

Breastfeeding in Ireland

A five-year strategic action plan

National Committee on Breastfeeding

Department of Health and Children
October 2005



**DEPARTMENT
OF HEALTH & CHILDREN**
AN ROINN SLÁINTE
AGUS LEANAÍ



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for
The Department of Health and Children
in association with
The National Committee on Breastfeeding

ISBN 0-9544914-4-0

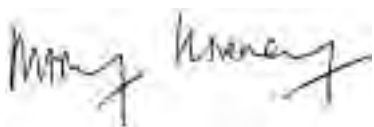
Foreword

As Minister for Health and Children I am delighted to introduce the publication of *Breastfeeding in Ireland: A Five Year Strategic Action Plan*.

The protection, promotion and support of breastfeeding has been identified in many national policy documents as a major public health issue. Breastfeeding offers mothers and babies significant health advantages both in the short term and throughout their lives. From a health policy point of view, it is generally agreed that the better health afforded by breastfeeding can result in major savings in the provision of health care. Studies have also shown that breastfeeding has a positive effect on the wider economy with fewer days being lost by employed parents of breastfed babies to illness.

Although progress is being made in promoting and supporting this health enhancing, environmentally friendly and low-cost feeding option, breastfeeding rates in Ireland continue to be among the lowest in Europe. This Strategic Action Plan has been developed by a Ministerial appointed, multi-disciplinary National Committee on Breastfeeding, in consultation with relevant stakeholders, to further promote breastfeeding among all sectors of the population and particularly among those currently least likely to breastfeed. Its goal is the achievement of optimum health and well-being for children, their mothers, families and communities.

This Strategic Action Plan represents a significant step forward in the development of a breastfeeding supportive culture in Ireland and I would like to take this opportunity to thank the members of the National Committee for their work on producing such a valuable document. The time-framed targets and actions highlighted provide the lead agencies with a clear template for implementation that has the potential to greatly improve breastfeeding rates in Ireland.



Mary Harney T.D.

Tánaiste and Minister for Health and Children



Table of Contents

■ Executive Summary	1
■ List of Abbreviations	6
■ Mission Statement.....	7
■ Introduction.....	8
■ The Importance of Breastfeeding.....	9
■ The Rationale for the Action Plan	12
■ The Development of the Action Plan.....	17
■ Targets.....	28
■ Timeframe for Implementation.....	29
■ The Strategic Action Plan	30
■ References	48
■ Appendix 1 – Membership of the National Committee on Breastfeeding	
■ Appendix 2 – Terms of Reference of the National Committee	
■ Appendix 3 – Overview of the Consultation Process	



Executive Summary

Executive Summary

The Benefits of Breastfeeding

A vast scientific literature demonstrates the substantial health, social and economic benefits of breastfeeding, including lower infant and young child morbidity and mortality from diarrhoea and other infectious illnesses as well as from chronic conditions like diabetes, asthma, eczema, obesity and heart disease. The protective effects of breastfeeding have been shown to be most significant with six months of exclusive breastfeeding and with the continuation of breastfeeding after six months, in combination with nutritious complementary foods (solids). Most studies found that the positive effects of breastfeeding are dose-related, with improved nutritional and health outcomes associated with longer breastfeeding duration and lasting for many years after breastfeeding has ceased.

A higher rate and duration of breastfeeding is associated with reduced health care and other costs for the family, the health care system, and society in general. It is also linked with a reduction in environmental costs as breastfeeding does not incur packaging or transport costs, or produce wasteful by-products created by both the production and use of artificial feeding. As a consequence, the Department of Health and Children and the World Health Organisation recommend exclusive breastfeeding of infants for the first 6 months, after which mothers are recommended to continue breastfeeding, in combination with suitably nutritious and safe complementary foods – semi-solid and solid foods – until children are 2 years of age or beyond.

Context

The first National Breastfeeding Policy for Ireland (DOH, 1994) detailed a series of recommendations and targets aimed at improving breastfeeding rates in Ireland. The recommendations in the 1994 Policy largely endorsed and advocated national implementation of many of the evidence-based international breastfeeding initiatives emanating from the World Health Organisation and UNICEF. These included the International Code on the Marketing of Breastfeeding Substitutes (WHO, 1981), the Innocenti Declaration (WHO/UNICEF, 1990) and the Baby Friendly Hospital Initiative (WHO/UNICEF, 1989).

In 1998, against the backdrop of the Innocenti Declaration and the recommendations of the 1994 Breastfeeding Policy, Ireland put in place the structures necessary to give effect to the Baby Friendly Hospital Initiative, appointed a national breastfeeding coordinator in 2001 under the auspices of the Irish Network of Health Promoting Hospitals and established a National Committee on Breastfeeding in 2002. The Interim Report of the National Committee on Breastfeeding (DOHC, 2003) acknowledges that the climate for breastfeeding promotion, protection and support in Ireland improved due to the impact of the 1994 Policy (DOHC, 2003). This arose as an outcome of the application of the recommended best evidence-based breastfeeding practices within the statutory health services and greater cooperation between this sector and the services of voluntary support groups such as La Leche League of Ireland and Cuidiú-Irish Childbirth Trust.

Executive Summary

At the 55th World Health Assembly in May 2002 the Global Strategy on Infant and Young Child Feeding was adopted. This Global Strategy strongly reaffirms commitments to the implementation of the Innocenti Declaration, including the International Code, and the Baby Friendly Hospital Initiative (BFHI). The Global Strategy and the “Protection, Promotion and Support of Breastfeeding in Europe: a Blueprint for Action” (EC Directorate Public Health and Risk Assessment, Luxembourg, 2004) provide an evidence based guide for much of the content of the Strategic Action Plan.

Breastfeeding in Ireland: a five-year Strategic Action Plan

The Ottawa Charter (WHO, 1986) guides the development of health promotion practice and policy at international, national and local level. The Charter provides a template for health promoting activities and the principles underlying them. It outlines the key components of promoting health; defined as the process of enabling people to increase control over, and improve their health. The five interrelated action areas are:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

The Strategic Action Plan draws on these five action areas of health promotion (WHO, 1986) such that each overarching goal reflects one of the key areas for action. The goals of this Action Plan are not hierarchical in nature, but interactive. Each of the multiple components act to reinforce the others and therefore action is required on all five fronts.

The goals, objectives and actions in this Action Plan have been developed by the National Committee on Breastfeeding and are based on public consultation, best practice documentation and the emerging evidence base for breastfeeding promotion, protection and support (EU Project, 2004b; Fairbank *et al.*, 2000). They have also been developed in consideration of cost implications and feasibility (WHO/UNICEF, 2002).

Executive Summary

Goals	Objectives
<p>All families have the knowledge, skills and support to make and carry out informed infant feeding decisions, particularly those least likely to breastfeed.</p>	<ul style="list-style-type: none"> • The individual and family needs for breastfeeding information, support and protection are identified and addressed. • The needs of partners, grandparents and the extended families of expectant and newly breastfeeding mothers are identified and addressed. • New mothers are empowered and enabled to breastfeed for as long as they wish.
<p>The health sector takes responsibility for developing and implementing evidence based breastfeeding policies and best practice.</p>	<ul style="list-style-type: none"> • Evidence based policies and best practice related to breastfeeding are identified and disseminated throughout the health care system. • Health care workers have the knowledge and skills necessary to protect, promote and support breastfeeding. • Relevant health care facilities and organisations support and implement the WHO/UNICEF/HPH Baby Friendly Initiative.
<p>Communities support and promote breastfeeding in order to make it the normal and preferred choice for families in Ireland.</p>	<ul style="list-style-type: none"> • Support for breastfeeding is fostered in family, friendship and community networks. • The specific needs of communities or groups with lower than average breastfeeding rates are assessed and addressed.
<p>Legislation and public policies promote, support and protect breastfeeding.</p>	<ul style="list-style-type: none"> • A National Implementation Monitoring Committee is overseeing, monitoring and evaluating progress towards the achievement of the Strategic Action Plan. • The collection of standardised, comprehensive and timely infant feeding data forms part of national and regional health information policies and practices. • The protection of breastfeeding from the marketing pressure of manufacturers and distributors of breast milk substitutes (and allied products) is enhanced. • Existing policies and practices that discriminate against breastfeeding are discontinued. • Maternity protection legislation and policies pertaining to breastfeeding are strengthened. • Irish government overseas aid programmes support, protect and promote breastfeeding. • National policies, strategic action plans and local implementation plans relating to breastfeeding are disseminated to relevant stakeholders.

Executive Summary

Goals	Objectives
Irish society recognises and facilitates breastfeeding as the optimal method of feeding infants and young children.	<ul style="list-style-type: none">• Employers support and protect breastfeeding among their employees.• Positive images of breastfeeding are universally promoted, especially in mass media portrayals.• Breastfeeding information and promotion is incorporated into the Irish education system.

The National Committee has also identified a number of overriding targets with the dual purpose of driving forward the goals and objectives of the Action Plan as well as measuring its overall effectiveness. These targets relate to reliable, timely and accurate data generation estimating breastfeeding initiation, exclusivity and duration rates, the achievement of *Baby Friendly* designation and the appointment of regional breastfeeding co-ordinators.

Target 1: Data Collection

The development of a comprehensive, accurate and timely infant feeding data collection system is a key target for the Strategic Action Plan. This is to be developed in co-operation with the Programme of Action for Children, and form part of an overall child health information system by the end of 2006.

Target 2: Breastfeeding Rates

Breastfeeding Initiation

The national breastfeeding initiation rate should increase by at least 2% per year and by 4% per year for socio-economic groups 5 and 6. This target is to apply nationally as well as at individual maternity hospital/unit level.

Breastfeeding Duration

The national breastfeeding duration rate to increase by at least 2% per year and by 4% per year for socio-economic groups 5 and 6. This target is to be measured at 3 to 4 months of age, at 6 months of age, and at one year, and is to apply nationally and at HSE Local Health Office level.

Executive Summary

Target 3: Baby Friendly Hospital Initiative

At least 50% of hospital births to take place in nationally designated *Baby Friendly* hospitals, with 100% participation in the *Baby Friendly* Hospital Initiative within the 5 year timeframe of the Strategic Action Plan.

Target 4: Regional Breastfeeding Co-ordinators

Ten breastfeeding co-ordinators, with a defined regional responsibility, to be in post by October 2006.



