

*DRAFT V3*

# **Swindon Breastfeeding Strategy 2016 – 2020**

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## Foreword

Breastfeeding is acknowledged by the World Health Organisation as the best means of giving infants a normal, healthy start to life (World Health Organisation, 2002). It not only provides the correct amount and balance of nutrients for optimal growth and development, it also protects against many illnesses for both baby and mother, both while breastfeeding occurs and after weaning from the breast.

Currently about half of all mothers in Swindon breastfeed their baby at 6-8 weeks of age, which is higher than the England average. However we know that around 80% of Swindon mothers start breastfeeding just after the birth of their baby and many give up before they would like to due to having problems with feeding.

The mother's decision of whether to breastfeed her infant or not can depend on a number of factors; younger mothers are less likely to breastfeed, as are less educated mothers, and mothers from a more socio-economically deprived background (NICE 2008; Health and Social Care Information Centre, IFF Research, 2012). Mothers who are from a black and minority ethnic (BME) background are much more likely to take up breastfeeding.

Even when the mother wishes to breastfeed her infant she may encounter barriers due to lack of experience or support with breastfeeding, which can lead to mastitis (an inflammation of breast tissue), inadequate milk supply or blockages in milk let down. There are also social and economic issues which can be impediments, such as mothers returning to work shortly after birth and the acceptability of breastfeeding in public places.

However these barriers can all be lessened or removed to a large extent by well trained professionals, good quality of social support within the community, an understanding and appreciation of the multiple benefits of sustained breastfeeding for both the mother and child and establishing an acceptance within the community that breastfeeding is the norm. There are also legal dimensions to support and normalise breastfeeding, in that the Equality Act 2010 (Great Britain) protects against treating a woman unfairly because she is breastfeeding.

We are committed to tackling these barriers to optimise the health and wellbeing of Swindon mothers and their babies, through working to make breastfeeding the normal way of feeding a baby and diminishing health inequalities related to breastfeeding.

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## Introduction

There is strong evidence showing that breastfeeding confers protection for the mother from breast cancer (Renfrew, et al, 2012; World Cancer Research Fund and American Institute for Cancer Research, 2007), and for the baby, protection from gastroenteritis, respiratory infections, middle ear infections and necrotising enterocolitis (a rare condition where portions of the bowel tissue die). There may be further benefits to the baby as there is some evidence that breastfed babies have a lower incidence of sudden infant death syndrome (SIDs), are less likely to be obese as children (Renfrew, et al, 2012) and have a higher IQ. Breastfeeding may help with weight control in the mother (Bobrow *et al.*, 2009).

Breastfeeding in the first year of life reduces the risk of infant mortality (Chen and Rogan, 2004); we know from national and local data that mothers from lower socio-economic backgrounds are less likely to breastfeed (see 'National and local data' section) than those on higher income. The infant mortality rate in Swindon (2010-2012) is significantly lower than the national figure (Swindon Health and Wellbeing Board, 2015). The Swindon child poverty needs assessment (NHS Swindon, 2011) shows that infant mortality rates within Swindon vary according to level of deprivation. In Swindon there is a significant higher rate between the most deprived quintile (most deprived 20%) in Swindon compared to the other four quintiles. Infant mortality rates are one of the most sensitive indicators of health inequalities.

Potentially, supporting more mothers to breastfeed, particularly targeting population groups where breastfeeding prevalence is low could have a positive impact on the health of both mother and child (Renfrew, 2012.) It is likely to result in considerable savings to the NHS (see section on 'Costs of improving breastfeeding section below'). Breastfeeding rates in the UK are among the lowest in Europe and experience of other countries to increase breastfeeding rates shows that there is potential for these rates to increase (Renfrew, 2012) and to support health improvement in the most deprived communities.

In Swindon, similarly to the rest of the country, several factors make the initiation and maintenance of breastfeeding particularly difficult. Examples of barriers to breastfeeding include:

- cultural attitudes – breastfeeding in public is not common which can mean that women do not know what to expect and how to practically breastfeed; bottle feeding may be the 'norm' in some communities so there is lack of family and social support or even a stigma associated with breastfeeding; There is also the impact of attitudes from partners. Research on perception of breastfeeding of white low-income British men (Henderson et al 2011) stated that father's views have been shown to be important determinants of infant feeding decisions. They concluded that breastfeeding was perceived in this group as "natural" but problematic, whereas formula feeding was mainly considered as convenient and safe.
- commercial promotion of artificial milks- making it seem like the easier choice;
- obstacles for the working mother, such as being unable to find child care facilities at or near the workplace and inflexibility in their work hours and locations.

