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Scrutiny Report to the City Council

Children's nutrition – Mothers Who Wish To Breast-Feed

A Pilot Health Scrutiny Review

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Contents

	Page
1. Preface	2
2. Executive Summary	4
3. List of recommendations	7
4. Introduction	10
5. Membership and Terms of Reference	12
6. Method of Investigation and Critique of Methodology	13
7. Findings	
7.1 Health benefits of breast-feeding	15
7.2 Breast-feeding rates in the UK and Birmingham	16
7.3 Potential impact of increased breast-feeding rates in the City	17
7.4 Current barriers and issues	20
7.5 Measures to improve breastfeeding rates	30
7.6 Learning from best practice	34
8 Conclusion and Recommendations	36
9 ADDENDUM	
Evaluation of the review as a pilot health scrutiny	39
Recommendation for Health Scrutiny processes	41

Appendices

Appendix 1	Terms of reference and project plan
Appendix 2	List of people contributing to the review
Appendix 3	Analysis of research material - list of references
Appendix 4	Parents questionnaire
Appendix 5	Publicising the review – press releases
Appendix 6	Baby Friendly Hospital Initiative “10 steps” and “7-point plan”
Appendix 7	Scottish Executive – Employer’s Exemplar

1. Preface

**By Councillor Hugh McCallion
Chair of the Health and Social Services
Overview and Scrutiny Committee**



Children need a healthy start in life if they are to become healthy adults. Much of what we can do to improve children's health is about providing the right conditions for their growth and development. It is also about giving parents the support they need to bring up their children and protect them from ill health and disease.

This review is about one aspect of children's health – namely children's nutrition during the first year of life. It examines one aspect of preventive health care in which the local NHS has a vital part to play, for example, by encouraging and helping women to breast-feed their babies. The Government's document *Saving Lives: Our Healthier Nation*, states that women who breast-feed give their children the best start in life. A balanced diet in pregnancy and infancy is not only vital for the healthy development of the growing child, it also helps to protect health throughout adulthood.

The evidence contained in this report reveals that mothers who wish to breast-feed must be offered the right support from professionals and para-professionals, at the right time, and in the right place.

The current generation of mothers has far less support for breast-feeding than previous generations. Inexperienced relatives and friends, mis-information and myths about breast-feeding and issues such as earlier discharge from hospital, means that, sadly, far too many women who wish to breast-feed, give up within the first week of their baby being born.

It is concerning that overall rates of breast-feeding in Birmingham are lower than other parts of England, Scotland or Europe, and that progress on NHS policy measures to increase breast-feeding fall well behind other cities.

Yet as this review shows, if more women were encouraged and supported to breast-feed their babies, the benefits to infant health would be great. Too many infants are admitted to hospital each year with conditions such as gastro-enteritis (diarrhoea), respiratory and middle ear infections. Breast-feeding could help to protect many of these infants from such "preventable" illnesses and would be of particular benefit to those living in adverse conditions such as poverty.

The type of support that a family might need to help with breast-feeding will vary and will come from a variety of sources. However the NHS has a unique and vital role to play in providing practical help, advice and specialist support to mothers both during and after pregnancy. The NHS is also a first point of contact and crucial source of information about other support that is available within the community. We believe that more could be done by the NHS to train key staff, to adopt and adapt some of the newer models of family support which are already in existence, and to improve the level and quality of support which is provided to families.

Having said this, the promotion of breast-feeding is not just an issue for the NHS. It requires a fundamental change in attitudes and perceptions by both men and women, by grandparents, schoolteachers, community leaders, by the media and by employers. It also involves the creation of more public spaces and buildings that are “baby friendly” and not just “family friendly”. In brief, it is about creating the right social environment in which breast-feeding becomes the “norm”.

The Committee believes that the City Strategic Partnership, the City Council and the NHS have to work together in providing strategic direction and influencing the social agenda on policies that promote and sustain breast-feeding.

This report highlights some of the barriers and opportunities for change in supporting mothers who wish to breast-feed and makes significant recommendations to pave the way forward.

On behalf of the Committee I would like to express my thanks to the many parents who participated in the review - either by attending meetings / discussion sessions, or by completing our questionnaires. Their experiences have proved most valuable. We are also grateful to colleagues in the voluntary sector who gave up their time and enabled us to learn about the important role they play in supporting families and local communities. The co-operation of our health colleagues must be equally highlighted. They expressed great enthusiasm and willingness to participate in the review at a time when the new powers for health scrutiny had not been formally defined or established. The review has been a learning process for us all. Finally, but by no means least, we are grateful to Honorary Alderman Mrs Theresa Stewart who, as a co-opted member of the Health Scrutiny Sub-Committee, chaired the work of the review team.

To conclude, this review marks the beginning of the health scrutiny function. As mentioned earlier, children’s nutrition is only one aspect of the broader theme of children’s health. As health scrutiny becomes more firmly established, I am sure we can all look forward to further reviews of this nature being published.

A handwritten signature in black ink, appearing to read 'Hugh McCallum'. The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

2. EXECUTIVE SUMMARY

2.1 The Health and Social Services Overview and Scrutiny Committee initiated this review in June 2002. A review team, chaired by Honorary Alderman Mrs. Theresa Stewart carried out the investigations. The objectives of the review were twofold:

- to test an initial approach to health scrutiny prior to broader scrutiny of children's health and
- to assess progress on the implementation of a policy measure identified in the NHS plan by examining arrangements for supporting mothers who wish to breast-feed from a corporate and holistic perspective.

2.2 The main body of the report details the findings of the review team, whilst the evaluation of the review as a pilot health scrutiny exercise, is contained in the Addendum in section 9.

2.3 The broad conclusions of the review team are that:

- A healthy start at the very beginning of life is the foundation for good health throughout life and across generations. Infancy is a critical and vulnerable stage of a child's development where poor health can have lasting effects. Children's health and nutrition is inextricably linked with the health and well being of their mothers.
- Indicators of infant health such as birth weight are good markers of progress towards a healthier and fairer society in which more children have the opportunity to reach their full potential.
- Birmingham has poor indicators of infant health compared with other large metropolitan cities. Higher priority should be given to policies aimed at improving the health of mothers and infants. One of the simplest and cost effective measures that would protect children's health in infancy would be to increase the proportion of babies who are exclusively breast-fed for the first six months.
- Breast-milk offers greater nutritional benefits to children and has a long-term impact on their health and development. Some of these benefits include a reduced risk of illnesses and infections such as gastro-enteritis, diarrhoea, respiratory infections, middle ear infections and Sudden Infant Death Syndrome (SIDS). In 1995, the treatment of gastro-enteritis alone, in England and Wales, cost the NHS almost £35m. Costs for other illnesses would raise this figure considerably.
- Breast-feeding also has health benefits for mothers such as increased protection against breast cancer.
- A baseline survey commissioned by the Birmingham Health Authority and undertaken by NHS Trusts in 2000 estimated that the breast-feeding rates in Birmingham are at least 10% below the national

average. In 2000, the national average was 70%. The lowest rates were found in areas of poverty and social deprivation in the City. Breast-feeding rates are even lower in specific communities such as Pakistani and Bangladeshi women and teenage mothers. Children from these groups are at a higher risk of suffering from ill health and childhood infections;

- Whilst there is some national and international momentum for change to improve breast-feeding rates, the progress in Birmingham is still slow, relative to the need that exists. Whilst some parts of the local health care system have adopted best practice standards, others have yet to do so. Overall, despite the efforts of some highly committed individuals to work together, the approach has been fragmented and piecemeal.
- The Committee is of the view that Birmingham does not yet have a local strategy to increase breast-feeding rates or any way of measuring progress. Breast-feeding has been a low priority for the NHS in comparison with the pressure of other government-driven targets, and in recent years, little has been done to involve other partners in promoting the rights of mothers who wish to breast-feed.
- The new NHS Priorities and Planning Framework 2003-2006, contains a target for a 2% increase per year in initiation of breast-feeding rates, particularly focussing on women from ethnic minority communities and disadvantaged backgrounds. This presents a real opportunity to co-ordinate efforts, to refocus resources and to improve the skills and training of all those involved in the care of women and their infants. It also provides an opportunity to increase parental access to impartial information and advice.
- Without such efforts, a year on year increase in breast-feeding rates at birth and more importantly at 7 days and 6 weeks can not be achieved and Birmingham's children and their growth and development will remain at a distinct disadvantage.
- This report is therefore timely. If all the recommendations contained in the report are implemented, the Committee believes that within the next 5 years, breast-feeding rates and the indicators for children's health and well-being could be greatly enhanced.

2.4 The recommendations in the report have implications for the City Council as well as the NHS. The key areas for recommendation include the need for:

- an overall strategy to implement best practice standards in the health care system and to create more favourable conditions for breast-feeding in the City;

- IT systems to collect data and measure progress on breast-feeding as an integral part of the Child Health Surveillance System;
- consistency in the advice, support and guidance given to mothers by health professionals and other community-based staff, during the early stages of infant feeding. These stages are during pregnancy, at birth, in hospital following childbirth, at home following hospital discharge and in the community;
- a more systematic and sustainable approach to family support and community out-reach services, as well as parent education for women from disadvantaged backgrounds in the City, in particular Pakistani and Bangladeshi women, women with English as a second language, and single teenage mothers;
- a city-wide programme of training across the full range of health professionals and support workers who interact with mothers and their children;
- improving the culture and climate for breast-feeding in the City to ensure that women are supported and have access to facilities for breast-feeding both in public and at work;
- the introduction of mandatory training on breast-feeding on the pre-registration training curricula for midwives, health visitors and doctors both in local universities and at national level.

3. LIST OF RECOMMENDATIONS

The City Strategic Partnership

- R1 The City Strategic Partnership makes a commitment to work towards making Birmingham more “baby friendly” along UNICEF’s BFHI principles, by 2008, and for this work to coincide with the potential activities around the European Capital of Culture.

Birmingham City Council

- R2 The Chief Education Officer works with the health service to ensure that the school curriculum for promoting the personal, social and emotional development of children provides balanced information and references to breast-feeding.
- R3 The Chief Executive ensures that there is an audit of City Council buildings to check that they are accessible, inclusive and appropriate for the needs of breast-feeding women – both as members of the public and as employees, and that all facilities have appropriate signage.
- R4 The Strategic Director of Development, works with the City Strategic Partnership, Birmingham City Centre Trading and the Birmingham Chamber of Commerce to promote the Birmingham Annual Breast-feeding Awards as a way of encouraging more “baby friendly” premises in the City and the introduction of workplace policies and facilities for breast-feeding.
- R5 The Strategic Director of Development examines current legislation and planning guidance with a view to including provision for “baby friendly” facilities in the planning and design of new buildings.
- R6 The Chief Personnel Officer, in consultation with Trade Unions, produce a report outlining the development of a workplace policy to support Birmingham City Council employees who are returning to work following maternity leave and wish to continue breast-feeding their children, and that this forms part of the response to the Comprehensive Performance Assessment (CPA) findings around support for employees.
- R7 The Council supports the Chair of the Health and Social Services Overview and Scrutiny Committee in writing to the Secretary of State for Health requesting the development of a national strategy to promote breast-feeding in England along similar lines to practice in Ireland, Scotland and Wales.

The Birmingham and Black Country Strategic Health Authority

The Chief Executive of the Birmingham and Black Country Strategic Health Authority:

- R8 Emphasises the importance to PCTs and NHS Trusts in Birmingham, of setting local targets which include improving children's nutrition and in particular to increase breast-feeding rates both at initiation, and at six weeks after birth.
- R9 Provides information to the Committee in 12 months time on the performance of PCTs and NHS Trusts in achieving the government target of 2% increase in initiation rates, and on rates of breast-feeding at 6 weeks.
- R10 Ensures that local Delivery Plans address IT and workforce development issues in relation to achieving national targets on breast-feeding.
- R11 Works with medical and nursing institutions to explore ways in which standards of undergraduate and in-service training in infant feeding, and breast-feeding in particular, can be improved.
- R12 Invites the Workforce Confederation and Post Graduate Deanery to clarify their roles in providing strategic leadership and delivering consistent city-wide standards of training in infant feeding for midwives, health visitors, doctors and a range of para-professionals.
- R13 Encourages and actively promotes "baby friendly " workplace policies which enable NHS employees who wish to breast-feed to continue to do so upon their return to work as part of local policies for "Improving Working Lives".
- R14 Responds to the Health and Social Services Overview and Scrutiny Committee on the above recommendations by May 2003.