List of Abbreviations

BFHI	Baby Friendly Hospital Initiative
CEDAW	UN Convention on the Elimination of all forms of Discrimination against Women
DCI	Development Cooperation Ireland, Department of Foreign Affairs
DES	Department of Education and Science
DETE	Department of Enterprise, Trade and Employment
DJELR	Department of Justice, Equality and Law Reform
DOH	Department of Health (until July 1997)
DOHC	Department of Health and Children (replaced Department of Health, July 1997)
EC	European Communities
EU	European Union
FAO	Food and Agriculture Organisation
FSAI	Food Safety Authority of Ireland
HPA	The Health Promotion Agency for Northern Ireland
HPH	Health Promoting Hospitals
HSE	Health Service Executive
IBCLC	International Board Certified Lactation Consultants
IBFAN	International Baby Food Action Network
ICT	Irish Childbirth Trust
ILO	International Labour Organisation
INFACT	Infant Feeding Action Coalition
INTERNATIONAL CODE	WHO International Code of Marketing of Breastmilk Substitutes
LLL	La Leche League of Ireland
NGO	Non-Governmental Organisation
PHN	Public Health Nurse
RPCS	Respondent to Public Call for Submissions
SPHE	Social Personal and Health Education
UNICEF	United Nations International Children's Fund
WHA	World Health Assembly
WHC	Women's Health Council
WHO	World Health Organisation
WHO/EURO	World Health Organisation Regional Office for Europe

Mission Statement

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



Introduction

Breastfeeding has a major role to play in optimising public health. It promotes health and prevents disease in the short and long-term for babies and their mothers. Interventions to promote, protect and support breastfeeding can, therefore, have a significant impact on establishing the foundation for a lifetime of optimal health for the child, as well as having major health benefits for the mother that result in substantial reductions in health spending and in benefit to the environment. International breastfeeding initiatives and strategies have been incorporated by government into national health and social policies. Despite this, the Department of Health and Children recommendation of exclusive breastfeeding in the first six months and continued breastfeeding into the second year of life and beyond, remains uncommon in Ireland.

The first national breastfeeding policy (DOH, 1994) led to numerous developments in breastfeeding protection, promotion and support within Ireland (DOHC, 2003). Taking cognisance of these developments and the continued slow progress toward increasing Irish breastfeeding rates, the Minister for Health and Children appointed the National Committee on Breastfeeding in 2002. Under its terms of reference the Committee undertook to review the 1994 National Breastfeeding Policy and to produce a new five-year strategic action plan for breastfeeding in Ireland. The Review was published in the Committee's Interim Report (DOHC, 2003) and was informed by public and stakeholder consultation, paving the way for the development of this strategic action plan. Based on international research and current best practice, the overarching public health goal for the entire strategic action plan is the achievement of optimum health and well-being for children, their mothers, families and communities.

This strategic action plan adopts the structure of the Ottawa Charter (WHO, 1986), and its five action areas have informed the development of goals and objectives. In developing the strategic action plan particular attention has been paid to the available research evidence for the effectiveness of interventions to promote clinical excellence and increase the initiation and duration rates of breastfeeding, while also taking account of feasibility within the Irish context. Highlighted also are a number of targets, identified by the Committee and supported by the consultation process which, it is hoped, will further drive and sustain the re-emergence of a breastfeeding culture in Ireland.

evidence

The Importance of Breastfeeding

Human milk is a complex living changing fluid that ensures optimum growth and development for infants and young children. It is the ideal and complete form of nutrition with many anti-infective and anti-inflammatory properties, including immunoglobulins, white cells and anti-viral fragments. Breastfeeding also confers passive immunity as antibodies contained in breast milk pass on some of the mother's immunity, thereby helping to protect her infant from infection.

A vast scientific literature demonstrates the substantial health, social and economic importance of breastfeeding, including lower infant and young child morbidity and mortality from diarrhoea and other infectious diseases (Cunningham *et al.*, 1991). Increasingly this research demonstrates a dose response relationship (Cunningham, 1995; Pettitt *et al.*, 1997; Shu *et al.*, 1999; Oddy *et al.*, 1999; von Kries *et al.*, 1999), strongly indicating that health and nutritional advantages can be maximised by:

- Exclusively breastfeeding in the first 6 months (Kramer & Kakuma, 2001)
- Extending the duration of breastfeeding into the second year and beyond (Mortensen *et al.*, 2002)

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

Importance for Children

Breastfeeding assists with the development of the infant immune system. Most studies show that the positive effects of breastfeeding are dose-related, with improved outcomes associated with longer breastfeeding duration and lasting for many years after breastfeeding has stopped. (American Academy of Pediatrics, 2005, 1997).

Breastfed children show better outcomes in:

- **Cognitive development** (Anderson *et al.*, 1999; Jacobson *et al.*, 1999; Jensen, 1999; Richards *et al.*, 1998; Hamosh & Salem, 1998; Jorgensen *et al.*, 1996; Rogan & Gladen, 1993; Lucas *et al.*, 1992)
- **Visual acuity & cognitive function** (Mortensen *et al.*, 2002; Anderson *et al.*, 1999; Richards *et al.*, 1998; Hamosh & Salem, 1998; Horwood & Fergusson, 1998; Jorgensen *et al.*, 1996; Lucas *et al.*, 1992)
- **Oral development** (Palmer, 2000; Palmer 1999; Palmer, 1998)
- **Neurological development** (Bouwstra *et al.*, 2003; Lanting *et al.*, 1998; Lanting *et al.*, 1994)



Children who are not breastfed have a higher incidence and severity of:

- **Diarrhoea** (Beaudry *et al.*, 1995; Dewey *et al.*, 1995, Howie, *et al.*, 1990; Popkin *et al.*, 1990)
- **Respiratory tract infections** (Oddy *et al.*, 2003; Galton Bachrach *et al.*, 2003; Raisler *et al.*, 1999; Oddy *et al.*, 1999; Cushing *et al.*, 1998; Scariati *et al.*, 1997; Beaudry *et al.*, 1995; Howie *et al.*, 1990)
- **Invasive bacterial infection** (Goldman, 1993)
- **Ear infections** (Duncan *et al.*, 1993; Aniansson *et al.*, 1994)
- **Otitis media** (Dewey *et al.*, 1995; Aniansson *et al.*, 1994; Paradise *et al.*, 1994; Duncan *et al.*, 1993, Owen *et al.*, 1993)
- **Pneumonia** (Levine *et al.*, 1999; Gessner *et al.*, 1995)
- **Urinary tract infection** (Marild *et al.*, 2004; Pisacane *et al.*, 1992)
- **Metabolic diseases** (Pettitt *et al.*, 1997; Cunningham, 1995)
- **Necrotizing enterocolitis** (Gorman *et al.*, 1996; Covert *et al.*, 1995; Kurscheid & Holschneider, 1993; Lucas & Cole, 1990)
- **Childhood Leukemia** (Kwan *et al.*, 2004)
- **Chronic digestive and respiratory diseases** (Oddy *et al.*, 1999; Cunningham, 1995)
- **Type 1 & Type 2 diabetes** (Sadauskaite-Kuehne *et al.*, 2004; Hammond-McKibben & Dosch, 1997; Pettitt *et al.*, 1997; Norris & Scott, 1996; Perez-Bravo *et al.*, 1996; Cunningham, 1995; Gerstein, 1994)
- **Crohn's disease** (Klement *et al.*, 2004; Cunningham, 1995; Rigas *et al.*, 1993)
- **Coeliac disease** (Greco *et al.*, 1997; Falth-Magnusson *et al.*, 1996)
- **Obesity** (Grummer-Strawn & Mei, 2004; Armstrong *et al.*, 2002; Toschke *et al.*, 2002; Oken & Lightdale, 2000; Ravelli *et al.*, 2000; Wilson *et al.*, 1998; Meier *et al.*, 1998; Dewey, 1998; Elliott *et al.*, 1997; von Kries *et al.*, 1999; Strbak *et al.*, 1991)
- **Inflammatory bowel disease** (Klement *et al.*, 2004)
- **Childhood cancer** (Shu *et al.*, 1999; Smulevich *et al.*, 1999; Davis, 1998)
- **Allergic disease/asthma** (Oddy *et al.*, 1999; Wright *et al.*, 1995; Saarinen & Kajosaari, 1995; Saarinen & Kajosaari, 1995; Burr *et al.*, 1993; Halcken *et al.*, 1992; Lucas *et al.*, 1990)
- **Cardiovascular disease** (Owen *et al.*, 2002).

Importance for Mothers

Mothers who breastfeed show:

- **Earlier return to pre-pregnancy weight** (Dewey *et al.*, 1993)
- **Increased self-confidence and enhanced bonding with their infants** (Kuzela *et al.*, 1990; Widstrom *et al.*, 1990).
- **Delayed resumption of fertility for most women, thereby assisting in family planning** (McNeilly, 1993; Kennedy & Visness, 1992; Labbock & Colie, 1992; Gray *et al.*, 1990)

evidence

Mothers who do not breastfeed are at greater risk of:

- **Postpartum bleeding** (Anderson *et al.*, 1999; Heinig & Dewey, 1997; Chua *et al.*, 1994; Institute of Medicine, 1991)
- **Pre and postmenopausal breast cancer** (Lee *et al.*, 2003; Collaborative Group on Hormonal Factors in Breast Cancer, 2002; Zheng *et al.*, 2001; Zheng *et al.*, 2000; Fuberg *et al.*, 1999; Marcus *et al.*, 1999; Newcomb *et al.*, 1999; Enger *et al.*, 1998; Enger *et al.*, 1997; Weiss *et al.*, 1997; Brinton *et al.*, 1995; Newcomb *et al.*, 1994)
- **Ovarian cancer** (Rosenblatt *et al.*, 1993; Whittemore *et al.*, 1992; Gwinn *et al.*, 1990)
- **Rheumatoid arthritis** (Karlson *et al.*, 2004)
- **Postmenopausal osteoporosis** (Paton *et al.*, 2003; Labbok, 2001; Karlsson *et al.*, 2001; Cumming & Klineberg, 1993).

Economic Importance

A higher rate and duration of breastfeeding is associated with reduced cost for the family, the health care system, and society in general:

- **Breastfeeding is cost beneficial to families** (Baby Milk Action, 2000; Ball & Wright, 1999; US Dept of Commerce, 1999; Montgomery & Splett, 1997; Tuttle & Dewey, 1996; Baumslag and Michels, 1995)
- **Breastfeeding reduces the health care costs for care attributable to childhood illnesses** (Radford, 2002; Weimer, 2001; Ball & Wright, 1999; Drane, 1997; Riordan, 1997)
- **Breastfeeding reduces costs of employee absenteeism for care attributable to child illness** (Cohen *et al.*, 1995)
- **Breastfeeding reduces hospital maternity costs for teats and formula purchases** (Department of Health and Children (DOHC), 2003)
- **Breastfeeding eliminates health service costs for free supplies of infant formula to low-income mothers** (Food Safety Authority of Ireland (FSAI), 1999).

Environmental Importance

- **Reduction in environmental costs** as a result of the reduction in packaging, transport costs and wasteful by-products of both the production and use of artificial feeding (Webster, 2000; Correa, 1999; Broadfoot, 1995).



