

Investigation Into the Pharmacist's Role in Breastfeeding Support in the "Roma B" Local Health Authority in Rome

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Romana Prosperi Porta, MD¹, Maria Antonietta D'Errico, BMidwif²,
Elise M. Chapin, MEd³, Isabella Sciarretta, MA⁴, and Paolo Delaini, PharmD⁵

Abstract

Background: Breastfeeding is the biological norm for feeding infants and a public health strategy with such a significant impact on the health of the population in the short, medium, and long terms that it should be considered a priority. A pharmacy can be a place for breastfeeding support, since it is open 24 hours a day and is easily accessible. **Objective:** The main objective of our fact-finding investigation into the breastfeeding support role of pharmacists in the "Roma B" Local Health Authority was to understand how often pharmacists came into contact with nursing mothers, and if pharmacists felt the need to have a greater knowledge of issues regarding breastfeeding. **Methods:** This survey was done by administering 144 questionnaires (to 1 pharmacist per pharmacy) with items about the support and the protection of breastfeeding and lactation, the perceived need for specific training courses, and openness to establishing virtuous network mechanisms with stakeholders who work in breastfeeding in that geographical area. **Results:** Our survey shows that mothers come to pharmacies for advice about various health problems. Although pharmacists had little knowledge about breastfeeding, they were interested in participating in a training course. Ninety percent of them declared their interest in collaborating with local breastfeeding stakeholders. **Conclusions:** The role of the pharmacist in the protection, promotion, and support of breastfeeding has become increasingly important, along with the awareness of being competent and ethical on issues about breastfeeding.

Keywords

breastfeeding, pharmacist, education, WHO code, breastmilk substitutes

Background

Breastfeeding is undoubtedly the biological norm for feeding human infants.^{1,2} As a public health measure, the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommend exclusive breastfeeding for the first 6 months of life, and continued breastfeeding with adequate and safe complementary foods for 2 years and beyond, as long as desired by mother and child.³

Although there is a growing interest in breastfeeding, given the amount of scientific evidence about its importance, exclusive rates for babies younger than 6 months are still low (43%) worldwide.⁴ Many mothers lament a lack of support after discharge from the hospital by health care providers (HCPs) both inside and outside the hospital. They find themselves left alone to manage this difficult phase of motherhood, and often abandon breastfeeding prematurely. In Italy, according to the latest report from the National

Statistics Office (ISTAT), whose data refer to 2013, the percentage of mothers breastfeeding has increased since 2005 (85.5% vs 81.1%). The average duration of any breastfeeding has continued to grow steadily: from 6.2 months in 2000 to 7.3 months in 2005 to 8.3 months in 2013. The average duration of exclusive breastfeeding is 4.1 months, with the highest values in the Autonomous Province of Trento (5.0

¹Sapienza University of Rome, Policlinico Umberto I, Rome, Italy

²Sapienza University of Rome, Sant'Andrea Hospital, Rome, Italy

³Baby Friendly Initiatives, Italian National Committee for UNICEF, Rome, Italy

⁴Il Melograno Maternity and Childbirth Empowerment Centres, Verona, Italy

⁵University of Bologna, Ravenna, Italy

Corresponding Author:

Romana Prosperi Porta, Department of Gynaecology, Obstetrics and Urology, Sapienza University of Rome, Policlinico Umberto I, Viale Regina Elena 324, Rome 00161, Italy.
Email: romana.prosperiporta@uniroma1.it

Table 1. Nine Steps for a Breastfeeding Friendly Pharmacy.

Every pharmacy should

1. Have a written policy on feeding infants and young children according to the recommendations of the WHO and in compliance with the International Code
 2. Train all pharmacy staff in the skills necessary to apply this policy
 3. Inform all pregnant women of the benefits of breastfeeding and of the disadvantages of artificial feeding
 4. Help and encourage all mothers to initiate breastfeeding within half an hour of birth
 5. Prepare an environment to welcome mothers with their infants and children
 6. Promote the image of breastfeeding mothers and avoid promoting the image of mothers who are bottle feeding
 7. Provide and sell breastmilk substitutes only when specifically requested (with regard to breastmilk substitutes the Code states: all powdered or liquid milk, specially formulated for starting, continuing and growing, and so on; all the complementary foods and drinks for feeding when they are represented as suitable substitutes for breastmilk; bottles and artificial teats)
 8. Acquire breastmilk substitutes without adhering to promotional discount campaigns and refusing to give mothers promotional gadgets
 9. Promote community initiatives and network projects with other players active in the protection, promotion, and support of breastfeeding
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months) and the lowest in Sicily (3.5 months). Among all children between 0 and 5 months of age, however, the rate of exclusive breastfeeding is only 42.7%, which is well below the WHO target of 50%.⁵

