Final Report on the Pilot Project to Promote Breastfeeding in Community Care Area 1

&

Recommendations to promote and support breastfeeding in the Area Health Boards

January 2002

CONTENTS

EXECUTIVE SUMMARY

In 1998 the Chief Executive Officers of the Health Boards in conjunction with the Office for Health Gain agreed that a health promotion project, which would allow for learning and developing a common understanding of health promotion through practical project work, would take place in each Health Board. The Breastfeeding Support Project is the Health Promotion Action Project chosen for the Eastern Health Board, and continued under the three Area Health Boards.

A Consumer Survey on Attitudes towards and knowledge of Breastfeeding was commissioned and breastfeeding initiation and maintence rates for community care area one were recorded. A comprehensive programme of action was developed in partnership with the Maternity Hospitals, Public Health Specialists, Primary Health Care Teams and Voluntary Agencies serving women and children in Community Care Area 1. All initiatives in the programme were evaluated on completion. Breastfeeding initiation and maintenance rates were again recorded and collected on completion of the pilot project.

EXECUTIVE SUMMARY

Recommendations to promote and support breastfeeding in the Area Health Boards

Structure and Policy

1. A multidisciplinary, multi-sectoral Breastfeeding Steering Group should be appointed in each Area Health Board . The Directors of Health Promotion have agreed to play a leading role in developing and managing this group.

2. The initial aim of the Steering Group will be the development of a breastfeeding Policy and Action Plan.

3. The Breastfeeding Steering Group will review breastfeeding policy, revise as necessary and oversee implementation of policy and action plan.

4. The Director of Health Promotion for each Area Health Board should assign senior member of staff to Breastfeeding (20% of time); this person should work closely with the Area Health Board's Breastfeeding Steering Group and establish links with relevant breastfeeding initiatives nationally.

5. A named person at each Community Care Area should be assigned by the General Manager (20% of time) and represent the Community Care Area on the Area Health Boards Breastfeeding Steering Group and oversee implementation of agreed plans. This person should have the necessary skills and expertise to manage, support and promote breastfeeding.

6. Links should be established between the Area Health Boards Breastfeeding Steering Group, the National Breastfeeding Co-ordinator in the Department of Health and Children and the Eastern Regional Health Authority, to ensure strategy and policy are set in the context of the regional plan and the National Breastfeeding Policy for Ireland.

Support and Training for Staff

7. Each Community Care Area should appoint a Public Health Nurse as a resource person with expertise in breastfeeding to provide support to colleagues and to co-ordinate training.

8. All health board staff caring for women and babies should receive training, as appropriate to their role, in the skills necessary to promote and facilitate successful breastfeeding.

9. Training for Practice Nurses and General Practitioners in the promotion of breastfeeding should be provided by relevant health board staff, the GP vocational training scheme and the Continuing Medical Education Scheme(CME).

10. Best Practice Models should be implemented to ensure a family friendly workplace for Health Board Staff.

Supports for Clients

11. Each Area Health Board should provide a coherent and equitable approach to support mothers from low-income areas and those from vulnerable groups such as Travellers and Asylum Seekers, who wish to breastfeed.

12. Health Care Professionals should ensure that during the ante-natal period all women have information on the advantages and management of breastfeeding and are assured that pre-and post-natally, supports will be available from health board personnel and voluntary groups.

13. A Breastfeeding Support Group/clinic to which mothers can come with their babies should be held weekly in each health centre. The existence of the clinic should be made known to women both ante-natally and post-natally. All women should be encouraged to make contact with their Public Health Nurse ante-natally.

Communication

14. Data on the prevalence of breastfeeding, as part of the performance indicator process, at discharge from hospital and at 3 months should be recorded by each community care area in the computerised child health system. The data should be collated for the purpose of monitoring and evaluating at a local and health board level. These figures should be included in Area Health Boards annual report and operational plans.

15. Communication links should be further developed between community care areas and maternity units to facilitate early supports to breastfeeding mothers.

16. Notification of hospital discharges to community care areas should be as prompt as possible to allow a visit by the Public Health Nurse within 24 hours of discharge.

