



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

03 October 2024

Report of the Director of Public Health

Infant Feeding Strategy 2022-2027 / Breastfeeding update

1. Purpose

- 1.1 This report aims to inform the Health and Wellbeing Board of the following:
- a) The benefits of breastfeeding, local breastfeeding prevalence data and the variation in prevalence across different areas and communities.
 - b) The Infant Feeding Strategy 2022-2027 and its associated actions to increase breastfeeding rates and ensure adequate nutrition for all children under 2 years.
 - c) Suggest ways in which member organisations can support systemwide action to increase breastfeeding rates locally and reduce inequalities in breastfeeding rates through supporting the implementation of the Infant Feeding Strategy 2022-2027.

2. Information and Analysis

- 2.1 In this paper we use the terms “breastfeeding”, “women” and “mothers”. It is acknowledged that not all people who give birth are mothers (surrogates and trans birthing people) and that growing numbers of

transgender and non-binary people are becoming gestational parents. Gender-additive language will be utilised in any public facing materials to support inclusivity e.g. women and birthing people, breastfeeding/ chestfeeding.

2.2 Infant feeding is a complex and emotive topic where we all bring our own experiences and views. Often people's infant feeding journey's do not turn out as planned for a variety of reasons, therefore individuals can often carry difficult feelings around this and that should be borne in mind when reading this report.

2.3 Breastfeeding prevalence

2.4 The World Health Organisation (WHO) recommends all infants are exclusively breastfed for the first six months and that from six months infants can start eating solid foods as well as being breastfed for up to two years or longer.

2.5 Breastfeeding rates in the UK are some of the lowest in the world and are monitored as part of the public health outcomes framework (PHOF). The two measures used in the PHOF are proportion of infants who receive breastmilk as their first feed (initiation) and sustainment of any breastfeeding at 6-8 weeks including mixed feeding.

2.6 The [most recent data](#) published by PHOF 2020/21 shows that 69.9% of babies in Derbyshire received breastmilk as their first feed which is significantly lower than England (71.7%). Breastfeeding prevalence at 6-8 weeks was 44.5% in Derbyshire for 2022/23, significantly lower than for England (49.2%).

2.7 There are inequalities in breastfeeding rates between different populations. In Derbyshire breastfeeding prevalence is lower amongst younger women, those living in the more deprived areas, and those of white or mixed ethnicity. At 6-8 weeks breastfeeding prevalence is 56% in the least deprived decile and 31% in the most deprived decile.

2.8 Breastfeeding prevalence in Derbyshire at 6-8 weeks is improving. The trend for England is also improving at a similar rate. See appendix 3 for further statistics.

2.9 Benefits of breastfeeding

2.10 Breastfeeding is an important public health priority. There is well-established evidence that breastfeeding improves health outcomes for mothers and infants and has the potential to reduce health inequalities.

Breastfeeding is an important element of ensuring the best start during the critical first 1001 days. The evidenced health benefits of breastfeeding are numerous and substantial, lasting well beyond the period of breastfeeding itself.

- 2.11 Benefits of breastfeeding for babies and children include protection from a range of conditions including:
- Infections (including respiratory infections, gastroenteritis, and ear infections)
 - Diabetes
 - Asthma
 - Heart disease
 - Obesity
 - Sudden Infant Death Syndrome (SIDS)
 - Cardiovascular disease in adulthood
 - In premature infants, breastmilk brings additional benefits including reduced risk of some infections and conditions and reduced hospital stays and readmissions in the first year of life. It can also help enhance brain development.
- 2.13 Benefits of breastfeeding for mother include protection from:
- Some types of breast and ovarian cancers
 - Heart disease
 - Osteoporosis
- 2.14 Breastfeeding also supports the mother-baby relationship and the mental health of both baby and mother which has long term benefits for health and wellbeing and child development.

