

A Qualitative Analysis of the Breastfeeding Support Network in Ireland According to Healthcare Professionals and Members of Voluntary Organisations

Grace Fleming¹, Dr. Liz O' Sullivan¹, Dr. Aileen Kennedy¹

¹School of Biological, Health and Sports Sciences, Technological University Dublin

Introduction

- Ireland has one of the lowest breastfeeding rates in the world¹, making our infants and young children one of the most nutritionally vulnerable populations.
- With such low breastfeeding rates, it is essential for Ireland to develop an infant and young child feeding in emergencies (IYCF-E) preparedness plan to help promote, protect and support breastfeeding rates in advance of future emergencies.
- A lack of continuity in breastfeeding care in the Irish healthcare system has resulted in many women being unsuccessful in initiating and continuing breastfeeding.²
- Irish healthcare professional (HCPs) have acknowledged they lack the time, skills and knowledge to provide adequate breastfeeding support.³

Aim:

- Map the professional and lay breastfeeding support network of Ireland and identify how HCPs and voluntary supporters describe the supports available to women

Methods

Study Design

- Qualitative analysis
- Total of 30 semi-structured interviews, open-ended questions
- Questions based on infant and young child feeding (IYCF) supports available to mothers and families

Population

- HCPs and voluntary breastfeeding supporters, who provide IYCF care and support to mothers and families in the Republic of Ireland.

Data Analysis

- Diagrams of the reported professional and lay breastfeeding supports across a continuum of time were created
- Braun and Clarke's 'six-step Thematic Analysis Framework'
- Themes developed using Nvivo version 14

