



Breastfeeding in a Healthy Ireland – Health Service Executive Action Plan 2016-2021*

Implementation progress report

**Extended to end 2023*

mychild.ie



Foreword

The HSE's Breastfeeding Action Plan was launched under the auspices of the HSE's Healthy Ireland Framework in 2016, in the same year the Government published the National Maternity Strategy.

It was developed in recognition of the need for:

- co-ordinated action within the HSE to increase breastfeeding rates
- an overarching Government breastfeeding policy.

The evidence of the importance of breastfeeding for infant and maternal lifelong health is growing and robust. During the lifetime of this plan, seminal research has been published in The Lancet in [2016](#) and [2023](#) which reinforces the need to promote, protect and support breastfeeding and safe infant feeding practices. Rates of breastfeeding leaving hospital have increased modestly since 2016, against the backdrop of increased maternal comorbidities and increased labour and birth intervention practices (IMIS 2023, HPO 2021). There have been more positive improvements in combined breastfeeding and exclusive breastfeeding rates at 3 months over the same period.

Delivery of actions in the plan is overseen by the HSE National Breastfeeding Implementation Group (NBFIG) which was convened in late 2016. Annual reports from the NBFIG were circulated for 2017 and 2018. Breastfeeding updates for maternity services are included within National Women and Infants Health Programme (NWIHP) annual reports from 2019 onwards.

The term of the action plan was extended from 2016-2021 to 2016-2023, in response to the interruption of services during the COVID-19 pandemic and with the allocation of new funding in 2021 for infant feeding/lactation posts.

This report provides an outline of progress in the 31 actions identified in the original Plan and covers the full period, from 2016 to 2023. The actions in the plan were grouped into 5 areas:

	Number of Actions
1. Governance and health service structures	(7)
2. Training and development	(2)
3. Health service policies and practices	(13)
4. Social marketing, support and advocacy	(5)
5. Research, monitoring and evaluation	(4)

We wish to thank Directors of Midwifery and Directors of Public Health Nursing services, infant feeding/lactation staff and Child Health Programme Development Officers (CHPDOs) for their ongoing support and in particular for mapping infant feeding service provision in 2017 and during 2024, which informed this review.

A special word of thanks is also needed to mothers for their constructive feedback on what is helpful for them and how we can continue to improve support.

Thanks also to voluntary breastfeeding organisations La Leche League, Cuidiú and Friends of Breastfeeding, for their dedication and commitment to the many working groups established to progress actions in this plan, in addition to providing highly valued volunteer breastfeeding support in communities.

Finally, thank you to other stakeholders within and external to the HSE who helped drive improvements in infant feeding supports over the term of the action plan.

Some of those include:

HSE: Midwives, Public Health Nurses, Lactation consultants, Health and Social Care Professionals, acute hospitals, NWHIP, Office of the Nursing and Midwifery Services Director (ONMSD), Neonatal and Paediatric Clinical Advisory Groups, Primary Care Operations, Regional Child Health Governance Groups, Centres of Nursing and Midwifery Education (CNMEs), Communications and Public Affairs Division, National Health and Wellbeing, Dental Services, Pharmacists, National Human Resources, National Office for Clinical Audit and the Healthcare Pricing Office (HPO).

Governmental and State organisations: The Department of Health, the Department of Children, Equality, Disability, Integration and Youth, the Food Safety Authority of Ireland, Higher Education Institutes, Safer Food, and the Health Products Regulatory Authority.

External organisations and groups: Association of Lactation Consultants of Ireland (ALCI), Baby Feeding Law Group Ireland (BFLGI), Bainne Beatha, Irish College of General Practitioners (ICGP), health service trade unions, Irish General Practice Nurse Association (IGPNA) and the Western Health and Social Care Trust (WHSCT) Human Milk Bank.



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Laura McHugh

National Breastfeeding Coordinator



Dr Abigail Collins

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September 2024

Breastfeeding rates

In 2023:

- 64% babies commence breastfeeding after birth
- 61.3% of babies breastfed (exclusively and non-exclusively) from birth to discharge
- 36.9% of babies breastfed (exclusively) from birth to discharge

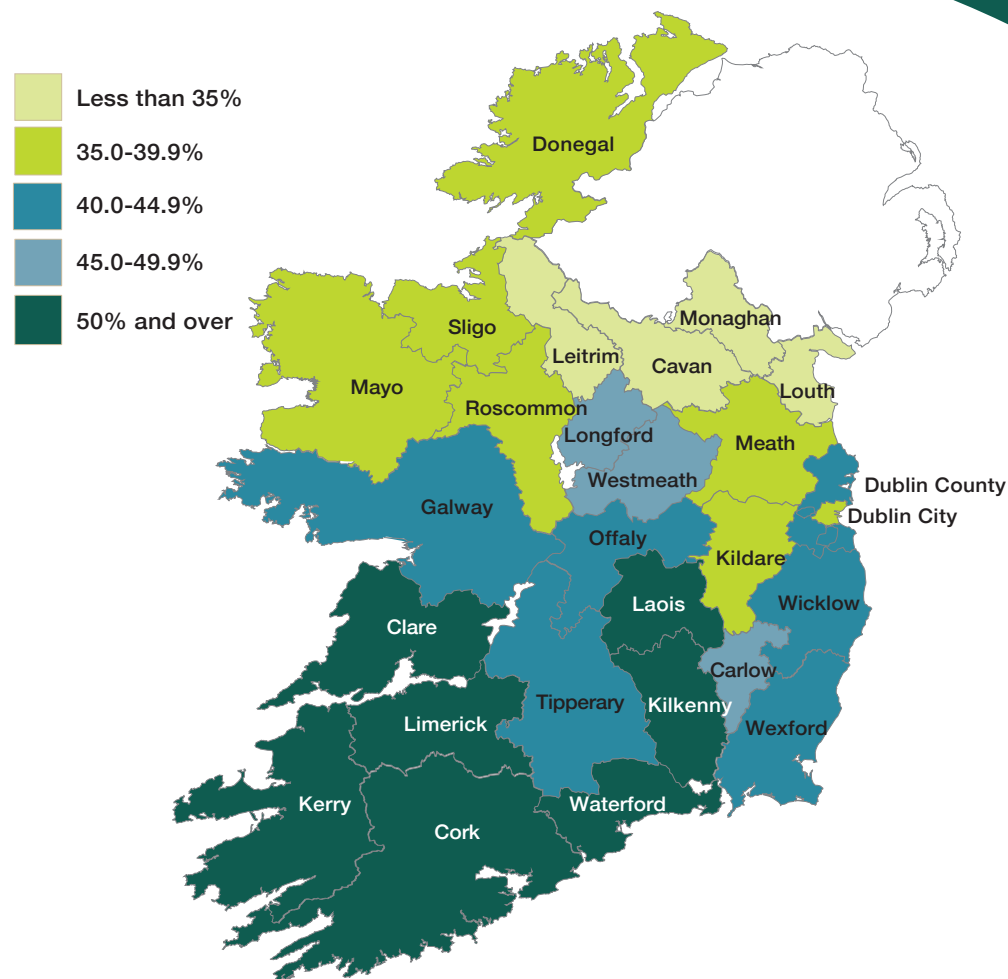
(Irish Maternity Indicator System)

In 2023:

- 60.3% babies breastfed (exclusively and non-exclusively) at the first PHN visit
- 40.3% of babies breastfed (exclusively) at the first PHN visit
- 42% of babies breastfed (exclusively and non-exclusively) at 3 months
- 32% of babies breastfed (exclusively) at 3 months

(HSE Key Performance Indicators)

In 2022



Percentage distribution of exclusively breastfed infants on discharge from hospital by mothers' county of residence, as reported to National Perinatal Reporting System (NPRS) 2022.



