

## **A Review of Breastfeeding support and practices in the Maternity and Early Years settings in Wales**

### **Task and Finish group - Report and recommendations**

#### **Purpose**

Breast feeding rates in Wales have remained fairly static despite investment in services and UNICEF baby friendly initiative accreditation. It is acknowledged that this is a multi faceted issue related to population health, initiation and maintenance of breast feeding. The wider cultural attitudes and practices continue to influence how a women may choose to feed her baby and if breast feeding, the length of time she continues. There has been limited increase in breastfeeding rates over the last decade; therefore it is strongly believed that new approaches are required as small adjustments will not be sufficient to drive the change that needs to take place. This report provides recommendations which reflect the urgency and the need for bold and innovative solutions in Wales.

Breastfeeding is important for the health and development of infants and their mothers, and is linked to the prevention of major health inequalities. '*Breastfeeding is the cornerstone of child survival, nutrition and development and maternal health. The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with appropriate complementary foods for up to 2 years or beyond*' (WHO 2003). With this ethos and the belief that every child in Wales should receive the best start in life (Wellbeing of future generation's act 2015), breast feeding can enhance this start. It is acknowledged however that this method of feeding may not be every woman's choice. It is imperative that all families have access to sufficient evidence based information to make an informed choice and subsequently that they are supported in whatever choice they make.

Following a meeting on 12 June 2017 between the Royal College of Midwives and the then Cabinet Secretary for Health, Wellbeing and Sport, outlining the concerns in the uptake and continuation of breastfeeding in Wales, Cabinet Secretary requested a review to take place. A task and finish group of clinical leads, professional bodies, public health, mothers and Welsh government officials was set up and met bi-monthly between September 2017 and January 2018. The purpose of the group was:

**To propose recommendations for future service provision and where these should be targeted to support women to enhance breastfeeding rates in Wales, by promoting initiation, continuation and removing barriers, and thus provide a prudent approach.**

#### **Context**

Breastfeeding is a social and population health phenomenon, with wide ranging influencers and drivers. Therefore many agencies are involved within its promotion, initiation and success. These range from media representation to education within schools, cultural attitudes, places to breastfeed in the local community and support

with initiation and continuation. In reviewing the backdrop of influencing factors and the range of work already underway, the task and finish group focused its work through the lens of Maternity and Early Years services in relation to strategic and operational frameworks, sharing best practice models and quality assurance and evaluation mechanisms. During the review any use of the terminology 'infant feeding' was in the context of early nutrition with breast or formula milk.

The wider lens of population health work including the role of general public health initiatives and the well-being of future generations work being led by public service boards is envisaged to be explored within the action plan for Wales if agreed. Developing a cross sector action plan is the main recommendation of this report. This proposed action plan will further explore the evidence base and areas of best practice, drawing from models in other countries to give a worldwide perspective.

## **Background**

In 2001 The National Assembly for Wales published '**Investing in a better start: Promoting breastfeeding in Wales**'. The strategy aimed to:

- Increase the initiation and continuance of breastfeeding in Wales.
- Encourage health professionals in hospital and community settings, voluntary groups, and breastfeeding mothers to work together to improve the initiation and continuance of breastfeeding.
- Reduce the current inequalities in health and narrow the gap between the lowest and highest local area breastfeeding rates.
- Ensure that women returning to work following maternity leave, who wish to breastfeed, are given appropriate support from their employers.
- In the longer term, to generally promote the cultural acceptance of the importance of breastfeeding in the community.

In 2003 the first breastfeeding co-ordinator for Wales was appointed to take forward the Welsh Assembly Government's strategy to increase both the number of mothers' breastfeeding, and the length of time they continue to breastfeed. The coordinator worked with national, regional and local groups of health professionals, voluntary groups and breastfeeding mothers to encourage continuous support for breastfeeding mothers. She was also responsible for ensuring Wales developed a higher profile in both UK wide and European bodies.

In 2011 the Welsh Assembly document **Fairer Health Outcomes For All - Reducing Inequities in Health Strategic Action Plan**, identified actions in relation to breastfeeding to build on peer education approaches (breastfeeding) which would be further developed in the Quality of Food and Mental Health Promotion action plans (Action 3.5) and working with Health, Social Care and Wellbeing partnerships, Local Health Boards and other partners.

**A Strategic Vision for Maternity Services in Wales (2011)** stated that further action needed to be taken to increase the number of women who breastfeed, and innovative ways in which services are provided should be developed to further increase breastfeeding initiation and continuation. Engagement with The Baby Friendly Initiative (BFI) was seen as one mechanism for achieving this.