Background to the Strategic Action Plan

The Strategic Action Plan reflects the commitment of the Department of Health and Children to the implementation of international and national breastfeeding strategies. Building on the achievements of the previous national breastfeeding policy (DOH, 1994), it draws on, at international level:

- The International Code of Marketing Breast Milk Substitutes (WHO, 1981)
- The Ottawa Charter for Health Promotion (WHO, 1986)
- The Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (WHO/UNICEF, 1990)
- The Food and Agriculture Organisation (FAO/WHO World Declaration and Plan of Action for Nutrition (FAO/WHO), 1992)
- The WHO/EURO the First Action Plan for Food and Nutrition Policy (WHO/EURO, 2001)
- The WHO/UNICEF Global Strategy for Infant and Young Child Feeding (WHO/UNICEF, 2002)
- Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action (EU Project, 2004a)
- The Global Strategy on Diet, Physical Activity and Health (WHO, 2004a)
- International Labour Organisation (ILO), Convention 183 (ILO, 2000)

At national level:

- Recommendations for a National Infant Feeding Policy (FSAI, 1999)
- Children First: National Guidelines for the Protection and Welfare of Children (DOHC, 1999)
- National Health Strategy: Quality and Fairness – a Health System for You (DOHC, 2000a)
- The National Health Promotion Strategy 2000-2005 (DOHC, 2000b)
- The National Children's Strategy – Our Children, Their Lives (DOHC, 2000)
- Investing in Parenthood: The Supporting Parents Strategy (Best Health for Children, 2002a)
- Travellers Health Strategy (DOHC, 2002b)
- Promoting Women's Health: A Population Investment for Ireland's Future (Women's Health Council (WHC), 2002)
- Food and Nutrition Guidelines for Pre-School Services (DOHC, 2004)
- Obesity, the Policy Challenges: Report of the National Taskforce on Obesity (DOHC, 2005)

Between 1981 and 1991 the national incidence of breastfeeding on leaving hospital remained static at around 32% and was recognised as very low by international standards (DOH, 1994). This, along with representations from various voluntary and professional groups such as the La Leche League of Ireland (LLL), Cuidiú-Irish Childbirth Trust (ICT),

evidence

the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI) and the Irish Nurse's Organisation, led the Department of Health to establish a national committee in 1992 with the task of developing a national breastfeeding policy. The Policy developed by the committee, *A National Breastfeeding Policy for Ireland*, (DOH, 1994) detailed a series of recommendations and targets aimed at improving breastfeeding rates in Ireland. These recommendations largely endorsed and advocated national implementation of many of the evidence based international breastfeeding initiatives emanating from WHO and UNICEF.

One of the first of these international breastfeeding initiatives was the WHO International Code of Marketing of Breast Milk Substitutes, which was adopted by the World Health Assembly (WHA) in 1981 and subsequently ratified by Ireland. The Code states

"Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures" (WHO, 1981, Article 11.1, pg 14).

The second major initiative recommended for implementation in the 1994 Policy was the Innocenti Declaration on the promotion, protection and support of breastfeeding, which was produced and adopted by participants at the WHO/UNICEF policymakers' meeting in Florence, Italy in 1990.

The declaration sets a number of operational targets for governments to be achieved by 1995.

1. Action taken in Ireland to give effect to the WHO International Code of Marketing of Breast Milk Substitutes and subsequent relevant WHA Resolutions

Ireland's response to the International Code of Marketing of Breast Milk Substitutes and subsequent relevant WHA resolutions was to set up a voluntary code of practice for the marketing of infant formulae, which has since been replaced by the transposing into Irish law of the European Communities (Infant Formulae and Follow on Formulae) Regulations, 1998-2000 (EC, 2000). Monitoring and enforcing adherence to this legislation is the responsibility of the FSAI through its agents the Health Services Executive health areas. To date, neither the EC Directives nor Irish legislation includes all the provisions of the WHO International Code or the subsequent relevant WHA Resolutions.

2. Action taken in Ireland to give effect to the WHO/UNICEF Baby Friendly Hospital Initiative

The joint WHO/UNICEF BFHI was launched internationally in 1991. This Initiative provides for the designation of maternity hospitals as 'Baby Friendly' when they have been assessed as having fully



implemented the Ten Steps to Successful Breastfeeding (**WHO/UNICEF, 1989**) and are abiding by the International Code of Marketing Breast Milk Substitutes and subsequent relevant WHA resolutions.

In 1998, against the backdrop of the Innocenti Declaration and the 1994 Breastfeeding Policy, Ireland put in place the structures necessary to give effect to the BFHI, under the auspices of the Irish Network of Health Promoting Hospitals (HPH). At present 20 of the 21 maternity hospitals/units in the Republic of Ireland are participating in the BFHI and so far three have achieved the standard required to receive national 'Baby Friendly' hospital designations.

3. Ireland's response to the recommendation to appoint a National Breastfeeding Coordinator and a National Committee on Breastfeeding

In 2001 the Minister for Health and Children appointed a National Breastfeeding Coordinator and in 2002 established a National Committee on Breastfeeding. Under its terms of reference the National Committee undertook to review the 1994 National Breastfeeding Policy and to produce a new Strategic Action Plan. The Review was published in the Committee's Interim Report (**DOHC, 2003**) and was informed by consultations with major stakeholder bodies, the broad range of expert opinions represented on the Committee, and public submissions. The Review provides information on the impact of the 1994 targets and recommendations. It also puts forward proposals for future action as the starting point for the next stage in the Committee's work, the development of this Strategic Action Plan.

Overall the Interim Report acknowledges that the climate for breastfeeding promotion, protection and support in Ireland improved following the 1994 policy (**DOHC, 2003**) with the application of the recommended best evidence based breastfeeding practices within the statutory health services and greater cooperation between this sector and the services of voluntary support groups such as LLL and Cuidiú-ICT.

Since the publication of the 1994 Policy there has been some improvement in the national breastfeeding rates, though these fall short of the targets set by the Policy. The most up-to-date available breastfeeding rates at national level are 39.11% exclusive breastfeeding plus 2.47% partial breastfeeding at maternity hospital discharge in 2001 (**NPRS, 2005**)¹.

¹ This is the only national data source currently available on infant feeding and there is a 3-4 year time lag between collection and availability. At present there is no national source of infant feeding data following discharge from maternity hospital/care. This makes it difficult to review breastfeeding duration rate targets or evaluate the effect on rates of community supports for breastfeeding. However, the parent-held child health record system developed in one health service region is generating high quality data on duration rates of breastfeeding and there are requests for this system to be replicated in other regions.

evidence

4. Ireland's response to the recommendation to enact legislation to protect the breastfeeding rights of women in the paid workforce

The International Labour Organisation (ILO) standards (**Convention MPC 183**) for protecting and supporting breastfeeding among women in paid employment represent best practice recommendations at International level and involves:

- the provision of a minimum of 14 weeks paid maternity leave
- entitlement to one or more paid breastfeeding breaks daily or a daily reduction of hours of work to breastfeed, without loss of pay
- job protection and non-discrimination for breastfeeding workers

Since March 2002, Maternity Leave provision in Ireland has gone beyond the ILO recommendation with 18 weeks paid leave and two months unpaid leave available to employees. This is, however, much less than the maternity leave entitlement in most other EU countries. During pregnancy, Irish employees are also entitled to time off without loss of pay for all antenatal medical visits. Regulations under the Maternity Protection (Amendment) Act 2004 entitle employees to breastfeeding/breast milk expression breaks during working hours, or a reduction in working hours – where facilities for breastfeeding or breast milk expression are not provided – without loss of pay, to facilitate the continuation of breastfeeding until their infants are 6 months old (S.I. No. 654, Department of Justice, Equality and Law Reform). The Act also permits attendance at ante-natal education classes during working hours, the postponement of maternity leave entitlement in the case of illness (e.g. pre-term birth) and shortens the length of maternity leave required to be taken prior to the expected date of delivery from 4 to 2 weeks. This recent extension of entitlements, though welcome, falls short of provisions in many other EU countries.

At the 55th WHA in May 2002 the *Global Strategy for Infant and Young Child Feeding* was adopted. This Global Strategy strongly reaffirms commitments to the implementation of the Innocenti Declaration, including the International Code and the BFHI. The Global Strategy provides an evidence based guide for much of the content of this Strategic Action Plan. Specific objectives of the Strategy include raising awareness of problems affecting infant and young child feeding, identifying approaches to their solution, and providing a framework of essential interventions. It clearly identifies the need for comprehensive strategies at national level and the requirement that health systems protect, promote and support both exclusive breastfeeding and appropriate complementary feeding thereafter.



As many of the evidence based health advantages from breastfeeding are dose-related the Strategy states:

“As a global public health recommendation infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond” (WHO/UNICEF, 2002, pg 7/8).

The DOHC adopted this recommendation as policy in August 2003.

The Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action also provides a framework for the development of this Strategic Action Plan (EU, 2004a). The Blueprint, which is the outcome of an EU-funded project, aims at achieving a Europe-wide improvement in breastfeeding rates and practices through providing an evidence based policy template drawn up by breastfeeding experts from 29 countries. The document, launched in Dublin in June 2004 during Ireland’s presidency of the EU, is recommended to individual countries and regions as a model from which to draw up their national and local breastfeeding policies.

When international comparisons are made (EU Project², 2003) Ireland performs poorly on rates of exclusive breastfeeding at discharge from maternity hospital/maternity care. While 8 European countries participating in this EU-funded project reported breastfeeding initiation rates of over 90%, the most up-to-date available comparable rate for Ireland (NPRS, 1999) was only 36% (EU Project, 2003). However, as there is no standard method of data collection and the accepted WHO definitions of breastfeeding are not universally applied, care should be taken when making comparisons between countries. Ireland does compare much more favorably in the review of breastfeeding initiatives/programmes in place (EU Project, 2003). Of the 29 European countries surveyed, Ireland is one of only 16 countries to have a National Coordinator, one of 21 countries to have a National Committee on Breastfeeding and the only country to have reviewed its national policy. With regard to the extension of the Baby Friendly Initiative beyond the maternity hospital setting, Ireland and Slovenia are the only countries to have breastfeeding supportive paediatric hospital initiatives for older infants and children and Ireland also has a breastfeeding supportive health service workplace project as part of the BFHI.

It is important to acknowledge the work of voluntary breastfeeding support groups, especially La Leche League of Ireland (LLL) and Cuidiú-ICT, as well as health professional groups, particularly midwives and public health nurses. In the current absence of a breastfeeding culture in Ireland these groups have worked, and continue to work cooperatively and tirelessly to compensate for the lack of breastfeeding expertise in the family and friendship networks of the majority of newly breastfeeding mothers in Ireland.

² EU Project on Promotion of Breastfeeding in Europe.

evidence

The Development of the Strategic Action Plan

The promotion, protection and support of breastfeeding correlate closely with the core aims and objectives of health promotion, hence it was decided to use the five interrelated action areas of the Ottawa Charter to formulate the Strategic Action Plan. The Ottawa Charter (WHO, 1986) provides a template for health promoting activities and the principles underlying them. It outlines the key components of promoting health, defined as the process of enabling people to increase control over, and improve, their health. The five interrelated action areas are:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

Figure 1: The Ottawa Charter



The Ottawa Charter guides the development of Health Promotion practice and policy at international, national and local level. Within Ireland the Ottawa Charter has been adopted as a framework within the National Health Promotion Strategy 2000-2005 (DOHC, 2000b), and the Health Promotion Strategy for Older People: *Adding Years to Life, Life to Years* (Brenner & Shelley, 1998).



The Strategic Action Plan

This Strategic Action Plan is guided by the five action areas of health promotion (WHO, 1986); each over-arching goal reflects one of these key areas for action. The goals are not hierarchical in nature, but interactive. Each of the multiple components act to reinforce the others, and therefore action is required on all five fronts. The goals, objectives and actions in this Action Plan are based on best practice documentation and the emerging evidence base in breastfeeding promotion, protection and support (EU Project, 2004b; Fairbank *et al.*, 2000). Feasibility and cost have also been considered in drawing up the Action Plan (WHO/UNICEF, 2002).