(Source: ©UNICEF The benefits of breastfeeding- 2022 /NHS breastfeeding benefits)

- 2.15 Breastfeeding produces cost savings to the NHS, families, and society and provides important environmental benefits, with substantial reductions in waste and carbon emissions.
- 2.16 Barriers to breastfeeding.
- 2.17 Infant feeding decisions are personal and made for a variety of reasons. Parents should be given evidenced based information to inform their infant feeding decisions. Eight out of ten women stop breastfeeding before they want to. Barriers to breastfeeding are numerous and include practical, societal and commercial determinants.
- 2.18 Societal and commercial factors include:

- social norms - breastfeeding is not seen as the norm in many communities, in particular more deprived communities
- cultural barriers
- not feeling confident or able to breastfeed in public
- employer policies and support for women returning to work
- Commercial determinants - there is significant evidence of the negative impact that the marketing of commercial formula milks is having on breastfeeding prevalence worldwide. [Breastfeeding 2023 \(thelancet.com\)](https://www.thelancet.com).

- 2.19 Individual factors and barriers include lack of understanding about the benefits of breastfeeding and the value of breastmilk; lack of practical support e.g. from family members and professionals; maternal health including mental health, or a complex delivery or birth trauma; feelings associated with previous breastfeeding experiences; and child health including premature birth.
- 2.20 Early challenges with breastfeeding are common. A Derbyshire survey in 2016 showed that, regardless of age or level of deprivation, 50% of those who stopped breastfeeding before six weeks stopped because of physical difficulties with the process of breastfeeding and the perceived lack of breastmilk. Timely, accessible support within the first two weeks is key to sustaining breastfeeding long term.
- 2.21 One known cause of breastfeeding difficulty affecting some babies is ankyloglossia, more commonly known as tongue tie.
- 2.22 Tongue tie is a congenital anomaly where there is an abnormally short lingual frenulum which can restrict tongue function and the ability to bottle or breastfeed. Tongue-tie occurs in between 2.8% - 10.7% of all infants. In some cases, it requires a quick painless surgical procedure to release the tongue tie. Timely identification of tongue tie and access to the procedure where required supports breastfeeding sustainment. Tongue-tie services are evidence based, low risk, cost effective and should form part of breastfeeding pathways. Nationally it is unclear who is responsible for commissioning and providing tongue tie services. As a result in Derbyshire tongue-tie services are not clearly defined, there are gaps in detection, treatment, and support.
- 2.23 This gap in service often results in maternal distress-breastfeeding and bottle-feeding difficulties, early ending of breastfeeding, paying for private treatment and travelling out of area for treatment. This is inequitable, impacts on breastfeeding rates, maternal mental health and child development.

2.24 Derby & Derbyshire Infant Feeding Strategy 2022-27

2.25 The Derby and Derbyshire Infant Feeding Strategy was coproduced by the Infant Feeding Steering Group comprising partners from across the system including Derbyshire maternity and Neonatal Voices Partnership, Public Health Nursing, General Practice, children's centres, local authority public health, maternity and neonatal services, peer support services, Local Maternity and Neonatal System Programme Team, and Healthwatch.

2.26 The strategy covers infant feeding in the first two years of life and is in line with the Joined Up Care Derbyshire footprint. It is a five-year strategy, in line with Local Maternity and Neonatal System (LMNS) Equity and Equality Plan timescales. A decision was taken to broaden the scope of the previous strategy from breastfeeding to infant feeding for a variety of reasons including inclusivity and alignment with national and local policy e.g. the Maternity Equity and Equality Guidance.

2.27 Low breastfeeding rates in more deprived communities are a driver of health inequality. The Integrated Care System Inequalities Plan therefore highlights the need for an LMNS infant feeding strategy and the need to continuously improve breastfeeding rates for women living in the most deprived areas. Oversight of the Infant Feeding Strategy sits with the Local Maternity and LMNS Board.

2.28 Key aims of the strategy:

- Families are empowered to make informed choices.
- Equitable access to quality and timely infant feeding support.
- Breastfeeding is protected, normalised and supported in our communities.
- Partners work collaboratively across the system to maximise health and wellbeing.
- Reduce inequality in breastfeeding prevalence.

2.29 Priorities of the strategy:

- Co-ordinate our system approach by aligning policies, sharing resources and championing breastfeeding at the highest level.
- Normalise breastfeeding within communities and workplaces. Foster enabling environments.
- Ensure equitable access to timely and high-quality infant feeding support.
- Develop a fully enthused, well trained, and supported workforce systemwide.

- Decisions and actions are informed by understanding our population and inequalities across our communities.

