

SUPPORTING MOTHERS AND BABIES

A NEW APPROACH TO BREASTFEEDING



LABOUR

FOREWORD



This call for action arose from mothers who encountered difficulties in securing the support, advice and help they needed to breastfeed. Having been told of these problems, I spoke to a number of parents within the Labour Party who I thought might be able to advise me on how to address these concerns. Out of that followed many meetings with civil society groups, medical professionals and mothers, all frustrated at the lack of supports available to support, protect and promote breastfeeding. Without political intervention, these barriers will not be addressed.

Senator Kevin Humphreys



My breastfeeding journey began with the birth of my daughter, Sarah, nearly three years ago and continues now with my newborn son, Dylan. I knew very little about breastfeeding prior to becoming a parent and I wasn't sure whether I'd want to do it. Sarah was premature and spent time in the Rotunda Neo-natal Intensive Care Unit. I felt a bit powerless but providing expressed milk for her gave me a focus and breastfeeding soon became important to me for establishing a close bond. It was not straight forward for Sarah to latch on as she had not yet developed the sucking reflex, but I was lucky to get good support from a trained lactation consultant, and before long Sarah was breastfeeding independently. Without this assistance, I might have given up. I also went to weekly meetings of my local Cuidiú breastfeeding group. It was very reassuring to have this backup and to share experiences and knowledge with other mums. I gained valuable new friendships in the process. On the arrival of my second child I felt confident about breastfeeding and happy to start again.

Having a baby is a joyous but also challenging time. Mothers need all the help and support they can get to start and maintain breastfeeding. Encouragement from a partner, family member, or friend can make all the difference. It is also critical to ensure mothers are positively supported by healthcare professionals. Social perception also matters - we need to foster a culture in which breastfeeding is openly accepted rather than the cause of raised eyebrows. It seems breastfeeding was discouraged among my parents' generation - the attitude among some of my contemporaries may be shifting but there is still a long way to go.

It is significant that the Labour Party is putting forward a plan to increase breastfeeding in Ireland. Unless the issue is put on the political agenda and raised in public discourse existing obstacles will remain. It will take a political impetus to ensure the necessary measures and resources are put in place. Labour is taking an important step to raise awareness and generate debate. Women should be able to make an empowered choice about whether or not to breastfeed - their decision should not be determined by a lack of supports.

Loraine Mulligan, former Chairperson of the Labour Party

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INTRODUCTION

Ireland has a low level of breastfeeding, though it is rising slowly. At the heart of this Labour policy are common sense measures to support mothers, and to improve child and maternal lifelong health. Despite the publication of the *National Maternity Strategy 2016-2026: Creating a Better Future Together*, and *Breastfeeding in a Healthy Ireland: the HSE Breastfeeding Action Plan 2016 – 2021*, there are significant concerns from stakeholders regarding the achievement of measurable targets and the failure to make meaningful progress.

These strategies follow on from the five year strategic plan published in 2005 and the first National Breastfeeding Policy for Ireland in 1994. While some progress has been made, it is clear that Ireland is still not doing enough to support mothers and babies.

The central question we aim to answer is this. For those mothers who thought about breastfeeding but decided against, or started and weren't able to continue, what could have been done to support them in a positive and inclusive way?

The Labour Party has always been committed to improving the lives of people in Ireland and making continuing strides toward equality. In particular

we have campaigned for generations to improve the wellbeing and health of women and children. There remain socio-economic factors that influence the uptake of breastfeeding that need to be addressed.

For this reason we believe it is essential that the recommendations we propose receive political support and are implemented without delay. Many of the key measures have already been promised, repeatedly throughout various government strategies in some cases. Some of them had begun to be implemented, but have now stalled.

In the years ahead new maternity hospitals and primary care centres will be built across Ireland. We have a once in a generation chance to revolutionise maternal care and support in Ireland and all of the stakeholders we spoke to are agreed that **more must, and can be done** to increase breastfeeding levels in Ireland.

