



## Oxfordshire Baby Friendly Alliance

**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.**

### **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. 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. You can read about the Baby Friendly Initiative in the UK here: <http://www.unicef.org.uk/babyfriendly/>

The Baby Friendly Standards were revised at the end of 2012 and now provide a range of accreditation options to cover maternity and neonatal services, health visiting and Children's Centres. You can find a quick guide to Baby Friendly Accreditation and the new Standards here: [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Guidance/Baby\\_Friendly\\_Quick\\_Guide.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_Quick_Guide.pdf)

Over its 20 year history, Baby Friendly has been demonstrably effective in improving breastfeeding rates in areas that have implemented it. It is now the minimum standard recommended for maternity services in the UK (NICE 2006<sup>i</sup>, 2008<sup>ii</sup>).

Bristol and Glasgow both have UNICEF "Baby Friendly City" status, providing fully integrated feeding support via accreditation of all maternity units and Primary Care Trusts /Community Health Partnerships. There is more information about coordinated introduction of Baby Friendly standards across a local authority area here: <http://www.unicef.org.uk/BabyFriendly/Resources/General-resources/Co-ordinated-introduction-of-best-practice-for-breastfeeding-across-a-local-authority-area/>

## Does Baby Friendly care discriminate against families who don't breastfeed?

The standard of care practised in Baby Friendly facilities benefits all babies, whether breastfed or not. For example, skin to skin contact straight after birth has been shown to stabilise babies and promote attachment with parents, and baby-led bottle-feeding can help reduce the risk of obesity in later life<sup>iii</sup>. Parents need clear, consistent, evidence-based information about feeding so that they can make fully informed decisions and achieve their own feeding goals. The revised Baby Friendly Standards place increased emphasis on the needs of babies who are not breastfed, or who are mixed fed. It is vital that parents receive accurate, timely information about safe, responsive formula feeding. In practice, almost 80% of new mothers in Oxfordshire want to breastfeed, but a significant proportion do not achieve their goal.

## The costs and benefits of infant feeding support

Feeding is both a central concern for all new parents and a behaviour that has consequences far beyond the family unit. Breastfeeding has profound protective effects on the health of both mother and child and lack of breastfeeding has long-term implications for society, the economy and the environment, as well as individuals.

The costs of *not* breastfeeding, as outlined in the October 2012 UNICEF UK report "**Preventing Diseases and Saving Resources**", are borne by the whole community.

*"Low breastfeeding rates in the UK lead to an increased incidence of illness that has a significant cost to the health service. Investment in effective services to increase and sustain breastfeeding rates is likely to provide a return within a few years, possibly as little as one year".*

The specific costings given in the report (£40m of savings per year across the NHS from a modest increase in breastfeeding) relate to just five conditions:

- gastrointestinal disease
- respiratory disease
- otitis media
- necrotising enterocolitis (NEC)
- breast cancer

The report delineates a second tier of conditions "*where the evidence was good but not strong enough to run full economic models*":

- cognitive outcomes
- childhood obesity
- Sudden Infant Death Syndrome (SIDS)

Third tier illnesses are those "*where research indicates it is plausible or likely that breastfeeding reduces incidence, but where the evidence is not in the form required to model reliably*":

- diabetes
- cardiovascular disease
- ovarian cancer

- asthma
- leukaemia
- coeliac disease
- neonatal sepsis.

As the authors of the report point out: “Significantly, the list contains diseases that severely affect quality of life and that are responsible for a significant bulk of the NHS budget”.

<http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/Breastfeeding-could-save-the-NHS-millions/>

Rates of feeding-related hospital readmissions to the John Radcliffe have increased more than threefold since 2002; a marker for poor feeding support.<sup>iv</sup> In addition to the direct personal and financial cost of each readmission, readmissions will be audited as part of the Trust’s bid for Level 2 of the NHS Litigation Authority insurance scheme.<sup>v</sup> This will play a part in determining whether it can qualify for a reduction of approximately **£800k** in annual insurance premiums<sup>vi</sup>.

