

# Baby Friendly Health Initiative in Ireland (BFHI)

## SURVEY REPORT March 2017

## Executive Summary

The BFHI has been providing information, support, capacity building, and monitoring of standards for breastfeeding supportive practices in Ireland for nearly 19 years. It also provides an independent, external assessment process for health facilities seeking designation under the WHO/UNICEF Baby Friendly Hospital Initiative. The BFHI in Ireland is a registered charity with a volunteer governance committee and part-time national coordinator.

**The aim of this survey** was to invite those directly involved with the implementation of the BFHI within all 19 maternity units/hospitals in Ireland to evaluate the service provided and provide feedback that the BFHI national committee could use to measure or to improve services and supports to hospitals/units. The Survey Monkey questions were drawn up by the BFHI national coordinator and committee, then administered and the report compiled by independent project manager Jane Waugh in March 2017. *The full report containing all the comments received is available at [www.babyfriendly.ie](http://www.babyfriendly.ie)*

**Respondents:** 9 Clinicians (CMS lactation/breastfeeding or similar role), 2 BFHI contact persons where there was no breastfeeding lead, and 7 Managers (DOM or similar) completed the survey. 53% of all those responding said their hospital holds Baby Friendly Hospital designation.

**Overall Level of Satisfaction / Dissatisfaction with Provision of Services and Support by BFHI in Ireland:** Choosing a point on a scale where 0 equalled very dissatisfied and 100 very satisfied, the overall average from the 18 respondents was 76 (range 12-100), with 11 (61%) choosing 90 or higher.

**Value of BFHI in Ireland Services and Supports:** 88% of respondents agreed that all the services and supports were very useful or useful. Detailed comments were received from 9 respondents; and all were supportive of the work of the BFHI in Ireland.

**Suggested Changes to Services and Supports Provided by BFHI in Ireland** included suggestions for information sharing between hospitals, support for more funding to be made available to BFHI, a request for less of an administration burden, expansion of the work of BFHI to include neonates, paediatric and community services, the benefit of having a lactation consultant in every hospital and a team of BFHI support people who can visit hospitals regularly.

**Effect in Hospitals should BFHI in Ireland no longer function** (percentage choosing each response)

- “There would be no effect” and “Would find other ways to acquire information and monitor breastfeeding supportive practices” both 11%
- “Breastfeeding rates were likely to reduce” and “Supportive practices (e.g. skin to skin, exclusive breastfeeding) less likely to occur as routine” both 61%
- “There would be more time to use in other ways for improving quality of care related to breastfeeding” 22%
- “Staff would feel that their previous work to achieve BFHI standards was not valued” 72%
- “Parents would think the hospital might be below standards” 56%

Detailed comments were received from 9 respondents; and all were supportive of the work of the BFHI in setting and maintaining standards. There was a strong feeling that without the BFHI standards would begin to drop, therefore reducing the quality of information and support available to mothers.

**How should BFHI in Ireland be funded?** 88% responded that funding should come from the HSE direct to the BFHI National Committee through an on-going service agreement.

**Final Comments** regarding services and supports provided or not provided by the BFHI in Ireland national structure. Of the 11 comments received, 10 were very supportive of the standards and structures that BFHI in Ireland provides and underlined the importance of the continuation of this work in Ireland. One comment suggested changes would be welcomed regarding the process of working towards accreditation.

Survey data analysed and executive summary compiled by independent project manager Jane Waugh March 2017

# Baby Friendly Health Initiative in Ireland (BFHI)

## SURVEY FULL REPORT

The Baby Friendly Health Initiative in Ireland (BFHI) is active in Ireland for 19 years providing information, support, capacity building and monitoring of standards towards assisting health facilities to implement and sustain an environment that routinely provides breastfeeding supportive practices.

The National Committee of the Baby Friendly Health Initiative in Ireland also provides an independent external assessment process for health facilities seeking designation under the WHO/UNICEF Baby Friendly Hospital Initiative. At this time, The BFHI in Ireland is an independent registered charity with a volunteer governance committee which contracts a part-time coordinator.

