

**Citizens' Assembly Secretariat Note:  
Late submission received 9 March 2021**

# Bainne Beatha

Stories of Breastfeeding in Irish  
Maternity Hospitals





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# Executive Summary

## About Baine Beatha

This project began in response to a post on social media from Lord Mayor Hazel Chu asking for suggestions on how to improve breastfeeding support services. Deborah Byrne, a member of a small group of new mothers based in Dublin 7 who shared similar, mixed experiences of breastfeeding support services, decided to draw up a questionnaire to compile her own and her friends' responses.

The questionnaire spread organically in July 2020 through social media and received 145 unique responses. Deborah was then joined by Felicie Rahl (Research), Lucia Prihodova (Analysis) and Megan Etherton (Design & Illustration) and together we have compiled the data and stories that make up the Baine Beatha (Milk of Life) Project.

Additionally, we reviewed research evidence and policies on best practice for support of breastfeeding in maternity services. See 'Bibliography' for full details of references.



Twitter post by Hazel Chu, Aug 2nd, 2019

## Key findings

The majority of respondents were new mothers who gave birth within the last two years in one of the three Dublin maternity hospitals, with six respondents offering their feedback on home births, or hospitals outside the capital.

While some mothers were affected by the COVID-19 pandemic, the majority of the responses refer to refer to experiences pre-COVID-19.

Their experiences indicate that Dublin Maternity Hospitals are not yet fully compliant with the National Maternity Strategy 2016 - 2026 and the HSE Breastfeeding Action Plan 2016 - 2021, nor do they practise the WHO/Unicef breastfeeding guidelines.

## Breastfeeding rates

84% of women intended to exclusively breastfeed; 53% of women reported that they were exclusively breastfeeding after birth.

## Postpartum feeding challenges

9 in 10 mothers said that feeding did not go as planned and each experienced an average of three challenges which affected their ability to breastfeed.

## Hospital staff

37% of women reported that midwives seemed pro-breastfeeding but were too busy and overworked to provide the assistance needed.

27% of women reported lack of assistance in the hours post delivery.

29% of women said they received conflicting advice from hospital staff about how to breastfeed.

Qualitative data indicated that some physiological challenges were missed, and staff lacked up-to-date knowledge on breastfeeding.

Only 1 in 3 women felt fully supported in implementing their feeding goals.

## Promotion of Formula:

1 in 3 mothers were encouraged to give their babies formula, despite expressing wishes to breastfeed. No mothers reported the availability of human donor milk in lieu of formula.

Some mothers felt there was a disconnect between recommending breastfeeding and investing time and effort in helping mothers to get it right and felt that some staff preferred the convenience of formula as evidenced by the formula trolley.

Others commented that rather than taking the time to assist in latching, mothers were encouraged to pump as a quick fix solution.

## Antenatal education

1 in 3 mothers felt their antenatal classes didn't provide enough information on breastfeeding.

## Post-discharge

60% of women spent an average of €440 to get help with breastfeeding challenges through the hiring of private lactation consultants, breast pumps, tongue tie procedures and other feeding related expenses.

Only 1 in 4 mothers reached their feeding goals at the hospital and did not require any further support with breastfeeding after discharge.

## Call for action

We want the HSE to fully implement the National Maternity Strategy 2016 - 2026, HSE Breastfeeding Action Plan 2016 - 2021 and WHO/Unicef Breastfeeding Guidelines.

From the anecdotal evidence we

have gathered through this process, and having subsequently reviewed international evidence-based breastfeeding policies (see Appendix 1), it is clear that policies such as these are yet to be fully implemented in Ireland.

Based on our evidence review and

the themes that surfaced via our informal questionnaire, below is a summary of the key steps we believe are needed to improve breastfeeding support services in Ireland, and will help to ensure that they are accessible to mothers of all socioeconomic backgrounds.

- 1** Dedicated International Board Certified Lactation Consultants (IBCLC) who are at specialist competency level (as per HSE Competence Framework for Breastfeeding Support, 2015) available 24 hours per day in the maternity hospitals to assist mothers to establish breastfeeding.
- 2** Intensive feeding support in the immediate hours after baby's birth.
- 3** Early intervention when challenges with breastfeeding occur.
- 4** Mothers only discharged from lactation service once breastfeeding is fully established.
- 5** Facilitate regular training on breastfeeding for midwives and IBCLCs in line with up-to date evidence-based practice.
- 6** Access to in-depth, evidence-based antenatal classes on breastfeeding for all mothers.
- 7** Review of the policies on promotion and distribution of formula in maternity wards in line with international practice.
- 8** The National Maternity Experience Survey to expand questions on feeding to provide greater detail on breastfeeding rates and breastfeeding experiences in maternity care.
- 9** Annual audit of service users (mothers) to be carried out by the maternity hospitals to ascertain their experience of breastfeeding support from service providers.
- 10** Annual national campaign to inform and promote breastfeeding in Irish society.

## Purpose of this campaign

Our rationale behind setting up this campaign emerged out of the stories that surfaced via the questionnaire. We believe these stories are valuable, powerful ways of understanding women's experiences, and of

motivating change. In sharing them through this document, our online petition and our social media campaign which compares the questionnaire responses with the WHO/UNICEF Breastfeeding Guidelines, our intention is:

1. That our breastfeeding stories are heard, and open up a space for other women's voices to be heard.
2. That these stories mobilise those with the power to enable positive change to do so.

## How to help

If you would like to help support this campaign, you can add your voice via the online petition, or by following, engaging and sharing with us on social media.

You can also email us at [mailforbainnebeatha\[at\]gmail.com](mailto:mailforbainnebeatha@gmail.com) if you have feedback, comments, questions or suggestions.

## Sign and share the petition: Join us on social media:

<https://my.uplift.ie/p/bainnebeatha>

Twitter @bainnebeatha

Facebook @bainnebeatha

Instagram @bainnebeatha



# About this work

## An informal questionnaire

This project began in response to a tweet from Lord Mayor Hazel Chu asking for suggestions on how to improve breastfeeding support services.

Deborah Byrne, a member of a small group of new mothers based in Dublin 7 who shared similar experiences of breastfeeding support services, decided to draw up a questionnaire to compile her own and her friends' responses. The questionnaire spread organically through social media in July 2020 and received 145 unique responses.

Deborah was then joined by Felicie Rahill (Research), Lucia Prihodova (Analysis) and Megan Etherton (Design & Illustration) and together we have compiled the data and stories that make up the Baine Beatha (Milk of Life) Project.

Additionally, we reviewed research evidence and policies on best practice for support of breastfeeding in maternity services. See 'Bibliography' for full details of references.

## Questionnaire format

It's important to note that this questionnaire was not professionally designed, did not seek ethics approval, and the design of questions may have skewed the results.

Participants for the questionnaire were reached organically, through sharing of the survey link, and no efforts were made to ensure a representative spread of experiences were sought.

In publishing the results of the questionnaire, it is intended that the experiences of the small number of participants are shared in order to engender common ground for discussion and change.

# About the team

Inspired by our experiences of Irish Maternity units, this is a campaign led by four mothers to improve Irish breastfeeding support services.

We are running this campaign in our spare time, without funding or affiliations.

Our motivation for change is based on ours and our friends' experiences and wanting to change things for the better.

If you would like to contact us directly, our email address is [mailforbainnebeatha\[at\]gmail.com](mailto:mailforbainnebeatha@gmail.com)



## Deborah Byrne

Deborah is a part time money adviser, occasional music-maker and full time mother to a 15 month old little adventurer. Deborah created and circulated the original questionnaire, and brought the Baine Beatha team together.

