

Breastfeeding education in the school setting: a review of the literature



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Breastfeeding education in the school setting

Introduction

Despite the known benefits, Northern Ireland has the lowest rate of breastfeeding in the United Kingdom and one of the lowest rates in Europe and beyond. The Infant Feeding Survey for 2000 (a UK-wide survey which is carried out every five years) showed that 54% of mothers in Northern Ireland breastfed their child at birth. One week later, this figure had dropped to 37% and by the time the baby was six weeks old, the percentage had decreased to 26% (the figures for England and Wales by comparison were 71%, 57% and 43%).¹

The Department of Health, Social Services and Public Safety (DHSSPS) has sought to address this issue in several ways through:

- the development of the *Breastfeeding Strategy for Northern Ireland*;²
- the formation of the Breastfeeding Strategy Implementation Group in 1999;
- the appointment of a Regional Breastfeeding Coordinator in 2002.

Much work has been undertaken since then in relation to the objectives set out within the strategy and significant progress has been made in many areas. However, breastfeeding education in the school setting is an area which could be improved and developed further.

This paper aims to strengthen the case for breastfeeding education in schools by highlighting opportunities and approaches. It therefore examines the policy context and summarises research evidence and current practice in relation to breastfeeding education in school. In addition, it points to available resources and pilot projects, makes suggestions regarding incorporating breastfeeding into the curriculum, and concludes with recommendations for action.

Policy context

The United Nations' Rights of the Child document (article 24e) states that all children have a right to have access to education.³ In addition, the World Health Organization's *Global strategy on infant and child feeding*, published in April 2002, clearly states that whilst breastfeeding is a natural act it is also a 'learned behaviour'. Therefore, "accurate information should be provided through schools and other educational channels to promote greater awareness and positive perceptions".⁴

The UNICEF UK Baby Friendly Initiative also echoed this sentiment in their document, *Towards national, regional and local strategies for breastfeeding*. They also stressed that "access to impartial information is essential for informed decision making. Ideally future parents should therefore receive accurate, unbiased information as part of their school education". UNICEF further advised that breastfeeding education should formally be included in the national curriculum but, until that time, schools and teachers should be encouraged to include it within the realms of the existing curriculum.⁵

In 1999 the World Alliance for Breastfeeding Action (WABA) developed a blueprint for how educational establishments could incorporate breastfeeding promotion into their curriculum when they made 'Breastfeeding: education for life' the theme for that year's World Breastfeeding Week. WABA produced an action folder that contained ideas for those in primary, secondary and tertiary education on how best to integrate information on breastfeeding within each of their settings. Some examples are listed here; the full list appears in Appendix 1.⁶

- Review books in the library for positive breastfeeding images and practices, and replace unsupportive books with better options (primary education settings).
- Develop a taskforce to review and update curricula to ensure the integration of breastfeeding in appropriate areas (primary and secondary education settings).
- Bring a breastfeeding mother to school with her baby and let her talk about her experience (tertiary education settings).

Yet, despite the local, national and international calls for more to be done in this area, breastfeeding education in schools remains, to a certain extent, uncharted territory.

Research context

There are a number of published studies that have looked at adolescents' views of breastfeeding as opposed to bottlefeeding. Some of these studies have addressed whether the respondents received any information on breastfeeding within their schools. For example, Dykes and Griffiths (as quoted in Stockley) carried out a review of such studies and acknowledged many similarities between them.⁷ They found that in general most teenagers knew it was best to breastfeed, yet relatively few planned to do so. The most positive and motivating factor for them to consider breastfeeding was having seen a mother breastfeeding successfully. Again, few had actually had this opportunity. The review concluded that the delivery of breastfeeding education in schools in its current sporadic and uncoordinated fashion demands action to address this.

A study of Irish school children by Connolly and colleagues also concluded that young people had a "strong positive predisposition" to breastfeeding. However, the study also highlighted that it was the practicalities and misconceptions which held young people back from actually making this choice for themselves.⁸ These findings are partially supported by a questionnaire study of 217 English 12-15 year olds from a socially deprived area with a low breastfeeding rate.⁹ The majority of respondents described breastfeeding as natural (92%), healthy (85%) and convenient (75%). However, when asked about their own future feeding intentions, bottlefeeding was selected by almost four times as many pupils as breastfeeding. Ideas about breastfeeding being embarrassing and only being done at home alone prevailed. Despite this, these school children wanted more education about breastfeeding in school and were positive about the impact of early education on breastfeeding among mothers.

