

AGENDA MANAGEMENT SHEET

Name of Committee

Cabinet

Date of Committee

15th June 2006

Report Title

A Summary of the Draft Report produced by Coventry City Council on the Coventry and Warwickshire Breastfeeding Review Document

Summary

Coventry City Council led a grant application with Warwickshire County Council to the Centre for Public Scrutiny to support an action research framework for this scrutiny review. This summary document gives a brief outline of the aims and eight themes chosen by the board with recommendations on how services could be improved to support/enable women to breastfeed in Coventry and Warwickshire.

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Would the recommended decision be contrary to the Budget and Policy Framework?

No.

Background papers

A full Draft Report from Coventry City Council will be made available in Members Rooms

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

Other Committees

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Local Member(s)

Other Elected Members

Cabinet Member

Cllrs Alan Farnell, Bob Stevens, June Tandy and Jerry Roodhouse

- Chief Executive
- Legal
- Finance
- Strategic Directors David Carter
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Agenda No

Cabinet - 15th June 2006.

A Summary of Draft Report from Coventry City Council on Coventry and Warwickshire Breastfeeding Review

Report of the Strategic Director of Performance and Development

Recommendations

1. That Cabinet consider the recommendation from Health Overview and Scrutiny Committee that the Council reviews its employer practices with a view to supporting breastfeeding and report back to the Health Overview and Scrutiny Committee.
2. That Cabinet consider whether it wishes to endorse any of the recommendations outlined in a summary of the draft document provided by Coventry City Council

1.0 Introduction

The objective of this review was to establish how services support, or fail, to enable women to breastfeed in Coventry and Warwickshire. Warwickshire County Council was asked to support Coventry City Council in a grant application to the Centre for Public Scrutiny to support an action research framework for this scrutiny review.

2.0 Health Overview and Scrutiny Committee Resolutions 10th May 2006.

A summary of a draft breastfeeding report (attached as an **Appendix**) was considered by Health Overview and Scrutiny Committee on the 10th May 2006.

A number of points were raised during the discussion and are set out in this extract from the minutes:-

- “Although the review had been intended to be a joint initiative between Warwickshire and Coventry, in practice very little heed was taken of Warwickshire and the review document was Coventry orientated. All meetings took place in Coventry and there had been no joint launch of the document.

- The report was written in an academic tone.
- Members recognised the importance of breastfeeding.
- It was suggested that incentives should be given by the Government to allow mothers to remain at home with their babies for the first six months after birth if they wished to do so without the pressure of having to return to work. The reasoning behind this was that it would facilitate breastfeeding. Some Members suggested that breastfeeding should take place in privacy. It was suggested that mothers who could not breastfeed their babies could be distressed by seeing other mothers breastfeed their babies.
- Other Members vigorously opposed those suggestions. The emphasis should be on a more inclusive society and in this respect it was important that breastfeeding mothers should not be hidden away but be supported by employers. The rest of the workforce should be educated to accept breastfeeding as natural. There should be a strong message to the County Council that it should have robust policies promoting breastfeeding.
- The Cabinet and District Councils should be asked to review their practices and report back to the Committee. The PCTs should be given twenty-eight days to comment on the recommendations”.

3.0 Resolutions from Health Overview and Scrutiny Committee

The Committee concluded with the following resolutions:

- (1) That the Cabinet and the Warwickshire District Councils be asked to review their employer practices with a view to supporting breastfeeding and report back to the Health Overview and Scrutiny Committee;
- (2) That the Primary Care Trusts in Warwickshire be asked to consider the recommendations in the report and respond with any comments within twenty-eight days.

DAVID CARTER
Strategic Director of
Performance and
Development

Shire Hall
Warwick

15 May 2006

**Coventry City Council Scrutiny Board 4
(Health)**

**Warwickshire County Council Health
Overview and Scrutiny Committee**

***Review of services to support mothers in
Coventry and Warwickshire who wish to
breastfeed***

***A Summary of the Draft Report Produced by
Coventry City Council***

Preface

Cllr Joe Clifford

Chair, Scrutiny Board 4 (Health)

When I became chair of the health scrutiny board in May 2005, the review of services to support mothers in Coventry and Warwickshire who wish to breastfeed was already underway. It seemed sensible to ask Cllr McKay to continue to chair the review and this has proved to be the case.

I would like to extend to Karen my personal thanks for both agreeing to chair the review group and the diligent way in which the task has been carried out.

I'm also grateful to all those who served on the review group. Their contribution and commitment have been invaluable, and this is reflected in the outcome.

Finally, I would like to express my gratitude to the Centre for Public Scrutiny for their support in making this review possible.

