

Breastfeeding

Introduction

Research has shown that breastfeeding is associated with positive health outcomes for both mother and baby in early years and later life. The NHS recommends that mothers exclusively breastfeed their baby for the first 26 weeks of life followed by a combination of breast milk and other foods.¹

Summary

Breastfeeding rates are higher in Norfolk than National average, this follows significant improvements seen over the last few years.

Headlines

More than three quarters of women initiate breastfeeding in the first 48 hours after delivering their baby in Norfolk. In 2014/15 this was 77.4% of maternities, above the national average of 74.3% (see figure 1 below).

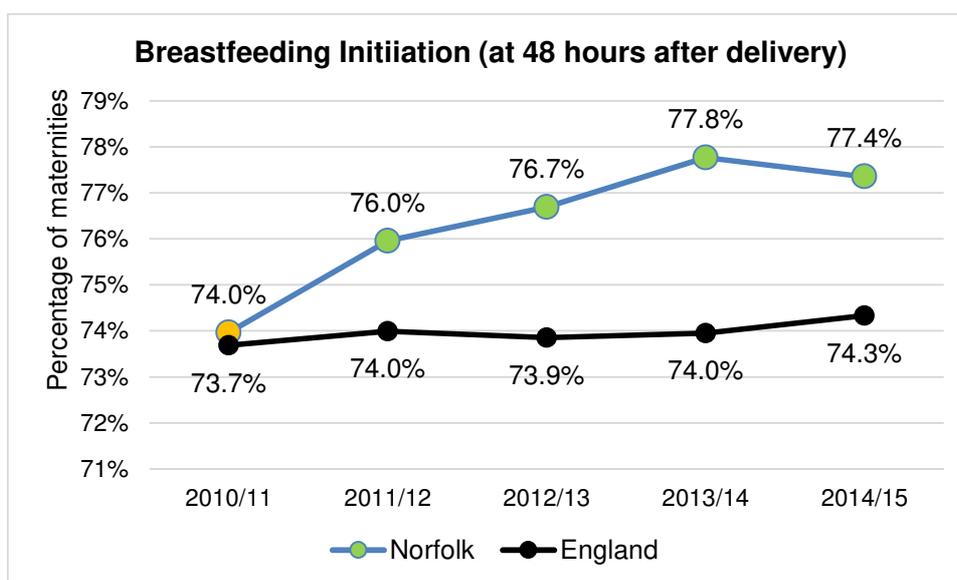


Figure 1: Breastfeeding Initiation (mothers initiating breastfeeding in the first 48 hours). Source: Public Health England.²
 KEY: Markers are coloured red where they are statistically significantly higher than average, yellow where there is no significant difference and green where they are significantly low.

However, the breastfeeding rate drops off considerably by the time the baby receives their 6-8 week check from the Health Visitor, when just 50% of infants continue to be fully or partially breastfed. Historically the breastfeeding continuation rate in Norfolk has been well below the national average, but this has improved over the last year:

¹ NHS Choices (2012) Why breastfeed? <http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/why-breastfeed.aspx#close> (Accessed July 2014).

² Public Health England Children and Young People's Health Benchmarking Tool <http://fingertips.phe.org.uk/profile/cyphof/data#page/3/gid/8000025/pat/6/par/E12000006/ati/102/are/E10000020/iid/20201/age/1/sex/2>

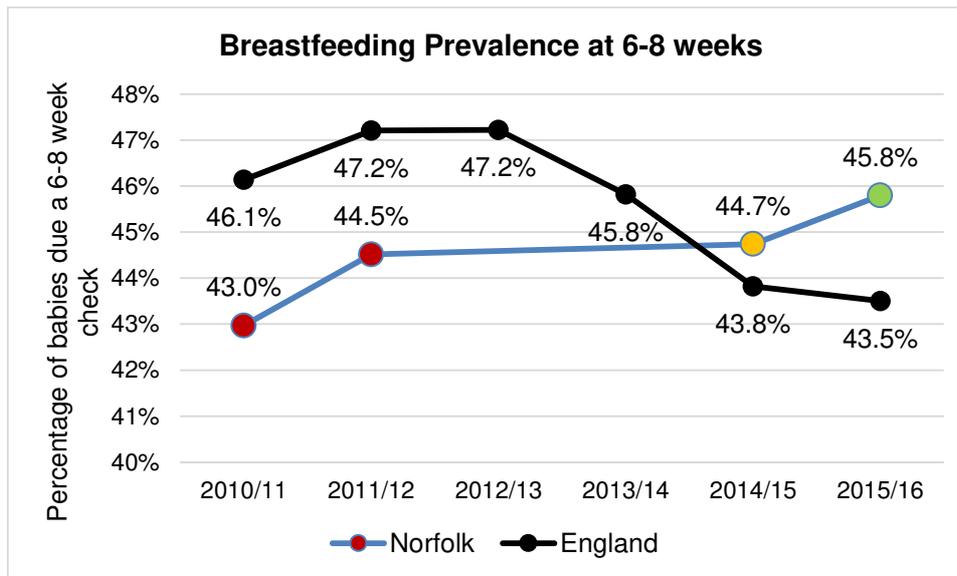


Figure 2: Breastfeeding continuation (at 6-8 weeks). Source: Public Health England.³

