Northamptonshire
Breastfeeding Strategy
2013-2016
Northamptonshire Breastfeeding Strategy

Foreword

The first 2 years of a child’s life lay the foundations for future health and wellbeing. The rapid development of the brain occurring in the early hours and weeks creates connections and pathways in the nervous system and other organs in the body which will remain with the child for life.

Breastfeeding promotes touch, comfort and closeness which supports the child’s growing sense of security and innate value. Breastfeeding supports the healthy development of a child’s gut and immune system, reducing their risk of chronic illness, including leukaemia. Breastfeeding also benefits the mother’s health, reducing the risk of breast and ovarian cancer, diabetes and obesity.

By prioritising breastfeeding through the Health and Wellbeing Board and increasing investment in breastfeeding support, we are supporting families to give their children the best start in life by enabling more women to breastfeed and breastfeed for longer.

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Northamptonshire Breastfeeding Strategy

Executive summary

‘Breastfeeding is universally accepted as the optimum form of nutrition for infants to give them the best start in life.’ (World Health Organisation / UNICEF, 2003).

Within Northamptonshire we are committed to improving the life chances of our children and young people. Giving our children ‘the best start in life’ through the increased uptake of breastfeeding is seen as a high priority in meeting this ambition.

Breastfeeding contributes to better infant health which lasts beyond the period of breastfeeding and includes future reduced risk of disease in both mother and baby. By developing this strategy we believe that we can make significant health gains for our population and increase the life chances of both children and parents.

Nationally, the Government has focussed attention onto breastfeeding by setting initiation and continuation targets, measuring the numbers of babies being breastfed exclusively or partially at 6 weeks of age. Research studies have shown that optimum benefits are realised through longer periods of breastfeeding, up to and beyond 6 months of age. Within Northamptonshire we will remain focussed on improving our performance against the national initiation and 6-8 week targets by setting aspirational targets to bring the county into the top quartile in the country.

This partnership strategy sets out the policy context and key national drivers to evidence our approach, the key stakeholders, how we shall deliver the strategy and how we shall monitor progress and success.

Together, building on our existing partnership approach, we will develop our support for breastfeeding, promoting breastfeeding as the norm. We will support the development of our workforce to enable them to offer evidence based support for breastfeeding and work across organisations to develop baby friendly environments across the county.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Aim of the strategy</td>
<td>5</td>
</tr>
<tr>
<td>How the strategy was developed</td>
<td>5</td>
</tr>
<tr>
<td>The key principles for delivery of this strategy</td>
<td>5</td>
</tr>
<tr>
<td>Why Breastfeeding Matters</td>
<td>6</td>
</tr>
<tr>
<td>Policy Context</td>
<td>8</td>
</tr>
<tr>
<td>Breastfeeding in Northamptonshire</td>
<td>8</td>
</tr>
<tr>
<td>Our priorities</td>
<td>10</td>
</tr>
<tr>
<td>Delivering the strategy</td>
<td>10</td>
</tr>
<tr>
<td>Key Stakeholders</td>
<td>11</td>
</tr>
<tr>
<td>Bibliography</td>
<td>12</td>
</tr>
</tbody>
</table>
Northamptonshire Breastfeeding Strategy

1.0 Introduction

Within Northamptonshire we are committed to improving the life chances of our children and young people, and seek to have the healthiest population in the country. Giving our children ‘the best start in life’ through the increased uptake of breastfeeding is seen as a high priority in meeting this ambition.

Improving breastfeeding rates is a complex process that requires a multifaceted approach involving a number of agencies and disciplines to agree and set priorities and to allocate resources appropriately. This Strategy sets out the problems we face, our vision for the future, our common aims and how we might achieve them working together. It builds on our existing partnership approach and can be seen as the ‘umbrella’ document from which individual action plans and policies can be written to achieve the common aim and help organisations to set their own priorities, agree allocation of resources and coordinate action to achieve the best outcomes for women and children in our county.

2.0 Aim of the Strategy

The aim of this strategy is to contribute to improving the health, nutrition and wellbeing of infants and young children, and the health and wellbeing of mothers, by protecting, promoting, supporting and monitoring breastfeeding.

3.0 How the strategy was developed

Creating a strategy which is relevant to local needs, acceptable to stakeholders, and understood by all requires input from, and consultation with, a wide range of people. This strategy is based on a shared history of partnership working to support breastfeeding in the county and builds on the 2009-13 Strategy. It is informed by national and local policy and data, the views of key stakeholders, including local women, children’s centres, clinicians, managers and service providers. A wide range of stakeholders were invited to contribute to and comment on the strategy during its development (see stakeholder list) including lay members, clinicians, local authority representatives, voluntary sector and others.

