



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Breastfeeding Policy for Primary Care Teams and Community Healthcare Settings

Document Reference Number	Date 14.04.16	Document developed by	National Breastfeeding Co-ordinator
Revision Number	03	Document approved by	Senior Management Team Health & Well-being Division
Approval Date	10 th April 2015	Document approved by	National Directors Primary Care and Health & Wellbeing
Approval Date	14 th April 2015	Document approved by	HSE Leadership Team
Revision Date	Every 2 years	Responsibility for audit and review	National Breastfeeding Co-ordinator

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1. POLICY STATEMENT

The Health Service Executive (HSE) strongly endorses breastfeeding as the evidence-based optimum way of ensuring the short, medium and long term health and wellbeing of the child, and the mother.

While there have been gradual increases in breastfeeding rates in Ireland in recent years, rates remain low, in comparison with other countries across the globe (Europeristat, 2013; OECD, 2009). The most recently available NPRS Report, reported that 55.3% of babies were breastfed on discharge from maternity hospital in 2012. A total of 46.6% babies were exclusively breastfed on discharge in 2012 (ESRI, 2013).

Breastfeeding is the biologically normal feeding method for infants and young children and ensures optimum growth and development. By promoting breastfeeding and supporting mothers to breastfeed, there is the potential to improve child and maternal health outcomes. Not breastfeeding is associated with increases in many childhood illnesses and risk factors for future health.

The HSE and Department of Health aim to improve the nation's health by ensuring that breastfeeding is the norm for infants and young children in Ireland (DoH&C, 2005), this is to be achieved through a number of measures including supports provided through the health service and implementation of evidence based policy and practices. HSE targets of a 2% increase in national breastfeeding initiation and duration rates were set.

The HSE Every Breastfeed makes Difference campaign was launched in October 2013 for National Breastfeeding Week.

focusing on

1. Breastfeeding is important for the health of children and mothers, with every breastfeed making a difference.
2. Every breastfeed brings a mother closer to her breastfeeding goals. Many Irish mothers do not reach their breastfeeding goals and stop breastfeeding sooner than planned. Support can help mums to breastfeed for longer.

The campaign recognises that for many mothers incremental goal-setting is helpful, as many mothers have personal goals in relation to breastfeeding. (See appendix 1)

The Breastfeeding Policy for Primary Care Teams and Community Healthcare settings aims to ensure that all staff involved in the care of pregnant women, infants and young children and their mothers, are providing an environment in which breastfeeding is effectively protected, promoted, and supported as an integral part of normal child and maternal care.

In line with Department of Health, HSE and WHO/UNICEF recommendations, the primary care team should encourage, support and enable mothers to breastfeed exclusively for the first 6 months, and thereafter as part of a wider diet until two years of age or beyond, or for as long as the mother chooses.

All parents have the right to receive clear evidence-based information to enable them to make fully informed decisions about how their babies are fed and cared for.

Primary care staff should support women in their chosen method of infant feeding.

2. PURPOSE OF THIS POLICY

The purpose of the policy is to:

- a. Ensure that all Primary Care Teams (PCT) and other community health care staff working with pregnant women, mothers and babies and their families are providing the best research-based standard of breastfeeding promotion, protection and support.
- b. Ensure that the importance of breastfeeding for health, and the potential health risks of not breastfeeding, are discussed with all expectant parents (as well as those contemplating a pregnancy), so that they make an informed choice about how they will feed their babies.
- c. Enable PCTs and other community health care service providers to create a supportive environment conducive to breastfeeding.
- d. Enable PCTs and other community health care service providers to provide support and information to enable mothers to breastfeed exclusively for the first 6 months and to continue breastfeeding thereafter (in combination with suitably nutritious complementary foods /solids for as long as possible), or for as long as they choose.
- e. Prevent conflicting breastfeeding information being given, which has been shown to undermine patient confidence.
- f. Ensure that the PCT and other community health care settings and staff adhere to the WHO International Code of Marketing of Breast Milk Substitutes (WHO, 1981) and subsequent relevant WHA resolutions in order to protect breastfeeding from commercial marketing pressures.
- g. Ensure that health care staff will fully support all mothers with their chosen method of infant feeding, and support mothers who are breastfeeding to continue to breastfeed for as long as the mother chooses.

