

Newcastle JSNA: Breastfeeding December 2008

Overview

There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short- and longer-term (beyond the period of breastfeeding). Breast milk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life. Thereafter breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet weight.

Breast milk is baby's first immunization. It provides antibodies which protect babies from many common respiratory and intestinal diseases, and also contains living immune cells. First milk, colostrum, is packed with components which increase immunity and protect the newborn's intestines. Artificially fed babies have higher rates of middle ear infections, pneumonia, and cases of gastroenteritis (stomach flu). They are also five times more likely to be admitted to hospital with infections in their first year of life.

There are also multiple health benefits for mothers who breastfeed as well as increasing the likelihood of the mother returning to her pre-pregnancy weight. Mothers who breastfeed for at least 6 months throughout their lifetime have a decreased risk of breast cancer, and similar reduced rates have been shown for ovarian and uterine cancers, over and above the fact that women who were breastfed themselves are more likely to breastfeed their own children. Three quarters of British mothers who stopped breastfeeding at any point in the first 6 months (and 90% of those who stopped in the first 2 weeks) would have liked to have continued for longer. This suggests that much more could be done to support them. The British figures also contrast with data from Norway, where over 80% of mothers breastfeed for the first 6 months ([Lande et al 2003](#)).

As a consequence of the clear benefits of breastfeeding, The World Health Organisation (WHO) [Global Strategy Infant and Young Child Feeding 2003](#), recommends that optimal growth, development and health is achieved through exclusive breastfeeding for the first six months of a child's life, and continuation into the second year of life.

Facts and Figures

A definition of breastfeeding terms is provided at Appendix 1.

In general, mothers who do not initiate breastfeeding tend to be younger, less well educated and from lower income groups. Other influencing factors

contributing to whether or not a mother decides to breastfeed her baby include birth order, with mothers having their first baby being more likely to breastfeed compared with those having subsequent babies. However, mothers having second or subsequent babies are likely to continue to breastfeed for longer.

Variations in the incidence of breastfeeding. Results from [The UK Infant feeding Survey 2005](#) (Bolling et al. 2007):

- **Birth order**

The incidence of breastfeeding was higher among mothers of first babies compared with later babies. Across the United Kingdom almost eight in ten (79%) first-time mothers breastfed their babies initially compared with 73% of mothers who were having their second or later baby.

- **Socio-economic classification (NS-SEC) of mother**

There was also a clear association between breastfeeding and socio-economic status. Across the United Kingdom, 88% of mothers in managerial and professional occupations breastfed initially, compared with 77% of mothers in intermediate occupations, and 65% of mothers in routine and manual occupations. Breastfeeding rates among mothers who had never worked were similar to those found among mothers in routine and manual occupations (65%).

- **Age at which mother completed full-time education**

There was a clear association between breastfeeding and educational level. Across the United Kingdom mothers who had left full-time education at age 16 or younger were the least likely to have breastfed (59%), while those who had left full-time education at 18 or older were the most likely to have breastfed (91%).

- **Age of mother**

Across the United Kingdom as a whole breastfeeding rates were lowest among mothers aged 20 or under (51%) and highest among mothers aged 30 or over (84%).

Trends

Breastfeeding initiation

- The incidence of breastfeeding in England and Wales has increased over the last 25 years, with a significant increase between 2000 and 2005:

Incidence of breastfeeding England and Wales, 1980-2005

	1980	1985	1990	1995	2000	2005
			0	5	0	5

% who breastfed initially	67	65	64	68	71	77
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[Source: Infant Feeding Survey 2005](#)

- Between 2000 and 2005 breastfeeding rates across the United Kingdom as a whole increased by a greater degree among mothers of second or later babies compared with mothers of first time babies. This gap between the breastfeeding behaviour of first and later mothers is now at a historically low level.
- In England and Wales, the largest increases in breastfeeding rates were seen among mothers in routine and manual occupations and among mothers who had never worked. Thus, between 2000 and 2005, breastfeeding rates in England and Wales increased from 60% to 67% among mothers in routine and manual occupations, and from 54% to 67% among mothers who had never worked.
- ❖ Local Delivery Plan Return (LDPR)(now called the Annual Operating Plan (AOP) breastfeeding initiation data from Newcastle PCT between 2005 and 2008 shows an increase in the percentage of mothers initiating breastfeeding:

	2005/6 Outturn*:	2006/7 Outturn*:	2007/8 Outturn*:
% of mothers initiating breastfeeding	42.7%	52.4%	56.0%

* Annual percentages Source NHS North of Tyne Performance Unit

Targets

NHS Planning Framework

[The NHS Priorities and Planning Framework 2003-2006](#) contains a target to deliver an increase in breastfeeding initiation rates by two percentage points per year, with particular focus on women from disadvantaged groups. This target has been included into Local Delivery Plans, to support the Public Service Agreement (PSA) target on infant mortality for the planning period to 2008.

