

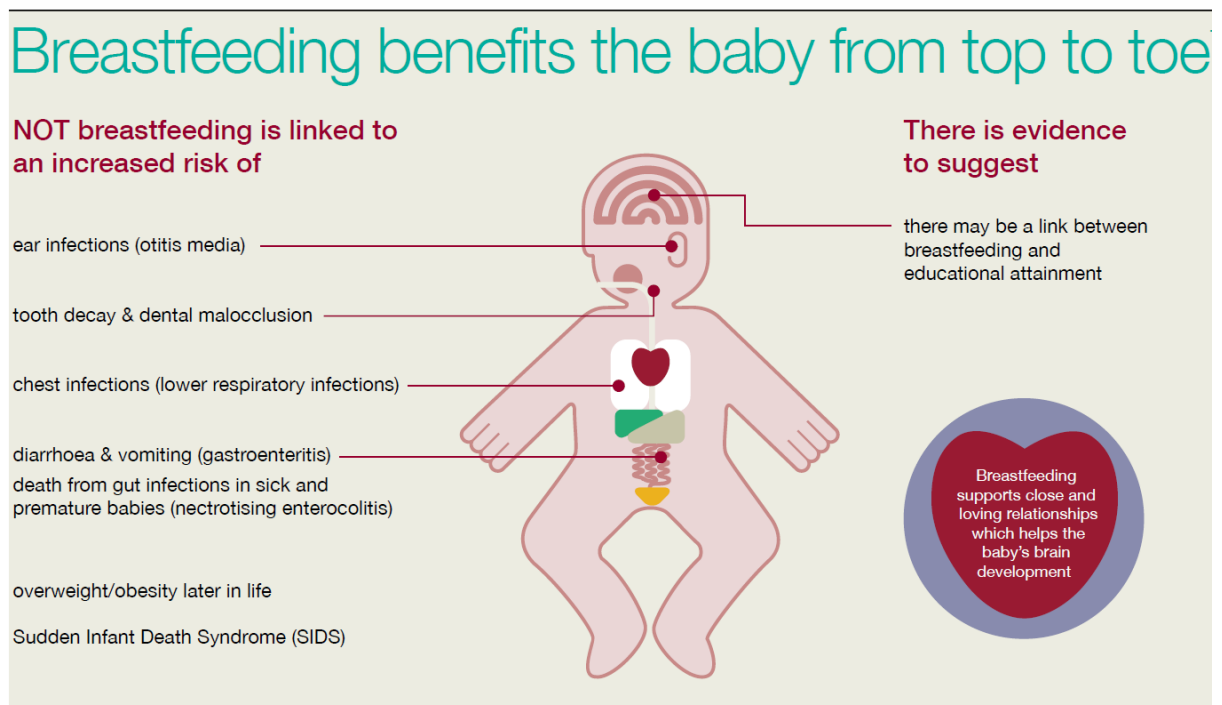
**Breastfeeding in North Yorkshire**

**1 Purpose of report**

- 1.1 This report provides an update to the board on progress around improving the initiation and duration of breastfeeding among mothers in North Yorkshire.

**2 Background**

- 2.1 Young and Yorkshire 2 includes actions to promote positive health choices by parents, especially during pregnancy and to ensure good public health outcomes in maternity services. Increasing the initiation and duration of breastfeeding is a key factor in giving every child a healthy start to life.
- 2.2 The benefits of breastfeeding are well documented. In addition to reducing the risk of ovarian and breast cancer in the mother, breastfeeding is also linked to reduced risks in the baby:



Breastfeeding also contributes to:

- Lower costs to local public services
- Reduced health inequalities
- Increased life chances for children
- Improved mother-infant relationships
- Improved life and long health for today's and future generations

2.3 There are a number of reasons why women choose not to breastfeed or stop breastfeeding early. Research has found that eight out of ten women stop breastfeeding before they want to and could have continued with more support<sup>1</sup>. In addition, many English mothers feel unsupported and find breastfeeding very difficult, and it is often seen as not culturally acceptable in public and difficult to combine with work and lifestyles.

2.4 What works?

NICE guidance sets out what should be in place to improve breastfeeding rates. Further information can be found at appendix one. More recently (2016), Public Health England and Unicef UK issued guidance for Local Authorities to support the commissioning of evidence-based interventions to improve breastfeeding rates across England.

<https://www.gov.uk/government/publications/infant-feeding-commissioning-services>.

Public health carried out a self-evaluation against these recommendations which highlighted good practice across North Yorkshire such as working towards the baby friendly initiative (BFI) standards and the availability of breastfeeding support for families. However a number of areas for development were identified including the lack of an infant feeding group and strategy, the need for closer partnership working between the hospital and community infant feeding services and better data analysis of breastfeeding rates.

### 3 Latest data

3.1 In North Yorkshire breastfeeding rates are similar to the national average and have improved over the last few years. In particular breastfeeding at 6-8 weeks has increased from 38.3% in 2014/15 to 44.2% in 2016/17. However within the data it highlights that inequalities exist across North Yorkshire. For example initiation rates vary from 84.4% in Harrogate to 60.3% in Scarborough.

The data also shows that almost three-quarters begin to breastfeed but this drops to less than half by 6-8 weeks.

<b>% of mothers breastfeeding at:</b>	<b>England</b>	<b>North Yorkshire</b>
Initiation (2014/15 – source PHE profile) <sup>2</sup>	74.3% *	73.8% *
6-8 weeks Q4 2016/17 (Source PHE profile)	44.3%	44.2% (2014/15: 38.3%)

\*Initiation data is no longer reported by Local Authority area but by Hospital Trust. NHS England are planning to reintroduce this reporting but a date has not been set.