### **Aim**

The aim of this survey was to invite those directly involved with the implementation of the BFHI within all 19 maternity units/hospitals in Ireland to evaluate the service provided and provide feedback that the BFHI national committee could use to measure or to improve services and supports to hospitals/units.

### **Method**

Ten questions were drawn up by the BFHI national coordinator and committee and a short survey (via Survey Monkey) was sent to the Director of Midwifery and to the Clinical Midwife Specialist for Breastfeeding (or similar posts), or the BFHI contact person if there was no clinical breastfeeding lead person, in all nineteen maternity units/hospitals.

The survey was administrated and the report compiled by independent project manager Jane Waugh based in Northern Ireland, who has no connection to the Irish health service or the activities of the BFHI in Ireland.

The survey invitation was sent out the end of February 2017 giving two weeks to complete the survey with two reminder invitations were sent within that period. The responses were analysed, the report written, and circulated to the survey respondents by the end of March so as to be a timely report.

The total cost of the survey and report was under €2000, funded by a private charitable foundation.

## Findings

All questions and all responses are included.

### Question 1: Invitations and Responses Received

Type	Invited	Responded	Rate
CMS Lactation/Breastfeeding or midwife/nurse with specific responsibility for breastfeeding support	15	9	60%
Director of Midwifery or senior maternity manager	19	7	37%
Other: BFHI contact person if there was no breastfeeding lead person#	4	2	50%
Total	38	18	47%

# The contact person receives the communication from the BFHI Coordinator and responds on behalf of the hospital breastfeeding committee (if a committee exists). This person could be a general midwife assigned this role by a manager or it could be a ward manager.

### Question 2: How long have you been in this post in your current hospital? (If you moved from CMM3 to DOM post (or similar) within the same hospital combine both lengths of time.)

Type	Less than 1 year	1-5 years	More than 5 years
CMS Lactation/Breastfeeding or similar	0	2	7
Director of Midwifery or similar	1	2	4
Other contact person	0	1	1

### Question 3: In an average year how often would you have any contact with the BFHI National Coordinator? (Email, phone, or in-person)

Type	No contact	1-3 contacts	More than 3 contacts
CMS Lactation/Breastfeeding or similar	0	0	9
Director of Midwifery or similar	1	4	2
Other contact person	0	1	1

**Question 4: The BFHI in Ireland aims to provide supports and services to hospitals so as to assist hospitals to implement and sustain breastfeeding supportive practices. As regards your hospital, overall how satisfied or dissatisfied are you with the provision of services and supports to your hospital by the BFHI in Ireland?**

Choosing a point on a scale where 0 equalled very dissatisfied and 100 very satisfied, clinicians chose on average 89 (range 45-100), managers on average 73 (range 12-98) and others 27.5 (range 20-35).



**Question 5: Please mark the value of the BFHI Ireland services and supports towards implementing and sustaining breastfeeding supportive practices in your hospital.**

Across all the respondents, 87.8% agreed that the services and supports were all very useful or useful. The remainder of respondents knew about these services and supports but hadn't used them (7.6%) or didn't find them useful at all (4.6%).

