



**Growing Up  
in Ireland**  
National Longitudinal  
Study of Children

# GROWING UP IN IRELAND

## KEY FINDINGS: INFANT COHORT (at 9 months)

### NO. 1 PREGNANCY AND BIRTH

#### INTRODUCTION

This is the first in a series of *Key Findings* from the first wave of the Infant Cohort in **Growing Up in Ireland**. The data were collected when the Study Children were nine months of age. Just over 11,100 children and their families were recruited into the project, from the national population of almost 73,700 nine-month-olds.

This Key Finding covers a selection of results associated with the mother's experience of her pregnancy as well as the birth of the Study Child. Issues covered include intentions regarding conception; smoking and drinking in pregnancy; antenatal care, and pregnancy complications. This is followed by information on the mode of delivery; complications with the pregnancy; birth weight, and whether or not the baby was breastfed.

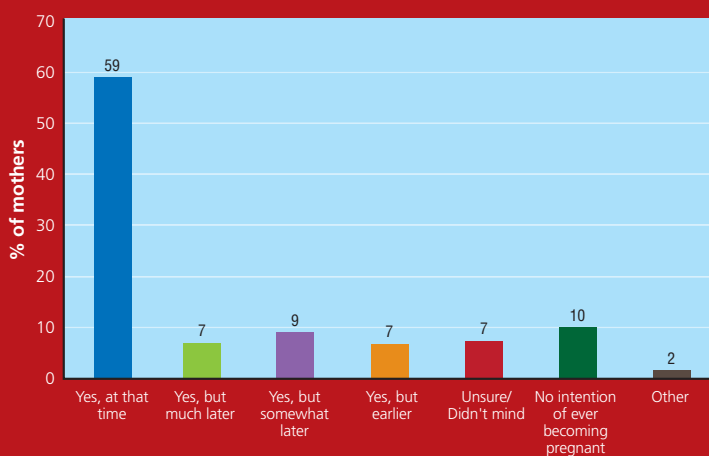


## MORE THAN HALF OF THE PREGNANCIES RESULTING IN STUDY INFANTS WERE PLANNED FOR THAT TIME – HOWEVER, ONE IN 10 MOTHERS HAD NO INTENTION OF EVER GETTING PREGNANT WHEN THEY CONCEIVED THE STUDY INFANT

Mothers differed considerably in their intentions regarding their pregnancy. Some intended to become pregnant earlier than they did, whereas others had no intention of ever getting pregnant, as shown in Figure 1. Planning to become pregnant can have important implications in terms of prospective mothers improving their diet and modifying potentially harmful lifestyle habits such as smoking and drinking.

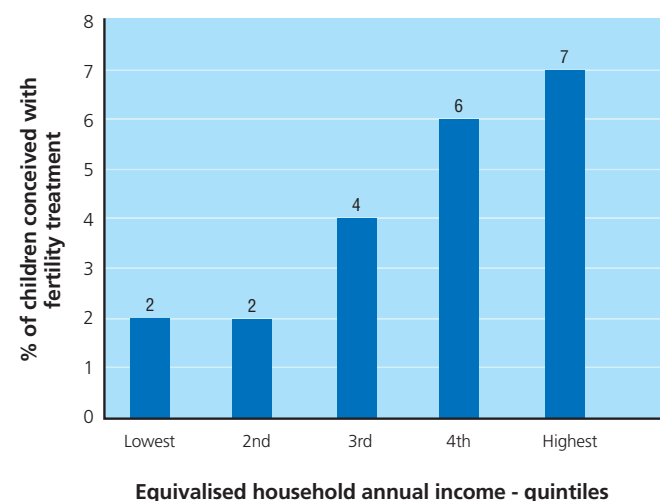
- 59% of mothers had intended to become pregnant at the time the infant was conceived.
- 10% had no intention of ever becoming pregnant and a further 7% had intended to get pregnant but much later than they did.

**Figure 1: Intentions regarding pregnancy with the Study Infant**



- Overall, 4% of mothers said they had used some form of Assisted Reproductive Technique (ART) such as IVF and drug treatments. This was more common among mothers in the highest income group (7%) (Figure 2).