Further research from Canada supports these findings. Research by Goulet et al. looked at the attitudes and subjective norms of 439 adolescents in Quebec to breastfeeding.¹⁰ These researchers also found that adolescents seem to have an overall positive attitude toward breastfeeding. However, major obstacles were observed and those included misconceptions (eg perceived inconveniences of breastfeeding) which are embedded in the culture. The authors further suggest that such misconceptions are difficult to address through prenatal classes, as in later years many adults will have already made their minds up about breastfeeding. According to Goulet and colleagues it takes several years to build positive attitudes with reference to health behaviours, so providing role models and information to adolescents or younger school-aged children is crucial. Therefore, breastfeeding information in schools requires a particular focus on attitudes towards breastfeeding in order to reduce misconceptions.¹⁰

Within the Northern Ireland context, Greene, Stewart-Knox and Wright carried out a study, *Feeding preferences and attitudes to breastfeeding and its promotion among teenagers in Northern Ireland* (published in 2003).¹¹ They approached 31 schools, of which only seven agreed to participate. A total of 419 children aged between 14 and 16 years completed a questionnaire. The findings from Northern Ireland converge with the outcomes of other studies in many ways. Forty five percent of the young people believed that babies should be breastfed. The researchers also found that feeding

intention was linked to previous exposure to breastfeeding: 32% of those who had seen breastfeeding in action said that they intended to breastfeed compared to only 11% of those who had not witnessed it. When the teenagers were specifically asked if they had received any information on this topic in school, 71% said that they had not. Yet, 76% agreed that breastfeeding should form part of the main school curriculum. According to the pupils, breastfeeding education would fit best either within the child development module or as part of sex education. They were less sure about whether teachers should be responsible for breastfeeding promotion. Most pupils felt that if teachers were to cover breastfeeding in the classroom, they would require more information and training. The authors concluded that “breastfeeding promotion should target the young before negative attitudes have been formed not only through education but also by enabling contact between teenagers and breastfeeding mothers and babies”.¹¹

More recently, interest has been growing in the attitudes that younger children have towards breastfeeding. A small-scale focus group study undertaken by Russell and colleagues in Scotland examined the understanding of infant feeding and attitudes towards it among six year olds.¹² The authors found that the children did not seem to have a “common acceptable language” for describing breastfeeding and often mimed the activity rather than describing it verbally. The children’s idea of breastfeeding seemed “mechanistic and confused”. They further appeared to view breastfeeding as a private activity (regarding feeding in public places) which is only allowed in certain contexts. Television images of infant feeding were vividly recalled. When asked to draw a baby being fed, most children depicted bottlefeeding regardless of their exposure to breastfeeding. Based on their observations of discussions and of the children’s exposure to a breastfeeding mother during the session, the authors concluded that primary school children are “interested in infant feeding and that they can be engaged and educated about it at an early age.”¹²

Overall, it seems that a “lack of observable role models leads to a neutral or negative attitude to breastfeeding”.¹³ All the research in this area has found that if a child/young person was not breastfed or exposed to breastfeeding, she(he) is less likely to choose to breastfeed their child in the future or to support their partner to breastfeed. Based on these findings many experts in the field recommend that, along with educating young people about breastfeeding issues and benefits, breastfeeding mothers should be invited into the classroom to talk about their experiences.

Both the policy experts and the researchers advise that schools adopt breastfeeding promotion/education in some shape or form into their curriculum. However, the feelings of teachers and school principals when it comes to teaching breastfeeding in their school present yet another challenge.