The aim of the entire Action Plan is the achievement of optimum health and well-being for babies, their mothers, families and communities. To achieve this, the following more specific and measurable goals are identified.

Table 1: Links between the Ottawa Charter action areas and the national breastfeeding goals

Ottawa Charter Action Area	National Breastfeeding Strategic Goal
Developing personal skills	All families have the knowledge, skills and support to make and carry out informed infant feeding decisions, particularly those least likely to breastfeed.
Reorienting the health services	The health sector takes responsibility for developing and implementing evidence based breastfeeding policies and best practices.
Strengthening community action	Communities support and promote breastfeeding in order to make it the normal and preferred choice for families in Ireland.
Building healthy public policy	Legislation and public policies promote, support and protect breastfeeding.
Creating environments that are supportive of health	Irish society recognises and facilitates breastfeeding as the optimal method of feeding infants and young children.

As Fairbank *et al.* (2000) point out there has been a rapid increase in studies evaluating breastfeeding interventions, and thus it is timely to revisit the evidence base for breastfeeding promotion, protection and support. In the development of this Action Plan, actions with the highest quality evidence base have been given priority, however, also included are initiatives based on best practice and secondary evidence. The evidence-base reveals that multi-faceted, integrated, comprehensive and cross-sectoral approaches have a mutually reinforcing and synergistic effect and are thus most likely to be effective (e.g. WHO/UNICEF, 2002; Fairbank *et al.*, 2000; de Oliveira, 2001; Hogan, 2001; EU Project, 2004b; Stockley, 2004; Hartley & O'Connor, 1996; Rea, 1990).

evidence

The health and wellbeing of infants, mothers and families are of great importance for our society. The following goals and objectives are designed to facilitate this.



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

Developing personal skills, through the provision of education and information for health, supports the personal and social development of both the individual and the family. This includes consulting with individuals, involving them in the process of planning and evaluation, as well as educational and skill development initiatives.

Substantial evidence exists that expectant and new mothers identify needs for increased information and support for breastfeeding. The role of the wider family, especially partners and maternal grandmothers, in both informing decisions and supporting breastfeeding mothers is crucial (HPA, 2004; NEHB, 2003; Earle, 2002; Hamlyn *et al.*, 2002; Ellis & Waterford Community Care, 2001; Duggan-Jackson, 2000; Fennessy, 1999; Hoddinott & Pill, 1999; Sayers *et al.*, 1995; Guigliani *et al.*, 1994). In particular, adequately informed fathers are more likely to encourage and respect breastfeeding and offer appropriate support as required (Stockley, 2004; Arora *et al.*, 2000; Duggan-Jackson, 2000; Scott & Binns, 1999; Susin *et al.*, 1999; Dykes & Griffiths, 1998). Intensive support, spanning both the pre- and post-natal periods, have been identified as most effective (Susin *et al.*, 1999; Tedstone *et al.*, 1998; Hartley & O'Connor, 1996) and can be provided by both health care staff and lay support networks, (e.g. LLL and Cuidiú-ICT), preferably in an integrated manner (Martens, 2002; Pugh *et al.*, 2002).

“Ante-natal lactation education should address the needs of employed mothers. Specific support programmes require to be developed for mothers who continue to breastfeed on return to paid employment” (Voluntary Peer Supporter: Respondent to Public Call for Submissions (RPCS))

“Offering breastfeeding education in the extended family would help to explain to people why mothers breastfeed. If the message is spread to all it will have a greater success rate” (Mother: RPCS)

“For me, achieving successful breastfeeding has been totally dependent on support from breastfeeding mothers and trained personnel who offer invaluable instruction and help” (Mother: RPCS)

“I am aware that all mothers cannot be forced to breastfeed, nor should it be so, but a mother should be knowledgeable about breastfeeding in order to make an informed choice” (Voluntary Peer Supporter: RPCS)



The specific information needs and skill requirements of mothers and their extended networks are addressed in the following objectives.

- The individual and family needs for breastfeeding information, support and protection are identified and addressed
- The needs of partners, grandparents and the extended families of expectant and newly breastfeeding mothers are identified and addressed
- New mothers are empowered and enabled to breastfeed for as long as they wish.



The health sector takes responsibility for developing and implementing evidence based breastfeeding policies and best practices.

Goal 2

Reorienting the health services means health care providers, including statutory, voluntary and NGO, must work together towards a health care system that contributes to the pursuit of health. Responsibility is shared by all members of society to advocate for health and for the necessary changes in training, procedures and the establishment of the evidence base required to sustain change.

While many women report that the support received from health care staff, particularly midwives and public health nurses, is invaluable, they also cite inconsistent advice as a key barrier to initiating and continuing breastfeeding (NWHB, 2001; Fennessy, 1999; O'Sullivan, 1999). Relatively simple interventions may produce significant increases in breastfeeding rates (Loh *et al.*, 1997), and successful interventions can be located in primary care, hospital or community settings (EU Project, 2004b; de Oliveira *et al.*, 2001; Fairbank *et al.*, 2000), but barriers to service provision (e.g. McCormack, 2003) must be addressed. Evidence based clinical guidelines on the management of breastfeeding both in hospital and community settings need to be agreed and implemented (e.g. Renfrew *et al.*, 2000; ILCA, 1999).

Numerous studies indicate that current pre-service education for health professionals is rarely sufficient for them to adequately support breastfeeding (Finneran & Murphy, 2004; Blaauw, 2000; Eden *et al.*, 2000; Freed *et al.*, 1995; Schanler *et al.*, 1999) and there is evidence of a desire for more training (e.g. Finneran & Murphy, 2004; Duggan-Jackson, 2000). Strong evidence for the effectiveness of in-service interventions is available (Hillenbrand & Larsen, 2002; Haughwout *et al.*, 2000), particularly for the WHO/UNICEF courses on breastfeeding management and counselling (Cattaneo & Buzzetti, 2001; Kramer *et al.*, 2001; Moran *et al.*, 2000; Rea *et al.*, 1999b; Valdes *et al.*, 1995; Westphal *et al.*, 1995; UNICEF/WHO, 1993; WHO/UNICEF, 1993a), although a desire for a review of course content, structure and delivery within the Irish setting has been identified (Healy, 2004).

evidence

The BFHI (UNICEF, 1992) requires full compliance with the ten steps to successful breastfeeding, as set out by WHO/UNICEF (1989). While these steps were originally developed based on a combination of peer-reviewed evidence and best practice, substantial evidence exists for their effectiveness in increasing knowledge, skills, initiation and duration of breastfeeding (Broadfoot *et al.*, 2005; Dulong *et al.*, 2003; Kramer *et al.*, 2003; Kersting & Dulong, 2002; Cattaneo & Buzzetti, 2001; Di Girolamo *et al.*, 2001; Kramer *et al.*, 2001; Philipp *et al.*, 2001; Radford, 2001; Tappin *et al.*, 2001; Wright *et al.*, 1996; Prasad & Costello, 1995; Perez-Escamilla *et al.*, 1994; Maehr *et al.*, 1993).

“... there were nights when I said ‘That’s it, you are going on a bottle in the morning.’ By morning, of course, I had changed my mind. If I had been in hospital with a nurse ready to give me a bottle of formula, my children would probably all have been bottle-fed” (Mother: RPCS)

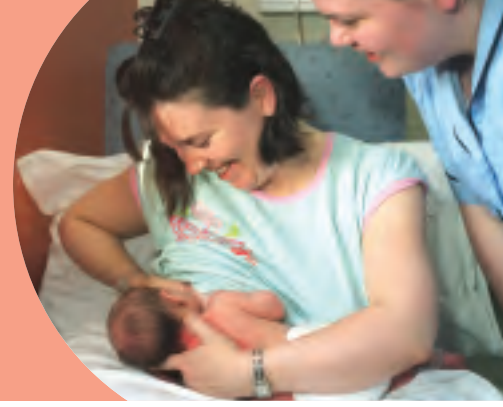
“Breastfeeding policies are only as good as the paper they are written on, if they do not have the proper staff to implement them, people who see the benefits of breastfeeding and will pull out all the stops to help a mother achieve her goal” (Voluntary Peer Supporter: RPCS)

“I feel confident about the future of breastfeeding ... It is part of parenthood and needs to be integrated more and ought not to be treated as separate and isolated. This means that everyone involved with expectant and new parents, be they GP’s, midwives, PHNs, obstetricians, consultants, paediatric nurses etc. need to know what they can offer by way of support” (Health Professional: RPCS)

“In the world of today’s super mum people can forget that asking for help is not a sign of weakness and need to be encouraged to do so. And of course when a woman does ask, she needs immediate skilled support” (Health Professional: RPCS)

The central role of the health services in the protection, promotion and support of breastfeeding in general, and specifically, among expectant and new mothers, is recognised in the following objectives.

- Evidence based policies and best practice related to breastfeeding are identified and disseminated throughout the health care system
- Health care workers have the knowledge and skills necessary to protect, promote and support breastfeeding
- Relevant health care facilities and organisations support and implement the WHO/UNICEF/HPH Baby Friendly Initiative.



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

Strengthening community action is the process of empowering communities to enable them to collectively increase control over their health. It draws on human and social capital within communities with an emphasis on improving community-wide participation and consultation on health related issues.

Breastfeeding is supported primarily by family and friendship networks (Hamlyn *et al.*, 2002; Fennessy, 1999) and can be threatened by lack of accessible services (WHC, 2002). Community support for breastfeeding can be improved using targeted and localised media and through the availability of local support (Fairbank *et al.*, 2000; Stockley, 2004). Lay support provided by volunteer mothers can provide crucial support for breastfeeding and is included in one of the ten steps to successful breastfeeding (WHO/UNICEF, 1989). Peer support programmes, such as those provided by LLL, Cuidiú-ICT and support groups facilitated by Public Health Nurses have been found to be valued by mothers (Goonan, 2004; Kyne-Doyle, 2004; Dennis *et al.*, 2002; McInnes & Stone, 2001). When delivered both pre and post-natally by trained peers or counsellors these programmes have been shown to improve breastfeeding rates, especially in those already motivated to breastfeed and among low income women (HPA, 2003; Dennis *et al.*, 2002; Martens, 2002; Pugh *et al.*, 2002; Fairbank *et al.*, 2000; Haider *et al.*, 2000; McInnes *et al.*, 2000; Morrow *et al.*, 1999; Lal *et al.*, 1992; Rodriguez-Garcia *et al.*, 1990).

Breastfeeding rates have an inverse relationship with social status; women at most risk of poverty are least likely to initiate and continue breastfeeding (Ward *et al.*, 2004; NEHB, 2003; Gavin, 2002; Twomey *et al.*, 2000; Scott & Binns, 1999; Greally, 1997; Foster *et al.*, 1997 Howell *et al.*, 1995; Sayers *et al.*, 1995). Women experiencing or at risk of social and health inequalities may require specific supports and these necessitate further detailed attention (e.g. Tunney, 2002).