Services and supports provided to hospitals by the BFHI in Ireland		Very Useful	Useful	Not useful at all	Know about this but never used	Not aware this exists
<b>BFHI Link newsletter and info sheets</b>	Managers	3	3	0	0	0
	Clinical	7	1	0	1	0
	Other	0	0	0	2	0
	<b>Total</b>	<b>10</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>0</b>
<b>BFHI web site</b>	Managers	3	4	0	0	0
	Clinical	8	1	0	0	0
	Other	0	1	0	1	0
	<b>Total</b>	<b>11</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>General emails and news items circulated by BFHI National Coordinator</b>	Managers	3	3	1	0	0
	Clinical	8	1	0	0	0
	Other	0	1	0	1	0
	<b>Total</b>	<b>11</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Individual hospital contact with BFHI National Coordinator</b>	Managers	4	3	0	0	0
	Clinical	8	1	0	0	0
	Other	0	1	0	1	0
	<b>Total</b>	<b>12</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Network with other hospitals at workshops</b>	Managers	2	3	2	0	0
	Clinical	7	2	0	0	0
	Other	1	0	0	1	0
	<b>Total</b>	<b>10</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Audit tools developed by BFHI Ireland</b>	Managers	2	4	1	0	0
	Clinical	4	4	1	0	0
	Other	0	1	0	1	0
	<b>Total</b>	<b>6</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Monitoring process via annual reports</b>	Managers	3	4	0	0	0
	Clinical	8	0	0	1	0
	Other	0	0	1	1	0
	<b>Total</b>	<b>11</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Action planning and evaluation</b>	Managers	3	4	0	0	0
	Clinical	7	2	0	0	0
	Other	0	1	0	1	0
	<b>Total</b>	<b>10</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Advocacy for quality care at national level</b>	Managers	3	4	0	0	0
	Clinical	8	0	0	1	0
	Other	0	0	1	1	0
	<b>Total</b>	<b>11</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Highlighting how Baby Friendly activities fits with other quality and improvement programmes</b>	Managers	4	3	0	0	0
	Clinical	8	1	0	0	0
	Other	0	0	1	1	0
	<b>Total</b>	<b>12</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>External assessment (either having this or working towards)</b>	Managers	5	2	0	0	0
	Clinical	7	2	0	0	0
	Other	0	0	1	1	0
	<b>Total</b>	<b>12</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>

Detailed comments were received from 7 clinicians and 2 managers and all were supportive of the work of the BFHI in Ireland. In particular the availability of the national coordinator to provide practical, evidence based and up to date information and support was valued along with the structure of an independent standardised framework for providing excellent infant feeding practices.

**Verbatim additional comments to the question: the value of the BFHI Ireland services and supports towards implementing and sustaining breastfeeding supportive practices in your hospital**

Managers:

*“Advocacy for compliance to Code of Marketing. Approachability and availability of co-ordinator in times of query. Go to person when advice required. Encouragement by co-ordinator through the assessment process to keep close links with the community. Appreciated Co-ordinators attendance at award ceremony. Really like the high standard set as feel really proud of the award and know that we worked hard to achieve it so all staff know that they are delivering care to a high standard. “*

*“BFHI was very helpful in relation to giving us advice regarding a research study on artificial formula.”*

Clinicians:

*“Provides training days i.e. assistance to plan and implement action plan to make evidenced based change of practice to improve services for mothers who both breastfeed and formula feed their babies. Availability of National BFHI Co-ordinator by email or phone to answer any query at any time. National BFHI Co-ordinator has a wealth of experience and knowledge and allows us to tap into this regularly.”*

*“BFHI is the sole standardised frame work for sustaining excellence in infant feeding practices in line with the WHO. BFHI is the only practical and educational support to our hospital in achieving and maintaining standards. As a hospital working towards accreditation we have no other valuable consistent support. Having extensive experience of working abroad and working in BFHI accredited hospitals and universities the frame work here is very similar in structure and functionality. BFHI is independent of hospitals and of the any bias in relation to funding. We have confidence in its independence and the high standard maintained. We have improved our hospitals breastfeeding practices through the support of BFHI.”*

*“BFHI is the only systematic measurable quality initiative available to us, to enable us provide best evidence to maternity care practice”*

*“An excellent resource for providing up to date information on any topic/issue to do with the breastfeeding mother and baby. The service of BFHI provides the foundation and building blocks for the development and implementation of policy's and guidelines that protect promote and support breastfeeding mothers and babies in our hospital.”*