17. Close liaison between The Breastfeeding Steering Group in each Area Health Board and the Communications Department is required to ensure advocacy for breastfeeding.

18. All health centres should have information available on local breastfeeding supports for women. No commercial materials should be used and Area Health Boards will not utilise the services of personnel involved with production or marketing of infant formulae to provide information directly to mothers.

Voluntary Supports

19. Liaison should take place between local voluntary breastfeeding support groups and Public Health Nurses to maintain and strengthen links.

20. Local breastfeeding voluntary support groups should be eligible for an annual financial grant depending on their needs.

Protection of Breastfeeding

21. Each Area Health Board should ensure the Enforcement of International and Irish legislation for the marketing of Infant formula.

22. The means tested free-formula milk scheme, which is currently in place in the Eastern Region should be discontinued in line with other health boards and the promotion of best practice for breastfeeding.

1. BACKGROUND TO THE PROJECT

Health Promotion Action Project for the Eastern Region

In 1998 the Chief Executive Officers of the Health Boards in conjunction with the Office for Health Gain agreed that a health promotion project, which would allow for learning and developing a common understanding of health promotion through practical project work, would take place in each Health Board. This project would be in a priority area chosen by the CEO of each Health Board.

The Breastfeeding Support Project is the Health Promotion Action Project chosen by Mr. P.J. Fitzpatrick, Chief Executive Officer (1998) for the Eastern Health Board, and now continued under the three Area Health Boards.

Breastfeeding in our region

Despite the increasing evidence of the benefits of breastfeeding, the prevalence of breastfeeding in Ireland and the Eastern Region is low at 33.9% and 38.2% respectively. The rate of breastfeeding varies considerably with social class, as represented by father's occupation, being lowest in unskilled manual worker's families. The age of the mother is also associated with the rate of breastfeeding, the rate being lowest in younger mothers. (Department of Health and Children, 1993)

The Department of Health has acknowledged these low breastfeeding rates. In 1994 the National Breastfeeding Policy identified the following national objectives:

- An overall breastfeeding initiation rate of 35% by 1996 and 50 % by the year 2000
- An overall breastfeeding rate of 30% at 4 months by the year 2000
- A breastfeeding initiation rate of 20% by 1996 and 30% by the year 2000 in lower socio-economic groups

In response to the National Breastfeeding Policy 1994, an Action Plan was drawn up for the Eastern Health Board on Breastfeeding.

The following targets specific to the Eastern Region were set in this action plan in 1994:

- Increase breastfeeding rates by at least 3% per year up to the year 2000 and
- Increase the proportion of women breastfeeding at three months so that this should not be less than 50% of the initiation rate for that area.

2. PROJECT TEAM

The project sponsor, Mary Van Lieshout, Health Promotion Officer (until October 2000) nominated a multidisciplinary and interagency team for this project.

Freda Horan, Community Dietitian, Health Promotion Department, Chair (until August 2000)
Breda Gavin, Community Dietitian, Health Promotion Department, East Coast Area Health Board, Chair (from August 2000)
Dr. Davina Healy, Area Medical Officer, Community Care Area 1
Dr. Lelia Thornton, Public Health Department, ERHA
Nicola Clarke, Lactation Consultant, National Maternity Hospital
Dr. Mary Hurley, Consultant to Project
Eithne Carey, La Leche League
Dr. Sandra Tighe, Student Health Services, UCD
Triona Lucey, Public Health Nurse
Mary McGrath, Public Health Nurses
Paula Gahan, CUIDIU –ICT (until September 2000)
Nicola Reeves, CUIDIU –ICT (from September 2000)
Rita Brennan, Practice Nurse
Trea Dooge, Coombe Women's Hospital

3. AIMS AND OBJECTIVES

Aim of the Project

To develop a comprehensive programme of action in partnership with the Maternity Hospitals, voluntary agencies serving women and children, and health board representatives in Community Care Area 1 to increase breastfeeding rates and to monitor the effectiveness of this programme in increasing rates.

