

The Highland Council  
ADULT & CHILDREN'S SERVICES COMMITTEE  
25 September 2013

Agenda Item	9.
Report No	ACS/89/13

Support for Breastfeeding

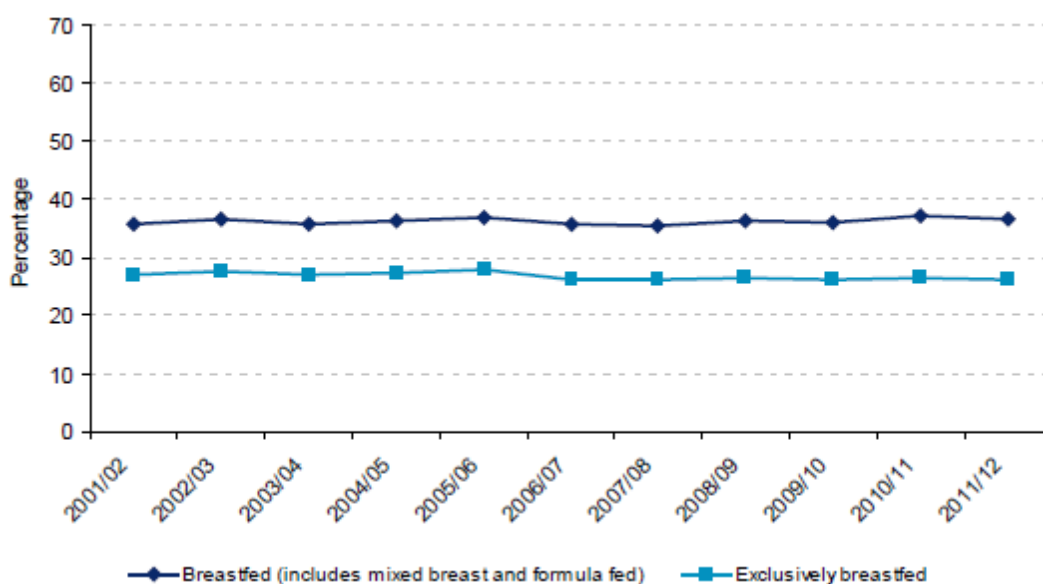
Report by Director of Health and Social Care

Summary

The purpose of this paper is to outline the current breastfeeding rates within Highland, and to describe the work underway to increase breastfeeding awareness, promotion and rates over the next few years.

1. Background

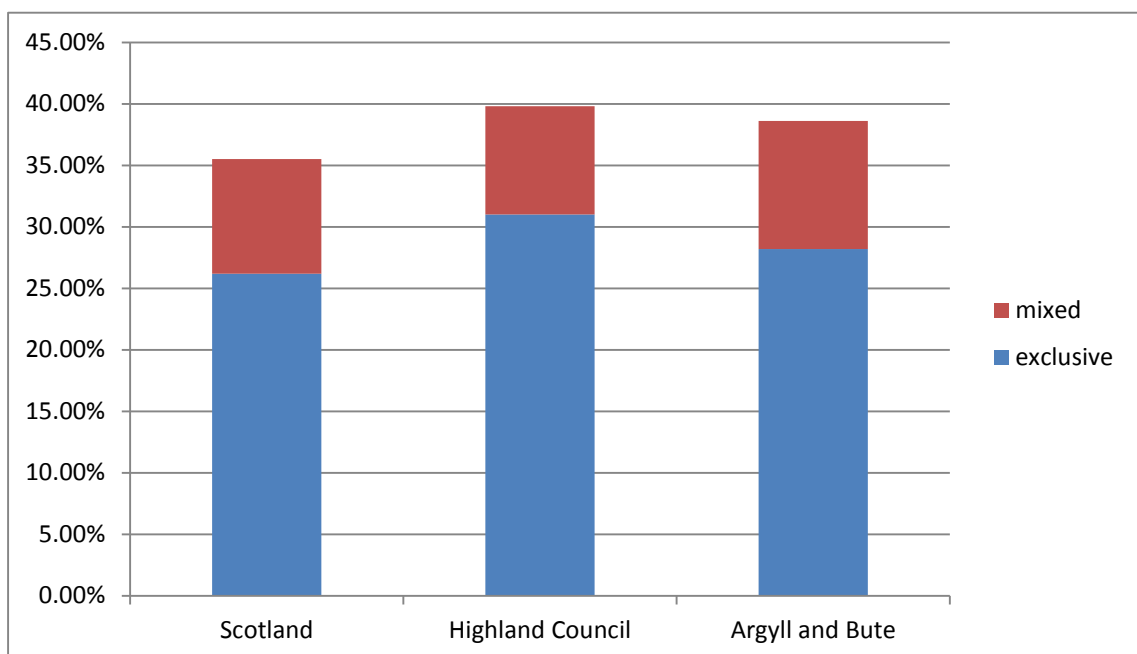
- 1.1 Breastfeeding rates for the past 10 years have remained relatively static throughout Scotland. The rate at 6-8 weeks is about 26.2% exclusive breastfeeding, rising to 36.7% for mixed feeding.