The WHO and UNICEF first started to address the question of low breastfeeding rates in 1981 with the passage of the International Code of Marketing of Breastmilk Substitutes⁶ (the International Code), designed to protect families and HCPs from inappropriate marketing practices and commercial pressure. The International Code is updated regularly with relevant Resolutions of the World Health Assembly, all of which are considered an integral part of it.⁷ Countries in the European Union have gradually adopted parts of the International Code into national legislation. In Italy, the sale of formula is obviously allowed, but the promotion of formula for babies younger than 6 months of age, including advertising, discounts, or special offers, is illegal.⁸ This is designed to protect families from incentives to abandon breastfeeding.

Ten years later, the WHO/UNICEF launched the Baby Friendly Hospital Initiative (BFHI) globally, which comprises the 10 steps to successful breastfeeding,⁹ as well as compliance with the International Code. Research has shown that the BFHI is the intervention with the most consolidated scientific evidence for the protection, promotion, and support of breastfeeding.¹⁰ In Italy, as in a number of other countries, the BFHI was integrated with the Baby Friendly Community Initiative^{11,12} in 2007.¹⁰ Breastfeeding is also influenced by multiple external and internal factors, and the culture a family lives in plays a key role: breastfeeding does not depend on mothers and dedicated HCPs alone.

Pharmacists have long been key sources of information for families with babies and small children. Mothers often turn to them with questions about what types of medications are compatible with breastfeeding.^{13,14} Not all HCPs are aware of the most recent recommendations¹⁵ and sometimes give conflicting¹⁶ or outdated advice.¹⁷ Pharmacists

need to be particularly careful about giving accurate information¹⁸⁻²⁰ in their role as part of the network of community-level support for families.²¹ They also play a dual role because they are not only in a position to recommend a solution that would allow a mother to meet her personal breastfeeding goals, but they also sell many breastfeeding-related products, in addition to selling breastmilk substitutes, often violating the national law about promoting formula for 0- to 6-month-olds, as well as the International Code.²² For this reason, it is essential for pharmacists to have a good working knowledge of the International Code in order to respect the key elements that apply to pharmacies: no promotion of breastmilk substitutes, bottles, and teats through posters, special offers, discounts, gadgets, or other items to give to mothers. Because exclusive breastfeeding for the first 6 months of life is the official public health recommendation, the International Code considers any products that are marketed as appropriate for babies younger than 6 months of age, breastmilk substitutes, as well as any “follow-up” or “growing up” formulas that are marketed for children up to 36 months of age.²³

Among the good practices that have been proposed, a project for a “breastfeeding friendly pharmacy” (FAAM) was launched in Italy in 2007, thanks to the initiative of a pharmacist and the members of the “Melograno” Association, which focuses on pregnancy, childbirth, and motherhood.^{24,25} The primary objective of this project is to support mothers in achieving their breastfeeding goals, by creating a welcoming atmosphere in the pharmacy, as well as listening to and supporting families, with a collaborative approach between HCPs. A pharmacy that participates in the project is committed to training all staff according to the WHO/UNICEF standards²⁶ and to respecting the 9 steps of the FAAM initiative²⁵ (see Table 1), including compliance with the International Code. Pharmacies in the FAAM program are required to keep breastmilk substitutes and the equipment needed to prepare them behind the counter, just

as they would do for any prescription drug, and also need to give parents who use formula a detailed explanation of how to prepare and store it safely. As of October 2018, there were 30 certified pharmacies, including 5 certified in Portugal and 3 in France, with a growing number of pharmacists who are interested in the topic and the project.

Objectives

The main objectives of our fact-finding investigation in the context of pharmacies of the Roma B Local Health Authority (RM B LHA) were to know to what extent pharmacists supported nursing mothers; to see if new mothers ask them for information, especially in urgent situations where the HCPs responsible for supporting breastfeeding are unavailable; and to understand if pharmacists feel the need to have a greater knowledge of issues regarding breastfeeding (including the International Code). This could be done through training courses in order to become part of that “warm chain” that supports and promotes the centrality of mothers and babies, who are the real protagonists of breastfeeding.

