North Tyneside
Breast
Feeding
Strategy





2021 - 2025

The North Tyneside Health and Wellbeing Board is responsible for this strategy, which has been developed with its representative partners in partnership with the Healthy Weight Alliance.



























As Chair of North Tyneside's Health and Wellbeing Board I am delighted to introduce the new Breastfeeding Strategy 2021-2025 for our Borough.

The Strategy is extremely welcome, and it will support the Health and Wellbeing Board's vision to create a healthier, fairer future for North Tyneside. Breastfeeding helps to give babies the best start in life, with overwhelming evidence that it also plays a critical role in narrowing health inequalities within communities.

As the strategy clearly conveys breastfeeding delivers so many benefits to both mother and baby. However, whilst breastfeeding is a natural process, I know from personal experience it's not always easy. Mothers need support – both to get started and to sustain breastfeeding. We need all our communities to be well informed and supportive of breastfeeding.

Whilst a lot of support is available to new mothers, there is still much more to do if we are to create a more enabling environment and address some of cultural norms around breastfeeding in North Tyneside. We know that fewer than half of all North Tyneside mothers are still breastfeeding their baby by the six-to-eight-week health check.

I'm extremely pleased that this strategy considers breastfeeding as a public health issue and sets out the strategic direction to protect, promote, support and normalise breastfeeding.

It's vital that we do not regard breastfeeding as an individual issue that is solely the responsibility only of mothers. We must remove the barriers that stop successful breastfeeding, for example, we need to ensure that our shops and restaurants are breastfeeding friendly and ensure that our workplaces have breastfeeding-friendly policies.

Given the wide-reaching and long-lasting benefits of breastfeeding, we must all commit to the challenge and vision laid out in this strategy. I'm confident that we can deliver the aims of this strategy by working with our partners to foster a culture which is positive about breastfeeding. Working together we can help increase the number of babies who are breastfed and give them the best possible start. If we do achieve this ambition, we will have better health outcomes for children today and for generations to come.



Councillor Karen Clark
Cabinet Member for Public
Health and Wellbeing



This strategy details improvement of services which make a difference to mothers, babies, and families within North Tyneside to support and normalise breastfeeding.

This strategy is for health professionals, public health, education, voluntary sector, and public and private sector partners. This strategy is also for the families of North Tyneside.

We acknowledge not every mother will choose or be able to breastfeed their infant. Support is available for all mothers regardless of feeding method.

The term woman or mother is used within this document however, we understand individuals my use different terminology when referring to providing human milk to their infants. Transgender and non-binary people may provide human milk to their infants this is sometimes referred to as chest-feeding this strategy is inclusive to all.

Breastfeeding is a natural 'safety net' against the worst effects of poverty ... Exclusive breastfeeding goes a long way toward cancelling out the health difference between being born into poverty and being born into affluence ... It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born."

James P. Grant, Executive Director of UNICEF (1980-1995)





Protecting and promoting breastfeeding is everyone's business

Breastfeeding promotes health, prevents disease, saves lives and contributes to reducing a broad range of inequalities. There are benefits for babies, mothers, the wider family, society, the environment, and cost savings for services.

This strategy sets out how to support agencies and the borough to promote, protect, normalise, and support breastfeeding as the optimal way to feed babies.

The strategy will set out the services and support available in the borough, the action plan, offers and what North Tyneside aims to do to continue improvement and progression of service provision to offer the right support at the right time.

The key motivating factors for the breastfeeding strategy are:

- Breastfeeding contributes to reducing infant morbidity and mortality
- Breastfeeding contributes to reducing childhood obesity
- Breastfeeding contributes towards reducing a broad range of inequalities in health

In brief North Tyneside's breastfeeding strategy aims to

- Support more mothers to initiate breastfeeding
- Support more mothers to continue breastfeeding
- Identify locality areas with low uptake and target services accordingly
- Normalise breastfeeding and promote a positive breastfeeding friendly culture