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Assistant National
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Former group members

Carmel Brennan (from 2016 to 2022), Siobhan Hourigan (from 2016 to 2018),
Rebecca O'Donovan (from 2016 to 2019) and Dr Carly Cheevers (from 2018 to 2019)

Meet the team

*The National Breastfeeding
Implementation Group was
established in September 2016.
The group has met 54 times since then.*

Glossary of terms and abbreviations

ALCI	Association of Lactation consultants of Ireland
ANP	Advanced Nurse Practitioner
BF	Breastfeeding
BFI	Baby Friendly Initiative
BFLGI	Baby Feeding Law Group of Ireland
BOAT	Breastfeeding Observation and Assessment Tool
CHI	Children's Health Ireland
CHO	Community Healthcare Organisation
CHPDO	Child Health Programme Development Officer
CNMEs	Centres of Nursing and Midwifery Education
CNO	Chief Nursing Officer, Department of Health
CWO	Community Welfare Officer
DCEDIY	The Department of Children, Equality, Disability, Integration and Youth
DEBM	Donor Expressed Breast Milk
DOH	The Department of Health
Exclusive BF	Baby is breastfed only. No formula feeds given.
Non-exclusive BF	Baby has some breastfeeds and some formula feeds.
FOBF	Friends of Breastfeeding
FSAI	Food Safety Authority of Ireland
GP	General Practitioner
HEIs	Higher Education Institutes
HIQA	Health Information and Quality Authority
HNA	Health Needs Assessment
HPO	Healthcare Pricing Office
HSE	Health Service Executive
IBCLC	International Board Certified Lactation Consultant
ICGP	Irish College of General Practitioners
IMIS	Irish Maternity Indicator System

IPAS	International Protection Accommodation Services
KPI	Key Performance Indicators
LLL	La Leche League
MN-CMS	Maternal and Newborn Clinical Management System
NBFIG	National Breastfeeding Implementation Group
NCCP	National Cancer Control Programme
NCHD	Non-Consultant Hospital Doctors
NIFEP	National Infant Feeding Education Programme
NMBI	Nursing and Midwifery Board of Ireland
NPRS	National Perinatal Reporting System
NWIHP	The National Women and Infants Health Programme
ONMSD	Office of the Nursing and Midwifery Services Director
PHN	Public Health Nurse
PN	Practice Nurse
ROI	Republic of Ireland
Ten Steps	WHO/UNICEF ten steps to successful breastfeeding
UNICEF	United Nations Children's Fund
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organisation
WHSCCT	Western Health and Social Care Trust
WTE	Whole Time Equivalent (calculation of number of hours worked)

Key achievements from 2016 to 2023

64%

breastfeeding initiation in 2023



56

breastfeeding topics on mychild.ie

- 551,224 views on breastfeeding pages in 2023
- 21,967 online breastfeeding support queries
- 4 monthly breastfeeding focused social media ads



10,522

infant feeding e-learning units completed

- pilot of National Infant Feeding Education Programme with 78 staff in 3 CNMEs (2023)
- 64 breastfeeding skills trainers



27

breastfeeding publications for HSE staff developed/updated

- Guideline on the Observation of a Breastfeed & Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource
 - 27 of 32 PHN areas implementing the BOAT
- National Standards for Infant Feeding in Maternity Services (HSE BFI)
- HSE BFI self-assessment resources
- Breastfeeding Policy for Staff Working in the Public Health Services
- Interim Public Health Guidance for Voluntary Breastfeeding Groups
- HSE Policy on the Marketing of Breastmilk Substitutes
 - Working within the code: A guide for HSE staff
- National Infant Feeding policy for maternity and Neonatal Services
- National Infant Feeding policy for Primary Care Teams and Community Health Care Organisations
- 11 breastfeeding factsheets and 5 PHN care plans: management of common breastfeeding challenges



3

HSE national breastfeeding posts



98%

of infant feeding/lactation posts appointed



59.1 WTE

- 34.5 maternity
- 23.6 primary care
- 1 CHI
- Nearly fourfold increase in WTE (15.42 WTE in 2017)

HSE Baby Friendly Initiative

- National audit (2018)
- Infant feeding for maternity services standards (2022)
- 3 year self-assessment cycle commenced (2023)
- 96 quality improvement plans



12.5% ↑ any BF at first PHN visit

18.6% ↑ any BF at 3 months

20.1% ↑ exclusive BF at 3 months

(Percentage changes in breastfeeding rates from 2015 to 2023)



250+

breast pumps for mothers in maternity, neonatal services for home use (rental, loan or donation)

- **10** of 19 maternity services have a referral pathway for public tongue tie services

5 HSE breastfeeding printed resources available for parents:



- Breastfeeding: A good start in life: Information on breastfeeding your baby booklet
- Breastfeeding and expressing for your premature or sick baby booklet
- Breastfeeding information for Traveller Beoirs booklet
- My Pregnancy book
- My Child 0 to 2 years book

1 hour breastfeeding break per normal working day up to child's 2nd birthday (HSE Breastfeeding Breaks Policy, 2021).



Extended to all mothers through legislation in 2023

219 breastfeeding services listed on mychild.ie

- HSE (155)
- Cuidiú (25)
- Friends of Breastfeeding (7)
- La Leche League (31)
- Other (1)



€760,089 grant funding provided by HSE to breastfeeding organisations

- **7** regional multidisciplinary infant feeding/breastfeeding committees
- **2** infant feeding/lactation practitioner forums for maternity and PHN staff

Progress

	Action No	Action	Indicator	Status	Progress report: end 2023
Governance and health services structure	1.1	Create national governance structure for the implementation the Health Service Breastfeeding Action Plan 2016-2021.	National governance structure in place with agreed terms of reference and reporting mechanisms.	Completed	The HSE NBFIG was established in Q4 2016 to oversee implementation of the actions within the plan. 54 meetings were held by the NBFIG up to December 23. Up to 2020, delivery of actions within the plan was within existing resources. The philanthropic Nurture programme provided support to develop education and training resources for staff from 2016-2019.
	1.2	Develop governance structure for breastfeeding in primary care and acute hospitals divisions.	Governance structures in place.	Completed	<p>The NHCP provide governance for the HSE's Breastfeeding Action Plan. The NWIHP provide governance for implementation of Infant Feeding Standards for Maternity Services through the HSE BFI since 2018. At December 23, there are 2 WTE national breastfeeding coordinator positions within the NHCP. The two posts are funded by National Health and Wellbeing. The NWIHP has an Assistant Director of Midwifery overseeing the HSE BFI.</p> <p>Child health governance groups provide oversight for regional multidisciplinary integrated infant feeding committees established.</p>
	1.3	Appoint Clinical Midwife/ Nurse Specialist Lactation Consultants (IBCLC) within all Irish maternity hospitals and paediatric hospitals, according to a determined births-to-support staff ratio, with dedicated CMS/CNS Lactation in NICUs.	Proportion of CMS/ CNS WTEs per births in maternity units and per admissions/activity under 2 years in paediatric units.	Completed	<p>Midwives are trained and are skilled in supporting breastfeeding, and are the primary source of infant feeding support during antenatal care and in the immediate post-natal period.</p> <p>In 2017, a review of specialist breastfeeding supports available within maternity services was completed. There were 13.2 WTE in 13/19 maternity services at that time. In 2020, the NWIHP allocated 3 WTE and a further 7.5 WTE in 2021 to specialist infant feeding/ lactation supports. In 2021 the Minister for Health funded additional infant feeding/ lactation WTE, and based on an international benchmark recommendation, that is 0.77 per 1,000 births in maternity service, a further 9.5 WTE were allocated to maternity and paediatric services. At December 2023, there are currently 34.5 infant feeding/lactation WTE across the 19 maternity services and 1 WTE in CHI (Temple Street/Crumlin).</p> <p>In addition, there are approximately 100 staff working in other roles in maternity services and CHI who are qualified as IBCLCs, with a further 18 on a pathway to becoming an IBCLC and 34 staff have completed the UCD Professional Cert in Breastfeeding and Lactation.</p>

