

Breastfeeding

JSNA Report

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

NWB	North West Boroughs Healthcare NHS Foundation 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
UK	United Kingdom
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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1 WHY BREASTFEEDING IS IMPORTANT

Breastfeeding is important to the health and wellbeing of mothers and their babies. The World Health Organization (WHO) recommends that babies start breastfeeding within one hour of life and that they should be exclusively breastfed for six months¹. Following this, 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 child¹.

In the short-term, exclusively breastfed infants have a reduced risk of gastrointestinal illness (i.e. infant diarrhoea), respiratory tract infections, ear infections and atopic (allergic) disease^{1, 2,3}. Continued breastfeeding in combination with the introduction of appropriate weaning foods can also reduce infant deaths.

Breast milk promotes sensory and cognitive development.¹ It also promotes emotional attachments between mother and baby providing communication and a nurturing environment that supports emotional development. Research has shown that breastfeeding could help women bond more closely with their babies and reduce incidences of child abuse⁴.

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.⁵ According to a 2019 WHO research, children who are never breastfed are 22% more likely to be obese and those who have been breastfed for less than six months are 12% more likely to be obese compared with children who were breastfed for six months.⁶

The available evidence shows that increasing breastfeeding rates could reduce hospital admissions, GP consultation, and improve the health and wellbeing of babies and mothers. A 10% increase in UK breastfeeding rates at six months could result in 145 fewer cases of breast cancer every year, and could avoid 1,500 cases of asthma, 1,700 cases of otitis media and 3,900 cases of gastroenteritis a year.⁷

A 2012 UNICEF report (UNICEF, 2012)⁸ also identified potential benefits associated with increasing breastfeeding rates in the UK (see Box 1). These include improvement in average IQ, reduction in the risk of sudden infant deaths and obesity leading to significant cost-savings in the long term.

Box 1: Potential cost-savings associated with increasing breastfeeding in the UK (UNICEF, 2012)

- If 1% among those who currently “never breastfed” were to initiate breastfeeding, it could lead to a small increase in average IQ that in turn could result in over £278 million gains in economic productivity over the lifetime of each annual birth cohort.
- A very modest increase in the rates of exclusive breastfeeding could be associated with the avoidance of at least three cases of sudden infant deaths (SIDS) annually, averting the profound consequences for families and avoiding an annual monetary loss of around £4.7 million and a loss of £1.3 million annually in QALYs.
- Increasing breastfeeding rates to a level compatible with reducing the rates of early years obesity by as little as 5%, would result in reducing annual health-care expenditures by more than £1.6 million.

For mothers, breastfeeding has been shown to reduce the risk of breast cancer⁹ and ovarian cancer¹⁰, and associated with increased likelihood of mothers returning to their pre-pregnancy weight after delivery.^{11,12,13} Breastfeeding has not been shown to have a detrimental effect on maternal bone health in the long term.^{14,15}

2 FACTORS INFLUENCING BREASTFEEDING

The 2010 National Infant feeding Survey (IFS)¹⁶ shows there are a number of factors which affect rates of breastfeeding. They include;

Age: The IFS found that there was a strong association between breastfeeding and the age of the mother. Across the UK breastfeeding initiation 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 at which women in Knowsley have their babies is younger than in England as a whole, thus inferring that breastfeeding is less likely to be initiated or continued in Knowsley.

Ethnicity: Mothers from all minority ethnic groups are more likely to initiate breastfeeding than white mothers. The 2010 IFS found, 95% of Asian, 96% of Black, and 97% of Chinese or mothers from other ethnic origin initiated breastfeeding 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, making Knowsley females are less likely to initiate or continue breastfeeding on average.

Deprivation: The IFS 2010 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 2015 English indices of multiple deprivation¹⁷ ranks Knowsley the 2nd most deprived local authority out of 326 local authority areas in England. The high levels of deprivation in the borough also impact negatively on breastfeeding initiation.

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.