PCTs and NHS Trusts

- R15 The Directors of Public Health and Chief Executives of PCTs and NHS Trusts establish a joint "Breastfeeding Action Group" to raise awareness of the benefits of breast-feeding, and take forward a co-ordinated programme to increase rates of breast-feeding in the City.
- R16 The "Breast-feeding Action Group" works on behalf of PCTs and NHS in taking forward the recommendations of this review and for reporting back to the Health and Social Services Committee and the Birmingham Health Partnership on progress of the recommendations.
- R17 Directors of Human Resources and senior managers review current workplace policies and facilities for breast-feeding in NHS premises and

prepare a report for their Boards outlining what steps need to be taken to enable staff who wish to breast-feed to do so upon their return to work and to support breast-feeding mothers visiting or attending Birmingham hospitals.

PCTs

The Directors of Commissioning and Primary Care in PCTs:

- R18 Clarify their approach to the future provision, management and training of para-professionals such as Link Workers, Community Parents, Breast-feeding Buddies and Sure Start Outreach Workers.
- R19 Work with local communities to review the way NHS resources are being used to provide professional, para-professional and voluntary support to first time parents in the community, and ensure the development of a more equitable and sustainable model of family support which is accessible and tailored to the needs of all women who wish to breast-feed.
- R20 Improve the quality of data collected on breast-feeding, particularly at community level, and ensure that reliable and accurate IT systems are in place to monitor changes in baseline rates, breast-feeding rates by ethnic groups and by post-code.
- R21 Ensure that by 2006, each area of the City is served by a PCT which has achieved UNICEF's "Baby Friendly" Standards.

NHS Trusts

- R22 The Chairman and Chief Executives of Heartlands and Solihull Hospital, City and Sandwell Hospital and the Women's Hospital NHS Trusts, oversee progress towards achieving UNICEF's "Baby Friendly" Standards by December 2006.
- R23 Heads of Midwifery Services identify the budget required to achieve UNICEF's "Baby Friendly" standards.
- R24 The Medical Directors and Directors of Midwifery ensure that all parents with special needs or who are unable to speak English and who wish their infant to be breast-fed, are offered additional advice and access to support with breast-feeding – at ante-natal classes, on the post-natal ward and upon return home.

Recommendation on the evaluation of the pilot health scrutiny

- R25 That Council notes the evaluation of the processes used and lessons learnt during the pilot health scrutiny review and that these be used to guide the conduct of future health scrutiny reviews.

4. INTRODUCTION

4.1 In June 2002, at its first meeting of the municipal year, the Health and Social Services Committee received a presentation from Dr Jacky Chambers, Director of Public Health, Heart of Birmingham (teaching) PCT/ BCC. The presentation highlighted important areas of the health and social care agenda for the City and Children's Health was identified one of the key priorities. The theme is included in the City's Community Strategy and consists of many components including children's nutrition, emotional and behavioural problems, and high rates of death and disability in babies.

4.2 Around the same time, the Committee initiated preparations for implementation of new powers for health scrutiny, which were due to come into force in January 2003. Members of the Committee agreed that children need a healthy start in life and that children's nutrition was an area where their work may be able to add value. A particular component of children's nutrition related to the support and provision for mothers who wish to breast-feed and this was selected as the subject for pilot health scrutiny. Other aspects of children's nutrition such as childhood obesity, vitamin D deficiency, iron deficiency and the increase in rickets might be considered for review at a later stage.

4.3 Over recent years the World Health Organisation (WHO) and UNICEF have spearheaded campaigns to promote more nutritional feeding practices in children to combat malnutrition, poor health and reduce infant death. The WHO Global Strategy for Infant and Young Children Feeding states that:

"Nutrition is a crucial, universally recognised component of the child's right to the enjoyment of the highest attainable standard of health as stated in the Convention on the Rights of the Child. Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health. Women, in turn, have the right to proper nutrition, to decide how to feed their children, and to full information and appropriate conditions that will enable them to carry out their decisions. These rights are not yet realised in many environments".¹

4.4 The WHO Global Strategy further supports breast-feeding as one of the most nutritional forms of infant feeding. Furthermore, the Independent Inquiry on Inequalities in Health² also highlights the importance of policies which protect infants from early adverse influences, of which breast-feeding is one.

4.5 Similarly, the NHS Plan (July 2000) sets out a requirement for the NHS to target resources more effectively to ensure that children in poverty have access to a healthy diet, increased support for breast-feeding and increased support for parenting. These policy documents, together with the

¹ Paragraph 3, WHO Global Strategy, 2002.

² Acheson, D. *Independent Inquiry into inequalities in Health*. 1998

poor infant health indicators for the City, provided an important context for conducting our review. The Committee wished to test whether the “right environment” exists in Birmingham, both to support mothers who wish to breast-feed, and to enable future generations of women and children to enjoy better health.

- 4.6 The review proved to be a unique opportunity to conduct a cross-cutting exercise and to learn about the styles and approaches that might be most receptive in working with health partners on health scrutiny. In accordance with Department of Health guidance on health scrutiny, the Committee worked from the premise of placing mothers and their families at the heart of the review.

This report details our findings.

5. MEMBERSHIP AND TERMS OF REFERENCE

5.1 An informal review team made up of members of the Health Scrutiny Sub-Committee carried out the review.

5.2 Members of the informal review team were:

- Honorary Alderman Mrs Theresa Stewart (Chair);
- Councillor Jagdip Rai;
- Councillor Nigel Dawkins;
- Councillor Margaret Scrimshaw.

Members of the Health Scrutiny Sub-Committee were:

- Councillor Hugh McCallion (Chair);
- Councillor Catharine Grundy;
- Councillor Jilly Bermingham;
- Councillor Bryan Nott;
- Councillor Jagdip Rai;
- Councillor John Hemming;
- Councillor Nigel Dawkins;
- Councillor Margaret Scrimshaw;
- Honorary Alderman Mrs Theresa Stewart (co-opted).

5.3 Dr Jacky Chambers, Director of Public Health, Heart of Birmingham (teaching) PCT/ BCC and Narinder Saggu, Namita Srivastava and Dawn Richards, provided officer support for the review.

5.4 The terms of reference for the review are set out in a proforma. This is attached, along with a project plan setting out the scope of the review, at **appendix 1**. In brief the aims of the review were to :

- to test an initial approach to health scrutiny prior to broader scrutiny of children's health and
- to assess progress on the implementation of a policy measure identified in the NHS plan by examining arrangements for supporting mothers who wish to breast-feed from a corporate and holistic perspective.

6 METHOD OF INVESTIGATION AND CRITIQUE OF METHODOLOGY

6.1 The review team met seven times between July 2002 and January 2003 and evidence was gathered from a range of sources. A list of organisations/ people who provided information for the review team's work is attached at **appendix 2**.

6.2 The review consisted of four stages :

Stage 1: Raising awareness about the review, considering existing research material and understanding the national/ local policy context.

Stage 2: Understanding parents' and user views, information on community/ local level issues including working with ethnic minority communities, breast-feeding in public and workplace policies.

Stage 3: Collecting information on support services and understanding operational issues in the NHS including NHS funded projects based in the community, the role of the voluntary sector and the role of breast-feeding co-ordinators.

Stage 4: Hearing from senior managers in the NHS and understanding issues for executive decision-making.

6.3 Existing research material on breast-feeding that was already available in the NHS, was analysed and considered in summary form by the review team. A reference list of this material is attached at **appendix 3**.

6.4 A questionnaire for parents was devised to obtain information about the experiences of mothers who wish to breast-feed, the type, quality and level of support they received and any barriers they might have faced. A copy of the questionnaire is attached at **appendix 4**. A drop-in session was also arranged for parents, elected members and staff working in the City Council and the NHS.

6.5 Letters were written to NHS Trusts, PCTs and breast-feeding co-ordinators in health clinics in order to raise awareness about the review and invite their involvement. Additionally articles were published in the Birmingham Voice inviting the involvement of parents and families. Copies of press releases are attached at **appendix 5**. The National Childbirth Trust (NCT) also circulated information about the review and the parents' questionnaire to its members via their monthly magazine.

6.6 Community-based site visits were conducted to ratify parent's experiences. These included:

- Poplar Road Health Centre, Kings Heath
- Sure Start, Edward Road, Balsall Heath

- Centre for the Child, Birmingham Central Library
- Birmingham Museum and Art Gallery
- Maternity Unit at City Hospital.

6.7 Finally, towards the end of the review, a light-touch telephone survey was carried out in order to evaluate the conduct of the health scrutiny pilot from the perspective of those who gave evidence.

6.8 Critique of methodology

Whilst efforts were made to cover as many issues as possible during the time available, the Committee acknowledges that there are some gaps in the review. These include the experiences, and provision of support to specific groups of mothers including women with disabilities or special needs, women with poor mental health including post-natal depression, mothers with infants who have disabilities or special needs, and newly arrived mothers who may be seeking asylum in the country. Support and provision of services to women who have given birth by Caesarean section was another area of concern and linked to this was the impact of surgical and medical interventions during pregnancy or childbirth that might result in breast-feeding being difficult to establish. Whilst these are important areas, the Committee was unable to undertake the in-depth analysis required within the timescale available.

7 FINDINGS

7.1 Health benefits of breast-feeding

7.1.1 The World Health Organisation (WHO) recommends that:

“Infants should be exclusively breast-fed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breast-feeding continues for up to two years of age or beyond”.³

7.1.2 Medical evidence indicates that breast-milk is the most natural form of nutrition for babies and delivers long-term health benefits both to babies and their mothers. It also indicates that babies who are breast-fed have a more active immune system and are at a lower risk of suffering from gastro-enteritis (diarrhoea), respiratory and urinary tract infections, necrotising enterocolitis (in pre-term babies) and middle ear infections. They may also have faster language and motor skill development, have a higher IQ at age 2 years, and be at lower risk of cot death or Sudden Infant Death Syndrome (SIDS).⁴

7.1.3 Breast-milk is also believed to offer a lower lifetime risk of Crohn's Disease, ulcerative colitis, some lymphomas (cancer of the lymph nodes) and, in girls, breast and ovarian cancer. Children who have been breast-fed are at lower risk of respiratory infections, asthma, eczema, insulin dependent diabetes and dental health problems.

7.1.4 Adults who were breast-fed as babies may have a lower risk of suffering from high blood pressure, obesity and high cholesterol levels.

7.1.5 Mothers who breast-feed are less likely to suffer from breast cancer. If all mothers breast-fed for at least 24 months of their total mothering period, the incidence of breast cancer could be reduced by 25%.⁵ In later life, women who have breast-fed their babies are at lower risk of breast cancer, ovarian cancer and hip fractures. Breast-feeding also delays the return of women's periods and helps them return to their pre-pregnancy weight.

7.1.6 In 1995, the treatment of childhood gastro-enteritis alone, in England and Wales, cost the NHS almost £35m.⁶ Costs for other illnesses would raise this figure considerably.

³ Paragraph 10, WHO Global Strategy, 2002.

⁴ Heinig, M.J & Dewey, K.G. Health advantages of breast-feeding for infants: a critical review. *Nutrition Research Reviews*. 1996.

⁵ Newcomb, P.A. et al. Lactation and reduced risk of pre-menopausal breast cancer. *New English Medical Journal* 330:81-87. 1994.

⁶ Department of Health. *Breast-feeding: Good practice guidance to the NHS*. 1995.

