



BREASTFEEDING

Strategy for Northern Ireland



Summary

Northern Ireland has one of the lowest breastfeeding rates in the world.

Low breastfeeding rates are associated with considerable morbidity, some mortality and increased health service costs for women and children. In Northern Ireland, several factors make the initiation and maintenance of breastfeeding particularly difficult; these include cultural attitudes, commercial promotion of artificial milks and obstacles for the working mother.

The aim of the Strategy is to promote and support breastfeeding.

Medium-term objectives:

- province-wide co-ordination of breastfeeding promotional activities
- commissioning of breastfeeding support within the health service
- detailed and uniform collection of infant feeding statistics
- research into effective means of breastfeeding promotion
- improved training in lactation management for health professionals
- supporting breast milk feeding for special needs infants
- raising of public awareness of the importance of breastfeeding
- cessation of artificial milk promotion within the health service

Long-term objectives:

- adopt the recommendations following review of the milk token scheme in England
- bringing the marketing of infant foods and feeding products into line with the International Code of Marketing of Breast Milk Substitutes

Progress will be monitored by the Northern Ireland Breastfeeding Strategy Group.

Introduction

A Breastfeeding Strategy Group for Northern Ireland was established by the Department of Health and Social Services (DHSS) in December 1997. The aims of this group are to ensure parents have a fully informed choice on infant feeding, to support the promotion of breastfeeding and to facilitate an increase in breastfeeding rates. (The terms of reference for the group are attached in Appendix 1). The group is comprised of a range of health professionals, academics and representatives from La Leche League and the National Childbirth Trust. (The membership list appears in Appendix 2).

Breastfeeding has been widely acknowledged as the best means of giving infants a healthy start to life.¹ Breast milk is age specific and is produced at the correct temperature and without any need for preparation. It not only provides the correct amount and balance of nutrients for optimal growth and development; it also protects against illness. For these reasons, there are breastfeeding targets within the Regional Strategy for Health and Social Wellbeing 1997-2002.²

It has been estimated that 98% of mothers are capable of providing breast milk for their own infants.³ However, in 1995, only 45% of infants born in Northern Ireland received any breast milk; by six weeks of age only 25% of infants were even partially breastfed.⁴ Northern Ireland thus has one of the lowest breastfeeding rates in the world.

In terms of addressing inequalities of health in Northern Ireland, the promotion of breastfeeding is of major importance.⁵ The incidence of breastfeeding is strongly associated with high maternal socio-economic status and educational attainment.⁴ Lower income groups, which have a higher incidence of low birthweight infants and infectious disease in childhood, have the potential for great health gain from increased breastfeeding.

The benefits of breastfeeding

In the last decade, there has been an accumulation of high quality research into the effects of infant feeding. The superiority of breastfeeding and breast milk for infant and maternal health in the developed world⁶ has been clearly demonstrated. The following advantages of breastfeeding have been reported:

For infants

Protection from gastro-enteritis⁷
and infections of the middle ear,⁸⁻¹⁰
respiratory system⁷ and urinary tract¹¹
Optimum neurological development¹²⁻¹⁴
Reduced risk of necrotising enterocolitis¹⁵
(which has a mortality of at least 25%)

For older children

Reduced risk of:

- diseases of the respiratory system¹⁶
- allergic disorders¹⁷
- insulin-dependent diabetes¹⁸
- raised systolic blood pressure¹⁶

For mothers

Enhanced weight loss following pregnancy¹⁹
Delayed return to fertility²⁰
Lower risk of cancer of the ovary²¹
Lower risk of post-menopausal osteoporotic hip fracture²²⁻²⁴

While even brief or partial breastfeeding confers advantages to mother^{19, 21, 24} and child⁹⁻¹⁵, the greatest benefits are obtained if breastfeeding is exclusive for several months^{7, 10, 16-18} and continued at least through the second half of the first year.^{9, 13} It follows that artificial feeding has considerable disadvantages for the health of both mother and child.

Financial implications

Even modest increases in breastfeeding rates could result in major financial savings to the health service.

For example, the cost of in-patient treatment of gastro-enteritis has been calculated. The cost of hospital admission for infants with gastro-enteritis associated with artificial feeding in Northern Ireland is over £1 million per annum.²⁵ This figure does not take into consideration the costs of managing cases of gastro-enteritis outside hospital, nor the financial and emotional costs for affected families.

The savings to be made in treating other conditions associated with artificial feeding have not so far been calculated for the UK. However, it has been estimated that \$1 billion are spent per year in the USA on the management of otitis media related to artificial feeding, and that large savings could result from breastfeeding promotion.⁸

Environmental considerations

The environmental impact of artificial feeding has been reviewed.^{26, 27} Very large amounts of tinfoil, paper and plastic are used to package infant formula. Cattle farming requires large areas of pasture and significantly exacerbates the problem of acid rain. It is estimated that if all women in the UK breastfed their babies, lactational amenorrhoea would result in a saving of 3,000 tonnes of paper-derived sanitary products per year.

