



Taking Stock and Moving Forward

A Review of the Lanarkshire Breastfeeding Strategy 2004

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Summary

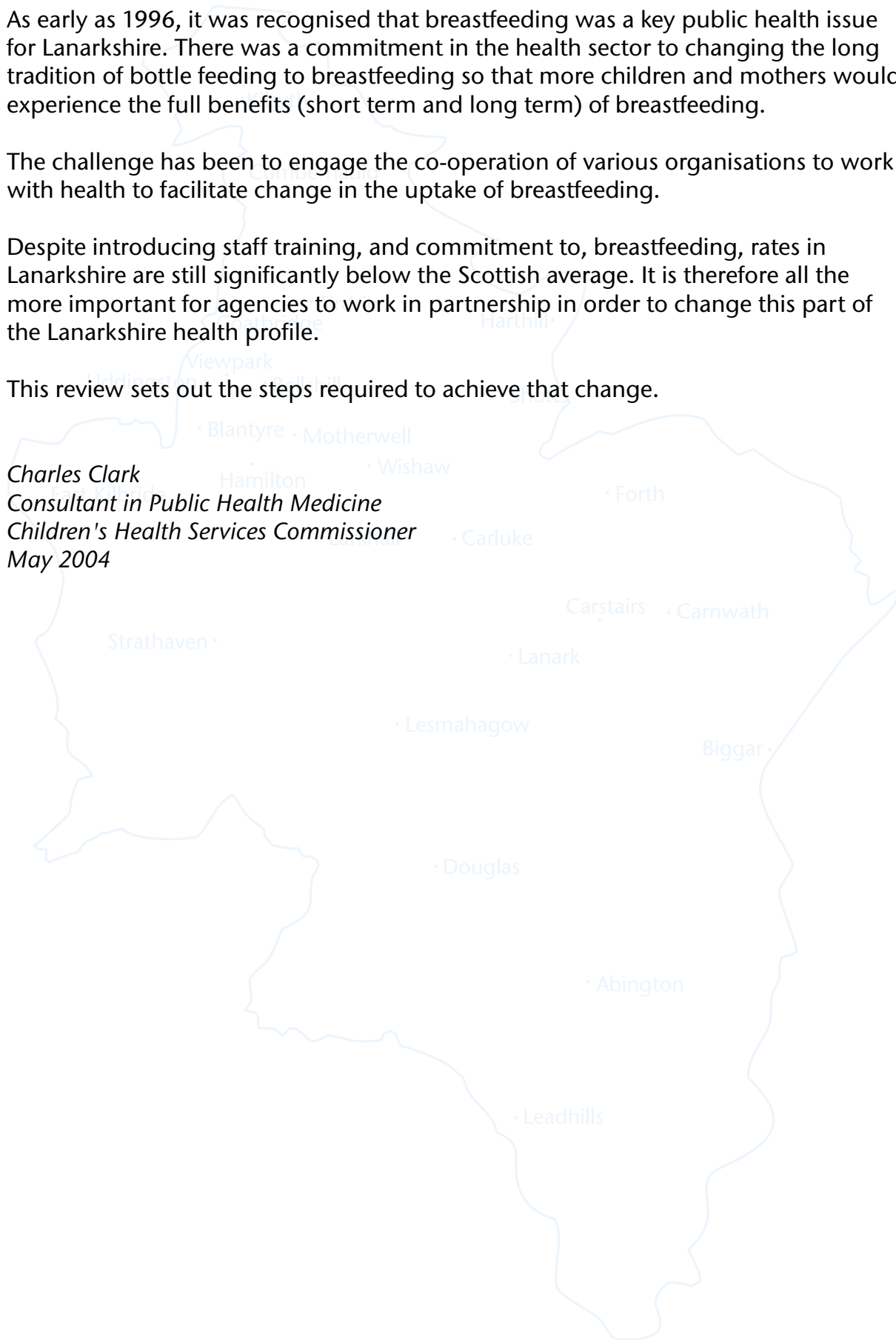
As early as 1996, it was recognised that breastfeeding was a key public health issue for Lanarkshire. There was a commitment in the health sector to changing the long tradition of bottle feeding to breastfeeding so that more children and mothers would experience the full benefits (short term and long term) of breastfeeding.

The challenge has been to engage the co-operation of various organisations to work with health to facilitate change in the uptake of breastfeeding.

Despite introducing staff training, and commitment to, breastfeeding, rates in Lanarkshire are still significantly below the Scottish average. It is therefore all the more important for agencies to work in partnership in order to change this part of the Lanarkshire health profile.

This review sets out the steps required to achieve that change.

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May 2004



Introduction

The Breastfeeding Strategy for Lanarkshire (1) was launched in 1996. It was one of the first Breastfeeding Strategies in Scotland and it became a touchstone for other Health Board strategies throughout Scotland. Echoes of the original strategy can still be seen in strategies being published today.

The Lanarkshire strategy laid out the measures to be taken by the Board to improve breastfeeding rates in Lanarkshire, which were low compared to the Scottish average, while Scotland itself had much lower rates than England and Wales and other Western European countries. Since 1996, a series of breastfeeding initiatives have aimed to achieve the targets set in that original strategy and have demonstrated a Lanarkshire commitment to bringing the strategy to life.

Although local breastfeeding rates have increased in the last six years, the gap between Lanarkshire and the Scottish average has not diminished. This applies particularly to the initiation of breastfeeding – fewer Lanarkshire women start – but also to a lesser extent to the continuation of breastfeeding until at least six weeks.

As a result, it is the right time to review the original strategy and lay out a revised action plan. A review group, whose membership is shown in Appendix 8, has conducted the review and produced this report.

This review starts off by looking at the aims or service targets of the original strategy and refining these in the light of contemporary thinking. Linked to these aims were a series of operational strategic objectives to be turned into actions. We have reviewed what has been done in the last few years to achieve these objectives, identified the gaps and set out a new series of actions to work towards those objectives.

The review takes cognisance of new evidence (2) (3) (4); particularly what new knowledge has emerged about the influences on breastfeeding (5) and what new research and service programmes say about effective ways of increasing the number of breastfed babies (6) (Appendix 1).