The RM B LHA was chosen, because it has a large metropolitan population (>720 000 in that district of Rome) and was accredited as a “Baby Friendly Community” by UNICEF Italy in 2014.²⁷ Administering the questionnaire to pharmacists offered a good opportunity to inform them of the Baby Friendly Community Initiative and the FAAM project.

Methods

The study was conducted from November 2015 to February 2016 by administering a questionnaire to pharmacists who work in pharmacies in the RM B LHA. The study was approved by the “Ordine dei Farmacisti di Roma e Provincia” (the Order of Pharmacists in Rome and its Province, which is the body that authorizes pharmacists to dispense medicines). The Order of Pharmacists is a public, nonprofit body, which includes all registered pharmacists who work in pharmacies, and ensures that members uphold the Code of Professional Conduct, carry out activities aimed at protecting the profession and preventing its abuse, as well as providing accurate information to the public.

The sample included 144 pharmacists (1 pharmacist per pharmacy). Before starting an interview, each pharmacist was given a copy of the letter authorizing the study on behalf of the Order of Pharmacists in Rome and its Province, and their consent to be interviewed was obtained. The questionnaire included 8 questions about the following:

- Pharmacists’ experience in dealing with mothers struggling with breastfeeding
- Pharmacists’ awareness about this issue
- Pharmacists’ perception/need/desire to participate in courses (with continuing medical education credits)

- Pharmacists’ opinion on the usefulness of setting up a small space inside the pharmacy for nursing mothers, with the possibility of getting advice on good practice and on child care
- Pharmacists’ knowledge about the protection of breastfeeding (International Code of Marketing of Breastmilk Substitutes)
- Pharmacists’ openness to networking with other local breastfeeding stakeholders

Results

Our survey shows that many people come to the pharmacy to ask pharmacists for advice about various health problems, instead of asking family doctors or specialists. Eighty-eight percent (127/144) of respondents said they had encountered new mothers struggling with breastfeeding, which is similar to results from another study done in France²⁸ and one in Australia.²⁹ On average, each month, 5 to 15 new mothers asked pharmacists for breastfeeding advice in 59% of the pharmacists surveyed, while only 8% of those interviewed reported no mothers requesting advice (Figure 1).

The explanation put forward by almost 4 in 10 respondents (n = 60/144, 39%) was that the pharmacy is always open and easily accessible, that the pharmacist is a HCP, even if not a breastfeeding specialist, and that women may feel abandoned by other HCPs or may not know of the services and help available to them. In addition, pharmacists say that the number of mothers who turn to them for their difficulties with breastfeeding is decreasing compared with the past, probably because new mothers today can access more information than they used to.

A large percentage of pharmacists (85%) responded that participating in a training course that improves their knowledge and competencies about breastfeeding would be very useful. Those who answered negatively cited reasons such as the following: many moms already know about breastfeeding and there are areas of the RM B LHA where the number of older clients far exceeds the number of new mothers.

As for the usefulness of setting up a small space inside the pharmacies where mothers can breastfeed and change diapers (areas known as “baby pit stops”),³⁰ as well as get useful advice on good practices and how to care for the baby, only 65 (44%) of the pharmacists answered affirmatively, and none had already created one (Figure 2). Concerns about the actual usable space and the need for trained personnel were among the most common doubts raised.

The interviews showed that the overwhelming majority (89%) of pharmacists have received no specific training on the International Code of Marketing of Breastmilk Substitutes (Figure 3). They are not the only HCPs who are not familiar with this document or the Italian legislation regarding it. Reasons cited for these International Code

