

## **BREASTFEEDING CHALLENGES FOR NHSGGC**

### **Recommendations:**

#### **The Board is asked to:**

- Note the current position, challenges and progress in relation to breastfeeding within NHSGGC
- Note the breastfeeding quality improvement process and progress of actions developed
- Consider the proposed direction of travel to address and improve breastfeeding rates within NHSGGC

### **1. Introduction**

Breastfeeding is widely acknowledged as providing the best start in life and contributes both to an infant's health and development as well as maternal health outcomes. The protection, promotion and support of breastfeeding are a public health priority because:

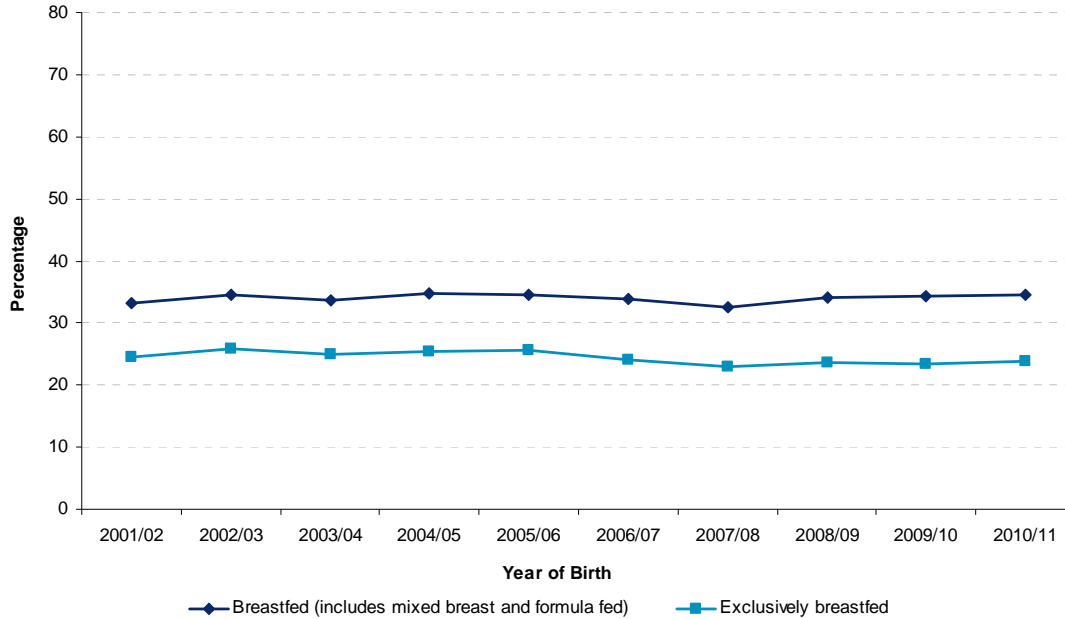
- Breastfeeding is the optimal way to feed infants. Exclusive breastfeeding for the first six months of life ensures optimal growth, development and health
- Breastfeeding rates are improving very slowly if at all and even when women choose to commence breastfeeding there are obstacles to initiation and continuation of breastfeeding.
- Low rates and early cessation of breastfeeding contribute to inequalities in health.

The Scottish Government's; Improving Maternal and Infant Nutrition; A Framework for action (2011) identifies actions for NHS Boards to improve breastfeeding as a fundamental component of delivering improvement in infant nutrition. Over the last 30 years, breastfeeding rates at birth have gradually increased in Scotland. However a large number of women who start breastfeeding stop even before leaving hospital or within a few days of delivery.

Within NHSGGC breastfeeding initiation rates of 50% drop to 38% at discharge from hospital and then to 30% at the Health Visitor first visit around 10 days after delivery and then to 23% by 6-8 weeks (ISD 2010).

In recent years the rate of breastfeeding nationally has remained fairly static and Greater Glasgow and Clyde levels closely mirror the national position. The graph below indicates little change in breastfeeding either in exclusive breastfeeding or mixed breast and bottle-feeding over the last 10 years.