Strategic Aim

The overall aim of the strategy can be viewed at two levels:

- 1) Increasing the proportion of women breastfeeding at birth
Increasing the proportion of women breastfeeding for at least six weeks
Increasing the proportion of women breastfeeding for at least four and up to six months
- 2) Achieving the local pragmatic target set in 1996 for 35% of women to breastfeeding their babies at six weeks by 2005.

Although at the time of the 1996 strategy there was already much (7) (8) good evidence to demonstrate that breastfeeding plays a key part in the physical, social and emotional growth and development of children, new work has re-informed this relationship.

Improving breastfeeding rates remains a high priority for NHS Scotland and for NHS Lanarkshire. This review renews our commitment to that aim.

Breastfeeding Rates

UK breastfeeding rates

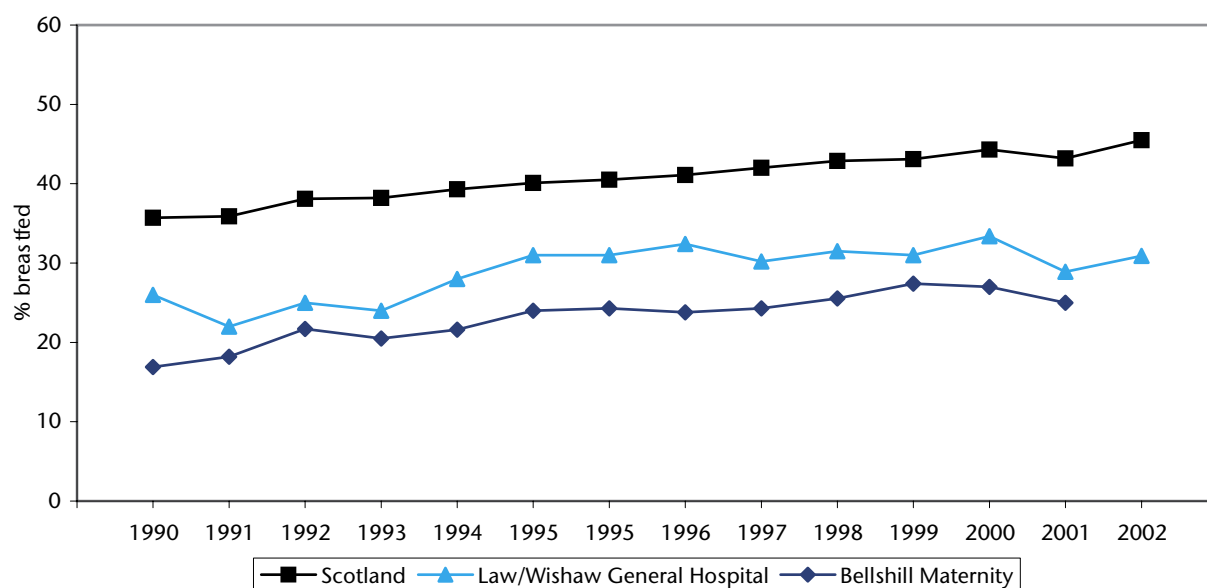
	Scotland	England and Wales	Northern Ireland
Initial breastfeeding rates at birth	63%	71%	54%
Breastfeeding rate at 6 weeks	40%	43%	26%

Source National Infant Feeding Survey 2000 (9)

