

# Breastfeeding

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## JSNA Report

**July 2015**

## This report

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

Its purpose is to provide an analysis of breastfeeding in order to determine the following:

- How much impact does this issue have on local people?
- Can this impact be reduced through local action?
- Can local action reduce health inequalities?
- Will local action on this help address other issues too?

Understanding these things helps the HWB determine the level of priority that this issue should be given in the Borough's Health and Wellbeing Strategy.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA).

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## Further information

For a PDF copy of this report, and other research intelligence products, visit **Knowsley Knowledge** – the website of Knowsley's JSNA.

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Pages	23
Date of Release	July 2015
Review Date	July 2017
Description	One of a number of topic based reports contained within the Children's theme of the Joint Strategic Needs Assessment. The report contains latest intelligence about breastfeeding, the policy context (local and national), local breastfeeding services, evidence of what works and local engagement.
Superseded Documents	'Joint Strategic Needs Assessment, 2011'
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Related Information	Knowsley Breastfeeding Action Plan 2015-2017

A number of acronyms have been used throughout this document and are given below:

5BP	5 Boroughs NHS Partnership Trust
BFI	Baby Friendly Initiative
FNP	Family Nurse Partnership
GP	General Practitioner
IFS	Infant Feeding Survey
JSNA	Joint Strategic Needs Assessment
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PCT	Primary Care Trust
UK	United Kingdom
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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# Breastfeeding

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## 1. WHY BREASTFEEDING IS IMPORTANT

Breastfeeding is recognised as a key public health issue that promotes good health throughout society with health benefits to both mother and baby. The World Health Organization (WHO) recommends that infants start breastfeeding within one hour of life and that they should be exclusively breastfed for six months<sup>1</sup>. Thereafter, breastfeeding should continue for up to two years of age or beyond with the introduction of complementary foods at six months in order to meet the nutritional needs of the infant.

Evidence demonstrates that breast milk provides all the nutrition an infant needs in early life, as well as promoting cognitive and sensory development<sup>2</sup>. Breast milk gives health benefits to both mother and infant in the short-term and long-term.

In the short-term, studies suggest that breastfed infants have a reduced risk of gastrointestinal illness (e.g. infant diarrhoea), respiratory tract infections, ear infections and atopic (allergic) disease<sup>2,3</sup>. Continued breastfeeding allied with the introduction of appropriate weaning foods can also reduce infant mortality.

In the longer term, breastfed infants are less likely to have high levels of blood pressure and blood cholesterol in adulthood and are less likely to be obese or develop type 2 diabetes<sup>4</sup>. Breastfeeding has also been shown to reduce the risk of breast and ovarian cancer in mothers<sup>5</sup>, increases bone density and thus reducing hip fractures, and they have an increased likelihood of returning to their pre-pregnancy weight<sup>6,7</sup>.

As well as the aforementioned health benefits, there are also emotional and economic factors attached with breastfeeding. Breastfeeding promotes emotional attachments between mother and baby providing communication and a nurturing environment that support emotional development. Breast milk costs nothing and the associated costs to the NHS due to childhood illnesses outlined above are significant.

## 2. LINKS TO NATIONAL AND LOCAL DRIVERS

### 2.1 UNICEF Baby Friendly Initiative UK (BFI)

The UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization, and is designed to support breastfeeding and parent-infant relationships by working with public services to improve standards. It was introduced in the UK in 1995 and was originally focused solely on maternity services, providing a 10-step programme for maternity services to support and encourage mothers to breastfeed. It was then expanded in 1998 to include community services, with a dedicated 7-point plan to enable improved practice in community health care, in order to promote, protect and support breastfeeding. In 2012, a major review of BFI was undertaken to ensure the best

possible outcomes for children and was expanded to include neonatal units, children's centres and universities<sup>8</sup>.

## 2.2 NICE Public Health Guidance

Public health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. The guidance may focus on a particular topic (such as breastfeeding), a particular population or a particular setting. It is aimed at public health professionals and practitioners and others with a direct or indirect role in public health within the NHS, local authorities and the wider public, voluntary, community and private sectors.

The recommended NICE guidelines on breastfeeding aim to improve the nutrition of pregnant and breastfeeding mothers, and children in low-income households. In particular, it addresses disparities in the nutrition of low-income and other disadvantaged groups compared with the general population<sup>9,10</sup>.

