Breastfeeding JSNA
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Overview

Breastmilk is uniquely suited to a human baby, its nutritional composition and biological properties, means it cannot be replicated by any substitute. Breastfeeding has long-term and wide ranging health benefits for mothers and babies and is the reason why breastfeeding is one of the most important things that a mother can do for her baby's health and that of her own health. It is the natural way to feed a baby. Yet, many women are not meeting the recommendation of exclusive breastfeeding for the first 6 months in life. The opportunity to improve health outcomes is therefore vast.

Breastfeeding initiation rates and breastfeeding prevalence at 6-8 weeks, are national indicator of child and maternal health. Here in Kingston both are higher than both the London and England rates. Mothers aged 30-39 in Kingston are the most likely to breastfeed which is in line with national statistics.

The responsibility for data collection transferred from Department of Health to Public Health in 2013. Following this a change in the methodology used in collecting this data resulted in insufficient levels of data being collected to allow for accurate data reporting in recent years. The national infant feeding survey was also cancelled in 2015 which has reduced the level of data available for the most recent years. The rationale for this decision made by the Department of Health was to focus resources on providing up to date data from patient electronic care records.

There are a number of local services and initiatives in place to encourage and support breastfeeding; with some evidence existing to demonstrate a correlation between the availability of these services and the prevalence of breastfeeding.

There is further work required in order to increase the rates of breastfeeding amongst younger mothers and mothers from the more deprived areas of the borough. One of the first steps to achieving this is to continue to improve our data quality to enable clear monitoring.

Introduction

Breastfeeding is one way to ensure infants get the best start in life, and features as one of the main priorities for Public Health England's recommendation *Giving Every Child the Best Start in Life* paper[1] and in the Marmot Review[2]. It has some of the most wide-reaching and long lasting effects on a baby's health and development. The evidence for the benefits of breastfeeding to both mother and baby is well-established through global and national evidence, as are the risks of not breastfeeding[3].

Breast milk provides all the energy and nutrients that a child needs in its first months of life, as well as promotes sensory and cognitive development. It leads to slower, healthier weight gain, reducing the chance of obesity later in life. It provides greater protection from infectious and chronic disease. Baby's breastfed for a minimum of 6 months are less likely to experience colic, constipation, sickness/ vomiting, diarrhoea, chest infections and thrush[2].

Babies who are *not* breastfeed are at greater risk of developing:

- Gastroenteritis[4] [5]
- Respiratory infections[6]
- Sudden infant death syndrome[7] [8] [9]
- Obesity[10]
- Type 1 diabetes[11]
- Allergies[12] (e.g. asthma[13])
- Heart disease[14] [15]

Emerging evidence suggests that breastfeeding also has a positive impact on mother-baby relationships[16]: breastfeeding releases hormones (in particular, oxytocin) which promote maternal feelings and behaviour Oxytocin acts like a fertiliser for the brain, promoting the

[1] Public Health England (2016) Health Matters: Giving every child the best start in life https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

[2] Fair Society, Healthy Lives (2010) The Marmot Review

[3] Unicef, Infant health research: Meta-Analyses. Available from: https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-meta-analyses/ Accessed 03.08.2017

[4] Howie PW et al. (1990). Protective effect of breastfeeding against infection. *BMJ* 300: 11-16.

[5] Kramer MS et al (2003) Infant growth and health outcomes associated with 3 compared with 6 months of exclusive breastfeeding. Am J Clin Nutr 78: 291-295

[6] Galton Bachrach VR et al (2003). Breastfeeding and the risk of hospitalisation for respiratory disease in infancy. A meta-analysis. Arch Pediatr Adolesc Med 157:237-243

[7] McVea KLSP et al (2000) The role of breastfeeding in sudden infant death syndrome. J Hum Lact 16: 13-20.

[8] Alm B et al (2002). Breast feeding and the sudden infant death syndrome in Scandinavia, 1992-95. *Arch Dis Child* 86: 400-402.

[9] Thompson JMD,Tanabe K et al (2017) Duration of Breastfeeding and Risk of SIDS: An Individual Participant Data Meta-analysis. Peadiatrics; 140 (5) 1234

[10] Harder T, Bergman R, Kallischnigg G et al (2005) Duration of breastfeeding and risk of overweight: a meta-analysis. American Journal of Epidemiology; 162:397-403

[11] Alves, J.G., Figueiroa, J.N., Meneses, J., and Alves, G.V. Breastfeeding Protects Against Type 1 Diabetes Mellitus: A Case-Sibling Study. Breastfeed Med 5 Aug 2011.

[12] J van Odijk et al (2003). Breastfeeding and allergic disease: a multidisciplinary review of the literature (1966-2001) on the mode of early feeding in infancy and its impact on later atopic manifestations. *Allergy* 58(9): 833-43.

[13] Dogaru, C.M. et al (2014) Breastfeeding and Childhood Asthma: Systematic Review and Meta-Analysis. American Journal of Epidemiology, 179 (10):1153-1167

[14] Martin RM et al (2005). Breastfeeding and Atherosclerosis: Intima-Media Thickness and Plaques at 65-Year Follow-Up of the Boyd Orr Cohort. Arteriosclerosis, Thrombosis, and Vascular Biology 25:1482.

[15] Owen CG et al (2002). Infant Feeding and Blood Cholesterol: A Study in Adolescents and a Systematic Review.*Pediatrics* 110: 597-608.

[16] P Kim, R Feldman, LC Mayes, V Eicher, N Thompson, JF Leckman, and JE Swain (2011). Breastfeeding, brain activation to own infant cry, and maternal sensitivity. J Child Psychol Psychiatry, April 18, 2011

growth of neurons (brain cells) and the connections between them, supporting the development of babies into secure, happy children.

In addition to the individual health benefits, a moderate increase in breastfeeding rates and the resulting health impact could translate into annual cost savings for the NHS of around £40 million. This is based on just three infant infectious diseases rates and maternal breast cancer rates linked to not breastfeeding[17,18]. Researchers have estimated that the investment in breastfeeding support required to realise this breastfeeding increase could breakeven in as little as one year.