WHAT THE LABOUR PARTY IS RECOMMENDING: THE KEY MEASURES

IN OUR HEALTHCARE SYSTEM

1. Ensure a minimum of one Lactation Consultant with International Board Certification (IBCLC) in each maternity hospital per 1,000 births, available at all hours, alongside dedicated support in neonatal and paediatric units.
2. Restore funding to the Baby Friendly Health Initiative.
3. Develop and fund a human donor milk bank in the Republic of Ireland.
4. Improve access for mothers to hospital grade pumps, and provide the option of one free visit at home from a qualified IBC Lactation Consultant.
5. Meet staffing level targets for midwives, paediatric and public health nurses, and ensure all healthcare professionals receive breastfeeding training both in the workplace, and during their time as students.
6. Provide one extra ante-natal GP visit for mothers focused on preparing for breastfeeding, and ensure consistent access countrywide to ante-natal classes.
7. Provide an online information service with up to date research regarding medications and treatments when breastfeeding, for all GPs, hospitals and pharmacies.

IN OUR WORKPLACES

8. Amend the regulations to allow mothers to take breastfeeding or pumping breaks for up to one year post birth, up from the current limit of six months post birth.
9. Ensure that employers provide appropriate areas for breastfeeding mothers who express milk at work, in an environment which protects their health and safety.

BUILDING A SUPPORTIVE CULTURE

10. Update, monitor and enforce the regulations on marketing restrictions on baby formula milk, and other breast milk substitutes.
11. Recruit regional breastfeeding coordinators.
12. Allocate more resources to mother-to-mother and health worker-led breastfeeding support groups.
13. Publish a new consistent educational leaflet through the HSE and National Coordinator replacing all other pamphlets in circulation.
14. Ensure our education system, curriculum, and materials reflect and promote the benefits and value of breastfeeding.

OUR GOALS THROUGH THIS POLICY STATEMENT ARE:

- To raise the levels of Irish breastfeeding at three months, six months and one year, and to better support women who breastfeed.
- To provide mothers with the best qualified help to start and support their breastfeeding journeys.
- To safeguard the health and wellbeing of our children by promoting, protecting and supporting the medical and societal importance of breastfeeding.
- To create a positive breastfeeding culture and ensure mothers, babies and families are supported.
- To facilitate all health care facilities to meet and sustain the standards of the Baby Friendly Health Initiative.
- To promote women's rights and facilitate breastfeeding mothers to return to supportive workplaces.

THE IRISH BREASTFEEDING PROBLEM

Though rising over the last 20 years, Irish breastfeeding rates are still far below global targets. According to a Lancet report, out of 27 high income countries Ireland has the lowest number of new mothers breastfeeding at 55%. The breastfeeding rate is lower still at the six month minimum mark recommended by the World Health Organisation (WHO). WHO World Health statistics indicate that only 15% of Irish children are breastfed in any amount at six months old, compared to the global average of 38%, European average of 25%, and the WHO global target rate of 50%.

The 2017 UNICEF *Report Card 14* ranked 41 high and middle income countries in the EU and OECD.

According to the study, Ireland scored 31st on nutrition due to our "unusually low breastfeeding rate". The Lancet Breastfeeding Series 2016 study estimates that the failure to properly support breastfeeding costs the Irish State €800 million annually.

THE IMPORTANCE OF BREASTFEEDING

The WHO identifies breastfeeding as an unequalled way of providing nutrition for the healthy growth and development of infants. The current policy for breastfeeding in Ireland is inadequate for the promotion of breastfeeding whether in hospital, at home, or in the workplace. The WHO recommends mothers worldwide to exclusively breastfeed infants for the child's first six months to achieve optimal growth, development and health. Thereafter, they should be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond.

For the mother, breastfeeding aids recovery following childbirth, helps build a strong bond with their child, and reduces the risk of post-natal depression. It also reduces the long term risk from breast and ovarian cancer, and lessens the chance of osteoporosis.

Breast milk provides the optimal nutrition for infants. The mixture of vitamins, protein, and fat is optimised for the baby, while human milk is more easily digested than infant formula. The immunological properties provide long term protection with a lower risk of certain chronic conditions. Breastmilk also provides a baby with the mother's antibodies, helping protect against diseases, boosting the immune system and supporting healthy outcomes. These protective effects cannot be obtained from formula milk.

Breastfeeding also plays a crucial role in reducing the incidence of childhood obesity, a major emerging healthcare concern in Ireland.

For these reasons, the Labour Party believes that improved breastfeeding protection and supports need to be put in place for mothers and babies both in our healthcare system, at home, in our workplaces and wider community. Crucially, this means developing a strong and supportive breastfeeding culture.