5 Boroughs Partnership NHS Trust, who deliver the peer support service in Knowsley, are compliant with the following NICE guidance:

- CG62 Antenatal care
- CG37 Postnatal care
- CG110 Pregnancy and complex social factors
- CG45 Antenatal and postnatal mental health
- CG43 Obesity
- PH11 Maternal and child nutrition
- IPG149 Division of ankyloglossia (tongue tie) for breastfeeding

## 2.3 Breastfeeding Action Plan 2015-2017

The overall aim of the Breastfeeding action plan 2015-2017 is to protect, promote, support, and normalise breastfeeding within the population in Knowsley's priority areas.

Based on evidence of what works and local needs, the plan has a number of priority areas in the action plan to achieve the overall aim.

- I. Support individuals to breastfeed.
- II. Increase community awareness, understanding and acceptance of breastfeeding.
- III. Collect, collate, analysis and share relevant data to inform the evidence.

The Strategy for Knowsley: The Borough of Choice<sup>12</sup> is the overarching strategy for the borough. It sets out the long-term vision to establish Knowsley as a place where people choose to live and work. The Knowsley Corporate Plan 2012-2015<sup>13</sup> sets out how the Council will deliver this plan.

Increasing the prevalence of breastfeeding will help the Council achieve outcomes in the Corporate Plan, in particular supporting:

- Children get the best possible start in life and have opportunities to reach their potential.
- Everybody has the opportunity to have the best health and wellbeing throughout their life.
- People are protected from risks that can affect their health and wellbeing.

The approach to increase breastfeeding rates in Knowsley draws upon Knowsley Health Inequalities Policy Framework, Family Policy and Behaviour Change Policy to make the best use of resources to promote health and wellbeing.

The Knowsley Breastfeeding Pathway has been reviewed and further work carried out to review home visiting support. In addition, a social marketing project which commenced in April 2013 focussed on behaviour and culture change relating to early years health choices by mothers. Breastfeeding is one of the key areas this project has addressed. Specific work identified the need for consistency of shared messages across health providers, encouraging the community to champion and support positive health choices. This is reinforced by the recent changes in the BFI standards, which now focuses on the journey women undertake when deciding how they will feed their baby and the conversations and interaction she has with health professionals as part of that journey.

Research suggests that young women from low income areas are least likely to breastfeed for a number of reasons including embarrassment, lack of role models, fear of pain, misconceptions that their baby will not gain sufficient weight from breastfeeding alone, lack of knowledge of the benefits to mother and baby, and exposure to a bottle-feeding culture, which promotes the use of artificial formula<sup>14</sup>.

Things that help / motivators

- Family and friends attitudes.
- Peer led / more informal education / buddy support.
- Increasing people's confidence to make informed decisions.
- Relevant information for the target audience.
- Repeated reinforcement of messages through a variety of mediums<sup>14</sup>.

Whilst a dedicated breastfeeding peer support service is instrumental to increasing breast feeding initiation and continuation, it requires a multifaceted approach at both a strategic and operational level if sustained improvement is to be achieved in the borough. The Knowsley Breastfeeding plan aims to support all of the key motivators set out above.

As part of the new BFI standards, increased collaborative working is needed to ensure continuity of messages and conversations with pregnant women regarding breastfeeding. Knowsley will continue to develop strong working practices that support Knowsley women to make informed choices and to access the best possible support for them to continue to

breastfeed, therefore optimising positive outcomes for mother and child. The new BFI standards require services to have a named project lead with the necessary knowledge, skills and time to lead on the implementation of the standards. Managers are also expected to demonstrate that they take responsibility for implementation of the standards according to their role. Services are required to demonstrate effective collaboration with other relevant services in their area to ensure that families receive a joined up and comprehensive level of care.

#### 2.4 Public Health Outcomes Framework

The Public Health Outcomes Framework<sup>15</sup> identifies two outcome indicators which relate to breastfeeding:

- 2.02i – Breastfeeding initiation
- 2.02ii – Breastfeeding prevalence at 6-8 weeks after birth (continuation)

### 3. WHO IS MOST AT RISK?

**Age:** The Infant Feeding Survey (IFS) 2010<sup>16</sup> found that there was a strong association between breastfeeding and the age of the mother. Across the UK as a whole, breastfeeding was lowest amongst mothers under the age of 20 (58%) and highest among mothers aged 30 and over (87%).

Although the age of mothers and their breastfeeding status is currently unavailable in Knowsley, it is known that the age females in Knowsley have their babies is younger than in England as a whole<sup>17</sup>, thus inferring that breastfeeding is less likely to be initiated in Knowsley.

