

Breastfeeding in the North East: A report

**The Department of Public Health Medicine
North Eastern Health Board
January 1997.**

Contents

Contents	1	
Introduction	2	
Methodology	2	
Results		
Profile of study population	3	
Breastfeeding rate	4	
Influences on breastfeeding	5	
Factors associated with the decision to breastfeed	6	
Knowledge of the benefits of breastfeeding	6	
Breastfeeding mothers		8
Conclusions	9	
Recommendations	10	

Introduction

The benefits of breast milk for a new born infant are well established. The national and international healthcare community strongly advocates breastfeeding for the first three to six months of an infant's life. There is good evidence that breastfeeding results in significant health gain and in particular reduces the incidence and severity of gastrointestinal and lower respiratory illness in the first year of life.

The percentage of breastfeeding among different countries varies widely, with rates of over 90% in Sweden, Norway and Poland. Ireland has the lowest percentage of breastfeeding in Europe, recent studies would suggest that less than 35% of Irish women who give birth initiate breastfeeding.

In recent years, national policy documents (*Shaping a Healthier Future 1994; A National Breast Feeding Policy for Ireland 1994; Developing a Policy for Women's Health 1995; A Health Promotion Strategy 1995*) and local documents (*Report of the Expert Advisory Group on Women's Health - Issued by North Eastern Health Board, 1996*) relating to the health sector have emphasised the need to increase the proportion of mothers who breastfeed at birth and to prolong breastfeeding for as long as possible. The main targets set for breastfeeding are:

- 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.
- Among lower socio-economic groups, a breastfeeding initiation rate of 20% by 1996 and 30% by the year 2000.

In order to monitor progress in this region, the Department of Public Health Medicine in association with the Community Care Programme carried out a survey to establish the current rate of breastfeeding in the region and to ascertain areas that would need attention if the targets set are to be achieved.

Methodology

All mothers from the region who gave birth to a singleton child in a 4 week period in 1996 were invited to take part in the survey. The local Public Health Nurse administered a pre-piloted questionnaire at their first post-natal visit to all of the women concerned. Women who were still breastfeeding at this stage were identified and visited again at 6 weeks and 16 weeks (if still breastfeeding at 6 weeks) for further questions. Data was analysed using SPSS 6.1 for Windows.

Results

Profile of study population

Of the 308 women who had a singleton birth, 287 (93%) agreed to participate in the study. Their socio-demographic profile is outlined in Table 1. The high proportion of smokers and those from a lower socio-economic grouping in the Louth area is notable.

Table 1. Socio-demographic characteristics of the study population by Community Care Area

	Meath n=104 no (%)	Louth n=97 no (%)	Cavan/Monaghan n=86 no (%)	Total n=287 no (%)
<i>Mothers mean age (years)</i>	31.3	29.6	30.4	30.5
<i>Mothers Marital Status</i>				
Single	23 (23%)	20 (21%)	9 (10%)	52 (18%)
Married	78 (75%)	77 (74%)	76 (88%)	226 (79%)
Widowed	2 (2%)		1 (1%)	3 (1%)
Separated	1 (1%)	5 (5%)		6 (2%)
<i>Social Class Status</i>				
Higher Grouping	57 (55%)	43 (44%)	36 (42%)	136 (47%)
Lower Grouping	38 (37%)	52 (54%)	40 (46%)	130 (45%)
Unknown	9 (9%)	2 (2%)	10 (12%)	21 (7%)
<i>Medical Card Holder</i>	29 (28%)	33 (34%)	22 (26%)	84 (29%)
<i>Work Outside the Home</i>	64 (62%)	58 (60%)	42 (49%)	164 (57%)
<i>Current Smoker</i>	27 (26%)	40 (43%)	16 (19%)	83 (30%)

Table 2 outlines factors relating to the birth of their child. Whilst most women attended ante-natal classes (246 - 86%), very few went to specific parent craft classes (76 -26%). It is interesting to note that more than half of the women from Meath gave birth in a hospital outside of the region.

Table 2: Factors relating to the birth of their child.