Things that help or motivate mothers to breastfeed include;

- Positive attitude from family and friends.
- 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.
- Peer Support Service
- Incentive schemes

3 NATIONAL DRIVERS

3.1 Public Health Outcomes Framework¹⁸

The Public Health Outcomes Framework identifies two outcome indicators which relate to breastfeeding:

- 2.02i – Breastfeeding initiation (% of all mothers who breastfeed their babies within the first 48hrs after delivery)
- 2.02ii – Breastfeeding prevalence at 6-8 weeks after birth (continuation)

3.2 UNICEF Baby Friendly Initiative UK (BFI)¹⁹

The UK Baby Friendly Initiative (BFI) is a global evidence-based accreditation programme led by UNICEF and the World Health Organization. It is designed to support breastfeeding and parent-infant relationships by working with public services to improve breastfeeding standards.

3.3 National Institute for Health and Care Excellence (NICE) Public Health Guidance

There are several public health guidelines from NICE which aim to improve the nutrition of pregnant and breastfeeding mothers and children in low-income households (see Table 1). PH11 (Maternal and Child Nutrition) in particular, addresses disparities in the nutrition among low-income and other disadvantaged groups compared with the general population.

Table 1: List of National Guidance

Guidance	Main recommendations
NICE CG62: Antenatal care for uncomplicated pregnancies ²⁰	Recommendations for enabling informed decision making throughout pregnancy and discussing breastfeeding at booking and at, or ideally, before 36 weeks.
NICE CG37: Postnatal care up to 8 weeks after birth ²¹	This guideline covers the routine postnatal care women and their babies should receive for 6–8 weeks after the birth. It includes advice given on breastfeeding initiation and continuation.
NICE CG192: Antenatal and postnatal mental health: clinical management and service guidance ²²	The guideline provides information on the teratogenic risk of psychotropic medications and on the risks of their use during breastfeeding.
NICE PH11: Maternal and child nutrition ²³	This guideline covers the nutrition of pregnant women, including women who are planning to become pregnant, mothers and other carers of children aged under 5 and their children. Particular emphasis on tackling inequalities in nutrition.
NICE IPG149: Division of ankyloglossia (tongue-tie) for breastfeeding ²⁴	Professional guidance for resolving Tongue Tie which can cause problems with breastfeeding.
NICE NG75: Faltering growth: recognition and management of faltering growth in children ²⁵	This guideline covers recognition, assessment and monitoring of faltering growth in infants and children. It includes a definition of growth thresholds for concern and identifying the risk factors for, and possible causes of, faltering growth.

4 LOCAL DRIVERS

4.1 The Strategy for Knowsley: The Borough of Choice²⁶

The Strategy for Knowsley: The Borough of Choice (2016-20) 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 2017-20 sets out how the Council will deliver this plan.

4.2 Knowsley Corporate Plan²⁷

The Corporate Plan for Knowsley (2017-2020) has five delivery priorities for the borough and increasing rates and duration of breastfeeding would support priorities one and two;

1. Maximise the council's contribution to education in Knowsley. Children get the best possible start in life and have opportunities to reach their potential
2. Maximise the council's contribution to the health and wellbeing of Knowsley residents

4.3 Health and Wellbeing Strategy²⁸

Knowsley's Joint Health and Wellbeing Strategy (2016-2020) identifies two priority areas that impact on health and wellbeing outcomes in the borough.