3. SCOPE

The policy applies to all members of the PCT and all other community health service employees working for or in HSE community health settings and premises. It has been developed on behalf of the HSE National Breastfeeding Strategy Committee and is in line with the HSE, the Department of Health and Children and WHO/UNICEF best practice recommendations.

All staff must adhere to the policy. Any deviation from the policy in relation to the care of individual patients must be documented in their medical and nursing records, together with the clinical rationale for the policy deviation.

4. OTHER RELATED POLICIES

The Breastfeeding Policy for PCTs and Community Healthcare settings complements the Infant Feeding Policy for Maternity and Neonatal Services (National PPPG QPS 103)

<http://www.hseland.ie/qandr/PPPG/DocumentRepository/>

5. GLOSSARY OF TERMS

Exclusive Breastfeeding: The infant has received only breast milk from the mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines. Breast milk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast. While breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.

Partial (non exclusive) breastfeeding: the infant has received some breastfeeds and some artificial feeds (e.g. formula milks, and/or cereals, and/or other foods).

Artificial/Infant Formula Feeding: Infant has received only artificial infant formula feeds. These should conform to the nutritional requirements for babies from birth to one year of age as set down by the relevant EU Directives. Over one year of age artificially fed infants can receive full fat cow's milk.

Healthcare worker/staff: Medical, nursing and other professional and non-professional staff including administrative, clerical and voluntary staff coming into contact with or providing a service to pregnant women, mothers, young children and their families.

BFHI: Baby Friendly Hospital Initiative, a global WHO/UNICEF Initiative that is active in Ireland since 1998.

Code: The International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions.

FSAI: Food Safety Authority of Ireland.

EU Directives: The European Communities (Infant Formulae and Follow-on Formulae) Regulations, 2007 have been transposed into Irish Law. The FSAI and the HSE, acting as its agent (i.e. HSE environmental health officers), are responsible for the enforcement of food legislation including European Communities (Infant Formulae and Follow-on Formulae) Regulations, 2007. Complaints about infringements of the Regulations should be brought to the attention of either the FSAI or the local HSE environmental health officers.

Donor human milk: Milk is collected from donors all over Ireland. The milk is then processed in accordance with UKAMB Guidelines and distributed to units throughout Ireland by Irvinestown Human Milk Bank; it is run as part of the Western Health and Social Care NHS Trust.

Lactation consultant: An International Board Certified Lactation Consultant (IBCLC) has specialist knowledge and clinical expertise in breastfeeding and human lactation. IBCLCs are certified by the International Board of Lactation Consultant Examiners, Inc. (www.iblce.org). Most IBCLCs are also health care professionals.

6. ROLES & RESPONSIBILITY

- It is the responsibility of PCT and other community health service managers to disseminate and implement this policy and audit compliance with it on a regular basis.
- It is the responsibility of all PCT and other community health care staff and those working on their behalf to abide by the policy.
- It is the responsibility of PCT and other community health service managers to provide staff training to meet the requirements of this policy.
- It is the responsibility of health professionals providing HSE community maternal and child health services to obtain and maintain the skills necessary to implement this policy.

7. POLICY RECOMMENDATIONS

These recommendations are based on the WHO/UNICEF best evidence-based *10 Steps to Successful Breastfeeding*, adapted for community health care workers and settings, which underpin the Baby Friendly Initiative.

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health workers and parents.

POLICY REQUIREMENT

- It is the responsibility of the HSE community health service managers responsible for maternal and child health services to implement all of UNICEF's best evidence-based **10 Steps to Successful Breastfeeding**, (see Appendix 3) as adapted to community health services and settings.
- Copies of this policy must be provided to all relevant staff and a summary of key points should be prominently displayed in all patient areas. Copies of this policy should also be made available to relevant patients and translated copies should be made available for non-English speaking patients.

STEP 2. Train all health workers in the knowledge and skills necessary to implement the breastfeeding policy.

POLICY REQUIREMENT

- It is the responsibility of the PCT and other community health service managers, both clinical and administrative, in all relevant community health care areas to communicate and co-ordinate the implementation of the policy. All new staff should be orientated to the policy as soon as their employment begins.

