Somerset Infant Feeding and Nutrition Strategy 2017- 2019

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Somerset Partnership NHS
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INTRODUCTION

This strategy aims to increase the number of infants and children being breastfed in Somerset. This will be achieved through a range of support approaches including collaboration between Maternity, Health Visiting, getset and community partners; this is known as a 'multi-faceted' approach. An example of the multifaceted initiative is the promotion of mother-to-mother support through a volunteer breastfeeding champion scheme.

It is important that parents are confident and well informed to provide adequate nutrition and safe feeding practices for their children, in order to maximise health and wellbeing. A key aim of this strategy is to increase the availability of consistent and accurate information in Somerset about infant feeding, enabling families to be independent, and use a combination of self-help, community support and professional advice appropriately.

Somerset would like to support all babies to have the best start in life, and breastfeeding undoubtedly offers significant health benefits. There are some mothers that are unable to, or decide not to breastfeed for a number of reasons that are explored further in this strategy. However, it is important that women in Somerset receive evidence based advice and support to make an informed choice about infant feeding.

This strategy has been developed with key stakeholders from Somerset's NHS Services, Somerset County Council and Voluntary Services. It is based on an analysis of available evidence, health needs data and the recommendations from the Somerset Breastfeeding Health Equity Audit (Somerset County Council, 2015) (Appendix 1).

Vision

The vision is to enable Somerset parents to make the natural choice in infant feeding, and in all instances an informed choice. The intention is to improve breastfeeding rates and inform all infant feeding practices.

Women will be supported to breastfeed their babies exclusively until the recommended term of 6 months and beyond, in order to improve health and reduce health inequalities.

Somerset will be welcoming of breastfeeding on all of its premises and in all of its public areas.

Parents will feel supported to nurture and support their babies to be happy, healthy and reach their full potential in a welcoming, healthy and safe environment.

Aims and Objectives

The aim is to improve the health of Somerset mothers and their babies and reduce health inequalities; through increasing the numbers of women who

initiate and maintain breastfeeding for as long as they wish to, and adopt evidence based feeding practices.

In order to achieve this aim, an action plan has been developed (appendix 2) which builds on the objectives of the previous strategy to deliver the following objectives:

- Continue to develop a systematic approach to collection, reporting and review of breastfeeding data to inform the progress and evaluate success of the interventions within the Infant Feeding and Nutrition Strategy.

- Maintain a commitment to research, audit and quality in health services through the Baby Friendly Initiative (BFI) accreditation.

- Provide a range of initiatives which provide a multi-faceted approach to breastfeeding promotion and support e.g. breastfeeding volunteer support and support groups, and the Breastfeeding Welcome Scheme.

- Ensure there is a consistent approach to specialist advice and the management of feeding difficulties e.g. Ankyloglossia (Tongue-tie).

- Promote safe feeding practices, healthy eating, good nutrition, adequate information on safe formula feeding and timely and appropriate weaning. Promote and increase information about Vitamin D and Healthy Start vouchers for eligible families.

SIGNIFICANT HEALTH BENEFITS ASSOCIATED WITH BREASTFEEDING

The evidence is well established, for both the benefits to mother and baby of breastfeeding. Breastfeeding can offer mothers protection from breast cancer, and for babies, protection from gastroenteritis, respiratory infections, middle ear infections and necrotising enterocolitis (a rare condition where portions of the bowel tissue die).

There may be further benefits to the baby as there is some evidence that breastfed babies have a lower incidence of Sudden Infant Death Syndrome (SIDS), are less likely to be obese and links have been established with higher IQ (Renfrew et al., 2012). In fact breast milk is now described as personalised medicine for infants (Victora et al., 2016). Breastfeeding may also help mothers with their own weight control (Bobrow et al., 2009).

Emerging evidence suggests that breastfeeding has a positive impact on mother-baby relationships. Breastfeeding releases hormones which promote maternal feelings and behaviour. Strong early relationships and a stable and loving environment are all conducive to babies' healthy emotional, social and physical development, through production of the hormone oxytocin. Oxytocin acts like a fertiliser for the brain, promoting the growth of neurons and the connections between them, enabling babies to grow into secure, happy children (UNICEF UK, 2010).

WHAT CAN INFLUENCE FEEDING CHOICES

Infant feeding is strongly related to health inequalities and it is far from an individual decision made by parents, it is influenced most strongly by the social determinants of health (Renfrew et al., 2012). Socio-cultural, societal norms, public policy and the availability of care and support (both professionally and lay) affect a parent's choice of feeding. In some settings women experience negative reactions which can prevent them from breastfeeding (Acker, 2016).

Young mothers and mothers from lower socioeconomic groups appear to be the least likely to initiate breastfeeding. In some groups, although initiation is achieved the duration in which a woman breastfeeds is limited (Bolling et al., 2007, SACN, National Institute for Health and Clinical Excellence, 2008).

Medical conditions and medication are sometimes cited as a barrier to breastfeeding. However, very few medications should act as a barrier to breastfeeding and women should seek advice from their medical practitioner for advice about breastfeeding when taking medications (Philip, O. et al., 2002).

BREASTFEEDING POLICY

Policy development and implementation has been exercised internationally to promote and support women in breastfeeding. In August 1990, policy makers and international agencies adopted the Innocenti Declaration, which affirmed that all infants should receive "exclusive breastfeeding from birth to 4-6

months of age and beyond" (this was amended to 6 months and beyond by the World Health Organisation (WHO) in 2001).

UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months (UNICEF, 2012). Increasing breastfeeding is believed to be a significant public health intervention to improve health, reduce health inequality and reduce infant mortality (Department of Health (DH), 2010). The Healthy Child Programme (2010) delivered by Midwives, Health Visitors and Early Years professionals in the UK offers evidence base to promoting the health of infants and children, and includes approaches to infant feeding and breastfeeding.