The [2005-2008 Health and Social Care and Standards Planning Framework](#) advocates increased breastfeeding initiation and duration rates as one of the key interventions to reduce inequalities in infant mortality.

Breastfeeding initiation rates

To enable achievement of the PPF target to be measured, the Department of Health has published Annual Operating Plans which require the NHS to return

[Local data on breastfeeding initiation rates](#). The Healthcare Commission has stipulated initiation targets of 62%.

Significant progress has been made to improve the recording of breastfeeding rates in Newcastle. In April 2008, The Newcastle upon Tyne Hospitals NHS Foundation Trust (Women's Services Directorate) implemented a new IT system (EuroKing E3). Although, as with any new system, the Directorate has experienced some teething problems which necessitated a degree of caution in respect of early initiation data, it is felt many of the problems have now been resolved and the Directorate is confident of its ability to robustly interrogate the system in the near future in respect of breastfeeding initiation rates.

Local data on continuation of breastfeeding

(6-8 weeks)

To enable achievement of the PSA target to be measured, the Department of Health implemented 'Vital Signs' in April 2008. This requires the NHS to return [Local data on prevalence of breastfeeding at 6-8 weeks](#) in addition to previous data collection on initiation of breastfeeding.

Whilst gaps still remain within the Child Health Record system, work to improve the completeness of the data is progressing and the level of reporting continues to improve. There are, however, significant gaps in the completeness of records for breastfeeding status at the 6 month check resulting in gaps in our knowledge around the duration of breastfeeding.

In Newcastle, breastfeeding data is recorded at different stages throughout the first year of a baby's life. Initiation of breastfeeding is recorded by midwifery staff at the time of the birth of the baby and on discharge home from the post natal ward. Although the information is not required in accordance with existing Department of Health targets, community midwives also record method of feeding into the child's Personal Health Care Record at the point of transferring care to the designated Health Visitor. This is usually on Day 10, but could be recorded as late as Day 28 following delivery, depending on how long the community midwife chooses to visit. Data is forwarded to Newcastle Child Health Records department within Knowledge Services and becomes a key element of the child's health record. At each stage of contact with the mother and baby, Health Visitors record whether or not breastfeeding is continuing. Health Visitor contact points are utilised as key opportunities to promote the benefits of breastfeeding to mother as well as offering any further support and advice the mother may need.

Newcastle upon Tyne's Local Area Agreement

The [Newcastle Partnerships Local Area Agreement 2008 – 2011](#) also contains the same target as follows:

LAA Priority objectives	Measured by	Baseline	2008/09 target	2009/10 target	2010/11 target
All children and young people have a healthy start in life	NI 53 Prevalence of breastfeeding at 6-8 weeks from birth (*35 target LAA)	28.7% (2006/07)	30.8%	31.8%	32.8%

Reduction in Obesity

Improving breastfeeding rates will contribute towards the national Public Service Agreement (PSA) target to halt the year on year rise in obesity among children under 11 years by 2010. Breastfed babies are less likely to become obese in later childhood and improving breastfeeding rates, both initiation and duration, offers a key approach to controlling the rising incidence of childhood obesity.

