

# Delivering Healthy Ambitions Better for Less



## Overview.

NHS organisations can encourage mothers to take up breastfeeding and support them to breastfeed for as long as they wish.

Breast milk provides infants with the best start in life, it protects and reduces the risk of illness for both mother and child, which in turn reduces dependence on health services, resulting in short and long term NHS savings.

# Why Breastfeeding?

Breastfeeding has been found to improve the health of mother and child in the short, medium and long term.

Breast milk provides infants with all the nutrients they need for the first six months of life. Breastfed babies are less likely to develop obesity, diabetes or childhood leukaemia. There are a range of other conditions that breastfed babies are less likely to encounter including: acute otitis media; non-specific gastroenteritis; severe lower respiratory tract infections; atopic dermatitis; necrotising enterocolitis and sudden infant death syndrome.

Breastfeeding mothers are less likely to have type 2 diabetes, breast cancer, ovarian cancer or suffer from postnatal depression.

Early and sick babies in neo natal units additionally benefit from the composition of breast milk.

The key objective is to ensure that all women are supported to breastfeed for as long as they would wish.

To achieve this, ideally infants should receive only breast milk for six months, or until the infant is developmentally ready to be introduced to solid foods. Local health communities need to take an approach which includes:

- Providing quality information to mums to be and new mothers
- Implement a structured programme of activity using the UNICEF Baby Friendly Initiative as a minimum
- Training healthcare and support staff to be confident and competent to support breastfeeding mothers
- Supporting all mothers and increasing their confidence to breastfeed.

## What is the challenge?

Breastfeeding initiation rates in the UK are around the lowest in Europe. Lower socio-economic groups have the lowest breastfeeding rates which can exacerbate existing health inequalities. In Yorkshire and the Humber, the breastfeeding initiation rate is 68%, compared to a national average of 73% (2009/10). Rates are improving but we know that of those women who start, 28% cease to continue breastfeeding past the first few days.

There are significant potential health benefits experienced by exclusively breastfeeding for 6 months, however this is rarely achieved in Y&H. Currently only 29% of infants in Y&H are exclusively breastfed at 6 weeks. We know that this continues to decline so that at 6 months only around 1% of infants are exclusively breastfed. We know that 85% of mothers who breastfeed for less than 6 weeks wished they had breastfed for longer.

Therefore, a comprehensive programme of activity that spans acute and community sectors is required to ensure that women are supported to breastfeed for as long as they wish.

**Table 1.**  
Breastfeeding initiation rates by PCT (2009/10)

| PCT                      | Breastfeeding initiation rate |
|--------------------------|-------------------------------|
| Barnsley                 | 63%                           |
| Bradford & Airedale      | 69%                           |
| Calderdale               | 79%                           |
| Doncaster                | 68%                           |
| East Riding of Yorkshire | 70%                           |
| Hull                     | 57%                           |
| Kirklees                 | 70%                           |
| Leeds                    | 73%                           |
| North East Lincolnshire  | 58%                           |
| North Lincolnshire       | 61%                           |
| North Yorkshire & York   | 72%                           |
| Rotherham                | 59%                           |
| Sheffield                | 77%                           |
| Wakefield District       | 61%                           |

Source: DH Vital Signs Monitoring Return.

## How could we provide better care for less?

### Quality information

By improving the way that breastfeeding information and support is provided to women both antenatally and after birth, we will enable women to make an informed choice of how they feed their baby. We know that women are more likely to consider breastfeeding if they have more information about the differences between breast milk and artificial milk. It is also essential that women understand how to manage breastfeeding as this will help them to sustain breastfeeding for as long as they wish.

### A structured programme

The UNICEF Baby Friendly Initiative (BFI) provides a quality assurance scheme that should be seen as the minimum standard of care for acute and community services within Y&H. This evidence based set of minimum standards to ensure basic quality antenatal, birth and postnatal information and care for all mothers and infants.

UNICEF's Baby Friendly Initiative audits the experiences of mothers and ratifies the process to ensure that changes are improving the information, care and experience of mothers. When UNICEF BFI is achieved in both hospital and community settings it ensures that a basic level of evidence based information is being communicated to mothers. This reduces the amount of conflicting information that a mother may encounter.

UNICEF BFI uses a staged approach, which allows health communities to work through the standards and audit their impact, embedding changes into the whole service. Once areas are accredited they are reassessed every three years.

### Training staff

All acute, community health services and universities providing training for midwives and health visitors should work towards and achieve UNICEF BFI by 2014.

Innovative training tools can be used to ensure that the knowledge and skills are up to date. NHS Yorkshire and the Humber have worked with University of York to develop an e-learning package to support areas to roll out the learning on the benefits of breastfeeding to all acute and community staff.