The Evidence

Human milk provides absolutely everything a baby needs for healthy growth and development in the first 6 months of life. Beyond 6 months it promotes health and well-being alongside baby being provided healthy foods. Exclusive breastfeeding (giving a baby nothing other than human milk and necessary medications) is recommended for the first 6 month of life, beyond this breastfeeding is recommended until 2 years or until the mother and baby want to stop. Human milk has been linked to positive health. educational and social outcomes as well as reducing the risks of:

- Infant illness and death
- Childhood obesity
- Health and social inequalities
- Gastroenteritis (tummy bugs)
- Ear infections
- Chest infections
- Urinary tract infections
- Sudden Infant Death Syndrome (sometimes known as cot death)
- Allergies
- Diabetes
- Raised blood pressure
- Childhood leukaemia
- Cardiovascular disease
- Tooth Decay

The evidence base for the value of breastfeeding can be found by searching the UNIEF Baby Friendly Initiative and going to their 'Research' page.

The Evidence

Mother

For the mother breastfeeding reduces the risk of breast, uterine (womb) and ovarian cancers. A positive breastfeeding experience is also linked to a reduced risk of postnatal depression and enhances maternal self-efficacy and self-confidence.

Baby and Mother and/or Main Carer

A responsive parent-infant relationship provides the basis for better long-term outcomes with a greater likelihood of breastfeeding initiation and duration. If the parent can think about the baby as an individual, with their own needs parenting is more likely to be attuned. Supporting the development of a responsive parent infant relationship is a high priority for all babies, with benefits from responsive bottle feeding for both mother/main carer and the introduction of solid foods also being valued. Responsive feeding and responsive parenting have a positive impact on infant brain development and mental health.

Environmental Cost

Not breastfeeding has a significant environmental cost from the impact of the production, distribution, and packaging of infant formula. 550 million infant formula cans, comprising 86,000 tons of metal and 364,000 tons of paper are added to landfills every year.

Financial cost

There are cost implications to the family, and the health care system of formula feeding. Estimated costs of admissions for babies with illnesses which could be reduced by breastfeeding amount to an estimated £50 million per year nationally in the UK.

National Policy

The Public Health Outcomes Framework identifies 2 outcome indicators which relate to breastfeeding:

Breastfeeding initiation

Data relating to breastfeeding status after birth is now captured and reported by NHS Digital via the Maternity Services Data Set (MSDS).

The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk. (NHS Data Flows for Commissioning, NHS England, 2019)

Breastfeeding continuation at 6-8 weeks

The 6-8 week breastfeeding data is published by NHS Digital through the Children and Young People's Health Services (CYPHS) Dataset.

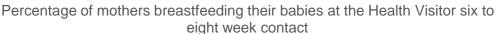
- Totally breastfed is defined as infants who are exclusively receiving breast milk (this may be expressed breast milk) at 6 weeks of age – that is, they are NOT receiving formula milk, any other liquids or food.
- Partially breastfed is defined as infants who are currently receiving breast milk (this may be expressed breast milk) at 6 weeks of age and who are also receiving formula milk or any other liquids or food (NHS Data Flows for Commissioning, NHS England, 2019)

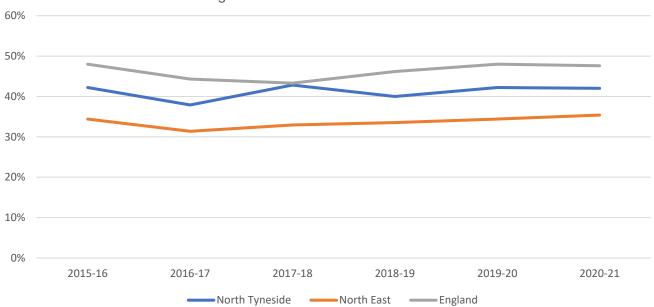
This is measured at the statutory 6-8 week visit by the Health Visiting team.