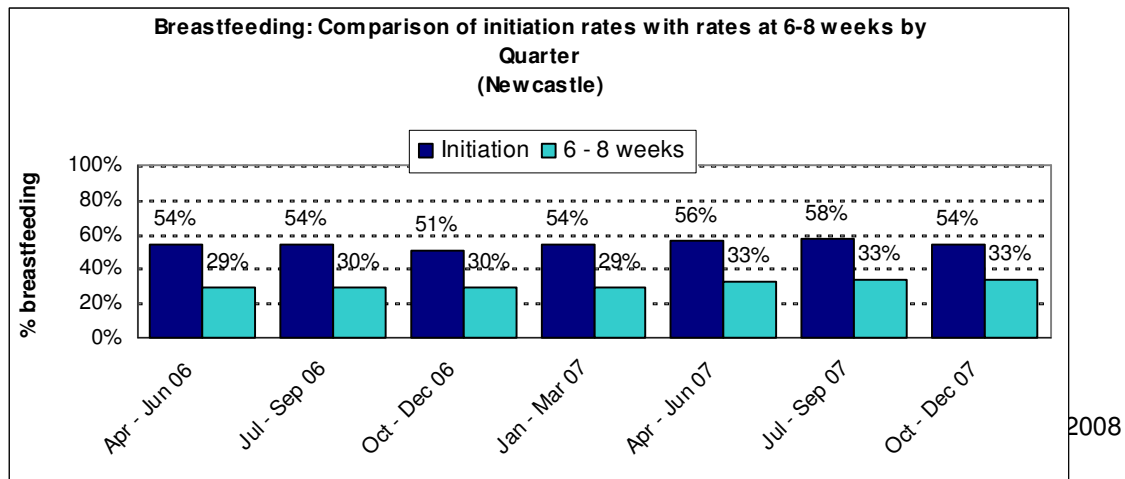
Reduction in health inequalities

The healthcare Commission's target is to reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth. Breastfeeding initiation is a good proxy indicator for infant health, but as has been previously discussed is much less prevalent amongst more disadvantaged groups.

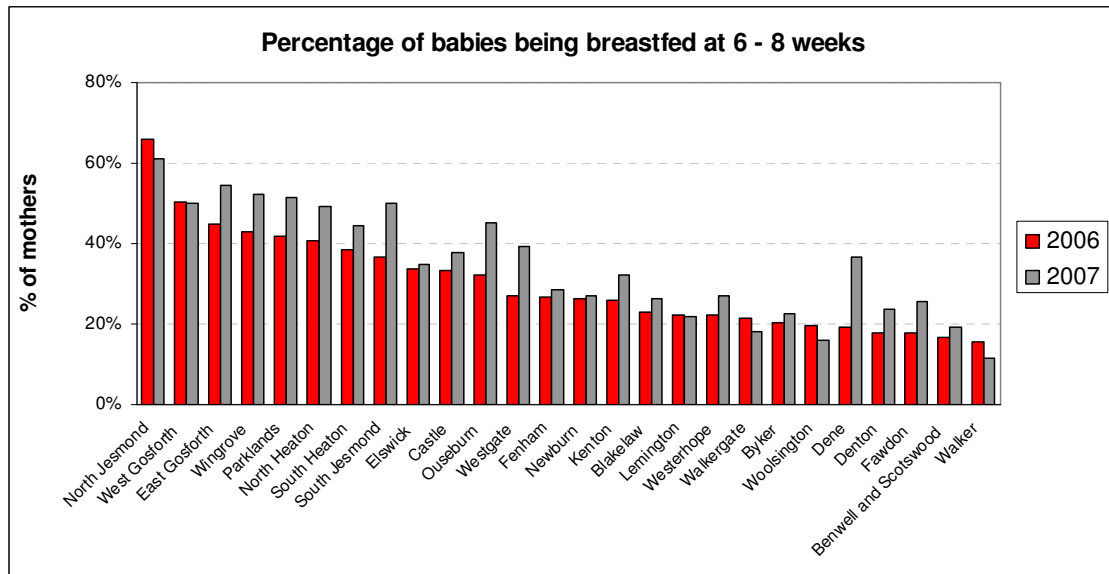
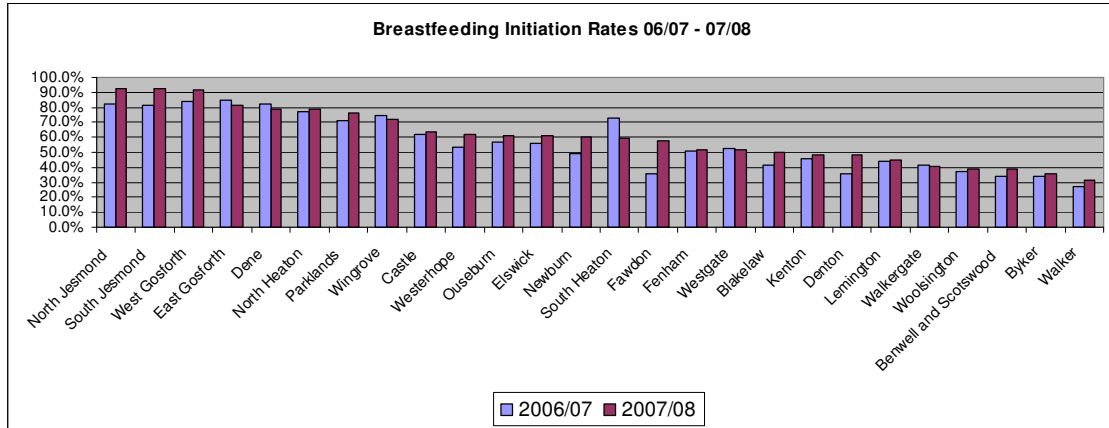
Breastfeeding rates will also be a measure within the Joint Area Review in regard to the implementation of Every Child Matters: Change for Children. It is also a priority in the NSF (National Service Framework) for Children, Young People and Maternity Services (Standard 11).