Figure 1 Summary of the Benefits of Breastfeeding

Mother	**Baby**	**Economy/ Environmental factors**
Breastfeeding mothers also have an increased likelihood of returning to their pre-pregnancy weight[19] Producing Breastmilk = approximately 500kcal/ day	All nutrients required in the first 6 months/ 26 weeks life	No waste (cow's milk wasted)
The longer mothers breastfeed, the greater their protection against breast[20] and ovarian cancer[21], and The World Cancer Research Fund includes breastfeeding as one of 10 recommendations to reduce the risk of cancer.	Improves Immune system Allergies such as asthma	Energy is needed to transport milk
Breastfeeding is associated with reducing risk of hip fractures in later life[22]	Reduction in chronic illness – Obesity, Heart disease, Type 1 diabetes	Breastmilk require NO packaging
Evidence has demonstrated an association between prolonged breastfeeding and reduced postmenopausal risk factors for cardiovascular (CV) disease[23].	Sudden infant death Syndrome 7, 8	

[17] Pokhrel et al (2014). Potential economic impacts from improving breastfeeding rates in the UK. Archives of Disease in Childhood doi:10.1136/archdischild-2014-306701
[18] Renfrew, M., 2012, *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*, UNICEF UK
[19] Harder T, Bergman R, Kallischnigg G et al (2005) Duration of breastfeeding and risk of overweight: a meta-analysis. American Journal of Epidemiology; 162:397-403
[20] Stuebe AM, Willett WC, Michels KB (2009) Lactation and incidence of premenopausal breast cancer: a longitudinal study. Intern Med; 169: 1364-71.
[21] Jordan S, Siskind V, Green AC et al (2009) Breastfeeding and risk of epithelial ovarian cancer. Cancer Causes Control.
[22] Cumming RG & Klineberg RJ (1993). Breastfeeding and other reproductive factors and the risk of hip fractures in elderly women. *Int J Epidemiol* 22: 684-691.
[23] Schwarz EB Ray RM, Steube AM et al. Duration of lactation and risk factors for maternal cardiovascular disease. Obstet Gynecol 2009 May; 113:974

Delayed resumption of menstrual cycle	Reduce risk – ear, throat infections, Respiratory infections[24] UTI[25] Gastroenteritis[25]	
Have a reduced risk of developing Type 2 diabetes[26]		
Save mum (family) £40 per month in first year of babies life – this could go towards the whole family grocery shop £480/year saving.		No energy needed to heat up, make feed or wash breastfeeding equipment
Positive feedback from infant (cues) Help to build mother confidence and self-worth - what she is doing is important.	Less respiratory (chest) infections	No bottles, teats
Bonding	Less risk of obesity in later childhood	Making infant formula in factories require natural resources and energy

National Policy Drivers

Improving breastfeeding rates and normalising breastfeeding form part of key national drivers in child health, including:

- The underpinning of all strategy arise from the Global Strategy for infant and young children feeding[27]
- *A Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals: Caring for populations across the lifecourse*[28] which states that "Breastfeeding is a priority for improving children's health".
- The Public Health Outcomes Framework 2013 -2016 measures breastfeeding initiation (2.2i) and prevalence (2.2ii). Local authorities are required to prioritise breastfeeding support locally and to increase breastfeeding initiation and prevalence (4.1 & 4.3)[29] linking improved rates to reductions in obesity and improvement in health, social and educational outcomes for children.
- Improving breastfeeding rates and normalising breastfeeding is also part of the Department of Health's *Healthy Child Programme: pregnancy and the first five years*[30] where there is a clear link made to the early identification and prevention of

[24] Galton Bachrach VR et al (2003). Breastfeeding and the risk of hospitalisation for respiratory disease in infancy. A meta-analysis. Arch Pediatr Adolesc Med 157:237-243

[25] Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding Cochrane Database of Systematic Reviews 2002, Issue 1

[26] Stuebe AM et al (2005). Duration of Lactation and Incidence of Type 2 Diabetes. JAMA 294: 2601-2610.

[27] World Health Organisation and UNICEF (2003) Global Strategy for Infants and Young Children. Internet http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/ Accessed 14.05.18

[28] *A Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals: Caring for populations across the lifecourse.* Department of Health and Public Health England, 2014. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377450/Framework_for_personalised_care_and_population_health_for_nurses.pdf. Accessed 30.11.2015.

[29] Public Health Outcomes Framework 2013 -2016. Available from: http://www.phoutcomes.info/public-health-outcomes-framework (accessed 30.11.2015)

[30] *Healthy Child Programme: pregnancy and the first five years.* Shribman, S. & Billingham, K., 2009, Department of Health. Available from:

obesity and broader elements of infant nutrition, such as introducing solid foods appropriately. The Healthy Child Programme also lists breastfeeding as a protective factor that decreases the likelihood that a child will experience poorer outcomes in later childhood.

- *Overview of the six early years high impact areas*[31] produced by the Department of Health and Local Government Association in 2014 articulates the contribution of health visitors to the 0-5 agenda and describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities. Breastfeeding (initiation and duration) is one of the six high impact areas; with evidence to show it also has an impact on maternal mental health and healthy weight, two of the other high impact areas.
- *Giving Every Child the Best Start in Life* outlines why the early years is so crucial and outline the key priorities that underpin the foundation that ensure infants get off to the best start in life. Supporting women to Breastfeeding featured as one of the key recommendation.

National Picture

Even though breastfeeding is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system. They should also have access to skilled practical help from, for example, trained health workers, lay and peer counsellors, and certified lactation consultants, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems[32].

The Infant Feeding Survey has been undertaken at 5 yearly intervals since 1975, with the most recent data available from the 2010 survey, due to the government cancelling the survey in 2015. Data from 2010 Infant Feeding Survey[33] highlighted below:

- Mothers in the UK are breastfeeding their babies for longer with one in three mothers still breastfeeding at six months in 2010 compared with one in four mothers in 2005. However, the proportion of mothers following current UK government guidelines on exclusive breastfeeding remained unchanged between 2005 and 2010 – with only one in every hundred mothers breastfeeding exclusively for the first six months of their baby's life.
- The initial breastfeeding rate increased from 76% in 2005 to 81% in 2010. This includes all babies who were put to the breast at all, even if this was on one occasion only, and also includes giving expressed breastmilk.
- Initial breastfeeding rates in 2010 were 83% in England, 74% in Scotland, 71% in Wales, and 64% in Northern Ireland. The incidence of breastfeeding increased between

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf. Accessed 30.1..2015.

[31] *Overview of the six early years high impact areas*, Watts, P. (2014) Department of Health & Local Government Association. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413127/2903110_Early_Years_Impact_GENERAL_V0_2W.pdf. Accessed 30.11.2015.

[32] Global Strategy for Infant and young Child health, Who, 2003

[33] Infant Feeding Survey 2010 (2012). Health and Social Care Information Centre, IFF Research. Available from: http://www.hscic.gov.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf. Accessed 30.11.2015

2005 and 2010 in England, Scotland and Wales (from 78%, 70% and 67% respectively) but there was no statistically significant increase in Northern Ireland.