	Meath n=104	Louth n=97	Cavan/Monagha n n=86	Total n=287
	no (%)	no (%)	no (%)	no (%)
<i>First Time Mothers</i>	41 (39%)	35 (36%)	22 (26%)	98 (34%)
<i>Ante-Natal Care</i>	93 (89%)	83 (87%)	70 (81%)	246 (86%)
<i>Parent Craft Class</i>	30 (29%)	23 (24%)	23 (27%)	76 (27%)
<i>Hospital of Birth</i>				
Our Lady of Lourdes	41 (39%)	59 (61%)	7 (8%)	107 (37%)
Louth County		30 (31%)	1 (1%)	31 (11%)
Cavan General	4 (4%)		38 (44%)	42 (15%)
Monaghan			24 (28%)	24 (8%)
Dublin Hospitals	55 (53%)	4 (4%)	9 (11%)	68 (24%)
Others	4 (4%)	4 (4%)	7 (8%)	15 (5%)
<i>Type of Birth</i>				
Normal Delivery	69 (67%)	59 (62%)	59 (69%)	187 (66%)
Assisted Vaginal	13 (13%)	16 (17%)	10 (12%)	39 (14%)
Caesarean Section	21 (20%)	21 (22%)	17 (20%)	59 (21%)
<i>Babys Mean Weight</i>	3586grms	3537grms	3549grms	3558grms

Breastfeeding rate

Table 3 outlines by Community Care Area the proportion of women who breastfed their babies at different time intervals. Whilst the overall uptake of breastfeeding was close to the target level set for 1996, there is a marked variation by Community Care Area with Meath mothers significantly out performing the other areas. However, even in Meath, the percentage breastfeeding is still very low in real terms. There is also evidence of a rapid decline in breastfeeding soon after birth, with only 30% of mothers breastfeeding their child by the time the Public Health Nurse does her first visit, which on average is 10 days after the birth of the child. It is disappointing to note that only 10% of mothers are still breastfeeding at 16 weeks, a long way short of the target rate of 30%.

Table 3: Breastfeeding rates at different intervals by Community Care Area in the North Eastern Health Board - 4 week birth cohort

	Meath	Louth/South Monaghan	Cavan/Monaghan	Total
<i>Breastfeeding at:</i>	no (%)	no (%)	no (%)	no (%)
birth	46 (44%)	29 (33%)	25 (29%)	100 (35%)
hospital discharge	41 (39%)	22 (25%)	22 (26%)	85 (30%)
PHN first visit	37 (36%)	16 (17%)	19 (22%)	72 (25%)
6 weeks	31 (30%)	11 (13%)	16 (19%)	58 (20%)
16 weeks	18 (17%)	3 (3%)	8 (9%)	29 (10%)

Table 4 outlines the breastfeeding rates by hospital of birth. Significantly, women who attended Dublin Hospitals are more likely to breastfeed their child than women who gave birth in other hospitals.

Table 4: Proportion of Women Breastfeeding by Hospital of Birth

<i>Hospital</i>	Number of Births	% Breastfeeding
Our Lady of Lourdes	107	36
Louth County	31	16
Cavan General	42	21
Monaghan General	24	25
Dublin Hospitals	68	56
Other	15	20
Total	287	35

Influences on breastfeeding.

Women were also asked as to whether anyone spoke to them about the benefits of breastfeeding during their pregnancy. It is disappointing to note that 161 (56%) women stated that no one spoke to them about breastfeeding during their pregnancy. Of those who did receive information about breastfeeding, the commonest sources of that information were: Hospital Nurses (26%), Ante-Natal Class Co-ordinators (11%), General Practitioners (8%), Hospital Doctors (5%), Public Health Nurses (5%) and Practice Nurses (1%). This becomes even more important as our research also found that only 98 (38%) women had decided on their method of feeding prior to their pregnancy. Hence, the duration of the pregnancy is an excellent window of opportunity for health care professionals to provide

women with the information they need to decide on which method of feeding they will select for their babies.

