JOINT STRATEGIC NEEDS ASSESSMENT

CHILDREN AND YOUNG PEOPLE (STARTING WELL AND DEVELOPING WELL)

CHAPTER: Infancy and Early Years

TOPIC: Breastfeeding

Why is this important?
Breastfeeding has a major role to play in public health, promoting health in both the short and long term for baby and mother. Evidence also demonstrates that improving breastfeeding rates can also have rapid financial return on investment to the health service, reducing hospital admissions and attendances in primary care. (Renfrew, M.J. et al. (2012). *Preventing Disease and Saving Resources: the potential contribution of increasing Breastfeeding).* Increasing breastfeeding has been identified as one of the high impact areas for health visiting, acknowledging the major role this plays in improving health. Globally, 'optimal breastfeeding and complementary feeding practices can save the lives of 1.5 million children under five every year." (World Health Organization, 2010). Unicef (2012) estimates that • 830,000 deaths could be prevented if all babies were breastfed within an hour of birth • 22 per cent of newborn deaths could be prevented if breastfeeding is started within an hour of birth • 16 per cent of newborn deaths could be prevented if breastfeeding is started within 24 hours of birth. The World Health Organisation (WHO) and unicef recommend: • Early initiation of breastfeeding within one hour of birth • Exclusive breastfeeding for the first six months of life; and • The introduction of nutritionally adequate and safe complementary foods at six months, together with continued breastfeeding up to two years and beyond (WHO (2010) Infant and young child feeding. Fact sheet No. 342) There is a clear acknowledgment of the differences in health outcome associated with method of infant feeding. Artificially-fed babies are at greater risk of: •gastro-intestinal infection •respiratory infections •necrotising enterocolitis and late onset sepsis in preterm babies •urinary tract infections •ear infections •allergic disease (eczema, asthma and wheezing) •Type 1 and type 2 diabetes

•Obesity
•Childhood leukaemia
•Sudden Infant Death Syndrome (SIDS)
•cardiovascular disease in later life
•childhood cancers
Women who breastfed are at lower risk of:
•breast cancer
•ovarian cancer
•hip fractures and reduced bone density

The impact on outcomes such as IQ and other measures of development is being consistently seen in high-quality studies (Horta & Victoria, 2013; Iacovou & Sevilla-Sanz, 2010; Kramer et al, 2008).

Harder (2005) concluded that every month of breastfeeding was found to be associated with a 4% decrease in risk of obesity in later life. The national drive to reduce obesity and the work the Manchester family weight management team have implemented to address issues of overweight and obesity in two year olds as an early intervention, implies we should address this issue earlier with the promotion of responsive breastfeeding and support to sustain breastfeeding for longer.

No other health behaviour has such a broad-spectrum and long-lasting impact on public health.

Evidence demonstrates that a child from a low-income background who is breastfed is likely to have better health outcomes than a child from a more affluent background who is formula-fed (Wilson et al, 1998). However, increased deprivation is associated with a reduced likelihood of breastfeeding initiation and shorter duration of breastfeeding.

In all countries, breastfeeding initiation rates are closely related to social class, income and educational levels. In those high-income countries where breastfeeding rates are typically low, the lowest rates are found among women in low-income groups. In England and Wales, for example, only 65% of women classified as having 'never worked' or 65% of women in 'lower occupations' initiated breastfeeding in 2000 compared to 88% of women classified in 'higher occupations' (Bolling 2007). This is of particular significance for Manchester given the high levels of deprivation in pockets across the city.

Low breastfeeding rates in the UK lead to increased incidence of illness, which has significant cost implications for the health service. Recent research commissioned by unicef UK (Renfrew et al, 2012) demonstrates that investing in effective services to increase and sustain breastfeeding would make a significant contribution to reducing health inequalities.

A 1% increase in breastfeeding among those who currently never breastfeed could be associated with a small increase in average IQ that could result in over £278 million gains in economic productivity in the UK (unicef UK 2012)

In the UK in 2010, at three months, 17% of mothers were still breastfeeding exclusively (up from 13% in 2005) and at four months, 12% of mothers were still breastfeeding exclusively (up from 7% in 2005). At six months, only 1% were still exclusively breastfeeding (no change since 2005) (McAndrew et al, 2012 – Infant Feeding Survey 2010). This evidence clearly demonstrates the need to invest in supporting women to initiate and sustain breastfeeding.