However increasing awareness, less promotion of commercial products and support for women has resulted in breastfeeding initiation rates increasing. In the 1990 UK Infant Feeding Survey, breastfeeding initiation rates were 62% for the UK (Health and Social Care Information Centre, IFF Research, 2012). In the 2010 survey this had increased to 81%.

This breastfeeding strategy and its action plan is one of a range of integrated programmes to promote child health and support parents, as set out in the Healthy Child Programme (Department of Health, 2009) and the Public Health Outcomes Framework (Public Health England). It has been produced in collaboration with the Swindon breastfeeding working group and other key stakeholders. It is recommended that it is read in conjunctions with the Swindon Best Start Joint Strategic needs assessment, breastfeeding section, which contains more detailed analysis of breastfeeding data, particularly at a Swindon level.

### **The vision**

Our vision is to provide babies with the best start in life by ensuring that breastfeeding is the norm. Everyone has a role in this, from parents and wider family members to health professionals who can support mothers to breastfeed. These stakeholders can provide encouragement to businesses and workplaces to provide more conducive environments for breastfeeding. They can also support improved education around breastfeeding, including working with schools and early years settings.

### **Aims and objectives**

The aim is to improve the health of Swindon Borough Council and Swindon CCG mothers and their babies and reduce health inequalities, through increasing the numbers of mothers who initiate and maintain breastfeeding for as long as they and their child want.

In order to deliver this aim, an action plan has been developed to deliver the following objectives:

- establish a baseline of breastfeeding levels and monitor progress related to targets;
- deliver evidenced based programmes in a range of settings to normalise, promote and support breastfeeding, with particular focus on health inequalities, and;
- create a breastfeeding friendly environment through wider actions in the community.

### **Cost of improving breastfeeding rates**

Implementing specific programmes to increase breastfeeding prevalence have been estimated to be cost-effective by both NICE (2006) and UNICEF (Renfrew, 2012).

NICE in 2006 provided costs and activity estimates of the financial impact of implementing the Baby Friendly Initiative in local maternity units. They concluded that it was 'highly likely' that this would be cost effective over at least 3 years when balancing the costs of implementing the initiative compared with reduced treatment costs for gastroenteritis,

otitis media and asthma in babies achieved by increasing breastfeeding rates and reduced use of formula milks and teats in hospital.

The UNICEF Cost Analysis report (Renfrew, 2012) estimated cost savings to the NHS of over £40 million a year from a moderate increase in breastfeeding rates due to a reduction in illnesses in both mother and baby, where breastfeeding is thought to have a protective effect. They estimated that 'investment in effective services to increase and sustain breastfeeding rates is likely to provide a return within a few years, possibly as little as one year'.

## **Guidance and targets**

### **Guidance**

National and international guidance recommend exclusive breastfeeding for the first six months (26 weeks) of life (NICE, 2008; World Health Organisation, 2002). After this time, introduction of appropriate solids can gradually start, with breastfeeding continuing for as long as mother and baby wish.

### **Targets**

The Department of Health introduced individualised targets for NHS Primary Care Trusts (PCTs) to measure breastfeeding initiation and coverage (the percentage of people monitored) in 2006/07 financial year as part of targets to improve breastfeeding prevalence at initiation. The Department of Health then requested breastfeeding prevalence and coverage measurements at 6 to 8 weeks following birth, in 2008/09 financial year from PCTs as work on breastfeeding developed beyond initiation.

The coverage target set by the Department of Health is 95%. Indicators in the Public Health Outcomes Framework (NHS England, 2014) are now used to inform the setting of local targets to increase breastfeeding.

