

REPORT OF THE DIRECTOR OF PUBLIC HEALTH**BREASTFEEDING: UPDATE ON PREVALENCE, TARGETS, LOCAL PLANS
AND THE DEVELOPMENT OF A BREASTFEEDING FRAMEWORK FOR
ACTION****Purpose of the Report**

1. To advise the Board on the public health significance of breastfeeding and provide information on breastfeeding prevalence rates in Nottinghamshire.
2. To describe actions underway to increase breastfeeding prevalence.
3. To consult with the Board in relation to development of a joint Nottinghamshire and Nottingham City Breastfeeding *Framework for Action*.

Information and Advice**Public health significance of breast feeding**

4. The World Health Organisation (WHO), UNICEF and the UK Government all recommend that babies should be exclusively breastfed for their first six months of life to achieve optimal growth, development and health.
5. Evidence suggests that breastfeeding has a positive impact on mother-baby relationships by building a strong physical and emotional bond between them.
6. Babies who breastfeed are at lower risk of:
 - Gastroenteritis
 - Respiratory infections
 - Sudden infant death syndrome
 - Becoming obese and therefore developing type 2 diabetes and other obesity related illnesses later in life
 - Allergies (e.g. asthma, lactose intolerance, eczema)
7. Breast-feeding yields many maternal health benefits which include protection against breast and ovarian cancer and hip fractures in later life. Recent evidence shows a link between prolonged breastfeeding and reduced risk of cardio-vascular disease in the postmenopausal period (UNICEF 2014). The World Cancer Research Fund includes breastfeeding as one of the ten recommended actions to reduce the risk of cancer.

8. Support to establish breastfeeding in the first few days and weeks following delivery increases the number of women who successfully continue to breastfeed. Effective breastfeeding advice and support in the antenatal period together with one-to-one and peer group support in the days post-delivery help women who wish to breastfeed to succeed.
9. The contribution that breastfeeding makes to child health and wellbeing has been recognised in cross-government policy on early years (Field 2010), tackling inequalities (Marmot 2010) and reducing infant mortality (DH 2007).
10. There is increasing recognition of the part that socio-economic disadvantage plays in infant feeding, with women from lower socio-economic groups having higher rates of infant formula feeding. This has been built into policy making, an example of this being the provision of additional funds to support UNICEF UK Breastfeeding Friendly Initiative (BFI) accreditation in low income areas. The BFI initiative is explained in point 25.
11. Babies of parents from low-income backgrounds, who are young, white, with fewer educational qualifications and who were themselves formula fed, are least likely to breastfeed their babies. This is an intergenerational pattern; women are likely to follow the infant feeding patterns of their mothers.
12. Women who are of non-white ethnicity, aged 30 years or more and from a managerial or professional occupation are more likely to breastfeed.
13. England has one of the lowest breastfeeding rates in Europe.

Economic case for increasing breastfeeding prevalence

14. UNICEF UK undertook a cost analysis of the impact of breastfeeding using only a few of the illnesses where breastfeeding has been shown to have a protective effect. This revealed potential annual savings to the NHS from a moderate increase in breastfeeding rates, of about £40 million per year. The true cost savings are likely to be much higher.
15. The analysis also demonstrated that if 45% of babies were exclusively breastfed for four months and if 75% of babies in neonatal units were breastfed at discharge, each year in the UK there would be:
 - 3,285 fewer babies hospitalised with gastroenteritis and 10,637 fewer GP consultations, saving more than £3.6 million
 - 5,916 fewer babies hospitalised with respiratory illness, and 22,248 fewer GP consultations, saving around £6.7 million
 - 21,045 fewer ear infection GP visits, saving £750,000
 - 361 fewer cases of the potentially fatal disease, necrotising enterocolitis, saving more than £6 million

Prevalence of breastfeeding in Nottinghamshire; performance against breastfeeding targets in 2013/14 and 2014/15

16. An overview of prevalence of breastfeeding and performance against targets is presented below. More detailed data are presented in Appendix 1. There are two key stages at which breastfeeding prevalence data are collected, namely at birth and at 6-8 weeks. Prevalence at 6-8 weeks after birth is a key performance measure within the:

- Nottinghamshire Health and Well Being Strategy
- Clinical Commissioning Group (CCG) Outcome Indicator Set
- Public Health Outcomes Framework for England, 2013-16

17. In 2013/14, national targets in relation to breastfeeding included:

- Data coverage of over 95% (i.e. feeding method recorded and reported at birth and at 6-8 weeks of age for over 95% of babies)
- Breast feeding initiation rates of 82%
- Prevalence of breastfeeding at 6-8 weeks of 44%

18. In 2013/14 for Nottinghamshire data coverage was 98.9% exceeding the 95% target. The breastfeeding initiation rate for the same period was 68%, below the 82% target, and the 6-8 weeks breastfeeding prevalence rate was 40.2%, below the 44% target.

19. In 2013/14, no national data was published as levels of data coverage were too low to provide accurate information.

20. To allow for comparison, in 2012/13 the comparable rates were an initiation rate of 67% (1% lower than 2013/14 rate) and a 6-8 week prevalence rate of 39% (1.2% lower than 2013/14). These rates are both below the national initiation rate of 73.9% and 6-8 weeks prevalence rate of 47.4% (2012/13).

21. In 2014/15 targets for initiation and prevalence rates were changed from a nationally set target to a 2% increase year on year in local rates. Data coverage remained the same at 95%. Thus the target for breastfeeding prevalence at 6-8 weeks for Nottinghamshire for 2014/15 was 42.2%.