	Action No	Action	Indicator	Status	Progress report: end 2023
Governance and health services structure	1.4	Appoint dedicated full-time Lactation Consultants (IBCLC) posts in each of the 9 Community Health Organisations (CHOs), according to population need.	Number of full-time Lactation Consultant (IBCLC) posts in each CHO.	Completed	<p>PHNs, many of whom are midwives and paediatric nurses, are also trained in providing breastfeeding support throughout the post-natal period.</p> <p>In 2017, a review of specialist supports available within primary care services suggested that there were 4 lactation WTE working across 5/32 local health office areas. In 2021 the Minister for Health funded additional infant feeding/lactation WTE, and based on an international benchmark recommendation, that is 0.26 per 1,000 births in community services, a further 14.5 WTE were allocated to primary care services.</p> <p>At December 2023, there are currently 26.1 infant feeding/lactation WTE within all public health nursing areas. 0.5 WTE (of the 14.5 WTE allocated in 2021) remains in recruitment. The first ANP post for infant feeding was approved in December 2023.</p>
	1.5	Develop a model for breastfeeding support in all maternity hospitals.	Model for breastfeeding support developed and implemented in all maternity hospitals.	Completed	<p>Following a review of the BFI and updated international guidance, a revised approach was adopted to implement the quality improvement initiative from 2017 under the governance of the NWIHP. A national audit of infant feeding practices was completed in 2019 and new National Standards for Infant Feeding in Maternity Services were published in May 2022. A national Baby Friendly oversight group was established in 2022. The group has convened 4 times up to December 23. A 3 year self-assessment process against the Standards commenced in 2023. Further detail on the self-assessment is provided in action 3.2.</p> <p>An infant feeding forum for maternity services established in 2022. This information sharing and support forum has representatives from all 19 maternity services. This forum is working on priority actions as identified by infant feeding post holders. At December 23, the forum has held 5 meetings.</p>
	1.6	Develop a model for breastfeeding support in CHOs.	Model for breastfeeding support developed and implemented in all CHOs.	In progress	<p>Every mother is visited by a public health nurse within 72 hours of leaving hospital and breastfeeding mothers receive follow up support if needed. To support PHNs in observing and assessing a breastfeed at the primary visit, a national Breastfeeding Observation and Assessment Tool (BOAT) resource was developed in 2018 and updated in 2022. Training on the use of the BOAT is included within breastfeeding e-learning units on hseland.ie. At December 23, 11 PHN areas completed at least 1 audit cycle on the use of the tool since its introduction.</p> <p>The clinical infant feeding policy for primary care was updated in 2019. 5 standardised breastfeeding care plans to manage common breastfeeding challenges are available for use within PHN services.</p>

	Action No	Action	Indicator	Status	Progress report: end 2023
Governance and health services structure	1.6			In progress	<p>At December 2023, activity metrics for monitoring breastfeeding services provided by public health nursing services have been introduced into 1 CHO and 2 PHN areas:</p> <ul style="list-style-type: none"> - number of breastfeeding support groups provided by PHN services each month - number of mothers and babies attending support group meetings each month <p>7 regional CHPDOs posts are employed in primary care. The post holders work to establish regional child health governance, and often work as a conduit between the NHCP and CHO managers, clinicians and community partners involved in the delivery of child and family services. An infant feeding forum was established for infant feeding/lactation post holders within community services in 2023. The forum provides peer support and will assist with development of national and local guidelines. The HSE has supported the establishment of the 'We're Breastfeeding Friendly' Healthy Ireland initiative in 9 counties since 2018.</p>
	1.7	Establish breastfeeding committees, within each hospital group, to include maternity hospital, primary care, voluntary/community and service user representatives.	Number of breastfeeding committees in place. Committee plans support the implementation of the Action Plan and address local priorities.	In progress	<p>7 regional multidisciplinary integrated infant feeding committees are established under the governance of child health governance groups. Maternity services have working groups established within its services to implement the National Standards for Infant Feeding in Maternity Services.</p> <p>Guidelines for the establishment of regional infant feeding/breastfeeding committees were developed in 2019. The terms of reference and suggested multidisciplinary membership for the groups are included in appendix 1.</p>
Breastfeeding training and skills	2.1	Develop a framework and implementation plan for breastfeeding training and skills development for health care professionals.	Framework developed and implemented.	In progress	<p>In 2018, 2 breastfeeding e-Learning units were launched: Supporting Breastfeeding and Managing Breastfeeding Challenges alongside an e-Learning unit on formula feeding. In 2022, 3 revised breastfeeding modules were launched on hseland.ie:</p> <ul style="list-style-type: none"> Unit 1: Introduction to breastfeeding Unit 2: Supporting early breastfeeding Unit 3: Ongoing breastfeeding support Unit 4: Formula feeding. <p>At December 23, the e-learning modules have been completed 10,552 times. In 2022, the NCCP launched an e-learning module on the importance of the incremental benefits of breastfeeding in reducing cancer risk (for every 5 months of breastfeeding, there is a 2% reduction in the risk of developing breast cancer). At December 23, this module has been completed 212 times.</p>

	Action No	Action	Indicator	Status	Progress report: end 2023
Breastfeeding training and skills	2.1				<p>Following a review of in-service education and training delivered in 2018 and updated WHO guidance in 2020, a revised NIFEP was finalised in 2023. This updated NIFEP standardises the delivery of breastfeeding education and skills, maximising blended learning and ensuring healthcare providers are up to date with emerging evidence. The course takes 13.5 hours to complete. 64 trainers from every maternity and public health nurse service are in place to deliver this education from 2024.</p> <p>The HSE BFI requires that all staff working in maternity services receive breastfeeding education appropriate to their role. It is common practice for catering, health care assistant staff and porters along with NCHDs to receive induction and in-service breastfeeding education.</p> <p>The HSE provides annual grant funding to ALCI and La Leche League of Ireland to provide ongoing breastfeeding education for health service staff. The HSE and the 3 voluntary breastfeeding organisations engage to ensure consistent messaging and appropriate advice is provided to breastfeeding volunteers as part of La Leche league leader applicant, Cuidiú counsellor and Friends of Breastfeeding social support volunteers.</p>
	2.2	Provide breastfeeding training at undergraduate and postgraduate level across relevant disciplines.	Number of courses delivering agreed learning outcomes.	In progress	<p>Breastfeeding education and skills training is a core element of the standards and requirements for midwifery & public health nursing curricula as outlined by the National Nursing and Midwifery Board of Ireland (NMBI).</p> <p>The first WBTi report (page 49-50) for Ireland published in 2023 outlines the extent of breastfeeding education within the curricula of medical professionals and other healthcare professionals in Ireland.</p> <p>GPs, GP practice nurses, paediatricians, neonatologists, obstetricians and dietitians are caring for mothers and babies, however they have limited formal breastfeeding education as part of their undergraduate or postgraduate training.</p>

Health service policies and practices	Action No	Action	Indicator	Status	Progress report: end 2023
	3.1	Implement, audit and review the Infant Feeding Policy for Maternity and Neonatal Services.	HSE Infant Feeding Policy and relevant guidelines implemented. Audits of the implementation of the policy. % of babies breastfed on discharge from maternity hospital.	In progress	<p>A national audit of infant feeding practices was completed in 17/19 maternity services in 2018. The interim audit covered eight areas of feeding practices across 22 indicators. 38 staff from the 19 maternity hospitals and units attended audit training prior to commencement. At a national level, the standard was met in three sections of the audit (>80% compliance) - provision of information on breastfeeding support (90% compliance), practices relating to supporting mothers to breastfeed (89% compliance) and rooming in (81% compliance). The standard was not met in five sections of the audit: skin to skin contact (79%), antenatal care (77%), hand expression (75%), mothers formula feeding (63%) and supplementation (63%).</p> <p>Revised BFI audit tools were developed in 2022 for the HSE BFI self-assessment process in line with the National Standards, Infant Feeding policy and updated WHO guidance.</p> <p>From January 2019, enhanced collection of breastfeeding metrics on a national basis commenced with introduction of breastfeeding initiation: first feed immediately after birth and exclusive breastfeeding from birth to discharge reported to IMIS. A workshop was held with maternity services in December 2023 and updated definitions guidance was issued for 2024. Data for the three metrics are published within the Irish Maternity Indicator System reports.</p> <p>Breastfeeding rates at the point of discharge continue to be reported in the annual National Perinatal Reporting System. The latest report available is 2021 (published January 24) and can be accessed here.</p> <p>Breastfeeding rates are outlined in action 5.3. Also in conjunction with this progress report, detailed national and regional breastfeeding profiles using available breastfeeding datasets from 2015 to 2023 have been developed.</p>