Joe Clifford

March 2006

Foreword

Councillor Karen McKay

Chair, breastfeeding review steering group

The aim of this scrutiny review has been to work with a multi-agency partnership approach to review and bring together the many initiatives that are already happening in Coventry and Warwickshire to support breastfeeding and to make recommendations about what needs to happen to improve breastfeeding rates. We were fortunate to secure the services of Professor Louise Wallace of Coventry University for the review.

The report highlights the proven and significant health advantages to mothers and babies from breastfeeding, which can also be phrased that there are proven and significant health *disadvantages* to mothers and babies from bottle-feeding. Yet UK breastfeeding rates are among the lowest in Europe. The rates fall even lower among the more socially disadvantaged groups in Coventry and the UK. The major themes of the review were distilled from working groups during the very successful and nationally recognised conference that we held in Coventry on January 2005. There were two key speakers; Gabrielle Palmer gave an excellent background and history to the issue of breastfeeding and the role of formula milk companies over the years in promoting formula milk. Professor Mary Renfrew offered a thorough summary of the best evidence based practice for supporting breastfeeding. The conference brought together 150 people working in health and breastfeeding promotion to share best practise and issues. A peer support workshop for breastfeeding mothers took the platform and really showed the value of such initiatives.

These aims centre on the need to focus on improving breastfeeding rates among the socially disadvantaged and ethnic minority communities as well as improving training for staff.

We decided early on that this review was an opportunity to take a broad approach to the issue of breastfeeding, ranging from education, health, social services, council services, employers, public awareness and public facilities. While this complicated and increased the work involved, particularly covering the two areas of Coventry and Warwickshire, it has led to recommendations that cover the breadth of areas that influence the choice and ability of women to breastfeed.

These recommendations summarised at the end of the report have relevance to many agencies across the councils, the health agencies, the voluntary and the private sector. How successfully they will be taken up and acted upon will depend upon them reaching all these agencies in an effective way and having an equally effective ongoing review of the developments.

It will also depend upon breastfeeding being seen by all these agencies to be an important health promotion issue, with the necessary strategic support and resources that this involves. The government target of increasing breastfeeding rates in the UK by 2% per year should help to underline this, as should the local aims of reducing health inequalities. The fact that Coventry's infant mortality rates are above the West Midlands average should also bring this issue to the fore - as breastfeeding gives protection against many of the common childhood infections and diseases.

That such a simple and natural thing as breastfeeding should prove so complicated to promote is largely due to the culturally accepted attitude that bottle feeding is the norm and that breastfeeding is something only to 'try'. From the starting point of collecting data and definitions in order to measure rates, through to health practises in the hospital and across all agencies, there are complications to be worked through.

A cultural attitude change towards accepting breastfeeding as normal and natural needs to run as a thread through all this work – both as a result of increased breastfeeding promotion and rates and also to encourage this to happen. The evidence from this report demonstrates strong cultural barriers to breastfeeding, particularly among the more disadvantaged communities, which will not be overcome by health promotion messages alone. The evidence here points in the direction of peer support and culturally sensitive interventions at a local level such as SureStart are already initiating.

One of the most satisfying aspects of this review has been the proactive way that health, council and voluntary workers have been able to work together, with the academic/research input also of Professor Wallace and her colleagues. People with an enthusiasm and a dedication to improving breastfeeding rates in the face of little resources and a general climate in which it is not taken so seriously as other public health issues. Links have been made which should improve communication in future work. I would like to thank everyone who has participated in this review, including the scrutiny support officers for both Coventry and Warwickshire, for their contribution and also for the continuing work that they will be doing in the future.

Karen McKay
April 2006

Due to the size of the draft document this edited version has been produced. The full draft document will be made available in Members' rooms, but please note it is still subject to change.

Introduction

The objective of the review was to establish how services support, or fail, to enable women to breastfeed in Coventry and Warwickshire. Coventry City Council led a grant application with Warwickshire County Council to the Centre for Public Scrutiny to support an action research framework for this scrutiny review.

The public health policy context

Human breast milk provides complete nutrition for the first critical months of life and protects against common childhood infections and childhood diseases, including gastroenteritis and respiratory infection (e.g. Howie et al 1990, Kramer et al 2001), childhood onset diabetes (Sadauskaite-Kuenhne et al 2004), respiratory disease (Wilson et al 1998), raised blood pressure (Wilson et al 1998), and childhood obesity (Fewtrell, 2004). In later life there is evidence of protection against atopic disease and raised blood pressure (Fewtrell, 2004). The benefits for the health of the mother are also established (Labbok, 2001), and include immediate benefits to the mothers' body shape, and long term reduced risk pre-menopausal breast cancer (Beral 2002) and epithelial ovarian cancer (Rosenblatt, et al 1993).