## Felicienne Rahill

Felicienne is a mother of a fun and energetic 12 month old, a speech and language therapist and lover of yoga. She has a passion for research and evidence based practice within healthcare and education. She contributed to data analysis and provided the research framework for the Baine Beatha project.

## Lucia Prihodova

Lucia is a mama of 15 month old wildling, a researcher and a wayfarer. Lucia led the analysis of the surveys and stories submitted as a part of the Baine Beatha project.

## Megan Etherton

Megan is a mother and strategic designer who applies her training in architecture to systemic challenges. She was last to join the team and helped develop the visual elements of Baine Beatha.

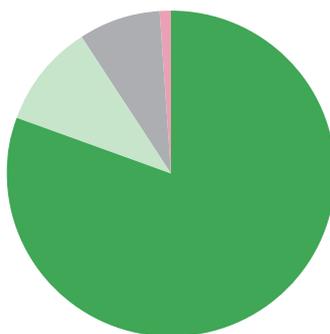
# Demographics

## Who responded

The majority of respondents gave birth within the last eighteen months in one of the three Dublin maternity hospitals, with six respondents offering their feedback on hospitals outside the capital.

## Location

The vast majority of mothers that filled in the survey were from Dublin and surrounding counties [88%]. There were also some responses from Connacht/Munster [1%].

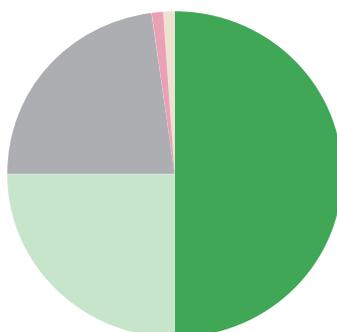


- 80% Dublin
- 10% Unknown
- 8% Dublin commuter counties
- 1% Connacht/Munster

Source: Question 1 (see Appendix 1)

## Hospital

When it comes to the maternity hospital, half of the mothers attended the National Maternity Hospital [50%], with the rest attending the Coombe [25%], Rotunda [23%] and other hospital.

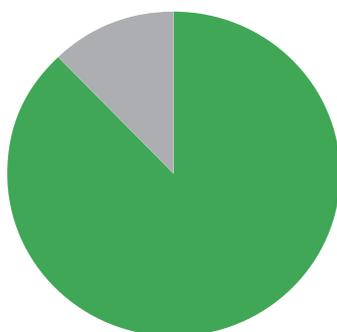


- 50% NMH (Holles Street)
- 25% CWIUH (Coombe)
- 23% Rotunda
- 1% CUMH (Cork)
- 1% Other

Source: Question 2 (see Appendix 1)

## Child's age

Most mothers were new mothers, having given birth in the previous 24 months [89%].



- 89% gave birth in previous 24 months
- 11% gave birth more than 24 months ago

Source: Question 3 (see Appendix 1)

# Experiences overview

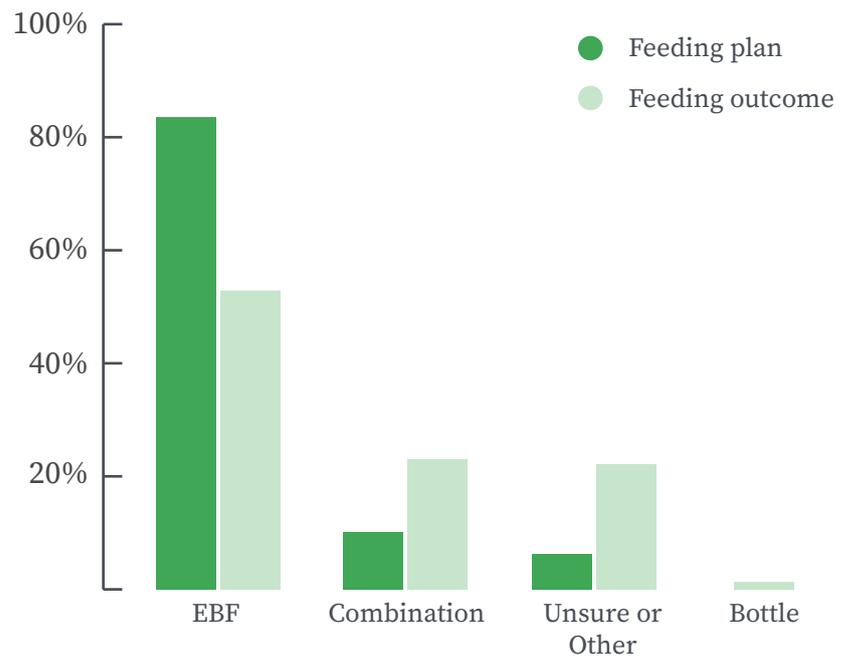
## Outcomes and satisfaction

The diagrams below summarise the responses to questions 4,5 and 6 and highlight that a large proportion of respondents went on to experience satisfaction with their feeding outcomes, although almost half had a difficult or ‘rocky’ start to their journey.

### Feeding plans vs outcomes

When asked about their feeding plans before their babies were born, almost all were planning on breastfeeding, either exclusively (EBF) [84%] or in form of combination feeding [10%]. The remaining mothers did not have clear feeding plans.

After the birth, just over half of mothers exclusively breastfed their babies, with the rest either combination feeding or bottle feeding.

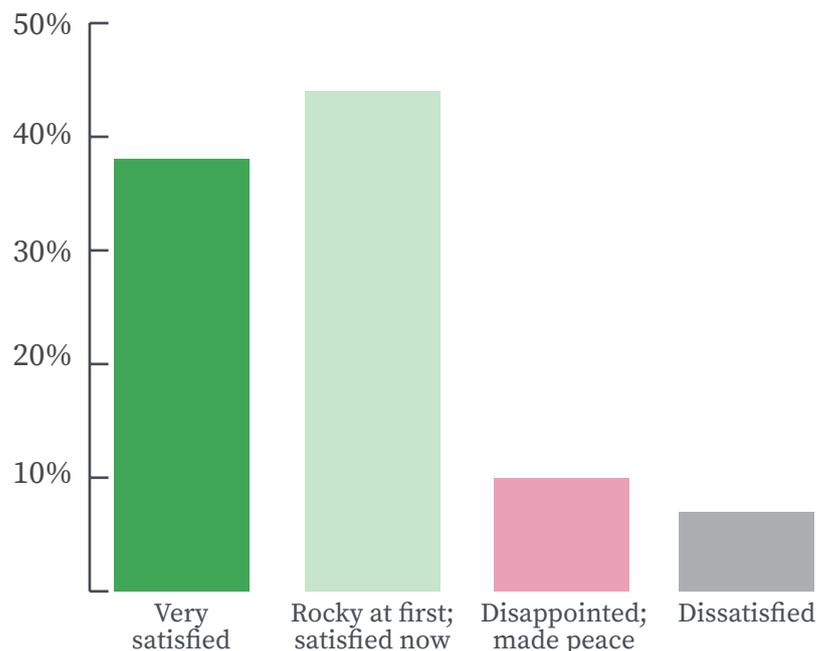


Source: Questions 4 and 5 (see Appendix 1)

### Satisfaction

When asked how satisfied they were with meeting their feeding goals, almost half described their initial breastfeeding experiences as “rocky”.

One in five said they were disappointed with their breastfeeding experience and only one third indicated they were very satisfied.



