

Breastfeeding

STRATEGY FOR NORFOLK AND WAVENEY



Foreword

The Breastfeeding Strategy seeks to Champion; Celebrate; Normalise, Support and Protect breastfeeding as a system- wide campaign across Norfolk and Waveney. It is designed to be innovative - to reach all areas, agencies, and communities in our society through professional partners, schools, businesses and community hubs. Most importantly it aims to increase reach to families, who are at the very core of the Breastfeeding Strategy. Breastfeeding is the most natural way to feed a baby and has enormous benefits for both Mum and baby, but also for wider family health determinants, health services and our communities. Families are where babies are nurtured and the environment in which they thrive, and we believe that families should be at the core of our Breastfeeding Strategy. Families include Mums, Dads/Partners, siblings, grandparents and extended family members – all should be considered as they welcome new life into their unique family unit.

This Breastfeeding Strategy calls for a collaborative approach promoting and sharing the message that 'Breastfeeding Belongs to Everyone' and championing the approach of welcoming breastfeeding 'Here, There and Everywhere'. We aim to make information and support for breastfeeding easily accessible for families across Norfolk and Waveney, so they can make informed choices, and receive the support they need to achieve their successful breastfeeding journey. Breastfeeding support needs to come from clinical health services, but to be truly inclusive, effective and successful needs to engage and be available through our many diverse community agencies and partners. This strategy is designed to highlight the important role we ALL play in promoting and supporting breastfeeding families to achieve their goals.



Introduction

Breastfeeding promotes health, prevents disease, and benefits the baby's, families and the wider community. Breastfeeding is evidenced to produce cost savings for health services. A steep decline in breastfeeding over the latter half of the 20th century has resulted in less than half of babies in England receiving human breast milk by the age of 8 weeks. The Norfolk and Waveney Breast Feeding Strategy 2021-2024 sets out the vision to support families and all agencies to champion, celebrate, normalise, support and protect breastfeeding. In light of the available data around breastfeeding rates, the Action Plan sets out what Norfolk and Waveney aims to do to continue improvement by increasing education and awareness, recognising and removing obstacles to breastfeeding and widening access to service provision to offer the right support with the right person in the right place at the right time.

The Norfolk and Waveney vision for breast feeding reflects the sentiments from the Lancet (2016) 'Success in breastfeeding is not the sole responsibility of a woman-the promotion of breastfeeding is a collective societal responsibility.' The Maternity Transformation Programme (Better Births, 2016).

Our vision is breastfeeding support that is truly inclusive, effective and successful, delivered through collaborative engagement with our many diverse community agencies, partners and service users. This Breastfeeding Strategy promotes and shares the message that 'Breastfeeding Belongs to Everyone' and champions the approach of welcoming breastfeeding 'Here, There and Everywhere'.

The Norfolk and Waveney breastfeeding strategy is underpinned by the belief that successful breastfeeding can be achieved for everyone if the system champions, celebrates, normalises, supports and protects breastfeeding. When that pieces of the puzzle fit together they create a unique complete picture for the mother, baby and family.

Normalise- Using a variety of mediums verbal, written and digital to make breastfeeding part of every contact, communication and conversation. Normalise breastfeeding to ensure that women feel confident to breastfeed here, there and everywhere

Champion- Promotion of breastfeeding at every contact with every service, for every women and family. Breastfeeding is everybody's business. Ambition to achieve gold standard UNICEF BFI accreditation across the system.

Support- Work with partner agencies both statutory and voluntary who have contact with pregnant women across Norfolk and Waveney to ensure that breastfeeding messages are clear, consistent and evidenced based, recognising diversity within the population and personalising care to meet the needs of the individual.



Celebrate- We will celebrate every drop of breastmilk a baby receives through either exclusive breastfeeding, expressed breastmilk or donated human milk. .

Protect- Protect the right to breastfeed by ensuring that public spaces and employers have the knowledge to provide a breastfeeding inclusive environment for all breastfeeders. To ensure no active promotion of artificial breastmilk substitutes in any form within clinical and non-clinical settings.

