



**Bath & North East
Somerset Council**

 **SWINDON**
BOROUGH COUNCIL

Wiltshire Council



INFANT FEEDING STRATEGY 2020-2025

Bath and North East Somerset, Swindon and
Wiltshire (BSW) Sustainability and
Transformation Partnership (STP)



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Introduction

The importance of adequate and safe nutrition during infancy is widely recognised as essential for lifelong health and wellbeing.ⁱ This is reflected in its inclusion in key strategies nationally and globally, clinical guidelines and recommendations, as well as position statements from professional bodies. Furthermore, infant feeding is a complex matter which includes intricate ties to inequalities as well as challenges around initiation and maintenance.

Evidence and Guidelines

The World Health Organisation states exclusive breastfeeding for the first six months of life has the single largest potential impact on child mortality of any preventative intervention, and continued breastfeeding for up to 2 years of age or beyond is part of optimal breastfeeding practice.ⁱⁱ It is part of WHO's Global Nutrition Targets 2025, and has been emphasised as critical to achieve many of the Sustainable Development Goals.ⁱⁱⁱ

The National Institute for Health and Care Excellence guidance on Maternal and Child nutrition includes several recommendations around infant feeding.^{iv} NICE recommends using the Baby Friendly Initiative as a minimum standard for encouraging breastfeeding and to ensure mothers have access to independent advice from qualified health professionals on the use of infant formula.

The **Baby Friendly Initiative**, a worldwide programme of the WHO and UNICEF, offers evidence-based

approach to supporting breastfeeding and good infant nutrition, and works with public services to ensure families receive effective infant feeding support.^v It highlights the benefits of breastfeeding for children, including protection from a vast range of illnesses including infection, diabetes, asthma, heart disease and cot death (Sudden Infant Death Syndrome), as well as obesity, and for mothers, including protection from breast and ovarian cancers and heart disease. In addition, it also recognises its role in supporting the mother-baby relationship and the mental health of both baby and mother. It iterates the importance of ensuring clear and accurate information is given to parents who formula feed.

Public Health England's Strategy 2020 to 2025 includes the ambition to help reduce inequalities and improve health outcomes for children and families across England. As part of this, it includes the aim of improving rates of key protective factors linked to better child health outcome such as breastfeeding.^{vi} The Public Health Outcome Framework indicators, which sets out a vision for public health to improve and protect the nation's health and improve the health of the poorest fastest, includes breastfeeding initiation (up to 2017/18)/ babies first feed (from 2018/19) and breastfeeding prevalence at 6-8 weeks after birth.^{vii}

Public Health England and Unicef UK jointly produced guidance to support commissioning of evidence-based interventions to improve breastfeeding rates across England.^{viii} It highlights the need to support families to breastfeed and increase the number of babies who are breastfed.

The Scientific Advisory Committee on Nutrition's report on feeding in the first year of life highlights that breastfeeding has an important role to play in the development of the infant immune system and that it is associated with lower risk of breast cancer and endometriosis, and greater post-partum weight loss and lower body mass index. ^{ix} The evidence review within the report supports the current guidance to breastfeed exclusively for the first 6 months of the infant's life and recommends that increasing the proportion of women who continue to breastfeed or express breast milk beyond six months of age would yield additional health benefits.

The Royal College of Paediatrics and Child Health's position statement on Breastfeeding in the UK included key considerations such as breastfeeding being causally related to reduced risk of several infections, and reduced need for hospitalisation for infections in all settings in infants, and that the protection is greater with exclusive than with partial breastfeeding. Furthermore, for mothers it states breastfeeding provides protection against breast cancer and improves birth spacing. RCPCH recommendations include calls to increase initiation and continuation of breastfeeding, to require all maternity services to achieve and maintain Unicef UK Baby Friendly Initiative accreditation, and to ensure reliable, comparable data to be recorded across the UK. ^x

The Royal College of Midwives' position statement includes the recognition that there are socioeconomic determinants of health which impact on young women and

women from deprived societies, who are among those least likely to breastfeed, and that they and their babies suffer some of the worst health and social outcomes. It goes on to highlight breastfeeding as an opportunity to address this inequality. Furthermore, it highlights the need to enable women to make an informed choice.

Inequalities and infant feeding

The SACN report highlighted that in many high-income countries, like the UK, patterns of infant feeding are strongly confounded by socio-demographic factors such as smoking, parental education, socio-economic status and family size. This is echoed in the data from 2010 Infant Feeding Survey which showed that 46% of mothers in the most deprived areas were breastfeeding, compared to 65% in the least deprived areas. ^{xi} Furthermore, mothers who are young, white, from routine and manual professions and who left education early have been identified as least likely to breastfeed. ^{xii} Consequently, this can potentially widen existing health inequalities, thus emphasising the need to comprehensively address this issue.

