

Job Title & Grade	Lactation Specialist (Senior HSCP / CNM2)
Campaign Reference	104800
Closing Date	Sunday, 18 th October 2026 by 23:45 pm
Duration of Post	Specified Purpose Contract
Advertisement Type	External
Specific T&C's of post	5/5 35/37.5 standard working week/ depending on discipline of successful candidate Annual leave is based on standards for nursing VOS (max 28 days) / HSCP (30 days) Remuneration is in accordance with the salary scale approved by the Department of Health: Current salary scale with effect from 1st June 2026: Grade: CLINICAL NURSE MANAGER 2 (GENERAL), Code 2119, starting at Point 1 € 62,699 and rising annually in increments to €63,737 64,615 66,048 67,633 69,189 70,745 72,497 74,123 76,921 79,227LSI
Location of post	The post holder will work across CHI and be expected to be on site at CHI Crumlin, Temple Street, Tallaght till the move to the National Children's Hospital Ireland.
Reporting Arrangements	The post holder will report to the Professional Lead or Dietitian Manager for the Nutrition and Dietetics department.

Key Working Relationships	The post holder will work closely with: Internal • CHI Lactation Specialists(s) • Critical Care Units – Cardiology, Neonatology, Paediatrics • Neonatal High Dependency Units • Inpatient Wards • CNM Managers • Clinical Nurse Specialists • Clinical Nurse Educators • HSCP Colleagues e.g. Nutrition and Dietetics, Speech and Language, Occupational Therapy services • Medical staff • Catering services • Other External • Lactation and multidisciplinary colleagues working in other hospitals nationally e.g. maternity units, paediatric hospitals) • Community Lactation services • Public Health Nurses <i>Please note that this list is not exhaustive and key working relationships will change as the project moves from service development, construction completion, commissioning & transitioning to steady state.</i>
Purpose of the Role	The purpose of this post is to provide leadership and evidence-based lactation care and education for the families and staff in CHI; alongside the other CHI Lactation Specialist post holder. The post holder will assist with supporting the parent's choice of infant feeding, providing lactation support and education to parents attending our service in conjunction with a highly motivated multidisciplinary team. They will also provide ongoing research and audit of infant feeding choices and promote a quality service for infants and parents.

	<i>The successful candidate may be required to work across CHI sites and services in line with organisational requirements and the development of the new children's hospital and associated services.</i>
Principal Duties and Responsibilities	Professional Duties and Responsibilities: - The post holder will be expected to live CHI values and be child-centered, compassionate, progressive and will act with respect, excellence and integrity. Professional Duties and Responsibilities - Provide safe, comprehensive care to service users according to the Code of professional Conduct as laid down by the Bord Altranis agus Cnaimhseachais na hÉireann (Nursing Midwifery Board Ireland) or Corú, and Professional Clinical Guidelines . Clinical Focus - The Lactation Specialist will have a strong patient focus. The clinical practice role may be divided into direct and indirect care. Direct care comprises the assessment, planning, delivery and evaluation of lactation care to the patient, family and/or carers. Indirect care relates to activities that influence and support the provision of direct care. Direct Care - Provide a specialist breastfeeding resource to mothers* who are breastfeeding - Accept referrals from across the Multi-disciplinary (MDT) staff in CHI. - Following referrals, the lactation specialist, in collaboration with other members of the team, will assess, plan, implement and evaluate an individualised plan of care to meet each mother and baby dyad's needs using best evidence-based practice. - Use the outcomes of assessment to develop and implement plans of care/case management in conjunction with the MDT, mother and family.