Objectives of Project

1) To determine the baseline figures for breastfeeding initiation and maintenance rates in one Community Care Area
2) To develop information systems and links with existing systems to allow for the monitoring of breastfeeding
3) To assess skills and training needs of health professionals and ensure appropriately trained personnel are available to meet needs in the community
4) To provide appropriate support, as identified by consumers, in the antenatal and postnatal period to promote and enable breastfeeding
5) To ensure that local health centres and health services promote breastfeeding and are deemed "mother and baby friendly", by local consumers

4. FIRST PHASE OF PROJECT

Establishment of breastfeeding rates

The first phase of this project involved the establishment of baseline breastfeeding rates in Community Care Area 1. Breastfeeding initiation rates were established from the birth notification forms, that is, the percentage of mothers' breastfeeding on discharge from hospital for all babies born in Community Care Area 1 (from July to mid September 1998). Initiation rates were 59.3%.

Breastfeeding Maintenance Rates, defined as percentage of mothers' breastfeeding at 3 months were calculated using the same cohort of babies. Public Health Nurses in Community Care Area One completed a questionnaire on infant feeding methods between 0-3 months with mothers at the three month check up. Maintenance rates were 34%. It was found that maintenance breastfeeding rates varied with social class. In social class 1-3 39.8% were still breastfeeding at 3 months compared to 16.9% of social class 4-6.

Consumer Survey on Attitudes towards and knowledge of Breastfeeding

A consumer survey was conducted to understand the attitudes towards and knowledge of breastfeeding in the Eastern region. A sample representative (community care area 1) of age, gender and social class was taken. The Centre for Health Promotion Studies, National University of Ireland, Galway was commissioned to conduct this survey. An interviewer–administered questionnaire was used.

Focus group discussions were held with a sample of mothers comprising those who chose to formula feed and those who chose to breastfeed, and included both medical cardholders and non-medical cardholders. The focus groups discussed influences on infant feeding decisions, supports received by mothers while feeding and also community perceptions of women who breastfed.

See Appendix 1 for the executive summary on the quantitative and qualitative research on breastfeeding.

5. PROJECT INITIATIVES

Seminar for Staff – Royal Marine Hotel, Dun Laoghaire March 1999
The project team organised a seminar on breastfeeding to disseminate baseline findings of the research project. Workshops were held at this seminar to discuss potential initiatives with local staff. All health board staff working with mothers and children in this area were invited as well as voluntary agencies, General Practitioners and representatives from the Maternity hospitals. This seminar highlighted the need for more resources on the ground to promote and support breastfeeding.

Presentations on Breastfeeding Research
A presentation on the Eastern Health Board Breastfeeding Attitudinal Survey was made at the Health Promotion Forum, Dr. Steven's Hospital (June 1999) and also at the Health Promotion Conference, National University Ireland, Galway (July 1999).

Building communication links between public health nurses, mothers and maternity hospitals
An initiative was set up in Sept 1999 to encourage mothers to link with their Public Health Nurse antenatally. A Public Health Nurse visited antenatal classes in the National Maternity Hospital to describe the role of the Public Health Nurse and to encourage mothers to get to know their local health centre and Public Health Nurse before their baby was born. The purpose of the initiative was to inform mothers of whom to liase with if they encountered problems in the first few days post discharge. Research has shown that breastfeeding rates fell by 14% in the first 0-4weeks.
This initiative continued until April 2000 in the National Maternity Hospital. A selection of women who were present at the antenatal classes were sent a questionnaire 3 months after the birth of their baby. Results of this initiative were difficult to extrapolate to all mothers, as the sample was just a selection. The main findings were that 88% became more aware of the role of the Public Health Nurse and 52% and 60% respectively found information on their local health centre and breastfeeding support group useful. However only 8% of women said they contacted their Public Health Nurse prior to the birth. When asked regarding who they contacted if/when they experienced problems with feeding their baby 36% stated their Public Health Nurse. Conclusions from the initiative suggest that a visit from the Public Health Nurse provided useful information but did not encourage women to get in contact prior to the birth of their child.