7.2 **Breast-feeding rates in the UK and Birmingham**

- 7.2.1 Breast-feeding rates in the UK are among the lowest in Europe. In 2000, 7 out of 10 babies (70%) were breast-fed at birth. However at the age of 4 months, only 27% of babies were being breast-fed. Much of this decline happens in the first week of birth when the numbers fall to around 56%.⁷ In many European countries, for example, Scandinavia, the breast-feeding rate is 99%.⁸
- 7.2.2 A baseline exercise commissioned by Birmingham Health Authority and undertaken by the NHS in 2000, revealed that breast-feeding rates in Birmingham are at least 10% below the national average. Furthermore, mothers from poor socio-economic backgrounds and those from some ethnic minority communities (e.g. Pakistani and Bangladeshi) are much less likely to breast-feed. The study showed that Asian mothers are more likely to breast-feed at birth than white mothers, however by the time they leave hospital, white mothers are more likely to be breast-feeding exclusively whilst Asian mothers are likely to have introduced artificial feeding and to have given up breast-feeding earlier.⁹
- 7.2.3 Table 1 shows breast-feeding initiation rates in Birmingham according to ethnicity in 2000. The figures are based on a sample survey of approximately 600 women who gave birth and were on post-natal wards over a two-week period during September 1999.

Table 1: Comparison of breast-feeding initiation rates in Birmingham according to ethnicity	
ETHNIC GROUP	BREASTFEEDING RATE (%)
White	51.2%
Black Caribbean	65.5%
Indian	50.0%
Pakistani	28.0%
Bangladeshi	29.4%
Other	40.0%
Source: Birmingham Health Authority. Breast-feeding Baseline study, 2000	

- 7.2.4 Breast-feeding rates according to social class were not available for Birmingham. However work undertaken by the Office for National Statistics on Infant Feeding in 2000 revealed that 77% of women from non-manual classes breastfed their children in comparison to 57% of women from manual classes.¹⁰
- 7.2.5 It is concerning that the Birmingham Health Authority survey from 2000 was the only source of baseline information, available to the Committee on breast-feeding rates across the City. More up-to-date and complete figures of breast-feeding rates based on routine data collection systems are not

⁷ Department of Health. *Infant Feeding Survey. 2000.*

⁸ UNICEF. *Towards national, regional and local strategies for breast-feeding. May 1999.*

⁹ Birmingham Health Authority. *Breast-feeding baseline study. 2000.*

¹⁰ Department of Health. *Infant Feeding Survey, 2000*

available for the City as a whole or by individual NHS Trust. At present, there is no mandatory requirement for local NHS bodies to set targets or measure their performance on breast-feeding rates in the City. However, the latest NHS Planning Guidance, "Improvement, Expansion and Reform: NHS Priorities and Planning Framework 2003 –2006", does contain a target for PCTs and NHS Trusts to "deliver an increase of 2% per year in breast-feeding initiation rates, focussing especially on women from disadvantaged groups". This is expected to take effect from April 2003. It does not, however, require PCTs or NHS Trusts to measure breast-feeding rates at 7 days and at 6 weeks. This is something that the Committee regards as essential if the impact of measures aimed at reducing the rapid decline in breast-feeding rates after birth are to be monitored.

- 7.2.6 The Committee noted that, some individual maternity units and community health visitors have their own systems for collecting data – either manually or electronically. South Birmingham PCT is responsible for managing the Child Health System for Birmingham on behalf of the City's other health services. This is a computerised registration system which records individual data and services provided via child health services and is reliant on GPs and health visitors completing and submitting information on paper. As this is not carried out systematically, data on breast-feeding may be as much as 60% incomplete. It cannot therefore be used to target resources and evaluate key interventions that may have been used. This is a major issue that needs to be addressed by PCTs, NHS Trusts and the Birmingham and Black Country Strategic Health Authority in terms of training, performance and future investment in IT.

7.3 Making a difference to children's health - Potential impact of increased breast-feeding rates in the City

- 7.3.1 Infant death rates in 2001, were higher in Birmingham (8.7 per thousand), compared to the national average (5.4 per thousand). They are nearly twice as high in areas that experience social and economic disadvantage. For example in Birmingham the range is between 2.5 per thousand in Sutton/ Four Oaks, to 13.6 per thousand in Edgbaston. (These figures are based on a five-year rolling average from 1995 to 1999 inclusive).¹¹ Death rates in infants around the time of birth (perinatal mortality) are known to be 60% higher amongst Pakistani and Bangladeshi groups than amongst the white population. Over the past 10 years infant death rates have declined slowly but as yet there is little evidence that the "health gap" between affluent areas and poorer neighbourhoods, or between the Pakistani and Bangladeshi communities and the white population has become less.¹²

¹¹ *Public Health Information Directory. 1999*

¹² *Acheson, D. Independent Inquiry into Inequalities in Health. 1998.*

- 7.3.2 The City also has a high rate of hospital admissions related to infectious intestinal diseases and diseases of the urinary system as shown in Table 2.
- 7.3.3 The protection offered to babies through breast-feeding can lead to significant cost savings in the treatment of some illnesses, as well as reducing the indirect human costs to families which result from anxiety, stress and the disruption caused by hospitalisation. It is estimated that for each 1% increase in breast-feeding at 13 weeks, a saving of £500,000 in the treatment of gastro-enteritis would be achieved and that a 5% increase in breast-feeding rates could save British hospitals £2.5 million every year.¹³
- 7.3.4 Estimates prepared by the Birmingham's Public Health Network indicate that if breast-feeding rates in Birmingham were increased to 90% as in some Scandinavian countries, more than 250 hospital admissions per year, of children under the age of 4 years, and 18 deaths a year from breast cancer could be avoided. There may also be a significant impact on the burden of ill health caused by diabetes.
- 7.3.5 Table 2 is a profile of the potential impact on children's health and mortality if breast-feeding rates in the City were increased from 50% to 90%. It assumes that all the evidence on breast feeding which suggests a decreased risk from various illnesses is reasonable and not confounded by social class.

¹³ Department of Health. *Breast-feeding: Good practice guidance to the NHS*. 1995

Table 2: Increasing breast-feeding rates in the City – profiling the impact

Benefits to children's health – (Source: Birmingham Public Health Network, 2002)			
Disease	Risk assessment	Numbers in Birmingham	Potential health impact by increasing breast-feeding rates from 50% to 90%
Cancer	Children breast-fed for at least 6 months are half as likely to develop cancer before the age of 15	10 under 15s died from leukaemia between 1995-99. Estimated total cancer deaths in this age group in this period is 20.	5 lives saved over a 5 year period amongst under 15s
Diarrhoea	3-4 month old children are 5.5.times more likely to be admitted to hospital with gastro-enteritis	An estimated 91 children under 1 year of age were admitted due to infectious intestinal disease in 1999 /2000	50 fewer hospital admissions per year in children under 1.
Diabetes	Children who receive cow's milk formula before the age of 2 months are twice as likely to develop diabetes	An estimated 30,000 people have diabetes.	8,000 fewer people with diabetes in the long term.
Sudden Infant Death (SIDS)	Non-breast-fed infants are almost 3 times more likely to be victims of SIDS than breast-fed infants	Estimated 8 deaths per year from SIDS amongst children under2.	3 fewer SIDS per year
Urinary tract infection	From birth to 6 months bottle-fed infants are 5 times more likely than breast-fed infants to contract urinary infections	224 admissions in the 0-4 age group in 1999 /2000 due to diseases of the urinary system	120 fewer hospital admissions per year amongst the under 4s.
Ear infection	3-4 month olds who have been breast-fed are 3.5 times less likely to have middle ear infections	Estimated 66 ear drainage operations in children under 1 in 1999 /2000	30 less middle ear operations per year in children under 1.
Acute Respiratory Infection (ARI)	Bottle fed infants are twice as likely to be admitted to hospital for ARI infections	210 infants (0- 4 years) were admitted due to pneumonia in 1999 /00	Approximately 60 fewer hospital admissions in the under 4 age group.
Benefits to maternal health			
Breast cancer	Breast-feeding for at least 3 months can reduce the risk of pre-menopausal breast cancer by one half	64 women in the 25-44 age group died from breast cancer between 1995 – 1999	Between 10-20 fewer deaths from breast cancer amongst 25 - 44 year olds over a five year period

7.4 Current barriers and issues to improving breast-feeding rates

7.4.1 Closing the generation gap

Since the 1930's and 1940's there has been a general decline in breast-feeding because of the commercialisation of formula milk. Following the social and economic changes of the post-war era (i.e. more working women and the increasing availability of processed foods), formula milk quickly replaced breast-feeding as the "norm". Despite overwhelming medical evidence about the benefits of breast-feeding over formula milk on children's health, at six weeks old, the majority of infants are bottle-fed by their mothers. This trend has been difficult to reverse.

7.4.2 There is now a "generation gap" which means that the mothers of today's generation of first time mothers are much less likely to have breast-fed than those who were mothers during the 1940s and 1950s. Along with other parenting skills, breast-feeding is a "learnt" behaviour and requires a set of skills, knowledge and techniques. In the past these skills were passed down between generations of mothers and families. Women could turn to their mothers and grandparents for emotional support and encouragement. Nowadays women are more dependent on health professionals such as midwives and health visitors for both practical support in learning how to breast-feed as well as re-assurance and emotional support.

7.4.3 However the health care system does not always promote successful breast-feeding and this is not an area of expertise with all professionals. Advice and practice which may undermine breast-feeding is widely reported, for example, formula milk bottles being offered to breast-fed babies on maternity wards at night. The type of support received by mothers from different professionals, especially doctors and GPs, may also be inconsistent, inaccurate or only provided when requested.

7.4.4 More than 80% of mothers, who gave up breast-feeding before their child was 4 months old, say they would have liked to have breast-fed for longer.¹⁴

7.4.5 Implementing best practice standards in the health care system

Implementing best practice in the health care system is an important part of any programme to promote breast-feeding as it helps to ensure that mothers who choose to breast-feed are properly supported through good professional practice. In recognition of the fact that there are variable standards of support in hospitals across the country and across the continent, in 1991, UNICEF launched the "Baby Friendly Hospital Initiative" (BFHI). The aim of this initiative was to ensure that all maternity units and hospitals became centres of expertise and support for breast-feeding. Through a process of accreditation, hospitals are able to demonstrate that their maternity services are delivering best practice standards for the care of mothers and babies. These standards are set out in UNICEF's "10 steps to Successful Breast-feeding" and involve the adoption of a policy on breast-feeding, introduction of training for all staff, organisational changes and changes in professional practice. Community-

¹⁴ Scottish Forum for Public Health Medicine: Breast-feeding Needs Assessment. 1994

based health services such as those provided by health visitors, community midwifery clinics, Sure Start areas and health centres can also be accredited, but against slightly different criteria and this is outlined in a “7-point plan”. The 10 steps and 7-point plan are both attached at **appendix 6**.

7.4.6 Since the BFHI began more than 15,000 facilities in 134 countries have been awarded “Baby Friendly” status. In many areas where hospitals have been designated “Baby Friendly”, more mothers are breast-feeding and children’s health has improved. Success stories include Cuba, where 49 of the country’s 56 hospitals and maternity facilities are “Baby Friendly” and where the rate of exclusive breast-feeding at four months has almost tripled in six years from 25% in 1990 to 72% in 1996.

7.4.7 Closer to home, Scotland and some British towns such as Croydon, have used “baby friendly “ principles to try and improve their breast-feeding rates. These are discussed in more detail in section 7.6.

7.4.8 Some Birmingham hospitals have also begun working to achieve these standards. There are 4 NHS Trusts in the City that have maternity facilities:

- Good Hope NHS Trust;
- Heartlands and Solihull NHS Trust;
- West Birmingham (City) and Sandwell NHS Trust and
- The Women’s Hospital NHS Trust.

The Children’s Hospital NHS Trust is a “specialist” resource. The Committee recognised that whilst this Trust doesn’t provide maternity services, it does provide infant-feeding services, including support for breast-feeding, to children in its care.

Out of the Trusts with maternity units, Good Hope NHS Trust is currently the only Trust to have achieved a “Certificate of Commitment” as a first step towards accreditation. According to the Trust, a previous application for accreditation was withdrawn due to the poor availability of data. Heartlands and Solihull NHS Trust is expecting to apply for a “Certificate of Commitment” in February 2003. Plans for West Birmingham (City) Hospital to apply for a “Certificate of Commitment” may have to be delayed until the merger with Sandwell Hospital is complete. The Women’s Hospital NHS Trust is working to achieve “Baby Friendly” standards and has developed links with many externally funded schemes to support breast-feeding. It is currently undertaking staff training around breast-feeding and anticipates applying for a Certificate of Commitment in 2004.

