



Cynulliad Cenedlaethol Cymru  
The National Assembly for Wales

# Investing in a Better Start: Promoting Breastfeeding in Wales

**Better** Health  
**Better** Wales

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# Foreword

## Investing in a Better Start : Promoting Breastfeeding in Wales

We are delighted to present this consultation paper on promoting breastfeeding.

We have particularly wanted an opportunity to improve the uptake of breastfeeding because it is one of the simplest and most effective ways of improving the health of our children, whatever their social circumstances.

The National Assembly is committed to funding and finding ways of securing a better start in life for all children and especially those babies who are most disadvantaged; promoting breastfeeding contributes to this.

Pregnant women and mothers of young children need relevant and appropriate information to help them make informed choices when deciding how to feed their baby. Women need consistent advice from a range of sources including their families and health professionals – particularly midwives and health visitors. Local authority social services and education departments, as well as employers and voluntary sector workers, all have contributions to make in encouraging breastfeeding and getting the message across.

This consultation paper sets out a long-term strategy to raise the percentage of breastfeeding mothers. It acknowledges the different contributions to this aim by different members of our community. It encourages them to work better together to achieve that goal, which will contribute to a healthier Wales overall.

Finally, we wish to thank the Breastfeeding Specialist Advisory Group for their contribution in preparing this paper.



Rt Hon Rhodri Morgan AM MP  
First Minister



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# Specialist Advisory Group Membership

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# Executive Summary

## Background

Breastfeeding provides considerable health benefits for mothers and babies and economic benefits to the healthcare system. The factors that affect the intention, initiation, and duration rates of breastfeeding are complex and therefore to address these factors, a multi-sectoral and collaborative approach is needed. Long term success and sustainability requires, among other things, a shift in culture and attitudes among both the public and health professionals towards breastfeeding.

Breastfeeding rates in the United Kingdom are amongst the lowest in Europe with about 66% of women initiating breastfeeding. Wales currently has no co-ordinated approach to monitoring breastfeeding rates, although figures available indicate that rates are probably much lower, with only 46% of women in Wales starting to breastfeed. There are considerable variations in breastfeeding rates, with older, better-educated and higher social class women being more likely to breastfeed.

The factors that influence breastfeeding are complex. They include social, cultural, and attitudinal determinants, as well as practical issues. There are also marked variations in physical and mental health status in Wales with some areas reporting particularly poor health experiences. There is some evidence that these variations are similarly reflected in the breastfeeding rates in Wales. The disparity that exists in breastfeeding rates between upper and lower socio-economic groups of women is a priority issue to be addressed in this strategy.

### **This strategy aims to:**

- Increase the initiation and continuance of breastfeeding in Wales.
- Encourage health professionals in hospital and community settings, voluntary groups, and breastfeeding mothers to work together to improve the initiation and continuance of breastfeeding.
- Reduce the current inequalities in health and narrow the gap between the lowest and highest local area breastfeeding rates.
- Ensure that women returning to work following maternity leave, who wish to breastfeed, are given appropriate support from their employers.
- In the longer term, to generally promote the cultural acceptance of the importance of breastfeeding in the community.

## The Process

Given that the factors which influence breastfeeding are complex, a review of current evidence was undertaken to inform the multi-sectoral and multi-professional Specialist Advisory Group who have supported the development of this strategy. Copies of this review are available on the National Assembly of Wales Web Site [www.wales.gov.uk](http://www.wales.gov.uk) or from the National Assembly for Wales, Nursing Division.

## Recommendations

To improve breastfeeding rates a sustainable co-ordinated approach is needed, requiring effective partnerships between women and their families, Health Authorities, Local Authorities, the Voluntary Sector, communities, workplace and individual health professionals. In particular women need 24-hour access to good breastfeeding advice and support for at least 4 months following delivery. Using the available evidence and the expertise of the Specialist Advisory Group this strategy advocates that the most effective approaches to increasing initiation and duration of breastfeeding in Wales are to:

### Improve the Quality of Professional Practice by

- Requiring effective education on breastfeeding as part of the pre registration and continuous professional development requirements for midwives, health visitors, doctors and other relevant health professionals.
- Health Authorities encouraging and supporting NHS Trusts and Local Health Groups in working towards improved professional practice in breastfeeding.
- Health Authorities and NHS Trusts encouraging better team working between relevant health professionals and other key partners.
- Partnership contracts being developed at a local level between the health sector and the Voluntary Sector such as the Sure Start initiative.

### Improve Initiation of Breastfeeding by

- Changing attitudes by working with schools, as well as using media advocacy and community development.

- Increasing initiation amongst teenage mothers by discussing infant feeding early in the pregnancy and supporting young mothers in tackling practical constraints to breastfeeding.
- Promoting breastfeeding by developing approaches to antenatal support which take into account the original feeding intentions of the mother.

## **Improve Duration of Breastfeeding by**

- Stimulating consideration of infant feeding early in a woman's life.
- Ensuring that the hospital environment and health professional attitudes support breastfeeding.
- Establishing postnatal peer support systems particularly in low income areas.
- Encouraging breastfeeding friendly work place initiatives.

## **Effectively Monitor Breastfeeding Rates by**

- Implementing an agreed All Wales Data Set.
- Monitoring the effectiveness of Sure Start initiatives that address breastfeeding.
- Monitoring targets and providing this information to Local Health Groups and Local Health Alliances.

## **Improve Future Breastfeeding Research by**

- Advocating greater consistency in research studies to enable conclusions about the relevant importance of factors that encourage or inhibit breastfeeding.
- Encouraging future research into the potential role for schools, factors that influence teenagers, improving support to women from minority ethnic communities and understanding the influence of fathers.
- Promoting proper evaluation of community based initiatives, to identify those which positively promote breastfeeding.

A detailed action plan is provided within the full document. The issues listed below have been identified by way of a summary of the key short, medium and longer term priorities for action if breastfeeding is to be effectively promoted in a sustainable way in Wales.

Short Term	Improve the continuous professional development of all practising midwives, health visitors and other health professionals involved in the direct care of mothers and babies to enable them to improve their skills in supporting women wishing to breastfeed.
	Implementation of an All Wales Data set to monitor rates of breastfeeding initiation and continuation.
Medium Term	Development of local strategies to address locally identified breastfeeding issues.
	Ensure adequate appropriate pre registration education on breastfeeding for all health professionals and continued post registration updating.
Longer Term	Promote the normality of breastfeeding to the community including providing support to women who wish to return to work.
	Provide school children with information on lactation and positive reasons for breastfeeding.

# 1.0 Introduction

In 1998, the Department of Health's Independent Inquiry into Inequalities in Health, chaired by Sir Donald Acheson (DOH 1998) was asked to identify priority areas for future policy development based on scientific and expert evidence. The report confirmed that: -

*"Increased Breastfeeding should decrease the incidence of infant infection",*  
and recommended

*"policies which increase the prevalence of breastfeeding..."*.

The National Assembly for Wales has responded positively to this recommendation and wishes to work in partnership with Local Authorities, Health Authorities, the Voluntary Sector and employers to promote an increase in breastfeeding. This strategy is evidence of the National Assembly's recognition of the important contribution breastfeeding can make to the health and early development of children.