- Promoting Emotional Wellbeing and Mental Health
- Promoting Healthy Living

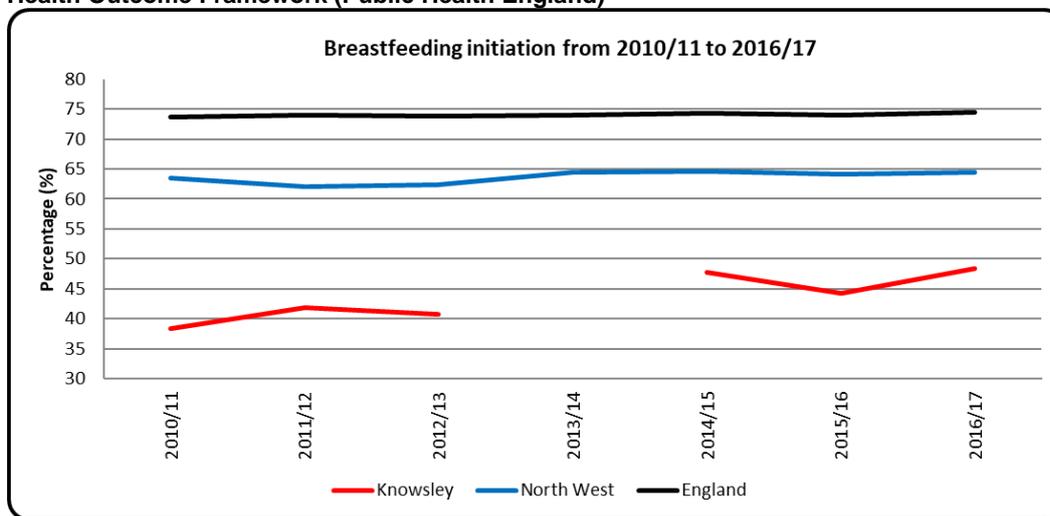
Work to increase breastfeeding rates will support both of these priorities by improving emotional attachment and bonding between parent and child and providing lifelong health benefits to mother and child and to the wider society.

5.0 THE KNOWSLEY PICTURE

5.1 Breastfeeding Initiation

The initiation of breastfeeding is defined in the UK as the percentage of mothers who give their babies breast milk in the first 48 hours after delivery. The proportion of mothers initiating breastfeeding in Knowsley during 2016/17 was 48.4%, an increase of over 4% from 2015/16. Since 2010/11, there has been a 10% increase in Knowsley breastfeeding initiation rates however despite breastfeeding initiation improving substantially during this time in Knowsley, it remains significantly lower than regional (64.5%) and national (74.5%) levels. Knowsley also has the 3rd lowest proportion of breastfeeding initiation of all 211 clinical commissioning group areas nationally.

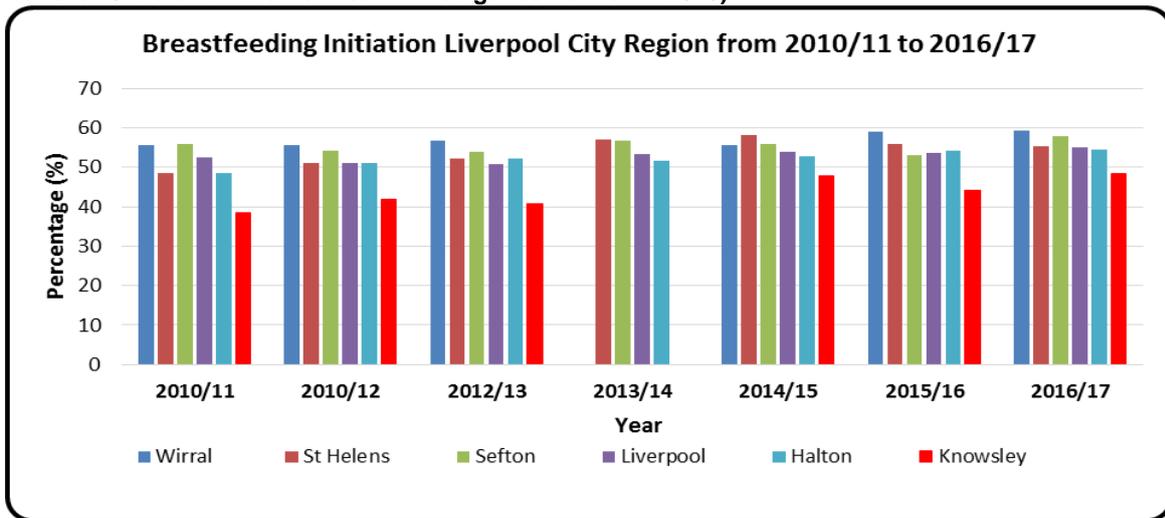
Figure 1: Percentage of mothers initiating breastfeeding in the 48 hours after delivery (Source: Public Health Outcome Framework (Public Health England))