22. For 2014/15 Nottinghamshire data coverage was 98%. Complete annual data for initiation rates are not available to date. However, breastfeeding initiation rates increased slightly in Quarter 2 (July-September 2014). Early signs are that Sherwood Forest Hospital Foundation Trust (SFHFT) has seen a significant increase in breastfeeding initiation rates, whilst at Nottingham University Hospital (NUH) and Doncaster and Bassetlaw Hospital Foundation Trust (DBHFT), there is no marked change in rates.

23. The breastfeeding rates are also reported at Clinical Commissioning Group (CCG) level. The most recent initiation and prevalence rates are below the local target. There appears to be little significant change in rates between 2013/14 and the first six months of 2014/15. However, full year data for 2014/15 is required before valid comparisons will be possible.

24. Only 10% of all new mothers under 20 years old are breastfeeding at 6-8 weeks despite an initiation rate of 39%.

25. Compared to its statistical neighbours, Nottinghamshire has significantly lower breastfeeding initiation and prevalence rates.

National developments to increase support for breastfeeding

26. The UNICEF UK Baby Friendly Initiative (BFI) was launched in 1994. Its principles were extended to cover the work of community health care services in 1998, detailed in the

Seven Point Plan for Sustaining Breastfeeding in the Community (revised and updated in 2008). In 2008 the National Institute for Health and Clinical Excellence (NICE) first made the recommendation that NHS Trusts should implement a structured, multifaceted programme to encourage breastfeeding, using the UNICEF UK BFI programme as the minimum standard (NICE 2008, updated 2011). The BFI works with the health services to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. Support is provided to health care facilities and organisations that are seeking to implement best practice and an assessment and accreditation process recognises those that have achieved the required standard.

27. Increasing breastfeeding rates by two percentage points per year with a focus on mothers from disadvantaged groups was a specific target in the Department of Health's *Priorities and Planning Framework for England*. Improved local data collection has stemmed from the requirement for Primary Care Trusts to monitor rates of initiation and partial and exclusive breastfeeding at 6-8 weeks.

Developments to increase support for breastfeeding locally

28. There have been a number of recent developments aimed at improving support for new mothers who wish to breastfeed and thus increasing breastfeeding initiation and prevalence rates across Nottinghamshire. These include:

- The development of a two year pilot breastfeeding peer support service. The service has been running in all but one Nottinghamshire CCG since February 2015. In Rushcliffe CCG, breastfeeding rates are already well above national and local targets, so the CCG has not developed this service.
- Increased support on the postnatal wards, provided by the breastfeeding support service/infant feeding co-ordinators and peer supporters.
- Breastfeeding Friendly Nottinghamshire and the promotion of the 'right to breastfeed in public places'. Breastfeeding peer support volunteers will be evaluating public places and promoting breastfeeding friendly places. This initiative was launched in February 2015.

Nottinghamshire County and Nottingham City Breastfeeding *Framework for Action*

29. The development of a Nottinghamshire County and Nottingham City Breastfeeding *Framework for Action* is underway and is being developed through consultation with key stakeholders. A joint *Framework* will ensure a consistent approach, which is particularly important as key partners, including acute trusts (providers of maternity services), serve both City and County residents.
30. The overarching aim of the *Framework* is to increase initiation and maintenance of breastfeeding by empowering mothers to make informed choices and to support them to sustain breastfeeding.
31. The *Framework* will enable all key partners (acute and community providers trusts, infant feeding coordinators, Children's Centres, health visitors and midwives, the voluntary sector) to work together to ensure a co-ordinated approach to breastfeeding activities.

32. Key actions to be included in the *Framework* will be identified and progressed. These include:

- Raising awareness of the benefits of breastfeeding across Nottinghamshire (and the City) and making Nottinghamshire a Breastfeeding Friendly County.
- Continuing to support provider trusts to achieve UNICEF Baby Friendly Initiative (BFI) accreditation. All providers have already achieved Stage 2 BFI accreditation and SFHFT, DBHFT and Bassetlaw Health Partnerships (BHP) have achieved Stage 3. County Health Partnership (CHP) has passed 19 out of the 20 key areas for Stage 3 accreditation and NUH has passed 17. Both organisations will be re-audited within the next six months on the areas that were not achieved previously.
- Ensuring all frontline professionals who support mothers with breastfeeding are trained to BFI standards.
- Developing Partnership Breastfeeding Action Plans at district level, with meetings held in all localities across Nottinghamshire. It is envisaged that the Partnership Action Plans will be developed with District Councils, Public Health, Children's Centres and acute and community provider trusts.
- Increasing the number of mothers who initiate, establish and sustain breastfeeding across Nottinghamshire and Nottingham City.

Statutory and Policy Implications

33. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

34. None

RECOMMENDATION

The Board is asked:

1. To note the information shared in the paper in relation to breastfeeding in Nottinghamshire.
2. To comment on the content of the paper and discuss Board members' role in supporting the promotion of breastfeeding locally.
3. To support the development of a joint Nottinghamshire and Nottingham City Breastfeeding *Framework for Action* and consider how it wishes to be involved in its development and the consultation relating to the *Framework*

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Constitutional Comments (SG 05/01/2015)

35. Because this report is for noting only no Constitutional Comments are required.

Financial Comments (KAS 12/01/15)

36. There are no financial implications contained within this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Divisions and Members Affected

- All