- 1.2 UNICEF launched new standards in 2013 which acknowledged the trend for mixed feeding, to try to maximise the amount of breast milk which a baby receives.
- 1.3 The Information Services Division (ISD) publishes National statistics every 3 months, which are 6 months in arrears. March 2013 data is currently awaited.

## 2 Highland Context

- 2.1 Breastfeeding statistics are derived from data collected from the Health Visitors contacts, normally around 10-14 days post birth and again at 6-8 weeks. During these contact visits, the Health Visitor records the method of feeding on the Child Health Surveillance Programme (CHSP-PS) form. At the 6-8 week check, the GP carries out a medical examination of the baby, and following this, the form is returned to NHS Highland so that the data can be entered onto the national system
- 2.2 Annually ISD issue a comprehensive report which estimated that 5.5% of data was missing from 2011/12. However, within the Highland Council area, there were 25% outstanding forms from the October 2012 – December 2012 cohort. This meant that out of the 558 babies in this cohort 140 review forms were missing. These all count as 'zero' towards the overall rate.
- 2.3 The HEAT target was launched in 2007 to increase the proportion of babies being fed breast milk exclusively at 6-8 weeks to 33.3%. Part of this target was a National requirement to increase exclusive breastfeeding rates by 25% from the existing rates. At this time, there was no data available for the Highland Council area, so data from Argyll and Bute (2006/7) was used which resulted in a local target of 36% being set across all of NHS Highland. The Highland Council part of NHS Highland joined this system in May 2007.
- 2.4 The NHS Highland data by Council Area for 2011/12 is as below:



- 2.5 Nearly 40% of Highland babies received breast milk during 2011/12, and 31% of these were exclusively breastfed.

2.6 Current recorded performance is shown below:

	target	JUNE 12	SEPT 12	DEC 12
New-born babies exclusively breastfed at 6-8 weeks review	36%	33.4%	32.4%	31.9%

### 3 Ongoing Action

#### 3.1 To improve the rate of return of the 6-8 week review forms.

Work is already underway through Worksteam 1 of the Early Years Collaborative to improve return rates of CHSP-PS forms to 95% compliance by December 2014. This has involved detailed discussions between the infant feeding advisor, G.P's, practice managers and health visitors. Practices with low return rates have been targeted in the first instance.

#### 3.2 To support mothers to breastfeed their babies.

There are various actions in place:

- 3.2.1 UNICEF BFI: all maternity units and community areas received full UNICEF BFI accreditation in 2012 – NHS Highland was the second board in Scotland to achieve this prestigious award. UNICEF BFI ensures that **all** staff are trained to support women to breastfeed and that women have the knowledge and skills to breastfeed their baby for as long as they wish. Staff training is a mandatory requirement – initial training is 18.5 hours followed by an annual up-date. G.P and paediatrician training is shorter. Ongoing audit is mandatory and clinical quality indicators are used within the maternity settings.
- 3.2.2 An acute breastfeeding clinic plus tongue tie service (tongue-tie is a problem that occurs in babies who have a tight piece of skin between the underside of their tongue and the floor of their mouth). Run by the infant feeding advisor and a senior midwifery colleague to assess, diagnose and manage acute breastfeeding problems. A tongue tie division service has also run since 2012 with 88 tongue tie snips carried out last year. Previously this service was not offered to neonates in NHS Highland resulting in a referral to Glasgow or Edinburgh.
- 3.2.3 Peer support is a voluntary service managed by the infant feeding advisor. There are currently 52 trained peers, primarily offering a phone service to support and encourage women to breastfeed. The peer volunteers are trained in-house using the same UNICEF programme taught to trained staff. There are peer support groups in Inverness, Fortrose, Dingwall and Nairn. On occasion peers will support women in their own homes. Peer training and expenses currently comes from the Maternal and Infant Nutrition Framework. In October 2012, training was given to 6 peers who now attend Raigmore to carry out face to face breastfeeding support with new mums in the maternity unit.

