



World Breastfeeding Trends Initiative (WBTi)

ASSESSMENT REPORT IRELAND 2023





World Breastfeeding Trends Initiative (WBTi)

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La Leche League of Ireland
Breastfeeding Help & Information



ALCI Association of Lactation Consultants in Ireland

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This WBTi Ireland 2023 Report was written by members of the WBTi Steering and Core Groups.

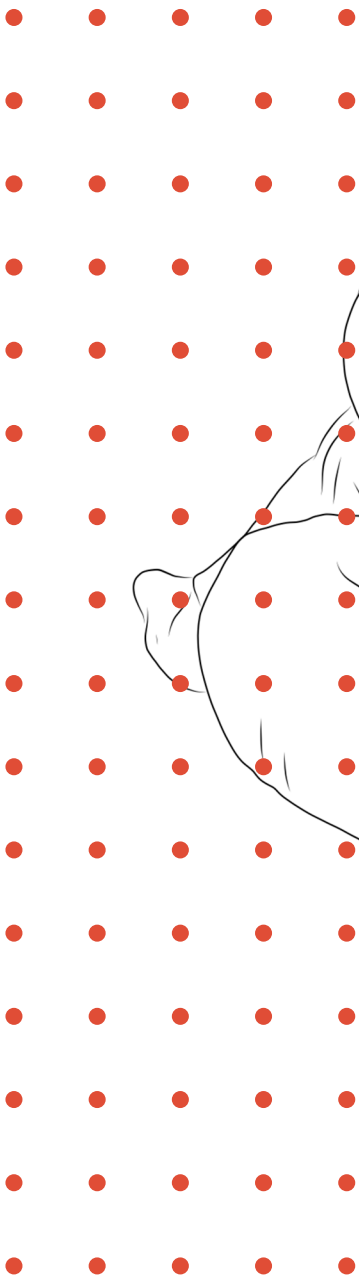
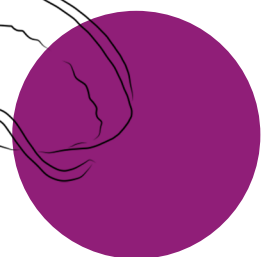
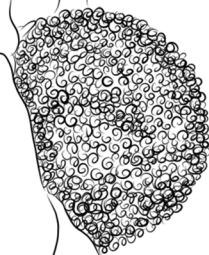
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The World Breastfeeding Trends Initiative (WBTi), background

About WBTi

The Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN) South Asia and the World Breastfeeding Trends Initiative (WBTi) Global Secretariat launched the innovative tool in 2004 at a South Asia Partners Forum.

The WBTi assists countries to assess the status and benchmark the progress in implementation of the *Global Strategy for Infant and Young Child Feeding* in a standard way. It is based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi programme calls on countries to conduct their assessment to measure strengths and weaknesses on the ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices.

It maintains a Global Data Repository of these policies and programmes in the form of scores, colour codes, report, and report card for each country. The WBTi assessment process brings people together and encourages collaboration, networking, and local action. Organisations such as government departments, the United Nations, health professionals, academics, and other civil society partners (without Conflicts of Interest) participate in the assessment process by forming a core group with an objective to build consensus.

With every new assessment, countries identify gaps and provide recommendations to their policy makers for affirmative action and change. The WBTi Global Secretariat

encourages countries to conduct a re-assessment every 3-5 years for tracking trends in IYCF policies and programme.

Vision & Mission

The WBTi envisages that all countries create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at workplaces. The WBTi aspires to be a trusted leader to motivate policy makers and programme managers in countries, to use the global data repository of information on breastfeeding and IYCF policies and programmes.

WBTi envisions serving as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe. WBTi's mission is to reach all countries to facilitate assessment and tracking of IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

Ethical Policy

The WBTi works on 7 principles of IBFAN and does not seek or accept funds donation, grants or sponsorship from manufacturers or distributors and the front organisations of breastmilk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or any such organisation that has conflicts of interest.

The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Governance and Funding	1. Timely Initiation of Breastfeeding within one hour of birth
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	2. Exclusive Breastfeeding for the first six months
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	3. Median duration of Breastfeeding
4. Maternity Protection	4. Bottle-Feeding
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	5. Complementary Feeding-Introduction of solid, semi-solid or soft foods
6. Counselling services for pregnant and breastfeeding mothers	
7. Accurate and Unbiased Information Support	
8. Infant Feeding and HIV	
9. Infant and Young Child Feeding during Emergencies	
10. Monitoring and Evaluation	

Each indicator used for assessment has following components:

- The key question that needs to be investigated
- Background on why the practice, policy or programme component is important
- A list of key criteria for assessment as subset of questions to be considered in identifying strengths and weaknesses to document gaps
- Annexes for related information

Part I: Policies and Programmes:

The criteria of assessment have been developed for each of the ten indicators, based on the *Global Strategy for Infant and Young Child Feeding* (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005) as well as updated with most recent developments in this field. For each

indicator, there is a subset of questions. Answers to these can lead to identification of the gaps in policies and programmes required to implement the *Global Strategy*. Assessment can reveal how a country is performing in a particular area of action on Breastfeeding / Infant and Young Child Feeding. Additional information is also sought in these indicators, which is mostly qualitative. Such information is used to elaborate on the report, however, is not taken into account for scoring or colour coding.

Part II: Infant and Young Child Feeding Practices.

In Part II, specific numerical data on each practice based on data from random national household surveys is requested. These five indicators are based on the WHO's tool for keeping it uniform. However, additional information on some other practice

indicators such as 'continued breastfeeding' and 'adequacy of complementary feeding' is also sought.

Scoring and Colour-Coding

Policy and Programmes Indicator 1-10

Once the information on the 'WBTi Questionnaire' is gathered and analysed, it is then entered into the web-tool. The tool provides *scoring* of each individual subset of questions as per their weight age in the indicators 1-10 (policies and programmes). Each indicator has a maximum score of 10. Total score of ten indicators has a maximum score of 100.

The web tool also assigns *Colour-Coding* (Red/Yellow/Blue/Green) of each indicator as per the *WBTi Guidelines for Colour-Coding* based on the scores achieved.

In the part II (IYCF practices)

Indicators of part II are expressed as percentages or absolute number. Once the data is entered, the tool assigns *Colour coding* as per the *Guidelines*.

The WBTi Tool provides details of each indicator in sub-set of questions, and weight age of each.

Global acceptance of the WBTi

The WBTi met with success South Asia during 2004-2008 and based on this, the WBTi was introduced to other regions. By now more than 100 countries have been trained in the use of WBTi tools and 97 have completed

and reported. Many of them repeated assessments during these years.

WBTi has been published as BMJ published news in the year 2011, when 33 country WBTi report was launched¹. Two peer reviewed publications in the international journals add value to the impact of WBTi, in Health Policy and Planning in 2012 when 40 countries had completed², and in the Journal of Public Health Policy in 2019³ when 84 countries completed it.

The WBTi has been accepted globally as a credible source of information on IYCF polices, and programmes and has been cited in global guidelines and other policy documents e.g., WHO National Implementation of BFHI 2017⁴ and IFE Core group's Operational Guidance on Infant Feeding in Emergencies, 2017⁵.

Accomplishment of the WBTi assessment is one of the seven policy asks in the Global Breastfeeding Collective (GBC), a joint initiative by UNICEF & WHO to accelerate progress towards achieving the WHA target of exclusive breastfeeding to 50% by 2030. The Global Breastfeeding Scorecard for tracking progress for breastfeeding policies and programmes developed by the Collective has identified a target that at least three-quarters of the countries of the world should be able to conduct a WBTi assessment every five years by 2030⁶. The report on implementation of the International Code of Marketing for Breastmilk Substitutes also used WBTi as a source. The Global database on the Implementation of Nutrition Action (GINA) of WHO has used WBTi as a source⁷. Global researchers have used WBTi findings

1 BMJ 2011;342:d18doi: <https://doi.org/10.1136/bmj.d18> (Published 04 January 2011)

2 <https://academic.oup.com/heapol/article/28/3/279/553219>

3 <https://link.springer.com/article/10.1057/s41271-018-0153-9>

4 <https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/>

5 https://www.enonline.net/attachments/3028/Ops-Guidance-on-IFE_v3-2018_English.pdf

6 <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf?ua=1>

7 <https://extranet.who.int/nutrition/gina/>

to predict possible increase in exclusive breastfeeding with increasing scores and found it valid for measuring inputs into global strategy⁸. Other than this PhD students have used WBTi for their research work, and New Zealand used WBTi for developing their National Strategic Plan of Action on breastfeeding 2008-2012.



Assessment process followed

In April 2023 a group of academics, healthcare professionals, and representatives of breastfeeding support groups came together to prepare a World Breastfeeding Trends Initiative (WBTi) report for the Republic of Ireland. This group was organised and led by Dr Liz O’Sullivan, Lecturer in Nutrition at Technological University Dublin. Funding was gratefully obtained from UNICEF Ireland to hire a research assistant to facilitate the compilation of the report.

The Core Group for WBTi Ireland consists of an academic from TU Dublin, representatives from breastfeeding support organisations: Cuidiú, Friends of Breastfeeding and La Leche League of Ireland, the Irish Health Service Executive (HSE), UNICEF Ireland, the Association of Lactation Consultants in Ireland (ALCI), Baby Feeding Law Group Ireland (BFLGI), Bainne Beatha (a parent-led breastfeeding advocacy group), General Practice, Obstetrics and Gynaecology among others.

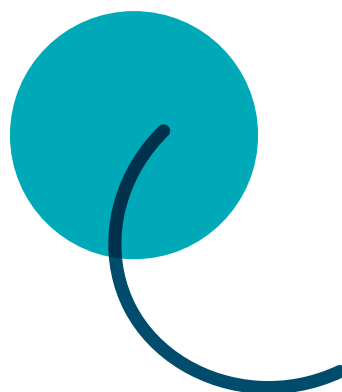
At the first meeting in May 2023, Core Group members were assigned indicators relevant to their area of interest or expertise and were tasked with determining Ireland’s status with regards to the individual criteria for that indicator. Core Group members performed internet searches, contacted individuals working in relevant sectors, and made “Freedom of Information” requests to obtain the data or evidence needed to determine a score for each indicator.

The Core Group met virtually approximately every three weeks to discuss information relevant to the indicators, and to collaborate on their scoring as required for the report. The scoring for each indicator was discussed

over several meetings and within smaller groups until a consensus was reached by the whole Core Group.

The research assistant liaised with the lead regularly and met with Core Group members individually and in smaller groups to input their findings into the final report. Core Group members assigned to individual indicators drafted the “Gaps and Recommendations” relevant to their indicator, and these were agreed and finalised based on discussion with the entire Core Group. In total, the Core Group met virtually 6 times between May 2023 and November 2023. A draft version of the report was circulated to relevant stakeholders in October 2023 and stakeholders were provided the opportunity to comment on the report. Comments from stakeholders were considered by the Core Group and modifications were made to the report, when considered relevant. The report was then submitted to the WBTi Secretariat for consideration.

This report will provide a benchmark enabling future assessments to measure progress on actions resulting from the initial assessment.



List of partners for the assessment process

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The Core Group would like to acknowledge and thank all those who provided feedback on a draft of this report prior to submission to the WBTi Secretariat. The Core Group also wish to thank Aaron Gordon, Public Health Nutrition student at Atlantic Technological University, for his input into an early version of this report.

Abbreviations

ALCI	Association of Lactation Consultants in Ireland
ASAI	Advertising Standards Authority of Ireland
BFI	Baby Friendly Initiative
BFLGI	Baby Feeding Law Group Ireland
BHIVA	British HIV Association
BOAT	Breastfeeding Observation Assessment Tool
BPNI	Breastfeeding Promotion Network of India
CHO	Community Health Organisation
EBF	Exclusive breastfeeding
EU	European Union
FABM	Fellow of the Academy of Breastfeeding Medicine
FSAI	Food Safety Authority of Ireland
GP	General practitioner
GUI	Growing Up in Ireland cohort study
HIV	Human immunodeficiency virus
HSE	Health Service Executive
HPSC	Health Protection Surveillance Centre
IBCLC	International Board Certified Lactation Consultant
IBFAN	International Baby Food Action Network
ILO	International Labor Organization
IMIS	Irish Maternity Indicator System
IYCF	Infant and Young Child Feeding
KPI	Key performance indicator
MN-CMS	Maternal and Newborn Clinical Management System
NCCP	National Cancer Control Programme
NHCP	National Healthy Childhood Programme
NMES	National Maternity Experience Survey
NNBSP	National Newborn Bloodspot Screening Programme
NPRS	National Perinatal Reporting System
NWIHP	National Women and Infants Health Programme
OSMR	Online Safety and Media Regulation
PEEB	Practice Enhancement for Exclusive Breastfeeding
PHN	Public Health Nurse
SI	Statutory instrument
UNICEF	United Nations Children's Fund
WBTi	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

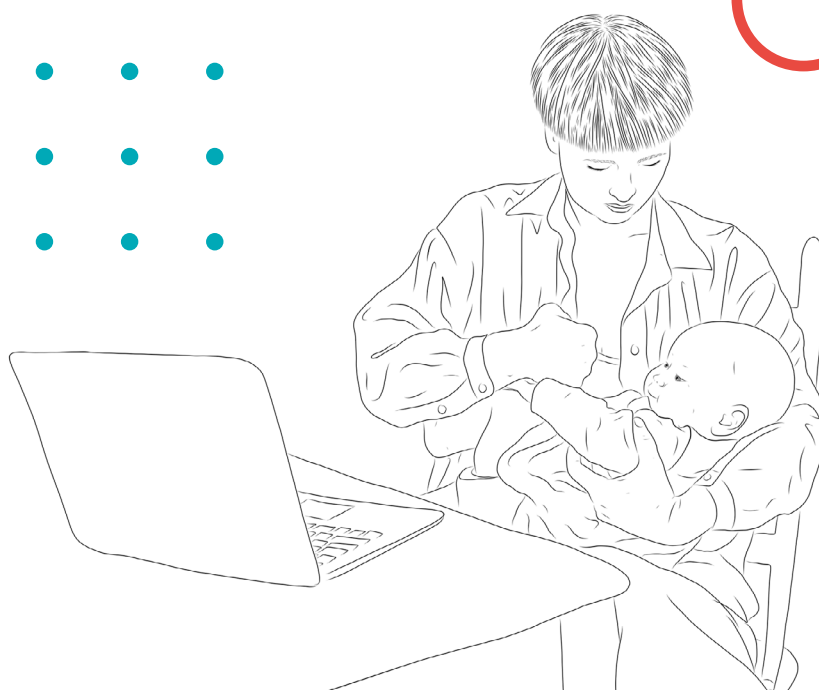
Executive summary

The [World Breastfeeding Trends Initiative](#) (WBTi) is an initiative that assists countries to assess and monitor the status of policies and programmes related to infant and young child feeding (IYCF). This is Ireland's first WBTi report and describes Ireland's status with regards a set of pre-defined indicators. Future reports will identify progress on each indicator and recommend further changes.

The objective of this document is to report on key policy and practice indicators relating to breastfeeding in Ireland. A Core Group of 14 people prepared this document between May and November 2023. There are 10 indicators related to policy and programmes and 5 indicators related to infant feeding practices. The report is structured such that each of the 15 indicators are addressed separately. Initially, background is provided on each indicator, and then a score is provided for a set of pre-defined questions, which allows us to calculate a score out of 10 for each of the

first 10 indicators: providing a final score out of 100. The infant feeding practices indicators are colour-coded to indicate Ireland's status. After each indicator was assessed and scored, the Core Group developed a series of gaps and recommendations.

The findings of this report indicate that while Ireland is performing well on some policy and programme indicators, this is not translating into positive scores for indicators relating to infant feeding practices. Our highest scoring indicators are National Policy, Governance and Funding (9.5/10), Maternity Protection (8.5/10), and Accurate and Unbiased Information Support (8/10). Our lowest scoring indicators are Infant and Young Child Feeding during Emergencies (0/10), Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding (3/10), Infant Feeding and HIV (4/10), Counselling Services for the Pregnant and Breastfeeding Mothers (5/10), and Monitoring and Evaluation (5/10).

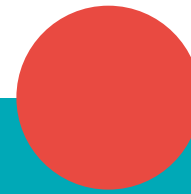


Key points that the Core Group would like to highlight:

- Policy and governance for breastfeeding support is strong, with the Health Service Executive adopting a clear message that breastfeeding should be supported. However, there have only been modest increases in breastfeeding rates relevant to Health Service Executive targets. Recent evidence from multiple surveys carried out with mothers and with staff demonstrate that considerable work is still needed to translate breastfeeding policy into practice where all mothers are supported to meet their breastfeeding goals.
- The indicators of the WBTi focus on policies and programmes and did not require the Core Group to comment on resourcing or staffing. The Core Group feel that it is important to highlight the need to appropriately staff and resource healthcare settings, including maternity units, acute care settings, and primary care settings. Without sufficient staff to deliver care, investments in staff training and education will likely be ineffective.
- Though Ireland scored highly on the maternity leave indicator, paid maternity leave is only provided for 26 weeks, with 2 weeks to be taken prior to the baby's due date. This means that some women may need to return to work within 6 months of delivery, i.e., during the time when exclusive breastfeeding is recommended. In addition, paid maternity leave is not at the full-rate equivalent for all mothers.
- There is insufficient breastfeeding-related undergraduate and postgraduate education and training provided to healthcare professionals in Ireland. All healthcare professionals are likely to encounter and treat breastfeeding women during their practice; training and education should not be restricted to a small number of healthcare professionals, primarily midwives and public health nurses.
- Information about breastfeeding is available online through the Health Service Executive website and written information is often provided to prospective or new parents. However, the quantity and quality of active breastfeeding support or counselling received through the health services is variable depending on locality (though online support is available from the Health Service Executive during certain times). Despite recent investments, there are many towns around Ireland with no in-person breastfeeding support group available. Voluntary support organisations are also available to provide support in the community and make themselves available outside of standard work hours. It is a challenge for HSE and volunteer providers to raise awareness of community supports available and to help mothers engage with services in the antenatal and post-natal period.
- There is limited national data available on the prevalence of breastfeeding at any time point beyond 3 months postpartum. Routine data collection on infant feeding practices does not occur beyond 3 months and this limits the capacity to analyse effectiveness of interventions and programmes, or to identify subgroups who may need additional support.
- Legislation for the marketing and promotion of commercial milk formulae is not yet aligned with the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions. Widespread marketing is taking place targeting pregnant women and families both in store and online, with rewards, baby clubs, carelines, etc. These activities can create doubt and undermine mothers' confidence in their ability to breastfeed their babies.

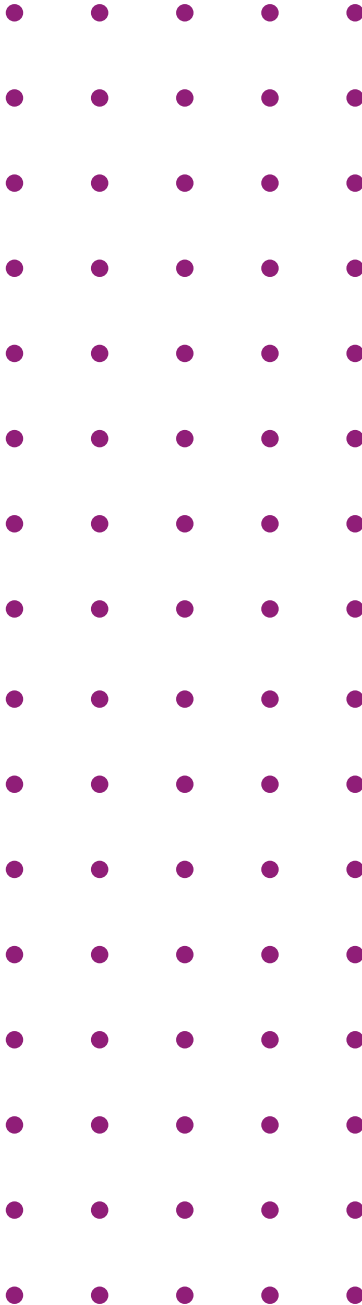
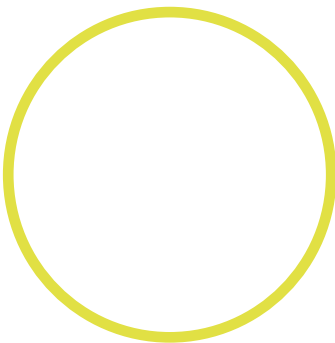
Key recommendations of this report relevant to each of the 10 indicators described in Part I:

1. Establish an infant feeding communication forum for government departments (with responsibility for children, health, and marketing of commercial formula milks) and the Health Service Executive to align government policy, funding and Health Service Executive practices to increase breastfeeding initiation rates and the duration of breastfeeding.
2. Standardise breastfeeding education for healthcare professionals in maternity units and support in-service, role-specific breastfeeding education and training to enable implementation of the Baby Friendly Initiative in all 19 maternity units.
3. Fully implement the World Health Organization Code of Marketing of Breast-milk Substitutes and its subsequent World Health Assembly Resolutions in legislation and ensure that this legislation is monitored and enforced in a transparent manner independent of industry, with particular attention paid to advertising and marketing online *via* baby clubs and social media influencers.
4. Provide a longer duration of (full-rate equivalent) paid maternity leave to facilitate more women to continue breastfeeding for longer than they otherwise would have had they returned to work..
5. Provide independent, evidence-based breastfeeding-related education and training to all healthcare professionals likely to encounter breastfeeding mothers or infants/young children in their clinical practice. These healthcare professionals must be assessed as competent on basic breastfeeding content in their pre-registration training.
6. Provide for greater availability of breastfeeding preparation classes and breastfeeding support groups, and modes of delivery of same. Since the onset of COVID-19, there has been a move towards having more antenatal classes online. While this may be convenient for some, in-person classes may be preferable to others.
7. Develop effective strategies for increasing awareness of infant and young child feeding materials within other sectors outside of the health service, e.g., workplace settings, County Councils, and allocate resources as required by the Health Service Executive to implement breastfeeding campaigns.
8. Develop an up-to-date infant feeding policy for those with HIV in Ireland, in line with recent British HIV Association guidance, that would facilitate shared decision-making between healthcare professionals and service users.
9. Develop an infant and young child feeding in emergencies preparedness plan specific to the Irish context in line with international guidance, incorporating and building on the Operational Guidance prepared by the Infant Feeding in Emergencies Core Group of the Emergency Nutrition Network.
10. Develop an electronic child health record to collect and report on breastfeeding metrics. These metrics should include breastfeeding within an hour of birth, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding, and adequacy of complementary feeding, along with other indicators, as recommended by the World Health Organization.



Call to action:

The WBTi-Ireland Core Group wish to call members of government, policy makers, the Health Service Executive, the Food Safety Authority of Ireland, individual healthcare professionals, and all those in positions of power to action on the above recommendations, and those made throughout this document. Together, we can make substantial changes to our system to ensure that mothers and families receive the consistent, timely, evidence-based support and care they want and deserve. We look forward to repeating this report in 3-5 years and showcasing the positive strides that have been made.



Introduction and background

The Republic of Ireland consists of 26 counties divided into 4 provinces, Connacht, Munster, Leinster, and Ulster with an overall population of approximately 5.15 million. In 2022 there were 57,540 births in Ireland, representing an annual birth rate of 11.3 per thousand population (Central Statistics Office 2022). The crude infant mortality rate in 2022 was 3.3 per 1000 live births (Central Statistics Office 2022). The Health Service Executive (HSE) is the publicly funded healthcare service in the Republic of Ireland. The HSE provides public health and social care services to everyone living in the Republic of Ireland. The overall responsibility for the running of the HSE lies with the Minister for Health within the Irish Government.

Why infant and young child feeding is important:

Breastfeeding is the biologically normal feeding method for infants and young children and ensures optimum growth and development. The World Health Organization (WHO) recommends that infants are exclusively breastfed for the first six months with continued breastfeeding up to 2 years and beyond (World Health Organization and UNICEF 2003). The HSE have also adopted this recommendation (Health Service Executive 2016).

Among infants, breastfeeding is associated with lower infectious morbidity and mortality and fewer dental problems when compared with not those not breastfed or breastfed for short periods (Victora, et al. 2016). Additionally, breastfeeding is associated with reduced incidence and severity of respiratory syncytial virus (Mineva et al. 2023). Among mothers, breastfeeding is



associated with a decreased risk of reproductive (breast and ovarian) cancers and other non-communicable diseases such as type 2 diabetes (Victora et al. 2016), and cardiovascular disease (Tschiderer et al. 2022). Poorer outcomes among infants who are not breastfed are not only observed in low-income or resource-poor countries.

There is evidence that in high-income countries breastfeeding is associated with a reduced risk of sudden infant death, necrotising enterocolitis, and ear infections in children under 2 years (Victora et al. 2016), and a reduced risk of childhood obesity (Rito et al. 2019).

In addition, secondary analysis of data from the Growing Up in Ireland has shown that infants breastfed for 90 days were less likely to be admitted to hospital, less likely to develop respiratory diseases, and chest infections among others (Murphy et al. 2023).

In addition to the observed associations between breastfeeding and health among mothers and babies, breastfeeding – when supported – is a sustainable and environmentally friendly infant-feeding mode. For this reason, promotion, protection and support for breastfeeding were emphasised in a report titled [“Fixing Food Together”](#), launched in May 2023 by the Climate and Health Alliance in Ireland (O’Brien et al. 2023).

A brief history of breastfeeding in Ireland

One hundred years ago most Irish infants were likely breastfed, as infant formula was not yet widely available. Both the increasing availability of infant formula from the 1930s onwards, and the introduction of the “Maternity and Infant Care Scheme,” in the 1950s likely contributed to the decline of breastfeeding, among other factors. The Maternity and Infant Care Scheme was a medical scheme introduced to reduce child mortality. It provided free healthcare without means testing to mothers and their children, up to the age of 16.

The scheme resulted in a larger proportion of women giving birth in a maternity unit, rather than at home (Kennedy 2012). [It has been proposed](#) that the move to hospital birth, and the increased level of intervention that occurred as a result, contributed to the reduction of breastfeeding rates (Jacky Jones 2015).