Lanarkshire breastfeeding rates

Initiation of Breastfeeding

Figure 1: Lanarkshire and Scottish breastfeeding rates 1990-2002



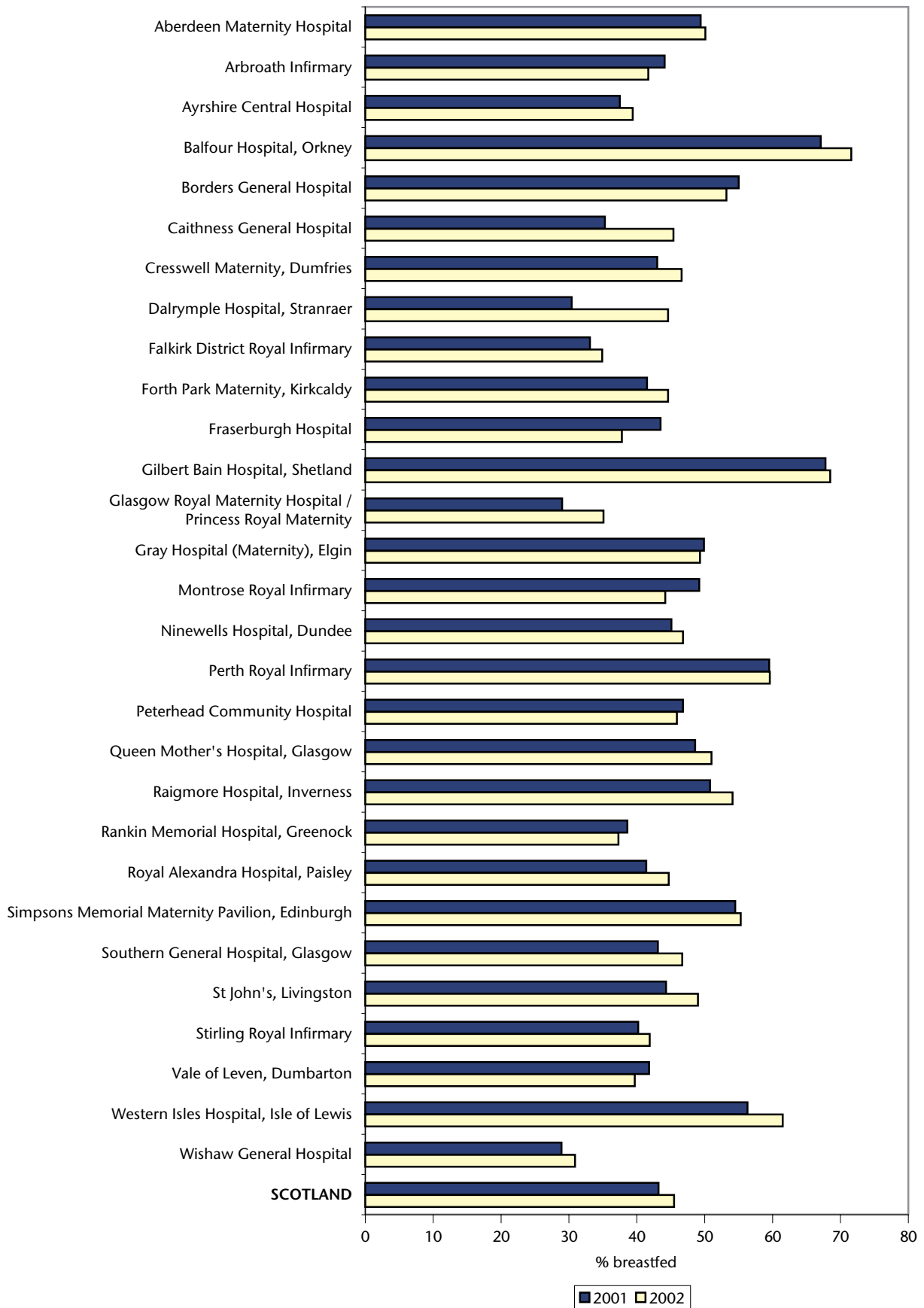
Source: Peach Unit, Yorkhill Hospital

ISU/LHB (Ref. L059_A)

All babies born in the U.K. are screened for a range of metabolic diseases by having a blood test around the seventh day after birth. In Scotland, feeding information is recorded at this time on the Guthrie card. Figure 1 shows that the rate of breastfeeding in Scotland has risen from 35.7% in 1990 to 45.5% in 2002.

Although breastfeeding rates have increased in Law and Bellshill Hospitals and more recently Wishaw Maternity Unit, they remain lower than the average Scottish rate. Figure 2 compares the breastfeeding rates between maternity units.

Figure 2: Breastfeeding rates at about 1 week old; by hospital of birth



Source: Peach Unit, Yorkhill Hospital

ISU/LHB (Ref. L059_A)

Analysis of Scottish breastfeeding data shows a direct relationship with deprivation and low breastfeeding rates. The impact of deprivation in some pockets of Lanarkshire is evident where recorded breastfeeding rates are half the Lanarkshire average. These areas therefore have been the focus of key breastfeeding initiatives.

Continuation of Breastfeeding

Information on infant feeding is also collected at Child Health Surveillance contacts when babies are around 11 days and 6 weeks old and this information is analysed at a local level.

Figures 3 and 4 show the trend in breastfeeding rates by Local Health Care Co-operative areas (LHCC) since 2000. All Lanarkshire LHCCs are still a long way from the national target of 50% breastfeeding at 6 weeks.

Figure 3:
Lanarkshire NHS Board, Breastfeeding rates by LHCC - Children born 2000-2002

% breast fed - Health Visitor first visit

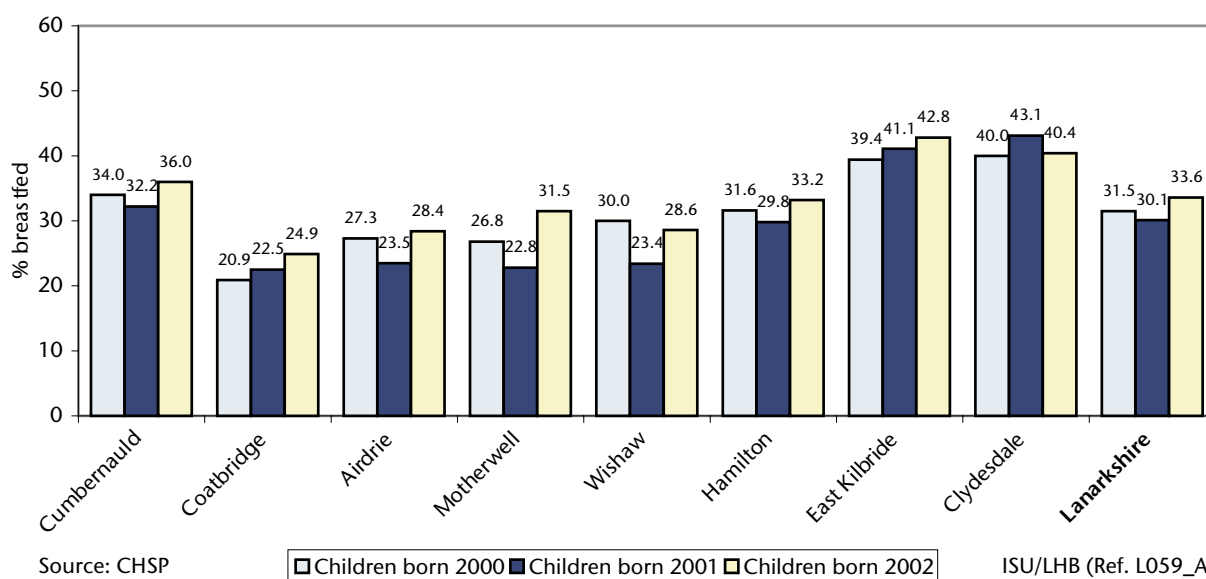


Figure 4:
Lanarkshire NHS Board, Breastfeeding rates by LHCC - Children born 2000-2002