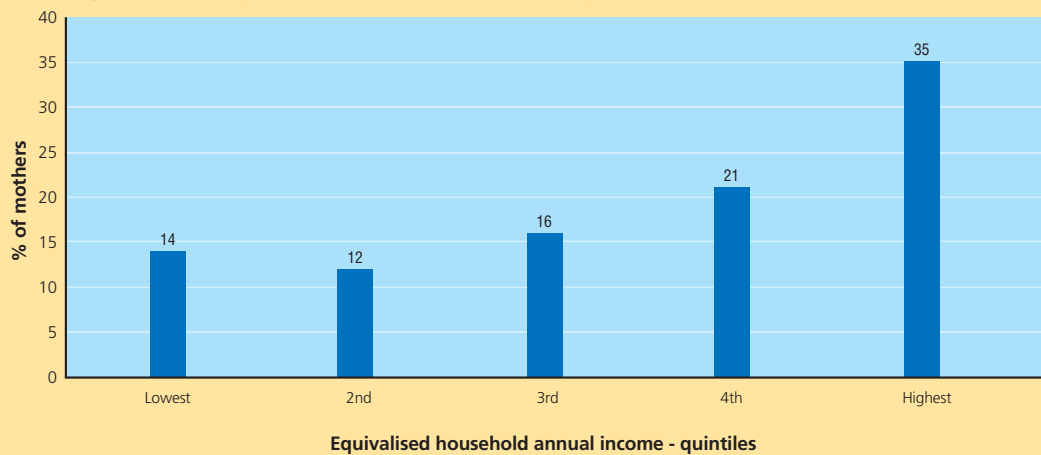
**Figure 2: Percentage of children conceived with fertility treatment classified by income**



## THE FAMILY GP HAS A KEY ROLE IN ANTENATAL CARE FOR MOST MOTHERS

- Almost all mothers had some form of antenatal care.
- A mother's first antenatal appointment was usually with her family doctor (67%).
- On average, the first antenatal appointment was at 9.1 weeks into the pregnancy.
- The most common form of antenatal care was shared care between a GP and another healthcare professional (78%).
- More than one-third of pregnant women in the highest income group used private-consultant or hospital-clinic care only during pregnancy (Figure 3).
- Virtually all mothers had at least one ultrasound scan during their pregnancy – the average number of scans was five.

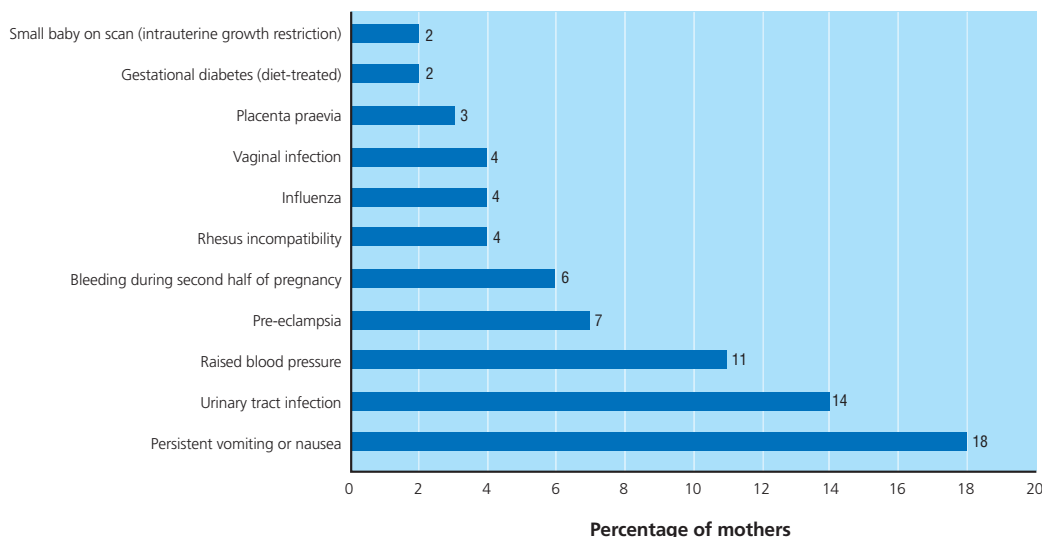
**Figure 3: Use of private consultant alone or hospital clinic alone for antenatal care classified by income**



## PERSISTENT VOMITING OR NAUSEA WAS THE MOST COMMON PREGNANCY COMPLICATION

- 54% of mothers experienced some form of complication during pregnancy. Persistent vomiting or nausea was the most common problem, experienced by 18% of all mothers, followed by urinary-tract infection (14%) (Figure 4). These conditions may lead to more serious complications: for example, excessive vomiting may lead to a reduction in the required fluids and nutrients available to the child. Urinary tract infections may have potentially serious complications associated with, for example, premature labour or eclampsia in the mother or pneumonia in the newborn baby.