“Media portrayal of breastfeeding as achievable for women of all cultures and socio-economic groups should be encouraged. Library pictures for use on television and in the print media should feature breastfeeding infants rather than bottle feeding infants” (Voluntary Peer Supporter: RPCS)

“Free milk scheme should be abolished in all areas immediately. This is seen to be a disincentive to breastfeeding and could be replaced with food vouchers for all new mums.” (Health Professional: RPCS)

evidence

“Employers and personnel should be educated about why breastfeeding co-workers need support and that these co-workers have fewer absences from work because their babies are healthier” (Voluntary Peer Supporter: RPCS)

“For me, the support group has turned breastfeeding from a chore to a pleasure. I get ALL the tips, support and help I need to do a good job ... and then I pass this on to another new member. We're a real local community” (Mother: RPCS)

The following objectives address the process of community empowerment in wider society together with a focus on reducing inequality among specific population groups.

- Support for breastfeeding is fostered in family, friendship and community networks
- The specific needs of communities or groups with lower than average breastfeeding rates are assessed and addressed.



Legislation and public policies promote, support and protect breastfeeding.

Goal 4

Building healthy public policy means that health related issues should be on the agenda of all policy makers. Those charged with strategic management in all sectors need to be aware of the health-related consequences of their decisions and actions. In order to maximise population health, action should be complementary and coordinated.

The Global Strategy for Infant and Young Child Feeding (**WHO/UNICEF, 2002**), which was adopted by the WHA in 2002 and unanimously endorsed by all WHO member States, places the primary obligation on national governments to formulate, implement, monitor, evaluate and adequately fund national policies. The collection of internationally comparable, reliable and valid data on breastfeeding is crucial. Thus the adoption of the WHO guidelines on measurement, monitoring and evaluation of the national situation will be vital (**WHO, 2004a; WHO/UNICEF, 1993b; WHO, 1991; Labbok & Krasovec, 1990**). The FSAI (1999) also recommends that infant feeding data collection should be standardised, accurate and timely.

Violations of the International Code of Marketing Breast Milk Substitutes (**WHO, 1981**), and the subsequent relevant WHA Resolutions, which were reaffirmed by all WHO members in 2002, are widespread (**Aguayo et al., 2003**;



International Baby Food Action Network (IBFAN), 2004; IBFAN, 2003; IBFAN, 2001; Taylor, 1998; IBFAN, 1998). Both parents and health professionals are informed by commercial marketing practices (Hawkins & Heard, 2001; Connolly *et al.*, 1998; Becker, 1992) and there is evidence that this influences infant feeding decisions (NHMRC, 2003; Howard *et al.*, 2000; Perez-Escarmilla *et al.*, 1994). Enforcement of the International Code can result in higher levels of breastfeeding (IBFAN, 2003; Donnelly *et al.*, 2000; Howard *et al.*, 2000; Bradley & Meme, 1992; Rea, 1990; Rea & Berquo, 1990), particularly in the context of multiple approaches to breastfeeding promotion.

Specific supports for working mothers, such as the provision of lactation breaks and facilities, can increase breastfeeding rates and duration (McIntyre *et al.*, 2002; Valdes *et al.*, 2000; Elgueta *et al.*, 1998). Women anticipating an early return to paid employment report that this influences their decision about whether to initiate or continue breastfeeding (Stewart-Knox *et al.*, 2003; Hamlyn *et al.*, 2002; Netshandama, 2002; NWHB, 2001; Roe *et al.*, 1999; Visness & Kennedy, 1997), thus maternity protection legislation can play a vital role in the decision-making process. Ireland currently meets the International Labour Organisation standards in relation to leave and these advances should be protected and extended.

In global emergency and relief situations it is important that, as far as possible, infants and young children are breastfed. Artificial feeding in these conditions is difficult and hazardous and leads to increased infant mortality rates (WHO/UNICEF, 2002; IBFAN, 2001). Overseas aid priorities should ensure compliance with internationally recognised best practice guidelines and directives (e.g. Jackobsen *et al.*, 2003; WHO, 2003; WHO/UNICEF, 1997).

While it is difficult to scientifically evaluate the impact of policy development and infrastructural support, all best practice guidelines suggest having a widely disseminated, adequately resourced, evidence based policy. A policy is most likely to succeed in reaching its objectives where there is appropriate infrastructural support, and an integrated plan which includes built-in monitoring and evaluation processes (EU Project, 2004b; Cattaneo & Bussetti, 2001; Hogan, 2001; Bradley, 1992; Popkin *et al.*, 1991; Rea, 1990; Rea & Berquo, 1990).

“Unless properly funded supports – medical, practical and emotional - are put in place in both the statutory and voluntary sectors, women will keep discontinuing breastfeeding, a sad loss for the country.” (Mother: Respondent to Public Call for Submissions (RPCS))

“Many mothers, do not even start to breastfeed because they fear difficulty of weaning when returning to work.” (Voluntary Peer Supporter: RPCS)

“Mothers are still breastfeeding their infants in toilets in shopping centres and this not only restricts them in what they can do and where they go but also it sends a very clear message to mothers about the way in which breastfeeding is not valued by society generally” (On behalf of Professional Body: RPCS)

evidence

“Babies mothered at the breast today are a valuable asset for the future of our country, so why not invest ...”
(Voluntary Peer Supporter: RPCS)

The following objectives are designed to provide a national framework for breastfeeding that is in line with best research evidence as well as international policy and practice guidelines.

- A National Implementation Monitoring Committee is overseeing, monitoring and evaluating progress towards the achievement of the Strategic Action Plan
- The collection of standardised, comprehensive and timely infant feeding data forms part of National and Regional Health Information Policies and Practices
- The protection of breastfeeding from the marketing pressure of manufacturers and distributors of breast milk substitutes (and allied products) is enhanced
- Existing policies and practices that discriminate against breastfeeding are discontinued
- Maternity protection legislation and policies pertaining to breastfeeding are strengthened
- Irish government overseas aid programmes support, protect and promote breastfeeding
- National policies, strategic action plans and local implementation plans relating to breastfeeding are disseminated to relevant stakeholders.



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

Goal 5

Creating environments that are supportive of health facilitate making the healthier choice the easier choice. This refers to both the environmental determinants of health as well as generating healthy living and working conditions. The settings-based approach to health promotion recognises the importance of the workplace, school, hospital, home and community as key environments influencing population health.



Women anticipate and experience negative reactions to public breastfeeding (INFACT, 2004; Baker *et al.*, 2003; Greene *et al.*, 2003; Stewart-Knox, B. *et al.*, 2003; Fennessy, 1999; Warren, 1998), which in turn influence their decision-making about infant feeding (RSM, 2000; Duggan-Jackson, 2000; O’Keefe, 1998). Thus, the social environment is one crucial target of a comprehensive policy for breastfeeding promotion. Public and commercial spaces can be rendered breastfeeding friendly with consequent positive outcomes for feeding practices (Mayor, 2004; UNICEF-UK, 1999; Baumslag & Michels, 1995).

Women frequently report that employment practices influence their decisions about breastfeeding (Greiner, 1999; Visness & Kennedy, 1997). There are a range of appropriate and effective practices for the support of breastfeeding among workers (McIntyre *et al.*, 2002; Rea *et al.*, 1997; Rea, 1990; Rea & Berquo, 1990) and these can be identified and negotiated between employers and workers (Libbus & Bullock, 2002; Brown *et al.*, 2001; Zinn, 2000; Rea *et al.*, 1999a; Bar-Yam, 1998a; Bar-Yam, 1998b; Rea *et al.*, 1997; Croft, 1995; Greenberg & Smith, 1991).

Media representations of breastfeeding influence decisions to initiate and continue breastfeeding (Stockley, 2004; Earle, 2002; Fairbank *et al.*, 2000; Tarkka *et al.*, 1999), as do perceptions of the appreciation of motherhood by society. Current media representations tend to show artificial feeding more often than breastfeeding and present breastfeeding as more negative and problematic (Henderson *et al.*, 2000). Evidence suggests that localised and targeted media campaigns are more likely to result in increased levels of breastfeeding (Stockley, 2004; Fairbank *et al.*, 2000), while national campaigns are considered effective in awareness raising among decision-makers (EU Project, 2004b).

The inclusion of breastfeeding education in the curriculum before the statutory school leaving age will help ensure that all potential parents have access to appropriate information before pregnancy (Campbell & Jones, 1996). Educational interventions should help counteract negative attitudes and perceived practical difficulties associated with breastfeeding (Connolly *et al.*, 1998), but should also positively influence societal perspectives. This will require changes to teacher training curricula (FSAI, 1999) and could usefully include direct contact between young people and nursing mothers (Greene *et al.*, 2003), but evidence suggests that schools require assistance in developing curricular materials (Lockey & Hart, 2003).

evidence

“...educate secondary-school children – boys as well as girls. I know there’ll be lots of sniggering and embarrassment, but it’s got to be worth it – these are the parents of tomorrow.” (Mother: RPCS)

“Better facilities should be provided to encourage and promote breastfeeding such as proper furniture and breastfeeding friendly products in maternity units and in public places such as shopping centres, restaurants, airports and so on ...” (Individual Submission: RPCS)

“Local community development groups, Chambers of Commerce, should link with health professionals to create a breastfeeding friendly community for mothers when out and about”. (Health Professional: RPCS)

“Could the government print ‘Breast-feeding welcome here,’ stickers and put them up in all State buildings, and offer them to every privately-owned public place.” (Mother: RPCS)

The following objectives address key settings in Irish society: public spaces, the workplace, the education system and the media.

- Employers support and protect breastfeeding among their employees
- Positive images of breastfeeding are universally promoted, especially in mass media portrayals
- Breastfeeding information and promotion is incorporated into the Irish education system.



Targets

The Strategic Action Plan, developed under the terms of reference of the National Committee on Breastfeeding, identifies goals, objectives and actions to improve breastfeeding rates and practices in Ireland over the next five years. This Action Plan was developed in accordance with the most up-to-date evidence on how best to achieve this and in consultation with relevant stakeholders. To measure the overall effectiveness of the actions and to continue to drive forward the goals and objectives of the Action Plan, the National Committee have also identified key overriding targets.

These targets make reference to data collection, breastfeeding initiation and duration rates, the achievement of *Baby Friendly* Hospital designation and the appointment of regional breastfeeding co-ordinators.

1. Data Collection Target

Comprehensive, accurate and timely infant feeding Data Collection System to be developed in co-operation with the Programme of Action for Children, and form part of an overall child health information system. This is to be in place by the end of 2006. The breastfeeding data collected are to include linked information on the socio-economic status of each mother-baby unit, as well as other demographic indicators known to influence breastfeeding.

2. Breastfeeding Rate Targets

2.1 Breastfeeding rate target at 48 hours (or at discharge, whichever is earlier)

A sustained increase to be achieved in the national breastfeeding initiation rate of at least 2% per year, with an increase of 4% per year for socio-economic groups 5 and 6. As well as applying nationally, this target is also to apply at maternity hospital/unit level.

2.2 Breastfeeding duration targets³

A sustained increase to be achieved in the overall national breastfeeding duration rate of at least 2% per year, with an increase of 4% per year for socio-economic groups 5 and 6 – measured at 3 or 4 months of age, at 6 months of age, and at one year. This target is to apply at Health Service Executive Local Health Office (LHO) level also.