- NHS Longterm Plan (2019) Chapter 3:
 Further progress on care quality and outcomes, supports implementation of the UNICEF Baby Friendly Accreditation (3.18)
- Better Births (National Maternity Review, 2016) identifies a 'need for improved support in breastfeeding,' with many mothers reporting that they had received conflicting information.
- The Healthy Child Programme (DoH, 2009) identified breastfeeding as a protective factor in early identification of need and risk.
- The 'Overview of the six early years and school aged years high impact areas' are all impacted by breastfeeding, with 'breast feeding (initiation and duration)' as priority 3 (PHE, 2016).
- NICE guidance (2008) endorses services which enable breastfeeding, National Institute for Health and Clinical Excellence Public Health Guidance 12: Maternal & Child Nutrition
- UNICEF UK: 'Developing a Breastfeeding Strategy' as part of the Baby Friendly Initiative.
- Closing the gap: Priorities for essential change in mental health – Department of health 2014
- 1001 Critical Days a cross party manifesto Wave Trust highlights the importance of early intervention.
- Children's Healthy Weight Strategy 2017-2020 National Guidance Documents identifies the role of breastfeeding and responsive feeding as key to reducing childhood obesity.

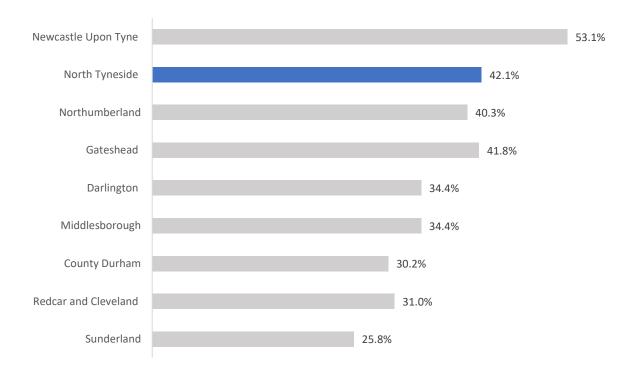
Local Policy

Local policy echoes the main components of those nationally. Prevention is widely recognised as a priority for all health and wellbeing improvement plans in particular the Health and Wellbeing Board. North Tyneside's joint health and wellbeing strategy 'Equally Well' has a focus on reducing health inequalities and a key priority is promoting the Best Start in Life.





Breastfeeding rates at 6-8 weeks 2020-21



Where are we now

This section sets out statistical information regarding breastfeeding rates nationally and locally. Breastfeeding rates in North Tyneside remain below the UK average at 6-8 weeks. However, rates in North Tyneside are the second highest in the North East region.



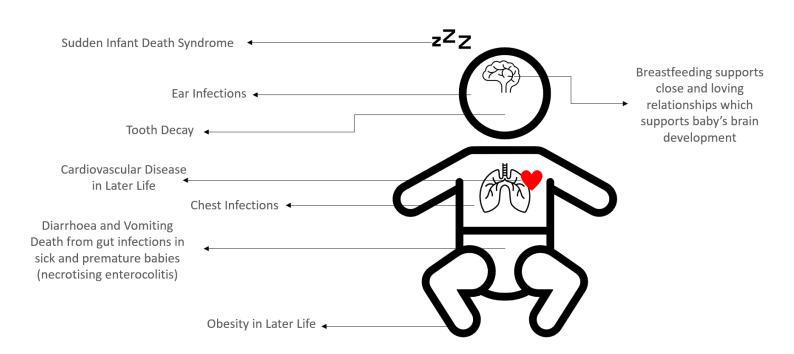
In North Tyneside 42.1% of babies are receiving breast milk at 6-8 weeks of age (2020/21)



In the North East 35.4% of babies are receiving breast milk at 6-8 weeks of age (2020/21)



In the England 47.6% of babies are receiving breast milk at 6-8 weeks of age (2020/21)



Midwifery Services

Maternity services are commissioned by Northumbria NHS trust. The trust provides antenatal, intrapartum, and postnatal care to families across North Tyneside and Northumberland.

Within the trust there is a designated full time Infant Feeding Coordinator.

Maternity services currently do not have UNICEF Baby Friendly Initiative accreditation at the time of writing, however, are working towards Stage 2 accreditation.

A frenotomy (tongue tie) service is offered by an Advanced Neonatal Nurse Practitioner alternate Fridays. Breastfeeding support is followed up by the Midwifery and Health Visiting team dependant on the child's age.