Existing school practice in relation to breastfeeding

In 2002 the PEACH (Paediatric Epidemiology and Community Health) Unit within the University of Glasgow published *Breastfeeding Education for Scottish Schools*.¹³ Whilst regional in focus, it is a comprehensive report which is of significance to all practitioners with an interest in this area. The authors found that some work had been done in Scotland around the attitudes of schools to breastfeeding education. For the most part schools thought it inappropriate or unsuitable for inclusion in an already crowded curriculum. Teachers’ reactions to talking about breastfeeding with their pupils ranged from discomfort to absolute horror. In schools that delivered some form of information on breastfeeding, it was done under a range of subjects including Personal and Social Education.¹³

A pilot breastfeeding education project in England faced similar negativity and resistance from teachers. One Personal, Social and Health Education teacher was reported as saying: “Yesterday I got a document about reducing teenage pregnancy in school and today you’re asking me if you can come and talk about breastfeeding!” The researcher involved with that particular project reported

that this association of breastfeeding with teenage pregnancy was perceived by many education and health professionals she encountered.¹⁴

Teachers' embarrassment and lack of knowledge on the issue are just two of the factors that make it extremely difficult to make breastfeeding education in schools a reality. Other factors that act as barriers are a shortage of materials or lack of awareness of resources, and a packed curriculum where examinable subjects (especially in secondary schools) take top priority.

Like Northern Ireland, Scotland is working to a strategy and has a breastfeeding strategy group and a national breastfeeding adviser in post. Therefore, breastfeeding awareness and education in schools is also a priority for them. Members of the Scottish Breastfeeding Group have explored several potential opportunities for integrating breastfeeding into the current Scottish education system, ie without making it part of the core curriculum.¹⁵ They looked at a standard sex education video, 'Living and Growing', which is used by many primary schools already. In this video breastfeeding is briefly mentioned in Unit 1 (which would be used with 5-7 year olds) but this could be adapted or further developed.

Attention was also focused on the Health Promoting Schools initiative which has a topic area entitled 'Food and Health'. In this topic area breastfeeding is referred to at several stages within both the primary and secondary school curriculum. However, the Scottish Breastfeeding Group noted that schools involved in the Health Promoting Schools initiative chose which topics they wanted to cover. Even when schools decided to use 'Food and Health', they could still decide not to cover breastfeeding. The same issues emerged for the Personal and Social Education programme which is available to 3-16 year olds. Again, breastfeeding could be included under this programme but the majority of schools opted not to do so.

As a result of these findings the group members drew the following conclusions:

- breastfeeding education would first need to be 'sold' or marketed to teachers and schools as being worthwhile;
- teachers/schools should be encouraged to make suggestions on how best to introduce breastfeeding education in their schools;
- teachers/schools need to be involved in that implementation process.¹⁵

Building on this, Fife Health Board has in fact run a number of breastfeeding awareness seminars for teachers which introduced and justified the idea of addressing breastfeeding issues in schools.¹³

In conclusion, as long as schools can choose to opt in or out of teaching about breastfeeding, it will be taken up only by those with a real enthusiasm for and interest in the issue. Thus, it appears crucial to start by educating the teachers about the importance of breastfeeding before it will be possible to embark upon educating pupils in this area.

Existing resources and pilot projects

Once a school has agreed to breastfeeding education, another hurdle for teachers is then to identify the right materials for their course. This process of identification requires knowledge of what resources are available, which are best suited for different age groups, and how to access them. In this section, regional, national and foreign resources and projects are briefly introduced.

There are two locally produced packs for teachers on breastfeeding. The first one was developed by Foyle Trust in the Western Health and Social Services Board, and has been piloted with 10 schools in the area. It consists of a 50-60 minute lesson where a questionnaire is used to assess current knowledge and group work exercises are carried out to explore breastfeeding awareness

and intention. The pack is aimed at post-primary school children. The majority of children who took part in the pilot were aged 15-16. It has been well received by both teachers and pupils. Indeed, teachers felt that they could have spent more time on the topic and that a follow-on session would be useful. They also believed that it was best suited to child development classes. As discussed in the research section, it was those pupils who had been breastfed themselves or who had seen someone close breastfeeding who were more inclined to choose this feeding method. Before the intervention 47% of pupils had said that they intended to breastfeed. After having received the one-off, hour long class on breastfeeding, this figure rose to 83%. Following its success, there are plans to roll the pack out to more schools within the Western Board area.^{16,17}

The second pack has been developed by Ulster Community and Hospitals Trust within the Eastern Health and Social Services Board. It consists of two lessons, one lasting 35 minutes and the other for 25 minutes. These two lessons cover the following information:

- introduction to breastfeeding;
- health benefits of breastfeeding;
- how breastfeeding works;
- the global impact of breastfeeding and environmental effects;
- the social context of infant feeding choices.

