

Havering Joint Strategic Needs Assessment

2011/12

Breastfeeding



NHS

Outer North East London



Havering
LONDON BOROUGH

Breastfeeding

SUMMARY

What Is The Level of Need in Havering?

- Around 73% of women in Havering breastfeed their babies at birth, which is lower than the London (87%) and England (74%) averages
- By 6-8 weeks after birth, this has dropped to 38% of women either partially or totally breastfeeding in Havering, which is again lower than the England average of 47%
- Local research conducted in Summer 2011 suggested 87% of mothers living in outer north east London had decided on a feeding method before even becoming pregnant, and of those that chose not to breastfeed the most common reason given was it was easier as family, friends or partner could help with bottle feeding

Current Service Provision in Havering

Current service provision includes breastfeeding support as part of ante-natal classes and routine ante-natal care, and also breastfeeding specific services such as:

- A breastfeeding peer support service; a social marketing campaign, including Havering's breastfeeding friendly scheme (in which local premises sign up as places where breastfeeding is actively welcomed) which over 90 local premises have signed up to; and a schools breastfeeding awareness pilot (5-10 schools taking part)

Gaps in Knowledge and Service Provision in Havering

- The breastfeeding support service is currently only able to support 8-10 mothers a month as it is run by a small number of volunteers
- There is not enough provision of free ante-natal classes in Havering to meet demand if all expectant mothers chose to attend. Information about which mothers are not receiving any ante-natal support and which are purchasing private ante-natal support is not currently available

Breastfeeding: for decision makers and commissioners to consider:

- Introduce a breastfeeding staff training programme to ensure consistent messages about breastfeeding are being delivered by all groups of health professionals that come into contact with expectant and new mothers
- Expand the peer support programme, so a greater number of women are supported to breastfeed
- Continue Havering's social marketing campaign promoting breastfeeding
- Increase the number of locations which are participating in the breastfeeding friendly scheme
- Continue to work with GPs to improve the quality of local breastfeeding data
- Further work with acute units to ensure breastfeeding is supported, including a review of the provision of ante-natal classes and breastfeeding support included in these

1. WHAT DO WE KNOW ABOUT BREASTFEEDING IN HAVERING?

a) Introduction

Breastfeeding is a key public health issue, playing a major role in the promotion of good health throughout society. Both the Department of Health (DH) and the World Health Organization (WHO) suggest infants should be exclusively breastfed for the first six months of life, which the WHO suggests should be followed by ‘continued breastfeeding with appropriate complementary foods for up to two years or beyond’.

A wealth of evidence exists suggesting breastfeeding is positively associated with a range of health benefits for both a baby and mother, both in the short and longer term. In terms of infant health, studies suggest that the short-term benefits of breastfeeding include a reduced risk of gastro-intestinal illness (eg. infant diarrhoea), respiratory infections, atopic (allergic) disease, and ear infections. Attempts to quantify the strength of such effects include the observation that the rate of hospital admission for gastroenteritis in breastfed infants is 1.4% compared to 7.8% for bottle-fed infants (1); the incidence of otitis media (middle ear infection) in breastfed babies is 25% compared to 53% for bottle-fed infants (2); and that breastfed infants are 25% less likely to develop asthma than bottle-fed infants (3). For babies born at BHRUT (approximately ~9,800 per year),if all mums breastfed this would equate to:

- 25 fewer cases of asthma per year
- 63 fewer hospital admissions for babies due to gastroenteritis
- 276 fewer cases of Otitis media

In the longer term, breastfed babies have been found to be at a reduced risk of obesity, type 2 diabetes, and elevated blood pressure and cholesterol levels in later childhood and adult life, compared to formula fed babies (4, 5, 6). Mothers who breastfeed may also experience improved health, with evidence indicating breastfeeding is associated with a reduced risk of both breast and ovarian cancers (7), and also osteoporosis onset in the post menopausal period. Breastfeeding may also help a mother return to her pre-pregnancy weight (4, 8).

Due to the wealth of information surrounding the association between breastfeeding and its many possible health benefits, it is useful to see the overall strength of the evidence associated with breastfeeding and these conditions. The overall findings of one study, documenting the strength of evidence in support of breastfeeding in developed countries, are presented in table 1 (9).

Figure 1: Summary of the evidence for health advantages of breastfeeding to infants, children, mothers and adults, in developed countries

	Health outcomes for which breastfeeding is protective		
Level of evidence	Infants and children	Chronic disease in childhood and/or later life	Mothers
Convincing	Gastrointestinal illness Otitis media Respiratory tract infections Neonatal necrotising		Slow maternal recovery from childbirth Reduced post partum infertility

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

	enterocolitis		Premenopausal breast cancer
Probable	Asthma and allergy Cognitive ability/intelligence Some childhood leukaemia's Inflammatory bowel disease Sudden infant death syndrome	obesity	Postmenopausal breast cancer Ovarian cancer Rheumatoid arthritis
Possible	Insulin dependent diabetes mellitus Meningitis Dental occlusion bacteraemia	ischemic heart disease atherosclerosis risk factors for: - atherosclerosis and heart disease - type 2 diabetes and metabolic syndrome	Maternal depression Reduced maternal-infant bonding Endometrial cancer Osteoporosis and bone fracture No or slow return to pre-pregnancy weight

The classification of evidence of the relationship between breastfeeding and health benefits is based on a comprehensive overview of the evidence base (systematic reviews, meta-analyses, reviews, recent single studies)

Convincing: evidence of relationship was critically identified in a review and/or shown in meta-analyses to be significant

Probable: most studies have found an association, but confirmation is required in more, or better designed, studies

Possible: too few methodologically-sound studies

b) Breastfeeding data

Breastfeeding is both a national and local priority, and is a key indicator of child health and wellbeing. As part of the vital signs indicator set, since 2008/09 each primary care trust in England has been required to collect and submit data on:

- the number of infants due and receiving a six to eight week check during each quarter (coverage)
- the number of infants being totally breastfed at six to eight weeks
- the number of infants being partially breastfed at six to eight weeks
- the number of infants being bottle-fed (not at all breastfed) at six to eight weeks

Six to eight week data is often presented as 'coverage' and 'prevalence'. In this instance, prevalence indicates the number of babies being either totally or partially breastfed.

Since 2003/04, each primary care trust has also been required to submit quarterly data on the number and percentage of mothers initiating breastfeeding. Each PCT is required to submit data on:

- the number of maternities in the PCT;
- the number of mothers initiating breastfeeding,
- the number of mothers not initiating breastfeeding.

c) Breastfeeding data definitions

Below, definitions of the terms used to describe breastfeeding data are given.

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

Breastfeeding initiation – a mother is defined as having initiated breastfeeding if, within the first 48 hours after birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk.

Totally (exclusive) breastfeeding - the infant has received only breast milk or expressed breast milk and no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines.

Partially (mixed) breastfeeding – the infant receives breast milk and is also receiving formula milk or any other liquids or food.

Not at all breastfed – the infant is not currently receiving any breast milk.

d) Data collection

Data on initiation is typically based on information recorded by the maternity services at the time of delivery or in the very early post-natal period. In Havering this data is collected by Barking, Havering and Redbridge University Hospitals Trust (BHRUT), which comprises Queens and King George's Maternity units.