7.4.9 It is concerning that despite the BFHI standards being in existence since 1991, none of the NHS Trusts in Birmingham have yet achieved “Baby Friendly” status and the City appears to be falling behind other parts of the country. Furthermore, the role of the new Primary Care Trusts as purchasers with responsibility for improving service standards in NHS Trusts, and as part of future commissioning plans for maternity services, is as yet, unclear. The Committee acknowledged that PCTs were reviewing community-based

services for breast-feeding as part of their responsibilities for managing primary care. It was noted that only one PCT had a dedicated Breast-feeding Co-ordinator in post.

7.4.10 Based on the evidence presented to Members, the Committee believes that achieving “Baby Friendly” standards in all NHS Trusts in Birmingham would provide a strong focus for action across the city and could significantly increase breast-feeding rates by 10% over a 3-5 year period. The problems which many women experience could be avoided or resolved if there were more co-ordinated services from the NHS (in hospital and community settings) to support mothers during the first 7 – 10 days of giving birth. Local NHS bodies need to give a greater commitment to making this support available.

7.4.11 Training of health professionals

Three out of four NHS Trusts and 1 PCT in Birmingham have identified “Breast-feeding Co-ordinators” with overall responsibility for improving standards and making the changes to professional practice and to service delivery in order to achieve “Baby Friendly” accreditation. Others, for example the Women’s Hospital NHS Trust, have a “team” of staff working on improving service standards and are following an agreed action plan. Breast-feeding Co-ordinators are qualified midwives with a special interest and experience in breast-feeding. However most are not a totally dedicated resource and often their roles are combined with general parent-craft education and other clinical duties. The issues faced by the Co-ordinators include:

- lack of resources and sustained funding to undertake promotional work, public education and provide in-service training;
- difficulties in getting staff released for training and obtaining sustained funding for a city-wide training programme;
- the need to maintain city-wide collaboration on breast-feeding policies and practice;
- concerns about whether purchasers will maintain an interest in improving standards of breast-feeding given all the other competing demands and national targets;
- the lack of mandatory education and skills training on breast-feeding in the curriculum provided for student nurses, student midwives, medical students and health visitors by educational establishments ;
- poor and fragmented systems for the collection of data and statistics and lack of IT support to develop software which will provide this information;
- national commitment to driving up breast-feeding rates in England as compared with Scotland.

7.4.12 Having said this, many initiatives are being implemented in different parts of the City. For nearly 4 years, the Breast-feeding Co-ordinators have worked together to produce a professional handbook to support practice and help them deal with special problems. Demand for this handbook has been high both within and beyond Birmingham. However as yet it is not clear where the funding for continued reprints of this handbook will be found.

7.4.13 Similarly a Pan-Birmingham bid made to the Workforce Confederation in 2001, enabled each Trust to commission UNICEF to provide training for approximately 28 staff per hospital and Community Trust, in the current financial year, so that consistent standards of practice can be promoted and introduced. The Committee was concerned to learn that, in future, as a result of changing policies by the Workforce Confederation, the ability of professional networks of this kind to bid for Pan-Birmingham training in order to drive up standards will depend on all Trusts reaching a consensus about training priorities.

7.4.14 Additional support to mothers

There is growing evidence that additional peer support programmes provided by “lay people” with experience of breast-feeding can increase the number of women breast-feeding.¹⁵ In other countries such as Australia the role of these “para-professionals” is well established and every woman can expect to leave hospital with the name of a contact person to whom they can turn to, if they need help or reassurance.

7.4.15 The Committee was pleased to find that in some areas of the City, regeneration and external funding from Sure Start and SRB programmes had been successfully used to fund a number of “para-professionals” to support parents in the community. These “para-professionals” work alongside mainstream services such as Link Worker Services that have been established by the Specialist Community Trust and by NHS Trusts. The Breast-feeding Buddy Scheme, Family Support Initiative (Community Parents), Link Workers and Sure Start Outreach Workers provide support to first time parents in several areas of the City, particularly the area covered by the Heart of Birmingham (t) PCT. Their work includes supporting mothers at various stages of early parenting and until breast-feeding routines are established (e.g. before the birth of the baby, in community clinics, on hospital wards at the Women’s Hospital NHS Trust, following childbirth, after discharge and at home). Referral of mothers to Community Parents or the Breast-feeding Buddies Scheme is through the community midwife or health visitor, usually as result of contact at a local health clinic. The Committee was also pleased to learn that some of these para-professionals had successfully progressed into further training, education, and even employment with the health service.

7.4.16 Where these initiatives exist, the view of NHS providers is that they have contributed to improving breast-feeding rates, particularly amongst Pakistani and Bangladeshi women. At the Women’s Hospital NHS Trust, staff have observed that many more women from these communities are, throughout their pregnancy, expressing an intention to breast-feed. They believe that this is a direct result of the contact that Community Parents have had with these mothers in ante-natal clinics and in their homes. Both the Community Parents and the Best Buddy Scheme were initiated by the Heart of Birmingham Primary Care Group (before it became a Trust) and both work with the Women’s Hospital NHS Trust. Between 2001 and 2002, a 14% increase in the numbers of women breastfeeding was reported at the Trust.¹⁶

¹⁵ *Effective Health Care Bulletin*. July 2000

¹⁶ *Under 5s Programme Annual Report, Heart of Birmingham (t) PCT, 2002.*

- 7.4.17 The Committee commends this model of service as one that needs to be adopted more widely, particularly in neighbourhoods where breast-feeding rates are likely to be low. The community-based initiatives only operate in specific wards, or with certain NHS Trusts, or in geographical areas that have been able to draw on sources of external funding. Women in other areas of high need might receive little, if any support from services offered by “para-professionals”. There is an urgent need to address the issue of service equity, both in terms of professional staff and “para-professional” support, so that all mothers who need extra support are able to access it regardless of which part of the City they live in.
- 7.4.18 The Committee was also concerned to learn that, when these external sources of funding came to an end, there did not appear to be a coherent strategy within the NHS for picking up the costs and making use of the skills and experience of para-professional staff. Nor was it clear how they were to be integrated as part of local primary care or community midwifery teams.
- 7.4.19 Based on visits to local “mother and baby” clinics, the Committee felt there may be a need for PCTs and NHS Trusts to undertake a fundamental review of the way NHS resources are being used to provide both professional and lay support to first time parents in the community. Furthermore, unless additional money can be identified to continue to fund these kind of posts, there is a very real risk that valuable expertise will be lost.
- 7.4.20 It is important that any efforts by the NHS to mainstream para-professional support, should take account of the flexible, independent and community-orientated way this group of staff work. “Mainstreaming” this resource should not result in any loss of this newly developed and effective model of service delivery.
- 7.4.21 The support offered by voluntary organisations like the National Childbirth Trust (NCT) and the La Leche League is also very important. Both organisations campaign and work with other providers, particularly the NHS to improve services and social policies for parents. The NCT offers services to women regardless of how they feed their babies. Staff from this organisation are also able to provide services directly to NHS Trust maternity units. Examples of services available to mothers from the NCT includes organising activities where parents with babies can meet both socially and to give each other support with parent-hood, one-to-one support, home visiting from post-natal support workers and the provision of a 24-hour telephone helpline.
- 7.4.22 The telephone number of the NCT and a breast-feeding counsellor from the La Leche League is usually but not always given to new breast-feeding mothers upon their discharge from hospital. Some mothers that the Committee spoke to, said that contact and support from the NCT and the La Leche League had been their “lifeline”. The Committee believes that all new mothers should leave hospital with the telephone numbers of both the health professional and voluntary sector helpline whom they can contact and that this practice should be monitored.

7.4.23 Whilst other types of helplines also exist, for example, NHS Direct, the NCT expressed some concerns about whether staff were appropriately trained on how to handle breast-feeding queries. It believes there is a need to maintain consistency in the advice and information given to mothers on infant feeding through all such channels.

7.4.24 **Combating negative perceptions**

The commercialisation of formula milk and over-emphasis on bottle-feeding has resulted in breast-feeding being under-valued and its benefits going largely unrecognised. Major formula milk manufacturers spend around £12m per year on advertising their products to pregnant women and new mothers in the UK, whilst the Department of Health spends approximately £70,000 per year on promoting and supporting breast-feeding¹⁷.

7.4.25 In research conducted by Henderson et al on media representations of baby feeding, they found 170 visual representations of bottle-feeding, but only 1 of breast-feeding. Where breast-feeding was mentioned, there were 27 references to the problems associated with it, but only one to the potential difficulties of bottle-feeding.¹⁸

7.4.26 This imbalance of infant feeding promotional strategies gives rise to negative perceptions about breast-feeding and contributes to a problem of inconsistent and conflicting advice both within the health service and in society generally. It can also affect a mother's decisions to begin and/or continue with breast-feeding.

7.4.27 **Women's experiences as breast-feeding mothers**

As part of the review, the Committee spoke to and heard from over 70 mothers in Birmingham. It also conducted a small survey based on a questionnaire that was circulated to parent-craft classes and to women responding to articles in the Birmingham Voice newspaper (questionnaire attached at **appendix 4**). Furthermore, the Committee drew on the findings of a larger survey conducted in 1999, by the former Birmingham Health Authority.¹⁹

The main reasons why women chose not to breast-feed, gave up within the first few days of trying, or who gave up upon return to work were as follows:

- little awareness of the real benefits as well as “realities” of breast-feeding as compared with bottle feeding;
- lack of confidence and belief in their ability to give their babies enough milk;
- a perception that they had to ask for help if they wanted to breast-feed rather than that they had a right to receive it automatically;
- difficulties in understanding advice around infant feeding because of a lack of interpreting services.
- not enough time spent by professionals or by a person with experience, to help the mother to get the baby to latch-on properly;

¹⁷ Baby Milk Action. *Why the UK baby milk law must be changed*. Cambridge: Baby Milk Action. 1997

¹⁸ Henderson et al *Content analysis of British media portrayal of bottle-feeding and breast-feeding*. BMJ. 2000.

¹⁹ *Are mothers in Birmingham being encouraged to breast-feed by their midwives? Quality Fieldwork Study*, Birmingham Health Authority, March 1999.

- sense of pressure at home from relatives and partners to give up breast-feeding and opt for bottle-feeding so that family members can “share” feeding routines. Also some pressure to bottle-feed so mother can meet other demands particularly housework and looking after other children;
- embarrassment about having to breast-feed in front of others;
- sense of isolation and having to go somewhere private;
- lack of facilities at work and an expectation that return to work automatically meant giving up breast-feeding;
- not knowing where to turn for help or knowing what else was available following discharge from hospital, e.g. National Childbirth Trust, helpline numbers, community parents etc.

7.4.28 All mothers reported that the most important thing for them was to have early, focused, quality time with someone who could sit with them - for maybe up to an hour - to watch breast-feeding taking place and provide reassurance and practical advice. Those mothers that had received this kind of support from their midwives or from para-professionals were extremely positive about their experience and said it had made all the difference between giving up and being able to carry on and that it had helped them through the most critical stage of getting breast-feeding established.

7.4.29 Breast-feeding and women from ethnic minority communities and poor socio-economic backgrounds

As highlighted in Table 1 and indicated at paragraph 7.2.2, women from some ethnic minority communities, in particular Pakistani and Bangladeshi, and those from poorer socio-economic backgrounds, are less likely to breast-feed and their children are at a higher risk of suffering from childhood illnesses, in particular gastro-enteritis and respiratory illnesses.

7.4.30 The tendency to bottle-feed is contrary to practice in countries like India, Pakistan and Bangladesh where breast-feeding is the most common form of infant feeding. In the UK, some of the reasons why women from South Asian communities tend to bottle-feed rather than breast-feed relate to perceptions that:

- formula milk is nutritious because it is a “westernised” phenomena;
- bottle-feeding is a more “modern” practice;
- only poor people breast-feed.

