

## North Somerset JNSA - Breastfeeding

**Date completed:** May 2016

**Author:** Hayley Burton, Health Improvement Specialist (0-5 years)

### Introduction

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and brain development. Research suggests babies who are fed nothing but breastmilk from birth through their first 6 months get the best nutritional start in life.

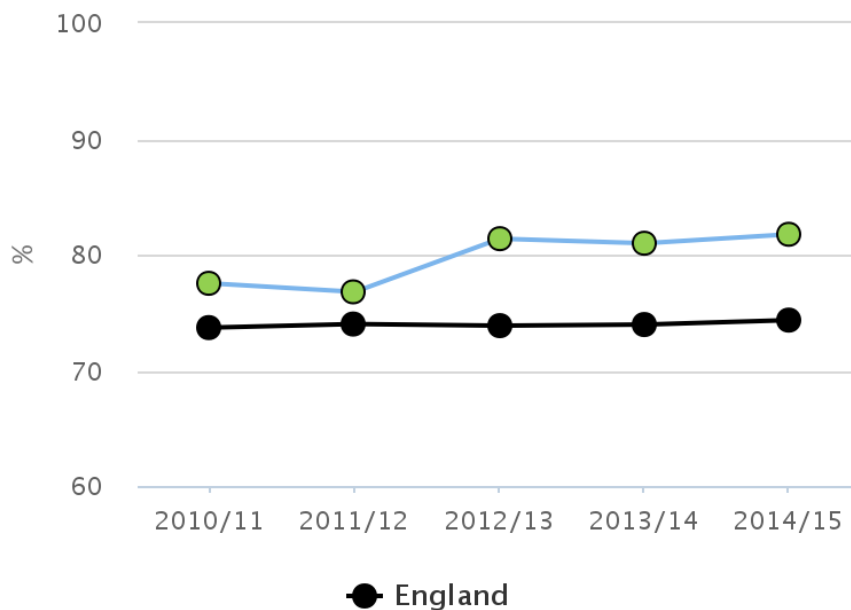
The health benefits of breastfeeding for mother and baby, and the significant risks of not breastfeeding, are well evidenced. Babies who are breastfed are at lower risk of gastroenteritis, respiratory infections and sudden infant death syndrome. Breastfed babies are also at reduced risk of developing obesity and non-communicable diseases such as asthma and type 1 and 2 diabetes<sup>1</sup>.

Breastfeeding is an integral part of the reproductive process with important implications for the health of mothers<sup>2</sup>. Evidence shows breastfeeding mothers receive greater protection against breast and ovarian cancer, and hip fractures in later life. Recent research has also demonstrated an association between prolonged breastfeeding and postmenopausal risk factors for cardiovascular (CV) disease<sup>1</sup>.

Breastfeeding also has a positive impact on mother-baby attachment: breastfeeding releases certain hormones which promote maternal feelings and behaviour. Responsive breastfeeding is found to promote secure attachment which has a positive effect on babies' brain development, and how they respond to stress and regulate emotions<sup>3</sup>. Strong early relationships and a stable and loving environment are all conducive to babies' healthy emotional, social and physical development.

## Section 1: Needs analysis

The World Health Organisation (WHO) recommends colostrum (the yellowish, sticky breast milk produced at the end of pregnancy) as the perfect food for the newborn, and breastfeeding should be initiated within the first hour after birth<sup>2</sup>. In 2014/15 the number of North Somerset mothers choosing to initiate breastfeeding after birth was above national average at 81.8% (compared to a national average of 74.3%). Graph 1 displays the trend in breastfeeding initiation over the last five years, it shows that the percentage of mothers choosing to initiate breastfeeding has slowly increased over this time period from 77.5% in 2010/11 to 81.8% in 2014/15.



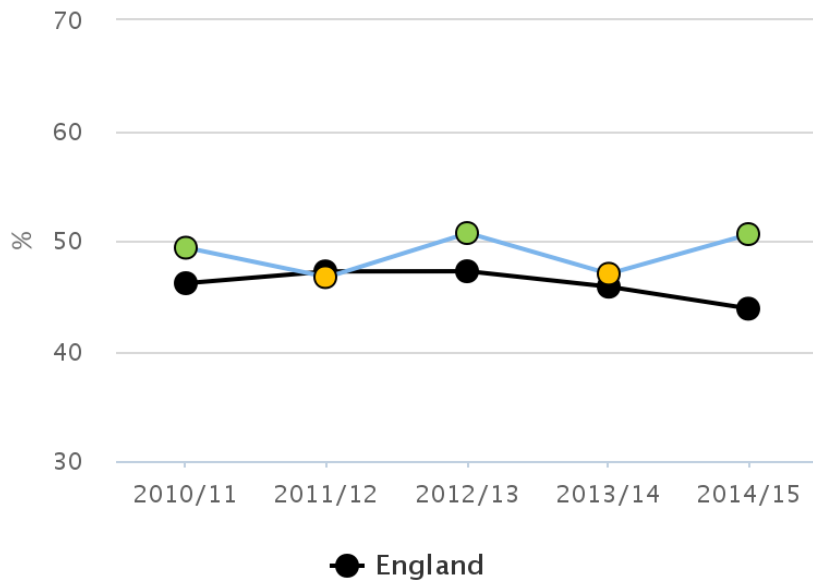
**Graph 1** – Trend in breastfeeding initiation in North Somerset between 2010/11 and 2014/15 compared to England average (source PHE Public health Outcomes Framework)