#### **Oxfordshire Health and Wellbeing Board priorities:**

**Priority 1:** All children have a healthy start in life and stay healthy into adulthood

**Priority 2:** Narrowing the gap for our most disadvantaged and vulnerable groups

**Priority 3:** Keeping all children and young people safer

**Priority 4:** Raising achievement for all children and young people

**Priority 8:** Preventing early death and improving quality of life in later years

**Priority 9:** Preventing chronic disease through tackling obesity

<https://consult.oxfordshirepct.nhs.uk/qf2.ti/f/295170/7434053.1/PDF/-/Oxfordshire%20Joint%20HWPB%20strategy%20final.pdf>

Increased breastfeeding is a significant intervention in all these areas. Some examples from the 2012 UNICEF report “**Preventing Disease and Saving Resources**”:

**Priority 1: a healthy start.** There is ample evidence of increased risk of morbidity and mortality for children who are not breastfed, or who are breastfed only briefly.

**Priority 2: reducing disadvantage.** “The effects (of Baby Friendly implementation) are stronger for less educated and more economically disadvantaged mothers”.

**Priority 3: keeping children safer:** Babies who are not breastfed are at increased risk of Sudden Infant Death Syndrome. Research (beyond the scope of the UNICEF report) also suggests that breastfeeding protects children from maternally-perpetrated maltreatment, particularly neglect<sup>vii</sup>.

**Priority 4: raising achievement.** The cognitive development of children who are not breastfed lags 1-6 months behind their breastfed counterparts. Being breastfed for at least 2-3 months could raise IQ such that £17k-£72K might be added to lifetime earnings.

**Priority 8: preventing early death and improving quality of life.** Women who do not breastfeed are at increased risk of breast cancer; the risk decreases with increased breastfeeding duration.

**Priority 9: tackling obesity.** According to the National Obesity Observatory “Breastfeeding provides a wide range of benefits, one of which is a measurable degree of protection against the development of obesity, with the protective effect increasing according to the duration of breastfeeding and how exclusively the baby is breastfed”.

[http://www.noo.org.uk/uploads/doc/vid\\_4865\\_rudolf\\_TacklingObesity1\\_210110.pdf](http://www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf) p.24

## Baby Friendly status of services in Oxfordshire

The Oxford Brookes University Midwifery Programme was fully accredited as Baby Friendly in 2011; one of only 12 UK universities (of the 55 that offer midwifery degrees) to have achieved this. A pioneering group of five Children’s Centres in East Oxford is currently in the process of Baby Friendly Community accreditation, with Stage 2 assessment planned for June 2013.

Of the county’s maternity units though, only the small midwife-led units at Chipping Norton (closed for births since October 2012) and Wallingford have Baby Friendly accreditation. The maternity unit at Wantage lost its Baby Friendly status after it failed to meet the standard for reaccreditation. These small units account for less than 0.5% of approximately 9000 births in Oxfordshire each year.

The John Radcliffe and Horton Hospitals are not Baby Friendly; the JR’s initial commitment to pursuing Baby Friendly accreditation was abandoned in 2001. In 2008/9 the OUH Trust turned down the almost certain prospect of £100k of central government funding to implement Baby Friendly and other breastfeeding promotion measures in the large maternity units at Oxford and Banbury and across the PCT.<sup>viii</sup>

## Breastfeeding initiation and prevalence at 6-8 weeks in Oxfordshire

Historically, breastfeeding rates in Oxfordshire have been good, and the OUH Trust has rested on its laurels<sup>ix</sup>. However, new national Infant Feeding Survey data published in November 2012 reveal that breastfeeding initiation and 6-8 week rates in Oxfordshire have fallen in relation to the average for England, and are now significantly behind the regional average.