4.0 The key principles for delivery of this strategy

The key principles which underpin this strategy are:

- The welfare and health of women and babies is key to all our actions.
- We will work in partnership within organisations and between organisations to ensure a cohesive and inclusive approach. By endorsing the strategy, all stakeholder organisations agree to work collectively towards the achievement of
the key strategic priorities through development and implementation of a Strategy Action Plan.

- All women should be supported in their chosen feeding method based on clear, current and evidence-based information.
- We will base our planning and investment decisions on evidence of quality and effectiveness.
- We recognise the diverse needs of our population and will respond flexibly to meet those needs.
- We will monitor the effectiveness of this strategy and the actions we put in place to deliver it.

5.0 Why Breastfeeding Matters

Breastfeeding is universally accepted as the optimum form of nutrition for infants to give them the best start in life. It is nutritionally and immunologically superior to any other form of infant feeding and is recommended for all babies (WHO/UNICEF, 2003). Breastfeeding contributes to better infant health which lasts beyond the period of breastfeeding and includes future reduced risk of disease in both mother and baby.

We know that babies who are breastfed have reduced risks of obesity in later life, gastrointestinal infections, respiratory illness and asthma, urinary tract infection, early onset diabetes, and childhood cancers (Renfrew et al., 2012). We also know that women who breastfeed have reduced risks of type 2 diabetes, ovarian cancer, pre-menopausal breast cancer, hip fractures, rheumatoid arthritis and postpartum depression (Renfrew et al., 2012).

Responsive breastfeeding is conductive of bonding and attachment (UNICEF UK, 2013). A strong attachment formed in the first days and weeks of a baby’s life is the foundation of ongoing emotional wellbeing and mental health (Oddy et al., 2009; Schore, 1994). Breastfeeding supports the development of a baby’s brain and is associated with lower rates of conduct disorder and higher IQ (Quigley et al., 2012; Kramer et al., 2008). Breastfeeding is associated with greater maternal sensitivity and responsiveness to infant needs (Kim et al., 2011). Breastfeeding is reported to reduce mothers’ perceptions of stress, so that breastfeeding women exposed to similar life events to formula feeding women, had a lower stress response (Groer, 2005).

While breast feeding is well recognised to be beneficial and have a positive impact on a baby’s health and wellbeing, bottle feeding carries increased risks. Bottle feeding is associated with a higher risk of hospital admission for diarrhoea and lower respiratory tract infections and estimates indicate that admissions for these conditions could potentially be reduced by 50% and 25% respectively if all infants were breast fed (Quigley et al., 2007). From a financial viewpoint if all babies were breastfed for three months, the reduction in gastroenteritis alone would produce significant savings of over £50 million nationally each year which could be made available elsewhere in the health system.

Formula fed infants are also five times more likely to develop a urinary tract infection in the first six months and twice as likely to be hospitalised with a chest infection within
their first seven years of life when compared to babies breastfed for three months. For those very vulnerable babies breast milk can be even more important: A premature baby who doesn’t receive any breast milk is more than ten times more likely to develop necrotising enterocolitis, a condition that can be fatal (Renfrew et al, 2012).

The prevalence of obesity is increasing worldwide. Already in England one in three 11 year olds are overweight or obese. Breastfeeding is associated with reduced obesity rates. The long term impacts of formula feeding on levels of obesity in later life are not yet quantified but they are well recognised as increasing the risk of diabetes, heart disease and high blood pressure. Overall breastfeeding makes a significant positive contribution to the health of the population.

In England, whilst the headline figure for initiating breastfeeding continues to rise steadily, results from the Infant Feeding Survey 2010 (ONS, 2012) suggest that although 83% of mothers start breastfeeding their baby there are considerable differences relating to the age and educational status of the mother, the social group to which she belongs and the geographical area in which she lives. Women who are the least likely to breastfeed are often those where breastfeeding could potentially have the most health and economic impact (Wilson et al, 1998). In 2010, incidence of breastfeeding remained highest amongst mothers in managerial and professional occupations, 90% of mothers in managerial and professional occupations breastfed, compared with 80% in intermediate occupations, 74% in routine and manual occupations and 71% among those who had never worked (ONS, 2012). Incidence of breastfeeding was highest among mothers who left full-time education when they were over 18 (91%), compared to 75% who left education aged 17 or 18 and 63% who were 16 or under when they left full-time education (ONS, 2012). Young mothers under 20 years of age remain the age group significantly least likely to breastfeed whatever their social background (ONS, 2012).

Evidence suggests that many of the health benefits of receiving breast milk become more pronounced with longer feeding and that early introduction of solid foods may reduce the optimum effect. This has led to the recommendation that infants are exclusively breastfed for a minimum of six months and that breastfeeding remains the main source of nutrition alongside other suitable foods until at least 12 months of age (DoH, 2003). However we recognise this is not practical or possible for some mothers and babies and any period of receiving breast milk is better than none at all.

