BRIEFING PAPER

Cuts to Breastfeeding Support in England

Breastfeeding has huge health and economic benefits for the whole of society, and is recognised by the Department of Health as a 'high priority' area. However, many valuable breastfeeding support services have been cut or are under threat. Since October 2015, when Local Authorities took on responsibility for increasing breastfeeding rates, the situation has worsened. The transition in funding arrangements has been poorly managed, Local Authorities lack sufficient guidance in how to provide integrated breastfeeding support across a range of providers, and services have been hit by huge cuts to both Local Authority and public health budgets. The government must now make the modest but vital investment needed. It must also ensure that Local Authorities meet their responsibilities in providing the breastfeeding support that mothers need and ask for. A National Breastfeeding Strategy must be developed and implemented for the future to ensure that breastfeeding rates – which have stagnated at low levels – do not fall as further cuts are implemented.

Why breastfeeding?

Breastfeeding is among the most powerful of public health interventions. It significantly reduces the risk of disease in mothers and babies, in the short and long term[1]. Despite increases in the number of mothers starting breastfeeding, the **UK has the lowest breastfeeding continuation rates in the world.**[1] Improvements, to reach levels comparable with other developed countries, are achievable and would **save well in excess of £44 million** in costs to the NHS annually.[2]

The savings to the economy as a whole, as result of increased IQ alone, are estimated to be in the region of **£13 billion annually.**[3] The full benefits of breastfeeding to the economy are even greater. Increasing breastfeeding rates modestly would avoid **tens of thousands GP visits, thousands of hospital visits and hundreds of cases of breast cancer.**[2] It would **reduce obesity in children**[1] and **postnatal depression in mothers.**[4,5]

Breastfeeding is also a powerful means of **reducing health and social inequalities,** yet in the UK the most disadvantaged mothers are the least likely to breastfeed, amplifying those inequalities.

Measures proven to improve breastfeeding rates cost very little to implement. Because of the immediate benefits of breastfeeding, it is estimated that **this investment would pay for itself within one year.**[2]

'In sheer, raw, bottom-line economic terms, breastfeeding may be the single best investment a country can make.' – Keith Hansen, World Bank[6]

What is breastfeeding support?

Most mothers in the UK want to breastfeed, but many experience difficulties. Although **81% of mothers in the UK now initiate breastfeeding, less than half are exclusively breastfeeding at 6 weeks**. Most mothers who give up breastfeeding say they wanted to breastfeed for longer.[7]

With skilled, timely, evidence-based support, most mothers are able to breastfeed. Midwives and health visitors play an important role in supporting mothers to breastfeed. **NICE recognises UNICEF Baby Friendly Initiative (BFI) as the *minimum* standard of training**[8,9] (approximately 18 hours of learning).

In the UK, there are **thousands of peer supporters trained to this level and beyond** by voluntary organisations such as the Breastfeeding Network, the Association of Breastfeeding Mothers and NCT. In some areas peer supporters are trained and supervised by the NHS. There are also hundreds of

breastfeeding counsellors with a much higher level of training, and hundreds of **International Board-Certified Lactation Consultants** (IBCLCs), who have the highest level of training. Many of these are affiliated with the above organisations, and some work as **specialist health visitors and midwives or infant feeding coordinators**.

Health visitors have mandated visits at 10-14 days and 6-8 weeks postnatally and are not required to visit again until 1 year. **Many breastfeeding problems will occur during those early weeks, and health visitors do not have the capacity to give adequate support to all mothers during this critical period.** Many mothers will also need support beyond 6-8 weeks.

There are some **excellent models of best practice**, with BFI-trained midwives and health visitors working alongside peer supporters, breastfeeding counsellors and lactation consultants, with clear **pathways of referral for complex cases**.

How much does breastfeeding support cost?
Hampshire breastfeeding drop-in service

- **Total annual cost[10] - £37,000** 12 breastfeeding counsellors seeing 500 mothers and 500 babies, 1400 visits
- Exclusive breastfeeding at 6 weeks of mothers using service - **84% compared with 38%** local average

Oxford Baby Café Group

- **Total annual cost[11] - £40,000**. Cost per visit - **£12**. 2 IBCLCs and 2 breastfeeding counsellors seeing over 1000 mothers, 3000 visits, 14% of total births

How much does it save?

- Overnight hospital stay - **£600,** GP appointment - **£45**
- Improved breastfeeding could result in **54,000 fewer GP visits** and **over 9000 fewer hospital admissions** in the UK as a whole, saving at least £19 million[2]

Breastfeeding is a public health priority

The Department of Health's Healthy Child Programme,[12,13] to be delivered by health visiting teams, identifies increasing **breastfeeding rates to be a public health priority, both on its own and as part of a wider strategy to reduce childhood obesity**.