TABLE 1 <sup>x</sup> RATES OF BREASTFEEDING	Breastfeeding initiation		Any breastfeeding at 6-8 weeks	
	2005	now	2005	now
Oxfordshire	74.5%	78.9%	44.3%	57.3%
Whole of England	78%	83%	50%	57 %
Region **	88%	86%	58%	61%

\*\*In IFS 2005 England was divided into Strategic Health Authority regions; Oxford came under South Central. In IFS 2010 England was divided into Government Office Regions; Oxford came under South East

A recent small-scale audit (April 2012) carried out at the John Radcliffe Women’s Centre on behalf of the OUH Trust’s Maternity Services Liaison Committee showed that the rate of formula supplementation of breastfed babies in hospital has risen significantly since 2009; from 46% to 65% of all breastfed babies. 28% of these were given for no clinical indication and without fully informed maternal choice. In a Baby Friendly hospital this figure would be 0%.

### **Baby Friendly status of neighbouring/similar Trusts**

<b>TABLE 2 <sup>xi</sup> BABY FRIENDLY STATUS</b>	<b>HOSPITAL TRUST/PCT</b>
<b>STAGE ONE</b>	Northampton General Hospital
	Birmingham Women’s Hospital
	Royal Hampshire County Hospital, Winchester
	Basingstoke and North Hampshire Hospital
	Warwick Hospital & Warwickshire PCT
	Luton & Dunstable Hospital
	The Rosie Hospital, Cambridge
<b>STAGE TWO</b>	Royal Berkshire Hospital & NHS Berkshire West
	Great Western Hospital, Swindon
	Queen Alexandra Hospital, Portsmouth
	St Mary’s Hospital, Portsmouth
<b>FULL ACCREDITATION</b>	Chipping Norton Community Hospital
	Wallingford Community Hospital
	Cheltenham General Hospital
	Gloucestershire Royal Hospital, Gloucester
	Salisbury District Hospital
	West Middlesex University Hospital
	University College London Hospital
<b>ACCREDITATION REMOVED</b>	Wantage Community Hospital

### **Baby Friendly training – evidence-based, externally evaluated and effective**

Partly as a response to the recent audit figures, new staff training has been set up at the JR, which comprises three hours teaching on hand expression, followed by skills practice at the inpatient Baby Café sessions. In comparison, Baby Friendly training comprises 18 hours on a range of skills which reinforce each other. The new in-house training spends a disproportionate amount of time on one isolated skill and is not subject to external evaluation.

If all available in-house training sessions were fully attended, processing the 137 staff on rotation to the postnatal wards via the inpatient Baby Cafes (also used for training Brookes Midwifery students) would take 20 weeks. However, although the training is supposed to

be mandatory, compliance so far has been poor; only 12 staff members have attended a session during the first 8 weeks of the programme. At the current rate only a small proportion of staff will have attended before the 6 months of their rotation has elapsed, at which point they will cease to be released, as they will no longer be working on the postnatal wards.

In contrast, there is abundant research demonstrating the effectiveness of the Baby Friendly Initiative as a tool for improving care and therefore feeding outcomes. The training package is coherent and practice is both internally and externally audited, leading to measurable change in the culture, practice and outcomes of accredited facilities:

*“Mothers giving birth in hospitals where Baby Friendly policies are fully implemented are 14.6% more likely to initiate breastfeeding and 6.6% more likely to continue to breastfeed exclusively at four weeks of age, in comparison to similar mothers in other hospitals.”*

<http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Interventions-that-promote-breastfeeding/Breastfeeding-can-reduce-impact-of-social-inequality/>

A useful summary of research into the effectiveness of Baby Friendly can be found here:

[http://www.unicef.org.uk/Documents/Baby\\_Friendly/Infosheets/4/effectiveness\\_infosheet.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Infosheets/4/effectiveness_infosheet.pdf)

## Conclusion

The increasing gap between Oxfordshire’s breastfeeding rates and the English and regional rates, increased levels of formula supplementation, and the tripling of feeding-related readmissions, clearly demonstrate that attempts to implement policy locally, without external evaluation, have been unsuccessful.