Local Context of breastfeeding

In 2020/2021, within Norfolk and Waveney, 75% of mothers breastfed their baby within 48 hours of delivery. This is a 2.5 percentage point increase from 2015 and the highest breastfeeding initiation rate recorded so far in the district. In 2020/2021 all three hospitals in Norfolk and Waveney recorded their highest ever recorded initiation rates. However, Norfolk and Waveney have consistently had a significantly lower breastfeeding initiation rate than England on average (England = 80%) It is important to note, however, that the gap between Norfolk and Waveney's and England's initiation rate has decreased over time from 4.2 to 3.0 percentage points in 2020/2021.

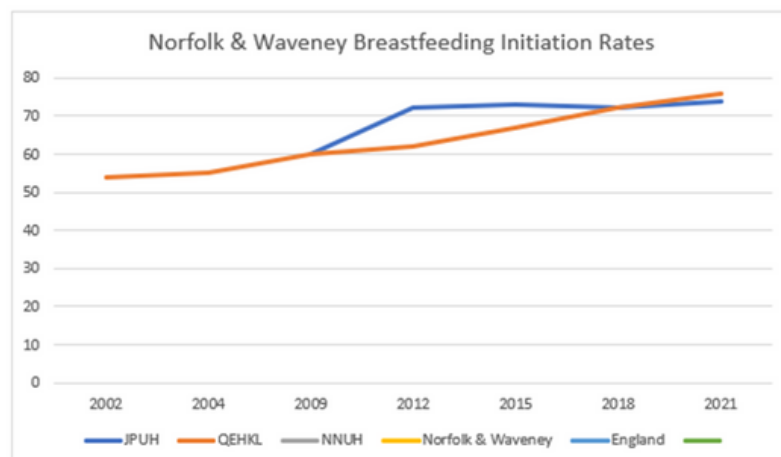
Regionally, there is significant variance in percentages of mothers who breastfeed their baby within 48 hours of birth. Rates vary from 80% initiation rates to 52%.

There is currently no data available for initiation rates by area. Breastfeeding data is collected at 10-14 days and 6-8 weeks at ward level. On average, 52% (JPUH) 53% (QEHKL) 55% (NNUH) of women were breastfeeding between 10-14 days following birth in Norfolk and Waveney.

Breastfeeding rates generally fall by 6-8 weeks across Norfolk and Waveney. Similar to rates at 10-14 days, there is sizable variation in the proportion of mothers' breastfeeding at 6-8 weeks across the areas of the region.

Improved data at area and demographic levels will help us identify areas and communities which require targeted service delivery in order to reduce the inequity across the region.

To summarise, many babies in Norfolk and Waveney begin their feeding experience by breast feeding. Breast feeding initiation is improving. We can see that breastfeeding rates drop rapidly from birth to 6-8 weeks nationally and locally. Figures for 2020/21 for Norfolk and Waveney indicate a drop of 2.5 percentage points. The data for 6-8 weeks at area level indicated 7 wards have less than 30% of babies receiving any breast milk and 6 wards have over 50% of babies receiving any breast milk.



Nationally and locally, it is evidenced that breastfeeding rates are lowest amongst women from lower socioeconomic groups, from British Caucasian background, younger mothers and single parent mothers. Within the district there are variations dependant on the current demographic

National policy

NHS Longterm Plan (2019) Chapter 3 : Further progress on care quality and outcomes, supports implementation of the UNICEF Baby Friendly Accreditation (3.18)

Better Births (National Maternity Review, 2016) identifies a 'need for improved support in breastfeeding,' with many mothers reporting that they had received conflicting information.

The Healthy Child Programme (DoH, 2009) identified breastfeeding as a protective factor in early identification of need and risk.

The 'Overview of the six early years and school aged years high impact areas' are all impacted by breastfeeding, with 'breast feeding (initiation and duration)' as priority 3 (PHE, 2016).