BREASTFEEDING INITIATION AND PREVALENCE RATES

National rates

The UK has some of the lowest breastfeeding rates in the world. The evidence in this report demonstrates women who are least likely to breastfeed are those who are white, young, early school leavers and from lower socio economic groups. Eight out of ten women who start breastfeeding said they would have liked to have breastfed for longer if they had received the right support (PHE, 2016). This disappointing reality is reflected in the breastfeeding drop off rates (Infant Feeding Survey, 2010).

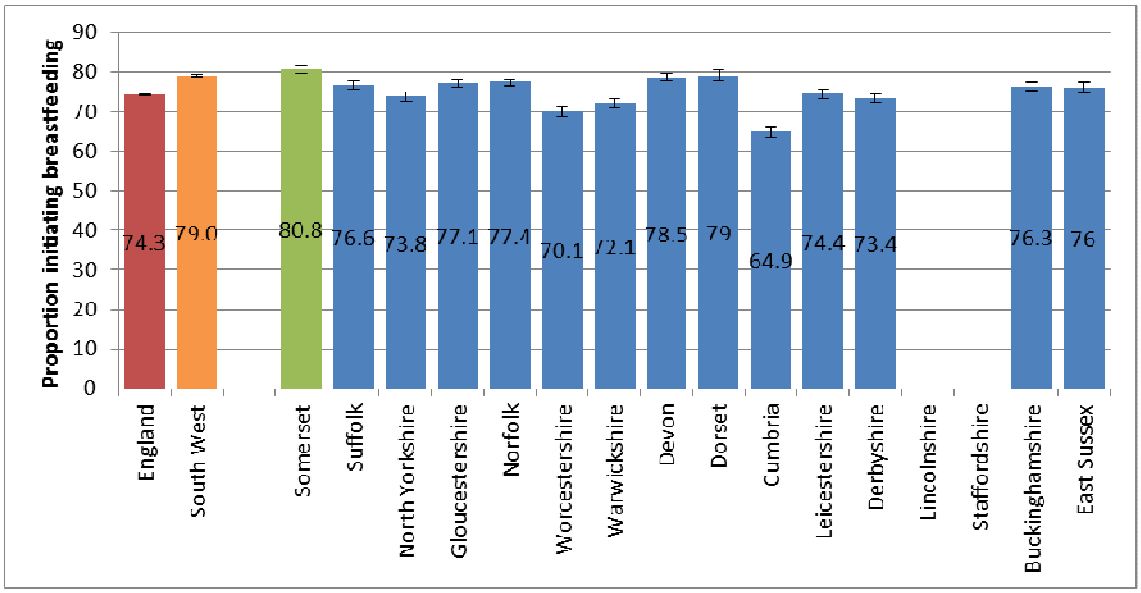
The breastfeeding initiation rate increased from 76% in 2005 to 81% in 2010 in the UK. The prevalence of breastfeeding fell from 81% at birth to 69% at one week, and to 55% at six weeks. At six months, just over a third of mothers (34%) were still breastfeeding (Infant Feeding Survey, 2010).

The most recent initiation rate in the UK based on the 2014/15 average is 74.3% (NHS England, 2014/15) and prevalence at 6-8 weeks for this same period was 43.8% (Public Health England, 2014/15).

Initiation of breastfeeding

The graph below shows Somerset compared to the South West, England, and Somerset's comparator Local Authorities. Rates in Somerset are significantly higher than England, higher than the South West, and higher than most of the comparator Authorities (CIFPA Nearest neighbours).

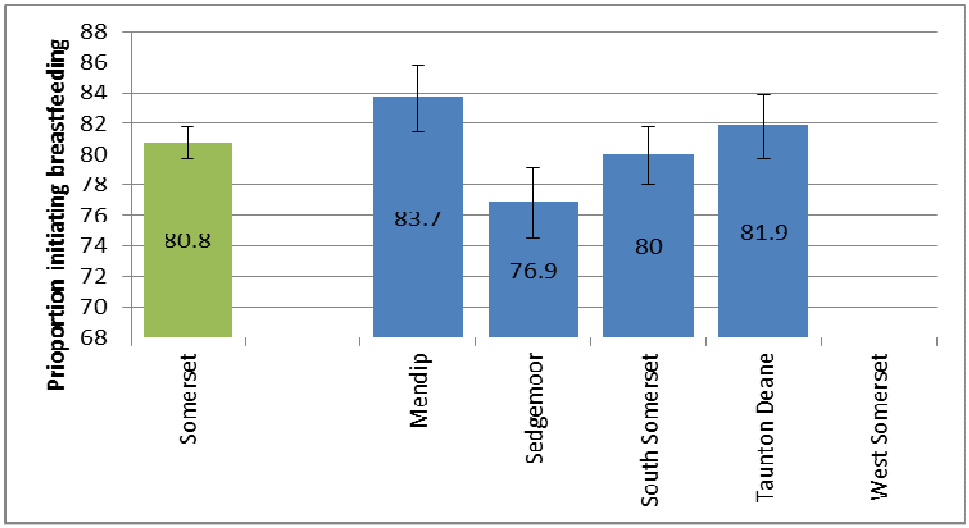
Figure 1: Percentage of all mothers who breastfeed their babies in the first 48 hours after delivery – England, South West, Somerset and Comparator Local Authorities 2014/15 (Public Health Outcomes Framework Indicator 2.01i)



Some values were not published for data quality reasons

There is however, a variation within Somerset's districts, as can be seen in the graph below. Rates in Mendip are the highest in the county, and lowest in Sedgemoor. Rates in Sedgemoor are significantly lower than Somerset as a whole.