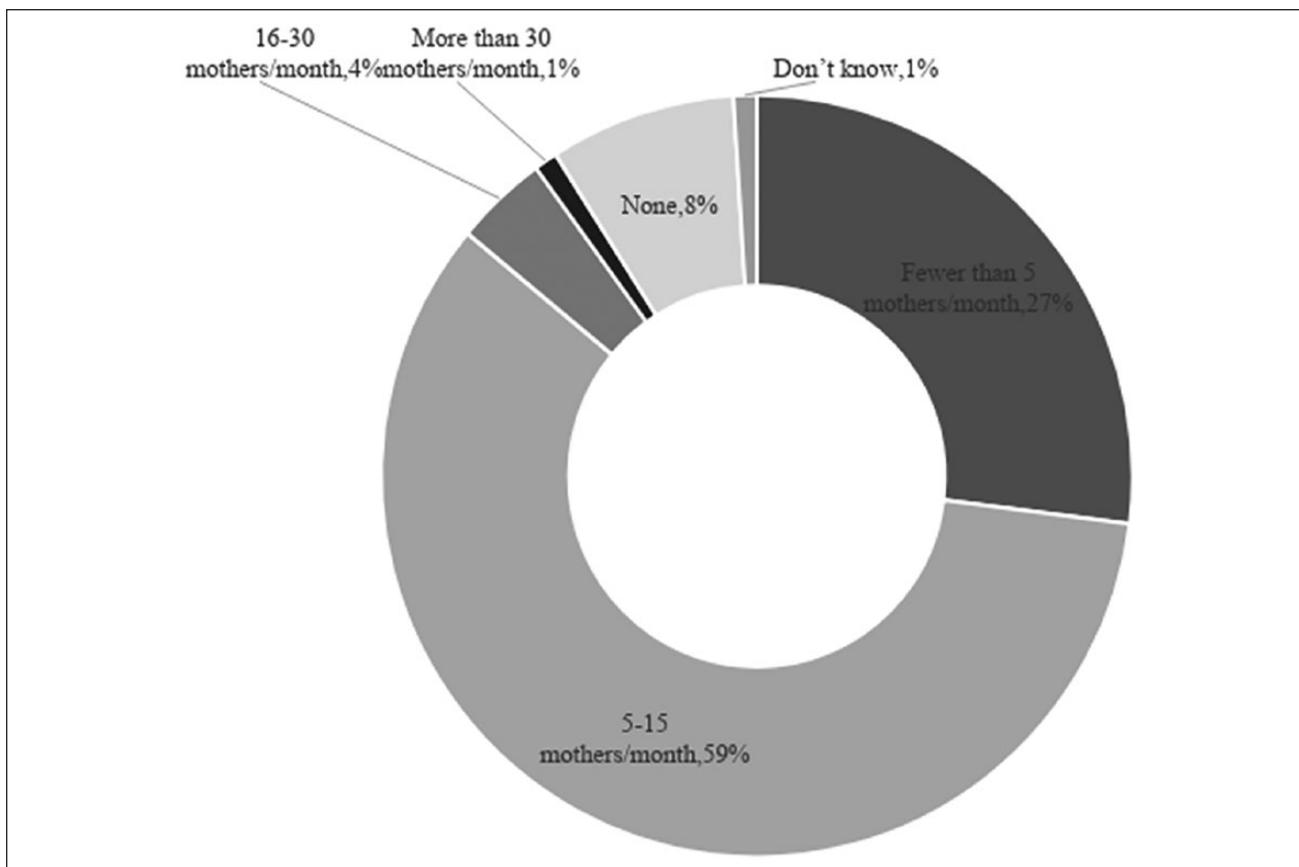


Figure 1. New mothers per month who asked pharmacists for breastfeeding advice (N = 144).

violations include lack of knowledge or attention to the topic, large marketing campaigns that encourage formula use, distribution of free samples, and readily available formula whose labels do not adequately explain the superiority of breastmilk nor do they have adequate instructions about how to prepare formula, as required by law.²⁴

Finally, regarding the pharmacists' openness to networking with other local breastfeeding stakeholders, it is heartening to see that 90% of them have declared their interest in this type of collaboration. They asserted that, in the broader context of "pharmacy services" emerging in Italy, an increasingly active role for pharmacists and their competencies is desirable.

Discussion

From our investigation, the situation appears to be critical on the one hand but promising on the other. The low level of enthusiasm about the usefulness of setting up Baby Pit Stops reflects a lack of sensitivity to a real problem. In recent years in Italy, a great deal of attention has been dedicated to breastfeeding in public, and the Italian Committee for UNICEF has promoted a campaign of protected environments (cafés, shopping centers, museums, post offices,

etc) where families can feel comfortable stopping to breastfeed and change their babies' diapers.³⁰ It would be useful to make a distinction between male and female pharmacists in our dataset, since any woman who has had children has experienced firsthand how difficult is to leave the house and find a place to feed and change a diaper if she needs to.

The most disturbing result, but also the most predictable, was the high percentage (89%) of pharmacists who do not know about "The International Code of Marketing of Breastmilk Substitutes," adopted by the World Health Assembly in 1981 and regularly updated with World Health Assembly Resolutions. Italy is among the signatory countries of the Code and subsequent Resolutions, but in spite of having approved all of them, the government has only converted the parts of the Code required by the European Union into Italian law. The Ministry of Health has done little to inform stakeholders, including HCPs, or the public about the International Code. The pharmacy is a particularly sensitive location because breastmilk substitutes are sold there, often with aggressive and unethical promotional campaigns run by formula companies. Consequently, the knowledge and acceptance of the International Code becomes even more important for the pharmacist and pharmacy staff in order to protect families from commercial pressures.