NICE guidance (2008) endorses services which enable breastfeeding, National Institute for Health and Clinical Excellence Public Health Guidance 12: Maternal & Child Nutrition

Closing the gap: Priorities for essential change in mental health – Department of health 2014

1001 Critical Days – a cross party manifesto Wave Trust highlights the importance of early intervention

Current services

Maternity

Our midwifery infant feeding services across the Norfolk & Waveney region exists for our women, babies and families. We have a long, proud history of maintaining our Unicef Baby Friendly Initiative (UBFI) standards; NNUH and QEHL are both fully re-accredited as Baby Friendly Hospitals. JPH are working towards entering the scheme again at the highest standard level, Stage 3, having had short period outside of the program. NHS England requires all maternity units to commit to the UBFI accreditation scheme; our three-hospital infant feeding teams want to take this further and aspire to achieve the 'Gold' sustainability award:

"the award will be a recognition that the service is not only implementing the Baby Friendly Initiative standards, but they also have the leadership, culture and systems to maintain this over the long term" (Unicef 2016).

Safe infant feeding, relationship building, and support to breastfeed is facilitated and encouraged at each contact (this isn't the case at QEHL due to time restraints for CMW midwives - appointments are only 20 minutes long - and staffing shortages) with pregnant and postnatal women. During the antenatal period conversations around infant feeding are initiated at the first booking appointment, and at intervals during the antenatal period. As a minimum, 16 weeks and 34 weeks are key touchpoints for discussions around infant feeding choices and understanding the benefits of skin-to-skin contact and building a reciprocal relationship with the baby. Breastfeeding information, including technique, good management practices and availability of support that would help a woman succeed, such as detailed in the UNICEF Baby Friendly Initiative, are included in maternity care.



All midwifery, support worker and neonatal nursing staff across all three hospitals are trained to UBFI standards and are obliged to stay up to date with their feeding support skills and knowledge through updates. Our midwives and maternity support workers provide the majority of all infant feeding advice and support. Whilst variations in models of provision exist across the region, all three hospitals have a dedicated and highly skilled infant feeding team, consisting of combinations of infant feeding coordinators, IBCLC (International Board Certified Lactation Consultants), Band 6 specialists, maternity support workers, and breastfeeding peer supporters. JPUH and QEHL run their tongue-tie / frenulotomy service within their infant feeding team under midwifery, whilst at NNUH their bigger service lies within paediatrics.

Antenatal Feeding Classes are provided differently across the region; there is a universal offer via the JustOneNorfolk platform, QEHL offers a two-hour face to face class for all expectant parents regardless of feeding preference, and JPH has created an accessible online class for parents. Our hope is to level up these inequalities and capitalise on the potential for provisions of classes in Midwifery Hubs as they continue to open with the roll out of CoC models of care. Further development of virtual infant feeding classes is ongoing. Both NNUH and JPH have a fantastic breastfeeding peer support team; QEHL is working towards welcoming peer supporters to both their postnatal ward and community settings soon.

Midwifery services do not currently run antenatal classes where women and their birth partners are invited to attend. QEHL offer a two hour infant feeding class to all expectant mothers and a partner. There is a universal offer of online antenatal classes via the JustOneNorfolk platform. These include infant feeding, parent infant relationship building, and responsive parenting. All new mothers are offered skin to skin contact with their baby at birth, or as soon as possible after, regardless of feeding method. The first feed (breast or bottle) is offered with the support of a midwife to ensure feeding gets off to a good start and each mother and both parents where relevant begin to recognise and understand baby's cues, including feeding cues. The first feed is recorded, and statistical data collected for national feeding records.

If a mother is separated from her baby or is the baby is not able to latch onto the breast, the mother is supported to express her milk and offer this to the baby. The Neonatal Intensive Care Units (NICU) and the maternity services across Norfolk and Waveney are all committed to the UNICEF Baby Friendly Initiative. NNUH and QEHL are fully re-accredited to level 3, demonstrating a high level of commitment around breastfeeding and relationship building. Our premature and sick babies are our most vulnerable. Human milk is lifesaving in many cases for premature babies and the NICU staff are skilled at supporting parents in the care of their babies, especially around infant feeding. Mothers are supported to express their milk for their babies, and for times when this is not available, donor human milk is sometimes available.