Performance

- ❖ According to the [Health Profile 2008 - Newcastle upon Tyne](#) breastfeeding initiation rates were not as good as the national average. Rates in Newcastle were 52.7% as compared to 69.2%. It is worth noting however, that recent data indicates there has been a gradual rise in the initiation rate to 56%.



- ❖ There is a wide variation in initiation and continuation rates across Newcastle as shown by the tables below.



- [The UK Infant Feeding Survey 2005](#) demonstrated that 78% of women in England breastfed their babies after birth. However, a third of these women had stopped by week 6 so that only 50% of all new mothers were breastfeeding by week 6 and 26% by 6 months.
- A baseline assessment of breastfeeding in Newcastle in June 2006 found that breastfeeding prevalence had dropped from 51.5% to 40% by 1 week, to 26% by 6 weeks, falling to 0.7% who continued over six months. Once again it is worth noting that initiation rates have increased to 56% and

therefore one must assume that in conjunction with an increase in initiation this will also be reflected in the breastfeeding duration figures.

Local views

Findings from questionnaires handed out to women during Breastfeeding Awareness Week 2008 (75 completed):

- ❖ Many women did not receive information about breastfeeding and those who did found it to be insufficient
- ❖ Friends and family, in particular partners, would like the knowledge to help the mother to sustain breastfeeding for longer
- ❖ Many women expressed the need for more private breastfeeding rooms. This may be an issue of lack of information on where they are located and lack of sign posting as facilities do exist in the city centre, Metro Centre and other shopping areas.
- ❖ Many women wanted more help and support from hospital staff and especially from a midwife.
- ❖ Many people felt breastfeeding in public was not accepted making them less likely to breastfeed at all.
- ❖ Only half of the women had heard of breastfeeding peer supporters

National and Local Strategies

Current UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months. Thereafter, it recommends that breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet (DH 2003).

Citywide Breastfeeding Strategy 2006 -2011

In conjunction with the strategy an Action Plan was compiled. The Action Plan is regarded as a live document which as revised reflects the on going service initiatives and developments in both hospital and community settings.

The aims of the Newcastle Breastfeeding Strategy are to link outcomes in accordance with the National and local policy context in the following ways:

Promoting breastfeeding is one of the key issues identified by the Every Child Matters (ECM) Framework as an indicator of achieving the 'Be Healthy' outcome. Promoting healthy choices and supporting parents to be aware of those choices is a general aim within this outcome. The promotion of breastfeeding has been included as an inspection criterion within this framework.

Standard 1 of the NSF for Children states:

'The health and wellbeing of all children and young people is promoted and delivered through a coordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.'

Standard 11 of the National Service Framework for Children states that:

'Up-to-date information on breastfeeding and breastfeeding support for mothers is provided in line with the government's commitment to improving the health of the population'.

A key principle within the Choosing Health 2004 document reads: *'...the personalisation of support to make healthy choices. This will be crucial in helping to reduce health inequalities.'*

Breastfeeding rates are also one indicator of the quality of maternity services as highlighted by the Healthcare Commission. The rates of breastfeeding also contribute to several Public Service Agreement (PSA) targets including:

- Reduction in the infant mortality rate
- The halting in the rise in obesity in the under 11's
- Breaking the cycle of deprivation.
- Reduction of preventable infections and unnecessary paediatric admissions in infancy.