*“Community mothers for additional support following discharge.”*

- “1. It has enabled me to deliver evidence based / up to date training to all grades of hospital staff on breastfeeding and supportive practices*
- 2. The National BFHI co-ordinator is always there for support either by telephone or email to help staff to deal with complex clinical issues which arise both with mothers on the ward and from mothers in the community*
- 3. The National BFHI co-ordinator is very knowledgeable with policy and guideline development and willingly assists hospitals to ensure they are evidence based*
- 4. The National BFHI co-ordinator keeps the CMS and contact hospital staff updated with newest evidence in relation to all aspects of BFHI and the international Code of Marketing*
- 5. The National BFHI co-ordinator assists hospital contacts to network with other hospitals and gain information on processes which has worked for them...prevent re-inventing the wheel which can waste a great deal of very valuable time.*
- 6. The National BFHI co-ordinator has been a very supportive resource for me since taking up my post as CMS/Lactation”*

*“Support from national co-coordinator/by receiving advice and information on how the WHO/UNICEF steps can be achieved---including evidence from hospitals both within and outside of Ireland. The hospital charts/ policies/documents/literature are inspected during assessment and recommendations on change /improvement given---very valuable to the role of the CMS. Research articles supplied within days, of request, from the national co-ordinator on topics relating to feeding practices.”*

**Question 6: Are there changes that would you like to see in the services and supports that the BFHI in Ireland provide to your hospital?** (Write in. Please be specific to BFHI rather than general midwifery changes)

Comments included suggestions for information sharing between hospitals, support for more funding to be made available to BFHI, a request for less of an administration burden, expansion of the work of BFHI to include neonates, paediatric and community services, the benefit of having a lactation consultant in every hospital and a team of BFHI support people who can visit hospitals regularly.

### **Verbatim responses**

#### Managers:

*“No, happy with current system”*

*“No”*

*“Less administration time, documentation very cumbersome.”*

*“I would prefer to see a system that recognises excellent clinical practice rewarded and acknowledged, as a separate and distinct process to the administrative element of PPG or website development, etc.”*

Clinicians:

*“Like to see workplace BFHI initiative activated. Also like to see some work in involving Neonates and General Paediatric units. Like to have an annual event each year with representation from all 19 hospitals, each maybe contributing something to share information with each other. Inter hospital support and recognition of achievements.”*

*“Yes, More specific funding. I have only recently come to realise that the BFHI here is a charity with limited funding. Given that, I am very impressed with work of BFHI and that 50% of maternity units are accredited here compared to other countries where the BFHI budget is huge and fewer hospitals reaching the standard. More funding will attract multidisciplinary health professionals and provide more support for BFHI activities.”*

*“Expand the BFHI to include paediatric and community services in the assessment / accreditation process.*

*I would like to see a lactation consultant in post in all maternity hospitals. BFHI provides evidence based best practice, guidance for the implementation of each step and regular updates on latest research findings.”*

*“Designated support people to the National Coordinator, who can visit the hospital regularly”*

*“No”*

*“No”*

*“Yes” (no further comment)*

Other:

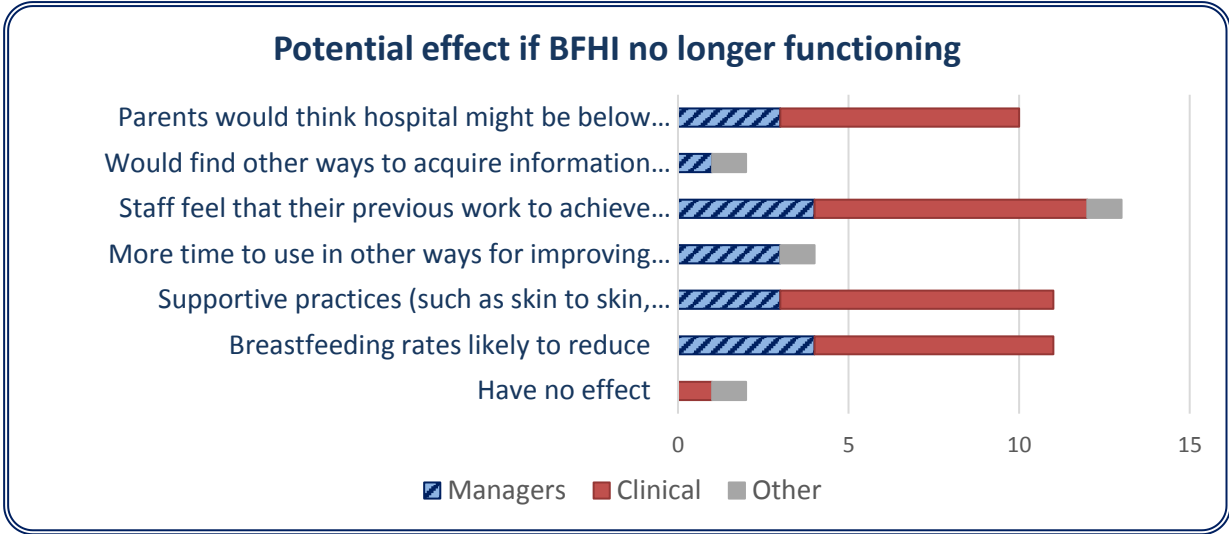
*“I would like to see more practical support for midwives and Health Care Assistants who provide the information and help to Mothers - not audits on whether everyone in a general hospital are aware and support BFHI”*