The health benefits of breastfeeding to mother and babies can yield enormous savings for health systems. A decade ago, the National Breastfeeding Working Group estimated that the cost of treating a baby with gastroenteritis in hospital was approximately £1200 at that time. As the incidence of gastroenteritis in bottle-fed babies or babies breastfed for only a short time was known to be 5 times greater than that of babies breastfed for 13 weeks or longer (Howie et al 1990), the group estimated that for every 1% increase in breastfeeding, healthcare savings in England and Wales could have been as much as £500,000 per year at that time. If all babies in these countries were breastfed, the NHS could save £35 million each year on the treatment of gastroenteritis in babies (National Breastfeeding Working Group 1996). Given the longer-term impact on health, it is clear that breastfeeding is a powerful public health driver.

Why this topic for Health Scrutiny in Coventry and Warwickshire?

The rationale for the Coventry and Warwickshire Health Scrutiny review is based on this national evidence that health services have an important role to play in supporting breastfeeding. But, as breastfeeding is a learnt behaviour, it is relevant to other services within the Council, such as Education, for which the NHS has a duty of partnership. The Councils themselves have responsibilities for public areas, and as employers of women who may wish to breastfeed on returning to work. The topic is therefore one in which the Scrutiny process can reflect on the ways in which local services together can provide support to women to breastfeed for the common good.

Theme One: Breastfeeding data

Reliable breastfeeding data is essential to any quality improvement programme in breastfeeding. Using internationally agreed definitions, at set times from birth in to infancy, for all children is essential.

Managers of maternity and community health visiting services/ paediatric child health records staff were asked to present a brief report on:

- Definitions in use
- Data quality
- Breastfeeding initiation and duration rates, particularly with reference to inequalities indicators.

In addition, a small working group (Mary White, Mary MacDonald, Majella Johnson) of NHS staff across maternity and community services in the area agreed to look at defining a data set that could be collected using local systems, to more accurately track initiation and duration, including where possible agreed definitions of feeding supplementation. This agreed approach is now being piloted in Wood End, Coventry.

Recommendations

- 1.1 Coventry Teaching PCT is recommended to report to Coventry City Council health scrutiny board the results of its breastfeeding data pilot in Wood End
- 1.2 North Warwickshire PCT, South Warwickshire PCT and Rugby PCT (and successor organisation(s)) are recommended to consider the results of the breastfeeding data pilot in Wood End to determine whether a similar approach would be appropriate in their areas
- 1.3 All NHS organisations are recommended that current performance in breastfeeding outcomes should use agreed definitions and periods to enhance comparison, with data broken down by geographic, socio-economic and ethnic variables to determine if rates vary in line with national findings.
- 1.4 All NHS organisations are recommended to use targets for improved breastfeeding outcomes that reflect a verified baseline, and include targets to differentially improve breastfeeding in those least likely to breastfeed, and with an element of realism and stretch.

Theme Two: School education of children and teens

Attitudes to breastfeeding will be formed over a lifetime. One modifiable influence is health education in schools. The Department of Health has funded 79 breastfeeding projects over three years, and of these eight focused on school education (Dykes, 2003).

The review for Health Development Agency/National Institute for Clinical Excellence (Renfrew, et al, 2004) found no efficacy studies with breastfeeding outcomes. However, there is sufficient evidence from studies of attitude formation to indicate that school education could be part of an effective programme of breastfeeding promotion. A study in Liverpool, for example, examined the attitudes of schoolchildren and found that by eleven years of age pupils already saw breastfeeding as embarrassing and bottle feeding as more convenient and fashionable (Gregg et al 1989). Disrupting this cycle of beliefs will therefore be difficult and will need to involve interventions that affect all school age groups.

Recommendations

- 2.1 Coventry City Council executive and Children's Services Directorate consider offering guidance to schools' on their PSHE curriculum to include the resource pack developed for Warwickshire County Council
- 2.2 Coventry City Council and Warwickshire County Council Children's Services Directorates offer guidance to schools on Baby Friendly policies, notably offering alternatives to teaching materials supplied by formula milk companies

Theme Three: Pregnant women and families

There is little doubt that hospital policies, staff skill and communication with mothers have a very significant impact on breastfeeding. There is now a large body of evidence world wide in support of the “whole system” approach of the UNICEF Baby Friendly Initiative (BFI) (e.g. Kramer, et al. 2001, Cattaneo, et al, 2001), although actual evidence for each of the 10 Steps for hospital services and 7 steps for community services is not as well researched. The BFI forms a useful framework for reviewing maternity services, and key elements of the local policies and procedures could be examined in this review. Assessment against these standards requires a formal review with evidence presented to trained assessors, and is already underway within both Coventry trusts, but is not formally adopted in Warwickshire services.

