



HSE National Breastfeeding Implementation Group

The Mapping Project 2017

**Concise report of the review of breastfeeding resources in
maternity hospitals/units and Community Health Organisations**

Date: 24th May 2018



1. Introduction

The National Breastfeeding Implementation Group was established to oversee the implementation of *Breastfeeding in a Healthy Ireland – HSE Action Plan 2016-2021*.¹ An implementation plan was agreed in late 2016 and the group held its first meeting in November 2016.²

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

This will be achieved through:

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

In line with Actions 1.3 and 1.4 of the Breastfeeding Action Plan, the National Implementation Team prioritised the review of current breastfeeding resources and supports available in maternity hospitals/units and Community Health Organisations (CHOs) in 2017-referred to as the 'Mapping Project'.

This report presents the main findings of the Mapping Project carried out by Rebecca O'Donovan, Assistant National Breastfeeding Co-ordinator and Paul Marsden, Project Manager Child Health Screening, on behalf of the HSE Breastfeeding Implementation Group.

¹ Breastfeeding in a Healthy Ireland Health Service Breastfeeding Action Plan 2016 – 2021 Available at: <https://www.breastfeeding.ie/Resources/Health-professional/Policy.html>

² HSE Breastfeeding Action Plan Implementation Plan 2017-2019 Available at: INSERT LINK HERE

2. Methods

A questionnaire was developed that covered the following areas:

1. Governance and health service structures – breastfeeding committees and dedicated posts
2. Training and skills development – access to training
3. Support at all stages of the breastfeeding continuum – antenatal education, breastfeeding support provided, referral pathways and breastfeeding support groups available, access to breast pumps

The questionnaire was administered via structured telephone interview to a key informant in the maternity hospitals/units. The Directors of Public Health Nursing (DPHN) completed the questionnaire via mail.

The response from the maternity units/hospitals was 95% and the response from the DPHN was 80%. All nine Community Healthcare Organisations (CHOs) are represented in the findings.

The findings for the maternity hospitals/units and the CHOs are presented separately under the three headings above.

3. Findings for maternity hospitals/units

3.1 Governance and health service structures – breastfeeding committees, dedicated posts and referral pathways

Thirteen (72%) of the maternity hospitals/units have Clinical Midwifery Specialist (CMS) posts in place. The posts are full-time, part-time, permanent or acting posts and make up 13.2 WTE. Of the 13.2WTE, 3.5WTE are acting positions; there were plans at the time of the survey to advertise 3WTE of these acting posts. Maternity units in Kilkenny, Sligo and Clonmel (South Tipperary) have 0.5WTE acting posts, two of these hospitals had plans to advertise those posts. The four large tertiary hospitals - each have an average large birth rate of 8,500 births per hospital, many with complex clinical challenges - have only a combined total of 6.1 WTE dedicated specialist posts in lactation. Five maternity units have no specialists in lactation in post.

A total of 79 staff working in many other areas in the maternity hospitals/units have an International Board Certified Lactation Consultant (IBCLC) qualification.

Table 1: Relevance of this finding

Based on the findings of this survey and international comparators there is a need for additional posts dedicated to lactation support in all maternity hospitals/units.

The US Lactation Consultant Association has determined that optimal IBCLC staffing is 1.6 WTE/1,000 deliveries in a Level 11 hospital (Level 11 = a hospital with a neonatal intensive care unit for stable babies) and 1.9 WTE/1,000 deliveries in a Level 111 or Tertiary hospital. These figures applied to the 2017 figures supplied by the maternity hospitals/units (62,039 births) suggest that over 100 WTE are required.

Using the New Zealand staffing level reported by Sutton et al (2017) as a benchmark would suggest that some 48WTE hospital based specialists in lactation are required for Irish maternity hospitals. This is perhaps a more realistic estimate.

There are staff currently working in the maternity units/hospitals with the qualifications to undertake these roles if they were prioritised.

The Breastfeeding Action Plan (2016-2021) recommends that breastfeeding committees are established in each hospital group and that the membership should include representatives from the maternity hospital/unit, primary care, voluntary/community and service users. The survey found that 89% (16) of the maternity hospitals/units reported having a breastfeeding committee in place. Of these 78% (14) include members of the multidisciplinary team; 39% (7) have representatives from the community and 33% (6) include members from voluntary groups such as La Leche League, Cuidú and Friends of Breastfeeding.

Table 2: Relevance of this finding

The results show that maternity hospitals/units are striving to implement the recommendation of the Breastfeeding Action Plan in respect of breastfeeding committees. All committees reported that their role and function included achieving or maintaining Baby Friendly Health status.

3.2 Training and skills development – access to training

All maternity hospitals/units reported providing some type of training/skills development to staff. The type of training/skills development varies by maternity hospital/unit.

- 72% (13) provide access to the 20-hour breastfeeding programme, refresher training and short teaching sessions.
- 89% (16) provide access to the 20-hour breastfeeding programme-either on site or off site. The Coombe, Holles St., and the Rotunda combine their training at the Centre for Midwifery Education that is based at the Coombe Women and Infant University Hospital.
- Some units provide weekly or monthly short teaching sessions for maternity staff.

Table 3: Relevance of this finding

The results show that maternity hospitals/units are striving to implement the recommendation of the Breastfeeding Action Plan in respect of training and skills development. They also show the potential for a national standardised approach to the development of breastfeeding training supports. This is currently being pursued through the National Healthy Childhood Programme with the support from the Nurture – Infant Health & Wellbeing Programme.