Data on feeding status at 6-8 weeks is obtained during the 6-8 week baby check, carried out by the babies GP. Up until 2010/11, this data in Havering was obtained from a data audit carried out in GP practices. This audit was carried out to assess the number of GPs undertaking 6-8 week checks and the feeding status of babies at each practice at the time of the check. From Q1 2011/12, this method of data collection and reporting changed, to move in line with Department of Health guidance. From this time, coverage of 6-8 week baby checks and feeding status will be reported from a child's health record, as recorded on the Rio Child Health system. As this is a new process of data collection and submission, it is anticipated that the coverage of checks will be below the desired 95% target for the first few quarters, however work began in July 2011 to improve reporting using this system. This will allow for a more accurate picture of breastfeeding prevalence across the PCT, and will enable better comparison of Havering's performance against other areas.

e) What is the data telling us?

Despite the overwhelming benefits of breastfeeding, rates within the UK are amongst the lowest worldwide. The UK Infant Feeding Survey provides information on the infant feeding practises of mothers during their babies first nine months of life. The 2005 survey is the 7th of its kind, and the most recent to date. Findings from the survey indicate that whilst 77% of mothers in England initially breastfed their baby, 17% stopped within one week, with 6% stopping two days after birth. At six weeks just 22% were exclusively breastfeeding, with 50% partially breastfeeding (10).

Rates of breastfeeding in Havering are low when compared to both the UK and London averages. In light of this Havering has identified increasing breastfeeding rates as a priority. Both NHS Havering's Commissioning Strategic Plan 2010-2014 and Havering Children's Trust Children and Young People's Plans for 2009-2011 and 2011-2014 highlight that the promotion of initiation and sustained breastfeeding is a key area for investment.

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

The table below shows the percentage of mothers breastfeeding in Havering both at initiation and 6-8 weeks (this figures includes mothers both exclusively and partially breastfeeding) in comparison to the London and UK averages for 20010/10 to 2011/12.

Figure 2: Prevalence of breastfeeding at initiation and 6-8 weeks, and the coverage of 6-8 week checks in Havering, London and the UK (11)

		2009/10	2010/11	2011/12			
		Q4	Q4	Q1	Q2	Q3	Q4
Havering	Initiation	65.4%	67.3%	71.1%	68.6%	73.6%	Not yet published
	6-8 weeks	39.9%	34.9%	44.7%	38.7%	38.7%	
	Coverage of 6-8 week checks	94.2%	94.4%	93.9%	92.3%	91.9%	
London average	Initiation	85.6%	86.5%	85.3%	86.9%	87.0%	Not yet published
	6-8 weeks	65.0%	-	-	64.9%	-	
	Coverage of 6-8 week checks	92.4%	92.4%	90.3%	91.7%	94.3%	
England average	Initiation	72.7%	73.9%	73.4%	74.1%	74.1%	Not yet published
	6-8 weeks	45.2%	45.2%	45.4%	46.5%	47.0%	
	Coverage of 6-8 week checks	93.6%	94.6%	92.9%	94.2%	95.1%	

- = data not available (sample too low for figure to be included)

f) Breastfeeding and Socio-Demographics

There are clear demographic trends in breastfeeding prevalence across England, with mothers from lower socio-economic groups, teenage mums, first time mothers, those from white ethnic backgrounds and lone parents all presenting as groups where breastfeeding is particularly low. Such trends have been found to be apparent from initiation right through to breastfeeding prevalence at four months (12). Local data also demonstrates this trend.

Because of this variation in breastfeeding status, it is useful to compare breastfeeding rates in Havering with those of our statistical neighbours (other areas that have similar demographics to Havering). The information below shows rates of breastfeeding at 6-8 weeks for 2010/11, in comparison to a range of Havering's statistical neighbours

Figure 3: Prevalence of breastfeeding at Initiation and 6-8 weeks (2010/11) for Havering in comparison to its children's services statistical neighbours (11)

		Q1	Q2	Q3	Q4
Havering	Prevalence	39.9%	39.9%	34.9%	34.9%
	Coverage	94.2%	94.2%	94.4%	94.4%
Bury	Prevalence	37.9%	38.7%	43.2%	40.5%
	Coverage	91.0%	94.4%	100%	100%
Stockport	Prevalence	45.6%	50.6%	44.8%	46.5%
	Coverage	99.9%	100%	99.9%	99.9%
Solihull	Prevalence	41.1%	39.7%	-	43.2%
	Coverage	96.7%	97.4%	98.7%	98.7%
Swindon	Prevalence	39.2%	-	-	40.8%

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

	Coverage	91.5%	87.1%	89.8%	97.3%
Bexley	Prevalence	52.6%	50.4%	51.8%	45.4%
	Coverage	99.3%	94.1%	95.2%	96.8%
SW Essex	Prevalence	-	-	-	-
	Coverage	92.3%	86.4%	79.7%	63.0%
SE Essex	Prevalence	37.2%	36.8%	36.6%	38.6%
	Coverage	99.6%	96.7%	95.9%	97.3%
Mid Essex	Prevalence	-	45.2%	-	-
	Coverage	97.2%	95.5%	92.9%	87.4%
NE Essex	Prevalence	42.1%	42.5%	46.5%	40.1%
	Coverage	95.9%	98.5%	98.3%	99.0%
W Kent	Prevalence	-	-	-	-
	Coverage	91.3%	83.8%	89.0%	89.8%
Medway	Prevalence	34.2%	35.1%	40.6%	41.7%
	Coverage	90.0%	93.1%	97.0%	97.8%

- = PCT failed data validation for quarter (sample below required coverage target)