Breastfeeding is not always easy and for some women and babies complex difficulties mean that continuing with exclusive or even partial breastfeeding becomes impossible. 90% of women who stop breastfeeding in the first 6 weeks report that they stopped earlier than intended (Bolling et al, 2007). Women who stop breastfeeding earlier than intended are vulnerable to destructive feelings of guilt and failure, supporting women through ceasing to breastfeed or changing their expectations and definitions of success is important for the emotional wellbeing of the mother and the long term emotional health outcomes of the child and the parent-child relationship.
6.0 Policy Context

Success in increasing breastfeeding prevalence requires a strategic approach not only at local level but also at national and global level. Breastfeeding has become increasingly significant in both international and national policy, particularly as the evidence base surrounding the positive impact breastfeeding has on health has grown.

This Strategy has been developed in the context of current international and UK policies and guidance, in particular, the UNICEF Baby Friendly Initiative (WHO/UNICEF, 1992 & 2013) and the Child Health Programme (DH, 2009). Breastfeeding is included as a key indicator of Public Health in the Public Health Outcomes Framework, which is the responsibility of the Local Authority and partners. There are many other national guidance documents which relate to specific partner organisations and which will inform their individual action plans and contribution to delivery of this strategy. This includes NICE guidance for NHS services and guidance for children’s centres.

At local level, the Health and Wellbeing Board has identified Breast feeding as a priority and this is reflected in the Northamptonshire Children’s Plan (Northamptonshire Children and Young People’s Partnership 2013-16).

7.0 Breastfeeding in Northamptonshire

The prevalence of breast feeding is monitored at two main points in time: at birth (initiation) and when the baby is between 6-8 weeks old. In Northamptonshire around 74% of mothers start breast feeding which is slightly less than the national average, but less than 45% of mothers are still breastfeeding at 6-8 weeks. The graph below indicates the trend of the England average breastfeeding prevalence rate at 6-8 weeks; the East Midlands trend and the Northamptonshire trend.

Fig 1: Breastfeeding prevalence at 6-8 weeks: Northamptonshire, East Midlands and England.
It is evident from the graph that the Northamptonshire 6-8 week breastfeeding rate was well above the England and East Midlands averages in 2009-10, however the Northamptonshire rate made a significant drop before a slight recovery, whilst the England average continued to climb. At 6-8 weeks the breastfeeding prevalence rate in Northamptonshire remains below the National rate.

Northamptonshire has two maternity units; Kettering General Hospital Foundation Trust and Northampton General Hospital. 93% of Northamptonshire babies are born under the care of these two units, including those babies born at home. Data from these units allows us to monitor initiation rates which we can then compare with other counties. Our Health Visiting Services collect the data which allows us to monitor breast feeding at 6-8 weeks. The data shows the prevalence of breastfeeding in Northamptonshire plateaued at its highest for both initiation and 6-8 weeks between 2010 and 2012 but has reduced since 2012.

**Fig 2 Breastfeeding prevalence in Northamptonshire 2007-13**

There has been a drop in breastfeeding rates at initiation and 6-8 weeks in Northamptonshire since 2011.
Fig 3: Changes in breast feeding prevalence in first 6-8 weeks of life. Northamptonshire 2012 -13

There is also a significant reduction in the breastfeeding rate from initiation to 6-8 weeks. This seems to occur largely in the first 2 weeks after birth.

8.0 Our priorities

This Breastfeeding Strategy sets out key strategic priorities to be achieved in partnership over the next 3 years through the implementation, monitoring and evaluation of this strategy.

1. To develop services that meet local and national breastfeeding targets by 2015 and exceed them by 2016.
2. Ensure breastfeeding is encouraged and supported within communities, businesses and public places throughout the county.
3. To gain Baby Friendly Initiative accreditation for Maternity and Community services, including Children’s Centres in the county by August 2018 and the University of Northampton and 50% of GP surgeries by December 2019.
4. To develop our workforce in order to support them in the promotion of breastfeeding.

9.0 Delivering the strategy

Delivery of this strategy will be driven and overseen by the Northamptonshire Breast Feeding Strategy Group, which will report progress to the Children and Young People’s Partnership Board quarterly.
10.0 Key Stakeholders

In addition to the direct involvement of partner representatives on the Northamptonshire breast feeding strategy group, key stakeholder organisations below were invited to contribute to and comment on this strategy and bring it to the attention of relevant staff or sector partners for comment.

- Children and Young People’s Partnership Board
- Kettering General Hospital Foundation Trust
- NHS Nene Clinical Commissioning Group (CCG)
- NHS Corby Clinical Commissioning Group (CCG)
- Northampton General Hospital
- Northamptonshire County Council
- Northamptonshire Health Care Foundation Trust
- Third Sector Partners
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