The midwifery service offers virtual antenatal sessions on preparation for birth, postnatal care, physiotherapy and breastfeeding in the early days.

Health Visiting/0-19 Service

The 0-19 Children's Public Health service is part of North Tyneside Councils service The Health Visiting service is accredited to UNICEF BFI Achieving Sustainability (GOLD) award.

There is an infant feeding coordinator (Registered Midwife and Board-Certified Lactation Consultant) in the 0-19 service.

Universally, all families are offered an antenatal contact by letter or appointment after 28 weeks of pregnancy. Infant feeding is explored, information given, and support offered during this visit.

Health Visitors visit families with new babies at 10-14 days. Infant feeding is again visited, with support for breast feeding offered. The other mandated visits are at 6-8 weeks, 9-12 months, and 2-2.5 years. All contacts offer support around the importance of the parent infant relationship and how this benefits responsive feeding.

During the 10-14 day visit (birth visit) a breastfeeding assessment is carried out (if the mother is breastfeeding) using the UNICEF Baby Friendly Initiative Breastfeeding Assessment Tool.

Support is also given for responsive and safe bottle feeding. All families are given support and information regarding responsive parenting and relationship building.

The 0-19 service offer virtual infant feeding sessions online. There are sessions for pregnant mothers and their partners, a breastfeeding drop-in session, a feeding out and about and return to work and study and introducing solid foods session.

The service also offers targeted early infant feeding telephone support. In the days following discharge from hospital mothers are offered telephone contact to support with feeding and signpost to resources. There is also a rapid access feeding clinic which GP's and midwives can refer mothers and babies to.

The 0-19 service work closely with VODA to facilitate peer support to reduce parental isolation and support parenting and feeding.

Children's Centres

Part of North Tyneside Council's Early Help Service, practitioners are based in children's centres and customer first centres. They deliver groups and sessions to families with an emphasis on relationship building through play. Early Help and Family Partners work in close collaboration with the 0-19 Health visiting teams.

Current Gaps in Feeding Support

The delivery of this strategy depends on services working closely with families to fully resource breastfeeding support. Currently gaps exist despite offering a good level of support.

The midwifery service is essential in supporting the initiation and continuation of breastfeeding, currently maternity is being supported by the Local Maternity Systems to achieve BFI accreditation.

Community support cannot be undervalued, accreditation of the children's centres and training of early help partners would enable better access and support for priority groups.

The vision section of this strategy sets out what we need to improve breastfeeding uptake and support in North Tyneside.

What we would like

The vision for North Tyneside is that we have a breastfeeding friendly borough. We would like mothers and their families to feel supported in pregnancy to explore their thoughts about infant feeding. We would like all mothers to be able to offer the first feed as a breastfeed and feel supported to continue to breastfeed. We would like there to be a collaborative joined up approach throughout all services families encounter so there are consistent messages. We would like mothers and their families to know how and where to access the right support at the right time to continue breastfeeding. Our vision is one where mothers know that they will be able to comfortably breastfeed their baby outside of the home and feel supported by others to do so.

Breastfeeding will be the normal and expected way for a baby to be fed where possible.

Our vision goes beyond this, to ensure schools and further education incorporates positive messages around breastfeeding and responsive parenting from nursery and beyond, so when young adults think about having a baby, breast feeding is a normal and supported option.

North Tyneside's Breastfeeding Strategy is upheld by 4 pillars of: Protecting, Promoting, Supporting and Normalising Breastfeeding. These form the vision and the guiding principles of the Breastfeeding Strategy.