Health service policies and practices	Action No	Action	Indicator	Status	Progress report: end 2023
	3.2	Implement, audit and review the Baby Friendly Health Initiative (BFHI) in all maternity services.	Numbers of maternity units/ hospitals implementing the WHO/UNICEF 10 Steps to Successful Breastfeeding, and meeting the standards to be designated as Baby Friendly Hospitals.	In progress	<p>Self-assessment against the National Standards for Infant Feeding in Maternity Services commenced in all 19 hospitals in 2023. Resources were developed to assist maternity services to assess their own performance and to benchmark progress in implementing the Standards. The resources will also enable services to identify and address opportunities and challenges. The self-assessment process requires the following elements:</p> <ul style="list-style-type: none"> - Service user interviews - Healthcare professional interviews - Healthcare provider’s self-assessment against the standards under 8 themes <p>At the end of year 1 self-assessment process, the highest ranked judgement descriptors were in relation to the following themes:</p> <ul style="list-style-type: none"> - Use of resources: working with communities - Person centred care and support - Leadership, governance and management - Workforce - Effective care and support <p>The least ranked judgement descriptors were for:</p> <ul style="list-style-type: none"> - Use of information: monitor, identify and act on opportunities to improve safety and quality - Safe care and support - Better health and wellbeing: Get breastfeeding off to a good start and support nurturing relationships <p>The 19 maternity hospitals/units submitted action plans that they intend to prioritise over the coming 2 years in order to maintain or reach the standard. A total of 96 action plans were submitted across the 8 themes.</p>
	3.3	Implement, audit and review the Breastfeeding Policy for PCTs, in each CHO.	HSE Infant Feeding Policy and relevant guidelines implemented. Audits of the implementation of the policy. % of babies breastfed at first PHN visit, 3 month and 7-9 month PHN assessments.	In progress	<p>At December 2023, 27/32 public health nurse areas are implementing the BOAT to observe and assess a breastfeed at the first PHN visit. 11 PHN areas have completed audit cycles on the use of the BOAT since 2021. The BOAT guideline was updated in 2022 and is now included in the national child health record (manual record).</p> <p>Breastfeeding rates are recorded within the individual child health record and recorded by PHN services. National KPIs for breastfeeding rates are available at the 1st PHN visit and at the 3 months developmental check up.</p> <p>During the course of this action plan, there has been a:</p> <ul style="list-style-type: none"> • 12.5% increase in the percentage of babies breastfed at the first PHN visit since 2015 (54% in 2015 v 60.3% in 2023). Exclusive rates at the first PHN visit remain static since 2015 (40.6% in 2015 v 40.3% in 2023) • 18.6% increase in the percentage of babies breastfed at 3 months since 2015 (35.4% in 2015 v 42% in 2023) • 20.1% increase in the percentage of babies exclusively breastfed at 3 months since 2015 (26% in 2015 v 32% in 2023)

	Action No	Action	Indicator	Status	Progress report: end 2023
Health service policies and practices	3.4	Implement National Standards including: National Standards for Safer Better Healthcare and National Standards for Safer Better Maternity Care.	Implementation plans and audits.	Completed	<p>The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. It is a joint initiative by HIQA, the HSE and the DOH. The first National Maternity Experience Survey results were published in 2020.</p> <ul style="list-style-type: none"> - 74.7% reported that their decisions about how they wanted to feed their baby were always respected by healthcare professionals, 6.4% stated that their decisions were not respected - 52.8% reported that they always received adequate support and encouragement from healthcare professionals with feeding their baby while in hospital - 59.6% reported that they always received adequate support and encouragement at home after the birth <p>22.5% of mothers commented on feeding in response to the open-ended survey questions. Approximately six times as many comments referred to breastfeeding compared to formula feeding. Four themes were identified:</p> <ul style="list-style-type: none"> - support and encouragement from healthcare professionals - information and advice regarding feeding - pressure to feed in a particular way and (lack of) respect for personal preferences - hospital environment and resources <p>Findings from the survey and the HSE's response can be accessed here. A follow up care experience survey is planned for 2024/2025.</p>
	3.5	Provide infant feeding antenatal education for all pregnant women.	Development and implementation of models of antenatal education/services.	In progress	<p>All maternity services provide antenatal education classes with in-person and/or virtual options available. Breastfeeding is a core component of the education provided. All 19 hospitals provide breastfeeding preparation classes in addition. Specific classes are also available in many hospitals for diabetic and preterm babies' mothers. All hospitals have a referral pathway for 1:1 infant feeding/lactation support in the antenatal period, when indicated.</p> <p>A working group comprising of HSE, community and voluntary stakeholders developed National Standards for Antenatal Education which were published in 2020. Support for relationship building and breastfeeding is embedded within a new standardised national antenatal education programme for women and their chosen birth partner. The inaugural National Education Programme for Antenatal Educators took place in March 2024.</p> <p>In addition, there are other providers of antenatal education and breastfeeding preparation classes including independent practitioners and NGOs such as Cuidiú and La Leche League of Ireland.</p>

	Action No	Action	Indicator	Status	Progress report: end 2023
Health service policies and practices	3.6	Develop a clear referral pathway for mothers requiring additional breastfeeding support before and after birth to Lactation Consultants (IBCLCs).	Development and implementation of referral pathway. Monitoring of uptake.	Completed	<p>Midwives provide support to mothers and babies to breastfeed during pregnancy, labour, birth and immediate post-natal care period in hospital. Dedicated infant feeding/lactation midwives or paediatric nurses are employed across maternity and neonatal services, and eligible pregnant women and mothers and babies can be referred for specialist support where needed during antenatal and postnatal period.</p> <p>During 2023, the infant feeding forum for maternity services adapted a breastfeeding assessment tool and referral form for piloting within maternity services. 5 postnatal hubs are being piloted and another 3 to 4 are funded in 2024/2025. The hubs provide additional expert advice on breastfeeding and PHN and GP can refer. Mothers can also self refer. The postnatal hubs will be monitored for impact and added value.</p> <p>PHN-led breastfeeding groups are available in every county and all mothers are encouraged to access HSE-led and voluntary supports in their area. Standardised referral criteria and form to access specialist lactation supports in primary care was developed as part of the BOAT guideline in 2018 and updated again in 2022. Up to 2022, the gaps in PHN services impacted on the capacity to refer mothers onto a specialist infant feeding service in the majority of PHN areas. At December 23, local referral pathways for specialist infant feeding support are developed within every PHN service.</p>
	3.7	Develop policies and practice in breastfeeding support in neonatal intensive care (NICU), paediatric settings and other settings for mothers of preterm and hospitalised infants.	Develop policies and practice in breastfeeding support in neonatal intensive care (NICU), paediatric settings and other settings for mothers of preterm and hospitalised infants.	In progress	<p>All large maternity hospitals employ infant feeding/lactation staff working within neonatal services to support more mothers to breastfeed/breast milk feed their babies. Print and online breastfeeding resources for parent of sick and pre-term babies available.</p> <p>All maternity and children's hospitals have clinical guidelines relating to the care of sick and preterm babies and the prioritisation of DEBM. DEBM is available in all hospitals providing care to these babies. The HSE has a national purchasing contract in place with the WHSCT Human Milk Bank based in Enniskillen. Since 2019, 4,160 litres of DEBM was delivered to ROI hospitals from approx. 1,700 ROI donors. There is currently no database available to capture the number of eligible babies in receipt of DEBM. A report on 'A Health Needs Assessment for the Establishment of a Donor Human Milk Bank in the Republic of Ireland' was completed in 2023.</p>

