Lincolnshire Community Health Services NHS
NHS Trust
Lincolnshire COUNTY COUNCIL

Issue: Draft Date: 04/01/2013

NHS Lincolnshire

Breaststart

Lincolnshire Infant Feeding Strategy 2013 – 2016

Providing a quality, seamless value for money Infant Feeding Service

A framework for action
Tackling Health Inequalities in Lincolnshire

Contents and acknowledgements

Breastfeeding takes a lot of time and effort from many people and this is appreciated. Our grateful thanks go to everyone who has helped to improve Lincolnshire's Breastfeeding Journey. Also a massive thank you to all the local breastfeeding families who have kindly given permission to use their wonderful photographs.

This framework has been developed by the Lincolnshire Community Health Service NHS Trust, Lincolnshire Public Health, NHS Lincolnshire and United Lincolnshire Hospitals and the author is Joanne Dalton Infant Feeding Coordinator. Consultation has taken place with a wide range of organisations:

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Final validation will be agreed at the following boards:

- Health and Wellbeing Board
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- _

Forward

NHS Lincolnshire and their partners in health, local authority and the voluntary sector are committed to improving the health and wellbeing of the local population, whilst also addressing health inequalities. They recognises that healthy eating is widely acknowledged as one of the crucial factors in improving and maintaining good health throughout life and one of the most effective ways of ensuring that a child gets the best start in life.

The global strategy includes as a priority for all governments to ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require in the family, community and workplace to achieve this goal (Department of Health, 2009). Investment in supporting women to breastfeed will improve the quality of life for women and for children through reducing acute and chronic diseases (UNICEF, 2012). Breastfeeding is one of the most important things that mothers can do to improve the health of both their babies and themselves in a way that giving a baby artificial milk is unable to do.

The strong evidence of health risks associated with not breastfeeding makes this a major public health issue that requires investment and an organised and informed response (UNICEF, 2012). This Strategy therefore intends to inform parents, the public, health care workers, and involved partners to acknowledge the health outcomes of breastfeeding for themselves. To encourage the initiation of breastfeeding, and to support a successful breastfeeding experience. Increasing breastfeeding rates will result in significant health improvements for the population of Lincolnshire and rapid financial return of investment (UNICEF, 2012). It looks at the reasons why mothers may or may not choose to breastfeed, before outlining the vision, aims and objectives, then finally the actions to increase breastfeeding rates across Lincolnshire.

This framework for action has given the opportunity to strategically look at nutrition from the age of zero to two years with emphasis on responsive feeding, supporting parents to have a close and loving relationship with their baby and consistent advice and information for parents on introduction of solid food, portion size and healthy options. It has also been recognised that one of the biggest challenges facing maternity services today is maternal obesity. This has become the most commonly occurring risk factor in obstetric practice (Khazaezadeh et al, 2011). With over half of pregnant women in the UK overweight or obese (Heslehurst 2010), pregnant women require positive, consistent information and support in order for them to make sustainable lifestyle changes.

Introduction

This Lincolnshire Infant Feeding Strategy 2013-2016 has been written to reflect Government recommendations and new research evidence produced nationally and locally. This strategy provides a framework for both commissioners, provider services, wider partnerships and the voluntary sector to use when undertaking work around maternity and child services. The benefits of a strategic approach will allow the sharing of good practice across partnerships, consistent messages and a streamlined robust Infant Feeding Service.

Aims

- For infants to be fed exclusively on breastmilk until the age of 6 months and then alongside solid foods. With breastfeeding continuing beyond one and two years whilst mother and baby are happy to continue.
- To improve the health of mothers and children, particularly those from low socio-economic families and contribute to reducing health inequalities by facilitating an increase in breastfeeding initiation and duration rates.
- To support parents who choose to formula feed to do so as safely as possible.
- To promote healthy eating behaviours whilst pregnant and from birth onwards.
- To support healthy eating and increased activity, leading to a reduction in obesity.

Vision Statement

Lincolnshire is a breastfeeding friendly place, where breastfeeding is the preferred choice for infant feeding. Mothers, fathers, families and communities are well informed and supported so that all mothers and babies can succeed and have an enjoyable breastfeeding experience.

Background

Infant Feeding

Breastfeeding is the natural way for babies and young children to be fed. Breastfeeding saves lives and protects the health of mothers and babies both in the short and long term. There is a wealth of global evidence identifying breastfeeding as the most important health intervention in improving child health. The World Health Organisation (WHO) recommends mothers worldwide to exclusively breastfeed their infants for the first six months of life, in order to achieve optimal growth, development and health (WHO 2011). The Royal College of Paediatrics and Child Health (June 2011) supports and recommends the WHO definition of 'exclusive' as meaning 'no supplement of any kind including water while breastfeeding'. The World Health Organisation also estimates that 98% of mothers are capable of providing breast milk for their infants (Kramer, MS and Kakuma 2002). The United Nation (UN) Convention on the Rights of a Child (1990) Article 24 states that they have agreed „…..that all segments of society, in particular parents and children, are informed and have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents". Because breastfeeding rates in the UK have been so low for so long, health service and community support for breastfeeding is not consistent. To break the cycle of the linked factors that make breastfeeding difficult for women in the UK changes are needed to address the societal, family and health service barriers to breastfeeding (UNICEF, 2012).

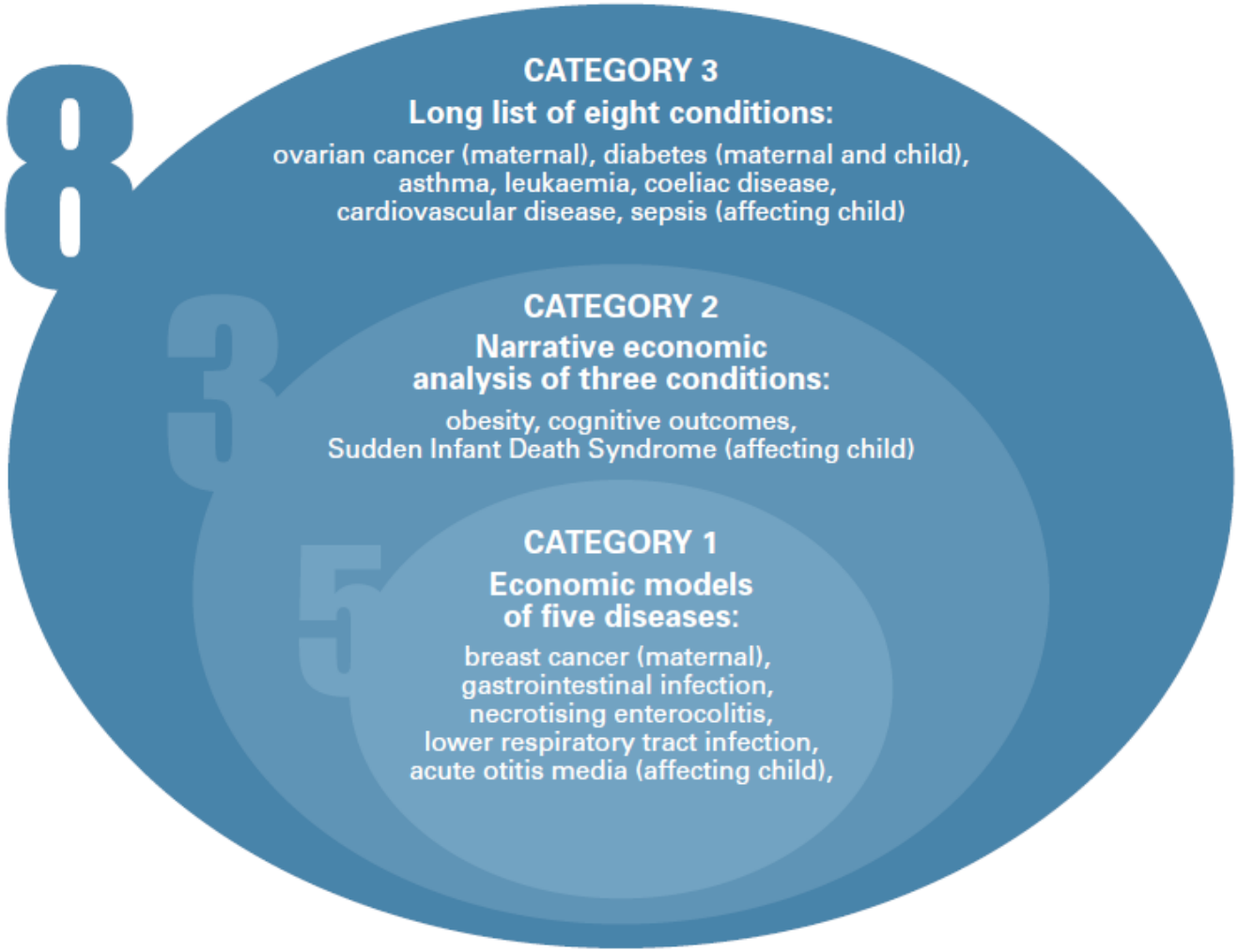
Breastfeeding rates in the United Kingdom remain amongst the lowest in Europe. Exclusive breastfeeding at birth is 69%, but within one week the number exclusively breastfeeding drops to 46%, and by 6 weeks it is down to 23%. At 6 months, only 34% of mothers are breastfeeding, with barely 1% doing so exclusively (Infant Feeding Survey, 2010). The rapid discontinuation of breastfeeding in the early days and weeks after birth, seen consistently since national surveys began in 1975, has only marginally improved to date, demonstrating that women who start to breastfeed often encounter problems, whether socio-cultural or clinical in nature, and stop (Infant Feeding Survey, 2010). Ninety per cent of women who stop breastfeeding in the first six weeks report that they discontinue breastfeeding before they want to (Bolling et al, 2007). As a consequence, women can feel that they have failed their babies (Lee, 2007), and the great majority of babies in the UK are fed with formula in full or in part at some time during the first six months of life, and by five months of age, 75% of babies in the UK receive no breast milk at all (UNICEF, 2012).

A time for action: Infant formulas are imperfect approximation of breast milk and there are inherent differences between breastmilk and infant formula (First Steps Nutritional Trust, 2012). In fact, infant formula milk does not contain the antibodies, living cells, enzymes or hormones present in breast milk. Breast milk is designed for each individual baby and changes over time whereas infant formula milk is designed for every baby. It is impossible to recreate breastmilk and all formula milks have to be of a similar composition to comply with EU compositional requirements (First Steps Nutritional Trust, 2012).

The resulting low breastfeeding rates in the UK are costing the NHS millions of pounds each year – as well as causing untold distress and suffering for families. Lack of breastfeeding is a major public health issue from government level through to local Children's Centres, and

appropriate investment and legislation to give mothers a better experience of breastfeeding is required. The good news for commissioners is that research shows that money invested to help women breastfeed for longer would provide a rapid financial return (UNICEF, 2012). Calculations from a mere handful of illnesses where breastfeeding is thought to have a protective effect revealed potential annual savings to the NHS from a moderate increase in breastfeeding rates of about £40 million per year. The true cost savings are likely to be much higher (UNICEF, 2012).

Breastfeeding reduces the risk of:



Calculations from a mere handful of illnesses where breastfeeding is thought to have a protective effect revealed potential annual savings to the NHS from a moderate increase in breastfeeding rates of about £40 million per year. The true cost savings are likely to be much higher (UNICEF, 2012) Appendix 1.