- It is the responsibility of the PCT and other community health care managers to ensure that appropriate training is available to all staff (at a level appropriate to their role and professional responsibility) to enable them to obtain and maintain the skills necessary to implement the policy. New staff should receive training within six months of taking up their posts. Curricula for training should be based on UNICEF's **10 Steps to Successful Breastfeeding**. Training should also include best evidence-based standards for supporting mothers who are not breastfeeding (eg. the safe and hygienic preparation, feeding and storage of artificial feeds). Training is provided by Lactation Consultants IBCLCs / PHNs and Dietitians (on nutrition for 0-12 years olds).
- An audit of the percentage of staff that have undergone training, the number of hours of training received (commensurate with level of patient contact and level of responsibility of different staff groupings) should be undertaken regularly. Audits should be undertaken by a member of staff nominated by service management at local level.
- It is the responsibility of all staff to abide by the policy and obtain and maintain their knowledge and skill base to enable them to implement the policy.
- It is the responsibility of all community health care staff to foster and facilitate a positive and supportive environment for breastfeeding in all patient service areas.

STEP 3. Discuss with pregnant women and their families the importance and management of breastfeeding, and supportive birth practices

POLICY REQUIREMENT

- It is the responsibility of PCT and other community health care staff involved in the care of pregnant women to ensure they are given information on the importance of breastfeeding and the potential health risks of not breastfeeding.
- All pregnant women should be given a number of opportunities to discuss infant feeding on a one-to-one basis (as well as at antenatal parent education classes) with health professionals throughout their pregnancies. The information given should include basic information on the physiology of lactation and the correct management of breastfeeding in order to avoid any problems that might occur.

This should include **the benefits of early initiation; the importance of rooming in; the importance of feeding on demand; how to ensure an adequate milk supply; correct positioning and attachment; the importance of exclusive breastfeeding in the first 6 months, and the risks of using bottles and soothers/pacifiers.**

- Expectant mothers should also be encouraged to attend breastfeeding support groups in their local area to help them gain confidence from meeting experienced breastfeeding mothers, health professionals and breastfeeding counsellors. Information on the venues, dates and times of these support groups should be provided by PCT and other relevant community health care staff.
- Expectant mothers and their partners should be provided with information on the importance of exclusive breastfeeding in the first six months and on the continuing importance of breastfeeding following the introduction of complementary foods (solids).

STEP 4. Assist mothers to establish and maintain practices that assist breastfeeding, including effective positioning, attachment and suckling; baby-led feeding; keeping baby near; avoiding artificial teats or pacifiers; ways of dealing with minor problems.

POLICY REQUIREMENT

- An assessment of the mother and baby's breastfeeding progress must be undertaken at the first post natal visit by the Public Health Nurse (PHN) and an individualised plan of care developed as necessary. This will enable early identification and management of any potential complications. At this assessment the PHN will ensure the mother knows how to check her baby is effectively feeding, how to correctly position and attach her baby at the breast, and how to maintain an adequate milk supply. The PHN will also ensure the mother knows how to recognise when breastfeeding is not progressing normally and what to do about this (e.g. the baby has too few wet and dirty nappies, is persistently crying, is not gaining weight within normal parameters; the mother has sore nipples, breast inflammation etc.)
- Mothers should be encouraged to keep their babies near them at all times so they can learn to interpret their baby's needs and respond appropriately to these. This will involve baby-led feeding day and night (except in situations where babies are sleepy or were born prematurely, when it may be appropriate for medical reasons to wake a baby for feeds). Mothers should be made aware of normal breastfeeding patterns, including cluster feeding and 'growth spurts' and the potential adverse effects to breastfeeding of using supplements (artificial formula or water), teats and soothers, particularly in the early weeks.
- As night feeds are common and important, particularly in the early months, information on safety with regard to bed-sharing and co-sleeping should be given to all mothers, regardless of their infant's feeding method.
- Mothers should be told how and where to get help, if needed, should problems occur. This should particularly apply for mothers who have experienced feeding problems with a previous child.

