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University College Cork, Ireland

Breastfeeding support: The role of the pharmacist.

Feb 12th 2025

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Presenter Information



Dr. Deirdre M D'Arcy is an Associate Professor of Pharmaceutics and Pharmaceutical Technology in Trinity College Dublin, Ireland

Relevant career experience –Hospital pharmacist, PG Diploma in Clinical Pharmacy; Community pharmacist; PG Dip Quality Improvement; PhD pharmaceutical technology; SP Cert Academic Practice.

Teaching: involved in Industrial and Hospital pharmacy relevant MSc programmes; Pharmacy programme (Currently Director of Undergraduate Teaching and Learning)

Current research focus:

 **i) Concurrent research in clinical areas such as PK in critical**

illness/oncology, and ongoing interest in medicines management in

breastfeeding patients.

 **ii) simulation of dissolution and integration of product performance with**

PBPK to determine biopredictive dissolution method

Presenter information

Dr Aoife Fleming is Senior Lecturer in Clinical Pharmacy School of Pharmacy University College Cork & Vice Head for Interprofessional Learning UCC.

Maximise support for breastfeeding for sustainable population health and wellbeing (**MaxSBF**): HRB funded APRO led by School of Nursing & Midwifery UCC.

Research interests:

- Expansion of pharmacist services
- Antimicrobial stewardship
- Medication safety
- Interprofessional education and collaboration



Presentation outline

How can pharmacist/pharmacy help? (Deirdre)

What can be barriers to pharmacy support for BF patients? (Deirdre)

Information resources (Deirdre)

Breastfeeding education (Aoife)

Competency development and communication (Aoife)

Ongoing research

Pharmacists supporting BF patients...

Several studies have found varying levels of comfort and confidence in pharmacists' ability to provide advice on medicines to BF patients.

➤ Research from US, Australia...

➤ (DD -Recent collaboration with Jordan University of Science and Technology)

CSIRO PUBLISHING
Australian Journal of Primary Health, 2015, 21, 46-57
<http://dx.doi.org/10.1071/PY13012>

Research
Medicine use and safety while breastfeeding: investigating the perspectives of community pharmacists in Australia

Martine de Ponti^{A,B}, Kay Stewart^A, Lisa H. Amir^C and Safeera Y. Hussainy^{A,D}

Research in Social and Administrative Pharmacy 13 (2017) 980-988

Contents lists available at ScienceDirect
Research in Social and Administrative Pharmacy
journal homepage: www.rsap.org

Towards the implementation of breastfeeding-related health services in community pharmacies: Pharmacists' perspectives

Tin Fei Sim^{a,*}, H. Laetitia Hattingh^a, Jillian Sherriff^b, Lisa B.G. Tee^a

Insights in Practice

Breastfeeding Support in a Community Pharmacy: Improving Access through the Well Babies at Walgreens Program

Amy Lenell, PharmD, CLC¹, Carol A. Friesen, PhD, RDN², and Laura Hormuth, MS, RDN²

International Lactation Consultant Association
Journal of Human Lactation
2015, Vol. 31(4) 577-581
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/0890334415279418
jhl.sagepub.com
SAGE

Original Research

Community Pharmacists' Current Practice and Educational Needs in Breastfeeding Support in Jordan: A Cross-Sectional Study

Mea'ad M. Harahsheh, MSc¹, Tareq L. Mukattash, PhD^{1,2}, Samah Al-shatnawi, PhD¹, Rana Abu-Farha, PhD², Sawsan Abuhammad, PhD^{2,3}, Deirdre D'Arcy, PhD^{4,5}, and Anan Jarab, PhD^{1,5}

International Lactation Consultant Association
Journal of Human Lactation
2024, Vol. 40(1) 132-142
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DOI: 10.1177/08903344231206394
journals.sagepub.com/home/jhl
Sage

Insights in Practice

Pharmacists as an Underutilized Resource for Improving Community-Level Support of Breastfeeding

Roger A. Edwards, ScD¹

Hussainy and Demele International
<http://www.internationalbreastfeedingjournal.com/content/6/1/11>

INTERNATIONAL BREASTFEEDING JOURNAL

REVIEW

Open Access

Knowledge, attitudes and practices of health professionals and women towards medication use in breastfeeding: A review

Safeera Y Hussainy^{*} and Narmin Demele

Barriers and enablers to pharmacist support

- Survey (NOTE: ~10 years ago)
- 158 parents with experience of breastfeeding completed the full survey
- Focus on one free text question at end of survey –65 comments received:

Identifying barriers/obstacles to offering breastfeeding support services from the community pharmacy.