3.2 The national infant feeding survey highlights that breastfeeding was most common among mothers who were: aged 30 or over, from minority ethnic groups, left education aged over 18, in managerial and professional occupations and living in the least deprived areas.<sup>3</sup>

<sup>1</sup> McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-relatedsurveys/infant-feeding-survey/infant-feeding-survey-2010>

<sup>2</sup> <https://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/1938132701/pat/6/par/E12000003/ati/102/are/E10000023/iid/20201/age/1/sex/2>

<sup>3</sup> <http://content.digital.nhs.uk/catalogue/PUB08694/ifs-uk-2010-chap2-inc-prev-dur.pdf>

#### **4. North Yorkshire and York breastfeeding strategy and action plan**

4.1 A strategy and action plan has been developed in partnership with York that is focussing on:

- Increasing initiation of breastfeeding in York and North Yorkshire
- Increasing breastfeeding at 6-8 weeks in York and North Yorkshire
- Reducing the gap between breastfeeding rates in the most deprived areas/population groups and the York and North Yorkshire average

4.2 To achieve this the following priorities have been identified and are being taken forward by the group:

4.2.1 Raising awareness that breastfeeding matters by:

- Providing 1:1 empathetic and mother-centred antenatal conversations with midwives, health visitors and other staff in the community
- Antenatal classes, for all parents that provide holistic approaches to loving and feeding babies
- Local health promotion campaigns and education for all

4.2.2 Providing effective professional support to mothers and their families by:

- Ensuring that every maternity unit, health visiting service, neonatal unit and children's centre implement the Unicef Baby Friendly Initiative (BFI) standards

4.2.3 Ensuring that mothers have access to support in their community by:

- Providing a range of support schemes, including one to one, groups, telephone and mother to mother.
- Encouraging welcome to breastfeed schemes in all public spaces, anywhere, anytime
- Supporting employers to implement policies, practices and environments that support mothers to breastfeed during study and work

4.2.4 Restricting the advertising of formula milk and baby foods by:

- Ensuring all maternity, health visiting, neonatal and children's centre services implement the Unicef BFI standards
- Prohibiting advertising in local authority facilities
- Abiding by the code the Code of Marketing of Breastmilk substitutes
- Supporting trading standards teams by reporting violations of the UK law in North Yorkshire and York

#### **5. Key achievements and next steps**

5.1 There have been a number of significant achievements made in the last three years, one of which is the appointment of an Infant Feeding Co-ordinator through the Healthy Child Programme. This post has driven forward improvements in data collection on breastfeeding and HDFT now have robust systems to accurately record the breastfeeding status of all mothers receiving their 6-8 week check.

- 5.2 The Infant Feeding Co-ordinator works closely with the Prevention Service in NYCC to drive forward joint working between the two services. To support this work there are breastfeeding champions in HDFT and the Prevention Service, and both organisations were successful in achieving joint stage one accreditation in 2016. A comprehensive training programme and audit system is now in place to ensure staff are providing accurate and good quality advice to families.
- 5.3 A major review of breastfeeding support in the community took place in 2015/16 that led to the development of support groups in every locality led jointly by the Healthy Child Team and the Prevention Service. The groups offer a welcoming environment for new and expectant mums to meet other breastfeeding mums and form a social network. Children’s Centre staff attend the groups to help with breastfeeding issues and members of the Health Visiting Team are also available for advice and information.
- 5.4 All hospital trusts serving North Yorkshire residents have achieved stage three Unicef Baby Friendly Initiative status, and infant feeding leads are in place. There is good partnership working between hospital and community services. Harrogate District Hospital’s Maternity Unit is the first service in the country to receive both a Gold award for their maternity service and full accreditation for the neonatal unit.
- 5.5 A number of developments will take place over the next six months including a “breastfeeding welcome” scheme to be piloted in premises in Selby, HDFT and the Prevention Service will be jointly assessed for the Baby Friendly Initiative stage two accreditation, there will be ongoing training for all staff working with families and a media campaign around breastfeeding will be developed.

## **6. Recommendations**

It is recommended that the board:

- i) Notes progress made to date on the co-ordinated and multi-agency approach to improving breastfeeding rates in North Yorkshire
- ii) Identifies ways in which members can contribute to the priorities identified in 4.2

## Appendix One: NICE guidance

NICE (PH11)<sup>4</sup> recommends that all areas should have the following in place:

- Adopt a multifaceted approach or a coordinated programme of interventions across different settings to increase breastfeeding rates. It should include:
  - activities to raise awareness of the benefits of – and how to overcome the barriers to – breastfeeding
  - training for health professionals
  - breastfeeding peer-support programmes
  - joint working between health professionals and peer supporters
  - education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period (the support may be provided by a volunteer).
- Implement a structured programme that encourages breastfeeding, using the Baby Friendly Initiative<sup>5</sup> ([BFI](https://www.unicef.org/babyfriendly/)) as a minimum standard. The programme should be subject to external evaluation.
- Ensure there is a written, audited and well-publicised breastfeeding policy that includes training for staff and support for those staff who may be breastfeeding. Identify a health professional responsible for implementing this policy.

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<sup>4</sup> <https://www.nice.org.uk/guidance/PH11/chapter/4-Recommendations#breastfeeding-3>

<sup>5</sup> <https://www.unicef.org/babyfriendly/>