**Question 7: If the BFHI in Ireland was no longer functioning what effect might this have in your hospital? (Mark as many as apply)**

There was a strong response that without the BFHI standards would begin to drop, therefore reducing the quality of information and support available to mothers. Detailed comments were received from both clinicians and managers (9 comments in total) and all were supportive of the work of the BFHI in setting and maintaining standards.

Options offered	Managers	Clinical	Other	Total	%
Parents would think hospital might be below standards	3	7	0	10	56%
Would find other ways to acquire information and to monitor breastfeeding supportive practices	1	0	1	2	11%
Staff feel that their previous work to achieve BFHI standards was not valued	4	8	1	13	72%
More time to use in other ways for improving quality of care related to breastfeeding	3	0	1	4	22%
Supportive practices (such as skin to skin, exclusive breastfeeding) less likely to occur as routine	3	8	0	11	61%
Breastfeeding rates likely to reduce	4	7	0	11	61%
Have no effect	0	1	2	2	11%



**Verbatim additional comments to the question: If the BFHI in Ireland was no longer functioning what effect might this have in your hospital?**

Managers:

*“This would affect the whole momentum on keeping and maintaining out standards. BFHI gives us a goal to work towards”*

*"I use the possibility of contravening BFHI to deter other disciplines from contact with formula companies/use of advertising etc. We have changed practice in a number of ways as a result of BFHI and I would suspect that our position on these issues will be weakened if no longer functioning"*

*"Less focus on standards less compliance with Code of Marketing Less pride in staff of their achievement Standards would drop as nothing to aim for and keep compliance going. Less support available in times of query less resources available and interconnectness on breastfeeding. Staff not trained to standards--fall off in compliance as not mandatory. Nothing to aim towards. Reduce confidence in the hospital for parents. Will have effect on quality and safety for babies as lesser promotion, support and protection of breastfeeding will affect the health and wellbeing of babies."*

#### Clinicians:

*"Devalues all the work in the hospitals over the last 19 yrs, to participate and achieve BFHI status. High standards are always worth working towards. It is difficult to achieve full status but it is achievable and provides better services for mother and baby. Sustaining this standard is just as hard but so valuable. Practices such as skin to skin, rooming in, no formula logos on equipment, training for all staff, proper antenatal education (every woman has the right to education and making an informed decision), national infant feeding policy which incorporates 10 steps, hand expression techniques, expressed breast milk for the sick neonate as soon as possible as neonates are receiving EBM much sooner now than ever before - these are just some examples of the outcomes of being involved with BFHI in my hospital all contributing to a much safer, healthier and progressive maternity department. BFHI is much bigger than any one health professional. It brings us (Healthcare assistants, porters, physio, doctors, students, midwives, catering, secretarial, phlebotomists, contract cleaners, neonatal nurses, diabetic specialists, AMPs, parents and extended families, dieticians etc) together and aim towards excellence. This sense of achievement is shared by all who belong to somewhere that values working together as a team. Without BFHI as an award, this initiative is lost and hard to get back. Motivation is key."*

