



May 2021

A POSITION PAPER ON **BREASTFEEDING**

*by the Faculty of Paediatrics, Faculty of Public Health Medicine
and Institute of Obstetricians and Gynaecologists
Royal College of Physicians of Ireland*



**FACULTY OF
PAEDIATRICS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND



**FACULTY OF
PUBLIC HEALTH
MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND



**INSTITUTE OF
OBSTETRICIANS &
GYNAECOLOGISTS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND



**ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND**

Foreword	4
Executive summary	6
Recommendations	8
1. Breastfeeding support in the community	8
2. Public health	8
3. Education for healthcare professionals.....	8
4. Protection from industry influence in accordance with the WHO Code regarding the marketing of breastmilk substitutes.....	9
5. Hospital facilities	9
6. Research and Policy.....	9
Introduction	10
Breastfeeding in Ireland	12
Community and Cultural norms.....	14
Education for healthcare professionals.....	16
National policy	18
Table 1: Aims of Breastfeeding in a Healthy Ireland ³¹	18
Table 2: The International Code of Marketing of Breast-Milk Substitutes, WHO/UNICEF, 1981 ⁴¹ ..	19
Supports in place.....	21
Table 3: The WHO/UNICEF evidence-based 10 Steps to Successful Breastfeeding ⁴³	21
RCPI and Breastfeeding	24
Industry sponsorship	24
Contribution to breastfeeding education	24
Facilitating breastfeeding	24
Recommendations	25
References	27

Lead authors

Dr Meredith Kinoshita, Paediatric SpR

Dr Anne Doolan, Consultant Neonatologist, IBCLC

Dr Ellen Crushell, Clinical Lead, HSE/RCPI National Clinical Programme for Paediatrics and Neonatology

Additional contributions

Dr Fionnuala Cooney, Director of Public Health, HSE East

Janis Morrissey, Director of Health Promotion, Information & Training, Irish Heart Foundation

Sue Jameson, President, Association of Lactation Consultants of Ireland (ALCI)

Claire Allcutt, Margaret Murphy, Malvina Walsh - on behalf of Baby Feeding Law Group Ireland (BFLGI)

Foreword

The Faculty of Paediatrics, Faculty of Public Health and the Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland produced this paper to highlight the health benefits of breastfeeding and to propose actions to improve breastfeeding rates in Ireland.

The Faculty of Paediatrics is the national training and professional body for paediatricians in Ireland. Paediatricians diagnose and manage health issues affecting infants, children and young people - from birth through adolescence. Neonatology, a subspecialty of paediatrics, deals with the medical care of new-born infants, especially the ill or premature new-born infant.

The Faculty of Public Health Medicine is the national training and professional body for public health physicians. Members of the Faculty of Public Health Medicine bring a population-based perspective to their work in supporting healthier lifestyles, reducing health inequalities, protecting against communicable diseases and environmental hazards and improving healthcare services.

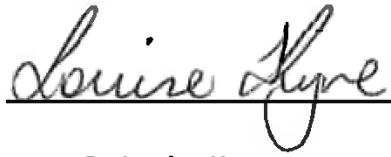
The Institute of Obstetricians and Gynaecologists is the national training and professional body for obstetricians in Ireland. Obstetricians provide prenatal care and pregnancy support along with post-partum care.

Despite many health benefits of breastfeeding, Ireland's breastfeeding rates remain low. There are many factors at play here, from cultural norms and knowledge gaps to lack of practical support in the community. The HSE has developed some excellent policies on breastfeeding, but many have not been implemented in full. We also need more robust data on infant feeding, without which it is extremely challenging to assess progress.

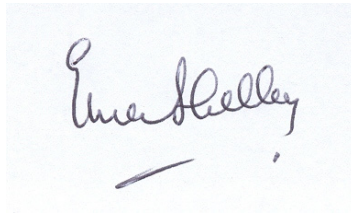
To increase breastfeeding rates, we must increase lactation support in hospital and the community. We need public health messages that promote health benefits of breastfeeding and provide realistic expectations about normal infant feeding behaviour. We need to ensure all health professionals have the appropriate knowledge and a consistent message to support breastfeeding and we commit to providing this education for doctors in our medical training programmes. We also affirm our commitment to not allow sponsorship or advertising of breastmilk substitutes at RCPI meetings and conferences.

There are many opportunities to increase breastfeeding rates here in Ireland, and many public health reasons to do so. We hope the recommendations of this paper serve to highlight these

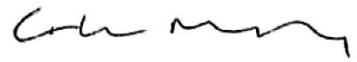
opportunities and help more people to enjoy the health benefits of breastfeeding, now and in the future.

A handwritten signature in black ink that reads "Louise Kyne". The signature is written in a cursive style with a horizontal line underneath the name.

Dr Louise Kyne,
Dean, Faculty of Paediatrics

A handwritten signature in black ink that reads "Emer Shelley". The signature is written in a cursive style with a horizontal line underneath the name.

Prof Emer Shelley,
*Dean, Faculty of Public
Health Medicine*

A handwritten signature in black ink that reads "Cliona Murphy". The signature is written in a cursive style with a horizontal line underneath the name.

Dr Cliona Murphy,
*Chair, Institute of
Obstetricians and
Gynaecologists*

Executive summary

Breastfeeding provides optimal nutrition for infants' growth and development with positive short and long-term health outcomes for mother and baby. The protection and support of breastfeeding is a public health initiative that has the potential to improve health on a nationwide scale.

