

Breastfeeding



Personal and Health Services
Scrutiny Panel

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Introduction by the Chair

The Personal and Health Services Scrutiny Panel undertook this review of breastfeeding following concerns being raised around the low rates of breastfeeding for 6-8 week olds within Tameside.

Breastfeeding can have a profound effect on a child's life and not only develops and increases a child's bond with their mother, but also carries many health benefits. Lack of breastfeeding has been linked to obesity in children, gastroenteritis, respiratory illness and ear infections. The benefits for the mother include reduced risks of diabetes in later life, breast and ovarian cancer and also using up to 500 calories a day, improving weight loss.



The reported medical benefits to both the child and mother through breastfeeding are believed to be able to save the NHS in the region of £40 million per year.

Although a large proportion of mother's breastfeed upon birth and the rates of initiation are high, the rates of breastfeeding drop by nearly half by 6 weeks of age.

Increasing the rates of breastfeeding will not occur overnight and may take many years to realise the benefits and improvements associated with higher rates of breastfeeding. Through working together with partners, practitioners and organisations we will be able to help increase the rates of breastfeeding within the borough. This will not only be achieved by working with parents and families but through increasing the awareness of wider society towards the acceptability and benefits of breastfeeding.

Breastfeeding has also been linked to socio economic factors within our society; the initiation rates are identified as being greater amongst higher socio economic groups and are significantly different to those from lower socio economic groups. This should be a concern for all of us and also an indication that more work needs to be undertaken with those individuals from less privileged backgrounds and harder to reach communities.

On behalf of this Scrutiny Panel I would like to thank all the individuals and organisations that have contributed to this review.

Councillor Brenda Warrington
Chair of the Personal and Health Services Scrutiny Panel



Summary

The North West has one of the lowest rates for breastfeeding within the country. The North West Breastfeeding Framework for Action has been developed to provide a strategic approach from partners and organisations concerned with health to increase the rates of initiation and continual breastfeeding rates.

Between 2009 and 2011 the prevalence of breastfeeding at 6-8 weeks was above the target for Tameside and Glossop. However from 2011-2012 the performance of breastfeeding hasn't continued as anticipated and has dropped below the targets.

Data from Tameside Hospital shows that breastfeeding initiation rates have significantly increased, from 33% (2005) to 59.6% (2011/12). This however remains notably lower than the UK average of 81% (2010).

Breastfeeding is a key priority for public health in Tameside and is monitored through the Health and Wellbeing Board and the Joint Strategic Needs Assessment. Breast feeding rates of initiation and feeding are monitored by the Tameside Area Agreement (TAA) targets.

There are numerous benefits to breastfeeding both for the child and the mother. Breastfeeding provides children with immunity and reduces obesity. An increase in breastfeeding would reduce hospital and health care related costs.

There is a need to continue to raise awareness around breastfeeding through antenatal workshops and plans in order to develop the peer support services further.

The council along with the Health and Wellbeing Board is trying to increase breastfeeding rates and help sustain breastfeeding to six months for new babies. Breast milk is identified as the only natural food for a baby and can help to further protect babies and mothers from infection and disease.

Membership of the Scrutiny Panel

Councillors Brenda Warrington (Chair), Helen Bowden (Deputy Chair), Warren Bray, Joyce Bowerman, Raja Miah, Margaret Downs, Eileen Shorrocks, Adam White, Jim Middleton, Denise Ward, John Bell, John Sullivan and Dr Cropper (Co-opted).

Terms of Reference

Aim of the Review

To review the policies, strategies and programmes implemented in the borough through the council and partners to assist new parents in breastfeeding infants and identify why the low uptake of breastfeeding is occurring.

Objectives

- 1) What is trying to be achieved by promoting breastfeeding within the borough and what are the benefits of promoting breastfeeding within Tameside.
- 2) How effective and comprehensive support groups are in supporting new parents in breastfeeding
- 3) To identify the effectiveness of partnerships in promoting and developing breastfeeding within the borough
- 4) To review the uptake of breastfeeding within Tameside in comparison to neighbouring authorities

Value for Money/Use of Resources

This review looks at concerns raised by the Core Performance Group around the percentage uptake of breastfeeding in the number of infants being breastfed at 6-8 weeks. Future targets will be set against the new public health outcomes framework linked to the JSNA process which is due to be finalised later in 2012. Breastfeeding is linked to increased health outcomes in later life and is noted to reduce the likelihood of ill health and sickness in those breastfed.

Equalities Issues

Breastfeeding can affect all sections of Tameside's communities, and is associated with lowering health risks and improving immune systems and health outcomes for infants.

Tameside Area Agreement Targets

This review will support work towards a number of targets in the Tameside Area Agreement, which supports the achievements of the Community Strategy aims:

Supportive Tameside
Healthy Tameside

Methodology

- 5.1 The Panel met Dr Gideon Smith, Consultant for Public Health, regarding breastfeeding nationally and within Tameside looking at areas where Tameside is underperforming and improvements could be made.
- 5.2 The Panel met with Judith Grigg, Strategic Pathway and Partnership Lead, Stockport NHS Foundation Trust, regarding the services provided by the Lactation Consultants within Tameside.
- 5.3 The Panel met with Fiona Munroe-Muotune, Infant Feeding Coordinator, Stockport NHS Foundation Trust around the work carried out by the Infant Feeding Team and the Lactation Consultants.
- 5.4 The Panel met with Lesley Tones, Head of Midwifery for Tameside Hospital NHS Foundation Trust around the work undertaken by the Midwives at Tameside Hospital NHS Foundation Trust.
- 5.5 The Panel met with Helen Howard, Infant Feeding Coordinator and Lactation Consultant for Tameside Hospital NHS Foundation Trust around the work carried out by the Hospital around the initiation of breastfeeding.
- 5.6 The Panel met with Councillor Jim Fitzpatrick, Chair of Homestart around the history of Home-start and the services it provides.
- 5.7 The Panel met with Vanda Lowe, Senior Coordinator for Homestart regarding the breastfeeding support that is available and provided in the borough.
- 5.8 The Panel met with Karen Williams, Community Breastfeeding Peer Supporter regarding the services and support provided by Homestart to breastfeeding mothers in Tameside.
- 5.9 The Panel met with Debbie Bishop, Head of Health and Wellbeing for Tameside MBC who outlined the Council's role around promoting breastfeeding in the context of the Health and Wellbeing Board.
- 5.10 The Panel met with Emma McDonough, Localities Manager for Tameside MBC, regarding Children's Centres and the Council's role around breastfeeding from a Children's Services perspective.

Background of the Review

- 6.1 The North West has one of the lowest breastfeeding rates within the country. The rates of breastfeeding for Tameside and Glossop are below average rates for the UK.
- 6.2 Breastfeeding within Tameside is monitored by the Tameside Area Agreement (TAA) targets. The rates of breastfeeding at 6-8 weeks of age are underperforming against expected targets.
- 6.3 Breastfeeding is a significant public health priority within Tameside and falls under the remit of the Health and Wellbeing Board and the Joint Strategic Needs Assessment.
- 6.4 Many people do not understand the wider health benefits of breastfeeding and get influenced by wider social contexts such as lifestyle, culture as well as family and friends. A lot of these attitudes are entrenched in people prior to them giving birth and many mothers make the decision at an early stage as to whether they are going to breastfeed or not.
- 6.5 During the undertaking of this review Unicef released a report in October 2012¹. This report undertook an analysis around the impact that the low uptake of breastfeeding within the UK is costing health services.

Review Findings

Breastfeeding Nationally

- 7.1 Breastfeeding initiation guidance states that babies should be breastfed until they reach at least six months of age. The UK has one of the lowest breastfeeding initiation rates in Western Europe. Internationally the average age to breastfeed children up until is three years of age.
- 7.2 There are many benefits to breastfeeding, both for the baby and the mother. Breastfeeding helps to cut the incidence of infection and reduces the likelihood of childhood obesity. In mothers it can help towards reducing the risk of breast and ovarian cancer and also help with weight loss post birth¹. In areas where breastfeeding is thought to have a protective effect, findings show that a moderate increase in breastfeeding rates has the potential to create annual savings for the NHS of around £40 million per annum.
- 7.3 Midwives play an important part as the first health professionals that the mother and baby comes into contact with as well as the follow up support they provide.
- 7.4 Peer support groups are offered to every mother that gives birth and plays a vital role in providing support. There is a large amount of involvement from Health Visitors, Children's

¹<http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Breastfeeding-research---An-overview/>

Centres and Infant Feeding Teams. There are also big influences on breastfeeding from employers, the general public, the media and advertising.

	Initiation - 2005	Initiation – 2010
UK	76%	81% (↑ 5%)
England	78%	83% (↑ 5%)
Scotland	70%	74% (↑ 4%)
Northern Ireland	63%	64% (↑ 1%)
Wales	67%	71% (↑ 4%)

Table one showing the different initiation rates of breastfeeding between 2005 and 2010 across the UK

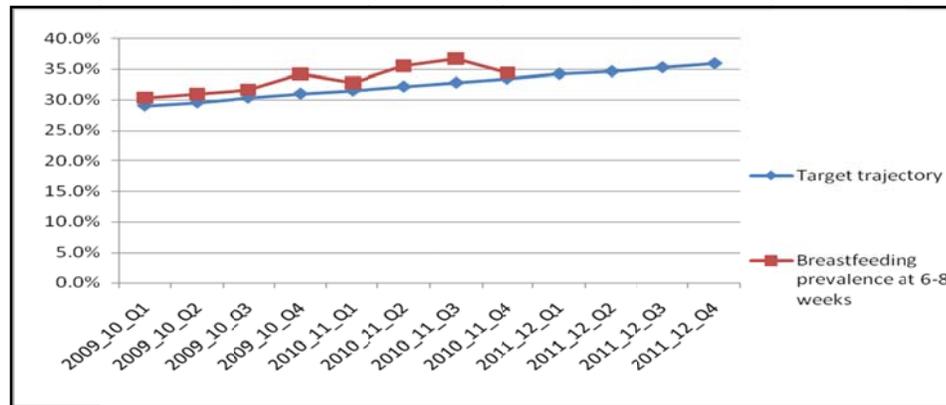
- 7.5 Table one shows the percentage differences within the UK for breastfeeding initiation in comparison from 2005 to 2010. During 2005, 76% of mothers initiated breastfeeding, this rose by 5% to 81% in 2010. England has the highest percentage of initiation rates across the UK with 78% in 2005 and 83% in 2010.
- 7.6 A wide range of research has been carried out which identifies the benefits of breastfeeding, but the key is for the mother to make an informed choice as to whether to breastfeed or not. There is a large amount of antenatal contact with midwives and Children’s Centres. Mothers and babies are discharged much quicker than they traditionally were, but are now supported by peer support groups and community midwives.
- 7.7 There is a noticeable difference in age ranges of parents who choose to breastfeed. It is often older parents who have more access to information and are able to make more informed choices than younger mothers. The perception of breastfeeding in public is also a problem and this requires a change in attitudes and culture within society. This change in attitudes will not occur quickly and could potentially take many years before noticeable differences are identifiable.
- 7.8 The longer a mother breastfeeds for, decreases the chance of the mother stopping breastfeeding. The recommended time to breastfeed up until is six months of age, but some parent’s breastfeed for much longer periods and this is due to personal preference. Mothers have been known to breastfeed up until their child reaches the age of three or older in some circumstances.