	Action No	Action	Indicator	Status	Progress report: end 2023
Health service policies and practices	3.8	Provide access to suitable breast pumps, free of charge, to all mothers of preterm and hospitalised infants, and breastfeeding mothers hospitalised after maternity/paediatric discharge.	Uptake of breast pumps. Numbers of preterm and hospitalised infants receiving breast milk.	In progress	<p>A review of provision of breast pumps in maternity services in 2021 highlighted that 253 were available for use in postnatal and neonatal services and 11/19 hospitals had a loan system in place for some mothers where the infant remained in hospital and the mother was discharged home. At December 23, there are a variety of processes in operation to provide breast pumps to eligible mothers including; rental of hospital grade pump supported by PHN or CWO services, loan of pumps to mothers by hospital and/or PHN service or in certain situations donation of breast pumps to mothers.</p> <p>To date, no funding has been approved to increase provision and streamline timely access to hospital grade breast pumps, when needed.</p>
	3.9	Provide breastfeeding support groups in all CHO areas through: maternity and public health nursing services, grant agreement with voluntary organisations La Leche League and Cuidiú. Provide social support groups through grant agreement with Friends of Breastfeeding.	Number and distribution of support groups. Audit of support groups including service user feedback.	Completed	<p>Breastfeeding support groups are available in every county. There are currently 219 breastfeeding services advertised on mychild.ie. During the pandemic all in person support groups closed. 1:1 support, phone and some home visit supports continued to be provided during this time. Virtual breastfeeding supports were established by volunteer and HSE services during 2020 and 2021. A hybrid approach to in-person/online support continues to operate post pandemic to facilitate timely access to skilled breastfeeding support.</p> <p>The HSE provided €760,089 grant funding to LLL, Cuidiú, FOBF and ALCI since 2016, with the majority of this funding directed to supporting the training of volunteer leaders/counsellors to provide breastfeeding support groups. Outside of funding provided to voluntary breastfeeding agencies, there is no other funding provided to community based breastfeeding supports. The HSE and voluntary service providers monitor the experiences of mothers attending groups. The National Maternity Experience Survey report (2020) also provided insights into the mothers' experience of community breastfeeding supports in every county.</p>
	3.10	Develop and implement breastfeeding policies in all paediatric hospitals and units and in all acute hospitals.	Development and implementation of policies. Audits of the implementation of the policies.	In progress	<p>There are policies and practices within paediatric and general acute services to support breastfeeding; e.g.</p> <ul style="list-style-type: none"> - Breastfeeding committees and breastfeeding support champions across 4 CHI sites - Breastfeeding policy for paediatric services in (CHI) - Breastfeeding skills training for sick babies (CHI) - Assessment tools for breastfeeding in paediatric settings (CHI) - Feeding rooms in paediatric and general hospitals - Tongue tie assessment and treatment services - Expressing group for mothers for peer support (CHI) - Availability of breast pumps and collection kits in EDs and inpatient services

	Action No	Action	Indicator	Status	Progress report: end 2023
	3.10				<ul style="list-style-type: none"> - Breast pumps loaned to mothers of babies admitted or liaison with PHN service to ensure mother has access to breast pump - Parent accommodation for breastfeeding mothers when baby is readmitted/admitted to hospital - Dedicated infant feeding/lactation post in CHI, staff with IBCLC qualification working within paediatric and neonatal services
Health service policies and practices	3.11	Implement evidence informed programmes and initiatives to promote breastfeeding, provide support and address barriers for women least likely to breastfeed.	Numbers and types of programmes and initiatives. Implementation and evaluation of programmes and initiatives.	In progress	<p>A range of initiatives to support women least likely to breastfeed are in progress in maternity, paediatric and community services, including:</p> <ul style="list-style-type: none"> - 1:1 education and support for teen mothers - Breast pump loan service to mothers in IPAS - Urgent Beutler test completed on day 1 and timely return of results to Traveller mothers - Infant feeding/lactation specialist based within NICU services - Interpreter services - in person and phone options available - Lactation consultant support for prison services provided by outreach services - Outreach support in acute general hospitals for mothers separated from their babies during early post partum days - Support for mothers readmitted to hospitals - AMP care in midwifery-led clinics - Referral pathway for 1:1 infant feeding specialist support during antenatal and/or postnatal period - HSE services supporting community based awareness raising initiatives e.g. We're breastfeeding friendly Limerick/Tallaght welcomes breastfeeding - Home visiting programmes, including Community Families in 7 areas. (www.communityfamilies.ie) - Drug liaison midwife supporting mothers to breastfeed/communication with PHN - Breastfeeding booklet for Traveller mothers developed. Adaption of My Child: 0 to 2 Years book for Traveller families also in progress - Availability of antenatal carrier testing for classical galactosemia for Traveller families - Parent accommodation is prioritised for breastfeeding mothers whose baby is admitted to hospital

	Action No	Action	Indicator	Status	Progress report: end 2023
Health service policies and practices	3.12	Develop and implement a HSE breastfeeding supportive workplace policy - to support employees to continue to breastfeed on return to work following maternity leave.	Policy developed and implemented.	Completed	<p>In line with Government and HSE policy on infant feeding and supporting more mothers to breastfeed and to breastfeed for longer, a breastfeeding policy for staff working in the public health services was introduced in 2021. The Policy applies to all employees in the HSE and Section 38 hospitals and agencies who are breastfeeding and/providing breast milk for up to 2 years from the date of birth of the child. Staff who are breastfeeding, after returning from maternity leave, are entitled to breastfeeding breaks at work for up to one hour per normal working day.</p> <p>Statutory entitlements extending the maximum age limit for breastfeeding breaks from 6 months to two years was enacted from July 2023.</p>
	3.13	Strengthen compliance with the International Code of Marketing of Breast Milk Substitutes and subsequent WHA resolutions.	Measures developed to improve and monitor compliance.	In progress	<p>Provisions in relation to the marketing of commercial milk formula have been included in clinical infant feeding policies for maternity and primary care services and within the National Standards for Infant feeding in Maternity Services.</p> <p>A national HSE policy on the marketing of breast milk substitutes to protect parents and staff was launched in 2021 along with a guidance document for working within the code and webinar for staff on the policy was well-attended.</p> <p>There is a standard for the type and nature of nutrition and health claims that can be provided to healthcare professionals on infant formula, defined by EU law. The FSAI has produced Guidance for Compliance with Food Law When Communicating with Health Professionals about Infant Formula Products (2020).</p> <p>Whilst some maternity services are making good progress to reduce the visibility of commercial brands, it is recognised that concerted efforts are needed to improve formula feeding practices.</p>
	4.1	Provide an online breastfeeding support service through the website www.breastfeeding.ie	Evaluation of service. Website, service metrics.	Completed	<p>The HSE provides an online e-mail and live chat breastfeeding support service, available 7 days a week. 21,967 queries have been responded to since 2016. An external evaluation of service was completed in 2018 and a follow-up online survey with mychild.ie site users was carried out in 2023.</p> <p>The HSE's website Breastfeeding.ie merged with mychild.ie in 2018 to embed breastfeeding promotion as part of a wider suite of child health resources and campaigns. A pilot online breastfeeding group was completed in 2021 over 13 weeks.</p> <p>Antenatal breastfeeding support and information is included as part of the new My Pregnancy email and HSE patient app due for launch in 2024.</p>