STEP 5. Support the continuance of breastfeeding if mother and baby are separated

POLICY REQUIREMENT

- Mothers should be encouraged and facilitated to continue breastfeeding until their children are 2 years of age or older, or for as long as they wish. Information on continuing to breastfeed following a return to work outside home should be given as well as information on the statutory entitlement to breastfeeding breaks in the workplace.
- Mothers should be given information on hand and pump expression of breast-milk for relieving engorgement and facilitating positioning and attachment, as well as for maintaining lactation and providing expressed breast milk feeds for their babies when they are separated from them. This will include information on the methods and techniques of breast milk expression suitable for their individual circumstances, and the safe handling and storage of expressed breast milk.

STEP 6. Encourage exclusive breastfeeding for six months and continued thereafter with appropriate complementary foods

POLICY REQUIREMENT

- The importance of breastfeeding exclusively for the first six months and continuing breastfeeding thereafter in combination with suitably nutritious complementary foods (solids) should be explained to breastfeeding mothers and their families.
- Mothers should be informed of the risks to breastfeeding of giving supplements (water, artificial formula, other drinks or solids), teats or soothers, particularly in the early weeks.
- Mothers should be reassured that breast milk provides all a baby's need for food, drink and comfort until 6 months of age.
- Mothers should be informed that all babies have regular growth spurts (every 3 -4 weeks approx) during which demand for breastfeeds will increase for a period usually lasting 24 – 36 hours. Mothers should be reassured this is not a sign of breast milk insufficiency This extra demand stimulates an increase in the mother's milk supply in response to the growth spurt and once this happens the baby's feeding pattern will revert to one similar to that applying prior to the growth spurt.
- When solids are introduced at around 6 months of age parents should be informed of the on-going value of breastfeeding/breast milk feeding in combination with solid foods for up to 2 years of age or beyond.
- Once a mother has made an informed decision to discontinue breastfeeding she should be given information on how to do this gradually and safely.

STEP 7. Document method(s) of infant feeding and progress at each routine point of contact and review rates periodically

POLICY REQUIREMENT

- Relevant community health care and PCT staff should document method of infant and young child feeding together with feeding competency (of mother and baby) at each point of contact with mothers of babies under 3 years of age.
- Type of food and method of feeding (using relevant WHO definitions) should be ascertained by asking the mother what her baby has had to eat in the previous 24 hours.

STEP 8. Provide a welcoming atmosphere for breastfeeding families

POLICY REQUIREMENT

- Breastfeeding mothers and babies should be welcomed and facilitated in all PCT and community health care settings and clinics.
- Staff of the PCT and other community health care employees should ensure that mothers are aware of their right to protection from discrimination when breastfeeding in public service areas (restaurants, hotels, shops, public service offices, cinemas etc) and the process of complaint if these rights are not respected. (see Appendix 6).

STEP 9. Abide by the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions

POLICY REQUIREMENT

- In compliance with the WHO / UNICEF Baby Friendly Community Initiative (BFI) and the WHO International Code of Marketing of Breast milk Substitutes and subsequent WHA Resolutions (hereafter referred to as the 'Code') the PCT and other community health care staff must abide by the following obligations:

A) No advertising of breast-milk substitutes, feeding bottles, teats or dummies should be permitted within the HSE community health service areas or by community health care staff. This will preclude the distribution and/or display of materials supplied by manufacturers or distributors of products under the scope of the Code (items such as calendars, posters, information materials, stationery and product samples).

B) Parents who have made a fully informed choice to artificially feed their babies should receive information on the safe preparation, storage and feeding of artificial formula feeds, as well as correct methods of washing and sterilising feeding equipment, once their babies are born. No routine group instruction on the preparation of artificial feeds should be given during the antenatal period.

STEP 10. Promote collaboration between health care providers, breastfeeding support groups and the local community.

POLICY REQUIREMENT

- All breastfeeding mothers should receive information about support services available to them in their local community. They should be advised how to contact both professional and voluntary sources of help and support.
- PCT and other community health care staff should work closely with voluntary breastfeeding support providers to ensure greater efficiency and greater coverage of services. The involvement of voluntary breastfeeding support organisations in staff training and service development is also recommended. Local contact details of agencies are listed on www.breastfeeding.ie .
- The Policy is based on UNICEF's ***10 Steps to Successful Breastfeeding*** as these represent current best evidence based practice.

8. REVISION & AUDIT

The implementation of this policy has been piloted in two Primary Care Team Areas.

The policy will now be rolled out to all PCT and Community Care Areas.

