St Helens Infant Feeding Strategy
2016-19

Key Facts:
The method of infant feeding has a significant impact on babies’ life chances.

Not breastfeeding has a health, social, educational and economic cost to St Helens families and causes inequalities.

Formula feeding costs approximately £1,000 in the first year of a baby’s life

Most pregnant women in St Helens know that breast is best but don’t know why

Rates of breastfeeding in St Helens are half the national average but improving.

8 in 10 women stop breastfeeding before they want to

Although 97% of people in St Helens surveyed said that they supported women to breastfeed in public women often don’t feel supported by friends, family and general public.

As a public health issue this isn’t the responsibility of mothers alone. A comprehensive approach is needed with ownership across the health and social care system. This will help to meet a number of key priorities.
Executive Summary

Breastfeeding is a public health priority that has been identified as a high impact area in the Healthy child programme, Sir Michael Marmot’s review of health inequalities and by the World Health Organisation.

Breastfeeding provides both short and long-term health, educational and social benefits for babies, mothers and reduces inequalities. Breastfed babies have better neurological development, cholesterol levels and blood pressure. Their mothers have healthier weight and lower risks of breast and ovarian cancers, osteoporosis and hip fractures in later life.

Not Breastfeeding increases the risk of a range of infections, childhood obesity, asthma diabetes and sudden infant death. Artificial feeding is not equivalent to breastfeeding and it is a myth that it is “nearly as good”.

England has one of the lowest breastfeeding rates in the world and St Helens one of the lowest rates in England.

8 in 10 women in England stop breastfeeding before they want to due to lack of support and social pressure. 97% of people in a recent survey in St Helens said that they would support mothers to breastfeed and that they welcomed women breastfeeding in public.

Insight with local women found that many feel that they don’t have enough information to make an informed decision on infant feeding and often don’t have family support to continue breastfeeding if they encounter difficulties.

The number of women choosing to breastfeed has increased slowly over the last few years and infant feeding support for mothers from the council has increased in recent months. However, St Helens still performs poorly compared with other similar boroughs. This is a whole system issue rather than being the responsibility of individual mothers or the infant feeding support team. In a commissioning guide for Local Authorities Public Health England states that a comprehensive approach is needed and will have the following outcomes:

- Improved children’s life chances through higher IQ, school readiness, academic performance and long term earnings
- Reduced childhood obesity
- Reduced health inequalities
- Improved mother- baby relationships and well being
- Improvement across key measures of population health including sudden infant death, post natal depression, hospital admissions and cancer incidence.
- Reduced health and social care costs to the St Helens economy. In addition to health and social care savings every 1% improvement in breastfeeding rates will result in £800K per annum to the St Helens economy over the life of the child.

Our challenge is to harness the positive support for breastfeeding to enable change in social norms that ensure that women have the information and support to feed their babies safely.

The priorities are

- To build strategic awareness and support for the infant feeding agenda,
- To build a social movement for change,
- To provide appropriate information and support to women and their families and
- To ensure the training and data support this process.

Everyone has a part to play in making this happen and building a better future for our children in St Helens.
1 Introduction

This strategy outlines St Helens approach to infant feeding over the next 3 years, ensuring that families and carers within the borough are supported in making informed choices in relation to feeding their child, to ensure the best possible health and wellbeing outcomes are achieved.

Good nutrition is essential to a person’s health at any stage of life. It is particularly important in the first few years of life. Good nutrition is crucial for babies and infants to achieve their optimal growth and development, and to give them the best start in life. This has been identified in Sir Michael Marmot’sii investigation into health inequalities and in the Due North reportiii as having an important contribution to reducing the gap in health and wellbeing between social groups.

Breastfeeding has a role to play in reducing inequalities in health. Evidence shows that breastfeeding is lower in disadvantaged groupsii - with younger, less educated and lower income groups being less likely to breastfeed, exacerbating the poor health outcomes already evident in these groups. Encouraging breastfeeding among these groups will contribute to improvements in health outcomes and will contribute to a reduction in health inequalities.