Challenges around infant feeding

UK has one of the lowest rates of breastfeeding in the world.^{xiii} The SACN report found a rapid decline in the proportion of women breastfeeding over the first few weeks of an infant's life in the UK and recommends greater focus on reducing attrition rates and on supporting women who make the informed choice to breastfeed. There are several emotional, societal and practical barriers to infant feeding, and it is important to identify and remove these to ensure safe and adequate infant nutrition and to promote maternal and child health.

Where we are: Current Data

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI	
England	-	-	371,730	67.4		67.2	67.5
South West region	-	-	37,030	75.3		74.5	76.0
Bath and North East Somerset	-	-	1,360	83.2		78.8	87.6
Somerset	-	-	4,140	82.6		80.1	85.1
Wiltshire	-	-	3,590	79.6		77.0	82.2
Gloucestershire	-	-	4,045	77.6		75.2	80.0
Cornwall	-	-	3,750	76.6		74.1	79.0
Devon	-	-	4,865	75.4		73.3	77.5
Torbay	-	-	770	73.3		68.1	78.4
South Gloucestershire	-	-	2,155	72.9		69.9	76.0
Bristol	-	-	3,795	70.3		68.1	72.6
North Somerset	-	-	1,145	69.8		65.8	73.9
Plymouth	-	-	1,840	67.6		64.5	70.6
Swindon	-	-	1,375	63.7		60.3	67.0
Bournemouth	-	-	-	-		-	-
Dorset (Cty)	-	-	-	-		-	-
Isles of Scilly	-	-	-	*		-	-
Poole	-	-	-	-		-	-

Figure 1 Babies first feed: Breastmilk 2018/19^{xiv}

The latest available national data (2018/19) demonstrates that BANES and Wiltshire have a higher than national breastfeeding first feed rate, with variations present between the localities. Swindon has data quality issues.

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	276,742	46.2*	46.1	46.3
South West region	-	27,550	*	-	-
Bath and North East Somerset	-	969	60.4	58.0	62.8
Gloucestershire	-	3,398	54.2	53.0	55.4
Wiltshire	-	2,612	54.2	52.8	55.6
Somerset	-	2,751	52.9	51.6	54.3
Torbay	-	497	41.7	38.9	44.5
Plymouth	-	1,101	39.7	37.9	41.6
Bournemouth, Christch. and Poole	-	1,976	*	-	-
Bristol	-	3,264	*	-	-
Cornwall	-	2,331	*	-	-
Devon	-	3,453	*	-	-
Dorset	-	1,285	*	-	-
Isles of Scilly	-	-	*	-	-
North Somerset	-	1,081	*	-	-
South Gloucestershire	-	1,514	*	-	-
Swindon	-	1,318	*	-	-

Figure 2 Breastfeeding prevalence at 6-8 weeks after birth - current method 2018/19^{xv}

The latest available breastfeeding prevalence data at 6-8weeks after birth (2018/19) does not include Swindon, due to data quality issues. However, it suggests a drop off in breastfeeding from initiation to the 6-8weeks prevalence, which echoes nationally identified trends.

It is important to note that there will be considerable variation in breastfeeding initiation and prevalence rates in communities within the different localities, reflecting the social inequalities discussed in the previous section. Furthermore, the available data do not go beyond 6-8 weeks in measuring the

maintenance of breastfeeding, and therefore does not provide the long-term picture.

The importance of having up-to-date and robust data is widely accepted as paramount for monitoring and evaluation, and BFI recommends a robust data

collection as a minimum for services, with local health and well-being boards directly considering any additional data that may be helpful in identifying local needs and planning services appropriately. ^{xvi}

Implementation of this strategy will reflect any changes to the Public Health Outcomes Framework indicators.