If you are aware of any barriers or obstacles to the delivery from a community pharmacy of any of the breastfeeding support services outlined in this survey, or any general obstacles you perceive around the role of the community pharmacist or pharmacy in offering support to breastfeeding mothers, please give details in the box below:

Qualitative analysis: 6 Themes were identified

Collaborators:

Rose Duignan

Dr. Suzanne McCarthy UCC

Prof Martin Henman (TCD)

Barriers and enablers to pharmacist support

1/2

Theme	Examples
i) Knowledge on Safety of Medication in Breastfeeding	<p><i>"In my experience, a lot of pharmacists err on the side of caution and say meds not suitable while breastfeeding."</i>(SH49)</p> <p><i>"I have found pharmacists (along with other health professionals) to be frequently sorely lacking in up to date information about safety of drugs in breastfeeding, generally going by the packet insert/manufacture's info rather than a reliable source of facts such as Lactmed, the BFN specialist pharmacist's factsheets, or Thomas Hale. Have heard of far too many women being told they can't take OTC medicines, or worse to wean, "pump and dump", supplement with formula to avoid baby getting "tainted" milk etc. when in fact very few drugs are completely non BF-compatible."</i>(SH113)</p>
ii) General awareness and knowledge of breastfeeding among pharmacists	<p><i>"I think the lack of awareness amongst pharmacists is generally in line with the lack of awareness in the general population around bf in Ireland."</i>(SH10)</p> <p><i>"General ignorance of breastfeeding, how it works, how good it is, how long is 'normal' to breastfeed, that breastfed babies don't need topping up with formula..."</i> (SH59)</p> <p><i>"The pharmacist may not have first hand experience or training with breastfeeding and therefore give advice from "the book" which may not be best advice for individual mothers."</i> (SH146)</p> <p><i>"I have had only good experiences when asking pharmacists about meds while breastfeeding, no matter their sex or age. They are sometimes unable to offer alternatives to the medication breastfeeding mothers can't take, but I suspect that is because there aren't any"</i> (SH124)</p>
iii) Use of other resources	<p><i>"sometimes lacmed or forums better than pharmacist"(sic) (SH27)</i></p> <p><i>"I relied solely on la leche league, lactation consultants and Dr. Jack Newman's books and website...as well as moral support from other woman on forums like Facebook."</i>(SH49)</p>

Barriers and enablers to pharmacist support

– 2/2

Theme	Examples
iv) Products and resources available for breastfeeding	<i>“there is also a very small choice of breastfeeding related products in small chemists” (SH10)</i> <i>“Stock pharmacists with a wide range of nipple shields, breast pads, good breast pumps (not the ones that leave you pumping for 30 mins to empty the breast), nipple soothing products” (SH28)</i>
v) Conflict of interest	<i>“There is also a lot of scepticism about pharmacy's independence due to sponsorship by pharmaceuticals and formula companies”(SH13)</i> <i>“Their primary goal is to make a profit. So I would see it as a conflict of interest for them to be “diagnosing” or recommending particular breastfeeding solutions that involve buying products (such as nipple shields, buying/hiring breast pumps, etc.)” (SH9)</i>
vi) Role of the pharmacist as a resource for breastfeeding	<i>“I associate pharmacist with treating sick people. Breastfeeding is not an illness so wouldn't put the two together”. (SH163)</i> <i>“I wouldn't support nutritional advice being given by pharmacies.” (SH88)</i>

Sources of information on medicines use while BF

A Comparison of FDA and EMA Pregnancy and Lactation Labeling

Dana Kappel^{1*}, Leyla Sahin², Lynne Yao², Shannon Thor³ and Sandra Kweder¹

CLINICAL PHARMACOLOGY & THERAPEUTICS | VOLUME 113 NUMBER 6 | June 2023

2 Considerations:

1. What sources of information are available for pharmacists, and how to interpret this information?
2. What sources of information has the mother already used, and how has she interpreted this information?

<https://www.sps.nhs.uk/articles/advising-on-medicines-during-breastfeeding/>

<https://www.sps.nhs.uk/articles/questions-to-ask-when-giving-advice-on-medicines-and-breastfeeding/>

<https://www.sps.nhs.uk/articles/information-resources-for-advice-on-medicines-and-breastfeeding/>

<https://nmiccomms.newsweaver.com/eohpv2ez1d/1134y6v08y5>

Contents

Developing your advice

Minimising side-effects in the infant

— Simplify the mother's medication

— Offer alternatives

— Medicine factors to consider

— Timing of feeds

Monitoring the infant

— Communication

Expert advice

Update history

Developing your advice

Once you have completed a risk assessment of the medicine(s) in breastfeeding, you are ready to provide advice. The overall aim should be to allow the mother to continue breastfeeding where possible, whilst taking the most appropriate treatment.

In the majority of cases this will be possible, particularly if you have based your risk assessment on the advice we provide. However in some cases, where medicines **cannot** be continued as normal whilst breastfeeding, you may need to suggest different options.

Minimising side-effects in the infant

Risks to the infant should be reduced whilst protecting the breastfeeding relationship.

Simplify the mother's medication

Avoid unnecessary medicine use, including self-medication.