Note: Data points are coloured red if they are statistically significantly worse than the England average, yellow if not significant difference and green if statistically significantly better.

This improvement is attributed to the continued hard work of health visitors and other early years workers (including children’s centres) to promote breastfeeding, and also to improvements to data collection that ensure an accurate picture of breastfeeding in Norfolk.

Influences on Health and Wellbeing

Research has shown that breastfeeding is associated with positive health outcomes for both mother and baby in early years and later life. For the child, breastfeeding leads to a reduced number of hospitalisations for gastroenteritis, fewer respiratory tract infections and reduces the baby’s risk of developing ear infections. In addition, there is evidence to suggest that breastfed babies experience benefits that continue into later life, including being less likely to be overweight or obese. There are further benefits for the mother with potentially protective affects against premenopausal breast cancer and ovarian cancer, as well as aiding postpartum weight loss.⁴

Social, environmental, population context

Older mothers are more likely to breastfeed to six months than younger women. The 2010 Infant Feeding and Nutrition survey showed that incidence of breastfeeding was highest in mothers aged 30 and above (89% breastfed), and lowest in mothers under 20 years old (61%).⁵ Norfolk has slightly more teenaged mothers than usually seen on average 1.2% of mothers compared to 0.9% on average (this is statistically significantly more). Last year there were 105 new mothers in Norfolk aged under 18.

The Infant Feeding Survey also found variations by ethnicity, with the lowest level of breastfeeding among those that identified themselves as ‘White’ (79%), and the highest was those who were ‘Chinese or other ethnic group’ (97%).⁶ Norfolk has a lower than average number of mothers from ethnic groups with high breastfeeding rates, just 2.6% of Norfolk mothers were born in Middle East or Asia, compared to 9.7% of mothers on average in England.⁷

Nationally there is a link between breastfeeding and deprivation with lower rates of breastfeeding in areas of greater deprivation; 76% of mothers in the most deprived quintile breastfed, compared to 89% in the least deprived. Mothers with a higher socio-economic classification are more likely to breastfeed (91% of women in

³ Public Health England: Breastfeeding at 6-8 weeks <https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-2016-to-2017-quarterly-data>

⁴ Horta et al. (2013). Long-term effects of breastfeeding: a systematic review. World Health Organization.

⁵ NHS/Health and Social Care Information Centre (2012) Infant Feeding and Nutrition Survey 2010, chapter 2 tables.

⁶ As above

⁷ Public Health England Children and Young People’s Health Benchmarking Tool Breastfeeding Profile

<http://fingertips.phe.org.uk/profile/cyphof/data#page/1/gid/1938132969/pat/6/par/E12000006/ati/102/are/E10000020/iid/20201/age/1/se/x/2>

the 'managerial and professional' group breastfed initially, compared to 74% of those who had never worked). There is also a link between breastfeeding and the age of leaving education - those who completed their full time education were also more likely to breastfeed initially (92%) than those who left earlier at 16 years or under (66%).⁸

However this does not mean that women from all backgrounds and social groups may need help and support to breastfeed.

Current services, local plans and strategies

NICE Guidance (PH11) recommends a multifaceted approach or coordinated programme of interventions should take place across a range of settings to increase breastfeeding rates.⁹ Recommendations include peer support programmes as well as individual support, training and an environment that is supportive of breastfeeding. NICE Clinical Guidelines (CG37) detail the support that should be given to women to both encourage initiation and continuation of breastfeeding. It states that health professionals should have the time available to prioritise supporting women to breastfeed.¹⁰

UNICEF Baby Friendly Initiative

A specific intervention to support breastfeeding is the adoption of the UNICEF Baby Friendly Initiative by hospitals and community providers. The initiative encompasses a set of standards for maternity, health visiting, neonatal and children's centres services that are designed to ensure settings provide care that promotes good relationships between parents and their baby. It also encourages optimal feeding to promote good health and development of the child.¹¹ There are three stages of the scheme with the scope to develop a fourth stage from 2017 that focuses on sustainability. Each stage has a set of standards that are assessed by a UNICEF representative, Table 1 shows the accreditation status of Norfolk facilities and services:

Facility	Type	Award
Queen Elizabeth Hospital – King's Lynn	Maternity	Stage 3 Accreditation
Norfolk & Norwich University Hospital NHS Foundation Trust	Maternity	Stage 3 Accreditation
James Paget University Hospital NHS Trust	Maternity	Stage 3 Accreditation
Cambridgeshire Community Services NHS Trust	Community	Stage 3 Accreditation

Table 1: UNICEF Baby Friendly Initiative Status of Norfolk facilities/services as of October 2016.