Figure 2: Percentage of all mothers who breastfeed their babies in the first 48 hours after delivery – Somerset and District Councils 2014/15 (Public Health Outcomes Framework Indicator 2.01i)



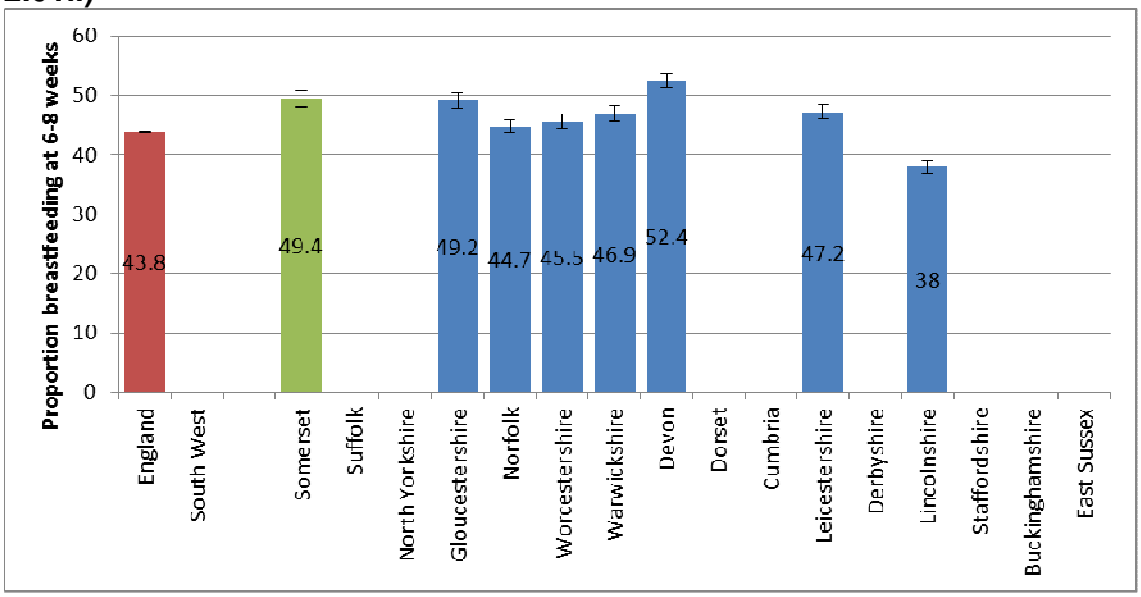
The value for West Somerset was not published for data quality reasons

Prevalence of breastfeeding 6-8 weeks after birth

The graph below shows that the proportion of mothers in Somerset still breastfeeding at their 6-8 week GP review is significantly higher than England, and higher than most of the comparator Local Authorities. However, less than half of all infants are still being breastfed at 6-8 weeks.

Figure 3: Percentage of all infants due a 6-8 week check that are totally or partially breastfed – England, South West, Somerset and Comparator

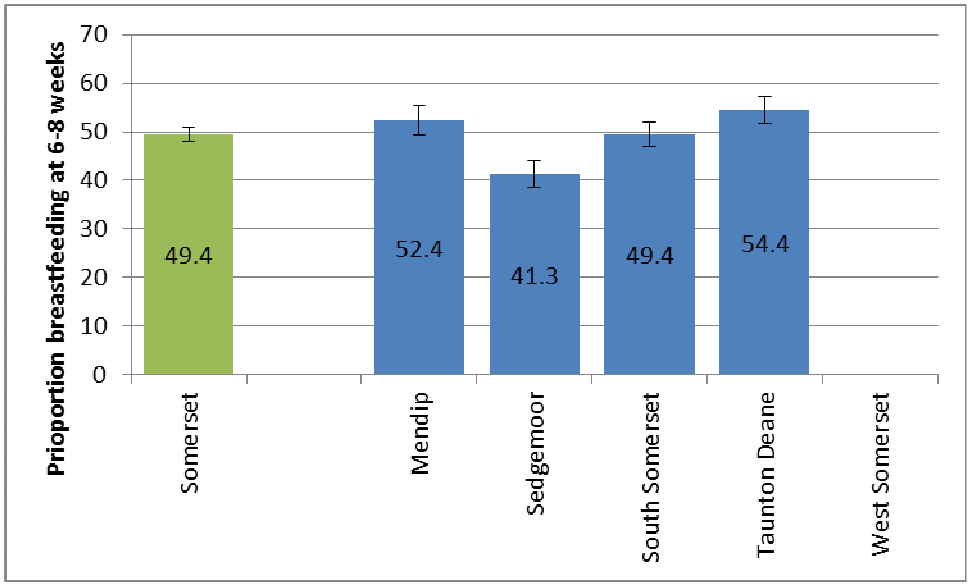
Local Authorities 2014/15 (Public Health Outcomes Framework Indicator 2.01ii)



Some values were not published for data quality reasons

The graph below shows that within Somerset; Taunton Deane and Mendip have the highest rates of breastfeeding at 6-8 weeks, and Sedgemoor the lowest.

Figure 4: Percentage of all infants due a 6-8 week check that are totally or partially breastfed - Somerset and District Councils 2014/15 (Public Health Outcomes Framework Indicator 2.01ii)



The value for West Somerset was not published for data quality reasons

Figure 5 shows how rates of breastfeeding drop over time in Somerset. This helps to show where mothers might benefit from support to maintain breastfeeding for longer.

