

CHILDREN & YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

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INFANT FEEDING STRATEGY

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Summary

This report provides an overview of the ongoing work of the Infant Feeding Strategy group and an update on the current progress of refreshing the five year action plan.

1. Budget and policy framework

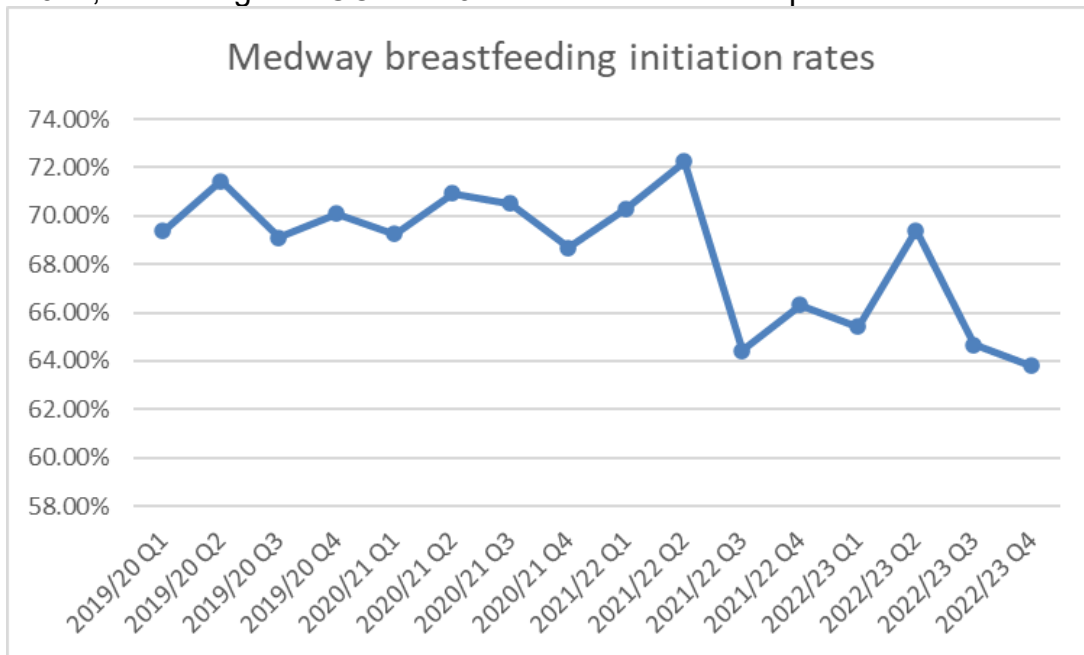
- 1.1 Since 1 April 2013, local authorities have been responsible for improving the health of their local population and for public health services. Medway Council's strategic priorities include 'supporting residents to realise their potential'. Improving infant feeding rates and behaviours specifically links to the aspiration of creating 'health and active communities'.

2. Background

- 2.1 Giving children the best start in life means taking care of their nutritional needs. The first 6 months of a baby's life are particularly important when it comes to feeding. Responsive infant feeding means:
- Encouraging and supporting women to breastfeed
 - Supporting parents who choose to formula feed to do so responsively
 - Creating breastfeeding friendly places
 - Infants being introduced to solid foods after 6 months
- 2.2 Responsive infant feeding is much more than simply the provision of food to children. It is reliant on parents building close relationships with their babies creating a strong bond between infant and parent. This process starts during pregnancy and continues throughout the early year's period and beyond. All the evidence shows that breastfeeding provides the best nutritional start for babies. Mothers should be encouraged and supported to initiate and continue breastfeeding for the first year and beyond.
- 2.3 Breastfeeding provides the greatest health benefit to the infant and the mother. The most recent data suggests that around 66% of women initiate

breastfeeding, but there is a rapid decline in this rate after the first 48 hours. Nationally less than 40% of women are still breastfeeding by week 6 of their baby's life. Medway is committed to increasing these rates.

Figure 1: Breastfeeding initiation rates for infants born at Medway Foundation Trust, with a Medway home postcode. The line graph shows that initiation was consistently around 70% in 2019 and 2020. There was a large reduction in 2021, coinciding with COVID-19 restrictions within hospitals.