**Ethnicity:** Mothers from all minority ethnic groups are more likely to breastfeed than white mothers. In the IFS 2010<sup>16</sup>, 95% of Asian, 96% of Black, and 97% of Chinese or mothers from other ethnic origin initially breastfed compared to 79% of white mothers.

As with age, the breastfeeding status and the ethnicity of mothers are currently unavailable in Knowsley. However, it is known that the proportion of people from an ethnic minority group is very low in Knowsley and was 2.8% in the 2011 Census, once more inferring that Knowsley females are less likely to initiate breastfeeding on average.

**Deprivation:** The IFS 2010<sup>16</sup> showed that the levels of breastfeeding initiation increased when deprivation levels decreased. Indeed, breastfeeding initiation was highest in the least deprived quintile of the country (89%) compared to the most deprived quintile of the country (73%).

The English indices of deprivation 2010<sup>18</sup> showed that Knowsley had the 5<sup>th</sup> highest levels of deprivation in the country out of 326 local authority areas. In the report, Knowsley was seen to have widespread deprivation with some hotspots containing high concentrations of deprivation. The high levels of deprivation in the borough will also impact on breastfeeding initiation.

## 4. THE KNOWSLEY PICTURE

### 4.1 Breastfeeding Initiation

The initiation of breastfeeding is defined in the UK as mothers who give their babies breast milk in the first 48 hours after delivery. The proportion of mothers initiating breastfeeding in Knowsley during 2013/14 was 44.9%, an increase of over 4% from the previous year. Since 2004/05, there has been an 18.7% increase in Knowsley breastfeeding initiation rates which is akin to a 2% increase each year on average. Although breastfeeding initiation has improved substantially in Knowsley, it remains significantly lower than regional (64.5%) and national (74.0%) levels as well as being lower than the Liverpool City Region (54.0%) and Knowsley's Statistical Neighbour Group (55.4%). Also, Knowsley has the 2<sup>nd</sup> lowest proportion of breastfeeding initiation of all 211 clinical commissioning group areas nationally.