7.4.31 The Committee noted that women from South Asian communities might also face some practical issues that make it difficult for them to begin or continue with breast-feeding when at home. These include the lack of support from family members, competing demands placed on some women e.g. balancing motherhood with family, household and work duties, and in some cases, mothers finding it awkward to breast-feed in the presence of male relatives.

7.4.32 Furthermore, there are some cultural myths that might inhibit women from these communities from breast-feeding. These include a belief that colostrum (a watery fluid that is present in the breast after childbirth), is unclean and

should not be fed to babies. Some Muslim women may also believe that they have to fast during Ramadan. However, religious quotations from the Quran show that breast-feeding women should not fast during Ramadan and can 'make-up' lost days afterwards. The Quran also highlights the importance of breastfeeding.

7.4.33 The Healthy Mother, Healthy Baby Initiative and the Family Support Initiative (Community Parents), both of which are based in the Heart of Birmingham (t) PCT, are working to dispel some of these myths and resolve the practical difficulties faced by women in South Asian communities. Their work includes the provision of bilingual resources to raise awareness about the benefits of breast-feeding, working with community leaders and religious groups and providing one-to-one support at home for breast-feeding mothers.

7.4.34 Financial support offered by the Government, through the Welfare Foods Scheme also causes some confusion and sends out contradictory signals to mothers from poor socio-economic backgrounds. The Scheme provides low-income mothers with a weekly voucher or milk token that can be used to purchase a tin of formula milk (worth approximately £7) or 4 litres of cow's milk (worth approximately £2.50). Similar benefits for pregnant women or breast-feeding mothers are not available. Sixteen and seventeen year old girls are not entitled to this benefit until the last eleven weeks of pregnancy and girls under sixteen are excluded completely. The Scheme discriminates against breast-feeding mothers and teenage mothers, however, the Government has recently issued a consultation document called "Healthy Start" which addresses some of these anomalies. The proposals aim to offer pregnant women and new mothers more choice about the nutritional support they wish to receive in the form of vouchers and effectively removes the disincentives for breast-feeding. It does not however create additional incentives for mothers to breast-feed.

7.4.35 Support for breast-feeding in public places

Breast-feeding mothers are a part of our society. However, all the mothers that the Committee spoke to said that they had experienced problems finding somewhere to feed in public. They had concerns about the lack of appropriate and hygienic facilities to enable them to breast-feed when out and about, for example, in retail outlets, shopping centres, restaurants etc. They also pointed out that quite often, they ended up having to use general toilets or toilets intended for disabled people and that most "mother and baby rooms" are either geared towards the needs of bottle-feeding mothers or just offer nappy-changing facilities. Sign posting and door signs leading to mother and baby rooms were also criticised because they tend to display a milk bottle rather than show a symbol depicting a baby being breast-fed.

7.4.36 In 1990, the Maternity Unit Breast-feeding Group from West Birmingham (City) Hospital NHS Trust initiated the Birmingham Annual Breast-feeding Awards (BABA). The main aim of this initiative was to promote breast-feeding in public places by awarding certificates to businesses and other establishments that had demonstrated that their "environment" was inclusive of the needs of breast-feeding mothers and their children. In conjunction with the NCT, the La Leche League and members of the BABA Committee, assessments were carried out on the nature, size, accessibility and hygiene of breast-feeding

facilities as well as the attitudes of staff. Certificates were presented at a prestigious awards ceremony and past winners have included Birmingham's City Council's Centre for the Child, Birmingham Museum and Art Gallery, Mothercare and Boots. The BABA initiative is dependent on volunteers, fund-raising and also sponsorship from individual organisations, including support from the City Council. The last awards ceremony took place in 2000.

7.4.37 The Committee was impressed by the work that had been done over the last 10 years, largely on a shoe string budget and only because of the enthusiasm of a few people committed to protecting the rights of women to breast-feed. This scheme is now in need of revival. It needs proper support through businesses and the establishment of policies on public areas. It also needs to be adequately funded, through for example, a small grants scheme.

7.4.38 **Workplace issues**

The needs of working mothers whose children are being breast-fed is a further area of concern. In 1990, the World Health Organisation and UNICEF adopted the "Innocenti declaration on the protection, promotion and support of breast-feeding"²⁰. This was a global initiative that recognised the benefits of breast-feeding and aimed to address some of the obstacles faced by breast-feeding mothers, including breast-feeding at work. The UK government was one of the 30 signatories that supported the declaration. The declaration set out operational goals for all governments to work towards by the year 1995. These included:

- appointing a national breastfeeding co-ordinator of appropriate authority, and establishing a multi-sectoral national breast-feeding committee composed of representatives from relevant government departments, non-governmental organisations, and health professional associations;
- ensuring that every facility providing maternity services fully practices all ten of the "Ten Steps to Successful Breastfeeding" set out in the joint WHO/UNICEF statement "Protecting, promoting and supporting breast-feeding: the special role of maternity services";
- taking action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- enacting imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

These breast-feeding rights can be interpreted in terms of :

- the right of a child to food security, optimum nutrition and the highest standard of health;
- the right of a woman to be supported in carrying out her role as a mother;
- the right of a woman not to be discriminated against in the workplace on the basis of pregnancy or maternity. (UNICEF 1990)

In the UK, the law does provide women workers with some protection whilst breast-feeding but this legislation is mostly about facilities for expressing and

²⁰ World Health Organisation, Geneva. 1989

storage of breast milk, rather than about the needs of the breast-feeding mother as an employee. The main pieces of legislation covering breast-feeding are:

- **Management of Health and Safety at Work Regulations 1999** - this requires employers to carry out a risk assessment for all pregnant, breast-feeding and post-natal women. Risks might result from working conditions (heavy lifting, extreme temperatures, long hours etc), physical, biological and chemical agents or infectious or contagious diseases.
- **Workplace (Health, Safety and Welfare) Regulations 1992 and European Union Pregnant Workers Directive** – these require employers to provide suitable facilities for women to breast-feed e.g. somewhere to rest/ lie down and somewhere to store breast-milk.
- **Sex Discrimination Act 1975** – a refusal to allow a woman to breast-feed, including expressing milk, may constitute indirect sex discrimination

7.4.39 Whilst this legislation exists, it does not cover the full extent of the needs of working mothers who are breast-feeding. These needs include the provision of appropriate information about support for breast-feeding, the provision of breaks and facilities for breast-feeding or expressing milk, and flexible working hours. Areas that need to be considered by employers include:

- the introduction of workplace policies to safeguard the interests of women employees who are breast-feeding. Information received from UNISON, revealed that currently there are no workplace policies either within the City Council, the NHS or in the private sector that relate specifically to breast-feeding;
- extended maternity arrangements - for example paid time off work for up to one year after the birth of the baby so that mothers can continue breast-feeding for as long as possible in accordance with WHO and UNICEF guidelines. Such arrangements are the norm in other some European countries such as France, Spain and Italy where mothers of children under 12 months are entitled to breaks and rest periods during the working day. Britain is making some progress in this area. Under new legislation expected to take effect in April 2003, all women will be entitled to 26 weeks paid maternity leave and will have an option to extend this with an additional 26 weeks unpaid maternity leave.
- enhanced family friendly policies – whilst it is recognised that the City Council offers better flexible working patterns than other organisations, information about breast-feeding, facilities for breast-feeding women and supportive attitudes amongst staff are not commonplace.

7.4.40 Establishing workplace policies can bring significant benefits for employers as well as families. Studies conducted in America (*Cohen et al, 1995*) show that family friendly policies increase staff morale and that mothers who have breast-fed their children are less likely to have time off work to care for sick children. The study compared maternal absenteeism and infant illness rates among a self-selected sample of breast-feeding and formula-feeding women in 2 organisations and concluded that, fewer and less severe infant illnesses and

maternal absences were found in the breastfeeding group. Of the 28% of infants who had no illnesses, 86% were breast-fed and 14% were formula-fed. One-day maternal absences were 3 times more common among mothers of formula-fed babies.

- 7.4.41 An “Employer’s Exemplar” outlining the types of support that employers can provide to breast-feeding women is attached at **appendix 7**.

7.5 Measures to improve breast-feeding rates

- 7.5.1 Establishing a City-wide strategy.** An effective city-wide strategy to promote breast-feeding and to support women to breast-feed successfully is an important intervention that could lead to improving breast-feeding rates in the City. It might include the following elements:

- the active promotion of breast-feeding;
- the provision of accurate information and a commitment to informed choice;
- more support for mothers who wish to breast-feed in the community and at home;
- establishment of best practice standards by the health care system;
- setting targets, auditing and monitoring progress towards them;
- support for women who wish to return to work after the birth of their baby and
- improved facilities for breast-feeding in public places.

Each of these elements is described in more detail below.

- 7.5.2 The promotion of breast-feeding, provision of accurate information and the commitment to informed choice.** Many mothers decide how to feed their babies before becoming pregnant. Some parents are disadvantaged if they are unable to access information in their preferred language. Providing clear effective information about the health benefits of breast-feeding at school age would increase the ability of future mothers and fathers to make informed choices when they are adults. Learning about infant feeding as part of the school curriculum could be an important way of counteracting some of the other influences which exist - for example the selling of “bottle-feeding dolls” to small children. The Committee was shown a trial “education pack” for distribution in schools and believes that more thought needs to be given to how education on infant feeding is undertaken as part of a curriculum for Personal, Social and Emotional Development in schools.

- 7.5.3** The portrayal of breast-feeding also needs to be better profiled in the local and national media. The Committee felt that it was important to keep-up the campaigns and editorial coverage which had been supported by the former Birmingham Health Authority and to use local media, newspapers, radio and television, and community events to promote messages about breast-feeding. However it was disappointing that more was not being done nationally in England to raise awareness, as compared with Scotland where there had been a major investment in publicity campaigns.

- 7.5.4 The Committee also felt there was a need for the City Strategic Partnership, the City Council, health partners and other organisations to work together to create a culture and climate for breast-feeding according to UNICEF's BFHI principles. (The BFHI accreditation currently only applies to health care establishments). It is believed there should be a commitment to do this over a period of 5 years, and possibly link this with the City's ambition to become the European Capital of Culture.
- 7.5.5 Efforts also need to be made to ensure that artificial feeding is not promoted via the health care system. This should involve an end to the promotion of breast-milk substitutes including company-sponsored material, whilst ensuring that accurate and impartial information remains available for mothers to enable them to choose the form of infant feeding that is right for them and for their child.
- 7.5.6 **Support for mothers.** Mothers who wish to breast-feed need to be able to access and be provided with the right support at the right time. This support includes consistent and accurate advice and guidance from health professionals as well as a range of written and audio-visual material. The stages where the right support can make a difference include:
- during pregnancy and at ante-natal/ parent craft classes when new mothers may be considering or deciding on how best to feed their child;
 - at birth to assist with initiation of breast-feeding;
 - in hospital, following child birth to ensure mothers are learning the correct breast-feeding techniques;
 - at home, following discharge from hospital to ensure breast-feeding is continuing;
 - in the community, to ensure that peer support and wider networks exist for mothers and their children.
- 7.5.7 These stages are like a sequential chain and it is important that support is co-ordinated and that safety nets exist between each transition period so that successful breast-feeding practices can be established.
- 7.5.8 Mothers who contributed to the review stated that the first 7 – 10 days after childbirth were often the most difficult in establishing breast-feeding techniques. They felt that the availability of peer support such as "Breast-feeding Buddies" or community parents, along with full, accurate and practical information about the reality of breast-feeding, could make all the difference to a mother's decision to continue or to stop breast-feeding. The Committee believes there is reasonable evidence of the benefits of this type of targeted family support to mothers who need it and that this model of service provision should be incorporated as an integral part of child health and family support services in future. PCTs and NHS Trusts in Birmingham should explore what scope there may for sustaining and developing these kinds of services within the resources available to them.
- 7.5.9 **Establishment best practice standards in the health care system.** UNICEF's Baby Friendly Hospital Initiative's maternity and community

accreditation schemes are designed to help those health professionals caring for mothers and babies to provide the highest possible standards of care. Where these standards have been achieved breast-feeding rates have risen. Implementation of UNICEF's 10 steps and the 7-point plan are both important in establishing this consistency. The Committee believes that these standards should be incorporated into PCTs purchasing policies for maternity care. Furthermore, the achievement of "Baby Friendly" accreditation in all NHS Trusts, and PCTs as provider organisations, would provide a common focus for action, foster a shared understanding amongst health professionals and managers about what is expected, and ensure that breast-feeding is accorded a similar priority by local NHS bodies.