A SUPPORTIVE HEALTHCARE SYSTEM

We need to continue to grow our breastfeeding infrastructure in order to meet international standards, and to give mothers the support they need to breastfeed. This means that the funding for commitments already made must be guaranteed, and that promised actions must be implemented.

In order to reduce the difficulties that new mothers and babies often encounter when breastfeeding, we believe that, as a priority, maternal

and neonatal issues which could impair successful early establishment of breastfeeding should be appropriately addressed during antenatal care and before leaving hospital. Such actions must be evidence-based and expert-led. For example, neonatal tongue tie is a common issue, and should be identified where possible before mother and baby go home. Taking such action requires qualified staff in our hospitals to provide information and assistance.

ENSURING ACCESS TO QUALIFIED HELP

There are currently 13.2 full time equivalent (FTE) clinical midwife specialists in lactation across Ireland's maternity hospitals and units. 6 out of 19 maternity hospitals have no specialist in situ. And there is no Irish unit even close to reaching the recommended international standard. There is simply not enough skilled support available for mothers who need it.

Problems will often seem most acute at night therefore support must be available to mothers on a 24 hour basis. The HSE has committed to appoint lactation consultants with International Board Certified Lactation Consultant (IBCLC) qualifications, to all maternity hospitals in accordance with determined births-to-support-staff ratios by the end of 2018. But progress has been slow. For example, the National Maternity Hospital had 9,309 births in 2015,

but only two FTE lactation posts. There are no posts in any of the three paediatric hospitals, and no specific dedicated neonatal unit posts for sick or premature babies.

We are proposing as a long term goal that we must have one IBCLC full-time equivalent post per 1,000 births a year appointed to each hospital or unit. This service should be available to mothers around the clock on a 24 hours, seven days a week basis.

IBCLC certification is the most well-known international certification for lactation consultants and is the certification recommended by breastfeeding advocacy groups. IBC Lactation Consultants take courses in fourteen subjects, obtain clinical experience by working with breastfeeding mothers, and must pass

an international exam and recertify every five years. There are currently 197 IBCLC healthcare professionals in the Republic though very few hold specific posts to use their knowledge and skills.

It is essential that we increase the number of IBCLC posts so as to utilise this expertise.

RESTORE FUNDING AND SUPPORT TO THE BABY FRIENDLY HEALTH INITIATIVE

Every Irish maternity hospital should meet the international standards of the Baby Friendly Health Initiative (BFHI) in order to promote and protect the health and development of our children and their mothers. The BFHI was developed by UNICEF and the WHO in 1991. The BFHI in Ireland has been active since 1998, and in early 2017 53% of the maternity facilities had been externally assessed as meeting the global standards. Since then funding was withdrawn from the BFHI and activities limited. By supporting the BFHI to be active in each hospital, we can better support mothers and the health of our children.

The BFHI is currently the international metric available to measure the progress of maternity hospitals towards providing an evidence-based breastfeeding supportive environment. Without this initiative, the HSE is essentially setting its own standards and self-evaluating its activities, thus limiting the potential to improve. Quality support needs to be facilitated by having the BFHI providing information on the standards, supporting hospitals to reach these standards and carrying out external assessments and ongoing monitoring in all maternity units. The

global standards for neonatal units and community health services could be implemented and monitored if the BFHI was expanded into these services.

Implementation of the BFHI is a strong way to ensure that Irish hospitals are up to international standards. It facilitates a positive breastfeeding culture where it is most needed – in the hospitals where the majority of Irish babies are born. That is why we recommend that the Baby Friendly Health Initiative in Ireland, an independent charity, should have its annual funding of €50,000 immediately restored. The BFHI should have adequate resources to support and monitor our hospitals. Furthermore, participation in the BFHI should be mandatory for all maternity hospitals and units to ensure a national standard is in place. This will require further additional funding to the BFHI.