Source: Question 6 (see Appendix 1)

# Roadblocks

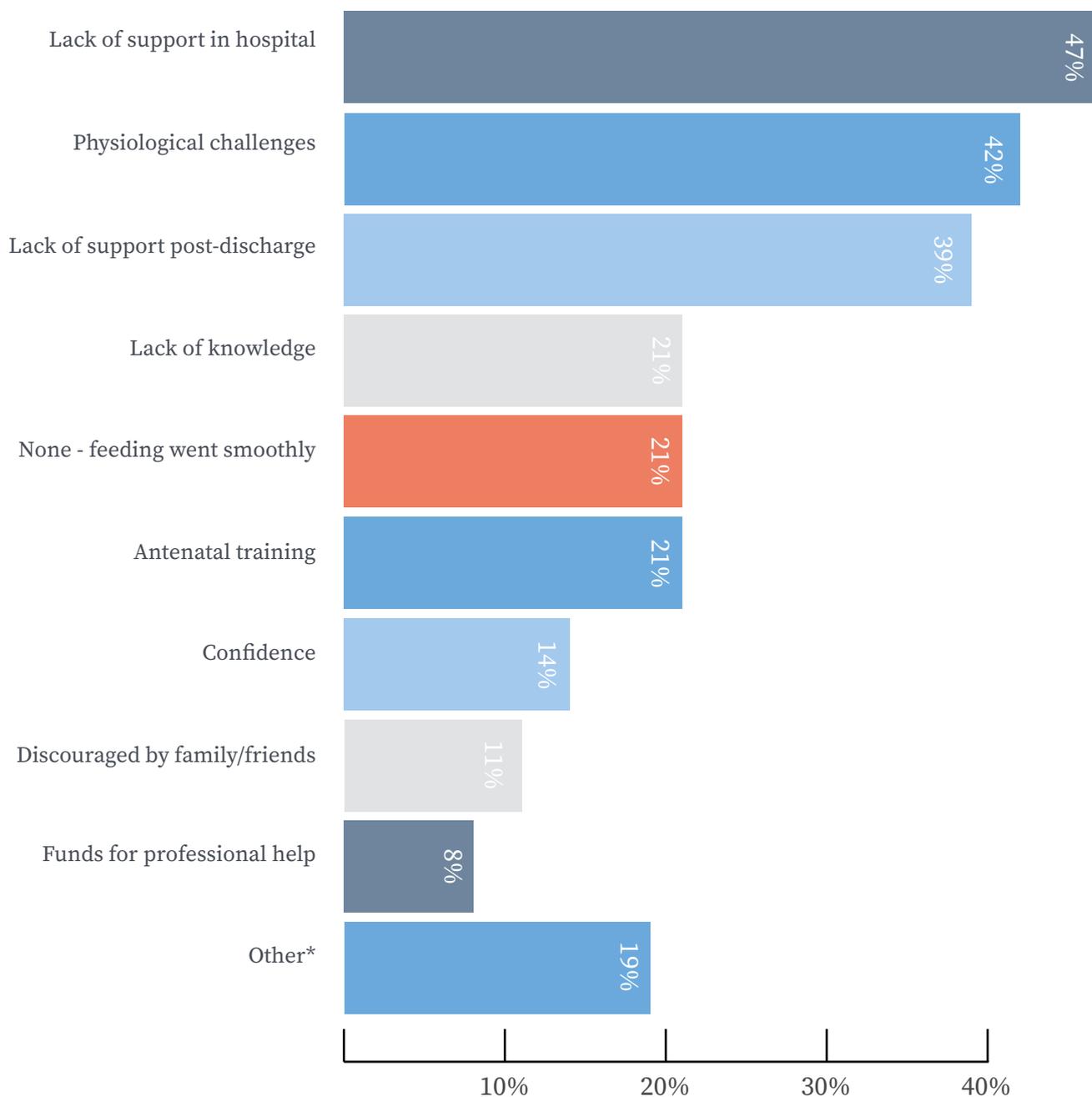
## Main roadblocks

One in five respondents indicated that for them, feeding went smoothly and they didn't encounter any roadblocks in meeting their feeding goals.

Out of the remaining women 30% reported one, 16% two, 32% three to four and 9% five and more roadblocks.

The most commonly reported roadblocks were: lack of support in hospital (47%) and once discharged (39%), physiological challenges (42%) and lack of antenatal training (21%) and knowledge on breastfeeding (21%). Respondents also indicated they were discouraged by their families (11%) and were not able to afford professional help.

### Q. 7 Which do you believe were the roadblocks to you meeting your feeding goals? Check all that apply.



## Other roadblocks

One in five also indicated they faced other roadblocks.

### Access to support

Difficulty accessing support, for some exacerbated by the COVID-19 crisis.

**“Lockdown and the difficulties in accessing supports as a new mother”**

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### Clinical reasons

Clinical issues, such as low weight gain/ low sugar

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### Information needs

Need for more information on breastfeeding both for themselves and staff, as some reported receiving inconsistent advice, late or missed diagnosis of tongue tie or feeling pressured to introduce formula.

**“I kept thinking I was doing it wrong because it was taking so long.”**

**“Unfortunately, I did not feel my public health nurse listened to what my goal was and was focusing only on numbers.”**

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### Personal issues

Personal roadblocks, such as having to also juggle additional tasks, e.g. meeting the needs of older children, or dealing with the challenge of breastfeeding unsupported.

**“I had very limited family support so I could not recover my own strength enough for my supply to come in.”**

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### Previous experience

Previous experience as an enabler of successful breastfeeding with their next child.

**“This is my second child so I had the knowledge and confidence.”**

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Source: Question 7 (see Appendix 1)

# Challenges

## Summary

Just one in 10 mothers said that feeding went as planned. The remaining number of women each experienced an average of three challenges which affected their ability to feed.

Many encountered painful symptoms such as cracked nipples [39%], engorgement [21%] or mastitis [17%], while for some, their babies had tongue tie [28%], were too sleepy to feed or had issues with latch.

Number of challenges for those who reported any:

1 challenge: 24%

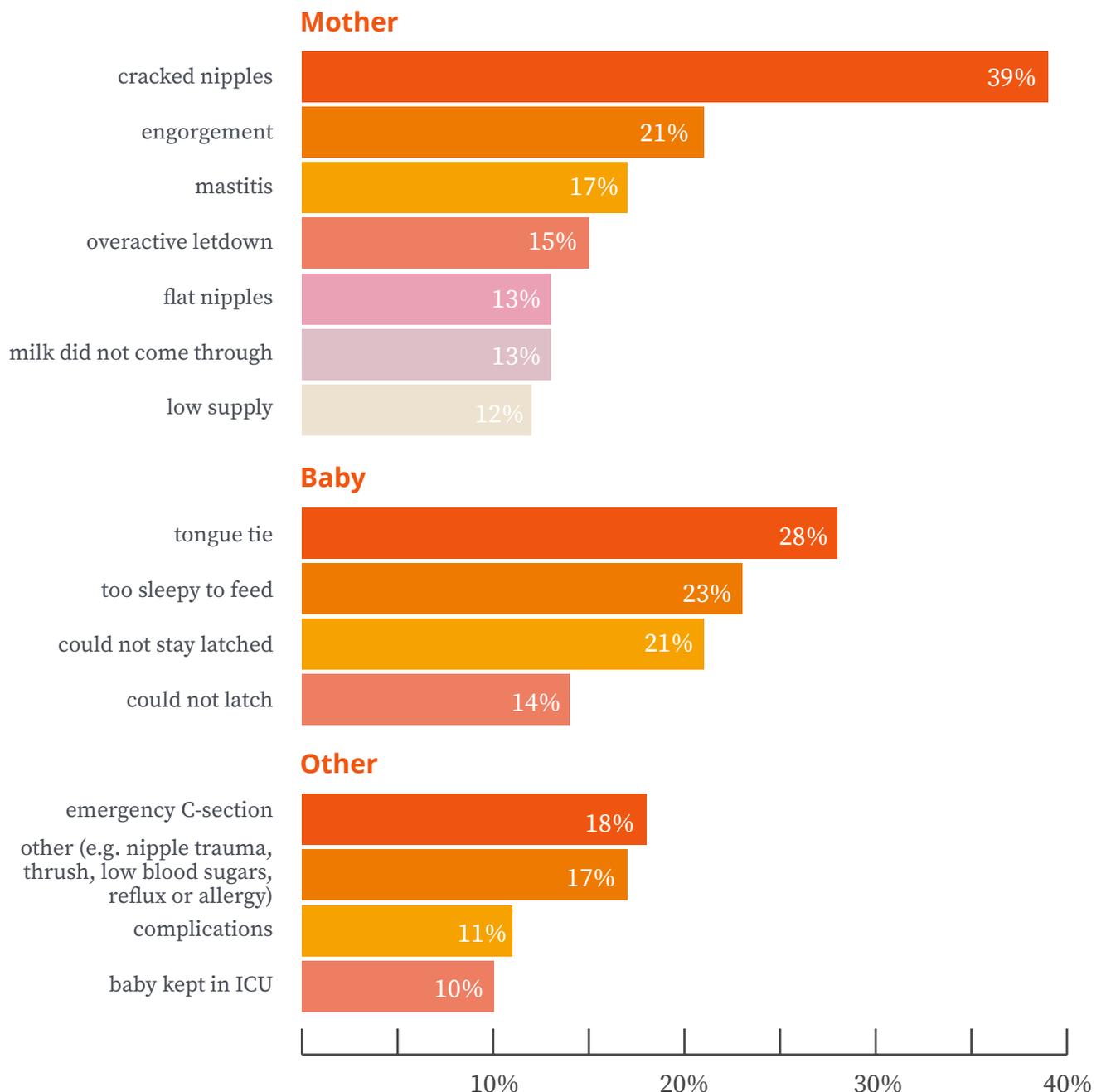
2 challenges: 19%

3-4 challenges: 36%

5+ challenges: 13.8%

Average number of challenges: 2.9

Source for all data in 'Challenges':  
Question 8 (see Appendix 1)



## Experiences

### Problems with latch

Responses noted issues with baby's latch as a challenge in establishing feeding.

**“My oldest was a csection and I had a general for it so he was very sleepy but the midwife i had in recovery was amazing to help with him latch in his sleepy state.”**

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### Lack of confidence

Several women reported their 'awkwardness' or lacking in confidence when trying to breastfeed.

**“General awkwardness of feeding to begin with, length of time to feed. Getting into right position and stopping baby from falling asleep.”**

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### Midwife and IBCLC support

Some praised the midwives for helping them to get started.

**“Found it hard to get started as wasn't confident but the support from the midwives was amazing to get me started.”**

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**10% of women experienced no challenges with breastfeeding.**

## Feeding assistance

### Summary

Only 37% of mothers felt they were fully assisted in meeting their feeding goals in the hospital. Responses echoed previous reports.

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**One in four women reported lack of assistance in the hours post-delivery**

## Missed opportunities

There were a number of missed opportunities in assisting women in hospital, with 20% reporting that the lack of support in hospital set them back significantly. One in five elaborated on their experience of feeding assistance in the hospital.

### Area

### Data

### Experiences

Lack of breastfeeding support available

**Over a third**

of women said midwives were too busy to assist

**“Midwives helped with latch but didn’t have time to teach me to do it myself”**

Insufficient breastfeeding knowledge from hospital staff and inconsistent breastfeeding knowledge of hospital staff

**29% of women**

were given conflicting information

**“I was advised to take my baby off the breast when he was feeding as he was ‘just using me as a soother’ by more than one hospital staff member”**

**“All of the midwives said different things which was really hard to filter through as a new mother”**

Assistance involved pressure from hospital staff to supplement with formula and lack of informed consent

**One in three**

women were encouraged to introduce formula despite their wishes to breastfeed

**“Said baby was “starving” when the doctor literally took him off my breast”**

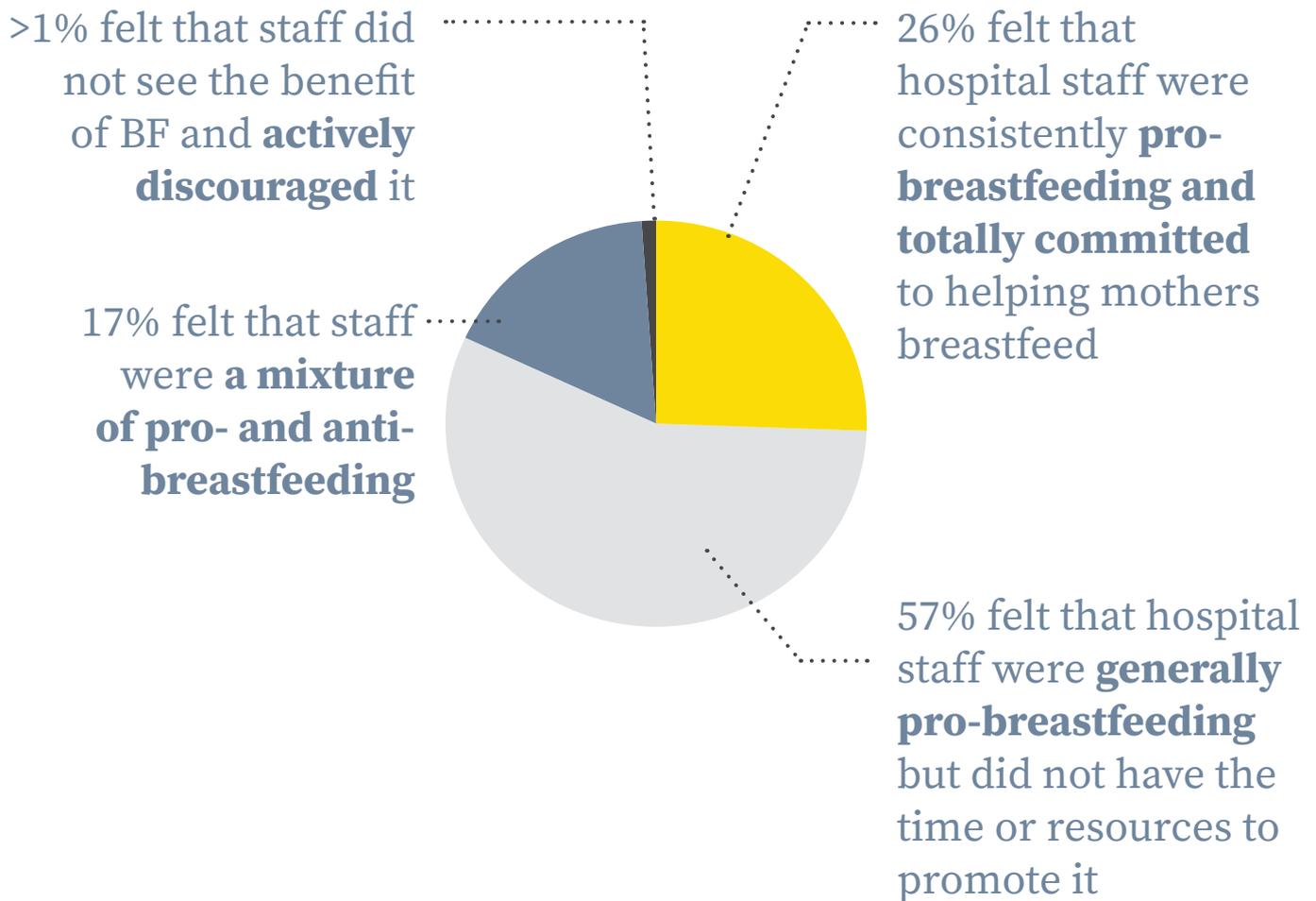
**“My baby was given formula against my explicit instructions”**

Source: Question 9 (see Appendix 1)

# Staff attitudes

## Summary

When asked about the impression of the staff's attitude to breastfeeding, vast majority felt the staff were pro-breastfeeding, but didn't have the time or resources to promote it, with some indicating staff were a mix of pro and anti breastfeeding.