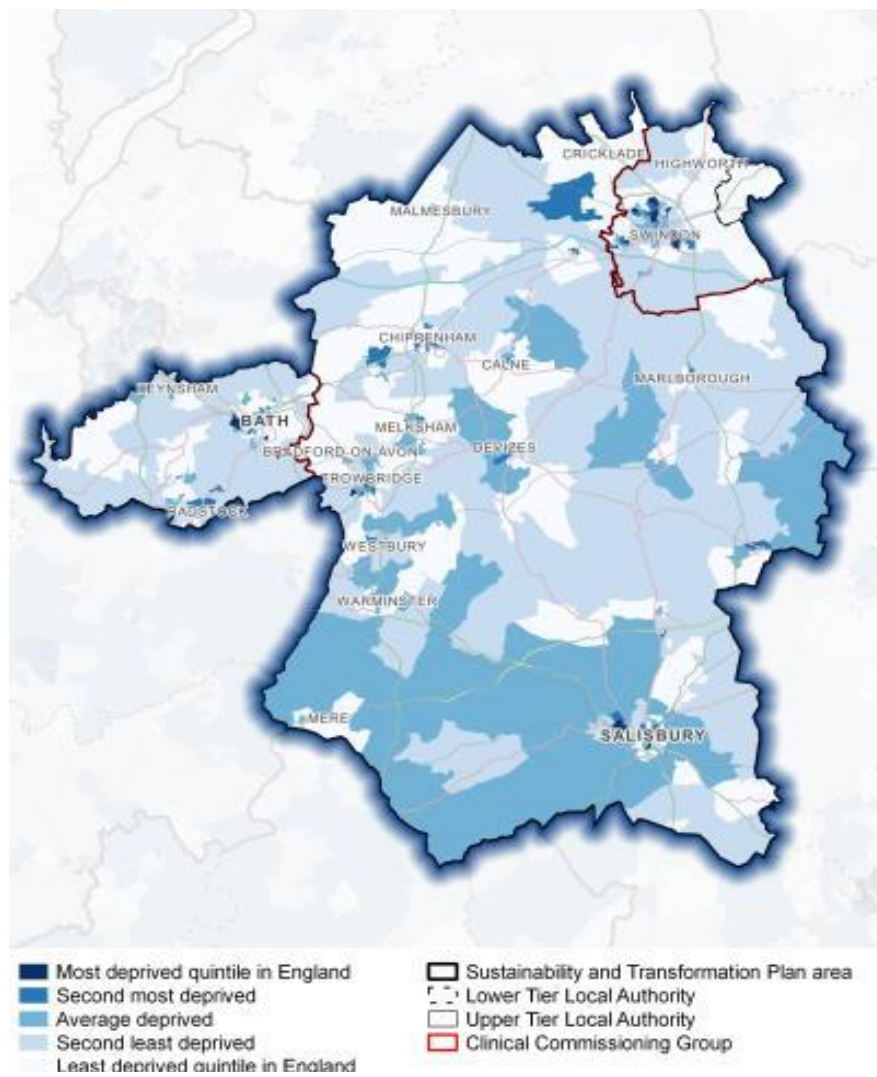
localities. Additionally, Wiltshire and Swindon have had previous infant feeding strategies while BANES has not. Therefore, the needs and priorities of the population will vary from locality to locality and these differences will need to be taken into consideration.

A diversity impact analysis has been carried out- this will be available online with this strategy. This has highlighted

several areas to consider in implementing local programmes and these will be added to local action plans.

Working as an STP provides the opportunity to work collaboratively and one of the key priorities identified for BSW is to shift the focus from treatment to prevention and proactive care^{xvii}, It provides the opportunity to work towards ensuring consistent and seamless care across BSW, shared learning, explore differences in services provided across the STP footprint and ensure that the service provided is rooted in

Figure 2: map of BSW STP area, including deprivation areas



Working as an STP

The data demonstrates variation in initiation/ first feed and prevalence of breastfeeding between the three localities. Furthermore, the specialist services provided varies between the

evidence with the key aim of improving outcomes and experience across BSW.

BSW Infant Feeding Strategy 2020-2025

This strategy provides an overarching vision, and shared aims, objectives and key actions for BSW with the expectation that this will inform each area's local action plan to reflect their needs and priorities.

The Vision

*“Our vision is for **breastfeeding to be normalised** within the communities of BANES, Swindon and Wiltshire and to ensure **families feel supported** in their choice of infant feeding to give their babies the **best start in life.**”*

The World Health Organisation recommends exclusive breastfeeding for the first six months of life and continued breastfeeding for up to 2 years of age or beyond as part of optimal breastfeeding practice. This current strategy focusses on 0 – 6 months with the aim of integrating a further strategy for infant feeding beyond 6 months in the future.

Aims:

- 1) To improve the health and wellbeing of mothers and their babies through increasing the numbers of mothers who initiate and maintain breastfeeding for as long as they and their child want.
- 2) Reduce inequalities in breastfeeding.
- 3) Improve standards of care to support breastfeeding and parent-infant relationships.

Shared objectives to be achieved by March 2025:

- a) Increase rates of breastfeeding first feed and maintenance.
- b) Increase rates of **exclusive breastfeeding** at 6-8 weeks.
- c) Increase the number of women breastfeeding who live in the **most deprived communities**.
- d) To increase the number of women **breastfeeding aged 25 and under**.
- e) Achieve **BFI accreditation** for all services, with aim for Gold*.
- f) Support **responsive and safe formula feeding** for those who have chosen to formula feed.

