Early years

High Impact Area 3: Breastfeeding
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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Breastfeeding is a priority for improving children’s health and research continues to:

- emphasise the importance of breast milk as the best nourishment for babies aged up to six months and continues to play an important role alongside complementary feeding.
- breastfeeding can play an important role in reducing health inequalities.
- breastfeeding has been shown to have benefits for mother and infant including promoting emotional attachment between them.
- breastfed infants have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.
- breastfed infants may have better neurological development and be at lower risk of tooth decay and cardiovascular disease in later life.
- breastfeeding can be protective against obesity, particularly in those who are genetically predisposed; breastfeeding for 3 months in the first year of a baby’s life reduces the risk of obesity by 7%.
- women who breastfeed are at lower risk of breast cancer, ovarian cancer and hip fractures from reduced bone density.

In addition to this, mothers who breastfeed benefit from a faster return to pre-pregnancy weight.
Health visitors have a clear easily understood national framework on which local services can build. The health visiting 4-5-6 model sets out a four tiered service with increased reach from community action to complex needs, five universal health reviews for all children and the six High Impact Areas where health visitors have the greatest impact on child and family health and wellbeing.

There is wide acknowledgement that health visitors have an important role in supporting breastfeeding. Health visitors are public health nurses and as well as supporting individual mothers, can lead the implementation and delivery of evidence-based public health programmes in the locality. Health visitors can ensure a whole system approach to promoting breastfeeding by implementing the UNICEF Baby Friendly Standards and supporting other settings such as Children’s Centres to become baby friendly including training for early years staff. Health visitors are ideally placed to lead the implementation of targeted support in socially disadvantaged areas, thus helping to improve breastfeeding rates and therefore reduce inequalities in health.

Specifically, training health visitors in breastfeeding support has been shown to be effective in improving breastfeeding rates (Tapin et al., 2006). Health visitors are able to provide practical help and advice to mothers on how to breastfeed, help with managing and resolving breastfeeding problems and building community capacity to support breastfeeding by working with communities to establish peer support and programmes. Both evidence based knowledge and emotional support are required when combined with knowledge of the ‘person-in-situation’ and a non-judgemental approach. Health Visitors are effective in enabling mothers to continue breastfeeding and can support those mothers who are unable or do not wish to continue to breastfeed whilst continuing to promote bonding and secure attachments between mother and infant.

Health Visitors in particular are well positioned to support mothers with breastfeeding because of their continuous and active engagement with mothers and fathers starting antenatally and continuing through the early weeks and months of parenthood. They provide individualised advice on breastfeeding and have a key role in delivering and signposting mothers to breastfeeding peer support programmes and specialist support services, as well as promoting the benefits of breastfeeding with fathers.

Breastfeeding contributes to the health of both the mother and infant in the short and longer term. Women should be made aware of these benefits and those who choose to breastfeed should be supported by a service that is evidence-based and delivers an externally audited, structured programme. Delivery of breastfeeding support should be co-ordinated across the different sectors, health visitors act as the interface with key partners including midwives, GPs. GPNs and early years settings and as partners in a multi-agency approach to this important and shared public health outcome.

All of this is underpinned by the need to meet the Marmot recommendations and The1001 Critical Days to reduce inequalities and give all children the best start in life.
Measures of success/outcome

(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placement, interim proxy measure, measure of access and family experience)

Access:
- evidence of up to date evidence-based multi-agency infant feeding policies setting out best practice in relation to breastfeeding support via local commissioner and provider data

Effective delivery:
- evidence of implementation of evidence-based infant feeding policies setting out best practice in relation to breastfeeding support via local commissioner and provider data.
- breastfeeding initiation.

Outcomes:
- Public Health Outcomes Framework 2.2ii Breastfeeding prevalence at 6-8 weeks after birth - number of infants who are totally or partially breastfed at 6-8 week check via early years profiles.
- demonstrate increased duration of breastfeeding among those least likely to breastfeed i.e. those living in areas of deprivation, mothers aged under 20 years via local commissioner and provider data.
- parental experience feedback from health visitor service user experience on satisfaction with breastfeeding support via local commissioner and provider data.