WHY IRELAND NEEDS A MILK BANK

Breastmilk plays a critical role in both treating and saving the lives of sick and premature infants. There were 4,243 babies born prematurely in Ireland in 2015. In these situations the mother may not be able to express her milk yet due to illness, stress or anxiety, and the baby or maternity unit may often rely on donated milk. The Human Milk Bank in Irvinestown, Northern Ireland is currently the only source of donated, tested and pasteurised breastmilk on the island of Ireland. In 2015, 349 babies in the Republic used the Milk Bank for medical purposes. Access to donated breastmilk is essential for supporting some premature babies. For example, Necrotising Enterocolitis (NEC) is a serious and often fatal illness. It has a 6% occurrence in premature new-born infants with birth weight under 1.5kg, with a mortality rate of 20% to 30%. Breast milk is the best preventive method to fight NEC and significantly reduces the chances that a baby will develop it.

A study carried out at University Maternity Hospital Limerick found that 100% breastmilk provision for extremely low birth weight infants resulted in no cases of NEC that year. However, the

picture is more mixed across other maternity hospitals without similar policies. Hospital In-Patient Enquiry (HIPE) data shows that in 2015 alone, there were 46 babies with NEC in the country requiring 1,274 total inpatient bed days. The cost per day for utilising a neonatal intensive care unit (NICU) can be over €1,500. The length of time that babies spend in neonatal intensive care and special care could be significantly reduced through increased use of donated milk. There will always be a need for intensive neonatal care, however we should be conscious of how both the duration and the need can be reduced.

Despite the risks of Brexit, and the proven benefits of a donor milk bank, there are currently no plans to develop such a facility in Ireland. The Labour Party believes that access to a milk bank is essential for all women on the island. If the Government cannot secure a commitment to maintain existing access levels to the Milk Bank at Irvinestown, then the HSE and Department of Health should commit to developing one.

GETTING IT RIGHT AT THE BEGINNING

There are simple steps that can be taken to support mothers from the very beginning by providing ante-natal information and discussion. Hospital environments must be breastfeeding

friendly, and we must better support mothers and their babies after discharge from hospital. For mothers who express milk, all Irish maternity and paediatric hospitals should provide free

'hospital grade electric breast pumps' onsite, and these should also be loaned for home use for when either mother or baby has a medical condition restricting direct feeding. Associated consumables such as milk containers and pump connectors should also be available free of charge. There are currently not enough pumps to meet the need and often parents have to rent these commercially at a significant cost or give up on providing breastmilk.

Barriers to acquiring breast pumps should be removed for all mothers. The cost of acquiring pumping equipment should be covered under the medical card scheme. This would help address some of the socio-economic barriers. It should also be confirmed by the Revenue Commissioners that the personal purchase of breast pumps is subject to tax relief.

All new maternity and paediatric hospitals should be breastfeeding friendly, and we look forward to the development of the new National Maternity Hospital and National Children's Hospital which provide a once in a generation opportunity to transform our services. The first 24-48 hours is crucial for establishing breastfeeding and promoting the bond between mother and child, and the value of closeness and breastfeeding when a child is in hospital is well established. Mothers should have the option to avail of co-sleeping beds in the hospital to maximise safe sleep in close contact. These Bassinet attachments have been trialled in many

maternity hospitals worldwide.

Babies will look to feed at all hours so it is critical that our maternity and paediatric hospitals ensure that healthy foods and snacks are available to mothers around the clock. This could be achieved with a communal area in each ward or unit stocked with fruit and healthy snacks. We believe that proper maternal nutrition for healing, recovery and lactation is essential for all new mothers, and we expect our publicly funded hospitals to facilitate this.

After the short stay in a maternity hospital, returning home with a new baby is both an exciting and a daunting time for many mothers. This is when concerns can begin that may result in ceasing to breastfeed, as round the clock support from a trained health worker is no longer available. To address this, the Labour Party believes that all new mothers should be entitled to one visit at home free of charge from a qualified IBC Lactation Consultant. In the interim, all public health nurses and GPs should have access to an IBCLC for referral of a mother and baby free of charge, and health insurance packages in Ireland should provide cover for such visits for those who hold insurance.

ENOUGH STAFF TO BUILD A BETTER CULTURE

Our midwives play a vital role in fostering and supporting breastfeeding and providing initial support for a mother. As committed to in the National Maternity Strategy, we need to review and increase the number of midwives in each hospital as needed to ensure that safe staffing levels of 1 to 29.5 births are achieved, and that staff have adequate time to assist mothers and babies to establish breastfeeding. Similarly, the numbers of Public Health Nurses should also be reviewed. They provide important services to new mothers, including the provision of breastfeeding support in the home.