The Healthy Child Programme:

- mentions the 'many examples of successful local breastfeeding initiatives, and of **voluntary organisations and community groups playing an important role** in promoting and supporting breastfeeding'
- **recommends the adoption of UNICEF's Baby Friendly Initiative in all hospital and community settings**, and 'easy access to professional advice at times of need' as well as peer support

Similarly, NICE recommends[8] **'a co-ordinated programme of interventions, including peer support programmes offering proactive support during the postnatal period'** as well as the implementation of the UNICEF Baby Friendly Initiative as a 'minimum standard'. UNICEF BFI community standards require breastfeeding support services – including peer support and referral pathways for more complex problems – to be available to all mothers.[14]

In July 2014 the Department of Health issued brief guidance to Local Authorities, identifying **six 'high impact' areas** of the Healthy Child Programme to focus on, including breastfeeding (Early Years High Impact Area 3).[15]

However, top-level guidance from NICE and HCP has not been communicated well to Local Authorities, which were given responsibility for early years public health, including breastfeeding, in October 2015. Guidance given to Local Authorities is too vague and overstates the role of the health visiting service, giving the impression that health visitors are able to provide all the breastfeeding support that mothers need.

Breastfeeding – a priority on paper, but not in practice?

The transition of responsibility of breastfeeding promotion and support to Local Authorities has not been well managed. In 2013 NHS England said that in managing this transition 'it will be essential that [NHS England, Clinical Commissioning Groups (CCGs) and local authorities] **work closely and constructively with each other to coordinate their commissioning. Failure to do so would greatly increase the risk of service fragmentation, when the aim is to commission services that are better coordinated and integrated than ever before'.**[16]

This close coordination has not happened. **As a result of this lack of joint working, lack of detailed guidance and recent public health budget cuts, many essential breastfeeding support services are being closed. The closure of children's centres, as a result of cuts in funding to Local Authorities, is also having a big impact on breastfeeding support, which is often delivered in those locations.**[10,11,17] The box below lists the cuts that we are aware of. The list is not comprehensive and it is likely that there are many more cuts than those reported here.

For example, in North Hampshire a highly successful breastfeeding drop-in service run by NCT-trained breastfeeding counsellors is being closed, despite huge support from local mothers and a published evaluation that showed that 93% of mothers had their breastfeeding issues wholly or partially resolved.[19]

The new funding model means that although the costs of public health interventions like breastfeeding support are borne by Local Authorities, all the cost savings accrue to the CCGs. Therefore councils see health prevention as a cost, not as an investment.[10,11]

We know of several local authorities that plan to rely solely on health visitors for breastfeeding support because the health-visiting service has UNICEF Baby Friendly Initiative accreditation. They appear unaware of the BFI requirement for specialist feeding support and peer support, and similar recommendations from both NICE and the Healthy Child Programme (as described above).

The role of Infant Feeding Coordinators is essential in ensuring that suitable plans are in place to meet local needs. However, many of these posts have also been cut in recent years.[18]

Breastfeeding support services being cut*

- Withdrawal of all funding to Oxford Baby Cafés Group and closure of 44 children's centres in Oxfordshire, 40 of which provide breastfeeding support (March 2016)
- Cambridge – two children's centre drop-ins with breastfeeding counsellors/IBCLC cut (2014)
- Cambridgeshire – county-wide reductions in breastfeeding support, 6 groups cut
- Brent – borough-wide peer support ended (October 2015)
- Breast Start Sefton, Southport, Lancashire, to close by June 2016
- Essex – county-wide peer support services closed due to budget cuts.
- Bristol – loss of paid breastfeeding counselling support
- Bournemouth and Poole – paid breastfeeding support to end (April 2016)
- Tamworth, Staffordshire – peer support home visits ended (March 2015)
- Southwark and Lambeth – breastfeeding support service at King's College Hospital Trust closed (September 2015)
- Bradford – closure of breastfeeding support service (August 2015)
- Lewisham council cuts to Baby Cafes and peer support (2016)
- Hampshire – (north and central): 8 groups run by breastfeeding counsellors to close
- Derbyshire –proposed closure of 32 children's centres, where breastfeeding support groups are held
- Milton Keynes Breastfeeding Café – council funding ended
- Brighton and Hove – targeted home-visiting service in the deprived area of East Brighton cut (April 2016)
- Gloucestershire – 30 out of 46 children's centres to close. Breastfeeding drop-ins at centres to close (April 2016)
- Breastfeeding Network reports reduced budgets and delays in confirming funding across many peer support projects, including: Reading, Wokingham and West Berkshire; Tameside and Glossop; Gloucestershire; London Borough of Hackney; London Borough of Homerton; London Borough of Tower Hamlets; Portsmouth; Windsor, Ascot and Maidenhead; Bracknell Forest. Funding has ceased in Gosport and Havant.
- Baby Cafes (run by NCT) dropped from 97 in late 2014 to 64 in late 2015
- Salford City Council – NCT peer support training ended (2015)
- Enfield Council – NCT peer support training ended (2015)
- Kenilworth – NCT breastfeeding drop-ins closed (2015)
- Greenwich Council – NCT breastfeeding support ended (2015)
- Lancashire County Council – NCT peer support service under threat due to budget cuts
- Many infant feeding lead posts have been cut across England.
- Health visiting services will be at risk of decommissioning after 2017 when they are no longer mandated.