- In terms of longer term trends, initiation rates have risen in the UK since 1990, when the UK series began. The UK initiation rate was 62% in 1990 and increases have been seen across all countries in the UK since then. Each country started from a different baseline, with the rates in Northern Ireland being lowest of all (36% in 1990).
- The highest incidences of breastfeeding were found among mothers aged 30 or over (87%), those from minority ethnic groups (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group), those who left education aged over 18 (91%), those in managerial and professional occupations (90%), and those living in the least deprived areas (89%).
- Whilst mothers of first babies were more likely to start breastfeeding than mothers of second or later babies (84% compared with 78%), mothers who had previously breastfed a baby for at least six weeks were more likely to start breastfeeding their latest baby than those who had breastfed a previous child for less than six weeks or not at all (97% compared with 79% and 35%). These variations were evident in all countries and were consistent with the patterns found in previous surveys.
- Across the UK, the prevalence of breastfeeding fell from 81% at birth to 69% at one week, and to only 55% at six weeks. At six months, just over a third of mothers (34%) were still breastfeeding.
- Mothers continued to breastfeed for longer in 2010 than was the case in 2005. The gap in breastfeeding levels at birth between 2005 and 2010 was five percentage points (76% in 2005 compared with 81% in 2010) and by six months the gap became nine percentage points (25% in 2005 compared to 34% in 2010). This suggests that policy developments to improve support and information provided to mothers to encourage them to continue breastfeeding may have had an impact.

Vulnerable mothers have the worst health and social outcomes for themselves and their babies. This group includes young mothers and mothers from lower socioeconomic groups, who are least likely to breastfeed[34], improving breastfeeding rates amongst these vulnerable groups helps to tackle health inequalities. One study found that those low-income mothers who breastfed for 6-12 months had the highest scores of any group on quality of parenting interactions at age five[35]. Evidence has also demonstrated that a child from a low-income background who is breastfed is likely to have better health outcomes than a child from a more affluent background who is formula-fed[36]. Second to the mother's previous breastfeeding experiences, low maternal age and low educational level are the strongest negative predictors of infant feeding outcomes[27].

Local Picture

Breastfeeding monitoring and Data Collection

Breastfeeding initiation at birth and continuation at 6-8 weeks are monitored nationally. Breastfeeding initiation is recorded by maternity services at birth and continuation at 6-8 weeks is recorded by GPs and/or Health Visitors dependent on contact with the mother and baby.

[34] Infant Feeding Survey 2010 (2012). Health and Social Care Information Centre, IFF Research. Available from: http://www.hscic.gov.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf. Accessed 30.11.2015

[35] Gutman, Leslie, Brown, John F and Akerman, Rodie (2009) *Nurturing parenting capability: the early years [Wider Benefits of Learning Research Report No. 30].* Available From: http://eprints.ioe.ac.uk/2051/ Accessed 29.08.2017

[36] Lee-Han H, Wilke J, Wade K, Douglas C, Wilson F, Blue S, Yim C. (1998) Infant feeding practices in North York: Compliance with CPS guidelines. Journal Canadian Dietetic Association. 59(1):24-29

Until the end of 2014, 6-8 week data has been collected on the population registered with a GP practice in Kingston. This excludes those that are resident in the borough, but not registered with a Kingston GP. From January 2015, data collection was based on resident population, irrelevant of GP registration. This reflects the new boundaries of Health Visiting commissioning and more accurately demonstrate the relevant impact of Public Health-commissioned interventions in Kingston.

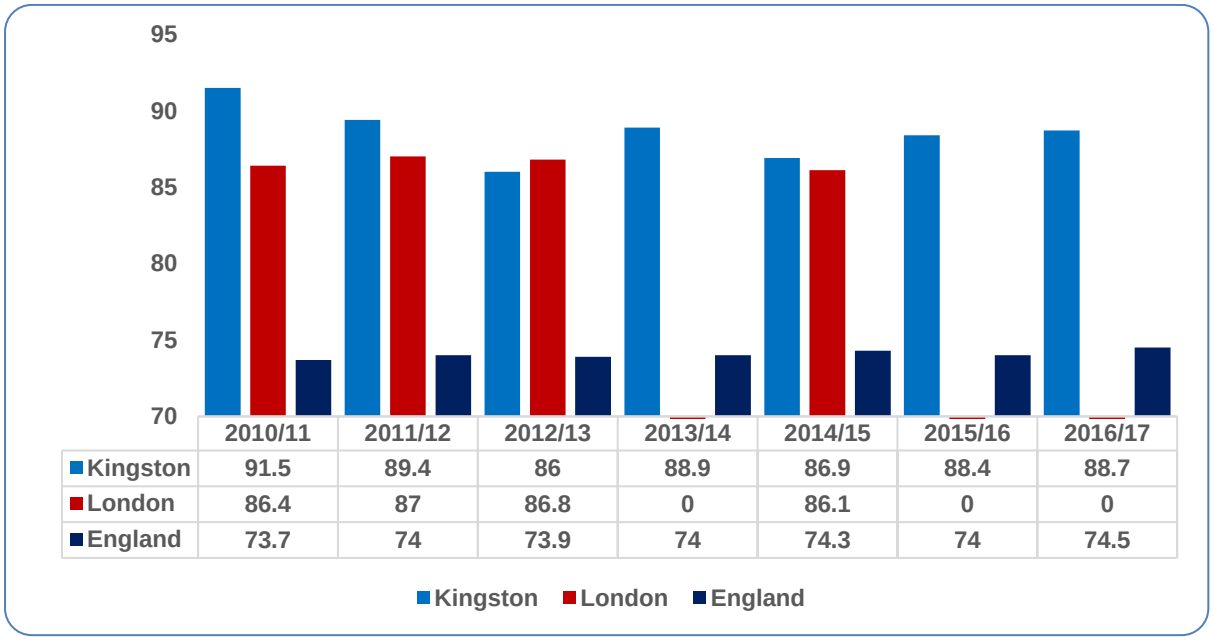
There were 2,350 live births in the borough of Kingston in 2015[37]. Kingston has a lower proportion of young mothers (under 24) and a greater proportion of older mothers (over 40) than both London and England averages.

Breastfeeding initiation

As shown in the graph below, Kingston's breastfeeding initiation rates have remained fairly static at between 86% and 92% over the five years from 2010/11 – 2016/17, in line with London and England[38,39] .The Kingston values for breastfeeding initiation have been significantly better than the national average since 2010/11.

This indicator was judged to be a valid and an important measure of public health and was therefore included in the public health outcomes framework because inclusion will encourage the continued prioritisation of breastfeeding support locally.

