

Supporting Breastfeeding: Next steps

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Irish breastfeeding rates have slowly improved over the last fifteen years,¹ but remain among the lowest in Europe and worldwide.^{2,3} Nationally, 60% of mothers have initiated breastfeeding by the time they leave the maternity hospital.⁴ Only 15% of babies are given breastmilk at six-months of age⁵ despite this being the recommended duration of exclusive breastfeeding. The Royal College of Physicians of Ireland (RCPI) has published a position paper, endorsed by the Faculty of Paediatrics, Institute of Obstetricians and Gynaecologists and Faculty of Public Health Medicine, with commitment to supporting breastfeeding through medical education and within its own membership.⁶

The HSE's Five Year Breastfeeding Action Plan (2016-2021) recognizes the positive impact of breastfeeding on both child and population health.⁵ While breastfed infants have a lower risk of sudden infant death syndrome, allergy and acute infections, in later life they have improved cognitive performance and lower risk of obesity and type 2 diabetes.³ Mothers who have breastfed have reduced risks of breast cancer, ovarian cancer and type 2 diabetes.³ Recent data identified additional long-term benefits associated with breastfeeding even including a reduction in COVID-19.⁷

Despite robust empirical evidence about the benefits of breastfeeding, additional supports are required within hospitals and the community to enable women to reach their breastfeeding goals. The National Infant Feeding Policy provides guidance on antenatal discussion about breastfeeding, skin to skin contact following delivery and avoidance of giving breastfed infants formula unless medically indicated.⁶ Unfortunately, to date the implementation of this and other national breastfeeding guidelines has been limited. The National Maternity Experience Survey 2020 identified areas for improvement based on feedback from mothers. Within hospitals this includes revising the Baby Friendly Hospital Initiative in Ireland and improving access to training for healthcare professionals. While these recommendations are not new, they are now aligned with the self-reported interests of mothers.

During the current pandemic essential services for infants and their families have been curtailed. Public health nurses, normally in a unique position to identify breastfeeding difficulties, have had to decrease their face-to-face contact with new mothers and infants. Specialists such as lactation consultants have largely moved remotely. Community and familial supports have been lost with restricted personal contacts and cancellation of breastfeeding groups.

Even with these challenges, recent decisions made around breastfeeding in Ireland are encouraging. Irish maternity hospitals were early adopters of guidance from the World Health Organization against the separation of mother and baby in the case of maternal Sars CoV-2 infection as benefits of breastfeeding outweigh concerns. The decision from the National Immunisation Advisory Committee to offer breastfeeding mothers vaccination according to their risk group is welcome especially as this differed from the approach initially taken in the UK. This stance had implications for front line healthcare professionals who would otherwise have been ineligible for vaccination. Breastfeeding women have traditionally been excluded from treatment groups but this should not be the default approach without biologically plausible concern. Since November 2020, the HSE's Breastfeeding Policy for Employees has allowed breastfeeding breaks for up to two years post partum. This significant extension beyond the six-month period currently in Irish legislation demonstrates how breastfeeding can be valued and facilitated in the workplace.

One of the biggest challenges that persists is the clear socioeconomic divide in breastfeeding statistics. Mothers in lower socioeconomic groups, with less formal education and who are younger are less likely to breastfeed.⁵ As well as normalising breastfeeding through primary and secondary school education, it is essential that breastfeeding information and timely support be provided within the public healthcare system. It can be difficult to access public lactation support as there are a limited number of International Board Certified Lactation Consultants (IBCLCs) with variable distribution within the HSE. While breastfeeding is natural, it can be challenging particularly in the early days and weeks. It is essential to set realistic expectations for parents especially as there is frequently a lack of familial experience with breastfeeding. This should be coupled with basic information about normal infant feeding behaviour and provision of specialist help if needed.

Breastfeeding, like many physiological functions, sometimes requires specialist support but should be considered within the remit of healthcare professionals, including physicians, to provide initial evaluation, advice and onward referral when necessary. Doctors are expected to advise and prescribe for breastfeeding mothers based on best available evidence, however there is limited research and few approved resources to guide decision-making. Breastfeeding can usually safely continue with considered medication prescription. Evidence-based resources, such as Wendy Jones' breastfeeding-and-medication.co.uk, can provide clarity for healthcare professionals. Without this, convention is often to avoid treatment, delay treatment or stop breastfeeding around medical events and procedures. A recent article by Colleran et al. demonstrated that 70% of professionals recommended against breastfeeding following CT or MRI with contrast media when evidence suggests that no disruption in breastfeeding is required.⁸

Breastfeeding should also be enabled and promoted within healthcare settings. Women who are breastfeeding and require admission to hospital should have access to expressing facilities or access to their babies for direct feeding.

Ireland has a complicated relationship with the industry of breastmilk substitutes. Ireland exported just under €1.3 billion of formula in 2017⁹ which represents a significant share of the global market. Formula companies continue to advertise to parents and medical professionals via specialised formulas in conflict with the WHO Code of Marketing of Breastmilk Substitutes. It has also been suggested that formula companies targeted parents via social media and used uncertainty around COVID-19 to promote formula.¹⁰ The marketing tactics used are selective, poorly regulated and, unfortunately, ubiquitous.

There is a positive trend in breastfeeding rates nationally, but progress is slow. RCPI has made recommendations to address some of the current barriers to breastfeeding. Breastfeeding should be recognised for its health benefits at a population level and its relevance to doctors in a range of specialties. Implementing current policies, addressing inequalities in access to breastfeeding support and providing education for healthcare professionals are fundamental steps that will enable more women to breastfeed in Ireland.

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