*Some of the services closing are exemplary and include case studies highlighted by NICE as examples of best practice.

Recommended action by Department of Health

- **Ensure that Public Health England/UNICEF Baby Friendly Initiative guidance on commissioning is published without delay to provide detailed evidence for Local Authorities** on how to meet their responsibility to improve support for breastfeeding. This should include details of the 'mixed economy' of services required – including BFI-trained health professionals, peer supporters, breastfeeding counsellors, specialist midwives and lactation consultants, working together to provide an integrated service with appropriate referral pathways, led by an infant feeding coordinator.

- **Make breastfeeding a priority in practice not just on paper by making UNICEF Baby Friendly Initiative maternity and community accreditation – including peer and specialist breastfeeding support – a mandatory requirement.** This is already the case in Scotland and Northern Ireland.

- **Ensure that funding for this vital investment in public health is ring-fenced. Breastfeeding support must be included in the upcoming Obesity Strategy, and the recently announced 'sugar tax' would be a logical source of this funding in the future,** in recognition of the impact of breastfeeding on reducing obesity. **The approximate funding required for the above measures is in the region of £20 million**[2]**.**

- **Ensure that Local Authorities coordinate closely with CCGs in mapping breastfeeding support services and assessing the impact of any changes.**

- **Introduce measures of breastfeeding at 4–6 months in the Public Health Outcomes Framework and ensure that Local Authorities support the continuation of breastfeeding beyond 6–8 weeks,** in line with Department of Health recommendations that babies should be breastfed exclusively for 6 months, followed by continued breastfeeding alongside the introduction of solid food.

- **Establish and sustain a multi-sectorial National Breastfeeding Committee**, with coordination across the four countries of the UK and an expert coordinator in each, building on existing work in Scotland and Northern Ireland. The committee would **develop and monitor the implementation of a National Breastfeeding Strategy** that is regularly refreshed.

- Skilled breastfeeding support is a powerful intervention for improving breastfeeding rates. However, it is not the only measure that is needed. **A National Breastfeeding Strategy would address all the factors that affect breastfeeding rates, including advertising of formula milk, training of all health professionals, public health information, public attitudes to breastfeeding, support in the workplace and monitoring of breastfeeding outcomes.**

Briefing produced in association with WBTi UK Working Group, the Breastfeeding Network, Association of Breastfeeding Mothers, NCT, La Leche League GB, Oxford Baby Cafés Group, Hampshire Breastfeeding Counselling, Oxfordshire Baby Friendly Alliance, BEARS (Derbyshire), Cambridge Breastfeeding Alliance, Northamptonshire Breastfeeding Alliance.

References

1. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect (30 January 2016), Victora, CG et al, The Lancet, Volume 387, Issue 10017, 475-490

2. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK (October 2012), Mary Renfrew et al, Unicef UK [numbers adjusted for inflation]

3. Why invest, and what it will take to improve breastfeeding practices? (30 January 2016), Nigel C Rollins et al, The Lancet Volume 387, No. 10017, 491–504

4. New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions (2015), Borra, C et al, Maternal and Child Health Journal Vol 19, Issue 4, 897-907

5. Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties (2016), Brown A. et al, Journal of Advanced Nursing 72(2), 273–282.

6. The Power of Nutrition and the Power of Breastfeeding (2015), Keith Hansen, Breastfeeding Medicine, Volume 10, Number 8

7. Infant Feeding Survey 2010 (2012), Fiona McAndrew et al, Health and Social Care Information Centre

8. Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households (2008), NICE guidelines PH11

9. Routine postnatal care of women and their babies (2013), NICE quality standard QS37

10. Written evidence submitted by Hampshire Breastfeeding Counselling to the House of Commons Health Select Committee Inquiry: Public health post-2013: structures, organisation, funding and delivery (PHP0112) (March 2016)

11. Written evidence submitted by Oxfordshire Baby Friendly Alliance to the House of Commons Health Select Committee Inquiry: Public health post-2013: structures, organisation, funding and delivery (PHP0111) (March 2016)

12. Healthy Child Programme: Pregnancy and the first five years of life, Department of Health (2009)

13. Rapid Review to Update Evidence for the Healthy Child Programme 0–5, Department of Health (2015)

14. Guide to the Baby Friendly Initiative standards, Unicef UK (2012)

15. Early Years High Impact Area 3 – Breastfeeding (Initiation and Duration), Department of Health/Local Government Association (2014)

16. Securing Excellence In Commissioning For Healthy Child Programme 0-5 Years 2013-2015, NHS England, August (2013)

17. Written evidence submitted by the Breastfeeding Network (BfN) and the Association of Breastfeeding Mothers (ABM) to the House of Commons Health Select Committee Inquiry: Public health post-2013: structures, organisation, funding and delivery (PHP0109) (March 2016)

18. Breastfeeding figures fall as NHS budget is cut, The Guardian, 22 June 2013

19. Crowdy, S., Noble, M., Robertson, F. MIDIRS Midwifery Digest, vol 26, no 1, March 2016, pp 89–92