Any amount of breastfeeding has benefits for both baby and mother, the longer the duration of breastfeeding, the greater the benefits. The Department of Health recommends exclusive breastfeeding for around the first six months (26 weeks) of a baby's life. The most rapid decline in breastfeeding occurs in the first few days after the birth. 8 in 10 women in England have reported that they had stopped breastfeeding before they wanted to.

Vision

St Helens is a place where women are supported to feed their babies safely. More babies are breastfed for longer leading to healthy thriving children and close bonds. Where mothers choose to bottle feed they have the information and skills to do so safely.

Aim of Strategy:

To ensure families are supported in making informed choices in relation to feeding their child leading to improvements in health and wellbeing.

2 Why is it important?

Breastfeeding is the natural way to feed babies and provides a complete source of nutrition for healthy growth and development in the first 6 months of life and adapts to meet a baby's changing needs.
There are health, social and economic benefits of breastfeeding over bottle feeding and the low breastfeeding rates in St Helens has significant costs to the borough in healthcare demand and costs, poorer life chances for children and social and health outcomes.

Health Benefits:

Breast milk has natural antibodies that protect babies that aren’t present in formula milk. Breastfeeding prevents illness in both the short and long term for both babies and their mothers.

Babies who breastfeed at a lower risk of:

- Gastroenteritis & hospitalisation
- Respiratory infections
- Ear infections
- Urinary tract infections
- Sudden infant death syndrome
- Being overweight as children and adults
- Type 1 & 2 diabetes
- Allergies (e.g. asthma, lactose intolerance)
- Leukaemia

Preterm babies who are breastfed are likely to have better eyesight and brain development and reduced risk of necrotising enterocolitis compared with bottle fed babies. In St Helens in 2014/15 there were 140 admissions of babies under 12 months of age for lower respiratory tract infections and 67 for gasteroenteritis.

Health Benefits to mothers include:

- Lower risk of breast cancer
- Lower risk of ovarian cancer
- Lower risk of osteoporosis and hip fractures later in life
- Faster return to pre pregnancy weight
- Reduced risk of anaemia after birth
- Lower risk of cardiovascular disease in later life

The longer the child is breastfed the longer the protection and benefits for both mother and baby. The World Health Organisation recommends exclusive breastfeeding for a minimum of 6 months.

Social & emotional impacts

Breastfeeding is recognised as a positive proactive mechanism to promote mother-infant attachment, improve the mental health and wellbeing for mother and child and can reduce maternal neglect. Breastfeeding releases a hormone oxytocin in both mothers and babies which improves feelings of pleasure and wellbeing. This helps to strengthen the bond between mother and baby.
There is evidence that children who are breastfed have higher cognitive development as children at the ages of 3-7 years independent of other factors\textsuperscript{iv}.

Breastfeeding has the benefit of convenience, needing no preparation, being always available and at the right temperature. Many women find this convenience makes it easier to get out and about with their baby and improves their social interaction, particularly in an environment where breastfeeding is supported.

**Educational, Economic & environmental Benefits**

Breastfeeding has direct economic benefits to the mother. Formula feeding costs approximately £1,000 over the first year of a baby’s life.

A UNICEF UK study examined the economic benefits of breastfeeding\textsuperscript{v}. There is most evidence associated with the costs of four acute conditions in infants: gastrointestinal disease, respiratory disease, otitis media, and necrotising enterocolitis (NEC) and breast cancer in mothers. If 45% of women breastfed for 4 months and 75% of babies in neonatal units were breastfed at discharge this would save £17 million annually in reduced hospital and GP treatment costs.

If half of UK mothers who don’t currently breastfeed were to breastfeed for 18 months in their lifetime each annual group of first time mothers would result in 865 few breast cancer cases with a saving of £21 million.

UNICEF estimated that if 1% of babies who were never breastfed were to initiate breastfeeding it could be associated with a small increase in IQ that could result in £278 million gains in economic productivity over the lifetime of each annual birth cohort in the UK. In St Helens this is equivalent to approximately £834,000/year for the St Helens economy.

