Breastfeeding and Healthy Start Programme

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Summary

Breastfeeding has a major role to play in public health. It promotes health and prevents disease in both the short and long term for mother and baby. Breastfeeding initiation and mothers sustaining breastfeeding up to 6 to 8 weeks of age within Nottinghamshire remain lower than the average for the East Midlands and England. The Healthy Start Programme encourages pregnant women and families from low income groups to eat a more nutritious diet and to lead a healthier lifestyle. In Nottinghamshire the distribution and eligibility uptake for Healthy Start Vitamins was slightly above the average for the East Midlands and England. However, the uptake of Healthy Start Vitamins is still low, which suggests relatively few eligible women and babies are receiving free vitamin supplements.

Full JSNA report

What do we know?

1. Who is at risk and why?

Breastfeeding

The World Health Organisation, UNICEF and the UK Government all recommend that babies should be breast fed for their first six months of life and that this is the best form of nutrition for infants. A strong mother and baby relationship is the foundation for baby's future health and wellbeing. Breastfeeding supports this loving bond and makes a vital difference to health. There is clear evidence that low breastfeeding rates in the UK lead to an increased risk of illness (UNICEF, Preventing Disease Saving Resources 2012). Breastfeeding has short term and long term health benefits for mother and baby. For example, babies who are not breast fed are more likely to acquire infections such as gastroenteritis, respiratory illness, ear infections and infections requiring hospitalisation. Evidence suggests that infants in the long term who are not breast fed are more likely to become obese in later childhood.

Mothers who do not breastfeed have an increased risk of breast and ovarian cancer.

Table 1: Rates of breastfeeding initiation at birth in 2012/13 and 2011/12

Area:	2011/12:	2012/13:
England	74.0%	73.9%
East Midlands	72.8%	72.2%
Nottinghamshire	69.0%	70.1%
Bassetlaw	65.8%	67.7%

Source: Department of health.GOV.UK Statsitical Data Set, Nottinghamshire Health Informatics, data extracted 2013

Nottinghamshire County (excluding Bassetlaw) and Bassetlaw has lower breast feeding initiation rates than the national average, however rates have increased since 2011/12.

Table 2: Rates of breastfeeding initiation in acute trusts across Nottinghamshire

Acute Trust:	2011/12:	2012/13
Nottingham University Hospitals (NUH)	75.04%	75.06%
Sherwood Forest Hospital Foundation Trust (SFHFT)	63.44%	63.27%
Doncaster and Bassetlaw Hospital Foundation Trust (DBHFT)	67.03%	68.20%

Source: Nottinghamshire Health Informatics and Bassetlaw Health Informatics, data extracted 2013

Nottingham University Hospitals initiation rates are above the national average. However Sherwood Forest Hospital and Doncaster and Bassetlaw Hospital fall well below.

Table 3: Prevalence of babies being partially or exclusively breastfed at 6-8 weeks post delivery in 2012/13

Area:	2011/12:	2012/13:
England	47.2%	47.2%
East Midlands	43.0%	40.9%
Nottinghamshire	38.4%	38.9%

Source: Department of health.GOV.UK Statsitical Data Set, Nottinghamshire Health Informatics, data extracted 2013

The number of mothers in Nottinghamshire that are breastfeeding at 6-8 weeks is well below the national average and is also below the East Midlands average. It clearly highlights the drop off rates in Nottinghamshire from initiation 70.1% in 2012/13 to 6-8 weeks prevalence of 38.9%. It is essential that support is provided in those early days and weeks so mothers establish and sustain breastfeeding.