In general, the less medicines a mother is taking, the less risk to the infant. If a mother is taking medicines during pregnancy, review these before delivery and consider whether the medicine could be stopped, or if non-medicinal options could be used instead.

Offer alternatives

In some cases, an alternative medicine or formulation may be safer or have more evidence for its use. This could include changes to the route of administration.

- Importance of the risk assessment
 - Challenges of the risk assessment

- Importance of asking questions**
 - Identifying risk factors
 - **Informing risk versus benefit assessment**

- Gathering and using information
 - Ask about the mother
 - Ask about the infant
 - Ask about medicines and therapies
 - Look at the evidence
 - Complete the risk assessment
 - Make a decision
 - Seek further advice

Checklist to download

Update history

throughout pregnancy.

Gathering and using information

The information you need to establish if medicine(s) are compatible with breast feeding and therefore formulate a suitable response to your enquiry indicated in the following sections. You might not be able to get all this information, but it is important to get as much as possible.

We have produced a template on which you can record your findings and attach to the patient records, where available.

Show all steps ▾

1 Ask about the mother

Show ▾

2 Ask about the infant

Show ▾

3 Ask about medicines and therapies

Show ▾

4 Look at the evidence

Show ▾

5 Complete the risk assessment

Show ▾

6 Make a decision

Show ▾

7 Seek further advice

— Advising on medicines during breastfeeding

Contents

SPS Breastfeeding resources

— Further information

Our top additional suggestions

— e-lactancia

— LactMed

— NHS website: Medicines A-Z

— NICE Clinical Knowledge Summaries

Other breastfeeding resources

— BNF

— BNF for Children

— Breastfeeding Network (BFN)

— Briggs' Drugs in Pregnancy and Lactation

— Electronic Medicines Compendium

— GP Infant Feeding Network

— Medications and Mothers' Milk (Hale)

— Medicines Learning Portal

— Unicef Baby Friendly Initiative

Update history

Other breastfeeding resources

We have provided our views on determining the limitations (if any) of additional resources you might come across when answering a lot of questions about medicine use in breastfeeding.

BNF

- The [BNF](#) statements on use of medicines during breastfeeding are brief and may be based largely on SmPC statements.
- As such, the information is generally over cautious.

BNF for Children

- In some circumstances it may be helpful to check the [BNF for Children](#) to see if the medicine can itself be used in neonates or infants as this provides reassurance of use in the paediatric population.

Breastfeeding Network (BFN)

- The [BFN](#) is a UK charity which provides support for breastfeeding in general, including a helpline accessed via Facebook.
- The website includes patient leaflets on some medicines, however the advice does not appear to be sufficiently evidence-based.

Briggs' Drugs in Pregnancy and Lactation

- [Briggs](#) is a US publication with information about medicines during both pregnancy and lactation.
- The pregnancy information dominates each monograph with limited information on lactation.
- The level of detail is not usually sufficient or helpful for Briggs to be used as a resource for medicines in breastfeeding.

Electronic Medicines Compendium

- The [Electronic Medicines Compendium](#) (eMC) contains Summaries of Product Characteristics (SmPCs) and Patient Information Leaflets (PILs).
- This information clarifies the licensed status of a medicine's use during breastfeeding and is not clinical advice.
- Manufacturers generally take a very cautious approach because of a lack of data.
- These should not be used as a sole information source for these types of medicines-related question.

GP Infant Feeding Network



« back to cover page

Medicines information resources on lactation

Please refer also to standard medicines information resources.

Title	Content	Website and accessibility
HSE Antibiotic Prescribing	Includes guidelines for prescribing antimicrobials in lactation.	www.antibioticprescribing.ie Freely accessible
Specialist Pharmacy Service (SPS)	The Specialist Pharmacy Service (commissioned by NHS England) website provides training and guidance to help decision making about the use of medicines in breastfeeding.	https://www.sps.nhs.uk/home/guidance/safety-in-breastfeeding/ Freely accessible
e-lactancia	This is a Spanish website, with English translation provided. It has a wide coverage of medicinal products with succinct entries and some monographs have short additional notes. Suitable alternatives are given where available.	www.e-lactancia.org/ Freely accessible
LactMed®	US database which includes monographs on the safety of medicines in breastfeeding.	www.ncbi.nlm.nih.gov/books/NBK501922/ Freely accessible
NMIC bulletin	A bulletin on the use of medicines in breastfeeding women was published in 2021.	Use of medicines in breastfeeding women Freely accessible
The Breastfeeding Network	This is a website that provides evidence-based and practical information for mothers who breastfeed; it has information leaflets on use of drugs in lactation.	www.breastfeedingnetwork.org.uk/drugs-factsheets/ Freely accessible
Academy of Breastfeeding Medicine	This website includes protocols (guidelines) aimed to facilitate best practices in breastfeeding medicine.	www.bfmed.org/ Freely accessible
Hale's Medications & Mothers' Milk	Online or print; online content may be updated in between published print editions.	www.halesmed.com Book available to purchase or online paid subscription

Like (0)

Specific point on meds advice: PK concepts!