% breast fed - 6 week examination

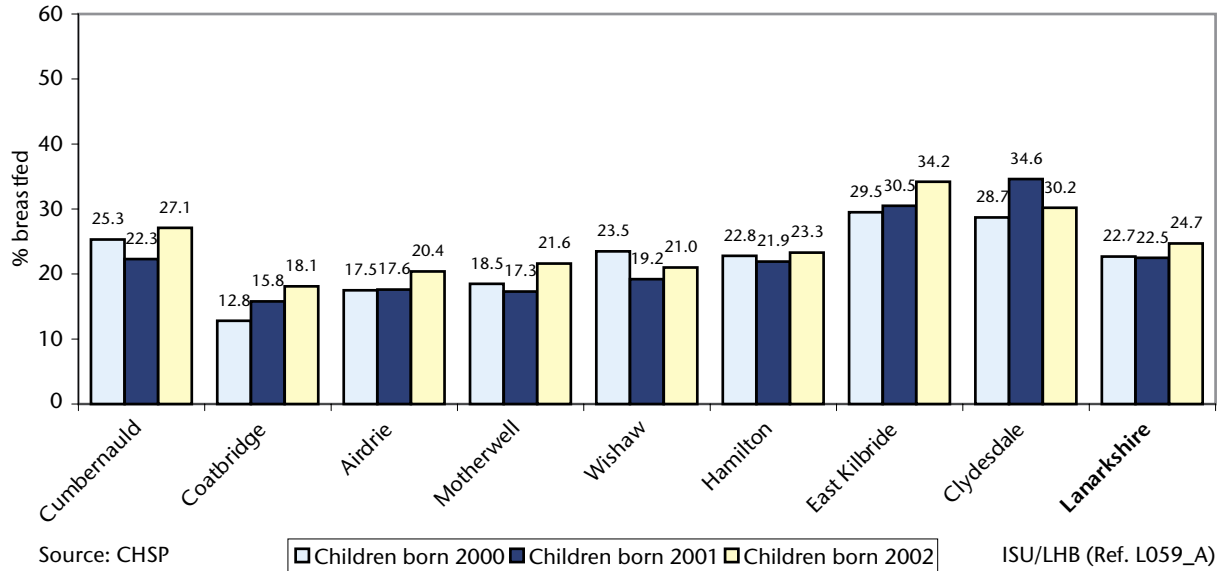
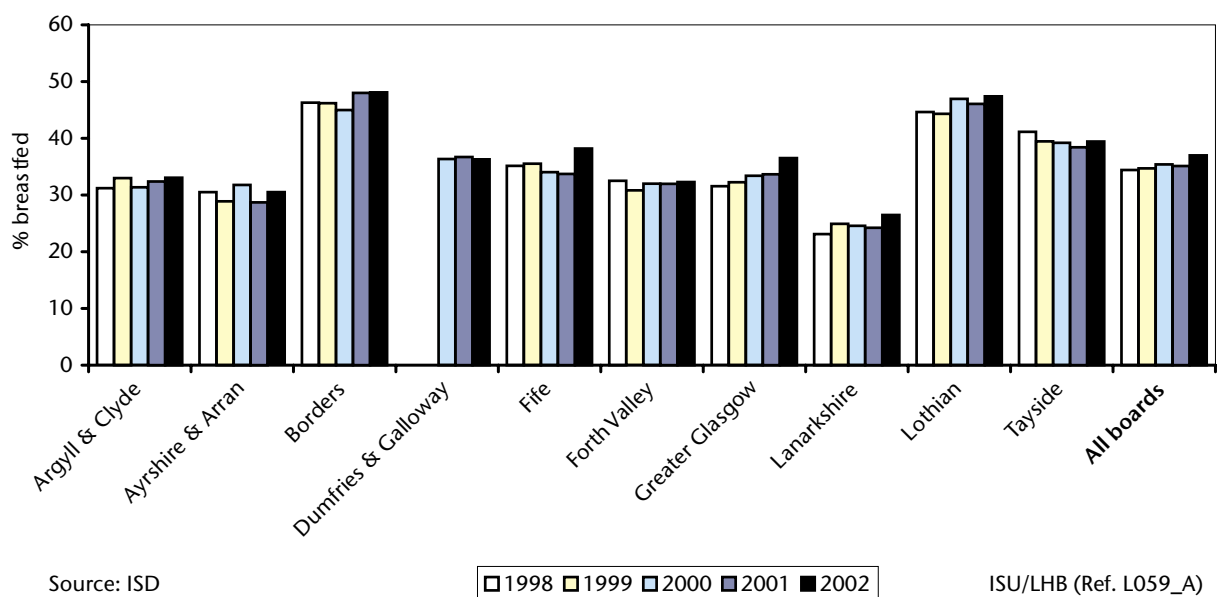


Figure 5 shows that Lanarkshire lags behind all other Boards in the increase in breastfeeding rates at 6-8 weeks

Figure 5:
Percentage of children at the 6-8 week review who were recorded as breastfed; by NHS Board of Residence and year of birth



Service Targets For Lanarkshire 2004 - 2007

NHS Lanarkshire aims to achieve the following targets within the Health Service and in the community:

- 1) All parts of NHS Lanarkshire will be able to demonstrate a culture that believes positively in the value of breastfeeding and promotes it at every opportunity. This support for breastfeeding, among both staff and patients, will be demonstrated through human resource, patient service and environmental policies.
- 2) All Health Service staff, whether they work in hospital, community or primary care, wherever they come into contact with women of breastfeeding age, have the necessary training to deliver skilled and consistent breastfeeding support or are able to refer women for specialist advice as appropriate.
- 3) Accurate and consistent data will be collected on breastfeeding rates from birth to 9 months of age through a variety of sources, including the Pre-school Child Health Surveillance Programme (CHSP). Information on all aspects of breastfeeding will be communicated to professionals and the public.
- 4) Breastfeeding will become accepted in both private and public settings, and in the workplace in Lanarkshire.
- 5) The attitudes of children and young people towards breastfeeding are positively influenced by breastfeeding awareness - raising in educational settings.
- 6) Networks will exist for the promotion and support of breastfeeding involving close co-operation between professionals and local breastfeeding women.

To achieve these targets, the following objectives have been identified:

- 1) Service providers will have patient services policies and procedures which actively support breastfeeding. Development of work towards accreditation for the UNICEF UK Baby Friendly Initiative is required across NHS Lanarkshire.
- 2) Breastfeeding training for all staff who have contact with pregnant women or breastfeeding mothers will be given at an appropriate level. This will be designed to provide a consistent approach across the Lanarkshire area, and will be regularly evaluated and updated.
- 3) NHS Lanarkshire will have in place Human Resources Policies and Procedures that encourage breastfeeding amongst their staff and ensure environments to ensure a supportive environment.
- 4) A regular system of collecting and disseminating breastfeeding data for all stages will be developed and centrally co-ordinated. This will provide comprehensive information on all NHS Lanarkshire Services and localities.
- 5) There will be strict adherence to the International Code of Marketing of Breastmilk Substitutes (Appendix 2).
- 6) There will be policies and procedures to encourage breastfeeding for pre-term, low birthweight and sick babies.
- 7) An education and awareness programme will be developed to encourage public acceptability of breastfeeding.
- 8) There will be policies to support breastfeeding in the workplace and in public places.
- 9) Resources will be targeted at areas with low breastfeeding rates with a view to facilitating support networks, peer support groups other similar initiatives.