In addition, this strategy links with the development of Newcastle's Obesity Strategy in which breastfeeding rates are identified as a significant outcome measure. The NHS Plan target is to deliver an increase of 2 percentage points per year in the breastfeeding initiation rate, focusing especially on women from disadvantaged groups.

The Citywide Breastfeeding Strategy Action Plan

1. Establish a Multi-agency/Professional Steering Group to oversee the launch and progression of the Citywide Breast Feeding Strategy
2. Progress agreement for a citywide full time Infant Feeding Co-ordinator. The aim of such a post would be to provide a recognised strategic lead to ensure that breastfeeding services are developed within the city and Baby Friendly Status achieved within the Acute Trust and Community Settings
3. Promote exclusive breastfeeding for the first six months and alongside solids thereafter whilst acknowledging parental wishes. Encourage the continuance of breastfeeding in-line with WHO recommendations and its global strategy.
4. Monitor breastfeeding rates in accordance with local area agreement.

5. Work towards the implementation of UNICEF Baby Friendly Status in both the hospital and community settings.
6. Provide appropriate breastfeeding training to all levels of staff who have contact with pregnant women, breastfeeding mothers and families.
7. Consider how best to promote the benefits and social and cultural acceptance of breastfeeding amongst the population where social exclusion and disadvantage may influence their decision to breastfeed
8. Raise awareness of the benefits of breastfeeding within existing mainstream education programmes.
9. Promote, support and encourage local research pertaining to breastfeeding.
10. Develop and monitor citywide “Breastfeeding Welcome” environments.
11. Promote and develop human resource policies and facilities to support staff who return to work who wish to continue breastfeeding.

Current activity and services

Infant Feeding Co-ordinator (IFC)

The Citywide Breastfeeding Steering Group, through the Breastfeeding Action Plan have always indicated the need for a strategic lead who can focus on the objectives implicit within the strategy.

At the time of preparing this document, Newcastle Trust (Women’s Services Directorate) has prepared a business case to apply for funding so as to be able to progress the appointment of a hospital based IFC. It is envisaged that the post would be funded for a minimum of 3 years and would lead on both achieving Baby Friendly Status in the Directorate and taking forward initiatives which would have a sustained impact on breastfeeding initiation rates locally.

It is understood that Newcastle PCT are progressing an equivocal position for the community setting to again lead on the achievement of Baby Friendly, but to also address the low breastfeeding duration figures in the city.

Although the Steering Group were initially keen to have a single appointment working across both hospital and community, it is now evident that the work required is considerable and necessitates the provision of two individuals working collaboratively whilst maintaining a more individualised focus in their designated settings.

La Leche Training

A percentage of Newcastle Upon Tyne Hospitals NHS Foundation Trust and PCT staff have taken advantage of training provided by La Leche. Further funding is needed to continue to provide future programmes.

Local Support

There are three Baby Cafes within Newcastle where breastfeeding mothers are encouraged to drop in regularly for support and advice. These are supported by Sure Start Children's Centre's staff and midwives employed by Newcastle Foundation Trust. Presently individual Children's Centres fund the additional midwifery time. Volunteers who are La Leche Breastfeeding Peer Supporters support all the groups:

- Canning Street Nursery.
- Montague Baby Café supported by early years staff from North Moor Children's Centre and a community based Midwife.
- 20/05/08 New Baby Café at St Martins in Walker part of Sure Start East & Fossway Children's Centre facilitated by Sure Start Family Support worker.

In September 2008, an antenatal group for black and ethnic minority (BEM) women was launched at Canning Street Nursery. This group is led by the Sure Start Children's Centre Midwife and Newcastle Foundation Trust Parent Education Lead Midwife. Unfortunately uptake from local BEM women has been minimal to date and the two midwives are currently evaluating the group with the intention of potentially revising the service.

A further breastfeeding support group operates at Lemington Children's Centre and attracts younger mothers to it.