Breastfeeding is a deeply emotive subject with strong cultural overtones. Lincolnshire has an entrenched culture of artificial feeding. To move Lincolnshire to a breastfeeding culture therefore requires a multifaceted approach not just from health professionals but from the community as well. We need to get the message across that breastfeeding is socially acceptable and extremely important to the health of our children and mothers. Children who are not breastfed are at increased risk of a number of poor health outcomes.

The Infant Feeding Survey (2010) cites the most common reasons for stopping breastfeeding in the first week were common breastfeeding problems such as babies not attaching to the breast, having painful breasts or nipples and perceived 'insufficient milk'. All these issues could be avoided or solved if mothers were better supported. Peer support schemes using local experienced breastfeeding mothers who provide multimodal education/social support, have been shown to be successful to overcome these issues (DH 2009). Local research has been commissioned by Public Health NHS Lincolnshire to look at breastfeeding at a local level. This is due for publication 2013.

In Lincolnshire the Infant Feeding Coordinators where appointed by Lincolnshire Community Health Service NHS Trust 2008. Breastfeeding Support Worker Programme was funded from April 2010 to March 2011. This team provided a seamless service for Breastfeeding families in a designated post coded area, a pilot project for both the acute hospital setting and community of Lincolnshire. The voluntary Breastfeeding Peer Support Programme BreastStart, a voluntary constituted organisation, is still operational across Lincolnshire.

The World Health Organization and UNICEF introduced the Baby Friendly Initiative, a global programme aimed at introducing best practice standards for breastfeeding into all maternity health care services and communities. These standards form the Ten Steps and Seven Point Plan to Successful Breastfeeding (Appendix 2) and are the minimum that any mother has a right to expect (DH 2009). Successes have already been achieved within Lincolnshire with the United Lincolnshire Hospitals achieving Stage 2 accreditation and Lincolnshire Community Health Service NHS Trust achieving Stage 1 accreditation. Recently these standards have been updated and enhanced to fully reflect the evidence base on delivering the best outcome for mothers and babies in the UK (UNICEF, 2012) see Appendix 2.

When parents have made an informed choice to use artificial milk, the parents and infants will be supported to use artificial milk as per Department of Health guidelines. It is essential that alternatives to breastmilk are available and that these are well regulated as food products. Infant milk is unique among foods as it is the sole source of nutrition for infants. It is vital that all those who give advice to parents and carers about infant feeding have access to clear and objective information about the different types of infant formula and other infant milks currently available (First Steps Nutrition Trust 2012)

Maternal Health

One of the biggest challenges facing maternity services today is maternal obesity. This has become the most commonly occurring risk factor in obstetric practice (Khazaezadeh et al, 2011) due to the rising number of pregnant women who are heavily obese and the associated multiple adverse pregnancy related outcomes. With over half of pregnant women in the UK overweight or obese (Heslehurst 2010), the challenge faced by maternity services is becoming increasingly more complex and commonplace.

Obesity in pregnancy is associated with an increased risk of a number of serious adverse outcomes to both the mother and her infant. These include miscarriage, fetal congenital anomaly, thromboembolism, gestational diabetes, pre-eclampsia, complications in labour, post-partum haemorrhage, wound infections, still birth and neonatal death. Additionally the caesarean section rate is higher and the breastfeeding rate lower.

The magnitude of the risk means that obesity represents one of the greatest and growing overall threats to the childbearing population in the UK. The prevalence of obesity in the general population in England has risen markedly since the early 1990's. The prevalence of obese women (BMI>30) in Lincoln in 2012 is 33%. This is well above the national average of 23%.

In order to tackle this issue, the Lincolnshire Antenatal Weight Management Programme (Bumps & Beyond) was commissioned by NHS Lincolnshire Public Health Directorate and is delivered by Lincolnshire Community Health Services. It targets women with a BMI>30 and provides an assessment and personalised advice on healthy eating and how to be physically active during pregnancy (Appendix 4). Pregnant women require positive, consistent information and support in order for them to make sustainable lifestyle changes.

Introducing Complementary Foods

After six months, breastfeeding, along with appropriate complementary foods will continue to contribute to the child's nutrition, development and health. Following a systematic review of the published scientific literature on the optimal duration of exclusive breastfeeding by WHO in 2001, the Department of Health in 2003 reviewed its guidance on the introduction of solid food, advising six months as the recommended age of solid foods for infants. They also advised breastfeeding (and/or breastmilk substitutes if used) should continue beyond the first six months, along with appropriate types and amounts of solid food (DH 2009). The introduction of solid foods at the age of six months is supported by Naylor and Morrow (2004) review of which concluded that exposure of the infant to pathogens that are commonly present in food, could result in frequent infection. The human gut is functionally immature at birth in full term infants. Immaturities in digestion, absorption and protective function exist that may predispose the infant to age-related gastrointestinal disease during the first six months of life. To provide all parents with consistent, evidence-based information to enable them to make fully informed choices on the introduction of complementary food and drinks. Organisations and partners will ensure all appropriate staff have sufficient knowledge and training in good weaning practices so that clear, consistent information is given to parents and good practice is carried out (Appendix 5). If there is parental or professional concern about a child's growth or risk to normal growth (including obesity), an assessment should be carried out. A decision should be made as to whether follow-up or an intervention is appropriate, and agreement with the family should be sought (Department of Health, 2009).

Healthy Start

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are at least 10 weeks pregnant and families with children under four years old are currently eligible for Healthy Start if the family receives certain benefits. The 2010 Infant Feeding Survey found that over four in five mothers registered on the scheme said they had used their Healthy Start vouchers on Infant formula, followed by fresh fruit, fresh vegetables and cow's milk. The Healthy Start Vitamin Scheme has traditionally had a low uptake rate within the United Kingdom with Lincolnshire following the same trend. Women are advised to take vitamin D supplements during pregnancy and while breastfeeding (NICE 2008). Figures show up to a quarter of the population has low levels of vitamin D in their blood and the majority of

pregnant women do not take vitamin D supplements. Health professionals are being encouraged to use their routine contact with at-risk groups to raise awareness of the advice on taking vitamin D supplements and remind them to be alert to the signs and symptoms of vitamin D deficiency (DH, 2012).

Inequalities

The babies most likely to be breastfed are those from families living in relatively affluent circumstances and with well-educated parents, or families from minority ethnic backgrounds (Health and Social Care Information Centre, 2012). Babies of parents from low-income backgrounds, who are young, white, with fewer educational qualifications and who were themselves formula fed, are least likely to be breastfed. This is an intergenerational problem: women are likely to follow the infant feeding patterns of their mothers. In some low-income communities, formula feeding is endemic and breastfeeding is rarely seen, making a fundamental contribution to inequalities in health (Nelson, 2000). Thus not being breastfed is both a consequence and a cause of social inequalities, since babies who are not breastfed are more likely to develop ill health (UNICEF 2012). Promoting breastfeeding, protecting families and health professionals from advertising about breastmilk substitutes, and supporting women to breastfeed, are among the most effective early years strategies intended to improve health and tackle inequalities (Field, 2010). This has been recognised internationally in the adoption of the International Code on the Marketing of Breast-milk substitutes (WHO 1981) Appendix 3 , the development of a Global Strategy for Infant and Young Child Feeding (WHO, 2003), the adoption of an EU Blueprint for action on the protection, promotion and support for breastfeeding in Europe (EU Project on Promotion of

Breastfeeding in Europe, 2008), and recently by the inclusion of breastfeeding in the Public Health Outcomes Framework for England (Department of Health, 2012).

The cost to individuals, communities, the economy and the NHS from health inequalities is immense. Reducing health inequalities has been made one of the top priorities for the NHS (DH 2007).

Addressing Inequalities

To tackle inequalities and achieve the greatest health gains it is important to target health activity and support toward areas, communities and groups with the lowest rates for a wide range of health indicators and who consequently experience the poorest health. It is well documented that the lowest 15% of the population identified by the index of multiple deprivation experience the poorest health, in all categories. Therefore much of the work to be delivered within this strategy will focus on those areas where the most vulnerable live.

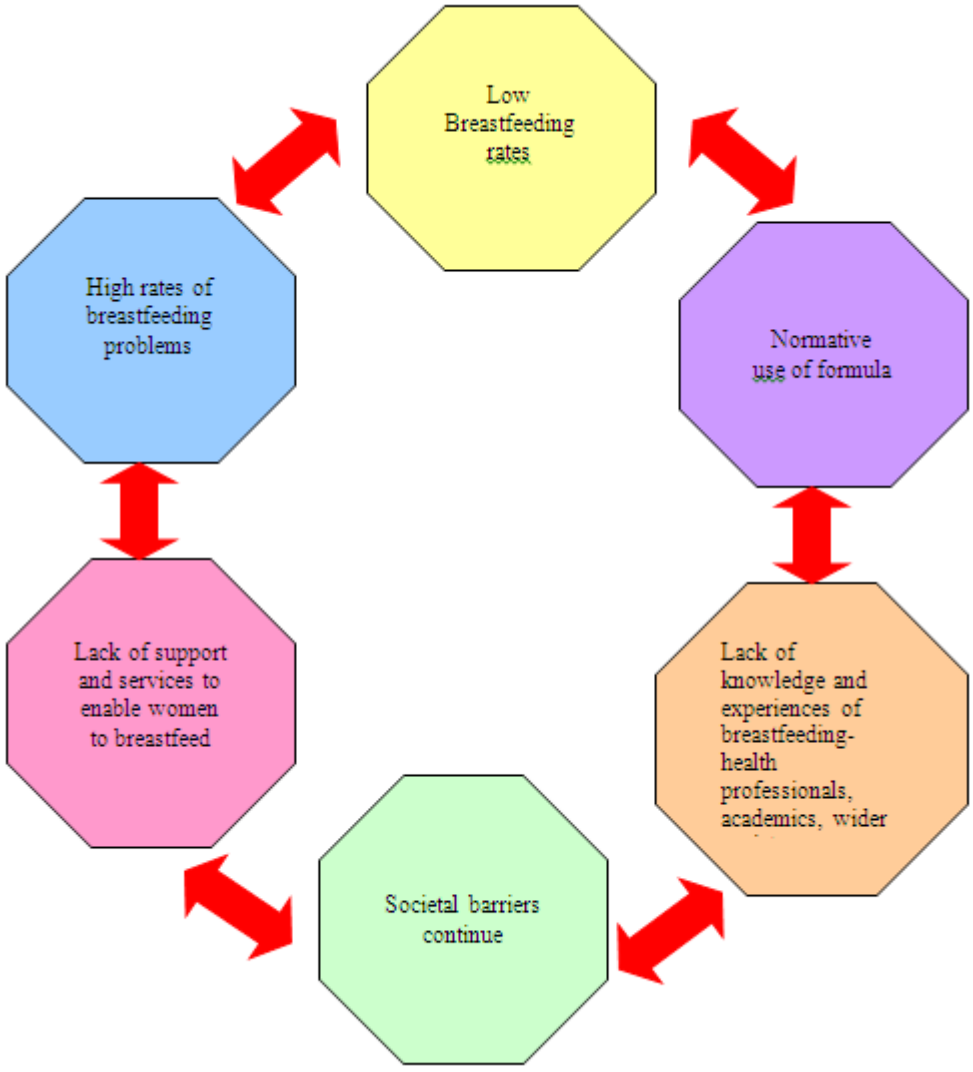
Fathers

In Lincolnshire new initiatives will be developed to encourage fathers to learn about breastfeeding and to support their partners to breastfeed their infants. Routinely informing fathers about the health benefits of breastfeeding, giving them advice and encouraging them to be supportive about breastfeeding is recognised as a key predictor of breastfeeding initiation and maintenance (DH 2009)

Economic and Environmental Benefits

Environmentally the production of artificial milk, its global distribution and raw materials required to facilitate feeding put significant demands on the environment. In contrast breastfeeding is a completely natural process and requires only the mother and baby.