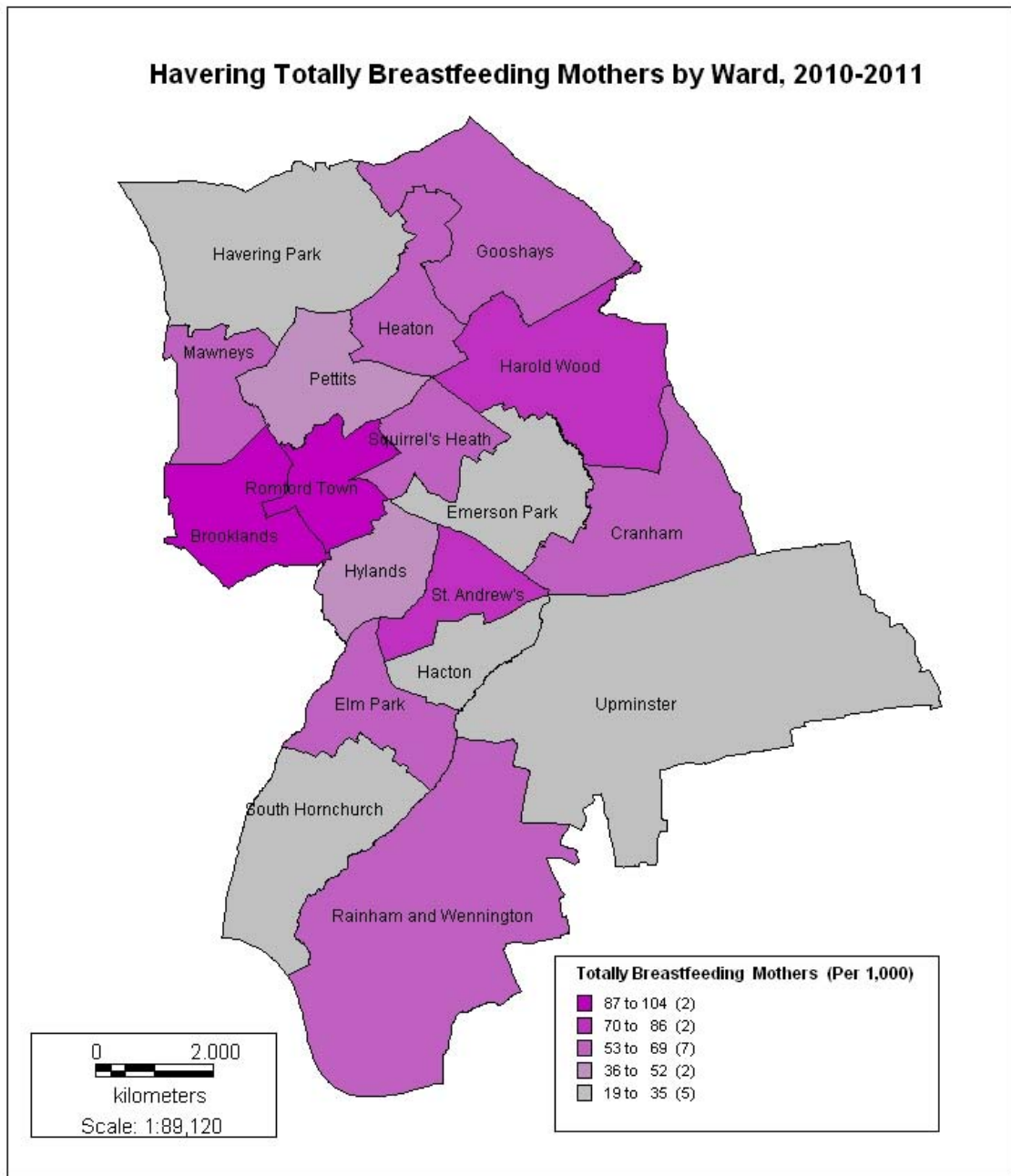
As can be seen, even when compared to its statistical neighbours, the prevalence of breastfeeding at 6-8 weeks in Havering is lower than the majority of other areas.

In addition to comparing breastfeeding prevalence with statistical neighbours, breastfeeding trends within Havering can also be identified.

The maps below show the distribution of Havering mothers who are totally and partially breastfeeding by ward. The data used to produce these maps was taken from the Rio Child Health system, and provides a snapshot of the prevalence of breastfeeding across the Borough. The data is for babies born January 2010 – February 2011. It must however be noted that the data used in this mapping was extracted before work began on improving data quality. This data therefore only captures about 60% of information available for babies born during this period, and must therefore be interpreted with caution.

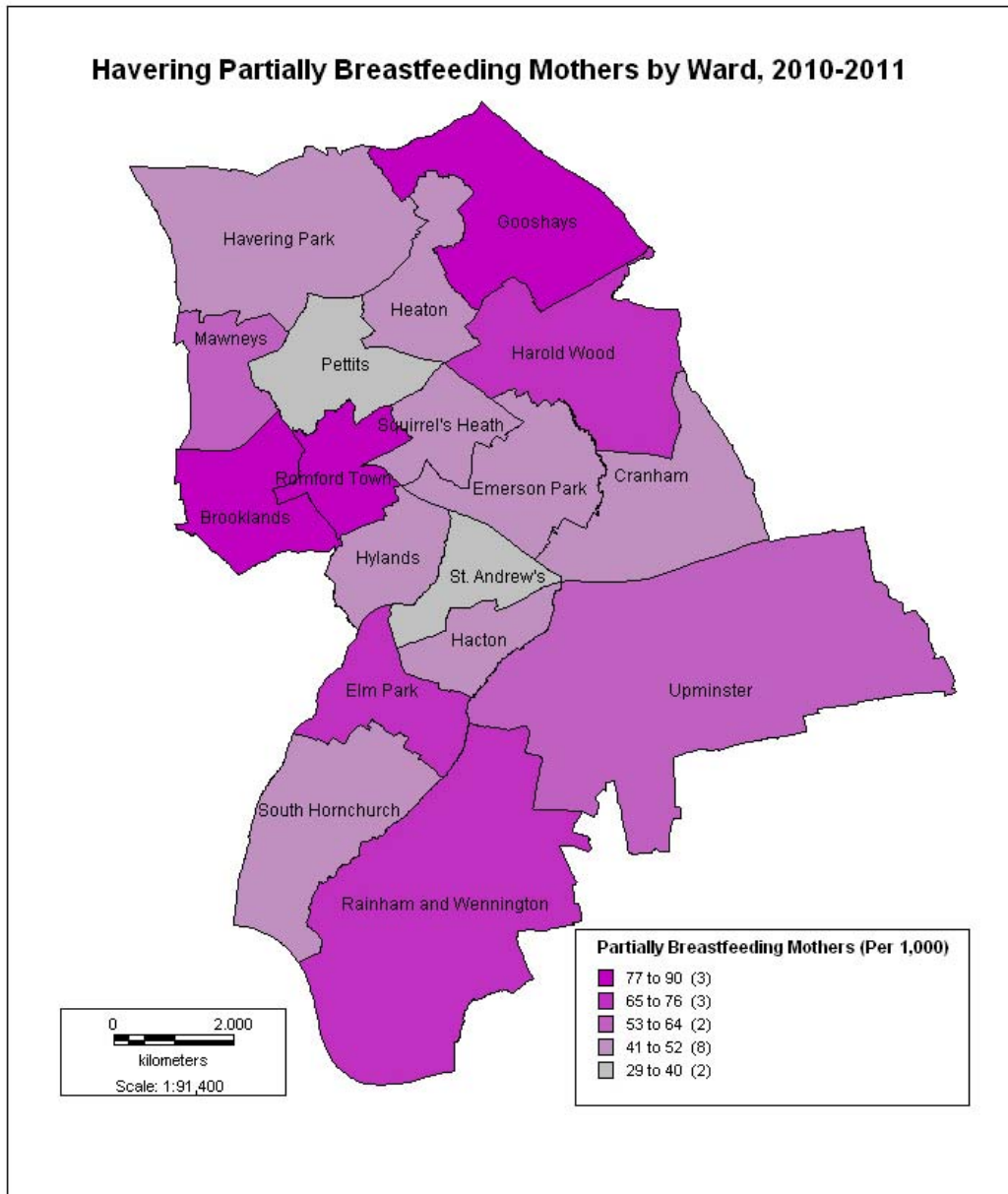
Havering JSNA 2011/12 – Chapter 6: Breastfeeding

Figure 4: A map to show the number of mothers exclusively breastfeeding at 6-8 weeks by ward in Havering (13)



The map above shows the number of mothers exclusively breastfeeding by ward in Havering. This data represents 406 babies born between Jan 2010 – Feb 2011 for whom data was available and who were known to be exclusively breastfeeding. Please note – there are likely to have been more mothers than this exclusively breastfeeding, however for many the feeding status was unknown, and therefore couldn't be classified. The legend denotes the number of breastfeeding mothers in each different ward (per 1000), and the figures in brackets denotes the number of wards that fall into that category.