In order to guarantee a high level of expertise regarding breastfeeding, we believe that appropriate training consistent with WHO and UNICEF guidelines should be undertaken by all health workers in contact with pregnant women, babies and their mothers. Our nurses, paediatricians, obstetricians, midwives, dietitians, general practitioners and other health workers all have a duty to promote a healthy lifestyle for our mothers and children. Healthcare students should experience a detailed course that allows them to understand the importance and best practices of breastfeeding. The relevant specialties dealing with mothers and infants should require in depth education on breastfeeding and practical lactation skills training. Continuing professional development for general practitioners should be reviewed to ensure adequate training in relation to breastfeeding. We also

want to see IBCLC posts in each area to ensure there is sufficient support in place for mothers at home. This would help meet our long term objective of a free home visit from a qualified lactation consultant for all mothers.

In addition, we advocate updating the Maternity and Infant Care scheme to provide one additional GP ante-natal care consultation dedicated to fostering a positive breastfeeding discussion. The scheme currently covers six visits. During this additional consultation, the GP would be responsible for outlining the importance of breastfeeding, providing the mother to be with nationally consistent educational information from non-commercial sources, and contact details for local breastfeeding support groups and the major voluntary support groups.

We also believe that all our maternity hospitals should have available 'walk-in services', phone-in services or internet based communications provided for mothers to discuss their concerns with an IBCLC especially in areas where community health services are limited and there is not a community IBCLC. We must have a consistent national approach, so that expectant and new mothers know what supports are available.

We also want mothers to have sufficient and equitable access to ante-natal care, to provide them with the best available knowledge to prepare for the arrival of their babies and support their

parenting. At least one free ante-natal class a month should be available in local health centres. There is also a need to review advice and supports provided across the country, to eliminate evening and weekend charges, and to make sure that such supports are available outside of office hours for working parents.

Mothers who breastfeed also deserve to have access to full and accurate information about breastfeeding and the effect of, or interactions with any medication they make take while nursing. Information about medicine which is breastfeeding friendly should be provided by the HSE and distributed to all general practitioners, pharmacies, and hospitals. Based on this work, GPs should also receive training on prescribing for breastfeeding mothers. A further way to address this complex and constantly evolving issue for

mothers and GPs is to provide an online information service with up to date research on medications and treatments when breastfeeding, available to all GPs, hospitals and pharmacies.

Alongside these measures, across our health service a standardised data collection system for breastfeeding rates should be introduced in line with WHO definitions and time points, to ensure that accurate information is available to assess progress towards 3 months, 6 months and 1 year metrics, and provide rigorous statistical data.

SUPPORTIVE WORKPLACES

We have a proud tradition of advocating for women's rights and continue to strive for gender equality.

The Labour Party wants to guarantee in law a mother's right to work and breastfeed at the same time.

SUPPORTING MOTHERS IN THE WORKPLACE

The law in Ireland currently provides that under Section 9 of the Maternity Protection (Amendment) Act 2004 that women in employment who are breastfeeding are entitled to take time off work each day in order to breastfeed. Where facilities are provided in the workplace, this allows for up to an hour that can be taken as one break or split up into smaller ones. The regulatory provision applies to all women in employment who have given birth within the previous six months. They are also allowed to reduce their working hours without loss of pay to facilitate breastfeeding where facilities are not made available. A mother must inform their employer in writing of their wish to exercise their rights at least four weeks in advance of returning to work.

However most women in Ireland do not return to work before six months, taking their full paid maternity leave. As a result, there is an effective legal barrier in place for women who want to breastfeed when they return to work. This means that many mothers will wean their child in advance of returning to the workplace.

To address this, we believe that the legal right to the amount of time mothers can request breastfeeding breaks at work should be increased up

until their child is one year of age. The length of time available to mothers on a daily basis should also be extended to 90 minutes in total. Both of these changes can be made by amending the previous regulations made under the 2004 Act by statutory instrument.