2.4 Breastfeeding rates are also routinely recorded and reported at 6-8 weeks of the infants life, which is also known as the continuation rates. Medway's most recent continuation rates are:

- 2021/22 - Q1 39.53%
- 2021/22 - Q2 40.49%
- 2021/22 - Q3 37.36%
- 2021/22 - Q4 42.44%

2.5 Since the first Medway Infant Feeding Strategy in 2011, considerable progress has been made. This includes:

- The launch of the Medway Breastfeeding Peer Support Network
- Community and acute settings progressing along the UNICEF Baby Friendly Accreditation process
- An increase in skills and knowledge for the health professional workforce
- A number of infant feeding marketing campaigns promoting breastfeeding and infant nutrition messages

2.6 This strategy was refreshed in 2018 with the following priority areas set:

- Providing support for women wanting to breastfeed

- Workforce development
- Making Every Contact Count
- UNICEF Baby Friendly Accreditation
- Infant feeding friendly environments
- Marketing campaigns
- Introducing solid foods after 6 months
- Promoting Healthy Start Vitamins

2.7 The Medway Infant Feeding Strategy Group take the lead and facilitate action against these priorities, engaging with wider stakeholder groups.

3. Medway Infant Feeding Strategy group

3.1 The Medway Infant Feeding Strategy Group meets quarterly to progress the actions within the Infant Feeding Strategy. Membership includes

- Medway Foundation Trust midwifery and neo-natal service
- Medway Community Healthcare Health Visiting service
- Medway Public Health team
- Medway Council Family Solutions team
- Commissioners
- La Leche League

3.2 The partners work collaboratively to deliver a wide range of actions. The Infant strategy feeding group are part of the wider Medway Healthy Weight Network acknowledging the large affect that promotion of infant feeding can have to reduce child obesity rates. The infant strategy feeding group produce annual priorities that are reviewed by the Medway Health and Wellbeing Board. These priorities are focussed on facilitating and empowering mothers to breastfeed by helping them to address any specific concerns of issues they may have about the practice. They are also aimed at creating the right environment across Medway to help normalise the practice.

3.3 In 1994 UNCEF launched the Baby Friendly Initiative (BFI) across all four UK nations. The baby friendly standards have several accreditation stages. Hospital and health visiting services across Medway are working towards accreditation and are regularly reviewed and progress monitored. The stages of accreditation are:

- Stage 1: A firm foundation
- Stage 2: An educated workforce
- Stage 3: Parents' experiences
- Re-accreditation
- Achieving Sustainability and Annual Audit (Gold standard)

3.4 Medway Foundation Trust services have achieved stage 2 and Medway Community Health services have achieved stage 3. Both providers have

recently been reviewed and the latest ratings have not yet been released. The accreditation process sets rigorous standards for mandatory staff training and up to date policies being implemented that are in line with BFI standards.

- 3.5 To support families with infant feeding and to deliver gold standard services takes leadership, education and training, staffing resources and commitment. Services in Medway are committed to delivering the highest standard of care possible for the population.
- 3.6 Infant feeding support is provided at 3 key stages
- This starts during a family's antenatal care with discussion about infant feeding with health professionals, antenatal classes and access to antenatal drop-in sessions with peer support groups.
 - Support immediately in the labour room with skin to skin contact immediately after birth. This support continues in the postnatal ward until the mother goes home.
 - Postnatally in the community, families are visited and offered infant feeding support from the community midwife in the early days. The health visitor takes over providing care after the first 10 days.

Additionally

- Families can access help at any time from the #Beside You online Breastfeeding support campaign, which includes a messaging function between professionals and parents
- Peer support groups (three groups running at the time of writing)
 - Each session starts with a one-hour antenatal hello baby class followed with the postnatal booking slots. Families who want to drop in are welcomed.
 - Attendance is through families booking for the sessions. Families are cancelling or not attending at short notice. This is disruptive to the volunteers who have to arrange travel and childcare. The current booking process reduces the disruption.
- There are currently seven peer support workers actively volunteering. The numbers have recently reduced as volunteers have needed to return to paid employment. There is a steady turnover of peer supporters, a supportive induction and training programme is in place.
- Monthly peer support socials in Rochester with informal talks and occasional attendance from Health Visitors
- There is a specialist breastfeeding clinic running each week, with a lactation consultant and team seeing infants experiencing challenges breastfeeding (including assessing and treating tongue tie)

4. Infant Feeding Strategy Refresh

- 4.1 Due to last strategy being dated in 2018 and the lower than national average breastfeeding rates and other infant feeding markers proving challenging, the strategy group committed to refreshing the Medway Infant Feeding Strategy. The group is on track to have the new document ready for sign off by the relevant bodies in the summer of 2023.