The pack also contains suggestions for project work, such as designing a leaflet or poster promoting breastfeeding or interviewing family and friends about their breastfeeding views and experiences. Again, it is aimed at secondary school children.¹⁸

There are several English teaching packs in existence such as those developed by the Norwich Joint Breastfeeding Initiative (*Breastfeeding matters*) and the Nottingham Community Health Breastfeeding Group (*Breastfeeding resource material for schools*).¹³ The latter pack covers breastfeeding issues under the four main headings of mammals, feelings, benefits and support. As with the Northern Ireland packs, it includes notes for the teachers, worksheets, acetates and suggestions for further reading.¹⁹

In late 2003, the UK Department of Health published the report *Infant feeding initiative: a report evaluating the breastfeeding practice projects 1999-2002*.²⁰ This report included a section specifically looking at those projects which focused on school education. There were four projects in total; these were carried out by Kirkham, Lockey and Hart, Wilkinson and Greenwood, and Middlemiss. Each project (with the exception of Kirkham whose programme could be used in either primary or secondary schools) targeted teenage school children. All projects were developed in the following format:

- **Planning the project.** In each case a multidisciplinary group was set up.
- **Assessment of local culture/needs analysis.** Potential schools were identified and contacted, and discussions held with teachers and pupils.
- **Developing the pack.** Interactive and visual components exploring beliefs, attitudes and knowledge were produced in each case.
- **Preparing the trainers.** Not only teachers but also in some cases school nurses, midwives and breastfeeding mothers were trained to deliver the interventions.
- **Accessing schools** This became a major challenge with a number of the projects – a lot of negotiation was required in some cases.
- **Delivering the programme.** As well as schools, there were also instances where the project was delivered in a local college, a young people's drop in centre, and with a young parents' project. Within the school setting the programme was taught under a variety of topics such as personal and social education, child care, citizenship and religious studies.
- **Evaluating the programme.** All of the interventions were evaluated positively by both the trainers and the recipients.

- **Sustaining the programme.** This remains a challenge: marketing and producing resource materials costs money. One project received Sure Start funding for this and another one provides the pack free of charge locally but charges anyone else for copies.

Practice pointers have been developed as a result of these research projects and are included in this report in Appendix 2.²⁰

A more detailed research article on Lockey and Hart's project/pack, 'Breast Benefits', was published in the May 2003 issue of the British Journal of Midwifery.¹⁴ It is different from the packs mentioned previously in that it includes a locally produced video featuring interviews with over 50 people, including breastfeeding women, giving their views on the issue. Lockey and Hart concluded that breastfeeding education was both appropriate and cost effective. However, the authors also acknowledge that it still remains difficult to convince teachers and health professionals of this appropriateness because the cultural barriers exist for them, too.

Some work has also been carried out in primary schools. An example is the 'Babies' project carried out by proactive Sure Start health visitors who go into schools.²¹ There they take groups of five to ten children from a class at a time and spend an hour discussing the following:

- Before a baby is born
- Where are babies born?
- Looking after babies
- Breastfeeding

The children also get to listen to each other's heartbeats, put nappies on dolls and dress them, have their photos taken with the dolls and look at photos of mothers breastfeeding. The health visitors were astonished by children's responses: "It has surprised us how some children have not recognised the fact that the baby is feeding, they just see a baby being cuddled by his mum. Others talk a lot about it being 'rude', so we explore this issue too." The children get to complete a workbook which contains a colouring in sheet and quizzes on breastfeeding and what they have learnt. As with the other projects, it has been well received, especially by 'junior' school children.²¹

During Breastfeeding Awareness Week in 1996 and 1997, the Ayrshire Joint Breastfeeding Initiative in Scotland organised for a mobile health unit, staffed by health visitors and NCT helpers, to visit a number of primary and secondary schools. Breastfeeding issues were discussed with groups of pupils who were accompanied by their teachers. While again this intervention was positively evaluated, there is nothing to suggest that this has been further developed or even maintained.¹³