The Objectives and Plan for the Future

Objective 1:

Service providers will have patient service policies and procedures that actively support breastfeeding. Development of work towards accreditation by the UNICEF UK Baby Friendly Initiative (BFI) is required across NHS Lanarkshire.

What Progress Have We Made 1996 - 2002?

The UNICEF UK Baby Friendly Initiative (BFI) provides a framework for healthcare providers to implement best practice standards for breastfeeding. Best practice in maternity units is represented by the Ten Steps to Successful Breastfeeding (Appendix 3) and the Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings (Appendix 4). Units, Trusts which meet the required standards can apply to be assessed and accredited as 'Baby Friendly'.

- Coatbridge LHCC has been awarded a Certificate of Commitment from BFI in recognition of their efforts to achieve best practice standards for breastfeeding. The award is the first step towards achieving full accreditation.
- The Maternity Unit at Wishaw General are working towards achieving a Certificate of Commitment. An Infant Feeding audit was conducted with users and staff in 2002 (Appendix 6).
- Three other LHCCs have adopted the BFI Seven Point Plan and are working towards achieving a Certificate of Commitment.

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
1.1	Implement breastfeeding policies in all NHS Lanarkshire Healthcare settings Identify lead person in each area	Acute Trust/Primary Care Trust LHCC Executive Management Group	Audit compliance with policy annually
1.2	Support LHCCs to implement UK/Baby Friendly Community Initiative - 7 Point Plan	Breastfeeding Co-ordinator Public Health Practitioners	LHCC progress reports
1.2.1	Ensure breastfeeding is prominent in other NHS Lanarkshire strategies e.g. Oral Health Strategy, Food & Health Policy, Nutrition & Oral Health Strategy in pre 5 settings	Dental Public Health Consultant Public Health Nutritionist Strategy group	Review of policies and strategies
1.3	Undertake patient satisfaction survey regarding breastfeeding support	Clinical Governance	Audit Reports
1.4	Encourage and influence policy development for breastfeeding awareness with North and South Lanarkshire Council	Locality based Children's Service Planning	Children's Services Plans

Objective 2:

All staff who have contact with pregnant women or breastfeeding mothers will be given breastfeeding training at an appropriate level. This will be designed to provide a consistent approach across the Lanarkshire area, and should be regularly updated and evaluated.

What progress have we made 1996 - 2002?

- Breastfeeding Co-ordinator appointed to implement the Lanarkshire Breastfeeding Strategy.
- Baseline survey of breastfeeding knowledge, skills and attitudes conducted with health visitors in 1999 prior to skills training.
- Bloomsbury Breastfeeding Training programme for maternity and community health visiting staff.
- A range of training courses from UNICEF Breastfeeding Management to Breastfeeding Awareness - has been provided to administrative/clerical staff and to frontline community staff, i.e. practice nurses, health visiting personnel, community midwives and GPs.

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
2.1	Organise UNICEF based multidisciplinary breastfeeding skills training for midwifery and health visiting staff Provide framework for regular educational updates. Include the WHO code in staff educational programme	Midwifery Services Manager Director of Practice and Development	Percentage of Midwives and Health Visitor's completed training
2.2	Develop breastfeeding awareness sessions for nurses, doctors, allied health professions and professions complementary to dentistry who have contact with breastfeeding mothers and pregnant women	Breastfeeding Co-ordinator and key contact in each area LHCC Clinical Development Managers	Number of awareness programmes delivered and evaluation reports
2.3	Incorporate awareness of breastfeeding and Breastfeeding Policy into staff induction programme	Human resources Departments LHCC Managers	Information included in all staff Induction Programmes
2.4	Develop breastfeeding awareness sessions for 'frontline' staff in local council facilities	Children's Services Strategy Groups Breastfeeding Co-ordinator	Progress reports re numbers attended sessions

Objective 3:

NHS Lanarkshire, as employers, will have in place Human Resource Policies and Procedures that encourage breastfeeding amongst their staff and ensure environments to support this.

What progress have we made 1996 - 2002?

- Family Friendly Policies in NHS Lanarkshire for staff planning to breastfeed in the workplace.

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
3.1	All pregnant employees will be given information about the health benefits of breastfeeding along with details of support available to them on their return to work	Human Resources Departments	Survey of staff returning from maternity leave
3.2	Support staff returning to the workplace e.g. Comfortable/private area with availability of cool bags/fridge	Operational Managers Human Resources Departments	Survey of staff returning from maternity leave

Objective 4:

A regular system of collecting and disseminating breastfeeding data for all stages of development between maternity booking and eight months of age will be developed and centrally co-ordinated. This will provide figures for the whole Board area, each of the Maternity Units and each locality area.

What progress have we made 1996 - 2002?

- Annual Breastfeeding rates, at 11 days and six weeks reported to LHCCs. The percentage of incomplete data is also available. (Source CHS/ISD NHS Lanarkshire).
- Maternity Services set up an Infant Feeding Audit in 2002. The audit information includes the incidence of exclusive breastfeeding up to six weeks and reasons given for women stopping breastfeeding.

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
4	Review and revise current system in place for dissemination of breastfeeding data	Public Health Consultant	New system implemented
4.1	Collection of infant feeding data at immunisation points	National Child Health Information Project Board	Regular data collection at 3 months of age
4.2	Develop system for collection of qualitative data on infant feeding, including reasons why women choose to breastfeed	Midwifery Services Manager PCT Director of Practice and Development	Report on findings

Objective 5:

There will be strict adoption of the International Code of Marketing of Breastmilk Substitutes across NHS Lanarkshire.

What progress have we made 1996 - 2002?

- Access to pregnant women and mothers of young children on NHS Lanarkshire premises by representatives of formula milk companies is prohibited (Article 8.2 WHO code).
- Elements of the code adopted in community settings where BFI implemented.
- Pregnancy Welcome and Baby Welcome packs (contents approved by BFI) distributed by maternity services.