Figure 5: A map to show the number of mothers partially breastfeeding at 6-8 weeks by ward in Havering (13)



The map above shows the number of mothers partially breastfeeding by ward in Havering. This data represents the 336 babies in Havering born between Jan 2010 – Feb 2011 for whom data was available and who were known to be partially breastfeeding. Please note – there are likely to have been mothers than this partially breastfeeding, however for many the feeding status was unknown, and therefore couldn't be classified. The legend denotes the number of breastfeeding mothers in each different ward (per 1,000), and the figures in brackets denotes the number of wards that fall into that category.

MOSAIC customer insight information splits Havering households into groups of “segments” of people, which share similar characteristics. This can then be used to target communications and services more effectively to these segments, e.g. by looking at how different groups like to be communicated with.

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

When looking at which segments are most likely to have young babies in Havering, there are quite a few groups which are more likely than average to have young babies – groups 4, 5, 6, 7, 9 and 10. A very brief description of these groups is:

- 4 – Middle aged families, ethnically diverse, some deprivation, 4.1% of Havering households
- 5 – Young to middle aged families, well educated, high incomes, 5.6% of Havering households
- 6 – Young to early middle age, moderate incomes, lone parents, children eligible for free school meals, 6.2% of Havering households
- 7 – Young to middle aged, very low incomes, lone parents, benefits, 8.4% of Havering households
- 9 – Young, low incomes, transient, ethnically diverse, 6.6% of Havering households
- 10 – Young to early middle aged, very low incomes, unemployment, 3.8% of Havering households

Of these groups, individuals in groups 4 and 10 are least likely to totally or partially breastfeed their babies. Group 12 is the group which is least likely to breastfeed their babies at all. Although group 12 is described as being primarily an older group of people (12 – Pensioners, some deprivation, 5.8% of Havering households) there will still be some younger families in this group, and information suggests that families that do fall into this segment will be unlikely to breastfeed their babies at all. Therefore interventions aimed at promoting breastfeeding may need to be targeted towards segments 4, 10 and 12 to support families who are least likely to breastfeed their babies. Additionally, segments 4 and 9 are most likely to have either not attended the baby's 6 to 8 week check (where breastfeeding behaviours are discussed) or to have missing data (where it has not been recorded whether the baby is being breastfed). Therefore further investigation may also be needed of these segments and support they may need in breastfeeding.

Figure X, MOSAIC Segments and Breastfeeding Behaviours (Experian Ltd and the London Borough of Havering, 2011)

Segments Most Likely to Have Babies Aged 6-8 Weeks	Segments Least Likely to Totally or Partially Breastfeed	Segments Least Likely to Breastfeed at All	Segments Most Likely to Have Not Attended 6-8 Week Check or Where Data is Missing
4,5,6,7,9,10	4,10	12	4,9

g) Breastfeeding and ethnicity

As mentioned in the information above, breastfeeding prevalence varies by ethnic group. The 2005 Infant Feeding Survey found that mothers from all minority ethnic groups were more likely to breastfeed compared to their white counterparts. More than nine in ten mothers classifying themselves as Asian, Black, Chinese or other ethnic origin were found to have initiated breastfeeding, compared to just 74% of white mothers. These trends also continued well beyond initiation - 37% of Asian mothers and 57% of Black mothers were breastfeeding at six months, compared with 23% of white mothers. However, whilst overall breastfeeding prevalence is often shown to be higher in ethnic minority groups, these groups are also shown to more often use mixed feeding when compared to white mothers. For example, at just one week after birth only 47% of Asian mothers and 44% of black mothers were exclusively breastfeeding, compared to 45% of white mothers (10).

2. WHAT CURRENT SERVICES ARE THERE FOR BREASTFEEDING IN HAVERING?

a) Reasons for breastfeeding

There are many factors that influence a mother’s decision to breastfeed or not, and these must be considered and addressed if breastfeeding rates are to be increased. Accessibility of information at influential times, availability of appropriate support systems (including family and peers) and knowledge of the health benefits of breastfeeding have all been found to affect a mother’s decision to choose to initiate breastfeeding in the first instance. From this point on, it is essential that mothers receive ongoing support to continue breastfeeding, especially during times of difficulty, both from key health professionals as well as family and peers. Further, social and cultural norms will have a big influence on breastfeeding duration, and factors such as the environment (ie, are there welcoming places to breastfeed in public), and a need to return to employment will both affect breastfeeding status (14, 15).

The 2005 Infant Feeding Survey explored mothers’ decisions behind their choice of feeding method. The survey found the most commonly cited reason behind a mother’s intention to breastfeed was that it is good for the baby’s health. Other reasons included it is convenient, because it can help create a closer bond between baby/mother, and because it is cheaper (free) compared to formula. For those mothers who did not intend to breastfeed, the most commonly cited reasons included that they didn’t like the thought of breastfeeding, and that other people can feed the baby if it is bottle-fed. Experience of feeding previous children, such as if they formal fed their previous baby, or breastfed but the child didn’t like it, were also common reasons for non-first time mothers to choose formula feeding (10).

b) Breastfeeding services

Given then information above, it is clear a variety of services are required if breastfeeding rates in Havering are to be improved. A snapshot of the services and initiatives currently offered in Havering can be seen in table 4. Following this the services are described in further detail.

Figure 6: Services provided to Havering mothers to support breastfeeding

Service/ Project	Service Description (1-2 lines)	Universal/targeted service? Service Location (e.g. across Borough, specific wards etc	Number of Places Available and Number of Service Users
Routine ante/post-natal care	A series of appointments with a variety of health professionals at specific stages throughout pregnancy/early postnatal	All Havering mothers should access and attend the relevant appointments	All Havering mothers
Ante-natal Classes	NHS-commissioned 4-week ante-natal classes, and BHRUT co-ordinated ante-natal workshops held at local children’s centres	Available to all Havering mothers based on a first come first served basis	~600 Havering mothers per year (300 for NHS-commissioned classes and 300 for BHRUT classes)

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

Peer Support	One-to-one support for new breastfeeding mothers from trained breastfeeding supporters	Service available for all Havering mothers who wish to access it	~75 mums per year
Breastfeeding Social Marketing campaign	Social marketing campaign to raise the profile of breastfeeding across Havering	Universal campaign to target all residents living in Havering	NA
Breastfeeding Friendly Scheme	Scheme to help mums identify places that welcome breastfeeding when in public	Borough wide scheme	NA
Schools Breastfeeding Awareness Pilot	A schools pilot to raise awareness of and address social perceptions around breastfeeding in the UK	Pilot scheme available to 5-10 schools across the Borough in Autumn 2011 and Spring 2012 terms. Targeted at year 9/10 students	5-10 schools taking part in pilot

Routine ante/post-natal provision

All women are given information on infant feeding (including printed information and the opportunity to discuss any questions) as part of routine ante-/post-natal care given by various health professionals (including GPs, Midwives and Health Visitors). All pregnant women in the borough should ensure they attend all ante-/post-natal appointments to ensure they access all the information available.