Social marketing, support and advocacy	Action No	Action	Indicator	Status	Progress report: end 2023
	4.2	Implement breastfeeding campaigns to include various media. Implement a campaign to promote support for breastfeeding within family networks.	Development, implementation and evaluation of campaigns.	Completed	<p>A HSE mychild.ie campaign and child health communications lead is in place since 2017. There are 56 multipage online breastfeeding guides available for parents-to-be and new parents. The breastfeeding support group search and ask our breastfeeding expert online service is promoted through paid advertising on social media and media campaigns via TV, radio and print are targeted at certain times of the year e.g. National Breastfeeding Week. There were 551,224 views to breastfeeding pages in 2023 and the most visited webpages were: How much breastmilk to express; find a breastfeeding support group near you; positioning and attachment; how to tell if my baby is getting enough and concern about your breast milk supply.</p> <p>The online mychild Facebook and Instagram community is growing, currently 90K, and breastfeeding campaign messaging is developed in line with evolving industry practices, e.g. short snappy videos with top tips and facts, quizzes, polls, seasonal advice and providing links to more information.</p>
	4.3	Advocate for the extension of entitlement to breastfeeding/ lactation breaks for all breastfeeding mothers returning to work, until their child is one year of age, and the provision of supportive policies and suitable facilities in all workplaces.	Legislation and standards in place.	Completed	<p>Statutory entitlements for breastfeeding breaks is set out under Section 9 of the Maternity Protection (Amendment) Act 2004, as amended by the Work Life Balance and Miscellaneous Provisions Act 2023.</p> <p>From July 2023 If you are working in Ireland and breastfeeding your baby, you are entitled to take 1 hour off work (with pay) each day as a breastfeeding break for up to 2 years (104 weeks) after birth. This time may be taken as:</p> <ul style="list-style-type: none"> • One 60 minute break • Two 30 minute breaks • Three 20 minute breaks <p>Part-time workers are also entitled to breastfeeding breaks, calculated on a pro-rata basis. You are entitled to have your normal rest breaks as well. Employers do not have to provide facilities in the workplace to facilitate breastfeeding if providing such facilities would give rise to considerable costs. At the choice of your employer, you are entitled to:</p> <ul style="list-style-type: none"> • Breastfeed/express breast milk in the workplace, where suitable facilities are available • Have your working hours reduced (without loss of pay) to facilitate breastfeeding where suitable facilities are not available
	4.4	Develop a service user panel to support the integration of the experiences and views of expectant and new mothers and their families into policy development on an ongoing basis.	Service user panel developed and supported.	Completed	<p>Infant feeding committees in maternity and community organisations include the voice of mothers using their services through service user and volunteer representation participation on local committees. The Baby Friendly Initiative governance group includes representatives from diverse community groups.</p> <p>Parents are made aware of how to provide feedback on experience of care within maternity services, through posters, feedback forms, website and local advertising by providing comments, compliments or complaints to managers and/or in writing.</p>

	Action No	Action	Indicator	Status	Progress report: end 2023
Social marketing, support and advocacy	4.4				<p>Feedback from parents on care received is sought via audits of care. All compliments and complaints are shared with relevant staff/departments. Other mechanisms for eliciting feedback within services include audits with mothers on care received, end of service survey and BFI self-assessment audits with parents and staff.</p> <p>The HSE has good working relationships and engagement with volunteer breastfeeding organisations, ALCI and service user panels in the development and dissemination of online and written resources for new parents, guidelines for healthcare professionals, the care experience programme for maternity, infant feeding and bereavement standards.</p>
	4.5	Establish an inter-agency group to address cultural barriers to breastfeeding in Ireland.	Working group established. Development and implementation of working group recommendations.	Not started	<p>The HSE are represented on various fora via with the DOH and DCEDIY and the protection, support and promotion of breastfeeding is outlined within 12 government or HSE policy/implementation plan documents (see appendix 2) since this action plan was launched in 2016, e.g. First 5 and Healthy Weight for Children strategies, Healthy Eating Guidelines for 1 to 4 year olds, Sláintecare Healthy Ireland Implementation Plan and We're Breastfeeding Friendly.</p> <p>Engagement with the DOH on the findings of the first survey of breastfeeding mothers carried out by advocacy group Baine Beatha and the similarities identified in the work of the HSE, DOH and HIQA partnership on the first National Maternity Experience Survey informed the prioritisation funding for lactation posts in 2021.</p> <p>The DOH are engaging with Coimisiún na Meán on the implementation of the Online Safety and Media Regulation Act 2022. The HSE and BFLGI have engaged with the DOH and Coimisiún na Meán on the provisions within the Act and subsequent draft online media safety codes issued in 2023.</p> <p>At December 2023, there is no single government-led inter-agency group established for breastfeeding.</p>
	5.1	Support the development of an Infant Feeding Research Forum.	Research Forum developed and terms of reference agreed.	Not started	<p>Breastfeeding research has been supported through HSE, CNME and HEI partnerships. HEIs are represented on infant feeding committees and with local breastfeeding research projects prioritised. Significantly, UCC has been awarded €2.74m funding for 2 breastfeeding research studies since 2020.</p> <p>Over 40 research studies on breastfeeding in Ireland have been published or research is ongoing since 2020. A list of published papers is included in appendix 3 of this report. To date, a dedicated breastfeeding research forum to prioritise and coordinate research activities has not been established within the HSE.</p>

Action No	Action	Indicator	Status	Progress report: end 2023
5.2	Implement the Maternal & Newborn Clinical Management System (MN-CMS) and NICIS child health information systems.	Implementation of information systems.	In progress	<p>The MN-CMS is a fully integrated electronic health record and was implemented in its first phase in 2016/2017. Infant feeding care practices and metrics are inbuilt into this system. The MN-CMS is currently operational in 4 sites:</p> <ul style="list-style-type: none"> - Cork University Maternity Hospital from December 2016 - University Hospital Kerry from March 2017 - The Rotunda Hospital from September 2017 - National Maternity Hospital from January 2018 <p>In 2023, 41% of babies of babies had electronic health records at birth.</p> <p>The next phase for implementation in 2025 is to:</p> <ul style="list-style-type: none"> - The Coombe Hospital - University Maternity Hospital Limerick <p>Once introduced to the next two sites, this will result in 70% of babies born in Ireland having electronic health records at birth.</p>
5.3	Monitor and report on breastfeeding data in Ireland.	Breastfeeding KPIs and datasets developed. Breastfeeding data collated and reported quarterly and annually.	Completed	<p>The national monitoring of three new breastfeeding metrics was introduced through the annual IMIS reports in 2019.</p> <ul style="list-style-type: none"> - Breastfeeding initiation - the number of babies breastfed as the first feed after birth (64.1% in 2023 v 63.8% in 2019) - The number of babies exclusively breastfed from birth to discharge (36.9% in 2023 v 37.3% in 2019) - The number of babies breastfed (exclusive and non-exclusive) from birth to discharge (61.3% in 2023 v 63.3% in 2019) <p>Breastfeeding rates at the point of discharge continue to be collected through the annual NPRS.</p> <p>In 2022:</p> <ul style="list-style-type: none"> - 62.4% of babies were breastfeeding on discharge from hospital, an increase from 58% in 2015. - 44.7% of babies were exclusively breastfeeding on discharge from hospital, a decrease from 47.7% in 2015. <p>Note: IMIS reports on breastfeeding rates from birth to discharge, providing data on supplementation rates in hospital. NPRS report on breastfeeding rates at the point of discharge. Variances between IMIS and NPRS figures are expected due to different definitions used.</p>