Framework for Actions



The linked factors that exist when women are not able to breastfeed for as long as they wish, resulting in avoidable burden of disease and cost to health service and wider economy (UNICEF, 2012)

Effective leadership at national, regional and local level is essential to raise breastfeeding prevalence. Services commissioned will provide sustainable, high-quality, universal support, as well as targeted support for mothers who are least likely to breastfeed and who are at risk of poor health outcomes. This is central to delivering better long term outcomes for children. Breastfeeding services are cost effective interventions contributing to savings for the National Health Service, Local Authority and improving quality of life (UNICEF, 2012).

It is not currently clear where the commissioning of breastfeeding services will sit within the new shape of the NHS. However, those taking forward the actions set out in this Strategy need to be mindful of these proposed changes, and consider how they will impact on future breastfeeding services. The Strategy supports and links to national, regional and local drivers.

Targets

- The Department of Health and the NHS is to deliver an increase of two percentage points per year in breastfeeding initiation rates focusing especially on women from disadvantaged groups (DH 2000)
- Locally Initiation rate target is set at 80% 2012
- NI 53 Prevalence of breastfeeding at 6 – 8 weeks will be replaced with a Breastfeeding Public Health Outcomes indicator (DH 2013)
- Locally 6-8 week prevalence target is set at 42% 2012
- Breastfeeding Sustaining from Primary Birth to 6 to 8 weeks 80%
- Reduce health inequalities by 10% by 2015 as measured by infant mortality and life expectancy at birth – PSA 18
- Reducing the rate of increase in obesity among children under 11 as a first step towards a long term national ambition, that by 2020 to reduce the proportion of overweight and obese children to 2000 levels in the context of tackling obesity across the population – PSA 12
- WHO/UNICEF UK Baby Friendly Initiative 1994/1998 / 2012 implemented across Lincolnshire

National Drivers

- Good practice and innovation in breastfeeding(DH 2004)
- Postnatal Care: Routine postnatal care of women and their babies Clinical Guidance No. 37 (NICE 2006)
- NICE Peer Support Programme for women who Breastfeed (NICE 2008)
- Maternity Matters (DH 2007)
- Teenage Parents next steps: Guidance for Local Authorities and Primary Care Trusts (DH 2007)
- Review of health inequalities infant mortality target (DH, 2007)
- Delivering health services through Sure Start Children's Centres (DH 2007)
- Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. Public Health Guidance 11 (NICE 2008)
- Healthy Start: A New Welfare Food Scheme (DH 2008)
- Healthy Weight, Healthy Lives: A Cross-Government Strategy for England (DH 2008)
- Change for life (DH 2008)
- Healthy Child Programme (DH 2009)
- Commissioning Local Breastfeeding Support Service (DH 2009)
- Healthy Lives, brighter futures. The Strategy for Children and Young People's Health (DH, Department for children, schools and families 2009)
- Maternity and Early Years. Making a good start to family life (HM Government 2010)
- The Equality Act (DH 2010)
- The NHS England: The operating Framework 2012
- The International Code of marketing Breastmilk Substitutes (1981)

Local Drivers and Enablers

- Lincolnshire Joint Strategic Needs Assessment (2012)
- Lincolnshire Joint Health and Wellbeing Strategy (2013-2018)
- NHSL LCHS Planning Priorities
- Lincolnshire Childhood Obesity Strategy (2012-2017)
- Lincolnshire JSNA: Obesity (Adults)
- NHS Operating Plan is local and national LOP
- Children and Young Peoples Strategic Partnership Plan 2009-12 (New Date)
- CCG
- Breastfeeding Strategy Group
- Breastfeeding Policy for ULH and LCHS
- Infant Feeding Guidelines
- Breastfeeding Pathway
- Lincolnshire Diversity Impact Assessment LA
- Voluntary Sector – Breastfeeding Peer Supporters - Guidelines

Data

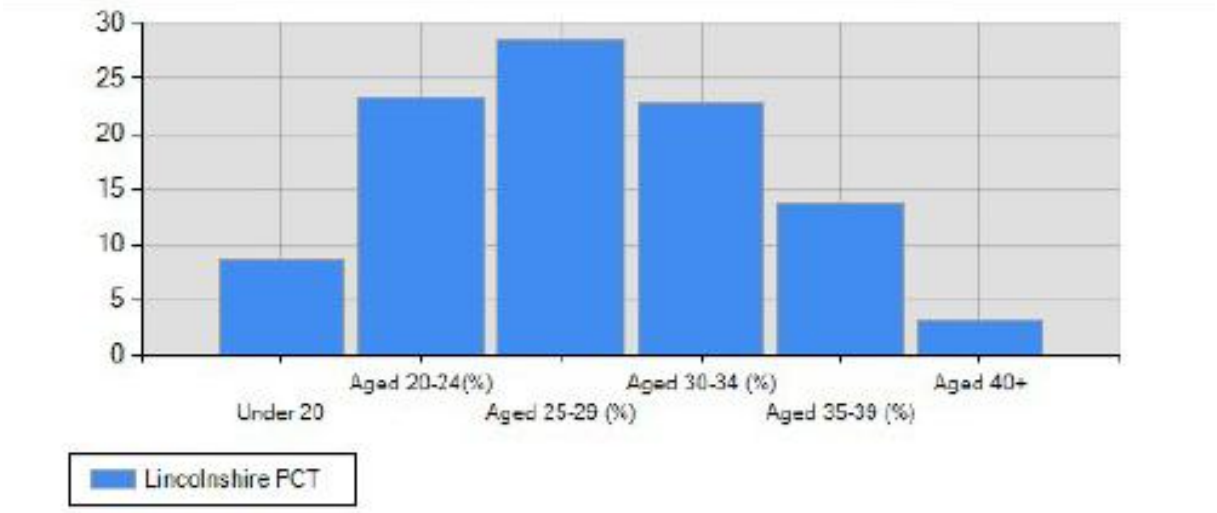
National and Local demographics that influence Infant Feeding

The birth rate of Lincolnshire PCT residents in 2010 was 7,771 live births compared with 6,849 in 2006. This is an increase of 12% the second highest PCT in East Midlands.

Analysis of women giving birth in Lincolnshire PCT during 2010/11 shows that the highest proportion of deliveries were to women aged 25 to 29 years old, accounting for 29% of all

deliveries. The graph below shows the age of mothers at the delivery of their baby in five year age bands.

Age of mother at time of birth, 2009-2010, Lincolnshire



Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

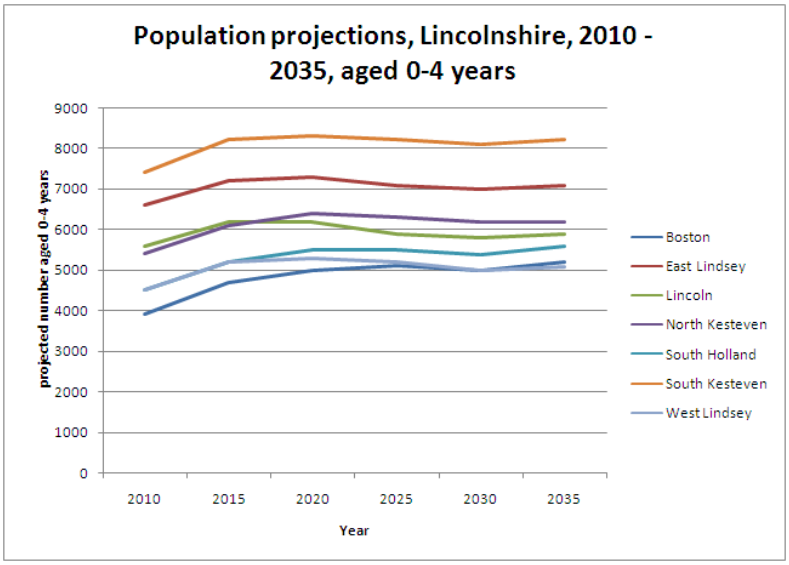
Teenage pregnancy poses a high cost to both the individual and society, financially and socially. Poorer educational attainment, higher rates of infant mortality and postnatal depression are just a few of the poorer outcomes and experiences of teenage mothers and their children (Department of Health, 2009).

The following table shows the rate of teenage deliveries per 1,000 deliveries in Lincolnshire PCT. It shows that Lincolnshire has a high rate of deliveries to teenage mothers when compared to other regions and England as a whole.

	Rate of deliveries to teenage mothers in 2010-2011
Lincolnshire PCT	7.84
North East	8.40
North West	6.70
Yorkshire and the Humber	7.20
East Midlands	6.60
West Midlands	6.60
East of England	4.70
London	3.10
South East Coast	5.10
South Central	4.40
South West	5.70
England	5.50

Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

Due to the increase in the number of births in Lincolnshire, the population aged 0-4 years is also projected to rise between now and 2035. The Graph below shows this projected increase by Lincolnshire District. In all areas the steepest rise is expected to occur between 2010 and 2015. The district with the largest 0-4 year population is South Kesteven followed by East Lindsey.