³ The collection of breastfeeding duration rate data is to be on the basis of the parent's recall of their infant's food and fluid intake in the previous 24 hours, with the data collector applying the appropriate definition to the parent's response.

targets

In assessing these targets two WHO definitions of breastfeeding are to be applied. These are:

- Exclusive breastfeeding⁴
- Partial breastfeeding⁵

3. Target for the Baby Friendly Hospital Initiative

At least 50% of hospital births to take place in nationally designated *Baby Friendly* maternity hospitals with 100% participation in the *Baby Friendly* Hospital Initiative within the 5 year time frame of the action plan.

4. Target for the Appointment of Regional Co-ordinators

Ten breastfeeding co-ordinators, with a defined regional responsibility, to be in post by October 2006.

Timeframe for Implementation

The timeframe for the Strategic Action Plan is 5 years with provision for an interim review after 2.5 years to ensure that implementation is on target for full achievement within the timeframe. The National Implementation Monitoring Committee (see Objective 4.1) to be appointed directly after the Strategic Action Plan is launched. This Committee to be given the task of ensuring that sufficient progress is being made to achieve full implementation within the set timeframe.

4 Exclusive breastfeeding: The infant has received only breast milk from his/her mother or a wet nurse, or expressed breast milk and no other liquids, or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines.

5 Partial breastfeeding: Means giving a baby some breastfeeds, and some artificial feeds, either milk or cereal, or other food.

Department of Reproductive Health and Research (RHR), World Health Organisation (2001).



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

Goal 1

Objective 1.1: The individual and family needs for breastfeeding information, support and protection are identified and addressed.

Action	Expected Outcome	Lead Agencies
<p>1. The pre-conception and antenatal needs of families for optimum breastfeeding information, support and protection will be addressed.</p>	<ul style="list-style-type: none"> • Parents are being encouraged to breastfeed exclusively for the first six months and to continue breastfeeding thereafter in combination with nutritious and safe complementary food for up to two years and beyond. • Information and support is being provided by the most effective methods identified in on-going research and is consistently available from all statutory and voluntary providers of maternity services. • In providing infant feeding information due account is taken of the individual perspectives of parents planning a pregnancy or already pregnant. • Guidelines on the optimum provision of information on infant feeding have been developed for statutory, non-statutory and voluntary providers of antenatal education to parents. • Creating awareness of the importance of breastfeeding and the risks of not breastfeeding to the health of mothers and babies has been incorporated as the core aspect in all information on infant feeding. • The antenatal nutritional status of women is being assessed and addressed in relation to its effect on their infants' health. • The current and projected infant feeding support needs of mothers are being assessed during the antenatal period. • Confidence building in overcoming real and/or perceived barriers to breastfeeding is being included in antenatal care and education programmes. 	<p>DOHC, HSE</p>
<p>2. Hospital/community and volunteer breastfeeding support programmes will provide a seamless, timely, co-ordinated, consistent, and comprehensive service to all mothers.</p>	<ul style="list-style-type: none"> • Using evidence based practices; parents are receiving timely and consistent breastfeeding support from health professionals in the hospital and from community statutory and voluntary services. • Expectant and new mothers are being provided with information on evidence based healthcare practices that promote the successful initiation and continuation of breastfeeding and can therefore confidently expect and/or request these practices from the maternity and child care services. • The availability of statutory support services has been extended to offer a seven-day per week service. • Evidence based standards have been set for the effective facilitation of community breastfeeding support groups. 	<p>DOHC, HSE</p>



action plan

Action	Expected Outcome	Lead Agencies
<p>3. Voluntary breastfeeding support services will be strengthened and augmented.</p>	<ul style="list-style-type: none"> • Mother-to-mother support groups, particularly La Leche League of Ireland and Cuidiú Irish Childbirth Trust, are being helped to sustain and develop their services. • Extra provisions are being made for the expansion of these groups to areas where this service is not currently available, in accordance with the recommendations in the White Paper on supporting voluntary activity and subsequent guidelines. 	DOHC, HSE
<p>4. Comprehensive and timely information will be provided for families on how and where to access statutory and voluntary breastfeeding information and support services.</p>	<ul style="list-style-type: none"> • Up-to-date information has been provided on local health service support networks and other statutory, non-statutory and voluntary breastfeeding support services to local families and communities. 	HSE
<p>5. Priority will be given to identifying and actively addressing the particular needs of families in society that are less likely to breastfeed or inappropriately breastfeed⁶, including mothers with previous difficult and/or unsuccessful breastfeeding experiences.</p>	<ul style="list-style-type: none"> • Priority is being given to addressing the infant feeding information and support needs of these families and individuals. • Research has been undertaken to identify the support needs and barriers to breastfeeding for these families and individuals. • Based on this research, models of antenatal infant feeding education and postnatal support initiatives have been developed to meet the specific needs of these families and individuals. • A pilot peer support project has been put in place to address the identified needs and barriers to breastfeeding for these families and individuals. 	HSE

⁶ The infants and young children in Irish society that are, currently, less likely to be breastfed (or be inappropriately breastfed ie are not exclusively breastfed) are from families with low socio-economic status, have adolescent and/or mothers parenting alone, or are from ethnic minority families and/or have parents who left formal schooling early.



Objective 1.2: The needs of partners, grandparents and the extended families of expectant and newly breastfeeding mothers are identified and addressed

Action	Expected Outcome	Lead Agencies
<p>6. The breastfeeding information and support needs of partners, grandparents and the extended families of women intending to or who are breastfeeding, will be addressed.</p>	<ul style="list-style-type: none"> • The support and information needs of these family members have been identified and based on these materials or other interventions that portray breastfeeding as a positive and fulfilling experience have been developed. • Face-to-face information sessions are routinely being provided to partners, grandparents and extended family members of expectant mothers by statutory and non-statutory maternity care services and voluntary organisations. 	<p>HSE</p>

Objective 1.3: New mothers are empowered and enabled to breastfeed for as long as they wish.

Action	Expected Outcome	Lead Agencies
<p>7. Mothers will be facilitated and empowered to breastfeed for as long as they wish.</p>	<ul style="list-style-type: none"> • Expectant mothers are being encouraged by health workers to avail of breastfeeding information and support services prior to giving birth. • Expectant parents and new parents are being made aware of the difficulties that sometimes arise in getting breastfeeding established and are given support and reassurance on how to overcome these. • After giving birth newly breastfeeding mothers are being encouraged to access support services as early as possible and as often as necessary, especially if any problems are being encountered. • One-to-one support is routinely being provided by trained health care workers in the hospital and community healthcare settings. • Parents are being made aware of their rights and the provisions in place in workplaces and public areas to facilitate the continuation of breastfeeding. • In consultation with breastfeeding parents the barriers to normalising breastfeeding are being addressed in public awareness campaigns and other initiatives supporting the continuation of breastfeeding. 	<p>HSE</p>

action plan



The health sector takes responsibility for developing and implementing evidence based breastfeeding policies and best practices.

Goal 2

Objective 2.1: Evidence based policies and best practice related to breastfeeding are identified and disseminated throughout the health care system.

Action	Expected Outcome	Lead Agencies
8. Relevant health service providers will implement national, regional & local evidence based breastfeeding policies based on the Strategic Action Plan.	<ul style="list-style-type: none"> Local and regional policies are being developed, up-dated and audited regularly in line with this Strategic Action Plan. Commitment has been given by the health services professional, managerial and policy-making bodies to implement the Strategic Action Plan. National, regional and local breastfeeding policies are being communicated to all staff. Local and regional breastfeeding targets are being set in line with the Strategic Action Plan. 	HSE
9. Health service providers will protect breastfeeding in line with the WHO International Code of Marketing of Breast Milk Substitutes and subsequent relevant WHA Resolutions.	<ul style="list-style-type: none"> Health service policies prohibit the distribution of materials produced by companies marketing products within the scope of the International Code in health care institutions and by health care staff. 	HSE
10. The health services, supported by the DOHC, will prioritise research on breastfeeding in line with information gaps identified and independent of competing and commercial interests.	<ul style="list-style-type: none"> Gaps in information and research have been identified. Commitment to fund research priorities has been received to ensure that clinical practice conforms to best evidence based requirements. Exchange of knowledge in breastfeeding research is being supported within Ireland and internationally. 	DOHC, HSE



Action	Expected Outcome	Lead Agencies
<p>11. An Irish database of infant and young child feeding research evidence will be established.</p>	<ul style="list-style-type: none"> • Database has been developed which includes existing research abstracts, authors' contact details, list of research gaps, and list of projects in progress. • Access to the database has been set up through the Breastfeeding Promotion website 	DOHC, HSE
<p>12. The public health nursing service will be adequately supported to meet the needs of breastfeeding mothers in the community.</p>	<ul style="list-style-type: none"> • A review of existing breastfeeding support services provided by the public health nursing service has been undertaken. • Based on this review, the public health nursing service has been provided with the support necessary to offer a comprehensive, timely and effective service to breastfeeding mothers in the community in accordance with best practice. 	HSE
<p>13. Supports for mothers and babies with special needs will be enhanced.</p>	<ul style="list-style-type: none"> • The special breastfeeding needs of mothers and young children with disabilities are being addressed. • If breastfeeding mothers or their babies require medical treatment in paediatric or general hospitals they are being facilitated to sustain and continue breastfeeding in accordance with BFHI guidelines. 	HSE
<p>14. Extra supports for breastfeeding will be explored and addressed.</p>	<ul style="list-style-type: none"> • Breast milk pumps are being funded as necessary through the health services, especially to mothers of pre-term or ill infants. • A feasibility study has been undertaken to assess the need for a national donor human milk banking service. 	HSE
<p>15. Liaison links will be set up and maintained between statutory and non-statutory hospital and community health services, and voluntary support groups providing maternity and child care.</p>	<ul style="list-style-type: none"> • Liaison processes have been set up to ensure that effective communication occurs between all providers of maternity and child care in order to improve services, maintain standards, increase effectiveness and avoid duplication of services. • Adequate support is being provided to facilitate this. 	HSE

action plan

Objective 2.2: Health workers have the knowledge and skills necessary to protect, promote and support breastfeeding.

Action	Expected Outcome	Lead Agencies
<p>16. Minimum competency-based standards (relevant to area of work) of breastfeeding knowledge and skills will be established. These will be applied to all relevant health workers with particular priority given to the skill needs of staff in the frontline maternity and childcare areas.</p>	<ul style="list-style-type: none"> • Updates and on-going professional breastfeeding skills development has been accepted as essential, particularly for those with primary responsibility for maternity and child health service delivery. • The curricular content and competency requirements for best evidence based breastfeeding practice have been developed and form part of all relevant undergraduate, post-graduate and in-service health worker courses. • Clinical skills development has been made integral to these courses. 	HSE
<p>17. Pre-service and in-service training of all relevant health workers will include information on the WHO International Code of Marketing of breast milk substitutes (and allied products).</p>	<ul style="list-style-type: none"> • Health workers are being made aware of their role/responsibility in implementing the WHO International Marketing Code and EU Directives and are being facilitated to carry out this role. • A professional Code of Ethics compatible with the International Code has been drawn up covering such areas as the funding of education/research, acceptance of sponsorship and gifts; and disclosures of these, for all relevant health worker groups. 	HSE
<p>18. Breastfeeding policies provide for the support and training needs of health workers to enable them to provide a uniformly high standard of breastfeeding promotion, protection and support.</p>	<ul style="list-style-type: none"> • Breastfeeding co-ordinators (at least 10 full-time regionally based posts reflecting the population size and geographical spread of the areas to be served) to have been appointed to oversee the implementation of breastfeeding policies; in particular to ensure that the breastfeeding training needs of health workers are being identified and met, and to encourage voluntary, statutory and non-statutory partnerships in breastfeeding education. • Staff are being supported to maintain and update their breastfeeding knowledge and skills, particularly those with responsibility for in-service training or mentoring. • Suitably qualified trainers have been identified and supported to provide pre-service and in-service breastfeeding training. • Training courses and supporting educational packs have been developed in accordance with best practice and inclusive of appropriate learning outcomes at basic level and at trainer level. • Service providers are being encouraged to recognise the skills of staff with an IBCLC or equivalent breastfeeding qualifications and staff are being supported to achieve and maintain these qualifications. 	HSE



Objective 2.3: Relevant health care facilities and organisations support and implement the WHO/UNICEF/HPH Baby Friendly Initiative.

