

A Spotlight on Breastfeeding

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Dear Sir,

In the wake of the COVID 19 pandemic and increased awareness of infection and the immune system we feel it is important to highlight the free and effective intervention that protects our babies – Breastfeeding. National Breastfeeding Week is held annually and serves to promote breastfeeding in Ireland.

Breastfeeding has significant benefits for mother and baby however rates in Ireland remain disproportionately low. The Irish Maternity Indicator System 2020 National Report shows that 62.3% of babies breastfed at first feed with only 36% exclusively breastfeeding on discharge¹. These rates are below the WHO global targets for breastfeeding which aims for rates of 50% exclusive breastfeeding in the first 6 months by 2025 and 70% by 2030². The Rotunda Hospital had higher rates than the national average at 69.6% with 39.8% exclusively breastfeeding at discharge³. For women who choose to engage with breastfeeding after birth, less than half continue to exclusively breastfeed, this is alarming and a cause for action.

Formula supplementation is common practice across the world and locally within Ireland. In a recent audit in The Rotunda Hospital, we found that 60% of our breastfed babies received some formula during their inpatient stay. For most of these babies, supplementation was not medically indicated. Where medically indicated, formula is an important and effective treatment. Unfortunately, unnecessary supplementation can serve to interfere with breastfeeding success through reduced time for skin to skin and breastfeeding, further impacting milk production. Giving formula to babies of women who choose to breastfeed can negatively impact the mother's confidence in her ability to breastfeed her baby, and there is some evidence that supplementation with small amounts of formula can sensitise babies to cow's milk protein and increase the risk of allergies later on⁴.

Apart from formula supplementation there are many barriers to exclusive breastfeeding in maternity hospitals at present. These include inadequate lactation support and hospital bed shortages.

Currently, specialised lactation support is unavailable at night and over the weekends in maternity hospitals. Rising caesarean section rates also increase the workload on post-natal ward midwifery staff. An aging maternal population with increasing incidence of gestational diabetes is another contributory factor.

Ideally primiparous mothers should spend 48 hours on a post-natal ward to ensure satisfactory initiation of breastfeeding or alternatively have community midwifery support if being discharged earlier. Overcrowded and antiquated postnatal wards encourage mothers to supplement their infants with formula. This facilitates earlier discharge if community midwifery support (which is currently limited) is unavailable.

How can we help our babies benefit from breastfeeding? We need to educate our mothers and healthcare workers on breastfeeding and on the indications for formula supplementation. We must support mothers after delivery with sufficient lactation and midwifery support and better hospital and community facilities. Maternity hospital infrastructures need to be updated to facilitate an improved postnatal experience for mothers.

We hope this letter serves to remind our medical community on the importance of breastfeeding. We need to empower these families in their breastfeeding journey through clear education and effective hospital services.

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