Figure 1: Breastfeeding Initiation, 2003/04 to 2013/14

Source: Health and Social Care Information Centre

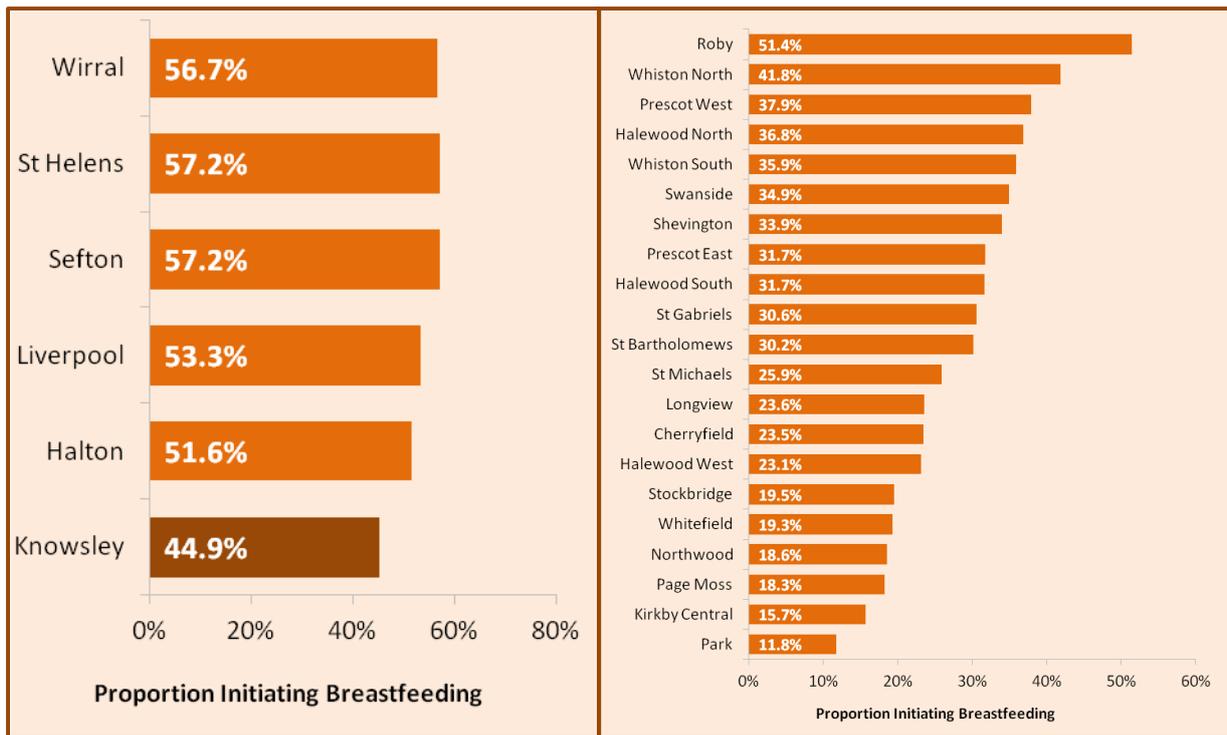


Figure 2: Breastfeeding Initiation in Liverpool City Region, 2013/14  
Source: Health and Social Care Information Centre

Figure 3: Breastfeeding Initiation by Electoral Ward, 2007/08  
Source: St Helens & Knowsley Informatics

Knowsley had the lowest proportion of mothers who initiated breastfeeding in the Liverpool City Region during 2013/14, significantly lower than the other five local authority areas.

Breastfeeding initiation rates in Knowsley's electoral wards vary considerably. In 2007/08, breastfeeding initiation ranged from 11.8% in Park electoral ward to 51.4% in Roby electoral ward, the latter being more than 4 times higher than the former.

An audit undertaken in the three main maternity units serving Knowsley showed that of the women who initially breastfed in hospital, 89% were still breastfeeding / mixed feeding / expressing when they were discharged from hospital and 80% were breastfeeding / mixed feeding / expressing 48-hours after discharge from hospital (on their first contact).

### 4.2 Breastfeeding Continuation

The proportion of mothers continuing breastfeeding at 6 to 8 weeks after their child's birth in Knowsley was 19.9% in 2013/14. Breastfeeding continuation has increased by 1.3% per year on average since 2008/09 in Knowsley but remains significantly lower than England as a whole (45.8%), the North West region (32.8%) as well as the Liverpool City Region (27.5%) and Knowsley's Statistical Neighbour Group (28.5%).

As with the initiation of breastfeeding in Knowsley, the borough has one of the lowest levels of prevalence in the country. In 2013/14, Knowsley had the 5<sup>th</sup> lowest proportion of mothers who continued to breastfeed out of 211 clinical commissioning group areas.

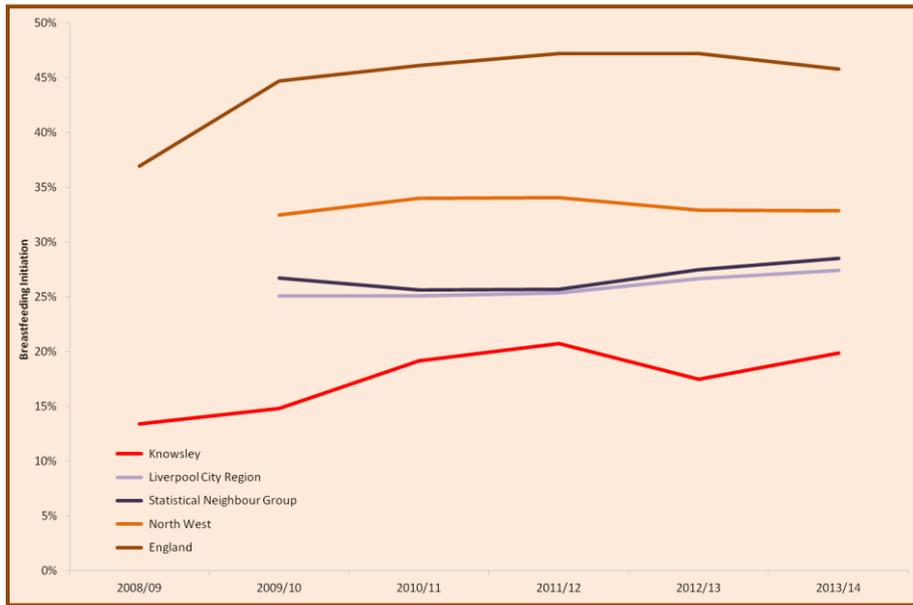


Figure 4: Breastfeeding Continuation, 2003/04 to 2013/14  
 Source: Health and Social Care Information Centre



Figure 5: Breastfeeding Continuation (Area Partnership), 2013/14  
Source: 5 Boroughs Partnership NHS Trust