Timing feeds around medication use

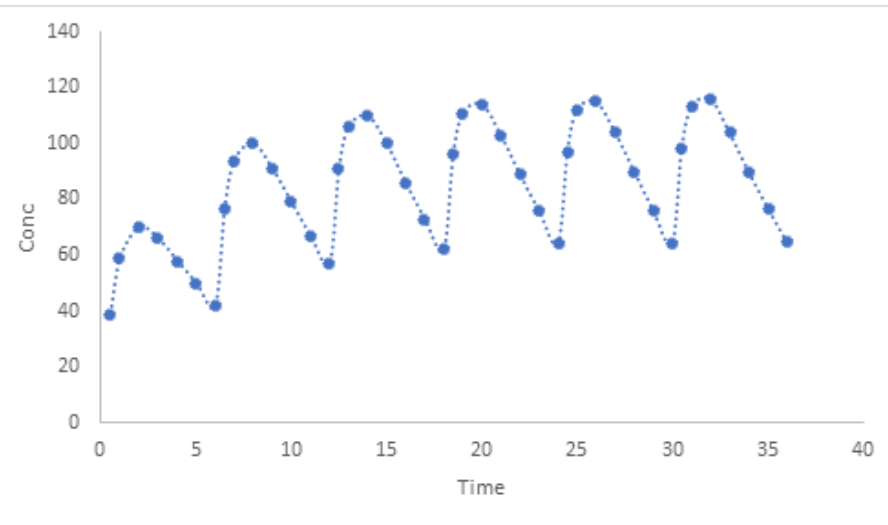
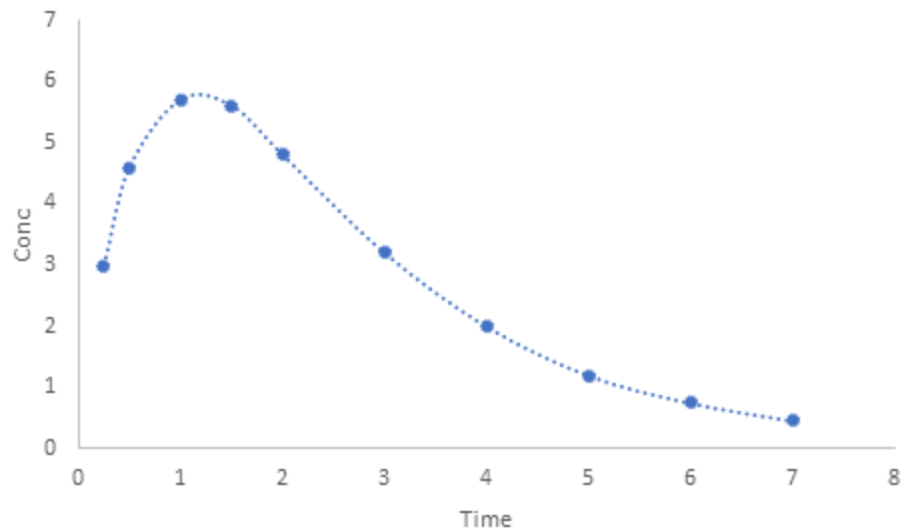
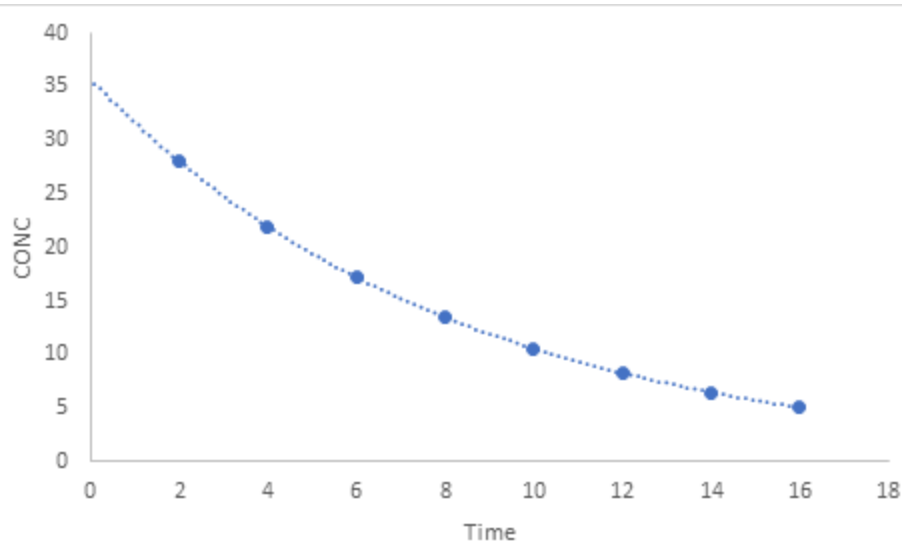
Advice can be along the lines of "Use a drug with a short half life, BF just before taking (or just after if e.g. oral) so that baby is exposed to lowest concentration" ... Or if single dose, consider near complete elimination after 4-5 half lives...