The breastfeeding indicators in the Public Health Outcomes Framework are:

- Breastfeeding initiation
- Breastfeeding prevalence at 6-8 weeks after birth

### **The Swindon targets are:**

- Increase the prevalence of breastfeeding initiation in SBC from 76.3% in 2014/15 to 79% by 2019/20.
- Increase the prevalence of breastfeeding at 6 to 8 weeks in SBC from 46.1% in 2014/15 to 48% in 2019/20
- Increase the prevalence of exclusive breastfeeding at 6 to 8 weeks in SBC from 30.4% in 2014/15 to 32% in 2019/20.
- Reduce the drop off in breastfeeding prevalence at 6 to 8 weeks from 39.6% for SBC in 2014/15 to 38% by 2019/20.
- The above targets should aim to reduce the gap in breastfeeding prevalence between the most deprived areas and the Swindon average.

## National and local data

There are two main sources of national data. The UK Infant Feeding Survey (Health and Social Care Information Centre, 2012) and NHS England national data on initiation and at 6 to 8 weeks after birth, which is collected in all areas of England and uploaded nationally (NHS England, 2014).

### The Infant Feeding Survey

The Infant Feeding Survey collects detailed information on population demographics and this information is not available from the NHS England data collection. The most recent survey was measured in 2010 (Health and Social Care Information Centre, 2012). This shows that in the UK in 2010 81% of mothers initiated breastfeeding, with the highest incidences of breastfeeding found among mothers aged 30 or over (87%), those from minority ethnic groups (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group), those who left education aged over 18 (91%), those in managerial and professional occupations (90%) and those living in the least deprived areas (89%). This is despite the fact that mothers in Great Britain from a black or Asian background (59%) were more likely to live in the most deprived quintile than white mothers and those from a Chinese or other ethnic background (24% for both).

The incidence of breastfeeding decreased as deprivation levels increased, so that fewer than three-quarters (73%) of mothers in the most deprived quintile initiated breastfeeding compared with almost nine in ten (89%) of the least deprived mothers. Incidence was lowest in routine and manual occupations (74%) and among those who had never worked (71%). White mothers had the lowest incidence of breastfeeding of all ethnic groups (79%). Mothers under the age of 20 were least likely to breastfeed in all countries, with 61% of incidence in England.

Across the UK as a whole, the age at which the mother completed full time education had an impact on breastfeeding. 91% of mothers who left full-time education when they were over 18 breastfed their baby, compared to 75% who left education aged 17 or 18 and 63% who were 16 or under when they left full-time education.

The Infant Feeding Survey did not include Roma, English Gypsy and Irish Traveller communities. A study by Louise Condon (2014) found that it is not possible to make statements about infant feeding among Gypsy-Travellers as a whole, as the different subgroups of Gypsy-Travellers differ widely in their customary infant feeding behaviours. Her study found that most English Gypsies and Irish Travellers chose to bottle feed and often weaned early, behaving similarly to other UK mothers of similar socio-economic class, age and educational achievement. By contrast there is a strong tradition of extended breastfeeding and late weaning among the Roma. These feeding behaviours are more closely allied to non-white mothers living in the UK, and to mothers living in countries where breastfeeding is practised by the majority of the population. Condon recommended that these groups receive a targeted service from health professionals who understand the customs and practices of Roma, English Gypsy and Irish Traveller communities.

The Infant feeding survey found that breastfeeding drops off rapidly in all groups in the first 6 weeks after initiation. The prevalence of breastfeeding fell from 81% at birth to 69% at one week, and to 55% at six weeks. 63% of Mums who had stopped breastfeeding by 8-10 months would have liked to have breastfed for longer, with the majority giving up within the first 6 weeks. The drop off in breastfeeding prevalence between initiation and 6-8 weeks is a concern.

National data from the Infant Feeding Survey shows that only 1% of mothers in the UK are exclusively breastfeeding at 6 months (Health and Social Care Information Centre, 2012), therefore nationally, this recommendation is far from being met. Data are not collected at local level at 6 months, so it is not possible to measure if this recommendation is being met, however local data is collected at initiation and at 6 to 8 weeks after the birth- further information is provided on these data below.

