

2.6 Breastfeeding

2.6.1 Breastfeeding in the UK

Breastfeeding makes a major contribution to the health of an infant both in the short and the long term. The World Health Organisation has recommended exclusive breastfeeding for the first six months of life since 2001¹ and this advice was endorsed in England by the Scientific Advisory Committee on Nutrition² which advises the Department of Health in England. There are important health and economic arguments to increase the initiation and maintenance of breastfeeding. NICE³ has produced a range of guidance to support breastfeeding, including strong messages for maternity and health visiting services, and a strong emphasis is placed on the UNICEF UK Baby Friendly Initiative being implemented in the NHS routinely. There is also a commissioning guide for the Peer Support Worker programmes, which gives very clear specifications for establishing effective programmes⁴.

However, breastfeeding rates in the UK are among the lowest in Western Europe, with young mothers, women of lower socioeconomic status or those who left full-time education at an early age being least likely either to start breastfeeding or to continue breastfeeding beyond six to eight weeks. These factors make the unequal distribution of breastfeeding a cause and a result of health inequalities. Low rates of breast feeding also impact directly on NHS costs in terms of admissions to hospital and attendances at the GP for infections and conditions which may have been avoided if the infant were breastfed⁵. Social and cultural norms play a strong role in the decision whether or not to breastfeed, as does personal and family experience.

Data is collected about initiation of breastfeeding immediately after birth and on partial or exclusive breastfeeding at the 6-8 week check. Formerly the responsibility of the Department of Health, data is now collected and published by NHS England⁶. Data collection is poor, with a substantial amount of data missing. Locally, data on breastfeeding initiation is collected for the majority of births at Barking, Havering and Redbridge NHS Trust, but not at Barts Health NHS Trust. Attribution to geographical area is poor so there is limited data in respect of breastfeeding initiation for babies resident in Barking and Dagenham, although at 6-8 weeks, where the data is collected in primary care and therefore relates to babies registered with a Barking and Dagenham GP, the data is more complete⁷

2.6.2 Breastfeeding in Barking and Dagenham

¹ http://apps.who.int/gb/archive/pdf_files/WHA54/ea54r2.pdf (accessed 20 October 2014)
http://www.who.int/maternal_child_adolescent/topics/child/nutrition/breastfeeding/en/ (accessed 20 October 2014)

² http://webarchive.nationalarchives.gov.uk/20140507012657/http://www.sacn.gov.uk/pdfs/smcn_03_08.pdf (accessed 20 October 2014)

³ <http://www.nice.org.uk/>

⁴ <http://www.nice.org.uk/guidance/qs37/chapter/quality-statement-5-breastfeeding> (accessed 20 October 2014)

⁵ http://www.unicef.org/nutrition/files/Preventing_disease_saving_resources.pdf (accessed 20 October 2014)

⁶ <http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/> (accessed 20 October 2014)

⁷ <http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/> (accessed 20 October 2014)

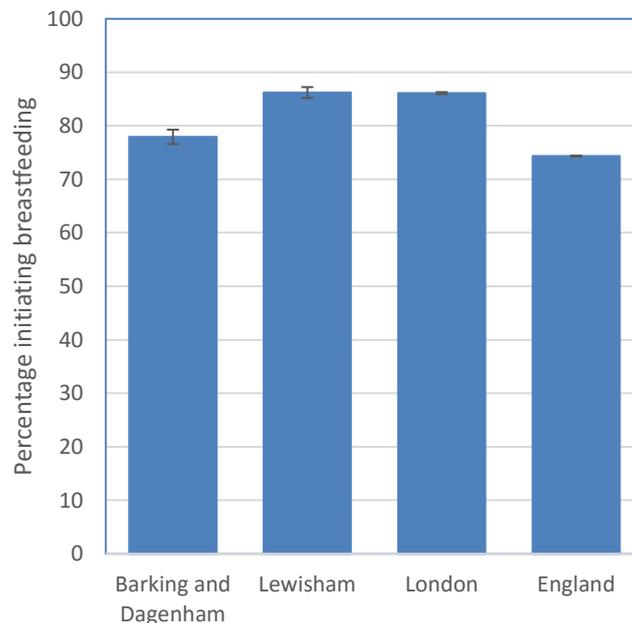
The London Borough of Barking & Dagenham (LBD) has a fast growing, relatively young population which is increasingly ethnically diverse, and has the highest fertility rate in London. There is a large proportion of the population living with significant socioeconomic deprivation.