Breastfeeding Workshops

Breastfeeding workshops, organised and delivered by midwives occur in both the hospital and community setting. The workshops are provided to both professionals and women. The workshops are part of Women's Services Directorate in service mandatory training programme. It has been agreed that the existing workshop facilitators require further investment in respect of training and that the programme requires some revision to ensure content reflects existing evidence based care.

G P Surgeries

Breastfeeding promotion campaigns using the Life Channel are running in a number of GP surgeries in Newcastle.

Community engagement

The Breastfeeding Peer Support Coordinator role is working well to provide support and information to Parents whilst supporting the Sure Start Children's Centre's Midwife to coordinate Breastfeeding activities across the city.

Locally based peer support services for women across the city have been developed over the last two years. The peer supporters are local women who have breastfed one or more babies. The programme is inclusive in that the women come from diverse backgrounds and cultures and the programmes adapted to suit their literacy requirements. This is in line with current government recommendations for widening participation, and implicit within the Sure Start Principles.

Peer supporter services are now available across Newcastle either by telephone or in support groups and now offer support in a range of spoken languages. Ongoing training and support of the peer supporters is seen as an important element of the Newcastle breastfeeding strategy. We are currently in the process of negotiating with partners to provide an inclusive citywide peer support forum, in order to ensure all women across the city can access help and information during the pregnancy and after the birth.

A media team has been formed (peer supporters volunteered to do this following a 5 day training course) that has published two newsletters in relation to breastfeeding, a breastfeeding calendar (now onto the 2009 one) with images of the cities breastfeeding mothers feeding in different environments and a breastfeeding DVD showing peer support. This is a coordinated approach between the peer support coordinator and the Children's centre midwife with the support from the children's centers and the acute trust, PCT and the local authority working together in partnership.

Media coverage has been received from local and national press including a double spread in 'breastfeeding matters' about the events held in Newcastle for breastfeeding awareness week in May ending with a Big Breastfeed at the Monument.

Breastfeeding Awareness Week

National Breastfeeding Awareness Week, co-ordinated in England by the Department of Health, is a nationwide campaign that takes place in May of each year. Previous activities in Newcastle have included information stands in Eldon Square shopping centre and Tesco Extra in Kingston Park, activities within the Baby Cafes and The Big Breastfeed at the Monument.

An **Obesity Manager (infant feeding)** is employed by Government Office North East with the remit to make the North East Region Baby Friendly.

What investment is there?

- ❖ £7,500 allocated on resources and training in the East End of the City. As part of the Neighbourhood Renewal Funded 'Lean East' project on childhood obesity an allocation of money was identified to support breastfeeding. Lean East targeted ten schools and the surrounding communities in the East of the city as they had a higher incidence of overweight and obese children as identified through the National Child Measurement Programme. This has paid for:
 - La Leche League manuals and training
 - Posters and leaflets for work with fathers
 - Training from the National Childbirth Trust
 - Children's Books
 - Breastfeeding Stickers

- ❖ Investment for the Citywide Sure Start Children's Centres from the children's centres budget
 - 8 hours midwifery support for baby cafes £12,196
 - Citywide Midwife £51,030
 - Breastfeeding peer support coordinator £16,102
 - Operational budget for citywide midwife £ 5,000
 - Volunteer Peer Support Training £ 4,312

'What is this telling us'?

What are the key inequalities?

Younger mothers, mothers from lower socioeconomic groups and mothers with lower educational levels appear least likely to initiate and continue breastfeeding. Research suggests that reasons include embarrassment, lack of role models, fear of pain, misconceptions that their baby will not gain sufficient weight from breastfeeding alone, and exposure to a bottle feeding culture, which promotes the use of artificial milk (Shaw et al, 2003).

Many young mothers lack access to key sources of information and advice on infant feeding such as antenatal classes, peer support programmes, friends, family and other social support networks. Although many women have access to community midwives after discharge from hospital, young first time mothers in particular may not ask for information or advice on issues such as breastfeeding. Social policies affecting educational attainment may also be important factors in feeding practices and breastfeeding rates may be influenced by health education specifically or by more general levels of schooling among mothers.

What are the key gaps in knowledge / services?

Data collection and quality improvement

Whilst gaps remain within the Child Health Record system, work to improve the completeness of breastfeeding data is progressing and the level of reporting continues to improve. This is reflective of the commitment from the majority of professionals within both the Newcastle Foundation Trust and Newcastle PCT. There are, however, significant gaps in the completeness of records for breastfeeding status at the 6 month check resulting in gaps in knowledge around the duration of breastfeeding.