7.5.10 The adoption of the "Baby Friendly" best practice standards by teaching institutions which provide education for student health and medical professionals, could also help to ensure that newly qualified staff are properly equipped to provide effective care in line with local hospitals and PCTs which might also be working to "Baby Friendly" standards.

7.5.11 Setting targets, auditing and monitoring progress towards them There is an important role for the Strategic Health Authority in performance managing NHS service standards and monitoring rates of breast-feeding in Birmingham. Programmes which are directed towards improving breast-feeding rates in Birmingham require sound information systems for targeting resources, and for measuring performance and progress towards targets. Currently NHS Trusts each have different computer systems to capture data and are using different definitions of "initiation" to breast-feeding. At least 2 Trusts are not able to analyse or report on their breast-feeding rates using these systems. It would appear that support for ensuring that maternity services are able to monitor performance on breast-feeding rates, has not been given the priority in terms of the IT systems that are required. This needs to be addressed by NHS Trusts and PCTs.

The current Child Health Surveillance System enables the collection and manipulation of data on a wide range of child health indices, however, the current input and quality of data collected from GP practices and health centres on breast-feeding rates is poor and current figures are therefore unreliable. The PCTs and NHS Trusts need to ensure that there are operational systems in place which can consistently measure performance in this area and that staff are trained and have incentives to use them appropriately.

7.5.12 Support for women at work and breast-feeding in public places

Breast-feeding rates in the City could significantly improve if, along with support to individual families, the wider social environment is conducive to breast-feeding. Some councils such as Derby, are working to protect the right to breast-feed in all their public areas and ensure that all their facilities follow UNICEF's "Baby Friendly" principles. Birmingham City Council, the NHS and other employers could also take steps to ensure that women returning to work are not subjected to working conditions or hours which prevent them from continuing to breast-feed their children. They could also consider providing facilities and allowing time-off work during the working day for women to express and store their breast-milk or alternatively feed their babies. The

Committee feels that the Council has a pivotal role to play in the planning and provision of appropriate facilities for breast-feeding in establishments used by the public and supporting the accreditation of these facilities through the BABA awards. The Council's leadership role with respect to the City Strategic Partnership means that it can also draw attention to the need to develop workplace policies (in the private and public sector) to support breast-feeding mothers who are returning to work. Through its links with businesses, the Chamber of Commerce, the Planning Department, the NHS and the voluntary sector, the City Council can help to establish more facilities in the City that are in accordance with UNICEF's "baby friendly" principles, and actively work towards turning Birmingham into a "baby-friendly" City.

7.6 Learning from best practice

7.6.1 Scotland. In 1995, only 55% of Scottish mothers were breast-feeding and the country was 13% behind the national average. The UK national average in 1995 was 68%. However, as a result of implementing a breast-feeding strategy and the adoption of "Baby Friendly" standards, Scotland's breast-feeding rates increased to 63% in 2000, whilst the UK national average only rose by 2 percentage points to 70%.²¹ This turn-around has been partly attributed to a national policy directive and clear targets set by the Scottish Executive. A national Scottish Breast-feeding Adviser was appointed and worked with a multi-disciplinary "Scottish Breast-feeding Group" in order to provide a focus for corporate activity to promote breast-feeding and work towards the achievement of national targets.

7.6.2 Wales. Since 2001, the National Assembly for Wales has had a strategy in place to increase its breast-feeding rates. Its breast-feeding rate at that time was 46%. The strategy encourages a variety of agencies – from midwives and health visitors to local authority services such as Education and Social Services to work together in spreading consistent messages about breast-feeding and to ensure adequate resources are in place for nursing mothers. The strategy sets out priorities for action in a range of areas including the monitoring and collection of data, the co-ordination of activity around breast-feeding by Strategic Health Authorities and the development of consistent standards of health care across NHS bodies. Their target is to increase rates of "intention to breast-feed" by 5% and increase rates of continuation of breast-feeding by 10% by the year 2005.

7.6.3 Croydon has successfully demonstrated a joint venture between Croydon Health Authority, Croydon Council, Health Trusts and Voluntary organisations in developing a co-ordinated approach to reduce health inequalities within the borough. A strategy to increase the numbers of women breast-feeding is currently in force and targets young, single mothers and women living in disadvantaged areas. Its aim is to ensure breast-feeding rates are made consistent across the whole borough over a ten-year period. A pathway for action has been developed which includes working with schools, working with new mothers during the ante-natal period, supporting mothers in a variety of

²¹ Department of Health. *Infant Feeding Survey, 2000.*

hospital-based and community settings and developing a whole-borough climate and culture for breast-feeding.

7.6.4 Derby City Council. Since May 2001, Derby City Council has been working to enhance the status of the City and promote it as “Family Friendly”. It has been working with businesses and other establishments used by the public, to ensure mothers have access to good breast-feeding facilities. A “Lord Mayor’s Pledge “ has been produced which offers an incentive for businesses to become more family friendly. In return, they can expect visits from the Lord Mayor and, in turn, greater publicity for the facilities they offer.

7.6.5 Birmingham. As referred to in paragraphs 7.4.15 and 7.4.16, good practice initiatives also exist in Birmingham. These include the Heart of Birmingham (t) PCT’s Under 5s Programme, the Mother to Mother Peer Support Programme (Breast-feeding Buddies Scheme), the Family Support Initiative (Community Parents) and the 7 Sure Start programmes which have their own breast-feeding targets. The professional handbook produced by Birmingham’s Breast-feeding Co-ordinators and the city-wide programme of training commissioned from UNICEF enhance these initiatives further. Voluntary sector organisations such as the La Leche League and the National Childbirth Trust are also very active in supporting mothers in the City. The UNICEF UK Baby Friendly Initiative has worked with the former Birmingham Health Authority and community groups to provide a range of audio visual materials in seven languages including CDs, leaflets and tapes for pregnant women and new parents. These materials are now widely in use and provided free of charge. Some of these materials dispel cultural myths that prevent women from breast-feeding during the first 3 days after childbirth.

8. CONCLUSIONS AND RECOMMENDATIONS

- 8.1 At the beginning of this exercise we set out to explore whether the “right environment” existed in Birmingham to support mothers who wish to breast-feed, and whether progress was being made on breast-feeding as a policy initiative in the NHS Plan. Our conclusions are that whilst some good practice initiatives exist in some parts of the City, there is still a lot of work to be done. The right environment, according to WHO and UNICEF standards does not exist in Birmingham and therefore children’s health and development is at a distinct disadvantage.
- 8.2 The NHS’s Priorities and Planning Framework 2003-2006, and the introduction of national and local targets for breast-feeding, provides a unique opportunity to change the current climate and drive forward a more focused agenda around tackling inequalities and improving children’s health and nutrition. However, the creation of targets alone is not enough. To measure and achieve progress against these targets requires management and support infrastructures, resources, training, IT systems and consistent standards of service. These are lacking in many parts of the health service.
- 8.3 Support for mothers who wish to breast-feed goes beyond the role of the NHS. It requires a wider public health approach to changing social attitudes and developing a culture and environment in which breast-feeding is seen as the norm for all families rather than something only practised by an “affluent” few. Breast-feeding is the most natural and healthy way of feeding babies. This must be recognised by society as a whole if we are to start meeting the needs of breast-feeding women – as parents, as members of the public and individuals who belong to a wider community, and as employees.
- 8.4 The City Strategic Partnership, the City Council, the voluntary sector and the health service should work together to promote the benefits of breast-feeding and counteract the negative culture that currently exists. In short, a whole-city approach is required to create a climate and environment that fosters a new and aspiring generation of breast-feeding mothers and families, who feel empowered to make a difference to the health and development of children in the City.
- 8.5 As a result of our investigations, the Committee’s has made significant recommendations for the City Strategic Partnership, the City Council, the Strategic Health Authority, PCTs and NHS Trusts.

The Committee recommends that:

The City Strategic Partnership

- R1 The City Strategic Partnership makes a commitment to work towards making Birmingham more “baby friendly” along UNICEF’s BFHI principles, by 2008, and for this work to coincide with the potential activities around the European Capital of Culture.

Birmingham City Council

- R2 The Chief Education Officer works with the health service to ensure that the school curriculum for promoting the personal, social and emotional development of children provides balanced information and references to breast-feeding.
- R3 The Chief Executive ensures that there is an audit of City Council buildings to check that they are accessible, inclusive and appropriate for the needs of breast-feeding women – both as members of the public and as employees, and that all facilities have appropriate signage.
- R4 The Strategic Director of Development, works with the City Strategic Partnership, Birmingham City Centre Trading and the Birmingham Chamber of Commerce to promote the Birmingham Annual Breast-feeding Awards as a way of encouraging more “baby friendly” premises in the City and the introduction of workplace policies and facilities for breast-feeding.
- R5 The Strategic Director of Development examines current legislation and planning guidance with a view to including provision for “baby friendly” facilities in the planning and design of new buildings.
- R6 The Chief Personnel Officer, in consultation with Trade Unions, produce a report outlining the development of a workplace policy to support Birmingham City Council employees who are returning to work following maternity leave and wish to continue breast-feeding their children, and that this forms part of the response to the Comprehensive Performance Assessment (CPA) findings around support for employees.
- R7 The Council supports the Chair of the Health and Social Services Overview and Scrutiny Committee in writing to the Secretary of State for Health requesting the development of a national strategy to promote breast-feeding in England along similar lines to practice in Ireland, Scotland and Wales.

The Birmingham and Black Country Strategic Health Authority

The Chief Executive of the Birmingham and Black Country Strategic Health Authority:

- R8 Emphasises the importance to PCTs and NHS Trusts in Birmingham, of setting local targets which include improving children's nutrition and in particular to increase breast-feeding rates both at initiation, and at six weeks after birth.
- R9 Provides information to the Committee in 12 months time on the performance of PCTs and NHS Trusts in achieving the government target of 2% increase in initiation rates, and on rates of breast-feeding at 6 weeks.
- R10 Ensures that local Delivery Plans address IT and workforce development issues in relation to achieving national targets on breast-feeding.
- R11 Works with medical and nursing institutions to explore ways in which standards of undergraduate and in-service training in infant feeding, and breast-feeding in particular, can be improved.
- R12 Invites the Workforce Confederation and Post Graduate Deanery to clarify their roles in providing strategic leadership and delivering consistent city-wide standards of training in infant feeding for midwives, health visitors, doctors and a range of para-professionals.
- R13 Encourages and actively promotes "Baby Friendly " workplace policies which enable NHS employees who wish to breast-feed to continue to do so upon their return to work as part of local policies for "Improving Working Lives".
- R14 Responds to the Health and Social Services Overview and Scrutiny Committee on the above recommendations by May 2003.

PCTs and NHS Trusts

- R15 The Directors of Public Health and Chief Executives of PCTs and NHS Trusts establish a joint "Breastfeeding Action Group" to raise awareness of the benefits of breast-feeding, and take forward a co-ordinated programme to increase rates of breast-feeding in the City.
- R16 The "Breast-feeding Action Group" works on behalf of PCTs and NHS in taking forward the recommendations of this review and for reporting back to the Health and Social Services Committee and the Birmingham Health Partnership on progress of the recommendations.
- R17 Directors of Human Resources and senior managers review current workplace policies and facilities for breast-feeding in NHS premises and prepare a report for their Boards outlining what steps need to be taken to enable staff who wish to breast-feed to do so upon their return to work and to support breast-feeding mothers visiting or attending Birmingham hospitals.

PCTs

The Directors of Commissioning and Primary Care in PCTs:

- R18 Clarify their approach to the future provision, management and training of para-professionals such as Link Workers, Community Parents, Breast-feeding Buddies and Sure Start Outreach Workers.
- R19 Work with local communities to review the way NHS resources are being used to provide professional, para-professional and voluntary support to first time parents in the community, and ensure the development of a more equitable and sustainable model of family support which is accessible and tailored to the needs of all women who wish to breast-feed.
- R20 Improve the quality of data collected on breast-feeding, particularly at community level, and ensure that reliable and accurate IT systems are in place to monitor changes in baseline rates, breast-feeding rates by ethnic groups and by post-code.
- R21 Ensure that by 2006, each area of the City is served by a PCT which has achieved UNICEF's "Baby Friendly" Standards.