Other measures can be developed locally and could include measures such as initiatives within health visitors building community capacity role such as developing peer support/engaging fathers/joint developments with parent volunteers and Early years settings and new approaches such as social marketing.
Connection with other policy areas and interfaces
(How does it fit/support wider early years work)

The high impact area documents have been developed to support delivery of the Healthy Child Programme and 0-5 agenda, and also to highlight the link with a number of other interconnecting policy areas e.g. early intervention, health inequalities, troubled families, vulnerable children and social justice. The importance of effective outcomes relies on strong partnership working between all health partners (primary and secondary), Local Authority partners including early years and third sector partners.

- Giving every child a better start
- Promote mother infant attachment – The 1001 Critical Days
- Reduce health inequalities
- Urgent care pathway – reduce emergency hospital admissions for infections and gastroenteritis
- NHS domains – increasing life expectancy, reducing premature deaths etc.
- Children and Young People’s strategies
- Chief Medical Officer Report
- Marmot review
- Public Health Outcomes Framework

How will we get there?

System levers
- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and NHS England
- Public Health England Service Specification supports the high impact areas and delivery of the Healthy Child Programme
- Information sharing agreements in place across all agencies
- Integrated commissioning of services
- Early Years Settings play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approach. Partnerships can use information from Joint Strategic Needs Assessment (JSNA), (including Early Years Foundation Stage Profile data, health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify and respond to agreed joint priorities. Children and Family Centres provide a good focus for co-ordination on this
- Partnership health and wellbeing strategies can prioritise breastfeeding and clarify the roles of health visitors, early years services and Clinical Commissioning Groups
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**Improvement**
- Improved accessibility for vulnerable groups
- Integrated IT systems and information sharing across agencies
- Development and use of integrated pathways
- Systematic collection of service user experience questionnaire to inform action
- Increased use of evidence-based interventions and links to other early years performance indicators
- Improved partnership working e.g. maternity, practice nurses, school nursing and early years settings
- Consistent information for parents and carers
- Antenatal commissioning to be aligned with maternity, primary care and early years
- Appropriate alignment to obesity priority area/strategy, oral health and tooth decay
- Achieving and maintaining Unicef Baby Friendly Initiative

**Professional/Partnership Mobilisation**
- Multi-agency training and supervision in benefits of breastfeeding, both for physical / emotional health and social development
- Effective delivery of universal prevention and early intervention programmes
- Improved understanding of data within the JSNA and at the local Health and Health and Wellbeing Board to better support integrated working of health visiting services with existing Local Authority arrangements to provide a holistic/joined up and improved service for young children, parents and families
- Identification of skills and competence to inform integrated working and skill mix
- Training and supervision in in evidence-based best practice breastfeeding support
- Access to specialist lactation consultants
- Role of health visitors in supervising peer mentor programmes
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Associated Tools and Guidance
(including pathways)

**General**

Healthy Child Programme: Pregnancy and the first five years, Department of Health, 2009

Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015


Fair society, healthy lives (The Marmot review), UCL Institute of Health Equity, 2010

The 1001 Critical Days: The Importance of the Conception to Age Two Period: A cross-party manifesto, WAVE Trust, 2014


Public Health Outcomes Framework 2013 to 2016 and technical updates, Department of Health, 2013


**Sudden Infant Death Syndrome**, NHS Choices, accessed July 2016


New breastfeeding toolkit, The Royal College of Midwives, 2016

Healthy Child Programme 0 to 19: Health visitor and school nurse commissioning, Public Health England, 2016

**NICE Guidance**

Routine postnatal care of women and their babies, NICE guidance [CG37], 2006

Maternal and child nutrition NICE public health guidance, NICE guidance [PH11], 2008

Vitamin D: increasing supplement use among at-risk groups, NICE guidance [PH56], 2014

Division of ankyloglossia (tongue-tie) for breastfeeding, NICE guidance [IPG149], 2005

Postnatal care, NICE guidance [QS37], 2015