### **NHS England breastfeeding data**

The NHS England data collection allows the comparison of local level data with that of England and the local region. Local level data is available by PCT area up to the end of 2012/13. After this time data were reported by CCG area. Swindon PCT and Swindon CCG areas are coterminous which allows comparison of data over the PCT/CCG area going back since data collection began for both initiation and at 6 to 8 weeks. Since 2013/14, data has been available at Local Authority level. Swindon CCG and Swindon Borough Council (SBC) do not have coterminous boundaries. Swindon CCG area covers SBC plus the town of Shrivenham.

Comparison of SBC's prevalence with 'similar towns' is problematic as the definitions of similar towns have changed between 2014/15 and 2015/16. The national data do not provide confidence intervals, therefore tests of statistical significance are not possible.

There have been data quality issues which have meant data have not been consistently reported and are missing for some data points. Poor quality data is indicated in figure 2, where the data is provided as estimated data.

### **Definitions**

The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk (NHS England, 2014). Breastfeeding at 6-8 weeks after birth is defined as infants who are currently receiving breast milk at 6-8 weeks of age (NHS England, 2014). They may also be receiving formula milk, any other liquids or food or only breast milk. Data has been collected since April 2003 on initiation.

### **Initiation**

Breastfeeding initiation prevalence has shown a small increase in Swindon PCT/CCG, England and the South between 2009/10 and 2014/15- see figure 1. Swindon's prevalence has increased from 75.3% to 76.8% over this period, but there has been some fluctuation. The rise has been between mainly in the first 3 to 4 years in England and Swindon, after this

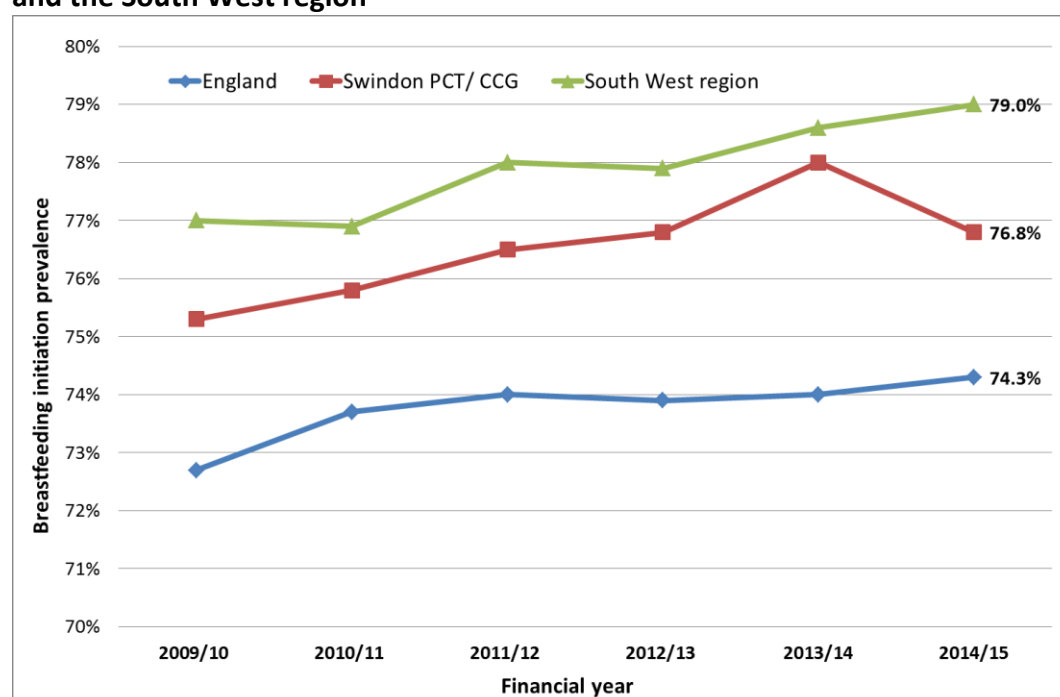


time initiation rates are at a plateau. The South West region has shown a slow steady increase over the whole period.

Swindon has slightly higher breastfeeding prevalence at initiation than England. The South West region has higher initiation rates than both Swindon and England.

SBC prevalence for initiation is slightly lower than that of the Swindon CCG area for both 2013/14 and 2014/15, with the prevalence being 77.6% in SBC and 78.0% in Swindon CCG in 2013/14, and 76.3% in SBC and 76.8% in Swindon CCG in 2014/15.