### Supporting mothers

Mother to mother support has been found to be effective at helping women to establish and maintain breastfeeding once they return home from hospital.

All areas should have a robust breastfeeding peer support service in place, which ensures that breastfeeding women are seen within 48 hours post discharge from hospital.

Peer support services can also assist with activity to influence social norms in favour of a breastfeeding friendly culture, including encouraging a pro-breastfeeding culture within NHS organisations and premises and monitoring their effectiveness.

## Patient benefits

The benefit to patients of implementing this approach include clear evidence based breastfeeding information provided to mothers before and after birth. A wide range of NHS staff are able to support and advise mothers on breastfeeding initiation and continuation, this includes peer supporters who provide mother to mother support. The UNICEF BFI programme provides reassurance for parents and parents to be that the services and advice they are receiving are quality assured. This is an opportunity to make every contact count (see Better for Less briefing: 'Making Every Contact Count').

## Quality benefits

UNICEF BFI has been shown to improve the rates of breastfeeding through comprehensive training and the implementation of best practice in acute and community settings.

In Yorkshire & the Humber, there are 23 maternity centres across 14 trusts. All centres in the region having at least registered their intent to apply for UNICEF BFI accreditation status, but only 15% of births are currently in fully accredited centres.

**Table 2.**  
UNICEF BFI accreditation of maternity sites in Y&H

| UNICEF BFI accreditation status | No. of maternity sites in Y&H |
|---------------------------------|-------------------------------|
| Intent registered               | 5                             |
| Applying for certificate        | 1                             |
| Certificate of commitment       | 2                             |
| Stage 1 accreditation           | 11                            |
| Stage 2 accreditation           | 1                             |
| Full accreditation              | 3                             |

Source: UNICEF Baby Friendly Progress of UK Maternity Units.

UNICEF BFI quality assures the paperwork, delivery of information and training and the outcomes of all infant feeding activity within the hospital or community setting. It helps health communities to plan and deliver the changes required. This ensures that the outcomes are met and are embedded within the whole service delivery, not just reliant upon a few staff groups. UNICEF BFI have found that breastfeeding initiation rates increase by about 10% in acute trusts that become UNICEF BFI accredited and the increase is more profound in the areas with the lowest rates (NICE 2008). It is estimated that breastfeeding continuation rates could increase by 7% if the community setting becomes UNICEF BFI accredited .

## Financial benefits

Potential savings are linked to the reduction in the incidence of certain childhood disease due to the protective effects of breastfeeding. These include gastroenteritis, otitis media and asthma. It should be noted that other positive effects such as reduced admissions to emergency services for infants and a reductions in breast cancer for mother have been reported (NICE, 2006). Recent evidence has also linked breastfeeding as a protective action to prevent preschool obesity. A study published in the BMJ found found the prevalence of obesity at age 6 of children who were bottle fed to be 4.5%, prevalence in breast fed children was 2.8%.

Evidence exists that increasing breastfeeding prevalence reduces a range of NHS costs, for example:

- Babies who are not breastfed are 5 times more likely to be admitted to hospital with gastroenteritis and may be at increased risk of obesity in later childhood, and increased risk of diabetes in later life
- Not breastfeeding increases the mothers risk of breast & ovarian cancer
- Relative risk of breast cancer decreases by over 4% for every 12 months of breastfeeding (NICE 2006a, NICE 2006b).

NICE equate that the NHS could save at least £5.6 million over 4-5 years if breastfeeding prevalence at 6 months was increased by 10% (through prevention of cases of otitis media, gastroenteritis and asthma). (NICE 2006a, NICE 2006b.)

Increasing the amount of breast milk consumed by infants on neo natal wards produces additional cost savings (Rice et al 2010).

The DH estimates that if all babies were breastfed, over £35m would be saved by the NHS in England and Wales each year in treating gastroenteritis alone (DH, 1995).

If PCTs increased breastfeeding initiation rates by 10% there would be improvements in children and mothers' health as well as significant potential short and long term savings. It is hard to accurately model potential savings from all likely improvements in child health. The table opposite only identifies the savings we can readily measure for otitis media, gastroenteritis and asthma as well as the savings from the provision of teats and artificial milk. Savings are annual but will not all be realised in year one.

Additional savings due to improved lifetime health, reduced child obesity, reduced risk of many health conditions and fewer emergency admissions are likely to be far larger but cannot be accurately modelled and therefore haven't been included in table 3.

Benefits accruing to mothers also haven't been included in this modelling.