Ireland consistently has the lowest rate of breastfeeding in Europe. The World Health Organisation (WHO) recommends that infants should be exclusively breastfed until six months of age and continue breastfeeding with the introduction of complementary foods until two years or beyond.¹ Breastfeeding initiation rates in Ireland have shown incremental improvements over the last 15 years,² but remain far below international targets. At discharge from hospital 60% of mothers have initiated breastfeeding³ and at three months of age 42% of babies are still receiving some breastmilk.⁴ By six months of age less than 6% of infants in Ireland are exclusively breastfed⁵ compared to a global average of 40%⁶ and a European average of 25%.⁷

National policies, medical education, hospital environments and community networks all contribute to normalising breastfeeding, but many barriers still exist. Skin to skin contact after birth is known to increase the likelihood of initiating and continuing to breastfeed,⁸ however this practice is not always facilitated. Some mothers report receiving conflicting information regarding breastfeeding, leading to uncertainty and undermining confidence. Access to publicly funded lactation consultants is limited and it can be difficult to access specialist support in a timely manner. Despite empirical benefits of breastfeeding, Ireland's substantial share in the global market of breastmilk substitutes represents a competing interest.

Medically, interventions such as supplementation with breastmilk substitutes should be avoided unless there is a clear clinical indication. If breastmilk substitutes are used because of medical indication or maternal preference, women should be encouraged to continue to breastfeed in any form where possible to allow exposure to integral non-nutritive components of breastmilk. In cases where infants and mothers cannot or choose not to breastfeed, families should be supported in establishing safe alternative methods of infant feeding, and in particular responsive infant feeding.

We call for greater support for breastfeeding families, education for the public and for healthcare professionals, improvements in hospital facilities to support breastfeeding and a greater commitment to monitoring and research on infant feeding.

Only **6%**

of infants in Ireland are exclusively
breastfed until six months of age
compared with the European average
of 25%.

Recommendations

The Faculty of Paediatrics, Faculty of Public Health Medicine and Institute of Obstetricians and Gynaecologists recommend the following actions in six areas to improve breastfeeding rates in Ireland.

1. Breastfeeding support in the community

- 1.1. Healthcare professionals should be familiar with breastfeeding supports locally
- 1.2. Adopt Sláintecare report recommendation to direct more public health nurse resources to child health and wellbeing services
- 1.3. Implementation of the National Healthy Childhood Programme via Child Health Development Officers within the community
- 1.4. HSE to increase publicly funded resources including International Board-Certified Lactation Consultants (IBCLCs) and community breastfeeding groups

2. Public health

- 2.1. Social marketing campaigns with positive outcomes of breastfeeding and continued breastfeeding after introduction of complementary foods
- 2.2. Infant feeding should be included in health education in schools from primary to secondary level
- 2.3. Extension of time and expressing/breastfeeding facilities in places of work for at least 1 year postpartum

3. Education for healthcare professionals

- 3.1. Medical students should have clinical exposure to breastfeeding and learn how to access practical support for breastfeeding
- 3.2. Inclusion of breastfeeding in Basic and Higher Specialist Training curriculums in Paediatrics and Obstetrics within Royal College of Physicians of Ireland
- 3.3. Continuing professional development for healthcare professionals in maternity hospitals, General Practitioners, Public Health Nurses and Health & Social Care Professionals to remain up to date with evidence-based recommendations
- 3.4. Approved resources for healthcare professionals regarding medications and breastfeeding

4. Protection from industry influence in accordance with the WHO Code regarding the marketing of breastmilk substitutes

- 4.1. No promotion of breastmilk substitutes to parents or healthcare staff within hospitals or community healthcare settings
- 4.2. No sponsorship or advertising of breastmilk substitutes at RCPI meetings and conferences
- 4.3. Awareness of the impact of marketing of breastmilk substitutes including 'follow-on' or 'toddler' milks

5. Hospital facilities

- 5.1. Facilities with an adequate supply of breast pumps and kits in general hospitals for mothers admitted as inpatients to express and store breastmilk
- 5.2. Implementation of revised Baby Friendly Initiative including rooming-in facilities for mothers and babies where possible
- 5.3. Establishment of a well-resourced donor milk service in the Republic of Ireland

6. Research and Policy

- 6.1. Government to adequately resource the implementation of the existing breastfeeding policies, starting with the National Breastfeeding Action Plan
- 6.2. A national system for collecting and analysing infant feeding data
- 6.3. Clinical champions in primary and secondary care to guide management of infant feeding issues and facilitate training of healthcare professionals, service development and clinical research
- 6.4. HSE to support research into specific barriers and facilitators to breastfeeding in Ireland with input from minority group representatives

Introduction

Breastfeeding provides the optimal nutrition for infants' growth and development with positive outcomes for both mother and baby. The World Health Organisation (WHO) recommends exclusive breastfeeding in the first 6 months of life with introduction of complementary foods at 6 months and continued breastfeeding until 2 years or beyond.¹

Ireland has the lowest rate of breastfeeding in Europe despite initiation rates improving by 10 % over the last decade.^{2, 3} At discharge from hospital, 60% of mothersⁱ report initiating some breastfeeding and 48.6% of mothers are breastfeeding exclusively.³ By three months of age 42% of infants are fed breastmilk with 31% breastfed exclusively.⁴ With age, these rates fall further it is estimated that less than 6% of infants in Ireland are exclusively breastfed at six months.⁵

Babies who are breastfed receive an individualised source of nutrition according to their changing needs based on gestational age, lactation period, and time of day.⁹⁻¹¹

Breastmilk contains bioactive components such as growth factors, immunoglobulins, cytokines, human milk oligosaccharides and antimicrobial compounds that influence an infant's microbiome and immune maturation.^{9, 12} These components of breastmilk are dynamic, unique and cannot be replicated by breastmilk substitutes. In cases where exclusive breastfeeding is not possible, there is still a significant advantage to be gained from continuing to breastfeed even in small amounts.