- 4.2 The critical steps of the strategy refresh include data analysis, agreeing the revised scope, literature review, insights work, priority and objective development.
- 4.3 The group agreed that the 2023-2028 strategy scope would include increasing breastfeeding initiation and continuation, responsive feeding, introducing solid foods at six months of an infants life, the Healthy Start scheme and relationship building between infant and parent/carer. The strategy aims to be underpinned by four core principles related to infant feeding: protecting, supporting, normalising and promoting.
- 4.4 The Medway Council Public Health Intelligence Team completed the data analysis to help inform the Medway Infant Feeding strategy by providing figures on current feeding rates and by highlighting groups that have low breastfeeding levels. This will allow for informed prioritisation in the next phases of the strategy development. Breastfeeding initiation statistics were calculated and visualised using data provided by the Medway NHS Foundation Trust for babies born in 2021. Data for breastfeeding continuation from Medway Community Healthcare Health Visitor Checks (from the New Birth Visit and the 6–8-week visit in 2021) were analysed also.
- 4.5 Key findings include:
- The **age of mother at birth**: Lower rates of breastfeeding initiation and continuation (exclusively and/or partially) among younger mothers (under 20-years-old) (Figure 1, 5, 9, 13).
 - **Ethnicity of mother/infant**: Lower rates of breastfeeding initiation and continuation in the White ethnic group. Highest rates are found in the Asian or Asian British and the Black, Black British, Caribbean, or African groups (Figure 2, 6, 10, 14).
 - **Ward**: Whilst ward level inequalities can be seen, significant differences in breastfeeding initiation and continuation by ward are scarce due to the relatively small sample size and subsequently wide confidence intervals (Figure 4, 7, 11, 15). This highlights, the need for more data to increase the power of any ward level analyses - this could be accomplished through the provision of data from a longer timescale (than a one-year period), such as across a 3- or 5-year period. That said, in terms of breastfeeding continuation - significantly low proportions of babies breastfed were seen in the Peninsula ward when compared to the highest ward-level proportions (i.e., for infants ever breastfed, infants at the New Birth Visit Checks and infants at the 6–8-week visit, seen in Figure 7, 11, 15).
 - **Deprivation**: There are significant inequalities between the most and least deprived quintiles in Medway for breastfeeding initiation and continuation rates. The most deprived areas consistently have the lowest in the percentage of babies breastfed at birth, at the New Birth Visit and at 6-8 weeks after birth, and the highest rates are found in the least deprived areas (Figure 3, 8, 12, 16).
 - **Skin to skin**: There is a positive association with breastfeeding initiation in the hospital (baby's first feed) and skin to skin contact after

birth. Significantly higher breastfeeding rates were seen in those mothers and babies that had skin to skin contact, compared with those that did not.

- **Ante-natal visits:** There is a positive association with breastfeeding continuation (at both the New Birth Visit and the 6–8-week visit) and whether an antenatal visit was attended. Significantly higher breastfeeding continuation rates were seen from mothers who attended an antenatal visit.

4.6 An evidence review was conducted in January 2023 by the Medway Public Health team in order to help answer the research question of ‘how can Medway increase its breastfeeding initiation and continuation rates’? There is a wealth of literature published on breastfeeding, so papers and evidence were restricted to UK based studies, published since the last Infant Feeding Strategy refresh date (as a review was conducted for this document). The review helped identify a number of barriers and enablers that influence breastfeeding behaviour, parental feeding decisions and ultimately prevalence of breastfeeding.

4.7 The evidence review identified a number of factors that influence the feeding choice of parents which cannot be influenced or changed by infant feeding practitioners. These include:

- maternal age
- deprivation
- ethnicity
- whether the mother herself was breastfed as an infant
- birth experience
- staffing capacity of midwives, health visitors and other professionals in contact with infant and mother

4.8 The following factors were identified in the evidence review as barriers to breastfeeding by mothers and fathers:

- Lack of practical support available
- Conflicting health professional advice about breastfeeding
- Feeding in public fears
- Cultural norms & peer pressure
- Formula feed advertising exposure
- Lack of confidence to breastfeed and fear of failure
- Pain when breastfeeding (actual & perceived)
- Initial breastfeeding difficulties affecting confidence
- Bottle feeding convenience
- Illness and medical condition of mother and infant
- Stress and anxiety
- Competing responsibilities
- Wanting partner involvement in feeding
- Breasts viewed as sexual not maternal
- Baby weight gain fears after birth
- Returning to work
- Insufficient breast milk supply

- Feeling like a nuisance to health professional by needing extra feeding support
- Tongue tie of infant
- Perception of wealth to be able to afford to bottle feed
- Building and space design not encouraging breastfeeding in the community

4.9 Conversely, the following factors were identified as enablers and when in place, are likely to increase breastfeeding rates and the chances of initiation and/or continuation:

- Religious belief encouraging breastfeeding
- Regular consistent health professional advice
- Specialist support available when issues arise with feeding
- Cultural and family norms of breastfeeding
- UNICEF BFI status for local acute and community setting
- Continuity of care from professionals
- Knowing the health benefits of breastfeeding to baby
- Family support
- Breastfeeding convenience as opposed to making bottles
- Peer support sessions
- Bonding benefits between mother and infant
- Facebook and online support groups
- Environmental and carbon impact of formula
- High cost of formula compared to free breast milk
- Antenatal education sessions
- Health benefits of breastfeeding to mother
- Weight loss for mothers who breastfeed

4.10 In order to identify which of the barriers and enablers were most prevalent in Medway and to understand how they can be overcome, insights were collected from residents in April 2023. The insights targeted the demographics with the lowest breastfeeding rates. A series of in-depth interviews and focus groups were held with mothers and fathers, to ascertain their views. Thematic analysis was completed to produce a report for the strategy group that used the COM-B model and behaviour change wheel to provide a multi-level model that enable the user to identify intervention functions and policy categories that can be employed in intervention development.

Table 1 - shows the direction of influence; where themes are identified as drivers, this is indicated with a (+) and where they were barriers, this is indicated with (-). Those which acted as both are indicated as (+/-).

COM-B construct	COM-B sub-construct	TDF domain	Themes identified as drivers (+) or barriers (-)
Capability	Psychological	Knowledge Memory, attention, and decision processes Behavioural regulation	Knowledge of health benefits (+) Breast is Best message (-) Inaccurate or lack of information about the challenges (-) Intention to breastfeed (+/-) Pride & resilience (+) Shyness, shame, anger (-)
	Physical	Skills	Personal or vicarious experience of physical challenges (-) Pain (-)
Opportunity	Social	Social Influences	Social norms (+/-) Family norms (+/-) Peer support (+) Non-birthing partner feeling surplus to requirements (-) Non-birthing partner finding alternative methods of support (+) Old-fashioned values (-) Breasts as the problem (sexualising breasts) (-)
	Physical	Environmental context and resources	Professional support divide (+/-) Online and social media support (+) Finding your own way (-) Other commitments (-) Convenience (+) Cost (+) Unsanitary and unsafe spaces (-)
Motivation	Reflective	Beliefs about capabilities Social/professional role and identity	Preparing for challenges (+) Self-efficacy and confidence (+)
	Automatic	Optimism Intentions and Goals Emotion Reinforcement	Breastfeeding is natural and normal (+) Just having a go (no expectations) (+) Feeling pressured (-) Mental wellbeing (+/-) Sleep deprivation (-) Bond with baby (+)

4.11 The data analysis, literature review and residents' insights were considered by the infant feeding strategy group during a workshop in May 2023. The invite list was extended to wider infant feeding partners with the group made up of infant feeding specialists, Midwives, Health Visitors, Public Health, communication experts, peer supporters, commissioners, and academics. The workshop objectives were to develop draft infant feeding priorities and key actions for the next five years. The group were also presented with a full

list of known infant feeding interventions and assets already happening in Medway.

4.12 Six key priorities have been suggested by the strategy group which will be tested during the usual strategy sign off process with Directors, Health and Wellbeing Board and cabinet. These are:

- Goal 1 – 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
- Goal 2 – Fully understand the target audience and how we can best encourage breastfeeding and responsive feeding in Medway.
- Goal 3 – Widely promote the benefits of breastfeeding, responsive feeding, introducing solid foods at six months and Healthy Start
- Goal 4 – Ensure all residents and professionals know what in person and online infant feeding support services are available in Medway
- Goal 5 – Normalise and promote the benefits of breastfeeding to children, young people, grandparents and the wider support group around the infant and mother
- Goal 6 – Recruit more multi-sector partners to support the infant feeding agenda

4.13 These draft goals and some more specific interventions and actions are currently being tested in a final round of focus groups. This will ensure that the views of the workshop attendees, are truly reflective of the issues identified by Medway residents within our priority groups.

5. Financial implications

5.1 There are no new financial implications related to this briefing paper. All the current identified infant feeding actions are funded by the ring fenced Public Health grant, the NHS or children's social care base budgets. New funding was also recently made available via the Family Hubs and Start for Life project with specific grant conditions relating to infant feeding topics.

6. Legal implications

6.1 There are no legal implications arising from this paper.

7. Recommendations

7.1 The Children and Young People Overview and Scrutiny Committee is asked to note the content of this report.

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Appendices

None

Background papers

A whole system approach to obesity
<https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>