The UNICEF UK Baby Friendly Initiative was introduced 16 years ago to bring UK health services up to a minimum standard in their support of breastfeeding. At that time, the UK had one of the world’s most entrenched bottle-feeding cultures and consequently one of the lowest breastfeeding rates. While there have been increases in the proportion of mothers initiating breastfeeding, discontinuation of breastfeeding in the days and weeks after birth continues to be a major concern.

For mothers who choose to bottle feed safe sterilisation of equipment and correct make up of feeds is important to avoid infections and nutritional problems in babies. Midwives and Health visitors provide advice on the use of infant formula in the antenatal and post natal period. The current recommendation is that babies should have breast or formula milk for a minimum of 12 months. This is longer than previously recommended as early weaning can lead to iron deficiency.

Breastfeeding is eco-friendly and therefore sustainable. It requires no packaging, shipping or disposal, no landfill from plastic, paper and metals or production costs used in formulas.
3 Barriers to breastfeeding

Given the health, economic and social benefits the question arises as to why more women don’t choose to breast feed. In 2016 insight into the views and perceptions of women and their partners in St Helens showed that although all knew that “breast was best” they didn’t know why and didn’t feel that they had enough information about the relative advantages and disadvantages. For many people the family history of infant feeding was a powerful influencer and it was difficult to go against social and family norms. Some people were dissuaded by horror stories in the media for example rare complications of infection.

Women who chose to breastfeed often said that they hadn’t had enough realistic information in the antenatal period on what to expect. Many women felt that breastfeeding would or had restricted their ability to go out and about and to socialise with friends and family. They perceived that St Helens was not a welcoming place for women wishing to breastfeed in public. This perception was confirmed in an online petition from St Helens earlier this year.

Chief Medical officer for England, Dame Sally Davies said improving breastfeeding rates is not the responsibility of individual women struggling alone in a culture that can be hostile towards breastfeeding- rather this is a public health challenge for which we all share responsibility.

4 History of infant feeding.

Prior to World War II breastfeeding was common place, however following the widespread introduction and marketing of infant formula in the 50s and 60s breastfeeding rates in England began to decline, with a low reached in the 1960’s due to the creation of a ‘bottle feeding culture’.

This trend has reversed in recent years with increasing numbers of mothers choosing to breastfeed their babies. However, despite this rise, England still has one of the lowest breastfeeding initiation rates in Europe.

Some women are less likely to breastfeed or breastfeed for a shorter period of time including women from disadvantaged communities, teenage mothers, single mothers, working mothers, women who have a twin or multiple pregnancy, and women who have premature babies.

5 What is the Local Picture?

The number of women choosing to breastfeed in St Helens is increasing. Over the last five years the proportion of women starting to breastfeed has increased year on year and in 2014/15 was 58.1% (figure 1). Nationally and in the North West breastfeeding initiation rates have increased only slightly in recent years, meaning the gap between St Helens and
the North West and England averages has decreased, has lower rates of breastfeeding than the regional and national average.

**Figure 1. Annual Trend in Breastfeeding Initiation**

![Breastfeeding Initiation Graph]

Source: NHS England (PHOF)

There are two main challenges in St Helens. The number of women starting to breastfeed is lower than the national average and many women who start to breastfeed stop in the first few days and weeks. This means that the benefits to babies are very short lived.

**Figure 2 Relationship Between Breastfeeding at Birth, 10-14 Days After Birth and 6-8 Weeks After Birth in St Helens Quarter 1 2016/17**

![Breastfeeding Rates Graph]

Breastfeeding rates at 6-8 weeks in 2014/15 (figure 2) was well below the regional rate and only half the national average (43.8%). There have been some improvements over the last
two years past year although there is still a long way to go to close the gap with nationally. Rates of breastfeeding in England are much lower than in many other European countries.

**Figure 2. Annual Trend in Breastfeeding Prevalence at 6-8 Weeks**

![Graph showing trend in breastfeeding prevalence]

Source: Bridgewater Healthcare

6  **What have we been doing?**

There is a long history in St Helens of working to improve breastfeeding rates and improve weaning practices:

**Training**

All health professionals that work with new or expectant mothers, including midwives and health visitors, and children’s centre staff receive regular training on infant feeding, including breastfeeding so as to provide support and advice to families when making the decision on how to feed their child and to provide on-going support. This training has taken place over a number of years but has recently been strengthened and audited through the Baby Friendly Initiative, firstly in local hospitals followed by community settings.

