



## Community breastfeeding support in Oxfordshire

**Oxfordshire Baby Friendly Alliance, an umbrella group representing new parents and those who support them, is working towards implementation of the UNICEF Baby Friendly Initiative at every level in Oxfordshire.**

### Why is breastfeeding support important?

- Lack of breastfeeding is significantly associated with increased risk of ill-health for both baby and mother, for a wide range of conditions including (for the baby): upper respiratory tract infection, gastroenteritis, middle ear infection, necrotising enterocolitis, type 1 and 2 diabetes, childhood leukaemia, childhood obesity, SIDS and (for the mother) breast and ovarian cancer.<sup>i</sup>
- Lack of breastfeeding costs money: directly to the NHS through increased illness of mother and baby, and indirectly to the economy through maternal sick leave and parental absence from work to care for sick children.<sup>ii</sup>
- Lack of breastfeeding disproportionately affects families from lower socio-economic and disadvantaged groups. The effects of interventions to support breastfeeding are stronger for less educated and more economically disadvantaged mothers.<sup>iii</sup>
- Mothers want to breastfeed but are not receiving the support they need to do so successfully. The last national Infant Feeding Survey (2010) showed that 83% of mothers in England initiated breastfeeding, but that only 57% were still doing any breastfeeding 6-8 weeks later.<sup>iv</sup> According to the NCT, *"Most women (90% of those who stop in the first 6 weeks) stop breastfeeding before they wanted to because they do not receive accurate information and sufficient support"*.<sup>v</sup>
- On October 24<sup>th</sup> 2013 the Chief Medical Officer for England published a report in which she supports widespread implementation of the **Baby Friendly Initiative** as part of the call to further improve children's health, arguing that extra investment now will lead to greater cost savings and better outcomes in the future.<sup>vi</sup>

### What is the Baby Friendly Initiative?

- The Baby Friendly Initiative, established in 1992, is a worldwide programme of the World Health Organization and UNICEF. Baby Friendly UK was launched in 1994.
- The Baby Friendly Initiative works with healthcare and other providers to ensure a high standard of care for pregnant women, parents and babies in relation to infant feeding (both breastfeeding and bottle-feeding). Support is provided for facilities that are seeking to

implement best practice and a three-stage assessment and accreditation process recognises those that have achieved the required standard.<sup>vii</sup>

- Baby Friendly accreditation is the minimum standard recommended for maternity services in the UK (NICE 2006<sup>viii</sup>, 2008<sup>ix</sup>).
- The Baby Friendly Initiative recognises **community breastfeeding support** as a key element of care in its "Ten Steps to Successful Breastfeeding" framework. The final step in delivering BFI-accredited maternity services is to "*Identify sources of national and local support for breastfeeding and ensure that mothers know how to access these prior to discharge from hospital*".<sup>x</sup>

## Who delivers community breastfeeding support in Oxfordshire?

- **Midwives and Maternity Support Workers** care for women following hospital discharge or home birth: typically for 10-14 days after birth, up to a maximum of 28 days. Most women receive a maximum of 3 home visits: on day 1 after discharge, day 4-5 after birth, and day 10. Tasks carried out on these visits include checking the physical recovery of the mother, weighing the baby and advising on all aspects of baby care, including feeding.
- By March 2014 all or most of the Maternity Support Workers will have received UNICEF training.<sup>xi xii</sup> Although some midwives are highly skilled in feeding support, the majority have not yet had UNICEF training and women frequently complain of inconsistent feeding advice and support.<sup>xiii</sup> (The exception is newly-qualified staff: in 2011 Oxford Brookes' Midwifery course became one of the first in the country to receive full Baby Friendly accreditation).
- **Health visitors** provide a universal service to all families. This starts antenatally and continues until the youngest child is 5 (and sometimes longer). Health visitor teams across the county include health visitors (trained nurses who have done an additional 1 year university course), community staff nurses and nursery nurses. Health visitors provide the majority of NHS breastfeeding support after discharge from midwives (usually at 10-14 days). Most clinicians within Health visiting teams have been trained to a 2 day syllabus that meets Baby Friendly requirements. Whilst the Oxford Brookes' Health Visiting course is not currently delivering UNICEF training to student Health Visitors, those who are sponsored by Oxford Health are being offered this.
- There is a **breastfeeding support worker** service, which works alongside Health Visiting teams to provide targeted one to one antenatal and breastfeeding support in the most deprived areas of southeast Oxford and Banbury.
- **Local voluntary breastfeeding organisations** give breastfeeding support via trained volunteer breastfeeding counsellors.<sup>xiv</sup> In Oxfordshire, La Leche League is the largest player, with 7 trained breastfeeding counsellors giving telephone help and running support groups in Oxford city only. All of these are mothers with young children of their own.<sup>xv</sup>
- **National voluntary organisations:** the NCT, La Leche League, Breastfeeding Network and the Association of Breastfeeding Mothers run telephone helplines.
- **Lactation Consultants (IBCLCs)** in private practice offer fee-paying services.<sup>xvi xvii</sup>
- **Drop-in breastfeeding support services** provide the bulk of breastfeeding support in Oxfordshire. The majority of drop-in breastfeeding support is given via **Baby Café**.