Problems:

- **What is short half life? ($t_{1/2}$ 2-3 hrs could be considered short)**
- **Does waiting "4-5 half lives" after taking the medicine bring us to near-complete elimination? (after taking an oral tablet??)**
- **Can you time feeds around medication in this way?**

Babies feed on average 8 times per day, can be up to 16 times (!), cluster feeding, duration of each feed...

Consider sample conc-time profiles



Breastfeeding –ongoing research

Own research:

"Theoretically informed and data-driven innovations in medication self-management and breast-feeding" PI Prof Tamasine Grimes, Co-PIs Déirdre Daly (Midwifery), Deirdre D'Arcy (Pharmacy), Juliette O'Connell (Pharmacy), Sam Cromie (Psychology/Human systems) -commenced Sept 2024.

Other -

e.g.

ConcePTION IMI

<https://www.imi-conception.eu>

Key objectives of the project

The main goal of ConcePTION is to establish a trusted ecosystem that can efficiently, systematically, and in an ethically responsible manner, generate and disseminate reliable evidence-based information regarding effects of medications used during pregnancy and breastfeeding to women and their healthcare providers. This will be achieved by generating, cataloguing, linking, collecting and analysing data from pharmacovigilance, modelling, routine healthcare, breastmilk samples through a large network.

Papers e.g. Van Neste, M., Bogaerts, A., Nauwelaerts, N., Macente, J., Smits, A., Annaert, P., Allegaert, K., (2023) Challenges Related to Acquisition of Physiological Data for Physiologically Based Pharmacokinetic (PBPK) Models in Postpartum, Lactating Women and Breastfed Infants—A Contribution from the ConcePTION Project. *Pharmaceutics*, 15(11):2618. DOI: <https://doi.org/10.3390/pharmaceutics15112618>

Cardoso, E., Guidi, M., Nauwelaerts, N., Nordeng, H., Teil, M., Allegaert, K., Smits, A., Gandia, P., Edginton, A., Ito, S., Annaert, P., & Panchaud, A. (2023) Safety of medicines during breastfeeding – from case report to modeling: a contribution from the ConcePTION project, *Expert Opinion on Drug Metabolism & Toxicology.* DOI: [10.1080/17425255.2023.2221847](https://doi.org/10.1080/17425255.2023.2221847)

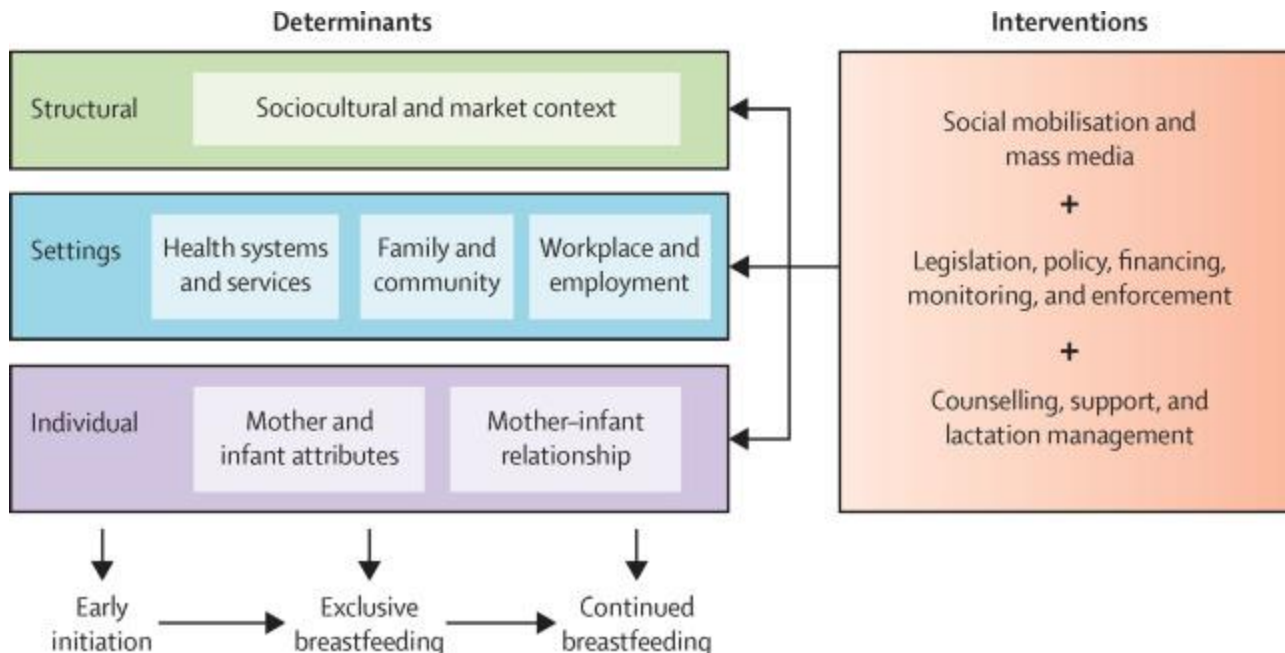


Breastfeeding support is everyone's business

Success in BF is not the sole responsibility of the mother –
Collective societal responsibility

A universal approach to BF support is not embedded in
healthcare education.