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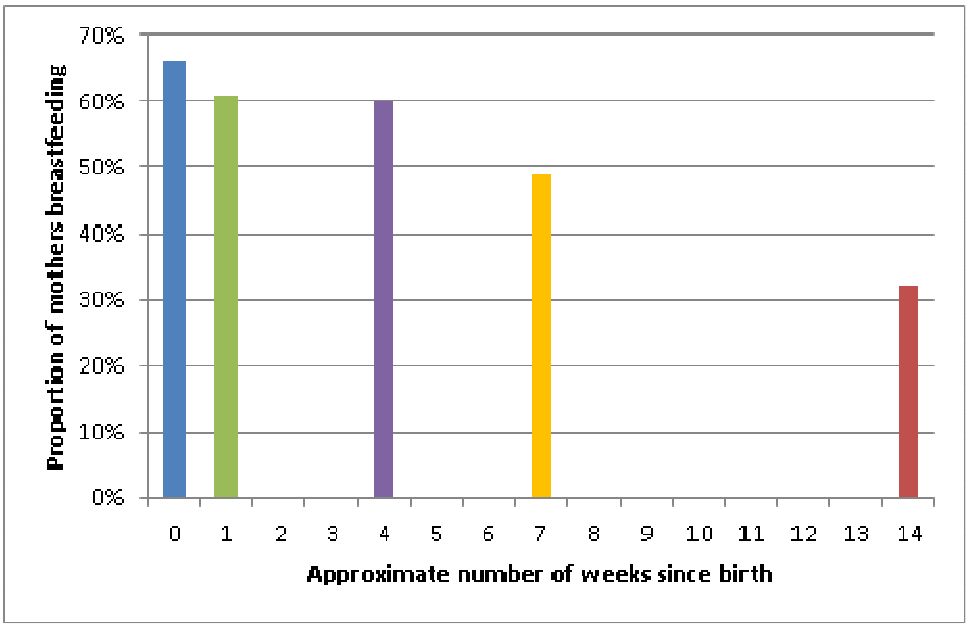
Figure 5: Proportion of mothers fully or partially breastfeeding at different time points (Somerset Partnership NHS Foundation Trust 2015)



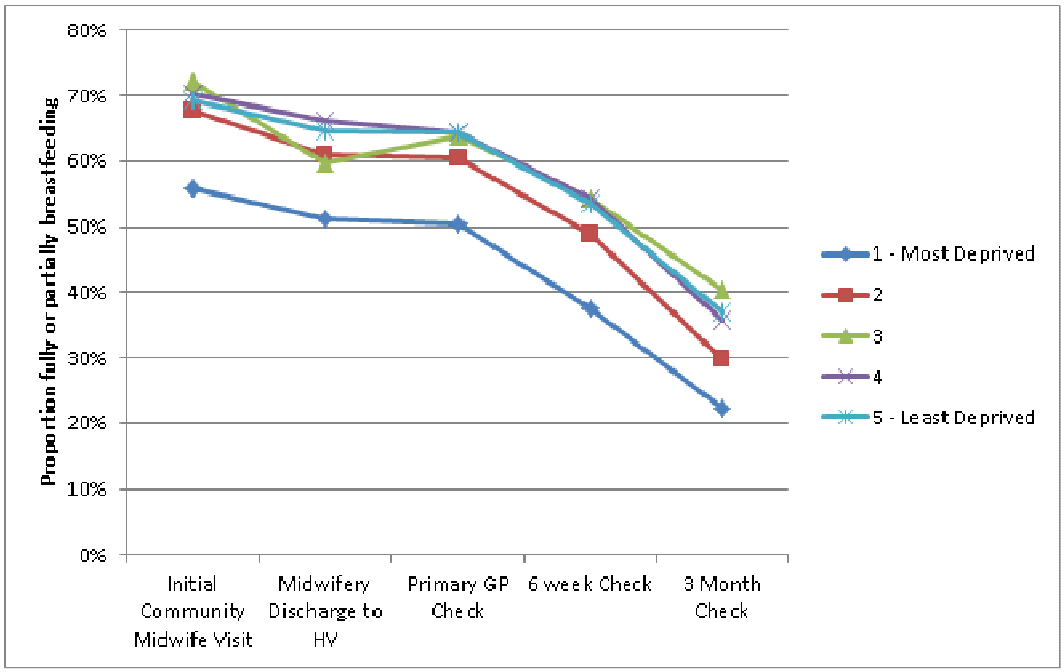
Type of contact	Approximate time of visit since birth
Initial Community Midwife Visit	In first week
Midwifery Discharge to HV	<14 days
Primary GP Check	2-6 weeks
6 week Check	6-8 weeks
3 Month Check	12-15 weeks

THE IMPACT OF DEPRIVATION ON BREASTFEEDING RATES

Mothers from more deprived areas have lower rates of breastfeeding initiation and prevalence due to a greater number of socio-economic factors affecting their choice to breastfeed.

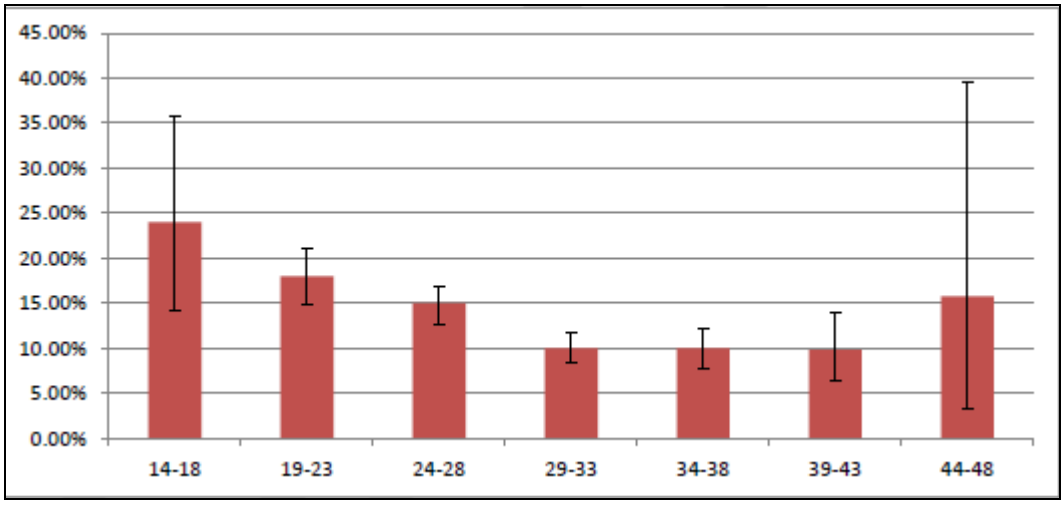
The graph below shows Somerset grouped into deprivation quintiles, where Quintile 1 is the most deprived. It shows rates of breastfeeding over time. The pattern across all quintiles is very similar, although mothers in the most deprived quintile are least likely to be breastfeeding at their initial midwife visit.

