



A Breastfeeding Plan for Knowsley 2015 - 2017

INTRODUCTION

The Breastfeeding Action Plan sits alongside the obesity strategy and sets out the strategic intent to build upon the firm foundations of existing good practice. Research suggests breastfed babies have less likelihood of becoming obese and therefore developing type 2 diabetes and other illnesses later in life ¹. The purpose of the plan is to improve local breastfeeding rates by changing public perceptions and promoting positive attitudes towards breastfeeding; it will address and support all women who chose to breastfeed including young mothers and those in low income groups. The plan will also address the requirements of those who may have particular needs; for example, vulnerable infants (including ill, premature and infants with special needs), and those from an ethnic minority community.

As well as the above, this action plan sets out the intention and aspiration to secure the revised UNICEF UK Baby Friendly Initiative standards and highlights the integrated working needed to achieve them.

This document outlines:

1. National and Local Policy Drivers
2. Prevalence
3. Behavioural Lifestyle Factors
4. Behavioural Influences
5. Evidenced Based Guidance
6. Partnership and Delivery
7. Breastfeeding Action Plan for Knowsley 2015 – 2017

1. NATIONAL AND LOCAL POLICY DRIVERS

There are a number of national and international policies, standards and guidance which are drivers for improving breastfeeding rates. These include the WHO Global Strategy for Infant and Young Child Feeding (2003)², The European Commission Protection, Promotion and Support of Breastfeeding in Europe (2004, revised 2008)³, The UNICEF Baby Friendly Initiative (BFI) ⁴

¹ Horta, B. *et al.* Evidence on the long-term effects of breastfeeding: Systematic reviews and meta-analyses. Geneva, World Health Organisation. 2007

² World Health Organisation. Global strategy for infant and young child feeding. Geneva:WHO,2003.http://www.who.int/nutrition/publications/gi_infant_feeding_text_eng.pdf

³ European Commission. Protection, promotion and support of breastfeeding in Europe: a blueprint for action (revised edition). 2008.

⁴ UNICEF Baby Friendly Initiative (BFI) UK Baby Friendly Initiative <http://www.unicef.org.uk/babyfriendly/>

The **Public Health Outcome Framework**⁵ identifies two outcome indicators which relate to breastfeeding

- Breast feeding initiation
- Breast feeding continuation at 6 weeks

In 2012, UNICEF UK Baby Friendly Initiative published revised standards for maternity, neonatal, health visiting (or specialist public health nursing) and children's centre (or equivalent early years' community settings) services⁶.

These were the result of a large consultation involving clinicians, academics, policy makers and mothers/ women. These new standards incorporate the previous standards as specified in the Ten Steps to Successful Breastfeeding and Seven Point Plan for Sustaining Breastfeeding in the Community, but update and expand them to fully reflect the evidence base on delivering the best outcomes for mother and babies in the UK. The new standards focus on the interconnectedness of systems and place at the heart of the standards, the relationship between mother and baby.

Local Drivers

The '**Strategy for Knowsley: the Borough for Choice**' 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** 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.
- More people look after themselves and support others to do the same.

⁵ Department of Health (2013) Improving Outcomes and Supporting Transparency Part 1A: A Public Health Outcomes Framework for England, 2013-2016

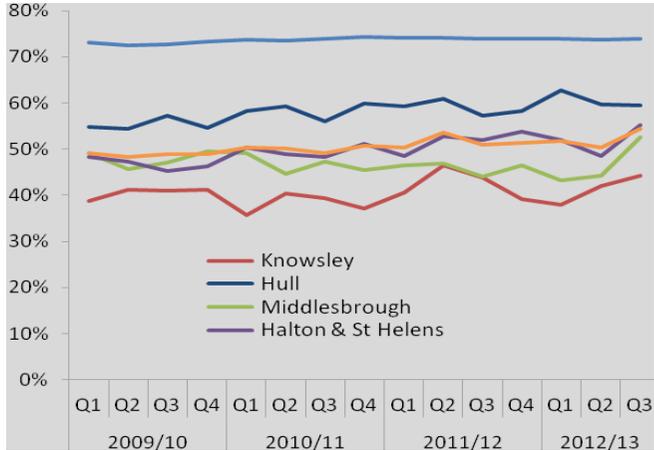
⁶ UNICEF Baby Friendly Initiative (BFI) UK Baby Friendly Initiative <http://www.unicef.org.uk/babyfriendly/>

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.