In the wider context breastfeeding is identified as a contributor to the reduction of childhood obesity, the Public Health Wales (Act) requires the Welsh Government to

produce a “national strategy on preventing obesity and reducing obesity levels in Wales”. This came into force in October 2017, with a two-year window for its development, consultation and scrutiny. The development of an obesity strategy is being driven by a programme board, chaired by the Chief Medical Officer for Wales. Officials are in the process of developing a strong evidence base and exploring where effective interventions and initiatives could have a significant impact, including hosting two stakeholder meetings in February. The strategy is intended to be launched for consultation this Summer.

### Information for women

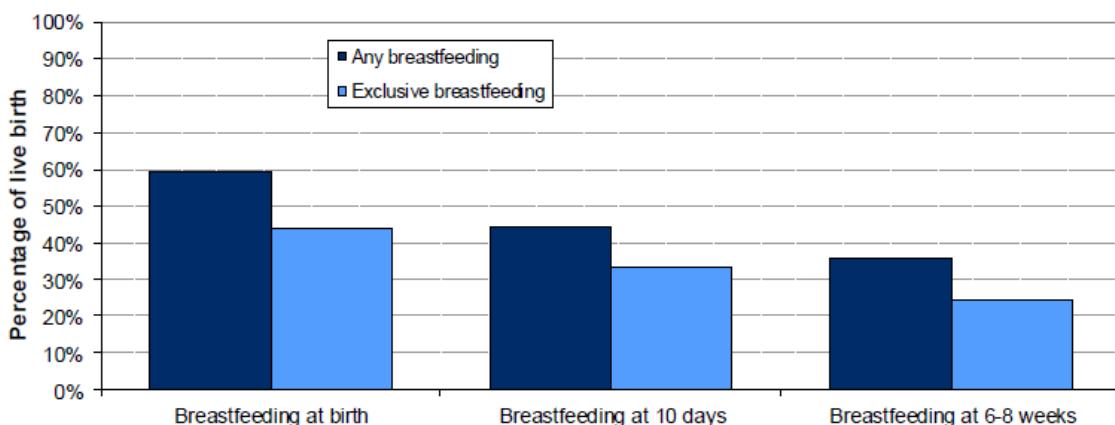


Information is currently provided for women and links to support organisations are provided both through Health Boards and Public Health Wales website: Llaeth Mam – Mother’s Milk  
<http://www.wales.nhs.uk/sitesplus/888/page/61619>

The Bump, Baby and Beyond book, published by Public Health Wales is given to all pregnant women in Wales also provides information on the benefits of breastfeeding with advice and s  
<http://www.wales.nhs.uk/documents/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E->

### Current Data

**Chart 16: Percentage of babies exclusively breastfed or receiving any breast milk from birth to age 6-8 weeks, 2016**



Source: National Community Child Health Database (NCCHD) 2016  
 Note that ABMU Local Health Board is excluded from this chart, see notes.  
 Note that the percentage is of 23,396 records with complete data for infant feeding at birth, 10 days and 6-8 weeks

Current data collection is via maternity and child health systems across Wales. These systems are within health boards and the data collated centrally. Although there is a minimum data set, questions such as the initiation rates have potential for variation. This variation in interpretation could be that a baby has been put to the breast but shown minimal interest, or suckled well for a period of time. There are already plans for both systems to be reviewed in relation to datasets for the development of the new ‘Prudent Maternity Vision’ and look at outcome focused data. This work is planned for this calendar year.

## Recommendation 1

To ensure clear systems and processes are in place to collect, analyse and disseminate infant feeding data.

### Strategic direction and framework

#### **Welsh Government**

Strategic responsibility for breastfeeding in the Maternity and Early Years settings has recently been transferred from the Public Health Division within Welsh Government to the Chief Nursing Officer's office, to align with the policy lead for Maternity and Early Years. This work has then been devolved to Public Health Wales through a programme level agreement, to provide national leadership and commission the functions of the national breastfeeding programme.

#### **Public Health Wales (PHW) delivery structures**

Increasing rates of breastfeeding in Wales remains a priority for PHW, who have been responsible for the delivery of the National Breastfeeding Programme since 2011.

In 2013, Transforming Health Improvement in Wales undertook a review of all health improvement programmes, including the Breastfeeding Programme. The review considered the future direction for health improvement, and the need for this area of work to be revised to reflect current evidence and priorities. It highlighted the need for breastfeeding to be embedded as part of a systems based approach to achieve the biggest impact and PHW has implemented this approach. As part of this work, breastfeeding is promoted and normalised in all PHW programmes of work and staffing arrangements have been changed to reflect this.