Breastfeeding rates in the United Kingdom are amongst the lowest in Europe, with an incidence of 66%. Data that exists for Wales indicates that the rates of breastfeeding initiation are even lower, at about 46%. In Wales, there are marked variations in social class and in physical and mental health status, with people in the communities of the South Wales valleys reporting particularly poor health experience. The number of teenage pregnancies in Wales is one of the highest in Europe. Breastfeeding is just one part of an overall picture of health inequalities in Wales, but it is an important one. Breastfeeding gives children one of the best starts in life. It is also cost effective.

## 1.1 Breastfeeding and Health

In spite of the sophistication of milk formulae as breast milk substitutes, breastfeeding is still the best way to feed the young baby. In the developing world the protection it confers against infections especially of the gastrointestinal tract, is life saving. In the more developed world the benefits of breastfeeding are less clearly defined but they are still there. There are the immediate benefits to the health and growth of babies and also to their mothers, in both short and long terms, who in breastfeeding their babies are satisfying the continuing physiology of the reproductive process. There is now strong evidence emerging that breast milk provides a sustained benefit to the health of infants in the years after breastfeeding has ceased, notably a reduced incidence of gastrointestinal and respiratory tract infections.

But there is more to breastfeeding than the simple provision of nutrients that protect against infections, possibly allergies and atopic diseases such as asthma and eczema. The very intimate relationship that evolves between mother and suckling baby, the act of nurture, and its reverberations through the family unit may also confer benefit to the cognitive, behavioural and emotional development of the infant and young child. Indeed, we would be wise to ponder more than we do at the remarkable way in which nature has given the nutrition

of the fetus and the young infant as a continuum separated only by the clamping of the umbilical cord. So intimate is the physical bond between mother and baby that the breast fed baby has been termed the "exterogestate fetus" by the late Professor Jelliffe to reflect, in the natural mammalian order, the dependence of the baby on the mother until weaning is complete.

It is therefore sad to find in Wales, along with many other developed countries so many babies not able to receive what amounts to their birthright. The mother and her partner must of course always exercise freedom of choice of how the baby is nourished; whether feeding by breast or by bottle the parents must always be able to avail themselves of all the possible expert advice. But for those 50% or so mothers in Wales who are so motivated to at least give breastfeeding a try; the early cessation of breastfeeding in the early days and weeks following delivery is regrettably due all too often to poor advice and lack of positive support. This is often from a health professional who fails to take into account basic physiological principles of the suckling process that creates the hormonal environment required for the synthesis of milk and who is unaware of the importance of correct positioning and attachment of the baby at the breast.

## 1.2 The Policy Context

One of the biggest challenges facing Wales today is to improve the health and well being of the people of Wales. Too many people in Wales suffer from ill health, far too many people die early from illnesses that are preventable. Wales has a number of interrelated challenges to address with respect to infant health. The infant mortality rates (deaths in the first year after birth) are higher than in other comparable European countries. The incidence of low birth weight is also higher - 7% of babies weigh less than 2,500 grams at birth. The teenage pregnancy rate is the highest in Europe. Additionally more teenage girls are smoking - 29% of them in 1996 compared to 19% in 1988.

In "Better Health, Better Wales: Strategic Framework" (Welsh Office 1998) the programme for tackling health inequalities across communities in Wales is set out.

"Promoting health and well being" (National Assembly for Wales 2000) recognises that organisations in many sectors already make a significant contribution to promote health. It sets the direction and framework for future action and identifies a number of priority tasks. This breastfeeding strategy forms part of the framework for promoting health and well being in Wales.

Community health development is a core strand of our approach. We need to work with communities to help them take action that leads to improvements in their health and well being. Future success will hinge on a collaborative and sustained effort by a wide range of contributors and potential contributors working across professional and organisational boundaries. Another strategic development is that of **Developing Local Health Alliances** (National Assembly for Wales 1999) in each Local Authority area.

The National Assembly for Wales has made a firm commitment to the modernisation of the NHS and has set out its agenda principles in Putting Patients First (Welsh Office 1998). The Quality of NHS Services is being

addressed through a range of policies including the **Quality Care and Clinical Excellence** (Welsh Office 1998) which includes the Clinical Governance Framework and the new **Performance Management Framework for NHS Wales** (National Assembly for Wales 2000). Other initiatives, such as Clinical Pathways-Putting Patients First (National Assembly for Wales 1999) aim to support members of the multidisciplinary team by encouraging continuous evaluation, improvement of clinical practice and help to stimulate areas for research.

The National Assembly for Wales is also working with the UK Government on other initiatives related to infant health. Welfare Food is a reserved matter and has not been devolved to the National Assembly but the National Assembly is responsible for the administration of the scheme in Wales. The Department of Health is currently undertaking a fundamental review of Welfare Food and considering options for improving maternal and child nutrition.

The Government has also introduced the **Sure Start Maternity Grant** (National Assembly for Wales 2000), which provides £200 to eligible parents. Parents need to provide evidence that they have received advice from a general practitioner, midwife or health visitor on the health and welfare needs of the mother and child. By introducing this condition, the Government seeks to improve the health of families on low incomes by encouraging parents to make use of available health services. Breastfeeding is one of the important factors that should feature in such discussions.

Pregnant women and mothers of young children are essential partners in improving health; they need relevant and appropriate information to help them make informed choices about how to feed their baby. Support to enable them to do the best for their children with good and appropriate help and support if they chose to breastfeed is crucial. Promoting the health and well being of mothers and young children in our communities is important in strengthening the future health of communities in Wales.

## 1.3 Breastfeeding and Economics

In the UK, diarrhoea is five times more prevalent in bottle-fed than breastfed babies. The cost of treating gastro-enteritis in bottle-fed babies is twelve times that of treating breastfed babies. A 5% increase in breastfeeding rates could save British hospitals £2.5 million every year (World Health Organisation 1996)

In the USA, it has been estimated that breastfeeding would save the health system \$9.83 per child per month (Montgomery and Splett 1997). In a study which looked at data from the USA and from Scotland it was concluded that,



after adjusting for maternal education and smoking, for each thousand infants who had never been breast-fed there were:

- 2,000 more visits to a doctor,
- 200 days in hospital,
- and 600 more prescriptions.

The extra cost to the health services in the USA of not breastfeeding was between \$331 and \$475 per infant (Ball and Wright 1999).

In Australia it was estimated that if the nation-wide prevalence of exclusive breastfeeding at three months could be raised from 60% to 80% the savings from preventing necrotising enterocolitis, gastro-intestinal illness, eczema and insulin dependent diabetes would be more than \$35m. (Drane 1997).

## 1.4 Breastfeeding statistics

There have only been minor changes in breastfeeding rates in the UK since 1980. On average, in 1995, 66 per cent of women in the United Kingdom breastfed at birth. By the time the baby was four months old this had more than halved to 27%.

Women who are aged more than 30 when they have their first baby are about twice as likely to breastfeed as those who are aged under 20. Women who remained in full-time education until they were eighteen are more than twice as likely to breastfeed their babies until four months, compared with those who left school at sixteen or less.

According to the work undertaken by the Office for National Statistics on Infant Feeding in 1995 (Department of Health 1995), more than 80% of those in the non-manual social groups began to breastfeed, compared with 60% of women in manual social classes. Six out of ten mothers in the higher social groups were still breastfeeding at four months, whereas only two or three out of ten of the lower income women were still breastfeeding.