We believe that employers should provide access for mothers to a designated space for breastfeeding and/or expressing with appropriate privacy and safety. Currently, the law does not require employers to provide facilities if it would give rise to a cost, other than a nominal cost. We believe this legislative provision should be examined to see if a stronger requirement should be placed on employers. We are conscious that a legal requirement to provide a designated room would create a heavy burden on employers if it was only used occasionally or not at all. However this is federal law in the USA since 2010, and is in accordance with WHO recommendations. A public consultation of employers and other stakeholders should be held to determine their views. For example, it could be legally required of all companies with 50 or more employees, and strongly encouraged of all. At work, expressing mothers should also be facilitated with safe milk storage.

BUILDING A SUPPORTIVE CULTURE

The Labour Party believes that in order to achieve higher levels, there must be a cultural shift towards supporting and promoting breastfeeding. We outline in this section a number of policy

initiatives that should be pursued in Ireland to achieve this long term goal of a supportive culture.

COMPLIANCE WITH THE MARKETING CODE

The International Code of Marketing of Breast Milk Substitutes, adopted by the WHO World Health Assembly in 1981, with its other related WHA resolutions are important policy statements. Irish legislation is based on the EU Directive which only includes part of the International Code and its subsequent resolutions. It only restricts the marketing of milks and foods for healthy babies under six months of age, and allows marketing to health workers. Ireland should look at including all the provisions of the

International Code and its subsequent resolutions in revised regulations. We believe we should initially extend the protection from marketing to 12 months for all breastmilk substitutes, end the misleading use of marketing terms like 'follow-on' milk, growing-up milk or 'good feed good sleep', and protect health workers from marketing pressure.

CREATING A STRONG SUPPORT NETWORK

It is essential that we encourage conversations about breastfeeding across our healthcare service so as to give a positive message about breastfeeding. This allows our healthcare professionals to discuss the individual woman's thoughts and experiences with breastfeeding and to be in a better position to advocate for, and provide breastfeeding support to, our mothers.

We believe that the full implementation of the HSE Breastfeeding Action Plan

2016-2021 is the best way to create a strong breastfeeding support network for our mothers and infants; however it is essential that measurable targets and adequate resources to back up the commitments are put in place. In addition to full-time Lactation Consultants, we are committed to establishing full-time regional breastfeeding coordinators, alongside a full time national coordinator, to promote, protect and support breastfeeding. This should be both within HSE provided services and across

all other aspects such as education, workplace and media. The coordinators should be tasked with implementing breastfeeding initiatives already known to be effective through Ireland and with making best use of available resources.

We believe that local support initiatives and international examples of breastfeeding support such as that in Sweden can also create a best practice

SHAPING THE CULTURE

The Breastfeeding National Co-ordinator (with IBCLC qualification) should coordinate the production of breastfeeding educational material in conjunction with related organisations so that the information is consistent across mother-to-mother support groups, health workers and education bodies. These materials should be distributed in all maternity hospitals, community healthcare facilities, GP practices, in education courses for health workers as well as available online. These materials should be regularly updated and redistributed to ensure that mothers, and those who support them, have access to the most up to date information and a continuous publicity campaign. As a first step, the National Coordinator should publish a single new consistent educational leaflet to replace all other pamphlets in circulation.

Information targeting the wider circle of family and friends is also required. HSE information in pamphlets and online about breastfeeding is currently

model. We are committed to enabling local breastfeeding groups as a support network by allocating more resources and funding for them. The local support groups are vital to achieving supportive community attitudes, higher breastfeeding levels and mothers who attend the groups before birth have the highest retention of breastfeeding rates.

very fact-based rather than reflecting the lived-experience of mothers who can find breastfeeding difficult in the early days. The need to learn how to breastfeed and care for a baby should be recognised while also highlighting that the process becomes easy and enjoyable once established, and information should be given on how to overcome challenges.

School textbooks and educational materials from primary to third level and post-graduate studies need to include breastfeeding as a normal part of raising a healthy child. An important step in promoting a breastfeeding friendly society is to create a culture which normalises breastfeeding among young families. This can mean simple actions like ensuring that school book illustrations show mothers nursing a baby, rather than the preparation of bottles. Breastfeeding should also be specifically included in the Social, Personal & Health Education (SPHE) curriculum in second level schools.

CONCLUSION

The Labour Party has proposed a number of measures throughout this paper that we believe if pursued will make a substantial difference towards supporting, protecting and promoting breastfeeding in Ireland. Our priority and commitment now is to ensure that these recommendations are implemented both in our health service and in our workplaces, but most importantly across our society.

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LABOUR