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
5.1	Respond to the updated Welfare Food Scheme, Healthy Start to be launched in December 2004 (10)	Chief Executive NHS Lanarkshire	Fully implemented
5.2	Ensure compliance of the WHO code across all NHS Lanarkshire premises through implementation of BFI	Directors of Practice Development	Audit of progress by June 2004
5.3	Periodic review of Baby Welcome pack contents and other information given to pregnant women and new parents	Maternity Services Manager Health Promotion Manager	Review of information used

Objective 6:

There will be policies and procedures to encourage breastfeeding, or the provision of breast milk, for pre-term, low birthweight and sick babies.

What progress have we made 1996 - 2002?

Wishaw maternity unit has policies and guidelines in place to encourage and support breastfeeding for pre-term, low birth weight and sick babies. Mothers are supported to:

- Establish and maintain lactation if they should be separated from their infants.
- Express breastmilk by hand or pump as appropriate with written instructions given on both.
- Access breastpumps on discharge to the community.

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
6.1	Guidelines for the management of breastfeeding in special situations should be reflected in NHS/LHCC/maternity/paediatric breastfeeding policies	Maternity Services and LHCCs	Audit compliance with policy

Objective 7:

An education and awareness programme will be developed to encourage public acceptability of breastfeeding as the norm.

What progress have we made 1996 - 2002?

- 'Breastfed Nipper' advertising campaign launched in 1998 (awarded best in category 'catalyst for change' 1999 Scottish advertising award).
- Annual public awareness campaign during National Breastfeeding Awareness Week.
- Local women recruited and enabled to take a lead role in Lanarkshire Breastfeeding Initiative (LBI) with budget allocated for LBI activities which include launch of an interactive website: www.lanarkshirebreastfeeding.org.uk
- 'Breastfeeding Friendly Lanarkshire' campaign to identify and award supportive organisations in Lanarkshire.
- Breastfeeding awareness included as part of the Promotion of Healthy Eating in an Early Years Setting

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
7.1	Continued support for Lanarkshire Breastfeeding Initiative (LBI) to raise profile and public acceptability of breastfeeding	Health Promotion Manager	Increase the number of organisations/ establishments who have signed up to a Statement of Intent (Appendix 7)
7.2	Support LBI website	Lanarkshire Breastfeeding Initiative	Website updated. Number of hits
7.3	<p>Research potential for a social marketing campaign</p> <p>Organise sustainable activities to promote National Breastfeeding Awareness Week. Week. Continue to highlight breastfeeding activities/ campaigns in local press to raise the profile of breastfeeding in Lanarkshire</p> <p>Potential to promote breastfeeding as the optimal infant nutrition in a range of educational settings</p>	Health Promotion Manager	<p>Formal review of evidence of possible benefit</p> <p>Business case developed if appropriate</p> <p>Evaluation report</p> <p>Increase in range of contacts</p> <p>Uptake of health Promoting Schools</p>

Objective 8:

The environment and policies in workplaces and public places will support breastfeeding.

What progress have we made 1996 - 2002?

- Launch of Lanarkshire Breastfeeding Initiative 'Breastfeeding Friendly' campaign (2002) for organisations and public premises in Lanarkshire.
- Support for Elaine Smith MSP's Private Members Bill to secure the right of women to breastfeed in public places.
- The Health Promotion Department produced an information leaflet, "Breastfeeding Mothers and Work - A Guide for Employers" which was distributed to local employers and available to pregnant women at antenatal clinics. (The leaflet has been reproduced, with permission from the Health Promotion Department, by two NHS Boards in Scotland).

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
8.1	Support legislative change to enable women to breastfeed in public places	NHS Board	Board response to consultation
8.2	Encourage employers with large female workforce to develop breastfeeding policies	SHAW Team	Number of policies in place
8.3	Provide SHAW team with training/awareness sessions on breastfeeding woman's rights in the workplace	Breastfeeding Co-ordinator	Awareness training complete
8.4	Encourage SHAW Steering Group/Scottish Breastfeeding Group to give breastfeeding a higher profile in the awards scheme	Health Promotion Manager Breastfeeding Co-ordinator	Change in SHAW criteria

Objective 9:

Resources will be targeted appropriately to areas of low breastfeeding rates with particular consideration to encouraging and facilitating the further development of support networks, for example, peer support groups and other similar initiatives.

What progress have we made 1996-2002?

- 20 Breastfeeding Support Groups established.
- Pilot peer breastfeeding support project set up in partnership with South Coatbridge SIP and Coatbridge LHCC and rolled out across North Lanarkshire in partnership North Lanarkshire Council (Sure Start). 37 volunteers recruited and trained as peer supporters with the Community Mothers Project.
- Breastfeeding Buddies peer support project set up in East Kilbride LHCC.
- Support for the 'Best Fed Baby' Project in Blantyre, North Hamilton.

What we plan to do between now and 2007

No.	Action	Responsibility	Performance indicators
9.1	Seek further funding to sustain the Community Mothers project	Project management group	Develop proposals
9.2	Particular emphasis given to support networks in rural areas and areas of low breastfeeding prevalence	Strategy group	Formal review of network concept in rural areas
9.3	Monitor and evaluate the effectiveness of peer support	Project management group	Evaluation report

Moving Forward 2004 - 2007

Implementation of the recommendations of this interim report over the next three years requires a rigorous approach. The current strategy development group will be reconstituted, with appropriate membership, to form a Breastfeeding Implementation Group. The principal remit of the group will be:

- To ensure that the Breastfeeding Action Plan is embedded in the NHS Lanarkshire planning process.
- To support the Breastfeeding Co-ordinator and Lanarkshire Breastfeeding Initiative.
- To continue to advocate for breastfeeding with NHS Lanarkshire and all interested partners.
- To monitor progress against the action plan.
- To identify and seek sources of funding where appropriate.