In Wales no validated comparable data is currently collected. Information from the All Wales Midwifery Network indicates that breastfeeding initiation is much lower in Wales than the UK as a whole, with only about 46% of women starting to breastfeed (although how initiation has been defined in this data is unclear). It seems that there are considerable variations in breastfeeding rates associated with both social and income differences and also with pockets of geographical variation. A small audit undertaken across Wales in May 2000 however indicated that 59% of women (338 out of 573), when asked shortly after the birth, stated that they intended to breastfeed their baby. However, it is not known how many women actually commenced breastfeeding.



## 1.5 Breastfeeding and Inequalities, Inequities, Social Exclusion and Social Capital

Health **inequalities** are differences in the health of one group of people compared with another. In Wales there are marked variations in physical and mental health status, with people in the communities of the South Wales valleys reporting particularly poor health experience.

**Inequities** refers to the different circumstances in which people live, with variations of access to services, social support systems and available resources. Inequities of this sort are often the root cause of inequalities in health. In terms of breastfeeding inequities exist in for example access to objective information, networks which can support breastfeeding mothers and facilities to breastfeed outside of the home.

Circumstances that restrict peoples access to a way of living enjoyed by most people in society result in **social exclusion**. This is a relatively new concept. Most of the breastfeeding studies have looked at the relationship between social class and breastfeeding. Social class is a crude indicator of social exclusion, but people may be excluded for many other reasons. For example, teenage mothers, whatever their social class, may not have access to the same range of benefits and support which adult women have.

The recognition that people with good social networks suffer less ill health than those who have little social support, has given rise to a concept known as Social Capital. Putnam (1993) suggested that Social Capital be defined in terms of

- a) the existence of community networks
- b) civic engagement
- c) local identity and a sense of solidarity and equality with other community members
- d) trust and reciprocal help and support being the normal behaviour in the community

Social Capital plays an important role in health. For example, in England a study re-analysing a national health survey concluded that after controlling for social class, there is a significant association between the quality of the diet and social support. A severe lack of social support significantly increased the odds of a poorer than average diet by 44% for men and 35% for women (Cooper et al 1999).

Such apparently pronounced variations in breastfeeding as identified in Wales, highlight the importance of tackling inequalities and the causes of inequalities, including inequities of access, social exclusion and lack of Social Capital, needs to be at the heart of a breastfeeding strategy.

## 1.6 Breastfeeding in other countries

There are considerable differences in rates of breastfeeding initiation and duration between countries. Information on breastfeeding prevalence in European countries is given on the World Health Organisations' (WHO) web site ([www.who.int/](http://www.who.int/)). However, the data is often not comparable between countries. Internationally, there seem to be three main categories: countries which have always had a high rate breastfeeding e.g. most developing countries; those where there has been a considerable increase in recent years e.g. Norway and Sweden; those where levels are fairly low and either stable or decreasing. e.g. Netherlands and United Kingdom. Reasons for the increase in Sweden, compared with the static position in the United Kingdom include a number of factors.

- Different practices in hospitals. In Sweden breastfeeding is regarded as the normal way of feeding and it is exceptional to bottle feed.
- Differences in maternity provision. The statutory maternity pay in Sweden is 80% of salary for 360 days, with a guaranteed amount for a further 90 days. Of 450 days of parental leave, the father can take 225. This time can be used until the child is 8 years old.
- Breastfeeding support. In Sweden there is a widespread network of lay groups who provide breastfeeding support and a system of more experienced mothers who volunteer to be available to provide telephone support for new mothers.
- Considerable pressure from women themselves supported by media articles to create an environment in which women can freely breastfeed.

## 1.7 Breastfeeding Policy in Wales, the UK and the European Union

### 1.7.1 Wales:

- The 'Health of Children in Wales' (Welsh Office 1997) stated that Health Authorities should develop a 'policy for encouraging and supporting breastfeeding'. It advocated promoting breastfeeding by establishing local multi-agency breastfeeding groups, focusing on those mothers who have the lowest rates of breastfeeding and lobbying to improve social acceptance and facilities.
- The Maternal and Early Child Health Protocol Enhancement project (Welsh Office 1998) drew attention to the advantages of breastfeeding.

An approach to collecting a consistent national data set via the child health system is being developed and a review of current breastfeeding initiatives in Wales has been undertaken. A national breastfeeding conference was held in May 2000 to share the diversity of good practice in Wales.

The ‘Sure Start’ initiative (Welsh Office 1999) aims to give everyone a flying start in life. It is being led by local partnerships consisting of Health Authorities, Local Authorities and Voluntary Organisations. It is intended to provide improved services for young children; support for parents and tackling social exclusion. The programme is at a very early stage of development and could provide opportunities to promote breastfeeding.

Examples of initiatives taking place at the present are:

- The introduction of a midwife/health visitor post in the Pontypridd and Rhondda NHS Trust to support the development of breastfeeding peer support.
- The use of a building funded by ‘Sure Start’ in the Gwynedd area that provides accommodation for breastfeeding support groups.

A Strategic Framework for Promoting Sexual Health in Wales: Action Plan was published in 1999 and A Strategic Framework for Promoting Sexual Health in Wales: Post-Consultation Action Plan was published in 2000. One of the aims of this is to reduce the currently very high rates of teenage pregnancy in Wales.

### 1.7.2 United Kingdom:

Until 1995 there was a Code covering Marketing of Breast Milk Substitutes. In 1995 this was replaced by legislation based on the European Community directive described below. This restricts the advertising of infant formula; bans free distribution through the health system and regulates provision of information and education.

Currently the Welfare Foods Scheme provides low-income mothers with a weekly voucher that can be used to purchase a tin of formula milk (worth about £7), or 4 litres of cow’s milk (worth about £2.50). Benefits for pregnant women are not available for sixteen or seventeen-year-old girls until the last eleven weeks of their pregnancy and girls under sixteen are excluded completely. The Scheme thus discriminates against breastfeeding mothers and teenage mothers in particular. It is currently being reviewed and it is likely that the recommendations of the review will be adopted by all of the countries in the UK.

### 1.7.3 European Union:

The World Health Organisation (WHO) adopted the International Code of Marketing of Breast Milk Substitutes in 1981. In 1991 many of the provisions of the Code were incorporated in European Union: European Union Commission Directive 91/321/EEC. Not all of the articles of the WHO Code were fully implemented. For example the WHO Code included a total ban on advertising of breast-milk substitutes. In the European Union Directive there are restrictions on advertising. A total ban would have conflicted with some member states’ requirements, for example the elements of the national constitution of Germany that relate to freedom of expression.

## 1.8 Breastfeeding - The Evidence Base

Copies of the full review are available on the National Assembly of Wales Internet Web Site [www.wales.gov.uk](http://www.wales.gov.uk) or from National Assembly for Wales, Nursing Division.

In summary, the main findings are: -

- The initial choice of infant feeding method is largely due to attitudes. Attitudes in turn are determined by the cultural view of breasts and breastfeeding and exposure to the idea of breastfeeding as normal and beneficial.
- The views of the immediate family are also important in determining whether a woman begins to breastfeed, particularly the views of partners and the woman's mother.
- Different approaches are needed to promote breastfeeding in the antenatal period for women who are thinking of bottle-feeding and those who are thinking of breastfeeding.
- The earlier the decision is made to breastfeed, the longer breastfeeding is likely to continue.
- A significant proportion of women who start breastfeeding discontinue by the time they leave hospital. The hospital environment thus has a significant impact on whether feeding is established or not.
- Peer support is probably the most promising intervention in terms of supporting mothers in increasing both the initiation and the duration of breastfeeding.
- Full-time work is associated with early cessation of breastfeeding. Part time work of less than four hours a day does not seem to affect breastfeeding rates. Intermediate hours have an intermediate effect.
- Interventions need to be long term, intensive, span both the antenatal and postnatal periods and involve multiple contacts.
- Whereas most adult women make the decision about how to feed before or early in pregnancy, teenage mothers make the decision later.
- Information provision alone is not effective and may exacerbate inequalities.