**Figure 4: Incidence of pregnancy complications among all mothers**

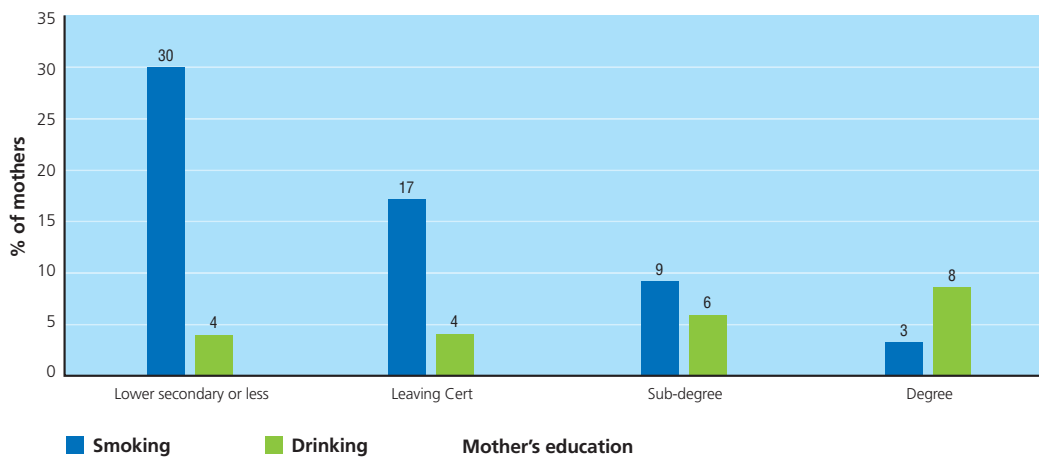


## SMOKING AND DRINKING IN PREGNANCY IS RELATED TO EDUCATION

Smoking and drinking among pregnant women continue to be key areas for research and both are a focus of government policy.

- 18% of mothers said they had smoked at some stage during their pregnancy and a majority of these smoked in all three trimesters (13% of all mothers). Average consumption during the first trimester was nine cigarettes per day.
- 20% of mothers had drunk alcohol at some stage in their pregnancy but just a minority drank in all three trimesters (6% of all mothers). Average consumption during the first trimester was just under 4.5 units per week (roughly equivalent to two pints of beer or two large glasses of wine).
- Figure 5 shows that mothers with the lowest level of education were most likely to smoke through their pregnancy (30%) but least likely to drink alcohol (4%). However, mothers with lower education who did drink during pregnancy consumed more units of alcohol than mothers with more education.

**Figure 5: Percentage of mothers smoking and/or drinking in all three trimesters of pregnancy classified by educational attainment**

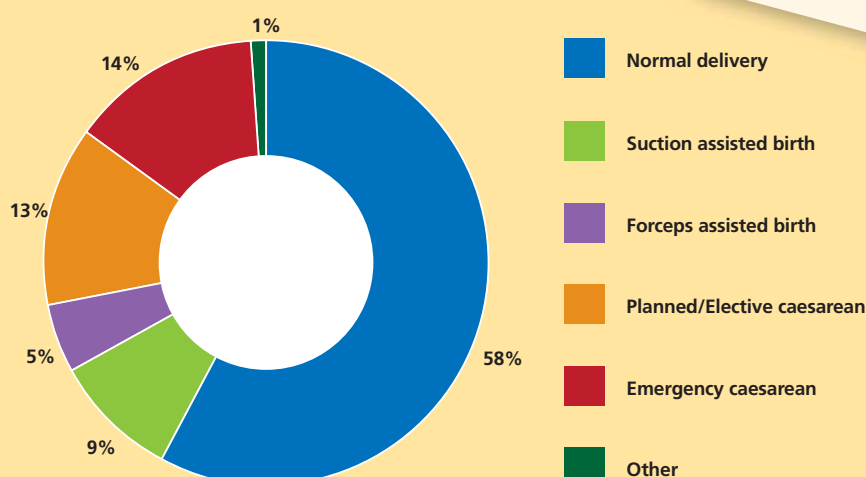


## OVER A QUARTER OF BIRTHS WERE BY CAESAREAN SECTION

More than half of births did not require any medical intervention, although a quarter of all births were by caesarean section.

- Nearly all mothers (98%) gave birth in hospital.
- Emergency caesarean sections accounted for 14% of all births, and 13% were planned or elective caesarean sections (Figure 6).
- The most common complication was a prolonged labour (14% of all mothers).