There are a range of socio-demographic factors that are likely to be involved in the borough's relatively low rates of breastfeeding. These include relatively young age of mothers; likely younger age of girls leaving education; smoking status; and socioeconomic status/profession.

LBD has a strong commitment to breastfeeding in its Health & Wellbeing Strategy, whilst the Children's and Young People's Plan aims to increase breastfeeding through the breastfeeding support offered through Baby Feeding Cafes in the children's centres. The CCG's commissioning plans seek to maximise value through contracted services, with commitment to improving quality in the maternity care pathway, although breastfeeding support is not specifically mentioned.

The latest available data on breast feeding initiation from PHE-Outcomes Framework (PHOF) is for 2014/15 but the figure for Greenwich has not been validated and therefore has not been included here. Figure 2.6.1 shows in 2014/15 the percentage of breastfeeding initiation in LBD at 78% was higher than England with 74.3% but it was lower than Haringey (at 91%), Lewisham (at 86.2%) and London (at 86.1%).

Figure 2.6.1 Percentage breastfeeding initiation, LBD, Lewisham, London and England 2014/15⁸

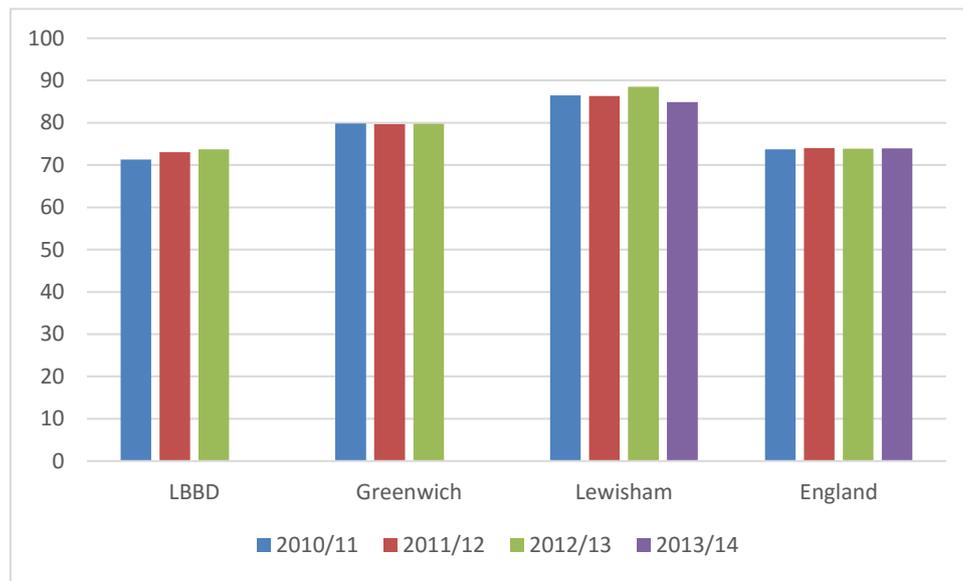


Source: PHE-Outcome Framework

⁸ Public Health England Outcome Framework 2015, Breastfeeding initiation, available at: <http://www.phoutcomes.info/search/breastfeeding#gid/1/pat/6/ati/101/page/9/par/E12000004/are/E07000032> - last accessed 10 April 2016

The latest released data for breastfeeding initiation by PHOF does not include the previous years' data. Figure 2.6.2 which is based on data was released earlier by PHOF, shows an improvement in breastfeeding initiation rate in Barking and Dagenham during 2010/11 to 2012/13. LBBB data was not validated for 2013/14 and is therefore missing from Figure 2.6.2⁸.

Figure 2.6.2 Percentage Breast Feeding Initiation in LBBB, two statistical neighbouring boroughs (Greenwich and Lewisham) and England, 2010/11-2013/14



Source: PHE-Outcome Framework

Based on data presented in Figures 2.6.1 and 2.6.2, there has been around 4% increases in breastfeeding initiation in LBBB between 2012/13 and 2014/15, however it is still far behind Haringey, Lewisham and London.