Action	Expected Outcome	Lead Agencies
<p>19. All relevant healthcare policy, provider and professional groups and institutions will pursue and support the goal of achieving and maintaining the WHO/UNICEF/HPH “Baby Friendly” designation.</p>	<ul style="list-style-type: none"> • The BFHI criteria for current best practice have been incorporated into all health service breastfeeding policies. • The BFHI has been incorporated into hospital/health service accreditation systems. • Staff members with the appropriate expertise are being identified to spearhead the training and institutional changes required to implement the BFHI. • The extension of the Baby Friendly Initiative beyond hospital settings is being pursued to include other relevant health settings e.g. community health care settings 	<p>HPH/BFHI HSE, DOHC</p>
<p>20. Adequate support will be given to the coordination, monitoring, assessment and re-assessment processes of the BFHI to provide for the maintenance and expansion of its range of services.</p>	<ul style="list-style-type: none"> • The BFHI is supported to maintain its current activities and the role, scope and resources of the BFHI have been examined to allow for further development and expansion of the Initiative. • Commitments to implement the BFHI are being included in the service plans for all relevant health institutions. 	<p>HSE, HPH/BFHI</p>

action plan



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

Goal 3

Objective 3.1: Support for breastfeeding is fostered in family, friendship and community networks.

Action	Expected Outcome	Lead Agencies
<p>21. A needs assessment will be carried out to identify local community breastfeeding needs and any identified gaps in service will be addressed.</p>	<ul style="list-style-type: none"> • A needs assessment has been carried out in collaboration with communities. • Addressing the needs identified has been made a priority for local care providers. • New breastfeeding support services are being developed, if needed, to respond to the needs identified. • A database of community groups that support breastfeeding or have potential to support breastfeeding has been made available locally. 	HSE
<p>22. Local breastfeeding awareness campaigns will be organised to build on and coincide with national breastfeeding week as well as linking breastfeeding promotion with other relevant health promotion activities and strategies.</p>	<ul style="list-style-type: none"> • Local health care workers, statutory and voluntary breastfeeding support groups e.g. LLL and Cuidiú-ICT, schools, workplaces, family and women's groups are being encouraged to work in partnership to organise breastfeeding awareness activities. • Breastfeeding promotion is being linked with other relevant health promotion activities and strategies. 	HSE, National Breastfeeding Co-ordinator



Objective 3.2: The specific needs of communities or groups with lower than average breastfeeding rates are assessed and addressed.

Action	Expected Outcome	Lead Agencies
<p>23. Enhanced efforts will be made to tailor antenatal and postnatal services to meet the identified breastfeeding promotion and support needs of communities with low breastfeeding rates.</p>	<ul style="list-style-type: none"> Local research has been undertaken to explore the reasons why particular social and ethnic groups do not generally access antenatal and postnatal breastfeeding support services (e.g. through attendance at antenatal classes and community breastfeeding support groups). Services tailored to the needs identified in the research are being put in place. 	<p>HSE</p>

action plan



Legislation and public policies promote, support and protect breastfeeding.

Objective 4.1: A National Implementation Monitoring Committee is overseeing, monitoring and evaluating progress towards the achievement of the Strategic Action Plan.

Action	Expected Outcome	Lead Agencies
24. A National multi-disciplinary, multi-sectoral Breastfeeding Implementation Monitoring Committee will be established to assist the National Co-ordinator in monitoring the implementation of the Strategic Action Plan.	<ul style="list-style-type: none">• A National Implementation Monitoring Committee has been established and resources allocated to support it.	HSE



Objective 4.2: The collection of standardised, comprehensive and timely infant feeding data forms part of national and regional health information policies and practices.

Action	Expected Outcome	Lead Agencies
<p>25. A standardised, comprehensive, evidence based system of infant/child feeding data collection, together with a timely reporting system, will be incorporated into present and future routine child health information systems.</p>	<p>Taking account of the National Health Information Strategy and the National Children’s Office Child Well-being Indicators:</p> <ul style="list-style-type: none"> • Health service sources of infant/child feeding data collection have been standardised regionally and nationally, and meet evidence based criteria e.g. as in the parent-held child health record system. • Internationally recognised WHO/UNICEF definitions of infant feeding are being used in all relevant data collection systems, • Breastfeeding as an indicator has been included in all child health data systems • The time lag for the availability of infant feeding data from the National Perinatal Reporting System (NPRS) has been shortened. • The existing system of collecting and analysing data for health service infant/child feeding performance indicators has been reviewed and improved in line with best practice. • Standardised data collection systems are being audited regularly. • National and regional infant feeding data are being analysed, published and disseminated within one year of collection, with results informing future planning, including commitments to address any inequalities identified. • An infant feeding survey has been undertaken to establish accurate baseline data for the purposes of evaluating targets as set in the Strategic Action Plan. • The effect on breastfeeding uptake and duration rates of prevailing <ul style="list-style-type: none"> ◦ paid and unpaid maternity leave entitlement of full-time, part-time and casual workers and ◦ the number, duration and length of entitlement period for breastfeeding breaks in the workplace is being reviewed two yearly and the findings acted upon 	<p>DOHC, HSE, HIQA</p>
<p>26. Mechanisms for routine audit of service user satisfaction will be put in place to determine the quality of the breastfeeding information and support given in maternity, paediatric and public/community health care services.</p>	<ul style="list-style-type: none"> • Routine service user feedback procedures have been instigated and protocols put in place for addressing any sub-optimal practices identified. • Routine audits are being conducted to determine the percentage of service users attending public ante-natal/parentcraft education classes. These audits also include SES data and an assessment of whether these classes are meeting the needs of service users. 	<p>HSE</p>

action plan

Objective 4.3: The protection of breastfeeding from the marketing pressure of manufacturers and distributors of breast milk substitutes (and allied products) is enhanced.

Action	Expected Outcome	Lead Agencies
<p>27. Staff of the official agencies of the FSAI will improve procedures for monitoring, compliance with and enforcement of the most up-to-date EU Regulations on the marketing of breast milk substitutes and related infant foods and drinks in accordance with their legislative responsibility.</p>	<ul style="list-style-type: none"> • Standard procedures are being used for the monitoring and enforcement of current legislation and the reporting of breaches of the legislation. • Under-graduate and in-service information on legislative controls is being provided for all relevant occupational groups. • Information on monitoring and enforcement of the legislation regarding marketing of infant formula and related infant foods and drinks has been provided to all relevant stakeholders. 	<p>Official agencies of FSAI</p>
<p>28. Irish policy-makers and legislators will continue to pursue the full implementation of the WHO International Code of Marketing of Breast Milk Substitutes and subsequent relevant WHA Regulations, and the Global Strategy on Infant and Young Child Feeding, in formulating national, EU and International legislation and standards.</p>	<ul style="list-style-type: none"> • Irish representatives at World Trade Organisation (WTO) and other relevant trade agreement talks are giving due regard to their responsibility to protect breastfeeding and infant health in accordance with the WHO International Code and the Global Strategy, both of which have been endorsed by Ireland. • Ireland is taking a lead in lobbying for EU Regulations on the marketing and other controls on breast milk substitutes (and allied products) so that these are extended to include follow-on, pre-term and other specialist formulae and infant drinks, as well as bottles, teats and other products covered by the International Code. • Information aimed at the general public and key stakeholders on the principles, aims and provisions of the International Code and on procedures for monitoring compliance with it have been disseminated widely, including on the FSAI and HPU websites. 	<p>DOHC, HSE, Official agencies of FSAI</p>
<p>29. Enforcement of the EU Directive on 3rd country marketing of infant formulae will be reviewed.</p>	<ul style="list-style-type: none"> • Review has taken place of current practices in this area. • Enforcement of EU and national legislative marketing controls on companies manufacturing infant formulae in Ireland for export to non-EU countries is being monitored. 	<p>DOHC</p>



Objective 4.4: Existing policies and practices that discriminate against breastfeeding are discontinued.

Action	Expected Outcome	Lead Agencies
<p>30. Breastfeeding mothers and babies will be protected from discrimination in public places.</p>	<ul style="list-style-type: none"> Existing legal protections against discrimination afforded to mothers who are breastfeeding outside their homes have been reviewed in the light of developing case law. In consultation with service, amenity and recreational providers, best practice guidelines on supporting and protecting breastfeeding in public areas have been drawn up and disseminated. A 'breastfeeding friendly award' system has been set up as an incentive to service providers to facilitate breastfeeding on their premises. Representations have been made to incorporate breastfeeding friendly practices into existing quality award systems for service industries and other businesses. The substitution of symbols like the 'baby bottle' symbol with more generic signs to denote for example baby-care facilities in public areas has been promoted and encouraged among service providers. State-funded or grant-aided, government and public service organisations/facilities are taking a lead in these initiatives. 	<p>DOHC, HSE</p>
<p>31. The Department of Education and Science will encourage schools, educational and training establishments to support student mothers to breastfeed while continuing their education.</p>	<ul style="list-style-type: none"> All relevant policies and practices in educational and other training establishments are in accordance with best evidence based standards for supporting breastfeeding students. 	<p>DES</p>
<p>32. Barriers to breastfeeding within the health care system will be identified and addressed.</p>	<ul style="list-style-type: none"> Policies and practices that are barriers to breastfeeding, like the 'free infant formula milk schemes', have been reviewed and the review findings have been acted upon. Practices regarding infant formula distribution in maternity hospitals have been reviewed to assess their impact on breastfeeding, and acted upon as necessary. 	<p>DOHC, HSE</p>

action plan

Action	Expected Outcome	Lead Agencies
<p>33. The protection of the mother-child breastfeeding relationship will be one of the aspects taken into consideration in health impact assessment of relevant Government policies.</p>	<ul style="list-style-type: none"> • Criteria have been developed for inclusion in health impact assessment procedures, which ensure that relevant Government policies protect the mother-child breastfeeding relationship. • These criteria have been integrated into all relevant health impact assessment procedures and policies. 	DOHC
<p>34. A concerted effort will be made to protect breastfeeding in exceptional circumstances e.g. when a breastfeeding child is the subject of a legal care or custody order.</p>	<ul style="list-style-type: none"> • In conjunction with relevant stakeholders, a review has been undertaken of the level of protection afforded to breastfeeding in circumstances where the breastfeeding mother and her child are separated for legal or other enforceable reasons and the review findings have been acted upon as necessary. 	DOHC, HSE

Objective 4.5: Maternity protection legislation and policies pertaining to breastfeeding are strengthened.