NHS Trusts

- R22 The Chairman and Chief Executives of Heartlands and Solihull Hospital, City and Sandwell Hospital and the Women's Hospital NHS Trusts, oversee progress towards achieving UNICEF's "Baby Friendly" Standards by December 2006.
- R23 Heads of Midwifery Services identify the budget required to achieve UNICEF's "Baby Friendly" standards.
- R24 The Medical Directors and Directors of Midwifery ensure that all parents with special needs or who are unable to speak English and who wish their infant to be breast-fed, are offered additional advice and access to support with breast-feeding – at ante-natal classes, on the post-natal ward and upon return home.

9 ADDENDUM

Evaluation of the pilot review

- 9.1 One of the purposes of this review was to test an approach to health scrutiny. In undertaking its work, the Committee noted the co-operation and enthusiasm of health partners, voluntary organisations and parents to participate and provide evidence for the review. The subject matter was clearly one that was significant and relevant to health professionals at an operational and community level. The Committee believes it has been able to add value to this cross-cutting area by bringing together a range of perspectives and investigating the reasons why progress has been slow.
- 9.2 The different approaches and methodologies used during the review e.g. site visits, drop-in sessions, questionnaires and informal meetings allowed for a wide range of evidence to be gathered in a manner that was not judgmental or onerous on the participants.
- 9.3 Some of the learning points arising from the process include:
- those Elected Members, and officers of the City Council and NHS who were involved in the review, have a better understanding of how health scrutiny can work in practice;
 - there is a genuine interest and willingness of NHS partners and the voluntary sector to engage and contribute to the process;
 - the role of the public and their experiences of health services is vital to informing Member's views and efforts must be made to engage them constructively throughout the process;
 - Members need to be flexible and use a range of methodologies and approaches to gather evidence;
 - it is important to lay some early foundations and set the context for reviews so that health partners have sufficient time to plan and prepare their submissions. In doing so, a climate of trust, collaboration and "team-working" can be fostered from the outset;
 - having a "core group" of Members involved in the review throughout assisted in the whole team having a consistent understanding of the evidence being collected and the emerging picture in terms of our findings;
 - whilst this review was carried out within a specific timeframe, the actual work did entail an element of "learning about the NHS". Future reviews may need to build in time for development of knowledge about the subject matter as well as the process of gathering evidence.
- 9.4 Prior to its submission the Health and Social Services Committee, a draft copy of the review report was shared with a small group of representatives from the health sector in order to check the factual accuracy of the findings. Sending out the draft report to all the organisations which took part proved challenging because of very short timescales that were involved and the need to stick to Committee deadlines.
- 9.5 Whilst a proforma was completed at the outset of the review identifying implications for Member and officer time, with hindsight this was largely under-

estimated. Members actually met on 7 occasions and also undertook 5 site visits. Officer time for the review consisted of at least 20 days (including writing the report).

- 9.6 The breadth and nature of health organisations in the City was described by one health colleague as a “disparate health family”. In reviews such as this, there is a need for the City Council to link with a single NHS body who can co-ordinate the responses and progress on recommendations on behalf of other NHS organisations. In this case, the Strategic Health Authority seemed ideally placed.
- 9.7 In order to gain an understanding about the effectiveness of the process from the viewpoint of those giving evidence and the impact it may have had, a sample of participants were contacted by telephone as part of a light-touch survey. Impacts arising from the review included:
- a heightened awareness in some PCTs and NHS Trusts about the need for data collection and IT systems around breastfeeding and child health;
 - a heightened awareness within the NHS, about the need for coherence and clarity in the way organisational structures and funding streams can be combined at an operational level, in order to support community-based work;
 - greater awareness amongst different parts of the health service about the initiatives operating in the various parts of the City and how they can access and develop links with them;
 - greater profiling of breast-feeding as an integral part of improving children’s health – one PCT reported that, as a result participating in the review, it had decided to include breast-feeding as a priority in its local Development Plan;
 - increased communication and the development of links and networks between health professionals, from different parts of the NHS, who had previously not interacted with each other.
- 9.8 In terms of the process, participants in the survey said they were impressed at how many colleagues and organisations from different parts of the City and in different roles were on board with the review. They commended the role of Members which they said, brought a fresh enthusiasm to a subject area that some professionals had been working hard at for many years. For some of these professionals, an important aspect of the process was the feeling that they were finally being taken seriously and this strengthened their resolve and determination. Other participants said they would have liked to have been involved in the review from the outset.
- 9.9 In inviting people to give evidence, the Committee wrote letters setting out some broad parameters about the information they were seeking. This was often in the form of some questions. Most people thought this was very useful and enabled them to prepare for the review. However, in some cases it was felt timescales were short and more preparation time should be allowed.
- 9.10 The meetings themselves were thought to be well-run, although the experience of them varied, from one person feeling ‘out of her depth’ to others commenting that

it had more the feel of a group discussion than a formal Committee hearing. It was suggested that whilst breast-feeding was a non-contentious issue, different approaches and styles may need to be considered for more complex reviews.

Recommendation on evaluation of the pilot health scrutiny

- R25 That Council notes the evaluation of the processes used and lessons learnt during the pilot health scrutiny review and that these be used to guide the conduct of future health scrutiny reviews.

**PROPOSED REVIEW BY THE HEALTH AND SOCIAL SERVICES OVERVIEW & SCRUTINY
COMMITTEE
TERMS OF REFERENCE**

A	SUBJECT OF REVIEW Children's Nutrition - Mothers who wish to breast feed
B	REASON FOR REVIEW ▪ To test initial approach to health scrutiny prior to broader scrutiny of children's health ▪ To assess progress on the implementation of policy measure identified in NHS plan
C	OBJECTIVES OF REVIEW INCLUDING INTENDED OUTCOMES ▪ To review what support is given to mothers who wish to breast-feed from within and outside the NHS. ▪ To assess what steps have been taken by NHS Trusts in this area.
D	LEAD OFFICER FOR REVIEW Doctor Jackie Chambers, Director of Public Health – Heart of Birmingham PCT(t)/Birmingham City Council, supported by Narinder Saggu and Dawn Richards (Overview and Scrutiny Office)
E	COUNCIL DEPARTMENTS EXPECTED TO CONTRIBUTE TO REVIEW ▪ Economic Development (Regeneration) ▪ Urban Planning (Public places)
F	EXTERNAL ORGANISATIONS EXPECTED TO CONTRIBUTE TO REVIEW ▪ NHS Acute Trusts (With Maternity Units) ▪ PCTs : DPWs; Health Visitors; Community Parents; Breastfeeding Counsellors. ▪ Voluntary Sector: La Leche; Community 'buddy' schemes; Support Groups. ▪ UK Baby Friendly! ▪ NHS Welfare Confederation
G	ESTIMATE NUMBER OF WORKING DAYS FOR REVIEW REQUIRED Member Time: 3 meetings Officer Time: 7 Days
H	ANTICIPATED COMPLETION DATE End of December
I	ANY ANTICIPATED CALL ON SPECIAL SCRUTINY BUDGET None
J	Agreed by the Health and Social Services Overview and Scrutiny Committee on SIGNED..... COMMITTEE CHAIR

HEALTH AND SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

PROJECT PLAN - CHILDREN'S NUTRITION

Objective	Actions	Timescale	Responsibility
To develop and test one approach to "health" scrutiny based on partnership working and public involvement.	Contact partner organisations and communicate internally, explaining context, purpose and timescale for review.	Mid August	Chairman/Dr Chambers
To tackle a "cross cutting" health issue, namely children's nutrition, growth and development and learn from experience.	Agree core membership of working group e.g. vol sector; mother;	End July	Chairman + Members of WG
	Finalise project plan, support arrangements and meeting schedule - Phase 1; Phase 2; Phase 3 Assemble comparative information on children's nutritional state, growth and development. Prepare report - identify gaps in available data.	End August	Public Health Network
To review the extent to which breast feeding as a policy measure relevant to children's nutrition, and recommended in the NHS plan has been implemented locally.	<u>Phase 1- Understanding the policy relevance</u> Summarise national and local policy documents – key elements Invite national and local experts to provide evidence – scientific, good practice; barriers to uptake; comparisons with other countries/cities etc. Understand potential health impact of breast feeding on infant and child health in Birmingham.	ALL by first meeting in September	Scrutiny Staff Dr Chambers /Chairman Members
	<u>Phase 2 – User Views on breastfeeding</u> Site visit - split - Informal discussion with a selection of mothers/ voluntary groups on their experience of breastfeeding and the support given. NB must address issues of access for black and ethnic minority women. - 1:1 Q and A session with media – BBC/local newspaper editor.	At 2 nd meeting in October	Scrutiny staff to arrange visits Members to lead one site visit each - 1 per member

	- "Open house " for City Council employees/Members/NHS staff to describe their experiences (NB dads + mums). <u>Phase 3 – Local implementation:</u> review of progress Presentation by Breast Feeding Co-ordinators - 4 NHS Trusts +/-CEs or Medical Directors. Written submission from 4 PCTs with telephone follow up if required. Submission on midwifery /HV training and development – Colleges responsible for Nurse Training; NHS Workforce Confederation. Presentation of relevant projects/schemes funded through regeneration and economic development programmes – education/family support/public places. <u>Phase 4 –Influencing policy and practice</u> Write report for main committee with recommendations on policy issue and future development of scrutiny process. Evaluate what has been learnt. Summarise key action and learning points for Main Committee. Invite comments and feedback from partner organisations and participants – evaluate process and impact.	At December meeting By January meeting	Scrutiny staff – contact details from Dr JC Dr Chambers Scrutiny team - with input from Directors of Public Health in each PCT Relevant City Council officers Dr Chambers /N Saggiu
To understand and promote the role of the City Council in influencing health and well being through the scrutiny process.	Engage local and professional media in dissemination Use internal and external communications channels e.g. Trust Boards; staff newsletters etc. Present as a case study – Cabinet ; Health Partnership ; CSP ; PCTs; St HA, nationally etc.		Chairman and Scrutiny Health SubCommittee

List of organisations and people providing evidence for the review

Organisation	Name
UNICEF	Andrew Radford
National Childbirth Trust	Angela Blanchard Bridget Supple Karen Wilson Helena Stopes-Roe
La Leche League	Gillian Smith
Workforce Confederation	Joan Lole
UNISON	Anita Edwards
Heart of Birmingham PCT	Karamjeet Ballagan (Healthy Baby, Healthy Mother Initiative) Vicki Fitzgerald (Breastfeeding Buddy Scheme) Louise Bennett (Breastfeeding Buddy Scheme) Paul Tulley Mark Pulford Nahid Yaunis (Muslim Development Officer – Balsall Heath Health Centre) Safina Akhtar (Community Parent – Balsall Heath Health Centre)
North Birmingham PCT	Johanne Newens Sheena Wells
Eastern Birmingham PCT	Lynne Laine Jewant Singh (Stechford Health Centre)
South Birmingham PCT	Dr Anne Aukett Kit Ward (Poplar Road Health Centre)
Sandwell & West Birmingham NHS Trust	Kate Quarrell Eva Parchment (Maternity Unit/BABA)
Good Hope Hospital NHS Trust	Maggie Coleman Jackie Scott
Children's Hospital NHS Trust	Teresa Figari
Birmingham Heartlands & Solihull NHS Trust (Teaching)	Fay Bailey Lynette Lomas
Birmingham Children's Hospital NHS Trust	Liz Morgan
The Women's Hospital NHS Trust	Jane Owen