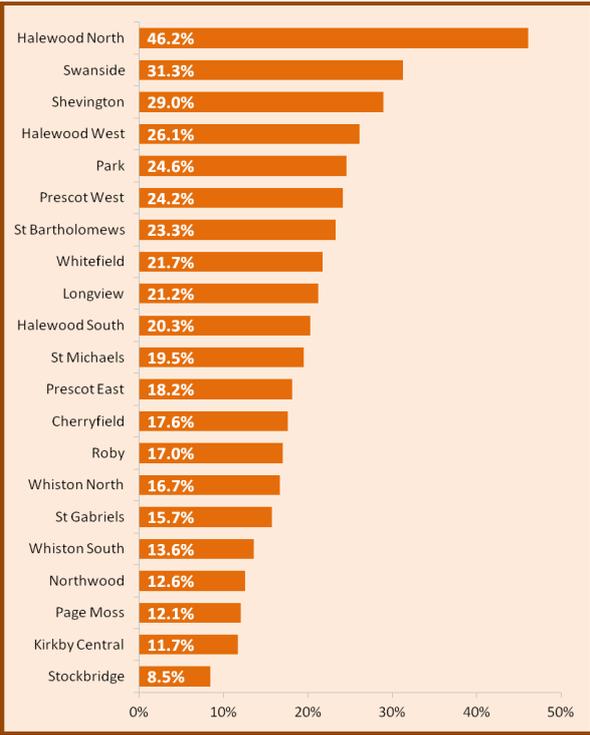


Figure 6: Breastfeeding Continuation (Electoral Ward), 2013/14  
Source: 5 Boroughs Partnership NHS Trust

Breastfeeding continuation varied between 18.2% (Prescot, Whiston, Cronton & Knowsley Village) and 28.9% (Halewood) in Knowsley during 2013/14. However, even the continuation rate in Halewood remains lower than the North West region and England as a whole.

Variation amongst Knowsley electoral wards is even more pronounced with breastfeeding continuation ranging from 8.5% in Stockbridge electoral ward to 46.2% in Halewood North electoral ward, the latter being more than five times higher than the former.

## 5. LOCAL BREASTFEEDING SERVICES

### 5.1 Breastfeeding Peer Support

Breastfeeding peer support is provided by women who have breastfed their own children or who have supported others to breastfeed. They receive specialised training and provide ongoing encouragement and support to mothers following discharge from hospital via a range of methods which include: support at home; support over the phone; text messaging and support group sessions within the community. Peer supporters are also able to put mothers in touch with health professionals for further support and advice. Since January 2010, Bosom Buddies (a peer support service) has been in place in Knowsley and is delivered by 5 Boroughs Partnership NHS Trust. It was awarded the BFI full accreditation in June 2014.

Knowsley Bosom Buddies provides support to women and their families who are considering breastfeeding, and offers a package of breastfeeding support with regards to their chosen method of feeding during pregnancy and up to when the baby is 8-weeks old.

- Contact is made via a letter early in pregnancy. This is then followed up with a home visit to discuss infant feeding. Bosom Buddies are then on hand within postnatal wards to support initiation and early feeding.
- Antenatal workshops are provided for expectant mothers and their families. Between April 2014 and January 2015, approximately 43 workshops were held on average per month by the service.
- Home visiting support and information on breastfeeding within 48 hours of discharge from hospital or within 24 hours of a home birth.
- On-going home visit support up to 8 weeks.
- Breastfeeding support groups within children's centre and local community.
- A 24-hour support line 365-days per year.
- Free resources are available to support women to breastfeed their baby.
- Breastfeeding awareness sessions in local schools supporting the implementation of the Healthy Child Programme.
- Promotion of breastfeeding within the local community at events, e.g. breastfeeding awareness campaign (May-June 2015).

### 5.2 Family Nurse Partnership

The Family Nurse Partnership is a preventive programme for young first time mothers, FNP offers intensive and structured home visiting, delivered by specially trained family nurses from early pregnancy until the child is two. This compliments universal services and delivers the Healthy Child Programme until the child's second birthday. As part of this work young mothers are encouraged to make informed decisions on their feeding choices during pregnancy, and the FNP nurses work closely with the peer support service to encourage breastfeeding.

### 5.3 Children's Centres

Children's centres have an important role in supporting breastfeeding. This can be achieved through providing an environment in children's centre venues for visiting parents that not only normalises breastfeeding but provides social support and signposts specialised help.