ⁱ Acknowledging not all people who choose to breastfeed or chest feed their babies identify as women. RCPI supports all parents and breast/chest feeding people

A drop of the good stuff

The composition of breast milk changes as the baby grows – here are just some of the ingredients that may be present

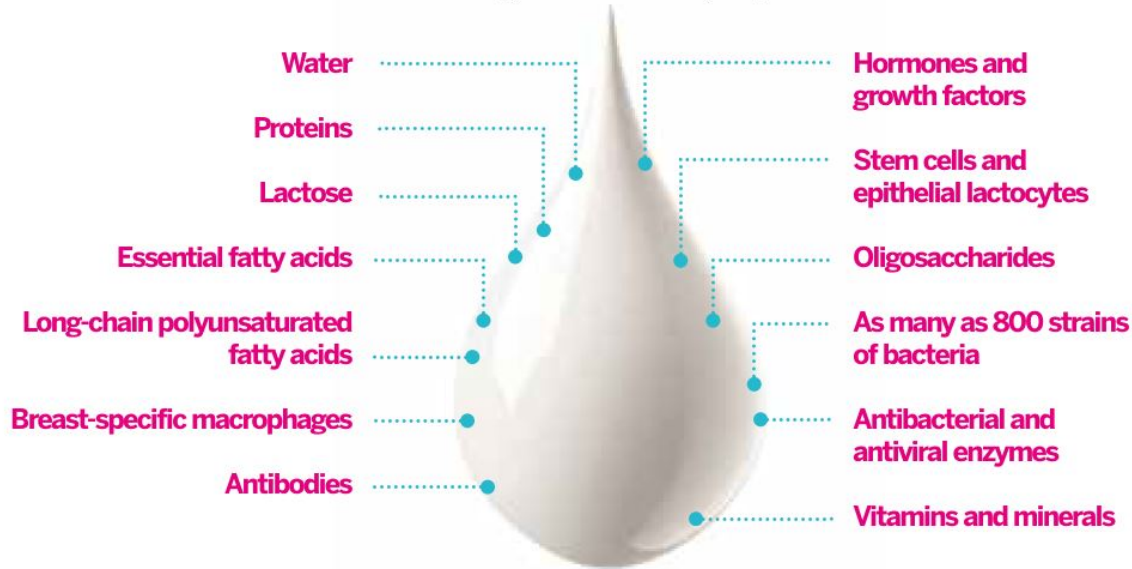


Figure 1: Breastmilk Composition¹³

Breastfed babies have a lower risk of sudden infant death syndrome, allergy, and acute infections including gastroenteritis, otitis media and respiratory infections.¹⁴ In later childhood, infants who were breastfed are at lower risk of obesity¹⁵ and have improved cognitive performance¹⁶. Mothers who breastfeed have reduced risks of breast cancer, ovarian cancer, and type 2 diabetes.¹⁴ Breastfeeding is also cost effective, non-resource-intensive and sustainable when compared to manufacturing and consuming breastmilk substitutes.¹⁷

In cases where infants or mothers cannot or choose not to breastfeed, families should be supported in establishing safe alternative methods of infant feeding, including infant cue based bottle-feeding and responsive infant feeding which have been shown to support normal intake and may reduce over feeding as infants learn satiety. ^{18, 19}

Breastfeeding in Ireland

Despite clear beneficial outcomes for both mother and baby, there remain significant barriers to establishing and continuing to breastfeed in Ireland.

There are complex reasons behind the low rate of breastfeeding nationally including cultural norms, educational gaps amongst the public and healthcare professionals, and limited implementation of policies designed to support breastfeeding. Beyond discharge from hospital, there is sparse national infant feeding data collected. Without detailed data regarding infant feeding, it is difficult to assess progress and affect meaningful change.

In the 1980s breastfeeding initiation rates across Ireland were as low as 32%²⁰ so familial inexperience with breastfeeding is common. Regardless of previous experience, support from family and community is influential. Irish studies have shown that women whose own mother or partner is supportive of breastfeeding are significantly more likely to initiate breastfeeding.^{21 27}

“I do think you need your husbands or partners support, if you don’t have their support on it, you won’t stick with it, because there are such tough times with the growth spurts and they happen so quickly and they go on for so long, I mean at 8 days I thought I’d never get out of the chair, and it was great that he was there, he could bring me water and sandwiches and food and take her to change a nappy and then bring her back again. Nothing can prepare you for that, no matter how much research you do, no doubt, you do need partner support.”
(Breastfeeding mother in a 2010 report).”²⁷

There is a socioeconomic divide in the Irish breastfeeding statistics. Mothers in lower socioeconomic groups, with less formal education and of younger age are less likely to breastfeed.²² It has been suggested that low income may contribute to lower rates of breastfeeding due to disparity in access to individualised lactation support,²² negative associations within community groups, disincentives to breastfeed by receiving free breastmilk substitutes, and the requirement to return to a workforce that does not support continued breastfeeding.²³

Some ethnic minority groups face specific difficulties in establishing breastfeeding. For example, mothers from the Irish Travelling community are discouraged from breastfeeding on the first day of life to prevent illness in the baby due to an inherited metabolic disease that occurs at a higher rate

within this population. A specific bloodspot test is performed on day 1 of life and breastfeeding can commence as soon as results indicate that it is safe to do so - often on day 2 or 3. This is an important and successful intervention that has reduced mortality and morbidity in affected babies; however, these infants are not afforded the benefits of receiving breastmilk in the first days of life. The breastfeeding rate amongst Traveller mothers is as low as 2%.²⁴ These additional barriers need to be acknowledged so efforts can be made to support breastfeeding in a safe and culturally appropriate manner.