Factors associated with the decision to breastfeed

Analysis of the data collected, found the following variables to be statistically significantly related to whether a woman would breastfeed:

- Being from County Meath
- Belonging to a higher social class status
- Being a non smoker
- Not having a medical card
- Working outside the home
- Having a mother who herself breastfed
- Having attended a parent craft class during the pregnancy
- Having breastfed a previous baby.

Obviously, many of these variables are in themselves related to each other, and the most important variables are the mothers' social class and (for mothers who have had a previous baby) having breastfed a previous baby. Indeed, women who previously breastfed were 44 times more likely to breastfeed the next child than mothers who never breastfed. Hence, the importance of concentrating efforts on first time mothers, as success at this stage could lead to increased breastfeeding for future children.

Knowledge of the benefits of breastfeeding.

It is important to get some understanding of the knowledge base women have with respect to the benefits of breastfeeding. Table 5 outlines women's views as to their ideas as to the benefits of breast feeding. Overall, women who choose not to breastfeed had a much lower level of knowledge about the benefits of breastfeeding.

In addition to what is shown in table 5, 16 (6%) women, all of whom were bottlefeeders, stated that there were no benefits to breastfeeding and a further 19 (7%), again all bottlefeeders, said they did not know of any benefits from breastfeeding. It is apparent that there is a wide gap in knowledge about the benefits of breastfeeding that needs addressing. Women who bottlefed were also asked for the reasons why they opted not to breastfeed and their responses are given in the table 6. Overall, 27% of these clearly stated that they did not

want to breastfeed and we must respect their right to choose as they felt for themselves. However, other responses do provide us with opportunities to provide information and services with which we might be able to help women overcome some of the barriers to breastfeeding as they see them. Of those who do bottlefeed their babies, only 47 (25%) felt that the media were favourable to breastfeeding as against 40 (40%) of women who breastfed. Overall, only 87 (30%) of women felt that the media were positive in their outlook to breastfeeding.

Table 5: Mothers views as to the benefits of breastfeeding by feeding status

	Breastfeeders	Bottlefeeders	Total
	no (%)	no (%)	no (%)
Best for baby	64 (64%)	67 (36%)	131 (46%)
Better immunity	33 (33%)	37 (20%)	70 (24%)
Convenient	41 (41%)	11 (6%)	52 (18%)
Helps bonding	30 (30%)	12 (6%)	42 (15%)
No bottles	14 (14%)	10 (5%)	24 (8%)
Cheap	5 (5%)	10 (5%)	15 (5%)
Best for mother	3 (3%)	4 (2%)	7 (2%)
Baby more content	4 (4%)	2 (1%)	6 (2%)
Restores figure	3 (3%)	3 (2%)	6 (2%)
On demand	6 (6%)	--	6 (2%)
Milk at right temperature	2 (2%)	1 (<1%)	3 (1%)
Prevents cot deaths		2 (1%)	2 (<1%)

Table 6: Reasons given by the 187 women who did not breastfeed for their decision:

REASON	no	%
Didn't want to	51	27
Time consuming	33	18
No confidence	26	14
Not able post-delivery	21	11
Didn't consider it	19	10
Failed before	14	7
Too embarrassed	12	6
Other children	9	5
Work commitments	8	4
No reason given	7	4
Not encouraged	6	3
Wanted father involved	4	2
Baby unwell	3	2
Mother unwell	3	2
Nipple problems	2	1

Breastfeeding mothers

Women who choose to breastfeed were asked additional questions about their breastfeeding. Of the original 100 women who had started breastfeeding, 71 were no longer breastfeeding at 16 weeks. Table 7 outlines the mothers reasons for stopping breastfeeding at different stages. Mothers could give more than one reason if that was appropriate.