**Information and Support**

An infant feeding service has been in place for the last 5 years providing information, advice and support to pregnant women. Advice and support is provided in the antenatal period and by telephone and home visits following discharge from hospital. The service also provides support in the postnatal ward at Whiston Hospital. The service has recently been expanded to include support on weekends and bank holidays and extended opening times from 8 a.m. to 8 p.m. on weekdays.
An antenatal programme has been established that provides information and advice for prospective parents on a range of issues including infant feeding. This has recently been launched but initial feedback from prospective parents has been positive.

Breastfeeding support groups take place in local children’s centres. They provide an opportunity for friendship, sharing experience, and support on infant feeding.

“I found out about the breastfeeding service when I had my son and have attended every week since. It has become a brilliant resource for getting advice from both the breastfeeding team as well as from other mums. It has also been great to meet other mums in the local area. I feel like I have made some really good friends through coming to the breastfeeding group”

Baby welcome

The Breast Feeding Support Team have been working closely with local businesses to increase the number of premises in St Helens designated ‘baby friendly’ in which breastfeeding mothers are welcomed, there is level or near level access for pushchairs and there are baby changing facilities available. A Total of 60 premises across St Helens are currently designated as baby welcome.

Social marketing insight work has been undertaken to inform a social marketing campaign during 2016.

7 Gaps

Public Health England produced a commissioning toolkit for infant feeding services with 12 statements of good practice (Appendix 1). An audit of current practice against this toolkit has identified a number of gaps and areas for further development. These include

- Raising the profile of the impact of infant feeding across strategic partnerships
- Engagement of all clinical partners including CCG and GPs.
- Information available to the public, health care professionals and partner agencies that promotes understanding of breastfeeding.
- Improved attendance at antenatal programmes to ensure that women receive the information that they need to make an informed choice.
- Ensuring local women co-create the service, contributing to commissioning decisions and providing peer to peer support.
- Analysis of information on readmissions of both breastfed and formula fed infants to hospital, weaning practices.
- Ensuring training is extended to all relevant professionals and services.
8 Priorities for Action

1. Raise the profile of infant feeding with relevant partnerships to build understanding and support across organisations and sectors.

2. Build a social movement for change engaging with those who with experience of breastfeeding as advocates for change in social norms and engaging a wide coalition of partners to make St Helens more family friendly. Implement and evaluate a social marketing campaign.

3. Ensure that women have the information and support to breastfeed for as long as they wish.

4. Ensure appropriate training for staff and volunteers and information for is available to drive the commissioning process including data on infant admissions and patient experience.
Appendix 1 Public Health England- 12 statements to promote infant feeding

1. Local authority public health commissioners work closely with all relevant partners to commission high-quality, evidence-led services that support women to feed their infants and build a close and loving relationship with their babies.

2. All pregnant women are given the opportunity to learn about infant feeding and relationship building.

3. All women have the opportunity for skin to skin contact at birth and throughout the postnatal period. All women are supported to respond to their babies’ needs for food and love and are offered ongoing, one to one, practical and skilled help to get breastfeeding off to a good start.

4. All breastfeeding women are supported to learn how to breastfeed responsively and how to hand express their breastmilk. Parents are supported to understand a newborn baby’s needs for closeness and comfort.

5. Women are enabled to continue to breastfeed for as long as they wish, and when required specialist support is available. Women are welcomed to breastfeed in their communities and are supported to continue to breastfeed when out and about.

6. Women who breastfeed are provided with information and support to enable them to maximise the amount of breastmilk their baby receives. Parents are supported to introduce their baby to solid food in ways which support optimal health and development.

7. All women are equipped with the knowledge to be able to plan their return to work whilst breastfeeding, and businesses, shops and public premises within the local authority welcome breastfeeding women.

8. When babies are not breastfed, care is provided to ensure that parents are enabled to formula feed as safely as possible. Women’s decisions are respected, and parents are supported to feed their baby responsively and to build close and loving relationships.