The internet opens up access to a whole range of resources. The Texas and New York State Departments of Health both have websites where materials from their breastfeeding education programmes can be accessed for printing: lesson plans, colouring pages and worksheets are available for downloading.^{22, 23} The World Alliance for Breastfeeding Action website has a children's breastfeeding page which is written in a language children will understand. It features cartoons and photos of breastfeeding mothers. There are links to more information under the headings: 'we are mammals', 'breastfeeding is an ecological act' and 'breastfeeding: nature's way'.²⁴ Appendix 3 contains details of where to source the majority of the resources mentioned within this section.

When should breastfeeding be taught?

As can be seen from the variety of pilot projects and initiatives that have been developed to date, there does not appear to be a consensus regarding the best age for introducing breastfeeding into the curriculum. In fact, it would appear that breastfeeding can be successfully introduced at any age, as long as the information and method of delivery is targeted to the specific age group.

The PEACH report did advise that education about breastfeeding should start at primary school age, or even before that, because the evidence suggests that the decision has already been made by the time children reach their early teens.¹³ Members of the Scottish Breastfeeding Strategy Group felt that targeting six to eight year olds would be advisable because they are still interested in babies and they are not easily embarrassed.¹⁵ However, as can be seen from the previous section, the majority of teaching packs in existence at the moment target those in their early teens. Researchers such as Goulet et al. have advised that interventions should be directed toward younger adolescents because they are impressionable at this age and can be persuaded into thinking, and hopefully acting, differently.¹⁰ The findings of Greene et al. from Northern Ireland lend further support for the malleability of young people. Twenty two percent of the teenagers who participated in their study were undecided as to their preferred feeding method. The authors also recommended that more research needed to be carried out “to determine at what age attitudes to infant feeding are consolidated”.¹¹ In addition, the exploratory study by Russell et al. with Scottish primary school pupils pointed out that children in that age group show interest in infant feeding and can be engaged and educated about breastfeeding from an early age onwards.¹²

The ultimate aim has to be for something similar to the New York State Department of Health’s activity pack on breastfeeding, where lessons can be given from kindergarten age right up to Year 12.²³ They leave it up to the schools to choose which lessons they may or may not want to use. This approach does not appear as appropriate for schools in Northern Ireland. Rather, schools should be encouraged, or if possible instructed, to address breastfeeding year on year for at least one lesson. Only this way will the message be clear and consistent and, more importantly, stand a reasonable chance of making an impact. As the Australian Breastfeeding Association asserts “there is a growing awareness that it is best not to confine learning about health to one time and one subject area, but rather involve links across subject areas and school years.”²⁵

Of course, the message also needs to be reinforced in other ways, ie in other settings and through the media. A cultural shift is what is needed and this requires a coordinated and comprehensive approach. Appendix 3 highlights the ongoing HPA breastfeeding campaign and the practical resources regarding breastfeeding for parents (including a website and booklet) that the HPA produce. These initiatives and materials can also be considered as further resources to be used and/or referred to in the school curriculum.

Subjects into which breastfeeding could be incorporated

Ideally, breastfeeding should be taught as part of a holistic programme. Just as breastfeeding can be introduced with children of varying ages, there is also a great variety of school subjects under which breastfeeding is, or could be, taught. Personal, Social and Health Education is a popular choice, as is biology. Others have also put forward politics, international economics, social studies, science, mathematics, family life education, sex education, life skills, citizenship, child studies, media studies and even religious studies.

A revised curriculum for Northern Ireland is being rolled out from September 2007, but under the existing arrangements breastfeeding is referred to within the following subjects:

Double Award Science	Key Stage 4
Single Award Science	Key Stage 4
Child Development	Key Stage 4
Health and Social Care	Key Stage 4
Home Economics	Key Stage 3 and Key Stage 4
Science	Key Stage 3 ^{18, 26}

However, a review of health education in post-primary schools in Northern Ireland found that the most effective teaching of health education topics occurred within Personal and Social Education (PSE) lessons.²⁷ These lessons in particular often incorporate active learning approaches. It was also found that those schools taking part in the Health Promoting Schools initiative, or those which had entered an external award scheme were better at covering health education issues. Furthermore, the majority of the schools surveyed had a health education coordinator in post who worked closely with the PSE coordinator.