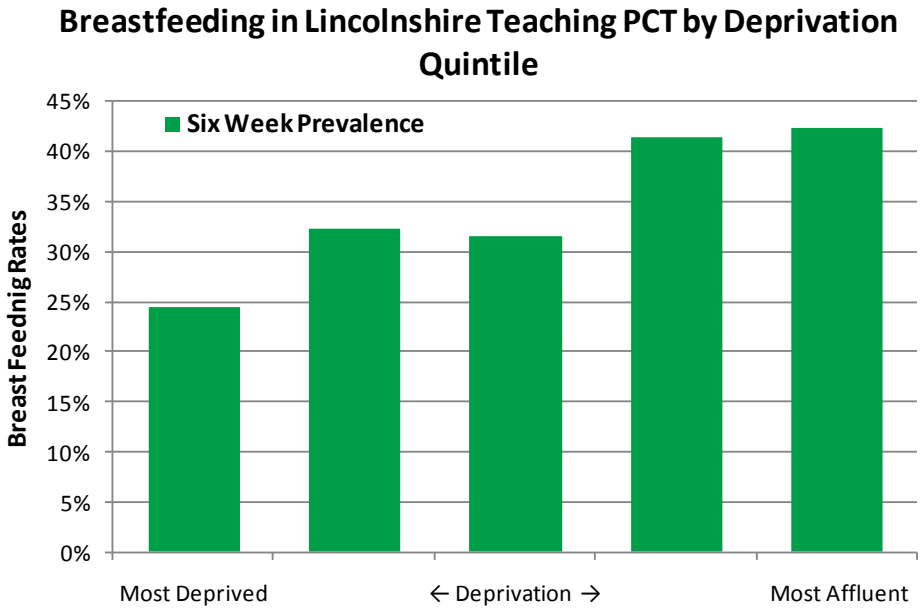


Projected population change in 0-4 year age group, 2010-2035 per Lincolnshire district
Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

Deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by lack of resources of all kinds. It is often used in Public Health Analysis to show inequalities and service need.
Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

Lincolnshire as compared to the rest of the country has fewer babies born into the most deprived quintiles than either England or the East Midlands. At a local level Boston has the highest proportion of babies born into deprivation, whereas North Kesteven has the least (36% and 20% respectfully). Data on deprivation is only available for six-week breastfeeding prevalence as shown in figure 2. For this, breastfeeding rates show a general increase as levels of deprivation decrease, although this increase isn't as consistent across quintiles as the increase seen in most other PCTs in the East Midlands. After taking into account differences in ethnic composition and maternal age, the differences in prevalence rates are statistically significant. Prevalence rates in the two most affluent quintiles (both 42%) are 18% greater than the prevalence rates in the most deprived quintile (24%). Breastfeeding prevalence at six weeks in Lincolnshire by deprivation:



Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

Generally, there are a higher proportion of older mothers in more affluent areas, as shown in the table below. As older mothers are more likely to breastfeed, this may be a reason why there are higher breastfeeding levels in more affluent areas. However, it may also be that older mothers are more likely to breastfeed because they live in more affluent areas. It is not certain which is true.

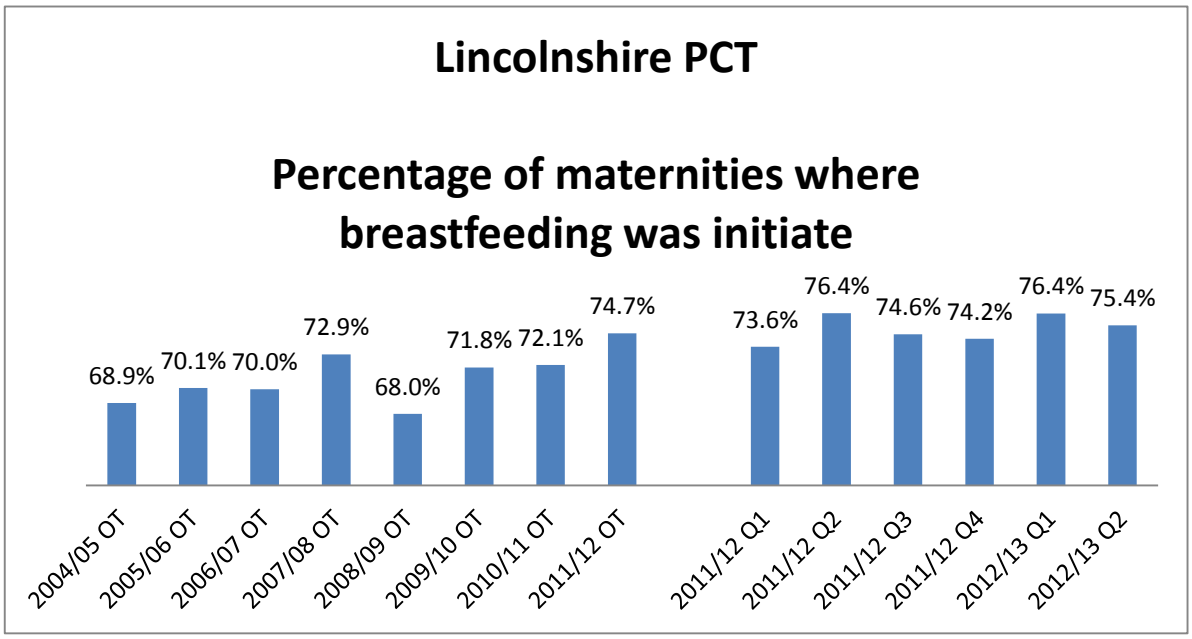
Table 20 Average age of mother (years) by national deprivation quintile in Lincolnshire

National Deprivation Quintiles:	Average Age of Mother (years):
Most Affluent:	30.7
Above Average:	29.8
Average:	28.9
Below Average:	28.1
Most Deprived:	26.7

Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

Breastfeeding

Percentage of maternities where breastfeeding was initiated

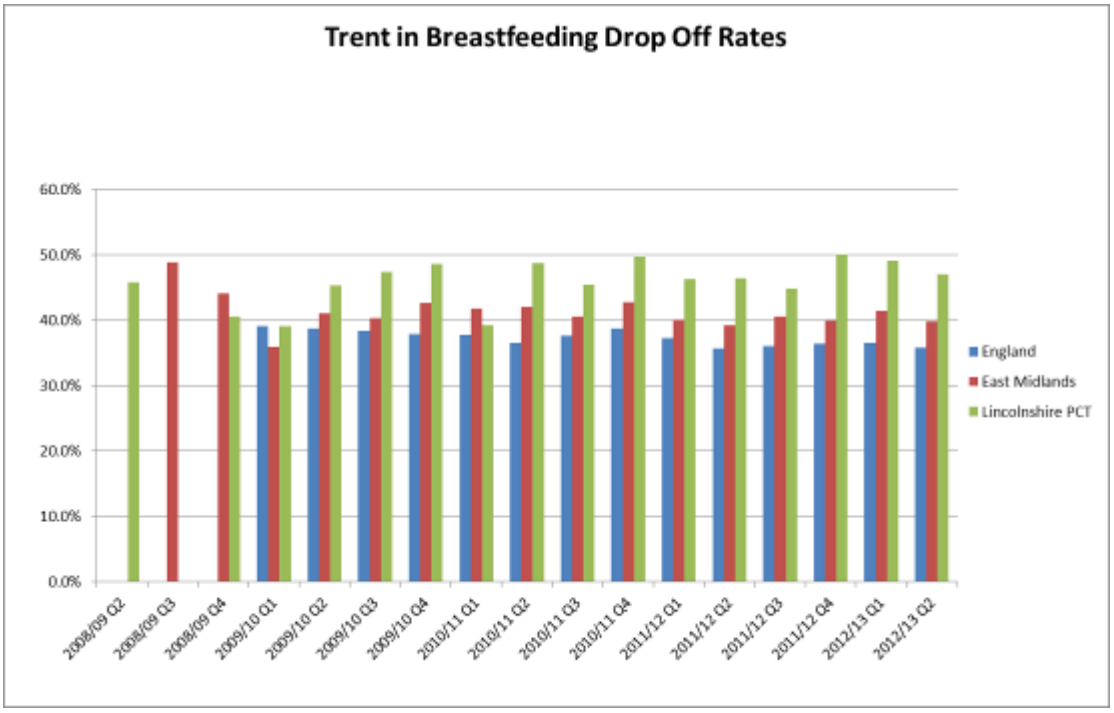


www.dh.gov.uk/en/Publicationsandstatistics/statistics…/index.htm

The breastfeeding initiation rate was 75.4% in 2012/13 Quarter 2, which is just more than the annual percentage for 2011/12 (74.2%). The data in the graph indicates that from 2004 to 2012 there has been an overall positive trend on initiation rates. This increase does not satisfy the expected 2% increase year on year.

Nationally the breastfeeding initiation rate was 73.9% in 2012/13 Quarter 2, which is just less than the annual percentage for 2011/12 (74.1%) and slightly higher than 2010/11 (73.7%), 2009/10 (72.8%) and 2008/09 (71.7%) (DH 29.11.12). Lincolnshire performance trends on initiation rates are comparable to the National statistics.

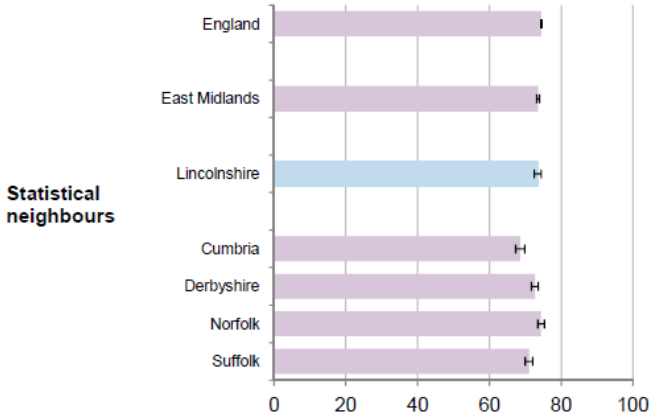
Drop Off Rates



www.dh.gov.uk/en/Publicationsandstatistics/statistics…/index.htm

The drop off rate for Lincolnshire PCT is significantly higher than East Midlands and England.

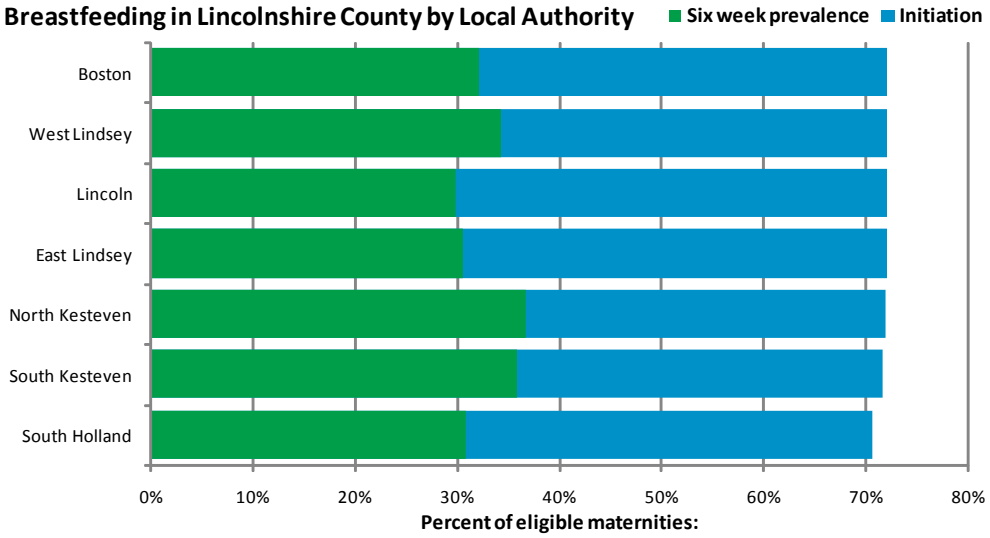
Breastfeeding initiation - 2010/11 (percentage of maternities where status is known)



In this area, 73.4% of mothers initiate breastfeeding when their baby is born. This is lower than the England average. By six to eight weeks after birth 39.6% of mothers are still breastfeeding.