In addition to these general points, the evidence gives ideas for specific interventions in schools, the healthcare system, the home, public places and the workplace. It also indicates those interventions that may be more effective for teenage mothers and women living on a low income. The approaches described include information provision, the media, professional development and peer support.

Directions for future research are indicated, including research on the potential for schools to positively promote breastfeeding and the needs of teenage mothers.

## 2.0 The Strategy for the Promotion of Breastfeeding in Wales

This strategy aims to:

- Increase the initiation and continuance of breastfeeding in Wales.
- Encourage health professionals in hospital and community settings, Voluntary groups and breastfeeding mothers to work together to improve the initiation and continuance of breastfeeding.
- Reduce the current inequalities in health and narrow the gap between the lowest and highest local area breastfeeding rates.
- Ensure that women returning to work following maternity leave, who wish to breastfeed, are given appropriate support from their employers.
- In the longer term, to generally promote the cultural acceptance of the importance of breastfeeding in the community.

### 2.1 Introduction

The reasons why women start and continue breastfeeding are complicated. A strategy to increase initiation and duration rates needs to be based on co-ordinated action across many sectors. Long-term success and sustainability will depend upon a shift in culture and attitudes, both amongst the public and health professionals.

It is likely that the number of women initiating breastfeeding will be affected by an increase in the continuation of breastfeeding. If more women breastfeed successfully for longer this will help to '*normalise*' breastfeeding and encourage more women to initiate breastfeeding.

Work undertaken in preparation of this strategy has emphasised that there is a diverse scope of activity which directly or indirectly affects breastfeeding. Given the vast potential for action, as identified by the evidence base, the Specialist Advisory Group were concerned that attempts to promote breastfeeding need to be focused if they are to have maximum impact.

The sections that follow therefore describe many of the potential drivers for change as extrapolated from the evidence base and provide an action plan that takes into account the Welsh perspective. Key objectives and actions that can be taken at a national, local and individual level in different settings - namely healthcare, home, community, schools, public places and the workplace are given. Examples of existing local projects presented at the National Breastfeeding Conference in May 2000 are given. Finally monitoring and evaluation and future research needs are addressed. The Action Plan is also presented in a table format in Section 5.

## 2.2 Health Care Services and Breastfeeding

### 2.2.1 Structural opportunities

**Strategic Objective: - Improve the quality of NHS Services for breastfeeding mothers and their babies.**

A number of structural or organisational opportunities exist within the Health Services that can help to promote breastfeeding. Health Authorities need to take a lead role in actively promoting breastfeeding through the multiple opportunities that are available to them. Each Health Authority designating a named person with responsibility for breastfeeding co-ordination will best facilitate this leadership.

The action plan indicates a diverse range of recommendations which will assist Health Authorities, NHS Trusts and Local Health Groups in ensuring they have both the information they need and a service framework to commission a quality service for women and babies. In particular Health Authorities need to support services specifically aimed at encouraging initiation of breastfeeding in teenage mothers and in areas where breastfeeding is culturally less acceptable.

Health Authorities will have improved information for decision making following the implementation of an All Wales Breastfeeding Data Set captured on the Child Health System. They should also consider that as part of their NHS service monitoring they require regular practice audit on breastfeeding services.

Recommendations for Action	Lead Agencies
(1) Health Authorities should designate a named person with responsibility for breastfeeding co-ordination.	Health Authorities
(2) Implementation of an All Wales data set, enabling monitoring via the child health system.	NHS Trusts
(3) Make available to Local Health Groups research based evidence on the health gains of breastfeeding and potential cost savings to the health service.	Health Authorities
(4) Local breastfeeding rates should be considered by those developing Health Improvement Programmes (HIP) within the priority setting process.	Health Authorities

The majority of women having maternity care in Wales receive their care from the NHS and over 98% of women have their baby in a maternity hospital. The NHS and particularly the maternity services clearly have major role and responsibility in ensuring their services promote, support and protect breastfeeding. The quality of care is a key element of current NHS reforms and NHS Trusts have a duty to ensure that they are providing evidence-based care.

Recommendations for Action	Lead Agencies
(5) Using the clinical governance framework establish systems to evaluate the quality of service provided for breastfeeding women and their babies.	NHS Trusts Local Health Groups
(6) Encourage the development of care pathways for common breastfeeding problems.	NHS Trusts Local Health Groups

One important aspect of the quality of care is access to information supporting women to make an informed choice about feeding method and have information to support their continued breastfeeding. Research evidence suggests that literature alone has little impact. Health professionals need suitable literature to support and reinforce the educational and health promotion messages they provide. Currently much of the literature on breastfeeding and weaning is provided by baby milk manufacturing companies.

Recommendations for Action	Lead Agencies
(7) Provide for all women using NHS services appropriate breastfeeding information which is:- - Accurate, culturally sensitive, in appropriate languages - Information which does not promote formula milk companies - Information which meets the needs of women who have physical or learning disabilities or who are not literate.	NHS Trusts
(8) Review the "Good Practice Guidance" to support breastfeeding in the NHS and give advice on their future development.	All Wales Breastfeeding Forum National Assembly for Wales
(9) Review the breastfeeding information provided for parents in the child health record.	NHS Trusts

Voluntary Sector organisations have expertise in good breastfeeding practice and a commitment to improving breastfeeding rates. They have a key role in assisting maternity and other NHS services in improving services and in contributing to the initiation and continuation of breastfeeding. Developing effective partnerships between NHS services and the Voluntary Sector to enable sharing of this expertise is a key principle of this strategy.



Recommendations for Action	Lead Agencies
(10) Encourage and support the development of partnerships with the Voluntary Sector Groups.	NHS Trusts Local Health

Significant numbers of women who start breastfeeding discontinue by the time they leave hospital. A number of maternity services in Wales have begun to tackle the problem of conflicting advice, poor professional practice and environments of care which do not promote breastfeeding by using the UNICEF UK Baby Friendly award.

Recommendations for Action	Lead Agencies
(11) Review their physical and practice environment to determine whether their organisation promotes and supports breastfeeding. Develop an action plan to improve any identified issues.	NHS Trusts Local Health Groups
(12) Consider refusing the promotion of breast milk substitutes, materials and sponsorship from the manufacturers of breast milk substitutes on NHS premises and the adoption of the WHO code.	NHS Trusts Local Health Groups

## 2.2.2 Breastfeeding in Special Circumstances

Some mothers either because of their own health or individual circumstances or because of their baby's circumstances require special consideration. Such circumstance may include maternal, physical, sensory or learning difficulties. The key principle is that the health professionals caring for such women and babies must ensure that they are giving the best advice based on evidence and good practice. This will usually involve additional work in seeking out best advice. Voluntary agencies are often able to provide health professionals with useful information about specific conditions and their affect not just on breastfeeding but also on the mothers general needs.