Figure 2: Breastfeeding Initiation Rates 2010/11 to 2016/17 for Kingston, London, and England



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Kingston	91.5	89.4	86	88.9	86.9	88.4	88.7
London	86.4	87	86.8	0	86.1	0	0
England	73.7	74	73.9	74	74.3	74	74.5

Note: Please note the values for London were not published for 2013/14, 2015/16 and 2016/17 for data quality reasons

Source: Public Health England, 2018

[37] Office for National Statistics. Live Births by Area of Usual Residence, 2015. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk (Accessed 04/11/2016)

[38] Department of Health. Breastfeeding initiation and prevalence at 6 to 8 weeks Quarter 4, 2012/13. Available from https://www.gov.uk/government/statistical-data-sets/breastfeeding-statistics-q4-2012-to-2013 (accessed 04/11/2016)

[39] Public Health Outcomes Framework. 2.02i - Breastfeeding - breastfeeding initiation. Available from http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000007/ati/101/are/E09000021/iid/20201/age/1/sex/2 (accessed 04/11/2016)

Breastfeeding prevalence (6-8 weeks)
Breast feeding prevalence at 6 to 8 weeks in Kingston has been significantly better than England average between 2010/11 to 2013/14. Statistics are not available in public domain since 2014/15 due to the change in data collection methodology and insufficient data return nationally. Furthermore, from 2013/14, this indicator is available directly at local authority level. As a result, between 2012/13 and 2013/14 there was an unexpected increases from 71.6% to 76.5% in the trajectory of this indicator.

In 2016/17[40],

- The breastfeeding status of 2,066 infants at 6 to 8 weeks was known to the service providers.
- 1,602 infants were recorded to be breastfed
- Of these, 1,136 were totally breastfed and, 466 were partially breastfed
- 464 were not breastfed at all.

Figure 3 shows breastfeeding prevalence rates in Kingston by maternal age group. The data clearly demonstrates the increasing local awareness around breastfeeding as the numbers have surged over the time period. Additionally, the prevalence in Kingston increases with age, which is similar to the national picture (national picture is available via Infant Feeding Survey 2010, HSCIC).

Figure 3: Breastfeeding prevalence in Kingston by maternal age where we know their breastfeeding status, 2014/15 to 2015/16

	2014/15	2015/16
24 And Under	**38%**	**50%**
25-29	**67%**	**75%**
30-39	**83%**	**85%**
40+	**79%**	**84%**

Source: Carenotes 2017

Hospital re-admissions for feeding problems
Kingston Maternity Services reported that of the 1,738 total births in Kingston in the six months April to November 2015, re-admissions to hospital for babies with feeding problems within the first seven days stood at 5.9% of births (total 102). Re-admissions within the first 42 days were 9% of all births (total 156).

What Works?

"Most of the barriers that prevent mothers from breastfeeding for as long as they want could be removed with access to well-trained health professionals, good quality social support in the community, a widespread understanding of the profound benefits of breastmilk, and an acceptance within society that breastfeeding is normal."[41]

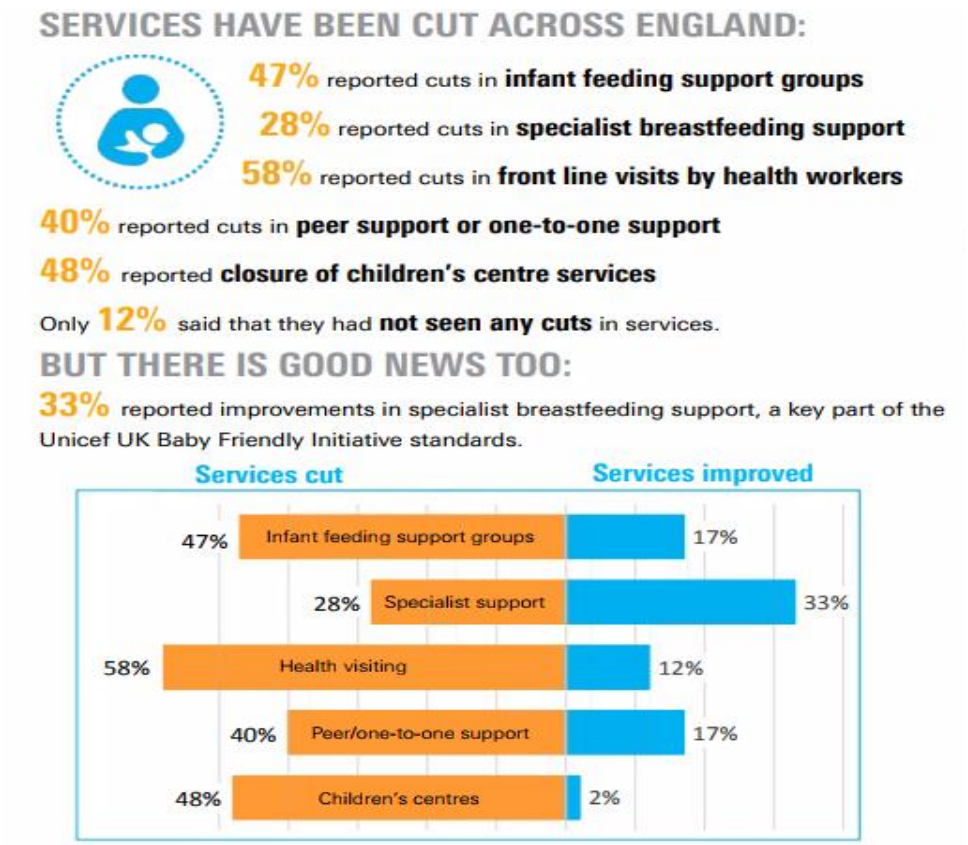
[40] Breastfeeding Statistics, Accessible via NHS England
[41] Renfrew, M. et al, 2012; UNICEF UK

Evidence-based actions that have been recommended[42] for improving the initiation and duration of breastfeeding – especially among more disadvantaged populations – include:

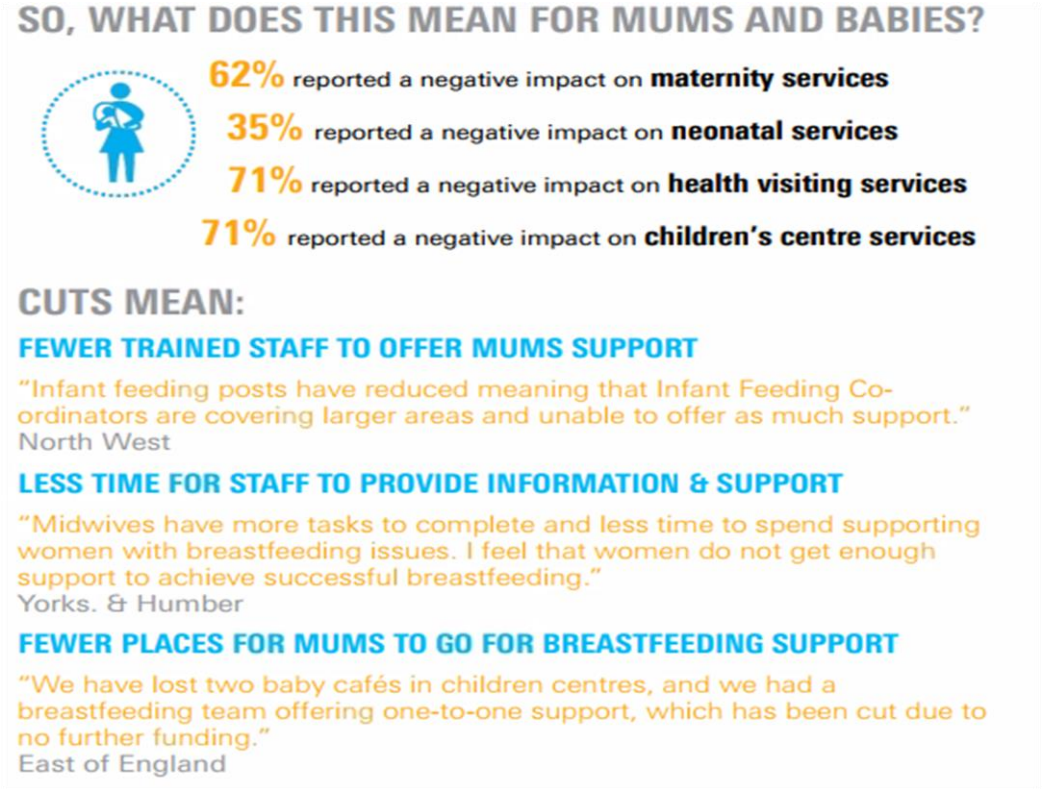
- Implementing the UNICEF UK Baby Friendly Initiative in maternity and community services
- Delivery of education and support programmes, including antenatal education, early postnatal support and peer support programmes
- Changes to policy and practice, including hands-off support and unrestricted responsive/ baby-led feeding
- Abandoning specific unhelpful policies and practices, including limiting breastfeeds, routine supplementation with artificial milk and commercial promotion of artificial milks
- Complementary telephone peer support
- Targeted education and support from one breastfeeding professional for those on low incomes to increase exclusive breastfeeding
- Education and support for one year, particularly among white, low income women
- Local media programmes targeting teenagers

The challenges we face today has been summarised by UNICEF following a survey carried out on infant feeding support in England. It highlight the impact of mums and babies.

Figure 4 UNICEF State of support services, 2016



[42] Dyson, L., Renfrew, M. et al. (2005) *Promotion of breastfeeding initiation and duration: Evidence into practice briefing* NICE & Renfrew, M., Dyson, L. et al. (2005) *Breastfeeding for longer – what works? Systematic review summary* NICE



UNICEF UK Baby Friendly Initiative (BFI)

Government policy[43], underpinned by NICE guidance[44], promotes the adoption and implementation of the UNICEF UK BFI as the best evidence-based vehicle to raise levels of breastfeeding initiation and prevalence. Evidence suggests that mothers delivering in Baby Friendly accredited hospitals are more likely to initiate breastfeeding.

The Baby Friendly UK standards[45] were revised in 2012 to reflect the needs of all babies and incorporate support for safe formula-feeding and appropriate introduction to solid foods, as well as an understanding that breastfeeding forms a key part of mothers building a relationship with their babies.

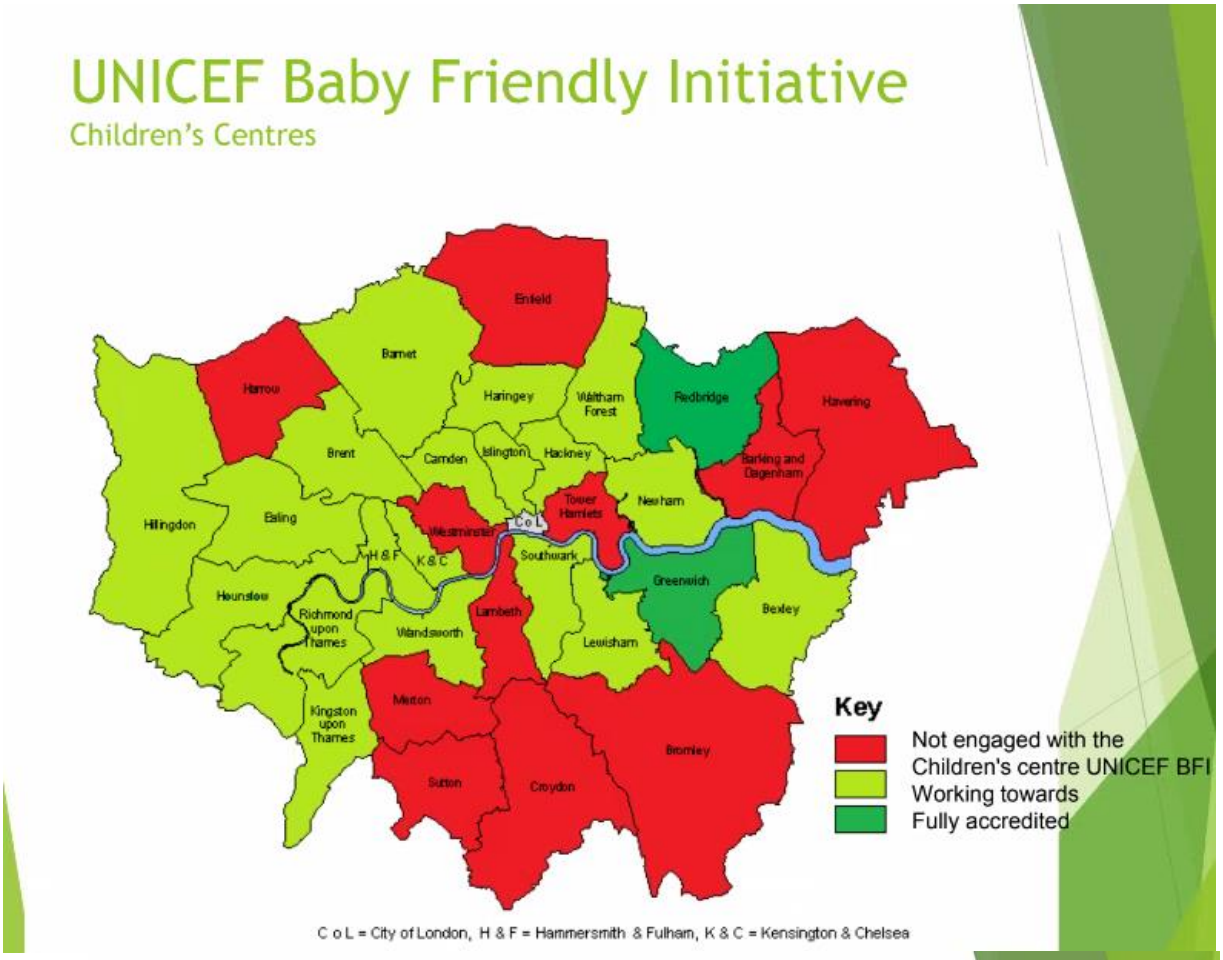
A recent tool guide was developed as part of a Sector Lead Improvement piece of work with PHE London and a Task and Finishing group of Infant feeding leads across. Below figures showcase demonstrates Kingston and London position as of October 2017.