Many of the actions identified in this review will be achievable by developing and influencing the present systems, without committing major additional resources. A key role of the Implementation Group will be to identify and support local breastfeeding advocates and to foster local implementation groups, both in hospital and in the community. Some of the new activities will require some additional resources, either in the short term or for development or maintenance. The implementation group will identify the priorities among these and support them through exploring the range of different resources which can be utilised. It is immediately clear that the most important of these will be the rollout of breastfeeding training, which is a key element of achieving Baby Friendly status for all of NHS Lanarkshire, including both the Wishaw General Maternity Unit and community settings.

As with all health improvement programmes, improving breastfeeding rates depends on partnership working between all the different agencies who provide services for mothers and children.

However, the activities outlined in this review are a comprehensive package and success will need all aspects to be progressed. The review of Effective Interventions in Breastfeeding (Appendix 1) shows that multifaceted initiatives which include training, media campaigns and policy initiatives are most likely to be successful. Conversely, training health professionals in isolation is not a successful approach.

Appendix 1: Influencing Breastfeeding Rates

Influences on breastfeeding

- Cultural norms, negative attitudes towards breastfeeding, and media representations of artificial feeding as 'normal' greatly influence the choice and ability of a mother to breastfeed (Effective Health Care Promoting the initiation of breastfeeding July 2000).
- Women from higher socio-economic groups and those who had gone on to further education were found to have more knowledge of the health benefits of breastfeeding (9).
- How women were fed themselves can influence a woman's choice of infant feeding, women who thought they had been breastfed themselves were more likely to choose breastfeeding (9).
- Public acceptability for breastfeeding can influence a mother's decision to breastfeed away from the home (9).

Health Promotion Interventions

The current evidence from selected published reviews of interventions to promote the initiation of breastfeeding and healthy feeding of infants less than one year has been reviewed on behalf of the Health Development Agency.

The most successful interventions were:

- Multifaceted initiatives including; training of health professionals, media campaigns, changes in government and hospital policies.
- Antenatal educational classes where peer counsellors were involved.
- Peer support programmes as standalone interventions in the antenatal and postnatal period.
- Programmes including a peer support element enhanced by contact with peer counsellors.
- Multiple contacts with peer counsellors and professional breastfeeding promoters which were intensive and span the antenatal and postnatal period .
- One-to-one educational programmes for women who intended to bottle feed.

The least successful were:

- Programmes where breastfeeding promotion was only one part of a multiple health promotion programme.
- Training health professionals as a single intervention.

Appendix 2:

The International Code of Marketing of Breastmilk Substitutes

1. No advertising of breastmilk substitutes, feeding bottles or teats in the health care system or to the public.
2. No free samples to mothers or pregnant women.
3. No free or subsidised supplies to hospitals.
4. No contact between marketing personnel and mothers.
5. Materials for mothers should carry clear and full information and warnings.
6. Companies should not give gifts to health workers.
7. No free samples to health workers except for evaluation or research at institutional level.
8. Materials for health workers should contain only scientific and factual information.
9. No pictures of babies or idealising images on infant formula labels.
10. Labels of other products must provide information needed for appropriate use.

Companies are required to comply with the code, even if it has not been adopted by law.

The Welfare Foods Scheme

The current WFS can be seen as discriminatory because the tokens are of greater monetary value to mothers who choose to formula feed. This financial factor may influence a mother's decision about feeding.

The Department of Health's 2002 document *Healthy Start* contains proposals to reform the Welfare Food Scheme (WFS). The WFS is only available to pregnant women (tokens to exchange for doorstep milk) breastfeeding mothers and children under 5 in families in receipt of Income Support or Working Families Tax Credit.

Following the consultation process to reform the WFS the following changes have been agreed nationally and will come into effect by December 2004:

- Broadening the nutritional basis of the scheme to include fruit and vegetables, cereal based foods, other foods suitable for weaning, and liquid milk and infant formula.
- Providing greater access to the scheme through a fixed faced value voucher (equivalent to the value of seven pints of milk, the current allocation).
- Registering scheme members through health professionals with the provision of advice and guidance on nutrition, including breastfeeding.
- Formula milk will be distributed through retail outlets to families registered with the scheme.

Appendix 3:

UNICEF /UK Baby Friendly Initiative Ten Steps to Successful Breastfeeding

UNICEF/UK BABY FRIENDLY INITIATIVE

The Ten Steps to Successful Breastfeeding

Every Facility providing maternity services and care for newborn infants should:

- 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 Train all health care staff in skilled necessary to implement this policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Help mother's initiate breastfeeding within half-hour of birth.
- 5 Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- 6 Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- 7 Practice rooming-in allow mother and infants to remain together - 24 hours a day.
- 8 Encourage breastfeeding on demand.
- 9 Give no artificial teats or pacifiers (also called dummies or soothers).

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Appendix 4: UK Baby Friendly Initiative Seven Point Plan for Breastfeeding in Community Settings

UK BABY FRIENDLY INITIATIVE

Seven Point Plan

For the protection, promotion and support of Breastfeeding in Community health care settings

All providers of community health care should:

- 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 skill necessary to implement the policy.
- 3 Inform all pregnant women about 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.

Promote co-operation between healthcare staff, breastfeeding support groups and the local community.

Appendix 5:

The National Infant Feeding Survey 2000

The National Infant Feeding Survey is produced every five years with the following key aims:

- To establish how infants born are being fed, and to provide national figures on the incidence, prevalence and duration of breastfeeding.
- To investigate the factors associated with mothers' feeding intentions and with the feeding practices adopted in the early weeks.
- To examine trends in infant feeding practices over recent years, in particular since 1995.

Key statements from the survey:

- Although the initial incidence of breastfeeding has increased significantly in all countries from 1995, only in Scotland did this increase extend beyond birth.
- Mothers who experience a delay in initiating breastfeeding are more likely to stop breastfeeding in the first two weeks compared with mothers who breastfed their babies immediately.
- Forty per cent of breastfeeding mothers whose babies were given a bottle while in hospital had stopped breastfeeding within two weeks compared with 13% whose babies had never had a bottle. (The use of teats and dummies in the early days after birth can interfere with how a baby learns to breastfeed and the introduction of artificial feeds can compromise future breastfeeding).
- Nine in ten mothers who gave up breastfeeding within six weeks of birth would have like to have breastfed for longer.
- The most common reasons given by women for stopping breastfeeding in the early weeks included; baby rejecting the breast and painful nipples.