Postnatally, Midwifery care is available on the ward and at home, until a baby is 28 days old, at which point this is the end of the Midwifery remit and Health Visiting services take over – and often have at 10 days postnatally.

James Paget University Hospital

Breast feeding rates in Gt Yarmouth and Waveney remain below the UK average at both initiation and at 6-8 weeks. In despite of this, our breastfeeding initiation and continuation rates are increasing. There is a pro-active approach across key services district wide which enable more mothers to initiate and continue breastfeeding, which is fundamental to the increase in these rates.

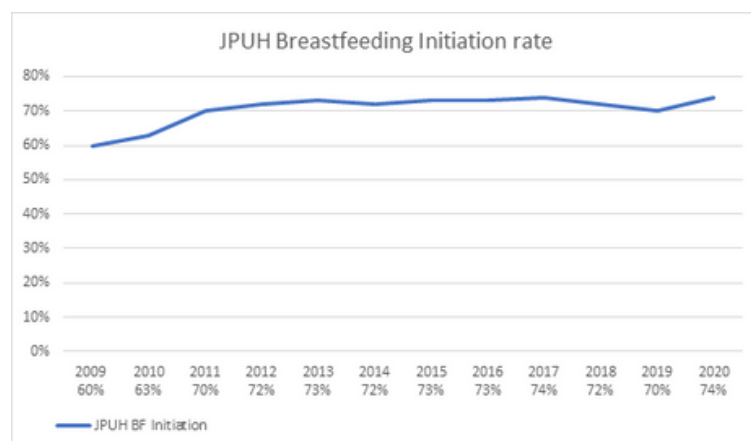
Great Yarmouth and Waveney has consistently had a significantly lower breastfeeding initiation rate than England on average (74.5%) until now. In 2020/2021, within Yarmouth and Waveney, 74% of mothers breastfed their baby within 48 hours of delivery. This is a 14% percentage increase from 2009/2010 and the highest breastfeeding initiation rate recorded so far in the local area. It is important to note, however, that we have a large area of deprivation and social needs in the Yarmouth area. We see a decrease in those who initiate breastfeeding dropping an average of 20% in the first week of birth.

At James Paget trust there are 2 Specialist Infant Feeding Coordinators providing 52.5 hrs of cover per week and a band 6 Midwife who works 7.5 hrs a week bank providing support to the coordinators and to women.

The Infant feeding team carry out daily ward rounds, liaising with Central delivery suite, postnatal ward and antenatal ward, Neonatal unit and antenatal clinic. An open door policy is in place to support all staff with knowledge and assistance around complex feeding issues.

Safe infant feeding, relationship building, and support to breastfeed is facilitated and encouraged at each contact with pregnant and post natal women. Continuity of care teams provide a one to one opportunity around infant feeding to support mothers with up to date information. During the antenatal period conversations around infant feeding are initiated at the first booking appointment, and then at regular intervals. As a minimum, 28 weeks and 36 weeks are key touchpoints for discussions around infant feeding choices, understanding the benefits of skin-to-skin contact and building a reciprocal relationship with the baby. Breastfeeding information, including technique, good management practices and availability of support that would help a woman succeed, such as detailed in the UNICEF Baby Friendly Initiative, are included in maternity care.

The continuity teams provide 'meet the midwife' sessions where there is the opportunity to promote public health awareness. The infant feeding team attend these and set up a health promotion stand and invite parents to initiate conversations around infant feeding.



Online webinars run each month, available to all pregnant women and postnatal in Suffolk and Norfolk counties, as a question and answer session, facilitated by the infant feeding leads.

James Paget currently run online baby nutrition classes where women and their birth partners are invited to attend. In the near future we are hoping face to face services will recommence. All new mothers are offered skin to skin contact with their baby at birth, or as soon as possible after, regardless of feeding method. The first feed (breast or bottle) is offered with the support of a midwife to ensure feeding gets off to a good start and each mother and both parents where relevant begin to recognise and understand baby's cues, including feeding cues.

