordinators
- Stalled development of fit-for-purpose data collection systems relating to breastfeeding duration and evaluation/audits of practice
- Minimal impact on infant feeding cultures among Irish women
- Underdeveloped engagement with fathers/grandmothers within breastfeeding promotion and support
- Underdeveloped engagement with implementation by key departments and within public health, maternity and child health service leadership contexts and clinical specialties.

Early attempts to enhance breastfeeding practice in primary care, paediatric and special neonatal care settings were evident but lacked a clear long-term commitment for expansion and development. Concerns were expressed about the governmental priority afforded to breastfeeding and the appropriateness of assigning the function solely to the HSE in light of the cross-sectoral approach needed to achieve meaningful change. Implementation relied on considerable voluntary effort working with constrained budgets.

Stakeholders considered that progress in addressing inequalities in breastfeeding was minimal. There was no standard practice in supporting fathers/partners and grandparents as part of social breastfeeding support networks. Managing commercial interest remains a significant issue with concerns over practice relating to advertising, sponsorship and the availability of formula. Progress appeared to have been made in relation to restricting the distribution of marketing materials within maternity hospitals. Marketing activities by manufacturers of infant formula and follow-on milks were considered significant in influencing infant feeding decisions.

A wide range of future priorities were identified by stakeholders. Integrating breastfeeding as a priority within health and children’s departments, agencies and services and strengthening governance arrangements was recommended.

Development of enhanced information, reporting and research evaluation and services audit mechanisms was also considered important. At service level a continued focus on staffing level and skills in maternity hospitals was seen as critical. There was an aspiration among stakeholders to integrate breastfeeding promotion more strongly into education and media campaigns. There was an aspiration for enhanced action on healthy infant feeding within the new policy frameworks *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025* and *Better Outcomes Brighter Futures – the National Policy Framework for Children 2014 – 2020*.

Literature Review

The literature review undertaken focussed principally on evidence of effective policies and practices in breastfeeding promotion, support and protection. Findings from several systematic reviews were synthesised along with an appraisal of published studies. Further information on the approach taken to the review is available in the main report. Determinants of breastfeeding in Ireland were related to the cultural, social and economic circumstances of the mother as well as aspects of maternal age, education and self-efficacy. Internationally, evidence of effective interventions was mainly limited to health service settings. Evidence relating to broader public policy, supportive environments, workplace and community action was lacking. There was a heavy reliance on international evidence and transferability of findings may be an issue. Evidence on how to influence breastfeeding intent and foster initiation was incomplete. Appropriate antenatal discussion that incorporates family showed some effectiveness, as did antenatal peer counselling. A range of studies confirmed the effectiveness of the BFHI as a means to improve breastfeeding outcomes within the maternity hospital setting. Breastfeeding support provided by appropriately trained health professionals or peer counsellors operating in a scheduled face-to-face manner has proven effectiveness in improving breastfeeding duration and exclusivity. Training and continued education of health professionals was also associated with improved breastfeeding outcomes. International studies showed that marketing of breast milk substitutes through discharge packs was associated with a negative effect on breastfeeding. A number of promising interventions for enhancing breastfeeding in the neonatal intensive care units were highlighted.

Recommendations

Make breastfeeding everyone's business

Revise the national governance structures relating to the implementation and monitoring of the Strategic Action Plan.

Position breastfeeding within a wider early years framework that is integrated with government nutrition, maternity and family/parenting policies and frameworks.

Agree a new action plan to progress breastfeeding in Ireland within the *Healthy Ireland* framework and across HSE health promotion, primary care and hospital divisions as well as within non-HSE community and voluntary structures.

Agree a reporting mechanism for progress on breastfeeding that reports to the HSE leadership team and the management committee (MAC) level within the Department of Health (DoH) and the Department of Children and Youth Affairs (DCYA).

Use a logic model approach to development of the new action plan which specifies indicators and a monitoring and evaluation framework.

Integrate tackling inequalities as a core theme of all actions within the new action plan and define a core set of target groups.

Gender proof any future infant feeding strategies in line with best practice in gender mainstreaming.

Establish a structure to support cross-departmental collaboration among the DoH, DCYA and the Department of Education and Skills in the first instance, with a view to inclusion of other relevant departments over time.

Establish collaboration across HSE, and other, leaderships to prioritise breastfeeding as a key population health priority delivered in context of the *Healthy Ireland* framework.

Develop and resource clearly defined working groups to deliver strategic, implementation and monitoring functions.

Define actions at national, regional and local levels.

Appoint two assistant national breastfeeding coordinators with assigned leadership in primary care and acute hospitals divisions.

Submit a business case for the appointment of regional breastfeeding coordinators in line with the level of provision operating in Northern Ireland.

Develop a ‘family 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.

Adopt breastfeeding skilled support as a component of those health services that will be free at point of access as part of government plans for universal health care/health insurance. Services should be staffed with personnel with the appropriate skills and with free, convenient access to more specialist services if needed.