Incentives and infant feeding

The provision of tokens for free artificial milk may act as a disincentive for low-income mothers to breastfeed their infants.

The selling of artificial milk at reduced prices on health service premises is also an issue of concern, given that the health service should seek to promote breastfeeding and that artificial milk is undermining the health of mothers and infants.

Promotion of artificial infant milks

In the UK, an estimated £12 million are spent annually on commercial promotion of baby milks, which is equivalent to £17 for each baby born.²⁸ In contrast, the UK government spends approximately £70,000 per year on supporting breastfeeding, the equivalent of 10p per baby.²⁸

The International Code of Marketing of Breast Milk Substitutes,²⁹ to which the UK is a signatory, is continually broken by the infant food industry.³⁰

The provision of free gifts to health professionals, which ensures the display of company logos and trade names within health service premises and clients' homes, is common in Northern Ireland.

Educational materials, such as leaflets produced by infant formula companies, are still distributed in many areas of Northern Ireland to pregnant women and mothers by health professionals. These materials invariably display company trade names and logos in prominent positions, and often contain wording and images which undermine breastfeeding promotion. They also do not conform to the International Code of Marketing of Breast Milk Substitutes in that they fail to give the full facts, for example on the health hazards of unnecessary use of breast milk substitutes.

Maternity leave

For working mothers, the availability of maternity leave and the length of this leave is crucial to their ability to continue breastfeeding.⁴ Evidence to date emphasises the benefits of breastfeeding for a minimum of 13 weeks in protecting against gastro-enteritis and respiratory illness in infancy,⁷ and a similar period of exclusive breastfeeding in conferring benefits in later childhood.¹⁶⁻¹⁸ Benefits to mothers are also related to duration of breastfeeding.^{19, 20, 24}

This evidence from clinical research suggests that breastfeeding mothers and their infant would benefit from longer post-natal maternity leave than they receive at present.⁷ Changes in workplace practices to support those women who wish to continue breastfeeding after returning to work would be advantageous.

Action plan

There is a clear need to address the issue of breastfeeding in Northern Ireland. This will require concerted collaborative efforts from a number of departments, boards, trusts and agencies including the non-statutory sector and lay groups. The Northern Ireland Breastfeeding Strategy Group has identified the following key areas for action:

- Co-ordinating activities
- Commissioning services
- Collecting regional information
- Focusing research
- Training health professionals
- Supporting special needs infants and their mothers
- Raising public awareness
- Limiting promotion of artificial milks
- Legislative change
- Monitoring progress

Recommendations

- Breastfeeding-specific services should be included in the commissioning intent documents of Board and primary care commissioning groups.
- Commissioners should promote the achievement of the UK Baby Friendly Initiative's Awards in hospital and community settings.
- The commissioners responsible for breastfeeding services should meet on an annual basis to share information and experience.

Agents for action: *commissioners and providers*

3. *Collecting regional information*

Procedures are needed for capturing regional information on breastfeeding incidence and prevalence across the province. This information should be collected in a standardised format to allow comparisons and calculation of trends over time.

Recommendations

- The Child Health System (currently used in all HSS Trusts) should be developed to capture the information required.

Agents for action: *DHSS, commissioners and providers*

- Northern Ireland should continue to participate in the UK-wide five-yearly Survey of Infant Feeding.

Agent for action: *DHSS*

1. Co-ordinating activities

Although a wide range of breastfeeding promotional activities is being undertaken across the province, there is little co-ordination or communication between the various players. There is a need to address this issue, both within Northern Ireland and beyond, to ensure more efficient and effective working.

Recommendation

- Within all HPSS Boards and Trusts there should be an identified individual with the responsibility of co-ordinating breastfeeding activities within their organisation and with local voluntary and community groups.
- These individuals should meet 2-3 times yearly to share information and models of good practice, and for the purpose of update.

Agents for action: *commissioners and providers*

- Communication and collaboration in the dissemination of good breastfeeding practice between agencies in Northern Ireland, Great Britain and the Republic of Ireland should be facilitated.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group, DHSS*

2. Commissioning services

Given Northern Ireland's low breastfeeding rate and the targets set within the Regional Strategy, HPSS commissioners of services should give priority to breastfeeding promotion, support and management issues within their commissioning intent documents.

4. Focusing research

Most breastfeeding research in Northern Ireland consists of unpublished studies submitted as part of undergraduate or postgraduate work. The findings of these studies are characterised by several themes, which are consistent with the ONS Survey on Infant Feeding 1995⁴ and with several published studies conducted in the Republic of Ireland and in Britain.