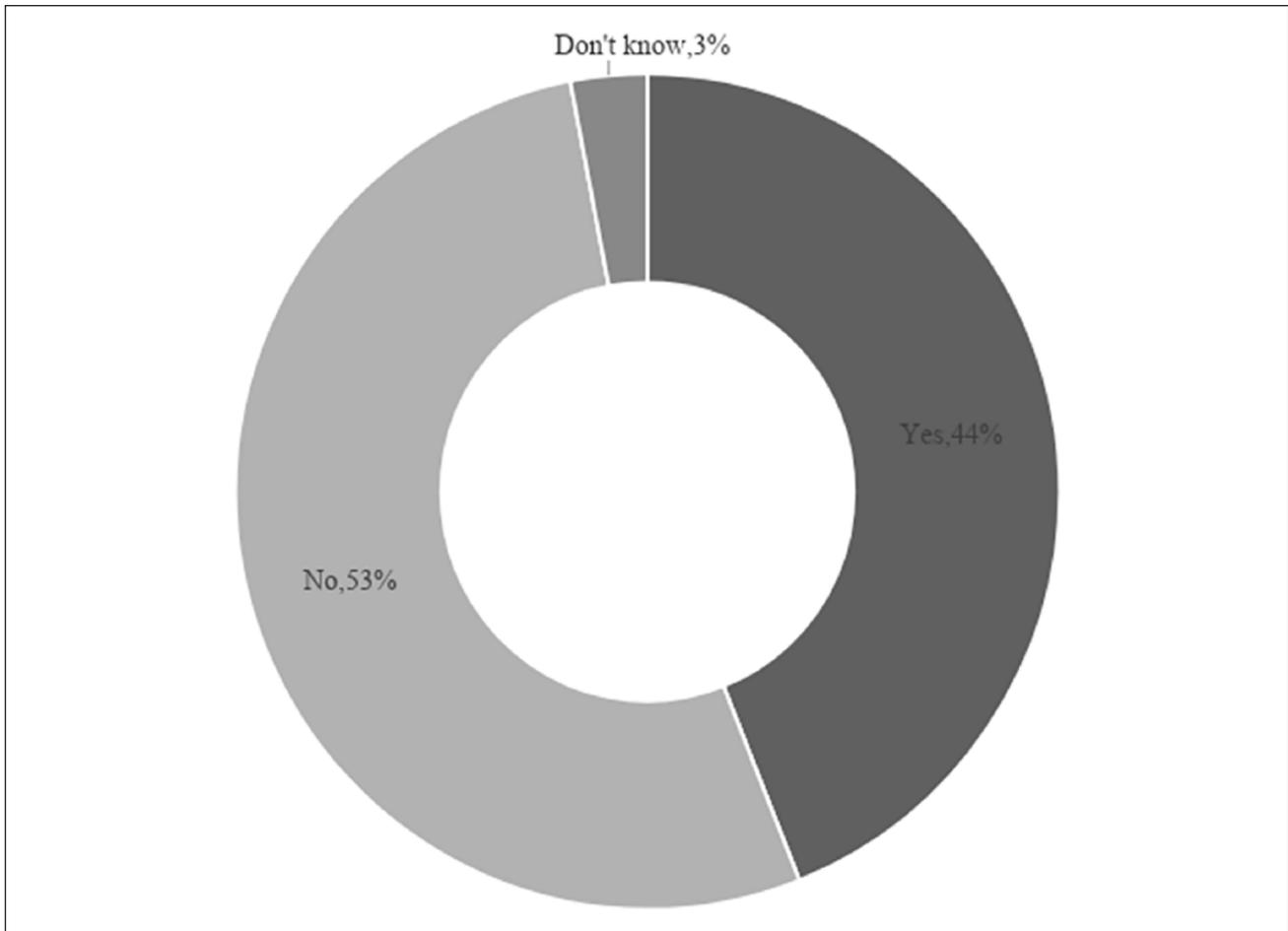


Figure 2. Percentage of pharmacists who felt that setting up a small space inside pharmacies where mothers could breastfeed and get advice on good practices and on how to care for their baby would be useful.

The positive data emerging from this study are the perception of pharmacists' need to provide adequate and competent responses to mothers' requests for information and support. This need can be satisfied by adequate training using the WHO/UNICEF standards and by activating a network in the community with other local breastfeeding stakeholders.