Ante-natal classes

Ante-natal classes are often offered to mothers (and also often partners) in the late ante-natal period, and aim to prepare a mother for labour, birth and early parenthood. In Havering, the NHS commissions an external organisation to provide a number of ante-natal classes for mums living in the area. 30 of these ante-natal courses are run each year, with ~ 10 mothers (and partners) able to attend each course. The classes are offered at a variety of locations across the borough, including in areas of higher deprivation, and a small number of classes are also offered exclusively to younger mothers. Breastfeeding is discussed in these sessions, with the aim of encouraging mothers to consider this as a feeding option. In addition to this, the local maternity provider (BHRUT) co-ordinates midwife-led ante-natal classes, held at various locations across the borough. These began in Summer 2011, and it is anticipated they will serve an additional 300-350 Havering mothers each year. However, as the workshops only cover the first hour post birth they do not go into a great deal of information about breastfeeding.

Using the MOSAIC consumer classification software, data from participants attending the NHS-commissioned ante-natal classes have been assessed, in a bid to understand the socio-demographic profiles of the main users of this service. Classifying service users in this way allows for identification that services are targeting those who are most in need of them. Based on postcodes, MOSAIC classifies individuals into 15 groups, and provides a summary of the 'typical' characteristics of the individuals in each group. Profiling of ante-natal

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

attendees in Havering shows that nearly one third (28.5%) of those who have attended NHS antenatal classes are classified as group E: “Middle income families living in moderate suburban areas”. This group is also the most common in Havering’s population overall (making up 28.4% of population), therefore the large number of antenatal users in Group E is reflective of Havering’s demographics. Groups J and H are the next most common groups among those who attend the antenatal classes:

- Group J: “owner occupiers in older style housing in ex industrial areas” (16% of those that attended – around 70 people)
- Group H: “couples and young singles in small modern starter homes” (13% of those that attended – around 40 people)

Encouragingly, the profiling found that Groups N (Young people renting flats in high density social housing) and O (Families in low rise social housing with high levels of benefit need) were both over-represented by ante-natal users, indicating that there are more of this group attending classes than would be expected given the total number of households in this group in Havering overall. This reflects the fact that people from these groups appear to be targeted by and engaging with the service.

Peer support

In addition to ante-natal provision, many Primary Care Trusts across the UK are now offering peer support programmes, to help support mothers who initiate breastfeeding to continue. Peer support services see breastfeeding mothers supported with any problems they experience by trained women, who have also previously breastfed their own children, and who are usually from similar socio-economic backgrounds and locality to the women they are supporting. Various pieces of research and best practice guidelines indicate that a woman who is supported and encouraged to breastfeed is more likely to be breastfeeding at 6-8 weeks (14). Indeed, the National Institute of Health and Clinical Excellence (NICE) and UNICEF both recommend peer-support programmes as a key component to help improve breastfeeding rates. Support which combines both peers and professionals, and which commences immediately after birth and continues after the mother and baby return home, is most effective (16). In Havering, an NHS-commissioned peer support programme exists for new mothers to contact and meet with trained peer supporters on a 1:1 basis.

As with the NHS funded ante-natal classes, the characteristics of the participants accessing the peer support service have also been profiled using the MOSAIC profiling tool. As with the ante-natal attendees, resident from group E were the most common group accessing the service, followed by those in groups H and J. However, unlike with the ante-natal provision, groups H and F (Couples with young children in comfortable, modern housing) are over-represented as users of the service, whilst Group O are under-represented (ie. there are less users from group O than you would expect considering the Havering population). This would indicate that whilst the ante-natal classes are managing to target the groups most at need, these groups are not as responsive to the peer support service on offer. This is therefore an area that needs to be addressed if rates are to improve amongst this group.

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

Social marketing campaign

In addition to the above services, and in light of the statement above that social/cultural norms and the environment both have an impact on a woman's decision to breastfeed, Havering is undertaking a social marketing campaign, aimed to raise awareness and acceptance of breastfeeding across the borough. As part of the campaign posters have been designed and will be displayed at various locations (including on billboards and bus stops, and in Children's Centres and libraries) highlighting the benefits of breastfeeding. This is complemented with a range of other promotional activities.

Breastfeeding Friendly scheme

As part of the social marketing work, a Havering Breastfeeding Friendly scheme was launched in June 2011. To be part of this scheme, local businesses have to demonstrate compliance with a range of standards designed to make their premises welcoming to mothers and families who wish to breastfeed. By local businesses displaying 'breastfeeding welcome' window stickers and posters, it enables breastfeeding mums to easily identify venues (for example cafes, restaurants, and public buildings) which openly welcome breastfeeding mothers who are customers at the venue to breastfeed in comfort. As of May 2012 91 venues had signed up to the scheme, which includes GP surgeries, cafes, restaurants, children's centres and libraries.

Breastfeeding awareness schools pilot

Finally, a breastfeeding awareness pilot session is underway in a small number of Havering secondary schools during the 2011/12 school year. The session is run by an external breastfeeding advisor, and is held during PSHE lessons for year 9/10 students. The interactive session discusses issues around social perceptions of breastfeeding, and the benefits of breastfeeding in comparison to bottle feeding. It is hoped these sessions will stimulate thought and discussion in this age group, so that when the time comes for them to consider becoming parents this may be something that they consider.

Whilst the peer-support and ante-natal services are commissioned by NHS Havering, the social marketing and schools work result from joint working between the NHS and local council. This partnership working reflects the fact that breastfeeding is now a priority area for Havering's Children's Trust (members of whom include the council, NHS and other groups involved in the welfare of children), which has allowed for a collaborative working approach to drive forward actions in this area.