This policy will be reviewed in 2 years, or before if required. Review will be the responsibility of the National Breastfeeding Co-ordinator, with stakeholders.

Evaluation, Audit and Compliance

A senior staff member in each PCT / Community healthcare area should be assigned responsibility for evaluation, audit and compliance with the policy.

Compliance to this policy can be monitored, evaluated and reported through the following:

- Review of documentation (charts and records)
- Analysis of infant feeding data
- Review of training provided for staff, competency assessment
- Observation of practice
- Review of educational materials for staff and for service users

Questionnaires, interviews, focus groups of staff and of service users may also be used.

9. REFERENCES

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- American Academy of Pediatrics (2012) Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*, 129 (3). 827-841.
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Baby-Friendly Hospital Initiative (2009) Revised, updated and expanded for integrated care
Acceptable medical reasons for use of breast-milk substitutes (2009)
Protecting, promoting and supporting breast-feeding (1989) The special role of maternity services
The International Code of Marketing of Breast-Milk Substitutes (2008). Frequently asked questions (updated version 2008)
HIV transmission through breastfeeding (2008) A review of available evidence - update 2007
HIV and infant feeding: Update (2007)

Based on the technical consultation held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV infections in pregnant women, Mothers and their Infants, Geneva, Switzerland, 25-27 October 2006

Training courses

Baby-friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care BFHI Section 3:

Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff (2009)

Infant young child feeding counselling: An integrated course (2006)

World Health Organisation, Department of Child and Adolescent Health (CAH)

www.who.int/child_adolescent_health/documents/infant_feeding/en/index.html

Evidence for the Ten Steps to Successful Breastfeeding WHO/CHD/98.9

Breastfeeding counselling: A training course (revision due late 2009)

Hypoglycaemia of the newborn (1997): Review of the literature

Optimal feeding of low-birth-weight infants (2006): Technical review

Academy for Breastfeeding Medicine, worldwide organization of physicians dedicated to the promotion,

protection and support of breastfeeding and human lactation.

Protocols available <http://www.bfmed.org>

Appendix 1 Every Breastfeed Makes a Difference

Following Consumer Research undertaken with Irish mothers, the HSE Every Breastfeed makes Difference campaign was launched in October 2013 for National Breastfeeding Week.

1. focusing on Breastfeeding is important for the health of children and mothers, with every breastfeed making a difference.
2. Every breastfeed brings a mum closer to her breastfeeding goals. Many Irish mothers do not reach their breastfeeding goals and stop breastfeeding sooner than planned. Support can help mums to breastfeed for longer. There are over 200 support groups throughout the county and contact details are available on the HSE website www.breastfeeding.ie

The campaign recognises that for many mothers incremental goal-setting is helpful, as many mothers have personal goals in relation to breastfeeding.

The Consumer Research found that many mothers do not reach their personal breastfeeding goals with resulting feelings of failure of guilt, highlighting the need for communications with mothers to be motivating and supportive. The following recommendations in relation to communicating with mothers:

- Communications need to be more motivating & address the reality of how mothers feel
- Need to acknowledge concerns, worries, anxieties & emotions about breastfeeding
- Use realistic models & settings
- Create achievable goals – set mothers up for success rather than failure
- Don't lecture. Better to encourage people to try
- Reduce sense of pressure – 'good mothers' vs. 'bad'
- Aspirational, emotive campaigns – more of a pat on the back for those doing ok, than help for those struggling

Every Breastfeed Makes a Difference

The first few days of breastfeeding provide antibodies that give natural immunity and protect baby from infection. There is a direct correlation between the duration of breastfeeding and protection against many illnesses and infections with greater protection provided the longer a mother breastfeeds.

Breastfeeding for the first month for example reduces the risk of respiratory tract infections by 27% with every extra month of breastfeeding further reducing risk of illness from infections.

Any breastfeeding reduces risk of ear infection by 23%, with a risk reduction of 50% if breastfeeding continues for three months. Breastfeeding is associated with a 36% reduction in risk of SIDS compared to not breastfeeding.

Breastfeeding for at least three months reduces risk of asthma, with a 40% reduction in children where there is a family history and the risk of Type 1 diabetes is reduced by 27%.