Community and Cultural norms

Further qualitative research is needed to understand how personal and familial experience, community support, and social norms contribute to decisions regarding infant feeding.

In the Growing Up in Ireland national longitudinal study, mothers born outside of Ireland were more likely to breastfeed than those born in Ireland (83% versus 48%).²⁵ This effect degraded over time and the longer a mother was resident in Ireland, the more her likelihood to breastfeed reflected the baseline rate of the Irish population.²⁶ This convergence suggests that cultural factors may be contributing to lower breastfeeding rates in this country.

As recently as 2016, women reported that negative comments from family and friends and social stigma were challenges they had to overcome to continue breastfeeding.²⁷ Another Irish study highlighted that a lack of public facilities was a significant barrier to breastfeeding. Many reported feeling uncomfortable breastfeeding outside of designated areas and resorted to feeding in unsuitable areas like cars or toilets.²⁸ Public health and early education initiatives should aim to normalise breastfeeding wherever a child may be hungry and encourage the provision of designated areas for breastfeeding if mothers choose.

“There were many places for nappy changing, but breastfeeding facilities are not enough.” (Breastfeeding mother, 2020 report) ²⁸

Clearly there is scope to alter perception of breastfeeding in Ireland. One potential intervention is to incorporate breastfeeding as part of health education in schools. A randomised control trial assessing the impact of a school based breastfeeding education programme in Northern Ireland showed a statistically significant effect on students’ intention to breastfeed, positive attitudes towards breastfeeding, and knowledge about breastfeeding.²⁹ The Department of Health and Department of Education produced a breastfeeding Information Pack for use with Junior Certificate Students, however it is unclear how many schools have adopted this programme as no evaluation has taken place.

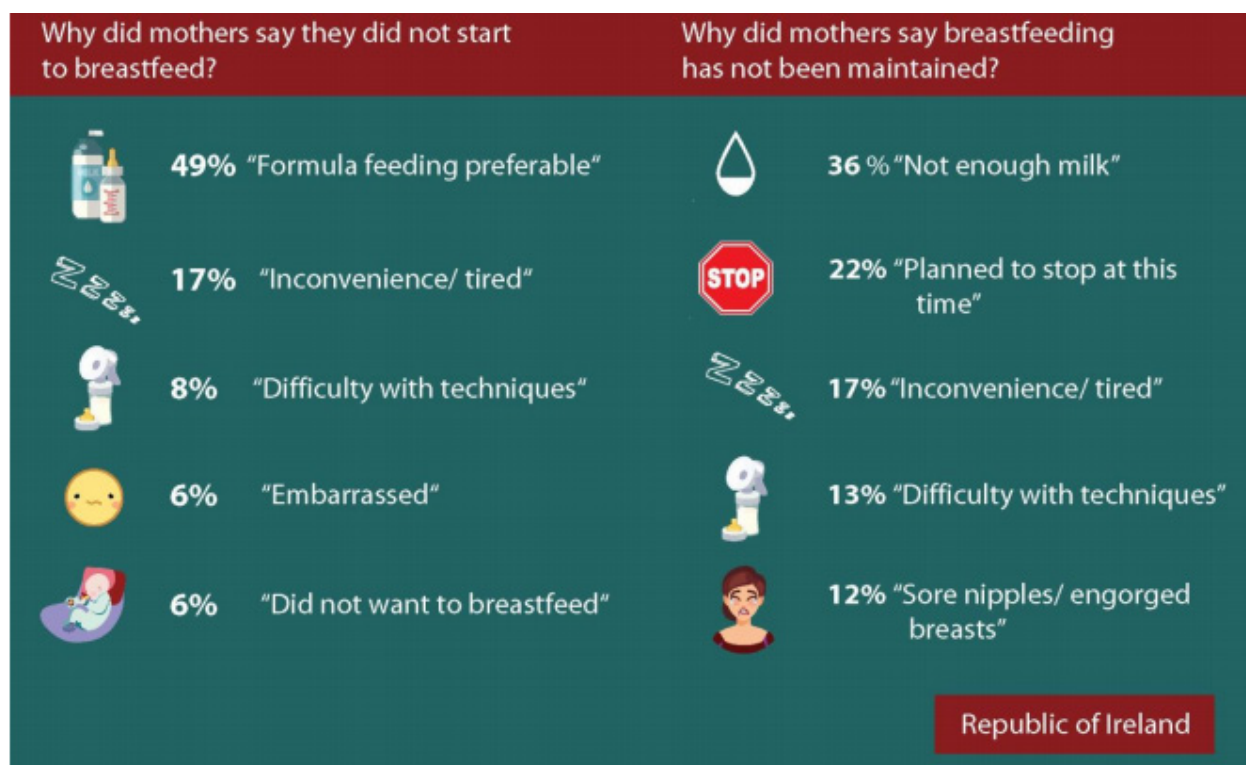


Figure 2: Reasons provided by mothers for not breastfeeding²

Education for healthcare professionals

To support breastfeeding, up to date and evidence-based information needs to be accessible. Healthcare professionals must provide consistent information for families with continuity between maternal health services in hospitals and the community.