Pregnancy Calendar
A pregnancy calendar has been developed, which contains information on breastfeeding and other health and lifestyle information for pregnant women. The calendar addresses some of the misinformation and concerns highlighted by mothers in the research. The pregnancy calendar was promoted at the National Maternity Hospitals annual celebration to mark world breastfeeding week on 2nd August 2000. The pregnancy calendar was piloted for 6 months in the National Maternity Hospital. An evaluation on format, layout, readability and content was initially undertaken. Results were favourable with 67% stating the pregnancy calendar was very easy to read and 100% stating that information was easy to understand. All the respondents felt the information was

practical with 22% reporting that new information was obtained from the resource and 18% felt that the calendar had influenced decisions they made during their pregnancy. Following this evaluation a decision was taken to reprint the pregnancy calendar and they are now available as a resource in all maternity hospitals in the eastern region. Breastfeeding initiatives throughout the country in addition to maternity hospitals have contacted the project with the view of using the Pregnancy Calendar as an important antenatal information resource.

A final evaluation of the calendar was carried out at the 3-month visit by the Public Health Nurse.

Almost one third (30.3%, n=54) of the women who attended the National Maternity Hospital had received the calendar. The majority (60.0%) of women received the calendar in their first trimester. An additional (26.0%) received the calendar in their second trimester and the remainder (14.0%) received it in their third trimester. The mean age of mothers was similar for those who had received the calendar and those who did not receive it (31.9 years and 32.4 years respectively). However, of note is the high proportion of mothers aged 25-29 years who received the calendar compared to the other age groups. First time mothers were significantly more likely to have received the calendar.

Having received the calendar was not significantly related to medical status, whether the mother was working inside or outside the home or social class.

Table 6 shows the relationship between receiving the calendar and some demographic variables.

Table 6: Relationships between demographic variables and receiving the pregnancy calendar.

	% who received the calendar	**p-value**
Number of Other Children		
0	48.4%	
1	16.7%	
2	34.5%	
3+	10.5%	0.00021
Engaged in Home Duties		
Yes	28.6%	
No	31.1%	0.72846
Social Class		
1-3	29.6%	
4-6	25.6%	0.69867
Medical Card		
Yes	28.1%	
No	29.4%	0.88543
Mother's Age		
< 25 years	19.0%	
25 – 29 years	54.5%	
30 – 34 years	29.7%	

35 + years	26.8%	0.0511

Table 7 shows the breastfeeding initiation and maintenance rates among those who received the calendar compared to those who did not receive the calendar.

Table 7: Breastfeeding initiation and maintenance rates by pregnancy calendar receipt.

	Calendar Yes	**Calendar No**	**p-value**
Breastfeeding Initiation Rate	63.9%	57.2%	0.35710
Breastfeeding Maintenance Rate	37.9%	35.3%	0.71784

A slightly higher initiation rate was recorded among mothers who had received the calendar (63.9%) compared to those who had not (57.2%) but this did not reach the level of significance. There was no significant difference in the breastfeeding maintenance rate based on whether or not one received the pregnancy calendar.

Although evaluation did not indicate that receiving the calendar resulted in an increase in breastfeeding, it did indicate an impact on women's knowledge.

A lack of storage facilities was identified as a barrier to the distribution of the pregnancy calendars to maternity hospitals. Due to birth rates in maternity hospitals in the Eastern region substantial quantities were printed to supply demand. Storage was unavailable on this scale and following numerous discussions with the parties involved a decision was made to distribute fixed amounts from the relevant Health Promotion Department to the maternity hospital as required. This has implications for the Health Promotion Department's storage space.

An appropriate distribution model should be established in all maternity hospitals wishing to use the resource. A very positive outcome it's identification as a valuable information source.