Conclusions

- 1) Guidance around breastfeeding initiation and continuation states that babies should be breastfed until they reach at least six months of age to benefit the child and mother.
- 2) There are a range of health benefits for both the mother and child as a result of breastfeeding, in addition to the accompanying financial benefits.
- 3) A moderate increase in breastfeeding rates has the potential to create annual savings to the NHS of around £40 million per annum.

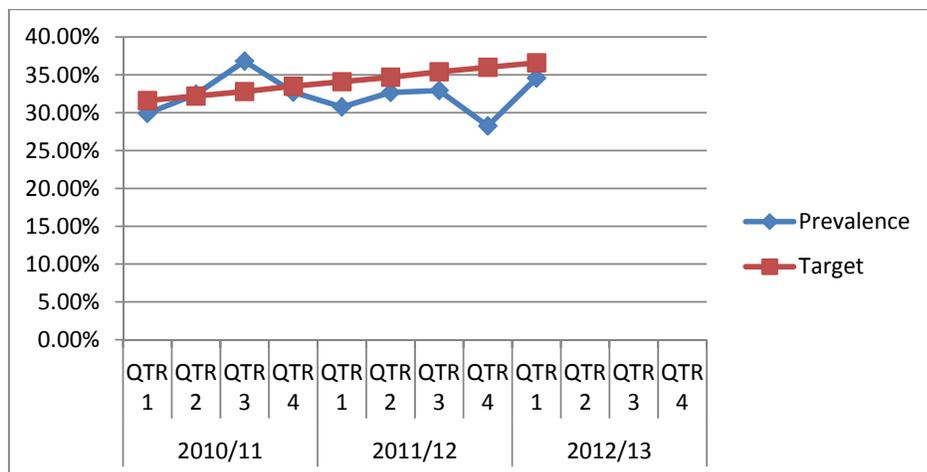
Breastfeeding Locally

- 7.9 The North West has one of the lowest breastfeeding rates within the country. The North West Breastfeeding Framework for Action has been developed to provide a strategic approach from partners and organisations concerned with health to increase the rates of initiation and continual breastfeeding. The framework links in with national, regional and local targets, policies and practices.
- 7.10 Every 5 years a UK Infant Feeding Survey is commissioned by the Department of Health, to look at initiation rates across the country. Data from Tameside Hospital shows that breastfeeding initiation rates have significantly increased, from 33% (2005) to 59.6% (2011/12), this however remains notably lower than the UK average of 81% (2010).



Graph one showing the breastfeeding percentages at 6 to 8 weeks across Tameside and Glossop 2009 – 11 against the target trajectory

- 7.11 Graph one highlights the breastfeeding percentages across Tameside and Glossop for 2009-2011 against the target trajectory. The prevalence of breastfeeding within Tameside and Glossop is consistently above target between 2009 and 2011.



Graph two showing the breastfeeding rates compared to target at age 6 to 8 weeks within Tameside 2010 – 12

- 7.12 Graph two shows the breastfeeding percentage rates for breastfeeding at 6-8 weeks of age. Since the third quarter of 2010 the percentage of breastfeeding for 6-8 week olds is consistently below the expected target.



- 7.13 The attendance at Children's Centres throughout Tameside and Glossop during 2011-2012 varied. The total number of attendances at the children's centres within the year was 3,239. The highest level of attendances took place in Stalybridge with 1,321 attendances, whilst the lowest took place at the Waterloo Children's Centre, Ashton (52 attendances) and St Peter's Children's Centre (57 attendances). Table two outlines the significant variations in levels of attendance at children's centres across the borough.

Support Group	Apr/May/June	Jul/Aug/Sept	Oct/Nov/Dec	Jan/Feb/Mar	TOTAL
<i>Mossley CC</i>	28	20	10	3	61
<i>Stalybridge CC</i>	289	341	416	275	1321
<i>Dukinfield CC</i>	80	56	19	30	185
<i>Denton Sth CC</i>	Figures not made available	-	-	-	-
<i>Waterloo CC</i>	36	15	1	Group no longer running	52
<i>Hyde Clinic</i>	19	14	21	67	121
<i>Rosehill CC</i>	179	165	155	221	720
<i>St. Peter's CC</i>	16	15	14	12	57
<i>Glossop CC</i>	174	148	172	228	722
TOTAL	821	774	808	836	3239