## What does Baby Café do in Oxfordshire?

- Baby Café is an international network of breastfeeding drop-in sessions, which originated in West Sussex in 2000. Abingdon Baby Café was the second in the UK. Baby Café merged with the NCT in 2010.<sup>xviii</sup>
- Baby Café is a strong brand, with all licensed Baby Cafés operating to clearly specified standards. Baby Café Facilitators must be trained to the level of breastfeeding counsellor or beyond. They are assisted by trained Peer Supporters; usually mothers who have used the service themselves and volunteer their time to help other mothers.<sup>xix</sup>
- Baby Café in Oxfordshire comprises 14 weekly 2-hour sessions (8 in Oxford city, 2 in Abingdon, 1 each in Wheatley, Ambrosden, Wallingford and Banbury).<sup>xx</sup>
- There are 4 weekly Baby Café sessions at the JR Women’s Centre, for in-patients only; the only in-patient Baby Cafés in the world.<sup>xxi</sup> One is run as a training Baby Café by the Midwifery course tutors at Oxford Brookes, the others by UNICEF-trained midwives/nurses.
- All the community Baby Cafés except one operate in Children’s Centres. Jericho Baby Café (at Jericho Health Centre) is commissioned and funded by North Oxford Children’s Centre.
- Nationally, Baby Cafés operate under a variety of funding arrangements. In Oxfordshire, all the Baby Cafés except one (Wallingford) are commissioned by Children’s Centres and/or funded out of their core budget. Wallingford Baby Café started with Lottery funding but after a year is in imminent danger of closure.

## What other drop-in breastfeeding support services are there?

- Other (non-Baby Café) drop-in breastfeeding support services run at the John Radcliffe Hospital, the Horton Hospital in Banbury and in Children’s Centres at Abingdon, Banbury, Berinsfield, Bicester, Carterton, Didcot, Kidlington and Witney. They are run by various combinations of health professionals, Children’s Centre staff and peer supporters.

## Why are Children’s Centres an ideal venue for community breastfeeding support?

- One of the Core Purposes of Children’s Centres is *“to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in... child and family health and life chances”*<sup>xxii</sup>
- Breastfeeding support is specified in the remit of Oxfordshire’s Children’s Centres. One of the Key Performance Indicator targets is to increase the number of women breastfeeding at 6-8 weeks.
- The Baby Café model recognises that social interaction and peer support between the mothers themselves can be as important in sustaining breastfeeding as the skilled input of the facilitator. A Baby Café is not a clinical setting. Children’s Centres are community spaces where families meet and create networks of support. The two services are natural partners; evinced by the growth of Baby Cafés within Children’s Centres all over the UK.

- Children’s Centres provide a suitable physical environment, with breastfeeding-friendly seating, changing facilities, toys for older siblings, scales for weighing babies and plenty of information leaflets and other resources aimed at young families.
- Children’s Centre staff members are on hand to advise on benefits, provide support to minority communities (such as interpretation for mothers who have limited English) and to help parents access other local services.
- Some Children’s Centre staff have been trained to offer basic breastfeeding support as part of their everyday role; either via UNICEF or peer supporter training.
- Health Visiting and midwifery services operate in most Children’s Centres, and work innovatively to provide both antenatal education and postnatal feeding support.
- Baby Café is a well-integrated part of a family’s “journey” through the centres in which it operates. The mother might come for her antenatal appointments with her midwife, during which she is introduced to Baby Café and attends for information on feeding<sup>xxiii</sup> and to meet local mums and babies. After her baby’s birth she may come to the centre for breastfeeding support from Baby Café alongside postnatal check-ups with her midwife. Her older children and her partner/supporter are also able to attend. As her baby gets older she moves on to the baby drop-in to meet other local parents, and to get her baby weighed by the Health Visitor, occasionally calling in at Baby Café for information on starting solid food or breastfeeding after she returns to work.