**Figure 1**  
**Breastfeeding in NHSGGC by year of Birth**



The Infant Feeding Survey (2010) reported that within Scotland, the increase in breastfeeding rates between 2005 and 2010 was strongly associated with older mothers. Only 4.7% of mothers aged under 20 were exclusively breastfeeding at 6-8 weeks, compared with 34.3% of mothers aged 40 and over.

Mothers in the least deprived areas are nearly three times as likely to exclusively breastfeed compared to peers in the most deprived areas; 40.2% of mothers in the least deprived areas compared with 14.7% of mothers in the most deprived areas are breastfeeding at 6-8 weeks (ISD 2010/11). However, the overall breastfeeding rate in the most deprived areas has increased from 24% at to 31% at the Health Visitor First Visit over the last 10 years (ISD 2010/11).

Analysis by the Glasgow Centre for Population Health has identified that the following characteristics are associated with higher levels of exclusive breastfeeding: older mothers living in less deprived areas; married or living with a partner; non-smokers that were not obese or underweight; mother was born outside the British Isles or with a non-British ethnic origin; father was born outside Britain or of non-British origin; father was a student. In sharp contrast, characteristics that correlated with higher rates of bottle feeding were younger, single mothers living in more deprived areas; smokers that were underweight or obese; and, mothers born in Britain or of British origin.

It is widely acknowledged that cultural norms, negatives attitudes towards breastfeeding, lack of role models and media representations of bottle feeding as ‘normal’ influence the choice and ability of a mother to breastfeed. Low maternal age, low educational attainment and low socioeconomic position also impact on patterns of breastfeeding.

Evidence suggests that a multi-faceted approach is required to improve breastfeeding rates at a population level. Relationships between professionals, staff culture, attitudes towards breastfeeding and competing demands for staff both in maternity and community services impact on an individual mother's experience and the support provided to enable the continuation of breastfeeding.

## **2. Breastfeeding in NHSGGC**

The NHSGGC HEAT target for 2011 was 30% of mothers of mothers' exclusively breastfeeding at the 6-8 week review that represented a 25% improvement in rates. Internally, NHSGGC also set local trajectories within CH(C)Ps taking into account the significant challenges that many of the more deprived areas faced within a culture that dictates bottle feeding as the norm. At March 2011 NHSGGC had achieved a small increase of mothers' breastfeeding at 6-8 weeks from 23% to 24%.

In line with national figures, breastfeeding initiation at birth has decreased in NHSGGC over the last 3 years making it increasingly difficult to focus solely on the retention of breastfeeding mothers. However, whilst initiatives such as 'Breastfeeding Welcome' awards and education packs in schools is important and work to engage more mothers antenatally is vital, there is limited evidence of effective interventions to increase initiation of breastfeeding.

Based on current initiation and discharge breastfeeding rates, it is estimated that a further 5-6% of NHSGGC mothers who have a genuine intention to breastfeed from birth have the capacity to benefit from improved, effective support. Successfully supporting these mothers to continue to breastfeed for longer has the potential to deliver the 30% HEAT target.

The NHSGGC maternal population profile accentuates the breastfeeding challenge. In 2010, 43% of births were to mothers in the most deprived SIMD. Within Greater Glasgow and Clyde 15.6 % of breastfeeding mothers live in the most deprived areas compared with 22.3% nationally (ISD 2010) 10/11).

NHSGGC has an increasing number of births from a variety of ethnic groups and whilst cultural factors and ethnic origin appear to be supportive factors, Asian and African communities often adopt mixed feeding rather than exclusive breastfeeding. (Centre for Population Health 2011)

Variations in breastfeeding rates across Maternity Units can in part be explained by the demographics factors of service users in each unit. The PRM and RAH both have higher numbers of younger mothers and higher levels of deprivation in comparison to the SGH. The PRM has the greatest concentration of young mothers from the most derived areas (71% mothers under 25yrs and SIMD 1 compared to 56% in the RAH and SGH). However the GCPH work suggests that even accounting for these demographic differences there is still a "hospital effect" and the ability to reduce some of this variation.