Previous Irish studies describe parents' experiences of receiving contradictory information on breastfeeding from healthcare professionals (including doctors, midwives, nurses, and public health nurses).^{22, 27, 30} This may be due to a lack of confidence or formal teaching for healthcare professionals. In response, one of the designated goals in the HSE's Breastfeeding Action Plan is to ensure that healthcare professionals have appropriate education and skill set to support breastfeeding.³¹

The positive outcomes of breastfeeding are part of the National Paediatric Undergraduate Medicine Curriculum. There is ongoing development of educational resources that include evidence-based information and clinical exposure to breastfeeding. Among medical students surveyed, it is direct clinical exposure that significantly improves knowledge about breastfeeding.³²

Only **9.1%**

% of GPs in the Mid-West of Ireland reported
having formal breastfeeding training

Doctors working with families during pregnancy, birth and post-partum need to be aware of their clinical role in supporting breastfeeding including troubleshooting common issues and how to appropriately prescribe for and treat women who may be breastfeeding. To provide more comprehensive support in this area some doctors and many midwives and public health nurses

train as IBCLCs.ⁱⁱ These clinical champions at primary and secondary levels of care can guide management of infant feeding issues with clinics that facilitate training of healthcare professionals, service developments and clinical research.

Healthcare professionals from a range of specialties should also have the opportunity to engage in breastfeeding education during their postgraduate training. Only 9.1% of GPs in the Mid-West of Ireland reported having formal breastfeeding training either during undergraduate, GP training, or continuing medical education.³³ In the same cohort, having formal training led to higher rates of breastfeeding promotion and confidence in dealing with breastfeeding difficulties.³³ Of note, experiential learning is often preferred by those wishing to upskill and this could be facilitated by IBCLC trainers working within the framework of the HSE.

For mothers who require medications while breastfeeding, taking prescribed or non-prescribed medication may cause concern for them or their treating doctor, midwife, or nurse practitioner. Breastfeeding can usually safely continue with considered medication prescription and it is vital to have clearly approved resources based on best evidence to provide clarity for both parents and healthcare professionals. Some frequently referenced resources include: Hale's Medications and Mothers' Milk, Lactmed, and thebreastfeedingnetwork.co.uk.

ⁱⁱ *International Board-Certified Lactation Consultants (IBCLC)* are healthcare providers from a wide range of backgrounds who have studied lactation and breastfeeding and are certified specialists in this area. IBCLCs require re-certification every 5 years.

National policy

The vision of the National Breastfeeding Action Plan 2016 – 2021, is to achieve: A society where breastfeeding is the norm for individuals, families and communities in Ireland resulting in improved child and maternal health outcomes, where all women receive the support that they need them to enable them to breastfeed for longer.³¹

In 2016, the HSE released a 5-year plan, with a goal of increasing breastfeeding rates by 2% per year.³¹ The HSE Infant Feeding Policy for Maternity and Neonatal Services and Infant Feeding Policies for Primary Care Teams and Community Health Organisations, both published in 2019, outline the practical steps needed to meet this aim.ⁱⁱⁱ There is still a need however, for government to adequately resource the implementation of these policies.

Table 1: Aims of Breastfeeding in a Healthy Ireland³¹

(Breastfeeding in a Healthy Ireland Health Service Executive Action Plan 2016 – 2021)

Health Service Policies and Practices:

- To ensure that evidence-based practices are implemented within health services
- To provide quality breastfeeding support services at each point of contact with health workers and with services for expectant mothers and mothers of infants and young children
- To promote and support breastfeeding among all pregnant women and mothers with a focus on groups where rates of breastfeeding are low.
- To implement the International Code of Marketing of Breast milk Substitutes and subsequent WHA (World Health Assembly) Resolutions

iii

<https://www.hse.ie/file-library/infant-feeding-policy-for-maternity-neonatal-services-2019.pdf>

This policy, and its appendices, apply to all staff providing maternity and neonatal hospital services to pregnant women, infants, young children and their mothers and families, and to those providing these services on behalf of the maternity services.

<https://www.hse.ie/file-library/infant-feeding-policy-for-pcts-and-chos.pdf>

This policy and its appendices apply to all staff working directly and indirectly with pregnant women, mothers and their babies within the Community Health Organization.

Early skin to skin contact following delivery should be practiced in all maternity units nationally with the aim to initiate breastfeeding within the first hour of life. Skin to skin contact has been shown to promote physiologic stability in newborns and to improve breastfeeding rates.³⁴

When an infant is placed skin to skin with their parent, there is a positive impact on cardiorespiratory,^{8, 34, 35} blood glucose, and temperature stability³⁴ as well as the infant's microbiome.³⁵ Infants who receive skin to skin contact following delivery are more likely to initiate and maintain breastfeeding.^{34, 36, 37} Benefits in cardiovascular and temperature stability have also been demonstrated when skin to skin contact is done with the non-birthing partner.³⁸