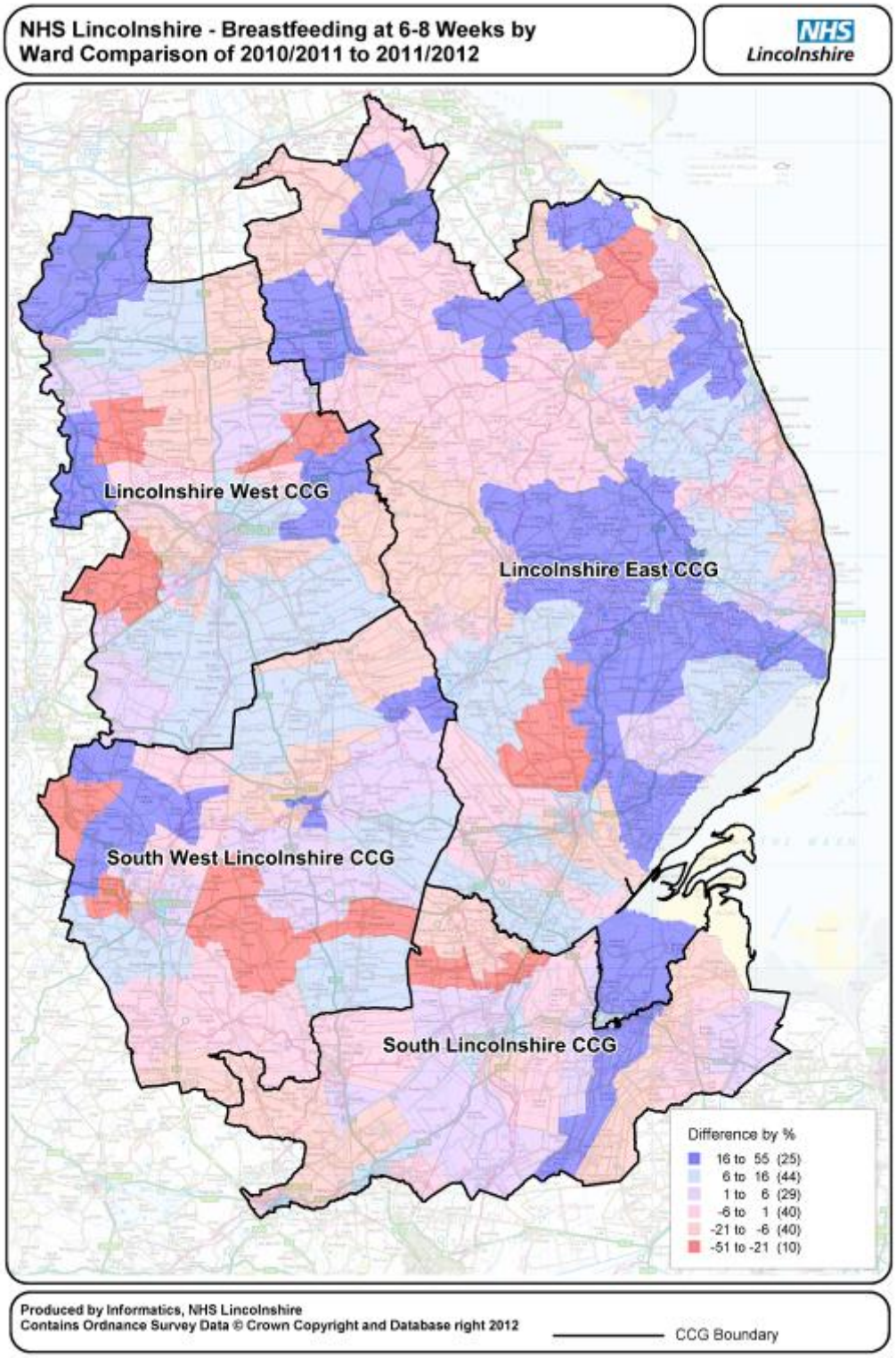
Data source: Vital Signs Monitoring Report, Department of Health

Cantillon, N (2012) Maternity in Lincolnshire. EMPHO



Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

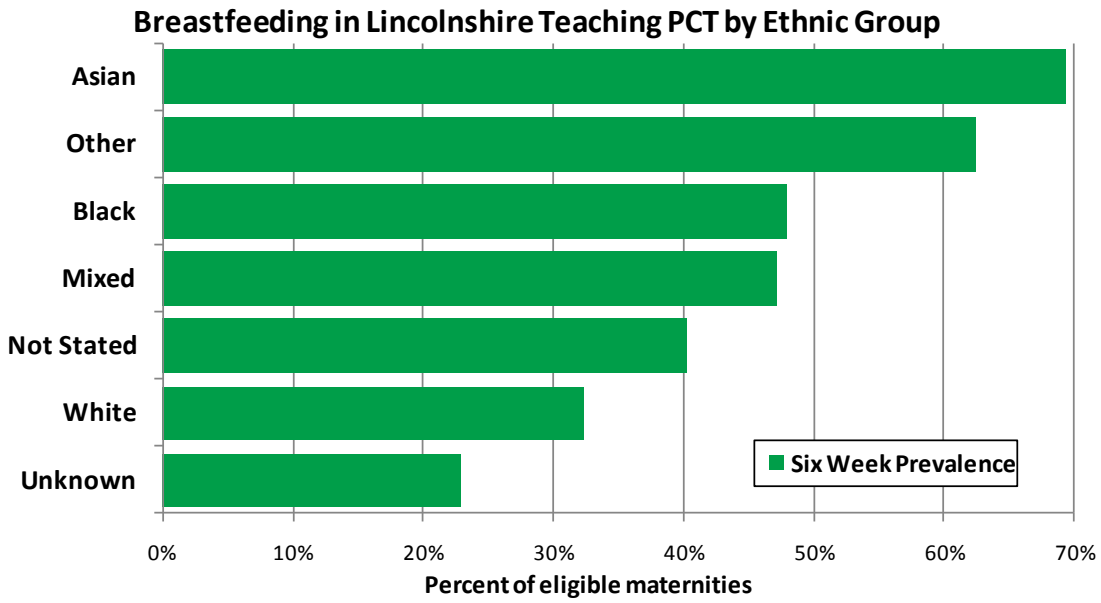
In Lincolnshire Boston has the highest rate of breastfeeding initiation and North Kesteven has the highest rate of six week prevalence. The lowest rate of six week prevalence is in



Lincoln.

The above map indicates Breastfeeding at 6 to 8 weeks by Ward Comparison from 2010/2011 to 2011/12.

Demographics: Variation by Ethnicity

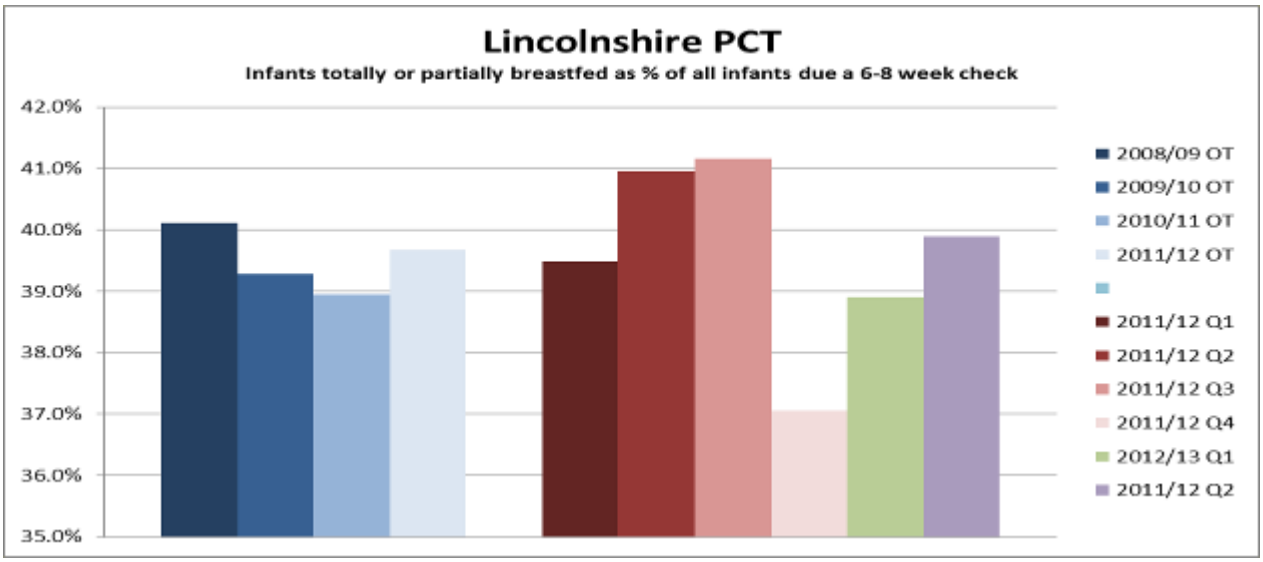


Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

Data on ethnicity is only available for six-week breastfeeding prevalence as shown in figure 22. In general if data on breastfeeding are not available then neither are data on ethnicity. In these cases it is assumed that breastfeeding does not occur. Hence feeding rates for the ethnic category “unknown” may be an underestimate – this may explain the low observed prevalence for this ethnic category. The ethnic category ‘not stated’ occurs when the individual refuses to disclose their true ethnicity.

Of the known ethnic categories, prevalence rates are lowest in those of White ethnicity, at 32%. Rates for those of a mixed ethnicity are significantly greater at 47%. The highest rates are amongst those of an Asian ethnicity (69%); over twice the observed rate for the white ethnic group. Rates are also high for those of either a Black or an ‘Other’ ethnic group, but these rates are based on small numbers, and so should be treated with caution.

Infants totally or partially breastfed as % of all infants due a 6-8 week check

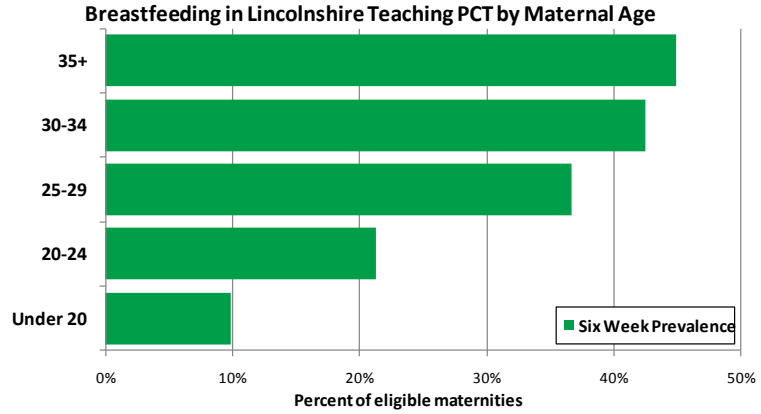


www.dh.gov.uk/en/Publicationsandstatistics/statistics…/index.htm

The prevalence of breastfeeding at 6-8 weeks for Lincolnshire PCT shows a decreasing trend year on year (2008-2012). Lincolnshire PCT in 2012/13 Quarter 2 has a significant shortfall to the National statistic of 47.4% (2012/13 Quarter 2).

Age of Mother at 6-8 weeks prevalence

Breastfeeding prevalence at six weeks in Lincolnshire by age group



Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

There is a clear relationship between maternal age and breastfeeding rates. Prevalence increases as the mother's age increases, although the rate of this growth slows down at the age of about 30. There is a statistically significant difference between feeding rates in the

youngest and oldest age-groups. This difference takes into account any differences between the ethnic composition of the age-groups, as well as differences in levels of deprivation. Those in the oldest age-group are four-and-a-half times more likely than those in the youngest age-group to be feeding at six-to-eight weeks.