These findings are as follows:

- Breastfeeding in the presence of family members or in public places, even when carried out discreetly, tends to be embarrassing and unacceptable to the mother and others.³¹⁻³⁸
- There is confusion, associated with embarrassment, between the sexual and nurturing functions of the breast.^{32, 35, 36, 39} This is relevant to the choice of educational and publicity materials.
- Male partners' attitudes significantly affect the choice and success of breastfeeding.^{32, 34, 40, 41}
- Teenagers do not identify with breastfeeding.^{4, 38}
- Artificial feeding is perceived as the norm; there is a concomitant lack of confidence in breastfeeding as a method of feeding.³⁹⁻⁴³
- Health care systems do not always give optimal support to breastfeeding.^{31, 40, 41, 43-45}

Recommendation

- Further research is needed to obtain information in the following areas:
 - the most effective methods of promoting and supporting breastfeeding;
 - the reasons for breastfeeding variations in different areas of Northern Ireland;
 - effective approaches for low uptake areas and social groups;
 - reasons for early cessation;
 - effects of women's working patterns and maternity leave;
 - effective breastfeeding education in schools.

Agent for action: *The Northern Ireland Breastfeeding Strategy Group will provide and facilitate research through liaison with DHSS, Queen's University Belfast, University of Ulster and the voluntary sector.*

5. Training health professionals

The training and updating of health service workers in the promotion, support and management of breastfeeding is essential if consistent, scientifically sound and supportive information is to be provided to mothers.⁴⁵

Doctors

Medical undergraduates at Queen's University Belfast receive formal teaching on infant nutrition. However, across Northern Ireland, there is little regular, systematic training in breastfeeding management for junior hospital doctors in the specialties of obstetrics and paediatrics, nor for general practice registrars. Three maternity units provide one hour of tuition six-monthly in lactation management; one general practice training scheme provides one hour of training in the practical management of infant feeding including breastfeeding.

Recommendations

- Medical undergraduates should receive teaching in the promotion and management of breastfeeding within the contexts of preventive medicine, nutrition and child health.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group will liaise with the School of Medicine, Queen's University Belfast to take this forward*

- Each hospital, community paediatric department and general practice training scheme should include appropriate teaching on practical breastfeeding management for all doctors in training. Because of staff turnover, this needs to be provided six-monthly for junior hospital doctors and annually for GP registrars.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group will liaise with the NI Council for Postgraduate Medical & Dental Education and local facilitators of post-graduate education*

Midwives, Health Visitors, Paediatric Nurses and Dietitians

All pre-registration diplomates and undergraduates receive formal education and training in relation to infant feeding including breastfeeding. The pre-registration midwifery programmes also include formal education and training on these subjects. As part of the continuing education process, paediatric nurses, midwives and health visitors additionally have clinical supervision which supports good practice.

Multidisciplinary or unidisciplinary training in depth in breastfeeding management for midwives, health visitors, paediatric nurses and dietitians has been provided in most Boards and Trusts in Northern Ireland. To date, however, there are still a few Trusts where no in-depth breastfeeding training has been provided.

Recommendations

- All Trusts in Northern Ireland should ensure that newly appointed midwives, health visitors, paediatric nurses and relevant dietitians receive an initial two-day update on breastfeeding promotion and management.
- A refresher programme should also be mandatory for these staff at maximum of three-yearly intervals.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group will liaise with the National Board for Nursing, Midwifery and Health Visiting for Northern Ireland; Queen's University Belfast; University of Ulster; consortia for in-service training; commissioners and providers*

6. Supporting special needs infants and their mothers

Evidence continues to accumulate on the particular benefits of breast milk feeding for special needs infants.^{12, 15, 46, 47} Health professionals require training in the area of lactation management. Parents also require adequate education, both ante-natally and in the event of the birth of a special needs infant, in order that they may make informed choices on the feeding of their child.

Recommendations

- The management of breast milk feeding of special needs infants should be part of the training of health professionals, at a level appropriate to their area of work.

Agents for action: *see Action Plan point 5: Training health professionals*

- Information on breast milk feeding of special needs infants should be collected on a regional basis, and made readily accessible to both health professionals and parents.

Agent for action: *The Northern Ireland Breastfeeding Strategy Group*

- Human milk banking should be developed within Northern Ireland, to support breast milk feeding of special needs infants.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group will liaise with consultant paediatricians; consultants in communicable disease control; senior midwifery and paediatric nursing managers; commissioners and providers*

7. Raising public awareness

Once further information has been reviewed on the factors influencing breastfeeding rates in Northern Ireland, a public information campaign needs to be undertaken to promote breastfeeding. Promotion methods should take into account Northern Irish culture, perceptions and attitudes. Community development approaches for the promotion of breastfeeding should be encouraged.