Figure 6: Rates of breastfeeding over time, by deprivation quintile, (Somerset Partnership NHS Foundation Trust 2015)



Exploration of drop-off rates by deprivation showed that those from more deprived areas are more likely to discontinue breastfeeding before they leave hospital.

Figure 7: Breastfeeding drop-off rates by age-group (proportion of those exclusively or partially breastfeeding within 48 hours of birth who have discontinued by discharge from hospital).



Previous data used for the Somerset Breastfeeding Health Equity Audit (2015) showed that breastfeeding initiation and prevalence rates are higher with increased maternal age. Almost a quarter of young mothers (aged <23 years) that had initiated breastfeeding had stopped by the time they were discharged from hospital.

THE EVIDENCE SUPPORTING SOMERSET'S OBJECTIVES

The initiatives in the action plan have been developed to fulfil Somerset's objectives; they are based on the best available evidence base. A summary of the objectives, the evidence and its application to Somerset can be seen below.

<table>
<tr><td colspan="2">Multifaceted Approach
The evidence demonstrates the best outcomes for improving breastfeeding rates are achieved when interventions are implemented concurrently through several channels. Tested interventions can substantially improve breastfeeding rates. Interventions delivered in combination, which support women in their homes, communities and within health services are effective (Rollins et al., 2016).

This strategy focuses on interventions and initiatives where there is significant evidence base for their effectiveness. They involve:
Adopting a coordinated programme of interventions across different settings to increase breastfeeding rates.
Activities to raise awareness of the benefits of – and how to overcome the barriers to – breastfeeding.
Training for health professionals.
Breastfeeding volunteer-support programmes.
Joint working between health professionals and volunteer supporters.
Education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period.</td></tr>
<tr><td>Somerset</td><td>The Breastfeeding strategy aims to provide a range of initiatives which provide a multi-faceted approach to breastfeeding promotion and support. Some examples are shown below.</td></tr>
<tr><td>Objectives</td><td>Increase number of breastfeeding groups in target areas.
Increase the number of breastfeeding volunteers.
Utilise social networks and virtual communities.
Develop area action plans for target communities with low initiation and/or prevalence.</td></tr>
</table>

	• Include patient participation and opportunities to receive feedback to improve services and information accessibility through consultation with service users. • Encourage local businesses and organisations to be 'Positive about Breastfeeding'.

Baby Friendly Initiative (BFI) Improving breastfeeding rates is a key national driver in child health and is highlighted in numerous government policy documents. The UNICEF UK Baby Friendly Initiative is recommended as an evidence-based programme to support women to initiate and continue to breastfeed, and to promote practices that will maximise very early child development.	
Somerset	Maternity and Community Health services in Somerset have all completed the rigorous accreditation for the Breastfeeding Friendly Initiative status and continue to ensure on-going accreditations are met.
Objectives	• Continue to meet the requirements of stage 3 BFI. • Develop an action plan based on the recommendations received at BFI reaccreditation and agreed with UNICEF. • Implement the action plan across Somerset or in target areas as specified.

Breastfeeding Volunteer Support Breastfeeding volunteer support can be mother-to-mother support, the role can be fulfilled by a person who is breastfeeding or who has had a positive experience of breastfeeding in the past. Experienced breastfeeding mothers, with additional training for the role of breastfeeding volunteer supporter, can model optimal breastfeeding practices, share information and experiences, and offer support to other women in an atmosphere of trust and respect. In this environment, pregnant women and mothers who are breastfeeding explore options that result in a satisfying breastfeeding experience (NICE, 2016). Support of this type can include several elements, including reassurance, praise, and the opportunity to discuss and to respond to the mother's questions (Lumbiganon, 2011). Volunteering, peer support, and community champions can all support positive outcomes for child development. The evidence suggests that volunteer support should be adapted to local context to families and communities. In addition, as part of a whole system approach different organisations can achieve a number of their outcomes in relation to breastfeeding (Mcleish et al., 2016).	
Somerset	Somerset's future breastfeeding volunteer support will be known as *Breastfeeding Champions*. The programme aims to produce a volunteer workforce of mother-to-mother support in local communities that is sustainable and promotes breastfeeding, particularly in communities where initiation and prevalence are low. A peer support programme provides support to women on the maternity ward at Musgrove Park Hospital in Taunton;

	the peer supporters are formerly trained volunteers from the previous Somerset volunteer model or mothers completing privately funded training to achieve the accredited status of this role.
Objectives	• Develop a sustainable breastfeeding volunteer support scheme suitable for Somerset's need. • Identify priority areas across Somerset for breastfeeding volunteer supporters. • Appoint a breastfeeding lay supporter to accompany Health Visitor led breastfeeding groups in the community. • Develop and schedule county-wide recruitment and training of breastfeeding mothers. • Monitor the success of the scheme against breastfeeding rates in target areas.

