

# CONSULTATION ON A TEN YEAR BREASTFEEDING STRATEGY FOR NORTHERN IRELAND

## QUESTIONNAIRE AND RESPONSE DOCUMENT

### **SECTION 1 – RESPONDING TO THE CONSULTATION**

The consultation on the ten year Breastfeeding Strategy for Northern Ireland will run from **31 May 2012** and the closing date for comments is **28 September 2012**.

Responses received after this date will only be considered in extreme circumstances and with prior agreement from the Department.

Before you submit your response please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

You can respond to the consultation document by e-mail or post. Responses should be sent to:

E-Mail: [phdadmin@dhsspsni.gov.uk](mailto:phdadmin@dhsspsni.gov.uk)

Post: June Hamilton  
Health Improvement Policy Branch  
Room C.4.22  
Department of Health Social Services and Public Safety  
Castle Buildings  
Stormont Estate  
BELFAST  
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Please address any queries you may have regarding this consultation to June

Hamilton: By e-mail: [June.Hamilton@dhsspsni.gov.uk](mailto:June.Hamilton@dhsspsni.gov.uk)

By phone: 028 90520526

**Responses must be received no later than 5pm Friday 28th September 2012.**

**IN RESPONSE TO THE PUBLIC CONSULTATION**  
**TEN YEAR BREASTFEEDING STRATEGY FOR NORTHERN IRELAND**

Please tick

I am responding as an individual:

Or on behalf of an organization:

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**Job: Director**

**Organisation: Institute of Public Health in Ireland**

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**Date: 28 – 09-2012**

## **SECTION 2 – INTRODUCTION**

### **Background**

The Department of Health, Social Services and Public Safety is committed to promoting breastfeeding and improving breastfeeding rates in Northern Ireland. A new ten-year Breastfeeding Strategy for Northern Ireland has been developed to build on the progress made in implementing the first regional Breastfeeding Strategy for Northern Ireland (1999). The draft Breastfeeding Strategy 2012 – 2022 proposes further action in relation to breastfeeding and aims to protect, promote, support and normalise breastfeeding within the population of Northern Ireland.

### **Breastfeeding Strategy for Northern Ireland**

The vision for the Breastfeeding Strategy for Northern Ireland 2012-2022 is that in Northern Ireland breastfeeding is valued as both the social and biological norm; most infants are fed exclusively with breast milk for the first six months of life; and thereafter are fed complementary foods with continued breastfeeding.

It is recognized that it will take time for this vision to become reality. The Strategy therefore sets out the approach over the next ten years, including actions in support of the Strategy's aim.

The strategic outcomes of the draft Breastfeeding Strategy are:

- (i) Supportive environments for breastfeeding exist throughout Northern Ireland;
- (ii) Health and Social Care (HSC) provides the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding; and
- (iii) Relevant data and information on breastfeeding is collected, analysed and used to inform delivery of the Strategy.

## **SECTION 3 – CONSULTATION QUESTIONS**

### **General**

**Q1: Do you consider that the vision for breastfeeding is reasonable?**

Please tick

**Yes**

**No**

The Institute of Public Health in Ireland (IPH) welcomes the opportunity to submit our views on a ten year breastfeeding strategy for Northern Ireland. IPH is an all-island organization which supports cooperation for public health on the island of Ireland through research, health intelligences, capacity building and contributing to the development of healthy public policy.

IPH commends the commitment by the Department of Health, Social Services and Public Safety to develop a comprehensive long-term strategy to support women in Northern Ireland to breastfeed. The timeframe provides scope for developing clear long-term targets and actions and the embedding of breastfeeding culture into allied services, policies and programmes throughout Northern Ireland. This development is welcomed in the context of increasing evidence of the importance of breastfeeding in terms of improving both child and adult health and in particular in the context of it's role in reducing the risk of childhood and adult overweight and obesity which is currently a major public health concern on the island of Ireland. We consider breastfeeding as an important factor to giving a child the best start in life and central to fostering optimal health and development in the early years. The draft strategy's recognition of the potential of breastfeeding as a means for tackling health inequalities is also significant and this forms a central theme of our submission.

IPH welcomes the success achieved to date in improving breastfeeding and in reducing socio-economic inequalities in breastfeeding in Northern Ireland, as evidenced by the data presented in the strategy. However, it is clear that the overall breastfeeding rate in Northern Ireland still lags behind the rest of the UK and that inequalities in breastfeeding rates remain an ongoing concern.

Furthermore, the evidence suggests that low breastfeeding rates are indeed a problem across the island of Ireland. All-island cooperation on this shared challenge can bring many additional benefits. IPH recommends that the history of cross-border cooperation and collaboration evident in this area be acknowledged and built upon with all-island working expressly stated as a policy action worth pursuing.

IPH recently emphasized the importance of breastfeeding in our submission to the draft Maternity Strategy ([www.publichealth.ie](http://www.publichealth.ie)) which was subsequently

published in 2012.

