

Meeting of
Lanarkshire NHS Board
Date 30 July 2008

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



SUBJECT: BREASTFEEDING

1. PURPOSE

Following the approval by the Board of the Breastfeeding Policy at its meeting in November 2007, the Board asked for a subsequent report. Since then improvement in the breastfeeding rate has become a national target (HEAT) and is one of the Board's corporate objectives.

2. CONTENT/SUMMARY OF KEY ISSUES

2.1 BACKGROUND

Breastfeeding is regarded as one of the most important health improving actions. Evidence shows that its benefits are bestowed on both mother and child in the early years with many of these continuing into adulthood. These benefits come about through increasing the opportunities for maternal nurturing, greater nutritional balance of the infant and the improvement of immune response systems of parent and child. They include reductions in infections, reduced risk factors for rapid weight gain in infancy and early childhood, allergic reactions and development of cancers. There may also be a strong link between child protection and breastfeeding through increased bonding.

Breastfeeding was almost the norm until after the 2nd World War when bottle feeding gained ascendancy with the development of the welfare foods policy, intensive marketing of infant formula by health providers, maternity hospital practices and other societal changes, such as changes in the employment profile of women. Now most women do not breastfeed, those that do, do so for a relatively short period and supplement breast milk with infant formula.

The data in the table attached as Annexe A illustrate the following points:

- NHS Lanarkshire has the lowest breastfeeding rates in Scotland
- While much effort has gone into trying to increase breastfeeding rates in Lanarkshire overall improvement remains at the margin
- There is significant variation between North and South Lanarkshire CHPs which may be largely explained by differences in the socio-economic status of the population and cultural differences that may be associated with more rural communities
- While there is considerable variation in rates across Scotland with what might be assumed to be more affluent areas having significantly higher rates than Lanarkshire, the trend is static with little improvement over the last six years and marginal reductions in exclusive breastfeeding i.e. fed exclusively on breastmilk, without any infant formula supplements or water

2.2 TARGETS AND NHS LANARKSHIRE'S APPROACH

Breastfeeding is an individual decision for each woman to take and there is tension between that principle and taking a managed approach to achieving a target. What is clear is that each woman should have support and information to make an informed infant feeding choice and where they decide to breastfeed that they have the necessary support to sustain it. It is analogous to targeting the reduction in smoking but it is different because the implications for the health of others, as with passive smoking, are less vivid.

Efforts to improve breastfeeding rates within NHS Lanarkshire date from the publication of the Breastfeeding Strategy in 1996 and have centred on the following:

- Raising awareness among the public (at all ages) about the benefits of breastfeeding
- Encouraging businesses, health and council facilities to become "breastfeeding friendly" and support breastfeeding by enlightened and supportive staff attitudes and facilities
- Providing expectant mothers with information to enable them to make an informed infant feeding choice
- Stopping all promotional activity for infant formula within NHS premises and health care activities
- Supporting mothers immediately after birth in the practice of breastfeeding
- Providing continuing support to mothers so that they sustain breastfeeding through Public Health Nurses and the "Community Mothers " ¹ scheme
- Improving awareness and skills amongst healthcare staff

The target trajectory and current rates are as follows:

% of babies recorded as exclusively breastfed at 6-8 weeks	
Sept 2007	19.4
Current at March 2008 ²	17.3
March 2008	20
Sept 2008	20.6
March 2009	21.2
Sept 2009	21.8
March 2010	22.4
Sept 2010	23
March 2011	23.5

What appears to be a modest improvement target still represents a significant challenge. There has been little improvement in rates anywhere in Scotland over the last six years and, if anything, there has been a reduction, albeit marginal, in the rate of babies who are exclusively fed with breastmilk, even in Boards such as Lothian where one would have expected the socio-economic profile to support an improvement.

¹ Community Mothers is a scheme entailing paid volunteers in local communities who can act as buddies.

² Local child health surveillance data invalidated.

The factors which make the issue a challenge include:

- Overall society is not supportive of breastfeeding and this is reflected in important relationships that influence a woman's decision to breastfeed or not – partners, grandparents, the media and health care professionals
- Relative poverty and affluence enable or inhibit the attitudes and practicalities of breastfeeding; e.g. knowledge of the benefits of breastfeeding, through to time to establish and persevere with the routine of breastfeeding
- Processes of care within maternity units have meant much shorter lengths of stay and greater emphasis on the safe (and fulfilling) birth experience, arguably to the detriment of establishing successful breastfeeding

3. ACTIONS

The Board will wish to note the following:

1. That progress on this issue will be subject to the current performance management arrangements
2. A breastfeeding strategy group and an action group are established
3. We will continue to refresh and develop strategy however the emphasis will be on improving practice and delivering improvements to the breastfeeding rates
4. Health improvement approaches, which tend to be longer term and societal, along with sustaining breastfeeding once initiated will continue to be important. Much greater emphasis however, will be placed on the woman's experience during pregnancy and immediately after birth. Thus there will be particular emphasis on the role of midwives, public health nurses, specialist support workers and others during the antenatal and postnatal period. Data for the 1st quarter of 2008 indicates that initiation of breastfeeding immediately after birth is relatively high (41%) but decreases rapidly to 27% following discharge and the transfer of care from midwifery to public health nurses – around 10 days after birth. It then falls further to 17% six weeks after birth.
5. An objective assessment of women's experiences in Lanarkshire on deciding whether or not to choose breastfeeding has been commissioned – this will be used to target actions and resources
6. Additional resources may be needed, some have already been obtained from NHS Education Scotland as part of the practice development approach, but should be tied to specific objectives and auditable outcomes

4. CONCLUSIONS

This is an important area of improving the health of existing mothers and the next generation of children. While much effort has already been exerted this has not resulted in any significant improvement in breastfeeding rates. Increased effort now needs to focus on inception rates. Performance review arrangements are part of these for the Local Delivery Plan as improvement in breastfeeding rates are a HEAT target.

5. FURTHER INFORMATION

If Board members wish further information or clarification on any issues please contact Paul Wilson; Executive Director for Nurses, Midwives and Allied Health Professions on Telephone 01698 206349

Paul Wilson
Executive Director for Nurses, Midwives and Allied Health Professions
18 July 2008