Breastfeeding Welcome

The Breastfeeding Manifesto (2006) was produced by over twenty UK organisations working to improve awareness of the health benefits of breastfeeding and its role in reducing health inequalities. It acknowledges that internationally, a multifaceted approach to infant feeding has been found to lead to significant increases in breastfeeding rates and consequent improvements in child health.

The aim of the Breastfeeding Manifesto Coalition was to achieve widespread cross-party support for the Breastfeeding Manifesto, and to ensure that its principles are reflected in government policy and legislation in the UK. The manifesto was launched in the House of Commons in 2007 during National Breastfeeding Week.

A priority of The Breastfeeding Manifesto was to 'develop policy and practice to support breastfeeding in public places' and consequently, Breastfeeding Welcome was developed. Breastfeeding Welcome schemes aim to facilitate greater acceptance and promotion of breastfeeding in commercial and community settings, with the overall goal of increasing breastfeeding rates (Breastfeeding Manifesto, 2006).

Breastfeeding Welcome schemes support organisations and venues to act on behalf of breastfeeding mothers; the Equality Act says that it is discrimination to treat a woman unfavourably because she is breastfeeding (Equality Act, 2015).

Somerset	Somerset's localised scheme is called **Positive about Breastfeeding**. The scheme welcomes settings and organisations across Somerset to demonstrate their commitment to breastfeeding families by implementing a breastfeeding policy throughout their organisation to support the rights of mothers to choose how and where to feed their baby. To fulfil their commitment and fully sign up to the scheme they are required to advertise the provided branded window sticker to clearly and simply demonstrate their support universally. To make it even easier for families to plan their day in Somerset, they can look up breastfeeding welcome venues in their area on this website: http://www.somerset.gov.uk/health-and-wellbeing/somersets-positive-about-breast-feeding-award/
Objectives	• Sign up organisations and venues to the scheme throughout the county. • Develop a Positive about Breastfeeding webpage with current useful maternity, antenatal, postnatal and breastfeeding resources and information. • Produce an up to date directory of organisations signed up to the scheme and implementing the policy. (Include this list on the website as information for families)

Vitamin D and Healthy Start Multivitamins

In July 2016, The Scientific Advisory Committee on Nutrition (SACN) updated recommendations on vitamin D supplementation for the whole population, including new-born babies. It is now recommended that everyone over one year of age should take a 10µg/d vitamin D supplement daily and, as a precaution, breastfed babies from birth up to one year of age also be given a supplement of 8.5 to10µg/d vitamin D per day. Babies who are formula fed do not require vitamin D if they are having 500ml/day of infant formula or more, as infant formula already has added vitamin D.

For families entitled to the Healthy Start scheme, uptake of multivitamins containing the correct dose of vitamin D should be promoted by Midwives and Health Visitors. Currently only 75% of eligible families claim Healthy Start vouchers and only 3-10% claim Healthy Start vitamins.

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women, and families with young children on benefits and tax credits. It provides a great opportunity for health professionals and others working with pregnant women and families to offer encouragement, information and advice on issues such as healthy eating, breastfeeding and vitamins.

Pregnant women, women with a child under 12 months and children aged from birth to four years who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins.

Healthy Start vitamins contain the appropriate amount of recommended vitamins A, C and D for children aged from birth to four years, and folic acid and vitamins C and D for pregnant and breastfeeding women.
Healthy Start vitamins are important because:

- Families in lower-income groups tend to have less vitamin C in their diet.
- Women planning a pregnancy and those in the first 12 weeks of pregnancy are advised to take a folic acid supplement.
- All pregnant and breastfeeding women and young children are at risk of vitamin D deficiency (teenagers, younger women and those from ethnic minorities are particularly at risk).

Somerset	Uptake of Healthy Start vitamins nationally and in Somerset is low. Currently families access the Healthy Start scheme by referral through their health professional and multi-vitamins are accessed through the Health Visiting and Midwifery ante natal clinics.

Objectives	• Provide women with accurate information about vitamin supplementation (Vitamin D) during pregnancy, while breastfeeding and for infants and children. • Improve awareness and uptake of the Healthy Start scheme. • Increase distribution of Healthy Start vitamins to include commercial pharmacies and update the Healthy Start website. • Ensure information about Healthy Start vitamin distribution points is available on the NHS Choices website and Healthy Somerset Infant Feeding page.

Ankyloglossia (Tongue-tie and Frenulotomy

The recommended management of tongue-tie in babies with feeding difficulties is for consultation with a lactation specialist and surgical division with a procedure known as frenotomy or frenulotomy.

Ankyloglossia, commonly referred to as tongue-tie, is a congenital condition affecting the structure of the lingual frenulum. It can restrict tongue movement and in certain circumstances be associated with breastfeeding difficulties. The prevalence of tongue-tie is generally accepted to be between 2-5% although it is reported that around 50% of breastfed babies with tongue-tie will not encounter any feeding problems (Johnson, 2006). It is also important to recognise that feeding difficulties may arise in babies with tongue-tie due to unconnected factors. There appears to be an increased frequency in boys compared to girls, but limited evidence that it runs in families (Hall & Renfrew, 2005). Given the increasing awareness of the benefits of breastfeeding and global drive to improve breastfeeding rates, there has been renewed attention on diagnosis and management of babies with tongue-tie as it may have a potentially negative impact on successful breastfeeding.

In 2005, NICE produced guidance on the division of tongue-tie for babies experiencing feeding difficulties, stating that there are no safety concerns but limited evidence of benefit. However, the evidence was deemed adequate to support the use of the procedure provided that normal arrangements are in place for consent, audit and clinical governance.