The most recent picture is that around 3 in every 4 mothers initiate breastfeeding, around one in two are fully or partially breastfeeding at six to eight weeks, but only around one in four is exclusively breastfeeding at this time.

There is evidence to suggest that by 6-8 weeks after a birth the percentage of women still breastfeeding has fallen. In 2011/12 the 73.1% of women initiated breastfeeding after birth; however, by the 6-8 week check only 54.5% of women were still breastfeeding.

There is variation in prevalence between practices and wards which suggests that work to support breastfeeding is needed in most wards in the borough.

2.6.3 Existing support for breastfeeding

Successful breastfeeding is more likely with effective support and advice before birth, in the immediate hours after delivery, and during the first few weeks after birth. Midwives, health visitors and specialist voluntary sector organisations all have an important role.

In LBBB, the mainstream services that provide support for breastfeeding are maternity services, health visiting services, Baby Intervention Service and Early Intervention Workers based in Children's Centres.

2.6.4 What else can we do?

The London Borough of Barking and Dagenham (LBBB) commissioned a Review of the Breastfeeding Pathway, to assess the benefit of investment since 2011 and to determine what more needed to be done. Key findings from the review were:

- It was identified that not enough is being done by health and social care agencies to encourage women to breastfeed or to support those who are keen to do so but struggle in the crucial first few weeks.
- Whilst breastfeeding rates appear to be similar to the England average, it is highly likely that higher rates among the growing BME population in LBBB are masking particularly low rates in other groups. Indeed, there appear to be stark differences between both geographical areas and population groups, with White British people being least likely to breastfeed. This represents a worrying health inequality with significant adverse consequences for the future.
- Maternity services are a key service in both encouraging and supporting breastfeeding. Services have been reconfigured recently to account for the large and growing number of births in the borough, and these steps appear to have resulted in improved patient experience, but there is now additional complexity in terms of individual patients' pathways, making navigating the system more difficult and even resulting in some women and their partners in the borough not having access to antenatal parental education.
- LBBB's maternity providers were not UNICEF accredited, yet the midwives and health visitors who engaged with this review showed energy, passion and commitment, and recognised that more could be done in their services. LBBB have funded a BFI lead in Queen's hospital to instil Baby Friendly best practice standards, work with staff to improve infant feeding advice, take them through the accreditation process and oversee the processes for implementing, auditing and evaluating the standards.
- Health visiting support is also experienced as inconsistent. It may well be that overstretched capacity has resulted in a focus on child protection to the detriment of other issues. Training has been set up for health visitors in B&D and they are all being trained to UNICEF level 3.
- There may be actions LBBB can take in tandem with neighbouring boroughs which may bring greater clout to making change happen.

The Review was discussed by the Health and Wellbeing Board on 29 July 2014 and actions are being taken forward and reviewed by the Children and Maternity Sub-Group⁹.

The timing is good for re-energising the breastfeeding agenda. Commissioning of Health Visitors transferred to the council in October 2015. The Health Visiting service has appointed two Infant Feeding Leads to co-ordinate the training and support across the borough. Queens Hospital have achieved Baby Friendly Level 1 accreditation in 2016 and are currently working towards the level 2 assessment.

There are professionals and high level champions with passion and commitment across the system.

Since the review Early Intervention Workers in children's centres have been trained to UNICEF level 3, there are now three baby feeding cafes available across the children's centre network. The breastfeeding supporters in children's centres also offer a home visiting and telephone support service to support breastfeeding mums with the aim to visit within 48 hours of discharge from hospital. In 2015 272 mothers and expectant mothers were supported through the baby feeding cafes and Infant feeding support service. A tri-borough breastfeeding strategy has been developed and led by the Infant Feeding Co-ordinator in Redbridge and a Barking and Dagenham steering group has been set up to co-ordinate the work.

The Baby Intervention Team, offer an intensive family support service to pregnant mums and mums with a child up to 1 year old on referral. They have also been trained to educate mothers on the benefits of breastfeeding at the earliest stage and to support them to continue to breastfeed after initiation.

⁹ <http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=669&MIId=7552&Ver=4> (accessed 20 October 2014)