2.30 A key focus of the Infant Feeding Strategy is on actions to improve breastfeeding initiation and sustainment. However, ensuring the best possible outcomes for all infants regardless of feeding method is vital and the steering group are committed to supporting all families whatever decisions are made throughout the infant feeding journey. Provision of quality support and evidence-based information for parents and carers who bottle feed (with formula or expressed breastmilk) is crucial in supporting responsive feeding and attachment. This provision also supports optimal nutrition and promotes safe feeding methods.

2.31 Key actions in the strategy include:

- Progress and maintain UNICEF Baby Friendly accreditations for all maternity, neonatal and 0-19's services.
- Use of inequalities intelligence to enable services to target efforts.
- Improve infant feeding training for primary care.
- Expand the 'Breastfeeding Welcome Here Awards'.
- Increase uptake of the 'Healthy Start Scheme'.
- Develop equitable tongue tie pathways.
- Align actions across the Childhood Healthy Weight, Oral Health, and Maternal Mental Health workstreams.

2.32 Progress in Derbyshire to date

Breastfeeding Welcome Here Award

Derbyshire County Council run a [Breastfeeding Welcome Here Award](#) scheme which aims to help normalise breastfeeding in our communities. Community venues and local business can sign up to the scheme for free to actively welcome breastfeeding families. An [interactive map](#) has been developed allowing families to find 'Breastfeeding Welcome Here' venues in Derbyshire and Derby City.

Infant feeding training package for general practice.

A system wide infant feeding training package has been developed for all primary care staff and is due to be launched this year in partnership with the [Hub Derbyshire](#)

Healthy Start Steering Group

[Healthy Start](#) is a means tested entitlement that provides money for those who are pregnant (from 10 weeks) or have a child aged under 4. A Healthy Start Steering Group has been established and is delivering

against an action plan to drive increased uptake of the scheme and reduce inequality in uptake.

Tongue Tie Task and Finish Group

A task and finish group has been established to drive and influence pathway improvements and reduce geographical inequities in service offer. Start for Life funding has enabled additional provision to be put in place for Derby City residents and this is informing work across the wider area. Chesterfield Royal Hospital have supported their Infant feeding team to develop a tongue tie division clinic which is expected to commence prior to the end of this year. There are currently limited options for families in the south of the county and out of county referrals continue to be made by Derbyshire Community Health Service 0-19's service.

Communication and campaigns

Communications are now aligned across the system, for example there are now coordinated communications to promote World Breastfeeding Week.

Emergency infant formula work

Work is underway to explore the need for and feasibility of a pathway for emergency provision of infant formula to those in financial crisis.

Child and adult healthy weight links

Actions to support breastfeeding have been aligned with the childhood healthy weight workstream and whole systems approach to obesity due to the evidence that breastfeeding reduces future risk of overweight and obesity.

Utilising data/intelligence to inform local action.

Localised breastfeeding data is actively informing the targeting of local efforts. For example, GP practices in areas of low breastfeeding prevalence will be targeted for the infant feeding training and venues/settings in these areas are targeted to participate in the Breastfeeding Welcome Here Awards.

2.33 Future priorities and areas for development

- Continued promotion of the Breastfeeding Welcome Here Awards; targeting efforts where breastfeeding prevalence is lowest.
- Roll out the infant feeding training for general practice.
- Review the evidence base for and scope local opportunities to support normalisation of breastfeeding in education settings.

- Explore rolling out the UNICEF Baby Friendly Guardian training to senior leaders across relevant organisations. (information on this role provided in 2.33)
- Continue to develop equitable tongue tie provision.
- Continue to explore the need for and feasibility of a local pathway for provision of emergency infant formula for those in financial crisis.
- Make stronger connections with the perinatal mental health, oral health, climate change and school readiness workstreams due to the contribution that breastfeeding is known to make to outcomes in these areas.

2.34 UNICEF Baby Friendly Guardian role

Partner organisations are asked to endorse the introduction of the role of Baby Friendly Guardian in Derbyshire. This will be most applicable to organisations with BFI accreditation but could also have wider value.