5.2 Breastfeeding Initiation Liverpool City Region

Knowsley had the lowest proportion of mothers who initiated breastfeeding in the Liverpool City Region during 2016/17, significantly lower than the other five local authority areas, this has been the case since 2010/11

Figure 2: Breastfeeding Initiation in Liverpool City Region, 2016/17 (Source: Public Health England National Child and Maternal Health Intelligence Network - 2018)

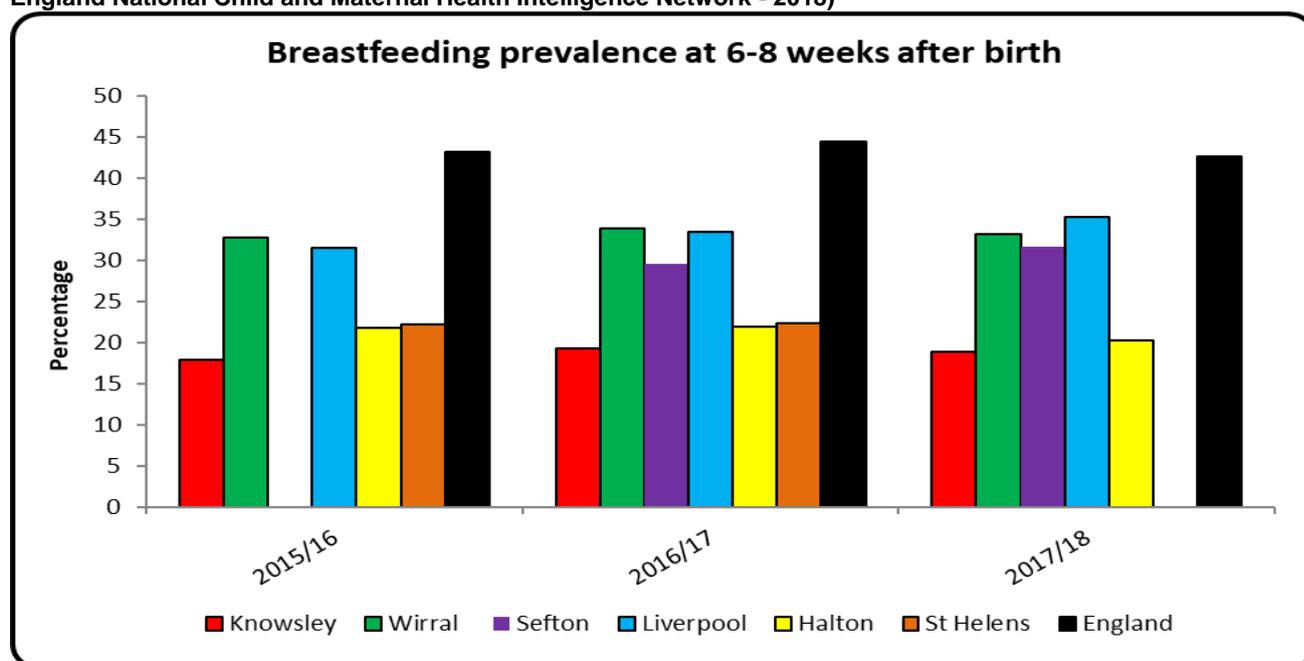


5.3 Breastfeeding Continuation

The proportion of mothers continuing breastfeeding at 6 to 8 weeks after their child's birth in Knowsley was 18.9% in 2017/18. In 2015, the method of data collection for breastfeeding continuation at 6-8 weeks changed therefore it is not possible to trend data pre 2015 in comparison to current rates. Figure 2 highlights the rates of breastfeeding in Knowsley in comparison to the the North West, Liverpool city region and nationally. Since 2015/16 breast feeding at 6-8 weeks in Knowsley has remained fairly stable increasing from 18.0% in 2015/16 to 19.2% in 2016/17 with most recent figures in 2017/18 reported as 18.9%. However in Knowsley figures remain significantly lower than England (42.7%) and all other areas in the Liverpool City Region.