Risk of hospitalisation from lower respiratory tract infection is 72% lower in infants who are exclusively breastfed for more than four months. Irish research has shown that children

breastfed for 3-6 months have a 38% less risk of obesity at age nine while breastfeeding for six months or longer leads to a 51% reduction.

Breastfeeding for at least six months is associated with 19% risk reduction of childhood acute lymphocytic leukaemia and a 15% reduction in acute myelogenous leukaemia. Risks of chest infections, ear, nose and throat infections, gastroenteritis are all greatly reduced. Continuing to breastfeed while introducing small amounts of foods with gluten helps to prevent against coeliac disease.

Breastmilk continues to be an important part of an infant's diet as other foods are introduced from 6 months. Risks of chest infections, ear, nose and throat infections, gastroenteritis, childhood obesity, asthma and diabetes are all greatly reduced (Ip et al, 2007). Continuing to breastfeed while introducing small amounts of foods with gluten helps to protect against coeliac disease (Ivarsson et al, 2002).

Breastmilk is important for healthy growth and development throughout the first year during a period of change, growth and development. It is important for healthy brain development and protects babies's digestive systems. The immune factors in breastmilk are important for babies's healthy immune function protecting against illness and infection.

Breastfeeding in the second year of life continues to protect children from illness and infection. Breastmilk contributes to requirements for calcium, protein, energy, iron, and vitamins (Dewey, 2001)

Breastmilk protects maternal health too protecting against breast cancer, ovarian cancer, cardiovascular disease and diabetes.

Appendix 2 Breastfeeding and Health – Information for Parents

Every Breastfeed Makes a Difference

Good health begins with breastfeeding

Breastfeeding protects your baby's health and your health too.

Breastmilk is important for your baby's healthy growth and development and it protects his/her digestive system. It contains antibodies to protect your baby from illness and build his/her immune system.

Breastfeeding is also important for your baby's brain development.

Your body will produce all the milk your baby needs for the first 6 months. No water or other fluids are needed.

From 6 months you can start your baby on solid foods. You can continue to breastfeed for as long as you choose, until your baby is 2 years or older, or until your baby chooses to wean.

Breastfeeding is important for mothers' health too as it protects against ovarian and breast cancer as well as helping you to achieve and maintain a healthy post pregnancy weight.

Breastfeeding is cost-free, convenient for you and your baby and always at the right temperature.

Research shows that children who are not breastfed have a greater risk of:

- developing ear, nose and throat infections
- gastroenteritis (vomiting & diarrhoea)
- kidney and chest infections
- asthma and eczema
- obesity and diabetes, and
- SIDS

Appendix 3: Ten Steps to Successful Breastfeeding and Seven Steps for the Protection, Promotion and Support of Breastfeeding in the Community

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers to initiate breastfeeding within a half-hour of birth. Now interpreted as: 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.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.
7. Practise rooming-in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Ref: Joint WHO/UNICEF statement in 1989 - Protecting, promoting and supporting breastfeeding: the special role of the maternity services.

Seven Community steps for the Protection, Promotion and Support of Breastfeeding

The Baby Friendly Hospital Initiative has been adapted to community healthcare settings in countries such as Canada and New Zealand, incorporating the 7 steps:

The Seven Steps for the Protection, Promotion and Support of Breastfeeding in the Community:

1. Have a written breastfeeding policy that routinely is communicated to all staff and volunteers.
2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain *exclusive breastfeeding* to six months.

5. Encourage sustained breastfeeding beyond six months to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families
7. Promote collaboration among health services, and between health services and the local community

Ref: The Baby Friendly Initiative in Community Health Services, 2002- The Breastfeeding Committee for Canada

Websites - Global Baby Friendly Hospital Initiative:

<http://www.who.int/nutrition/topics/bfhi/en/index.html>

http://www.unicef.org/nutrition/index_breastfeeding.html

Baby Friendly Hospital Initiative in Ireland: <http://www.ihph.ie/babyfriendlyinitiative>

The global BFHI and BFHI in Ireland underwent a revision process in 2006-2009, with inclusion of criteria for mother-friendly labour and birth practices; clarity on inclusion of mothers of infants who are not breastfeeding ensuring information and support for these mothers; and strengthened implementation of the International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions.

Appendix 4 International Code of Marketing of Breast-milk Substitutes

What is the Code?