Local and National strategies relating to breastfeeding

Breastfeeding is not only a priority for Havering but also for the three other boroughs which make up the outer north east London (ONEL) sector. Developing a strategy to increase the prevalence of breastfeeding across the sector was deemed a priority in mid-2010, and following much stakeholder consultant a strategy was produced in October 2010. The strategy provides a framework for both commissioners and provider services to use when undertaking work around maternity and child services. It was written and produced, and will be delivered, through a partnership approach between the four outer north east London

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

boroughs of Barking & Dagenham, Havering, Redbridge, and Waltham Forest. Representatives from Barking, Havering and Redbridge University Hospitals Trust (BHRUT), and Whipps Cross maternity services also sat on the strategy steering group. It is hoped that the benefits of such a collaborative approach will allow sharing of good practice across the sector, as well as ensuring consistent messages and pathway progression, and will allow for the efficient use of resources. Work has now begun following the production of the strategy. This is initially focusing on aligning reporting and metrics across the sector, information provision, and training of health professionals. A copy of the strategy can be found at <http://www.onel.nhs.uk/health-services/breastfeeding.htm>

Havering Children's Trust Children and Young People's plan (2009-2011) also acknowledges increasing breastfeeding rates at 6-8 weeks as a key priority for the area. A copy of the plan can be found at: http://www.hspnetwork.org.uk/links/documents/final_CYPPE.pdf

In addition to work at local level, there is also a comprehensive policy framework at national level which underpins the need to increase breastfeeding rates. Some policies highlighting this include:

***Every Child Matters.** Department of Children, Schools and Families (2003)

<https://www.education.gov.uk/publications/eOrderingDownload/DfES10812004.pdf>

***Healthy Lives, Brighter Futures – The Strategy for Children and Young People's Health.** Department of Health (2009)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf

***Healthy Weight Healthy Lives: A Cross-Government Strategy for England.** Department of Health (2008)

http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_084024.pdf

***Health Inequalities: Progress and Next Steps.** Department of Health (2008)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085312.pdf

***Maternity Matters: Choice, Access and Continuity of Care in a Safe Service.**

Department of Health (2007)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf

***Healthy Lives, Healthy People: Our Strategy for Public Health in England**

Department of Health (2010)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf

3. WHAT GAPS ARE THERE IN SERVICES OR KNOWLEDGE IN THIS AREA?

a) Gaps in data

As discussed in Section 1, from Q1 2011/12 Havering changed the process used to report breastfeeding coverage and prevalence at 6-8 weeks. Because of this, Havering fell short of the 95% Department of Health coverage target for the first quarters of the year. However, work has been underway to address this issue, to ensure the data shows an accurate reflection of the coverage and prevalence of breastfeeding across the Borough.

Despite the apparent short fall in data quality, a short scoping exercise undertaken at the start of 2011/12 suggests the majority of 6-8 week baby checks are being done. Therefore, whilst currently an accurate picture of breastfeeding prevalence is not known, once these data issued are addressed it is thought this gap in knowledge will be resolved.

In terms of understanding the socio-demographic characteristics of all Havering mothers and those who use the services provided, systems are already in place to allow for identification of characteristics such as maternal age, ethnicity, and postcode.

b) Gaps in service provision

There are approximately 2,500-3,000 live births in Havering each year. From the information in section 2, it can be seen that free ante-natal provision in the area is expected to accommodate ~600 mothers per year. It is therefore assumed that there are a number of mothers living in the area who are unable to access such services, due to a limited capacity. Whilst private organisations such as the National Childbirth Trust (NCT) also provide ante-natal provision in Havering, there is a cost to a mother to attend such services, meaning mothers from lower socio-economic households may be put-off/unable to attend. It would be useful to gain an understanding of who is accessing these private ante-natal classes, how many people wish to attend the free classes but are not able to do so due to limited capacity, and the groups who do not engage with any sort of ante-natal provision at all, in order to plan service provision for the future. However this data is currently not available.

In addition to a limited availability of ante-natal provision, the peer support service only sees a very small number of women each month (~8-10). Havering's peer supporters are volunteers, and typically offer 1-2 hours a week of their time on a voluntary basis. The service is therefore limited to the number of volunteers active and the time they provide. An ideal service provision would be one in which all Havering mothers are contacted within 2-3 days of discharge from hospital and offered one-to-one support. Such models have been found effective in other areas of the ONEL sector in increasing the number of mothers breastfeeding at 6-8 weeks.

4. WHAT DO LOCAL PEOPLE THINK?

A variety of public engagement events have taken place across Havering over the past year, to help gain an insight into the views of Havering residents about breastfeeding.

These engagement events have included a public engagement event during the production of the outer north east London breastfeeding strategy, two focus groups in local children's centres, and a Havering social marketing questionnaire. The main findings from these are summarised below.

a) ONEL Breastfeeding questionnaire

During the production of the outer north east London Breastfeeding Strategy views on the services currently provided across outer north east London were sought from mothers who lived in the area and who had recently had a baby, to ensure the aims identified in the strategy were in line with public need.

A semi-structured on-line questionnaire was undertaken, and was used to gain an understanding of the main sources of information/influences that impact a woman's decision to breastfeed, as well as the perceived barriers to breastfeeding initiation and/or continuation. It was felt asking mothers who had recently given birth, rather than those who were pregnant, to complete the questionnaire would be more useful in gaining an overall picture of the breastfeeding service provided throughout the sector.

Results from Havering mothers (n = 65) who answered the survey indicated:

*87% of mothers had already decided on a feeding method prior to even becoming pregnant.

This figure rose to 89% who had decided prior to giving birth;

*For women who chose to breastfeed, 93% stated they did so because of the fact that breastfeeding was good for the health of both mother and baby. For those who did not want to breastfeed, the majority stated this was because bottle feeding would be easier as partner/friends/family could help with feeding;

*99% of all mothers (including those who did and did not intend to breastfeed) reported being aware of the health benefits of breastfeeding for both themselves and their baby.

b) Focus groups

Focus groups are a form of research in which a group of people are asked their opinions about a topic of discussion. Questions are asked in a small interactive group setting, where participants are free to talk and discuss their thoughts with other group members. Two focus groups were held with Havering mothers during Spring 2011. One of these groups comprised mums and partners, and the second involved a small group of young (17-20 year-old) mothers. Both focus groups aimed to seek the views of the mothers on the maternity service in Havering, and gain their views on breastfeeding. Feelings from the mothers about breastfeeding and the maternity service varied greatly. Comments included:

'I think I must have had a really good experience with breastfeeding, I loved it, I thought it was the best feeling ever, the best bond'

'I was against it at first, but when I finally had him, I thought why not give it a go'

'The midwife encourages you to try breastfeeding, (they) say its good for the baby'

On breastfeeding in public, comments included:

'I breastfed in (name of chain restaurant) and the waiter said they weren't allowed to serve me'

'(local shopping centre) has a babies room with a little toilet and a section with a chair where you can breastfeed. It's near a toilet, but at least it's not in a toilet. There are no windows in the rooms, it's not the sort of place you want to stay in for any length of time'

c) Havering social marketing questionnaire

A one-page questionnaire was also developed during July 2011, to evaluate the impact of the social marketing work taking place in the Borough. The questionnaire aimed to assess peoples feelings towards breastfeeding, and will eventually be used evaluate the impact and coverage of the planned social marketing. The questionnaire was distributed at local children's centres and libraries in the first round of data collection (a second round of data collection using the same questionnaire is planned for December 2011 and a third for April 2012). Initial feedback from round one was obtained in July and August 2011, before the launch of any social marketing work.

The initial findings from this first round of responses are seen below. The results indicate that the majority (67% of respondents (525 – of which 6.9% were male) think it is a good idea for mums to breastfeed, whilst 80% do not object to mothers breastfeeding public.

Figure 7: Response to the Havering social marketing questionnaire – 'What are your thoughts on breastfeeding?'