*Part of receiving BFI accreditation^{xviii}

includes demonstrating the ability to:

- support parents who formula feed to do so as responsively and as safely as possible and all parents are enabled to develop a close and loving relationship with their baby
- support parents in neonatal units and those transitioning to breastfeeding as well as those expressing breastmilk.

Implementation of this strategy will involve identifying baseline data and mapping of existing services, supported by the outlined shared actions below, to determine feasible and informed targets for each locality.

Shared actions:

1. Improve robustness and consistency of data collection.
2. Record and evaluate specialist breastfeeding provision.
3. Maternity Voices Partnership.
4. Scope pilot projects.
5. BSW shared campaigns.
6. Consistent and up-to-date information for women, families and professionals.
7. BFI accreditation for all services, with aim for Gold.

Shared Actions for BSW

The Shared Actions will enable a staged approach to implementing this strategy and achieving the outlined objectives. It will form a 2-year action plan, which will be reviewed annually and refreshed as necessary. Each shared action provides the opportunity for collaborative working within BSW, with a named person leading on each action across the STP and reporting back on its progress at each infant feeding meeting. The lead will be responsible for updating the action tracker Excel document (separate file) prior to each meeting and “Progress update” will be a permanent standing item on the agenda. Timeframes for each action will be determined following scoping work by the lead.

Shared actions		Linked objective	<ul style="list-style-type: none"> ➤ Actions for consideration • Success measure 	Lead	Timeframe	Progress
1	Improve robustness and consistency of data collection.	a,b,c,d	<ul style="list-style-type: none"> ➤ Review and consolidate available data across STP ➤ Explore additional data that may be helpful in identifying local needs and service planning. • Provide consistent and standardised reporting format across BSW with clear guidance • Achieve minimum national data quality standard. 	TBC	TBC	
2	Record and evaluate specialist breastfeeding provision.	a,b,c,d	<ul style="list-style-type: none"> ➤ Explore and identify all available specialist provisions and capacity across BSW. ➤ As an STP, consider peer-mentoring for those running specialist services. • Identify ways to enable collaborative and cooperative working between services. • Regular evaluation from service users across BSW with reporting of findings at STP meetings. 	TBC	TBC	
3	Maternity Voices Partnership.	c,d	<ul style="list-style-type: none"> ➤ Map existing groups across the STP. ➤ Explore methods of engagement, e.g. social media, survey. • Engage with service users to get involved. 	TBC	TBC	

4	Scope pilot projects.	c,d,f	<ul style="list-style-type: none"> ➤ Identify current learning, ongoing pilots and experiences across BSW. ➤ Explore resources available/required including evidence base for effectiveness, financial, training capacity, etc... ➤ Ideas put forward include engaging the education sector to promote awareness around breastfeeding in schools, paid peer supporters visiting homes or on ward/teenage peer support/working with vulnerable peer supporters. • Implementation of pilot projects. 	TBC	TBC	
5	BSW shared campaigns.	a,b,c,d,f	<ul style="list-style-type: none"> ➤ Identify campaigns across BSW. ➤ Identify links to national and global campaigns and resources. ➤ Explore role of social media and local newspapers – engage service users (maternity voices partnership) to identify most influential methods/outlets. • Engage with local communications team with exploration of them leading this action. 	TBC	TBC	
6	Consistent and up-to-date information for women, families and professionals.	f	<ul style="list-style-type: none"> ➤ Scope across BSW to identify available resources, including HandiApp, Lactmed, etc... ➤ Explore standardising training/workbooks for new staff to complete across BSW, including primary care. ➤ Explore inclusion of wider healthcare professionals. • Establish mechanism for sharing and updating resources across STP and different services. 	TBC	TBC	
7	BFI accreditation for all services, with aim for Gold.	e	<ul style="list-style-type: none"> ➤ Identify current accreditation status/standard for all services. ➤ Explore gaps, capacity and opportunities for supporting services across BSW in working towards Gold. 	TBC	TBC	

References

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- xvii <https://www.bathandnortheast Somersetccg.nhs.uk/assets/uploads/2016/04/STP-short-guide-2017.pdf>

Working Together to develop and implement this strategy:

BSW Local Maternity System (LMS)	Primary Care representatives
Bath and North East Somerset Council	Swindon Borough Council
Wiltshire Council	The Rise Trust
Service Users	Children's Centres in BANES and Wiltshire
Spurgeons Children's Centres, Wiltshire	Virgin Care, BANES and Wiltshire
NHS Wiltshire Clinical Commissioning Group	NHS Swindon Clinical Commissioning Group
Great Western Hospital NHS Foundation Trust	Salisbury NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust	NHS Bath and North East Somerset Clinical Commissioning Group
Bath & North East Somerset, Swindon and Wiltshire (BSW) Maternity Voices Partnership Plus	