Make health information systems fit for purpose

Develop detailed profiles of infant feeding patterns at discharge from hospital/48 hours by region, hospital group, and individual hospital to support regional and local action.

Include breastfeeding on discharge from hospital/48 hours and level of compliance with the HSE Infant Feeding Policy as HSE performance indicators.

Include ethnicity and nationality within NPRS to assess the infant feeding decisions of second generation migrants.

Conduct a five yearly Infant Feeding Survey to provide nationally representative data.

Progress the development of a child health information system as a matter of urgency.

Monitor public attitudes to infant feeding through the inclusion of defined questions within periodic national surveys of attitudes and behaviours.

Develop strategic research on infant feeding in Ireland

Commission a health economics assessment of infant feeding in Ireland based on the health economics assessment conducted by UNICEF in the UK.

Establish an all-island breastfeeding research network.

Support research on the long-term outcomes of infant feeding decisions on child health and development through analysis of longitudinal studies.

Commission qualitative research on the impact of marketing of breast milk substitutes on infant feeding decisions and perceptions among a representative sample of families and health workers in Ireland.

Develop research to better understand the infant feeding culture and decisions of ethnic minority groups in Ireland with a view to informing policy to protect breastfeeding in the future.

Ensure research is published and disseminated widely to contribute to the evidence-base.

Enhance evaluation and quality control of services

Develop an evaluation framework for key services supporting breastfeeding in primary care, voluntary services and maternity services.

Conduct an evaluation of the implementation and impact of the HSE Infant Feeding Policy for Maternity Services.

Integrate breastfeeding service outputs into the National Standards for Better Safer Healthcare and health service audit processes.

Assess practice in breastfeeding support in neonatal intensive care settings including the use of donor breast milk.

Commission a comprehensive external evaluation of the BFHI in Ireland.

Invest in evidence-based service structures

Develop a clear regional HSE commissioning framework for breastfeeding promotion and support services. This should include, at a minimum, a full time lactation consultant (International Board Certified Lactation Consultant)/clinical specialist within all Irish maternity hospitals and paediatric hospitals and according to a determined births-to-support staff ratio.

Develop a clear referral framework at community level for mothers seeking additional breastfeeding support before and after birth.

Roll-out a primary care programme based on the pilot within the HSE Primary Care Programme and ensure breastfeeding support services are an identified function of primary care teams.

Publish annual reports from the HSE Section 39 grant aided agencies related to breastfeeding on the level and nature of activities undertaken.

Provide access to breast pumps to all mothers of preterm and hospitalised infants.

Define services and supports routinely expected from various members of the health care team, including roles of volunteer mother-to-mother/peer supporters.

Value, support and develop the workforce

Organise annual breastfeeding study day(s) within each HSE region to facilitate sharing of information between policy, services and researchers.

Invest in training and skills development for breastfeeding support across a range of service providers and ensure training records are regularly submitted as part of compliance with the HSE Infant Feeding Policy for Maternity Services.

Provide training at undergraduate and postgraduate level across relevant disciplines.

Ensure that effective breastfeeding support is integrated into all aspects of the development of the proposed National Children's Hospital.

Renew the approach on Ireland's infant feeding culture

Develop a media campaign that promotes breastfeeding in Ireland among families, based upon findings from Irish research and linked to current activities such as National Breastfeeding Week.

Assess the impact of the 'breastfeeding welcome here' scheme operating in Northern Ireland and review the appropriateness of extension to Ireland. Women in Ireland may have a preference for general acceptability of breastfeeding in public, however a move towards this acceptability must start somewhere.

Involve wider perspectives from non-health service disciplines in a working group to develop a structured approach to culture change.

Agree and implement an approach to protect the breastfeeding culture of new communities in Ireland.

Monitor experiences of discrimination relating to breastfeeding out and about for all women by integrating this with established surveys on other aspects of discrimination.

Protect breastfeeding by managing commercial interests

Establish a baseline for practice in supporting breastfeeding in the workplace through integration of appropriate questions in labour force/household/health and safety surveys and review this on a periodic basis.

Support the development of the Baby Feeding Law Group Ireland and task them with providing key recommendations on how to better protect parents, health workers and other relevant stakeholders from inappropriate marketing of breast milk substitutes in Ireland.

Encourage professional associations, organisations, faculties and societies to include full compliance with the International Code of Marketing of Breast Milk Substitutes and subsequent World Health Assembly (WHA) resolutions, within their codes of conduct/ethics.

Conduct a periodic external review of the compliance of the HSE, its contracted services and grant-aided organisations with the International Code of Marketing of Breast Milk Substitutes and subsequent WHA resolutions.

Liaise with all government departments to raise awareness of the need for policies and practices relating to the marketing of infant formula at all stages of development to comply fully with the International Code of Marketing of Breast Milk Substitutes and subsequent WHA resolutions.

Ensure that practice in exporting and marketing of milk products in Ireland complies with the International Code of Marketing of Breast Milk Substitutes and subsequent WHA resolutions.

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