If a mother is separated from her baby or if the baby is not able to latch onto the breast, the mother is supported to express her milk and offer this to baby. The Neonatal unit at JPUH demonstrate a high level of commitment and expertise around breastfeeding and relationship building and we are encouraging no separation if baby is required to go to NNU, baby will go with mother on the bed to continue skin to skin. Our premature and sick babies are our most vulnerable. Human milk is lifesaving in many cases for premature babies and the NNU staff are highly skilled at supporting parents in the care of their babies, especially around infant feeding. Donor milk used in NNU is becoming more popular especially for those who may be unable to provide their own milk. Hearts milk bank is providing this service to James Paget NNU.

Further Breastfeeding support:

- We offer and encourage all antenatal mothers expressing their colostrum from 37 weeks
- The Infant feeding team run a clinic for antenatal and postnatal women to discuss any feeding issues. These may include, tongue ties, abnormalities (Cleft lip), twins, breast surgery, medications, debrief on past experiences with breastfeeding
- In November we will re-commence breastfeeding support groups again in the local children centres with the help of peer support and maternity support workers. Service user feedback indicate that this has been a necessary and successful service and they request it continues.

Health visiting in Norfolk

The Norfolk 0-19 Healthy Child Programme provides support for families from pregnancy until their baby/child/young person is 19 years old. Infant feeding support and advice is prioritised within our offer to all families and we are a Unicef accredited service.

All of our staff are Unicef trained and we have a team of Infant Feeding Champions led by our Specialist Practitioner for Infant Feeding and Healthy Lifestyles.

We also have a comprehensive, award winning, evidence based Norfolk Healthy Child Programme website - Just One Norfolk

<https://www.justonenorfolk.nhs.uk/> which all parents/carers are signposted to at every contact with our service for self care advice and support in addition to the care received. The website has a specified section for Infant Feeding Advice covering Breastfeeding, Formula Feeding & Weaning and Moving On. This only provides infant feeding information that meets the requirements of the Unicef Code.

Just One Number – Our Single Point of Access staffed by a skilled mix team from across the 0-19 Norfolk Healthy Child Programme and available 8-6 weekdays and 9-1 on Saturdays. Responsive, expert advice at the end of the phone for all parents/carers of children 0-19 years. All staff are Unicef trained and can provide Infant feeding support. This can be provided through Attend Anywhere video calling if a visual assessment is required. Staff make referrals to the Infant Feeding Champions for more in depth assessment and support.

Pathway to Parenting (P2P) Courses – A

collaborative antenatal programme from the Norfolk 0-19 Healthy Child Programme, Early Childhood & Family Service and Norfolk County Council. Pathway to Parenting is available in face to face or digital formats for all parents and carers in Norfolk and the digital offer can be accessed by anyone. P2P provides robust evidence based information around infant feeding as part of a programme of 4 sessions. The programme is based around Solihull principles and the parent/infant relationship and responsive parenting are embedded within the key messages throughout. Face to face sessions can be delivered by our own Healthy Child Programme Team or digital access supported by our professional partners within Early Childhood & Family Services community bases. Maternity partners deliver the specific session around labour and birth.



Co-Production – We work closely with our Co-Production Lead within the Norfolk Healthy Child Programme to build strong community relationships with Early Years groups and the parents/carers of Norfolk to gather service user feedback and widen our reach within the community. The Infant Feeding pages on Just One Norfolk have had direct service user feedback and suggestions taken into account following parents' forums held to review the content before final publication.

Infant Feeding Webinars – In partnership with the Local Maternity & Neonatal System (LMNS) we have developed and deliver Infant Feeding Webinars which are co-facilitated and led by Infant Feeding Leads from across the 3 Norfolk Acute Trusts and an Infant Feeding Champion from the Norfolk 0-19 Healthy Child Programme. Key messages from Unicef are the cornerstone of the webinar programme.