Table 4: Breast feeding rates at 6-8 weeks across Nottinghamshire County are collected and presented at Clinical Commissioning Group level

Area:	2011/12:	2012/13:
Mansfield and Ashfield	26%	27%
Newark and Sherwood	35%	35%
Nottingham North East	36%	37%
Nottingham West	46%	44%
Rushcliffe	59%	61%
Bassetlaw	34.%	34%

Source: County Health Partnerships and Bassetlaw Health Partnerships, March 2011-March 2013

Rates have slightly increased over the last two years, but are particularly low in Mansfield and Ashfield, Newark and Sherwood, Bassetlaw and Nottingham North East and are well below the national average which is a cause for concern. The table below highlights the number and percentage of breastfeeding mothers under 20 years old that initiate and sustain breastfeeding. Breastfeeding 6-8 week prevalence rates are particularly low in areas where there are high cohorts of mothers under 20 years and areas of deprivation, see table 5 below.

Table 5: Breastfeeding data for mothers under 20 years old April – December 2013:

Area:	Initiation	6-8 weeks	Cohort of mothers under 20 years
Family Nurse Partnership Programme	47%	14%	49
Mansfield & Ashfield	33%	7%	114
Newark & Sherwood	43%	13%	46
Nottingham North East	40%	9%	42
Nottingham West	30%	8%	23
Rushcliffe	50%	0%	16
Total:	39%	10%	290

Source: County Health Partnerships and Bassetlaw Health Partnerships, April – December 2013, data extracted March 2014

Table 5 clearly highlights the need to support mothers under 20 years as only 10% of young mothers sustain breastfeeding at 6-8 weeks.

Healthy Start Programme

The Healthy Start Programme is a statutory scheme providing a nutritional safety net and encouragement for breastfeeding and healthy eating for over half a million pregnant women and children under four in low income and disadvantaged families across the UK. One element of this is the provision of vouchers to buy fresh fruit and vegetables and free vitamin supplements. The key challenges are to improve the uptake of the Healthy Start children's drops and the Healthy Start vitamins. The Healthy Start vitamins are important as we know 8% of children under five do not have enough vitamin A in their diet and families in lower income groups tend to have less vitamin C in their diet. All pregnant and breast feeding women and young children are at risk of vitamin D deficiency (Department of Health 2012).

Table 6: Healthy Start Programme Uptake September 2011- September 2012

Area:	Healthy Start Scheme Uptake:	Uptake of Children's Drops:	Uptake of Women's Healthy Start Vitamins:
Nottinghamshire	Sept 2012- 78.5% Sept 2011 – 82.1%	Sept 2012- 4.7% Sept 2011 – 0%	Sept 2012- 10.0% Sept 2011 – 0%
Bassetlaw	Sept 2012- 76.5% Sept 2011 – 79.2%	Sept 2012- 11.0% Sept 2011 – 0%	Sept 2012- 10.0% Sept 2011 – 0%
East Midlands	Sept 2012-77.4% Sept 2011 – 80.9%	Sept 2012- 3.9% Sept 2011 – 2.3%	Sept 2012- 9.3% Sept 2011 – 4.5%
England	Sept 2012-76.1% Sept 2011 – 79.8%	Sept 2012- 3.6% Sept 2011 – 2.0%	Sept 2012- 7.3% Sept 2011 – 2.8%

Source: Healthy Start Quarterly Report September 2011 and September 2012 Department of Health

Table 6 highlights that the uptake of the Healthy Start Programme in Nottinghamshire and Bassetlaw has not increased between September 2011 to 2012, however the uptake of the Healthy Start vitamins has. The uptake of the Healthy Start vitamins nationally is very low which highlights that a number of eligible women and babies are not receiving free vitamin supplements. Nottinghamshire is slightly above the national average and East Midlands average. Bassetlaw is slightly above the national average and below the East Midlands average.

2. Targets and Performance

Breastfeeding

Breastfeeding rates are an outcomes indicator within the Public Health Outcomes Framework for England 2013-16.

In Nottinghamshire breastfeeding prevalence at 6-8 weeks after birth is a key performance measure within the:

- Nottinghamshire Children, Young People and Families Plan (2014-16)

- Nottinghamshire Health and Well Being Strategy (2014-17)

Prevalence of breastfeeding at 6-8 weeks is also in the Clinical Commissioning Groups Outcome Indicator set for 2014/15.