The Code was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breast-milk substitutes, when these are necessary. One of the main principles of the Code is that health care facilities should not be used for the purpose of promoting breast milk substitutes, feeding bottles or teats. Subsequent WHA resolutions have clarified the Code and closed some of the loopholes.

Which products fall under the scope of the Code?

The Code applies to breast milk substitutes when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk. Special formulas for infants with special medical or nutritional needs also fall under the scope of the Code.

Since exclusive breastfeeding is to be encouraged for 6 months, any food or drink during this period is a breast milk substitute and thus covered by the Code. This would include baby teas, juices and waters, as well as cereals, processed baby meals, including bottle-fed complementary foods, and other products marketed or otherwise represented for use before six months.

Since continued breastfeeding is to be encouraged for two years or beyond, any milk product shown to be substituting for the breast milk part of the child's diet between six months and two years, such as follow-on formula, is a breast-milk substitute and is thus covered by the Code.

The Code also applies to feeding bottles, teats and soothers.

What does the Code say?

The main points in the Code include:

- no advertising of breast-milk substitutes and other related products to the public;
- no free samples to mothers or their families;
- no promotion of products, i.e. no product displays, posters, calendars, or distribution of promotional materials;
- no donations of free or subsidised supplies of breast-milk substitutes or related products in any part of the health care system;
- no company-paid personnel to contact or to advise mothers;
- no gifts or personal samples to health workers;
- no pictures of infants, or other pictures or text idealizing artificial feeding, on the labels of the products;
- information to health workers should only be scientific and factual;
- information on artificial feeding should explain the importance of breastfeeding, the health hazards associated with artificial feeding and the costs of using artificial feeding ;
- all products should be of a high quality, and unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

Who is a “health worker” for the purposes of the Code?

According to the Code, any person working in the health care system, whether professional or nonprofessional, including voluntary and unpaid workers, in public or private practice, is a health worker. Under this definition home care assistants, practice nurses, public health nurses and community registered general nurses, midwives, social workers, occupational therapists, health promotion officers, community dietitians, community physiotherapists, general practitioners, dentists, public health doctors, administrators, clerks, etc. are all health workers.

Adapted from: International Code of Marketing of Breast Milk Substitutes, Frequently Asked Questions: Updated Version, WHO, 2008

Appendix 5 Acceptable medical reasons for use of breast-milk substitutes (WHO 2009)

Introduction

Almost all mothers can breastfeed successfully, which includes initiating breastfeeding within the first hour of life, breastfeeding exclusively for the first 6 months and continuing breastfeeding (along with giving appropriate complementary foods) up to 2 years of age or beyond. Exclusive breastfeeding in the first six months of life is particularly beneficial for mothers and infants.

Positive effects of breastfeeding on the health of infants and mothers are observed in all settings.

Breastfeeding reduces the risk of acute infections such as diarrhoea, pneumonia, ear infection, Haemophilus influenza, meningitis and urinary tract infection (1). It also protects against chronic conditions in the future such as type I diabetes, ulcerative colitis, and Crohn's disease.

Breastfeeding during infancy is associated with lower mean blood pressure and total serum cholesterol, and with lower prevalence of type-2 diabetes, overweight and obesity during adolescence and adult life (2).

Breastfeeding delays the return of a woman's fertility and reduces the risks of post-partum haemorrhage, premenopausal breast cancer and ovarian cancer (3).

Nevertheless, a small number of health conditions of the infant or the mother may justify recommending that a mother not breastfeed temporarily or permanently (4). These conditions are rare and are listed below together with some health conditions in the mother that, although serious, are not medical reasons for using breast-milk substitutes.

Whenever stopping breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed.

INFANT CONDITIONS:

Infants with the following conditions should not receive breast milk or any other milk except specialized formulae

- classic galactosaemia: a special galactose-free formula is needed;
- maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed;
- phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

Infants for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period:

- very low birth weight infants (those born weighing less than 1500g);

- very preterm infants, i.e. those born less than 32 weeks gestational age;
- newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, those who are ill and those whose mothers are diabetic if their blood sugar fails to respond to optimal breastfeeding or breast-milk feeding(5).