Source: Question 10 (see Appendix 1)

## Experiences

Some women provided additional comments with a full spectrum of impressions, from fully supportive of breastfeeding and/or mother's wishes, indifferent, discouraging or pro-breast milk, rather than pro-breastfeeding. They felt there was a disconnect between recommending breastfeeding and investing time and effort in helping getting it right.

**“I felt breastfeeding was seen as good but staff were more concerned with ticking boxes numbers percentages etc rather than encouraging breastfeeding. Breastfeeding can be hard at the beginning but you need a lot of support and Irish maternity hospitals are not set up for this.”**

They felt that some staff preferred the convenience of formula as evidenced by the formula trolley.

**“Most were pro. The ones against it were only against it because it saved them the hassle; They just walked around handing out formula.”**

Finally, some highlighted the support they received after release from hospital, e.g from the Domino midwives.

**“I was under the domino scheme and found the postnatal staff in the hospital didn't have the time to address the issues. After early release the home midwives visits were excellent in establishing my confidence in breastfeeding.”**



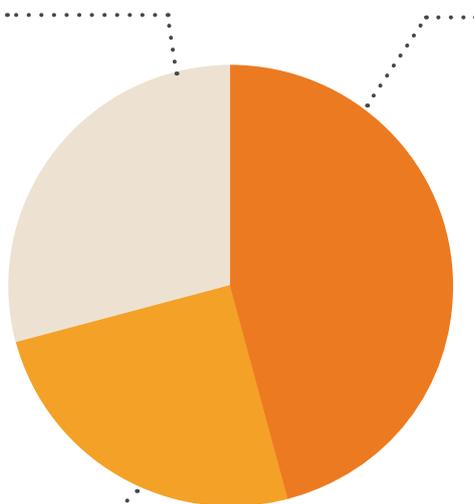
## Care after birth

When asked whether the care received after their baby's birth during hospital stay helped or hindered meeting their feeding goals less than a half of mothers described the care they received as helpful [46%].

The rest felt it made no difference [29%] or hindered them from meeting their feeding goals [25%].

29% felt the care they received **neither helped nor hindered**

25% felt the care they received after their baby's birth **hindered** their feeding goals



46% felt the care they received after their baby's birth **helped** their feeding goals

# Meeting goals

## Summary

One in four mothers reached their feeding goals at the hospital and did not require any further support with breastfeeding after discharge. For the rest of mothers, the most common support systems reported were breastfeeding support groups [43%], friends and family [34%], the public health nurse [30%] and online community [28%].

**“If it hadn’t been for my best friend who was very pro feeding I would not have lasted more than 3 days.”**

**“I received great support from a PHN and a local breastfeeding support group which helped me to combination feed for as long as I did but ultimately I didn’t meet my goal of exclusively breastfeeding.”**

Some women experienced a delay in receiving appropriate support and almost one in ten women reported that they never received the support they needed.

**“It was 8 months before I got tongue tie and supply issues recognised and managed.”**

## Paid-for support

39% of women required the assistance of a private lactation consultant

**“[I got support from the] Lactation consultant though PHN again only when I pushed to see her second time around i knew how to find her and made apt myself.”**

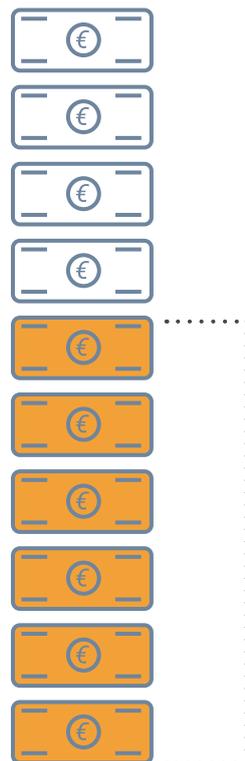
**“The lactation consultant from my home country and later on the PHN that referred me to the dietitian who was 100% supportive about breastfeeding.”**

## Other supports

Other sources of support included tongue tie consultants, the home birth service, domino midwives, nurses/midwives through private health insurance, dietician, baby clinic, and buddy system from ‘Friends of Breastfeeding’.

**“Some midwives in the hospital were incredibly helpful particularly on domino scheme.”**

## Delayed support



**60%** of women sought help with breastfeeding privately, spending an average of **€440**.

# Preparation

## Learning about feeding

Prior to their baby's birth, most mothers learned about various approaches to feeding from multiple sources, such as family and friends [52%], books and pamphlets [39%], online sources [39%] and social media [16%].

In terms of information received from healthcare professionals, just over half learned about feeding approaches during antenatal classes [59%] and only very few got information from their GPs [6%].

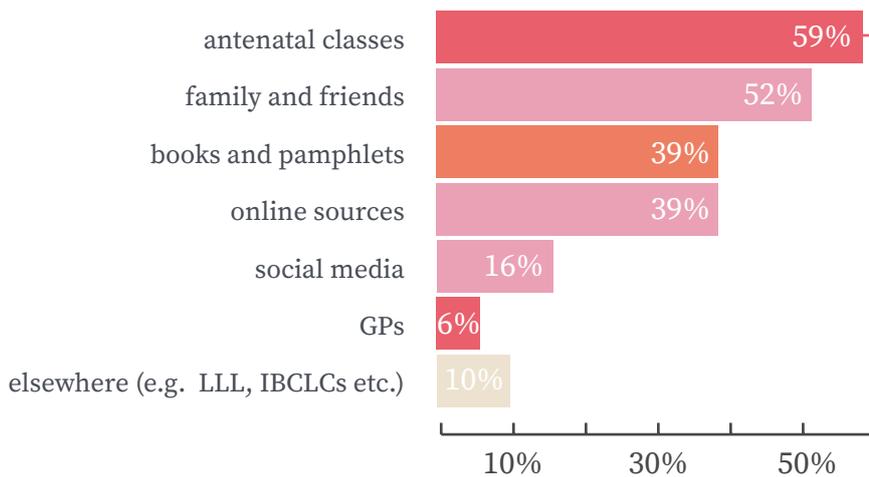
One in ten sought information elsewhere, such as from private IBCLC trained lactation consultant and voluntary organisations [Cuidiu and La Leche League].

## Antenatal classes

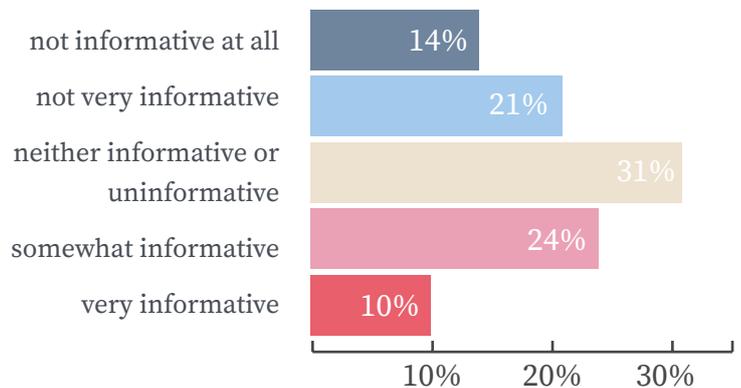
When further asked about how informative were the classes about feeding, only quarter of mothers found the classes as informative [24%].

One in ten women described their antenatal classes as very informative regarding feeding.