Breastfeeding targets are monitored by Public Health Lead Officers. The target is to increase breastfeeding initiation rates and 6-8 weeks by 2% per year. Nottinghamshire County including Bassetlaw has a Breastfeeding Action Group with a specific action plan which is monitored and implemented by Public Health, working closely with all acute Trust and community provider Infant Feeding Co-ordinators. The aim is to increase the number of mothers who initiate, establish and sustain breast feeding across Nottinghamshire.

In 2013/14, targets for breastfeeding across Nottinghamshire:

- Initiation rate of 80%
- Prevalence of breastfeeding at 6-8 weeks of 44%

In 2012/13 in Nottinghamshire County PCT area the coverage rate was 97.7%, the initiation rate was 70.1% and the 6-8 weeks prevalence of breastfeeding was 38.9%. This falls below the conservative local target. Nationally in 2012/13, initiation rates were 73.9% and 6-8 weeks prevalence rates were 47.2% which are substantially higher than the rates across Nottinghamshire.

Healthy Start Programme

There has been a slight increase in the number of claims of Healthy Start vitamins across Nottinghamshire but the rates are still very low which suggests that very few eligible women and babies are receiving free vitamin supplements.

3. National and Local Strategies

There is currently no national infant feeding strategy, however we are currently in the process of refreshing the Nottinghamshire Infant Feeding Strategy in consultation with a broad range of stakeholders. There is currently no national strategy for the Healthy Start Programme, however the Healthy Start Programme will be incorporated as part of the Nottinghamshire Infant Feeding Strategy.

4. Current Activity and Service Provision

Breastfeeding

Nottinghamshire County has a Breastfeeding Action Plan which is implemented by Public Health working closely with all acute and community provider Trust Infant Feeding Co-ordinators including Bassetlaw. The plan ensures a coordinated approach to all breastfeeding related activity across Nottinghamshire with the service provision focused on the following:

- Raise awareness of the benefits of breastfeeding across Nottinghamshire and make Nottinghamshire a Breastfeeding Friendly County

- The UNICEF Baby Friendly Initiative is well under way and the aim is for all community and provider trusts to be fully accredited by the end of 2014. The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF, established in 1992 to encourage maternity units and community providers to implement the Ten Steps to successful breast feeding and seven point plan for sustaining breastfeeding and to practice in accordance with the International Code of Marketing of Breast Milk Substitutes

- Ensure all frontline professionals who support mothers with breastfeeding are trained to Baby Friendly Initiative standards

- The development and commissioning of a breast feeding peer support service across Nottinghamshire as part of the strategy to increase breastfeeding initiation and prevalence rates. We know that providing good quality support to establish breastfeeding in the first few days and weeks following delivery increases the number of women who successfully continue to breastfeed. Effective peer support in the antenatal period and one- to- one peer and group support in the early days post delivery helps women who wish to breastfeed succeed

- Partnership Breastfeeding Action Plan in localities where there are low levels of breastfeeding initiation and 6-8 weeks prevalence rates, to reduce inequalities and strengthen existing community support programmes

- Breastfeeding support groups in children centres across Nottinghamshire

- The implementation of the Family Nurse Partnership Programme for first time pregnant teenagers and teenage mothers across Nottinghamshire in areas of high need. Increased breastfeeding rates are one of the established outcomes of this evidence- based programme

- Promotion of the 'right to breastfeed in public places'

Healthy Start

The Healthy Start Programme is promoted by midwives, health visitors, family nurse partnership and children centres. Midwives, health visitors and family nurses sign the form to enrol eligible families in the programme. Pregnant mothers/mothers who are on low incomes and all pregnant women under the age of 18 are eligible for the Healthy Start Programme. Local health centres and children centres across Nottinghamshire distribute the healthy start vitamins. The development and further promotion of the healthy start vitamin distribution centres across Nottinghamshire is underway.

