

HEALTH AND WELLBEING BOARD

11 SEPTEMBER 2018

INFANT FEEDING STRATEGY

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Summary

Medway Infant Feeding Strategy is currently being refreshed, updating the previous 2011 strategy. The multi-partner Infant Feeding Strategy group has developed a wide range of interventions and projects in order to positively influence breastfeeding rates and other positive infant feeding practices within Medway. Despite these efforts, breastfeeding initiation and continuation rates have remained static for the last 5 years.

The refreshed strategy has revised priority areas, with the Strategy Group requiring wider partner support to positively affect infant feeding levels in Medway.

The Board is asked to review and support the Strategy and confirm its commitment to support the Strategy Group over the next four years.

1. Budget and Policy Framework

- 1.1 Breastfeeding is the biological norm for human babies and impacts considerably on child and adult health outcomes. The evidence base for this is indisputable and wide-ranging, breastfeeding saves the NHS and society money by reducing illness and chronic diseases in both children and mothers over the life course.
- 1.2 This report is within the Council's policy and budget framework. The Infant Feeding Strategy set out at Appendix 1 to this report is consistent with the Council Plan priority area "Supporting Medway's people to realise their potential."

2. Background

2.1 Reducing illness and chronic disease

- 2.1.1 The Lancet Breastfeeding Series demonstrated the positive effects of breastfeeding and the lifelong negative impacts of artificial feeding in both

high and low income settings. Infants who are not breastfed, or partially breastfed, have increased risks of:

- lower respiratory infections
- gastroenteritis
- necrotising enterocolitis
- obesity
- sudden infant death syndrome
- tooth decay and dental malocclusion.

2.1.2 The impact of breastfeeding on women's health is less well known by the public. There is evidence that those who do not breastfeed have:

- An increased risk of breast and ovarian cancer
- Type 2 diabetes and some inflammatory diseases
- An increase in the incidence of hip fractures, low bone density, osteoporosis and rheumatoid arthritis
- Less likely to regain their pre-pregnancy weight.

2.1.3 Non Communicable Diseases (NCDs) are currently responsible for 70% of deaths worldwide, primarily cardiovascular disease, cancers, respiratory diseases and diabetes. Healthy gut flora or microbiome is achieved through prolonged breastfeeding. This helps protect babies from developing NCDs later in life. There is also evidence the epigenetic profile affects gene expression and helps to protect against inflammatory processes. Therefore, the way a baby is fed is likely to have an impact on his/her life-long health.

2.2 Cost effectiveness

2.2.1 Breastfeeding saves the NHS money as well as saving lives. Evidence suggests if 45% of babies were exclusively breastfed for four months, and 75% of babies in neonatal units were breastfed at discharge, each year 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 illnesses, 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 NEC, saving more than £6 million.

3. Advice and Analysis

3.1 Medway traditionally has lower rates of breastfeeding compared to the England average. There is significantly lower rates in areas of higher deprivation. Initiation rates have remained relatively static in Medway moving from 68% in 2011 to 70% in 2017 (compared to the England average of 74% and 83% respectively). The continuation rate, at 6-8 weeks has fallen from 42% in 2011 to 38% of women giving any breast milk at this time in 2017 (compared to 47% in England).

- 3.2 Family and cultural norms can influence mothers' feeding choices. Insights from work carried out in the 'Beside You' campaign launched in 2016, suggests the negative attitude of the community to breastfeeding stem from grandmothers who may not have breastfed their own children.
- 3.3 The 2012 Medway Infant Feeding Strategy identified key objectives for the infant feeding programme. These included full UNICEF UK Baby Friendly Initiative (BFI) accreditation, development of a peer support network, workforce development, development of an infant feeding pathway and communicating the benefits of breastfeeding to residents.
- 3.4 Considerable progress has been made since this strategy including:
- Full UNICEF UK BFI Accreditation awarded to the Health Visiting and Children's Centre services in February 2016
 - Medway Maritime Hospital Maternity Service awarded BFI Stage 2 in March 2017
 - Infant Feeding Pathway developed and adopted in 2015 demonstrating the mother's journey from pregnancy through the first year of her child's life and showing the range of breastfeeding and formula feeding support available
 - Design and launch of the 'Beside You' multi-media campaign to 'normalise' breastfeeding in Medway
 - Development of the Medway Breastfeeding Network with on-going training and supervision of peer supporters commissioned from the National Childbirth Trust (NCT)
 - A joined-up approach with health professionals, children and family hub staff, peer supporters working together with shared responsibility to improve outcomes
 - 'Bump to Bright Babies' antenatal session offered to all first time parents, and targeted families, to help them connect with their unborn children building close, warm, loving relationships before and after birth
 - Specialist breastfeeding weekly clinic run jointly with the community and infant feeding coordinator and other specialist input
 - Community tongue tie service launched in 2016
 - La Leche League and NCT breastfeeding counsellors work as volunteers and are integrated into community and hospital services
 - Introducing solid foods sessions offered to all parents with infants aged 4-6 months
 - Maternity support workers work in the community to support mothers with feeding
 - Community nursery nurses work in health visitor teams to support infant feeding.