MATERNAL CONDITIONS

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

Mothers who may need to avoid breastfeeding

Mothers who are HIV positive(b) when replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS)(6).

The following conditions may require a mother to avoid breastfeeding temporarily

- Severe illness that prevents a mother from caring for her infant, for example, sepsis;
- Active herpes simplex virus type 1 (HSV-1) lesions on the breast. Direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved;
- Maternal medication: sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available (7);
- radioactive iodine-131 is better avoided given that safer alternatives are available - a mother can resume breastfeeding about two months after receiving this substance;
- excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided;
- cytotoxic chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications require a mother to stop breastfeeding during therapy.

Mothers who can continue breastfeeding, although health problems may be of concern

- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started (8).
- Hepatitis B+: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter (9).
- Hepatitis C+.
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition (8).
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines (10).
- Substance misuse (11): maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants have been demonstrated to have harmful effects on breastfed babies; alcohol, opioids, benzodiazepines and cannabis can cause

sedation in both the mother and the baby. Mothers should be encouraged not to use these substances and given opportunities and support to abstain.

Footnotes:

a) The most appropriate infant feeding option for an HIV-infected mother depends on her and her infant's individual circumstances, including her health status, but should take consideration of the health services available and the counselling and support she is likely to receive. When replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS), avoidance of all breastfeeding by HIV-infected women is recommended. Mixed feeding in the first 6 months of life (that is, breastfeeding while also giving other fluids, formula or foods) should always be avoided by HIV-infected mothers.

b) Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.

References

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- (7) Breastfeeding and maternal medication: recommendations for drugs in the Eleventh WHO Model List of Essential Drugs. Geneva, World Health Organization, 2003.
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(10) Breastfeeding and Maternal tuberculosis Update No. 23. Geneva, World Health Organization, 1998.

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http://www.health.nsw.gov.au/pubs/2006/bkg_pregnancy.html

Further information on maternal medication and breastfeeding is available at the United States National Library of Medicine (NLM) website: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

Full version of this document is available from Child and Adolescent Health, WHO, Geneva

http://www.who.int/child_adolescent_health/documents/WHO_FCH_CAH_09.01/en/index.html

Appendix 6 Legal Protection for Mothers Breastfeeding in Public Areas

1. If a mother is breastfeeding her baby in a public service area (eg a restaurant, hotel etc.) the owner, manager or staff of these premises (on their own behalf or on behalf of another customer) are not allowed to ask her to use separate facilities, or ask her to leave.

2. If a mother informs the management and staff of a public service area that she is being harassed by another customer because she is breastfeeding, they have a duty to protect her from this.

The Equal Status Act (2000) and the Intoxicating Liquor Act (2003) –in the case of discrimination or harassment occurring in licensed premises-underpin the protections for mothers when they need to breastfeed in public.

The Equal Status Act (2000) protects people from discrimination and harassment (including sexual harassment) in the use of and access to a wide range of services including shops and restaurants. Protection for mothers when breastfeeding in public is provided under two of the nine discriminatory grounds covered by the Act - **the Gender and Family Status grounds**. This Act helps mothers to breastfeed comfortably in public places by protecting them from being discriminated against or harassed because they are breastfeeding.

- Discrimination is less favourable treatment, for example, asking someone to leave a premises because they are breastfeeding.
- Harassment is unwanted conduct (eg. of a sexual nature in the case of sexual harassment) related to any of the discriminatory grounds covered by the Equal Status Act which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person, in this case a breastfeeding mother.

The Intoxicating Liquor Act (2003) - Section 19 protects against discrimination or harassment occurring in a public house and provides access to the District Court for redress.

For more information:

Visit the website: www.breastfeeding.ie

Contact: The Equality Authority on 01-417 3333 or LoCall 1890-245 545

Implementation Plan

The implementation of this policy has been piloted in two Primary Care Team Areas.

The policy will now be rolled out to all PCT and Community Care Areas.

This policy can be used as a template to implement best practice changes across community care areas

Signature Page

All persons must sign and date this page after they have read and understood this policy

Signature

Date

11. REVISION HISTORY

Revision number:		Document updated by:	
Date of Last Update:		Document Status:	
Revision date:	1 Years after initial approval date, then every 2 years	Document approved by:	
Approval date:		Document approved by:	