### **Snapshot: East Oxford Baby Café**

- East Oxford Baby Café runs at East Oxford Children’s Centre (behind Tesco on Cowley Road) on Thursday afternoons, at the same time as the “Bumps to Babies” drop-in for under 1s, and a walk-in Health Visitor Clinic. A bed has recently been set up in a side room to enable community midwives to offer ante- and post-natal appointments during the same session.
- Both the midwife and Health Visiting team refer women to Baby Café and/or discuss difficult cases with the facilitator.
- During the 10 months from 1<sup>st</sup> January – 31<sup>st</sup> October 2013, 121 different women, aged 19-44 years, from a wide range of ethnic backgrounds and with educational attainment ranging from no formal qualifications to postgraduate degree, made 282 separate visits to Baby Café, totalling over 500 hours of breastfeeding support. The youngest baby was 2 days old; many were younger than one week. On the busiest day of the year 16 women received help within the 2 hour Baby Café session.<sup>xxiv</sup>

### **Why can’t Children’s Centre staff do all the breastfeeding support themselves?**

- East Oxford is one of 5 pioneering Children’s Centres in the east of Oxford which received Baby Friendly Stage 2 community accreditation in July 2013. The environment has been carefully planned to support breastfeeding and three members of staff have received UNICEF training, enabling them to help women with the basics of breastfeeding and maintaining milk supply when a baby cannot breastfeed. The Baby Café facilitator supported this process and the staff have built on their training by observing and assisting with Baby Café.

- The range of issues which mothers bring to Baby Café frequently extends far beyond UNICEF training. Staff members are well equipped to give basic help to a mother who is starting out with breastfeeding; they are not able to assess or deal with complex problems. The Baby Café facilitator is a Lactation Consultant (IBCLC) with additional experience and training.
- Unfortunately, as postnatal feeding care in Oxfordshire currently falls well short of UNICEF standards, many women are experiencing avoidable complications of breastfeeding, in addition to the minority who will always need specialist support even following excellent postnatal care.

### **Where can you get specialist breastfeeding support in Oxfordshire?**

- UNICEF standards specify that each area should provide specialist breastfeeding support for complex problems.<sup>xxv</sup>
- Oxford Breastfeeding Clinic runs at the John Radcliffe Women’s Centre two days a week, 10am – 3pm, staffed by midwives with a special interest in breastfeeding, supported by volunteers.<sup>xxvi</sup>
- Regardless of decisions about its long term future (following the retirement of the services’ founders in March 2013) it was not, and cannot be in the future, a substitute for community-based support for all breastfeeding mothers. Its purpose is to provide specialist services for the small subset of breastfeeding mothers with very complex problems.

### **Conclusion – why do we need community breastfeeding support and what happens if we lose it?**

- Breastfeeding is a key intervention that reduces ill-health and inequality for both mother and baby.
- The potential for cost savings to the NHS from even modest increases in breastfeeding has been clearly set out in the UNICEF report “Preventing Disease and Saving Resources” (October 2012) and the Chief Medical Officer’s report published in October 2013.
- Successive Office of National Statistics Infant Feeding reports have shown that although most mothers start by breastfeeding their newborn baby, without consistent, timely and skilled support few continue for long enough for the health gains / cost savings identified above to be realised.
- Although encouraging progress has been made, Baby Friendly implementation in Oxfordshire is still at a very early stage and most women are not yet receiving good feeding support in hospital.
- Baby Friendly accreditation for all the maternity units in Oxfordshire is highly desirable, but even when fully achieved will not diminish the need for community-based support. The shortage of midwives and the re-organisation of postnatal services over recent years will continue to mean that very little breastfeeding support is provided by midwives, and that only for a very short time. Breastfeeding is a long journey; the World Health Organization and UK Department of Health recommend at least 6 months of exclusive breastfeeding, followed by continuation for as long as mother and child wish. Mothers may need support at any stage along the way.