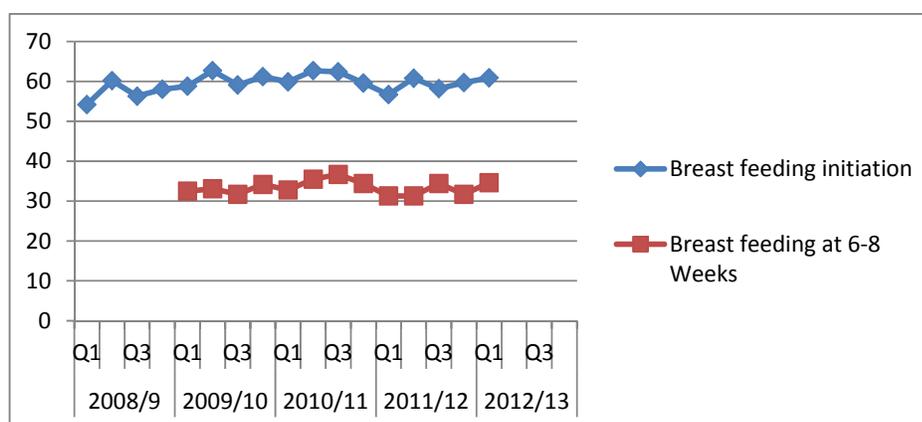
Table two showing the number of attendances at the Children's Centres throughout Tameside and Glossop 2011/12

- 7.14 Between 2009 and 2011 the prevalence of breastfeeding at 6-8 weeks was above the target for Tameside and Glossop. However from 2011-2012 the performance of breastfeeding has not continued as anticipated and has dropped below the expected targets.
- 7.15 Table three highlights the comparison between Tameside and Glossop's rates of breastfeeding initiation and breastfeeding rates at six weeks of age. The rates for breastfeeding at six weeks are significantly lower than the initiation rates. The rates for Tameside and Glossop are lower further than the rates for the UK at both initiation and at six weeks of age.

	UK 2005	T&G 2005	UK 2010	T&G 2010
Initiation	76%	50%	81% (↑5%)	61.6% (↑11.6%)
6 weeks	21% (<i>bf</i> ²) 50% (<i>bf&af</i> ³)	18% (<i>bf&af</i>)	45.2% (<i>bf</i>) *** (<i>Bf&af</i>)	21.8% (<i>bf</i>) 30.3% (<i>bf&af</i>) (↑ 12.3%)

Table three showing the percentage of breastfeeding within the UK and Tameside and Glossop at initiation and at 6 weeks of age

7.16 Graph three below shows breastfeeding initiation within Tameside and Glossop 2008-12 remained steady at around 60%, whilst the breastfeeding rates at 6-8 weeks stands at only 30%. The percentage of mother's breastfeeding at 6-8 weeks reflects the trend in breastfeeding initiations and when levels of initiation of breastfeeding drop, rates of breastfeeding at 6-8 weeks of age also drop.

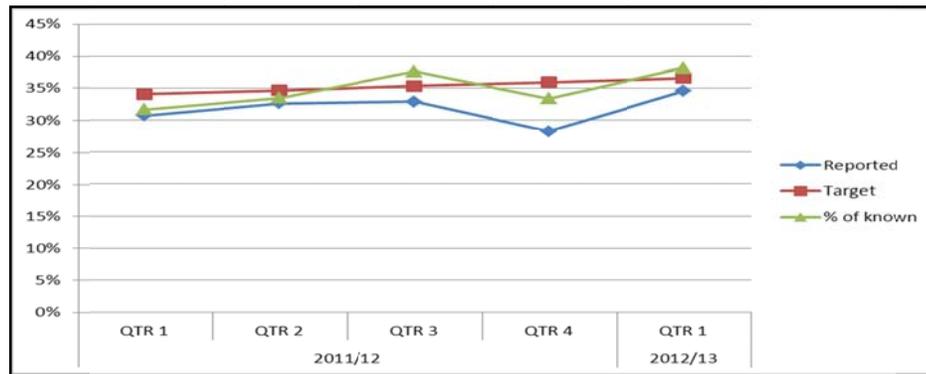


Graph three showing the differences in percentages of breastfeeding at initiation and at 6 to 8 weeks across Tameside and Glossop 2008 - 12

7.17 There are concerns that there may be levels of under reporting around breastfeeding. For a number of children no records exist and the performance of breastfeeding may actually be higher than the figures initially suggest. The improvements that were expected to continue within Tameside have however reduced. This could have been as a result of under reporting or poor performance against targets within the borough.

² BF-Breastfeeding

³ BF & AF-Mixed feeding



Graph four showing breastfeeding targets, reported breastfeeding and known percentages at 6-8 weeks across Tameside and Glossop 2011/12

- 7.18 Graph four shows the percentage of breastfeeding targets, for breastfeeding at age 6-8 weeks between 2011 and 2012. The percentage of reported rates of breastfeeding at 6-8 weeks of age is below the numbers of the percentages known, indicating there is a degree of under reporting around breastfeeding. This may be affecting the rates for breastfeeding at 6-8 weeks of age.
- 7.19 Unicef recognises that more work needs to be undertaken around increasing the rates of recorded breastfeeding. Research around breastfeeding is affected by the lack of good quality data collection and it is noted that there should be some investment in good quality research in order to identify the levels of breastfeeding⁴.
- 7.20 Breastfeeding performance has been affected by peer support volunteer recruitment due to volunteers not being able to deal with the scale of support necessary. There have also been issues with reporting due to competing priorities of the health services around children's safeguarding and the health visiting service being undersized and above capacity.
- 7.21 The National Institute for Health and Clinical Excellence (NICE) guidance has included an Infant Feeding Team within the borough for several years. The guidance outlines that breastfeeding can reduce hospital admissions for diarrhoea, obesity, vomiting and respiratory infections for babies, as well as reduce the risk of cancer and obesity for children and improve immunity and bonding between the mother and child.
- 7.22 Commissioning around breastfeeding has involved the Breastfeeding Inequalities Programme, Infant Feeding Team, Baby Friendly and Birth and Beyond, Health Start Priority and Peer Support Programme. Further commissioning is expected to be made around the expansion of health visiting services.
- 7.23 Breastfeeding is a significant public health priority within Tameside and falls under the remit of the Health and Wellbeing Board and the Joint Strategic Needs Assessment. The Tameside Health and Wellbeing Strategy recognises *'In Tameside breastfeeding rates are below the national average. Breastfeeding is the healthiest way to feed your baby and has significant health benefits for mums too'*⁵.
- 7.24 The future priorities around breastfeeding include a change of peer support programme provider to Homestart, Health Visitor expansion, a review of the Infant Feeding Team service specification and the Tameside Children's Services review.