Exclusive\* breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. The UK has some of the lowest breastfeeding rates in the world – a recent report found only 34% of babies in the UK were receiving any breastfeeding at 6 months of age<sup>4</sup>.

Breastfeeding status in the UK is routinely recorded at the 6-8 week development check by GPs and Health Visitors. The prevalence of babies receiving breastmilk in North Somerset at 6-8 weeks after birth in 2014/15 was 50.6%, compared to 43.8% nationally. The prevalence of breastfeeding at 6-8 weeks has remained around 50% over the last five years despite initiatives being introduced to try and increase this rate (see graph 2).

---

\* "Exclusive breastfeeding" is defined as giving no other food or drink – not even water – except breast milk.

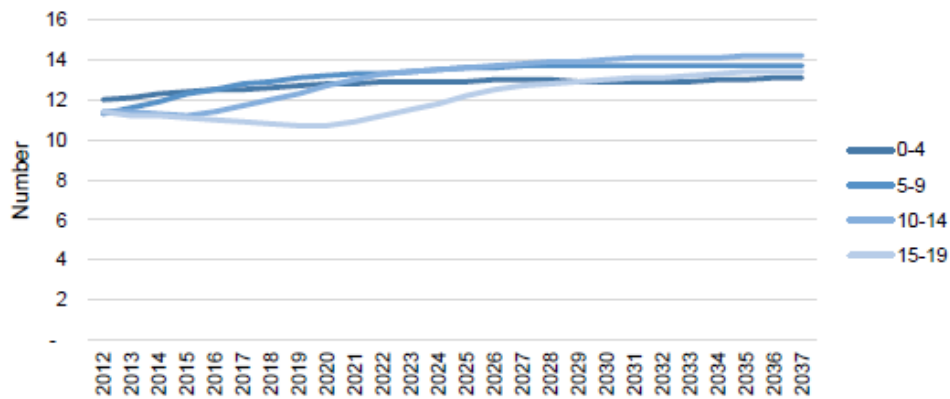


**Graph 2** – Trend in breastfeeding prevalence at 6-8 weeks in North Somerset between 2010/11 and 2014/15 compared to England average (source PHE Public health Outcomes Framework)

There is great variation in the proportion of mothers choosing to breastfeed their infants across the different geographical areas of North Somerset (see graph 4). Weston-Super-Mare has significantly lower numbers of mothers’ breastfeeding than the rest of North Somerset. The 2015 North Somerset children’s centre data pack revealed around 39% of mums were breastfeeding at 6-8 weeks in Weston East and Weston South children centre groups, compared to 63% and 57% in the North and Central groups.

Research shows women of white British ethnicity, with fewer educational qualifications and living in more economically deprived areas are the least likely to continue breastfeeding. Younger mothers (under 20 years) are also less likely to breastfeed, breastfeeding is most common in women aged 30 or over.

The overall North Somerset population and under 5 population is predicted to grow over the next decade in line with the national average (see graph 3). It is unknown how this growth will affect breastfeeding rates in the future.



**Graph 3** – Sub-national population projections for North Somerset (source 2015 North Somerset children’s centre data pack, data from ONS 2012)



## **Section 2: Current Strategies, Services and Community Voice**

### **Current Strategies**

The vast majority of mothers have the ability to breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large<sup>2</sup>. Despite the robust evidence for the benefits of breastfeeding for mum and baby, there are still many barriers that stand in the way of many women breastfeeding. The reasons why women avoid or stop breastfeeding range from medical, cultural, and psychological issues, to physical discomfort and inconvenience<sup>4</sup>.

NICE guidelines recommend local areas implement a structured programme such as the UNICEF UK Baby Friendly Initiative (BFI) to encourage more mothers to breastfeed<sup>5,6</sup>. The BFI awards are a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services. These are designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development.

UNICEF UK launched a National Call to Action for breastfeeding in 2016 which urges UK society to create a supportive, enabling environment for women who want to breastfeed<sup>1</sup>. In the UK breastfeeding is a highly emotive subject because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding. Creating the right environment locally to promote and support breastfeeding is crucial to increasing rates.