Internationally, breastfeeding prevalence appears to have reached a nadir in the 1970s, though there is little reliable data on the prevalence of breastfeeding in Ireland from this time. In 1981 a cross-sectional survey was completed by researchers at Trinity College Dublin to establish the national prevalence of breastfeeding (McSweeney and Kevany 1982). The authors surveyed 31 maternity units in Ireland and requested information

about all dyads discharged during one week in April/May 1981. Information was obtained on 1,195 mothers and the prevalence of any breastfeeding at hospital discharge was 32% (McSweeney and Kevany 1982).

Routine national reporting of breastfeeding rates on discharge from hospital commenced in 1984 (Regional Breastfeeding Policy Working Group 2004). In 1984, the prevalence of any breastfeeding at hospital discharge was 30% (Regional Breastfeeding Policy Working Group 2004), in 1986 it was 33.9% and by 1990 it was 31.7% (National Committee to Promote Breastfeeding 1994). The first national breastfeeding policy was published in 1994, developed by Ireland’s first National Committee to Promote Breastfeeding.

The development of this Committee was a result of the static incidence of breastfeeding at hospital discharge over several years, along with lobbying from La Leche League of Ireland, the Irish Childbirth Trust, the Baby Friendly Hospital Initiative, and the Irish Nurse’s Organisation (Nic Gabhainn and Batt 2010). The National Committee to Promote Breastfeeding comprised healthcare professionals, representatives from the Department of Health, a representative from La Leche League of Ireland, and a representative from the Irish Childbirth Trust (now Cuidiú).

The interim report of the National Committee on Breastfeeding, which reviewed the 1994 policy, reported that the objectives of the policy with regards increases in breastfeeding prevalence were not achieved and the recommendations fell short in many areas (National Committee on Breastfeeding 2003).

However, the mere existence of the policy provided a focus on breastfeeding that impacted the quality of support available for mothers and babies and highlighted the value of voluntary support services like La Leche

League of Ireland and the Irish Childbirth Trust (National Committee on Breastfeeding 2003).

The Baby Friendly Hospital Initiative was established in 1998, and the first national breastfeeding co-ordinator was appointed in 2001 (Lubold 2019). In the three decades since the 1990s, Ireland has seen a near doubling in the prevalence of any breastfeeding at hospital discharge, which currently stands at 58% (National Women and Infants Health Programme 2021).

Current prevalence of breastfeeding in Ireland

Today, Ireland's breastfeeding rates are amongst the lowest in the world with only 63.1% of babies born in 2021 breastfed at first feed following birth (National Women and Infants Health Programme 2021). While 58% of mothers reported any breastfeeding at discharge from hospital, just 36.8% of infants had received only breast milk since birth, according to the latest available data (National Women and Infants Health Programme 2021).

These figures compare unfavourably with the latest data from other countries: among infants born in 2018 in Sweden, 94% initiated breastfeeding (World Health Organization 2021), and among infants born in 2019 in the United States, 83.2% started out receiving some breast milk (Centres for Disease Control and Prevention 2022). Ireland's low breastfeeding initiation rates are often noted in the published literature (Hauck et al. 2016; Sutton et al. 2016; Philip et al. 2023).

By the time mother-infant dyads in 2021 received their first visit from a public health nurse, typically within 72 hours of discharge from the maternity unit, the prevalence of any breastfeeding reduced from 63.1% to 59.8% (Health Service Executive 2021). By the 2nd

public health nurse visit, at approximately 3 months postpartum, 39.5% of dyads reported any breastfeeding, with most of those (35.7%) exclusively breastfeeding (Health Service Executive 2021). It is not currently possible to calculate the prevalence of exclusive breastfeeding under 6 months in Ireland as routine data are not collected beyond 3 months.

The current cultural norm

Formula feeding *via* bottle is the prevailing cultural norm in Ireland. The proportion of mother-infant dyads that initiated breastfeeding in 2021 was 63.1% and by hospital discharge (approximately day 3 of life), just 36.8% were exclusively breastfeeding with baby having received no other food or fluids from birth. This means that over half of infants had received infant formula, or were combination fed or fully formula fed by day 3 of life.

Multiple academic articles published in scientific journals have also noted that Ireland is a formula-feeding culture. In 2017, Leahy Warren and colleagues described women's experiences of attending a community breastfeeding support group in an article titled "Normalising breastfeeding within a formula feeding culture: An Irish qualitative study" (Leahy-Warren et al. 2017). Formula feeding has also been recognised as part of the Irish culture by Polish immigrants living in Ireland (O'Sullivan et al. 2021).

Conflicts of interest at country level

Ireland is a major global manufacturer of infant formula; in 2021, infant formula was [Ireland's 5th most valuable dairy export](#) (Minister for Agriculture Food and the Marine 2022) and infant-formula manufacturing company [Danone stated in 2022](#) that "Ireland is a key player in Danone globally with a significant proportion of our infant formula

is made here” (Irish Business and Employers Confederation) . This high level of production of infant formula in Ireland is recognised as important by the Department of Agriculture, Food and the Marine, with the [Minister stating in 2022](#) that “Ireland, as a producer of high-quality, sustainable dairy products is an important source of infant and follow-on formula internationally” (Commins 2022).

Enforcement of food law governing the composition of commercial milk formulae is carried out by the Department of Agriculture, Food and the Marine at production level. The key role of the Department of Agriculture, Food and the Marine with regards infant formula is a regulatory one, ensuring products on the market are safe.

However, the activities described above—i.e., the focus on high-level production of formula—and the description of the importance of this product to the Irish economy could be perceived to represent a conflict between the Department of

Agriculture, Food and the Marine, and the Department of Health, who recommend breastfeeding exclusively for 6 months and continued breastfeeding to 2 years and beyond.

[Ireland’s “complicated relationship with infant formula”](#) has been highlighted in the news media in 2021, with this particular article noting that “[t]hrough Enterprise Ireland, the Irish taxpayer directly subsidises infant formula companies. €13.2m [million] has been paid out by Enterprise Ireland to six formula companies in Ireland since 2014” (O’Byrne 2021).

Heretofore breastfeeding has been the responsibility of the health service, this needs to change. Breastfeeding is a societal issue and alongside the healthcare system, activities to protect, promote and support breastfeeding must also include the education system, the creation of supportive environments, and the dissemination of positive portrayals of breastfeeding in the media.





Assessment Findings

Part I: IYCF Policies and Programmes

In Part I, each question has a possible score of 0-3 and each indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated i.e., Red, Yellow, Blue or Green based on the guidelines.

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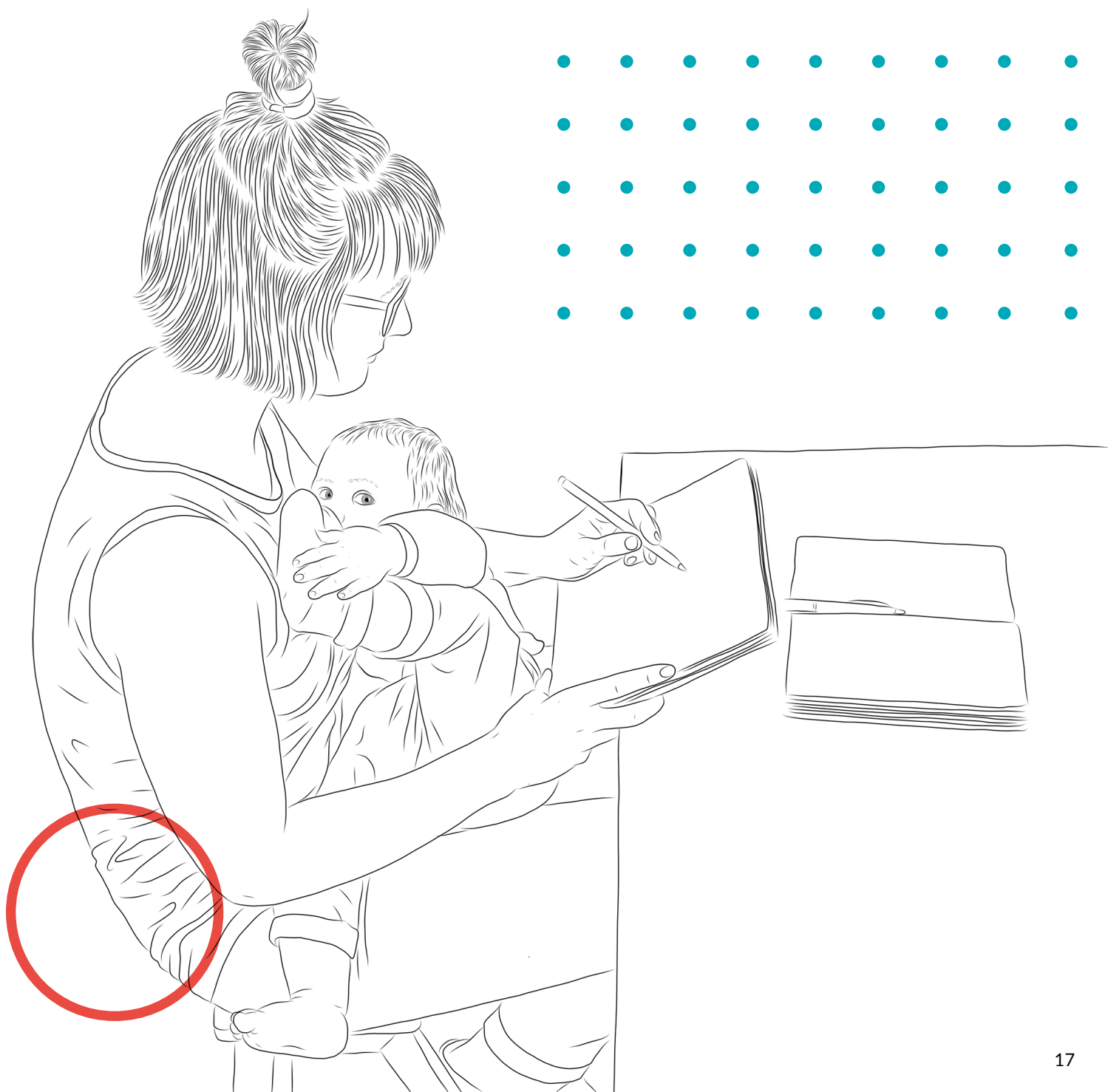
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Indicator 1: National Policy, Governance and Funding

Key questions:

Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes, and supports optimal breastfeeding and infant and young child feeding (IYCF) practices? Is the policy supported by a government programme? Is there a plan to implement this policy? Is sufficient funding provided? Is there a coordinating mechanism, such as a national infant and young child feeding committee and a coordinator for the committee?



Background

The importance of breastfeeding and supporting more mothers to breastfeed is outlined as a priority within various national health policies, including the Healthy Ireland Framework, the National Maternity Strategy, the Obesity Policy and Action Plan, and the National Cancer Strategy. It is important that children get the best possible start in life, and this is something all Government partners have stated as a priority in the Programme for Government. Ireland currently has a culture of bottle-feeding using formula; to improve child and maternal health, as well as achieve reductions in childhood obesity and chronic diseases, it is necessary to improve breastfeeding rates.

Midwives and public health nurses are the primary front-line staff to support breastfeeding and specialist support services are publicly available in every maternity unit and Community Health Organisation (CHO) for mothers who need extra support to breastfeed. Although specialist midwives or nurses with the International Board Certified Lactation Consultant (IBCLC) qualification (i.e., infant feeding/lactation nurses or midwives) do work within the public health service, these publicly employed IBCLCs only work Monday to Friday and do not work nights, holidays, or weekends. Breastfeeding support groups are provided by the Health Service Executive (HSE) and HSE-funded volunteer breastfeeding organisations. IBCLCs (who may or may not be qualified midwives/nurses) also operate private practices in Ireland. Although general practitioners (GPs) see women during pregnancy and have 2 scheduled visits (for baby at 2 weeks, and for mother and baby at 6 weeks), they have no specified role with regards provision of care for infant feeding.

The most-recent Irish Breastfeeding Action Plan, [Breastfeeding in a Healthy Ireland Action](#)

[Plan \(2016-2023\)](#), was published in 2016 (Health Service Executive, 2016). This plan outlined the key priorities to be addressed over the subsequent five years with the aim of enhancing breastfeeding support, promoting increased breastfeeding rates among Irish mothers, and enhancing the health outcomes for both mothers and children in Ireland. The plan outlined a series of measures to be implemented across various sectors, including maternity services, hospitals, primary care services, and in collaboration with volunteer breastfeeding organisations, to foster the growth of breastfeeding rates and provide expert assistance to mothers.

The HSE [Breastfeeding in a Healthy Ireland Action Plan](#) currently serves as the primary framework for advancing breastfeeding support in Ireland. This plan has set a target of annually increasing “any breastfeeding” rates by 2% while implementing additional policies at both hospital and community levels. These policies encompass investments in breastfeeding training and skills development for healthcare staff, the recruitment of additional lactation specialists, and the establishment of partnerships with volunteer groups to foster a culture that embraces and supports breastfeeding.

On publication of the current plan, the HSE established the National Breastfeeding Implementation Group who are partnering with the Department of Health and key divisions within the HSE to progress a range of actions under 5 key areas. Since the 1990s there have been various national and local committees in place with responsibility for supporting breastfeeding. The current national and regional implementation committees are outlined below, none of which include representation from the commercial formula industry.

- National breastfeeding implementation group. The current group membership

comprises operational managers and clinical advisors within maternity, public health nursing, public health, and dietetic services, and does not include representation from the commercial formula industry.

- National Baby Friendly Initiative Oversight Group. The membership of this oversight group includes representation from community breastfeeding organisations, marginalised communities, academia, midwives, public health nursing, medical staff, IBCLCs and managers.
- CHO Infant feeding committees. There are 9 CHOs in Ireland with committees in place in 7 of these areas, including representatives from maternity services, public health nursing, public health, service users and volunteer organisations.

The national breastfeeding implementation group seek funding through the annual estimates process in the HSE and have when requested, provided proposals to the Department of Health directly for funding. Up to 2020, the breastfeeding action plan was implemented with existing resources, along with support of the philanthropic funded [Nurture Programme](#). In 2020 and 2021, a total of 34.5 new lactation/infant feeding posts were funded. At the time of writing this report, there are 57 infant feeding/lactation posts employed by the HSE in both the hospital and community settings, which is more than treble the number in post in 2017.

Over 200 staff working in the HSE in other roles are qualified IBCLCs. There are infant feeding/lactation posts allocated to all maternity and public health nursing services proportionate to birth rate, geographical area, and deprivation. A national purchasing contract is in place with the milk bank in Northern Ireland for the provision of donor expressed breast milk to preterm and sick

babies in the HSE. Hospital grade breast pumps are provided by all maternity and acute services. There is inconsistency and gaps in the provision of breast pumps, where needed, to mothers of sick or preterm babies discharged home from hospital.

Relationships between the breastfeeding implementation group and other sectors

The breastfeeding implementation group have relationships with public health and nutrition advisors within the Department of Health and HSE. As part of the implementation of the HSE's mychild.ie campaign, governance for all breastfeeding printed and online information is through a dedicated team of subject matter experts, supported by a HSE team with communications, digital and social media expertise. The group have partnered with the [community mothers programme](#) and [HSE National Social inclusion office](#) to develop resources for vulnerable mothers.

To date, the HSE national breastfeeding implementation group have not engaged directly with HSE emergency management or the Department of Agriculture. If required, engagement with the Department of Agriculture is done through established communication channels with the Department of Health. Public health doctors are representatives on regional emergency management teams and will communicate messaging on water safety to the public (which is important for safe preparation of infant formula), when required; this is not part of the remit of the breastfeeding implementation group.

The HSE Policy on the Marketing of Breast Milk Substitutes (2021) and new Standards for Infant Feeding in Maternity Services (2022) require that there is no advertising of formula milk, teats, bottles, and soothers in any part of the maternity services or by any HSE staff member.

The protection, promotion and support for breastfeeding is outlined in other related government strategies and implementation plans since the publication of the HSE's

breastfeeding action plan, which can be found in Appendix I.

Indicator 1 Score Table		
Criteria for Assessment – Policy and Funding	Check all that apply	
	Yes	No
1.1) A national breastfeeding/infant and young child feeding policy/ guideline (stand alone or integrated) has been officially approved by the government	✓ (1)	
1.2) The policy recommends initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	✓ (1)	
1.3) A national plan of action is approved with goals, objectives, indicators and timelines	✓ (2)	
1.4) The country (government and others) is spending on breastfeeding and IYCF interventions ⁹ a. no funding b. < €1 per birth c. €1-2 per birth d. €2-5 per birth e. =or >€5 per birth	✓ Check one which is applicable ☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☒ 2.0	
Governance		
1.5) There is a National Breastfeeding/IYCF Committee	✓ (1)	
1.6) The committee meets, monitors and reviews the plans and progress made on a regular basis	✓ (2)	
1.7) The committee links effectively with all other sectors like finance, health, nutrition, information, labour, disaster management, agriculture, social services etc.		✓ (0)
1.8) The committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	✓ (0.5)	
Total Score	9.5/10	

Please see sources of information used to score this indicator on page 98.

Additional information

In 2022, 717 litres of donor breast milk were purchased from the human milk bank

in Fermanagh, Northern Ireland, and was delivered to 16 hospitals in the Republic of Ireland. The cost to the HSE for this milk was £114,274.55.

9 Enabling Women To Breastfeed Through Better Policies And Programmes – Global Breastfeeding Scorecard, 2018 <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018-methology.pdf?ua=1>



Gaps:

1. There is currently no forum for the Department of Health, the Department of Children, the Food Safety Authority of Ireland, Coimisiún na Meán, the HSE breastfeeding implementation group, and other HSE division representatives to meet and align infant feeding policy priorities, funding, and service users' feedback.
2. The recent investment in breastfeeding resources is providing a baseline service to all counties in Ireland. Gaps remain in supporting certain groups, e.g., Traveller population and other ethnic minorities.
3. There are gaps in the provision of medical grade breast pumps in communities, where needed.
4. Despite multiple policies directly or indirectly referencing the importance of breastfeeding and breastfeeding support, Ireland remains a predominately formula-feeding culture.



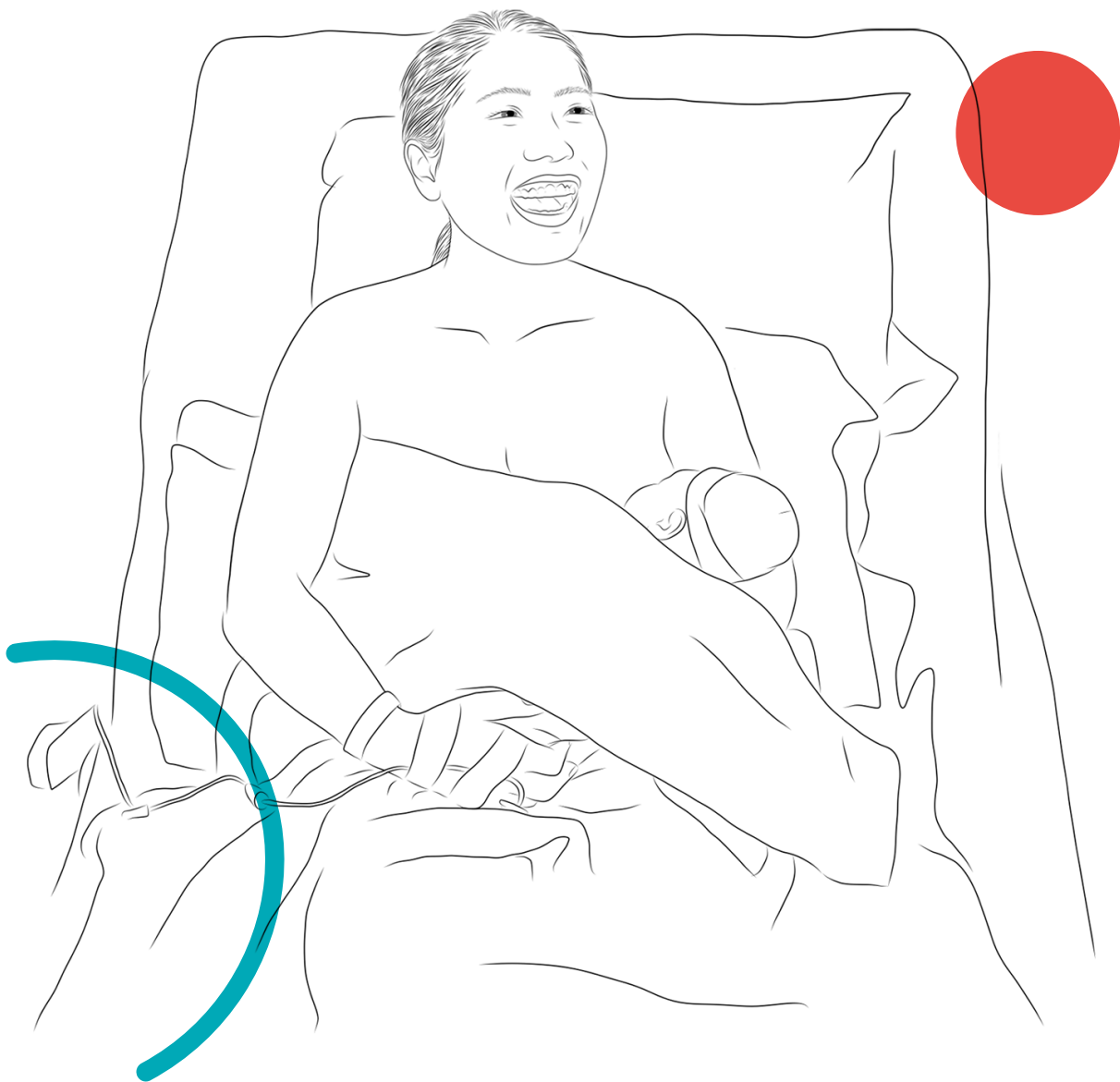
Recommendations:

1. Establish an infant feeding communication forum for government departments (with responsibility for children, health, and marketing of commercial formula milks) and the Health Service Executive to align government policy, funding and Health Service Executive practices to increase breastfeeding initiation rates and the duration of breastfeeding.
2. Commission and publish a review and evaluation of Health Service Executive Breastfeeding in a Healthy Ireland Action Plan 2016-2023.
 - Prepare a new breastfeeding action plan in consultation with stakeholders and service users, and publish it without delay.
3. Continue to progress and, where needed, resource outstanding actions from the HSE action plan, prioritising supports to pregnant women and mothers from vulnerable, disadvantaged groups or ethnic minorities.
4. Introduce policies to minimise the impact and reach of the commercial milk formula industry, in line with the WHO Code, in collaboration with the FSAI and Coimisiún na Meán.
 - Specifically, the development of the new Coimisiún na Meán represents a unique opportunity for Ireland to become more aligned with the WHO Code.

Indicator 2: Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding

Key questions:

- What percentage of hospitals/maternity facilities are designated/ accredited/awarded OR what % of new mothers have received maternity care as per the 'Ten Steps' within the past 5 years?
- What is the quality of implementation of BFHI?



Background

The global quality improvement programme Baby Friendly Initiative (BFI) has been adopted in Ireland since 1998 and has been the recognised driver in implementing best practices in maternity care to protect, promote and support breastfeeding. Between 1998 and 2017 in Ireland, The HSE provided annual grant funding to an independent national committee to implement the initiative within maternity services. During this time, all hospitals participated and 9 of the 19 maternity units/hospitals were designated as BFI at some stage, with many keeping their designation status after re-assessment.

Following a review of the programme, feedback from mothers on their experiences of maternity care and updated international guidance by the WHO, a revised approach was adopted by the HSE in 2018, which is targeted at enabling all 19 maternity hospitals/ maternity services to increase the scale of implementation of optimum infant feeding care. A national audit was completed with 17 of the 19 services in 2018/2019, the results of which alongside other service user feedback received in 2020 and 2021, informed the allocation of 3 infant feeding/ lactation posts in 2019, 7.5 in 2020 and 8.5 in 2021.

New National Standards for Infant Feeding in Maternity Services were published in 2022. These new Standards are the result of: internal review findings, national audit findings, extensive consultation with maternity services, professional groups and mothers, updated implementation guidance from the WHO and learning from the approach and experiences of other successful country-level programmes. Support for this work also came from the first national survey of service users' experience within maternity services and subsequent work streams, which outlined the need for consistent, high-quality support

across antenatal, intrapartum, and postnatal services.

The National Standards for Infant Feeding in Maternity Services outlines the priority areas to be addressed within maternity services to improve support for breastfeeding mothers and babies, to enable more mothers to breastfeed and to improve health outcomes for all mothers and babies regardless of method of feeding. The "ten steps to successful feeding" are embedded within the Standards, which also include other quality improvement metrics unique to Irish health services.

It is intended that the new Standards will be integrated into quality and patient safety implementation processes within maternity services. The National Women and Infants Health Programme (NWIHP, within the HSE) are providing oversight for the implementation of the Standards. The HSE's focus is on supporting all 19 maternity services to implement the new Standards.

A National BFI Oversight Group has been established to support and guide the work of the Project Coordinator for HSE BFI in relation to: implementation (and reviewing the progress of implementation) of the National Standards for Infant Feeding in Maternity Services (2022), and identifying opportunities (operational, research, training, education, strategic etc.) that would further enable the HSE to support exemplar infant feeding practices.

Additionally, 19 infant feeding/lactation staff have been appointed since 2020 to ensure each maternity service has a dedicated infant feeding staff member within their midwifery services, proportionate to birth numbers, to support implementation of the Standards. The NWIHP also established an Infant Feeding Specialist Support Forum was established in 2022.

The purpose of the Infant Feeding Specialist Support Forum is to support infant feeding specialists in their role as they plan, develop, begin and/or continue implementation of the National Standards for Infant Feeding in Maternity Services. The Forum also provides oversight for the NWIHP on progress being made on the implementation of the infant feeding Standards.