5. Evidence of what works

Breastfeeding

The UNICEF Baby Friendly Initiative provides a framework for the implementation of the best practice and is the gold standard by NHS Trusts. It has the aim of ensuring that all parents

make informed decisions about feeding their babies and are supported in their chosen feeding method. In 2012 UNICEF revised set standards that extended the programme to neonatal units and children centres. The new standards incorporate the old standards and expand them to fully reflect the evidence base on delivering the best outcomes for mothers and babies in the UK. Implementing the Baby Friendly Standards is a proven way of increasing breast feeding rates.

National Institute for Health and Clinical Excellence (NICE) evidence states that breastfeeding peer support programmes should be offered to provide information and listening support to women on low incomes in the antenatal and postnatal period. The outcomes include increased breast feeding initiation and duration rates. There is NICE guidance in place for breast feeding mothers:

- Commissioning a peer support programme for women who breastfeed (2009) Available from:http://www.nice.org.uk
- Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households (2008). Available from http://www.nice.org.uk/nicemedia/pdf/PH011quickrefguide.pdf
- Maternal and Child Nutrition (2008) from:http://www.nice.org.uk

There is a significant research base underpinning the current expansion of peer support for breastfeeding. Several systematic reviews have indicated an overall positive effect of peer support on the initiation and duration of any and/or exclusive breastfeeding. Further research has outlined that peer support programmes are effective for all population groups.

Healthy Start Programme

Early nutrition affects long term health outcomes. Increasing the consumption of fruit and vegetables can significantly reduce the risk of many chronic diseases. The national programme encourages low income groups to eat a more nutritious diet. NICE guidance Maternal and Child Nutrition (2008) highlights the need to provide healthy start vitamins and vitamin D supplementation for all pregnant and breastfeeding women and young children.

6. Local Views

The Infant Feeding Forum is the forum where a broad range of stakeholders attend, led by the community Infant Feeding Co-ordinator. Any gaps or issues identified are fed through to the Breast Feeding Action Group.

All infant feeding co-ordinators collect data on the quality of the service provided from breastfeeding mothers in line with Baby Friendly Initiative. Stage 3 of Baby Friendly Accreditation focuses very much on speaking to breastfeeding mothers, ensuring that the baby friendly standards are implemented for all pregnant women and new mothers.

In March 2012 NHS Nottinghamshire County performed some engagement work with mothers, fathers, grandparents and carers. A questionnaire was developed to find out about families experiences of breastfeeding and there were over 450 responses. Two focus groups

were also held in the north and the south of the county and approximately 40 people attended. The key feedback is listed below:

- More staff are needed who have the right knowledge and give consistent advice
- Make use of the voluntary sector – pooling of resources
- Help and contact information needs to be given and groups need to be promoted
- Skin to skin contact information is very useful
- Bonding with fathers is imperative
- Supply all with the information
- Realistic approach - Feeding and times
- Trust your body
- Expectations – Need to be realistic and not a sense of failure
- Cultural change – families
- Normalise breastfeeding
- Information should be available at antenatal appointments
- Update information for all health care professionals
- Public places – rights – choice
- Information should be online

This information has been used to develop services and improve the information and advice that is being provided to mothers.

What does this tell us?

7. What are the key inequalities?

Evidence shows that breastfeeding rates are lower in disadvantaged groups, among younger mothers and low income groups and those affluent mothers are more likely to successfully breastfeed than mothers from deprived areas (Dyson et al 2006).The reasons for low breastfeeding rates in the UK include the influence of society and cultural norms, the lack of continuity of care in the health services, clinical problems and the lack of preparation of health professionals and others to support breastfeeding effectively (Dyson et al 2006)

Breastfeeding is essential in decreasing health inequalities including:

- Lowering infant mortality rates
- Reducing preventable infections
- Reducing hospital admissions in infancy
- Reducing the rise in obesity in children under the age of eleven years old
- Improving the general health of children and young people

