



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.

## Submission to Public Health Post-2013: structures, organisation, funding and delivery inquiry

### Breastfeeding Support in Crisis - The impact of Children's Centre Closures & Commissioning Structure in Oxfordshire

#### SUMMARY

1. **Much of Oxfordshire's formal breastfeeding support will be lost when Oxfordshire County Council (OCC) closes all 44 of its universal Children's Centres in September 2016**
2. **OCC's funding for Oxford Baby Cafés Group, which provides 8 weekly sessions of specialist drop-in feeding support in the community, ends on 31.03.16.** They saw >1000 individual women in 2015; ~14% of all births, and supported more via social media.
3. **Midwifery and health visiting teams and GPs will have to absorb most of the unmet need** following the loss of these services. Some have basic training in breastfeeding support but none are specialists.
4. **There will be a serious deficit in specialist support for complex breastfeeding problems,** with none for babies aged >6 weeks. Oxford University Hospital Trust (OUHT)'s specialist hospital-based feeding services are already running over capacity and this reduces from 01.03.16 when the Oxford Breastfeeding Clinic ceases to run a drop-in service
5. **Provision of specialist breastfeeding support is a requirement of UNICEF Baby Friendly accreditation.** Loss of specialist support, and additional pressure on all remaining breastfeeding support services, will compromise the implementation of Baby Friendly standards (mandated by NICE<sup>1</sup>) in both hospital and community.
6. **Attempts to secure replacement funding have been hampered by the split between NHS and Public Health commissioning.** Breastfeeding is conventionally a Public Health responsibility, yet the costs of lack of support are borne primarily by NHS services. Oxford Baby Cafés Group has been passed from one to the other for months without being able to engage in any constructive conversation about future funding and there has been no county-wide overview of what will be lost, and its impact, until our recent briefing document, upon which this submission is based.<sup>2</sup>

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<sup>1</sup> NICE guideline CG37 recommends that all maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard.

**NICE quality standard [QS37] July 2013**

<https://www.nice.org.uk/guidance/QS37/chapter/Quality-statement-5-Breastfeeding>

<sup>2</sup> [http://www.lloxford.org.uk/images/OBFABriefingPaper\\_The\\_impact\\_of\\_Childrens\\_Centre\\_cuts\\_Feb2016.pdf](http://www.lloxford.org.uk/images/OBFABriefingPaper_The_impact_of_Childrens_Centre_cuts_Feb2016.pdf)



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### **Breastfeeding Support in Crisis - The impact of Children's Centre Closures & Commissioning Structure in Oxfordshire**

The UK Department of Health and World Health Organisation recommend 6 months of exclusive breastfeeding for all babies, followed by continued breastfeeding for a minimum of 2 years (WHO) or as long as desired (UK DoH).

At Q1 2015-6, 81.3% of mothers who gave birth in the Oxfordshire CCG area initiated breastfeeding. By 6-8 weeks, 61.3% of babies were still receiving breastmilk, just 46.1% exclusively<sup>3</sup>.

Most women who cease breastfeeding in the early weeks do so reluctantly, because they feel they have no choice. Informing women about the importance of breastfeeding is not enough. Recent research has demonstrated that giving information about breastfeeding without sufficient support to do it increases mothers' risk of postnatal depression<sup>4</sup>.

Mothers need accessible, timely, skilled, evidence-based support to enable them to breastfeed. Oxfordshire's early intervention service cuts, in particular the closure of Children's Centres, will have a significant impact on its availability. This is likely to decrease breastfeeding rates, hamper the implementation of the Baby Friendly Initiative, and result in significant short and long-term health and economic costs, such as increased neonatal readmission rates, hospitalisations for gastroenteritis and upper respiratory tract infections and higher rates of chronic conditions such as asthma and diabetes.<sup>5</sup>

The cost per visit to Baby Café (funded by OCC until 31.03.16) is about £12, or £40 per woman per year for unlimited visits [source: Oxford Baby Cafés Group data]. The cost for a single visit to the specialist Breastfeeding Clinic service at the John Radcliffe Hospital is £178, billed to the GP.