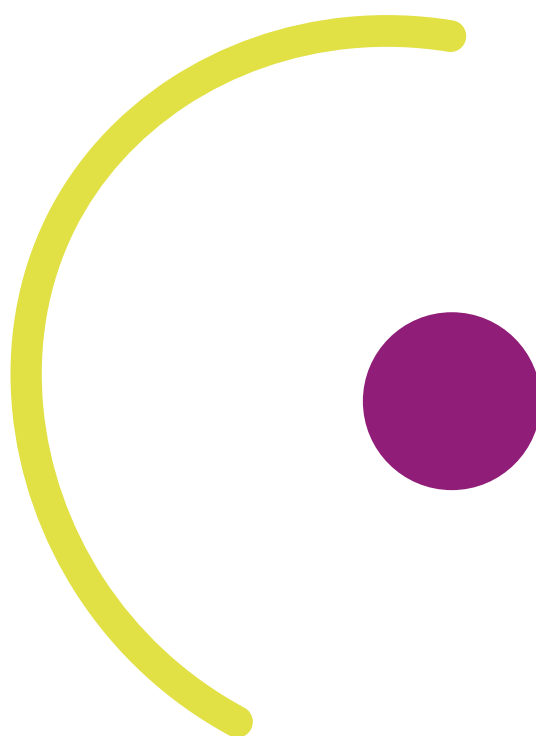
To support staff education and skills training, midwives and public health nurses receive education in line with the “ten steps” as part of their undergraduate/postgraduate programmes, previously known as “20-hour programme.” Maternity services may provide breastfeeding education to doctors and support staff on site, through induction programmes and site-specific training, e.g., theatre, but this is not mandatory. Training for medical and support staff is a core component of BFI. Currently, the content and scale of delivery across all 19 maternity units is unclear.

The HSE has recently updated healthcare professional training in line with the latest WHO education guidance, principles of adult education learning, and evidence on teaching of affective skills—based on a recent systematic review of breastfeeding skills training for healthcare professionals (Mulcahy et al. 2022).

This national Infant Feeding Education Programme is a blended programme comprising the following elements: 4 eLearning modules (3 breastfeeding and 1 formula feeding), practice and teaching of 3 breastfeeding skills (safe skin-to-skin care, positioning and attachment, and hand expression) in a classroom setting, breastfeeding clinical practice learning, and self-assessment of confidence to support breastfeeding and other methods of feeding. This updated programme has been piloted with 75 midwives and public health nurses

and will begin national roll out this year, prioritising midwifery and public health nursing colleagues. This programme will also be offered to medical colleagues and other healthcare professionals (see indicator 5).

Resources to support hospitals to self-appraise and audit their practices against the Standards are developed. The criteria used in the self-assessment process reflect global criteria and infant feeding norms and complex care needs within maternity services, e.g., high formula feeding and caesarean section rates. These supports will enable individual maternity services to benchmark progress and prioritise improvements in care, and a programme of self-assessment against the national Standards has been completed in all 19 maternity hospitals in 2023. The self-assessment cycle will be repeated annually for a three-year period. As experience of implementing the new Standards grows, there will be on-going evaluation and adaption to ensure the Standards are as effective as possible.



Indicator 2 Score Table		
Quantitative Criteria for assessment		
2.1) 0 out of 19 total hospitals (both public & private) offering maternity services have been designated/accredited/awarded/measured for implementing 10 steps within the past 5 years 0%		
Criteria for assessment	✓ Check one which is applicable	
0	✓ 0	
0.1 – 20%	☐ 1	
20.1 – 49%	☐ 2	
49.1 – 69%	☐ 3	
69.1 – 89 %	☐ 4	
89.1 – 100%	☐ 5	
Total score 2.1	0/5	
Qualitative Criteria for assessment		
Criteria for assessment	✓ Check that apply	
	YES	NO
2.2) There is a national coordination body/ mechanism for BFHI / to implement Ten Steps with a clearly identified focal person.	✓ (1)	
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	✓ (0.5)	
2.4) An external assessment mechanism is used for accreditation /designation /awarding / evaluating the health facility.		✓ (0)
2.5) Provision for the reassessment ¹⁰ have been incorporated in national plans to implement Ten Steps.	✓ (0.5)	
2.6) The accreditation/designation/awarding/ measuring process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	✓ (1)	
2.7) The external assessment process relies on interviews of mothers.		✓ (0)
2.8) The International Code of Marketing of Breastmilk Substitutes is an integral part of external assessment.		✓ (0)

¹⁰ Reassessment can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the Ten Steps and other baby friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the Global Criteria and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.		✓ (0)
Total Score (2.2 to 2.9)	3/5	
Total Score (2.1 to 2.9)	3/10	

Please see sources of information used to score this indicator on page 98.

Additional information

Since 2017, external assessments for BFI accreditation within maternity services have ceased. The National audit of mothers' experiences of care against the infant feeding policy/10 steps in 2018/2019 was completed by infant feeding/lactation midwives or quality managers within the services.

Other related external monitoring systems are aligned to monitoring of infant feeding standards within maternity services, e.g., The National Care Experience Programme surveyed a representative sample of mothers all over Ireland in 2019 (the National Maternity Experience Survey, NMES) and included 7 questions related to infant feeding. This independent report and HSE response to the findings, including action plans, were published in 2020. This survey (NMES) is due to be repeated in 2024. An independent audit of 3 maternity services against the new Standards is in development; this will include provisions on compliance with the HSE's marketing of breast-milk substitutes policy.

The restructured BFI implementation model is in its infancy and is in line with governance for the implementation of other clinical Standards within Irish maternity services. The core aim is to enable and support all 19

hospitals to implement the new Standards. Given the relatively recent investment in infant feeding/breastfeeding roles within 6 maternity services for the first time, and other hospitals receiving resources to bring service provision up to a minimum allocation, proportionate to birth rates, it is reasonable and practical to pursue an internal monitoring system in the initial implementation phase as new post holders and Standards embed into routine service delivery.

The HSE have been guided by the Health Information and Quality Authority's (independent authority) approach to the development and promotion of self-assessment tools. Resources are available to help Maternity Services to assess their own performance against the National Standards (2022). These supports will enable individual maternity services to benchmark progress in implementing the Standards. They will also enable services to identify and address opportunities and challenges. Self-assessment against the Standards has been completed in all 19 maternity hospitals in 2023. The self-assessment cycle will be repeated annually for a three-year period. It requires service user interviews, healthcare professional interviews, and healthcare-provider's self-assessment against the standards under 8 themes.



Gaps:

1. Doctors and other healthcare professionals do not receive the same focussed breastfeeding-related training that midwives and public health nurses do. Those under combined care see their GP as a primary provider of maternity care and those attending the hospital see a doctor at each scheduled maternity visit. There is no standardised training on the Baby Friendly Initiative or the “10-steps” for healthcare professionals specific to individual roles.
2. The method of assessment is not currently external. However, internal assessment processes currently in place are in line with WHO guidance. The assessment process includes interviews with mothers and healthcare professionals and staff and monitoring of compliance with the Code.



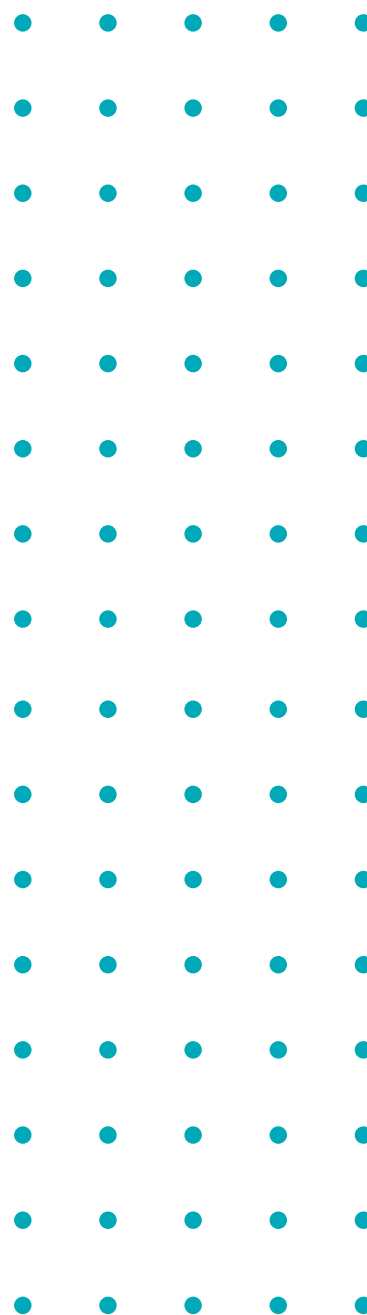
Recommendations:

1. Standardise breastfeeding education for healthcare professionals in maternity units and support in-service, role-specific breastfeeding education and training to enable implementation of the Baby Friendly Initiative in all 19 maternity units.
2. Consider use of electronic and remote assessment and re-assessment methods, as adopted in other countries led out by the public health services for greater efficiency.
3. Publish self-assessment reports for each of the 19 maternity units, for each of the 3 years, when completed.
 - These reports will enable individual maternity services to benchmark progress in implementing the national Standards for Infant Feeding in the Maternity Services.
4. Progress towards an external assessment model for the Baby Friendly Initiative.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key questions:

Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country? Has any action been taken to monitor and enforce the above?



Background

The International Code of Marketing of Breast-milk Substitutes (the Code) is an international health policy framework to regulate the marketing of breast-milk substitutes to protect breastfeeding and ensure the proper use of breast-milk substitutes (World Health Organization 1981). It was published by the WHO in 1981 and is an internationally agreed voluntary code of practice. The Code regulates the marketing of breast-milk substitutes, which includes infant formulae, follow-on formulae, and any other foods or drinks intended for babies and young children, along with feeding bottles and teats.

The underlying basis for the Code is the belief that the health of babies is so important that the usual rules governing market competition and advertising should not apply to products intended for feeding babies. Therefore, all Governments should legislate to prevent commercial interests from damaging breastfeeding rates and the health of babies and young children.

Restricting marketing does not mean that the products cannot be sold, or that factual and scientific information about them cannot be made available to healthcare professionals. Nor does it restrict parents' choice. It simply aims to make sure that their choices are made based on full and impartial information rather than misleading, inaccurate, or biased marketing claims.

Irish legislation that is aligned with the WHO Code

In Ireland, the Principal Regulations covering the marketing and promotion of commercial milk formulae are the European Union (Food Intended for Infants and Young Children, Food for Special Medical Purposes, and Total Diet

Replacement for Weight Control) Regulations 2019 (Statutory Instrument [S.I.] No. 425 of 2019), as amended by S.I. No. 111 of 2022 and S.I. No. 490 of 2023. The most recent S.I. relating to the marketing and promotion of commercial milk formulae is S.I. No. 490 of 2023 (commencement date 5th October 2023), which has the full title of European Union (Food Intended for Infants and Young Children, Food for Special Medical Purposes, and Total Diet Replacement for Weight Control) (Amendment) Regulations 2023.

The Regulations incorporate some, but not all, of the WHO Code into law. Regulations relating to the marketing and promotion of formula products only cover infant formula marketed for babies aged zero to six months old – they do not cover any food products, feeding bottles and teats, or the numerous products marketed as appropriate for babies older than six months. This loophole allows widespread advertising on television, in print media, online and *via* billboards.

By using similar branding for all their products (Figure 1), companies can in effect advertise all their products while still staying within Irish law. The marketing and promotion of “follow-on” and “growing-up” milks for babies older than six months is widespread—and legal—in Ireland allowing the cross promotion of commercial milk formula brands. These marketing practices are violations of the International Code of Marketing of Breast-milk Substitutes, but not violations of Irish legislation.

Although S.I. No. 490 of 2023 states “that the labelling, presentation or advertising of [infant formula and follow-on formula]...” should be “designed in such a way that it avoids any risk of confusion between such foods and enables consumers to make a clear distinction between them, in particular as to the text, images and colours used,” it is the opinion of

the Core Group that the products below in Figure 1 are insufficiently differentiated from one another and the advertising of a follow-on formula or growing-up milk facilitates cross promotion of infant formulae.



Figure 1: A sample of commercial milk formulae on the Irish market, highlighting that the branding and packaging are very similar for the Stage 1 products and the Stage 2 and 3 products. Marketing and promotion of Stage 1 products is restricted under Irish law, but marketing and promotion of Stage 2 and Stage 3 products is allowed.

National enforcement of Irish food law (including legislation related to the marketing and promotion of commercial milk formulae)

The Food Safety Authority of Ireland (FSAI) is Ireland's central competent authority for food safety. The statutory functions of the FSAI are set out in the Food Safety Authority Act, 1998. Co-ordination of the enforcement of food law governing the composition and marketing of infant formula and follow-on-formula is the responsibility of the FSAI, but the actual enforcement is

carried out by the Health Service Executive (Environmental Health Service and Official Food Control Laboratories) at retail level, and by the Department of Agriculture, Food and the Marine at production level. Legislation regarding the composition of infant formula and follow-on formula is beyond the scope of the present report.

The FSAI are responsible for [monitoring and enforcement of food legislation](#) in Ireland, which includes legislation related to the marketing and promotion of infant formula

(Food Safety Authority of Ireland 2018). One of the primary principles of enforcement of food law in Ireland is to build compliance among industry and retail outlets who are providing foods to the Irish market. An FSAI publication describes that, to promote compliance with food legislation, the FSAI engages with the food industry to provide them with “support, advice, guidance and information” (Food Safety Authority of Ireland 2018).

To this end, the FSAI have documents on their website about [how companies can comply with food law when communicating with health professionals](#) about infant formula products (Food Safety Authority of Ireland 2021a), and an [assessment tool](#) which allows industry to assess their compliance with current food law in this area (Food Safety Authority of Ireland nd). The FSAI also have a guidance note to provide competent

authorities, manufacturers, and retailers of infant formula, follow-on formula, and food for special medical purposes, guidance on the implementation of relevant Regulations and Statutory Instruments (Food Safety Authority of Ireland 2021b). There is no specific guidance for consumers or members of the public about how they can complain about breaches of legislation related to the marketing and promotion of infant formula.

All food control systems in Ireland are operated on a risk-based approach. First, compliance with legislation is promoted, next, compliance is monitored and assessed, and finally, non-compliance is responded to. With regards the marketing and promotion of infant formula (i.e., formula marketed for use from birth to 6 months), Statutory Instrument [\(S.I. No. 490 of 2023\)](#) outlines the relevant regulations.

A summary of relevant regulations related to the marketing and promotion of infant formulae (products marketed for children aged 0-6 months) is provided below, copied directly from S.I. No. 490 of 2023:

- A food business operator who makes a nutrition or health claim on infant formula is guilty of an offence.
- A person who advertises infant formula in publications other than those specialising in baby care and scientific publications is guilty of an offence.
- A person who fails to ensure that there is no point-of-sale advertising, giving of samples or any other promotional device to induce sale of infant formula directly to the consumer at retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales is guilty of an offence.
- A manufacturer or distributor of infant formula who provides to the general public or to pregnant women, mothers or members of their families free or low-priced products, samples, or any other promotional gifts either directly or indirectly *via* the health care system or health workers is guilty of an offence.

- A person who provides donations or low-price supplies of infant formula to institutions or organisations, whether for use in the institutions or for distribution outside them, for use by infants other than those who have to be fed infant formula and only for as long as required by such infants in accordance with Article 10(4) of EU Regulation 2016/127 is guilty of an offence.
- A person who provides information on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition which is not objective and consistent shall be guilty of an offence.
- A person who provides informational and educational material, whether written or audiovisual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children and who fails to include clear information on the following points:
 - (a) the benefits and superiority of breast feeding;
 - (b) maternal nutrition and the preparation for and maintenance of breast feeding;
 - (c) the possible negative effect on breast feeding of introducing partial bottle feeding;
 - (d) the difficulty of reversing the decision not to breast feed; or
 - (e) where needed, the proper use of infant formula, is guilty of an offence.
- A person who provides informational and educational material, whether written or audiovisual, about the use of infant formula and who fails to ensure that such information or materials—
 - (a) includes the social and financial implications of the use of infant formula, the health hazards of inappropriate foods or feeding methods, and, in particular, the health hazards of improper use of infant formula, or
 - (b) does not use any pictures which may idealise the use of infant formula, is guilty of an offence.

A summary of relevant regulations related to the marketing and promotion of *infant formulae and follow-on formulae* (i.e., products marketed for children aged 0-6 months and those marketed for children aged 6-12 months) is provided below, copied directly from S.I. No. 490 of 2023:

- A person who fails to ensure—
 - (a) that the mandatory particulars for [infant formula and follow-on formula] set out in this Regulation appear in a language easily understood by the consumers,
 - (b) that the labelling, presentation or advertising of [infant formula and follow-on formula] provides the necessary information about the appropriate use of the products, so as not to discourage breastfeeding, or
 - (c) that the labelling, presentation or advertising of [infant formula and follow-on formula] is designed in such a way that it avoids any risk of confusion between such foods and enables consumers to make a clear distinction between them, in particular as to the text, images and colours used, is guilty of an offence.
- A person who uses the terms ‘humanised’, ‘maternalised’, ‘adapted’, or terms similar to them in the labelling, presentation or advertising of a food referred to in Regulation 3(1) is guilty of an offence.

To the best of our knowledge, there have been no penalties or fines imposed on commercial milk formula companies for breach of the legislation regarding advertising, promotion, and marketing of infant formula. The 2021 annual report of the FSAI states that the marketing materials of 3 infant formula companies were audited for conformance with an agreed code of practice ([the Guidance for Compliance with Food Law When Communicating with Health Professionals about Infant Formula Products](#)) but the outcomes of the audit are not described (Food Safety Authority of Ireland 2022).

The FSAI has [service contracts](#) with multiple official agencies, which carry out official controls (inspections, testing or other work) on behalf of the FSAI. There is a service contract between the HSE and the FSAI, and the Department of Food, Agriculture and the Marine and the FSAI, which includes

enforcement of regulations on foods for specific groups, including S.I. No. 490 of 2023. The Department of Food, Agriculture and the Marine enforce these regulations at production level with manufacturers in Ireland (beyond the scope of the WBTi-Ireland report), and the HSE enforce these regulations at retail level in Ireland. Under the service contract with the FSAI, the National Environmental Health Service on behalf of the HSE carry out official controls on retail premises, which includes the investigations of complaints at retail level.

The FSAI have [a guidance note available for the HSE on the inspection of food businesses](#) and it is noted in the service contract that “[o]fficial controls including risk profiling, inspections and follow up shall be carried out in accordance with the latest version of the Authority’s Guidance Note.” The guidance note focuses on food hygiene,

and it is noted that readers should refer to specific legislation, relevant FSAI and EU guidance and the HSE service contract for more information on relevant food legislation other than food hygiene. Both labelling and marketing standards are provided as examples of food legislation other than food hygiene.

The FSAI and HSE service contract does not provide specific detail on the process for monitoring compliance with legislation related to the advertising, marketing, and promotion of infant formula. It is the understanding of the Core Group that the National Environmental Health Service investigates any notification of breaches of relevant legislation related to the marketing and promotion of infant formula, but it does not appear that proactive monitoring or auditing of the marketing and promotion of infant formula occurs.

As mentioned, the food control systems in Ireland are operated on a risk-based approach. Food hygiene represents a risk, and it is appropriate for it to be adequately monitored. Per a recent WHO report based on the findings of a multi-country study, “formula milk marketing still represents one of the most underappreciated risks to infants’ and young children’s health” as it undermines parents’ confidence in breastfeeding, putting their future health and their children’s future health at risk (World Health Organization 2022). As such, it is appropriate for the advertising, marketing, and promotion of commercial milk formulae to be adequately monitored.

Other systems in place for monitoring concerns regarding the advertising and promotion of commercial milk formulae products (and other products covered under the WHO Code)

In addition to the FSAI, consumers can also complain to the Advertising Standards Association of Ireland (ASAI) about inappropriate advertising. The ASAI is an independent self-regulatory body set up and financed by the advertising industry and is thus a self-regulatory mechanism. Members of the Core Group searched the database on complaints for 2022, 2021, and 2020 and located six complaints related to the advertising of commercial milk formulae that were upheld by the ASAI.

In two cases, the action taken was to state that the ad must not reappear in its current format. Another advertiser was reminded that infant formula products were not allowed to be advertised to the general public and no further action was required ([see here](#)), and in the remaining 3 cases, the advertisement had already been removed so no further action was required ([see here](#) for an example). Note, these six complaints are not a reflection of the true prevalence of violations of advertising standards as there is no routine, systematic monitoring; these are simply examples observed by consumers.

Baby Feeding Law Group Ireland (BFLGI) is an independent, voluntary alliance of organisations and individuals that advocates for policies that protect the right to good health of all infants, young children, mothers, parents, and families by addressing practices that commercialise infant and young child feeding, threaten breastfeeding and undermine good health.

Since October 2021, BFLGI have had a section of their website dedicated to allowing consumers or members of the public to report a violation of the WHO Code.

Despite very limited advertising of this feature of the website, 44 individual violations of the WHO Code (and/or Irish legislation) have been reported *via* this function since its inception. In addition, BFLGI are regularly

emailed directly from concerned members of the public about breaches of the WHO Code and Irish legislation. Some examples of breaches of the Code and Irish legislation have been provided below, courtesy of BFLGI and individual members of the Core Group (Figure 2, Figure 3, Figure 4, Figure 5, Figure 6, Figure 7).



Figure 2: First infant milk discounted in a pharmacy, observed November 1st, 2022. Member of the public spoke to the Pharmacy Manager, who was not aware that this was a violation of the WHO Code and Irish Legislation.

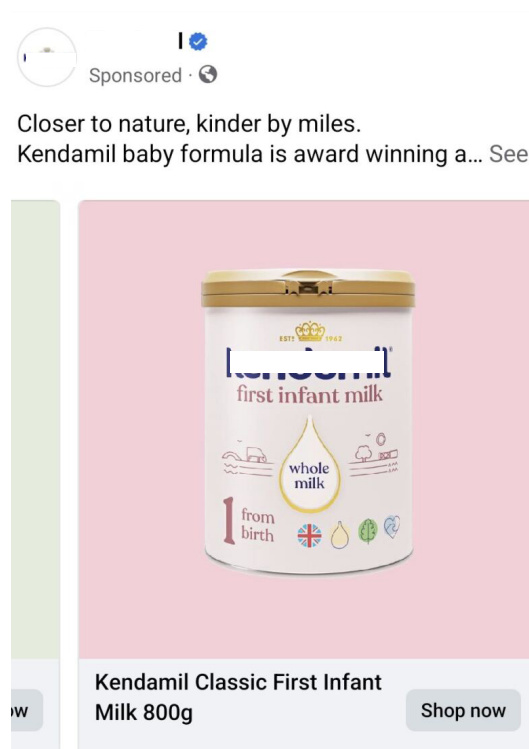


Figure 3: Ad on Facebook for Stage 1 formula, observed June 11th, 2023. A breach of the WHO Code and Irish legislation.



Figure 4: Stage 2 formula (a “follow-on formula, marketed for babies aged 6-12 months) for sale at point-of-sale at a petrol station, observed May 5th, 2023. A breach of the WHO Code, but not Irish legislation.



Figure 5: Stage 1 and Stage 2 infant formula on display at point-of-sale in a petrol station. Photo taken 28th September 2023. A breach of the WHO Code and Irish legislation (for the Stage 1 formula).

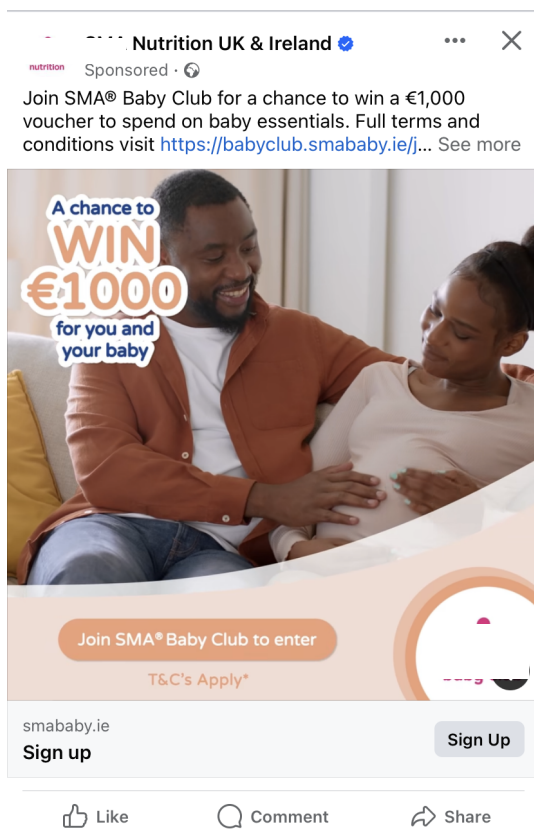


Figure 6: Facebook ad targeting pregnant women and families to encourage them to join a “Baby Club” of a commercial milk formula company. Ad seen in October 2023. A breach of the WHO Code.

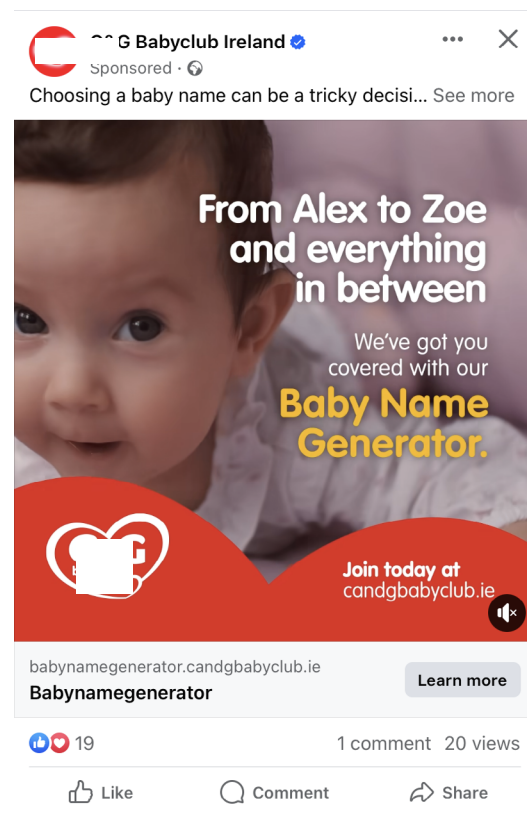


Figure 7: Facebook ad targeting pregnant women and families to encourage them to join a “Baby Club” of a commercial milk formula company. Ad seen in October 2023. A breach of the WHO Code.