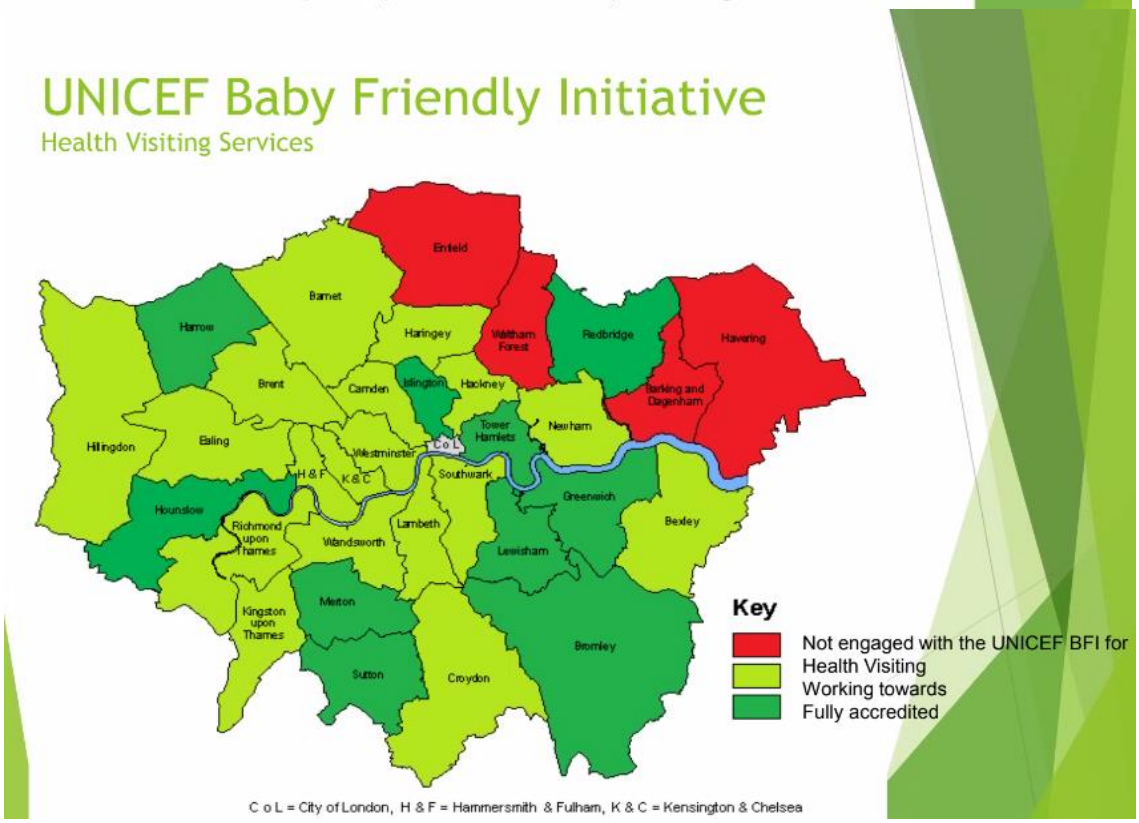
[43] Chief Medical Officer Annual Report 2012: Our children deserve better (2012). Available from: https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays Accessed 31/08/2017

[44] NICE, Postnatal Care up to 8 weeks after birth. Clinical Guideline (CG37). Available from: https://www.nice.org.uk/guidance/cg37/chapter/1-Recommendations#infant-feeding Accessed 31/08/2017

[45] Unicef, Guide to the Baby Friendly Initiative Standards (2012). Available from: https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Baby_Friendly_guidance_2012.pdf Accessed 31/08/2017

Figure 5 Breast Friendly Initiative Uptake and Progress in London, October 2017





Current Services

Antenatal Support

All Midwives should talk to women about breastfeeding and relationship building, starting at the booking appointment (8 – 10 weeks) and throughout their antenatal care. A more in-depth discussion happens at 36 weeks when birth preferences are discussed.

Kingston Hospital midwives run free weekly antenatal classes and birth and beyond antenatal classes which both incorporate feeding. The Infant Feeding Team run a weekly Infant Feeding & Relationship Building class.

Antenatal classes are provided at six locations in the borough by the Kingston Hospital midwifery team, including the Infant Feeding Midwife and Support Worker. Some of these classes are run in collaboration with the Health Visiting and community Infant Feeding Teams. Antenatal classes are also run specifically for the under 22's at The Hub in Kingston by the HV, IFT and bridge team.

In addition, many local women receive antenatal education provided by the National Childbirth Trust (NCT). NCT practitioners are also commissioned to provide antenatal classes at Churchill Medical Centre. From mid-2015, Health Visitors have been offering routine antenatal engagement universally, offering additional opportunities to discuss feeding options and offer information.

In late 2014, an antenatal colostrum harvesting service was introduced at the DIABAN (diabetic mothers) clinic at Kingston Hospital to try to prevent early supplementation with formula for those babies at risk of low blood sugar due to maternal diabetic status. Today, all women are encouraged to practise hand expressing and collecting colostrum antenatally from 36 weeks. The midwife or a member of the Infant Feeding Team can see the woman to discuss the correct technique for hand expressing and provide an information leaflet and a small supply of syringes. This has proved extremely beneficial in helping women feel more confident with the hand expressing technique and reduces the need for early supplementation if there is any difficulty initiating breastfeeding.