3.3 Support at all stages of the breastfeeding continuum – antenatal education, breastfeeding support provided and breastfeeding support groups available, access to breast pumps

All 18 hospitals include breastfeeding information in their antenatal classes. 83% (15) hospitals provide separate antenatal breastfeeding classes. Antenatal breastfeeding classes are facilitated monthly (8 hospitals), fortnightly (3 hospitals), weekly (3 hospitals), and twice weekly (1 hospital). The midwife has responsibility for facilitating the antenatal education classes for expectant parents in 10 of the maternity hospitals, Parentcraft teams are responsible in 6 hospitals, one hospital facilitates sessions jointly by the Parentcraft team and the midwife, and at one hospital (Sligo) the antenatal session is provided by a midwife with an IBCLC qualification.

Support for breastfeeding mothers while they are in hospital is provided in 78% (14) of maternity hospitals/units. This support is provided by either the CMS in lactation or a health care professional with an IBCLC qualification. Some of these hospitals also provide breastfeeding support sessions at regular times during the week. It was also apparent that the tertiary hospitals provided additional education sessions for high risk mothers in the antenatal and postnatal period.

Different levels of post discharge support are provided. A post discharge breastfeeding support group is provided by 39% (7) of maternity hospitals/units and one maternity hospital provides one to one consultations as required. All other maternity hospitals/units reported that they refer mothers to the public health nurse (PHN) and/or local voluntary breastfeeding support groups including La Leche League, Cuidú and Friends of Breastfeeding. A referral pathway, from the community to hospital, is in place in 78% (14) maternity hospitals/units.

The availability of breast milk for sick or premature babies decreases the risks of infection, respiratory problems and NIC. In order to facilitate mothers to continue breastfeeding the availability of breast pumps is essential. This survey found that there is no standard availability of breast pumps for this vulnerable group.

Table 4: Relevance of these findings

There is potential to develop a standardised approach to the promotion of breastfeeding at the antenatal stage. As part of the Nurture Programme, the Antenatal to Postnatal Implementation Team is currently developing national standards for antenatal education, the inclusion of breastfeeding education supports is part of this process.

The support provided to breastfeeding mothers post discharge varies across the country and is dependent on the resources available at the maternity hospital/unit, access to the PHN service and local support groups.

A service that would see the availability of hospital grade breast pumps for mothers of preterm babies needs to be established. The National Breastfeeding Implementation Group will continue to advocate for this service.

4. Findings for CHOs

4.1 Governance and health service structures – breastfeeding committees, dedicated posts and referral pathways

This survey found that six of the nine CHO areas have no dedicated PHN/IBCLC post. Of the three CHO areas where posts are in place the total WTE complement is 2WTE (three posts in all). There were no acting posts in place and plans in place in any area to fill such a post. The author is aware of two other posts (2WTE) in place in areas that did not respond to the survey.

There was a total of 49 staff with an IBCLC qualification or undertaking training at the time of the survey.

Only five of the 9 CHOs have a breastfeeding committee and in all but one of these CHOs the committee is based in one DPHN/LHO area. Where the committees are established there is wide variation as to their role and function.

The National Breastfeeding Implementation Group has learned that since the survey was completed four of the existing committees have ceased, resulting in only two CHOs with breastfeeding committees.

Table 5: Relevance of this finding

Similar to Table 1, the findings of this survey show there is a need for additional posts dedicated to lactation support in the community, based on international comparators.

Using the New Zealand staffing level reported by Sutton et al (2017) as a benchmark shows that an additional 17 WTE specialists in lactation are required in the community. This is in addition to the 48 WTE outlined in Table 1.

The paucity of breastfeeding committees in CHO areas does not point to proper oversight and prominence given to the support of breastfeeding mothers at CHO level.

4.2 Training and skills development – access to training

It is clear from the findings that the availability and attendance at breastfeeding training by PHNs varies considerably between areas. The types of training courses available vary from the 20 hour to attendance at study days. These training opportunities are provided by Centres for Nursing and Midwifery Education, the lactation consultants in the local maternity hospital/unit or the PHN who is an IBCLC trainer.

Table 6: Relevance of this finding

PHNs require access to breastfeeding training and regular updates. A blended learning breastfeeding training programme is currently being developed through the Nurture programme.

There is also potential for greater integration of breastfeeding training between maternity hospitals/units and the community as Section 4.2 shows that there is a much greater availability of training programmes in maternity hospitals/units.

5.3 Support at all stages of the breastfeeding continuum – antenatal education, breastfeeding support provided and breastfeeding support groups available, access to breast pumps

PHNs provide antenatal classes in eight out of nine CHO areas. In the 63% of DPHN areas where PHNs provide antenatal classes, 87% who responded said that the provision of breastfeeding information was included in these classes. The average amount of time dedicated to breastfeeding was one hour, but it varied widely from 15 minutes to two hours.

Almost 88% of PHN areas provide DPHN-led breastfeeding support groups. There are also other supports available in 64% of areas. These include voluntary support groups such as La Leche League, Cuidú and Friends of Breastfeeding; in some areas PHNs provide telephone support.

Just over half of those who responded said that there is a referral pathway to an IBCLC/PHN for breastfeeding mothers experiencing difficulties. The method of referral varies from self-referral, phone or email through the GP or PHN. Dublin North uses the Breastfeeding Observation Assessment Tool (BOAT) tool at the first PHN visit and liaises with the IBCLC/PHN for support and guidance. In the majority of areas the IBCLC/PHN provides a drop in clinic or will do a home visit.

In the majority of cases breast pumps are only available to mothers of premature or sick babies through the maternity hospitals/units. DPHN also reported that mothers organise to hire or buy the pumps themselves.

Table 7: Relevance of this finding

The PHN service is providing antenatal and postnatal breastfeeding education and support.

The proposed implementation of the BOAT tool on a national basis will help to address the gap in current practices.

A service that would see the availability of hospital grade breast pumps for mothers of preterm babies needs to be established. The National Breastfeeding Implementation Group will continue to advocate for this service.