For the preterm and sick infant, breast milk, especially if it is the babies' own mothers' milk, is almost always the best food (although for the very low birth weight infant, additional calories may be required). Electrical breast pumps are often not easily available to these women once they go home and they often hire them at their own expense from local voluntary organisations.

There are particular advantages in giving breast milk to preterm babies i.e.

- Breast milk is better tolerated than formula milk by the immature gut.
- There is reduced incidence of necrotising enterocolitis (a life threatening condition).



- Increased protection against infection as breast milk contains substances that actually help fight infection.
- Helps to promote brain growth and development.

There can also be psychological benefits for the mother in providing breast milk for her own baby; particularly when the baby's circumstances require that the majority of care the baby needs is being given by nursing staff.

However, it can be difficult for the mother to initiate lactation in these circumstances for the weeks or months until actual breastfeeding can be established. The following principles may be helpful when nursing or midwifery staff are planning care for the mother and baby.

- As much contact as possible between mother and baby.
- Expressing milk soon after delivery.
- Expressing milk regularly 2-3 hourly, including during the night.
- Giving photographs of the baby to the mother.

### 2.2.3 Breastfeeding and HIV

Most children with HIV are infected as a result of transmission of HIV infection from their mothers. Mother to child transmission can occur before or during birth, or afterwards through breastfeeding. There is concern at how the level of mother to baby transmission of HIV in the UK can be reduced.

The Department of Health Expert Group on HIV and Aids reported in August 1999. It advised that health professionals should be able to provide HIV infected women with information about the risks of breastfeeding in the context of their own family circumstances. Using the currently available evidence that HIV can be transmitted by breast milk, health professionals should help women to decide what is in the best interests of her baby and appropriate for her. The National Assembly has recently issued guidance on offering antenatal HIV screening to all antenatal women.

### 2.2.4 Professional Development

**Strategic Objective: - Adequate and appropriate professional education.**

The advice given by health professionals is very influential in determining a woman's decision about care and can affect her choice of feeding method. Health professionals, particularly midwives and health visitors who usually are in most contact with new mothers, but also paediatricians and general practitioners can, by the quality of their advice, affect the chances of whether a woman successfully breastfeeds or not. Poor advice on an issue such as desirable frequency of feeds or the need for supplementary fluids can rapidly lead to a number of breastfeeding problems which undermine the woman's confidence and ability to successfully breastfeed.

Many health professionals who care for mothers and babies may have little understanding of the principles of promoting successful breastfeeding and may not be aware how common breastfeeding problems can be overcome. Conversely, these health professionals will probably have the ability to advise women how to safely artificially feed their baby. Active steps are needed to ensure that health professionals are able to give appropriate breastfeeding advice to promote good breastfeeding practice and to identify and resolve common breastfeeding problems. They also need to be aware of the role of specialist breastfeeding counsellors working in the Voluntary Sector and the NHS who have expertise in managing more unusual or complex problems. NHS Trusts may wish to consider the development of a specialist health visitor/midwife role with responsibility for breastfeeding co-ordination and consider posts that require a higher level practice to support service developments.

Effective education is required on breastfeeding as part of the pre registration and regular refresher or practice requirements for midwives, health visitors and other relevant health professionals. This education needs to encourage changes in attitude as well as knowledge. The education should also address practical issues such as time pressures, promoting breastfeeding without stigmatising those women who choose to bottle feed; the specific needs of women from minority ethnic groups and the evidence for introducing the subject of infant feeding as early in the pregnancy as possible. In addition pre registration education for doctors should include more on the benefits of breastfeeding.

De briefing programmes may be helpful for midwives and health visitors to enable them to reflect on their own experiences. This would be particularly helpful after they themselves have had children, but equally could help professionals reflect on their views about breastfeeding, including instances where they have failed to successfully support a mother in her desire to breastfeed. This type of programme could be an effective addition to current inservice education programmes.

Regional networks of midwives, health visitors and other relevant health professionals can support the exchange of information and ideas about the promotion of breastfeeding and offer peer support. The All Wales Breastfeeding Forum is a multidisciplinary networking group which meets twice yearly to share information. Some local areas already have effective multidisciplinary breastfeeding advisory groups e.g. South Bro Taf Multidisciplinary Group that meets to discuss local breastfeeding issues.

Recommendations for Action	Lead Agencies
(13) Include adequate and appropriate breastfeeding education, provided by a suitably qualified professional or breastfeeding counsellor, in all medical, nursing, health visiting and midwifery training.	Higher Education Institutions Welsh National Board Royal Colleges
(14) Include breastfeeding education as part of the continuous professional development requirements for all professionals providing care to mothers and babies.	Higher Education Institutions, Welsh National Board, Royal Colleges NHS Trusts
(15) Consider the development of a specialist health visitor/midwife role with responsibility for breastfeeding co-ordination.	NHS Trusts

## 2.2.5 Community Health Care

**Strategic Objective: - Easy access to good breastfeeding advice.**

Women need easy access to appropriate help and support from primary care providers, in particular the midwife, health visitor and general practitioner. It is important that these health professionals working in the community give consistent evidenced-based advice.

This is the type of issue that could be addressed by a local communication strategy aimed at ensuring that all health professionals give consistent and appropriate messages, used in conjunction with care pathways.

Others working in the community may be approached for advice for example: -

- Practice nurses may be asked for advice about breastfeeding particularly at immunisation sessions.
- Community Psychiatric nurses need appropriate information to ensure they are able to support women who are breastfeeding and who have a mental illness, particularly postnatal depression.
- Community Pharmacists may also be approached for advice on whether a certain medication is safe to take when breastfeeding such as prescribed medication e.g. oral contraception or medications which may be purchased including herbal preparations.

While it is unrealistic to expect a detailed knowledge of all aspects of breastfeeding, professionals in regular professional contact with mothers and babies should know where they can obtain information and who they can refer women to for advice.

The UK UNICEF Baby Friendly Initiative in the community is an accreditation scheme which focuses on community based health care and provides a "seven point plan" for the protection, promotion and support in community health care settings. The scheme was introduced in 1998 and although currently not formally evaluated may provide a positive framework for improving breastfeeding support in the community.

Health Authorities, Local Health Alliances and NHS Trusts need to encourage better team working between the Voluntary Sector, relevant professionals, including midwives, health visitors, general practitioners and health promotion specialists. Positive examples might be:

- Encouraging multidisciplinary forums where local breastfeeding issues can be considered and care pathways developed for the management of common breastfeeding problems.
- Offering free use of buildings for breastfeeding promotion.
- Encouraging the development of support groups.

Recommendations for Action	Lead Agencies
(16) Provide 24-hour access for mothers to good breastfeeding advice and support for at least 4 months following delivery.	NHS Trusts

## 2.3 Home and Breastfeeding

**Strategic Objective: - Promotion of a home environment that supports breastfeeding women.**

The home environment provides fundamental support for breastfeeding women; involvement of key individuals who will provide support is essential early in the antenatal period.

Having the right support is essential and all women who breastfeed can benefit from help and support especially in the first 3-4 weeks after birth when there is a need for emotional support, practical help and skilled assistance.

Women's partners, their own mothers and sometimes grandmothers, have a marked role in influencing both the uptake and duration of breastfeeding. In many areas currently, they are often either excluded or only nominally included in antenatal classes and other health sector activities that support new mothers. There is a need for close family to understand the needs of the breastfeeding mother; her need to sleep when the baby is sleeping; to have an understanding of the benefits for mother and baby; and the need for unrestricted baby-led feeding.