In Development

Plans are underway for the introduction of a Podcast which will cover all aspects of the Healthy Child Programme and deliver key public health messages in an accessible and relaxed way. Service users have fed back to us that they enjoy listening to Podcasts whilst walking their baby out in the pram and would like to have this option. Infant feeding will be a priority within this new service development as will responsive parenting.

What More Could We Do?

There is always more we could do to strengthen and improve our service offer in this area. Although we offer a robust and rich service expansion of our Infant Feeding Champion team would enable more contacts to more parents in a timelier way. Sustained breastfeeding rates are low in some of our more deprived areas and expansion of the team would allow for more contacts and support in those targeted areas

Health visiting in Norfolk continued

The Health Visiting contact schedule for Breastfeeding support:

Antenatal 28–32 weeks

we work closely with our midwifery colleagues to ensure timely and robust processes around notification of pregnancy. At all antenatal contacts responsive infant feeding, attachment and bonding is discussed and Unicef messages around the benefits of breastfeeding for mother and baby given with information on how to access support and advice following the birth.

New birth 10–14 days postnatal

We discuss responsive infant feeding, attachment and bonding is discussed at all new birth contacts. If a parent's choice is to formula feed responsive and paced bottle feeding is promoted and Unicef guidance is utilised to deliver messages around safe sterilisation, preparation and storage of feeds. If parent is breastfeeding/wanting to re-establish breastfeeding Unicef advice is revisited from the antenatal contact and support offered from the Infant Feeding Champions if further help is required. If tongue tie is identified a referral to the Tongue tie team at their hospital of birth is placed for the baby if appropriate or further support from our own team of Infant Feeding Champions is actioned. Assessments of feeding utilise the Unicef Baby Friendly Initiative Breastfeeding or Formula Feeding Assessment Tools. Safe sleeping advice is also revisited.

6–8 weeks contact

Infant feeding is visited again at this contact and Unicef advice provided appropriate to the feeding method chosen by the parent/carer. The parent/infant relationship is discussed with both parents/carers with an assessment of parental emotional wellbeing using the Whooley questions or Edinburgh Postnatal Depression Scale (EPDS) and observation of the reciprocal parent/baby interactions. The importance of waiting until 6 months to wean is introduced into this discussion and parents/carers signposted to our Just One Norfolk website to gain more information around this. This is followed up by a letter to parents/carers at 3-4 months post birth to promote baby led weaning which contains contact details for Just One Number and a link to Just One Norfolk for further advice and support if required

1–2.5 years contact

Infant feeding and healthy lifestyles are part of every contact at these ages. Sustained breastfeeding alongside a healthy diet is encouraged and celebrated within our service.

Supporting Breastfeeding with Primary Care

Primary Care recognises that even moderate increases in breastfeeding rates could save the NHS at least £50 million and reduce consultation rates by 50,000+ each year for common childhood illnesses. The local secondary care Paediatric Team have agreed to work with primary care colleagues to highlight the positive impact of breast feeding. Antibodies within colostrum have proved to be only half the story. Skin to skin contact and transfer of maternal bacteria has positive impact on the developing gut and respiratory bacterial diversity. This is the key to healthy gut function. Without this the prevalence of colic, milk protein intolerance, allergy, asthma, and hypersensitivity will continue to explode.. In recent years there has been a lack of focus on the benefits of breast feeding. This strategy will be used to re- awaken and energises the primary care team

Dr Clare Aitcheson, founder member of the GP Infant Feeding Network, and Clinical Lead from the Breast Feeding Friendly Surgeries Pilot has agreed to work with the team to focus and build on this framework through collaboration and support of community and midwifery teams. Production of educational material and invitation to create a champion's support network involving not only GPs but also nurse practitioners and ARRDs

The information shows that 80% of women initially attempt breast feeding. The network intends to encourage, working with midwives to prepare women emotionally for the process. To increase realistic expectation that breast feeding is not necessarily easy nor pain free but this is normal, and can be addressed . The outcomes for their child are so worth the effort and to make sure that the right support is in place. Primary care is rarely the first contact when breast feeding becomes more difficult however 29% of women who are unable to see a midwife access primary care or A&E. There is upskilling to be done when that contact occurs and encouragement that breast feeding is not only acceptable but to be encouraged for the first 2 years. The team will hold a series of educational meetings, award the breast-feeding friendly tick to practices and work to create the network of support collaborating with community and secondary care teams.