In addition, attitudes towards baby feeding can be formed in childhood. If a positive attitude is formed at that stage, breastfeeding is more likely to be a real option for a woman later as an expectant mother, and a male is more likely to become a supportive partner. Children's centres can therefore play a vital role in encouraging children to view breastfeeding positively as the normal way for a baby to be fed. Knowsley's children's centres have a strong commitment to supporting breastfeeding and there are breastfeeding champions within each centre.

Nationally, children's centres are inspected by Ofsted and judged on their contribution to reducing health inequalities. Despite good or outstanding judgements achieved by each centre in Knowsley, the reduction of health inequalities, and in particular improving breastfeeding and obesity rates, was highlighted as an area of improvement.

### 5.4 Antenatal Support

Many women decide before birth on the ways they will feed their baby. Recent mapping highlighted the number of messages and ways information is delivered to pregnant women. Analysis of this has brought to attention the potential information overload during this time, and therefore as part of the way forward a service user focus group will be established to develop intelligence on the best way to provide messages and information in a meaningful way to pregnant women. This will help shape the delivery of a borough wide campaign. There is also the opportunity as part of a wider campaign, to deliver messages via various mediums such as radio, poster and TV advertising within hospital settings. The UNICEF BFI Seven Point Plan applies to the community setting.

As part of the new BFI standards, increased collaborative working is needed to ensure continuity of messages and conversations with pregnant women regarding breastfeeding. Knowsley's Breastfeeding Strategic Group will continue to develop strong working practices that support Knowsley women to make informed choices and to access the best possible support for them to continue to breastfeed, therefore optimising positive outcomes for mother and child.

Services are required to demonstrate effective collaboration with other relevant services in their area to ensure that families receive a joined up and comprehensive level of care.

Whiston and 5 Boroughs Partnership NHS Trust achieved BFI accreditation in 2014; they are working towards accreditation with the new standards in 2016.

## 5.5 Early Education

There is ongoing work within primary schools being undertaken jointly by school health and peer supporters to promote breastfeeding as part of the nutrition and dental health promotion sessions delivered in reception, year 2 and year 5. This is instrumental to the normalisation of breastfeeding. Much work needs to be undertaken with regards to the education of the future generations of parents within the borough if breastfeeding is going to be normalised, and work will be ongoing as part of the delivery against the action plan.

## 6. COMMUNITY, PATIENT & STAKEHOLDER VIEWS

### 6.1 Bosom Buddies and Breast Start Evaluation

The Bosom Buddies and Breast Start Evaluation carried out in January 2013 looked at similar breastfeeding support schemes in Knowsley and Sefton to understand:

- the features of each that created the optimal breastfeeding support service
- the parts of the services requiring improvement
- gaps in the system to be addressed in a future service model.

The evaluation was approached from the perspectives of

- Service users - mums
- Service deliverers – peer supporters
- Clinical stakeholders.

It was found that the breastfeeding peer support service was an inspiring example of communities helping one another. The service developed through need and the team were very proud of it.

The breastfeeding peer support service were unlikely to encourage mums to breastfeed if they were not already interested so there was more work to be done with mothers who opt to formula feed and mothers who fall out of the peer support system.

If there was some interest from mums then the breastfeeding peer support service was essential because there are a number of things that can discourage mums from breastfeeding. Peer supporters make an invaluable contribution, both practically and psychologically, to mums wherever they are experiencing difficulties. If a mum could be rescued from dropping out, the breastfeeding peer support service would do it.

The system looked after mothers but it didn't necessarily feel integrated and rational from mums' point of view because the perception was that different professionals give conflicting opinions on feeding problems. The first days are the critical time for receiving kind, practical help with breastfeeding. It was warned that the aim of maintaining breastfeeding may fail because of a cultural split between hospitals and local services. The recommendation was to consider providing realistic 24 hour access to help at home which may overcome new mums' reluctance to disturb peer supporters at night.

## 6.2 NHS Knowsley Maternal Health Research

In 2011, NHS Knowsley carried out an evidence review and stakeholder interviews with pregnant and new mums to help develop a social marketing campaign to support pregnant women and new mums in making positive choices for their own health and that of their child during pregnancy and 6 months following birth. Mums felt very strongly about the fact that breastfeeding was unimportant:

- The emphasis on breastfeeding made them feel bombarded and made them mistrust the information that they were being given.
- They were very annoyed by the suggestion that a breastfed baby would be 'better' than their baby.
- There is no culture of breastfeeding and they didn't feel that messages about breastfeeding were relevant to them so they ignored them.
- They were annoyed that people wouldn't acknowledge that their choice is okay and not harmful to their baby.