Somerset	In Somerset, estimates indicate over 500 procedures per year are carried out. This is higher than expected, as the need was predicted to be between 112-279 procedures per year. This was based on a rate of 2.5% of the national accepted prevalence of Somerset birth rates. Public Health completed a review of tongue-tie prevalence and need for frenulotomy procedures. Key Findings • Significant overprovision in Taunton, Sedgemoor and South Somerset compared to Mendip and West Somerset particularly.
Objectives	• Midwifery and Health Visiting to identify feeding problems early on and respond firstly with appropriate lactation support. • Update pathway i.e. same one to be used across hospital and community settings to ensure clinical guidance is followed and practice is consistent. Review this annually. • Set a maximum age up to which the procedure will be carried out. • Ensure the pathway development involves maternity, health visiting, primary care, paediatric and maxillofacial professionals.

Safe Formula Feeding

Although evidence shows that breastfeeding is undoubtedly the natural and healthiest way in which to feed a baby, particularly in the earliest months, there are some mothers who, for physical, social or psychological reasons, cannot breastfeed or decide to combination/mix feed or decide to stop breastfeeding.

Mothers who are formula feeding should receive adequate information on how to make up a feed in the early postnatal period. These mothers also require information on the types of formula milk available, with the objective of encouraging them to use first milk until the baby is one year old.

The information mothers of babies who are not breastfed, should receive includes advice related to antenatal care, skin to skin contact after birth, responsive feeding and building close and loving relationships (UNICEF, 2014).

Powdered formula milk is not sterile and does not contain any of the protective antimicrobial components found in breast milk. It is therefore essential to ensure that parents, who choose to formula feed, are shown how to prepare and use infant formula as safely as possible. Other family members or carers should also be aware of how to prepare and use infant formula (NICE, 2016).

Somerset	In Somerset information related to formula feeding is made available at the parents request from Maternity and Health Visitor services throughout the ante and post natal periods. The Child Health Record (the red book), is a universal resource and contents cover safe infant formula feeding. Local maternity units do not provide formula milk to families; mothers are supported to make an informed choice regarding feeding choices. If formula milk is required, the hospital will supply sterile bottles with pre-prepared formula until the family continue provision themselves. Safe and healthy alternative feeding practices are promoted to all mothers who cannot breastfeed or decide to combination/mix feed or decide to stop breastfeeding. It is a priority of the BFI to provide mothers universally with the information and support to enable them to build a close and loving relationship with their baby, infant feeding is fundamental to this.
Objectives	• Ensure breastfeeding is promoted as the optimum feeding choice and therefore give parents information to help them make an informed decision. This may include answering questions about formula feeding. • Ensure current updates for safe formula feeding are accessible to the population through multiple channels.

	• Continue to adhere to the International Code of Breast milk Substitutes http://www.who.int/nutrition/publications/code_english.pdf

Support Timely and Appropriate Weaning Practices On average, by the age of six months a child's nutritional needs begin to exceed that which can be fulfilled by milk alone, and for some infants this may be slightly earlier. However, many women decide to introduce solids based on the perception that their child is hungry or not satisfied with liquid feeds. They may also be highly influenced by friends, family and peers who can tend to make assessments on the basis of tradition or intuition rather than based on evidence. However, the main influences on the timing of introduction of solids are social deprivation, maternal knowledge and prior feeding experiences (NICE, 2008).	
Somerset	Safe and appropriate weaning practices are promoted though support and advice available through Midwifery and Health Visitor services. Information about weaning is available to women throughout pregnancy and postnatal support in the community through delivery of the Healthy Child Programme (2010).
Objectives	• Encourage responsive breastfeeding. • Encourage exclusive breastfeeding for six months. • Encourage parents to introduce solids at six months. • Provide information and support to families in relation to healthy and safe weaning. • Ensure the information is accessible and provided at appropriate times for families to prepare for and successfully implement weaning. The current recommendation is that infants should have breast or formula milk for a minimum of 12 months, as early weaning on to cow's milk can cause iron deficiency.

Data Collecting and Reporting	It is important that a systematic approach to collection, reporting and review of breastfeeding data continues, to inform the progress and evaluate success of the Infant Feeding and Nutrition Strategy. Data will also be used to target interventions in communities that most require support or at points in time where women and their families may require additional support to continue to breastfeed.

MONITORING AND REPORTING

This strategy will be implemented through the Somerset Breastfeeding and Infant Nutrition Strategy group and the Infant Feeding Forum.

Progress will be monitored and reported annually to the Health and Wellbeing sub group of the Children's Trust Executive, and the Maternity Forum.

This strategy should be read in conjunction with other existing strategies in the following areas; Healthy Weight, Oral Health, Maternity, Parenting and Perinatal and Infant Mental Health.

GLOSSARY

'Breastfeeding Initiation' is defined as the percentage of mothers who give their baby breast milk in the first 48 hours after delivery.

'Breastfeeding Prevalence at 6-8 weeks' is defined as the proportion of infants that are totally or partially breastfed at age 6-8 weeks. *Totally breastfed* is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. *Partially breastfed* is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. *Not at all breastfed* is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age.

The Infant Feeding Survey (IFS) has been conducted every five years since 1975, with the 2010 IFS being the eighth and final national survey of infant feeding practices to be conducted. The main aim of the survey was to provide estimates on the incidence, prevalence, and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born. The survey was based on self-reported information from women who agreed to take part in the survey.

The Public Health Outcomes Framework (PHOF) provides a framework for local government, health services and Public Health England to monitor their delivery of improved health and wellbeing outcomes for the people and communities they service. The PHOF includes the public health indicators breastfeeding initiation and prevalence, based on current data sources. The PHOF allows areas to review their performance at a regional, county wide, and district level and compare with neighbouring areas (Public Health England, 2013).

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APPENDICES

Appendix 1
Somerset Breastfeeding Health Equity Audit

In 2015, Public Health, Somerset County Council completed a Health Equity Audit (HEA) for the year 2014-2015. The purpose of a HEA is to reduce health inequalities within a population in a measurable way. The recommendations of this breastfeeding HEA will be used to inform this strategy for Somerset.