Breastfeeding is not only a nutritional act, it is much more. The close physical contact between mother and baby encourages interaction through gestures and facial expressions, the first moment of getting to know each other. If exclusive breastfeeding for the first 6 months were adequately protected, promoted, and supported, as recommended by the WHO and UNICEF, research has shown that inequalities in maternal and child health in low-income families would be reduced.¹⁰ Adequate counseling, scientifically accurate and unbiased information during pregnancy and in postpartum, together with the application of good practices for breastfeeding support improve women's ability to breastfeed and the prevalence of breastfeeding.

The responsibility of a mother's reaching her personal breastfeeding goals does not belong to a single professional category but to society as a whole: everyone can and should make a contribution. The pharmacist can bring into play his/her professionalism when families return home after hospital discharge and in the following months. A pharmacist who has completed the WHO/UNICEF 20-Hour Course²⁶ can help welcome, listen to, and support mothers having trouble and set in motion a network of health professionals and lay supporters working in the vicinity of the pharmacy, so that they can become valuable reference points. Using a network approach also reduces the risk of errors and promotes collaboration and respect between different professions.

Conclusions

As reported in the most recent Federfarma report (National Federation of Pharmacy Owners), 4 million people enter a pharmacy every day in Italy and ask for medical advice. In view of these numbers, the role of the pharmacist in the

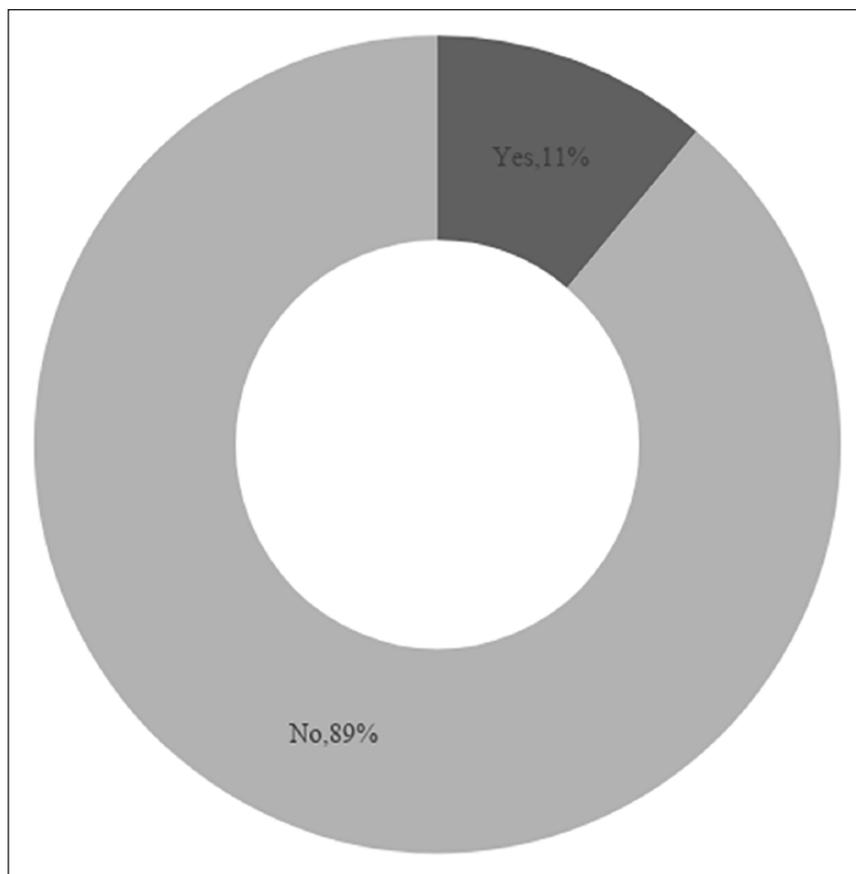


Figure 3. Percentage of pharmacists whose professional association and/or continuing medical education provider offered courses aimed at reading and understanding the International Code (N = 144).

protection, promotion, and support of breastfeeding becomes increasingly important. Although pharmacists still have little knowledge about breastfeeding, they generally have a positive attitude toward it and are often a point of reference for their clients, thanks to the relationships they establish and cultivate over time, in which clients' health concerns are discussed and resolved together. Pharmacists have increasingly become aware of their role and of the importance of being competent and ethical on issues about breastfeeding.

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