Table 7: Mothers reasons for stopping breastfeeding at different stages

	Between baby's birth & PHN 1st visit. n=28.	Between PHN 1st visit and 6 weeks. n=14.	Between 6 and 16 weeks. n=29	Total. n=71.
Poor supply	8	5	9	22
Tired	8	5	6	19
Baby unhappy	7	4	7	18
Breast problems	8	5	--	13
Return to work	--	--	10	10
Other children	2	1	3	6
No privacy	2	--	2	4
No encouragement	1	1	2	4
Mother of child ill	1	3	--	4
Tied down	1	1	1	3
Wanted to	--	1	2	3
Baby unwell	1	1	1	3
Nurse advice	2	--	--	2
Too painful	2	--	--	2
Doctors advice	1	--	--	1
Bottle easier	1	--	--	1
Conflicting advice	1	--	--	1
Too anxious	1	--	--	1
No reason given	1	--	--	1

Many of the reasons given by women relate to the process of breastfeeding itself and this is an area where further support, advice and encouragement could help these women to continue breastfeeding for longer periods.

Breastfeeding women were also asked about the level of support they received for their decision. Only 3 women stated that their husband/partner was not supportive of the decision to breastfeed. In addition, 85 women stated that there were people in the community who were supportive of their decision to breastfeed. Breastfeeders specifically mentioned Public Health Nurses (60) as being their most likely support base followed by, General Practitioners

(25), the maternity hospital (23), family and friends (14) and specific breastfeeding support groups (5).

Further information about breastfeeding in community settings was available from the 72 women who were still breastfeeding by the PHNs first visit. Other than the home, the commonest place women breastfed, was in the car (44 - 61%), followed by pubs/restaurants (14 -19%), Health Centres (13 - 8%), shopping centres (7 - 10%), public offices (3 - 4%), at work (2 - 3%) and at church (2 - 3%). Three women said that they had been asked to stop breastfeeding in public and 31 (43.1%) stated that they were embarrassed to breastfed in public. Interestingly, 54 (75%) of the women held the view that most people expect breastfeeding mothers to stay out of sight.

The majority of these women were also unhappy with the provision made for breastfeeding in specific places and these are outlined in table 8.

Table 8: Percentage satisfied with provisions made for breastfeeding at various location.

<i>Location</i>	no (%)
Health Board Clinics	11 (15%)
Hospitals	8 (11%)
GPs Surgeries	5 (7%)
Shopping Centres	4 (6%)
Restaurants	1 (1%)
Trains/Bus Stations	1 (1%)

Conclusions

This study, which was facilitated by the Public Health Nursing Service has achieved a very high response rate, hence giving strong validity to its findings. The level of breastfeeding throughout the North Eastern region is extremely low. Those from lower socio economic groupings were less likely to breastfeed. Women who had previously breastfed were significantly more likely to breastfeed than those who had not breastfed beforehand. Expectant mothers would appear to receive little information from health professionals concerning the benefits of breastfeeding during their pregnancy. A higher level of support for those who choose to breastfeed needs to be established. This needs to extend from the health care environment into the wider community settings.

Recommendations

In July 1994, an expert committee having reviewed breastfeeding in Ireland, developed a National Policy to promote breastfeeding. Whilst there has been some progress in the implementation of this policy, there is still a long way to go.

There is a need to establish a multi-disciplinary, multi-agency group from within the region to ensure that the recommendations of that report are implemented in order to maximise the health and social gains that can accrue from a high rate of breastfeeding.

The board's Health Promotion Unit is well placed to lead such a group.

Specific attention should focus on the following:

- All maternity units to adopt and enforce the International Code on the Marketing of Breastmilk Substitutes.
- All maternity units to adopt and participate in the "Baby Friendly Initiative"
- The provision of adequate community support for breastfeeding mothers.
- Adoption of breastfeeding promotion as a core health promotion topic by the board's health promotion unit, and encouragement for initiatives outside the health sector in schools, the workplace and in public facilities.
- As an employer, a review of the facilities for nursing mothers employed by the health board.
- A review of in-service training for staff around the breastfeeding.
- Active and practical assistance for support groups in the area of breastfeeding.
- Annual returns on breastfeeding to be incorporated by all relevant groups in their annual reports.
- An annual report to the health board on progress achieved, difficulties encountered and plans for the future in raising the proportion of women who initiate and maintain breastfeeding