Within NHSGGC there has been minimal change in total breastfeeding (exclusive and mixed) with less than 1% increase over the last 3 years at 6-8 weeks. Whilst the priority remains promoting exclusive breastfeeding, future growth in mixed feeding may in the longer term support the 'normalization' of breastfeeding and there may be additional health benefits associated with mixed feeding over formula feeding.

## **3. Addressing the Challenge**

In early 2011 the Corporate Management Team commissioned a review of Breastfeeding progress, recognising the challenge in meeting the HEAT Target and the desire to create a strong impetus for future direction post HEAT. The Corporate Management Team sponsored the development of an *improvement programme* based on service improvement methodology and techniques to analyse diagnose and agree areas for change and development.

Analysis undertaken as part of the process articulates the challenge facing NHSGGC as follows:

- Low numbers of mothers initiating breastfeeding post skin to skin contact
- Significant drop off by mothers from skin to skin contact to discharge from maternity unit
- Variations in breast feeding rates and drop off between maternity units
- Further drop off between maternity unit discharge and health visitor first visit
- Significant variations in Breastfeeding rates at 6/8weeks across CH(C)Ps
- Significant variations between deprived and non-deprived areas and between deprived areas.

#### **4. Progress**

This analysis focused the Quality Improvement Programme to address the following:

##### 4.1 Maternity units to understand their populations and support mothers to breastfeed through the delivery of best practice

- Quarterly UNICEF audits have been routinely introduced in all maternity units
- Local units have all undertaken a review of time and activity to reflect additional focus on breastfeeding support by ward staff
- Standardised information on breastfeeding linked to key points in maternity pathway have been developed and evaluated. Work to develop a maternity 'App' is underway to encourage mothers to opt for breastfeeding.
- Breastfeeding workshops are currently being revised to address issues associated with promotion, content, access and delivery location and the re-branding and marketing of workshops will be based on the new core national syllabus for parenting during 2011/12.

##### 4.2 Maternity units to focus on maintaining breastfeeding amongst mothers who initiate the first feed and develop support to achieve first feed supervision for all breastfeeding mothers

- Three models are currently being tested across the maternity units and include increased infant feeding advisor capacity, peer support and focused activity from maternity staff. The pilots will be evaluated to inform future direction.

##### 4.3 Community midwifery to support breastfeeding at transition from maternity unit

- Midwives routinely provide supervision of an early feed post discharge

##### 4.4 Community midwifery and health visitor to improve provision of handover for breastfeeding mothers

- a short-term measure has been introduced with community midwives providing written information for Health Visiting colleagues and leaving this information with the mother.
- As part of national developments the review and integration of the Scottish Birth Record and the Scottish Women and Child Health Record will support the transfer of breastfeeding data.

- The ongoing development of a 'clinical portal' development for the Scottish Women and Child Health Record will further enhance this transfer
- Following the Rapid Improvement Event on maternity services the concept of Health Visitors attending case conferences /clinics ahead of births for vulnerable mothers

#### 4.5 Health Visiting and community teams to increase the availability and quality of community based support for breastfeeding mothers

- Local breastfeeding implementation groups established in all localities
- Infant Feeding Advisor capacity has been devolved to both maternity and local CHP teams with a focus on increasing the proportion of women still breastfeeding at the point of transfer to Health Visitors.
- A number of approaches to providing crisis support have been progressed including the development of an algorithm with NHS 24 and the continuing provision of problem solving clinics where specialist support for mothers is required
- A quality assurance framework for community support services / groups has been developed and is currently being implemented
- Completion of the evaluation of models of community based breastfeeding peer support
- Partnerships have maintained the improvements they achieved during UNICEF accreditation in the proportion of breastfeeding mothers that continue to breastfeed from the first Health Visitor visit to the 6-8 week point.

#### 4.6 To improve the quality and utilisation of data at all stages

- The Pregnancy and New Born Screening programme has been developed to record a number of new fields allowing 'real time' data to be collected
- Increased use of the UNICEF data and local performance monitoring is evident in all maternity units and community services to maintain standards and identify areas for improvement.