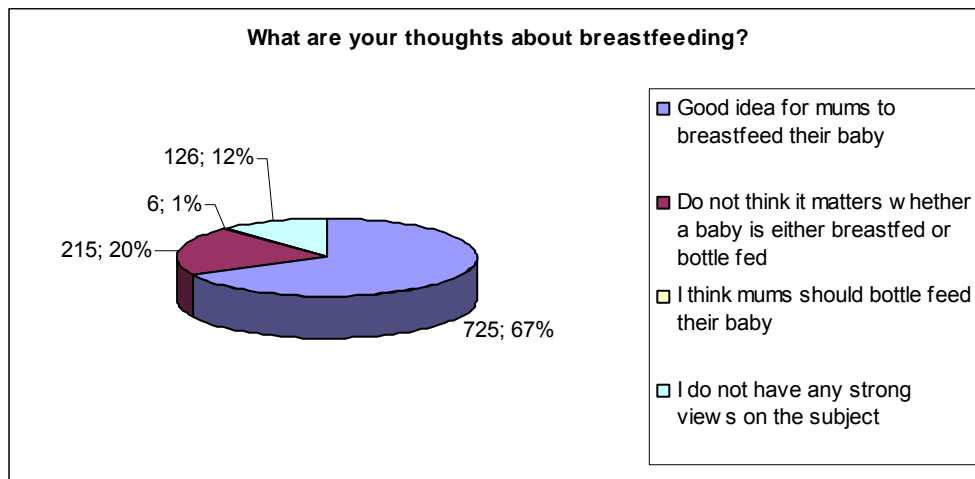
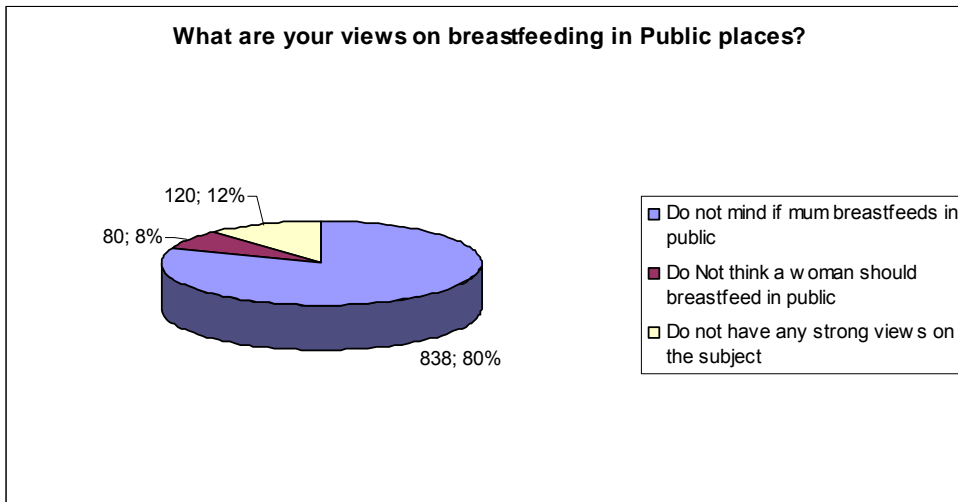


Figure 8: Response to the Havering social marketing questionnaire – 'What are your views on breastfeeding in Public Places?'



5. EVIDENCE OF WHAT WORKS

As is discussed above, there are many factors which influence a mother's decision to breastfeed, and therefore it is thought that a range of different actions are necessary to increase breastfeeding rates.

a) UNICEF Baby Friendly Initiative

The Baby Friendly Initiative was set up by the World Health Organization and the United Nations Children's Fund (UNICEF) International as a worldwide programme in 1992, and was adopted by UNICEF UK in 1994. The UK Baby Friendly programme provides education and advice to help NHS trusts and other health-care facilities to implement recognised best practice standards in increasing breastfeeding rates. These standards, set out as the 'Ten Steps to Successful Breastfeeding', are designed to enable improved practice in maternity units in order to promote, protect and support breastfeeding.

In addition, UNICEF has also outlined a Seven Point Plan (17) to help support and increase breastfeeding in the community setting. These points are summarised briefly below. Further information can be found at: <http://live.unicef.org.uk/babyfriendly/>

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

Figure 9: UNICEF best practice guidelines to increase breastfeeding rates

10 steps to successful breastfeeding (for maternity units)	The Seven Point Plan (for community facilities)
<ol style="list-style-type: none"> 1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff. 2. Train all healthcare staff in the skills necessary to implement the breastfeeding policy. 3. Inform all pregnant women about the benefits and management of breastfeeding. 4. Help mothers initiate breastfeeding soon after birth. 5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies. 6. Give newborn infants no food or drink other than breast milk, unless medically indicated. 7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day. 8. Encourage breastfeeding on demand. 9. Give no artificial teats or dummies to breastfeeding infants. 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic. 	<ol style="list-style-type: none"> 1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff. 2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy. 3. Inform all pregnant women about the benefits and management of breastfeeding. 4. Support mothers to initiate and maintain breastfeeding. 5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods. 6. Provide a welcoming atmosphere for breastfeeding families. 7. Promote co-operation between healthcare staff, breastfeeding support groups and the local community.

6. ACTIONS AND RECOMMENDATIONS

a) Action Plan

An extensive programme of work is planned around on breastfeeding over the next year. Much of this has already been described elsewhere in this chapter, and is summarised in the action plan below.

Figure 10: An action plan for work to increase breastfeeding in Havering

Action	Description	Timeline
Havering data collection and reporting	Work with GPs to improve quality of breastfeeding data.	July 2011 – April 2012
Havering Breastfeeding Friendly scheme	A scheme to encourage local businesses to become 'breastfeeding friendly', welcoming mums to breastfeed on their premises. Continue to encourage local business, including cafes, restaurants, play centres and health venues to sign up.	Scheme launched June 2011, ongoing.
Havering social marketing campaign	A poster campaign highlighting the benefits of breastfeeding and raising social awareness of this topic will be rolled out from September 2011, to include posters on bus stops, billboards and in cinema's	Sept 2011 – June 2012 Further work ongoing
Schools breastfeeding awareness pilot project	Education session with year 9/10 students in a selection of Havering secondary schools. This pilot aims to raise awareness of and stimulate discussion around breastfeeding in this age group.	Sept 2011- June 2012
Staff training programme	Inconsistency of messages by various health professionals is commonly cited as a barrier to breastfeeding. By training key staff, including midwives, health visitors and GPs, using a UNICEF accredited breastfeeding management programme, staff will gain the necessary knowledge and skills to support mothers who wish to breastfeed to do so.	Post April 2012
Evaluation of current service provision	Conduct an evaluation of current service provision, including ante-natal and peer support services, to identify if/how services can be improved to allow more/targeted access of users.	Sept 2011 – April 2012
Work with acute maternity units	Continue to work with Havering's acute ante-natal unit (BHRUT) to ensure breastfeeding is promoted and supported by all, and women are given the time to ask questions and gain help with problems experienced before discharge.	Ongoing

b) Recommendations

- **Introduce a breastfeeding staff training programme to ensure consistent messages about breastfeeding are being delivered by all health professionals**

Ensuring health professionals are aware of and promote the benefits of breastfeeding to mothers right from the first ante-natal appointment to discharge with a service is essential if mothers are to make an informed decision on whether or not to breastfeed. Ensuring mothers feel they have the time and support to ask for help from such professionals is also crucial. This will require that all health professionals that pregnant and new mothers come into contact with are aware of the evidence surrounding the benefits of breastfeeding, from GPs, Midwives and Health Visitors to professionals such as Children's Centre Staff and Family Support Workers.