	Action No	Action	Indicator	Status	Progress report: end 2023
Research, monitoring and evaluation	5.3				<p>From 2016, breastfeeding KPIs were extended to include exclusive and non-exclusive breastfeeding rates at the first PHN visit and at the 3 months visit. In 2023:</p> <ul style="list-style-type: none"> • 60.3% babies breastfed (exclusive and non-exclusive) at the first PHN visit • 40.3% of babies exclusively breastfed at the first PHN visit • 42% of babies breastfed (exclusive and non-exclusive) at 3 months • 32% of babies exclusively breastfed at 3 months <p>Rates of breastfeeding should be considered in the context of the changing profile of mothers and rising trends in the complexity of labour and birth practices. 2023 IMIS data outlines labour and birth practices;</p> <ul style="list-style-type: none"> o 39.4% Caesarean sections (v 29.6% in 2014) o 41.3% Caesarean sections - nulliparas (v 31% in 2014) o 36.9% induction of labour (v 29.6% in 2014) o 46.1% induction of labour - nulliparas (v 38.1% in 2014) o 42.2% labour epidurals (v 40.8% in 2014) <p>NPRS 2021 states that:</p> <ul style="list-style-type: none"> - 24% of births were to mothers born outside Ireland. - At 42.6 per cent, births to mothers from Ireland recorded the lowest proportion of breastfeeding. - Births to mothers from the EU14 (excluding Ireland) reported the highest proportion of breastfeeding at 70.8%. - The proportion of Irish mothers exclusively breastfeeding has increased by 7% over the decade. The proportion of mothers from the UK, EU, Asia and Africa all showed a decrease in exclusive breastfeeding at discharge over the decade. - 41% of mothers were aged 35 years or older, up from 30% in 2012. - 39% nulliparas mothers, with an average age of 31.2 years. - 16.6% of infants born to mothers aged under 20 years were exclusively breastfed.
	5.4	Audit and evaluation of breastfeeding policies and practices at hospital and CHO level.	Compliance with and implementation of current policies and practice.	In progress	Progress for this action is covered in action 3.1 and 3.2 for maternity services and action 3.3 for primary care services.

Discussion and considerations for future HSE action plans

This was an ambitious plan aiming to implement a major system change in breastfeeding supports. Of the 31 actions in the plan, 14 are completed and embedded, 15 are in progress and 2 have not yet commenced. The NBFIG have provided multidisciplinary leadership to support implementation, with the operational management and support to deliver on the actions is provided by the national breastfeeding coordinators and BFI project lead.

The actions identified as most helpful and supportive to day-to-day front line staff and service managers include:

- greater access to skilled breastfeeding support through 1:1 and group services
- expanded provision of breast pumps for eligible mothers
- antenatal colostrum harvesting
- safe skin-to-skin care contact implementation in theatre/recovery
- standardised education and training developed for healthcare providers, and
- the establishment of infant feeding practitioner forums for infant feeding/lactation staff.

There were some core challenges to implementation of actions in the plan. Many of the actions identified as most helpful were only possible with the appointment of additional infant feeding/lactation posts, yet from 2016 to 2020 the plan had to be delivered predominantly within existing resources. The next major obstacle to implementation was the COVID-19 pandemic, which had a major impact on both frontline service delivery and capacity to progress newer developments. The pandemic had a subsequent impact on recruitment, with a number of the infant feeding/lactation posts delayed until late 2023. and it took until the end of the term of the plan for all new posts to be in position. The majority of specialist infant feeding services are provided 5 days a week.

Overall rates of combination breastfeeding and exclusive breastfeeding at 3 months are gradually increasing. The trends over the term of the action plan need to be

considered against the backdrop of three core challenges;

1. the rising medical complexity over the last decade in obstetric and midwifery care
2. challenges to the staffing levels of midwives and PHNs, and
3. well-funded and orchestrated systemic and pervasive marketing and availability of commercial milk formula.

Breastfeeding mothers, service managers and infant feeding/lactation staff are notably consistent in their feedback for outlining where they consider improvements in infant feeding care and supports within the public health services are most needed. These include:

- Increased access and availability of skilled lactation support across maternity and primary care services including weekend services, to meet the changing demographic and profiles of mothers requiring more intensive breastfeeding support. Skilled breastfeeding support can be provided by midwives, PHNs, paediatric nurses, GPs, practice nurses, lactation consultants and trained volunteers.
- Provision of evidence-based safe formula feeding support, free from commercial advertising within maternity and neonatal services.
- Extension of breastfeeding training and skills to all services that care for young families, beyond midwifery and PHN services, and including undergraduate and postgraduate education programmes.
- Streamlining the management of, and improved access to, breast pumps for mothers separated from their babies and/or for mothers experiencing difficulties with direct breastfeeding for as long as the mother wishes to provide breast milk for her baby (e.g. babies in neonatal intensive care or mother in hospital).
- Supporting the development of enhanced breastfeeding and other infant and young child feeding metrics to benchmark progress: e.g. breastfeeding/formula feeding rates at 6 months and at PHN 9 to 12 months check, median duration of breastfeeding and age of introduction of solid foods or weaning.

In addition, the NBFIG have also identified the following outstanding actions to prioritise from the action plan:

- Support the establishment of an interagency infant feeding/breastfeeding forum and continue to work with voluntary and statutory organisations to promote and normalise breastfeeding in Ireland
- Progress efforts to have a core funding model for integrated breastfeeding service provision
- Address sociodemographic inequalities in breastfeeding by expanding the scale of supports for mothers less likely to breastfeed, e.g. mothers aged under 25, Traveller community and areas of high deprivation
- Explore models for increased peer support through Sláintecare healthy communities and parenting supports
- Support the development of an infant feeding research forum within the HSE
- Introduce breastfeeding activity metrics in all primary care services, e.g. number of breastfeeding support group meetings held each month
 - Extend breastfeeding rates data collection to PHN contact point at 9 to 12 months

- Improve access to standardised breastfeeding education and skills training to all healthcare staff who care for mothers and babies
- Support the development and embedding of role-specific breastfeeding education and skills training for various HCP undergraduate and postgraduate courses within HEIs
- Progress recommendations from the HNA for donor milk banking services, e.g. introduce a registry for DEBM, update DEBM clinical guidelines and explore models for future expansion
- Standardise the provision of breast pumps to eligible mothers to ensure equitable and timely access
- Progress the HSE BFI to neonatal, paediatric and primary care services
- Review implementation of the breastfeeding in the workplace policy
- Review and take action to change how commercial milk formula is provided in hospitals
- Support the scaling up of online breastfeeding support services and targeted campaigns for local communities
- Support each area to utilise the data available on local breastfeeding rates and activity to understand the impact of the resourcing of breastfeeding supports provided.

Conclusion

This review on the progress of the breastfeeding action plan provides an update as to the current status of the 31 actions to the end December 2023.

Whilst much has been achieved and it is important to acknowledge the progress made and supports across services (statutory and voluntary) to enable this, this review also sets out the priority outstanding actions for the NBFIG to consider and progress.

There is a need to increase efforts on the delivery of the remaining actions and to take account of the feedback from mothers for greater consistency and availability of high-quality infant feeding support. Future HSE infant feeding/breastfeeding action plans will be informed by government policy in this area.

Appendix 1

Suggested Standardised Terms of Reference for Breastfeeding/ Infant Feeding Committees

Purpose

To support the implementation of the *Breastfeeding in a Healthy Ireland - Health Service Breastfeeding Action Plan 2016-2021*.

Goals and Objectives

- The committee will support the implementation of the Infant Feeding Policy for Maternity and Neonatal Services and the Infant Feeding Policy for Primary Care Teams and Community Health Organisations.
- The committee will support implementation of the 5 areas of the Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021:
 - Improved governance and health service structures,
 - Breastfeeding training and skills development,
 - Breastfeeding evidence based policies and practices,
 - Breastfeeding social marketing, support and advocacy,
 - Breastfeeding research, monitoring and evaluation.
- The committee will actively engage with the public and health care professionals, and other relevant stakeholders, to raise awareness and promote breastfeeding in the hospital / region.
- The committee will provide leadership on the protection, promotion and support of breastfeeding in the hospital / region with the aim of improving breastfeeding initiation and duration rates.
- The committee will review and consider results, implications and /or required actions arising from audits.
- The committee will keep up to date with new information and evidence that emerges, and related technological developments impacting on infant feeding.

The committee will address local infant feeding priorities and plan accordingly.

- The committee will promote adherence to the Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions.