Postnatal Support

Midwifery care

Following discharge from hospital mothers are visited by the Community team the day following transfer home. During this visit, the midwife will check if the baby is feeding well. Further contacts occur around day 5 and day 10 (at home or in clinic) for transfer to the Health Visiting team.

Health Visiting Service

Mothers and infants are discharged from the midwifery team at around day 10 post birth. At this point care for babies and mothers transfers from the midwifery team to the health visiting team. Health Visitors will provide ongoing support and advice for breastfeeding to mothers until the child reaches five years old. They conduct the 6-8 week review where breastfeeding status is captured and discussed. Public Health England identifies breastfeeding (initiation and duration) as one of six high impact areas for health visitors[46].

[46] PH, Early Years High Impact Areas (2014). Available from: https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children Accessed 31/08/2017

Division of ankyloglossia (tongue-tie)
Since November 2014, a frenulotomy (tongue-tie division) service has been delivered by the Early Examination of the Newborn midwifery team at Kingston Hospital to treat babies under 4-6 weeks. While under midwife care babies can be referred to the Infant Feeding Team at Kingston hospital for a feeding assessment and support with positioning and attachment. If a tongue tie is identified and breastfeeding issues are not resolved a referral can be made to the Kingston Hospital Oral Surgery Department for frenulotomy. Funding options are being explored (December 2017) to reintroduce a midwife run frenulotomy services.

Your Healthcare offers a free Tongue Tie Assessment and Frenulotomy service; referrals are taken from IFT, HV's, G.P's and the midwifery service. Clients are seen at one clinic per week on a Thursday morning at Hollyfield House with four appointments available (an increase from 3).

Drop-in services
Kingston Hospital Midwifery services are no longer able to run drop-in clinics (previously two clinics per week to support babies under 28 days with feeding problems). However there are plans to revisit this in 2018.

Your Healthcare Health visiting and Infant Feeding Teams run six drop-ins per week offering breastfeeding and broader infant feeding support for babies of any age. These are run out of Children's Centres and are well-attended, reaching at least 30 mothers per week. Mothers do not need to make an appointment, may attend for social support as well as with breastfeeding problems and often return many times. Some mothers may be referred for home visits after first contact at a drop-in.

An evaluation carried out in early 2014 demonstrated that those mothers who attended drop-ins were far more likely to be breastfeeding exclusively at 6 months: over a third of respondent mothers with babies over 6 months had breastfed exclusively until the 6 month mark (compared to 1% in London and nationally). Although 9 out of 10 mothers initially attended a drop-in with a specific breastfeeding problem, over half of all attendees had visited Your Healthcare drop-ins more than three times, attesting to the benefit of regular social and clinical support to sustain breastfeeding.

The new Infant Feeding Co-ordinators for YHC are looking to evaluate the current drop in provisions in the next few months, in the Kingston area.

In addition, local voluntary sector organisations run drop-in sessions, including NCT and La Leche League. These are run by volunteer breastfeeding counsellors from their homes or community venues.

Referral pathway for additional infant feeding support
For mothers needing additional one-to-one support, referral to the Infant Feeding Teams within maternity services (provided by midwifery) and the community (provided by Your Healthcare) is available. The Your Healthcare Infant Feeding Team offer home visiting, telephone support and drop-ins. In addition, they are involved in several projects, including antenatal work with young mothers, peer support projects and leading the Baby Friendly Initiative implementation. In 2014, the Your Healthcare Infant Feeding Team offered one-to-one support to over 10% of all babies born in the borough.

The community Infant Feeding Team and the hospital Infant Feeding Team collaborate closely on projects such as the 11 O'Clock Stop postnatal groups on the Worcester Ward at Kingston Hospital, co-training staff, and liaising on client care to ensure seamless support and sharing of best practice.

When the Infant Feeding Services were evaluated mid-2015, 89% of all mothers responding to the evaluation were still breastfeeding. 92% of mothers felt that their referral to the Infant Feeding Team had enabled them to breastfeed for longer.

Telephone support
In addition to local support, Kingston parents can access national telephone support lines for breastfeeding challenges and queries, including the National Breastfeeding Helpline (run by the Breastfeeding Network and the Association of Breastfeeding Mothers), the NCT Breastfeeding Line, the Breastfeeding Network Supporter Line and La Leche League Helpline. Some of these are open every day of the year and many provide support out of hours to ensure that help is available when parents need it. Parents are signposted to these telephone services in addition to local services on discharge from hospital and when care is handed over to health visiting.

Peer Support project: Kingston Breastfeeding Friends (BFFs)
A pilot peer support project was launched in summer 2014 and trained 12 Kingston mothers to offer breastfeeding support within their local communities. Mothers trained were ethnically and socially diverse, including non-native English speakers, young mothers and those from the areas with the lowest breastfeeding rates. However in the past 18 months, uncertainty with funding and delays in recruiting to vacant posts in the community means Kingston currently has no peer support projects (paid or voluntary). Both the Community and Hospital have intention to reinstate this. YHC recent recruitment means this is now a priority and models for re-implementing this is underway.

UNICEF UK Baby Friendly Initiative

Collaboration between services

There is regular collaboration between Kingston University midwifery course (now working towards Baby Friendly accreditation), Kingston Hospital, Your Healthcare, Children's Centres and local voluntary sector organisations via quarterly Infant Feeding Partnership meetings. In addition to the joint training between Kingston Hospital, Your Healthcare and the Children's Centres, Your Healthcare Infant Feeding Team also offer training to the University students and are involved in offering training to the broader community through organisations such as LEAH (Learn English At Home) and Kingston fostering team.

Kingston University no longer do working towards UNICEF baby friendly service due to a number of other challenges. Further work needs to be done to explore how they can be re-engaged in the scheme for consistency.

Gaps in service

- There remains inconsistent antenatal class offerings, although attendance has improved, but not necessarily in areas of higher deprivation. It is unknown whether drop-in attendance is fully reflective of Kingston's population and it is likely that more could be done to ensure the services are accessed by those from areas of higher deprivation.
- Kingston does not currently have full UK UNICEF Baby Friendly accreditation (as demonstrated in Figure 2) however, the hospital are working stage 2, and Your Healthcare are re-engaging with BF working towards level 3.

- Peer Support services, was once an asset here in Kingston and is no longer active.
- Kingston does not engage in a 'Breastfeeding welcome scheme' although the evidence on this is mixed (Lancet Series, 2016).
- A written infant feeding strategy across the borough.