In Norfolk all of the hospitals offering maternity care achieved Stage 3 accreditation in 2015/16. In the community, Cambridgeshire Community Services NHS Trust who provide the Healthy Child Programme in Norfolk (which comprises both health visiting and family nurse partnership services) are also Stage 3 accredited. To achieve the award, each service will have had to educate their staff to implement the Baby Friendly standards, which is tested by UNICEF inspections. All providers have demonstrated to UNICEF assessors that they have fully implemented the Baby Friendly Standards on infant feeding and relationship building.¹²

Infant Feeding Coordinators are in place to support achievement of UNICEF accreditation. The co-ordinators meet locally and are joined by representatives from Norfolk County Council Public Health, Children's Centres and GPs to form the Norfolk Infant Feeding Collaboration group. The co-ordinators also attend regional feeding networks to learn from other areas and share ideas.

⁸ Public Health England Children and Young People's Health Benchmarking Tool Breastfeeding Profile <http://fingertips.phe.org.uk/profile/cyphof/data#page/1/gid/1938132969/pat/6/par/E12000006/ati/102/are/E10000020/iid/20201/age/1/se/x/2>

⁹ NICE (2008) Maternal and child nutrition. NICE Public Health Guidance 11.

¹⁰ NICE (2006) Routine postnatal care of women and their babies. NICE clinical guideline 37.

¹¹ The Baby Friendly Initiative. <http://www.unicef.org.uk/BabyFriendly/> (Accessed 11th April 2014).

¹² As above

Services and Breastfeeding Cafes

Midwives, Health Visitors and Children's Centres offer support and guidance to mothers who are starting to, or struggling with, breastfeeding. Promotion of breastfeeding is one of the core requirements of the Healthy Child Programme, aiming to increase numbers of women breastfeeding through promoting the benefits of breastfeeding, further training of professionals and increasing access to advice and support for parents. Breastfeeding cafes and support groups are also run by these services throughout Norfolk promoted via children's centres, health professionals, and Cambridge Community Services (Norfolk's Health Visitor provider) website.¹³

Peer Support

Cambridgeshire Community Services NHS Trust provide the health visiting service for Norfolk and are running an initiative called "Norfolk's Breastfeeding Friends", recruiting mums to support others to breastfeed. Breastfeeding Friends complete an online course run by the Association of Breastfeeding Mothers as well as a two day UNICEF Baby Friendly training course. They help at breastfeeding groups, cafes, stay and play sessions, clinics, antenatal workshops and other classes.¹⁴

All three hospitals also have their own networks of peer support volunteers that support mums to feed on the wards and work is being undertaken by the Norfolk Infant Feeding Collaboration to develop the peer support offer within Norfolk.

Considerations for HWB and commissioner

Breastfeeding is an important public health issue with a variety of health and wellbeing benefits for both mother and baby as well as the wider economy. Norfolk's expectant and new mothers should feel confident in making informed choices on how they feed their baby.

Local communities and businesses should be encouraged to support breastfeeding in any way they can to help combat social and cultural norms. This may be by having cafés and restaurants signing up to breastfeeding welcome pledge schemes or businesses incorporating a breastfeeding policy when an employee returns to work from maternity leave.

References and information

Public Health England Children and Young People's Health Benchmarking Tool Breastfeeding Profile
<http://fingertips.phe.org.uk/profile/cyphof/data#page/1/qid/1938132969/pat/6/par/E12000006/ati/102/are/E10000020/iid/20201/age/1/sex/2>

NHS Choices

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/benefits-breastfeeding.aspx>

Author and key contacts

Claire Gummerson, Public Health Information Officer, Norfolk County Council

Claire.gummerson@norfolk.gov.uk

Online feedback:

Send us your query or feedback online using our online feedback form at

<http://www.norfolkinsight.org.uk/feedback>

Email: JSNA@norfolk.gov.uk

Publication date

17th October 2016 (revised 8th February 2017)

¹³ Information about Breastfeeding Support in Norfolk can be found here: <http://www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services/norfolk-breastfeeding-services>

¹⁴ If you are interested in volunteering as a peer supporter, please email: CCS-TR.breastfeedingfriends@nhs.net and include details of where you live.