- 3.2.4 There are 2 Facebook pages offering support from the peers: Highland breastfeeding support and a private chat page called Highland breastfeeding support chat. Both are excellent sources for women to receive support and information in a very timely manner.
- 3.2.5 Baby Friendly Welcome Scheme: the NHS Highland scheme was launched in May 2007, where public places can sign a contract to become listed as a baby welcome premise on the NHS Highland website.
- 3.2.6 Work with Barnardos BUMP, delivering antenatal breastfeeding workshops. This is now run by the peers.
- 3.2.7 Compliance with the WHO code of marketing of breast milk substitutes. As a UNICEF BFI accredited board, the full WHO code is adhered to where no advertising of formula milk is allowed within Health care services. Staff are provided with guidance and on-going audit is used to identify if the WHO code is being violated. A bi – annual formula milk multi-disciplinary panel was set up in 2011 to meet with formula reps in a formal setting. The information received from this panel is then disseminated to staff in the form of a formula feeding leaflet. No formula milk representatives are permitted to visit staff out with this panel.
- 3.2.8 Breastfeeding awareness school sessions. In 2010 a primary school awareness session was run which culminated in a poster competition to design a breastfeeding poster. In 2012, breastfeeding awareness sessions were piloted linking all sessions to the health and wellbeing outcomes. At present there are programmes to cover the 3 – 18 year groups. In 2012 a very successful pilot was run with various primary 7 children where they were trained to teach the programme to nursery and primary 1 children. Programmes from primary 5 are audited using a tool based on the IOWA breastfeeding attitude scale. Resources for all Nursery Principal Teachers were purchased and disseminated in 2012.
- 3.2.9 Policies and guidelines to support breastfeeding – a breastfeeding policy, a hypoglycaemic policy, a weight loss for the breastfed neonate policy and a tongue tie policy.
- 3.2.10 Leaflets for women which are part of the Highland Information Trail – benefits of breastfeeding, skin to skin contact, your guide to the breastfeeding etc Scotland Act 2006, Important Points you need to know to breastfeeding your baby, feeding cues, congratulations card which has all the contact details for support and clinics, problems with supplementary feeds, teats and dummies.
- 3.2.11 Pathways for staff for referral to clinic and tongue tie services.
- 3.2.12 Improving data collection through the Early Years Collaborative.

## **4 Proposed Actions and Expected Impact**

4.1 The following further actions to improve breastfeeding rates are all planned:

4.1.1 New UNICEF BFI standards launched and all staff encouraged to have up-date training. Work on-going in delivering bespoke training to staff within their local base which has improved attendance. This will enable the staff to have the skills and knowledge to support women to breastfeed and deal with simple problems.

4.1.2 Up-date training for Early Years Workers, CALA and other support staff, to ensure that all staff who have contact with ante natal and breastfeeding women are the same to avoid conflicting advice.

4.1.3 Work with Merkinch Family Centre to commence UNICEF BFI progress towards an accredited family centre.

4.1.4 Up-date breastfeeding policy in accordance with UNICEF standards which will result in an infant feeding policy for maternity, an infant feeding policy for health visiting and an infant feeding policy for neonatal units.

4.1.5 Use the Early Years collaborative to support work surrounding improving CHSP-PS data collection and reporting. This will ensure that breastfeeding rates are accurate and improvement plans can be made to target areas of poor rates.

4.1.6 Up-date the leaflets to evolve an ante natal breastfeeding booklet and a post natal breastfeeding booklet, all highlighting importance of attachment and focusing on support. This will enable a link to the Early Years collaborative and a focus on attachment and support for parents.

4.1.7 Re-launch the baby welcome sticker scheme on the 10<sup>th</sup> of October 2013 at the Hilton Community Centre with the Archie Foundation. This will hopefully increase the number of participating public places and allow women to breastfeed in public using a supportive public place. Media releases have been organised.

4.1.8 Continue rolling out the school awareness programme and training school nurses and PSE staff to use this programme.

4.2 Within Highland it is unfortunate that formula feeding is seen as a cultural norm and the school awareness programme will help to show breastfeeding as the optimal way to feed a baby. The programme encourages discussion of health benefits of breastfeeding while at the same time dispelling myths that all too often come with breastfeeding a baby.

4.3 Peer supporters are continuing to develop their role. Four peers are awaiting baby massage training to enhance their support groups while six others are on the waiting list.

- 4.4 A video conference training programme is nearly completed with 6 peers taking advantage of this training facility to fill in gaps in our more rural areas. 10 peers will come to the UNICEF annual conference in November. More peers are going to have training to work in Raigmore and it is hoped that Caithness General may allow peers to work within their maternity units.
- 4.5 It is hoped to re-trial peer groups in Caithness, Fort William and Invergordon. On 20 September, five peers will undergo ante natal training and will launch a Facebook page called Highland antenatal breastfeeding chat, offering breastfeeding workshops via Facebook.
- 4.6 The breastfeeding peers are volunteers who give up their time and expertise to support, encourage and promote breastfeeding. It is hoped that there may be a chance to fund some places for paid peer support, linking with our lowest breastfeeding areas, to enhance the service these women receive and ultimately raise the breastfeeding rates.

## **5 Implications arising from Report**

- 5.1 These various initiatives are planned within current Highland Council and NHS resources. There will be benefits from the additional preventative spend for early years services, agreed by Highland Council.
- 5.2 Members will be aware that experiences in the early years have a far-reaching impact on experience and outcomes throughout the lifecourse. Breastfeeding and good nutrition is therefore a significant equalities issue.
- 5.3 There are no legal or climate change implications.

### **Recommendations**

Members are asked to note the actions in place to improve data collection and also the work underway to support increased rates of breastfeeding.

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