⁴ <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Care-Pathways/Breastfeeding/>

⁵ www.tameside.gov.uk/tbc/healthwellbeing/strategy.pdf



Conclusions

- 4) The North West currently has one of the lowest breastfeeding rates in the country.
- 5) Between 2011 and 2012 the levels of breastfeeding in Tameside have not continued to increase as anticipated and have dropped below projected targets.
- 6) Breastfeeding rates for Tameside and Glossop are below the rates for the UK at both initiation and six weeks of age.
- 7) There is concern around the levels of underreporting around the rates of breastfeeding with healthcare professionals.

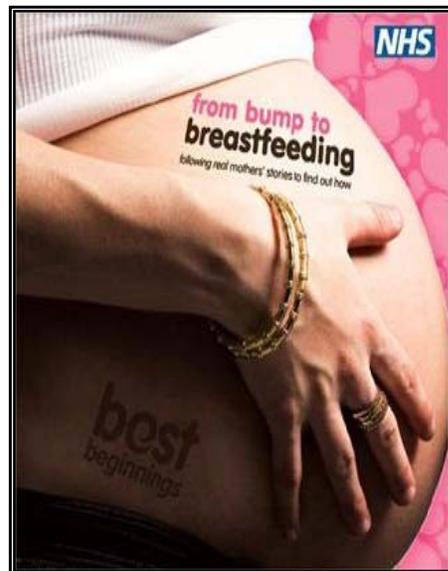
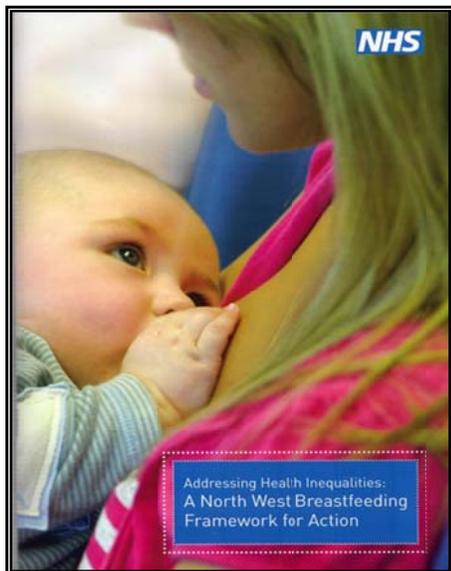
Recommendations

- 1) Improved reporting mechanisms are developed to ensure that as much information as possible is captured regarding those mothers who continue to or have ceased to breastfeed.

Infant Feeding Team and Lactation Consultants

- 7.25 The aim of the Infant Feeding Team in Tameside is to increase the rates of breastfeeding at 6-8 weeks to 42.5% by 2015. In addition to this, the team will; promote a breastfeeding culture, develop Baby Friendly Best Practice Standards and work alongside the Home Start Breastfeeding Peer Support Services to increase breastfeeding prevalence in the borough.
- 7.26 The Baby Friendly Initiative involves three stages; stage one looks at the commitment of the organisation. Stage two was achieved in May 2011 where UNICEF assessors reported that *“staff knowledge of breastfeeding management amongst the Health Visitor Teams in Tameside and Glossop is excellent”*. Stage three is due to take place in 2013 and will provide full accreditation. This will involve the joint assessment of the support received by breastfeeding women who use the services of the Health Visitor Teams, Midwifery services and Children’s Centres.
- 7.27 On-going staff training for breastfeeding support and management is available and includes Health Visitors, Student Health Visitors, Clerical Staff, GP’s, Children’s Centre staff, private day nursery providers and voluntary organisations.
- 7.28 The Breastfeeding Support Groups last between 1½ – 2 hours. One Lactation Consultant clinic runs each week alongside the support groups within clinics and children’s centres. There are also Facebook feeding support groups that are run by local peer supporters within Tameside.
- 7.29 During 2011-12 nine Breastfeeding Support Groups were attended by over three thousand mothers. Overall users were very satisfied with the service and 89.5% of respondents gave positive feedback around the breastfeeding support groups they attended. Issues however have been identified around the difficulty of accessing groups for parents without cars.
- 7.30 Currently teams across Tameside are developing the Breastfeeding Support Groups, by updating training, developing lactation support and Health Visitor roles locally. The team signposts breastfeeding mothers to support groups and makes timely referrals to Lactation Consultants.

