From science to policy: experience of the Breastfeeding in Ireland Strategic Action Plan. By C.N.M. KELLY¹, V. BATT² M. FALCON³ and S. NIC GABHAINN¹, ¹Health Promotion Research Centre, 12 Distillery Road, National University of Ireland, Galway, Republic of Ireland, ²Women’s Studies Centre, National University of Ireland, Galway, Republic of Ireland and ³National Breastfeeding Coordinator, Department of Health and Children, Republic of Ireland

Healthcare decisions and policy-related issues are increasingly being made on research-based evidence. However, translating evidence into practice and policy can prove difficult and time consuming, not least because scientists are not always cognisant of the processes involved in policy-making (Lang, 2005). One area in which there is considerable evidence for benefits to health, society and the economy is breast-feeding. Yet, translating this evidence into practice and policy and in turn improving breast-feeding rates can prove difficult. Such was the case in the Republic of Ireland where, although the first national breast-feeding policy (Department of Health, 1994) led to numerous developments in breast-feeding protection, promotion and support within Ireland, the breast-feeding rate continued to be one of the lowest in Europe. The most up-to-date available breast-feeding rates at national level are 42.4% exclusive breast-feeding plus 3.2% partial breast-feeding at maternity hospital discharge in 2004 (National Perinatal Reporting System Unit, unpublished).

As a result, the Minister for Health and Children appointed the National Committee on Breastfeeding in 2002. The main focus of the Committee was to undertake a review of the 1994 National Breastfeeding Policy, and at the time Ireland was the only European country to undertake this task (EU Project on Promotion of Breastfeeding in Europe, 2003). This review paved the way for a 5-year strategic action plan for breast-feeding in Ireland. Members of the Committee included those in key positions in statutory and voluntary services related to expectant parents and breast-feeding families as well as representatives of women’s organisations and the general public.

The scientific evidence and the members’ views, along with the public submissions, were the main sources of information employed in undertaking the review of the 1994 National Breastfeeding Policy, which was published in 2003 (Department of Health and Children, 2003). The commitment to the promotion of breast-feeding from everyone involved was unquestionable. However, there was considerable debate on the prominence of certain issues, e.g. rooming-in and the role of midwives in breast-feeding initiation. The role of the scientists involved was to consider the scientific evidence as well as practical issues relevant to the Irish context, but equally the expectations of the policy makers, who themselves have agendas and criteria to be considered. Disseminating the findings in a policy-relevant format was essential to the success of the strategic action plan. It is recognised that the policy-evidence relationship can be complex and policy-making can be political, and that lobbying from interest groups can sometimes benefit, but also thwart, evidence-based policy (Lang, 2005). Yet, the publication of the strategic action plan for breast-feeding in Ireland (DOHC, 2005) demonstrates that international research and current best practice can successfully find its way into policy.

The experience in Ireland highlights the need for future reviews of nutritional science to be targeted specifically to policy issues and thus policy makers, and for these reviews to be published in peer-reviewed journals. There are numerous published articles which refer, albeit briefly, to the implications of findings on practice or policy. Journal editors and reviewers should insist that further details of how this might happen be included in articles to be published or consider the inclusion of specific policy reviews in mainstream journals.