Indicator 3 Score Table	
Criteria for Assessment (Legal Measures that are in Place in the Country)	
	Score
3a: Status of the International Code of Marketing	
✓ Check the option that applies up to question 3.9. If it is more than one, tick the higher one.	
3.1 No action taken	☐ 1
3.2 The best approach is being considered	☐ 0.5
3.3 Draft measure awaiting approval (for not more than three years)	☐ 1
3.4 Few Code provisions as voluntary measure	☐ 1.5
3.5 All Code provisions as a voluntary measure	☐ 2
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	☐ 3
3.7 Some articles of the Code as law	✓ 4
3.8 All articles of the Code as law	
3.9 Relevant provisions of World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation ¹¹	☐ 5
a. Provisions based on 1 to 3 of the WHA resolutions as listed below are included	☐ 5.5
b. Provisions based on more than 3 of the WHA resolutions as listed below are included	☐ 6
Total score 3a	4

11 Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labelling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)
5. Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

3b: Implementation of the Code/National legislation	
✓ Check that applies. It adds up to the 3a scores.	
3.10 The measure/law provides for a monitoring system independent from the industry	✓ 1
3.11 The measure provides for penalties and fines to be imposed to violators	✓ 1
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	0
3.13 Violators of the law have been sanctioned during the last three years	0
Total Score 3b	2
Total Score (3a + 3b)	6/10

Please see sources of information used to score this indicator on page 99.

Additional Information

The Online Safety and Media Regulation (OSMR) Act

[The Online Safety and Media Regulation \(OSMR\) Act December 2022](#), aims to improve online safety for children. The Act makes provision for the Commission to prohibit or restrict commercial communications relating to foods or beverages considered by the Commission to be the subject of public concern in respect of the public health interests of children, in particular infant formula, follow-on formula or those foods or beverages which contain fat, trans-fatty acids, salts, or sugars.

It is envisioned that the Act will bring an end to the era of self-regulation with the establishment of a new multi-person media commission, to be known as Coimisiún na Meán.; Coimisiún na Meán has started its consultative process and aims to develop and have new media Codes in place in 2024.

Healthcare professionals and the Code

As mentioned later in Indicator 5, in 2021 the HSE implemented a [Policy on the Marketing of Breast Milk Substitutes](#). They have developed a user-friendly [Fact Sheet for healthcare professionals](#) describing the WHO Code of Marketing of Breast-milk Substitutes, and also a [guide describing how healthcare professionals can work within the Code](#). This policy applies to all employees of the HSE. Prior to the development of this formal policy, the requirement for hospitals to comply with the Code was indicated in the [National Infant Feeding Policy for Maternity and Neonatal Services, 2019](#). Similarly, the [National Infant Feeding Policy for Primary Care Teams and Community Health Organisations](#), published in 2019 states that “All staff working within the Community Health Organisation have responsibility to comply fully with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions.”



Gaps:

1. The WHO Code has not been fully incorporated into Irish legislation. At present, the marketing and promotion of infant milks (those marketed for use by babies up to 6 months) is restricted. This means that the promotion of follow-on formulae and growing-up milks is allowed. This facilitates cross promotion of products through promotion of brand awareness.
2. There is no information publicly available on the monitoring of the legislation that relates to the marketing and promotion of infant formula.
3. Despite the existence of legislation related to the marketing and promotion of infant formula (for babies up to 6 months), breaches are often reported to Baby Feeding Law Group Ireland, a voluntary organisation (see images above).
4. The current strategy of building compliance among companies means that there are rarely, if ever, sanctions for the inappropriate and illegal marketing and promotion of infant formula. At present, it appears that the most used “sanction” is to request that an advertisement/ promotion/ marketing tool be discontinued. The Core Group feel that this is insufficient, and that the advertisement/ promotion/ marketing tool may have already served its purpose of promoting the brand/product by the time its removal is requested.
5. The Core Group are of the opinion that there is insufficient information provided to consumers regarding how they may go about reporting breaches of the legislation related to the marketing and promotion of infant formula. The [“Make a Complaint”](#) form on the FSAI website has a focus on unfit foods and hygiene standards and it may not be clear to the public that breaches of legislation regarding marketing and promotion of infant formula can be made through this route.



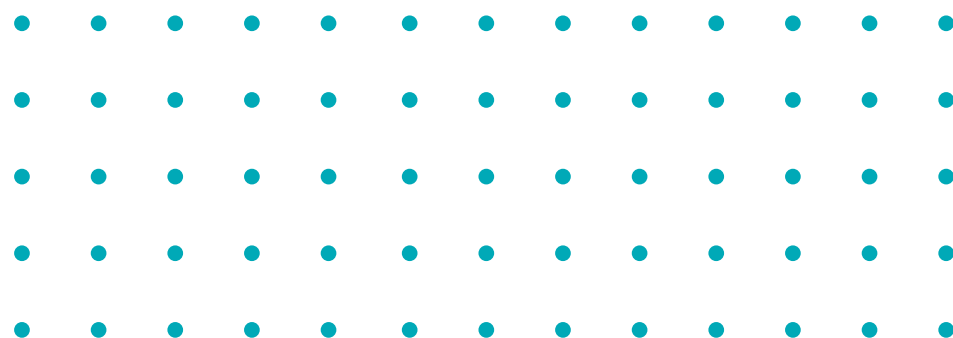
Recommendations:

1. Fully implement the WHO Code of Marketing of Breast-milk Substitutes and its subsequent World Health Assembly Resolutions in legislation and ensure that this legislation is monitored and enforced in a transparent manner independent of industry, with particular attention paid to advertising and marketing online *via* baby clubs and social media influencers.
2. Develop a comprehensive, and publicly available, strategy for the monitoring of compliance with the legislation related to the marketing and promotion of commercial milk formulae.
3. Include within the legislation the oversight of the procurement of products falling under the scope of the Code in health and social care settings, including temporary protection and direct provision centres, which should be regulated and supervised.
4. Provide clear guidance for the public about what constitutes a breach of the legislation, how they may complain about same, and provide an online complaint form specific to breaches of legislation regarding the marketing and promotion of infant formula.
5. Publish an annual report on the complaints received, whether these complaints were upheld, and outline any actions required from the advertisers as a result of the complaint.

Indicator 4: Maternity Protection

Key question:

Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including mothers working in the informal sector?



Background

Ireland is a common law jurisdiction and utilises a dualist model of international law. The primary source of law is the 1937 Constitution (Bunreacht na hÉireann); followed thereafter by legislation and statutory instruments; and case law precedent. Provisions of international law have domestic effect only when transcribed into domestic law – this includes international treaties and conventions even after ratification. A notable exception are EU Regulations which have ‘direct effect’ and are applicable in Ireland without domestic transcription. EU Directives, on the other hand, do require transcription and this is usually achieved through the enactment of a statutory instrument.

Many of Ireland’s employment, labour and non-discrimination laws are a result of EU Regulations or of transcription of EU Directives into national law.

For the purposes of this report, statutes are classified as ‘legislation’ and statutory instruments and case law are classified as ‘regulations.’ Policy documents issued by government bodies are classified as ‘policies,’ and guidance issued by industry representative organisations are classified as ‘practices.’

Summary of main protections for breastfeeding women

Protection from Discrimination

The Employment Equality Acts 1998-2007 protect workers from discrimination on nine grounds including gender and family status. Under this legislation a woman may not be dismissed from employment or discriminated against in her employment on the basis of gender, pregnancy, or maternity including breastfeeding.

The Unfair Dismissals Acts 1977-2001 provide that every dismissal is presumed to be unfair unless the employer can show substantial grounds justifying it. Only grounds relating to capability; competence; qualification; conduct; redundancy; or contravention of the law will be accepted as valid. The Maternity Protections (Amendment) Act 2004 specifies that termination of employment on the basis of an employee’s “breastfeeding or any matters connected there with” will amount to an unfair dismissal.

It is worth noting that employees are also entitled to time off work to attend antenatal appointments and classes, which would include breastfeeding classes. Employers must follow fair procedures including giving adequate warnings and providing an opportunity for the employee to present their side. Reasons for a dismissal must be provided in writing within fourteen days where requested.

Outside the realm of employment law, breastfeeding is a protected ground under the Equal Status Acts 2000-2018 on both the gender and the family status grounds meaning that breastfeeding women are protected from discrimination and harassment from service providers. This includes in cafes or restaurants, in offices open to the public such as banks or retail outlets, on public transport, and in cultural venues such as theatres or galleries. The Intoxicating Liquor Act 2003 also provides protection for breastfeeding women in establishments to whom the act applies (i.e., any establishment licensed to serve alcohol).

The establishments are prohibited from any conduct that creates an environment hostile to a breastfeeding woman. Under these Acts, harassment includes any form of unwanted conduct that has the purpose or effect of violating a person’s dignity and creating an

intimidating, hostile, degrading, humiliating or offensive environment for the person. In the context of breastfeeding, this could mean refusing a breastfeeding woman access to a premises, requesting a woman who is breastfeeding to leave a premises, and other forms of less favourable treatment, such as asking a breastfeeding woman to breastfeed in a particular area of a premises.

Maternity Leave

All female employees have the right to take 26 weeks of paid maternity leave if they become pregnant. There is a requirement to take 2 weeks of this leave before your baby is due. This means that, for some women, they may be required to return to work before their baby turns 6 months old, a time during which they are recommended by the Department of Health and the HSE to be exclusively breastfeeding.

Maternity benefit is available for 26 weeks for those women who have sufficient social insurance contributions, and some employers will provide a 'top up' payment to bridge the gap between the maternity benefit and the woman's salary. There is also an entitlement to take a further 16 weeks' unpaid leave in addition to the 26 weeks of paid leave. These provisions are contained in the Maternity Protection Acts 1994 and 2004.

If a baby is born preterm, before the date the mother was due to start maternity leave, she is entitled to extra leave. The entitlement is 26 weeks leave starting from the day the baby is born, plus the additional number of weeks between the baby's actual date of birth and the date the mother had planned to start maternity leave. Maternity benefit is payable from the State for the whole extended maternity leave.

Breastfeeding / Pumping Breaks

The Work Life Balance and Miscellaneous Provisions Act 2023 provides for an entitlement for breastfeeding employees to breastfeeding / pumping breaks for up to 104 weeks (i.e., two years) after the birth of their child. The employee is entitled to a one hour 'breastfeeding break' per day without reduction of pay. The break may be taken in one period or broken up into multiple shorter periods, as agreed between employee and employer. Part-time employees are also entitled to the breastfeeding breaks on a pro rata basis. The breastfeeding employee is required to notify their employer of the intention to avail of the breastfeeding breaks at the time of notification of their intention to return to work.

The Maternity Protection (Amendment) Act 2004 states that an employer shall not be required to provide facilities for breastfeeding in the workplace if the provision of such facilities would give rise to a cost, other than a nominal cost, to the employer. Guidance documentation released by employer bodies indicates that the provision of the following are not considered to be excessive burdens on employers: a clean and private room with a lockable door; dedicated refrigerator space for storing breastmilk; a lockable storage location for pumping/sterilising equipment; comfortable chairs; a table; a power outlet; hand and equipment washing facilities; a changing mat; and a refuse bin.

Paternity Leave

The Paternity Leave and Benefit Act (2016) states that paternity leave gives new parents 2 weeks off work. This can be taken if the person is employed or self-employed and can start anytime in the first 6 months after the baby's birth. Though this is called paternity leave, it is available to same-sex couples also.

Employers are not obliged to pay employees during paternity leave, but the person taking the leave may qualify for paternity benefit from the State. The allocation for paternity leave is separate from maternity leave.

Parental Leave

The Parental Leave Acts 1998-2019 and EC (Parental Leave) Regulations 2000 (S.I. No. 231/2000) provide for unpaid parental leave on the grounds of birth or adoption of each child; and provides rules for protection against dismissal if parental leave is taken, and a right to return to the same or a similar job. The parental leave of 26 weeks per child in total may be taken in the child’s first 16 years of life. Parental leave is available to both parents. This leave is separate to maternity leave and may be taken by breastfeeding women in addition to their maternity leave.

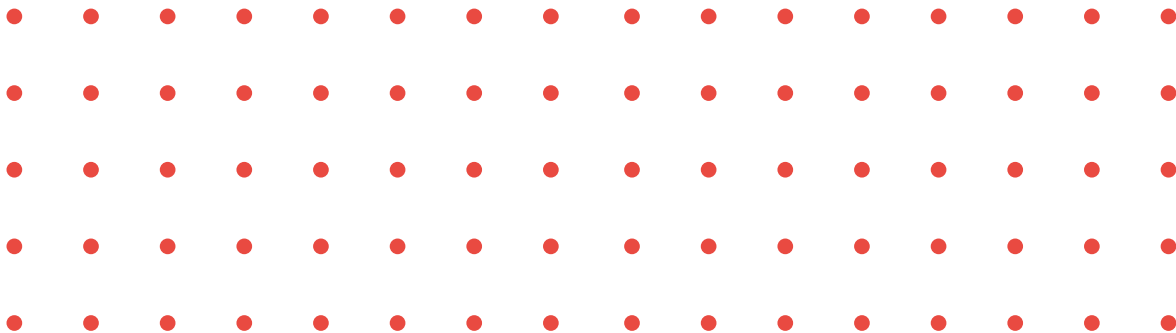
Fixed Term and Temporary Agency Work

The Safety Health and Welfare at Work Act 2005 adopts the provisions of EU Directive 91/383/EEC which extends to fixed-term and temporary agency workers all the safety health and protection entitlements of full-time employees. It also imposes a duty on employers to give adequate information and training to these workers before they assume their duties.

Looking specifically at the ILO Standards applicable to breastfeeding mothers

Ireland is not a signatory to the International Labor Organisation C183 Maternity Protection Convention 2000 (No. 183). The standards set out in the Convention include four relating directly to protection of breastfeeding. Article 10(1) of the Convention provides for the provision of daily breaks or a reduction of hours of work to breastfeed. Article 10(2) requires that the provision of breastfeeding breaks be determined by law, counted as working time, and remunerated accordingly.

Paragraph 8 of ILO Recommendation No. 191 (2000) provides that breastfeeding breaks should be capable of being combined to allow for a reduction of hours of work at the start or end of the working day. This are all provided for in Irish law under the World Life Balance and Miscellaneous Provisions Act 2003, the Maternity Protection (Amendment) Act 2004, and the Safety Health and Welfare at Work Act 2005. Paragraph 9 of ILO Recommendation No. 191 (2000) provides that where practicable facilities for breastfeeding should be provided at or near the workplace. The same legislation applies, and a description and assessment has been given above of the requirements under Irish law for the making of accommodations for breastfeeding and/or pumping breaks.



Indicator 4 Score Table	
Criteria for Assessment	Scores
4.1) Women covered by the national legislation are protected with the following weeks of paid maternity leave: a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more	<i>Tick one which is applicable</i> ☐ 0.5 ☐ 1 ☐ 1.5 ☒ 2
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break	<i>Tick one which is applicable</i> ☐ 0.5 ☒ 1
4.3) The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	<i>Tick one or both</i> ☒ YES (0.5) ☐ NO ☒ YES (0.5) ☐ NO
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. a. Space for Breastfeeding/Breastmilk expression b. Crèche	<i>Tick one or both</i> ☐ YES (1) ☒ NO (0) ☐ YES (0.5) ☒ NO (0)
4.5) Women in informal/unorganized and agriculture sector are: a. Accorded some protective measures b. Accorded the same protection as women working in the formal sector	<i>Tick one which is applicable</i> ☐ 0.5 ☒ 1
4.6) a. Accurate and complete information about maternity protection laws, regulations or policies is made available to workers by their employers on commencement. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	<i>Tick one or both</i> ☒ YES (0.5) ☐ NO (0) ☒ YES (0.5) ☐ NO (0)
4.7) Paternity leave is granted in public sector for at least 3 days.	<i>Tick one which is applicable</i> ☒ YES (0.5) ☐ NO (0)
4.8) Paternity leave is granted in the private sector for at least 3 days.	<i>Tick one which is applicable</i> ☒ YES (0.5) ☐ NO (0)

4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	<i>Tick one which is applicable</i> ☒ YES (0.5) ☐ NO (0)
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	<i>Tick one which is applicable</i> ☒ YES (1) ☐ NO (0)
Total Score	8.5/10

Please see sources of information used to score this indicator on page 99.

Gaps:

1. Paid maternity leave is only available for 26 weeks, with two of those taken prior to the baby's due date. This means that some women may need to return to work within the period during which exclusive breastfeeding is recommended.
2. Work sites are not required to provide a space for breastfeeding or breast milk expression; women are allowed to take breaks or leave work early to facilitate breastfeeding or breast milk expression. Whether a woman can take breaks or leave work early must be decided between her and her employer.

Recommendations:

1. Provide a longer duration of (full-rate equivalent) paid maternity leave to facilitate more women to continue breastfeeding for longer than they otherwise would have had they returned to work..
2. Mandate employers to provide space/facilities for breastfeeding or breast milk expression to facilitate those who wish to express breast milk after their return to work. It is particularly important to consider this in light of recent legislation passing that allows women to take breastfeeding breaks up until their child is 2 years old.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key questions:

Do care providers in the health and nutrition care systems undergo training in knowledge and skills, and do their pre-service education curricula support optimal infant and young child feeding; do these services support mother-friendly and breastfeeding-friendly birth practices, do the policies of health care services support mothers and children, and are health workers trained on their responsibilities under the Code?



Background

The present-day [Maternity and Infant Care Scheme](#) provides an agreed programme of care to every woman who is pregnant and ordinarily resident in Ireland. This programme typically involves combined care between a general practitioner (GP) and a hospital obstetrician within the maternity unit (Staines et al. 2016). On a woman's first pregnancy, she receives an initial examination by her GP, and 5 additional GP visits during pregnancy are covered and are alternated with visits to the maternity unit.

Additional GP visits during pregnancy may be covered in cases where the mother has significant illness. Labour and delivery and related in-patient hospital services at a public hospital are covered under the programme and women are not liable for standard in-patient hospital charges. The programme also allows for 2 postpartum GP visits, with the baby being examined at 2 weeks and both the mother and baby being examined at 6 weeks. As mentioned above, these GP visits do not focus on infant feeding.

Alternatively, some women may be eligible for the supported care pathway, provided by a community-based midwifery service. This supported care pathway is suitable for all healthy low-risk pregnant women without any major medical or gynaecological history. In 2022, between 25 and 30% of women were booked onto this pathway (National Women and Infants Health Programme 2022). Additionally, there is a home birth service available; the expectant mother can discuss this option with her midwife and other relevant HSE medical advisors and decide if a home birth is a suitable option for her and her family.

In the [mychild](#) books provided to mothers, midwives, public health nurses, and lactation consultants are mentioned as the primary

providers who will provide breastfeeding support to mothers. If more specialist advice is needed, mothers are directed to go to their GP/pharmacist/paediatrician.

Although there are a specific group of healthcare professionals that breastfeeding women are most likely to interact with in terms of obtaining breastfeeding-related care or support, the Core Group feel that any healthcare professional likely to interact with a pregnant or breastfeeding woman should receive education and training related to breastfeeding. This would include, for example, medical and nursing staff within the emergency room of an acute hospital as it is very likely that an incoming patient will be a breastfeeding mother who may need accommodations to express breast milk, or additional information regarding suitable medications. The Practice Enhancement for Exclusive Breastfeeding (PEEB) study (Mulcahy et al. nd) is an ongoing study seeking to improve exclusive breastfeeding rates. As part of this study, breastfeeding education is being provided to a range of hospital staff, including catering, household, porters, and administrator staff. Findings of this study are not yet published in the peer-reviewed literature as the study has not completed.

Pre-service breastfeeding-related training and education for healthcare professionals

Midwives can either complete a four-year university degree to become qualified and registered with the Nursing and Midwifery Board of Ireland or those already qualified as general nurses can complete an 18-month Higher Diploma to qualify as a midwife. Midwives are typically the first healthcare professionals that support breastfeeding mothers establish feeding whilst an inpatient after the baby is born. Public health nurses are qualified nurses or midwives who take an additional course of study (a level-9

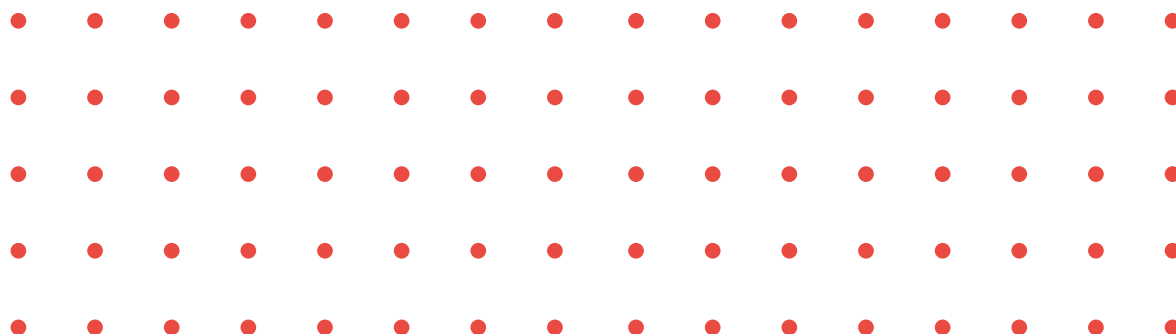
Postgraduate Diploma) funded by the HSE. Public health nurses support mothers by visiting the mother's household 72 hours after she is discharged from the maternity unit, with continued routine visits to assess the health of the child throughout the early years. Midwives and public health nurses are provided education around IYCF and the Code as part of their undergraduate or postgraduate education. However, recent research conducted among public health nurses indicates that time is a challenge and they may not always have sufficient time to deliver the care and support that they would like (Dunne and Fallon 2020; Walsh et al. 2023).

Within the [Midwife Registration Programme Standards and Requirements](#), published by the Nursing and Midwifery Board of Ireland, the protection, promotion and support of breastfeeding is listed as a requirement across each of the 4 years of the programme, with the student becoming increasingly competent as an independent practitioner.

[The Public Health Nursing Education Programme Standards and Requirements](#), also published by the Nursing and Midwifery Board of Ireland, states that indicative content of Programmes should include "Principles of caring for the new-born, to include protecting, promoting and supporting

breastfeeding." The Core Group recognise that there are a range of different courses/modules provided to midwives and public health nurses at university level. However, we are of the opinion that these two categories of healthcare professional receive adequate breastfeeding education and training.

The Royal College of Physicians of Ireland (RCPI) published a position paper on breastfeeding in 2021 (Royal College of Physicians of Ireland 2021). In this paper, the RCPI acknowledged that there are education gaps amongst healthcare professionals. The recommendations of the RCPI include "Inclusion of breastfeeding in Basic and Higher Specialist Training curriculums in Paediatrics and Obstetrics within Royal College of Physicians of Ireland" and they have stated that they "commit to providing this education for doctors in our medical training programmes." At the time of writing of this report, the healthcare professional curriculum with the most detail about breastfeeding that the Core Group could locate is the curriculum for [Higher Specialist Training in Neonatology](#). Among other things, higher specialist trainees in neonatology are required to have "knowledge of normal lactation process, problems that can arise and management strategies to support problematic lactation."



The Core Group could find no other evidence of substantial breastfeeding-related training and education being a required component within the curricula of medical professionals or other healthcare professionals in Ireland. For example:

- The Irish College of General Practitioners [curriculum for GP Training in Ireland, 2016](#), has limited detail on the GP's role with regards infant feeding. The curriculum states that a GP should: "Recognise the role of the GP in diagnosing and managing Postpartum haemorrhage, Breast abscess, Mastitis, Involution and Retained products of conception" and "Adopt a supportive role for all new mothers both those breast and not breast feeding."
- The curriculum for [Basic Specialist Training in Paediatrics, 2023](#), produced by the Faculty of Paediatrics, Royal College of Physicians of Ireland states that at the end of their training the trainee will demonstrate an ability to "Assess and manage common feeding-related issues." No additional detail is provided, and no specific mention of breastfeeding is made.
- The curriculum for [Higher Specialist Training in Paediatrics, 2023](#), states that trainees are required to "demonstrate knowledge of feeding protocols and be able to guide optimum nutrition in a special care setting" but breastfeeding is not specifically mentioned.
- The curriculum for [Basic Specialist Training in Obstetrics and Gynaecology, 2023](#), which is approved by the Institute of Obstetrics and Gynaecology, has no mention of breastfeeding or infant feeding.
- The curriculum for [Higher Specialist Training in Obstetrics and Gynaecology, 2023](#), which is approved by the Institute of Obstetrics and Gynaecology, mentions that trainees should know the physiology of lactation, that they should be aware of breastfeeding in the context of therapeutics and safe prescribing, the prevention of infection and hepatitis, and requires that trainees should be able to recognise and manage mastitis and breast abscesses.
- The [Standards of Proficiency for Dietitians, 2019](#) in Ireland state that they must "[k]now and understand the core elements of nutrition and dietetic practice, including nutritional science, food and nutrition in the human life-cycle..." but there is nothing specific to breastfeeding or infant feeding. Among 181 participants in a survey of dietitians completed in 2018 (Becker et al. 2021), 64% felt that their practice would benefit from additional breastfeeding-related training. [The Dietitians Registration Board Criteria for Education and Training Programmes](#) also do not specifically mention breastfeeding.
- Neither the Standards of Proficiency for Speech and Language Therapists nor the [Speech and Language Therapists Registration Board Criteria for Education and Training Programmes](#) specifically mention breastfeeding.
- The [Competencies for Health and Social Care Professionals working in Paediatric Healthcare Services, 2019](#), compiled by the paediatric health and social care professional expert group of the Integrated Care Programme for Children, does not mention infant feeding or breastfeeding.
- The [Core Competency Framework for Pharmacists, 2022](#) outlines their role in public health and specifies how they should participate in population health initiatives and engage in health promotion activities, but there is no specific mention of infant feeding or breastfeeding.