	• Undertake feeding assessments, monitor and evaluate the response to care interventions and amend the plan of care accordingly. • Make alterations to plan of care in collaboration with MDT, mother and family as appropriate, in line with agreed pathways, policies and procedures, protocols and guidelines (PPPG's) • Communicate with breastfeeding mothers and families as appropriate to assess their individual needs and provide relevant support, information, education, advice and counselling as required. • Ensure the dignity and confidentiality of the mother and baby is maintained at all times. • Provide clinical support to nurses and medical staff in the protection, promotion and support of breastfeeding. Indirect Care • Develop and agree appropriate referral pathways for mothers with complex needs. • Participate in case review with MDT colleagues. • The lactation specialist will provide continuing education and practical skills training across CHI. Patient Advocate • Respect and maintain the privacy, dignity and confidentiality of the patient, family and/or carer • Develop and support the concept of advocacy by enabling patients / clients, families and communities to participate in decisions about their health needs by providing them evidence-based information enabling them to make informed choices. • Articulate, negotiate and represent patient / client interests, values and decisions in collaboration with the multidisciplinary team in both primary and secondary care as appropriate. • Implement changes in healthcare service in response to patient / client need and service demand. • Establish, maintain and improve procedures for collaboration and cooperation between Acute Services, Primary Care and Voluntary Organisations as appropriate. • Proactively challenge any interaction which fails to deliver a quality service to patients. • Negotiate supports for breastfeeding staff in line with the relevant policies. • Education and Training. • Maintain clinical competence in lactation/infant feeding, keeping up to date with relevant research to ensure the implementation of evidence-based practice. • Provide the family and/or carer with appropriate information and other supportive interventions to increase their knowledge, skill and confidence in breastfeeding.
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	• Provide mentorship, preceptorship, teaching, facilitation and professional supervisory skills for healthcare workers relevant to the role, including provision of breastfeeding skills-based training and refresher courses, orientation courses and short teaching sessions. • Identify specialist training needs required across the service and deliver such training. • Create exchange of learning opportunities within the MDT in relation to evidence-based care and practices relating to breastfeeding and human lactation. • Identify own continuing professional development needs and engage accordingly Audit and Research • Establish and maintain a register of mothers requiring support within the lactation specialist caseload. • Introduce, implement and disseminate appropriate audit and research findings. • Promote, encourage and participate in research studies relating to lactation issues. • Participate in organisational audit, to continually evaluate the effectiveness of the service provided against best available evidence and policy. • Collate statistics for key performance indicators and monitor adherence to targets by the hospital. • Use the outcomes of audit to improve service provision. • Contribute to service planning and budgetary processes through use of audit data and specialist knowledge. Audit expected outcomes including • Initiate and participate in regular clinical audits in order to address and implement the HSE Infant Feeding Policy for maternity and neonatal services, baby friendly Initiative standards which include the WHO ten steps to successful breastfeeding (revised 2018). • Monitor adherence to statutory and voluntary codes regarding the marketing of infant products. • Provide annual reports on Infant feeding and baby friendly Initiative as required by the organisation. • Evaluate audit results and research findings to identify areas for quality improvement in collaboration with nursing/midwifery management and MDT colleagues. Leadership • It is expected that the Lactation Specialist liaise with their counterpart(s) to plan and coordinate service delivery and annual leave, ensuring adequate service cover at all times.
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	• Provide leadership in clinical practice and act as a resource and role model for specialist practice in infant feeding/lactation, (In some complex cases, mothers and babies may be working towards breastfeeding or using combination of feeding e.g. preterm or ill infants on specialised feeds and fortifiers in breast milk while mothers are expressing) • Generate and contribute to the development of clinical standards of practice and guidelines and support implementation. • Use specialist knowledge to support and enhance other healthcare professionals' practice. • Develop collaborative working relationships with local CNS, Registered Advanced Nurse practitioners, MDT colleagues as appropriate, developing person centred care pathways • Serve on relevant CHI and national committees to plan and coordinate activities in relation to the Breastfeeding Action Plan (HSE, 2016-2023) and the Healthy Ireland strategy. • Serve on Infant Feeding/Baby Friendly committees to include maternity hospital, primary care and voluntary/community representatives as appropriate. • Liaise with service providers in primary care and voluntary/community sector as indicated. • Where appropriate, develop and maintain relationships with specialist services in voluntary organisations which support patients in the community. • Network with other CNSp/CMSp/HSCPs working in Infant feeding/Lactation and in related professional associations. * Acknowledging not all people who choose to breastfeed or chest feed their babies identify as women. CHI supports all parents and breast/chest feeding people <i>The above is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to them from time to time and to contribute to the development of the post while in office.</i>		
Specific Requirements / Exposures for this post:	Includes (tick all that apply): ☐ Driving ☐ Working at height ☒ Regular VDU work ☐ Night working ☐ Food handling ☐ Working with Ionising radiation ☐ Other (please specify): ☐ None Applicable:	Exposure to (tick all that apply): ☐ Noise (>80dBA) ☐ Cytotoxic drugs ☐ Respiratory sensitisers ☐ Vibrating equipment ☐ Other (please specify): ☐ None Applicable:	Consists of (tick all that apply): ☒ Contact with patients ☐ Patient moving and handling ☐ Inanimate moving and handling ☐ Exposure Prone Procedures (EPP) ☐ Work in Haemodialysis ☐ Work in confined spaces

			☐ Other (please specify): ☐ None Applicable:
Eligibility criteria, qualifications and experience	Essential Criteria: International Board-Certified Lactation Consultant (IBCLC) qualification is essential for all applicants i.e. nursing and HSCP For Nursing candidates • Be a registered nurse/midwife on the active Register of Nurses and Midwives held by Nursing and Midwifery Board of Ireland or be eligible to be so registered • Have 5 years post registration relevant nursing experience • Hold a level 8 or higher related to Infant feeding/Lactation or a post registration programme of study in children's nursing or neonatal intensive care nursing. • Have experience in infant feeding / lactation For HSPC candidates • Be a CORU registered HSCP for relevant profession • HSCP have a minimum of 3 years' experience or be working at Senior grade • Have a minimum of 2 years' experience in the area of Paediatrics which must include infant feeding/lactation experience		

Core Behaviours and our Chosen Culture in CHI

Core Behaviours of our Chosen Culture

Organisational culture is not a static concept. It is dynamic and lived—reflected in how we interact with each other, how we care for patients, how we respond to challenges, and how we lead. It influences the quality of care, the wellbeing of our workforce, and the public's confidence in our services. Creating and maintaining a positive culture is the responsibility of every one of us.