Recommendation

- 3.1 Local NHS organisations and their partners are recommended to seek to improve ante-natal and post-natal support for mothers who wish to breastfeed by adopting BFI standards

Theme Four: Delivery and post-natal care

Many intra partum and postnatal practices influence the initiation and duration of breastfeeding. Most of the BFI 10 steps relate to these practices, and are in the UK often about stopping practices that have developed in a medicalised environment in the past fifty years.

Recommendations:

- 4.1 All NHS organisations are recommended to ensure that actions planned to improve breastfeeding should link to evidence based guidance, and plans for resources.
- 4.2 All NHS organisations are recommended to ensure that actions should include links to LSPs and Work Force plans where they involve changes in staffing and skills required.
- 4.3 All NHS organisations are recommended to ensure that innovations in practice and service delivery should be evaluated, and that networks across PCTs should harness opportunities for larger scale multi site evaluations through Research and Development networks.
- 4.4 West Midlands South SHA (and any successor) is recommended to set up a Task Force to determine how it can provide leadership in public health to support breastfeeding, including using its performance review function to achieve locally appropriate change across health economies.

Theme Five: Community services for mothers and infants

Breastfeeding is a natural behaviour, and one that mothers will learn how to perform through observing others, and through instruction. Partners will also learn about breastfeeding from a

variety of sources. This learning will be mediated through many potential sources of information, from close family, the local community and the media. Opportunities to breastfeed, or to see others breastfeed, will be influenced by the policies of employers and those who manage access of people to public places. For many sub-cultures in England, these opportunities to see breastfeeding are limited (Hoddinott and Pill 1999) and exposure to bottle feeding is more frequent, e.g. among Scottish teenagers (Carter, et al 2001). Sources of information may span many years prior to when that information can be used, and may include formal education in school, or health promotion advice imparted through contact with health services such as at a GP well woman clinic.

Recommendations:

- 5.1 All NHS organisations are recommended to ensure that the exact role of each type of support worker is reviewed so that their work is most appropriate to the needs of the client group. In relation to breastfeeding, the skills and support they need should be reviewed, and in most cases, more training and support is needed.
- 5.2 All NHS organisations are recommended to clarify the role of professionally qualified practitioners (midwives, health visitors) in Sure Start posts, and their role and skills developed to support other complementary workers in relation to breastfeeding.
- 5.3 All NHS organisations are recommended to put in place initiatives and targets recognising that supporting the initiation and duration of breastfeeding is at least as important as other public health objectives, and provide evidence to the health scrutiny board of ongoing development of support in this area
- 5.4 All NHS organisations are recommended to take steps to support the further development of peer support for breastfeeding mothers, ensuring that appropriate evidence based techniques and knowledge support is in place
- 5.5 All NHS organisations, Coventry City Council and Warwickshire County Council are recommended to report how they might further facilitate the development of more breastfeeding cafes as a vehicle for professional, expert and peer support for breastfeeding mothers.

Theme Six: Media and Public Spaces

In the field of breastfeeding, there is a large volume of research on attitudes and beliefs about breastfeeding, which can be drawn upon in designing interventions. Male partners of mothers are influential. It is likely that a man will be influenced by the same factors as the woman, i.e. social class, education and upbringing, although concerns about the sexual associations of the breast can lead to complex and conflicting beliefs and emotions. A survey commissioned by the Department of Health (Royal College of Midwives 2005) showed that 79% of men would want their child to be breastfed and that 71% would feel comfortable about their partner breastfeeding. The sample of 427 men aged 18-46 showed that nearly two thirds of men agree that breast milk is the best food a baby can have. But, a smaller proportion (56%) said that they have/would try to influence or advise their partner about whether or not to breastfeed.

The grandmother of a new baby has a significant role to play in supporting breastfeeding. A UK study by Winterburn et al (2005) showed that mothers who were asked to choose a close female confidante for breastfeeding support, were most likely to select their own mothers, gained valuable guidance and tended to breastfeed for a longer duration.

These key familial influences may be impacted by education in schools and public media messages. As described above, a well-cited study by Henderson et al (2000) showed that an audit of national media portrayals of infant feeding showed overwhelmingly more exposure to bottle than breastfeeding, and the latter were exclusively problematic in presentation.