Maternity leave in Ireland allows for 26 weeks (six months) of paid leave. Section 9 of the Maternity Protection (Amendment) Act 2004 ensures that women in employment who have given birth in the preceding 26 weeks and are breastfeeding are entitled to take a one hour break each day in order to breastfeed or express milk.³⁹ There is no requirement for employers to accommodate breastfeeding breaks or to provide lactation facilities beyond 26 weeks. It is challenging for mothers to achieve the recommended duration of breastfeeding while returning to work without explicit support from their employer. The National Breastfeeding Action Plan advocates for the extension of entitlement to breastfeeding/lactation breaks for mothers returning to work until their child is one year of age. The HSE has now extended breastfeeding/lactation breaks for employees for up to two years postpartum, effective from February 2021.⁴⁰

Table 2: The International Code of Marketing of Breast-Milk Substitutes, 1981⁴¹

This Code was developed by the WHO/UNICEF to address unethical advertising practices by large formula companies, that adversely affected breastfeeding rates globally. The aim is to limit the advertising and promotion of breastmilk substitutes (formula) in the best interest of infant nutrition. The WHO recommends that healthcare providers, hospitals, and medical facilities should not promote, advertise, or distribute breastmilk substitutes that may undermine attempts to encourage breastfeeding.

“To contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.” (Article 1 from the International Code)

Ireland has a substantial share in the global market for breast-milk substitutes⁴² however economic interests should not interfere with the implementation of the International Code of Marketing. The widespread marketing of 'follow on' or 'toddler' milks in particular can be misleading for parents. According to the WHO, these products are considered breastmilk substitutes⁴² and their continued marketing implies a need where there is none, at an additional cost to families.

Supports in place

In Ireland work is ongoing to implement the Baby Friendly Initiative in maternity hospitals. In the community, women can access breastfeeding groups led by Public Health Nurses, and online resources provided through the HSE website. Voluntary groups also provide support in the community. While these are welcome initiatives, a meaningful increase in breastfeeding rates has yet to be achieved.

The Baby Friendly Hospital initiative (BFHI) was launched globally by the WHO and UNICEF in 1991 to protect, promote and support breastfeeding within maternity hospitals.⁴³ Within this, the **10 steps to successful breastfeeding** provides a framework of evidence-based policies and practices that enable mothers to breastfeed by creating an environment that supports breastfeeding as the norm. Until 2017, 6 of the 19 maternity services within the country had met the criteria to be deemed a Baby Friendly Hospital. Currently, work is ongoing to implement a revised Baby Friendly Initiative in Ireland.

Table 3: The WHO/UNICEF 10 Steps to Successful Breastfeeding⁴³

Critical management procedures:

- 1a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
- 1b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices:

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Public Health Nurses play an integral role as they meet mothers and infants shortly after hospital discharge and can identify breastfeeding challenges, establish individualised care plans or refer to an IBCLC if necessary. As part of the National Healthy Childhood Programme, Child Health Development Officers have been appointed to lead service development and implementation of existing policies within Community Health Organisations. Additionally, the 2017 Sláintecare Report proposed that the Public Health Nurses be redirected towards child health as part of the current Nurture-Infant Health and Wellbeing programme and the National Healthy Childhood Programme.⁴⁴

"I think, if people had support, more support from the professionals and also from within their families, it would, it would probably make a lot of difference to people even, even starting, never mind carrying on...I think that people are very, very social creatures and I think they need support from other people. They need to be encouraged all the time that what they're doing is a good thing, that it's not weird." (Breastfeeding mother, 2010 report).²⁷

The HSE has introduced online breastfeeding resources via www.mychild.ie and <https://www2.hse.ie/babies-and-toddlers/breastfeeding/> that contain evidence-based information, trusted resources and groups that parents can attend in their local areas. There is an 'ask the expert' Live Chat function where parents can communicate with an International Board-Certified Lactation Consultant. Families can also avail of support from voluntary groups in the community, however publicly accessible specialised support such as IBCLCs and tongue-tie assessment can be difficult to access in a timely manner. Wider use of technologies such as virtual clinics and video consultations could facilitate access for more mothers and infants.

In instances where mother's own milk is not available, very preterm infants are given quality-controlled donor milk (instead of breastmilk substitutes) for prevention of serious illness such as necrotising enterocolitis.⁴⁵ The Western Trust Milk Bank in Northern Ireland supplies donor milk to neonatal units on the island of Ireland. Currently there is no such facility in the Republic of Ireland and in the context of Brexit, there is a potential risk to donor milk supply.

RCPI and Breastfeeding

The Royal College of Physicians of Ireland supports breastfeeding and is working towards normalising breastfeeding in Ireland including within its own membership.

Industry sponsorship

RCPI is committed to hosting all meetings, conferences, and study days free from sponsorship from breastmilk substitutes in accordance with the WHO Code of Marketing of Breastmilk Substitutes.

Contribution to breastfeeding education

RCPI is committed to including breastfeeding as part of paediatric and obstetric Basic and Higher Specialist Training (BST and HST). Paediatricians and Obstetricians in particular have an influential role in supporting the initiation and continuation of breastfeeding during their frequent encounters with infants and their families in the perinatal period. All physicians working with women and children should be aware of current recommendations for breastfeeding, common issues that may be encountered and how to appropriately prescribe for and treat women who may be breastfeeding. For mothers and infants that require additional breastfeeding support, physicians should be familiar with pathways for referring families to IBCLCs in their hospital or area.

Facilitating breastfeeding

RCPI strives for a breastfeeding friendly environment and has recently engaged with the Trainee Health and Wellbeing Committee to set up baby changing facilities on site. RCPI is also committed to providing a suitable lactation facility for mothers to breastfeed or express milk during study days, conferences, and meetings and is considering other ways in which it can support parents by making training more accessible particularly during parental leave.