The WBTi-Ireland Core Group recognise and acknowledge that core competency frameworks tend to be broad and often do not go into considerable detail regarding all important topics (e.g., breastfeeding) and clinical conditions that healthcare professionals should be educated on. We also note that there are undoubtedly undergraduate and postgraduate programmes delivering education to healthcare professionals in Ireland that include breastfeeding-related education and training. However, if these components are not a core requirement for professional registration, the Core Group argue that they are not protected within curricula and there is no guarantee that these components will remain following any routine review of an individual undergraduate or postgraduate degree programme.

A Competence Framework for Breastfeeding Support was published in 2015 (Gallagher et al. 2015), which describes expected levels of knowledge, attitudes, skills, and behaviours required by healthcare professionals in the hospital and community to deliver breastfeeding-related support and care. Three broad levels of competence are described in this framework: awareness, generalist, and specialist. The Core Group are aware that some healthcare professional pre-service training programmes in Ireland use this framework to inform their teaching. This framework could be utilised by more pre-service training programmes to inform their teaching.

In-service breastfeeding-related training and education

The [National Infant Feeding Policy for Maternity and Neonatal Services](#) aims to provide healthcare professionals with the necessary training and education to support mothers in breastfeeding. The policy highlights the benefits of breastfeeding and providing

support to mothers through encouraging skin-to-skin contact and breastfeeding as soon as possible after birth. The policy aims to provide the best possible care and support to mothers and babies in the critical period of infant feeding.

The HSE's National Healthy Childhood Programme (NHCP) have developed multiple training modules on their online training platform, HSeLanD. On that platform, there is a programme titled "National infant feeding/breastfeeding e-learning units," that consists of four modules titled "Introduction to Breastfeeding," "Supporting Early Breastfeeding," "Ongoing Breastfeeding Support," and "Formula Feeding."

These e-learning units were updated in 2022 and form part of the new Infant Feeding Education Programme. They can also be completed as stand-alone exercises. The Core Group have seen the completion rates for some of these modules (not publicly available) and the healthcare professionals with the highest numbers completing the modules are public health nurses and midwives. The hybrid model of breastfeeding training which was piloted during 2023 and is on schedule for full implementation in 2024 will have four phases, Online, self-directed reflection, in-person workshop and facilitated clinical practice. The initial roll out will be to all midwives and public health nurses.

Finally, an additional training module on HSeLanD includes detail about the WHO Code. However, these training modules are not mandatory and not all healthcare professionals will have completed them.

Though the training described above is provided to midwives and public health nurses, the lived experience of mothers on the ground does not always reflect this ideal. Recent publications based on data from Irish women indicate that the care

received is sometimes less than satisfactory, with reports of mixed or conflicting advice being received from healthcare providers (Murphy et al. 2022; Hennessy et al. 2020), and breastfeeding problems not being given breastfeeding solutions (Lawlor, et al. 2023). Frequently, lack of staff/resources on maternity units is cited as a potential reason for less-than-ideal care (Murphy et al. 2022; Lawlor, et al. 2023; Hennessy et al. 2020).

There is a Professional Certificate in Breastfeeding and Lactation delivered through University College Dublin, that aims to “develop and advance the healthcare professional’s breastfeeding and lactation knowledge and skills.” The programme is open to a wide range of healthcare professionals interested in advancing their professional knowledge and skills to promote, support and protect breastfeeding. The programme is not mandatory but represents an additional source of evidence-based breastfeeding education available in Ireland.

In addition, since 1979 La Leche League of Ireland have offered free medical seminars for healthcare professionals, which represents a further source of breastfeeding education available for healthcare professionals in Ireland. These seminars are not mandatory, but are historically well attended, with a study published in 1992 indicating that, among healthcare professionals who attended breastfeeding study days, the second most frequently mentioned organiser of the study day was La Leche League of Ireland (Becker 1992).

National training programmes that have incorporated IYCF information

Other national programmes have incorporated detail about infant and young child feeding into training resources. Two examples include the National Cancer Control Programme (NCCP) training module and the

NHCP incorporating the National Bloodspot Screening Programme (NNBSP).

The NCCP have developed a module for all health and social care staff highlighting the incremental benefits of continued breastfeeding due to the association between breastfeeding a reduction in a mother’s risk of breast cancer risk. All NCCP modules are available on HSeLand, with modules covering topics on tobacco, alcohol, skin protection, body weight, healthy eating, physical activity, radon, screening, HRT, oral contraceptives, breastfeeding, vaccinations, and workplace carcinogens. The Core Group feel that it could be valuable to roll out the NCCP training module to non-healthcare staff to demonstrate how breastfeeding can reduce cancer risk.

The NNBSP (or ‘heel-prick’ test) is offered to all infants through their parent(s)/ legal guardian(s) and currently screens for nine rare but serious conditions that if not identified, diagnosed and relevant treatment initiated promptly can lead to severe disability, morbidity, and death. The nine conditions screened for are included in the NNSBP due to their high incidence in the Irish population and because they meet international screening criteria. In general, newborn bloodspot screening is available for all infants up to one year of age so covers infants who may move into Ireland (note: screening for Cystic Fibrosis is not performed after 6 weeks of age).

Feeding status is extremely important when screening for metabolic conditions. This is to ensure that the infant has ingested sufficient protein. Infants must be established on full lactose and protein-containing feeds for at least 24 hours before the bloodspot sample is taken, unless at high risk for Classical Galactosaemia. There is a national HSE Standard Operating Procedure for Maternity Hospitals/Units & Primary Care Services

Delivering the National Newborn Bloodspot Screening Programme, an accompanying document 'A Practical Guide to Newborn Bloodspot Screening in Ireland,' and a HSeLanD e-learning module to provide training and support. Professional clinical

judgement should be used by public health nurses/midwives to determine feeding status. For breastfed infants, the Breastfeeding Observation Assessment Tool (BOAT) and LATCH score can be used to support decision making.

Indicator 5 Score Table			
Criteria for assessment	✓ Check ONE that applies in each question		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ¹² indicates that IYCF curricula or session plans are adequate/ inadequate	> 20 out of 25 content/skills are included	5-20 out of 25 content/ skills are included	Fewer than 5 content/skills are included ✓ (0)
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care.	Disseminate to > 50% facilities ✓ (2)	Disseminate to 20-50% facilities	No guideline, or disseminated to < 20% facilities
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers ¹³ .	Available for all relevant workers ✓ (2)	Limited Availability	Not available
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country	Partial Coverage ✓ (0.5)	Not trained
5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children. (Training programmes such as diarrhea control, HIV, NCDs, Women's Health etc.)	Integrated in > 2 training programmes ✓ (1)	1-2 training programmes	Not integrated
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country ¹⁴ .	Throughout the country ✓ (1)	Partial Coverage	Not provided

12 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

13 The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.

14 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction. Partial could mean more than 1 provinces covered.

5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both	Provision for only one of them: mothers or babies ✓ (0.5)	No provision
Total Score	7/10		

Please see sources of information used to score this indicator on page 100.

Gaps:

1. There is no evidence of consistent inclusion of infant and young child feeding in training curricula for healthcare staff other than midwives and public health nurses. GPs in particular are at a pivotal position to help mothers with many medical conditions that can affect breastfeeding. Many of the complications of breastfeeding require medical intervention. However, GPs have no specific training in these areas and it is the understanding of the Core Group that they are generally guided by the advice of the public health nurse and IBCLCs.
2. Specialist professions (including obstetricians, paediatricians, neonatologists, general practitioners, practice nurses, midwives, and public health nurses as well as paediatric and neonatal nurses) who would be expected to provide support to breastfeeding mothers and infants in their practice, also have varying amounts of educational or training input about breastfeeding, with a number of these containing no input about breastfeeding at all. Professional development material for these groups is not consistently provided.
3. Midwives and public health nurses are identified as key professions in the provision of breastfeeding support, yet their level of expertise is varied in line with their level of practice, as evidenced by recent publications based on maternal experience.
4. There is no national policy for keeping mothers and babies together when either is hospitalised.



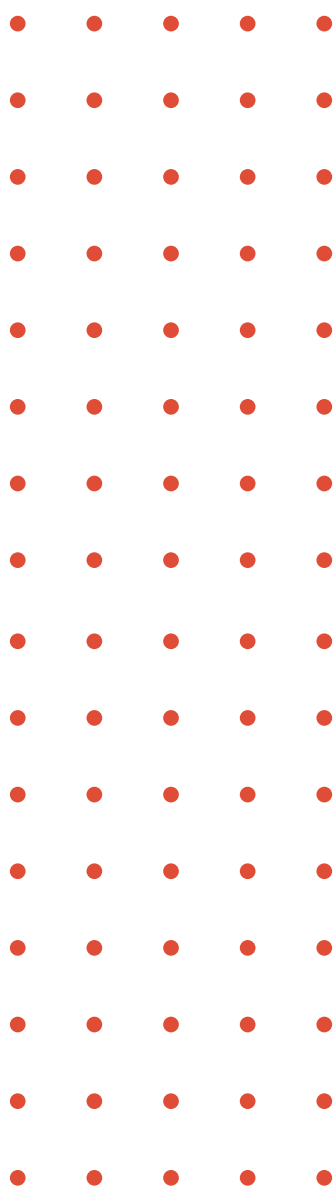
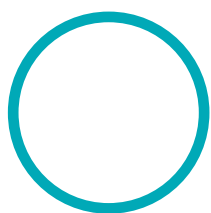
Recommendations:

1. All health professionals likely to encounter breastfeeding mothers or infants/ young children in their clinical practice must receive independent, evidence-based breastfeeding-related education and training and must be assessed as competent on basic breastfeeding content in their pre-registration training.
2. Improve communication pathways between GPs and allied health professionals to provide more holistic breastfeeding-related care. Shared learning in breastfeeding/ infant feeding across hospital and community services would be useful.
3. Require all healthcare staff to avail of HSeLanD training specific to breastfeeding
4. State within hospital policies that mothers and babies should remain together to facilitate responsive breastfeeding if either is sick or hospitalised. The examples of Tallaght University Hospital and Cavan and Monaghan Hospital could be used in the development of a national policy.
 - The establishment of a new children's hospital is an opportunity to incorporate provisions for the protection, promotion, and support of breastfeeding.

Indicator 6: Counselling Services for Pregnant and Breastfeeding Mothers

Key question:

Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level?



A note on terminology

The Core Group spent a considerable amount of time determining the difference between the provision of information and the provision of counselling, and the definition of these two terms. The [Global Breastfeeding Collective](#) define breastfeeding counselling as “a conversation where someone with appropriate training listens and responds to a woman’s thoughts and feelings related to breastfeeding while respecting her personal situation and wishes.” It is with this in mind that the scoring for this indicator was completed. The Core Group acknowledges that had we simply been considering the provision of information, the score for this indicator may have been higher. An additional challenge in scoring this indicator is the fact that the availability of a service and the uptake of a service are not the same thing.

Background

Breastfeeding information and counselling are provided by a range of healthcare providers, including midwives, public health nurses, IBCLCs, and other trained professionals. This service is augmented by three voluntary groups who receive some funding from the HSE to provide community-based group support. These voluntary groups are: Cuidiú, Friends of Breastfeeding, and La Leche League of Ireland. There are other community-based support groups not affiliated to the three named above, run by local women’s groups or community associations.

Counselling services in healthcare facilities

Hospitals and other healthcare facilities in Ireland provide some support for breastfeeding mothers and infants through weekly drop-in groups/sessions or one-to-one telephone support. This varies from

site to site. This support includes antenatal and postnatal breastfeeding information/education, postnatal breastfeeding counselling, and assistance with breastfeeding, such as help with positioning and latch-on. This can vary as it is dependent on the skill level and experience of any individual practitioner that a person might encounter.

All maternity hospitals and hospitals with a maternity unit and some healthcare facilities also have IBCLCs on staff who can provide specialised support to breastfeeding mothers who are experiencing difficulties. Of note, the IBCLCs working within maternity units and healthcare facilities (infant feeding/lactation nurse or midwife) are clinical midwife specialists or clinical nurse/midwife managers, which includes other duties aligned to the relevant job descriptions. This level of support may not be available to all new parents, as these infant feeding/lactation nurses or midwives work Monday to Friday, do not work nights, do not work bank holidays, and do not provide a weekend service. In addition, the service is triaged by midwives on the ward and a decision on whether to refer to an infant feeding/lactation nurse or midwife is made based on the need of the individual parent.

All mothers in Ireland have free access to antenatal, intrapartum, and postnatal care through maternity, GP, and public health nursing service. The ‘Ask the Expert’ portal on [mychild.ie](#) provides access to an IBCLC, with a live chat service available Monday to Friday from 10am to 3pm and a guarantee of a response within 24 hours outside of that time. The breastfeeding volunteer organisations—La Leche League of Ireland, Cuidiú, and Friends of Breastfeeding—provide group support and also online and phone support, with many volunteers available to provide support 24/7, inclusive of

holidays. Some hospitals and health centres offer breastfeeding support at specialised feeding clinics, child health clinics. Lactation consultants are also available privately.

Counselling services in the community

In the community, public health nurses play a key role in supporting breastfeeding mothers and infants. Public health nurses provide home visits during the baby's first three days at home (Office of the Nursing and Midwifery Services Director 2021). They do a series of routine checks on the infant and are there to help the new baby and family. This home visit is part of a series of core contacts provided by public health nurses to all infants as part of the HSE's NHCP, with subsequent appointments at 3 months, 9-11, 21-24 and 46-48 months (HSE Strategy & Planning and HSE Primary Care Division 2018). Public health nurses can also refer mothers to infant feeding/lactation nurses or midwives or other healthcare providers for specialised support, and this can be through public health nurses who are IBCLCs, for which there is no charge, or through a list of IBCLCs operating in private practice.

In Ireland a "[Supported Care Pathway](#)" is available for mothers; this involves a team of midwives that aid mothers during pregnancy and a midwife will visit daily for up to 14 days after birth, however this scheme is only available in certain hospitals (Health Service Executive 2023a). In addition, [funding has recently been announced](#) for five postnatal hubs, which will be located in Kilkenny, Kerry, Cork, Portlincula and Sligo. These hubs will support women for up to 14 days post birth.

As mentioned above, there are several community-based organisations in Ireland that provide support for breastfeeding mothers and infants. For example, Cuidiú is a voluntary parent support organisation that provides information, support, and

friendship to parents, including support for breastfeeding. They also provide a comprehensive antenatal programme through Antenatal Ireland and from these groups parents graduate to other areas of specialised support within the organisation.

La Leche League of Ireland is part of an international organisation providing breastfeeding education and support in the community. Friends of Breastfeeding is the newest of the three groups and having started as a virtual group now also meet with groups of parents in person in their local communities. The Association of Lactation Consultants, Ireland provides a list of qualified IBCLCs who are available for private one-to-one consults, in either clinic or home settings. Other specialist support groups also exist in the community such as Purple Hearts Breastfeeding Support Group, run by IBCLCs supporting those with low milk supply.

Overall, there are a range of counselling services in place in Ireland to protect, promote, and support breastfeeding. Unfortunately, due to lack of personnel, these services may be absent or have very limited provision. For example, 15% (n=792) of participants in a recent large survey about breastfeeding supports reported that they requested to see an IBCLC, but were unable to see one during their time in hospital (Bainne Beatha and O'Sullivan 2022). Whole areas of the country may have poor provision of breastfeeding support. These services are an important part of ensuring that mothers and infants receive the support they need to achieve and maintain breastfeeding.

Analyses of a recent survey based on the experiences of >5,000 women in Ireland who gave birth between 2019 and 2021 highlights that women feel the Irish health service provides sufficient antenatal education, but insufficient support in the postpartum period (Bainne Beatha and O'Sullivan 2022;

Lawlor, et al. 2023). Specifically, Lawlor and colleagues explored comments from participants about their experiences in the maternity unit and one of the main themes generated from the data provided by participants was “Breastfeeding support in theory but not in practice,” which highlighted how breastfeeding was encouraged antenatally but women subsequently felt unprepared and unsupported to overcome breastfeeding-related challenges postnatally (Lawlor, et al. 2023).

This study was conducted during the COVID-19 pandemic but recruited participants who had given birth in 2019 (pre-pandemic), 2020, and 2021. The authors note this limitation in the paper but also state that they conducted comparisons between those who had a their child before the pandemic and those who had their child during the pandemic and “there was no obvious difference in the overall tone of comments when compared to those who experienced support prior to the occurrence of COVID-19”.

Additional Information

A considerable proportion of infants in Ireland receive formula in the first few days

postpartum. In 2021, although 63.1% of infants initiated breastfeeding, only 36.8% were exclusively breastfeeding on discharge having only received breast milk and no other food or drink since birth. This high level of infant formula use, the reasons for which are multi-factorial, no doubt makes counselling and support in the community challenging. However, the high level of formula use is, at least in part, driven by insufficient access to breastfeeding support.

Additional comments

As defined by the World Breastfeeding Trends assessment toolkit, peer support required by mothers includes providing accurate and timely information to help a woman to build confidence; providing sound recommendations based on up-to-date research; providing compassionate care before, during and after childbirth; practicing empathy and active listening, providing hands-on assistance and practical guidance. The terms counselling and peer support are used throughout this report and have been interpreted here to mean such support.

Indicator 6 Score table			
Criteria of assessment	Check that apply		
6.1) Pregnant women receive counselling services for breastfeeding during antenatal care.	>90%	50-89% ✓ (1)	<50%
6.2) Women receive counselling and support for initiation of breastfeeding and skin-to-skin contact within an hour birth.	>90%	50-89% ✓ (1)	<50%
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	>90%	50-89% ✓ (1)	<50%
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	>90%	50-89% ✓ (1)	<50%

6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	>50%	<50% ✓ (1)	No Training
Total Score:	5/10		

Please see sources of information used to score this indicator on page 101.

Gaps:

1. Although policies supporting breastfeeding exist, there are gaps in practice across the healthcare service, as evidenced by research conducted among mothers and parents. The provision of information is more consistent than the provision of counselling.
2. Supplemental formula feeding in the early postpartum period is common, and the reasons are multi-factorial. This may be a barrier to provision of breastfeeding support in the community postpartum.
3. Although IBCLC services are available at all maternity units, not all mothers who wish to see an IBCLC are facilitated with an appointment.

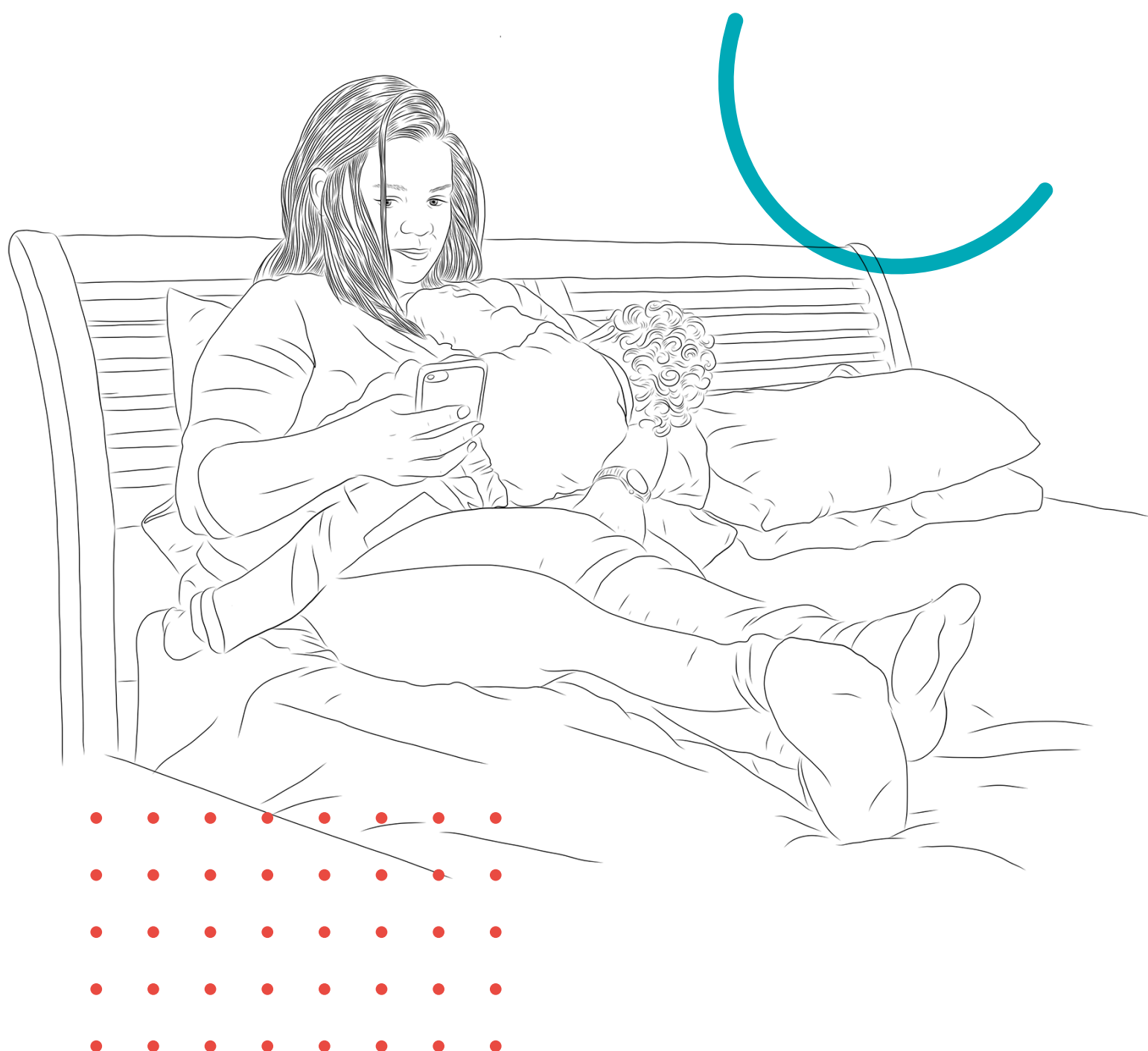
Recommendations:

1. Provide for greater availability of breastfeeding preparation classes and breastfeeding support groups, and modes of delivery of same. Since the onset of COVID-19, there has been a move towards having more antenatal classes online. While this may be convenient for some, in-person classes may be preferable to others.
2. Require that healthcare professionals encourage pregnant women to attend a local breastfeeding support group before their baby is born; it should be documented in medical notes that they have done so.
3. Provide mandatory in-service education for medical staff and others who have contact with pregnant and postpartum women, including, but not limited to, healthcare assistants, porters, and kitchen staff.
4. Allow for recruitment of non-nurse/midwife IBCLCs into support roles in both hospital and community, which could improve the provision of care.
5. Conduct a national infant feeding survey. This would help researchers, policy makers, and healthcare professionals gain concrete evidence around the care that is currently being received. The National Maternity Experience Survey was a multi-purpose survey and only had 7 questions related to feeding so provides a limited amount of data.

Indicator 7: Accurate and Unbiased Information Support

Key question:

Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?



Background

In Ireland there is a universal maternity care service, from antenatal through to postnatal care, which offers numerous opportunities for conversations about infant feeding and sharing of information between service users and healthcare providers. These begin with an initial contact with a midwife or GP in early pregnancy (before 12 weeks' gestation) and a 'booking' referral to a hospital antenatal clinic. Women will then attend antenatal clinics either in hospital, in community clinics or they may choose to attend an obstetrician privately. There are 12 components in the antenatal education checklist that are discussed with women (and partner) at subsequent visits.

At least one conversation about infant feeding should take place at this first visit and written information is usually given. The midwife will continue to have postnatal contact until the infant is discharged from the hospital or home birth midwife. Public health nurses have several mandated contacts with mothers and babies, including a 'new birth' home visit within 72 hours of discharge from the maternity service. Every child in the Ireland has a named public health nurse. All parents are provided with physical resources from their public health nurses; the "[My pregnancy](#)" and "[My child](#)" books, that provide detailed information about infant and young child feeding.

The [mychild: 0-2 years](#) book outlines how to make up a bottle of formula safely and states that powdered infant milk is not sterile and may contain bacteria. Other [advice available on the mychild.ie website about preparing formula](#) also states that formula powder is not sterile and that there may be bacteria present in the powder. However, although formula products on the market in Ireland provide guidance on how to safely prepare a bottle of formula, they do not specifically

state that there may be bacteria or pathogens present in the powder (Figure 8).

In addition, there are products available on the market for automating the preparation of infant formula that add a small volume of hot water to the formula powder and make up the remainder of the feed with cool water. These products are often marketed to the public in Ireland. The [HSE and the Food Safety Authority of Ireland do not recommend the use of these machines](#) as there is no evidence to show that they are safe and effective. Indeed, recent evidence indicates that the temperature of the water dispensed by such machines may be too low to kill bacteria in the formula powder (Grant et al. 2023). The use of these machines is contrary to the advice from the HSE about how to make infant formula safely.

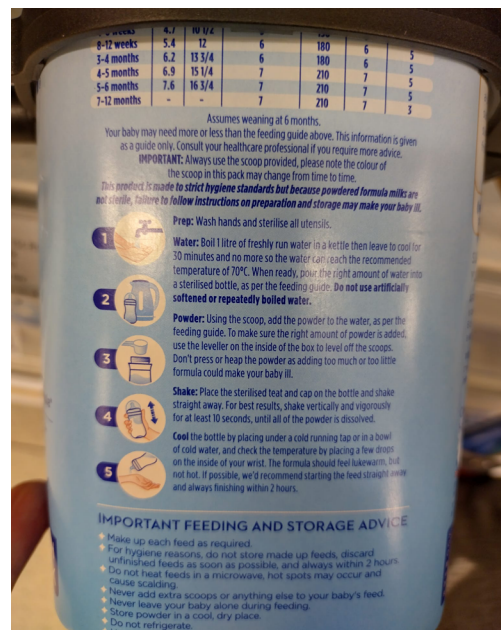


Figure 8: Preparation instruction for a brand of formula on the Irish market. Photo taken August 2023.

Infant feeding resources made available to the public

A HSE website providing information on pregnancy, and baby and toddler health, [www.mychild.ie](#), has a range of resources to support infant and young child feeding practices, including information leaflets

and online resources for parents and healthcare providers. Public health nurses also direct mothers to community support, national helplines and online resources for breastfeeding and can use an interpreter service when required. Posts are also made on social media in support of breastfeeding (Figure 9) and to disseminate new information to the public about breastfeeding (Figure 10).