The UK remains a country where formula feeding is the norm. While breastmilk is now commonly seen as the ideal nutrition for babies and infants, formula is regarded as a realistic, feasible alternative. The benefits of longer term breastfeeding continue to be undermined by poor practice, poor support and inconsistent or inaccurate information. In addition, a woman's confidence is often weakened, inhibiting her own self-efficacy in her ability to succeed (Entwistle et al, 2010). The 'Infant Feeding Survey' (2010) clearly identified that women stopped feeding before they wanted to, citing an inability to know if breastfeeding was going well as a cause. An approach that adopts breastfeeding as the biological norm and encourages women who choose to bottle feed their baby, to do so in a breastfeeding friendly way is essential to reduce this social inequality.

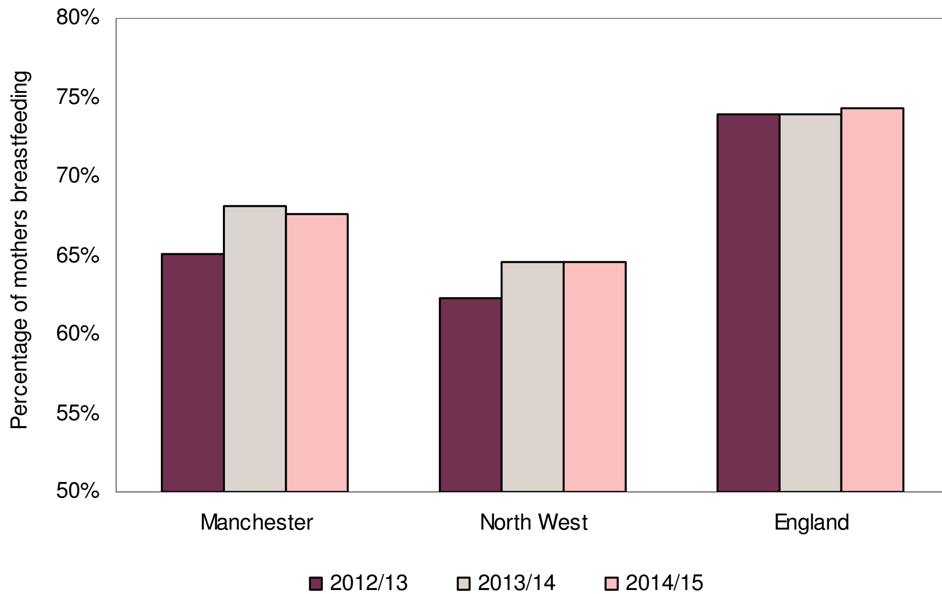
The Manchester Picture

In 2014/15, 67.6% of mothers resident in Manchester initially breastfed their baby (almost 5500 mothers a year), a small decrease from 2013/14 (68.1%).

The rate of breastfeeding initiation (mothers attempting to breastfeed) in Manchester is higher than the average for North West region (64.6%) but is still 6.7% lower than the England figure of 74.3% (NHS England, 2015)

Breastfeeding initiation - NHS England

Year	Manchester	North West	England
2014/15	67.6%	64.6%	74.3%
2013/14	68.1%	64.5%	73.9%
2012/13	65.1%	62.3%	73.9%



Source: NHS England © Crow n Copyright 2015

Local data from the Health Visiting Service in Manchester (Quarter 1, 2015) shows that there is a significant drop of 22% in breastfeeding between breastfeeding initiation at birth and the new birth visit (around 14 days after birth) and an even further drop of 23% between breastfeeding at the new birth visit and the 6-8 week visit. Overall there is a 44% drop in breastfeeding from initiation at the time of birth and the 6-8 week visit.

The table below shows the percentage of mothers resident in Manchester breastfeeding at different stages (from birth, new birth visit to 6-8 weeks)

Time breastfeeding information is recorded	% of mothers breastfeeding	Number of mothers breastfeeding in Manchester	Number of mothers who stop breastfeeding
Mothers initiating breastfeeding at birth	68% (compared with 74% national average)	Almost 5500 mothers a year	
Mothers breastfeeding at the new birth visit (exclusive or part breastfeeding)	47% (30% exclusively breastfeeding)	Almost 3700 mothers a year	Around 1,800 mothers a year stop breastfeeding in 14 days from birth
Mothers still breastfeeding by 6-8	24%, compared with a national	Almost 1900 mothers a	A further 1,800 women will

week contact	average of 47% (15% exclusively breastfeeding, compared with 32% exclusively breastfeeding nationally)	year	have stopped breastfeeding in Manchester between the new birth contact and 6-8 week contact

One of the issues that we have had in Manchester is that our local data has not been collected and reported accurately for a long period of time. Local records show that 30% of our babies had no feeding status recorded against the new birth contact and 56% of our babies had no feeding status recorded against the 6-8 week contact.