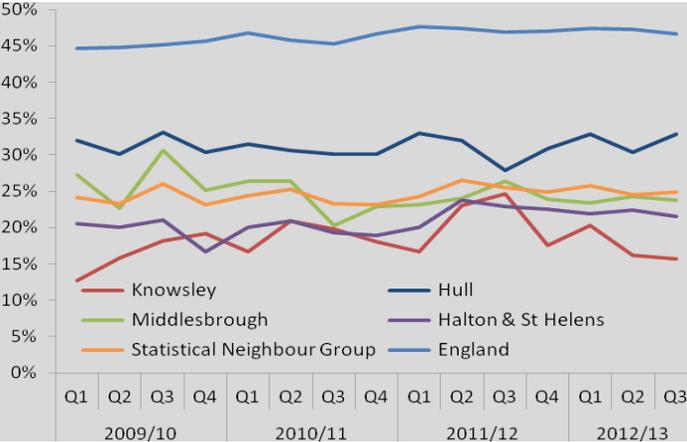
Health and wellbeing of the local population is addressed locally by **the Joint Health and Wellbeing Strategy 2013 – 2016**. This strategy is based on the findings of the **Joint Strategic Needs Assessment 2011** which identified tackling **obesity** as a need for the borough. This action plan sits as part of the Obesity Strategy and draws on international and UK breastfeeding policy and recommendations, including 'Protection, Promotion and Support of Breastfeeding in Europe: a blueprint for action (revised 2008) this is recommended as a model plan towards improving breastfeeding.

2. PREVALENCE

Breastfeeding Initiation



Breastfeeding Continuation



Although improvements have been seen in levels of breastfeeding initiation and continuation, there is more work to do. 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.

Commissioning for quality and innovation (CQUIN) payment framework enables commissioners to reward performance. Peer support services are instrumental to increase continuation rates in the Borough and as part of the developments to improve rates; a CQUIN has been developed and put in place for the Breastfeeding Peer Support service. The CQUIN payment framework enables commissioners to reward performance, by linking a proportion of the achievement to local quality improvement goals. This will be monitored throughout 2014-2015.

3. BEHAVIOURAL LIFESTYLE FACTORS

Understanding Breastfeeding in Knowsley

Breast feeding rates in Knowsley are increasing slowly although they are still much lower than regional and national rates. Knowsley initiation is currently 42% with 20% of mothers continuing after 6-8 weeks, compared to 47% continuation average for England.

Many women decide how to feed their baby during the very early stages of pregnancy, or even prior to conception. A woman considering how to feed her baby may be influenced by friends and family, the media and through health advice. A mother's journey through pregnancy, birth and the postnatal period within the health and social care (HSC) service can greatly influence breastfeeding initiation and duration.

4. BEHAVIOURAL INFLUENCES

A recent independent evaluation of two Merseyside Peer Support Services found the following key findings:

- Breastfeeding support services are easy to access and warmly appreciated by mothers. They are an accepted and necessary part of the maternity team.
- At the point of delivery, different clinicians often offer conflicting advice and some do not take care to support breastfeeding. This can cause confusion for mothers and frustration for peer supporters.
- There are status differences between volunteers and paid peer supporters, suggesting that volunteers could be more effectively deployed.
- Mothers seem to come to their own decision to breastfeed, largely through family experience and media exposure. Breastfeeding support services fan the flame rather than lighting the fire. The historically low levels of breast feeding in Knowsley are a barrier and more influencing through other channels is required.

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, and exposure to a bottle-feeding culture, which promotes the use of artificial formula⁷.

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.⁸

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.

5. EVIDENCE BASED GUIDANCE

Birth and Early Feeding

Babies have an inborn ability to self attach and nurse straight after birth. Many practices around birth influence breastfeeding. Alert and active participation by the mother in childbirth is associated with getting breastfeeding off to a good start. All staff who are involved in supporting women to make informed decisions about mother and infant care need to be aware of the potential effect on breastfeeding. All mothers should be supported to initiate breastfeeding soon after birth. This should start with skin-to-skin contact immediately after birth or as soon as mother and infant are able. Care practices and procedures should not interfere with the opportunity for mother and baby to benefit from skin to skin contact for as long as they wish or at least until after the first breastfeed. Breastfeeding initiation rates are higher for babies who receive skin-to-skin contact within an hour of birth (79% immediately and 87% within an hour compared to 57% of babies with no such

⁷ (Shaw, R., Wallace, L.M. & Bansal, M. "Is Breast Best? Perception of infant feeding". Community Practitioner, 2003.)