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

- **Expand the peer support breastfeeding programme**

Supporting women to breastfeed in the early days and weeks is vital if women are to continue breastfeeding for the recommended six months. Health professionals, including community midwives and health visitors, should play a vital role in supporting mothers in this early stage, however the role of partners and friends must not be underestimated. Further, ensuring that services such as the peer support service is accessible to all will help to support mothers with problems to continue breastfeeding, where previously they may have stopped. It is hoped this service can be expanded so that all breastfeeding mothers are contacted by the service within 48 hours of discharge from hospital, to target those mothers who drop out early due to initial problems that could be overcome with the correct information.

- **Continuation of Havering's social marketing campaign promoting breastfeeding, and extending this to further areas of Havering and continuation of the schools breastfeeding awareness pilot**

If breastfeeding rates are to increase in Havering, a long term approach needs to be taken. Changing breastfeeding rates is dependent upon a shift in societal attitudes, so that breastfeeding is seen as the norm in terms of infant feeding. Promoting breastfeeding across the whole of Havering will help those mothers who do breastfeed feel more confident to do so when out and about. It is intended that over time, such promotion will lead to breastfeeding becoming more socially acceptable. Changing attitudes towards breastfeeding should begin in childhood/adolescents, when children become aware of the issue and start forming opinions. It is intended that initiatives such as the schools pilot will enable adolescents to think about the topic and discuss it in an informed manner, to allow them to make an informed decision when the time comes for them to be parents.

- **Continue to work with local premises to increase the number of locations which are participating in the breastfeeding friendly scheme**
- **Continue to work with GPs to improve the quality of the breastfeeding data, so that an accurate understanding of local need is possible**
- **Further work with acute units to ensure breastfeeding is supported, including a review of the provision of ante-natal classes and breastfeeding support included in these.**

7. FURTHER INFORMATION AND REFERENCES

a) Further Information

Child and Maternal Health Observatory (ChiMat)

For information and intelligence to improve decision-making for high quality, cost effective services for children's, young people's and maternal health.

<http://www.chimat.org.uk/>

Department of Health:

*Information and data on initiation and prevalence at 6-8 weeks:

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Children/Maternity/Maternalandinfantnutrition/Breastfeedinginfantfeeding/DH_085657

* Breastfeeding: Good Practice Guidance to the NHS

National Institute of Health and Clinical Excellence (NICE)

*Public health guidance 11, Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. Available at: www.nice.org.uk?PH011

*Promotion of breastfeeding initiation and duration. Evidence into best practice.

Available at:

http://www.nice.org.uk/niceMedia/pdf/EAB_Breastfeeding_final_version.pdf

National Obesity Observatory

www.noo.org.uk

NHS Choices

<http://www.nhs.uk/Planners/breastfeeding/Pages/breastfeeding.aspx>

NHS Information Centre

Infant Feeding Survey. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey>

World Health Organization

For generic information on breastfeeding, see: www.who.int/topics/breastfeeding/en/

b) References

1. Breastfeeding: Good practice guidance to the NHS (1995). London: Stationery Office.
2. The economic effects of breastfeeding: a review and analysis, Weimer J (2001). ERS Food Assistance and Nutrition Research Report, 13.
3. Association between breastfeeding and asthma in 6 year old children: findings of a prospective birth cohort study. Oddy WH, Holt PG, Sly PD et al. (1999). British Medical Journal, 319: 815–9.
4. Breastfeeding and Hospitalization for Diarrheal and Respiratory Infection in the United Kingdom Millennium Cohort Study. Quigley MA, Kelly YJ, Sacker A (2007). Paediatrics

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

119(4): e837-e842. Available online at: <http://pediatrics.aappublications.org/content/119/4/e837.long> (accessed November 2011).

5. Evidence on the long-term effects of breastfeeding. Horta BL, Bahl R, Martines JC et al. (2007). World Health Organisation; Geneva. Available online at: http://www.who.int/child_adolescent_health/documents/9241595230/en/index.html (Accessed November 2011).

6. Breastfeeding and maternal and infant health outcomes in developed countries. Ip S, Chung M, Ramen G et al. (2007). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. Available online at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf> (Accessed November 2011).

7. Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective. World Cancer Research Fund (WCRF) (2007) 2nd Expert Report. Available online at: http://www.dietandcancerreport.org/expert_report/index.php (Accessed December 2011).

8. Breastfeeding reduces postpartum weight retention. Baker JL, Hamborg M, Heitmann BL et al (2008). American Journal of Clinical Nutrition 88:1543 - 1551

9. Benefits of Breastfeeding. Allen J & Hector D (2005). New South Wales Public Health Bulletin 16(4) 42 – 46

10. Infant Feed Survey 2005. Bolling K, Grant C, Hamlyn B et al (2007) . A survey conducted on behalf of the Information Centre for Health and Social Care and the UK Health Departments by BMRB Social Research. The Information Centre for Health and Social Care: London. Available online at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey> (Accessed August 2011).

10. Clarification of Breastfeeding Initiation Data. Department of Health (2009). Available online at: www.dh.gov.uk/assetRoot/04/07/16/96/04071696.pdf (Accessed November 2011).

11. Breastfeeding Fact Sheet. World Health Organization (2010). Available online at: http://www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/breastfeeding/en/index.html (accessed May 2010).

12. Breast-feeding in a UK urban context: who breast-feeds, for how long and does it matter? Wright CM, Parkinson K & Scott J (2006). Public Health Nutrition 9:686-691. Available online at: http://journals.cambridge.org/download.php?file=%2FPHN%2FPHN9_06%2FS136898000601170a.pdf&code=2bdf88ba3129d0b4d990e75cf703ee45 (Accessed August 2011).

13. Prevalence of breastfeeding by ward, NHS Havering (2011).

14. Promotion of breastfeeding initiation and duration. Evidence into practice briefing. Dyson L, Renfrew M, McFadden A et al. (2006) Available online at: http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/promotion_of_breastfeeding_initiation_and_duration_evidence_into_practice_briefing.jsp (Accessed August 2011).

Havering JSNA 2011/12 – Chapter 6: Breastfeeding

15. The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions. Swanson V, Power K, Kaur B et al (2006). Public Health Nutrition 9:297-305. Available online at: http://journals.cambridge.org/download.php?file=%2FPHN%2FPHN9_03%2FS1368980006000565a.pdf&code=2bdf88ba3129d0b4533e435a6523a1b7 (Accessed September 2011).

16. Public health guidance 11, Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. NICE (2008). Available online at: www.nice.org.uk?PH011 (Accessed September 2011).

17. Seven Point Plan to help support and increase breastfeeding in the community setting. UNICEF (2011). Available online at: <http://live.unicef.org.uk/babyfriendly/> (Accessed December 2011).