



**GREATER GLASGOW
HEALTH BOARD**

**GREATER GLASGOW
HEALTH BOARD
BREASTFEEDING
STRATEGY**

FEBRUARY 1999



THE VISION

Greater Glasgow Health Board will actively seek to increase the initiation of and prolong breastfeeding through the provision of support for breastfeeding in line with the needs of mothers and their families, and to contribute to the creation of a climate where breastfeeding is culturally accepted as the norm amongst the general public



Table of Contents

INTRODUCTION	4
1. BACKGROUND	4
Benefits of breastfeeding.....	4
Levels of breastfeeding in Scotland and Glasgow.....	5
2. CURRENT ACTIVITY IN GREATER GLASGOW	6
Maternity Units.....	6
Support in the Community	7
Greater Glasgow Health Board as an employer	8
Health Promotion Department	8
3. STRATEGIC AIMS.....	9
Health Gain Targets.....	9
Service Targets.....	9
4. STRATEGIC OBJECTIVES	10
5. PROPOSALS AND RECOMMENDATIONS	11
6. ACTION PLAN.....	15
7. PROJECTED COSTS.....	18
8. THE WAY FORWARD.....	18
Appendix 1, Members of the Breastfeeding Strategy Group	19
Appendix 2, Health service potential cost savings with increased breastfeeding rates	20
Appendix 3, UK Criteria for the UNICEF UK Baby Friendly Initiative: Hospitals	21
Appendix 4, Promotion of Breastmilk Substitutes in Baby Friendly Hospitals.....	22
Appendix 5, Breastfeeding Training undertaken by the Locality Breastfeeding Initiative ...	23
Appendix 6, Services provided by Health Visitors	24
Appendix 7, UK Criteria for the UNICEF UK Baby Friendly Initiative: Community	25
Appendix 8, GGHB Breastfeeding Training Plan.....	26
Appendix 9, Ideas for intermediate indicators in deprived areas	34
Appendix 10, Breastfeeding Guidelines for Paediatric Units	35
Appendix 11, Acceptable medical reasons for supplementation of breastmilk	36
Appendix 12, References	37

INTRODUCTION

This Strategy has been written by a multi-disciplinary group from all the agencies involved in caring for breastfeeding mothers and their babies. (See Appendix 1). The group was drawn together by Greater Glasgow Health Board in order to ensure that the vision above becomes reality. It is our response to the Scottish Office target for 50% of women still to be breastfeeding their babies at 6 weeks by 2005. Overall levels of breastfeeding in Glasgow are considerably lower than this, particularly in Greater Glasgow Health Board's more deprived areas, and considerable activity has been developed with the aim of supporting breastfeeding by the maternity services and by voluntary organisations.

There is still a need, however, to co-ordinate these services and provide consistent levels of support for breastfeeding mothers, both through hospital services and in the community setting. The role of GGHB is two-fold: as an employer, GGHB will provide support for breastfeeding mothers on its staff, and, as a commissioner of health care services, the Board will negotiate provision of this support with all service providers. This document sets out in detail the steps which need to be taken to increase the number of breastfed babies in the GGHB area, and to work towards a situation in which breastfeeding becomes the cultural norm.

1. BACKGROUND

Benefits of breastfeeding

The benefits of breastfeeding over formula feeding have been well documented in the last ten years, in terms of the overall health and welfare of infants and their mothers. They include: a reduction in the risk of infant mortality^{1,2,3}, a reduction in the risk of infant morbidity from infection^{4,5,6,7,8,9}, enhanced immunity¹⁰, reduced atopic disease^{11,12}, reduced risk of auto-immune disease^{13,14}, increased intelligence for both term and pre-term babies^{15,16}, and reduced risks to the mother of pre-menopausal breast^{17,18,19} and ovarian^{20,21} cancer, and of hip fractures in elderly women.²² (For references, see Appendix 12). In addition to the benefits outlined above, a recent longitudinal cohort study²³ has shown that were all babies to be breastfed exclusively for the first fifteen weeks of life, they would be likely to suffer fewer cases of respiratory infection, coughs and wheezes during the first year of life. Their proportion of body fat would be lower, and their blood pressure at the age of 7 years would be measurably lower than if they were formula fed.

Other suggested areas of benefit are being studied on an ongoing basis, and include possible reductions in the rates of coronary heart disease in later life, autoimmune thyroid disease, inflammatory bowel disease, childhood lymphomas, coeliac disease, Kawasaki disease, and dental malocclusion.