Breastfeeding Posters

Breastfeeding posters and weight/height conversion charts were developed with the aim of replacing materials produced by formula manufacturers with health board literature. This was in line with the 'Guidance Note on the implementation of European Communities (infant formulae and follow-on formulae) Regulations, 1998-2000.
The objectives of the initiative were to increase awareness of the benefits of breastfeeding in the general population and to promote the principles of best practice for breastfeeding among Health Professionals. The posters were promoted at the National Maternity Hospital world breastfeeding week celebrations on the 1st August 2001. A telephone survey was undertaken which evaluated the posters on the basis of their presence in health centres and the removal or absence of formula produced material. When questioned, 60% of health centre workers reported that the breastfeeding posters were displayed in health centres with 94% having no formula material on display. Awareness of the benefits of breastfeeding was not evaluated because of the time limit of the initiative.

GP Initiative
All GPs (53 practices) in Community Care Area One were surveyed to establish their interest in becoming involved in a Breastfeeding Friendly Practice Initiative. 17 practices responded and were interested in further information. A telephone survey was conducted with these practices to investigate how the project team could best support them. Fifteen practices were keen to work with the team. The provision of breastfeeding information and education sessions for staff in the GP Practices were identified as priorities. Initially, Breastfeeding Information Packs were provided to practices for their clients and a list of local resources compiled.
An education evening was organised in November 2000 for the 15 interested practices but unfortunately had to be cancelled due to a poor response. Information packs were redistributed to GP's in February 2001 with a questionnaire on the usefulness of the pack and how the breastfeeding friendly practice initiative could continue to best support the GP's involved. Response rate to this questionnaire was poor.

Response rate to this questionnaire was poor. The overall conclusion from questionnaires was that information packs were useful and practical for clients. In relation to continuing support it was felt that information for clients was essential while newsletters and journal articles were the most appropriate avenues for transferring of information to GP's. A newsletter was developed for GP practices, posters were provided and an article arranged for forum magazine.

While GP's expressed a real interest in being part of a breastfeeding initiative the outcome of the programme was disappointing. As a group they were difficult to engage with, particularly in relation to education updates on breastfeeding. Supports required for clients centred on information materials that could be distributed at consultations and relevant communication tools that could be displayed in surgeries and health centres.

Professional updates in medical journals were perceived to be the most appropriate means of receiving updates and new information on breastfeeding.

Forum Article
An article was written for Forum magazine (aimed at GPs) on common problems with breastfeeding and how best to deal with these problems. A second article followed entitled 'Top Breastfeeding Tips'.

Newspaper Articles
At the instigation of the project group, journalist Anne Dempsey with the Independent Newspapers, wrote an article on the findings of the consumer survey (Sept 1999). She also wrote an article for the Evening Herald which included interviews with two mothers who were breastfeeding.

Provision of Breastfeeding Resources to health centres
The Health Promotion Department has supplied the La Leche League Breastfeeding Answer Book to 80 health centres. This book has been recommended as a resource by the 1994 National Breastfeeding Policy.

6. FINAL PHASE OF THE PROJECT

The final phase of the project was the collection and recording of breastfeeding initiation and maintenance rates for community care area one. The results below present the corresponding post-programme initiation and maintenance rates and compare them with the pre-programme figures.

Methodology

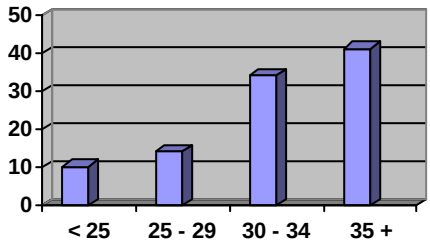
Similar to the pre-programme data, the post-programme data for breastfeeding initiation rates were collected from the birth notification forms of all births in Community Care Area 1 from March 1st to May 31st, 2001, representing a total of 320 babies. Maintenance rates were collected by the Public Health Nurse at the 3 month visit.

Profile of Mothers

Over three-quarters (78.4%) of mothers were married, 20.4% were single and 1.2% were separated or divorced. The age profile of mothers is shown in Figure 1. The mothers' ages ranged from 16 to 47 years with a mean maternal age of 32.5 years.

Over one third (33.4%) of mothers were engaged in home duties. 38.8% of mothers had no other children, 34.7% had one other child, 17.2% had two other children and 9.3% had three or more other children. 87.2% of mothers were in social classes[1] 1-3 and 12.8% were in classes 4-6.