9. Links are made to promote, protect and support breastfeeding in all policy areas where breastfeeding has an impact.

10. The local authority monitors and reports investment on services to support, promote and protect breastfeeding.

11. All public services ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any of their facilities or by any of their staff, so that breastfeeding is protected and parents receive unbiased information to support their decisions.

12. Commissioning considers the environmental as well as social and economic cost benefits to the community.
## Appendix 2 St Helens infant feeding Action Plan 2016-19

### Priority 1 – Raise awareness & support for infant feeding

**PHE statements associated with this priority:**

- Local authority public health commissioners work closely with all relevant partners to commission high-quality, evidence-led services that support women to feed their infants and build a close and loving relationship with their babies.
- Links are made to promote, protect and support breastfeeding in all policy areas where breastfeeding has an impact.
- The local authority monitors and reports investment on services to support, promote and protect breastfeeding.
- All public services ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any of their facilities or by any of their staff, so that breastfeeding is protected and parents receive unbiased information to support their decisions.
- Commissioning considers the environmental as well as social and economic cost benefits to the community.
- All public services ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any of their facilities or by any of their staff, so that breastfeeding is protected and parents receive unbiased information to support their decisions.

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<tr>
<th>Action</th>
<th>Lead responsibility</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>All organisations and partners understand the impact of not breastfeeding and promote breastfeeding wherever possible</td>
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<tr>
<td>1.1 St Helens People’s board endorse the strategy and action plan</td>
<td>DPH</td>
<td>January 2017</td>
</tr>
<tr>
<td>1.2 St Helens council endorse the strategy</td>
<td>DPH/ Cabinet member</td>
<td>November 2016</td>
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<tr>
<td>1.3 CCG appoint a clinical lead for infant feeding &amp; commit to briefing for clinical primary care staff</td>
<td>St Helens CCG</td>
<td>November 2016</td>
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<tr>
<td>1.4 Children’s centres undertake Baby Friendly Accreditation</td>
<td>Children’s centre leads St Helens MBC</td>
<td>March 2018</td>
</tr>
<tr>
<td>1.5 Maternity and health visiting services commit to provide information on Hospital admissions for GI infections of children under the age of 1 year by method of infant feeding.</td>
<td>St Helens &amp; Knowsley NHS trust</td>
<td>March 2017</td>
</tr>
<tr>
<td>1.6 Training for all relevant staff in ensuring services are baby friendly</td>
<td>Service providers &amp; Infant feeding team</td>
<td>March 2018</td>
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Priority 2 Build a social movement for change
PHE Statement- Women are welcomed to breastfeed in their communities and are supported to continue to breastfeed when out and about.

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<tr>
<th>Action</th>
<th>Lead responsibility</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>2.1 Implement a social marketing campaign on infant feeding</td>
<td>Public Health St Helens MBC (DE)</td>
<td>Nov 16- Nov 2017</td>
</tr>
<tr>
<td>2.2 Develop social media platforms &amp; website</td>
<td>Healthy Living Team St Helens MBC (CG)</td>
<td>Nov 16</td>
</tr>
<tr>
<td>2.3 Develop &amp; train infant feeding volunteer advocates</td>
<td>Healthy Living Team St Helens MBC (JI)</td>
<td>March 17</td>
</tr>
<tr>
<td>2.4 Develop infant feeding champions within a variety of settings</td>
<td>Healthy Living Team St Helens MBC (CG)</td>
<td>Sept 17</td>
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<tr>
<td>2.5 Communications plan with public</td>
<td>Public Health St Helens MBC (MH)</td>
<td>January 2017</td>
</tr>
<tr>
<td>2.6 Extend the baby welcome scheme to become peer led and include opportunities for women to rate the service at different venues</td>
<td>Healthy Living Team St Helens MBC (JI)</td>
<td>January 2017</td>
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<tr>
<td>2.7 Harness the support within the community who are positive about breastfeeding to advocate for changes in social norms- stories, surveys etc.</td>
<td>Healthy Living Team St Helens MBC (JI)</td>
<td>January 2017</td>
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<tr>
<td>2.8 Work with schools to raise awareness of infant feeding</td>
<td>Healthy Living Team St Helens MBC (JI)</td>
<td>Sept 2017</td>
</tr>
<tr>
<td>2.9 Work with early years setting to ensure resources</td>
<td>Healthy Living Team St Helens MBC (JI)</td>
<td>Sept 2017</td>
</tr>
</tbody>
</table>
Priority 3- Ensure women have the information and support to breastfeed for as long as they wish

**PHE Statements**

All pregnant women are given the opportunity to learn about infant feeding and relationship building.