The current split in commissioning between the CCG and County Council Public Health results in no overview of feeding support. Neither body takes overall responsibility for ensuring adequate provision. Hence at the same time as OCC withdraws funding for Baby

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<sup>3</sup> <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/03/Breastfeeding-1516Q11.pdf>

<sup>4</sup> 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.  
<http://onlinelibrary.wiley.com/doi/10.1111/jan.12832/full>

<sup>5</sup> Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK  
Renfrew M et al, Unicef UK, 2012  
[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)

Café, the capacity of OUHT's specialist breastfeeding provision is significantly decreasing. This is not a coincidence, but a defensive measure, to protect the quality of the hospital service by preventing it from being overwhelmed. The resulting unmet need will be displaced to GP, Health Visiting and midwifery services, which have neither specialist skills nor planned additional capacity, and are considerably more expensive than Baby Café.

The current proposal to divide Oxfordshire into 4 unitary authorities, possibly crossing county boundaries, may further erode the ability of health commissioners to take an overview of the availability and impact of services to support infant feeding, along with other key public health issues.

### **Differentiation in breastfeeding support services**

Like other forms of healthcare, breastfeeding support is delivered at different levels, and commissioning must reflect this. An hour of consultant time is not equal to an hour of first-aider time. This would be taken for granted in other areas of healthcare but is frequently overlooked in infant feeding, leading to inappropriate and unsafe reliance on volunteers or staff with only basic training.

**BFI-trained Children's Centre staff** have completed a 2-day course, equivalent to "**basic first aid training**". They can give information about the importance of breastfeeding, assist with positioning and attachment and hand expression of milk, and refer to other breastfeeding support services. They cannot usually troubleshoot breastfeeding problems.

**Midwives/Health Visitors** have some training in breastfeeding support. BFI training delivered at OUHT consists of 7.5 hours of specific breastfeeding education. Some practitioners have a high level of skill derived from years of experience. Experience varies widely – breastfeeding is just one aspect of their role. Midwives and Health Visitors are the "**GPs of breastfeeding**". They can troubleshoot common breastfeeding problems and refer to specialist breastfeeding support as necessary.

**Infant Feeding Specialist Midwives & IBCLCs (Lactation Consultants)** are the "**Consultants of breastfeeding**". IBCLCs have completed at least 1000 hours of supervised practice, 90 hours of specific education in breastfeeding and must pass a rigorous masters-level examination before accreditation.<sup>6</sup> Breastfeeding specialists can troubleshoot complex breastfeeding problems, devise and supervise feeding plans and refer to other specialists (e.g. tongue-tie practitioners) as necessary. Baby Café has 3 IBCLCs on staff in Oxfordshire and the OUHT Breastfeeding Clinic has one.

**Social support** has a vital function in enabling breastfeeding; it is far more than "just chatting". Success in breastfeeding depends on motivation and stamina at least as much as technical information, and mothers often derive these most effectively from other mothers

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<sup>6</sup> <http://www.lcgb.org/why-ibclc/whos-who-in-breastfeeding-support-and-lactation-in-the-uk/>

with same-age and older babies. The Baby Café model integrates skilled clinical care with mother-to-mother social support:

*“The research emphasises the need for realistic rather than idealistic antenatal preparation and the importance of timely and parent-centred breastfeeding support, particularly in the immediate postnatal weeks. The findings suggest that effective social support, combined with reassurance and guidance from skilled practitioners, can help women to overcome difficulties and find confidence in their own abilities to achieve their feeding goals.”<sup>7</sup>*

**Lay breastfeeding counsellors** are current or former breastfeeding mothers who train as volunteers with one of the lay support organisations, typically 1-3 years part-time. They are accredited breastfeeding practitioners, able to work autonomously to troubleshoot breastfeeding problems and refer to health professionals as necessary.

La Leche League (the world’s largest breastfeeding support organisation, very active in Oxfordshire) will continue to provide telephone help and regular support group meetings in at least 6 locations around the county. However, a local monthly meeting is not enough for a new mother who is struggling, and the team of 10 volunteer breastfeeding counsellors cannot hope to meet all the demand that has been met by the Children’s Centre drop-in services.