Examples of the systems based approach include the NHS Settings Programme, where health boards continue to be supported to achieve and maintain UNICEF's UK Baby Friendly accreditation, and a Breastfeeding Report Card is being developed to measure success, share good practice and identify areas requiring additional support. Breast feeding will also be embedded in the Educational Settings Programme, Early Years Work Programme, Health at Work Programme, Healthy and Well Communities, Nutrition and Obesity Programme, mental wellbeing, and research and development initiatives.

Public Health Wales are currently undertaking an assessment of breastfeeding in Wales as part of a global initiative – 'The Becoming Breast Feeding Friendly' project. This project aims to scale up breastfeeding protection, promotion and support; it provides a method for countries to assess their current position across 8 key areas or gears and suggests next steps where gaps are identified.

An All Wales Breastfeeding forum incorporating infant feeding leads, mothers, academics and peer supporters has met through the years and has been instrumental in many developments including a breastfeeding training package for schools and baby friendly establishments, in which mothers are welcome to feed. The group worked closely with the Welsh Government breastfeeding coordinator and have recently worked with Public Health Wales leads.

**Recommendation 2:**

To establish a strategic steering group to ensure an All Wales approach to improving breast feeding rates in Wales. The Strategic Steering Group will set strategic direction and advise government on future direction, covering population health approaches and service delivery.

**Recommendation 3:**

To establish a Welsh Infant Feeding Network, (WIFN) to provide operational leadership to improve breast feeding rates. The WIFN will advise and undertake delegated work for the Strategic Steering Group to whom they are accountable and link with the other UK countries.

**Recommendation 4:**

To create and establish a new strategic infant feeding lead post in every Health Board to provide a strategic leadership role across health board services including maternity, neonatal, paediatric and community . This role description will be created to ensure strategic health board leadership for breastfeeding and accountability to the nurse director.

**Examples of local practice to improve breast feeding rates**

There are excellent examples of best practice within Wales; however these are often bespoke within one area. The challenge is sharing and replicating best practice models across Wales. It is the responsibility of all health care staff working within maternity and early year's settings to promote a positive breastfeeding culture where women feel confident and empowered to commence and continue breastfeeding. The prudent healthcare principles promote: reducing variation and using evidence based practice; the sharing of best practice will enable this across breastfeeding practice and ensure optimum outcomes for families. There was considerable enthusiasm within the tasks and finish group for high profile work to be undertaken and for new and ambitious population wide work to be piloted, evaluated and rolled out in Wales.

**Examples of good practice within Wales;**

The task and finish group heard of many varying initiatives to address improvement in breastfeeding rates, a few are given as examples:

**Swansea University – Student experiential learning:**

Lecturers in Swansea University opened a breastfeeding support group in a local café, in partnership with Swansea City Council who offer the venue free. A midwifery tutor is available as a registered midwife at each weekly session and student midwives learn to offer support and advice to mothers in a relaxed social setting . Breastfeeding support is core to midwifery training and Swansea University has an innovative model which enables these core skills to be developed whilst supporting the clinical service and linking education to practice.

**Aneurin Bevan University Health Board – Peer support**

To further improve breastfeeding support, the maternity and health visiting services have joined together to start a volunteer peer breastfeeding support scheme. This is in response to requests from parents submitted via the Maternity Service Liaison Committee (MSLC) and evidence suggests that peer support has had a positive impact upon the duration and exclusivity of breastfeeding.

**Cardiff and Vale University Health Board – Targeted support**

Cardiff have developed a team to support breastfeeding called the Seren Team, this team has developed support services including:

- Antenatal breastfeeding workshops
- Specialist breastfeeding support available on postnatal ward
- Community maternity care assistants providing support with breastfeeding challenges
- 3 community based clinics/week providing specialist support
- All staff receive annual Breastfeeding updates in addition to 2 day initial (new staff) training in collaboration with Health Visitors

**Betsi Cadwaladr University Health Board – Tongue tie services**

A lactation specialist clinic was established in North West Wales in 2002. Since 2005 the clinic, held in Ysbyty Gwynedd, Bangor has included rapid access to tongue tie release. This service is lactation specialist-nurse-midwife led – this is crucial as it ensures a skilled, comprehensive assessment which ensures unnecessary surgical interventions are avoided. The service is delivered in co-operation with surgical & paediatric colleagues and aims to provide a speedy response to referrals in order to avoid premature breastfeeding failure in affected mothers & babies

**Family's first and Flying start – partnership support**

Caerphilly Family First and Flying Start, working in partnership with the Birth Centre in Aneurin Bevan University Health Board, has a responsive feeding team. The team consisting of nursery nurses, working alongside Health visitors and midwives contacts all mothers when they go home to offer support with feeding and associated issues such as colic, attachment and positioning. This support continues throughout the first month.