- 7.31 Breast pumps are available to hire free of charge, there are 8 breast pumps of which 7 have been purchased and 1 donated. The pumps are loaned to mothers where milk supply is at risk, such as in instances of tongue tie, poor weight gain and illness. To date 30 pumps have been loaned out to mothers in Tameside.
- 7.32 There has been a local incentive scheme to promote breastfeeding at 6-8 weeks in 2011, this included a variety of baby development activities, discovery playtime, and an opportunity to meet and network with other parents. The focus of the incentive scheme has been around language development, physical development, social and emotional development, cooperation, communication and listening.
- 7.33 During quarters one to three of 2011-12 the Baby Sensory Programme, there has been a 2.3% increase in breastfeeding in babies aged 6-8 weeks. It was reported that, eight out of ten mums felt that the support they gained from other mums encouraged them to breastfeed for longer.
- 7.34 There are many future challenges, including responding to emerging breastfeeding cultures with the appropriate support services, maintaining breastfeeding standards and embracing new changes. In addition to this, a local frenulotomy (tongue tie) service to prevent early cessation of breastfeeding and engaging with ethnic minority groups. Those mothers least likely to breastfeed are young, single, unemployed white women.
- 7.35 The Breastfeeding Coordinators role is to bring all of the local practitioners together to develop the breastfeeding support groups. Health Visitors are also being offered the opportunity to become Lactation Specialists.
- 7.36 Breastfeeding helps to provide children with immunity against illness and can reduce obesity. Promoting breastfeeding reduces hospital costs and health practitioners need to feed more of this information into the public domain. Breastfeeding reduces the levels of obesity, as the baby develops a self regulation mechanism, consuming only the amount of milk that is needed.



Images one and two showing NHS backed advertising campaigns around breastfeeding

- 7.37 Images one and two show breastfeeding support advertising provided by the NHS. The advertising identifies two different campaigns; 'A North West Breastfeeding Framework for Action' and 'from bump to breastfeeding', both campaigns have been used to promote and raise the profile of breastfeeding within the UK.



Conclusions

- 8) Over three thousand attendances were made at nine Breastfeeding Support Groups in Tameside and Glossop in the period 2011-12.
- 9) Local practitioners and breastfeeding support groups are brought together and managed by Breastfeeding Coordinators.

Recommendations

- 2) The CCG and Public Health considers advertising using all available media and health outlets to promote breastfeeding.

Tameside Hospital

- 7.38 Tameside Hospital has signed up to the UNICEF Baby Friendly Initiative⁶, which aims to improve the approach towards how breastfeeding rates can increase. The hospital became committed to this in 2005 and will reach accreditation in May 2013.
- 7.39 The level of information and support available to mothers in Tameside has improved significantly over recent years. Staff at Tameside Hospital are trained to approach breastfeeding in a way that encourages women, helps them to understand the benefits of breastfeeding and help mothers to make a more informed choice. Support is available for mothers at both antenatal and postnatal stages, with Midwife led workshops being delivered across different localities in Tameside.
- 7.40 Within Tameside there are services available which provide specialist support to mothers and babies. The services work with vulnerable families, teenagers, women with mental health issues and children that may require intensive care treatment.
- 7.41 Tameside Hospital enables staff to provide specialist services and ensures training is carried out effectively. Over 98% of midwives at Tameside Hospital have received breastfeeding training, with 100% of staff on the neonatal Intensive Care Unit being trained. The hospital is also committed to providing training to relevant support and clerical staff where necessary.
- 7.42 Breastfeeding in Tameside Hospital remains a priority and all staff involved are engaged to achieve the Baby Friendly Initiative Accreditation. It is important to raise awareness through antenatal workshops and plans are in place to further develop peer support services. The hospital is committed to providing an evidence base in order to shape future approaches and interventions. This is key to increasing breastfeeding rates and helping to encourage a cultural shift in approaches towards breastfeeding.
- 7.43 Tameside Hospital tries to provide as much information and publicity around breastfeeding as possible. Peer Supporters have produced a library of information around baby friendly locations in Tameside, where mums are welcome to breastfeed.

⁶ <http://www.unicef.org.uk/babyfriendly/>

Conclusions

- 10) It is anticipated that Tameside Hospital will gain the UNICEF Baby Friendly Initiative accreditation in May 2013.
- 11) Midwife led workshops provide support to mothers at both antenatal and postnatal stages of pregnancy across Tameside.

Recommendations

- 3) Awareness is increased through the CCG to help GPs recognise the signs of tongue tie in those struggling to breastfeed.
- 4) A recruitment campaign is undertaken for more experienced Volunteer Peer Supporters in partnership with CVAT and the Tameside Volunteer Centre in conjunction with Homestart.
- 5) Retail outlets and public areas in Tameside are encouraged to sign up to the baby friendly location initiative to provide a larger availability of safe locations for mothers to breastfeed.

Breastfeeding Support

- 7.44 Home-start provides breastfeeding support to mothers within the Borough. Peer support is provided by women who have had practical and personal experience of breastfeeding. The support provides emotional encouragement as well as signposting those with specialist problems. The support provided, can be through paid staff or volunteers and training is essential to enable them to undertake their role effectively.
- 7.45 The Tameside and Glossop Breastfeeding Peer Support contract was awarded to Little Angels and service delivery commenced in April 2009.
- 7.46 Little Angels gave notice to terminate the contract in August 2011 at which point Home-start took over the breastfeeding peer support contract in May 2012.
- 7.47 Home-start has been addressing the issues identified from Little Angels and has developed a new partnership with the Breastfeeding Network, who have provided training for staff and volunteers and clinical supervision on a monthly basis. Regular meetings with the Infant Feeding Coordinators have also been established. There has also been the recruitment of a new team of volunteers and the integration of volunteer management and support.
- 7.48 The Breastfeeding Team is currently made up of a Lead Peer Supporter, two Peer Supporters in the community and one Peer Supporter based in the hospital. The community work is undertaken with home visits and support is provided across four Home-start support groups in Rosehill, Hyde, Droylsden and St Peter's.
- 7.49 Peer Supporters collect the details of discharges from hospitals, in relation to breastfeeding mothers. Contact is made within 48 hours of discharge to offer support and encouragement over the phone. Peer Supporters can signpost mothers to support groups or arrange a home visit if necessary. Further contact is made with all mothers after 10 days providing support where necessary.
- 7.50 There is a maximum of three attempts made by the Peer Supporters to contact mothers who are breastfeeding after they are discharged from hospital. Between May to September 2012 as shown in table four out of 373 Home-start were able to contact 238 mothers, 140 mothers were still breastfeeding, 14 mothers were mixing breast milk and formula milk, 84