Baby Friendly Hospital Initiative. UN Hospital Accreditation



Breastfeeding support from healthcare professionals

Well placed to provide support, however:

- Knowledge and skills gaps
- Healthcare professionals lack confidence
- Organisational challenges in healthcare
- Need for person-centred care
- Marketing of cows milk formula

- Variable Education in BF across healthcare programmes
- Postgraduate training focused largely on midwives, lactation consultants, nurses....less for other professions.

- Interprofessional Education (IPE)



SUSTAINABLE DEVELOPMENT GOALS



Why do health care professionals need BF education?

- Women should have access to skilled support and consistent, up to date, evidence-based advice.
- Risk of inconsistent/conflicting/inadequate information – can negatively impact BF (Dykes 2006)
- Several key groups support BF:
 - health practitioners, including midwives, maternal and child health nurses, medical doctors, healthcare assistants, neonatal nurses, community-based nurses, pharmacists, infant feeding specialists and lactation consultants;
 - trained breastfeeding counsellors from a breastfeeding support organization;
 - peer supporters;
 - significant others such as family and friends

Importance of women's views

Dykes et al. *International Breastfeeding Journal* (2023) 18:49
<https://doi.org/10.1186/s13006-023-00583-z>

International Breastfeeding
Journal

RESEARCH

Open Access

Women's perceptions of factors needed to encourage a culture of public breastfeeding: a cross-sectional study in Sweden, Ireland and Australia



Charlotta Dykes^{1,2*}, Pernilla Ny¹, Yvonne L. Hauck³, Lesley Kuliukas³, Louise Gallagher⁴, Vivienne Brady⁴ and Christine Rubertsson^{1,5}

Online survey: Ireland (n=1597), Australia(n=7602), Sweden(n=1252)

Key themes:

- Make breastfeeding visible in society
- **Healthcare professionals support and knowledge regarding breastfeeding;**
- Education of the public
- Inviting environment

Breastfeeding education

**Vicarious
knowledge**

**Embodied
knowledge**

**Practice
based
knowledge**

**Formal
knowledge**

- Education that incorporate opportunities for
 - Deep reflexive learning
 - personal debriefing,
 - high levels of interaction and teaching of basic person-centred counselling skills.
- Offer to pre-registration for all midwives, doctors, public health nurses, and others less directly involved should engage in this education e.g. pharmacists, social workers.

Interprofessional education to support breastfeeding

Clinical Simulation in Nursing (2024) 95, 101603



ELSEVIER

Clinical Simulation
in Nursing

www.elsevier.com/locate/ecs

Effectiveness of interprofessional development of foundational lactation open education resources

Suzanne Hetzel Campbell, PhD, RN, FCNEI, CCSNE, IBCLC^{a,*},
Nicole Bernardes, PhD, PT^{b,c}, Thayanthini Tharmaratnam, MSN, RN^b,
Melanie Willson, RN, MPH^d, Claudia Krebs, MD, PhD, FAAA^e,
Kim Campbell, RM, MN^f, Marianne Brophy, B. Comm, IBCLC^g,
George Oliveira Silva, MSN, RN, PhD(c)^h

- Open educational resource (e-learning)
- >800 students, >300 HCPs
- Consistent approach to BF education for HCPs
- Support needs of diverse families – equity and inclusion lens.
- Efficient & effective learning.

RESEARCH ARTICLE

Evaluating interdisciplinary breastfeeding and lactation knowledge, attitudes and skills: An evaluation of a professional graduate programme for healthcare professionals

Denise McGuinness^{1,*}, Kate Frazer¹, Karl F. Conyard^{2,3}, Paula Cornally¹,
Lauren Cooper¹, Niamh Vickers¹

¹ School of Nursing, Midwifery & Health Systems University College, Dublin, Ireland, ² School of Public Health, Physiotherapy and Sports Science, Dublin, Ireland, ³ The Royal College of Surgeons in Ireland, University of Medicine and Health Science, School of Medicine, Dublin, Ireland

- Graduate module for 55 HCPs in UCD.
- 250 hours learning, 3 in-person education days, online learning
- Advanced level support.
- Significant increase in knowledge, skills and confidence.