Lanarkshire can learn a lot from the National Infant Feeding Survey (9) as it offers a wide range of useful information that can be used to guide future breastfeeding promotion.

Appendix 6:

Lanarkshire Infant Feeding Audit 2002

The maternity services in Lanarkshire carried out an infant feeding audit in 2002. The audit, based on the UNICEF UK/Baby Friendly *Ten Steps to Successful Breastfeeding*, included face to face interviews with pregnant women, postnatal mothers and midwifery staff from Wishaw maternity unit.

Key results from the audit report:

- Step 1** Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Policy developed.
- Step 2** Train all health care staff in skilled necessary to implement this policy.
- Staff training in progress.
- Step 3** Inform all pregnant women about the benefits and management of breastfeeding.
- 40% of pregnant women did not receive information about the health benefits of breastfeeding.
- Step 4** Help all mothers to initiate breastfeeding soon after birth.
- 32% of mothers were not given the opportunity to experience skin-to-skin contact with their baby.
 - 1 in 3 mothers reported they were not encouraged to initiate breastfeeding in the first hour after birth.
 - Only 57% of midwives were aware of the benefits of skin-to-skin contact between mother and baby following birth compared with 100% of nursery nurses.
- Step 5** Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- All of the nursery nurses demonstrated a good knowledge of correct positioning and attachment of the baby at the breast compared with 50% of midwives.
 - 100% of nursery nurses agreed that mothers should be advised to express their breast milk 6 – 8 times in 24 hours to maintain lactation.
 - 7% of midwives did not consider it beneficial for a mother to breastfeed during the night.

- Step 6** Give new-born infants no food or drink other than breastmilk unless medically indicated.
- 1 in 3 breastfed babies were given an artificial feed in the maternity unit and 83% of these were not medically indicated. Mothers whose baby had been given a bottle feed stated that this had been suggested by a midwife or member of the paediatric staff.
 - 60% of mothers indicated that they had not been informed that introducing formula feeds in the early weeks of breastfeeding could interfere with the successful continuation of breastfeeding.
- Step 7** Practice *rooming-in* allowing mothers and infants to remain together twenty-four hours a day.
- Although a *Rooming in* policy exists in the maternity unit 1 in 3 nursery nurses and 1 in 4 midwives have not read this.
- Step 8** Encourage breastfeeding on demand (baby-led feeding).
- 62% of mothers stated that demand feeding had not been discussed with them.
- Step 9** Give no artificial teats or dummies to breastfeeding infants
- 7% of midwives were unaware that any of the above can interfere with how a baby learns to breastfeed.
 - 44% of breastfed babies who were given expressed or artificial milk were given this from a bottle.
- Step 10** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.
- 7% of midwives stated that they do not supply mothers with written information about support groups.
 - 74% of mothers stated they had not been shown how to make up a bottle-feed.

Appendix 7: Breastfeeding Friendly Lanarkshire Statement of Intent



**Lanarkshire
Breastfeeding
Initiative**

www.lanarkshirebreastfeeding.org.uk



STATEMENT OF INTENT

Name of organisation: _____

Locality: _____

This organisation welcomes mothers who want to breastfeed in any area of these premises where children are already allowed. If a mother is comfortable breastfeeding her baby and seeks no help, she should not be disturbed.

Should a customer complain about a mother breastfeeding, then courtesy and judgement must be used when dealing with the complaint. The complainant should be informed that the management supports breastfeeding as a natural way of feeding a baby.

Authorising signature: _____

Job Title: _____

Date: _____

Appendix 8: Membership of Strategy Review Group

Yvonne Bronsky	Service Manager, Wishaw Maternity Unit
Ruth Campbell	Public Health Nutritionist
Annette Cartwright	Parenthood Midwife, Wishaw Maternity Unit
Dr. Charles Clark (Chair)	Consultant in Public Health Medicine and Children's Health Services Commissioner
Mary Grant	Lanarkshire Breastfeeding Initiative
Frances Leckie	Associate Director of Clinical Practice & Development, Lanarkshire Primary Care Trust
Anne Marie Lee	Breastfeeding Co-ordinator, Health Promotion Department
Janice Longford	Clinical Services Manager, Coatbridge LHCC
Elsbeth Russell	Senior Projects Manager, Health Promotion Department

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Health-gains and economic advantages of breastfeeding

There is abundant evidence that breastfeeding provides substantial health-gain for both child and mother. A good example of the lasting benefits of breastfeeding is to be found in the Dundee cohort-study, where 14-year olds who had been breastfed had a significantly lower diastolic blood pressure compared with their non-breastfed equivalents.

Manufactured formula milk

In addition to the clear evidence of the health-gains of breast-feeding, it is also well-understood that there are distinct health-disadvantages and limitations to manufactured formula-milk; for instance, artificially-fed infants are at greater risk of a range of conditions, from gastro-enteritis through to allergic conditions such as eczema, asthma and wheezing, all of which have considerable long-term financial implications for the health and social services.

Employers

There are also financial gains for employers; it is recognised that breastfed babies have fewer first-year illnesses and breastfeeding mothers returning to work may have fewer child-related absences. In addition, workplaces supportive of breastfeeding can expect less disruption and better morale from providing this support. The Management of Health and Safety at Work Regulations, 1999 and Employment Rights Act, 2002 protects a woman's right to breastfeed once she has returned to work.

You can't get fitter than a breastfed nipper.



Better mental development.

Protection against ear infections.

Protection against colds, flu and sore throats.

Prolongs natural immunity to mumps, measles, polio and other diseases.

Lessens chance of eczema and other allergies.

Less smelly nappies.

Better jaw development and straighter, healthier teeth.

Lower risk of diabetes.

Protection against chest infections and wheezing.

Protection against diarrhoea, gastro-enteritis and tummy upsets.

Breastfeeding is good for mum too. It cuts her risk of breast and ovarian cancer, and helps get her figure back more quickly.

breast fed is best fed

For more information about breastfeeding, call 01698 258788.

www.lanarkshirebreastfeeding.org.uk

NHS
Lanarkshire