⁸ Knowsley Public Health Public Health Insight Summary, KMBC

contact). Mothers need support to establish good breastfeeding through skin-to-skin contact, help with the first breastfeed, and being shown how to position and attach their baby for breastfeeding.⁹

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 (feeding on demand)
- 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.

6. PARTNERSHIPS AND DELIVERY

Community Midwives, Health Visitors and GPs are central in providing health care and support for breastfeeding mothers in the community. NICE 2006¹⁰

⁹ (UK Infant Feeding Survey 2005. Information Centre for Health and Social Care website: <http://www.ic.nhs.uk/statistics-and-data-collections/health-andlifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005>)

¹⁰ NICE guidance on post-natal care
National Institute for Health and Clinical Excellence. Routine postnatal care of women and their babies. NICE clinical guideline 37, 2006.
www.nice.org.uk/nicemedia/pdf/CG37NICEguideline.pdf

Breastfeeding peer support is given 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 home from hospital via a range of methods which include support at home or over the phone. 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.

Family Nurse Partnership (FNP)

Family Nurse Partnership (FNP) - 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 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, and the FNP nurses work closely with the peer support service to encourage breastfeeding.

This has had a positive impact on this cohort who, typically do not choose to breastfeed. 21% of young mothers accessing the service in 2013-14 chose to breastfeed with 16 % of these still breastfeeding at 6 weeks.

Children's Centres and Breastfeeding

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. Knowsleys Children's Centres have a strong commitment to supporting breastfeeding and there are breastfeeding champions within each centre.

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, yr 2 and yr 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 in the Borough if we are to normalise breastfeeding, and work will be ongoing as part the delivery against the action plan.

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 we will establish a service user focus group 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 best practice standard** the 'Seven Point Plan for Community Healthcare Settings' (**Appendix 2**) extends the principles of the 'Ten Steps' to community facilities to ensure the same level of care is available to women.

Working with Maternity Services

As part of the new BFI standards, increased collaborative working is needed to ensure continuity of messages and conversations with pregnant women regarding breastfeeding. Knowsleys Breastfeeding strategic group will continue to develop strong working practises 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 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.

Service Users

As part of the preparation work for this action plan, a service user consultation group has been established. This is made up of mothers who have chosen to breastfeed and then stopped. This group will act as a sounding board for the campaigns and subsequent messages that will be delivered.

7. KNOWSLEY BREASTFEEDING ACTION PLAN 2015 - 2017

Aim

The overall aim of the Breastfeeding action plan 2014-2017 is *to protect, promote, support, and normalise breastfeeding within the population in Knowsley.*

Values

The values and principles which underpin the plan and should be adopted in the delivery and evaluation of its supporting interventions, services and practices:

- Health as a fundamental human right
- Respecting and supporting people's choices
- Reducing health inequalities
- Recognising the mother and child relationship as being at the core of breastfeeding support whilst also recognising the importance of the mothers partner and wider family support
- Effective and accessible services that is responsive and targeted to need
- Applying an evidence-based approach, building on successful approaches
- Integrated partnership working involving the statutory, voluntary and community sectors
- Involving people and seeking their views in order to respond to the differing needs of individuals and groups
- Linking with other healthy lifestyle strategies within the Borough

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.

High level leadership and multi agency working to move forward this agenda area.

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

Stakeholder Engagement

As part of the ongoing work to gather information on this agenda, a stakeholder group has been established to provide insight into women's choices and experiences of breastfeeding. This group will act as a key feature in shaping any campaign and providing intelligence as to messages and what works.