Results

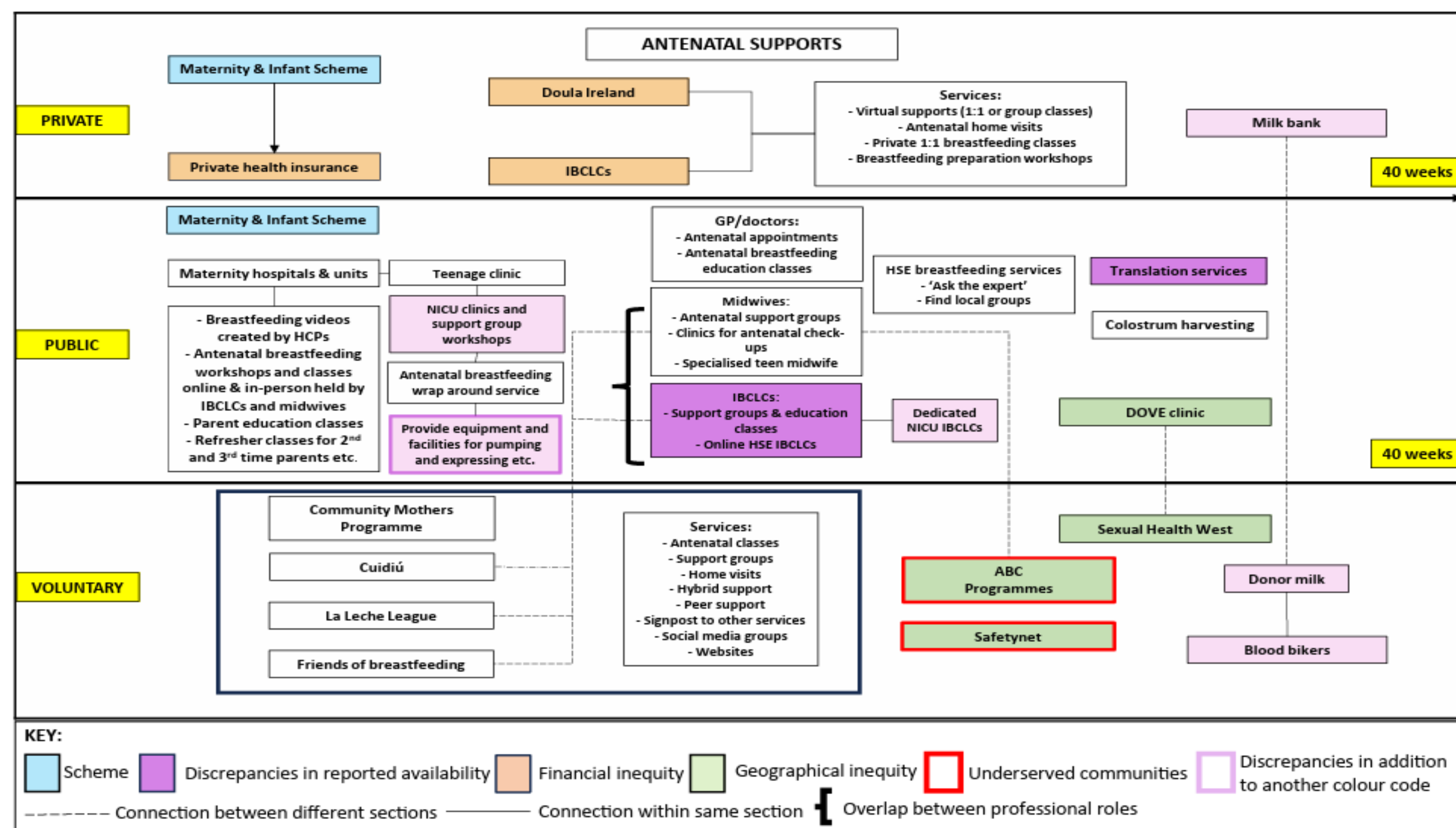


Figure 1: Diagram of the reported available antenatal breastfeeding supports divided into private, public and voluntary