Action	Expected Outcome	Lead Agencies
<p>35. In future maternity protection legislation, Social Partnership Agreements, and in all work-life balance/family-friendly work initiatives, the continuation of breastfeeding will be protected and facilitated in accordance with WHO, EU, DOHC, ILO and CEDAW guidelines.</p>	<ul style="list-style-type: none"> • The Protection and support for the continuation of breastfeeding is being afforded an integral place in maternity protection legislation, family-friendly workplace initiatives and Social Partnership Agreements. • Within the context of Social Partnership, to the extent that is possible, the importance of breastfeeding will be acknowledged and initiatives facilitated. • Appropriate working conditions and suitable premises and facilities for workplace breastfeeding/lactation breaks, where possible, are being provided in accordance with the standards and guidelines set down by the DOHC and Health and Safety legislation. 	DOHC



Objective 4.6: Irish government overseas aid programmes support, protect and promote breastfeeding.

Action	Expected Outcome	Lead Agencies
<p>36 Irish-funded projects and programmes in developing countries and emergency situations will abide by WHO/UNICEF guidelines on protecting breastfeeding and will integrate the promotion, support and protection of breastfeeding within these projects and programmes, whenever appropriate.</p>	<ul style="list-style-type: none"> • Development Cooperation Ireland (DCI) is promoting the implementation of best practice in all of its programmes, based on WHO/UNICEF breastfeeding guidelines. • DCI staff working in bilateral health programmes and with partner organisations implementing health projects are informed of the Strategic Action Plan and encouraged to support best practice on breastfeeding. • DCI is supporting the following as important aspects of good practice: <ul style="list-style-type: none"> • No free or subsidised breast milk substitutes are provided, except in accordance with WHO/UNICEF guidelines. • Breastfeeding promotion, protection and support is integrated into all relevant programmes. • All programmes and projects abide by the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions. • The continuation of breastfeeding is facilitated in education, development and work creation projects that involve women with infants and young children. 	<p>DCI</p> <p>DOHC</p>

Objective 4.7: National policies, strategic action plans and local implementation plans relating to breastfeeding are disseminated to relevant stakeholders.

Action	Expected Outcome	Lead Agencies
<p>37. All relevant stakeholders will be informed of current and future breastfeeding policies and plans.</p>	<ul style="list-style-type: none"> • Dissemination of these to all relevant stakeholders, providers and service users is being undertaken. • Information resources, including e-information, have been developed and disseminated. 	<p>HSE</p>

action plan



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

Goal 5

Objective 5.1: Employers support and protect breastfeeding among their employees.

Action	Expected Outcome	Lead Agencies
<p>38. Employer, employee representative organisations and other key stakeholder groups will be provided with information on their obligations and entitlements under current maternity protection legislation.</p>	<ul style="list-style-type: none"> • Information resources have been developed on best practice support for breastfeeding in the workplace and have been disseminated to relevant groups. • Participation in the HPH / BFHI breastfeeding supportive health care workplaces project is being fostered and encouraged. 	HSE, HPH/BFHI
<p>39. Employers will support the provision of suitable workplace facilities and practices that enable employees to take breastfeeding or lactation breaks during their working day and will be encouraged to support the provision of greater flexibility in working hours in order to facilitate longer breastfeeding duration.</p>	<ul style="list-style-type: none"> • Suitable premises and equipment are being provided where possible in workplaces, in accordance with DOHC and Health and Safety at Work guidelines. • Employers are being encouraged to offer greater flexibility in working hours to employees to facilitate the continuation of breastfeeding e.g. short-term reduction in working hours, part-time, job-sharing so as to facilitate the continuation of breastfeeding. • Health care employers are taking a lead in this. 	DETE, DOHC, HSE



Objective 5.2: Positive images of breastfeeding are universally promoted, especially in mass media portrayals.

Action	Expected Outcome	Lead Agencies
<p>40. There will be an on-going national awareness raising strategy to promote the importance of breastfeeding and highlight the risks of a decision not to breastfeed.</p>	<ul style="list-style-type: none"> • A social marketing campaign has been developed using a partnership process, which involves a multi-media, multi-sector, multi-agency approach to promoting breastfeeding on an annual basis. • The importance of breastfeeding for diabetes, obesity and cancer prevention, cardiovascular health, etc. are being highlighted in health promotion initiatives and campaigns. • National Breastfeeding Week has been established as the annual primary focus for marketing breastfeeding, disseminating information and generating media interest in it. • Commitments to resource these initiatives have been secured. 	<p>HSE</p>
<p>41. All organs of the national, regional and local media will endeavour to portray breastfeeding in a positive manner.</p>	<ul style="list-style-type: none"> • Commitment has been sought from the media organisations to depict breastfeeding as normal, achievable and desirable when the topic of maternal and child health arises in both factual reporting and fictional portrayals. • A media information resource has been developed to advise on positive media portrayals of breastfeeding. • The media is being used to increase awareness of sources of breastfeeding support. • Procedures have been set up to monitor media portrayals of infant feeding and to provide feedback to the relevant media bodies as necessary. 	<p>DOHC, HSE</p>

action plan

Objective 5.3 Breastfeeding information and promotion is incorporated into the education system.

Action	Expected Outcome	Lead Agencies
<p>42. Breastfeeding information and promotion is incorporated into the Irish education system.</p>	<ul style="list-style-type: none"> • In agreement with the DES and other relevant health and education stakeholders, breastfeeding information has been introduced to schoolchildren at different ages and stages of schooling within the context of the SPHE curriculum. • Information and education materials on breastfeeding, have been developed, tested and disseminated for use by teachers of students in primary, secondary and tertiary educational facilities, as well as pre-school facilities. • Information on the importance of breastfeeding has been developed, tested and disseminated for use in pre-service and in-service teacher and child care worker training. 	<p>DOHC, HSE, DES</p>
<p>43. The content of school textbooks and other educational resources will be routinely reviewed to ensure that breastfeeding is portrayed as the normal and natural way to feed a baby.</p>	<ul style="list-style-type: none"> • Agreement has been sought with the relevant publishing companies/bodies to have breastfeeding-friendly and accurate portrayals of infant feeding incorporated, where appropriate, into schoolbooks and other materials used in primary, secondary and pre-school settings. • Guidelines have been developed to assist in this. 	<p>HSE, National Breastfeeding Co-ordinator</p>
<p>44. Parent representative groups will be encouraged to support the introduction of breastfeeding information into the Irish education system.</p>	<ul style="list-style-type: none"> • Links for the purpose of liaison and consultation have been developed with relevant groups on the issue of breastfeeding education in schools. 	<p>HSE, National Breastfeeding Co-ordinator</p>



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appendix 1



Membership of the National Committee on Breastfeeding

Professor Miriam Wiley, Economic and Social Research Institute (Chair)

Ms. Claire Allcutt, Cuidiú – Irish Childbirth Trust Representative

Ms. Genevieve Becker, Co-ordinator, Baby Friendly Hospital Initiative in Ireland

Dr. Méabh Ní Bhuinneáin, Institute of Obstetrics & Gynaecology Representative

Ms. Mary Bird, La Leche League of Ireland Representative

Mr. Patsy Brady, Representative of the HSE North Western Area Breastfeeding Strategy Group (Replaced Mr. David Simpson, September 2003, Resigned December 2004)

Ms. Janet Calvert, Northern Ireland Breastfeeding Co-ordinator, Health Promotion Agency Northern Ireland

Ms. Maureen Fallon, National Breastfeeding Co-ordinator, Department of Health and Children

Dr. Lucia Gannon, Irish College of General Practitioners (ICGP) Representative

Ms. Rosa Gardiner, Director of Public Health Nursing Representative, Association of Irish Nurse Managers (AINM)

Dr. Tessa Greally, Representative of the HSE Mid-Western Area Breastfeeding Strategy Group

Ms. Anna-May Harkin, Planning and Evaluation Unit, Department of Health and Children (Appointed December 2003)

Ms. Mary Healy, Institute of Community Health Nursing Representative

Ms. Margaret McDonnell, Health Promotion Unit Representative, Department of Health and Children (Resigned August 2002)

Ms. Sarah McEvoy, Irish Nutrition and Dietetic Institute (INDI) Representative (Replaced Ms. Breda Gavin, June 2002)

Ms. Olive McGovern, Youth Health Promotion Officer, Health Promotion Unit, Department of Health and Children (Appointed March 2004)

Mr. Jeffery Moon, Food Safety Authority of Ireland (FSAI) Representative

Ms. Catherine Murphy, Health Promotion Managers Representative

Ms. Aoife O'Brien, Women's Health Council Representative (Replaced Ms. Emma O'Donoghue, December 2003)

Ms. Margaret O'Driscoll, Ministerial Nominee

Ms. Mary Robinson, Ministerial Nominee

Ms. Angela Ryan, Association of Lactation Consultants in Ireland (ALCI) Representative (Replaced Ms. Ann Ellis, November 2004)

Dr. Margaret Sheridan-Pereira, Faculty of Paediatrics Representative (Replaced Dr. Michelle Dillon & Dr. Ann Leahy, April 2004)

Ms. Pauline Treanor, Director of Nursing and Midwifery Representative, (AINM)

Secretariat:

Ms. Sinead Bromley, Health Promotion Unit, Department of Health and Children (Until August 2003)

Ms. Deirdre Mahony, Health Promotion Unit, Department of Health and Children (Replaced Ms. Sinead Bromley, August 2003)



appendix 2

Terms of Reference of the National Committee on Breastfeeding

The Terms of reference given to the Committee by the Minister for Health and Children were to:

1. Review the 1994 National Breastfeeding Policy and identify recommendations not yet implemented, to identify those organisations charged with responsibility for implementation, and to engage with such organisations to establish commitment and to advise on best practice.
2. Provide recommendations to the Minister on what further action is required at National, Regional and Local level to improve and sustain breastfeeding rates.
3. Identify other relevant areas requiring support e.g. research, data collection, monitoring etc. and recommend measures for their implementation.
4. Report to the Minister on its findings.

appendix 3



Overview of the Consultation Process for the development of the Strategic Action Plan on Breastfeeding in Ireland

Three Phase Consultation Process

- Phase 1: Initial consultation with Government Departments. Observations, comments and support sought
- Phase 2: Feedback received from Government Departments. More in-depth discussions on specific actions and deliverables to ensure optimum buy in. Possible changes in wording to be communicated to the committee.
- Phase 3: Final sign off on areas of responsibility by Government Departments. Communication of same to the Committee

Consultation with the Department of Health and Children

Food Unit

External Personnel

National Children's Office

Office of the Chief Medical Officer

Consultation with the Health Services Executive

- National Population Health Directorate
- Primary and Continuing Care Directorate
- National Hospitals Office
- Irish Health Services Accreditation Board

Department of Justice, Equality and Law Reform

Department of Enterprise, Trade and Employment

Department of An Taoiseach

Department of Education and Science

Department of Foreign Affairs