Figure 1: Mother's Age Profile



The profile of mothers included in the post-programme evaluation shows no substantive differences to the mothers included in the pre-programme study.

Infant Feeding

Over half of babies (57.4%) were recorded as being breastfed on the birth notification form. A further 38.2% of babies were being fed by artificial means, and the remainder, 4.4%, were receiving a combination. The breast feeding initiation rate (as recorded on the birth notification forms) were slightly lower in 2001 (57.4%) compared to the 1998 pre programme rate of 59.3%[2].

[1] Social Class is derived from the mother's social class as given based on mother's occupation. Where the mother was married and recorded as a housewife, the father's social class was taken.

[2] The rates show a decrease of approximately 3% at each timeframe when adjusted for information collected three months after the birth by the public health nurse regarding breastfeeding at discharge from hospital.

Breastfeeding was significantly related to the mother's age with those who breastfed being slightly older (mean age of 33.4 years compared to 31.3 years among those not breastfeeding). The pre-programme figures are similar with the mean ages being 32.5 and 30.5 years respectively for those breastfeeding and those not breastfeeding. The mean age of mothers who breastfeed remained unchanged post-programme (33.4 years) compared to pre-programme (32.5 years).

Table 1 shows the relationship between breastfeeding and other factors.

Table 1: Relationships between demographic variables and breastfeeding initiation rates.

	Pre-Programme Initiation Rate	p-value	Post-Programme Initiation Rate	p-value
Number of Other Children				
0	62.0%		59.8%	
1	52.5%		56.4%	
2	61.8%		61.8%	
3+	64.0%	0.52379	43.3%	0.036018
Engaged in Home Duties				
Yes	53.6%		55.2%	
No	61.2%	0.26946	58.3%	0.60499
Social Class				
1-3	66.3%		63.4%	
4-6	42.4%	0.00825	27.0%	0.00003
Medical Card				
Yes	28.1%		28.9%	
No	65.0%	0.0007	62.3%	0.00014

Breastfeeding was not significantly related to the number of children the mother had. The initiation rate of mothers working at home did not show any significant difference compared to mothers working outside the home. Breast feeding was significantly related to medical card status with an initiation rate of 28.9% among medical card holders compared to 62.3% among non-medical card holders. Breast feeding initiation was also significantly related to social class with a rate of 63.4% among the non-manual classes (classes 1-3) and 27.0% among the manual classes (classes 4-6). Table 1 also shows that these relationships were consistent pre- and post- programme.

Table 2 compares the pre- and post- programme initiation rates for each group. No statistically significant difference in the initiation rate pre- and post- programme was noted within any group.

Table 2: Breastfeeding initiation rates within groups compared pre- and post-programme.

	Pre-Programme Initiation Rate	Post-Programme Initiation Rate	p-value
Number of Other Children			
0	62.0%	59.8%	0.732849
1	52.5%	56.4%	0.597318
2	61.8%	61.8%	1.000000
3+	64.0%	43.3%	0.126361
Engaged in Home Duties			
Yes	53.6%	55.2%	0.874215
No	61.2%	58.3%	0.548560
Social Class			
1-3	66.3%	63.4%	0.512599
4-6	42.4%	27.0%	0.175492
Medical Card			
Yes	28.1%	28.9%	0.939521
No	65.0%	62.3%	0.557034

Just over three-quarters of babies (245) had a questionnaire on infant feeding completed at the three-month public health nurse visit. Over one third (34.7%) of babies were being breastfed at the time of the three month visit. Maintenance rates in 2001 appear to be unchanged compared to the pre breastfeeding programme rate of 33.9%.

Breastfeeding at three months was significantly related to social class, 39.2% of the non-manual classes (classes 1-3) were breastfeeding at 3 months compared to 10.3% of the manual classes (classes 4-6). This relationship also existed pre-programme, 38.4% and 15.6% of non-manual and manual class women respectively were breastfeeding at three months pre-programme.