Maternal Obesity

The magnitude of the risk means that obesity represents one of the greatest and growing overall threats to the childbearing population in the UK. The prevalence of obesity in the general population in England has risen markedly since the early 1990s. The prevalence of obese women with a BMI >30 in Lincoln in 2012 is 33%, which is well above the national average of 23%.

Obese Children in Lincolnshire

Prevalence of Overweight and Obese Children in Lincolnshire, the East Midlands and England (NCMP) [13]

	Reception Children Overweight or Obese %	Year 6 Children Overweight or Obese %
Lincolnshire	23.8	35.3
East Midlands	22.1	32.4
England	22.6	33.4

Lincolnshire stastics are showing that there is greater obesity in Reception and Year 6 Children as compared to England or East Midlands as a whole.

Cantillon, N (2012) Maternity in Lincolnshire. EMPHO

Statement on Equity and Diversity

Equality Impact Assessment Screening has been applied during the writing of this Framework for Action and every attempt has been made to promote equitable services for all. Within all of the action steps:

- Single Equity Scheme requirements will underlie all work ethics at all stages of the delivery of the strategy.
- Equality Impact Assessment will be carried out at development stage and any compliance changes will be included before implementation of marketing intervention.

Strategy Values

The shared vision between all stakeholders is to reduce health inequalities by achieving a culture where breastfeeding is accepted as the normal feeding method across all social groups within Lincolnshire and the introduction of complementary food is avoided until six

months, and breastfeeding is continued until 1 or 2 years of age, in order that all infants have the best possible start in life. Parents who have a fully informed decision to artificially feed their infants are supported to do so as safely as the artificial milk product and delivery systems will allow by following government and manufacturers guidelines.

Objectives

- To generate an environment that enables women to breastfeed their babies
- To provide accurate and impartial infant feeding information and support to all women and families, including risks of artificial feeding
- To raise awareness around the positive health and social impacts of breastfeeding
- To protect a mother's right to breastfeed and to do so in public places
- To ensure that all partners are engaged in the process of promoting breastfeeding
- To provide continuing professional development around infant feeding for practitioners (Statutory and Voluntary) who engage and interact with families
- To ensure that robust infant feeding data is collected and reported accordingly
- To set targets and ensure audit mechanisms are in place.
- To develop social marketing techniques to work with communities and produce relevant and inspiring breastfeeding messages to encourage women to breastfeed, to be supported by proactive media and publicity campaigns
- The identification of areas where breastfeeding initiation and duration rates are low.
- To develop a pathway of care agreed between NHSL, ULH, LCHS and Children's Centres and other relevant local businesses
- To develop positive messages on breastfeeding with children and young people in Lincolnshire
- To provide all parents with consistent, evidence-based information to enable them to make fully informed choices on the introduction of complementary food and drinks.
- For information to be given concerning a healthy diet and combination of physical activity.
- Pregnant women require positive, consistent information and support in order for them to make nutritional choices when they are pregnant.

Expected outcomes

- More women are empowered to breastfeed their infants
- Environments make breastfeeding easier and more comfortable
- More women continue to breastfeed for longer
- There is a culture where breastfeeding is accepted
- Fathers are supported and valued.
- Human babies receive human milk and this is valued
- Primary Care Trusts and local authority ban the advertising and promotion of breastmilk substitutes in all health, education and social care settings (WHO Code 1981)
- Health, Local Authority and local businesses facilities welcome and support employees who return to work whilst breastfeeding.
- Baby Friendly UNICEF UK Accreditation is achieved for hospital, Neonatal Unit, Lincolnshire Community and Children's Centres

- Childhood Obesity is reduced
- Infants and Mothers have better health outcomes
- NHS and Local Authority save money by having reduced ill health (reduced hospital admissions and attendances at GP Surgeries) reduced child protection, reduced behaviour problems and less children requiring special needs education and reducing the carbon footprint with regards to packaging and energy used to manufacturer and reconstitute artificial milk.

To support these outcomes the following actions are priority

- Relevant stakeholders are involved in developing this strategy which reflects a cross-organisational commitment to breastfeeding
- All partner agencies and organisations have an action plan in place, which demonstrates a multi-agency and multi-faceted approach towards increasing uptake and duration of breastfeeding in Lincolnshire
- Access to an effective breastfeeding support programme/service for all breastfeeding families and particularly in areas where breastfeeding initiation and duration rates are low
- The collection and reporting of accurate and timely data on breastfeeding initiation, 6 to 8 week prevalence and to factor in future requests from Department of Health.
- UNICEF UK Baby Friendly accreditation (Hospital, Neonatal Unit, Community and Children's Centres)
- Ban the promotion and advertising of infant formulas in all partner organisations including health services and local government
- Breastfeeding Welcome Scheme is upheld in Lincolnshire
- Breastfeeding Works Scheme is supported by employers in Lincolnshire

Implementation Plan

Each partnership area is expected to create and implement an individual action plan. The action plans will be designed to show a plan of action, delivery scheme and evaluation relating to this strategy. This section outlines in more detail the actions that individual settings and organisations should aim for and the steps they need to take to achieve them. Progress will be monitored by the Breastfeeding Strategy Group with a major Public Health focus and reported to the Health and Wellbeing Board. Throughout, the focus will remain on multi-agency solutions, based on evidence to provide the best support to breastfeeding mothers and their families; a Breastfeeding Pathway in Lincolnshire; universal services delivering information on healthy solid foods from 6 months to 2 years and nutritional support throughout pregnancy with emphasis on partnership working across Lincolnshire County.

Objective 1: Protect, promote and support breastfeeding in Lincolnshire

Actions

- Identify and resource a lead person at a senior level within NHS Lincolnshire/Local Authority to support the Breastfeeding Agenda
- Lincolnshire Community Health Service identify and resource a key Manager to coordinate Infant Feeding Team.
- Infant Feeding Coordinators to drive the Breastfeeding Agenda
- Specialist Breastfeeding Support is available to all families
- Breastfeeding Strategy Group Meeting is operational
- Coordination of partnership working across Lincolnshire
- Breastfeeding Policy for the hospital, community and other partnership settings
- Achieving Baby Friendly Initiative UNICEF UK status across Lincolnshire
- Ensure an accurate audit mechanism for collecting breastfeeding data at initiation, 6-8 weeks and preparation for future requests from Department of Health
- Dissemination of evidence based best practice to health care staff and partner organisations
- Raising awareness of the health benefits of breastfeeding – as well as the risks of not breastfeeding
- Ensure Healthy Start is widely promoted and encourage uptake of scheme
- Support parents in healthy safe sleep practices for infants
- Commission services to support breastfeeding antenatally and postnatally
- Ensure breastfeeding peer support services are provided and are adequate for needs
- Robust and resilient communications plan including website for NHS and Local Authority one link to all
- Breastfeeding Groups BreastStart are county wide
- Social marketing Campaigns County wide.

Objective 2: Ensure maximum support is offered to all antenatal families to support breastfeeding in the hospital and community setting

Actions

- Antenatal families have the opportunity to attend a Breastfeeding Workshop in Lincolnshire
- Partnership working with Midwifery Teams, Health Visiting Teams, Breastfeeding Peer Supporters, and Children Centre Staff to ensure antenatal information as per Baby Friendly Initiative UNICEF UK guidelines are delivered by 34 weeks of pregnancy (UNICEF 2009).
- Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.

Objective 3: Ensure maximum support is offered to all postnatal families to protect, promote and support breastfeeding in the hospital setting

Actions

- Partnership working with Midwifery Teams, Health Visiting Teams, Breastfeeding Peer Supporters, and Children Centre Staff to ensure postnatal information as per Baby Friendly Initiative UNICEF UK guidelines is delivered to all postnatal families.
- Identify and resource a lead person at a senior level to facilitate the achievement of Baby Friendly Initiative UNICEF UK accreditation
- Support all mothers and babies to initiate a close relationship and feeding soon after birth
- Provide on-going support for mothers to assist with the continuation of exclusive breastfeeding for the first 6 months of life and beyond
- Give 24 hour support via face to face contact, groups, or telephone
- National and local Breastfeeding helplines are available for all families
- Provide families with on-going support to overcome breastfeeding challenges and enhance confidence
- Specialist Breastfeeding Support is available to all families
- Promote the appropriate and timely introduction of solid foods
- Promote, in partnership with the Local Authority, access to local breastfeeding friendly premises and associated resources
- A review of the current service provision with regards to peer support service in Lincolnshire is undertaken.
- Robust collection of breastfeeding statistics for national and local targets

Objective 4: Protect, promote and support breastfeeding in a community setting (Midwives and Health Visiting Teams)

Actions

- Identify and resource a lead person at a senior level to facilitate the achievement of Baby Friendly UNICEF UK accreditation
- Foster the establishment of breastfeeding groups and refer mothers to them antenatally and on discharge from hospital
- Timely visits to support breastfeeding (UNICEF, 2009)
- Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk
- Support parents to have a close and loving relationship with their baby
- National and local Breastfeeding helplines are available for all families
- Enable mothers to continue breastfeeding for as long as they wish
- Robust collection of breastfeeding statistics for national and local targets
- A review of the current service provision with regards to peer support service in Lincolnshire is undertaken.

- Provide on-going support for mothers within the community to assist with the continuation of exclusive breastfeeding for the first 6 months of life and beyond with the appropriate introduction of solid foods.
- Specialist Breastfeeding Support is available to all families
- All breastfeeding mothers to be offered the opportunity to discuss returning to work so that an individual plan can be created to support the mother to continue breastfeeding (UNICEF, 2009).

Objective 5: All Health Professionals and Partnership Organisations will have evidence based information about artificial milk. Mothers and fathers who are not breastfeeding their infants will be given appropriate support and information about artificial milk to enable them to make formula feeding as safe as possible.

Actions

- To provide carers who are artificially feeding their infants with consistent, accurate, up to date information to ensure infants are fed as safely as possible and appropriately
- Organisations and partners will collaborate to ensure recommendations are supported via relevant policies, guidelines and procedures
- To ensure all Partnership Agencies adhere to WHO code of conduct re breast milk substitutes (Appendix 3)
- When making up infant formulas follow Food Standards Agency 2005 and NHS 2011 guidelines
- Carers are informed about Responsive Artificial Feeding by responding to cues that their baby is hungry, invite the baby to draw the teat into its mouth, pace the feed and recognise when the baby has had enough.
- Carers and parents are shown how to prepare infant formula and sterilise feeding equipment to minimise the risks to their baby
- Parents and carers have access to clear and objective information about the different types of infant formula and other infant milks currently available

Objective 6: Recognising the important role that the voluntary sector has to enhance hospital and community breastfeeding support. Lincolnshire Partners need to continue to strengthen the links with voluntary groups.