### Q. 14 Where did you learn about feeding prior to baby's birth?



### Q. 15 How informative were your antenatal classes about feeding?



## What you wished you'd known

Mothers felt that before their baby was born it would have been helpful if they had more information on feeding, the role of support and the emotions entangled with feeding.

### Feeding

When it comes to information on feeding, mothers felt that knowing more about things such as correct latch, tongue tie, positioning, how to hand express etc. and that breastfeeding can play a bigger role than just nutrition would have been beneficial.

They also wished they were better informed about potential challenges that can occur when breastfeeding and that it isn't always easy. They also felt more information and discussion on combination/formula feeding would have been helpful.

**“The realities of how challenging it can be.”**

**“Breastfeeding is a skill to learn and it's not always natural.”**

**“That it shouldn't have been all or nothing. More support and information should be given about combination and formula feeding.”**

### Support

In terms of support, they wished they were made aware how important familial support is when planning on breastfeeding. They also wished they knew more about the supports available through various professionals and support organisations, and that there may not be the required support available in hospital.

**“Breastfeeding is a journey that can require a lot of effort. If you don't have support from health services and family, it can be very difficult. In my opinion breastfeeding support in maternity hospitals is very poor. It doesn't seem to be a priority.”**

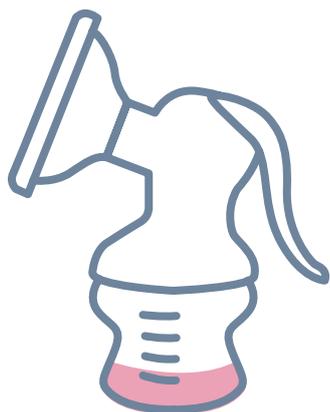
### Emotions

Finally, they wished they were better prepared for the emotions entangled with feeding and issues with breastfeeding. They wished they had more self-confidence with regards to feeding and that while breastfeeding is hard, it is worth it in the end. They also wished they were assured that it's ok if breastfeeding doesn't work and baby ends up formula fed.

**“I wish I had known to trust my gut as a new mother more when it came to feeding; I thought it was just me. ... I thought I was failing because it wasn't happening naturally; The guilt factor if you can't meet your feeding goals is enormous and very emotional. Sense of failure is immense and traumatic in itself.”**

**“That it's hard. In so many unknown ways. But that it's beyond wonderful and worth the effort [within reasonable sanity].”**

**“I wish I had known that Fed is Best, not just breastfed... That there is not actually always a solution for every breastfeeding problem. Sometimes it just does not work out and you have to feed your baby in the best way available to you and not feel bad about it.”**



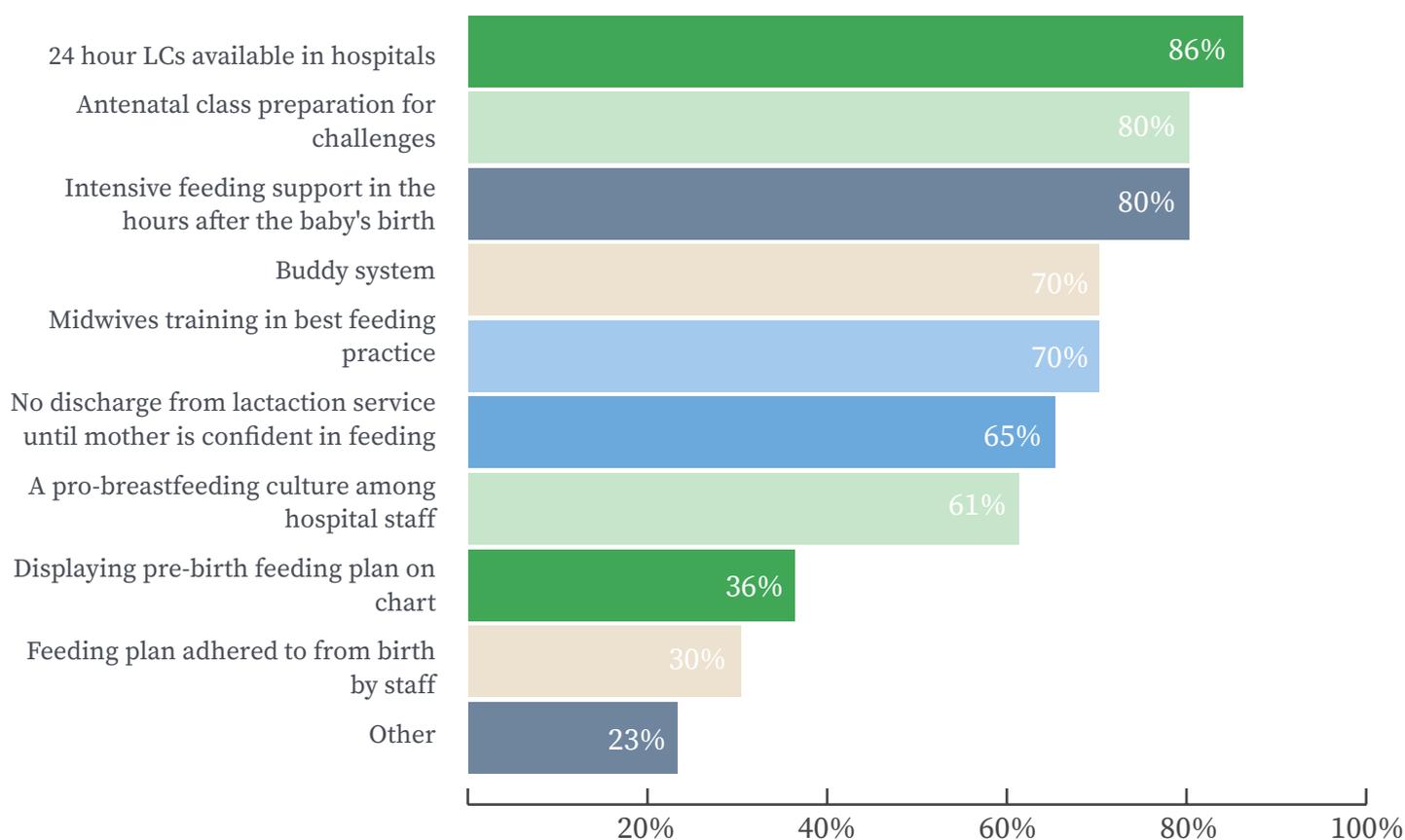
**21% felt a lack of antenatal training was a roadblock in meeting their feeding goals**

# Improving supports

## Summary

When asked about some ways that feeding support can be improved, the responses indicated multiple areas for improvement, predominantly relating to having access to specialist lactation support before, during and after birth.

### Q17 What are some ways you believe that feeding support can be improved



## IBCLC support post-birth

The most commonly proposed improvements were:

Having lactation consultants available in maternity hospitals twenty four hours a day [86%].

**“The lack of access to a lactation consultant because I gave birth at the weekend started me off on absolute hell of a journey, tears, bleeding and exhaustion and baby not meeting weight target.”**

Intensive feeding support in the hours after the baby’s birth [78%].

**“I asked to see a lactation consultant after birth and was told they were all lactation consultants. Left to my own devices with a very hungry baby. Isolating and lonely experience.”**

That mothers should not be discharged from lactation service until they are confident in feeding [65%], with an improved postpartum support and follow up.

**“Dedicated LC PHN in the community who could take over from the hospital staff once satisfactory feeding commenced.”**

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## Midwife training

Mothers felt that it would be beneficial if midwives regularly received up to date training in best feeding practice [70%] and if there was a culture of highly valuing and promoting breastfeeding among hospital staff [61%].