Table 3 compares the pre- and post- programme maintenance rates for each group. Again, no statistically significant difference in the maintenance rate pre- and post-programme was noted within any group.

The mean age of women who continued to breastfeed at three months was similar pre- (33.5 years) and post- (34.0 years) programme

Table 3 compares the pre- and post- programme maintenance rates for each group. Again, no statistically significant difference in the maintenance rate pre- and post-programme was noted within any group.

The mean age of women who continued to breastfeed at three months was similar pre- (33.5 years) and post- (34.0 years) programme

Table 3: Breastfeeding maintenance rates within groups compared pre- and post-programme.

	Pre-Programme Maintenance Rate	Post-Programme Maintenance Rate	p-value
Number of Other Children			
0	34.7%	30.7%	0.607902
1	30.7%	34.1%	0.641754
2	32.7%	48.8%	0.105915
3+	44.0%	26.1%	0.194559
Engaged in Home Duties			
Yes	30.3%	28.8%	0.848705
No	35.1%	37.1%	0.689256
Social Class			
1-3	38.4%	39.2%	0.879473
4-6	15.6%	10.3%	0.817823
Medical Card			
Yes	6.1%	18.9%	0.212504
No	39.0%	38.3%	0.879687

DISCUSSION

A breastfeeding initiation rate of 57% was found in the final evaluation phase of the project. This is high compared with the national breastfeeding initiation rate of 40% (Cuidiú, 1999). However, the rate in Dublin is likely to be higher due to high rates in the National Maternity Hospital and Mount Carmel. Over three quarters of the women in the study delivered in the National Maternity Hospital hence the higher rate there, 56.5%, (Cuidiú, 1999) is reflected in the study. The project was based in Community Care area one with 87.2% of the study population in social 1-3. This feature greatly influences the higher incidence of breastfeeding.

Breastfeeding maintenance rates were recorded at the 3 month visit as 34.7%. It is difficult to assess the value of this figure as there is no national statistics on maintenance rates for breastfeeding at 3 months. However, the National Breastfeeding Policy, 1994, did set the target of 30% breastfeeding at four months. This is likely to have been reached with almost 35% breastfeeding at three months.

The findings in this study suggest that some of the National Breastfeeding Policy targets, and the targets of the project have been achieved in community care area one.

- The overall initiation rate for breastfeeding of 50% by the year 2000 was achieved.
- The proportion breastfeeding at three months is not less than 50% of the initiation rate.

An initiation rate of 30% was not achieved in the lower socio-economic groups.

The available evidence suggests that breastfeeding has positive effects on both the baby's health and on the mother-child relationship. Breastfed babies have better protection against acute infectious diseases and certain chronic diseases (Department of Health, 1994). The promotion of breastfeeding has long being a policy of the Department of Health and Children who consider it to be the best method of infant feeding. However, despite their efforts, breastfeeding in Ireland remains low by international standards.

The findings here, which suggest that breastfeeding is still not the choice of a large proportion of mothers and that breastfeeding is strongly related to socio-economic status supports the conclusions of Wiley and Merriman (1996). Their national findings conclude that more effective channels for imparting information are required; that education about breastfeeding should be initiated at an early age and that women and that the consideration of prevailing cultural attitudes is required to understand barriers to breastfeeding.

7. RECOMMENDATION TO PROMOTE AND SUPPORT BREASTFEEDING IN THE AREA HEALTH BOARDS

Based on work to date and the recommendations set out in the National Breastfeeding Policy 1994 and The Proposed Policy and Action Plan by the former Eastern Health Board, the Breastfeeding Support Project Team makes recommendations to ensure a multidisciplinary, multi-sectoral, strategic approach to breastfeeding in each Area Health Board.

Structure and Policy

1. A multidisciplinary, multi-sectoral Breastfeeding Steering Group should be appointed in each Area Health Board . The Directors of Health Promotion have agreed to play a leading role in developing and managing this group.

2. The initial aim of the Steering Group will be the development of a breastfeeding Policy and Action Plan.

3. The Breastfeeding Steering Group will review breastfeeding policy, revise as necessary and oversee implementation of policy and action plan.