HSE Competency Framework for Breastfeeding support.

- *"Supporting breastfeeding as the biological norm and respecting women's decisions are core principles of competency for every healthcare worker providing support to the breastfeeding mother. "*

Level	Description
Awareness	..not engaged full time in care of the breastfeeding mother, have had some orientation in supporting breastfeeding children and their mothers. Basic factual knowledge underpins the care and support offered...
Generalist	..actively engaged in providing regular care and support to breastfeeding mothers... are involved in direct care of breastfeeding children and their mothers who have routine information and assistance needs and sometimes more challenging needs around BF... require a greater degree of knowledge and skills competence
Specialist	Aimed at health care professionals who provide in depth care and support with breastfeeding challenges, are a resource to other health care workers and develop the capacity of the healthcare team in relation to BF. This includes BF specialists with an IBCLC...

<https://www.hse.ie/file-library/competence-framework-for-breastfeeding-support.pdf>

When should you refer to a Lactation Consultant (IBCLC)?



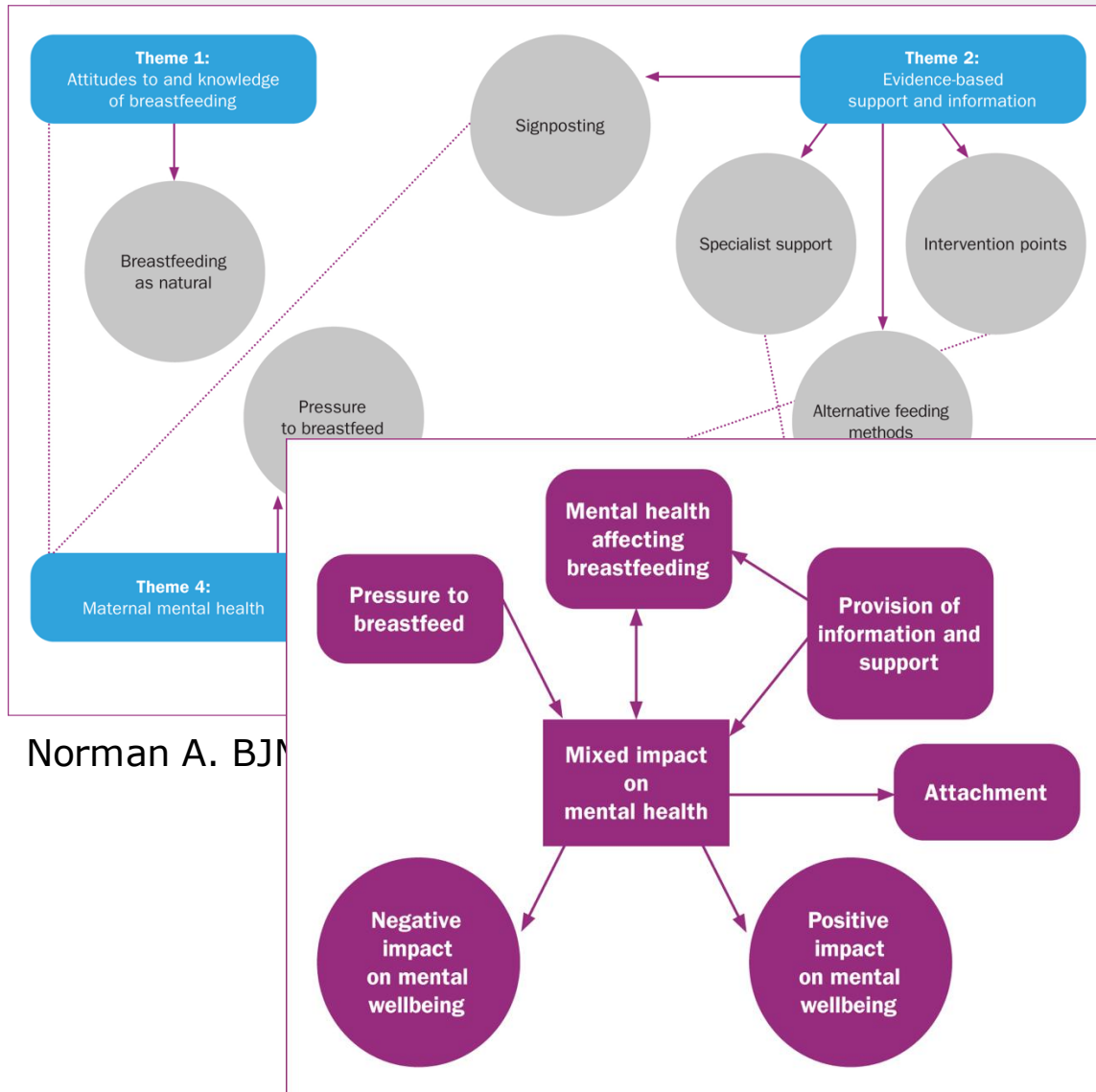
Parents should be directed to a lactation consultant (IBCLC) for breastfeeding management issues.