Community Voice

A baseline audit of mothers' experiences of infant feeding support was carried out in June 2014 as part of the Baby Friendly process, using the Baby Friendly Initiative's audit tool. This audit identified strengths in mothers feeling able to recognise whether their babies were getting enough breastmilk and in receiving information about local support. Mothers also gave extremely positive feedback on local services, including clinics and drop-ins, in terms of the welcome and the breastfeeding support given.

Actions for improvement were identified in ensuring that all mothers had an effective breastfeeding assessment at handover to Health Visiting and in discussing issues around responsive feeding and the importance of closeness and comfort with mothers. In addition, issues around managing sleep when breastfeeding, breastfeeding out of the home setting, returning to work and introducing solid foods had significant scope for improvement.

Overall, the audit demonstrated that the Health Visiting service is generally effective at supporting women with the mechanics of breastfeeding when problems occur, but the broader context and normalisation of breastfeeding is still felt as a gap for many mothers.

In June 2015 a further Infant Feeding Support Survey, was distributed by Children's Centres, with anonymous feedback, the results of which are collated below:

- 64 women completed the survey, of whom 43 had accessed breastfeeding support at some point.
- Women reported that the most helpful support was from the Infant Feeding Team (rated 3.8/4), followed by Breastfeeding Counsellors (3.5/4), friends/family (3.4/4), Health Visitors (3.14/4) and Midwives (3.10/4). GPs and Lactation Consultants were rated lowest of the support listed, but this was based on very few ratings, so is not robust data.
- Only 40% of women for whom it was relevant had been offered support with giving a bottle.
- The most preferred options for breastfeeding support were drop-ins (46 women) followed by home visits (40), perhaps reflecting experiences of the current service. Of note, however, was a strong desire for a breastfeeding clinic with appointments (33), a service not currently offered by the infant feeding team. This offers potential for new service development, such as a Rapid Response Clinic, seen increasingly in other areas.

Recommendations

1. **Public health Commissioner of 0-19 specification**
   Create better insight into the motivations, barriers and needs of the groups with the lowest breastfeeding rates in order to put in place appropriate support, education and incentive interventions.

2. **Kingston Hospital and Your Healthcare**
   Ensure full implementation of the Baby Friendly Initiative across both maternity and community services, including Children's Centres. Building on the example set by Kingston University, continue to expand the Baby Friendly Initiative in to other key organisations across Kingston. As best practice to explore ways to encourage the University to have some engagement with BFI for consistency.

3. **Your Healthcare**
   Develop the peer support programme in line with national best practice, including rolling out the proactive telephone contact programme for marginalised community groups with lower Breastfeeding initiation and continuation rates.

4. **CCG Commissioner and Public health Commissioner of 0-19 specification**
   Re-explore joint training for health professionals and use regular audit to ensure standards of care are achieved in both hospital and community settings. Extend this staff training beyond midwifery and health visiting to paediatrics and GPs to ensure consistent and seamless evidence-based care for breastfeeding mothers.

5. **Kingston Hospital and Your Healthcare**
   Ensure universal antenatal education for mothers from the most deprived centiles, particularly focusing on low income white families who have the lowest likelihood of breastfeeding. A mapping exercise to identify areas most in need (i.e. more than deprivation) might be needed to plan a pilot programme, before universal service rolled out.

6. **CCG Commissioner and Public health Commissioner of 0-19 specification**
   Improve hand over between midwives to Health Visitors. At discharge of vulnerable women and women who require midwifery input after day 14, the midwife and health visitor to have **completed and recorded a verbal handover in addition to a written handover (NICE 37).**

7. **Public health Commissioner of 0-19 specification**
   To ensure Health Visitors cover:
   - Sleeping and Breastfeeding
   - Breastfeeding out of the home setting
   - Returning to work
   - Introducing solid foods

8. **Kingston Hospital**
   Using models developed elsewhere in the UK, reduce hospital readmission rates and day assessments by paediatrics by holding an early intervention appointments-based clinic. Ideally placed in the clinical environment in order to manage any clinical issues, the service should be led by specialist infant feeding staff.

Glossary

Ankyloglossia (tongue-tie) - a condition present at birth that restricts the tongue's range of motion. Caused by an unusually short, thick or tight band of tissue which tethers the bottom of the tongue's tip to the floor of the mouth

Breastfeeding - the method of feeding a baby with milk directly from the mother's breast

Breastfeeding (Exclusive) – when breast milk is the only form of food being given to a child (either direct from the breast or expressed)

Breastfeeding (Partial) – when the child is receiving breastmilk in conjunction with other foods e.g. formula milk or baby foods

Breastmilk (Expressed) – the extraction of milk from the breast to give to a child via another means e.g. bottle. Breastmilk can be expressed by hand or by a mechanical pump

Cardiovascular - relating to the heart and blood vessels

Colic - excessive, frequent crying in a baby who appears to be otherwise healthy. It's a common problem that affects up to one in five babies

Colostrum - a yellowish liquid, especially rich in immune factors, secreted by the from the breast a few days before and after birth

Colostrum (Harvesting) – collecting colostrum from the breast, usually by means of expressing by hand and collecting with a syringe

Department of Health – the government department responsible for health

DIABAN Clinic – clinic at Kingston Hospital for pregnant women with pre-existing and newly diagnosed issues with their thyroid, blood sugar levels (diabetes) or any other metabolic problem, the team of specialists consists of a consultant obstetrician, endocrinologist, midwife, diabetic nurse and dietitian

Frenulotomy - A simple surgical procedure to address a tongue-tie by snipping the thick or tight band of tissue which tethers the bottom of the tongue's tip to the floor of the mouth

Menopause - when a woman stops having periods and is no longer able to get pregnant naturally.

National Childbirth Trust (NCT) - a UK-based charity which offers information and support in pregnancy, childbirth and early parenthood

National Institute for Health and Care Excellence (NICE) - the independent organisation responsible for providing national guidance on the promotion of good health and the treatment of ill health

Postmenopausal - having undergone menopause

Sudden Infant Death Syndrome (SIDS) - sometimes known as 'cot death' – is the sudden, unexpected and unexplained death of an apparently healthy baby

United Nations Children's Fund (UNICEF) - a United Nations (UN) programme headquartered in New York City that provides humanitarian and developmental assistance to children and mothers

Useful Links

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465344/2903819_PHE_Midwifery_accessible.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/563921/Early_years_high_impact_area3_breastfeeding.pdf

https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Baby_Friendly_guidance_2012.pdf

http://content.digital.nhs.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf

Information and Advice

https://www.nct.org.uk/

https://www.laleche.org.uk/

https://www.kingstonmaternity.org.uk/

https://lllkingston.weebly.com/

http://www.yourhealthcare.org/services/breast-feeding/