Recommendations

- Work should be undertaken to find out if and when breastfeeding is included within the teaching programme of individual primary and secondary schools throughout Northern Ireland. The acceptability of breastfeeding and willingness of teachers to be involved in this subject in the future needs to be addressed.
- A list of breastfeeding resources for teachers should be developed and reviewed by teachers, health education coordinators and principals. It should then be disseminated among all relevant groups and individuals.
- Further research on breastfeeding education and attitudes to breastfeeding among children and young people in Northern Ireland could provide important information and would focus on issues particularly important to changing attitudes here and ensuring that breastfeeding is seen as a natural process and part of everyday family life.
- Briefing sessions specifically for teachers on the benefits of breastfeeding, attitudes to breastfeeding and available resources could be offered to PSE and health education coordinators, school nurses and teachers of science, child development and home economics. Alternatively, briefing teams could be formed which would visit schools to highlight the issue of breastfeeding and ask the schools to become involved.
- The Health Promoting Schools concept has been mentioned earlier as another possible avenue of exploration. It would therefore perhaps be beneficial for the Trust Breastfeeding Coordinators to meet with the Health Promoting Schools Coordinators to discuss how best to take this forward.
- Where possible, schools should be encouraged to invite breastfeeding mothers into the classroom. Breastfeeding education should include tasks to do at home that are appropriate to the age and needs of the students, such as interviewing parents and other family members about whether they were breastfed and what their feelings are about it. Children can then act as carriers of information and contribute to the cultural shift.
- All opportunities to promote breastfeeding through other health promotion channels should be maximised, for example school health fairs for those in post-16 education and project work on health promotion campaigns in the GCSE Health and Social Care course.

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Appendix 1: ideas for action

World Breastfeeding Week, 1999, 'Breastfeeding: education for life' ideas for action

Primary school teachers

- Review books in the library for positive breastfeeding images and practices. Replace unsupportive books with better options.
- Ask the children to interview their mothers and neighbours about their breastfeeding experiences, discuss the answers in class and correct misinformation.
- Develop guessing games to discover the purpose of the components of breast milk.
- Develop a colouring book for children about breastfeeding. Have an art and story or song competition about breastfeeding.
- Inspect schoolrooms for toys that promote bottlefeeding, such as baby dolls with bottles or pacifiers. Ask parents and teachers to replace them with breastfeeding dolls and feeding utensils.
- Place posters, brochures and other information about breastfeeding in school-based health centres and family education centres.

Primary and secondary school teachers and administrators

- Develop a task force to review and update curricula to ensure the integration of breastfeeding into appropriate areas.
- Use or adapt the model curriculum that was developed by the New York State Department of Health for all levels of children from ages five (pre-primary) through eighteen (secondary graduation).
- Establish a school policy that allows adolescent mothers to bring their breastfeeding babies to school or to express milk during the school day.
- Establish a school policy that supports teachers and staff who are breastfeeding while working.

Tertiary educators

- Integrate breastfeeding into all levels of curriculum in all professional training schools.
- Introduce new or evaluate different types of questionnaires and methodologies for obtaining information on infant feeding practices.
- Have students monitor TV presentations on formula use and breastfeeding. Discuss them in their classes (Marketing, English Literature, Sociology, and History and Law).
- Have students do searches on breastfeeding and formula feeding on the internet and discuss the sites that they find.
- Bring a breastfeeding mother to school with her baby and let her talk about her experience.
- Establish on-campus childcare and breastfeeding/milk expression facilities for teachers, staff and students to use.
- Have students write a term paper or thesis topic on an issue related to breastfeeding.
- Develop a student intervention to work with health clinics and schools to inform the community about the importance of breastfeeding and appropriate infant feeding practices.
- Have the students tell their breastfeeding history and analyse their own or their mother's experiences.
- Develop a Woman and Baby Friendly University Initiative.

Appendix 2: Practice pointers

Infant feeding initiative: a report evaluating the breastfeeding practice projects 1999-2002. London: Department of Health, 2003.