mothers had switched to formula feeding and the service was unable to contact 135 of the mothers that had been discharged. Table four outlines the levels of contact that have been made with mothers after six weeks of birth within Tameside.

Number of mothers due a six-week call	373
Number of mothers able to contact	238
Number of mothers still breastfeeding	140
Number of mothers mixed feeding	14
Number of mothers switched to formula	84
Number of mothers unable to contact	135*

Table four showing contact made with mothers after six weeks of birth, identifying those breastfeeding and using formula milk

7.51 NICE guidelines recommend that there should be one whole time peer supporter for every birth. Within Tameside this would equate to twelve full time peer supporters. Home-start currently has 2.5 whole time equivalent staff. In order to deal with the volume effectively Home-start would need 114 volunteers undertaking support for three hours each week. Table five outlines the different types of Homestart interventions undertaken between May and September 2012.

	May 2012 – September 2012
Antenatal mums supported	4
Hospital bedside 1:1 support	425
Children's unit	3
Postnatal referrals/discharges	566
Postnatal home-visits	312
Postnatal phone support	2067
Number of breastfeeding groups facilitated	76
Number of mums seen at groups	395

Table five showing the figures for the Homestart interventions between May 2012 and September 2012

7.52 Home-start has a high turnover of volunteers as many of the peer supporters volunteer whilst on maternity leave and then stop once returning to work. The service has secured additional funding to help with the costs of the project; however this is not sustainable for the future.

7.53 Home-start experiences various challenges around the administration of the service and logging all discharges and calls at 48hrs, 10 days and six week calls. Although the six week calls are requirements of the contract they are demanding from an administrative point and take away from the time being provided to supporting mothers.

- 7.54 It is difficult to contact some mothers and therefore the statistics are never complete; it is not possible to make more than three attempts to contact each mother. There is concern that the information regarding breastfeeding was being replicated, health visitors have already collated the information through earlier calls and could share this information with Homestart.
- 7.55 There is also a gap in the antenatal work that is undertaken within Tameside and more consideration needs to be undertaken around educating children regarding the benefits of breastfeeding whilst in school.
- 7.56 Antenatal workshops have been successful, but need a much wider volunteer base to be able to deliver the services effectively. The women that volunteer are representative of residents in Tameside, however the service has problems attracting older volunteers.
- 7.57 Partners within Tameside have for some time been trying to raise local awareness through the dads DVD poster campaigns, advertising in local libraries and recruiting milk donors.



Image three showing the “Dads and breastfeeding the best support a Mum can get”

- 7.58 The Dads and breastfeeding DVD was commissioned by St Peter’s Children’s Centre, NHS Tameside and Glossop and Tameside MBC’s Community Regeneration Team. Image three shows an advertising caption from the DVD used within the borough. The project was an engagement project undertaken with local men of Tameside and partner organisations to help improve knowledge of breastfeeding as well as ways men can encourage and support their partners whilst breastfeeding.

Conclusions

- 12) A new partnership with the Breastfeeding Network has been developed by Homestart, who provide staff and volunteers with training and clinical supervision.
- 13) Success around breastfeeding has been achieved through antenatal workshops however a much wider volunteer base is needed in the future to be able to deliver the

Recommendations

- 6) Contact details of new mothers who decide to breastfeed are shared by Health Visitors, Midwives and Homestart to ensure duplication of data collection is not carried out.