Many older women who are relatives or friends will be involved in supporting new mothers but may have bottle fed their babies and have little experience of breastfeeding. There is therefore a need to find ways of addressing these issues

in the antenatal period; for example, a special antenatal session for women's own mothers or other supporters, or just by opportunistically involving relatives in a discussion about breastfeeding. Support and advice should also be given to new mothers to help them understand why their mothers or other relatives may have negative feelings about breastfeeding. Local breastfeeding support groups might consider inviting the extended family to some of their sessions.

Midwives actively including fathers in breastfeeding education as early as possible during pregnancy could also help to address these issues. Providing antenatal sessions which include opportunities and exercises to help couples communicate with one another about their feelings and attitudes toward breastfeeding and to help the fathers better understand the benefits of breastfeeding may have positive effects.

Recommendations for Action	Lead Agencies
(17) Review the approaches that midwives use when discussing breastfeeding in the antenatal period.	Lead Supervisors of Midwives Royal College of Midwives
(18) Encourage women intending to breastfeed to make contact with local breastfeeding networks in the antenatal period.	NHS Trusts

## 2.4 The Community and Breastfeeding

**Strategic Objective: - A community environment that supports breastfeeding women.**

Peer support, either mother-to-mother, or in-groups, is one of the most promising approaches to increasing the initiation and duration of breastfeeding. Organisations such as the National Childbirth Trust encourage peer support groups throughout the UK. Although there is a wide geographical spread of these groups there is a tendency for many of them to be predominantly middle-class mothers. However, in Wales there are large areas of deprivation and approaches are needed to develop peer group support that will be more sustainable in these types of communities.

Mother-to-mother support can be of two types. One model is that women who have breastfed themselves undertake training and then act as breastfeeding counsellors, providing a resource for new mothers who have recently left hospital. Again, on the whole, this model is more usually seen in the middle class areas where women have the confidence and the time to be trained.

A second model is that used in Sweden, where more experienced mothers who have successfully breastfed, volunteer to link with new mothers who are just leaving hospital, to provide them with support in establishing and maintaining breastfeeding. Similar schemes have been successfully implemented in deprived areas of Glasgow.

There is a need to identify the most effective approaches to developing effective support groups and peer support models in Wales. There is also a need for proper evaluation of these schemes. Health Authorities and Voluntary Organisations could work together to establish mother-to-mother and group support systems, especially in the most deprived areas and with teenage mothers; they may wish to consider paying women in the most deprived areas to be breastfeeding supporters. Such networks could form the basis of community development work and members encouraged to contribute towards more positive attitudes to breastfeeding in their own communities, including using the local media.

Local Authorities, health services and Voluntary Organisations working in **Sure Start** programmes could include breastfeeding support as one of their core services. For example, drop in sessions, befriending and providing information and advice about child health and development, are currently mentioned in the **Sure Start** programme in the Welsh Health Circular (Welsh office 1999). These could specifically include breastfeeding support as projects are developed.

Recommendations for Action	Lead Agencies
(19) Develop specific local schemes aimed at providing local peer support networks in the antenatal and postnatal period.	Sure Start Partnerships Local Health Groups
(20) Encourage the development of breastfeeding support groups in partnership between midwives, health visitors and the Voluntary Sector.	NHS Trusts
(21) Encourage the development of projects via Sure Start partnerships for midwife/ health visitor roles that encourage breastfeeding peer support schemes.	Sure Start Partnerships

## 2.5 Schools and Breastfeeding

**Strategic Objective:** - Stimulate consideration of infant feeding early in life.

The promotion of breastfeeding in a schools context could be through sex and relationship education, which in turn is an integral part of the non-statutory Personal & Social Education Framework. A revised Framework was introduced in September 2000; it is not part of the National Curriculum in Wales. The Statutory National Curriculum Science Order does cover teaching about the basic biology of human reproduction but not specifically human lactation.

In primary schools, Governors decide at what stage sex education should be offered. As a result, there is considerable variation in practice between different schools. In secondary schools, sex education must be provided, and the Governors must provide a written policy. The Schools Inspection process includes reports on the effectiveness of the programmes for Personal and Social Development.



Local Health Groups or Breastfeeding support groups may wish to discuss with local schools the potential role schools have in promoting the normality and health benefits of breastfeeding and draw to their attention the suitable teaching packs that are available. School nurses may have a role to play in providing positive and consistent information about the benefits of breastfeeding to boys and girls.

Recommendations for Action	Lead Agencies
(22) Include appropriate reference to breastfeeding in the National Assembly for Wales Sex & Relationship Guidance.	National Assembly for Wales
(23) Strengthen partnerships between schools and local health professionals who can provide consistent advice on breastfeeding advantages and issues.	Local schools NHS Trusts

## 2.6 Public places and Breastfeeding

**Strategic Objective - Outside of the home, women have the choice of either somewhere private to breastfeed or the freedom to breastfeed in public places.**

Over more recent times we are seeing a more baby friendly environment evolving e.g. baby changing rooms in shops. Society has however become more comfortable with bottle-feeding as opposed to breastfeeding. Baby changing facilities are often labelled with the picture of a feeding bottle, reinforcing the image that bottle-feeding is the norm. This has created many difficulties for women when breastfeeding outside their home environment.

It is very important to promote the concept that when breastfeeding outside the home women have the choice of either somewhere private to breastfeed or the freedom to breastfeed in public places. In reality, although they are improving, facilities are often inadequate and located in unsuitable environments e.g. toilets. Negative attitudes to breastfeeding in public are also prevalent. Steps that can be taken to address these issues could include - comfortable and appropriately sited breastfeeding facilities and the development of breastfeeding policies.

Local Health Alliances need to work in partnership with the commercial sector to encourage existing premises to provide breastfeeding facilities and develop appropriate policies. Health Authorities and the NHS could lead the way in ensuring that their premises have appropriate breastfeeding facilities. Local Authorities could make these facilities part of the planning requirement for new shopping centres and stores.

The National Childbirth Trust has produced a "You can do it here" Directory of Breastfeeding friendly places. Established breastfeeding support groups might wish to take an active part in developing similar Directories of breastfeeding friendly establishments in the local community. The Wrexham Baby Friendly Register scheme is described in Section 2.10.

Recommendations for Action	Lead Agencies
(24) Encourage supportive community environments by facilitating local initiatives between local businesses, local councils, industry, leisure services and health workers to promote breastfeeding in the community.	Local Health Alliances

## 2.7 Returning To Work and Breastfeeding

**Strategic Objective: - A workplace environment that supports breastfeeding women.**

Deciding whether to go back to work following childbirth is a dilemma facing many women. Women need to work for many reasons but there is often little support for women who return to work when they are breastfeeding. Countries like Scandinavia have laws that enable the women to work and have time and facilities to be with their babies during the working day.

Many women find the demands of working and breastfeeding too difficult and stop breastfeeding long before they would have wished.

The Maternity Alliance (1997) developed good practice guidelines for work places that employ breastfeeding women. These guidelines include: -

- A maternity policy which allows extended maternity absence.
- Supplementation of statutory maternity pay.
- An opportunity for new mothers to return on a part-time or job-share basis.
- Child care facilities either on site or nearby.
- Facilities for breastfeeding or expressing milk.
- Breaks to breastfeed or express milk.
- Encouraging staff sensitivity.
- Developing and implementing a maternity policy.