A higher proportion of formula fed babies are admitted to hospitals in the first year of life as a result of neonatal necrotising enterocolitis¹ and formula fed baby gastroenteritis.⁴ Possible cost savings in treating these illnesses and diabetes, which is also less common in breastfed babies, together with savings in treatment for pre-menopausal breast cancer in women who have breastfed, have been identified. Using the methodology of the SNAP Report on Breastfeeding (1993)²⁴, Tappin²⁵ suggested that in Glasgow, where there are 10,000 births per year, a 2% increase in the numbers of babies being breastfed at 6 weeks could result in savings in the total annual costs of hospital treatment for the above categories of £49,000. A 10% increase could mean £182,000 saved annually. (See Appendix 2)

There are also social and psychological benefits. Once breastfeeding is established, it is cheap, convenient and always available, and may contribute positively to post-pregnancy weight loss and bonding between mother and baby.

For these reasons, breastfeeding is probably one of the most important ways of contributing to child and maternal health in both the short and the long term.

Levels of breastfeeding in Scotland and Glasgow

Historically, the prevalence of breastfeeding in Scotland declined between the early 1960s and the end of the 1980s, when only about half of all babies born were ever breastfed. The most recent figures for GGHB (1997) are in line with this, showing that 51% of all mothers giving birth in Glasgow hospitals initiate breastfeeding (50% for mothers resident in Glasgow).²⁶ This figure reflects an increased rate of breastfeeding at 7 days in all Maternity Units since 1990: up by 3.9% at Glasgow Royal Maternity (which covers the great majority of the most deprived areas in the city), 7.6% at the Queen Mother's Hospital, 8.9% at the former Rutherglen Maternity Hospital (closed in July 1998), and 11.4% at the Southern General.²⁷ Glasgow's rates are still lower than those in the rest of Scotland with all GGHB Maternity Units in the lower half of the breastfeeding 'league tables' at 7 days for all Maternity Units in Scotland.²⁷ Further, by the time their babies are six weeks of age, 45% of Glasgow mothers who started breastfeeding have stopped. This compares with a drop of 35% for Scotland as a whole.²⁶

In 1996 the proportion of babies breastfed to six weeks in Glasgow was 27%, well short of the national target of 50% by 2005. Rates in the city's deprived areas, however, tend to be much lower. In 1998, the figures for feeding at 7 days in Bridgeton and Easterhouse were 12.7% and 16.8% respectively.²⁸ Positive contact with other breastfeeding mothers and peer support for the decision to breastfeed in these and similar areas, is therefore correspondingly less likely than in more affluent areas, where breastfeeding rates are considerably higher. Thus there is less chance of mothers changing early decisions to formula feed.

It is in the deprived areas that the potential health gain for breastfed babies would appear to be highest. More low birthweight babies are born to mothers living there. These mothers tend to have less available income, to eat less well and are more likely to live in substandard housing conditions. All of these factors are known to have an unfavourable effect on health. Optimum nutrition through breastfeeding is therefore of greater importance to these infants.

It is clear that action to support breastfeeding is not the responsibility of the health services alone. Experience in other industrialised countries such as Canada, Australia and Norway has shown that substantial increases in breastfeeding are achievable through combined government and health service action over a period of one or two decades.²⁴

2. CURRENT ACTIVITY IN GREATER GLASGOW

Greater Glasgow Health Board has had a Breastfeeding Policy since 1994. A great deal of work has been generated in support of breastfeeding in the area, both in the hospital and community settings.

Key themes of the current activity are as follows:

- information for women both antenatally and postnatally
- implementation and audit of the Baby Friendly Initiative
- specific initiatives to enhance breastfeeding in hospital
- specific initiatives to enhance breastfeeding in the community
- the need for sensitivity in supporting all mothers whether or not they choose to breastfeed or decide to discontinue breastfeeding
- staff training
- protocols for management of problems and special situations
- monitoring of breastfeeding rates
- publicity/awareness-raising initiatives

Maternity Units

Although the rise in breastfeeding rates is partly due to changing demographic factors,²⁹ the maternity units in Glasgow have been successfully strengthening their support for breastfeeding for some years, as is evidenced by the figures quoted in section 1 above. The three units, Glasgow Royal Maternity Hospital (GRMH), The Queen Mother's Hospital (QMH) and the Southern General Maternity Unit (SGH):

- are now committed to working towards UNICEF UK Baby Friendly Hospital Status; the QMH has a Certificate of Commitment. (See Appendix 3).
- have developed their own policies on breastfeeding which are made known to both staff and clients, and regularly monitored.
- have initiated training programmes for staff at a variety of levels, two including hospital auxiliaries and domestic staff (much of it based on the Bloomsbury workshops for midwives) and offer workshops on breastfeeding for pregnant women and their partners; QMH has developed its own training package.
- provide written information on breastfeeding for pregnant and breastfeeding women, from a variety of sources; two (QMH and SGH) provide written problem-solving guides.
- are committed to observing the WHO Code on the Marketing of Breastmilk Substitutes via the Baby Friendly Initiative. (See Appendix 4).
- are making moves to strengthen links between hospital and community services in order to provide continuous support for breastfeeding mothers as they are discharged from hospital. All units offer 24 hour phone cover. GRMH provides 'drop in' support, while the QMH offers 'drop in' clinics, and the SGH also works with grandparents and other key supporters. The GRMH and SGH involve lay helpers in workshops on breastfeeding.
- assign named midwives to all clients.