Governance

The Infant Feeding Committee will report to the relevant hospital or regional HSE management structures who have the responsibility for appointing the committee chair and their duration of appointment. The chair will in turn, in consultation with their committee, ensure that both a Deputy Chairperson and a Secretary are appointed.

Responsibilities

All committees should on an annual basis review their terms of reference and membership.

The responsibilities of the committee chairperson are:

- The chairperson in particular should ensure that the committee is aligned with all related HSE policies and activities.
- Ensure that all members are aware of the committee's goals and objectives.
- Agree the agenda for each meeting and ensure that it is circulated with any supporting materials in advance of meetings.
- Ensure that meetings progress in an orderly fashion and that all members are facilitated in articulating their views.
- Ensure that responsibilities and decisions are clearly captured and that accurate minutes of meetings are recorded and disseminated.
- The chairperson is charged with ensuring that the committee complies with all relevant governance requirements.

The responsibilities of all committee members are:

- Clearly understand the goals and objectives of the committee.
- Actively participate in meetings through attendance and discussion, and review of minutes, papers and other committee documents circulated.
- Ensure that the views of their stakeholder group are clearly represented on the committee.
- Use their background and experience to contribute effectively to the committee's work.
- Act as advocates for the positive benefits of breastfeeding and help in the promotion of the committee's work.

Communications

It is important that committees have effective communication and reporting mechanisms in place and consultation with all relevant stakeholders is required.

Membership

The committee may consist of representation from the following groups:

- Management:** Midwifery, Public Health Nursing, Nursing, Hospital, CHO, Health Promotion, Health & Wellbeing, Healthy Ireland, Child Health Programme Development Officers, Data Analysts, Researchers, Project Managers, Risk Managers
- Clinical:** Nursing (Public Health, Practice, Neonatal, Theatre, PHN lactation consultants), Midwifery (Midwives, Clinical Midwife/Nurse Specialists (CMS) in Lactation, IT Clinical Midwife, Diabetic CMS), Consultants (Neonatology/Paediatrician/Obstetrics and Gynaecology), Community Medical Doctors, Allied Health Professionals (Women's Health Physiotherapists, Speech and Language Therapists, Dieticians), GP/GP Trainees
- Service users:** Members of voluntary breastfeeding groups (La Leche League, Cuidiú, Friends of Breastfeeding), service users including mothers and partners
- Education:** Practice Development, Centres of Nurse/Midwifery Education (CNME), Professional Development Co-ordinator Practice Nursing, Universities

- Other:** Local programmes (Early intervention and promotion programmes, supporting first time mothers, Community Mothers), Healthcare Assistants, Hospital Catering Department, Community members (non-service user)

Conflict of Interest

All members are asked to declare any competing interests which may be relevant to their role. Members are expected to exercise appropriate professional discretion when referring to their work with the committee.

Meetings

The committee will meet at least four times a year. Additional meetings may be arranged as necessary. Meetings will be quorate when at least half of the members are present.

The chairperson and secretary will ensure that an agenda is agreed for each meeting and circulated in advance with any supporting materials. They will also ensure that accurate minutes are recorded for meetings of the committee and are disseminated in a timely fashion to all members and any other required recipients.

The chairperson and secretary will ensure that all papers relevant to meetings (agendas, minutes, supporting documents etc.) are stored appropriately and that the committee complies with all relevant GDPR requirements.

Appendix 2

– Links to policy and implementation plan reports that reference support for breastfeeding and safe formula feeding

[World Breastfeeding Trends Initiative - Assessment Report Ireland 2023](#)

[Health Services Healthy Ireland Implementation Plan 2023 – 2027](#)

[Review of the Obesity Policy & Action Plan \(2016-2025\) November 2022](#)

[National Traveller Health Action Plan \(2022-2027\) Working together to improve the health experiences and outcomes for Travellers](#)

[Slaintecare Healthy Ireland Strategic Action Plan 2021–2025 Building on the first seven years of implementation](#)

[Guidance for Compliance with Food Law When Communicating with Health Professionals about Infant Formula Products](#)

[HSE/RCPSI Model of Care for the Management of Overweight and Obesity \(2021\)](#)

[We're Breastfeeding Friendly](#)

[Healthy Weight for Children \(0-6 years\) Framework 2018](#)

[First 5 Strategy, Implementation plans & reporting progress](#)

[Healthy Eating Active Living Programme National Implementation Plan 2023-2027](#)

[National Maternity Strategy – Creating a Better Future Together 2016-2026](#)

Appendix 3

List of breastfeeding research in Ireland published/carried out since 2020

The following list has been adapted from a scoping review of the breastfeeding research conducted/being conducted in the Republic of Ireland since 2020 as part of BSc. in Midwifery studies, at Trinity College Dublin O'Dowd, Catherina (2023) Summer Research project, School of Nursing and Midwifery, Trinity College Dublin

The information was gathered through HEIs from June to August 2023 and was subsequently updated.

Author	Year	Title	Link to published paper if available/research ongoing
O'Reilly, S. L., et al	2019 2022	Latch On: A protocol for a multi-centre, randomised controlled trial of perinatal support to improve breastfeeding outcomes in women with a raised BMI.	Protocol paper: https://pubmed.ncbi.nlm.nih.gov/34095603/ Primary outcome paper under review and implementation paper final draft prepared.
Callaghan, S., et al	2020	Exploration of Factors Associated with Intention, Initiation and Duration of Breastfeeding	https://pubmed.ncbi.nlm.nih.gov/35575604/
El-Khuffash, A., et al	2020	Preventing disease in the 21st century: early breast milk exposure and later cardiovascular health in premature infants.	https://www.nature.com/articles/s41390-019-0648-5
Gallegos, D., et al	2020	Understanding breastfeeding behaviours: a cross-sectional analysis of associated factors in Ireland, the United Kingdom and Australia	https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-020-00344-2
Hauck, Y.L., et al	2020	Helpful and challenging aspects of breastfeeding in public for women living in Australia, Ireland and Sweden: a cross-sectional study.	https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-020-00281-0#citeas
Hemmingway, A., et al	2020	A detailed exploration of early infant milk feeding in a prospective birth cohort study in Ireland: combination feeding of breast milk and infant formula and early breast-feeding cessation	https://doi.org/10.1017/S0007114520001324
Leahy-Warren, P., et al	2020	Grandmother/mother dyad experiences of breastfeeding	https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12933
Leahy-Warren, P., et al	2020	Breastfeeding education for student public health nurses: Integrating theory into practice	https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12933
Lenehan, S. M., et al	2020	The impact of short-term predominate breastfeeding on cognitive outcome at 5 years	https://onlinelibrary.wiley.com/doi/10.1111/apa.15014
O'Connor, M., et al	2020	Breastfeeding Self-Efficacy and Skin-to-Skin Contact among First Time Mothers	https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12933

Zhou, Q., et al	2020	"I was determined to breastfeed, and I always found a solution": successful experiences of exclusive breastfeeding among Chinese mothers in Ireland.	https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-020-00292-x#citeas
O'Reilly, S.	2020-2022	To examine the impact of fenugreek supplementation on breastmilk output in postpartum women with previous GDM who are at risk of low breastmilk supply	No publication to date
Becker, G. E., et al	2021	Dietitians supporting breastfeeding: a survey of education, skills, knowledge and attitudes.	https://doi.org/10.1007/s11845-020-02384-3
Chen, H., et al	2021	How to promote exclusive breastfeeding in Ireland: a qualitative study on views of Chinese immigrant mothers	https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-021-00358-4
El-Khuffash, A., et al	2021	Cardiac Performance in the First Year of Age Among Preterm Infants Fed Maternal Breast Milk	DOI: 10.1001/jamanetworkopen.2021.21206
Kinoshita M, Doolan A.	2021	Supporting breastfeeding: next steps. Ir Med J. 2021; 114(7):399.	https://repository.rcsi.com/articles/journal_contribution/Supporting_breastfeeding_next_steps/21666476?file=38408513
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