The Baby Friendly Guardian role should be carried out by a senior member of staff, for example a non-executive director, clinical director, director of public health or a senior manager role (director level). They should have an interest in and enthusiasm for the early years agenda and have the responsibility of promoting, protecting and supporting the Baby Friendly Standards, including compliance with the International Code of Marketing of Breastmilk Substitutes (the Code) in their organisation and championing this across the local system.

The role and responsibilities of the Guardian include understanding and supporting the implementation of the [Baby Friendly Standards](#); having an awareness of the context around infant feeding in the UK; being an advocate and spokesperson for the Baby Friendly Initiative and the benefits of breastfeeding; maintaining oversight of relevant data and progress reports; looking for opportunities and threats within the service and beyond.

A bespoke package of training and support would be developed and provide to Derbyshire Baby Friendly Guardians to support them with their roles and responsibilities should endorsement for this approach be given.

3. Alternative Options Considered

3.1 Not applicable

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 No consultation required.

6. Partnership Opportunities

6.1 All partners are asked to consider the barriers to breastfeeding outlined in this report and explore ways in which they can play a proactive role in protecting and promoting breastfeeding. It is suggested that this includes:

- a) Promoting the Breastfeeding Welcome Here Award to local businesses and venues via their networks.
- b) Promoting and engaging with the Infant Feeding Training for primary care
- c) Endorsing the introduction of a 'Baby Friendly Breastfeeding Guardian' role for each organisation (where relevant), as described in 2.33

7. Background Papers

The following links provide further information, context and evidence on breastfeeding.

- 7.1 Overview of strategies used by commercial formula manufacturers to target parents, health-care professionals, and policy-makers. [Breastfeeding 2023 \(thelancet.com\)](https://www.thelancet.com)
- 7.2 Overview of the evidence on the benefits of breastfeeding [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01024-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/abstract)
- 7.3 Effective interventions to increase breastfeeding prevalence [Why invest, and what it will take to improve breastfeeding practices? - The Lancet](https://www.thelancet.com)
- 7.4 The International Code of Marketing of Breastmilk Substitutes (the Code) is an international health policy framework to regulate the marketing of breastmilk substitutes in order to protect breastfeeding. It was published by the World Health Organization in 1981 and is an internationally agreed voluntary code of practice. <https://www.unicef.org.uk/babyfriendly/baby-friendly->

[resources/international-code-marketing-breastmilk-substitutes-resources/the-code/](#)

8. Appendices

- 8.1 Appendix 1 – Implications.
- 8.2 Appendix 2 – Derbyshire & Derby City Infant Feeding Strategy
- 8.3 Appendix 3 – Breastfeeding in Derbyshire infographic.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the benefits of breastfeeding and the actions within the Infant Feeding Strategy to increase prevalence and reduce inequalities.
- b) Provide ongoing support with strategy implementation, including with resolving barriers to progress should these occur.
- c) Use its influence and networks to promote the Breastfeeding Welcome Here Awards to venues and settings across Derbyshire.
- d) Endorse the concept of having a named 'Baby Friendly Breastfeeding Guardian' for relevant organisations across the Derbyshire system.
- e) Promote the Infant Feeding Training for primary care (where relevant).
- f) Agree to receive further progress updates and contribute to the infant feeding agenda.

10. Reasons for Recommendation(s)

- 10.1 The recommendations will support implementation of the Derbyshire and Derby Infant Feeding Strategy.
- 10.2 Supporting breastfeeding is key to the prevention agenda and fundamental to giving children the best start in life. Increased breastfeeding prevalence will improve population health outcomes for both women and children and will support a reduction in health inequalities.

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Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 The Infant Feeding Strategy aims to enhance systemwide understanding of local health inequalities relating to breastfeeding. Breastfeeding prevalence and inequalities data can be used to support systemwide work to focus efforts and meet local need for groups identified as being at higher risk of poorer outcomes.

Partnerships

5.1 Health and Wellbeing Board knowledge of the Infant Feeding Strategy will maximise the reach and the impact of the associated actions.

Health and Wellbeing Strategy Areas of Focus

6.1 This report directly concerns the priority of:

- Area of Focus 4: Tackle child poverty and enable children and young people in Derbyshire to start well.
- Area of Focus 2: Support good mental health for both parent and child
- Area of Focus 1: Tackle the four main risk factors that lead to poor health-in this case infant diet and nutrition.