Support in the Community

Initiatives supporting breastfeeding in the community include:

Easterhouse Breastfeeding Promotion Project

This research and evaluation project began in 1994. A network of local women with breastfeeding experience were trained to provide face-to-face antenatal information and postnatal support. Helpers provided 2 antenatal visits to encourage breastfeeding and to provide information, and offered postnatal support as required. Helpers were also involved in breastfeeding promotion in GRMH (see above) and promoting breastfeeding at antenatal clinics in Easterhouse Health Centre as well as operating a support group in their own premises. The project won two health awards, and projects based on the Easterhouse model have been developed elsewhere in Glasgow and Scotland.

The *Locality Purchasing Breastfeeding Initiative* is managed by the Community and Mental Health Services Trust (CMHST) and uses the Easterhouse Project as a model. It operates in Bridgeton, Townhead, Easterhouse, Parkhead, Gorbals and Govanhill. Professionals and lay helpers have been given training in breastfeeding support together to ensure consistency of messages. (See Appendix 5 for further details of the training).

Community and Mental Health Services NHS Trust

Health Visitors pay a statutory visit to all new born babies at home 11 - 14 days after birth, and are responsible thereafter for the provision of professional support for breastfeeding. Where provided this is often covered via HV led breastfeeding support groups based in NHS premises. (For further details of HV duties and locations of support groups etc. see Appendix 6).

Primary Care

Knowledge of all the activity supporting breastfeeding through Primary Care is incomplete, and it is as yet unclear how this will continue once the Local Health Care Co-operatives (LHCCs) become operational in April 1999. At the time of writing (November 1998), a number of GP practices had actively been developing breastfeeding support in a variety of ways. Two examples of this follow:

Springfield Medical Practice, Bishopbriggs

A breastfeeding support group, together with individual support for mothers from health visitors, has reduced the fall-off rate of breastfeeding between delivery and the 6-week postnatal examination from 47% in 1993 to 8% in 1997. 67% of all mothers were breastfeeding at delivery in 1996, and 62% were still doing so at six weeks. The practice provides appropriate facilities for breastfeeding and allows feeds to take precedence over GP appointment times where necessary.

Cairns Practice, Shettleston

A part-time breastfeeding counsellor was appointed in 1996 to this fundholding practice. Women were seen ante and postnatally in the surgery, in hospital and at home as appropriate and offered individual and group support. There was a reduction in the fall-off rate from 64% in 1995/96 to 24% in 1996/97.

Voluntary organisations

Breastfeeding support is also provided by a number of voluntary organisations, including Glasgow Joint Breastfeeding Initiative (GJBI), an umbrella organisation for health professionals and lay people concerned with breastfeeding, La Leche League (LLL), National Childbirth Trust (NCT), and the Breastfeeding Network (BfN). Between them, these organisations provide a number of services, including:

- trained and experienced breastfeeding counsellors offering telephone and one-to-one breastfeeding counselling antenatally and postnatally
- provision of a guide to breastfeeding and changing places for parents
- production and distribution of leaflets, posters and a wide range of books
- conferences, study days and other input into breastfeeding training for health professionals
- promotion of breastfeeding during Breastfeeding Awareness Week
- monthly support groups
- electric breast pumps for hire.

Greater Glasgow Health Board as an employer

The Board is taking the following steps to encourage and support mothers returning to work who wish to continue breastfeeding:

- providing a comfortable and private room for expressing milk
- ensuring fridges are available for storage of milk
- purchasing a steam steriliser for use by mothers
- amending the information sent to pregnant employees to include a brief summary of the benefits of breastfeeding, as well as an explanation of the support mothers can expect upon their return to work
- ensuring that managers are flexible, where possible, with respect to working patterns when a mother returns after maternity leave.

Health Promotion Department

In addition to work carried out directly with breastfeeding mothers and their families, other activities have also been supported by GGHB via the Health Promotion Department (HPD). These include:

- initiating and supporting development of this Strategy
- initiation of new projects, such as the Locality Purchasing Breastfeeding Initiative
- provision of training in skills to promote breastfeeding
- funding expenses incurred by members of the Easterhouse Breastfeeding Support Group (1995-98)
- development of new materials such as posters and cards advertising support groups and a bi-lingual 'mini-mag' on women's experience of breastfeeding
- funding for the work of the GJBI

The HPD will also support initiatives to promote breastfeeding amongst varying target groups such as young women, women in workplaces and school-aged children.

Despite the high level of activity, however, the low rates of breastfeeding still indicate that much work remains to be done throughout the GGHB area in order to ensure consistent and continuing support for all those involved.