Voluntary Sector Support

In July 2020, the **Maternity Voices Partnerships** across the LMNS produced a survey to service users to ask options on Infant feeding. The themes that were gathered from this data have informed our action plans and strategy moving forwards. We want to thank all the families who took the time to complete the survey and tell us what you think, and to the MVPs for co-ordinating this,

What our Service Users told us...



- Uninformed about the challenges that could occur when breastfeeding
- Felt left to trawl through websites and leaflets with limited support
- Lack of information on expressing and colostrum harvesting
- Second time parents and beyond felt uninformed and unsupported
- Not told about tongue tie



- Most families felt supported in their decision to breastfeed
- While families felt supported to breastfeed they felt uninformed about breastfeeding
- Feel that Continuity of Carer would make a difference
- Families who were consultant led report not being asked about their choice of feeding method



- Lack of time with staff, particularly on weekends
- Not seeing the feeding specialists
- Formula being pushed
- staff with plenty of time
- Benefit of supporting birthing people as much as possible to ensure latch and feeding correctly before discharge and ensuring that information given on how and where to access ongoing support at home including local orgs/groups and where to meet other breastfeeding parents.
- Tongue tie service not being offered equitably across all Trusts in a timely manner with adequate post procedure support



- Increased use of Peer supporters
- Peer supporters praised and more joined up working between hospital, community, volunteers, health visitors mentioned.
- Could peer supporters make phone calls or offer Zoom drop ins after 1 month,

The overarching themes:

- The importance of non-judgmental advice and support when birthing people are experiencing issues/challenges in feeding their baby, to enable them to understand and explore other feeding methods/options e.g. using shield, pump.
- Need for consistency in feeding information, advice and support across midwives, doctors and other health care professionals to reduce "confusing and conflicting advice".
- There was strong appreciation of the Infant Feeding Team, NICU and other knowledgeable staff recognising their helpfulness and understanding of different and appropriate feeding methods.
- The importance of improving awareness and understanding of infant feeding across the workforce, particularly in relation to the signs/symptoms of tongue tie, was noted given the sometimes limited availability of the Infant Feeding Team.
- Value of initial practical support particularly from midwives, for example teaching techniques/positions, and regular visits to ask how feeding is going so that birthing people do not feel they have to 'chase' support. The importance of the following characteristics was frequently quoted non-judgmental, friendly, helpful, encouraging, thoughtful, knowledgeable, supportive, reassuring and understanding.
- Many people commented that they wished the support was proactive rather than reactive. So rather than just solving problems empowering people with information and reaching out to check in on people.
- For many of us breastfeeding is really important and lots of emotions are tied up in our success. Sometimes we can be made to feel really pressured to breastfeed.

Public Health England

The Public Health position is that we consider breastfeeding as an important public health issue with a variety of positive health and wellbeing benefits for both mother and baby in early years and later life, as well as the wider economy. Norfolk's expectant and new mothers should feel confident in making informed choices on how they feed their baby. Local communities and businesses should be encouraged to support breastfeeding in any way they can to help combat social and cultural norms. NCC PH commissions the Healthy Child Programme which provides a range of support and advice including breastfeeding. Further details can be found here [Health Advice & Support for Children - Just One Norfolk](#)

The most recent available data from PHE is:

- Baby's first feed breastmilk (2018/19) for Norfolk is 74.3% compared to 67.4% (England) and 70.0% (East of England)
- Last available breastfeeding prevalence at 6-8 weeks after birth (2016/17) for Norfolk was 45.7%. Historically the breastfeeding continuation rate in Norfolk has been well below the national average
- Breastfeeding prevalence at 6-8 weeks after birth (2019/20) for Norfolk is unavailable due to data quality issues compared to 48.0% (England) – East of England data not available also due to quality issues
- Note on quality: there are 3 validation stages for data submitted to NHS Digital, and Norfolk failed at stage 3 (percentage of infants whose breastfeeding status was recorded must meet the data quality standard of 95%, being between 95% and 100%. This means the sum of those infants totally breastfed, partially breastfeed and not breastfed should be greater than or equal to 95% of the number of infants due a 6-8 week review).