**Figure 1: Breastfeeding initiation from 2009/10 -2014/15 for England, Swindon PCT/CCG and the South West region**



The Local Authority areas with the highest initiation rates in 2014/15- there are a number of areas with prevalence over 90% where there were no data quality issues. These are Camden (90.5%), Hackney (92%), Haringey (90.9%), Hounslow (90.8%), the Isles of Scilly (100%- 21 women), Lambeth (91.4%), Newham (90.3%) Richmond-upon-Thames (91.1%) and Wandsworth (92.9%).

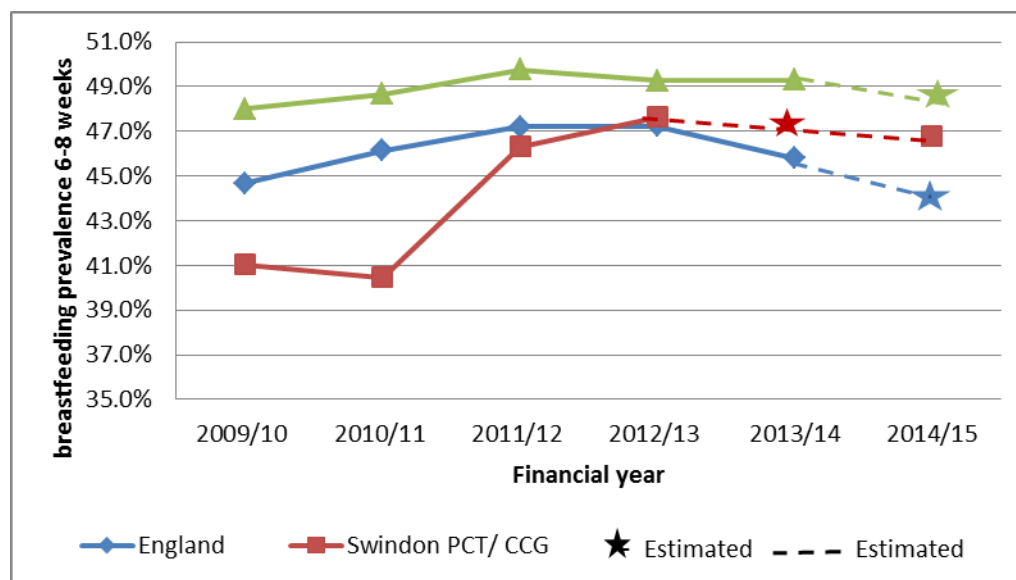
### 6 to 8 weeks prevalence

Data quality has been poor for data for breastfeeding 6 to 8 weeks for many areas for 2013/14 and 2014/15. This is mainly due to changes in data return arrangements that were implemented in 2013/14 due to NHS and Local Authority changes.

Between 2009/10 and 2014/15 breastfeeding prevalence has most likely increased in England, Swindon PCT/ CCG and the South West region. The changes are masked by data quality issues where less than 95% of data were reported in England, Swindon and the South West in 2014/15 and the estimates in Figure 2 underestimate the prevalence. Most of this increase occurred between 2009/10 and 2012/13, with all areas appearing to plateau off or slightly dip after this time.

SBC prevalence at 6 to 8 weeks is slightly lower than that of the Swindon CCG area for 2014/15 (data quality was poor for both areas for 2013/14), with the prevalence being 46.1% in SBC and 46.8% in Swindon CCG in 2014/15.

**Figure 2: Breastfeeding at 6-8 weeks from 2009-10 to 2012/13 for England, Swindon PCT/CCG and the South West**



Estimates need to be treated with caution as data quality is poor. The estimates are the actual reported figures, however they will be an underestimate as the coverage on the estimates does not meet the 95% coverage target.

The Local Authority area with the highest prevalence at 6 to 8 weeks is Hackney with 81.5% prevalence.