Trusted messengers were:

- Their own mum
- Midwives
- Health Visitors
- GP

They did not trust, friends, partners and celebrities.

A magazine resource was recommended along with printed materials for their own mums and their partners.

## 6.3 Increasing Breastfeeding Rates across North Mersey - Public Health Consultation

In summer 2008, Sefton PCT carried out a public consultation exercise across the North Mersey area to inform plans to increase breastfeeding rates. Segments identified were:

- Experienced Advocates - (23%): Women aged 35 or over with children, experienced, high knowledge, positive about breastfeeding, most likely to have been breastfed themselves, breastfed their own children for longer, decision to breastfeed made ante-natally, ante-natal classes important
- Novice Advocates - (39%): All ages and sexes, inexperienced or low knowledge, positive about breastfeeding, most likely to have been breastfed themselves, more likely to stop if issues arose, decision to breastfeed made ante-natally, ante-natal classes important
- Novice Critics - (17%): Young with no kids, old with grown-up kids, inexperienced, limited knowledge been gained via others (ie, family, friends), negative about breastfeeding, when tried, durations were short (ie, days), many follow a family

tradition of bottle-feeding, ante-natal classes not so important, male novice critics spoke openly about discouraging partners from breastfeeding, formula was just as good as breast milk.

- Lack Knowledge - (21%): No children or male, no knowledge and unsure of attitude, males felt that they had little or no role in their partners feeding decision, formula was just as good as breast milk.

Most seemed satisfied with their midwife relationship (ie, ante/post-natal). However, the pressure on midwives and short hospital stays were clear issues which impacted on the establishment of breastfeeding routines.

The NHS was seen as the pivotal provider of information/support, for example, information and demonstrations before birth and support after birth. It is important to communicate that perseverance may be needed for breastfeeding. The use of real-life testimonials could be as encouraging as professional support. The awareness/use of post-natal support groups should be enhanced and additional forms of support used, eg telephone support, how to demonstrations, websites and email contact.

All were unaware of the full health benefits, underlining the fundamental importance of further education/promotion (to all). Many felt that people held the view that breasts were sexual objects, particularly amongst Critics/Lack Knowledge (much less so amongst Advocates). Furthermore, all had strong feelings with regards to breastfeeding in public places. Many were clearly embarrassed or concerned to see breastfeeding in public. Whilst public breastfeeding was accepted by most Advocates, the Critics rejected it. Provision of more facilities for public breastfeeding alone would not encourage Novice Critics but it would clearly make feeding much easier for those who decided to breastfeed.

Overall, the key drivers for breastfeeding were the health benefits for the child although many failed to recognise the full extent of the health benefits. Critics/Lack Knowledge was completely unaware of this. Health benefits for both mother and child need to be more actively delivered at all stages of the pregnancy but in particular at the key ante-natal stage where most decisions were made.

Key barriers were the social impact, health consequences and appearance issues, for example, embarrassment, soreness/tiredness, and vanity and breast ptosis. Novice Critics were quick to point out that formula feeding resolved these issues. The issue of breasts as sexual objects was also a significant deterrent for many. There were concerns over unwelcome onlookers and the embarrassment in public.

This resulted in another barrier of mothers feeling ostracised or unable to go out, impacting on young mother's lifestyles. The lack of involvement of others (eg, partners) was also felt to be a key inhibitor. Breastfeeding was widely acknowledged as placing a heavy burden on the mother but the no cost/ready-to-go nature of breast milk was not top-of-mind.

Many felt that a return to work was not possible for breastfeeding mothers as they were unaware of the idea of expressing breast milk. Some also expressed concerns over soreness

and the baby not getting enough. Other concerns were around the absorption of drugs/alcohol and breast augmentation.

The outcome of the consultation was a social marketing campaign called *Breast Milk it's Amazing*. This was Merseyside-wide and included advertising on the rear of buses, which can still be seen today, promotion of breastfeeding in public buildings and businesses and communications through local media.

#### **6.4 A Qualitative Study of Attitudes towards Breastfeeding amongst Women in Knowsley**

A qualitative study of attitudes towards breastfeeding amongst women in Knowsley was conducted in January 2007. It was found that women who had seen a relative or friend breastfeed were more likely to breastfeed than those who had not. Partners' support was found to be important for the success of a mother's resolve to breastfeed and could enhance the breastfeeding experience. Women in Knowsley have to deal with negative reactions towards breastfeeding by their families which stifles some women's resolve to breastfeed. Disapproval of breastfeeding in public was a barrier which deterred some women from trying to breastfeed. Another important finding was that many women did not receive the professional support that they would have liked. Health professionals could influence the success or failure of breastfeeding.