Recommendations

- A public information campaign to promote breastfeeding, using all available media, should be undertaken.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group; DHSS; Health Promotion Agency for Northern Ireland (HPANI); commissioners and providers; La Leche League; National Childbirth Trust*

- Materials to support breastfeeding should be produced for regional use.

Agents for action: *DHSS; HPANI; The Northern Ireland Breastfeeding Strategy Group*

- A theme for the annual Breastfeeding Awareness Week in May should be selected by the Northern Ireland Breastfeeding Strategy Group, and should be communicated to all interested parties by December of each year.

Agent for action: *The Northern Ireland Breastfeeding Strategy Group*

- Breastfeeding education and promotion should be undertaken in primary and second-level education.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group and DHSS will liaise with the Department of Education for Northern Ireland on taking this forward*

- Community support for breastfeeding outside the home should be developed.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group will liaise with public and private sector organisations as appropriate*

8. Limiting promotion of artificial milks

The use of artificial infant milks is depriving women and children of the health benefits of breastfeeding. Artificial milks should not be promoted within the health care system.²⁹

Recommendations

- All HPSS Boards and Trusts should comply with the International Code of Marketing of Breast Milk Substitutes.

Agents for action: *Boards and Trusts*

- Educational materials, such as leaflets, produced by or carrying the trade names or logos of infant formula companies should not be distributed by health professionals.

Suitable educational materials on infant feeding (including artificial feeding) should be developed where these do not yet exist.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group; HPANI*

- Consideration should be given to the discontinuation of the sale of artificial baby milks on HPSS premises.

Agent for action: *DHSS*

9. Legislative change

A number of factors which have a significant effect on breastfeeding may require the creation or alteration of legislation to effect change. The achievement of these changes is part of the longer term vision of the Northern Ireland Breastfeeding Strategy Group. The Group will act as an advocate for change in the following areas.

Maternity leave

The importance in terms of health gain for mother and child of exclusive breastfeeding for 3 to 4 months, and continued breastfeeding beyond this period, has been clearly shown. These goals present difficulties for most women if they return to work.

Recommendations

- Employers should facilitate flexible work arrangements for women returning to work while still breastfeeding: these might include lactation breaks during the day, nursing mothers' rooms and part-time work. The HPSS, as a major employer, should take the lead in this area.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group, Boards, Trusts*

Free artificial milks

Free milk tokens, in supporting the use of artificial milks among low-income groups, work against the Government's philosophy of targeting health and social need.² The provision of free milk tokens is currently under review in England.

Recommendations

- Recommendations emanating from the review should be implemented as appropriate in Northern Ireland.
- Consideration should be given to the discontinuation of the exchange of milk tokens in HPSS premises where this has not already been achieved.

Agent for action: *DHSS*

Marketing of breast milk substitutes

At present, artificial milks are promoted to the general public in a number of ways, contrary to the International Code of Marketing of Breast Milk Substitutes.

Recommendations

- The marketing of breast milk substitutes and feeding products in Northern Ireland should be brought into line with the International Code of Marketing of Breast Milk Substitutes.

Agents for action: *The Northern Ireland Breastfeeding Strategy Group, DHSS*

10. Monitoring progress

The Northern Ireland Breastfeeding Strategy Group will monitor the implementation of the activities identified in this Strategy and report within twelve months of its launch.

The Northern Ireland Breastfeeding Strategy Group will also share information on progress made with relevant agencies and individuals.

Agent for action: *The Northern Ireland Breastfeeding Strategy Group*

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Northern Ireland Breastfeeding Strategy Group Terms of reference

To support the promotion of breastfeeding by:

- providing strategic direction and advice to DHSS and Health and Social Services Boards on the promotion of breastfeeding in Northern Ireland;
- monitoring trends in breastfeeding across Northern Ireland;
- reviewing the effectiveness of health promotion interventions aimed at increasing breastfeeding rates;
- identifying areas for further support and development eg. training;
- developing guidelines on the effective promotion of breastfeeding;
- advising on the quality and effectiveness of breastfeeding promotion materials;
- promoting consistent and scientifically sound messages;
- promoting collaboration between commissioners, providers and voluntary agencies in the planning and implementation of breastfeeding promotion interventions;
- co-ordinating the collection and dissemination of information on good practice;
- advising on research priorities;
- providing links between Northern Ireland and national and international bodies involved in the promotion of breastfeeding;
- providing advice to Government Departments on wider policies which may impact on breastfeeding;
- commissioning research into why breastfeeding rates are lower in Northern Ireland than in the rest of the UK.