Research on schoolchildren and young adults shows that attitudes to breastfeeding vary considerably within national cultures and sub cultures. Research with mothers in the UK suggests many women anticipate adverse reactions, and some report having experienced unpleasant behaviour by members of the public and by those in charge of the use of public places.

Recommendations:

- 6.1 All local NHS organisations, Warwickshire County Council and Coventry City Council are recommended to develop local media campaigns, designed using best practice methods from social marketing, to shape messages relating to breastfeeding, evaluated by public opinion polling methods. This should include posters and other media available to all local organisations to display in public places.
- 6.2 Coventry City Council and Warwickshire County Council are recommended to consider their policies towards supporting mothers to breastfeed in public places, and disseminate guidelines to public premises. They are also recommended to consider whether any local by-laws or national laws in existence hinder support for mothers who wish to breastfeed, and identify these to the health scrutiny board.
- 6.3 All NHS organisations, Coventry City Council and Warwickshire County Council are recommended to promote in their premises, and to work with local business, to establish breastfeeding friendly premises, using a badging scheme to give it a quality standard and publicity for achievement. This should include specific standards to support breastfeeding (e.g. provision of a supportive chair for breastfeeding), and baby friendly signage, to promote breastfeeding in private areas as well as in the public areas of these premises. A unified standard should be applied across all premises.

Theme Seven: Employment of Women

In a culture such as the UK where government policy supports the active participation of women in the workforce, and return to work after childbirth is common, the protection of breastfeeding women in the workplace is a crucial part of any national policy. In the UK, the Health and Safety Executive has issued guidance to employees and employers. Published work in this area is confined to descriptions of specific programmes none of which are in the UK.

A recent review of the literature (Kosmala and Wallace, in press) showed the UK position to be far behind other countries in support of employees' rights to breastfeed.

Recommendations:

- 7.1 Coventry City Council, Warwickshire County Council and all NHS organisations are recommended to develop and publicise policies to support breastfeeding in addition to those for maternity and paternity leave, containing the following elements:
- 7.2 Employees should have a better access to information on support that might be offered to enable breastfeeding to continue after returning to work.
- 7.3 Suitable (private, secure, comfortable and stress free) facilities to express and store breast milk should be provided
- 7.4 More flexible working hours are necessary to give mothers opportunity to express breast milk or breastfeed their baby at nursery / home.

7.5 Free loans of electric pumps and flasks

Theme Eight: Training and development of those who may support breastfeeding mothers

The delivery of NHS public health policy relies upon skilled support for women and families from a very large range of health service and other social care staff including the voluntary sector. Research by HSRC, and for the Health Development Agency / NICE Maternal and Child Nutrition collaborating centres by Fiona Dykes (Lancaster University) shows that surveys of knowledge have been of dubious quality (using unvalidated questionnaires, with poorly designed recruitment and analysis. With these caveats, it is clear that professionals vary enormously between themselves as well as within professions in the same country as to the extent and rigour of in breastfeeding at pre-and post qualification levels. At present, the key professionals (midwives, health visitors, paediatricians, obstetricians and GPs) do not have any mandatory training on breastfeeding within the curriculum for qualification up to registration. This results in highly variable practitioner knowledge and confidence. This is evidenced by a well conducted UK analysis of the learning needs of professionals in Leeds (Smale, in preparation), in which a qualitative study of 107 professionals and new mothers was conducted. Respondents reported that no professional group felt fully prepared to promote and support breastfeeding; that doctors felt particularly unprepared; that some key groups including nursery workers and child minders had little or no preparation related to breastfeeding; and that lay breastfeeding counsellors were most confident and informed. The analysis identified that a wide range of professionals and others are involved in and influence women in infant feeding. This includes the staff groups above but also others such as neonatal nurses, paediatric nurses, nursery workers, child minders, and community pharmacists. These groups are not usual targets of breastfeeding training in the NHS.

Recommendations:

- 8.1 All NHS organisations and other organisations with important service provision roles in breastfeeding, such as Sure Start, should establish posts with a clear remit, funding and time as breastfeeding co-ordinators or champions, supported by operational and strategic structures.
- 8.2 Local health economies should establish and refresh strategic inter-agency and cross community partnerships to support breastfeeding, supported by local operational structures that are designed to take “joined up” action.
- 8.3 West Midlands South SHA (or successor) should seek to influence a new focus in the emerging Regional structures to provide clear and evidence based public health leadership in the Region, to ensure resources are prioritised towards supporting breastfeeding
- 8.4 All NHS organisations, Warwickshire County Council and Coventry City Council, should utilise their research skills, and those of the wider research community, to establish an evaluative culture for improving breastfeeding services, meaning that when new practices and policies are introduced, there is appropriate evaluation and feedback.