Recommendations

The Faculty of Paediatrics, Faculty of Public Health Medicine and Institute of Obstetricians and Gynaecologists recommend the following actions in six areas to improve breastfeeding rates in Ireland.

1. Breastfeeding support in the community

- 1.1. Healthcare professionals should be familiar with breastfeeding supports locally
- 1.2. Adopt Sláintecare report recommendation to direct more public health nurse resources to child health and wellbeing services
- 1.3. Implementation of the National Healthy Childhood Programme via Child Health Development Officers within the community
- 1.4. HSE to increase publicly funded resources including International Board-Certified Lactation Consultants (IBCLCs^{iv}) and community breastfeeding groups

2. Public health

- 2.1. Social marketing campaigns with positive outcomes of breastfeeding and continued breastfeeding after introduction of complementary foods
- 2.2. Infant feeding should be included in health education in schools from primary to secondary level
- 2.3. Extension of time and expressing/breastfeeding facilities in places of work for at least 1 year postpartum

3. Education for healthcare professionals

- 3.1. Medical students should have clinical exposure to breastfeeding and learn how to access practical support for breastfeeding

^{iv} *International Board-Certified Lactation Consultants (IBCLC)* are healthcare providers from a wide range of backgrounds who have studied lactation and breastfeeding and are certified specialists in this area. IBCLCs require re-certification every 5 years.

- 3.2. Inclusion of breastfeeding in Basic and Higher Specialist Training curriculums in Paediatrics and Obstetrics within Royal College of Physicians of Ireland
- 3.3. Continuing professional development for healthcare professionals in maternity hospitals, General Practitioners, Public Health Nurses and Health & Social Care Professionals to remain up to date with evidence-based recommendations
- 3.4. Approved resources for healthcare professionals regarding medications and breastfeeding

4. Protection from industry influence in accordance with the WHO Code regarding the marketing of breastmilk substitutes

- 4.1. No promotion of breastmilk substitutes to parents or healthcare staff within hospitals or community healthcare settings
- 4.2. No sponsorship or advertising of breastmilk substitutes at RCPI meetings and conferences
- 4.3. Awareness of the impact of marketing of breastmilk substitutes including 'follow-on' or 'toddler' milks

5. Hospital facilities

- 5.1. Facilities with an adequate supply of breast pumps and kits in general hospitals for mothers admitted as inpatients to express and store breastmilk
- 5.2. Implementation of revised Baby Friendly Initiative including rooming-in facilities for mothers and babies where possible
- 5.3. Establishment of a well-resourced donor milk service in the Republic of Ireland

6. Research and Policy

- 6.1. Government to adequately resource the implementation of the existing breastfeeding policies, starting with the National Breastfeeding Action Plan
- 6.2. A national system for collecting and analysing infant feeding data
- 6.3. Clinical champions in primary and secondary care to guide management of infant feeding issues and facilitate training of healthcare professionals, service development and clinical research
- 6.4. HSE to support research into specific barriers and facilitators to breastfeeding in Ireland with input from minority group representatives

References

1. Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition Geneva: World Health Organization; 2013.
2. Purdy J MH, Cotter N. Breastfeeding on the island of Ireland. Dublin: Institute of Public Health in Ireland; 2017.
3. Perinatal statistics report 2017. Dublin: Healthcare Pricing Office; 2020.
4. Management data report: June 2020. Health Service Executive, Unit PaBI; 2020.
5. Layte R, McCrory C. Growing up in Ireland: Maternal health behaviours and child growth in infancy. Economic and Social Research Institute (ESRI) Research Series. 2015.
6. Global breastfeeding scorecard, 2017. Tracking progress for breastfeeding policies and programmes. World Health Organization & UNICEF; 2017.
7. WHO european region has lowest global breastfeeding rates [press release]. World Health Organization, 2015.
8. Moore ER, Bergman N, Anderson GC, Medley N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews. 2016(11).
9. Ballard O, Morrow AL. Human milk composition: nutrients and bioactive factors. *Pediatr Clin North Am.* 2013;60(1):49-74.
10. Bauer J, Gerss J. Longitudinal analysis of macronutrients and minerals in human milk produced by mothers of preterm infants. *Clin Nutr.* 2011;30(2):215-20.
11. Paulaviciene IJ, Liubsys A, Molyte A, Eidukaite A, Usonis V. Circadian changes in the composition of human milk macronutrients depending on pregnancy duration: a cross-sectional study. *International Breastfeeding Journal.* 2020;15(1):49.
12. Gila-Diaz A, Arribas SM, Algara A, Martín-Cabrejas MA, López de Pablo ÁL, Sáenz de Pipaón M, et al. A Review of Bioactive Factors in Human Breastmilk: A Focus on Prematurity. *Nutrients.* 2019;11(6):1307.
13. Shenker, N. "The mysteries of milk". *The Biologist* Vol 64 No 3 (2017)
14. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet.* 2016;387(10017):475-90.
15. Horta BL, Loret de Mola C, Victora CG. Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and meta-analysis. *Acta Paediatr.* 2015;104(467):30-7.