Tameside Health and Wellbeing Board

- 7.59 There is a statutory obligation to produce a Health and Wellbeing strategy and this has involved lots of public engagement and consultation. There has been a clear endorsement of the strategic priorities looking to do work with supporting families in the Borough.
- 7.60 The Tameside Joint Health and Wellbeing Strategy adopts a cradle to grave approach and embraces the wider determinants of health to in Tameside. This “Life Course Approach” looks at; starting well, developing well, living well, working well, ageing well and dying well.
- 7.61 The primary approach in relation to breastfeeding is “Starting Well”. This provides a positive start for children and families ensuring children and families are being allowed to develop to their full potential. Initiating and maintaining breastfeeding is one of the principal priorities of the strategy. Initiation and maintaining breastfeeding rates in Tameside are below the national average and this is a concern.
- 7.62 Tameside Council is trying to increase breastfeeding and help sustain breast feeding for six months. Breast milk is the only natural food designed for a baby and protects babies from infections and diseases. Babies have less chance of having diarrhoea, vomiting, infection, constipation and obesity and other illnesses in later life.
- 7.63 Promoting breastfeeding helps to achieve lower risks of breast and ovarian cancer, naturally uses up to 500 calories a day, saves money (infant formula, sterilising and feeding equipment), develops a bond between mother and baby. Breastfeeding can also give a great sense of achievement to the mother which helps build confidence and improve an individuals mental health.
- 7.64 All Children’s Centres have up to date breastfeeding display boards which are maintained with relevant and current information and act as a central point of information in the centres. The Children’s Centres offer breastfeeding facilities for any mother who wants them and all centres work to a multiagency breastfeeding policy led by Tameside and Glossop Community Healthcare.
- 7.65 Tameside have a number of breastfeeding support groups, which are supported by partnership working between Stockport Foundation Trust, Children’s Centres, Home Start Breastfeeding Peer Support and Tameside Foundation Trust. The multi agency approach is important to the success of the group and is a demonstration of the commitment across Tameside to supporting women.
- 7.66 As the remit of public health moves into the council, there are opportunities within the council in terms of the wider workplace for a breastfeeding friendly environment. The Council has flexibility in the work life balance for breastfeeding mothers through flexible working, wellbeing at work and breastfeeding policy which is incorporated into the Council’s maternity leave guidelines.
- 7.67 There are various recommendations and gaps which could be addressed around breastfeeding. The promotion of a family friendly workplace policy for breastfeeding, promotion of baby welcome places in Tameside neighbourhoods, additional support in areas of low uptake and better links around engagement with parents in antenatal periods.

Conclusions

- 14) The council has the opportunity to develop a breastfeeding friendly environment within the workplace.

Recommendations

- 7) Tameside Hospital and Homestart consider working together to enhance breastfeeding advice within the antenatal appointments.
- 8) Internal training is to be made available for Tameside MBC Contact Centre employees to enable them to provide support to visiting customers requiring to breastfeed in council buildings.
- 9) A review is undertaken in light of the recent changes around public health to establish a coordinating role within Tameside MBC and partner organisations to coordinate the boroughs approach to breastfeeding.
- 10) Breastfeeding is incorporated into PSHE lessons for children at school at the earliest age possible to promote breastfeeding as the natural first choice for feeding babies.
- 11) A specific breastfeeding return to work policy is developed to promote breastfeeding within the council, with clear local plans and leadership around breastfeeding.

Conclusions

- 8.1 Guidance around breastfeeding initiation and continuation states that babies should be breastfed until they reach at least six months of age to benefit the child and mother.
- 8.2 There are a range of health benefits for both the mother and child as a result of breastfeeding, in addition to the accompanying financial benefits.
- 8.3 A moderate increase in breastfeeding rates has the potential to create annual savings to the NHS of around £40 million per annum.
- 8.4 The North West currently has one of the lowest breastfeeding rates in the country.
- 8.5 Between 2011 and 2012 the levels of breastfeeding in Tameside have not continued to increase as anticipated and have dropped below projected targets.
- 8.6 Breastfeeding rates for Tameside and Glossop are below the rates for the UK at both initiation and six weeks of age.
- 8.7 There is concern around the levels of underreporting around the rates of breastfeeding with healthcare professionals.
- 8.8 Over three thousand attendances were made at nine Breastfeeding Support Groups in Tameside and Glossop in the period 2011-12.
- 8.9 Local practitioners and breastfeeding support groups are brought together and managed by Breastfeeding Coordinators.
- 8.10 It is anticipated that Tameside Hospital will gain the UNICEF Baby Friendly Initiative accreditation in May 2013.
- 8.11 Midwife led workshops provide support to mothers at both antenatal and postnatal stages of pregnancy across Tameside.

- 8.12 A new partnership with the Breastfeeding Network has been developed by Home-start, who provide staff and volunteers with training and clinical supervision.
- 8.13 Success around breastfeeding has been achieved through antenatal workshops however a much wider volunteer base is needed in the future to be able to deliver the required services.
- 8.14 The council has the opportunity to develop a breastfeeding friendly environment within the workplace.

Recommendations

- 9.1 Improved reporting mechanisms are developed to ensure that as much information as possible is captured regarding those mothers who continue to or have ceased to breastfeed.
- 9.2 The CCG and Public Health considers advertising using all available media and health outlets to promote breastfeeding.
- 9.3 Awareness is increased through the CCG to help GPs recognise the signs of tongue tie in those struggling to breastfeed.
- 9.4 A recruitment campaign is undertaken for more experienced Volunteer Peer Supporters in partnership with CVAT and the Tameside Volunteer Centre in conjunction with Homestart.
- 9.5 Retail outlets and public areas in Tameside are encouraged to sign up to the baby friendly location initiative to provide a larger availability of safe locations for mothers to breastfeed.
- 9.6 Contact details of new mothers who decide to breastfeed are shared by Health Visitors, Midwives and Homestart to ensure duplication of data collection is not carried out.
- 9.7 Tameside Hospital and Homestart consider working together to enhance breastfeeding advice within the antenatal appointments.
- 9.8 Internal training is to be made available for Tameside MBC Contact Centre employees to enable them to provide support to visiting customers requiring to breastfeed in council buildings.
- 9.9 A review is undertaken in light of the recent changes around public health to establish a coordinating role within Tameside MBC and partner organisations to coordinate the boroughs approach to breastfeeding.
- 9.10 Breastfeeding is incorporated into PSHE lessons for children at school at the earliest age possible to promote breastfeeding as the natural first choice for feeding babies.
- 9.11 A specific breastfeeding return to work policy is developed to promote breastfeeding within the council, with clear local plans and leadership around breastfeeding.