Protecting Breastfeeding

Promoting Breastfeeding

Supporting Breastfeeding

Normalising Breastfeeding

Breastfeeding Environment

- Awareness
 across the
 borough to
 uphold the
 International
 Code of
 Marketing
 Breastmilk
 Substitutes,
 ensuring there
 is no formula
 advertising
- Businesses have breastfeeding policies for staff and the public
- Breastfeeding in public is welcomed.
 Breastfeeding is advocated for across the borough

Breastfeeding Mothers and Others

- Mothers, pregnant people and families are given the right information, at the right time, in the right format- to promote breastfeeding and understand the value
- All public places are welcoming places to breastfeed with images visible in various formats and settings

Breastfeeding Systems

- Wider partners trained in breastfeeding support and there is a skilled workforce across the borough
- Clear communication n channels between professional and voluntary sectors
- Support and maintain a breastfeeding peer support model

Breastfeeding Society

- Strategic actions to shift cultural norms
- Multi agency commitment to collaborate in a wider societal change to normalise breastfeeding
- Collaborative communications strategy
- Breastfeeding seen as the socially and biologically normal way to feed babies

The 4 pillars of the breastfeeding strategy are underpinned by the firm foundation of supporting the parent infant relationship for all parents and babies.

Objective	Actions	Target/Measure	Timescale	Responsible Body
1. Protecting Breastfeeding. A breastfeeding Environment	Informed Society			
	Support businesses and organisations that have contact with families across the borough to be aware of and adhere to the International Code of Marketing of Breastmilk Substitutes	No reports of formula advertising	Continuous	Individual organisations
	Businesses and organisations across the borough support breastfeeding for: 1) staff returning to work, and 2) public using the premises	Improved public awareness	Continuous	Individual organisations
	Promotion of a borough wide 'Breastfeeding Welcome' scheme	Businesses register with Breastfeeding Welcome scheme	Staged over length of strategy	
	All professionals and organisations borough wide working with families are familiar with the basic principles of supporting responsive parenting, responsive feeding and relationship building.	Training accessed	Continuous	Individual managers and Infant Feeding Lead

Objective	Actions	Target/Measure	Timescale	Responsible Body	
2. Promoting	Informed Society and Professionals				
Breastfeeding. Breastfeeding mothers and others	NTC health professionals and organisations working with pregnant mothers and families are trained to provide support and signpost to breastfeeding support services.	Training Audit	Continuous		
	Maintenance of NTC 0- 19 Service UNICEFF BFI Accreditation	Internal and UNICEF BFI Audit	Re- accreditation Oct 2023	IFC	
	Early Help and Childrens Centre Accreditation	Internal and UNICEF Audit	Over duration of strategy		
	GP's champion breastfeeding. GP Infant Feeding Champion. GP's aware of referral to MW and HV service. GPs aware of UNICEF Baby Friendly e- learning and how to access information on treatment of breastfeeding problems	Training Accesses	Duration of strategy	CCG Infant Feeding Lead	
	Pharmacies are aware of the benefits of the principles of the Breastfeeding Strategy and seek to uphold these in all areas of practice	Training Accessed	Duration of Strategy	Pharmacy Infant Feeding Lead	
	Launch of breastfeeding welcome programme	Launch	End of 2022		

Objective	Actions	Target/Measure	Timescale	Responsible Body
3. Supporting Breastfeeding. Breastfeeding Systems	Clear Communications and Pathways			
	North Tyneside integrated care breastfeeding referral pathway	Referrals reported quarterly	End 2024	Breastfeeding network members
	Peer support project implemented and established.	Quarterly reporting	Quarterly	0-19 Service and VODA
	6-8 week data feeding collection and data dissemination systems to identify target wards and to identify trends - inform what is working and what service improvements are needed	Quarterly reporting		Performance team

Objective	Actions	Target/Measure		Responsible Body
4. Normalising Breastfeeding. Breastfeeding Society	Shifting Social Norms			Ī
	Communications strategy	Social media coverage	Bi-monthly meeting/Duration of strategy	Comms team and IFC
	Breastfeeding Welcome programme - Target – 5 key public spaces – 5 key employers - 15 further organisations	Sign up to scheme/register	Continuous	
	Early education materials represent breastfeeding as the norm	Training Accessed	Continuous	
	Responsive parenting and the importance of the parent infant relationship underpins all aspects of the Breastfeeding Strategy, supporting the shift of social norms to enable more people to have a greater understanding of babies need for responsiveness.	Training Accesses	Continuous	

Protecting Breastfeeding: A breastfeeding friendly environment

Breastfeeding Policy for North Tyneside Council Employees

The rationale for this piece of work was to promote and raise the profile of breastfeeding across North Tyneside Council with a policy to support staff continuing to breastfeeding when returning to work and to advise staff and managers of the value of breastfeeding, and support available to themselves, customers and visitors using council services. The policy is available for staff to access via the intranet and will be available in council venues for customers and visitors to access. Managers will be aware of the policy to discuss with staff when staff members are pregnant and when discussing maternity leave. Projected outcomes include.