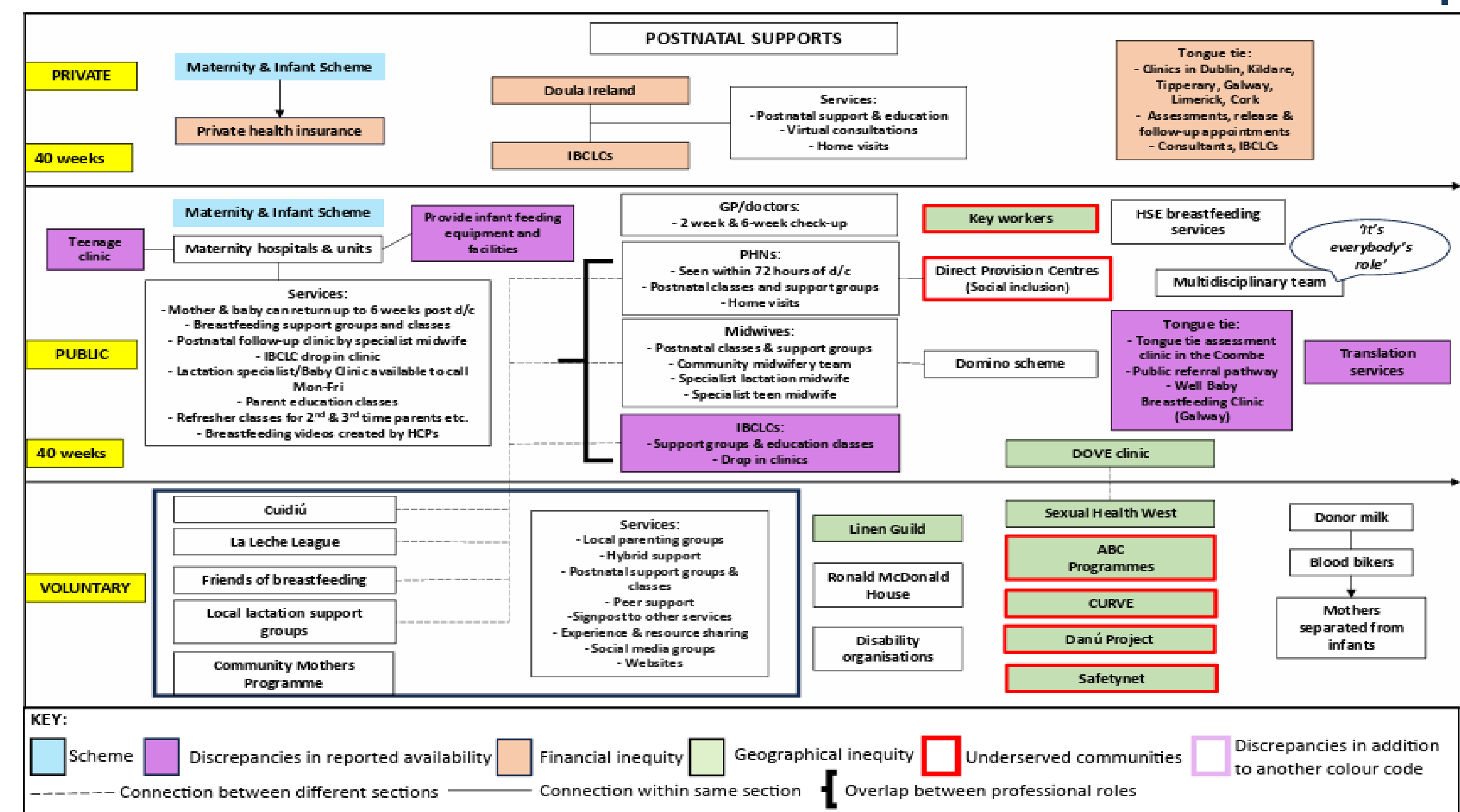


Figure 2: Diagram of the reported available postnatal breastfeeding supports divided into private, public and voluntary

'... we've come across people who are really frustrated... 'this midwife has told me one thing, and you're telling me this, and this person is telling me this''

'I believe it's totally unethical that mothers are told about the importance of breastfeeding, and yet... they're not remotely adequately supported.'

'So like, when to get timely support. It's a lot of it's private, you know, women... want to get support immediately, that they want a lactation consultant, and there's a cost factor to that.'

'... if they really want to breastfeed, they would really need to be looking for support themselves.'

'There already is an emergency when so many mothers are not getting the support they need to achieve their breastfeeding goals.'

Theme 1: Barriers to accessing appropriate breastfeeding support

- Inappropriate advice and inconsistent messaging and support
- Challenges to progressing through the healthcare system
- 'We're doing better, but we have loads we can do

'... lottery of who you meet, and what day and what time.'

'... she was being told in the hospitals, that the baby hadn't fed in a certain amount of time. So that the baby should be getting a bottle.'

'... a lot of the time midwives do not have enough time to provide adequate support for the mother to achieve a breastfeed.'

Theme 2: Breastfeeding support is disjointed and inequitable

- Gaps in the system due to lack of long-term support and poor communication
- Uncertainty in referral pathways to more specialised supports
- Consistent inequities in breastfeeding care

'So that would be something that would be really important to consolidate so that people know who to refer to... But certainly, we do need more defined care pathways.'

Theme 3: 'We already have an emergency, it's not planning for an emergency.'

- Ireland already has an infant feeding emergency
- In future emergencies, what is the role of voluntary breastfeeding support organisations?

'So I think the volunteers have to do an awful lot... I think it needs to be somebody... who can support and can help without question, that it is their job to do as rather than a volunteer.'

Discussion

- This study highlighted that although there are various breastfeeding supports available, all are not universally accessible and/or available.
- Barriers such as inappropriate advice, lack of time, staff, knowledge, and heavy workloads in care play a central role in women not receiving the required care.³
- Discontinuity and inequities in care are still present, despite previous efforts made.⁴
- Where the concept of protecting breastfeeding in future emergencies in Ireland was discussed, it is apparent that, as a country, we are unprepared.²

Conclusions

- Findings from this study emphasised how lack of time, knowledge, staff and heavy workloads are significant barriers to women progressing through the system and accessing support.
- Improvements needed include; standardisation of and improved access to IYCF training, better communication, clear referral pathways and dedicated posts.
- Ireland will become more resilient in future emergencies to protect breastfeeding with these improvements.

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