The Specialist Infant Feeding Team within the Health Visiting Service have introduced a new recording system in 2015 to try and avoid gaps in data collection and ensure a more robust system in data capture.

What would we like to achieve?

Baby Friendly full accreditation reflects the hard work within agencies to implement the standards, however, it should be recognised that there is a need to develop a gold standard of provision and practices should be adopted to improve outcomes that complement the initiative. Opportunity to progress to the Baby Friendly advanced award would offer our clients reassurances that services are truly invested in improving practice and public health outcomes.

There is an expectation that women receive support during pregnancy about how to get feeding off to a good start, there need to be agreed pathways for a timely offer of support for when things don't go to plan. Optimising Health Visitor capacity to meet the needs of their families will require the division to support the offer of this 'universal plus' public health intervention. Developing a service that values contacts for this work with the introduction of clear recording systems will provide evidence for continued investment.

How and when a women receives support needs to be responsive to individual need. The Infant Feeding Team offers clinic support for families with ongoing and complex challenges and will work with the named Health Visitor to support women develop a feeding plan appropriate to their needs.
There is a massive evidence base for the use of peer support within a community. Roll out of a sustainable and managed peer support service would complement the work that is already being offered. It is acknowledged that this would be a significant financial investment and would need ongoing training and supervision for supporters. There have been models with paid peer supporters that have given positive outcomes. The size of Manchester and the complexities of working across such a socially diverse community brings with it challenges that will require careful thought and planning.

Provision for babies who have a tongue-tie (ankyloglossia) varies widely across the city. Some mothers are choosing to have the procedure (frenulotomy division) done privately or need to travel outside of the city unless they are willing to wait some weeks for the procedure. Review of current provision across the region and a plan of future provision to ensure women and babies get help when they really need it. It is unacceptable for a woman to need to continue to feed her baby whilst in pain when waiting for an appointment.

There will be the introduction of new guidelines for health professionals around supporting families when babies have feeding challenges – e.g. suspected Cows Milk Protein Allergy. The development of these new pathways depends heavily on multi-agency working and investment in a community dietician. It is this cross agency working that will support streamlined services in the future.

A review of the evidence suggests that antenatal education should be developed in order to support parents in their 'transition to parenthood', rather than purely preparing them for birth. Supporting the Health Visiting service to roll out ante-natal contacts as a universal service will support women regarding expectations of early motherhood and feeding. Ongoing investment in staff training and development and building confidence within teams to tackle common feeding difficulties will continue to improve outcomes.

The Healthy Start Scheme is designed to help pregnant women and children under 4, who are in low income families, eat more healthily. The free vitamin supplements are available to pregnant women who can apply with the support of a Midwife or Health Visitor. In Manchester, public health have funded additional supplies of vitamin D, to ensure that all pregnant women can access Vitamin D. A review is taking place of the current Healthy Start Scheme in Manchester, with all partner organisations working together to decide what the best options would be for the scheme to deliver the best outcomes.

Working with local communities we would like to have a 'Breast Feeding Welcome' scheme across GM.

BREAST FEEDING MANCHESTER

So our families know there is no worry about feeding their babies when out and about.

What do we need to do to achieve this?

Encouraging more women to breastfeed involves action across three key areas; establishing breastfeeding as the social norm, providing intense support in the first few hours and days after delivery, giving longer term support in the weeks and months that follow. In Manchester, it is also a priority to ensure that breastfeeding data is recorded and reported.

In order to ensure a coordinated, consistent approach is taken to increasing breastfeeding, a Manchester strategy should be developed in collaboration with key partners. Midwifery services, GPs, Health Visiting, Public Health, CCGs and other partners need to work together to deliver this work.

Baby Friendly
Embedding Baby Friendly best practice standards as a minimum requirement in all health services is essential to maintaining and developing practice and part of the Health Visiting service specification. Support should be given to Children's Centres to work towards Baby Friendly accreditation and work needs to be undertaken to ensure that council buildings in Manchester offer a scheme that supports public breastfeeding. The three acute Trusts in Manchester should work together to prepare and support each other for Baby Friendly re-accreditation, making this more financially viable and encouraging multi-agency working.

WHO Guidance on the marketing of Breast Milk Substitutes
Ensuring all centres that deliver health services follow the World Health Organisation Guide to the marketing of breastmilk substitutes
http://www.unicef.org.uk/BabyFriendly/Health-Professionals/The-Code/
This will support the ethos of normalising breastfeeding and work towards a shift where it is seen as 'normal' to offer bottles, teats or infant formula.