*"1. If no monitoring body exists for evaluating the standards and practices, will lead to gradual decline in best practices, thereby quality of care will fall below international standards.*

*2. Internationally maintenance of BFHI practises have shown better outcomes for mothers and babies, and a non-functioning BFHI Ireland will definitely impact on the outcomes for mothers and babies.*

*3. In a rapidly progressing health care system where all healthcare systems progress towards best practises and if BFHI Ireland does not progress or stop where we are now, it will lead to going backwards in terms of mother and baby friendly practises. Professionals should not allow this to happen, to our future generation."*

*1. The lack of BFHI nationally would have a very negative impact on all staff, mothers and babies in each of the 19 Maternity Units.*

2. *The lack of the present model of audit and the submission of an annual action plan from the CMS in hospitals would take away the great structure she works with annually.*

3. *Breastfeeding rates would certainly drop as the current practice of having short discussions on breastfeeding and supportive practices as per BFHI recommendation and standard with every antenatal patient at every clinic visit is a very positive ways to encourage and support good practice.”*

*“Professionally, I would be concerned that the standard of care provided would be less- we don’t know we are doing a good job if we don’t have a bench mark system, BFHI provides this system. I would also be concerned for my own practice- BFHI standards facilitate me to audit my own practice”*

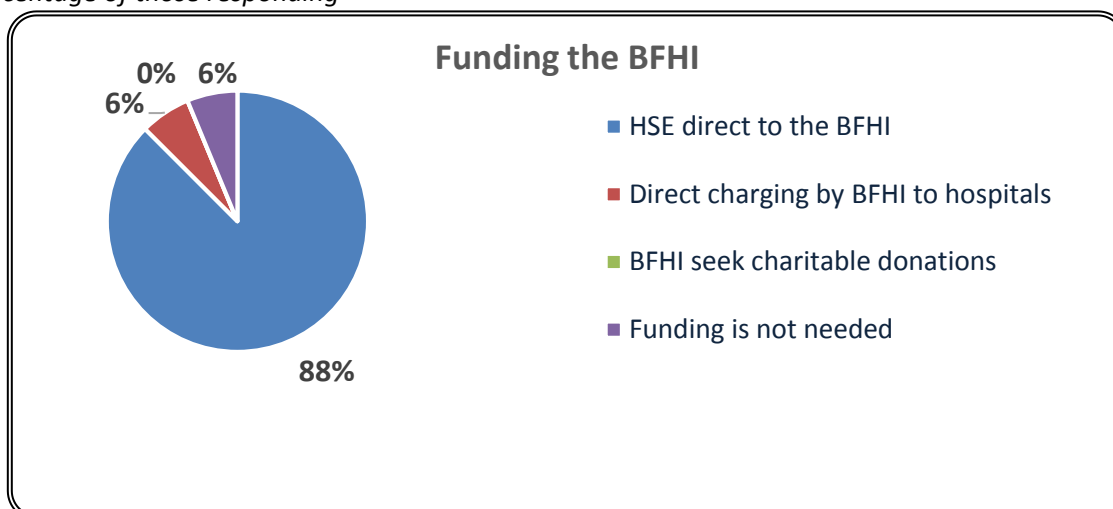
*“The foundation and building blocks for the development and implementation of policy's and guidelines that protect promote and support breastfeeding mothers and babies in our hospital would be compromised. It would return to a model of care which would not be evidence/research based. All hospitals in the country would not be working towards the same standard of care for our mothers and babies.”*

*“Supportive breastfeeding practices and all types infant feeding education to parents would not be the priority, that they are seen as currently, primarily due to independent assessment, which is based on universal standards and recommendations.”*

**Question 8: BFHI in Ireland services and supports to hospitals should be funded by ....**

Options offered	Managers	Clinical	Other	Total
The HSE direct to the BFHI National Committee through an on-going service agreement	6	7	1	14
Direct charging by the BFHI National Committee to the participating hospitals	0	1	0	1
BFHI National Committee seeking charitable donations from foundations and fund raising from the public	0	0	0	0
Do not think that the BFHI should continue so funding is not needed	0	0	1	1
Not answered	1	1	0	2