#### ***Exclusive breastfeeding prevalence at 6 to 8 weeks in 2014/15***

National guidance is for exclusive breastfeeding until 6 months of age. The national data for 6 to 8 weeks for exclusive breastfeeding below, shows there are no areas which are meeting this recommendation:

Area	prevalence of exclusive breastfeeding at 6 to 8 weeks
England	30.1%, however there were data quality issues
Swindon CCG	31.1%
SBC	30.4%
South West	35.9%, however there were data quality issues
Best performing area, with no data quality issues: Brighton and Hove- 57.9%	

#### **Drop off in breastfeeding prevalence**

Data on breastfeeding initiation (figure 1) and 6 to 8 weeks (figure 2) demonstrates that there is a drop off in breastfeeding prevalence in England, Swindon and the South West

region. Drop off rates are calculated as follows: (% of mothers initiating breastfeeding MINUS % of infants being breastfed at 6-8 weeks) DIVIDED BY % of mothers initiating breastfeeding. These are the prevalence drop offs for 2014/15:

Area	Drop off rate
England	41.0%
Swindon CCG	39.1%
SBC	39.6%
Area team	No data due to data quality issues
Best performing area where data are available: City and Hackney CCG- 10.8%	

### Local data sub- analysis

There is considerable variation in breastfeeding prevalence in communities within Swindon, with those with the greatest social-inequalities being least likely to breastfeed i.e. those with the lowest educational attainment, lowest socio-economic status and low maternal age. Local analysis of Swindon breastfeeding data at 6 to 20 weeks after birth from the health visitor primary visit 2011/12, showed:

- Breastfeeding at 6 to 20 weeks appears to be associated with the age of the mother. Mothers who were 19 years or under have the lowest breastfeeding rates (24%) and mothers of 30 years or older show greater rates of breastfeeding initiation (69%), in Swindon in 2011/12.
- Mothers of Asian (94%), black (89%) and Chinese or any other ethnicity (86%) were more likely to initiate breastfeeding when compared to mothers of mixed ethnicity (80%) and white ethnicity (71%). However the data may be required to be looked at in more detail as there were some small sample sizes – in particular the mothers of mixed ethnicity.

Local analysis of exclusive breastfeeding prevalence was carried out on data from 1648 mothers/infants from the Swindon Local Authority area, from Sept 2012 to June 2013. The data were from Health Visitors and GP records. Across Swindon 31% of women were exclusively breastfeeding at 6 to 8 weeks, but the prevalence varied from electoral ward to electoral ward.

Table 1 shows Swindon electoral wards presented by descending tendency to be exclusively breastfed at 6 to 8 weeks. The actual numbers of exclusively breastfed infants are included in the far right column. Each ward has been colour coded using English Indices of Deprivation 2010 (Average ID2010 ranking: McLennan et al, 2011) to show whether it belongs to the 25% of the country's most deprived wards (red), 50% of in-between wards (grey) or 25% of least deprived wards (blue).

**Table 1: Exclusive breastfeeding prevalence at 6 to 8 weeks in SBC by ward level and deprivation level**

Average ID2010 Ranking	electoral Ward	% exclusively breastfed	no. exclusively breastfed
27,475.00	Lawn & Chiseldon	47	9
17,643.80	Eastcott	43	40
25,684.60	Old Town	41	30
13,069.50	Central	40	40
19,230.80	Mannington & Western	39	38
26,721.80	St Margaret & South Marston	36	25
26,943.80	St Andrews	35	51
13,762.90	Rodbourne Cheney	35	27
28,941.80	Priory Vale	33	54
24,183.60	Blunsdon & Highworth	33	14
26,747.40	Shaw	31	26
21,912.40	Lydiard & Freshbrook	31	25
22,478.80	Wroughton & Wichelstowe	29	8
21,450.10	Covingham & Dorcan	28	18
23,990.50	Haydon Wick	26	20
13,392.60	Liden, Eldene & Park South	24	22
11,473.40	Gorse Hill & Pinehurst	24	24
9,032.80	Walcot & Park North	23	30
14,689.10	Penhill & Upper Stratton	12	13

From table 1, it can be seen that 3 out of 5 of the 25% of most deprived wards (coloured red) occupy the lower half of the table with the exception of Central and Eastcott wards. An explanation for this may be that in the 2011 census (Swindon Borough Council, 2014) Central and Eastcott wards had the highest proportion of people from BME origin in Swindon living in these wards; 48.2% of the residents of Central ward and 27.7% from Eastcott ward. Comparatively, the proportion of Swindon's total population people of BME origin was 15.4%.