Father's

Evidence from research over the last 30 years is very clear about the benefit of working with fathers to improve breastfeeding outcomes:

- Education and support about breastfeeding for fathers improve breastfeeding rates (Maycock et al, 2013)
- Expectant fathers can be influential advocates for breastfeeding by playing a critical role in encouraging a mother to breastfeed the newborn infant (Wolfberg et al. 2004).
- Mothers feel more capable and confident about breastfeeding when they perceive their partner is supportive by way of verbal encouragement and active involvement in breastfeeding activities (Mannion et al, 2013).

Working with the couple rather than simply with the mother in breastfeeding education is important. Fathers' beliefs that breastfeeding is best for baby, and that it helps with bonding and protects baby from disease, are associated with mothers' intention to breastfeed. Conversely, fathers' beliefs that breastfeeding is bad for the breasts, makes breasts ugly and interferes with sex are associated with mothers' bottle-feeding intentions (Freed et al, 1993). Support from the infant's father through active participation in the breastfeeding decision, together with a positive attitude by him and knowledge about the benefits of breastfeeding, have been shown to have a strong influence on the initiation and duration of breastfeeding (Swanson & Power, 2005; Arora et al, 2000; Bromberg & Darby, 1997). A desire for the father to have opportunities to be close to the baby can be a factor in some mothers opting to cease breastfeeding; and an approach that focuses exclusively on the mother-child dyad can result in some fathers feeling excluded, jealous and resentful to the detriment of breastfeeding success (Jordan & Wall, 1993).

Peer Support Program

Peer support is.....

NNUH

QEH-



Tongue tie service

Tongue tie is....

NNUH- ??????. The tongue-tie and frenulotomy service is separate from their coordinator hours and NNUH are the regional centre for this procedure; it can provide frenulotomies for up to ??? babies per week and is a consultant led service.

QEH-The tongue-tie and frenulotomy service provides care for up to 6 babies per week and is covered by the coordinator as a midwife led service; frenulotomies can be performed on babies up to 6 weeks old. Specialist support is provided by their lactation consultant (who is also one of their coordinators) on an ad hoc basis.

JPUH- A frenulotomy (tongue-tie) service is offered by the infant feeding coordinator at James Paget. Babies are assessed in the clinic for tongue function prior to frenulotomy procedure. The criteria for age of procedure is up to 8 weeks old and we see on average 6-8 babies for assessment per week. Thereafter referred to general surgeons or the more complex cases, i.e., clotting disorders. Referrals are received into the service from all areas of maternity care and health visiting teams. Ongoing support is offered to continue breastfeeding and follow up calls are made post procedure. At present another midwife is currently being trained to perform frenulotomies and the tongue tie practitioner is assisting with training by mentoring. Training for staff on how to assess for tongue ties is available to all staff. Shadowing takes place on a regular basis in the clinic.

Peer support means to me: *having the time that the midwives and support workers don't have to sit with parents, who are tired and often worried. To empower them with evidence-based information and understanding; completely empathising with a new mother, who is sat crying because she is struggling to feed her baby and feels like a failure because of it. It means being objective and yet compassionate and caring in helping her find her way through her own feeding journey, figuring out what works for her and her family. Reassuring a family that there is a light at the end of the tunnel and they will get there. It means acknowledging that every member of the family is important and involved in the journey, often offering support to partners, other children and parents to understand their role and the value of it. Like breastfeeding is not just about milk, peer support is not just about breastfeeding; it is about empowering and supporting a whole family at what is one of the most life changing times of their lives.- Michele Roslin Peer Support*