Actions

- Review breastfeeding volunteer service within Lincolnshire
- All Agencies to work in partnership with volunteer organisations
- Women from minority ethnic communities whose first language is not English are encouraged to train as volunteer breastfeeding peer supporters

- Forge strong links and referral pathways between hospitals, community services and voluntary groups
- Offer Breastfeeding Management Training in-line with role
- Review volunteer pathway to ensure safety and standards of care are maintained
- Have up to date contact information on voluntary groups
- For volunteers to support media campaigns
- National and local Breastfeeding helplines are available for all families

Objective 7: Enhance the hospital and community breastfeeding peer support service

Actions

- A review of the peer support service in Lincolnshire is undertaken and opportunities for maintaining a realistic and consistent level of peer supporters is explored
- Women from minority ethnic communities whose first language is not English are encouraged to train as breastfeeding peer supporters
- All breastfeeding mothers are given information regarding how to contact local peer support workers and breastfeeding counsellors antenatally and prior to discharge from hospital
- Peer supporters are introduced to women antenatally
- Peer Supporters work in partnership with relevant agencies.
- Peer support access/contact details should be kept up to date, and clearly visible on all material handed out and on display in health settings
- Peer supporters are involved in relevant breastfeeding education programmes
- Peer supporters are involved in Media campaigns
- National and local Breastfeeding helplines are available for all families

Objective 8: Ensure maximum support is offered to all postnatal families to protect, promote and support breastfeeding in the Neonatal Intensive Care setting/ Transitional Care

Action

- Identify and resource a lead person at a senior level to facilitate the achievement of Baby Friendly Initiative UNICEF UK accreditation
- Have a written (neonatal unit and transitional care) breastfeeding policy which is routinely communicated to all staff.
- Educate all health care staff in the skills necessary to implement the policy
- Inform all parents of the benefits of breastmilk and breastfeeding for babies in the neonatal unit
- Facilitate skin to skin contact (Kangaroo care) between mother and baby
- Support mothers to initiate and maintain lactation through expression of breastmilk
- Support mothers to establish and maintain breastfeeding
- Encourage exclusive breastmilk feeding

- Avoid the use of teats or dummies for breastfed babies unless clinically indicated.
- Promote breastfeeding support through local and national networks.
- Support parents to have a close and loving relationship with their baby.
- Enable babies to receive breastmilk and to breastfeed when possible
- Value parents as partners in care
- Breastfeeding pathway for breastfeeding babies admitted to the Neonatal Unit and/or Transitional Care
- Robust collection of breastfeeding statistics for national and local targets
- National and local Breastfeeding helplines are available for all families

Objective 9: Ensure maximum support is offered to all families to protect, promote and support breastfeeding in the Paediatric ward setting

Actions

- Have a written breastfeeding policy which is routinely communicated to all staff.
- Educate all health care staff in the skills necessary to implement the policy
- Inform all parents of the benefits of breastmilk and breastfeeding for babies on the Paediatric Ward
- Facilitate skin to skin contact (Kangaroo care) between mother and baby
- Support mothers to initiate and maintain lactation through expression of breastmilk
- Support mothers to establish and maintain breastfeeding
- Encourage exclusive breastmilk feeding
- Avoid the use of teats or dummies for breastfed babies unless clinically indicated.
- Breastfeeding pathway for breastfeeding babies admitted to the paediatric ward
- Promote breastfeeding support through local and national networks.
- Support parents to have a close and loving relationship with their baby.
- Enable babies to receive breastmilk and to breastfeed when possible
- Value parents as partners in care
- Robust collection of breastfeeding statistics for national and local targets
- National and local Breastfeeding helplines are available for all families

Objective 10: To promote and support introduction of complementary foods and drinks at six months of age and support healthy introduction of solid foods.

Actions

- To provide all parents with consistent, evidence-based information to enable them to make fully informed choices on the introduction of complementary food and drinks.
- Organisations and partners will ensure all appropriate staff have sufficient knowledge and training in introducing solid foods, so that clear, consistent information is given to parents and good practice is carried out.
- Start4life building blocks is adopted (Appendix 6).

- Eat Well Plate is used universally (Appendix 5).
- Organisations and partners will collaborate to ensure recommendations are supported via relevant policies, guidelines and procedures.
- All parents will receive consistent, evidence-based information about healthy, cost efficient food options for their infant and family, to enable them to make fully informed choices and establish lifelong healthy eating habits.
- Dental health should be considered at all times (Appendix 7).
- If there is parental or professional concern about a child's growth or risk to normal growth (including obesity), an assessment should be carried out. This may be in the first two years of life. It involves accurate measurement, interpretation and explanation of the child's weight in relation to height, to growth potential and to any earlier growth measurements of the child. A decision should be made as to whether follow-up or an intervention is appropriate, and agreement with the family should be sought (Department of Health, 2009).
- Organisations and partners will collaborate to ensure recommendations are supported via relevant policies, guidelines and procedures.
- Healthy Start Scheme is county wide

Objective 11: Children's Centres create a supportive community environment to improve the health of infants, young children and their families by supporting breastfeeding and introduction of solid foods at the age of six months and therefore are well placed to influence family nutrition.

Actions

- All children's centres work to achieve Baby Friendly Initiative Accreditation by implementing the New Standards which incorporate the Seven Point Plan for the Protection, Promotion and Support for Breastfeeding in Children's Centres.
- Have a written breastfeeding policy that is routinely communicated to all staff
- Train all staff involved in the care of mothers and babies with the skills necessary to implement the policy
- Inform all pregnant women and fathers to be about the benefits and management of breastfeeding
- Support mothers to initiate and maintain breastfeeding
- Encourage exclusive breastfeeding with appropriately timed introduction of complementary foods
- Provide a welcoming atmosphere for breastfeeding families
- Support pregnant women to recognise the importance of breastfeeding and early relationships to the health and well-being of their baby
- Protect and support breastfeeding in all areas of the service
- Support parents to have a close and loving relationship with their baby
- To provide all parents with consistent, evidence-based information to enable them to make fully informed choices on the introduction of complementary food and drinks.
- Organisations and partners will ensure all appropriate staff have sufficient knowledge and training in good weaning practices so that clear, consistent information is given to parents and good practice is carried out.
- Start4life building blocks are adopted (Appendix 6).
- Eat Well Plate is used universally.
- Organisations and partners will collaborate to ensure recommendations are supported via relevant policies, guidelines and procedures.
- All parents will receive consistent, evidence-based information about healthy, cost efficient food options for their infant and family, to enable them to make fully informed choices and establish lifelong healthy eating habits.
- Dental health should be considered at all times Appendix 7
- If there is parental or professional concern about a child's growth or risk to normal growth (including obesity), an assessment should be carried out. This may be in the first two years of life. It involves accurate measurement, interpretation and explanation of the child's weight in relation to height, to growth potential and to any earlier growth measurements of the child. A decision should be made as to whether follow-up or an intervention is appropriate, and agreement with the family should be sought (Department of Health, 2009.
- Robust collection of breastfeeding statistics for national and local targets
- National and local Breastfeeding helplines are available for all families
- Healthy Start Scheme is available county wide

Objective 12: To reduce inequalities and be exclusive to all vulnerable groups, this strategy will target communities according to local need. To create a supportive environment to improve health outcomes of infants, young children and their families by supporting healthy nutrition whilst pregnant, breastfeeding, formula feeding (as safely as possible if chosen method) and introduction of solid foods at the age of six months.

Actions

- Identify vulnerable populations by reviewing local health intelligence
- Targeted work in partnership with identified vulnerable groups such as teenage parents, migrant communities, travellers and communities living in deprivation.
- The Universal services identified within this strategy to deliver service according to need.
- Team working across service boundaries.
- Clear lines of accountability and responsibility must be defined, when practitioners from different organisations work together.
- Trusting relationships are developed with families, based on a shared purpose, values and language.

Objective 13: Educational establishments (Schools and Higher Education) Improve breastfeeding awareness of school children and teaching staff

Actions

- Relevant education programmes such as Science, Personal Social and Health Education and Sex and Relationships Education within local schools and colleges, should be used to promote and explore breastfeeding at age appropriate levels
- Work with Healthy Schools to develop a breastfeeding policy for schools incorporating curriculum development as well as provision and support for breastfeeding staff, students and parents
- School staff and school nurses have access to breastfeeding training
- Ensure school environments and resources/play materials do not undermine breastfeeding
- Higher education establishments incorporate breastfeeding awareness and training into childcare and health education courses
- Child-minding services are invited to breastfeeding training that incorporates responsive feeding (including use of formula milks) and building a loving relationship, the importance of early relationships for the health and well-being of infants

Objective14: Work places/education establishments accommodate the needs of breastfeeding mothers in order that they may continue to breastfeed

Actions

- Develop a relevant communication plan to increase support for breastfeeding among the wider population.
- Develop programmes which support women to return to work and continue breastfeeding
- Provide information to local employers and education establishments such as Breastfeeding Work Scheme
- Provide relevant information on returning to work to all breastfeeding mothers

Objective 15: Breastfeeding becomes the social norm in the wider community

Actions

- Social marketing benchmark criteria and methodology is applied prior to the commencement of public media campaigns and/or programmes aimed at promoting and the initiation and maintenance of breastfeeding
- NHSL/LCHS/ULH/LA work with local television, press and radio to deliver clear and consistent messages around breastfeeding
- Pharmacists are promoted as a source of information for mothers on such things as use of prescribed drugs during breastfeeding
- Implementing a communications strategy to promote the benefits of breastfeeding, health outcomes, realistic breastfeeding and advertise support services is implemented county wide via a website and posters

Objective 16: Breastfeeding mothers are welcomed and not made to feel self-conscious when feeding their infants in public areas

Actions

- Breastfeeding Friendly Buildings in line with the Equality Act 2010
- Local businesses and retail outlets are supported to develop breastfeeding friendly facilities
- Liaise with local authorities, cafes, restaurants and others to support breastfeeding
- Discuss breastfeeding in public with all breastfeeding mothers

Objective 17: General Practitioners, practice staff, Pharmacists and staff protect, promote and support breastfeeding

Actions

- Breastfeeding mothers are welcomed and supported, that any treatment or advice given does not harm breastfeeding and that when there is a problem pertaining to breastfeeding they are referred to the most appropriate, qualified health professional.
- GP Education is available and covers the basics of breastfeeding, prescribing for breastfeeding mothers and on how to treat the common breastfeeding conditions
- Receptionists and other staff require training on providing a welcoming atmosphere for breastfeeding mothers and who to refer mothers to if they have a problem.
- General Practitioner staff and Pharmacy Staff are given breastfeeding training according to role
- General Practitioner staff and Pharmacy Staff are supported and given training with regards to responsive feeding and introduction of solid foods
- Media campaigns are supported

Objective 18: Ensure maximum information and support is offered to all pregnant women in terms of healthy eating

Actions

- Brief Intervention Advice for a Healthy Pregnancy (Appendix 4)
- The 'Eatwell plate' (Appendix 5) is available to all pregnant women
- Appropriate referral to Healthy Lifestyle Midwife
- Foods to avoid during pregnancy
- Safe Food preparation to reduce risks
- Healthy Start vitamins

Accountability

- Breastfeeding Strategy Meeting. Progress towards the Objectives will be monitored by the Lincolnshire Breastfeeding Strategy Meeting with emphasis on Public Health support
- Health and Wellbeing Board. As Breastfeeding is one of the priorities identified in the Joint Health and Wellbeing Strategy, progress in this area will also be monitored through the Health and Wellbeing Board
- Children and Young People Strategic Partnership. Contribute to shared aims and objectives also identified by the CYPSP

To measure the effectiveness of the actions, targets have been proposed as outlined in previous section. Local commissioners and providers need to be confident that clinical

governance arrangements and professional leadership are in place, to ensure protection of the public and safe practice processes are in place to monitor outcomes, service improvement and evaluation, risk management and audit, parent feedback, assessment of competence of the workforce, specialist breastfeeding service, clinical supervision, delegation and accountability, confidentiality, information sharing and continuing professional development should all be integral to this Infant Feeding Strategy.

