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Letter to the Editor

Beyond Technology: The Unfinished Work of Breastfeeding Policy

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Dear Editor,

Amid widespread excitement about artificial intelligence and medical technology, it is worth asking whether we are neglecting one of the oldest and most effective health interventions available: breastfeeding. McGuinness et al. recently highlighted the barriers facing mothers who breastfeed beyond one year in Ireland, drawing welcome attention to cultural stigma and inadequate peer support[1]. We write to extend that conversation by addressing two insufficiently prioritised structural drivers: deficits in healthcare professional education and the largely unregulated promotion of infant formula.

The scale of the problem is stark. While McGuinness et al. report exclusive breastfeeding at three months at 35.7%, the most recent HSE data show this has since risen to 44%[2], a welcome improvement that nonetheless remains far below the WHO minimum recommendation of exclusive breastfeeding to six months. The cascade of decline is consistent: 65.2% of babies were breastfed at their first hospital feed in 2024, falling to 61.9% at the first public health nurse visit and to 44% at three months[2]. Ireland's national breastfeeding strategy has now expired without a successor plan, and rates, while improving, are far too slow to be explained by cultural shift alone.

First, healthcare professionals remain systemically underprepared. Research at Midlands Regional Hospital Mullingar found that 57% of participating healthcare professionals had received no formal breastfeeding education, including at undergraduate level, and average pre-intervention knowledge scores were just 24%[3]. A 35-minute science-based tutorial on the physiology of breastmilk increased average knowledge scores to 70%, and 100% of participants felt further training would benefit their practice and enhance their ability to counsel parents[3]. This science-based tutorial could be formally embedded in undergraduate, postgraduate training in medical and nursing curricula, targeting paediatrics, general practice, public health and obstetrics. Such sessions should be adopted nationally as a standard component of clinical training.

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Second, formula marketing continues to undermine informed parental decision-making. Aggressive promotion presenting formula as scientifically formulated fosters a false equivalence with human breastmilk, which contains bioactive immunoprotective components no formula can replicate, including factors associated with an approximately 50% reduction in SIDS risk and significant reductions in infectious morbidity, childhood obesity, asthma, and type 2 diabetes4. The irony is acute: we invest heavily in developing new medical technologies while permitting the commercial erosion of one that evolution has refined over millennia. Ireland has yet to fully enforce the WHO International Code of Marketing of Breast-milk Substitutes, a standard already applied rigorously in higher-performing European nations.

The 0.9 million euro allocated in the 2025 health budget for lactation support is welcome. But investment without trained clinicians to deliver it, and without curtailing the commercial messaging that works against it, will yield limited return. The evidence base for breastfeeding is as robust as that for many technologies we champion enthusiastically. What it has lacked is equivalent institutional will.

Declaration of Conflicts of Interest:
None declared.

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