- Draw on the experience of others who have set up school projects.
- Carefully plan the project involving a multidisciplinary team that bridges health and education.
- Assess local culture/needs through discussion/focus groups with local people.
- Consider utilising an existing pack produced by one of the school projects.
- Decide who will be delivering the training and arrange for preparation. This may be teachers, peer supporters, school nurses, health visitors, midwives or a combination. Consider sustainability when making this decision.
- Accessing schools may be challenging. Involving them from the start helps. Consider the best place to locate the sessions within existing curricula. Avoid associations with teenage pregnancy and sex education.
- Deliver the programme in an interactive and flexible way. Utilise visual images and a culturally appropriate video.
- Aim for no more than 15 students per session.
- Evaluate the programme through eliciting the views of students, teachers and those delivering the programme. This should be ongoing and cyclical.
- Seek sustainable sources of funding to enable the programme to continue.

Appendix 3: Resources

Resources from Northern Ireland

Breastfeeding Training Pack for Schools

For further information contact Dr Maura O'Neill, Health Promotion Department, Westcare Business Services, Maple Villa, Gransha Park, Londonderry, BT47 6WJ.

Tel: 028 7186 5128

Email: moneill@westcare.n-i.nhs.uk

Breastfeeding Education Schools Pack

For further information contact Lesley McDonald, Health Promotion Department, Ulster Community and Hospitals Trust, Ards Community Hospital, Church Street, Newtownards, BT23 4AS.

Tel: 028 9151 0177

Email: lesley.mcdonald@ucht.n-i.nhs.uk

Health Promotion Agency for Northern Ireland – campaigns and resources

Breastfeeding public information campaign which features television, radio, bus and poster advertising – for more details see:

www.healthpromotionagency.org.uk/Work/Breastfeeding/campaign3.htm

A parents' breastfeeding website for Northern Ireland: www.breastfedbabies.org

A regional booklet for breastfeeding mothers entitled *Off to a good start: all you need to know about breastfeeding your baby*:

www.healthpromotionagency.org.uk/Resources/breastfeeding/offtoagoodstart06.htm

Breastfeeding information for professionals with a links page to a variety of other useful sources of information:

www.healthpromotionagency.org.uk/breastfeeding

Resources from England

Breast Benefits pack (cost approx. £40)

For further information and resource material contact the Centre for Nursing and Midwifery Research, University of Brighton, Westlaine House, Falmer, Brighton, BN1 9PH.

Tel: 0127 364 4029.

Breastfeeding resource material for schools and others (cost approx. £15)

Available from Nottingham Community Health NHS Trust, Linden House, 261 Beechdale Road, Aspley, Nottingham, NG8 3EY. Tel: 0115 942 8600.

Breastfeeding Matters

Available from the Norwich Joint Breastfeeding Initiative, The Health Centre, Lawson Road, Norwich, NR3 4LE.

Sure Start 'Babies' Project

For more information on this initiative for primary school children refer to the article on pages 14 and 15 in Issue 98 of *Midwifery Matters* (Autumn 2003) or contact Belinda Wells on

Tel: 0166 374 5750 or email: Belinda@belindawells.co.uk

Useful websites

Texas Breastfeeding Initiative (WIC nutrition)

www.dshs.state.tx.us/wichd/nut/bflessons-nut.shtm

Features downloadable PDFs of breastfeeding lesson plans on the following topics:

- Benefits of breastfeeding
- Infant feeding cues
- Helping hand for breastfeeding moms
- The best investment
- Teen breastfeeding
- The best thing
- Breastfed is best fed
- Breastfeeding basics
- Men and the breastfeeding experience
- A mother's guide to breastfeeding
- The breastfeeding game
- Straight talk from breastfeeding moms
- Valerie's diary – handout: breastfeeding diary
- Breast is best – scientifically proven benefits of breastfeeding

New York State Department of Health

Breastfeeding education activity package for grades K -12.

For more information visit: www.health.state.ny.us/nysdoh/b_feed/index.htm

WABA's Children's Breastfeeding Page

Produced by Beatriz and Denise Arcoverde, 1999.

www.waba.org.my/specialpages/children/clube2.htm



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