Health Authorities need to work in partnership with local employers to promote the benefits of breastfeeding policy with a view to encouraging adoption of good practice guidelines by as many local employers as possible.

Recommendations for Action	Lead Agencies
(25) Encourage breastfeeding friendly work place initiatives by developing good practice guidelines for employers.	National Assembly for Wales



## 2.8 Monitoring and Evaluation

### Strategic Objective: - Provide a framework for Performance Management

Effective monitoring and evaluation of interventions are a key aspect of this strategy. Five-year targets for the improvement of breastfeeding initiation and continuation rates are given. The targets, based on defined local areas rather than NHS service providers demonstrates and highlights the current diversity of breastfeeding rates and the contribution that maternity services, community based services and the local community all have in contributing to promoting breastfeeding. Additionally Health Authorities need to regularly audit professional practice and all local projects and networks need to have good quality evaluation built in.

Recommendations for Action	Lead Agencies
(26) Increase rates of breastfeeding intention (as indicated on the birth notification form) by Local Health Group <b>by 5% by 2005</b> . Increase rates of breastfeeding continuation (by Local Health Group) at eight weeks of age or first immunisation <b>by 10% by 2005</b> .	NHS Trusts Local Health Groups
(27) Health Authorities to publish annual data on breastfeeding rates giving details of rates by Local Health Group and GP practice.	Health Authorities

## 2.9 Gaps in the Research Evidence

**Strategic Objective – Improve knowledge of factors and interventions which increase the initiation and continuation of breastfeeding in Wales.**

The review of the evidence for promoting an increase in breastfeeding revealed some gaps in knowledge. Lack of consistency in research studies makes it difficult to draw conclusions about the relative importance of factors that encourage or inhibit breastfeeding. Some recommendations for future breastfeeding research are made.

Recommendations for Action	Lead Agencies
<p>(28) Further research, using an increased consistency of method, is needed into:-</p> <ul style="list-style-type: none"> <li>• factors that influence breastfeeding in teenage mothers and on practical interventions which have the potential to encourage higher initiation rates and longer duration of breastfeeding in this group.</li> <li>• the potential for schools to positively promote breastfeeding.</li> <li>• proper evaluation of community based initiatives.</li> <li>• how to influence and promote breastfeeding in women from minority ethnic and socially excluded groups and how they can be supported to breastfeed.</li> <li>• the role of fathers to identify factors that differentiate fathers who are supportive from those who are negative about breastfeeding and how these differences can be addressed.</li> <li>• the impact of the advertising of breast milk substitutes.</li> </ul>	<p>Welsh Office of Research and Development</p> <p>Higher Education Institutions</p> <p>Nurse Executive Wales Research and Development sub-group</p>

## 2.10 Examples of current breastfeeding initiatives in Wales

The National Breastfeeding Conference held during Breastfeeding Awareness week May 2000 provided examples of the present initiatives in Wales. These initiatives included:

## Developing a Community Peer Support Group - Denscombe Clinic, Caerphilly

This group was set up in November 1998 by a health visitor in the Caerphilly area following her own personal experience of the need for support with breastfeeding.

Support for breastfeeding mothers is important as the UK figures suggest that 80% of those who give up breastfeeding before 4 months do so earlier than they wished.

The group of approximately 15-20 mothers meets weekly for 2 hours with mothers, babies and toddlers attending. The mothers "set the agenda". They often request that the health visitor weigh their baby during the sessions as they feel that this is a "less threatening" environment.

There has been limited involvement of the Voluntary Sector due to the lack of volunteers in the area, however some of the mothers who attend the group are now undertaking NCT counsellor training. Gwent NHS Trust supports this scheme.

## Good Practice for Parents with Premature Babies - The Royal Glamorgan Hospital

Having a baby admitted to the neonatal intensive care is a stressful and frightening time for parents and with concerns about their baby's chances of survival. Deciding how to "feed" their baby is understandably often not a high priority. Within the Royal Glamorgan Hospital there has been a determined effort by all staff to encourage and support all women to breastfeed including those with babies requiring admission to the neonatal unit. 95% of mothers now express breast milk for their babies in the neonatal unit (and 40% of these women had not previously intended to breastfeed).

The support given includes:

- Camera links between the neonatal unit and the postnatal ward.
- "Open" visiting policy – enabling family visiting at all times.
- Family centred care where all members of the family are involved in the care as appropriate.
- Encouraging mothers to touch their babies whenever they wish.
- Provision of breastfeeding information relating to all aspects including expressing and storage of breastmilk.
- Availability of a breastfeeding room where mothers can sit in comfort to express milk.
- Provision of breast pumps for mothers at home, which are free of charge.
- Parental involvement in cup and tube feeding.
- Transitional care on the postnatal ward to enable mothers to establish breastfeeding prior to transfer home.
- Provision of an environment where mothers can stay with their small baby if well enough to leave the neonatal intensive care but not ready to return home.
- Staff rotation between maternity and neonatal unit.
- Siblings are always welcome and encouraged to take part in the care of their new baby, this can include staying with the parents on the ward prior to transfer home.
- Following this package of care 68% of mothers are still breastfeeding when their babies are discharged home.

## Wrexham Baby Friendly Register – Developing a Supportive Community Environment

The North Wales Health Authority has funded a five-year pilot project to develop a register of "baby friendly" premises providing a supportive environment for breastfeeding mothers and their babies in the Wrexham Maelor area. The scheme now has 52 premises on its register, which include; a hospital, swimming pools, housing estate offices, leisure centres and 12 private sector organisations. This is a quality assured scheme and to date 52 premises have achieved registration status. Each of the registered premises prominently displays the scheme logo – the National Babycare Symbol.

Registration criteria includes the need for all employees of an establishment to receive training on the benefits of breastfeeding and the need that breastfeeding mothers have for support - from partners, families, friends, schools, workplace and the community. Currently 4758 staff have been trained.

The project has been evaluated in process and impact (although the impact on breastfeeding rates has not been measured because accurate data is not collected), and the scheme has satisfied the original objective of increasing the number of public and private breastfeeding premises in the area of Wrexham Maelor.

Every breastfeeding mother, on discharge from the local hospital, receives a leaflet that lists the premises participating in the scheme. Quality checks are made by volunteer breastfeeding mothers who visit registered premises as 'ghost' shoppers. Local mothers are delighted with the valuable support the service provides.

## Llandough Baby Friendly Initiative - Developing Better Hospital Practice

Llandough hospital like many other hospitals and community areas is working towards the UNICEF Baby Friendly Initiative. This was established in 1991 and aims to offer informed choice to women and to audit breastfeeding practices. "Baby friendly" status has three stages:-

- (1) Certificate of commitment
- (2) UK Standard Award
- (3) Global award

The main focus of the awards is in the attainment of the 10 steps.

The Baby Friendly Initiative can provide a good model for promoting clinical governance; i.e. it is evidence based, has a clear framework, and a quality assured standard. The Breastfeeding co-ordinator at Llandough Hospital stated that from her experience she believes that to be successful in attaining the UK Standard Award the following are prerequisite:

- Wholehearted support of the Manager.
- Development of a comprehensive, multi-disciplinary breastfeeding policy.
- Training, in practical not just theoretical terms.
- A detailed action plan.
- Support of paediatricians, neonatal nurses and midwives.
- Learning from the experiences of others who have already achieved "Baby Friendly" status.