Analysis of research - list of references

- Are the mothers of babies born in Birmingham being encouraged to breast-feed by their midwives? – Study Commissioned by Birmingham Health Authority *Fiona Welch, Quality Fieldwork March 1999*
- Baby Milk Action: Why the UK baby milk law must be changed- *Cambridge: Baby Milk Action. 1997*
- Breastfeeding and returning to work – *Scottish Breastfeeding Group 2002*
- Breastfeeding Baseline Study - *Birmingham Health Authority 2000*
- 'Breastfeeding: Good for Babies, Mothers and the Planet' – *Dermer, A. & Montgomery, A 2000*
- Breastfeeding: Good Practice Guidance to the NHS - *Department of Health 1995*
- Breastfeeding Needs Assessment. *Scottish Forum for Public Health Medicine. 1994*
- Breastfeeding Strategy for Northern Ireland – *Department of Health and Social Services 1999*
- Commercial hospital discharge packs for breastfeeding women – *Donnelly A, Snowden HM, Renfrew MJ, Woolridge MW 2000*
- Early versus delayed initiation of breastfeeding – *Renfrew MJ, Lang S, Woolridge MW 2000*
- Evidence for the Ten Steps to Successful Breastfeeding – *Division of Child Health and Development (World Health Organisation) 1998*
- Feeding schedules in hospitals for new-born infants – *Renfrew MJ, Lang S, Martin L, Woolridge MW 2000*
- Health advantages of breast-feeding for infants: a critical review - *Heinig M J & Dewey K G Nutrition Research Reviews 1996*
- Improvement, expansion and reform: NHS Priorities and Planning Framework 2003 –2006 – *November 2002*
- Independent Inquiry into Inequalities in Health– *Acheson, D. 1998*
- Infant and Child Nutrition: Global strategy on infant and young child feeding - *Report by the Secretariat, World Health Organisation 16 April 2002*
- Infant Feeding Survey – *Department of Health, 2000*
- Innocenti Declaration - On the Protection, Promotion and Support of Breastfeeding – *WHO/UNICEF 1990*
- Interventions for improving breastfeeding technique – *Renfrew MJ, Lang S 1999*
- Investing in a better start: Promoting Breastfeeding in Wales – *National Assembly for Wales 2001*
- Lactation and a reduced risk of premenopausal breast cancer – *Newcomb B E, New Eng. J. Medicine 1994: 330, No 2: 81-7*
- 'Milk may be a key to healthy mind' – *PA News 22 August 2001*
- Oxytocin for promoting successful lactation – *Renfrew MJ, Lang S, Woolridge M 2000*
- Pathway to successful breastfeeding – *London Borough of Croydon*
- 'Promoting the Initiation of Breastfeeding'. *Effective Health Care bulletin July 2000*

Public Health Information Directory, 1999

Representing Infant Feeding; Content analysis of British media portrayal of bottle-feeding and breast-feeding. - Henderson L, Kitzinger J, Green J. *BMJ*. 2000. V 321

Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings – *UNICEF Baby Friendly Initiative*

Support for breastfeeding mothers – Sikorski J, Renfrew MJ 2000

Survey of media references to breast-feeding – *National Childbirth Trust, March 1999*

The NHS Plan – July 2000

Towards. national. regional and local strategies for breast-feeding - *UNICEF May 1999*

Under 5's Programme Annual Report – *Heart of Birmingham (t) PCT*

'What scientific research says' - *IBFAN News 2002*

World Health Organisation. Geneva papers. 1989

Your business and Breastfeeding Friendly Derby – *Derby City Council*

Legislation

European Union Pregnant Workers Directive

Health and Social Care Act 2001

Local Government Act 2000

Management of Health and Safety at Work Regulations 1999

Sex Discrimination Act 1975

Workplace (Health, Safety and Welfare) Regulations 1992

Websites

BBC Health www.news.bbc.co.uk/1/hi/health/medical_notes

Jane's Breastfeeding Resources www.breastfeeding.co.uk

La Leche League www.lalecheleague.org

National Childbirth Trust <http://www.nct-online.org>

Scottish Breastfeeding Action Group: www.scotland.gov.uk/library2/doc15/bfrw-01.asp

UNICEF UK Baby friendly Initiative www.babyfriendly.org.uk

National Childbirth Trust <http://www.nct-online.org>

1. What made you decide to breastfeed your baby

- ☐ Health benefits to your child
- ☐ Health benefits to you
- ☐ More rapid and sustained weight loss for you
- ☐ Free - saves money
- ☐ Its effectiveness in preventing pregnancy
- ☐ Less smelly nappies
- ☐ Bonding with baby
- ☐ Other reasons or comments

2. When did you arrive at this decision

- ☐ Before the birth of your baby
- ☐ In hospital
- ☐ When you returned home from hospital
- Other comments

3. When you decided that you wanted to breastfeed, did you feel you were fully supported by:

- ☐ Midwife
- ☐ Your husband/partner
- ☐ GP
- ☐ Health Visitor
- ☐ Friends
- ☐ Employer
- ☐ Family (excluding mother)
- ☐ Your Mother/Mother-In Law
- ☐ Other comments

4. Please describe what support you received and where you felt support was lacking

5. If you gave up breastfeeding or found it difficult to continue, please describe at what stage this happened and why you gave up:

- ☐ Baby rejecting the breast
- ☐ Discomfort
- ☐ Insufficient milk
- ☐ Returning to work
- ☐ Lack of support
- ☐ Breastfeeding took too long
- ☐ Illness (mother or baby)

6. What age was your baby (or babies) when you returned to work?

7. Did you continue nursing after returning to work?

- ☐ Yes
- ☐ No

8. Did you encounter any obstacles?

- ☐ Tiredness
- ☐ Finding time finding a place to pump
- ☐ Non-supportive environment
- ☐ Other Comments

9. What is your best suggestion for another nursing mother when she returns to work?

- ☐ Get best, most efficient, most comfortable pump, preferably double pump)
- ☐ Find support at home, at work;
- ☐ Really believe you can!
- ☐ Arrange flexible work hours;
- ☐ Start part time
- ☐ Find day-care close so you can nurse at lunch or have baby brought to you for feedings
- ☐ Freeze a bank of milk ahead, start early pumping & storing
- ☐ Discuss pumping plans with employer, expect their support and elicit their help, mention benefits to employer,
- ☐ Nursing and work doesn't have to be all or none, give formula supplements daytime if supply dwindles
- ☐ Arrange as long a leave as possible with baby before going back to work
- ☐ Drink, rest & take care of mom
- ☐ Read as much as you can. Be informed.

10. Have you ever tried breastfeeding in public (if no go straight to question 13)

- ☐ Yes
☐ No

11. If you answered yes to the previous question, where have you breast-fed

12. Were there any issues when you breastfed in public

13. In your view, what are the THREE main changes that could be made to ensure more mothers are encouraged to breastfeed. (please tick three only)

- ☐ Training Health professionals to be more supportive to mothers
- ☐ More support from employers for mothers returning to work
- ☐ More advertisements promoting the benefits i.e. on T.V., billboards etc.
- ☐ More support sooner after birth i.e. within ½ hour
- ☐ Availability of more Breastfeeding Counsellors so support, advice and information is readily available
- ☐ 24 hour support readily available
- ☐ Mother to mother support groups
- ☐ Hospitals to stop giving out hospital discharge packs containing formula milk
- ☐ Provide more facilities for women to breastfeed in public

We appreciate your comments.
An additional sheet is attached for you to make further comments if you wish

Further Comments

PRESS RELEASE

SCRUTINY REVIEW OF CHILDREN'S NUTRITION

Birmingham Scrutiny office will be asking parents in the City to think back to the birth of their children as part of a pilot review around breastfeeding.

Their views as to whether they felt supported or knew enough about it will be considered along with their personal experiences of breastfeeding in public places. The review entitled, *Mothers who wish to Breastfeed* forms the basis of a pilot health scrutiny review which will look at children's nutrition and will be carried out by the Council's Health and Social Services Overview and Scrutiny Committee

Children's nutrition has been singled out in the NHS Plan as one of the key contributors to improving health and reducing health risks in certain groups. By giving babies and young children a healthy start in life through breastfeeding, prevents many childhood illnesses and health concerns.

The Scrutiny Review Panel, chaired by Honorary Alderman Theresa Stewart is keen to hear from parents and community organisations about their experiences.

"This isn't simply a health issue but a wider social issue which relates to public values and perceptions. We would like a range of agencies to work together in looking at service design and delivery from the view-point of mothers and infants", said Mrs Stewart.

"By recommending ways to close the gap in terms what is needed and what is actually provided, the review panel will have taken the first steps in creating long-term improvements in children's health and well being. This is a very exciting opportunity".

The review panel will be holding a series of meetings between September and January 2003 to collect evidence for the review and would also like to hear from experts in this field.

The government is set to introduce new powers, from January 2003, making it possible for local authorities to scrutinise the NHS and other aspects of health care. The Health and Social Services Overview and Scrutiny Committee will be responsible for carrying out this function for the City and children's nutrition was put forward as an area worthy of further scrutiny by a range of inter-agency partners.

Other areas of maternal, infant and child nutrition such as oral health, vitamin D, iron deficiency, anaemia and obesity are expected to be the subject of scrutiny next year when health scrutiny comes into effect.

Dr Jacky Chambers, Director of Public Health, Heart of Birmingham PCT / Birmingham City Council will be providing professional advice and support to

the review panel in her joint role with the City Council and as a link officer to the Health and Social Service Overview and Scrutiny Committee.

Members of the public can write in with their views and experiences or find out more about the review by contacting Narinder Saggu, Birmingham City Council, Scrutiny Office, The Council House, Birmingham B1 1BB. email: narinder_saggu@birmingham.gov.uk

ENDS

Further information from Lorraine Donovan, Media Contact on 464 6872

H&SS-LD-114

9 OCTOBER 2002

PRESS RELEASE

REVIEW OF CHILDREN'S NUTRITION – DROP- IN SESSION

The Council's scrutiny review panel on mothers who wish to breastfeed has organised a drop-in session at the Council House. Anyone with views on breastfeeding at hospital, at work or in public places, can visit the Chamberlain Room between 12 noon and 2pm on October 18. Call 303 1732 or email dawn_richards@birmingham.gov.uk

ENDS

WHO/UNICEF TEN STEPS FOR ESTABLISHING BABY FRIENDLY STANDARDS IN HOSPITALS

1. Have a written breastfeeding policy that is routinely communicated to all Healthcare staff.
2. Train all healthcare staff in the skills necessary to implement the breastfeeding policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding soon after birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

WHO/UNICEF SEVEN POINT PLAN FOR ESTABLISHING BABY FRIENDLY STANDARDS IN COMMUNITY HEALTH SETTINGS

All providers of community health care should:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Support mothers to initiate and maintain breastfeeding.
5. Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote co-operation between healthcare staff, breastfeeding support groups and the local community.

SCOTTISH EXECUTIVE – EMPLOYER’S EXEMPLAR

In order to encourage and support mothers returning to work who wish to continue breastfeeding, the following should be provided:

1 Support for breastfeeding

Human resources policies and procedures should encourage an understanding of the value of breastfeeding and a positive attitude among staff.

2 Information for pregnant employees

Information sent to pregnant employees should include a brief summary of the benefits of breastfeeding, as well as an explanation of the support mothers can expect upon their return to work. Details of publications, which may be purchased, on breastfeeding after returning to work should also be included.

3 Working patterns

Managers should be flexible, with respect to working patterns when a breastfeeding mother returns to work. This may mean temporarily changing working conditions or hours of work. Employees should not be required to work shifts, attend training courses or meetings that would involve excessively long working days, which might be detrimental to breastfeeding

4 Breastfeeding or expressing breast-milk during working hours

Where practicable employees should be allowed time off during working hours to breastfeed if their baby is nearby, or to express breast-milk.

5 Facilities available to breastfeeding mothers

Facilities available to breastfeeding mothers should include:

- a) Areas for rest/ expressing milk.
 - These should be clean and warm with a low comfortable chair, and where necessary, the facility to lie down.
 - The area should have a lock or have an arrangement for ensuring privacy.
 - There should be hand-washing facilities available.
 - There should be an electric point for an electric pump if necessary.
- b) Facilities for storing milk
 - There should be a clean area where sterilising equipment may be stored
 - A dedicated refrigerator should be available for storing expressed milk at 2 – 4 degrees Centigrade until it is taken home.