**Figure 6: Final delivery method**



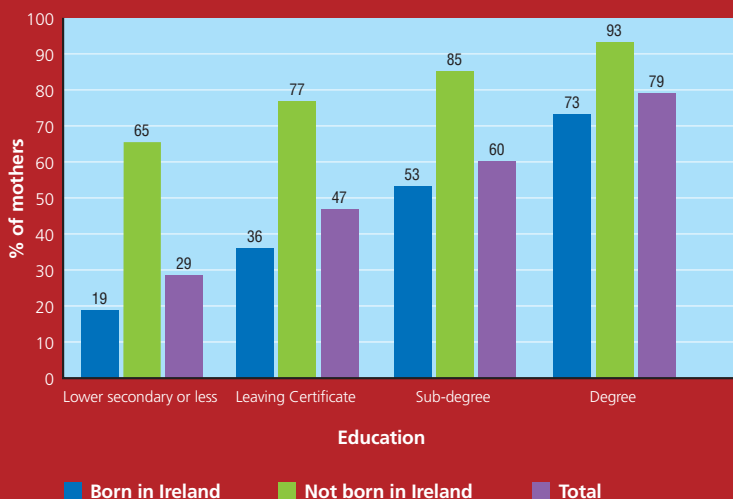


## STRONG CULTURAL DIFFERENCES IN BREASTFEEDING

The short and long-term benefits of breastfeeding on the child's health and development include support of the child's immune system, motor development and cognitive abilities. Some studies suggest that breastfeeding is also associated with higher levels of maternal attachment and subsequent self-regulation for the child. The promotion of breastfeeding among mothers in Ireland has been a key government health policy since the mid-1990s. However, the prevalence of breastfeeding is still relatively low.

- Just under 50% of babies were being breastfed when they left hospital; 57% in total had ever received breastmilk.
- Infants whose mothers were born outside Ireland were much more likely to be breastfed: 83% compared to 48% of infants whose mother was born in Ireland.
- Levels of breastfeeding increased with level of education for all mothers – both those born in Ireland and those born elsewhere (Figure 7).

**Figure 7: Rates of ever breastfeeding classified by education for mothers born or not born in Ireland**



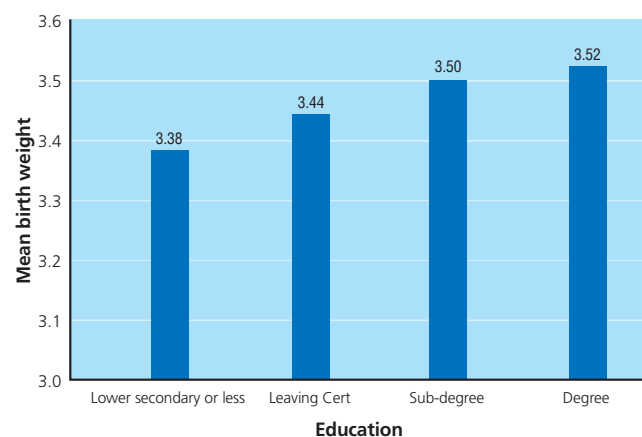
- Mothers who breastfed typically stopped when the infant was three months old.
- The most frequent reason for discontinuing breastfeeding among those who had ever breastfed (but no longer did so at time of interview) was 'not enough milk/hungry baby' (37%).
- Among those who had never breastfed, the most frequent reason for not doing so was 'formula feeding preferable' (48%); the next most frequent reason for never breastfeeding was 'inconvenience/fatigue' (17%).



## MOTHERS WITH THE LOWEST EDUCATION HAVE THE LIGHTEST BABIES

- The average weight for babies at birth was 3.5 kgs; 5% of babies could be classified as of 'low birth weight' (below 2.5 kgs).
- On average, mothers with the lowest level of education tended to have slightly lighter babies (Figure 8).

**Figure 8: Average birth weight classified by maternal education**





***Growing Up in Ireland*** is the National Longitudinal Study of Children in Ireland. This Study aims to track, from infancy through to adolescence, the lives of two representative cohorts of children in Ireland: an Infant Cohort (at nine months) and a Child Cohort (at nine years).

The Study is funded by the Department of Health and Children through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. It is being carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD).

The first wave of fieldwork with the families of the Infant Cohort (at nine months) included approximately 11,100 nine-month-olds, their parents and carers. It began in September 2008 and was completed in March 2009. This document is one of a series of *Key Findings* from the Infant Cohort which summarises the main results from that round of the project.

More detailed findings on a wide range of issues are available in '***Growing Up in Ireland*** – the lives of 9-month-olds' (2010). An anonymised version of the data will also be available in the Irish Social Science Data Archive (ISSDA).

The success of ***Growing Up in Ireland*** is the result of contributions from a range of individuals, organisations and groups, many of whom helped to recruit the sample and collect the data. We are particularly grateful to the 11,100 families who gave so generously of their time to make this Study possible.



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If you would like further information about  
***Growing Up in Ireland***

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