**“I faced the most challenges from the baby nurses in ICU who were reluctant to allow me to breastfeed as they wouldn’t know how much milk my baby was getting”**

**“There should be standard operating procedures developed through use of evidence based poor latch, sore nipples etc. - this ensures consistency.”**

## Antenatal training

Most felt that more in depth antenatal breastfeeding training which adequately prepares mothers for the realities and challenges of breastfeeding [80%] would be beneficial.

**“The amount of women who think it’s ‘just them’ and they give up is so sad. It is normal to find it challenging and there are solutions to most issues.”**

## Peer support

Many indicated that greater peer support such as buddy system to connect new mothers with more experienced local breastfeeding mothers [70%] could be helpful.

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## Promoting breastfeeding

Several discussed the importance of advertising and the promotion of breastfeeding .

**“Education and normalisation of breastfeeding is needed in this country. Before I even got pregnant I knew I would breastfeed and there was never a doubt in my mind but I’m Swedish and in Sweden everyone openly breastfeeds and there is no issue.”**

This included ceasing the promotion of formula in hospital.

**“Stop the formula trolleys”**

The wider societal setting was also mentioned.

**“Advertising promoting breastfeeding on radio and tv. Need to normalise breastfeeding. Talk about the risks of bottle feeding rather than the benefit of breastfeeding. Wording and message wrong and panders to formula companies.”**

## Changes

### Summary

Respondents were asked to offer further comments; the following five themes surfaced in the responses.

### Support

Participants spoke about the need for early, tangible, holistic, ongoing, specialised support throughout the whole breastfeeding journey, whether it is access to lactation specialists, support groups within the first hours of birth or at a later stage, as summarised by the following response captured by the questionnaire: “No mother should be sent home unable to feed her baby”.

The impact of support (or lack thereof) was highlighted by in many experiences.

**“Without the support I got I think I would have struggled after being discharged but that extra attention and support helped so much that I found it very smooth once home.”**

The responses also noted the importance of support for all mothers, not just those that are breastfeeding.

**“Most new mothers groups are breastfeeding groups and this excludes a large cohort of women who may in fact be more vulnerable given their experiences.”**

**“No mother should be sent home unable to feed her baby”**

Source: Question 18 (see Appendix 1)

## Societal awareness

The need to normalise, educate and support breastfeeding in wider societal setting was noted in more general comments, as well as practical suggestions:

**“National awareness through advertising and an education to young people. Creating more visibility around breastfeeding in the maternity hospitals.”**

**“Increased funding towards promoting breastfeeding or at the very least, tax relief for breastfeeding-related expenses.”**

## Hospital Staff

When it comes to hospital staff, participants spoke about staffing shortages resulting in not getting the necessary support from midwives and lactation specialist.

**“It’s very obvious that the main problem is staffing levels in hospital. I have no doubt that any of the midwives would love to have more time to spend with each mother to make sure they were comfortable with feeding but the ratio of staff to patient seemed insane when I was there.”**

**“The lack of access to a lactation consultant because I gave birth at the weekend started me off on absolute hell of a journey, tears, bleeding and exhaustion and baby not meeting weight target... Then the LC helped me and I managed better after that. That was 4 weeks too late.”**

Participants felt that there is a need for continuous staff training to ensure the information they provide is up to date.

**“I got mixed advice from midwives in the hospital about feeding and ended up YouTubing videos about getting a deeper latch as my nipples were already bleeding 12 hours after the birth the midwife I asked about it said it was normal to be sore and bleeding.”**

Additionally, participants highlighted the need for a culture change to reduce paternalistic approach and instead to trust and support women in their choices.

**“New mothers shouldn’t need an advocate to defend their intention to breastfeed, fending off formula or conflicting advice from the ‘experts’ when they are exhausted and post partum in the middle of their baby’s first night.”**

## Training for parents

Participants called for more information about realities, challenges and benefits of breastfeeding in the prenatal classes, early after birth, as well as further down the line.

**“We need to more information and education for mothers intending to breastfeed so they have the confidence and skills they need.”**

**“New mums need more education re feeding. It’s as if you’re just supposed to know after someone checks the latch once and then off with you.”**

**“More long term knowledge given at classes on the longer term journey of feeding.”**

Participants also felt that there should be more education on formula/ combi feeding

**“More info on combi feeding needs to available. Decision not to breastfeed needs support as much as breastfeeding. The psychological or mental health impact of breastfeeding is huge for many mums and is neglected.”**

# Changes contd.

## Experiences

In their responses, many participants highlighted their experiences of breastfeeding support they received in hospital. For many, these were positive experiences, however many spoke of experiences of lack of compassion, lack of support, and trauma resulting from their experience of breastfeeding issues in hospital.

**“Midwives were amazing and supportive and noticed if you were having bother and stepped into help.”**

**“I was asked to keep it down, as I couldn’t control my babies screaming in the hospital, though I hadn’t slept in days due to his feeding difficulties despite being latched most of that time. When I was most in need of help, I was asked to keep it down.”**

**“I had c section and was offered little help with breastfeeding despite asking for assistance and raising my concerns about how sore it was on numerous times. I asked for help and was either ignored or it felt like I was a burden on staff.”**

**“I would be too afraid now after the last time to try to exclusively breastfeed another child if I have one.”**

**“They were focusing on her weight and were horrible about it. The**

**LC wouldn’t let me feed her once and made me pump so she could measure it and did this with the curtains open and the man opposite visiting his wife was looking. It was awful and so degrading.”**

Participants also spoke of the quick fix supports experienced in the hospital, such as pumping, and the pressure to introduce formula.

**“There’s over reliance on pumping in the hospital as a technical quick fix. Setting up triple feeding as the norm is not sustainable for new parents.”**

**“Formula should not be offered unless requested. They don’t give you free nappies, so why free formula?”**

Many spoke about meeting feeding goals through sheer self-determination and with financial expense.

**“Had I not sought out help myself I would not have been able to continue breastfeeding for more than a few weeks.”**

**“I needed lots of money to provide the support. If I wasn’t financially comfortable there is zero chance my breastfeeding journey would have lasted beyond the first 24hrs.”**

## The emotional side of breastfeeding

Finally, participants spoke about the emotional impact of breastfeeding, and the feelings of grief when feeding isn't going well.

**“Breastfeeding is extremely challenging for many mothers and if no support is provided, it can take a huge toll on their self esteem as it did for me.”**

**“It’s a horrific process if it doesn’t work out for you.”; “Those who can’t breastfeed often go through a form of grieving for this missed aspect of motherhood and they need support too.”**

Many felt that feeding is entangled with a lot of feelings and judgement and that parents should be supported in their choices, no matter what they are.

**“I experienced negativity towards bottle feeding and an overwhelming push to breastfeed mostly from other mothers.”**

**“There should be a no judgement approach. Support everyone’s choice, and if breastfeeding doesn’t work out, that’s ok too.”**



**“Midwives were amazing and supportive and noticed if you were having bother and stepped in to help.”**

Source: Question 18 (see Appendix 1)

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# Appendix 1

## Questionnaire

### IMPROVING BREASTFEEDING SUPPORT IN IRELAND

\*This survey will close on Tuesday 28th July at 11 pm\*

This is an informal questionnaire for new mothers about their experiences of breastfeeding support in Dublin.

My name is Deborah Byrne, I am based in Smithfield and I have an eight month old boy. A few months ago, I set up a whatsapp group with other mums I met in a local breastfeeding group. We found that we all had similar breastfeeding challenges, and similar experiences of breastfeeding support during our time in the maternity hospital.

Prompted by Lord Mayor Hazel Chu's request for suggestions on how to improve breastfeeding support services, I decided to create a survey in order to compile our responses.