90% of UK women who stop breastfeeding in the first 6 weeks do so before they want to<sup>xii</sup>. As our Oxfordshire case studies clearly demonstrate, most women want to breastfeed but many are failing to achieve their own goals, primarily for lack of timely, skilled and consistent support. A bad experience of breastfeeding is not just an outcome statistic; it represents significant and long-lasting pain and distress to the family involved.

We need an integrated care pathway for infant feeding that supports families from the antenatal period through to weaning. The UNICEF Baby Friendly Initiative, with its revised standards covering maternity, primary health and children’s services, provides an evidence-based, cost-effective and robust format for achieving improved health outcomes. It is already being implemented in Oxfordshire. All recently-graduated midwives are Baby Friendly trained, and the Children’s Centres in East Oxford; with the county’s highest levels of deprivation; are making Baby Friendly standards a reality. The new commissioning structure gives us the opportunity to “join up the dots” and provide this level of care to every family in Oxfordshire.

## 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, lactation consultants, breastfeeding counsellors and peer supporters and many parents who want to see good-quality feeding support extended to all families in Oxfordshire.

### 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, revised January 2013**

### NOTES

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<sup>i</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>ii</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>iii</sup> Tackling Obesity Through The Healthy Child Programme: A Framework For Action  
The National Obesity Observatory, 2009  
[http://www.noo.org.uk/uploads/doc/vid\\_4865\\_rudolf\\_TacklingObesity1\\_210110.pdf](http://www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf) p.17

<sup>iv</sup> **Trend in admissions with infant feeding difficulties in infants aged less than 1 year old Per 1000 live births by PCT in England**

Oxfordshire PCT	Rate of admissions per 1000 live births							
	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
	22.8	30.4	33.7	30.8	42.3	40.7	53.0	74.7

<sup>v</sup> Clinical Negligence Scheme for Trusts, Maternity Clinical Risk Management Standards 2012/13 can be downloaded from [www.nhs.uk](http://www.nhs.uk) The relevant section is Standard 5 - Criterion 5: Newborn Feeding

<sup>vi</sup> Source: Clinical Governance Office, OUH Trust, 2012 figures. OUH Trust pays approximately £15m in annual insurance, of which £8m is for the maternity service. £800k represents the additional 10% discount if the Trust were to achieve level 2 of the NHSLA scheme.

<sup>vii</sup> Does Breastfeeding Protect Against Substantiated Child Abuse and Neglect? A 15-Year Cohort Study  
L Strathearn, AA Mamun, J M. Najman and M J. O'Callaghan  
Pediatrics. 2009 February; 123(2): 483–493.

<sup>viii</sup> The bid, headed by Alison Burton of Oxfordshire PCT, would have been made jointly by OUH Trust and the PCT. The proposal included:

- Baby Friendly implementation in all Oxfordshire maternity units
- A training strategy across the children’s workforce to promote and support breastfeeding
- A breastfeeding education programme for pregnant women
- New posts to link maternity services and Children’s Centres in areas of disadvantage
- Promoting Joint Teams across midwifery, health visiting and Children’s Centres.

The PCT supported the bid, including committing £100k of matching funds; however the then Head of Midwifery of OUH Trust declined to participate.

<sup>ix</sup> *“You will be pleased to note that breastfeeding initiation in our service is at a rate of 78% of all women delivering. As you will be aware, this is one of the highest rates in the UK”.*

Letter from Chief Executive, OUH Trust, 25.02.11.

See Table 1 on p.4, above, for a more accurate picture of the local and national situation.

<sup>x</sup> National and regional data is from Infant Feeding Surveys 2005 & 2010.

2005 Oxfordshire data is from financial year 2005/6, mean of results from the 5 Oxfordshire PCTs in existence at that time.

Current data is from 2011-12 Q4, the last period for which complete data is available.

<sup>xi</sup> Source: [http://progress.babyfriendly.org.uk/htables/all\\_hospitals\\_acc\\_status.asp](http://progress.babyfriendly.org.uk/htables/all_hospitals_acc_status.asp) accessed on 07.01.13

<sup>xii</sup> NCT Briefing: Breastfeeding, 2008

[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