The importance of integrating the actions of the breastfeeding strategy with the strategic direction of overall public health policy in particular the forthcoming Fit and Well policy framework and early years strategies will be critical to its success. As emphasized in chapter 3 of the consultation document, realizing the vision of this strategy will require collaborative action on breastfeeding in the context of existing health policies relating to maternity care, overweight and obesity and relevant communicable and non-communicable disease frameworks where breastfeeding plays a role in prevention. The development of a clearly defined breastfeeding strategy also provides an opportunity to highlight the importance and benefits of breast through the implementation and review of policies whose focus extends beyond the health agenda including those relating to early years, parenting and child development.

The vision is set out as

Breastfeeding valued as the social and biological norm  
Most infants are fed exclusive breast milk for the first six months of life  
and thereafter fed complementary foods with continued breastfeeding

We consider the inclusion of stipulations regarding weaning as an important component of the vision and one which, if achieved, will maximize the benefits from improving breastfeeding rates and duration. A recent study conducted in the Republic of Ireland found that a longer duration of breastfeeding was associated with a significantly lower odds of obesity at three years. The study also showed that that age of weaning onto solid foods was important in terms of velocity of weight gain in infancy which was in turn related to risk of obesity (Layte and McCrory, 2012). This and other evidence supports the adoption of a vision of exclusive breastfeeding for the first six months as the primary foundation on which to build an ongoing optimal programme of early childhood nutrition.

The inclusion of targeting the benefits of breastfeeding to those children most in need – by virtue of those with additional health/ development needs ( prematurity etc) and those children destined to grow up in disadvantaged communities is also welcome. A focus on vulnerable infants may also have important inequality aspects as babies who are born low birthweight are more likely to come from disadvantaged family backgrounds (McAvoy et al, 2006).

**Q2: Do you consider that the Strategy's aim, values, scope and targets are reasonable and realistic? Please tick**

**Yes**

**No**

The overall aim of the Breastfeeding Strategy 2012-2022 is to protect, promote, support, and normalise breastfeeding within the population in Northern Ireland.

IPH welcomes the inclusion of a rights-based approach and reducing health inequalities as core values of the Strategy.

IPH welcomes the integration of the topline targets set out in a Healthier Future into the Breastfeeding Strategy.

By 2025, 70% of all infants will be breastfed by one week after birth – goals of A Healthier Future.

By 2025, 40% of all infants will be breastfed at 6 months

However, we note a slightly different emphasis in the targets of *A Healthier Future* which refer to breastfeeding in general whereas the strategy's vision more clearly refers to exclusive breastfeeding. This would suggest that some additional indicators relating to exclusive breastfeeding may be required to supplement the headline targets adopted from *A Healthier Future*.

The data suggests that low rates of breastfeeding at one week after birth is, for the most part, a problem of mothers not initiating breastfeeding in the first instance rather than a very steep fall-off among early post-partum breastfeeding mothers. While both issues require attention, the approaches needed are likely to differ. A particular target or indicator on breastfeeding initiation may be beneficial as this may in turn lead to greater attention being paid to those groups least likely to consider even attempting to breastfeed and those with pre-determined views on breast or artificial feeding in the pre-natal period. The inclusion of a specific target on initiation could support such a reorientation, the need and the evidence for such a reorientation is clearly emphasized throughout the remainder of the Strategy's actions.

IPH recommends that consideration be given to developing a specific target on reducing inequalities in breastfeeding. A suitable baseline could be derived using data presented in the draft strategy (p. 30) and/ or in the Health and Social Care Inequalities Monitoring Bulletin 2012. In 2010/11 the gap in

breastfeeding initiation rates between the most deprived and Northern Ireland generally and between the most deprived and least deprived was 33% and 51% respectively (Department of Health, Social Services and Public Safety, 2012).

IPH recommends that the Strategy would benefit from some further clarification on the approach to supporting breastfeeding among ethnic minority groups. Breastfeeding is the cultural norm among some ethnic minority groups and rare among others. Maintaining the high breastfeeding rates among certain ethnic minority groups is important, with some evidence that this can be lost among second and subsequent generations of immigrant communities (Hawkins, 2008). In the case of low breastfeeding rates among the Travelling community on the island of Ireland, the Strategy should consider the role of current protocols on advising all or some Traveller mothers on potential risks of breastfeeding/ cows milk formula to their babies in the context of their increased risk of inherited metabolic disorders such as galactosemia. This issue would be of relevance to the development of the forthcoming UK-wide Rare Disease Plan.

IPH recommends that consideration be given to the development of some specific targets or indicators relating to donor milk in terms of access, efficiency and short/long-term outcomes for recipient infants and their families.

**Q3:**

**(i) Do you agree with the proposed strategic actions to provide supportive environments for breastfeeding throughout Northern Ireland? Please tick**

**Yes**  **No**

**(ii) Are there other actions you consider should be included to provide supportive environments for breastfeeding? Please detail below:**

IPH agrees with the comprehensive list of strategic actions to provide supportive environments for breastfeeding throughout Northern Ireland.

IPH supports the proposal to introduce legislation to supporting breastfeeding mothers in public places.