## Effective interventions

Various factors have been shown to contribute to good rates of breastfeeding initiation and maintenance including (NICE, 2008; Entwistle 2013):

- Local programmes within maternity and community settings to promote, protect and support breastfeeding e.g. peer support programmes, structured programmes such as UNICEF UK Baby Friendly Initiative - see appendix 1 for more details.
- Evidence based training of healthcare workers and volunteers who are in contact with breastfeeding mothers, to ensure consistency in support and advice given.
- Increasing access to disadvantaged groups through providing antenatal and postnatal services in Children's centres.

- No infant feeding industry advertising including equipment, information leaflets or in training. This is in accordance with the World Health Organisation international code of marketing breast milk substitutes, 1981.
- Joint working of local partners through a co-ordinated approach, a joint strategy and action plan, with an identified person to lead on implementation of the action plan.
- Have written policies and guidelines to support breastfeeding; these need to be linked to staff training.
- Have processes for implementing, auditing and evaluating work to increase breastfeeding prevalence.
- Creation of a breastfeeding friendly environment throughout a local area including in workplaces, schools, nurseries, children's centres, local authority premises, shops, and healthcare premises. This is part of work to implement recommendations from the Equality Act 2010, which includes clauses prohibiting discrimination against breastfeeding in public places.
- Raising awareness of breastfeeding through work with the media, schools and nurseries as well as local authority and health care

### **Our values that underpin this strategy:**

- In supporting breastfeeding we will do no harm
- We will not exclude any woman on grounds of race, culture, or background
- We will consider the different needs of mothers and their babies in Swindon
- We will support and not discriminate against women who choose to artificially feed their babies

### **Previous work to increase breastfeeding in Swindon**

Swindon has had breastfeeding strategy and action plan to increase breastfeeding prevalence since 2008. As seen from the data above, there have been increases in breastfeeding prevalence at initiation and at 6 to 8 weeks in both Swindon and in England. It is difficult to identify what has caused the increase since all areas of England had targets to increase breastfeeding from 2008 to 2013.

These are the main areas of work:

- The UNICEF Baby Friendly Initiative has been implemented in both hospital and community settings in Swindon, with Swindon maternity services having achieved full accreditation in 2014 and the Swindon Health Visiting service and Family Nurse Partnership having achieved full accreditation in May 2016.
- Peer support programme, Breastmates – These are informal drop-in groups where breastfeeding mothers can meet other mums for a drink, chat and if needed, gain support with breastfeeding. The groups are run by a mix of health professionals, breastfeeding counsellors and peer supporters (mothers who have breastfed and received training).

- Breastfeeding welcome scheme- Swindon Borough council have signed up to Breastfeeding Welcome, which is a national programme to support Mums who feed in public places. Local public places agree to put up signage and support the rights of mothers breastfeeding on their premises.
- Media work- we have planned publicity for promoting breastfeeding in the local media on at least an annual basis, which has always been picked up by the local media. We have also undertaken a social marketing campaign.

## Putting an action plan into practice

To ensure that the aims of this strategy can be effectively achieved and previous work can be built on, an action plan will be put in place. The action plan will focus on evidence based guidance, including from NICE and guidance from the Department of Health of what an action plan should contain, as a minimum standard (Dept. of Health, 2008), including maintenance of UNICEF Baby Friendly Initiative accreditation in maternity and community services. The action plan will look at work to target those who have the lowest rates of breastfeeding to support and increase in breastfeeding e.g. through programmes such as:

- Continued focus on keeping up standards of the UNICEF baby friendly initiative programme, aiming to improve on practice, including aiming for advanced status and eventually bacon status. This will include:
  - training for all health professionals and workers who support or are involved with breastfeeding, so that they understand the barriers to breastfeeding and have an awareness of how to mitigate these barriers. This includes training for all workers in the Family Nurse Partnership, who work with pregnant teenagers.
  - No infant feeding industry advertising including equipment, information leaflets or in training.
  - Joint working of local partners through a co-ordinated approach, a joint strategy and action plan, with an identified person to lead on implementation of the action plan.
  - Have written policies and guidelines to support breastfeeding; these will be linked to staff training.
  - Have processes for implementing, auditing and evaluating work to increase breastfeeding prevalence
- peer support programmes, endeavouring to recruit from a range of different community groups
- mixed feeding support groups (for both bottle and breastfeeding) for areas where breastfeeding is not the norm, to increase visibility of breastfeeding
- continued implementation of the Breastfeeding Welcome scheme, where local businesses and public places sign up to support women who breastfeeding on their premises. Even though the Equality Act 2010 protects against treating a woman unfairly because she is breastfeeding, local focus groups with Mothers in Penhill around breastfeeding and feedback from midwives indicate that some women do not realise that breastfeeding is a protected characteristic and thought it was illegal

to breastfeeding in public. Women had also heard about breastfeeding mothers having a bad experience breastfeeding in public.

- Raising awareness of breastfeeding through work with the media, schools and nurseries as well as local authority and health care
- Innovative work within health visiting teams to improve breastfeeding rates in specific socio-cultural communities

This action plan is available from Fiona Dickens, Public Health Programme Manager, Swindon Borough Council, email: FDickens@swindon.gov.uk, telephone- 01793 444680.

Progress of this strategy will be monitored by the Swindon Breastfeeding Working group with regular reports back to the Swindon Children's Trust Board. The group will also report to other key partners as required.

### **Diversity impact assessment**

A Diversity Impact Assessment has been completed and incorporated into this strategy. Adverse issues are outlined in the strategy and will be incorporated in the action plan as outlined in the section above, including signposting to information in other languages and use of language line

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## **Appendix 1- The Baby Friendly Initiative** ([www.unicef.org.uk/babyfriendly/](http://www.unicef.org.uk/babyfriendly/))

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. It was established in 1992 to encourage maternity hospitals to implement a plan called 'the Ten Steps to Successful Breastfeeding' and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes.

The UNICEF UK Baby Friendly Initiative was launched in the UK in 1994 and, in 1998, its principles were extended to cover the work of community health-care services in the Seven Point Plan for the Promotion, Protection and Support of Breastfeeding in Community Health Care Settings.

The Baby Friendly Initiative works with the health-care system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. It provides support for health-care facilities that are seeking to implement best practice, and offers an assessment and accreditation process that recognises those that have achieved the required standard.

After extensive consultation, a set of **new standards** were published, which use new evidence and best practice to build on the existing standards, which were introduced in 2013 (see standards below).

Locally, the Great Western Hospitals NHS Foundation Trust maternity services and also the Swindon Health Visiting service and Family Nurse Partnership have achieved full Baby Friendly Initiative accreditation and are working on and implementing the new standards.

### **Baby Friendly Initiative standards**

#### **Building a firm foundation- stage 1**

The aim of this first stage is for the service to put into place the foundations for achieving the changes needed. This includes an infant feeding policy (or equivalent), a plan for staff training (including a curriculum) and the protocols and guidelines which underpin how the staff will implement the standards.

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

#### **An educated workforce- stage 2**

The aim of stage two is to ensure that all staff caring for mothers, babies and their families have the knowledge and skills they need to implement the standards according to their role.

#### **Parents' experiences of maternity services- stage 3**

The aim of this stage is to ensure that the standards are being implemented, benefiting mothers and babies, and achieving improved outcomes.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby.

### **Parents' experiences of neonatal units**

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

### **Parents' experiences of health visiting services**

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Enable mothers to continue breastfeeding for as long as they wish.
3. Support mothers to make informed decisions regarding the introduction of food or fluid other than breastmilk.
4. Support parents to have a close and loving relationship with their baby.

### **Parents' experiences of children's centres**

1. Support pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

When all three assessment stages have been achieved, full Baby Friendly accreditation is awarded. It is at this stage that services usually see improvements in breastfeeding rates.

### **Building on good practice**

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families. Periodic reassessments are needed to make sure that mothers, babies and their families are still experiencing Baby Friendly care. Moving beyond the basic standards is encouraged once they become embedded in everyday practice. Innovations that support enhanced standards of care, evidence of improving outcomes and more advanced staff education can all contribute towards a services application for Advanced or Beacon Baby Friendly status.