The table below shows the recommendations from the Breastfeeding HEA based on analysis of Somerset information.

- Use evidence for increasing uptake of breastfeeding in younger adults (29 years and younger), those with multiple children and those in more deprived areas should be reviewed to inform local strategy development.
- Breastfeeding strategy should be informed by the varying communication preferences of the four main MOSAIC groups with low initiation and high drop-off from breastfeeding. This is in addition to ensuring that the services that are currently effective are maintained ('MOSAIC' is a form of geo-demographic segmentation. These classifications can help develop a better understanding of the needs of populations which in turn enables finer targeting of interventions to support behaviour change. These classifications segments are based on where an individual lives and the main socio-demographic features in that particular geographical area).
- Use findings on initiation, prevalence and drop-off by geographical location, 'getset' catchment area and GP federations to identify the most appropriate locations for professional breastfeeding support services and community volunteer peer and lay support interventions. This is to ensure that service provision for breastfeeding support matches needs and demand.
- The use of social networks and virtual communities should be considered to ensure that access to breastfeeding support is maximised and appropriate to communication preferences.
- Finally, the use of social marketing and targeted incentives for breastfeeding should be considered.

Public Health Somerset (2015)

Breastfeeding Health Equity Audit available if you follow this link:
http://www.somersetintelligence.org.uk/pregnancy-maternity.html

Appendix 2

SOMERSET INFANT FEEDING STRATEGY IMPLEMENTATION ACTION PLAN

This strategy intends to do this by implementing a coordinated multifaceted approach, inclusive of information and support, for Somerset families to make informed feeding choices. It aims to improve access to timely and appropriate information and specialist support where required.

Main objectives:

1. Develop a multifaceted approach to increase breastfeeding initiation and prevalence. Information and support should be universal and targeted.

2. Maintain Stage 3 accreditation of the UNICEF UK Baby Friendly Initiative. This is recommended as an evidence-based programme to support women to initiate and continue to breastfeed, and to promote practices that will maximise very early child development.

3. Develop a sustainable breastfeeding lay (mother-to-mother) support scheme suitable for Somerset's need. Participants of the scheme will be known as Breastfeeding Champions.

4. Sign up organisations and venues to a county-wide scheme that promotes a positive breastfeeding culture. This localised Breastfeeding Welcome scheme will be known as Positive about Breastfeeding.

5. Provide women with accurate information about vitamin supplementation (Vitamin D) during pregnancy, while breastfeeding and for infants and children. Promote uptake of Healthy Start to those eligible.

6. Develop a county-wide pathway to ensure equitable provision of Ankyloglossia/Tongue Tie – Frenulotomy clinics. Midwifery and Health Visiting to identify feeding problems early on and respond firstly with appropriate lactation support.

7. Ensure breastfeeding is promoted as the optimum feeding choice and therefore give them information to help them make an informed decision. This may include questions about safe formula feeding.

8. Support timely and appropriate weaning practice: Encourage responsive breastfeeding that is exclusive for 6 months. Encourage parents to introduce solids at 6 months.

9. Ensure quality data collecting and reporting. Use data to target interventions in communities that most require support or at points in time where women and their families may require additional support to continue to breastfeed.

10. Support parents (regardless of feeding choice) to have close and loving relationships with their baby through the promotion of safe baby wearing and baby massage.

11. Align breastfeeding strategy to and reference with other local and national strategies

12. Optimise opportunities to use social media.

A detailed strategy action plan is available though not published. For more details please contact Emily Hutt at Public Health EXHutt@somerset.gov.uk

Appendix 3
Former strategy priorities 2009-2016

The table below details the former strategy priorities and its achievements (2009-2016)

Baby Friendly Initiative (BFI)	All of the NHS Health Trusts in Somerset; have achieved Stage 3 Baby Friendly Initiative (BFI), including training of Midwifery and Health Visiting services, and forging links with Children's Centres and primary care. They have all completed the rigorous accreditation for BFI status and continue to ensure on-going accreditations are met through continued service improvement and maintenance of the criteria for the standard.
Breastfeeding Groups	The priority to establish Breastfeeding Groups in all areas, with a particular focus on those areas with a low prevalence. Health Visitor led breastfeeding groups are available across Somerset and although consider the priorities of targeted areas, are not exclusive to areas of high need, low initiation, prevalence or other. Community maternity support workers previously supported breastfeeding groups in the community. They continue to do on a voluntary basis at two locations in Somerset where there are populated groups of breastfeeding mothers in attendance.
Specific Area Action Plans	Action plans were developed for each of the areas in Somerset with low breastfeeding prevalence; this had a general focus on improving breastfeeding rates throughout the county.

Breastfeeding Peer Support Scheme	The establishment of a network of breastfeeding peer supporters (breastfeeding mothers trained to deliver health promotion but not paid) for the community, and for both hospitals. Somerset developed a breastfeeding peer support scheme which ran from 2008 – 2014. The scheme offered a 6 week course to breastfeeding mothers with the aim of increasing the availability of accurate information on breastfeeding and to increase the accessibility of useful advice to mitigate common breastfeeding challenges. This course was discontinued due to a reorganisation of the delivery of infant feeding groups across Somerset. In addition, the Health Visitor implementation plan- A Call to Action (2011) resulted in a significant improvement in the Public Health Nursing resource. This meant that Somerset Partnership could provide increased support for all mothers and a Health Visitor to facilitate many of their infant feeding groups. The peer support programme was assessed as not being a cost effective use of resources as retention of this group of volunteers was disappointing. The Maternity service in Taunton and West Somerset continued to run a peer support programme and using accredited training, these volunteers receive bi-monthly updates, use of a closed face book page and are encouraged to speak to Midwifery staff on duty.