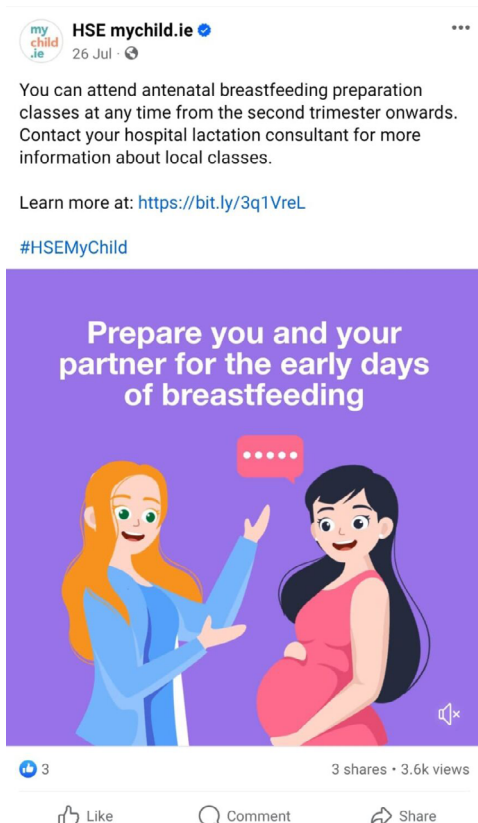


Figure 9: A post by the HSE on Facebook on July 26th, 2023, highlighting the availability of antenatal breastfeeding preparation classes.



Figure 10: HSE disseminated information about new legislation that was introduced on July 3rd, 2023, that extended the entitlement to breastfeeding breaks until child is 104 weeks. This information was posted on Instagram on July 4th, 2023.

The HSE also have an ad that runs online, through YouTube, that centres on the questions and emotions that come with having a baby and the support that is available from the HSE through those early years. See Figure 11 for a screenshot from the ad depicting breastfeeding. This ad was developed in September 2022 and ran for the first time as a TV add during August 2023, and is to be repeated in January 2024.

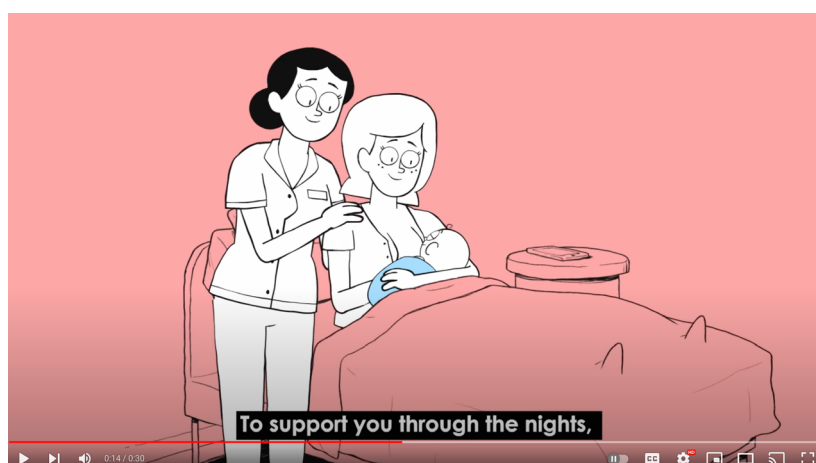


Figure 11: Screenshot from HSE ad depicting breastfeeding.

The HSE also supports World Breastfeeding Week in August (Figure 12) and promotes National Breastfeeding Week, which is celebrated every year in Ireland from October 1st to October 7th (Figure 13). Throughout this week many events (see [here](#) for an example) are available to support mothers, and awareness is spread around breastfeeding. This support is shared through social media platforms and on their website. Volunteer breastfeeding support groups, Cuidiú, Friends of Breastfeeding, and La Leche League of Ireland, will also host events to support National Breastfeeding Week, though there is no dedicated funding for these events.



Figure 12: HSE post on Instagram on August 1st, 2023, to celebrate World Breastfeeding Week.

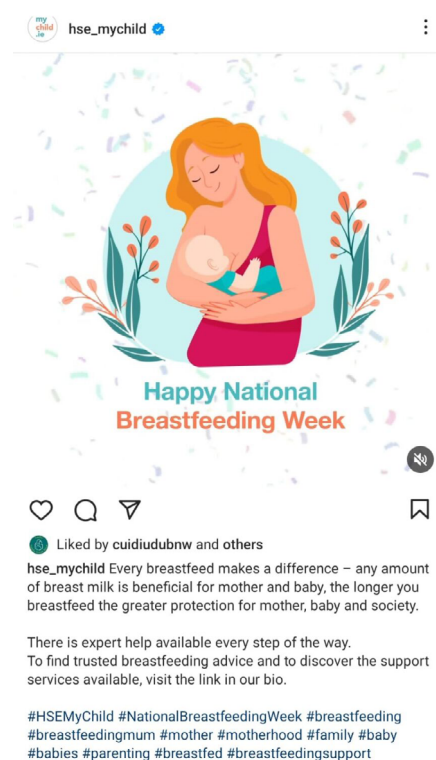


Figure 13: HSE post on Instagram on October 1st, 2022, to celebrate National Breastfeeding Week.

Healthy Ireland is Ireland's national strategy for improved health and wellbeing. A focus of Healthy Ireland is on building relationships and strengthening partnerships between government departments, and all sectors of society. An initiative implemented by County Limerick, "[We're Breastfeeding Friendly](#)" is funded by Healthy Ireland and has been implemented in other counties, such as [Clare](#) and [Laois](#). This campaign aims to promote breastfeeding friendly companies, organisations, and communities, thus seeking to promote the health and welfare of breastfeeding mother, infants, and their families.

Commercial influence

While events and campaigns sponsored by the HSE are free from commercial influence, members of the public have in the past been exposed to other campaigns that are funded

by the infant-formula industry. For example, in 2016, [Danone initiated a “Breastfeeding Welcome Here”](#) campaign, where stickers were made available for businesses to place in their windows. This sticker included the phrase [First 1000 days](#), which is the name of a website in Ireland run by Danone. This name is reflective of the name of what was originally a non-profit organisation, <https://thousanddays.org/>. Interestingly, when 1000Days began as a non-profit organisation in 2010, it was made possible by funding from the U.S. Government, the Government of Ireland, the Bill & Melinda Gates Foundation, and several nonprofit organisations.

Finally, as discussed in, Indicator 3 Ireland has incomplete legislation for and implementation of the WHO Code, resulting in exposure to advertising of infant formula, through the cross-promotion of products for babies aged 6 months and above. Additionally, advertising strategies such as “Baby Clubs” target pregnant women and new mothers and are marketed as a resource for infant feeding information which public services are competing against.

Indicator 7 Score Table		
Criteria for assessment	Check that apply	
	Yes	No
7.1) There is a national information, education, and communication (IEC) strategy for improving infant and young child feeding.	✓ (2)	
7.2) Messages are communicated to people through different channels and in local context.	✓ (1)	
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	✓ (1)	
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	✓ (2)	
7.5) IEC programmes (e.g., World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	✓ (2)	
7.6) IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF) ¹⁵ .		✓ (0)
Total Score:	8/10	

Please see sources of information used to score this indicator on page 102.

¹⁵ To ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula. This is to minimize health hazards. Parents are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. And where applicable, that this information is conveyed through an explicit warning on packaging.



Gaps:

1. Education available on HSeLanD for healthcare professionals on breastfeeding and formula feeding are not mandatory. Based on completion rates the Core Group have seen, the groups with the greatest participation rates currently are public health nurses, followed by midwives, i.e., those who are already getting the most breastfeeding-related training.
2. Inadequate emphasis on the safe preparation of breast-milk substitutes in information materials geared towards parents. Specifically, it is often not mentioned that powdered formula may contain pathogenic microorganisms.
3. The public are still exposed to marketing and promotion messages from the infant formula industry. Advertisements for follow-on formulae and other marketing ploys, including the provision of Baby Clubs etc. are still sources of infant feeding information for the public.
4. Breastfeeding is insufficiently pro-actively promoted through the media. There are a limited number of national media campaigns designed to promote breastfeeding, with more visible leading up to and during National Breastfeeding Week.



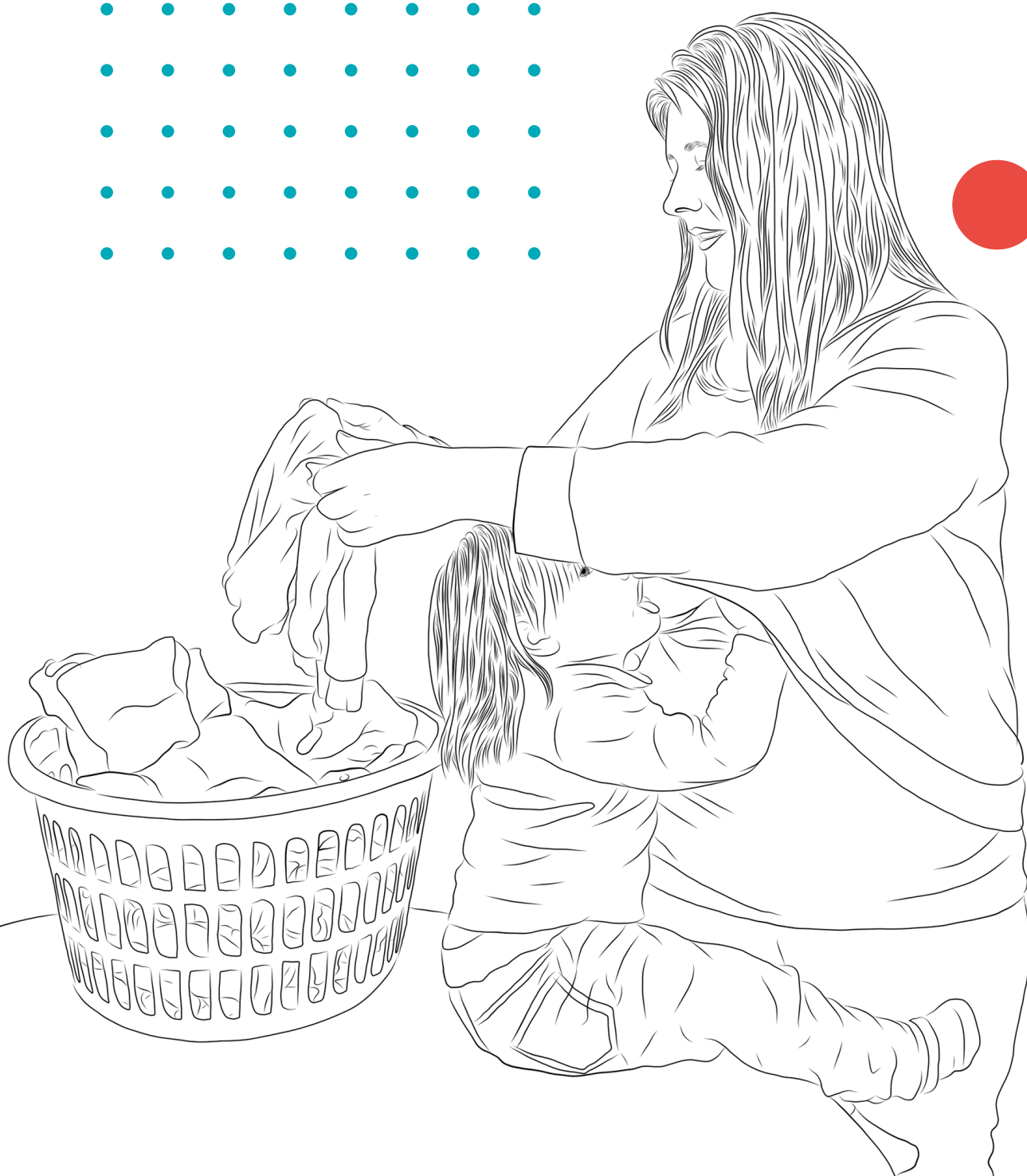
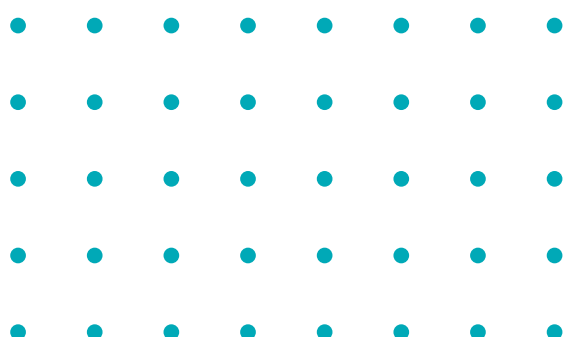
Recommendations:

1. Develop effective strategies for increasing awareness of infant and young child feeding materials within other sectors outside of the health service, e.g., workplace settings, County Councils, and allocate resources as required by the HSE to implement breastfeeding campaigns.
2. Develop targeted infant and young child feeding information campaigns for all healthcare staff, community health workers, families, parents and carers, particularly of infants at high risk. Families must be made aware that powdered milk formula may contain pathogenic microorganisms and must be prepared and used appropriately.
3. Develop a national information, education, and communication program that includes information on the risks of artificial feeding in line with WHO Guidelines on preparation and handling of powdered milk formula.
4. Enhance, monitor, and enforce existing legislation to eliminate the provision of information to the public from the commercial milk formula industry.

Indicator 8: Infant Feeding and HIV

Key question:

Are policies and programmes in place to ensure that mothers living with HIV are supported to carry out the global/national recommended Infant feeding practice?



Background

Since 1999 a voluntary programme of Human Immunodeficiency Virus (HIV) antenatal screening has been in place offering HIV testing for women in Ireland. In 2001, a system to monitor and evaluate the antenatal testing programme was put in place by the Health Protection Surveillance Centre (HPSC). Since then, data have been collected from maternity hospitals/units annually and are evaluated by HPSC.

In 2021, data from all 19 maternity hospitals/units showed that 62 women tested positive for HIV at antenatal screening (0.11%), which was the same as the 2020 report (Table 1) (HSE-Health Protection Surveillance Centre 2023). Of the 62 women who tested positive for HIV, just 5 were newly diagnosed. Given the low prevalence of HIV in the maternity population, the Core Group do not believe there is any active research formally ongoing in this area.

Table 1: Results of HIV antenatal screening in Ireland 2015-2021 (Adapted from HPSC, 2023)

HIV antenatal screening, 2015 to 2021							
	2015	2016	2017	2018	2019	2020	2021
Number of hospitals/units	18/19	16/19	18/19	18/19	19/19	19/19	19/19
Number of live births per year*	65,909	63,897	62,053	61,016	59,294	55,959	58,443
Number of women booked	63,217	56,865	62,720	58,401	58,343	58,706	57,281
Number of women offered HIV test	63,217	56,865	62,720	58,354	58,343	58,706	57,281
Number of women tested	63,214	56,747	62,718	58,305	58,335	58,698	57,272
Uptake of HIV antenatal test (%)	100.0	99.8	100.0	99.8	100.0	100.0	100.0
Number HIV positive	84	83	82	97	80	66	62
Prevalence of HIV (%)	0.13	0.15	0.13	0.17	0.14	0.11	0.11
Number of newly diagnosed HIV positive	9	10	11	14	9	3	5
Prevalence of new HIV diagnoses (%)	0.01	0.02	0.02	0.02	0.02	0.01	0.01

It is important to note that the antenatal screening data are based on date of antenatal screen rather than birth date. In addition, data on private patients was not fully captured.

**Data derived from <https://www.cso.ie/en/statistics>*

The [Rainbow Clinic Guide](#) titled “Preventing perinatal transmission: a practical guide to the antenatal and perinatal management of HIV, Hepatitis B, Hepatitis C, Herpes Simplex, and Syphilis” is a document produced by infectious disease specialists in Ireland that is “aimed at clinical professionals directly involved in the care of pregnant women and their infants” (Butler et al. 2015).

Within this guide, it is stated that “there remains a level of transmission risk that cannot be precisely quantified even for fully virally suppressed woman, thus where safe formula feeds are available breast feeding is strongly discouraged for this group. In Ireland, all HIV infected women are advised to exclusively bottle feed their infants with formula milk.” The HPSC also notes that an HIV-positive mother can pass her HIV to her unborn child through nursing, labour, and delivery, or both (HPSC, 2019).

According to the WHO, anti-retroviral therapy reduces the risk of post-natal HIV transmission through exclusive breastfeeding. This allows infants to benefit from breastfeeding and it is recommended that health services offer necessary medication to allow mothers to do so (World Health Organization 2016).

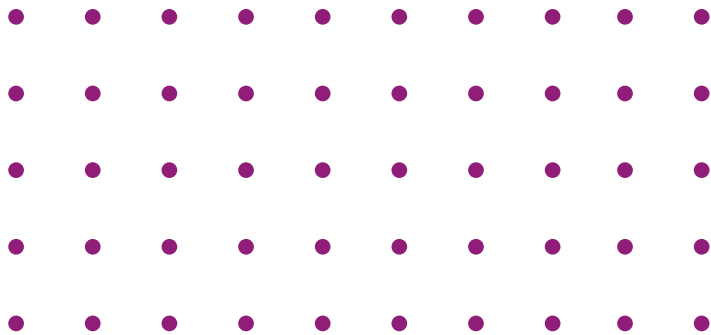
The [Rainbow Clinic Guide](#) on Preventing Perinatal Transmission of a number of infectious diseases, including HIV from 2015, was due to be updated in 2018. This document does not appear to have been updated and at present, Ireland does not have an in-date policy or guideline on infant feeding and HIV. It is our understanding that either the Rainbow Clinic Guide or the guidance of the British HIV Association (BHIVA) from 2018 (with a 2020 update) is followed.

There are also updated Breastfeeding information leaflets published by BHIVA in 2023 titled '[HIV and feeding your new born](#)'

and '[General information on infant feeding for parents living with HIV](#),' which both state that formula feeding is the safest option for babies, with breastfeeding being supported in the context of optimised HIV management following counselling and a shared decision making process.

However, there is no consideration of the benefits of breastfeeding in these documents and the language is biased in favour of formula feeding which may make it difficult for families to make a fully informed and unbiased decision around infant feeding. It's possible that some families may feel under pressure to openly choose formula feeding while covertly choosing breastfeeding.

There is anecdotal evidence obtained by the Core Group (for which we have no references) indicating that there may be some women living with HIV in Ireland who, despite saying they will formula feed, choose to breastfeed despite the national guidance. Of note, women in Ireland who have a HIV diagnosis and are thus recommended to formula feed are not provided with free formula.



Indicator 8 Score Table		
Criteria for Assessment	Check that apply	
	Yes	No
8.1) The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV.		✓
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.		✓
8.3) Health staff and community workers of HIV programme have received training on HIV and infant feeding counselling in past 5 years.		✓
8.4) HIV Testing and Counselling (HTC)/ Provider-Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	✓ (1)	
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	✓ (1)	
8.6) Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	✓ (1)	
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding.	✓ (1)	
8.8) Country is making efforts to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.		✓
8.9) Research on Infant feeding and HIV is carried out to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.		✓
Total Score:	4/10	

Please see sources of information used to score this indicator on page 102.



Gaps:

1. There is no up-to-date infant feeding policy for those with HIV in Ireland.
2. There is incongruence between national maternity guidelines and the British HIV Association, which in the absence of a national HIV and infant feeding guideline, is the guideline followed in Ireland.
3. There is limited information and guidance available for those with HIV who wish to breastfeed.
4. Those with a diagnosis with HIV who are recommended to formula feed are not provided with free infant formula.



Recommendations:

1. Develop an up-to-date infant feeding policy for those with HIV in Ireland, in line with recent British HIV Association guidance, that would facilitate shared decision-making between healthcare professionals and service users.
2. Conduct research among mothers living with HIV in Ireland to better understand their needs with regards infant-feeding guidance and support.
3. Provide infant formula free of charge to mothers with a HIV diagnosis who are recommended to formula feed. This should be for the first year of the infant's life.

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question:

Are appropriate policies and programmes in place to ensure that mothers, infants, and young children will be provided adequate protection and support for appropriate feeding during emergencies?



Background

During any emergency, it becomes increasingly likely that recommended practices for infant and young child feeding will not be followed, due to disrupted access to healthcare, food, water, electricity, and other resources. Thus, at the 71st World Health Assembly in 2018, the WHO urged all member states to “take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations” (World Health Assembly 2018).

There is currently no infant and young child feeding in emergencies preparedness plan in place in Ireland. There is the International Operational Guidance for Infant and Young Child Feeding in Emergencies (IFE Core Group 2017) that could be followed but this document is not context-specific and it has not been incorporated into any formal policy/guidelines in Ireland. The need for a context-specific policy has been highlighted in the [news media](#) (O’Sullivan and Kennedy 2023b).

Ireland has a [Framework for Major Emergency Management](#), though no emergencies related to infant and young child feeding are outlined. The list of vulnerable persons highlighted includes “...children in schools, nurseries and child care centres,” but does not specifically comment on the nutrition intake of young children.

That said, the list provided is not meant to serve as an exhaustive list, acknowledging that those most vulnerable may vary depending on the specific emergency being faced. The only specific reference to infant feeding that the Core Group could find in the Irish emergency management documentation is found in [Guidance document](#) 6 of

the Framework for Major Emergency Management, which provides a guide to managing evacuation and rest centres. Guidance states that “[b]aby changing and nursing areas would also be desirable” but no other information provided.

Additional Information

Data collected during the COVID-19 pandemic highlighted that families, regardless of whether they were breastfeeding or formula feeding, experienced multiple challenges with infant and young child feeding (O’Sullivan and Kennedy 2023a). Challenges for breastfeeding families related to the lack of support groups or in-person, one-on-one assistance with breastfeeding. Formula-feeding families mainly reported logistical challenges, including concerns about a consistent supply of formula, and being unable to purchase their preferred type of formula (O’Sullivan and Kennedy 2023a). The COVID-19 pandemic was an infectious disease emergency that made infant and young child feeding difficult for mothers and other caregivers across Ireland. An infant and young child feeding in emergencies preparedness plan could have alleviated some strain and provided considerable assistance and support to families during the COVID-19 pandemic.

There is an ongoing project, funded by the Irish Government’s North-South Ireland Research Programme which aims to address the deficiencies in preparedness planning for infant and young child feeding in Ireland. This project, titled “Developing an infant and young child feeding in emergencies preparedness plan for the island of Ireland,” commenced in September 2022 and has a completion date of September 2024.

Indicator 9 Score Table		
Criteria for Assessment	✓ Check that apply	
	Yes	No
9.1) The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.		✓ (0)
9.2) Person(s) tasked to coordinate and implement the above policy/strategy/guidance have been appointed at the national and sub national levels		✓ (0)
9.3) The health and nutrition emergency preparedness and response plan based on the global recommendation includes: a. Basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for re-lactation and wet-nursing b. Measures to protect, promote and support appropriate and complementary feeding practices c. Measures to protect and support the non-breast-fed infants d. Space for IYCF counselling support services e. Measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies f. Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children		✓ (0) ✓ (0) ✓ (0) ✓ (0) ✓ (0) ✓ (0)
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF		✓ (0)
9.5) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.		✓ (0)
9.6) Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global recommendations (at the national and sub-national levels).		✓ (0)
Total Score:	0/10	



Gaps:

1. Ireland currently has no infant and young child feeding in emergencies preparedness plan.
2. The needs of both breastfeeding and formula-feeding families were not met during the COVID-19 crisis.