The plan will be made widely available to partners and will be available on the Local Authority website. The Breastfeeding strategic group will continue to monitor and review progress of the action plan

Knowsley Breastfeeding Action Plan

Objective	Actions	Timeline	Lead Organisation
1. High level leadership and multi-agency working to address Breastfeeding rates in the borough	Establish and co-ordinate a multi-agency strategic group	Established	Public Health (PH)
	<p>Disseminate breastfeeding rates to inform and improve breastfeeding initiatives to improve breastfeeding rates particularly in relation to young women and those from a lower socio-economic group</p> <p>Review and evaluate existing reporting mechanisms which collect infant feeding data at birth and first Health Visitor contact</p>	<p>Quarterly</p> <p>March 2015</p>	<p>5 Borough Partnership Breastfeeding Peer Support Service</p> <p>Breastfeeding Strategic Group.</p>
2. Develop further our insight into the reasons and influences on a local level that impact breastfeeding rates	Monitor breastfeeding knowledge, attitudes and behaviour to inform the approach to protect, promote, support and normalise breastfeeding	Review bi annually	Public Health
	Collect information linked to the prevalence of breastfeeding i.e. maternal age, education, socio-economic status etc to help target breastfeeding initiatives at those least likely to breastfeed	Quarterly	5 Borough Partnership Breastfeeding Peer Support Service
3. Undertake and analyse a local audit of breastfeeding across the borough	5BP Peer Support Services to undertake and analyse an audit of breastfeeding behaviours	Quarter 1 14/15	5 Borough Partnership
	To develop a service user forum to feedback experiences of services which can be used to shape and enhance future delivery	February 2015	Home Start Knowsley
	Ongoing work with service users to best understand the optimum mechanisms to enable peer support workers to make contact with new mothers, within 48 hours of birth	Ongoing	Strategic Breastfeeding Group

4. Increase community awareness, understanding and acceptance of Breastfeeding	<p>To continue working with GPs to recognise the importance of continuation of breastfeeding especially when treating nursing mothers</p> <p>Develop and implementation of training plan which meets the requirements of the revised UNICEF UK Baby friendly best practice standards</p>	<p>Annual training</p> <p>March 2015</p>	5 Borough Partnership Breastfeeding Peer Support Service
	<p>The further development of Breastfeeding Champions within all Knowsley Children's centres</p> <p>Delivery of breastfeeding awareness events</p>	<p>March 2015</p>	Children Centre Early Years Teams
	<p>To develop a range of education materials and policy documents that would reiterate Knowsley commitment to Breastfeeding</p>	<p>May 2015</p>	Strategic Breastfeeding Group
	<p>To develop and deliver public information campaigns deliver a Borough wide campaign, taking into consideration the learning from the Social Marketing Gateway work</p> <p>Develop innovative ways, including the use of social media, to effectively engage with young women, and particularly those from lower socio-economic groups</p>	<p>March 2015</p> <p>March 2016</p>	5 Borough Partnership Breastfeeding Peer Support Service
	<p>To explore branding the Bosom Buddies service so that it becomes increasingly recognisable.</p> <p>Provide appropriate and relevant breastfeeding information to expectant and new mothers, fathers, grandparents, public and health professionals</p>	<p>January 2015</p>	5 Borough Partnership Breastfeeding Peer Support Service

	<p>Local establishments able to sign up to a breast feeding friendly pledge and display signage therefore providing a welcoming atmosphere for breastfeeding families</p> <p>Promote and further roll-out the 'Breastfeeding Welcome Here' Scheme to extend membership beyond local businesses and some council buildings</p>	December 2015	Strategic Breastfeeding Group
	To continue to develop wider understanding of the benefits of breastfeeding this will include 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, yr 2 and yr 5	April 2016	Strategic Breastfeeding Group
	Review of educational materials within the current system which support the normalisation of breastfeeding. Further work with young women to look at attitudinal behaviours that can influence decisions to breast feed	June 2015	Strategic Breastfeeding Group
5. The strategic group will provide the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding to other service areas.	To identify strategic leads within all appropriate local authority services to promote breastfeeding	April 2015	Public Health
	Mapping of services that support parents- identification of Breastfeeding champions	January 2015	Public Health
	<p>Delivery of breastfeeding awareness sessions</p> <p>Deliver programmes to promote breastfeeding and facilitate change in attitudes and culture around breastfeeding</p>	March 2016	CHAMPS 5 Borough Partnership Breastfeeding Peer Support Service

BREASTFEEDING FRIENDLY INITIATIVE

TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

BABY FRIENDLY INITIATIVE

SEVEN POINT PLAN FOR SUSTAINING BREASTFEEDING IN THE COMMUNITY

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Support mothers to initiate and maintain breastfeeding.
5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote co-operation between healthcare staff, breastfeeding support groups and the local community.