**Q4:**

**(i) Do you agree with the proposed strategic actions for HSC to provide the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding?** Please tick

**Yes**  **No**

**(ii) Are there other actions you consider should be included for HSC to provide the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding? Please detail below:**

IPH welcomes the strategic actions for health and social care set out in the Strategy document. In particular we welcome the commitment by HSC to work in partnership with voluntary and community organisations to strengthen and deliver support services especially where they are most needed, and particularly for young mothers and those in lower socio-economic groups.

**Q5:**

**(i) Do you agree with the proposed strategic actions to collect, analyse and use relevant data and information on breastfeeding to inform delivery of the Strategy?** Please tick

**Yes**  **No**

**(ii) Are there other actions you consider should be included for the collection, analysis and use of relevant data and information on breastfeeding to inform delivery of the Strategy? Please detail below:**

IPH welcomes a focus on developing comprehensive, timely and policy-relevant health intelligence on breastfeeding within the draft strategy. It is clear that differing methods of collecting data can create significant obstacles to meaningful cross-jurisdictional and international comparisons.

In addition to monitoring of the topline targets linked to *A Healthier Future*, consideration might be given to the development of a defined subset of breastfeeding indicators within the first few years of the strategy. These indicators could be developed with a view to enhancing knowledge on effectiveness of the policies for particular subgroups including younger women, ethnic minority women, women from disadvantaged circumstances, babies with additional health needs or particular impediments to natural breastfeeding.

As well as quantitative data, qualitative data is critical to understanding the



reasons and motivations for women making the personal decision not to breastfeed. A significant proportion of women report that they never considered breastfeeding as an option. This would indicate that there may be entrenched views and preconceptions in terms of issues such as convenience and embarrassment and these issues warrant further study.

Breastfeeding data from the longitudinal studies of children in the Republic of Ireland and Northern Ireland would be an important source of information in monitoring the long-term outcomes associated with breastfeeding. Positive outcomes evident from these large nationally representative samples of children would be particularly beneficial to supporting the implementation of the strategy as well as reinforcing the benefits of breastfeeding to the general public.

The inclusion of data on breastfeeding data in the Health and Social Care Inequalities Monitoring System Bulletins should be continued for the duration of the strategy.

**Q6: Are there other strategic outcomes you consider should be included in the Strategy?** Please tick

**Yes**  **No**

**Please detail below:**

Nothing to add

**Q7: At the present time, Northern Ireland does not have a culture where mothers breastfeed their children as the norm. Do you support the introduction of legislation to support and protect breastfeeding infants and their mothers in public places?** Please tick

Yes  No

**Please detail any comments below:**

IPH supports the proposal to introduce legislation to supporting breastfeeding mothers in public places.

**Q8: Are there any issues which you consider have not and should have been addressed in the Breastfeeding Strategy?** Please tick

Yes  No

**Please detail below:**

Comments:

Nothing to add.

## **SECTION 4 - HUMAN RIGHTS AND EQUALITY IMPLICATIONS**

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- ❖ between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- ❖ between men and women generally;
- ❖ between persons with a disability and persons without; and
- ❖ between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

The Department has carried out an Equality Impact Screening exercise on this Strategy and has determined that a full Equality Impact Assessment is not necessary. The Department is inviting responses to the following questions:

## Equality Impact Assessment Questions

**Q9: Are any of the proposals which are set out in the Strategy likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?**

Please tick

**Yes**

**No**

If you answered yes, please state which group(s) and the reasons why:

**Q10: Are you aware of any indication or evidence that the proposals in the Strategy may have an adverse impact on equality of opportunity or good relations? Please tick**

**Yes**

**No**

If you answered "yes", please state the reasons why and suggest how these might be mitigated:

**Q11: Does the proposed Strategy afford an opportunity to promote equality of opportunity and/or good relations? Please tick**

**Yes**

**No**

Please outline your reasons:

**Q12: Are there any aspects of the Strategy where you consider potential human rights violations may occur?**

No

## Any Further Comments

### References

Layte, R. and McCrory (2012). Velocity of weight gain in infancy and risk of obesity at age three – presentation at the Childrens Research Network of Ireland and Northern Ireland inaugural conference September 26 2012 – available at [www.childrensresearchnetwork.org](http://www.childrensresearchnetwork.org)

McAvoy,H; Sturley, J; Burke, S. and Balanda, K (2006). Inequalities in the occurrence of low birthweight babies in Ireland. Institute of Public Health in Ireland –available at [www.publichealth.ie](http://www.publichealth.ie)

Department of Health, Social Services and Public Safety (2012). Health and Social Care Inequalities Monitoring System Fourth Update Bulletin

Hawkins,SS; Lamb, K. Cole, TJ; and Law, C (2008) Influence of moving to the UK on maternal health behaviours – a prospective cohort study. British Medical Journal 336:1052.

**Please return your response questionnaire.**

**Responses must be received no later than 5pm 28<sup>th</sup> September 2012**

**Thank you for your comments.**

**FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS**

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation.

However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the:

**Information Commissioner's Office Northern Ireland**

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