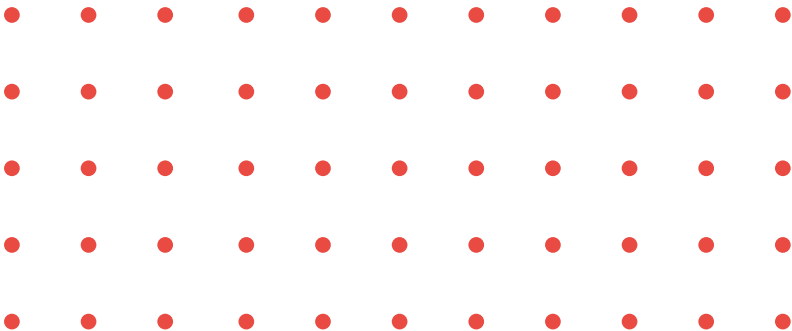
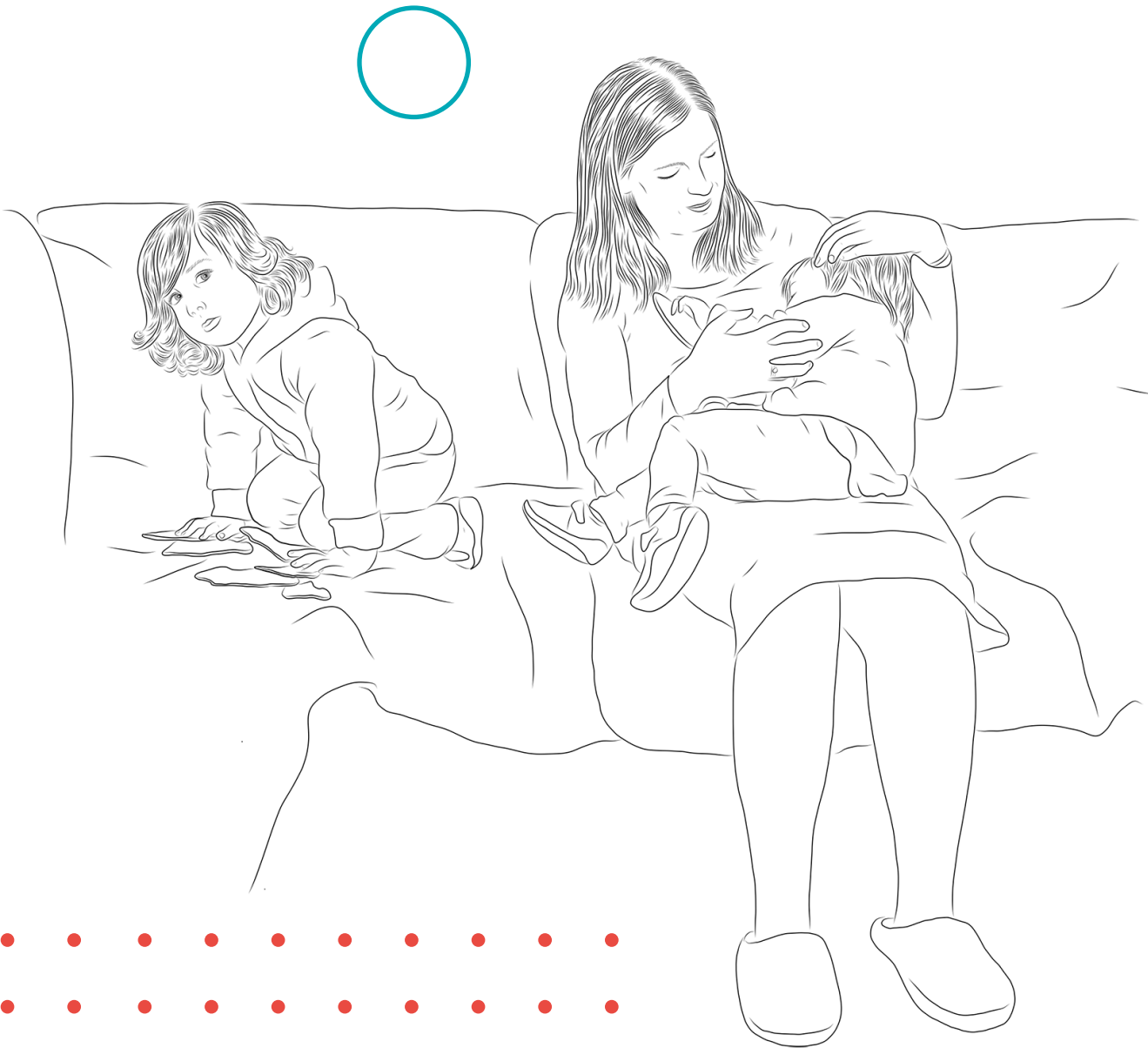
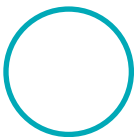
Recommendations:

1. Develop an infant and young child feeding in emergencies preparedness plan specific to the Irish context in line with international guidance, incorporating and building on the Operational Guidance prepared by the Infant Feeding in Emergencies Core Group of the Emergency Nutrition Network (IFE Core Group 2017).
2. Ensure that the development of such a plan is cross-departmental and a working group within government is established to develop the plan, engaging with other agencies and community groups, particularly those belonging to traditionally underserved communities.
3. Ensure that the development of an infant and young child feeding in emergencies plan is in collaboration with partners in Northern Ireland as similar emergencies are likely to impact both jurisdictions, there are people living in border counties/towns who would avail of services from both jurisdictions, and the only milk bank currently on the island of Ireland is in Northern Ireland and it provides a cross-border service.
4. Appoint a specific individual within the Department of the Taoiseach or the Department of Health with responsibility to oversee the implementation of the preparedness plan, liaising with relevant public bodies and voluntary groups.

Indicator 10: Monitoring and Evaluation

Key question:

Are monitoring and evaluation systems in place that routinely or periodically collect, analyse and use data to improve infant and young child feeding practices?



Background

The Irish Maternity Indicator System (IMIS) is a management instrument that provides within-hospital tracking of monthly and annual data. This allows for annual monitoring of trends, and national comparisons across all 19 maternity units.

Within the IMIS reports, it is intended to monitor infant feeding practices within hospitals and monitor rates from initiation to discharge (Table 2). The data gives a more accurate assessment of formula supplementation practices on a national basis. The following indicators are included:

- Breastfeeding initiated, defined as the number of babies breastfed at first feed following birth, i.e., direct from the breast or expressed. This rate is calculated per total live births.
- Breastfeeding exclusively since birth and on discharge, defined as the number of babies who receive only breast milk without any additional food or drink, not even water, since birth and prior to discharge. This rate is calculated per total live births.
- Breastfeeding non-exclusively on discharge, defined as the number of babies who were breastfed and had other food or drink prior to discharge. This rate is calculated per total live births.

Table 2: Breastfeeding rates reported within IMIS. Sources: (National Women and Infants Health Programme 2020), (National Women and Infants Health Programme 2021), (National Women and Infants Health Programme 2023).

Hospital data from Irish Maternity Indicator System (commenced collecting breastfeeding metrics in 2019)	Irish Maternity Indicator System (IMIS)	2019	2020	2021
	Number of babies breastfed at first feed following birth	63.8	62.3	62.7
	Breastfeeding exclusively on discharge (from birth)	37.3	36.7	35.6
	Exclusive & non-exclusive breastfeeding on discharge	63.4	58.5	57.6

The [National Perinatal Statistics Reports](#) (NPRS) are published annually and data presented are derived from the baby's birth notification form. Breastfeeding rates are captured at the point of discharge from hospital, irrespective of feeding practices in the previous days, which is a different indicator to the IMIS report. At the time of preparation of the WBTi-Ireland report, the latest available NPRS report is from 2020 (Healthcare Pricing Office 2022). These reports provide valuable demographic, socioeconomic and medical trends related to infant feeding behaviours over time.

One of the actions (Action 5.3) of the Breastfeeding Action Plan 2016-2021, states that breastfeeding key performance indicators (KPIs) and datasets should be developed. These breastfeeding data should be collated and reported quarterly and annually. Subsequently, any and exclusive breastfeeding at 3 months has been included as one of the HSE's KPIs and is reported quarterly and annually (Table 3).

Table 3: Breastfeeding rates collected by public health nurses at visits with mother and baby. Data are incomplete for 2020 and not available. Data were collated by the Core Group from the HSE Performance Reports. These are available at this link; <https://www.hse.ie/eng/services/publications/performance-reports/>.

Community data collected by Public Health Nurses								
Child Health KPIs	2015	2016	2017	2018	2019	2020	2021	2022
Breastfeeding at 1st public health nurse visit (exclusive and non-exclusive)	54%	57%	55%	56%	57.9%		58.8%	61.7%
Breastfeeding at 1st visit (exclusive)	N/A	42%	41%	40%	41.2%		40.8%	39.5%
Breastfeeding at 3 month developmental check up (exclusive and non-exclusive)	35%	39%	39%	40%	42.3%		38.1%	42.8%

Data on breastfeeding rates are reported to and monitored by Directors of Midwifery and Clinical Directors within maternity and neonatal services and Directors of Public Health Nursing, regional and national primary care managers within community services. National breastfeeding rates are included in the KPI monitoring of the National Healthy Childhood Governance Group. The National breastfeeding coordinators and national breastfeeding implementation group are provided with data for planning purposes.

Breastfeeding rates by county and maternity service are also considered by regional infant feeding/breastfeeding committees. National targets within primary care have not increased since 2019 due to targets not being currently met, e.g., Target 64% vs. 61.7% for exclusive and non-exclusive breastfeeding at first public health nurse visit (2022) and Target 46% vs. 42.8% for exclusive and non-exclusive breastfeeding at 3-month visit (2022).

Ireland does not routinely collect or report data on early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding, and adequacy of complementary feeding. Ireland does not have a national, comprehensive system in place to collect data on breastfeeding rates during the extended postnatal period after discharge from maternity care. The absence of these data poses challenges in evaluating breastfeeding rates and measuring progress against targets.

The data that are collected (breastfeeding initiation, any/exclusive breastfeeding at hospital discharge, and any/exclusive breastfeeding at 3 months) are used by programme managers to guide decision making regarding programme implementation and investment. These data are also used to determine the success of the implementation of the National Breastfeeding Action Plan. Due to the impact of the COVID-19 pandemic on the delivery of some actions, the HSE extended the implementation of the Breastfeeding Action

Plan until the end of 2023 and continue to work on priority outstanding actions. [As stated by the Minister of State at the Department of Health](#), a review of progress against the plan will be carried out in 2023 to inform future planning and priorities.

A previous Breastfeeding Action Plan ([Breastfeeding in Ireland- a 5-year Strategic Action Plan, 2005-2010](#)) was reviewed by the Institute of Public Health (McAvoy et

al. 2014). In that review, the authors noted that although some increases in any and exclusive breastfeeding at hospital discharge were observed over the time period covered by the action plan, “[c]urrent information systems did not allow for an assessment of the national target for annual increases in breastfeeding duration,” which remains the case in 2023.

Indicator 10 Score Table		
Criteria for Assessment	✓ Check that apply	
	Yes	No
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding, and adequacy of complementary feeding)		✓ (0)
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investment decisions.	✓ (1)	
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	✓ (3)	
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	✓ (1)	
10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.		✓ (0)
Total Score:	5/10	

Please see sources of information used to score this indicator on page 103.

Additional Information

Infant and young child feeding datasets on a national basis are limited. There is a significant amount of data captured at the point of contact with mothers, babies and young children at the 25+ contacts with the health services up to the child's 3rd birthday, under the [maternity and infant scheme, GP and hospital care, screening and surveillance and immunisation programmes](#). It is not possible to represent care practices for individual service contacts on a national basis due to the use of paper-based client records between services that are not integrated or connected electronically.

The Maternal and Newborn Clinical Management System (MN-CMS) is a national initiative to design and implement an electronic health record for all women and babies in maternity services in Ireland. One of the key objectives of this system will be to develop informed business intelligence to facilitate local and national reports to be run and exported from the system. Currently, over 50% of births now take place in services using this electronic chart. However, feedback from infant feeding post holders indicates that non-mandatory fields for the MN-CMS and other electronic systems can lead to incomplete records so breastfeeding rates information is manually checked for completeness, which is an additional administrative task to ensure data are complete.

Gaps:

1. Ireland does not have a national, comprehensive system in place to collect data on breastfeeding rates during the extended postnatal period after discharge from maternity care (i.e., beyond 3 months postpartum), or other infant and young child feeding indicators that are recommended to be measured by the World Health Organization. The absence of these data poses challenges in evaluating breastfeeding rates and measuring progress against targets.
2. The National Breastfeeding Action Plan has as one of its targets an annual 2% increase in "breastfeeding duration rates" but does not state how this will be measured.
3. The National Breastfeeding Action Plan has included the collection and reporting of data through maternity and child health data systems but does not state explicitly how this should be done.
4. There are also delays between data collection and its availability, as is common with routinely collected data. The last report containing accurate data on breastfeeding initiation and any/exclusive breastfeeding at hospital discharge was the Irish Maternity Indicator System National Report for 2021, which was published in May 2023.



Recommendations:

1. Develop an electronic child health record to collect and report on breastfeeding metrics. These metrics should include breastfeeding within an hour of birth, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding, and adequacy of complementary feeding, along with other indicators, as recommended by the World Health Organization.
 - A comprehensive IYCF survey should be completed every 5 years.
 - In addition, a discrete number of questions related to IYCF could be added to the Survey on Income and Living Conditions, which is a national survey of Irish households that is completed annually.
2. Monitor breastfeeding prevalence amongst subgroups such as racial/ethnic groups and socio-economic groups. This will provide valuable data to deliver group specific breastfeeding support and education programmes.
3. Formally list monitoring and evaluation of infant and young child feeding programs and practices as an activity within the next National Breastfeeding Action Plan; it is mentioned as a separate list of indicators to be monitored within the present plan, but there is no mention of how this is to be done. It is clear that monitoring is done, but developing a systematic plan for same would be beneficial.

Part II – IYCF Practices

In Part II, specific numerical data on each infant and young child feeding practice is requested. Those involved in this assessment are advised to use data from a random household survey that is national in scope¹⁶. The data thus collected is entered into the web- based printed toolkit. The achievement on the particular target indicator is then rated i.e., Red, Yellow, Blue and Green. The cut off points for each of these levels of achievement were selected systematically, based on an analysis of past achievements on these indicators in developing countries. These are incorporated from the WHO's tool.

Definition of various quantitative indicators have been taken from "WHO's Indicators for assessing infant and young child feeding practices – 2008."

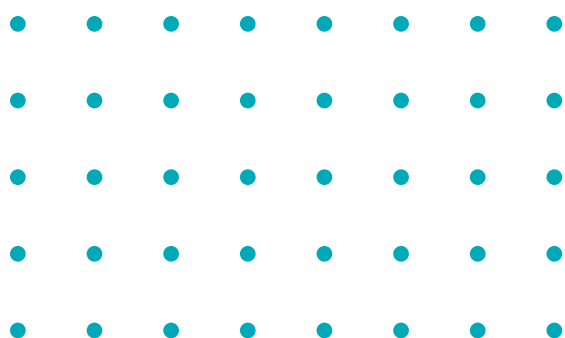
Preferably, data should have been collected in past five years. The most recent data should be used, which is national in scope.

¹⁶ One source of data that is usually high in quality is the Demographic and Health Survey (DHS) (4) conducted in collaboration with Macro International and national research organizations, with support from USAID. If this source of data is used the data are likely to be comparable across countries. Other sources of data include UNICEF's Multiple Indicator Cluster Surveys (MICS) (5) and the WHO Global Data Bank on Breastfeeding (6). In some countries recent national surveys may have been conducted. It is important to assess the scope and quality of any data sources being considered for use.

Indicator 11: Initiation of Breastfeeding (within 1 hour)

Key question:

What is the percentage of newborn babies breastfed within one hour of birth?



Assessment

Indicator 11: Initiation of Breastfeeding (within 1 hour)		
Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
0.1-29%	Data not available	Red
29.1-49%		Yellow
49.1-89%		Blue
89.1-100%		Green

Data Source (including year):

There are no national data routinely collected describing *early* initiation of breastfeeding (i.e., breastfeeding within the first hour of life). At present, Ireland collects data on the proportion of babies who were breastfed as their first feed following birth (breastfeeding initiation), which is reported on the Irish Maternity Indicator System. However, data related to the timing of the first feed are not collected.

As is common with routinely collected health information, there is a lag between data collection and data publication. The most recent data available come from the Irish Maternity Indicator System 2021, which shows that 63.1% of babies were breastfed at their first feed following birth. Many births in Ireland are medicalised, with a caesarean section rate of 36.6% in 2021 (which has steadily increased from 25.2% in 2008) (National Women and Infants Health Programme 2021). This may mean that some babies are not ready to feed in the first hour after birth.

There is limited historical data on the prevalence of breastfeeding within the first hour after birth. Among 2,527 participants in a National Infant Feeding Survey (Begley et al. 2008), 55% (n=1,375) ever breastfed and 68% of these (n=935) put their baby to the

breast within one hour of birth. These data come from a volunteer sample of women who gave birth in Ireland during April 2008. All women who gave birth to a live baby at 24 weeks gestation or greater in the 20 maternity hospitals/units (or in the care of the 19 independent midwives) in the Republic of Ireland were invited to take part. It is unclear whether this sample was representative of the general population of new mothers.

However, assuming that approximately 68% of all those who initiate breastfeeding put their baby to the breast within one hour of birth and applying this figure to present-day data, the Core Group estimate that approximately 43% (68% of 63.1%) of Irish babies are breastfed within the first hour of life.

Additional Information

Based on data from the Irish Maternity Indicator System, in 2021, 63.1% of babies initiated breastfeeding. Subsequently, 36.8% were exclusively breastfeeding on discharge having only received breast milk and no other food or drink since birth, meaning that 26.3% had received infant formula. This means that of all infants who initiated breastfeeding, 41.6% of them received infant formula prior to discharge (National Women and Infants Health Programme 2021).

Data from a large survey completed in early 2022 provide some more information about the use of infant formula in the maternity unit. This survey was completed by 5,412 participants who had breastfed or considered breastfeeding and whose babies were born between 2019 and 2021. The sample was large, but not nationally representative; however, it gives an indication of the experiences of those who wished to breastfeed. A recently published paper about participant's experiences in the maternity unit described how infant formula was often used as a solution to breastfeeding related

problems, and in some cases how mothers self-discharged themselves home from the maternity unit to avoid using infant formula (Lawlor, et al. 2023).

In terms of delivery mode, in 2021 49.9% of deliveries were non-operative/non-instrumental vaginal deliveries, 13.5% were operative or instrumental vaginal deliveries, and 36.6% of deliveries were by Caesarean section (National Women and Infants Health Programme 2021).



Indicator 12: Exclusive Breastfeeding under 6 months

Key question:

What is the percentage of infants less than 6 months of age who were exclusively breastfed¹⁷ in the last 24 hours?



¹⁷ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Assessment

Indicator 12: Exclusive Breastfeeding under 6 months		
Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
0.1-29%	Data not available	Red
29.1-49%		Yellow
49.1-89%		Blue
89.1-100%		Green

Data Source (including year):

There are no national data routinely collected describing the proportion of infants under 6 months who are exclusively breastfeeding.

The prevalence of any and exclusive breastfeeding 3 months postpartum is recorded by the public health nurse. In 2022, 31.1% of babies were exclusively breastfed at their 3-month visit with the public health nurse (Health Service Executive 2023b). This is the only time after the first week of life and under 6 months that parents are routinely asked about their infant feeding behaviours in Ireland. Given that just under 37% of babies are exclusively breastfeeding at hospital discharge, and 31.1% are exclusively

breastfeeding at 3 months postpartum, the Core Group can only offer an educated guess on the prevalence of exclusive breastfeeding under 6 months as being between a range of 11.1% and 49%.

Historical data from the Growing Up in Ireland (GUI) Study, a government-funded nationally representative cohort study conducted in 2008, are available on this topic. Among 11,134 nine-month-old children in the GUI '08 study, 56% had ever been breastfed. Only 6% of the children who had ever been breastfed were being exclusively breastfed by the time they were 6 months old (i.e., at 6 months). This is less than 3% of all the children in this cohort (Layte and McCrory 2014).

Indicator 13: Median Duration of Breastfeeding

Key question:

Babies are breastfed for a median duration of how many months?



Assessment

Indicator 13: Median Duration of Breastfeeding		
Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
0.1-18 months	Data not available	Red
18.1-20 months		Yellow
20.1-22 months		Blue
22.1-24 months or beyond		Green

Data Source (including year):

There are no national data routinely collected that would allow the calculation of the median duration of breastfeeding, nor to calculate continued breastfeeding at 1 and 2 years.

Again, historical data from the GUI (2008) study, a government-funded nationally representative cohort study conducted in 2008, can provide some information here. Just 11% of the 11,116 participants who answered questions related to breastfeeding

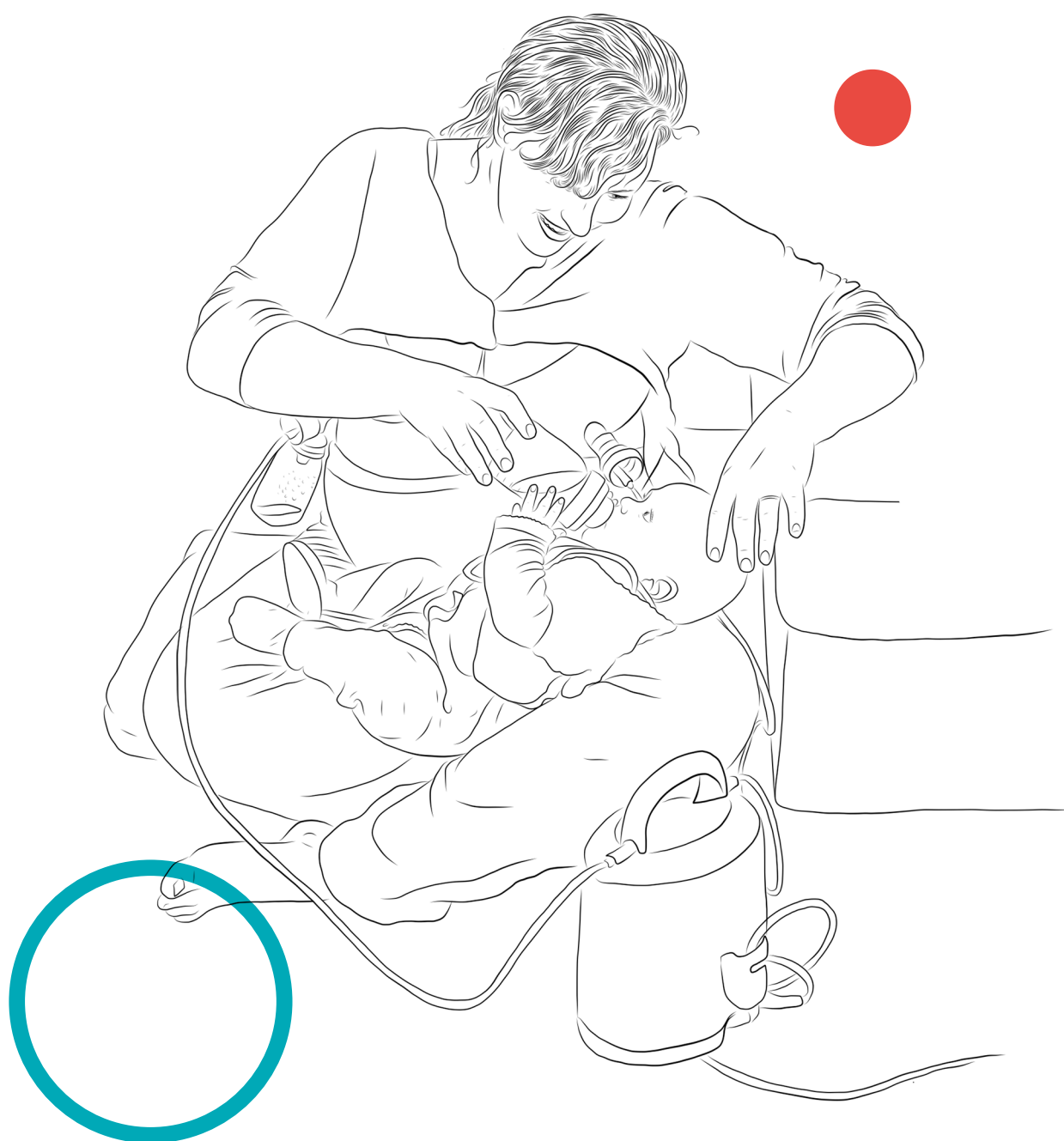
were still breastfeeding at the time of the interview (when their child was 9 months old). The age at which 50% or fewer of those who had ever breastfed were still being breastfed was approximately 3 months (Layte and McCrory 2014).

The Core Group feel, given the consistently low breastfeeding rates in Ireland, that it is reasonable to estimate that the median duration of breastfeeding falls within the 0.1-18 months bracket, and most likely falls at the lower end.

Indicator 14: Bottle-feeding

Key question:

What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?



Definition of the indicator: Proportion of children 0–12 months of age who are fed with a bottle

Indicator 14: Bottle-feeding (0-12 months)		
Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
29.1-100%	Data not available	Red
4.1-29%		Yellow
2.1-4%		Blue
0.1-2%		Green

Data Source (including year):

There are no national data routinely collected that would allow the calculation of the percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breast milk) from bottles.

According to the Irish Maternity Indicator System, 63.1% of babies born in 2021 recorded any breastfeeding, and 36.8% of babies had exclusively breastfed from birth and were exclusively breastfeeding at hospital discharge (approx. day 3 of life) (National Women and Infants Health Programme 2021). This means that by approx. day 3 of life, 63.1% of infants have consumed some infant formula; this is typically provided using a bottle.

Based on 2021 public health nurse visit data, 39.5% of babies were breastfed (exclusive

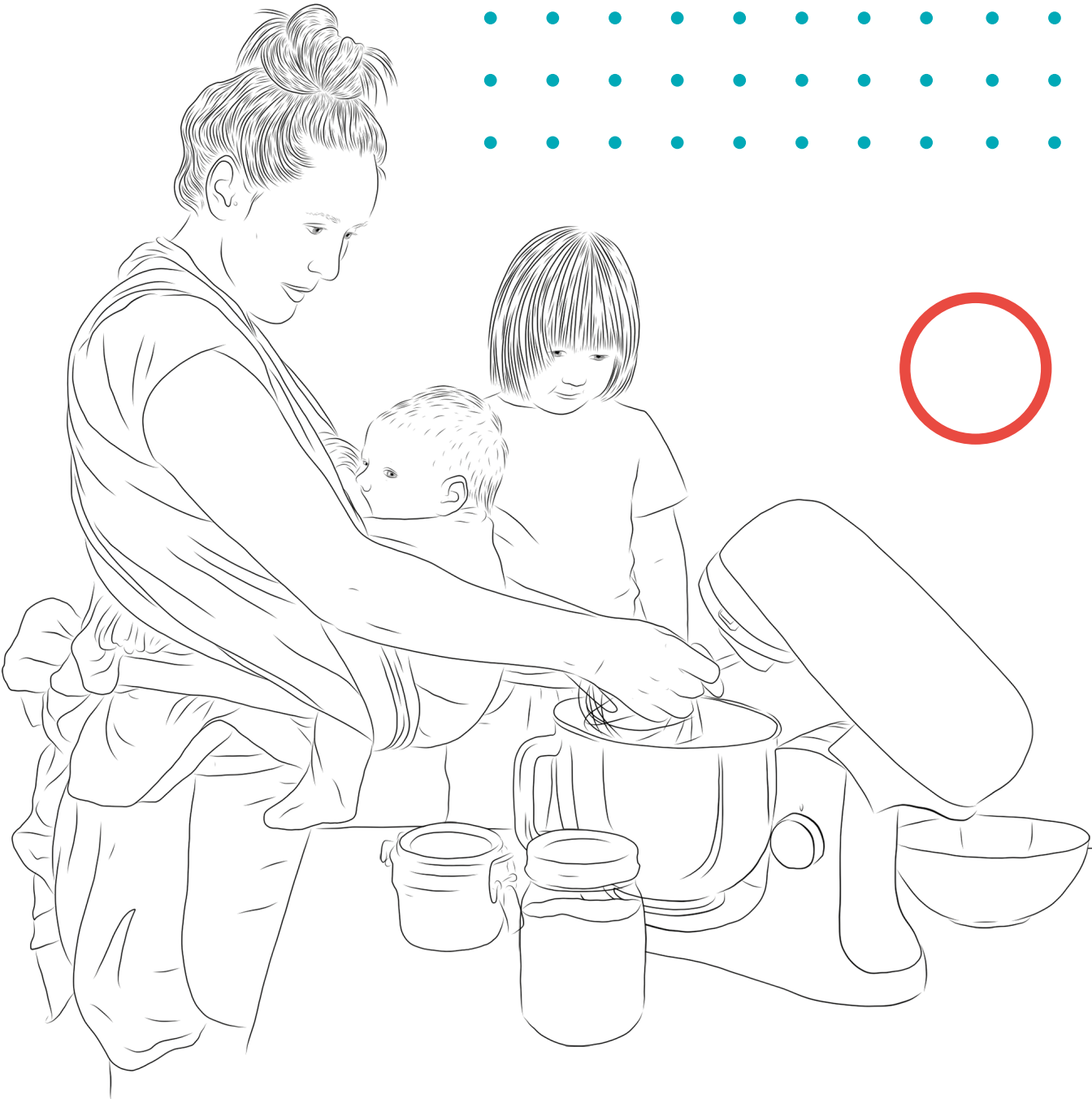
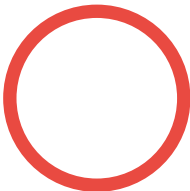
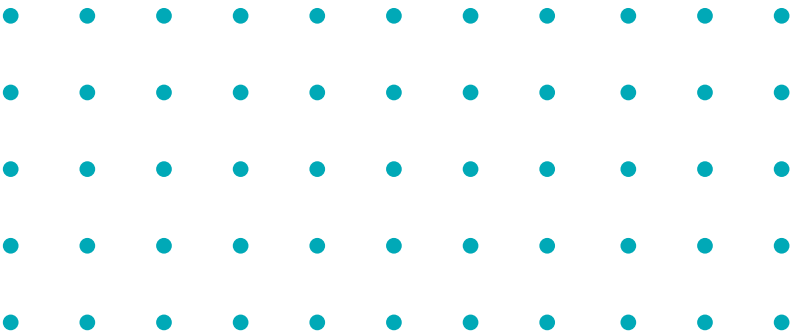
and non-exclusive) at 3 months and 35.4% were exclusively breastfed (Health Service Executive 2021). Those who were not exclusively breastfed were most likely consuming infant formula from a bottle. As such, one can estimate that at least 64.6% of babies were fed from a bottle by 3 months. Of those who were exclusively breastfeeding at 3 months in 2021 (35.4%), it is likely that some babies were being fed breast milk from a bottle, but no data are currently collected on the feeding of expressed breast milk.