On-going monitoring and evaluation

The action plans of this strategy will be reviewed six weekly by the Breastfeeding Strategy Meeting. Each Action Plan will demonstrate appropriate built in evaluation of objectives. The results of evaluation will be used to inform future evidence base, local planning and allocation of resources. The reports will be presented to the Director of Lincolnshire Community Health Service NHS Trust. This will be subsequently reported to Public Health, with relevant reports being delivered to the Health and Wellbeing Board.

Appendix 1
Cost Savings

Table 46: Estimated cost savings from Lancashire-specific models, for all policy scenarios (see Appendix 16 for details).

Disease or condition	**Potential cost savings: lower estimate** from least optimistic increases in breastfeeding rates	**Potential cost savings: mid estimate** from mid-range increases in breastfeeding rates	**Potential cost savings: upper estimate** from most optimistic increases in breastfeeding rates
Gastroenteritis in infants (per year)	£15,341	£89,687	£136,891
Lower respiratory tract infection in infants (per year)	£24,898	£145,558	£222,168
AOM in infants (per year)	£2,296	£13,425	£20,491
NEC in babies in neonatal units (per year)	£40,132	£107,018	£173,904
Total estimated savings from costs of treatment of acute diseases in children (per year)	**£82,667**	**£355,688**	**£553,454**
Breast cancer cases avoided of annual cohort of 5,504 first-time mothers (over lifetime)	11	15	20
Breast cancer treatment costs saved of annual cohort of 5,504 first-time mothers (over lifetime)	£268,982	£371,317	£487,580
Breast cancer: value of QALYs saved of annual cohort of 5,504 first time mothers (over lifetime)	£130,219	£179,761	£236,046
Breast cancer: incremental benefit of annual cohort of first-time mothers (over lifetime)	**£399,201**	**£551,078**	**£723,626**

Appendix 2

UNICEF UK Baby Friendly initiative

The Ten Steps to Successful Breastfeeding (Hospital)

1. Policy
2. Staff training
3. Information for pregnant women
4. Initiation of breastfeeding
5. Teaching skills
6. Avoiding supplements
7. Rooming-in
8. Baby-led feeding
9. Avoiding teats and dummies
10. Support groups

The Seven Point Plan (Community)

1. Policy
2. Staff training
3. Information for pregnant women
1. Supporting breastfeeding
2. Appropriate introduction of other foods and drinks
3. Welcoming atmosphere
4. On-going support

Overview of the new Baby Friendly Initiative standards

Building a firm foundation

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

An educated workforce

Educate staff to implement the standards according to their role and the service provided.

Parents' experiences of maternity services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby.

Parents' experiences of neonatal units

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

Parents' experiences of health visiting services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Enable mothers to continue breastfeeding for as long as they wish.
3. Support mothers to make informed decisions regarding the introduction of food or fluid other than breastmilk.
4. Support parents to have a close and loving relationship with their baby.

Parents' experiences of children's centres

1. Support pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

Building on good practice

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families.

Appendix 3

SUMMARY: INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

Full text available from www.ibfan.org/English/resource/who/fullcode.html

1. Aim	The Code aims to protect and promote breastfeeding by ensuring appropriate marketing and distribution of breastmilk substitutes.
2. Scope	The Code applies to breastmilk substitutes, when marketed or otherwise represented as a partial or total replacement for breastmilk. These breastmilk substitutes can include food and beverages such as: • infant formula • other milk products • cereals for infants • vegetable mixes • baby teas and juices • follow-up milks. The Code also applies to feeding bottles and teats. Some countries have expanded the scope of the Code to include foods or liquids used as breastmilk substitutes and pacifiers.
3. Advertising	No advertising of above products to the public.
4. Samples	No free samples to mothers, their families or health workers.
5. Health care facilities	No promotion of products, i.e. no product displays, posters or distribution of promotional materials. No use of mothercraft nurses or similar company-paid personnel.
6. Health workers	No gifts or samples to health workers. Product information must be factual and scientific.
7. Supplies	No free or low-cost supplies of breastmilk substitutes to any part of the health care system.
8. Information	Information and educational materials must explain the benefits of breastfeeding, the health hazards associated with bottle feeding, and the costs of using infant formula.
9. Labels	Product labels must clearly state the superiority of breastfeeding, the need for the advice of a health worker and a warning about health hazards. No pictures of infants, or other pictures or text idealising the use of infant formula.
10. Products	Unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of a high quality (Codex Alimentarius standards), have expiration dates, and take account of the climatic and storage conditions of the country where they are used.

Courtesy: International Code Documentation Centre/IBFAN Penang, PO Box 19, 10700, Penang, Malaysia

http://www.ilca.org/files/events/ilca_conference/.../codesummary0.9pdf

Appendix 4

Reinforce to the woman that:

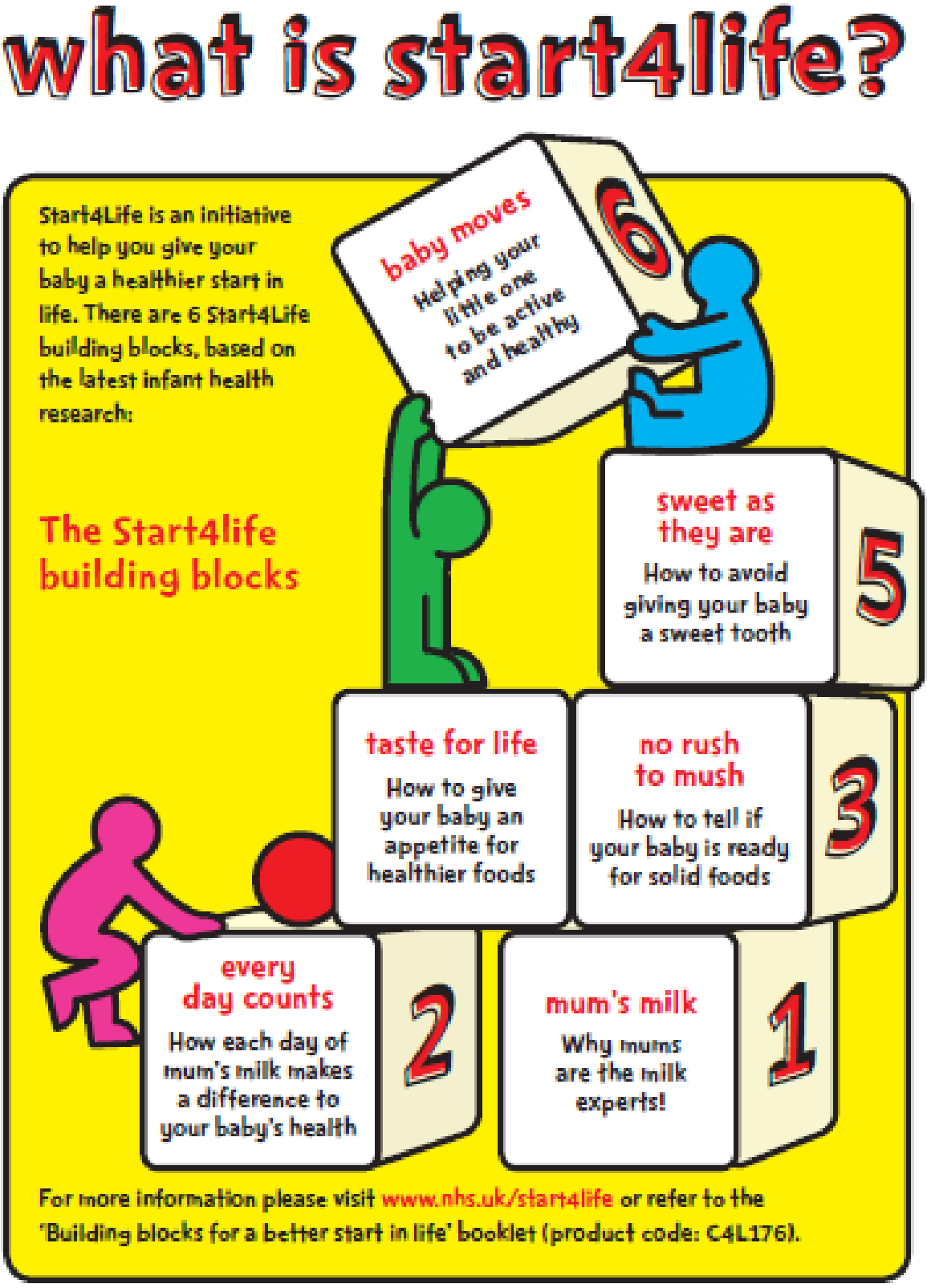
- Everything they eat or drink reaches their baby in some way and influences their baby's health.
- Try to eat a healthy breakfast every day! Try whole wheat cereals such as Weetabix or wholemeal toast or porridge and add some fruit.
- Eat regularly – 3 meals a day and 2 healthy snacks (e.g. fruit, low fat yogurt, malt loaf, currant buns without the icing (!), sandwiches or pitta bread with low fat fillings, fruit smoothies, etc.)
- Base every meal on starchy foods such as bread, potato (not chips)! rice, pasta, breakfast cereals. These regulate blood sugar levels and therefore help combat fatigue. They give you energy.
- Try to eat 5 portions of fruit and vegetables a day. Fresh, frozen, canned (in natural juice not syrup) and dried all count.
- Choose foods rich in protein such as lean meat, chicken, fish, eggs and pulses (peas, beans and lentils).
- Eat more fibre rich food such as wholemeal bread, rice and pasta to prevent constipation.
- Choose low fat dairy foods such as milk, cheese and yoghurts as these are a major source of calcium for strong bones and teeth.
- Cut down on high fat and sugary foods such as cakes, biscuits, crisps, sweets, chocolate – these are 'empty' calories. Too many of these will cause excess weight gain.
- Watch salt and salty foods. These can contribute to raised blood pressure
- Limit caffeine. Caffeine intake should be limited to no more than 200mg a day or less. A cup of tea contains roughly 50mg of caffeine whilst a cup of coffee, about 100mg and a can of cola has about 40mg.
- It is advisable not to consume alcohol when you are pregnant.
- GET ACTIVE!! 30 minutes of exercise 5 times a week. Try walking, swimming, cycling for example. Or join a keep fit class for pregnant women.
- Drink plenty of water and other fluids particularly when exercising or in hot weather. Cut down on fizzy drinks and use sugar free varieties of juices/squashes.

Appendix 5

Eat Well Plate

The ‘Eatwell plate’ below shows how much of each type of food you need to have a healthy and well balanced diet.

Appendix 6
Start4life building blocks



Appendix 7

Dental health

Dental health

- Sugar should not be added to weaning foods.
- As soon as teeth erupt, parents should brush them twice daily.
- From six months of age, infants should be introduced to drinking from a cup; from one year of age, feeding from a bottle should be discouraged.
- The frequency and amount of sugary food and drinks should be reduced, and, when consumed, limited to mealtimes. Sugars should not be consumed more than four times a day.
- Where possible, all medicines given should be sugar-free.
- Sugar should not be added to foods.

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