Other major achievements include:

#### UNICEF Accreditations in NHSGGC

The UNICEF accreditations are designed to support the maintenance of quality practice and standards. Significant progress has been made resulting in all Maternity units and CH(C)Ps across NHSGGC having achieved completion of the UNICEF Stage 3 accreditation for UNICEF Baby Friendly. NHSGGC is the first Health Board within Scotland to have achieved UNICEF accreditation standard for all operational units. The emphasis on UNICEF accreditations within the Board requires a focus on the consistent and ongoing delivery of best practice. The monitoring of these standards will continue to drive best practice.

#### Milk Bank

The Donor Milk Bank service has developed and expanded significantly in the last 3 years; both in the processing of donor milk and the numbers of babies who receive milk. Each year, the number of donors, the amount of milk and the number of recipients has been increasing and NHSGGC both receives and provides milk to mothers from out with the Board area.

### **5. Current position in NHSGGC**

From April 2011 Breastfeeding has remained a performance priority for the Board and there has been continued focus during 2011/12 to progress to the 30% target and whilst NHSGGC has made progress in terms of evidence based activity described above this has not translated into outcomes for breastfeeding rates.

CH(C)Ps have local targets reflecting levels of exclusive breastfeeding, weighted for demographic variations and breastfeeding in most deprived areas. The Acute Division has targets associated with breastfeeding at birth and at discharge. These are measured within each Maternity Unit. A summary of performance for the last data period is outlined below:

**Figure 2**

<b>Measure</b>	<b>Period: Jan 10 - Dec 10</b>	<b>Period: Jan11 - Dec 11</b>	<b>Direction of Travel from previous period</b>
Breastfeeding:			
At birth	50.5%	49.6%	↓
At discharge	38.5%	37.9%	↓
Drop off from Birth to Discharge	23.9%	23.9%	
HVFFV (@10days)	31%	30.3%	↓
At 6-8 weeks	23.9%	22.9%	↓
At 6-8 weeks Deprived	15.6%	13.7%	↓

The above data are disappointing with no change from birth to discharge and no improvement in the number of mothers who continue breastfeeding during the hand over period to health visiting. The numbers continuing to exclusively breastfeed until 6-8 weeks are lower than in the same period previously.

The performance data above further reinforces the ‘fluctuating’ nature of breastfeeding rates and should be considered with caution due to the relatively small numbers associated, approx 65 mothers constitute a 1% variation in rates.

## **6. Moving forward**

A detailed performance management approach is required to maintain NHSGGC’s commitment to improving breastfeeding rates and drive activity associated with the improvement programme. This will assist with future reporting and monitoring at Organisational Performance Reviews and will include:

The work initiated to improve data collection and analysis will inform the performance process and provide more robust assurance of improvements.

Reductions in initiation rates are evident and with limited evidence available on what works to increase initiation the service priority should be given to support mothers who have a genuine intention to breastfeed.

Understanding the profile of service users in each maternity unit is essential to design suitable support interventions in order to deliver actions that reduce the drop off in breastfeeding rates at

discharge. Targeted approaches should be developed to effectively support mothers least likely to sustain breastfeeding.

Improvements in transfer of care arrangements for maternity services are anticipated to provide wider benefits to breastfeeding mothers.

Ongoing commitment of health visitors to sustain breastfeeding rates at current levels until 6-8 weeks and an increased focus within CH(C)Ps to ensure access to community support and breastfeeding groups.

The Board continues to receive a national allocation of non-recurrent funding to support improvements in breastfeeding. This brings further challenge of maintaining progress without a dedicated funding allocation and it is essential funding be allocated to the critical breastfeeding points described above to ensure the greatest potential impact.

## **7. Conclusion**

Although no longer a HEAT target, breastfeeding is a major priority for NHSGGC and Board members are requested to note that the range of actions set out above will support a renewed focus on best practice to support breastfeeding. The Corporate Management Team has agreed to maintain focus on breastfeeding as part of the Maternal and Child Health strategy and will continue to monitor trends and activity to ensure we work as a single system between acute and community. The development of a robust performance management framework will further assist in monitoring progress and measuring impact on health inequalities.