All women have the opportunity for skin to skin contact at birth and throughout the postnatal period. All women are supported to respond to their babies’ needs for food and love and are offered ongoing, one to one, practical and skilled help to get breastfeeding off to a good start.

All breastfeeding women are supported to learn how to breastfeed responsively and how to hand express their breastmilk. Parents are supported to understand a newborn baby’s needs for closeness and comfort.

Women are enabled to continue to breastfeed for as long as they wish, and when required specialist support is available.

Women who breastfeed are provided with information and support to enable them to maximise the amount of breastmilk their baby receives. Parents are supported to introduce their baby to solid food in ways which support optimal health and development.

All women are equipped with the knowledge to be able to plan their return to work whilst breastfeeding, and businesses, shops and public premises within the local authority welcome breastfeeding women.

When babies are not breastfed, care is provided to ensure that parents are enabled to formula feed as safely as possible. Women’s decisions are respected, and parents are supported to feed their baby responsively and to build close and loving relationships.

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<tr>
<td>3.1</td>
<td>Increased uptake of antenatal programmes on infant feeding to provide information and advice for pregnant women on infant feeding</td>
<td>Infant feeding team- St Helens MCB Health Visitors- 5BP Midwives- SHK Trust</td>
</tr>
<tr>
<td>3.2</td>
<td>Provide 1-1 antenatal support for women in antenatal period. Increase uptake of antenatal support to 50% by 2017.</td>
<td>Infant feeding team- St Helens MCB</td>
</tr>
<tr>
<td>3.3</td>
<td>Ensure training is extended to all relevant professionals and services.</td>
<td>All Services supported by Infant feeding team- St Helens MCB</td>
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<td>3.4</td>
<td>Develop robust feedback mechanisms within services to capture the experience of women and their families to drive change and become co-commissioners of women and children’s services.</td>
<td>Midwifery Health Visiting Infant feeding</td>
</tr>
<tr>
<td>3.5</td>
<td>Ensure consistency of delivery of training and services</td>
<td>September 2017</td>
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<tr>
<td>3.6</td>
<td>Provide information for women who choose not to breastfeed to feed their babies safely.</td>
<td>Midwifery Infant feeding team</td>
</tr>
<tr>
<td>3.7</td>
<td>Increase uptake of weaning sessions in the community, particularly to more vulnerable groups.</td>
<td>Infant feeding team Health visiting team</td>
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### 4 Training & Data

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsible Party</th>
<th>Date</th>
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<tbody>
<tr>
<td>Continue to implement Baby Friendly initiative in maternity and child health organisations</td>
<td>SHK- midwifery SBP- health visiting</td>
<td>ongoing</td>
</tr>
<tr>
<td>Implement baby friendly status in children’s centres</td>
<td>St Helens MBC</td>
<td>September 2017</td>
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<tr>
<td>Ensure primary care staff are updated on infant feeding</td>
<td>Infant feeding team. St Helens CCG</td>
<td>September 2017</td>
</tr>
<tr>
<td>Ensure information is made available on hospital admissions of children under the age of 12 months by infant feeding status.</td>
<td>SHK</td>
<td>March 2017</td>
</tr>
<tr>
<td>Timely and accurate information on infant feeding is collected and made available as part of the healthy child programmes</td>
<td>SHK, SBP</td>
<td>March 2017</td>
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<tr>
<td>Work with schools to raise awareness of infant feeding</td>
<td>Infant feeding team</td>
<td>September 2017</td>
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</table>

### References

5. UNICEF UK. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK. 2012