16. Kramer MS, Aboud F, Mironova E, Vanilovich I, Platt RW, Matush L, et al. Breastfeeding and child cognitive development: new evidence from a large randomized trial. *Arch Gen Psychiatry*. 2008;65(5):578-84.
17. Joffe N, Webster F, Shenker N. Support for breastfeeding is an environmental imperative. *BMJ*. 2019;367:l5646.
18. Ventura AK, Hernandez A. Effects of opaque, weighted bottles on maternal sensitivity and infant intake. *Matern Child Nutr*. 2019;15(2):e12737.
19. Kotowski J, Fowler C, Hourigan C, Orr F. Bottle-feeding an infant feeding modality: An integrative literature review. *Maternal & Child Nutrition*. 2020;16(2):e12939.
20. McSweeney M, Kevany J. A national survey of infant feeding practices in Ireland 1981: a preliminary report. *Ir Med J*. 1982;75(12):452-5.
21. Tarrant RC, Younger KM, Sheridan-Pereira M, White MJ, Kearney JM. The prevalence and determinants of breast-feeding initiation and duration in a sample of women in Ireland. *Public Health Nutr*. 2010;13(6):760-70.
22. McGorrian C, Shortt E, Doyle O, Kilroe J, Kelleher C. 'Breastfeeding is natural, but it's not the norm in Ireland': An assessment of the barriers to breastfeeding and the service needs of families and communities in Ireland with low breastfeeding rates. University College Dublin, Science SoPHaP; 2010.
23. Jones KM, Power ML, Queenan JT, Schulkin J. Racial and ethnic disparities in breastfeeding. *Breastfeed Med*. 2015;10(4):186-96.
24. Hamid N DL, Fitzpatrick P. Technical report 2D: The birth cohort follow up. University College Dublin 2011.
25. Williams J GS, McNally S, Murray A, Quail A. Growing up in Ireland national longitudinal study of children. The infants and their families infant cohort. Economic and Social Research Institute Research Series & Trinity College Dublin; 2010.
26. Nolan A, Layte R. The 'healthy immigrant effect': breastfeeding behaviour in Ireland. *Eur J Public Health*. 2015;25(4):626-31.
27. Desmond D, Meaney S. A qualitative study investigating the barriers to returning to work for breastfeeding mothers in Ireland. *International Breastfeeding Journal*. 2016;11(1):16.
28. Zhou Q, Chen H, Younger KM, Cassidy TM, Kearney JM. "I was determined to breastfeed, and I always found a solution": successful experiences of exclusive breastfeeding among Chinese mothers in Ireland. *International Breastfeeding Journal*. 2020;15(1):47.
29. Giles M, McClenahan C, Armour C, Millar S, Rae G, Mallett J, et al. Evaluation of a theory of planned behaviour-based breastfeeding intervention in Northern Irish schools using a randomized cluster design. *Br J Health Psychol*. 2014;19(1):16-35.

30. Hauck YL, Kuliukas L, Gallagher L, Brady V, Dykes C, Rubertsson C. Helpful and challenging aspects of breastfeeding in public for women living in Australia, Ireland and Sweden: a cross-sectional study. *International Breastfeeding Journal*. 2020;15(1):38.
31. Breastfeeding in a healthy Ireland health service breastfeeding action plan 2016– 2021. Health Service Executive; 2017.
32. Card C, Choynowski M, Manhas J, McCrave E, S B. Infant nutrition and the attitudes, knowledge and beliefs of medical students attending National University of Ireland, Galway. 2016.
33. Finneran B, Murphy K. Breast is best for GPs--or is it? Breastfeeding attitudes and practice of general practitioners in the Mid-West of Ireland. *Ir Med J*. 2004;97(9):268-70.
34. Chi Luong K, Long Nguyen T, Huynh Thi DH, Carrara HP, Bergman NJ. Newly born low birthweight infants stabilise better in skin-to-skin contact than when separated from their mothers: a randomised controlled trial. *Acta Paediatr*. 2016;105(4):381-90.
35. Hendricks-Muñoz KD, Xu J, Parikh HI, Xu P, Fettweis JM, Kim Y, et al. Skin-to-Skin Care and the Development of the Preterm Infant Oral Microbiome. *Am J Perinatol*. 2015;32(13):1205-16.
36. Lau Y, Tha PH, Ho-Lim SST, Wong LY, Lim PI, Citra Nurfarah BZM, et al. An analysis of the effects of intrapartum factors, neonatal characteristics, and skin-to-skin contact on early breastfeeding initiation. *Matern Child Nutr*. 2018;14(1).
37. Sanchez-Espino LF, Zuniga-Villanueva G, Ramirez-GarciaLuna JL. An educational intervention to implement skin-to-skin contact and early breastfeeding in a rural hospital in Mexico. *International Breastfeeding Journal*. 2019;14(1):8.
38. Huang X, Chen L, Zhang L. Effects of Paternal Skin-to-Skin Contact in Newborns and Fathers After Cesarean Delivery. *J Perinat Neonatal Nurs*. 2019;33(1):68-73.
39. Maternity protection (amendment) act 2004, Stat. No. 28 (2004).
40. Executive HS. Breastfeeding policy for staff working in the public health service. 2020.
41. World Health O. International Code of Marketing of Breast-Milk Substitutes. Geneva: World Health Organization; 1981.
42. Ireland's Trade in Goods 2017 [press release]. Ireland2018.
43. Baby-friendly hospital initiative: revised, updated and expanded for integrated care. Geneva: World Health Organization and UNICEF; 2009.
44. Committee on the future of healthcare Sláintecare report. In: Oireachtas Hot, editor. 2017.
45. Schanler RJ, Shulman RJ, Lau C. Feeding strategies for premature infants: beneficial outcomes of feeding fortified human milk versus preterm formula. *Pediatrics*. 1999;103(6 Pt 1):1150-7.

www.rcpi.ie