It was concluded that in Knowsley a woman's ability to choose to breastfeed is restricted by barriers placed upon her by the culture and society she lives in. These are beyond her individual control. Women need support to develop confidence in themselves to breastfeed. Breastfeeding promotion should target partners, families and society. Breastfeeding training needs to be provided to all health professionals.

### **7. EVIDENCE OF WHAT WORKS**

#### **7.1 Birth and early feeding**

After birth, skin-to-skin contact is a simple step to support breast feeding. The Baby Friendly Initiative requires that all women, where clinically possible, are offered skin-to-skin contact following the birth, it is routinely offered by local maternity units.

The first hours and early days after birth are a crucial time for bonding and breastfeeding. The support mothers receive from health care professionals during this time can make the difference between a mother confident in feeding, and one who is uncertain she will be able to continue. Therefore, there is a need for new mums and families to have the right information and access to staff to make sure they have the skills and information they need. Maternity units, as well as having peer support team working on the maternity wards to support breastfeeding, also ensure that relevant staff have received a range of training covering many aspects including:

- training in teaching the skills needed for positioning attachment,

- the importance of supporting responsive feeding,
- the importance of keeping mothers and babies close together,
- the importance of exclusive breastfeeding and avoiding the use of teats and dummies.

5 Boroughs Partnership NHS Trust working in Knowsley have achieved full accreditation in 2014.

## 7.2 UNICEF Baby Friendly Initiative UK (BFI)

There is a wealth of evidence from the UK, and internationally, that Baby Friendly accreditation is effective at increasing breastfeeding rates. Evidence-based standards have been developed for maternity, neonatal, health visiting/public health nursing and children's centre services (or equivalent early years settings in Wales, Scotland and Northern Ireland). Implementation of these standards will improve the care and support that pregnant women, new mothers and their families receive to build a strong relationship with, and feed and care for, their baby. Services are encouraged to work collaboratively with partner organisations to implement the standards (e.g. health visiting and children's centres, maternity and neonatal services) but accreditation is available for services working on their own. The highly valued award of Baby Friendly accreditation is achieved through a rigorous external assessment process which gathers evidence that the standards have been implemented. To support effective implementation of the standards the assessment process is broken down into three stages; accreditation is achieved when all these stages are reached. Following accreditation, services can then progress to Advanced or even Beacon status.

## 7.3 Postnatal and continuing breastfeeding

Many women stop breastfeeding in the period shortly after discharge from hospital and in the following months. A recent audit of Knowsley women who were reported as breastfeeding on discharge found that women who gave up did so in the first 48 hours of returning home. Further work will be undertaken with service users to understand what would have been effective in supporting continuation. However, practices which are known to be associated with successful breastfeeding include

- Effective, consistent information with support from trained health professionals.
- Support to enable mothers to achieve effective positioning and attachment of the baby on the breast.
- Encouraging mothers to respond to their infants feeding cues and to feed their baby for as long and as often as they need to (responsive feeding).
- Providing support with initiating and maintaining lactation when the baby is unable to breastfeed.

- Avoidance of formula supplements unless clinically indicated or if given following informed maternal choice.
- Keeping mother and baby together.
- Supporting mothers to know when their baby is getting enough milk.
- Providing professional, voluntary and family support with establishing and maintaining breastfeeding.

## 8. FUTURE CHALLENGES

- Gaining social and public acceptance of breastfeeding in public places. This is included in the BFI accreditation and is referred to as the Breastfeeding Friendly Scheme.
- Educating mums and wider family to give them a rounded picture of breastfeeding so that they can make an informed decision. Specific focus should be on maternal grandmothers, young males and females pre conception, male partners of pregnant women, influencers such as women who have had babies and not breastfed (*"If I knew then what I know now...."*).
- Changing the culture of breastfeeding in Knowsley, i.e. *"I never breastfed and it didn't do my kids any harm"*
- Specific education about breastfeeding to teenage mums and young mums who:
  - Don't understand the benefits to mother and baby.
  - Want partners to do night feeds.
  - Worry that it will interfere with social life.
  - Find it embarrassing.
- Media and formula feed companies. Supporting the International Code of Marketing of Breastmilk Substitutes, included in the BFI accreditation.
- Access to breastfeeding initiation data at a sub-Knowsley level of geography in order to ascertain uptake within the borough and observe inequalities on a regular basis.

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