Known strategies to increase breastfeeding prevalence include<sup>6</sup>:

- Activities to raise awareness of the benefits of and how to overcome the barriers to breastfeeding
- Training for health professionals
- Breastfeeding peer-support programmes
- Joint working between health professionals and peer supporters
- Education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period (the support may be provided by a volunteer)

### **Services**

The universal midwifery and health visiting services that provide antenatal and postnatal care to North Somerset women are all BFI accredited. Achieving and maintaining these standards gives assurance that the health professionals providing information and advice to breastfeeding mothers have the required knowledge and skill. North Somerset's children's centres are committed to achieving these standards and are working towards stage one of the BFI accreditation process.

Weekly breastfeeding support groups and drop-in sessions are provided in children's centres throughout North Somerset – some with additional telephone and social media support which can be accessed at any point during the week. Trained volunteer breastfeeding peer supporters are present at the majority of groups, often in addition to a breastfeeding councillor, a member of the health visiting team, midwifery team or children centre staff. Breastfeeding peer supporters are mums with experience of breastfeeding who are trained and accredited to support other breastfeeding mums through listening, empathising and providing up to date information about breastfeeding. The support groups also welcome

pregnant women to come and find out more about the benefits and practicalities of breastfeeding.

Antenatal women should all receive information about the benefits of breastfeeding through one-to-one discussions with their midwife and health visitor. Mothers-to-be will also be invited to attend a group antenatal session in their last trimester (third-stage) of pregnancy delivered by the midwifery team where the benefits of breastfeeding will be discussed. In the majority of areas breastfeeding peer supporters also attend the antenatal sessions to provide information about the breastfeeding support groups.

For women with more complex breastfeeding challenges help is available through referral to the Specialist Clinic for Breastfeeding Difficulties provided at Weston General Hospital. A Tongue Tie (ankyloglossia) Clinic is also available by referral for babies where tongue tie is resulting in breastfeeding concerns.

The North Somerset 'Breastfeeding Welcome' scheme encourages cafes, restaurants and community facilities across North Somerset to register their active support and welcome mothers who wish to breastfeed in their premises. The scheme aims to ensure breastfeeding mothers can feed their babies in public places without fear of interruption or criticism.

All services providing care in the antenatal and postnatal period should be compliant with the International Code of Marketing of Breast-milk Substitutes and avoid promoting infant or follow-on formula by not using any materials or equipment produced or donated by infant formula, bottle and teat manufactures<sup>7</sup>.

## **Community Voice**

The North Somerset Breastfeeding Strategy Group is a multi-agency partnership which oversees and co-ordinates best practice for breastfeeding across the area. The group has representation from North Somerset Council public health, North Somerset CCG, Weston Area Health Trust (WAHT), University Hospitals Bristol (UHB), North Bristol Trust (NBT), North Somerset Community Partnership (NSCP) and North Somerset Children's Centres. Local mothers, breastfeeding peer supporters, and breastfeeding counsellors that work with families in the community are also members.

A 2016 Healthwatch report focusing on 'Maternity Services in North Somerset' was overwhelmingly positive. There was a recommendation made around having dedicated breastfeeding peer supporters available on the hospital wards to help mothers initiate successful breastfeeding after birth.

### Section 3: Key Issues

1. In response to the traditionally low breastfeeding prevalence in Weston-Super-Mare it is necessary to review the support available across the town to ensure we are getting the best outcomes for investment. It is essential to take into account the needs of women living in the town who are least likely to breastfeeding (for example, young women, those who have low educational achievement and those from disadvantaged groups).
2. The cost for each provider to maintain the BFI accreditation may threaten its sustainability in the long-term - providers should consider joint assessments going forward, which will also encourage closer partnership working.
3. More work is needed to promote breastfeeding as the social norm. There is a need to ensure pregnant mothers are receiving accurate information about the benefits (as well as the myths) of breastfeeding. This information also needs to be made available to dads and grandparents who may influence feeding choice.
4. The drop off in breastfeeding prevalence in the first few weeks after birth suggests the support mothers are currently receiving at this time may not be adequate. There is a need to consider methods of systematically contacting parents after birth with information on how to obtain support if experiencing problems with breastfeeding.
5. All health professionals that are in contact with new mums should have the knowledge and skills to support women experiencing breastfeeding problems. GPs do not currently receive BFI accredited breastfeeding training - it is important that we consider how this is made available to ensure consistency of care and information between health care professionals.

### References (accessed May 16)

1. The UNICEF UK Baby Friendly Initiative. <http://www.unicef.org.uk/babyfriendly/>.
2. WorldHealth Organisation: WHO. <http://www.who.int/topics/breastfeeding/en/>.
3. [The 'science within': what matters for child outcomes in the early years](#). The Social Research Unit at Dartington. 2013
4. [Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect](#). The Lancet. Volume 387, No. 10017, p475–490, 2016.
5. [NICE Guidelines CG37](#) Postnatal care up to 8 weeks after birth. 2006 (updated 2015)
6. [NICE Guidelines PH11](#) Maternal and child nutrition. 2008 (updated 2014)
7. [International Code of Marketing of Breast-milk Substitutes](#). World Health Organization. 1981