As with the initiation of breastfeeding in Knowsley, the borough has one of the lowest levels of prevalence in the country. In 2017/18, Knowsley had the 2nd lowest proportion of mothers who continued to breastfeed out of 211 clinical commissioning group areas.

Figure 3: Breastfeeding prevalence at 6-8 weeks after birth, 2015/16 to 2017/18 Source: Public Health England National Child and Maternal Health Intelligence Network - 2018)



6 EVIDENCE OF WHAT WORKS

6.1 Breastfeeding support

The effectiveness of peer support programmes in improving breastfeeding outcomes has been well established and is a key component of UNICEF Baby Friendly Initiative accreditation. Other effective interventions are postnatal home visits, telephone support and breastfeeding 'centres' combined with peer support.²⁹

A Scottish study³⁰ involving post-natal telephone support during the first 14 days after hospital discharge found that:

- Women living in disadvantaged areas are unlikely to initiate calls for help with breastfeeding and proactive telephone calls may help to counteract the inverse care law.
- Women undervalue both breastfeeding and their own needs compared with the needs of others as a reason not to ask for help in the context of overstretched services.
- A caring, reassuring woman-centred communication style with continuity of care from hospital to home was valued and increased women's confidence.

6.2 Incentive scheme

A large scale breastfeeding incentive scheme piloted in England³¹ which involved over 10,000 new mothers across South Yorkshire, Derbyshire and North Nottinghamshire over a 12 month period showed an increase of 6% in continuation rates in the areas where the scheme took place, compared with other areas.

The incentive scheme involved shopping vouchers offered to participants (up to a maximum of £120) if their babies were receiving breast milk (from the breast or expressed milk) at two days, 10 days and six weeks old. If their babies continued to be breastfed up to six months, an additional £80 of vouchers was available.

Comments from women who participated in the large scale incentive scheme further support this:

“Breastfeeding is quite difficult in the beginning. The scheme is a really good way of keeping going - keeping motivated to stay on track rather than giving up and going for the bottle. It provides little milestones, little stepping stones and helps you get breastfeeding established.”(Mum, age 29, Sheffield).

7 LOCAL BREASTFEEDING SUPPORT AND SERVICES

7.1 Breastfeeding Plan

The 2019 Knowsley Breastfeeding Plan provides the framework within which breastfeeding promotion and support activities would be organised.

The plan has three key priority areas to achieve the overall aim.

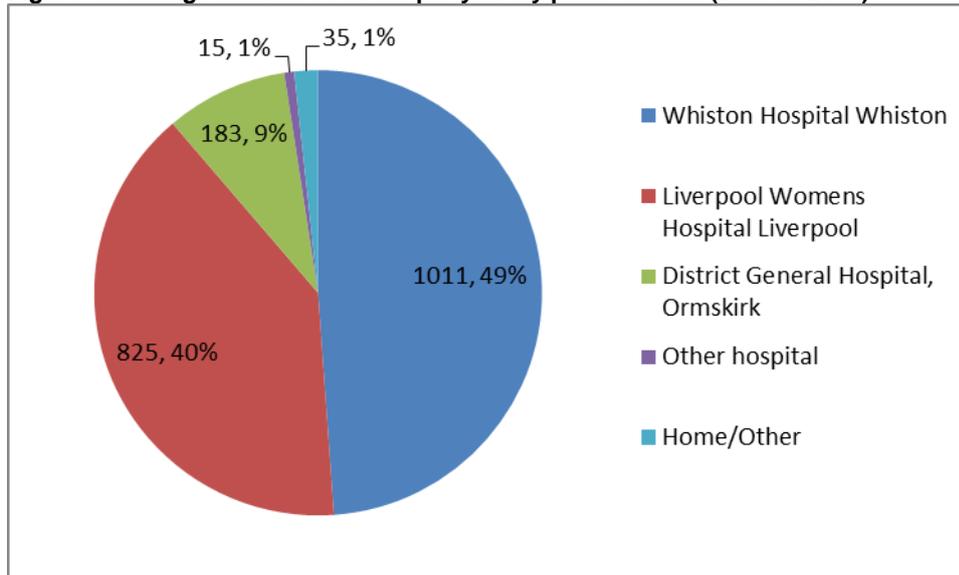
- Increase community awareness, understanding and acceptance of breastfeeding.
- Support individuals to breastfeed and do so for longer.
- Increase breastfeeding prevalence at 6-8 weeks with an ambition of a 1% increase year on year.