- Increased awareness of the value of breastfeeding, the rights of breastfeeding women, the value of continued breastfeeding when returning to work, the ICMBS and the support available to breastfeeding women in North Tyneside.
- Increased support for women breastfeeding as staff, customers, and visitors in North Tyneside.
- Increasing the profile of breastfeeding being the optimal way to feed a baby and contributing to culture change in North Tyneside.

Promoting Breastfeeding – Breastfeeding Mothers and Others

0-19 Children's Public Health Service Achieving Sustainability UNICEF Baby Friendly Initiative

In February 2021 the 0-19 Children's Public Health Service achieved the highest level of award given to services that meet a holistic, child rights-based set of standards which provide parents with the best possible care to build close and loving relationships with their baby and feed them in ways to support optimal health and development. The award looks at four key areas detailed below are the findings of the assessors for the 4 key areas;

- Leadership There is strong knowledgeable leadership both within the Baby Friendly and management teams. The Infant Feeding lead is highly knowledgeable and very valued in the organisation resulting in an effective and innovative service. The Baby Friendly Guardian, the Director of Public Health is ideally placed to act as a guardian for the service and is ideally placed to advocate for baby friendly issues across the whole local authority
- **Culture** 95% of mothers reported staff were kind and considerate all of the time.
- Monitoring There are robust audit plans and action plans to monitor data
- Progression The service has provided babies, mothers, and families with a comprehensive package of care related to the BFI standards over a number of years. The service is innovative and meets the needs of residents

Supporting Breastfeeding; Breastfeeding Systems
Peer support proposal working with partner agencies.

When deciding whether to breastfeed or considering stopping, mothers tend to talk over concerns with close friends or family. Unfortunately, due a culture in the UK where few women breastfeed social networks often lack positive breastfeeding experience. Peer support aims to fill this gap by linking mothers who have parenting experience and providing training to mothers in their community.

Funding has been secured for the 0-19 team to work alongside VODA to commission a new peer support programme. Traditionally peer support has focused on support from breastfeeding however peer support is not moving towards supporting the parent-infant dyad with support around safe sleep, feeding, normal infant behaviour and responsive parenting. Peer support reduces parental isolation and gives new parents an opportunity to meet other parents in their community forming friendships which in turn supports parenting and parental mental health.

North Tyneside's Breastfeeding Strategy requires a collaborative approach at both a strategic and operational level if sustained improvement is to be achieved across the District.

The 3 overriding outcomes of this strategy to achieve by 2025 are:

- Increasing breastfeeding initiation rates to be closer to the UK average
- Increasing duration of breastfeeding at 6-8 weeks to be closer in line with national average
- Reducing the gap in breastfeeding prevalence between the most deprived wards and the North Tyneside average.

The actions to meet these outcomes are detailed in the Action Plan. This action plan sets out the strategic intent to build upon the firm foundations of existing good practice.



The aims of this Action Plan are to improve local breastfeeding rates by:

changing public perceptions and promoting positive attitudes towards breastfeeding;

supporting provision of appropriately skilled breastfeeding support at the right time in the right place

Supporting all mothers who chose to breastfeed including young mothers and those in low income groups.

North Tyneside's Breastfeeding
Strategy action plan sets out the
intention and aspiration to maintain the
UNICEF UK Baby Friendly Initiative
standards and highlights the integrated
working needed to achieve this. The
UNICEF Baby Friendly standards
focus on the interconnectedness of
systems and place at the heart of the
standards, and the relationship
between mother and baby.

The actions will be monitored quarterly via reporting systems to Public Health. The purpose of supporting existing work, identify barriers to breastfeeding, and work collaboratively to overcome these, thus supporting this strategy.