## 3.0 Summary

Wales has very low rates of breastfeeding, marked inequalities in health, and environmental inequities. It also has very high rates of teenage pregnancy. In order to develop a sustainable strategy to promote breastfeeding in Wales a co-ordinated approach is needed involving Health Authorities, Local Authorities, the Voluntary Sector, communities and supported by the National Assembly for Wales.

Tackling inequalities and the causes of inequalities, including inequities of access, social exclusion and lack of Social Capital, are at the heart of the strategy.

**Long-term success will depend upon a shift in culture and attitudes, both amongst the public and health professionals.**

The issues listed below have been identified by way of a summary of the key short, medium and longer term, priorities for action if breastfeeding is to be effectively promoted in a sustainable way in Wales.

Short Term	<p>Improve the continuous professional development of all practising midwives, health visitors and other health professionals involved in the direct care of mothers and babies to enable them to improve their skills in supporting women wishing to breastfeed.</p> <p>Implementation of an All Wales Data set to monitor rates of breastfeeding initiation and continuation.</p>
Medium Term	<p>Development of local strategies to address locally identified breastfeeding issues.</p> <p>Ensure adequate appropriate pre registration education on breastfeeding for all health professionals and continued post registration updating.</p>
Longer Term	<p>Promote the normality of breastfeeding to the community including providing support to women who wish to return to work.</p> <p>Provide school children with information on lactation and positive reasons for breastfeeding.</p>



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## 5.0 Action Plan

Strategic Aim	Recommendations	Lead Agencies
Improve the quality of NHS Services for breastfeeding mothers and their babies.	(1) Health Authorities should designate a named person with responsibility for breastfeeding co-ordination.	Health Authorities
	(2) Implementation of an All Wales data set, enabling monitoring via the child health system.	NHS Trusts
	(3) Make available to Local Health Groups, research based evidence on the health gains of breastfeeding, and potential cost savings to the health service.	Health Authorities
	(4) Local breastfeeding rates should be considered by those developing Health Improvement Programmes (HIP), within the priority setting process.	Health Authorities
	(5) Using the clinical governance framework, establish systems to evaluate the quality of service provided for breastfeeding women and their babies.	NHS Trusts Local Health Groups
	(6) Encourage the development of care pathways for common breastfeeding problems.	NHS Trusts Local Health Groups
	(7) Provide for all women using their services appropriate breastfeeding information which is:- - accurate, culturally sensitive, in appropriate languages - information which does not promote formula milk companies - information which meets the needs of women who have physical or learning disabilities or who are not literate.	NHS Trusts
	(8) Review the "Good Practice Guidance" to support breastfeeding in the NHS and give advice on their future development.	All Wales Breastfeeding Forum National Assembly for Wales

Strategic Aim	Recommendations	Lead Agencies
<b>Improve the quality of NHS Services for breastfeeding mothers and their babies.</b>	(9) Review the breastfeeding information provided for parents in the child health record.	NHS Trusts
	(10) Encourage and support the development of partnerships with Voluntary Sector Groups.	NHS Trusts Local Health Groups
	(11) Review their physical and practice environment to determine whether their organisation promotes and supports breastfeeding, and develop an action plan to improve any identified issues.	NHS Trusts Local Health Groups
	(12) Consider refusing the promotion of breast milk substitutes, materials and sponsorship from the manufacturers of breast milk substitutes on NHS premises and the adoption of the WHO code.	NHS Trusts Local Health Groups
<b>Adequate and appropriate professional education.</b>	(13) Include adequate and appropriate breastfeeding education, provided by a suitably qualified professional or breastfeeding counsellor, in all medical, nursing, health visiting and midwifery training.	Higher Education Institutions
	(14) Include breastfeeding education as part of the continuous professional development requirements for all professionals providing care to mothers and babies.	Higher Education Institution Welsh National Board, Royal Colleges NHS Trusts
<b>Easy access to good breastfeeding advice</b>	(15) Consider the development of a specialist health visitor/midwife role with responsibility for breastfeeding co-ordination.	NHS Trusts
	(16) Provide 24-hour access for mothers to good breastfeeding advice and support for at least 4 months following delivery.	NHS Trusts

Objective	Recommendations	Lead agencies
<b>Promotion of a home environment that supports breastfeeding women.</b>	(17) Review the approaches that midwives use when discussing breastfeeding in the antenatal period.	Lead Supervisors of Midwives RCM
	(18) Encourage women intending to breastfeed to make contact with local breastfeeding networks in the antenatal period.	NHS Trusts
<b>A community environment that supports breastfeeding women.</b>	(19) Develop specific local schemes aimed at providing local peer support networks in the antenatal and postnatal period.	Sure Start Partnerships Local Health Groups
	(20) Encourage the development of breastfeeding support groups in partnership between midwives, health visitors and the Voluntary Sector.	NHS Trusts
	(21) Encourage the development of projects via Sure Start partnerships for midwife/ health visitor roles that encourage breastfeeding peer support schemes.	Sure Start Partnerships
<b>Stimulate consideration of infant feeding early in life</b>	(22) Include appropriate reference to breastfeeding in the National Assembly for Wales Sex & Relationship Guidance.	National Assembly for Wales
	(23) Strengthen partnerships between schools and local health professionals who can provide consistent advice on breastfeeding advantages and issues.	Local schools NHS Trusts
<b>Outside of the home, women have the choice of either somewhere private to breastfeed or the freedom to breastfeed in public places</b>	(24) Encourage supportive community environments by facilitating local initiatives between local businesses, local councils, industry, leisure services and health workers to promote breastfeeding in the community.	Local Health Alliances

Objective	Recommendations	Lead agencies
<b>A workplace environment that supports breastfeeding women.</b>	(25) Encourage breastfeeding friendly work place initiatives by developing good practice guidelines for employers.	National Assembly for Wales
<b>Provide a framework for Performance Management</b>	(26) Increase rates of breastfeeding intention (as indicated on the birth notification form) by Local Health Group by <b>5% by 2005</b> .  Increase rates of breastfeeding continuation (by Local Health Group) at eight weeks of age or first immunisation by <b>10% by 2005</b> .	NHS Trusts  Local Health Groups
	(27) Health Authorities to publish annual data on breastfeeding rates, giving details of rates by Local Health Group and GP practice.	Health Authorities
<b>Improve knowledge of factors and interventions which increase the initiation and continuation of breastfeeding in Wales</b>	(28) Recommendations for Research  Further research using an increased consistency of method is needed into:- <ul style="list-style-type: none"> <li>• factors that influence breastfeeding in teenage mothers, and on practical interventions, which have the potential to encourage higher initiation rates and longer duration of breastfeeding in this group;</li> <li>• the potential for schools to positively promote breastfeeding;</li> <li>• proper evaluation of community based initiatives;</li> <li>• how to influence and promote breastfeeding in women from minority ethnic and socially excluded groups and how they can be supported to breastfeed;</li> <li>• the role of fathers, to identify factors that differentiate fathers who are supportive from those who are negative about breastfeeding, and how these differences can be addressed;</li> <li>• the impact of the advertising of breast milk substitutes.</li> </ul>	Welsh Office of Research and Development  Higher Education Institutions  Nurse Executive Wales Research and Development sub-group