The behaviours detailed within the pillars in the image below, are how we reflect four key aspects of our chosen culture: How we partner with patients, service users and public, how we pause to self-reflect, how we interact with our colleagues and how we compassionately lead. A consensus on our core behaviours is the starting point for establishing and implementing our shared values.

Values and Behaviours are the foundation of how we deliver health and social care. A consistent, practical framework helps everyone in the health service act in ways that reflect our shared culture and mission.

Living these Behaviours is how we express our desired culture to those we serve. When applying these behaviours, we consider these statements and how they translate for CHI employees, in their day to day work.

Core Behaviours of our Culture

Shaping professional, respectful interactions with children, young people, families, colleagues, and teams

CHILDREN AND FAMILIES	MYSELF	MY COLLEAGUES	LEADERS AND MANAGERS
Do I use my name and your name?	Am I putting myself in other people's shoes?	Do I acknowledge the work of my colleagues?	Do I value and acknowledge the good work of my team?
Do I take time with people - explain the now and the next?	Am I aware of my own wellness and stress and how it may impact others?	Do I ask colleagues how I can help them and do I listen to understand?	Do I support team members in managing their stress?
Do I regularly do an extra kind thing for the people I meet?	Am I aware that my actions can impact how other people feel?	Do I challenge toxic attitudes and behaviours in the workplace?	Do I address toxic attitudes and behaviours in the workplace?
Have I truly listened to, heard, and responded to the person in front of me in all interactions - digital, in person or otherwise?	Am I working to the best of my training and ability?	Do I lead by example with my peers?	Do I appraise and address under-performance in a fair and compassionate way?
Am I engaging with people in a compassionate and professional way?	Do I use health service resources in a way that reduces waste and improves sustainability?	Do I work as part of a team to improve our service?	Do I support my team to innovate and improve our service?

	Below, you'll find the list of commencement dates for 2027 for your information only: • 18th January 2027 • 8th February 2027
Information on “Non-European Economic Area Applicants” is available from https://dbei.gov.ie/en/ Children’s Health Ireland is legally required to verify that all staff have the right to work in Ireland before they begin employment, regardless of nationality or immigration status. This right-to-work check is also necessary when an individual re-joins CHI or when their immigration permission or employment permit is due to expire. Permit holders can change their permit employer to CHI after a period of nine months has passed since commencing their first employment permit in the State. The change of employer applies to the General Employment Permit (GEP) and to the Critical Skills Employment Permit (CSEP). The change is required to be completed as part of pre-employment clearance. All Permits and Change of Employer applications are processed on the Employment Permits Online. Some recruitment campaigns may be open to candidates who are not citizens of the EEA, Switzerland, or United Kingdom. You can consult the Critical Skills Occupational List see if your profession is currently eligible under this route. The programme outlined for Children’s Health Ireland may impact on this role and as structures change the job description may be reviewed. Children’s Health Ireland is an equal opportunities employer.	

Does the post above identified for filling come within the definition of an Exposure Prone Procedure (EPP) Post? (Tick below as appropriate)	
YES ☐	NO ☒
Exposure Prone Procedure (EPP) Post Assessment of Post in line with the 'Integrated Guidance on Health Clearance of Healthcare Workers and the Management of Healthcare Workers Living with Bloodborne Viruses (Hepatitis B, Hepatitis C and HIV, 2025')	
Exposure Prone Procedures (EPPs) are defined in the national guidance as: 'invasive procedures where there is potential for direct contact between the skin, usually finger or thumb of the healthcare worker and sharp objects or surgical instruments – such as needles, sharp body parts (for example fractured bones) spicules of bone or teeth – in body cavities or in poorly visualised or confined body sites, including the mouth of the patient'. All staff hired, transferred or promoted into an EPP post will be required to provide evidence via Occupational Health service of their freedom from infection in line with this national guidance. No appointment will be made in the absence of such evidence. EPP workers with previous EPP clearance prior to November 2025, may require further clearance in line with this updated guidance, so should submit details of previous clearance in line with section 9 of this form. The guidance is available here https://www.hpsc.ie/a-z/bloodbornevirus/ Detailed information on those categories of staff and procedures coming under the scope of the EPP definition is available from the Area Recruitment Unit. If there is any doubt about whether the post you have identified above comes within the definition of an EPP post, expert advice should be sought from the Occupational Health Service.	