We know that low breastfeeding rates in the UK lead to an increased incidence of illness that has a significant cost to the health service (UNICEF). If 45% of babies were exclusively breast feeding at four months and if 75% of babies in neonatal units were breastfed at discharge, each year nationally 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 illness, and 22,248 fewer GP consultations saving around £6.7million
- 21,045 fewer ear infection GP visits, saving £750,000
- 361 fewer cases of the potentially fatal disease Necrotising Enterocolitis (NEC), saving more than £6 million
- A very modest increase in exclusive breastfeeding rates could lead to at least three fewer cases of Sudden Infant Death Syndrome annually
- Increasing breastfeeding rates could lead to around a 5% reduction in childhood obesity which would save around £1.6 million each year

The Infant Feeding Profile 2010 -2011 document published in 2013 shows statistics for ten conditions:

- lower respiratory tract infections
- infant feeding difficulties
- wheezing
- gastroenteritis
- non-infective gastroenteritis
- eczema
- otitis media (ear infection)
- infant feed intolerance
- lactose intolerance
- asthma

The figures are broken down for England, strategic health authorities, primary care trusts and primary care trust clusters from 2002 to 2003 until 2010 to 2011. Combining the Infant

Feeding Profile document with the analysis in the UNICEF report "Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK" provides the economic and scientific justification to support the commissioning and provision of breastfeeding services.

There are many social and psychological factors which may influence a woman's choice to breastfeed, i.e. maternal age, socio-economic status, marital status, maternal education ethnicity along with peer and family pressures (Dyson et al 2006). Across Nottinghamshire County breast feeding rates at 6-8 week are around 38.9%, however in the more deprived areas rates can drop to 27.0%. Breastfeeding 6-8 week prevalence rates in Nottinghamshire are particularly low in areas where there are high cohorts of mothers under 20 years of age, see table 5.

8. Where are the gaps in service?

All Acute Trusts in Nottinghamshire and Nottinghamshire Community Health Partnership are working toward achieving Baby Friendly Accreditation. This will be completed by the end of 2014. It will enable all health professional to support mothers and babies effectively. The peer support service is under development and Breastfeeding Peer Support Co-ordinators (BPSC) are being appointed to work and provide enhanced support for all mothers. The BPSC will work particularly with young mothers, in areas of low initiation and 6-8 week prevalence rates. This is something that needs to be rolled out across the whole county.

There is further work needed to promote the Healthy Start Programme and the Healthy Start vitamin distribution centres across Nottinghamshire.

9. What are the risks of not delivering?

If breastfeeding rates do not improve we are in danger of increasing health inequalities which could lead to an increase in infant mortality, unnecessary hospital admissions, preventable infections and a rise in childhood obesity.

If the Healthy Start Programme and healthy start vitamin uptake does not increase there is a risk of vitamin A, C,D deficiency for pregnant women, breastfeeding mothers and children up to four years from low income and disadvantaged backgrounds.

10. What is on the Horizon?

Breastfeeding will remain a key Public Health target through the Public Health Outcomes Framework. The success of breast feeding depends very much on all services working together. The development of a paid peer support service across Nottinghamshire is currently being implemented and it is essential that this is an integrated service across midwifery, health visiting, family nurse partnership and children centres.

The Healthy Start Programme will continue to be promoted across maternity services, health visiting service, Family Nurse Partnership Programme and children centres. Flyers have been developed to promote the Healthy Start vitamin distribution centres across Nottinghamshire and will be distributed across all services.

What should we be doing next?

- Ensure the early years and maternity services are commissioned to actively support mothers in the antenatal period, while in hospital and in the postnatal period

- Ensure the peer support programmes are commissioned effectively and targeted towards those that need support the most

- Continue to monitor data and analysis to inform commissioning decisions

- Update Nottinghamshire Breastfeeding Strategy with all key stakeholders

- Conduct consultation work with mothers where there are low levels of initiation

- Promote Breastfeeding Friendly Places across Nottinghamshire

- Promote Healthy Start Vitamin distribution centres across Nottinghamshire

- Ensure that early years and maternity services are commissioned to promote the Healthy Start Programme and refer pregnant mothers, breast feeding mothers and children under four into the programme and ensure that healthy start vitamins are easily accessible for all eligible families

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