Below are examples of breastfeeding management issues that ALCI advise that a Lactation Consultant is consulted with to support, promote and protect breastfeeding:

- Latching problems,
- Supplementation and breastfeeding
- Managing tongue tie
- Medication and Lactation
- Mastitis
- Over supply
- Low milk supply
- Faltering growth /Slow weight gain in the breastfeeding infant
- sore/cracked nipples,
- Exclusive Pumping (EBM),
- Re-lactation,
- Breastfeeding and back to work,
- Breastfeeding while pregnant,
- Weaning from breastfeeding.

<https://alcireland.ie/hse-or-ibclc>

Breastfeeding influential factors



Norman A. BJM

Physical challenges:

- Latch (tongue tie)
- Position for feeding
- Supply
- Pumping
- Sore nipples or pain during feeding
- Blocked ducts, Mastitis
- Mother – baby separation
- (ref: ALCI)

Communication in BF support

CASCADEHEALTH.COM

COMMUNICATION STRATEGIES FOR BREASTFEEDING SUPPORT



Effective communication between midwives and new mothers is essential for breastfeeding success. By employing specific strategies, midwives can create an environment of trust, understanding, and support.

- ♥ Assess the Mother's Priorities
- ♥ Active Listening
- ♥ Kind and Caring Language
- ♥ Positive Reinforcement
- ♥ Clear Instruction
- ♥ Models and Visual Aids
- ♥ Emotional Support
- ♥ Personalized Advice



Midwives can create a supportive environment that empowers new mothers by employing effective breastfeeding communication strategies. Your expertise, empathy, and dedication can make a significant difference in their experiences. Every interaction is an opportunity to build trust, provide valuable guidance, and celebrate the unique bond between mother and baby.

Explore the breastfeeding models from Cascade Health Care for further resources and tools to enhance your breastfeeding support. Together, let's continue to create meaningful connections and ensure positive breastfeeding experiences for all mothers.



Interpersonal communication skills for supporting breastfeeding mothers

A handbook for community health support staff in emergency settings



- ### WHO Communication principles:
- Counselling skills: listen & learn
 - Helpful non-verbal communication
 - Ask open questions
 - Show interest with responses & gestures
 - Reflect – Empathise – Affirm
 - Avoid confrontation, non-judgmental
 - Do not dismiss or debate
 - Ask permission to share information

<https://www.who.int/europe/publications/i/item/WHO-EURO-2024-9494-49266-73606>

- Aim:** Identify how breastfeeding can be normalised and support maximised in Ireland applying an Integrated Knowledge translation (IKT) design. Participants include expert researchers, knowledge users (HCPs, AHP, Policy makers), PPI knowledge users (LLL/ALCI), and other not-for-profit organisations (CES and CDI).
- Promotion and population awareness.
 - Economic models, Human milk bank sustainability framework.
 - Integrate an interprofessional learning model on breastfeeding support for undergraduate healthcare students.
 - This integrated programme of research will translate evidence to enhance supports at structural, setting and mother/infant dyad level to maximise breastfeeding.



MaxSBF

42 followers

3w • Edited •

MaxSBF kicked off 2025 with our first in-person meeting to discuss our Logic Modelling that the individual work packages have been working on. It was a great opportunity to bring our diversity of experience together and to discuss how we can achieve the aims of the project for infant and maternal health in Ireland. Thank you to [Centre for Effective Services](#) for their excellent facilitation. This brought our collective experience to the fore and will help us with making further connections to benefit the project. Thank you to all of the team and participants who brought all of their energy, enthusiasm and expertise to make the most of the day!

Patricia Leahy-Warren Helen Mulcahy Elaine Lehane Jennifer Hanratty Gillian Weaver MBE Jane Bourke Emma Reilly Aoife Fleming Dr Margaret Murphy Karen Matvienko-Sikar Marian Quinn Claire Ferris Heather Morgan Association of Lactation Consultants in Ireland (ALCI) The Childhood Development Initiative Karl McGrath Caroline Rawdon Aoife Long CIRCU - Centre for Implementation Research at UL



Resources for Healthcare professionals

Breastfeeding repository for Healthcare professionals:

Association of Lactation Consultants Ireland:

<https://alcireland.ie/parent/resources-for-healthcare-professional>

<https://alcireland.ie/healthcare-provider>

Health Service Executive:

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/breastfeeding-healthy-childhood-programme/breastfeeding-websites/#:~:text=The%20La%20Leche%20League%20in,person%20or%20on%20the%20telephone.>

Cuidiu:

https://www.cuidiu.ie/supports_breastfeeding_breastfeedinggroups

La Leche League: <https://www.lalecheleagueireland.com/groups>



Thank You



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



UCC

Coláiste na hOllscoile Corcaigh
University College Cork, Ireland