Percentage of those responding



**Verbatim additional comments to the question on funding:**

*“No comment” (Manager)*

*“Whichever way its funded it needs to continue.” (Manager)*

*“This should be considered a positive health initiative sponsored by the HSE. We should be looking forward and expanding these roles into the community, neonatal, paediatric departments, GP practices, workplace environment, schools, health centers, restaurants, hotels. Collectively this initiative can make a different to the general health of the whole population.” (Clinician)*

*“All other health promoting services are funded by HSE, e.g. quit smoking campaign, healthy eating- our most vulnerable population, infants and young children should be supported by HSE, to achieve optimum nutrition and birthing practice “(Clinician)*

**Question 9: Does your hospital hold designation as a Baby Friendly Hospital (externally assessed and awarded a plaque)?**

Type	Yes	No
CMS Lactation/Breastfeeding or similar	5	3
Director of Midwifery or similar	4	3
BFHI contact person	0	2

53% of all those responding said that their hospital holds a Baby Friendly Hospital designation.

**Question 10: Any other comments you would like to share about the services and supports provided or not provided by the BFHI in Ireland national structure?**

**Verbatim comments**

Managers:

*"No"*

*"No"*

*"I have been 16 years involved with BFHI and promoting compliance with the standards and I hold our status as a BFHI hospital high up there as one of the greatest achievements of the hospital and one that I am most proud. All along the journey the CMS Lactation Consultants and BFHI Co-Ordinator have shown true leadership. Passion comes after hard work and I consider all involved in BFHI and committee oozing with passion to promote, support and protect breastfeeding for the safety of women and babies."*

*"The BFHI structures might benefit from comparison with some of the International examples we reviewed when we were trying to understand why we failed to achieve the award. Accreditation can be awarded in the UK based on some elements achieved and percentages of the standards met, not just pass or fail. The feedback I received from my team is that the current processes for producing and reviewing action plans are too unwieldy. Whilst accepting the need to adhere to very high standards, we would welcome changes to the current system for example to reflect the fact that a hospital can achieve some credit for managing to support (high rate) of women to initiate breastfeeding. Our team felt totally deflated that this was apparently not of any relevance in the awarding of BFHI status. I wish the team all the best in revising the work of the BFHI committee and structures nationally. (Edited to remove identifying details)"*

*"BFHI gave the hospital a benchmark in relation to working towards BFHI status. It set a standard which this hospital did not achieve but we were working hard to improve our BF rates and support for BF mothers."*

Clinicians:

*“BFHI is a globally recognised award. BFHI provides a successful structure to build towards achieving a goal. All 19 maternity units at present are involved in some way at various stages. This provides unity and across country unified care. Approx 50% of hospitals have achieved full status and some even are on their 2nd and 3rd time to achieve full status. BFHI provides a system of universal recognition of best practices to achieve good care for mothers and their families in supporting their choices re infant feeding.”*

*“I am very happy with the services and supports provided by the BFHI in Ireland national structure.”*

*“I think BFHI is essential in maintaining a national structure to increase breastfeeding rates in Ireland.”*

*“I note it's a quality initiative which has 100% participation from maternity units currently. it has provided enormous support in the form of information to current national Infant feeding policy for Ireland and national information booklets for mothers.”*

*“The current assessment process ensures that all staff in the hospital work as a team in preparation for the assessment .Regular assessments and audits ensure that all staff get in-service training, to support breastfeeding mothers, specific to their role within the hospital.”*

*“I think BFHI is a trusted brand that people and the public recognise is a quality mark. In enforcing the standards from within the hospital depending on the" buy in" especially when faced with opposition, It's my opinion that BFHI on its own needs the backing of HIQA or some government agency to insist on follow through.”*

**Response of the BFHI National Committee to the findings of the independent survey undertaken with the Directors of Midwifery and the Clinical Midwife Specialists for Breastfeeding in the hospitals participating in the Initiative**

**March 31 2017**

We thank the respondents for participating in this survey and giving their time to share their views. It is heartening to see so many positive comments about the BFHI in Ireland and its value to those in the hospitals that we aim to serve and support so that they can assist infants and their mothers.