4. The Director of Health Promotion for each Area Health Board should assign senior member of staff to Breastfeeding (20% of time); this person should work closely with the Area Health Board's Breastfeeding Steering Group and establish links with relevant breastfeeding initiatives nationally.

5. A named person at each Community Care Area should be assigned by the General Manager and represent the Community Care Area on the Area Health Boards Breastfeeding Steering Group and oversee implementation of agreed plans. This person should have the necessary skills and expertise to manage support and promote breastfeeding.

6. Links should be established between the Area Health Boards Breastfeeding Steering Group, the National Breastfeeding Co-ordinator in the Department of Health and Children and the Eastern Regional Health Authority to ensure strategy and policy are set in the context of the regional plan and the National Breastfeeding Policy for Ireland.

Support and Training for Staff

7. Each Community Care Area should appoint a Public Health Nurse as a resource person with expertise in breastfeeding to provide support to colleagues and to co-ordinate training.

8. All health board staff caring for women and babies should receive training, as appropriate to their role, in the skills necessary to promote and facilitate successful breastfeeding.

9. Training for Practice Nurses and General Practitioners in the promotion of breastfeeding should be provided by relevant health board staff, the GP vocational training scheme and the Continuing Medical Education Scheme(CME).

10. Best Practice Models should be implemented to ensure a family friendly workplace for Health Board Staff.

Supports for Clients

11. Each Area Health Board should provide a coherent and equitable approach to support mothers from low-income areas and those from vulnerable groups such as Travellers and Asylum Seekers, who wish to breastfeed.

12. Health Care Professionals should ensure that during the ante-natal period all women have information on the advantages and management of breastfeeding and are assured that pre-and post-natally, supports will be available from health board personnel and voluntary groups. Women who have decided to bottle-feed should receive appropriate information of this method from Public Health Nurses. There should be no discrimination perceptible by women who elect to bottle-feed.

13. A Breastfeeding Support Group/clinic to which mothers can come with their babies should be held weekly in each health centre. The existence of the clinic should be made known to women both ante-natally and post-natally. All women should be encouraged to make contact with their Public Health Nurse ante-natally.

Communication

14. Data on the prevalence of breastfeeding, as part of the performance indicator process, at discharge from hospital and at 3 months should be recorded by each community care area in the computerised child health system. The data should be collated for the purpose of monitoring and evaluating at a local and health board level. These figures should be included in Area Health Boards annual report and operational plans.

15. Communication links should be further developed between community care areas and maternity units to facilitate early supports to breastfeeding mothers.

16. Notification of hospital discharges to community care areas should be as prompt as possible to allow a visit by the Public Health Nurse within 24 hours of discharge.

17. All health centres should have information available on local breastfeeding supports for women. No commercial materials should be used and Area Health Boards will not utilise the services of personnel involved with production or marketing of infant formulae to provide information directly to mothers.

Voluntary Supports

18. Liaison should take place between local voluntary breastfeeding support groups and Public Health Nurses to maintain and strengthen links.

19. Local voluntary support groups should be eligible for an annual financial grant depending on their needs.

Protection of Breastfeeding

20. Each Area Health Board should ensure the Enforcement of International and Irish legislation for the marketing of Infant formula.

21. The means tested free-formula milk scheme, which is currently in place in the Eastern Region should be discontinued in line with other health boards and the promotion of best practice for breastfeeding.

REFERENCES

Central Statistics Office, 2000. www.cso.ie

Cuidiú, 1999. Preparing Together for Birth and Beyond: A Consumer Guide to the Maternity Services of Ireland. Dublin: Cuidiú, Irish Childbirth Trust.

Department of Health, 1993. Perinatal Statistics 1992. Dublin: Stationery Office.

Department of Health, 1994. A National Breastfeeding Policy for Ireland.

Wiley, Miriam M. and Merriman, Barry, 1996. Women and Health Care in Ireland: Knowledge, Attitudes and Behaviour. Dublin: Oak Tree Press.