**Table 3.**  
Modelled savings per PCT

| PCT                                   | Savings (£)    |
|---------------------------------------|----------------|
| Barnsley                              | 26,422         |
| Bradford & Airedale                   | 70,186         |
| Calderdale                            | 23,037         |
| Doncaster                             | 31,866         |
| East Riding of Yorkshire              | 26,609         |
| Hull                                  | 33,945         |
| Kirklees                              | 36,046         |
| Leeds                                 | 83,440         |
| North East Lincolnshire               | 17,034         |
| North Lincolnshire                    | 13,015         |
| North Yorkshire & York                | 70,059         |
| Rotherham                             | 24,952         |
| Sheffield                             | 57,626         |
| Wakefield District                    | 37,185         |
| <b>NHS Yorkshire &amp; the Humber</b> | <b>551,422</b> |

Savings calculated as per costing report for NICE Clinical Guideline 37: Routine Post-Natal Care of Women and their Babies.

## Implementation

UNICEF accreditation is a staged approach, which requires long term support for accreditation, leadership, training and small projects. For it to be sustainable, it is best for it to be undertaken using a partnership approach, working across professional boundaries and organisations. Once an area has achieved accreditation, they are expected to maintain and build on their progress to improve the quality of care for mothers and babies.

### Recommendations

- All acute, community health services and universities providing training for midwives and health visitors to work towards and achieve UNICEF BFI by 2014
- All areas to have a robust breastfeeding peer support service in place
- See the best practice guidance '10 steps to successful breastfeeding' and 'Seven Point Plan for Sustaining Breastfeeding in the Community' at appendix A of this briefing.

## Local case studies

### Bradford Teaching Hospitals Trust

Bradford have established a 2 hour daily hospital drop-in clinic enabling mothers to access specialist support on breastfeeding positioning and attachment. They encourage staff to attend to support the Infant Feeding Specialists and update their knowledge and skills. This clinic offers:

- appropriate practical support from highly trained and experienced breastfeeding supporters
- a regular “clinic” not a support group. Maternity staff refer earlier as opposed to seeing how things go and then referring much later when the mother may be losing confidence
- a written plan for women to go home with and follow up care is planned with either a return visit or telephone contact provided. This written plan is a key part of the scheme’s success.

### Hull

In Hull breastfeeding initiation and breastfeeding rates at 6 weeks have risen by over 10% since 2005. Hull has been highlighted as an area with a low drop off rate in breastfeeding from initiation to 6 weeks. Local initiatives include:

- Achievement of UNICEF BFI initiative stage 1 accreditation within both Hospital and Community settings including all Childrens Centres, and achieved the Certificate of Commitment for Hull University midwifery training
- A breastfeeding resource pack for all 20 Children’s Centres
- All GP practices offered bespoke training including breastfeeding resources
- A social marketing project with the aim of improving breastfeeding in the under 24 year olds, including the website [www.ibreastfeed.co.uk](http://www.ibreastfeed.co.uk)
- A volunteer Breastfeeding Peer support programme to offer support and advice in both the antenatal and postnatal periods. Volunteers contact women in hospital to offer early support and a contact is offered within 48 hours of leaving hospital
- A volunteer doula programme supports the most disadvantaged and vulnerable women across the city. There has been a positive impact on breastfeeding with 79% of women initiating breastfeeding and 54% breastfeeding at 6 weeks in 2009/10.

### Sheffield – Breastfeeding Friendly City

As a city, Sheffield has prioritised encouraging more women to take up breastfeeding and to continue to breastfeed for longer; this involves NHS Sheffield, Sheffield City Council, maternity services, voluntary sector organisations and Sheffield Hallam University.

There are four strands to the programme:

- Working towards UNICEF Baby Friendly Status  
Maternity Services, NHS Sheffield, Sheffield City Council and Sheffield Hallam University have all achieved Stage 1 and are all hoping to achieve Stage 2 in 2011
- Breastfeeding Peer Support Programme  
Sheffield provides breastfeeding peer support through each of the 36 Children’s Centres, with additional capacity funded through Sheffield Let’s Change4Life to provide an enhanced service on labour and postnatal wards and in areas of the city with low breastfeeding rates

- The Sheffield Breastfeeding Friendly Award

The Sheffield Breastfeeding Friendly Award recognises public places and workplaces which offer good facilities and support for breastfeeding mothers and their families

- Social Marketing: ‘Sheffield is breastfeeding friendly & it’s all thanks to you’

This campaign is based around thank-you messages to people who have reacted positively to women breastfeeding in public. It aims to create the impression that supportive behaviour is widespread.

# Appendix A.

## Best practice guidance for breastfeeding services

### 10 steps to successful breastfeeding (Maternity Trusts)

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.

### The seven point plan for sustaining breastfeeding in the community

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.

Source: UNICEF BFI

# Key contacts

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## Better for Less briefings

All NHS Yorkshire and the Humber Better for Less briefings are available from:

[www.healthyambitions.co.uk/betterforless](http://www.healthyambitions.co.uk/betterforless)