1. Location: [free text response]

2. Maternity hospital attended:

- Rotunda
- Coombe
- Holle St
- Other: [free text response]

3. How old is your baby: [free text response]

4. Prior to birth, how did you intend to feed your baby?

- Exclusive breastfeeding
- Combination feeding (breast and bottle)
- Bottle feeding
- Unsure
- Other: [free text response]

5. How did you feed your baby, once they were born?

- Exclusive breastfeeding
- Exclusive breastfeeding, then combination feeding
- Exclusive breastfeeding, then bottle feeding
- Combination feeding at first, then exclusive breastfeeding
- Combination feeding (breast & bottle)
- Bottle feeding
- Bottle feeding at first, then breastfeeding
- Bottle feeding at first, then combination feeding
- Other: [free text response]

6. How satisfied are you that you met your feeding goals?

- Very satisfied
- It was rocky at first, but satisfied now
- Disappointed, but have made my peace with it

- Disappointed
- Other: [free text response]

7. Which do you believe were the roadblocks to you meeting your feeding goals? Check all that apply.

- None - feeding went smoothly
- Lack of antenatal training and support from the hospital
- Lack of postnatal support in the hospital
- Low confidence
- Lack of knowledge
- Physiological challenges (eg. tongue tie, low supply, mastitis)
- Friends/spouse/family members discouraged me
- Lack of support once discharged from the hospital
- Lack of funds to hire professional help
- Other: [free text response]

8. Which challenges if any did you encounter with regard to feeding your baby? Check all that apply.

- None - it went as planned
- There were complications with the delivery
- I had an emergency C-section
- My baby had to go into the ICU
- My baby could not latch
- My baby could latch with assistance but could not stay on the breast
- My baby was too sleepy to feed
- My milk did not come through
- Low supply
- Overactive letdown
- Engorgement
- Tongue tie
- Mastitis
- Cracked nipples
- Other: [free text response]

9. Describe the feeding assistance you received in the hospital. Check all that apply.

- My feeding goals were respected and I was fully assisted in implementing them.
- I did not receive the assistance I needed in the hours after my baby's birth
- I did not initially receive the support I needed, but a feeding plan was eventually put in place
- I did not receive the support I needed, and this set me back significantly
- The lactation consultant was not available
- The lactation consultant was available but did not or could not give me the time or help I needed
- Midwives were too busy to give me the feeding support or time I needed.
- I received conflicting information from different midwives.
- Midwives referred me to healthcare assistants due to lack of time
- I was told I couldn't/shouldn't breastfeed by a staff member(s)

- I was encouraged to introduce formula even though I didn't want or plan to.
- My baby's tongue tie was not addressed or diagnosed
- Other: [free text response]

10. Was it your impression that the hospital staff were pro-breastfeeding?

- Yes - consistently pro-breastfeeding and 100% committed to helping mothers breastfeed
- Yes - generally pro-breastfeeding but did not have the time or resources to promote it
- Mixture of pro-breastfeeding and anti-breastfeeding
- No - did not see benefit & actively discouraged it
- Other: [free text response]

11. Did the care you received after your baby's birth during your hospital stay help or hinder you to meet your feeding goals?

< Linear scale 1 (hindered) - 5 (helped) >

12. If the care you received during your stay did not help you meet your feeding goals, from where did you get the support you needed? Check all that apply.

- I met my feeding goals in the hospital
- Private lactation consultant
- The public health nurse
- GP
- Breastfeeding support group
- Online community (facebook, whatsapp)
- Friends/family
- I did not receive the help I needed
- Other: [free text response]

13. Approximately how much did you have to spend, in order to meet your feeding goals? (eg. hiring private lactation consultant, hiring hospital grade pumps, tongue tie consultant): [free text response]

14. Where did you learn about various approaches to feeding, prior to your baby's birth? Tick all that apply.

- Antenatal classes
- GP
- family/friends
- Books, pamphlets
- Articles, blogs, websites
- Social media, influencers
- I didn't do much research, I thought I'd pick it up as I went along
- Other: [free text response]

15. How informative were your antenatal classes about feeding?

< Linear scale 1 (Not informative at all) - 5 (Very informative) >

16. What are some things you wish you had known about feeding before your baby's birth?: [free text response]

17. What are some ways you believe that feeding support can be improved, to allow women to feel informed, empowered and equipped to meet their feeding goals? Check all that apply. You can also make additional suggestions under 'other'.

- Fully informing mothers about realities and challenges of breastfeeding in antenatal class
- 24 hour lactation consultants available in maternity hospitals
- Intensive feeding support in the hours after the baby's birth
- Making a feeding plan prior to baby's birth and displaying it clearly on chart
- Feeding plan being rigorously and consistently adhered to from birth by every staff member
- A culture of highly valuing and promoting breastfeeding among hospital staff
- Midwives regularly receiving up to date training in best feeding practice
- Not being discharged from lactation service until mother is confident in feeding
- Buddy system to link new mothers up with a more experienced local breastfeeders
- Other: [free text response]

18. Do you have any other comments or suggestions?:

OPTIONAL: if you are happy to be contacted about your responses to this survey, you can leave your name and email address here.

Do you give permission to share your responses with Dublin-based maternity hospitals?

- Yes
- No

# Appendix 2

## Support services

### General Supports

Aware (Depression Support)

<https://www.aware.ie/>

Samaritans Ireland (Peer Support)

<https://www.samaritans.org/?nation=ireland>

Nurture (Women's Mental Health)

<https://nurturehealth.ie/>

### Breastfeeding Supports

AIMS Ireland (Association for Improvement of Maternity Services)

<http://aimsireland.ie/>

Baby Feeding Law Group (Alliance working to Protect Breastfeeding)

<http://bflgireland.ie/>

Cuidiu (Parent to Parent Voluntary Support)

<https://www.cuidiu.ie/>

Friends of Breastfeeding (Peer to Peer Breastfeeding Support)

<https://www.friendsofbreastfeeding.ie/>

HSE Breastfeeding

<https://www2.hse.ie/babies-and-toddlers/breastfeeding/>

Human Milk Bank

<https://westerntrust.hscni.net/service/human-milk-bank/>

Human Milk 4 Human Babies

<https://www.facebook.com/HM4HBIreland/>

International Board Certified Lactation Consultants

<https://www.alcireland.ie/find-a-consultant/>

La Leche League of Ireland (Mother-to-mother Support and Information)

<https://www.lalecheleagueireland.com/>

### Maternity Hospitals - Postnatal Supports, Feedback and Debriefing Services

The Coombe Women & Infants University Hospital (CWIUH) Postnatal Support

<http://www.d1048212.blacknight.com/index.php?nodeId=123>

CWIUH Birth Reflections

<https://www.coombe.ie/birth-reflections>

Cork University Maternity Hospital (CUMH) Postnatal Supports

<https://irelandsouthwid.cumh.hse.ie/maternity-care/support-services/>

CUMH Feedback and Reflection

<https://www.cuh.hse.ie/Contact-Us/Compliments-Complaints/>

The National Maternity Hospital (Hollis Street) (NMH) Postnatal support

<http://www.nmh.ie/labour-delivery/postnatal-care-for-mother.13617.html>

NMH Compliments and Complaints

<http://www.nmh.ie/home/compliments-complaints.13648.html>

The Rotunda Hospital Dublin Support Services

<https://rotunda.ie/maternity-support-services/>

The Rotunda Hospital Dublin Feedback and Complaints

<https://rotunda.ie/feedback-and-complaints/>

University of Limerick Maternity Hospital Supports and feedback

[www2.hse.ie/services/ul/hospital/universitymaternityhospitallimerick/ul05/](http://www2.hse.ie/services/ul/hospital/universitymaternityhospitallimerick/ul05/)