Training
The need for practical support and problem-solving skills to be included in basic training is now recognised. This will require investment in the specialist services to roll out training and review practice to ensure our clients are receiving appropriate care and information. Supporting women when they are experiencing infant feeding difficulties will help reduce anxiety and the potential for maternal mental health issues.

Breast Pump Loan Scheme
The breast pump loan scheme has been established to support women when they really need it. This scheme will require ongoing funding to ensure it is sustainable in the long term.

Data collection
Smarter data collection and ensuring breastfeeding is seen as a 'high impact area' by measuring outcomes in a robust way will provide evidence of effective interventions, thus providing evidence for ongoing funding.

Development of the CMFT Infant Feeding Team- to promote the concept of a specialist resource for practitioners and clients. Investing in training and the importance of the role of Lactation Consultant as well as the opportunity to offer peer support in clients homes.

Resources
Opportunities to purchase or produce written materials and better written resources or web/App based information – dads, responsive parenting, relationships, fact sheets etc.

GP Education Programme
A GP education programme and roll out of clear pathways with increased health visitor knowledge around infant feeding would ensure clients receive consistent messages and support.

Commissioning
Ensure that a truly robust and closely monitored service is commissioned, with sensitivity around the complexities of working in Manchester as a diverse population.

What are we currently doing?

All Manchester associated acute Trusts and Community based services are now fully accredited as 'Baby Friendly' which is testament to the work being done within all services that deliver breastfeeding support.

CMFT - Children's Community Health Visiting services have invested in the Infant Feeding Team to offer specialist support across the city to practitioners and clients via specialist infant feeding clinics. The team are working with partners to develop pathways for ongoing and complex challenges. They deliver specialist training to the health Visiting service to ensure a sound knowledge base within teams and generate feeding plans to support care packages.

2014 saw the introduction of a community based breast pump loan scheme to support women in establishing a milk supply in the early days. This has ensured we support women to offer breastmilk for as long as they want to.

The CMFT Infant Feeding Team also have a Facebook page to promote the work that is being delivered and to offer an alternative way of contacting the team –

https://www.facebook.com/infantfeedingteam

We have also invested in the 'Breast Start App' which is free to download and can direct clients to their nearest support group. It is also a potential media for promoting breastfeeding friendly restaurants, cafes and shops.

http://www.amazingbreastmilk.nhs.uk/breast-start-app/

The Infant Feeding Team in Manchester has been recognised nationally as innovative and pro-active in transforming provision and have shared learning at the national Baby Friendly Conference and CMFT Nursing and Midwifery Conference. The Infant Feeding Team also won a cash award for 'Most Improved Divisional Area' which has allowed for ongoing investment in service provision for the families of Manchester.

Working with the North West Allergy steering group the Infant Feeding Team are developing a business case to look at funding a new community paediatric

dietician to support the new pathways being developed for families with ongoing challenges.

Aligning training to ensure consistent messages are received by teams. Embedding recently invested training into Health Visitor practice around responsive parenting and feeding – reciprocity, attunement, mirroring, reflective functioning and containment.

Community and Stakeholder Views

The last national Infant Feeding survey (2010) clearly showed clients felt they needed more support to establish and support breastfeeding.

The CMFT Infant Feeding team have invested in software that will capture client feedback in real time and anonymously to ensure genuine feedback is captured. CMFT have feedback from consultants, GP's, Health Visitors, Midwives and clients on how valuable they find the services offered.

A recent unicef audit found that 91% of Manchester mothers were aware of local support available to them with 100% of these mothers feeling the information was helpful and felt they were able to ask questions. Nearly 90% of mothers understood baby led feeding and responsive parenting following contact with their Health Visitor. 94% of women asked had been given appropriate information about when to start solid foods.

Working with commissioners and service leads to continually strive for improvements will ensure Manchester families are given every opportunity to maximise their own health potential.

References and Links

Child and Maternal Health Intelligence Network (CHiMAT)
www.chimat.org.uk

Infant Sleep Information Source
https://www.isisonline.org.uk/

unicef UK – The Baby Friendly Initiative
http://www.unicef.org.uk/BabyFriendly/

Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, unicef UK 2012
http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Preventing-disease-and-saving-resources/

National Institute for Health and Care Excellence Postnatal Care G37
http://www.nice.org.uk/guidance/cg37

Healthy Child Programme: Pregnancy and the First 5 Years of Life
DH 2009
https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

International Code of Marketing of Breast-milk Substitutes
World Health Organization – Geneva. 1981
http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/

The evidence and rationale for the unicef UK Baby Friendly Initiative standards
http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/

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Other JSNA Topics that this links to:

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