- Health Visitors are the key healthcare professionals supporting families with babies and young children. They provide a universal service to all families, and additional packages of care where there is additional need; including breast feeding support. Breast feeding is a key performance indicator with a target of 60% babies across the county having some breast milk at 6 weeks (a target shared with children's centres). This aspect of work is seen as a priority, and health visitor teams use a range of strategies, depending on local need, to support women to continue to breastfeed. A central part of this support is being able to refer women to Baby Café, confident that they will receive empathic and highly skilled care.
- Baby Café and similar drop-in services are the mainstay of breastfeeding support in Oxfordshire, and Children's Centres are the locus of most breastfeeding support activity, whether carried out by health professionals, Children's Centre staff or volunteers.
- The 5 Children's Centres in the east of Oxford that have already achieved Stage 2 Baby Friendly community accreditation are a beacon of good practice. Above all, parents value consistency in the care they receive, and the Baby Friendly Initiative provides the structure for this. In these centres, Children's Centre, Health Visiting, Midwifery and Baby Café staff all give consistent feeding support, at a range of levels to meet most needs.
- As currently constituted, the future of breastfeeding support is bound up with that of the Children's Centres. Decision-making regarding the Children's Centres must take into account their function as a major provider of breastfeeding support.
- Losing these services and the consequent breastfeeding "failure" would not only come at high personal cost to local babies and their parents, but also at considerable financial cost to the NHS (particularly GPs and paediatric services) and employers (through increased ill health of employees and their children).

**Oxfordshire Baby Friendly Alliance was founded in September 2012 by concerned parents and those who work with them. It is supported by Oxfordshire NCT branches, Oxford Baby Cafés Group, La Leche League and Breastfeeding Network. It includes representatives from these organisations, together with NHS and independent midwives, health visitors, lactation consultants, breastfeeding counsellors, peer supporters and many parents who want to see good-quality feeding support extended to all families in Oxfordshire.**

**Background information on the implementation of BFI in Oxfordshire can be found in the Oxfordshire Baby Friendly Alliance Briefing dated January 2013.**<sup>xxvii</sup>

### **Contact details**

Oxfordshire Baby Friendly Alliance is on Facebook:  
<https://www.facebook.com/OxfordshireBabyFriendlyAlliance>

For more information. contact Oxfordshire Baby Friendly Alliance Spokesperson **Joanne Bowlit** of Oxford NCT on 01865 554517 or email [oxfordshirebabyfriendly@gmail.com](mailto:oxfordshirebabyfriendly@gmail.com)

**Oxfordshire Baby Friendly Alliance**

<sup>i</sup> An overview of research findings on the health impact of breastfeeding can be found at: <http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Breastfeeding-research---An-overview/>

<sup>ii</sup> In October 2012 UNICEF UK published its report “Preventing Disease and Saving Resources” which modelled the potential cost savings to the NHS from increased breastfeeding rates in relation to 5 health conditions. [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Research/Preventing\\_disease\\_saving\\_resources.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf)

<sup>iii</sup> For more information on the impact of lack of breastfeeding, and its relationship to the priorities set out in the 2012-16 Strategy of Oxfordshire Health and Wellbeing Board (<http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwstrategy.pdf>), see Oxfordshire Baby Friendly Alliance’s Briefing dated January 2013, which can be downloaded from <https://www.facebook.com/groups/378262472251410/416551081755882/>

<sup>iv</sup> <https://catalogue.ic.nhs.uk/publications/public-health/surveys/infant-feed-surv-2010/ifs-uk-2010-sum.pdf>

<sup>v</sup> [http://www.nct.org.uk/sites/default/files/related\\_documents/BF4%20Breastfeeding.pdf](http://www.nct.org.uk/sites/default/files/related_documents/BF4%20Breastfeeding.pdf) p. 2

<sup>vi</sup> <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

<sup>vii</sup> Baby Friendly accreditation of maternity services is based on a series of “10 Steps”; evidence-based practice which a service must embed in policy, staff training and day-to-day care of families. Information about the process of Baby Friendly accreditation can be found at <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/>

<sup>viii</sup> NICE Clinical Guideline 37, Postnatal Care: Routine postnatal care of women and their babies, July 2006 <http://www.nice.org.uk/nicemedia/live/10988/30144/30144.pdf> p. 8

<sup>ix</sup> **“Who should take action?”**

*Commissioners and managers of maternity and children’s services.*

**What action should they take?**

• *Adopt a multifaceted approach or a coordinated programme of interventions across different settings to increase breastfeeding rates. It should include:*

*activities to raise awareness of the benefits of – and how to overcome the barriers to – breastfeeding training for health professionals*

*breastfeeding peer-support programmes*

*joint working between health professionals and peer supporters*

*education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period (the support may be provided by a volunteer).*