There is no easily available data regarding support programmes including peer Support referrals and attendance rates at the cities three breastfeeding Baby Cafes.

Black and minority ethnic groups

Black and minority ethnic groups are welcome at the Baby Cafes however the numbers are very low. As previously discussed despite the launch of a BEM drop in group in September of this year, albeit only in the West of the city, has not seen an increase in the number of BEM women accessing services. Therefore revision of the group is currently under review. Work has commenced to ensure workers have translated breastfeeding material to give to families.

What are the risks of not delivering our targets?

Potential detrimental health impacts to mothers and their babies

Is what we are doing working?

- ❖ There are a large number of positive initiatives taking place in Newcastle spearheaded by the Sure Start Children's Centres Midwife and the Peer Support coordinator. However the survey during breastfeeding awareness week highlighted the fact that many women in Newcastle were not aware of these activities or the facilities available to them.
- ❖ Breastfeeding initiation rates appear to be increasing in Newcastle, but prevalence data is currently imprecise. A more reliable and comprehensive databank of child health information data is required to ensure the Trust has to inform service delivery and support developing practice.

What is coming on the horizon?

- Potential funding for two Infant Feeding Co-ordinators to work collaboratively in both the hospital and community settings to lead on the achievement of citywide Baby Friendly Status and initiatives deemed to improve breastfeeding initiation and duration rates in Newcastle.

- Potential funding to be able to offer further training packages to all professionals with an involvement in providing care to women and families.
- Potential funding to be able to invest in training opportunities for existing breastfeeding workshop facilitators.
- Breastfeeding Awareness Week 2009 – possible link up with Gateshead with a ‘Big Breastfeed’ along the millennium bridge
- Proposal to provide a further baby café or breastfeeding support group in the outer West area, work has commenced towards this with a Peer Support training programme in Newbiggin Hall Estate. This would help to work towards raising the rates in the 20% most deprived super output areas.
- A two year Regional Weaning Programme has been funded through the Big Lottery as part of the Strategic Health Authority’s ‘New Leaf ... New Life’ portfolio. Newcastle PCT will be hosting a Co-ordinator post for the north of the region. The programme will involve the Co-ordinator disseminating training across both North of Tyne and South of Tyne and Wear areas and enabling the roll-out of a three week training programme on weaning for new and expecting mothers.

What should we be doing next?

1. **Breastfeeding Co-ordination** In order to ensure real change in the current figures, a collaborative approach to delivering breastfeeding support to women and their families which acknowledges their personal circumstances and aims to address any inequity needs to be encouraged.
2. **Information and Support** Relevant information on breastfeeding for women in the ante and postnatal period. This must also be cognisant of the need to provide translated literature to women where English is not their first language.

Set up antenatal breastfeeding workshops for Partners and Family Members. There is a proposal for such a workshop within Newcastle Foundation Trust, but as yet no date has been agreed for implementation.
3. **Publicity** More positive publicity for breastfeeding. Encourage provision of adequate infant feeding facilities in both the work place and in public places.

4. **Funding** Ensure funding is available for Peer Support Coordinator and Sure Start Children's Centre Midwife which ends on March 31st 2009 and additional midwifery support to existing baby cafes.
5. **Improvement of data collection** Work to improve data collection must now continue to enable effective and accurate monitoring as well as evaluation of the ongoing effort to increase breastfeeding rates in Newcastle.
6. **Increase training and education of GPs and health professionals** to ensure that GPs and Health Visitors correctly interpret and understand growth patterns so that mothers who are breastfeeding healthy babies which are growing slower are not inappropriately advised to bottle feed.

APPENDIX 1

Definitions of breastfeeding

Patterns of breastfeeding are described using several different measures:

The government target defines initiation of breastfeeding as “the mother puts the baby to the breast, or the baby is given any of the mother’s breast milk, within the first 48 hours of birth

Incidence of breastfeeding is described as the proportion of babies who were breastfed initially, including if this was on one occasion only

Prevalence of breastfeeding is defined as the proportion of babies being breastfed at specific ages, including babies that also receive infant formula or solid food

Duration of breastfeeding is the length of time which a mother who breastfed initially continues to do so, even if they were also giving other milk or solid food