**Recommendation 5:**

An All Wales action plan is to be developed in line with current WG policies to provide standards for infant feeding practices across neonatal, maternity and early year's settings. In developing the plan evidence should be gathered and effective population wide interventions identified, drawing on international evidence where available. Quality assurance will be provided through the development and monitoring of key performance indicators.

Associated issues including tongue tie recognition and referral services, medical and nursing management of allergies, concern about weight gain, prescription of medicines that may interfere with breastfeeding, and milk banks will also be covered within this action plan.

**Recommendation 6:**

Each strategic infant feeding lead will develop implement and monitor a local action plan informed by the All Wales action plan to meet local needs. Each health board will provide assurance of progress against the key performance indicators at annual performance boards.

**Recommendation 7:**

Each health board will provide a coordinated support model which is inclusive of health professionals, peer supporters, education and community led services.

## Assessment and evaluation

### Background

Over the last decade maternity units, health visiting services, neonatal units and education providers for midwifery in Wales have strived to attain Baby Friendly Initiative (BFI) accreditation. The Baby Friendly Initiative is a worldwide programme of the World Health Organisation and UNICEF. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practice in accordance with the International Code of Marketing of Breast milk Substitutes. The UNICEF UK Baby Friendly Initiative subsequently extended the principles to include community health-care services and university programmes for midwifery and health visiting / public health nursing.

In 2012 following a comprehensive review, the Baby Friendly standards were updated to include parent infant relationship building and very early child development, plus enhanced requirements in communication skills for staff. The new standards are being gradually introduced into all assessments, with full compliance expected by July 2017.

Initial accreditation as a Baby Friendly facility takes place in three stages:  
Stage 1 of the assessment procedure is designed to ensure that the necessary policies, guidelines, information and mechanisms are in place to allow health care providers to implement the Baby Friendly standards effectively.  
Stage 2 involves the assessment of staff knowledge and skills.  
Stage 3 assesses the implementation of the Baby Friendly standards in the care of pregnant women and new mothers.

Reassessment takes place after two years with the aim of ensuring that the standards are maintained. Ongoing assessment is carried out every three – five years with the same goal of ensuring the maintenance standards.

Compliance with Baby Friendly Initiative accreditation is reported together with breastfeeding data at annual maternity performance boards, but compliance with BFI is not mandated. Currently health boards provide data on breast feeding rates at birth, 10 days and 6 weeks, this information is collated by the National Wales Informatics Service (NWIS) and publish on Stats Wales and PHW websites.

Recently the costs incurred by BFI accreditation and review have been discussed at health board levels and concerns raised that escalating costs were not aligned with an improvement in breastfeeding rates overall.

### Recommendation 8:

A review of current education standards relating to infant feeding in line with NMC review of Nursing and Midwifery standards. To ensure that breast feeding is a core component of midwifery, neonatal and paediatric training

**Recommendation 9:**

A quality assurance model is required to set and monitor standards. It is recommended that an options appraisal with a cost benefit analysis be undertaken of the following:

- Option 1 maintain status quo: Health boards currently hold individual contracts with BFI if so wished or undertake another form of quality assurance, which is then reported at performance boards annually.
- Option 2 “Once for Wales” model contract across maternity, neonatal, HV and education with a three year inbuilt evaluation of outcomes. BFI has been asked to cost this model.
- Option 3 a peer review model (similar to perinatal psychiatry), which enables units to review each other against an agreed set of standards. This would provide opportunities for shared learning and consistency. This model would require initial pump priming of funding to set up and establish.

It is recommended that this option appraisal is undertaken by the Consultant Midwives group in collaboration with all other stakeholders.

**Conclusion**

This report provides a consensus of recommendations from the task and finish group to the Cabinet Secretary for Health and Social Care for consideration.

The Well-being of Future Generations Act (Wales) 2015, states that every child in Wales should have the best start in life. Families and parents strive to provide this and we as health providers have a duty to provide support, information and skills to enable this to happen.

Breastfeeding is a multi-faceted issue which can only be addressed with clear cross agency / professional collaboration and action. We would like to thank the task and finish group for their enthusiasm, passion and expertise in formulating these recommendations. This report offers the opportunity to build on strong foundations and further increase breastfeeding success in Wales.

**References**

1. Global strategy for infant and young child feeding. Geneva: World Health Organization; 2003  
<http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf>
2. Well-being of Future Generations (Wales) Act 2015  
<http://thewaleswewant.co.uk/sites/default/files/Guide%20to%20the%20WFGA.ct.pdf>
3. Weng SF, Redsell SA, Swift JA, Yang M, Glazebrook CP. Systematic review and meta-analyses of risk factors for childhood overweight identifiable during infancy. Archives of Disease in Childhood. 2012; 97(12):1019-26.