These priorities would be achieved by a borough-wide multi-agency partnership work under the following themes:

- Improving the quality and consistency of breastfeeding support
- Creating a supportive breastfeeding environment to normalise breastfeeding
- Improving data quality to provide accurate intelligence on breastfeeding
- Establishing a governance arrangement to monitor the implementation of the plan

7.2 UNICEF Baby Friendly Accreditation for local services

Figure 4 shows the distribution of the number of deliveries of Knowsley women by maternity trusts. Liverpool Women’s Hospital who deliver approximately 40% of Knowsley’s maternity provision and Southport and Ormskirk Hospitals NHS Trust who deliver approximately 9% of Knowsley’s maternity provision are fully accredited or one stage away from full accreditation. However St Helens and Knowsley Hospital NHS Trust, which deliver approximately 49% of our maternity provision, have recently had their full accreditation suspended. During this period, the hospital will be using an in-house accreditation process to maintain and monitor breastfeeding support.

Figure 4: Average number of births per year by place of birth (2015 to 2017)

North West Boroughs Healthcare NHS Trust (NWB) deliver 100% of the post-natal care for Knowsley families and are fully Baby Friendly accredited.

7.3 Breastfeeding Support

Traditionally, breastfeeding peer support is provided informally by networks of women in the community who have breastfed their own children or who have supported others to breastfeed. Low rates of breastfeeding in Knowsley means those networks are weak and inconsistent so a breastfeeding support service is formally commissioned to ensure help is available to all women in the borough. Knowsley Bosom Buddies and community buddies receive specialised training and provide ongoing encouragement and advice to mothers following discharge from hospital. Peer supporters are also able to put mothers in touch with other health professionals for further support and information if needed.

Knowsley Breastfeeding Support Service, Bosom Buddies, engages with all pregnant women in the borough 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.

Additionally, the 0-19 Health Visiting service provided by NWB promotes breastfeeding during antenatal and post-natal contacts with women and support breastfeeding in line with their UNICEF accreditation.

7.4 Incentive Scheme

In Knowsley an incentive scheme aimed at improving breastfeeding initiation and continuation rates is being piloted. Those on the scheme would receive vouchers up to a total value of £30 offered at 3 crucial points: attending an antenatal breastfeeding workshop (currently very poorly attended), on engaging with the peer support service and at 6-8 weeks on discharge from the service into community support. The outcome of the pilot evaluation would inform future service development options.

8 KEY CHALLENGES FOR KNOWSLEY

The challenges for Knowsley relate to factors that influence breastfeeding e.g. birthing mothers in Knowsley are often younger, white British women who are less likely to breastfeed. High rates of deprivation are also associated with low breastfeeding rates. Changing cultural norms to make breastfeeding the predominant feeding method among mothers in Knowsley is a slow process which will require multi-disciplinary and multi-agency working to ensure consistency of information on the value of breastfeeding.

Establishing a better understanding of the differences in breastfeeding rates locally between wards would make reducing inequality in breastfeeding rates easier. However, currently there are no local reporting mechanisms for collating data at ward level.

Though two of the three maternity units serving Knowsley are UNICEF BFI, there are variations in the breastfeeding support provided especially during the immediate post-natal period. In addition, the suspension of St Helens and Knowsley Teaching Hospital's UNICEF BFI accreditation in the summer of 2018 means that going forward there may be a challenge around maintaining consistency of breastfeeding provision across maternity providers.

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