Fifty-three percent of the responses came from hospitals that hold designation as a Baby Friendly Hospital, which approximately represents the national profile. It also indicates that the Initiative is seen as relevant to both hospitals working towards designation and those working to sustain their standards.

The variety of findings when analysed as the type of respondent (DOM, CMS or other), highlight that hospitals who do not have a Clinical Midwife Specialist (CMS) for Breastfeeding, or similar lead person, may be less aware of the purpose of the BFHI and the services and supports available. There also may be a lack of time or lack of opportunity to engage with the BFHI services and supports as noted by the response of “know about this but never used”. Some awareness raising may also be needed among the managers so as to increase their perceived value for some of the services and supports, and to clarify some misunderstandings evident from some comments. A planned action is to develop an information pack for managers and those new to a position with content related to the Initiative.

Many of the responses emphasised the importance of measureable standards and having the up-to-date evidence base for practice. Achieving and maintaining international standards requires on-going hard work. In any sphere of life, just as in BFHI activity, few people enjoy doing action plans, evaluations or audits though they recognise the value of these activities. The hospital annual evaluations and the feedback also help the Committee to see where there are challenges to address. The BFHI national structure will continue to try to find ways to make that work a little easier.

The Baby Friendly Health Initiative is an *initiative* – a programme made up of many interwoven aspects. It involves implementing and sustaining practices in a quality improvement framework so as to provide a consistent supportive environment. The Initiative is much broader than only seeking to achieve high breastfeeding initiation rates; it is about providing evidenced based, measurable, individualised safe maternity care in relation to infant feeding and the wellbeing of infant and mother.

Additionally, survey responses commented on the importance of an independent monitoring and assessment body that is working with international standards. The BFHI National Committee strives to keep this independence and international link.

As the maternity services become a supportive environment, thoughts turn to expanding and to have initiatives for a breastfeeding supportive workplace for health care staff, supportive neonatal and paediatric hospital services, and joined-up care from a Baby Friendly community health service. Survey responses sought this expansion. All these expansions started in the past but then were paused due to lack of funds both in the services where improvements would be needed and for the Initiative activities.

Links with colleagues are very important in a CMS position as she often works in isolation. Networking workshops and individual hospital visits were rated in the survey as very useful or useful by both clinicians and managers. Unfortunately these are not taking place at present due to lack of funding.

The current lack of funding for the BFHI at a national level has reduced services and supports to the maternity services, which in turn may affect quality and safety of care for infants and their mothers as well as lifelong health and wellbeing. Eighty-eight percent of those responding said the HSE direct bulk grant to the BFHI National Committee through an on-going service agreement was the most appropriate funding model, commenting that other health promotion services are funded by the HSE. This funding model is not operational at present for the BFHI national activity.

Whilst the BFHI National Committee will continue to seek restoration of funding, hospital management and staff, and others reading this report, are encouraged to also make their views known to HSE directors and programme leads, the Minister of Health, and others who make decisions or influence decisions. The survey responses show the strong view that without the Initiative supportive practices and standards would be likely to decrease, staff may feel their work is not valued, and parents' confidence in maternity care may reduce.

The predominantly positive responses give an optimistic feel for the future of the Initiative. Please continue to give feedback so that the National Committee of the Baby Friendly Health Initiative in Ireland can provide and sustain the services and supports that assist maternity services to be a supportive environment for infants and their parents.

**Acknowledgements:** We thank our independent project manager Jane Waugh who agreed to work with an organisation that she had no prior contact with. She administered the survey and reported in a very timely manner so we could have the information reported within one month of sending out the survey. We also thank the charitable foundation (who has asked not to be named in this report) who funded this survey project and thus assisted in the health and wellbeing of today's babies towards a healthy future. And of course without the respondents we would not have been able to carry out this survey and have the views of these stakeholders to enlighten the future of the BFHI in Ireland.