3.5 Strategy priorities

- 3.5.1 The 2018 Infant Feeding Strategy, set out at Appendix 1 of the report aims to develop the following priorities:
- A year on year increase in breastfeeding initiation and continuation rates, aiming for a 1% uplift per year

- 80% of babies discharged from the neonatal unit receive some breast milk
- All parents are supported to build close relationships with their babies
- Parents are satisfied with the support they receive and able to follow their chosen method of infant feeding
- Breastfeeding is an achievable option for all families, but parents who choose to formula feed are supported to do so responsively
- Medway as a place becomes a more infant feeding friendly environment
- Solid food is offered to infants after 6 months of age, with continued breastfeeding for the first year and beyond
- Increased uptake of Healthy Start vitamins from 2017 baseline.

3.5.2 A Diversity Impact Assessment has been completed on the proposed Strategy, as set out at Appendix 2 to the report.

4. Risk management

| Risk | Description | Action to avoid or mitigate risk |
|---|--|--|
| Funding restrictions to service budget lines that directly contribute to the strategy and action plan | Any decrease in the funding available to the multi-professionals who support this agenda, may result in a decrease in the capacity to support infant feeding. | Make infant feeding a key priority for all the Health and Wellbeing board and all partners. |
| The current interventions are ineffective increasing breastfeeding rates at the required trajectory | There are a wide range of interventions identified within the delivery plan of the Strategy. If these are ineffective, the ambitious target of a 1% annual uplift will not be achieved. | Continue to review the list of interventions, compared to the evidence base and assess their effectiveness locally. |
| Lack of engagement from partners | Achieving the ambition will require all partners to support the strategy and action plan. Failure of key organisations, teams and individuals to fully engage will lead to a failure to deliver the targets. | The Strategy Group needs to hold partners to account for their actions, and a governance process to report concerns. |

5. Consultation

5.1 In preparation for the recent normalising breastfeeding campaign, Beside You, an independent agency conducted a large piece of community engagement and insight work. This took in the views of residents and professionals, to help shape the campaign. This insight work has helped inform the design on the Infant Feeding Strategy.

6. Financial and legal implications

- 6.1 No additional investment is being requested to implement this strategy. The activities referenced within the document are currently funded by either the ring fenced Public Health grant, or within the Medway Clinical Commissioning Groups (MCCG) commissioned maternity contract, with Medway Foundation Trust (MFT). Partner agencies contribute additional resources, depending on the nature of the intervention.
- 6.2 There are no legal implications arising directly from this report.

7. Recommendations

- 7.1 The Health and Wellbeing Board is asked to:
- a) note the Infant Feeding Strategy set out at Appendix 1 to the report and support its implementation in Medway; and
 - b) confirm its support of the Infant Feeding Strategy Group in the delivery of the objectives within the Strategy.

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Appendices

Appendix 1 - Medway Infant Feeding Strategy 2018
Appendix 2 - Diversity Impact Assessment

Background papers

Medway Infant Feeding Strategy 2011
<https://democracy.medway.gov.uk/mglIssueHistoryHome.aspx?IId=23991&Opt=0>
(Background Paper No.1 refers)

Medway Infant Feeding Pathway
<https://democracy.medway.gov.uk/mglIssueHistoryHome.aspx?IId=23991&Opt=0>
(Background Paper No.2 refers)