• *Implement a structured programme that encourages breastfeeding, using BFI as a minimum standard. The programme should be subject to external evaluation. “*

NICE Public Health Guidance 11, Improving the Nutrition of Pregnant and Breastfeeding Mothers and Children in Low-Income Households, March 2008 <http://www.nice.org.uk/nicemedia/pdf/PH011guidance.pdf> pp. 10-11

<sup>x</sup> <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/Ten-Steps-to-Successful-Breastfeeding/>

<sup>xi</sup> **UNICEF training** comprises two full days (16 hours) of lactation education for midwifery staff, health visitors, Children’s Centre staff or neonatal staff. Locally, it is delivered as “The Oxfordshire Breastfeeding Management Course” by trainers who have completed UNICEF’s advanced “Train the Trainer” course. Further information on all these courses can be found at <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/>

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<sup>xii</sup> The 8 year Breastfeeding Strategy at OUHT includes delivery of UNICEF training to all Maternity Support Workers in year 1 (April 2013-March 2014) and all midwives in year 2 (April 2014-March 2015).

<sup>xiii</sup> A series of case studies collected by OBFA in 2012 can be downloaded from <https://www.facebook.com/groups/378262472251410/385964884814502/>

<sup>xiv</sup> **Lay breastfeeding counsellors** are mothers who have breastfed their own baby and want to volunteer their time to support other mothers. They typically undertake part-time home study and other training over a period of approximately 1-3 years which enables them to support normal breastfeeding and deal with many common problems. For example, NCT breastfeeding counsellor training is described here: <http://www.nct.org.uk/train-nct/career-opportunities/breastfeeding-counsellors-bfc> and La Leche League Leadership (breastfeeding counsellor) training here: <https://www.llli.org/lad/tall/steps.html>

<sup>xv</sup> For information about the range of services provided by La Leche League Oxford see <http://www.lloxford.org.uk/>

<sup>xvi</sup> **Lactation Consultant (IBCLC)** is the internationally recognised post-graduate level professional qualification in breastfeeding support. Candidates must complete a minimum of 500-1000 clinical hours in breastfeeding and 90 hours of approved lactation education to be eligible to sit the IBLCE exam. Details of the certification process can usually be found at <http://iblce.org/certify/pathways/> but while the site is under reconstruction a summary can be found here: [http://en.wikipedia.org/wiki/International\\_Board-Certified\\_Lactation\\_consultant](http://en.wikipedia.org/wiki/International_Board-Certified_Lactation_consultant)

<sup>xvii</sup> The professional organisation to which most UK Lactation Consultants belong is Lactation Consultants of Great Britain: [http://www.lcgb.org/consultants\\_local\\_south\\_east\\_england.html#O](http://www.lcgb.org/consultants_local_south_east_england.html#O) Of the 7 IBCLCs listed for Oxfordshire, only two are currently in private practice.

<sup>xviii</sup> More information about Baby Café can be found at: <http://www.thebabycafe.org/>

<sup>xix</sup> Oxford Baby Cafés Group delivers a **Peer Supporter training** course of 6 x 2-hour sessions.

<sup>xx</sup> Details of all local Baby Cafés can be found at <http://www.thebabycafe.org/your-nearest-baby-cafe.html>

<sup>xxi</sup> <http://www.thebabycafe.org/news/10002-general-news/219-john-radcliffe-launch.html>

<sup>xxii</sup> Sure Start Statutory Guidance, April 2013, p.7  
<http://www.education.gov.uk/aboutdfe/statutory/g00224078/sure-start-statutory-guidance>

<sup>xxiii</sup> Baby Café welcomes expectant parents at any stage of pregnancy. Some Baby Cafés (e.g. Headington and Jericho) run antenatal breastfeeding classes in addition to standard Baby Café sessions. Antenatal engagement with expectant parents has become an area of growing importance and innovation in Children's Centres. Health Visitors are increasingly involved in delivery of antenatal education, of which information on breastfeeding is a major part.

<sup>xxiv</sup> East Oxford is a moderately busy Baby Café. Wallingford Baby Café often sees 20 women during a session.

<sup>xxv</sup> [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Guidance/Baby\\_Friendly\\_guidance\\_2012.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_guidance_2012.pdf) pp. 12-13

<sup>xxvi</sup> The Clinic's website can be found at <http://www.ouh.nhs.uk/women/maternity/postnatal/infant-feeding/>

<sup>xxvii</sup> The briefing can be downloaded from <https://www.facebook.com/groups/378262472251410/416551081755882/>