In addition, historical data from the GUI (a government-funded nationally representative cohort study conducted in 2008) indicate that almost 97% of children in the 2008 infant cohort were fed formula at some point in their first 9 months of life (Layte and McCrory 2014). Though the report does not mention that this was fed by bottle, that would be the cultural norm in Ireland.

Indicator 15: Complementary Feeding (6-8 months)

Key question:

Percentage of breastfed babies receiving complementary foods at 6-8 months of age?



Definition of the indicator: Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

Assessment

Indicator 15: Complimentary feeding (6-8 months)		
Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
0.1-59%	Data not available	Red
59.1-79%		Yellow
79.1-94%		Blue
94.1-100%		Green

Data Source (including year):

There are no national data routinely collected that would allow the calculation of the proportion of infants 6-8 months of age who receive solid, semi-solid or soft foods. In the GUI '08 cohort, nearly all (99%) children were eating solid foods regularly at the age of 9 months, among 10,938 children with valid data.

Additional Information

There is evidence that early introduction of complementary foods has historically been a problem in Ireland. Evidence, again from the GUI (2008) survey indicates that 13.5% of infants in the cohort had been regularly

consuming solid foods in the period between the 12th week of life and the 16th week of life, with the percentage increasing to 47% for the period between 16 and 20 weeks (Castro, Kearney, and Layte 2015). Data from infants born a few years prior to the GUI study confirm that early introduction of solid foods was a problem (Tarrant et al. 2010).

More-recent findings, published as an abstract in the Proceedings of the Nutrition Society, indicate that 6% of a convenience (not nationally representative) sample of 794 participants introduced complementary foods before the baby was 16 weeks old (Lawlor, O'Neill, et al. 2023). This piece of research was funded by the commercial milk formula industry.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Governance and Funding	9.5
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	3
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	6
4. Maternity Protection	8.5
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	7
6. Counselling Services for the Pregnant and Breastfeeding Mothers	5
7. Accurate and Unbiased Information Support	8
8. Infant Feeding and HIV	4
9. Infant and Young Child Feeding during Emergencies	0
10. Monitoring and Evaluation	5
Total Country Score	56

Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	Total Country Score	Colour-coding
0 – 30.9		Red
31 – 60.9	56	Yellow
61 – 90.9		Blue
91 – 100		Green

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	Red
Indicator 12: Exclusive Breastfeeding under 6 months	Red
Indicator 13: Median Duration of Breastfeeding	Red
Indicator 14: Bottle-feeding (0-12 months)	Red
Indicator 15: Complementary Feeding (6-8 months)	Red

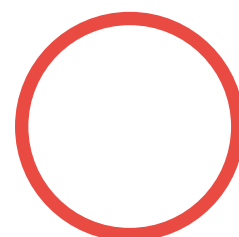
Conclusions

The WBTi tool allows countries to assess their strengths and weaknesses with respect to breastfeeding policies, programmes, and practices. It is clear from Ireland's first report that while Ireland is performing well on some policy and programme indicators, this is not translating into positive scores for indicators relating to infant feeding practices. Recent surveys of mothers and parents also indicate that service user satisfaction with breastfeeding-related care is sub-optimal.

Breastfeeding protection, promotion, and support needs greater prioritisation within all sectors of society in Ireland, beginning with the Government who should set a clear example by adopting the recommendations made in this report, thus indicating that they value breastfeeding, and the contribution breastfeeding makes to society. With the Government championing the actions and recommendations outlined in this report, we look forward to seeing other sectors of society follow suit so that Ireland becomes a society where breastfeeding is protected,

promoted, supported, and cherished and all women who choose to breastfeed are supported to meet their goals.

The WBTi-Ireland Core Group wish to call members of government, policy makers, the Health Service Executive, the Food Safety Authority of Ireland, individual healthcare professionals, and all those in positions of power to action on the above recommendations, and those made throughout this document. Together, we can make substantial changes to our system to ensure that mothers and families receive the consistent, timely, evidence-based support and care they want and deserve. We look forward to repeating this report in 3-5 years and showcasing the positive strides that have been made.



Appendix I

The protection, promotion and support for breastfeeding is outlined in other related government strategies and implementation plans since the publication of the HSE's breastfeeding action plan:

- Health Service Executive: [Health Services Healthy Ireland Implementation Plan \(2023 –2027\)](#)

Actions for promoting healthy childhood: Increase rates of breastfeeding through the provision of various infant feeding supports, addressing the marketing of commercial milk formula, and creating awareness of infant feeding in education sectors, communities, and Local Authorities (page 22).

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

Outlines the Traveller health inequalities that need to be addressed in the 5 years of the Plan and beyond, including maternity and postnatal care for women and babies. "Pavee Mothers," an initiative designed by Traveller women for Traveller women that provides information about breastfeeding (among other things) is noted in the action plan as an example of good practice (page 55).

- Health Service Executive/Royal College of Physicians of Ireland: [Model of Care for the Management of Overweight and Obesity \(2021\).](#)

This document describes the availability of breastfeeding groups, supports and weaning workshops within community services as a first tier of support for health promotion and community programmes (page 39). It also emphasises the importance of encouraging and supporting breastfeeding both antenatally and postnatally (pages 23 & 83).

- Health Service Executive: [A Healthy Weight for Ireland Obesity Policy and Action Plan \(2016-2025\).](#)

This policy highlights that breastfeeding is a significant protective factor against obesity in children. It recommends:

- Implementation and monitoring of the breastfeeding action plan, including investing in additional supports and social marketing (page 47) and
- Monitor compliance with the WHO Code of Practice on the Marketing of Breastmilk Substitutes (page 38).

- Health Service Executive: [Healthy Weight for Children HSE Action Plan \(2021–2023\).](#)

Actions as listed relating to implementation of national antenatal education programme, implementation of workplace policies and guidelines, HSE workplace policy, and completion of HSE eLearning modules on breastfeeding and infant feeding by staff working in maternity, child health and primary care (pages 4 & 6).

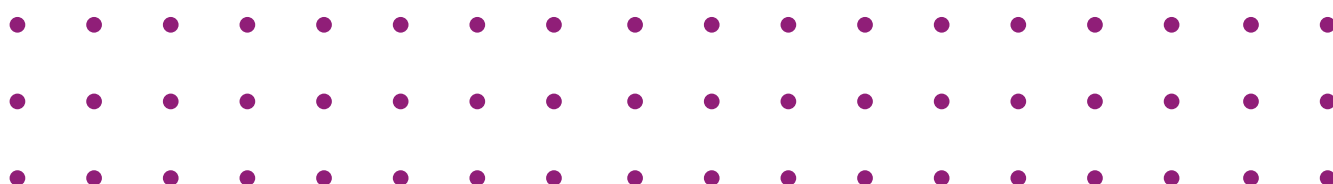
- Department of Children, Equality, Disability, [Integration and Youth: First 5 Strategy 2019 – 2028](#) and [Implementation Plan \(2023–2025\)](#)

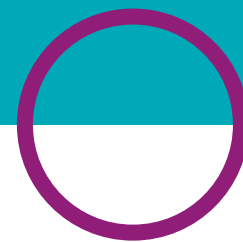
Whole-of-Government strategy to improve the lives of babies, young children, and their families. It is a ten-year plan to help make sure all children have positive early experiences and get a great start in life. Actions:

- Continue progress towards the breastfeeding target rate set out in the National Breastfeeding Action Plan (i.e., annual 2% increase in breastfeeding duration rates over the period 2016–2021) (page 132).” is to be replaced with “Increase rates of breastfeeding (towards the breastfeeding target rate set out in the National Breastfeeding Action Plan, i.e. annual 2% increase in breastfeeding duration rates (page 44).
 - To meet this target, a) continue to support mothers to breastfeed through the public health nurse service, b) implement standardised breastfeeding policies, and c) provide clinical specialist posts in both primary care and maternity hospitals as per the key actions of the National Breastfeeding Action Plan (page 132).” is to be replaced with “To meet this target, a) progress actions outstanding from HSE’s breastfeeding action plan 2016–2021. b) provide clinical specialists, support and peer staffing in both primary care and maternity hospitals, to target mothers less likely to breastfeed.
 - Develop policy relating to restricting the marketing of foods and beverages that are the subject of public concern in respect of the general public health interests of children and work with the Food Safety Authority of Ireland, Coimisiún na Meán and other key stakeholders to support implementation of such policy, including through, for example, the development of relevant media services and online safety codes as provided for under sections 46N(7) and 139K(5) of the Online Safety and Media Regulation Act 2023 (page 48).
- The Oireachtas Committee on the Future of Healthcare: [The Sláintecare Report](#) and Sláintecare Implementation Strategy & Action Plan 2021–2023

Cross-party consensus on a new model of healthcare to serve the Irish people over the next ten years. The Committee’s agreed vision is for a universal single-tier health and social care system where everyone has equitable access to services based on need and not ability to pay.

Patients accessing care at the most appropriate, cost-effective service level with a strong emphasis on prevention and public health. Improvements in breastfeeding supports are aligned with Strategic Actions 3 & 5 to improve the availability of public free skilled supports in local communities and targeting areas of low breastfeeding rates.





Indicator 1:

Sources for each of the criteria in the table are outlined below:

1.1:

- [Breastfeeding in a Healthy Ireland, Health Service Breastfeeding Action Plan 2016 – 2021](#) (later extended to 2023).
- [First 5: A whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028.](#)

1.2: See Page 5 of the Action Plan in 1.1

1.3: The targets to be achieved are outlined on page 7 and the aims, objectives and timelines are outlined on pages 8-16” of the Action Plan in 1.1.

1.4: [The Minister for Health announced funding of 1.58 million euro in 2021](#) to provide additional lactation support services. With a birth rate of approximately 57,540 births in Ireland, an investment of €1.58 million equates to €27.45 per birth.

1.5: The membership and terms of reference for the National Breastfeeding Implementation Group can be found in Appendix 1 of their [update](#), published 2017.

1.6: Evidence of the work of the National Breastfeeding Implementation Group, and the monitoring of the progress of the Breastfeeding Action Plan, can be seen through the publication of various progress reports:

- Report of the review of breastfeeding resources in Maternity Hospitals/Units and Community Health Organisations, i.e., [The Mapping Project 2017](#).
- [Progress reports for the National Women and Infants Health Programme.](#)
- [Healthy Ireland in the Health Service progress report 2015-2020.](#)
- [The National Maternity Experience Survey \(2020\).](#)

1.8: There are 3 relevant posts – National breastfeeding coordinator, assistant national breastfeeding coordinator, and Baby Friendly Initiative project coordinator, as listed in the [National Standards for Infant Feeding in the Maternity Services \(2022\)](#).

Indicator 2:

Sources for each of the criteria in the table are outlined below:

2.2: [The National Standards for Infant Feeding in the Maternity Services, published 2022](#), indicate that Clare Kennedy is Project Coordinator for HSE Baby Friendly Initiative.

2.3: See Standards for criterion 2.2.

2.5: The self-assessment cycle is a three-year period, as outlined on the [National Women and Infants Health Programme website](#).

2.6: See Standard 5.3 in the Standards for criterion 2.2.

Indicator 3:

Sources for each of the criteria in the table are outlined below:

3.7: The legislation regarding the marketing and promotion of infant formula is described on the [website of the Food Safety Authority of Ireland](#) and within [S.I. No. 852 \(2007\)](#).

3.9: Though some provisions moderately aligned with the WHA resolutions listed are included in Irish legislation, Irish legislation regarding marketing and promotion of commercial milk formulae is strongest for products marketed for infants up to the age of 6 months. WHA resolutions refer to all commercial milk formulae for infants and children up to the age of 36 months.

3.10: See [service contract between the FSAI and the HSE](#).

3.11: See [S.I. No. 425 \(2019\)](#), i.e., the Principal Regulations. Regulation 30 states that: “30. (1) A person who is guilty of an offence under these Regulations is liable—

(a) on summary conviction, to a class A fine or at the discretion of the Court to imprisonment for a term not exceeding 6 months, or both, or

(b) on conviction on indictment, to a fine not exceeding €500,000, or imprisonment for a term not exceeding 3 years, or both.

3.12: Although a service contract between the FSAI and the HSE exists, the Core Group have not been able to locate formal evidence of any proactive monitoring of the regulations relating to the advertising, marketing, and promotion of infant formula taking place beyond voluntary monitoring.

3.13: To the best of our knowledge, no violators of the law have been sanctioned (i.e., fined or prosecuted) during the last three years.

Indicator 4:

Sources for each of the criteria in the table are outlined below:

4.1 [Maternity Protection Act, 1994 \(irishstatutebook.ie\)](#) and <https://app.isocomplianceregister.co.uk/article/maternity-protection-amendment-act-2004>

4.2 [Work Life Balance and Miscellaneous Provisions Act 2023 \(irishstatutebook.ie\)](#)

4.3 [Maternity Protection Act, 1994 \(irishstatutebook.ie\)](#) and <https://app.isocomplianceregister.co.uk/article/maternity-protection-amendment-act-2004>
[Work Life Balance and Miscellaneous Provisions Act 2023 \(irishstatutebook.ie\)](#)

4.4 [Work Life Balance and Miscellaneous Provisions Act 2023 \(irishstatutebook.ie\)](#)

4.5 [Maternity Protection Act, 1994 \(irishstatutebook.ie\)](#) and
<https://www.irishstatutebook.ie/2001/en/act/pub/0045/index.html?q=protection+of+employees+part+time+work+2001>
<http://www.irishstatutebook.ie/eli/1999/si/321/made/en/print>

4.6 [Terms of Employment \(Information\) Act, 1994 \(irishstatutebook.ie\)](#)

4.7 & 4.8 <http://www.irishstatutebook.ie/2016/en/act/pub/0011/index.html?q=paternity+leave>

4.9 [S.I. No. 328/2005 - Safety, Health and Welfare At Work Act 2005 \(Commencement\) Order 2005 \(irishstatutebook.ie\)](#) and [S.I. No. 299/2007 - Safety, Health and Welfare at Work \(General Application\) Regulations 2007 \(irishstatutebook.ie\)](#)

4.10 [Irish Statute Book](#)

Indicator 5:

Sources for each of the criteria in the table are outlined below:

5.1: The Core Group are of the opinion that the key healthcare professionals who should obtain education and training related to IYCF include midwives, public health nurses, IBCLCs, GPs, obstetricians, paediatricians, other medical doctors, pharmacists, dietitians, and any healthcare professional likely to encounter a breastfeeding mother. At present, only midwives and public health nurses have a requirement for breastfeeding education/ training incorporated into the registration requirements. Given that midwives and public health nurses are the only healthcare professionals routinely receiving this education and training, when averaged across all healthcare professionals, the average content/skills training received by all healthcare professionals is low.

- Page 23 of the [Midwife Registration Programme Standards and Requirements](#), principal 3: quality of practice years 1-4, competency in relation to breastfeeding.
- Page 9 of the [Public Health Nursing Education Programme Standards and Requirements](#) refers to training in relation to breastfeeding.
- [ICGP Curriculum for GP Training in Ireland, 2016.](#)
- [Basic Specialist Training in Paediatrics, 2023.](#)
- [Basic Specialist Training in Obstetrics and Gynaecology, 2023.](#)
- [Standards of Proficiency for Dietitians, 2019](#)
- [Core Competency Framework for Pharmacists, 2022](#)

5.2: A [National Maternity Strategy](#) titled “Creating a Better Future Together” and a [National Infant Feeding Policy for Maternity and Neonatal Services](#) have been circulated to all maternity units and is available online.

5.3: Infant feeding training modules are available on [HSeLanD](#).

5.4: In 2021, the HSE implemented a [Policy on the Marketing of Breast Milk Substitutes](#). They have developed a user-friendly [Fact Sheet](#) for healthcare professionals describing the WHO Code of Marketing of Breast-milk Substitutes, and also a [guide describing how healthcare professionals can work within the Code](#). This policy applies to all employees of the HSE. The [Guide to Professional Conduct and Ethics for Registered Medical Practitioners](#), 2019, makes no mention of the Code of Marketing of Breast-milk Substitutes.

5.5 and 5.6: See the [Practical Guide to Newborn Bloodspot Screening in Ireland](#). The [NCCP training programme](#) is available through HSeLanD for healthcare professionals.

5.7: Children’s Health Ireland, the entity that governs and delivers acute paediatric services currently at Crumlin, Temple Street and Tallaght Hospitals, provide information on their website about [parent accommodation](#). Children’s Health Ireland also have information about breastfeeding and expressing on their website, specifically stating that “You are welcome to

breastfeed your child anywhere on the grounds of our hospitals. However, if you would like a private breastfeeding or expressing space please ask a member of staff for assistance.” Tallaght University Hospital has [information online](#) about supports provided to breastfeeding women who are patients of the hospital. In addition, the Core Group have also seen the policy of Cavan and Monaghan Hospital, which is not publicly available.

Indicator 6:

Sources for each of the criteria in the table are outlined below:

6.1:

- The [National Standards for Antenatal Education in Ireland](#) were published in 2020 and they outline the components of high quality antenatal education.
- Women in Ireland on their first pregnancy are [entitled to paid time off work](#) to attend a small number of antenatal classes at which they may be provided with education and/or counselling about breastfeeding. Breastfeeding classes are not mandatory for new mothers and those on subsequent pregnancies are offered a smaller suite of antenatal classes.
- Of note, [partners are also entitled to take time off work to attend the last 2 antenatal classes](#) in the standard series of classes received from the HSE during pregnancy.
- Women in Ireland do receive information about breastfeeding antenatally, findings from [Bainne Beatha and O’Sullivan](#) indicate that 71% of mothers attended an antenatal class organised by the maternity unit (attendance is not mandatory), and just over half found this helpful.

6.2: Results of the [National Maternity Experience Survey](#) indicate that 93% of respondents reported having skin-to-skin contact “shortly after the birth.” As there is no time defined, the Core Group cannot tell what proportion of this sample practiced skin-to-skin the first hour. It was reported in the HSE’s 2019 press release to National Breastfeeding Week that 86% of babies receive skin-to-skin contact after birth (Leitrim Observer Reporter 2019). Many births in Ireland are medicalised (induction, instrumental delivery, C-section, medication use during labour), and this may make breastfeeding in the first hour more difficult. As such, healthcare professionals may not be striving for skin-to-skin and breastfeeding exactly within the first hour.

6.3: Recent findings from [Bainne Beatha and O’Sullivan](#), and [Lawlor et al., 2023](#). In addition, findings from the [National Maternity Experience Survey](#) highlighted that 15% of a nationally representative sample of mothers did not get adequate support and encouragement from healthcare professionals with feeding their baby while in hospital. Based on a more-detailed report seen by the Core Group (not publicly available), 52% of respondents in the National Maternity Experience Survey always got adequate support and encouragement, 28% sometimes got adequate support and encouragement, and 5% felt they did not need support and encouragement.

6.4: A considerable amount of information is available for mothers in the community; some is routinely provided, and some can be actively sought:

- All parents are provided with physical resources from healthcare professionals; the [“My pregnancy”](#) and [“My child”](#) books that provide detailed information about infant and young child feeding. The My pregnancy book is given in the maternity unit at the first booking visit and the My child 0-2 book is given at the first postpartum visit from the public health nurse.
- The [“Ask the expert”](#) function on the mychild.ie website is available for those looking for breastfeeding assistance.

- The HSE provide [information on the local breastfeeding support groups and volunteers](#) available in each county.
- From the [National Maternity Experience Survey](#), one can see that 99.1% received a visit from a public health nurse in the early days postpartum but based on the [Bainne Beatha & O'Sullivan \(2022\)](#) Survey only 62% (of a cohort of breastfeeding mothers) indicated that their public health nurse was a source of breastfeeding support postpartum, and under half (45%) of all participants rate the support received from the public health nurse as positive.

6.5: Assuming the primary source of breastfeeding related support in the community postpartum comes from public health nurses (as stated by participants in the [Bainne Beatha & O'Sullivan study](#)), the Core Group can state that for infant and young child feeding is included on the curriculum for public health nurses, based on the [Public Health Nursing Education Programme Standards and Requirements, 2023](#). However, reports of maternal experiences suggest that there may be gaps in training and/or skills.

Indicator 7:

Sources for each of the criteria in the table are outlined below:

7.1: [See Breastfeeding in a Healthy Ireland, Health Service Breastfeeding Action Plan 2016 – 2021](#) (later extended to 2023).

7.2: See images above, and [“My pregnancy”](#) and [“My child”](#) books.

7.3: All events sponsored and run by the HSE are Code-compliant, as evidenced by the HSE [Policy on the Marketing of Breast Milk Substitutes](#).

7.4: See [Breastfeeding in a Healthy Ireland, Health Service Breastfeeding Action Plan 2016 – 2021](#) (later extended to 2023). Also, Department of Health dietary advice for young children, [“Healthy eating for 1-4 year olds”](#) describes breastfeeding until 2 years of age or beyond as the standard recommendation.

7.5: Evidence for the absence of something (e.g., commercial influence) is hard to display. However, the HSE have a [Policy on the Marketing of Breast Milk Substitutes](#) and any National Breastfeeding Week event sponsored by the HSE would be Code compliant and free from commercial influence.

7.6: Formula products on the market in Ireland provide guidance on how to safely prepare a bottle of formula, but again do not specifically state that there may be bacteria or pathogens present in the powder (Figure 6, above).

Indicator 8:

Sources for each of the criteria in the table are outlined below:

8.1.: [The Rainbow Clinic Guide](#) has not been updated since 2015.

8.2.: The Code is not mentioned in the guide indicated in 8.1.

8.3.: HIV is briefly mentioned in the 20-hour breastfeeding education received by midwives and public health nurses; this training is not received by all healthcare professionals. The

guidance currently available doesn't comment on the long-term health outcomes associated with breastfeeding, nor does it comment on any risks associated with combination feeding (breastfeeding along with the provision of infant formula).

8.4.: HIV testing and counselling are provided to all pregnant women, as evidenced by the [report from the HPSC](#). Counselling is offered at large tertiary hospitals so this may cause access problems for those living in remote areas.

8.5.: Ireland's [HIV antenatal screening programme](#) is in place to "identify women who are HIV positive so they can be offered immediate treatment for their own clinical benefit, to prevent transmission of HIV to their child and to prevent transmission of HIV to their sexual partners."

8.6.: The advice provided in Ireland in their [maternity guidelines](#) is that all HIV mothers/persons should formula feed their infants as the transmission rate is zero. Despite this, the HIV services are using the updated BHIVA guidelines, whose most recent Patient Information Leaflets advocate discussion of the benefits and risks of different feeding methods and encourage parents to make an informed and shared decision in the context of optimised HIV treatment. Increasingly, throughout high-income countries this shared decision-making process around infant feeding choice is happening, despite local maternity guideline saying that breastfeeding is contraindicated in mothers with HIV. This is the case in the [German 2023 WBTi](#) Submission, where they follow The Working Group of Scientific Medical Associations (AWMF) S2k guideline, which advocates 'a participatory process, weighing the benefits and risks' towards choice of infant feeding method, despite local German Maternity guidelines recommending formula feeding.

8.7.: Mothers are supported to formula feed, per the guidance followed for those with HIV. However, they are not provided with free infant formula.

8.8.: Per 8.7. Incongruence between national guidelines and BHIVA guidelines that are being followed.

8.9.: The Core Group are not aware of any ongoing research in this area in Ireland.

Indicator 9:

NA

Indicator 10:

Sources for each of the criteria in the table are outlined below:

10.2: See Appendix 3 of the [National Breastfeeding Action Plan 2016-2023](#) where the 2014 review of the 2005-2010 Action Plan (see 10.3 below) is discussed, showing that this review fed into the development of the most-recent plan.

10.3: See Institute of [Public Health in Ireland's review of the 2005-2010 Breastfeeding Action Plan](#).

10.4: Evidence from a recent [Parliamentary Question](#) indicate that politicians are kept informed of the progress of relevant IYCF programmes.

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