When mothers need breastfeeding support, especially in the early days after birth, they need it quickly. Hungry new babies, sore nipples and vulnerable milk supplies cannot wait more than a few hours for attention. Support needs to be easily accessible in the community, at a time when women’s mobility may be limited.

Oxfordshire stands to lose a significant amount of social, general and specialist breastfeeding support with the ending of universal children’s services delivered via Children’s Centres. Midwifery and Health Visiting teams, and GPs, operating in other premises and visiting families at home, will have to absorb the majority of the general breastfeeding support hours currently provided in Children’s Centres.

**Unicef Baby Friendly standards specify that each area should have a specialist feeding support service**, to underpin the general support given by BFI-trained midwifery and Health Visiting staff. There is going to be a significant deficit in specialist provision following the loss of Baby Café funding. In particular, **there will be no free specialist feeding support for babies over 6 weeks** (the cut-off age for the specialist midwifery Infant Feeding Team). Complex feeding problems such as growth faltering, tongue-tie, or other physiological or neurological abnormalities, are often not resolved within this time-frame.

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<sup>7</sup> UK women’s experiences of breastfeeding and additional breastfeeding support: a qualitative study of Baby Café services, Fox, R et al  
BMC Pregnancy & Childbirth 2015 **15**:147  
<http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-015-0581-5>

## RECOMMENDATIONS <sup>8</sup>

1. Establish and sustain a multi-sectorial National Breastfeeding Committee, with co-ordination 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 (just as is done with the National Cancer Strategy).
2. Ensure that Baby Friendly accreditation becomes a minimum requirement for all maternity, neonatal and community settings, as recommended by NICE and following the examples set by Scotland and Northern Ireland.
3. Ensure that all mothers, regardless of where they live, receive skilled, evidence-based breastfeeding support, as recommended by NICE, by making this provision a mandatory responsibility of Local Authorities.
4. Ensure that service planning takes account of the need for a “mixed economy” of breastfeeding support, which might include peer support, lay breastfeeding counsellors, UNICEF-trained health professionals, specialist midwives and Lactation Consultants (IBCLCs). Specialist support (from specialist midwives or IBCLCs) should be available in adequate quantity and throughout the span of lactation (not just the postnatal period).
5. Enable Local Authorities to carry out this responsibility by ring-fencing the public health budget for universal health visiting services and breastfeeding support.
6. Ensure that Local Authorities coordinate with Clinical Commissioning Groups in mapping breastfeeding support services and assessing the impact of any change in their availability on long and short-term health outcomes and NHS service use.

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<sup>8</sup> Recommendations adapted from the Open letter on the current crisis in breastfeeding in the UK from World Breastfeeding Trends Initiative UK, 9 February 2016  
<https://ukbreastfeedingtrends.files.wordpress.com/2016/02/open-letter-uk-response-to-lancet-updated7.pdf>

The letter has been signed by (among others): -

Royal College of Paediatrics and Child Health, Royal College of General Practitioners, Institute of Health Visiting, Community Practitioners’ and Health Visitors’ Association, Independent Midwives UK, Midwives Information & Resource Service (MIDIRS), ARM, Lactation Consultants of Great Britain, National Infant Feeding Network, NCT, The Breastfeeding Network, Association of Breastfeeding Mothers, La Leche League GB, Leicester Mammias CIC, The Local Infant Feeding Information Board, United Kingdom Association for Milk Banking, Best Beginnings, First Steps Nutrition Trust, Baby Feeding Law Group, Baby Milk Action/IBFAN-UK, World Breastfeeding Trends Initiative UK, and by university researchers at the University of Dundee, University of Central Lancashire, University of Brighton, Swansea University, and Ealing Hospital, London North West Healthcare NHS Trust

and by Oxfordshire Baby Friendly Alliance.

**Oxfordshire Baby Friendly Alliance was founded in September 2012 and is supported by Oxfordshire NCT branches, Oxford Baby Cafés Group and La Leche League Oxfordshire. 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, which can be downloaded from <http://www.lloxford.org.uk/index.php/obfa>**

#### **Contact details**

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

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

**Oxfordshire Baby Friendly Alliance**

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